



BOMBAY HOSPITAL

Ring Road, Indore- 452010 (M.P.)

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1.0 INTRODUCTION:

1.1 BOMBAY HOSPITAL TRUST:

Considered the premier private trust hospital in India. Set up in 1950s by the philanthropist Shri Rameshwar Das ji Birla. Every year around 2 lakh OPD patients & 28000 inpatients flock to Bombay Hospital – Bombay for various kinds of treatment.

1.2 65 years of Medical Care you can Trust:

The Bombay Hospital-Indore has 600 beds, of which 80 beds are free. About 60% of operations performed by our surgeons are free or against very nominal charges. Every month, about 2500 patients take advantage of our free OPD. Bombay Hospital-Indore will be running on the same fundamental ideals of charity & excellence, as Bombay Hospital Bombay.

1.3 BOMBAY HOSPITAL – Bombay:

- Premier 830 bedded hospital in India – 330 beds are free, 200 are highly subsidised.
- Set up in 1950s by the philanthropist Shri Rameshwar Das ji Birla. 2 lakh OPD patients & 28000 inpatients are treated every year.
- 16000 operations are performed / year.
- 3500 Angiographies/ Plasties / year.
- Only Pvt sector hospital in the country offering University degrees in basic & super specialties.
- Nursing College: Bombay Nurses Training Institute.

1.4 BOMBAY HOSPITAL – Indore:

- 600 bedded super-specialty tertiary care referral centre.
- World class medical facilities under one roof. Better infrastructure.
- State-of-the-art, sophisticated technology.
- Apart from world class medical facilities, it is Human Touch & Care by which we have been able to gain trust of people.





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1.5 International Medical Care At Local Cost:

- World class team of doctors.
- Best possible treatment delivered most efficiently at minimum cost.
- Highly professional & dedicated management team.
- Professionally trained nursing brigade provides care with age old traditions.
- Efficient support service system ensuring hassle-free experience.
- Qualified Hospitality Manager.
- Offering affordable premier medical care at your door step.

1.6 ACADEMIC ACTIVITIES:

- 1.6.1 DNB
- 1.6.2 PGDCC
- 1.6.3 ISCCM
- 1.6.4 Bombay Hospital College of Nursing, Indore.
- 1.6.5 FNB

1.7 CORPORATE SOCIAL RESPONSIBILITY:

- 1.7.1 Free OPD
- 1.7.2 General ward – free bed and diet charges.

1.8 MILESTONES (Bombay Hospital, Indore):

- 1.8.1 Ranked 1st by 'The Week' magazine, November 2011.
- 1.8.2 ICICI Lombard Award
- 1.8.3 NABH Accreditation

1.9 BOARD OF MANAGEMENT:

1.9.1 TRUSTEES:

- 1.9.1.1 **Shri B.K. Taparia** : Honorary **Chairman**.
- 1.9.1.2 **Shri Shyam Malpani** : Dy. Honorary Secretary
- 1.9.1.3 **Shri Ramkrishna Singhania**.
- 1.9.1.4 **Smt. Nandini Nopany**



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1.9.2 ADMINISTRATION:

- 1.9.2.1 **Director Medical Services** : Dr. R.V. Patil [MBBS, DHA, MBA, MPhil (Hosp Admin)]
- 1.9.2.2 **Director Industrial Relations & Human Relations** : Mr. Ramesh Bhattad
- 1.9.2.3 **Director Admin & H.E. & A.S.** : Dr. Rajesh Choumal.
- 1.9.2.4 **Director Nursing** : Mrs. Shaila Bhalekar
- 1.9.2.5 **Director Materials** : Mr. Manoj Singhal.
- 1.9.2.6 **Director Systems** : Mr. Manish Ved.
- 1.9.2.7 **Finance Controller** : Mr. Rajkumar Agarwal.
- 1.9.2.8 **Manager** : Shri G. P. Sharma, B.A., LLB.
- 1.9.2.9 **Medical Superintendent (BHI)** : Dr. Dileep Singh Chauhan
- 1.9.2.10 **General Manager (Admin) (BHI)** : Mr. Rahul Parashar.
- 1.9.2.11 **Nursing Superintendent (BHI)**: Mrs. Manju Bhattacharya

1.9.3 ACADEMIC:

- 1.9.3.1 **Bombay Hospital Institute Of Medical Sciences** : Honorary Director Medical Education and Research Dr. B. K. Goyal [B.Sc., M.B., D.T.M. & H. (Liverpool), M.I.C.T.D. (BER), F.I.C.A. (New York), F.C.C.P. (U.S.A.), F.R.C.P., F.R.S.T.M. (LOND), F.A.C.C. (U.S.A.)]. Dean: Dr. S. Jayaram

2.0 MISSION, VISION AND GOALS:

2.1 MISSION:

“Bombay Hospital shall provide the best possible medical treatment, delivered most efficiently, in the shortest possible time, at minimum cost, to all sections of the society, irrespective of caste, creed or religion.”

2.2 VISION:

“To render the same level of service to the poor that the rich will get in a good hospital”



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2.3 MOTTO:

A Patient is the most important person in our Hospital. He is not an interruption to our work. He is the purpose of it. He is not an outsider in our Hospital, he is part of it. We are not doing him a favour by serving him; he is doing us a favour by giving us an opportunity to do so.

2.4 PHILOSOPHY: (Shri B.K. Taparia – Honorary Chairman)

Charity and the pursuit of excellence are the two fundamental ideals that provide us the impetus to focus on the well being of the patient who is our primary responsibility. We have an obligation to provide the best possible treatment, delivered most efficiently, in the shortest possible time span and at minimum cost.

The Bombay Hospital has 830 beds, of which 300 beds are free and another 200 beds are heavily subsidised. About 60% of the operations performed by our surgeons are free or against very nominal charges. Every year, about 100,000 patients take advantage of our free OPD.

