(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl.No.	Particulars		Period 1st January 2023 to 31st December- 2023
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. Sundeep Miglani (1/1/2023 to 31/12/2023)
	(ii) Name of HCF or CBMWTF	:	SVBP Hospital.
	iii) Address for Correspondence:	:	SVBP Hospital, East Patel Nagar, New Delhi-110008.
	(iv) Address of Facility		SVBP Hospital, East Patel Nagar, New Delhi-110008.
	(v)Tel. No, Fax. No :	:	011-20838218, 9873725761
	(vi) E-mail ID :	:	ms.svbph1@gmail.com
	(vii) URL of Website		http://10.24.216.5/wps/portal
	(viii) GPS coordinates of HCF or CBMWTF		Lat.-28 degree ; 38 minutes ; 57.76 seconds Lat.-77 degree ; 10 minutes ; 20.16 seconds
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	AUTHORISATION VALID TILL 2/5/2029 **File number of authorization : DPCC/(11)(5)(01)/2024/BMW/NST/AUTH/40276883k Application No: 11062032 Date:03/05/2024**
	(xi). Status of Consents under Water Act and Air Act	:	**Not Applicable for 50 Bedded**
2.	Type of Health Care Facility	:	Under Government of NCT of Delhi
	(i) Bedded Hospital	:	No. of Beds : 50
	(i) Non-bedded hospital (Clinic or Blood Bank or Clinical		--

	Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	:	SMS Watergrace BMW Pvt. Ltd., D.J.B, STP Nilothi, New Delhi-41.
	(i) Number healthcare facilities covered by CBMWTF	:	2432
	(ii) No of beds covered by CBMWTF	:	As above
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N/A
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	**Yellow Category = 4207.78kg**
			Red Category =4945.93kg
			Blue Category =1218.31
			General Solid waste (Sharp) :215.4
			(White)
5.	Details of the Storage , treatment, Transportation, processing and Disposal facility		
	(i) Details of the on-site storage facility	:	Size : 10 x 10 feet
			Capacity : 40 kg.
			Provision of on-site storage : Common area under Lock & Key

(ii)	Details of the treatment or disposal facilities	:	Type of treatment equipment Incinerator Plasma Pyrolysis Autoclaves Microwaves Hydroclave Shredder Needle tip cutter or Destroyer Sharps Encapsulation or Concrete pit Deep burial pits Chemical Disinfection Any other treatment equipment	No. of units -------	Capacity Kg./day **N.A.-------**	Quantity treated or disposed in Kg. per annum ---------
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.		:	N/A			
(iv)No of vehicles used for collection and transportation of biomedical waste		:	N/A			
(v)Details of incineration ash and ETP sludge generated and disposed		:	N/A			
(vi)During the treatment of wastes in Kg per annum		:	Incineration Ash N/A ETP Sludge			
(vii)Name of the Common Bio-Medical Waste Treatment Facility		:	SMS Water Grace Pvt. Ltd.			

	Operator though which wastes are disposed of		
	(viii) List of member HCF not handed over bio-medical waste	:	--
6.	Do you have bio-medical waste management committee? If yes. Attach minutes of the meetings held during the reporting period	:	Yes, **Minutes of the meeting (Annexure I)**
7	Details of trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	:	**33**
	(ii) number of personnel trained	:	**216**
	(iii) number of personnel trained at the time of induction	:	**114**
	(iv) number of personnel not undergone any training so far	:	Nil
	(v) whether standard manual for training is available?	:	Yes, SOP of BMW and PPT available
	(vi) any other information)	:	No pay without BMW training & certificate
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	:	16 (Jan.-Dec 2023)
	(ii) Number of the persons affected	:	16
	(iii) Remedial Action taken (Please attach details if any)		Not given to any patient as source was seronegative in all cases
	(iv) Any Fatality occurred, details.	:	Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N/A
	Details of		

	Continuous online emission monitoring systems installed	:	N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	**ETP installed.**
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	Yes
12	Any other relevant information	:	-Total staff immunised against Hepatitis.

Certified that the above report is for the period from 1st January, 2023 to 31st December, 2023

Signature of Head of Institution
Name : Dr.Sundeep Miglani,
(Medical Superintendent)

Date : 27/5/2024
Place : Delhi

Signature of Nodal Officer
Name = Dr Rashmi Jain
Nodal officer BMW

Minutes of Meeting of kayakalp/infection control /BMW

F/4/57/2019/svbph/estt/ BMW part iv **Dated 26/05/2023**

A Meeting of biomedical waste management, Hospital infection control programme and kayakalp team of SVBP Hospital patel nagar was held on 26/05/23 in the conference hall of SVBP Hospital under the chairmanship of medical superintendent of SVBP Hospital at 2 :00 pm .Meeting was attended by all the members of respective committee, infection control committee,all sister incharges ,ANS, all departmental heads, nodal officers, incharges of general store,repair and maintenance, caretaking ,kitchen, condemnation. JE &AE civil .JE from electrical and horticulture were absent.

Minutes of the meeting are as follows.

1. **Kayakalp Assessment** . Kayakalp internal Assessment had already been uploaded, Peer Assessment has yet not scheduled. All incharges were requested to maintain and validate all relevant documents ,checklist for cleanliness, housekeeping, infection control and CME records.(action all incharges). Coordinators were requested to do regular inspections of all the patient care areas.

As Per the new checklist focus on Eco Friendly initiatives had to be given as separate marking on eco friendly efforts will be done ,therefore all environment friendly initiatives to be taken for infra structure maintainance in association with PWD Electrical and PWD Civil.(action incharge PWD).

