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|  <small>Dr. D.Y. PATIL VIDYAPEETH, PUNE</small> <small>DEEMED UNIVERSITY</small> | <p align="center">Dr. D. Y. Patil Medical College, Hospital and Research Centre</p> <p align="center">Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade Pimpri, Pune - 411 018.</p> |
| Ref. No.: <u>DYPMC/EST/7007/2023</u> | Date : <u>12/12/2023</u> |

MORTALITY AND MORBIDITY COMMITTEE

OBJECTIVE

The Clinical Practice Morbidity Mortality Review Committee has been established to monitor and review clinical services in order to identify opportunities for improvement within the service.

FUNCTIONS

1. Assessment and Evaluation –

- To assess and evaluate the quality of health services, including the review of clinical practices.
- To conduct other quality activities or investigations as required time to time. These activities may include monitoring of performance indicators where there is a trend of significance, clinical audit including medical record audit, morbidity and mortality review and peer review and limited adverse event review.
- To ensure that in-depth analysis or root cause analysis for adverse events.

2. Reporting and Recommending

- #### **3. Monitoring and Implementation** - to monitor implementation of approved recommendations.

MEMBERSHIP

- Dean (Chairperson)
- Principal Director & CEO
- CEO Hospital
- Medical Superintendent.
- Medical Director(secretary)
- Director, Operations & Business Development.
- Deputy Registrar
- Concern department HOD
- Quality Manager
- Special invitee

FREQUENCY OF MEETINGS

- The Committee shall meet every month and at the call of the Chair.

QUORUM

- 50% of membership

MEETING VENUE

- As decided by the chairperson.

CIRCULATION

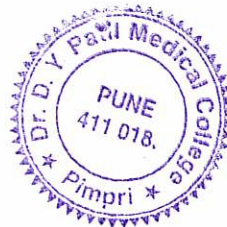
- Minutes are circulated to all Committee members and management within a week.

REPORTING RELATIONSHIP

- Management through proper channel.

EVALUATION:

- To be completed by the next meeting.




(Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information: -

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges

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| Ref. No.: <i>DYPMCL/EST/7008/2023</i> | Date : <i>12/12/23</i> |

CLINICAL GOVERNANCE COMMITTEE

OBJECTIVE

- To improve the quality of clinical care at the Institutional level.
- Improve patients' access to quality health services and promote evidence based clinical practice.
- Standardize clinical practice.
- Reduce clinical errors.
- Provide care that is respectful of human dignity and responsive to patients' needs and values.
- Increase patients' participation in the clinical care process.
- Improve efficiency in the utilization of health care resources.
- Promote staff development.

FUNCTIONS:

- Implement clinical audit and review programs, which include mortality and morbidity reviews, peer reviews, record and utilization reviews.
- Facilitate implementation of clinical standards and guidelines.
- Monitor all clinical audit and review activities within the Institution.
- Clinical pathways implementation
- Report quarterly on clinical audit and review activities within the Institution.
- Facilitate education and training programs for all clinical audit staff within the Institution.
- Formulation of hospital ethical framework covering both common clinical and non-clinical ethical issues
- Confidential, multidisciplinary analysis and discussion of cases and topics away from the acute clinical setting
- Informed contribution to the generation of guidelines for good ethical practice.
- Education of health care professionals in health care ethics.
- Discuss on Business ethical practices such as billing audits,
- Financial counselling.

MEMBERSHIP

- Dean(Chairperson)
- Principal Director & CEO
- Director Academics & IQAC
- CEO Hospital
- Medical Superintendent.
- Medical Director
- Director, Operations.
- Clinical safety officer
- Patient safety officer (Secretary)
- Representative from Medicine and Allied.
- Representative from Surgical and allied.
- HOD Lab
- HOD Radiology
- Infection Control Officer
- ID Physician
- Nursing Director /Designee
- Quality Manager
- Special Invitee

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

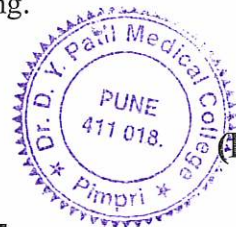
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REPORTING RELATIONSHIP

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EVALUATION

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| Ref. No.: <i>Dypmc / EST / 7009 / 2023</i> | Date : <i>12/12/23</i> |

SAFETY COMMITTEE

OBJECTIVE

- To address hospital safety through a multi-hazard and inter-disciplinary approach.
- To ensure that all professionals involved in the day-to-day operation of hospitals are prepared to respond to disasters; and,
- 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.
- To identify the potential safety and security risks to patients, staff, visitors in all phases of activities (including who patient safety solutions).
- To conduct facility inspection rounds to ensure safety in patient care areas and non-patient care area.
- To conduct hazard identification and risk analysis.
- To do root cause analysis for process failure, sentinel events and near misses, to take appropriate corrective/preventive actions.
- To develop, implement and monitor the safety plan, policies and procedures.
- To ensure staff are educated on safety through effective training program.

