

Rohilkhand Medical College & Hospital
Piliphit By-pass road, Bareilly

Office Circular

Ref.No.: RMCH/181/2022

Date: 15 July 2022

Revised NABH committee's

1. Various NABH committees have been reconstituted and the periodicity of conducting NABH related meetings at RMCH have been fixed as per list annexed.
2. All Chairpersons, Team Leaders & Members are requested to review the standards & objective elements covered under the charter of responsibilities as defined and meeting may be conducted if required, to update agenda points and proceedings at the earliest under intimation to MS office & Principal office.


Dr. Digvijay Singh

Dean / Principal
Rohilkhand Medical College & Hospital
Bareilly

Dean/Principal

Copy to:

1. Chairman, RECT – for information please
2. Medical Superintendent
3. Sr. Administrative officer (College)
4. Administrative Officer (Hospital)
5. Chairperson & Secretary of committee
6. Person Concerned by E-mail
7. Quality Assurance department

1. Quality Management Committee

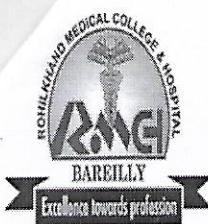
Periodicity - Quarterly

S.No.	Name of the Committee Member	Designation	Position in committee
1	Dr. Digvijay Singh	Principal	Chairperson
2	Dr. Bhushan Kumar	M.S.	Member
3	Dr. Cheena Garg	Asso. Prof. Pathology	Team Leader
4	Dr. Faiz Shamsi	Dy. M.S.	Member
5	Dr. Ashutosh Dokania	Prof. Ophthalmology	Member
6	Dr. Malti Agawal	Prof. Anaesthesia	Member
7	Dr. Sharad Seth	Prof. General Surgery	Member
8	Dr. Varun Agarwal	Asso. Prof. Orthopaedics	Member
9	Dr. Arjun Agarwal	Asso. Prof. Oncosurgery	Member
10	Dr. Seema Seth	Prof. General Medicine	Member
11	Dr. Rajesh Agarwal	Prof. Chest & TB	Member
12	Dr. P.K. Rathore	Prof. Skin and VD	Member
13	Dr. Kanchan Dalmia	Prof. Obst. & Gynae	Member
14	Dr. Nitesh Mohan	Prof. Pathology	Member
15	Dr. Shikha Saxena	Prof. Biochemistry	Member
16	Dr. Madan Mohan Nagar	Prof. Orthopaedic	Member
17	Dr. Prasad Nayak	Prof. Paediatric	Member
18	Dr. Pramod Kumar	Prof. Radio diagnosis	Member
19	Dr. Abhinav Srivastav	Prof. ENT	Member
20	Dr. Ved Prakash	Prof. Microbiology	Member
21	Dr. P C Shrivastava	Prof. Forensic Dept.	Member
22	Dr. Apurva Bansal	Blood Bank Officer	Member
23	Dr. Arun Kumar	Prof. Community Medicine	Member
24	Dr. Shalini	Prof. Pharmacology	Member
25	Ms. Poonam Azad	N.S.	Member
26	Ms. Loveena Saloman	D.N.S.	Member
27	Ms. Sapna George	D.N.S.	Member
28	Mr. Sachin Saxena	Quality Assurance Dept.	Member
29	Ms. Reshma Kashyap	Quality Assurance Dept.	Member
30	Mr. Anuj Pachauri	Chief Engineer	Member


Dean / Principal
Rahilkhand Medical College & Hospital
Bareilly
Dr. Digvijay Singh
Dean/Principal

Copy to:

1. Chairman- for information please.
2. All the members of Quality Management Committee



ROHILKHAND MEDICAL COLLEGE AND HOSPITAL- BAREILLY	DOC.NO.	RMCH/HCM/01
	ISSUE NO.	1
HOSPITAL COMMITTEE MANUAL	REV. NO.	1
	DATE	15.07.2022

Purpose:

Hospital Quality Management Committee (QMC) will be the Highest Executive Quality Improvement Authority in the hospital. The committee will, in summary, reflect hospital's endless top management commitment to Continuous Quality Improvement (CQI). Chaired by Director/ CMS/ Hospital Director and attended by the key Directors and Department Heads; Hospital Quality Management Committee shall 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 Management Committee shall ensure that, all necessary resources required for successful QM Plan Implementation are devoted at all functional levels.