These issues include

A)Functionality of solar panels

B) promotion of natural lighting and renewable sources of energy

c)Procurement of energy efficient air conditioners, lights ,fans,electrical appliances,refrigerators,motion sensor lights.

d) There is a public display system of scrolling of AQI in the facility along with public display system in critical area of the hospital like ICU,OT, SNCU etc indicating the Temperature, Humidity, Particulates Matter(PM), CO2 .

e) there is requirement of energy audit to be done pwd electrical.

f) fire safety audit is also required as per guidelines.

2. **Availability of noise and emissions controlled DG Sets** . It was informed by nodal officer that noise monitoring report of DG sets have already been received and it is complying with norms.

3. There is requirement of **Effluent treatment plant test report along with report of sludge**.(action JE Electrical)

4) **No smoking policy** is strictly adhered in the facility/COTPA Act 2003. However sign boards for policy needs to be updated with current nodal officer.(action incharge caretaking).

5.) IEC material for prevention of **Noise pollution** has to be displayed at prominent location. (action Incharge caretaking)

6) **Disable friendly functional toilets to be present inside the premises of the hospital with followings**:

1. The doorway wide enough for a wheelchair user to pass through(min. 80 cm / 32 inches wide)
2. The door open outwards, allowing safe and easy access in an emergency.
3. Grab rails on both sides of the toilet with elevated toilet seat
4. Check mirror, sink, towel, soap, bins etc. within reach for wheelchair users.

It was informed by incharge caretaking that sanction has been given in this regard, however PWD is yet to start work.

7) **Facility to be accessible to differently abled and senior citizens with following features**:-

a). Easy access to the main entrance of the building

b). Non-slippery ramps, with handrails on at least one side (as applicable).

c). Braille and audio assistance in lifts for visually impaired people. (as applicable).

d). Uniformity in floor level for hindrance-free movement in common areas & exterior areas.

e). Visual warning signage in common areas & exterior areas.

f) there should be directional signage with name of the facility on the approach road.

It was informed by incharge caretaking that most of the work has already been done, rest will be completed soon.

(action incharge caretaking).

8) **On kayakalp criterion beyond Hospital Boundary**

1.Exterior of hospital boundary wall is to be painted and maintained. Exterior of boundary wall is clean and of uniformed colour with No unwanted posters on exterior of hospital boundary wall. (action PWD)

2. Drinking water facility for outside.(action PWD)

3.IEC material on water conservation, use of public toilets, hand hygiene, prevention of Noise and air pollution to be displayed in the surrounding areas, toilet complexes and gardens. (action caretaking incharge)

4.Efforts on cleanliness and Hygeine promotion,prevention of air and noise pollution in areas surrounding Hospital should also be done,esp in surrounding schools, Market Association,RWA, Banks and Post office, with lectures ,role play and other activities (Action ANS and Infection control nurses).

2. **Biomedical waste management:** . BMW guidelines are implemented properly. Annual report has already been uploaded. However there are certain issues in implementation of guidelines,which are as follows:

a) Shortage of BMW Bags and liners: sister incharges informed that there is shortage of BMW bags of red and yellow colour in many places. store officer informed that demand has already been sent for procurement, purchase proposal have already been approved,supply orders will be sent at the earliest.(action incharge purchase).

b) Problem with BMW trolleys: Transport trolleys for BMW waste are not operating regularly. It was instructed to resume the functionality regularly with record keeping(action sister incharge ICN)

C) Issues with mechanical Hub Cutters for sharp: Repair of hub cutters is needed at many places(Action Incharge R/M) .

d) Shortage of single use surgical disposables like gloves, needles and syringes: It was informed that there is shortage of surgical consumables at many places.

In charge procurement has assured that demand will be met at the earliest.(action Incharge procurement).

e) **BMW authorization of the hospital** has to be completed at the earliest.(nodal officer BMW)

3. Solid waste management:

a. Seggregation of general waste into biodegradable(Green) and nonbiodegradable(blue) waste to be ensured in all areas with IEC material to be displayed .(action Incharge sanitation and ICN)

b. compost machine to be procured for making compost out to biodegradable waste from kitchen and gardens.(action incharge kitchen and purchase)

c. efforts to be done for official tie up with urban civil local bodies to collect general waste from the hospital itself.(incharge sanitation)

4.Infection control activities : a) Regular infection control activities including standard work precautions like Hand hygiene, social distancing ,judicious use of PPE , surface disinfection practices and appropriate discard of BMW has to be ensured. Regular training and sensitization of staff regarding HIC has to be done at department levels In this various activities related to cleanliness and Hygiene promotion in all pts to be done.(action all department incharges and ICN)

b)Recording and monitoring of all indicators of HIC in our Hospital like thrombophlebitis, CAUTI, SSI and needle stick injuries has to be done at IPD,LR, Minor OT and procedure areas.

c)Spill management records have to be maintained.

d) It was informed that there is acute shortage of 2% cidex in minor procedure areas.

e)For Autoclave functioning at all major and minor OTs and procedure areas including labour room and SNCU all protocols need to be followed including signal locks and chemical indicators.

f) OT incharge has agreed to teach how to apply indicators for autoclave optimum functioning.

g) Incharge lab has to ensure procurement of biological indicators as well as its incubator for microwave utilized for pretreatment of lab waste.

h) Availability of logistics for HIC including disinfectants, PPE, sanitisers, antiseptics and indicators has to be maintained at all times.(incharge store ,purchase and nodal officer HIC).

i) there has been long pending demand of procurements of Surgical drums and small instruments for dressing and minor procedures)(action incharge store and purchase)

j) It was highlighted that there is **no senior dedicated nursing incharge** who has been given the combined responsibility of looking after Quality, sanitation, HIC and BMW as was earlier as Sister Manju Sharma who was looking after the portfolio has been transferred to IGH , because of this there is no direct supervision on these issues, therefore the responsibility has to be given to one dedicated staff nurse as Quality Cum HIC nurse.(action HOO and ANS).

k) Hygeine promotion activities to be carried out in all patient care areas.(Action all sister incharges)

6. **Equipment, instrument and furniture repair & management** . functionality, maintainance and calibration of all equipments to be ensured.(Action Incharge R&M and all sister incharges)

7. Sanitation: It was discussed that triple buckets are not used at some places as their wheels are broken ,repair to be done at the earliest. New demand of Triple bucket has to be generated where repair is not possible. Annual checkup of sanitation staff has to be ensured, along with vaccination.

