CRITERION VI: GOVERNANCE, LEADERSHIP AND MANAGEMENT: LIST OF ANNEXURES

A. Institutional Responsibilities
B. MEDICON 2012 Report
C. MGIMS Participation in National Health Programmes
D. Competency document: MD Pathology
E. Surekha Tayade's poster or report on Mini-CEX
F. Minutes of last two meetings of LMC
G. Statistical bulletins - circulated by HIS
H. Minutes of college council meetings
I. List of court cases filed by or filed against institute
J. Composition of IQAC
K. Blood bank audit:
L. Audit of blood use- Published papers
M. Drug susceptibility patterns and Antibiotic resistance

Institutional Responsibilities

Academy of Medical Sciences Vyas VJ, Kothari R
Alumni Association Kalantri SP, Mehendale AM, Jain M, Bang A
Animal Ethics Narang P, Reddy MVR (Member Secretary), Tarnekar AM, Varma SK, Bagal S, Hardas AP, Wagh GN, Bhutada R, Ramteke BR
Annual Report Anshu (Editor), Maliye C, Hingorani-Bang P, Kothari R, Garg D, Narang S
Arogyadham Harinath BC, Kumar S
Best Student Award Patond KR, Kumar S, Gupta A, Tarnekar AM, Jain S, Maliye C, Jain M
Bioinformatics Centre Harinath BC, Kumar S
Bio Medical Waste Management Mehendale AM, Deshmukh PR, Maliye C
Blood Transfusion Gangane N, Shivkumar VB
Central Purchase Section Reddy MVR
Central Sterilization Pandey RK
College Council Tayade A (Member Secretary)
Complaints for Sexual Harrassment Tidke S, Sable V, Gupta A, Tayde S, Jain S, Khandekar IL, Gangane AN
Clinical Epidemiology Unit Garg BS, Jajoo UN, Deshmukh PR, Shivkumar PV, Anshu, Pajai S, Maliye C, Thamke D
Curriculum & Exam Gupta A, Jain J, Gangane NM, Shende MR, Gupta DO, Vilhekar KY,Nagpure PS, Tirpude BH, Chaudhery A, Reddy MVR, Shukla AK, Kumar S, Badole CM, Deotale V
Dietary Services Kalantri SP, Wakode S, Jungade S
Disaster Management MS, Mehendale AM, Dhande P, Jain P, Gupta SS, Jain M, Dambhare DG, CAO, AO (H&C)
Documentation Unit Anshu, Maliye C, Hingorani-Bang P, Garg D, Kothari R, Narang S
Drug Purchase MS, Heads of Dept
Equipment Condemnation Tirpude BH, Mehra B, Murkey PN, Goswami K, Kolhe SJ, Shetye N
Financial Assistance (Students) Kalantri SP, Mehendale AM, Vilhekar KY, Shende MR, Shivkumar VB
Financial Assistance (Employees) Garg BS, Patond KR, Kalantri SP, Gangane AN
Health Insurance Jajoo UN
Hospital Infection Control MS, Matron, Deotale V
Hospital Information System Kalantri SP, Kalantri B
Hostel Advisory (Boys) Shukla AK, Mehendale AM, Tarnekar AM, Jain M, Shivkumar VB (Warden)
Hostel Advisory (Girls) Shivkumar PV, Singh S, Deotale V, Gupta A, Mehta L (Warden)
Institutional Ethics Pawade A, Gupta OP, Jain S, Taksande B, Verma SK,Gawai A, Sable VN, Gupta SS, Singh S, Goswami K (Member Secretary)
Internal Assessment (Vigilance) Singh S, Gupta A
Internal Assessment (Grievance) Patond KR, Shukla AK, Mehendale AM, Reddy MVR

Internship Grievance Cell	Patond KR, Vyas VJ, Reddy MVR
Internal Quality Assurance Committee	Patond KR, Mehta DS, Garg BS, Kalantri SP, Mehendale AM Singh S, Shivkumar PV, Shivkumar VB, Jain M, Tayade AT, Deotale V,Goswami K, Bang A, Khandekar IL, Waghmare JE, Pawar S, Raut A,Gosavi DD (Jt Coordinator), Anshu (Coordinator)
Journal of MGIMS	Gupta OP, Garg BS, Patond KR, Kalantri SP, Jain AP, Reddy MVR, Jain V
Library Advisory	Shukla S, Reddy MVR, Shivkumar PV, Singh S, Vairagade VW
Medical Education Unit	Gupta SS (Coordinator), Gupta A, Reddy MVR, Singh S, Anshu, Goswami K, Maliye C, Jain S, Tayade S, Deotale V, Shivkumar VB, Tarnekar AM, Shivkumar PV, Kothari R
Medical Records Department	Bharambe MS
Medical Store	Pandey RK
MGIMS News Bulletin	Garg BS, Patond KR, Kalantri SP, Kumar S, Anshu, Pawar S (Editor), Rao S, Tayade H, Joshi H, Kalantri SJ
NSS Advisory	Patond KR, Maliye C, Mehendale AM, Deshmukh PR
PG Admission Advisory	Jajoo UN, Reddy MVR, Shukla AK, Gupta DO, Tirpude BH, Shivkumar PV, Tarnekar AM
PG Curriculum	Shivkumar PV, Jain J, Shende MR, Gangane N, Singh S, Tirpude BH, Shivkumar PV, Tarnekar AM
Pre Medical Test	Shivkumar PV, Murkey PN, Gupta SS, Goswami K, Gosavi DD
Research	Mehra BK, Shukla AK, Reddy MVR, Shivkumar PV, Deotale V, Gupta S, Jain M, Bharambe MS
RNTCP Core Committee	Jain J, Mehendale AM, Shivkumar PV, Gupta DO, Nagpure PS, Kar S, Badole CM, Lanjewar A
Rural Placement	Patond KR, Mehendale AM, Jajoo UN, Narang R, Jain M, Maliye C, Zopate PR, Garg D
Shramdan	Tirpude BH
Staff Club	Mehra BK, Bokariya P
Students' Council	Kumar S, Gupta A, Tarnekar AM, Jain S, Mehra B, Maliye C, Jain M
Students' Guidance and Counseling	Mehendale AM, Maliye C, Khairkar P
UG Admission Advisory	Jajoo UN, Shukla AK, Verma PS
UG admission Scrutiny	Reddy MVR, Tirpude BH, Mehendale AM, Shende MR, Chaudhari AR, Goswami K, Bokariya P, Pawar S, Deotale V, Pethe M, Mohod K, Chimurkar L

MEDICON 2012 Report

From 11-14 July 2012, the undergraduate students of MGIMS organized a research conference for medical students from all over the country. This conference, which was entirely a students' conference, right from organizing to participating, was a runaway success. The British Medical Journal (BMJ) was the academic partner. The organizers received generous funding and support from MGIMS, The Cochrane Collaboration, and Lady Tata Trust. The theme of the conference was "Return to your roots". Nearly 400 students participated in the meet and presented their research work through papers and posters. Four parallel preconference workshops on Basic Life support skills, Laboratory Medicine, Evidence Based Medicine and How to write a paper were conducted. The faculty spoke on a variety of issues that ranged from public health research for medical students to research with the people. A panel discussion was arranged on the topic "Is forcing fresh medical graduates into rural service, the answer to lack of availability of doctors in rural India?" Three students and six leading public health workers and researchers debated the agony and pleasure of medical graduates as they are sent for compulsory rural postings.

MGIMS Participation in National Health Programmes

1. Universal Immunization Programme

The maternal and child health cell in Kasturba Hospital is located in General OPD. All vaccines under UIP are provided through the maternal and child health cell. In the year 2015-16, 11954 doses of vaccines were provided to mothers and children. The Department of Community Medicine works together with District Health system in celebrating Village Health Nutrition Day (VHND) on a monthly basis in all the villages of the three PHC areas under the Department. Apart from immunization, the activities on Village Health Nutrition day include diagnostic, weight and nutritional check-up of children of 0-3 years, ANC check-up, PNC check-up and nutritional and health education. The ASHAs, SHG members and adolescent girls are being encouraged to participate actively during the VHND. The Village Health Nutrition and Sanitation Committee (VHNSC) are entrusted with the responsibility of organizing the day.

2. Revised National Tuberculosis Programme

The GOPD in Kasturba Hospital operates a designated microscopy and a DOTS center under the Revised National Tuberculosis Control Programme. Being a tertiary care hospital, the Microscopy center examines the maximum number of patients out of the 14 microscopy centres in Wardha district. DOTS treatment is provided to three villages near Kasturba Hospital through DOTS center. A total of 1648 chest symptomatic were screened in the microscopy centre in 2015-16. Based on the sputum examination, 152 patients were identified to be sputum positive pulmonary tuberculosis cases.

3. National Leprosy Elimination Programme

The General OPD in Kasturba Hospital also acts as a drug delivery centre for National Leprosy Elimination programme. In the year 2015-16, 31 patients were registered as cases of leprosy and received treatment.

4. Integrated Disease Surveillance Programme

A regular programme for epidemiological surveillance is operational in MGIMS, Sevagram for several years. This programme is further strengthened after launch of IDSP in Wardha district. Under the Epidemiological Surveillance activity, daily data is collected from the Kasturba Hospital based on standard definition given under IDSP. Information regarding all the cases of communicable diseases availing OPD or inpatient services in Kasturba Hospital is reported on telephone to the district health authorities. A weekly report is also submitted to the district health authorities regularly. During the year 2015-16, a total of 708 cases of various communicable diseases were reported to the district health system.

5. Integrated Child Development Services

Continuing education programme for Anganwadiworkers are being done in the three PHC areas adopted by the Department of Community Medicine to improve the skills of Anganwadiworkers. During these training programmes, effort is made to provide the workers with training on health as well as other issues of Early Childhood Development. The department of Community Medicine is a state coordinating centre for the monitoring of ICDS in the state of Maharashtra. So far monitoring has been done in nine districts.

6. National Cancer Control Programme

The Department of Pathology is coordinating with National Cancer Registry Programme under ICMR, on development of an Atlas of Cancer, India. In 2001-02, the Department ran a Hospital based Cancer Registry. From 2003 to 2008 department ran a Population based Cancer Registry which collates data from Wardha district, which was the only center in the country which collected both rural and urban data. From 2010, the rural population based cancer registry has been given permanent status under the National Cancer Registry Programme of ICMR.

7. National Rural Health Mission

The Department of Community Medicine is conducting training of Accredited Social Health Activists (ASHA) for the District Health System, Wardha.

8. Adolescent Health Programme

The Department of Community Medicine, MGIMS, Sevagram has developed adolescent health programme for school going and non-school going boys and girls. The School Health Programme is operational in schools under the three PHCs adopted by the Department of Community Medicine, MGIMS, Sevagram. Health and Family Life education is provided by trained teachers in these schools. At village level, family life education is provided to the adolescents through Kishori Panchayat. For this purpose, the adolescent girls have been organized and Kishori Panchayats have been formed in all the villages under the three PHCs.

9. National Vector Borne Disease Control Programme

The Department of Community Medicine is actively involved in the evaluation of mass drug administration of DEC in Wardha district.

10. Emergency Obstetric Care (EmOC)

The Govt of India, state government, FOGSI and AVNI foundation have chosen the Department of Ob/Gyn as a nodal centre for its EmOC programme to prevent maternal morbidity and mortality.

Annexure 6D

Competencies expected of first year MD Pathology students

This is a list of knowledge and skills which students of MD Pathology are expected to be competent at the end of their first year. During the course of their postings, students will perform these skills and get it verified from any Faculty posted in the section. It is the student's responsibility to demonstrate his competence and understanding at any time to a faculty member during the course of the posting. No separate assessment will be held for these routine procedures. This sheet has to be appended to the log book.

S.No.	Expected knowledge/skills	Level of entrustment (for activities)	Date of completion	Signature of faculty
	HEMATOLOGY			
	Knowledge of anticoagulants			
	Principle & procedure of Hb estimation by cyanmethHb method			
	Performing manual TLC by Neubauer's chamber			
	Performing total RBC count by Neubauer's chamber			
	Performing total platelet count by Neubauer's chamber			
	Procedure and interpretation of PCV			
	Calculation of red cell indices			
	Preparation and staining of PS (Leishman stain)			
	Preparation and staining: Giemsa stain			
	Principle and procedure of operating automated cell counter			
	Procedure of reticulocyte staining and its interpretation			
	CLINICAL PATHOLOGY			
	Urine examination: Procedure and interpretation of:			
	Urine: Physical examination (including specific gravity, pH)			
	Urine : Sugar			
	Urine : Proteins			
	Urine : Ketones			
	Urine : Bile salts			
	Urine : Urobilinogen			
	Urine : Bile pigments			
	Urine : Blood			
	Urine : Chyle			
	Urine : Microscopy			
	Collection of blood samples			
	Procedure and interpretation of sickling technique			
	Procedure and interpretation of ESR			
	Principle and procedure of Hb estimation by Sahli's method			
	Principle and procedure of bleeding time and clotting time			

	Maintenance of register, report entry, validation and documentation			
	Maintenance of lab ware			
	Biomedical waste management			
BLOOD BANK				
	Organization of blood bank			
	Procedure and interpretation of ABO and Rh grouping (slide method)			
	Procedure and interpretation of cross matching (slide method)			
	Screening of donors			
	Collection of blood			
	Donor reaction management			
	Screening tests done in blood bank			
	Maintenance of register, entry in HIS, documentation			
	Disposal of blood bags			
HISTOPATHOLOGY & AUTOPSY				
	Lab organization, receiving and labelling of specimens			
	Fixation and processing			
	Basic principles of grossing			
	Decalcification			
	Writing of gross specimens			
	Grossing of minor biopsy specimens			
	Grossing of uterus			
	Grossing of breast			
	Principles and procedure of H & E staining			
	Knowledge of autopsy room organization and instruments			
	Opening of the body and general autopsy techniques			
	Opening of the skull			
CYTOPATHOLOGY				
	Organization of cytology specimens and receipt of specimens			
	FNAC of superficial organs (under supervision)			
	Procedure and principle of Papanicolaou staining			
	Procedure and principle of Giemsa staining			
	Procedure and principle of AFB staining			
	Processing of routine fluids			
	Procedure and interpretation of CSF counts			
	Maintenance of register, report entry and documentation			
	Biomedical waste management			
UNDERGRADUATE TEACHING				
	Demonstration of specimens and instruments to UG students			
	Teaching and demonstration: Urine analysis			
	Teaching and demonstration: PS preparation			
	Teaching and demonstration: Hb estimation			

	Teaching and demonstration: Blood grouping			
	Teaching and demonstration: TLC			
	Teaching and demonstration: DLC			
	Teaching and demonstration: ESR			
	Demonstration: FNAC, Bone marrow needles, liver biopsy needles, lumbar puncture needles			

Competencies expected of 2nd & final year MD Pathology students

This is a list of knowledge and skills which students of MD Pathology are expected to be competent at the end of their second and final year. During the course of their postings , students will perform these skills and get it verified from any Faculty posted in the section. It is the student's responsibility to demonstrate his competence and understanding at any time to a faculty member during the course of the posting. No separate assessment will be held for these routine procedures. This sheet has to be appended to the log book.

S.No.	Expected knowledge/skills	Level of entrustment (for activities)	Date of completion	Signature of faculty
HEMATOLOGY, COAGULATION LAB, SEROLOGY AND CLINICAL PATHOLOGY				
	Interpretation of PS			
	Interpretation of automated cell counter report			
	Bone marrow aspiration: technique			
	Bone marrow biopsy: technique			
	Preparation of hemolysate			
	Hb electrophoresis: principle, procedure and interpretation (semi and fully automated)			
	Serum electrophoresis: principle, procedure & interpretation			
	Indirect Coombs' Test: principle, procedure & interpretation			
	Direct Coombs' Test: principle, procedure & interpretation			
	G6PD: principle, procedure & interpretation			
	MPO stain: principle, procedure & interpretation			
	Sudan Black B stain: principle, procedure & interpretation			
	Non-specific esterase: principle, procedure & interpretation			
	Perl's Prussian Blue stain: principle, procedure & interpretation			
	Pregnancy test: principle, procedure & interpretation			
	Prothrombin time: principle, procedure & interpretation			
	APTT: principle, procedure & interpretation			
	Osmotic fragility: principle, procedure & interpretation			
	LE cell: principle, procedure & interpretation			
	HBsAg: principle, procedure & interpretation			
BLOOD BANK				
	ABO and Rh testing (Tube method)			
	Cross matching (Tube method)			
	HIV-ELISA: principle, procedure & interpretation			
	VDRL: principle, procedure & interpretation			
	HCV-ELISA: principle, procedure & interpretation			
	HBsAg- ELISA: principle, procedure & interpretation			
	Workup of transfusion reactions			
	Component preparation of components			
	Leading and participating in a voluntary blood donation camp			

	Principles of discarding of blood bags			
	Quality control in blood bank			
	Maintenance of registers, entry, documentation			
HISTOPATHOLOGY, IMMUNOHISTOCHEMISTRY& AUTOPSY				
	Grossing of all organs			
	Microtomy: Principles and procedure			
	Frozen sections: Principle and procedure			
	Knife sharpening: Principles			
	Microwave processing: Principles and procedure			
	Reticulin stain: Principle, procedure and interpretation			
	Von Gieson’s stain: Principle, procedure and interpretation			
	Masson’s Trichrome: Principle, procedure and interpretation			
	FiteFaraco stain: Principle, procedure and interpretation			
	PAS stain: Principle, procedure and interpretation			
	Congo red stain: Principle, procedure and interpretation			
	Toluidine blue stain: Principle, procedure and interpretation			
	Autopsy techniques: Heart			
	Autopsy techniques: Lung			
	Autopsy techniques: Liver			
	Autopsy techniques: Kidney			
	Autopsy techniques: Spleen			
	Autopsy techniques: Brain and spinal cord			
	Autopsy in patients of HIV			
	Immunohistochemistry: Principle, procedure, interpretation			
	ER/PR: interpretation			
CYTOPATHOLOGY				
	Independent performance of routine FNAC			
	Radiologically guided FNAC (under supervision)			
	Processing of fluid using Cytospin			
	Cell block preparation			
	Sputum smears: preparation and interpretation			
RESEARCH LABORATORY				
	Fluorescence microscopy: Principle, procedure, interpretation			
	ELISA: Principle, procedure, interpretation			
	Flow Cytometry: Principle, procedure, interpretation			
	Literature search			
	Critical appraisal of a journal article			
UNDERGRADUATE TEACHING				
	Demonstration of specimens to UG students			
	Microteaching			

Introducing Mini Clinical Evaluation Exercise (Mini CEX) as a learning tool in the resident training program in Obstetrics and Gynecology of a rural medical school.

Dr Surekha Tayade, Dept of Obstetrics and Gynecology

EXECUTIVE SUMMARY:

Background: Direct observation of clinical skills is a key component of medical education. Students graduating from medical school must demonstrate competency in performing clinical tasks. Direct observation of clinical skills benefits learners via feedback and enhancement of problem formulation and solving skills[1,2]. Feedback exerts one of the most important influences on learning. The Mini Clinical Evaluation Exercise (Mini-CEX) is a method for simultaneously assessing the clinical skills of trainees and offering them feedback on their performance. It is a 15-20 minute observation or "snapshot" of a physician/patient interaction and focuses on ore skills that trainees should demonstrate in patient encounters. It can be easily implemented in any setting by preceptors as a routine, seamless assessment of trainees. It has the advantage of having an in-built mechanism of providing instant feedback to the student.

Method: Ten assessors evaluated 16 postgraduate residents of Obstetrics and Gynecology in 32 Mini CEX encounters in real patient setting of outpatient unit, labor ward and antenatal ward with each student undergoing two assessments one month apart. Constructive feedback was given with an action plan and one month time was provided for self reflection and practice after which second Mini CEX was conducted

Results. The average time for the encounters was 19.12 minutes and 19.37 minutes (first and second, respectively) and that for feedback were 8.27 and 7.44 minutes for first and second encounter respectively. The mean score for medical interview skill was 3.56 and 7.18, for physical examination skills 3.43 and 7.18, for professionalism 3.18 and 7.06, for clinical judgement 3.31 and 7.06, for counselling skills 2.93 and 7.31, for organizational efficiency, 3.31 and 7.37 and for overall competence it was 3.43 and 7.0; the difference between scores was found to be statistically significant by student's paired t test. The relative gain, absolute gain and Learning Efficiency score of Mini CEX for all 7 competencies was high and was statistically significant. Faculty and students had good satisfaction with Mini CEX and perceived it as an efficient learning tool.

Conclusion: Mini Clinical evaluation exercise is an effective learning tool and is acceptable and feasible in residency program of Obstetrics and Gynecology.

MINUTES OF THE MEETING OF THE LOCAL MANAGING COMMITTEE OF MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM HELD ON 8th FEBRUARY 2016 AT 12.00 NOON IN THE COMMITTEE ROOM OF THE MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM

The following were present in the meeting:

1. Shri Dhiru S Mehta ... Chairman
2. Sh. P.L. Tapdiya ... Member
3. Dr. B.S.Garg ... Member
4. Dr. K.V. Desikan … Member
5. Dr. Manish Jain … Member
6. Dr. Ajab Dhabarde ... Member
7. Dr. Pravin Zopate ... Member
8. Sh. R.P.Aote ... Member
9. Dr. K.R. Patond, Dean, MGIMS ... Member Secretary

Special Invitee

1. Dr. S.P. Kalantri
   Medical Superintendent, Kasturba Hospital
2. Advocate Shri P.B.Taori

Chairman informed that Sh. Shyam Babhulkar and Shri Suresh Deshmukh have conveyed their inability to attend the meeting and hence they were granted leave of absence.

The Director General of Health Services, Government of India and Secretary to Government of Maharashtra, Department of Medical Education & Drugs did not attend the meeting.

Contd…….2

To condole the sad demise of Dr. Savita Borle,

Assistant Professor, Department of Dentistry

The Chairman informed the members that Dr. Savita Borle, Assistant Professor, Department of Dentistry expired on 30th October 2015. She served the Institute for about 33 years. He also informed the members that her death has deprived the Institute of a very honest and sincere worker. He further informed that a Condolence meeting was held in the Institute on 2nd November, 2015 at 4.00 PM in the Anatomy Hall of the Institute and a resolution was passed which was sent to her family.

Members observed two minutes silence to pay respect to departed soul.

Opening Remarks

The Chairman welcomed the members and the special invitees present in the Local Managing Committee meeting.

Item No. 01 : Confirmation of the minutes of the last meeting of Local Managing Committee held on 1st September 2015

Chairman stated that the minutes of the last meeting of LMC held on 1st September 2015 have already been circulated. As no comments/suggestions were received from any of the members, the minutes were confirmed unanimously by the members present and the minutes were signed by Chairman.

Item No. 2 : Review of action taken on the minutes of the meeting of Local Managing Committee held on 1st September 2015

Chairman informed the members that all the decisions taken in the last meeting of the Local Managing Committee held on 1st September 2015 have been implemented and the members were requested to note the same.

Contd…….3

Item No. 3 : **To co-opt new member**

Chairman informed the members that Shri S.R.Halbe tendered his resignation from the membership of Kasturba Health Society and Local Managing Committee which was duly accepted. As per the provisions of Section 67 (1) (c) of Maharashtra University of Health Sciences Act, 1998 every affiliated college or institution should have three local members representing different fields of the area nominated by the management in its Local Managing Committee. In accordance with the above, the Chairman Shri Dhiru S. Mehta proposed the name of Advocate Shri P.B.Taori from the field of law in place of Shri S.R.Halbe and requested the members to co-opt him. The members welcomed the proposal, thereafter it was resolved that

> Advocate Sh.P.B.Taori unanimously elected as member of Local Managing Committee of Mahatma Gandhi Institute of Medical Sciences, Sevagram".

Item No. 4 : **To report about MCI Inspections conducted for renewal of permission for admission of 5th batch of MBBS students against the increase intake from 65 to100**

Chairman informed the members that the inspection for renewal of permission of 5th batch of MBBS students against the increased intake from 65 to100 for academic session 2016-2017 was carried out by the MCI assessors on 29th and 30th September 2015. The MCI further informed about certain deficiencies and compliance was submitted to them accordingly. The Secretary KHS and Dean MGIMS personally attended the hearing at Ministry of Health and Family Welfare, New Delhi and submitted detailed reply.

Chairman also informed that the inspection for verification of compliance was held on 5th February, 2016. As there was Diagnostic and Surgical camp at Melghat where team of faculty and residents were deputed due to which deficiency may arise. Therefore an appeal was sent to Secretary, Medical Council of India, New Delhi to consider the faculty and residents officially deputed for the camp in a resource limited setting and consider them as present on the day of inspection.

The members were requested to note the same.

Contd…….4

Item No. 5 : To report about the special achievements of the Faculty Members

Chairman informed the members that

- Dr. B.S.Garg, Director Professor Community Medicine has been selected as President of Voluntary Health Association of India.

- Dr. K.K.Mishra, Professor and Head, Deptt. of Psychiatry has been elected to Core Committee of Indian Association of Child & Adolescent Mental Health as executive council member in November 2015.

The members conveyed their congratulations to the faculty members.

Item No.6 : To report about the achievements of students of MGIMS in various academic and other curricular activities

Chairman informed the members about the achievement of UG and PG students of MGIMS in various academic and other curricular activities as under:

Undergraduate

- Mr.Shyam Medha and Mr.Ashish Kumar of 2011 batch student won the 1st runner up trophy at the divisional round of the Indian Academy of Pediatrics UG quiz at Nagpur.
- Ms..Khushboo Verma-2010 batch, Mr. Shyam Meda and Mr.Rajat Sharma of 2011 batch won 3rd prize in Dr. Vivek Diwekar Memorial State level intercollegiate undergraduate radiological quiz in Sept. 2015.

Postgraduate

- Dr Kanchan and Dr Punam, PGs Department of Paediatrics won the 1st runner up trophy at the regional round of the National Neonatology Forum's neonatology quiz at Nagpur.

The members appreciated the above.

Contd……..5

Item No. 7 : To report about the results of undergraduate and post graduate examinations held by the Maharashtra University of Health Sciences, Nashik

Chairman presented the results of PG courses for Winter-2015 (Degree/Diploma) which were 100% for Degree courses except in Medicine and Forensic Medicine and 100% for diploma courses except in Obst and Gynae.

PG Degree	Winter - 2015		
	Appeared	Passed	%
Pathology	1	1	100
Medicine	1	0	0
OBGY	1	1	100
Biochemistry	1	1	100
Forensic Medicine	1	0	0
Surgery	1	1	100
Ophthalmology	1	1	100
Diploma			
DCH	1	1	100
DMRD	1	1	100
DLO	1	1	100
DGO	1	0	0

Chairman further informed the members that the result of the under-graduate is yet to be declared by MUHS.

Chairman appreciated the result but he would like to have it 100% passing of all the students who appear for the exams. He expressed his concern about the performance of the students in exam and asked Dean to take appropriate measures.

Item No. 8 : To report about the latest position of preparation for the PMT for the year 2016-17

Chairman informed the members that against the admission notice published in all leading dailies of the country for admission in first year MBBS course for the academic year 2016-17 in our Institute, till 8th Feb, 10537 forms have been supplied. The last date for receipt of application form duly filled in is 18th March, 2016. He also informed that until 8th February 2016, 3118 application forms duly filled-in have been received.

The entrance test will be held on 17th April 2016 at New Delhi, Hyderabad, Mumbai, Nagpur and Calcutta Centres. Necessary arrangements for conducting the above entrance test are being made.

The members were requested to note the same.

Contd……..6

Item No. 9 : **Any other matter with the permission of the Chair**

To report about the counseling held for PG Diploma/Degree courses

Chairman informed all the members that as per normal selection cycle for PG Diploma/Degree courses of the students passed from MUHS, the counseling was held at MGIMS on 19th and 20th January 2016, wherein 61 students in total have been selected. They are allowed to join from 1st May, 2016. The Chairman informed that after the end of normal selection cycle of PG courses by MUHS graduates, vacant PG diploma/degree seats at MGIMS will only be filled by MUHS graduates.

The members were requested to note the same.

The meeting ended with passing vote of thanks to the Chair.

MINUTES OF THE MEETING OF THE LOCAL MANAGING COMMITTEE OF MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEWAGRAM HELD ON 13th AUGUST 2016 AT 4:00 P.M. IN THE COMMITTEE ROOM OF THE KASTURBA HEALTH SOCIETY, SEVAGRAM

The following were present in the meeting

1)	Shri Dhiru S Mehta	Chairman
2)	Sh.P.L.Tapdiya	Member
3)	Sh.Suresh Desumukh	Member
4)	Dr. B. S. Garg	Member
5)	Dr. Manish Jain	Member
6)	Dr. Ajab Dhabarde	Member
7)	Dr. Pravin Zopate	Member
8)	Shri R.P.Aote	Member
9)	Dr. K.R.Patond, Dean, MGIMS	Member Secretary

SPECIAL INVITEE

Dr. S.P. Kalantri, Medical Supdt., Kasturba Hospital

Dr.Shyam Babhulkar and Adv P.B.Taori have informed of their inability to attend the meeting and they were granted leave of absence. The Director General of Health services, Govt. of India and Secretary to Government of Maharashtra, Department of Medical Education and Drugs could not attend the meeting.

Opening Remarks

Chairman informed the members and special invitees about the sad demise of Mr. Akash Nagpure, Final Year Part II MBBS student (UG 2012 batch) on 24th June 2016 who was a good student of our Institute. He further informed that a Condolence meeting was held in the Institute on 27th June 2016 at 4.00 PM in the Anatomy Hall of the Institute and a resolution was passed which was given to his father who was present at the meeting.

The members present in the meeting stood and observed silence for two minutes and prayed for the departed soul.

Item No. 1: To confirm the minutes of the last meeting of Local Managing Committee held on 8th February 2016

The minutes of the meeting of the Local Managing Committee held on 8th February 2016 were circulated to all the members in advance and as no comments/ suggestions was received from any of the members, the minutes were confirmed and signed by the Chairman.

Item No. 2: To review the action taken on the minutes of Local Managing Committee held on 8th February 2016

Chairman informed the members that all the decisions taken in the last meeting of the Local Managing Committee held on 8th February 2016 have been implemented. Members noted the same.

Item No. 3: To consider and recommend the Annual Report of MGIMS for the year 2015-16

The Annual Report of MGIMS for the year 2015-16 was presented to all the members of the LMC present in the meeting. Members were also requested to go through the Annual Report and to communicate any comments or suggestions to the Dean within 15 days. The members appreciated the efforts of Dr. Anshu, Editor and Mr. Dinesh Gudadhe for the designing and presentation of the Report and recommended it to Governing Council and KHS for adoption.

Item No. 04 : To report about MCI Inspections conducted for renewal of permission for admission of 5th batch of MBBS students against the increase intake from 65 to 100

Chairman informed that the re-inspection for renewal of permission for 5th batch of MBBS students against the increased intake from 65 to100 was carried out by the assessors appointed by MCI on 5th February 2016 and on the recommendation of MCI, the Central Government sent its approval for the academic session 2016-17.
Members noted the same.

Item No. 05 : **To report about the special achievements of the Institute and faculty members**

Chairman informed the members about the special achievement of Institute and faculty members which were as follows:

Institutional Achievements

- The Department of Medicine has started a programme of Certificate course in evidence based diabetes management (CCEBDM) recognized by International Diabetes Federation and Public Health Foundation of India in collaboration with Dr. Mohan's Diabetes Education Academy. This year 11 candidates have successfully completed the course.
- The Clinical Biochemistry Laboratory has been renovated and upgraded with the installation of two new fully automated Biochemistry analysers of Beckman Coulter.
- A proposal has been accepted for the Department of Microbiology to be recognized as a "Regional Centre for Antimicrobial Resistance" under ICMR.
- It was informed by Dr.Manish Jain, Member LMC that in Regional SEARO WHO meeting for Newborns and birth defects it was decided to start a National Perinatal Registry for India by MOH officials wherein initial plan is to involve 55 hospitals and then slowly increase the numbers of hospital in a phased manner. It was decided in that meeting that MGIMS Sevagram, PGIMER Chandigarh, and Safdurjung Hospital Delhi will have the technical support and also as resource for the same.
- The Department of Pediatrics has also been selected as a site by WHO for their IPV vaccine trial.

Faculty Achievements

- Dr M R Shende, Professor and Head, Department of Anatomy has been elected as Executive Member of Anatomical Society of India for the year 2016 whereas Dr AK Pal, Professor, Department of Anatomy has been elected as Executive Member of All India Congress of Cytology and Genetics (AICCG), Kolkata.
- Dr. Rahul Narang, Professor, Department of Microbiology has been selected as Executive Member of Indian Association of Medical Microbiologist whereas Dr.Ruchita Attal, Assistant Professor has been selected as Executive Member of Vidharbha Association of Medical Microbiologists.

The members conveyed their congratulations to the faculty members.

Item No.06 : **To report about the achievements of students of MGIMS in various academic and other curricular activities**

Chairman informed the members about the achievement of students of MGIMS in various academic and other curricular activities as under:

Undergraduate

- MGIMS will organize in February 2017 the 1st National Conference on Bioethics and Medical Research – ETHOS under the leadership of Mr.Shiv Joshi an Intern of MGIMS. In this conference the largest gathering of bioethics thought-leaders and students in the country will provide a leading platform to discuss "What is the Contribution of Bioethics? It's need in Health care profession? Is Euthanasia ethical? Should Abortions be made illegal? Is Animal Lab Testing humane? Revolutions in regenerative medicine and biomedical engineering and many more unanswered and controversial topics" by bringing the national academics, practitioners and experts together in Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha. ETHOS 2017 will provide the role of bioethics for the benefit of future generations through a broad range of activities like dynamic academic programme exploring emerging issues in bioethics, global health, public ethics and law, and the relationship between bioethics and medical research.
- Mr.Prathamesh Pathrikar, UG-2013 batch got "Dr.Sushila Nayar Award" for winning first prize for his presentation.
- Ms Shambavi Chowdhary and Ms Shubhra Chhazed (2015 batch) won the running trophy of the Vidarbha level "Dr. T. L. Patil memorial" Anatomy quiz competition organized at GMC Nagpur on 20th February 2016 in which total eight teams have participated. The students of first year of MGIMS has lifted this trophy twice in last three years.

Postgraduate

- In the university examination held in the year 2015 – Dr.Ritu Singh stood second in order of merit in MS Obst. and Gynae, Dr.Vandana Yadav stood third in MD Pathology and Dr.Sachin Kumar Meena also stood third in MD Forensic Medicine in all over the State of Maharashtra.

Chairman and members commented that the PG/UG students of MGIMS had made the Institute proud by their academic and sports achievements.

Item No.07 : **To report about the position of admission to first Year MBBS course for the academic session 2016-17**

Chairman informed that PMT of Mahatma Gandhi Institute of Medical Sciences, Sewagram for the academic session 2016-17 was held on 17th April 2016 at five centers namely New Delhi, Hyderabad, Mumbai, Nagpur and Kolkatta and a total number of 15599 application forms were supplied by MGIMS and 15119 forms complete in all respects were received back. A total number of 13314 candidates appeared for the PMT. However, in view of the Supreme Court's order that admissions to medical courses in All Over India are to be made through NEET, result of our Entrance Test could not be declared. Subsequently the Central Government issued an Ordinance thereby exempting CETs conducted by the State Governments from the NEET. However, there was no provision with respect to colleges like MGIMS. We have been continuously consulting senior counsels in Supreme Court and presented our case in the Hon'ble Supreme Court very strongly. The Hon'ble Supreme Court has not accepted our plea and hence this year admission will be made as per NEET.

Members noted the same.

Item No.08 : **To report about Recognition of PG courses in 3 subjects and renewal of recognition of PG courses in 11 subjects**

Chairman informed that MGIMS has applied to MCI through MUHS for recognition of increased seats of PG Degree in 3 subjects i.e. Anaesthesia, Medicine, Radiotherapy and also applied for Renewal of recognition of PG Degree/Diploma courses in 11 subjects i.e. MD Anatomy, MD Physiology, MD Biochemistry, MD Pathology, MD Forensic Medicine, MS Obst and Gynae/DGO, MS ENT/DLO, MD Psychiatry/DPM, MS Orthopaedics/D.Ortho, MD Radiology/DMRD, MS General Surgery. The inspections by MCI for the above courses are ongoing.

Chairman further informed that representation has been made to MCI well in advance to reschedule the inspection for renewal of recognition for MD Anatomy, MD Physiology and MD Biochemistry as there will be no candidate appearing for practical examination this year.

Item No.09 : **To report about the Local Staff Selection Committee of MUHS for faculty**

Chairman informed that the Local Selection Committee of Maharashtra University of Health Sciences met twice on 28th March and 27th April 2016 for temporary selection of various faculty posts in MGIMS. In total 40 candidates were selected by the Committee. The same has been communicated to MUHS for approval.

Item No.10 : **To report about starting of New OT complex and MCH Wing**

Chairman informed that the new O.T. block having 13 Operation Theatres has been constructed and the Pooja of the same was done on 28th February 2016 and now is functional. He further informed that 100 bedded model Maternal and Child Health (MCH) wing for comprehensive reproductive, maternal, newborn and child, adolescent health has also been constructed and is expected to be fully functional soon.

Members appreciated the same.

