

Performance Review Meeting

Annual Review 2020



Institution: _____

Institutional Description

❖ Head of the Institution

Designation	Name	Contact No	Email (Personal)
Director/ Medical Superintendent (MS)			
Deputy Director			

❖ Staff at QMU

Designation	Name	Permanent/ Temporary	Contact No	Email (Personal)

❖ Official Email address –

- Hospital Email-
- QMU Email -

Vision and Mission of the Institution

Guide

Vision:

Mission:

- All must develop their vision and mission

Display Only

Plan for Training-2020

Guide

- Annual Quality and Safety Improvement Plan – Year 2020
- Staff training plan(at least 4/5 workshops) with budget breakdown

Display Only

Categories of Staff

Staff Category	Approved Carder	Number Available
<ol style="list-style-type: none"> 1. Total number of Consultants (inclusive of Microbiologists and Surgeons) 2. Surgeons 3. Microbiologists 4. Total number of MO (including MO QMU/MO Public Health/MO Planning/MO Microbiology/MO OPD) 5. MO QMU 6. MO Public Health 7. MO Planning 8. MO Microbiology 9. MO OPD 10. SGNO 11. Paramedical staff 12. NO(inclusive of Sister –In –Charge, infection control unit) 13. NO Infection Control Unit 14. Health Assistants 		

Statistics - 2020

Indicator	Guide	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Bed Strength	Display is sufficient					
Number of Days in the Quarter	Display is sufficient					
Total Number of Admissions in the Quarter	Display is sufficient					
In-patient Days for the Period	<i>Refer next slide for details</i>					
Average Percentage of Bed Occupancy Rate	Display is sufficient					
Average Length of Stay	<i>Refer next slide for calculation</i>					
Average Turnover	<i>Refer next slide for calculation</i>					
Have your Institution establish a process to identify readmissions	YES/NO					
Readmission Rate*						

*Readmission: an **unplanned admission** to the same or different health institution within 30 days of discharge, due to the same or sequelae of the illness.

Description of Indicators

Indicator	Description
• In-patient Days for the Period	The sum of all inpatient service days for each of the days in the period, e.g., for a month or a year.
• Average Percentage of Bed Occupancy Rate	$\frac{\text{In patient days of care for a given period}}{\text{Number of available beds} \times \text{number of days in the same period}} \times 100\%$
• Average Length of Stay	$\frac{\text{Total length of stay of discharged patients (including deaths) for a given period}}{\text{Total number of discharges and deaths in the same period}}$
• Average Turnover	$\frac{\text{Total number of discharges (including deaths) in a given period}}{\text{Number of beds in hospital in that same period}}$

Statistics Related to OPD Performance -2020

Indicator	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Number of OPD Patients in the Quarter					
Number of MOs in the OPD					
Number of Patients per Medical Officer in the OPD per Day					

