

PRE-ACCREDITATION ENTRY LEVEL STANDARDS FOR HCO & SHCO

RESPONSIBILITIES OF MANAGEMENT (ROM)

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Intent of ROM

The NABH **Responsibilities of Management (ROM)** chapter aims at:

- Encourage the governance of the organization in a professional and ethical manner.
- Patient safety and risk management issues are an integral part of patient care and hospital management.



LEADERSHIP ENGAGEMENT AND EMPOWERMENT

Leadership Engagement and Empowerment

Key factor for implementation of clinical governance

- Leadership not only at top but also in all depts.
- Good leadership creates.
 - A culture of quality in a organisation.
 - Monitors and trains staff for preventing errors & deliver high quality care.
 - Builds team work and empowers staff.
 - Plays a vital role in HCO.

Role of a Leaders and what should be developed?

Understand the HCO as system.

Leaders should make right decision and achieve good teamwork.

Empowerment of your people and increase their productivity and morale.

Prepares the HCO to deliver quality care.

Be the driving force to implement the quality culture.

Is well involved in QIP, CQI and patient satisfaction, ethical practices, risk management committees

Encourage –OPEN DOOR POLICY / Error reporting or incident.

Communication effectiveness – internal and external.

Regulatory monitoring.

Leadership and Quality Driven Strategy

Good Leadership

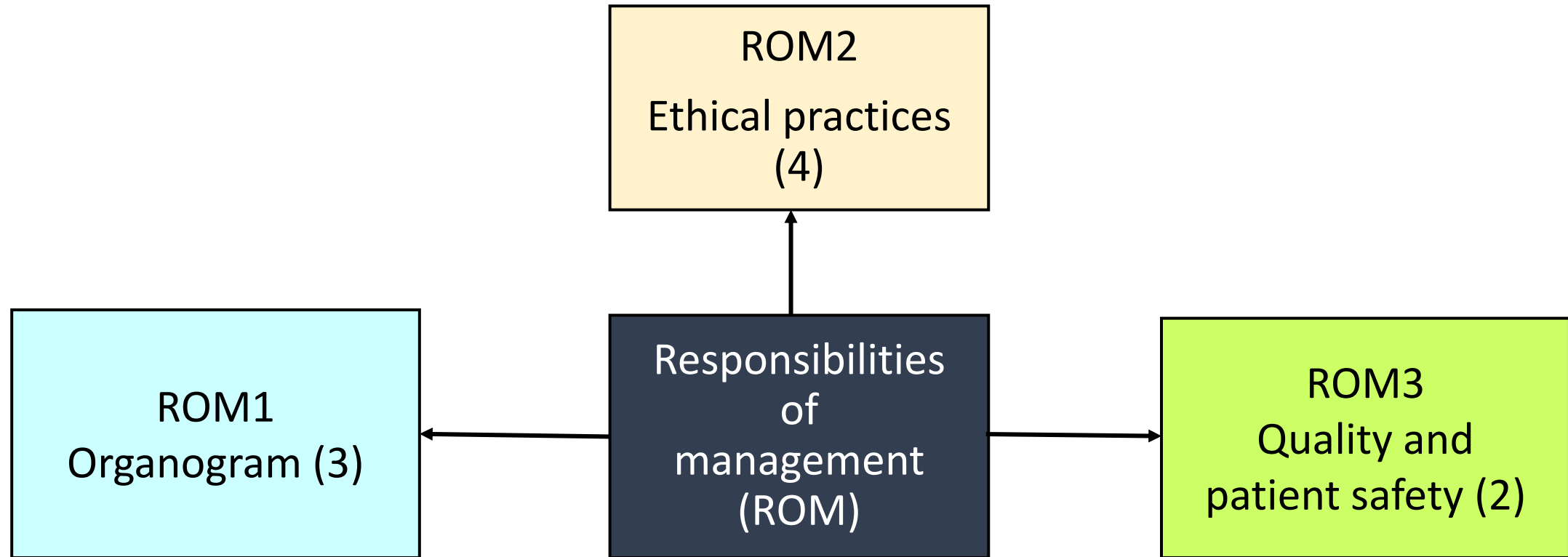
Strategy formulation comprises of Quality oriented strategy intent – Vision and Mission statement define the intent of the strategy.

Plan strategy with objectives.

For example: Standard implementation.

