

# ACQUIRE

AMRI's Continual Quality Improvement Response Essentials

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April - June  
2021



Let's Acquire an incredible greatness  
of delivering high quality care



**AMRI**  
HOSPITALS

Dhakuria | Salt Lake | Mukundapur | Bhubaneswar

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# Message from CEO, AMRI Hospitals



## **Season's Greetings to the entire AMRI team!**

*Beginning of 2021 was more challenging than 2020 for AMRI in managing high case load of COVID 19 patients with highest possible quality of care. High standards in clinical care set by us is driving high expectation of people and because of that AMRI created an unprecedented legacy of converting the city's landmark hotel and other buildings into a full-fledged COVID care centre. I am thankful to each one of you for your efforts to prove that AMRI has been an exceptional organisation to adopt the best possible solution for patient care and patient safety.*

*In this challenging time, we are more committed to bring innovations and quality of care to the citizens. I am sure such incredible commitments will make us leaders in the business of saving lives. In every aspect of our success, the Quality department always plays a decisive role to ensure the high quality of care is maintained. In this connection, I am glad to present you the 1st issue and Volume 2 of **ACQUIRE, AMRI's Continuous Quality Improvement Response Essentials**, which would help you in understanding various quality activities done to improve our quality of care and your contribution in doing the same.*

*Let us all work together and move forward to ACQUIRE an incredible greatness of delivering high quality care.*

**Rupak Barua,**

*Director & Group CEO, AMRI Hospitals Ltd*



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## Activities of AMRI Quality team for a better care

# QUALITY ASSURANCE

STANDARD  
SYSTEM  
MANAGEMENT

### Dhakuria Unit

| Activities Carried out  | Heading of the Activities                  | Areas of improvement   |
|---|--|--|
| RRT Round has been initiated.   | <b>CPR Committee Meetings</b>              | 0.6% of CPR events to be reduced to 0.3%   |
| System of online reporting of incidents implemented.<br>Training imparted to all relevant Users.  | <b>Apex Committee Meeting</b>              |  |
| System of online reporting of fault log implemented.<br>Training imparted to all relevant Users.  |  | Monitoring of Turn Around Time of fault log can be done on real time basis.  |
| New policy formulation:<br>1. Trauma Protocol<br>2. Stroke Protocol   | <b>Quality Assurance Committee Meeting</b> | Faster intervention of Trauma & Stroke Team resulting in delivery, better care   |
| 1. On-spot Training imparted to the team by Quality Department.   |  | <b>TAT for Issuing of consumable</b>   |
| 2. Assessment of Store functioning done with the help of assessment tool by Quality, Operations & Nursing<br><br>3. Sorting of unwanted items initiated by Store. | <b>5S project in Central Store</b>         | <b>Space utilisation</b>   |
| <b>Pain Assessment in Critical care unit(Ongoing)</b>   |  | <ol style="list-style-type: none"> <li>1. Compliance rate of pain assessment</li> <li>2. Compliance rate of correct medication</li> <li>3. Compliance rate of impact of medication</li> <li>4. Reduction rate of pain</li> <li>5. Delay in administration of medicine after pain assessment</li> </ol> |

## Activities of AMRI Quality team for a better care

### Saltlake Unit

| Activities Carried out   | Heading of the Activities                 | Areas of improvement  |
|--|---|---|
| <p><b>Reduction in Sample Rejection Rate:</b><br/>Strict training and vigilance</p> <ul style="list-style-type: none"> <li>Imparted training on knowledge, attitudes and practice of nurses and phlebotomists on blood sample collection</li> </ul>  | <p><b>Quality Assurance Meet</b></p>      | <p><b>Improved efficiency and reduced rate of rejection</b><br/>Jan-March 2021-0.54 rate per 1000 samples</p> |
| <p><b>Reduction of fall or potential fall cases:</b><br/>Vigilant monitoring of vulnerable patients</p> <ul style="list-style-type: none"> <li>Patient Awareness and Education</li> <li>Staff Training on fall risk assessment and prevention</li> </ul>   |   | <p><b>Improved identification of potential fall cases:</b><br/>Jan-March 2021-0%</p>                          |
| <p><b>ICD Coding by RMOs</b><br/>Regular follow ups by Med. Admin. and IT support</p> <ul style="list-style-type: none"> <li>Repeated follow ups by the Medical Admin team</li> <li>Training imparted by IT to RMOs on a regular basis.</li> </ul>   | <p><b>Medical Records Review Meet</b></p> | <p><b>Improved status of compliance to ICD:</b><br/>Jan-March 2021-60%</p>                                    |
| <p><b>Reduction of Decubitus Ulcer: Initiatives Taken/ Task Completed:</b></p> <ul style="list-style-type: none"> <li>Literature review done.</li> <li>Meetings have been initiated</li> <li>Pro forma developed</li> <li>Teams being formed</li> </ul> <p><b>Team Identified:</b></p> <ul style="list-style-type: none"> <li>Dr. Rakhi Sanyal (MBBS, MD, DNB, MNAMS MRCP-UK )</li> <li>Nursing team</li> <li>Quality Assurance Team</li> </ul> <p>Daily regular tracking. A trained nurse is introduced to track every point from admission to discharge. Even a smallest scope being taken into consideration.</p> | <p><b>Clinical Audit</b></p>              | <p><b>Expected rate for HAPU- 1%:</b><br/>Jan'21 - March'21 - 0.7%</p>  |

