

	Standard Operating Procedure	Document No:
	GENERAL ADMINISTRATION	Date of Issue:

Purpose

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

To ensure that

- Those responsible for governance support the quality improvement plan.
- The management defines the rights and responsibilities of employees.
- The organization complies with the laid down and applicable legislations and regulations.
- Those responsible for governance address the Facility’s responsibility for community.
- Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes
- There are proper internal and external sign postings in the organization that use pictorial and are in language that is understood by the patients, families and community.
- There are designated individuals responsible for maintenance of all facilities
- There is a documented operational and maintenance (preventive and breakdown) plan for the facility and infrastructure
- Alternate sources are provided for both, in case of failure
- The organization regularly tests the alternate sources
- There are maintenance plans for water, electricity, heating, ventilation and air conditioning

Scope

Hospital/ CHC/ PHC wide

Responsibility

Superintendent-in-chief (SIC) / Chief Medical Superintendent (CMS) / Medical Superintendent (MS) / Medical Officer In-charge (MO I/c) / Quality Nodal Officer/ Infection Control Officer (ICO) / Hospital Quality Manager (HQM) / Quality Team/ Head of the Departments (HODs)

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POLICY:

- The Facility has a documented Organogram defining clearly the responsibilities of key personnel
- The persons responsible for management support the quality improvement and patient safety plans of the organization
- Quality Nodal Officer/ Hospital Quality manager is coordinator to oversee the Facility wide quality and safety programme.
- The Facility In-charge defines, documents and establishes the following in the Facility:
 - a) Mission
 - b) Vision
 - c) Quality policy
 - d) Quality Objectives

OUR MISSION

To establish a system of reliable, timely and good quality health care services with the patient centered approach.

OUR VISION

To be recognized as Public Health Facility providing comprehensive, affordable and equitable health care services to all in ethical and safe work environment.

OUR VALUES

Values are fundamental beliefs that drive organizational behavior and decision making. This also refers to the guiding principles and behaviors that embody how the organization and its people are expected to operate. Values reflect and reinforce the desired culture of the Facility.

Our **Philosophy** is to provide the most accurate and standardized health care services to all our patients without any compromise.

Our **Commitment** is towards achieving excellence in health care practice by not only providing the best technology but also the best care.

Following values are at the core of all the activities and personnel at our Facility:

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- Honesty, transparency and truthfulness in all dealings and communication with both internal and external customers
- Instant care, relief and responsiveness
- Reliability of all procedures and processes
- Safety is considered supreme in all processes, procedures and infrastructure
- Empathy while dealing with patients and attendants
- Respect for life and reduction of misery directs all processes and transactions
- Responsiveness is given due weightage in all transactions
- Doing the things on time and right the first time always
- To create an environment for professional growth and development
- Respect the person irrespective of his position, stature, ethnicity, religion, caste, creed or gender
- Treat everyone in the way you yourself wish to be treated.

QUALITY OBJECTIVES:

- To place quality at the core of service delivery
- To encourage attainment of best practice
- To promote a patient centric service delivery
- To ensure patient visitor and employee safety
- To work towards continuous improvement of health indicators
- Conservation, care and aesthetics whereby we strive to treat the patients by providing excellence in quality health care

The Facility displays the following:

- The services it provides
- The services Facility doesn't provide
- Citizen charter
- Standard user charges
- The Administration guides the Facility to function in an ethical manner.
- The Facility documents agreements for all the outsourced services such as those given below and monitor them periodically:
 - Maintenance – Air-conditioning, electrical, lifts, all Non medical and Bio-medical equipment etc
- The Facility has set up **multi-disciplinary committees** including Quality & Safety, Infection Control, Bio medical waste management, Drugs & Therapeutics, Death Review, Committee against sexual harassment, Rogi Kalyan Samiti and the membership, responsibilities and periodicity of meetings of each are defined.

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Procedure :

S.N	Activity	Responsibility	Record/ Reference
1.1	The Facility has an organization chart. The chart shows the hierarchy and line of control and functions. Responsibility and authority of key personnel in the Facility are defined.	SIC/ CMS/ MS/ MO I/c	
Compliance to the Legislative and Regulative requirements:			
2.1	<p>The management of the hospital undertakes the follow activities:</p> <ol style="list-style-type: none"> 1. Satisfy all statutory requirements as required by the law of the land. 2. Preserve the required acts and licenses in a safe manner facilitating easy retrieval of same in case demanded by an appropriate authority or for internal reference. 3. Display the same for the perusal of the general public in case so required by law. 4. Keep a track of any amendment/ changes in the prevailing law and update the same as per the law. <p>Ensure initiation of timely efforts for the renewal of licenses / registrations / certifications as and when needed</p>	SIC/ CMS/ MS/ MO I/c/ Hospital Quality Manager (HQM)	
2.2	<p>The Facility is governed by the following statutory requirements:</p> <p>1. License :-</p> <ol style="list-style-type: none"> a. Building Permit (From the Municipality). b. No objection certificate from the Chief Fire Officer. c. Authorization from District Pollution Control Board for Handling Biomedical Waste. d. X-ray room layout approval from AERB. e. Excise permit to store Spirit. f. Vehicle registration certificates. g. License for the blood bank. h. Authorization for MTP. <p>2. Acts:-</p> <ul style="list-style-type: none"> ▪ Narcotics and Psychotropic substances Act. ▪ Air (prevention and control of pollution) Act, 1981. ▪ Biomedical waste management handling rules 2016. ▪ Amendment Biomedical waste management handling rules 2018 		
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