

MAHEESH KUMAR.M

QUALITY & PATIENT SAFETY MANAGER AL SALAMA GROUP HOLDINGS LLC & COO AL MAFRAQ MEDICAL CENTER BOARD MEMBER OF AL MAFRAQ MEDICAL CENTER Preferred Location: GCC

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Key Skills:

Process Enhancement

People Management

Gap Assessments & Quality Audits

Cost Optimization

Best Practices Implementation

Validations & Cross Audits

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Business Excellence

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Hospital Administration



Healthcare Operations



Profile Summary

- Lead the quality initiative at the organization to meet the mission and strategic priorities of the hospital
- Expertise in mapping business requirements and coordinating in developing and implementing processes in line with pre-set guidelines
- Proficiency in setting out quality standards for various operational areas; implementing quality systems & procedures to facilitate a highquality customer experience, while adhering to the SLA
- Merit of organizing, interpreting and communicating market information to facilitate the decision making process of the top management
- Expertise at designing procedures to ensure timely availability of business information necessary to facilitate critical decision-making process
- Insightful knowledge in tapping the prospects, analyzing their requirements, rendering guidance to the clients while maintaining cordial relations with them
- Proficient in designing / streamlining processes / procedures to facilitate robust Quality Management Systems
- Intensive Experience in developing a framework of quality standards, procedures & systems; provided support in problem and defect analysis in quality related issues
- Exceptional communication, presentations & mentoring skills with the distinguished capabilities in leading the teams for developing the plans, procedures and service standards for the business excellence

Education

- Master's Degree in Finance (MBA) from Madhurai Kamaraj University, Tamilnadu in Year 2011-2013
- Diploma In Quality Management, Alison Training Centre Year 2016
- Bachelor Degree in Arts, History Kerala University, Year 2002-2005
- General Nursing and Midwifery (3 &1/2 Years) Karnataka State Diploma in Nursing Examination Board Year 2005-2009

Career Timeline

September 2015 to July 2009-2011. Staff Nurse 2018, Sr Quality Officer Apollo Health City, Jubilee **NMC Specialty Hospital** Hills, Hyderabad One year Abu Dhabi, Two years and and Eleven months Ten months November 2013 to August August 2018 to still working, COO Al 2015, Sr Quality Executive Mafrag Medical Centre & Quality Apollo Health City, Jubilee Manager Al Salama Group Holdings Hills, Hyderabad One year LLC. Abu Dhabi&Dubai and Ten months

PROFESSIONAL EXPERIENCE



Notable Accomplishments

PROFESSIONAL EXPERIENCE

Total Experience in Healthcare Quality and	8 Years(S	till Working)
Administration		
Chief Operating Officer and Quality Manager		hs (still Working)
Quality & Accreditation Department.		ths(still Working)
Staff Nurse & In charge	One year and	l eleven months
	Marsh 0047	00114
Occupational Safety and Health-	March 2017	OSHAcademy
Manager		
Diploma In Risk Management	November 2017	ALISON
Diploma In Six Sigma	November 2017	ALISON
TeamSTEPPS Master Trainer	November 2016	AHRQ
OHS Practitioner Course	July 2017	ADVETI Abu Dhabi
Safety Supervision and Leadership	March 2017	OSHAcademy
Fire Prevention Plans	March 2017	OSHAcademy
Hazard Analysis and Control	March 2017	OSHAcademy
Emergency Action Plans	March 2017	OSHAcademy
Effective Accident Investigation	March 2017	OSHAcademy
Ergonomics Program Management	March 2017	OSHAcademy
Effective Safety Committee	March 2017	OSHAcademy
Operations		
Safety Management System	March 2017	OSHAcademy
Evaluation		
Introduction to Safety Management	March 2017	OSHAcademy
Fleet Safety Management	March 2017	OSHAcademy

JCI Survey Attended(Seven)

- Actively Participated as a staff nurse in Apollo Health City Jubilee Hills during the JCI Survey 2009 April
- Actively Participated in Apollo Hospital Bangalore JCI Survey on July 2014.
- Actively Participated in Apollo Health City Jubilee Hills JCI Survey on April 2015.
- Actively Participated in NMC Specialty Hospital Al Nahda, Dubai JCI Survey on October 2015.
- Actively Participated in NMC Specialty Hospital Al Ain, JCI Survey on November 2015.
- Actively Participated in NMC Specialty Hospital Abu Dhabi, JCI Survey on April 2016.
- Actively Participated in NMC Royal Hospital Abu Dhabi, JCI Survey on May 2017
- Actively Participated in Al Salama Hospital Abu Dhabi, JCI Survey on June 2019

