



Committed to developing "Conscientious, Confident & Caring quality nursing professionals"
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA'S

Smt. Bakul Tambat Institute of Nursing Education

(Affiliated to MSBNPE, MNC, MUHS & INC, NAAC Accredited)



QUALITY CARE AND PATIENT SAFETY PRACTICES FOLLOWED BY TEACHING HOSPITAL (2022-23)



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LIST OF BUNDLE PROTOCOLS FOR QUALITY OF CARE AND PATIENT SAFETY.

Sr. no.	Bundle Protocol
1	Hand Hygiene
2	Peripheral IV Cannulation Process
3	Central Line- Insertion Bundle
4	Central Line- Maintenance Bundle
5	Catheter associated urinary tract infection (CAUTI) Bundle
6	Ventilator associated Pneumonia (VAP) Bundle
7	Ventilator associated Pneumonia: Maintenance Bundle
8	Central Line Associated Blood Stream Infection (CLABSI)
9	Peripheral Line Associated Blood Stream Infection (PLABSI)
10	Needle stick infection (NSI)
11	Reverse barrier
12	Barrier Nursing
13	Air-born infection prevention



Deenanath Mangeshkar Hospital & Research Center

5 Moments for Hand Hygiene



7 STEPS OF HAND HYGIENE



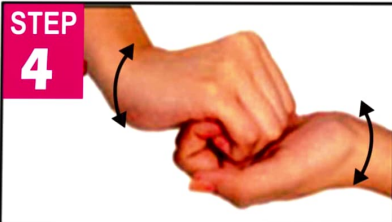
Palm to Palm
तळहात ते तळहात



Palm to back, fingers over faced
तळहाताने दुसऱ्या हाताला मागील बाजूने बोटांच्या साहाय्याने चोळणे



Palm to Palm, finger interlaced
तळहात आणि बोटे एकमेकांमध्ये अडकवणे



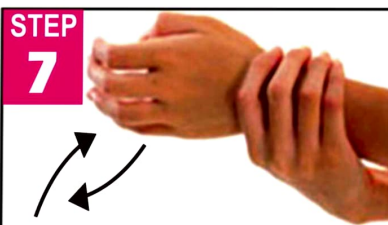
Finger interlocked
बोटे एकमेकांमध्ये अडकवणे



Rotational rubbing of thumb in palm
तळहाताने अंगठा गोलाकार पद्धतीने चोळणे



Rotational rubbing of fingers in palm
हातांची बोटे गोलाकार तळहातावर फिरवणे



Rubbing of each wrist
प्रत्येक मनगट चोळणे

◀ Step 7 : To be washed till elbows
(critical areas and invasive procedures)

❖ Take 2 pumps of Hand rub / Liquid antiseptic soap solution

❖ Each step 6 times

PERIPHERAL IV CANNULATION PROCESS



Clean IV tray and arrange all required equipment

Patient identification and education

Perform hand hygiene

Vein selection and application of tourniquet

Clean and disinfect cannulation site with antiseptic (Chlorhexidine)

Wear right size sterile gloves

Cannulate the vein and release the tourniquet

Apply sterile transparent semipermeable membrane dressing (Tegaderm) and label with date and time

Attach Q Syte (Closed luer access devices)

