

**MEETING MINUTES OF QUALITY IMPROVEMENT COMMITTEE**

Held on 27/04/2025, 2.30 pm

Venue: MEU Hall

Duration: 1hr

**PROCEDURE & DECISIONS:**

The meeting started with a silent prayer. Fr Deljo Puthoor CMI welcomed the gathering and started with Director's message. Ms. Susmi Alphonsa Kurian, Quality Coordinator presented previous meeting points, Agenda and previous meeting minutes. The meeting winds up with thanks giving Dr, Dijoe, PSO, AIMS Thrissur.

The following points were discussed in the meeting.

**AGENDA**

1. Previous meeting points
2. New Updates & Quality Improvement Areas Under Process
3. Outsourcing Lab Tests - Process & Guidelines
4. Consolidated ISO Audit
5. Budget Presentation: 2025-2026
6. Safety related KPI
7. Incident analysis Report
8. Patient feedback analysis Report
9. Discussion Points, if any

**PREVIOUS MEETING POINTS:**

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Status
1.	Presentation of Quality Indicator	Presented the Quality indicators. Quality team presented the Safety related Quality indicators and other remaining Quality indicators, its RCA and CAPA aspects.	Quality	Done
2.	Previous Meeting Minutes	Ms. Susmi presented the previous minutes and the status of each points.	Quality	FIO
3.	Quality Improvement Areas Under Process	Ms. Susmi informed about the <ul style="list-style-type: none"> <li>• Discarding of Non- moving/ Recalled and old forms stock- Medical College store</li> <li>• Drug/ Product Recall Form – Done</li> <li>• Updates In One Amala- Done</li> <li>• Facility Audit By Safety Team – Done</li> </ul>	Quality	FIO
4.	New Updates	Ms. Susmi informed about the NABH Renewal Audit 2025- Desktop NCs	Quality	FIO
5.	Inventory Management	CMA. Amerin, Internal Audit – In charge presented the topic "Inventory Management and Implementation of item coding and tagging".	CMA Amerin	Done
6.	Clinical Audits	Dr. Joe Chirayath, Department of Critical Care Medicine presented the topic "Clinical Audits - How do medical institutions benefit from them?" and he reinforced the need and benefits of clinical audits in all departments.	Quality	FIO

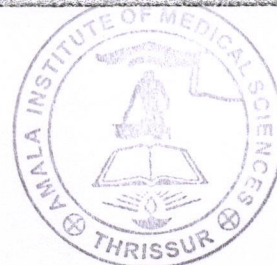


	Facility Audit Report	Ms. Hasna.K, Quality Control department presented facility audit report conducted in the month of March.	Quality	REVISIONS CAPA Done Correctly in every way
8.	Patient Safety Culture Survey Findings	Ms. Susmi presented the Patient Safety Culture report and Mr. Saiju, COO suggested that the Quality team focus on addressing the unfavorable responses where the score exceeded 20%. and He recommended developing a work-up plan to tackle these areas of concern throughout the year 2025	Quality	Long term achievement goal
9.	Quality Improvement Areas Under Process	Ms. Susmi informed about the <input type="checkbox"/> VTE Protocol Implementation – WIP <input type="checkbox"/> EMR – Under process	Quality	
10.	Indenting error	Indent has to be done only by assigned staff nurse/ ward staff. – Software updation	IT	
11.	OPD waiting time consultation	Fr. Julious suggested to study about the departments which are having OPD waiting time more than 30mts.	Quality	
12.	Replacement of side rails	Fr. Deljo discussed about the implementation of new beds in all wards and ICUs in future.	Management	
13.	Reinforcement of Visitors policy	Ms. Anju, Link nurse discussed about the issues of visitors' entry in ward side. Fr. Shibu discussed about the visitors extra payment pass in future.	Management	

