

Date: 28.05.2024


To
The Environmental Engineer
Pollution Control Board
Hyderabad, Telangana

Sub: Form I & Form IV submission for the year 2023 of Care Hospitals, Hitech City – IP Block

Respected Sir,

Forwarding herewith the annual submission of the FORM I & FORM IV from January 2023 to December 2023 for Care Hospitals, Hitech City – IP Block (Plot No. 48, 49,50,51,52, Jayabheri Pine Valley, Beside Cyberabad Police Commissionerate Office, Ranga Reddy)

Authorized Signatory


Mr. Sunil Aggarwal
Hospital Chief Operating Officer
Care Hospitals, Hitech City
Hyderabad, Telangana



QUALITY CARE INDIA LIMITED

CIN: U85110TG1992PLC014728

evercare group

CARE HOSPITALS

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FORM - I
[(See rule 4(o), 5(i) and

15 (2)] ACCIDENT

REPORTING

1. Date and time of accident : **May 2023**
2. Type of Accident : **Needle stick injury**
3. Sequence of events leading to accident : **Improper biowaste segregation**
4. Has the Authority been informed immediately : **Yes**
5. The type of waste involved in accident : **Blue category**
6. Assessment of the effects of the accidents on human health and the environment: **Needle stick injury protocol was followed**
7. Emergency measures taken : **Titre test was done**
8. Steps taken to alleviate the effects of accidents : **Vaccination completed**
9. Steps taken to prevent the recurrence of such an accident : **Training done**
10. Does your facility have an Emergency Control policy? If yes give details: **Fire emergency preparedness plan exists in place and quarterly mock drills are conducted.**

Tals
28/5/24

Date : 29/5/24

Signature 

Place: Hyd.

Designation HCOO.

Form - IV (See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Mr. Sunit Aggarwal
	(ii) Name of HCF or CBMWTF	:	CARE Hospitals – Hitech City
	(iii) Address for Correspondence	:	Plot No. 48,49,50,51,52, Jayabheri Pine Valley , Beside Cyberabad Police Commissionerate Office, Ranga Reddy
	(iv) Address of Facility	:	Plot No. 48,49,50,51,52, Jaybheri Pine Valley , Beside Cyberabad Police Commissionerate Office, Ranga Reddy
	(v) Tel. No, Fax. No	:	040 – 33623774
	(vi) E-mail ID	:	sunit.aggarwal@carehospitals.com
	(vii) URL of Website	:	http://www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	17°25'51.0"N 78°22'19.4"E
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: TSPCB/BMWA/RR-I-3510625/HO/2022/1183 valid up to 31/03/2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2027
2.	Type of Health Care Facility	:	Private
	(i) Bedded Hospital	:	No. of Beds: ...220 ..
	(ii) Non-bedded hospital	:	--
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	Authorisation No.: TSPCB/BMWA/RR-I-3510625/HO/2022/1183
3.	Details of CBMWTF	:	NA

	(i) Number healthcare facilities covered by CBMWTF	:	--																																																
	(ii) No of beds covered by CBMWTF	:	--																																																
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	--																																																
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category :3505.09 Kgs Red Category : 2,387.15 Kgs White: 107.31 Kgs Blue Category : 269.83 Kgs General Solid waste: 2,842 Kgs																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : 11.7 sq.m Capacity : 24 hours Provision of on-site storage : (cold storage or any other provision) Dedicated Central Biowaste Area																																																
	disposal facilities	NA	<table border="0"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	ONE
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	GJ Multiclave
	(vii) List of member HCF not handed over bio-medical waste.		NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		The compliance related to BMW is discussed in Hospital Infection Control Committee
7	Details trainings conducted on BMW		Appropriate biowaste handling & Needle stick injury
	(i) Number of trainings conducted on BMW Management.		15
	(ii) number of personnel trained		260 – Nursing, Housekeeping, Technician
	(iii) number of personnel trained at the time of induction		All new joinees
	(iv) number of personnel not undergone any training so far		--
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		--
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Needle stick injury – 01
	(ii) Number of the persons affected		1
	(iii) Remedial Action taken (Please attach details if any)		Staff has been provided with treatment as per hospital policy. Root cause analysis done and presented to HIC Committee. Mandatory induction for new staff and continuous training for all the staff
	(iv) Any Fatality occurred, details.		--

9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	--
	Details of Continuous online emission monitoring systems installed	--
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Liquid waste generated and met the standards all time
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Nil
12	Any other relevant information	: --

