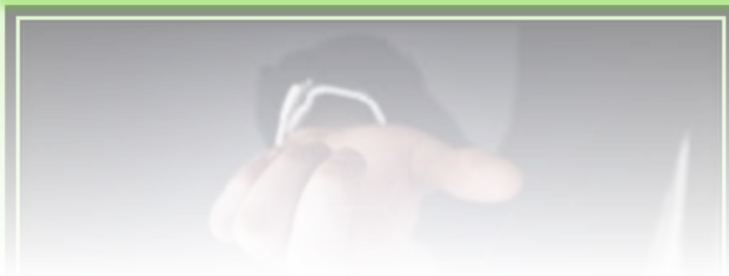


College of Medicine & Dentistry at the Hills, Abbottabad

Quality Assurance (QA) Policy For Teaching Hospitals

FOR THE YEAR 2025-26



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1. Purpose

The purpose of this Quality Assurance (QA) Policy is to establish a comprehensive, systematic, and sustainable framework to ensure the delivery of safe, effective, patient-centered, timely, efficient, and equitable healthcare services. This policy aims to promote continual improvement in clinical care, patient safety, service management, and compliance with national and international regulatory standards.

2. Scope

This policy applies to all hospital staff, including but not limited to:

- Medical and dental faculty
- Nursing staff
- Allied health professionals
- Administrative and support staff
- Contractual and outsourced staff

It covers all departments, clinical and non-clinical services, and teaching units within the hospital.

3. Policy Statement

The hospital is fully committed to maintaining a culture of quality and patient safety through:

- Evidence-based clinical practices
- Continuous quality improvement programs
- Standardized operating procedures (SOPs)
- Proactive risk management
- Transparency and accountability
- Staff competence and training
- Patient-centered care and satisfaction monitoring

4. Quality Objectives

1. Ensure compliance with PM&DC, JCI, ISO 9001, and national healthcare standards.
2. Continuously improve service delivery through monitoring and evaluation.
3. Minimize clinical and operational risks using structured safety protocols.
4. Strengthen staff competency through ongoing training and credentialing.
5. Enhance patient outcomes, safety, and satisfaction.
6. Maintain accurate and complete medical records.
7. Promote a culture of learning, reporting, and non-punitive incident management.

5. Governance Structure

5.1 Quality Assurance Department

A dedicated Quality Assurance (QA) Department shall oversee the implementation of QA activities. The department is responsible for:

- Monitoring key performance indicators (KPIs)
- Conducting audits and surveys
- Coordinating QA committees
- Reporting quality metrics
- Facilitating staff training

5.2 Committees Involved

- Quality & Patient Safety Committee (QPSC)
- Hospital Infection Control Committee (HICC)
- Pharmacy & Therapeutics Committee (P&T)
- Morbidity & Mortality Review Committee (M&M)
- Health & Safety Committee
- Medical Records Review Committee (MRRC)

Each committee shall hold regular meetings with documented minutes and action plans.

6. Quality Assurance Framework

6.1 Standard Operating Procedures (SOPs)

All departments must develop, update, and implement SOPs related to:

- Clinical care
- Nursing care
- Emergency services
- Diagnostic services
- Patient flow & admissions
- Pharmacy management
- Infection control
- Waste management
- Equipment maintenance

6.2 Clinical Audits and Monitoring

Routine and targeted audits shall be conducted to assess:

- Compliance with clinical guidelines
- Operation theatre sterility
- Medication safety
- Hand hygiene compliance
- Medical record completeness

6.3 Patient Safety Measures

- Universal patient identifiers
- Surgical safety checklist implementation
- Medication reconciliation
- Fall risk assessment
- Incident and near-miss reporting
- Root Cause Analysis (RCA) for sentinel events

6.4 Infection Prevention & Control (IPC)

- Surveillance of hospital-acquired infections (HAIs)
- Sterilization and disinfection monitoring
- PPE compliance tracking
- Waste management according to national regulations
- Environmental monitoring (air, water, surfaces)