#### PRESENT DISCUSSION POINTS

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Due date
1.	Previous Meeting Minutes	Ms. Susmi presented the previous minutes and the status of each points.	Quality	FIO
2.	Presentation of Quality Indicator	Presented the Quality indicators. Quality team presented the Safety related Quality indicators and other remaining Quality indicators, its RCA and CAPA aspects.	Quality	FIO
3.	Quality Improvement Areas Under Process	Ms. Susmi informed about the <input type="checkbox"/> Deficiency Checklist <input type="checkbox"/> Reuse policy <input type="checkbox"/> Restraint Assessment Policy	Quality	FIO
4.	New Updates	Ms. Susmi informed about the <input type="checkbox"/> NABH Renewal Audit (May 26-28 2025) <input type="checkbox"/> VTE form -For Medical and surgical patients, OBG <input type="checkbox"/> Medical Certificate for cause of death	Quality	FIO
5.	Outsourcing Lab Tests – Process & Guidelines	CMA. Amerin, Internal Audit – In charge presented the topic” Outsourcing Lab Tests - Process & Guidelines”.	CMA. Amerin	Henceforth
6.	Consolidated ISO Audit Report	Ms. Susmi appreciated the departments who done well in the audits and informed about the areas needed to be improved.	Quality	FIO

PTO



	<b>Budget Presentation : 2025- 2026</b>	Mr. Shabu TP, CFO presented the QC, HIPC & CSR Budget – 2025-26.	CFO	PERFORMING QAIQ everyday in every way
8.	<b>Safety Related KPI</b>	Dr Dijoe presented the Safety Related KPI.	Dr Dijoe	FIO
9.	<b>Quest for Quality: January – March 2025</b>	Ms. Susmi presented the data of Quest for Quality (Jan- Mar 25) and informed Dept. of Pediatrics- Scored 86 (Category I) & provided a token of appreciation. And Department of ENT scored 77 (Category II) in the 1 <sup>st</sup> position.	Quality	FIO


**Incident analysis - March 2025**

Sl. No.	Category	No.
1.	Near miss	4
2.	No Harm	63
3.	Adverse Event	36
4.	Sentinel event	0
<b>Total</b>		<b>108</b>

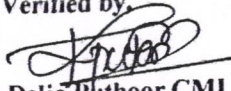
**Feedback analysis - March 2025**

Types	No.
Total OP feedback (Forms+ SMS+ Google form)	1805
Total IP feedback ( Tab + Forms)	1317
Social Media	274
<b>Total</b>	<b>3394</b>
Google Review	4.6

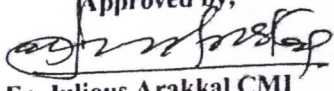
Prepared by,

  
**Ms. Susmi Alphonso Kurian**  
 Secretary

Verified by,

  
**Fr. Deljo Pluthoor CMI**  
 Vice Chairman

Approved by,

  
**Fr. Julious Arakkal CMI**  
 Chairman



## MEETING MINUTES OF QUALITY IMPROVEMENT COMMITTEE

Held on 24/03/2025, 2.30 pm

Venue: MEU Hall

Duration: 1hr

### PROCEDURE & DECISIONS:

The meeting started with a silent prayer. Fr Deljo Puthoor CMI welcomed the gathering and started with Director's message. Ms. Susmi Alphonsa Kurian, Quality Coordinator presented previous meeting points, Agenda and previous meeting minutes. The meeting winds up with thanks giving Dr, Dijoe, PSO, AIMS Thrissur.

The following points were discussed in the meeting.

### AGENDA

1. Previous meeting points
2. New Updates & Quality Improvement Areas Under Process
3. Inventory Management
4. Consolidated Internal Audit
5. Clinical Audits - How do medical institutions benefit from them?"
6. Incident analysis Report
7. Patient feedback analysis Report
8. Discussion Points, if any

### PREVIOUS MEETING POINTS:

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Status
1.	Presentation of Quality Indicator	Presented the Quality indicators. Quality team presented the Safety related Quality indicators and other remaining Quality indicators, its RCA and CAPA aspects.	Quality	Done
2.	Interfacing – Vitek & Biofire	Dr. Reena informed about Interfacing of Vitek, biofire and two other machines not done with LIS in spite of many reminders. Interfacing can be done with LIS. Before that, the data should be matched with the LIS and Vitek & Biofire.	IT	Done
3.	New Policy:1 - Arterial Lines & Central Lines - SOP	Dr. Antony Kalliath presented the new policy: Arterial Lines & Central Lines – SOP. Fr. Julious suggested to conduct training for the stakeholders.	HR Quality	Training Done
4.	New Updates	Ms. Susmi informed about the <input type="checkbox"/> Safety & Facility Audit <input type="checkbox"/> Nursing Support Service Forum	Quality	FIO
5.	Quality Improvement Areas Under Process	Ms. Susmi informed about the <input type="checkbox"/> VTE Protocol Implementation – WIP <input type="checkbox"/> EMR – Under process <input type="checkbox"/> Interdepartmental meetings – Done <input type="checkbox"/> Internal Audit- Done <input type="checkbox"/> Surgical consent form – space for writing complication – Done	Quality	FIO



