

Hospital Committees

SVIMS Hospital is committed to promote patient centeredness and ensure patient safety through continuous quality improvement. The hospital committees are multi-plural and are formed with care to include the many facets that are needed for an integrative service approach. The safety of the patient and the health care workers is the primary objective of the hospital committees.

Constituted Committees:

Sl. No.	Chapter	Name
01.	COP	CPR Analysis Committee (CPRA).
02.	COP	Blood Bank Committee
03.	MOM	Pharmaco Therapeutics Committee (PTC)
04.	HIC	Infection Control Committee
05.	HIC	AMS Committee
06.	PSQ	Patient Safety Committee
07.	PSQ	Quality Improvement Committee
08.	PSQ	Sentinel Events Analysis Committee
09.	HRM	Internal Complaints Committee
10.	HRM	Disciplinary & Grievance Committee
11	IMS	Medical Records Review Committee

1. CPR ANALYSIS COMMITTEE:

S.No.	Name	Role	Responsibility	
1.	Medical Superintendent	Chairperson	Head & approving authority for Code Blue committee related matters. Supervise the committee functioning. Reconstitute the committee whenever required. Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.	
2.	RMO	Member	Head & approving authority for Code Blue committee related matters. Supervise the committee functioning. Reconstitute the committee whenever required. Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.	
3.	Dr. A.N. Sowmya (EMD Physician)	Member	<ul style="list-style-type: none"> • Convene the meetings with prior approval from Chairperson • Conduct Mock drills, audits & debriefing sessions. • Attend CPRA monthly BLS & ACLS training programmes. Follow the instructions given and/or responsibilities assigned by the Chairperson. • Identify the deficiencies and problems to be rectified to improve the quality of the work. 	
4.	Dr. Sameraja, (General Physician)	Member		
5.	Dr. Rama, (General Physician)			
6.	Dr. Vinay, (Anaesthesiology)	Member		
7.	Dr. Rajamani, (General Physician)			
8.	Dr. Akila, (Obstetrics)			
9.	Dr. Kiran, (Cardiology)			
10.	Dr. Sreedevi (Anaesthesiology)			
11.	Smt. S. Sunitha (NS-I) Smt. J. Sarada Devi (NS-II) Smt. G. Indiramma (NS-II) Smt. I. Kanthamma (NS-II) Smt. E. Bhuvaneshwari(NS-II)	Member		Attend CPRA monthly meetings. Arrangements for training programs. Resource arrangements for Code Blue activities. CAPA analysis and implementation.
12.	Smt. Y. Nirmala (Head Nurse)	Member		Attend CPRA monthly meetings. Arrangements for training programs. Resource arrangements for Code Blue activities. CAPA analysis and implementation. Follow the instructions given and/or responsibilities assigned by the Chairperson. Identify the deficiencies and problems to be rectified to improve the quality of the work.
13.	Smt. T. Suseela (Head Nurse)	Member		
14.	Smt. L. Haritha (Head Nurse)	Member		
15.	Smt. N. Ravanamma (Head Nurse)	Member		
16.	B. Divyavani (Code Blue Nurse)	Member Secretary		
17.	P. Geetha (Code Blue Nurse)	Member	<ul style="list-style-type: none"> • Attending the Code Blue calls. • Maintaining the Code Blue data base. Collection and documentation of Code Blue census. 	
18.	G.Ramasri (Code Blue Nurse)	Member		<ul style="list-style-type: none"> • Follow-up of the Code Blue survivors. • Attend CPRA review meetings.

S.No.	Name	Role	Responsibility
19.	P. Chandana (Code Blue Nurse)	Member	<ul style="list-style-type: none"> Identifying the shortfalls in resources and address them to the Nursing Superintendent / CPRA committee. Participate in Mock drills and audits.
20.	P. Haritha (Code Blue Nurse)	Member	
21.	G. Sunil	Member	
22.	D. Manjusha		
23.	G. Praveen Kumar		
24.	Mr. B. Prasad (IT Department)	Member	Coordinate the members of the committee. Making arrangement for the meetings. Documentation minutes of the meetings. Records maintenance. Follow the instructions given and /or responsibilities assigned by the Chairperson.
25.	Mr. N.VS. Prasad	MSW	Counselling the patient attendants during Code Blue. Follow the instructions given and/or responsibilities assigned by the Chairperson.
26.	Mr. Prakash	Security	Attend all Code Blue calls & provide support for the Code Blue Team. Assist with way finding for staff, and other patients/visitors. Cordon off the area to ensure the Code Blue Team is unimpeded. Controlling the attendants during Code Blue. Follow the instructions given and/or responsibilities assigned by the Chairperson.

