




Malabar Medical College
Hospital & Research Centre

Discover a new life

Service Name :	POLICIES AND PROCEDURES: RESPONSIBILITIES OF MANAGEMENT (ROM)
Document No. :	E / NABH / MMCH / ROM / 01 - 02
No of Pages :	43
Date Created :	15 – 05 - 2019
Date of Last Revision :	01 – 05 - 2022
Prepared By :	Quality Department
Reviewed By :	Name : Mr. SAM MATHEW CHIEF OPERATING OFFICER Signature : 
Approved By :	Name : Dr. RAMESH RAVIDRAN CHIEF EXECUTIVE OFFICER Signature :

**This is a controlled documents and must be issued in whole only.
Do not make copies of the documents**

CONTROLLED DOCUMENT

CONTROL OF THE MANUAL

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. HOD – Human Resources and Development department is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the HOD.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH. The authority over control of this manual is as follows:

Preparation	Approval	Issue to
Quality Department	Deputy Medical Superintendent	Operations Department

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

Distribution List of the Manual:

Sl. No.	Designation
1.	Quality Department
2.	Operations Departments
3.	Patient Care Departments

PREPARED BY	REVIEWED BY	CONTROLLED DOCUMENT	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER		Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER

CONTENTS

Sl. No .	Topics	Page Number
ROM 1	Responsibility of Management	2 - 5
ROM 2	Organization Managed by the Leaders in Ethical Manner	6 - 21
ROM 3	Multi - Disciplinary Committees in the Organization	22 - 42



Doc. No.	E / NABH / MMCH / ROM / 1- 2
Issue No.	02
Rev. No	01
Date	01.05.2022
Page	Page 2 of 40

RESPONSIBILITIES OF MANAGEMENT

1. PURPOSE:

- To define the responsibilities of those responsible for governance.
- To ensure that the organization is managed in an ethical manner.
- To define responsibilities of multi-disciplinary committees for overseeing specific aspects of quality and patient safety.

2. SCOPE:

- Hospital- wide

3. RESPONSIBILITY:

- Top Management.
- Managing Director, Directors, Administrator, Nursing Superintendent, HR Manager, Accounts Manager, All functional Heads.

4. ABBREVIATION:

- **NABH** : National Accreditation for Hospitals and Healthcare Providers
- **ROM** : Responsibilities of Management

5. REFERENCE:

Pre Accreditation Entry Level Standards for Hospitals, Fifth Edition, April 2020.

- **ROM.1.:** The responsibilities of the management are defined.
- **ROM.2.:** The organization is managed by the leaders in an ethical manner.
- **ROM.3.:** The organization has set up multi-disciplinary committees to oversee specific areas of quality and patient safety.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

6. POLICY:

- The hospital shall have a documented Organogram, defining clearly the responsibilities of key personnel.
- The persons responsible for management shall support the quality improvement and patient safety plans of the organization.
- The organization is registered with Atholi Grama Panchayath as a Medical College and Research Center with 890 beds.
- The Hospital has identified Assistant Manager Quality to oversee the hospital wide quality and safety programme.
- The hospital's Board of Directors shall define, document and establish the following in the organisation:
 - a. Mission
 - b. Vision
 - c. Values
 - d. Quality policy and initiatives
- The organization shall display the following:
 - a. Its ownership
 - b. The services it provides
 - c. Standard billing tariff and billing
- The leaders / Management guide the Hospital to function in an ethical manner.
- The organization shall document agreements for all the outsourced services such as those given below and monitor them periodically:
 - a. Housekeeping
 - b. Diagnostic tests
 - c. Investigations
 - d. Kitchen

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



Malabar Medical College
Hospital & Research Centre

Doc. No. E / NABH / MMCH / ROM / 1- 2

Issue No. 02

**RESPONSIBILITIES OF
MANAGEMENT**

Rev. No 01

Date 01.05.2022

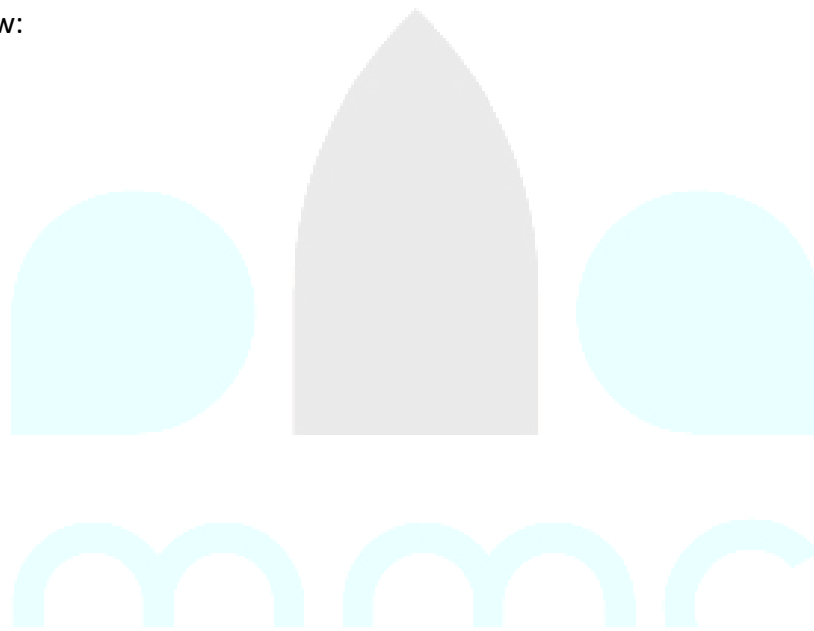
Page Page 4 of 40

e. Maintenance – Air-conditioning, electrical etc.

- The Hospital shall set up multi-disciplinary committees covering Core Quality, Safety, Infection Control, Anti-Sexual Harassment, Dietary, Contamination, Quality Planning and Development, Patient Feedback Analysis, Drug & Therapeutics, Code blue and Medical Records and the membership, responsibilities and periodicity of meetings of each shall be defined.