Scrub the hub of Q Syte before access with alcohol

Flush the Cannula with 0.9% Normal Saline syringe

Dispose used equipments appropriately

Document in patient's medical record

Monitor daily for IV related complications and replace if necessary



IV CATHETER MAINTENANCE BUNDLE

Hand Hygiene
Scrub the Hub

IV Sets Change According to Hospital Protocol
Flushing According to ACL Protocol



Central Line : Insertion Bundle

Hand Hygiene



Use of PPE (Cap, mask, gown and gloves),
assistant must wear cap and mask

Catheter

vein



Use sterile CVP tray must be used



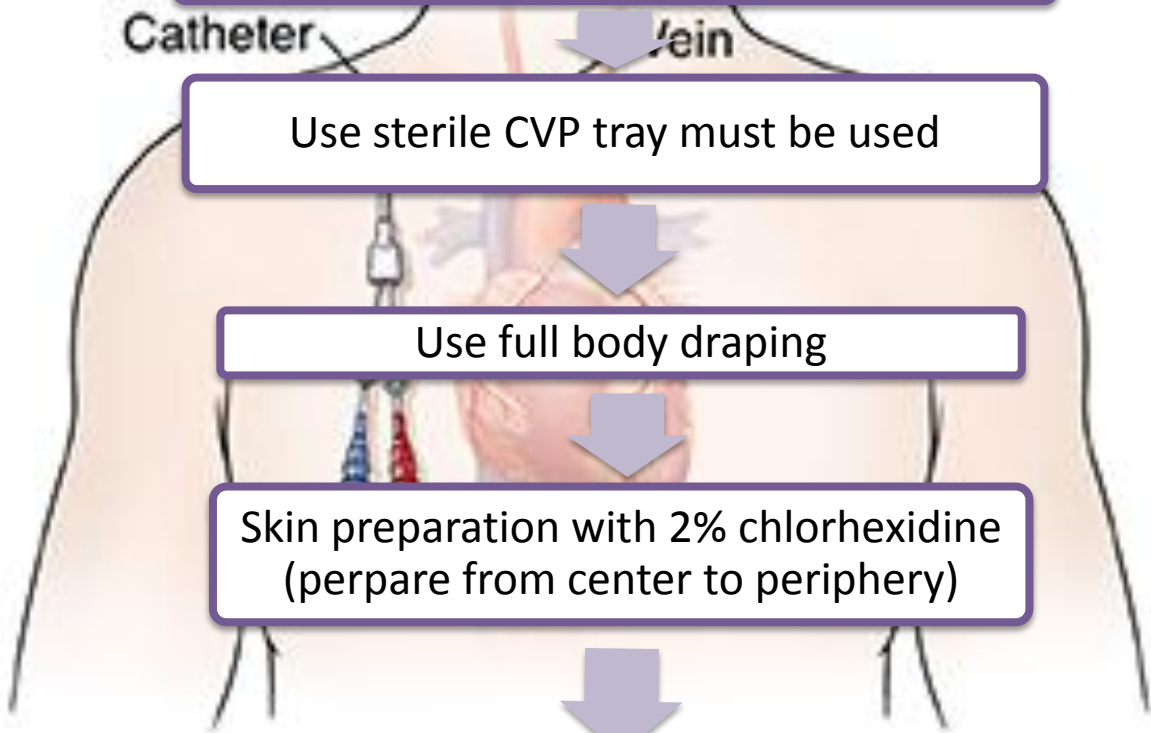
Use full body draping



Skin preparation with 2% chlorhexidine
(prepare from center to periphery)



Site selection (prefer subclavian or
jugular, avoid femoral)



CENTRAL LINE MAINTENANCE BUNDLE



Perform Hand Hygiene



Use Aseptic Technique (All Sterile Equipment)

Scrub the Hub of Q Syte with Alcohol before Access

Flush with 0.9% Sodium Chloride solution and always use 10ml diameter syringe and flush 5-10 ml 0.9% NaCl in every lumen



Intermittent	Parenteral Nutrition	Blood Product Administration	Blood Draws	Flushing with No Therapy
Min 5 ml	5 ml	Preadmin 5 ml Postadmin 20 ml	Predraw 5 ml Postadmin 10 ml	Nonvalved-at least q 24 hrs Valved - at least weekly



For Blood Sample Collection

- Collect articles required for Blood Sample Collection
- Scrub the hub of Q Syte with alcohol
- Withdraw 10 ml Blood from Q-Syte with Sterile technique and keep aside
- Take another syringe withdraw sample as required
- Flush with minimum 0.9% NaCl using 10 ml diameter syringe at each and every lumen with push-pause technique



Ensure all connections are secure

Clamp the lumens when not in use

Cover the ports of the lumen with sterile drape

Change Tegaderm dressing at insertion site every 7 days or when oozing, loosened, soiled

Label with date & time on the dressing

Do proper documentation and stabilize the patient



CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI) BUNDLE



Hand hygiene

Insert the catheter following sterile techniques

Use single use xylocaine jelly

Secure the catheter to lower abdomen

Collection bag should be always placed below the bladder, not resting on floor or bed (during shifting)