On this bedrock of charity we are relentlessly building the bedrock of excellence in the Hospital by continuously refurbishing its spaces, installing the most modern medical equipment and injecting professionalism and dedication in our management team, so that our world class doctors can discharge their duties and responsibilities in an academically stimulating and hassle-free environment.

2.5 QUALITY GOALS:

- 2.5.1 To establish the quality objectives and key quality indicators for all departments.
- 2.5.2 To undertake daily surveillance of the high risk areas and procedures to ensure lower infection rates.
- 2.5.3 To capture all the requisite quality indicators, analyse them and implement the necessary corrective and preventive actions to mitigate the risks.

2.6 GOALS:

- 2.6.1 To achieve 10% increase in the number of admissions, consultations, diagnostics
- 2.6.2 To reduce the average length of stay of the patients.
- 2.6.3 To increase the workload in daycare procedures such as lithotripsy, minimal invasive surgeries, etc.
- 2.6.4 To achieve reduction in the infection rates.



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2.6.5 To improve the training facilities for medical, nursing and administrative staff.

2.7 OBJECTIVES:

- 2.7.1 To ensure adequate resource allocation.
- 2.7.2 To improve the physical structure of the organization.
- 2.7.3 To ensure updating of man and machinery.
- 2.7.4 To document and implement policies and procedures.
- 2.7.5 To monitor and improve quality and safety on a continuous basis.

2.8 SERVICE STANDARDS:

- 2.8.1 To provide services and treat all patients, relatives, visitors and staff with:
 - 2.8.1.1 **Excellence in Service:** Service Excellence is BHI's Commitment to all its customers. Creating first and last impressions that are superb. Each staff member plays an important role. Fostering a culture of service excellence is solely dependent on the level of commitment and teamwork from each staff member.
 - 2.8.1.2 **Care:** Valuing patients and family members as partners in their care. Providing outstanding clinical outcomes. Having world-class processes in place. Delivering high-touch care that is reliable, responsive and coordinated.
 - 2.8.1.3 **Courtesy:** All our staff members are responsible for answering patient/customer requests, irrespective of their job or role. The employees shall make every effort to answer patients' call lights within one minute and respond to the patient's request in less than five minutes. If they are unable to do this, then they will inform the patient of the delay and let them know when they will be able to respond to their request. Every interaction is important!
 - 2.8.1.4 **Compassion:** All our staff members will communicate respectfully and with compassion with patients and customers paying close attention to both verbal and non-verbal messages. They will keep the patient and/or customer updated on what is going on when there is any delay in service and when they should expect another update.
 - 2.8.1.5 **Clean & Hygienic Environment:** Promote and maintain a clean environment.



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2.8.1.6 **Sympathy:** Respect the diverse needs and expectations of patients, customers and team members. All staff members will respect the need for privacy in all instances. The patients' rights and responsibilities shall be protected at all times. Any violation shall be promptly reported to the concerned authority assigned to handle rights' violations.

2.8.1.7 **Empathy:** Every Staff member shall Empathize with the patient/customer. Try to put themselves in their position and understand how you might have felt in that situation. Validate their feelings by acknowledging their emotional reaction to the situation.

2.8.1.8 **Safety & Security:** Every Staff member will follow the policies of the BHI Safety manual and the concerned department safety policies. Every Staff member will report any possible security violation on the hospital campus to their Manager or to the nursing supervisor. Every Staff member will report any suspected criminal activity to local law enforcement. Every Staff member will not risk physical security of the building by blocking open doors.

2.9 ETHICAL MANAGEMENT:

- 2.9.1 Bombay Hospital, Indore, will follow the principles of ethics and natural justice in its interaction with its employees, patients, customers and suppliers.
- 2.9.2 Hospital will disclose its ownership to the public.
- 2.9.3 Hospital will honestly portray the services which it can or cannot provide.
- 2.9.4 Hospital will honestly portray its affiliations and accreditations.
- 2.9.5 Hospital will accurately bill for its services based on a standard billing tariff.
- 2.9.6 Hospital will follow prescribed ethical principles in the conduct of clinical trials.

2.10 STRATEGIC PLAN:

2.10.1 Strategic planning of Bombay Hospital, Indore, is designed to provide an action plan to reach our business objectives. Identification of customer preferences, creating competitive advantage and making the organization profitable are given due importance.

2.10.2 **The Basis For Strategic Planning (SWOT / Other Analysis): SWOT Analysis:**



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2.10.2.1 Strengths:

- 2.10.2.1.1 Largest multi-super-speciality hospital in a non-metro city like Indore.
- 2.10.2.1.2 Winner of several awards for being the 'Best Hospital'.
- 2.10.2.1.3 The hospital has all the appropriate facilities under a single roof.
- 2.10.2.1.4 Presence of full-time consultants who attend to the patients immediately and visit them atleast 2 times a day.
- 2.10.2.1.5 24 x 7 presence of DNB trainees and residents to attend to all emergency cases.
- 2.10.2.1.6 Well-equipped diagnostics and intensive care facilities with trained manpower.
- 2.10.2.1.7 Campus stay for all RMOs and nurses with in-house food facility.
- 2.10.2.1.8 24 x 7 availability of pharmacy and medical supplies for all OP and IP patients.

2.10.2.2 Weaknesses:

- 2.10.2.2.1 Under-utilisation of the available facilities – IP beds and diagnostics.
- 2.10.2.2.2 Attrition rate of nurses and paramedical staff.

2.10.2.3 Opportunities:

- 2.10.2.3.1 Establish quality standards in the hospital to become a niche hospital in the area.
- 2.10.2.3.2 Expand the hospital facilities upto 600 beds with added services such as, dental, etc.

2.10.2.4 Threats:

- 2.10.2.4.1 Upcoming multi-super-speciality hospitals in Indore.
- 2.10.2.4.2 Smaller diagnostics centres and single-speciality hospitals.
- 2.10.2.4.3 Scarcity of nurses and trained paramedics.
- 2.10.2.4.4 Shortage of qualified doctors.

