QUALITY CELL (QC)

Annual Report (2025–26)

ABOUT

The Quality Cell functions as the hospital's independent assurance and improvement mechanism. It ensures that care delivery remains *effective, expedited, equitable, and empathetic*, while upholding patient safety, ethical standards, and regulatory compliance across all clinical and administrative domains. The cell does not replace leadership or operations, but rather measures, evaluates, guides, and strengthens them through objective oversight and continuous improvement.

Our Mission

- To ensure every individual associated with the hospital—faculty, residents, nurses, students, technical staff, administrative personnel, contractual staff, and support services—is grounded in ethical conduct, professional behavior, and leadership values.
- To uphold the four cardinal principles of medical ethics: *Autonomy, Beneficence, Non-maleficence, & Justice.*
- To demonstrate professionalism through *Availability, Accountability, Affability, & Altruism*.
- To exhibit leadership through *Commitment, Competency, Communication, & Compassion*.

Our Vision

- To establish robust quality governance, assurance, patient safety, risk management, and performance measurement frameworks across the institute.
- To ensure hospital-wide compliance with accreditation and regulatory standards.

Department/Cell Members & Staff

The Quality Cell was reframed and reconstituted as per the Office Order dated 20th March 2026.

S.No.	Member / Staff	Designation
1.	Prof. Latika Mohan	Chairperson
2.	Prof. (Addl.) Prasan Kumar Panda	Member Secretary
3.	HOD / Nominee	Departmental Quality Faculty
4.	Dr. Daljit Kaur	Member
5.	Dr. Bhavna Gupta	Member
6.	Dr. Dilip Vaishnav	Member
7.	Ms. Vandana	Member (DNS)
8.	Mr. Sinoj P.J	Member (DNS)
9.	Mr. Kamlesh Chandra Bairwa	Member (DNS)
10.	Mr. Nikhil B	Member (DNS)
11.	Mr. Arun Ravi	Member (DNS)
12.	Mr. Amit Kumar Saini	Member (DNS)
13.	Mr. Jino Jacob	Member (DNS)
14.	Mr. Rajpal Singh	Data Entry Operator (MRC)

I) QC Activities

1. Assessing baseline hospital functionaries

- The cell held meetings with the DMSs, who have various hospital admin portfolios, as well as the Engineering, Dietary, and Hospital Infection Control Committee (HICC) departments, to review ongoing quality concerns, infection prevention practices, and dietary service standards.
- Extensive discussions were held to review and address sanitation-related concerns.
- Discussions emphasized that all individuals entering clinical areas must undergo mandatory certification by HICC and other committees prior to deployment.
- Practices for segregating biomedical and food waste in the kitchen area were reviewed to promote environmental hygiene.

2. Initiatives to measure QC outcomes

- A 64-parameter quality indicator checklist was developed on a pilot basis, drawing from established guidelines.
- Out of the 64 checkpoints, 20 priority checkpoints were finalized for immediate monitoring over a 6-month period. This list is attached below.

3. Future plan of the cell

- The cell plans to develop, if not already there, and assess structured Standard Operating Procedures (SOPs) for each hospital activity.
- There is a plan to conduct a short QI observational study from time to time to map the current workflows and establish an updated one as QI outcomes.
- The cell intends to integrate all hospital activities into digital platforms and establish a centralized reporting mechanism to improve further.

4. Individual member activities

Prof. Latika Mohan & Dr Prasan Kumar Panda

- Chaired and moderated multiple Quality Cell meetings to initiate the structured framework for quality monitoring and continuous improvement.
- Coordinated with the Medical Superintendent to update major discussion action points and enforce DMS functionaries.

Ms. Vandana (DNS) & Dr Daljit Kaur

- Monitored ground realities and submitted action points concerning critical-item stockouts and the quality of drinking water within the hospital.
- Conducted surveillance and training of Quality Cell practices for healthcare workers related to the work of DMS.

Mr. Sinoj (DNS) & Dr Daljit Kaur

- Monitored the CSSD failures, if any, and Linen TAT.
- Identified issues with various govt schemes, including rejection rates.

Mr. Nikhil (DNS) & Dr Bhavna Gupta

- Monitored compliance for the sepsis golden hour, pressure injury incidence, code blue response time, and mortality review completion.
- Conducted surveillance and training of quality practices for healthcare workers related to the work of DMS.

Kamlesh (DNS) & Dr Bhavna Gupta

- Monitored the Bed Occupancy Rate, Bed Turnover Interval, and RTI response compliance.
- Identified a lack of structured review mechanisms for optimizing occupancy and streamlining the discharge process.

