

(An undertaking of Amala Cancer Hospital Society) Amala Nagar P.O., Thrissur-680 555, Kerala, India. Website : <u>www.amalanursingcollege.org</u>

### FIRST CYCLE NAAC ACCREDITATION 2022

### **CRITERION 6**

### GOVERNANCE, LEADERSHIP AND MANAGEMENT

6.5. Internal Quality Assurance System

6.5.3 Reports





THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

# SAMPLE REPORTS OF QUALITY TRAINING PROGRAMMES



(An undertaking of Amala Cancer Hospital Society) Amala Nagar P.O., Thrissur-680 555, Kerala, India.

### REPORT ON SEMINAR ON NTERNAL AUDIT PROCESS IN NABH ACCREDITATION HELD ON 24/3/18 FORM 11AM TO 1PM

A Seminar was conducted by the quality department of AIMS for the purpose of strengthening the process of internal audit, the session was handled by Rev Fr Deljo Puthoor CMI and Mr Manikandan Quality Coordinator

The following points were discussed on the purposes of internal auditing in maintaining the NABH guidelines

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. It determines whether the system conforms to the planned arrangements and to the requirements of the applicable NABH standards and that they have been properly implemented and maintained.

The organization that has applied for NABH and/or has a desire to get NABH Accreditation must go for NABH Internal Audit as NABH Internal Audit process follows practices, methodologies, criteria and processes similar to those that will be followed by the NABH team for the actual assessment process. By getting a NABH Internal Audit done, the Healthcare organization will come to know its actual compliance/Status vis-a-vis NABH standards The session concluded by 1pm



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#### ATTENDANCE SHEET FORSEMINAR ON NTERNAL AUDIT PROCESS IN NABH ACCREDITATION HELD ON 24/3/18 FORM 11AM TO 1PM

| SI.<br>No | Name                            | STATUS  |
|-----------|---------------------------------|---------|
| 1         | Dr Rajee Reghunath              | ABSENT  |
| 2         | Sr. Litha Lizbeth (Princy C. J) | PRESENT |
| 3         | Mrs. Lakshmi G                  | ABSENT  |
| 4         | Dr. Sr. Merly John (Molly John) | PRESENT |
| 5         | Sr. Jyothish (Shaji E J)        | PRESENT |
| 6         | Mrs. Chanlin Chacko             | PRESENT |
| 7         | Sr.Cherupushpam                 | ABSENT  |
| 8         | Mrs.Jyothi K F                  | ABSENT  |
| 9         | Mrs. Aneesha V B                | PRESENT |
| 10        | Moly Thomas                     | PRESENT |
| 11        | Sr.Cicily James                 | PRESENT |
| 12        | Mrs.Mary Treesa Joseph          | PRESENT |
| 13        | Sr.Sudha Rose (Rose Dency)      | ABSENT  |
| 14        | Mrs.Rinu David                  | PRESENT |
| 15        | Mrs. Fancy Paul K               | PRESENT |
| 16        | Mrs.Nimi Maria Augustin         | PRESENT |
| 17        | Mrs. Shaly Joseph Pullan        | PRESENT |
| 18        | Mrs. Rose Maria                 | PRESENT |
| 19        | Mrs. Merine Therese Jose        | PRESENT |
| 20        | Mrs. Sincy Paul                 | PRESENT |
| 21        | Mrs. Arya V Ajith               | PRESENT |
| 22        | Mrs. Sreelekha R                | PRESENT |
| 23        | Ms.Jane Mary Jose               | PRESENT |
| 24        | Ms. Teena Paul                  | ABSENT  |
| 25        | Mr. Don Jose K                  | PRESENT |



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#### ATTENDANCE LIST FOR THE WORKSHOP ON DOCUMENT PREAPARATION GUIDELINES FOR NABH HELD ON 23 JANUARY 2018 FROM 11AM TO 1PM

