

**RISK MANAGEMENT Committee**  
**FOR DISTRICT LEVEL HOSPITAL**

**Composition:**

<b>Sl. No.</b>	<b>Designation</b>	<b>Position</b>
1.	Superintendent	Chairman
2.	Resident medical officer	Member
3.	Consultant (Surgery)	Member
4.	Consultant(Gynae & Obs.)	Member
5.	Consultant(Medicine)/ Incharge	Member Secretary
6.	Consultant (Anesthesia)	Member
7.	Emergency medical officer(In charge of emergency)	Member
8.	Medical officer (Blood transfusion)	Member
9.	Consultant/MO(In charge of Pathology)	Member
10.	Consultant/MO( In charge of Radiology and Imaging)	Member
11.	DNS/Senior Nursing Supervisor	Member
12.	SSN ( In charge of OT)	Member
13.	Ward Master	Member
14.	Pharmacist	Member
15.	Head Assistant	Member

## **TOR**

1. Conducting training of the service providers according to the developed tool kit
2. Ensuring objective identification, measurement and evaluation of the appropriateness, timeliness, efficiency and effectiveness of patient care treatment and outcomes.
3. Development of local monitoring tool for monitoring of the planned activities for improvement of the patient care.
4. Identification of the opportunities for continuous improvement in patient care and to ensure that actions are implemented to improve care.
5. Development of coordination mechanism among the departments for quality improvement activities.
6. Acknowledgement of the best performer among the service providers.
7. Generation of information, preservation and helping individual for proper documentation in respect of risk management
8. The team can co opt any member for fostering their activities.
9. The team can identify the areas to intervene for the improvement of service delivery according to their priority need.
10. The team can invite administrative support from the higher authority for the program management in respect of quality.

## **Modus operandi/ working modalities of the team:**

1. The committee will seat at least once in a month to review the performance of risk management
2. The member secretary of the team will call the meeting with the approval of the chairman of the team.
3. The discussion agenda will be finalized prior to the meeting by the chairperson in consultation with the member secretary.

4. The resolution of the meetings should be documented properly by the member secretary.
5. Dissemination of meeting decision to all concern will be done by the member secretary.
6. Secretarial and financial support will be provided by the office of hospital superintendent.

**QUALITY ASSURANCE TEAM  
for  
Upazilla Health Complex, Sub Centre  
and Field Services**

**Team Composition:**

Sl. No.	Designation	Position
1.	Upazilla Health and Family Planning Officer	Chairman
2.	Resident Medical Officer	Member Secretary
3.	Consultant Surgery/MO (Against the post)	Member
4.	Consultant Gynae/MO(Against the post)	Member
5.	Consultant Anesthesia/MO(Against the post)	Member
6.	Consultant Medicine/MO( Against the post)	Member
7.	Medical Officer( MCH)	Member
8.	One MO(In charge of field service)	Member
9.	One MO from any Sub centre	Member
10.	Nursing supervisor	Member
11.	SSN ( In charge of OT)	Member
12.	One Medical assistant	Member
14.	One Pharmacist	Member
15.	One Health Inspector	Member
16.	Sanitary Inspector	Member

## **TOR of the team:**

1. The committee will work according to the guidance of National quality assurance team.
2. Communicating standard, indicator, and protocol set by the National quality assurance team to the service providers of the respective hospital.
3. Conducting training of the service providers according to the curriculum developed by the NQAT and delegated by the higher authority.
4. Ensuring appropriateness, timeliness, efficiency and effectiveness of patient care treatment and outcomes.
5. Development of local level plan for improving quality of patient care on the basis of available resources.
6. Development of local monitoring tool for monitoring of the planned activities for improvement of the patient care.
7. Identification of the opportunities for continuous improvement in patient care and to ensure that actions are implemented to improve care.
8. Creating environment that patient are respected and care/treatment is based on individual need.
9. Taking measures to incorporate the quality aspect in the management process.
10. Acknowledgement of the best performer among the service providers.
11. Proper documentation and preservation of documents in respect of quality interventions.
12. The team can co opt any member for fostering their activities.
13. The team can identify the areas to intervene for the improvement of service delivery according to their priority need.
14. The team can invite administrative support from the higher authority for the program management in respect of quality.
15. The team will not only work for the improvement of hospital services (UHC) but also service delivery of sub centre and field.
16. The team will invite different stake holder participation including community.

