

COMMITTEES

Blood Transfusion Committee

A. Members

- Dr. C. N. Manjunath, Chairperson (Director)
- *Dr. A. M. Jagadeesh, Medical Superintendant, HOD – Anesthesia*
- *Dr. T. S. Bhoopal, HOD – liaison officer*
- Dr. Giridhar Kamalapurkar, HOD – CVTS
- Dr. Uma Devi K, Blood Bank Officer
- Dr. Seetharam Bhat, CTVS II Unit Head
- Dr. Kumsi Sreedhar, CTVS III Unit Head
- Dr. Venugopal Ram Rao, CTVS IV Unit Head
- Dr. Prasanna Simha, CTVS V Unit Head
- Dr. Ashok Kumar, CTVS VI Unit Head
- Dr. Girish, CTVS VII Unit Head
- Dr. Satish Govindaiah, CTVS VIII Unit Head
- Dr. Mithravinda, HOD – Pathology
- Dr. S. R. Kalpana, Professor – Pathology
- Dr. Naveena, Professor – Microbiology
- *Sis. Savithri Jayapal, I/C Nursing superintendent*
- *Sis. Gladys Swarnalatha, Sister I/C OT*
- *Sis. Geetha Mani, Sister I/C Post Operative Ward*

B. Roles and Responsibilities

- To review the appropriateness of ordering policies of the blood / Red cells / Components.
- To review handling and administration of blood and its components.
- To review medical record randomly selected from the list of transfused patients.
- To review summary report of usage statistics such as –
 - i. Total no. of units of blood / component ordered or cross matched
 - ii. Total no. of units of blood / components transfusion given.
 - iii. Cross-match : Transfusion ratio
It is calculated by dividing cross matched units by the number of units transfused.
If it is more it indicates that too much units are requested to 'on hold'.
 - iv. No. of waste and out dated units:
High no. indicates (a) Inadequate management of blood transfusion services (b) over ordering of blood / components practice of clinicians.
 - v. No. of autologous transfusions given

- vi. Review of transfusion reactions (where corrective measures are necessary)
- vii. To promote continuous medical education in transfusion medicine for hospital staff.
- viii. To prepare maximum surgical blood order schedule (MSBOS) for surgical procedures

CPR Committee

A. Members

- *Dr. Nagaraja P.S - Assistant Professor / Lect. In Anaesthesia.*
- *Dr. Prasad S.R - Assistant Professor / Lect. In Anaesthesia.*
- *Dr. Ravi Math, Associated professor of cardiology*
- *Smt. Pushpalatha – Technician*
- *Smt. Radha, Sr. Staff Nurse*

B. Key responsibilities of CPR committee

- Defining the role and composition of the resuscitation team
- Ensuring resuscitation equipment for clinical use is available
- Ensuring appropriate resuscitation drugs (including those for peri-arrest situations) are available
- Planning adequate provision of training in resuscitation
- Determining requirements for and choice of resuscitation training equipment
- All policies relating to resuscitation and anaphylaxis
- Audit of resuscitation outcomes.
- Recording and reporting critical incidents in relation to resuscitation

C. Points to be checked (but not limited to) by CPR Committee during post CPR Event Analysis

- The availability and use of equipment (variable frequency)
- The availability of cardiopulmonary arrest and peri-arrest drugs
- Cardiopulmonary arrest outcomes (each event)
- Critical incidents leading to cardiopulmonary arrest or occurring during the resuscitation attempt (each event)

Disaster Management Committee

A. Members

- *Dr. C. N. Manjunath, Director*
- *Dr. A. M. Jagadeesh, Medical Superintendent & HOD – Anesthesia*
- *Dr. T. S. Bhoopal, HOD – Radiology, Liaison officer*
- *Dr. Dr. Giridhar Kamalapurkar, HOD – CTVS*
- *Dr. J. Mithravinda, HOD – Pathology & Academic superintendent*

- Mrs. Savithri.J, I/C Nursing Superintendent
- Mr. chikkathiamaya, Chief Administrative Officer
- Mr. Ramakrishna, Project Engineer

B. Roles & Responsibilities

- To establish and review the Disaster Management Plan of the Institution,
- To ensure adequate training of the staff on Disaster Management Plan,
- To ensure availability of adequate resources for Disaster Management,
- To test the documented disaster management plan (mock drills) and take appropriate corrective / preventive action

Ethics Committee

A. Members

- Dr. V. Govindaraju, Professor of Biochemistry (Basic Medical Scientist), Meenakshi Medical College, Chennai.
- Dr. C.N Manjunath, Director, Professor & HOD of Cardiology SJICS & R, Bangalore
- Dr. K.S. Ravindranath, Professor – Cardiology, SJICS & R, Bangalore.
- Dr. J. Mitravinda, Professor & HOD of Pathology, SJICS & R, Bangalore
- Dr. B. Ashalatha, Associate Prof. of Cardiology, SJICS & R, Bangalore
- Sri. D .L. Jagadeesh, Senior Advocate, Bangalore
- Sri Ramesh. Social worker & Lay person, Bangalore.
- Dr. T.S. Bhoopal, Member – Secretary, Professor ,laison officer

B. Roles & Responsibilities

To ensure that the research protocols carried out in this hospital

- Are sound in design, have statistical validity and are conducted accordingly to the parameter of schedule Y, ICMR and ICH/GCP guidelines.
- Do not compromise safety and well being of patients.
- Are conducted under the supervision of medical person with the required expertise.
- Include solely, patient who have given voluntary and written informed consent prior to participation.
- Will review research project as and when deemed necessary and will maintain a list of projects submitted, approved /disapproved and their outcomes.