Item No. 11 : **Any other matter with the permission of the Chair**

(a) To consider resignation of Dr.K.V.Desikan

Chairman further informed that Dr.K.V.Desikan has tendered his resignation from the membership of Kasturba Health Society. He requested that in view of his advanced age (91 years) he is finding it difficult to attend and take part in the meetings of Kasturba Health Society. Further, on account of his disabilities associated with age, it has not been possible for him to participate actively and make any contribution to the Society. Chairman appreciated his good services during his long association with Kasturba Health Society and Local Managing Committee and the members accepted his resignation.

(b) To consider request for gazetted holidays, increase in Casual leave and Earned Leave.

The non teaching members requested the Chairman to grant gazetted holidays as per MUHS in the alternative to increase casual leave. They further requested that the Earned Leave at present which is not sanctioned for less than 5 may be reduced to not less than 3 days. The matter was discussed in detail and finally it was agreed to reduce to less than three days earned leave instead of five days. Necessary amendments may be made in the Service Rules of KHS -1982 accordingly. Chairman explained as to why casual leave could not be increased to 15 days.

The meeting ended with a vote of thanks to the Chair.

Discharge Diagnoses

Disease category	No. (%)
1. ANC, PNC, Abortions and sick neonates	523 (15.2)
2. Injuries, burns, poisonings etc	475 (13.8)
3. Infectious diseases	258 (7.5)
4. Ophthalmological disorders	157 (4.6)
5. Renal and genital disorders	204 (5.9)
6. Cardio vascular disorders including strokes	238 (6.9)
7. Gastrointestinal disorders	236 (6.8)
8. Respiratory disorders	142 (4.1)
9. Malignant disorders	132 (3.8)
10. Behavioral disorders	70 (2.0)

Disease category	No. (%)
11. Acute undifferentiated fever	95 (2.8)
12. Endocrine and nutritional disorders	60 (1.7)
13. Hematological and immune disorders	109 (3.2)
14. Dermatological disorders	66 (1.9)
15. Musculoskeletal and collagen disorders	49 (1.4)
16. Neurological disorders	41 (1.2)
17. Congenital disorders	19 (0.6)
18. Liveborn Infants	328 (9.5)
19. Patients with abnormal clinical & lab findings, not elsewhere classifie	245 (7.1)
Total	3447

1 Day at Kasturba Hospital

Department	OPD	IPD	Department	OPD	IPD
Dental	60	-	Paediatrics	104	21
Dermatology	145	3	Physiotherapy	52	-
ENT	120	3	Psychiatry	51	2
GOPD	521	-	Radiotherapy	47	6
Medicine	375	35	Surgery	183	14
Obstetrics & Gynae	155	24	Neuro Surgery	2	-
Ophthalmology	94	5	Registration	1374	-
Orthopaedics	181	6	Emergency	156	-

*Operations & Procedures

	Laproscopy	Major+Radical	Minor+Simple	Total	Per Day	Procedures	Minor OT
ENT	-	31	29	60	2	-	-
Gynecology**	2	124	238	364	12	-	-
Neuro Surgery	-	-	-	-	-	-	-
Ophthalmology	-	9	106	115	4	-	-
Orthopaedics	-	59	22	81	3	-	272
Surgery	16	84	65	165	5	-	982
Radiotherapy	-	-	-	-	-	5	-
Angiography	-	-	-	-	-	36	-
Angioplasty	-	-	-	-	-	4	-
Interventional Radiology	-	-	-	-	-	-	-
Endoscopy & Bronchoscopy		-	-	-	-	30	-
Haemodialysis	-	-	-	-	-	161	-
Dental	-	-	-	-	-	545	-
Total	**18**	**307**	**460**	**785**	**26**	**781**	**1254**

These data reflect electronic entry of OT notes and their validation. An operation is billed to the patient only after the OT notes are entered and validated. **This includes Caesarean section.

JULY
2016

Kasturba Hospital | Sevagram

Monthly Statistical Bulletin

Hospital Information System (HIS)
MGIMS

Blood Bank

Item	Collected	Per Day	Issued
Blood Bags	563	18	380
Blood Bags issued for components	-	-	75
Red Cell Concentrate	97	3	105
Fresh Frozen Plasma	97	3	105
Platelet Concentrate	85	3	40

Dietary Services

Diet served			Milk consumed
Patients	Nurses	Guests	Milk (Lit)
8005	1520	532	5927

Out Patient Visits	
Total out patient visits	65127
Average out patient /day	2101
Maximum Registration /day	2272
Minimum Registration /day	835
Newborn + IUD	348

Admissions	
Total	3623
Average /day	117
Maximum /day	185
Minimum /day	62
Deaths (Includes brought dead)	121

Clinical Forensic Medical Unit: Total MLC :202

(Cum:Cumulative)

Department	Outpatients				Admissions			
	New	Old	Total	Cum(15)	**Jul (16)**	Cum(16)	Cum(15)	%Change
Medicine & Alternative	316	14	330	1402	-	-	-	-
Dental	848	1017	1865	12856	-	-	-	-
Dermatology	2495	1996	4491	26997	82	486	496	-2.0
ENT	2305	1420	3725	23964	90	680	639	+6.4
GOPD	9846	6307	16153	106220	-	-	-	-
Medicine	5586	6039	11625	69049	1069	6215	5960	+4.3
Obstetrics & Gynae	1541	3257	4798	33193	732	5540	5295	+4.6
Ophthalmology	2012	905	2917	20490	142	1742	4103	-57.5
Orthopaedics	3651	1949	5600	28242	173	1303	1337	-2.6
Paediatrics	1388	1836	3224	20925	659	4660	4705	-1.0
Physiotherapy	965	647	1612	10950	-	-	-	-
Psychiatry	368	1221	1589	9380	46	283	340	-16.8
Radiotherapy	111	1356	1467	10272	193	1491	1343	+11.0
Surgery	2967	2713	5680	38295	437	3143	3420	-8.1
Neuro Surgery	21	30	51	1106	-	95	101	-5.9
Registration	15464	27138	42602	283964	**3623**	**25637**	**27739**	**-7.6**
Emergency	2878	1970	4848	31741				

Investigations

Department	Laboratory	Validated Tests	Per Day 2016 Jul	Jun
Biochemistry	Routine	28583	922	998
	Special	2756	89	97
Microbiology	Bacteriology	2332	75	81
	Mycobacteriology	290	9	8
	Mycology	42	1	1
	Serology / Immunology	3921	126	134
	Parasitology	3	0.09	0.2
	Histopathology	497	16	23
Pathology	Cytopathology	582	19	22
	Hematology	8826	285	296
	Coagulation & Serology	2055	66	83
	Clinical	12211	394	429
	Blood Grouping	1852	60	70
	Immuno - Histochemistry	1	0.03	0.1
	Flow Cytometry	7	0.2	1
Radiology	X- Ray	8912	287	306
	Ultrasonography	2374	77	88
	CT	559	18	18
	MRI	250	8	11
	Conventional Radiography	66	2	3
Medicine	E C G	1008	33	32
	Ward Lab	247	8	8
	Echocardiography	47	2	1
Physiotherapy	Physiotherapy	2006	65	72
Psychiatry	EEG	17	1	2
Forensic	Toxicology	86	2	3
Physiology	Reproductive Bio Unit	30	1	1
	Cardiorespiratory	-	-	-
	Neurophysiology	95	3	3
Anatomy	Cytogenetic	11	0.3	0.3

*These numbers denote test results entered or partially validated through HIS as on 2nd June 2016. These tests are directly billed to the patient.

Discharge Diagnoses

Disease category	No. (%)	Disease category	No. (%)
1. ANC, PNC, Abortions and sick neonates	648 (15.3)	11. Acute undifferentiated fever	183 (4.3)
2. Injuries, burns, poisonings etc	517 (12.2)	12. Endocrine and nutritional disorders	44 (1.0)
3. Infectious diseases	305 (7.2)	13. Hematological and immune disorders	115 (2.7)
4. Ophthalmological disorders	277 (6.6)	14. Dermatological disorders	80 (1.9)
5. Renal and genital disorders	203 (4.8)	15. Musculoskeletal and collagen disorders	58 (1.4)
6. Cardio vascular disorders including strokes	275 (6.5)	16. Neurological disorders	28 (0.7)
7. Gastrointestinal disorders	247 (5.8)	17. Congenital disorders	25 (0.6)
8. Respiratory disorders	369 (8.7)	18. Liveborn Infants	374 (8.9)
9. Malignant disorders	163 (3.9)	19. Patients with abnormal clinical & lab findings, not elsewhere classifie	241 (5.7)
10. Behavioral disorders	72 (1.7)		
		Total	4224

1 Day at Kasturba Hospital

Department	OPD	IPD	Department	OPD	IPD
Dental	54	-	Paediatrics	158	30
Dermatology	164	2	Physiotherapy	51	-
ENT	150	3	Psychiatry	49	2
GOPD	646	-	Radiotherapy	51	7
Medicine	435	41	Surgery	212	16
Obstetrics & Gynae	159	26	Neuro Surgery	1	-
Ophthalmology	106	11	Registration	1567	-
Orthopaedics	213	7	Emergency	179	-

*Operations & Procedures

	Laproscopy	Major+Radical	Minor+Simple	Total	Per Day	Procedures	Minor OT
ENT	-	43	16	59	2	-	-
Gynecology**	99	36	218	353	11	-	-
Neuro Surgery	-	-	-	-	-	-	-
Ophthalmology	-	16	261	277	8	-	-
Orthopaedics	-	84	15	99	3	-	291
Surgery	20	79	81	180	6	-	1114
Radiotherapy	-	-	-	-	-	3	-
Angiography	-	-	-	-	-	47	-
Angioplasty	-	-	-	-	-	6	-
Interventional Radiology	-	-	-	-	-	-	-
Endoscopy & Bronchoscopy		-	-	-	-	31	-
Haemodialysis	-	-	-	-	-	154	-
Dental	-	-	-	-	-	521	-
Total	**119**	**258**	**591**	**968**	**31**	**762**	**1405**

data reflect electronic entry of OT notes and their validation. An operation is billed to the patient only after the OT notes are entered and validated. **This includes Caesarean section.

AUG 2016

Kasturba Hospital | Sevagram

Monthly Statistical Bulletin

Hospital Information System (HIS)
MGIMS

Blood Bank

Item	Collected	Per Day	Issued
Blood Bags	724	23	439
Blood Bags issued for components	-	-	80
Red Cell Concentrate	119	4	108
Fresh Frozen Plasma	119	4	130
Platelet Concentrate	106	4	62

Dietary Services

Diet served			Milk consumed
Patients	Nurses	Guests	Milk (Lit)
8824	3720	357	7219

Out Patient Visits	
Total out patient visits	77029
Average out patient /day	2485
Maximum Registration /day	2532
Minimum Registration /day	295
Newborn + IUD	413

Admissions	
Total	4437
Average /day	143
Maximum /day	201
Minimum /day	79
Deaths (Includes brought dead)	171

Clinical Forensic Medical Unit: Total MLC :

(Cum:Cumulative)

Department	Outpatients				Admissions			
	New	Old	Total	Cum(15)	**Aug (16)**	Cum(16)	Cum(15)	%Change
Medicine & Alternative	1025	82	1107	2509	-	-	-	-
Dental	816	856	1672	14528	-	-	-	-
Dermatology	2879	2203	5082	32079	50	536	549	-2.4
ENT	2841	1779	4620	28584	94	774	747	+3.6
GOPD	10925	9106	20031	12651	-	-	-	-
Medicine	6613	6872	13485	82534	1258	7473	6898	+8.3
Obstetrics & Gynae	1673	3253	4926	38119	819	6359	6059	+5.0
Ophthalmology	2271	1016	3287	23777	336	2078	4595	-54.8
Orthopaedics	4297	2318	6615	34857	213	1515	1528	-0.9
Paediatrics	2069	2843	4912	25837	928	5588	5379	+3.9
Physiotherapy	939	657	1596	12546	-	-	-	-
Psychiatry	364	1161	1525	10905	50	333	384	-13.3
Radiotherapy	113	1473	1586	11858	208	1699	1545	+10.0
Surgery	3470	3092	6562	44857	481	3624	3909	-7.3
Neuro Surgery	14	9	23	1129	-	95	123	-22.8
Registration	17387	32131	49518	333482	**4437**	**30074**	**31716**	**-5.2**
Emergency	3443	2116	5559	37300				

Investigations

Department	Laboratory	Validated Tests	Per Day 2016 Aug	Jul
Biochemistry	Routine	30980	999	922
	Special	2818	91	89
Microbiology	Bacteriology	2644	85	75
	Mycobacteriology	307	10	9
	Mycology	52	2	1
	Serology / Immunology	4536	146	126
	Parasitology	289	9	0.09
	Histopathology	506	16	16
Pathology	Cytopathology	651	21	19
	Hematology	10562	341	285
	Coagulation & Serology	2049	66	66
	Clinical	14277	461	394
	Blood Grouping	2067	67	60
	Immuno - Histochemistry	-	-	0.03
	Flow Cytometry	11	0.4	0.2
Radiology	X- Ray	9982	322	287
	Ultrasonography	2555	82	77
	CT	607	20	18
	MRI	275	9	8
	Conventional Radiography	55	2	2
Medicine	E C G	964	31	33
	Ward Lab	278	9	8
	Echocardiography	61	2	2
Physiotherapy	Physiotherapy	2122	68	65
Psychiatry	EEG	50	2	1
Forensic	Toxicology	116	4	2
Physiology	Reproductive Bio Unit	20	1	1
	Cardiorespiratory	-	-	-
	Neurophysiology	67		3
Anatomy	Cytogenetic	8		0.3

*These numbers denote test results entered or partially validated through HIS as on 2nd September 2016. These tests are directly billed to the patient.

M0AHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES
SEVAGRAM, WARDHA
Minutes of College Council Meeting dated 14th/July/2016

A meeting of college council was held on 14th July 2016 at 3.00 pm in the committee room of Dean's office. Following members attended the meeting-

Chairperson: **Dr. K. R. Patond** **Dean.**

Member Secretary: Dr. Atul Tayade Professor, Department of Radiodiagnosis.

Members

1. Dr. MVR Reddy Director Prof. & Head, Dept. of Biochemistry
2. Dr. A.K. Shukla Director Prof. & Head, Dept. of Ophthalmology.
3. Dr. A.M. Mehandale Director Prof. & Head, Dept. of Community Medicine
4. Dr. M.R. Shende Prof. & Head, Dept. of Anatomy.
5. Dr. A. R. Chaudhari Prof. & Head, Dept. of Physiology.
6. Dr. Virendra Vyas Prof. & Head, Dept. of Radiotherapy
7. Dr. Smit Kar Prof. & Head, Dept. of Dermatology.
8. Dr. P. Khairkar Prof. & Head, Dept. of Psychiatry
9. Dr. Sucheta Tidke Prof. & Head, Dept of Anaesthesiology
10. Dr. Bhaskar Patle Prof. & Head, Dept of Dental Surgery.
11. Dr. Jyoti Jain Prof. & Head, Dept. of Medicine
12. Dr. Devesh Gosawi Professor, Dept. of Pharmacology
13. Dr. Rahul Narang Professor, Dept. of Microbiology
14. Dr. Puttewar Professor, Dept of Otorhinolaryngology
15. Dr. Manish Jain Professor, Dept. of Paediatrics.
16. Dr. P.N. Murkey Professor, Dept. of Forensic Medicine & Toxicology
17. Dr. R. Pandey Associate Professor, Dept. of Surgery
18. Dr. M. Atram Associate Professor, Dept. of Pathology.

HODs from Orthopaedics, and OBGY were not present for the meeting.

- Dean welcomed all college council members.
- Dean informed to the house regarding accident of 2012 batch M.B.B.S student Mr. Akash R. Nagpure. All the council members observed one minute silence. The Dean told that everybody is aware of the stress during the medical

education. To overcome the stress and to make learning meaningful, he asked HODs to spread the message of participating in prayer and Shramdan regularly among students and staff members.

- The Dean announced that, the minutes of the college council held on 9th June 2016 had been circulated and as no comments had been received & considered accepted
- Dean told that
  - HOD should attend the college council meeting, if he/she is unable to attend then representative from the department should attend the meeting to share the information.
  - All members to email the information of achievement of faculties and students, which is needed for putting up in LMC agenda.
  - The national UG conference on research and bioethics is planned.
  - The New OT complex is started.
  - About PMT & UG admission, the management has filed a petition, which may come on the board, after the hearing on the NEET ordinance is completed.
  - The permission has been granted by the MCI for 100 UG seats, year 2016-17.
  - The PG admission is completed and information is communicated to MUHS and MCI. 16 seats remained vacant.
  - There is pending MCI recognition for increased seats in three subject and renewal in nine subjects. Today the MCI inspection is going on, in the OBGY for renewal of Diploma in OBGY.
  - The requirement for new lecture hall for 100 seats will be kept for discussion in management meeting.
  - The Report of Centre observer on internal assessment 2016 UG theory examination was not good. Faculty should be send to clarify the problem related to the internal assessment. One should follow the rules and

regulations of MUHS meticulously to prevent the adverse remarks by the Centre observer.

  - Candidate (PG students) can be allotted up to age of 65yr to a Recognized PG teacher, however he/she can continue as guide the PG student up to age of 67, if he/she continues in the service.(vide letter MUHS/PG/E-1/1504 dated 27/1768/16.)
  - The MCI inspector in ENT department told that the declaration form of MCI should not be modified, otherwise it will be treated as invalid.
  - For PG recognition there should be speciality clinic. The routine as well as OT list should be generated/conducted on the day of examination.
  - To prevent the random discussion, every member should sent points for discussion or agenda, beforehand.
  - Declaration form should be ready without putting the date.
- Dr. Manish Jain told that the junior Clerk is not provided in department of Padiatrics and there is no enough space in the OPD to run the speciality clinics. The Dean told that he will look into the matter.
- Dr. A.K. Shukla said that in previous LMC meeting it was informed that after retirement, extension of services will be done on case to case basis. Dr. Shukla represented that if the extension is given after retirement then there is difference in the service benefit. Hence he requested the Dean to plead that the age of retirement can be brought at par with Government medical colleges in Maharashtra or as per the Central Government notification. In response to this the Dean informed that he had submitted the relevant MUHS notification and expected Dr. Shulka to represent through the faculty LMC member.

- The meeting ended with thanks to Dean.
-

Next meeting will be held on **11th August 2016 at 3 p.m**. in the committee room Dean's office. Members interested in posting some agenda in this meeting may send it to the office of **Member Secretary**, in the **Department of Radiodiagnosis** before **5th August 2016.**

RENT RECOVERY SUIT

Sr. No.	Case No.& Name of the Parties	Critical Issues	Judgement
1.	Regular Civil Suit No. 108/2014 The Secretary, Kasturba Health Society Vs. Mr. Anna Bakde	The suit was made against the defendant as he had not paid the rent of shop No. 12 for a long time & hence a suit was made against him for payment of total amount of claim which was Rs. 41,270/- but as his 20000/- rupees were with the society as security deosit, the amount payable by him was Rs.21,920/-	The matter was amicably settled in the Lok-Adalat.

CONSUMER CASES

Sr. No.	Case No.& Name of the Parties	Critical Issues	Judgement
1.	Con, Case No. 119/2014 JyotiGhyare Vs. Kasturba Health Society	The complainant had done the family planning/Sterilization operation from the Hospital after giving birth to the second daughter & the form which was signed by her, there was a clause that if her periods will miss then she will herself come to the hospital within 15 days & get her herself checked from the hospital &do Sterilization operation through the doctors. But she had not done it & filed the case.	It had been decided by the District Consumer Forum after going through the documents that she had herself read & signed the form for Sterilization & said that she will herself come to hospital for which she failed, & hence her complaint was dismissed.

CASES FILED AGAINST THE PG STUDENTS LEAVING THE JOB AFTER COMPLETING THE POST GRADUATION FROM MEDICAL INSTITUTE WITHOUT SERVING FOR THE INSTITUTE FOR THE PERIOD OF 1 YEAR

Sr. No.	Case No.& Name of the Parties	Critical Issues	Judgement
1.	Spl. Civil Suit No. 15/15 Kasturba Health Society & MGIMS Vs. Dr.Abhishekh Yadav	The Defendant had completed the M.S. from Dept. of Orthopaedics and was given an Appointment Order No. 900 dated 7/5/2013 in the Category of Tutor and at the time of admission he had executed an Affidavit that if he will fail to serve for the College after completion of M.S. Orthopaedics, he will be liable to pay a fine of Rs. 5,00,000/-	It had been decided that the defendant shall pay Rs. 5,00,000/- as the compensation and Rs. 70,000/- as interest as he had not served for a period of one year & till the case was in the Court after he left.
2	Spl. Civil Suit No. 13/15 Kasturba Health Society & MGIMS Vs. Dr.Mohit Singh Tondan	The Defendant had completed the M.D. from Dept. of Medcine and was given an Appointment Order No. 1025 dated 13/5/2013 for the post of Tutor in Dept. of Surgery & 2220 dated 5/7/2013 for the post of Sr. Resident in the Category of Tutor and at the time of admission he had executed an Affidavit that if he will fail to serve for the College after completion of M.S. Orthopaedics, he will be liable to pay a fine of Rs. 5,00,000/-	It had been decided that the defendant shall pay Rs. 5,00,000/- as the compensation and Rs. 80,000/- as interest as he had not served for a period of one year & till the case was in the Court after he left.

3.	Spl. Civil Suit No. 13/15 Kasturba Health Society & MGIMS Vs. Dr. Gopal Rathi	The Defendant had completed the M.S. Surgery from Appointment Order No. 896 dated 7/5/2013 for the post of Tutor & 2220 dated 15/7/2013 for the post of Sr. Resident – I in and at the time of admission he had made an Undertaking that if he will fail to serve for the College after completion of M.S. Orthopaedics, he will be liable to pay a fine of Rs. 5,00,000/-	It had been decided that the defendant shall pay Rs. 5,00,000/- as the compensation and Rs. 80,000/- as interest as he had not served for a period of one year & till the case was in the Court after he left.
4.	Spl. Civil Suit No. /15 Kasturba Health Society & MGIMS Vs. Dr. Anil Rathod	The Defendant had completed the M.S. Surgery from the MGIMS in but did not served for the bond period and as per the clause mentioned in the prospectus and as per the Undertaking given by him at the time of admission he was liable to pay a fine of Rs. 5,00,000/-	It had been decided that the defendant shall pay Rs. 5,00,000/- as the compensation and Rs. 1,00,000/- as the interest as he had not served for a period of one year & till the case was in the Court after he left.
5.	Spl. Civil Suit No. /15 Kasturba Health Society & MGIMS Vs. Dr.AlakNiranjan	The Defendant had completed the Diploma in Anaesthesiology from the MGIMS in but did not served for the bond period and as per the clause mentioned in the prospectus and Undertaking given by him at the time of admission he was liable to pay a fine of Rs. 5,00,000/-	It had been decided that the defendant shall pay Rs. 5,00,000/- as the compensation and Rs. 1,00,000/- as interest as he had not served for a period of one year & till the case was in the Court after he left.

CASES FILED BY THE STUDENTS/AGAINST THE STUDENTS REGARDING ADMISSION IN RELATION TO GRADUATION OR POST GRADUATION

Sr. No.	Case No.& Name of the parties	Critical Issues	Judgement
1.	W.P. No. 5079/2015 Harendra Bind Vs Union of India	As the petitioner student of, MGIMS involved Vyapam Case in M.P.P.M.T. & charge sheet was filed against him by Madhya Pradesh Police, (VYAPAM Scam) he was suspended from College.	**Verdict / Oral Judgement**: - The petitioner was given relief & his petition was partly allowed. He was permitted to appear in the Exam commencing from 28/11/2015 or then at a subsequent Exam to be conducted by MUHS, Nashik.
2.	W. P. No. 6786/2014 ZaaraNaseemuddin VS MUHS, Nasik	The petitioner was found to be the only eligible candidate for admission in the MGIMS on the basis of her caste category Non Maharashtra NT-1. But she was rejected from MUHS, Nasik on the basis of non-submission of Caste Validity Certificate.	**Oral Judgement**: Petitioner's right to Education was protected by the Court.
3.	W.P. No. 2842/2014 ZaaraNaseem Vs. Union of India and others	The petitioner was found to be the only eligible candidate for admission in the MGIMS on the basis of her caste category NT-1.	**Oral Judgement**: Respondent No. 4 the Caste Scrutiny Committee was directed to decide the claim of the petitioner within 4 weeks from the date of receipt of the Judgement.

4.	W. P. Civil 4467/2014 & CM APPL. 8913/2014 AnandAnoop Vs. Union of India & others	The Petitioner had filed the present petition in the High Court of Delhi for challenging the nomination of candidates by falling in Central quotafrom amongst the candidates who passed the entrance exam conducted by MGIMS, Sevagram on the basis of criteria laid down in the prospectus "Four Seats are reserved for Govt. of India nomination under Central Pool".	As the academic year 2013 – 14 was over,it was not possible to give any direction to admit the petitioner in the said academic year. The said application & Petition was dismissed on the above grounds.
4.	Writ Petition No. 3244/2015 Shubhankar S. Kaldate Vs. MGIMS & Others	The petitioner was rejected admission as he had inadvertently mentioned his Caste as NT- 3 instead of NT-2	**Oral Judgement**: The High Court has ordered the MGIMS to admit the petitioner from NT-2 Categoryagainst a seat.
5.	W.P. No. 1043/2016 Dr.KalpanaSunatkari Vs. State of Maharashtra & others	The Petitioner wanted to join the Dept. of Community Medicine for doing MD. But she was not relieved from the Employer where she was working. She made an application in Admission Section wherein she had asked some time to produce the relieving Certificate. But she could not produce the same.	**Oral Judgement**: The petition was disposed off and the challenge was found to be infructuous.

SERVICE MATTERS

Sr. No.	Case No.& Name of the parties	Critical Issues	Judgement
1.	W.P. NO. 5299/2012 Dr.OmprakashBobde Vs. MUHS & Others	The Petitioner joined as an Assistant Professor in the Dept. of Microbiology as Assistant Professor on Ad-hoc Basis. He was given extension orders from time to time till 14/07/2012. On 3/10/2012 a Selection Committee was constituted and the appointment of Petitioner stood cancelled with an immediate effect w.e.f. 19/10/2012.	The writ petition by Dr.Omprakash Bobde was rejected as the respondant No. 4 presented the papers showing that she was also having an experience of 3 years.

CASES FILED BY THE INSTITUTE

Sr. No.	Case No.& Name of the parties	Critical Issues	Judgement
1.	W.P. Stamp No. 14852 /2014 MGIMS and another Vs. Union of India and another	The petition had filed by the Petitioner for getting the permission for 100 seats for the Third Batch of MBBS course.	The learned counsel appearing for the petitioner on instructions of the Court, withdrawn the present petition and by keeping all the points open, the petition was disposed off as withdrawn, with liberty.
2.	C.A. No. 1652/2015 In W.P. No. 3325 of 2015 MGIMS, Vs Union of India	As MCI did not renewed the permission for 100 seats for 4th batch of M.B.B.S. course, for academic year 2015-16, MGIMS files this petition in High Court.	**Court Judge's Order:-** Permission was granted by the Central Government on 4th August 2015, for increased seats in MGIMS.
4.	RP No. 2159-2268/2013 in	The case was filed by the above	

	TC No. 61/2013 CMC Vellore Vs. UOI	parties against the Union of India for resuming the admissions on the basis of PMT of Sevagram, Wardha	
4.	SLP(C) No. 24871/2015 Medical Council of India Vs. MGIMS	The case was filed to keep the individuality of the PMT of Sevagram as it is the and the other colleges who are also the parties in the case.	PENDING

LABOUR COURT RELATED MATTER

Sr. No.	Case No.& Name of the parties	Critical Issues	Judgement
1.	I.D.A. No. 1/2016 The Secretary, Kasturba Health Society + 1 Vs. AnantKukde	The employee Ananta Kukde served for the period of 3 years & 4 months under various contractors for the Kasturba Health Society & thereafter he was discontinued by the society. Hence he had filed the complaint court that he may be taken on duty & may be provided the benefits since the date of discontinuation.	The court has decided that Party No. 2, Mr. AnantKukde was not liable to get any benefit as he was under various contractors & Kasturba Health Society cannot be considered liable as it was taking the employees from the labour providing agencies.
2.	I.D.A. No. 1/2016 The Secretary, Kasturba Health Society + 1 Vs. Jayant ArvindraoAmbulkar	The party No. 1(2) M/s MGIMS Karmachari Pat Sanstha Sewagram Security Services used to give workers on contract basis to Kasturba Health Society for the period of about 6 years. Party No. 2 used to work as Social Worker in the Cancer Ward on contract basis and during this time, he was given the work orders of 6 months from time to time. After his period completed on	PENDING
3.	I.D.A. No. 2/2016 The Secretary, Kasturba Health Society + 1 Vs. Rahul MarotraoMunjekar	The party No. 1(2) M/s MGIMS Karmachari Pat Sanstha Sewagram Security Services used to give workers on contract basis to Kasturba Health Society for the period of about 6 years. Party No. 2 used to work as Pharmacist on contract basis for about a period of 6 years and during this time, he was given the work orders of 6 months from time to time. After his period completed on	PENDING

RENT RECOVERY SUIT

List of 2014 Cases			
Sr. No.	**Case No.& Name of the Parties**	**Critical Issues**	**Judgement**
1.	Regular Civil Suit No. 108/2014 The Secretary, Kasturba Health Society Vs. Mr. Anna Bakde	The suit was made against the defendant as he had not paid the rent of shop No. 12 for a long time & hence a suit was made against him for payment of total amount of claim which was Rs. 41,270/- but as his 20000/- rupees were with the society as security deosit, the amount payable by him was Rs. 21,920/-	The matter was amicably settled in the Lok-Adalat.

CASES FILED BY THE INSTITUTE

List of 2014 Cases			
Sr. No.	**Case No.& Name of the parties**	**Critical Issues**	**Judgement**
1.	W.P. Stamp No. 14852 /2014 MGIMS and another Vs. Union of India and another	The petition had filed by the Petitioner for getting the permission for 100 seats for the Third Batch of MBBS course.	The learned counsel appearing for the petitioner on instructions of the Court, withdrawn the present petition and by keeping all the points open, the petition was disposed off as withdrawn, with liberty.

List of 2015 cases			
Case No.		**Critical Issue**	**Judgement**
CAW/1652/2015 High court of Judicature at Bombay, Nagpur Bench : Nagpur	MGIMS Vs. UOI **(Petitioner)**	UOI did not renewed 4th batch permission for admitting MBBS students for AY 2015-2016	Permission has been granted by the Central Govt. for renewal of admission on increased seats from 65-100
WP/3529/2015 High court of Judicature at Bombay, Nagpur Bench : Nagpur	MGIMS Vs UOI **(Petitioner)**	To allow MGIMS to conduct its own PMT for admission to MBBS course	Appeal dismissed. MGIMS have to take MBBS students through NEET
WP/3244/2015 High court of Judicature at Bombay, Nagpur Bench : Nagpur	Shubhankar Vs. MGIMS **(Respondent)**	Petitioner was NT1 candidate for MBBS admission course but wrongly written in form as NT2. Claimed for admission in NT1 category	Request admitted. He was admitted in NT1 category.
WP/3467/2015 High court of Judicature at Bombay, Nagpur Bench : Nagpur	Zahara Naseem Vs. MGIMS **(Respondent)**	Petitioner filed case for claiming the reservation under NT1 category under constitutional reservation. MGIMS was made party.	The Petitioner got got caste validity as NT1 .
WP/5079/2015 High court of Judicature at Bombay, Nagpur Bench : Nagpur	Harendra Bind Vs. MGIMS **(Respondent)**	Petitioner was found involved in Vyapam Case of Madhya Pradesh. Charge sheet was filed against the student, so he was suspended from MGIMS. Hence the case	The petitioner was given relief and the petition was partly allowed by the court to appear him in university examination conducted at MGIMS
WP/6636/2015 High court of Judicature at Bombay, Nagpur Bench : Nagpur	Kisanrajaramji Patond Vs. MUHS and Others (MGIMS) **(Respondent)**	The petitioner filed the case against the recruitment process of MUHS for the post of Dean at MGIMS	Hearing is going on

Case List of 2016			
Case No.		**Critical Issue**	**Judgement**
WP/1141/2016 High court of Judicature at Bombay, Nagpur Bench : Nagpur	KHS Vs. State of Maharashtra **(Petitioner)**	Challenge to Government Resolution for common entrance test to all private aided Medical College. To allow MGIMS to conduct its own PMT for admission to MBBS course	Disposed Off. Permission granted to conduct its own PMT to the Institute.
WP/1043/2016 High court of Judicature at Bombay, Nagpur Bench : Nagpur	Kalpana Sunatkari Vs. State of Maharastra & Others (MGIMS) **(Respondent)**	The petitioner seeks admission to PG course at MGIMS. She does not have relieving order from previous employer, hence she was not allowed admission in MGIMS in PG seat	Writ petition is dispose off. Her request for admission in PG courses of MGIMS is rejected.
WP`/4434/2016 High court of Allahabad, Lucknow Bench	Sankalp Pandey Vs. MGIMS **(Respondent)**	Prayer to admit the Petitioner in MGIMS for MBBS course under Physically Handicapped category	Case is admitted. Hearing yet to be started.
WP/1406/2016 High court of Judicature at Bombay, Nagpur Bench : Nagpur	Huma Nargies Vs. MUHS and other (MGIMS **(Respondent)**	Petitioner claimed for caste validity certificate which was not given to her by the court. Her original certificates not released by MUHS University. Hence filed the present case	It was decided by the Hon'ble court and ordered MUHS to release her original documents.

C/Gen/
Office of the Dean
PO Sewagram
Wardha
Dt : 23-3-2015

CIRCULAR

According to National Assessment and Accreditation Council (NAAC) guidelines, every accredited institute has to establish an Internal Quality Assurance Cell (IQAC) as a post accreditation quality sustenance measure. Hence, Internal Quality Assurance Cell at MGIMS was constituted as per NAAC guidelines. It has been reconstituted consisting of following

1. **Chairperson** : Dr. K R Patond, Dean.

2. **Two members from the management**:
   i. Shri Dhiru S Mehta, Hon'ble President, KHS
   ii. Shri S R Halbe , Member KHS

3. **Local Nominee from Society** : Shri. P L Tapdiya

4. **A few senior administrative officers**

   Dr. S P Kalantri, M.S., Kasturba Hospital
   Dr. A M Mehendale, Officer in charge, Student's Council
   Dr. Smita Singh, Officer in charge, Library
   Dr. Poonam Shivkumar, Chairperson, Advisory committee, Girls Hostel
   Dr. V B. Shivkumar, Warden, JN Boy's Hostel
   Dr. Manish Jain Officer in charge, Sports.

5. **Teacher Representatives**

   Dr. Atul Tayade Professor and Head, Radiology
   Dr. Vijayshree Deotale, Professor and Head, Microbiology
   Dr. Aakash Bang, Associate Professor , Paediatrics
   Dr. Kalyan Goswami, Professor Biochemistry
   Dr. Indrajit Khandekar. Associate Professor FMT
   Dr. J E Waghmare Associate Professor
   Dr. Sachin Pawar. Assistant Professor, Physiology
   Dr. Abhishek Raut Assistant Professor , Community Medicine

6. **Coordinators**

   Dr. Anshu, Professor, Pathology
   Dr. D D Gosavi, Professor, Pharmacology.

Functions of the IQAC are as follows.

1. Development and application of quality benchmarks for various academic and administrative activities of institution

2. Dissemination of information on various quality paramaters of higher education

3. Organisation of workshops , seminars on quality related themes.

4. Documentation of various programmes/ activities

5. Acting as a nodal agency of the institution for quality related activities.

6. Preparation of AQAR

The first meeting of this body will be held on 28-03-2015 at 11:30 AM in Committee room.

Dr.K.R.Patond
Dean

Copy to : Secretary, KHS
All HODs
All concerned

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Original Article

An audit of blood bank services

Alok Kumar, Satish Sharma, Narayan Ingole, Nitin Gangane

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ABSTRACT

Background: An audit is a written series of simple, direct questions, which when answered and reviewed, tell whether the laboratory is performing its procedures, activities, and policies correctly and on time. **Aim:** The aim of this study is to briefly highlight the importance of audit in blood bank services. **Materials and Methods:** An Audit of Blood Bank Services was carried out in a Blood bank of the tertiary care hospital, Central India by using the tool kit, (comprised of checklists) developed by Directorate General of Health Services, Dhaka WHO, July 2008. **Results**: After going through these checklists, we observed that there is no system for assessing the training needs of staff in the blood bank. There was no provision for duty doctor's room, expert room, medical technologist room and duty care service. There was no checklist for routine check for observation of hemolysis and deterioration of blood and plasma. There was no facility for separate private interview to exclude sexual disease in the donor. Requisition forms were not properly filled for blood transfusion indications. There was no facility for notification of donors who are permanently deferred. There were no records documented for donors who are either temporarily or permanently deferred on the basis of either clinical examination, history, or serological examination. It was found that wearing of apron, cap, and mask was not done properly except in serology laboratory. When the requisition forms for blood transfusions were audited, it was found that many requisition forms were without indications. **Conclusion**: Regular audit of blood bank services needs to be initiated in all blood banks and the results needs to be discussed among the managements, colleagues, and staffs of blood bank. These results will provide a good opportunity for finding strategies in improving the blood bank services with appropriate and safe use of blood.