	<b>New Updates</b>	Ms. Susmi informed about the <input type="checkbox"/> NABH Renewal Audit Desktop Review - NC (17 NCs out of 651 objective elements) <input type="checkbox"/> NABH POI Virtual Class – Experience <input type="checkbox"/> Facility Audit By Safety Team	Quality	DEFERRED <b>CARU-16</b> <small>operating in quality way</small>
7.	<b>Consolidated Facility Audit</b>	Ms. Hasna, Jr. Quality Executive presented <b>Consolidated Facility Audit</b> and appreciated Biomedical and Inventory Department. And also informed that if any complaint found during facility audit, In charge must ensure the service request to be send to concerned departments via iApps.	Safety Team	FIO
8.	<b>Patient Safety Culture Survey Findings</b>	Ms. Susmi presented the Patient Safety Culture report and Mr. Saiju, COO suggested that the Quality team focus on addressing the unfavorable responses where the score exceeded 20%. and He recommended developing a work-up plan to tackle these areas of concern throughout the year 2025	Quality	WIP
9.	<b>Surgery Related KPI</b>	Ms. Susmi presented Surgery Related KPI, its RCA and CAPA.	Quality	FIO
10.	<b>Quest for Quality: January 2025</b>	Ms. Susmi presented the data of Quest for Quality (Jan 25) and informed Dept. of Pediatrics- Score of 82(Category 1) & ENT Score of 89 (Category II) in the 1 <sup>st</sup> position.	Quality	FIO
11.	<b>Indenting error</b>	Indent has to be done only by assigned staff nurse/ ward staff. – Software updation	IT	Long term achievement goal
12.	<b>OPD waiting time consultation</b>	Fr. Julious suggested to study about the departments which are having OPD waiting time more than 30mts.	Quality	
13.	<b>Replacement of side rails</b>	Fr. Deljo discussed about the implementation of new beds in all wards and ICUs in future.	Management	
14.	<b>Reinforcement of Visitors policy</b>	Ms. Anju, Link nurse discussed about the issues of visitors' entry in ward side. Fr. Shibu discussed about the visitors extra payment pass in future.	Management	

**PRESENT DISCUSSION POINTS**

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Due date
1.	<b>Previous Meeting Minutes</b>	Ms. Susmi presented the previous minutes and the status of each points.	Quality	FIO
2.	<b>Quality Improvement Areas Under Process</b>	Ms. Susmi informed about the <ul style="list-style-type: none"> <li>• Discarding of Non moving/ Recalled and old forms stock- Medical College store</li> <li>• Drug/ Product Recall Form</li> <li>• Updates In One Amala</li> <li>• Facility Audit By Safety Team</li> </ul>	Quality	FIO



	New Updates	Ms. Susmi informed about the <ul style="list-style-type: none"> <li>NABH Renewal Audit 2025- NCs</li> <li>ISO Audit</li> </ul>	Quality	CEHQ
4	Inventory Management	CMA. Amerin, Internal Audit - In charge presented the topic "Inventory Management and Implementation of item coding and tagging".	CMA Amerin	
5	Consolidated Internal Audit	Ms. Susmi presented the consolidated report of internal audits including positive observations. Major bottle necks	Quality	FIO
6	Clinical Audits	Dr. Joe Chirayath, Department of Critical Care Medicine presented the topic "Clinical Audits - How do medical institutions benefit from them?" and he reinforced the need and benefits of clinical audits in all departments.	Quality	FIO

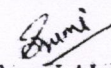
**Incident analysis - February 2025**

Sl. No.	Category	No.
1.	Near miss	3
2.	No Harm	71
3.	Adverse Event	31
4.	Sentinel event	0
<b>Total</b>		<b>109</b>

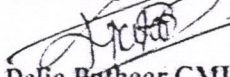
**Feedback analysis - February 2025**

Types	No.
Total OP feedback (Forms+ SMS+ Google form)	2189
Total IP feedback (Tab + Forms)	1121
Social Media	285
<b>Total</b>	<b>3595</b>

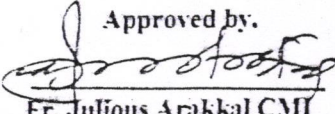
Prepared by.