| Sl.<br>No | Name                                  | STATUS  |
|-----------|---------------------------------------|---------|
| 1         | DrRajeeReghunath                      | ABSENT  |
| 2         | Sr. Litha Lizbeth (Princy C. J)       | ABSENT  |
| 3         | Mrs. Lakshmi G`                       | PRESENT |
| 4         | Dr. Sr. Merly John (Molly John)       | PRESENT |
| 5         | Sr. Jyothish (Shaji E J)              | PRESENT |
| 6         | Mrs. Chanlin Chacko                   | PRESENT |
| 7         | Sr.Cherupushpam                       | ABSENT  |
| 8         | Mrs.Jyothi K F                        | ABSENT  |
| 9         | Mrs. Aneesha V B                      | PRESENT |
| 10        | Moly Thomas                           | PRESENT |
| 11        | Sr.Cicily James                       | PRESENT |
| 12        | Mrs.MaryTreesa Joseph                 | PRESENT |
| 13        | Sr.Sudha Rose (Rose Dency)            | ABSENT  |
| 14        | Mrs.Rinu David                        | PRESENT |
| 15        | Mrs. Fancy Paul K                     | PRESENT |
| 16        | Mrs.Nimi Maria Augustin               | ABSENT  |
| 17        | Mrs. Shaly Joseph Pullan              | PRESENT |
| 18        | Mrs. Rose Maria                       | PRESENT |
| 19        | Mrs. Merine Therese Jose              | PRESENT |
| 20        | Mrs. Sincy Paul                       | PRESENT |
| 21        | Mrs. Arya V Ajith                     | PRESENT |
| 22        | Mrs. Sreelekha R                      | PRESENT |
| 23        | Ms. Jane Mary Jose                    | PRESENT |
| 24        | Ms. Teena Paul                        | ABSENT  |
| 25        | Mr. Don Jose K                        | PRESENT |
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#### H. Documents related to Facility Management and Safety

- 117. Disposal of non-functioning items and scrap materials
- 118. Facility inspection round
- 119. Up-to-date drawings and site layout
- 120. Maintenance plan for the facility
- 121 Preventive and breakdown maintenance plan
- 122. Maintenance plan for water management
- 123. Maintenance plan for electrical systems
- 124. Maintenance plan for HVAC systems
- 125. Maintenance plan for IT and communication network
- 126. Equipment replacement and disposal
- 127. Managing medical gases (procurement, handling, storage, distribution, usage and replenishment
- 128. Handling of fire (Code Red alert) and non-fire emergencies
- 129. List of hazardous materials in the organization
- 130. Handling of hazardous materials (sorting, labelling, handling, storage, transporting and disposal)
- 131. Managing spills of hazardous materials (including blood)

#### I. Documents related to Human Resources Management

- 132. Human resources plan of the organization
- 133. Job specification and job description of each category of staff
- 134. Recruitment and selection procedure
- 135. Induction programme of new staff
- 136. Training and development policy
- 137. Employee appraisal system
- 138. Disciplinary and grievance handling system
- 139. Addressing health needs of employee
- 140. Credentialing and privileging of medical professionals
- 141. Credentialing and privileging of nursing professionals

#### J. Documents related to Information Management System

- 142. Managing information needs of the organization
- 143. Document control process
- 144. Data management (dissemination, storage, retrieval)
- 145. Policy on who is authorized to make entries in the medical record
- 146. Medical record management
- 147. Maintaining confidentiality, security and integrity of records, data and information
- 148. Retention of patient's clinical record, data and information
- 149. Destruction of medical records
- 150. Medical record review

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- 78. Disposal of waste medication (cytotoxic)
- 79. Usage of radio-active drugs (safe storage, preparation, handling, distribution and disposal)
- 80. Use of implantable prosthesis (procurement, storage, issuance, and record keeping)
- 81. Acquisition of medical supplies and consumables

#### D. Documents related to Patients' Rights and Education

- 82. Patients' rights and responsibilities
- 83. Informed consent taking process
- 84. List of procedures for which informed consent is required
- 85. Uniform pricing policy
- 86. Effective communication with patient and family

#### 87. Patients complaint obtaining and handling system

#### E. Documents related to Hospital Infection Control

- 88. Infection control programme
- 89. Infection surveillance
- 90. Identification of high risk areas
- 91. Standard Precaution/Universal Precaution for Infection Control
- 92. Safe injection and infusion practices
- 93. Cleaning, disinfection and sterilization practices
- 94. Antibiotic policy
- 95. Laundry and linen management processes
- 96. Kitchen sanitation and food handling
- 97. Housekeeping procedures
- 98. Infection control care bundles
- 99. Handling outbreak of infections
- 100. Sterilization process
- 101. Biomedical waste handling process