## Activities of AMRI Quality team for a better care

### Mukundpur Unit

| Activities Carried out  | Heading of the Activities                | Areas of improvement   |
|---|--|--|
| Awareness programme done for the nursing staff for safe injection practice and proper disposal of sharps    | <b>Infection Control Committee</b>       | <ol style="list-style-type: none"> <li>prevent Needle Stick Injury(NSI)</li> <li>Improve staff safety.</li> </ol> <b>NSI Rate during Jan-March 2021 = 0%</b>   |
| Training imparted on VAD policy and close monitoring done by ICN on regular basis to prevent such incidents | <b>Infection Control Committee</b>       | <ol style="list-style-type: none"> <li>Prevent Thrombophlebitis</li> </ol> <b>Thrombophlebitis Rate during Jan-March 2021= 1.90%</b>   |
| Implementation of Grievance handling system   | <b>Patient Services Review Committee</b> | <ol style="list-style-type: none"> <li>Improvement in in-patient satisfaction</li> </ol> <b>In Patient satisfaction Rate during Jan-March 2021=90%</b>   |
| Implementation of TAB to increase the collection of patient feedback in Out Patient Department (OPD)        | <b>Patient Services Review Committee</b> | <ol style="list-style-type: none"> <li>Improvement in collection of patient feedback</li> </ol> <b>OPD Patient feedback collection during Jan-March 2021=16.19%</b><br><br><b>Out Patient satisfaction Rate during Jan-March 2021=99.44%</b> |
| Training conducted to train 12 Nursing staff on BLS protocol by the Doctors & Clinical Instructor.          | <b>CPR Review Committee</b>              | <ol style="list-style-type: none"> <li>Improvement in CPR quality &amp; patient safety</li> </ol> <b>Mock Drill score- 90%</b>   |
| Documentation on Patient relatives counseling on admission & treatment procedure in accident & Emergency    | <b>Clinical Audit</b>                    | Expected compliance rate for counselling (coverage and mandate): <b>&gt; 90%</b>   |
| Clinical Intervention on Critical Alert Value   | <b>Clinical Audit</b>                    | Expected Adherence of clinical intervention on critical alert: <b>&gt;90%</b>  |

