

## RISK MANAGEMENT REGISTRAR (ANAESTHESIA)

| Sl. No. | Area of risk management   | Present Status/ Common problems   | Planned activities for improvement   | Time frame for completion of activities   | Responsibilities  | MOV  |
|---------|---|---|--|---|---|--|
| 1       | 2   | 3   | 4  | 5   | 6   | 7  |
|         | <b>Surgical intervention</b><br>1). Contaminated/ un-sterilized Equipments/ instruments | a) Sterilization persists but decontamination not practiced properly<br>b) some times problem in sterilization monitoring | i) Decontamination of all surgical instruments before sterilization by OT nurse after each operation.<br>ii) Sterilization of all surgical instruments by sterilization technician daily before each operation.<br>iii) Checking of sterilization by using autoclave tape for each drum by autoclave technician.   | i) 15 days<br>ii) 15 days<br>iii) 01 months   | Head of anesthesia / OT In-charge / Nursing supervisor  | i) verification by developed check list<br>ii) Physical observation by Superintendent  |
| 2)      | Wound infection   | Presumably 5-10% /Some times wound infection takes place  | i) To ensure decontamination and autoclaving of all surgical instruments including linens by OT in charge.<br>ii) Orientation of all junior doctor and concern staff Nurse about the good surgical practice by Anaesthesia consultant/In charge Anaesthesia department<br>iii) Taking shower and wearing of OT dress by patient at the day of operation supervised by ward in charge.<br>iv) Control of visitors by Asstt. Registrar/RMO / Ward in charge.<br>v) Daily cleaning of ward, changing of bed sheets and pillow covers by ward in charge.<br>vi) Orientation of doctors, nurses and supportive stuffs about prevention of wound infection by Anaesthesia department/Surgical consultant/ Asstt Registrar /RMO on monthly basis. | i). 1 months<br>ii). 1 months<br>iii). 2 weeks<br>iv). 2 weeks<br>v). 1 weeks<br>vi). 1 months. | i) Anesthesia head / Nursing supervisor.<br>ii) Head of the Anaesthesia unit.<br>iii) Ward In-charge<br>iv) A/R,RMO<br>v) Head of the unit /RMO<br>vi) Unit head/ Asst. Registrar / RMO /Superintendent | i) Check list/ recording findings<br>ii) Records of orientation conduction<br>iii) Physical verification by Nursing supervisor<br>iv) Physical verification by Superintendent<br>v) Physical verification by respective authority<br>vi) Orientation Records verification. |
| 3)      | Non compliance with infection control procedure   | Partially existing/Some times can happen  | i) Orientation of doctors & nurses about wound infection control procedure monthly by unit head.<br>ii) Implementation of standard infection control procedure by unit head.<br>iii) Development of SOP for infection control by infection control team.   | i) 1 months<br>ii) 1 months<br>iii) 2 months  | i) Unit head/RMO<br>ii) Unit head/RMO<br>iii) Infection control team.   | i) orientation Records verification<br>ii) Use of Check list.<br>iii) SOP document verification  |

