

## Action Taking Report

**Name of Hospital:**

| <b>QUALITY MANAGEMENT SYSTEM</b> |   | <b>Action Taken</b> |                    |
|----------------------------------|---|---------------------|--------------------|
| 1                                | <b>To ensure that Pre-analytical, Analytical and Post-analytical quality control processes are followed in all the labs at DH/SDH/SH.</b>   |                     |                    |
| a)                               | <b><u>Sample Collection:-</u></b><br>(a) Is <b>Sample collection manual</b> available & Staff trained?<br>(b) Are the sample properly Centrifuged & of adequate volume.<br>(c) Is the blood drawn from opposite arm when IV solution is being administered? |                     |                    |
| b)                               | <b><u>Sample Handling:-</u></b><br>(a) Storage.<br>(b) Transport Condition.<br>(c) Delay in Transport to the labs for processing.   |                     |                    |
| c)                               | Is centre having SOP (Standard operating Procedure)?  |                     |                    |
| d)                               | Is specimen analyzed according to the plan mentioned in SOP?  |                     |                    |
| 2                                | <b>Reagents and Consumables</b>   |                     |                    |
| a)                               | Availability of reagents and consumables.   |                     |                    |
| b)                               | Storage facility for reagents and consumables.  |                     |                    |
| c)                               | Is reagent chemical/consumable stored under appropriate condition?  |                     |                    |
| d)                               | Reagents label contain name of reagents, concentration, date of preparation / opening, date of expiry, storage condition and warning "do not use if solution is turbid."  |                     |                    |
| e)                               | Record of Expired Reagents & Strips kept.   |                     |                    |
| 3                                | <b>Equipments</b>   |                     |                    |
| a)                               | Is Equipment Inventory book & Log Book for maintainance, repair and breakdown of equipments available?  |                     |                    |
| b)                               | Back up machine available (Yes/No).   |                     |                    |
| c)                               | Is centre having <b><u>Quality control records:-</u></b><br>- Is laboratories performing control every day on test run?<br>- Is levy Jennings (LJ) chart plotted daily on fully auto analyzer and semi auto analyzer?                                       |                     |                    |
| 4.                               | <b>Availability of manpower</b>   | <b>Permanent</b>    | <b>Contractual</b> |
| a)                               | Pathologist/Biochemist/Microbiologist   |                     |                    |
| b)                               | Sonologist  |                     |                    |
| c)                               | Lab technician  |                     |                    |

|    |   |  |  |  |
|----|---|--|--|--|
|    |   |  |  |  |
| d) | Radiographer  |  |  |  |
| e) | ECG Technician/Trained ECG staff  |  |  |  |
| 5. | <b>Complaint Redressal Mechanism</b>  |  |  |  |
| a) | Is complaint book available for patients?   |  |  |  |
| b) | Procedure in place for redressal of complaints.   |  |  |  |
| 6. | <b>Universal Precautions</b>  |  |  |  |
| a) | To ensure that Radiation protection rules are followed.   |  |  |  |
| b) | Is radiation warning sign available at X-Ray room entrance?   |  |  |  |
| c) | Is X-Ray room equipped with transport trolley, O <sub>2</sub> cylinders suction apparatus and emergency drugs?  |  |  |  |
| d) | Is X-Ray room having lead apron for staff and Lead sheets on door etc?  |  |  |  |
| e) | Is Centre having 'lock & key' facilities to store control media etc? (If available in stocks)   |  |  |  |
| f) | Is staff using TLD Badges?  |  |  |  |
| g) | Is centre having radiation safety policy?   |  |  |  |
| h) | Is X-Ray room designed as per guidelines of AERB?   |  |  |  |
| 7. | <b>Bio Medical Rules</b>  |  |  |  |
|    | To ensure implementation of BMW Rules 1998(Amended 2000 and 2003) at all laboratories of these institutions.  |  |  |  |
|    | (a) Is centre having proper record of BMWs?   |  |  |  |
|    | (b) Name of Firm which provide CTF connectivity.  |  |  |  |
|    | (c) Also attach <b>authorization certificate and agreement copy.</b>  |  |  |  |
|    | (d) BMW collected by firm daily. (Yes/No)   |  |  |  |
|    | (e) Availability of hospitals supplies for proper implementation of BMW rules:- colored bins/ bags/apron/ gloves/ mask/ boots / sodium hypochlorite solutions/ needle cutter. |  |  |  |
| 8. | <b>ECG</b>  |  |  |  |
|    | a) Is separate room available for ECG?  |  |  |  |
|    | b) Is transportation trolley available in ECG room?   |  |  |  |
|    | c) Is proper sign available at ECG room entrance?   |  |  |  |
|    | d) Is trained manpower available for ECG?   |  |  |  |
|    | e) Is centre having ECG electrode, leads and back up machine available?   |  |  |  |
| 9. | Regular visit of Bio Medical Engineers to the Hospitals. (Yes/No).  |  |  |  |