It was informed by sister incharges that there is acute shortage of sanitation items like liquid soap, phenyl, mops, dusters ,dust control mop pads, brush,buckets and toilet cleaner, which is making it extremely difficult to maintain cleanliness.

(action incharge sanitation)

8. **Procurement related issues:** sister incharges informed that there are serious issues in procurement and timely supply of sanitation and BMW items.(action incharge purchase

9 .**regular monitoring of vector born disease control programme**. It has already been implemented with weekly rounds taken by nodal officer,ICN and ANS to check and prevent water logging and mosquito breeding.

10. PWD related work for infrastructure maintenance:

PWD CIVIL:

As a part of preventive maintainance of the infrastructure repair of outer façade of building is to be done at many places.

Water logging and seepage needs to be addressed at the earliest .

Repair of bathrooms have already been started.

Whitewash of the building has almost been completed.

All the above has lead to lot of Construction debris in the hospital boundary,which has been partly removed by PWD officials. .however it was requested to remove most of it before the round. .(action Incharge caretaking and JE PWD Civil and Horticulture) .

All sister incharges also handed over their list of minor repair work needed from PWD.

Records from PWD Civil: preventive maintainance of building contract, water tank cleaning, drain cleaning, rain water harvesting tank cleaning.

PWD Electrical:

Cleaning of ceiling Fans and exhaust fans are to be done.

Solar panels are to be made functional .

Loose hanging wires to be fixed.

Provision of chimney with hood for the kitchen.

Records from PWD : Drinking water testing Report, Noise Monitoring certificate, ETP test report, report of sludge and record ,rain water harvesting unit functional.

PWD Horticulture .

1.Herbal Garden needs to be deweeded, secured with fencing and new plants to be added including Medicinal plants and Trees & Plants generating more oxygen (E.g.. Neem, Peepal, Aloe Vera, Tulsi etc.)

2.landscaped area is planted with drought tolerant plants (e.g. Cactus, Palm, bougain villea, snake plant, lavender etc).

3.Indoor plants providing pure oxygen also to be kept at many locations

The meeting ended with vote of thanks from nodal officer BMW and HIC. Next meeting will be scheduled after one month to review the work done.

Minutes of meeting are circulated after prior approval of medical superintendent.

Dr Rashmi jain

Nodal office kayakalp/BMW/HIC/EMG

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2. **Availability of noise and emissions controlled DG Sets** . It was informed by nodal officer that noise monitoring report of DG sets have already been received and it is complying with norms.

3. There is requirement of **Effluent treatment plant test report along with report of sludge**.(action JE Electrical)

4) **No smoking policy** is strictly adhered in the facility/COTPA Act 2003. However sign boards for policy needs to be updated with current nodal officer.(action incharge caretaking).

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11. ANS
12. All sister incharges
13. JE PWD electrical.
14. JE PWD Civil.
15. PWD Horticulture
16. kayakalp team.

Minutes of Meeting of quality assurance and kayakalp/infection control /BMW

F/4/132/2009/svbph/estt/ part3/

Dated 03/03/2023

A Meeting of quality assurance ,biomedical waste management, Hospital infection control programme and kayakalp team of SVBP Hospital patel nagar was held on 3/03/23 in the conference hall of SVBP Hospital under the chairmanship of medical superintendent of SVBP Hospital at 12 :30 pm .Meeting was attended by all the members of respective committee, infection control committee,all sister incharges ,ANS, all departmental heads, nodal officers, incharges of stores(medical and general store),repair and maintenance, caretaking ,kitchen, condemnation.

Minutes of the meeting are as follow

1. **Kayakalp Assessment** . Kayakalp external Assessment has already been scheduled. All incharges were requested to maintain and validate all relevant documents ,checklist for cleanliness, housekeeping, infection control and CME records.(action all incharges). Coordinators were requested to do regular inspections of all the patient care areas.

As Per the new checklist focus on Eco Friendly initiatives had to be given as separate marking on eco friendly efforts will be done ,therefore all environment friendly initiatives to be taken for infra structure maintainance in association with PWD Electrical and PWD Civil.(action incharge PWD)

A)It was observed that solar panels are already functioning for water heating

B) promotion of natural lighting and renewable sources of energy is being done

c) For Procurement of energy efficient air conditioners, lights ,fans, electrical appliances, refrigerators, motion sensor lights, an official circular is to be issued to all departments as well as purchase department to prefer and ensure procurement of energy efficient and five star rated electrical equipments wherever possible.(Action incharge Procurement)

d) There should be a public display system of scrolling of AQI in the facility along with public display system in critical area of the hospital like ICU,OT, SNCU etc indicating the Temperature, Humidity, Particulates Matter(PM), CO2 for which PWD electrical to submit the estimate

e) **Availability of noise and emissions controlled DG Sets** (Check for:-

1. The maximum permissible sound pressure level for new diesel generator (DG) sets with rated capacity upto 1000 KVA, manufactured on or after the 1st January, 2005 shall be 75 dB(A) at 1 metre from the enclosure surface.
2. The diesel generator sets are already provided with integral acoustic enclosues.

3 . There is requirement of **noise monitoring certificate of our DG Sets** from DPCC as per BMW guidelines 2016 for which request has already been sent to DPCC with inspection fees has already been paid.

