

CLINICAL AND NON CLINICAL COMMITTEES

S.NO	NAME OF COMMITTEE	MEMBERS	SCOPE	FREQUENCY
1.	MEDICAL RECORD COMMITTEE	Chairperson- Dr. Parul (ICU Head) Member Secretary- MRD Incharge Facility Director- Member Medical Superintendent- Member DMS - Member Quality Manager - Member Nursing Head – Member DGM Operations- Member Dr Dipankar (Cardiologist) Dr. Swati (Radiologist) Dr. Rahul Singh (Anesthetist) Dr. Punit Rana (Neuro Surgeon) Dr. N.K. Soni (Internal Medicine) Dr. Abhisar Katiyar (Ortho) Dr. Neelam Banerjee (Obs & Gyn) Dr. Vinay (CMO) Dr. Shivani (Pathologist) Dr. Kavita (Paediatrics) Dr. Hamidi (Surgery) MT- Representative Invitees based on requirement	1. Review and Evaluate patient record for quality, adequacy of patient care, monitor staff for compliance with policies. 2. Evaluate Medical Record keeping, Quality content, Format, accuracy	QUATERLY
2.	CPR COMMITTEE	Chairperson- Dr Dipankar (Cardiologist) Member Secretary- ER Head	1. Policy on prevention, management and control of CPR emergency situations	QUATERLY

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		<p>Facility Director- Member Medical Superintendent- Member DMS - Member Quality Manager - Member Nursing Head - Member DGM Operations- Member Dr. Parul (HOD – Critical Care) Dr. Rahul Singh (Anesthetist) Dr. Punit Rana (Neuro Surgeon) Dr. N.K. Soni (Internal Medicine) Dr. Hamidi (Surgery) ER doctors Invitees Based on requirement.</p>	<p>2. Develop plan for handling CPR emergency situations</p> <p>3. Ensure orientation of such plan to all supervise training and mock drills</p> <p>4. Implementation of policy/plan</p>	
3.	CLINICAL AUDIT COMMITTEE	<p>Chairperson- Dr. Parul (ICU Head) Member Secretary- Medical Superintendent Facility Director- Member DMS - Member Quality Manager - Member Nursing Head - Member MRD Incharge- Member DGM Operations- Member Dr Dipankar (Cardiologist) Dr. Swati (Radiologist) Dr. Rahul Singh (Anesthetist) Dr. Punit Rana (Neuro Surgeon) Dr. N.K. Soni (Internal Medicine)</p>	<p>1. The committee has to develop a checklist of audit based on Clinical Pathways defined and documented by the Consultants.</p> <p>2. The audit shall encompass all aspects of care including clinical and nursing based on the referring standard/ guideline.</p> <p>3. Take decision regarding improvement in clinical & Nursing quality.</p>	QUATERLY

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		Dr. Abhisar Katiyar (Ortho) Dr. Neelam Banerjee (Obs & Gyn) .Dr. Vinay (CMO) Dr. Shivani (Pathologist) Dr. Kavita (Pediatrics) Dr. Hamidi (Surgery)		
4.	INFECTION CONTROL COMMITTEE	Chairperson- Dr. Vinay (OT Head) Member Secretary- ICN Facility Director- Member Medical Superintendent- Member DMS - Member Quality Manager - Member Nursing Head - Member DGM Operations- Member Dr Dipankar (Cardiologist) Dr. Parul (ICU Head) Dr. Neelam Banerjee (Obs & Gyn) Dr. Shivani (Pathologist) Dr. Kavita (Pediatrician) Dr. Hamidi (Surgery) CSSD Incharge Housekeeping Incharge OT incharge	1. Document and issue infection control manual including policies 2. Training for infection control surveillance for compliance with policies 3. Issue with antibiotic policy 4. Monitor hospital acquired infection outbreak 5. Monitor biomedical waste management practices	QUATERLY
5.	MORTALITY REVIEW COMMITTEE	Chairperson- Dr. Kapil Tyagi Member Secretary- Medical Superintendent Facility Director- Member DMS - Member	1. To review all deaths occurring in the hospital on a monthly basis 2. To review and analyze the	MONTHLY

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		Quality Manager - Member Nursing Head - Member Dr Dipankar (Cardiologist) Dr. Parul (ICU Head) Dr. Shivani (Pathologist) Dr. Hamidi (Surgery) Dr. Abhisar Katiyar (Orthopedician) Dr. N.K Soni (Consultant Physician)	mortality rate 3. For continuous improvement in healthcare practices	
6.	SAFETY COMMITTEE	Chairperson- Facility Director Member Secretary- Patient safety officer Medical Superintendent - Member DGM Operations- Member DMS - Member Quality Manager - Member Nursing Head – Member Dr. Dipankar (Cardiologist) Dr. Swati Paliwal (Radiologist) Dr. Shivani Kushwaha (Pathologist) Dr. Hamidi (Surgery) Maintenance Incharge Biomedical Incharge Fire Safety Officer	1. Develop and issue policy on patient, staff and visitor safety and security 2. Monitor training and implementation 3. Monitor occupational health and safety 4. Prepare schedule for safety rounds	QUATERLY
7.	DISASTER COMMITTEE	Chairperson- CEO Member Secretary- ER Head Facility Director- Member Medical Superintendent - Member DGM Operations- Member DMS - Member	1. Handling of all Internal-external disaster 2. Disaster Management Protocol	QUATERLY

