

LOGO
CENTRE NAME
CENTRE ADDRESS

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AMENDMENT SHEET

Sl. No.	Section No & Page No	Details of amendment	Reasons	Signature of preparatory authority	Signature of approval authority
1.					
2.					
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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.

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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 follow

Preparation	Approval	Issue
DOCTOR NAME	DOCTOR NAME	DOCTOR NAME
DESIGNATION OF DOCTOR	DESIGNATION OF DOCTOR	DESIGNATION OF DOCTOR

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S.No.	Designation
1.	Branch Head
2.	Medical Superintendent

TABLE OF CONTENT

Sl. No	PARTICULARS	Page No
ROM.01-06	Responsibility of management legislation and regulation, Institutional services and their management along with patient safety management	1-12

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 Director.**
- 3.2 Chairman, Assistant Manager, Infection Control Nurse, HR Manager, Accounts Officer, 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 Accreditation Standards for Ayurveda Hospitals (2nd edition) :April 2016**

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 **CENTRE NAME** 30 Bedded Ayush Hospital.

6.4. The Hospital has identified (Ayurveda Consultant) 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:

7.1.2

(A) The finance committee and governing body under the direction of ministry approve the strategic and operational plans and organization budget.

(B) The ministry of AYUSH approves the organization budget and allocate the resources required to meet the organization mission.

(C) The ministry monitors and measures the performance of the organization against the stated mission. An annual performance report based on the strategic and operational plans.

(D) **CENTRE NAME** establishes the organogram which also incorporate various committees e.g. governing body and finance committee

Vision : To Integrate & Develop Ayurveda way of Life all Over the world.

Mission : To Spread Mental, Physical, & Spiritual Health Benefits of Ayurveda to man kind.

7.2.1 MEMORANDUM OF ASSOCIATION

1. To provide and assist in providing services and facilities of the highest order for research, evaluation, training, consultation and guidance to Ayurvedic System of Medicine;
- 7.2.2 For the achievement of the above objects, the management may:
 1. Establish and maintain centres for therapy, guidance and counseling;
 2. Undertake, organise and facilitate study courses, conferences, lectures, seminars and the like to promote the objects;
 3. Arrange refresher courses for training of Vaidyas and Para-medical Staff;
 4. Grant Certificates, Diplomas, Degrees and other academic distinctions and title as may be provided for in the regulations;
 5. Undertake and provide for the publication of journals, research papers, leaflets and text-books and augment and maintain libraries and information services in furtherance of the objects;
 6. Provide advance training in professional techniques and theory;
 7. Subscribe to, or become a member of or cooperate or coordinate with any other association or society whose objects are similar;
 8. Co-operate with international and national agencies engaged in Ayurvedic research and training and arrange for interchange of personnel, material and data;
 9. Create administrative, technical, ministerial and other posts under the Institute and make appointments thereto in accordance with the rules and regulations of the Institute;
 10. Appoint and hire services or discharge/terminate the services of the personnel and to pay them in return for the services to the Institute, salaries, wages, gratuities, Provident Fund and other allowances or remuneration in accordance with the Rules and Regulations of the Institute;
 11. Accept grants of money, securities and properties of any kind and/or procure capital, financial assistance or accommodation on such terms as may be expedient;
 12. Issue appeals and apply for money and funds in furtherance of the objects of the Institute and to raise or collect funds by gifts, donations, subscriptions or otherwise of cash and securities and any property either moveable or immoveable and grant such rights and privileges to the donors, subscribers and other benefactors as the Institute may consider fit and proper;
 13. Invest and deal with funds and money of the Institute;
 14. Acquire by gift, purchase, exchange, lease, hire or otherwise, howsoever, any property

moveable or immovable which may be necessary or convenient for the purpose of the Institute and build, construct, improve, alter, demolish and repair such buildings, works and constructions as may be necessary for carrying out the objects of the Institute;

15. Sell, mortgage, lease, exchange and otherwise transfer or dispose of all or any property, moveable or immovable of the Institute, for the furtherance of its objects or any of them subject to prior approval of the Central and State Government.
16. Accept and undertake the management of any endowment or trust fund or donation to further the objectives of the Institute;
17. Grant prizes, awards, scholarships, travel grants, research grant and stipends; and
18. Do all such other lawful acts and things either alone or in conjunction with other organizations or persons as the Institute may consider necessary, incidental or conducive to the attainment of all or any of the above mentioned objects;

7.2.3 Names, etc. of Members of the Governing Body:

The names, address and occupation of the Members of the Governing Body of the Institute are:

7.2.4 Powers of the Governing Body

- A. The Governing Body shall have general control of the affairs of the Institute and shall have authority to do, exercise and perform all the powers, acts and deeds for the planning, establishment and running of the Institute, consistent with the aims and objects of the Institute.
- B. The Governing Body shall have powers to create posts, subject to specific provision in the budget, on scales of pay applicable to similar posts under the or on scales of pay approved by Government of India classify them into grades and specify their designations provided that no post carrying an initial
- C. The Governing Body shall have full powers to make such Bye-laws as they shall think essential for the regulation of the business of the Institute and in particular with reference to (i) the keeping of accounts, (ii) the preparation and sanction of budget estimates, (iii) the sanctioning of expenditure, (iv) entering into contracts, (v) the appointment of staff and determination of their conditions of service and (vi) any other purpose that may be necessary.

D. The Governing Body may accept the management and administration of any endowment or trust fund or any subscription or donation provided that the same is unaccompanied by any condition in consistent or in conflict with the nature and object for which the Institute is established.

4 Among all members **accounts manager Name**, **HOD** of **CENTRE NAME** are the Members shall constitute a quorum at any meeting of the Standing Finance Committee.

The Standing Finance Committee shall have the following functions:

1. To consider and recommend for approval of the Governing Body the annual budget estimates of the Institute.
2. To consider and recommend for approval the annual audited accounts of the Institute.
3. To consider and recommend for approval new financial proposals which may arise during the course of the year which may not be already provided for under the budget; and to approve re-appropriations between previously approved major heads.
4. To consider quarterly reports submitted by the Director for information; to examine from time to time, the adequacy of resources of funds and the general financial position of the Institute; and to make appropriate recommendation to the Governing Body.
5. All proposals for creation of new posts, and all matters relating to the invitation and acceptance of tenders.
6. All decisions/recommendations of the Governing Body will be subject to the approval of Government of India wherever necessary.

7.2.5 : The Governing Body may also appoint one or more Committees/Sub-Committees for proper functioning of the Institute.

7.2.6 : Funds of the Institute will consist of the following:

- A. Grant made by the Central Government and the State Government for the furtherance of the objects of the Institute
- B. Contribution from other sources
- C. Income from investment
- D. Receipts of the Institute from other sources.

7.2.7 : The income and property of the Institute shall be applied solely towards the promotion of the objects of the Institute as specified in the Memorandum of

Association and any expenditure incurred shall be subject to such restrictions as the Central Government or the State Government may from time to time impose in respect of grants or donations made by them. No part of the income or property of the Institute shall be spent or transferred directly or indirectly by way of dividends, bonus or otherwise, howsoever, to persons who, at any time have been members of the Institute, except by way of remuneration for services rendered to the Institute or as traveling allowance, daily allowance or other similarly compensatory allowance.

7.2.8 : An annual report of the proceedings of the Institute and of all works undertaken during the year shall be prepared by the Governing Body for information of the

7.2.9 : The annual balance sheet and revenue account, when accepted and passed at the annual meeting of the Governing Body, shall be sent

7.2.10 : No propositions for altering, extending or abridging the objects and purposes for which the Institute is established or amalgamating the Institute with any other Association, etc. shall be processed unless a special general meeting of the Governing Body has been convened for its consideration according to the rules and regulations of the Institute.

7.2.11 : No such proposals shall be carried into effect unless proposals for altering extending or abridging the object, etc. has been delivered or sent by post to every member of the Governing Body of the Institute ten days previous to special general meeting of the Governing Body for the consideration thereof nor unless such proposals have been agreed to by the vote of two-thirds of the members delivered in person or by proxy and confirmed by the votes of the 2/3 of the members present at a second meeting convened by the Governing Body at an interval of one month after the former meeting.

7.2.12 : The Governing Body may, with the consent of not less than two-thirds of its members, by a resolution passed at a special general meeting convened for the purpose in accordance with the rules and regulations of the Institute and subject to the provisions of rules 31(iv), change its name.

7.2.13 of the Governing Body of the Institute may determine that it shall be dissolved and thereupon it shall stand dissolved forthwith or at the time then agreed upon and all necessary steps shall be taken for the disposal and settlement of the property of the Institute and its claims and liabilities according to the Rules and Regulations of the Institute, applicable thereto, if any, and if not, then as the

Governing

Body or a special Committee formed to replace the Governing Body in respect of matter affecting the winding up of the Institute shall find expedient provided that:

7.2.14 7.2.35: The Institute shall follow the Rules, Regulations, Law, Guidelines, etc. of the Central Government issued from time to time, including any Rules, Regulation, etc. framed by it in accordance with such relevant Rules/Guidelines of the Central Government.

