# Hospital Committees for Entry level of NABH



#### Group:5

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#### **Objectives**

- To know the various committees
- To know the suggested members of the committees
- To know the responsibilities of the committees
- To know the periodicity of meetings of the committee
- To know the procedure of conducting the meeting

#### **DEFINITIONS**

- A formal working group with in a larger organisation to accomplish some specific purpose.
- A group of people appointed for a specific function by a larger group consisting of members of that group

#### LIST OF COMMITTEES

- Quality and Safety
- Infection Control
- Pharmacy and Therapeutic
- Blood Transfusion
- Medical Records

#### **CONSTITUTION OF THE COMMITTEE**

- Chair person
- Secretary
- Other members (Minimum 5 members, preferably odd numbers)
- Quorum minimum 50 percent of members
- Frequency once in 3 months

#### **PROCEDURE**

- Intimation of meeting
- Agenda to be distributed
- Gathering the meeting
- Previous Minutes (if the minutes are not resolved in two consecutive meetings it has to be escalated to the administrators)
- Discussion of the Agenda
- Analysis of the previous issues
- Action to be taken
- Person responsible
- Expected Time of completion

#### **QUALITY ASSURANCE COMMITTEE**

This committee takes responsibility of developing and periodically reviewing the organization wide quality improvement programme. The committee generally works as an apex committee for a hospital preparing for accreditation



- Develop and approve organization wide quality improvement program, policies, manual and activities
- Identify quality indicators for monitoring quality
- Recommend suitable benchmarks for indicators
- Review quality indicators performance periodically and take appropriate decisions for further improvement
- Recommend best practices for implementation in hospital

- Review and identify accreditation requirements and make plans to address them
- Guiding departments in matters related to quality and accreditation
- Develop and monitor quality improvement activities across the organization
- Regulate the purchase and condemnation of articles
- Analyze the patient feedback

#### **Suggested Members**

- Chairperson Someone from top management such as CEO, Vice president or director.
- Secretary Quality Manager
- Other members One representative each from medical specialties, surgical specialties, Gynecology and Obstetrics, Paediatric, Super-specialties, Laboratory services, Blood Bank, Imaging Services, General Management, HR management, Pharmacy services and Support services

## **Safety Committee**

Safety committee bears the responsibility of ensuring safety of all across the organization. Scope of this committee is wide and in larger hospital it can be further segregated into radiation safety committee, lab safety committee and hospital safety committee.



- Develop and issue policies related to safety based upon best national and international safety practice
- Monitor implementation of safety practices through appropriate indicators, audits and feedbacks
- Oversee the development and implementation of various emergency codes such as code blue, code pink, code red, code yellow etc.

- Investigate sentinel events and other safety related adverse events
- Issue guidelines related to safety pertaining to clinical and non-clinical activities
- Develop mechanism for reporting and tracking of safety related adverse events
- Present safety rounds outcomes

## **Suggested Members**

- Chairperson A senior member such as general manager
- Secretary Safety manager
- Clinical members Representatives from clinicians (specially surgery, medicine), representatives from laboratory and radiology, radiation safety officer, representative from nursing department, ICU in-charge and OT in-charge,
- Non-clinical members Maintenance in-charge, security incharge, representative from general management, fire safety officer

#### **Infection Control Committee**

This committee bears the responsibility of infection control measures with an objective of reducing the risk of HAI in the hospital. The committee discuss and decides on each matter that can have an effect on infection control.



- Develop and approve organization wide infection control program, policies, activities and manual
- Establish standard precaution practices to be followed across the hospital
- Establish definitions and criteria for identifying and reporting of all infections among patients and personnel
- Guide departments on evidence based infection control practices
- Set benchmark HAI rates for monitoring the effectiveness of infection control measures

- Capture quality indicators
- Analyze quality indicators
- Validate methods for calculating HAI rates
- Review HAI rates periodically and recommend actions accordingly
- Develop antibiotic policy in conjunction with Pharmacotherapeutics committee
- Develop protocol for handling of infection outbreak and manage such situation

#### **Suggested Members**

- Chairperson Someone from top management such as CEO,
  Vice president or director
- Secretary Infection Control Officer / Medical Microbiologist
  / Infectious diseases specialist
- Clinical members One representative each from medical and surgical specialties and Anesthesiology, Critical Care, Emergency Medicine, Laboratory services, Blood Bank, Nursing Services and Allied health specialties
- Non-clinical members –CSSD, Laundry, Bio-medical waste, Maintenance, Medical Equipment and General Management

## Pharmacy and Therapeutics committee

This committee deals with all matters pertaining to pharmacy, medicines and medical consumable used in the hospital for patient care. There are many issues related to safety, quality and ethics under use of drugs and this committee resolve those issues



- Develop and approve policies related to medication management
- Establish safe medication practices in the organization
- Develop and approve hospital formulary
- Issue guidelines for rational prescription of medication
- Develop mechanism for reporting and tracking of medication errors and adverse events related to medication
- Review indicators related to medication safety and take necessary decisions
- Monitor medication practices through audits such as prescription audit, pharmacy audit etc.
- Help Infection Control Committee in formulating antibiotic policy

## **Suggested Members**

- Chairperson A senior member such as HOD of medicine or vice-president or general manager
- Secretary Chief pharmacist
- Clinical members One representative each from medical and surgical specialities and from nursing department
- Non-clinical members Purchase Manager, Pharmacy store in-charge

#### **Medical Record Committee**

This committee reviews medical records for deficiencies, completeness, missing records etc.



- Effective capture of all data related to patient care
- Transmission of data to appropriate department for continuity of patient care, administration and law enforcement agency
- Safe storage of information in both manual and electronic format
- Analysis of data
- Retrieve information
- Restrict access to the data to only appropriate personnel Care providers, patients, authorized personnel by the patients
- Report birth and mortality, medico-legal cases, child or adult domestic abuse and notifiable diseases to the civic authorities

# Suggested members

- Chairperson Medical Superintendent
- Secretary Medical Records Officer
- Other Members: Clinicians from medical and surgical specialties, Nursing, Billing, Electronic data processing staff and Dietician

#### BLOOD TRANSFUSION COMMITTEE

This committee monitors usage of blood and blood components, blood bank storage licenses, wastage of blood and blood components and transfusion reaction review.



- Monitoring the usage of blood and blood components within the hospital and contribute to benchmarking against others
- Reducing blood component loss due to time expiry and other wastage reasons – linking into clinical areas where clinical wastage is deemed high
- Monitoring, reporting and investigating transfusion adverse events and near misses and using these experiences to promote learning

- Ensure a cycle of clinical audits to check transfusion practice and safety and compliance to national requirements
- Reduce the number of incidents in which an inappropriate dose of component is given to a patient
- Training and assessment for all staff in the hospital that are involved in the blood transfusion process

#### Suggested members

- Chair Person Medical Superintendent
- Secretary- Blood Bank Officer
- Members Representative from medical, surgical, paediatric, and Nursing speciality.

# GRIEVANCE COMMITTEE INCLUDING INTERNAL COMPLAINTS COMMITTEE

This committee presides over cases related to employee grievance and recommends appropriate disciplinary actions to be taken.



- To analyse in-depth all cases of employee grievance brought in committee
- To preside over the cases in most unbiased manner
- To take decisions on the basis of evidences and after listening to all concerned parties
- Ensure that disciplinary policy of the organization is followed
- In case the grievance is of nature of sexual harassment, it must handed over to internal complaints committee

# Suggested members

- Chairperson A top management person
- Convenor / Co-ordinator Head/Manager HR
- Other members 5-6 members from different departments (for internal complaints committee 2 external members are mandatory)