Key words: Audit, blood bank, checklists, quality control

INTRODUCTION

Blood Transfusion Services is the important part of modern healthcare system without which efficient medical care is not possible.[1] Every hospital/blood transfusion center is expected to develop a system of audit that is appropriate to its needs.[2] In simpler terms, an audit is a written series of simple, direct questions, which when answered and reviewed, tell whether the laboratory is performing its procedures, activities, and policies correctly and on time. Audits are valuable, if written with the intent to review thoroughly all the crucial systems within the laboratory.[3] All audits are carried out on the basis of a predescribed method. The audit is a system of investigation, evaluation and measurement, and also a means of continuous assessment and therefore improvement. The audit is based on set guidelines, but in fact consists of determining the difference between the directions given and what has actually been done.[4] The aim of this study is to briefly highlight the importance of audit.

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MATERIAL AND METHODS

Setting and design

The study was carried out in the Blood bank of a tertiary care hospital, Central India over a period of 19 months, from November 1, 2009 to May 31, 2011.

Type of study

It was a prospective study.

Methods

The tool kit (which comprised of checklists), developed by Directorate General of Health Services, Dhaka WHO, July 2008 was used for auditing the blood bank services.[5]

The checklists, which were used in our study, were comprised of -

- Reviewing Quality system
- Reviewing the Quality Control System
- Monitoring basic facilities
- Checklists to assess laboratory performance on Blood transfusion
- Ensuring ideal donor screening
- Checking records on Blood transfusion activities
- Donor records
- Activities done in the blood transfusion unit
- Monitoring of Procedural practices
- Monitoring of Blood Transfusion management Activities
- Monitoring of the Status of the supplied major equipment and instrument
- Installation of equipment
- Comprehensive performance monitoring checklist for a Blood bank.

RESULTS

After going through these checklists, we observed that there is no system for assessing the training needs of staff in the blood bank. All other parameters in the checklists for reviewing quality system were routinely done as required. On checking the basic facilities, it was observed that all the basic facilities as required by the Food and Drug Administration were complied with; however, there was no provision for duty doctor's room, expert room, medical technologist room, and duty care service.

As per accuracy of the checklists is concerned, all the checklists in the blood bank were used routinely and were complete in all aspects and were quite good, however, there was no checklist for routine check for observation of hemolysis and deterioration of blood and plasma.

All the parameters for ideal donor screening were fulfilled except that there was no facilities for separate private interview to exclude sexual disease in donor. Requisition forms were not properly filled for blood transfusion indication. There was no facility for notification of donors who are permanently deferred but confidentiality is maintained. There were no records documented for donors who are either temporarily or permanently deferred on the basis of either clinical examination, history, or serological examination.

It was found that wearing of apron, cap, and mask was not done properly except in serology laboratory. Hand washing is done properly and regularly along with visitor control in the laboratory in all aspects. Disposal of laboratory waste was done properly to prevent any biological hazard.

Procedural techniques were found adequate, done properly and regularly, fulfilling the Standard Operating Procedures (SOPs) requirements.

Blood transfusion management activities were done properly in every aspect from donor selection to temperature monitoring and cold chain maintenance. All instruments were in working condition, they were regularly calibrated and serviced. The instruments were placed properly and have alarm system to indicate change in the temperature. All the parameters in the checklists were done properly according to SOPs.

A total of 8944 blood requisition forms were audited for the indications of whole blood transfusion. It was observed that in 6082 (68%) of requisition forms, indications were not mentioned for transfusion while in 2862 (32%) of requisition forms, indications were mentioned as shown in Table 1.

A total of 779 blood requisition forms were audited for indications for transfusion of packed red cells transfusion. In 673 (86.40%) of requisition forms, indications were mentioned while in 106 requisition forms (13.6%), indications were not mentioned as shown in Table 2.

A total of 376 blood requisition forms were audited for indication for platelet concentrate transfusion. In 299 (79.5%) requisition forms, indications were mentioned for their need of transfusion while in 77 (20%) requisition forms, indications were not mentioned as shown in Table 3.

A total of 325 blood requisition forms were audited for fresh frozen plasma indications. In 230 (79.9%) requisition forms, indications were mentioned while in 95 (29.1%) requisition forms, indications were not mentioned as shown in Table 4.

Table 1: Audit of requisition forms for indication of whole blood transfusion

Requisition forms audited	8944 (100%)
Indication mentioned	2862 (32%)
Indication not mentioned	6082 (68%)

Table 2: Audit of requisition forms for indication of packed red cells transfusion

Requisition forms audited	779 (100%)
Indication mentioned	673 (86.4%)
Indication not mentioned	106 (13.6%)

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Table 3: Audit of requisition forms for indication of platelet concentrate transfusion

Requisition forms audited	376 (100%)
Indication mentioned	299 (79.5%)
Indication not mentioned	77 (20.5%)

Table 4: Audit of requisition form for indication of fresh frozen plasma transfusion

Requisition forms audited	325 (100%)
Indication mentioned	230 (70.76%)
Indication not mentioned	95 (29.24%)

DISCUSSION

The present study was undertaken to audit the blood bank of a tertiary care hospital. There were many guidelines and formats, which are available for auditing the blood bank. After going through many formats we found that the formats given by the Program Manager (BAN-BCT), WHO Directorate General of Health Services Mohakhali, Dhaka-1212 in July 2008, which was based on strategic papers developed by WHO for ensuring quality assurance of safe blood transfusion, was ideal to audit our blood bank. This program was developed for surveillance and monitoring the quality of blood bank in developing countries.[5]

In our blood bank after performing the audit, we observed that the blood bank though provides facilities as required by Food and Drug Administration has no facility for duty doctors and technologists because these are not the requirements of Food and Drug Administration.[6] There is also no mechanism to get feedback from the staff regarding the training needs. The hospital authorities also do not pay much attention for these basic facilities. The major problem that was observed related to the blood requisition forms, which were also not properly filled. Similarly donor deferral registers are not properly maintained. This is probably due to misunderstanding that the filling of requisition forms and maintenance of donor deferral register is not activity of importance. Therefore they are given less attention.

All other remaining parameters were mostly being observed except for correct wearing of apron, cap, and masks, which needs to be emphasized to the blood bank staff for maintaining much required relatively sterile atmosphere in the working premises.

The blood bank has prepared their own SOPs, which also helped in maintaining quality of blood and blood products. Quality control for whole blood, platelet concentrate, packed red cells, and fresh frozen plasma in our study, fulfilling WHO criteria for quality control.[1] We believed that this study may have two limitations and interpretation of results must take these into accounts:

- There is a chance of bias in the process of gathering data because of retrospective review and audit used. Ideally the audit should have been done by actual observations
- Defining the rate of appropriate use of blood is controversial.

However, this is first time that audit of blood bank services has been carried out in our blood bank and thus these results represent with starting point from which the use of medical technology must be improved. There is need to design regular audit programs to cover all aspects of blood bank and to be carried out at regular intervals so that there is assurance of quality of the blood products, which are supplied to the population through blood banks.

CONCLUSION

A more comprehensive prospective audit is required to understand whether the transfusion services are being appropriately used for indications of blood use. Regular audit of blood bank services needs to be initiated in all blood banks and the results needs to be discussed among the managements, colleagues, and staffs of blood bank. These results will provide a good opportunity for finding strategies in improving the blood bank services with appropriate and safe use of blood.

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Source of Support: Nil, **Conflict of Interest:** None declared

Original Article

Analysis of reasons for discarding blood and blood components in a blood bank of tertiary care hospital in central India: A prospective study

Abstract

Background: Many modern surgical procedures could not be carried out without the use of blood. There are no substitutes for human blood. Thus, proper utilization of blood is necessary with minimal wasting. **Materials and Methods:** A total of 10,582 donors donated blood during the study period of 19 months in blood bank of a tertiary care hospital, central India from 1st of November 2009 to 31st May 2011, which were screened. **Results:** A total of 346 whole blood bags were discarded. Out of these 346 blood bags, 257 (74.30%) were discarded because of seropositivity for transfusion transmissible infectious diseases. A total of 542 blood components were discarded against 3702 blood components prepared during the study period. Among blood components discarded, most common units were platelets. The most common cause of discarding the blood components was expiry of date due to non-utilization (87.00%). **Conclusion:** A properly conducted donor interview, notification of permanently deferred donors will help in discarding less number of bags from collected units. Similarly, properly implemented blood transfusion policies will also help in discarding less number of blood bags due to expiry. These discarded bags, because they are unutilized are both financially as well as socially harmful to the blood bank.

Key words: Blood bags, discard, expired blood and blood components

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INTRODUCTION

Today, many modern surgical procedures could not be carried out without the use of blood and there is no substitutes for human blood.[1,2] It has been estimated that one-third of all patients admitted to intensive care units in the developed world receive a blood transfusion.[3] So each unit of blood is precious and utilized judiciously with minimal wasting. By analyzing the data and the reason for the discards, the blood transfusion services can develop plans to improve performance through education and training of staff and introducing new measures in order to minimize the number of discarded blood to a reasonable rate.[4] The aim of this study was to find out the reasons for discarding blood bags so that they could be utilized judiciously with minimal wasting.

MATERIALS AND METHODS

Study design

The study was carried out in the blood bank of a tertiary care hospital in central India over a period of 19 months from 1st of November 2009 to 31st May 2011.

Type of study

It was a prospective study.

Inclusion criteria

Blood donors, fulfilling World Health Organization criteria for donor selection, were included in this study after medical history, brief clinical examination by the medical officer. The donors were either voluntary or replacement. Replacement donors were either relatives or friends of the patients.

Data analysis

Blood bags included during this period, were screened for transfusion transmissible infections (TTIs). The blood bags, which were seroreactive (seropositive) were discarded. The blood bags, which were expired because of non-utilization, were discarded. Less amount of blood collected from the donors because of any reasons, including donor's reactions was discarded. Blood showing any changes of either hemolysis or turbidity were also discarded.

RESULTS

Among total donors in the blood bank, 97.05% were male and 2.95% were female. Almost 78% were voluntary donors and 22% were replacement donors. Among voluntary donors 96.24% were male and 3.76% were female donors as shown in Table 1.

Out of total 10,582 blood bags which were collected from donors during the study period, 346 (3.25%) of whole blood bags were discarded. Out of these 346 bags, approximately 74.30% were discarded because of seropositivity for TTIs. Among infectious diseases, hepatitis B infection was the most common cause for discarding as shown in [Table 2].

Amongst whole blood bags discarded, seropositivity for TTIs were the most common cause followed by expiry of date due to non-utilization (11.84%), others cause include yellowish discoloration of plasma, signs of hemolysis noted in blood bags, issued blood bags to the patients but not used as shown in Table 3.

A total of 542 blood components were discarded against 3702 blood components prepared during the study period. The most common blood components were discarded were platelets followed by fresh frozen plasma (FFP)-as mentioned in Table 4.

A total of 542 blood components were discarded in which the most common cause was expiry of blood components, constituted 87.00% followed by seropositive for transfusion transmitted diseases, constituted 8.00% as shown in Table 5.

Table 1: Source of blood bags as per sex and type of donors

Types of donors	Male (%)	Female (%)	Total donors (%)
Voluntary donors	7922 (96.24)	310 (3.76)	8232 (77.79)
Replacement donors	2347 (99.9)	03 (0.10)	2350 (22.21)
Total	10269 (97.05)	313 (2.95)	10582 (100)

Table 2: Analysis of discarded whole blood bags (due to seroreactive cases)

Total discarded (%)	HIV (%)	HBs Ag (%)	HCV (%)	VDRL (%)
257 (100)	51 (19.84)	179 (69.64)	21 (8.18)	6 (2.34)

HIV = Human immunodeficiency virus, HBs Ag = Hepatitis B surface antigen; HCV = Hepatitis C virus, VDRL = Venereal Disease Research Laboratory

Table 3: Analysis of discarded blood bags (whole blood)

Total discarded bags (%)	Seropositive (%)	Date expired (%)	Less volume (%)	Others (%)
346 (100)	257 (74.30)	41 (11.84)	18 (5.20)	30 (8.66)

Table 4: Analysis of discarded units of blood components against total prepared components

Blood components	No. of blood components prepared	No. of units discarded	Discarded rate (%)
Packed red cells	1296	36	2.78
Platelets	1110	412	37.11
Fresh frozen plasma	1296	94	7.25
Total	3702	542	14.64

Table 5: Analysis of reasons for discarding blood components

Blood components	Reasons for discarding blood components		
	Expired	Leakage	Seropositive for TTIs
Platelets	401	–	11
Packed red cells	20	–	16
Fresh frozen plasma	51	27	16
Total (542)	472	27	43

TTIs = Transfusion transmissible infections

DISCUSSION

In a study done by Thakare *et al.*[5] it was observed that 3.58% of blood bags were discarded. The main reason of the discarding these blood bags was the positivity for different transmissible diseases (TTIs) constituting 68.86% followed by other reasons (31.13%). Among the units discarded, 49.82% were positive for hepatitis B surface antigen (HBs Ag), 10% for human immunodeficiency virus (HIV) and 8.97% for hepatitis C virus (HCV) while no unit was positive for Venereal Disease Research Laboratory.

In a study done by Deb *et al.*[6] it was observed that an average 292 (14.61%) bags from the total collection were discarded. Of the 292 units discarded, 242 units were due to non-utilization.

In another study done at Choithram Hospital and Research Center, Indore, India by Chitnis *et al.*[7] it was observed that approximately (8.9-10%) of blood bags were discarded (approximately 80 blood bags were discarded monthly against a total of 800-900 units collection) as reactive for HIV/HBs Ag/HCV or contamination/reactions to recipients and expired units.

In a study done by Gauravi *et al.*[8] in Saurashtra region of Gujarat, it was found that in 2008, 226 blood bags were discarded against 7882 blood bags collected due to seropositive for TTIs diseases. In 2009, 178 blood bags were discarded due to seropositive for infectious diseases against total 8141 blood bags collected and in 2010, 212 blood bags were discarded against 9441 blood bags collected due to seropositive for TTIs diseases.

In a study done by Morish *et al*.[4] in National blood center, Kuala Lumpur, a total of 390,634 whole blood and blood components units were prepared in 2007 in National Blood Center. Of these 8968 (2.3%) units were discarded. Platelet concentrate scored the highest at 6% when compared with the other blood components. The discarded rates of whole blood and packed red blood cells (RBCs) were 3.7% and 0.6%, respectively. The reasons behind the discard of whole blood can be attributed to procedures carried out during the collection process. The leakage was the second cause of discarded blood and its components, which represented 26% of discarded blood. The frozen blood components that consist of 43% and 27% of discarded FFP and cryoprecipitate, respectively, were due to the leakage. 25% (2208) of discarded blood were wasted because of gross lipemic blood components.

A large-scale study conducted in 17 blood centers in 10 European countries from 2000 to 2002 reported that the mean platelet discard rates for the 3 years were between 6.7% and 25%. However, the annual mean discard rates from 2000 to 2004 remains at 13%. The discarded platelets included all platelet units, which were damaged during processing regardless of the preparation method as well as those that expired.[9]

In the same European centers, the mean for packed RBC discard rate was 4.5%, varying annually from 0.2% to 7.7%.[10]

The current study showed that the FFP and RBC discard rates were comparable with the Novis *et al*. study in USA, which reported that the discard rates of FFP ranged from 2% to 2.5% and RBC ranged from 0.1% to 0.7% in 1639 hospitals.[9,11]

CONCLUSION

As compared with these studies, it was observed that lesser number of blood bags was discarded in our blood bank. It was mostly because of positivity for different transmissible diseases (TTIs). Among blood components discarded, most commonly units were platelets. The most common cause of discarding the blood components was expiry of date due to non-utilization.

A properly conducted donor interview, notification of permanently deferred donors will help in discarding less number of bags from collected units.

Similarly, properly implemented blood transfusion policies will also help in discarding less number of blood bags due to expiry. These discarded bags, because they are unutilized are both financially as well as socially harmful to the blood bank.

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PERCENTAGE SENSITIVITY : BACTERIOLOGY ISOLATES

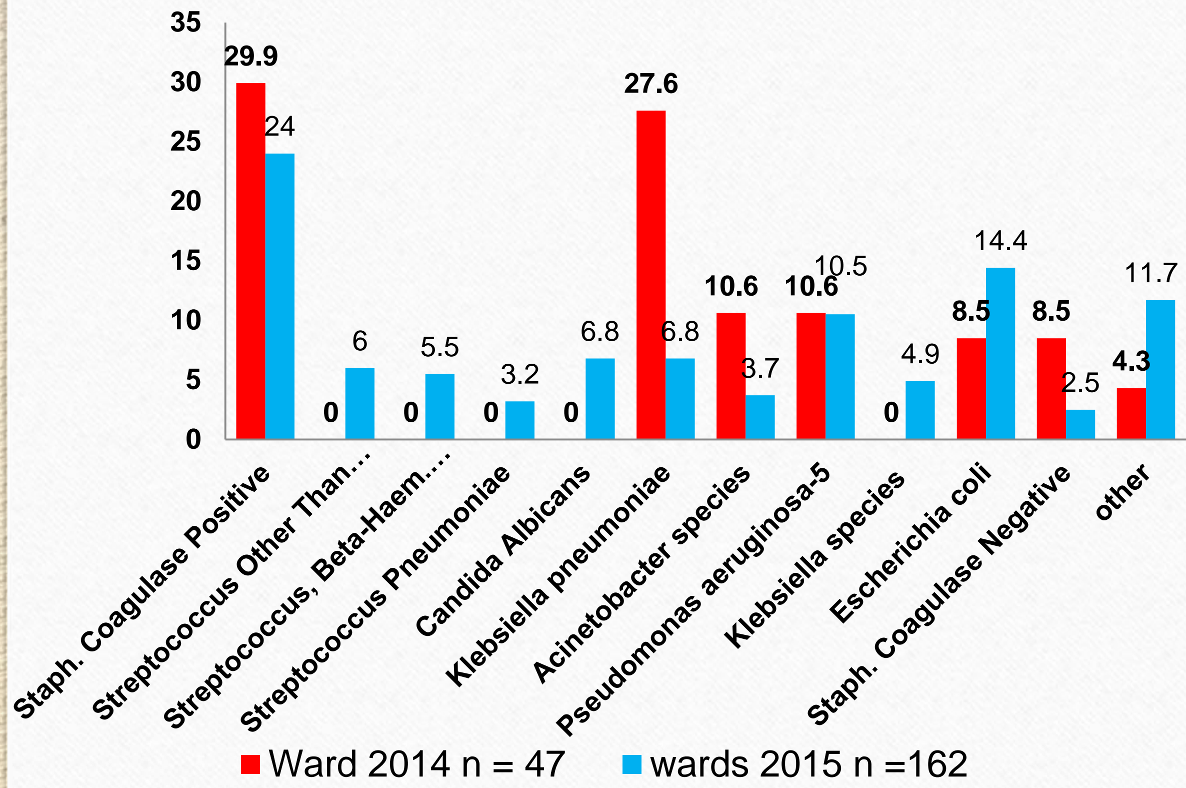
- **2014 Vs. 2015**

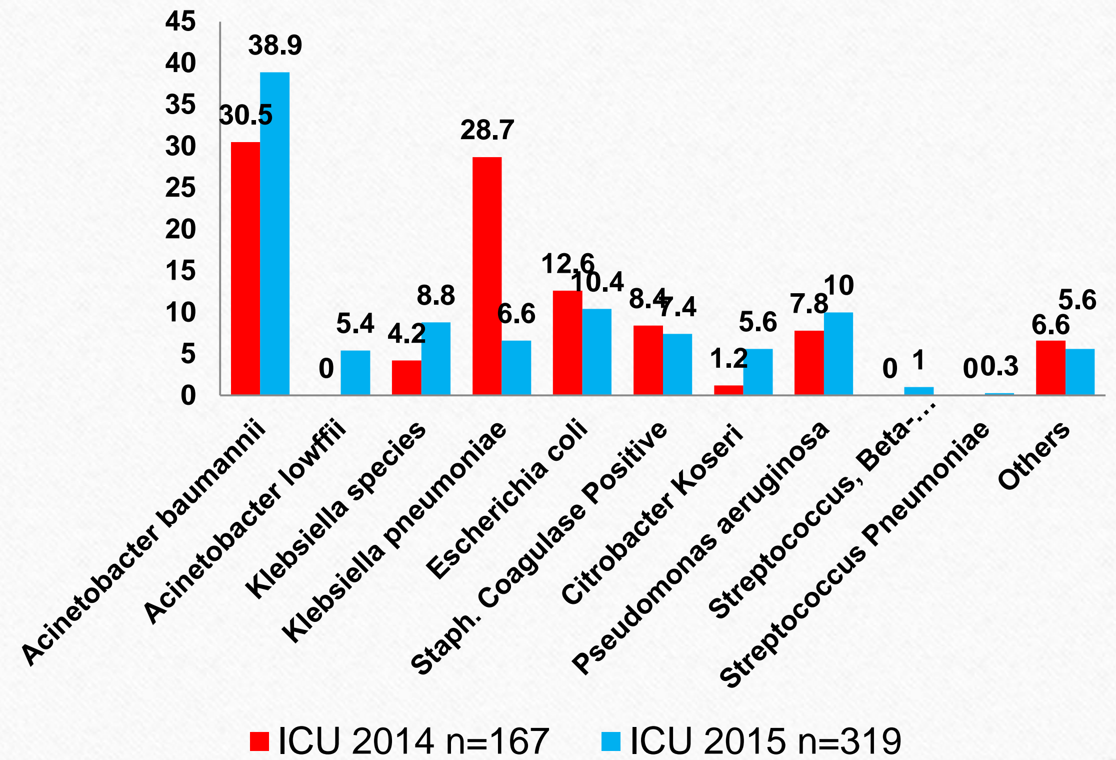
COMPARISON OF SAMPLE WISE ISOLATES BETWEEN 2014 AND 2015

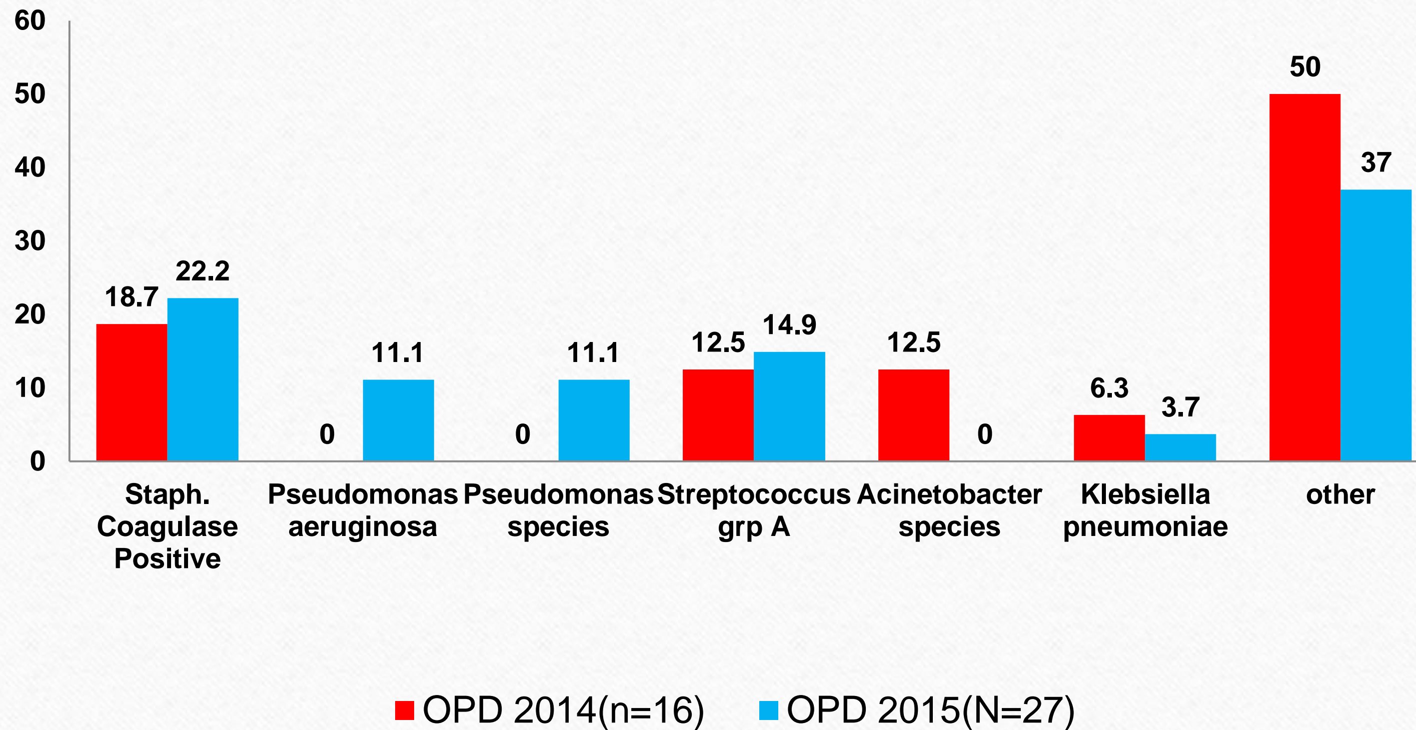
DEPARTMENT OF MICROBIOLOGY

SECTION - BACTERIOLOGY

RESPIRATORY ISOLATES

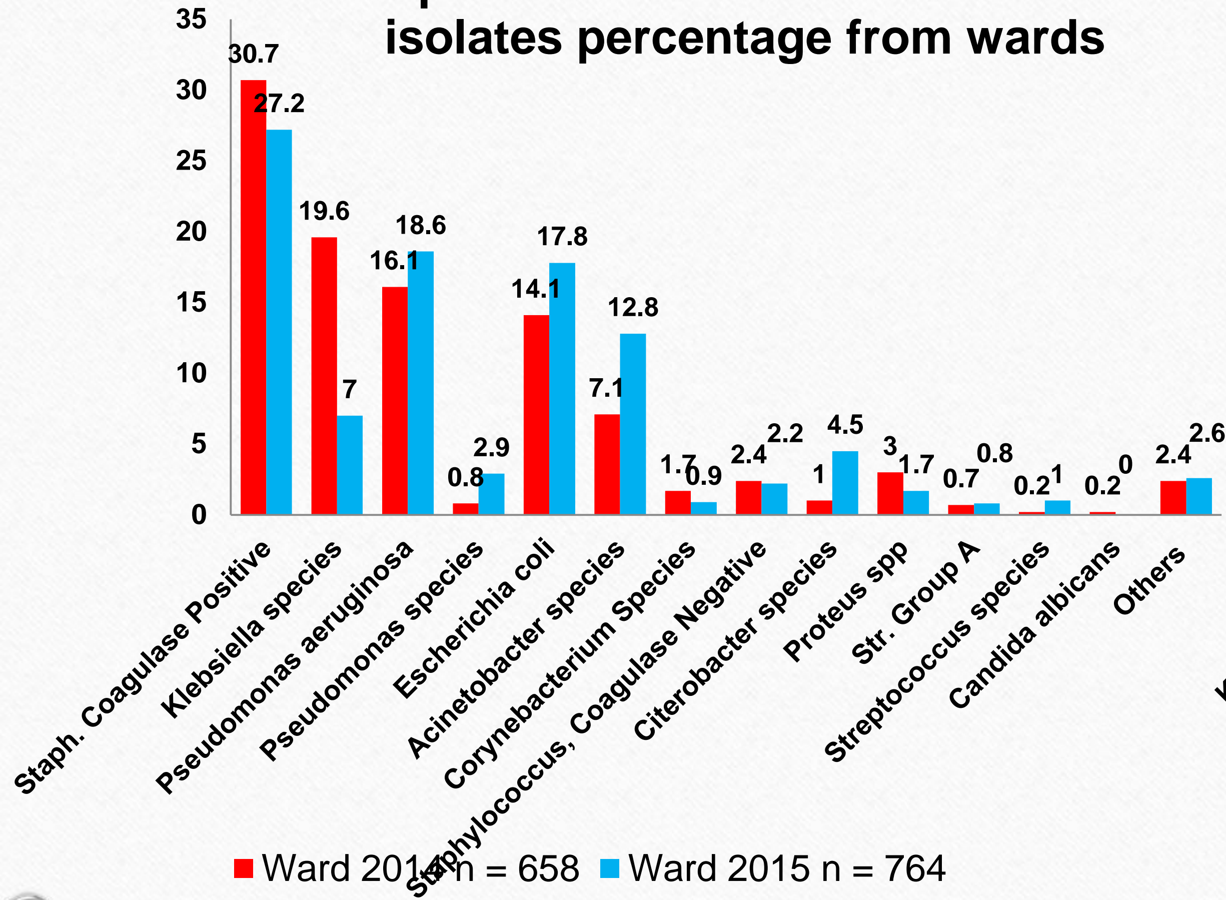

Respiratory isolates percentage from wards
35
30
25
20
15
10
5
0
29.9
24
0
6
0
5.5
0
3.2
0
6.8
27.6
6.8
10.6
3.7
10.6
10.5
0
4.9
8.5
14.4
8.5
2.5
4.3
11.7
Staph. Coagulase Positive
Streptococcus Other Than…
Streptococcus, Beta-Haem.…
Streptococcus Pneumoniae
Candida Albicans
Klebsiella pneumoniae
Acinetobacter species
Pseudomonas aeruginosa-5
Klebsiella species
Escherichia coli
Staph. Coagulase Negative
other
Ward 2014 n = 47
wards 2015 n =162

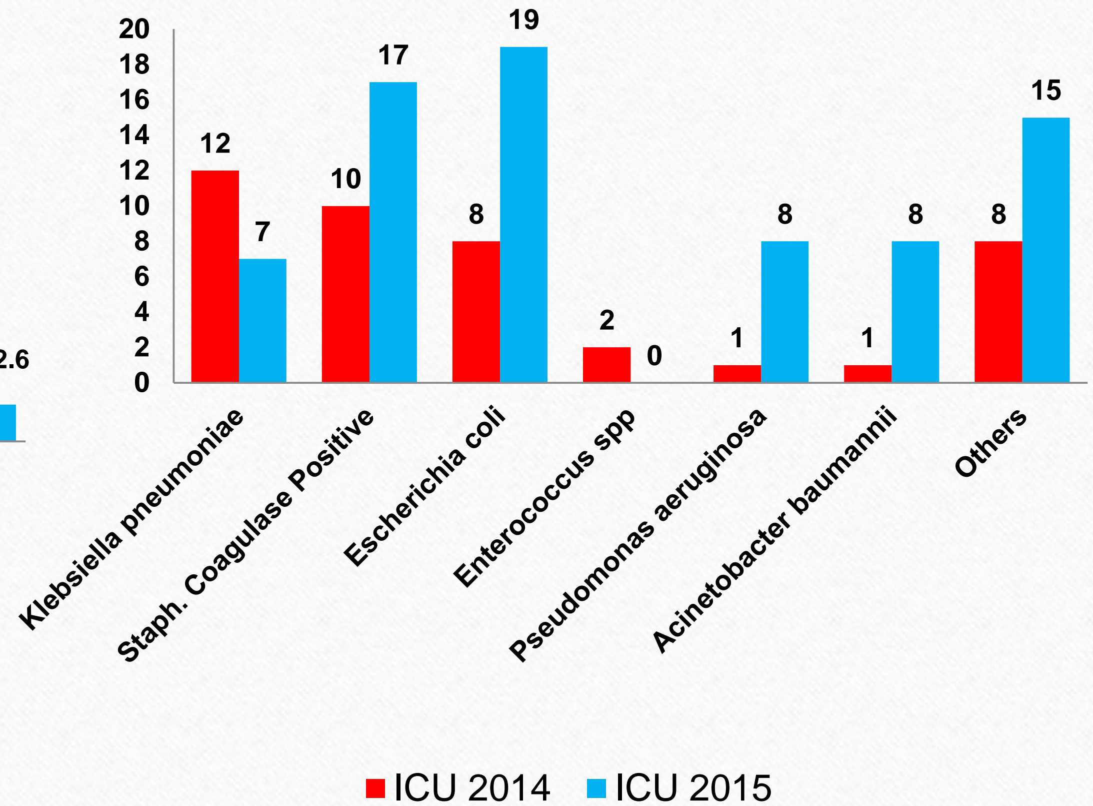

Respiratory isolates percentage from ICU
45
40
35
30
25
20
15
10
5
0
30.5
38.9
0
5.4
4.2
8.8
28.7
6.6
12.6
10.4
8.4
7.4
1.2
5.6
7.8
10
0
1
0
0.3
6.6
5.6
Acinetobacter baumannii
Acinetobacter lowffii
Klebsiella species
Klebsiella pneumoniae
Escherichia coli
Staph. Coagulase Positive
Citrobacter Koseri
Pseudomonas aeruginosa
Streptococcus, Beta-…
Streptococcus Pneumoniae
Others
ICU 2014 n=167
ICU 2015 n=319

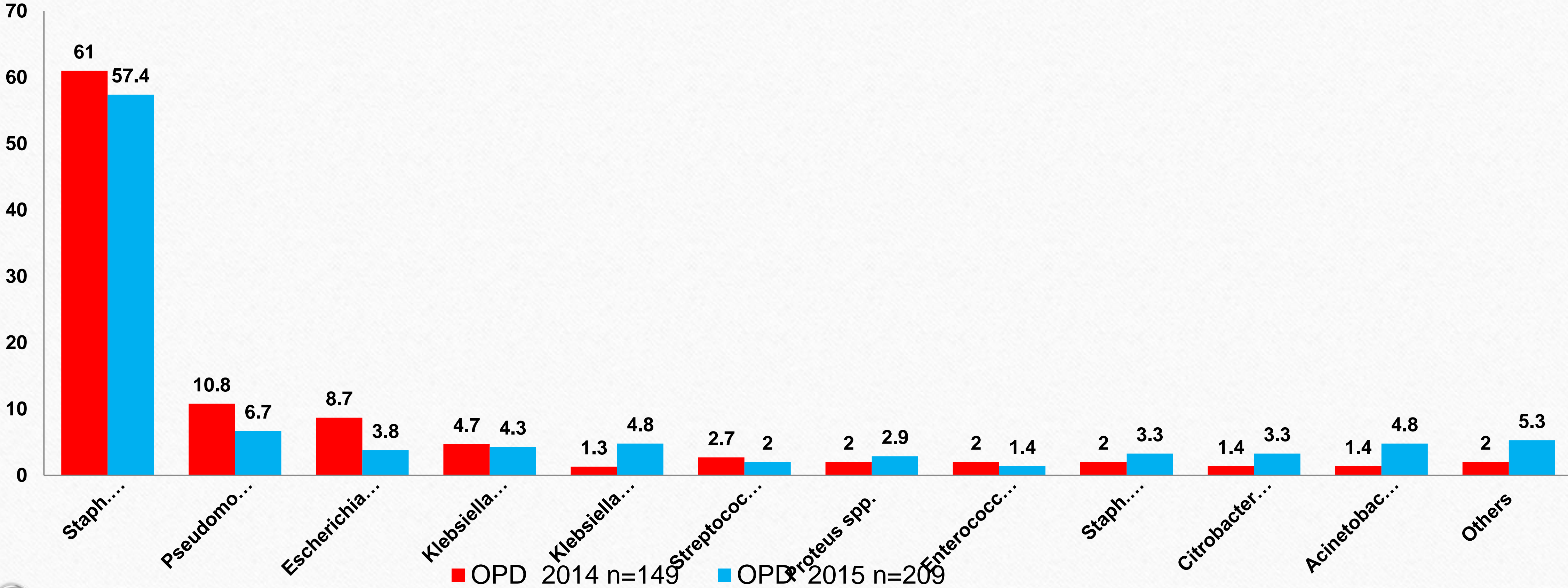


Respiratory isolates percentage from OPD
60
50
40
30
20
10
0
18.7
22.2
0
11.1
0
11.1
12.5
14.9
12.5
0
6.3
3.7
50
37
Staph. Coagulase Positive
Pseudomonas aeruginosa
Pseudomonas species
Streptococcus grp A
Acinetobacter species
Klebsiella pneumoniae
other
OPD 2014(n=16)
OPD 2015(N=27)