FUNCTION OF COMMITTEE

- Shall identify potential safety and security risks to staff, patients, and visitors.
- Shall 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.
- Shall develop, implement and monitor the Safety Plan and Policies
- Shall conduct facility inspection rounds to ensure safety. These rounds shall be conducted monthly in patient care areas and non-patient care areas.
- The inspection reports shall be documented, and corrective/ preventive measures undertaken.
- Shall develop and implement a disaster management plan.
- Shall conduct safety education program for all staff.
- Shall develop a safety manual and the same shall be revised annually by safety committee.

MEMBERSHIP

- Dean
- Principle Director & CEO
- CEO (Chairperson)
- Medical Director
- Medical Superintendent.
- Director Operations
- Deputy Registrar
- Representative of Medicine and allied.
- Representative of Surgery and allied.
- Pharmacovigilance Officer
- Administrative Officer.
- Blood Transfusion Officer
- Clinical Safety Officer
- Infection control Officer
- Patient safety Officer (Secretary)
- Safety officer (Hospital Facility)
- Radiation safety Officer
- Blood Transfusion Safety Officer
- Representation from Engineer (Electric/Civil/MGPS etc.)
- Nursing Director/Representative
- Facility Head
- Quality and safety Champions
- Biomedical Engineering Head
- Emergency Medicine /Casualty Representative.
- Laboratory HOD
- Security Officer
- Fire Safety Officer
- Housekeeping Manager
- Clinical Pharmacist
- Quality Manager
- Quality Executives

FREQUENCY OF MEETINGS

- The Committee shall meet every month and at the call of the Chair.

QUORUM

- 50% of membership

MEETING VENUE

- As decided by the chairperson.

CIRCULATION

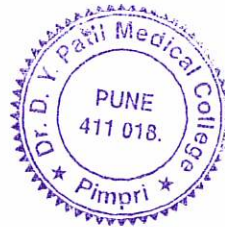
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REPORTING RELATIONSHIP

- Management through proper channel.

EVALUATION

- Evaluation to be completed by the next meeting.



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Dean

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- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges



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Pimpri, Pune - 411 018.

Ref. No.: DYPMC/EST/7010/2023

Date : 12/12/23

CODE BLUE COMMITTEE

OBJECTIVE

- To Prepare and implement policies relating to resuscitation.
- To provide advisory and resource services regarding resuscitation techniques, equipment and teaching methods.
- To provide latest evidence-based teaching on cardiopulmonary resuscitation.
- To prepare and implement policies relating to prevention of cardiac arrest.
- To record and report patient safety incidents in relation to resuscitation.
- To promote uniformity and standardization of resuscitation within the organization

FUNCTIONS

- Conducting the code according to current Advanced Cardiac Life Support (ACLS) or Pediatric/Neonates Advanced Life Support (PALS, Basic life supports (BLS).
- To regularly have meetings regarding the functioning of CPR team.
- To monitor the outcomes of resuscitation measures
- To take the corrective preventive measures based on the post event analysis.
- To make policies and SOPs regarding CPR.
- To make sure the members of the code blue team have the necessary training.
- To ensure that adequate and appropriate resources are provided.

MEMBERSHIP

- Dean
- CEO
- Medical Superintendent.
- Medical Director(chairperson)
- Director, Operations & Business Development.
- HOD Anesthesia.
- Resuscitation officer, Anesthesiologist. (secretary)
- Representative of Medicine and allied.
- Emergency Medicine HOD/Representative.
- Cardiologist
- HOD/Representative of Pediatrics.
- Nursing Director
- Manager Quality

FREQUENCY OF MEETINGS

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

QUORUM

- 50% of membership

MEETING VENUE

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CIRCULATION

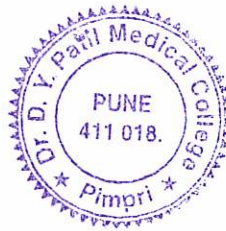
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EVALUATION

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Pimpri, Pune - 411 018.