4. Effluent treatment plant test report along with report of sludge. There has been an issue regarding replacement of connecting pipe from ETP to overhead Tank for which PWD Civil and electrical has to make urgent measures for execution of work (action JE Electrical and Civil)

f) **No smoking policy** is strictly adhered in the facility/COTPA Act 2003. As the previous nodal officer Dr T Jharia has left the institution, senior AO Mr Sudharshan Chawla has been appointed the key nodal person.

g) IEC material for prevention of **Noise pollution** has to be procured (Action incharge caretaking)

H) **Disable friendly functional toilets to be present inside the premises of the hospital with followings**:

1. The doorway wide enough for a wheelchair user to pass through(min. 80 cm / 32 inches wide)
2. The door open outwards, allowing safe and easy access in an emergency.
3. Grab rails on both sides of the toilet with elevated toilet seat
4. Check mirror, sink, towel, soap, bins etc. within reach for wheelchair users.

It was informed by incharge caretaking that sanction has been given in this regard, however PWD is yet to start work.

i) **Facility to be accessible to differently abled and senior citizens with following features**:-

1. Easy access to the main entrance of the building
2. Non-slippery ramps, with handrails on at least one side (as applicable).
3. Braille and audio assistance in lifts for visually impaired people. (as applicable)
4. Uniformity in floor level for hindrance-free movement in common areas & exterior areas.
5. Visual warning signage in common areas & exterior areas.

J) there should be directional signage with name of the facility on the approach road.

(action incharge caretaking).

k) **On kayakalp criterion beyond Hospital Boundary**

1.Exterior of hospital boundary wall is to be painted and maintained. Exterior of boundary wall is clean and of uniformed colour with No unwanted posters on exterior of hospital boundary wall. (action PWD)

2. Drinking water facility for outside.(action PWD)

3.IEC material on water conservation, use of public toilets, hand hygiene, prevention of Noise and air pollution to be displayed in the surrounding areas, toilet complexes and gardens. (action caretaking incharge)

4.Efforts on cleanliness and Hygeine promotion,prevention of air and noise pollution in areas surrounding Hospital should also be done,esp in surrounding schools, Market Association,RWA, Banks and Post office, with lectures ,role play and other activities (Action ANS and Infection control nurses).

2. **Biomedical waste management:** Along with implementation of biomedical waste of all four categories discussion was done on chemical Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, silver X Ray film developing liquid, discarded formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, house-keeping and disinfection has to be pretreated and neutralized before going to drains connected with ETP. (action for implementation Nodal officer BMW and ICN)

Problem with BMW trolleys: Transport trolleys for BMW waste are not operating regularly. It was instructed to resume the functionality regularly with record keeping(action sister incharge ICN)

Issues with mechanical Hub Cutters for sharp: Repair of hub cutters is needed at many places(Action Incharge R/M) .

Shortage of Biomedical waste containers for sharp and glass: It was informed that there is acute shortage of white and blue puncture proof containers in many areas esp casuality and vaccination.

In charge procurement has assured that demand will be met at the earliest. In the mean while staff has been instructed to use hypochlorite empty cans as sharp containers as they have small mouth, white in colour and are puncture proof.(action ICN)

3. Solid waste management:

a. Seggregation of general waste into biodegradable(Green) and nonbiodegradable(blue) waste to be ensured in all areas with IEC material to be displayed .(action Incharge sanitation and ICN)

b. Demand for compost machine has been sent already from Dietary department to treat leftover food.(action incharge procurement)

c. efforts to be done for official tie up with urban civil local bodies to collect general waste from the hospital itself.(incharge sanitation)

4.Infection control programme . Regular training and sensitization of staff regarding following of standard precautions including Hand Hygiene, use of PPE, Safe injection practices, sterlisation and disinfection protocols, linen management, waste disposal ,Needle stick injury protocol and spill management has to be done at department levels. In this various activities related to cleanliness and Hygiene promotion is to be done in all pts care areas to be done.(action all department incharges and ICN)

Recording and monitoring of all indicators of HIC in our Hospital like thrombophlebitis, CAUTI, SSI and needle stick injuries has to be done at IPD,LR, Minor OT and procedure areas.

Spill management records have to be maintained.

Availability of logistics for HIC including disinfectants, PPE, sanitisers, antiseptics and indicators has to be maintained at all times.(incharge store).

It was highlighted that there is **no senior dedicated nursing incharge** who has been given the combined responsibility of looking after Quality, sanitation, HIC and BMW as was earlier as Sister Manju Sharma who was looking after the portfolio has been transferred to IGH , because of this there is no direct supervision on these issues, therefore the responsibility has to be given to one dedicated staff nurse as Quality Cum HIC nurse. (action HOO and ANS).

A separate room also has to be allocated for quality related activities, meetings and trainings.(action MS sir)

5.**Training** for work place management like 5S , RCA, six sigma, flow chart , and prioritization to be conducted for all hospital staff. trainings for all aspects of infection control measures like hand washing, sterlization and disinfection practices along with patient safety goals have to be re enforced for all hospital staff.(action Incharge CME in coordination with Nodal officer BMW).

Hygeine promotion activities to be carried out in all patient care areas.(Action all sister incharges)

6. **Equipment, instrument and furniture repair & management .** Repair workshop for furnitures and electrical equipments has been successful, most of the furniture has been repaired, unrepairable has been declared for condemnation. Process for repair of department specific equipments has been initiated.

7. Sanitation: It was discussed that triple buckets are not used at some places as their wheels are broken ,repair to be done at the earliest. New demand of Triple bucket has to be generated where repair is not possible. Annual checkup of sanitation staff has been already started, along with vaccination.(action incharge sanitation)

8. **Procurement related issues:** sister incharges informed that there has been issues regarding procurement of steel Drums and general sanitation items. It was informed by purchase department that products have been carted already(action incharge procurement)

There is a persistent issue on procurement of patient care as well as hospital staff furniture due to starting of new departments like Covid Vaccination and Covid testing centre,for which demand has already been submitted .(action Purchase officer).