ISOLATES FROM PUS , WOUND SWAB , DRAIN

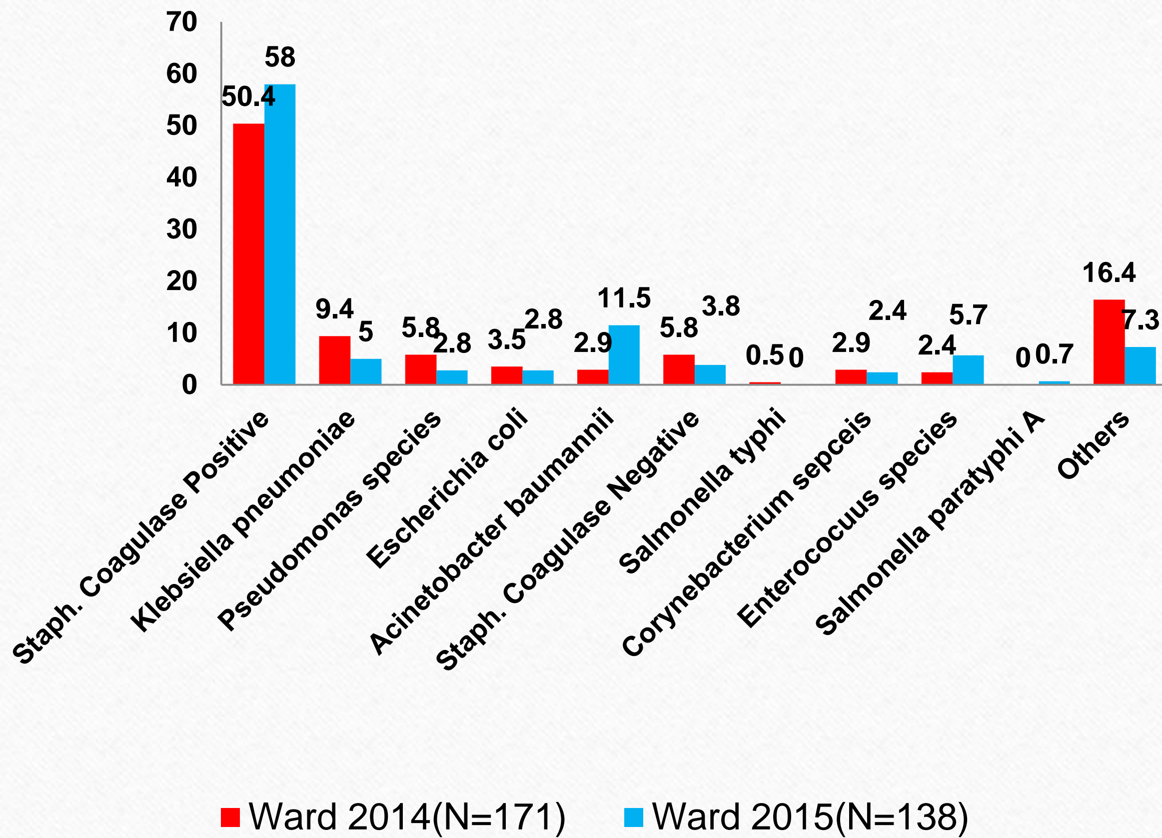

Comparison of Pus and wound swabs isolates percentage from wards
35
30
25
20
15
10
5
0
30.7
27.2
19.6
7
16.1
18.6
0.8
2.9
14.1
17.8
7.1
12.8
1.7
0.9
2.4
2.2
1
4.5
3
1.7
0.7
0.8
0.2
1
0.2
0
2.4
2.6
Staph. Coagulase Positive
Klebsiella species
Pseudomonas aeruginosa
Pseudomonas species
Escherichia coli
Acinetobacter species
Corynebacterium Species
Staphylococcus, Coagulase Negative
Citerobacter species
Proteus spp
Str. Group A
Streptococcus species
Candida albicans
Others
Ward 2014 n = 658
Ward 2015 n = 764

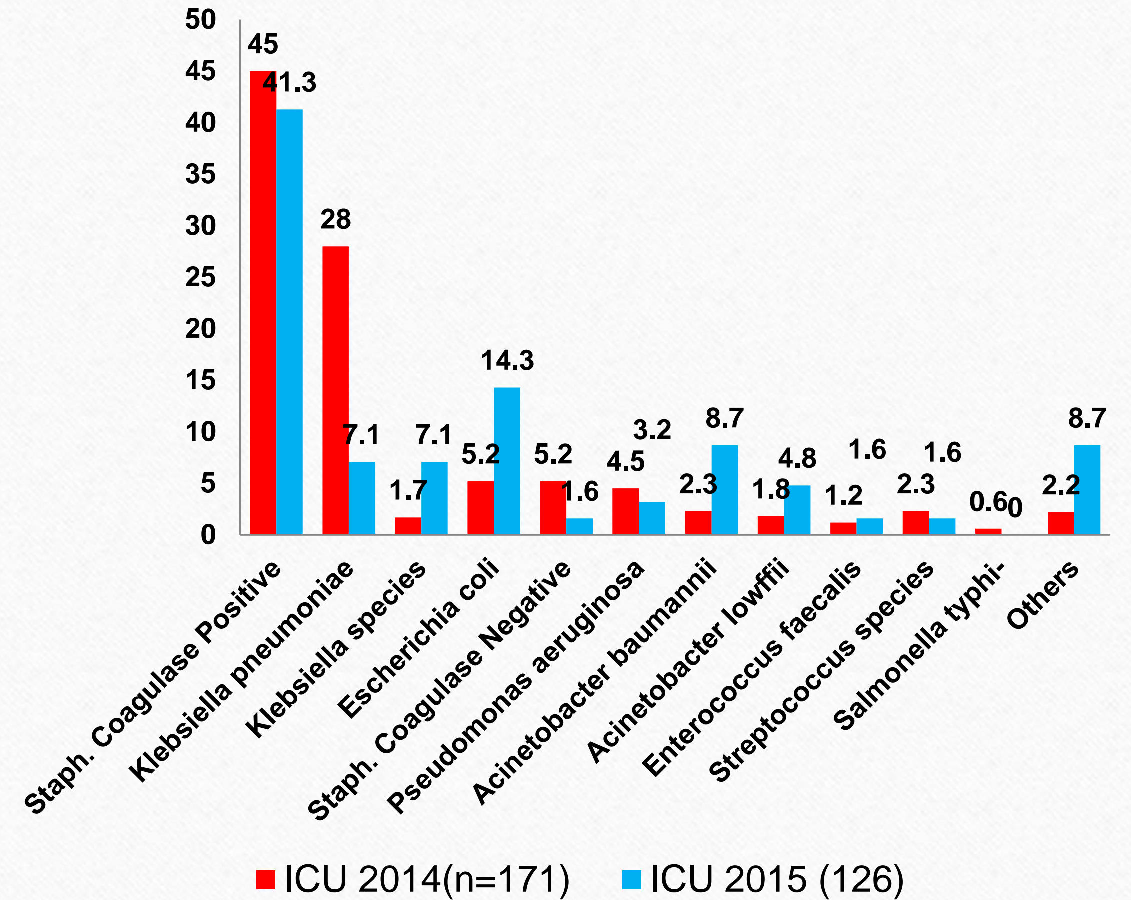

Comparison of Pus and wound swabs isolates percentage from ICU
20
18
16
14
12
10
8
6
4
2
0
12
7
10
17
8
19
2
0
1
8
1
8
8
15
Klebsiella pneumoniae
Staph. Coagulase Positive
Escherichia coli
Enterococcus spp
Pseudomonas aeruginosa
Acinetobacter baumannii
Others
ICU 2014
ICU 2015

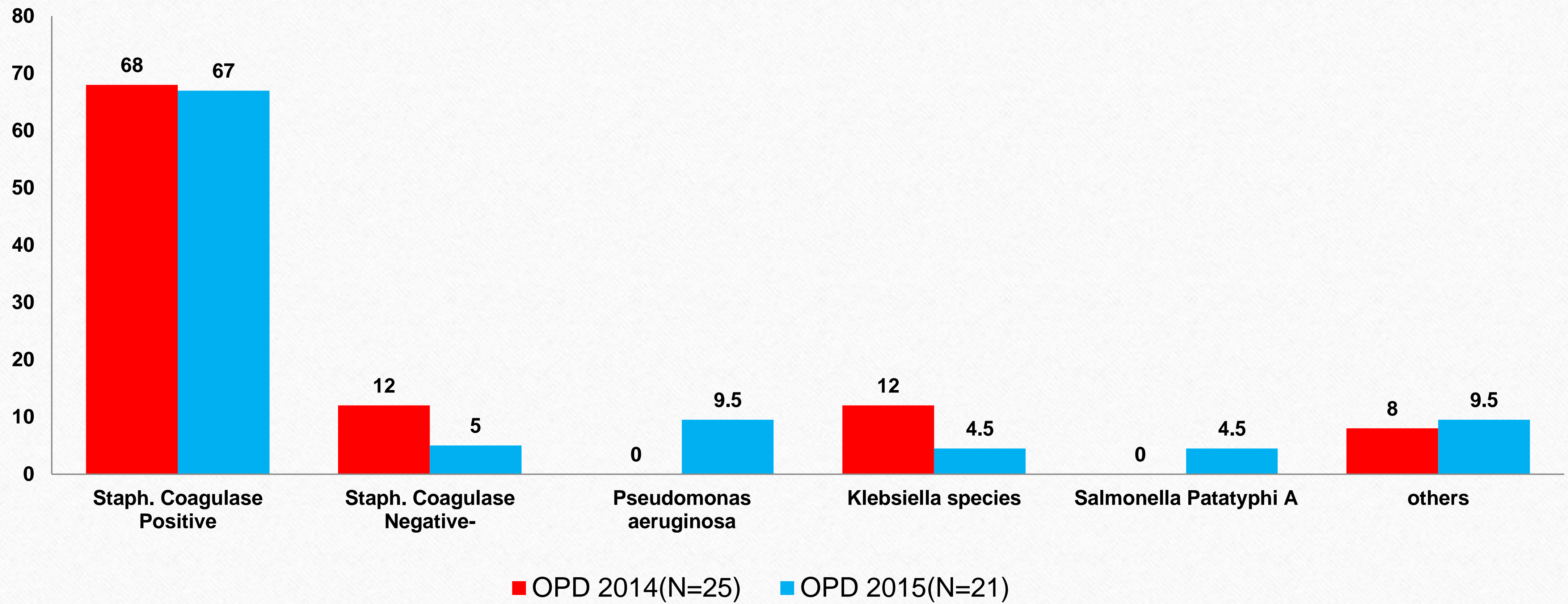


Comparison of Pus and wound swabs isolates percentage from OPD
70
60
50
40
30
20
10
0
61
57.4
10.8
6.7
8.7
3.8
4.7
4.3
1.3
4.8
2.7
2
2
2.9
2
1.4
2
3.3
1.4
3.3
1.4
4.8
2
5.3
Staph.…
Pseudomo…
Escherichia…
Klebsiella…
Klebsiella…
Streptococ…
Proteus spp.
Enterococc…
Staph.…
Citrobacter…
Acinetobac…
Others
OPD 2014 n=149
OPD 2015 n=209

ISOLATES FROM BLOOD


Comparison of Blood isolates percentage from Ward
70
60
50
40
30
20
10
0
50.4
58
9.4
5
5.8
2.8
3.5
2.8
2.9
11.5
5.8
3.8
0.5
0
2.9
2.4
2.4
5.7
0
0.7
16.4
7.3
Staph. Coagulase Positive
Klebsiella pneumoniae
Pseudomonas species
Escherichia coli
Acinetobacter baumannii
Staph. Coagulase Negative
Salmonella typhi
Corynebacterium sepceis
Enterococcus species
Salmonella paratyphi A
Others
Ward 2014(N=171)
Ward 2015(N=138)

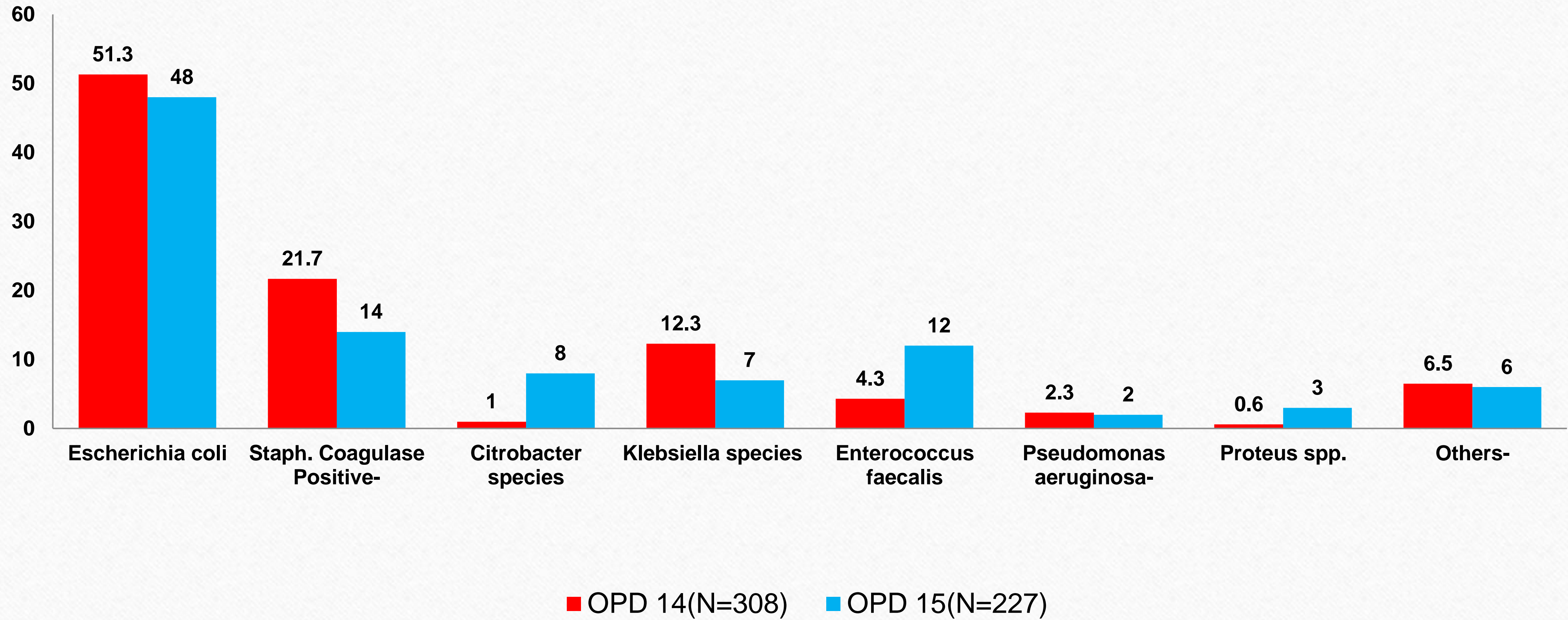

Comparison of Blood isolates percentage from ICU
50
45
40
35
30
25
20
15
10
5
0
45
41.3
28
7.1
1.7
7.1
5.2
14.3
5.2
1.6
4.5
3.2
2.3
8.7
1.8
4.8
1.2
1.6
2.3
1.6
0.6
0
2.2
8.7
Staph. Coagulase Positive
Klebsiella pneumoniae
Klebsiella species
Escherichia coli
Staph. Coagulase Negative
Pseudomonas aeruginosa
Acinetobacter baumannii
Acinetobacter lowffii
Enterococcus faecalis
Streptococcus species
Salmonella typhi-
Others
ICU 2014(n=171)
ICU 2015 (126)

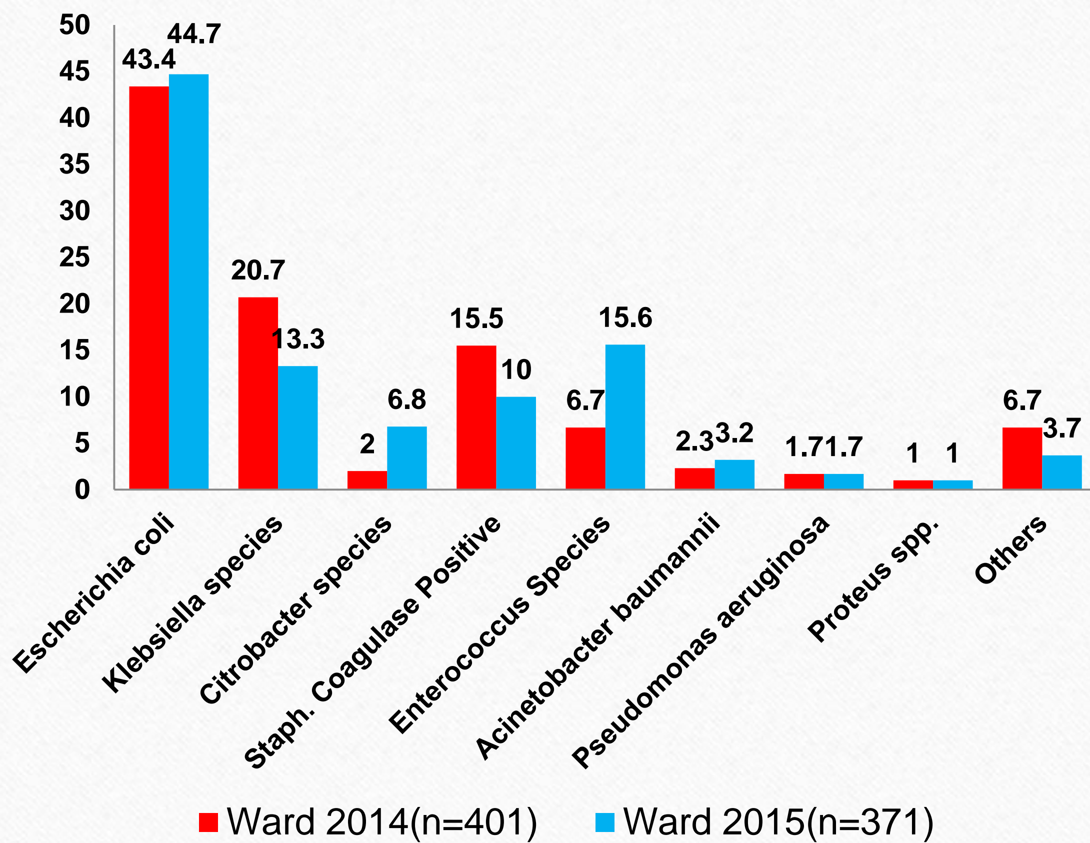


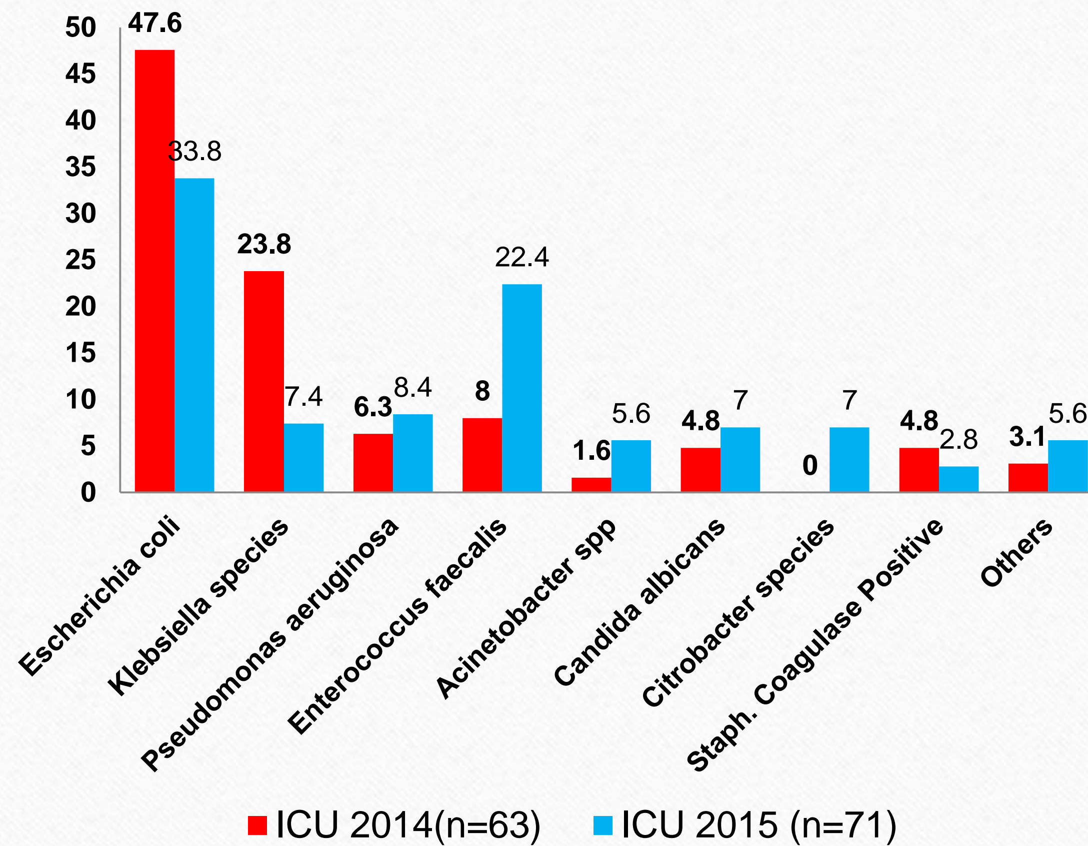
Comparison of Blood isolates percentage from OPD
80
70
60
50
40
30
20
10
0
68
67
12
5
0
9.5
12
4.5
0
4.5
8
9.5
Staph. Coagulase Positive
Staph. Coagulase Negative-
Pseudomonas aeruginosa
Klebsiella species
Salmonella Patatyphi A
others
OPD 2014(N=25)
OPD 2015(N=21)

ISOLATES FROM URINE

Isolates percentage from urine OPD




Isolates percentage from urine wards
50
45
40
35
30
25
20
15
10
5
0
43.4
44.7
20.7
13.3
2
6.8
15.5
10
6.7
15.6
2.3
3.2
1.7
1.7
1
1
6.7
3.7
Escherichia coli
Klebsiella species
Citrobacter species
Staph. Coagulase Positive
Enterococcus Species
Acinetobacter baumannii
Pseudomonas aeruginosa
Proteus spp.
Others
Ward 2014(n=401)
Ward 2015(n=371)

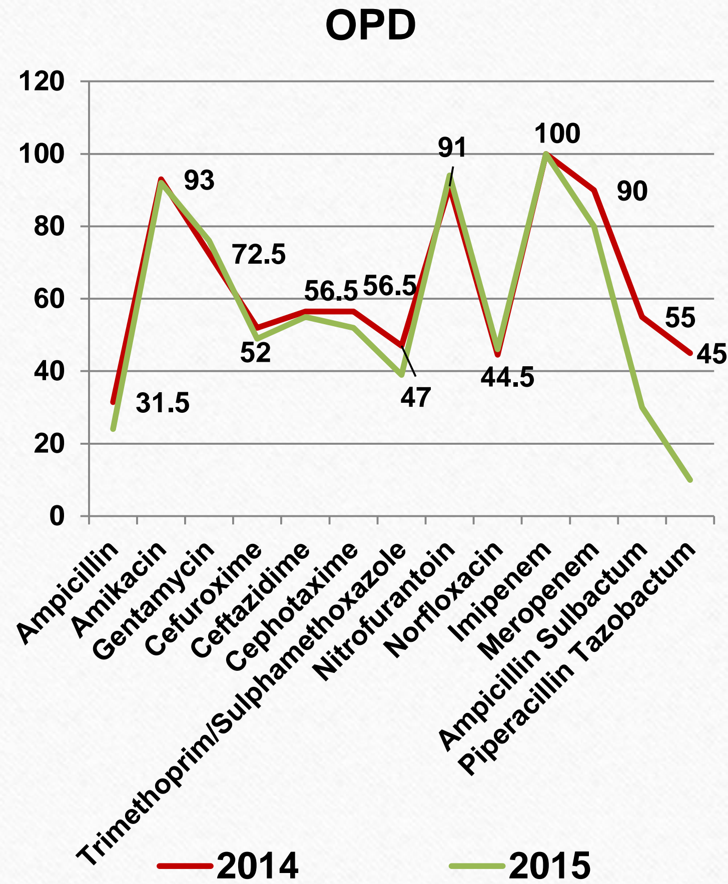

Isolates percentage from urine ICU
50
45
40
35
30
25
20
15
10
5
0
47.6
33.8
23.8
7.4
6.3
8.4
8
22.4
1.6
5.6
4.8
7
0
7
4.8
2.8
3.1
5.6
Escherichia coli
Klebsiella species
Pseudomonas aeruginosa
Enterococcus faecalis
Acinetobacter spp
Candida albicans
Citrobacter species
Staph. Coagulase Positive
Others
ICU 2014(n=63)
ICU 2015 (n=71)

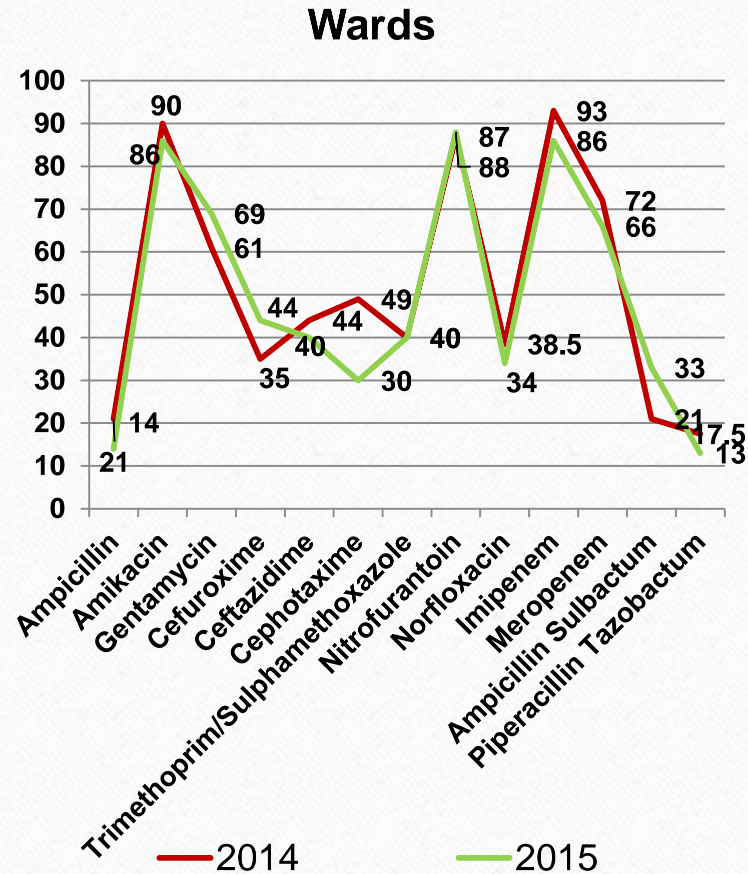
PERCENTAGE SENSITIVITY 2014 & 2015

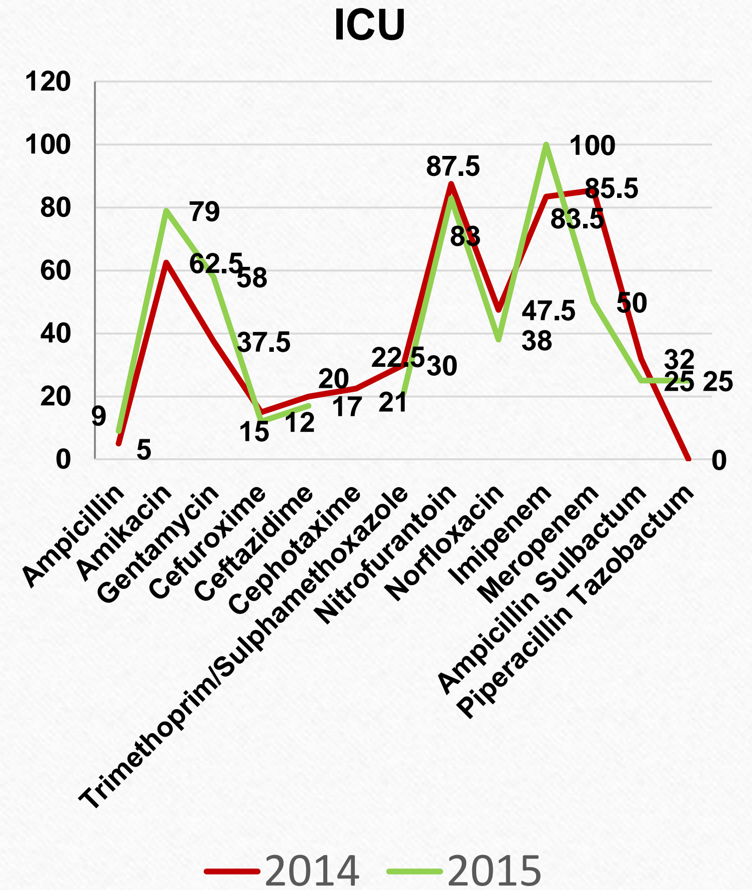
URINE ISOLATES

PERCENTAGE SENSITIVITY **2014 & 2015**

ESCHERICHIA COLI : PERCENTAGE SENSITIVITY 2014 & 2015

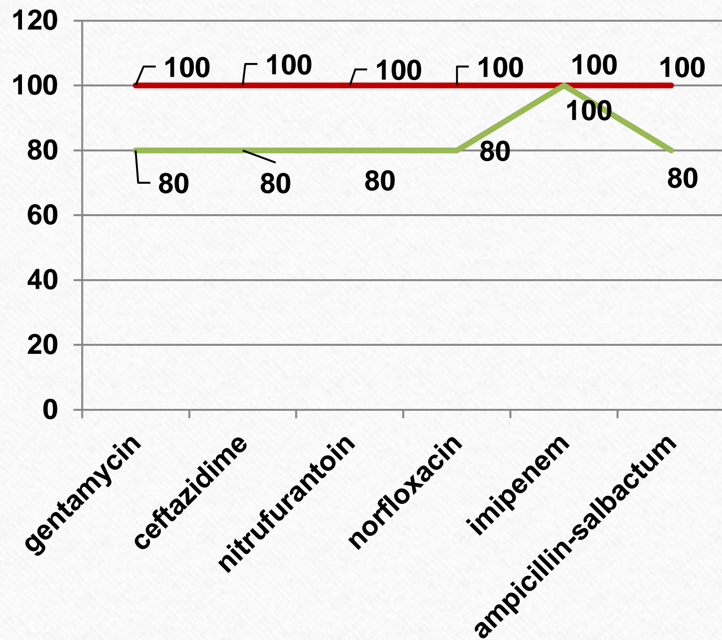


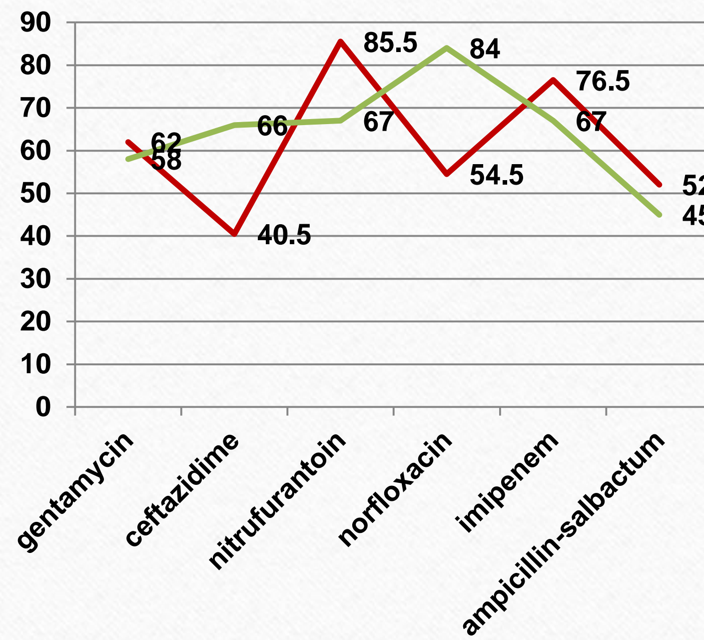


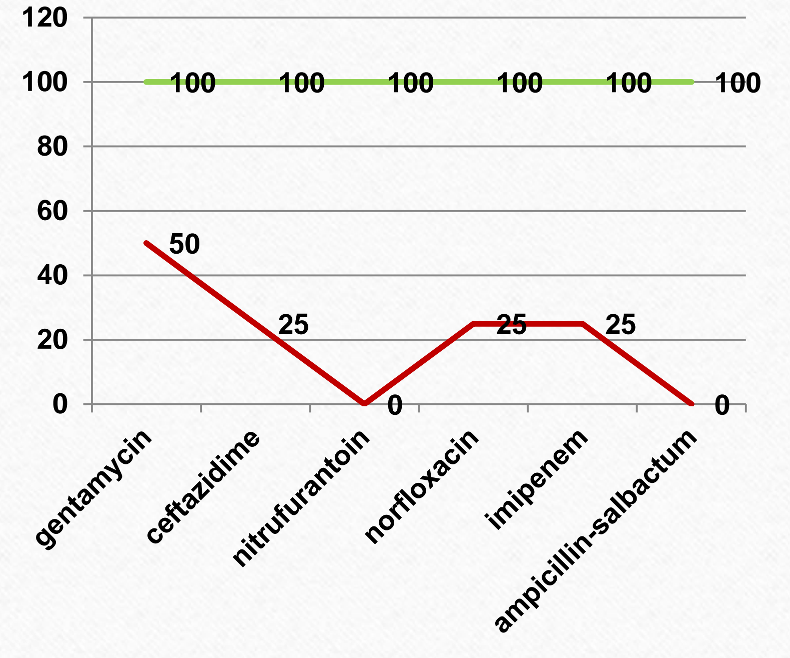


Isolates of 2015 and 2014 are showing approximately similar sensitivity pattern	Isolates of 2015 and 2014 are showing approximately similar sensitivity pattern	Isolates of 2015 and 2014 are showing approximately similar sensitivity pattern

ACINETOBACTER SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

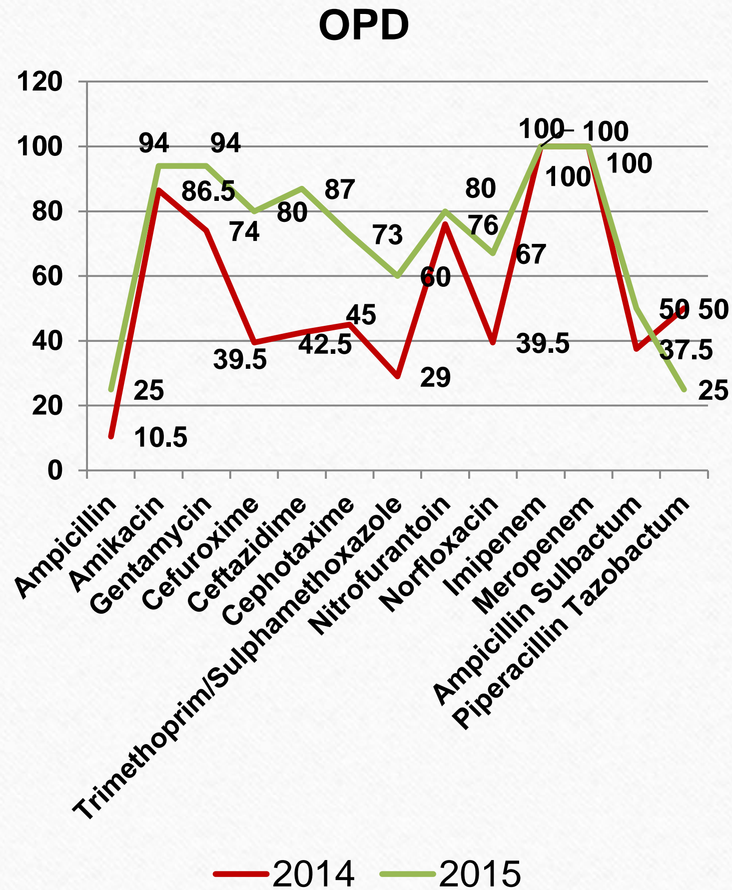


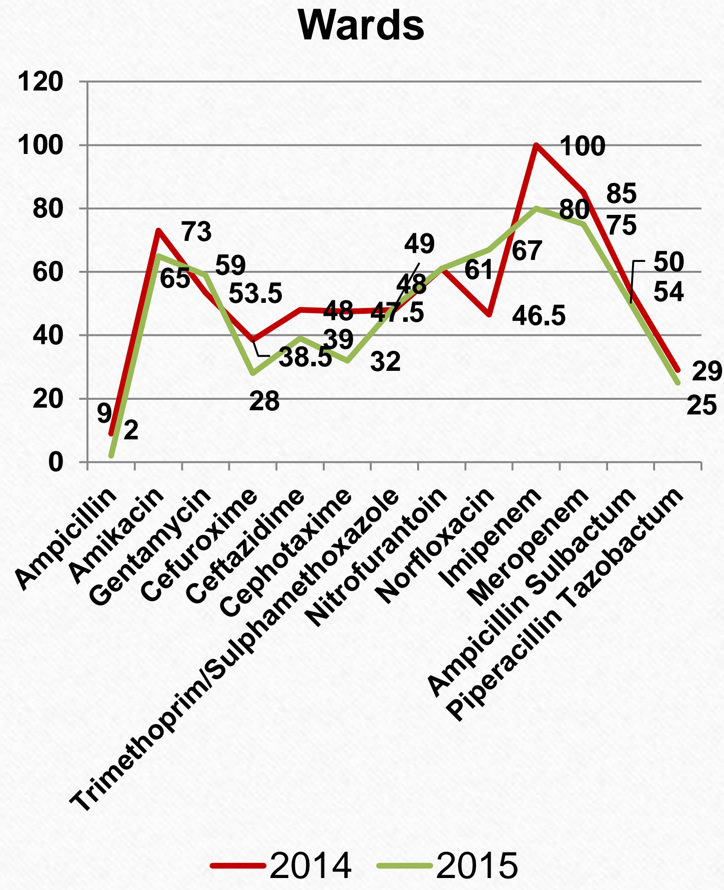


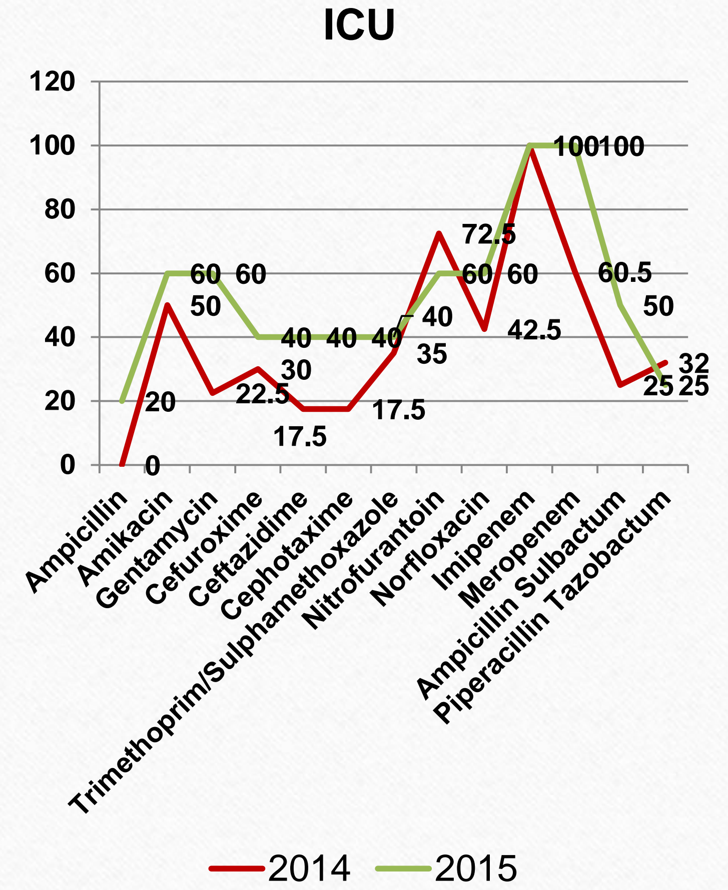


2015 isolates were found less sensitive to mentioned antibiotics than 2014	2015 isolates were more sensitive to Norfloxacin and Ceftazidime	2015 isolates were found more sensitive to mentioned antibiotics than 2014

