



Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Office Circular

Ref. No.: RMCH/ / 2019

Date:- 07 Feb.2019


Constitution of Quality Management Committee

The Quality Management Committee for the Rohilkhand Medical College & Hospital is being constituted. The following will be the members of the committee :

Chairperson & Team Leader	Dr. Chander Mohan, Principal
Member	Dr. Bhushan Kumar, Medical Superintendent ✓
Member	Dr. Faiz Shamsi, Administrative Officer (Hospital) ✓
Member	Dr. Ashutosh Dokania, Professor Ophthalmology ✓
Member	Dr. Malti Agarwal, Professor Anaesthesia ✓
Member	Dr. Sharad Seth, Professor General Surgery ✓
Member	Dr. Malini Kulshrestha, Professor General Medicine ✓
Member	Dr. Rajesh Agarwal, Professor Chest & TB
Member	Dr. P.K. Rathore, Professor Skin & VD
Member	Dr. Kanchan Dalmia, Professor Obst & Gynae ✓
Member	Dr. B.C.Chaudhary, Professor Pathology ✓
Member	Dr. Biswajit Das, Professor Biochemistry ✓
Member	Dr. T. Somashekarappa, Professor Orthopaedic ✓
Member	Dr. Alka Bhambri, Professor Paediatric ✓
Member	Dr. Pramod Kumar, Professor Radiodiagnosis ✓
Member	Dr. O.N.Sinha, Professor ENT ✓
Member	Dr. S.S.Chawla, Blood Bank Officer ✓
Member	Mrs. Niharika Charan, Matron ✓
Member	Mr. Narendra, Lab Technician ✓
Member	Mr. Sudheer, Lab Technician ✓
Member	Mr. Susheel, Lab Technician ✓
Member	Mr. Devendra, Lab Technician


Feb

Medical College & Hospital


(Dr. Chander Mohan)
Dean/Principal

Copy to:

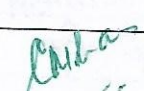
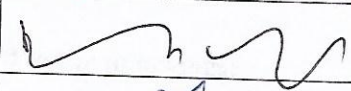

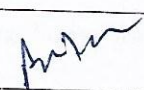
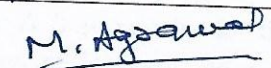
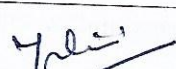
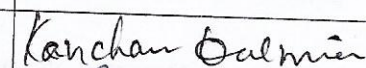
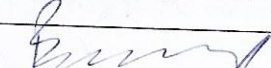
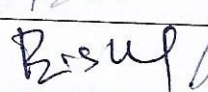
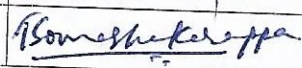
1. Chairman – for information please.
2. All Members of Quality Management Committee

	ROHILKHAND MEDICAL COLLEGE AND HOSPITAL - BAREILLY	DOC. NO	RMCH/HCM/01
		ISSUE NO	01
	HOSPITAL COMMITTEE MANUAL	REV.NO	00
		DATE	25.02.2019
		PAGE	Page 5 of 33

TYPES OF COMMITTEES

1. QUALITY MANAGEMENT COMMITTEE:

Hospital Quality Management Committee will be the Highest Executive Quality Improvement Authority in the hospital. The committee will, in summary, reflect hospital endless Top Management Commitment to Continuous Quality Improvement. Chaired by Principal/and attended by department in charges. Hospital Quality Committee will be responsible for overall planning, directing, prioritizing, implementing and follow up of all CQI Initiatives and activities in the hospital. On the other hand, The Quality Committee will assure that, all necessary resources required for successful NABH Quality Management Plan Implementation are devoted at all functional levels.

Sr. No	Name of the Committee Member	Designation	Designation In Committee	Signature
1	Dr.Chander Mohan	Principal	Chairperson & Team Leader	
2	Dr. Bhushan kumar	M.S.	Member	
3	Dr.Faiz Shamsi	Hospital Administrative Officer	Member	
4	Dr. Ashutosh Dokania	Professor Ophthalmology	Member	
5	Dr. Malti Agarwal	Professor Anaesthesia	Member	
6	Dr. Sharad Seth	Professor General Surgery	Member	
7	Dr. Malini Kulshrestha	Professor General Medicine	Member	
8	Dr. Rajesh Agarwal	Professor Chest & TB	Member	
9	Dr. P.K Rathore	Professor SKIN & VD	Member	
10	Dr. Kanchan Dalmia	Professor Obst & Gynae	Member	
11	Dr. B.C. Chaudhary	Professor Pathology	Member	
12	Dr. Biswajit Das	Professor Biochemistry	Member	
13	Dr. T. Somashekarappa	Professor Orthopaedic	Member	