Ref. No.: *DYPMC/EST/7011/2023*

Date : *12/12/23*

BLOOD TRANSFUSION COMMITTEE

OBJECTIVE

- To ensure blood is ordered appropriately and administered safely.
- To ensure wastage of blood components and products is minimized.
- To review reports of adverse reactions, incidents and complaints and make recommendations for their prevention to improve patient safety.
- To provide health care professionals in your facility with current information and education relating to blood transfusion.
- To develop criteria and review compliance with transfusion practice of blood and blood derived therapeutic products.

FUNCTIONS

- Establishes standards for appropriate utilization of blood products.
Monitors blood utilization
- Reviews adverse events related to blood product utilization.

MEMBERSHIP

- Dean
- Principal Director & CEO
- CEO Hospital
- Medical Superintendent.
- Medical Director (chairperson)
- Director, Operations & Business Development.
- Blood bank HOD
- Blood transfusion officer
- Blood transfusion safety officer
- Representative from medicine and allied.
- Representative from Surgery and Allied.
- HOD pediatrics
- HOD CVTS
- Quality Manager
- Special invitee

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

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REPORTING RELATIONSHIP

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EVALUATION

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| Ref. No.: <u>DYPMC/EST/70/2/2023</u> | Date: <u>12/12/23</u> |

8. QUALITY IMPROVEMENT COMMITTEE

OBJECTIVES

- 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 also health records audits are implemented on a regular, systematic basis.
- To encourage and monitor the development of multi-disciplinary records in order 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
- 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

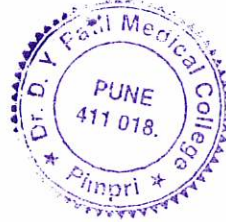
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REPORTING RELATIONSHIP

- Management through proper channel.

EVALUATION

- Evaluation to be completed by the next meeting.





(Dr. J. S. Bhawalkar)
Dean

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- ✓ All HOD's & Section In charges

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| Ref. No.: <i>DPMC/EST/70/3/2023</i> | Date : <i>12/12/23</i> |

PHARMACO - THERAPEUTIC COMMITTEE

OBJECTIVE

- To formulate and implement the policies and procedure relating to pharmacy services and medication usage.
- To formulate and implement the hospital formulary and update the same at regular interval.
- To define and establish a framework for reporting and analyzing adverse drug events.
- To design and implement methods for ensuring the safe prescribing, distribution, administration, and monitoring of medication.
- To document the policies and procedures to guide the usage of narcotic drugs and psychotropic substances in the institution.

FUNCTIONS

- Shall be responsible for creating and maintaining a drug formulary, approves branded drugs and disposables.
- Shall create policies and prescribe procedures for procurement, storage, formulary, prescription, dispensing, administration, monitoring and usage of all medications used in the organization.
- Shall ensure effective implementation of these policies.
- Shall meet once in three months.

MEMBERSHIP

- Dean(Chairperson)
- Principal Director & CEO
- Director Academics & IQAC
- CEO Hospital
- Medical Superintendent.
- Medical Director
- Director, Operations & Business Development.
- Deputy Registrar
- HOD Pharmacology
- Representative of Medicine and allied.
- Representative of Surgery and allied.
- Pharmacovigilance Officer.
- Administrative officer.
- HOD purchase
- Pharmacy purchase officer.
- Manager pharmacy(secretary)
- Pharmacist.

- Nursing Director.
- Microbiologist
- ID Physician
- Clinical Pharmacologists.
- Quality Manager

FREQUENCY OF MEETINGS

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

QUORUM

- 50% of membership

MEETING VENUE

- As decided by the chairperson.

CIRCULATION

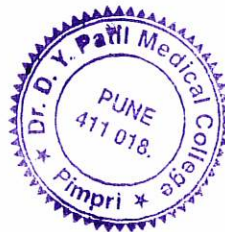
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RADIATION SAFETY COMMITTEE

OBJECTIVES: To ensure radiation safety regulations followed by radiation generating equipment user departments Radiation safety committee established. The committee will ensure the safety of patients and the public, and to provide a safe workplace for all radiation workers. Radiation safety committee serves as the regulation body which maintains surveillance over use of radiation generating equipment.

The Committee shall oversee the activities of Radiation Safety,

- (i) Reviewing its objectives and performance goals
- (ii) Monitoring its progress in meeting those objectives and goals and
- (iii) Recommending changes to that as it may find necessary.

