



# Formation of Quality Improvement Team



# What is a Team?



- Two or more individuals with a high degree of interdependence geared toward the achievement of a goal or the completion of a task.
- Teams make decisions, solve problems, provide support, accomplish missions, and plan their work.





# Why Should We Be a Team?



- When staff use their skills and knowledge together, the result is always stronger than sum of all individual efforts to fulfill its mission.

$$1+1=>2$$



# A Teams succeeds when its members have:



- **A commitment to common objectives**
- **Defined roles and responsibilities**
- **Effective decision systems, communication and work procedures**
- **Good personal relationships**

# What are Characteristics of Effective Teams?



- Members have a clear goal
- The focus is on achieving results
- There is a plan for achieving the goal
- Members have clear roles
- Members are committed to the goal
- Members are competent
- They achieve decisions through consensus



# Effective Team-Building Takes Time

- There must be frequent and prolonged contact
- Team members come together around a specific goal or project
- Effective teams go through four stages of team development





# Every Team Member Can Help!







Enjoy your Game!



Every team can be successful!







# Facility Level Quality Improvement



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## **Recommended sub-committee under DQT**



1. **Disaster Management Committee**
2. **Committee Against Sexual Harassment**
3. **Drug & Therapeutic Committee**
4. **Maternal Death Review Committee**
5. **Child Death Review Committee**
6. **Hospital Infection control Committee**
7. **Medical Audit Committee**
8. **Death Audit Committee**



<b>Recommended Committee</b>	<b>Frequency of Committee</b>	<b>Convenor</b>
District Quality Team	Monthly	Assistant Superintendent
Disaster Management	At least Quarterly	Nominated MO/Casualty MO
Committee against Sexual Harassment	Should activate when any complaint received	Nursing Superintendent
Drug and Therapeutic Committee	At least Quarterly	Chief Pharmacist
Maternal Death Review Committee	Monthly	FNO-Obstetrician
Child Death Review Committee	Monthly	FNO-Paediatrician
Hospital infection control committee	Monthly	Nursing in charge
Medical Audit committee	At least Quarterly	Pathologist
Death Audit Committee	Monthly	Medical Superintendent



## About Presentation:-



- **Convenor will say which group they belong**
- **Who is the chairperson**
- **Introduce your Committee members**
- **Individual member will say about his designation**
- **Say what you discussed**
- **Action require**



# Composition of Quality Team at District Hospital

1. Medical Superintendent-Chair Person
2. I/C Operation Theatre/ Anaesthetic/I/C Surgery
3. I/C Obs and Gynae
4. I/C Lab services (Microbiologist/Pathologist)
5. Nursing Superintendent
6. I/C Ancillary Services/ Ward Master
7. I/C Transport
8. I/C Stores
9. I/C Records
10. Assistant Superintendent-Convenor
  - *Frequency- Monthly*



# Term of Reference( DQT)



- **1. Staff orientation:-**
  - ✦ Orientation about the standards set by the state
  - ✦ Involve all staff including Medical, Paramedical, Support staff, Group C and D staff.
- **2. Ensuring adherence to Quality standards**
  - Through regular internal assessment
  - Corrective action plan for identified gaps
- **3. Regular reporting to District QAC**
  - ✦ Reporting of KPI
  - ✦ Finding of assessment and action plan
  - ✦ Any adverse event like maternal death, infant death, sterilization death/ failure /complications
- **4. Ensure interdepartmental coordination**
  - For effective implementation of QA activities
  - To share finding of internal assessment
  - Ensure corrective action plan done by various departments



# 1. Disaster Management Committee



1. Medical Superintendent- Chairmen
2. Medical officer Casualty- Convener
3. I/C Surgery
4. I/C Orthopedics
5. I/C Anesthesiology
6. I/C Medicine
7. I/C Pediatrics
8. I/C Gynecology
9. I/C from any other clinical department of present
10. Nursing Superintendent
11. I/C Store
12. Account Officer
13. House keeping In-charge/Ward Master

*Frequency:- At least quarterly*





# Role and Responsibility of DMC



- 1.** Facilitate preparation of detailed plans for hospital services in the event of a disaster.
- 2.** The plan should also have detailed information about other medical facilities like x-ray, Blood Banks and Investigation Labs etc. which can be utilized in the time of mass casualty incidents.
- 3.** Review the working of contingency plan, problem faced in recent disaster and amendment/ modification to be adopted in future.
- 4.** Plan for Triage protocol.



5. The Committee will be responsible for overall managing the disaster situation, take administrative decisions as and when required.
6. The aim of a hospital disaster plan is to provide prompt and effective medical care to the maximum possible in order to minimize morbidity and mortality.
7. An efficient ambulance service is an essential part of the Disaster Plan for the transportation of casualties from the scene of disaster to the Hospitals.



## 2. Committees against Sexual Harassment



- 1. Senior Lady Medical officer- Chair person
- 2. Nursing Superintendent- Convenor
- 3. There shall be at least **one person selected from the list of third parties**. A Third party either an NGO or other body who is familiar with the issue of Sexual Harassment or a nominee of the State/District Human Rights Commission or State/District Commission for women familiar with the issue of Sexual Harassment.
- ***More than half of its members should be women.***
  - *Frequency:- should activate when any complaint received.*



# Role and responsibility of SHC



1. The Committee shall proceed to conduct an enquiry into the allegation of Sexual Harassment within a period of two weeks of its receipt of the complaint.
2. Complaints may be entertained by the committee preferably within a short period from the day of the alleged event of sexual harassment.
3. Provisions relating to conducting of inquiry shall govern and prevail the procedures of existing Acts, Rules and governing procedures in dealing with conducting of an inquiry into cases of sexual harassment.
4. After considering the complaint, the committee shall follow the procedure as laid down for conducting of enquiries as per service rules, considered just and appropriate, to meet the ends of the Justice.