Statistics Related to OPD Performance

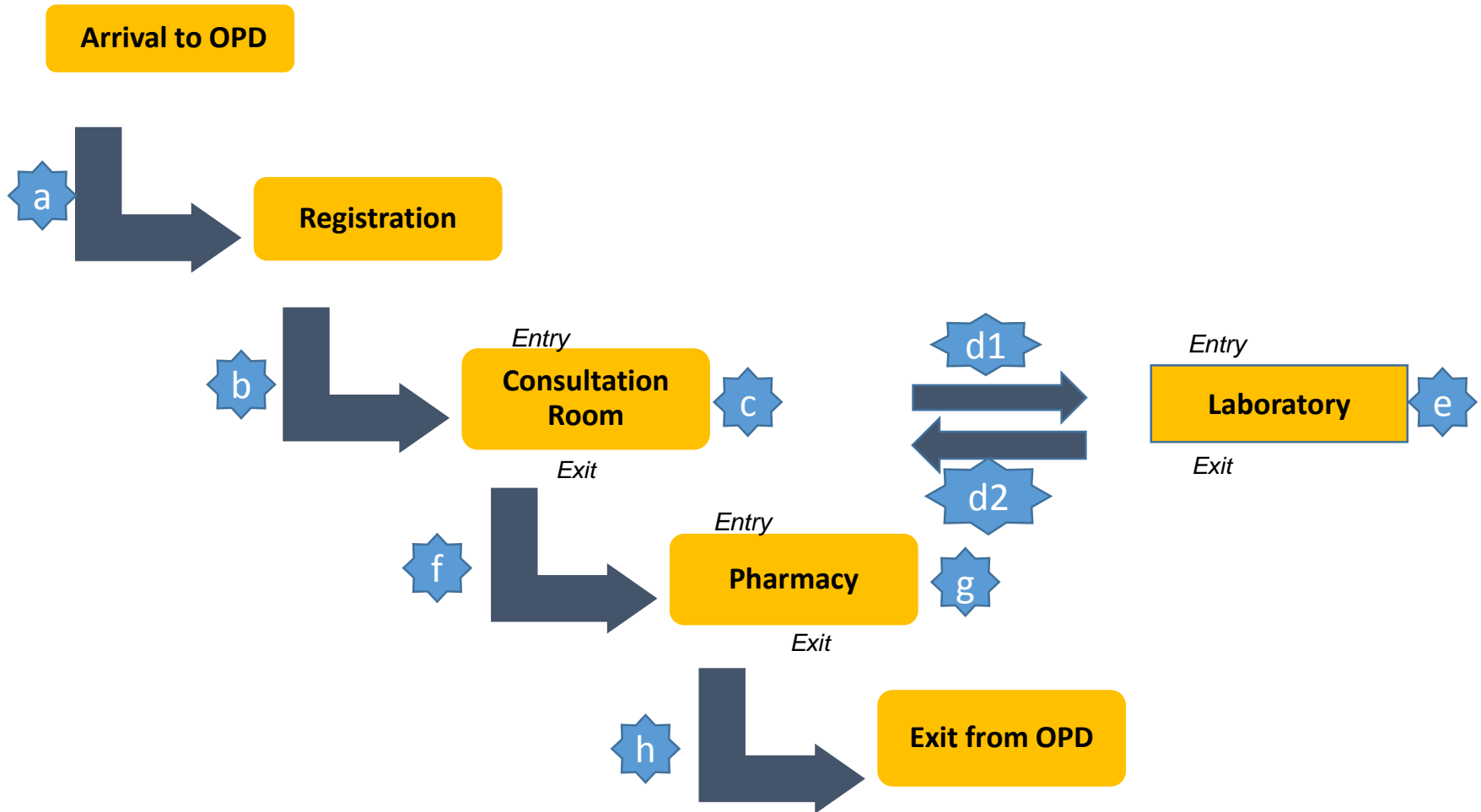
Average Waiting Time* of a Patient at the OPD -2020

Indicator	Value (min)				
	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Average Waiting time for Registration (a)					
Average Waiting time for Consultation (b)					
Average time for Consultation (c)					
Average time for Laboratory Investigations (e)					
Average waiting time for Pharmacy (g)					
Average waiting time OPD with Laboratory Investigations (a+b+c+d1+e+d2+f+g+h)					
Average waiting time OPD without Laboratory Investigations (a+b+c+f+g+h)					

*Waiting Time is defined as the period of time spent by a patient from his/her arrival to the OPD to the moment of leaving the OPD with or without drugs

Guide : To fill this table please refer next slide

Flow Chart for Average Waiting Time -OPD



Statistics Related to Clinic Performance -2020

Type of Clinic	Total number for the Quarter					Waiting Time (min)			
	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	1 st Q	2 nd Q	3 rd Q	4 th Q
Medicine									
General Surgery									
Paediatric									
Obstetrics									
Gynecology									
Any other (Please Mention the Clinic)									
TOTAL									

Statistics Related to Surgical Performance -2020

Indicator	Guide	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Major Surgeries						
1) Number of Major Surgeries Performed						
2) Number of Checklists* attached						
3) Number of Checklists* completed	Please state only if the check-lists (All 3 columns) are duly completed (can cross check through random checks by the QMU)					
Minor Surgeries						
1) Number of Minor Surgeries Performed						
2) Number of checklists* attached						
3) Number of Checklists* completed	Please state only if the check-lists (All 3 columns) are duly completed (can cross check through random checks by the QMU)					
Post-Surgical Infection Rate (Except LSCS)						

Directorate of Healthcare Quality & Safety - Version 7
(Last updated on 07.11.2018)

* Checklist issued from HOS based on WHO Surgical Safety Checklist

Statistics Related to Obstetric Performance -2020

Indicator	Guide	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Total Number of Deliveries						
Total Number of Normal Vaginal Deliveries (Including Instrumental Deliveries)						
Total Number of Caesarean Sections (LSCS)						
Caesarean Section (LSCS) Rate	<i>Refer Next Slide</i>					
Post-Partum Infection Rate	<i>Refer Next Slide</i>					
Number of Maternal Deaths						
Neonatal Mortality Rate (NMR)	<i>Refer Next Slide</i>					