#### F. Documents related to Continual Quality Improvement

- 102. Organization wide quality improvement programme
- 103. Quality indicators with their method, targets and monitoring
- 104. Patient safety programme
- 105. Clinical audit system
- 106. Incident reporting, analysis and corrective preventive action system
- 107. Definition and lists of sentinel events
- 108. Analysis of sentinel events

#### G. Documents related to Responsibilities of Management

- 109. Vision, mission and values of the organization
- 110. Strategic and operational plan of the organization
- 111. Organogram

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- 112. Managing compliance to laws, regulations, licenses and permits
- 113. Scope of services of each department
- 114. Administrative policies and procedures (attendance, leave, conduct, replacement etc.)
- 115. Employee rights and responsibilities
- 116. Service standards of the organizations





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#### REPORT ON WORKSHOP ON DOCUMENT PREAPARATION GUIDELINES FOR NABH HELD ON 23 JANUARY 2018 FROM 11AM TO 4PM

A workshop was held by the quality department of AIMS, Thrissur on document preparation guidelines for NABH for the ward in charges and the faculty of the college and school of nursing The workshop was conducted at the auditorium form 11am to 1pm the checklist for the various documents required under each of the standards of NABH was discussed in detail the following standards were discussed

#### Documents related to Access, Assessment and Continuity of Care

- 1. Registration and admission of patients (OPD, IPD and Emergency)
- 2. Managing patients during non-availability of beds
- 3. Transfer-in of the patient to the hospital
- 4. Transfer out/referral of unstable patients to another facility
- 5. Transfer out/referral of stable patients to another facility
- 6. Initial assessment of patients (Out-patients, in-patients and emergency patients)
- 7. Laboratory scope of tests
- 8. Ordering of lab tests, collection, identification, handling, transportation, processing and disposal of specimen
- 9. Time-frame for the availability of lab test results

#### A. Critical results of lab and its timely intimation

- 11. Outsourcing of lab tests
- 12. Laboratory quality assurance programme
- 13. Laboratory safety programme
- 14. Imaging scope of tests
- 15. Identification and safe transportation of patients to and from the imaging department
- 16. Time-frame for the availability of imaging results
- 17. Critical findings of imaging and its timely intimation
- 18. Outsourcing of imaging tests
- 19. Imaging quality assurance programme
- 20. Radiation safety programme
- 21. Discharge process (including MLC discharge and absconding cases)
- 22. Discharge against medical advice
- 23. Death discharge

#### B. Documents related to Care of Patients

- 24. Uniform care policy
- 25. Handling of medico-legal cases
- 26. Triage of patients in emergency
- 27. Managing dead on arrival cases
- 28. Identification of likely community emergencies, epidemics and disasters likely
- 29. Plan for handling all probable disaster situation
- 30. Handling of mass casualty situation
- 31. Clinical protocols of managing various emergency cases (for adults and children)
- 32. Quality assurance programme of emergency services
- 33. Checklist of equipment and emergency medicine in Ambulance
- 34. Cardio-pulmonary resuscitation and code blue process





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- 35. Rational use of blood and blood products
- 36. Transfusion of blood and blood products
- 37. Availability and transfusion of blood/blood components in an emergency situation
- 38. Care of patients in ICU and HDU
- 39. Admission and discharge criteria for ICU and HDU
- 40. Managing situation of bed shortage in ICU
- 41. Quality assurance programme of ICU
- 42. Care of vulnerable patients
- 43. Provision of obstetric care services
- 44. Care of Paediatric patients
- 45. Administration of moderate Anaesthesia
- 46. Monitoring of patients under anaesthesia
- 47. Criteria for discharge from recovery area
- 48. Care of surgical patients
- 49. Surgical safety policies and practices
- 50. Quality assurance programme of surgical services
- 51. Organ transplant policy and process
- 52. Standard treatment protocols
- 53. Restraint of patient
- 54. Pain management
- 55. Provision of rehabilitative services
- 56. Conduction of clinical research activities
- 57. Nutritional assessment, re-assessment and nutritional therapy
- 58. End of life care