7.2.36 : Institute has this organogram

: The owner of **CENTRE NAME**

7.2.37 is responsible for governance support safety initiatives and quality improvement plans and also to create various committees.

7.2.38 : CENTRE NAME

7.2.39 complies with its own laid-down rules and regulations and applicable legislations, rules and regulations of Govt. of India and also of govt of rajasthan Pollution Control Board where-ever they are applicable in some areas.

7.2.40 : The institute ensures implementation of these rules, regulations and requirements as per these rules and regulations.

7.2.41 : The institute regularly updates any amendments in the prevailing laws of land.

7.2.42 : Institute has a mechanism to regularly update licence / registration/certification where ever updation/ renewal is required as per law.

7.3.1

(A) The scope and activities of each department is pre defined in terms of patient care services in hospitals and it has been documented and defined in a detailed time table for each service. All administrative procedures like attendance, leave, conduct replacement is maintained and documented in a common section known as establishment department which keeps and updates all the records for the entire organization.

(B) The leaders of the departments require a minimum essential qualification and relevant experience as laid down in **CENTRE NAME**.

(C) rules, The department leaders are always involved in quality improvement process on department level and at institute level through quality improvement committee

7.3.2: All HOD's and officers of medical and para medical are member of QIC i.e quality improvement committee there for they are directly involved in the quality improvement which is given as under:-

7.4.1 : Through its quality improvement committee **CENTRE NAME** is managed by the administration in an ethical manner.

7.4.2 : The administration makes public the mission statement of **CENTRE NAME** and it has been showed in the main entrance of **CENTRE NAME**.

7.4.3 : **CENTRE NAME** discloses its ownership and it has been displayed own all boards along with name of **CENTRE NAME** discloses and displays its ownership.

7.4.4 : **CENTRE NAME** honestly portrays the services which it can and cannot provide at the entry gate **CENTRE NAME** premises and also at the entry gate of OPD Hospital.

7.5.1 : The persons heading the organization i.e . **CENTRE NAME** has requisite and appropriate administrative qualifications as per **CENTRE NAME** service rules .with all amendments as per **CENTRE NAME** service he has requisite and appropriate administrative.

7.5.2 :**CENTRE NAME** prepare the strategic and operational plans including long-term and short-term goals commensurate to **CENTRE NAME** vision, mission, and values in constitution with the various stake holders.

7.5.3 : **CENTRE NAME** plans and budgets for its activities annually which is in accordance with Govt. of India which is from 1stapril to 31st march every year.

7.5.4 : The functioning of committees is reviewed for their effectiveness by the appropriate authorities.

7.5.5 : **CENTRE NAME** has a formal documented agreement for all outsourced services as per rules.

7.5.6 : **CENTRE NAME** monitors the quality of the outsourced services through administrative officers and has separate administrators for hospitals which with the help of different committees monitors the quality of the outsourced services.

7.6.1 : **CENTRE NAME** ensures that patient safety aspects and risk management issues are an integral part of patient care and hospital management.

7.6.2 : Safety manual of **CENTRE NAME** will strictly be followed for the purpose of safety aspects and risk management Administration ensures proactive risk management across **CENTRE NAME**

7.6.3 : Administration provides resources for proactive risk assessment and risk reduction activities for all types of risks which includes clinical risks, financial risks, safety risks, legal risks, and technological risks.

7.6.4 : It also includes customer related risks, data loss risks and risk related to natural/

man made hazards and HAZMAT hazardous material.

7.6.5 : Risks are being assessed on these steps

- a. Risk assessment- will be on the basis of identification, rating, analysis, evaluation and prioritization of the risk.
- b. Risk control will be done by reducing the chances of risk and its acceptance
- c. A periodical review will be done regularly for the purpose of the risk management by point of view of probability of risk (high likely/ likely/ possible/ unlikely) and impact of risk (marginal serious critical catastrophic)
- d. A risk management plan will be formulated which shall include risk identification, prioritization and risk alleviation
- e. Risk management plan shall include various risks identified, the action taken for risk alleviation of each of these risks and the mechanism for informing staff regarding the same.

7.6.6 a CENTRE NAME

provides resources for proactive risk assessment and risk reduction activities

7.6.7 CENTRE NAME

Administration ensures implementation of systems for internal and external reporting of system and process failures as per safety manual.

7.8: Administration ensures that appropriate corrective and preventive Hare taken to address safety related incidents.