**Use closed drain system
(Sample collecting port should be present)**

Empty the drainage bag in clean containers

Ensure the urinary catheter is free of kinking

Provide perineal care with normal saline twice a day

Use Gloves and other PPE's during manipulation of catheter or collection bag

Assess the need for indwelling urinary catheter

VENTILATOR ASSOCIATED PNEUMONIA (VAP) BUNDLE



Hand hygiene

Sedation vacation

Trial for weaning and decannulation daily

Provide semirecumbent position (30-45 degree)

Subglottic suctioning connected with
adequate pressure (45-50 mm H₂O)

Maintain Endotracheal cuff pressure
between 20-40 mm H₂O

Use new catheters every time for Oral suction

Use Separate oral care brush for every
patient and stored clean and dry

Use inline suction

Keep fluid in Inline suction apparatus
dry and sterile

All respiratory therapy equipments
to be kept dry and sterile

Use inspiratory filter

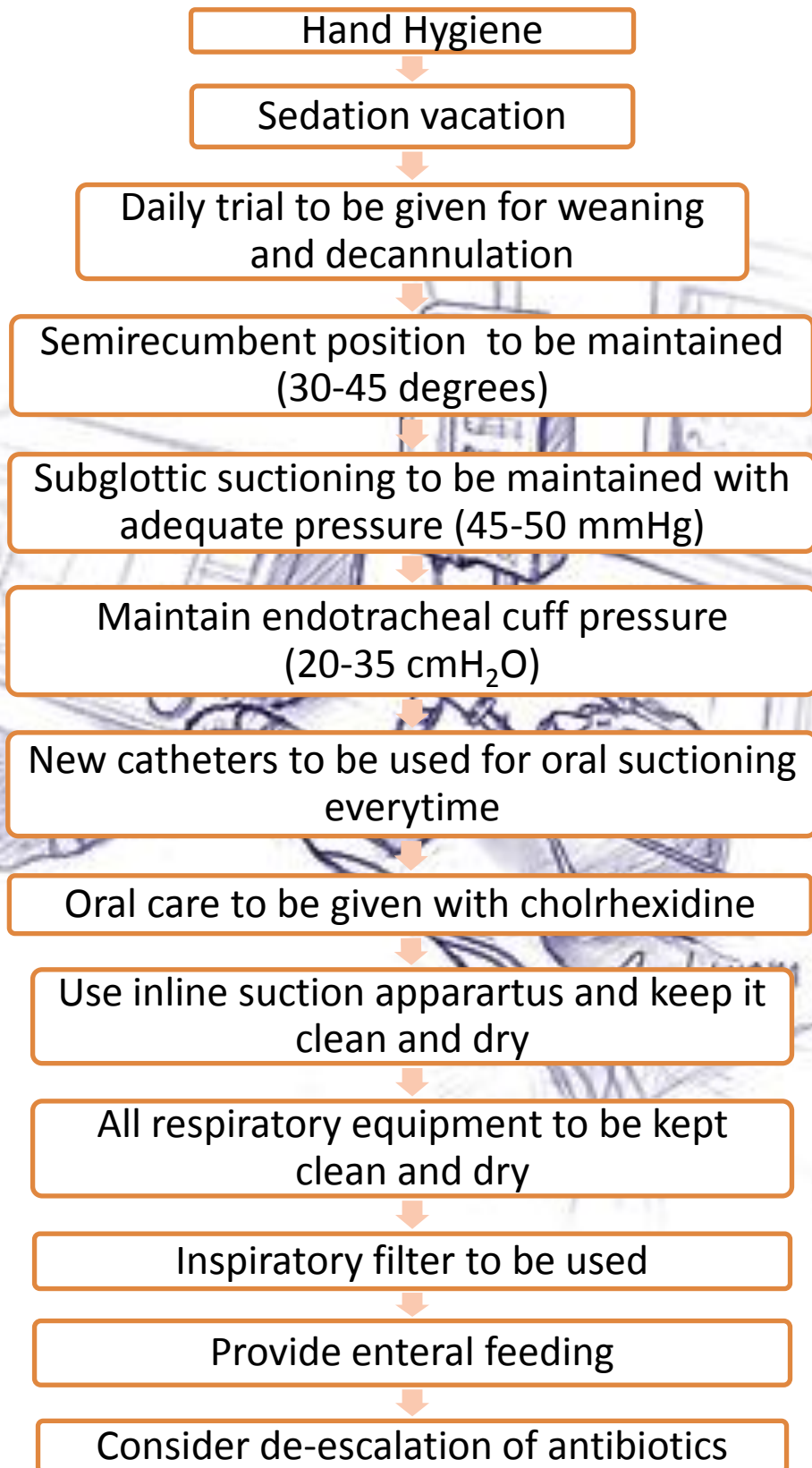
Provide enteral feeding

Consider declaration of antibiotics
or narrow spectrum antibiotics





Ventilator associated pneumonia: Maintenance bundle





Lata Mangeshkar Medical Foundation's
**Deenanath Mangeshkar Hospital & Research
Centre**



DEENANATH MANGESHKAR HOSPITAL AND RESEARCH CENTER

CAUTI BUNDLE CARE

Issue No.	Issue Date	Prepared by	Approved by	Issued by
03	01-Jan-2022	Vasudha Shingte, Gayatri Wad Infection Control Associates Ujwala Kadam Infection Control Nurse	Dr. Sampada Patwardhan HOD Microbiology & Infection Control Officer	Quality Manager

CAUTI

Catheter Associated Urinary Tract Infection

Perform Hand hygiene & wear sterile gloves

Insert the catheter using an aseptic technique and sterile equipment & single use xylocaine jelly

Secure the catheter to the lower abdomen & place the collection bag below the bladder but NOT on the floor

Ensure the catheter is free of kinks at all times

Use a closed drain system (with a sample collection port) & empty the bag into a clean container from time to time

Provide perineal and catheter care with normal saline twice a day

Use gloves and other PPE during manipulation of catheter or collection bag

Re- assess the need for indwelling urinary catheter from time to time



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H-2019-0663
Since Sep 24, 2019

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CLABSI Insertion Bundle

Central Line Associated Blood Stream Infection

Perform Hand hygiene & wear required PPE