File
28/5/24

Certified that the above report is for the period from Jan 2023 to Dec 2023



Name and Signature of the Head of the Institution

Date: 29/05/2024
Place Hyderabad

Category	Accidents
Sub-category	Needle stick injury
Incident description	while removing Bio waste from Blue dustbin ,needle was projected outside HK Staff subjected to NSI
Location of the incident	OT-4
Incident Type	Clinical
Incident description	while removing Bio waste from Blue dustbin ,needle was projected outside HK Staff subjected to NSI
Immediate action (if any)	NSI protocol followed
Probable reason for incident	SMS Sheet and Needle without cap discarded in blue dustbin
Attachments	
Device	Needle
Site exposed	Hand / finger
Depth of Injury	Superficial
Serostatus of patient	Seronegative
Serostatus of employee	Seronegative
Location	IP
Vaccination status of employee	Completed vaccination series
Problem	Wrong disposal

DETAILS(s) OF PEOPLE INVOLVED IN THE INCIDENT

Incident impacted	Individual
Category of individual	Staff
Designation	HK STAFF

Final Root Cause Analysis

Strategy

RCA

Root cause analysis approach

fiveWhy

Five Why

Total rows - 5

Question	Answer
Why did HK staff removed Biowaste	SMS wrapper was there in Blue dustbin
Why did sms wrapper was there in Blue dustbin	Wrong disposable of bio waste
Why did wrong disposable of biowaste	Technician discarded SMS sheet and Needle without cap
Why Sharp injury protocol not followed	Due to emergency Technician discarded needle in blue dustbin which was hiding under sms sheet

Under which section efforts have been made to improve the quality? Policies and audits

Tools used

training

Date – May 2023

Authorized signatory

MINUTES OF MEETING (HICC COMMITTEE - SEP 2023)

Minutes of the Hospital Infection Control Committee Monthly Meeting held on 15.09.2023 at 6th Floor Training hall from 3-4.30 PM.

Members Present : Dr Bhavani Prasad (chairperson)

Dr Navin (MS), Dr Rukana, Dr Shiva, Ms Mini, Dr Sallaja, Dr Mohan, Ms Nalini, Mr Sourabh, Dr Jahan, Mr Srinivas
Mr Feroz, Ms Sindhu, Ms Sushma, Ms Sindhu, Ms Sabitha, Ms Sasi, Mr Srinivas, Ms Sulochana, Mr Prabhu, Mr Chandler

Members absent : Representation from OT team & Surgeons

Quorum Required Yes

Action Taken Report of Previous Minutes of meeting (09.08.2023)

S No	Agenda	Point discussed	Responsibility	Action taken (status)	Start date	Expected closure date	Status
1	Hand hygiene compliance	Specifically use hand hygiene data in the OT to be maintained and communicated to the respective dept.	Ms Bhagy & Mr Raji	Not presented	10.08.2023	30.08.2023	Open
2	VAP	As there was on case of VAP in the month of July in MICU, the main root cause observed to be hand hygiene non compliance and usage of same gloves for multiple patients. It was decided in the meeting to identify the staff and train on importance of hand hygiene to prevent VAP	Ms Bhagy & All incharges	Training on VAP bundles and hand hygiene compliance are captured	10.08.2023	20.08.2023	Closed
3	NSI	As there was on case of NSI for the staff (Nurse) in the ward, RCA was recapping of the needle, strengthening of the training & awareness about the recapping to be provided to all the health care workers to avoid NSI & Sharp injuries	Ms Bhagy & All incharges	Retraining sessions are on going	13.08.2023	30.08.2023	In progress
4	Dialysis reprocessing machine	Reprocessing machine is not working for many days, concern to look in to it	Mr Sampat	Repair is not done	11.08.2023	20.08.2023	Open

Minutes of Present meeting (15.09.2023)

1	Bio medical waste data	Biomedical waste compliance for the month of Aug 2023 is -89 % Retraining of the staff and improvement to be evidenced. The non compliance was mainly in OT. 50% observed in the committee suggested for the BMW pointers to be placed in each OT. And all the other wards it is 90%	Ms Raji & Ms Bhagy		14.09.2023	30.09.2023	
2	CAUTI	1 CAUTI case and root cause was presented, reason was secondary to clinical condition was discussed	Ms Bhagy		14.09.2023	30.09.2023	

3	Adherence to prophylactic antibiotics	Adherence to prophylactic antibiotics with specified time frame is 92% for aug month it should be improved to 95 %	Dr. Naveen & Ms. Nalin		18.08.2023	30.08.2023	
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Care Hospital, Hitech City
Date: 13.08.2023

[Handwritten Signature]

