

1. Hospital Quality Assurance Committee and Safety Committee (IQAC)

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| 1. | Head of the institute | - | Dr. R. V Gondhalekar
Chairperson |
| 2. | Sr. Administrative Officer | - | Shri. M.G. Kuche
Shri. G.K. Wankhade |
| 3. | Teachers | - | Dr. M.V. Naphade
Dr. Mrs. A.S. Barabde
Dr. Mrs. S.R. Parwani
Dr. Mrs. R.R. Gondhalekar |
| 4. | One Member from Management | - | Dr. N.R. Dhande |
| 5. | Nominee from Local Society
Student and Alumni | - | Dr. P. R. Somwanshi
Dr. Sandip Patil |
| 6. | One / Two Nominees from
Employers/Industrialist/
Stake Holders | - | Dr. R. N. Parwani
Dr. Bhagyashri Bhanuse |
| 7. | Sr. Teacher as Co-coordinator | - | Dr. A. A. Verulkar |

Role: Executorial authority towards implementation of hospital policies ensuring smooth functioning.

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Responsibilities:

- a. Review and Monitor the functioning of committees/ sub committees of hospital ensuring the Quality Assurance.
- b. To oversee the Hospital Statistics & Indicators and plan actions for adherences to standardized benchmarking.
- c. To provide inputs to hospital steering committee for hospital improvement / development & smooth function.
- d. Oversee the implementation & execution of Patient Charter.
- e. To plan remedial measures to the concerned clinician/ unit in case any deviations noted in clinical practices.
- f. Disciplinary authority for any clinical misconduct in hospital environment.
- g. Inspecting Patient-safety devices across the organization.

2. Infection Control Committee

Name	Designation	Committee
Dr. Rajashree Gondhalekar	Director and Chief Dental Surgeon	Chairman
Dr. Simran Parwani	CEO and Senior Dentist	Co -Chairman
Mr. Samit Rathod	Dental technician	Member Secretary
Mr. Syed Hafizuddin	Dental technician	Member
Miss. Mamta Godhankar	Front office Incharge	Member

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.

Frequency of meetings: Monthly and as and when required.

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3. HR and Disciplinary & Grievance Redressal Committee

Members:

Name	Designation	Committee	Sign
Dr. Milind Naphade	Director and Chief Dental Surgeon	Chairman	
Dr. Samir Kedia	CEO and Senior Dentist	Co -Chairman	
Mr. Waquar Husain	Dental technician	Member Secretary	
Mr. Syed Hafizuddin	Dental technician	Member	
Mr. Bhushan Deshmukh	Front office Incharge	Member	

Responsibilities:

- The Grievance Committee shall consider all grievances submitted in writing by the employees regarding employment, working conditions and any other alleged injustice done to an employee while discharging his duties at the Institute.
- To address various grievances/ complaints lodged by the employees working in DHSP
- To conduct enquiry or form enquiry committees to investigate the matters submitted before the committee.

Frequency of meetings: Quarterly and as and when required

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4. Internal complaint Committee

(Vishakha Committee)

Members:

S.No.	Name	DESIGNATION
1	Dr. Mrs. R. R. Gondhalekar Professor, Dental College & Hospital, Amravati M – 9422857925	Chairperson
2	Adv. Smt. Varsha Deshmukh M-9970173876	NGO
3	Dr. Mrs. A. S. Barabde Professor, Dental College & Hospital, Amravati M-9890213696	Member
4	Dr. Mrs. M.R. Dehankar Rector, Girl's Hostel M-9422157604	Member
5	Dr. K.S. Ambadekar, Professor, Dental College & Hospital, Amravati Helpline 9420523692	Member
6	Mr. S. G. Kulkarni Non-teaching staff 9421826602	Member
7	Miss Sunita S. Jawanjale Non-teaching staff M-9420518422	Member
8	Miss Aditi Reddy	Member

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	Ist year Student M-9501591589	
9	Mr Bhavesh Damle Ist year Student M-9172012777	Member
10	Dr. Mrs. V. A. Thakare Lecturer, Dental College & Hospital, Amravati M-9422955907	Member, Secretary

Responsibilities:

- a. The Vishakha Committee shall consider all complaints regarding female sexual harassment submitted in writing by the employees.
- b. To address various complaints regarding harassment lodged by the employees working in DHSP.
- c. To conduct enquiry or form enquiry committees to investigate the matters submitted before the committee.