2.10.3 Building Blocks for Strategic Planning:

- 2.10.3.1 Investing on modifying and improving the physical structure.
- 2.10.3.2 Appointment of qualified and experienced senior management personnel.



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2.10.3.3 To create additional sources of income from the existing resources and infrastructure.

2.10.3.4 To place systems and processes in-place. .

2.10.4 Strategic Goals:

2.10.4.1 Strategic planning of Bombay Hospital, Indore, is designed to provide an action plan to reach our business objectives. Identification of customer preferences, creating competitive advantage and making the organization profitable are given due importance.

2.10.4.2 SWOT analysis shall be the basis for preparing the strategic plans.

2.10.5 Operational Goals:

2.10.5.1 To upgrade the equipments and manpower to improvise the quality of services provided to patient.

2.10.5.2 To reduce the Average Length Of Stay (ALOS).

2.10.5.3 To increase the daycare procedures such as lithotripsy, minimal invasive surgeries, etc.

2.10.5.4 Reduction in the infection rates to acceptable limits.

2.10.6 Long-Term Plans:

2.10.6.1 To establish the institution as a premier academic institute for medical professionals in terms of DNB certificate courses.

2.10.6.2 Provide excellent, modern and latest technology for patient care, as appropriate to the hospital's scope of services.

2.10.6.3 To establish high-end facilities for a composite Cancer Centre, Institute of Neurosciences, Dental, etc.

2.10.6.4 To provide facilities to perform niche procedures such as, Bone Marrow, Corneal Transplants, Robotic Surgeries etc.

2.10.6.5 Expand the capacity to 400 beds by 2016, 500 beds by 2018 and 600 beds by 2020.

2.10.7 Short-Term Plans:

2.10.7.1 To increase the patient workload in out-patient consultations (free and paid), in-patient admissions, surgeries by atleast 10% every year.



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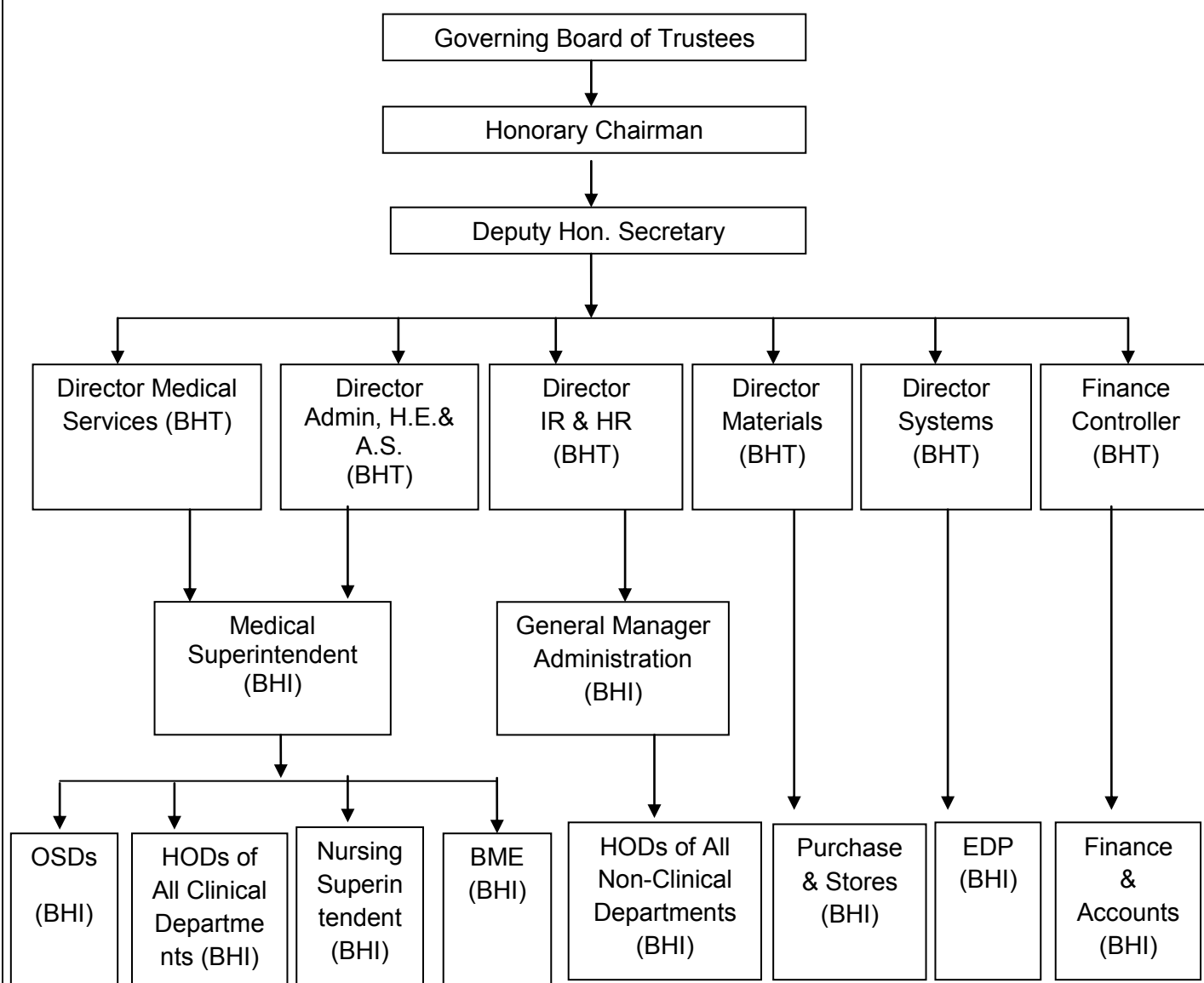
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2.10.7.2 Provide the best possible outcome comparable for every patient, comparable to any speciality anywhere in the world.