9. PWD related work for infrastructure maintenance:

PWD CIVIL:

As a part of preventive maintainance of the infrastructure repair of outer façade of building is to be done at many places.

White wash of the building has already started. work needs to be expedited (action PWD civil)

All sister incharges also handed over their list of minor repair work needed from PWD.

Records from PWD Civil: preventive maintainance of building contract, water tank cleaning, drain cleaning, rain water harvesting tank cleaning.

PWD Electrical:

Provision of chimney with hood for the kitchen.

Records from PWD : Drinking water testing Report, Noise Monitoring certificate, ETP test report, report of sludge and record ,rain water harvesting unit functional.

PWD Horticulture .

1.Herbal Garden needs to be de weeded, secured with fencing and new plants to be added including Medicinal plants and Trees & Plants generating more oxygen (E.g.. Neem, Peepal, Aloe Vera, Tulsi etc.)

2.landscaped area is planted with drought tolerant plants (e.g. Cactus, Palm, bougain villea, snake plant, lavender etc).

3.Indoor plants providing pure oxygen also to be kept at many locations

The meeting ended with vote of thanks from nodal officer QA. Next meeting will be scheduled after one month to review the work done.

Minutes of meeting are circulated after prior approval of medical superintendent.

Dr Rashmi jain

Nodal office kayakalp/BMW/HIC/EMG

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13. JE PWD electrical.
14. JE PWD Civil.
15. PWD Horticulture
16. kayakalp team.

Minutes of Meeting of quality assurance and kayakalp/infection control /BMW

F/4/132/2009/svbph/estt/ part3/ **Dated 08/01/2023**

A Meeting of quality assurance ,biomedical waste management, Hospital infection control programme and kayakalp team of SVBP Hospital patel nagar was held on 3/01/23 in the conference hall of SVBP Hospital under the chairmanship of medical superintendent of SVBP Hospital at 2 :00 pm .Meeting was attended by all the members of respective committee, infection control committee,all sister incharges ,ANS, all departmental heads, nodal officers, incharges of stores(medical and general store),repair and maintenance, caretaking ,kitchen, condemnation, JE &AE civil .JE from electrical and horticulture were absent.

Minutes of the meeting are as follows.

1. **Kayakalp Assessment** . Kayakalp internal Assessment had already been uploaded, Peer Assessment has already been scheduled. All incharges were requested to maintain and validate all relevant documents ,checklist for cleanliness, housekeeping, infection control and CME records.(action all incharges). Coordinators were requested to do regular inspections of all the patient care areas.

As Per the new checklist focus on Eco Friendly initiatives had to be given as separate marking on eco friendly efforts will be done ,therefore all environment friendly initiatives to be taken for infra structure maintainance in association with PWD Electrical and PWD Civil.(action incharge PWD)

These issues include

A)Functionality of solar panels

B) promotion of natural lighting and renewable sources of energy

c)Procurement of energy efficient air conditioners, lights ,fans,electrical appliances,refrigerators,motion sensor lights.

d) There is a public display system of scrolling of AQI in the facility along with public display system in critical area of the hospital like ICU,OT, SNCU etc indicating the Temperature, Humidity, Particulates Matter(PM), CO2 .

e) **Availability of noise and emissions controlled DG Sets** (Check for:-

1. The maximum permissible sound pressure level for new diesel generator (DG) sets with rated capacity upto 1000 KVA, manufactured on or after the 1st January, 2005 shall be 75 dB(A) at 1 metre from the enclosure surface.
2. The diesel generator sets should be provided with integral acoustic enclosue.
3 .Please check for silencer and air filter).

4. There is requirement of **noise monitoring certificate of our DG Sets** from DPCC as per BMW guidelines 2016 as well **as Effluent treatment plant test report along with report of sludge**.(action JE Electrical)

f) **No smoking policy** is strictly adhered in the facility/COTPA Act 2003

g) IEC material for prevention of **Noise pollution**.

H) **Disable friendly functional toilets to be present inside the premises of the hospital with followings**:
1. The doorway wide enough for a wheelchair user to pass through(min. 80 cm / 32 inches wide)
2. The door open outwards, allowing safe and easy access in an emergency.
3. Grab rails on both sides of the toilet with elevated toilet seat
4. Check mirror, sink, towel, soap, bins etc. within reach for wheelchair users.

It was informed by incharge caretaking that sanction has been given in this regard, however PWD is yet to start work.

i) **Facility to be accessible to differently abled and senior citizens with following features**:-
1. Easy access to the main entrance of the building
2. Non-slippery ramps, with handrails on at least one side (as applicable).
3. Braille and audio assistance in lifts for visually impaired people. (as applicable)
4. Uniformity in floor level for hindrance-free movement in common areas & exterior areas.
5. Visual warning signage in common areas & exterior areas.

J) there should be directional signage with name of the facility on the approach road.

(action incharge caretaking).

k) **On kayakalp criterion beyond Hospital Boundary**

1.Exterior of hospital boundary wall is to be painted and maintained. Exterior of boundary wall is clean and of uniformed colour with No unwanted posters on exterior of hospital boundary wall. (action PWD)

2. Drinking water facility for outside.(action PWD)

3.IEC material on water conservation, use of public toilets, hand hygiene, prevention of Noise and air pollution to be displayed in the surrounding areas, toilet complexes and gardens. (action caretaking incharge)

4.Efforts on cleanliness and Hygeine promotion,prevention of air and noise pollution in areas surrounding Hospital should also be done,esp in surrounding schools, Market Association,RWA, Banks and Post office, with lectures ,role play and other activities (Action ANS and Infection control nurses).