FUNCTIONS:

- Develop policy concerning radiation safety.
- Implement guidelines given in AERB safety code.
- Ensure only type approved unit/equipment with valid NOC from AERB will be installed.
- Ensure that all radiation generating equipment is registered with AERB.
- Take appropriate action in the case of over exposure to any radiation worker.
- Recommend remedial action to correct deficiencies identified in the implementation of radiation safety rules & regulations by concerned department.
- Maintain record of minutes of all Radiation Safety Committee meetings.

MEMBERSHIP

- Dean(chairperson)
- Principal Director & CEO
- Medical Superintendent.
- Medical Director
- Deputy Registrar
- HOD, Radiodiagnosis
- Radiation Safety Officer(secretary)
- HOD, Anesthesiology
- HOD, Orthopedics
- HOD, Urology
- HOD, Neurosurgery
- HOD, Cardiology
- HOD, Interventional Radiology
- HOD, Medical Gastroenterology
- HOD, Biomedical
- Quality Manager

FREQUENCY OF MEETINGS

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

QUORUM

- 50% of membership

MEETING VENUE

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CIRCULATION

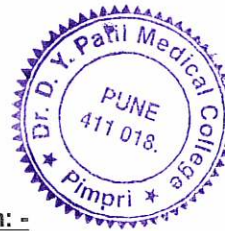
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Ref. No.: DYPMC/EST/7015/2023

Date: 12/12/23

PATIENT GRIEVANCE & FEEDBACK COMMITTEE

OBJECTIVES:

- To identify areas where improvements are needed to enhance the overall patient experience.
- To handle patient grievances in a fair and timely manner. To investigate complaints, , and work towards finding satisfactory resolutions.
- To identify strengths and weaknesses in the healthcare system, allowing for continuous quality improvement initiatives.
- To encourage patient feedback that fosters open communication between patients and healthcare providers, creating a more patient-centered approach to care.
- To create a responsive and effective feedback system that helps build trust between patients and the healthcare facility, leading to better patient satisfaction and retention.
- To ensure that the healthcare facility complies with relevant regulations and standards and holds staff accountable for addressing patient concerns appropriately.

FUNCTIONS:

- The committee collects feedback from patients, their families, and caregivers regarding their experiences with healthcare services.
- It addresses and manages patient complaints and grievances in a fair and impartial manner.
- The committee investigates the root causes of complaints to understand the issues thoroughly.
- Feedback received is used to identify areas of improvement in healthcare services and patient care.
- The committee acts as a patient advocate, ensuring that their concerns are heard and addressed by the healthcare facility.
- It encourages open and effective communication between patients, healthcare providers, and the facility.
- The committee may educate patients about the feedback process and how they can express their concerns.
- It ensures that patient feedback and grievances are handled with utmost confidentiality.
- Based on feedback and investigation outcomes, the committee collaborates with relevant departments to implement necessary changes and improvements.
- It tracks the progress of complaint resolutions and evaluates the impact of implemented changes.
- The committee ensures that the healthcare facility adheres to relevant regulations and policies related to patient feedback and grievances.
- By addressing concerns, the committee contributes to the overall quality assurance and patient safety within the healthcare organization.
- The committee maintains proper documentation of feedback, investigations, and resolutions for reference and reporting purposes.

MEMBERSHIP:

- Dean(chairperson)
- Principal Director & CEO
- Director Academics & IQAC
- CEO Hospital
- Medical Superintendent.
- Medical Director
- Director, Operations & Business Development.
- Deputy Registrar
- Administrative officer
- Guest Relation office representatives
- Nursing director /designee
- Representative from clinical department.
- Representatives from other support departments.
- HR Manager.
- Quality Manager
- Special invitee

FREQUENCY OF MEETINGS

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

QUORUM

- 50% of membership

MEETING VENUE

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CIRCULATION

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EVALUATION

- Evaluation to be completed by the next meeting.


 (Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information: -

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges

| | |
|--|---|
|  <p>Dr. D. Y. Patil Medical College, Hospital and Research Centre</p> | <p>Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade Pimpri, Pune - 411 018.</p> |
| Ref. No.: <u>DYPMC/EST/7016/2023</u> | Date : <u>12/11/23</u> |

INTERNAL COMPLAINT COMMITTEE

OBJECTIVE:

Constitution of internal complaint committee to prevent sexual harassment at their workplace. Any unwelcome sexually determined behavior shall be notified to the internal complaint committee who will investigate the case.

