



Date : 16 / 03 / 2020

To

The District Environmental Engineer,
Tamilnadu Pollution Control Board,
Maraimalai Nagar, Kanchipuram District.

Dear Sir,

Sub:- Filling of Annual Report (Form- IV) - Reg

Please find enclosed herewith the Annual Report (Form – IV) for the period January 2019 to December 2019 duly filled for your reference

Kindly acknowledge the receipt of the same.

Thanking You

Yours faithfully,

For Apollo Hospital Enterprises Ltd,
For APOLLO MEDICAL CENTRE, KARAPAKKAM,

Authorized Signatory

Giridhar .T
A-Operations

Encl: - From – IV (Annual Report)



Form - IV
(See rule 13)
ANNUAL REPORT

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

Sl. No.	Particulars	
1.	Particulars of the Occupier	:
	(i) Name of the authorised person (occupier or operator of facility)	: GIRIDHAR THASARI
	(ii) Name of HCF or CBMWTF	: Apollo Medical Centre
	(iii) Address for Correspondence	: No: 2/319, OMR, Karapakkam, Chennai-97
	(iv) Address of Facility	: No: 2/319, OMR, Karapakkam, Chennai-97
	(v) Tel. No, Fax. No	: 044-30707423
	(vi) E-mail ID	: munusamy_a@apollohospitals.com
	(vii) URL of Website	: www.apollohospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	: Latitude: 13.033625
	(ix) Ownership of HCF or CBMWTF	: (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: 19BAZ28151120, Dated: 23.12.2019, valid up to 31.03.2029.
	(xi). Status of Consents under Water Act and Air Act	: Valid up to: 31.03.2029
2.	Type of Health Care Facility	: Hospitals
	(i) Bedded Hospital	: No. of Beds: 50
	(ii) Non-bedded hospital	:
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: N/A
	(iii) License number and its date of expiry	:
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	:
	(ii) No of beds covered by CBMWTF	: 50
	(iii) Installed treatment and disposal capacity of CBMWTF:	: 37 Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: 37 Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category : 272.05 Kgs Red Category : 133.62 Kgs White: 600.00 Kgs Blue Category : 24.5 Kgs

		General Solid waste:																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility	: Size : 90 Sqft x 6 Nos Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators Plasma				Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			-	Sharps encapsulation or concrete pit			-	Deep burial pits:				Chemical disinfection:			-	Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	: Red Category (like plastic, glass etc.)																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	: One Vehicle																																																
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash			ETP Sludge																																									
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: G.J.Multiclave Pvt Ltd.																																																
	(vii) List of member HCF not handed over bio-medical waste.																																																	

6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes Minutes of the meeting details attached.
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	2 Session
	(ii) number of personnel trained	20 Persons
	(iii) number of personnel trained at the time of induction	Ongoing Process
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	Yes
	(vi) any other information	
8	Details of the accident occurred during the year	Nil
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	N/A
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes Nil
11	Is the disinfection method or Sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

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Name and Signature of the Head of the Institution

For APOLLO MEDICAL CENTRE, KARAPAKKAM,

Date: 16.3.2020

Place: Karapakkam

Giridhar .T
A-Operations

Hospital name: Apollo Medical Centre, Karapakkam



MEETING MINUTES

Committee Name:	Quality Steering and Safety Committee Meeting		
Date of Meeting:	28/01/2020	Time:	
Location:	Training Room	Start:	4:45 pm
Minutes Prepared By:	Ms. Dina (Quality Cell)	End:	5:15 pm
Presided by:	Ms. Kamakshi -Unit Head		

1. Attendance at Meeting

Ms. Kamakshi	Unit Head
Dr. Anuradha	Medical Superintendent
Mr. Giridhar Thasari	GM-Operations
Dr. Harish	Consultant- Pediatrics
Dr. Janani Iyer	Consultant-OBG
Dr. Vanitha Shri	Consultant-OBG
Dr. Durga	Consultant -GM
Dr. Rajsri Jothi Shankar	Consultant-OBG
Dr. Sowmya	Consultant-OBG
Ms. Priya	Operations
Dr. Suresh Kumar	Consultant -ID
Ms. Selvi	Sr. Nursing Officer / Patient Safety Officer
Ms. Dina	Quality
Mr. Munusamy	Engineering / Safety Officer
Dr. Maya	Pediatric Resident
APOLOGIES:	
Dr. Prakash	Consultant- Pediatrics

Hospital name: Apollo Medical Centre, Karapakkam



		issue for rectification.		
Staff Safety:				
Training on corona virus to be given for all health care providers.	Precautionary measures.	Infection Control Nurse have to schedule for training session.	Ms. Divya ICN	05/02/20
PPE inadequate supply	Process deviation	ICN to make sure that adequate PPE available in all areas.	Ms. Divya ICN	ASAP
Environmental safety:				
Bio Medical waste collection cabin damaged	Repairing to be done.	Repairing cost sheet to be prepared	Mr. Munusamy Engineering	15/02/20
Fire shaft hole -floor wise separation to be placed	To prevent spreading of fire.	Partition to be kept in each floor to prevent spreading of fire.	Mr. Munusamy Engineering	15/02/20

General comments (if any):


Signed by:

(Chairperson)

Hospital name: Apollo Medical Centre, Karapakkam



MEETING MINUTES

Committee Name:	Quality Steering and Safety Committee Meeting		
Date of Meeting:	23/04/2019	Time:	
Location:	Training Room	Start:	2:00 pm
Minutes Prepared By:	Ms. Dina (Quality Cell)	End:	2:30 pm
Presided by:	Ms. Kamakshi (Unit Head)		

1. Attendance at Meeting	
Ms. Kamakshi	Unit Head
Dr. Anuradha	Medical Superintendent
Mr. Giridhar Thasari	DGM-Operations
Dr. Murali Gopal	Consultant -Pediatrics
Dr. Geethanjali	Consultant – Fetal Medicine
Dr. Pratibha Singh	Consultant- Pathology
Ms. Muthuram	Nursing Superintendent
Mr. Munusamy	Engineering Head
Ms. Dina	Quality
Ms. Priya Chandrasekar	Operations
Mr. Gunasekaran	Security
Mr. Mohanraj	ITD
Mr. Hemanth	Stores
Mr. Rajesh	Housekeeping

Hospital name: Apollo Medical Centre, Karapakkam



Ms. Rajakumari	Dietetics
APOLOGIES:	
Mr. Suresh	HR
Mr. Dilip	F&B
Ms. Geetha	Bio Medical Engineering
Dr. Janani Iyer	Consultant -OBG

2. Meeting Agenda

1. Quality Initiatives
2. Performance Tracker
3. Clinical Outcomes (Apollo Clinical Excellence)
4. Apollo Quality Plan 2.0
5. Review of QIPS
6. Safety Related Incidents
7. Safety Audit Reports
8. Review of AIRS
9. Review of Mock Drills, Safety Preparedness
10. Blood Transfusion Data

3. Previous meeting discussions/ follow ups (if any):

Safety Committee Meeting minutes were closed.
Quality Steering meeting minutes were closed.

Hospital name: Apollo Medical Centre, Karapakkam



4. Action Items/ Decision tracker				
Key Issues Discussed	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date
Lack of support for Quality Initiatives implementation	Doctors support is required	Medical Superintendent will be discussing with Registrar for meeting specific requirements in terms of Quality Initiatives	Dr. Anuradha Medical Superintendent	30/04/19
Hand over Compliance - For Doctors	non compliance in terms of timeliness	Medical Superintendent will address this issue with residents to make adherence in timeliness.	Dr. Anuradha Medical Superintendent	30/04/19
Performance tracker and Apollo Quality Plan 2.0	-	Discussed with the team about the deviation and Apollo Quality Plan 2.0 activities.	-	-
QIPS Calendar - Focused Activities	-	Last three months focused activities performance was discussed with the team.	-	-
Safety Related Incidents	Staff, Patient and Environmental related safety events were discussed with the team members.	Training to be strengthened pertaining to prevention of Needle Stick injury.	Ms.Vanitha Infection Control Nurse	30/04/19
Lab Safety related issues	-	MSDS sheet tamil version will be handed over to pest control person and for housekeeping staff.	Mr. Rajesh/HK	30/04/19
Radiation Safety	Radiation Safety Officer - final approval letter yet to receive from AERB	To be co-ordinated with Physicist for obtaining Radiation Safety officer certificate.	Mr.Munusamy	15/05/19

Hospital name: Apollo Medical Centre, Karapakkam



Incident Report for the period of Jan - Mar'19 was discussed.	-	Discussed with the team about the escalation process, corrective and preventive actions.	-	-
Blood Transfusion Data	Discussed for the period: Jan-Mar'19	-	-	
It was raised that need for supportive staff to maintain blood storage centre, in the absence of Blood bank Technician.	Shortage of staff	Will be arranged from ASH OMR whenever required.	Ms. Kamakshi/GM Operations	30/04/19
PPE -Lack of adequate supply in Bio medical waste area.	Process deviation	Mr. Rajesh agreed to keep adequate supply in Bio Medical Waste area.	Mr. Rajesh/HK	Immediate Effect
Safety Training for all staff	Reinforcement session	Mr. Munusamy agreed to take a session on safety measures for all employees.	Mr.Munusamy Engineering	30/04/19

General comments (if any):

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Signed by:

(Chairperson)