



SRI BALAJI VIDYAPEETH (SBV)

(Deemed to be University)
U/S 3 of UGC Act 1956
Puducherry-607402

This document contains the details of the
Value added course in Quality Assurance in Operation Theatre,
conducted by Internal Quality Assurance Cell,
Sri Balaji Vidyapeeth, Deemed to be University.

REGISTRAR
SRI BALAJI VIDYAPEETH
(Deemed University u/s 3 of UGC ACT, 1956)
Accredited by NAAC with 'A' Grade
Pillaiyarkuppam, Pondicherry-607 402.

(This document is attested from pages 1- 55)



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Criteria 1

Metrix 1.3 : Curriculum Enrichment

1.3.2

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Details of Value added course in Quality Assurance in Operation Theatre

Links to documents (Click on the links to navigate to the page)

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2. [Brochure](#)
3. [Event Report](#)
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5. [Sample Certificate](#)
6. [Enrolled List of students](#)

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**SRI BALAJI
VIDYAPEETH**

DEEMED TO BE UNIVERSITY
ACCREDITED WITH 'A' GRADE BY NAAC



**INTERNAL QUALITY
ASSURANCE CELL**



Shri. M.K. RAJAGOPALAN
Chancellor, SBV



Prof. SUBHASH CHANDRA PARIJA
Vice-Chancellor, SBV

VALUE ADDED COURSES

On campus - Pondicherry at Mahatma Gandhi Medical College

Course on Hospital infection control (17th & 18th February 2020)

Course on medico legal case (19th & 20th February 2020)

Course on critical care nursing (24th & 25th February 2020)

Course on fire safety (24th & 25th February 2020)

Course on public administration in health (6th & 7th March 2020)

Off campus - Chennai at Sri Sathiya Sai Medical College

Course on radiation safety

Data analytics in health care management

✓ Course in quality assurance in operation theater



Resource Person



**Q-TEAM
MUMBAI**

*This document is
attested from
pages 1 - 52*

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**EVENT REPORT FORM
FOR IQAC/ MAPCOM/ WEB INFORMATION**



Shri Sathya Sai Medical College and Research Institute
Tiruporur-Guduvancherry Main road, Ammapettai Village, Nellikuppam
Sembakkam Post, Thirupporur Taluk, Chengalpattu Dist-603108

Details of the Program	
Name/ Title of the Program	Value added Course – Quality assurance in Operation theatre
Type of the Program <i>(Please mention if this is a CME/CDE/CNE/Conference/workshop/seminar/symposium/panel discussion/Faculty development program/student enrichment program)</i> <i>(Also please mention the level, if this is Regional/National/International/Institutional/University)</i>	Value Added Course Institutional Level
Conducted by <i>(Please mention the department name)</i>	Under the ambit of Sri Balaji Vidyapeeth - Internal Quality Assurance Cell - Department of ANAESTHESIOLOGY, SSSMCRI
Date	06.03.2020 and 07.03.2020
Venue	MEU Hall, College block, SSSMCRI
Target Audience/ Stakeholders	1. Postgraduates, Department of ANAESTHESIOLOGY. 2. C.R.R.I M.B.B.S students 3. AHS interns 4. AHS students
Number of participants registered / attended	25 participants registered Day 1: 06.03.2020 = 25 persons attended Day 2: 07.03.2020 = 25 persons attended
Program sponsors	Sri Balaji Vidyapeeth
Credit points/ hours	Nil
Objectives of the Program	UNDERSTAND IMPORTANCE OF QUALITY ASSURANCE IN OPERATION THEATRE
Activities conducted in the Program	Didactic Lectures, Small Group Discussions, Group activities

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Resource Persons involved					
S no	Name	Designation	Affiliation	Email id/ Phone numbers	Topic taken
1.	Dr.K.Balamurugan.	General Manager of operations , certified professional for quality implementation in hospitals(CPQIH)	Meenakshi Hospitals ,Thanjavur	dr.balabds@gmail.com ph: 7025294400	Quality assurance in operation theatre

Detailed report of the program

The third of the approved value-added courses for SSSMCRI campus was conducted on quality assurance in operation theatre on 06.03.2020 and 07.03.2020. The course had a mixture of participants, Post graduates, Allied Health Science interns and students from department of Anaesthesiology and M.B.B.S students. The sessions were taken by Dr.K. Balamurugan, General manager of operations, certified professionals for quality implementation in hospitals(CPQIH), who represented here as one of the consultants of Q Team.

On 06.03.2020, the course started with welcome address given by Dr.Senthil Kumar.S.A, Coordinator of this course, followed by SBV anthem. Dr.S.A.Senthil Kumar, Department of Anaesthesiology, SSSMCRI, introduced the resource person and then resource person started the course on Quality Assurance. Dr.K.Balamurugan, had sessions which included the topics of Zones in operation theatre, Operation theatre layout, Surgical quality indicators, Anaesthesia quality indicators, informed consent, and rights to patients.

On the second day (07.03.2020), the resource person built upon the knowledge shared the previous day. The topics included Infection control, sterilization and autoclaving standards, biohazards and hospital waste management, medication safety in operation theatre, fire safety in operation theatre, Heat Ventilation and Air Conditioning system (HVAC) surveillance and auditing standards, employee training for hospitals, effective hospital communication. The sessions were concluded and the resource person was felicitated by Dr. Sukumaran, Dean, SSSMCRI. We obtained the feedback from the participants in Google Forms and also in printed forms. Vote of Thanks was given by Dr. Senthil Kumar.S.A.

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Summary of the report

(in minimum 150 words, in a prose format for web information, social media and press)

Value added course on Quality Assurance in Operation Theatre two-day course conducted on 06.03.2020 and 07.03.2020 in Shri Sathya Sai Medical College and Research Institute. Resource person from Q team, Dr.K.Balamurugan, General Operations Manager in Meenakshi Hospitals, Thanjavur. Post graduates, Allied Health Science interns and students from department of Anaesthesiology and CRRI M.B.B.S students participated in this course.

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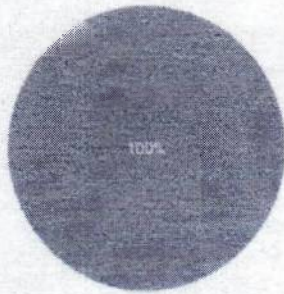
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Feedback analysis/ interpretation and future action plan for further improvement

1. The theme of the workshop was relevant
27 responses



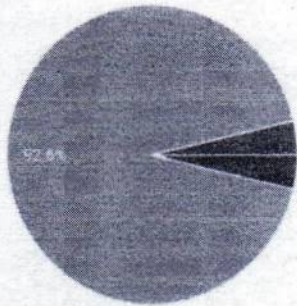
- Disagree
- Neutral
- Strongly Agree
- Strongly Disagree

2. Time was well managed
27 responses



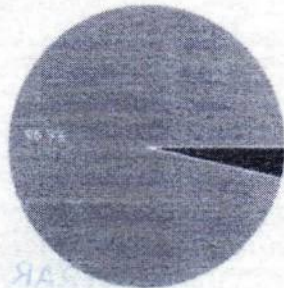
- Disagree
- Neutral
- Strongly Agree
- Strongly Disagree

3. The facilitator delivered the content effectively
27 responses



- Disagree
- Neutral
- Strongly Agree
- Strongly Disagree

4. The knowledge and skills I learned was useful to me
27 responses



- Disagree
- Neutral
- Strongly Agree
- Strongly Disagree

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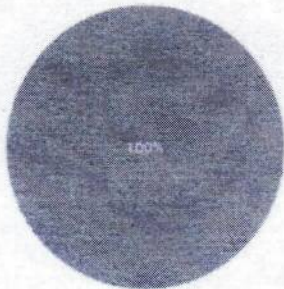
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5. I would recommend this workshop to
others
27 responses



- Disagree
- Neutral
- Strongly Agree
- Strongly Disagree

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Please ensure if the following enclosures have been attached.