## Activities of AMRI Quality team for a better care

### Bhubaneswar

| Activities Carried out   | Heading of the Activities          | Areas of improvement   |        |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
|--|------------------------------------|--|--------|--------|--------|--------|----------|------|-------|-------|------------|--------|--------|--------|-------|------|------|------|------|-----|------|------|
| Study of each step in the discharge process to analyze the delay or bottleneck in the existing process               | <b>Discharge audit</b>             | <ol style="list-style-type: none"> <li>Planned discharge <table border="1"> <thead> <tr> <th></th> <th>Jan'21</th> <th>Feb'21</th> <th>Mar'21</th> </tr> </thead> <tbody> <tr> <td></td> <td>51%</td> <td>49%</td> <td>53%</td> </tr> </tbody> </table> </li> <li>Discharge TAT <table border="1"> <thead> <tr> <th></th> <th>Jan'21</th> <th>Feb'21</th> <th>Mar'21</th> </tr> </thead> <tbody> <tr> <td>Case:</td> <td>2:41</td> <td>2:28</td> <td>2:29</td> </tr> <tr> <td>TPA:</td> <td>5:0</td> <td>4:57</td> <td>4:55</td> </tr> </tbody> </table> </li> </ol> |        | Jan'21 | Feb'21 | Mar'21 |          | 51%  | 49%   | 53%   |            | Jan'21 | Feb'21 | Mar'21 | Case: | 2:41 | 2:28 | 2:29 | TPA: | 5:0 | 4:57 | 4:55 |
|  | Jan'21                             | Feb'21   | Mar'21 |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
|  | 51%                                | 49%  | 53%    |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
|  | Jan'21                             | Feb'21   | Mar'21 |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Case:  | 2:41                               | 2:28   | 2:29   |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| TPA:   | 5:0                                | 4:57   | 4:55   |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Study on adequacy of sample volume and sample rejection rate   | <b>Lab sample audit</b>            | <ol style="list-style-type: none"> <li>Reduced double prick</li> <li>Saving on cost of reagent and vacutainer</li> <li>Sample rejection audit. <table border="1"> <thead> <tr> <th></th> <th>Jan'21</th> <th>Feb'21</th> <th>Mar'21</th> </tr> </thead> <tbody> <tr> <td></td> <td>61</td> <td>63</td> <td>86</td> </tr> </tbody> </table> </li> </ol>   |        | Jan'21 | Feb'21 | Mar'21 |          | 61   | 63    | 86    |            |        |        |        |       |      |      |      |      |     |      |      |
|  | Jan'21                             | Feb'21   | Mar'21 |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
|  | 61                                 | 63   | 86     |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Initiation of documented handover for phlebotomist & technicians   | <b>Lab meeting</b>                 | <ol style="list-style-type: none"> <li>Improved communication</li> <li>Decreased delayed reporting</li> <li>Technician Hanover implemented.</li> </ol>   |        |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Modification in feedback handling process & implementation of net promoter score                                     | <b>Patient Service meeting</b>     | <ol style="list-style-type: none"> <li>Net promoter score <table border="1"> <thead> <tr> <th></th> <th>Jan'21</th> <th>Feb'21</th> <th>Mar'21</th> </tr> </thead> <tbody> <tr> <td>OP:</td> <td>87</td> <td>76</td> <td>52</td> </tr> <tr> <td>IP:</td> <td>71</td> <td>39</td> <td>42</td> </tr> </tbody> </table> </li> </ol>   |        | Jan'21 | Feb'21 | Mar'21 | OP:      | 87   | 76    | 52    | IP:        | 71     | 39     | 42     |       |      |      |      |      |     |      |      |
|  | Jan'21                             | Feb'21   | Mar'21 |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| OP:  | 87                                 | 76   | 52     |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| IP:  | 71                                 | 39   | 42     |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Implementation of TAB to increase the collection of patient feedback   | <b>Patient Service meeting</b>     | <ol style="list-style-type: none"> <li>Increased feedback collection <table border="1"> <thead> <tr> <th></th> <th>Jan'21</th> <th>Feb'21</th> <th>Mar'21</th> </tr> </thead> <tbody> <tr> <td>OP:</td> <td>9.3%</td> <td>12.2%</td> <td>15.4%</td> </tr> <tr> <td>IP:</td> <td>40.5%</td> <td>52%</td> <td>76%</td> </tr> </tbody> </table> </li> </ol>   |        | Jan'21 | Feb'21 | Mar'21 | OP:      | 9.3% | 12.2% | 15.4% | IP:        | 40.5%  | 52%    | 76%    |       |      |      |      |      |     |      |      |
|  | Jan'21                             | Feb'21   | Mar'21 |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| OP:  | 9.3%                               | 12.2%  | 15.4%  |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| IP:  | 40.5%                              | 52%  | 76%    |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Video Recording of CPR events to analyze the improvement area and based on finding, briefing of the CPR team members | <b>CPR committee meeting</b>       | <ol style="list-style-type: none"> <li>Better handling of CPR cases</li> </ol>   |        |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Implementation of PADUA scoring for DVT prophylaxis in post op patients  | <b>Mortality Committee meeting</b> | <ol style="list-style-type: none"> <li>Prevention of PE in surgical cases</li> <li>Improved mortality rate</li> </ol>  |        |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Inclusion of electrolytes in Mews scoring  | <b>Mortality Committee meeting</b> | <ol style="list-style-type: none"> <li>Better monitoring of sick patients</li> <li>Sick patient shifted to ICU from ward through RRT team. <table border="1"> <thead> <tr> <th></th> <th>Jan'21</th> <th>Feb'21</th> <th>Mar'21</th> </tr> </thead> <tbody> <tr> <td>Shifted:</td> <td>7</td> <td>10</td> <td>10</td> </tr> <tr> <td>Discharge:</td> <td>6</td> <td>6</td> <td>8</td> </tr> </tbody> </table> </li> </ol>  |        | Jan'21 | Feb'21 | Mar'21 | Shifted: | 7    | 10    | 10    | Discharge: | 6      | 6      | 8      |       |      |      |      |      |     |      |      |
|  | Jan'21                             | Feb'21   | Mar'21 |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Shifted:   | 7                                  | 10   | 10     |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |
| Discharge:   | 6                                  | 6  | 8      |        |        |        |          |      |       |       |            |        |        |        |       |      |      |      |      |     |      |      |



## Impact of Best Practices initiated at AMRI

Continual improvement in the clinical outcome is about the capability of our hospital to initiate some of the best practices and making all the effort to sustain the initiative for a longer period of time.

AMRI hospital has been a pioneer in implementing new initiative every time and setting new standards in delivering of clinical care to its patients.

Quality team of AMRI has taken all the stride in measuring the clinical outcome by sustaining these best practices.

### Mukundpur Unit

#### Activities to sustain the initiative

30 Prescription Audits/ Month

- Obstetrics & Gynaecology
- Paediatrics and Neonatology
- Neurology
- Cardiology
- Internal Medicine

#### E- Prescription

E-prescription is an important part of the nations push to enhance the safety and quality of the prescribing process.

It reduces prescribing errors, increases efficiency and helps to save on healthcare costs. Medication errors have been reduced to an extent specially prescription errors and dispensing errors.



| Indicators for sustaining of e-prescription                      | Jan 2021 | Feb 2021 | March 2021 |
|--|----------|----------|------------|
| % of prescription error (Illegible writing, Non-Capital writing) | 0.00%    | 0.00%    | 10.05%     |
| % Adherencetoe-prescription                                      | 80.98%   | 82.98%   | 85.07%     |
| Obstetrics & Gynaecology   | 55.96%   | 57.30%   | 50.98%     |
| PaediatricsandNeonatology  | 59.33%   | 59.26%   | 72.84%     |
| Neurology  | 91.61%   | 96.68%   | 99.58%     |
| Cardiology   | 74.04%   | 82.27%   | 75.75%     |
| InternalMedicine   | 96.35%   | 90.96%   | 97.57%     |



**Activities to sustain the initiative**

- Online grievance tracking system
- Strong follow up and reporting mechanism
- SLA for time bound grievance resolution

## Grievance Resolution

Patient satisfaction is one of the most important outcome measure for any healthcare organisation and resolving patient complaints and grievances at the earliest possible time is the key to improve the patient satisfaction.