7. PROCEDURES:

- Malabar Medical College Hospital and Research Center has identified its Organogram as below:

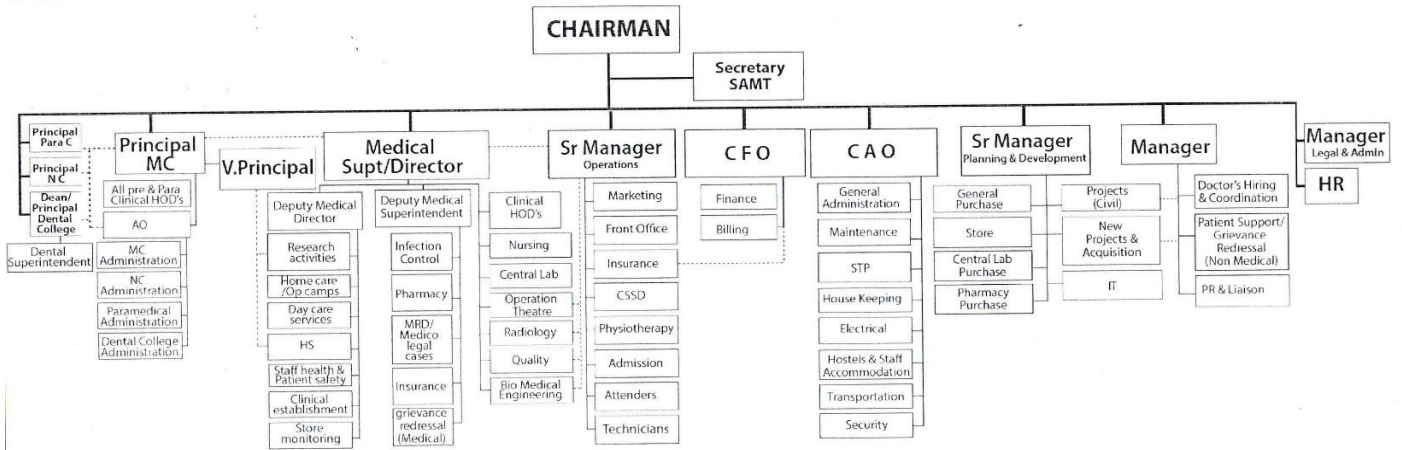


CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	CONTROLLED DOCUMENT	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER		Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**



Released on: 06. 07. 2020
Ref/ Rev. No: MMC/HR/03

Prepared by:
HR Head

George

Reviewed by
MD

Mathew

Reviewed by
Principal

[Signature]

Approved by:
Chairman

[Signature]

- Note:**
- Above is only an Org. Chart showing reporting relationships. Boxes do not denote hierarchy of positions.
 - Dotted line represents administrative reporting, normal line represents functional (operational) reporting and multiple normal lines shows reporting to two officials on all operational and administrative matters.

PREPARED BY Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	REVIEWED BY Mr. SAM MATHEW CHIEF OPERATING OFFICER	CONTROLLED DOCUMENT	APPROVED BY Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER
--	---	----------------------------	---



**RESPONSIBILITIES OF
MANAGEMENT**

7.1 THE ROLES & RESPONSIBILITIES OF STAFF AT VARIOUS LEVELS ARE DEFINED AS BELOW:

• CHIEF EXECUTIVE OFFICER:

- 1) CEO approves the policies and action plans to operate the organization in collaboration with organization directors and managers.
- 2) Steering the hospital towards progress and growth.
- 3) Guiding and decision-making for the hospital.
- 4) Approval of the budgets
- 5) Expansion of facilities, equipment's, addition of new hospitals, appointment of Consultants.
- 6) CEO allocates the resources required to meet the organization's mission along with budget.
- 7) Prepares, publicizes to the required members, helps to implement and measure the performance of the mission statement.
- 8) Responsible for operating the organization and complying with applicable laws and regulations.
- 9) Guide and support research activities, quality improvement plans, safety measures, HIC activities and budget allotments.
- 10) Guide the organization to full fill the social responsibility by funding free camps, outreach programmes etc.
- 11) Responsible for running the organization in an ethical way in terms of honestly communicating with the community it serves regarding the ownership, mission statement, affiliations, accreditation etc.
- 12) CEO responsible for implementing pro-active risk assessment and risk reduction activities.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **CHIEF OPERATING OFFICER:**

- 1) Participates in the implementation of the mission, vision and values of the organization, including the deliverance of high quality, patient focused health care.
- 2) Actively participate in developing short term and long-term business plan and budget based on organization goals and objectives.
- 3) Setting up of systems and processes for hospital operations across the hospital in alignment with the Hospital Information System leading to enhanced patient management as well as revenue.
- 4) Directs internal operations to achieve budgeted results and other financial and operational targets.
- 5) Directs the development and installation of procedures and controls, to promote communication and adequate information flow, and thereby firming up management control and direction of the hospital.
- 6) Develops and implements standard operating procedures in patient management in all patient care areas and ensures their compliance. Liaison with doctors for improving the patient volume and numbers as well as service delivery in all patient care areas.
- 7) Appraises and evaluates the results of overall operations regularly and systematically and reports these results to the CEO and Chairman.
- 8) Undertakes measures to identify and plug in revenue leakage using billing and other audits, ensures timely submission and follows up recoverable from insurance and third-party payers.
- 9) Periodically review costing with all concerned, plans and implement tariff changes to meet targets.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

- 10) Ensures that all activities and operations are performed in compliance with local and state laws and regulations in hospital operations.
- 11) Develops and maintains a sound plan for managing various departments and functions. Establishes programs to ensure appropriate staff development for effectively managing each functions/business units falling under your responsibility.
- 12) Participates in recruitment and retention of staff. Conducts performance reviews for reporting staff, by setting measurable goals and objectives and incorporating institution's vision and values.
- 13) Participates in training of staff, identifies and develops talent to plug the gaps in operations.
- 14) Identify and resolves issues related to staffing, utilization of facilities, equipment, and supplies.
- 15) Evaluates performance of revenue verticals and other departments/functions regularly and appraises the management weekly and monthly using dashboards, presentations and discussions.
- 16) Delegates authority and accountability as appropriate to ensure timely services as well as safety.
- 17) Participates in professional development activities to update with current trends and practices.
- 18) Contributes to the quality improvement processes and implementation of NABH standards.
- 19) Demonstrates an on-going commitment to service quality improvement and ensures professional job performance and customer service across the hospital.

