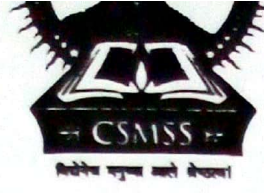


The background of the entire page is a vibrant orange color. It is decorated with a repeating pattern of concentric squares. Each square is composed of multiple nested lines, creating a 3D effect of depth. The squares vary in size and are scattered across the page, some appearing larger and more prominent than others.

CLINICAL AUDIT COMMITTEE REGISTER



छ.शा.म.शि.सं. आयुर्वेद महाविद्यालय, रुग्णालय
कांचनवाडी, औरंगाबाद.

प्रमाणपत्र

प्रमाणित करण्यात येते की, ही नोंदवही रुग्णालय विभागाच्या

Clinical Audit Register

विभागाची असुन

यात पृष्ठ क्र. ०१ ते _____ आहेत.

ही नोंदवही दि. 15/6/2024 पासुन दि. _____ पर्यंत आहे.

[Signature]
विभाग प्रमुख

[Signature]
रुग्णालय अधीक्षक

[Signature]
प्राचार्य



C.S.M.S.S. Ayurved Mahavidyalaya , Rugnalaya
Kanchanwadi, Paithan Road,
Auranagabad - 431011

15. CLINICAL AUDIT COMMITTEE

OBJECTIVE

- To improve the quality of clinical care at the institutional level.
- Improve patients access to quality health services promote evidence based clinical practice.
- Standardize clinical practice.
- Reduce clinical errors.
- Provide care that is respectful of human dignity and responsive to patients' needs and values
- Increase patients' participation in the clinical care process.
- Improve efficiency in the utilization of health care resources.
- Promote staff development.

FUNCTIONS

- Implement clinical audit and review programs, which includes mortality and morbidity reviews, record and utilization reviews.
- Facilitate implementation of clinical standards and guidelines.
- Monitor all clinical audit and review activities within the institution.
- Facilitate education and training program for all clinical audit staff within the institution.

MEMBERSHIP

Dr. S.G. Deshmukh	Principal/M.S.
Dr. Y.A. Vitonde	Representative kayachikitsa
Dr. S.S. Ambekar	Representative Streerog Prasuti Tantra
Dr. T.S. Kulkarni	Patient Safety Officer
Dr. Pallavi Shinde	Deputy Medical Superintendent
Mrs. Sumitra Patil	Matron



C.S.M.S.S. Ayurved Mahavidyalaya , Rugnalaya
Kanchanwadi, Paithan Road,
Auranagabad - 431011

FREQUENCY OF MEETINGS

- The committee shall meet approximately 4 times per year and at the call of the chair.

QUORUM

- 50% of membership

MEETING VENUE

- As decided by the chairperson.

CIRCULATION

- Minutes are circulated to all committee members and management within a week.

REPORTING RELATIONSHIP

- Management through proper channel.

EVALUATION

- Evaluation to be completed by the next meeting.

1. Needle stick Injury.

21/6/2021

* C.Q.I. Audit Team member :

1. Dr. S.G. Deshmukh
2. Dr. D.J. Amle
3. Dr. Y. A. Vitonde.
4. Dr. S.S. Ambekar.
5. Dr. T.S. Kulkarni
6. Dr. Pallavi shinde.

* Aim : To prevent Needle stick injury.

* objective : (1) continuous education of all categories of Health care workers to prevent needle stick injury.

(2) staff should be encouraged to self report without any delay and should treat each needle stick injury as an emergency.

* Audit Duration : 2 months.

* Audit Date : 21/6/2021

* Method :

1. Information about the unreported events was collected through personal interview of all health care workers and doctors employed with the hospital during this period.

2. This being a clinical audit involving health care workers and not involving any patient, approval

from IEC was not obtained.

* Data:
Needle stick injury events during April to May
and May to June.

① Data for injury.

1. Total beds - 220
2. Total No. of OPD patients 1779
3. Total No. of IPD patients 40
4. Total patients (OPD+IPD) 1819
5. Total No. of injections. 1315

②	Location of Needle stick injury	No.	%
1.	ward	-	
2.	Operative room	1	0.07%
3.	casualty	-	
4.	Infection control area	2	0.15%

③	NSI Event type:	No.	%
1.	Harmful	-	
2.	Not harmful	3	0.22%

④	Gender involve in NSI	No	%
1.	Female	2	0.15%
2.	male	1	0.07%

conclusion:

1. Most common situation when NSI occurred was during handling and disposal of the biomedical waste (BMW) by health care workers
2. The NSI events per 1819 patients treated (IPD+OPD) was 0.22 %.

