



**Dr. D. Y. Patil Medical College, Hospital and Research Centre**  
Pimpri, Pune: 411 018  
NABH/NABL Accredited Hospital  
**Dr. D. Y. Patil Vidyapeeth, Pune**  
**(Deemed to be University)**  
**(Accredited (3<sup>rd</sup> Cycle) by NAAC with CGPA of 3.64 on four-point scale at**  
**“A++” Grade)**  
(ISO 9001:2015 and 14001:2015 Certified University)

Ref. No.: DYPMC/ DO/4753/2024

Date:03/07/2024

## **QUALITY IMPROVEMENT COMMITTEE**

### **OBJECTIVE**

- To assure that quality assurance & continuous quality improvement activities of the Dr. D.Y. Patil Hospital are performed and that the highest possible level of patient care is met and maintained through the hospital's Quality Management Program.
- Provide leadership in promoting and supporting strategic plans designed to make overall improvements to quality of care and services.
- Ensure an effective process is established and applied for the communication of quality improvement and risk management initiatives between the Board, the organization, and external stakeholders.
- Oversee the preparation and implementation of Accreditation activities including readiness for accreditation surveys and compliance with all applicable standards.
- To develop policies and procedures relating to the Medical Records department, regularly review those policies and amend them as appropriate and ensure that all staff is aware of the policies and procedures and that appropriate training is provided.
- To develop, implement and regularly monitor standards and documentation for the Medical Records department and ensure that compliance with the standards is reported regularly to the committee and health records audits are implemented on a regular, systematic basis.
- To encourage and monitor the development of multi-disciplinary records to support the development and use of the Electronic Health Record.
- To ensure that all professionals involved in the day-to-day operation of hospitals are prepared to respond to disasters.
- Provide a structure for the mitigation, preparation, response, and recovery related to emergencies that may impact the hospital.
- Adopt an all-hazards approach to emergency management to address a range of emergencies regardless of cause.
- Evaluate, exercise, and revise as appropriate emergency planning and response documents.

## **FUNCTIONS**

- **Quality Management Program**
  - Shall develop, implement, and maintain an established and documented Quality Management Program for the hospital which at minimum, monitors the quality and appropriateness of patient care and clinical performance and will facilitate problem/ deficiency identification and problem-solving mechanisms.
  - Ensure that the Quality Management Program is comprehensive and addresses all major issues related to quality assurance and risk management.
  - Shall regularly evaluate the compliance to the quality management program, collect data, review the policies, and take corrective actions when necessary.
  - Shall review the Quality Management Program every year including analysis of the key quality indicators and identify opportunities for improvement.
  - To develop policies and procedures relating to the Medical Records department, regularly review those policies and amend them as appropriate and ensure that all staff is aware of the policies and procedures and that appropriate training is provided.
  - To encourage and monitor the development of multi-disciplinary records in order to support the development and use of the Electronic Health Record.
  
- **Clinical and Non-clinical Department Performance Monitoring**
  - For all practitioners providing services in the hospital contract and for all units/ departments functioning in the hospital, the Quality Management Program exercises a monitoring function.
  - Establish measurable indicators of quality through the use of established criteria for improving the quality and safety of hospital services.
  - Periodic assessment of information based on the indicators shall be carried out, take action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
  
- **Functional Audits (Facility/System Review)**
  - The Quality Management Program seeks to assure maximum compliance in terms of clinical facilities, equipment, and quality health care delivery systems.
  - Functional Audits at service units/ departments shall be conducted at periodic intervals to determine compliance to standards and Quality Management Program.
  - To ensure that Health Records audits are implemented on a regular, systematic basis.
  - Each functional discipline will be applying formalized accreditation standards from NABH and other quality indicators.
  - They shall coordinate these findings with the Quality Office.

- Process Engineering
  - Review all functional & service delivery processes. Guide in detailed analysis of areas identified through various quality tool.
  - Impart adequate training on Quality Management Program to all employees. Establish and support specific quality improvement initiatives. 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.
  - Shall be responsible for the quality manual which needs to be annually reviewed.

## **MEMBERSHIP**

- Pro-chancellor /trustee/ Management Representative.
- Dean(chairperson)
- Principal Director & CEO
- Director Academics & IQAC
- CEO Hospital
- Medical Superintendent.
- Medical Director
- Director, Operations& Business Development.
- Deputy Registrar
- HOD Emergency Medicine.
- HODs of Medicine and allied Subjects.
- HODs of Surgery and allied Subjects.
- HOD Biochemistry, Microbiology, Pathology.
- HOD pharmacology.
- HR Manager.
- Nursing Director.
- Administrative Officer.
- Pharmacovigilance Officer.
- Hospital Infection Control Officer.
- Safety Officer.
- Blood Transfusion Safety Officer.
- Engineer (Electric/Civil)
- Clinical Safety Officer
- Patient Safety officer.
- Radiation Safety Officer
- Fire Safety Officer
- Housekeeping Manager
- HOD Biomedical
- HOD General store
- Manger Laundry
- HOD facility
- F&B Manager/Dietician.
- Medical records Officer.
- Radiology HOD.
- Laboratory HOD.

- Manager Pharmacy.
- Manager Purchase.
- Security Head.
- Manager Quality (Secretary)
- HOD Community Medicine
- Statistician officer.
- Medical record Officer.
- Clinical pharmacologist
- HOD IT.

### **FREQUENCY OF MEETINGS**

- The Committee shall meet 4 times per year and at the call of the Chair.

### **QUORUM**

- 50% of membership

### **MEETING VENUE**

- As decided by the chairperson.

### **CIRCULATION**

- Minutes are circulated to all Committee members and management within a week

### **REPORTING RELATIONSHIP**

- Management through proper channel.

### **EVALUATION**

- Evaluation to be completed by the next meeting.

This Committee is amended & updated on 03/07/2024.



  
Dr. J. S. Bhawalkar  
Dean