## **Modus operandi/ working modalities of the team:**

1. The team will seat at least once in a month to review the performance of quality assurance.
2. The member secretary of the team will call the meeting with the approval of the chairman of the team.
3. The discussion agenda will be finalized prior to the meeting by the chairperson in consultation with the member secretary.
4. The resolution of the meetings should be documented properly by the member secretary.
5. Dissemination of meeting decision to all concern will be done by the member secretary.
6. Secretarial and financial support will be provided by the office of UHFPO
7. The member secretary will be responsible to send the monthly meeting minutes to higher authority including the QA cell of DGHS.
8. The member secretary will serve as a focal person in respect of communication to QA cell, DGHS and other authority for the QA activities.

# **CORE QUALITY ASSURANCE TEAM FOR MEDICAL COLLEGE HOSPITAL**

## **Team composition:**

<b>SI No</b>	<b>Designation</b>	<b>Position</b>
1.	Director	Chairman
2.	Dy .Director	Member Secretary
3.	All Department/Section Head	Member
4.	All RP and RS	Member
5.	Nursing Superintendent	Member
6.	One Ward Master	Member
7.	Administrative Officer	Member
8.	Accounts Officer	Member

## **Quality assurance team for the individual department:**

### **Team composition:**

<b>Sl. No.</b>	<b>Designation</b>	<b>Position</b>
1.	Department Head	Chairman
2.	Register or Nominated by the Departmental/ Section Head	Member Secretary
3.	Unit Head	Member
4.	All Assistant Register	Member
5.	All unit In-charge SSN	Member
6.	Ward Master (In Charge)	Member

## **TOR of the Core Quality Assurance Team:**

1. The team will work according to the guidance of National quality assurance team.
2. Communicating standard, indicator, and protocol set by the National quality assurance team to the service providers of the respective hospital.
3. Conducting training of the service providers according to the curriculum developed by the NQAT and delegated by the higher authority.
4. Development of vision and mission for the organization and formulation of strategy to achieve.
5. Development of local level plan for improving quality of patient care on the basis of available resources and formulated strategy.
6. Development of local monitoring tool for monitoring of the planned activities for improvement of the patient care.
7. Identification of the opportunities for continuous improvement in patient care and to ensure that actions are implemented to improve care.
8. Development of coordination mechanism among the departments for quality improvement activities.
9. Creating environment that patient are respected and care/treatment is based on individual need.
10. Taking measures to incorporate the quality aspect in the management process.
11. Acknowledgement of the best performer among the service providers.
12. Development of MIS in respect of Quality Assurance activities.
13. The team can co opt any member for fostering their activities.
14. The team can identify the areas to intervene for the improvement of service delivery according to their priority need.
15. The main role of the team will be facilitatory, supportive and educative, rather than inspectatory.
16. Providing technical support to QA team of different department.
17. Conduction of research in respect of quality care.
18. Time to time assessment of client satisfaction.





## **TOR of the individual Department Quality Assurance Team:**

1. The team will work according to the guidance of core quality assurance team.
2. Responsible for communicating standard, protocol, SOP designed by the NQAC to the service providers of the respective department.
3. Conducting training of the service providers according to the curriculum developed by the NQAT and delegated by the core QA team.
4. Providing support to Core QA team for the development of local level plan in respect of Quality assurance Intervention.
5. Monitoring of the planned activities.
6. Providing support to Core QA team for exploring the opportunities for continuous improvement in patient care.
7. Creating environment that patient are respected and care/treatment is based on individual need.
8. Proper documentation in respect of quality assurance intervention.

## **Modus operandi/ Working modalities of the team (Core Team):**

1. The team will meet at least once in a three month interval to review the performance of quality assurance.
2. The member secretary of the team will call the meeting with the approval of the chairman of the team.
3. The discussion agenda will be finalized prior to the meeting by the chairperson in consultation with the member secretary.
4. The minutes of the meetings should be documented properly by the member secretary.
5. Dissemination of meeting decision to all Departmental QA team will be done by the member secretary.
6. Secretarial and financial support will be provided by the office of Director Hospital.
7. The member secretary will be responsible to send the monthly meeting minutes to higher authority including the QA cell of DGHS.
8. The member secretary will serve as a focal person in respect of communication to QA cell, DGHS and other authority for the QA activities.