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| 1       | 2  | 3  | 4   | 5                                       | 6  | 7  |
| 4)      | Needle stick injury                          | Frequently present/some times happen/ Possibilities of taking place                  | i) Orientation of doctors & nurses about needle stick injury by Unit head / RMO/AR/IMO<br>ii) Warning of the operating surgeon about needle stick injury before each operation by Anesthetist/AR/IMO or OT nurse.<br>iii) Transfer of the needle in a kidney dish.<br>iv) Holding of needle by forceps.<br>v) Inhibition of recapping of needle.                  | i) 1 months<br>ii) Two week             | i) Unit head/RMO<br>ii) Anesthetist<br>iii) Anesthetist & OT in-charge | i) Orientation document verification<br>ii) Checklist verification |
| 5)      | Canula injury                                | Some times happens   | Demonstration on canulation by unit head/Consultant/RMO/Asst. Registrar/IMO for doctors and nurses monthly basis.   | 1 months                                | Unit head/ Consultant / RMO/ IMO/Asst. Registrar                       | Orientation report verification                                    |
| 6)      | Delay/Cancel of operation                    | Some times happens   | i) Fixation of the number of operation with the consultation of operating surgeon<br>ii) Communication to patient attendant/patient for any delay or cancellation by OT /Indoor In-charge   | i) 1 month<br>ii) 1 month               | Unit head/Consultant   | Documentation review   |
| 7)      | Diathermy burn                               | Rarely happens/any time it can be happen in the OT during operation                  | i) Orientation of doctors and OT staff about diathermy burn by unit head monthly.<br>ii) Reminder of the surgeon and assistants by the OT nurse before each operation.<br>iii) Good surgical practice by surgeon.   | 1 months                                | Concern Unit head/consultant   | Checking of Records  |
| 8)      | Retained foreign bodies following surgery    | Rarely happens due to non compliance of standard procedure before closing of abdomen | i) Counting of all the operating instruments and mop by listing them in aboard by OT nurse before each operation supervised by operating surgeon/ A/R / OT in charge.<br>ii) Counting of all instruments and mop at operation trolley before starting of operation and before wound closure by surgeons assistant<br>iii) Good surgical practice by all surgeons. | 1 month                                 | Concern operating surgeon /Unit head /consultant                       | Review of incident reporting                                       |
| 9)      | Failure to carry out adequate post-operative | Sometimes happen due to improper knowledge and skill                                 | i) Orientation of junior doctors ,OT In-charge & duty nurse about proper post operative care by Anesthetist   | 1 months                                | Anaesthesia unit head/consultant Anaesthesia/                          | Physical verification by concern authority                         |

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| 1       | 2   | 3   | 4  | 5   | 6   | 7  |
|         | observation   |   |  |   | Nursing supervisor  |  |
| 10)     | Wrong operation                                     | Rarely happen   | i). Careful preoperative evaluation of patient by A/R /IMO/Operating surgeon day before operation.<br>ii). Patient's file and the patient should be checked by operating surgeon/Anesthetist/OT nurse before operation.  | 1 month                                   | i).Concern operating surgeon /unit head /consultant<br>ii.) Head of the anesthesia  | Incident reporting Verification  |
| 11)     | Wrong site surgery                                  | Any time can be happen due to negligence                    | i). Careful preoperative evaluation of patient by A/R /IMO/Operating surgeon before starting operation.<br>ii). Patient's file and the patient should be checked by operating surgeon/Anesthetist/OT nurse before operation.   | 1 month                                   | i).Concern operating surgeon/ unit head   | Incident reporting Verification  |
| 12)     | Transfusion hazard                                  | Any time can be happen due to negligence/improper knowledge | i) Proper grouping, cross matching and screening of blood must be ensured by A/R /IMO/In-charge of ward.<br>ii) Checking of the patients name, blood grouping, and cross matching and screening reports before each transfusion by A/R / IMO/ In-charge of ward.<br>iii) Orientation of the doctors and nurses about safe blood transfusion by the head of the blood transfusion department. | i) 1 month<br>ii) 1 month<br>iii) 1 month | i) RMO/In charge blood transfusion department<br>ii) RMO/In charge blood transfusion department<br>iii)Head of the blood transfusion department | Checking of documents by Superintendent/ unit head/ respective authority |
|         | Improper coordination between operating team member | Occasionally happens  | Weekly coordination meeting between surgical team and anesthetist.   | 15 days                                   | Consultant Anaesthesia  | Meeting minutes verification   |
| 14)     | Operating room not properly                         | Some times happened   | Operation room must be checked by Unit head Anaesthesia/consultant Anaesthesia, RMO and OT In-charge   | 1 week                                    | Unit In-charge Anaesthesia/ Consultant Anaesthesia/ Nursing   | Check list /document   |

