



BIMR HOSPITALS

(Run by Birlanagar Jan Sewa Trust)

Surya Mandir Road, Residency, Morar, Gwalior - 474 005 (M.P.)

Ph.: 0751-7102 617

E-mail : adm@bimrhospital.com • Website : www.bimr.org

NABH Accredited Multi Super Speciality 350 Bedded Hospital



NABL Certificate No. : MC-2504
(NABL ACCREDITED LAB)



H-2021-0829

BIMR Hospitals, Gwalior

Annual Performance Report year 2023

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Dr. Ajeet Kumar Singh
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1. Executive Summary:

The BIMR Hospital is a multi super speciality hospital. Our hospital is NABH Accredited. The hospital is first hospital of Gwalior Chambal division who has accreditation from NABH and NABL. It is spread on 7.9 Acres of land, with a capacity of 350 beds. The outpatient services are spread on three floors with 45 consultation rooms. All ambulatory services have been designed with intent to create dedicated aides for specialities, whether it is the proximity of diagnostic services or blood bank to the emergency.

- The hospital has well equipped operation theatres, all the operation theatres are fitted with best in class pendants operating lights, anesthesia work-station and necessary life support system.
- The hospital has one of the biggest critical care programmes in the region with 65 beds in different intensive care units viz Medical, Surgical, Cardiac, Pediatrics, Neonatology, Neurosciences. All critical care beds are in the close vicinity of the operation theatres complex for easy accessibility and continuity of care.
- BIMR Hospitals has top of the line Hospital Information System which is seamlessly connected across outpatient, inpatient and diagnostic areas.
- The hospitals advanced building management system provides for multi-tiered access control, electronic security systems with integrated CCTVs spanning across the facility and advanced fire management systems amongst other utilities.
- A concise overview of the hospital's performance highlights.

2. Hospital Overview:

The BIMR Hospital is a multi super speciality hospital.

Patient first: Quality Care for our patients is of utmost priority

Respect & Compassion: We respect our patients and communities & provide a compassionate care

Team work: we believe and encourage in team work

Excellence: We continually work on service excellence through our Quality improvement initiatives.

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Community involvement: We are dedicated to serve the community with affordable & quality care services.

- Provide an introduction to the hospital, its mission, vision, and key leadership.

OUR VISION

“To fulfill the dream of Syt. D. P. Mandelaji who established BIMR Hospitals, to make it a model multi super specialty hospital of Madhya Pradesh.”

OUR MISSION

To achieve the Vision of our Founder Trustee by–

- Developing and providing top class health services at affordable cost.
- Establishing hospital quality management system in Accordance with the national quality standards for hospitals.
- Setting and achieving performance improvement targets and raising the bar higher...and higher.

OUR VALUES

Patient First - We strive to deliver the best to every patient every day.

Empathy & Respect - We treat each patient with empathy and respect.

Service - We strive to anticipate and meet the needs of our patients, and all healthcare workers.

Integrity - We maintain confidentiality and dignity of our patients.

Innovation - We always strive to adopt latest healthcare equipment & techniques, and improve our knowledge and skills by frequent training and continuous medical education.

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Teamwork - We believe that the patient care is a multidisciplinary team work and each one of us is personally responsible for their healthcare and satisfaction

QUALITY POLICY

We are committed to achieve fullest satisfaction of our patient's by fulfilling their healthcare need. We strive to achieve our commitment by –

- Establishing healthcare procedures and protocols.
- Providing frequent training and awareness to hospital personnel.
- Continually improving our performance by setting and achieving service standards and improvement targets, complying with legal and professional requirements.

SAFETY POLICY

The Hospital believes that the safety of the patients, staff and visitors over rides all other considerations. The hospital ensures safety & security in the hospital by establishing safety protocols for each functional area.

The senior most persons in each area have been made responsible and accountable for safety & security of the patient and people in that area. The hospital is committed to continually improve its safety performance -

- By setting and achieving safety improvement targets
- By complying to the applicable legal requirements
- By providing frequent safety education & training to its personnel
- By conducting frequent safety drills
- And by conducting regular safety checks and audits

The hospital is committed to achieve safety standards matching international parameters with active support of our personnel, patients and visitors.

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Since 1983

3. Performance Highlights: **NABL Accredited Multi Super Speciality 350 Bedded Hospital**

- key statistics, patient numbers, and major achievements.
- Total Admission of IPD – 25658
- Total Outpatient/ OPD– 102552
- Total Discharge Patients – 25687
- Total Surgery Done- 3420
- Total LAMA Patients – 902
- Total Refer Patients – 547
- Total Patients Death – 332
- Total Pathlab Test Done – 232033
- Total Radiology Test :-
- X - ray - 23464
- CT- 6814
- MRI- 5252
- USG-14589
- Procedures:-
- Angiography Done- 937
- Angioplasty Done- 193



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4. Quality and Patient Safety:

- Present quality metrics and initiatives related to patient safety.
- **Annexure -1**

5. Clinical Services:

- The range of services offered, staffing, and patient outcomes.

Clinical Services

- Anaesthesiology
- Advance Cardio Vascular Services (Interventional Cardiology – Non Interventional Cardiology)
- Cardiothoracic Surgery
- Critical Care
- Day Care Services
- Dental Services
- Dermatology and Venereology
- Emergency Medicine
- General Medicine
- General Surgery including Minimally Invasive Services
- In Vitro Fertilization (IVF)
- Medical Gastroenterology
- Medical Oncology
- Neonatology
- Nephrology including Dialysis
- Neurology
- Neurosurgery
- Obstetrics and Gynaecology including High Risk Cases

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- Ophthalmology
- Orthopedics Surgery
Including Joint Replacement Surgery
- Otorhinolaryngology
- Pediatrics Surgery
- Pediatrics
- Plastic and Reconstructive Surgery
- Radiation Oncology
- Respiratory Medicine
- Specialty ICU
- Surgical Oncology
- Urology

Diagnostic/Radiological Services

- 2D Echo
- CT Scanning

- Holter Monitoring
- Mammography
- MRI
- Spirometry
- Tread Mill Testing
- Ultrasound
- X-Ray

Laboratory & Microbiology Services

- Clinical Biochemistry
- Clinical Microbiology and Serology

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- Cytopathology
- Hematology
- Histopathology

Pharmacy

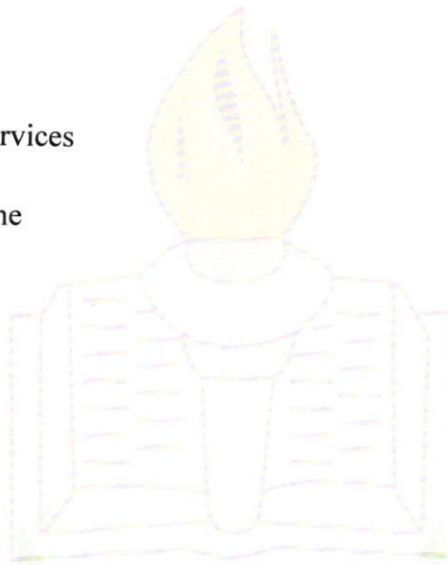
- Dispensary

Transfusion Services

- Blood Bank
- Blood Transfusion Services

Profession Allied Medicine

- Ambulance
- Dietetics
- Physiotherapy
- Psychology



6. Financial Performance:

Over all hospital income was Approx 103 Cr. & 69 Thousand per admitted patient in previous year. Hospital provided separate budget for Quality & HIC approx 26510800, 46759100.

Annexure 2 – Quality & HIC Budget

7. Patient Experience:

- patient satisfaction survey is carried out and 90% satisfaction found in OPD & Approx 80 % Satisfaction found in IPD Level. We create efforts to enhance patient experience.

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8. Community Engagement:

- Highlight the hospital's involvement in the community.
- Blood Donation Camp organized – 12
- Mega Camp – 25
- Eye Camp – 20

9. Human Resources:

- Staffing levels
- Total Staff – 820
- Nursing staff – 230
- Paramedical – 84
- Consultant -63
- MO- 33
- HK-190
- Security - 65
- Training Conducted – 250

10. Technology and Infrastructure:

Buildings – 2

Total Bio medical Equipment – 1200 approx

11. Sustainability and Environmental Initiatives:

We have a solar system 1000 mega watt. We take green energy initiative use stp garbage in planting.

- Discuss any sustainability efforts and environmental initiatives.

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12. Challenges Faced: NABH Accredited Multi Super Speciality 350 Bedded Hospital

- Identify key challenges and strategies employed to address them.

13. Goals for the Next Year:

- Outline strategic objectives and planned operational improvements for the upcoming year.

14. Conclusion:

- Summarize the report and highlight the hospital's commitment to ongoing improvement.

15. Appendices:

- Include any additional data, charts, or reports to support the information presented in the main sections.
- Annexure 1
- Annexure 2

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Annexure - I

QUALITY INDICATOR:

Quality Indicators April 2023 – Sept 2023

S. NO.	Standard	INDICATORS	Apr-23	May-23	Jun-23	July 23	Aug 23	Sept 23
			Rate/Percentage	Rate/Percentage	Rate/Percentage	Rate/Percentage	Rate/Percentage	Rate/Percentage
1								
2		Average number of admission per day excluding day care	37/day	36/day	38/day	41/day	46/day	55/day
3		Average number of patient visiting OPD per day	281/day	276/day	276/day	295/day	296/day	226/day
4		Average number of patient visiting emergency per day	63/day	63/day	65/day	67/day	75/day	82/day
5		Average number of elective surgery per day	6/day	7/day	9/day	9/day	9/day	9/day
6		Average number of emergency surgery per day	1/day	2/day	2/day	1/day	1/day	1/day
7		Average number of daycare surgery per day	1/day	1/day	1/day	1/day	1/day	1/day
8		Average unit of water consumption /month(KL)	3360/KL	3583/KL	3841/KL	3886/KL	4794/KL	3944/KL
9		Average unit of Electricity consumption /month(units)	177112kwh unit/month	220312 kwh unit/month	265452 kwh unit/month	299432kwh unit/month	291740 kwh unit/month	279324 kwh unit/month
10	PSQ 3 a	Time for initial assessment of indoor patient	5204/350	5370/350	5515/350	4942/350	5115/350	5107/350

(Handwritten signature)

11	PSQ 3a	Number of reporting errors/1000 investigation	=14.86MIN 7/4133*1000	=15.34 MIN 8/5253*1000	=15.57 MIN 8/4137*1000	14.42 min 8/4446*1000	14.61min 8/4966*1000	14.59 min 8/5054*1000
		Radiology	= 1.69/1000investigation	=1.52/1000investigation	= 1.93/1000investigation	= 1.79/1000investigation	= 1.61/1000investigation	= 1.58/1000investigation
12	PSQ 3a	Percentage of adherence to safety precaution by staff working in diagnostics Radiology	07/10=70%	08/10=80%	09/10=90%	07/10=70%	07/10=70%	08/10=80%
	PSQ 3a	Number of reporting errors/1000 investigation	2/16178*1000	0/16074*1000	0/16459*1000	0/16511*1000	0/18452*1000	01/20158*1000
		Pathology	=0.01/1000investigation	=00/1000investigation	=0.00/1000investigation	0.00/1000investigation	0.00/1000investigation	0.049/1000investigation
13	PSQ 3a	Percentage of adherence to safety precaution by staff working in Pathology	26/26=100%	28/28=100%	28/28=100%	35/35=100%	35/35=100%	35/35=100%
14	PSQ 3a	Incidence of medication error	7/1000	09/1169	8/193	8/231	07/208	07/386
15	PSQ 3a	Percentage of Inpatient developing adverse drug reactions	00/4062days	00/4349 days	00/4786 days	00/4813 day	00/5684day	00/6446 day

DR

16	PSQ 3a	Percentage of unplanned return to OT	00/235	0/290	00/346	00/308	0/329	0/312
17	PSQ 3a	Percentage of surgeries where the organizations procedure to prevent adverse event like the wrong site, wrong patient and wrong surgery have been adhere to.	235/235=100%	290/290=100%	346/346=100%	308/308=100%	329/329=100%	312/312=100%
18	PSQ 3a	Percentage of Transfusion Reaction	0	0	0	0	0	0
19	PSQ 3a	Standardized mortality ratio for ICU	2.5%	2.2%	1.7%	1.6%	1.7%	2.5%
20	PSQ 3a	Return to ICU within 48 hours						
21	PSQ 3a	Return to emergency department within 72 hours with similar presenting complaints	3	3	5	1	3	0

22	PSQ 3a	Incidence of hospital associated pressure ulcers after admission (Bedsore per 1000 patient days)	2	2	2	1	1	0
23	PSQ 3b	CAUTI	2/1147=1.74 cauti/1000 catheter days	1/1243=0.80 cauti/1000 catheter days	1/1065=0.93cauti/1000 catheter days	1/955=1 cauti/1000 catheter days	1/1307=0.76cauti/1000 catheter days	-
24	PSQ 3b	VAP	3/348=8.62 vap/1000 ventilator days	2/301=6.6 vap/1000 ventilator days	2/251=7.9 vap/1000 ventilator days	1/225=4.4 vap/1000 ventilator days	3/336=8.9 vap/1000 ventilator days	-
25	PSQ 3b	CLABSI	1/332=03 clabsi/central line days	1/212=4.7 clabsi/central line days	1/187=5.3 clabsi/central line days	0/180=00 clabsi/central line days	1/196=5.1 clabsi/central line days	-
26	PSQ 3b	SSI	1/235=0.42%	01/290=0.34%	1/346=0.28%	01/327=0.30%	3/334=0.87%	-
27	PSQ 3b	Compliance to hand hygiene practice	-	62%= OPP-295, M-71, ACTION-183	73%= OPP-219, M-59, ACTION-160	61%= OPP-201, ACTION-233	72%= OPP-168, ACTION-232	-
28	PSQ 3b	Percentage of cases who received prophylactic antibiotic within specific timeframe	235/235=100%	290/290=100%	346/346=100%	308/308=100%	339/339=100%	312/312=100%

29	PSQ 3c	Percentage of Rescheduling of surgeries	04/235=1.70%	05/290=1.72%	04/346=1.15%	12/308=3.89%	02/339=0.58%	09/312=2.88%
30	PSQ 3c	Turn around time for the issue of blood and blood components	17760 min/444 =40 min	17840 min/446 =40 min	19400min/485 =40min	18760/469= =40 min	19280/482 =40 min	18440/461 =40min
31	PSQ 3c	Nurse patient Ratio for ICUs and Wards	208/135	208/140	208/160			
32	PSQ 3c	Waiting time for Outpatient Consultation	5355/302=17.7 3min	5955/355=16.78 min	5648/346=16.32min	6417/357=17.9 7 min		4433/250= 17.32min
33	PSQ 3c	Waiting time for diagnostic	48055/4133 = 16.46min	54715/5233 =10.45min	49760/4137 = 12.02min	52445/4446= 11.79min	55070/4966= 11.89	59940/505411=11 .85 min
34	PSQ 3c	Time taken for discharge	28039/350 = 80min	26283/350 = 75 min	26391/350 = 75min	30935/350 = 88min	32577/350 = 93 min	34587/350 = 98 min

35	PSQ 3c	Percentage of Medical Record having Incomplete/Improper Consent	09/350=2.58%	14/350=4%	14/350=4%	10/350=3.42%	10/350=3%	13/350=3.5%
36	PSQ 3c	Number of stock out of emergency medications	07	06	06	08	12	08
37	PSQ 3d	Number of variations observed during Mockdrills	0	0	2	0	01	04
38	PSQ 3d	Incidence of Fall	0	01	0	00	01	0
39	PSQ 3d	Percentage of Near Miss	0	1	0	01	02	0
40	PSQ 3d	Rate of Needle stick Injuries	1	1	0	0	1	1
41	PSQ 3d	Appropriate handover during shift change	19061/19100x100	18069/18100 x100	19164/19200x100	17172/17205=	19370/19400	18970/19000
			0.997	0.998	0.998	99.8	99.8	99%

42	PSQ 3d	Compliance rate to medication prescription Capital	1110/1299=85%	830/1169=71%	86/193x100=45%	215/231=93.70%	108/208=51.92%	346/386x100=89.06%
43		Average length of stay	2.14 day	2.26 day	2.46 day	2.36 day	2.45 day	2.60 day
44		Number of Inpatient day in a given period	4062 days	4349 days	4786 days	4813	5684	6446
45		Number of Discharge and Death in a given period	1895	1921	1944	2040	2316	2477
46		Bed Occupancy Rate	38.68%	40.08%	45.58%	44.32%	52.38%	61.39%
47		Number of Inpatient day in a given period	4062 days	4349 days	4786 days	4813	5684	6446
48		Number of bed day available in that period	10500	10850	10500	10850	10850	10500

Dr. Ajeet Kumar Singh
Medical Director

Dr. Ajeet Kumar Singh
M BBS, FAGE, MHA
MEDICAL DIRECTOR
BIMR Hospitals
Surya Mandir Road, Morar Gwalior

BIMR Hospitals

(A Unit of Birla Nagar Jana Seva Trust)

April 1st, 2023

Statement showing Budget of BIMR Hospitals for Hospital Infection Control Activities

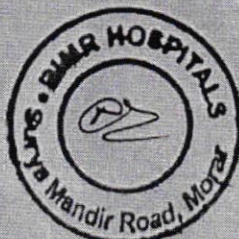
S.No	Particulars	2021-22	2022-23	2023-24 (Forecasted)
		Amt. (Rs.)	Amt. (Rs.)	Amt. (Rs.)
+	Manpower Cost	1,21,39,321	1,37,01,494	1,45,18,000
a)	Infection Control Nurse (ICN)	3,25,201	4,11,372	4,52,000
b)	Microbiology	9,32,177	13,81,367	15,19,000
c)	Housekeeping	2,08,231	8,88,036	9,76,000
g)	Infection Control Workers	1,06,73,712	1,10,20,719	1,15,71,000
+	Outsourcing Cost (Infection Control)	1,05,54,152	1,38,46,974	1,66,10,000
a)	Service Master Clean Ltd	1,04,67,602	1,37,47,474	1,64,96,000
b)	Excellent Pest Solutions	86,550	99,500	1,14,000
+	Supplies	1,80,11,514	1,37,87,991	1,55,84,000
a)	Surface/Device Disinfectants and Cleaner	8,99,231	11,12,042	13,75,000
b)	Laundry Chemicals	1,56,298	7,94,283	9,53,000
c)	Gloves and Masks	89,24,991	75,39,814	82,93,000
d)	Hand hygiene (Sanitizers/Hand Rub/Hand Soaps)	13,84,723	9,23,840	10,16,000
e)	Virus Protection Kit	36,77,647	147	-
f)	Disposable Caps and Shoe Cover	1,51,107	1,90,053	2,39,000
g)	Disposable Medical Bags	10,72,056	13,12,173	16,06,000
h)	Other HIC Consumables	15,52,379	17,03,642	18,69,000
i)	Swab Culture Test Kit	97,772	1,00,839	1,04,000
j)	Housekeeping Tools	95,310	1,11,158	1,29,000
+	Equipments and Depreciation	3,30,560	42,860	47,100
a)	Housekeeping Machines	3,30,560	42,860	47,100
Grand Total		4,10,35,547	4,13,79,319	4,67,59,100

[Signature]

Budget Prepared By: Assistant Cost Accountant

[Signature]

Budget Approved By: Executive Trustee



Dr. Ajeet Kumar Singh
M.B.B.S. FAGE, MHA
MEDICAL DIRECTOR
BIMR Hospitals
Surya Mandir Road, Morar Gwalior

BIMR Hospitals

(A Unit of Birla Nagar Jana Seva Trust)

April 1st, 2023

Statement showing Budget of BIMR Hospitals for Hospital Quality Improvement Activities

S.No	Particulars	2021-22	2022-23	2023-24 (Forecasted)
		Amt. (Rs)	Amt. (Rs)	Amt. (Rs)
+	Manpower Cost	33,23,821	37,66,940	41,43,000
a)	Quality Department	12,39,251	15,00,286	16,50,000
b)	RSO Department	20,84,570	22,66,654	24,93,000
+	Other Costs	22,01,919	32,39,994	43,07,800
a)	NABH Fees	31,010	3,40,295	4,24,800
b)	Quality Dept. Cost	72,297	17,019	4,000
c)	Uniform/Linen Cost	14,17,016	16,79,002	19,89,000
d)	Pre-Printed Forms	1,60,274	2,37,716	3,52,000
e)	Signage Boards	-	1,39,547	1,39,000
f)	Medical Devices Calibration Exp.	2,00,000	1,98,305	1,96,000
g)	TLD Batch Quality	41,477	34,975	29,000
h)	Water Testing Report	1,35,932	2,89,462	4,05,000
i)	Pathology Calibration Exp.	63,674	65,927	65,000
j)	OT Validation Exp.	80,240	2,37,746	7,04,000
+	AMC/CAMC Costs	1,73,40,317	1,76,96,563	1,80,60,000
a)	Hospital Machines and Devices	1,73,40,317	1,76,96,563	1,80,60,000
Grand Total		2,28,66,057	2,47,03,497	2,65,10,800

Apuraj Jain

Budget Prepared By: Assistant Cost Account

[Signature]

Budget Approved By: Executive Trustee