FUNCTIONS:

8. To ensure the prohibition of sexual harassment as defined at the workplace. This should be notified, published, and circulated in appropriate ways.
9. To ensure that appropriate work conditions are provided in respect to work, leisure, health, and hygiene and to further ensure that there is no hostile environment towards women at workplace and no woman employee should have reasonable grounds to believe that she is disadvantaged in connection with her employment.
- To ensure if any complaint received would be investigated by the committee and the report be submitted to the cabinet committee for appropriate action.

The following are considered as sexually determined behavior.

1. Physical contact and advances
2. A demand or request for sexual favors
3. Sexually colored remarks
4. Showing pornography
5. Any other unwelcome physical, verbal, or non-verbal conduct of sexual nature.

MEMBERSHIP

| Sr. No. | Members | Constitution |
|---------|--|------------------------------------|
| 1 | Dr. Archana Javdekar Professor, Department of Psychiatry Mob. No: - 9822041271 Email :- an.javadekar@dpu.edu.in | Presiding Officer (Chairperson) |
| 2 | Dr. Himadri Bal Professor, Department of Obstetrics & Gynecology Mob. No.: - 9923065788 Email:- himadri.bal@dpu.edu.in | Member from Teaching Faculty |
| 3 | Dr. Amit Kale Professor, Department of Orthopedics Mob. No.: - 9765494684 Email:- amit.kale@dpu.edu.in | |
| 4 | Dr. (Mrs.) P. Vatsalaswamy, Director Academics, Department of Administration Mob.: - 9850116519 Email:- p.vatsalaswamy@dpu.edu.in | Member From Non-Teaching |
| 5 | Mrs. Annie L. Francis Deputy Registrar Mob.: -9921103825 Email: - annie.francis@dpu.edu.in | |
| 6 | Adv. Keerti Tornekar Law Officer, Department of Legal Mob. No.: -9503637988 Email: - keerti.tornekar@dpu.edu.in | |
| 7 | Mr. Suraj R. Pol Assistant Manager- HR, Dept. of Human Resource Mob. No.: - 9049248325 Email: - surajpol@dpu.edu.in | |
| 8 | Adv. Trupti Satpute Legal Executive, Department of Administration Mob. No.: - 9821573535 Email:-trupti.satpute@dpu.edu.in | |

| Sr. No. | Members | Constitution |
|---------|---|----------------------|
| 9 | Ms. Nandgem Hanshitha UG Student Mob. No.:- 8374851516 | Student Member |
| 10 | Mr. Gurdeep Singh UG Student Mob. No.: -7027080490 | |
| 11 | Dr. Shraddha Bapat PG Student Mob. No.:- 9769835054 | |
| 12 | Adv. (Mrs.) Ruby Chatwal Mob. No.: -9422526508 Email :- ruby.chhatwal@dpu.edu.in | Member from N. G. O. |
| 13 | Dr. Shilpa Arunkumar Bellare Deputy General Manager-HR, Admin. & Accreditation Mob.: - 9096301326 Email :- shilpa.bellare@dpu.edu.in | Member Secretary |

FREQUENCY OF MEETINGS

- AS AND WHEN REQUIRED.

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.



(Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information:-

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges



Dr. D. Y. Patil Medical College, Hospital and Research Centre

Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade
Pimpri, Pune - 411 018.

Ref. No.: *DYPMC/EST/7017/2023*

Date : *14/12/23*

PURCHASE COMMITTEE

OBJECTIVE:

- To assess potential vendors and suppliers to ensure they meet the organization's quality, reliability, and ethical standards.
- To ensure all purchases are in line with the organization's budgetary constraints and financial guidelines.
- To procure goods and services of high quality to meet the organization's needs and standards.
- To obtain the best value for money by negotiating favorable terms and conditions with vendors while maintaining quality.
- To ensure all procurement activities adhere to relevant laws, regulations, and organizational policies.
- To maintain fair and transparent procurement process, avoiding favoritism or bias in vendor selection.
- To evaluate and address potential risks associated with procurement decisions, such as vendor reliability and product/service quality.
- To foster positive relationships with vendors, promoting long-term partnerships and favorable terms.
- To establish standardized and efficient procurement procedures to facilitate a smooth purchasing process.
- To coordinate with inventory management to avoid overstocking or stockouts and optimize inventory levels.
- To explore and recommend the use of technology, such as e-procurement systems, to streamline and automate purchasing processes.
- To track procurement activities and provide regular reports on purchasing performance and compliance.
- To conduct value analysis to assess the benefits and potential drawbacks of different purchasing decisions.
- To contribute to the development and updating of the organization's procurement policies and procedures.