Sign Of Champion
Dr. Shantaram Parul
(HOD Critical Care)

Minutes of the Hospital Infection Control Committee Monthly Meeting held on 16.12.2023 at 6th Floor Training hall from 3-5 PM

Members Present : Dr.Ravi Shankar (chairperson)
 Dr.Navin (MS),Dr.Ruksana (Microbiology/STDS),Dr.Jahan (Quality),Dr.Syed Usman (CP),Dr.Pavan (Critical Care),Ms.Mini Jose (NS),Ms.Bhagya Lakshmi(ICN),
 Mr.Feroz (Hospitality),Ms.Sushma (Quality),Mr.Shrawan (MICU 2),Dr.Sahithi (RMO),Mr.Prabhu(MICU 1),Mr.Vinod (post cath),Mr.Srinivas (CSSD)

Members absent : Representation from Dailysis, OT, Surgeons, Dr.Sailaja ,Dr.Shiva,Dr.Prabha Agarwal,Pharmacy ,F&B

Quorum Required:Yes

Action Taken Report of Previous Minutes of meeting (10.11.2023)

S.No	Agenda	Point discussed	Responsibility	Action Taken (status)	Start date	Expected closure date	Actual closure date
1	OT Camera Surveillance access	OT camera surveillance access to be given to Ms.Mini & for the monitoring of effectiveness of instruments cleaning & process flow.	Ms. Mini	As per the access, access can be provided to only MICU, where staff want to check for the surveillance need to go to the control room.	18.10.2023	25.10.2023	Open
2	HK Supervisor Requirement	Dedicated HK supervisor to be allotted for OT & ICU at the earliest and should not be shifted to floor.(NC)	Ms.Srinivas/Dr.Feroz	HK supervisor dedicated for OT is not yet provided.	18.10.2023	30.10.2023	Open
3	Separation of Post Surgical Cases	Committee recommended for the separation of the clean & contaminated post surgical cases in ICU/NC	Dr.Navin & Ms.Mini	Cases not being separated and infected cases are combined with clean cases.	18.10.2023	20.10.2023	Open
4	NRSA screening	Mandatory NRSA screening to be done for all CTVS cases & Transplant cases	Dr.Navin & Concerned Surgeon	Out of 7 cases in CTVS, 4 NRSA samples were sent	18.10.2023	20.10.2023	In progress
5	Increase in SSI	In the month of Oct 2023 there was 4 cases of SSI incidents. The RCA was concluded that home care dressing, non-compliance to antibiotic policy, unmonitored sugar levels, wound dressing, lack of effective cleaning of instruments & an appropriate sterile sets storage. Corrective actions taken are: Suprapaque brush & instruments cleaning brush is provided, double autoclave for all the implant cases, instruments cleaning is being done by nursing staff & dedicated sterile storage area has been provided, strict adherence to antibiotic policy with a specified time frame to be followed	Dr.Navin & All surgeons	For the month of Nov 2023 SSI rate is 0%	17.11.2023	With immediate effect	Closed
6	Air dryer	An dryer to be provide for instruments drying at OT	Mr.Habibul Rahiman	Shall be provided by the end of december month	13.11.2023	20.11.2023	In progress
7	Communication to consultants	Communication to the consultants regarding the waste, hand hygiene & prophylactic antibiotic compliance to be done in every academic session	Ms.Bhagya	Communication is being done in every Friday academic session by ICN	11.11.2023	With effect from 17.11.2023	In progress
8	Safe infusion practices	Re training of the staff on the revised safe infusion practices to be done	Ms.Bhagya	Re training for all the staff on safe infusion practices has been done	11.11.2023	15.11.2023	Closed
9	Dressings	Committee recommended that all the dressings to be done by concerned consultants / reviewers not to be done by DMO or nurses this is to avoid infections.	Dr.Navin & All Surgeons	All the dressings being done by Consultants & DMO, monitoring is being done by floor exchanges	11.11.2023	With immediate effect	Closed