Infection Control Committee

A. Members

- Dr. C. N. Manjunath, Chairperson
- Dr. Naveena, Infection Control Officer

- Dr. A. M. Jagadeesh, medical superintendent Prof & HOD Anaesthesiology, NABH Coordinator
- Dr. Giridhar Kamalapurkar .Prof.& HOD of C T Surgery
- Dr. Sitaram Bhat, Prof. C T surgery
- Dr. Venugopal, Prof. C T surgery
- Dr. J. Mithravinda, HOD pathology
- Smt. Sumithra, Infection Control Nurse
- Smt. Triveni, Infection Control Nurse
- Smt. Sharavathy, Infection Control Nurse

B. Roles & Responsibilities

The Infection Control Committee should carry out the following responsibilities to prevent and minimize the potential nosocomial infections to patients & staffs.

- To develop and implement the infection control policies and procedures in the institute.
- To develop surveillance system for nosocomial infections.
- To develop a mechanism to supervise infection control measures in all phases of activities in the institute.
- In case of any outbreak of HAI, Infection Control Committee (ICC) shall identify the root cause(s) and take appropriate Corrective and Preventive action
- To provide inputs to the NABH Core Committee meeting (whenever required) regarding Infection Control aspects.
- To analyze, interpret and disseminate data arising out of surveillance and to recommend remedial measures and to ensure follow up action.
- To ensure the conduct of sterilization and disinfection practices and to ensure the central sterile supply services, housekeeping, laundry, engineering maintenance, food sanitation and waste management are in conformity with the infection control policies of the institution. The necessary procedures to be evaluated and revised periodically.
- To guide the scope and content of the Employee health program.
- To support in orientation and continual education of all new and old employees as to the importance of infection control policies and procedures.
- To act upon recommendations related to infection control, received from the administrative departments, services and other committees of the Institute.

NABH Core Committee

A. Members

- Dr. C. N. Manjunath, Chairperson (Director)
- Dr. Jagadeesh, Academic Superintendent & HOD – Anesthesia, NABH Coordinator
- Dr. Bhoopal, Medical Superintendent,
- *Mr. chikkathimaiya, CAO*
- Dr. T. Venugopal Reddy, Financial Advisor
- Dr. Mithravinda, HOD pathology
- *Mrs. Savithri Jayapal, Incharge Nursing Superintendent*
- Mr. Rama Krishna Project Engineer

B. Roles & Responsibilities

- To ensure compliance to the Institution's Mission, Vision and Values and take necessary steps to achieve the same.
- To ensure necessary resource availability to implement and monitor NABH standards.
- To identify the gaps w. r. t NABH standards and take necessary action for compliance to the NABH requirements.
- To establish Policies and Procedures related to Clinical and Non Clinical activities and implement the same.
- To establish Quality Improvement Program for the Institute and prepare the action plan for implementation.
- To ensure compliance with the laid down and applicable legislations and regulations.
- To ensure that the Patients as well as Employees grievances have been taken care and protect Patients as well as Employees' Rights.

Pharmaco – therapeutic Committee

A. Members

- Dr. K.H. Srinivas, Prof. – Cardiology – Chairperson.
- Dr. Giridhar Kamalapurkar, Prof. & HOD - CTVS.
- *Dr. Ashok Kumar, Prof. CTVS*
- Dr. Dattatreya, Asso. Prof. - Cardiology.
- Dr. Naveena, Microbiologist.
- Dr. Sathish, Anasthetist.
- Mr. Kannan, Chief Pharmacist
- *Mrs. Savithri J, I/C Nursing superintendent*
- Mrs. Sharavathi, Senior Staff Nurse

B. Roles & Responsibilities

- To formulate and implement the policies and procedures relating to pharmacy services and medication usage.
- To formulate & implement the hospital formulary and update the same at regular interval.
- To oversee the effective and efficient operation of the formulary system.
- To communicate the defined policies and procedures among the Doctors, Nurses, & Pharmacist and other staff.
- To define and establish a frame work for reporting of Adverse Drug Events.
- To analyze the Adverse Drug Events and modify the policies to reduce Adverse Drug Events when unacceptable trends occur.
- To design and implement methods for ensuring the safe prescribing, distribution, administration, and monitoring of medications.
- To ensure that the pharmacy services are complied with the applicable laws and regulations.
- To formulate Antibiotic policy and implement the same.
- To evaluate the rate of antibiotic used in this Institution and to suggest suitable solutions for improving the present status.
- To document the policies and procedures to guide the usage of Narcotic drugs and psychotropic substances in the institution.
- To define policies and procedures including safe storage, preparation, handling, distribution and disposal of radioactive drugs.
- To participate in Quality improvement Activities and monitor various Quality Indicators for further improvement.
- To report to top management / Core committee as and when necessary.

Radiation Safety Committee

A. Members

- *Dr. T. S. Bhoopal, Prof. & HOD – Radiology & R.S.O*
- *Dr. K. G. Kallur, Prof. & HOD – Nuclear Medicine*
- *Mr. N. Purantharan, RSO*
- *Mr. Mohan H. Naik – Tutor in cardiac tech*
- *Mr. Natesha – Radiographer*

B. Roles & Responsibilities

- To ensure that all individuals who work with or in the vicinity of radioactive materials have sufficient training and experience to perform their duties safely and in accordance with AERB and established guidelines.

- To ensure that usage of radioactive material is conducted in a safe manner and in accordance with AERB Guidelines
- To be familiar and comply with the applicable laws and regulations w. r. t radiation activities.
- To ensure that the staff work with or in the vicinity of radioactive materials are trained adequately on radiation safety aspects.
- To ensure appropriate management of equipment and manpower for the radiation activity performed in the institute.
- To be responsible for monitoring the institution's program to maintain individual and collective doses as low as reasonably achievable.
- To review quarterly the occupational radiation exposure records of all personnel, giving attention to individuals or groups of workers whose occupational exposure appears excessive and take adequate action.
- To recommend remedial action to correct any deficiencies identified in the radiation safety program; working with radioactive material, and all incidents involving radioactive material with respect to the cause and the corrective actions taken;
- To ensure that the Radioactive Material licenses are amended if required prior to any changes in facilities, equipment, policies, procedures, and personnel.

Safety Committee

A. Members

- Dr. T. R. Raghu, Chairperson (Prof. - Cardiology)
- *Dr. J. Mithravinda, HOD – Pathology & Academic superintendent*
- Mrs. S.Lakshmi Devi , Assistant Administrative Officer
- Mr. Madhukeshwar, Assistant Engineer – Civil
- Mr. Prakash, Assistant Engineer – Electrical
- Mr. Gururaj, Assistant Engineer – Civil.
- *Mrs. Ponnamma, N/S Grade II*

B. Roles & Responsibilities

- To identify the potential safety and security risks to patients, staff, patients and visitors in all phases of activities (including the areas of WHO Patient Safety Solutions).
- To conduct facility inspection rounds to ensure safety (minimum twice a year) in patient care area and minimum once in a year in non patient care area
- To conduct an exercise of Hazard Identification and Risk Analysis (HIRA) associated with (but not limited to) the following:

- a. Sharp bends in passages
- b. Protruding or dangling element in passage way
- c. Sudden swing or swing doors
- d. Ramps
- e. Hazardous materials management (e.g. ETO gas leakage, spillage of blood samples, spillage of acids, etc.)
- f. Patient Transport (Internal & External)

- g. Variation of floor heights which may cause fall / injury
- h. Electrical hazards in work places (e. g. working with autoclaves, electrical cautery machine, etc)
- To identify root cause(s), to take appropriate corrective / preventive action for the gaps identified through facility inspection rounds
- To study process failure, Sentinel events and Near misses take appropriate actions.
- To coordinate for development, implementation and monitoring of the safety plan, policies and procedures.
- To analyze, interpret and disseminate data arising out of Internal Quality Audit / Inspection Rounds and to recommend remedial measures and to ensure follow up action.
- To monitor Patient Safety Device Management including identification, procurement, installation, utilization, updation and maintenance.
(Example of Patient Safety Devices – grab bars, bed rails, sign posting, safety belts in stretchers and wheel chairs, alarms both visual and auditory where applicable, warning sign like radiation or biohazard, call bells, fire safety devices, etc.)
- To ensure staff are educated on safety through training program and such training program are effective.
- To submit recommendation to Director, if any.

Anti Sexual Harassment Committee

A. Members

- Dr. Prabhavathi, Chairperson – Anti Sexual Harassment Committee (Professor – Cardiology)
- Mrs. Pushpa, Sr. Staff Nurse
- Mrs. C. Dhanalakshmi, Tutor in Echo Technology
- Mrs. Laxmi devi, AAO – Administration,
- Mrs. Padmakshi, Group D staff
- Mrs. Siddamma, Group D staff

B. Roles & Responsibilities

- Prevent discrimination and sexual harassment in the institution;
- Deal with cases of discrimination and sexual harassment against women, in a time bound manner, aiming at ensuring support services to the victimized and termination of the harassment;
- Recommend appropriate punitive action against the guilty party to the Director.


Dr. C.N. MANJUNATH, M.D., D.M.
Professor & HOD of Cardiology
Director
Sri Jayadeva Institute of Cardiovascular
Sciences and Research
(Govt. Of Karnataka Regd. Autonomous Institute)
9th Block, Jayanagar, B.G. Road, Bangalore - 69