



**Primary and Secondary Healthcare Department**

## **MSDS Targets for Medical Superintendents**

### **Volume 13**

**Dated: 18.6.17**

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Primary & Secondary Healthcare Department



# Primary and Secondary Healthcare Department

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### **1. CQI: Indicator 93: Written CQI plan: committee with terms of reference, CQI methodology to be used, reporting structure of CQI results, minutes of meeting and relevant progress, TORs of committee, review frequency of program,**

There should be a comprehensive documented CQI plan regarding each standard (Sheikhupura)

- committee with terms of reference,
- CQI methodology to be used,
- reporting structure of CQI results,
- minutes of meeting and relevant progress,
- TORs of committee,
- review frequency of program,
- Coordinator for all department
- Risk Management  
(template in annexure)

### **2. CQI: Indicator 94: CQI committee should conduct meetings on following topics:**

CQI committee should conduct meeting which should cover the entire standard. The minute of meeting should include review of under mentioned topics. (Evidences in form of meeting memo, minute of meeting, CPA, CPA Log sheet, Meeting attendance sheet)

- Diagnostic services
- Clinical Services
- Blood Bank Services
- Surgical Services
- MOM
- HIC
- Waste Management
- Sterilization Unit
- ROM
- Biomedical
- Security Services
- HR



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- Appraisal System
- Clinical Audit & Mortality Analyses (Clinical Audit Committee Reports)
- Medical Record Review Report (Medical Record Review Committee)
- Operation Theater efficiency monitoring & surveillance

### 3. CQI: Indicator 95: QI program coordinator (doctor, nurse, any other health professional) with TOR

Designated Quality improvement Coordinator (Doctor, Nurse, or any other Health professional should be notified with TOR

- Works collaboratively with the CEO/MS, committee members and departments to coordinate and facilitate the activities of the CQI program throughout the organization
- He/She is responsible for identifying quality indicators, collecting and analyzing data, developing and implementing changes to improve service delivery, and monitoring to assure that improvement is made and sustained
- To improve the quality of care that is routinely provided to the patients in the HCE

### 4. CQI: Indicator 96: Comprehensiveness of QI program

- **All department participate (List & notification of Coordinator's from all departments, Meeting attendance of Coordinator & HOD's)**
- **All high risk areas (BB, Lab, OT, ER, Burn Unit, NICU, and ICU) should be covered on priority.**
- **Have quality improvement documented activities (correlate from issue's mentioned in minute of meeting & proposed corrective & preventive plan in CPA form & Log sheet)**
- A *Trigger* serving as a "wake-up call" that prompts the HCE to begin or renew an emphasis on Quality Improvement, marking the beginning of cultural shift and leading to change.



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- *Organizational and Structural Changes* such as the establishment of quality-related councils and committees, empowerment of nurses and other staff, and investments in new technology and infrastructure that facilitate . . .
- *A New Problem-Solving Process*, involving a standardized, systematic, multidisciplinary team approach to identify and study a problem area, conduct root cause analysis, develop action plans, and hold team leaders accountable, resulting in the establishment of . . .
- *New Protocols and Practices*, including evidence-based policies and procedures, clinical pathways and guidelines, error-reducing software, and patient flow management techniques, leading to . . .
- *Improved Outcomes* in process and health-related measures (e.g., patient flow, errors, complications, and mortality), satisfaction and work environment, and "bottom line" indicators such as reduced length of stay and increased market share. Experiencing such positive results serves as a motivation to hospital staff to expand their efforts, thus turning the above sequence into a self-sustaining cycle. That is, the improved outcomes led to further impetus to change, accelerated change, and a spreading of the "change culture" to other parts of the institution. This entire sequence reflects the establishment, growth, and reinforcement of a culture of quality.