AMRI Mukumdpur Unit is taking utmost care to improve this through an innovative initiative.

| Indicators for sustaining grievance redressal system | Jan 2021 | Feb 2021 | March 2021 |
|--|----------|----------|------------|
| % of grievances resolved within 8 hours              | 50.00%   | 50.00%   | 47.05%     |

## Saltlake Unit

### Activities to sustain the initiative

- Regular awareness
- Right infrastructure
- Right equipment including PPE kits

## Robotic Support in Nursing Department

Managing COVID 19 patients has been a challenge to almost all the healthcare units across the country.

It was a huge concern for the quality team to ensure high level of treatment alongwith the safety of healthcare professional

AMRI Saltlake Unit has introduced an innovative initiative of robotic support for this purpose.



| Indicators for sustaining robotic system  | Jan 2021 | Feb 2021 | March 2021 |
|---|----------|----------|------------|
| % of total cases managed by Robotic assistance                                  | —        | —        | —          |
| No of feedback collected through the Robot                                      | NA       | NA       | NA         |
| No of patient-consultant interaction session sheld for better patient awareness | NA       | NA       | NA         |

## Dhakuria Unit

**Post Discharge Call** to Every Patient discharged from the hospital was incorporated as Best practices of Service Delivery in Last Issue of ACQUIRE.

| Indicators                                   | Jan 2021 | Feb 2021 | March 2021 |
|--|----------|----------|------------|
| % of Post Discharge Calls in a Month         | 80%      | 75%      | 70%        |
| Satisfaction Index of Post Discharge Patient | 66%      | 60%      | 69%        |



### Activities to sustain the initiative

- Regular sensitization of doctors by medical Admin team
- Awareness on the benefits of using the App

**AMRI Practitioner App - A Mobile Electronic Medical Record**  
Application used by Healthcare Practitioner



| Indicator for percentage of usage AMRI practionner App   | Jan 2021     | Feb 2021     | March 2021   |
|--|--------------|--------------|--------------|
| % of Doctors using AMRI Practitioner                     | 80%          | 82%          | 81%          |
| % of treatment facilitated through AMRI Practitioner APP | Not Captured | Not Captured | Not Captured |

## Bhubaneswar Unit

### Activities to sustain the initiative

- Timely transfer of unstable patients to critical care
- Timely physician interventions
- Improved communication between nurses and physicians

### Modified Early Warning System (MEWS)

The Modified Early Warning System (MEWS) is a simple, physiological score that may allow improvement in the quality and safety of management provided to ward patients.

The primary purpose is to prevent delay in intervention or transfer of critically ill patients.

AMRI Bhubaneswar Unit has introduced MEWS successfully.



| Indicators for Modified Early Warning System   | Jan 2021 | Feb 2021 | March 2021 |
|--|----------|----------|------------|
| Transfers by RRT activated through MEWS        | 8        | 10       | 10         |
| No. of Code blue events activated through MEWS | 3        | 3        | 2          |

**New Best Practices initiated for better quality of care**

**Dhakuria Unit**

**Name of the Best Practice:**

Digitalization of Hospital Incident Reporting through Online Incident Reporting Dashboard.

**Function/Department/Unit where the best practice is practised:**

AMRI Hospitals, Dhakuria, Kolkata

**Describe the best practice along with flow charts or picture (as applicable):**

Incident Reporting is written or verbal reporting of any unusual event in the process of patient care, that is inconsistent with the deserved patient outcome or routine operations.

Incident reporting (IR) is an important tool to assess potential or current problems within health care facilities.

The objectives were to push HCW to report more, and to receive complete IR through the insertion of some mandatory information fields

**Workflow of Online Incident Reporting System**



**Which Indicators were improved (or expected to improve) due to the best practice:**

1. TAT between Incident Reporting and Corrective Action to be improved.
2. The nos of Incident Reporting reported through digital platform to be increased compare to manual reporting resulting in reducing Near Miss or reducing Adverse Event by taking preventive action against all Incidents reported.

**Is the related process modified or when it is planned to be modified**

Further Improvement and modification may be recommended as the process get momentum and become popular among the user

**How the best practice can be sustained**

Regular Sensitization to all categories of HCWS about the importance of Hospital Incidents reporting and its importance in minimizing errors thus improving patient safety.

**How the best practice helped in delivering better service at AMRI**

Digitalization was carried out aiming to increase IR, making it simpler, more direct and perceived as more anonymous by HCW.

