



सत्यमेव जयते



# QUALITY की बात

**VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL**  
**MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA**

**Dr. VIBHA UPPAL | Dr. K C TAMARIA**

**August 2021/1.0**

# Quality Cell Core Group



**1ST Row:-** • Ms Shanu • Mrs Sunita Nagpal • Dr Sumathi Muralidhar • Dr K C Tamaria • Dr Sapna Bathla • Ms Jisha Sreekumaran

**2ND Row:-** • Ms Rekha Rani • Dr Shilpee Kumar • Mrs Prem Rose • Dr Vibha Uppal • Dr Aradhna Bhargava



TEAM: Together Everyone Achieves More

**QUALITY CELL**

मनसुख मांडविया  
MANSUKH MANDAVIYA



स्वास्थ्य एवं परिवार कल्याण  
व रसायन एवं उर्वरक मंत्री  
भारत सरकार  
Minister for Health & Family Welfare  
and Chemicals & Fertilizers  
Government of India



### MESSAGE

Health Sector in India is undergoing metamorphosis. With a view to achieve Sustainable Development Goal of ensuring healthy lives and promoting well-being for all ages, quality health care is considered sine-qua-non.

I am informed that its sustained efforts towards quality health care, Safdarjung Hospital has recently been certified with NABH Accreditation at entry level. It is a matter of satisfaction for all of us that Safdarjung Hospital is moving towards its charted journey to quality health care. As a follow-up step, Safdarjung Hospital has published a Booklet “**Quality Ki Baat**” which enumerates therein various Standard Operating Procedures (SOPs) and quality standards.

I am sure this booklet will help in preventing medical errors and restricting health care associated hospital acquired infections to a great extent. While conveying my best wishes to Safdarjung Hospital and the team of experts in the Editorial Board of the said booklet, I would reiterate the ethos of India, stating “सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः” which signify good health for all leading to disease free life.

(Mansukh Mandaviya)







डॉ. भारती प्रविण पवार  
Dr. Bharati Pravin Pawar



सर्वसन्तु निसमया



स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री  
भारत सरकार

MINISTER OF STATE FOR  
HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA



### Message

I am pleased to learn about the recent initiative of Safdarjung Hospital in tabulating and compiling the quality care initiatives taken by them in their glorious journey from being a Base Hospital for the British Military during the Second World War to the most sought after Hospital by the general masses in Delhi.

Quality care is utmost concern for any Government Hospital and a move towards this direction by Safdarjung Hospital is a welcome step. I would like to congratulate the DGHS (GoI), MS, Safdarjung Hospital and Dr. K.C. Tamaría including his team for their tireless efforts in compiling measures/initiatives taken by the Hospital in the form of a booklet called **“Quality Ki Baat”**.

I am sure, Safdarjung Hospital would continue to strive towards quality and safety based medical services to the public at large. Recent accreditation by NABH certifies their efforts towards this direction and it is expected that the Hospital would stride further towards higher milestones in the area of patient care with quality and safety.

(Dr. Bharati Pravin Pawar)

“दो गज की दूरी, मास्क है जरूरी”





राजेश भूषण, आईएएस  
सचिव

**RAJESH BHUSHAN, IAS**  
SECRETARY



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare



### Message

I would like to take this opportunity to complement the DGHS, MS Safdarjung and Dr. K.C. Tamaria, Chief Editor for bringing out a Booklet, namely "**Quality ki Baat**", on quality care and safety of patients approaching Safdarjung Hospital.

Efforts of Safdarjung Hospital towards providing quality health services to the patients and contributing in developing Standard Operating Procedures (SOPs) for the same have been commendable. The standard guidelines and SOPs on quality and safety of health care seekers would be of immense help to the other medical service rendering facilities in the country.

I congratulate the entire Quality Cell Team of the Hospital for their consistent efforts in nurturing the tradition of quality and contributing towards a healthier society. I am sure this initiative by Quality Cell of Safdarjung Hospital will set an example in strengthening the important aspect of quality and safety of patient. Endeavours like this will help in setting new standards for the public healthcare in the country.

(Rajesh Bhushan)



प्रो. (डॉ) सुनील कुमार

**PROF. (Dr.) SUNIL KUMAR**  
MMBS & MS (AIMS)

स्वास्थ्य सेवा माहानिदेशक

DIRECTOR GENERAL OF HEALTH SERVICES



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य सेवा महानिदेशालय  
Government of India  
Ministry of Health & Family Welfare  
Directorate General of Health Services



### Message

VMMC & Safdarjung Hospital is one of the largest, tertiary-level, multi-disciplinary health care institutions in North India. Being one of the premier health institutes of the Central Government, the hospital has been regularly upgrading its facilities and healthcare system. The hospital caters to millions of citizens from in and around Delhi and also from neighbouring states and countries. Also, during the Covid-19 pandemic the hospital has been leading the fight against the disease.

I am glad to know that the hospital has been provided NABH entry level accreditation. This is a proof that the hospital is providing quality healthcare to the patients as per global standards. It is also a testimony that the hospital wishes to increase the reliability, safety and effectiveness of its care and make the experience of the patient satisfying, positive and pleasant.

As a part of its multiple steps to accomplish this the Quality team of the hospital has been providing regular information, education and training to its healthcare staff. The gist and take-home messages of this training have been beautifully compiled in its endeavour "QUALITY KI BAAT". These brief and concise points are being shared with the hospital staff regularly through whatsapp, messages, posters and lectures. In the form of a small hand book, the document will serve as a treasure trove of knowledge and help in maintaining the quality standards of the hospital.

I extend my deepest appreciation and wishes to the Medical Superintendent and the Quality Cell team for their efforts, hard work and commitment towards helping VMMC & Safdarjung Hospital stand at par with the best hospitals in the world.

(Sunil Kumar)







**National Accreditation Board for  
Hospitals & Healthcare Providers**

(Constituent Board of Quality Council of India)

NABH/Gen/2021/2021/5134

July 23, 2021

## MESSAGE

**It is the quality of our work which will please God and not the quantity–  
Mahatama Gandhi**

We at NABH strongly believe that following the basics tenets of patient safety and quality by the entire healthcare force is the only solution to creating an ecosystem of quality and thus contribute towards nation building. This can only happen if SOPs and best practices are established, disseminated and implemented by all. The result will be improved health care and safety practices, which will be manifested in measurably better outcomes for patients.

Only once in a while does a Quality book arrive on the scene that all healthcare staff should own and spend time reading. '**Quality ki Baat**' fulfils all criteria to be such a publication.

I extend my hearty congratulations to the erudite authors and the leadership team of *Vardhman Mahavir Medical College & Safdarjung Hospital* New Delhi for this unique illustrated effort, highlighting the core areas of healthcare Quality.

Profusely illustrated and replete with easily graspable flow diagrams and algorithms, this very convenient companion, covers most of the core essentials covered by the NABH standards and thus promises to provide an easy learning and reinforcing platform for all stakeholders in the realm of Quality.

I on behalf of NABH wish the Team VMMC –SJH all of the very best in their quality journey.

Thanking you,

Sincerely yours,

(Dr. Atul Mohan Kochhar)  
CEO-NABH





भारत सरकार  
Government of India  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Ministry of Health & Family Welfare  
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली-110029  
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi-110029  
चिकित्सा अधीक्षक कार्यालय  
Office of Medical Superintendent



No. MS/SJH/2021



Dated: 25.08.2021

### FOREWORD

The National Health Policy 2017 explicitly mentions in its objective -Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality. Improving Quality of care has emerged as an instrument of optimal utilization of resources. This helps in improving the health outcomes and patient satisfaction.

All the members of core team are trained and qualified NABH Assessors and have shared their rich experience in patient outcomes and safety in formulation of these short messages circulated via social media as well as in numerous small and big group training sessions for Doctors, nurses, technicians, paramedical and other hospital employees.

This document is an amalgamation of various messages shared by Quality team. The **"Quality Ki Baat"** initiative is an effort to expand the outreach of safety and quality concept towards the certification process by NABH. This initiative will help in delivering safe, effective, timely, efficient, and equitable patient care.

I extend my heartiest congratulations to Dr. K C Tamaria, Dr. Vibha Uppal and core team, Quality Cell, Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for bringing out the unique **"Quality Ki Baat"**. It will be of immense help to the hospital staff in implementation of NABH standards and in continuous quality improvement at Safdarjung Hospital.

(Dr. S. V. Arya)

Medical Superintendent







भारत सरकार  
Government of India  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
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Office of Medical Superintendent




## MESSAGE

A Health Care Organization is a complex organization owing to the diverse services and blend of professional personnel that it offers. A quality healthcare system can be defined as “one that is patient-centric, easily accessible, affordable, timely, safe, equitable, efficient and effective”. Quality management in healthcare is a critical requirement as it has major and widespread implications.

When hospitals talk about quality, it is generally in reference to specific clinical data which is collected and critically analysed over a period of time. Quality monitoring and measurement is always tedious, especially in a large setting like VMMC & Safdarjung Hospital, as the available reporting systems are complicated and cumbersome. The key principles of quality Medicare which can overcome the above are patient focus, a pragmatic and scientific approach, strong commitment, teamwork, continuous education, and training.

It has been an unprecedented journey to accreditation for VMMC & Safdarjung hospital. This mammoth achievement has only been possible due to the massive and focussed efforts of the Quality cell. All the members of the team need to be congratulated for their hard work and innovative ideas like sharing short messages about their experiences on quality control and management through social media. The latter has been instrumental in involving the entire community of hospital personnel, so as to make the concept of accreditation more inclusive. The “Quality Ki Baat” initiative is a coalescence of these messages.

I wholeheartedly congratulate the core group responsible for achieving the seemingly impossible task of NABH accreditation of such a big hospital and on the release of this booklet, which I am sure will be massively useful for other hospitals who are striving for the same.

  
Dr. Geetika Khanna  
Principal, VMMC & SJH



## Preface

This document is compilation of short messages on focused elements of NABH entry level standards posted on various WhatsApp groups of healthcare workers in VMMC & Safdarjung Hospital during last six months to spread knowledge of quality and safe patient care.

To sensitise and train hundreds of healthcare workers in a very large tertiary healthcare organisation like Safdarjung hospital is a challenge. To reach each and every healthcare worker, where all categories of staff from resident doctors to outsourced staff are employed, is a herculean task. Hence, the core quality team members thought to use social media tools like WhatsApp to post short messages on focused elements of NABH entry level standards to educate and spread awareness on NABH standards.

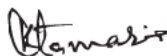
These messages were posted under "Quality Ki Baat". The strength of this initiative being rapid circulation and amplification of content and its power to guide group conversations, thus making it a powerful tool to use in a professional context. The intent of collection will help healthcare workers to implement the same in their day to day patient care. This shall also be a ready reference for prospective faculty, residents, nursing officers and paramedics to maintain continuity in quality improvement in the organisation.

We acknowledge valuable contribution of quality cell members Dr Shilpee Kumar, Dr Sapna Bathla, Mrs. Jisha, Mrs. Preethy, Ms. Shanu, Mrs Prem Rose and Mrs Sunita Nagpal to conceptualise, design and circulate the same on regular basis.

Let's join hands with quality and safe patients care! Let's cultivate quality culture among healthcare workers!

We express heartfelt gratitude to the entire Quality Cell Team for their untiring efforts for working towards Quality.

We dedicate this endeavour to poor patients from downtrodden and underprivileged sections of society.



**Dr. K C Tamaria**  
(MD, MBA Hospital Administration)  
OI/C Quality Cell



**Dr. Vibha Uppal**  
Associate Prof. (Biochemistry)  
Core Member Quality Cell.



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## Mission and Vision of our Hospital

**MISSION STATEMENT:** The mission of the hospital is to provide “SERVICE before SELF” to all who seek medical advice / treatment.

**VISION:** Vision is to provide best health care to persons seeking our services, so as to enable them to enjoy a better and healthier life.



People forget how fast you did a job but they remember how well you did it. - Howard Newton

**QUALITY CELL**

**1**



## Benefits of NABH certification

NABH stands for National Accreditation Board for Hospitals & Healthcare Providers

- ✓ Improved level of community confidence and trust
- ✓ Quality And Patient Safety into Focus
- ✓ Roadmap for Standardization
- ✓ Patient centered culture
- ✓ Systems oriented approach
- ✓ Improved patient satisfaction levels
- ✓ Improved healthcare outcomes
- ✓ External recognition

<https://nabh.co/Hospital-EntryLevel.aspx>

If a thing is worth doing, it's worth doing well.







## NABH Chapters

### ✓ Patient Centred Standards

1. Access, Assessment and Continuity of Care (AAC)
2. Care of Patients (COP)
3. Management of Medication (MOM)
4. Patient Rights and Education (PRE)
5. Hospital Infection Control (HIC)

### ✓ Organization Centred Standards

6. Patient Safety and Quality Improvement (PSQ)
7. Responsibilities of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)



Quality is generally transparent when present,  
but easily recognized in its absence - Alan Gillies



## Identify Patients Correctly

- ✓ Drop the habit of using the ward and bed number to identify patients.
- ✓ Use atleast 2 patient identifiers (Name/ Hospital ID) to provide care and treatment
  - Giving Medications
  - Giving Blood & Blood products
  - Taking blood samples or other samples for testing
  - Providing treatment, surgery or procedure

Quality begins on the inside then works its way out.