Description of Indicators

- **Caesarean Section (LSCS) Rate**

Total Number of Caesarean Sections performed (LSCS) in the Quarter x 100%

Total Number of Deliveries in the Quarter

- **Post-Partum Infection Rate**

Total Number of Post Partum Infections in the Quarter x 100%

Total Number of Deliveries in the Quarter

- **Neonatal Mortality Rate (NMR)**

Total Number of Neonatal Deaths in the Quarter x 1000 Live Births

Total Number of Live Births in the Quarter

Neonatal period – First 28 days of Life

Post LSCS -Surgical Site Infection Rate

Indicator	Guide	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Post Caesarean Surgical Site Infection Rate(TOTAL)	<p><i>Refer Next Slide & Refer the circular ; 01-41/2015 (Post Lower Segment Caesarean Section- Surgical Site Infection Rates)</i></p>					
Post Caesarean Surgical Site Infection Rate(Elective)						
Post Caesarean Surgical Site Infection Rate (Emergency)						

Description of Indicators

- **Post Caesarean Surgical Site Infection Rate(Total)**

Number of cases with confirmed Post Caesarean Surgical Site Infection ____ x 100%

Total number of Caesarean Sections performed (in each quarter of the year)

- **Post Caesarean Surgical Site Infection Rate (Elective)**

Number of cases with confirmed Elective Post Caesarean Surgical Site Infection ____ x 100%

Total number of Elective Caesarean Sections performed (in each quarter of the year)

- **Post Caesarean Surgical Site Infection Rate (Emergency)**

Number of cases with confirmed Emergency Post Caesarean Surgical Site Infection ____ x 100%

Total number of Emergency Caesarean Sections performed (in each quarter of the year)

Statistics Related to Infection Control -2020

Unit	Hand Hygiene Compliance(HHC) Rate According to Staff Category											
	Medical Officers'				Nursing Officers'				Minor Staff			
	1 st Q	2 nd Q	3 rd Q	4 th Q	1 st Q	2 nd Q	3 rd Q	4 th Q	1 st Q	2 nd Q	3 rd Q	4 th Q
ICU												
PBU												
Medical Ward												
Surgical Ward												
Other												

Guide :

- To be done by the Ward Liaison Nurse Infection Control/ NO Infection Control Unit
- Mention the unit and Healthcare Professional category where the audit carried out

Total HHC for the unit= $\frac{\text{Total Correct Moments}}{\text{Total Observed Moments}} \times 100\%$

Statistics Related to Infection Control -2020

Hospital Acquired Infection Rate

Indicator	Guide	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Staphylococcus aureus Bacteraemia Rate per 10,000 patient days	<p>❖ Optional slide But, it is compulsory to those who have Consultant Microbiologists in place</p> <p>❖ Refer the “Guideline Quality Indicators Related to Hospital Acquired Infections”</p>					
MRSA Bacteraemia Rate per 10,000 patient days						
Hospital onset MRSA Bacteraemia Rate per 10,000 patient days						
Proportion of MRSA: Staphylococcus aureus in blood cultures(expressed as percentage)						

Description of indicators

- **Staphylococcus aureus Bacteraemia Rate per 10,000 patient days**

Number of patients with Staphylococcus aureus positive blood cultures in each quarter x 10 000

Number of patient days in the quarter

- **MRSA Bacteraemia Rate per 10,000 patient days**

Number of patients with MRSA positive blood cultures in each quarter x 10 000

Number of patient days in the quarter

- **Hospital onset MRSA Bacteraemia Rate per 10,000 patient days**

Number of patients with hospital onset MRSA positive blood cultures in each quarter x 10 000

Number of patient days in the quarter

- **Proportion of MRSA: Staphylococcus aureus in blood cultures(expressed as percentage)**

Number of MRSA positive blood cultures in each quarter _____ x 100

Number of Staphylococcus aureus positive blood cultures in the quarter

Mechanisms to Monitor Antibiotic Resistance

- Do you follow any Guideline to monitor Antibiotic Resistance in your institution? **YES/NO**
- Does your institution has a permanent Consultant Microbiologist ? **YES/NO**
- If not, Does your institution has a cover-up from a Consultant Microbiologist? **YES/NO**
- Results of Surveillance Mechanisms carried out to identify the pattern of Antibiotic Resistance

Surveillance Mechanism details	Pattern of antibiotic resistance
	Enable /facilitate rational use of antibiotics