KLEBSIELLA SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

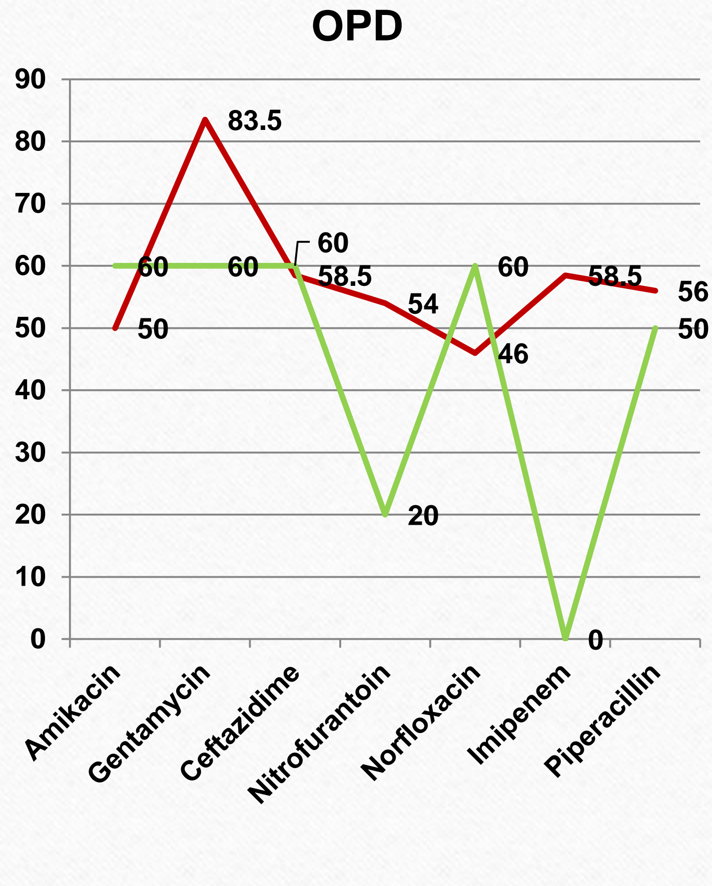


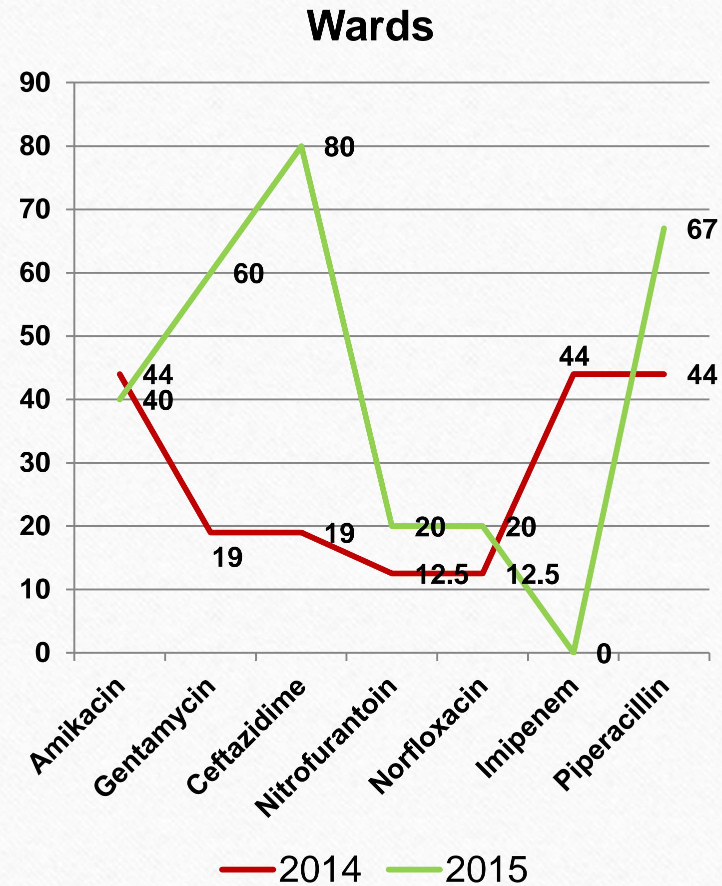


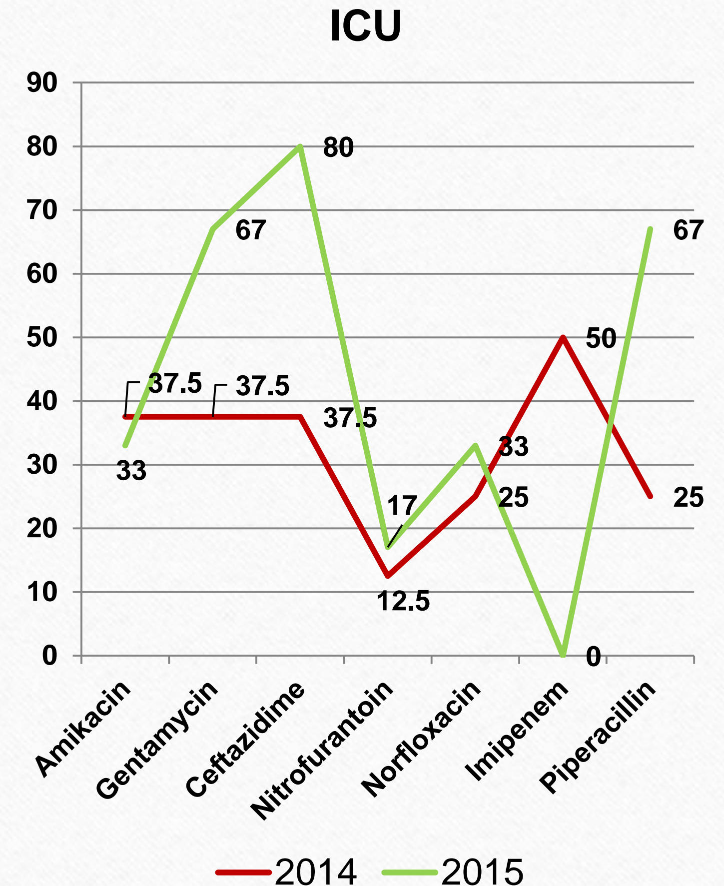


2015 isolates are more sensitive to Amikacin, Gentamycin, Cefuroxime, Ceftriaxone, Cefotaxime, Trimethoprim-Sulphamethoxazole, Norfloxacin.	2015 isolates are less sensitive to Cefuroxime, Ceftriaxone, Cefotaxime, Trimethoprim-Sulphamethoxazole, Imipenem and Meropenem.	2015 isolates are more sensitive to Amikacin, Gentamycin, Cefuroxime, Ceftriaxone, Cefotaxime, Trimethoprim-Sulphamethoxazole, Norfloxacin.

PSEUDOMONAS SPECIES : PERCENTAGE SENSITIVITY **2014 & 2015**

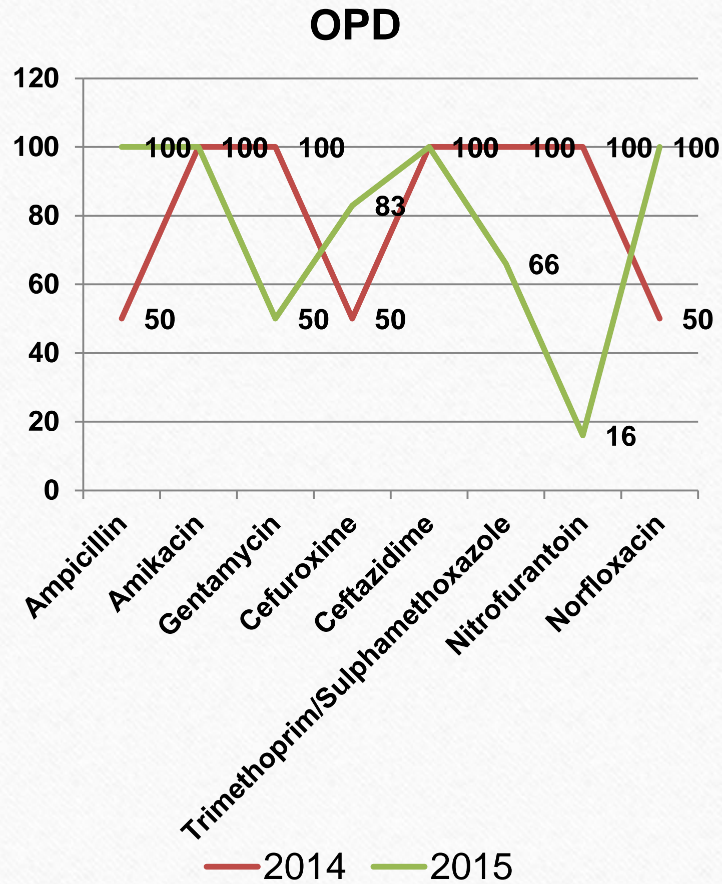


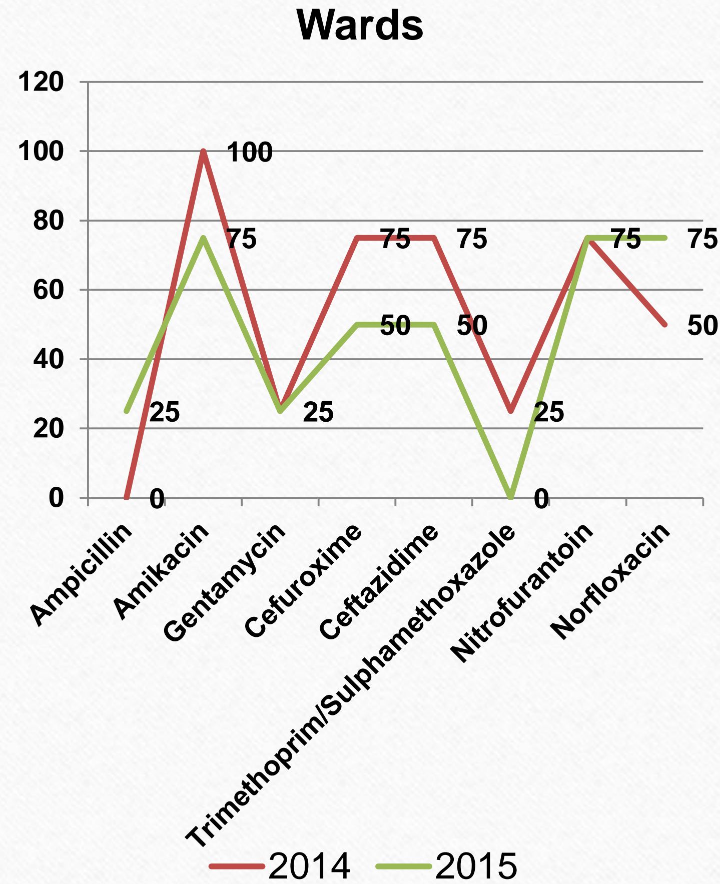


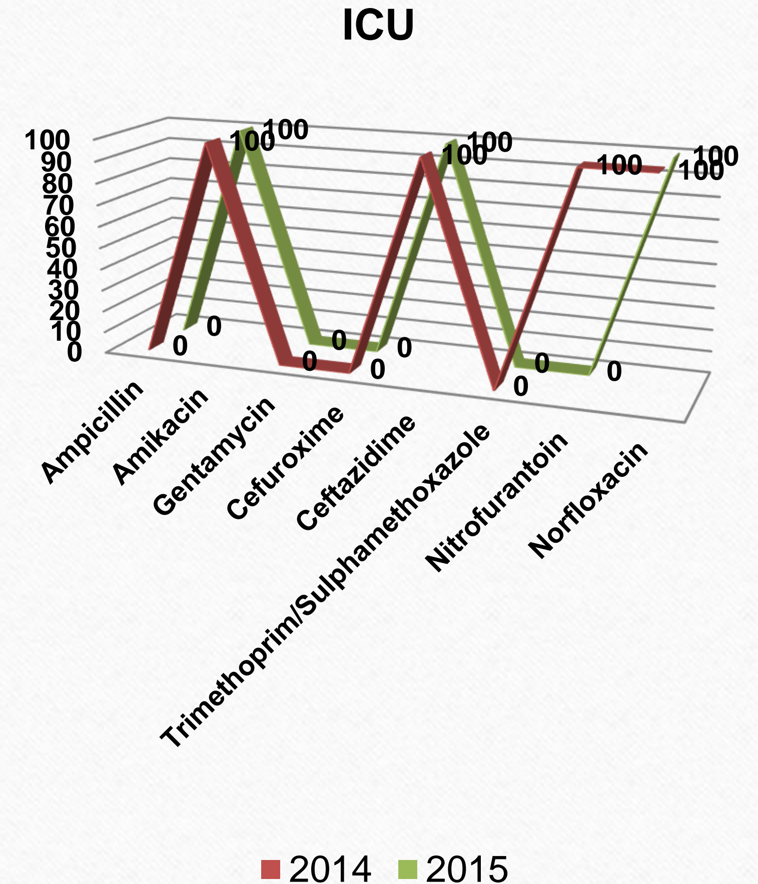


2015 OPD isolates more resistant to Gentamycin,Nitrofurantoin & Imipenem but sensitive to Norfloxacin compare to 2014 OPD isolates	**In wards 2015 isolates more sensitive all antibiotics compare to 2014 isolates only more resistant to imepenem compare to 2014 .**	**In ICU, 2015 isolates more sensitive all antibiotics compare to 2014 isolates only more resistant to imepenem compare to 2014 .**

PROTEUS SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

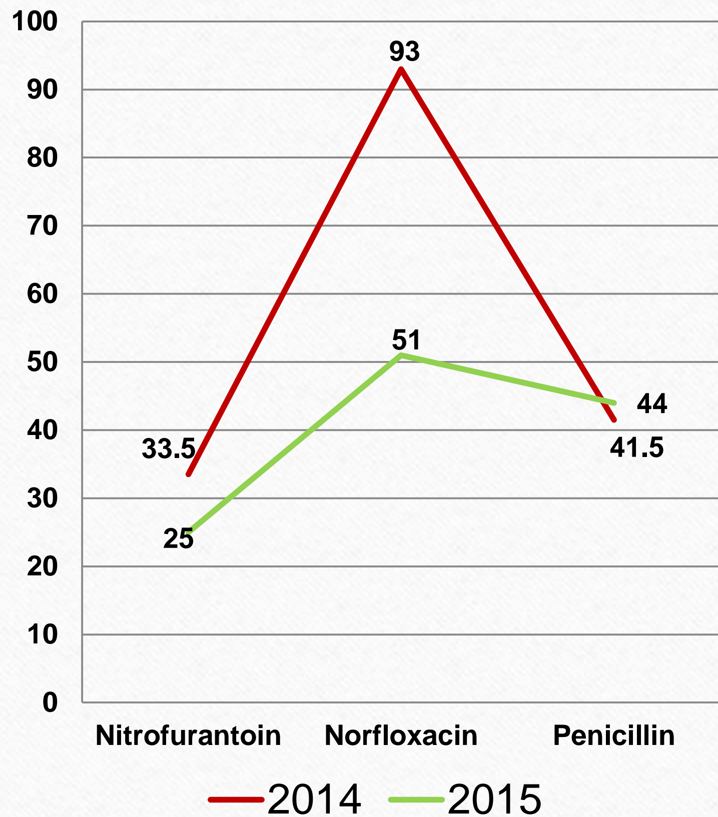


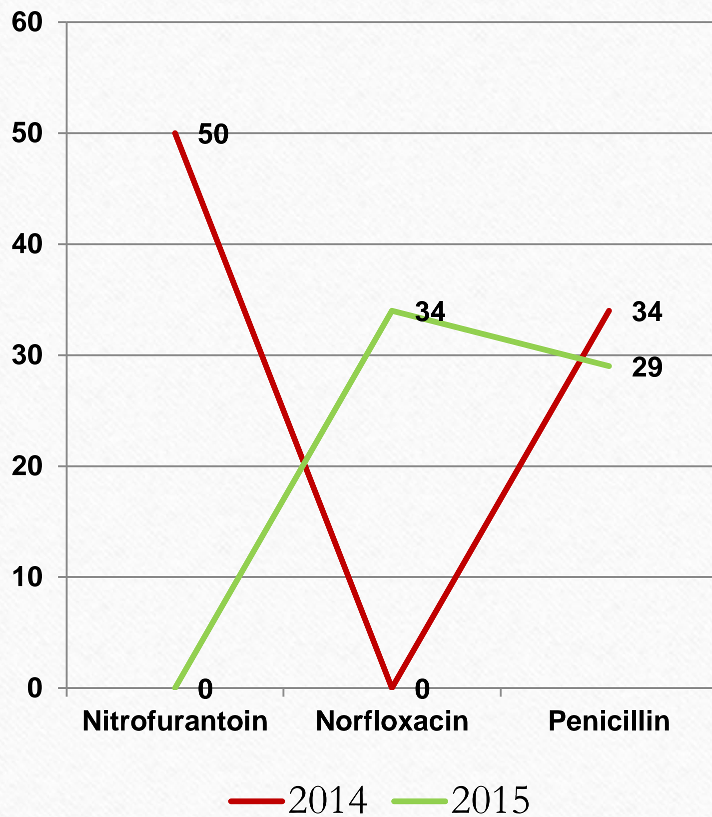


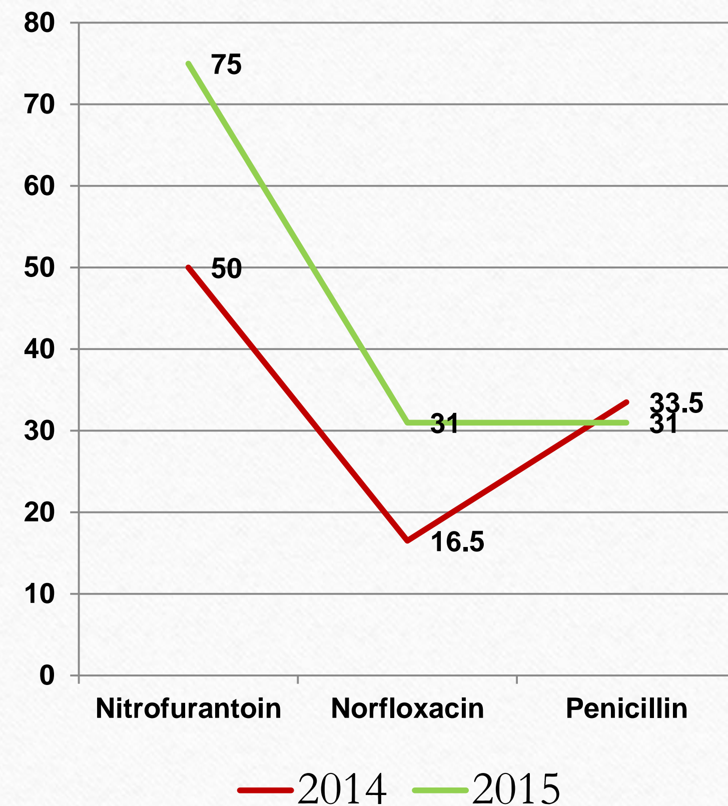


In OPD, 2015 isolates were more resistant to Nitrofurantoin,Norfloxacin & Trimethoprim/ sulphamethoxazole and more sensitive to Norfloxacincompare to 2014 isolates .	In wards 2015 isolates were found more resistant to all antibiotics except Norfloxacin compare to 2015 isolates	In ICU'S , isolates shows similar sensitivity patteren in 2015 & 2014

ENTEROCOCCUS SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

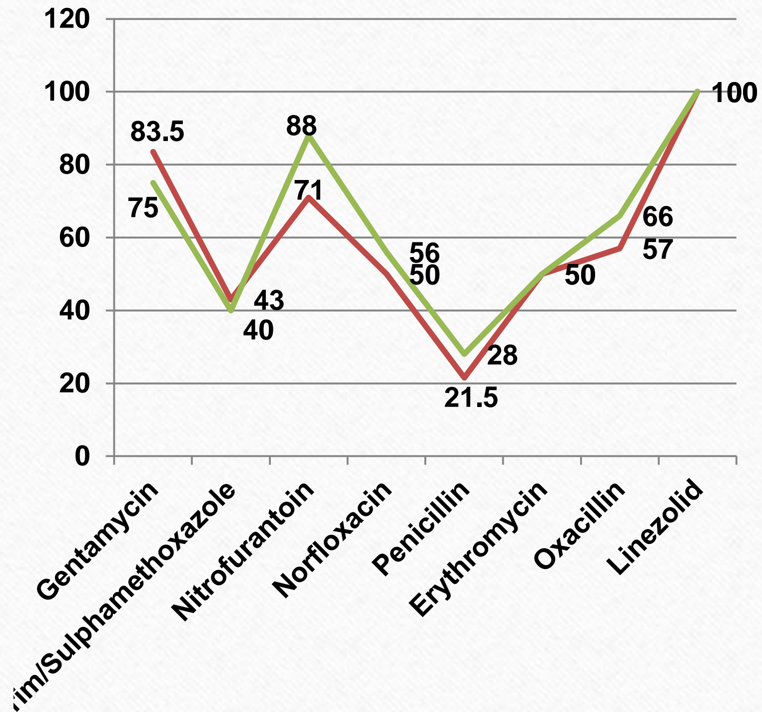


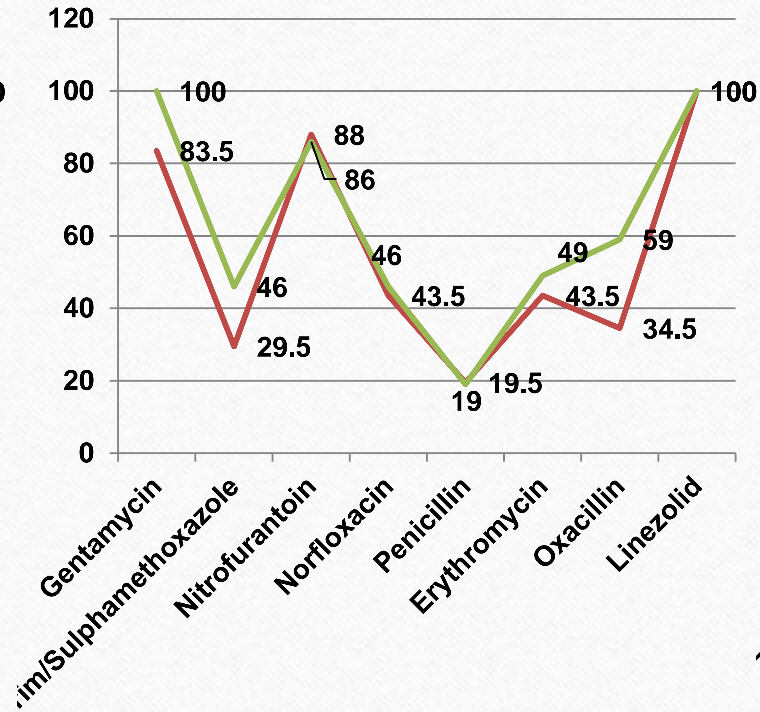


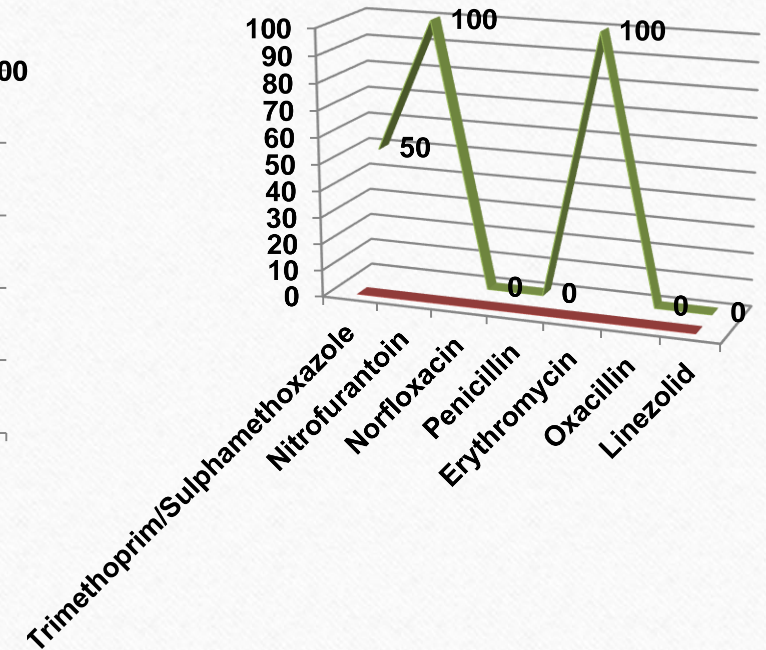


2015 isolates showing better sensitivity in comparison to 2014	2015 isolates showing better sensitivity in comparison to 2014	2015 isolates showing better sensitivity in comparison to 2014

COAGULASE +VE STAPHYLOCOCCUS : PERCENTAGE SENSITIVITY 2014 & 2015

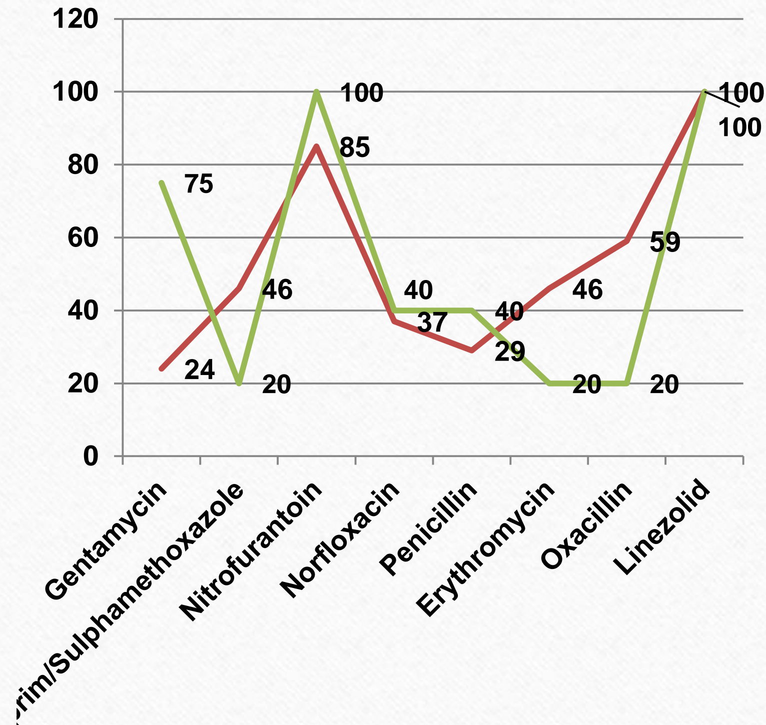


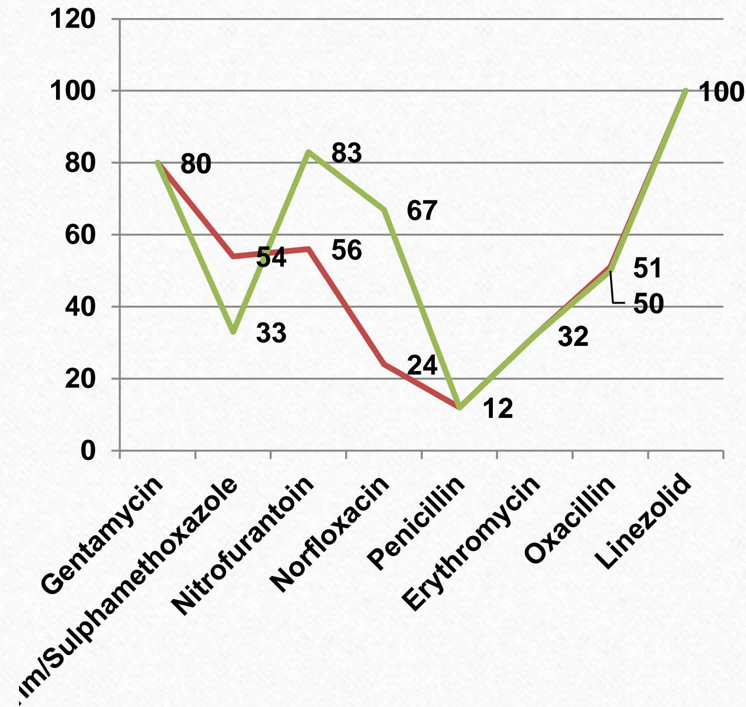


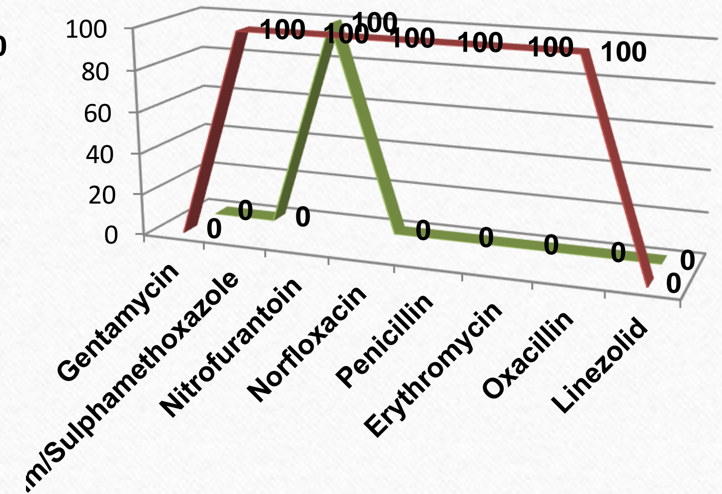


In OPD, 2015 isolates shows more sensitivity to all antibiotics compare to 2014 isolates	In Wards , 2015 isolates shows more sensitivity to most antibiotics compare to 2014 isolates	In ICU'S 2015 isolates more sensitive compare to 2014 isolates

COAGULASE -VE STAPHYLOCOCCUS : PERCENTAGE SENSITIVITY 2014 & 2015







In OPD, 2015 isolates were more resistant to Erythromycin & Trimethoprim/ sulphamethoxazole and more sensitive to Nitrofurantoin,Norfloxacin compare to 2014 isolates .

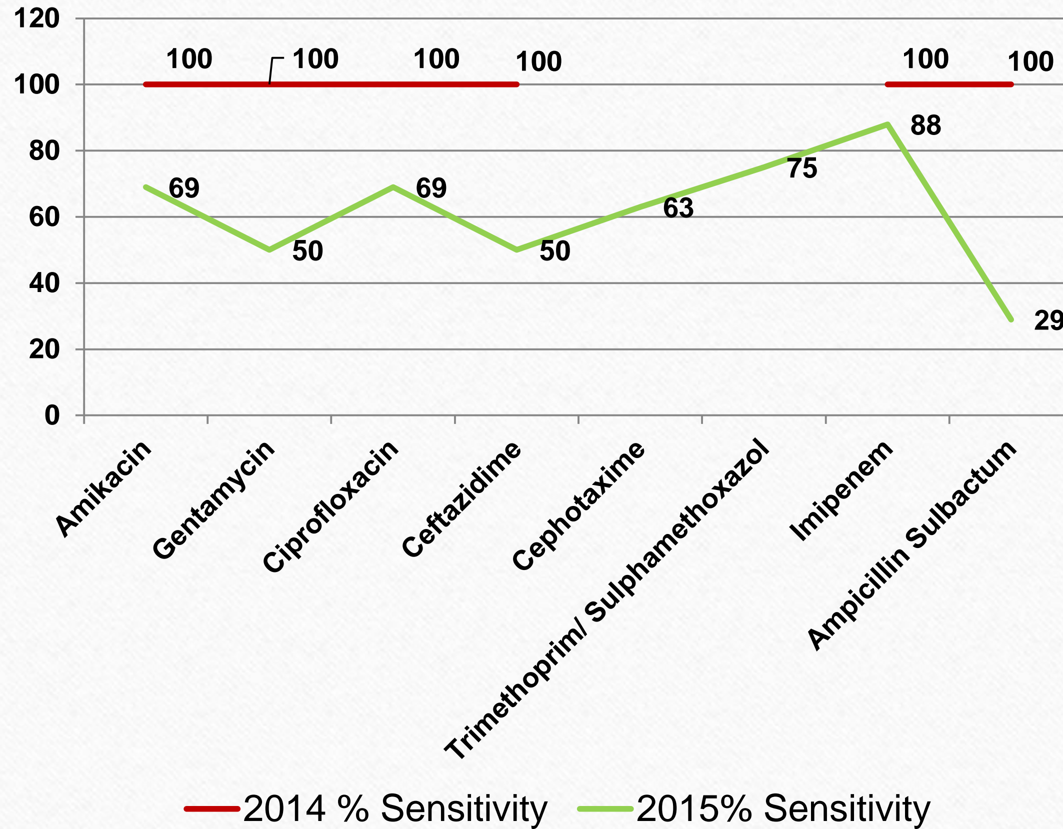
In wards, In OPD, 2015 isolates were more resistant to Trimethoprim/ sulphamethoxazole and more sensitive to Nitrofurantoin,Norfloxacin compare to 2014 isolates .

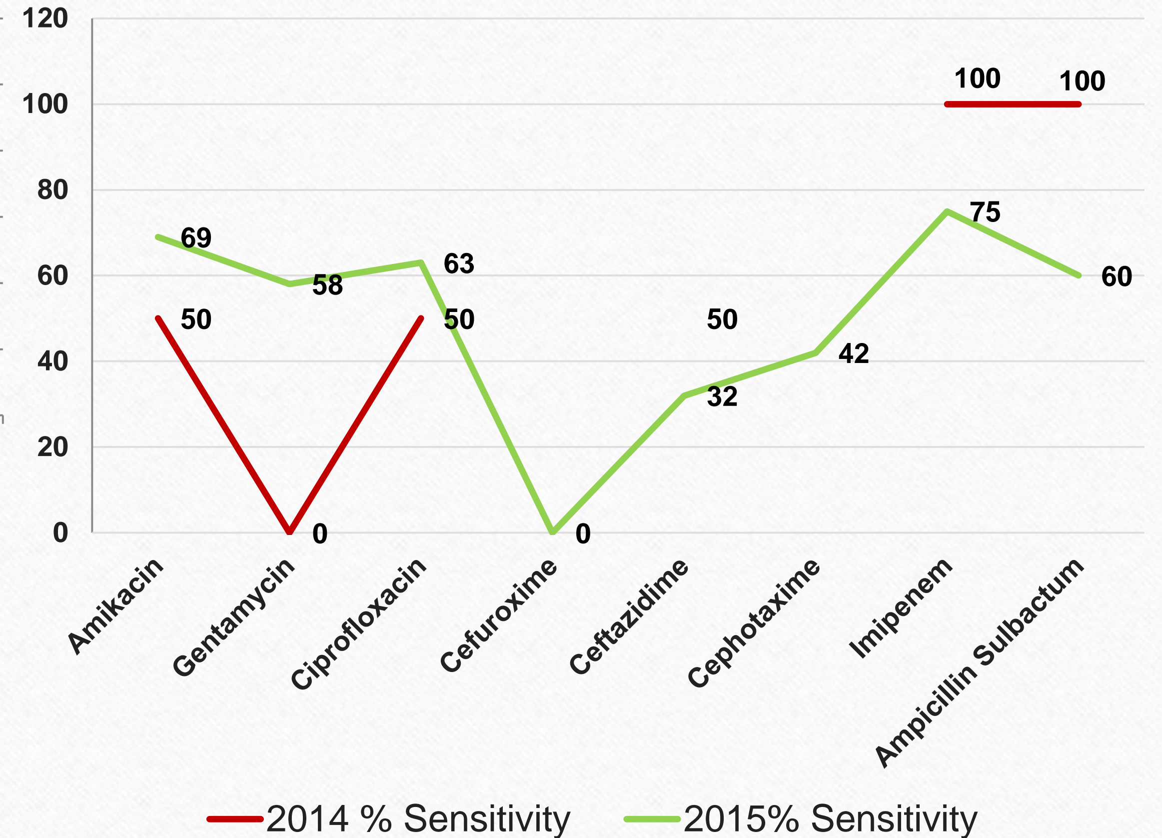
In ICU, 2015 isolates were more resistant to many antibiotics except to Nitrofurantoin as compared to 2014.