2.10.7.3 a well-equipped library and digitize it

3.0 ORGANISATIONAL ORGANOGRAM:





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3.1 MANAGEMENT TEAM & RESPONSIBILITIES:

3.1.1 Honorary Chairman:

- 3.1.1.1 The Chairman is the Chief Executive of the trust and is responsible to the Board of Trustees.
- 3.1.1.2 Steering the Trust and its hospitals towards progress and growth.
- 3.1.1.3 Guiding and decision-making for the Trust and its hospitals.
- 3.1.1.4 Approval of the budgets
- 3.1.1.5 Expansion of facilities, equipments, addition of new hospitals, appointment of Consultants.
- 3.1.1.6 The Chairman allocates the resources required to meet the organization's mission along with budget.
- 3.1.1.7 The Chairman approves the policies and action plans to operate the organization in collaboration with organization directors and managers.

3.1.2 Board of Directors:

- 3.1.2.1 The Board of Directors prepares, publicizes to the required members, helps to implement and measure the performance of the mission statement.
- 3.1.2.2 They appoint suitably qualified and experienced senior executives to head the organization.
- 3.1.2.3 They are responsible for operating the organization and complying with applicable laws and regulations.
- 3.1.2.4 They guide and support research activities, quality improvement plans, safety measures, HIC activities and budget allotments.
- 3.1.2.5 They also guide the organization to full fill the social responsibility by funding free camps, outreach programmes etc.
- 3.1.2.6 They define the scope of each department, in addition to maintaining policies and procedures in consultation with the departmental heads.
- 3.1.2.7 They are 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.
- 3.1.2.8 They appoint a functional multi-disciplinary team responsible for well-defined and structured safety programme and continuous quality improvement programme.



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3.1.2.9 They are responsible for implementing pro-active risk assessment and risk reduction activities.

3.1.3 Director of Medical Services (BHT):

3.1.3.1 The Director of Medical Services lays down the strategic and operation plans in order to achieve the mission statement in consultation with the board of directors, executives, staff and the local community.

3.1.4 General Manager (BHI):

3.1.4.1 Responsible for the non-clinical services such as Engineering Services, Marketing & Public Relations, Security and Housekeeping.

3.1.5 Medical Superintendent (BHI):

3.1.5.1 To supervise Emergency Department, admission process and discharge process.

3.1.5.2 To guide the Diagnostic Departments – blood bank, radiology, endoscopy and dialysis etc.

3.1.5.3 To recruit Consultants.

3.1.5.4 To recruit Resident doctors

3.1.5.5 To recruit, select and appoint and ensure placement of nursing staff.

3.1.5.6 To see the attendance, leaves of consultants and medical officers.

3.1.5.7 To take part in the Multi-disciplinary facility rounds.

3.1.5.8 To arrange for the appointment of necessary doctors and consultants in consultation with the Board of Directors.

3.1.5.9 To look after duty rota of consultants and medical.

3.1.5.10 To supervise the functioning of all Medical officers, junior doctors and night doctors in the hospital.

3.1.5.11 To oversee the practice of evidence-based medicine, safety initiatives, quality assurance, Improve clinical performance and implementation of NABH standards in medical staff.

3.1.5.12 To coordinate activities of the Hospital's Infection Control and safety Programs.



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3.1.5.13 To keep track of admission, discharge, leave against medical advice discharge, medico legal and deaths on a daily basis.

3.1.5.14 To look into the IT Systems – quality related issues.

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

3.1.5.16 To oversee the Pharmacy operational aspects, except procurement.

3.1.6 Nursing Superintendent:

3.1.6.1 She will be responsible and overall In-charge of nursing services in the hospital.

3.1.6.2 She will bring to the notice of medical director all the matters, untoward incidents and happenings in relation to patient care this includes patients complaints, medication related issues, medical officers, medical equipment, furniture and nurses grievances.

3.1.6.3 She will be responsible for implementing hospital policies among various nursing units.

3.1.6.4 She will ensure safe and efficient care is rendered to patients in various wards.

3.1.6.5 She will ensure that all nurses deal with patients in a courteous manner and soft spoken with empathy with the patients and their relatives.

3.1.6.6 She will educate nursing staff of all categories by conducting awareness programme on universal precautions, ALS, BLS and CME's.

3.1.6.7 She will ensure to maintain discipline and punctuality among all the nursing staff.

3.1.6.8 She will assist MS in recruiting nursing staff.

3.1.6.9 She will investigate all complaints regarding nursing care and personnel and take suitable corrective action.

3.1.6.10 She will ensure all the records and registers are maintained properly in the wards by nursing staff.

3.1.6.11 She will carry out regular ward rounds of the hospital including surprise checks.

3.1.6.12 She will accompany medical superintendent while making hospital rounds.

3.1.6.13 She will also attend hospital meetings and conferences when advised so.

3.1.6.14 She will recommend personnel and material requirement of the hospital wards and nursing services.

3.1.6.15 She will be a member of procurement and condemnation of linen and other materials of the wards.



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3.1.6.16 Whenever she is going on leave she will inform the Medical Superintendent and also instruct the Matron to look after her duties in her absence.

3.1.7 Quality Assurance Officer (BHI):

- 3.1.7.1 He is responsible for overall planning, control, coordination and direction of quality management services in the hospital.
- 3.1.7.2 He will help the top management in devising, documenting, implementing and monitoring the quality management system.
- 3.1.7.3 He will guide the quality management team in monitoring the continuous quality improvement plan and mandatory managerial and clinical indicators.
- 3.1.7.4 He will assist the accreditation coordinator in evaluating the CQI results and formulating necessary corrective and preventive action.
- 3.1.7.5 He will conduct the internal audit as per schedule given to him by the accreditation coordinator and submit findings to him.
- 3.1.7.6 He will take part in quality related training of all employees.

4.0 SCOPE:

- 4.1 Entire Hospital

5.0 DEPARTMENT WORKING HOURS:

Sl. No	Designation	Working hours	Shift timings
1.	General Manager	8 hours	10 am – 6 pm
2.	Medical Superintendent	8 hours	10 am – 6 pm
3	Nursing Superintendent	8 hours	10 am – 6 pm
4	OSD	8 hours	10 am – 6 pm
5	Quality Assurance Officer	8 hours	10 am – 6 pm

OSDs are rotationally on-call for 24 hours.

