



SRI LAKSHMI MEDICAL CENTRE AND HOSPITAL

18/121 MTP Road,

Thudiyalur, Coimbatore – 641 034.

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Prepared By :	Designation : Management Representative Name : Ms.Anandhalakshmi Signature :
Approved By :	Designation :Chairman Name :Dr.D.Suresh Kumar Signature :
Responsibility of Updating :	Designation : NABH Coordinator Name : Mrs.Usha Nandhini.N.B Signature :

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The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.

The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
Management Representative	Chairman, Sri Lakshmi Medical Centre & Hospital.	Accreditation coordinator


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

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S.No.	Designation
1	Chairman
2	Management Representative
3	Accreditation Coordinator

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1.0 PURPOSE:

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

2.0 SCOPE:

- 2.1 Hospital-wide.

3.0 RESPONSIBILITY:

- 3.1 Top Management.
- 3.2 Chairman, Assistant Manager, Infection Control Nurse, Nursing Superintendent, HR Manager, Accounts Manager, All functional Heads.

4.0 ABBREVIATION:


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

5.0 REFERENCE:

- 5.1 Pre Accreditation Entry Level Standards for Hospitals, First Edition, April 2014.

6.0 POLICY:

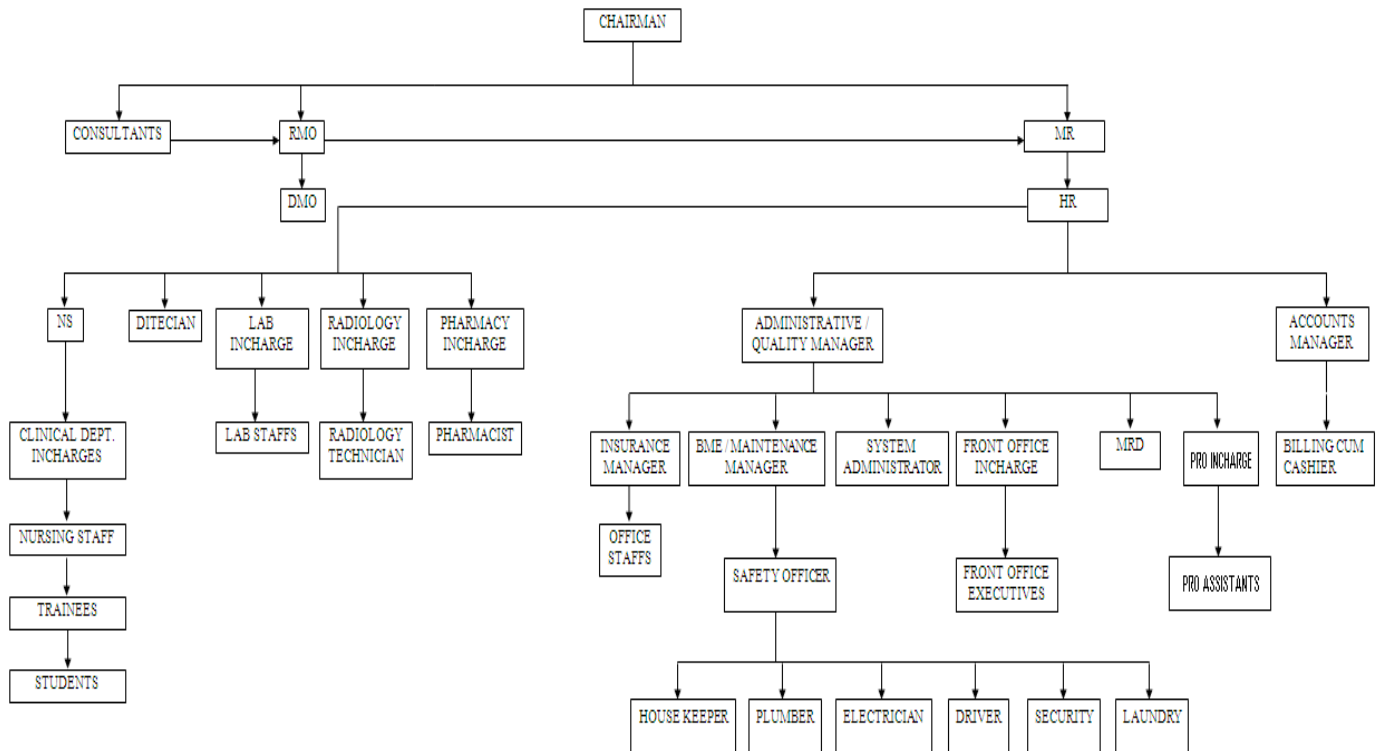
- 6.1 The hospital shall have a documented Organogram, defining clearly the responsibilities of key personnel
- 6.2 The persons responsible for management shall support the quality improvement and patient safety plans of the organization
- 6.3 The organization is registered with (appropriate authorities) Indian Medical Association as Multi-specialty Hospital with 110 beds

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- 6.4 The Hospital has identified Mrs.Usha Nandhini.N.B (HR Manager) as the NABH co-ordinator to oversee the hospital wide quality and safety programme.
- 6.5 The hospital's Board of Directors shall define, document and establish the following in the organization:
- a) Mission
 - b) Vision
 - c) Values
 - d) Quality policy and initiatives
- 6.6 The organization shall display the following:
- a) Its ownership
 - b) The services it provides
 - c) Standard billing tariff and billing
- 6.7 The leaders / Management guide the Hospital to function in an ethical manner.
- 6.8 The organization shall document agreements for all the outsourced services such as those given below and monitor them periodically:
- a) Security
 - b) Diagnostic tests
 - c) Investigations
 - d) Maintenance – Air-conditioning, electrical, lifts, etc.
- 6.9 The Hospital shall set up multi-disciplinary committees covering Quality & Safety, Infection Control, Pharmacy & Therapeutics, Blood Transfusion and Medical Records and the membership, responsibilities and periodicity of meetings of each shall be defined.

7.0 PROCEDURES:

- 7.1 Sri Lakshmi Medical Centre &Hospital has identified its Organogram as below:




7.2 The Roles & Responsibilities of staff at various levels are defined as below:

7.2.1. **CHAIRMAN:**

- a) As Head of the Organization, is responsible for all the managerial and clinical activities.
- b) He brings in necessary resources in the form of manpower, equipment, etc. towards efficient running of the Hospital
- c) He continuously audits all departments for the efficient functioning of the hospital.
- d) Periodically analyses various services in the hospital in order to provide quality care and patient friendly environment.

7.2.2. **Residential Medical Officer (RMO):**

- a) RMO takes care of all the patients admitted under emergency and Inpatient department.

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- b) Complete a brief admission, examination on each patient with appropriate documents and clinical findings.
- c) Attend ward rounds with consulting staff, as required, and be available to discuss patient treatment plans.
- d) Provide a 24-hour medical service within the hospital on an on-call basis permanently.
- e) Follow the instructions of consultants for their specific regime for each individual patient.
- f) To initiate emergency treatments for patients, staff and visitors and complete appropriate documentation.
- g) Can initiate emergency medical care as required within the hospital for medical and surgical emergencies.


7.2.3. Managing Representative :

- a) Ensuring that processes needed for the quality management system are established, implemented and maintained.
- b) Reporting to top management on the performance of the quality management system and any need for improvement.
- c) Ensuring the promotion of awareness of customer requirements throughout the organization.

7.2.4 HR Manager :

- a) Frame a clear and easily implementable HR Policies
- b) Plan and execute suitable interventions to keep the employees motivated
- c) Provide employee development and counselling / training assistance to employees /team members to enhance employee performance and productivity
- d) Identifies hiring need, develops the position description, Recruitment Plan, organizational chart and other recruitment related documents
- e) Works with the Head of Management to prepare the job description and ensures proper procedures for review and approval are met at the department level.

1. Administrative Manager:

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- a) The Administrative Assistant/Office Manager is responsible for the general administration of day to day operations of the hospital.
- b) Administer and perform administrative and clerical functions of the hospital.
- c) Consult with department heads and medical staff on their administrative needs.
- d) Maintaining and repairing the physical facilities of hospital.

2. Nursing Superintendent :

- e) The Nursing Superintendent is responsible of Nursing Services in the hospital.
- f) Analysing /Evaluating the kind and amount of nursing services required in the hospital.
- g) Rotation of the nursing staff in various departments to ensure good nursing care.
- h) To plan and implement a proper orientation for all new nursing staff.
- i) To organise periodic training programs for the nursing staff, to continuously upgrade various clinical practices.

3. Accounts Manager:

- a) Responsible for all areas relating to financial reporting.
- b) Monitor and analyze the department work to develop more efficient procedures and use of resources while maintaining a high level of accuracy.
- c) Handling funds and analyses / solves the accounts related problems.


Sri Lakshmi Medical Centre & Hospital has established the following Vision, Mission and Quality Policy:

Vision:

- ✓ Quality Modern Ethical Healthcare.

Mission:

- ✓ To provide patient friendly environment.

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- ✓ To provide quality healthcare to the patients, confirming to scientific and ethical standards.
- ✓ To constantly upgrade the quality of medical practice and education in the hospital.
- ✓ Continuously audit and improve services.