Put full draping on the patient & use a sterile central line insertion tray

Prepare skin with 2% chlorhexidine (e.g. AHD 3000) from center to the periphery

Select insertion site (subclavian and jugular preferred, avoid femoral) & use full length sterile USG probe cover

Connect 3 way and attach the adequate number of needleless connectors (e.g., Q site) to the central line

Apply transparent semi permeable membrane dressing (e.g., Tegaderm) in a way that the insertion site is visible

Label the dressing with the date and time & cover central line ports with a sterile drape



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CLABSI Maintenance bundle

Central Line Associated Blood Stream Infection

Perform Hand hygiene & Scrub the hub of the needleless connector (e.g. Q-site) with an 70% alcohol swab before access

Flush every lumen with prefilled 10 ml syringe containing 0.9% normal saline(e.g. posiflush) intermittently & after blood draws

For parenteral nutrition & blood product administration: flush with 5ml pre and 20ml post administration

For line not in use: Flush every lumen in each shift

Change IV sets every 72 hours and maintain proper documentation of all changes

not in use & cover the ports of the lumen with a sterile drape

Change transparent semi permeable membrane dressing (e.g. tegaderm) at insertion site every 7 days/if oozing, loosened, soiled

For Blood Sample Collection

1. Collect articles required for blood sample collection
2. Scrub the hub of needleless connector (E.g., Q site) with alcohol swab before access
3. Withdraw 10 ml blood from needleless connector (E.g., Q site) with sterile technique and keep aside
4. Take another syringe and withdraw sample as required
5. Push the earlier drawn blood in lumen
6. Flush every lumen with prefilled 10 ml syringe containing 0.9% Normal saline with push-pause technique

**DEENANATH MANGESHKAR HOSPITAL AND RESEARCH CENTER****CAUTI BUNDLE CARE**

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P L A B S I
Peripheral Line Associated Blood Stream Infection

Perform Hand hygiene, select vein & apply tourniquet

Clean and disinfect cannulation site with 2% chlorhexidine solution (e.g., AHD 3000) & wear sterile gloves

Canulate the vein, release tourniquet & apply sterile transparent semi permeable membrane dressing (e.g., Tegaderm)

Label the dressing with date & time, and attach needleless connectors (e.g. Q-Site) to all ports and label the IV set