Notable Accomplishments	Actively Participated in Al Salama Hospital Abu Dhabi, JCI Survey on June 2019
	 NABH Survey Attended(Two) Actively Participated Apollo Hospital Secunderabad NABH Survey in September 2014. Actively Participated Apollo Hospital Hyderguda NABH Survey in June 2014.
	 ISO Audit Actively Participated NMC Specialty Hospital Abu Dhabi ISO Audit in February 2016.
	 HAAD Audit NMC specialty Hospital HAAD audit HAAD Audit for three clinics (ADIA Clinic 2017, sheikh zayed grand mosque clinic 2016, Etisalat clinic 2017) managed by NMC and one medical centre(NMC Royal Medical Centre January 2018) DOH Audit for Al Salama one day surgery center
WORK EXPERIENCE	 JAWDA Certification Audit Actively participated for the JAWDA certification program 2017 and recertification program in 2018. Actively participated for the JAWDA recertification program 2019 for Al Salama One Day Surgery Center(April 2019) and Al Mafraq Medical
	 center(May 2019). EHSMS Audit. Actively Participated NMC Specialty Hospital Abu Dhabi EHS Third Party Audit in October 2016. Actively Participated NMC Specialty Hospital Abu Dhabi EHS Third Party Audit in October 2017 Actively Participated NMC Specialty Hospital Abu Dhabi OSHMS Third Party Audit in October 2018
PROFESSIONAL EXPERIENCE	 Key Result Areas: Coordinate and update JCI survey activities and process, Maintaining & ensuring stringent adherence to quality standards, identifying gaps and opportunities Auditing of quality management system, reporting non-conformances, identifying root causes and effectively implementing corrective actions. Policy, procedure updation as per the required accreditation standard ad regulatory requirements. Stake holders involvement in the policy and procedure development. Taking stringent quality measures including preparation of necessary documents to ensure compliance with above standards & customer requirements Plan, implement and sustain quality and patient safety improvement activities. Oversight on quality and patient safety program in the hospital Identifying the training needs of the related staff and conducting the orientation & reorientation of programs for all the new staff on quality Realizing process improvements, applying in different business processes to enhance productivity & profitability Ensuring document control procedure is adopted to approve, review and update all changes to critical documents within the scope of the QMS
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PROFESSIONAL EXPERIENCE

- Establishing and maintaining all the records to provide evidence that the QMS is being followed and ensuring that system is in place for the identification, storage, protection, retrieval, retention time and disposition of such records.
- Reviewing the performance at planned intervals to ensure its continuing suitability, adequacy and effectiveness; assessing opportunities for improvement and the need for changes to the QMS
- Setting the Quality Objectives in coordination with by top management for measuring the performance of the QMS and that these are regularly reviewed Undertaking periodic but regular assessments and ensuring consequent improvements are identified & implemented
- Conduct and coordinate internal and external audit of ISO, HAAD, OSHAD, JAWDA Tasneef Audit and FANR.
- Tracking performances of the team members and suggest / highlight areas of improvements, facilitating & imparting training and monitoring the improvements on a continuous basis
- Analyzing data on the effectiveness of the QMS and evaluating where continual improvements of the QMS can be made.
- Coordinating continual improvements of the QMS, ensuring that evidence of corrective and preventive actions taken are recorded and reviewed
- Risk Identification and monitor risk management program and FMEA
- To lead the quality initiative at the organizational level to meet the mission and strategic priorities of the hospital
- Coordinate and organize measures throughout the hospital, provide support for measurement activities related to hospital priorities and implement sustainable improvements.
- Support and coordinate departmental/ service leader's for departmental or general meetings.
- Implement training program for all staff consistent with staff's roles and responsibilities.
- Follow current scientific and evidence based practice to support patient care, health professional education and management.
- Regular communication with department heads, management and staffs regarding quality & patient safety activities, performance measures and outcome
- Conducting unannounced internal audit program, daily rounds, Weekly tracers to verify that the QMS conforms to planned arrangements, QMS arrangements and is effectively implemented and maintained; taking appropriate action when this is not the case.
- Integrate the incident reporting systems, safety culture measures, and others to facilitate integrated solutions and improvements
- Visiting hospitals/centres to audit support and guide the regulatory/accreditation/certification compliance and survey.
- Market Survey & Healthcare Market Screening Organization Assessment Audits
- Strategic Advisor Operations & Management of Hospitals Worked for ISO 15189 for Labs
- Worked for Business Development
- Conducted Gap Assessment of the hospital in terms of Infrastructure, Processes and Statutory Licenses as per NABH