2. **Biomedical waste management:** Along with implementation of biomedical waste of all four categories discussion was done on chemical liquid waste management as per CPCB guidelines of pretreatment before sending to ETP. Details are as follows.

Segregation: Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, silver X Ray film developing liquid, discarded formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, house-keeping and disinfecting activities, etc. Leftover, unused, residual or date expired liquid chemicals shall not be discharged as chemical liquid waste. This liquid waste containing waste chemicals is collected and pre-treated prior to disposal through Effluent Treatment Plant. It was informed that all actions are being already followed.

Treatment and Disposal: As per the BMWM Rules 2016, the chemical liquid waste of the hospital must be collected through a separate collection system for pre-treatment. Hospitals with large stand alone labs shall install separate drainage system leading to pre-treatment unit prior to mixing the same with rest of the wastewater from hospital for further treatment. Depending on type of chemical effluent generated, pre-treatment should comprise of neutralization/precipitation, followed by disinfection prior to mixing with rest of the wastewater from hospital. Prior to mixing with rest of the hospital effluent, disinfection should be done preferably by passing the effluent through UV sterilizer rather than using disinfecting chemicals since use of chemicals may affect performance of biological treatment in down-stream. (action for implementation Nodal officer BMW and ICN)

Problem with BMW trolleys: Transport trolleys for BMW waste are not operating regularly. It was instructed to resume the functionality regularly with record keeping(action sister incharge ICN)

Issues with mechanical Hub Cutters for sharp: Repair of hub cutters is needed at many places(Action Incharge R/M) .

Shortage of Biomedical waste containers for sharp and glass: It was informed that there is acute shortage of white and blue puncture proof containers in many areas esp casuality and vaccination.

In charge procurement has assured that demand will be met at the earliest. In the mean while staff has been instructed to use hypochlorite empty cans as sharp containers as they have small mouth, white in colour and are puncture proof.(action ICN)

3. Solid waste management:

a. Seggregation of general waste into biodegradable(Green) and nonbiodegradable(blue) waste to be ensured in all areas with IEC material to be displayed .(action Incharge sanitation and ICN)

b. compost machine to be procured for making compost out to biodegradable waste from kitchen and gardens.

c. efforts to be done for official tie up with urban civil local bodies to collect general waste from the hospital itself.(incharge sanitation)

4.Infection control activities : Due to ongoing pandemic of covid infection control activities including standard work precautions like Hand hygiene, social distancing ,judicious use of PPE including compulsory use of facemask for pts as well as all hospital employees, surface disinfection practices and

appropriate discard of BMW including separate recording and collection of covid waste has to be ensured. It was noticed that people are not following the precaution ,including many health care workers. Regular training and sensitization of staff regarding covid has to be done at department levels In this various activities related to cleanliness and Hygiene promotion in all pts to be done.(action all department incharges and ICN)

Recording and monitoring of all indicators of HIC in our Hospital like thrombophlebitis, CAUTI, SSI and needle stick injuries has to be done at IPD,LR, Minor OT and procedure areas.

Spill management records have to be maintained.

Availability of logistics for HIC including disinfectants, PPE, sanitisers, antiseptics and indicators has to be maintained at all times.(incharge store).

It was highlighted that there is **no senior dedicated nursing incharge** who has been given the combined responsibility of looking after Quality, sanitation, HIC and BMW as was earlier as Sister Manju Sharma who was looking after the portfolio has been transferred to IGH , because of this there is no direct supervision on these issues, therefore the responsibility has to be given to one dedicated staff nurse as Quality Cum HIC nurse.(action HOO and ANS).

A separate room also has to be allocated for quality related activities, meetings and trainings.(action MS sir)

5.**Training** for work place management like 5S , RCA, six sigma, flow chart , and prioritization to be conducted for all hospital staff. trainings for all aspects of infection control measures like hand washing, sterlization and disinfection practices along with patient safety goals have to be re enforced for all hospital staff.(action Incharge CME in coordination with Nodal officer BMW).

Hygeine promotion activities to be carried out in all patient care areas.(Action all sister incharges)

6. **Equipment, instrument and furniture repair & management** . functionality, maintainance and calibration of all equipments to be ensured. As the tender for general and electrical equipment repair and maintainence is valid , the repair workshop is already functional . all departments are requested to utilize the opportunity to get their furniture and electrical items. The items which can not be repaired will be issued nonreparable certificate by the same vender .(Action Incharge R&M and all sister incharges)

7. Sanitation: It was discussed that triple buckets are not used at some places as their wheels are broken ,repair to be done at the earliest. New demand of Triple bucket has to be generated where repair is not

possible. Annual checkup of sanitation staff has to be ensured, along with vaccination.(action incharge sanitation)

8. **Procurement related issues:** sister incharges informed that there is shortage of puncture proof containers in OPD due to increased utilization because of vaccination.(action incharge store)

There is a persistent issue on procurement of patient care as well as hospital staff furniture due to starting of new departments like Covid Vaccination and Covid testing centre,for which demand has already been submitted .(action Purchase officer).

9. PWD related work for infrastructure maintenance:

PWD CIVIL:

As a part of preventive maintainance of the infrastructure repair of outer façade of building is to be done at many places. Some recently constructed bathrooms have water leakage which needs to be looked into. Water logging and seepage needs to be addressed at the earliest . Whitewash of the building which was stopped in between has to be restarted ,however work needs to be expedited. All the above has lead to lot of Construction debris in the hospital boundary,which has been partly removed by PWD officials. .however it was requested to remove most of it before the round. .(action Incharge caretaking and JE PWD Civil and Horticulture) .

All sister incharges also handed over their list of minor repair work needed from PWD.

Records from PWD Civil: preventive maintainance of building contract, water tank cleaning, drain cleaning, rain water harvesting tank cleaning.

PWD Electrical:

Cleaning of ceiling Fans and exhaust fans are to be done.

Solar panels are to be made functional .