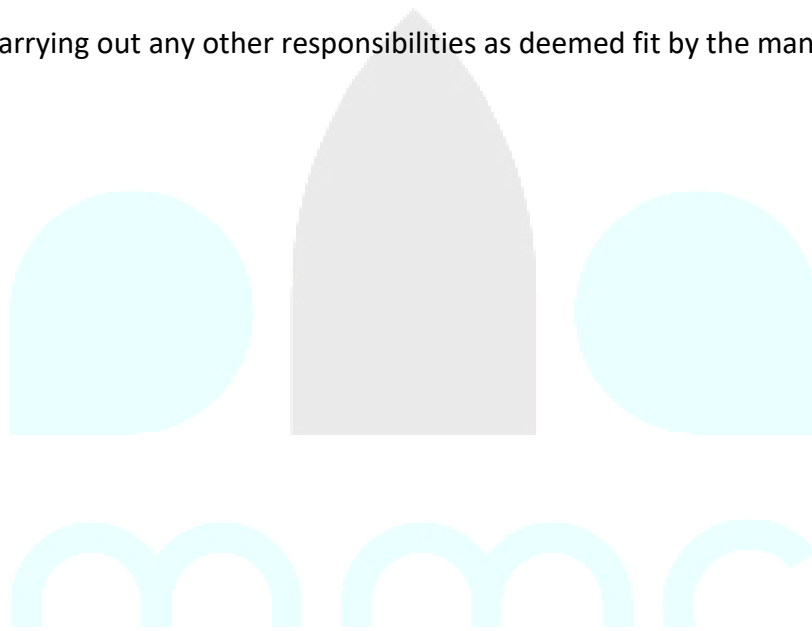
CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

- 20) Plan and implement a Quality Management System including maintenance of operations dashboard, proactive audits, identification of risk issues, conducts investigations and audits and ensures corrective and preventative action are taken to mitigate the risk ensure performance.
- 21) Conducts regular meetings with colleagues in the department to review the effectiveness of department function.
- 22) Provides guidance to operations heads of sister concerns, PIMS and Sahani Hospitals as required.
- 23) Carrying out any other responsibilities as deemed fit by the management.



CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **CHIEF ADMINISTRATION OFFICER:**

- 1) Responsible for the non-clinical services.
- 2) Mentoring and coordinating administrative staff within the hospital.
- 3) Formulating strategic, operational, and budgetary plans.
- 4) Responsible for operating the organization and complying with applicable laws and regulations.
- 5) Develops work plans, goals, and objectives, and evaluates performance.
- 6) Appoint a functional multi-disciplinary team responsible for well-defined and structured safety programme and continuous quality improvement programme.
- 7) CAO define the scope of each department, in addition to maintaining policies and procedures in consultation with the departmental heads.
- 8) CAO over see's organization's day-to-day operations.
- 9) Provide guidance to subordinate staff and evaluate performance
- 10) Resolve issues that may arise in a timely manner
- 11) Staying up to date on the latest changes to government rules and regulations related to administrative tasks, accounting, and financial reporting.
- 12) Assume responsibility for timely reporting to senior management or regulatory board.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **HEAD OF HUMAN RESOUCE MANAGEMENT:**

- 1) Participates in the implementation of the mission, vision and values of the organization; leads manpower planning and budgeting exercise aligned with the goals and objectives of the institutions run by the Trustees, which results in developing a cost-effective manpower planning document ensuring optimization of resources for all functions.
- 2) Review and revise organogram for the organization(s) in consultation with Management.
- 3) Review HR policies and procedures and strategize, direct and ensure timely and correct implementation of the same across the organization.
- 4) Review and implement recruitment strategy, launch new initiatives to help in easy and cost-effective sourcing as per the requirement of the organization(s). Manage manpower cost within industry standards, ensure most competitive resources are attracted in the budgeted cost.
- 5) Select and implement an appropriate and cost-effective Human Resources Management System.
- 6) Design and develop succession plan for seamless transition of leadership positions from time to time.
- 7) Plan and implement Performance Management System across the organization including appraisals.
- 8) Design proactive retention strategies, ensure attrition is within manageable limits across all functions and locations in both leadership and staff positions.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

- 9) Provide leadership and strategic direction to review and establish the administration of scheduling, attendance, leave management, payroll and benefits following statutory obligations.
- 10) Establish a proactive and effective communication system with senior management on the performance of personnel and development of a reward and recognition program.
- 11) Review and implement staff welfare measures.
- 12) Participate actively in creating an empowered and enjoyable workplace, and performance based and safety focused organizational culture, and implement the best people management practices including staff and doctor engagement.
- 13) Review compensation and benefits function, including appropriate compensation strategies, recommending relevant changes to the compensation policies and practices, and administration of compensation benefits including various incentives, Rewards and Recognition and retention plans.
- 14) Ensures legal compliance by monitoring and implementing applicable human resource federal and state requirements; conducting investigations; maintaining records; representing the organization at hearings.
- 15) Establish Training and Development function with appropriate resources and implement training across all departments and functions focusing on service standards and competency enhancement.
- 16) Ensure smooth separation and final settlement of resigned employees.
- 17) Ensure effective implementation of the disciplinary and grievance procedures for all employee groups
- 18) Participates in professional development activities to update with current trends and practices.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

- 19) Contributes to the quality improvement processes and implementation of NABH standards, including credentialing and privileging of doctors and other clinical staff.
- 20) Demonstrates an on-going commitment to service quality improvement and ensures professional job performance and customer service across the hospital.
- 21) Participates in developing a quality management system including the identification of risk, conducts audit and investigations and ensures corrective and preventative action as appropriate.
- 22) Conducts regular meetings with colleagues in the department to review the effectiveness of department function, and with all other stakeholders and management.
- 23) Provides guidance and support to sister concerns, PIMS and Sahani Hospitals in HR management.
- 24) Carrying out any other responsibilities as deemed fit by the management.