Enclosures Check List			
Invitation/ Brochure/ Circular	Yes	Analyzed feedback report in graphical form	Yes
Sample certificate	No	Geo-tagged good quality photographs (enclose separately as attachment as well as in word document with legends)	Yes
Sample feedback form	Yes	Any other (Please type here)	Nil

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CURRICULAM VITAE

Dr. K. Balamurugan, BDS, MBA (Hospital Administration), CPQIH

Flat no. 316, 3rd floor, SIS Acropolis apartment, E-puthur, Trichy, Tamilnadu- 620012

Mobile: +91-7025294400, E-mail: dr.balabds@gmail.com

CPQIH- "Certified Professionals for Quality Implementation in Hospitals" completed both Basic and Advance CPQIH course conducted by CAHO- Consortium of Accredited Healthcare Organization. Course affiliated by NBQP and HSSC.

Completed One day bridge course of **NABH Entry Level Assessor** conducted by NABH & CAHO

Current Employment

General Manager Operations-Meenakshi Hospital, Thanjavur, Tamilnadu(250 beds Super Specialty hospital) from February 2020.

Previous Employment:

- 1. Senior Manager & Head Operations - Kauvery Heartcity hospital, Trichy (100 beds Cardiac Super Specialty hospital) from December 2017 to Jan 2020.**

Achievements:

- ❖ Received "Operations Excellence Award" from Group Chairman for Best performed Operations unit for the year 2018-19
- ❖ Achieved **NABH Accreditation status** and received appreciation from Assessors for excellent maintenance of facilities and documents in Pre and Final assessments
- ❖ Presented Annual Operating Plan of the unit for the year 2019-20
- ❖ SPOC for NLC Cardiac screening centre project and screening done for 6000 NLC employees.
- ❖ Improved EBITDA from 14% to 20%
- ❖ **Cost saving initiatives-** Saved Rs. 1Lakh/ month in Doctors payout, Water and Hostel expenses
- ❖ Implemented Legal tracker and responsible for statutory compliances
- ❖ Process improvement- Reduced average Corporate bills dispatch time from 4 days to 1 day, Reduced OP bill cancellation from 33 to 5 per month
- ❖ Reduced Overtime amount from Rs. 65000/- to Rs. 27000/-
- ❖ Supervised New Cath lab, HDU, General ward & CSSD project works and completed all projects within timeline

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2. **Manager- Quality Assurance in Aster MIMS, Calicut, Kerala from May 2016 to November 2017. It is 700 beds Quaternary care and 1st NABH accredited multi specialty hospital in India.**

Achievements:

1. 2nd hospital in India to get NABH Emergency department excellence certification
2. Centre for Quality Promotion(CQP) status to hospital in association with CAHO
3. Organised and faculty for 2 days training program on NABH certification standards for Emergency dept
4. Organised 3 days Program On Implementation training program in association with NABH and 70staff including CEO, GM-HR undergone training on NABH 4th edition standards
5. Organised one day Clinical audit training program for Doctors and implemented Clinical audit committee.
6. Assisted 3 sister concerns of Aster group hospitals to get NABH Emergency department excellence certification. Headed the internal audit team in all 3 hospitals
7. ICU quality improvement project presentation at QCI head office for QCI D.L.Shah awards
8. Implemented Centre of Excellence parameters in 5 department and COE status achieved in all departments
9. Computer Physician Order Entry (CPOE) implemented in Doctors OPD to reduce medication errors.
10. Successful completion of NABH surveillance assessment-24 non compliances
11. Successful re-certification achievement of NABH Nursing excellence

3. **Deputy Manager& Head- Medical Quality in Max Super Specialty Hospital, Dehradun, Uttrakhand from December 2014 to April 2016.**

Achievements:

1. Successfully completed NABH Surveillance audit and obtained 37 observations
2. Successfully accomplished NABL certificate
3. Quality assurance program for Intensive Care Units, Radiology & Laboratory
4. Organised 3 days NABH implementation workshop and trained 40 staff including Consultants
5. Reduced Hospital Acquired Infections rate from 2.5% to 0.5%
6. Improved medical record documentation compliance from 30% to 81%
7. Mortality audit as per IHI checklist and corrective actions

4. **NABH Co-ordinator in Hindu Mission Hospital, Tambaram, Chennai, Tamilnadu from September 2013 to November 2014.**

Achievements:

- ✓ Received 94 Non Compliances out of 636 objective elements in the pre-assessment
- ✓ NABH application sent within 6 months period

5. **Senior Manager- Administration in M. V. Hospital for Diabetes and Research**

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Centre, Royapuram, Chennai from September '12 to August '13.

Job Responsibilities:

1. Monitoring and Supervision of Out-Patient and In-Patient care activities.
2. Monitoring and Supervision of other branch patient care activities.
3. Formulation of policies and protocol for all departments in hospital.
4. Preparation of monthly statistics and report to Management.
5. Handled Insurance, Medical Records, Nursing, Radiology, Lab and other department

6. **Manager- Hospital Operations and Quality in Billroth Hospitals Ltd, Chennai** from July '11 to August '12.

Job Responsibilities:

1. In-charge for In-Patient department and team of 50 Staff
2. Monitoring of Quality Indicators on monthly basis.
3. Conducted training program regarding NABH process and Registers.
4. Formulation of various departmental manuals as per NABH standards.

Education

BDS – Tamilnadu Government Dental College & Hospital, Chennai.

MBA (HA) – Madurai Kamaraj University in collaboration with Meenakshi Mission Hospital and Research Centre, Madurai from 2009 to 2011. University 2nd rank in MBA-HA

Membership details:

1. Lifetime member of Research Foundation of Hospital and Healthcare management Association(RFHHA), AIIMS, New Delhi
2. Associate member of CAHO(Consortium of Accredited Healthcare Organization)
3. Member of Tamilnadu Dental College Alumni Association

Personal Profile

Name : Dr. K. Balamurugan
Date of Birth & Age : 01 – 05 – 1984, 34years
Gender : Male
Marital Status : Married. Wife name-Ms. Loga, B.Sc (Nursing), MBA (HA)
Languages Known : Tamil, English,and Hindi

Reference

Dr. Abraham Mammen,Head- Quality& NABH Principal Assessor,
Aster MIMS, Calicut. Mobile: +91-9847392444

I, Dr. K Balamurugan hereby declare that the information shared above is true to the best of my knowledge.