### 5. CQI: Indicator 97: CQI program training to all members of CQI committee with evidence

All senior leader, all department head, all member of CQI Committee (at least) should have training regarding understanding of CQI program of facilities it should be evident with **training log sheet, notification, training attendance, training feedback, trainer feedback, training need & assessment form.**

### 6. CQI: Indicator 98: Review evidence of CQI program and addition evidence

There should be documented evidence that the program has been reviewed at least once in the past year or at the frequency defined in the hospital's policy. As the hospitals are in developmental phase of CQI so it is preferable to have CQI program review meetings quarterly. **The CQI Plan should clearly mention the frequency of its review and it should be strictly followed. The review of CQI Plan may include additional KPI's or Policies for smooth functioning of the facility.** The meeting should have agenda of CQI program review and it should be evident with **meeting memo, meeting attendance ,minute of meeting, CPA review meeting , CPA log sheet.**



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### 7. CQI: Indicator 99: Mandatory monitoring of patient clinical assessment

- A. Review the documentation in the **CQI committee minutes** about
- Time for initial assessment of patient both in emergency and outdoor
  - % of indoor cases with nutritional assessment screening and nutritional assessment carried out mandatory for Paeds and Gynae and burn unit and dialysis unit
  - % of indoor cases with documented nursing plan
  - % of indoor cases with positive outcomes
- B. CQI program implementation should be **observable** at
- Admission
  - Treatment pathway
  - Based on the condition of the patient
  - Recorded in the medical record

### 8. CQI: Indicator 99: Time for initial assessment of patient both in emergency and outdoor

- Triage for emergency
- Compare admission slip time & ward admission receiving notes time
- Perform sample based file assessment

### 9. CQI: Indicator 99: % of indoor cases with nutritional assessment screening and nutritional assessment should be carried out for Paeds, Gynae, burn unit and dialysis unit atleast

This information is covered in **medical record review** form you can calculate the percentage while performing that target. **Nutritional assessment form** is already given



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## 10. CQI: Indicator 99: % of indoor cases wherein care plan with desired outcome is documented & countered sign by the clinician

- Every patient file should have **Health care plan**, assess patient files with positive outcomes
- Take closed surgical files & assess whether **surgical post op care** has been documented and counter signed by the clinician. This information is covered in **medical record review form** you can calculate the percentage while performing that target.

### HEALTH CARE PLAN

Diagnosis		Consultant Name:
Healthcare Plan	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"><span style="width: 10px; height: 10px; background-color: yellow; border: 1px solid black; margin-right: 5px;"></span> Active</div> <div style="display: flex; align-items: center;"><span style="width: 10px; height: 10px; background-color: red; border: 1px solid black; margin-right: 5px;"></span> Conservative</div> <div style="display: flex; align-items: center;"><span style="width: 10px; height: 10px; background-color: blue; border: 1px solid black; margin-right: 5px;"></span> Under Observation</div> <div style="display: flex; align-items: center;"><span style="width: 10px; height: 10px; background-color: purple; border: 1px solid black; margin-right: 5px;"></span> Other</div> </div>	Signature:
		Date:

### RECEIVING NOTES

Receiving Date	Receiving Time	Unit	Ward No.	Bed No.	Duty Nurse
dd / mm / yy	___:___ AM/PM				

### VITALS:

B.P	Pulse	Temp	R/R
BSL	SpO <sub>2</sub> %	Drains	Dressing

### NURSING NOTES:

Name and Signature of Duty Nurse: \_\_\_\_\_  
Hospital ID: \_\_\_\_\_

### رضامندی فارم تھاپا مریضوں دلوں آگھن تن قوا عدو صوا اپا ہسپتال

1- میں علاج کی فرس سے ہسپتال ہذا میں آیا/ آئی ہوں۔ اس سلسلے میں معائنے / تھپیس دیکھا دیکھا روئی اور داخلہ کی اجازت دینا اور جی ہوں اور یہ کہ اس دوران کسی بھی قسم کی پیچیدگی پیش آنے کی صورت میں ہسپتال کا عملہ یا ڈاکٹر برگزندہ مدار میں آئے۔

2- مجھے علاج کے کارآمد نتیجے کے بارے میں بتایا گیا ہے اور یہ بھی بتایا گیا ہے کہ علاج میں کوئی تھری ڈیکارہ روئی اور اخراجات میں بھی تھری ہو سکتی ہے۔

3- مجھے معلوم ہے کہ تمام پیکر ریکارڈ کو نون کے مطابق سینڈ راز میں رکھا جائے گا مزید برآں میں ہسپتال انتظامیہ کا اجازت دینا اور جی ہوں کہ میری صحت سے متعلق معلومات مندرجہ ذیل اداروں کو فراہم کی جاسکتی ہیں۔

(الف) دوا دار سے اور انٹرنیشنل کینی جو میرے علاج میں لگنے کی ادائیگی کے ذمہ دار ہیں۔