11	Movement in between the O	Compliance for the movement of the associates in gowns & gloves in the OT corridor to be done	Ms.Naina & Ms.Shagya	Daily checking and audits been carried out by Ms.Shagya	11.11.2023	20.12.2023	In progress
Present minutes of meeting (13.12.2023)							
1.	HIN1 /Notifiable disease	Committee recommended that for all suspected cases of any notifiable respiratory disease, patient to be kept in the single room or isolation till the report generated.	Dr.Naina/Ms.Shagya		14.12.2023		With immediate effect
2.	Mask etiquette	For all the patients visiting internal medicine dept & pulmonology dept COVID with respiratory symptoms face mask is mandatory & screening checklist to be implemented	Ms.Asha (OPD Manager)		14.12.2023		With immediate effect
3.	Biomedical waste compliance	Over all BMW compliance a discussion dept wise it was observed that the best compliance is in OT 80% and highest in cath lab 94% to improve the compliance committee suggested awareness among the consultants & concerned staff	Ms.Shagya (CN)		14.12.2023	15.12.2023	
4.	BMW Data dept wise	BMW data to be captured dept wise, portable weighing machine to be procured	Mr.Farooq		14.12.2023	20.12.2023	
5.	COVID Preparedness	HCC committee shall meet with respective consultants and make plan for mask etiquette in OP&P/Respiratory Clinic.	Ms.Shagya /Dr.SAMM		14.12.2023	21.12.2023	

Care Hospital Jiltech city
19.12.2023

Dr. Ravi Shankar (Chair person)

Critical Care

MINUTES OF MEETING (HICC JUNE 2023)

Minutes of the Hospital Infection Control Committee Monthly Meeting held on 15th JUNE 2023 at 6th Floor. Training hall from 15:00 pm to 16:00 PM.

Members Present :

Dr.Bhavani Prasad (Chair person), Dr.Fathima, Dr.Navin,Dr.Sailaja,Dr.Shiva,Dr.Shravani,Ms.Sindhu, Ms.Bhagya,Mr.Feroz,Mr.Srikanth,Dr.Jahan
Mr.Cowshlin,Mr.Prabhu,Ms.Raji,Ms.Nidhi,Ms.Bindhu,Ms.Reshma,Ms.Nirosha,Ms.Sulochana, Mr.Azmith ,Mr.Anand
Ms.Sasi, Ms.Elizabeth, Ms.Vijaya,, Mr.Srinivas, Ms.Bhavani,Ms.Vasantha,Dr.Gajendra,Mr.Pavan.

Members absent: Dr.Priya, Dr.Shyamala,Dr.Rathnakar,Dr.Prabha Agarwal

Quorum Required: Yes

Proceedings

- To take note of the minutes of the previous meeting held on May 2023
- Minutes of the previous meeting held on November which were circulated earlier and approved by the members were placed before the meeting for taking note. members took note of the same.
- Action taken report of previous meeting (with actions carried forward) YES

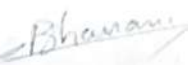
Action taken report on MOM dated 15.05.2023

S No	Agenda Point	Discussed Point	Action taken /Plan	Status
1	VAP Rate	As there was one case of VAP, this was instructed from HICC chairperson to follow sterile suctioning techniques for all the tracheostomy procedures.	Implemented all sterile techniques, NO VAP reported for the month of may 2023	Closed
2	SSI (Surgical Site infection)	All the dressings to be done by wearing surgical sterile gloves to avoid SSI rates.	Sensitized all surgeons and close monitoring done by ICN & OPD incharges	Closed
3	BMW management	In OT & SICU ,Biomedical waste management compliance to be improved.	Regular training for the OT & SICU staffs is being done.	Open
4	High End Antibiotic	High End Antibiotic form to be made available in the case sheets. The communication regarding the documentation specialty wise to be communicated. Escalation & de-escalation based on the cultures to presented	Nurse Incharges Dr.Priya (CP) Dr.Priya (CP) & Nurse incharges	Open

2. Discussions of current meeting (15.06.2023)

S No	Agenda Point	Discussed Point	Process Owner	Time line
1	Sterile Techniques	Sterile tracheostomy suctioning to be followed for all tracheostomy patients in all wards & ICUs. Committee suggested to train all the ward staff on the same.	Ms. Bhagya & All In-charges	30.06.2023
2	Closed sample techniques	Closed samples techniques to be followed during sample collection. Pilot study can be done in 9 th floor from this month onwards.	Ms. Bhagya & Ms. Sashi	30.06.2023
3	Vaccination	Declaration to be taken from the consultants if they are already vaccinated	Ms. Bhagya & Mr. Someswar	30.06.2023
4	Dialysis Data	HIC data of dialysis dept to be presented by Dialysis dept	Mr. Mohan & Ms. Bhagya	IN next HICC meeting
5	Bio medical waste data	Biomedical waste compliance for the month of May 2023 is - 92 % The non compliance was mainly observed in OT & SICU. Retraining of the staff and improvement to be evidenced.	Ms. Raji & Ms. bhagya	30.06.2023

Place: CARE Hospitals, Hitech Unit
Date: 19.06.2023



Signature of Chairperson
Dr. Bhavani Parsad
(HOD critical Care)