



KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

TO WHOM SO EVERIT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.

Ambrine

PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in
🌐 www.kmctayurvedacollege.org



INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE





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ACTIVITIES TOWARDS IMPROVEMENT OF CLINICAL DOCUMENTATION



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DEVELOPMENT CENTRE





KMCT

AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of HIC Committee conducted on 07/02/2024

KMCT/HC/MNT-03

Venue: Conference room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	ICO, COMMITTEE CHAIRPERSON	
DR DINESH KUMAR,PM	ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER	
MRS. SHJI	NURSE INFECTION CONTROL NURSE	
MRS.NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
MISS. AYANA	X RAY, COMMITTEE MEMBER	
MRS. DERLY	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SAJITHA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MR. BINU KUMAR	THERAPIST, COMMITTEE MEMBER	
MRS. ANJU KRISHNNA	THERAPIST, COMMITTEE MEMBER	

Agenda

1. Follow up of last meeting.
2. To implement food handlers audit.
3. To implement Kitchen rounds.
4. Temperature & humidity monitoring of Lab & OT

Points Discussed

Following details presented by Secretary.

Sl no	Points discussed	Actions taken/ suggested	Responsible person	Time frame
1.	Water culture & swab cultures are in progress	Committee approved	Shiji, ICN	On going
2.	Briefly explained points including under food handlers audit.	NA	Shiji, ICN	From November onwards
3.	Quality Coordinator suggested Kitchen rounds should be done by ICO & ICN	NA	Dr. Shamna Mohan Shiji, ICN	From this month onwards
4.	Temperature & humidity monitoring of Lab & OT submitted.	Committee approved	Shiji, ICN	From this month onwards

PREPARED BY
SHJI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

APPROVED BY
SHAMNA MOHAN
ICO





KMCT AYURVEDA MEDICAL COLLEGE

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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of IIC Committee conducted on 05/01/2024

KMCT/IIC/MINT-02

Venue: Conference room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	ICO, COMMITTEE CHAIRPERSON	
DR DINESH KUMAR.PM	ACCREDIATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER	
MRS. SHUJI	NURSE INFECTION CONTROL NURSE	
MRS.NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
MISS. AYANA	X RAY, COMMITTEE MEMBER	
MRS. DERLY	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SAJITHA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MR. BINU KUMAR	THERAPIST, COMMITTEE MEMBER	
MRS. ANJU KRISHNNA	THERAPIST, COMMITTEE MEMBER	

Agenda

1. Follow up of last meeting.
2. To implement hand hygiene audit.
3. To implement needle stick protocol stickers.
4. To start mock drills & its periodical evaluation.
5. To check vaccination status of staffs.

Points Discussed

Following details presented by Secretary.

Sl no	Points discussed	Actions taken/ suggested	Responsible person	Time frame
1.	The following papers were submitted 1. Approved list of notifiable disease 2. Approved tank cleaning schedule 3. Blood spill and mercury spill kit 4. Hic Quality indicators	Committee approved	Shiji, ICN	
2.	Briefly explained the moments of hand hygiene & steps of hand washing by committee secretary. Advised all departments to do so	Committee Approved	Shiji, ICN	From November onwards
3.	Needle stick protocol stickers given & explained.	Committee approved	Shiji, ICN	From this month

PREPARED BY
SHIJI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

APPROVED BY
SHAMNA MOHAN
ICO





KMCT

AYURVEDA MEDICAL COLLEGE HOSPITAL

				onwards
4.	Explained the mock drills & practiced with committee members Advised all departments to do so under the supervision of ICN	Committee approved	Shiji, ICN	From this month onwards
5.	Vaccination status of staffs submitted.	Committee approved	Shiji, ICN	

PREPARED BY
SHJI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

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INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE





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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of HIC Committee conducted on 04/12/2023

KMCT/HIC/MNT-01

Venue: Conference room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	ICO, COMMITTEE CHAIRPERSON	
DR. DINESH KUMAR, PM	ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER	
MRS. SHIJI	NURSE INFECTION CONTROL NURSE	
MRS. NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
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Agenda

- To give a brief to committee members about HIC committee policy and the role of members
- Approval of culture schedule
- Approval of cleaning schedule department wise

Points Discussed

Following details presented by Secretary.

Sl no	Points discussed	Actions taken/ suggested	Responsible person	Time frame
1.	Briefly explained the roles and responsibilities of members by committee secretary	Nil	Nil	Nil
2.	Culture schedule submitted	Committee approved	Shiji, ICN	From this month onwards
3.	Cleaning schedule submitted	Committee approved	Shiji, ICN	From this month onwards
4.	DR Dinesh Kumar, PM suggested prepare the following and submit report in next meeting for approval.	Responsibility given to Shiji	Shiji, ICN	To submit it in next meeting

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SHIJI
ICN

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AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: *Procedure for incident-reporting*

