



# छ.शा.म.शि.सं. आयुर्वेद महाविद्यालय, रुगणालय कांचनवाडी, औरंगाबाद.



प्रमाणित करण्यात येते की, ही नोंदवही रुग्णालय वि	भागाच्या
Clinical Audit Register	विभागाची असुन
यात पृष्ठ क्र. ०१ ते आहेत.	
ही नोंदवही दि 15/6/2014 पासुन दि.	पर्यंत आहे.

विभाग प्रमुख

रुग्णालय अधिक्षक

महिम्मिर्म 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. Pallovi shinde.
* Aim: To prevent Needle Stick injury.
* objective: ① continuous education of all categories  of Health care workers to prevent  needle stick injury.
a) staff should be encouraged to self report without any delay and should treat each needle strick injury as an emmergency.
* 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 waskers 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  Scanned by CamScann

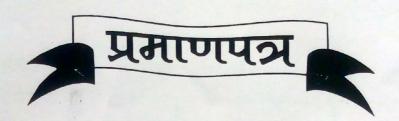
						The Salar Salar
from JEC was not obtained.						
750717 \$100 0000 7000			(W)	Gender involve in MSI		
					No	9.
* Data: Needle stick injury events during April to	n May			1. Fernale	2	0.59.
and may to June.	149	1		2. male	1.	0.07%
(1) Data for injury.		1	con	clusion:		
1. Total beds - 220			1.	Most common situation when NS: handling and disposal of t	1 occurred	was during
2. Total No. of OPD patients 1779				(Brow) by health care work	ne blomedice	e waste
3- Total No. of IPD patients. 40			2.	The NSI events per 1819 port	ients treated	CIPD4 OP
4. Total patients (OPD+JPD) 1819				ωας <u>0.22</u> °/ <sub>8</sub> ,		
5- Total No. of injections. 1315			*	Discussion :		
			,	corrective measurer:	2)21 210	
(I) location of Needle stick Injury	No	0)0		wash the injury site with . Inform to Hop about inju		
1. ward	- 11		-	5. Initiale the injury report 4. Identify the source patie	ting system	ould be
		0.071		tested for HIV, HEP. B. He	p. c infection	
2. Operative room	1	0.07%		5. Get tested technician for	HIV Hep.B	Hep. C
3. Casualty	-			6. Post exposure prophylaxis patient is unknown, test	positive for	HILV, HOP.B,
	0	- 0015		Hep. C		
4. Infection control area	2	0-60-15%	P	reventive measures:		
MSI Event type:	No.	0/,	1.	To advess inadequate knowledge	and practice	e of injury.
1. Harmful				appropriate steps to take follow workshop 4 training programm	ne on vegi	practices
1				following exposure is essen	ua.	
2. Not harmful	3	0.221	2.	Implementing safety training emphasize prevention and manditu	my reporting	s that may be

	effective in reducing needle injuries 4 minimizing blood born pathogen transmission.
3.	Record of documents for needle stick injury causes smould be regularly checked by Huspital intection control dept.
4	· All health worker, lab. technician should be fully vaccinated against Hep.B, T.T. etc with be tested
5	- All HCWs will be tested Fer infectious disease
Red	audit: Will on 18th July 2021
	sign of members.
	O Dr. S.G. Deshmukh Jashmuer
	Dr. D-J-Amle
	3) Dr. Y.A. vitande Milande
	(4) Dr. S.S. Ambekar Deludelian 21/06/2021
	(S) Dr. T.S. Kulkarni Wallow 21
	(8) Dr. Pallavi Shinde Plumos





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प्रमाणित करण्यात येते की, ही नोंदवही रुग्णालय विभा	गाच्या
Continuous Quality Improvement Audit	विभागाची असुन
यात पृष्ठ क्र. ०१ ते आहेत.	
ही नोंदवही दि 101 2021 पासुन दि. —	पर्यंत आहे.
विभाग प्रमुख रिगणालय अधिक्षक	Leshon

विनांक .

प्राचार्य

continuous Quality Improver	ment committee
Continue	Traffic Control Control
committee Membrs.	Sign.
1. Dr. S. G. Deshmukh	Rishman Sign.
2. Dr. J.S. Deshmukh	
3. Do. Y. A. vitande	Mitonde
4. Dr. S.S. Ambellar	Muhelier
5. Dr. T.S. Kulkarni	Dikulcom
6. Dr. Pallari shinde	Blimes
T. De Pallari shinde.	
8. mrs. Sumitra Patil	Rado
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mobile and NA	West alkalle
The second secon	

