



INODAYA Hospitals - Kakinada

Documentation code:
INH/ROM.Doc.No:01

Policy – Responsibilities of those responsible for governance

Prepared date: 05/09/2023

Reference: ROM.1.NABH Standards – 5th Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

1.0 Purpose:

The purpose of the policy is to define the policies for good governance and leadership of the Organization.

2.0 Scope:

The scope of the policy encompasses the Management of Directors and Senior Management of the hospital

3.0 Corporate Governance:

3.1 Hospital's philosophy on Code of Governance:

The basic objective of Corporate Governance policies adopted by the Hospital is to attain the highest levels of transparency, accountability and integrity. This objective extends not merely to meet with statutory requirements but also to go beyond them by putting into place procedures and systems, which are in accordance with best practices of Governance. Good practice in corporate behavior helps to enhance and maintain public trust in companies and stock market.

Our Hospital reviews its Corporate Governance practices to ensure that they reflect the latest developments in the corporate arena and thus positioning itself to conform to the best Corporate Governance practices. Our Hospital is committed to pursue excellence in all its activities and maximize its shareholder's wealth.

The Hospital's Corporate Governance policies and practices focus on the following principles:-

- To recognize the respective roles and responsibilities of Management and Management
- To achieve the highest degree of transparency by maintaining a high degree of disclosure levels
- To ensure and maintain high ethical standards in its functioning

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Chief Executive Officer

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- To ensure a sound system of risk management and internal controls
- To ensure that employees of the Hospital subscribe to the corporate values and apply them in their conduct
- To ensure that the decision making process is fair and transparent
- To ensure that the Hospital follows globally recognized Corporate Governance practices.

3.2 Responsibilities and Accountabilities:

- The Management shall approve the Budget annually. The Financial Performance of the hospital shall be reviewed each YEAR.
- The Management shall approve in the expansion, diversification, borrowings, acquisition, etc.
- The Management of directors shall approve the Quality Improvement and Patient Safety plan. The members shall review the Developments done so forth.

4.0 Leadership and direction:

- Laws applicable as per Companies Act' 1956 shall be complied with for the organization, this being a limited Hospital.
- As per the hospital chain of command, the CEO is responsible for the day-to-day operations of the hospital.
- The CEO shall be a clinician or a person with commercial background with extensive experience in health administration.
- CEO shall review the performance and other quality indicators as per the Hospital Policy and the Annual Quality Improvement plan.
- CEO shall receive the feedback from the organizational leaders as and when required.

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- As per the hospital Organogram there shall be a well-defined division of departments. For each of the departments, there shall be a well-defined hierarchy with single chain of command.
- For each of the managerial and clinical areas, there shall be a department head/coordinator/director that shall be responsible for monitoring the activities of his/her own department.
- The SOP's of each department shall be available in written, which indicate the scope of services of respective department.
- Various internal committees, daily meetings of critical area HODs' and weekly meetings of the other HODs' shall manage the information flow between the departments where clinical and managerial leaders are actively involved.

4.2 Hospital Committees:

Various committees shall function to take care of different issues. Those are:

1. Quality Assurance Core committee (QACC)
2. Hospital Infection Prevention and Control (HICC)
3. Hospital Facility & Safety Committee (HSC)
4. Hr - Privileging & Grievance Redressal Committee (HRC)
5. Internal Complaints Committee (ICC)
6. Code blue committee (CBC)
7. Medical Record Audit committee (MRAC)
8. Drugs & Pharmaco therapeutic committee (PTC)
9. Replacement & disposal committee (R&DC)
10. Mortality Review committee meeting (MRC)
11. Blood transfusion committee(BTC)

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4.3 Disaster plan:

The hospital shall respond to community emergencies, epidemics and other natural disasters as per the disaster plan of the hospital and the response to be tested twice a year. The members of the Safety Committee shall approve the policy for disaster management. The Materials department shall be well equipped to arrange for supplies in case of emergencies and disaster.

4.4 Plans for Clinical and Managerial Services:

The scope of services for the departments shall be with respective departments. Departmental heads shall review the scope as and when indicated. There are various departments in the hospital; services provided by the departments shall be well defined.

4.5 Contract Services:

The Hospital shall arrange for required contract services in the hospital. The head of each outsourced service shall be identified and made to participate in hospital-organized programme. Its performance shall be reviewed as per the hospital policy.

- The Hospital shall have well defined contractual terms and conditions for Annual Maintenance programmes for equipment in Labs and Radiology. The contract terms shall be finalized at the time of purchase of capital equipment wherever applicable.+

4.6 Quality Improvement Efforts:

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- Managerial and clinical departments shall monitor the performance as per indicated quality parameters.
- The status shall be monitored regularly and variations shall be notified to the respective Department Head/coordinator/Director.
- For managerial departments respective department heads shall monitor the improvement.

4.7 Staff Recruitment, Retention and Education:

- The recruitment policy for staff shall exist with the Human Resource Department.
- There shall be continuous medical education for the medical staff.
- There shall be ongoing training in the respective departments for technicians and paramedical staff.
- The soft skills training shall be given through the training and development cell. The training and development cell shall organize for the requisite training sessions as and when training needs are identified.
- There shall be a policy for exit interviews for the staff who have resigned. The causes for staff turnover shall be identified and brought to the notice of the Management. The hospital shall sponsor the training programme for the requisite staff members as and when required. This shall be for managerial leaders, clinical leaders or other staff members. The respective department head shall identify such needs for the staff.

4.8 Departmental Communication [Internal and External]

There shall be free flow of communication amongst different departments. Weekly meetings and other planned committees shall ensure this to maintain transparency in the organization. The minutes of the meetings shall be circulated to the concerned. The hospital intranet facility ensures timely communication flow in the organization.

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- The telephone system with calls in and calls out facility shall exist.
- The public announcement system for any major incident in the hospital so that concerned staff can rush to the spot shall be in place.
- Mobile SMS services shall be used for faster internal communication.

4.9 Hierarchy:

The hierarchy within the clinical and managerial department shall be well defined with single chain of command in formal relationship, which shall be available in written with the department and with the Human Resource Department.

4.10 SOPs' (Standard Operating Procedures):

Each departmental scope of services shall be written. Departmental SOP's shall be in place and documents available with respective departmental head.

4.11 Resources management:

The space requirements for any new facilities shall be discussed with the chief engineer by the concerned departmental head. The resource requirement is planned and the approval shall be brought before the commencement of the work and is specified in written. Any resource requirements shall be spelt out to concerned department head after approval.

4.12 Staff Training:

There shall be induction program for all new staff organized by the training cell. Different department heads give orientation about the hospital to the attendees. Orientation and training classes shall be organized as and when indicated e.g. Head of Infection Control

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committee shall conduct classes for housekeeping and other staff to make them aware about infection control issues.

4.13 Monitoring of Data:

Departmental head shall monitor performance of respective managerial departments and reports shall be submitted. For the medical departments monitoring shall be done on identified issues by concerned heads. The medical records department shall organize data about the mortality, morbidity etc. as required by the hospital law.

4.14 Performance Review:

The staff performance shall be reviewed every 1 year by the Head of the Department.

4.15 The organization shall operate in an ethical manner and shall display its mission statement, services provided, ownership, services that are not available, affiliations and accreditations. The hospital shall also accurately bill for every service based upon the tariff.

4.16 The hospital shall also ensure a proactive risk assessment and risk reduction activities are carried out.

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