Change the dressing every 7 days or when soiled/ loosened and change the IV set every 72 hours

Scrub all hubs with 70% alcohol swabs before every access & flush the cannula with prefilled 10 ml syringe containing 0.9% NaCl (e.g. Posiflush)

Monitor IV related complications daily using the chart below and replace the cannula if necessary

Visual Infusion Phlebitis Score IV site appears healthy	0	No signs of phlebitis OBSERVE CANNULA
One of the following is evident: • Slight pain at IV site • Redness near IV site	1	Possible first sign of phlebitis OBSERVE CANNULA
Two of the following are evident: • Pain • Erythema • Swelling	2	Early stage of phlebitis RESITE THE CANNULA
All of the following signs are evident: • Pain along the path of the cannula • Erythema • Induration	3	Medium stage of phlebitis RESITE THE CANNULA CONSIDER TREATMENT
All of the following signs evident and extensive: • Pain along the path of the cannula • Erythema • Induration • Palpable venous cord	4	Advanced stage of phlebitis or start of thrombophlebitis RESITE THE CANNULA CONSIDER TREATMENT
All of the following signs are evident and extensive: • Pain along the path of the cannula • Erythema • Induration • Palpable venous cord • Pyrexia	5	Advanced stage of thrombophlebitis INITIATE TREATMENT RESITE THE CANNULA

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V A P
Ventilator Associated Pneumonia

Perform Hand hygiene & wear required PPE

Sedation vacation & daily trial for weaning and decannulation

Maintain semi-recumbent position at 30-45 degrees

Maintain sub-glottic suctioning at 35-45mm Hg and endotracheal cuff pressure at 25-40 cm H2O

Fresh new catheter to be used for oral suctioning each time

Oral care to be given with 0.2% Chlorhexidine in each shift

Use inline suction apparatus & inspiratory filters; ensure all respiratory equipment is kept dry

Consider de-escalation of antibiotics



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Needle Stick Injury

If Health Care Workers sustains Needle Stick Injury or mucosal splash:

Do not put injury site in mouth, do not squeeze, allow free bleeding;
Wash hands with soap and water

Go to staff clinic (08:30 AM – 06:30 PM) and in ER at night time (06:30 PM-08:30 AM) & inform the incidence to Nursing supervisor/Head Nurse/ICN

Baseline blood samples of healthcare worker and source patient (if known) to be sent immediately to the lab to test for HIV, HBsAg & HCV & initiate incidence form in Casualty

Follow appropriate treatment regimen immediately after incidence:

Source is HIV
Positive

Source is HIV
& HBsAg
Negative

Source is
HBsAg
positive

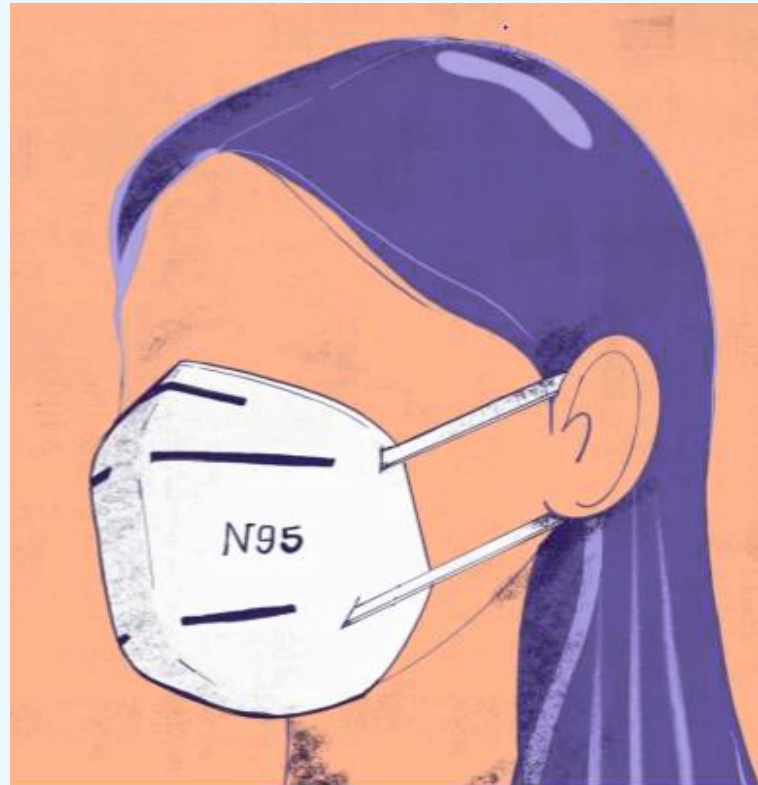
Source is
Unknown

Consult the
Infectious Disease
Specialist and start
Post-Exposure
prophylaxis
immediately