February 2020

Dr. K. Balamurugan


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SHRI SATHYA SAI MEDICAL COLLEGE AND RESEARCH INSTITUTE

Enrolled list of students for Value added course in Quality assurance in Operation theatre

SI NO	NAME	SIGNATURE			
		06.03.2020		07.03.2020	
		MORNING	AFTERNOON	MORNING	AFTERNOON
1	DR.VASANTH	<i>Vasanth</i>	<i>Vasanth</i>	<i>Vasanth</i>	<i>Vasanth</i>
2	DR.AISHWARYA	<i>Aishwarya</i>	<i>Aishwarya</i>	<i>Aishwarya</i>	<i>Aishwarya</i>
3	DR.SYED	<i>Syed</i>	<i>Syed</i>	<i>Syed</i>	<i>Syed</i>
4	DR.AKSHARA	<i>Akshara</i>	<i>Akshara</i>	<i>Akshara</i>	<i>Akshara</i>
5	DR.DHANASEKAR	<i>Dhanasekar</i>	<i>Dhanasekar</i>	<i>Dhanasekar</i>	<i>Dhanasekar</i>
6	MANISHA.A	<i>Manisha A</i>	<i>Manisha A</i>	<i>Manisha A</i>	<i>Manisha A</i>
7	GOWTHAM.M	<i>M. Gowtham</i>	<i>M. Gowtham</i>	<i>M. Gowtham</i>	<i>M. Gowtham</i>
8	ANJU.M.K	<i>M.K Anju</i>	<i>M.K Anju</i>	<i>M.K Anju</i>	<i>M.K Anju</i>
9	SOORYA KALA.E	<i>E. Soorya</i>	<i>E. Soorya</i>	<i>E. Soorya</i>	<i>E. Soorya</i>
10	LEKA SRI.P	<i>P. Lekha</i>	<i>P. Lekha</i>	<i>P. Lekha</i>	<i>P. Lekha</i>
11	PRINCY SUSAN	<i>J. Princy Susan</i>	<i>J. Princy Susan</i>	<i>J. Princy Susan</i>	<i>J. Princy Susan</i>
12	G.TEENA	<i>G. Teena</i>	<i>G. Teena</i>	<i>G. Teena</i>	<i>G. Teena</i>
13	V.SHOBA	<i>S.V. Shoba</i>	<i>S.V. Shoba</i>	<i>S.V. Shoba</i>	<i>S.V. Shoba</i>
14	BLESSLA CN JOY	<i>Blessla CN Joy</i>	<i>Blessla CN Joy</i>	<i>Blessla CN Joy</i>	<i>Blessla CN Joy</i>
15	VISHALI	<i>V. Vishali</i>	<i>V. Vishali</i>	<i>V. Vishali</i>	<i>V. Vishali</i>
16	SURYA	<i>S. Surya</i>	<i>S. Surya</i>	<i>S. Surya</i>	<i>S. Surya</i>
17	BHAVISH PREM ANAND	<i>B. Bhavish Prem Anand</i>	<i>B. Bhavish Prem Anand</i>	<i>B. Bhavish Prem Anand</i>	<i>B. Bhavish Prem Anand</i>
18	GEETHAPRIYA	<i>G. Geetha Priya</i>	<i>G. Geetha Priya</i>	<i>G. Geetha Priya</i>	<i>G. Geetha Priya</i>
19	NAVINN KUMAR	<i>N. Navinn Kumar</i>	<i>N. Navinn Kumar</i>	<i>N. Navinn Kumar</i>	<i>N. Navinn Kumar</i>
20	DIVYA BHARATHI	<i>D. Divya Bharathi</i>	<i>D. Divya Bharathi</i>	<i>D. Divya Bharathi</i>	<i>D. Divya Bharathi</i>
21	REJILA	<i>J. Rejila</i>	<i>J. Rejila</i>	<i>J. Rejila</i>	<i>J. Rejila</i>
22	PREETHIPA	<i>P. Preethipa</i>	<i>P. Preethipa</i>	<i>P. Preethipa</i>	<i>P. Preethipa</i>
23	NANDHA KUMAR	<i>K. Nandha Kumar</i>	<i>K. Nandha Kumar</i>	<i>K. Nandha Kumar</i>	<i>K. Nandha Kumar</i>
24	JESIBHA	<i>U. Jesibha</i>	<i>U. Jesibha</i>	<i>U. Jesibha</i>	<i>U. Jesibha</i>
25	SANTHOSH	<i>S. Santhosh</i>	<i>S. Santhosh</i>	<i>S. Santhosh</i>	<i>S. Santhosh</i>


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Quality Assurance in Operation Theatre

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Sincere thanks to
Q TEAM,
Sri Sathya Sai Medical College &
Research Institute


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Faculty Introduction

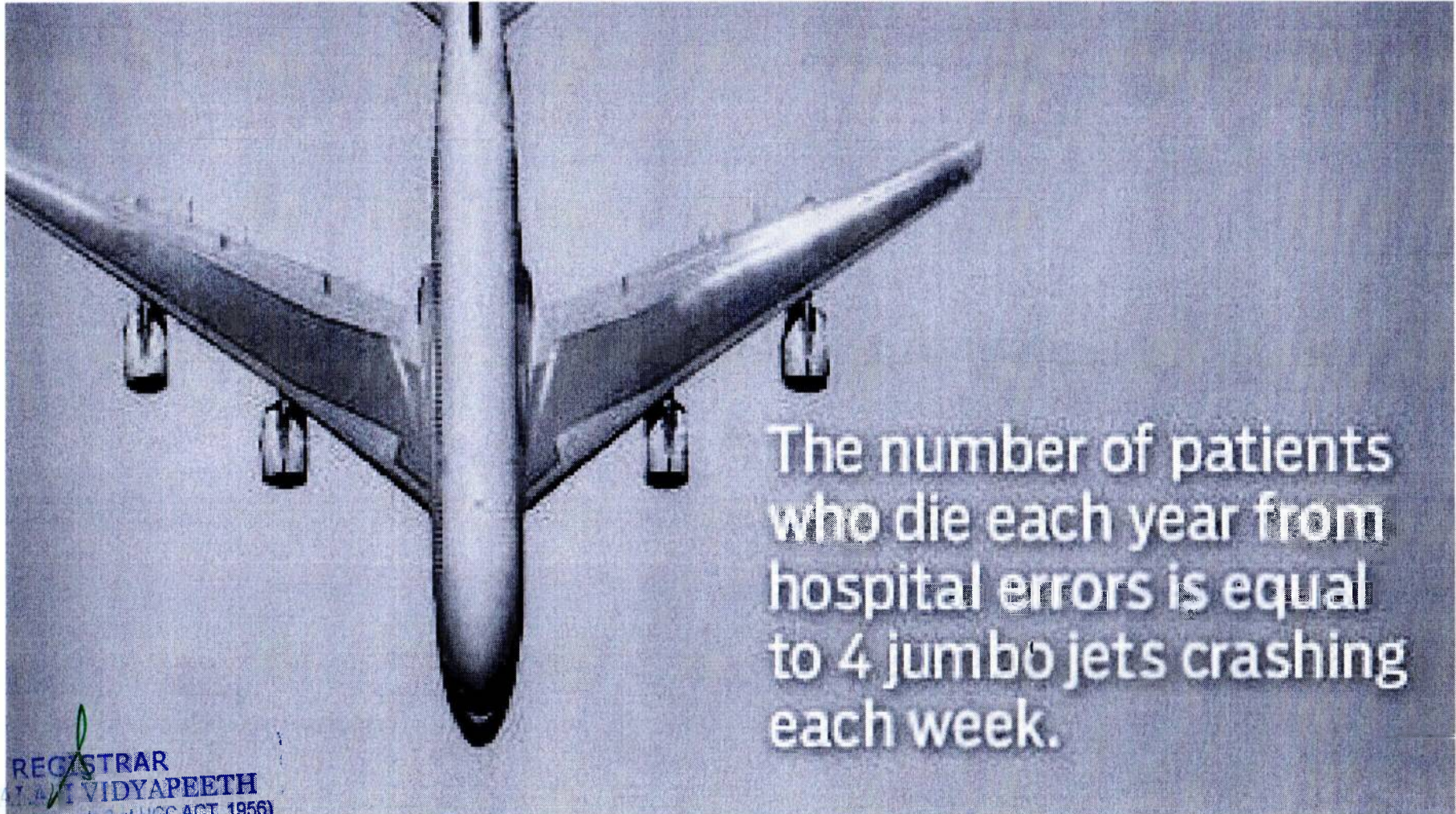
- 10 yrs experience in hospital operation & quality
- BDS from Tamilnadu Govt Dental College, Chennai
- MBA Hospital Administration from Madurai Kamaraj University & MMHRC
- NABH certified Internal Assessor
- Advance CPQIH certificate holder
- Lean Six Sigma Green belt holder

Module 1

Introduction to Quality Assurance


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Overview



The number of patients who die each year from hospital errors is equal to 4 jumbo jets crashing each week.