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|---------|----------------------------------|---------------------------------|------------------------------------|---|------------------|--------------|
| 1       | 2                                | 3                               | 4                                  | 5                                       | 6                | 7            |
|         | prepared for the first operation |                                 |                                    |   | supervisor       | Verification |

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| Sl. No. | Area of Risk Management           | Present status   | Planned activities for improvement  | Time Frame for completion of activities                                 | Responsibilities  | MOV   |
|---------|-----------------------------------|--|---|---|---|---|
| 1       | 2                                 | 3  | 4   | 5   | 6   | 7   |
| 1.      | Improper communication to staff   | Communication among the staff, between supervisor and supervisee and between the patient and service providers sometimes poor.   | 1) Orientation on communication of the Nurse, paramedics and supporting staff by Asst.Registrar/IMO/RMO and Nursing supervisor on monthly basis.<br>2) Conduction of client satisfaction survey by Nursing supervisor on weekly basis-sampling from outdoor and indoor, Weekly-20 in number and taking measures on the basis of survey findings.  | Within 01 month<br><br>Within 01 month                                  | Director/ Superintendent/Unit head/RMO<br><br>Asst.Registrar/IMO/RMO/. Nursing supervisor | 1)Orientation conduction report review,<br><br>2)Survey report verification   |
| 2.      | Poor standards of cleanliness     | Opportunities still exist for the improvement of Cleanliness in toilets, Indoor, Outdoor, patient waiting areas and surroundings   | 1) Timely round in the hospital by the Director/ Superintendent /RMO/Unit head and Nursing supervisor for improving the present status on daily basis.<br>2) Holding performance review meeting of the supporting staff by concern authority/ Ward master on daily basis.<br>3) Setting standard of cleanliness to follow by risk management committee                                      | Within 15 days<br><br>Within 07 days<br><br>Within 15 days              | Director/ Superintendent/ Unit head/ IMO/ RMO/ Asst. Registrar<br><br>Ditto<br><br>Ditto  | Physical Verification & fill-up designed checklist<br><br>Meeting minutes review<br>Ditto<br><br>Reviewing document of standard cleanliness |
| 3).     | Improper Medical waste Management | Sometimes improper segregation of the medical waste, Protective material not used by cleaners & Documentation on MWM is poor.<br><br>Some times improper capacity of the staff nurse for the quality management of waste | 1)Daily supervision by nursing supervisor/ RMO/unit head / superintendent/Director<br>2) Daily Checking of cleaners by ward master<br>3)Opening and maintenance of MWM register by Ward master and cross checking by nursing supervisor (Weekly )<br><br>Conduction of refreshers orientation for staff nurse by Unit head/IMO/ Asst. Registrar/RMO and Nursing supervisors – Monthly basis | Within 7 days<br><br>Ditto<br><br>Within 10 days<br><br>within 01 month | Director/ Superintendent/ Unit head/ RMO & Ward master<br><br>Ditto                       | Sharing findings of supervision in the weekly coordination meeting.<br><br>Reviewing the orientation document                               |