* Discussion:

corrective measures:

1. Wash the injury site with plain NS.
2. Inform to HOD about injury.
3. Initiate the injury reporting system.
4. Identify the source patient who should be tested for HIV, Hep. B, Hep. C infection
5. Get tested technician for HIV, Hep. B, Hep. C
6. Post exposure prophylaxis when the source patient is unknown, test positive for HIV, Hep. B, Hep. C

Preventive measures:

1. To address inadequate knowledge and practice of appropriate steps to take following a needle injury, workshop & training programme on best practices following exposure is essential.
2. Implementing safety training programmes that emphasize prevention and mandatory reporting may be

effective in reducing needle injuries & minimizing blood born pathogen transmission.

3. Record of documents for needle stick injury causes should be regularly checked by Hospital infection control dept.

4. All health worker, lab. technician should be fully vaccinated against Hep. B, T.T. etc. will be tested

5. All HCWs will be tested for infectious disease.

Reaudit : Will on 15th July 2021

sign of members.

① Dr. S.G. Deshmukh

② Dr. D.J. Amle

③ Dr. Y.A. Vitande

④ Dr. S.S. Ambekar

⑤ Dr. T.S. Kulkarni

⑥ Dr. Pallavi Shinde

Deshmukh

Amle

Vitande

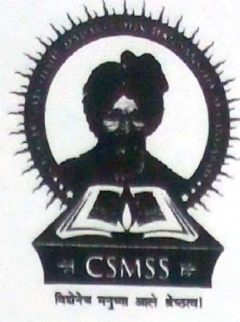
Ambekar
21/06/2021

Kulkarni
21/06/2021

Shinde
21/06/21

Continuous Quality Improvement

Audit Register

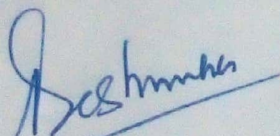


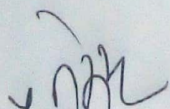
छ.शा.म.शि.सं. आयुर्वेद महाविद्यालय, रुग्णालय
कांचनवाडी, औरंगाबाद.

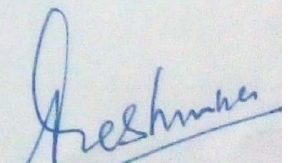
प्रमाणपत्र

प्रमाणित करण्यात येते की, ही नोंदवही रुग्णालय विभागाच्या
Continuous Quality Improvement Audit विभागाची असुन
यात पृष्ठ क्र. ०१ ते _____ आहेत.

ही नोंदवही दि. १/०१/२०२१ पासुन दि. _____ पर्यंत आहे.


विभाग प्रमुख


रुग्णालय अधीक्षक


प्राचार्य

दिनांक . १ / १ / २०२१

continuous Quality Improvement committee

committee members.

1. Dr. S. G. Deshmukh
2. Dr. J. S. Deshmukh
3. Dr. Y. A. Vitonde
4. Dr. S. S. Ambekar
5. Dr. T. S. Kulkarni
6. Dr. Pallavi Shinde
7. Dr. Pallavi Shinde
8. Mrs. Sumitra Patil

Sign.

Deshmukh

Do

Vitonde

Ambekar

T. S. Kulkarni

Pallavi Shinde

Patil

1. IPD Audit

Date: 3/5/2021

Audit Member:

Dr. S.G. Deshmukh.

Dr. R.D. Sonawane

Dr. M.R. Survase M

Dr. S.S. Ambekar

Dr. T.S. Kulkarni

1

complaint : 1) Grab bar and bedside railing for vulnerable patient group ~~was~~ not available

2) Leaking taps in washroom

3) Bedsheets and pillow covers of some beds are stained & dirty and teared.

4) BP apparatus, weighing machine broken.

corrective action :

Date : 6/5/2021

Action taken - 1. Grab bar & bed side railing is fixed.

2. Leaking taps repaired & wash room cleaned.

3. Bed sheet & pillow cover changed.

4. callibration done of BP apparatus and weighing machine

Reaudit Date : 10/5/2021

Remark : 1. New grab bar and railing fitted for vulnerable group.

2. Satisfactory work done about leaking taps & washroom.

3. Bedsheet & pillow cover changed - satisfactory work

4. Calibration not done of instruments

Sign

1. Dr. S.G. Deshmukh

2. Dr. R.D. Sonawane

3. Dr. M.R. Survase

4. Dr. S.S. Ambekar

5. Dr. T.S. Kulkarni

10/5/2021
Dr. Kulkarni

Reaudit

3/6/2021

- Calibration done of instruments

Sign

1. Dr. S.G. Deshmukh

2. Dr. R.D. Sonawane

3. Dr. M.R. Survase

4. Dr. S.S. Ambekar

5. Dr. T.S. Kulkarni

3/6/2021
Dr. Kulkarni

2. Labour Room Audit.

Date : 6/5/2021

Audit member :

Dr. J.S. Deshmukh

Dr. S.S. Ambekar.