- Bob Moawad





## Contents of Discharge Summary

Please ensure that all discharge summaries issued have the following

- ✓ Name, and other demographic profile: IP number
- ✓ Date and time of admission and discharge
- ✓ Reasons for admission
- ✓ Significant findings; Investigations
- ✓ Diagnosis
- ✓ Procedure performed, if any
- ✓ Treatment given
- ✓ Condition at the time of discharge
- ✓ Follow up advice including medication advice in format patient can easily understand.
- ✓ **Instruction about when & how to obtain urgent care**
- ✓ **Signed by Doctor**



Quality is the degree of excellence  
at an acceptable price. - Robert A. Broh



## Critical Alerts In Laboratory

- ✓ Laboratory establishes and documents critical limits for tests which are different from biological range and **requires immediate attention for patient management.**
- ✓ **Intimation of critical alerts should include the following:**
  - ✓ Patient name, Age, Gender, Unique ID
  - ✓ Date and time of sample collection
  - ✓ Test name
  - ✓ Result with units
  - ✓ Operator who has informed
  - ✓ Identity of recipient
  - ✓ Date and time of acknowledgement (Read back)
- ✓ It should be informed at the earliest, preferably within one hour of report being ready.

To be successful, you have to have  
quantity of quality - Mark Frauenfelder







## Critical Alerts in Radiology and Other Diagnostics

- ✓ Department establishes and documents critical results **requiring immediate attention for patient management.**  
e.g Pneumothorax, ectopic pregnancy
- ✓ Intimation of critical alerts should include the following:
  - ✓ Patient name, Age, Gender, Unique ID
  - ✓ Date and time of imaging
  - ✓ Investigation name
  - ✓ Result with units
  - ✓ Operator who has communicated the result
  - ✓ Identity of recipient
  - ✓ Date and time of acknowledgement (Read back)
- ✓ It should **be informed at the earliest**, preferably within one hour of report being ready.



Quality is a sense of appreciation that something is better than something else- John Stewart



**Radiation Symbol**



Trefoil radiation for radiation hazard



Radiation Symbol for sealed sources



Trefoil radiation for radiation hazard

These are important to make everybody aware of a hazard in any area (X ray, OT with C arm, CT scan etc.) where there exists a source of radiation and one can get exposed to it or may get contaminated and should take precautionary measures to avoid it.



Radiation for X-Ray radiation hazard



In the race for quality, there is no finish line - David T. Kearns



# VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL

## QUALITY की बात

### Thermoluminescent dosimeter (TLD)

#### 1 What is TLD Badge



TLD Badge is a radiation dose measuring device. This enables us to know whether we are working within the safe dose limits prescribed by AERB.

#### 2 Use TLD with Cassette



Loading TLD card in the cassette



TLD with cassette



TLD without cassette

#### 3 Wear TLDs below Lead Apron



TLD below apron



TLD above apron

#### 5 Change your TLD card every monitoring period

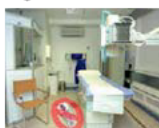


Change your TLD cards every monitoring period (eg. Quarterly) and return used TLD cards to Laboratory for dose assessment.

If TLD fell/left in X-Ray room, and got accidentally exposed, report immediately to the lab and send it for processing.

#### 4 Store TLD- Where ?

Personnel TLD is to be properly stored when not working with radiation



Never store/ leave TLD badges inside X-ray Room/Radiation Area.



- Store control TLD badge in radiation free area all the time.

- Store personnel TLD badge in radiation free area when not in use, along with control TLD badge. (e.g., office room)

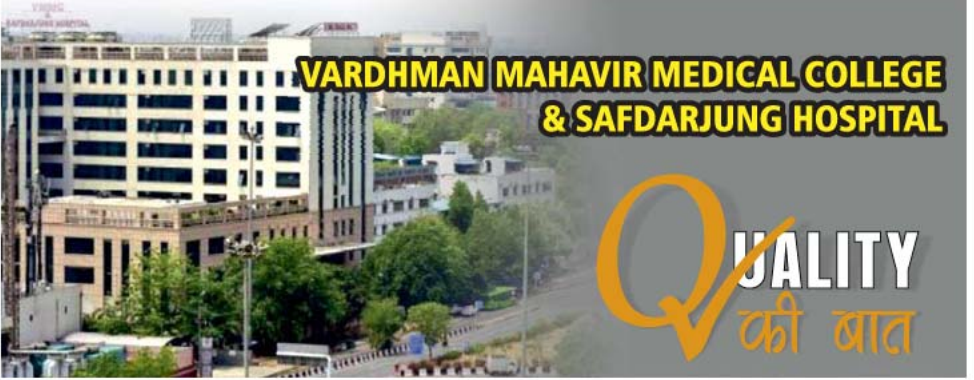


<https://www.aerb.gov.in/images/PDF/TLD.pdf>

Quality is a proud and soaring thing.

QUALITY CELL

9



**All entries in patient records  
OPD/IPD/Emergency  
should have**

**S - Sign,**

**N - Name,**

**D - Designation,**

**D - Date,**

**T - Time**

The quality of an organization can never exceed the quality of the minds that make it up.







Prevent adverse events like wrong site, wrong patient, wrong surgery.

## Surgical Safety Checklist



World Health Organization

Patient Safety  
A World Alliance for Better Health Care

### Before Induction of Anaesthesia/sedation

(with at least nurse and anaesthetist)

Has patient confirmed his/her identity, site, procedure and consent

Yes

Is the site marked ?

Yes

Not applicable

Does patient have an allergy ?

No

Yes

Is patient on a blood thinner ?

No

Yes, last dose and impact noted by the team

Are all medications and equipment for CPR available and checked?

Yes

Is the pulse oximeter working on patient?

Yes

Any difficult airway or aspiration risk?

No

Yes, and equipment /assistance available

### Before the start of procedure

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role

Confirm the patient's name, procedure, and where the incision will be made

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

#### Anticipated Critical Events

##### To Physician/Surgeon

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

##### To Anaesthetist:

Are there any patient-specific concerns?

##### To Nursing Team:

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

### Before patient leaves procedure room

(with nurse, anaesthetist and surgeon)

The name of the procedure

Completion of instrument, sponge and needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

#### To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

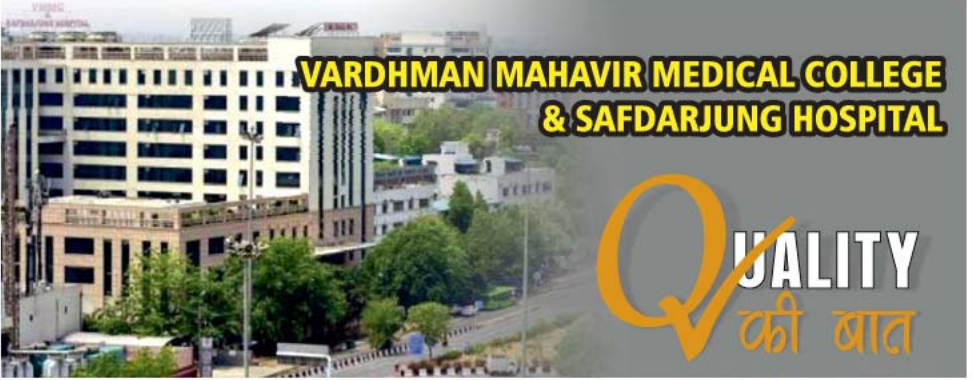
- ✓ Surgical site marking be done
- ✓ WHO surgical safety checklist be implemented and signed by Surgeon, Anaesthetist and Staff nurse



Safety works when people work together.

QUALITY CELL

11



# How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

**⌚** Duration of the entire procedure: 20-30 seconds

<p><b>1a</b></p> <p>Apply a palmful of the product in a cupped hand, covering all surfaces;</p>	<p><b>1b</b></p>	<p><b>2</b></p> <p>Rub hands palm to palm;</p>
<p><b>3</b></p> <p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p><b>4</b></p> <p>Palm to palm with fingers interlaced;</p>	<p><b>5</b></p> <p>Backs of fingers to opposing palms with fingers interlocked;</p>
<p><b>6</b></p> <p>Rotational rubbing of left thumb clasped in right palm and vice versa;</p>	<p><b>7</b></p> <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p><b>8</b></p> <p>Once dry, your hands are safe.</p>

<p>World Health Organization</p>	<p>Patient Safety</p> <p><small>A WHO Alliance for Safe Health Care</small></p>	<p><b>SAVE LIVES</b></p> <p>Clean Your Hands</p>
<p>Illustrations provided here are based on the World Health Organization's widely used 7-step document, however, the published material being distributed is a modified version of an official WHO document. The responsibility for the information and data in this material remains the property of the World Health Organization. The World Health Organization is pleased to announce that from 2010, WHO will continue the public consultation on updated WHO 7-step guidelines for the duration of the World Hand Hygiene Programme, for that you will continue to download this material.</p>		

May 2009

Every accident is a notice that something is wrong with men, methods or material, investigate and then act



## How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

**Duration of the entire procedure: 40-60 seconds**



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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Safety is the engine, and you are the key that starts it.

QUALITY CELL

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## Blood Transfusion

- ✓ Informed consent for transfusion be duly signed by Patient, Decision maker, Witness and Doctor.
- ✓ Consent must mention Blood/type of blood component to be transfused.
- ✓ Patient verification by 2 identifiers
- ✓ Blood transfusion notes
  - ✓ Order for transfusion with indication
  - ✓ Pre transfusion medications (if any)
  - ✓ Record of verification of cross matching by blood bank
  - ✓ Label of blood product to be transfused
  - ✓ Vital monitoring
  - ✓ Completion of transfusion note
- ✓ Blood transfusion reaction form to be filled (as applicable)

The word focus might be only small,  
but the meaning is HUGE when it comes to safety







## Administration of Anesthesia

All patients for anaesthesia should have a pre-anaesthesia assessment by a qualified/trained anaesthetist.

The pre-anaesthesia assessment should result in formulation of an anaesthesia plan which is documented.

An immediate preoperative re-evaluation is documented

Informed consent for administration of anaesthesia is obtained by the anaesthetist.

Anaesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security, patency and End tidal carbon dioxide.

Each patient's post anaesthesia status is monitored and documented.

Defined criteria is used to transfer the patient from the recovery area

Adverse anaesthesia events are recorded and monitored

People safety and quality are more than a priority;  
they are a value.



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## Care of Patients Undergoing Surgery



Preoperative assessment, provisional diagnosis and preoperative instructions to be documented prior to surgery.



Informed consent to be obtained by a surgeon prior to procedure. If taken by a trainee, same to be countersigned by SR/Consultant.



Site marking to be ensured by surgical team.

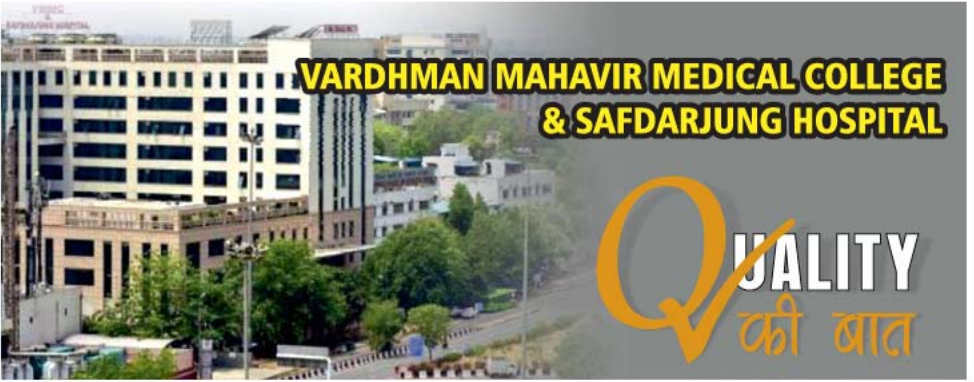


WHO surgical safety checklist to be followed and documented.

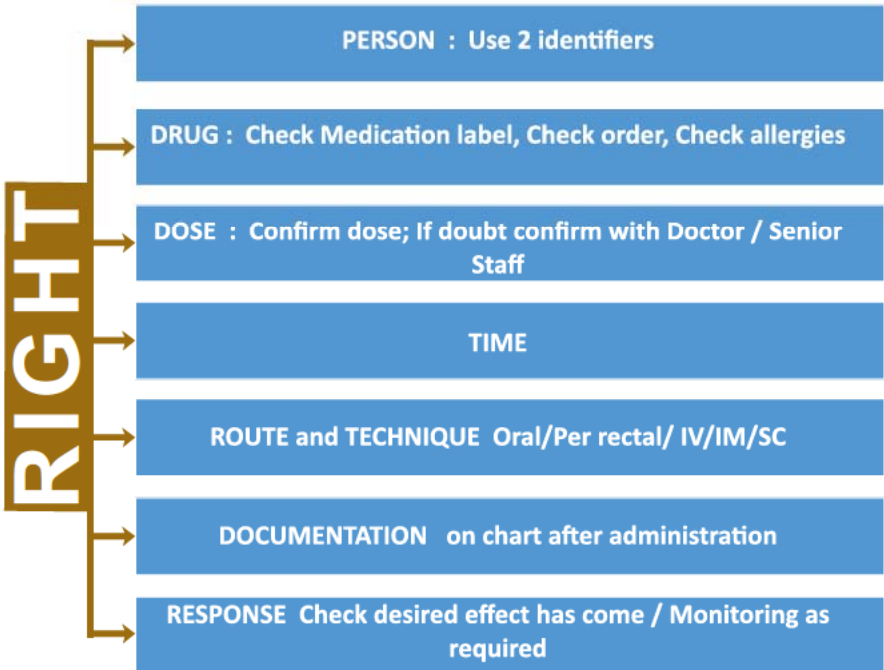


Operative notes and post operative plan of care to be documented before patient is wheeled out of recovery area.