TRAINER NAME AND DESIGNATION: *Dr. P. M. Omesh Kumar* DATE: *19/3/24* TIME: *3:40 PM*

TRAINER SIGN: *[Signature]* TRAINING DURATION: *1 hour*

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Dr. praveja	4013	RMO	[Signature]
2	Dr. Shweta	7004	RMO	[Signature]
3	Bina Kumar N	7000	Physio	[Signature]
4	Mrs. Preseetha	8021	Nurse	[Signature]
5	Shyl. c.v	8020	nurse	[Signature]
6	Swarna. Jc	8008	paricharika	[Signature]
7	Nisha P Jose	8017	Pharmacist	[Signature]
8	Reju. A	8018	Pharmacist	[Signature]
9	Neethu. V	7034	LabTechnician	[Signature]
10	Sarany	7023	chemist	[Signature]
11	aniracatha	9025	Severans	[Signature]
12	Anju Krishna. Jc	8010	therapist	[Signature]
13	Beena. T. m	6004	Paricharika	[Signature]
14	Sajitha	7029	Cleaner H.A.F	[Signature]
15	Remya	8020	Physio	[Signature]

[Signature]
APPROVED BY/REVIEWED BY

KMCT/REG/03



DATE: 01-05-2023



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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Procedure for labelling of medication.

TRAINER NAME AND DESIGNATION: Dr. Sarany Mohan DATE: 26/3/24 TIME: 2-3 PM.

TRAINER SIGN: medical Dept of PH Complementary medicine. TRAINING DURATION: 1 hour.

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1.	Dr. Anjitha Ashok	7007	RMO	
2.	Dr. Shampa	7004	RMO	
3.	Dr. prasreja	7012	RMO	
4.	Shylu - cv	8020	Nurse	
5.	Nisha P Jose	8017	Pharmacist	
6.	Rijeet B.	8018	Pharmacist	
7.	Bina Kumar. al	7020	Therapist	
8.	Sarany P	8021p	Therapist	
9.	Sheela Binu	8023	Therapist	
10.	Revathi	8050	Therapist	

APPROVED BY/REVIEWED BY



KMCT/REG/03

DATE: 01-05-2023



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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

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KMCT/HC/MNT-03

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KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of IIC Committee conducted on 05/01/2024

KMCT/IIC/MNT-02

Venue: Conference room

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Minutes of the meeting of HIC Committee conducted on 04/12/2023

KMCT/HIC/MNT-01

Venue: Conference room

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DR DINESH KUMAR,PM	ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER	
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
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


KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

	<ol style="list-style-type: none"> 1. Approved list of notifiable disease 2. Approved tank cleaning schedule 3. Blood spill and mercury spill kit 4. Pest control MoU 5. Hic Quality indicators 			
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PREPARED BY
SHIJI
ICN 

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TRAINING REGISTER

TRAINING TOPIC: Spill management

TRAINER NAME AND DESIGNATION: Shiji ICN

DATE: 10-12-23 TIME: 12:45 pm

TRAINER SIGN: *[Signature]*

TRAINING DURATION: 75 mins

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Shiji		Nurse	<i>[Signature]</i>
2	Kamalam		House Keeping	<i>[Signature]</i>
3	Ungimalka		"	<i>[Signature]</i>
4	Sajitha.		"	<i>[Signature]</i>
5	Gopika.		"	<i>[Signature]</i>
6	Saejini		"	<i>[Signature]</i>
7	Thankamani		"	<i>[Signature]</i>
8				

APPROVED BY/REVIEWED BY *[Signature]*

KMCT/REG/03

REV:00

DATE:01-05-2023



TRAINING REGISTER

TRAINING TOPIC: *Scope of services*

TRAINER NAME AND DESIGNATION: *Saravj P. HR Manager* DATE: *15-11-23* TIME: *11:30 AM*

TRAINER SIGN:

TRAINING DURATION: *45 mts.*

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	<i>ARUNLAL - P.R</i>		<i>PRO.</i>	
2	<i>Deepa - V.</i>		<i>Quality coordinator</i>	
3	<i>Saravj - V</i>		<i>Therapist.</i>	
4	<i>Saras - P</i>		<i>Therapist.</i>	
5	<i>Dipesh - K</i>		<i>Therapist.</i>	
6	<i>Gealy - VM</i>		<i>Receptionist</i>	
7	<i>Rajul - B</i>		<i>Pharmacist.</i>	
8	<i>Nisha P Jose</i>		<i>Pharmacist.</i>	
9	<i>Shagya Binu</i>		<i>Therapist.</i>	
10	<i>Sarajini</i>		<i>Cleaning staff</i>	
11	<i>Geo Pilka</i>		<i>Cleaning staff</i>	
12	<i>Ajju Krishna - K</i>		<i>Therapist.</i>	
13	<i>Daisy T.P</i>		<i>Lab technician</i>	
14	<i>Nithu V</i>		<i>Lab technician</i>	
15	<i>Umimatha.</i>		<i>Cleaning staff</i>	

KMCT/REG/03



APPROVED BY/REVIEWED BY

DATE: *01-05-2023*
Dr. Saravj Mchan