Definition- Quality

Doing things necessary to meet and exceed the needs and expectations of patients and families. Right things right every time

Quality Assurance

- The term "quality assurance" means maintaining a high quality of health care by constantly measuring the effectiveness of the organizations that provide it.

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Monitoring

Appraisal


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graph TD; QA((Quality Assurance)) --- R((Review)); QA --- A((Audit)); QA --- E((Evaluation)); QA --- S((Surveillance));
```

Review

Audit

Quality Assurance

Evaluation

Surveillance

Quality Assurance Vs Quality Control

Quality Assurance	Quality Control
A managing tool	A corrective tool
Process oriented	Product oriented
Proactive strategy	Reactive strategy
Prevention of defects	Detection of defects
Everyone's responsibility	Testing team's responsibility
Performed in parallel with project	Performed after the final product is ready

Patient and family Rights & Responsibilities

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Patient and Family Rights

- Rights to respect for personal dignity and privacy during examination, procedures and treatment
- Rights to protection from physical abuse or neglect
- Rights to treat patient information as confidential
- Rights to refusal of treatment
- Rights to obtain informed consent before carrying out procedures
- Rights to information and consent before any research protocol is initiated

- Rights to information on how to voice a complaint
- Rights to information on the expected cost of the treatment and financial implications when there is a change in the patient condition or treatment setting.
- Rights to have an access to his/ her clinical records
- Rights to information and education about their healthcare needs
- Rights to educate about diet and nutrition
- Rights to educate about immunizations
- Rights to educate about preventing infections

Responsibilities

- Responsible to provide proper information
- Responsible to respect others
- Responsible to personal belongings
- Responsible to follow hospital policies & procedures
- Responsible to follow Doctor's instructions
- Responsible to make timely payments

Quality Indicators of Operation Theatre


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Anaesthesia

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CQI 3d: Percentage of modification of anaesthesia plan

- The anaesthesia plan is the outcome of pre-anaesthesia assessment. Any changes in done after this shall be considered as modification of anaesthesia plan ex. Spinal to GA
- The modification could be captured in a register / system before the patient shifted out of the OT
- Formula:

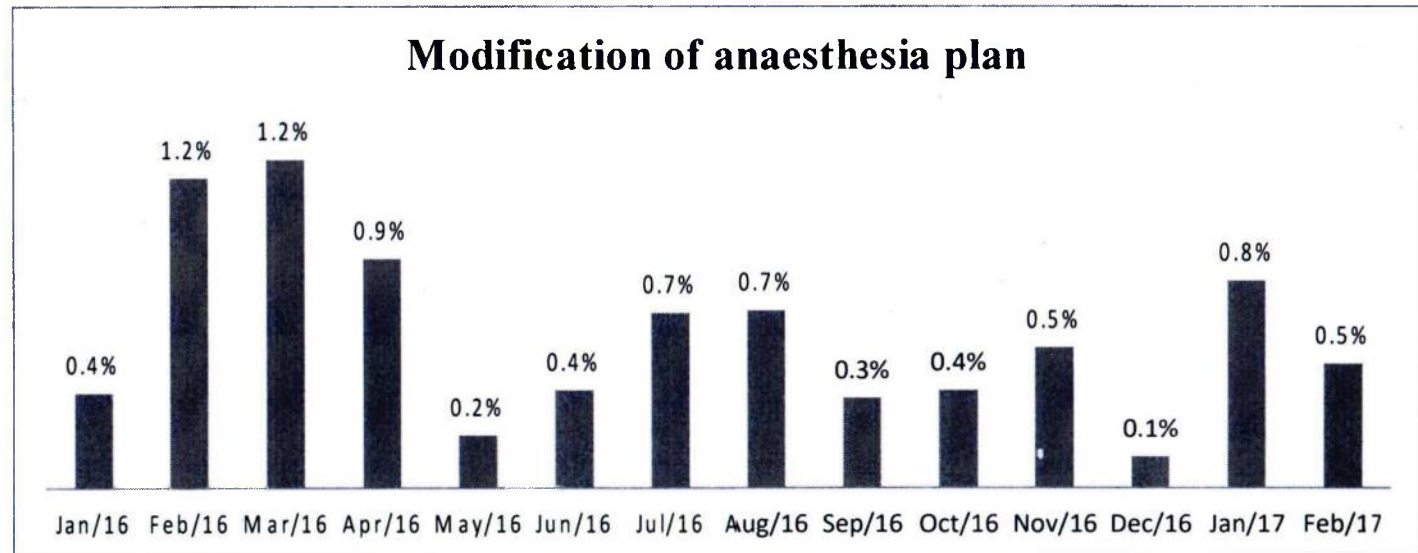
$$\frac{\text{Number of patients whom the anaesthesia plan was modified}}{\text{Number of patients who underwent anaesthesia}} \times 100$$

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Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of patients whom the anaesthesia plan was modified	3	9	10	8	2	3	6	6	3	3	4	1	6	3