Meeting schedule and quorum of the meeting

- CPRA committee review meetings are being conducted once in a month preferable on **second Monday** of every month.
- **Quorum:** requires at least 50% of the total committee members i.e., minimum of 10 members.
- Presence of Cardiologist/General Physician, Anaesthesiologist, Nursing Superintendent, Head Nurse, Nurse from Code Blue team, MSW, Security officer during the review meetings is mandatory to fulfil the quorum.

2. INFECTION CONTROL COMMITTEE:

S.No	Name	Role	Responsibility
1	Director cum Vice-Chancellor	Chairman	<ul style="list-style-type: none"> Head & approving authority for committee related matters. Supervise the committee functioning.
2	Dr Ram	Co-chairman	<ul style="list-style-type: none"> Reconstitute the committee whenever required. Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.
3	Dr B. Venkata Ramana	Member secretary	<ul style="list-style-type: none"> Senior Microbiologist. Monitors the activities of Infection control team.
4	Dr A. Mohan	Member	<ul style="list-style-type: none"> Take actions for resolution of issues/problems identified by other committee members. Continuous monitoring of the quality of the committee functions.
5	Dr Pranabandhu Das	Member	<ul style="list-style-type: none"> Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
6	Dr G. Swetha Rao	Member	<ul style="list-style-type: none"> Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
7	Dr Chaitanya	Member	<ul style="list-style-type: none"> Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
8	Dr C. Konda Reddy	Member	<ul style="list-style-type: none"> Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
9	Dr D. Satyavathi	Member	<ul style="list-style-type: none"> Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
10	Dr Prajakta	Member	<ul style="list-style-type: none"> Take actions for resolution of issues/problems identified by other committee members. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson
11	Dr R. Jayaprada	HICO	<ul style="list-style-type: none"> Coordinate with the Medical Superintendent (Co-Chairman) in planning infection control program and measures. ICO is responsible for surveillance and supervision of hospital acquired infection as well as preventive and corrective programmes in the hospital.
12	Dr N. Ramakrishna	HICO	
13	Dr S. Yamini	HICO	
14	Dr V. Harika	HICO	
15	Mrs. T. Prabhavathi	Member	<ul style="list-style-type: none"> Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson / Co-chairperson
16	Mrs. M. Lakshmidevi	Member	<ul style="list-style-type: none"> Environmental surveillance. Surveillance of air in OT's/ICUs.

S.No	Name	Role	Responsibility
17	Mrs. V. Karpugam	Member	<ul style="list-style-type: none"> To check for sterilization & dis-infection practices. In-use test of disinfectants.
18	Mrs. D. Redemma	Member	<ul style="list-style-type: none"> Autoclave checks, Water testing. Continuous surveillance of HAI infections. Educating of HCWs.
19	Mrs. A. Shobharani	Member	
20	Mrs. Shakira	Member	<ul style="list-style-type: none"> Monitor OT related IPC practices, Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson / Co-chairperson.
21	Mrs. C. Sunitha	Member	<ul style="list-style-type: none"> Monitor CSSD related IPC practices, Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
22	Mrs. A. Umamaheswari	Member	<ul style="list-style-type: none"> Monitor sanitation & disinfection activities in all areas, Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
23	Dr P. Subramanyam	Member	<ul style="list-style-type: none"> Monitor Antimicrobial prescriptions for high end antibiotics and antimicrobial prescription audit. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
24	Mrs.C. Sunitha	Member	<ul style="list-style-type: none"> Monitor Laundry & linen related IPC practices, Attend monthly review meetings.
25	Mrs. D. Indiramma	Member	<ul style="list-style-type: none"> Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
26	Mrs.M. Sunitha	Member	<ul style="list-style-type: none"> Monitor Kitchen sanitation & vaccination of food handlers. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
27	Dr V. Chandrasekar	Member	<ul style="list-style-type: none"> Monitor any outbreaks if infections & MDR bugs. Attend monthly review meetings. Follow the instructions given and/or responsibilities assigned by the Chairperson/Co-chairperson.
28	Mr. T.V.P.Kumar	Member	<ul style="list-style-type: none"> Monitor water tanks disinfection including RO plants. Attend monthly review meetings. Follow the instructions given and/or 28responsibilities assigned by the Chairperson/Co-chairperson.
29	Mr. P. Yashodhar	Member	<ul style="list-style-type: none"> Air and surface surveillance culture for OT, ICU's and other high risk areas
30	Mr. V. Venkatesh	Member	<ul style="list-style-type: none"> Performing water surveillance to test the quality for drinking water Performing disinfectant testing of a range disinfectant Sterility checking of blood and blood product
31	Mr. Sai Jagadeesh	Secretarial Assistant	<ul style="list-style-type: none"> Documentation of minutes of the meetings.