It takes less time to do things right than to explain why you did it wrong - Long fellow



## Medications are administered by trained personnel



Improve quality you automatically improve productivity  
- W Edwards Deming



## Surgical Site Marking

### Should :

- ✓ Take place with the patient awake and aware as the involvement of the patient is important.
- ✓ Be made by the Surgeon performing the procedure or Doctor member of his team with a permanent skin marker.
- ✓ Done with an instantly recognizable mark.
- ✓ Be visible after the patient is prepped and draped.
- ✓ Arrow should point towards the incision site
- ✓ Marked in all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine).

### If ANY discrepancy is discovered between consent, medical record, and marked operative site, then

- ✓ It must be reported to operating surgeon.
- ✓ STOP the procedure until the discrepancy is resolved.
- ✓ The near miss should be reported in the incident Reporting Form



An incident is just the tip of the iceberg a sign of a much larger problem below the surface - Don Brown



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## Healthcare Fire Safety

There are **four** essential steps to take if you discover a fire:

<b>R</b>	<b>A</b>	<b>C</b>	<b>E</b>
<b>Rescue</b> anyone in immediate danger of the fire.	<b>Alarm</b> Activate the nearest fire alarm and call your fire response telephone number	<b>Contain</b> fire by closing all doors in the fire area.	<b>Extinguish</b> small fires. If the fire cannot be extinguished leave the area and close the door.

**You should know:**

- ➔ Locations of nearest fire extinguishers and alarm pull boxes
- ➔ The fire location - room number and building
- ➔ All fire exits in your work area

### How to properly operate a Fire Extinguisher

<b>P</b>	<b>A</b>	<b>S</b>	<b>S</b>
<b>Pull</b> the pin, release a lock latch or press a puncture lever.	<b>Aim</b> the extinguisher at the base of the fire.	<b>Squeeze</b> the handle of the fire extinguisher.	<b>Sweep</b> from side-to-side at the base of the flame.

## CODE RED

In case of fire, call 0101

Please check the location of nearest fire extinguisher, fire exit pathways near your department and location of designated assembly areas in case of fire.

Know how to use fire extinguisher



Improve quality you automatically improve productivity  
- W Edwards Deming

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## Incidents

Near miss	<b>Deed was not done</b>	Patient was allergic to a drug Staff was about to administer drug but realised the mistake and did not give the drug
No harm	<b>Deed was done Harm was not done</b>	Patient was allergic to a drug Staff administered the drug but realised the mistake went back to patient but patient did not suffer any harm
Adverse Event	<b>Deed was done Harm was done Harm was replaceable</b>	Patient was allergic to a drug staff administered the drug. Patient had anaphylactic reaction shifted to icu. Recovered in same time.
Sentinel Event	<b>Deed was done Harm was done Harm was irreplaceable</b>	Patient was allergic to a drug staff administered the drug. Patient had severe anaphylactic reaction and died.

No safety; know pain





## Patient Rights

Patient rights support individual beliefs, values and involve the patient and family in decision making processes.

Patient rights include

- ✓ Respect for personal dignity and privacy during examination, procedures and treatment.
- ✓ Protection from physical abuse or neglect.
- ✓ Treating patient information as confidential.
- ✓ Obtaining informed consent before carrying out procedures.
- ✓ Information on how to voice a complaint.
- ✓ Information on the expected cost of the treatment.
- ✓ Access to his / her clinical records.



Safety is not a slogan it is a way of life

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## Initial Assessment

- ✓ Contents of Initial assessments of OPD, IPD and Emergency patients be defined.
- ✓ Should help in establishing a provisional diagnosis and formulation of care plan.
- ✓ Should be done by Doctor and Nurse separately at time of admission.
- ✓ Should have Sign, Name, Designation of person documenting it with Date and Time.
- ✓ Should be completed within a defined time frame
- ✓ Should be counter signed by SR/Faculty within 24 hours or earlier.

Safety is the engine,  
and you are the key that starts it.







## Vulnerable Patients

- ✓ Patients prone to injury and disease by virtue of their age, physical, mental & immunological status
- ✓ Examples include-
  - Children <10 years
  - Elderly
  - Physically and mentally challenged
  - Semiconscious/ Unconscious
  - Those on immunosuppressive and/or chemotherapeutic agents
  - Critically ill patients
  - Patients under sedation, anaesthesia
  - Patients on dialysis etc.
  - Pregnant Females
- ✓ Safe and Secure environment
- ✓ Protection from physical abuse and neglect
- ✓ Should not be left alone
- ✓ Fall prevention measures
- ✓ Ramps with railings
- ✓ Side rails with beds
- ✓ Grab bars in wash rooms
- ✓ Care of differently abled patients
- ✓ Compassion and extra care
- ✓ Close monitoring.



Every accident is a notice that something is wrong with men, methods or material, investigate and then act



## BMW

**Segregate at point of generation**



**WE ALL WILL ENSURE THE SEGREGATION OF BIOMEDICAL WASTE AS PER BIOMEDICAL WASTE MANAGEMENT RULES 2016, 2018-2019**

### BIOMEDICAL WASTE MANAGEMENT "SEGREGATION CHART"

Yellow Bag	Red Bag	Sharps	Cardboard Boxes with Blue Markings for Glass Waste
<p><b>Human anatomical waste:</b> Human tissues, Organs, body parts and Retna before the viability period</p> <p><b>Solid waste:</b> Items contaminated with body fluid and blood the dressing plaster casts, cotton swabs disposable masks &amp; gowns.</p> <p><b>Blood bags</b> after pre-treating (Autoclave)</p> <p><b>Expired and discarded medicine</b> Except Cytotoxic Medicine</p> <p><b>Chemical Waste:</b> Discarded disinfectants &amp; solid chemical</p> <p><b>Chemical Liquid Waste:</b> Aspirated body fluids, liquid waste generated due to use of chemical in production and use or discarded disinfectants after pre-treatment</p> <p><b>Discarded Urine:</b> bedding contaminated with blood body fluid (Pre-treated and then dispose off)</p> <p><b>Microbiology, Histotechnology and other clinical laboratory waste:</b> Pre-treated laboratory cultures, spores and specimens of micro organisms, (like or sterilized swabs, human and anatomical cell, culture, dishes and devices used for culture) in their respective categories.</p>	<p><b>Contaminated waste (Recyclable)</b></p> <p><b>Waste generated from disposable items</b> such as tubing, bottle, gloves, IV tubes and sets, catheters, urine bags, syringes with their needles cut, vacutainers</p>	<p><b>Puncture Proof Containers:</b> Waste sharps including metals: Needles, Syringes with &gt; x needles, needle for needle tip cutter or burner, scalpels, blades or any other contaminated object that can cause puncture and</p>	<p><b>Broken or discarded glass, including medicine vials and ampoules, except those contaminated with cytotoxic waste. Infected glass to be pre-treated and then disposed off.</b></p>
			<p style="text-align: center;"><b>Cytotoxic Waste Containers</b></p> <p style="text-align: center;"><b>Cytotoxic drug waste</b></p>

The quality of an organization can never exceed the quality of the minds that make it up.



# VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL

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## Spill Management



### Spill Management Emergency Response Plan

#### Spill Kit



- Personal Protective Equipment (PPE)– Apron, Gloves, Masks, Goggles, Head and Shoe cover
- Absorbent Material– Old cloth, Newspaper, Blotting Paper, Chemical Absorbent
- 10% Sodium hypochlorite
- Yellow biomedical wastebag
- Scoop, Scraper and Mop

#### Types of Spill



- Chemical
- Body Fluids
  - Blood
  - Body fluids
  - Vomitus
  - Stool (Diarrhoea)
  - Urine

### Management of Different Types of Spills

#### Chemical

- Limit access to the spill area
- Personnel with training is to handle the spill
- To prevent spread, cover the spill with appropriate absorbent material
  - Pads, Sodium bicarbonate/ Sodium carbonate (For Acid)
  - Sodium bisulphate/ Boric acid (For Alkali)
  - Clay and sand
- Collect the absorbent material with dust pan and place into thick walled, puncture-proof chemical resistant bag/bin which is suitably labelled
- Notify appropriate authority

#### Body Fluids (Small) Less than 10ml

- Put on the PPE
- Remove sharps with forceps, if any
- Cover the spill with absorbent material
- Pour the 1% sodium hypochlorite over the absorbent material and spill
- Leave for 30 mins
- Transfer the soiled and disinfected absorbent material in yellow bag
- Clean spill area with mop dipped in 1% sodium hypochlorite
- Discard all PPE in yellow bag

#### Body Fluids (Large) More than 10ml

- Barricade the spill site
- Put on the PPE
- Place the absorbent material and prevent the spill from spreading
- Flood with 10% Sodium hypochlorite and ensure the absorbent material is thoroughly wet
- Leave for 30 mins
- Transfer the soiled and disinfected absorbent material in yellow bag
- Wipe the area with absorbent material soaked with 10% sodium hypochlorite again until all visible soiling is cleaned
- Wipe the area of spill with a mop soaked in 1% sodium hypochlorite and allow to dry
- Discard all PPE in yellowbag

Restock Spill Kits after use

VMMC & Safdarjung Hospital, New Delhi



Quality is a proud and soaring thing.

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## Death Certificate

- ✓ The medical records should contain a copy of the death certificate indicating the CAUSE, DATE and TIME of death.
- ✓ CARDIAC AND RESPIRATORY ARREST IS AN EVENT OF DEATH AND NOT THE CAUSE OF DEATH.
- ✓ The SUMMARY of the case should be there in medical records and should include cause of death.
- ✓ For MLC patients, body handed over to mortuary incharge and then finally to the police.

In the race for quality, there is no finish line  
- David T. Kearns







## Confidentiality of Patient Information

- ✓ Avoid patient related discussions in public places, lifts, staircase, passages etc.
- ✓ Confidential information including HIV status shall not be revealed without patient's permission.
- ✓ It shall not be explicitly written/pasted on cover of medical record nor shall it be displayed in a manner that is easily understandable by public at large.
- ✓ Statutory requirements with respect to privileged communication shall be followed at all times.



Quality means doing it right when no one is looking.  
-Henry Ford



## Consent

- ✓ Consent should be taken from patient in all cases when patient is CAPABLE of giving consent and is above 18 years of age.
- ✓ If the patient is INCAPABLE of giving consent, order of preference of next of kin/legal guardian is spouse, son/daughter/parents/brother/sister.
- ✓ For life-threatening situations when a patient is incapable and next of kin is not available, in the best interest of patient, treating doctor and another clinician can decide to safeguard life of patient

Quality is not an act it is a habit  
- Aristotle





## Medication Order

### Do's

- ✓ By DOCTORS only.
- ✓ Be written in a uniform location in file.
- ✓ Patient name, demographic profile, UHID/IP number be reflected.
- ✓ Name of medicine with dose, route, frequency/time be mentioned.
- ✓ Check for allergies
- ✓ Be legible, in capital with SNDDT (Sign, Name, Date, Designation, Time).
- ✓ If there is modification in order, the same needs to be discontinued and new order written.

### Don'ts

- ✓ Phrases like Repeat all/ Repeat 2,4,6,8 / CST (Continue same treatment).
- ✓ Strike through / over writing.



"Quality is never an accident. It is always the result of intelligent effort." -John Ruston



## Implantable Prosthesis and Medical Devices

- ✓ Should be used on the basis of scientific criteria laid down by national / international guidelines and approvals.
- ✓ Batch number and serial number of these devices (pre-labelled stickers) be recorded in
  1. Patient medical record file
  2. Master Log book in OT
  3. Discharge Summary
- ✓ Patients and family should be counselled on benefits, usage and potential complications of implants and such medical devices.
- ✓ If the pre labelled stickers are not available. Department should have documented mechanism in place for identifying the implants.

“Quality performance starts with a positive attitude”  
-Jeffrey Gitomer





## HAZMAT

**CAUTION**  
**HAZARDOUS**  
**MATERIALS**

- ✓ Hazardous Materials be identified.
- ✓ Documented procedure for its storage, handling, disposal and spill be there.
- ✓ Adequate training of the personnel for spill management.
- ✓ Common HAZMAT includes lab chemicals, ETO, LPG gas, medical gases, Cleaning agents, Mercury, Nuclear isotopes etc.
- ✓ Display and knowledge of MSDS (Material Safety Data Sheets).



Quality is more than a promise, It's genuine performance  
-Ron Kaufman





## Expiry Dates of Drugs

- ✓ Before dispensation and administration of drugs, Expiry date of drugs should be checked.
- ✓ Expiry dates should be checked at all levels, e.g. Pharmacy, Wards, ICU, OT etc.
- ✓ Near expiry drugs are the drugs which are about to expire in next three months.
- ✓ Near Expiry Medications should be withdraw and no beyond expiry date medication should be available.

Quality Happens Only When You Give Your Best!





## Improve Effective Communication

### VERBAL ORDER

An oral order made by a physician to the nursing staff when they are standing next to each other (during emergency/life threatening situation)

### TELEPHONE ORDER

Made by a physician to the nursing professional who is physically unable to be present to write the order that requires immediate intervention.

**VERBAL ORDERS/ TELEPHONIC ORDERS** are not allowed except in life threatening conditions where immediate written communication is not feasible e.g. CPR in case of verbal orders.

Generally not to be given for blood and blood products (except in emergency, OT in cases of massive transfusion protocol)

Chemotherapy, Children/ neonates



**Listen closely to the order or test results**



**Write it down with clarity**



**Read back to the caller**



**Confirm what you have heard is accurate**



**Document the whole conversation**



**Countersign in file by physicians within 24 hours**



Quality is everyone's responsibility and we never have to stop getting better.



## Structured Handover

More structured, focused and concise communication among healthcare personnel improves patient safety.

