



# KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

GST Road, Chinnakolambakkam, Madhuranthagam, Tamilnadu -603308

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## Committees for NABL and NABH

	<b>KIMS</b>	Doc. No.	ENABH/HCO/KIMS/APEX/01
		Issue No.	01
	<b>CHINNAKOLAMBAKKAM</b>	Rev. No	00
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### 9.0 COMMITTEES:

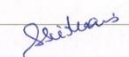
9.1 Hospital Committees are regular standing committees prescribed by regulatory agencies and deemed necessary by hospital administration in formulating policies, coordinating and monitoring hospital-wide activities that are considered critical in the delivery of quality health care services.

9.2 The committees involved in the activities of hospital are as follows:

#### 9.2.1 General guidelines for committee functioning:

- 9.2.1.1 All committee should have Medical Superintendent, General Manager and other members shall be selected from the concerned sections.
- 9.2.1.2 Committees shall meet at the frequency as defined in the document and as and when required.
- 9.2.1.3 Committee shall discuss, implement and monitors the scope of activities identified for respective committees.
- 9.2.1.4 Chairman and convener of the committee shall bear the responsibility of committee functioning.
- 9.2.1.5 Each committee shall maintain a file to record their proceedings, decisions taken and instructions framed.
- 9.2.1.6 Committees shall record their proceedings, document minutes and monitor the implementation of decision taken.
- 9.2.1.7 Committees shall distribute the work amongst members as required and develop their own guidelines for functioning.
- 9.2.1.8 Necessary instructions shall be passed on to the relevant staff through circulars and a copy of all these shall be retained in committee's file.
- 9.2.1.9 Hospital and staff are obliged to follow the instructions.

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9.2.1.10 Committee shall review their functioning at appropriate intervals, as decided by chairman / convener, to assess their functioning.

9.2.1.11 Following committees have been constituted:

9.2.1.11.1 **CORE / QUALITY ASSURANCE COMMITTEE:**

<b>Frequency of meeting</b>	Once in a month or as and when required	
<b>Members</b>	<b>Managing Director</b>	Chairman
	<b>Medical Superintendent</b>	Convener
	<b>Deputy Medical superintendent</b>	Member
	<b>Quality Officer</b>	Member
	<b>Professor of medicine</b>	Member
	<b>Professor of surgery</b>	Member
	<b>Professor of Anesthesia</b>	Member
	<b>Professor of Microbiology</b>	Member
	<b>Professor of Obstetrics &amp; Gynecology</b>	Member
	<b>Surgeon</b>	Member
	<b>Professor of ICU intensivist (Code Blue)</b>	Member
	<b>SCOPE OF WORK</b>	<ol style="list-style-type: none"> <li>1. Issue Quality Policy</li> <li>2. Documentation of policy</li> <li>3. Define scope of services</li> <li>4. Deal with all matters concerning quality management system, quality improvement, accreditation of the health care service</li> <li>5. Function as apex committee for monitoring performance indicators / parameters of QMS and medical statistics</li> <li>6. Standardization of procedures and systems</li> <li>7. Plan and act for Continuous Quality</li> </ol>

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	improvement of hospital
	8. Quality assurance activities in Laboratory, Radiology, OT and ICU.
<b>REFERENCE FOR WORK</b>	Chapter 6: Continuous Quality Improvement of NABH guidelines.

## 9.2.1.11.2 CPR ANALYSIS COMMITTEE:

<b>Frequency of meeting</b>	Once in a month/As and when required	
<b>Members</b>	<b>Medical Superintendent</b>	Chairman
	<b>Professor of medicine</b>	Convener
	<b>Professor of Anesthesia</b>	Member
	<b>Casualty Medical Officer</b>	Member
	<b>Professor of ICU intensivist</b>	Member
	<b>RMO</b>	Member
	<b>Nursing Superintendent / Matron</b>	Member
	<b>Nurses of the ward where event has occurred</b>	Member
<b>SCOPE OF WORK</b>	Development of system, CPR administration recording of events.	
<b>REFERENCE FOR WORK</b>	Chapter 2: Care Of Patients of NABH guidelines.	