	1. IPD Audit
Date:	3   5   2 0 2
a dit Me	mber:
HUOIL III	Dr. S.G. Deshmukh.
	Dr. R.D. Sonawane
	Dr. m.R. Survase
	Dr. S.S. Ambekan
	Dr. T.S. Kulkarni
- A Faye	at your traffic A southbox is the state of
	## Josephine
theory	May The state of control difference of the state of the s
complount	. 17 Grabbox and bedside railing for vulnerable
	potient group was not available
	27 Leaking tops in washroom
	3) Bedsheets and pillow covers of some
	beds one Stowned & durty and
	teared.
	47 BP apparatus weighing maschine broken.
Arrest .	Tibros on
corrective	action:
Date	: 6   5   202
Action	taken - 1. Grab bar & bed side railing is fixed
	a Leaking tops repaired &
	wash room cleaned.
	3 Bed sheet & pillow cover changed
	and weighing maschine

Scanned by CamScanner

	2. Labour Room Audit.
	c 15   2021
Date:	6 15 12021
Audit me	
1000	Dr. J.S. Deshmukh
2/4	pr. S.S. Ambekon.
	Dr. Pallavi Shinde
	pyrs. Rekha khanzode
	Mr Labade Devidas.
30	
complaint	
	1. Shadowkeslamp in Labour Room is in nonworking
	condition.
	a. fetal dopplet is in labour room also
	non working condition.
	3. Elbow top not found. 4. calliberation of BP apparatus weighing
	moschine warmer boiler not found
	Chieff year and and on
corrective	Action
pata :	10 15   202
pare.	
A altino d	
Action t	
	1. Shadowlesslamp repaired.
	a. fetal doppler replaced.
	3- Elbow tap fitted. 4. Re
	M. KØ
Re audit de	orte: 1315/2021
D.o.	
Remark	: set satisfactory work done about
	snadowles lamp and fetal doppler and
	Elbow tap.
	However calliberation still not found.

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. Amtekas.  Complaints: 1. A Psaper coloured elustbin according to Bmwl Standards were not found.  2. Door wois broken at one place.  3. Weighing maschine of Bmwl Room not calliberated.  Action taken: 1. Propes coloured dustbin according to Briwl Standards were arranged.  2. Door also repaired and painted.  9.  Preventive action: (1) Disinfection of central Bmwl are done.  (2) Clinliness maintained.  Reaudit date: 251512021  Remark: (1) Propes dustbin of particular coloured we satisfactorily arranged.	
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  2. Door wais broken at one place.  3. Weigning maschine of BmW Room not calliberated.  2. Door also repaired and painted.  9. Door also repaired and painted.  9. Preventive action:  1. Proper coloured dustlin according to BMW standards were arranged.  2. Door also repaired and painted.  9. Preventive action:  1. Disinfection of central BmW are done  2. Clinliness maintained.	Date' 20   5   2021
1. Dr. S.G. Reshmukh  2. Dr. J.S. Deshmukh  3. Dr. D.J. Amle  4. Dr. N.R. Nimbalkar  5. Dr. J.A. Vitande  6. Dr. S.S. Ambekar  8. Door was broken at one place.  3. Weigning maschine of Bmwl Room  not callibercited.  arrective action  Date: 28/5/202)  Action taken: 1. Propes coloured dustbin according to  BMW Standards were arranged.  2. Door also repaired and pointed.  3.  Preventive action: (i) Disinfection of central Bmwl are  done  (2) Clinliness maintained.  Reaudit: date: 25/5/202)	A CONTRACTOR OF THE PERSON OF
2. Dr. J.S. Deshmukh. 3. Dr. D.J. Amle 4. Dr. N.R. Nimbalkar 5. Dr. J.A. Vitorde 6. Dr. S.S. Arntekar.  Complants: 1. A Psaper coloured dustbin according to BMW Standards were not found. 2. Doors was broken at one place. 3. Weighing maschine of BMW Room not calliberated.  Date: 28/5/202)  Action taken: 1. Proper coloured dustbin according to BMW Standards were arranged. 2. Door also repaired and pointed. 3.  Preventive action: 1. Disinfection of central BMW are done (2) clinliness maintained.	
3. Dr. D. J. Amle 4. Dr. N.R. Mimbalkar 5. Dr. J. A. Vitande 6. Dr. S.S. Arntekar.  Dr. S.S. Arntekar.  Door wais broken at one place. 3. Weighing maschine of BmW Room not callibercited.  Door also repaired and pointed.  BMW Standards were arranged. 2. Door also repaired and pointed. 3.  Preventive action Disinfection of central BmW are done (2) clinliness maintained.	
4. Dr. N.R. Himbalkar 5. Dr. T. A vitorde 6. Dr. S.S. Arntekas.  Complaints: I. Psoper coloured elustbin according to Brown Standards were not found. 2. Door was broken at one place. 3. Weighing maschine of Brown Room not calliberated.  Corrective action Date: 28/5/202)  Action taken: I. Proper coloured dustrin according to Brown Standards were arranged. 2. Door also repaired and pointed. 3:  Proeventive action: (1) Disinfection of central Brown are done (2) Clinliness maintened.	
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2. Door wois broken at one place.  3. Weighing maschine of 8mW Room not calliberated.  Proceeding to action.  Date: 28/5/202)  Action taken: 1. Propes coloured dustbin according to 8 MW standards were arranged.  2. Door also repaired and pointed.  3.  Preventive action: (1) Disinfection of central 8 mW are done.  (2) clinliness maintained.  Reaudit: date: 25/5/202/	Brown Chandards were not found.
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2. Door also repaired and pointed.  3.  Preventive action: (1) Disinfection of central BmW are done  (2) clinliness maintained.  Reaudit: date: 2515   202	BMW standards were arranged.
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Reaudit: date: 25/5/202)	Classic Carries Carries And Carries Control Control
Reaudit: date: 25/5/202)	Preventive action: ( Disinfection of central BMW are
Reaudit: date: 25/5/2021	done
	2) clinliness maintained.
	Reaudit : date: 25/5/2021
Remark: (1) Proper dustoin of particular coloring as	
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Satisfactoria Coloring Co.	satisfactory arranges.