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|---------|--------------------------------|---|--|--|---|--|
| 1       | 2                              | 3   | 4  | 5  | 6   | 7  |
| 4).     | Attendance control             | Some times poor visitor control   | 1) Implementations of the existing "pass" system strictly.<br>2) Surprise visits by supervising authority to check the status of the attendance control.   | Starting the activities within 7 days and onwards            | Nursing supervisor/<br>RMO/ Consultant/<br>superintend/<br>Director                                   | Sudden visit by the different Supervisor   |
| 5).     | Power failure                  | 3-4 times a day   | 1) Ensure uninterrupted alternate power supply incase of power failure by Generator round the clock.<br>2) Provide rechargeable emergency light(IPS) in ward   | Within 03 month<br><br>Within 03 month                       | RMO/<br>Superintendent/<br>Director   | Physical verification of log book  |
| 6).     | Improper security to personnel | Sometimes violence occurs by the patients, attendant and outsiders.<br>Dissatisfied clients some times hampers the security of the service providers. | 1) Formulate a representative team from different section of employee to handle any incidence in respect of security.<br>2) Orientation of the service providers to develop capacity on the maintenance of proper security.<br>3) Selection of a focal person to make liaison with law enforcing agents and media. | Within 15 days<br><br>Within 02 month<br><br>Within 01 month | Director/<br>Superintendent<br><br>IMO/ Asst.<br>Registrar/<br>RMO<br><br>Director/<br>Superintendent | Examination of official order<br><br>Training /Orientation<br><br>Report Examination of official order |
| 7)      | Media harassment               | False and improper reporting and communication gap between media personnel and service providers some times happen                                    | 1) Select a spokesperson for handling the media personnel<br>2) Proper compilation of data for disseminating   | Within 2 Week<br><br>On regular basis                        | Director /Superintendent<br><br>Ditto   | Official order examination<br><br>Documentation review   |
| 8)      | Personal (Staff) Safety        | Physical injuries to the staff (cuts and bruises) some times happens  | 1) Orientation of all staff members regarding personal safety during work on quarterly basis.<br>2) Ensure proper use of personal protective equipments (Mask, Gown, Shoes or boots) during handling the medical waste.  | 01 month.<br><br>01 months.                                  | RMO/IMO/<br>AR<br><br>Ward master/<br>Ward in charge/<br>RMO  | Orientation conduction reports verification<br><br>Observation findings review                         |

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|---------|---|--|--|--|--|--|
| 1       | 2   | 3  | 4  | 5  | 6  | 7  |
| 9)      | Aggression of clients                                   | Minor events sometimes occur due to improper communication skill of the service providers.<br><br>Major events occurs rarely | 1) Classification of critically ill patients and proper counseling of the party about the status of the patient.<br>2) Ensure the presence of a Senior doctor (unit head/RMO/Consultant) in the ward during any incidence<br>3) Orientation of the Staff Nurse for handling the aggressive clients | Within 15 days<br><br>Within 15 days<br><br>Within 01 month. | AR/ Consultant<br>RMO<br><br>Director/<br>Superintendent<br><br>Director/<br>Superintendent/<br>RMO/ Nursing<br>Supervisor                     | Display of critically ill patients<br><br>Official order<br><br>Orientation conduction report verification |
| 11)     | Breach of confidentiality                               | Sometimes occurs in the indoor due to improper knowledge of the service providers  | 1) Orientation of all staff regarding patient's right of confidentiality and its importance.<br>2)Restriction of access to the patients documents by unauthorized person   | Within 01 month<br><br>Within 15 days                        | Unit head/consultant/RMO/NS<br><br>Ditto   | Orientation conduction report<br><br>Physical verification   |
| 12)     | Displacement of patient note to another patients folder | Sometimes occurs due to negligence of duty staff   | 1) Regular check up of patients notes according to registration number.<br>2)Keeping all records at the duty sisters room according to bed number  | Within 01 month<br><br>Within 15 days                        | Ward in-charge/NS<br><br>Ward in-charge/NS   | Physical verification<br><br>Physical verification   |
| 13)     | Missing of documents                                    | Sometimes occurs due to negligence of duty staff   | 1) Orientation of all staff regarding the importance of proper handing of patients documents.<br>2) Provision of registers regarding all patients related document transfer.<br>3) Restriction of access of patients' attendant to patients' documents.  | 01 month<br><br>01 month<br><br>Onwards                      | IMO/Asst.Registrar/<br>RMO/NS<br><br>Ditto   | Orientation training reports and Register books verification   |
| 14)     | Improper informed consent                               | Informed consent not uniform and not according to the standard   | 1) Orientation of all concerned personnel regarding the importance of proper informed consent.<br>2) Development of an informed consent form.<br><br>3) Introduction of the developed standard consent form  | 01 month<br><br>01 month<br><br>01 month                     | Departmental Head, Anaesthesia/<br>Consultant<br>Anaesthesia/operating surgeon/<br>RMO<br><br>Consultant<br>Anaesthesia/RMO/<br>Superintendent | Orientation conduction report review<br><br>Document review<br><br>Document review                         |