FUNCTIONS:

- Managing and monitoring the purchase of the hospital.
- Evaluate and approve on the basis of merit of all purchase requests and recommend to Signing authority (leadership)

- Approval of rate contract for consumables and outsourced services (e.g., housekeeping, security etc.)
- Recommend the terms and conditions of various agreements / contracts for outsourced services.
- Responsible for the selection, monitoring, and rating of suppliers.
- Annual evaluation of Key or Major vendors / suppliers of hospital
- Annual purchase planning activity and preparing the purchase budget.
- Ensure planning and implementation of inventory management practices. Conduct random stock audits of the stores and the department stocks.
- The equipment/instrument/furniture for condemnation shall be certified by the Bio-medical engineer/Department Heads that the item is beyond repair / un-usable with proper stickers for condemnation & stored at the concerned units.
- Notify all departments in advance and receive the list of items identified for condemnation.
- Prepare a consolidated list of condemned items, a copy of the same to the Purchase Committee for information.
- The Purchase Committee shall sell the condemned items after approval from Purchase Committee Vice Chairman based on quotations. Items not suitable for scrap sales shall be suitably destroyed through incineration.

MEMBERSHIP:

| Sr. No. | Name of Members | Designation | Member |
|----------------|--|-----------------------------|------------------|
| 1 | Dr. Yashraj P. Patil | Trustee & Treasurer | Chairman |
| 2 | Dr. P. Vatsala Swamy | Director Academics | Convenor |
| 3 | Dr. J. S. Bhawalkar | Dean | Member |
| 4 | Dr. Shrikant Tripathy | Director Medical Research | Member |
| 5 | Mrs. Annie Francis | Dy. Registrar | Member |
| 6 | Mrs. Sarika Kakade | Manager- Account | Member |
| 7 | Mr. Datta Lugade | Accountant | Member |
| 8 | Concerned HOD's, Technical Representative | Related with items procured | Member |
| 9 | Mr. Kisan Chavan | Purchase Head | Member Secretary |

FREQUENCY OF MEETINGS

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

QUORUM

- 50% of membership

MEETING VENUE

- As decided by the chairperson.

CIRCULATION

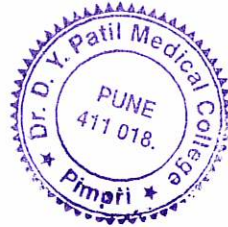
- Minutes are circulated to all Committee members and management within a week.

REPORTING RELATIONSHIP

- Management through proper channel.

EVALUATION

- Evaluation to be completed by the next meeting.




(Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information: -

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges

| | |
|--|---|
|  <p>DPU Dr. D.Y. PATIL VIDYAPETH, PUNE (DEEMED UNIVERSITY)</p> | <p align="center">Dr. D. Y. Patil Medical College, Hospital and Research Centre</p> <p align="center">Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade Pimpri, Pune - 411 018.</p> |
| Ref. No.: <u>DYPMC/EST/7018/2023</u> | Date: <u>12/12/23</u> |

EMPLOYEE GRIEVANCE COMMITTEE

OBJECTIVE:

The objective of the committee is to prevent employee grievances / complaints / discrimination / injustice as far as possible but in case a grievance arises it will be speedily dealt with and redressed to satisfaction.

Method of grievance redressal

- The immediate supervisor of the employee is responsible for handling the grievance voiced by the employee and will find a solution to the same within a reasonable time period.
- If the same is not possible due to authority limitations of the supervisor, he may bring the same to the notice of the department head that will redress the same at that level.
- If the employee is still not satisfied with the outcome, he may bring it to the notice of HR in writing. The HR department will enquire into the root causes of the grievance and will initiate suitable corrective action and communicate the same to the grievant employee. Counseling sessions may be conducted, and mutual discussions will be held in a healthy manner to apprise the grievant employee of the facts pertaining to the case and the results of the enquiry.
- If the grievant employee is still not satisfied with the outcome, he / she may appeal the decision to the Dean through HRD and the decision taken on the appeal will be binding to the grievant employee and all the parties connected with the issue.