Meeting schedule and quorum of the meeting

- **HICC committee** review meetings are being conducted once in a month preferably on **FIRST TUESDAY** of every month.
- **Quorum:** Requires at least 50% of the total committee members i.e., minimum of 15 members.
- Presence of Chairperson/Co-chairperson, member secretary, Physicians, surgeons, HICOs, ICNs, Nursing superintendent, health inspector, CSSD, engineering dept., OT and ICUs in charges during the review meetings is mandatory to fulfil the quorum.

3. PHARMACO THERAPEUTICS COMMITTEE:

S. No	Name	Role	Responsibility
1	Dr.Ram (Medical Superintendent)	Chairman	Advising medical, administrative and pharmacy departments on pharmaceutical related issues. Monitor and Supervise the committee functioning. Reconstitute the committee whenever required.
2	Dr.K.Uma Maheswara Rao (Prof & HOD, Pharmacology)	Executive Secretary	Developing drug policies and procedures. Evaluating and selecting medicines for the formulary and providing for its periodic revision. Promoting & conducting effective interventions to improve medication use. Monitoring ADRs & Medication errors. Conducting audits and training programmes for improving medication safety.
3	Dr.P.Subramanyam (Sr.Pharmacist)	Member	Attend PTC monthly meetings. Following the instructions assigned by the chair person and executive secretary. Checking whether medications are stored appropriately and are available when required. Checking whether medications are dispensed in safe manner. Checking whether medical supplies and consumables are stored appropriately and are available when required. Identifying deficiencies to improve the quality of medication safety.
4	Dr. Aloka Samantaray (Prof & HOD, Anaesthesiology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the proper maintenance of crash cart.
5	Dr.Vinod Bhan (Prof., CT Surgery)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking whether implantable prosthesis and medical devices are used in accordance with laid down criteria.
6	Dr.Chandramalitheswaran (Assoc. Prof, Surgical GE)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Advising for surgical items and their storage.
7	Dr.Malathi (Assoc.Prof, OBG)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
8	Dr.Venkata Naveen Prasad (Assoc Prof, Neurology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
9	Dr.Bhargavi (Assoc Prof., Medical Oncology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking whether narcotic drugs and psychotropic substances, chemotherapeutic agents are used safely.
10	Dr.M.C.R.Rama (Asst.Prof.,of Medicine)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
11	Dr.Harini Devi (Asso.Prof.,Biochemistry)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Advising regarding lab chemicals, reagents and their storage
12	Dr.Sujith Kumar (Assoc.Prof,Community Medicine)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
13	Dr.Akhila (Asst.Prof.,OBG)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
14	Dr.C.Pallavi, (Asst.Prof., Pharmacology)	Member	Attend PTC monthly meetings. Attending clinical audits and training programmes related to medication safety. Monitoring medication errors and CAPA. Reviewing the minutes of meetings.