BLOOD ISOLATES

PERCENTAGE SENSITIVITY **2014 & 2015**

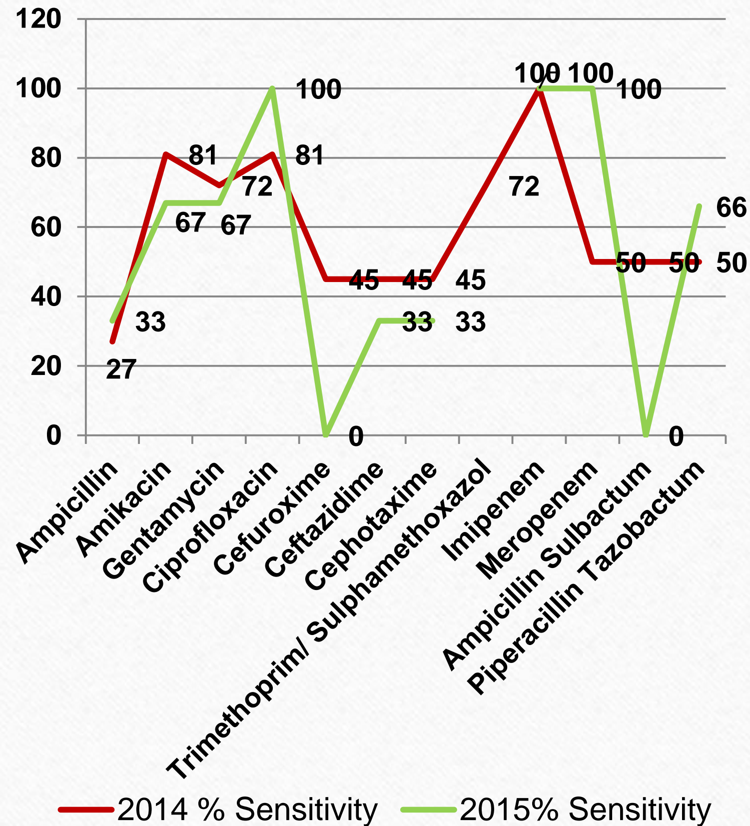
ACINETOBACTER SPP. : PERCENTAGE SENSITIVITY **2014 & 2015**

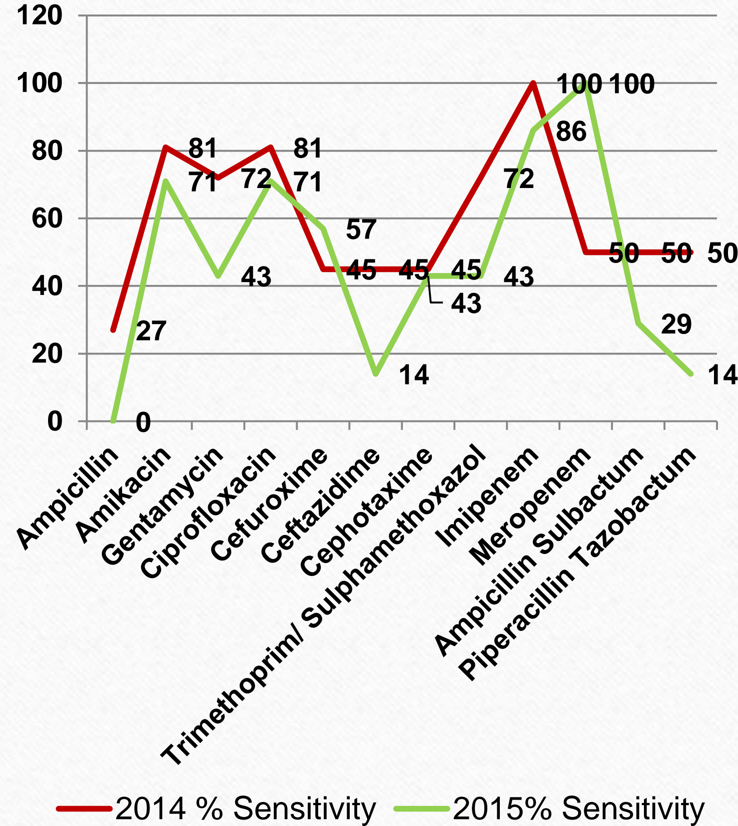


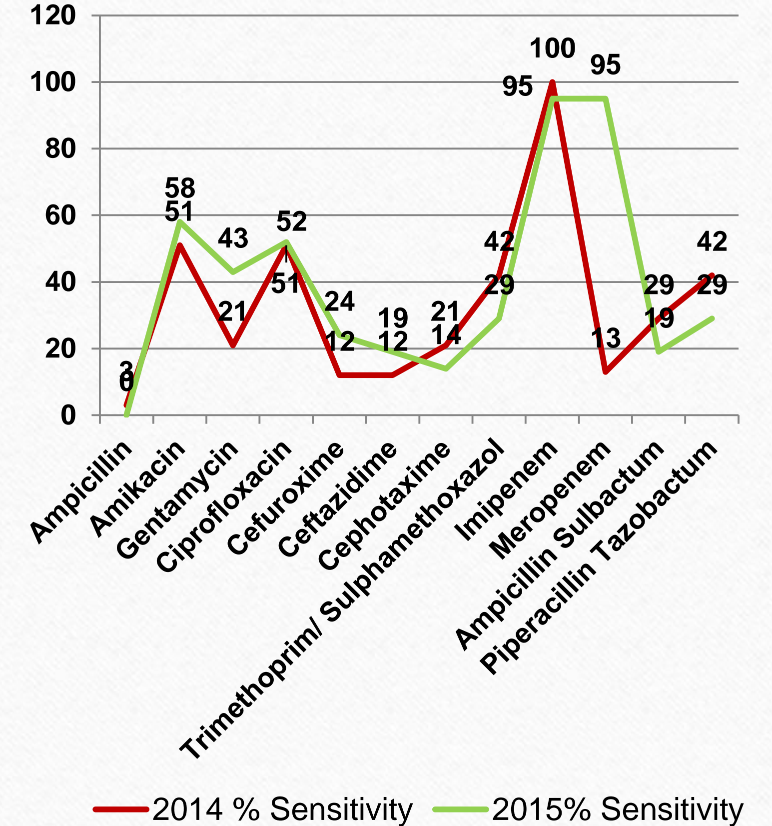


In 2014, the isolates were totally sensitive to antibiotics as compared to 2015 where they were mostly sensitive to Carbapenems.	**In 2014 as well as 2015, the isolates were mostly sensitive to carbapenems.**

KLEBSIELLA SPP. : PERCENTAGE SENSITIVITY 2014 & 2015





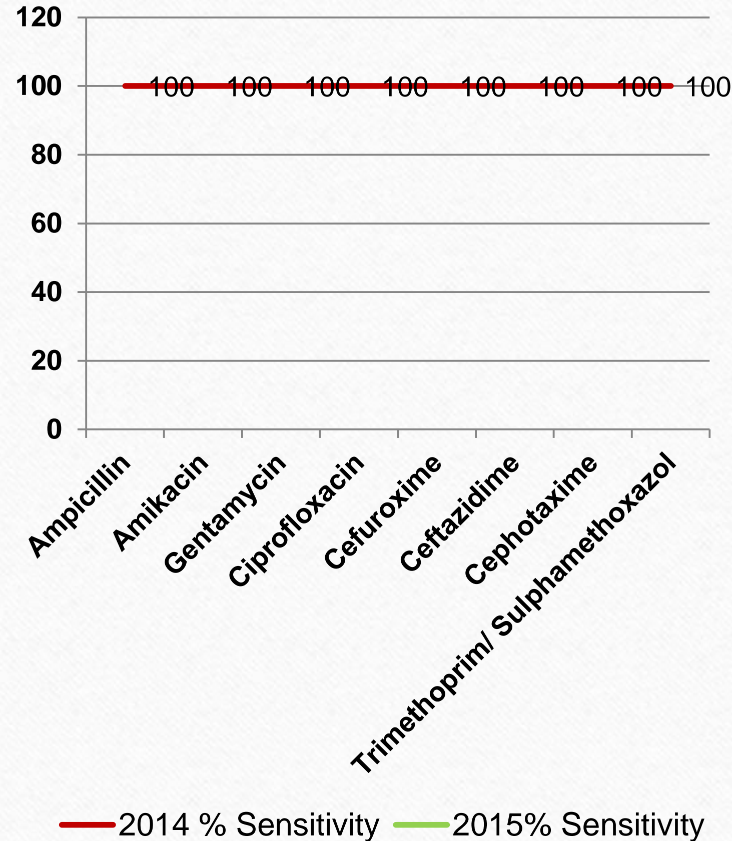


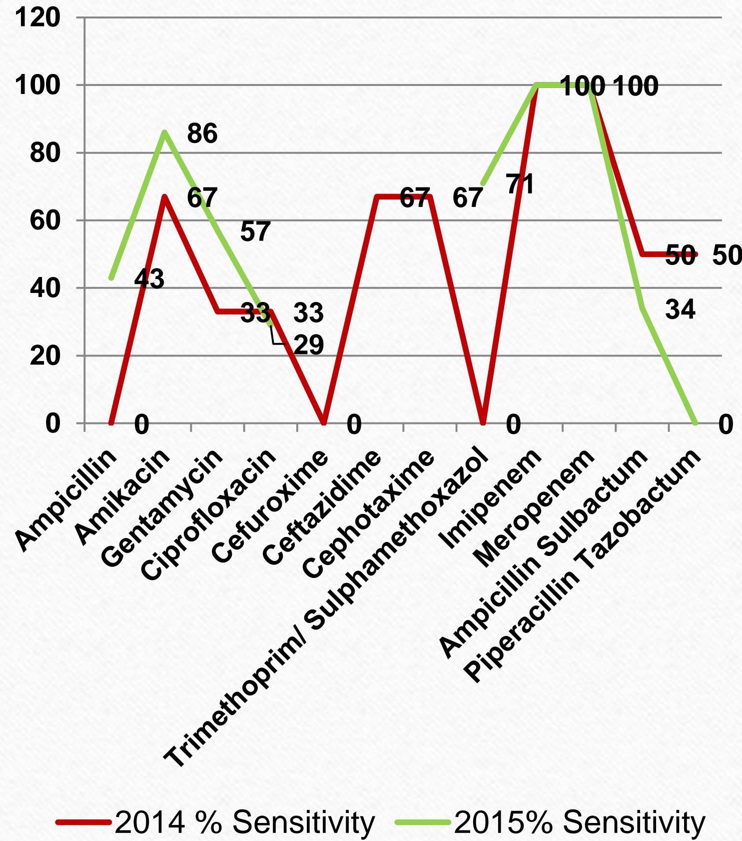
In 2014 as well as 2015, the isolates from OPD were mostly sensitive to carbapenem group of antibiotics.

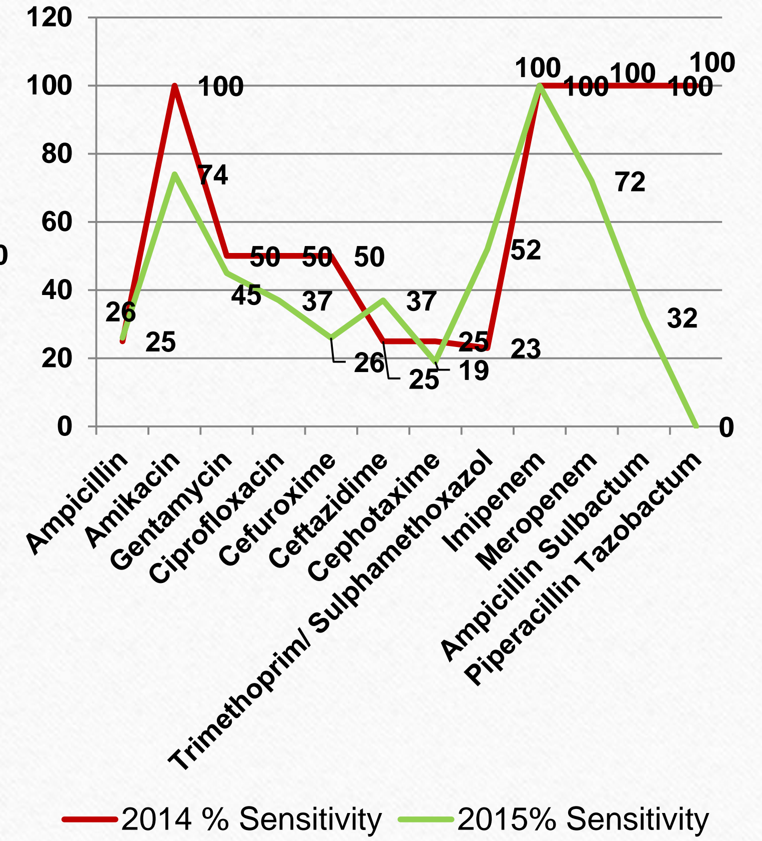
In 2014 as well as 2015, the isolates from wards were mostly sensitive to carbapenem group of antibiotics.

In 2014 as well as 2015, the isolates from ICU were mostly sensitive to carbapenem group of antibiotics.

ESCHERICHIA COLI : PERCENTAGE SENSITIVITY 2014 & 2015

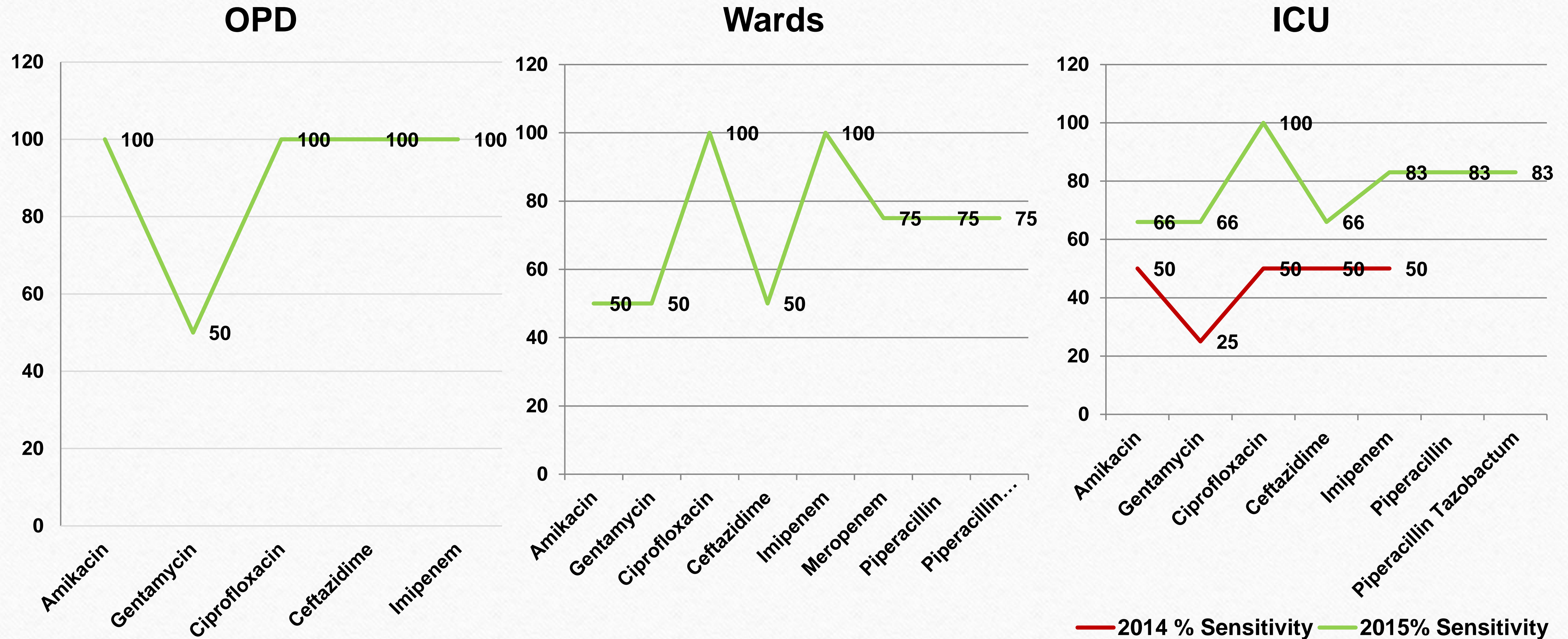






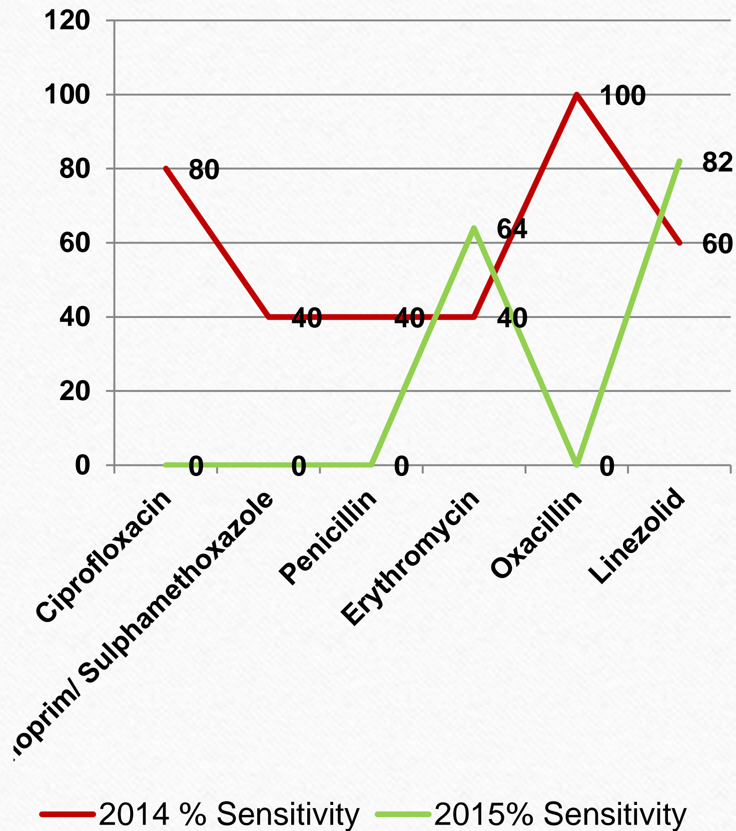
The isolates in 2014 were totally sensitive to all antibiotics. No E.coli were isolated from blood raised from OPD in 2015.	In 2014 as well as 2015, the isolates were mostly sensitive to carbapenems followed by amikacin.	In 2014, the isolates were 100% sensitive to Amikacin, Carbapenems, Ampisulbactum, Pip-taz but in 2015 the resistance increased and they were sensitive only to carbapenems.

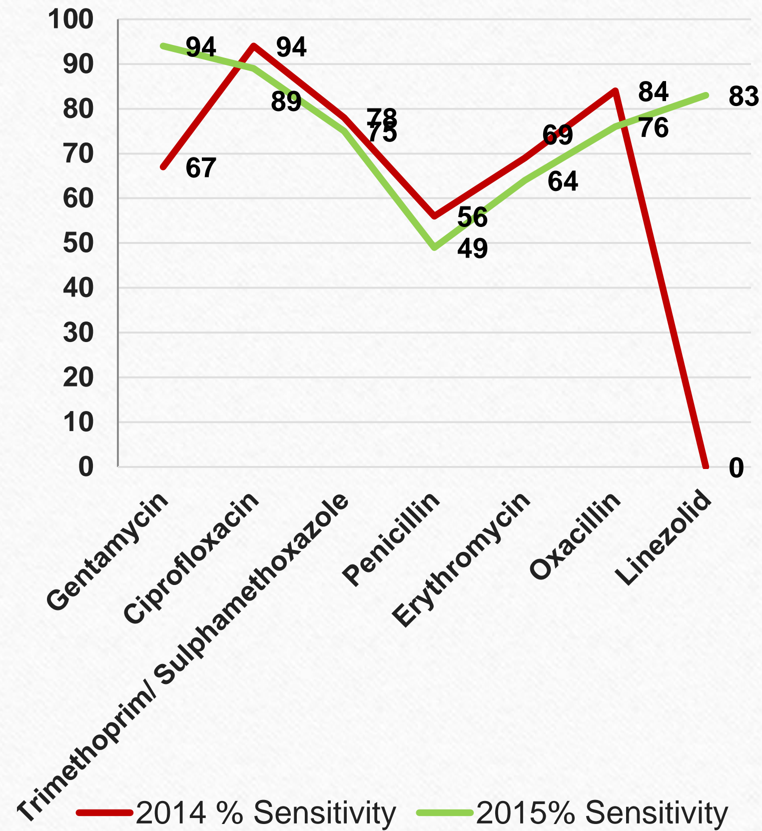
PSEUDOMONAS SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

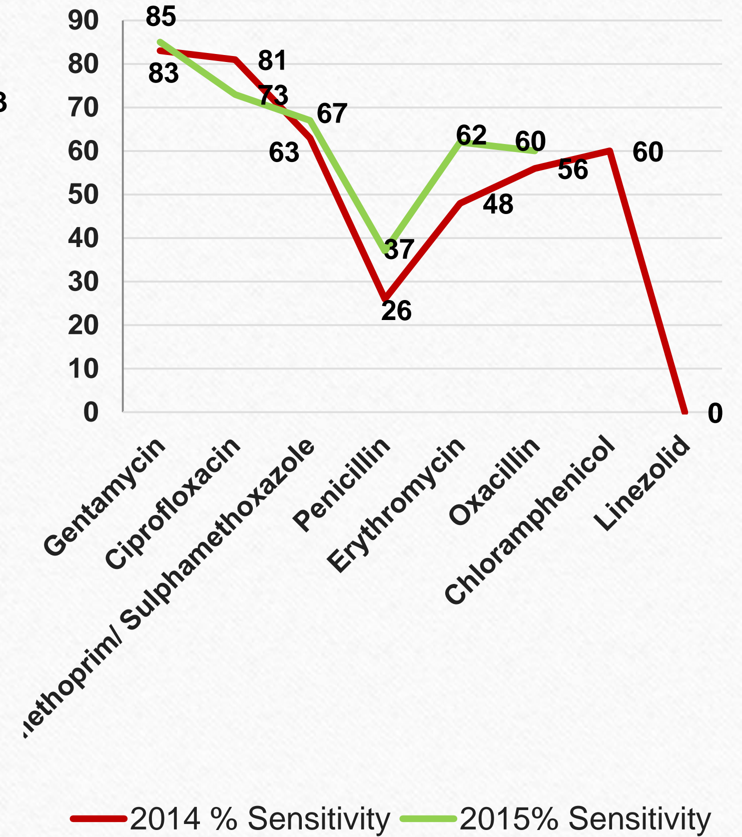


The isolates in 2015 were 100% sensitive to amikacin, ciprofloxacin, ceftazidime & imipenem.There was no isolate from OPD samples in 2014 .	The isolates in 2015 were sensitive to ciprofloxacin , imipenem followed by meropenem, piperacillin & pip-taz. There was no isolate from Ward samples in 2014.	2015 isolates were found more sensitive to mentioned antibiotics than 2014.

COAGULASE POSITIVE STAPHYLOCOCCUS : PERCENTAGE SENSITIVITY 2014 & 2015

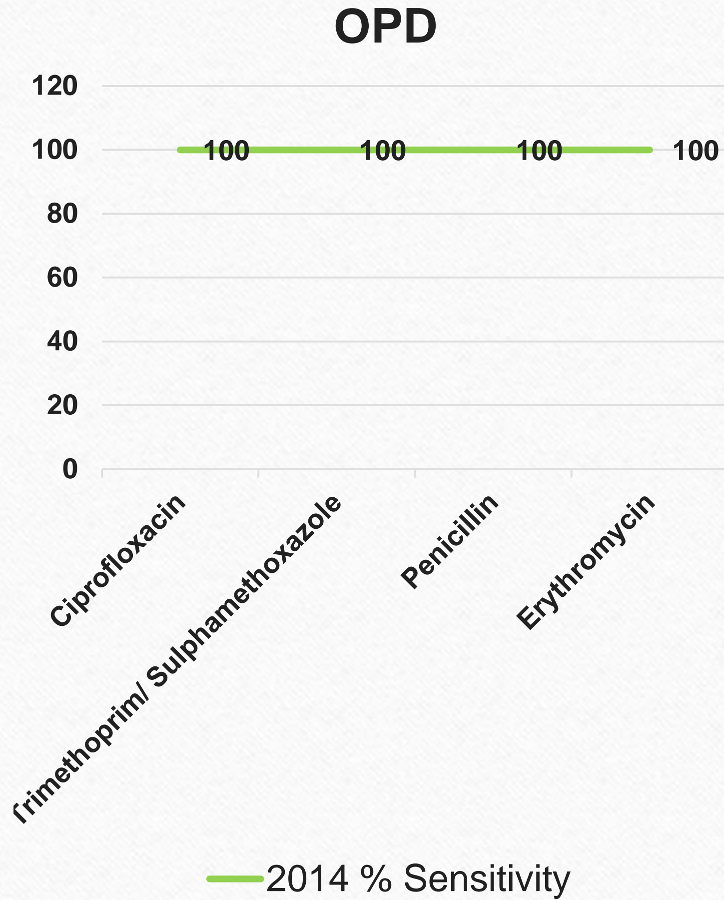


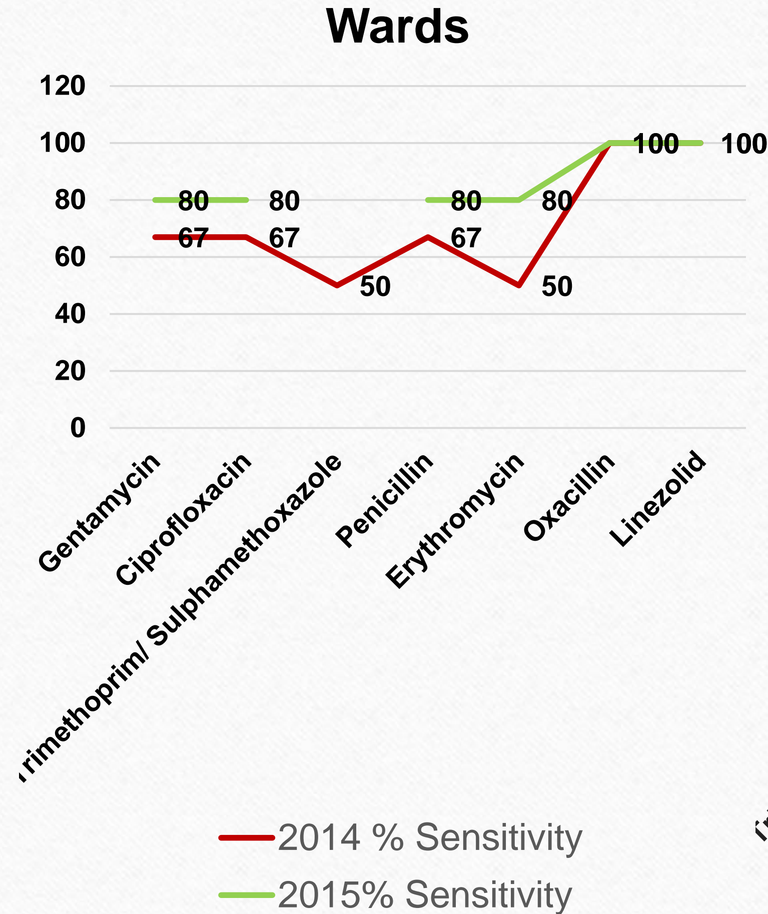


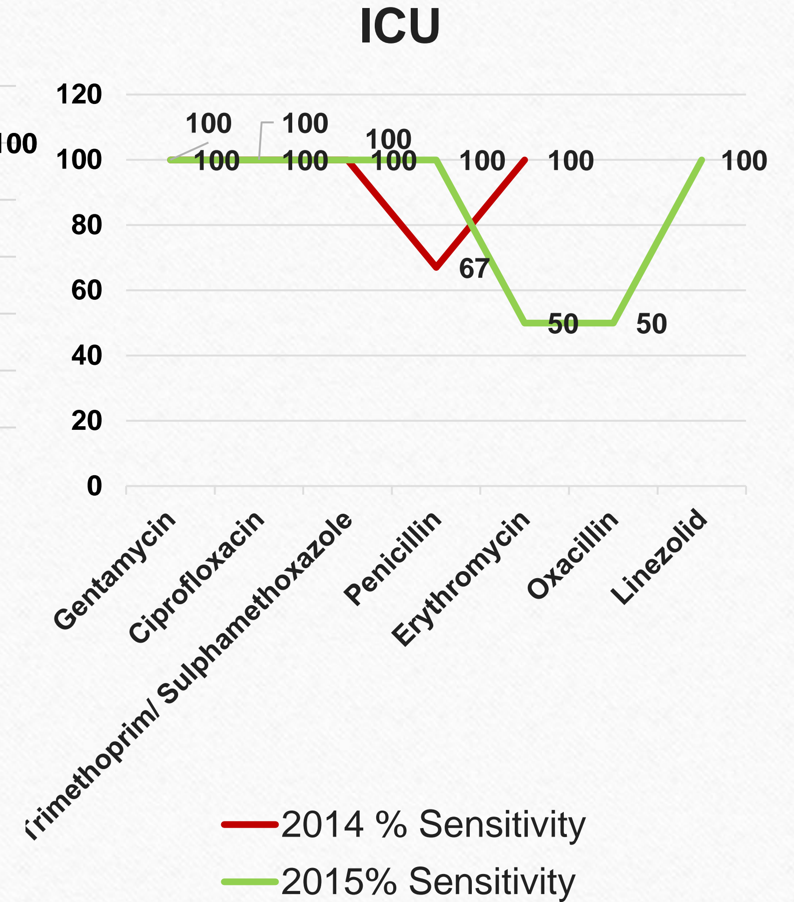


The isolates were more sensitive to mentioned antibiotics in 2014 as compared to 2015.	The sensitivity was almost similar in 2014 and 2015 except for Amikacin which increased to 94% in 2015.	The sensitivity was almost similar in 2014 and 2015 .

COAGULASE –VE STAPHYLOCOCCUS : PERCENTAGE SENSITIVITY 2014 & 2015





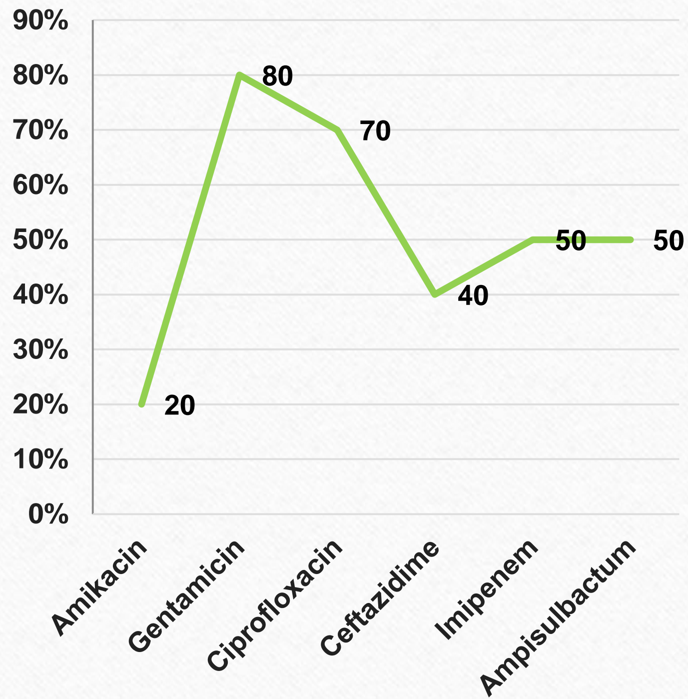


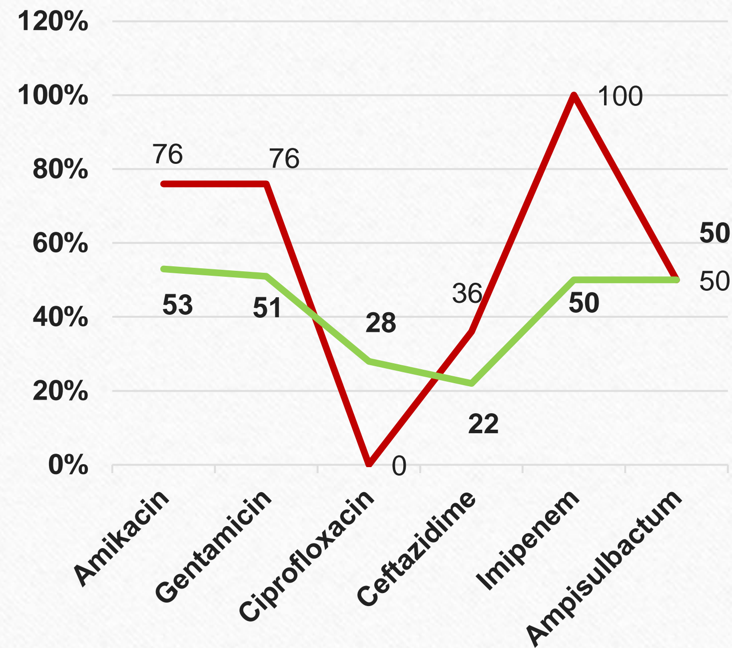
The isolates in 2014 were sensitive to all antibiotics. Zero isolate in 2015 from OPD.	The isolates in 2015 were more sensitive as compared to in 2014.	The isolates had sensitivity pattern in 2014 and 2015.

