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Terms of Reference (TOR) Document: Guidelines for Committees

A. INFECTION PREVENTION & CONTROL COMMITTEE (IPCC)

Terms of Reference of IPCC

The IPCC will supervise the implementation of the hospital infection control programme. Specifically, the Committee shall undertake the following:

- To develop a system of identifying, reporting, investigating and tracking hospital acquired Infection.
- To formulate policies and guidelines to control hospital acquired Infection.
- To educate the healthcare workers of the hospital on the Infection Control policies and procedures.
- To ensure optimum disinfection and sterilization and oversee the segregation and proper disposal of biomedical waste.
- To carry out continued surveillance of hospital infection with reference to hand hygiene, surgical site infections, ventilator associated pneumonia and device-related infections.
- To monitor the rational usage of antibiotics.
- To monitor the trends of hospital infection and therefore detect any impending outbreak early.
- To ensure adequate pre and post exposure prophylaxis for staff

Frequency of Meeting

- Once a month and when required.

Quorum

- Minimum of 51% of members, excluding chairperson, convener, invited / passive representative, are required to compose a quorum. The Chairperson and the Convener shall be mandatory members for the conduct of the committee meeting.

Infection Prevention and Control Committee Members

- Infection Control Committee Chairman: Director/Assistant Director
- Infection control officer (ICO): Physician with adequate experience in Infection Control activities
- Quality Coordinator
- Infection Control Nurse (ICN)
- Medical Superintendent
- Nursing Head
- Physician/ General Surgeon/Pediatrician/Other clinicians
- Housekeeping In-charge
- Pathologist
- C.S.S. D -in-charge
- Any other co-opted member, as required.

B. QUALITY IMPROVEMENT AND PATIENT SAFETY COMMITTEE

Terms of Reference of QIPSC

The QIPSC shall oversee the development, implementation and monitoring of the organisation-wide Quality Improvement and Patient Safety Programme. Specifically, the Committee shall undertake the following:

- To develop, implement, document and maintain a structured Quality Improvement and Patient Safety Programme integrated across the organisation, incorporating all applicable standards and objective elements.
- To receive and review significant inputs and deliberations from other committees of the organisation.
- To coordinate the development, implementation and monitoring of patient safety plans, policies and risk management frameworks.
- To ensure identification, reporting, analysis and monitoring of patient safety incidents, including near misses, adverse events and sentinel events.
- To identify opportunities for improvement based on facility inspection rounds, patient safety incidents, risk assessments and analysis of key safety indicators at predefined intervals.
- To ensure adoption and implementation of the National Patient Safety Framework, NABH Patient Safety Goals, WHO Patient Safety Solutions and International Patient Safety Goals.
- To establish and monitor a structured process for evaluation and improvement of nursing care through audits, competency assessments and defined nursing quality indicators.
- To ensure monitoring of Government-mandated and NABH-mandated indicators.

- To promote and review clinical audits (retrospective/prospective) involving doctors and nursing staff as a quality improvement tool.
- To ensure allocation of adequate budget and resources for infection control and quality improvement activities.
- To oversee compliance with NABH Entry-Level Standards.
- To ensure preparation and periodic updation of all relevant manuals including quality improvement and patient safety manual.
- To analyse the effectiveness of drills conducted and recommend corrective actions, as required.

Frequency of Meeting

- Once a month and when required.

Quorum

- Minimum of 51% of members, excluding chairperson, convener, invited / passive representative, are required to compose a quorum. The Chairperson and the Convener shall be mandatory members for the conduct of the committee meeting.

Quality Improvement and Patient Safety Committee Member

- Chairperson: Senior Management Representative/Medical Superintendent/ Director
- Designated Quality Head/Quality Manager
- Infection Control Officer
- Nursing Head
- Clinician Representatives (Medicine/Surgery/ICU)
- Pharmacy Representative
- Safety Officer
- Radiation Safety Officer
- Laboratory Safety Officer
- Biomedical Engineering & Engineering Representative
- HR Representative
- Any other co-opted member, as required.