ROHILKHAND MEDICAL COLLEGE AND HOSPITAL - BAREILLY

HOSPITAL COMMITTEE MANUAL


DOC. NO	RMCH/HCM/01
ISSUE NO	01
REV.NO	00
DATE	25.02.2019
PAGE	Page 6 of 33

14	Dr. Alka Bhambri	Professor Peadiatric	Member	
15	Dr. Pramod Kumar	Professor Radiodiagnosis	Member	<i>Pramod Kumar</i>
16	Dr. O.N Sinha	Professor ENT	Member	
17	Dr. S.S Chawla	Blood Bank Officer	Member	
18	Mrs. Niharika Charan	Matron	Member	
19	Mr. Narendra	Lab Technician	Member	
20	Mr. Sudheer	Lab Technician	Member	<i>Sudheer</i>
21	Mr. Susheel	Lab Technician	Member	<i>Susheel</i>
22	Mr. Devendra	Lab Technician	Member	<i>Devendra</i>

Scope:

Responsibilities, as pertinent to Quality Improvement include but not limited to the followings:

1. Develop (in coordination of Quality Management Department) / approve a Facility wide Quality Management Plan.
2. Integrate the overall Quality Management Plan and serve as a clearing house for improvement activities.
3. Oversee, coordinate, direct and prioritize Quality improvement activities. A high priority for the QMC will be the monitoring of the delivery of care whenever a new service is developed with particular emphasis on the transition and development period.
4. Assure the formation of cross-organizational work groups (Departmental Quality Improvement Teams (DQIT) to assess each function and identify the processes and activities within that function that are high volume, high risk and/or problem prone.
5. Receive reports monthly or quarterly from each department/service as appropriate and team reports on organizational Quality improvement activities.
6. Enforce the implementation of Plan, Do, Check, and Act methodology.
7. Review monitoring results that reflect the functions and activities provided by the staff in different disciplines (administrative, medical and non medical) within the facility.
8. In coordination with Quality Management Department, QMC will provide reports to the hospital Director
9. Receive and evaluate Quality improvement team reports concerning specific activities for improving organizational Quality.
10. Oversee, coordinate and provide appropriate Quality Improvement information to the concerned departments and sections (both external & internal)

	ROHILKHAND MEDICAL COLLEGE AND HOSPITAL - BAREILLY	DOC. NO	RMCH/HCM/01
		ISSUE NO	01
	HOSPITAL COMMITTEE MANUAL	REV.NO	00
		DATE	25.02.2019
		PAGE	Page 7 of 33


11. Review and revise the performance indicators and standards/thresholds periodically based on evidence/data collated over a period of time to as to continuously improve the quality of Services provided
12. Appointment of the position of quality assurance and improvement coordinator to oversee the obtaining and maintaining the quality standards and dealing with complaints
13. Initiate regular reviews by the independent specialist in the relevant fields of clinical practices used in the Hospital in providing the Healthcare Services
14. Ensure obtaining the NABH Accreditation and maintaining the same.
15. Problems that are referred to the QMC through any of the quality management activities, or identified by the QMC from a study of reports or communications, will be reviewed by the QMC. The committee will ensure that the responsible department, service or team is taking appropriate corrective action plans, prioritization and monitoring steps, and activities. Departmental Quality improvement teams will report on their activities for improving organizational Quality to QMD Such written and verbal reports are due at the time of presentation at QMC meeting.

Presentation of reports of all Quality improvement activities will include

1. The kinds of Quality Improvement activities that took place during the reporting period.
2. Departmental Performance Indicators as defined by accreditation standards
3. The problems, quality issues or opportunities to improve, if any, that were identified.
4. Evidence of ongoing organizational Quality efforts.
5. Method(s) of problem resolution or referral.
6. The monitoring required including the schedule, method and individual(s) responsible for monitoring.