## 9.2.1.11.3 INFECTION CONTROL COMMITTEE:

<b>Frequency of meeting</b>	Once in a month/As and when required	
<b>Members</b>	<b>Medical Superintendent</b>	Chairman
	<b>Deputy Medical Superintendent</b>	Convener
	<b>Quality Officer</b>	Convener
	<b>Professor of Microbiologist</b>	Member
	<b>Infection Control Nurses</b>	Member
	<b>Nursing Superintendent</b>	Member
	<b>Pathologist</b>	Member

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	<b>Blood Bank Officer</b>	Member
	<b>Purchase In-Charge</b>	Member
	<b>Maintenance In-Charge</b>	Member
	<b>Housekeeping In-Charge</b>	Member
<b>SCOPE OF WORK</b>	<ol style="list-style-type: none"> <li>1. Document and issue infection control manual including policies</li> <li>2. Conduct training for infection control</li> <li>3. Surveillance and monitoring for compliance with policies</li> <li>4. Issue antibiotic policy</li> <li>5. Monitor Hospital acquired infection</li> <li>6. Develop Outbreak control plan and function accordingly.</li> </ol>	
<b>REFERENCE FOR WORK</b>	Chapter 5: Hospital Infection Control of NABH guidelines.	

## 9.2.1.11.4 MEDICAL AUDIT COMMITTEE:

<b>Frequency of meeting</b>	Once in a month/As and when required	
<b>Members</b>	<b>Medical Superintendent</b>	Chairman
	<b>Deputy Medical Superintendent</b>	Convener
	<b>Medical Records Officer</b>	Member
	<b>All ICU Intensivist</b>	Member
	<b>Nursing Superintendent / Matron</b>	Member
<b>SCOPE OF WORK</b>	<ol style="list-style-type: none"> <li>1. Develop guidelines for medical care and medical records maintenance</li> <li>2. Review and evaluate patient records for quality, adequacy of patient care, monitor staff for compliance with policies</li> <li>3. Evaluate medical record keeping, quality, content,</li> </ol>	

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## 9.2.1.11.6 SAFETY COMMITTEE:

Frequency of meeting	Once in 3 months / Quarterly or as and when required	
Members	Medical Superintendent	Chairman
	Deputy Medical Superintendent	Convener
	Quality officer	
	Maintenance In-Charge	
	i. Civil Engineer	
	ii. Electrical Engineer	Member
	Professor of Anesthesia	Member
	Professor of Surgery	Member
	Nursing Superintendent	Member
	Pathologist	Member
	Security Officer	Member
SCOPE OF WORK	1. Develop and issue policy on patient, staff and visitor safety and security 2. Monitor training and implementation 3. Monitor occupational health and safety	
Reference for work	Chapter 8. Facility management and safety	

## 10.0 ANNEXURES:

Sr.No.	Annexure	Particulars	Code
1.	Annexure 01	Statutory & Regulatory Licenses	NA

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## CENTRAL CLINICAL LABORATORY

Date : 01/10/2018

The following are the members of organization at the Central Clinical Laboratory – Karpaga Vinayaga Institute of Medical Sciences & Research Centre. All the members should carry out their responsibilities and report according to ISO 15189:2012.

HOD Pathology - Dr. Sithy Aathya Munnavarah

HOD Microbiology - Dr. Sheila Doris.T

Quality Manager - Dr. A. Khadeja Bi

Deputy Quality Manager I – Dr. K. Balan

Deputy Quality Manager II – Dr. S. Karthik

  
01/10/2018

Director of Laboratory Services

CCL-KIMS & RC

DIRECTOR OF LABORATORY SERVICES  
CENTRAL CLINICAL LABORATORY  
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