PREPARED BY	REVIEWED BY	CONTROLLED DOCUMENT	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER		Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



Malabar Medical College
Hospital & Research Centre

Doc. No. E / NABH / MMCH / ROM / 1- 2

Issue No. 02

**RESPONSIBILITIES OF
MANAGEMENT**

Rev. No 01

Date 01.05.2022

Page Page 14 of 40

• CHIEF FINANCE OFFICER:

- 1) Develops an effective cash flow / control systems; pricing policies; creditor/debtor policies and guidelines; and a fixed asset register.
- 2) Monitors of creditors/debtors accounts, cash position, payments control/regulation, investment of cash surplus.
- 3) Prepares MIS for discussion with Board of Directors.
- 4) Initiating, discussing and approving management decisions in liaison with the management team, periodically reviewing the existing pricing methodology.
- 5) Monitoring of all expenditure and financial transactions in relation to approved budget and financial management guidelines/policy and inform management to take corrective action.
- 6) Financial reviews to Management Team and Finance Committee to portray the quarterly financial performance in terms of profit and loss, on a quarterly basis.
- 7) Final accounts to management team and finance committee to give the annual financial performance, on an annual basis.
- 8) Annual budget to provide projection of income and expenditure for the forthcoming year, on an annual basis.
- 9) Monthly review of all general ledger accounts to ensure accurate and completeness of posted transactions.
- 10) Prepare/ supervise the preparation of financial reviews, cash flow statements, financial management reports and annual accounts for audit.
- 11) Collecting relevant data from all Company ABC cost centres, preparing and consolidating the Annual Budget.
- 12) Ensure that the company is equipped with sound Financial Management procedure and policies.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **MEDICAL SUPERINTENDENT:**

- 1) To demonstrate ability to provide operational oversight to the hospital.
- 2) To effectively interface with patients, attendants, internal & external customers.
- 3) To design, interpret and ensure effective implementation of policies, procedures, administrative rules.
- 4) To assist the Chief of Staff in planning, organizing and managing all Medical Services of the Hospital.
- 5) To monitor, participate and collaborate with other disciplines for successful implementation of NABH and other Quality Improvement Programs.
- 6) To supervise & ensure that all clinical policies and procedures within the Hospital meets the requirements of licensing or accrediting bodies.
- 7) To assist the Chief of Staff in reviewing and responding to any Medical Review by state of local surveys, inspections and accreditation & completion of statutory, statistical and annual reports.
- 8) To assume leadership role in ensuring availability of trained medical staff.
- 9) To assist in ensuring operations within budgeted cost.
- 10) To be well groomed, punctual & adhere to company policies and practices.
- 11) To have complete orientation of integrated management system of Hospital.
- 12) To have complete Awareness about Disaster Management Programme (DMP) of the hospital.
- 13) Work closely with Nursing & Emergency Team to take necessary steps to ensure high standard of patient care. Ensure proper procedures for the efficient admission, care & discharge of patients. Ensuring effective documentation for all medico-legal case.
- 14) Facilitate clinical audit.
- 15) Manage inter departmental communication; resolve disputes and/or operational working issues.
- 16) Drive all Clinical Quality initiatives.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

- 17) Taking care of Hospital Medical Operations.
- 18) Facilitating communication, interpreting and implementing the management decisions about Hospital working to Medical, Paramedical staff.
- 19) Monitor and support Medical Staff compliance with the Bylaws and policies.
- 20) Assist in retention strategies for medical staff.
- 21) To ensure the smooth functioning of academics programs of the hospital.
- 22) Review & ensure the renewal of the contracts of visiting consultants.

• **DEPUTY MEDICAL SUPERINTENDENT**

- 1) Management of all clinical operations of Hospital.
- 2) To assess and modify environment of the hospital for patients as well as employee's safety.
- 3) DMS helps for hospital accreditations.
- 4) Responsible to monitor, participate and collaborate with other disciplines for successful implementation of NABH and other Quality Improvement Programs.
- 5) Supervising all business affairs of the hospital together with the administrative team, while coordinating in all areas of operation of the hospital.
- 6) Ensuring proper implementation of policies towards promoting & protecting health, safety and organizational effectiveness.
- 7) Participate in the recruitment of doctors and paramedical staff, appropriately delegate duties and responsibilities to them and makes them accountable.
- 8) Assisting the medical staff in its service and patient care management by providing the means through which this service can be rendered with top-level quality.
- 9) Liaising between medical staff and other departments
- 10) Imparting training to various junior doctors and nursing staff.
- 11) To represent the Hospital for all medico-legal issues
- 12) DMS should have daily census of followings –

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



Doc. No.	E / NABH / MMCH / ROM / 1- 2
Issue No.	02
Rev. No	01
Date	01.05.2022
Page	Page 17 of 40

**RESPONSIBILITIES OF
MANAGEMENT**

- ✓ Number of patients admitted/discharged & net no. of patients in hospital in different categories.
- ✓ Number of Deaths.
- ✓ MLC Cases.
- ✓ Serious Patients Admitted.
- ✓ VIP Patients Admitted.
- ✓ DAMA / Referred Patients.
- ✓ OPD Census
- ✓ Diagnostics Census.
- ✓ Blood Bank Census

• **DEPUTY MEDICAL DIRECTOR**

- 1) To supervise Emergency Department, admission process and discharge process.
- 2) To guide the Diagnostic Departments – Radiology, Laboratory etc.
- 3) To recruit Consultants.
- 4) To recruit Resident doctors
- 5) To see the attendance, leaves of consultants and medical officers.
- 6) To take part in the Multi-disciplinary facility rounds.
- 7) To arrange for the appointment of necessary doctors and consultants in consultation with the Board of Directors.
- 8) To look after duty rotation of consultants and medical team.
- 9) To supervise the functioning of all Medical officers, junior doctors and night doctors in the hospital.
- 10) To oversee the practice of evidence-based medicine, safety initiatives, quality assurance, Improve clinical performance and implementation of NABH standards in medical staff.
- 11) To coordinate activities of the Hospital’s Infection Control and safety Programs.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

12) To keep track of admission, discharge, leave against medical advice discharge, and deaths on a daily basis.

13) To look into the IT Systems – quality related issues.

14) To oversee the functioning of the Clinical (Biomedical) Engineering department.

15) To oversee the Pharmacy operational aspects, except procurement.

• **SUPPLY CHAIN MANAGER:**

- 1) Manages the provision of Supply Chain Department services including implementing effective policies, procedures, processes and systems, to ensure compliance with all relevant requirements.
- 2) Purchasing of Machines, Equipment's, Pharmaceutical & Medical supplies, Accessories, Spares for both locally available & imported goods, required for the entire hospital set-up, ensuring no downtime of operations / stock outs.
- 3) Executing the procurement of budgeted CAPEX for the entire hospital within desired time frame & without negative variance.
- 4) To liaison with various Doctors & Senior Consultants who are the indenters for the CAPEX, Pharmacy, Medical & Surgical Materials to understand their exact requirements to be translated in purchase order.
- 5) Carrying out Value Analysis, Purchasing Research activities and maintenance of records and generation of all MIS involved in purchase operations.
- 6) Minimizing lead time in procurement of goods and in standardization.
- 7) Reviewing all the purchase requisitions prior to ordering to ensure that proper authorization has been made and requests for a review of the same if felt necessary.
- 8) Liaisoning and follow-up with government agencies for various licenses/permits etc. and keep records for its renewals.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

