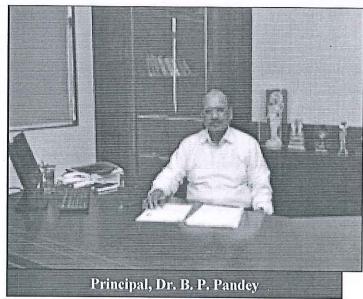
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Dr. D. Y. Patil Vidya Pratishthan Society's DR. D. Y. PATIL COLLEGE OF AYURVED, HOSPITAL & RESEARCH CENTRE, PIMPRI, PUNE

RESPONSIBILITIES OF MANAGEMENT (ROM)









Dr. D. Y. Patil Vidya Pratishthan Society's

DR. D. Y. PATIL COLLEGE OF AYURVED, HOSPITAL & RESEARCH CENTRE, PIMPRI, PUNE

Document Name :	POLICIES & PROCEDURES ON RESPONSIBILITIES OF MANAGEMENT		
Document No.:	E/NABH/DYPCAHRC/ROM/01		
No. of Pages :	17		
Date Created :	01/04/2017		
Date of Implementation :	01/01/2017		
Prepared By :	Designation: ROM Incharge Name: Prof. Dr. Nilima Amrute Signature:		
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Responsibility of Updating:	Designation: NABH Coordinator Name: Prof. Dr. Jayashree Patil Signature:		

AMENDMENT SHEET

S.No.	Section no & page no	Details of the amendment	Reasons	Signature of the preparatory authority	Signature of the approval authority
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CONTROL OF THE MANUAL

The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.

The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.

Management Representative is responsible for issuing the amended copies to the copyholders; the copyholder should 'acknowledge the same and he /she should return the obsolete copies to the Management Representative.

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 assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
ROM Incharge – Dr. Nilima Amrute	Principal/MS Prof. Dr. B. P. Pandey	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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Sr. No	Designation	
1.	Principal /MS	
2.	DMS	
3.	Dy. Registrar	
4	Accreditation Coordinator	

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SUMMARY OF STANDARDS

1.	The responsibilities of the management are defined.
2.	The hospital complies with the laid down and applicable
3.	The Services provided by each department are documented.
4.	The Hospital is managed by the leaders in an ethical Manner.
5.	The hospital displays professionalism in management of affairs.
6.	Management takes care of patient safety & Risk.



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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 RESPONSIBILTY:

- 3.1 Top Management.
- 3.2 Chairman, MS, DMS, Dy. Registrar, RMO, MO, Matron, All functional Heads, HR Manager, Accounts Manager.

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, Second Edition, April 2016.

6.0 POLICY:

- 6.1 The hospital has 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 hospital is registered with (appropriate authorities) Pimpri-Chinchwad Municipal Corporation, Pune (Under Bombay Nursing Act-1949) Ayurved Hospital with 250 beds.



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- 6.4 The Hospital has identified Dr. Jayashree Patil (HOD Streerog Prasuti Dept.) as the NABH co-ordinator to oversee the hospital wide quality and safety programme.
- 6.5 The hospital's Board of Directors has defined, documented and established the following in the organization:
 - a) Mission
 - b) Vision
 - c) Quality policy
- 6.6 The hospital has displayed the following:
 - a) Private-Dr. D.Y.Patil Vidya Pratishthan Society.
 - b) The services it provides- Medical (Ayurved)
 - c) Standard billing according to organization policy.
- 6.7 The leaders / Management guide the Hospital to function in an ethical manner.
- 6.8 The organization has documented 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 has set up multi-disciplinary committees covering Quality & Safety, Infection Control, Pharmacy & Therapeutics, Medical Records and periodicity of meetings of each has defined.



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7.0 Dr. D. Y. Patil College of Ayurved, Hospital & Research Centre, Pimpri, Pune has established the following Vision, Mission and Quality Policy:

Vision:

> To Provide Scientific & Quality education of Ayurveda and Holistic Health Care to all the Society.

