



## INODAYA Hospitals - Kakinada

Documentation code:

INH/PSQ.Doc.No:5

### Policy on Quality Indicators & Monitoring

Prepared date: 05/09/2023

Reference: PSQ.3 NABH Standards – 5<sup>th</sup> Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

#### 1.0 PURPOSE:

This system is for the purpose of identifying, calculating and monitoring those indicators that indicates the quality and safety levels of the hospital. The selection of indicators has been done in a manner so that all parameters relevant to quality and safety factors in the hospital are comprehensively covered.

#### 2.0 POLICY:

Quality and safety of the hospital will be continually improved through structured system of calculating indicators, monitoring the indicator values with respect to the set standards, identifying trends and taking appropriate action based on the Indicator results. This system will be considered as one of the most important system for achieving the Quality Policy and Objective of the Hospital.

The parameters and indicators as described in this document will be used for this purpose. Quality Assurance Committee and team will take the responsibility and coordinate to get the data and Indicators calculated as per described frequency. Standardized formats will be used for collection of data and preparation of reports.

#### Important activities in Indicator Monitoring System:

1. Continual Quality Improvement Cycle
2. Parameters for Quality & Safety
3. Selection of Indicators
4. De-selection of Indicators
5. Standard value/Trend:
6. Validation of reports
7. Mechanism to take action/decision on the basis of Indicator reports.
8. Formats

Prepared by:

Verified by:

Approved by:

Dr.D.N.S.Prakash

Mrs.G..Lakshmi Lavanya

Dr.G.Rammohan

Medical Director

Chief Executive Officer

Managing Director



## INODAYA Hospitals - Kakinada

Documentation code:  
INH/PSQ.Doc.No:5

### Policy on Quality Indicators & Monitoring

Prepared date: 05/09/2023

Reference: PSQ.3 NABH Standards – 5<sup>th</sup> Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

### 3.0 DEFINITION:

#### Quality Assurance:

Quality Assurance refers to administrative and procedural activities implemented in a quality system so that requirements and goals of service are fulfilled. It is the systematic measurement, comparison with a standard, monitoring of processes and an associated feedback loop that confers error prevention

### 4.0 ABBREVIATIONS:

RCA- Root cause analysis

QI – Quality Indicator

QACC – Quality Assurance Core Committee

QO – Quality Office

### 5.0 SCOPE:

This document specifies following

- 1 Parameters established for quality and safety
- 2 Indicators established for each parameters
- 3 Methodology related to indicator calculation
- 4 Roles and responsibilities

### 6.0 RESPONSIBILITY:

All Hospital staff members – coordinated by the Quality Office under the guidance of Accreditation Coordinator.

Prepared by: 	Verified by: 	Approved by: 
Dr.D.N.S.Prakash	Mrs.G..Lakshmi Lavanya	Dr.G.Rammohan
Medical Director	Chief Executive Officer	Managing Director



## INODAYA Hospitals - Kakinada

Documentation code:

INH/PSQ.Doc.No:5

### Policy on Quality Indicators & Monitoring

Prepared date: 05/09/2023

Reference: PSQ.3 NABH Standards – 5<sup>th</sup> Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

#### 7.0 DISTRIBUTION:

The policy is disseminated across the hospital through the Quality systems intranet portal

#### 8.0 PROCESS DETAILS:

##### 1. Parameters for Quality & Safety:

The parameters of Quality & Safety cover all parameters which affect or is related to the Quality of services and safety of patient, staff and visitors. Following parameters is defined for the Hospital:

- a. Patient satisfaction
- b. Employee satisfaction
- c. Managerial Quality
- d. Hospital wide safety
- e. Infection Control
- f. Quality of Medical Care

All activities under quality programme and Indicator Monitoring System is directed towards strengthening and improving the above mentioned parameters.

##### 2. Selection of Indicators:

- i. The indicator is selected for each of the above mentioned parameters. Selection of indicator depends upon the need for monitoring that indicator, which will be determined by the Quality Assurance Core Committee.
- ii. The data required for monitoring and the formulae for calculating the indicator value will be worked up by Quality Assurance Department and approved by Quality Assurance Core Committee. The formulae will be fed in appropriate excel sheet for the purpose of automating the calculation of indicator value.
- iii. Selection of indicator is a continuous activity and any indicator can be added or deleted on the basis of necessity.