<b>I</b> identity	<p>Specify</p> <ul style="list-style-type: none"> <li>• Who are you?</li> <li>• Where are you?</li> <li>• Patient's name, age, gender and department</li> </ul>
<b>S</b> situation	<p>What is the problem/reason for contact?</p> <ul style="list-style-type: none"> <li>• I'm calling because... (describe)</li> <li>• I have observed major changes... (ABCDE)</li> <li>• I have measures the following values...</li> <li>• (RR*, SpO2, pulse/heart rhythm, BP*, capillary refill time, tp.#)</li> <li>• I have received test results...</li> </ul>
<b>B</b> background	<p>If it's urgent and/or you are concerned - speak up Brief and relevant case history</p> <ul style="list-style-type: none"> <li>• Admission diagnosis and date</li> <li>• Previous illness of significance</li> <li>• Relevant problems and treatment/interventions to date</li> <li>• Allergies</li> </ul>
<b>A</b> assessment	<p>Assessment (of the situation and background)</p> <ul style="list-style-type: none"> <li>• I think the problem/reason for the patient's condition is related to (respiration, circulation, neurology).</li> <li>• I don't know what the problem is but the patient's condition has deteriorated.</li> <li>• The patient is unstable, we need to do something.</li> <li>• I am concerned.</li> </ul>
<b>R</b> recommendation	<p>Request specific advice and interventions and clarify expectations</p> <ul style="list-style-type: none"> <li>• I suggest.../What interventions do you recommend?             <ul style="list-style-type: none"> <li>• Immediate intervention</li> <li>• Investigation/treatment</li> <li>• How often should I...</li> </ul> </li> <li>• When should I next make contact? When will you be here?</li> <li>• Confirm messages and interventions with a closed loop.</li> </ul>

Key to great communication is being adaptable.







# VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL

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## Look alike Sound alike (LASA) Drugs

<b>Procurement</b>	<ul style="list-style-type: none"> <li>✓ Minimise availability of multiple medicines strengths.</li> <li>✓ Whenever possible, avoid purchase of medicines with similar packaging and appearance.</li> </ul>
<b>Storage</b>	<ul style="list-style-type: none"> <li>✓ Use Tall Man lettering to emphasise differences in medication</li> <li>✓ Additional warning labels</li> <li>✓ Physically apart</li> </ul>
<b>Dispensing/ Supply</b>	<ul style="list-style-type: none"> <li>✓ Identify medicines based on its name and strength and not by its appearance or location.</li> <li>✓ Highlight changes in medication appearances to patients upon dispensing.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>✓ Read labels rather than visual recognition</li> </ul>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>✓ List be displayed in all Departments</li> <li>✓ Should be reviewed at least once a year</li> <li>✓ Implement Feedback mechanism</li> </ul>
<b>Information</b>	<ul style="list-style-type: none"> <li>✓ Easy access to LASA list for the staff and doctors</li> </ul>
<b>Patient Education</b>	<ul style="list-style-type: none"> <li>✓ Inform patients on changes in medication appearances.</li> <li>✓ Educate patients /caregivers to alert healthcare providers whenever a medication appears to vary from what is usually taken or administered.</li> <li>✓ Encourage patients/caregivers to learn the names of their medications.</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>✓ Evaluate medication errors related to LASA medications.</li> </ul>



Quality First  
Do it right the first time

QUALITY CELL

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## Fall Injury – Part 1

A patient fall is an unplanned descent to floor with or without injury to patient.

- ✓ Include falls when patient lands on a surface where you wouldn't expect to find a patient.
- ✓ All unassisted and assisted falls are to be included whether resulting from physiological reasons (fainting) or environmental reasons (slippery floor).

### IMPACT

<b>None</b>	No injuries (no signs or symptoms or on diagnostic tests)
<b>Minor</b>	Results in bruise, abrasion, needs dressing, ice limb elevation, topical medications etc.
<b>Moderate</b>	Needs suturing, splinting or causes muscle/joint strain
<b>Major</b>	Needs surgery, cast, traction; neurological or internal injury
<b>Death</b>	Death as result of injuries sustained from fall (not from physiologic events causing fall)

Safety isn't expensive it's Priceless





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## Fall Injury – Part 2

### MORSE FALL SCALE

The Morse Fall Scale (MFS) is a rapid and simple method of assessing a patient's likelihood of falling.

VARIABLE	
History of falling	Yes=25 No=0
Secondary diagnosis	Yes=15 No=0
Ambulatory aids	Furniture=30 Crutches cane walker=15 None, bed rest, wheel chair, nurse assist=0
Intravenous therapy	Yes=20 No=0
Gait/ transferring	Impaired=20 Weak=10 Normal, bed rest=0
Mental status	Understand limitations=0 Does not understand limitations=15

**LOW RISK**  
0-24

**MODERATE RISK**  
25-44

**HIGH RISK**  
45+



Take Care of the Patient and Everything else will Follow  
- Thomas Frist. .M.D.



## Fall Injury – Part 3

### Universal fall precautions

**Apply to all patients regardless of fall risk.**

Revolve around keeping the patient's environment safe and comfortable.

- ✓ Familiarize patient with the environment
- ✓ Keep patient's personal possessions within patient safe reach.
- ✓ Have sturdy handrails in patient bathrooms, room, and hallway.
- ✓ Place hospital bed in low position when patient is resting in bed
- ✓ Keep hospital bed brakes locked.
- ✓ Keep wheelchair wheel locks in "locked" position when stationary.
- ✓ Use night lights or supplemental lighting.
- ✓ Keep floor surfaces clean and dry. Clean up all spills promptly.
- ✓ Keep patient care areas uncluttered.
- ✓ Sitters - Instruct patient/family to call for assistance with out-of-bed activities.

"An incident is just the tip of the iceberg, a sign of a much larger problem below the surface."

- Don Brown.







## CODES- Part 1

Code names are used in hospitals to alert staff to an emergency or other event.

These can be communicated through an intercom in hospital or directly to staff using communication devices like mobile or PA systems.

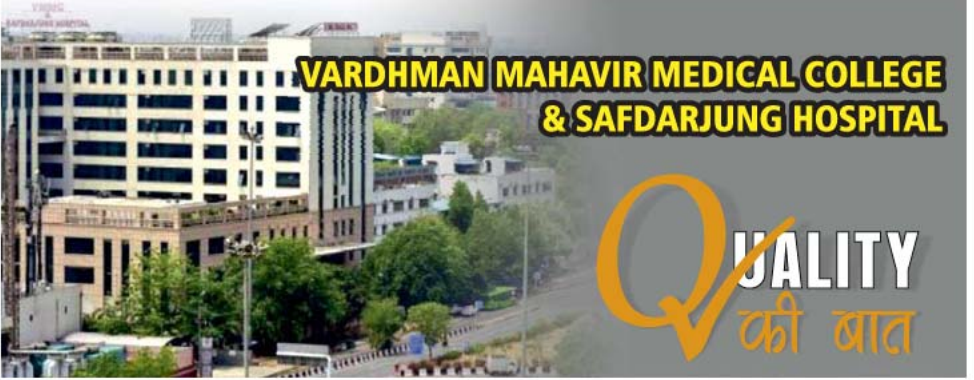
- ✓ Convey essential information quickly
- ✓ Minimal misunderstanding to staff
- ✓ Prevent stress and panic among visitors to hospital and patients being treated at the hospital



At the end of the day, the goals are simple: Safety and security.







**CODES- Part 2**

	<p><b>CARDIAC / RESPIRATORY ARREST</b></p>	<p><b>CODE BLUE</b> At &lt;Location&gt; Respond Immediately</p>
	<p><b>FIRE</b></p>	<p><b>CODE RED</b> At &lt;Location&gt; Please activate Emergency Response Team</p>
	<p><b>MISSING CHILD</b></p>	<p><b>CODE PINK</b> At &lt;Location&gt; Reach_Immediately</p>

We are responsible for the effort not the outcome





- Comprehensive risk assessment be done
- Restrict public entry to one entrance to the unit
- CCTV Monitoring of all entrances and exists including elevators and stairs
- Security 24\*7
- Restrict unrelated traffic
- Identification tags for all neonates/ infants
- Nurses station be strategically located so that exists are visible
- All employees should wear ID badges
- Footprints of infants at birth be recorded
- Infant /other id band should be matched
- All employees should be trained about their roles in preventing and responding to an infant abduction



Safety Starts with You!

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## CODES- Part 4

Code blue is the term used by medical institutions to indicate that a patient is having cardiopulmonary arrest and needs immediate resuscitation.

Initial resuscitation efforts should be done by the nearest Doctor/ nurses on duty.

Once the concerned team arrives on the scene, they will continue the resuscitation efforts being done to the patient by the first responders.

### Do's

1. Be active with the code team
2. Participate in mock codes
3. Ensure crash cart, Emergency drugs , Defibrillator, Oxygen cylinder, Trolley to shift to ICU is there.

### Don'ts

1. Leaving code right away
2. Switching roles without proper communication
3. Be calm and communicate clearly. Do not shout or yell as it adds up to tension of team during a code.

Goals are simply tools to focus your energy in positive directions





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## QUALITY की बात

### CODES- Part 5

AHA Chains of Survival for adult IHCA and OHCA.

#### IHCA



#### OHCA



[eccguidelines.heart.org](http://eccguidelines.heart.org)

I attribute my success to this-  
I never gave or took any excuse.





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## BASIC LIFE SUPPORT SEQUENCE

Component	Adults and adolescents	Children (age 1yr to puberty)	Infants(age less than 1 yr excluding new borns)
Scene safety	Make sure the environment is safe fro victim and rescuers		
Recognition of cardiac arrest	Check for responsiveness No breathing or only gasping (i.e no normal breathing) No definite pulse felt within 10 seconds( breaking and pulse check can be performed simultaneously in less than 10 seconds		
Activation of emergency response team	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise send someone and begin CPR immediately use the AED as soon as it is available	<b>Witness collapsed</b> Follow steps for adults and adolescents on the left <b>Unwitnessed collapse</b> Give 2 min of CPR Leave the victim to activate the emergency response system and get the AED Return to the child/Infant and resume CPR USE the AED as soon as it is available	
Compression- ventilation ratio without advance airway	1 rescuer - 30:2	1 rescuer - 30:2 2 or more rescuers - 15:2	
Compression-ventilation ratio with advance airway	Continuous compressions at a rate of 100-120 /min Give 1 breath every 6 seconds(10 breaths /minute)		
Compression rate	100-120/ min		
Compression depth	At least 2 inches( 5 cm)	At least one third AP diameter of chest About 2 inches(5 cm)	At least one third AP diameter of chest About 1.5 inches(4 cm)
Hand placement	2 hands on the lower half of the breastbone(sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the breastbone (sternum)	1 rescuer 2 fingers in the center of there chest just below the nipple line 2 or more rescuers 2 thumb encircling hands in the center of the chest , just below the nipple line

In the race for quality, there is no finish line.





## CODES- Part 7

## CODE RED

### Preparations to avoid Fire Emergencies

1. Follow no smoking policy
2. Keep your work areas clean and neat. Good housekeeping must be ensured
3. All receptacles of waste should be emptied at regular intervals
4. Get faulty electrical appliances replaced immediately
5. Fire exit pathways in your wards, floors, OT ICU, Diagnostics etc be clear of obstructions
6. Get involved in fire rescue drills (conducted at regular interval)
7. All employees should be trained in fire fighting
8. Ensure proper signage for evacuation & precaution in your areas
9. Check life safety devices( automatic and manual fire alarm systems fire extinguisher, public address system for communication) RACE, PASS Signages in your areas
10. All employees should be aware of safe zone and assembly area to assemble at time of evacuation



In strategy it is important to see distant things  
to get a close view



## CODES- Part 8

## CODE RED

### Priority for immediate Evacuation

1. Patients in immediate danger
2. Ambulatory patients
3. Patients in general care units requiring transport assistance
4. Patients in ICU
5. Patients in OT (surgical procedure that has started be completed to a point safety before patient is moved)

Suspect and inspect but do not neglect





**CODES- Part 9 TYPES OF FIRE EXTINGUISHERS**

**CODES RED**

There are different Classes of Fire  
Your choice of extinguisher for your particular fire risk  
is crucial in controlling a fire



<https://dgfscdhg.gov.in/>

S. No	Type of extinguisher	Class	Material involved in fire	Hazard area	Extinguishing methods	Warning
1.	Water (CO <sub>2</sub> ) Type	A	Organic solids e.g wood, paper, cloth etc	Offices hospitals, theatres, banks restaurants etc	Penetrates, cools even deep sated A Class fires	Do not use on live electrical equipments
2.	Mechanical foam(AFFF)	B	Inflammable liquids	Petrol storage depots, manufacturing units of paints and inflammable liquids	A thick foam blanket over the burning liquid cutting off oxygen supply	Do not use on live electrical equipments
3.	Carbon Dioxide(CO <sub>2</sub> )	B, C	Inflammable gases & electrical appliances	Motor pump rooms, laboratories museums and process control areas	Aim at the base of the fire from close range (CO <sub>2</sub> ) being heavier settles below & cuts off oxygen supply	Carbondioxide can cause asphyxiation in a confined space. Ventilate area after extinguishing fire
4.	Dry Chemical powder	B, C	Inflammable liquids and gases	Storage areas of LPG, Acetylene, petrol, industrial solvents, equipments	Chemically interferes with the combustion chain	Do not use in very confined spaces as cloud of power reduces visibility
5.	ABC Power (Pressure type)	A, B, C	Organic solids inflammable liquids and gases	Open storage generator rooms, heat treatment shops, etc	Chemically interferes with the combustion chain	Do not use in very confined spaces as cloud of power reduces visibility