#### C. Documents related to Management of Medication

- 59. Hospital formulary
- 60. Process of acquisition of medicine in the formulary
- 61. Process of acquisition of medicine not listed in the formulary
- 62. Storage of medication
- 63. Safe storage and handling of look-alike and sound-alike medication
- 64. List of emergency medicine and its storage
- 65. Prescription of medicine
- 66. Policy and process on verbal orders of medication
- 67. List of high risk medicines
- 68. Safe dispensing of medicines
- 69. Medication recall
- 70. Procedure for near expiry medicine
- 71. Labelling requirements of medicine
- 72. Safe administration of medication
- 73. Policy on patient's self-administration of medicine
- 74. Monitoring of patients after medication administration
- 75. Recording and reporting of medication errors, adverse events and near misses
- 76. Procedure for usage of narcotic drugs and psychotropic medications
- 77. Usage of chemotherapeutic medications





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### REPORT ON WORKSHOP ON NABH – AUDIT GUIDELINES ON DECEMEBER15 2017

Amala Institute of Medical Sciences is going for full NABH assessment in the near future, hence the entire hospital and academic staff needs to be aware of the audit guidelines Quality department of AIMS are organizing a series of workshops for all faculty on the guidelines for conducting clinical and quality and safety audits. The various parameters/ benchmarks of quality were introduced in the workshop which was conducted in the SH block

- auditorium
- The need for formation of quality circles and quality teams were emphasized, the various techniques of conducting audit were also explained. The sessions were taken by Dr Induchoodan Quality consultant of Amala Institute. Of Medical Sciences The focus of Amala is on gaining a full level NABH Hence a thorough explanation was given on the various chapters of the 4<sup>th</sup> edition of NABH, the session was rated as excellent by the participants.

And the following faculty from Amala College OF Nursing attended the session

| SL NO | NAME                   | DESIGNATION         |
|-------|------------------------|---------------------|
| 1     | SR LITHA LIZBETH FCC   | ASSOCIATE PROFESSOR |
| 2     | SR NIRAMALA FCC        | VICE PRINCIPAL      |
| 3     | SR MERLY JOHN          | ASSOCIATE PROFESSOR |
| 4     | LAKSHMI G              | PROFESSOR           |
| 5     | MRS MARY TREESA JOSEPH | ASST PROFESSOR      |
| 6     | JYOTHY KF              | ASST PROFESSOR      |
| 7     | ROSE MARIA             | LECTURER            |
| 8     | NIMI MARIA AUGUSTIN    | LECTURER            |
| 9     | FANCY PAUL             | LECTURER            |
| 10    | SR SUDHA ROSE          | LECTURER            |
| 11    | SR JYOTHISH CSC        | ASSISTANT PROFESSOR |
| 12    | SR DONA SABS           | ASSISTANT PROFESSOR |







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### REPORT ON SESSION ON NABH – GUIDELINES & CHAPTERS –AN OREITNATION TO STAFF

A Session on orientation to NABH 4<sup>th</sup> edition was arranged by quality department for all staff in Amala on August 13 th 2016

The sessions were taken by Dr Induchoodan Quality consultant of Amala Institute Of Medical Sciences The main focus of the session was on defining the quality assurance process and also the various types of quality assurance systems present in hospitals such as NABH, ISO, JCl etc The focus of Amala is on gaining a full level NABH Hence a thorough explanation was given on the various chapters of the 4<sup>th</sup> edition of NABH, the session was rated as excellent by the participants

And the following faculty from Amala College OF Nursing attended the session

List of faculty who attended the CME

| SL NO                          | NAME                         | DESIGNATION         |  |
|--------------------------------|------------------------------|---------------------|--|
| 1                              | SR LITHA LIZBETH FCC         | ASSOCIATE PROFESSOR |  |
| 2                              | SR NIRAMALA FCC              | VICE PRINCIPAL      |  |
| 3                              | SR MERLY JOHN ASSOCIATE PROF |                     |  |
| 4                              | LAKSHMI G                    | PROFESSOR           |  |
| - 5                            | MRS MARY TREESA JOSEPH       | ASST PROFESSOR      |  |
| 6                              | JYOTHY KF ASST PROFESSOR     |                     |  |
| <u> </u>                       | 7 ROSE MARIA LECTURER        |                     |  |
| 8 NIMI MARIA AUGUSTIN LECTURER |                              | LECTURER            |  |
| 9                              |                              |                     |  |
| 10                             | SR SUDHA ROSE LECTURER       |                     |  |



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