Performance Measures

- Data Collection, data validation, bench marking, data aggregation, data analysis corrective and preventive action.
- Staff Training for performance measures data collection, data validation, data aggregation, data analysis corrective and preventive action
- Visited other hospital for gap assessment and mock pre assessment
- Increased awareness among the staff and trained them as per requirement of NABH Standards in coordination with HR department

PROFESSIONAL EXPERIENCE

Incident Reporting

 Incident reporting training, incident reporting, root cause analysis, Incident report analysis, corrective action, Safety culture training and support

Committee Meetings

- Prepare committee terms of reference
- Conflict of interest policy and identify conflict of interest within the committee members.
- Prepare annual committee colendar and Conduct and coordinating hospital committees.
- Prepare the reports and presentation of the committee meetings.
- Prepare the minutes of the meeting.
- Circulate the minutes of the meeting.
- Maintain the documents and retain it as per the document control policy.

Group level activities

• Guide, support to prepare and maintain documents and data as per the regulatory requirements for licensing and DOH audit for the clinics and centres managed by the group.

DOH JAWDA Indicator

• KPI Process for Planning, Support and Operations Maintain Applicable KPI with List of all applicable KPI approved by the top management with a profile for each KPI addressing- KPI title, Description, Rationale, Target, Calculation, KPI Owner, Data Sources, Data Collection and validation methodology, Data collection frequency, Inclusion/Exclusion Criteria, KPI Reporting Frequency etc

Data Quality lead:

• Documented appointment or assignment letter from top management, Job description with Clear roles & Responsibilities relating to Jawda KPI and healthcare quality and maintain Training records on healthcare quality

Data collectors/validators

 Documented Appointment or assignment or nomination letter from KPI owner or Quality Lead, Assess the competency determined for personnel involved, Training records (on data collection and/or validation methods) and Performance evaluation at frequent intervals (at least annually, and with every new assignment to ensure the collectors/validators performance)

Data Collection and Validation:

• Approved Data collection and validation plan with defined components of data sources, frequency, measuring tools, responsibility with well-designed structure for data collection and Validation of collected data and Data can be traced to the source

Corrective / Preventive action

• Prepare Corrective / Preventive action policy, associated forms, Corrective / Preventive action and maintain the record.

KPI Report

• Prepare KPI report with Names of the approval panel, designations, date of signature, signatures, Get approval of CEO prior to submission to DoH

PROFESSIONAL SKILLS	 Data Submission Filled data checklist and signed/approved Signed Log of submission with Date of submission Management review: Annual meeting plan and Meeting agenda, maintain approved minutes of meeting DOH JAWAD Indicator internal Audit Internal Audits Jawda KPI Risk management: Documented risk assessment Specialties: Hospital Quality Management, Hospital operations, Healthcare Information Technology, EMR, Nursing ,Health-care personnel training & management Policy Development and Implementation Coordinate with Departments heads for arranging the training, Committee meeting. Coordinate for the Internal and External Audits. Trained in Lean Six Sigma EHSMS Internal Auditor Inso Internal Auditor Incident Reporting and analysis Data Collection, Data Validation and Data Analysis. RCA's Quality Improvement Projects Coordinate for the development of Hospital Information Management System. Broad knowledge of Microsoft Office tools
CONFERENCE ATTENDED	 Conferences: Actively participated in second International Patient Safety Conference in Hyderabad conducted by Apollo Health City Hyderabad. 5th Middle East Patient Safety Conference at Dubai International Convention Centre, Dubai, United Arab Emirates on October 04 - 06, 2015. 7th Middle East Quality Management in Healthcare at Dubai International Convention and Exhibition Centre, Dubai, United Arab Emirates on January 27 - 28, 2016 Seminar on Building Better Health Care in Beach Rotana Hotel, Abu Dhabi, UAE December 2015. American College of Health Care Executive Middle East and North Africa Group seminar held on 26th of May 2015 at NMC Specialty Hospital Abu Dhabi Trainings: Completed OHS Practitioner Course on July 2017 from Adveti Abu
TRAINING ATTENDED	 Dhabi, waiting to Enroll as a OHS practitioner Training of EHSMS Internal Auditor conducted by FAHSS in Abu Dhabi on 29th-30th September 2015