Check Hepatitis B vaccination status &
antibody titer for the HCW and Consult
the Infectious Disease Specialist
immediately to decide further course of
action

Airborne Isolation

FOR YOUR
PROTECTION



BEFORE YOU
START YOUR
TASK,
PLEASE WEAR
A MASK

Please wear a **N95** mask before
entering this patient's room.

Reverse Barrier



Please remember to:

Perform Hand Hygiene

Wear PPE (Cap, Mask, Gown, Gloves)
and perform the required task

Remove PPE within the unit

Perform Hand Hygiene



Barrier Nursing



Please remember to:

Perform Hand Hygiene

Wear PPE (Cap, Mask, Gown, Gloves)
and Perform the required task

Remove PPE within the unit

Perform Hand Hygiene



**Maharshi Karve Stree Shikshan Samstha's
Smt. Bakul Tambat Institute of Nursing Education,
Karvenagar, Pune- 411052**

**NABH CERTIFICATE FOR
PATIENT SAFETY
AND
QUALITY OF CARE**

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

For Patient Safety & Quality of Care

Deenanath Mangeshkar Hospital and Research Center
Near Mhatre Bridge, Erandawane
Pune - 411004, Maharashtra



The award of NABH Accreditation means that the organisation ensures:

1. Commitment to create a culture of quality, patient safety, efficiency and accountability towards patient care.
2. Establishment of protocols and policies as per National/International Standards for patient care, medication management, consent process, patient safety, clinical outcomes, medical records, infection control and staffing.
3. Patients are treated with respect, dignity and courtesy at all times.
4. Patients are involved in care planning and decision making.
5. Patients are treated by qualified and trained staff.
6. Feedback from patients is sought and complaints (if any) are addressed.
7. Transparency in billing and availability of tariff list.
8. Continuous monitoring of its services for improvement.
9. Commitment to prevent adverse events that may occur.

Maharshi Karve Stree Shikshan Samstha's
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Karvenagar, Pune- 411052

MAHARASHTRA
POLLUTION CONTROL
BOARD
CERTIFICATE

**Maharshi Karve Stree Shikshan Samstha's
Smt. Bakul Tambat Institute of Nursing Education
Karvenagar, Pune- 411052**

**CERTIFICATE
OF
APPROVAL**

(Chaitnya Institute of Mental Health)

CERTIFICATE OF APPROVAL

Issued by Indian Register Quality Systems
(A Division of IRCLASS Systems and Solutions Private Limited)

This is to certify that the Quality Management Systems of

Organisation: Chaitanya Institute for Mental Health

Address: H.O. & Site :
Bhagat Puram, Srv. No. 31/A,
Kondhwa BK, Near Khadi Machine Chowk,
Pune - 411 048, Maharashtra, India

4 - Sites

Support Location & Scope: Refer Annexure

has been assessed and found conforming to the following requirement

Standard: ISO 9001:2015

Scope: Provision of Psychosocial Rehabilitation
Programs, De Addiction & Rehabilitation
Programs, Geriatric and Dementia Care

Certificate No.: IRQS/190100774

Original Certification Date : 07/09/2016

Current Date of Granting : 06/09/2019

Expiry Date : 05/09/2022



Shashi Nath Mishra
Head IRQS

This approval is subject to continued satisfactory maintenance of the Quality Management Systems of the organization to the above standard, which will be monitored by IRQS. The use of the Accreditation Mark indicates accreditation with respect to activities covered by the certificate with accreditation no. Co71. Condition Overleaf

COA/IRQS/RvA/QMS/Rev 00

Head Office: 52A, Adi Shankaracharya Marg, Opp. Powai Lake, Powai, Mumbai - 400 072, India.