S. No	Name	Role	Responsibility
15	Dr.G.Ravindra Kumar (Asst.Prof., Pharmacology)	Member	Attend PTC monthly meetings. Attending clinical audits and training programmes related to medication safety. Monitoring medication errors and CAPA. Reviewing the minutes of meetings.
16	Dr.Ramya Priya (Asst.Prof., Nuclear Med)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings.
17	Dr.Jayaprda (Assoc.Prof. Microbiology)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Monitoring Antibiotic audit Committee and developing policies concerning usage of antibiotics.
18	Dr.M.Yerram Reddy (A.D Purchase)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Monitoring for improved medicine procurement and inventory management.
19	Mr.L.Sateesh (A.D Stores)	Member	Attend PTC monthly meetings. Following the instructions assigned by the chair person and executive secretary. Checking whether medications are stored appropriately and are available when required. Checking whether medications are dispensed in safe manner. Checking whether medical supplies and consumables are stored appropriately and are available when required. Identifying deficiencies to improve the quality of medication safety.
20	Mrs.Prabhavathi (A.D. Nursing)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the safe dispensing and administration of medications. Monitoring the patients after administration. Advising medication administration staff to minimise medication errors and take necessary CAPA for enhancing patient safety.
21	Mrs.C.Sunitha (Nursing Superintendent Gr-I)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the safe dispensing and administration of medications. Advising medication administration staff to minimise medication errors and take necessary CAPA for enhancing patient safety.
22	Mr.Subramanyam Raju (Pharmacist Gr-I)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the safe dispensing of medicines.
23	Mr.Babu Suresh (Pharmacist Gr-I)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking for the safe dispensing of medicines.
24	Dr.A.Sai Kiran (Clinical Pharmacist)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Attending clinical rounds and monitoring medication use. Identifying and reporting ADRs medication errors along with CAPA.
25	Dr.P.Anuhya (Clinical Pharmacist)	Member	Attend PTC monthly meetings. Reviewing the minutes of meetings. Checking whether medication orders are written in uniform manner or not. Attending clinical rounds and monitoring medication use. Identifying and reporting ADRs medication errors along with CAPA.

Meeting schedule and quorum of the meeting

- PTC meeting is scheduled once in a month i.e. every 1st Friday of month
- **Quorum:** Requires at least 50% of the total committee members

4. QUALITY IMPROVEMENT COMMITTEE:

S.No.	Name & Designation of the Member	Position in the committee	Roles and Responsibilities of the member
01	Director cum Vice-Chancellor	Chairman	
02	Dr. Y. Mutheeswaraiyah, Professor & Head, Dept. of Surgery	Member	Implementation of AAC standards through out the hospital.
03	Dr. K. UmamaheswarRao, Professor & Head, Dept. of Pharmacology	Member	Implementation of MOM chapter through out the hospital and PSQ3 standard.
04	Mrs. K. Bhavana, IT Manager	Member	Implementation of IMS chapter through out the hospital
05	Mrs. GP. Manjula, AD Establishment Section II	Member	Implementation of HRM chapter
06	Dr. Vinod Bhan, Professor, Dept. of C.T. Surgery	Member–Patient Safety	Implementation of Patient safety programmes through out the hospital and PSQ 1, & FMS 3 (e) (f)
07	1. Dr. A. Surekha, Assoc. Prof., Dept. of DVL – I/c for Medical Departments 2. Dr. B. Manilal, Assoc. Prof., Dept. of SO – I/c for Surgical Departments 3. Dr. V. Sivakumar, Asst. Prof, Dept. of Pathology – I/c for Lab Departments	Member–Clinical safety	Implementation Clinical Safety measures through out the hospital & PSQ 4 standard.
08	Dr. Pranabandu Das, Assoc. Professor, Dept. of Radiotherapy	Member	In charge for Sentinel events Analysis & Implementation of PSQ 7 standard
09	Dr.H.Narendra Prof. & Head, Dept. of SO	Member	In charge for clinical audits and Implementation of PSQ 5 standard
10	Dr. R. Jayaprada Assoc. Professor, Dept. of Microbiology	Member from HIC	Implementation of HIC programme through out the hospital and Implementation of PSQ3, FMS 1 (e), FMS 7 (c), standard elements.
11	Mr. Elango Reddy Fire Safety Officer	Member from support services	Implementation of FIRE SAFETY, Mock drills for CODE RED & FMS 4 (e) & FMS 7 standard elements.
12	Mr. B. Prakesh Security Officer	Member from Support services	FMS 3 (b)
13	Dr V.S.Kiranmayi Assoc. Professor, Dept. of Biochemistry	Member from Lab services	Implementation of PSQ, chapter through out the hospital and PSQ 3 standard in detail.
14	Dr. V. Vanajakshama, Professor, Dept. of Cardiology	Member from CPR committee	Implementation of mock drills for code blue FMS 7 (c)
15	Dr. J. Malathi, Assoc. Professor, Dept. of OBG	Member from OBG services	Implementation of mock drills for CODE PINK , FMS 7 (c) & COP 10 standard elements.
16	Dr. PunithPatak, Assoc. Professor & Ho Di/c, Dept. of Paediatrics	Member from Paediatric services	Implementation of mock drills for CODE PINK, FMS 7 (c) & COP 11 Standard elements.
17	Dr. P. JanakiSubhadhra Professor, Dept. of Anaesthesiology	Member from ICU services	Implementation of PSQ3 standard through out the hospital.