6.0 SCOPE OF HOSPITAL SERVICES:

- 6.1 The details of departments providing services at Bombay Hospital, Indore, are displayed and the staff are trained and oriented to this information.
- 6.2 The departments provide the following types of services:



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6.2.1 Emergency Services

6.2.2 Outpatient Services

6.2.3 In patient Services

6.3 The following is there list of various departments in Bombay Hospital, Indore:

Medical Specialties	Surgical Specialties
General Medicine Obstetrics and Gynecology Paediatrics Anaesthesiology Dermatology Radiology Chest Medicine Gastroenterology Neurology Nephrology Cardiology Oncology & Haematology Psychiatry Endoscopy Lithotripsy 4D ECHO EMG/EP Audiometry Urodynamic study	General surgery Orthopaedic surgery Otorhinolaryngology Ophthalmology Surgical gastroenterology Neurosurgery Plastic surgery Urology Cardiac Surgery Onco Surgery Kidney Transplant
Related Services	24 hour services
Outpatient services Inpatient services Intensive care services High Dependency care service Physiotherapy Speech and language therapy Executive Health Check-up Nursing Dietary and Canteen Services Housekeeping	Emergency Ambulance Operation theatre services Haemo and Peritoneal Dialysis Laboratory Radiology & Imaging – XRay, CT Scan, MRI Blood Bank Pharmacy
Managerial services	24 Hour Managerial services
Engineering Services Human resource Material management Marketing & TPA claims Accounts & Finance Quality management IT department Medical Record Department Biomedical Engineering	Front Office Billing Facility maintenance & Management Security



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7.0 CODES:

- 7.1 **Purpose:** To design a system of notification to all employees working in the hospital when a state of emergency has occurred.
- 7.2 **Scope:** It is applicable to all employees working in the hospital at that time.
- 7.3 **Policy:** It is the policy of Bombay Hospital to establish the following emergency code and to define the response to each code in specific manuals (**Refer: Safety Manual**).
- 7.4 **Guidelines:**
- 7.4.1 The following codes are in used in Bombay Hospital, Indore:

S.No	Code name	Threat indicated
1.	Code Blue	Imminent/ established cardio respiratory arrest
2.	Code Red	Fire
3	Code Yellow	Disaster
4	Code Pink	Child / Baby Abduction
5	Code Orange	Hazardous Material Release/Blood and Body Fluid Spillage

- 7.4.2 The response of employees to these code announcements will be predefined and included in the safety manual.
- 7.4.3 The employees of Bombay Hospital, Indore, will be trained and educated in code situations.

8.0 QUALITY INITIATIVES:

8.1 Quality policy:

- 8.1.1 Bombay Hospital, Indore is committed to provide a quality health care that is safe, effective, efficient, equitable, timely and patient centered and that which satisfies the



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standards set forth by National Accreditation Board for Hospitals and healthcare providers (Third Edition, November 2011).

- 8.1.2 Bombay Hospital is committed to the documentation; implementation and monitoring of a quality management system that will ensures its mission, goals and objectives are achieved.
- 8.1.3 Bombay Hospital will consistently monitors and initiates actions to improve the quality of medical care, safety of medical care delivery and customer satisfaction.
- 8.1.4 Bombay hospital will does this by ensuring excellence in techniques, use of technology, improved processes and staff ability.
- 8.1.5 Bombay Hospital will ensures that all the legal and statutory requirements are fulfilled.
- 8.1.6 Bombay Hospital is committed to achieve this while ensuring conservation of resources, prevention of pollution and minimizing work occupational place hazards, through hazard identification and risk reduction activities.

8.2 Safety policy:

- 8.2.1 Bombay Hospital will ensures that the practice of medical and nursing care in this hospital will ensure patient safety which satisfies the standards set forth by National Accreditation Board for Hospitals and healthcare providers (Fourth Edition, December 2015).

8.3 Quality plan:

- 8.3.1 The Bombay hospital will achieve its stated quality policy and safety policy by following the steps mentioned below:
 - 8.3.1.1 The management will provide the necessary infrastructure for providing safe and standard health care.
 - 8.3.1.2 The management will implement a facility operational and maintenance plan that will ensure that the safety of its patients, employees and attendants.
 - 8.3.1.3 The management of the Bombay hospital will medically equip its facility so has to have everything necessary to provide quality health care.
 - 8.3.1.4 The management will implement an operational and maintenance plan that will ensure that the safety of its equipment, and reduce equipment down time.
 - 8.3.1.5 The management will identify the staffing needs of its various services and ensure that correctly educated, trained and registered professionals are employed.



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8.3.1.6 They will also be provided with the right induction programme and in-service training.

8.3.1.7 They will be encouraged to grow with the institute and will be evaluated against their stated job description.

8.3.2 The Bombay hospital will document all the necessary policies and procedures in the form of approved manuals.

8.3.3 The Bombay Hospital will ensure it follows well known organizational guidelines in generating treatment protocols. **(Refer Apex Manual).**

8.3.4 It will be ensured that training and in-service education will be given to all the employees on the hospital wide and departmental policies, procedures, protocols, guidelines, plans and programmes.

8.3.5 The Bombay Hospital will follow the Donabedian Model of Quality Improvement and will put in place the necessary infrastructure to monitor “Key quality indicators” on a daily basis.

8.3.6 This monitoring will be carried out through an “NABH Quality Assurance Committee Team”.

8.3.7 This team will consist of 6 members 4 of whom will be trained and registered nurses and two will be qualified hospital administrators.

8.3.8 The data collected by them will be assembled and analyzed by the quality committee. The quality committee will do a root cause analysis and then generate a “Plan Do Check Act cycle” of quality improvement.

8.3.9 The ‘Key indicators’ that will be monitored are all mandated by the NABH and are shown in the form of a tabular column in Annexure.

