



# **SRI BALAJI VIDYAPEETH**

Deemed-to-be University

U/S 3 of UGC Act 1956

Accredited with 'A' grade in the First Cycle by NAAC

## **SBV POLICY ON PATIENT CARE - 2019 (Revised Edition of 2018)**

**SRI BALAJI VIDYAPEETH (SBV)**  
(DEEMED-TO-BE-UNIVERSITY)  
ACCREDITED WITH A GRADE BY NAAC IN THE FIRST CYCLE  
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(Revised Edition of 2018)

Document Number: SBV/PC/ PL/02/2019

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<p><b>Date:</b> 30.10.2019</p>	<p><b>Date:</b> 21.11.2019</p>	<p><b>Date:</b> 10.12.2019</p>
<p><b>BoM Approved on</b></p>	<p>17.12.2019</p>	
<p><b>Released by</b></p>	<p>IQAC</p>	<p>17.12.2019</p>

### Document Revision History

Date	Version (Edition)Number	Brief Description of change	Change Request Number
13.08.2018	ORIGINAL	Not applicable	-
17.12.2019	FIRST REVISION	Preamble, Purpose, Scope objectives, roles and responsibilities of the committee, composition of the committee and meetings and quorum.	SBV - PC - PL-2018 Pages 5,7,8

## **TITLE AND APPLICABILITY:**

### **SBV POLICY ON PATIENT CARE - 2019**

The policy on Patient Care would henceforth be known as **SBV POLICY ON PATIENT CARE - 2019**.

## **PREAMBLE**

Sri Balaji Vidyapeeth is a health Sciences Deemed to be University accredited by NAAC with "A" Grade. The deemed University is committed to Academics, Research and Patient care. Academics are the starting point in any higher education health sciences institution, whereas Patient care is the point of culmination that is fortified by the throughput, namely evidence based Research. Of these three, Patient care is foremost and acquires special significance. It is manned by a well-defined committee having specific powers and functions.

The Patient Care Committee is regarded as an interdisciplinary committee endowed with coordination and implementation of the well drafted Plan for provision of Optimal Care for both the inpatient and outpatient settings. **This committee would serve as the bridge between Quality Management Services (QMS) and the Office of the Medical Superintendent** in addressing several cardinal issues related to clinical practice and all facets of patient care that virtually extends beyond the scope of practice for a single professional discipline. The various professional disciplines include medicine, nursing, nutrition, pharmacy and therapeutics, social work, etc., and takes in to its fold Specialty and Super Specialty services.

## **PURPOSE**

The purpose of the policy centres around all aspects related with patient care, patient safety and patient satisfaction. The policy broadly describes all of the above mentioned aspects with explanatory references as cited therein.

## **SCOPE**

The scope of the policy is determined by the Objectives enumerated in the Policy sequentially.

## **OBJECTIVES OF THE PATIENT CARE COMMITTEE**

- To lay emphasis on providing holistic care to the patients.
- To promote patient rights in the in-patient and out-patient settings.
- To promulgate shared decision between patients and clinicians.
- To promote all activities related to patient-centric outcomes including Nursing care and maintaining hygiene and cleanliness.
- To bring down the hospital mortality rate.
- To chart out policy in case of any natural disaster or pandemic.

## **ROLES AND RESPONSIBILITIES OF THE COMMITTEE**

- The committee recommends the standards of practice for patient care across the various disciplines aimed at the provision of continuum of care.

- The committee would provide oversight to practices related to rational use of drugs, anaesthetics etc., as per the institute rational policies.
- The committee would facilitate providing directions and oversight for enforcing an effective Patient Education process.
- Provision of organizational guidance and support on various facets including training of staff in the various disciplines, providing regular updates on service enhancement and ensuring comprehensive and competency based clinical care will be a major role of the Patient Care Committee.
- The committee would approve of time and need based changes in the regimen concerning dietetics and nutrition, besides enabling other core clinical procedures, protocols and guidelines with ethically driven practices.
- Developing a rational hospital formulary, drafting of professional policies regarding adverse drug reactions and reviewing hospital mortality are also inherent responsibilities of the committee.
- Recommendation of clinical policies amended from time to time for approval will be yet another cardinal responsibility of the committee.
- Provides direction and oversight for the Critical care and emergency care services.
- The committee would approve of rational criteria for competence in the various patient care settings including Master Health Check up.
- The Patient care committee would collaborate with the Quality Management Services (QMS) in monitoring and improving sustained patient care, which is prerequisites for endeavours related to NABH, mandated sustained patient care services.
- To the extent it may deem necessary or appropriate, retain, or approve the recommendations of the Chief Medical Officer or the In charge of Emergency Medical Services, the Committee would look into all aspects as regards the retention of medical, nursing consultants, besides other support staff/auxiliary personnel from time to time concerning quality of patient care and patient safety.
- Ensuring that the process of privileging and credentialing is effectively followed as per the guidelines of the concerned Committee.
- Annual reviews and revision of policy based on interim recommendations is an inherent responsibility of the committee that would envisage the Plan for Provision of Patient Care prior to sending the report to the Medical Superintendent of the Hospital, besides sending copies of the reports to the Dean of the Constituent Medical College and Hon'ble Vice-Chancellor of Sri Balaji Vidyapeeth.