S.No.	Name & Designation of the Member	Position in the committee	Roles and Responsibilities of the member
18	Dr. S. Sarala Professor, Dept. of Radiology	Member from Imaging Services	Implementation of RADIATION SAFETY PRACTICES ACROSS IMAGING SERVICES - AAC 9, AAC10, & AAC 11 standards.
19	HoD EMD Services	Member from Emergency Services	Implementation of PSQ3, COP 2, COP3, COP 4 & FMS 7 (c) standards and elements
20	Mr. K. Kantha Rao Sanitary Supervisor	Member – Support Services	Implementation of HIC 4(c) through out the hospital.
21	Mrs. M. Prasanna Lakshmi Deputy Director (GM)	Member – Facility Management	Implementation of FMS 2 (g), FMS 3 (e), FMS 6 standards and elements through out the hospital.
22	Asst. Engineer, Civil, TTD SVIMS	Member – Facility Management	Implementation of FMS 1 (a, b, e) FMS 2 (b, g) FMS 3 (a) FMS 4 (f) standards and elements through out the hospital.
23	Mr. K. Narasimha Reddy, Asst. Engineer (Electrical)	Member – Facility Management	Implementation of FMS 2 (b) (d), (e), (g) FMS 3 (c), FMS 4 (a, (b), (c), (d), (e), (f), (g), (h) standards and elements through out the hospital.
24	Mr. T.V.P. Kumar Asst. Engineer, Technical	Member – Facility Management	Implementation of FMS 1 b, FMS 2(d, e, f, g)& FMS 4 (c, f, g, h)
25	Mr. Dorai Swamy Sr. Biomedical Engineer	Member from Facility Management	Implementation of FMS 5
26	Account Officer	Member from Finance/Accounts	PSQ6(e) & ROM 4 (c)
27	Mr NVS. Prasad Medico social Worker	Member from Patient Reported Outcome Measures (PROM)	PSQ 3 (e) & FMS 7 (c)
28	Patient Safety Committee Leader		Implementation of PSQ1 (a,b,c,d,e,f,g,g,i) FMS 1 (b, d)
29	Mr. R. Nagaraja Sr. Artist	Member	Implementation of FMS 2 (c)
30	Mrs. T. Prabhavathi Asst. Director (Nursing)	Member from Nursing Services	Implementation of FMS 3 (e), FMS 4 (d)

Meeting schedule and quorum of the meeting

- The quality improvement meeting is scheduled twice in a month i.e. on **2nd & 4th Tuesday** of every month.
- The meetings are held by involving limited departments to discuss and review the quality improvement activities in patients oriented areas and in the organization oriented standards.