Statistics Related to Adverse Events -2020

Category of Adverse Event***	Total number of reported Events				
	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
• Fall/ Safety issues					
• Treatment/ Diagnosis issues					
• Drugs/ IV / Blood issues					
• Surgery/ Anaesthesia issues					
• Laboratory reports					
• Labour /Delivery issues					
• Miscellaneous issues					
• Other					

Guide : Please breakdown Adverse Events under above categories. Refer the “**Guideline for Adverse Event/Incident Reporting**” and “**Adverse Event/Incident Reporting Form (Health 1259)**”

*****An Adverse Event is defined as an injury related to medical management in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis & treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse event may be preventable or non-preventable (WHO 2005).**

Progress of Quality Management Units

Area of Concern	Guide	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Availability of a Focal Point for Healthcare Quality and Safety Programme	YES or NO					
Availability of a Steering Committee for QMU	YES or NO					
Number of Steering Committee Meetings conducted in your Institution during the Quarter						
Work Improvement Team (WIT)						
No of Wards and Units						
No of Established WITs						
No of WITs functioning						

Criteria to be fulfilled for a functioning WIT

- To meet monthly
- Number of participation should be >50% of total number in the ward
Eg; Total no. of staff in the ward=20,
 Number of staff participated for the WIT meeting=15
 Participation as a percentage= $15/20 \times 100\% = 75\%$
- Minutes should be recorded
- At least one matter should be discussed and implemented per month

Progress of Quality Management Units

Area of Concern	Guide	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
<u>Patient Satisfaction Surveys</u> 1) Number of Patient Satisfaction Surveys Conducted in the Quarter (at least two Patient Satisfaction Surveys should be conducted per year)	Number					
	Mention the selected patient group Eg; Clinic patients/ OPD patients					
2) Key findings and actions taken for key findings						
<u>Employee Satisfaction Surveys</u> 1) Number of Employee Satisfaction Surveys Conducted in the quarter (at least one Employee Satisfaction Survey should be conducted per year)	Number					
	Mention the selected employee group					
2) Key findings and actions taken for key findings						
<u>In-service Training Programmes</u> Number of In-service Training Programmes Conducted (At least 4 in-service training programme/year (01 per quarter): Related to Quality and Safety in Healthcare should be conducted for Healthcare staff)	Number					
	Please Name the training programmes					

Institutional Meeting Structure - 2020

S/N	Type of Meeting	Meeting Date (Mention the date in relevant cage (DD/MM))											
		Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
1	Hospital Management Committee (HMC)												
2	Quality & Safety Steering Committee (QSSC)												
3	Infection Prevention & Control Committee (IPCC)												
4	Drug & Therapeutic Committee (DTC)												
5	Please Specify												
6	Please Specify												

Statistics Related to Clinical Audits -2020

Indicator	Total number for the Quarter				
	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Number of Clinical audits* conducted.					

Mention the Top 05 Clinical Audits (Topics in brief) conducted in year 2018

1	
2	
3	
4	
5	

Guide :

- At least **one** audit per quarter
- Please mention -what type of audit carried out

*Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Statistics Related to Death Reviews - 2020

Indicator		Total number for the Quarter				
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
Deaths per Quarter						
<u>Death Reviews</u>						
1) Maternal Death Reviews						
2) Perinatal Death Reviews						
3) Dengue Death Reviews						
4) Any Other (Please mention the name of Death Review)						
TOTAL						






Progress of Selected Standards and Indicators in accordance with the Circular No: 02-122/2013

Please fill in the excel form attached

Indicator	Comment
Please use the softcopy of the excel sheet provided	True findings -Circular M&E
	<p>All 20 indicators will be assessed.</p> <ol style="list-style-type: none">1. Provision of Safe Water2. Notification of communicable diseases3. Sanitation (General)4. Sanitation (Specific)5. Maternal Care6. Examination of in-patients by a House Officer / Senior House Officer7. Efficiency of sterilization of instruments8. Diet Services9. Nursing care10. Disaster preparedness11. Patient safety12. Patients' waiting time in OPD13. Monitoring quality improvement programme (Quality of Care)14. Community participation in Hospital management15. In-service training16. Intensive Care17. Neonatal Care18. Operating Theatre Services19. Responsiveness to specialized groups20. Standardized visuals

Quality Programme Dash Board

Plan for year 2020 –(HSDP indicators)

	Topic	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Remarks
1.	Training of Staff					
2	Functioning of WITS					
3	Conducting Customer Satisfaction Survey					
	100% Completed					
	≥50% Completed					
	≥25% Completed					
	Started					
	Not Started					

Guide : Please refer next slide for explanation

Explanation of Dash Board

1. Training of Staff

E.g.; If the no. of training programmes (related to Quality and Safety) planned for the year is 8 and the number of training programmes completed in the 3rd Quarter is 2, then the percentage is $2/8 \times 100\% = 25\%$, which means, the colour should be Yellow.