C. PHARMACY & THERAPEUTIC COMMITTEE (PTC)

Terms of Reference of PTC

The PTC shall oversee safe, rational and cost-effective use of medications in the hospital. Specifically, the Committee shall undertake the following:

- To develop and periodically review the hospital formulary.
- To establish policies for procurement, storage, dispensing and administration of medications.
- To monitor rational use of antibiotics and promote antimicrobial stewardship.
- To review adverse drug reactions (ADRs), medication errors, near-miss events or any other patient safety events related to medication.
- To evaluate requests for inclusion/exclusion of drugs in the formulary.
- To ensure compliance with statutory and regulatory requirements related to pharmacy services.
- To promote medication safety initiatives and staff training.

Frequency of Meeting

- Once in three months and when required.

Quorum

- Minimum of 51% of members, excluding chairperson, convener, invited / passive representative, are required to compose a quorum. The Chairperson and the Convener shall be mandatory members for the conduct of the committee meeting.

Pharmacy and Therapeutics Committee Member

- Chairman: Medical Superintendent/Designated Senior Clinician
- Pharmacist In-charge
- Physician Representative
- Surgeon Representative
- Nursing Head
- Safety Officer
- Quality Coordinator
- Microbiologist (if available)
- Hospital Administrator
- Any other co-opted member, as required.

D. BLOOD TRANSFUSION COMMITTEE (BTC)

Terms of Reference of PTC

The Blood transfusion committee shall ensure safe and appropriate use of blood and blood components. Specifically, the Committee shall undertake the following:

- To monitor the safety, adequacy and reliability of the supply of blood, blood products, intravenous replacement of fluids and drugs essential for safe transfusion practices.
- To review transfusion reactions and adverse events.
- To monitor and promote rational use of blood and minimize wastage.
- To ensure proper storage, handling and traceability of blood and components.
- To promote safety of healthcare personnels handling blood and blood products.
- To conduct periodic audits of transfusion practices.
- To ensure adherence to national and international guidelines and statutory norms related to blood transfusion practices, and to ensure timely adoption and implementation of any revisions thereto.

Frequency of Meeting

- Once in three months and when required.

Quorum

- Minimum of 51% of members, excluding chairperson, convener, invited / passive representative, are required to compose a quorum. The Chairperson and the Convener shall be mandatory members for the conduct of the committee meeting.

Blood Transfusion Committee Member

- Chairman: Senior Clinician
- Pathologist/Blood Bank Officer
- Medical Superintendent
- Nursing Head
- Quality Coordinator
- OT In-charge
- ICU Representative
- Any other co-opted member, as required.

E. MEDICAL RECORD COMMITTEE

The MRC shall ensure completeness, accuracy, confidentiality and timely retrieval of medical records. Specifically, the Committee shall undertake the following:

- To establish policies for documentation, retention and confidentiality of medical records.
- To ensure compliance with statutory requirements for record retention.
- To promote digitization and secure data management practices.
- To conduct periodic audits of medical records in accordance with statutory guidelines/ laws/ NABH Standards/ and other applicable requirement.
- To monitor completeness and legibility of patient records.
- To review medico-legal cases documentation.

The committee reviews the gaps identified in the medical records, ensures that the information is delivered to the concerned person, adequate steps are taken for corrective and preventive actions to address such gaps and reduce future occurrences.

Committee ensures that reports/ data are submitted in a timely manner to the concerned authorities and leadership .

Disclaimer

The content of the E-mitra is intended to serve as a sample and guide for better understanding the NABH Entry Level Standards. It is not prescribed by NABH as the exclusive or only way to meet the standards. Healthcare organizations are encouraged to adapt and modify the materials according to their own scope of services and operational needs. NABH is not liable for any misinterpretations or errors resulting from the unmodified use of this material, or for any non-compliance during assessments that may arise because of such actions.