6.5 Equipment and Facility Management

- Preventive maintenance schedules
- Calibration certificates
- Fire safety measures and drills

- HVAC and water system monitoring
- Radiation safety compliance

7. Human Resource Quality Measures

7.1 Staff Credentialing & Privileging

All medical staff must undergo:

- Background verification
- Credentialing review
- Defined clinical privileges

7.2 Training & Competency Development

Mandatory annual training includes:

- Basic Life Support (BLS)
- Infection control
- Fire safety
- Patient rights & communication
- Code-of-conduct and ethics

8. Patient Experience & Satisfaction

8.1 Feedback Mechanism

- Structured patient satisfaction surveys
- Complaint registers accessible at all key locations
- Digital feedback platform (if applicable)
- Regular analysis and presentation of results

8.2 Complaint Management

- Prompt investigation
- Corrective and preventive actions (CAPA)
- Communication with complainants

9. Risk Management & Continuous Improvement

- Regular risk assessments
- Monitoring of clinical indicators (KPIs)
- Implementation of CAPA based on audit results
- Continuous quality improvement (CQI) cycles
- Review of policies and SOPs annually or as needed

10. Documentation & Record Keeping

The hospital maintains:

- Audit reports
- Training records
- Meeting minutes
- QA dashboards
- Incident logs
- Quality improvement plans

11. Compliance & Review

- Compliance with this policy is mandatory for all staff.
- The QA Department shall conduct periodic compliance reviews.
- This policy will be reviewed annually or when regulatory requirements change.

Section-II

Quality Assurance Mechanisms in a Hospital

1. Quality Management System (QMS) Documentation

- Approved Quality Assurance Policy
- Quality & Patient Safety Manual
- Organogram showing Quality Department or Focal Person
- Annual Quality Improvement Plan (QIP) and KPIs

2. Committees & Meeting Minutes

- HICC (Hospital Infection Control Committee) minutes (monthly)
- QPS (Quality & Patient Safety Committee) minutes
- Morbidity & Mortality Review (M&M) meeting records
- Pharmacy & Therapeutics (P&T) committee
- Safety & Risk Management Committee

3. Standard Operating Procedures (SOPs)

- Department-wise **SOPs** (Nursing, ER, OT, Lab, Radiology, Pharmacy, Waste Management)
- SOPs for:
 - Fall prevention
 - Medication safety
 - Surgical safety checklist
 - Fire safety
 - Infection prevention & control
 - Hand hygiene
 - Patient identification

4. Internal Audits

- Completed **audit reports** on:
 - ✓ Hand hygiene
 - ✓ Operation theatre sterility
 - ✓ Medical record completeness
 - ✓ Nursing care standards
 - ✓ Lab quality control
- Audit tools, scoring sheets, corrective actions, and re-audit results

5. Infection Prevention & Control (IPC) System

- Infection control surveillance reports
- Hospital Hygiene Inspection Checklists

- Biomedical waste management logs
- Sterilization logs of CSSD/Autoclave
- Air & water quality test reports
- Needle-stick injury log and preventive actions

6. Patient Safety Indicators

- Incident/near-miss reporting system
- Sentinel event documentation
- Root Cause Analysis (RCA) reports
- Safety alerts circulated to departments

7. Facility Inspections & Maintenance

- Fire safety drill reports
- Generator/UPS maintenance logs
- Equipment calibration certificates
- OT sterilization validation (Bowie-Dick tests)
- Water-tank chlorination record
- HVAC/air handling unit maintenance logs

8. HR Training & Credentialing

- Staff induction program
- Mandatory training: IPC, BLS, Fire safety, Patient rights
- Competency checklists
- Credentialing & privileging records for consultants

9. Patient Feedback & Complaints System

- Patient satisfaction surveys (monthly/quarterly analysis)
- Complaint register
- Investigation reports
- Corrective and preventive actions (CAPA)

10. Medical Records Quality Control

- MRD audit reports
- Completeness checklist (SOAP notes, medication orders, consent forms)
- Discharge summary review reports

11. External Quality Validation

- Laboratory EQAS/PT certificates
- Radiology quality control reports
- Waste disposal certification from EPA/local authority
- Fire safety compliance certificates
- Accreditation or inspection reports (if any)

Yes, the hospital has a comprehensive quality assurance mechanism in place, as evidenced by policies, committees, audits, training, patient safety systems, and compliance documentation.

