



Hospital Care & Service Bulletin

Month & Year: December 2025

**From The Desk of Vice Chancellor:**

During the review of quality and patient safety indicators for this month, it is encouraging to note sustained improvement and consistent adherence to established clinical and safety standards across the hospital. The hospital remains committed to continuous quality improvement, patient safety, and full compliance with NABH standards, with leadership actively monitoring monthly performance and supporting system-based improvements.

**Quality & Safety Corner:**

Sl. No	Quality Indicators	percentage/no/min
1.	Medication Error	181
2.	ADR	0
3.	Near Miss	11
4.	Fall Incident	1
5.	Sentinel Event	1
6.	Hand Hygiene Compliance	94.11%
7.	Average Waiting Time for Out Patient Consultation	15 min
8.	Needle stick Injury	2
9.	Surgical Site Infection	56
10.	VAP	3
11.	CAUTI	0
12.	CLABSI	0
13.	Percentage of patient with Myocardial infarction for whom Door to balloon time of 90min is achieved.	91.8%
14.	Post-operative Endophthalmitis rate	0
15.	Bile duct injury rate requiring operative intervention during Laparoscopic Cholecystectomy	0

- **Achievement:** Under the leadership of ENT Dr.Naveen kumar.A.G and his unit team successfully managed a critical neck and airway injury in a 24 year old male patient with timely tracheostomy and laryngeal repair ,ensuring effective airway protection and complete recovery to his voice .
- **Improvement Highlight:**
  - 11 Near Miss events and 1 sentinel event were identified and reported, reflecting improved awareness and a positive patient safety culture.
  - 91.8% compliance achieved for Door-to-Balloon time within 90 minutes indicating effective emergency cardiac care.
- **Scope for the improvement:**
  - Focus is needed on strict adherence to pre-operative antibiotic prophylaxis, aseptic techniques, and post-operative wound care to reduce SSI incidence.

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