Number of patients who underwent anaesthesia	845	774	811	931	1002	819	911	902	879	821	751	801	765	645
Percentage of modification of anaesthesia plan	0.3	1.1	1.2	0.8	0.2	0.3	0.6	0.6	0.3	0.3	0.5	0.1	0.7	0.4

Analysis: Partial action of SAB

CAPA:



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CQI 3d: % of unplanned ventilation following anaesthesia

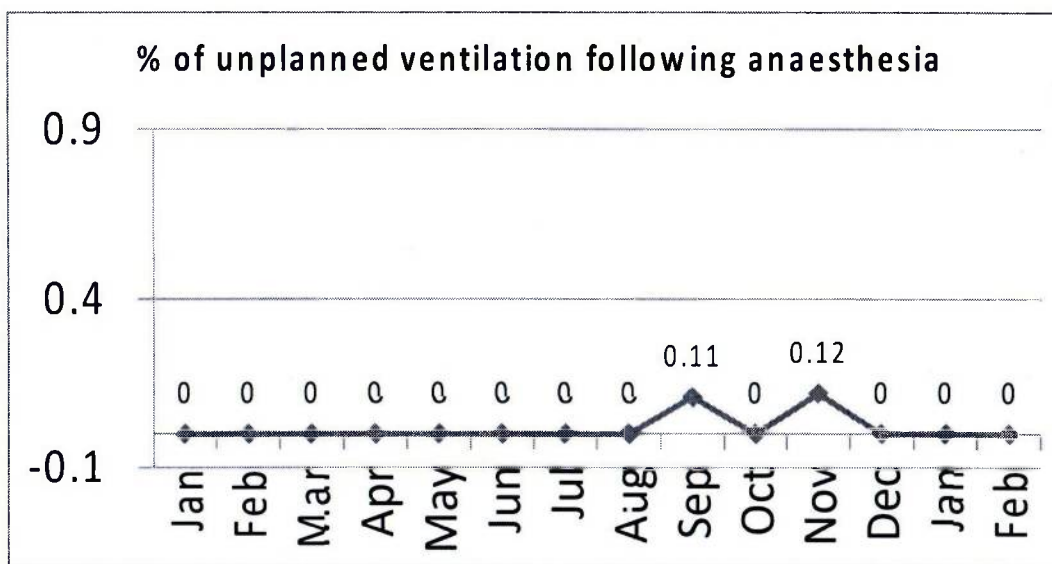
- Every anaesthesia plan shall invariably mention if there is a possibility of the patient requiring ventilation following anaesthesia.
- Formula:
- $$\frac{\text{Number of patients requiring unplanned ventilation}}{\text{Number of patients who underwent anaesthesia}} \times 100$$

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of patients requiring unplanned ventilation following anaesthesia	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Number of patients who underwent anaesthesia	845	774	811	931	1002	819	911	902	879	821	751	801	765	645
Percentage of unplanned ventilation following anaesthesia	0	0	0	0	0	0	0	0	0.1	0	0.1	0	0	0

Analysis: Became hypotension & cardiac arrest. Resuscitated and sent to ICU -> Ventilation

2. One patient developed pulmonary edema. So shifted to MDICU -> Ventilation

CAPA:

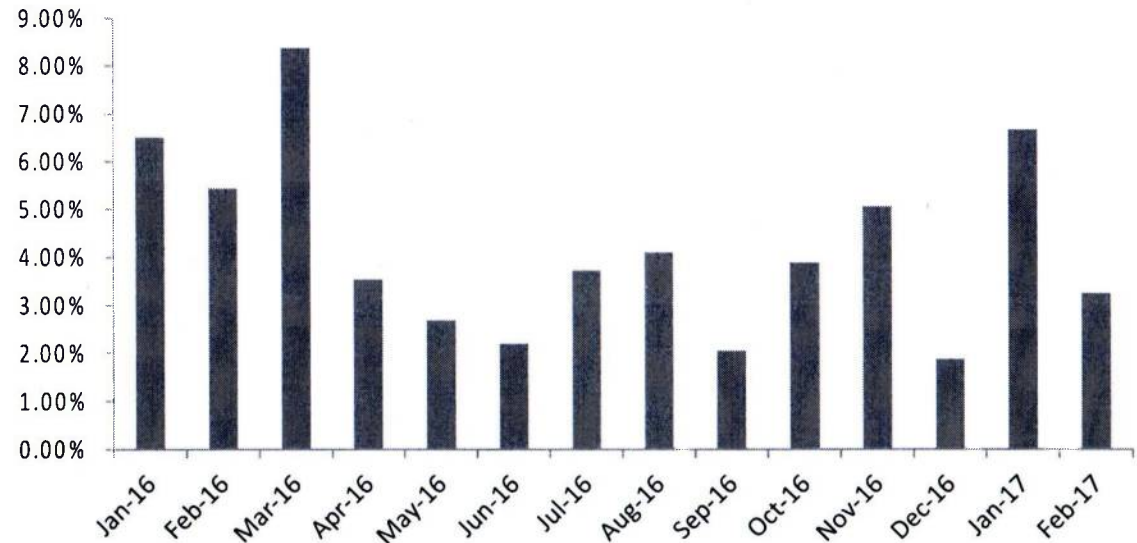


CQI 3d: % of adverse anaesthesia events

- Any untoward medical occurrence that may present during treatment with an anaesthetic product but which does not necessarily have a casual relationship with treatment
- Formula
- $$\frac{\text{Number of patients who developed adverse anaesthesia events}}{\text{Number of patients who underwent anaesthesia}} \times 100$$

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of patients who developed adverse anaesthesia events	55	42	68	33	27	18	34	37	18	32	38	15	51	21
Number of patients who underwent anaesthesia	845	774	811	931	1002	819	911	902	879	821	751	801	765	645
Percentage of adverse anaesthesia events	6.51%	5.43%	8.38%	3.54%	2.69%	2.20%	3.73%	4.10%	2.05%	3.90%	5.06%	1.87%	6.67%	3.26%

% of adverse anesthesia events



Analysis: Hypo/ Hypertension,
Nausea & vomiting, Convulsions,
Cardiac Arrest

CAPA:

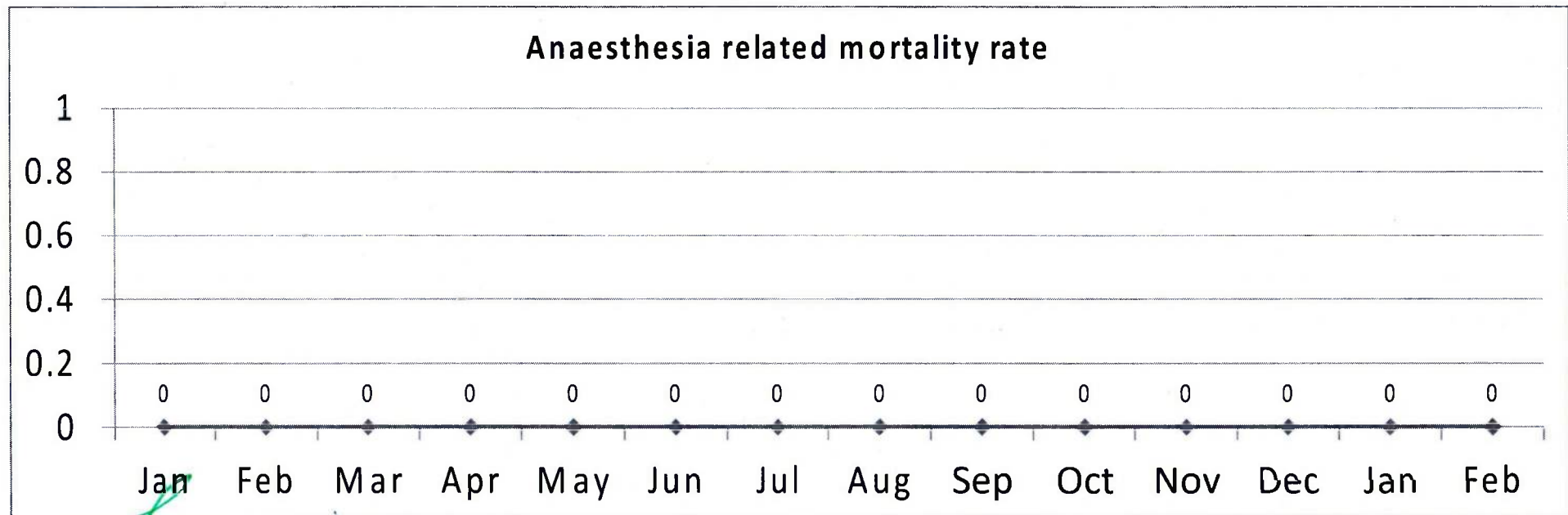
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CQI 3d: Anaesthesia related mortality rate

Number of patients who died due to anaesthesia X 100
 Number of patients who underwent anaesthesia

SOURCE MANUAL

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of patients who died due to anaesthesia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patients who underwent anaesthesia	845	774	811	931	1002	819	911	902	879	821	751	801	765	645
Percentage of adverse anaesthesia events	0	0	0	0	0	0	0	0	0	0	0	0	0	0



CQI 3d: Anaesthesia related mortality rate

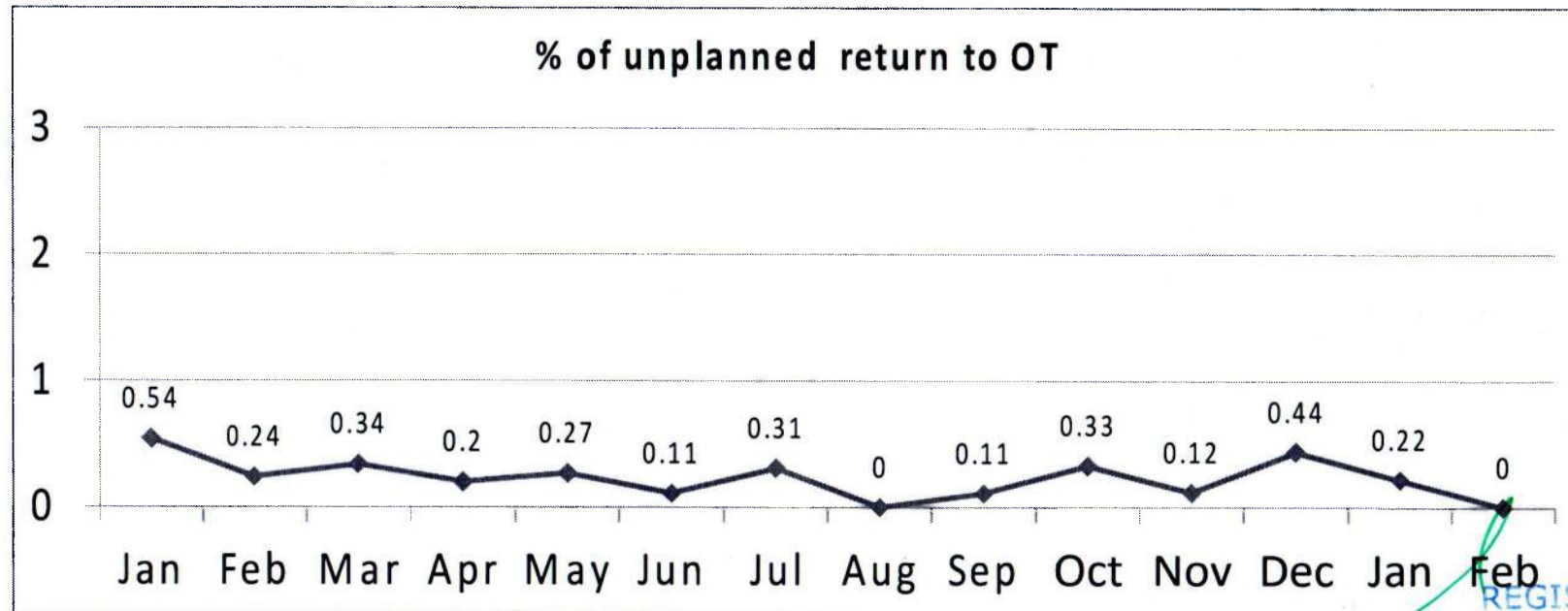
- Any death where the cause is possible, probable (likely) or certain to be due to anaesthesia shall be included
- Formula
- $$\frac{\text{Number of patients who died due to anaesthesia}}{\text{Number of patients who underwent anaesthesia}} \times 100$$

CQI 3e: % of unplanned return to OT

$\frac{\text{Number of unplanned return to OT} \times 100}{\text{Number of patients operated}}$

SOURCE MANUAL