Mission:

- > To be an excellent Ayurvedic eduction Centre
- > To provide high quality patient care through Ayurveda
- > To propagate health & well being worldwide through Ayurveda
- > To focus on promotion of health & prevention of disease by propagating Ayurveda.

Our Quality Policy:

- We hereby assure quality healthcare to patients through reliable healthcare services, available medicines.
- 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 upgrade through the quality objectives and targets set for various departments.



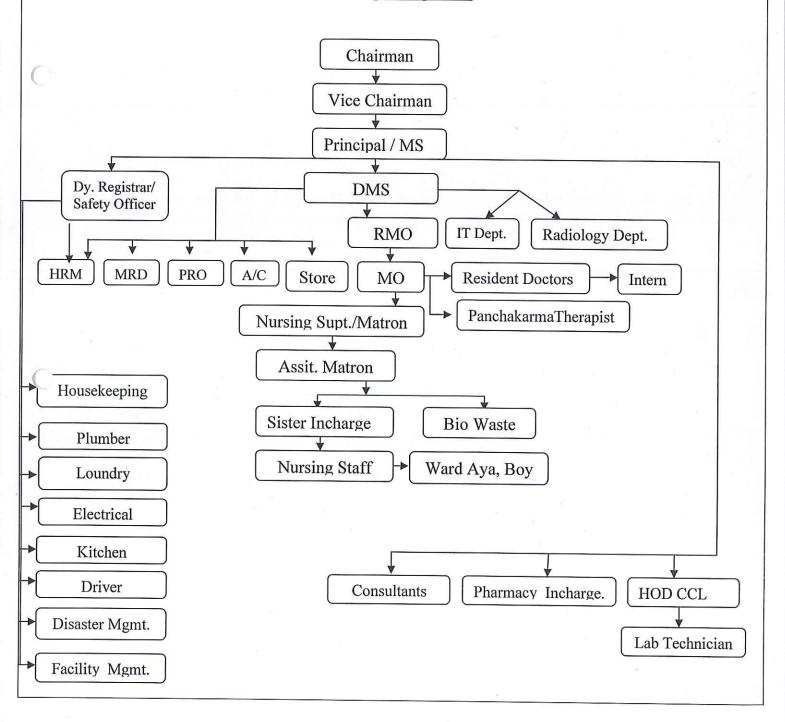
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8.0 PROCEDURES:

8.1 D r D. Y. Patil collage of Ayurved, Pimpri, has identified its Organogram as below:

Organogram





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

8.2.1. Chairman:

8.3 He brings in necessary resources in the form of manpower, equipment, machine, money, management etc. towards efficient running of the Hospital

8.2.2. Principal /MS:

- 8.4 As Head of the Organization, is responsible for all the managerial and clinical activities.
- 8.5 He monitors audits of all departments for the efficient functioning of the hospital.
- 8.6 Periodically analyses various services in the hospital in order to provide quality care and patient friendly environment.
- 8.7 Empowerment of the employees in the organization.

8.2.3 Residential Medical Officer (RMO):

- 8.3 RMO takes care of all the patients admitted under emergency and Inpatient department.
- **8.4** Complete a brief admission, examination on each patient with appropriate documents and clinical findings.
- 8.5 Provide a 24-hour medical service within the hospital on-call basis permanently.
- 8.6 To initiate emergency treatments for patients, staff and complete appropriate documentation.



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8.2.5. Consultants

- a) Consultants are responsible for total health care of patient.
- b) He/ She monitors Medical Officer & Resident for their procedures done & medicine delivered.
- c) Regulates Medical Officer & Resident duties
- d) Observe Ethical & good medical practices.

8.2.6. Medical Officer (MO):

a) Attend ward rounds with consulting staff, as required, and be available to discuss patient treatment plans.