8.4 Documentation:

8.4.1 **Apex Manual:** An outline of Hospital and functioning and its management system.

8.4.2 **Quality System Procedures:** The system's functioning is detailed in separate documents that are maintained by the quality assurance officer as controlled documents. The quality manual makes continuous references to system procedures in the relevant sections.



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8.4.3 Work instructions/Standard-operating procedure: A higher degree with regard to activities and standards maintained are also maintained with the quality assurance officer as controlled documents.

8.5 Document control:

8.5.1 Documents such as regulations, standards, and other normative documents as well as drawings, software, and specifications, instructions and manuals form part of the Hospital Management System.

8.5.2 A copy of each of these controlled documents shall be archived for future reference and the documents shall be retained in their respective department.

8.5.3 The procedures and equipment details are retained in respective as long as the machine is being or until condemned.

8.5.4 The documents are maintained in paper or electronic media as appropriately required.

8.5.5 Documents are identified and established as three levels namely:

8.5.5.1 Quality manual;

8.5.5.2 SOP/ Department manuals;

8.5.5.3 Records.

8.5.5.4 Title and naming of documents as outlined in SOP.

8.5.6 The HODs of the respective departments shall review all documents issued to personnel in the laboratory in the laboratory as a part of management system annually and they shall approve it for the use.

8.5.7 The Joint Director – Medical Services issues the finalized document.

8.5.8 The quality assurance officer ensures that: Authorized editions of appropriate documents are available at all locations where operations essential to the effective functioning of the Hospital are performed.

8.5.9 Documents are periodically reviewed and revised where necessary to ensure suitability and compliance with applicable requirements.

8.5.10 Invalid or obsolete documents are promptly removed from all points of issue or use, or otherwise assured against unintended use.

8.5.11 Obsolete documents are retained for either legal and / or knowledge preservation purposes are suitably marked or destroyed or the record and the record of this maintained in a separate register.



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8.5.12 Management system documents are uniquely identified as:

- 8.5.12.1 Date of issue;
- 8.5.12.2 Identification of revision status;
- 8.5.12.3 Page numbering with the total number of pages;
- 8.5.12.4 Identification of the end of the document;
- 8.5.12.5 Issuing authority.

8.6 Document changes:

8.6.1 **Introduction:** Revision of management systems documents is carried out when necessary by the original author and updated at least once in a year. When alternate persons are designated for review, they shall first familiarize themselves with pertinent background information upon which to base their review and approval. Any alteration in the text is documented on the document or by way of maintenance of obsolete documents issued prior to review. Document control system does not follow for the amendments by hand unless there is extenuating circumstances. These amendments shall be marked, initialed and dated only by the HOD. The amendment shall be brought to three notices of the Joint Director Medical Services and quality assurance officer and the same shall be reissued in 7 working days of the change being in effect.

8.6.2 **Storing of documents:** BHI maintains documentation status currently by computers. Bombay Hospital, Indore describes the changes in documents, its maintenance and its control in the computerized system establishes adequate procedures.

8.6.3 **Authority:** Quality Officer has the overall authority, responsibility and commitment to communicate, implement, control and supervise the compliance of this management system with standards. The roles and responsibility of the quality officer include:

- 8.6.3.1 Establishing and maintaining a management system;
- 8.6.3.2 Document control;
- 8.6.3.3 Documentation of all management system activities;
- 8.6.3.4 To ensure that quality manual is up to date;
- 8.6.3.5 Schedule and conduct of internal audit;
- 8.6.3.6 Schedule and conduct of management review meeting;
- 8.6.3.7 Ensuring corrective and preventive action arising from the above.



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9.0 COMMITTEES:

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

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

9.2.1 General guidelines for committee functioning:

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

9.2.1.11.1 CORE / QUALITY ASSURANCE COMMITTEE:

Frequency of meeting	Once in a month or as and when required	
Venue	Board Room	
Members	Medical Superintendent	Chairperson
	O.S.D. – NABH Coordinator	Convener



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	GM (Admin)	Member
	Asst. Matron	Member
	OT Incharge	Member
	ICU In-charge / HIC Nurse	Member
	Consultant anesthetist	Member
	Consultant OBGYN	Member
	Intensivist	Member
	Surgeon	Member
	Stores Incharge	Member
SCOPE OF WORK		<ol style="list-style-type: none"> 1. Issue Quality Policy 2. Documentation of policy 3. Define scope of services 4. Deal with all matters concerning quality management system, quality improvement, accreditation of the health care service 5. Function as apex committee for monitoring performance indicators / parameters of QMS and medical statistics 6. Standardization of procedures and systems 7. Plan and act for Continuous Quality improvement of hospital 8. Quality assurance activities in Laboratory, Radiology, OT and ICU.
REFERENCE FOR WORK		Chapter 6: Continuous Quality Improvement of NABH guidelines.

9.2.1.11.2 CPR ANALYSIS COMMITTEE:

Frequency of meeting	Once in a month/As and when required	
Venue	Medical Superintendent Chamber	
Members	Medical Superintendent	Chairperson
	Consultant	Convener
	Intensivist	Member
	O.S.D.	Member
	GM (Admin)	Member
	Asst. Matron	Member
	Consultant Anaesthetist	Member
	Consultant Intensivist	Member
	CMO	Member



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	Sister Incharge (Nurse of the ward where event has occurred)	Member
SCOPE OF WORK	Development of system, CPR administration recording of events.	
REFERENCE FOR WORK	Chapter 2: Care Of Patients of NABH guidelines.	