Prepared by: 	Verified by: 	Approved by: 
Dr.D.N.S.Prakash	Mrs.G..Lakshmi Lavanya	Dr.G.Rammohan
Medical Director	Chief Executive Officer	Managing Director



## INODAYA Hospitals - Kakinada

Documentation code:

INH/PSQ.Doc.No:5

### Policy on Quality Indicators & Monitoring

Prepared date: 05/09/2023

Reference: PSQ.3 NABH Standards – 5<sup>th</sup> Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

### 3. **Deselecting of Indicators:**

An indicator can be deselected after approval of Committee and on following basis:

- The indicator has achieved the standard value continuously for three months, and no need is felt for escalating the standard value.
- The trend of Indicator values has shown a continual improvement and has achieved stability for a continuous period of three months.
- If an indicator is felt to be unnecessary in meeting the objective

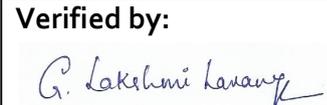
### 4. **Data collection for Quality Indicators**

Data will be collected on data sheet which are prepared based on criteria required to measure the indicators.

5. **Standard value:** Standard values will be fixed for each indicator to standardize the quality assurance program. Standard values are set on the basis of internal benchmarking and perception of the Committee. Effort will be directed to achieve/exceed this standard value.

6. **Quality Indicator report:** This is a comprehensive hospital wide indicator report on all the parameters described above. Quality Indicator report will be generated on monthly basis.

7. **Procedure of validation of Indicator reports:** To ensure that data and indicators being used in hospital for action and decisions are genuine and valid, a procedure of validation has been put in place. Validation of all indicator reports shall be done either offsite or onsite as described in the procedure below

Prepared by: 	Verified by: 	Approved by: 
Dr.D.N.S.Prakash	Mrs.G..Lakshmi Lavanya	Dr.G.Rammohan
Medical Director	Chief Executive Officer	Managing Director



## INODAYA Hospitals - Kakinada

Documentation code:  
INH/PSQ.Doc.No:5

### Policy on Quality Indicators & Monitoring

Prepared date: 05/09/2023

Reference: PSQ.3 NABH Standards – 5<sup>th</sup> Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

8. **Mechanism to take action / decision on the basis of indicator report:** These indicator reports are meant for quality assurance and continual improvement. Action shall be decided and taken on those indicator values which are below standard limit or shows a downward trend. Responsibilities and target shall be specified while taking action and all action shall be recorded in committee meeting minutes or RCA analysis records

### ACTIVITIES & RESPONSIBILITIES

S NO.	PROCEDURAL STEPS	RESPONSIBILITY
1.	Deciding the Quality Indicators as per the NABH guidelines	QACC
2.	Preparing the data sheet & formulas for the QI – on Intranet portal	QO
3.	Preparing the registers/Formats and dissemination on the intranet portal	QO
4.	Entering the data in the formats – across the intranet portal	Designated quality coordinators/ Nursing In-charge
5.	Analysis of the data & approval for dissemination through the intranet portal	QO
6.	Auditing the Analysis Report & making Recommendations to the administration	QACC

### 9.0 REFERENCES:

INODAYA Hospitals – Kakinada – Master list of Quality Indicators and Quality guides

### 10.0 RECORDS AND FORMATS:

Prepared by: 	Verified by: 	Approved by: 
Dr.D.N.S.Prakash	Mrs.G..Lakshmi Lavanya	Dr.G.Rammohan
Medical Director	Chief Executive Officer	Managing Director



## INODAYA Hospitals - Kakinada

Documentation code:  
INH/PSQ.Doc.No:5

### Policy on Quality Indicators & Monitoring

Prepared date: 05/09/2023

Reference: PSQ.3 NABH Standards – 5<sup>th</sup> Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

Quality indicator registers  
Indicator Analysis Reports& trend analysis graphs  
QACC proceedings

Prepared by: 	Verified by: 	Approved by: 
Dr.D.N.S.Prakash	Mrs.G..Lakshmi Lavanya	Dr.G.Rammohan
Medical Director	Chief Executive Officer	Managing Director