Mr. Arun (DNS) & Dr Dilip Vaishnav

- Assessed ground realities regarding lab sample rejection rates and diet prescription accuracy.
- Interacted with lab and diet in-charges to gather feedback and improve quality services.

Mr. Amit (DNS) & Dr Dilip Vaishnav

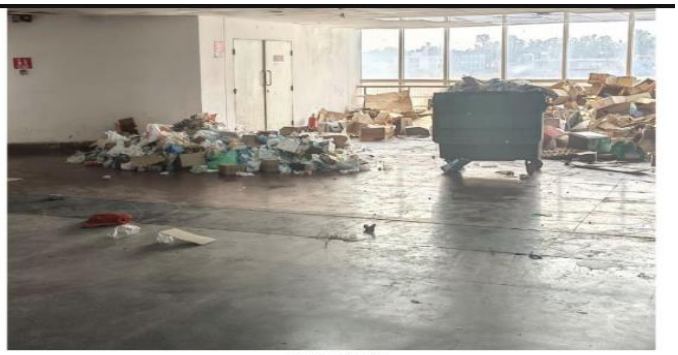
- Evaluated gaps in environmental cleanliness, biomedical waste segregation, and incident reporting rates.
- Identified issues with waste segregation practices and the root cause analysis (RCA) of incident reporting.

Mr. Jino Jacob (DNS) & Dr Prasan Kumar Panda

- Monitored Hospital Acquired Infection (HAI) rates, Adverse Drug Reaction (ADR) reporting rates, Medical Record completeness, and Departmental KPIs.
- Highlighted critical gaps in hand hygiene practices among outsourced and auxiliary staff, and advocated for mandatory training certification.

Group Photograph of QC members

Photographs of QC activities



09/05/2026

10/05/2026

Hospital Quality Monitoring Framework

Quality Indicators	Numerator / Denominator	Frequency Check	Responsible DMS	Responsible DNS	Faculty member
1. Critical item stock-out rate	Stock-out items ÷ critical list	Monthly	Dr. Yashwant Singh Payal	DNS.1 Ms. Vandana	Dr. Daljit Kaur
2. Water quality testing compliance	Tests done ÷ planned	Quarterly	Dr. Yashwant Singh Payal		
3. Sterilization failure rate (CSSD)	Failed loads ÷ total loads	Monthly	Dr. Mohit Dhingra	DNS. 2 Mr. Sinoj	
4. Linen turnaround time	Linen issued ≤ TAT ÷ total	Monthly	Dr. Mohit Dhingra		
5. Claim rejection rate (Government schemes)	Rejected claims ÷ total claims submitted	Monthly	Dr. Mohit Dhingra		
6. Bed occupancy rate	Occupied beds ÷ available beds	Monthly	Dr. Bharat Bhushan Bhardwaj	DNS.3 Mr. Kamlesh	Dr. Bhawna Gupta
7. Bed turnover interval & Discharge Turnover	Avg hours between discharges & admissions	Monthly	Dr. Bharat Bhushan Bhardwaj		
8. RTI response compliance	Replied ≤ 30 days ÷ total	Quarterly	Dr. Bharat Bhushan Bhardwaj		
9. Sepsis golden hour compliance	Interventions ≤ 60 min ÷ cases	Monthly	Dr. Pooja Bhadoria	DNS. 4 Mr. Nikhil	
10. Pressure injury incidence	New PI ÷ pt-days	Monthly	Dr. Pooja Bhadoria		
11. Code blue response time	Response ≤ target ÷ events	Monthly	Dr. Pooja Bhadoria		
12. Mortality review completion	Deaths reviewed ÷ deaths	Monthly	Dr. Pooja Bhadoria		
13. Lab sample rejection rate	Rejected ÷ total	Monthly	Dr. Vikas Kumar Panwar	DNS. 5 Mr. Arun	Dr. Dilip Vaishnav
14. Diet prescription accuracy	Correct ÷ total	Monthly	Dr. Vikas Kumar Panwar		
15. Environmental cleanliness score	Pass ÷ audits	Monthly	Dr. Ravi Kumar	DNS. 6 Mr. Amit	
16. Incident reporting rate	Incidents ÷ 1000 pt-days	Monthly	Dr. Ravi Kumar		
17. Hospital-acquired infection rate	HAI ÷ device days × 1000	Monthly	Medical Superintendent	DNS. 7 Mr. Jino	Dr. Prasan Kumar Panda
18. ADR reporting rate	ADRs reported ÷ admissions	Monthly	Medical Superintendent		
19. Medical record completeness	Complete ÷ audited	Monthly	Medical Superintendent		
20. Departmental KPI submission	Depts submitted ÷ total depts	Monthly	Medical Superintendent		