Dr. Pallavi Shinde

Mrs. Rekha Khanzode

Mr. Labade Deridas.

complaint :

1. shadowless lamp in labour room is in nonworking condition.
2. fetal doppler is in labour room also nonworking condition.
3. Elbow tap not found.
4. callibration of BP apparatus weighing machine, warmer, boiler not found.

corrective Action

Date : 10/5/2021

Action taken :

1. shadowless lamp repaired.
2. fetal doppler replaced.
3. Elbow tap fitted.
4. cp

Re audit date : 13/5/2021

Remark : sat. satisfactory work done about shadowless lamp and fetal doppler and Elbow tap. However callibration still not found.

3. Central BMW area Audit

Date: - 20/5/2021

Audit member :

1. Dr. S.G. Deshmukh
2. Dr. J.S. Deshmukh.
3. Dr. D.J. Amle
4. Dr. N.R. Nimbalkar
5. Dr. Y.A. Vitande
6. Dr. S.S. Ambekar.

complaints :

1. Proper coloured dustbin according to BMW standards were not found.
2. Door was broken at one place.
3. Weighing machine of BMW Room not calibrated.

corrective action

Date : 23/5/2021

Action taken :

1. Proper coloured dustbin according to BMW standards were arranged.
2. Door also repaired and painted.
- 3.

Preventive action :

- ① Disinfection of central BMW area done
- ② cleanliness maintained.


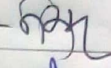
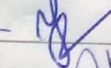
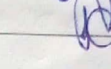
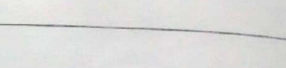
Reaudit date : 25/5/2021

Remark : ① Proper dustbin of particular coloured were satisfactorily arranged.

- ② Also door was satisfactorily repaired and painted
- ③ callibration of weighing maschine not found.

Sign.

1. Dr. S.G. Deshmukh
2. Dr. J.S. Deshmukh
3. Dr. D.J. Amle
4. Dr. N.R. Nimbalkar
5. Dr. Y.A. Vitande
6. Dr. S.S. Ambekar

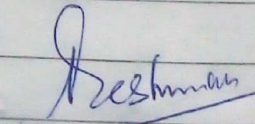
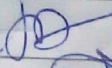

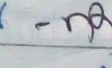
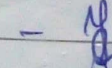
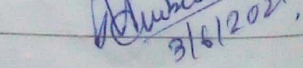






25/5/2021

Re audit

3/6/2021 - callibration of weighing maschine done.

Sign:

1. Dr. S.G. Deshmukh
2. Dr. J.S. Deshmukh
3. Dr. D.J. Amle
4. Dr. N.R. Nimbalkar
5. Dr. Y.A. Vitande
6. Dr. S.S. Ambekar







3/6/2021

4. MRD Audit

Date: 1/6/2021

Audit member:

Dr. S.G. Deshmukh

Dr. J.S. Deshmukh

Dr. Y.A. Vitonde

Dr. S.S. Ambekar

Dr. T.S. Kulkarni

Dr. Pallavi Shinde

Ms. Yogesh Birare

Objective:

Provision of patient medical records in a timely manner in order to assist clinicians, allied health professionals and other hospital staff in the provision of quality care to patients.

Audit duration: 1 day

Complaint:

1. Format for standardized data collection is not available
2. No defined process for the MRD care provider who have access to past medical record.
3. Ex: Cupboard not available

Corrective action

Date: 4/6/2021

- Action taken :
1. Printed Register for standardized data collection should be made available
 2. for the definitive process of passed medical record data made separate column in printed register.

Preventive action:

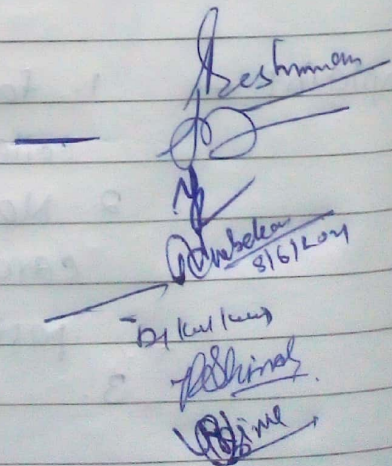
1. Training given to the care provider of MRD in access to data collection data analysis and storage & for retrieving data
2. Pest control should be done periodically.
3. All IPD & OPD case papers Register Death record Birth record should be checked periodically by HCO.