5. PATIENT SAFETY COMMITTEE:

S. No	Name & Role	Responsibility
1.	Facility Management Team	
	1.1 Principal, College of Physiotherapy	Provision of Grab Bars, Special Toilets for differently able persons, wheel chairs, External and Internal signage's and bed rails.
	1.2 Deputy Executive Engineer, Civil	Before commencement of expansion or maintenance of any work, risk assessment shall be done with the help of HIC coordinator and this shall be covered noise, vibration and infection control. Built and updated drawings are to be maintained as per statutory requirements, Check the swing doors unsafe for people passing through it. Leakages/seepages in the area rendering it prone to infection. Height of the ceiling can cause injury to head to people with long height. Unwanted or unnoticed holes, breaks in the floor/ground that can be hazardous while walking. Terrace/higher floors lack of grills at the border making it unsafe.
	1.3 Radiation Safety Officer	To follow AERB guidelines.
	1.4 AE, SVIMS	Potable water testing, overhead storage cause accidents, Is placement of furniture can cause any fall.
	1.5 Assistant Engineer, Electrical, TTD	Electricity Back up, Elevators movements to avoid sudden stoppage and jerks, unprotected electrical wirings, lack of adequate lighting can cause which can be reason for accidents or errors.
	1.6 Security Officer	Restricted entry into OTs, ICUs and CC TV coverage of the entire hospital and monitoring.
	1.7 Deputy Director(GM)	As per FMS 7 standard
	1.8 Deputy Director(GM)	As per FMS 6 standard
2.	Dr. Vinod Bhan, Professor, Department of CT Surgery, Patient Safety Officer	
		<ol style="list-style-type: none"> 1. Environmental Safety 2. Lab Safety 3. Equipment risk Eg. Fire/Injury risk from use of LASER 4. Risk resulting from long term conditions 5. Internal and External reporting system on process failure 6. Fire accidents 7. Leakage of radiation source 8. Incidents covering from “no harm” to “sentinel events” 9. Pro-active risk analysis of patient safety risks shall be done through HIRA and FMEA. 10. At minimum one patient safety related risk shall undergo proactive risk analysis every year. 11. Avoid Lack of continuity of manpower during surgery due to shift duties 12. Avoid Patient Fall from trolley to bed and bed to Trolley 13. Avoid Cautery burns 14. Avoid Delay in availability of surgical material in middle of surgery 15. Connecting all critical equipments to UPS 16. Continuous medical gas supply 17. Patient safety officer shall report directly to the top management
	Clinical Safety Officer	<ol style="list-style-type: none"> 1. Radiation Safety – ALARA (As low as reasonably achievable) Eg. X-ray for all ICU, Pediatric or neonatal, patients. CT Scan protocols to be modified to use the lowest exposure. Parameters to maintain the image quality appropriate for clinical indication. Eg. CT for ureteric calculi can be done with low dose where as renal tumor will require high dose.

S. No	Name & Role	Responsibility
		<ol style="list-style-type: none"> 2. Appropriate screening of the patients before imaging. 3. Patients in the child bearing age group who need to be exposed to radiation should be scanned for pregnancy. MRI patients screened for Magnetic substance. Screening also shall be applicable to the accompanying patient/child into the imaging area. 4. Shielding of body parts of the patients, attendants shall be adhered to using appropriately. 5. To identify various risk, record for action taken for risk alleviation of each of these risk and the mechanism for informing the staff regarding the same. 6. Medication Management covering the issues of Patient/Service user, allergies and antibiotic resistance. 7. Implementation of current national patient safety/International patient safety goals. 8. SBAR communication for patients handover 9. Two identifiers for patients identification 10. Implement evidence based medicine/ clinical practice guidelines (STGs) Standard Treatment Guidelines bought by GoI. 11. To define list of high risk medication, Look alike sound alike, different concentrations of the same drug to be stored far away, High risk medications are to be verified before dispensing, Inadvertent administration of drug through wrong route shall be avoided. 12. Medication orders shall be checked at transition points of the patients. 13. Hand Hygiene guidelines at all locations of hand washing areas. 14. One Needle, one syringe and only one time policy. To implement CDC recommendations. 15. Retained missing instruments and gauze
	Paramedical staff	<ol style="list-style-type: none"> 1. Follow HIC practices while attending patients. 2. Avoid to storing of listed hazardous material in unsafe condition 3. Maintain MSDS sheets
	Clinicians	<ol style="list-style-type: none"> 1. Implementation National/International patient Safety Goals 2. Implement the Clinical Safety Officer guidelines pertaining to the respective Clinical and Diagnostic departments as suggested by the Clinical Safety Officer. 3. Implement evidence based medicine/ clinical practice guidelines (STGs) Standard Treatment Guidelines bought by GoI.
	Nurses	<ol style="list-style-type: none"> 1. Implement the guidelines pertaining to the respective clinical departments as suggested by the Clinical Safety Officer. 2. Follow HIC practices while attending patients. 3. Fall risk assessment of the patients and to take pro-active risk management.
	Support Services	<ol style="list-style-type: none"> 1. Slippery floor and probable to cause slip falls. 2. Rodents and pests in the area which can cause harm to patients, staff and equipments.