MEMBERSHIP

| Sr. No. | Constitution | Members | Designation |
|----------------|---|--|--------------------|
| 1 | A Senior professor of the College - Chairman | Dr. Chandanwale S. S. Professor, Dept. of Pathology Mob.: - 9890144517 Email- shirish.chandanwale@dpu.edu.in | Chairman |
| 2 | Three Senior Teachers drawn from the various departments on rotation basis, to be nominated Head of the Institute | Dr. Hetal Rathod Professor & Head, Dept. of PSM Mob:- 9960511615 Email :- hetal.rathod@dpu.edu.in | Member |
| 3 | | Dr. Chanda R. Vyawahare, Professor, Department of Microbiology Mob. No. :- 9420076924 Email :- chandavyawahare@dpu.edu.in | Member |
| 4 | | Dr. Dinesh Patel Professor, Department of Anatomy Mob. No.:- 9764038804 Email :- dinesh.patel@dpu.edu.in | Member |
| 5 | Members of Committee | Dr. Hanmant H. Chavan, Medical Superintendent Mob. No.:- 9881664567 Email :- ms.medical@dpu.edu.in | Member |
| 6 | | Mrs. Annie L. Francis Dy. Registrar Mob. No.:- 9921103825 Email :- annie.francis@dpu.edu.in | Member |
| 7 | | Adv. Keerti Tornekar Law Officer, Department of Legal Mob. No.: - 9503637988 Email :- keerti.tornekar@dpu.edu.in | Member |
| 8 | | Adv. Vishakha Uddhavrao Bais Assistant Law Officer Mob. No.: - 7722093920 Email :- vishakha.bais@dpu.edu.in | Member |
| 9 | | Mr. Nilesh Kudale Sr. Executive – HR Mob. No.: - 9763086098 Email :- Nilesh.kudale@dpu.edu.in | Member |
| 10 | | Head of Department Concerned Department | Member |

| Sr. No. | Constitution | Members | Designation |
|---------|----------------------|--|------------------|
| 11 | Members of Committee | Dr. (Mrs.) P. Vatsalaswamy Director Academics Mob.: - 9850116519 Email- p.vatsalaswamy@dpu.edu.in | Special Invitee |
| 12 | | Dr. A. L. Kakarani Director Academic Collaborations & Professor of Clinical Eminence Mob.: - 9823972424 Email- arjun.kakarani@dpu.edu.in | |
| 13 | | Dr. Shilpa Arunkumar Bellore Deputy General Manager-HR, Admin. & Accreditation Mob.: - 9096301326 Email- shilpa.bellore@dpu.edu.in | Member Secretary |

FREQUENCY OF MEETINGS

- The committee shall convene when a grievance has been raised.

QUORUM

- 50% of membership

MEETING VENUE

- As decided by the chairperson.

CIRCULATION

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

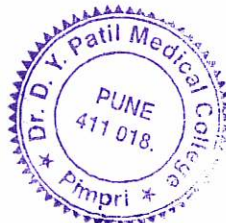
REPORTING RELATIONSHIP

- Management through proper channel.

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EVALUATION

- Evaluation to be completed by the next meeting.




(Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information: -

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges

| | |
|---|---|
|  <p>DPU Dr. D.Y. PATIL VIDYAPEETH, PUNE (DEVELOPING UNIVERSITY)</p> | <p align="center">Dr. D. Y. Patil Medical College, Hospital and Research Centre</p> <p align="center">Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade Pimpri, Pune - 411 018.</p> |
| Ref. No.: <u>04pmc/EST/7019/2023</u> | Date : <u>14/4/23</u> |

OT MANAGEMENT COMMITTEE

OBJECTIVES

1. Ensure maximum standard of safety.
2. Optimum utilization of OT and staff time
3. Optimize working conditions.
4. Provide a smooth environment.

FUNCTIONS

1. Recommends and approves policy and procedures that are specific to the pre-operative areas, OT and Post Operative.
2. Governs allocation of resources between departments, and where appropriate, surgeons
3. Addresses efficiency and costs associated with OT operations.
4. Provides Institutional oversight and direction for staff and faculty education related to operative and invasive procedures and care of the surgical patient.
5. Ensures an effective process for patient and family education related to surgical care and informed consent.
6. Monitors data related to operative and other invasive procedures.
7. Monitors adherence to policies and procedures

MEMBERSHIP

1. Dean
2. CEO
3. Professor and HOD anesthesia (chairperson)
4. HOD's from all surgical specialties.
5. Medical superintendent
6. COO
7. Deputy Registrar
8. Nursing superintendent
9. DNS OT
10. HICO
11. CSSD Incharge
12. Facility manager
13. Manager pharmacy
14. Biomedical HOD
15. Quality Manager

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.




(Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information: -

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges

| | |
|---|---|
|  | <p align="center">Dr. D. Y. Patil Medical College, Hospital and Research Centre</p> <p align="center">Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade Pimpri, Pune - 411 018.</p> |
| Ref. No.: <u>D4pmc/EST/7020/2023</u> | Date : <u>12/12/23</u> |

CREDENTIALING AND PRIVILEGING COMMITTEE

OBJECTIVE

- To develop, review and approve credentialing policies and procedures.
- Developing, reviewing, and revising credentialing and privileging forms and processes.
- To protect the community interests by credentialing competent clinicians

MEMBERSHIP

- Dean (Chairperson)
- Principal Director & CEO
- Director Academics & IQAC
- CEO Hospital
- Medical Superintendent.
- Medical Director
- Deputy Registrar
- HR Manager (Secretary).
- Concern departmental HOD
- Immediate reporting authority

FREQUENCY OF MEETINGS

- The Committee shall meet a minimum of four 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.

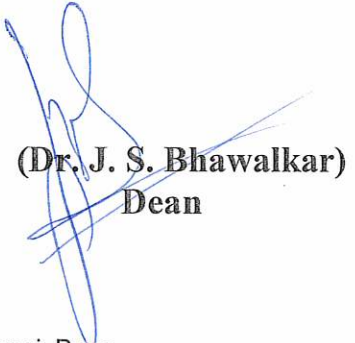
REPORTING RELATIONSHIP

- Management through proper channel.

EVALUATION

- Evaluation to be completed by the next meeting.





(Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information: -

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges

| | |
|---|---|
|  <p>DPU Dr. D. Y. PATIL VIDYAPEETH, PUNE UNIVERSITY</p> | <p align="center">Dr. D. Y. Patil Medical College, Hospital and Research Centre</p> <p align="center">Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade Pimpri, Pune - 411 018.</p> |
| Ref. No.: <u>D4pmc/EST/702/2023</u> | Date : <u>12/12/23</u> |

CONDEMNATION COMMITTEE

PURPOSE: To evaluate medical equipment used in healthcare facility for Condemnation and disposed of based on recommendation from user department and biomedical department.

OBJECTIVES:

- To assess and evaluate assets, such as equipment, machinery, vehicles, or properties, to determine their condition and suitability for further use.
- To identify assets that are no longer functional, obsolete, or have reached the end of their useful life.
- To decide whether to condemn an asset or property based on its condition and cost-effectiveness of repair or replacement.
- To ensure that the condemnation process adheres to relevant laws, regulations, and organizational policies.
- To decide appropriate method of disposal, such as auctioning, selling, recycling, or scrapping.
- To maximize the recovery value of condemned assets through responsible disposal methods.
- To ensure proper accounting and documentation of condemned assets and the financial implications of their disposal.
- To address safety and environmental considerations related to the disposal process, ensuring compliance with relevant guidelines.
- To maintain transparency in decision-making and to ensure accountability in handling condemned assets.
- To contribute to optimizing resource allocation for the organization.
- To establish clear procedures for asset condemnation, ensuring consistency and efficiency in the process.
- To communicate the outcomes of the condemnation process to relevant stakeholders and maintains proper records and reports.

MEMBERSHIP

| Sr. No. | Name of Members | Designation | Member |
|---------|--|-----------------------------|------------------|
| 1 | Dr. J. S. Bhawalkar | Dean | Chairman |
| 2 | Dr. Manisha Karmarkar | CEO | Member |
| 3 | Dr. Hanumant Chavan | Medical Superintendent | Member |
| 4 | Mrs. Annie Francis | Dy. Registrar | Member |
| 5 | Mr. Milind Manthalkar | Head-Biomedical | Member |
| 6 | Mr. Kisan Chavan | Purchase Head | Member |
| 7 | Mrs. Sarika Kakade | Manager- Account | Member |
| 8 | Mr. Vikas Chavan | Head- Account (Hospital) | Member |
| 9 | Mr. Nilkanth Yadav | DGM-Store | Member |
| 10 | Concerned HOD's, Technical Representative | Related with items procured | Member |
| 11 | Mrs. Sheetal Ekhe | Manager- Biomedical | Member Secretary |

FREQUENCY OF MEETINGS

- The Committee shall meet approximately four 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.



(Dr. J. S. Bhawalkar)
Dean

Copy respectfully submitted for favour of information: -

- Hon'ble, Pro- Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune
- Hon'ble, Trustee & Treasurer, Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune.

Copy for information: -

- ✓ All Concern Committee Member
- ✓ All HOD's & Section In charges