**Challenges if any, for sustaining the best practice-NIL**



**Name of the Best Practice:**

Every 2 hourly reassessment at ER of the Long Stay Sick and Critical patients



**Function /Department/Unit where the best practice is practiced:**

AMRI Hospitals, Salt lake-ER

**Details of the best practice:**

The ER TEAM is dedicated to serve the Long Stay Patients at ER amidst the crisis which has raised the requirement of Critical Treatment and bed. An approach has been made by the team to cater to a 2 hourly reassessment protocol, as introduced to identify the deteriorating factors and prioritise on the amended treatment protocols for the Sick, Critical and long waiting patients at ER and speed up the required transfer (Step up or Step down) at the earliest.

**How the best practice helped in delivering better service at AMRI**

- a. Early identification and Intervention
- b. Speedy transfer to the other units
- c. Prioritisation based on deteriorating signs and symptoms
- d. Better scope for other critical patients at ER
- e. Improved Bed Turn over at ER
- f. Continuous Assessment at ER

**Which Indicators were improved (or expected to improve) due to the best practice:**

- a. Bed Turn over at ER
- b. Average Length of Stay at ER
- c. Average holding time at ER
- d. Average no. of Active ER beds

**How the best practice can be sustained?**

Improved knowledge base and skills of the Existing and New ER specialists/doctors

**Challenges if any, for sustaining the best practice**  
Space and manpower



**New Best Practices initiated for better quality of care**

**Mukundapur Unit**

**Name of the Best Practice:**

Name of the Best Practice  
Online Incident Reporting System

**Function/Department/Unit where the best practice is practised:**

AMRI Hospitals, Mukundapur - IPD

**Details of the best practice:**

The organization should have a mechanism for reporting the occurrence of incidents on standardized incident reporting format. It is preferable that the reporting system is simple, clear, and confidential and focused on process improvement.



**How the best practice helped in delivering better service at AMRI:**

The new Incident reporting System has been replacing our hard copy of Incident reporting system. This tracker has replaced our manual system of escalation.

- Incident reporting system through online.
- Simple and user friendly, one time, single window system to register the Incident.
- A system to track, investigates, resolve and document the incident/issue.
- Follow up and reporting mechanism.
- Time bound for RCA & CAPA of Incident tracking.
- Online data storing Mechanism.
- Confidentiality of complainants' details.

**Which Indicators were improved (or expected to improve) due to the best practice:**

- No of Incident close within defined time frame (24hrs.)

**How the best practice can be sustained?**

- Continuous training on online Incident reporting system
- Proper monitoring by Quality Assurance Dept. Challenges if any, for sustaining the best practice Technical / IT related issues.

## New Best Practices initiated for better quality of care

**Bhubaneswar Unit**

### Name of the Best Practice:

Implementation of Incident Management Application

### Function/Department/Unit where the best practice is practised:

All departments of AMRI Hospitals, Bhubaneswar

### Which Indicators were improved (or expected to improve) due to the best practice:

1. TAT between Incident Reporting and Corrective Action to be improved.
2. The nos of Incident Reporting reported through digital platform to be increased compare to manual reporting resulting in reducing Near Miss or reducing Adverse Event by taking preventive action against all Incidents reported.

## Process flow of incident management application



## New Best Practices initiated for better quality of care

## Bhubaneswar Unit

Link of this application is available in all systems throughout the hospital. Any staff of the hospital can create their own credentials for login in the following window and raise an incident;

Login

INCIDENT APPLICATION SYSTEM

LOGIN

Employee ID:

Password:

After login, the following window appears where the required information should be filled up;

INCIDENT REPORTING FORM

879 - IPSITA MISHRA - QUALITY

IRF No: AMRIBH02-71

Incident Date:  Place of Incident:

People Concerned:

Incident Details:

Corrective Action:

The following window is used by the quality department for closure;

INCIDENT REPORTING SEARCH

879 - IPSITA MISHRA - QUALITY

IRF No:

Incident Date:

Incident Place:

Reporting Date:

Incident Details:

Corrective Action:

Incident Type:  Variance  Near Miss  No Harm  Adverse Event  Sentinel Event

Root cause of the event:

Preventive Action:

Management Remarks:

©Quality NA

### How the best practice helped in delivering better service at AMRI:

A reporting culture means cultivation of the atmosphere whereby staffs in a hospital are able to report patient safety concerns with fairness and without fear of blame. Incident reporting systems will help right form solving specific safety issues to improving the process of learning.

### Which Indicators were improved (or expected to improve) due to the best practice:

- No. of incident reported
- Timely closure of the incidents

### Challenges if any, for sustaining the best practice:

- Delay in reporting of the incidents by user
- Involving a multidisciplinary team sometimes delay the whole RCA process and creates difference of opinion
- Failure to communicate the outcomes to the whole team

### How the best practice can be sustained?

- Training can help to reinforce the concept that incidents rarely have one cause but are almost always multifactorial.
- Regular meetings for all staff members giving an outline of major incidents, the problems which lead up to them, and the action taken can be held to encourage their involvement.



# Quality performance Indicator:



## Dhakuria Unit

| Indicators                                | Jan 2021 | Feb 2021 | March 2021 |
|---|----------|----------|------------|
| Percentage of Planned Discharge           | 61%      | 59%      | 64%        |
| Percentage of Rescheduling of surgeries   | 0%       | 0%       | 0%         |
| Out patient satisfaction index            | 94%      | 94.4%    | 93.9%      |
| In patient satisfaction index             | 85%      | 84%      | 83.50%     |
| Waiting time for Out-patient consultation | 48 min   | 51.5 min | 52.28 min  |
| Average length of stay (Days)             | 5.26     | 4.77     | 4.4        |

## Saltlake Unit

| Indicators                               | Jan 2021 | Feb 2021 | March 2021 |
|--|----------|----------|------------|
| % of Planned Discharge                   | 74%      | 76%      | 79%        |
| Rescheduling of Surgery                  | 0.74%    | 0.21%    | 21%        |
| OPD Satisfaction                         | 82%      | 81%      | -          |
| IPD Satisfaction                         | 85%      | 85%      | -          |
| Waiting time for Outpatient consultation | 34mins   | 40mins   | 38min      |
| Average length of stay (Days)            | 4.89     | 4.14     | 4.28       |

## Mukundpur Unit

| Indicators  | Jan 2021 | Feb 2021 | March 2021 |
|---|----------|----------|------------|
| % of planned discharge                              | 61.68%   | 51.89%   | 62.68%     |
| % rescheduling of surgeries                         | 0.65%    | 0.61%    | 0.51%      |
| Out-patient satisfaction Index                      | 99.4     | 99.4     | 97.8       |
| In-patient satisfaction index                       | 95.01    | 89.83    | 95.95      |
| Waiting time for Out patient consultation (in Mins) | 39.5     | 37.47    | 37.59      |
| Average length of stay (in Days)                    | 5.38     | 4.22     | 4.24       |

## Bhubaneswar Unit

| Indicators                                | Jan 2021 | Feb 2021 | March 2021 |
|---|----------|----------|------------|
| % of planned discharge                    | 51%      | 49%      | 53%        |
| % rescheduling of surgeries               | 23.47%   | 24.79%   | 23.44%     |
| Out-patient satisfaction index            | 70.30%   | 67.00%   | 63.60%     |
| In-patient satisfaction index             | 69.60%   | 66%      | 66.50%     |
| Waiting time for Out patient consultation | 33 mins  | 34 mins  | 38 mins    |
| Average length of stay                    | 5.3 days | 5.7 days | 5.6 days   |

## Learning for the Employees- Care of Patients (CoP)

### Standard 2:

#### **Emergency services are guided by documented policies, procedures applicable laws and regulations**

AMRI is driven by the inherent rules and regulations suggested by Quality Council of India through its NABH guidelines. This helps us in providing patients the optimal care with the most secured environment. While quality team is always in the quest of continual improvement of the quality of care, it has been the endeavour of AMRI to make all the associates connected to its operation and patient care, well aware about the quality procedures.

NABH in its chapter of Care of Patients (CoP) highlights the implementation of all the quality standards that ensures best possible care without any negligence or procedural loopholes.

Lets understand the how we can further improve the emergency services through understanding the nuances of the corresponding standard.

**Triaging:** Triage is the medical screening and sorting(classification) of a number of patients to determine the priority of need for treatment and transportation. This sorting generally results inpatients being placed in to one of three general priority categories: High Priority (Red),Intermediate Priority (Yellow)&Low Priority (Green).

**Crowd Management:** Crowd management is the organized and substantiated planning and the direction given to the orderly progress of events where large groups of people gather together this is called crowd control. In hospital emergency department it is one of the most important things. This ensures the avoidance of delay in the treatment of the patient, as every second counts in case of an emergency and the crowd may hinder the earliest possible opportunity to initiate the medical intervention.

**Scope of Services:** AMRI is a Multispecialty Tertiary Care Hospital with the best doctors from the country and 24-hour back-up support of diagnostic services, OT and Critical Care. Our hospital provides complete services for treatment of emergency, acute and follow up care for patients of all age groups. The services have state of the art technology and equipment, highest level of environmental controls and fully trained and experienced staff who are dedicated to care of patients.

## Learning for the Employees- Care of Patients (CoP)

### Admission, Discharge & Transfer:

Emergency area is resuscitative and first aid area, where patients walk in/ come in their own vehicles, or are brought in an ambulance, after being referred from other hospitals and nursing homes. Since Emergency department in hospital is for resuscitation, first aid of patients & urgent therapy for stabilization of patients, therefore patients will be cared for in casualty department for above purpose.

**MLC cases:** A medico-legal case is one where besides the medical treatment; investigations by law enforcing agencies, are essential to fix the responsibility regarding the present state / condition of the patient. The case therefore has both medical and legal implications. Medico-legal cases needs to intimate to the local police station by the Hospital.

### Reassessment:

After the initial assessment, the patient is reassesses periodically and this is documented in the case sheet (treatment sheet). This frequency may be different for different areas based on the setting on patient on patient condition. We have a highly structured process to follow the guidelines.

### Quality Assurance Program:

A Quality Assurance programme is defined as "the sum total of the activities aimed at achieving that required standard". Any monitoring programme or assessment must aim to produce information that is accurate, reliable and adequate for the intended purpose. The mission of the Emergency Department Quality Assurance Program is to maintain and promote the highest quality care for ill and injured patient.