Meeting schedule and quorum of the meeting

- The Patient safety committee meeting is scheduled once in a month i.e. on **4th Saturday** of every month.
- **Quorum:** Requires at least 50% of the total committee members
- Patient safety aspects like development, implementation and monitoring of the safety plans and policies to provide as safe and secure facility and environment. Proactive risk assessment, FEMA, HIRA, facility inspection rounds, patient safety incident, risk management and analysis of key-safety indicators and sentinel events.

6. INTERNAL COMPLAINTS COMMITTEE:

S.No.	Name of the Member	Designation & Department	Status in Internal Complaints Committee
01	Dr Aparna R Bitla	Professor, Department of Biochemistry	Presiding Officer
02	Dr.V.Venkatarami Reddy	Professor & HOD, Department of Surgical G.E.	Member
03	Dr.K.Prathiba	Associate Professor, Department of Anatomy	Member
04	Sri. Ashok Kumar	Advocate & Standing Counsel, SVIMS	Member-External (legal)

The respective HoD's /College Principals/Administrative HoD's shall be co-opted on case to case basis depending upon the need.

Roles & Responsibilities

The Internal Committee, SVIMS plays an important role in the functioning of the provisions of the Act and to ensure the fulfillment of its objectives of the Internal Committee Policy thus the main function of the Internal Committee is:

- Implementation of the Internal Committee Policy relating to the prevention of sexual harassment.
 - Resolving complaints by the aggrieved based on the guidelines of the Internal Committee Policy.
 - Recommending actions to be taken by the Employer.
- As per Section 11(3) the internal Committee enjoys the powers same as that of a civil court and therefore:
- It is empowered to initiate an inquiry into a complaint of sexual harassment at the workplace according to the Internal Committee Policy.
 - IC has the power to summon witnesses and parties to state the committee.
 - It enjoys the discretion of summoning evidence to be examined if it may be deemed necessary to do so by the members of the committee.
 - All the members thus have an active role in each of the above. The external legal advisor shall give opinion related to the legal issues pertaining to the case. Inclusion of the external member ensures transparency and authenticity to the entire process and gives an outside perspective.

Responsibilities of Internal Complaints Committee:

SVIMS is bound by Prevention of Sexual Harassment Act and displays the names and details of the current IC members on the premises at prominent places as well as in the official website.

- Receive complaints of sexual harassment at the workplace
- Initiate and conduct an inquiry as per the policy
- Submit findings and recommendations of all such inquiries
- Maintain strict confidentiality throughout the process as per established guidelines of the Internal Committee Policy
- Submit annual report in the prescribed format as prescribed.

Meeting schedule and quorum of the meeting

- Once in a month and as and when a case is registered, the committee shall meet immediately.
- **Quorum:** Requires 100% of the total committee members.

7. DISCIPLINARY & GRIEVANCE COMMITTEE:

S. No.	Name of the Member	Status in Disciplinary & Grievance Committee	Roles & Responsibility
01	Dr. D. Rajasekhar	Chairperson	<p>The Grievance Committee shall be responsible to ensure that grievances are dealt with effectively in accordance with the Grievance Procedures set out for the implementation of this Policy. In doing so, the Committee shall adhere to the following principle</p> <ul style="list-style-type: none"> • Take grievances seriously taking on board why the employee feels aggrieved, unhappy or dissatisfied • Investigate the facts and surrounding circumstances, and showing the employees that this been done thoroughly and sensitively. • Actively look for a solution that will satisfy the employee, where practical without causing disproportionate difficulty for the organization or the Employee's colleagues. • Provide feedback to the employee about what can, and cannot be done to resolve the grievance • Take necessary follow-up action • All the members thus have an active role in each of the above.
02	Dr. A. Mohan	Member-Ex-Officio-Dean	
03	Dr. K.V. Sreedhara Babu	Member– Ex-Officio–Registrar	
04	Dr. K. Nagaraj	Member – Secretary	
05	Dr. Dr. Chandramal Theswaran	Member	
06	Dr. K. Prathiba	Member	
07	Dr. A. Surekha	Member	
08	Dr. M. Ganesh Kumar	Member	
09	Dr. V. Srikumari	Member	
10	Mrs. G.P. Manjula	Convener & Coordinator	

Meeting schedule and quorum of the meeting

- The disciplinary & Grievance Committee meeting shall be held on **1st Saturday** of every month between 3 and 4 pm in the committee hall.
- **Quorum** requires at least 50% of the total committee members.