9.2.1.11.3 INFECTION CONTROL COMMITTEE:

Frequency of meeting	Once in a month/As and when required	
Venue	Medical Superintendent's Chamber	
Members	Pathologist	Chairperson
	Microbiologist	Convener
	Sis. Incharge – HIC Nurse	Member
	Medical Superintendent	Member
	GM (Admin)	Member
	O.S.D. – NABH Coordinator	Member
	Asst. Matron	Member
	Tutor Nursing College	Member
	Intensivist	Member
	Surgeon	Member
	Blood Bank	Member
	Maintenance Incharge	Member
	Housekeeping Incharge	Member
	Purchase Incharge	Member
SCOPE OF WORK	<ol style="list-style-type: none"> 1. Document and issue infection control manual including policies 2. Conduct training for infection control 3. Surveillance and monitoring for compliance with policies 4. Issue antibiotic policy 5. Monitor Hospital acquired infection 6. Develop Outbreak control plan and function accordingly. 	
REFERENCE FOR WORK	Chapter 5: Hospital Infection Control of NABH	



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guidelines.

9.2.1.11.4 **MORTALITY, MORBIDITY & MEDICAL AUDIT COMMITTEE:**

Frequency of meeting	Once in a month/As and when required	
Venue	Medical Superintendent's Chamber	
Members	Medical Superintendent	Chairperson
	O.S.D.	Convener
	GM (Admin)	Member
	Consultant Gen. Medicine	Member
	Consultant Gen Surgeon	Member
	Consultant Anaesthetist	Member
	Intensivist	Member
	Asst. Matron	Member
	Medical Records Officer	Member
	EDP Officer	Member
SCOPE OF WORK	<ol style="list-style-type: none"> 1. Develop guidelines for medical care and medical records maintenance 2. Review and evaluate patient records for quality, adequacy of patient care, monitor staff for compliance with policies 3. Evaluate medical record keeping, quality, content, format, accuracy, pertinence, staff compliance with documentation policies 4. Review and evaluate fatal cases / deaths in hospital 5. Evaluate sentinel events related to patient care 6. Review, evaluate and monitor adverse drug reaction 7. Review and evaluate cases needing resuscitation 8. Implementation of Right to Information 	
REFERENCE FOR WORK	Chapter 10: Information Management system of NABH guidelines	

9.2.1.11.5 **PHARMACY & THERAPEUTIC COMMITTEE:**

Frequency of meeting	Once in a month or as and when required
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Venue	Medical Superintendent's Chamber	
Members	Medical Superintendent	Chairperson
	Pharmacy In-Charge	Convener
	GM (Admin)	Member
	O.S.D. – NABH Coordinator	Member
	Asst. Matron	Member
	Consultant Gen. Medicine	Member
	Pharmacist	Member
	Consultant Orthopaedics	Member
	Consultant Urologist	Member
	Purchase & Stores Incharge	Member
SCOPE OF WORK	<ol style="list-style-type: none"> 1. Develop and issue policy on Formulary and medication management 2. Supervise purchases and procurement 3. Supervise and management of pharmacy 4. Monitor and evaluate adverse drug reactions 5. Manage the control of drugs 6. Supervise drug information service 	
REFERENCE FOR WORK	Chapter 3: Management of Medications of NABH guidelines	

9.2.1.11.6 SAFETY & RISK MANAGEMENT COMMITTEE:

Frequency of meeting	Once in 3 months / Quarterly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	General Manager (Admin)	Chairperson
	Safety Officer	Convener
	Medical Superintendent	Member
	O.S.D. – NABH Coordinator	Member
	Asst. Matron	Member
	Security Incharge	Member
	Maintenance Incharge	Member
	Pathologist	Member
	Radiologist – RSO	Member
	HIC Control Nurse	Member
	Fire Safety Officer	Member
SCOPE OF WORK	<ol style="list-style-type: none"> 1. Develop and issue policy on patient, staff and visitor safety and security 	



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	2. Monitor training and implementation 3. Monitor occupational health and safety
Reference for work	Chapter 8. Facility management and safety

9.2.1.11.7 OT & BLOOD TRANSFUSION COMMITTEE:

Frequency of meeting	Once in 3 months / Quarterly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	Medical Superintendent	Chairperson
	General Manager	Convener
	Nursing Superintendent	Member
	Anesthetist	Member
	Surgeon	Member
	Pathologist	Member
	Biomedical In-Charge	Member
	Maintenance In-Charge	Member
	OSD In-Charge of OT	Member
SCOPE OF WORK	1. To ensure the OT asepsis and optimum utilization. 2. To monitor the quality indicators of OT and Blood Bank. 3. To monitor any critical incidents in OT. 4. To monitor the transfusion reactions. 5. To ensure the compliance of the statutory requirements.	
Reference for work	Chapter 2: Care of Patients and Chapter 5: Hospital Infection Control	

9.2.1.11.8 ETHICS COMMITTEE:

Frequency of meeting	Once in 3 months / Quarterly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	Medical Superintendent	Chairperson
	General Manager	Convener
	Physician	Member
	Intensivist	Member
	Independent external	Member



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	representatives	
SCOPE OF WORK		<ol style="list-style-type: none"> 1. Develop and issue policy on any clinical trials or research activities. 2. To monitor the compliance of the statutory and regulatory norms.
Reference for work		Chapter 2: Care of Patients

9.2.1.11.9 **SEXUAL HARRASSMENT PREVENTION COMMITTEE:**

Frequency of meeting	Once in 3 months / Quarterly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	Nursing Superintendent	Chairperson
	Pathologist	Convener
	HR In-Charge	Member
	Lady OSD	Member
	Community Representative	Member
SCOPE OF WORK		<ol style="list-style-type: none"> 1. The Committee has the responsibility to take each complaint of sexual harassment seriously and investigate. 2. The investigation should be conducted <u>as per the Service, Conduct & Disciplinary Rules</u>.
Reference for work		Chapter 9: Human Resource Management

9.2.1.11.10 **PURCHASE & CONDEMNATION COMMITTEE:**

Frequency of meeting	Once in 3 months / Quarterly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	Stores Incharge	Chairperson
	Accounts Officer	Convener
	Internal Auditor	Member
	Medical Superintendent	Member
	GM (Admin)	Member
	O.S.D. – NABH Coordinator	Member
	Asst. Matron	Member



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SCOPE OF WORK

1. To develop and implement the policies and procedures for materials procurement, storage, distribution, condemnation.
2. To monitor all the quality indicators for quality improvement of the departments and processes.

