

## 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> 1). Contaminated/ un-sterilized Equipments/ instruments	a) Sterilization persists but decontamination not practiced properly b) some times problem in sterilization monitoring	i) Decontamination of all surgical instruments before sterilization by OT nurse after each operation. ii) Sterilization of all surgical instruments by sterilization technician daily before each operation. iii) Checking of sterilization by using autoclave tape for each drum by autoclave technician.	i) 15 days ii) 15 days iii) 01 months	Head of anesthesia / OT In-charge / Nursing supervisor	i) verification by developed check list 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. ii) Orientation of all junior doctor and concern staff Nurse about the good surgical practice by Anaesthesia consultant/In charge Anaesthesia department iii) Taking shower and wearing of OT dress by patient at the day of operation supervised by ward in charge. iv) Control of visitors by Asstt. Registrar/RMO / Ward in charge. v) Daily cleaning of ward, changing of bed sheets and pillow covers by ward in charge. 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 ii). 1 months iii). 2 weeks iv). 2 weeks v). 1 weeks vi). 1 months.	i) Anesthesia head / Nursing supervisor. ii) Head of the Anaesthesia unit. iii) Ward In-charge iv) A/R,RMO v) Head of the unit /RMO vi) Unit head/ Asst. Registrar / RMO /Superintendent	i) Check list/ recording findings ii) Records of orientation conduction iii) Physical verification by Nursing supervisor iv) Physical verification by Superintendent v) Physical verification by respective authority 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. ii) Implementation of standard infection control procedure by unit head. iii) Development of SOP for infection control by	i) 1 months ii) 1 months iii) 2 months	i) Unit head/RMO ii) Unit head/RMO iii) Infection control team.	i) orientation Records verification ii) Use of Check list. iii) SOP document

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			infection control team.			verification
4)	Needle stick injury	Frequently present/some times happen/ Possibilities of taking place	<ul style="list-style-type: none"> <li>i) Orientation of doctors &amp; nurses about needle stick injury by Unit head / RMO/AR/IMO</li> <li>ii) Warning of the operating surgeon about needle stick injury before each operation by Anesthetist/AR/IMO or OT nurse.</li> <li>iii) Transfer of the needle in a kidney dish.</li> <li>iv) Holding of needle by forceps.</li> <li>v) Inhibition of recapping of needle.</li> </ul>	<ul style="list-style-type: none"> <li>i) 1 months</li> <li>ii) Two week</li> </ul>	<ul style="list-style-type: none"> <li>i) Unit head/RMO</li> <li>ii) Anesthetist</li> <li>iii) Anesthetist &amp; OT in-charge</li> </ul>	<ul style="list-style-type: none"> <li>i) Orientation document verification</li> <li>ii) Checklist verification</li> </ul>
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	<ul style="list-style-type: none"> <li>i) Fixation of the number of operation with the consultation of operating surgeon</li> <li>ii) Communication to patient attendant/patient for any delay or cancellation by OT /Indoor In-charge</li> </ul>	<ul style="list-style-type: none"> <li>i) 1 month</li> <li>ii) 1 month</li> </ul>	Unit head/Consultant	Documentation review
7)	Diathermy burn	Rarely happens/any time it can be happen in the OT during operation	<ul style="list-style-type: none"> <li>i) Orientation of doctors and OT staff about diathermy burn by unit head monthly.</li> <li>ii) Reminder of the surgeon and assistants by the OT nurse before each operation.</li> <li>iii) Good surgical practice by surgeon.</li> </ul>	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	<ul style="list-style-type: none"> <li>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.</li> <li>ii) Counting of all instruments and mop at operation trolley before starting of operation and before wound closure by surgeons assistant</li> <li>iii) Good surgical practice by all surgeons.</li> </ul>	1 month	Concern operating surgeon /Unit head /consultant	Review of incident reporting

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9)	Failure to carry out adequate post-operative observation	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/ Nursing supervisor	Physical verification by concern authority
10)	Wrong operation	Rarely happen	i). Careful preoperative evaluation of patient by A/R /IMO/Operating surgeon day before operation. 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 ii.) Head of the anaesthesia	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. 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. 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. iii) Orientation of the doctors and nurses about safe blood transfusion by the head of the blood transfusion department.	i) 1 month ii) 1 month iii) 1 month	i) RMO/In charge blood transfusion department ii) RMO/In charge blood transfusion department 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

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14)	Operating room not properly prepared for the first operation	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 supervisor	Check list /document Verification

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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. 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  Within 01 month	Director/ Superintendent/Unit head/RMO  Asst.Registrar/IMO/RMO/. Nursing supervisor	1)Orientation conduction report review,  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. 2) Holding performance review meeting of the supporting staff by concern authority/ Ward master on daily basis. 3) Setting standard of cleanliness to follow by risk management committee	Within 15 days  Within 07 days  Within 15 days	Director/ Superintendent/ Unit head/ IMO/ RMO/ Asst. Registrar  Ditto  Ditto	Physical Verification & fill-up designed checklist  Meeting minutes review Ditto  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.  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 2) Daily Checking of cleaners by ward master 3)Opening and maintenance of MWM register by Ward master and cross checking by nursing supervisor (Weekly )  Conduction of refreshers orientation for staff nurse by Unit head/IMO/ Asst. Registrar/RMO and Nursing supervisors – Monthly basis	Within 7 days  Ditto  Within 10 days  within 01 month	Director/ Superintendent/ Unit head/ RMO & Ward master  Ditto	Sharing findings of supervision in the weekly coordination meeting.  Reviewing the orientation document