Scope & Function:

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 prepare 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)
11. Review and revise the performance indicators and standards/thresholds periodically based on evidence/data collated so as to continuously improve the quality of Services provided



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12. Appointment of resource at the position of quality assurance and improvement coordinator to oversee the obtaining and maintaining of the quality standards and dealing with complaints (if any)
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 Top management of the organization Such written and verbal reports are due at the time of presentation at QMC meeting.

The QMC will assist in planning for improvising the 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/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 aspect 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/ 223 / 2022

Dt. 1st September, 2022

Meeting of Quality Core Committee

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

Date : 3rd September, 2022 (Saturday)

Time : 3:00 P.M.

Venue : College Council Room

S.No.	Name of the Committee Member	Designation	Position in committee
1	Dr. Dig Vijay Singh	Principal	Chairperson
2	Dr. Bhushan Kumar	Medical Superintendent	Member
3	Dr. Cheena Garg	Associate Professor, Pathology	Team Leader
4	Dr. Shikha Saxena	Professor & Head, Biochemistry	Member
5	Dr. Nitesh Mohan	Professor & Head, Pathology	Member
6	Dr. Ved Prakash	Professor & Head, Microbiology	Member
7	Dr. Shalini Chandra	Professor & Head, Pharmacology	Member
8	Dr. P C Srivastava	Professor & Head, Forensic Dept.	Member
9	Dr. Arun Kumar	Professor & Head, Community Medicine	Member
10	Dr. Seema Seth	Professor & Head, General Medicine	Member
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16	Dr. Ashutosh Dokania	Professor & Head, Ophthalmology	Member
17	Dr. Abhinav Srivastava	Professor & Head, ENT	Member
18	Dr. Pramod Kumar	Professor, Radio diagnosis	Member
19	Dr. Malti Agarwal	Professor & Head, Anaesthesia	Member
20	Dr. Kanchan Dalmia	Professor & Head, Obst. & Gynae	Member
21	Dr. Varun Agarwal	Associate Professor, Orthopaedics	Member
22	Dr. Arjun Agarwal	Associate Professor, Oncosurgery	Member
23	Dr. Faiz Shamsi	Dy. Medical Superintendent	Member
24	Dr. Apoorva Bansal	Blood Bank Officer	Member
25	Ms. Poonam Azad	Nursing Superintendent	Member
26	Mr. Sachin Saxena	Quality Assurance Department	Member
27	Ms. Reshma Kashyap	Quality Assurance Department	Member
28	Mr. Anuj Pachauri	Chief Engineer	Member
29		All Floor Incharges	Member

Copy to:

1. Chairman – for information
2. All Members of Quality Core Committee
3. Quality Assurance Department

[Signature]
Dean/Principal



Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Minutes of Committee Meeting

Committee Name: Quality Core Committee

Date: 03/09/2022

Time: 03:00 PM to 04:00PM

Location: College Council Room

S.No.	Name of the Committee Member	Designation	Designation in Committee
1	Dr. Digvijay Singh	Principal	Chairperson
2	Dr. Bhushan Kumar	M.S.	Member
3	Dr. Cheena Garg	Asso. Prof. Pathology	Team Leader
4	Dr. Faiz Shamsi	Dy. M.S.	Member
5	Dr. Ashutosh Dokania	Prof. Ophthalmology	Member
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15	Dr. Ved Prakash	Prof. Microbiology	Member
16	Ms. Poonam Azad	N.S.	Member
17	Ms. Loveena Saloman	D.N.S.	Member
18	Ms. Sapna George	D.N.S.	Member
19	Mr. Sachin Saxena	Asst. Manager -QA	Member

List of additional attendees of the meeting:

1. Ms. Sonam Verma (ANS)

Quorum: 70% attendance

Agenda of the meeting:

- To discuss the purpose and scope of Quality Management Committee.
- Method of monitoring & Auditing of AMC
- Any other matter with the permission of chair.



Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

MOM as per circulated Agenda:

- All Committee members were described about Importance and benefits of NABH and its accreditation in details.
- Standards of NABH were discussed and need of flowing standard in the functioning of Hospital.

Action Taken Reports:

S.N.	Key Points	Action Taken	Responsible person	Timelines
1.	Discussion regarding NABH	Members were told about NABH, its benefits and importance of accreditation, standards of NABH were discuss and need of following standards of NABH	All members	Till next meeting
2.	Discussion on Role and responsibility of members	All members were sensitized about the importance and responsibility of each members	All members	Till next meeting
3.	Other points raised by the member	Targets were fixed or implementation of NABH inspection.	All members	Till next meeting

- Next meeting will be scheduled on Jan 2023 or as needed on the call of chair.
- Meeting ended with vote of thanks.