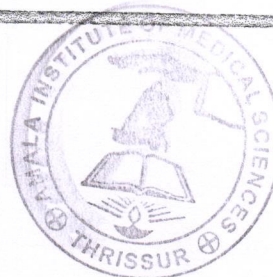
  
Ms. Susmi Alphonsa Kurian  
Secretary

Verified by.

  
Fr. Deljo Pathoor CMI  
Vice Chairman

Approved by.

  
Fr. Julius Arakkal CMI  
Chairman



**MEETING MINUTES OF QUALITY IMPROVEMENT COMMITTEE**

Held on 24/02/2025, 2.30 pm

Venue: MEU Hall

Duration: 1hr

**PROCEDURE & DECISIONS:**

The meeting started with a silent prayer. Fr Deljo Puthoor CMI welcomed the gathering and started with Director's message. Ms. Susmi Alphonsa Kurian, Quality Coordinator presented previous meeting points, Agenda and previous meeting minutes. The meeting winds up with thanks giving Dr, Rajesh Anto, MS, AIMS Thrissur.

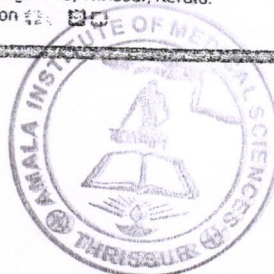
The following points were discussed in the meeting.

**AGENDA**

1. Previous meeting points
2. New Updates & Quality Improvement Areas Under Process
3. NABH Renewal Audit Desktop Review - NC
4. Surgery Related KPI
5. Quest for Quality – Jan 2025
6. Incident analysis Report
7. Patient feedback analysis Report
8. Discussion Points, if any

**PREVIOUS MEETING POINTS:**

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Status
1.	Presentation of Quality Indicator	Presented the Quality indicators. Quality team presented the Safety related Quality indicators and other remaining Quality indicators, its RCA and CAPA aspects.	Quality	Done
2.	Interfacing – Vitek & Biofire	Dr. Reena informed about Interfacing of Vitek, biofire and two other machines not done with LIS in spite of many reminders. Interfacing can be done with LIS. Before that, the data should be matched with the LIS and Vitek & Biofire.	IT	WIP
3.	New Policy:1 - Arterial Lines & Central Lines - SOP	Dr. Antony Kalliath presented the new policy: Arterial Lines & Central Lines – SOP. Fr. Julious suggested to conduct training for the stakeholders.	HR Quality	WIP
4.	New Updates	Ms. Susmi informed about the <input type="checkbox"/> Safety & Facility Audit <input type="checkbox"/> Nursing Support Service Forum	Quality	FIO
5.	Quality Improvement Areas Under Process	Ms. Susmi informed about the <input type="checkbox"/> VTE Protocol Implementation <input type="checkbox"/> EMR – Under process <input type="checkbox"/> Interdepartmental meetings – Ongoing	Quality	FIO
6.	Quality Journey - 2024	Ms. Susmi presented the <b>Quality Journey in the year 2024</b> like New initiatives , Fast Track Service, New Forms, Feedback QR code, New	Quality	FIO



		REFINING CARE covered by in every way		
7.	<b>Patient Safety Culture Survey Findings</b>	SOPs, Patient safety week 2024, New Committees etc. Ms. Susmi presented the Patient Safety Culture report and Mr. Saiju, COO suggested that the Quality team focus on addressing the unfavorable responses where the score exceeded 20%. and He recommended developing a work-up plan to tackle these areas of concern throughout the year 2025	Quality	Henceforth
8.	<b>Safety Related KPI</b>	Dr. Dijoe presented the Safety Related KPI, its RCA and CAPA.	Quality	FIO
9.	<b>Quest for Quality- Oct - Dec 24</b>	Ms. Susmi presented the data of Quest for Quality (Oct - Dec 24) and informed Dept. of Psychiatry-Score of 70(Category 1) & ENT Score of 74 (Category II) in the 1 <sup>st</sup> position.	Quality	FIO
10.	<b>Indenting error</b>	Indent has to be done only by assigned staff nurse/ ward staff. - Software updation	IT	Long term achievement goal
11.	<b>OPD waiting time consultation</b>	Fr. Julious suggested to study about the departments which are having OPD waiting time more than 30mts.	Quality	
12.	<b>Replacement of side rails</b>	Fr. Deljo discussed about the implementation of new beds in all wards and ICUs in future.	Management	
13.	<b>Reinforcement of Visitors policy</b>	Ms. Anju, Link nurse discussed about the issues of visitors' entry in ward side. Fr. Shibu discussed about the visitors extra payment pass in future.	Management	