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4).	Attendance control	Some times poor visitor control	1) Implementations of the existing "pass" system strictly. 2) Surprise visits by supervising authority to check the status of the attendance control.	Starting the activities within 7 days and onwards	Nursing supervisor/ RMO/ Consultant/ superintend/ 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. 2) Provide rechargeable emergency light(IPS) in ward	Within 03 month  Within 03 month	RMO/ Superintendent/ Director	Physical verification of log book
6).	Improper security to personnel	Sometimes violence occurs by the patients, attendant and outsiders. 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. 2) Orientation of the service providers to develop capacity on the maintenance of proper security. 3) Selection of a focal person to make liaison with law enforcing agents and media.	Within 15 days  Within 02 month  Within 01 month	Director/ Superintendent  IMO/ Asst. Registrar/ RMO  Director/ Superintendent	Examination of official order  Training /Orientation  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 2) Proper compilation of data for disseminating	Within 2 Week  On regular basis	Director /Superintendent  Ditto	Official order examination  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. 2) Ensure proper use of personal protective equipments (Mask, Gown, Shoes or boots) during handling the medical waste.	01 month.  01 months.	RMO/IMO/ AR  Ward master/ Ward in charge/ RMO	Orientation conduction reports verification  Observation findings review

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9)	Aggression of clients	Minor events sometimes occur due to improper communication skill of the service providers.  Major events occurs rarely	1) Classification of critically ill patients and proper counseling of the party about the status of the patient. 2) Ensure the presence of a Senior doctor (unit head/RMO/Consultant) in the ward during any incidence 3) Orientation of the Staff Nurse for handling the aggressive clients	Within 15 days  Within 15 days  Within 01 month.	AR/ Consultant RMO  Director/ Superintendent  Director/ Superintendent/ RMO/ Nursing Supervisor	Display of critically ill patients  Official order  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. 2)Restriction of access to the patients documents by unauthorized person	Within 01 month  Within 15 days	Unit head/consultant/RMO/NS  Ditto	Orientation conduction report  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. 2)Keeping all records at the duty sisters room according to bed number	Within 01 month  Within 15 days	Ward in-charge/NS  Ward in-charge/NS	Physical verification  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. 2) Provision of registers regarding all patients related document transfer. 3) Restriction of access of patients' attendant to patients' documents.	01 month  01 month  Onwards	IMO/Asst.Registrar/ RMO/NS  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. 2) Development of an informed consent form. 3) Introduction of the developed standard consent form	01 month  01 month  01 month	Departmental Head, Anaesthesia/ Consultant Anaesthesia/operating surgeon/ RMO  Consultant Anaesthesia/RMO/	Orientation conduction report review  Document review  Document review

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					Superintendent	
15)	Proper hand washing practice	Proper hand washing practices not properly maintained	1) Orientation of all personnel regarding the importance of hand washing. 2) Supervision of hand washing practice by supervisors 3) Provision of adequate hand washing material	01 month  01 month  07 days	AR/IMO/ RMO  Ward master/AR/ IMO/NS/ RMO/consultant  SK/RMO/Superintendent/Director	Orientation training reports review  Supervision note review  Procurement document
16)	Wrong medication	Sometimes happens in the indoor due to negligence of duty staff	1) Orientation on prevention of wrong medication 2) Proper and up to date maintenance of patients records	Within 01 month  Onwards	Consultant/ RMO /IMO/Asst. Registrar  Ward in charge	Orientation record  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 2) Orientation training on immediate and late drug reactions	Onwards  02 months	Ward In-charge  Consultant/ RMO	Drug reaction register verification  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 2) Proper maintenance of the dispensing register	Onwards  Onwards	Ward In charge/ RMO/ IMO/ AR  Ditto	Register verification  Ditto



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19)	Improper checking of the label of the container	Rarely happens	1)Ensure random checking of labels by Nursing supervisor 2)Orientation training of the nursing staffs regarding dispensing errors	Onwards 02 months	NS/RMO/ IMO/AR  Ditto	Report verification  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 2)Orientation training all the nursing staff regarding dispensing errors	Onwards  02 month	Nursing Supervisor/ IMO/ AR/ RMO  IMO/ AR/ RMO	Drug dispensing register review  Training report review
21)	Wrong administration of dose	Rarely happens due to negligence of duty staff	1)Checking of dose before administration 2)Orientation training all the nursing staff regarding dispensing errors	Onwards  02 month	Nursing Supervisor/ IMO/AR/RMO / Consultant  Consultant /RMO/ IMO / AR	Drug dispensing register review  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 2)Orientation of the nursing staff for the management of unconscious patients	02 months  03 months	Nursing Supervisor/ RMO/IMO/ AR  Consultant/ RMO/IMO/ AR	Document checking and physical verification  Orientation report review
23	Delay in sample collection for diagnosis.	Frequently happens	1) Development of proper system 2)Maintain register properly for investigation request with time frame 3)Provision of adequate logistics for sample collection	01 month  Onwards  01 months	IMO/AR/ RMO/NS  Ditto  Ditto	System evaluation Record checking   Stock ledger review

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