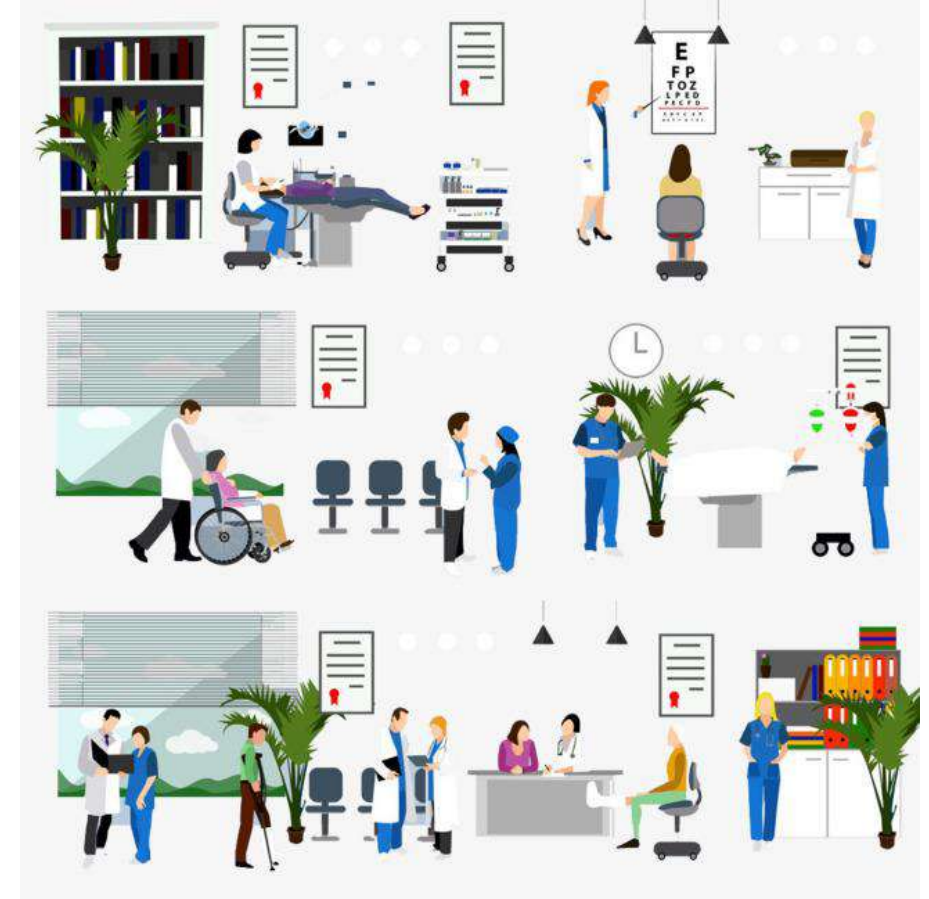
- Areas that leadership needs to address.
- Current dimensions of quality and quality objectives.
- Current structures and systems relating to quality improvement.
- Current performance of HCO in quality dimensions.