Section-III

Quality Department Organogram / Focal Person

Medical Director / CEO

Quality Assurance Manager (QAM)

- Quality Officer (Audit & Compliance)
- Infection Control Nurse (ICN)
- Patient Safety & Risk Management Officer
- Data & KPI Analyst
- Documentation & Record Control Assistant

Departmental Quality Focal Persons (One per department)

- Nursing
- Emergency
- ICU / HDU
- OT / Anaesthesia
- Laboratory
- Radiology
- Pharmacy
- Admin / Housekeeping

Section-IV

Quality Annual Quality Improvement Plan (QIP)

The Annual QIP outlines targeted quality improvement interventions for the upcoming year.

1. QIP Priority Areas

1. Patient Safety Enhancement
2. Infection Prevention & Control Strengthening
3. Improved Clinical Documentation
4. Medication Management Safety
5. Facility Maintenance & Safety Compliance
6. Training and Staff Competency Development
7. Patient Experience and Satisfaction Improvement

2. QIP Structure

QIP Goal	Objective	Activities	Responsibility	Timeline	KPIs
Improve patient safety	Reduce medication errors	Training on medication reconciliation; Monitoring high-alert drugs	Pharmacy, QAM	Quarterly	Medication error rate ↓ 20%
Strengthen IPC	Reduce HAIs	Hand hygiene audits; Sterilization checks	ICN, Dept. Heads	Monthly	HAI rate ↓ 15%
Enhance documentation	Complete medical records	MRD audits; training	MRD, QA	Monthly	MR completeness ≥ 90%
Improve patient experience	Increase satisfaction	Survey analysis; complaint resolution	Patient Relations	Quarterly	Satisfaction ≥ 85%
Improve facility safety	Reduce safety risks	Fire drills; equipment checks	Admin/Engineering	Biannual	Fire drill compliance 100%

3. Key Performance Indicators (KPIs)

3.1 Clinical KPIs

- Hospital-acquired infection (HAI) rate
- Surgical site infection (SSI) rate
- Hand hygiene compliance rate
- Medication error rate
- Fall incidence rate

- OT start-time punctuality

3.2 Operational KPIs

- Patient waiting time (OPD, ER)
- Bed occupancy rate
- Turnaround time for labs and imaging
- Equipment uptime percentage

3.3 Patient Experience KPIs

- Overall patient satisfaction score
- Complaint resolution within 72 hours (%)
- Readmission rate within 30 days

3.4 HR & Training KPIs

- Staff attendance rate
- Percentage of staff trained in IPC/BLS
- Credentialing & privileging completion rate

Approval

Medical Director / CEO: _____

Date of Issue: _____

Next Review Date: _____

Quality & Patient Safety Committee (QPSC)

Date: _____

Time: _____

Venue: _____

Committee Composition

The primary purpose of the QPSC is to provide leadership, oversight, and coordination for the organization's continuous quality improvement and patient safety programs. The committee's mission is to foster a culture of safety, ensure compliance with relevant standards, and drive systematic improvements that reduce harm, improve clinical outcomes, and enhance the patient experience.

- Chair: Medical Director
- QA Manager (Secretary)
- Nursing Head,
- Pharmacy Incharge
- OT Incharge
- Emergency/ICU Representative
- Departmental Quality Focal Persons

Meeting Minutes – QPSC

Agenda Item	Discussion	Decisions/Actions	Responsible Person	Deadline
Review of KPIs	Discussed patient safety KPIs and trends	Continue monitoring; initiate RCA for deviations	QAM	Monthly
Incident Reports	3 medication errors reported	Conduct staff refresher training	Pharmacy + Nursing	2 weeks
Patient complaints	5 complaints received; 4 resolved	Pending complaint to be investigated	Patient Relations	3 days