Frequency of meetings: Quarterly and as and when required

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5. Pharmacy and Therapeutic Committee:

MEMBERS

DESIGNATION	ROLE	NAME	VALID FROM	VALID TILL
CHAIRMAN	Medical Director	Dr. Kishor Ambadekar	20.02.2023	Till Date
SECRETARY	Administrator	Dr. Manisha Dehankar	20.02.2023	Till Date
MEMBERS	Physician/Intensivist Pharmacist ICN	DR. Radha Saodhekar Mr. Madhavsingh L. Ingle Miss. Nita Yeotikar	20.02.2023	Till Date Till Date Till Date

Responsibilities:

- Policy development and education. The committee formulates policies regarding evaluation, selection, and therapeutic use of drugs and related devices.
- To serve in an evaluative, educational, and advisory capacity to the medical staff and organizational administration in all matters pertaining to rational use of drugs and other medical & surgical consumables, prosthesis' and implants
- To develop a formulary of drugs accepted for use in the organization and provide for its constant revision based on objective evaluation of their relative therapeutic merits, safety, and cost.

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6. Safety Management Committee:

DESIGNATION	ROLE	NAME	VALID FROM	VALID TILL
CHAIRMAN	Medical Director	Dr. K.S. Ambadekar	21.02.2023	Till Date
SECRETARY	Chief Dental Surgeon	Dr Aparna Barabde	21.02.2023	Till Date
MEMBERS	Administator	Mr Mangesh Kuche	21.02.2023	Till Date
	Quality Manager	Dr Vivek Kolhe		Till Date
	Safety Officer	Mr.Pankaj Nikam		Till Date
	Hospital Coordinator	Mr Gajesh Deshmukh		Till Date
	Matron & ICN	Mrs Neeta Yeotikar		Till Date

Purpose

The purpose of the Safety Management Committee (SMC) is to ensure a progressive patient safety program to provide safe and effective care to the patient of New Era Hospital by creating an environment conducive to the following:

- ⊖ An organization culture focused on safety and prevention of errors.
- ⊖ Staff that is aware of and educated about safety, risks and error prevention.
- ⊖ Internal reporting of errors, near misses and risks to safe care.
- ⊖ Focus on process improvement rather than aiming blame.
- ⊖ Effective collection, analysis and application of data to further improve on patient safety
- ⊖ Collaboration and communication among departments, teams and individuals.
- ⊖ Education of patients / families about their role in patient safety.

Scope:

The scope of the SMC encompasses the following:

- ⊖ Integration and participation by all hospital departments and medical services.
- ⊖ Staff Education.
- ⊖ Patient Education.
- ⊖ Data collection and analysis.
- ⊖ Process design / re-design and implementation.

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- o Monitoring & auditing.
- o Internal and external reporting.
- o Handling of adverse unanticipated patient outcomes, including disclosure to patient's families.
- o Staff counseling and
- o Participation in research projects.

The type of patient safety concerns addressed includes the following:

1. Occurrences reported through incident reports.
2. Sentinel events, near misses and unusual events.
3. Patient safety links identified by internal sources such as anonymous reporting, incident reports, staff, patient, surveys etc.
4. Data collected through patient feedback form.

Responsibility and Over Sight

Safety is the responsibility of each and every staff member. Administrative, medical and nursing staff leaders are responsible for creating a culture of safety and for making patient safety a priority.

Definitions:

1. **Adverse Event:** An occurrence or condition that causes unexpected harm to a patient during the provision of care or services. Adverse event may be acts of commission or omission and are usually documented on an Incident Report Form and are reported within 24 hours to the Nursing Superintendent's Office
2. **Sentinel Event:** An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The subset of sentinel events that is subject to review includes but is not limited to any occurrence that meets any of the following criteria:
 - 1) Suicide of a patient in a setting where the patient receives around-the-clock care
 - 1) Discharge to the wrong family
 - 1) Rape
 - 1) Surgery on the wrong patient or wrong body part

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1 Sudden Death

This Committee also performs the function of sentinel event committee

Purpose

To guide, advise and oversee formulation of patient safety goals and implementation encompassing organization specific definition of sentinel events along with provision of organization's response including investigation and action plan

Scope and function

1. To formulate patient safety code and strategies and standards for attaining them
2. To formulate and encourage the adoption of a patient safety goals that meet and are aligned with the local/regional/national/international goals
3. To guide, advise, oversee and monitor the capability of the organization to track and institute corrective measures to deal with sentinel events including investigation and consequent response
4. To oversee, guide and ensure reposting of sentinel events and thereby disseminating sentinel alerts
5. To oversee and monitor teaching and training programmes conducted for all levels of staff for safety of patients and personnel

This Committee also performs the function of Code Blue committee

Purpose:

To advise improvement initiatives for code blues in the hospital.