### PRESENT DISCUSSION POINTS

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Due date
1.	<b>Previous Meeting Minutes</b>	Ms. Susmi presented the previous minutes and the status of each points.	Quality	FIO
2.	<b>Quality Improvement Areas Under Process</b>	Ms. Susmi informed about the <input type="checkbox"/> Internal Audit <input type="checkbox"/> Surgical consent form - space for writing complication	Quality	FIO
3.	<b>New Updates</b>	Ms. Susmi informed about the <input type="checkbox"/> NABH Renewal Audit Desktop Review - NC (17 NCs out of 651 objective elements) <input type="checkbox"/> NABH POI Virtual Class - Experience <input type="checkbox"/> Facility Audit By Safety Team	Quality	FIO
4.	<b>Consolidated Facility Audit</b>	Ms. Hasna, Jr. Quality Executive presented <b>Consolidated Facility Audit</b> and appreciated Biomedical and Inventory Department. And also informed that if any complaint found	Safety Team	FIO



		during facility audit, In charge must ensure the service request to be send to concerned departments via iApps.		CARE in every way
5.	Surgery Related KPI	Ms. Susmi presented Surgery Related KPI, its RCA and CAPA.	Quality	FIO
6.	Quest for Quality; January 2025	Ms. Susmi presented the data of Quest for Quality (Jan 25) and informed Dept. of Pediatrics- Score of 82(Category 1) & ENT Score of 89 (Category II) in the 1 <sup>st</sup> position.	Quality	FIO

**Incident analysis - January 2025**

Sl. No.	Category	No.
1.	Near miss	0
2.	No Harm	78
3.	Adverse Event	50
4.	Sentinel event	0
<b>Total</b>		<b>128</b>

**Feedback analysis - January 2025**

Types	No.
Total OP feedback (Forms+ SMS+ Google form)	3239
Total IP feedback (Tab + Forms)	1487
Social Media	349
<b>Total</b>	<b>5075</b>

Prepared by,

*Susmi*  
Ms. Susmi Alphonsa Kurian  
Secretary

Verified by,

*Deljo Puthoor*  
Fr. Deljo Puthoor CMI  
Vice Chairman

Approved by,

*Julious Arakkal*  
Fr. Julious Arakkal CMI  
Chairman



**MEETING MINUTES OF QUALITY IMPROVEMENT COMMITTEE**

Held on 27/01/2025, 2.30 pm

Venue: MEU Hall

Duration: 1hr

**PROCEDURE & DECISIONS:**

The meeting started with a silent prayer. Mr. Saiju C Edakalathoor welcomed the gathering and started with Director's message. Ms. Susmi Alphonsa Kurian, Quality Coordinator presented previous meeting points, Agenda and previous meeting minutes. The meeting winds up with thanks giving Dr, Rajesh Anto, MS, AIMS Thrissur.

The following points were discussed in the meeting.

**AGENDA**

1. Previous meeting points
2. New Updates & Quality Improvement Areas Under Process
3. Quality Journey -2024
4. Findings – Patient Safety Culture Survey
5. Safety Related KPI
6. Quest for Quality – October to December 2024
7. Incident analysis Report
8. Patient feedback analysis Report
9. Discussion Points, if any

**PREVIOUS MEETING POINTS:**

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Status
1.	Presentation of Quality Indicator	Presented the Quality indicators. Quality team presented the Safety related Quality indicators and other remaining Quality indicators, its RCA and CAPA aspects.	Quality	Done
2.	Interfacing – Vitek & Biofire	Dr. Reena informed about Interfacing of Vitek, biofire and two other machines not done with LIS in spite of many reminders. Interfacing can be done with LIS. Before that, the data should be matched with the LIS and Vitek & Biofire.	IT	WIP
3.	New Policy:1 - Arterial Lines & Central Lines - SOP	Dr. Antony Kalliath presented the new policy: Arterial Lines & Central Lines – SOP. Fr. Julious suggested to conduct training for the stakeholders.	HR Quality	WIP
4.	Safety Related KPI	Ms. Susmi presented the Safety Related KPI, its RCA and CAPA.	Quality	FIO
5.	NABH 6 <sup>th</sup> Edition	Ms. Susmi was presented the new KPIs, changes and new additions which is present in the NABH standards – 6 <sup>th</sup> Edition.	Quality	FIO
6.	New Updates	Ms. Susmi informed about the <input type="checkbox"/> Implementation of QR code for ICU care.	Quality	FIO