Dr. Digvijay Singh
Chairperson of OT Committee
CC:

2. Chairman, RECT – for information please
3. All Members of the Committee
4. Sr. Administrative officer (College)
5. Sr. Administrative officer (Hospital)
6. Quality Assurance Department

Prepared By:

Reviewed By:





Minutes of Committee Meeting

Committee Name: Quality Assurance Committee

Date : 2 Sept 2022

Time: 12:30 -:1:45 pm

Attendees:-

S.No.	Name of the Committee Member	Designation	Designation in committee
1	Dr. Digvijay Singh	Principal	Chairperson
2	Dr. Bhushan Kumar	M.S.	Member
3	Dr. Cheena Garg	Asso. Prof. Pathology	Team Leader
4	Dr. Faiz Shamsi	Dy. M.S.	Member
5	Dr. Ashutosh Dokania	Prof. Ophthalmology	Member
6	Dr. Malti Agawal	Prof. Anaesthesia	Member
7	Dr. Sharad Seth	Prof. General Surgery	Member
8	Dr. Varun Agarwal	Asso. Prof. Orthopaedics	Member
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15	Dr. Prasad Nayak	Prof. Paediatric	Member
16	Ms. Poonam Azad	N.S.	Member
17	Ms. Loveena Saloman	D.N.S.	Member
18	Mr. Sachin Saxena	Asst. Manager - QA	Member

Agenda : Quality Assurance Manual, departmental & hospital wide policies and procedures per NABH guide lines, identification of mentors for quality indicators data and training program

Issues Discussed:

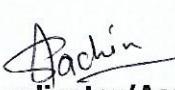
1. Hospital Manual, Hospital wide Policies, SOPs should be reviewed so as to send them to QCI in the first week of October along with the Self-Assessment Toolkit of the hospital.
2. Training need assessment & Training Calender.
3. Pre-Training & Post-training Assessment questionnaire
4. Quality Indicators to be monitored by the mentors
 - Clinical
 - Managerial
5. Utilization rates study

Conclusion:

1. Scheduling of Hospital Committee meetings done by Manager – Operations.
2. One controlled copy of Hospital manual issued to the Medical Superintendent and one kept in the quality cell
3. Devising the training modules and mock drills for staff training.
4. Pre-Training assessment to be done ASAP so that training can be started accordingly.
5. Quality Manager and Manager – Operations set up the system for capturing the data of quality indicators.
6. Utilization rates data capturing through HMS and manual sources.

Action To be taken:

1. Need assessment of trainings department wise to be presented by departmental heads.
2. Clinical and managerial indicators to be identified and reported to the chairman for review process
3. Training schedule to be determined and material to be formed in advance dates for training to be decided as per staff availability for it.


Meeting Coordinator/Asst. QM:


Dr. Jai Singh
Deputy Medical Superintendent
& Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly
Accreditation Coordinator/DMS



ROHILKHAND MEDICAL COLLEGE AND HOSPITAL

Pilibhit Bypass Road, Opp. Suresh Sharma Nagar, Bareilly. (U.P.) 243 006 INDIA
Phone : 0581-2526011, 2526012 Fax : 0581-2526054
e-mail : info@rmcbareilly.com, www.rmcbareilly.com

To,

1. All Committee Heads
2. QA Cell, RMCH, Bareilly

Subject: Regarding inclusion of responsibilities of task and timelines as assigned / discussed in minutes of meeting.

Dear Sir/Ma'am,

This is in lieu of conducted committee meeting for NABH/Quality Management system.

In respect to the NABH Committee meetings, the management instructed to mention the responsibilities and timelines in the minutes of meeting, and it is also to be reviewed by respective committee head in next proposed committee meetings.

Hence you are request to compliance on above mentioned instruction and also intimate to the undersigned.

Regard,

[Signature]
Deputy Medical Superintendent
& Administrative Officer
Dr. Faiz Shamsi
Rohilkhand Medical College & Hospital
Bareilly
(Dy. Medical Superintendent)

Copy to:

1. Chairman, RECT – for information please
2. All Committee Heads
3. Sr. Administrative officer (College)
4. Sr. Administrative officer (Hospital)

[Signature]
Deputy Medical Superintendent
& Administrative Officer
Dr. Faiz Shamsi
Rohilkhand Medical College & Hospital
Bareilly
(Dy. Medical Superintendent)

PATRONAGE
ROHILKHAND EDUCATIONAL CHARITABLE TRUST

A Quality Management Committee meeting was held under the headship of The Chairperson/ Head QMS Committee.