In case, if you have completed only one training programme out of 8, the colour should be Orange.

2. Functioning of WITs

E.g.: If your institution has 40 wards and units, in the 3rd Quarter, if you have 20 functioning WITs, which means 50% of WITs are functioning .Then the colour should be Blue.

3. Conductiong customer satisfaction survey

E.g.; According to Annual Quality and Safety Improvement Plan, if 4 surveys have been planned &, 3 of them have been completed in the 3rd Quarter, which means, in the 3rd Quarter 75% completed . Then the colour should be Blue.

Best Kaizen Suggestions / Innovative ideas / Process improvements in year 2020

(Include brief description & few Photographs)

- Only 2-3 slides

- **Guide :**

Include activities on improvements of Quality and Safety of your Institution.

Eg; In a Situation like,

- Clinics are crowded
- Complains from patients
- Increased Waiting Time

Activity-

Development of a time appointment system

(Please kindly send the soft copies of photographs and small description of those activities along with the presentation which will be used in the **Best Practices Gallery** at HQS in near future)



Statistics related to Clinical Indicators -2020

1. Clinical Indicators of Medicine

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
1. Percentage of patients given a fibrinolytic in <ul style="list-style-type: none"> <30 minutes of arrival in ST Elevation Myocardial Infarction(STEMI) or 							
<ul style="list-style-type: none"> undergoing primary Percutaneous Coronary Intervention(PCI) in <90 minutes of arrival to hospital 							

Cont.....Clinical Indicators of Medicine

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
<p>2. Percentage of patients with diabetes who are attending to Medical clinics,</p> <ul style="list-style-type: none"> • having FBS measured at least once in two months controlled to target FBS < 126mg/dl 							
<ul style="list-style-type: none"> • HbA_{1c} measured at least once in 6 months and controlled to target HbA_{1c} < 7 							
<p>3. Percentage of patients with BP controlled to target < 140/90mmHg in the patients with cardiovascular risks.</p>							

Cont...Clinical Indicators of Medicine

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
4. Percentage of errors in administration of prescribed medication to the right patient at any stage of medication process (i.e., prescribing, transcribing, dispensing, administration and monitoring)							
5. Percentage of patients with a physician diagnosis of asthma who receive out-patient/ETU/PCU nebulisations							

Statistics related to Clinical Indicators -2020

2. Clinical Indicators of Surgery

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
1. Rate of Postponement of Elective Surgery							
2. Waiting time duration in indexed operations. Divided into cancer and non-cancer							
❖ Cancer							
❖ Non Cancer							

Cont...Clinical Indicators of Surgery

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
3. Percentage of Surgical facilities using the 'Surgical Safety Checklist'							
4. Rate of Surgical Site Sepsis							
5. Average hospital stay after an index operation(ex: Appendicitis, inguinal hernia, amputation for diabetic gangrene)							
❖ Appendicitis							
❖ Inguinal hernia							
❖ Amputation for diabetic gangrene							

Statistics related to Clinical Indicators -2020

3. Clinical Indicators of Paediatrics

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
1. Hypothermia on admission to Neonatal Unit when transferring from one institution to another (Outside born baby) or from the maternity unit to the neonatal unit in the same hospital (In born baby).							
2. Re-admission to the ward with wheezing who had bronchiolitis under one year of age.							

Cont....Clinical Indicators of Paediatrics

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
3. Readmission rate within 14 days following discharge from a Paediatric ward.							
4. Hypoglycemia on Admission to the Neonatal Unit when transferring from one institution to another (Outside born baby) or from the maternity unit to the neonatal unit in the same hospital (In born baby)							
5. Case fatality rate in Dengue Hemorrhagic Fever							

Statistics related to Clinical Indicators -2020

4. Clinical Indicators of Obstetrics & Gynaecology

Indicator	Commenced YES/NO	Value for the Quarter					Issues during implementation
		1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL	
1. Labour Induction Rate							
2. Episiotomy rate							
3. Caesarian section rate							
4. Proper use of Partogram							
5. Average waiting time for routine major Gynaecological surgery							

Special Notice:

❖ Never to keep any box empty

Write the reason – Not relevant, Data not collected/available etc.

❖ When we asked a Rate

Please give the rate, not the number.



Thank You