Loose hanging wires to be fixed.

Provision of chimney with hood for the kitchen.

Records from PWD : Drinking water testing Report, Noise Monitoring certificate, ETP test report, report of sludge and record ,rain water harvesting unit functional.

PWD Horticulture .

1.Herbal Garden needs to be deweeded, secured with fencing and new plants to be added including Medicinal plants and Trees & Plants generating more oxygen (E.g.. Neem, Peepal, Aloe Vera, Tulsi etc.)

2.landscaped area is planted with drought tolerant plants (e.g. Cactus, Palm, bougain villea, snake plant, lavender etc).

3.Indoor plants providing pure oxygen also to be kept at many locations

The meeting ended with vote of thanks from nodal officer QA. Next meeting will be scheduled after one month to review the work done.

Minutes of meeting are circulated after prior approval of medical superintendent.

Rashmi jain

Dr Rashmi jain

Nodal office kayakalp/BMW/HIC/EMG

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MINUTES OF MEETING OF QUALITY ASSURANCE/KAYAKALP/HIC/BMW

F4(132)/2009/SVBPH/ESTT/PART IV **DATED 11/10/2023**

A meeting of quality assurance activities including NQAS/kayakalp/BMW/HIC was held on 11/09/2023 under the chairmanship of medical superintendent and deputy medical superintendent in the conference hall of svbp hospital at 2 30 pm. All the concerned nodal officers, departmental incharges and sister incharges attended the meeting. The agenda of the meeting was primarily to discuss the progress of all quality assurance activities as well as updation of NQAS internal assessment of SVBP Hospitals and road blocks in QA,along with issues of HIC and BMW which are integral part of NQAS.The representatives from PWD could not attend the meeting as it was short notice meeting, however incharge PWD and caretaking Dr Tehjeeb represented them. The minutes of meeting are as follows.

1. **Quality assurance activities.**

   A)NQAS internal assessment. As per the direction of QA cell DSHM internal assessment of SVBP hospital has to be uploaded for first as well as second quarter, however it was observed that only some of the departments like lab, OT ,OPD, SNCU, IPD, Radiology, auxillary services and General administration has only filled the checklist, rest departments like casuality ,labour room, paediatric OPDand pharmacy have yet to submit it. The departments informed that they have mostly completed the assessment however they have yet to submit. All the departments were requested to complete the assessment by 15th of september 2023 so that it can be finally compiled and sent to DSHM. The date to submit the outcome indicators in H section was scheduled for 30th September 2023 and for action plan submission it was agreed upon by 30th October 2023. So the next meeting to be scheduled in first week of November 2023. (Action All incharges).

   B)Revised committees for various quality teams : It was observed that there has been many changes in portfolios due to transfer as well as retirement of some key members .therefore a revised list of all committees related to quality assurance including HIC and BMW has to be formulated and approved by the management.(action Head of office)

2. **Activities on patient safety week**. The patient safety week is being celebrated from 11th September 2023 to 17th sepember 2023. It was decided that following activities will be done during that week.

   a)Engaging patients on medication safety activities to be held in OPD ,IPD and LR on 15th September 2023.

   b) A CME on patient safety goals including medication safety and HIC to be held In the conference hall at 2 15pm on 15th September 2023.

   c) A pledge on patient safety to be 16th September 2023 at 10.30 pm in the conference hall.

   d) A Talk on medication safety including 7R of medication to be held in the labour room for staff nurses.(Action Incharge CME and incharge NRHM)

3 . **Activities on swachhta pakhwara**: Swachhta pakhwara is to celebrated from 16th September to 30th September 2023. All departments were directed to perform cleanliness campaign in their

departments as per swachhta guidelines and share good practices, including cleaning, washing ,work place management and plantation activities as well as safe disposal of garbage.(Action All incharges)

4. **Biomedical waste management**. It has been observed that there is shortage of biomedical waste bags in certain area leading to wrong practices in BMW. Incharge store informed that procurement cell is in the process of finalizing the proposal and supply will be resumed at the earliest. (Action Incharge Procurement)

5. **Sanitation services**. It was highlighted that some of the sanitation items like general purpose cleaning solution and wipers are in short supply. Tripple bucket system also needs to be replaced at many places as being plastic there are broken easily. It was informed by the sister incharges that demand has already sent to general store to do the needful.(Action incharge sanitation and incharge store)

6. **PWD related work for infrastructure maintenance**:

PWD CIVIL:

As a part of preventive maintainance of the infrastructure repair of outer façade of building has to be been done at many places.

Water logging and seepage needs to be addressed at the earliest .

Repair of bathrooms have already been started.

Whitewash of the building has almost been completed. .

All sister incharges also handed over their list of minor repair work needed from PWD.

Records from PWD Civil: preventive maintainance of building contract, water tank cleaning, drain cleaning, rain water harvesting tank cleaning.(Action JE Civil)

PWD Electrical:

Cleaning of ceiling Fans and exhaust fans are to be done.

Solar panels are to be made functional .

Loose hanging wires to be fixed.

Provision of chimney with hood for the kitchen.

Records from PWD : Drinking water testing Report, Noise Monitoring certificate, ETP test report, report of sludge and record ,rain water harvesting unit functional. (action JE PWD Electrical)

PWD Horticulture .

1.Herbal Garden needs to be deweeded, secured with fencing and new plants to be added including

Medicinal plants and Trees & Plants generating more oxygen (E.g.. Neem, Peepal, Aloe Vera, Tulsi etc.)

2.landscaped area is planted with drought tolerant plants (e.g. Cactus, Palm, bougain villea, snake plant, lavender etc).

3.Indoor plants providing pure oxygen also to be kept at many locations. (action incharge caretaking)

. The meeting ended with vote of thanks from nodal officer QA, BMW and HIC. Next meeting will be scheduled after one month to review the work done.