The QMC agenda and minutes will include the following:

1. Call to order and approval of minutes.
2. Committee reports (e.g. Transfusion, Pharmacy & Therapeutics).
3. Risk Management reports.
4. Review of previously identified opportunities for improvement, quality issues, analysis, actions and follow-up.
5. Reports from the Departmental Quality Improvement Teams.
6. Scope of Services reports.
7. Multidisciplinary team reports on improving organizational Quality.
8. Departments' Quality Improvement reports that integrates disciplines/departments along the continuum of care.
9. Accreditation Efforts & reports submitted to Accreditation bodies (e g. NABH).
10. Safety reports.
11. Resource Management reports.
12. Special Care Unit reports.
13. Patient Satisfaction Survey Report.
14. Ambulatory Care Services report.

	ROHILKHAND MEDICAL COLLEGE AND HOSPITAL - BAREILLY	DOC. NO	RMCH/HCM/01
		ISSUE NO	01
	HOSPITAL COMMITTEE MANUAL	REV.NO	00
		DATE	25.02.2019
		PAGE	Page 8 of 33

15. Cardiac Arrest report.
16. Credentialing & Privileging report
17. Medical Audit reports
18. Conclusions and recommendations regarding actions or follow up.
19. New business.

The QMC will assist in planning for improving organizational Quality or evaluating new services. The following steps will be established:

Organize teams: (multidisciplinary groups/committees, focus groups, task forces) The members of which will be empowered to implement decisions over the key elements in the process(es) of delivering services for which improvement efforts are to be made.

Identify the customers): Patients, Relatives, Doctors, Nurses, Clinics, Departments, and Operating room staff any other individual or group of individuals who will be the recipients of products and/or services.

Identify the products and/or services of importance to the customers: The patient's and family/significant other's perception of the quality of health care rendered and staff's opinion will be considered. Examples of areas for improvement may include: A warm meal, a parking space, an improved perceived quality of life, a short wait for pain medication, a nice atmosphere in the waiting area, and privacy in discussions with providers. Additional areas for improvement may include faster test results, improved communication between nurses and doctors, or any other variable or relationships subjective or objective that may be important to the customers).



Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Office Circular

Ref. No.: RMCH/ / 2019

Date:- 1 March 2019

Meeting of Quality Management Committee


A meeting of Quality Management has been fixed as per schedule given below:-

Date : 8 March 2019

Time : 12:00 Noon

Venue: College Council Room

- Agenda:
1. Discussion regarding NABH
 2. Discussion on following standards of NABH
 3. Discussion on functioning and responsibilities of members
 4. Any other point raised by the members


(Dr. Chander Mohan)
Dean/Principal

Copy to:

1. Chairman, RECT – for information please
2. Medical Superintendent
3. All members of Quality Management Committee
4. Sr. Administrative Officer (College)
5. Administrative Officer (Hospital)

March 7



Rohilkhand Medical College And Hospital, Bareilly

MOM & ATR

Meeting No.....	Name of committee : QUALITY MANAGEMENT COMMITTEE	Date : 8.03.2019	Place : Council Room
-----------------	--	------------------	----------------------

List of Participants:-

S. No.	Participant's Name	Designation
1.	Dr. Chander Mohan (Principal)	Chairperson
2.	Dr. Bhushan Kumar (Medical Superintendent)	Member
3.	Dr. Faiz Shamsi (Hospital Administrator)	Member
4.	Dr. Sharad Seth (Professor General Surgery)	Member
5.	Dr. Ashutosh Dokania (Professor Ophthalmology)	Member
6.	Dr. Malti Agarwal (Professor Anaesthesia)	Member
7.	Dr. Malini Kulshrestha (Professor General Medicine)	Member
8.	Dr. Rajesh Agarwal (Professor Chest & TB)	Member
9.	Dr. P.K. Rathore (Professor Skin & VD)	Member
10.	Dr. Kanchan Dalmia (Professor Obst&Gynae)	Member
11.	Dr. B.C. Chaudhary (Professor Pathology)	Member
12.	Dr. Biswajit Das (Professor Biochemistry)	Member
13.	Dr. T. Somashekarappa (Professor Orthopaedic)	Member
14.	Dr. Alka Bhambri (Professor Pediatric)	Member
15.	Dr. Pramod Kumar (Professor Radiodiagnosis)	Member
16.	Dr. O.N. Sinha (Professor ENT)	Member
17.	Dr. S.S. Chawla (Blood Bank Officer)	Member
18.	Dr. Niharika Charan (Matron)	Member
Dr. (convenor)		Dr. (Chairperson)