8.2.7. Resident Doctors (PG Students)

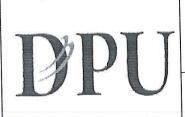
b) Follow the instructions of consultants for the specific regime for each individual patients

8.2.8. Deputy Registrar:

- 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.
- d) Maintaining and repairing the physical facilities of hospital.

8.2.9. HR Manager:

- a) Frame a clear and easily implementable HR Policies
- b) Plan and execute suitable interventions to keep the employees motivated



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- 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. DMS:

- a) DMS 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.

2. Nursing Superintendent / Matron:

- a) The Nursing Superintendent is responsible of Nursing Services in the hospital.
- b) Analyzing /Evaluating the kind and amount of nursing services required in the hospital.
- c) Rotation of the nursing staff in various departments to ensure good nursing care.
- d) To plan and implement a proper orientation for all new nursing staff.
- e) To organize periodic training programs for the nursing staff, to continuously upgrade various clinical practices, Staff Development Programme.

3. Accounts Assistant:

- 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.



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9.0. Dr. D. Y. Patil College of Ayurved, Hospital & Research Centre provides the following services:

- a) Kayachikitsa
- b) Shalya Tantra
- c) Shalakya Tantra
- d) Streerog & Prasutitantra
- e) Panchakarma
- f) Balrog
- g) Swasthavritta & Yoga
- h) Physiotherapy
- i) Radiology & Laboratory
- j) Dentistry

9.1.1 Scope of Services of each department is defined:

- > Every department has their services decided.
- > Administrative procedures like attendance leave, service book are commonly maintained in the HR Department.
- > Every department has HOD to look after day to day work distribution, OPD Duties, Operation Theater, PG 's Performance etc.
- > The leaders in the hospital e.g. MS, DMS, RMO, HOD function in an ethical Manner handling of complaints, grievances, Clinical care & Research.
- ➤ The non availability of services is conveyed properly & verbally to the patients. E.g. ICU facility is not available. But they can be referred to Dr. D.Y.Patil Medical Collge (MBBS) in the campus.



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10.0 Dr.D.Y.Patil College of Ayurved, Hospital & Research Centre 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:

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Members:

Principal	Prof.Dr.B.P.Pandey
DMS	Dr. Swati Jadhav
Dy. Registrar / Safety Officer	Mr. P.Y.Patil
RMO	Dr. Rajendra Chavan
Radiologist	Dr. Vishal Patil
Pathologist	Dr. Vinayak Joshi
Anesthesiologist	Dr. Rajesh Shirse
Streerog & Prasutitantra	Dr. Jayashree Patil
Nursing Superintendant / Matron	Mrs. Ujjawala Lokare
HR Manager	Miss. Seema Sirsath
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- ii. Responsibilities:
- a. Issue Quality Policy
- 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



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b. Infection Control committee:

i. Members:

HICC Head	Dr. Smritika Taware	DMS	Dr. Swati Jadhav
Senior Consultant	Dr. Sanjay Babar	RMO	Dr. Rajendra Chavan
Lab Incharge	Dr. Sachin Rohani	Infection Control Nurse	Mrs. Ujjwala Lokare
		House Keeping Supervisor	Mr. Rupendra Thakur

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. Monitor Hospital acquired infection
- iii. Frequency of meetings: Quarterly /As an when required

c. Pharmaco-Therapeutics Committee:

i. Members:

Dr. Nilima Dharkar
Dr. Gunvant Yeola
Dr. Mamta Nakade
Dr. Jayashree Patil
Dr. AMol Waghamare
Dr. Swati Jadhav
Mrs. Swapnita Wagh
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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: Monthly Audit



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

d.. Medical Records Committee:

i. Members:

MS	Prof.Dr. B.P.Pandey
DMS	Dr. Swati Jadhav
Residential Medical Officer	Dr. R.B. Chavan
Medical Records Incharge	Mr. Ganesh Ghule
Nursing Superintendent	Mrs. Ujjawala Lokare

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