(ب) آڈیٹر یا ایجنسیاں جن کی خدمات ادائیگی کنندگان یا میری انٹرنیشنل کینی نے حاصل کر رہی ہیں۔ تاکہ علاج پر اٹھنے والے اخراجات کی کچھ طور پر پتال کی جانے۔

(ج) ایسی تمام ایجنسیاں اور ادارے جو صحت کی ہولیات میں میری فرس سے سروے کرتے ہیں۔

3- ہسپتال کا کل صرف میرے امریشن کے علاج کا مدار ہے اور صرف اس پر توجہ دے گا۔ اگر میری غفلت اور اپنی کوتاہی کی وجہ سے میری کوئی قسمی جزی چوری یا کم ہو جاتی ہے تو اس صورت میں ہسپتال کے عملے کو الزام نہیں دیا جائے گا۔

4- میں ہسپتال کے قواعد و ضوابط کی پابندی کروں گا اور مجھے کے ساتھ تعاون کروں گا اور ہسپتال میں قیام کے دوران مندرجہ ذیل قواعد و ضوابط کا پابند رہوں گا۔

میں اپنی قیمتی ایشیا خصوصاً سونا چاندی موہاں کی دیکھنا اور خوراک اور شہینہ فراہم سے ہوشیار رہوں گا۔

میں صحت کی دوسرے سے کوئی چیز لے کر نکالوں گا اور ہسپتال کی حدود میں کوئی آتش گیر مادہ، اسلحہ وغیرہ لے کر آؤں گا۔ نیز یہ کہ کوئی غیر قانونی کام نہیں کروں گا۔

12 سال سے کم عمر بچوں کو ہسپتال کے دروازے میں اپنی گیت سے اندر نہیں لائیں گا۔

میں نے مندرجہ بالا اذکار میں اپنا ہجرت لے لی ہے اور میں اپنے دستخط سے اس بات کی تائید کرتا کرتی ہوں کہ میں ہسپتال کے تمام اصول و ضوابط کا پابند رہوں گا اور ان کی پابندی کروں گا۔

مریض کا نام: \_\_\_\_\_ ولدیت: \_\_\_\_\_ نام پھر رضوان: \_\_\_\_\_ ولدیت: \_\_\_\_\_  
MR نمبر: \_\_\_\_\_ شناختی کارڈ: \_\_\_\_\_ شناختی کارڈ: \_\_\_\_\_  
عمر: \_\_\_\_\_ نمبر: \_\_\_\_\_ عمر: \_\_\_\_\_ نمبر: \_\_\_\_\_  
پتہ: \_\_\_\_\_ پتہ: \_\_\_\_\_ دھوا: \_\_\_\_\_ نمبر: \_\_\_\_\_  
دھوا: \_\_\_\_\_ نمبر: \_\_\_\_\_ نمبر: \_\_\_\_\_

Informed to: \_\_\_\_\_

مریض کے دلوں آگھن کی عدم موجودگی کی صورت میں ذی کوئی پر موجود آگھن مریض کی صحت کے پیش نظر فوراً اس کا علاج شروع کریں اور مریض کے دلوں آگھن کے آنے پر اس سے قلم بردار کر دیں۔

■ اپنی پیکر پر ہذا  
■ دھوا یا غرض پیکر پر ہذا

دھوا نمبر: \_\_\_\_\_





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### **11. CQI: Indicator 99: % of indoor cases with documented nursing plan**

This information is covered in **medical record review form** you can calculate the **percentage** while performing that target. Document it clearly in **minute's of meeting**.

### **12. CQI: Indicator 100: All investigation forms should have provisional diagnosis /relevant clinical details and Differential diagnosis on them.**

All investigation forms (Laboratory, Radiology) should have provisional diagnosis/relevant clinical details and Differential diagnosis on them.

(Annexures)

### **13. CQI: Indicator 100: External inspections or audits of facility(diagnostic services) , procedure and protocols, Internal and external both quality assurance results**

PNRA, PBTA, PHC, Laboratory and radiology internal and external quality assurance records etc

### **14. CQI: Indicator 100: Training documentation, assessment and impacts (diagnostic services)**

All diagnostic services related employ should be trained and it should be documented in 3 separate files. Laboratory professionals training file, radiological services related employees training file, blood bank employees training file. **Each training file should have training log sheet, and all trainings should have bunch of training notification, trainer and trainee feedback, training attendance, training need and assessment, training content.** All employees working in vicinity should be trained.



