

Quality Improvement Committee

Chairperson: Hospital / Clinics Director/Clinical Head/Head Quality Unit

Member Secretary: One from Admin Section (DD/AD/ any other responsible person)

Members: 1. Prof/ Consultant: Medicine

2. Prof/ Consultant: Surgery

3. Prof/ Consultant: Gyne & Obs

(Authority would be able to include any members from any discipline what might be needed.

Total number might be 7-9 members)

Terms of Reference:

- Ensure adherence to the National Strategic planning for Quality of Care, National Health Care Standards, National Antimicrobial Stewardship QI framework, National ICU QI frameworks, clinical protocols & quality standards: Through regular internal assessments, audits, reviews etc the hospital QI committee members should ensure that the protocols, guideline & standards set for a district hospital are being met. Corrective action plans should be initiated for identified gaps.
- Periodic Review of the progress of QI activities
- Introduce Clinical audit & PDCA for Clinical Quality improvement
- Conduct monthly internal review meetings -Set targets, roadmaps and site example for best practices -Review Quality scores attained by different unit.
- Review the status of Patient Safety Monitoring tools and monthly report sending to DGHS.
- Arrange yearly award giving ceremony for best performer and innovative approach.