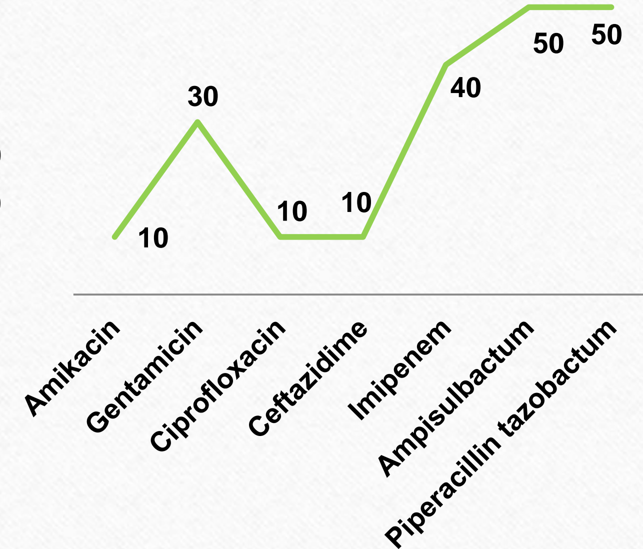
Pus, Wound swab, Drain Isolates

PERCENTAGE SENSITIVITY **2014 & 2015**

ACINETOBACTER SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

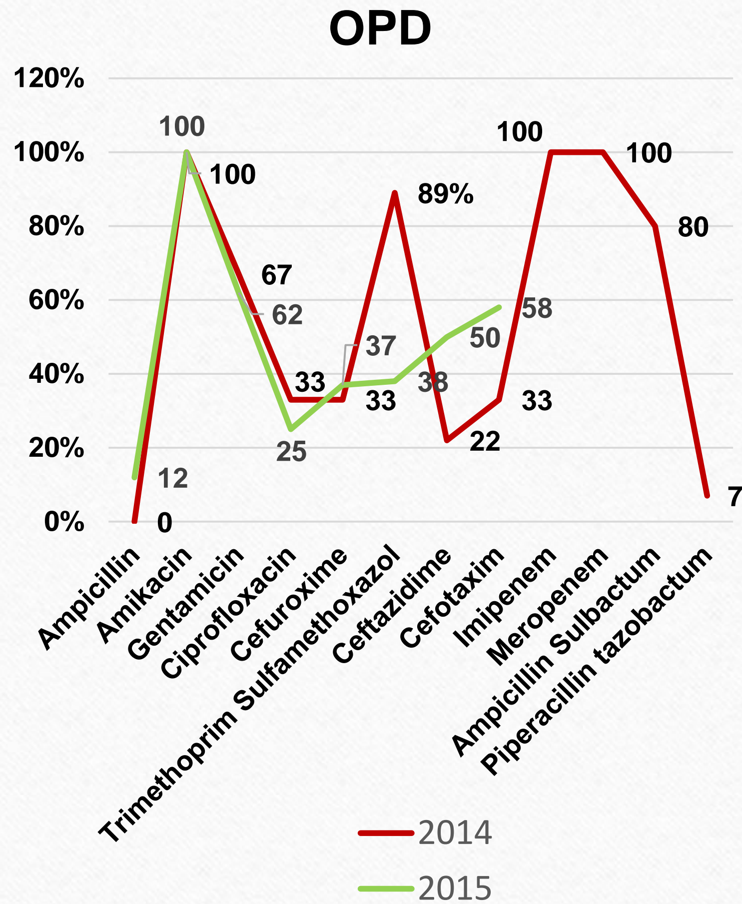


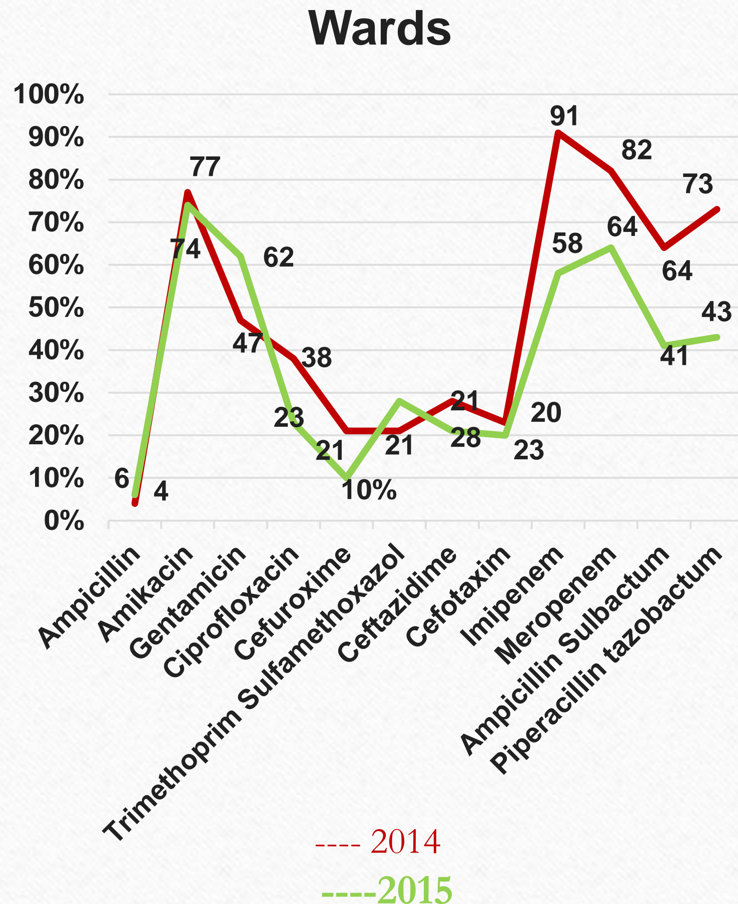


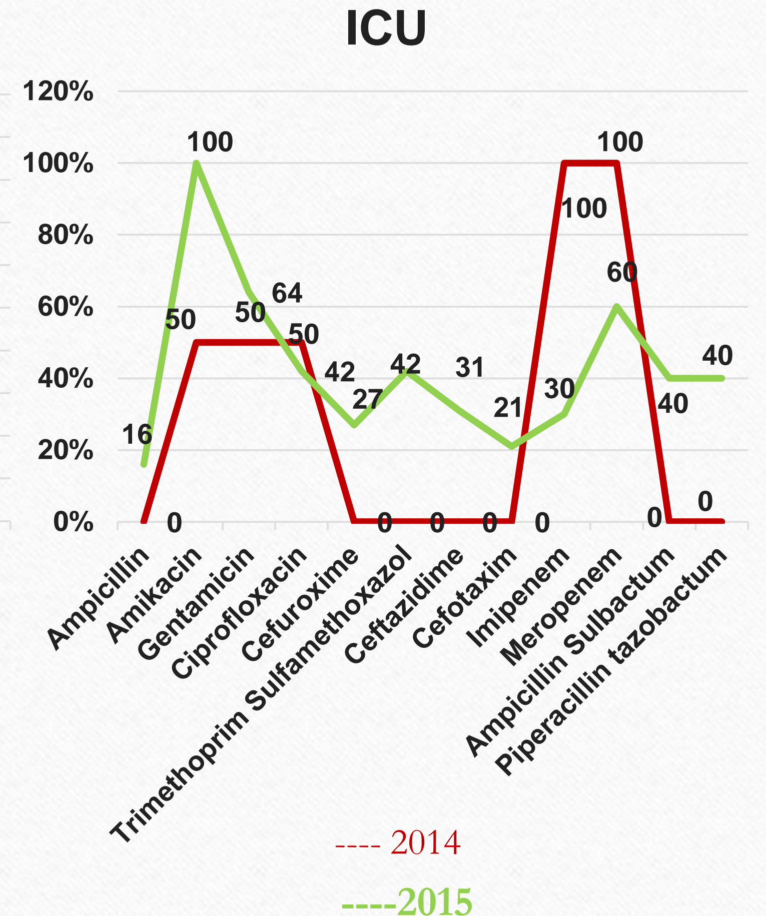


The isolates in 2015 had maximum sensitivity to Gentamycin. There were no isolates in 2014.	The isolates in 2014 were more sensitive as compared to those in 2015.	There were no isolates in 2014

ESCHERICHIA COLI : PERCENTAGE SENSITIVITY **2014 & 2015**





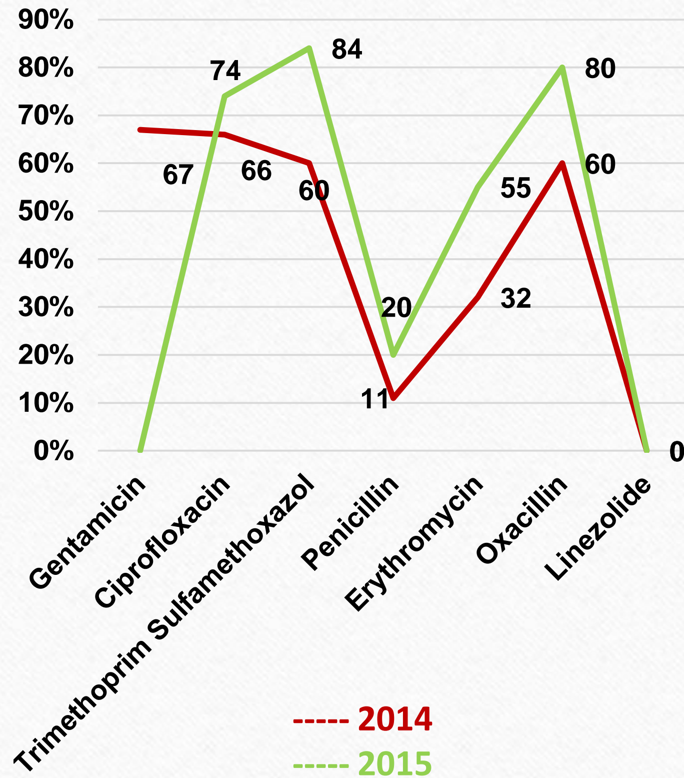


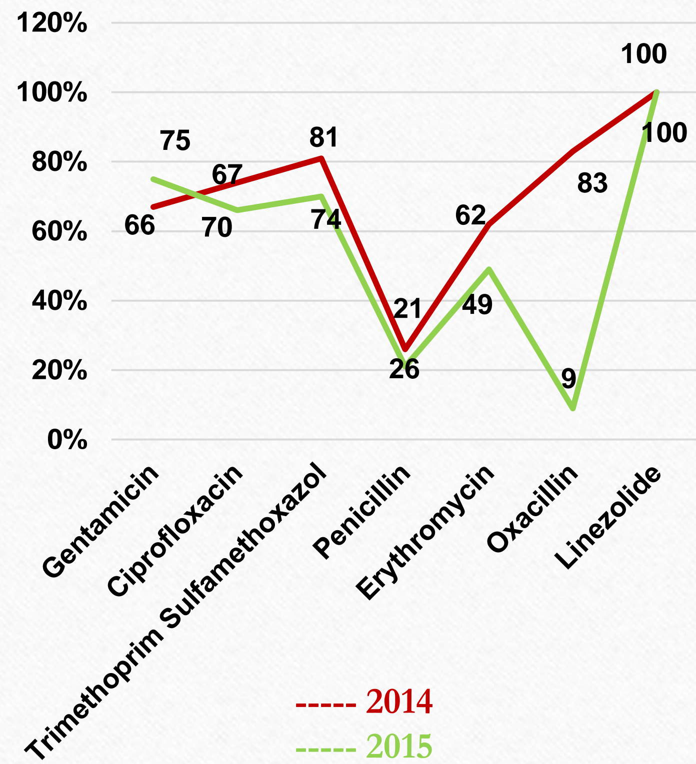
In 2014, the isolates were sensitive to higher antibiotics as compared to those in 2015 which were sensitive to lower antibiotics.

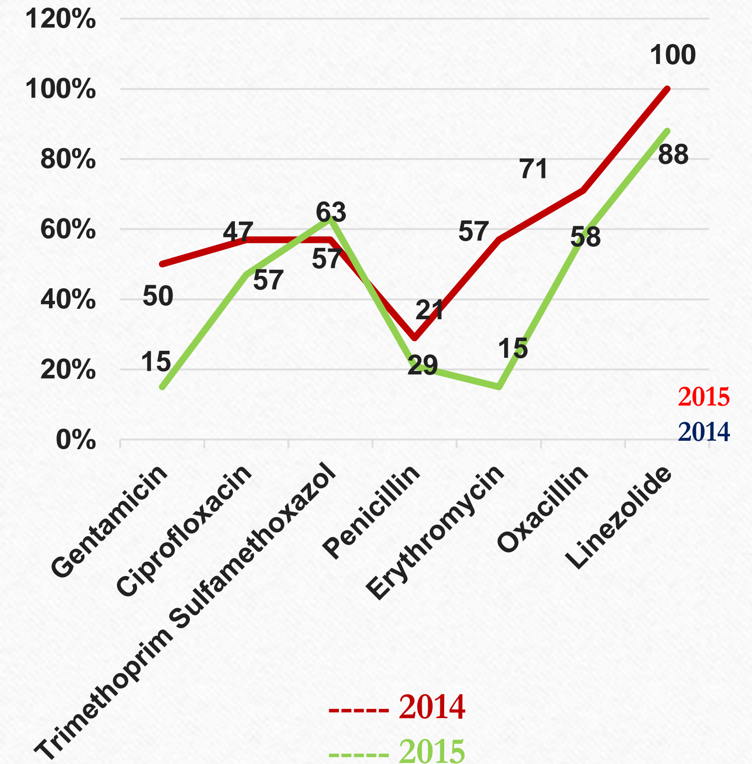
The sensitivity was similar in 2014 and 2015 except for carbapenems which decreased in 2015.

The isolates were more sensitive to higher antibiotics in 2014 as compared to those in 2015 which were more sensitive to lower antibiotics.

COAGULASE +VE STAPHYLOCOCCUS : PERCENTAGE SENSITIVITY 2014 & 2015





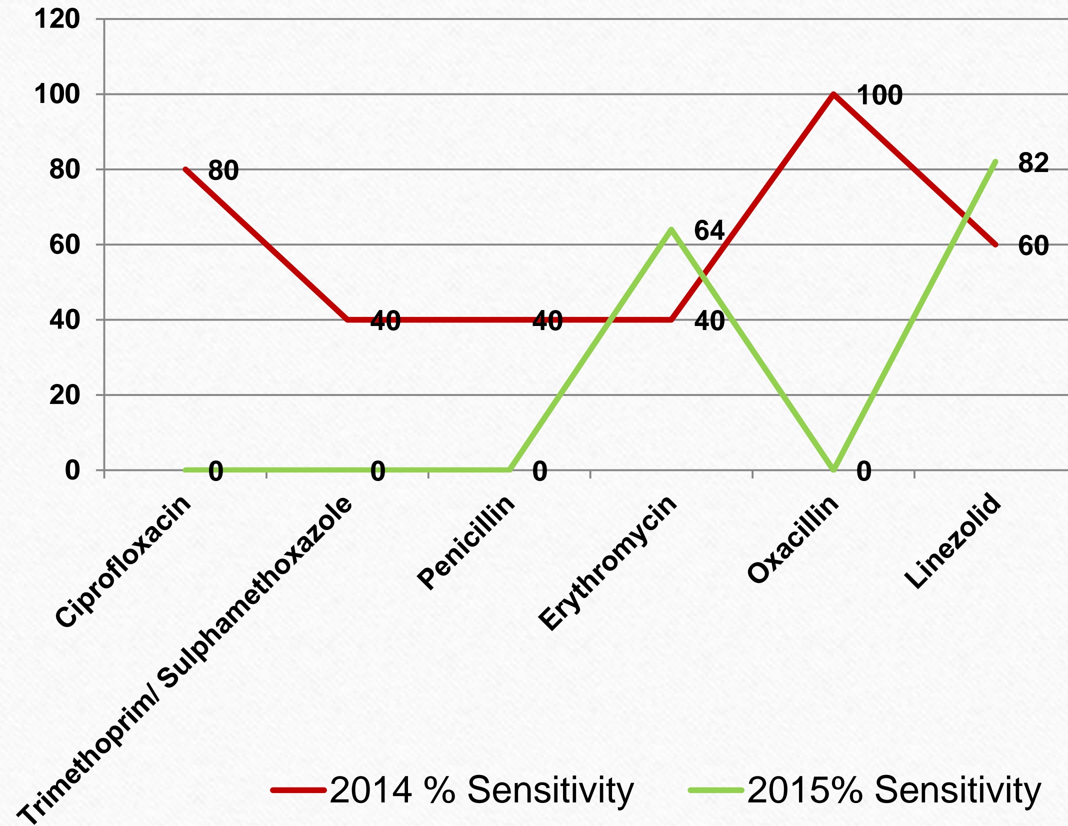


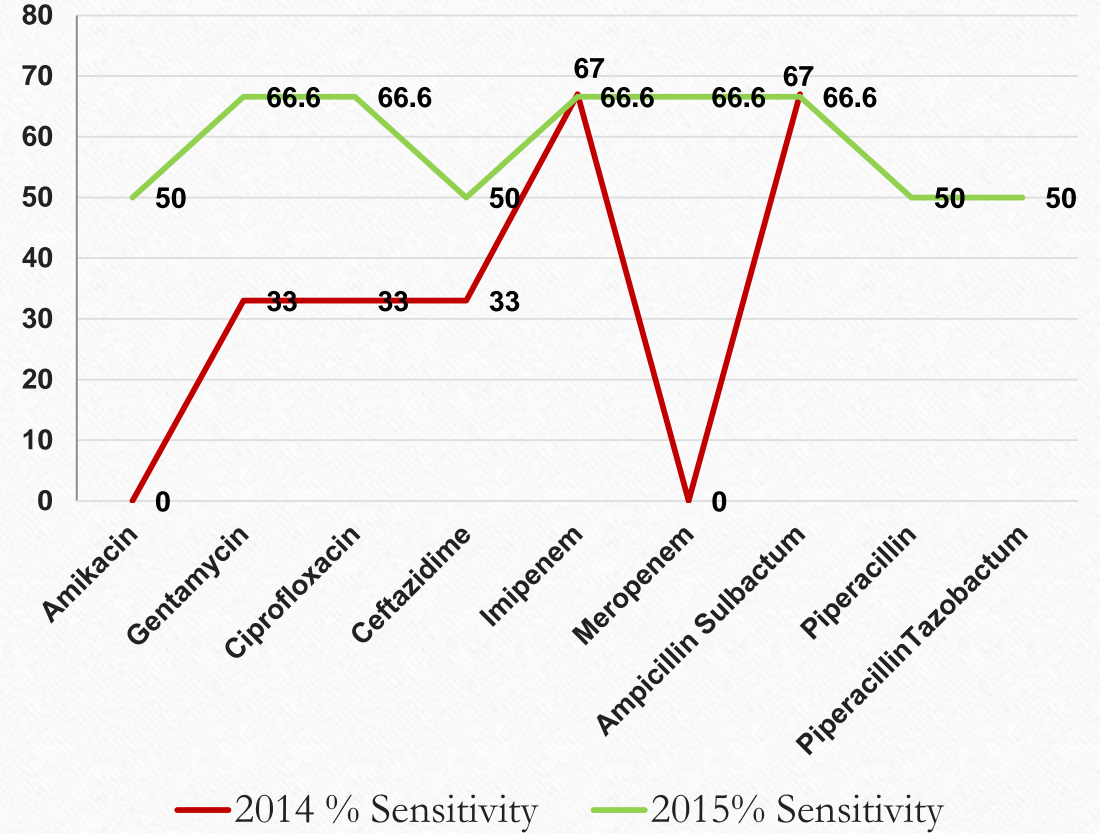
The isolates are more sensitive in 2015.	The sensitivity pattern was almost similar in 2014 and 2015.	The isolates were more sensitive in 2014.

CEREBROSPINAL FLUID ISOLATES

PERCENTAGE SENSITIVITY **2014 & 2015**

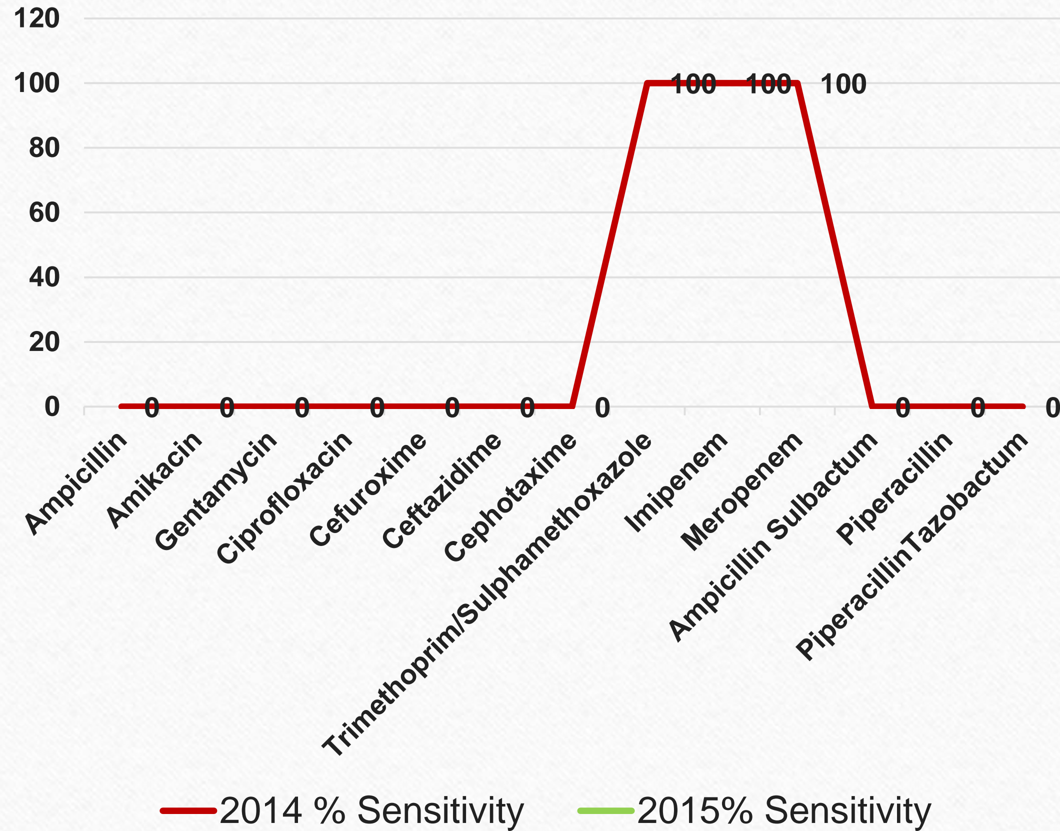
ACINETOBACTER SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

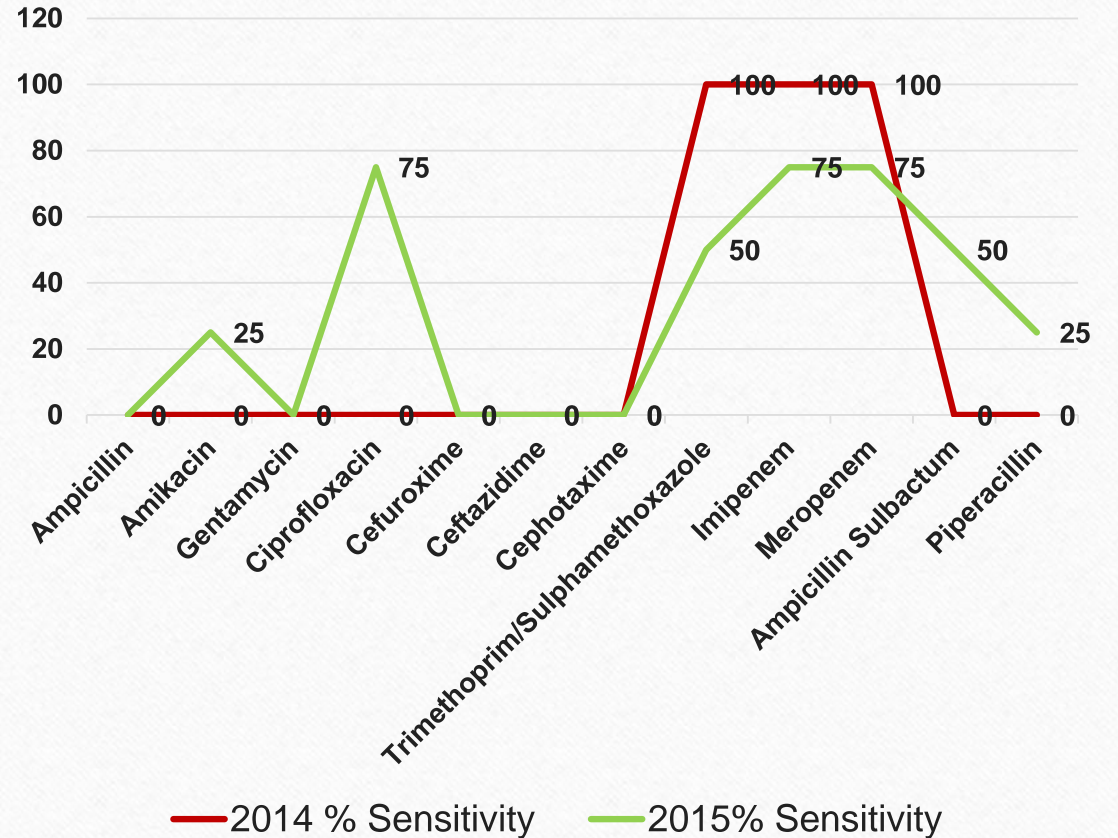




The isolates were more sensitive in 2014 from wards.		**The isolates from ICU were more sensitive in 2015.**

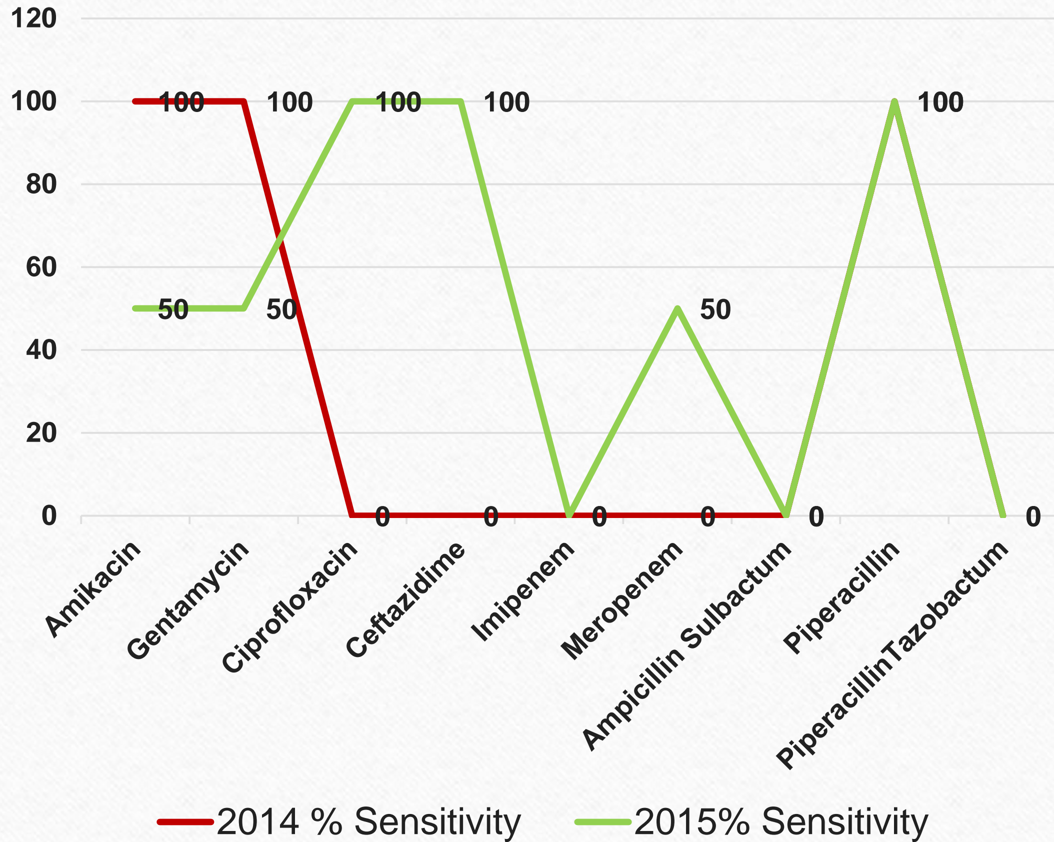
KLEBSIELLA SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

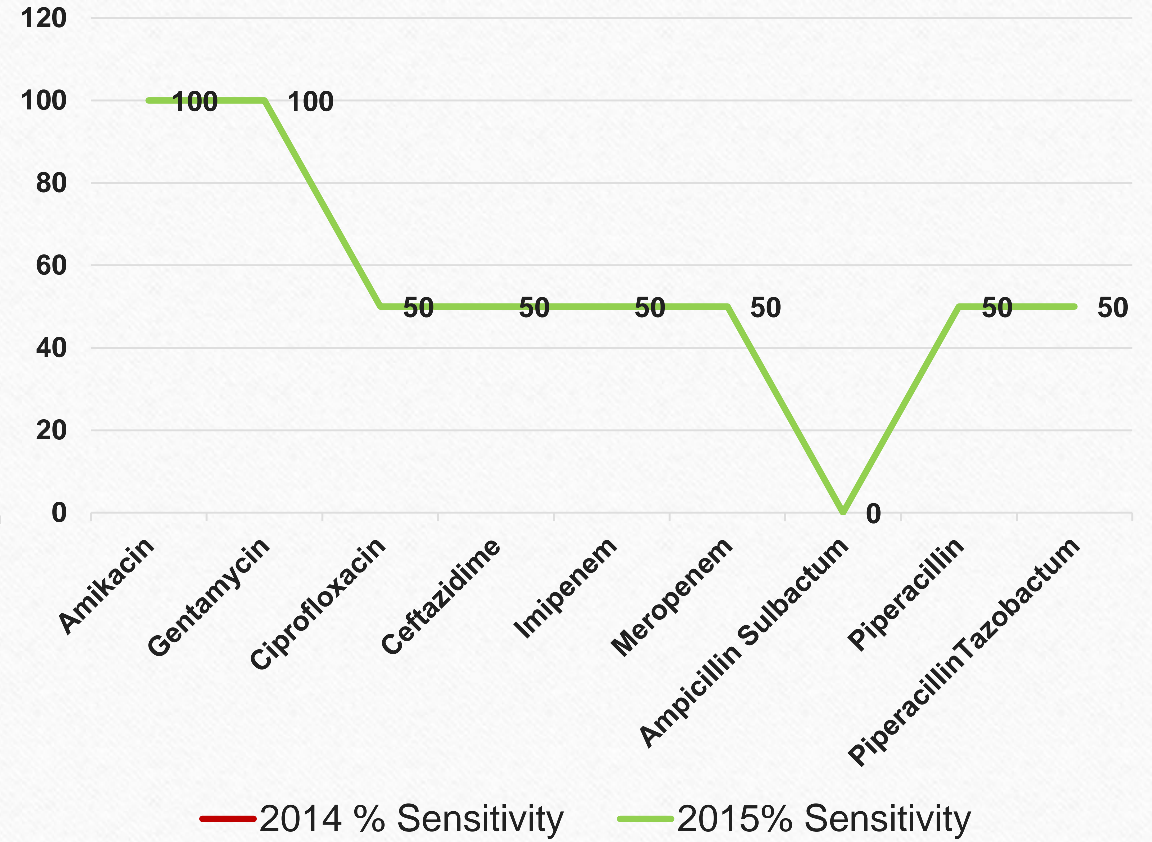




The isolates of 2014 were sensitive to carbapenems and Ampisulbactum. No isolate in 2015.		**In ICU, the isolates were more sensitive to carbapenems in 2014 as well as 2015.**

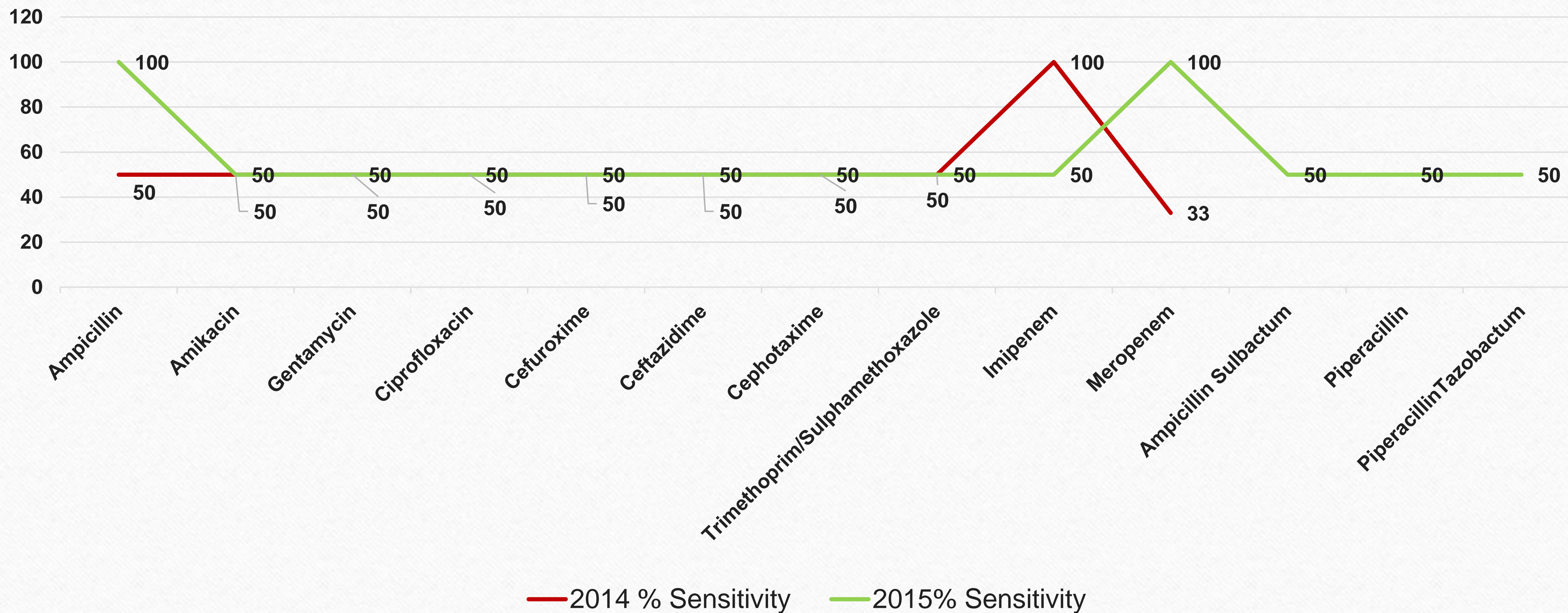
PSEUDOMONAS SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015





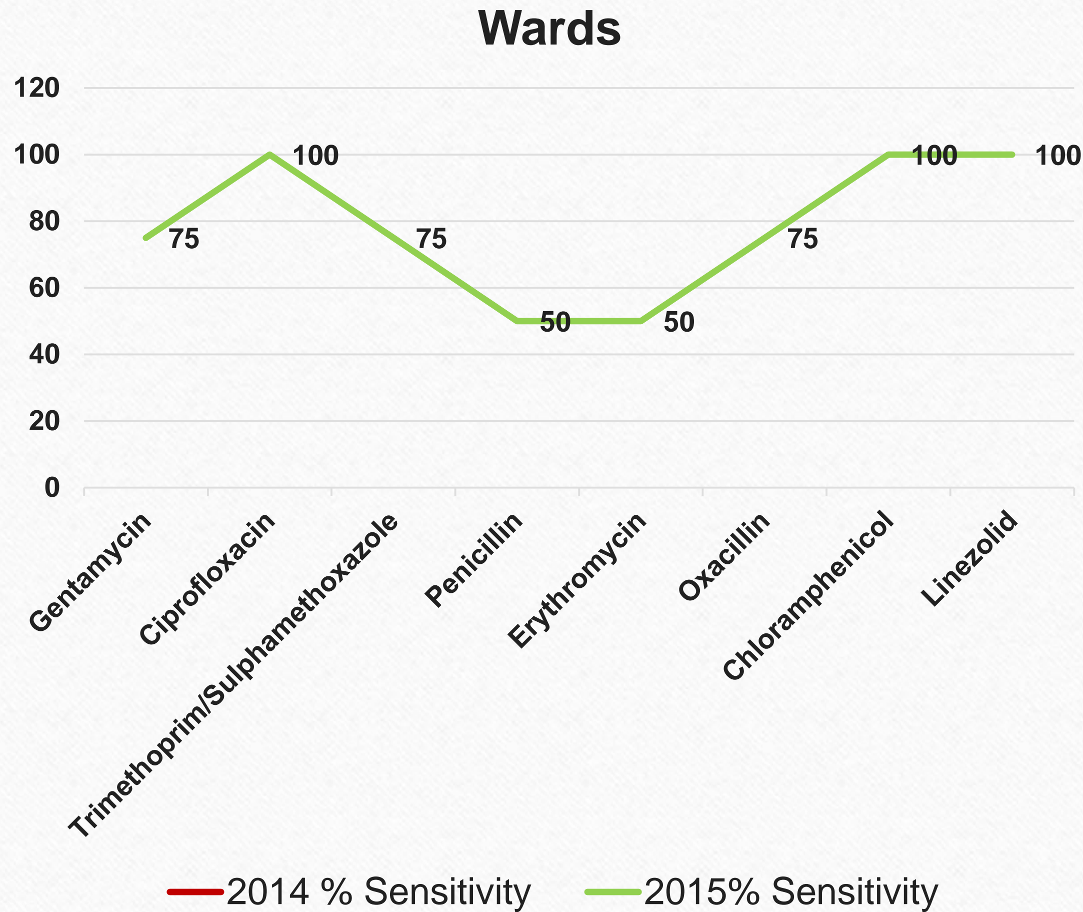
The isolates were more sensitive in 2015.		**The isolates in 2015 were more sensitive to lower antibiotics. No isolate in 2014.**

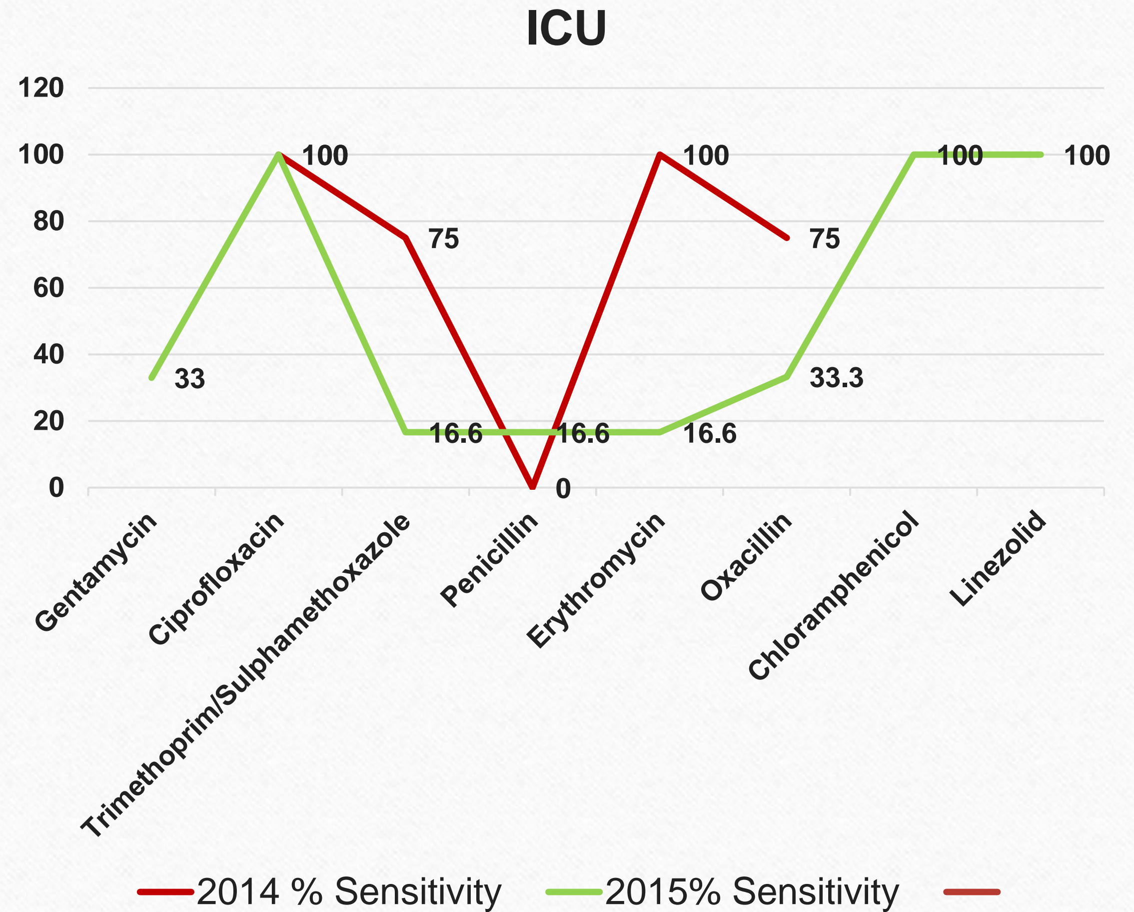
ESCHERICHIA COLI : PERCENTAGE SENSITIVITY 2014 & 2015



The isolates in 2014 and 2015 were totally sensitive to carbapenems.		