- Awareness and Internal Auditor training course for ISO 9001:2015 conducted by SQC in Abu Dhabi on 10th & 11th of January 2016
- Accident Incident Investigation Training

ACTIVITIES

- To conduct Stroke Club every month third Saturday for the patient who got admitted in Apollo Health city with the primary or secondary diagnosis stroke which includes the patient and family members of stroke patients. In this program includes Doctors speech regarding the disease condition recovery and follow up, Functional assessment and advise for the follow up exercise will be done by the physiotherapist, Dietician will assess the nutritional status and will give the dietary advise, Medical social worker will give the family support and counselling and Psychologist will be the special attendee in some occasion.
- Silver Jubilee Celebrations at Apollo Hospital, Hyderabad
- Conducted World Stroke day campaign on 29th October 2014
- Monthly Quality Activities as per Quality Watch Calendar.
- Analysis of Acute stroke clinical Pathway
- Handling of incident reporting and analysis
- Data collection Validation and analysis of LSCS Pathway
- Data collection Validation and analysis of TKR Pathway
- RCA's
- Lab Turnaround Time for Acute Stroke Patient.
- "A Study On Process flows, transfers and Overcrowding at Emergency Department"
- Project on Pain Management.
- QI project for Increase Compliance to Acute Stroke Clinical Pathway.
- Coordinate for the QI Project of Stroke Nutrition Counselling & Documentation, To Increase the Follow-ups of Stroke Patients and Conduct Stroke Clubs Regularly, Implementation of Standardized Swallow Test Protocol Across the Hospital, Functional Improvement of Stroke Patients.
- QI Project on Reduction of Needlestick injury.
- Coordinate for the development of online Incident reporting in Apollo Health City(Internally) and coordinating for the Online incident reporting in NMC Specialty Hospital with Contractors

Date of Birth: 25th May 1985 Languages Known: English, Hindi, Malayalam, Telugu and Tamil Address: PO Box No. COO Al Mafraq Medical Centre, Banyans East Driving License: Yes (UAE & India) Passport Details: S9822103 Visa Status: Employment Visa Visa Validity: 2 Years

QUALITY & PATIENT SAFETY PROJECTS

ACTIVITIES

PERSONAL INFORMATION

Organizational Projects

JCI Accreditation Participation

Title:	Accreditation, June 2019
Location:	Abu Dhabi, UAE
Organization:	Al Salama Hospital
Features:	Joint Commission International third Re Accreditation
Role:	Quality Manager
Title:	Accreditation, May 2017
Location:	Abu Dhabi, UAE
Organization:	NMC Royal Hospital
Features:	Joint Commission International Initial Accreditation
Role:	Sr Quality Executive
Title:	Accreditation, April 2016
Location:	Abu Dhabi, UAE
Organization:	NMC Specialty Hospital Abu Dhabi
Features:	Joint Commission International third Re Accreditation
Role:	Sr Quality Executive
Title:	Accreditation, November 2015
Location:	Abu Dhabi, UAE
Organization:	NMC Specialty Hospital Al Ain
Features:	Joint Commission International third Re Accreditation
Role:	Sr Quality Executive
Title:	Accreditation, November 2015
Location:	Al Nahda, Dubai, UAE
Organization:	NMC Specialty Hospital Dubai
Features:	Joint Commission International third Re Accreditation
Role:	Sr Quality Executive
Title:	Accreditation, April 2015
Location:	Hyderabad, India
Organization:	Apollo Health City
Features:	Joint Commission International third Re Accreditation
Role:	Sr Quality Executive