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### **15. CQI: Indicator 100: CQI meeting on diagnostic monthly review with recording of minutes on following processes:**

Ind 14-17 Activities should be presented & monitored in CQI meetings & CPA form should be in case of discrepancies.

### **16. CQI: Indicator 101: Monitoring of invasive procedures**

Following key performance indicator for monitoring of invasive procedures/surgeries should be included in CQI meeting minutes should be evident

1. % of unplanned invasive procedures
2. % of rescheduling of invasive procedures
3. % of cases where the organization procedures to prevent adverse events like wrong patient and wrong procedure have been adhered to
4. % of cases who received appropriate prophylactic antibiotics within the specified time frame.

### **17. CQI Indicator 101: % of unplanned invasive procedures**

monthly OT performance for emergency cases , daily operation theater efficiency monitoring, monthly OT performance for elective cases (annexures)

### **18. CQI Indicator 101: % of rescheduling of invasive procedures**

Operating theatre efficiency measurement tool by OTMC, daily operation theater efficiency monitoring (annexures)



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- 19. CQI Indicator 101: % of cases where the organization procedures to prevent adverse events like wrong patient and wrong procedure have been adhered to**
- 20. CQI Indicator 101: % of cases who received appropriate prophylactic antibiotics within the specified time frame.**
- 21. CQI: Indicator 103: CQI meeting agenda should include reporting of anaesthesia adverse event and follow up**
- 22. CQI: Indicator 103: % of modification of anaesthesia plan should be recorded from both anaesthesia assessment and pre anaesthesia assessment plan**
- 23. CQI: Indicator 103: % of unplanned ventilation following anaesthesia**
- 24. CQI: Indicator 103: % of adverse anesthesia events (adverse anaesthesia event register)**
- 25. CQI: Indicator 103: % of anaesthesia related mortality rate (adverse event anesthesia register)**
- 26. CQI: Indicator 104: CQI meeting agenda including reporting of blood transfusion reaction adverse event and follow up from blood services and lab**
- 27. CQI: Indicator 104: % of transfusion reaction**



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### 28. CQI: Indicator 104:% of wastage of blood with reason

Blood bag issuance/wastage record register

Blood Bag Issuance Record											Blood Bag Wastage Record					
Monthly no./yearly no.	Blood bag #	Blood bag group	Patient name	MR #	Date	Time o request	Time of issuance	Issued to department/ unit	Ward no.	Bed no.	Signatures or Issuer / ID	Time of return	Reason of return	Status, Stored Back/ Discarded	Justification for Storing Back/ Discarding	Signatures / ID





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- 32. CQI: Indicator 105: CQI meeting includes reports presented by record review committee or sub record review committee of every department.**
- 33. Store & Purchase: Prepare daily indent report (both item & employee wise) on excel sheet sign it and present to the MS of concerned HCE, get countersigned on next day morning and maintain the record of the same.**
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- 35. Store & Purchase: Prepare a comparative report on purchases and status-quo of furniture & fixtures, present to the MS of concerned HCE, and get decision on gaps, if exists. Review depreciation of same items and hold responsibility if found condemn & / auction without or with improper / unjustified depreciation. Also keep the condemnation and auction record in the ampit.**
- 36. Store & Purchase: Develop an internal audit mechanism; arrange internal audit for store on monthly basis by utilizing hospital internal sources i.e. Audit Officer / Accounts Officer, prepare the report and present to the MS of your HCE for further proceedings.**
- 37. Store & Purchase: Arrange asset coding and paste on every asset of HCE / DHA / P&SHCD, which should include;**  
Coding sample = 00-00-0000-00-000-0000-000
  - i. Nature of item (Furniture / fixture / any other)
  - ii. Model of item (if exists)
  - iii. Year of purchase
  - iv. Supplier (as per supplier list)
  - v. Place of installation / allocated to (i.e. Mr. ABC)
  - vi. Date of issue / indent
  - vii. No. of item



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- 38. Store & Purchase: Please demand asset utilization / allocation report and staff strength status. Critically examine the both and present the analysis to the MS HCE / CEO DHA before any major procurement.**