Minutes of meeting are circulated after prior approval of medical superintendent.

Dr Rashmi jain

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5. **Sanitation services.** It was highlighted that some of the sanitation items like general purpose cleaning solution and wipers are in short supply. Tripple bucket system also needs to be replaced at many places as being plastic there are broken easily. It was informed by the sister incharges that demand has already sent to general store to do the needful.(Action incharge sanitation and incharge store)

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PWD CIVIL:

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Repair of bathrooms have already been started.

Whitewash of the building has almost been completed. .

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Cleaning of ceiling Fans and exhaust fans are to be done.

Solar panels are to be made functional .

Loose hanging wires to be fixed.

Provision of chimney with hood for the kitchen.

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1.Herbal Garden needs to be deweeded, secured with fencing and new plants to be added including

Medicinal plants and Trees & Plants generating more oxygen (E.g.. Neem, Peepal, Aloe Vera, Tulsi etc.)

2.landscaped area is planted with drought tolerant plants (e.g. Cactus, Palm, bougain villea, snake plant, lavender etc).

3.Indoor plants providing pure oxygen also to be kept at many locations. (action incharge caretaking)

. The meeting ended with vote of thanks from nodal officer QA, BMW and HIC. Next meeting will be scheduled after one month to review the work done.

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15. PWD Horticulture
16. Kayakalp and QA team.

MINUTES OF MEETING OF QUALITY ASSURANCE/KAYAKALP/HIC/BMW

F4(132)/2009/SVBPH/ESTT/ QA PART IV **DATED 18/11/2023**

A meeting of quality assurance activities including NQAS/kayakalp/BMW/HIC was held on 09/11/2023 under the chairmanship of link deputy medical superintendent Dr Mukula Mohile in the conference hall of svbp hospital at 11 30 pm. All the concerned nodal officers, departmental incharges and sister incharges attended the meeting. The agenda of the meeting was primarily to discuss the progress of all quality assurance activities in the preview of NQAS state assessment of SVBP Hospitals and road blocks in QA,along with issues of HIC and BMW which are integral part of NQAS. The meeting was a joint meeting of Laqshya and CAB . The shortcomings observed during kayakalp external assessment was also discusses.The representatives from PWD could not attend the meeting as it was short notice meeting, however incharge PWD and caretaking Dr Tehjeeb represented them. The minutes of meeting are as follows.

1. **Quality assurance activities.**

   A) NQAS state assessment. As per the direction of QA cell DSHM internal assessment of SVBP hospital was uploaded for first as well as second quarter, based on that assessment state assessment of SVBPH will be scheduled. It was requested to all departments to update their SOPs and policies and get them approved. It was planned to have a CME organized specially on quality tools.(Action nodal Officer QA and all incharges)

   B)Revised committees for various quality teams : Already notified and approved. All departments should also have their quality team. (action all incharges)

   C) updation of outcome indicators: all incharges were requested to be ready with outcome indicators of last three months for the nqas team to review.

   D) OPD registration issues: it was highlighted that due to non approval of OPD registration mosts of the nursing orderlies are being utilized for manning the registration counters therefore most of work allocated to them in their area of concern is pending. Sister incharges were requested to make a roster in such a way that work does not suffer.(action all incharges)

   E)Repair and maintainence : work shop of general furniture and electrical items is already functional .Nonreparable items can be given certificates for condemnation.

   F) calibration of equipment and instruments: It has been a long pending issue .all incharges are requested to submit the list of all equipments so that tender can be floated for calibration or rates may be taken from other hospitals.(action incharge R/M and all incharges)

2. **Review of Kayakalp external assessment report feedback:** It was highlighted that there had been serious lapses in the sanitation , Infrastructure maintainence by pwd , fire safety and BMW due to lack of training and logistics. (action nodal officer PWD and ICN)
3. **Biomedical waste management**. It has been observed that there is shortage of biomedical waste bags in certain area leading to wrong practices in BMW. Incharge store informed that all BMW logistics are available in sufficient quantity and indents can be taken.(action all sister I/c).
4. **Hospital infection control programme:** all HIC indicators are to be maintained like SSI and CAUTI. Microbiological surveillance is already been implemented. However repeated trainings

on implementation of standard precautions like Hand hygiene, use of PPE, safe injection practices, disinfection and sterlisation practices to be reinforced.(action all incharges)

5. **Sanitation services**. It was highlighted that some of the sanitation items like general purpose cleaning solution and wipers are in short supply. Tripple bucket system also needs to be replaced at many places as being plastic there are broken easily. It was informed by the sister incharges that demand has already sent to general store to do the needful. Liquid hand wash and toilet cleaner is available) (Action incharge sanitation and incharge store)

6. **PWD related work for infrastructure maintenance**:

PWD CIVIL:

As a part of preventive maintainance of the infrastructure repair of outer façade of building has to be been done at many places.

Water logging and seepage needs to be addressed at the earliest .

Repair of bathrooms have already been started.

Whitewash of the building has almost been completed. .

All sister incharges also handed over their list of minor repair work needed from PWD.

Records from PWD Civil: preventive maintainance of building contract, water tank cleaning, drain cleaning, rain water harvesting tank cleaning.(Action JE Civil)

PWD Electrical:

Cleaning of ceiling Fans and exhaust fans are to be done.

Solar panels are to be made functional .

Loose hanging wires to be fixed.

Provision of chimney with hood for the kitchen.

Records from PWD : Drinking water testing Report, Noise Monitoring certificate, ETP test report, report of sludge and record ,rain water harvesting unit functional. (action JE PWD Electrical)

. The meeting ended with vote of thanks from nodal officer QA, BMW and HIC. Next meeting will be scheduled after one month to review the work done.

Minutes of meeting are circulated after prior approval of medical superintendent.

Dr Rashmi jain