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of patient unplanned return to OT	5	2	4	2	3	1	3	0	1	3	1	4	2	0
Number of patients operated	926	847	884	990	1096	876	983	973	952	913	826	915	908	749
Percentage of unplanned return to OT	0.54%	0.24%	0.34%	0.20%	0.27%	0.11%	0.31%	0.00%	0.11%	0.33%	0.12%	1.64	0.22	0



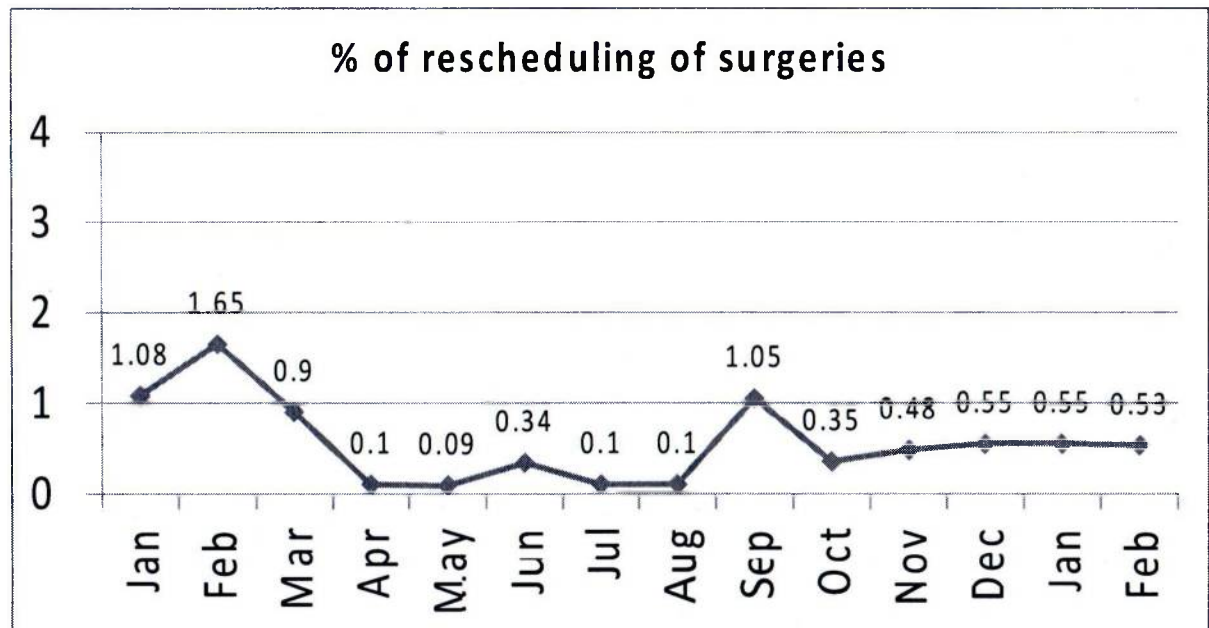
CQI 3e: % of rescheduling of surgeries

$\frac{\text{Number of cases rescheduled}}{\text{Number of surgeries planned}} \times 100$

SOURCE MANUAL

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of cases rescheduled	10	14	8	1	1	3	1	1	10	3	4	5	5	4
Number of surgeries planned	926	847	884	990	1096	876	983	973	952	913	826	915	908	749
Percentage of rescheduling of surgeries	1.08%	1.65%	0.90%	0.10%	0.09%	0.34%	0.10%	0.10%	1.05%	0.33%	0.48%	0.55	0.55	0.53

Analysis: Medical problems, bystander not willing, financial problems



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CQI 3e: % of cases where procedure to prevent adverse events like wrong site, wrong patient & wrong surgery have been adhered to

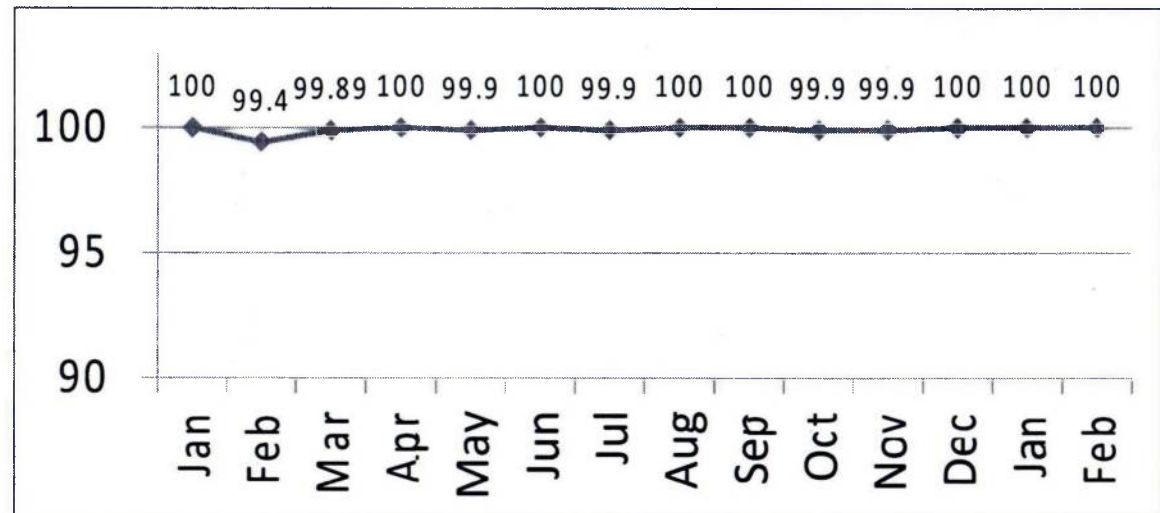
$\frac{\text{Number of cases where the procedure was followed}}{\text{Number of surgeries performed}} \times 100$

SOURCE MANUAL

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of cases where the procedure was followed	926	842	883	990	1095	876	982	973	952	912	824	915	908	749
Number of surgeries performed	926	847	884	990	1096	876	983	973	952	913	826	915	908	749
Percentage of cases where procedure to prevent adverse events like wrong site, wrong patient and wrong surgery have been adhered to	100	99.41	99.89	100	99.91	100	99.9	100	100	99.9	99.9	100	100	100

Analysis: Site marking started on Feb 2016

CAPA: Daily checking & Intimation to the concerned surgeon



CQI 3e: Percentage of cases who received appropriate prophylactic antibiotics within the specified time frame

- Appropriate prophylactic antibiotic should be according to hospital policy
- 1 hour before skin incision
- Formula:

$$\frac{\text{No. of patients who did receive appropriate prophylactic antibiotics} * 100}{\text{No. of surgeries performed}}$$

CQI 3e: Percentage of cases in which the planned surgery is changed intra-operatively

- Lap to open, MICS to Open CABG
- Formula:

$$\frac{\text{No. of cases in which planned surgery is changed intra-operatively} * 100}{\text{No. of surgeries performed}}$$

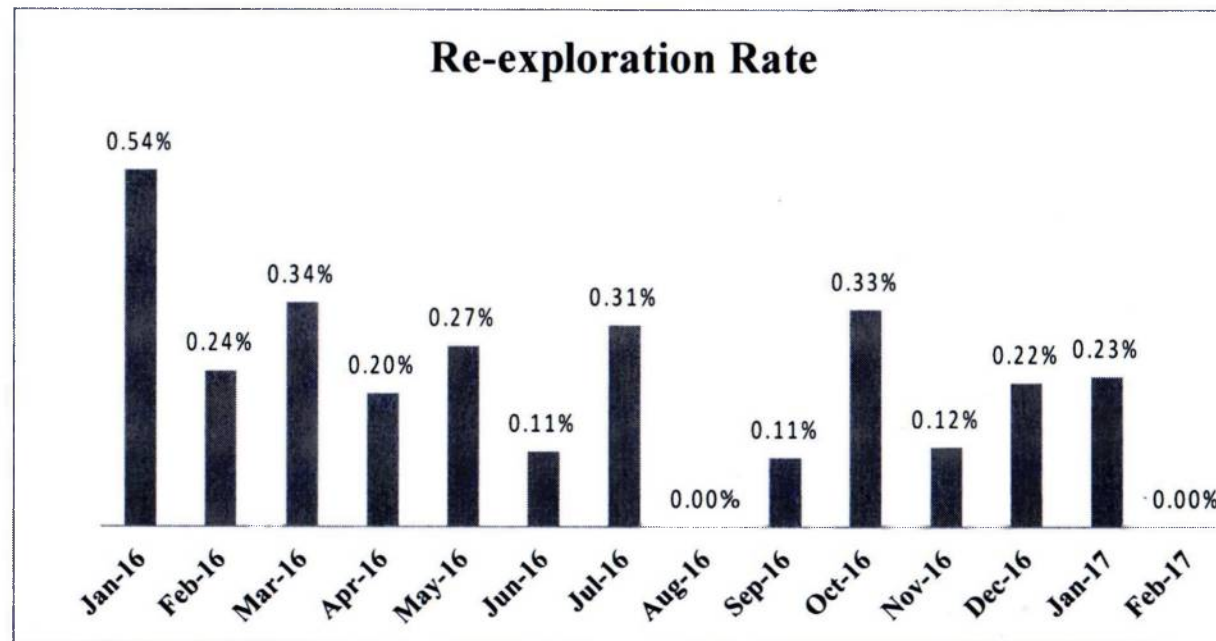
CQI 3e: Re-exploration rate

- Re-explorations should not include two stage surgical procedures
- Formula

$$\frac{\text{No. of re-explorations done during same admission} * 100}{\text{No. of surgeries performed}}$$

11H

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
Number of re-explorations done during same admission	5	2	4	2	3	1	3	0	1	3	1	2	2	0
Number of surgeries performed	926	847	884	990	1096	876	983	973	952	913	826	916	879	749
Re-exploration rate	0.54%	0.24%	0.34%	0.20%	0.27%	0.11%	0.31%	0.00%	0.11%	0.33%	0.12%	0.22%	0.23%	0.00%

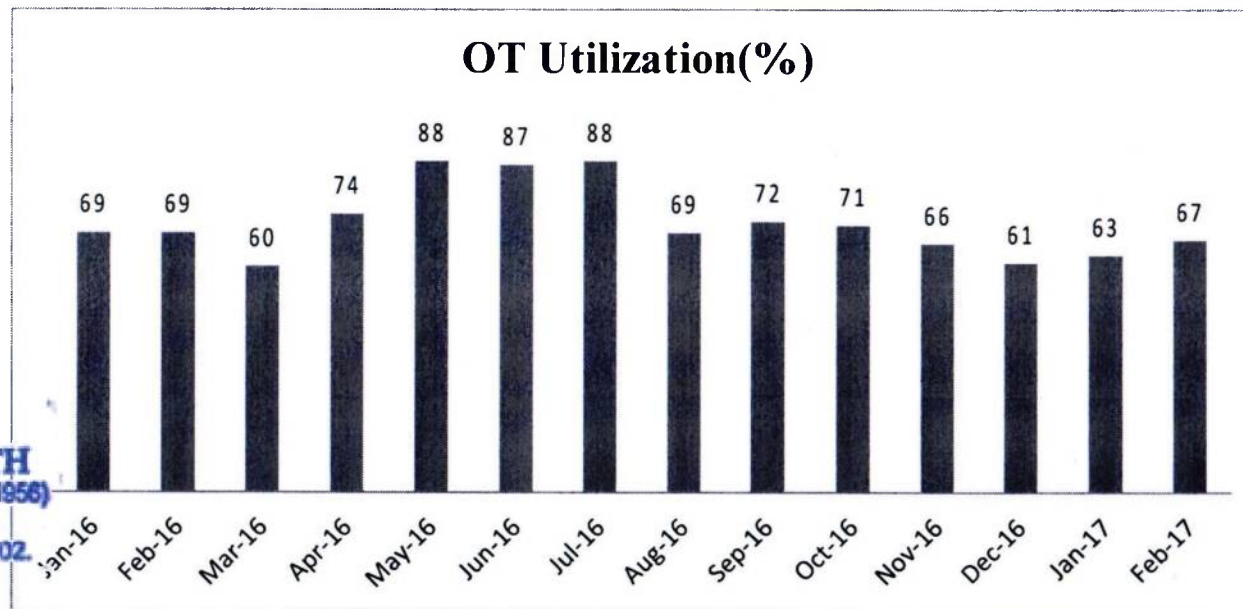



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CQI 4c. OT Utilization rate