Approval

Medical Director / CEO: _____

Quality Assurance manager: _____

Date of Issue: _____

Next Review Date: _____

Hospital Infection Control Committee (HICC)

Date: _____

Time: _____

Venue: _____

Committee Composition

- Chair: Medical Director / IC Specialist
- Infection Control Nurse (ICN)
- Microbiologist
- Nursing Supervisor
- OT Incharge
- Housekeeping Supervisor
- Admin Representative

Meeting Minutes – HICC

Agenda Item	Discussion	Actions	Responsible	Timeline
HAI Surveillance	2 SSI cases detected	Conduct OT audit	ICN + OT Team	1 week
Hand Hygiene Audit	Compliance at 68%	Improve signage; training	ICN	Immediate
Waste Management	Sharps disposal issues	Replace bins; train staff	Housekeeping	3 days

Approval

Medical Director / CEO: _____

Quality Assurance manager: _____

Date of Issue: _____

Next Review Date: _____

Pharmacy & Therapeutics Committee (P&T)

Date: _____

Time: _____

Venue: _____

Committee Composition

- Chair: Senior Consultant / Pharmacology Expert
- Pharmacist (Secretary)
- Nursing Head
- Consultants from major specialties

Meeting Minutes – P&T

Agenda Item	Discussion	Action	Responsible	Deadline
Formulary review	New antibiotics proposed	Evaluate and decide	Pharmacist + Consultants	Next meeting
ADR reports	4 ADRs reported	Investigate cases	Pharmacist	1 week
High-alert meds	Errors identified	Apply double-check protocol	Nursing + Pharmacy	Immediate

Approval

Medical Director / CEO: _____

Quality Assurance manager: _____

Date of Issue: _____

Next Review Date: _____

Morbidity & Mortality Review Committee (M&M)

Date: _____

Time: _____

Venue: _____

Committee Composition

- Chair: Medical Director
- Senior Consultants
- QA Manager
- Nursing Supervisor
- Case Presenting Physician

Meeting Minutes – M&M

Case	Discussion Summary	Root Cause Analysis	Corrective Actions	Responsible
Case #1	Post-op complication	Delay in diagnosis	OT checklist reinforcement	Surgical Team
Case #2	Septic shock	Late antibiotic administration	Implement sepsis protocol	ER Incharge

Approval

Medical Director / CEO: _____

Quality Assurance manager: _____

Date of Issue: _____

Next Review Date: _____

Health & Safety Committee

Date: _____

Time: _____

Venue: _____

Subject: Constitute the Committee of Health & Safety

- Chair: Administrator, Dr Ehstham
- Safety Officer Major Sajjad Shah
- Fire Safety Incharge, N/Sub Sajid Amroiz
- Nursing Representative,
- Housekeeping Supervisor,

Meeting Minutes – Health & Safety Committee

Agenda	Discussion	Action	Responsible	Timeline
Fire drill	Drill overdue	Conduct full drill	Safety Officer	5 days
Equipment safety	Faulty suction machine	Repair/replace	Engineering	2 days
Hazard reporting	Wet floor incidents	Install caution boards	Housekeeping	Immediate

Approval

Medical Director / CEO: _____

Quality Assurance manager: _____

Date of Issue: _____

Next Review Date: _____

Medical Records Review Committee (MRRC)

Date: _____

Time: _____

Venue: _____

Subject: Constitute the Committee of Medical Records Review Committee

- Chair: Medical Director
- Medical Records Officer
- QA Manager
- Nursing Representative
- Departmental Focal Persons

Meeting Minutes – MRRC

Agenda	Findings	Actions	Responsible	Deadline
MR completeness audit	84% completeness	Target 90% next month	MRD + QA	30 days
Consent forms	Missing signatures in 3 cases	Re-train staff	Nursing	Immediate
Coding & indexing	Delays reported	Implement digital tracking	MRD	2 weeks

Approval

Medical Director / CEO: _____

Quality Assurance manager: _____

Date of Issue: _____

Next Review Date: _____