The Meeting was started with Welcome Notes by QA Cell team to brief about the progress update and proposals of previous meeting and pre-defined agenda as outlined below:

Quorum: 73% attendance

Agenda:

1. Review of the last meeting points.
2. Review of IEC and BCC in the hospital as per NABH guidelines.
3. Follow-up and monitoring of pre-existing checklists by the respective departments.
4. Quality Managements approaches for Medical Equipment's.
5. Review of Ambulance medicines & equipment checking & Documentation of Preventive & Maintenance plan

MOM as per the circulated agenda:

1. Previous meeting (held on 16 Nov 2022) point discussed i.e.
 - a. Plan for safety audit, status –completed.
 - b. Audit on standard practices i.e. Hand washing, Use of PPE, BMW management to be done in all critical area, status –completed.
2. Under process progress of last MOM in to be reviewed and compliance with in stipulated timeline.
3. IEC and BCC systems in the hospital need to be place at point of care and waiting areas for accessibility and easy approaches by staff and visitors.
4. To ensure the timely calibration and maintenance of equipment's to minimise any measurement uncertainty by ensuring the accuracy of test equipment.
5. Review of Ambulance audit checklist and continue monitoring for minimizing unavailability of medicine and equipment.

Action Taken Report:

S.No.	Key Point	Action	Responsibility	Timelines
1	<ul style="list-style-type: none"> • Review of IEC and BCC in the hospital as per NABH guidelines. 	<ul style="list-style-type: none"> • Committee members were suggested that to ensure the availability and updating Hospital IEC and BCCs, so that it could be uniform at all places. • It was also suggested to ensure the proper placing and relevancy of IECs at respective places. 	<p>Facility Manager/QA</p> <p>Cell</p>	10 Days

		<ul style="list-style-type: none"> All the requirement and related issues must be informed to the QA Cell for review and finalization 		
2	<ul style="list-style-type: none"> Display of Floor Description 	<ul style="list-style-type: none"> Few committee members also suggested that floor description need to be changed as per the new signage concept 	Facility Manager/QA Cell	10 Days
3	<ul style="list-style-type: none"> Calibration of all the equipment's 	<ul style="list-style-type: none"> It is advised by the committee to ensure timely calibration of all the equipment must be done. 	BMW Department	15 Days
4	<ul style="list-style-type: none"> Ambulance medicines & equipment checking & Documentation of Preventive & Maintenance 	<ul style="list-style-type: none"> Needs to revise the checklist and register and duly approved by the committee I/C and to ensure the frequent monitoring and availability of medicine, equipment in the ambulances. 	Transport Incharge/ QA Cell	20 Days

- Chairperson instructed to Quality Assurance Cell (QA Cell) for follow up and prepares progress report for next meeting.
- Next meeting scheduled on 10/03/2023.
- Meeting ended with vote of thanks.

MOM circulated to:

- Chairman, RECT – for information please
- All Members of the Committee
- Sr. Administrative officer (College)
- Sr. Administrative officer (Hospital)
- Quality Assurance Department

Annexures: Attendance Sheet

Prepared By:

*Sachin
(Asst. Mgr. - Q.A cell)*

Approved By:

X
Deputy Medical Superintendent
& Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Minutes of Committee Meeting