- OT utilization is defined as the quotient of hours of OT time actually used during elective resource hours and the total number of elective resource hours available for use
- Formula:
- $$\frac{\text{OT utilization hours} * 100}{\text{Resource hours}}$$

Category	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan'17	Feb'17
No. of utilized hours	1950	1868	1763	2081	2165	1774	2098	2027	2026	1936	1864	1595	1783	1727
Resource hours	2808	2700	2916	2808	2448	2025	2394	2916	2808	2700	2808	2916	2808	2592
OT Utilization rate	69	69	60	74	88	87	88	69	72	71	66	61	63	67




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Sentinel

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event



Definition

- An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services
- Major and enduring loss of function refers to sensory, motor, physiological or psychological impairment not present at the time services were sought or begun.
- The impairment lasts for a minimum period of two weeks and is not related to underlying condition

Surgical events

- Surgery performed on the wrong patient
- Wrong surgery performed on a wrong patient
- Retained instruments in patient discovered after surgery/procedure
- Patient death during or immediately post surgical procedure
- Anesthesia related event

Device Or Product Events

Patient death or serious disability associated with

- The use of contaminated drugs, devices, products supplied by the organization
- The use or function of a device in a manner other than the device's intended use
- The failure or breakdown of a device or medical equipment
- Intravascular air embolism

Patient Protection Events

- Discharge of a pediatric patient/infant to the wrong person
- Patient death or serious disability associated with elopement from the health care facility
- Patient suicide, attempted suicide or deliberate self harm resulting in serious disability
- Intentional Injury to a patient by a staff member, another patient, visitor or other
- Any incident in which a line designated for oxygen or other came to be delivered to a patient and contains the wrong gas or is contaminated by toxic substances.
- Nosocomial infection or disease causing patient death or serious disability.

Environmental Events

Patient death or serious disability while being cared for in a health care facility associated with.

- A burn incurred from any source
- A slip, trip, or fall
- An electric shock
- The use of restraints or bedrails

Care Management Events

- Patient death or serious disability associated with a hemolytic reaction due to the administration of HMM– incompatible blood products
- Medication error leading to the death or serious disability of patient due to incorrect administration of drugs, for example.
 - Omission error
 - Dosage error
 - Dose preparation error
 - Wrong time error
 - Wrong rate of administration error
 - Wrong administrative technique error
 - Wrong patient error
- Patient death or serious disability associated with an avoidable delay in treatment or response to abnormal test results

Criminal Events

- Any instance of care ordered by or provided by an individual impersonating a clinical member of staff.
- Abduction of a patient.