		<input type="checkbox"/> Training regarding Intubation & Ventilator for PICU PGs & Staff nurses conducted by Dr. Binu, Anesthesiologist <input type="checkbox"/> IET scheduled dates updated in OneAmala for the year 2025 <input type="checkbox"/> Schedule for Committee meeting participation for the year 2025 Ms. Susmi discussed and appreciated the whole team for the smooth functioning of multidisciplinary rounds which is started in CICU.		
7.	<b>New KPI: Pneumatic Tube System</b>	Mr. Frederick presented the new Amala KPI: Pneumatic Tube System, common mistakes and Updates related Pneumatic Tube System	Mr. Frederick	Henceforth
8.	<b>Audit findings on Incidence of VTE in our Institution</b>	Dr. Ayana, Clinical Pharmacist presented Audit findings on Incidence of VTE in our Institution and the need of implementing VTE Protocol in our institution.	VTE Team	Henceforth
9.	<b>KPI-Radiology</b>	Sr. Hanna, In charge –Radio diagnosis presented KPI- Radiology, its RCA and CAPA.	In charge – Radio diagnosis	Done
10.	<b>Presentation of Quality Indicator</b>	Ms. Susmi presented the Quality indicators. Quality team presented the Safety related Quality indicators and other remaining Quality indicators, its RCA and CAPA aspects.	Quality	Done
11.	<b>Quest for Quality: November 2024</b>	Ms. Susmi presented the <b>Quest for Quality: November 2024</b> and informed that Pediatrics in Category I & Neuro Medicine – Category II are in 1 <sup>st</sup> position.	Quality	FIO
12.	<b>Indenting error</b>	Indent has to be done only by assigned staff nurse/ ward staff. – Software updation	IT	Long term achievement goal
13.	<b>OPD waiting time consultation</b>	Fr. Julious suggested to study about the departments which are having OPD waiting time more than 30mts.	Quality	
14.	<b>Replacement of side rails</b>	Fr. Deljo discussed about the implementation of new beds in all wards and ICUs in future.	Management	
15.	<b>Reinforcement of Visitors policy</b>	Ms. Anju, Link nurse discussed about the issues of visitors' entry in ward side. Fr. Shibu discussed about the visitors extra payment pass in future.	Management	

### PRESENT DISCUSSION POINTS

Sl. No.	Points discussed	Suggested action	Responsible dept./Person	Due date
1.	New Updates	Ms. Susmi informed about the <input type="checkbox"/> Nursing Support Service Forum <input type="checkbox"/> Safety & Facility Audit	Quality	FIO



Amala Institute of Medical Sciences (An Undertaking of Amala Cancer Hospital Society)  
 Affiliated to Kerala University of Health Sciences Accredited by KUHS with OAS A+ Grade &  
 NABH Accredited & ISO 9001:2015 Certified, Amala Nagar P.O, Thrissur, Kerala.  
 Ph: 0487 2304000 | www.amalaims.org | Follow us on



	<b>Quality Improvement Areas Under Process</b>	Ms. Susmi informed about the <input type="checkbox"/> VTE Protocol Implementation <input type="checkbox"/> EMR - Under process <input type="checkbox"/> Interdepartmental meetings -- Ongoing	Quality	RECEIVING CARE every day in every way
3.	<b>Quality Journey - 2024</b>	Ms. Susmi presented the <b>Quality Journey in the year 2024</b> like New initiatives , Fast Track Service, New Forms, Feedback QR code, New SOPs, Patient safety week 2024, New Committees etc.	Quality	FIO
4.	<b>Patient Safety Culture Survey Findings</b>	Ms. Susmi presented the Patient Safety Culture report and Mr. Saiju, COO suggested that the Quality team focus on addressing the unfavorable responses where the score exceeded 20%. and He recommended developing a work-up plan to tackle these areas of concern throughout the year 2025	Quality	Henceforth
5.	<b>Safety Related KPI</b>	Dr. Dijoe presented the Safety Related KPI, its RCA and CAPA.	Quality	FIO
6.	<b>Quest for Quality- Oct - Dec 24</b>	Ms. Susmi presented the data of Quest for Quality (Oct - Dec 24) and informed Dept. of Psychiatry- Score of 70(Category 1) & ENT Score of 74 (Category II) in the 1 <sup>st</sup> position.	Quality	FIO