### 3. Drug & Therapeutic Committee (DTC)



1. Senior Medical officer- Chair Person
2. Chief Pharmacist- Convenor
3. Surgeon
4. Gynaecologist
5. Medicine specialist
6. Nursing Superintendent
7. Medical record technician
8. Lab Technician

○ *Frequency:- At least quarterly.*



# Role and Responsibility of DTC



1. Providing advice on all aspects of drug management.
2. Developing Antibiotic policy and other policies related to rational use of drugs.
3. Ensure availability of drugs as per state EDL.
4. To develop and implement an efficient and cost-effective formulary system.
5. Developing (or adapting) and implementing standard treatment guideline.
6. To ensure that only efficacious, safe, cost-effective and good quality medicines are Used.
7. To ensure the best possible drug safety through monitoring, evaluating and thereby preventing adverse drug reactions (ADRs) and medication errors.



## 4. Maternal Death Review Committee



1. **Medical Superintendent- chairman**
2. **FNO (Obstetrician from the dept)- Convener**
3. **At least two obstetrician/ MO from Obs Dept.**
4. **One Anesthetist**
5. **One blood bank MO**
6. **Nursing Superintendent**
7. **One physician**

*Frequency:- Monthly*





# Role and Responsibility



1. The FNO fixes the monthly meeting in discussion with the MS of the Hospital.
2. Review all maternal death reported in the last month with the FBMDR format and case summary.
3. Ensure the reception of all formats (facility based reporting format) every month.
4. Ensure corrective measures and steps to be taken to improve the Quality of care at the Hospital.
5. Suggests steps to be taken at the district and State level.
6. Sends minutes of meeting to DNO along with the case summary prepared.



## 5. Child death Review committee



- 1. Medical Superintendent- Chairmen**
- 2. FNO Pediatrician- Convener**
- 3. Pediatrician/ MO posted as Pediatrics**
- 4. One Anesthetist**
- 5. Senior nurse posted in pediatric**

*Frequency:- Monthly*



# Role and Responsibility



- The FNO fixes the monthly meeting in discussion with the MS of the Hospital.
- The main focus of the review is to check the clinical protocols and the line of treatment followed.
- FBCDR formats and case summary will be discussed in the review meeting.
- Suggests corrective measures and steps to be taken to improve the Quality of care at the Hospital.
- Suggests steps to be taken at the district and State level.
- Sends minutes of meeting to DNO along with the case summary prepared.

## 6. Hospital Infection Control Committee



1. Medical Superintendent- Chair Person
2. Nursing Superintendent- Convener
3. Pathologist/ Blood bank in charge
4. In charge of OT
5. Microbiologist or lab technician
6. Assistant Medical Superintendent
7. Chief pharmacist

- *Frequency- Monthly*



# Role and Responsibility



1. To approve the infection control policies in the facility.
2. To implement best infection control practices.
3. To ensure Surveillance and collection of data related to hospital acquired infections
4. To direct resources to address problems identified for effective management of infection control program.
5. To ensure availability of appropriate supplies needed for IC at the facility.
6. To facilitate & to support the training of the staff related to infection control.
7. Ensure report outbreaks of Nosocomial infections in the facility to the district and/or state level as required.
8. Participate in outbreak investigations of Nosocomial infections
9. To submit monthly reports to the district and/ or state level as required.
10. Ensure legal compliances related to infection control practices.



## 7. Medical Audit Committee



1. Medical superintendent- Chair Person
2. Pathologist- Convener
3. Chief pharmacist
4. Clinicians from the speciality
5. Members of the Drugs & therapeutic Committee
6. Members of the Infection Control committee
7. Members of the Medical records department

*Frequency- Quarterly*



# Roles and Responsibility



- **Develop guidelines for medical care and medical records maintenance**
- **Review and evaluate patient records for quality, adequacy of patient care, monitor staff for compliance with policies**
- **Evaluate medical record keeping, quality, content, format, accuracy, pertinence, staff compliance with documentation policies**
- **Evaluate sentinel events related to patient care**
- **Review, evaluate and monitor adverse drug reaction.**





## 8. Death Audit Committee



- Medical Superintendent- Chair Person & Convener
- Medical officer casualty
- Surgeon
- Medicine specialist
- Nursing Superintendent
- MO who had attended the case in the facility should be invited

*Frequency- Monthly*



# Roles and Responsibility



- Review all deaths reported in the last month.
- The main focus of the review is to check the clinical protocols and the line of treatment followed.
- Suggests corrective measures and steps to be taken to improve the Quality of care at the Hospital.
- Suggests steps to be taken at the district and State level.
- Ensure recording of minutes.



# Instruction for Exercise



- Please read the text carefully.(5 Min)
- Identify convenor for each committees.(2 Min)
- Convenor will form a team based upon the available members of the committee provided in text.(10 Min)
- Allocation of topic for presentation.
- Identify any problem based upon the role and responsibility of that committee and discuss between the members of that committee.(10 Min)
- Each group presentation.(5 Min)



**THANK YOU**