Rohilkhand Medical College And Hospital, Bareilly

MOM & ATR

19.	Mr. Narendra (Lab Technician)	Member	<i>[Signature]</i>
20.	Mr. Sudheer (Lab Technician)	Member	<i>[Signature]</i>
21.	Mr. Susheel (Lab Technician)	Member	<i>[Signature]</i>
22.	Mr. Devendra (Lab Technician)	Member	<i>[Signature]</i>

Dr. (convenor)	Date	Dr. (chairperson)
------------------------	------	---------------------------



Rohilkhand Medical College And Hospital, Bareilly

MOM & ATR

Minutes of the Meeting (MOM)

S. No.	Agenda Points	Discussion & Decision taken	Responsibility	Target Date	Remarks
1.	Discussion Regarding NABH	Members were told about NABH, importance of accreditation	All Member		
2.	Discussion on following standards of NABH	Standards of NABH was discuss & need of following standards of NABH	All Member		
3.	Discussion on functioning and responsibilities of member	All member were sensitized about the importance and responsibility of each member	All Member		
4.	Any other point raised by the members	Targets were fixed for implementation of NABH inspection	All Member	25 May 2019	

Dr.
(convenor)

Date

Dr.
(Chairperson)



Rohilkhand Medical College and Hospital, Bareilly

MOM & ATR

Action Taken Report (ATR)

S. No.	Discussion & Decision taken	Action Taken	Status	Remarks
1.	Discussion done regarding NABH.	One NABH Orientation is to be scheduled.	Date fixed.	
2.	All committee members briefed about their responsibilities.	Responsibilities defined.	In Process.	
3.				
4.				

Dr.
(convenor)

Date

Dr.
(Chairperson)



Rohilkhand Medical College & Hospital
Pilibhit By-pass Road, Bareilly

Office Circular

Ref. No.: RMCH/ / 2019

Date:- 4 June 2019

Meeting of Quality Management Committee


A meeting of Quality Management has been fixed as per schedule given below:-

Date : 10 June 2019

Time : 12:00 Noon

Venue: College Council Room

- Agenda:
1. To discuss the quality improvement activities
 2. To discuss strategies to obtain NABH accreditation
 3. Any Problem in Quality Management activities
 4. Any other matter with the permission of the chair


(Dr. Chander Mohan)
Dean/Principal

Copy to:

1. Chairman, RECT – for information please
2. Medical Superintendent
3. All members of Quality Management Committee
4. Sr. Administrative Officer (College)
5. Administrative Officer (Hospital)

June



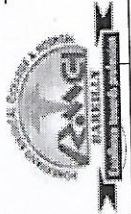
Rohilkhand Medical College And Hospital, Bareilly

MOM & ATR

Meeting No.....	Name of committee : QUALITY MANAGEMENT COMMITTEE	Date : 10.06.2019	Place : Council Room
-----------------	--	-------------------	----------------------

List of Participants:-

S. No.	Participant's Name	Designation
1.	Dr. Chander Mohan (Principal)	Chairperson
2.	Dr. Bhushan Kumar (Medical Superintendent)	Member
3.	Dr. Faiz Shamsi (Hospital Administrator)	Member
4.	Dr. Sharad Seth (Professor General Surgery)	Member
5.	Dr. Ashutosh Dokania (Professor Ophthalmology)	Member
6.	Dr. Malti Agarwal (Professor Anaesthesia)	Member
7.	Dr. Malini Kulshrestha (Professor General Medicine)	Member
8.	Dr. Rajesh Agarwal (Professor Chest & TB)	Member
9.	Dr. P.K. Rathore (Professor Skin & VD)	Member
10.	Dr. Kanchan Dalmia (Professor Obst&Gynae)	Member
11.	Dr. B.C. Chaudhary (Professor Pathology)	Member
12.	Dr. Biswajit Das (Professor Biochemistry)	Member
13.	Dr. T. Somashekarappa (Professor Orthopaedic)	Member
14.	Dr. Alka Bhabri (Professor Pediatric)	Member
15.	Dr. Pramod Kumar (Professor Radiodiagnosis)	Member
16.	Dr. O.N. Sinha (Professor ENT)	Member
17.	Dr. S.S. Chawla (Blood Bank Officer)	Member
18.	Mrs. Poonam Azad (Matron)	Member
Dr. (convenor)		Dr. (Chairperson)
Date		