Reference for work

Chapter 3: Management Of Medication
Chapter 8: Facility management and safety

9.2.1.11.11 HR, CREDENTIALING & PRIVILEGING COMMITTEE:

Frequency of meeting	Once in 3 months / Quarterly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	Medical Superintendent	Chairperson
	General Manager	Convener
	Assistant Matron	Member
	HR In-Charge	Member
SCOPE OF WORK	<ol style="list-style-type: none"> 1. To evaluate credential of all employees prior to selection. 2. To approve & carry out privileging at a periodic frequency as decided in the hospital policy. 3. To carry out performance monitoring annually based on the data presented by as per agreed format. 4. To validate and recommend renewal of contracts and approve change of status as recommended. 	
Reference for work	Chapter 9: Human Resource Management	

9.2.1.11.12 SPARES COMMITTEE:

Frequency of meeting	Once in a month / Monthly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	Medical Superintendent	Chairperson
	General Manager	Convener
	Maintenance In-Charge	Member
	Biomedical In-Charge	Member



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	Nursing Superintendent	Member
	Purchase In-Charge	Member
SCOPE OF WORK	1. Decide upon the spares needed for the given equipment.	
Reference for work	Chapter 8. Facility management and safety	

9.2.1.11.13 ORGAN TRANSPLANT COMMITTEE:

Frequency of meeting	Once in a month / Monthly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	Medical Superintendent	Chairperson
	OSD (Coordinator)	Convener
	OSD	Member
	Intensivist	Member
	Clinical Assistant	Member
	MSW	Member
SCOPE OF WORK	1. Decide upon the approval for transplantation.	
Reference for work	Chapter 8. Facility management and safety	

9.2.1.11.14 GRIEVANCE COMMITTEE:

Frequency of meeting	Once in a month / Monthly or as and when required	
Venue	Medical Superintendent's Chamber	
Members	General Manager	Chairperson
	Assistant Manager (HR)	Convener
SCOPE OF WORK	3. The Committee has the responsibility to take each grievance seriously and investigate.	
Reference for work	Chapter 9. Human Resource Management	

10.0 ANNEXURES:

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



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ANNEXURE 01

LICENSES

S.No	List	Validity from	Validity To
01.	Billing approvals		Permanent
02.	Land documents		Permanent
03.	Electrical approvals		Permanent
04.	Pollution board license		
05.	BMW Safe environ agreement		
06.	Medical X-Ray installation		
07.	Power distribution		
08.	Ultrasonography		
09.	Central board of Excise & Customs (Form ST-2)		Permanent
10.	Value added tax registration certificate from commercial tax department		Permanent
11.	Drugs & cosmetics act, 1940 & rules , Blood bank license		
12.	NDPS license		
13.	Pharmacy license		
14.	Biomedical Waste (Out source) agreement		
15.	Import – Exporter code (IEC)		Permanent
16.	Ambulance (Out source)		
17.	Shed approval license		Available
18.	Building lay outs		Available
19..	Registration of allopathic		

S. No.	List of Licenses and Statutory obligations (list of Acts)
A	Law of governing the commissioning of hospital
1	Companies Act, 1956
2	National Building Code
3	Building permit from the municipality
4	Fire safety act, 1986
5	Electricity rules, 1956
6	The electricity Act, 2003
7	Nursing home registration act
B	Law governing the qualification/practice and conduct of professionals
1	The Indian medical council act, 1956
C	Law governing storage/sale of drugs and safe medication
3	Drugs and cosmetics act, 1940 and the amendment act, 1982
4	Pharmacy act , 1948
5	VAT act/central sales tax act, 1956
6	Sale of goods act, 1930
7	Narcotic drug license



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8	The manufacture, storage and import of hazardous chemicals and rules,1989
D	Law governing management of patients
1	PNDT act, 1994 and pre-conception and prenatal diagnostic techniques (prohibition of sex selection) rules1996
2	Transplantation of human organs act, 1994
3	Births and deaths and marriage registration act,1886
4	Manual for control of hospital associated infection/ standards operative Procedure, NACO, Govt.of India
E	Law governing Medico-legal aspects
1	Indian evidence act
2	Consumer protection act
3	Protection of human rights act
F	Law governing the safe environment
1	No objection certificate under the pollution control act
2	Bio-medical waste management handling rules 1998
3	Rules regarding the safe discharge of effluents in the public sewers/drains
4	Air (prevention and control of pollution)Act 1981
G	Regulation Governing the business aspects
1	Contract act, 1982
2	Income tax act, PAN
3	Income tax act, 1961
4	Insurance act, 1938
5	Vehicles registration certificate
6	Industrial employment (S.Os) Act,1946
7	Certification of registration, the Madhya Pradesh Shops and Establishments Act, 1988
H	Law governing the safety of patients, Public and staff within the hospital premises
1	No objection certificate from the chief fire officer
2	Explosives act, 1884 (Diesel storage)
3	Gas cylinder rules 2004
4	Rules for provision of the safe drinking water
5	Rules for provision of uninterrupted power supply
6	Radiation protection certificate in respect of all X-Ray and CT scanners from
7	BARC (UNDER PROCESS)
8	Insecticide Act, 1968
9	Arms act 1950
10	IPC section – 336 (act endangering life and personal safety of others)
11	IPC section – 337 (causing hurt by act endangering life or personal safety of other)
12	IPC section – 338 (causing grievous hurt by act endangering life or personal safety of other)
13	The Indian fatal accident Act, 1955



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I	Law governing the employment of manpower
1	Employees provident fund and misc.provision act, 1952
2	Minimum wages act 1948
3	Payment of bonus act, 1965
4	Payment of bonus rules, 1975
5	Payment of gratuity act, 1972
6	Payment of wages act, 1936
7	PPF act, 1968
8	TDS act
9	Maternity benefits act, 1961 and rules,1963
10	Employee State Insurance Act