STAPH. COAGULASE POSITIVE : PERCENTAGE SENSITIVITY 2014 & 2015



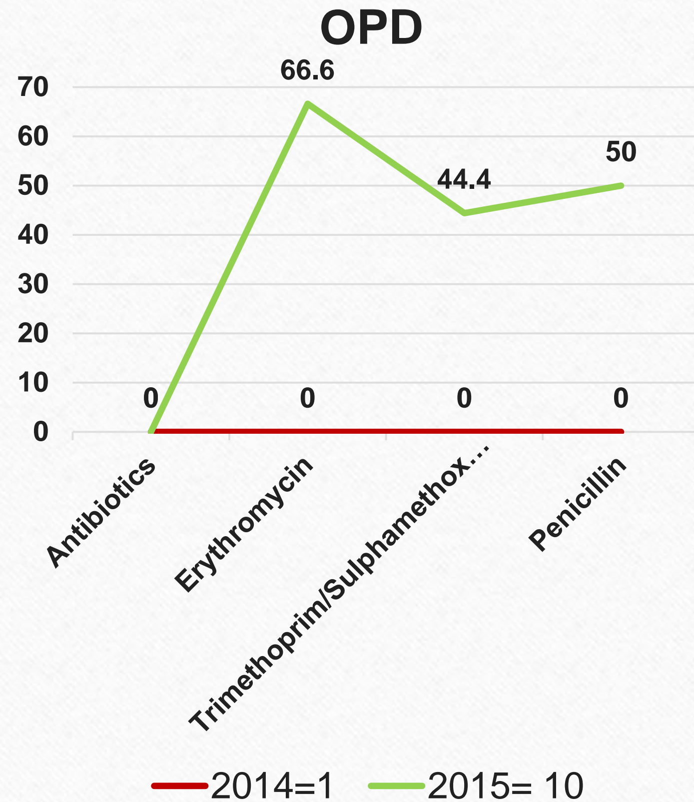


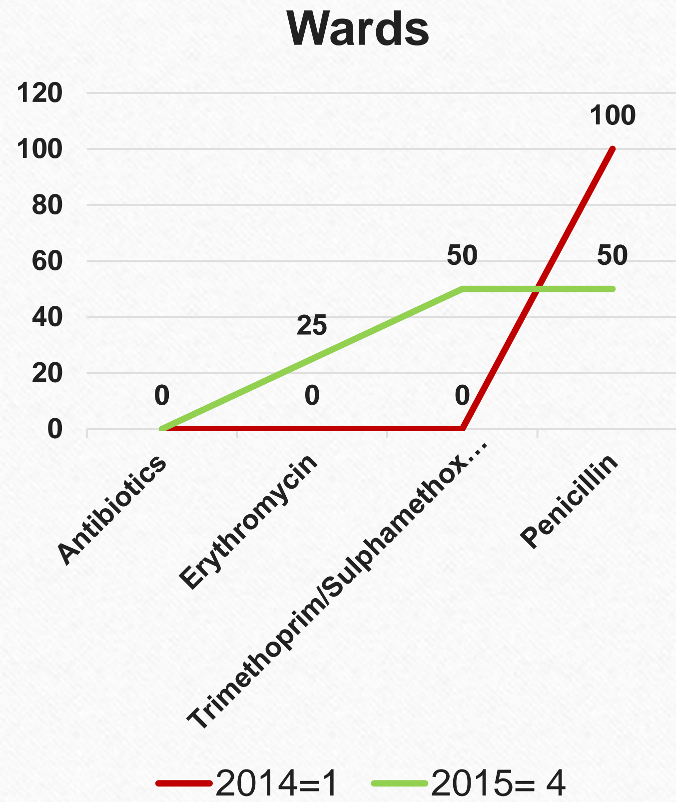
There were no isolates in 2014.		**In 2014, the isolates were more sensitive to lower antibiotics while in 2015 they were more sensitive to higher antibiotics.**

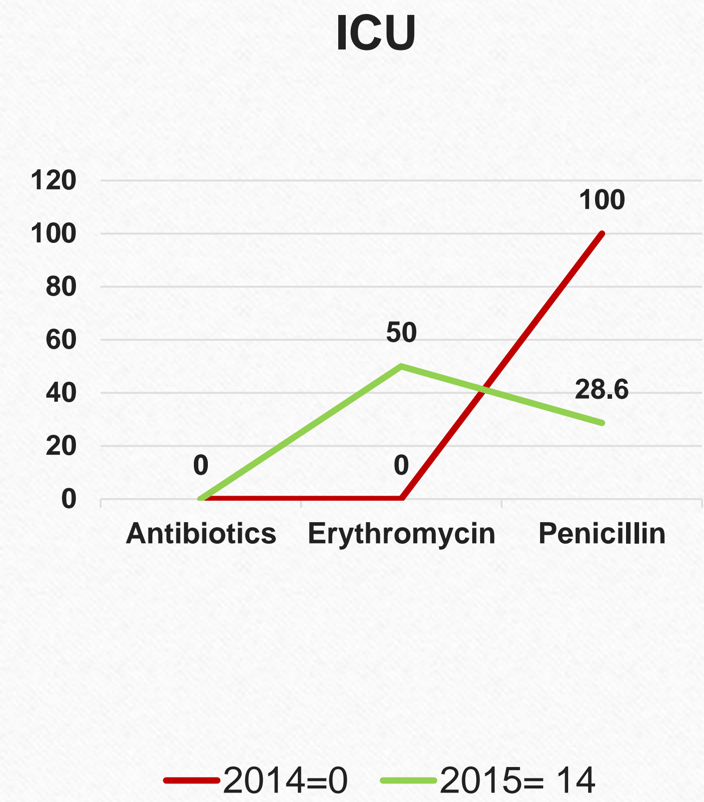
RESPIRATORY ISOLATES

PERCENTAGE SENSITIVITY **2014 & 2015**

STREPTOCOCCUS SPP : PERCENTAGE SENSITIVITY 2014 & 2015

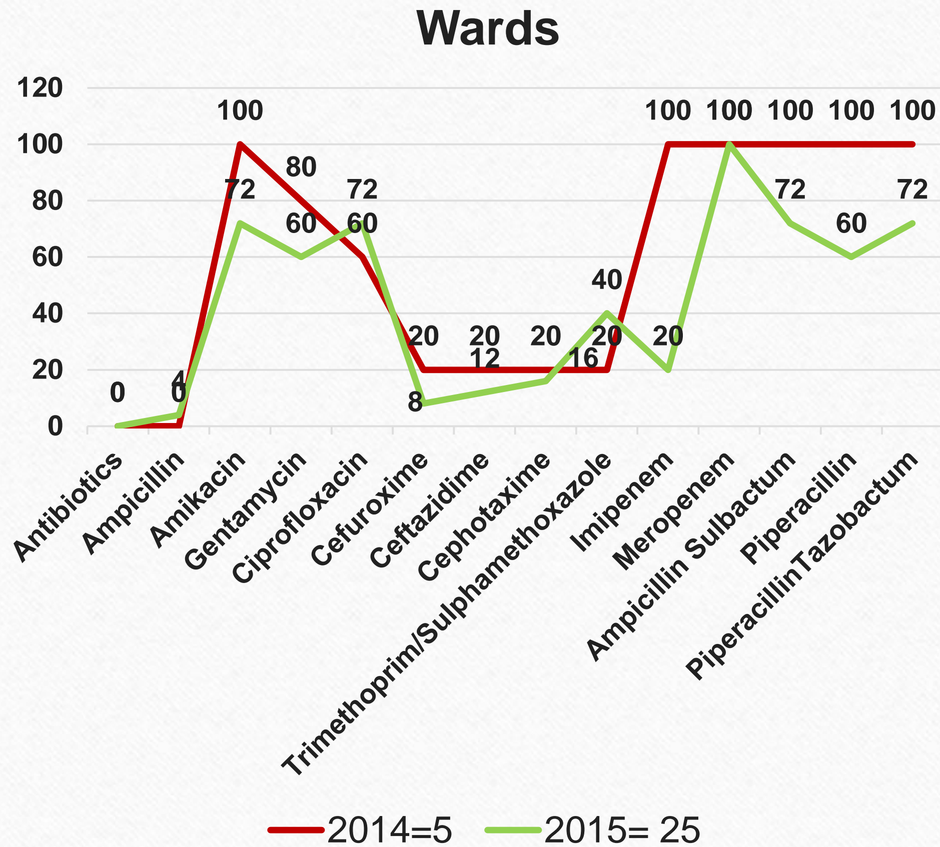


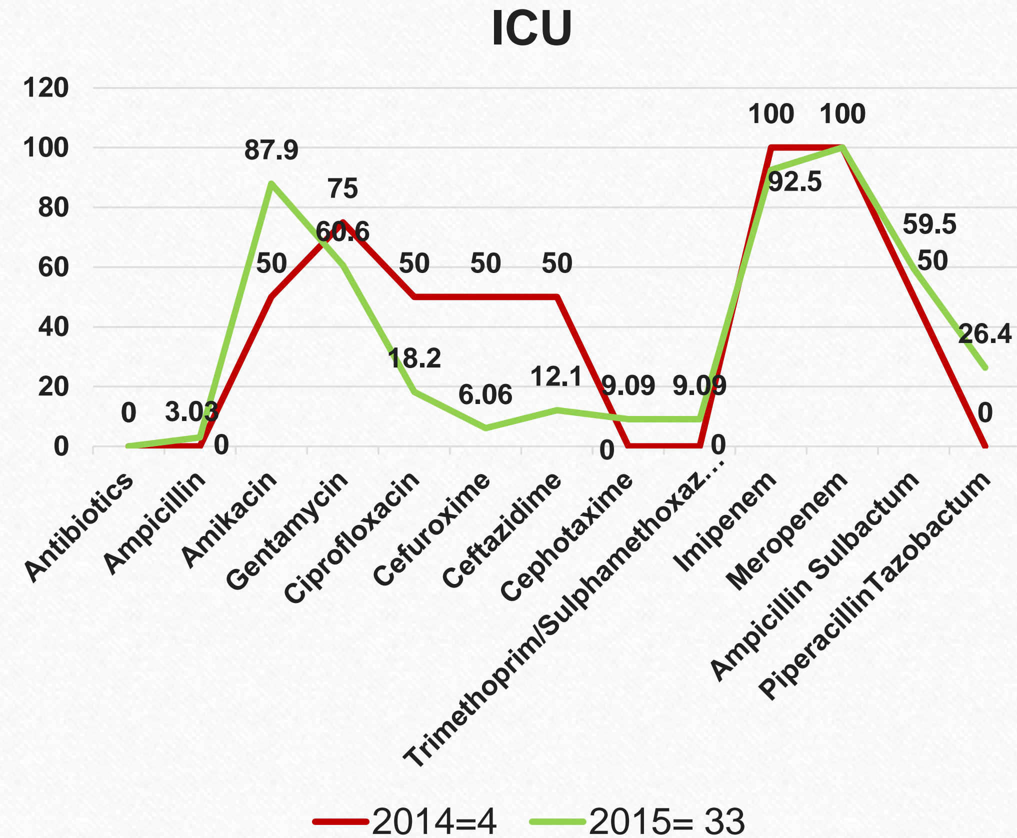




The isolates from OPD were more sensitive in 2015.	The isolates were sensitive to more antibiotics in 2015 while in 2014 they were only sensitive to Penicillins.	The isolates in 2014 they were only sensitive to Penicillins.

E.COLI : PERCENTAGE SENSITIVITY 2014 & 2015

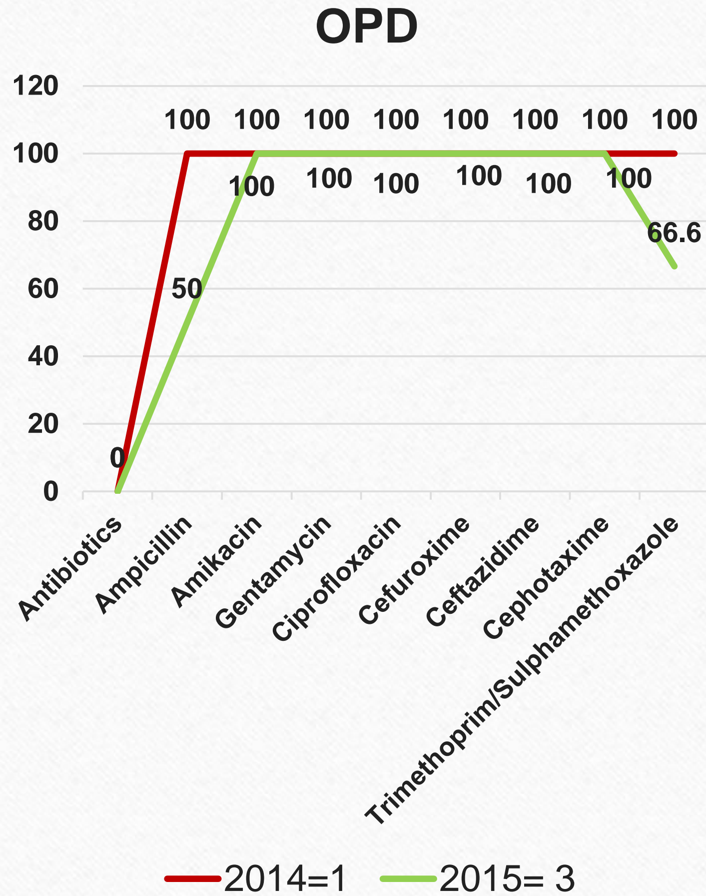


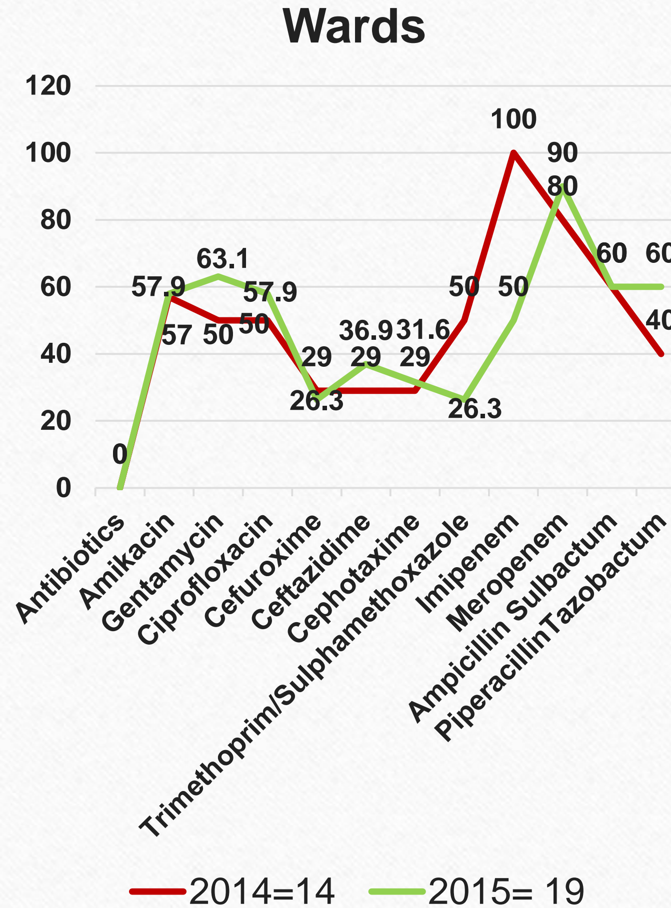


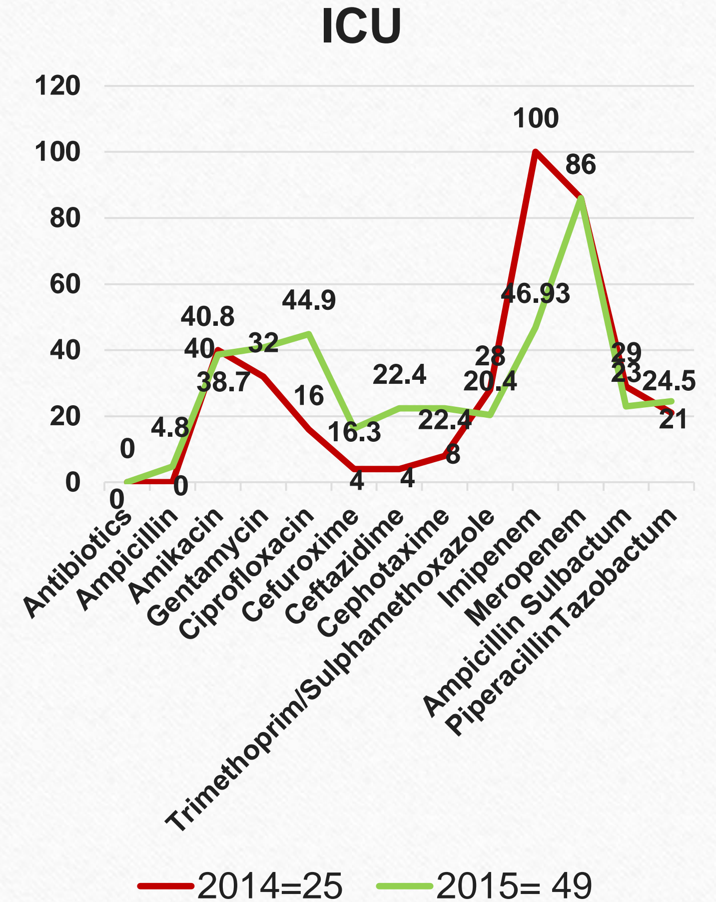
The sensitivity pattern is comparable in 2014 & 2015 except for higher antibiotics which decreased in 2015.

The isolates in 2014 and 2015 were mostly sensitive to carbapenems.

KLEBSIELLA SPP : PERCENTAGE SENSITIVITY 2014 & 2015

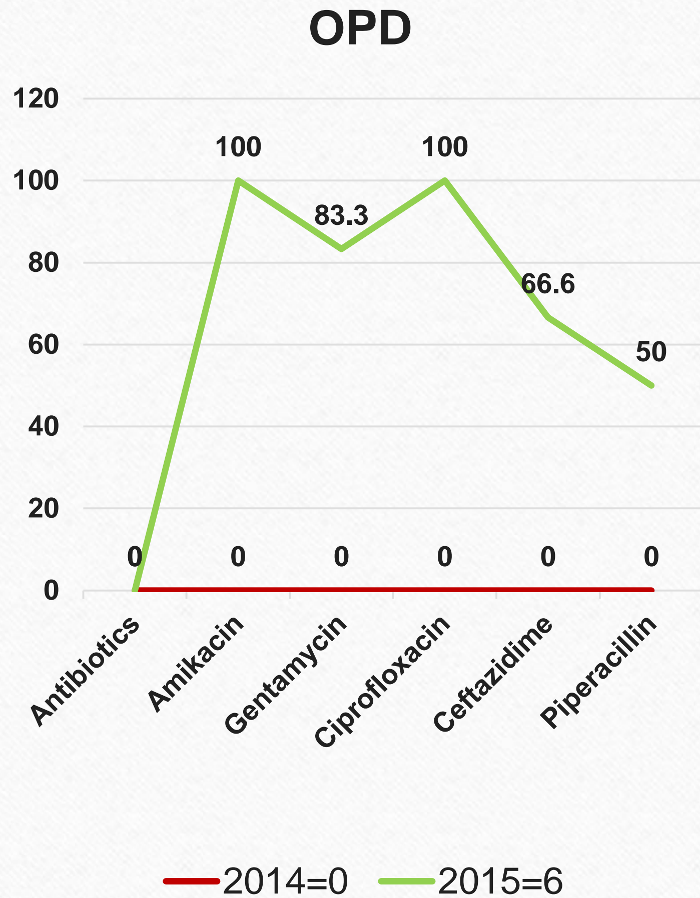


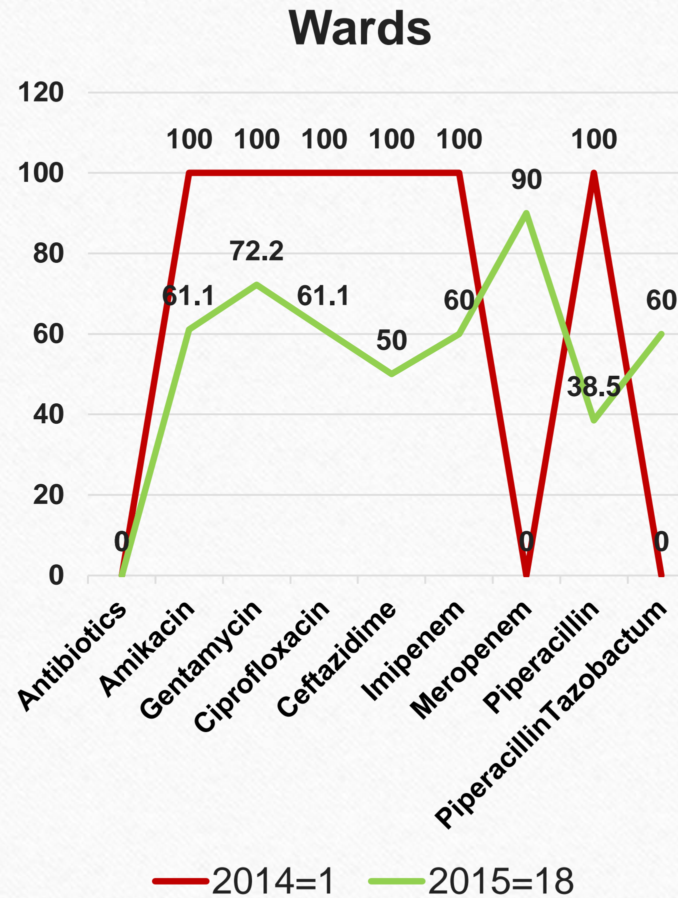


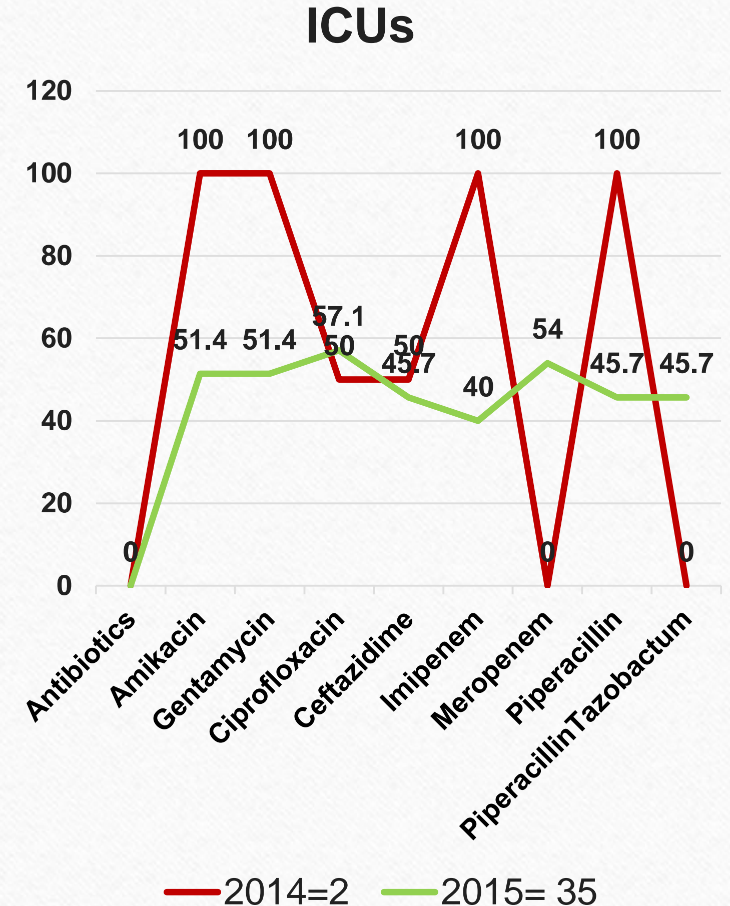


The sensitivity in 2014 and 2015 was similar.	**The sensitivity in 2014 and 2015 was similar except for carbapenems which decreased in 2015.**	**The sensitivity in 2014 and 2015 was similar except for carbapenems which decreased in 2015.**

PSEDOMONAS SPECIES : PERCENTAGE SENSITIVITY **2014 & 2015**

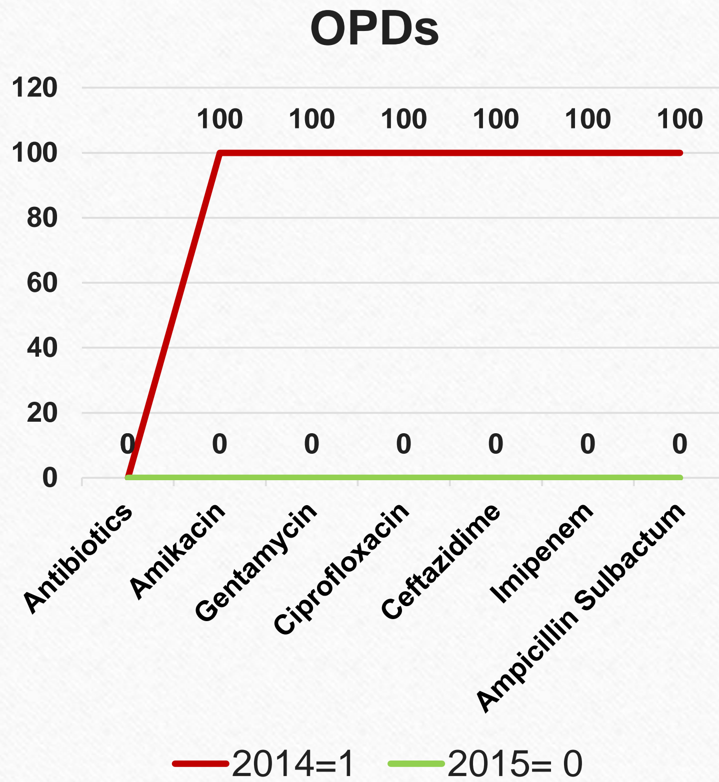


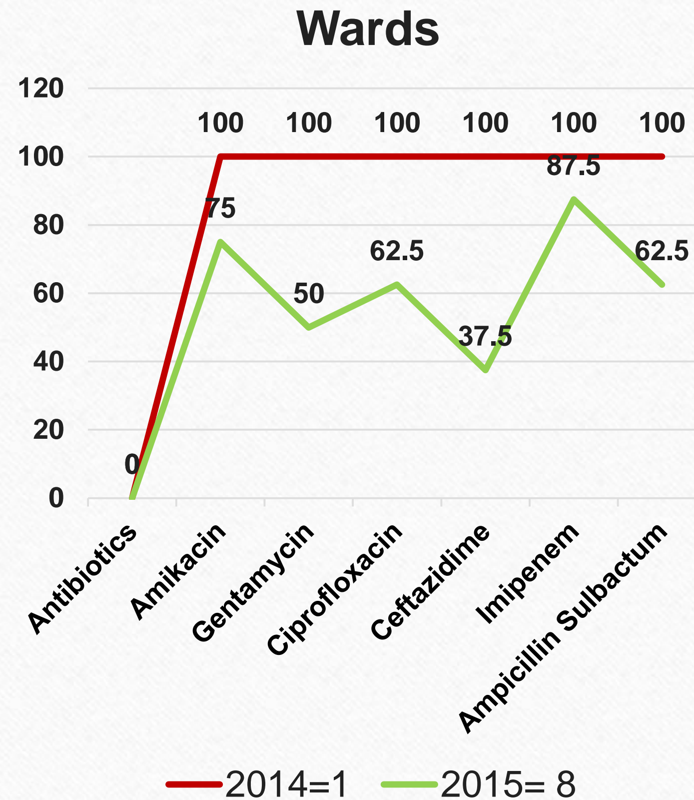


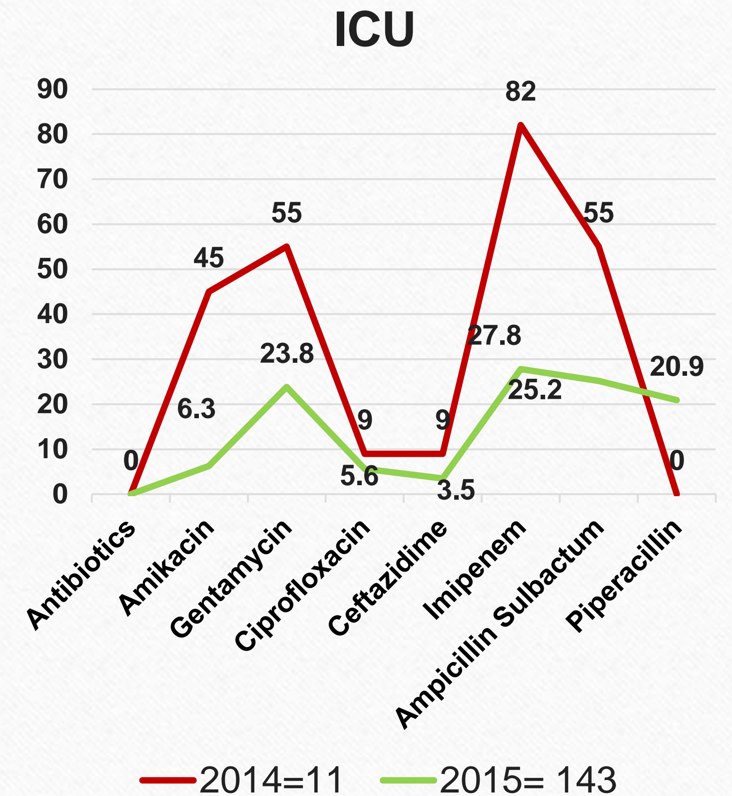


The isolates were totally resistant to 1st line drugs in 2014 while they were more sensitive in 2015.	**The isolates were more sensitive in 2014 from wards.**	**The isolates were more sensitive in 2014 from ICUs.**

ACINETOBACTER SPECIES : PERCENTAGE SENSITIVITY 2014 & 2015

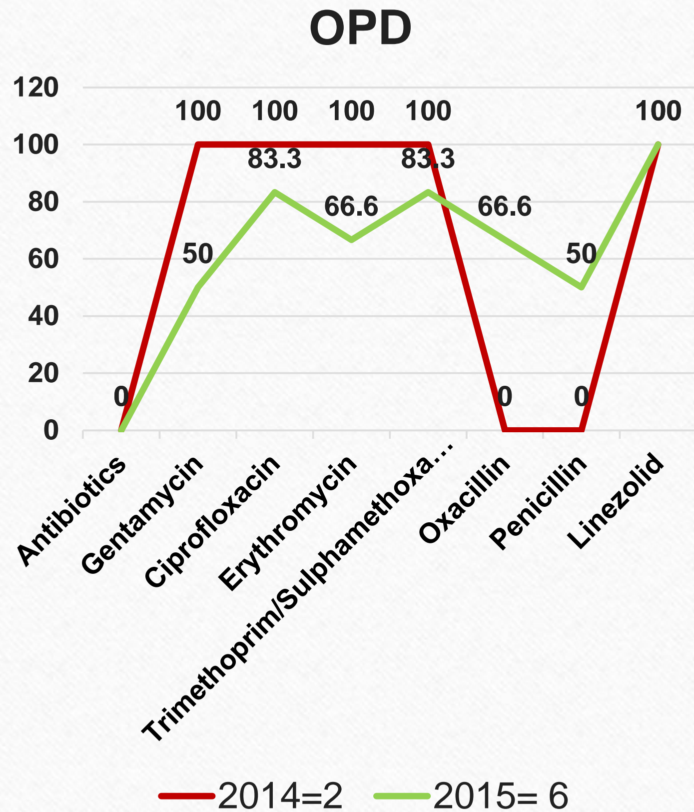


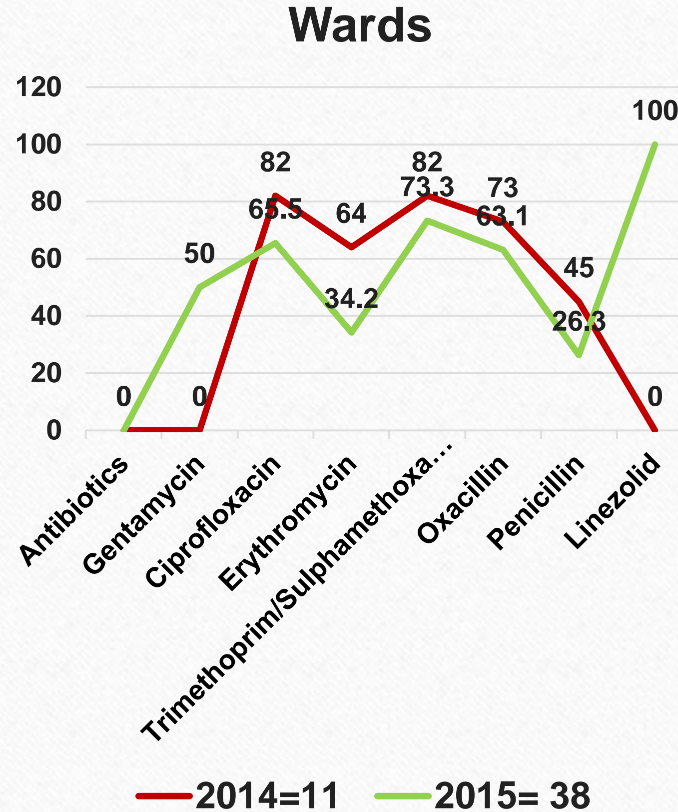


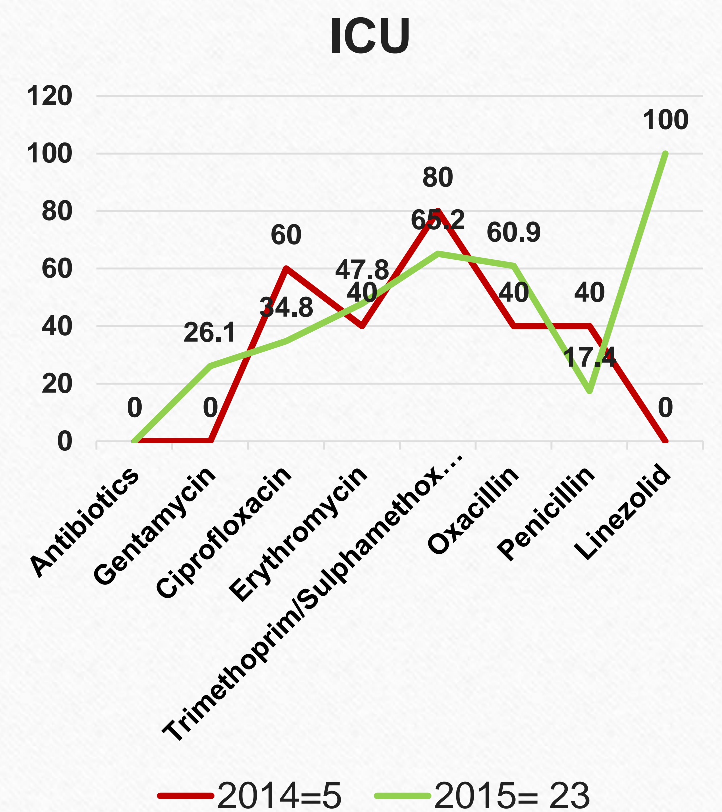


The isolates had totally opposite sensitivity in 2014 (all sensitive) to 2015 (all resistant).	The isolates were more sensitive in 2014.	The isolates were mostly sensitive to Imipenem in 2014 while in 2015 the sensitivity decreased to all antibiotics.

COAGULASE +VE STAPHYLOCOCCUS: PERCENTAGE SENSITIVITY 2014 & 2015







The isolates were more sensitive to 1st line drugs in 2014 while the sensitivity decreased in 2015.	The isolates were more sensitive in 2014.	The isolates were more sensitive in 2014.