- 9) Coordinating with user departments in interpreting right specifications and quality of required items for the benefit of purchase assistants in the event of any doubts.
- 10) Monitoring purchase activities and effects changes to improve services and expedite delivery.
- 11) Negotiating with the suppliers & approving the same for placing purchase orders.
- 12) Releasing & Finalizing of AMC/CMCs
- 13) To carry out ABC, FSN Analysis for Pharmacy & Medical Materials on a periodical basis & to take corrective actions accordingly.
- 14) Provides MIS to COO for analysis of department operations and performance as required.
- 15) Demonstrates an on-going commitment to service quality improvement, and ensures a high level commitment to professional job performance and customer service.
- 16) Promotes and maintains effective communication systems within the department that ensure the team leaders/supervisors work together towards achieving the departmental objectives.
- 17) Manages the day-to-day maintenance of a quality management system including the identification of risk issues, conducts investigations and audits and ensures corrective and preventative action are taken to mitigate the risk.
- 18) Conducts performance reviews for reporting staff, by setting measurable goals and objectives and incorporating vision and values.
- 19) Conducting monthly meetings with colleagues in the department.
- 20) Attend Purchase Committee Meeting of hospital
- 21) Establish and maintain cordial relations with manufacturers, suppliers and Hospital user departments to expedite information exchange and timely attention and response.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



Doc. No.	E / NABH / MMCH / ROM / 1- 2
Issue No.	02
Rev. No	01
Date	01.05.2022
Page	Page 20 of 40

**RESPONSIBILITIES OF
MANAGEMENT**

22) Evaluate the safety, efficiency, and effectiveness of Supply Chain Department.

23) Any additional work as deemed fit by the management.

7.2 MALABAR MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTER ESTABLISHED THE FOLLOWING MISSION, VISION AND VALUES:

a) **Mission:** Malabar Medical College Hospital and Research Center is to provide excellent infrastructure, re owned faculty and learning environment to nurture new medical professionals with moral values and ethics with an attitude to serve the community selflessly and with compassion.

The institution is obligated to house innovative medical research activity to unfold the scientific truth beneficial for the human race.

b) **Vision:** Malabar Medical College Hospital and Research Center is accomplished to be recognized as an institution of eminence in india for providing excellent medical education, medical care and medical research.

c) **Our values:**

- ✓ Mutual respect
- ✓ Compassion
- ✓ Trust
- ✓ Honesty
- ✓ Integrity

CONTROLLED DOCUMENT

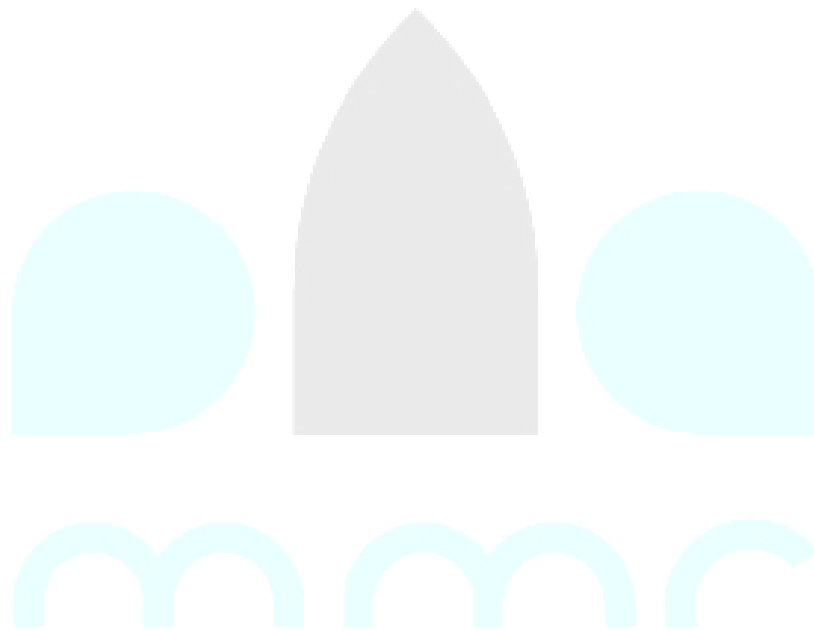
PREPARED BY Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	REVIEWED BY Mr. SAM MATHEW CHIEF OPERATING OFFICER	APPROVED BY Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER
--	---	---



**RESPONSIBILITIES OF
MANAGEMENT**

d) Quality Policy:

- ✓ We hereby assure quality healthcare to patients through reliable healthcare services, available medicines and maintainable equipment's.
- ✓ We shall ensure efficiency of operations and effectiveness of treatment through our competent human resources.
- ✓ We shall review this policy for continuing, adequacy and effectiveness.
- ✓ We shall achieve this through the quality objectives and target set for various departments.



CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

7.3 The Hospital has identified the following committees towards ensuring quality of patient care and towards patient safety:

- **Hospital Infection Control Committee**

-

a) **Members:**

Professor/HOD Microbiology	Chairman
Deputy Medical Superintendent	Convener
Microbiologist	Infection control officer
Infection Control Nurse	Secretary
Director- Medical operations	Member
Deputy Medical Director	Member
Chief Administrative Officer	Member
Chief Operation Officer	Member
Chief Nursing Officer	Member
Head Of Supply Chain Management	Member
Maintenance Manager	Member
Assistant Manager Of Quality	Member
CSSD In-charge	Member
MICU In-charge	Member
ICCU In-charge	Member
OT In-charge	Member
Laundry In-charge	Member
Housekeeping In-charge	Member
Epidemiologist	Member

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

Health Inspector

Member

b) Responsibilities

To reduce the Health-care Associated Infection (HAI) to as minimum as possible.

The arena of infection control is ever changing. There are emerging infections with multidrug resistant organisms like ESBL, Amp C and Carbapenemase producing Gram negative bacilli, apart from MRSA & VRE, Multi Drug Resistant-TB, H1N1. The Infection Control Committee has adopted a fourfold approach for prevention of these infections.