Reaudit : 8/6/2021

- Remark :
1. Printed Register found for MRD collector
 2. cupboard not found

Sign:

Dr. S.G. Deshmukh
Dr. J.S. Deshmukh
Dr. Y.A. Vitande
Dr. S.S. Ambekar
Dr. T.S. Kulkarni
Dr. Pallavi Shinde
Mr. Yogesh Bisare


S.G. Deshmukh
J.S. Deshmukh
Y.A. Vitande
S.S. Ambekar
T.S. Kulkarni
Pallavi Shinde
Mr. Yogesh Bisare



CSMSS AYURVED MAHAVIDYALAYA & RUGNALAYA, PAITHAN ROAD,
KANCHANWADI, AURANGABAD

Training Calendar of Hospital (Consultant)

Sr. No.	Training Name	Guest Speaker	Date	Time
1	Fire & Safety	Mr. S.S. Pimpalwadkar	03-05-2021	2 to 3pm
2	NABH work sensitization	Dr. S.G. Deshmukh	06-05-2021	2 to 3pm
3	Personality Development	Dr. S.S. Antapurkar	21-05-2021	11 to 1pm
4	Cardiopulmonary Resuscitation (CPR)	Dr. Rahul Surnar	22-05-2021	12 to 1pm
5	Management of Anaphylactic Reaction	Dr. R.D. Sonawane	24-05-2021	11 to 12pm
6	Yoga & Meditation	Mrs. Rupa Kshirsagar	24-05-2021	12 to 1pm
7	Clinical audit	Dr. Jayashri Patil	03-06-2021	2 to 3pm
8	Grievance Handling Procedure	Dr. J.S. Deshmukh	07-06-2021	11 to 12pm
9	Medication Error	Dr. G.V. Shinde	14-06-2021	2 to 3pm

**CSMSS AYURVED MAHAVIDYALAYA & RUGNALAYA, PAITHAN ROAD,
KANCHANWADI, AURANAGABD**

Training Calendar of Hospital Staff

Sr. No	Training Name	Guest Speaker	Date	Time
1	Orientation & Induction Program	Dr. S.G. Deshmukh	08-05-2021	11 to 1pm
2	Biomedical waste management	Dr. Y.A. Vitonde	19-05-2021	3 to 4pm
3	Hospital Infection Control	Dr. S.S. Joshi	19-05-2021	2 to 3 pm
4	Personality Development	Dr. S.S. Antapurkar	21-05-2021	11 to 1pm
5	Record Keeping of Medicine & Communication Skills	Dr. N.R. Nimbalkar	28-05-2021	2 to 3pm
6	Clinical Audit	Dr. Jayshri Patil	03-06-2021	2 to 3pm
7	Medication Error	Dr. G.V. Shinde	14-06-2021	2 to 3pm
8	Ethics in Panchakarma Procedure	Dr. U.K. Neralkar	22-06-2021	11 to 12pm
9	Feedback form	Dr. Y.O. Shrotriya	28-06-2021	2 to 3pm
10	Vaccination of Pediatrics	Dr. Anand Jatal	01-07-2021	2 to 3pm
11	Safe Practices in Laboratory	Dr. D.J. Amle	05-07-2021	2 to 3pm
12	Fumigation Protocol & Emergency Code Training	Dr. S.S. Joshi	13-07-2021	2 to 3pm
13	Donning & Doffing of PPE kit (Handwash, Cap & mask Management & Precautions to be taken in Panchakarma)	Dr. S.S. Ambekar	22-07-2021	2 to 3pm
14	Information Management System (IMS) & Human Resource Management (HRM)	Mr. Ashok Aher	29-07-2021	2 to 3pm
15	Record Keeping (GOB, Diet book, TPR) & Accuracy	Dr. N.R. Nimbalkar	02-08-2021	2 to 3pm
16	Spill Management	Dr. D.J. Amle	09-08-2021	2 to 3pm
17	Nurses Education Program (Baby Care)	Dr. K.S. Ratnaparkhi	18-08-2021	2 to 3pm
18	Admission, Discharge, & Initial assessment	Dr. T.S. Kulkarni	25-08-2021	2 to 3pm
19	Patient Rights & Education	Dr. Lata Rathod	30-08-2021	2 to 3pm

20	Safe Management of linen	Dr. Pankaj Ghorpade	01-09-2021	2 to 3pm
21	Patient placement Procedure	Dr. Ankita Sulkekar	07-09-2021	2 to 3pm
22	Care of Emergency Patient	Dr. V.N. Puri	13-09-2021	2 to 3pm
23	Kaizen Technique	Dr. Natasha CEO Bajaj		
24	Patient safety & ADR (Adverse Drug Reaction)	Dr. B.N. Gadave		2 to 3pm