Our Quality Policy:

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

Sri Lakshmi Medical Centre & Hospital provides the following services:

- a) General & Laparoscopic Surgery
- b) Gastro Enterology
- c) Cardiology
- d) Cardio thoracic Surgery
- e) Obstetrics , Gynecology & Infertility
- f) Orthopaedic and Traumatology
- g) Spine Surgery
- h) Neurology
- i) Neuro Surgery
- j) Pediatrics
- k) Urology
- l) Nephrology
- m) Oncology

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- n) Vascular Surgery
- o) Pulmonology
- p) Plastic and Micro Vascular Surgery
- q) ENT
- r) Dermatology & Cosmetology
- s) Radiology
- t) Physiotherapy
- u) Master Health Check Up
- v) Diet Counseling
- w) 24 hrs Computerized Lab
- x) Ambulance Service.

Sri Lakshmi Medical Centre & Hospital has designated The Infection Control Nurse to oversee the hospital wide safety program.

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


a. Quality & Safety Committee:

i. Members:

Chairman	Dr.D.Suresh Kumar
Quality Manager	Mrs.Sindhu Vishwanath
HR Manager	Mrs.Usha Nandhini.N.B
RMO	Dr.Silambarasan
Radiologist	Dr.Thayanandhar
Pathologist	Dr.Moorthy
Anaesthesiologist	Dr.Ashok Hariharan
Obstetrics & Gynaecologist	Dr.Deepa
Safety Officer	Mr.C.Vignesh

ii. Responsibilities:

- a. Issue Quality Policy

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- b. Documentation of policy
- c. Define scope of services
- d. Deal with all matters concerning quality management system, quality improvement, accreditation of the health care service
- e. Function as apex committee for monitoring performance indicators .
- f. Standardization of procedures and systems
- g. Plan and act for Continuous Quality improvement of hospital
- h. Quality assurance activities in Laboratory, Radiology, OT and ICU.

iii. Frequency of meetings: Once in a month or as and when required

b. Infection Control Committee:

i. Members:

Residential Medical Officer	Dr.Silambarasan
Lab Incharge	Ms.Nisha
Infection Control Nurse	Ms.Kavitha.J.
Nursing Superintendent	Ms.Kavitha.J
Pathologist	Dr.Moorthy
Purchase In-Charge	Ms.Ananthalakshmi
Maintenance In-Charge	Mr.GnanaAgnel Dias
Housekeeping In-Charge	Ms.Arokia Angelin.J


ii. Responsibilities:

- a. Document and issue infection control manual including policies
- b. Conduct training for infection control
- c. Surveillance and monitoring for compliance with policies
- d. Issue antibiotic policy
- e. Monitor Hospital acquired infection

iii. Frequency of meetings: Quarterly /As and when required

c. Pharmaco-Therapeutics Committee:

i. Members:

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Chairman	Dr.Suresh Kumar
Pharmacist	Ms.Unnamalai
Assistant Manager	Mr.Krishna Kumar
Physician	Dr.Uvaraj
Pediatrician	Dr.Sukumar
Purchase In-Charge	Ms.Ananthalakshmi

ii. **Responsibilities:**

- a. Develop and issue policy on Formulary and medication management
- b. Supervise purchases and procurement
- c. Supervise and management of pharmacy
- d. Monitor and evaluate adverse drug reactions
- e. Manage the control of drugs
- f. Supervise drug information service

iii. **Frequency of meetings:** Quarterly or as and when required


d. **Blood Transfusion Committee:**

i. **Members:**

Chairman	Dr.Suresh Kumar
Infection Control Nurse	Ms.Kavitha
Anaesthetist	Dr.AshokHariharan
Gynaecologist	Dr.Deepa
Lab Incharge	Ms.Nisha
OT Incharge	Mr.Sabarigiri

ii. **Responsibilities:**

- a. To ensure the OT asepsis and optimum utilization.
- b. To monitor the quality indicators of OT.
- c. To monitor any critical incidents in OT.
- d. To monitor the transfusion reactions.
- e. To ensure the compliance of the statutory requirements.

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iii. **Frequency of meetings:** Once in 3 months / Quarterly or as and when required

e. **Medical Records Committee:**

i. **Members:**

Chairman	Dr.Suresh Kumar
Assistant Manager	Mr.Krishna Kumar
Medical Records Incharge	Ms.Vimala
Residential Medical Officer	Dr.Silambarasan
EDP In-Charge	Mr.Mohan
Nursing Superintendent	Ms.Kavitha.J

ii. **Responsibilities:**

- a. Develop guidelines for medical care and medical records maintenance
- b. Review and evaluate patient records for quality, adequacy of patient care, monitor staff for compliance with policies
- c. Evaluate medical record keeping, quality, content, format, accuracy, staff compliance with documentation policies
- d. Review, evaluate and monitor adverse drug reaction
- e. Implementation of Right to Information

iii. **Frequency of meetings:** Quarterly /As and when required