1. Surveillance, prompt diagnosis and treatment of infections.
2. Isolation precautions and strict adherence to hand hygiene.
3. Prudent use of antimicrobials as per the antibiotic policy
4. Continued surveillance and feed back to the clinical staff.
 1. Infection rates are monitored for catheter associated urinary tract infection, ventilator associated pneumonia, central line associated blood stream infection and surgical site infections. These infections are tracked by the infection control team using infection control data sheets and documented.
 2. The surveillance rate is made available to the IPCC in its monthly meetings. In case of an increasing trend or an outbreak, an immediate action plan is devised by ICT & Depending on the investigative analysis, the likely source of infection is traced if possible.
 3. The rates of HAI vary with patient population, clinical settings, nature of the organization. Ayliff has pointed out that there is an 'irreducible minimum' rate of HAI due to inherent risks of underlying disease and medical interventions.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



Doc. No.	E / NABH / MMCH / ROM / 1- 2
Issue No.	02
Rev. No	01
Date	01.05.2022
Page	Page 24 of 40

**RESPONSIBILITIES OF
MANAGEMENT**

4. We also share our data and have access to infection control data to Central and State Govt.
5. The Infection Control Officer has the responsibility of studying the emerging infections and their antibiotic sensitivity patterns so as to form an annual antibiotic policy. The hospital antibiograms are shared with all the clinicians every six months.

c) Frequency of meeting

- ✓ The committee meets once a month on the 2nd Wednesday of every month
- ✓ If the 2nd Wednesday happens to be a non-working day the meeting is held on the 3rd Wednesday of the month.

• Drug and Therapeutic Committee

a) Members

Medical Superintendent	Chairperson
Deputy Medical Superintendent	Convener
Clinical Pharmacist	Secretary
Deputy Medical Director	Member
HOD Anesthesiology	Member

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

Chief Administrative Officer	Member
Chief Operating Officer	Member
Chief Nursing Officer	Member
Nursing Director	Member
Representative Of Clinical Department	Member
Intensivist	Member
Supply Chain Management	Member
Assistant Manager Of Quality	Member
Assistant Manager Of Biomedical	Member

b) Responsibilities

1. Advising medical, administrative, and pharmacy departments on pharmaceutical related issues.
2. Assisting in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to drugs in the hospital, including antibiotic usage, Narcotic drugs and psychotropic substances, radioactive drugs, concentrated electrolytes and chemotherapeutic drugs.
3. To ensure that the pharmacy services are complied with the applicable laws and regulations.
4. Developing pharmaceutical policies and procedures.
5. Evaluating and selecting medicines for the formulary and providing for its periodic revision.
6. Identifying medicine use problems.
7. Promoting and conducting effective interventions to improve medicine use (including educational, managerial, and regulatory methods).

CONTROLLED DOCUMENT

PREPARED BY Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	REVIEWED BY Mr. SAM MATHEW CHIEF OPERATING OFFICER	APPROVED BY Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER
--	---	---



**RESPONSIBILITIES OF
MANAGEMENT**

- 8. Guiding medical representative's visit to the consultants and other stake holders.
- 9. To participate in quality improvement activities and monitor various quality indicators for further improvement.
- 10. Maintain the drug formularies to promote safety effectiveness and affordability according to the formulary principles.
- 11. Review new drugs, drug dose, new clinical indications therapeutic advantages, new chemical entities and new safety information.
- 12. Review and update pharmaceutical management policies at least annually and as new pharmaceutical information becomes available.
- 13. Promoting and conducting effective interventions to improve medicine use

c) Frequency of meeting

- ✓ This committee will be held once in three months or as otherwise deemed necessary by the Chair.

PREPARED BY	REVIEWED BY	CONTROLLED DOCUMENT	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER		Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• Hospital Safety Committee

a) Members:

Director Medical Operations	Chairperson
Deputy Medical Director	Convener
Hospital Safety Officer	Secretary
Medical Superintendent	Member
Deputy Medical Superintendent	Member
Chief Executive Officer	Member
Chief Administrative Officer	Member
Senior Manager Planning & Development	Member
Chief Operation Officer	Member
Chief Nursing Officer	Member
Supply Chain Management	Member
Maintenance Manager	Member
Manager Quality	Member
Senior Manager Laboratory	Member
Hospital Safety Officer	Member
Infection Control Nurse	Member
CSSD In charge	Member
Assistant Manager Biomedical Dept.	Member
Radiology Safety Officer	Member

b) Responsibilities:

1. To develop policies and procedures to ensure HCO's environment and facilities opera safety of patients, their families, staff and visitors.

CONTROLLED DOCUMENT

PREPARED BY Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	REVIEWED BY Mr. SAM MATHEW CHIEF OPERATING OFFICER	APPROVED BY Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER
--	---	---



**RESPONSIBILITIES OF
MANAGEMENT**

2. Equipment management to ensure the provisions for safe water, electricity, Medical gases and vacuum system.
3. Plans for managing fire and non-fire emergencies.
4. Handling of community emergencies epidemics and other disasters.
5. Handling of hazardous material in the hospital.
6. To evaluate the safety related incidents and facility inspection reports to improve the process and outcome.
7. To identify potential safety and security risks to staff, patients and visitors.
8. Conduct an exercise of Hazard Identification and Risk Analysis (HIRA) and ensure that necessary steps are taken to eliminate or reduce such hazards and related risks.
9. Conduct facility inspection rounds to ensure safety. These rounds shall be conducted minimum twice a year in patient care areas and once a year in non-patient care areas.
10. The inspection reports shall be documented and corrective/ preventive measures undertaken shall conduct safety education program for all staff.
11. To develop emergency codes at the hospital, conduct mock drill and evaluate the effectiveness and taking of corrective and preventive action.
12. Develop safety manual and the same shall be revised annually by safety committee.
13. To ensure training of staff in safety related topic.

c) Frequency of Meeting:

- ✓ This committee will be held quarterly or as otherwise deemed necessary by the Chair.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **Medical Record Department Committee**

1. Members:

Medical Superintendent	Chairman
Deputy Medical Superintendent	Convener
Medical Record Department In-charge	Secretary
Deputy Medical Director	Member
MRD In-Charge	Member
HOD Surgery Department	Member
HOD Medicine	Member
HOD OBG	Member
HOD Pediatrics	Member
HOD Forensic Department	Member
In Charge House Surgeons	Member
In Charge Post Graduates Doctors	Member
Chief Executive Officer	Member
Chief Financial Officer	Member
Chief Operation Officer	Member
Front Office In-Charge	Member
Insurance Manager	Member
Nursing Director	Member
Chief Nursing Officer	Member
Nursing Supervisor	Member
Nursing Supervisor (ICU)	Member
OT Manager	Member
Clinical Pharmacist	Member
Head IT	Member
Manager Quality Department	Member

2. Responsibilities:

1. Review of medical records to ensure that they are accurate, clinically pertinent, complete and readily available for continuing patient care, medico-legal requirements, and medical research.