Committee Name: Quality Management Committee

Date: 16 Dec 2022

Time: 03:30- 04:30PM

Venue: College Council Room, RMCH, Bareilly, UP

Attendees:-

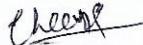
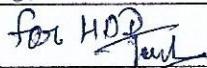
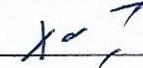
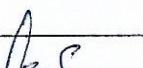
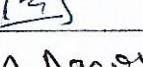
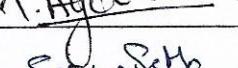
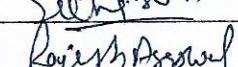
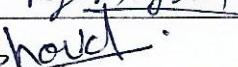
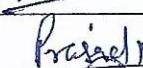
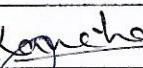
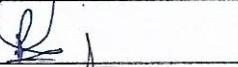
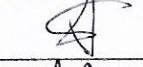
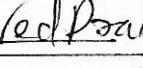
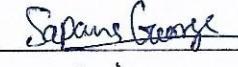
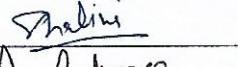
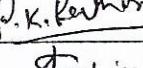
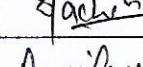
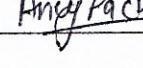
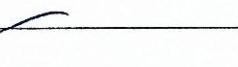
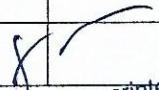
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18	Dr. Shalini	Prof. Pharmacology	Member
19	Ms. Poonam Azad	N.S.	Member
20	Ms. Sapna George	D.N.S.	Member
21	Mr. Sachin Saxena	Asst. Manager –QA Cell	Member
22	Mr. Anuj Pachauri	Chief Engineer	Member

Attendance - Sheet

Committee Name: Quality Management Committee

Date & Time:- 16 Dec 2022 & 03:30 PM to 04:40 PM

Venue: - College Council Room, RMCH Bareilly, UP

Sr. No.	Name of Committee Member	Designation In Committee	Department	Signature
1.	Dr. Digvijay Singh	Chairperson	Principal	
2.	Dr. Bhushan Kumar	Member	M.S.	
3.	Dr. Chema Garg	Team Leader	Pathology	
4.	Dr. Ashutosh Sankaria	Member	Ophthalmology	
5.	Dr. Faiz shamsi	Member	Dy. M.S.	
6.	Dr. Varun Agarwal	Member	Orthopedics	
7.	Dr. Arjun Agarwal	Member	Oncology	
8.	Dr. Malti Agarwal	Member	Anaesthesia	
9.	Dr. Seema Seth	Member	Hod Medicine	
10.	Dr. Rajesh Agarwal	Member	Chief & T.B.	
11.	Dr. Shradh Seth	Member	Surgery	
12.	Dr. Piyush Wayak	Member	Pediatric	
13.	Dr. Abhineet Srivastav	Member	ENT	
14.	Dr. Kanchan Dalmia	Member	Obst. & Gynae	
15.	Dr. Pramod Kumar	Member	Radio diag.	
16.	Mr. Parveen Azeel	Member N.S.	N.S.	
17.	Dr. Ved Pankash	Member	Microbiology	
18.	MS. Sapna George	Member	D.N.S.	
19.	Dr. Shalini	Member	Pharmacology	
20.	Dr. P. K. Rathore	Member	Skin & V.D	
21.	Mr. Sachin Kr. Saxena	Member	Aest. Mgr Q.A.C.I	
22.	Mr. Anuj Pachauri	Member	Chief Engineer	
				



Rohilkhand Medical College & Hospital

Pilibhit By-pass road, Bareilly

Re. No.: RMCH/317/2022

Date: 14.12.2022

Office Circular

Meeting of Quality Management Committee

➤ A meeting of Blood Transfusion Committee has been fixed as per schedule given below.
Quality Mgmt.

Date : 16.12.2022

Time : 03:30 PM to 04:30 PM

Venue : College Council Room

• Agenda of the meeting:

1. Previous meeting points
2. IEC and BCC system in the hospital need to be placed at point of care and waiting areas for accessibility and easy approaches by staff and visitors.
3. To ensure the timely calibration and maintenance of equipment's to minimize any measurement uncertain by ensuring the accuracy of test equipment.
4. Review of ambulance audit checklist and continue monitoring for minimizing unavailability of medicine and equipment.

Dean / Principal
Rohilkhand Medical College & Hospital
Bareilly

(Dr. Digvijay Singh)

(Dean/ Principal)

Copy to:

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

Minutes of Committee Meeting

Committee Name: Quality Management Committee

Date: 16 Dec 2022

Time: 03:30- 04:30PM

Venue: College Council Room, RMCH, Bareilly, UP

Attendees:-

S.No.	Name of the Committee Member	Designation	Designation in committee
1	Dr. Digvijay Singh	Principal	Chairperson
2	Dr. Bhushan Kumar	M.S.	Member
3	Dr. Cheena Garg	Asso. Prof. Pathology	Team Leader
4	Dr. Faiz Shamsi	Dy. M.S.	Member
5	Dr. Ashutosh Dokania	Prof. Ophthalmology	Member
6	Dr. Malti Agawal	Prof. Anaesthesia	Member
7	Dr. Sharad Seth	Prof. General Surgery	Member
8	Dr. Varun Agarwal	Asso. Prof. Orthopaedics	Member
9	Dr. Arjun Agarwal	Asso. Prof. Oncosurgery	Member
10	Dr. Seema Seth	Prof. General Medicine	Member
11	Dr. Rajesh Agarwal	Prof. Chest & TB	Member
12	Dr. P.K. Rathore	Prof. Skin and VD	Member
13	Dr. Kanchan Dalmia	Prof. Obst. & Gynae	Member
14	Dr. Prasad Nayak	Prof. Paediatric	Member
15	Dr. Pramod Kumar	Prof. Radio diagnosis	Member
16	Dr. Abhinav Srivastav	Prof. ENT	Member
17	Dr. Ved Prakash	Prof. Microbiology	Member
18	Dr. Shalini	Prof. Pharmacology	Member
19	Ms. Poonam Azad	N.S.	Member
20	Ms. Sapna George	D.N.S.	Member
21	Mr. Sachin Saxena	Asst. Manager –QA Cell	Member
22	Mr. Anuj Pachauri	Chief Engineer	Member



ROHILKHAND MEDICAL COLLEGE AND HOPITAL

Pilibhit Byepass Road, opp. Suresh Sharma Nagar, Bareilly

A Quality Management Committee meeting was held under the headship of The Chairperson/ Head QMS Committee.

The Meeting was started with Welcome Notes by QA Cell team to brief about the progress update and proposals of previous meeting and pre-defined agenda as outlined below:

Quorum: 73% attendance

Agenda:

1. Review of the last meeting points.
2. Review of IEC and BCC in the hospital as per NABH guidelines.
3. Follow-up and monitoring of pre-existing checklists by the respective departments.
4. Quality Managements approaches for Medical Equipment's.
5. Review of Ambulance medicines & equipment checking & Documentation of Preventive Maintenance plan

MOM as per the circulated agenda:

1. Previous meeting (held on 16 Nov 2022) point discussed i.e.
 - a. Plan for safety audit, status –completed.
 - b. Audit on standard practices i.e. Hand washing, Use of PPE, BMW management to be done in all critical area, status –completed.
2. Under process progress of last MOM in to be reviewed and compliance with in stipulated timeline.
3. IEC and BCC systems in the hospital need to be place at point of care and waiting areas for accessibility and easy approaches by staff and visitors.
4. To ensure the timely calibration and maintenance of equipment's to minimise any measurement uncertainty by ensuring the accuracy of test equipment.
5. Review of Ambulance audit checklist and continue monitoring for minimizing unavailability of medicine and equipment.

Action Taken Report:

S.No.	Key Point	Action	Responsibility	Timelines
1	<ul style="list-style-type: none">• Review of IEC and BCC in the hospital as per NABH guidelines.	<ul style="list-style-type: none">• Committee members were suggested that to ensure the availability and updating Hospital IEC and BCCs, so that it could be uniform at all places.• It was also suggested to ensure the proper placing and relevancy of IECs at respective places.	Facility Manager/QA Cell	10 Days



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		<ul style="list-style-type: none"> All the requirement and related issues must be informed to the QA Cell for review and finalization 		
2	<ul style="list-style-type: none"> Display of Floor Description 	<ul style="list-style-type: none"> Few committee members also suggested that floor description need to be changed as per the new signage concept 	Facility Manager/QA Cell	10 Days
3	<ul style="list-style-type: none"> Calibration of all the equipment's 	<ul style="list-style-type: none"> It is advised by the committee to ensure timely calibration of all the equipment must be done. 	BMW Department	15 Days
4	<ul style="list-style-type: none"> Ambulance medicines & equipment checking & Documentation of Preventive & Maintenance 	<ul style="list-style-type: none"> Needs to revise the checklist and register and duly approved by the committee I/C and to ensure the frequent monitoring and availability of medicine, equipment in the ambulances. 	Transport Incharge/ QA Cell	20 Days

- Chairperson instructed to Quality Assurance Cell (QA Cell) for follow up and prepares progress report for next meeting.
- Next meeting scheduled on 10/03/2023.
- Meeting ended with vote of thanks.

MOM circulated to:

- Chairman, RECT – for information please
- All Members of the Committee
- Sr. Administrative officer (College)
- Sr. Administrative officer (Hospital)
- Quality Assurance Department

Annexures: Attendance Sheet

Prepared By: S. A. S. I. N.
(Ass. M. S. & Q. A. Cell)

Approved By:
X
Deputy Medical Superintendent & Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly