Document Name	**POLICIES AND PROCEDURES ON CONTINUOUS QUALITY IMPROVEMENT**
Document No	**CSMSSAR / NABH / CQI / 01**
No. of. Pages	**13**
Date Created	**01-05-2021**
Date of Implementation	**10-06-2021**
Prepared By	**Designation :** Quality Manager **Name** : Dr. Shamika Joshi **Signature** :
Approved By	**Designation :** Medical Superintendent & Principal **Name** : Dr. S.G. Deshmukh **Signature** : Principal C.S.M.S.S. Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad.
Responsibility of Updating	**Designation :** NABH Coordinator **Name** : Dr. J.S. Deshmukh **Signature** :

C.S.M.S.S. AYURVED MAHAVIDYALAY AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

AMENDMENT SHEET

Sr.No	Section no & Page no.	Details of the amendment	Reasons	Signature of the preparatory authority	Signature of the approval authority

C.S.M.S.S. AYURVED MAHAVIDYALAY AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

CONTROL OF THE MANUAL

The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.

The holder of the copy of this Manual shall maintain it in current status by inserting latest amended version is received.

Quality Manager is responsible for issuing the amended copies to the copyholder should acknowledge the same and he/she should return the obsolete copies to the Quality Manager.

The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.

The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures.

Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
Quality Manager	Principal/ MS CSMSS Ayurved College	Accreditation coordinator

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy' and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

C.S.M.S.S. AYURVED MAHAVI AURANG

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

Distribution List of the Manual:

Sr.No	Designation
1	Principal/ Medical Superintendent
2	Deputy Medical Superintendent
3	Accreditation Coordinator

C.S.M.S.S. AYURVED MAHAVIDYALAYA AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

CONTENTS

C.S.M.S.S. AYURVED MAHAVIDYALAY AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

POLICY & PROCEDURES ON CONTINUOUS QUALITY IMPROVEMENT

1.1 PURPOSE:

1.1 To guide and ensure the continuous improvement of quality services provided by CSMSS Ayurved Hospital & College, Kanchanwadi, Aurangabad.

1.2 To identify appropriate tools for continual improvement.

1.3 The quality improvement program is comprehensive & covers all measure elements.

2.0 SCOPE:

2.1 Hospital Wide – All Inpatient care areas

2.2 Applicable to all employees of the hospital.

3.0 RESPONSIBILITY:

3.1 Consultants/ Doctors

3.2 All hospital staff

3.3 Core/ Quality assurance Committee

4.0 ABBREVIATION:

4.1 NABH: National Accreditation Board for Hospital and Healthcare providers

4.2 CQI: Continuous Quality Improvement

C.S.M.S.S. AYURVED MAHAVIDYA... AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

5.0 DEFINATION:

5.1 Quality Indicators: Quality indicators are the means to judge the real performance of certain clinical as well as managerial parameters selected for monitoring and evaluation.

5.2 Sentinel Events: an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof to a patient, visitors, or an employee.

5.3 Quality Improvements: It is an ongoing response quality assessment data about a service in ways that improve the process by which services are provided to the patients.

5.4 Risk Management: Clinical and administrative activities to identify evaluate and reduce the risk of injury.

6.0 REFERENCE:

2016. 6.1 NABH: Pre Accreditation Entry Level Standards for Hospitals, Second Edition, April

7.0 POLICY:

7.1 Organization has designated a person as NABH coordinator Dr. Deshmukh J.S to meet the quality standards.

7.2 Quality improvement and patient safety program is implemented by Quality & safety Team.

7.3 The Hospital management makes available adequate resources required for quantity improvement and patient safety program.

C.S.M.S.S. AYURVED MAHAVIDYALAYA AURANG

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

7.4 There is establish system of clinical audit.

7.5 Quality Policy:

7.5.1 We hereby assure quality healthcare to patients through reliable healthcare service, available medicines and maintainable equipment.

7.5.2 We ensure efficiency of operations and effectiveness of treatment through our competent human resources.

7.5.3 We review this policy for continuing suitability, adequacy and effectiveness.

7.5.4 We achieve this through the quality objectives and targets set for various departments.

7.6 Safety Policy:

7.6.1 The patient safety program is developed implemented & maintained by multi-disciplinary committee called Safety Committee.

7.6.2 The policy covers measures elements related safety & risk management.

8.0 PROCEDURE:

Quality

8.1 Approach - To Planning, Designing, Measuring Improving Quality.

8.1.1 **Planning** – Planning for the improvement of patient care and health outcomes includes a hospital wide approach.

8.1.2 **Designing:** Processes, functions or services are designed effectively based on: Mission and Vision of CSMSS Ayurved Hospital & College needs and expectations of patients, staff, and others.

8.1.3 **Internal Communications:**

C.S.M.S.S. AYURVED MAHAVIDYALAYA

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

8.1.3.1 The top management has defined and implemented an effective and efficient process for communicating the Quality Policy, Objectives, Quality management requirements and accomplishments.