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|---------|---|---|---|---|--|--|
| 1       | 2   | 3   | 4   | 5                                       | 6  | 7  |
| 15)     | Proper hand washing practice                    | Proper hand washing practices not properly maintained           | 1) Orientation of all personnel regarding the importance of hand washing.<br>2) Supervision of hand washing practice by supervisors<br>3) Provision of adequate hand washing material | 01 month<br><br>01 month<br><br>07 days | AR/IMO/RMO<br><br>Ward master/AR/IMO/NS/RMO/consultant<br><br>SK/RMO/Superintendent/Director | Orientation training reports review<br><br>Supervision note review<br><br>Procurement document |
| 16)     | Wrong medication                                | Sometimes happens in the indoor due to negligence of duty staff | 1) Orientation on prevention of wrong medication<br>2) Proper and up to date maintenance of patients records  | Within 01 month<br><br>Onwards          | Consultant/RMO/IMO/Asst. Registrar<br><br>Ward in charge                                     | Orientation record<br><br>Drug dispensing register verification                                |
| 17)     | Adverse drug reaction                           | Some times happens due to improper knowledge and Communication  | 1) Proper counseling of the patients regarding hazardous drugs<br>2) Orientation training on immediate and late drug reactions  | Onwards<br><br>02 months                | Ward In-charge<br><br>Consultant/RMO   | Drug reaction register verification<br><br>Orientation conduction report review                |
| 18)     | Improper checking of doctors order              | Sometimes happens in the indoor due to negligence of duty staff | 1) checking of doctors order by senior staff nurse during dispensing<br>2) Proper maintenance of the dispensing register  | Onwards<br><br>Onwards                  | Ward In charge/RMO/IMO/AR<br><br>Ditto   | Register verification<br><br>Ditto   |
| 19)     | Improper checking of the label of the container | Rarely happens  | 1) Ensure random checking of labels by Nursing supervisor<br>2) Orientation training of the nursing staffs regarding dispensing errors  | Onwards<br><br>02 months                | NS/RMO/IMO/AR<br><br>Ditto   | Report verification<br><br>Training report verification  |
| 20)     | Improper checking of the expiry date            | Rarely happens in the indoor due to negligence of duty staff    | 1) Ensure random checking Expiry date by Staff nurses<br>2) Orientation training all the nursing staff regarding dispensing errors  | Onwards<br><br>02 month                 | Nursing Supervisor/IMO/AR/RMO<br><br>IMO/AR/RMO  | Drug dispensing register review<br><br>Training report review                                  |



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|---------|---|--|--|--|--|--|
| 1       | 2   | 3  | 4  | 5  | 6  | 7  |
| 21)     | Wrong administration of dose              | Rarely happens due to negligence of duty staff | 1)Checking of dose before administration<br><br>2)Orientation training all the nursing staff regarding dispensing errors   | Onwards<br><br>02 month                  | Nursing Supervisor/ IMO/AR/RMO / Consultant<br><br>Consultant /RMO/ IMO / AR | Drug dispensing register review<br><br>Training report review                |
| 22)     | Fall from bed                             | Occasionally happens due to improper measure   | 1)Railings by the side of the bed (Cot beds) for unconscious patients<br><br>2)Orientation of the nursing staff for the management of unconscious patients                   | 02 months<br><br>03 months               | Nursing Supervisor/ RMO/IMO/ AR<br><br>Consultant/ RMO/IMO/ AR               | Document checking and physical verification<br><br>Orientation report review |
| 23      | Delay in sample collection for diagnosis. | Frequently happens                             | 1) Development of proper system<br><br>2)Maintain register properly for investigation request with time frame<br><br>3)Provision of adequate logistics for sample collection | 01 month<br><br>Onwards<br><br>01 months | IMO/AR/ RMO/NS<br><br>Ditto<br><br>Ditto                                     | System evaluation<br>Record checking<br><br>Stock ledger review              |