CONTROLLED DOCUMENT

PREPARED BY Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	REVIEWED BY Mr. SAM MATHEW CHIEF OPERATING OFFICER	APPROVED BY Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER
--	---	---



**RESPONSIBILITIES OF
MANAGEMENT**

2. Ensure that medical staff complete all the medical records of patients under their care by recording a discharge diagnosis and writing a discharge.
3. Determine the standards and policies for the medical record and the medical record services of the health care facility.
4. Recommend action when problems arise in relation to medical records and the medical record service.
5. Review and approval of forms and format for the medical record, including electronic applications
6. Assist and support the Medical record department in liaising with other staff departments in the healthcare facility.
7. It is important that rules and regulations for the completion of medical records are developed and approved by medical staff and adhered to by all.
8. With the support of the Medical Record Committee MRO should be able to address quality issues such as poor documentation and incomplete medical records and take appropriate action as needed
9. The MRO shall prepare a summary report for each Medical Record Committee meeting.
10. This summary should include the number of medical records awaiting completion by doctors.
11. Review of the monthly delinquent record statistics and take action as needed.
12. Other duties as relate to the documentation, use, and storage of medical records.

3. Frequency of meeting:

- ✓ This committee will be held once in three month or as otherwise deemed necessary by the Chair.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **Code blue Committee**

a) **Members:**

Director Medical Operations	Chairperson
Deputy Medical Superintendent	Convener
ED In-Charge	Secretary
Medical Superintendent	Member
Deputy Medical Superintendent	Member
Deputy Medical Director	Member
HOD Anesthesiology	Member
Chief Administrative Officer	Member
Chief Operating Officer	Member
Chief Nursing Officer	Member
Nursing Director	Member
Medicine Department Representative	Member
Intensivist	Member
Supply Chain Management	Member
Manager Quality	Member
Nursing Supervisor	Member
ED Nursing Supervisor	Member
Manager Biomedical	Member

b) **Responsibilities:**

- 1) Defining the role and composition of the resuscitation team.
- 2) Ensuring resuscitation equipment for clinical use is available
- 3) Ensuring appropriate resuscitation drugs (Including those for peri-arrest situations) are available.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

- 4) Planning adequate provision of training in resuscitation.
- 5) Determining requirements for and choice of resuscitation training equipment.
- 6) All policies relating to resuscitation and anaphylaxis are to be developed, implemented and monitored.
- 7) Audit of resuscitation outcomes.
- 8) Recording and reporting critical incidents in relation to resuscitation and take appropriate corrective actions.
- 9) Monthly analysis of Rapid Responsive Team & Code Blue.
- 10) Training BLS & ACLS

c) Frequency of meeting

- ✓ This committee will be held quarterly as otherwise deemed necessary by the Chair.

PREPARED BY Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	REVIEWED BY Mr. SAM MATHEW CHIEF OPERATING OFFICER	CONTROLLED DOCUMENT	APPROVED BY Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER
--	---	----------------------------	---



**RESPONSIBILITIES OF
MANAGEMENT**

• **Core Quality Committee**

a) **Members:**

Director Medical Operations	Chairperson
Deputy Medical Superintendent	Convener
Asst. Manager Quality	Secretary
Medical Superintendent	Member
Chief Executive Officer	Member
Chief Operation Officer	Member
Director of Nursing	Member
Chief Nursing Officer	Member
Supply Chain Management	Member
Maintenance Manager	Member
Quality Executive	Member
Senior Manager Laboratory	Member
All Other HODs are Invite Member	Member

b) **Responsibilities:**

1. Committee will be responsible for developing documents and implementing a continuous quality improvement programme.
2. Ensure that the Quality Management Program is comprehensive and addresses all major issues related to quality assurance and risk management
3. Quality committee will play an integrating role in the management of all quality improvement related activities and committee's performance.
4. They are responsible for developing all NABH related documents.
5. Committee is responsible for identification of quality management related educational needs of staff and to ensure that these are full filled.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

6. Shall regularly evaluate the compliance to the quality management program, collect data, review the policies and take corrective actions when necessary
7. Shall review the Quality Management Program every year including analysis of the key quality indicators and identify opportunities for improvement.
8. The Quality Management Program seeks to assure maximum compliance in terms of clinical facilities, equipment, and quality health care delivery systems
9. Functional Audits at service units/ departments shall be conducted at periodic intervals to determine compliance to standards and Quality.
10. Each functional discipline will be applying formalized accreditation standards from NABH and other quality indicators. They shall coordinate these findings with the Quality Office.
11. Establish and support specific quality improvement initiatives.
12. Discuss relevant quality issues at the committee meeting Brainstorming to identify new means/ ideas for continual quality improvement aimed at building a strong quality culture in the hospital.

c) Frequency of meeting:

- ✓ This committee will be held monthly or as otherwise deemed necessary by the Chair.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **Anti-Sexual Harassment Committee**

a) Members:

Professor OBG	Chairperson
Chief Nursing Officer	Convener
Executive HR Department	Secretary
Dr. Prejisha B.	Member
Ms. Soniya M.S.	Member
Dr. Sudha Anil	Member
Ms. Rani	Member
Ms. AnithaKumari	Member
Ms. Sajina K.	Member
Chairman	Member
Medical Superintendent	Member
Deputy Medical Superintendent	Member
Head of HR	Member

b) Responsibilities:

1. To evolve a permanent mechanism for the prevention and redressal of sexual harassment cases and other acts of gender based violence at the Institute.
2. To uphold the commitment of the Institute to provide an environment free of gender based discrimination.
3. To create a secure physical and social environment to deter any act of sexual harassment.
4. To promote a social and psychological environment to raise awareness on sexual harassment in its various forms.

CONTROLLED DOCUMENT

PREPARED BY Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	REVIEWED BY Mr. SAM MATHEW CHIEF OPERATING OFFICER	APPROVED BY Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER
--	---	---



Doc. No.	E / NABH / MMCH / ROM / 1- 2
Issue No.	02
Rev. No	01
Date	01.05.2022
Page	Page 36 of 40

**RESPONSIBILITIES OF
MANAGEMENT**

c) Frequency of meeting:

✓ As and when required and bi-annual mandatory.