Safety beings with compliance





### Focus Area-1

### AMBULANCE

1	Adequate access and parking space for ambulance.
2	Statutory requirements- Registration certificate, Valid license of driver, Insurance, Fitness certificate, pollution emission check.
3	Demarcation and list of vehicles - ACLS/ BLS/ Patient transport vehicle.
4	Appropriately equipped for both adults and pediatric population.
5	Checked on daily basis with documentation - lights, siren etc.
6	Checklist of ambulance emergency drugs, equipment on daily basis and prior to dispatch. Appropriately documented and signed
7	Duty roster of doctors, staff, drivers involved in the care.
8	BLS/ ACLS training of healthcare workers, BLS training of Driver.
9	BMW management in ambulance.
10	Established proper communication system

Safety is the Priority, Quality is the Standard







## Focus Area-2

## EMERGENCY

1	UHID generation for all patients coming to emergency
2	Admission, Discharge to home or transfer to different Departments, LAMA is documented
3	Procedure for handling MLC (including capturing 2 identification marks and police intimation)
4	Medication and equipment management
5	Triage and its management; Disaster management.
6	CPR training of staff
7	Initial assessment; reassessments; referrals
8	Policy and procedures on Dead on arrival, Brought Dead.
9	Infection control, BMW management, Fire safety
10	Established proper communication system with Ambulance



Strengthening our identity is one way of reinforcing peoples confidence

**QUALITY CELL**

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### Focus Area-3

### OPD

- 1 UHID generation for all patients coming to OPD
- 2 Scope displayed bi-lingually; Staff orientation about scope
- 3 Display of billing tariff
- 4 Medication and equipment management
- 5 Predefined initial assessment, Vitals, Allergy
- 6 CPR training of staff
- 7 Obstetric scope; Antenatal records, Maternal nutrition, Post natal care
- 8 Pediatric scope; nutritional, growth, Immunisation, Parent education on safe parenting, Provisions for special care
- 9 Prescription; Drugs in capitals, clear, legible, **Sign, Name, Designation, Date, Time (SNDT)**
- 10 Infection control, Hand wash provisions, BMW segregation

“What gets measured gets managed”



**Focus Area-4** **RADIOLOGY**

1	Statutory requirements as per AERB, PCPNDT, TLD badges, RSO, Appropriate signages.
2	Scope displayed bilingually; Staff orientation about scope.
3	Imaging results are available within a defined time frame; Turn around time for ALL services.
4	Critical reports are evidenced to be intimated to concerned personnel within one hour for ALL services.
5	Consents for interventional radiology procedures, Use of contrast
6	CPR training of staff
7	Medication management and availability of emergency medicines and equipment.
8	Equipment management - AMC, PMC as applicable.
9	Management of fire emergencies-Training, signages, exit paths, extinguishers, Fire sensors etc.
10	Infection control, Hand wash provisions, BMW segregation.



Start with quality destination will be excellence



### Focus Area-5

### LABORATORY

1	Availability and knowledge of laboratory manual
2	Scope displayed bilingually; Staff orientation about scope.
3	Name, UHID on all samples, Appropriate sample transport box with biohazard sign
4	LABORATORY results are available within a defined time frame; Turn around time for ALL services defined
5	Critical reports are evidenced to be intimated to concerned personnel within one hour for ALL services.
6	Consents for HIV testing
7	Spill management, MSDS sheets
8	Staff training- Scope, CPR, Fire, Safety practices, BMW, Spill
9	Equipment management – AMC, PMC as applicable.
10	Management and knowledge of fire emergencies- Use of fire extinguisher, signages, exit paths, Fire sensors etc.
11	Infection control, Hand wash provisions, BMW segregation, Vaccination records

Safety is the best analysis tool





## Focus Area-6

## OBSTETRICS AND GYNAECOLOGY

1	Availability and knowledge of Department manual, Scope displayed bilingually; Staff orientation about scope, Patient rights and responsibilities
2	Name, UHID on all medical records, Initial assessment, Plan of care, Reassessment by Doctors, Nurses notes and assessment, Pain assessment, Vitals charting, Medication order and administration sheet, Discharge summary
3	SNDDT- Sign, Name, Designation, Date, Time on all medical records
4	Pre-natal, peri-natal and post natal monitoring and documentation
5	Management of Medications- LASA, High risk, emergency drugs, Drugs stored in refrigerator, Emergency equipment, Crash cart
6	Consent for Blood transfusion, Trial of labor, HIV testing, LSCS, any surgery or procedure undertaken with risks, benefits, alternatives, signed by Doctor, patient, attendant (in language patient can understand)
7	MTP register, consents, confidentiality
8	Spill management, HAZMAT, MSDS sheets
9	Staff training- Scope, CPR, Fire, Infection control, BMW, Spill, Code pink, vulnerable patients, Hand wash
10	Equipment management– AMC, PMC as applicable.
11	Management and knowledge of fire emergencies- Use of fire extinguisher, signages, exit paths, Fire sensors etc.
12	Infection control, Hand wash provisions, BMW segregation, Vaccination records



Stay committed to your decision but stay flexible in your approach

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## Focus Area-7

## PAEDIATRICS

1	Availability and knowledge of Department manuals, scope displayed bilingually; Staff orientation about scope, Patient rights and responsibilities
2	Name, UHID on all medical records, Initial assessment, Plan of care, Reassessment by Doctors, Nurses notes and assessment, Pain assessment, Vitals charting, Medication order and administration sheet , Discharge summary
3	SNDDT- Sign, Name, Date, Designation, Time on all medical records
4	Nutrition, Growth charts, Immunization records
5	Management of Medications- LASA, High risk, emergency drugs, Drugs stored in refrigerator
6	Consent for Blood transfusion, phototherapy, Umbilical vessels catheterisation, any surgery or procedure undertaken with risks, benefits, signed by Decision maker, witness, doctor in language patient can understand,
7	Spill management, HAZMAT, MSDS sheets
8	Staff training- Scope, CPR- NALS/PALS , Fire, Infection control, BMW, Spill, Code pink, vulnerable patients, Hand wash
9	Equipment management– AMC, PMC as applicable.
10	Management and knowledge of fire emergencies Use of fire extinguisher, signages, exit paths, Fire sensors etc.
11	Infection control, Hand wash provisions, BMW segregation, Vaccination records of staff

To be 'in charge' is certainly not only to carry out the proper measures yourself but to see that everyone else does so too.







## Focus Area-8

## WARDS

1.	Availability and knowledge of Department manuals, scope displayed bilingually; Staff orientation about scope, Patient and Employee rights and responsibilities
2.	Name, UHID and properly filled medical records, Initial assessment, Pain assessment, Vital Charting, Medication order (in Capitals) and administration sheet, Documentation of allergy, Discharge summary and its contents, LAMA Summary, MLC summary and protocols.
3.	SNDDT - Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty with 24 hours.
4.	Facility and Furniture maintenance, Equipment management - AMC, PMC as applicable, Training of new equipment.
5.	Management of Medications - Storage, LASA, High risk, Emergency drugs, Narcotic policy, Refrigerator temperature records.
6.	Consent for Blood transfusion, any surgery or procedure undertaken with risks, benefits, signed by PATIENT, witness, doctor in language patient can understand.
7.	Spill management, HAZMAT, MSDS sheets.
8.	Staff training - Scope, CPR - BLS, Fire, Infection control, BMW, NSI, Spill, Code pink, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, Hand wash, Communication with patients and family.
9.	Verbal orders, Telephone orders, Empowerment for nursing related decisions.
10.	Management and knowledge of fire emergencies - Use of fire extinguisher, signages, unobstructed exit paths, Fire sensors etc.



Quality only happens when you care enough to do your best!

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## Focus Area-9 DIALYSIS UNIT

1	Availability and knowledge of Department manual
2	Name, UHID and properly filled medical records, Orders for dialysis, Re - assessment by Doctors, Vitals charting,
3	SNDDT- Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty within 24 hours
4	DIALYSER reuse, Safety, Labelling of tubes to prevent exchange/ ensure patient safety, Quality of RO water, Monthly ENDOTOXIN reports, Facility and furniture maintenance, Equipment management of all dialysis machines
5	Storage, and knowledge of LASA, High risk, EMERGENCY DRUGS, Refrigerator temperature records, Antibiotic usage, Pre and post exposure prophylaxis
6	Consent for DIALYSIS (Informed consent in first instance with a defined validity period which is not more than 6 months , ENDORSEMENT at each repeat dialysis, If any change in plan/condition, fresh consent mandatory), Blood transfusion, any procedure (HD line insertion, AV fistula, permacath insertion etc.) undertaken with risks, benefits, signed by PATIENT, witness, doctor in language patient can understand
7	Spill management, HAZMAT, MSDS sheets
8	Staff training- Scope, CPR- BLS, Fire, Infection control, BMW,NSI, Spill, Code pink, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, New dialysis machines, New equipment , Hand wash, Communication with patient and family, Organ transplant awareness
9	Microbiology surveillance of dialysis unit. Tracking and analyzing infection risks, rates and trends (esp. CAUTI, CLABSI)
10	Management and knowledge of fire emergencies - Use of fire extinguisher, signages, unobstructed exit paths, Fire sensors etc.

QUALITY MATTERS!





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## Focus Area-10

## Intensive Care Unit - Part A

1	Availability and knowledge of Department manual, Patient/ family and Employee rights and responsibilities
2	Name, UHID and properly filled medical records, Initial assessment within time frame, Plan of care, Re- assessment by Doctors, Nurses initial assessment, Notes, Pain management Vitals charting, Medication order (in CAPITALS) and administration sheet, Documentation of allergy, Transfer summary, Death summary, MLC protocols , COVID protocols
3	SNDDT- Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty within 24 hours.
4	ICU admission/ Discharge criteria, Multidisciplinary care and coordination with different departments, Referrals, Transfers, Bed shortage policy
5	Nutrition assessment and therapy
6	Antibiotic policy, Multi drug resistant organisms management, Escalation/ Deescalation of antibiotics, Hand hygiene compliance, Equipment cleaning, Isolation facility, HAI rates, trends, Involvement of Infection control team
7	Care of vulnerable patients , restraint policy
8	Consent for Blood transfusion, any surgery or procedure (Endotracheal intubation, Invasive, non invasive ventilation, Invasive lines etc.) undertaken with risks, benefits, explained and duly signed by PATIENT/ DECISION MAKER, witness, doctor in language patient can understand
9	End of life care
10	Duty Roster of Doctors, nursing staff, paramedics, support staff



The most important thing about goals is having one

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## Focus Area-10

## Intensive Care Unit - Part B

1	Facility and furniture maintenance, Equipment management - AMC, PMC as applicable, Training of new equipment
2	Management of Medications-Storage, LASA, High risk, Emergency drugs, Crash cart, Narcotic policy, Refrigerator temperature records
3	Gas pipelines, Maintenance of extra oxygen cylinders, Defibrillator and its checking
4	CAUTI, CLABSI, VAP, Pressure ulcer monitoring
5	Housekeeping issues, Linen management, Spill management, HAZMAT, MSDS sheets
6	Staff training and protocols - CPR- BLS, ACLS, Fire, Infection control, ICU protocols, NSI, Spill, Grievance, Disciplinary, Internal complaints committee, Care of vulnerable patients, Hand wash, Communication with patient and family
7	Verbal orders, Telephone orders, Empowerment for nursing related decisions
8	Management and knowledge of fire emergencies in ICU- Use of fire extinguisher, signages, unobstructed exit paths, Fire sensors etc.

Let us bring the change, let us be the change







## Focus Area-11

## OPERATION THEATRE - Part A

1	Availability and knowledge of Department manual, Patient and Employee rights and responsibilities
2	Lay out of OT, Restricted zone, Zoning; (No mix up of sterile and unsterile), Alternate sources of electricity and water back up ,Color coding of Gas pipelines, Medical gases handling, storage, alarm, Maintenance of reserve oxygen cylinders, Facility and furniture maintenance, HEPA filters maintenance C armAERB signages and certificate, USG- PCPNDT registration
3	AMC, PMC of all equipment, calibration, Documentation of daily checking of equipment including defibrillators, Temperature/ Humidity recording
4	Anaesthesia records- Pre assessment, Immediate preoperative evaluation, anaesthesia monitoring, Post operative status, Shifting criteria from recovery area to ward, List of adverseanaesthesia events and monitoring of the same
5	Surgery records- Preoperative diagnosis, assessment , OT notes , Post operative plan
6	Appropriate Site marking, WHO surgical safety checklist ; Implementation, signed by Surgeon, Anaesthetist, Nursing staff
7	Consent for Surgery (name of surgery, risks, benefits), Consent foAnaesthesia (type of anaesthesia, risks and benefits ) Blood transfusion, Invasive lines, any surgery or procedure undertaken with risks, benefits, signed by Patient/ Decision maker, Witness, Doctor in language patient can understand
8	SNDDT- Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty



Quality is the result of a carefully constructed cultural environment.  
It has to be the fabric of the organization, not part of the fabric.





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## Focus Area-11 OPERATION THEATRE - Part B

1	Medication storage,- Inventory control, Expiry drugs, storage conditions, Drugs stored in refrigerator, LASA drugs, High risk medications, CRASH cart in recovery area, Defibrillator and its maintenance.
2	NARCOTIC drug policy, Narcotic storage in double lock and key, Narcotic register with usage and disposal of left over narcotics duly signed.
3	Implant policy - storage, usage, implant stickers in patient case file, and master log book and discharge summary.
4	Prophylactic Antibiotic policy in OT; administration within one hour of incision.
5	Spill management, HAZMAT identification, MSDS sheets.
6	Staff training and Knowledge- Scope, CPR-BLS/ ACLS , Fire, Infection control, BMW, Spill, Code pink, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, Hand wash, New equipment.
7	Storage of sterilized equipment and materials
8	Care of electric switches, cords, switch plates, electric panels, grounded outlet
9	Equipment washing area, Linen and laundry management
10	Management and knowledge of fire emergencies Use of fire extinguisher, Refilling and maintenance of fire extinguishers, signages, exit path maps, Unobstructed fire exit paths, Knowledge of shifting of patients from OT to safe areas in case of fire, Fire sensors etc.
11	Infection control, Hand wash provisions, BMW segregation, Vaccination records of staff

Quality happens when you match your patients expectations.





## Focus Area-12

## CHEMOTHERAPY UNIT

1	Infection control policy, adherence to safe injection and infusion policy, Hand wash provisions, Vaccination records of staff
2	Chemotherapy drug prescription, preparation, administration and disposal of chemotherapeutic drug, Biosafety cabinet
3	Check patient is identified before administering chemotherapy drug, verify order/ dosage/ preparation/ route/ timing prior to administration, Check labelling prior to second drug
4	Patient and family education regarding risks and benefits, knowledge of monitoring of adverse effects by staff
5	BMW disposal in chemotherapy ward and its special implications
6	Medication storage including narcotic usage if any, Documentation, Patient records, Discharge as per standard protocols
7	Spill management, Identification of HAZMAT, MSDS sheets ; Staff awareness
8	Staff training and Knowledge- Scope, CPR- BLS/ACLS , Fire, Infection control, BMW, Spill, Code pink, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, Hand wash, New equipment, Preparation of chemotherapeutic drug
9	Equipment management – AMC, PMC as applicable.
10	Management and knowledge of fire emergencies Use of fire extinguisher, signages, exit paths and maps , Fire sensors etc.



Things of Quality have no fear of Time

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## Focus Area-13

## CARDIAC CATHETERISATION LAB

1	Availability and knowledge of Department manual, scope displayed bilingually; Staff orientation about scope, Patient and Employee rights and responsibilities
2	Compliance with AERB guidelines, certificate, Imaging signages, TLD badges, lead aprons, Thyroid shields, Periodic checking of safety devices, Presence of RSO
3	Name, UHID and properly filled medical records. SNDDT Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty within 24 hour
4	Facility and furniture maintenance, Equipment management- AMC, PMC as applicable
5	Management of Medications- Storage, LASA, High risk, Emergency drugs, Narcotic policy, Refrigerator temperature records, Crash cart
6	Consent for procedure Angiography/ PTCA etc. undertaken with risks, benefits, signed by Patient, witness, doctor in language patient can understand
7	Monitoring of patients during and after the procedures, Documentation of procedure in patient record, Procedure for procuring , storage and usage of stents, and medical devices, Entry of batch and serial number in master log book, patient case file and subsequently in discharge summary
8	Staff training-Scope, CPR BLS, Fire, Infection control, BMW,NSI, Spill, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, Hand wash, Communication with patient and family, Spill management, HAZMAT, MSDS sheets
9	Management and knowledge of fire emergencies Use of fire extinguisher, signages, unobstructed exit paths, Fire sensors etc.

The quality of an organisation can not exceed the quality of the minds that makes it up.





## Focus Area-14

## ENDOSCOPY/ BRONCHOSCOPY

1	Availability and knowledge of Department manuals, scope displayed bilingually; Staff orientation about scope, Patient and Employee rights and responsibilities
2	Adherence to standard precautions and infection control, Disinfection and cleaning of scopes , Reuse policy (if any)
3	Name, UHID and properly filled medical records. SNDDT Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty within 24 hour
4	Facility and furniture maintenance, Equipment management - AMC, PMC as applicable
5	Management of Medications- Storage, LASA, High risk, Emergency drugs, Narcotic policy, Refrigerator temperature records, Crash cart
6	Consent for procedure Bronchoscopy/Upper and lower GI endoscopies, ERCP etc. by Endoscopist. Moderate sedation consent by Anaesthetist, undertaken with risks, benefits, signed by Patient, witness, doctor in language patient can understand
7	Monitoring of patients during and after the procedures, Documentation of procedure in patient record, Procedure for procuring , storage and usage of biliary stents
8	Staff training-Scope, CPR- BLS, Fire, Infection control, BMW, NSI, Spill, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, Hand wash, Communication with patient and family Spill management, HAZMAT, MSDS sheets
9	Management and knowledge of fire emergencies- Use of fire extinguisher, signages, unobstructed exit paths, Fire sensors etc.



Patients experience is at the heart of  
Healthcare

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## Focus Area-15

## ORGAN TRANSPLANT

1	Legal requirements as per Transplantation of Human Organs (Amendment) Act, 2011 and Extraordinary Transplantation of Human Organs and Tissues Rules (THOT) Ministry of Health and Family Welfare Notification. Part 2. Sec 3. New Delhi: The Gazette of India; 2014
2	Department manual
3	Dedicated Transplant ICU and beds, Admission- Discharge criteria, Infection control policy, adherence to safe injection and infusion policy, Hand wash provisions , and other provisions of ICU
4	Documented policies and procedures on indications, donor and recipient fitness, education, and consents
5	Patient and family education regarding risks and benefits
6	Qualified counsellors and documentation in required statutory formats
7	Creating awareness about organ transplant-standees, posters, handouts

In Quality healthcare, Engage & involve patient, so that the patient takes ownership in preventive care and treatment.







## Focus Area-16

## PHYSICAL MEDICINE AND REHABILITATION

- 1 Availability and knowledge of Department manual with special focus on Physical medicine and rehabilitation, occupational therapy, speech and audiology, physiotherapy, prosthetics and orthotic, biomedical engineering etc., Scope displayed bi-lingually; Staff orientation about scope, Patient and Employee rights and responsibilities
- 2 Name, UHID and properly filled medical records. SNDDT-Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty within 24 hour
- 3 Initial assessment by Doctors and nursing separately, Functional assessment and re-assessments to be documented, Monitoring of patients during and after the procedures, Documentation of procedure in patient record, and subsequently in discharge summary with clear instructions about when and whom to contact in emergency.
- 4 Adequate space and equipment, Facility and furniture maintenance, Equipment management- AMC, PMC as applicable
- 5 Management of Medications-Crash cart, Accessibility of Defibrillator
- 6 Staff training-Scope, CPR-BLS, Fire, Infection control, BMW,NSI, Spill, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, Hand wash, Communication with patient and family, Spill management, HAZMAT, MSDS sheets
- 7 Management and knowledge of fire emergencies-Use of fire extinguisher, signages, unobstructed exit paths, Fire sensors etc.



The largest room in the world is the room for improvement

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## Focus Area-17

## DENTAL AND MAXILLOFACIAL SURGERY

1	Availability and knowledge of Department manual. Scope displayed bi-lingually; Staff orientation about scope, Patient and Employee rights and responsibilities
2	Compliance with AERB; Radiation safety programme including usage of safety equipment and TLD badges. Safety devices periodically checked.
3	Name, UHID and properly filled medical records. SNDDT- Sign, Name, Designation, Date, Time on all medical records. Countersignatures by Senior resident/ Faculty within 24 hour
4	Informed consent for various procedures including local anesthesia and its risks.
5	Initial assessment, Monitoring of patients during and after the procedures, Documentation of procedure in patient record.
6	Adequate space and equipment, Facility and furniture maintenance, Equipment management – AMC, PMC as applicable
7	Procuring, storage and usage of dental implants.
8	Infection control practices, Sterilization of equipment
9	Management of Medications- Crash cart, Accessibility of Defibrillator
10	Staff training- Scope, CPR- BLS, Fire, Infection control, BMW,NSI, Spill, Grievance, Disciplinary, Internal complaints committee, vulnerable patients, Hand wash, Communication with patient and family, Spill management, HAZMAT, MSDS sheets

Quality represents the wise choice of many alternatives





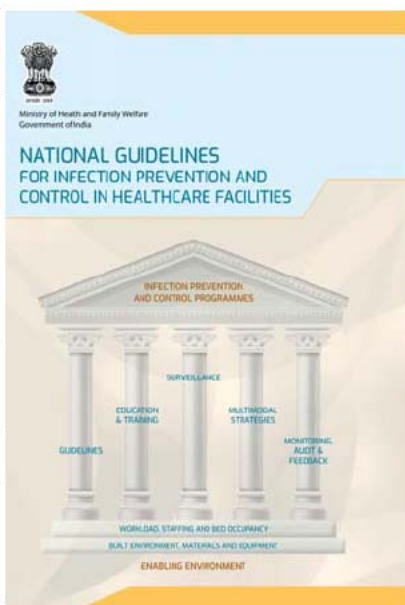
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## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART A

1.	Infection control manual focusing on various risk reduction goals against infection. COVID protocols be included.
2.	Hospital Infection control Committee-Composition; frequency ; Minutes of meetings; Role and responsibilities of Chairman Officer-In charge Infection control, Infection control nurse, Physicians and surgeons, Dept of Microbiology, Pharmacy, Laundry, Nursing staff including link nurses, Housekeeping, Facility maintenance, CPWD etc.
3.	Identification of high risk areas with methods of surveillance; frequency; Discussion on reports ; Availability of reports in all high risk areas
4.	Focus on standard precautions at all times
5.	Cleanliness and general hygiene of all facilities maintained and MONITORED using checklist of various parameters identified



" Wise and humane management of the patient is the best safeguard against infection." - Florence Nightingale

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## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART B

### Training and education of Healthcare workers in Infection Prevention and Control (IPC)

- ✓ For all Healthcare workers including Doctors especially PG students, Interns, Nurses, Technical staff, supervisory, managerial staff and contractual housekeeping staff.
- ✓ Focus on IPC principles, policies and procedures relevant to their work.
- ✓ Emphasis should be put on safety of the worker as well as the patient.
- ✓ Aim is to inform and educate HCWs about infectious hazards they will face during their employment and their role in minimizing the spread to others.
- ✓ Special attention be given to hand hygiene.
- ✓ Training should be participatory, and based on skills and competency of HCWs

### Components of education and training Training and education

- ✓ Information on modes of transmission of infectious diseases
- ✓ Level of occupational risk (to reduce fear of contact with infected patients) prevention and control
- ✓ Safe work practices and Handling of PPE and clothing
- ✓ Reporting of exposure incident
- ✓ Techniques on stress management
- ✓ Provision of appropriate staffing levels, shift, rotation, counselling, support and communication skills
- ✓ Regulations and policies

Hand hygiene is arguably our most important life skill. So, teach it well and teach it often to your children.







## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART C

### ROLE OF CSSD IN INFECTION CONTROL

- ✓ Layout; Unidirectional flow of work OF CSSD
- ✓ Work in collaboration with HICC and other relevant departments to develop and monitor policies on cleaning, decontamination and sterilization of reusable and contaminated devices for patient care
- ✓ Department manual
- ✓ Wrapping procedures, according to the type of sterilization
- ✓ Sterilization methods, according to the type of device/equipment
- ✓ Sterilization conditions (e.g. temp, duration, pressure, humidity)-records
- ✓ Monitoring of sterilization procedures; Use of appropriate chemical and biological indicators as applicable with records
- ✓ Policy on reprocessing of instruments
- ✓ Date of expiry (Shelf life) with batch number/ Lot number on all articles sterilised
- ✓ RECALL process
- ✓ ETO safety
- ✓ Applies to peripheral units (TSSU )as well



It takes a deep commitment to change and even deeper commitment to grow

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## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART D

### KITCHEN SANITATION AND FOOD HANDLING ISSUES

- ✓ Layout; Unidirectional flow of work; No criss-cross of traffic
- ✓ Food given to patients as per dietary management and nutrition needs
- ✓ Food is prepared, handled, stored and distributed safely.
- ✓ Hygienic conditions are followed throughout. Measures are in place to ensure flies and insects do not come in contact with prepared/ stored food. Pest control
- ✓ Appropriately maintained Food storage areas/ refrigerator.
- ✓ Food products are stored off the floor
- ✓ Food handlers use Personal protective gear
- ✓ Cleaning equipment, solutions are stored in a separate location away from food.
- ✓ Fire safety awareness and training and fire fighting equipment
- ✓ Electrical safety practices
- ✓ Health status of employees- Immunization for typhoid/ Hepatitis A/ Stool culture and sensitivity / Periodic screening for carriage of parasites and salmonella typhi every 6 months or if staff re-joins after leave of 15 days or more.
- ✓ Work in collaboration with HICC and other relevant department. Surveillance Visits by HIC member/ ICN and its documentation

Quality only happens when you care enough to do your best





## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART E

### LAUNDRY AND LINEN

- ✓ Layout; Unidirectional flow of work
- ✓ Policy for change of Linen
- ✓ Segregation of Linen; Separation of clean linen from dirty linen be maintained at all times
- ✓ Soiled linen management; Bags and labels
- ✓ Handling linen in patient care areas, during transport to laundry and inside the laundry
- ✓ Washing protocols for different categories including blankets
- ✓ Maintenance plan of machinery
- ✓ HAZMAT identification, sorting, storing, handling etc. MSDS sheets
- ✓ Fire safety awareness and training and fire fighting equipment
- ✓ Electrical safety practices
- ✓ Work in collaboration with HICC and other relevant departments. Surveillance Visits by HIC member/ ICN and its documentation



Things of quality have no fear of time

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## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART F

### Antimicrobial stewardship programme (AMSP)

- ✓ Appropriate antimicrobial use and management to facilitate establishment of effective and rational antibiotic use.
- ✓ Appropriate selection, dosing, route of administration, and duration of antimicrobial therapy to provide quality patient care, reduce antimicrobial resistance, and prevent development and transmission of MDRO.
- ✓ Antibiotic policy as per antibiogram
- ✓ Ongoing education on rational use of antibiotics to clinicians
- ✓ Restricted use of selected antibiotics.
- ✓ Before initiating antibiotic treatment, appropriate specimens for bacteriological examination to the lab be submitted and antibiotic based on clinical spectrum of disease, sensitivity pattern, patient tolerance started.
- ✓ Based on culture results, agent with as narrow a spectrum as possible with appropriate dosage, frequency, administration time and duration of antimicrobial therapy be used. Discontinue antimicrobial therapy based on predefined criteria.
- ✓ Use antimicrobial prophylaxis - surgical prophylaxis, prophylaxis of bacterial endocarditis.



Anyone can be an ACE attitude + commitment= excellence





## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART G

### ENGINEERING CONTROLS TO PREVENT INFECTIONS

#### Engineering controls

- ✓ Design of ICU, OT, CSSD (including zoning )
- ✓ Air conditioning plant and equipment maintenance
- ✓ Cleaning of AC ducts/ filters, AHUs/ Replacement of filters; HEPA filters rechecking;
- ✓ Replacement/ Repair work related to plumbing , sewer lines, shafts etc.

#### Water tanks cleaning

- ✓ Protocol for water tank cleaning be followed including usage of soda bicarbonate/ bleaching powder of approved grade and quantity; Dates should be specified on tanks and records available
- ✓ Workers should wear clean gloves, masks and gum boots for safety.

#### Water Testing

- ✓ Water used for drinking, handwashing, cleaning and disinfection be tested as decided by HICC.
- ✓ Tested monthly and if the source of water is changed, or after major repairs of the water supply system, or when a water-borne outbreak is suspected.
- ✓ Sites of collection of water for testing are: hand wash/ scrub sinks in OT, ICUs, OPD/ emergency, ward; RO/ filtered water, drinking water sources.

#### Work in collaboration with HICC and other relevant departments.

#### Surveillance Visits by HIC member/ ICN and its documentation

#### Reports/ Activities should be available to HIC team and discussed in HICC



The very first requirement in a hospital is that it should do the sick no harm





## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART H

### Process Surveillance of Infection Prevention and Control Practices

- ✓ This involves auditing certain infection prevention and control practices (e.g. hand hygiene) against a standard such as an evidence-based practice, guidance or policy.
- ✓ This guidance or policy should be available to staff and they must have received the training according to their (doctor, nurse, attendant, housekeeping, etc.)
- ✓ The practices monitored mainly includes the following:
  - Hand hygiene
  - Urinary catheter insertion
  - Using multi-dose vials
  - Safe injection practice
  - Insertion of vascular catheter
  - Waste segregation
  - Handling of sharps
  - Preparation of surgical incision site

"In God we trust, all others must bring data."  
– W. Edwards Deming







## Focus Area-18

## HOSPITAL INFECTION CONTROL-PART I

### SEQUENCE OF DONNING AND DOFFING PPE

#### Donning of PPE

- 1) Remove all ornaments and accessories
- 2) Perform hand hygiene with soap & water/hand rub
- 3) Check for completion of kit, size & any wear/tear
- 4) Wear shoe cover & do hand rub
- 5) Wear first pair of gloves
- 6) Wear apron/ gown/ coverall
- 7) Wear mask & fit properly
- 8) Wear cap/ hood
- 9) Wear goggles/ face shield & do hand rub
- 10) Wear second pair of gloves and pull over the sleeves of gown

#### Doffing of PPE

- 1) Check for any tear in PPE & exposed body parts
- 2) Remove first pair of gloves and do hand rub
- 3) Remove apron / coverall. Roll it down touching inner surface & hand rub
- 4) Remove shoe cover & do hand rub
- 5) Bend forward, remove goggles/ face shield & do hand rub
- 6) Remove cap & do hand rub
- 7) Bend forward, remove mask
- 8) Remove second pair of gloves
- 9) Perform hand hygiene with soap and water

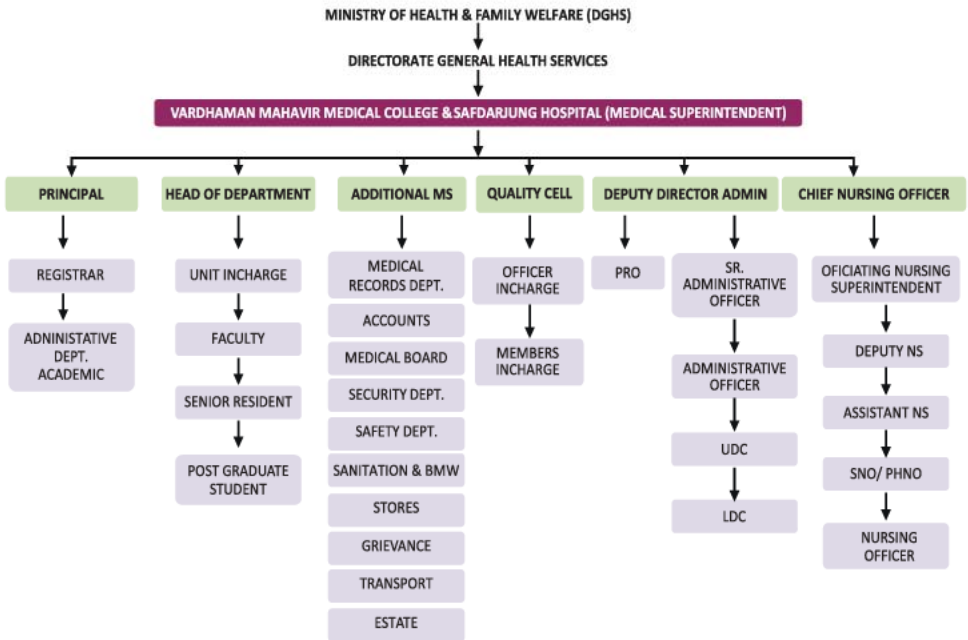


I dream of a Digital India where quality healthcare percolates right up to the remote regions powered by e-Healthcare. - Narendra Modi



## Organogram

Organizational Structure Vardhman Mahavir Medical College & Safdarjung Hospital



Celebrate endings for they precede New Beginnings





## Informed Consent

- ✓ It should be taken before any Surgery / Anaesthesia / Invasive procedures / Blood transfusion / Investigations (like HIV, Dye injection etc.) and other situations as applicable.
- ✓ The information to patient should be in a manner and language which is easy for him/her to understand. Consents should be Bi-lingual (Hindi /English) and be used accordingly.
- ✓ Risks, benefits, complications should be explained and documented
- ✓ Consent for Minors (less than 18 years of age), Incompetent adults should be done by parents or legal representative.
- ✓ Consents should be signed by witness also
- ✓ All consents should be signed by surgeon/ physician with name, designation, date and time (SNDT)
- ✓ Consent should always be obtained before the procedure and kept in medical record file.



Strive for continuous improvement, instead of perfection.  
Kim Collins



## Restraint policy - PART A

### Possible Reasons

- ✓ Prevention of interference with medical treatments
- ✓ Prevention of removal of medical devices (such as IV lines, catheters, drains etc.
- ✓ Prevention of fall or injury or harming self or staff
- ✓ Control agitation of any kind

### Types of restraints

- ✓ Chemical restraint: Use of a sedating psychotropic drug to manage or control behaviour.
- ✓ Physical restraint: Direct application of physical force to a patient, to restrict his or her freedom of movement

- ✓ Patient dignity should be maintained during restraint.
- ✓ Written order by Doctor with reason for restraint.
- ✓ Family shall be educated regarding reason for restraint, benefits, risks and complications, and Criteria necessary for release from restraint
- ✓ Consent duly signed from guardian/decision maker with witness, Doctor (SNDT)
- ✓ Reassessment at regular intervals
- ✓ Decision to be reviewed subsequently

Continual improvement is an unending journey  
- Lloyd Dobyns







## Restraint policy - PART B

- ✓ Proper alignment of the restrained limbs is maintained.
- ✓ Affected limbs should be checked regularly and device application has been determined not to impair circulation to the extremity (check pulse, nail blanching , skin integrity especially bony prominences, temperature).
- ✓ Devices used should be applied in a manner that is secure but not tight
- ✓ Straps are secured to bed or chair frame (never to side rails or other moveable parts); and it must be ensured that quick release is possible.
- ✓ Fluids and nutrition to be taken care of and are administered as ordered by the physician.
- ✓ Toileting needs should be appropriately managed
- ✓ Passive range of motion in the limbs be completed by the caregiver.
- ✓ Restraints are discontinued at the earliest possible time.
- ✓ Same should be documented in daily counselling and family communication sheet.



What's measured improves  
- Peter Drucker -

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## FAST TRACK series- PART A- Laboratory

PPE must be properly used while collecting blood samples

Samples be identified properly with UHID present on every sample

Samples should be transported in a safe manner with a box exclusively for the same. There should be a mechanism to prevent spillage of specimen and biohazard sign be prominently displayed.

Disposal of specimen done in safe manner as per current rules

Defined turnaround time for all tests be maintained

Lab personnel should use appropriate safety equipment/devices at all times-No manual pipetting, PPE, disinfectants, fire extinguishers

Also refer to Quality Ki Baat Series- 4, 6, 19,24, 25, 52

The largest room in the world is the room for improvement





## FAST TRACK series- PART B- Radiology/Imaging

Imaging personnel should have appropriate wear safety equipment/ devices

Lead aprons, thyroid shields and gonad shields be available

TLD badges / dosimeters (as applicable) provided to each staff member in radiation area

Defined turnaround time for all modalities in radiology be maintained

Documentation and adherence to operational and maintenance plan of equipment

Informed consent before intervention

ALSO REFER TO QUALITY KI BAAT SERIES- 4,7,8,9,51



Coverage in a cost effective way  
- Bernie Sanders

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### FAST TRACK series- PART C- OT

Pre-anaesthesia assessment be done by a qualified/trained anaesthetist?

Anaesthesia plan - following pre-anaesthesia assessment must be documented

Immediate preoperative re-evaluation be documented

Documentation of Anaesthesia monitoring

Documentation of Post Anaesthesia monitoring;  
Shifting criteria from recovery area to ward

WHO Patient Safety Check List - Knowledge and Implementation

OT Zoning done as Un-sterile, Semi-sterile, Sterile

Monitoring of infection control practices in OT including culture reports, documentation of Temperature, humidity, HEPA filters and their records

Narcotic Drug storage area

Appropriate record of usage, administration and disposal of narcotic drugs

OT wash up area with no-touch hand wash facility

Also refer to Quality Ki Baat Series- 4,11,15,16,18,24,30,59,60

If you would hit the mark , you must AIM a little above it.





## FAST TRACK series- PART D- Housekeeping

Policy, Knowledge and Training of Procedure of cleaning non-infected patient's room

Policy, Knowledge and Training of procedure of cleaning infected patient's room

Policy, Knowledge and Training of procedure of cleaning blood spill including wearing PPE, use and preparation of disinfectant and discard as per BMW rules

Policy, Knowledge and Training of Waste collection, segregation transportation and disposal as per the Biomedical Waste regulations

Policy, Knowledge and Training of procedure of handling/cleaning or washing blood stained linen including wearing of gloves, soakage of linen in disinfectant, duration and washing procedure

Also refer to Quality Ki Baat Series- 24,25,31,67,68,71



Keep your Work Area Clean

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## FAST TRACK series- PART E- MRD

Medical record should have copy of **Discharge summary/LAMA summary/Death certificate** as applicable

**Fire sensors/extingusher** be present and checked regularly

Policies and procedures for maintaining **confidentiality, integrity and security of records. data and information** be available and adhered

Policy for **retention time of medical records, data and information** available and adhered

Policy on **process to whom patient record can be released available** and properly documented

Policy of **destruction of medical records** available and properly documented

Also refer to Quality Ki Baat Series- 5,19,26,27,45,47

Records management is knowing what you have, where you have it and how long you have to keep it.





## FAST TRACK series- PART F - Patient/ Staff Interview

Display of patient rights and responsibilities
Privacy be ensured during procedures Curtain/screens are used during procedures
Patients be protected from physical abuse & neglect- List of vulnerable condition and protective measures
Patient's information be kept confidential
Patients consent must be taken before carrying out any procedure
Patient be aware of how to voice a complaint
Information to patients about cost of few services as per Govt approved rates
Policy and Provisions for patient to have access to their clinical records
Patient be made aware of plan of care, preventive aspects, possible complications, medications, the expected results and cost as applicable

Also refer to Quality Ki Baat Series- 21,23,27, 28,77



It is health that is real wealth, not the pieces of Gold and Silver. - Mahatma Gandhi



## FAST TRACK series- PART G - Sterilisation Area

Equipment cleaning, disinfection and sterilisation practices be adhered

Records of indicators used to monitor effectiveness of sterilization process

Sterilized drums and trays should have date of expiry as per type of material used for packaging

Also refer to Quality Ki Baat Series- 69

To be in charge is certainly not only to carry out the proper measures yourself but to see that everyone else does so too.





## FAST TRACK series- PART H - Maintenance/ Biomedical Engineering

Maintenance staff is contactable round the clock for emergency repairs

Hospital plans for equipment in accordance with its services and mandatory equipment list as per speciality is available

Documented operational and maintenance (preventive and breakdown) plan is available and adhered

AMC/ PMC with company/ vendor who is capable for providing desired service for preventive aspect is available

Breakdown register of complaints record with details -date-time, breakdown history, call given to, person attendance the call & date & time of actual resolution of the complaint be available in all departments



Like education, healthcare also needs to be given importance

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## FAST TRACK series- PART I - WARDS- Medication management

Expired drugs should not be there in patient care area (Wards, ICU, Emergency, OT, Ambulance, OPD etc.) and pharmacy.