Rohilkhand Medical College And Hospital, Bareilly

MOM & ATR

19.	Mr. Narendra (Lab Technician)		Member	<i>[Signature]</i>
20.	Mr. Sudheer (Lab Technician)		Member	<i>[Signature]</i>
21.	Mr. Susheel (Lab Technician)		Member	<i>[Signature]</i>
22.	Mr. Devendra (Lab Technician)		Member	<i>[Signature]</i>

[Signature]
Dr.
(convenor)

Date

Dr.
(Chairperson)

Rohilkhand Medical College And Hospital, Bareilly

MOM & ATR

Minutes of the Meeting (MOM)

S. No.	Agenda Points	Discussion & Decision taken	Responsibility	Target Date	Remarks
1.	To discuss the quality improvement activities	Quality improvement activities of the institution were discussed with member, suggestion were incorporated	All Members were requested to look after their individual departments for quality management	3 September 2019	
2.	To discuss strategies to obtain NABH accreditation	Certain strategies were drawn to improve quality & obtain NABH accreditation		3 September 2019	
3.	Any problems in quality management activities	Members were asked to discuss if they were facing any problem in the activities of quality management. No major problems were founded		3 September 2019	
4.	Any other matter with the permission of the chair	Meeting ended with vote of thanks to the chair		3 September 2019	

Dr.  (convenor)

Date

Dr.
(Chairperson)



Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Office Circular

Ref. No.: RMCH/

/ 2019

Date:- 3 September 2019

Meeting of Quality Management Committee

A meeting of Quality Management Committee has been fixed as per schedule given below:-

Date : 9 September 2019

Time : 12:00 Noon

Venue: College Council Room

- Agenda: 1.To review agenda of previous meetings approval of minutes
2.Discussion of reports other committees
3. To discuss the methods of problem resolution
4. To plan for NABH Assessment visit on 28th September,2019

Dean/Principal

Copy to:

1. Chairman, RECT – for information please
2. Medical Superintendent
3. All members of Quality Management Committee
4. Sr. Administrative Officer (College)


(Dr. Chander Mohan)

Sep



Rohilkhand Medical College And Hospital, Bareilly

MOM & ATR

Meeting No.....	Name of committee : QUALITY MANAGEMENT COMMITTEE	Date : 9.09.2019	Place : Council Room
-----------------	--	------------------	----------------------

List of Participants:-

S. No.	Participant's Name	Designation
1.	Dr. Chander Mohan (Principal)	Chairperson
2.	Dr. Bhushan Kumar (Medical Superintendent)	Member
3.	Dr. Faiz Shamsi(Hospital Administrator)	Member
4.	Dr. Sharad Seth (Professor General Surgery)	Member
5.	Dr. Ashutosh Dokania (Professor Ophthalmology)	Member
6.	Dr. Malti Agarwal (Professor Anaesthesia)	Member
7.	Dr. Malini Kulshrestha(Professor General Medicine)	Member
8.	Dr. Rajesh Agarwal (Professor Chest & TB)	Member
9.	Dr. P.K. Rathore (Professor Skin & VD)	Member
10.	Dr. Kanchan Dalmia(Professor Obst&Gynae)	Member
11.	Dr. B.C. Chaudhary (Professor Pathology)	Member
12.	Dr. Biswajit Das (Professor Biochemistry)	Member
13.	Dr. T. Somashekarappa (Professor Orthopaedic)	Member
14.	Dr. Alka Bhambri (Professor Pediatric)	Member
15.	Dr. Pramod Kumar (Professor Radiodiagnosis)	Member
16.	Dr. O.N. Sinha (Professor ENT)	Member
17.	Dr. S.S. Chawla (Blood Bank Officer)	Member
18.	Miss. Poonam Arora (Matron)	Member
Dr. (convenor)		Dr. (Chairperson)
Date		



Action Taken Report (ATR)

S. No.	Discussion & Decision taken	Action Taken	Status	Remarks
1.	NABH Assessment date fixed on 28 th September, 2019.	Define Mock Assessment schedule.	In Process	
2.	Training are to be scheduled for NABH Assessment.	Training calendar revised and updated.	In Process	
3.				
4.				

Dr. (convenor)	Date	Dr. (Chairperson)
------------------------	------	---------------------------