



MGM Medical College & Hospital, Kamothe  
Sector-01, Kamothe, Navi Mumbai - 410 209

Ref. no: MGMH/KAM/ QD-2022/17

Quality Department  
Date: 10/3/2022

### Minutes of Management Review Meeting MRM

- 1 The Management review meeting was held on 09/03/2022 in the conference hall sixth floor at 3 pm. The Meeting was chaired by the Dean MGMMCH and attended by Senior Management staff as under

• Dr G S Narshetty	Dean MGMMCH
• Dr K R Salgotra	Hospital Director
• Dr Iqbal Singh	Dy Medical Suptd
• Dr. Philomena Isaac	Medical Administrator
• Dr Ratnaprabha Pedhambkar	Hospital Administrator
• Mr Jogdand	Chief Admin Officer
• Dr Padmaja Dhawale	Nursing Suptd

- 2 The agenda for meeting covered the Hospital Progress report, Internal Audit report, Review of Effectiveness of Committees, and the Patient satisfaction reports. All were also briefed on revised Policies as per fifth edition of NABH Standards and progress on Desktop Midterm surveillance Assessment report.

Sr No	Points Discussed	Action Recommended	Responsibility
1	<p><b>Progress report</b> All NABH Standards /SOP and Manuals have been revised and upgraded to fifth edition of NABH New actionable points discussed, Three departments have submitted Clinical care pathways, Dept of Dermatology, Geriatrics and Nursing Clinical Audits submitted by five departments including Surgery, Pediatrics, EMS, Nursing and QD /Hospital Admin</p>	<p>Circular to HOD to develop clinical / critical care pathways as required</p> <p>All departments to conduct one Clinical audit per year on a selected topic of interest with scope for improvement</p>	All Heads of Clinical depts.
2	<p><b>Internal Assessment</b> Internal assessment was held in Feb and October 2021. Report of all hospital departments with score achieved and NC points was presented and discussed, MRD was not audited due to admin issues. Low scoring depts included Pharmacy, OPD services, Laundry and Central stores Average score of the hospital is 3.5 (partial to good compliance observed)</p>	<p>Nonconformities observed during audit to be rechecked with Low scoring depts for corrective actions on all non conformities and submit ATR Medical records Dept to be audited at the earliest</p>	<p>In charge of Pharmacy, OPD services, Laundry and Central stores for action Incharge MRD and team D action for Audit completion</p>

	Internal Assessment NC points with identified training needs are informed to all concerned with check lists and discussed in the multidisciplinary Committee meetings	All HOD's and Quality Coords to check the Internal Audit report circulated and check list for implementing corrective actions	All department Heads and Quality Coords
3	<p><b>Review of Committee meetings</b> Action taken report of Safety, Quality Assurance and PT Committee meetings was presented, KPI's reviewed every 3 months Actionable points included reporting of critical reports from Laboratory and Radiology as Interventions taken is not recorded in critical results Register</p> <p>Action required for Safe transportation of Samples from IPD to laboratory</p> <p>Reports of Occupancy, waiting time and average length of stay is monitored by QD for the hospital, but statistical reports are not submitted by IT department</p> <p><b>Safety Committee points</b> Review of facility and fire safety rounds is done in safety committee Meetings , Mock drills conducted reviewed, Code blue mock drill has not been conducted though incidents have been recorded</p> <p><b>Hazard identification and Risk analysis</b> HIRA Risks identified through Facility and fire safety rounds, electrical audits and Adverse safety incident reports Electrical audit reports is to be presented</p> <p>Patient fall cases, adverse events due to restraints discussed Near misses are not reported RCA revealed shortage of Grab bars in toilets</p> <p><b>PTV Committee Points</b> Formulary has been revised and soft copy issued to all Depts Prescription audits are done regularly Prescription audit reports are circulated to all clinical depts. There is improvement in IPD documentation of Medication charts but OPD Prescription writing needs improvement Stock out reports not maintained in Pharmacy</p>	<p>All Clinicians and Nursing staff are to be briefed on documenting and reporting of critical results with interventions taken and time in the Critical Report Register with record of timely interventions taken , Recommended that critical reports and interventions be audited in daily morning audit meetings</p> <p>Containers for transporting lab samples safely is to be made available at the earliest Department wise returns from IT department to include average length of stay, occupancy and turn around time be submitted on a monthly basis</p> <p>All mock drills are to be conducted once in six months as per NABH policy and documented with QD</p> <p>Electrical safety audit points and Action taken report is to be presented to management and in safety Committee meeting</p> <p>Clinical audits be done on adverse events for corrective and preventive actions by Depts concerned Medical Director has recommended fixing of Grab bars for all patient washrooms/ Toilets and</p> <p>HOD Clinical Depts to organize inservice training on prescription writing and completion of Medication charts</p> <p>Pharmacy Manager for action on stock reporting and inventory control including maintaining of Reorder levels to prevent stock out</p>	<p>All HOD Clinical depts. , and Nursing suptd</p> <p>Central stores incharge for action</p> <p>Head of IT Dept to submit monthly reports to management and QD</p> <p>Electrical engineer</p> <p>Site/ civil engineer</p> <p>*/</p> <p>Clinical dept HOD</p> <p>Pharmacy Manager</p>

4	<p><b>Patient satisfaction Report</b>  Patient feedback analysis done , the average satisfaction level is 83 percent in the last quarter  Feed back points including suggestions , complaints and compliments received from patients as under</p> <ul style="list-style-type: none"> <li>• Delay in discharge process - SPL Ward</li> <li>• Quality of food needs to be improved FMW,</li> <li>• Patient dress size not fitting -PICU</li> <li>• Proper updates from doctor to the patient and relatives is required - MMW, Spl Ward</li> <li>• Toilet hygiene is to be improved MOW</li> <li>• Medical stores stocking to be improved OPT</li> </ul> <p>Compliments given by patients to five doctors three nursing and two House keeping staff for good services provided have been communicated to staff concerned</p>	<p>Clinical audit on 'Time Taken For Discharge' has been done, the corrective actions recommended is to be circulated to all for implementation</p> <p>Review of catering services by Canteen manager to improve time of distribution and quality of food for improving patient satisfaction</p> <p>Training in effective communication for all categories including doctors required</p> <p>HK dept to improve services</p> <p>Medical stores to improve inventory control and stocking</p>	<p>QD for action</p> <p>Canteen manager</p> <p>All dept Heads</p> <p>Incharge HK Dept</p> <p>Medical Stores incharge</p>
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**3 Desktop surveillance ROM related points were discussed as under**

- DS 19.2-7 Organization wide KRA's and KPI
- DS 19.2-8 CSR activities
- DS 19.2-9 Strategic and operational Goals
- DS 19.2-10 Annual budget with allocation for patient safety, quality and infection control
- DS 19.2-11 Document on effectiveness of committees by top management

It was advised to refer the Board of management reports and Self study report along with the Vision 2030 strategic and futuristic plans of the MGM University posted on the official website of the MGM Medical college and University of Health sciences for inputs on our KRA and strategic goals.



Dr Philomena Isaac  
Medical Administrator/QD



Dr G S Narshetty  
Dean MGMMCH

Approved by

Dr Sudhir Kadam  
Medical Director

Copy to HOD all Departments