Scope and function:

- To monitor and track response to all code blue cases in the hospital
- Aid improve response time and easy access to emergency medical equipment including crash cart
- Decide upon the composition and responsibilities of each member of the code blue team
- Recommend special training initiatives for the code blue team members.

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7. Medical record Committee:

ROLE	DESIGNATION	NAME	FROM	TILL
CHAIRMAN	Medical Director	Dr. K. S. Ambadekar	22.02.2023	Till date
SECRETARY	Chief Dental Surgeon	Dr. Milind Naphade	22.02.2023	Till date
MEMBERS	Administrator	Mr. Gajesh Deshmukh	22.02.2023	Till date
	MRD Officer	Dr. Sonali Shabharkar		Till date
		Dr. Suloxana Raut		Till date
		Dr. Samixa Ajmire		
	Matron	Mr Sumit Nagpure		
		Mr Akash Gulhane		
		Mrs Rita Nirgule		

Purpose

Medical Record Committee is to advise on all clinical and administrative issues related to medical records and their management.

Purpose of this committee is to ensure that standard protocols are adhered to in-

- Patient registration, admission, transfer and discharge
- Filing, storage and retrieval of patient (both inpatient and outpatient) files
- Issue of patient file for research or legal purpose
- Birth and death intimation to the corporation
- Intimation of all the notifiable diseases to appropriate authorities
- Preparation of statistics of the data for the management
- Review of Medical Record Forms.

SCOPE

The scope of the MRC encompasses the following-

1. Act as a controller to ensure evidence for the purpose of evaluation of hospital care in terms of quality, quantity and adequacy.
2. Serve as an advisory body to support or refute the legal question that arises
3. Serve to identify omission and unnecessary repetition of documentation

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4. Provide the management with statistical information necessary to decision making.
5. Serve as an audit body to ensure accurate and complete documentation as per set standards.
6. Analyze the quality indicator of medical records and recommends and implements action.
7. Review the policies and guidelines and recommend changes for improving the quality of the contents of the Medical Records
8. Review and approve all new formats of the medical reports and records
9. The committee is responsible to review and evaluate the functioning of the medical records department in terms of flow of the records from the departments, completeness of the record data that is mandatory to be entered.
10. The committee will periodically (every quarter) evaluate reports for management review, quality of clinical services rendered, and medical research
11. Provide recommendations on management issues like filing procedures, coding of medical records, storage, and preservation of certain sections of the medical records, which have legal implications.
12. Provide directives to doctors for completing medical records.
13. Authenticate the disposal of Medical Records after the period for storage is exhausted.

FREQUENCY OF MEETING

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8. CANTEEN COMEETE

Name	Designation
Dr. Rajesh V. Gondhalekar	Dean
Dr. Nitin D. Adwani	Convenar
Dr. Vivek R. Kolhe	Member
Dr. Bhagyshri Bhanuse	Member
Dr. Ashish Wawle	Member
Miss. Sanjana Thakare	Member
Mr. Mrunal Ratnap	Member
Mr. Sudhir Gowardhan	Member

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9. AMBULANCE & DENTAL VAN COMEETE

Name	Designation
Dr. Milind Naphade	Chairman
Dr. Samir Kedia	Convenar
Mr. Dhawal Kadu	Co-Convenar
Mr. Gajesh Deshmukh	Member
Mr. Pramod Bakhade	Driver
Mr. Raju Pinjarkar	Driver
Mr. Gopal Tayade	Driver

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10.STOCK COMMITTEE:

Name	Designation
Dr. Rajesh Gondhalekar	Chairman
Dr. Rajkumar Parwani	Convenar
Mr. Sandip Vaidya	Co-Convenar
Dr. Amol Verulkar	Member
Dr. Sidhharth Deshmukh	Member
Dr. Vaishali Thakare	Member
Mr. Manoj Sabe	Member

R. Gondhalekar

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