8.1.3.2 This helps the hospital to improve the performance and directly involves its people in the hospital as a means of involving them through the following modes:

8.1.3.3 The management actively encourages feedback and communication from the people in the hospital as a means of involving them through the following modes:

8.1.5 **Documentation:**

8.1.5.1 **Quality Manual:**

Quality Manual contains the structure and functions of the continuous quality improvement program.

8.2 Principal/Quality Manager/NABH Coordinator at CSMSS Ayurved College & Hospital, Kanchanwadi, Aurangabad. Have the overall authority, responsibility and commitment to communicate, implement, control and supervise the compliance of various departments with the accreditation standards.

The roles and responsibility of the NABH coordinator include:

8.2.1 Establishing and maintaining the Quality Improvement and patient Safety Program.

8.2.2 Documents control.

8.2.3 Schedule and conduct Internal Audits.

C.S.M.S.S. AYURVED MAHAVIDYALAY AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

8.2.4 Schedule and conduct Management Review Meeting.

8.2.5 Ensuring corrective and preventive action arising from the above.

8.3 Document Control:

8.3.1 Documents such as regulations, standards, and policies SOP's manuals and other normative documents as well as drawings, software from part of the Hospital Quality Management System.

8.3.2 A copy of each of these controlled documents shall be archived for future reference and the documents shall be retained in their respective department the documents are maintained in paper or electronic media as appropriately required.

8.3.3 Documents are identified and established as two levels namely:

8.3.3.1 **Quality Manual:**

8.3.3.2 **Hospital Policies & Procedures:**

8.3.4 The Heads of the Departments of the respective departments shall review all documents issued to personnel as a part of management system annually and they shall approve it for the use. The Head of Quality issues the finalized document.

8.3.5 **The Head of Quality ensures that:**

8.3.5.1 Authorized editions of appropriate documents are available at all locations where operations essential to the effective functioning of the Hospital are performed.

8.3.5.2 Documents are periodically reviewed and revised where necessary to ensure suitability and compliance with applicable requirements.

C.S.M.S.S. AYURVED MAHAVIDYALAYA * AURANGABAD *

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

8.4 **Preventive Actions:**

8.4.1 The NABH Coordinator shall be perpetually vigilant and identify potential sources of non-compliance and areas that need improvement.

8.4.2 These may include trend analysis of specific marks such as turnaround time, risk analysis etc.

8.4.3 Where preventive actions are required a plan is prepared and implemented.

8.4.4 All preventive actions must have control mechanism and monitor for efficacy in reducing any occurrence of non-compliance or producing opportunities for improvement.

8.5 **Corrective Action:**

8.5.1 The NABH Coordinators takes all necessary corrective action when any deviation is detected in Quality Management System.

8.6 Root Cause Analysis: Deviations are detected by:

8.6.1 Patient complaints/feedbacks.

8.6.2 Non-Compliance receipt of items/samples.

8.6.3 Non-compliance at Internal/external Quality Audit Management Review.

8.6.4 The NABH coordinator conducts and coordinators the detailed analysis of the nature and root cause of non-compliance along with the responsible persons from the respective sections.

C.S.M.S.S. AYURVED MAHAVIDYALAY AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

8.7 **Selection and Implementation of corrective Actions:**

- Potential corrective actions are identified and the one that is most likely to eliminate the problem is chosen for implementation.
- Corrective action is taken into consideration the magnitude and degree of impact of the problem.
- All changes from corrective action is documented and implemented.

8.8 **Monitoring of Corrective Actions:** The NABH Coordinator shall monitor the Outcome parameters to ensure that corrective actions taken have been effective in eliminating the problem.

8.9 **Procedures for Internal Quality Audit:**

8.9.1 Internal audits shall be conducted by the internal audit team members once in six months.

8.9.2 Internal audit team members shall be trained on Pre-Accreditation Entry Level NABH standards internally by a trained person who in trains the other members of the team.

8.9.3 Audit starts with the opening meeting. All departmental heads shall be informed about the purpose of audit, audit timings and duration of audits etc.

8.9.4 All minor correction shall be suggested by the auditor to the departmental staff.

8.9.5 Audit gets over with the closing meeting overall observation shall be summarized by the chief auditor. Audit observation shall be handed over to Principal/ MS for improvements.

8.9.7 The Audit reports shall be forwarded to the concerned Departmental Heads.

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

Corrective and preventive actions will be done by the department staff based on the audit observation. Reports of the corrective and preventive actions will be submitted to the CQI Incharge or NABH Coordinator by the concerned Head of the department.

9.0 Safety Procedures:

9.1 There is designated individual for coordination & implementation of patient safety program staff is given training for it.

9.2 Facility Inspection rounds are taken & documented.

9.3 Patients safety program is updated at least once in a year.

C.S.M.S.S. AYURVED MAHAVIDYALAYA AURANGABAD

Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.