Title:	Accreditation, July 2014
Location:	Bangalore, India
Organization:	Apollo Hospital
Features:	Joint Commission International second Re Accreditation
Role:	Sr Quality Executive
Title:	Accreditation, April 2009
Location:	Hyderabad, India
Organization:	Apollo Health City
Features:	Joint Commission International First Re Accreditation
Role:	Staff Nurse

NABH Accreditation Participation

Title:	Accreditation, September 2014
Location:	Hyderabad, India
Organization:	Apollo Hospital Secunderabad
Features:	NABH Survey
Role:	Sr Quality Executive
Title	Accreditation June 2014

Title:	Accreditation, June 2014
Location:	Hyderabad, India
Organization:	Apollo Hospital Hyderguda
Features:	NABH Preliminary Assessment
Role:	Sr Quality Executive

ISO Certification

Certification, February 2016
Abu Dhabi, UAE
NMC Specialty Hospital
ISO 9001:2015
Sr Quality Executive

DOH Audits

Title:	DOH Audit, 2015, 2016, 2017 & 2018
Location:	Abu Dhabi, UAE
Organization:	"NMC Specialty Hospital, Various centres and clinics
	managed by NMC (ADIA, NMC Royal medical centre,
	CPC, Etisalat, Shaik Zayed Grand mosque etc)"
Features:	DOH regular and ranking audits
Role:	Sr Quality Executive

Title:	DOH Audit 2019
Location:	Al Salama One Day Surgery Center
Organization:	Abu Dhabi, UAE
Features:	Change location new facility
Role:	Quality Manager
Title:	DOH Audit June 2019(On site)
Location:	Al Salama One Day Surgery Center
Organization:	Abu Dhabi, UAE
Features:	Add Speciality (Ophthalmology)
Role:	Quality Manager
Title:	DOH Audit July 2019(DOH Desktop audit)
Location:	Al Salama One Day Surgery Center
Organization:	Abu Dhabi, UAE
Features:	Add Speciality (Urology)
Role:	Quality Manager
Title:	DOH Audit July 2019(On site)
Location:	Al Salama One Day Surgery Center
Organization:	Abu Dhabi, UAE
Features:	Add Speciality (Orthopaedics)
Role:	Quality Manager
Title:	DOH Audit August 2019(On site)
Location:	Al Salama One Day Surgery Center
Organization:	Abu Dhabi, UAE
Features:	Add Speciality (Dental)
Role:	Quality Manager
Title:	DHA Audit July 2019
Location:	My Health Day Surgery Center
Organization:	Dubai, UAE
Features:	Complete audit
Role:	Quality Manager

OSHMS Audits SRA & Third Party

Title:	Audits, 2015, 2016 and 2017
Location:	Abu Dhabi, UAE
Organization:	NMC Specialty Hospital
Features:	OSHMS SRA and third party audits

Role:	Sr Quality Executive
Title:	Audit 2018
Location:	Abu Dhabi, UAE
Organization:	Al Salama One Day Surgery Center
Features:	OSHMS third party audits
Role:	Quality Manager

JAWDA TASNEEF Certification

Title:	Certification, 2017 and 2018
Location:	Abu Dhabi, UAE
Organization:	NMC Specialty Hospital
Features:	"DOH JAWDA TASNEEF Certification preliminary and
	recertification 2018 "
Role:	Sr Quality Executive
Title:	JAWDA Re Certification
Location:	Abu Dhabi, UAE
Organization:	Al Salama One Day Surgery Center and Al Mafraq Medical Center
Features:	DOH JAWDA TASNEEF recertification
Role:	Quality Manager & COO Al Mafraq Medical Center

Civil Defence Inspection

Title:	Civil Defence Audit 2018 & 2019
Location:	Abu Dhabi, UAE
Organization:	Al Salama One Day Surgery Center and Al Mafraq Medical Center
Features:	Civil Defence License renewal
Role:	Quality Manager & COO Al Mafraq Medical Center

REFERENCES

- 1. Mr. Gaurav Loria
 3. Dr. Amnish Ravindranath

 JCI Surveyor
 Senior Manager Quality & Accreditation

 Head, Quality,
 NMC Specialty Hospital, Abu Dhabi

 Apollo Hospitals, Hyderabad.
 Senior Manager Quality & Accreditation
- 2. Dr Saritha Margret JCI Surveyor Assistant Manager Quality-Apollo Health city, Hyderabad