Summary of Standards

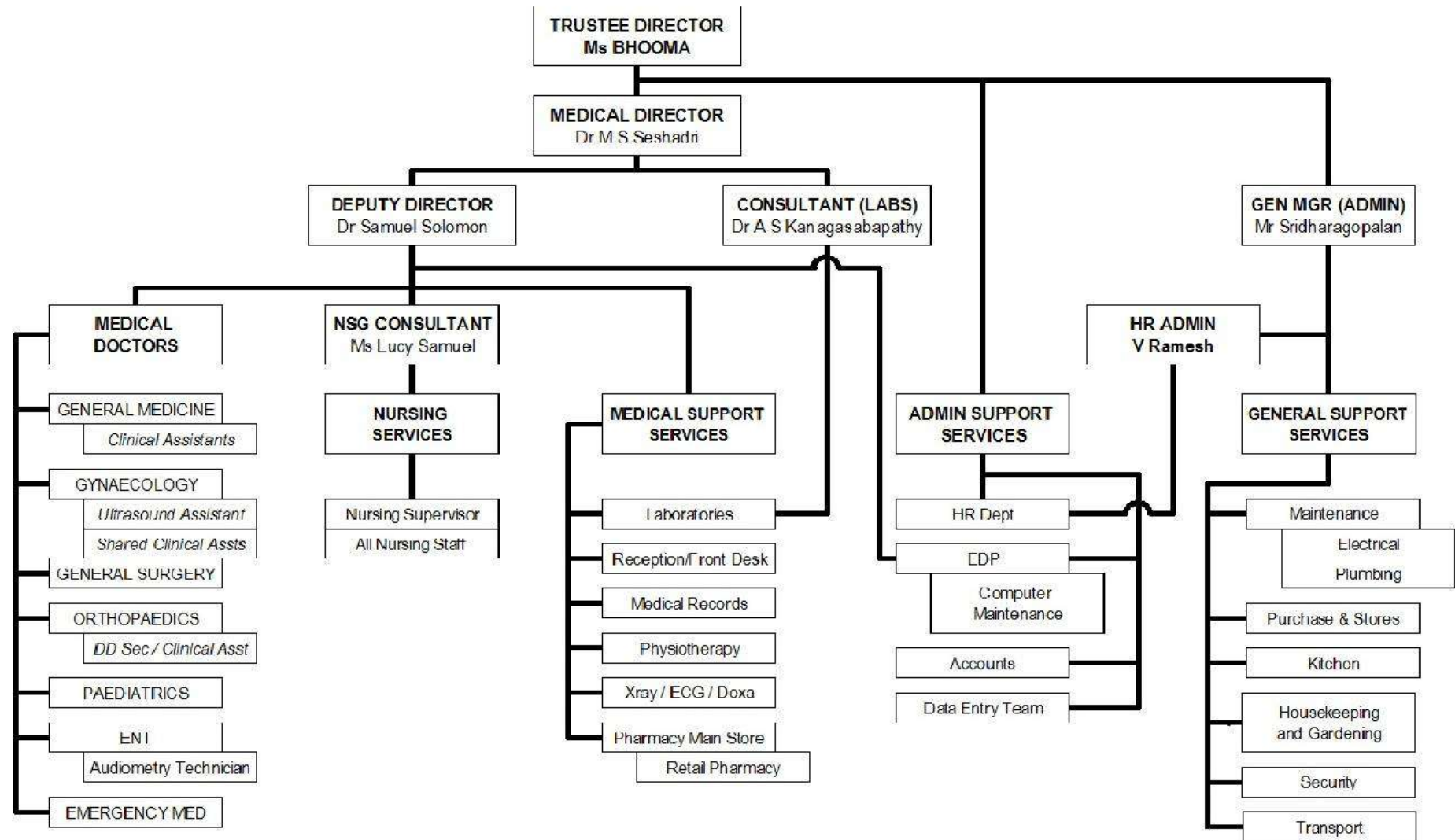


ROM 1: Responsibilities of the management are defined.

- **ROM 1a:** The organisation has a documented organogram.
- **ROM 1b:** The organisation is registered with appropriate authorities as applicable.
- **ROM 1c:** The organisation has a designated individual(s) to oversee hospital wide quality and safety program.



Organogram



Mandatory Licenses

- Registration as per Clinical Establishment Act/ State Act or IMA/ NHB.
- License from PCB for handling biomedical waste.
- Consent from PCB as per Air Act and Water Act.
- Retail/ wholesale drug licenses.
- Narcotic licenses.
- AERB licenses.
- Blood bank license.
- PC-PNDT license.
- MTP license.
- Transplant licenses.

Roles and Responsibilities

Top management and HODs	Staff
▪ Define organisation structure/chart. ▪ Oversee license compliance and implement changes in the law.	▪ Update licenses. ▪ Reapply licenses prior to their expiry. ▪ Maintain proper records. ▪ Maintain a legal tracker.

Roles and Responsibilities

In addition to quality/safety manager, the organisation should nominate designated individuals in each area of the hospital to oversee quality and safety in their respective areas.

Chairperson and members of multi-disciplinary committee should be identified.

For more information, refer to "How to implement CQI?" of Continuous Quality Improvement (CQI) chapter.



How to implement ROM1?

Organogram

- Define and document hierarchy, line of control and roles and responsibilities.
- Ensure transparency and disseminate to stakeholders.
- Define functions at various levels.
- Incorporate various committees.
- Document in apex manual.

Licences

- Obtain based on entry level NABH requirements, legal requirements of state/registration authority.
- Display a copy in relevant departments.

ROM 2: The organisation is managed by the leaders in an ethical manner.

- **ROM 2a:** The management makes public the mission statement of the organisation.
- **ROM 2b:** The leaders/ management guide the organisation to function in an ethical manner.
- **ROM 2c:** The organisation discloses its ownership.
- **ROM 2d:** The organisation's billing process is accurate and ethical.



Mission Statement

- Refers to overall purpose of the hospital.
- Ensure bilingual display in prominent locations and website.



Note: All staff should be aware of the hospital's mission statement.