Emergency medications- Defined and available

High risk medications- Defined and available

High risk medications be doubly verified before dispensing as well as administration

Labelling of drugs with name, UHID, dose, date, strength when more than one drug is loaded before administration

Medication order be checked for name, dosages, route and timings before administration

Medication administration is documented in patient records (SNDT)

Refrigerator temperature record be available

Almost all quality improvement comes via simplification of design, manufacturing... layout, processes, and procedures





## VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL

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### FAST TRACK series- PART J - Human Resource Management HRM

Staff health related issues/problems are taken care by the hospital

Personal files of staff are maintained including qualification, disciplinary actions and health status

Occupational health hazards are taken care of- Staff working in noisy area have ear plugs, industrial gloves and gum boots, Staff working in laundry and housekeeping staff have gloves & mask

Training occur when job responsibility changes or new equipment and technology is introduced. Operating staff is trained on operational as well as daily-maintenance aspects

Past medical records of doctors are retrievable

Staff knows grievance and disciplinary procedure

Staff knows reporting mechanism for fire and non-fire emergency, needle stick injury, blood spills, medication errors and other adverse event reporting systems

Also refer to Quality Ki Baat Series- 20,40, 68,74



The key is not the will to win... everybody has that. It is the will to prepare to win that is important - Bob Knight

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## FAST TRACK series- PART K - Wards / Emergency

Cleanliness and general hygiene of areas/surfaces, furniture, fixtures and items used in patient care be maintained.

Hospital adheres to standard precautions in all areas

Hospital provides adequate gloves, masks, soaps, disinfectants and are used correctly

Services in emergency to be provided as per laid down norms

Admissions or discharge to home or transfer to another organisation is documented in emergency unit

Also refer to Quality Ki Baat Series - 49,55

The strength of the team is each individual member. The strength of each member is the team. - Phil Jackson





## FAST TRACK series- PART L - UNIFORM SIGNAGES

Scope of services displayed bi-lingually
Patients' rights & responsibility displayed bi-lingually
Fire exit signage present as per NBC
Directional signages present
Departmental signages present

Also refer to Quality Ki Baat Series - 21, 45



Quality and safety goes hand in hand

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## FAST TRACK series- PART M - Safety Management

Medical gas cylinders be stored in racks or in chains in upright position. Full and empty cylinders to be separately stored.

Fire/smoke detectors installed in patient care areas with fire-panel

Fire extinguisher present in patient care areas

Fire fighting equipment is kept up-to-date

HCO has a safe exit plan with floor plans

Also refer to Quality Ki Baat Series - 19,45,46,47

Success Is A Team Effort





## FAST TRACK series- PART N - AMBULANCE

Type and number of ambulances
Type of ownership of the ambulance (Owned/ Outsourced)
Ambulance be appropriately equipped with check list available specifying the drugs and equipment present.
Number of drivers available for the ambulances are available with license and training records including BLS training
List of doctors be available with name, qualification and training records for the ambulances
List of nurses be available with name, qualification, training records for the ambulances

Also refer to Quality Ki Baat Series - 48, 43, 44



“People, safety and quality are more than a priority; they are a value”

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## FAST TRACK series- PART O - MANAGEMENT

Requisite fee for BMW, related documents & reports be submitted to competent authorities on stipulated date
Leaders/management guide the organization to function in an ethical manner
Hospital mission is documented
Document for registration and admission of patient being maintained in OPD
Document for registration and admission of patient being maintained in IPD
Document for registration and admission of patient being maintained in Emergency
Copy of Tariff List for paid services is present
Name along with UHID is the parameter for patient identification
Continous process of quality improvement programme and patient safety programme gets updated atleast once in a year

Also refer to Quality Ki Baat Series - 1,4,21,49,50,55

Quality is all the way





## FAST TRACK series- PART P - ICU/Obstetrics - Paediatrics

Patient care in ICUs is given as per documented procedure

Staff in High dependency Areas like ICU, HDU be adequate

High dependency areas have adequate equipment (monitors, suction equipment, oxygen cylinders/central oxygen supply)

Hospital have measures to prevent child/ neonate abduction and abuse—  
Mother & baby identification tags- Manual/electronic surveillance

Also refer to Quality Ki Baat Series - 41,53,54,55,57,58,79



Quality is not a product but a process.

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## FAST TRACK series- PART- Q - DOCUMENTATION

Procedure(s) of collection, identification, handling, safe transportation, processing and disposal of specimens
Process addresses discharge of all patients including MLCs and patients LAMA available
Care of patients arriving in emergency including handling of MLCs
Policies and procedures used to guide rational use of blood and blood products
Procedures to govern transfusion of blood and blood products
Procedure for administration of anaesthesia
Defined criteria to transfer patient from recovery area
Procedure of prevention of adverse events like wrong site, wrong patient and wrong surgery

Also refer to Quality Ki Baat Series - 5,6,11,14,15,16, 18,49,52, 59,60,80,82,

The safe way is the only way





### FAST TRACK series- PART-R - DOCUMENTATION

Procedure for incorporating purchase, storage, prescription and dispensation of medications
Procedure to address procurement and usage of implantable prostheses
Policies and procedure exit for storage of medications
Policies and procedures to govern usage of radioactive drugs
Policies and procedures of safe storage, preparation, handling, distribution and disposal of radioactive drugs
Infection control manual showing periodic update and surveillance activities
Operational and maintenance (preventive and breakdown) plan for clinical and support service equipment

Also refer to Quality Ki Baat Series-  
17,30,32,35,67,68,69,70,71,72,73,74,75,87,88

What is not documented is not done



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## FAST TRACK series- PART PART- S - Documentation

Safe exit plan in case of fire and non-fire emergencies
Well defined staff recruitment process
Disciplinary and grievance handling procedure
Policies and procedures for maintaining confidentiality, integrity and security of records, data and information
Procedures exist for retention time of medical records, data and information
Defined process to whom the patient record can be released
Procedure on destruction of medical records

Documents available at our hospital website

Also refer to Quality Ki Baat Series - 19,27,39,40,41,42,43,44,45,46,47,84


Persistence is the twin sister of excellence.  
One is a matter of quality; the other, a matter of time  
- Marabel Morgan



# VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL




## HIC- Needle Stick Injury



### PREVENTION AND MANAGEMENT OF NEEDLE STICK INJURY (NSI)

VMMC & SAFDARJUNG HOSPITAL



#### INFECTIOUS BODY FLUID

**BLOOD**  
Cerebrospinal

- Peritoneal
- Pleural
- Pericardial
- Synovial
- Amniotic
- Semen
- Vaginal secretion
- Breast milk

**NOT AT RISK UNLESS BLOOD STAINED**


- Sweat
- Faeces
- Urine
- Saliva
- Tears
- Unfixed tissue

#### PREVENTIVE MEASURES


**DON'Ts**

WARNING


Needle stick injury can expose you to infectious diseases such as Hepatitis and HIV. TO AVOID INJURY...




Do not use sharps into container




Do not put fingers inside container



Do not remove needle



Do not bend/break needle



Do not recap needle

Do not

- Recap/ detach used needles
- Leave used needles unattended
- Reuse needles
- Bend /break needles
- Put finger in the sharp container
- Transfer sharps to other health care workers.

#### MANAGEMENT NSI

**DON'Ts**

Do not

- > Panic
- > Put finger in mouth /squeeze
- > Clean with bleach, alcohol, betadine, iodine, any antiseptic

**DO's**

1. Immediate Care

- Mucous membrane injury (Eye/mouth) Rinse with water .
- All other exposure wash with soap and running water

2. Document & report

To immediate Supervisor and Nodal Officer (Room no 14, New Emergency Block, Ground floor) *within 2 hours*

3. Evaluate

For post exposure prophylaxis

4. Assess

Type of Injury/ risk of transmission

5. Counsel

For Post exposure prophylaxis

6. Assess Status

HIV, HBV and HCV status for source and exposed HCW

7. Recommend PEP

For HBV /HCV / HIV

8. Follow up

Of the exposed HCW

#### TYPE OF EXPOSURE


- Percutaneous injury
- Contact with mucous membranes
- Contact with non intact skin
- Contact with intact skin

#### PATHOGENS & RISKS

Pathogen	Risk of transmission (%)
Hepatitis B	5-30
Hepatitis C	3-10
HIV	0.3 (Percutaneous) 0.09 (Mucosal Contact)

#### USE A SHARPS CONTAINER

These are sharps



- Use disposable needles
- Use sharp safety devices
- Dispose sharp into Sharp container, K basin or safe zone
- Dispose off the sharp container when ¾th filled
- Transfer sharp instruments in OT through neutral zone

The ideas of control and improvements are often confused with one another. This is because quality control and quality improvement are inseparable. - Kaoru Ishikawa



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## Important aspects

1. Privacy and confidentiality of the patient be maintained at all times.
2. Proper consents duly signed by patient, witness and Doctor.
3. SNDDT - Sign, Name, Designation, Date and Time in all documents in medical records so that the person writing the notes can easily be identified.
4. Drugs should be written in capital letters. Avoid OD, BD etc in prescriptions and discharge summaries as it is difficult for patients to understand.
5. Biomedical waste management.
6. Needle stick injury protocol.
7. Hand hygiene – Moments and Movements.
8. Medical council/Nursing council registration certificates should be valid/ application for renewal available.
9. Activate and participate in various codes as required. Code Fire- Call 0101
10. Keep your work area clean.

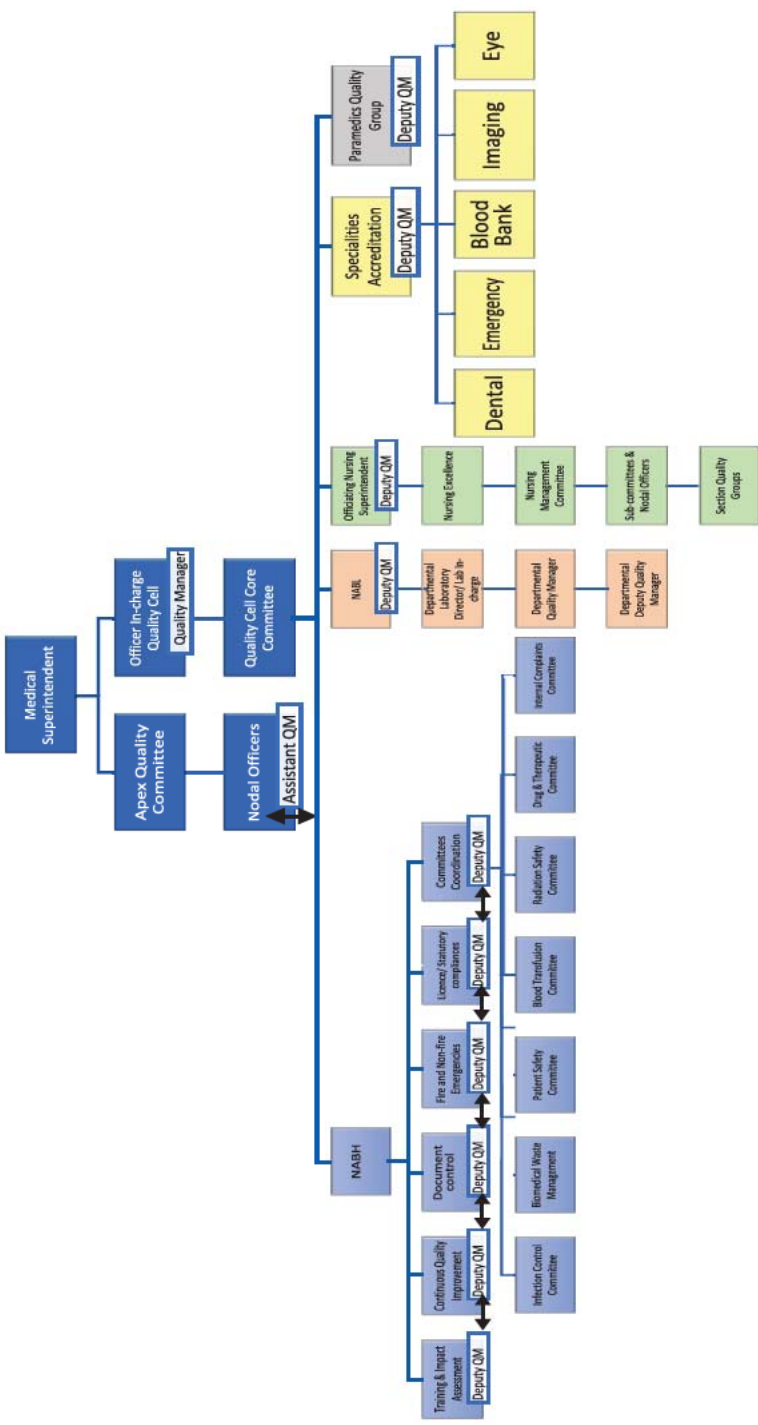
Coming together is beginning. Keeping together is progress.  
Working together is success- Henry Ford



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# VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJUNG HOSPITAL, NEW DELHI



# Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi

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Dr Sumathi Muralidhar	Professor & consultant microbiologist Apex Regional STD Center
Dr Shilpee Kumar	Professor, Department of Microbiology
Dr Sapna Bathla	Associate Professor , Department of Anaesthesia
Dr Vibha Uppal	Associate Professor, Department of Biochemistry
Dr Aradhna Bhargava	Associate Professor & Specialist, Apex Regional STD Center, Department of Dermatology & STD
Mrs. Rekha Rani	Officiating Nursing Superintendent
Mrs Prem Rose	Assistant Nursing Superintendent
Mrs Sunita Nagpal	Assistant Nursing Superintendent
Ms Shanu	Senior Nursing Officer
Mrs Jisha Sreekumaran	Senior Nursing Officer
Mrs Preethy Dinesan	Senior Nursing Officer



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