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		Quality Manager - Member Nursing Head – Member Dr. Parul Issar(ICU Head) Dr. Rahul Punj (Consultant Physician) ER Doctors	3. Emergency preparedness and Mass casualty handling 4. Continuous training on disaster management 5. Review of post disaster management process 6. Handling of various mock drill (external- internal)	
8.	DRUG &THERAPEUTIC COMMITTEE	Chairperson- Medical Superintendent Member Secretary- Clinical Pharmacologist Facility Director- Member DMS - Member Quality Manager - Member Nursing Head – Member Pharmacy Incharge Purchase Incharge Dr. N.K Soni (Consultant) Dr. Chirag Dr. Ashish (ENT) Dr. Neelam Banerjee (Obs & Gyn) Dr. Kavita (Pediatrician)	1. Develop and issue policyon formulary and medication management 2. Supervise purchase and procurement supervise and manage pharmacy 3. Monitor and evaluate adverse drug reactions 4. Manage the control of drugs 5. Supervise drug information service	QUATERLY

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9.	QUALITY ASSURANCE COMMITTEE	Chairperson- Facility Director Member Secretary- Quality Manger Medical Superintendent DMS - Member Nursing Head – Member DGM Operations- Member Pharmacy Incharge Purchase Incharge HR Manager ICN RSO Clinical Pharmacologist ICO	1. To review the Quality Improvement Projects. 2. Set standard and benchmark for quality parameters function as apex committee for monitoring performance indicators/parameters of QMS and medical statistics standardization of professional procedures and equipment credentialing and privileging 3. Discuss the Internal audit by Quality department followed by NC closure verification with documentation.	QUATERLY
10.	BLOOD TRANSFUSION COMMITTEE	Chairperson- Dr. Shivani Member Secretary- Blood Bank Incahrge Facility Director - Member Medical Superintendent DMS - Member Nursing Head – Member DGM Operations- Member	1. Review of all transfusion reactions 2. No of transfusion monitored 3. Prevention and control of transfusion reaction 4. Rational use of blood and blood product	QUATERLY

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		Quality Manager Dr. Parul Issar(ICU Head) Dr. Neelam Banerjee (Obs & Gyn) Dr. Rahul Singh (Anesthetist)	5. Monitoring and Review and prevention of discard blood and blood product	
11.	CLINICO- RADIOLOGY COMMITTEE	Chairperson- Medical Superintendent Member Secretary- Dr. Swati Facility Director - Member DMS - Member Nursing Head – Member Quality Manager- member Radiology Incharge- member Dr. Parul – Member Dr. N.K. Soni- Member	1. Clinico-Radiology Committee meetings are performed to improve the quality of patient care. 2. Excel document to be maintained for all the cases that are being discussed 3. Benchmark should be Minimum of 20% of the Radiology reports to be discussed in the committee meetings. 4. All case details and MOM are documented and maintained by Manager Radiology services 5. Action points to be follow up for closure with relevant team members by the Manager Radiology services	QUATERLY

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12.	CLINICO-PATHOLOGY COMMITTEE	<p>Chairperson- Medical Superintendent</p> <p>Member Secretary- Dr. Shivani</p> <p>Facility Director - Member</p> <p>Medical Superintendent</p> <p>DMS - Member</p> <p>Nursing Head – Member</p> <p>Quality Manager- Member</p> <p>Radiology Incharge</p> <p>Lab Incharge</p> <p>Dr. Ajay Chauhan- Member</p> <p>Dr. Parul -Member</p>	<p>Clinico-Pathology Committee meetings are performed to improve the quality of patient care.</p> <p>2. Excel document to be maintained for all the cases that are being discussed</p> <p>3. Benchmark should be Minimum of 20% of the LAB reports to be discussed in the committee meetings.</p> <p>4. All case details and MOM are documented and maintained by Manager Laboratory services</p> <p>5. Action points to be follow up for closure with relevant team members by the Manager Laboratory services</p>	QUATERLY
13.	GRIEVANCE REDRESSAL COMMITTEE	<p>Chairperson- CEO</p> <p>Member Secretary- HR Manager</p> <p>Facility Director - Member</p> <p>Medical Superintendent</p>	<p>1. To issue policy on grievance redressal</p> <p>2. Develop mechanism of handling employee</p>	QUATERLY

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			grievances 3. To handle all the employee grievances	
14.	VISHAKA COMMITTEE	Chairperson- Dr. Kapil Tyagi Member Secretary- HR Manager CEO-Member Facility Director - Member Medical Superintendent Nursing Superintendent DMS	1. To issue policy against sexual harassment 2. Develop a mechanism of handling issues related with sexual harassment 3. To handle all the issues related with sexual harassment	QUATERLY
15.	CREDENTIALING & PRIVILEGING COMMITTEE	Chairperson- Facility Director Member Secretary- HR Manager Medical Superintendent-Member Nursing Head – Member DMS - Member	1. To develop and process of assessing and confirming the qualifications of a licensed or certified health care medical professionals and nursing staff. 2. To review doctors and nurses completed education, training, residency and licenses. 3. To develop and implement the plan for better patients care.	QUATERLY

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16.	PURCHASE & CONDEMNATION COMMITTEE	Chairperson- Dr. Kapil Tyagi Co-Chairperson- Dr. Ajay Tyagi Member Secretary- SCM Head Facility Director- Member Nursing Head – Member DGM Operations- Member DMS - Member Quality Manager- Member Maintenance Head Housekeeping head Finance incharge	To ensure seamless and effective material purchase and condemnation mechanism	
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