Mission Statement

- An organisation's purpose.
- This refers to the overall function of an organisation.
- The mission answers the question, “What is this organisation attempting to accomplish?” The mission might define patients, stakeholders or markets served distinctive or core competencies or technologies used.

Vision Statement

- An overarching statement of the way an organisation wants to be, an ideal state of being at a future point.
- This refers to the desired future state of an organisation.
- The vision describes where the organisation is headed, what it intends to be or how it wishes to be perceived in the future.

Sample Vision, Mission, Values



Vision

Leading the way in specialized Complex Continuing Care.

Mission

Provide care for adults with neurological disorders, other chronic illnesses and palliative needs through collaboration and partnership. Our innovative approach improves the quality of life for each patient.

Values



Ethical Practices

Patient care	Staff	General
▪ Display doctor's name and qualification. ▪ Avoid unnecessary cross-references. ▪ Clinical care delivery and research governed by committees. ▪ Follow standardised tariff structure. ▪ Ensure transparent billing. ▪ Handle complaints and patient grievances.	▪ Ensure transparent recruitment process. ▪ Ensure genuine performance appraisal, salaries and promotions. ▪ Monitor staff using patient satisfaction surveys.	▪ Comply with legalities. ▪ Avoid un-ethical marketing and advertising.

Transparency

- Display type of ownership.
- Display hospital's registration number.
- Provide standard billing tariff and room tariff on request.
- Give concessions.
- Ensure same tariff irrespective of mode of payment.
- Give bill for payment made.
- Document ownership details in apex manual.



ROM 3 - The organisation has setup multi-disciplinary committees to oversee specific areas of quality and patient safety.

- **ROM 3a:** These committees include quality and safety, infection control, pharmacy and therapeutics, blood transfusion and medical records.
- **ROM 3b:** The membership, responsibilities and periodicity of meetings shall be defined.



How to implement ROM3?

Multi-disciplinary committee should:

- Review all areas of hospital.
- Select number of teams based on size, workload and feasibility.
- Include top management, doctors, nurses and technical staff.
- Review and approve policy as per their scope.



Best Practices for Conducting Committee Meetings

Plan

- List all committees
- Define frequency and quorum.
- Identify chairperson, members and special invitees.
- Agenda for each meeting and send advance notice.

Conduct

- Discuss minutes of previous meetings.
- Any issue not resolved for two consecutive meetings-escalate.
- Introduce agenda.
- Discuss agenda.

Minute

- Members present.
- Decisions taken.
- Tasks assigned with due dates.
- Circulated to all members within two days.
- Signed copy with chairperson.

Minutes File: Front page should have the documented scope, membership, responsibilities and the periodicity.

Scope of Multi-disciplinary Committees

Quality and safety committee

- Monitoring Key Performance Indicators (KPI).
- Incident review.
- Patient complaints and feedback review.
- Facility rounds discussion.
- Sentinel and other events.
- CPR and safety monitoring.

Scope of Multi-disciplinary Committees

Infection control committee

- Hand hygiene audits.
- Needle stick injury reports.
- Housekeeping effectiveness.
- Biomedical waste segregation.
- Theatre cleaning.
- Spill management.
- Equipment cleaning.
- CSSD and sterilisation.
- Linen management.
- Antibiotic surveillance.
- Active surveillance undertaken in ICU.

Scope of Multi-disciplinary Committees

Pharmacy and therapeutics committee	▪ Drug purchase. ▪ Pharmacy licenses. ▪ Formulary, adverse drug reactions. ▪ Local purchases. ▪ Vendor selection. ▪ Vendor evaluation. ▪ Re-order levels. ▪ Monitoring stock outs.
Blood transfusion committee	▪ Usage of blood and blood components. ▪ Blood bank / storage licenses. ▪ Wastage of blood and blood components. ▪ Transfusion reaction review. ▪ Monitoring time taken for cross matching and issues of blood components.

Scope of Multi-disciplinary Committees

Medical records committee

- Review of medical records for deficiencies.
- Completeness.
- Missing records.
- Mortality.
- Morbidity audits.

What should be documented in the apex manual?

- List and scope of multi-disciplinary committees.



Key Factors for Successful Implementation

- Leadership involvement
- Ownership for patient safety and clinical quality by clinical leaders
- Patient involvement
- Supportive culture
- Training and education
- CQI
- Audits
- Training and staff privileges
- Quality tools
- Rewards and recognitions

Any Questions





THANK YOU!