and pounted  and pounted  Good and pounted weighing maschine  not found.
Sign.  1. Dr. S.G. Deshmukh  2. Dr. J.S. Deshmukh  3. Dr. D.J. Amle  4. Dr. N.R. Nimbalakar - April  5. Dr. Y.A. Vitande  6. Dr. S.S. Arnbekar
Reaudit 3/6/2021 - calliberation of weighing marchine done.
Sign:  1. Dr. S.G. Deshmukh  2. Dr. J.s. Deshmukh  3. Dr. D.J. Amle  4. Dr. N.R. Nimbalakar-ngh  5. Dr. Y.A. vitande  6. Dr. S.S. Ambekar  Mundager,

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Audit r	
Hadit	7611)061
	Dr s.a Deshmukh
	Dr. J.S. Deshmukh
	or Y.A. vitonde
	Dr. S.S. Ambekan
	Dr. T.S. Kulkarni
	Dr. Pallavi shinde
Liver	Hogesh Brane.
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	some out survivo sto
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	with a laboral hadron page a
ogective	Provision of patient medical records in a timely manner in order to assect clinicians allie health professionals and other hospital
SUJECTIVE	manner in order to assect clinicians allie health professionals and other hospital staff in the provision of quality corre to patients.
SUJECTIVE	health professionals and other hospital staff in the movision of quality care
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audit dur	manner in order to assest clinicians allies health professionals and other hospital staff in the provision of quality core to patients.  1. format for standardized data collection is not available. 2. No defined process for the MRD eare provider who have access to past medical record. 3. Ex. Cupboard not available.
	manners in order to assest clinicians allies health professionals and other hospital staff in the provision of quality corre to patients.  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. Exi Cupboard not available

Action taken: I Printed Register for Standardized data collection should be made available of the collection separate process of passed medical record data made.  Seperate column in printed register.  Preventire action:  1. Training given to the care provider of MRD in access to data collection data analysis and storage 2 for retrining data.  2. Pert control should be done periodically.  3. All Jebs app care paper Register peach second birth record should be checked periodically by HCO.  Reaudit: 8 6 laces  Reaudit: 8 6 laces  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.  Reaudit: 8 6 laces  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.  Remark: 1 Printed Register Found for MRD colle checked periodically by HCO.	
Preventire action.  1. Training given to the core provider of MRD in access to date collection date analysis and storage & fas returning date  2. Pest control should be done periodically.  3. All JPD & OPD case paper Register Beath record, Birth record should be enecked periodically by HCO.  Regulat: 8   6   8021  Remark: 1 Priored Register Found for MRD collection of the periodically by HCO.  Representation of the periodically by HCO.  Remark: 1 Priored Register Found for MRD collection of the periodically by HCO.  Remark: 1 Priored Register Found for MRD collection of the periodically by HCO.  Remark: 1 Priored Register Found for MRD collection of the periodically by HCO.  Remark: 1 Priored Register Found for MRD collection of the periodical of the periodi	Action taken: I Printed Register for Standardized data collection should be made available
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## CSMSS AYURVED MAHAVIDYALAYA & RUGNALAYA,PAITHAN ROAD, KANCHANWADI, AURANAGABD

## **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.	Training Name	Guest Speaker	Date	Time
No		D 0 0 D 1 11	00.05.2021	11. 1
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 top 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