**Dead on Arrival:** Dead on arrival (DOA), also dead in the field and brought in dead (BID), indicates that a patient was found to be already clinically dead upon the arrival of professional medical assistance in Emergency Department, often in the form of first responders such as Emergency Doctor / Department. Once death is confirmed the case should be treated as death on arrival, and necessary documentation should be done by the Hospital Emergency Dept.

### This is again guided by a series of rules and regulations such as

- Process of registration of such patients and recording the entire resuscitation events
- Guidelines for breaking of bad news
- Medico-legal formalities, police information and post-mortem when appropriate
- Storage of the body till further procedures,
- Death certificate and handing over of the body

## Schedule of Various Activities for improving Quality

### Dhakuria Unit

|   | April 2021  | May 2021   | June 2021  |
|---|---|--|--|
| <b>Facility Safety Round</b><br>Facility Round  | <b>Facility Safety Round</b><br>Facility Round  | <b>Facility Safety Round</b><br>Facility Round   | <b>Facility Safety Round</b><br>Facility Round   |
| <b>Committee Meetings</b><br>CPR Committee<br>Hospital Infection Control Committee<br>Mortality Audit Committee<br>Medical Record Review Committee<br>Safety Committee<br>Quality Assurance Committee<br>Condemnation Committee | <b>Committee Meetings</b><br>CPR Committee<br>Hospital Infection Control Committee<br>Drug & Therapeutic Committee<br>Mortality Audit Committee<br>Safety Committee | <b>Committee Meetings</b><br>CPR Committee<br>Hospital Infection Control Committee<br>Mortality Audit Committee<br>Safety Committee<br>Patient Grievance Redressal Committee | <b>Committee Meetings</b><br>CPR Committee<br>Hospital Infection Control Committee<br>Mortality Audit Committee<br>Safety Committee<br>Patient Grievance Redressal Committee |
| <b>Mock Drills</b><br>Code Red<br>Code Grey<br>Code Brown   | <b>Mock Drills</b><br>Code RED<br>Code YELLOW   | <b>Mock Drills</b><br>Code RED<br>Code BLUE<br>Code PINK   | <b>Mock Drills</b><br>Code RED<br>Code BLUE<br>Code PINK   |
| <b>Outsource Visit</b><br>Kitchen   | <b>Outsource Visit</b><br>NIL   | <b>Outsource Visit</b><br>NIL  | <b>Outsource Visit</b><br>NIL  |

### Mukundpur Unit

|   | April 2021   | May 2021  | June 2021   |
|---|--|---|---|
| <b>Facility Safety Round</b><br>Facility Round<br>Comprehensive Internal Audit<br>(as per NABH Standards)   | <b>Facility Safety Round</b><br>Facility Round<br>ISO 22000 standard audit<br>(Kitchen - Food Safety<br>Management System)   | <b>Facility Safety Round</b><br>Facility Round<br>Nursing Excellence Standard<br>Comprehensive audit & Closure<br>(as per NABH Standards)   | <b>Facility Safety Round</b><br>Facility Round<br>Nursing Excellence Standard<br>Comprehensive audit & Closure<br>(as per NABH Standards)   |
| <b>Committee Meetings</b><br>CPR Committee<br>Infection Control<br>Mortality & Morbidity committee<br>Medical Record Review Committee<br>Patient Service Review committee<br>Condemnation Committee | <b>Committee Meetings</b><br>CPR Committee<br>Infection Control<br>OT Committee<br>Medical Records Committee<br>Mortality & Morbidity<br>Quality Assurance Committee<br>Safety Committee<br>Patient Service Review Committee | <b>Committee Meetings</b><br>P & T Committee<br>CPR Committee<br>Infection Control<br>Mortality & Morbidity Committee<br>Patient Service Review Committee<br>Food Safety Committee<br>Medical Record Review Committee | <b>Committee Meetings</b><br>P & T Committee<br>CPR Committee<br>Infection Control<br>Mortality & Morbidity Committee<br>Patient Service Review Committee<br>Food Safety Committee<br>Medical Record Review Committee |
| <b>Mock Drills</b><br>Code RED<br>Code PINK<br>Code BROWN   | <b>Mock Drills</b><br>Code RED<br>Code YELLOW<br>Code BLUE   | <b>Mock Drills</b><br>Code GREY<br>Code PINK<br>Code BLUE   | <b>Mock Drills</b><br>Code GREY<br>Code PINK<br>Code BLUE   |
| <b>Outsource Visit</b><br>Medical Records (CROWN)   | <b>Outsource Visit</b><br>Laundry  | <b>Outsource Visit</b><br>Blood Bank  | <b>Outsource Visit</b><br>Blood Bank  |

## Schedule of Various Activities for improving Quality

### Saltlake Unit

April 2021

**Facility Safety Round**  
Facility Round

**Committee Meetings**  
CPR Analysis  
Infection Control  
Medical Records Audit  
Mortality Audit

**Mock Drills**  
Code Yellow  
Code Grey

**Outsource Visit**  
Blood Bank

May 2021

**Facility Safety Round**  
Facility Round

**Committee Meetings**  
CPR Analysis  
Infection Control  
Medical Records Audit  
Mortality Audit  
Safety Audit  
Pharmaco Therapeutic