- Sexual assault on a patient within or on the grounds of the health care facility
- Death or significant injury of a patient or staff member resulting from a physical assault or other crime that occurs within or on the grounds of the health care facility.



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UNIVERSITY

This is to certify that

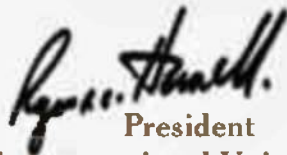
Mr/Ms _____

has successfully completed 16 Hours Value added Course on

Quality Assurance in Operation Theater *conducted*

at Sri Balaji Vidyapeetha, Pondicherry in Association

with Q Team from 6th & 7th March 2020


President

Noble International University, USA


Chancellor

Noble International University, USA

SHRI SATHYA SAI MEDICAL COLLEGE AND RESEARCH INSTITUTE

Enrolled list of students for Value added course in Quality assurance in Operation theatre

SI NO	NAME	SIGNATURE			
		06.03.2020		07.03.2020	
		MORNING	AFTERNOON	MORNING	AFTERNOON
1	DR.VASANTH	<i>Vasanth</i>	<i>Vasanth</i>	<i>Vasanth</i>	<i>Vasanth</i>
2	DR.AISHWARYA	<i>Aishwarya</i>	<i>Aishwarya</i>	<i>Aishwarya</i>	<i>Aishwarya</i>
3	DR.SYED	<i>Syed</i>	<i>Syed</i>	<i>Syed</i>	<i>Syed</i>
4	DR.AKSHARA	<i>Akshara</i>	<i>Akshara</i>	<i>Akshara</i>	<i>Akshara</i>
5	DR.DHANASEKAR	<i>Dhanasekar</i>	<i>Dhanasekar</i>	<i>Dhanasekar</i>	<i>Dhanasekar</i>
6	MANISHA.A	<i>Manisha.A</i>	<i>Manisha.A</i>	<i>Manisha.A</i>	<i>Manisha.A</i>
7	GOWTHAM .M	<i>M.Gowtham</i>	<i>M.Gowtham</i>	<i>M.Gowtham</i>	<i>M.Gowtham</i>
8	ANJU.M.K	<i>M.K.Anju</i>	<i>M.K.Anju</i>	<i>M.K.Anju</i>	<i>M.K.Anju</i>
9	SOORYA KALA.E	<i>E.K.Soorya</i>	<i>E.K.Soorya</i>	<i>E.K.Soorya</i>	<i>E.K.Soorya</i>
10	LEKA SRI.P	<i>P.Lekha</i>	<i>P.Lekha</i>	<i>P.Lekha</i>	<i>P.Lekha</i>
11	PRINCY SUSAN	<i>Susan.Princy</i>	<i>Susan.Princy</i>	<i>Susan.Princy</i>	<i>Susan.Princy</i>
12	G.TEENA	<i>Teena.G</i>	<i>Teena.G</i>	<i>Teena.G</i>	<i>Teena.G</i>
13	V.SHOBA	<i>S.V.Shoba</i>	<i>S.V.Shoba</i>	<i>S.V.Shoba</i>	<i>S.V.Shoba</i>
14	BLESSLA CN JOY	<i>Joy Blessla</i>	<i>Joy Blessla</i>	<i>Joy Blessla</i>	<i>Joy Blessla</i>
15	VISHALI	<i>Vishali</i>	<i>Vishali</i>	<i>Vishali</i>	<i>Vishali</i>
16	SURYA	<i>Surya</i>	<i>Surya</i>	<i>Surya</i>	<i>Surya</i>
17	BHAVISH PREM ANAND	<i>Anand.Bhavish</i>	<i>Anand.Bhavish</i>	<i>Anand.Bhavish</i>	<i>Anand.Bhavish</i>
18	GEETHAPRIYA	<i>Priya.Geetha</i>	<i>Priya.Geetha</i>	<i>Priya.Geetha</i>	<i>Priya.Geetha</i>
19	NAVINN KUMAR	<i>Kumar.Navinn</i>	<i>Kumar.Navinn</i>	<i>Kumar.Navinn</i>	<i>Kumar.Navinn</i>
20	DIVYA BHARATHI	<i>Bharathi.Divya</i>	<i>Bharathi.Divya</i>	<i>Bharathi.Divya</i>	<i>Bharathi.Divya</i>
21	REJILA	<i>Rejila</i>	<i>Rejila</i>	<i>Rejila</i>	<i>Rejila</i>
22	PREETHIPA	<i>Preethipa</i>	<i>Preethipa</i>	<i>Preethipa</i>	<i>Preethipa</i>
23	NANDHA KUMAR	<i>Kumar.Nandha</i>	<i>Kumar.Nandha</i>	<i>Kumar.Nandha</i>	<i>Kumar.Nandha</i>
24	JESIBHA	<i>Jesibha</i>	<i>Jesibha</i>	<i>Jesibha</i>	<i>Jesibha</i>
25	SANTHOSH	<i>Santhosh</i>	<i>Santhosh</i>	<i>Santhosh</i>	<i>Santhosh</i>

[Signature]
 Head, Department of Physiology
 Mahatma Gandhi Medical College &
 Research Institute, Puducherry - 607 402

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