#### **COMPOSITION OF THE COMMITTEE**

Following is the composition of the Patient Care Committee that also includes some members from the Hospital Executive Council and Hospital Infection Control Committee.

<b>Designation</b>	<b>Roles</b>
Medical Superintendent, MGMCRI	<b>Chairperson</b>
Coordinator, QMS, SBV	<b>Co-Chairperson</b>
Medical Superintendent, SSSMCRI	<b>Member</b>
Deputy Medical Superintendent (Broad	<b>Member</b>

specialty), MGMCRI	
Nursing Superintendent, MGMCRI/SSSMCRI	<b>Member (s)</b>
Deputy Medical Superintendent (Super Specialty services)	<b>Member</b>
Deputy Medical Superintendent (Marketing, camps & outreach activities)	<b>Member</b>
Deputy Medical Superintendent (Laboratory Services)	<b>Member</b>
Casualty Medical Officer, MGMCRI/SSSMCRI	<b>Member (s)</b>
Resident Medical Officer, MGMCRI/SSSMCRI	<b>Member (s)</b>
Representative of the HOD, Pharmacology, MGMCRI / SSSMCRI (on behalf of Adverse Drug Reaction cell-ADR cell)	<b>Members (s)</b>
In-charge of Critical services, MGMCRI/SSSMCRI	<b>Member (s)</b>
In-charge of Palliative care Unit, MGMCRI	<b>Member</b>
Medical Records Officer, MGMCRI/SSSMCRI	<b>Member (s)</b>
In-charge Pharmacy services, MGMCRI/SSSMCRI	<b>Member (s)</b>
Head, IT, MGMCRI/SSSMCRI (For issues related to HMIS)	<b>Member (s)</b>
Dietician/ Clinical Nutritionist, MGMCRI/SSSMCRI	<b>Member (s)</b>
Member Secretary, Hospital Infection Control Committee, MGMCRI/SSSMCRI	<b>Member (s)</b>
HOD, Anesthesiology, MGMCRI	<b>Member Secretary</b>

#### **MEETINGS AND QUORUM**

- The Committee shall meet at least four times annually and more frequently as deemed necessary or appropriate.
- Special/extraordinary meetings of the Committee may be called at two hours notice by the Secretary of the Committee.
- The Secretary of the Committee shall maintain minutes of all meetings as well as document all the activities and recommendations of the Committee including Action taken report.

- At all the meetings of the Committee, a majority of the total number of Committee members termed the Quorum shall constitute the transaction of business.
- If the quorum ( one third of the total members) i.e. 5 members shall not be present at any meeting of the Committee, the Committee members present may adjourn the meeting, unless the circumstances are of emergency nature, wherein the Medical Superintendent, MGMCRI who is also the Chairperson would effect a decision to go ahead with the meeting.
- No action may normally be taken by the Committee without the consent of a majority of the Committee members.
- In case of any grievances, the same has to be addressed to the Dean, MGMCRI at the main campus and Dean, SSSMCRI at the Off-campus who are the immediate Appellate Authority and the Hon'ble Vice Chancellor is the overall Appellate Authority at SBV level, whose decision will be final and binding, provided in case of policy matters, the approval of the Board of Management will be taken.

**INVOLVEMENT OF MEDIA, IF ANY**

Nil

**INVOLVEMENT, IF ANY OF MAJOR FINANCIAL IMPLICATIONS CONCERNING EXTERNAL AGENCIES**

Nil

**EXCEPTIONS, IF ANY**

Nil

**ANY OTHER PERTINENT DETAILS**

Nil

**ENQUIRIES**

All enquiries related to this policy should be addressed to the Dean of the respective college and the copy marked to the Legal Officer, SBV.

**APPELLATE AUTHORITY**

For all difficulties pertaining to this policy, the power to remove difficulties rests with the Vice-chancellor, who is the chairperson of both the Academic Council and the Board of Management.

Sl.No	Role	Name	Designation	Signature
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2	Reviewed by	Dr. Nirmal Coumare. V	Medical Superintendent, MGMCRI, SBV	

Approved by: Prof. A.R. Srinivasan, Registrar, SBV:

