

Annual Report: Internal Quality Assurance Cell (IQAC)

July 2018 – June 2019

Introduction

The Institutional Internal Quality Assurance Cell (IQAC) serves as the cornerstone of our institution's commitment to continuous quality enhancement and sustenance in higher education. The IQAC of Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS) has undertaken various initiatives to achieve excellence and comply with National Assessment and Accreditation Council (NAAC).

1. Hospital Infection Control

a. Infection Control Measures

Implementing measures for monitoring Hospital-Acquired Infections (HAIs) included the appointment of an Infection Control Nurse (ICN) in the hospital infection control cell on November 22, 2018, and the distribution of laminated posters of the surgical safety checklist from WHO across all wards. These initiatives aimed to minimize infection risks, enhancing the overall quality of healthcare delivery.

b. Capacity-Building Programs

Organizing capacity-building programs on patient safety, notably on May 11, 2019, and previously in February 2019, was instrumental in promoting a culture of safety within the institution. These programs aimed to equip staff members with the necessary skills and knowledge to identify and mitigate risks, thereby enhancing overall patient care quality.

c. Sanitation Services Surveillance

The Constitution of the Sanitation Services Surveillance Team in 2018 aimed to improve quality through observation, gap analysis, and follow-up.

d. Environmental Responsibility

Initiatives such as applying for consent to operate the BMW plant and implementing administrative reforms underscored our commitment to environmental responsibility and compliance.

2. Quality Cell Initiatives

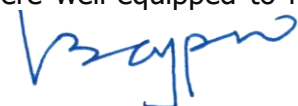
a. Staff Appointments and Recognition

The appointment of a Quality Nurse on November 29, 2018, and the introduction of mechanisms for adverse anesthesia event reporting exemplified our institution's commitment to enhancing quality monitoring and ensuring patient safety. Instituting the Best Nurse Award on May 12, 2019, International Nurses Day, was a commendable gesture to recognize and appreciate the contributions of nursing staff, motivating them and fostering a culture of excellence and professionalism within the institution.

3. NABH Pre-Entry Assessment

a. Training Programs

A foundational step towards enhancing staff competency was undertaken through a comprehensive 4-day training program in Internal Audit (IA) and Quality Management System (QMS) conducted in collaboration with the Quality Council of India on March 6, 2019. This training provided theoretical knowledge and emphasized practical application aligned with NABL standards, ensuring our staff members were well-equipped to handle quality assurance processes effectively.



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b. Committee Constitution

The strategic establishment of the NABH Institutional Committee ensured systematic planning and implementation of NABH standards across the institution. This committee acted as a central body overseeing all accreditation-related activities, streamlining efforts, and ensuring a coherent approach.

c. NABH Assessor Training

From July 26-30, 2018, nodal faculty members attended the NABH Assessor Training Course in Hyderabad. This training significantly bolstered our institutional expertise, equipping faculty members with the necessary skills and knowledge to conduct thorough and effective NABH assessments, thus contributing to the smooth execution of accreditation processes.

d. The appointment of a Quality Nurse on September 19, 2019, as a coordinator for NABH pre-entry assessment activities played a pivotal role in ensuring seamless execution and compliance. Similarly, the appointment of a Patient Safety Nurse on July 26, 2018, underscored our commitment to patient safety standards as per NABH requirements.

e. **External Expert Consultation:** Engaging Dr. Zainab Zaidi, EX AD of QCI, as a consultant, provided invaluable external expertise to navigate the NABH accreditation process. A meeting convened with Hospital Revolving Fund Representatives of SGPGIMS on April 10, 2019, further solidified our strategic approach.

f. Conducting orientation sessions for faculty members was a crucial step in fostering institutional awareness and commitment to NABH standards. These sessions helped align faculty members with accreditation goals, ensuring their active participation and contribution to the accreditation process.

g. Nominating a faculty member as the Nodal faculty for NABH provided focused leadership and guidance. This individual played a pivotal role in coordinating efforts, disseminating information, and ensuring compliance with NABH standards across various departments and units within the institution.

h. Ensuring legal and statutory compliance for NABH accreditation was essential in demonstrating institutional commitment to regulatory standards. Providing necessary documentation helped streamline the accreditation process.

i. Conducting gap assessments on September 4, 2018, across OPD, departments, and labs, followed by review meetings under the Internal Accreditation Committee (IAC), facilitated a structured approach to monitoring progress. These review meetings provided a platform for identifying areas for improvement, addressing challenges, and refining strategies to ensure alignment with NABH standards.

j. Providing technical support throughout the NABH pre-entry assessment process and appointing a Data Entry Operator (DEO) on November 29, 2018, ensured efficient documentation and data management. Developing and finalizing departmental manuals as per NABH standards was crucial for standardizing practices across departments. These manuals served as comprehensive guides for staff members, offering clear directives and protocols to adhere to, thereby contributing to consistency and compliance.



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4. Infrastructure Maintenance

a. Civil Maintenance Activities

Engaging in civil maintenance activities and repairing facilities demonstrated our commitment to providing a safe and conducive environment for staff and patients. Efforts included repairs in the Apex Trauma Centre and maintenance of the Doctors' and staff cafeterias in the Department of Nuclear Medicine.

5. Academic Initiatives and Collaborations

a. Seminars, Workshops, and Training Sessions

The organization of various seminars, workshops, and training sessions, alongside collaborations with external organizations, exemplified our holistic approach towards academic enrichment and professional development. Notable events include:

- i. Gap Analysis of Support Services of Higher Education Institutes by Postgraduate students and deliberation on patient safety on Foundation Day for DM/MCH/MD residents on September 11, 2019.
- ii. Seminar on Tax-Saving Investment Options for SGPGIMS staff, faculty, and residents on December 11, 2018.
- iii. Longitudinal In-Service Program for Nursing Officers on Hospital Infection Control and Bio-Medical Waste Management on January 21, 2018.
- iv. Workshop on Training of Trainers for Certificate Course in Community Health Nursing on January 25, 2019.
- v. Orientation Training of Clinical and Nursing Staff on ABPMJAY on March 15, 2019.
- vi. CME on Antimicrobial Stewardship Program on March 9, 2019.
- vii. NACO Training Programs from December 2018-2019.
- viii. Program on Coping with Triple Challenges in Hospital Management in collaboration with AHPI and the Department of Hospital Administration on October 25, 2018.

6. Achievements and Recognition

a. NABL Accreditation

Our institution obtained NABL Accreditation on December 21, 2018, reflecting our adherence to high standards of laboratory practices.

b. Proposal for "Institute of Eminence"

A proposal was submitted under UGC for the Quality Improvement of Higher Education Institutes (HEIs).

c. NIRF Ranking

Our institution participated in and received 7th rank in the NIRF Rankings.

IQAC AGENDA FOR ACADEMIC YEAR 2019-2020

1. To register in AISHE for NAAC
2. Continue and expand the teaching program for nurses, incorporating advanced topics and practical training sessions to elevate the quality of community health services.
3. Collect and analyze various quality indicators [Ventilator-Associated Pneumonia (VAP), Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infections (CAUTI) etc.] to support the NABH Pre-Entry Level Accreditation application.
4. Monitoring of infection control practices and microbiological surveillance culture reports.
5. Initiate documentation processes to comply with NABH Pre-Accreditation Entry Level requirements.



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