**Mock Drills**  
Code Red  
Code Blue

**Outsource Visit**  
BMW

June 2021

**Facility Safety Round**  
Facility Round

**Committee Meetings**  
CPR Analysis  
Infection Control  
Medical Records Audit  
Mortality Audit  
Safety Audit  
Credentialing and Privileging  
Employee Grievance

**Mock Drills**  
Code Red  
Code Pink

**Outsource Visit**  
Laundry

### Bhubaneswar Unit

April 2021

**Facility Safety Round**  
Facility Round

**Committee Meetings**  
CPR Committee  
Infection Control  
Blood transfusion committee  
Mortality & Morbidity committee

**Mock Drills**  
Code RED  
Code BLUE  
Code BROWN

**Outsource Visit**  
NIL

**Accreditation/ Certification**  
NABH Desktop Surveillance Closure  
NABH ER Certification Reassessment  
Blood bank internal audit

May 2021

**Facility Safety Round**  
Facility Round

**Committee Meetings**  
Infection Control  
Medical Records Committee  
Mortality & Morbidity committee  
Ethics Committee  
Drug & Therapeutic committee  
Quality Assurance committee

**Mock Drills**  
Code PINK  
Code GREY  
Code YELLOW

**Outsource Visit**  
NIL

**Accreditation/ Certification**  
Green OT Certification renewal assessment  
Blood bank NABH application submission  
NABL Reassessment application submission

June 2021

**Facility Safety Round**  
Facility Round

**Committee Meetings**  
Hospital Infection Control  
Safety and Risk Management  
Committee  
Mortality & Morbidity Committee  
Internal Complain Committee  
Privileging & Credentialing Committee

**Mock Drills**  
Code RED  
Code BLUE  
Code ORANGE

**Outsource Visit**  
BMW Facility

**Accreditation/ Certification**  
Annual Internal audit

# Events

## Clinical Excellence Programme at AMRI

It has been a dream of each and every clinical organisation to achieve a high level of clinical excellence. There is not much evidence of practice to achieve Clinical Excellence in hospital set up. Thus AMRI has decided to adopt a framework to implement the initiative of clinical Excellence in its hospital environment. An in-depth Research done in 2017 involving 26 hospitalist to establish the criteria for Clinical Excellence and based on the results, a total of 7 criteria were taken into consideration while the framework at AMRI is made.

The following 7 criteria were structured spanning over 7 months to establish clinical excellence at AMRI.



A very structured KAP (Knowledge, Attitude and Practice) methodology was adopted to implement the clinical excellence programme at AMRI.

The Series of Workshops on Clinical Excellence was kicked off on 25th March 2021 in the Academic Centre II, Dhakuria- Kolkata. The Programme was formally

inaugurated by Mr Rupak Barua, Group CEO, AMRI Hospitals and Mr Asish Raha, CPO, AMRI hospitals. The series of the programme will be conducted by Dr. Biranchi Jena ( Consultant, Quality & Analytics- AMRI Hospitals; Consultant & Advisor- Healthcare Projects, TATA TRUSTS; Professor (Visiting)- Symbiosis University; Former Director- IIHMR, Bangalore).

## Event at various Unit

**International Women's Day (IWD)** is a global holiday celebrated annually on March 8 to commemorate the cultural, political, and socioeconomic achievements of women. It is also a focal point in the women's rights movement, bringing attention to issues such as gender equality, reproductive rights, and violence against women.

We had celebrated this day at AMRI Hospitals, Mukundapur through awareness talk & different activities among our health care workers presented by Unit Head, Doctors, Nursing Staff & others team members on 8th March 2021 at 12.00 Noon at staff cafeteria.



# Events

Staff & Patient engagement awareness program

**Patient Safety Week**  
Celebration- AMRI Mukundpur



**- Patient Safety Week**  
Celebration- AMRI Dhakuria

# Events

**Patient Safety Awareness Week 2021**  
- Patient and Staff Engagement Programme @ AMRI Saltlake



**National Safety Week 2021**  
(04<sup>th</sup> To 11<sup>th</sup> March 2021) observed  
At AMRI Hospitals, Bhubaneswar







AMRI Hospitals, Dhakuria



AMRI Hospitals, Salt Lake



AMRI Hospitals, Mukundapur



AMRI Hospitals, Bhubaneswar

## AMRI Locations

AMRI Hospitals, Dhakuria  
P-4&5, Block-A, Gariahat Road, (Beside Dhakuria Bridge),  
Kolkata - 700029

AMRI Hospitals, Salt Lake  
JC - 16 & 17 Salt Lake City,  
Kolkata - 700098

AMRI Hospitals, Mukundapur  
230, Barakhola Lane, Off E.M. Bypass, Behind Metro Cash n Carry,  
Kolkata - 700099

AMRI Hospitals - Bhubaneswar  
Plot No. 1, Beside Satyasai Enclave Khandagiri,  
Bhubaneswar - 751 030

[www.amrihospitals.in](http://www.amrihospitals.in)

**24x7 Helpline**  
**6680 0000**

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