8. MEDICAL RECORDS REVIEW COMMITTEE:

S. No.	Name of the Member	Status in Disciplinary & Grievance Committee	Roles & Responsibility
01	Medical Superintendent	Chairperson	<ul style="list-style-type: none">• Responsible for overall supervision of the Committee activities.• Responsible for sending lacunas for CAPA to the concerned HoD's.
02	Medical Record Officer	Coordinator	<ul style="list-style-type: none">• Co-ordinate the Medical Record Review Committee Meeting.• Prepares the minutes of the meeting.• Dispatches the minutes to the concerned and inform the deficits to the concerned.• Responsible for sample bases review
03	Resident Medical Officer	Member	<ul style="list-style-type: none">• Address the members in the meeting, discuss with the concerned members to complete the lacunas at the earliest.
04	HoD, Dept. of Anaesthesiology	Member	<ul style="list-style-type: none">• Responsible to conduct audit for complete consent form, anaesthesia record & operation record.
05	HoD, Dept. of Pharmacology	Member	<ul style="list-style-type: none">• Responsible to conduct audit for medication chart, regarding administered drug properly, legibility of author name, signature time and to write in capitals, using no short forms, dosage.
06	Prof. Dept. of Medicine	Member	<ul style="list-style-type: none">• To audit the medical cases.
07	Assoc. Prof Dept. of General Surgery	Member	<ul style="list-style-type: none">• To audit the surgical cases.
08	AD Nursing & Nursing Group	Member	<ul style="list-style-type: none">• To audit the nursing assessment / Nurses notes and various consent forms used at the time of admission.

Meeting schedule of the Medical Record Review Committee meeting

The Medical Record Review committee shall meet once in a month i.e. on **3rd Thursday** at 10:30 am in the committee hall to review the medical records of current patients.

9. AMS COMMITTEE

Antimicrobial stewardship is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

THE FOLLOWING ARE THE MEMBERS OF ANTIMICROBIAL STEWARDSHIP COMMITTEE:

- | | |
|----------------------------------------------------------------|------------|
| 1. Dr R. Ram (Medical superintendent) | - Chairman |
| 2. Dr R. Jayaprada (Microbiology) | - Member |
| 3. Dr N. Ramakrishna (Microbiology) | - Member |
| 4. Dr C. Sunil Kumar (GM) | - Member |
| 5. Dr M.C.R. Rama (GM) | - Member |
| 6. Dr C.V.S.Manasa (GM) | - Member |
| 7. Dr V. Manolasya, (GM) | - Member |
| 8. Dr Surekha.A (Dermatology) | - Member |
| 9. Dr B.Hari Prasad (GS) | - Member |
| 10. Dr V. Nagateja (Plastic surgery) | - Member |
| 11. Dr K. Venkat (Neurosurgery) | - Member |
| 12. Dr B. Manilal (SO) | - Member |
| 13. Dr J. Malathi (OBG) | - Member |
| 14. Dr D. Bhargavi (MO) | - Member |
| 15. Dr A. Naga Sowmya (EMD) | - Member |
| 16. Dr Jonnakuti Rani (EMD) | - Member |
| 17. Dr P. Hemalatha (Anaesthesiology) | - Member |
| 18. Dr C. Sumadhu (Anaesthesiology) | - Member |
| 19. Dr V. Chandra sekhar (PSM) | - Member |
| 20. Dr K. Vijaya Chandra Reddy (Pharmacology) | - Member |
| 21. Dr J.P. Joshi Sowmya (Pharm D) | - Member |
| 22. Dr C. Pallavi (Pharmacology) | - Member |
| 23. Dr Peta subramanyam (Pharmacist) | - Member |
| 24. Mr V. Babu suresh (Pharmacist) | - Member |
| 25. K.V. Kishore Tangella | - Member |
| 26. AMS & HIC Link nurses (All ICU and RR) | - Member |
| 27. Nursing Superintendents (Mrs Indiramma & Mrs Sharada devi) | - Member |

Meeting schedule of the Medical Record Review Committee meeting

- The committee shall meet once in a month as per Medical Superintendent orders.
- **Quorum** requires at least 50% of the total committee members.