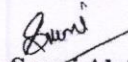
**Incident analysis -December 2024**

Sl. No.	Category	No.
1.	Near miss	2
2.	No Harm	72
3.	Adverse Event	46
4.	Sentinel event	0
<b>Total</b>		<b>120</b>

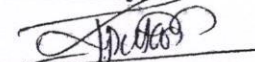
**Feedback analysis -December 2024**

Types	No.
Total OP feedback ( Forms+ SMS+ Google form)	2839
Total IP feedback ( Tab + Forms)	1662
Social Media	315
<b>Total</b>	<b>4816</b>

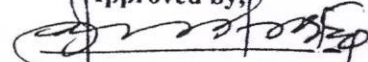
Prepared by,

  
**Ms. Susmi Alphonso Kurian**  
 Secretary

Verified by,

  
**Fr. Deljo Puthoor CMI**  
 Vice Chairman

Approved by,

  
**Fr. Julius Arakkal CMI**  
 Chairman



Betsy

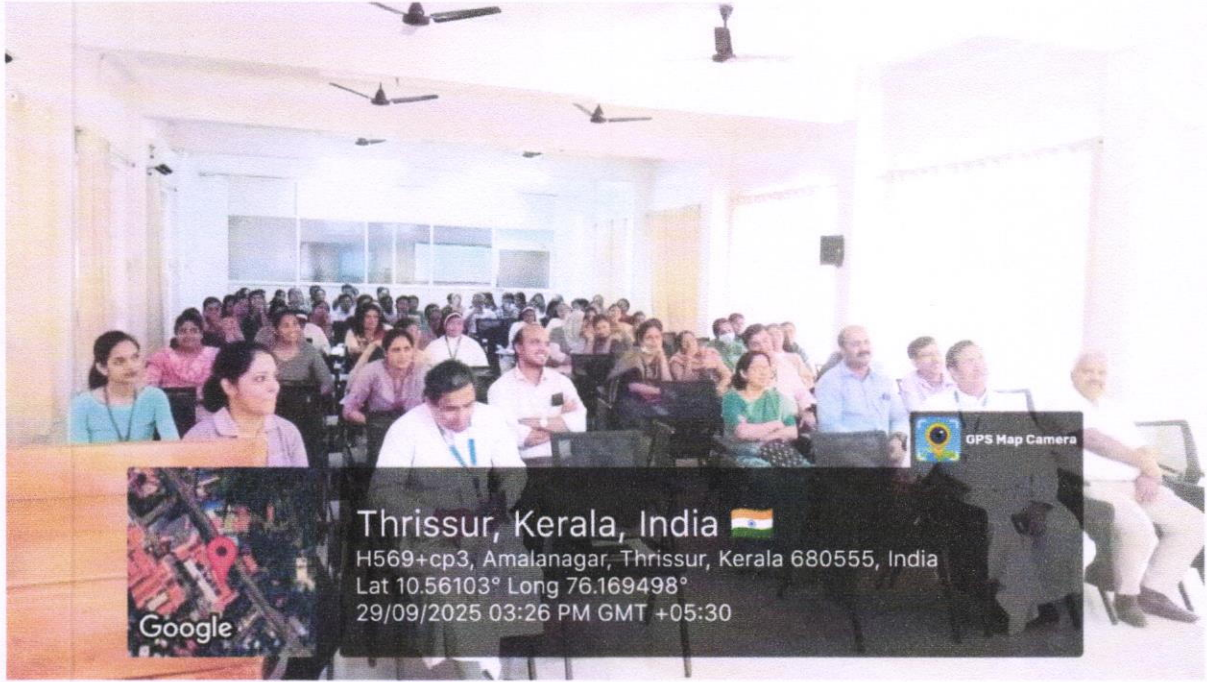
**Dr. BETSY THOMAS**  
 MD, FRCOG, DNB, MICOG  
 PRINCIPAL



Amala Institute of Medical Sciences (An Undertaking of Amala Cancer Hospital Society)  
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**QUALITY COMMITTEE MEETING**



*Betsy*

**Dr. BETSY THOMAS**  
 MD, FRCOG, DNB, MICOG  
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