• Dietary Committee

a) Members:

Director Medical Operations	Chairperson
Deputy Medical Director	Convener
Dietician	Secretary
Deputy Medical Superintendent	Member
Chief Administrative Officer	Member
Chief Operation Officer	Member
Chief Nursing Officer	Member
Epidemiologist	Member
Head Supply Chain Management	Member
Canteen Manager	Member
Assistant Manager Quality	Member
Infection Control Nurse	Member
Health Inspector Community Medicine	Member
Executive Quality	Member

b) Responsibilities:

1. The canteen committee proposes major decisions on the operation of the canteen.
2. To develop and oversee implementation of the Canteen Policy Statement.
3. To ensure that the canteen is operating in accordance with Hospital policies and guidelines.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

4. The chairperson of the canteen committee will liaise directly with canteen staff on matters relating to the day-to-day management.
5. To participate in quality improvement activities and monitor various quality indicators for further improvement.
6. To ensure the canteen provides a range of Safe, hygienic, healthy food for the Patients for reasonable prices
7. To ensure a healthy and safe work environment.
8. To ensure the legal requirements of the canteen are maintained.
9. If required upgrade the condition of the canteen's facilities and equipment's.
10. To plan, organize, control and evaluate the needs of the canteen.
11. To report to Government authority as and when necessary.
12. May employ and dismiss staff according to legislation.
13. Developing Canteen policies and procedures.
14. To ensure that the Canteen services are complied with the applicable laws and regulations.
15. Make decisions on the items to be sold in the canteen and approve the sale prices of new items.
16. Implement the canteen policy and initiate annual review of this policy.
17. Make sure all daily stock records are in order and an audit is performed at the end of each month.
18. Establish the required profit margin and appropriate control produce a canteen menu and price list.
19. To participate in quality improvement activities and monitor various quality indicators for further improvement.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

c) Frequency of meeting

- ✓ This committee will be held once in monthly or as otherwise deemed necessary by the Chair.

• Condemnation Committee

a) Members:

Director Medical Operations	Chairperson
Sr. Manager Planning and Development	Convener
Store Manager	Secretary
Deputy Medical Superintendent	Member
Deputy Medical Director	Member
HOD Anesthesiology	Member
Chief Administrative Officer	Member
Chief Operating Officer	Member
Nursing Director	Member
Medicine Department Representative	Member
Intensivist	Member
Supply Chain Management	Member
Manager Quality	Member
Nursing Supervisor	Member
ED Nursing Supervisor	Member
Manager Biomedical	Member
All Other HODs	Invite Members

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

b) Responsibilities:

1. To approve the condemnation of materials.
2. The user departments will send the details of the materials that cannot be used further which will be taken up to committee.
3. The Condemnation Committee looks at the details and physically checks the materials and confirms the suitability for disposal.
4. Item may be declared condemned if it is unserviceable, unreliable, obsolete, beyond its prescribed life period and economical repair.
5. The scrap value is estimated. Estimate of the item calculated against purchase cost of fixed asset and GRN.
6. More than one vendors are called separately and quotes are taken from them.
7. Quotes are compared and the best quote is considered and the materials are disposed off.
8. Vendor is asked to collect the scrap in the presence of personnel from the Hospital/Purchase Department.
9. The list of expired and near expiry medicines will be prepared by Pharmacy, mentioning the Item Name, Qty, Batch no, Date of Expiry, MRP & Cost Price.
10. Pharmacy store would give a list of all the medicines back to the pharmacy for the medicines which cannot be returned to the suppliers.
11. Medicines, which cannot be returned to the vendor, pharmacy will send the same for incineration after approval from the condemnation committee.
12. A register can be kept to record the minutes.

c) Frequency of meeting:

- ✓ Once in two months or whenever necessary.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

• **Quality planning and development committee**

a) Members:

Hospital Chairman	Chairperson
Director Medical Operations	Convener
Senior Manager Planning and Development	Secretary
Medical Director	Member
Deputy Medical Superintendent	Member
Deputy Medical Director	Member
Chief Administrative Officer	Member
Chief Operating Officer	Member
Maintenance Manager	Member
MEP Manager	Member
Hospital Safety In-charge	Member
All others Department HODs	Invite members

b) Responsibilities:

1. Assure activities are planned according to NABH criteria, policies, and procedures.
2. Identifying and addressing a professional practice gap compare to NABH criteria
3. The Committee coordinates the functioning with departments and External agencies and monitors the progress in achieving the defined goals and objectives.
4. The committee reviewing the current operations of the organization and identifying what needs to be improved operationally in the upcoming year.
5. Investigating new resource development projects, activities and ideas for use in the future.
6. committee evaluating the all the work of the hospital and the committee committed itself to and reports information Trust.
7. Develop a long-range fund development plan.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

8. Devise and recommend fund development policies and practices to the trustees for action.
9. Monitor and track progress on the fund development plan. Participate in problem solving to address lags in achievement of objectives and targets.
10. To determine and advise on all planning applications and any local development proposals.
11. The Committee as the responsibility to explain the upcoming projects and plan to the concern custodians.
12. The committee as responsible to update Equipment / Machine / services which are available in the organization.

c) Frequency of meeting:

- ✓ Once in two months or whenever necessary.

• Patient Feedback Analysis Committee

a) Members:

Director Medical Operations	Chairperson
Chief Executive Officer	Convener
PRO / Quality Executive	Secretary
Deputy Medical Superintendent	Member
Deputy Medical Director	Member
Chief Administrative Officer	Member
Chief Operating Officer	Member
Chief Nursing Officer	Member
Nursing Director	Member
Supply Chain Management	Member
Assistant Manager Quality	Member
Canteen Manager	Member

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER



**RESPONSIBILITIES OF
MANAGEMENT**

b) Responsibilities:

1. To responsible for reviewing and responding to all patient Feedback
2. To develop and implement well-defined policies, procedures, and processes for addressing and responding to patient Feedback.
3. To discuss and inform the Patient Complaints to the concern departments HODs.

c) Frequency of meeting:

- ✓ Once in two months or whenever necessary.

CONTROLLED DOCUMENT

PREPARED BY	REVIEWED BY	APPROVED BY
Mr. AKHILJITH K S ASSISTANT MANAGER QUALITY	Mr. SAM MATHEW CHIEF OPERATING OFFICER	Dr. RAMESH RAVINDREN CHIEF EXECUTIVE OFFICER