MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)
Grade 'A' Accredited by NAAC

Standard Operating Procedures Manual

Of

Department of IT

Version: 1

Version Date: 01/07/2018

	Date	Authorized by	Signature	Issued/ Reviewed by	Signature
Issue Number 2		**Registrar**	Dr. Rajesh B. Goel Registrar MGM INSTITUTE OF HELATH SCIENCES (DEEMED UNIVERSITY u/s 3 of UGC Act,1956 NAVI MUMBAI- 410 209	**Mr. Rajesh Makhijani**	
Review 1					
Review 2					
Review 3					

MGM INSTITUTE OF HEALTH SCIENCES

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Mission and Vision Statement	Page No: 01 of 01

VISION

MGM Institute of Health Sciences aims to be a top ranking centre of Excellence in Health Science Education, Health Care and Health Research.

MISSION

Students graduating from the Institute will have the required skills to deliver the quality health care to all the sections of the society with compassion and benevolence, without prejudice or discrimination at an affordable cost. Students graduating from the Institute will have the required skills to deliver the quality health care to all the sections of the society with compassion and benevolence, without prejudice or discrimination at an affordable cost.

As a Research Centre, it shall focus on finding better, safer and affordable ways of diagnosing, treating and preventing diseases. In doing so, it will maintain highest ethical standards

To wipe every tear from every eye

Mahatma Gandhi

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Distribution List	Page No: 01 of 01

Copy Reference	Approved Copy Holder
Master Copy	Head of Department
Copy 01 (Read Only)	Dr. Rajesh B. Goel Registrar MGM INSTITUTE OF HELATH SCIENCES (DEEMED UNIVERSITY u/s 3 of UGC Act,1956) NAVI MUMBAI- 410 209

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Scope of Services	Page No: 01 of 01

Subject	Title
Statement of Scope	Computer Hardware/software & Networking Maintenance Software: Management of HMIS ▪ OPD and Indoor ▪ Laboratory ▪ Pharmacy ▪ Endoscopy ▪ Sonography ▪ X-ray ▪ Financial Accounting ▪ Payroll (Tally)
Inclusions	✓ Assembling & ordering new PCs ✓ PC Maintenance ✓ Network Maintenance ✓ Attending Problems faced in Software Module ✓ Testing & Implementation of New features ✓ Training Operators to use new features of the Module ✓ Updating / Adding tariff rates / Packages ✓ Attending to Internet complaints ✓ Attending to the requirement of the new module/software. ✓ Maintaining Google Calendar.
Exclusions	Software Program

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Outsourcing	Hardware: Printers, Computers

Organogram	**Page No: 01 of 01**

Organogram Chart

Medical Director

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Vice Chancellor

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Registrar

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IT Manager

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Network Administrator & Communication Officer	System Administrator	Hardware/ Software Technician	Computer Operators

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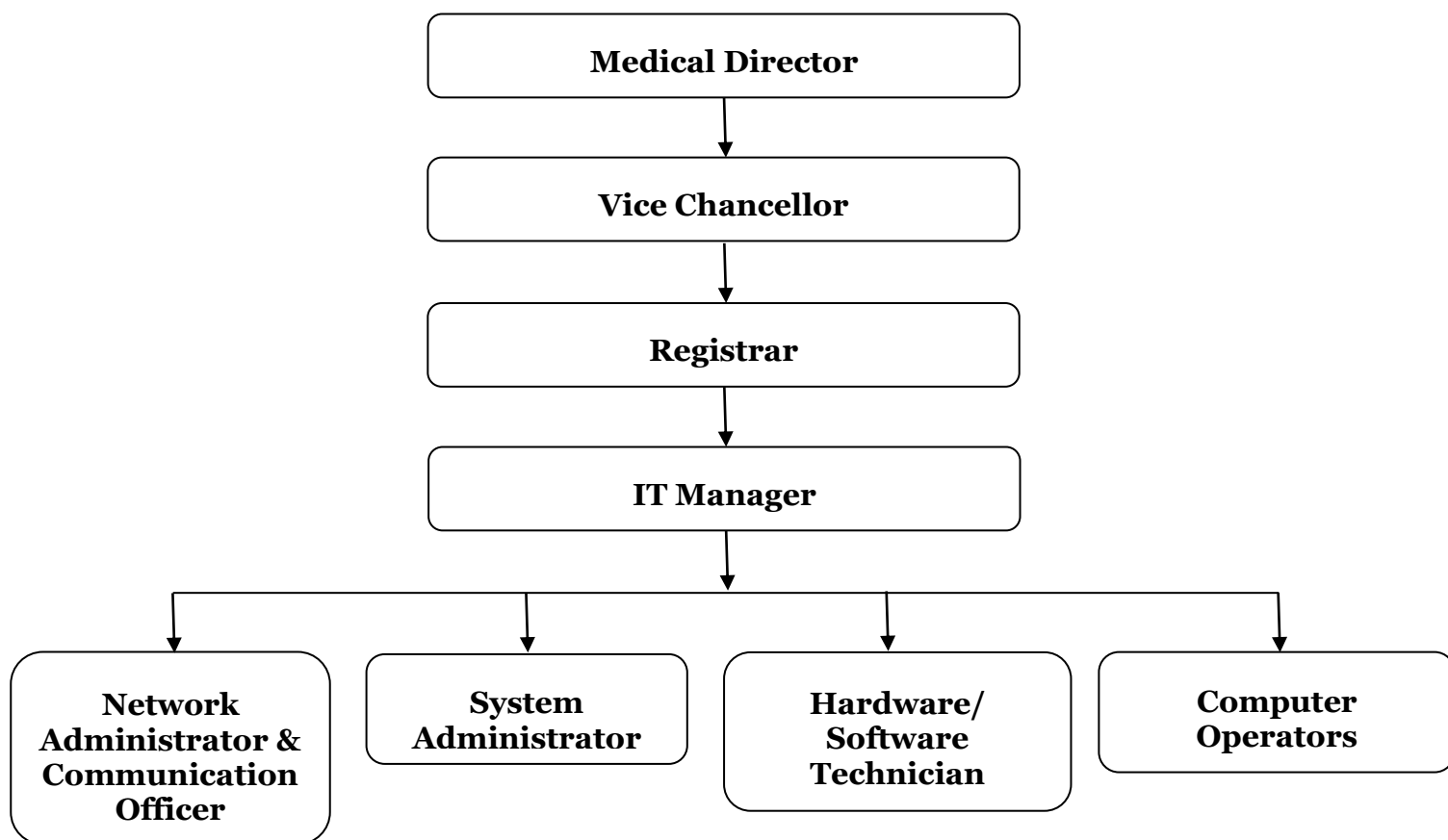**Grade 'A' Accredited by NAAC**

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Procedures	Page No: 01 of 01

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Procedure - 1

Name: Attending Hardware/Software- IT Support Request

Purpose: Attending calls from user department

Responsibility: System Administrator/Hardware Network Engineer

Authority: IT Manager (Head of Department)

Method:

1. All the telephonic calls regarding complaints/faults are attended first hand and the details are taken in order to identify the problem.

2. After identification of the problem, that whether it is a hardware Problem or Software Problem, they are handled by Network Engineer/Hardware Technician or Software In-charge respectively.

3. As far as possible, problems are tried to be fixed through conversation on call or via a remote PC (from IT Department). In case it's not been fixed remotely then that problem is handled by the Engineer physically.

4. Before opening a CPU, the IT staff should look around the CPU to check if there is any damage/mishandling. If observed, he/she should raise it with HOD and Administrator. Till further investigation is done, the CPU should be covered and left untouched.

5. If IT staff is unable to resolve the issue, a call is logged with respective vendor/Engineer.

6. If any Hardware is needed to be replaced, IT staff informs the user to send the Desktop/Printer to IT for a spare one. In absence of spare Hardware, IT asks the department to fill in the requirement form for getting a new one to the Central Purchase Department.

7. In case the defective hardware is treated as condemned and approval is sought from Registrar, Vice Chancellor, Medical

Director before it is sent out from MGM Institute of Health Sciences.

8. Apart from Hardware and Software issues, IT Department also provides:

    a) IT support to Administrative staff for events.

    b) Data Extraction for MIS reporting

    c) Liaising with vendor for purchase of new software/ hardware along with purchase department.

    d) Annual Maintenance follow ups.

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Procedure -2

Name: Disk Backup

Purpose: Disk Back Up

Responsibility: System Admin/ Hardware Network Engineer

Authority: IT Manager/Administrator/Medical Superintendent

Method:

Disk Backup

1. Daily 2 disk backups are taken on hard disk automatically; the back-ups are kept for 30 days.

2. External Hard Disk backup is taken in the morning and evening every day and deposited in a locker MGM Hospital, Belapur.

3. Manual and Automatic process is used to take back up on External Hard Disk.

4. The system data is kept from the year 2008 onwards and the OPD patient's data is available from January, 2008 onwards.

5. The records are maintained in the system for data from year 2008 till date.

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Procedure -3

Name: **Data of Patient's from Registration to Discharge**

Responsibility: System Admin/Hardware Network Engineer

Authority: IT Manager/Administrator/Medical Superintendent

Method:

Data of Patient's from Registration to Discharge

1. The data of patient's from registration to discharge are stored in database.

2. Data of OPD patients from 2008 onwards

3. Indoor patients from 2008 onwards till today.

4. Data of financial accounting data stores and purchase data, payroll data for the last five years is available in Tally ERP system.

Forms / Records: 2008 onwards data is saved in electronic format.

Procedure 4

Name: Generation of Utilization reports- MIS Report

Purpose: Statistics of the Hospital Management System (HMS)

Responsibility: System Admin/Hardware Network Engineer

Authority: IT Manager/Administrator/Medical Superintendent

Method:

1. Report or statistics of the Hospital Out-Patient Department (OPD) and In-Patient Department (IPD) is taken from the Hospital Management System (HMS) digitally and a hard copy is given to the administration, at the end of the year or as when required.

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Procedure 5

Name: Maintenance Services- Annual Maintenance Contract (AMC)

Purpose: To keep informed and updated as it needs software and hardware

Responsibility: System Admin/Hardware Network Engineer

Authority: IT Manager/Administrator/Medical Superintendent

Method:

1. Evaluation of past year's Maintenance Plan and the company's performance is carried out; the proposed plan is taken into consideration before giving contract.

2. Company's executives and Hospital executives take decision of renewal of maintenance plan for coming year.

Quality Controls: IT Manager keeps a check that Maintenance services are taken care and are renewed on time.

Procedure 6

Name: New user ID creation Request

Purpose: To keep control on users from the misuse of the system

Responsibility: Hardware/Networking/Software Support

Authority: IT Manager/Administrator/Medical Superintendent

Method:

1. HR department intimates the IT Department about the new recruitment to the department.

2. IT department provides training to the new person for a few days in the appointed department.

3. When they are learned or ready to use the system independently, their User ID and Password are created.

Forms/ Records: User ID is kept till the employee is with the organization.

Quality Controls: IT Manager checks that the User Id is given on time and is used properly.

Procedure 7

Name: New Hardware/Software Acquisition or Purchase of new computer/software

Purpose: To replace the old Hardware and Software or to replace or purchase new computer or software.

Responsibility: System Admin/ Hardware Network Engineer

Authority: IT Manager/Administrator/Medical Superintendent

Method:

1. In need of new hardware/software, a requisition is given to the Central Purchase Department.

2. Central Purchase department takes decision of purchase with the consultation of the IT Department and purchase order is given to respective companies.

3. Department receives the new hardware/software as required.

Quality Controls: IT Manager checks that the new system/product is fault/error free.

Procedure 8

Name: Installation of Network Components

Purpose: To have a sound Software System

Responsibility: System Admin/ Hardware Network Engineer

Authority: IT Manager/ Administrator/ Medical Superintendent

Method:

1. Companies give demonstration of their program components.

2. If we are satisfied then we ask the software company to install the program in our server.

3. When we are satisfied with the system we buy the program and we install it.

4. Company provides training to the end users.

Quality Controls: IT Manager checks the new system and make sure it is correct and error free.

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Procedure 9

Name:	Software application training to the end user
Purpose:	Employees/ end users should get enough training before they really start to work on system.
Responsibility:	Hardware/ Networking/ Software Support
Authority:	IT In-charge/Administrator/Medical Superintendent

Method:

1. Training is provided when any new software/ system is introduced in hospital or on appointment of new employee in Hospital.

2. On introduction of new software or system training is provided by the company and new employee is made to work with senior staff at least for one week as a trainee to make sure that they have received knowledge to use the system.

Quality Controls: Head of Department sees that all the end users have correct rights to use the system.

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1.					
2.					
3.					
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5.					
6.					

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Dr. Rajesh B. Goel
Registrar
MGM INSTITUTE OF HELATH SCIENCES
(DEEMED UNIVERSITY u/s 3 of UGC Act,1956)
NAVI MUMBAI- 410 209

MGM Medical College & Hospital
MGM Central Medical Library

Standard Operating Procedures (SOP)

INDEX

1. LIBRARY COMMITTEE

The status of health literature, library and information services cannot be improved unless and until the Library Committee executes its governance. The Library Committee is empowered to make/frame/amend rules and regulations of the library. A committee is a forum comprising of knowledgeable persons who may be assigned particular tasks with matching powers. Generally, such committee are given advisory functions with supervisory powers. It studies the library needs in view of the instructional, research and service programs of the institute and advises the Dean on matters of policy, development of library resources which may also include integration of the library program with other instructional, research and service activities. The Committee liaises with the faculty, staff and students, and the librarian.

The Library Committee is empowered to formulate general library policies and regulations for efficient use of library resources, preparation of budget proposals for the development of library infrastructure, acquisition of books/journals including in electronic formats, updating of library collection as per need of library users, acquisition of furniture, equipment and supplies, automation of library activities, appointment of library personnel, formulation of job profiles, library timings, and submission of annual report on the functioning of the library. Besides, it considers all matters/instructions concerning the library management and information services referred by the Academic Council or the Vice-Chancellor.

Chairman Dr. G.S. Narshetty Dean MGM Medical College & Hospital Kamothe, Navi Mumbai	**Member** Dr. Rajesh B. Goel Registrar MGM Institute of Health Sciences, Kamothe, Navi Mumbai	**Member** Dr. R.S. Inamdar Professor & Head Department of Physiology MGM Medical College & Hospital, Kamothe, Navi Mumbai
Member Dr. Jayshree Ghanekar Professor & Head Department of Medicine MGM Medical College & Hospital, Kamothe, Navi Mumbai	**Member** Dr. Sushil Kumar Professor & Head Department of Obstetrics & Gynaecology MGM Medical College & Hospital, Kamothe, Navi Mumbai	**Member** Dr. Kuldip R Salgotra Medical Superintendent MGM Hospital, Kamothe, Navi Mumbai
Member Dr. Reeta Dhar Professor & Head Department of Pathology MGM Medical College & Hospital, Kamothe, Navi Mumbai	**Member** Dr. A.D. Urhekar Professor & Head Department of Microbiology MGM Medical College & Hospital, Kamothe, Navi Mumbai	**Member** Dr. V. Kamale Professor Department of Paediatrics MGM Medical College & Hospital, Kamothe, Navi Mumbai
Member-Secretary Dr RP Dixit University Librarian MGM Institute of Health Science, Kamothe, Navi Mumbai		

2. ACQUISITION POLICY

The three factors namely: demand, supply and finance are mainly responsible for the successful of an acquisition policy framed by the information centres and libraries. Demand and supply must be known, and finance secured. Further, men and materials required for the work need to be arranged.

3. PLANNING ASPECTS

The planning aspects can be grouped under the following four heads:

Ascertaining Demand

The following sources can be made use of in ascertaining demand:
Statistics relating to books circulated from, and consulted in the library;
- Suggestions from library staff working in the service departments;
- Suggestions from readers;
- Indents from subject experts of departments;
- Findings of user and need surveys conducted , if any;
- Syllabi and prospectuses of courses of studies; and
- Profiles of researchers.

Finding Resources

A good source collection may contain the following:
The demands have to be assessed in terms of their volume, value and variety.
- Trade catalogues issued by individual publishers and booksellers;
- Previews and announcements issued by publishers;
- Book reviews appearing in newspapers and journals;
- Book reviewing journals;
- Book selection lists brought out by competent bodies;
- List of textbooks prescribed for various courses of studies;
- Published catalogues of book exhibitions;
- Published catalogues of important libraries;
- Subject bibliographies and subject guides to selection;
- National bibliographies;
- Comprehensive retrospective bibliographies like Book-in-print; and
- Catalogue of second-hand booksellers.
    The sources have to be sorted and stored for convenient uses. Updating of the sources and weeding out of old ones should be done on a regular basis.

Allocating Funds

Proper planning of finance is basic to good acquisition work. The total of the library will include a separate provision of books. This amount will have to be apportioned among (a) books; (b) Periodicals (print and non-print materials); (c) Binding. Once the allocation is finalized, acquisition work has to be conforming to the financial discipline dictated by it.

Arranging Personnel

The people involved in selection process are the librarian, the acquisition staff, the subject experts and the library authority or selection committee. The document selection is not a one man job. It is outcome of good team work.

4. *Procedure of Document Selection*

(a) Scanning: All the currently received sources should be scanned regularly.
Old sources should be scanned only for specific needs. The knowledge about the existing collection and about the items already selected or ordered will help in avoiding duplication at this stage.

(b) Scrutiny: The purpose of scrutiny is to rule out the possibilities of unnecessary duplication. This is done by checking the marked items with the followings:
- Item selected earlier, by checking the "Book Selected" card tray;
- Item ordered already, by checking the "Books-on-order" card tray;
- Item already received, by checking the "Books Received" card tray and the "Books-in Process" card tray; and
- Items available in the library by checking the catalogue.

(c) *Recording:* The purpose of recording is to make complete data available on each of the provisionally selected documents. The unit card should contain all the essential data elements of the selected items.

(d) *Consulting:* It should be done at prescribed intervals or as and when needed for placing an urgent order. For this subject lists are typed out from the cards in the "Books Selected" tray. Each list should be forwarded to the concerned subject expert with the request that he should return the list after considering every item and marking his specific recommendation as to whether "approved", "rejected" or "deferred". Rejected cards should be removed and disposed off. Cards relating to "Books Approved" should be kept separately. Cards belonging to the "deferred" items may be separately kept in another tray labelled as "Books Deferred". These items can be presented again to the experts whenever it becomes necessary.

(e) *Indents Passing:* As and when indents are received from experts or departments they must be subjected to the process of scrutiny. Items found already available in the library or on order should be scored out unless additional copies are recommended. Clarification on this point can be sought from the indenter. The following details should be included in the indent Noting Form:

- *Number of items recommended;*
- *Number of items already available or on order;*
- *Number of items recommended for additional copies;*
- *Estimated cost of items neither available nor on order;*
- *Estimated cost of items to be duplicated;*
- *Total estimated cost;*
- *Total allotment for the subject/department;*
- *Amount already appropriated;*
- *Balance amount available; and*
- *Remarks, if any.*

In the light of the above financial report, the indenter would be making suitable adjustments in the items intended or reconfirm the indent.

(f) *Sanction Obtaining:* For this purpose, separate lists have to be typed out for subjects or categories of documents as per the classification in the Budget Allocation. Necessary financial report should be prepared to accompany the lists including the total estimated cost, total allotment in each case, amount already appropriated, and balance budget available. Sanction is obtained for each list. If any altercation or deletion is made in the list the same should be entered in the respective cards also.

5. *Procurement of Documents*

Once the selection is finalized, the library has to proceed with the procurement of documents.
Although the selected documents can be procured by several means such as; gift, institutional membership, deposits, exchanges and purchase. Here we will elaborate how to purchase the selected documents.

Choice of the Supplier and Ordering Methods

The different practices followed by libraries in the choice of the supplier and effecting supplies are:

i.   Inquiry/Tender method
ii.   Quotation Method
iii.   Standing Vendor Method
iv.   Books-on-Approval Method
v.   Open Purchases
vi.   Direct Ordering with Publishers

In the context of acquisition policy of MGM, the points stated above at sl. Nos. (i), (ii), (iv), and (vi) have been discussed as follows;

Inquiry/Tender Method

In inquiry or tender method, every book list of finally selected items is circulated among a number of booksellers who are invited to quote their lowest prices for each item. The order is placed for each item with the firm offering the lowest price.

Quotation Method

In this method, quotations are invited for various categories of documents along with trade discounts admissible in each case, and the conversion rates in the case of foreign currency prices. This is done usually prior to the beginning of the financial year. The supplier for each category is fixed finally on the basis of the most economic terms offered.

Books on-Approval Method

It is applicable on purchase of a new items having latest information in the area of requirement.

Direct Ordering with Publishers

This has definite advantages in the case of foreign publications, provided the publishers have their representatives or wholesalers in the country. The publication can be purchased directly from them availing maximum discount. Moreover, if publications are to be purchased direct from the publishers, there is no need to call any quotation etc. As they would offer maximum discount which is applicable to retailers/booksellers.

6. *Guidelines*

A balanced acquisition policy should be adopted keeping in view the number of users in a particular subject. A record of visitors with their specially and demand should be maintained to help in a balanced collection of publication in different specialities.

The library committee should formulate basic guidelines for collection development in the library keeping in view the aims and objectives of the concerned institutions/universities/colleges. Thereafter, the librarians should be authorized to purchase the latest publications according to the guidelines issued by the committee. This will facilitate the constant flow of publications in the library as and when they are published or available in the market. The following guidelines are required to be applied for the success of acquisition policy:

(a)   On ascertaining the demand, a list of documents may be prepared in consultation with the subject experts. All details such as; number of copies required/recommended by the respective HODs/Departments/Faculty/Students etc. may be recorded on the indent sheets. Proper justification of the concerned authorities/requesters may be noted, if multiple copies are to be procured of a particular item.

(b)   To ensure the correctness of titles, author, year of publication, volume, edition, publishers and ISBN number etc. Various reference tools may be consulted (see: 2.2: *Finding resources).* Proper scanning and scrutiny be undertaken to rule out the possibilities of unnecessary duplication (see item: 3 Procedure of Document Selection).

(c)   Total cost involved on acquisition of requested documents be pointed out. It may be ascertained that funds required for the acquisition, should not exceed to allocated funds under the Head; Procurement of Publications for the biennium.

(d)   A final list of documents with availability of funds be prepared and put up before the Library Committee for their perusal and consideration. The committee is supreme authority for deletion/addition of any item if warranted. If committee desires, the concerned official/subject experts may be called to seek their justification/opinion. Once the list is approved by the Library Committee, it may be passed on to Librarian.

(e)   Usually Library Committee authorizes the Librarian for procurement of new editions/ volumes in order to update the library collection. In such cases, the librarian is authorized to procure them following the established rules and procedure.

(f)   Library Committee may authorize to Librarian for purchasing the copies of those publications which are required to be procured in short notice for inspection purpose/users. In such cases, the calling of quotations may be waived. However, it is the responsibility of the Librarian to keep informed the Committee about such instances.

(g)   The quotations may be called applying the inquiry/tender method or quotation method (For details, *see: 5: Choice of the Supplier and Ordering Methods)* from the approved vendors for procurement of publications cleared by the Library Committee. At least three quotations may be obtained.

(h)   A comparative statement of quotations obtained from the vendors be prepared. The three factors; availability, latest publications, and higher discount offered be considered while approving the rates. The Good Offices Committee (GOC) exchange rates be applied for conversion of foreign currencies in to Indian Rupee. GOC rates are updated each month.

(i)   A final list of documents elaborating the net amount needed may be prepared and submitted to competent authority for sanctioning the proposed funds to be incurred on purchase.

(j)   Purchase authorization (P.O) be issued as per direction of the Librarian illustrating the all terms and conditions. P.O. may be signed by the Head of the Institution or whosoever is authorized b the Library Committee/Chairman.

(k)   The documents supplied by the concerned vendor be checked thoroughly to ensure the receipt of ordered items as per terms and conditions stated in the P.O. The documents be accessioned giving all the details as prescribed (16 fields). Call number according to Decimal Accession number be recorded in each book. *The gross price against each title be recorded in the Accession Register.*

(l)   In case, the prices are given in foreign currencies, G.O.C. exchange rates be applied. Accession number may be noted against each title in the bill. The bill may be passed for payment on ascertaining the satisfactory supply of purchased items as well as verification of prices and discount etc.

(m)   Technical Processing of the Document acquired by the Library;
- Document be classified according to DDC.
- Catalogue cards be prepared using AACR II (Anglo-American Cataloguing Rules). Three different cards viz, author, title and subject be prepared for a document and field under each separately in alphabetical order in Library Catalogue Cabinet.
- Library Stamp be put on each book. The stamp should not be put on print are.
- Library Stamp be put on each book. The stamp should not be put on print area. Accession number be recorded at the specific place provided in the Library Stamp and under this, the date of purchase and price etc. be noted.
- On the title page Book number be recorded.
- Library Stamp with accession number be recorded on secret page notified by the Librarian.
- Book slip, spine label, and book pocket be pasted at the appropriate places as per library rules and procedures.

7. LIBRARY RULES AND REGULATIONS

All publications be charged at eh counter and shown to Janitor before taking them out of library. Copies of periodical issues, reference and multi-volume books, recent arrival, annual reports, thesis, CDs, DVDs and out of print books are not loaned out for home readings. These are exclusively meant for consultation. Remaining publications are issued for a period of one week or as specified on date slip. The copies of such publications are issued strictly on *Barrower's Card* only. Librarian may recall books at any time and borrower must return books immediately when called upon to do so. Books will be given on loan for a period of one week on Borrower Card. Books may be borrowed from 8.30 a.m. – 6.00 p.m. from Monday-Saturday. However, *Reading Halls will remain open for library users from 8.30 a.m. – 11.00 p.m. from Monday – Saturday and on Sunday & Holidays form 10.00 a.m. – 9.00 p.m.*

A borrower is responsible for a book as long as his Borrower Card remain un-cancelled. Books borrowed by one reader must be returned to the library to be reissued at the *Information Desk.*

Borrower Cards are not transferable. Loss of a Borrower Card be reported to the *Information Desk* immediately. Duplicate be issued only after verification of loss and on a payment of Rs. 50/- for a lost Card.

Borrower Cards be renewed during the period indicated by library. A notice to this effect be displayed at the *Library Notice Board.*

Issue of books is stopped half-an-hour before the closing time.

Sending reminders to defaulters is not obligatory on the part of library. If books are not returned in due time, the borrower's card is to be marked with "X". After three such marks the library membership is to be cancelled and the concerned user as well as Head of the Department be intimated accordingly. *A fine of Rs. 5.00 per day for the first two weeks and Rs. 10.00 per day thereafter be imposed in respect of each book not returned by due date.*

Reference and latest publications added to the library are not issued. However, as a special case, these can be issued with the prior permission of Librarian on Identity Card.

Bound volumes of periodicals are not issued. Loose issue of periodicals may be issued with prior permission of Librarian for overnight as a special case. *However, if borrowed copy of a periodical issue is lost, the cost of whole volume with fine (Rs. 500.00) be charged from the borrower.*

Copies of thesis are not issued. These are meant for consultation only.

8. *Damage to and Loss of Library Books*

It is strictly prohibited to mark, detach or damage books or any other material which belongs to library. Any marks or damages to books should be reported by the students before those are issued form *Information Desk.* In the absence of such report, the book will be presumed to be in good condition when loaned and the borrower will be held responsible and fined for any damages observed at the time books are returned.

The borrower will be liable to pay full cost or replacement cost of the book if damaged, and any other fee that Librarian thinks fit.

9. *General Rules on the Use of Library*

- *SILENCE* should be observed in public reading areas.
- Seats in the library may not be reserved by anyone.
- Readers are not allowed to do joint work in Reading Halls.
- Readers are allowed to remove any book they require form shelves for use within the library.
- Readers should not replace any book on shelves. They should hand over them to a member of library staff or leave them on Reading Table.
- In case, any book is not accessible on shelf, the Library Staff at Reference Desk should be consulted.
- No bags, cases, parcels or umbrellas should be brought into the library premises.
- Bottles of ink or inkwells should not be brought in the library premises.
- Readers should not enter in the *Library Book Racks* are wearing apron.
- Smoking, consumption of food and drinks and use of matches or open lighters are forbidden in all part of the library open to readers.
- No readers may enter any part of the library to which entry is forbidden.
- The library will not accept any correspondence or telephone calls on behalf of readers.

Special Attention for the following Library Rules

Readers are not allowed to bring their textbooks into the library.
- *MOBILE PHONES* should not be brought into the library.
- Any member of the library staff may demand to see what books you are carrying out of the library. Rules of the library make it obligatory that reader should comply.
- Visitors to library are required to obtain permission from the Library Staff available at *Information Desk* before entering in Library Stacks, Reference and Recent Arrival sections.
- Readers must produce their Identity Card as well as Borrower Card while borrowing the books or any other time when called upon to do so.
- Any disorderly or improper conduct or breach of regulations will render the reader or borrower concerned liable to suspension from the use of library facilities.

Personal Belongings

All outgoing publications have to be shown to Janitor. The Janitor has been empowered to search all persons coming out of the library. Unauthorized removal of anything belonging to library will be treated as theft and dealt accordingly. Library users are expected to conduct themselves in a dignified while using the library. Any unbecoming behaviour will not be permitted. Bags are not permitted to be taken inside the Library. Bags and belongings, kept in Pigeon-hole made available at the entrance gate, will be at their own risk. Library Staff should not be held responsible for any losses.

10. SEPCIAL FEATURES

The special features of the library are as follows:

Automation of Library Activities

The collection of Central Medical Library as well as other libraries located in the MGM campus has been automated with the help of KOHA: *Integrated Library Management Software.* It is submitted that:

Software contains the comprehensive bibliographical descriptions of a publication such as; *accession date and number; author/editor/corporate author; title, edition; volume number, if any; place and publisher' name; year of publication; pages; series; ISBN number; subject and subject-code; call number; price; vender's name; invoice number and date, number of volumes; and price of each volume and source of acquisition,* etc.

With a view to facilitate health and allied personnel to retrieve the requisite documents(s) timely and pin-pointedly, using KOHA database, Medical Subject Headings (MeSH) has been used. MeSh is the US National Library of Medicine's controlled vocabulary thesaurus used for indexing the documents dealing on health and allied sciences.

The status of publications such as; withdrawn, written off, damaged, copies, copy missing, issued to Department Libraries etc. Have been recorded in library software.

The search result are displayed in a list of titles with author, publication year and call no. For a selected title, complete details along with the number and status of copies are given. Searches may be narrowed by specifying a period of publication, restricting them to particular types of document (s), selecting on shelf or all (items) and specific locations or all locations.

Subject bibliographies may be prepared on demand.

Designated as Network of Reference Library of WHO

The central Library of MGMIHS has been designed by WHO Press (WHP), World Health Organization (WHO), Geneva, Switzerland on 25 April 2013 as their one of the Network of Reference Libraries for WHO publications. Since then, the Library has been receiving the copies of WHO information products on complementary basis. The copies of WHO journal, health report and non-serial publications and titles in the Technical Report series are received, free of cost. These publications have been organized in helpful sequence in a separate Book Rack with a view to provide maximum visibility to library users including general public.

Surveillance CCTV

The library is under the surveillance of Closed Circuit Television (CCTV). It keeps updated the library staff what they are doing during their office, hours. CCTV camera systems are used for detecting purposes. In case, if there are any cases of theft, malpractices and immoral behaviours of happened in the library premises, it is used for detection purposes.

PHYSICAL INFRASTRUCTURE & FACILITIES

- Location : 2nd Floor, Main Building of MGM-MC
- Built in Area : 25000 sq. ft.
- UG Reading Halls : 06
- PG Reading Halls : 04
- Staff/Researchers/Faculty : 02
- Journal Section : 01
- E-Library : 01
- Audio-Visual Room : 01

- ➢ Theses & Dissertation Section : 01
- ➢ Scanning & Reprographic Section : 01
- ➢ Technical Section : 01
- ➢ Chief Librarian's Room : 01

CURRENT AWARENESS SERVICE

- ❖ Library launched the compilation of fortnightly issue of *"Library News "*in January 2015.

- ❖ So far, 52 e-issues containing 3562 copies of contents pages of articles/papers published in recent health science journals were circulated.

- ❖ *"List of Additions"*–a monthly publication containing bibliographical descriptions on new books added to the Library, was launched in January 2015.

- ❖ So far, 30 e-issues containing information on 1103 new books added were compiled and circulated.

LIBRARY SERVICES/ FACILITIES

- ➢ Reference & Referral Services
- ➢ Inter Library Loan
- ➢ Document Delivery
- ➢ Selective Dissemination of Information Service
- ➢ Bibliographic Service
- ➢ OPAC Service in Library
- ➢ Press Clipping Service
- ➢ CD -ROM Service
- ➢ Internet and Online Search Services
- ➢ Audiovisual Service
- ➢ Orientation Training Programs

11. BOOK BANK

The Library maintains a book bank for various courses mainly for undergraduates, B. Sc. & M. Sc. Students belonging to economically and socially weaker sections with a view to help them.

12. VIRTUAL LEARING RESOURCE CENTRE (E-LIBRARY)

The Library has a separate area for E-Library with excellent state-of-the art computer facilities having 40 Internet connected computer terminals provides email facility and access to e-materials and e-resources. The Library has in all 40 computers under Local Area Network (LAN) with internet browsing terminals, 28 databases which provide online access to full text of more than 3645 e-journals and one photocopier in Reprographic Unit. It provides counselling and bibliographic assistance. It has CD & DVD-ROMs access facilities (895).

KOHA- Integrated Library Management software has been procured and installed in the main server accessible by all users. Entire library collection has been computerized. It provides various search points such as; title/series, author, classificatory language, subject etc. It also provides information on journals subscribed or received on gratis/exchange including detans of last issue received, and current holdings can be seen. It provides access of journals according to alphabetical order by their name and broad subjects.

WEBSITE OF MGM CENTRAL LIBRARY (http://www.mgmlibrary.com)

An exclusive website for the Library was launched in 2014. Site hyperlinked to a wide range of information, resources, services and policies. Information on Library Committee has been

published. All e-documents, viz. books, journals, newsletters, manuscripts, theses and dissertations, and annual reports, etc. brought out by the University and its affiliated colleges/institutions from time to time have been published in the Website. Web link to resource sharing Health Science Libraries have been provided.

LIAISON WITH HEALTH SCIENCE LIBRARIES

- ❖ BB Dikshit Library, New Delhi
- ❖ Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow
- ❖ Grant Medical College, Mumbai
- ❖ MGM Medical College, Aurangabad
- ❖ National Medical Library, New Delhi
- ❖ Seth GS Medical College, Mumbai
- ❖ World Health Organization (WHO)
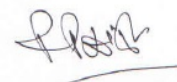
SPSS Software Version 24

Statistical Package for the Social Sciences (SPSS) Software has been installed in one of the Workstation of E-Library. It is being used extensively by our faculty and researchers for preparing the tabulated reports, charts, and plots of distributions and trends, descriptive statistics, and complex statistical analysis.

Memorandum of Understanding (MOU)

MOU for Shodhganga / Shodhgangotri has been executed on 18th August 2017.
Upload PhD. Theses and Dissertations on INFLIBNET UGC-Shodhganga: Digital Repository of Indian Electronic Theses and Dissertations.

'

LIBRARIAN

Call Numbers Assigned to Each Document & Their Transliteration Language

Sl. No.	Call no.	Transliteration Language
1.	610	General Reading Books on Medicine
2.	610.73	Nursing
3.	611	Anatomy
4.	612	Physiology
5.	612.015	Biochemistry
6.	614.1	Forensic Medicine & Toxicology
7.	614.44	Community Medicine
8.	615.1	Pharmacology
9.	615.82	Physical Therapy
10.	616	Medicine
11.	616.01	Microbiology
12	616.025	Emergency Medicine
13.	616.07	Pathology
14.	616.0757	Radio Diagnosis
15.	616.12	Cardiology
16.	616.15	Immuno Hematology & Blood Transfusion
17.	616.2	Respiratory Medicine
18.	616.5	Dermatology
19.	616.6	Urology
20.	616.8	Neurology
21.	616.89	Psychiatry
22.	617	Surgery
23.	617.1	Traumatology
24.	617.3	Orthopedics
25.	617.41	Cardiovascular & Thoracic Surgery
26.	617.48	Neurosurgery
27.	617.51	Ear Nose & Throat (ENT)
28.	617.7	Ophthalmology
29.	617.96	Anaesthesiology
30.	617.98	Paediatric Surgery
31.	618	Obstetrics & Gynaecology
32.	618.92	Paediatrics
33.	618.97	Geriatrics

Standard Operating Procedures (SOPs) for Central Diagnostic Laboratory

1. **Purpose:**
   Describes the complete operation flow of the central laboratory of MGM Hospital

2. **Scope**
   Scope of this procedure is limited Consultants, Residents Doctors, Interns, technicians, Laboratory Trainee other lab professionals.

3. **Procedure**

MGM Medical College & Hospital's Central Laboratory is always on the wheel of continuous improvement. Efforts are seen in terms of quality, efficiency, reliability of patient's on us and above all the urge to satisfy our patient's needs.

3.1 24hrs emergency service

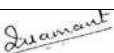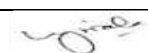The lab provides 24 hrs services to patients

3.1.2 Laboratory test services offered are:

MGM Medical College & Hospital's Central Laboratory provides all types of routine and common specialized tests in

- Hematology

- Biochemistry & immunochemistry

- Serology

- Clinical pathology

- Microbiology

- Histopathology & cytology

3.1.3 Laboratory Test Guide (Directory of Services)

This Test Guide defines the essential procedures for the collection and transport of each specimen type. The information is specific for the analytical methods**.** It also provides brief information about our services, our facilities and quality programs.

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Specimen Collection and Handling provides general information on procedures necessary to obtain and submit proper samples and expanded collection information for selected tests.

Test Requisition Information provides instructions on the proper completion of a Quest Diagnostics test requisition.

General Test Listing includes specific specimen type and sample transport information for individual tests/profiles organized alphabetically.

Index By Test Name lists page numbers for tests organized alphabetically.

3.2 Quality Assurance: An Overview

As part of an extensive set of activities focused on quality, MGM Laboratory has a formal Quality Assurance Program that monitors and evaluates the quality of the testing process (pre-analytic, analytic, and post-analytic). Quality test results and interpretation requires the engagement of the patient, the physician, the suppliers of test equipment and reagents, the information system, the laboratory, and everyone involved. To assure quality, standards are defined, work is conducted based on the standards, and performance measured and reported. The laboratory cannot deliver quality alone. You too are an integral part of this process that brings quality to every patient. Our goal is to give error-free performance by embracing the quality standards.

3.3 Laboratory Team

MGM Laboratory has a team of highly qualified and competent professionals that are headed by an experienced management. We have high quality manpower possessing vigour, expertise and skills. We conduct internal induction programs and trainings modules, which facilitate the process of job-rotation and quick career growth.

Our dynamic, highly-skilled and enthusiastic team, work really hard to maintain excellence in the services we deliver. We are a highly motivated team, focused on ensuring that every engagement meets the needs of our patients.

Our team promise is that individually, and together , we are -
- Accountable
- Committed
- A team Player
- Trustworthy
- Competent
- Customers Focussed

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3.4 Test Requisition Form

Completing the Request Form and Labelling the Specimen
For accurate identification of specimens and patients, it is essential that specimens are labelled properly and that request forms are completed clearly and accurately. Upon receipt in the laboratory every specimen is checked to ensure it is suitable for processing. Discrepancies or omission of essential information may result in the specimen not being analysed. Up to date Addressograph labels are acceptable on laboratory request forms.

To avoid processing delays or sample not being processed please fill in samples and request forms with the following information

Blood Science Request Form (Haem/Biochem) – Mandatory information highlighted
Patient's **FULL** name (First name and surname)
D.O.B. and/or hospital number
Patient's Gender
Patient's Address
Patient Consultant
Date of Specimen
Time of Specimen
Specimen Receiver's name and Sign
Tests Requested and Specific Clinical Information

3.5 Primary Sample Manual

This manual cover description and procedure of following

3.5.1 Specimen Collection – Phlebotomy Procedures:

- ➢ Guidelines for Phlebotomy:
- ➢ Instructions to patients
- ➢ Sample acceptance / Rejection criteria
- ➢ Sample processing
- ➢ **Reporting**

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Specimens are processed upon receipt. Reporting times vary, depending upon the nature of the test, the analytical time required for the procedure and the method of reporting. Reports are delivered by facsimile, e-mail, or by the Postal Service. Critical priority (potentially imminently life threatening) and STAT results are communicated by telephone as soon as they are available and are followed by written reports.

3.5.2 Biological Reference interval are available for user to understand and compare results obtained for specimen provided.

3.5.3 Confidentiality

MGM laboratory is committed to protecting the confidentiality of individuals' private laboratory test results and other personal information in compliance with all applicable laws and regulations

3.6 Quality Management System

A quality management system is e defi ned as "coordinated activities to direct and control an organization with regard to quality". This definition is used by the International Organization for Standardization (ISO) and by the Clinical and Laboratory Standards Institute (CLSI). Both groups are internationally recognized laboratory standards organizations. In a quality management system, all aspects of the laboratory operation, including the organizational structure, processes and procedures, need to be addressed to assure quality.

There are many procedures and processes that are performed in the laboratory, and each of these is carried out correctly in order to assure accuracy and reliability of testing. An error in any part of the cycle can produce a poor laboratory result. A method of detecting errors at each phase of testing is existing to assure the quality.

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QMS

- Quality planning operation
- Document control& records
- Record Retention

Management Responsibility

- Quality Policy and objectives
- Quality Planning
- Management Review
- Resources
- Review

Resource Management

Resource Management

- Education and Training
- Continuous improvements
- Equipment procurement and Maintenance

Customer Requirement

Management responsibilty

Management Analysis & Improvement

QMS

Resource management

Product relization

Customer Satisfaction

Measurement, Analysis & Improvement

- Customer Satisfaction Management
- Internal Audit& CAPA
- Monitoring & Evaluation of QI
- Quality Improvement
- Facilities & Safety

Product Realization

- Fulfillment of Customer Requirement
- Validation of process used for testing
- Control Plan
- Process Control
- Operation Procedure & work instruction
- Identification & Traceability
- work Instruction

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Work Phases of Laboratory

Laboratory processes are grouped into pre-examination, examination and post-examination categories. Comparable terms in current laboratory use include: pre-analytic, analytic and post-analytic processes; or pre-test, test and post-test processes. The entire set of operations that occur in testing is called the path of workfl ow. The path of workfl ow begins with the patient and ends in reporting and results interpretation, as shown in the fi gure below. The concept of the path of workfl ow is a key to the quality model or the quality management system, and must be considered when developing quality practices.

The complexity of the laboratory system requires that many factors must be addressed to assure quality in the laboratory. Some of these factors include: the laboratory environment☐ quality control procedures☐ communications☐ record keeping☐ competent and knowledgeable staff☐ good-quality reagents and equipment.☐
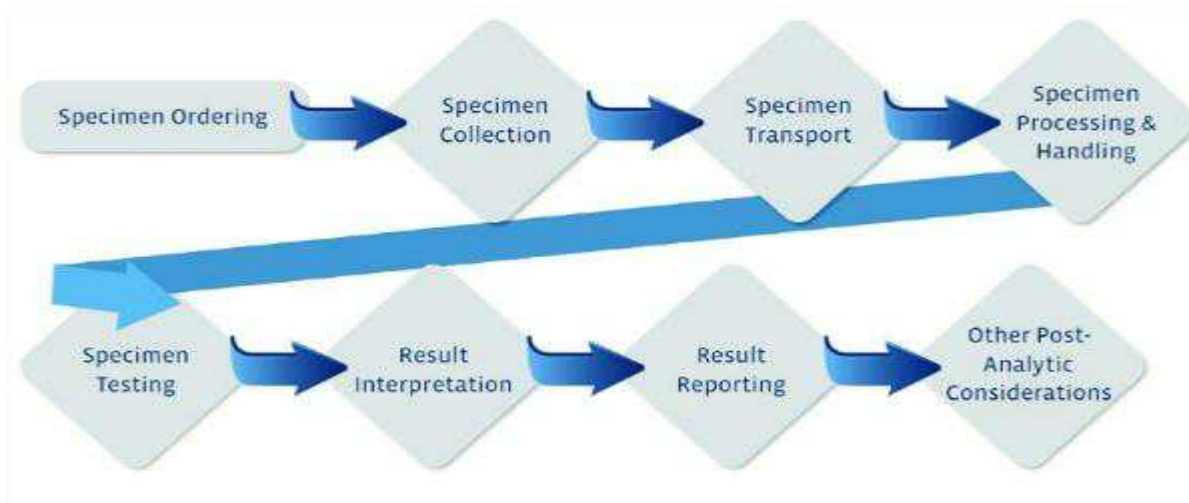
3.7 Laboratory SOP

Laboratories must have SOPs (written documents) that detail lab activities and procedures. The code allows a great deal of flexibility in the way the SOPs are designed which leaves it up to the lab to decide. The SOPs may be in electronic form or hard-copy.

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The code requires that for each method being performed that the laboratory generate a specific analytical SOP. In addition to the analytical SOPs, the code requires that the lab document their procedures for at least 19 specific subjects. These 19 issues can be documented in separate SOPs, grouped together in one SOP, or documented in the Quality Manual as long as they are all covered.

MGM Medical Hospital's Central laboratory's requirements regarding laboratory SOPs is mainly broadly in two areas

General SOP (Quality System Procedures)

Technical Sops(SOPs for tests a parameters and equipment operation)

3.7.1 Quality System Procedures

Quality System Procedures are usually comprised of descriptions for the laboratory structure, responsibilities assigned to personnel, processes to follow so that work flows from one organization to another, step-by-step procedures used to conduct business in a consistent manner and resources to draw upon to do the best job possible. These procedures must be clearly documented so that all personnel can follow the steps.

3.7.2 Technical SOPS (Analytical)

Analytical SOPs are SOPs that describe exactly how the lab performs the method. There are generally three ways for the lab to create their own analytical SOPs.

Option 1: the analytical SOP may consist entirely of the referenced published analytical method. Keep in mind that this option will only work if the lab follows the method exactly (very unlikely).

Option 2: the lab may reference a published method and include an addendum that details exactly where the lab deviates from the published method. Note that when this option is used, the addendum must include a date of issue or a date of revision. Generally speaking, this option is considered the most practical approach for small wastewater laboratories.

Option 3: the lab may choose to create their own SOP from "scratch" . If this option is chosen the code specifically requires that the SOP includes each of the following elements:

1. Identification of the test method

2. Applicable analytes

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3. Applicable matrices

4. Method sensitivity

5. Potential interferences

6. Equipment and analytical instruments

7. Consumable supplies, reagents and standards

8. Sample preservation, storage and hold time

9. Quality control samples and frequency of their analysis

10. Calibration and standardization

11. Procedure for analysis

12. Data assessment and acceptance criteria for quality control measures

13. Corrective actions and contingencies for handling out of control or unacceptable data

Analytical SOPs created from "scratch" must include a date of issue or a date of revision These SOPs can be done in any format/style the lab chooses as long as all of the required elements are included and understandable.

Analytical SOPs can be kept in an "analytical methods manual", can be included as part of the quality manual or can be kept as individual SOPs.

As with all other procedures in the laboratory, SOPs should be reviewed periodically to ensure that they remain current.

3.6.3 Technical SOPS (Equipment)

The code requires that each laboratory have documented procedures for all of the following subjects:

Calibration	Procedures **for calibration, verification and maintenance of major analytical instruments and support equipment**.
Equip. maintenance	Procedures for the **maintenance of analytical instruments** <u>to prevent contamination or deterioration</u> that may affect reported results.

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QC: Blanks & zeroing	Procedures **for zeroing an instrument and the treatment of calibration blanks**, when the referenced analytical method used by the lab requires the response of a calibration blank to be part of a calibration function.
QC: confirmation of organic analytes	Procedures **to confirm the results of organic analytes** determined by techniques that, unlike mass spectrometry, do not provide a positive unique identification when… *1. The history of a sample source does not suggest the likely presence of the detected analyte. 2. A client or approved project plan requires it.)*
Corrective action	Procedures **for initiating, following up on and documenting corrective action** addressing QA and QC failures, discrepancies or nonconformance.
QC: LOD & LOQ	Procedures **to relate LODs to LOQs**.
QC Samples	Procedures **for evaluating QC samples**, including, but not limited to, method blanks, LCS, matrix spikes (MS), and replicates.
QC sample batches	Procedures for identifying and documenting preparation batches that facilitate determining compliance with the frequencies of QC samples.
Records	Procedures for document retention, control and maintenance.
Records	Procedures to control and manage all records and documents that form part of its quality system and that are required to demonstrate compliance with this chapter. The procedures shall ensure that documents required to perform analyses and to ensure the quality of generated data are available to lab personnel, and that records and documents are reviewed periodically for continuing suitability and, when necessary, revised to facilitate compliance with the requirements of this chapter.
Records	Procedures to prevent unauthorized access or amendments to records and documents.
Reporting	Procedures for reviewing analytical data and reporting analytical results. (Required to be in Quality Manual)
Reporting	Procedures and rules for reporting results for samples analyzed by dual column and dual detector systems.

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	These procedures must declare:
	(1)Under what conditions a presumptive identification is confirmed.
	(2) Under what conditions a presumptive identification is reported.
	(3) The value that will be reported when the dual systems both provide quantitative confirmed results
Sample handling	Sample Acceptance Policy. The lab shall have and follow a written policy that clearly outlines the conditions under which samples will be accepted or rejected for analysis, or when reported results will be qualified.
Sample handling	Procedures for handling samples. (Required to be in Quality Manual)
Sample handling	Procedures for identifying samples uniquely. (The procedures shall ensure that the identity of samples cannot be confused physically or when referenced in records or other documents.)
Sample Storage	Procedures and appropriate facilities for avoiding deterioration, contamination, loss or damage of samples during storage.
Sample Containers	When the lab provides containers and preservatives for sample collection, including bulk sampling containers such as "carboys", the lab shall have SOPs in place which address concerns that the containers are adequately cleaned and not contributing to contamination of samples, do not contain analytes of interest at levels which will affect sample determinations and that the preservatives used are sufficiently pure to maintain the validity of reported results. NOTE: The laboratory should establish procedures to ensure and document that the sample containers it provides do not contribute contaminants before they are used for collecting samples.
Traceability	Procedures for achieving traceability of standards, reagents, and reference materials used to derive any results or measurements. (Required to be in Quality Manual)

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Standard Operating Procedure of Academic Committee- Under Graduate (UG)

Introduction

Academic Committee-Under Graduate (UG)is responsible for assuring quality of Institutes academic standards through its oversight of learning and teaching processes. It acts as a vital link between the student body and the faculty at the institute. Committee ensures promotion of an intellectually stimulating learning environment that encourages academic success, personal development and student satisfaction. Academic Committee-Under Graduate (UG) takes up the responsibility of imbibing best practices and promotes a better system in place.

Statement of Scope

Academic Committee-Under Graduate (UG) provides valuable recommendations regarding academic developments, daily academic activities and scheduling of BPT curriculum. It acts as a medium of communication between faculty and students and enhances academic priorities.

Role of Academic Committee:

- Provide advice on mission and goals of the Institute and strategies by which such goals can be pursued.
- Creation of appropriate organisational structures for academic activities.
- Conduct, evaluation and enhancement of teaching and research.
- Provide advice to any committee or organisational element within Institution, academic aspects of any issue which comes within the domain of that body.
- Monitor implementation of academic policies and procedures and initiate reviews and improvements.
- Monitor progress towards Institute's under graduate academic goals and monitor implementation of strategies to achieve these goals.

Committee Members:

Sr. No	Name of Members	Designation
1.	**Dr. Meruna Bose (PT)**	**Chairman**
2.	Dr. Shrutika Parab (PT)	Member Secretary-UG
3.	Dr. Monal Shah (PT)	Member, I BPT Coordinator
4.	Dr. Pradnya Girdhar (PT)	Member, I BPT Coordinator
5.	Dr. Mamta Shetty (PT)	Member, III BPT Coordinator
6.	Dr. Ruturaj Shete (PT)	Member, III BPT Coordinator
7.	Dr. Neelam Jadhav (PT)	Member,IV BPT Coordinator
8.	Dr. Juhi Bharnuke (PT)	Member, Interns Coordinator
9.	Dr.Swagatika Mishra (P&O)	Member
10.	Mrs. Uttara Deshmukh (P&O)	Member
11.	Ms. Payal Rathod	Student Representative
12.	Mr. Sankhe Shivam Vilesh	Student Representative
13.	Ms. Anoli (BPT UG)	Student Representative
14.	Ms. Simranjeet Kaur (P&O UG)	Student Representative
15.	Ms. Sana Khan(P&O UG)	Student Representative

Protocols

SOP 1	Preparation of Academic calendar of entire year for all batches for approval from BOM
SOP 2	Preparation of timetables of respective batches
SOP 3	Generating Academic reports & Audit of same
SOP 5	Review on teaching methods based on exam performance
SOP 6	Feedback Mechanism

Work Flow

Academic Calendar is prepared for academic year

↓

Coordinator prepares preceding week schedule by every Friday

↓

Signed by co-ordinator and Academic Incharge

↓

Displayed on Notice Board

↓

Monthly report of rescheduled and conducted lectures

↓

Lecture schedule and cancellelation is scrutinized monthly by Academic Incharge

↓

Monthly academic report are audited

↓

Review on Teaching Methods based on student performance

↓

Feedback Mechanism
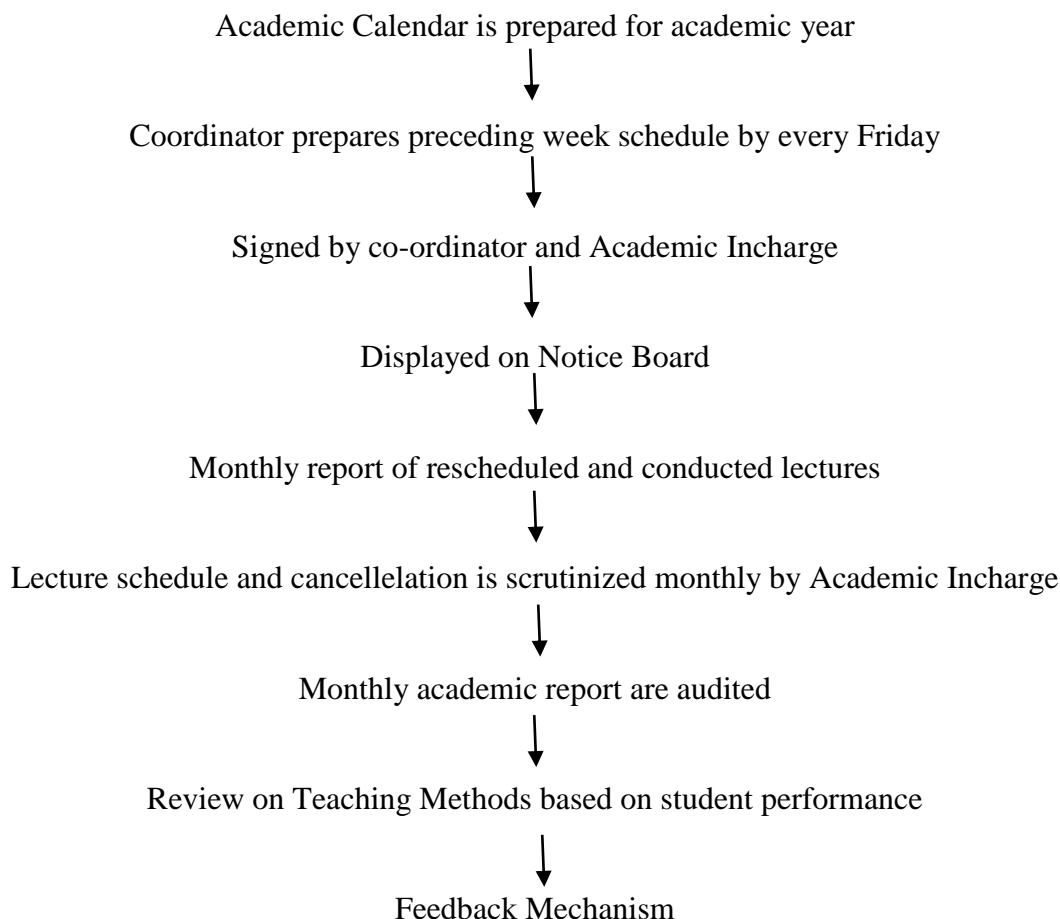
SOP 1

Purpose: Preparation of Academic calendar of entire year for all batches for approval from BOM

Responsibility: Chairman, Academic Committee- Under Graduate (UG), MGM School of Physiotherapy, Navi Mumbai

Procedure: Series of events of entire academic year for under graduate program is planned and documented by Chairman, Academic Committee (UG), MGM School of Physiotherapy, Navi Mumbai. It is approved by Director-Physiotherapy and forwarded to BOS Physiotherapy held in March every academic year for further approval from Board of Management (BOM).

SOP 2

Purpose: Preparation of timetables of respective batches

Responsibility: HOD's of all departments & Class coordinators

Procedure: Head of Departments of all courses of BPT program submits their courses' timetable to respective batch coordinators. Coordinators compile all subjects timetable into yearly timetable for entire academic year scrutinizing any overlap in schedules, reporting & rectifying if any. Final time table is forwarded to Chairman, Academic Committee (UG) for approval and implementation. Following approval, time tables are circulated and displayed on respective batch notice boards on monthly as well as weekly basis with due signature of academic incharge.

SOP 3

Purpose: Generating Academic reports & Audit of same

Responsibility: Class coordinators & Chairman, Academic Committee (UG)

Procedure: Academic reports based on timetable of entire month are prepared by class coordinators on or before 5th day of month. Lectures / Practical rescheduled or cancelled during entire month with reasons are reported to Chairman, Academic Committee (UG) through these monthly reports. Any persistent problem with scheduling or particular subject is addressed by Chairman, Academic Committee (UG) after vigilant audit.

SOP 4

Purpose: Review on teaching methods based on exam performance

Responsibility: Chairman, Academic Committee (UG) along with Examination Committee

Procedure: Following any examination, committee reviews feedbacks from examiners for all subjects. Difficulties are addressed and problems are identified with respect to teaching methods. Ideas are shared with respect to improvisation in methodology of teaching for better understanding of difficult concepts. Innovative modes of teaching learning and use of technology for teaching learning is emphasized in these meetings.

SOP 5

Purpose: Feedback Mechanism

Responsibility: Chairman, Academic Committee (UG)

Procedure: Feedback from students on faculty teaching their subjects is conducted six monthly/twice in one academic year. Also, mentorship program is carried out to ensure one-one interaction with students to identify individual difficulties with respect to academics.

Six monthly feedbacks are analysed and faculty are given individual advice to improve on their teaching and learning methods.

Member Secretary   **Chairman**

Academic Committee (UG)   **Academic Committee (UG)**

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)
Grade 'A' Accredited by NAAC

MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai – 410209

Standard Operating Procedure for Equipment Issuing

from Kinesiotherapy and Electrotherapy Labs

The equipment from the labs can be issued to for treatment use if need arises. Following are the procedures for the same.

1. Request received in writing

2. Letter acknowledged and forwarded to the office clerk for issue form.

3. The requested will fill the issue form and;

   - Get it signed by the in-charge staff if requester is a student.
   - If the staff is the requester the form will be signed by him/her with name, designation and date.

4. Duly filled form will be given to the HOD of the department for final approval with date of issue of the equipment.

5. A copy of the same will be given to the requester along with the equipment requested for. The permission is for one week by default.

6. Upon return of the equipment, a "received item" sign will be given in the requester's copy as well as original copy which was retained with the HOD.

7. If not returned in 1 week the concerned requester will be notified about the same.

8. If not responded, matter will be forwarded to the Principal for further action.

9. Principal will decide on the refund on lose, damage etc.

Standard Operating Procedure for Classroom

MGM College of Physiotherapy caters to intake capacity of 30 undergraduate students and 12 post-graduate students. It has four well-equipped, spacious classrooms for every undergraduate batch along with a seminar room for post-graduate students.

Infrastructure: Classrooms are spacious , well ventilated with comfortable benches for students. Ever class has in-built ceiling mounted LCD projectors and a wall mounted LCD screen. Every class has a green boards/ white board- marker in place. There is also a provision for mike-speaker system to facilitate audio- visual demonstrations. Every classroom has a plinth for practical hands –on demonstration of assessment and treatment protocol.

Protocol for students

- All students are expected to assemble in the classroom allotted for their batch 10 minutes prior to commencement of lecture.
- No student is allowed to enter the classroom once lecturer has started the lecture unless intimated priorly.
- All students are expected to keep their classroom clean and avoid littering. Personal belonging is the sole responsibility of the student and shouldn't be left in classroom unattended. College is not responsible for theft/ damage of any personal belonging left in classroom.

Protocol for IT support Staff

- IT incharge is supposed to inspect the classroom everyday at 8.30 to check if LCD projectors, CPU and mike is functioning effectively and report the same to Principal.
- In case of non-functioning LCD projector during the lecture, IT incharge will make arrangement for portable LCD projector in his presence with proper entry in the register signed by the class representative and lecturer.

Protocol for house-keeping staff

Opening the classrooms at 8.30 and locking at 4 pm once lecture is over. Ensure students are not seen loitering around in the classrooms outside college hours.

Cleaning Protocol-

- Remove litters from floor and empty trash and replace bin liners.
- Dust & mop classroom surfaces, benches, plinth and chair.
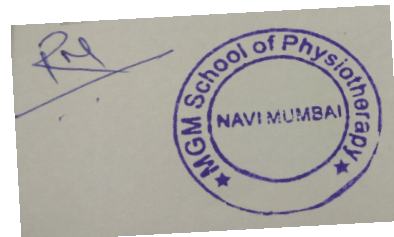- Spot (damp) mop all hard floor surfaces if necessary.

- Spot clean stains on wall surface areas if necessary.
- Order (arrange) classroom furniture.
- Secure the classroom (lights off, close and lock windows and classroom entry doors).

MGM INSTITUTE OF HEALTH SCIENCES
(Deemed University u/s 3 of UGC Act, 1956)
Grade 'A' Accredited by NAAC

MGM NEW BOMBAY COLLEGE OF NURSING
5th Floor, MGM Educational Campus, Plot No. 1& 2, Sector-1
Kamothe, Navi Mumbai – 410 209.

POLICY FOR MAINTENANCE OF CAMPUS FACILITY

1. **Purpose:-** To describe the policy and Procedure for the maintenance of physical facilities.
2. **Scope:-** Applies to maintenance of all physical facility of the institution.
3. **Responsibility:-** Office Superintendent and all Faculties.
4. **Policy :-**

   4.1 The institution provides adequate physical resources to support the vision, mission, values, scope and objectives of all the programmes it offers.
   4.2 The institution ensures appropriate control over its physical resources.
   4.3 The Office Superintendent has primary responsibility in planning, purchasing, condemning and controlling of the use of physical resources under the guidance of the Head of the institution.
   4.4 The institution follows environment safety measures as per statutory requirements.
   4.5 The institution adheres to regular preventive maintenance measures.
   4.6 The institution ensures appropriate use of resources by all stakeholders.
   4.7 The institution maintains an inventory list and the documentation of maintenance of all the resources.
   4.8 The institution provides an atmosphere that allows students, faculty and staff to meet their goals in the academic environment.

5. **Procedures :-**
   5.1 All room including Administrative office, Principal Office, Faculty office, class rooms, Laboratories, Library, Computer Laboratory and wash rooms should be cleaned daily by dry and wet mobbing before the official timing.
   5.2 Pest control should be done with documentation. Spray of pesticides in all rooms every two weeks. Treatment for rodents in every two weeks.
   5.3 The laboratories are under lock when not in use and the keys are kept in the office.
   5.4 Monthly inventory is maintained by the laboratory in charges.
   5.5 Any damages / missing of articles or furnitures is informed to the Principal through Office Superintendent for further action.
   5.6 All electrical appliances like fans, electrical points and tube lights are checked for preventive maintenance by electrician periodically.
   5.7 AMC to be maintained for AC, water cooler, and lift is maintained.
   5.8 Water sample of over head tank is sent for testing half yearly.
   5.9 All staff and faculty are accountable for cleanliness and furniture (Table, Chair, Cupboard) in their office space.

6. Fire extinguisher maintained yearly by filling with materials.
7. Cleaning of water tank is done on monthly basis with the help site office.
8. Computer Technician regularly maintains the Computers in the Lab.
9. Maintenance of building is done regularly by the site office.
10. Repair and maintenance of bus is done regularly.

	MGM MEDICAL COLLEGE AND HOSPITAL N-6,CIDCO, Aurangabad: 431001	
	Manual of Operations Biomedical Engineering Services	**Document No : MGM/BMD/01**

Manual of
Biomedical Maintenance
Department

	MGM MEDICAL COLLEGE AND HOSPITAL
	N-6,CIDCO, Aurangabad: 431001
Manual of Operations Biomedical Engineering Services	**Document No : MGM/BMD/01**

Page of Content

A.   **Purpose**: The appropriate and safe operation of biomedical equipment is to the proper functioning of any health care facility. The Biomedical Engineering Services is responsible for Installation, testing, Training, repairing, and maintaining in proper and safe operating condition, the hospital's diagnostic and therapeutic equipment. Major functions of Biomedical Engineering are to:

1. Perform installation, preventive and corrective maintenance, and special request service on clinical equipment owned, and/or used within the hospital in compliance with regulatory agencies.
2. Provide pre-purchase evaluations of new technology and equipment.
3. Assist clinical departments with service contract analysis, negotiations and management.
4. Provide coordination of clinical equipment installations including, planning, scheduling, And oversight.
5. Conduct device incident investigations.
6. Educating by taking regular classes to Nurses, other allied, Health care professionals and Creating awareness on norms etc.,

B.   **Scope**: MGM Medical College and Hospital, Aurangabad

C.   **Responsibility:** INCHAREGE Biomedical along with Biomedical Engineer, Biomedical Technician, Clerk
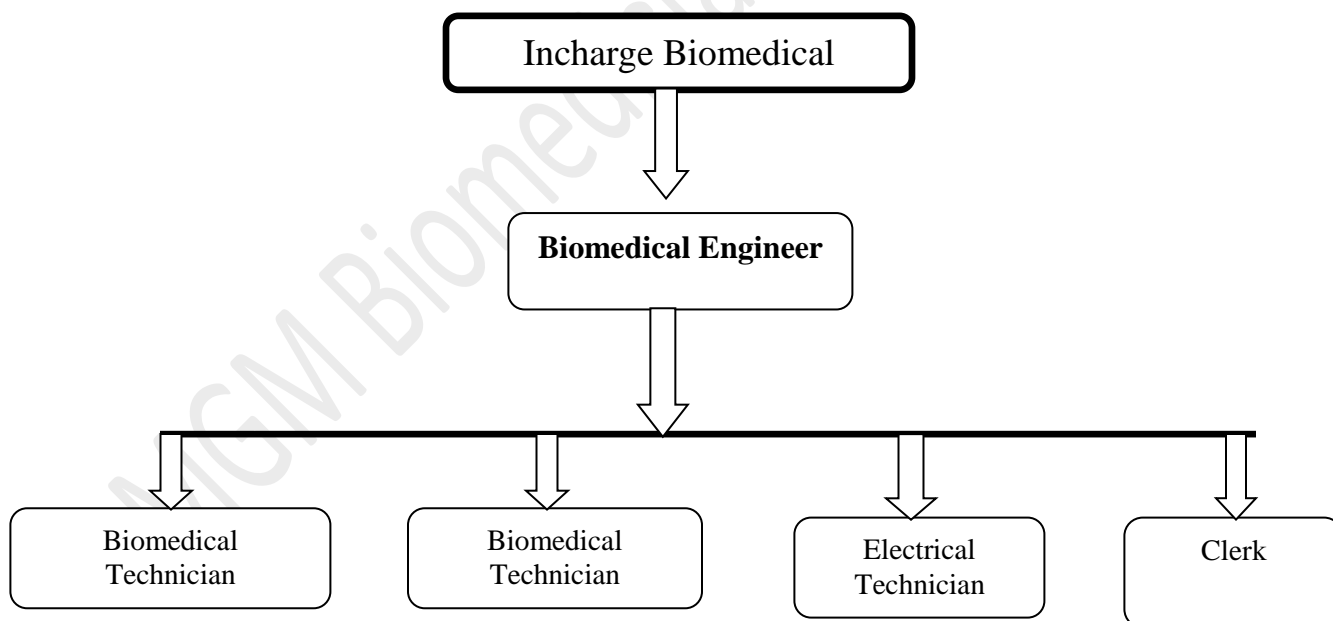
```
                    ┌─────────────────────┐
                    │ Incharge Biomedical │
                    └─────────────────────┘
                               │
                               ▼
                    ┌─────────────────────┐
                    │ Biomedical Engineer │
                    └─────────────────────┘
                               │
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         ▼              ▼              ▼              ▼
  ┌────────────┐ ┌────────────┐ ┌────────────┐ ┌──────────┐
  │ Biomedical │ │ Biomedical │ │ Electrical │ │  Clerk   │
  │ Technician │ │ Technician │ │ Technician │ │          │
  └────────────┘ └────────────┘ └────────────┘ └──────────┘
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D. Services Offered:

➢ Pre-purchase Evaluations/ Consulting
➢ Equipment Recommendations
➢ Purchasing assistance
➢ Incoming Inspections
➢ Service Equipment
➢ Contract Management (Service) (negotiations and administration)
➢ User (In service) Training
➢ Regular Preventive Maintenance / Safety / Performance Testing / Calibrations
➢ Corrective Work orders (Repairs)
➢ Safety Fair presentations
➢ Equipment Installations
➢ Replacement Recommendations
➢ Equipment History on every device

Equipment "Asset" tag:

Every device has a unique identification number, assigned by us that is
Used to:

		Mahatma Gandhi Mission's Medical College & Hospital
Unit	:	**Multipara Monitor**
Model	:	**Suresigns VM6**
Sr.no.	:	**US12563767**
Make	:	**Philips Electronics (I) Ltd.**
Code	:	**MGM/EICU/2016/07**

➢ Track equipment history – from "cradle to grave" (incoming inspection
➢ to disposal)
➢ Assign and track Preventive (Predictive) Maintenance work orders
➢ Assign and track Corrective work orders (repairs)
➢ Search for recalled devices
➢ Analyze trends for replacement or other issues

E.Purchase Policy :

Purchase of all Equipments and instruments are carried out by Purchase commitee.

Steps of Purchasing any Biomedical equipment or instrument :

1. At first the requirment is generated by the concerned department and is given to the stores in the form of Purchase requisition.
2. Take aproval for same from purchase comitee
3. Biomedical maintenance department is informed about the purchase of any new equipment / instrument where they help the stores department to search the best product at a good price.
4. The quotations of the products to be purchased are called from the various vendors.
   Negotiations are done by the vendors on various factors of the products by Purchase Comittee
   Comparision of the products in terms of specification, value, delivery period are made by the stores department.
5. The comparision is submitted to the management / purchase authorities for the approval.
6. Once the product is approved, purchase order as per terms and condiitons are generated by the stores department and is given to the vendor for processing the material.

F. Equipment / Instruments Installation Procedure:

1. The new equipment / instrument come in custody of the stores department.
2. Biomedical maintenance department arrange all pre installation Requirement like Electrical supply, Suitable platform for machine and all other required things according to equipment
3. The arrival of the equipment is informed to the concerned department as well as to the Biomedical Maintenance department.
4. Concerned department takes the equipment in their custody from stores department by giving them issue slip.
5. Biomedical maintenance department arranges for the installation and demonstration in coordination with the company and the department where the equipment is to be installed.
6. Biomedical maintenance department gets the equipments installed and demonstrated in their presence and hand over all accessories to the department in charge.
7. Internal Installation report along with company installation report is made and is get signed by the department in charge and Head of the Department.
8. The internal report is then got signed by the Purchase authority and is submitted to the stores for releasing of the payment.
9. Also one copy of the report is filed in the Biomedical Maintenance department for records.

Flow Chart of Installation Procedure

The new equipment / instrument come in custody of the stores department

↓

The arrival of the equipment is informed to the concerned department as well as to the Biomedical Maintenance department.

↓

Concerned department takes the equipment in their custody from stores department by giving them issue slip.

↓

Biomedical maintenance department arrange for the installation and demonstration in with their presence and hand over all accessories to the department in charge.

↓

Internal installation report along with company installation report is made and is get signed by the department in charge and head of the department.

↓

The internal report is then got singed by the purchase authority and is submitted to the stores for releasing of the payment.

↓

Also one copy of the report is field in the biomedical maintenance department for records.

G. Training to End user for smooth Operating & functioning of Biomedical Equipment.

➢ Installed machine at respective location according to Requirement under supervision of Biomedical Department.

➢ After installation Demonstration done By Company Engineer to Biomedical maintenance Department.

➢ Application Training arranged by Biomedical Engineer communicating with end user and Company Application Engineer.

➢ Application Engineer provides detail operating training to end user.

➢ Once Demonstration Done to Biomedical Engineer, In future if required basic level training provided by Biomedical Engineer.

➢ Biomedical Engineer arrange application training for critical care equipment like Ventilator, Anesthesia machine etc, Twice in year or Depend upon requirement of End user.

➢ For major equipment like CT scan machine, MRI, Ultrasound machine, Arrange application training only when if there is any updation in machine.

➢ Basic level training providing to end user at the time of preventive maintenance or when it required.

After completion of training there is feedback form filled by end user which will indicate training is satisfied or not.

Training programmer:

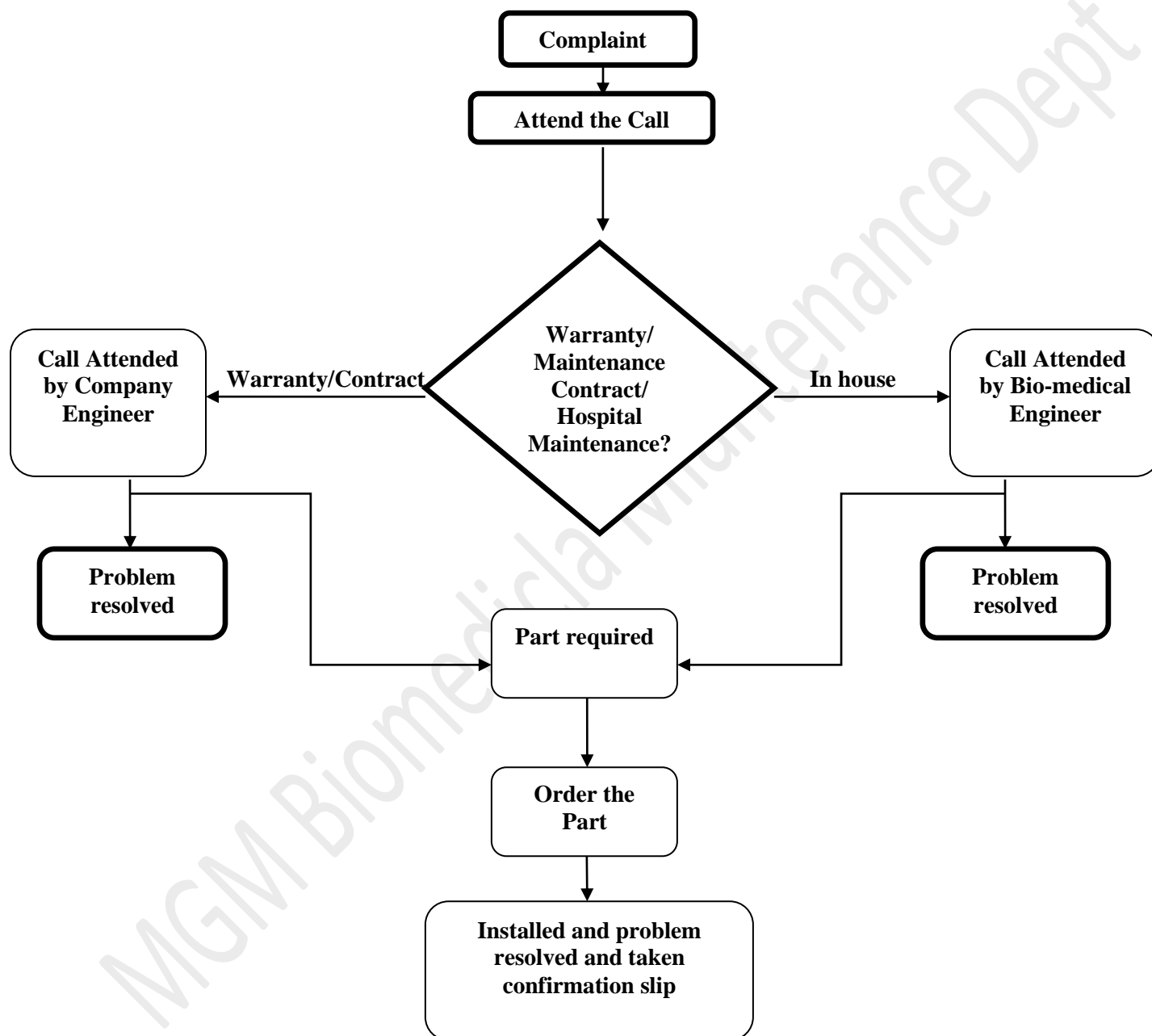| Sr. no	EQUIPMENT NAME	TRAINING TO END USER	TRAINER
1	Critical care Equipment/ICU -Ventilator -Anesthesia machine -Multipara monitor -ECG Machine -Defibrillator	-Doctors -Nursing staff	-Company Engineer -Biomedical Engineer -Biomedical Technician
2.	Radiology Equipment	-Radiologist -Technician	-Company Application specialist
3.	OT Equipment	-Doctors -Nursing staff -Technician -Mama	-Company Engineer -Biomedical Engineer -Biomedical Technician
4.	Endoscopy Equipment/ Urology Equipment/ Dental Equipment/Microbiology Equipment/Pathology Equipment/Opthal Equipment	-Doctors -Nursing staff -Technician	-Company Application specialist
5.	BP Apparatus/Cylinder replacement/Suction jar/Humidifier/Nurse call system	-Doctors -Nursing staff -Technician	-Biomedical Engineer -Biomedical Technician

H. Complaint/Breakdown:

1. Incase of breakdown of any biomedical equipment, the user department notifies the Biomedical Department.

2. The Biomedical Clerk enters the details in the Biomedical Equipment Breakdown record .

3. Biomedical Engineer identifies whether the equipment is under annual maintenance contract (AMC) or not.

4. If the equipment is under AMC the contract agency is informed. Time and date of the same is noted.

5. The contract agency personnel will report to the Biomedical Maintenance Department who is then escorted to the location of the faulty equipment.

6. The personnel from the contract agency rectify the defect. The equipment history record is updated with the required information and is validated by the service engineer.

7. The time at which the equipment started functioning is recorded in the Biomedical Equipment History Record Register by the Biomedical Engineer.

8. Incase the equipment is not under AMC, Biomedical Engineer informs to INCHAREGE Biomedical and CEO.

9. Authorized service centers of the company are informed about the breakdown.

10. The service center engineers will report to the Biomedical Engineer who then escorts the engineers to the location of the equipment.

11. Incase the fault can be repaired on the spot, the service engineers rectifies the fault. The service engineer validates the equipments fitness for use in the equipment history record register.

12. The time at which the equipment started functioning is recorded in the Biomedical Equipment History Record Register by Biomedical Engineer/Biomedical Technician.

13. If the machine cannot be repaired at the hospital and is required to be taken to the service center, a receipt for the equipment is provided by the service center with details of the equipment. The same is recorded by the biomedical clerk.

14. After the fault is rectified and the equipment is brought back to the hospital, the Biomedical Engineer ensures that the equipment is installed at the site of the user department by the service engineers.

Breakdown Call Management Structure:

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                    ┌─────────────────┐
                    │   Complaint     │
                    └────────┬────────┘
                             │
                    ┌────────▼────────┐
                    │  Attend the Call│
                    └────────┬────────┘
                             │
                        ╱────▼────╲
                       ╱  Warranty/ ╲
      ┌──────────────╱  Maintenance  ╲──────────────┐
      │ Warranty/    ╲  Contract/     ╱   In house   │
      │ Contract      ╲  Hospital     ╱              │
      ▼                ╲ Maintenance?╱               ▼
┌──────────────┐        ╲──────────╱         ┌──────────────┐
│ Call Attended│                             │ Call Attended│
│ by Company   │                             │ by Bio-medical│
│ Engineer     │                             │ Engineer     │
└──────┬───────┘                             └──────┬───────┘
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       ├──────────┐                    ┌────────────┤
       ▼          │                    │            ▼
┌──────────────┐  │                    │     ┌──────────────┐
│   Problem    │  │                    │     │   Problem    │
│  resolved    │  │                    │     │  resolved    │
└──────────────┘  │                    │     └──────────────┘
                  ▼                    ▼
              ┌─────────────────────────┐
              │     Part required       │
              └────────────┬────────────┘
                           │
                  ┌────────▼────────┐
                  │   Order the     │
                  │     Part        │
                  └────────┬────────┘
                           │
              ┌────────────▼─────────────┐
              │ Installed and problem    │
              │ resolved and taken       │
              │ confirmation slip        │
              └──────────────────────────┘
```

I. Preventive Maintenance:

1. Preventive maintenance schedules are prepared based on manufacturers' recommendations review of History Card maintained. The intimation of preventive maintenance is communicated in advance to the various departments for release of equipment.

2. The availability of necessary spares, consumables, tools and necessary materials are ensured through standardization and /or advance planning, through Biomedical maintenance Department.

3. Preventive maintenance is carried out as per Maintenance Schedule and Records. The concerned Biomedical Engineer/Biomedical Technician checks the maintenance activities regularly.

4. After completion of maintenance (whether preventive or breakdown) the OK report is taken from the user department.

5. All preventive maintenance jobs done are recorded in Equipment History Register maintained for all equipment (unit wise).

6. Equipments / Services /Instruments / devices which are given in AMC (Annual Maintenance Contract) are given to AMC Company for maintenance. A report of failure / break down is taken from company for monitoring purposes.

7. A list of all instrument /equipment/ devices requiring maintenance/calibration is prepared and maintained. The list identifies the Equipment by name, type, location, applicable service requirements, date of maintenance service done and maintenance due date. The maintenance status is updated continuously by the INCHAREGE Biomedical /Biomedical Engineer.

8. This list also indicates, whether maintenance/calibration is done in house or through external sources. Maintenance/calibration of equipments requiring an out side agency - a contract or purchase order is issued.

9. Where required the AMC agency is provided with necessary facilities and support to carry out maintenance in the hospital itself. The INCHAREGE Biomedical/Biomedical Engineer in consultation with the C.E.O provides the required support for the same.

10. The following is checked when maintenance is done -

❖ Physical condition of the equipment/ facility
❖ Maintenance report verification
❖ Maintenance / Service report to be obtained from service agency and after verification marked as O.K. /Not O.K.

1. Maintenance preserves the machine's accuracy and fitness for use. If equipment is found not fit for use, it should be withdrawn from use with the consent of the Head of the concerned department as well as by the Chief Medical Superintendent /Medical Superintendent of the hospital.

2. The consent for the same are to be obtained in writing and is to be maintained by Biomedical Engineer for future reference.

3. Persons handling the equipments/facility are trained on aspects like Do's, Don'ts, handling, safety, preventive maintenance and minor repairs as and when required by company engineers of the particular equipment. Records of training imparted are maintained by the Head of the concerned department.

J. Medical Gas:

Medical Gas cylinders are to be checked every day by:

1. The Biomedical technician in the medical gas cylinder storage room.

2. The nursing staff in the Operation Theatre/Emergency Department/Diagnostic Facilities/Wards.

Regular Inspection of Medical Gas cylinders are done:

a. To ensure that there is no leakage in the cylinders.

b. To ensure that there is no malfunction in the cylinders.

The nursing staff in each ward maintains a log book for the oxygen cylinders which is updated in each shift.

Equipment History Record Register:

1. History of all equipment of the hospital is entered in individually in the equipment history record register.
2. All the history records are maintained by the Biomedical Engineer a copy maintained at the user department.
3. These equipment history register is updated by the Biomedical Engineer/Technician as per the set parameters.

K. Annual Maintenance Contract :

1. The Equipments on AMC are identified and marked in the History register.
2. The history record contains the preventive maintenance frequency and calibration requirements and break down maintenance details
3. On the basis of the information gathered on the history record, Periodic Preventive Maintenance (PPM) schedule is made
4. The Biomedical Engineer/Technician follows the PPM schedule in conjunction with the user department on the availability of the machine to conduct the preventive maintenance by the contract agency
5. The Biomedical Engineers collects and documents the Service report of the maintenance conducted on the equipment by the AMC contractor
6. The break down time is recorded
7. All the spares details are recorded
8. The response time of the AMC contractor is recorded
9. After the Service, the Machine is thoroughly tested by the user department.

10. The user department signs the service order/ work order request if the service was done on a break down.

L. Calibration:

1. All the equipments when purchased the manufacturer defined frequency of calibration is taken
2. The frequency of calibration is entered in the history record
3. As the per the frequency stipulated the equipments are calibrated internally or through the AMC provider or through the third party agency or through the Government agency
4. All the necessary certification are maintained
5. Most of the Calibration is done with the periodic Prevention maintenance schedule
6. The history record is upgraded with calibration codes
7. The next calibration due is also mentioned in the history record.

M. Equipment condemnation and Disposal

The life cycle of equipment is fairly simple, but one process that seems to cause problems is deciding when to condemn and how to dispose of equipment.

When looking at condemnation and disposal, the engineer in charge of the department should have the experience, knowledge, and authority to decide when a piece of equipment should be scrapped and removed from use.

The reasons for condemning equipment will usually be:

➢ **Beyond economical repair** - Where equipment comes in and the cost of repairing it is considered too high after looking at the current value (taking depreciation into account), and the age of the equipment.

➢ **Technically obsolete** - Parts and service support are no longer available.

➢ **Clinically obsolete** - The clinician using the device (or manufacturer) recommend replacement for clinical reasons. (Diagnostic ultrasound imaging usually becomes clinically obsolete after 5 years due to the rapid improvements in imaging technology, but can still be used and supported by the supplier.)

Biomedical Equipment Condemnation Policy

The information supplied to the user must include the date of condemnation, whom the equipment belongs to and who authorized the condemnation. This would usually be the **BME INCHARGE** on a condemnation form. When sending out the notification of condemnation, copies should be sent to senior managers responsible for procurement, and users of the equipment. An equipment condemning note/memo should be individually numbered and logged onto the equipment database with an individual job number, equipment description, including the make, model, serial number, control (asset) number, purchase date (age), reason for condemning and any additional information.

We should also state the equipment location (Dept / Ward) . If the manager/user requires further information, contact details must be added, such as your telephone, e-mail, fax, etc. Finally, the **BME INCHAREGE** should sign off the condemnation letter.

If a replacement is required the cost for new equipment needs to be included in the capital bids processes giving financial priority to the most urgent purchase based on need and risk.

A record of all condemnations should be kept on the database.

Biomedical Equipment Disposal

Once the equipment has been condemned it should be quarantined or thrown away.
To quarantine the equipment means removing it from clinical use and putting it somewhere it cannot be used which is allocated as an area for scrapped equipment.
There may be an alternative use for this equipment:

- Research project

- Training etc

If there is an alternative use, the equipment may be held in the quarantine area until it can be handed over. Whoever takes the equipment must sign a form agreeing that the equipment is 'taken as seen'. All service and inventory labels must be removed, and all patient information deleted (where the device has IT storage capability)

The equipment that cannot be found an alternative use must be disposed of safely. This will usually include:

> Removal of lead acid, Nickel Cadmium or other alkaline batteries for separate disposal in line with trust policies.

> Evacuation of CatIncharegee ray tubes to prevent the risk of implosion (Usually by breaking off the nipple at the back of the tube).

> Removal of in line fuses.

> Cleaning and decontamination.

> Removal of all means to power up the device. (i.e. On hard wired devices the mains cable should be cut off.)

> Removal of all hoses able to pressurize a device (if driven by gases)

N. **Records Generated**:
  1. Equipment History Record.
  2. Equipment uptime and down time record.
  3. AMC record.
  4. Calibartion record
  5. Oxygen Cylinder /Liquid oxygen logbook
  6. Spare parts record.

Forms/ Documents

Master List
Work Order
Preventive maintenance Monthly Check list
History card

LAB MGM MEDICAL COLLEGE & HOSPITAL

INDEX

MAHATMA GANDHI MISSION HOSPITAL & MCRI AURANGABAD	Doc.No	SOP/MGM/FMS/8
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SOP FOR HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN	Rev. No.	02
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ANNEXURE G
SAFETY MANUAL

1 OBJECTIVE

To provide and maintain a safe and supportive environment for patients and those providing health care services by identifying hazardous Materials with Waste Management Plan consistent with the hospital's mission by ensuring proper handling and disposal of hazardous materials and waste.
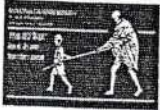
2 SCOPE

The Hazardous Materials and Waste Management Plan applies to all areas of health care services where chemical, toxic drugs, bio hazardous/infectious and inflammable materials including gases are stocked and used, and waste disposed. The SOP establishes the parameters within which a safe environment of care is established, maintained and improved

The specific hazardous materials and waste categories addressed are hazardous chemicals, infectious materials, chemotherapeutic drugs, LPG and medical gases Steam ETO and radioactive materials. This SOP documents and defines the department responsibility and procedure for the safe handling, storing, use and disposal of hazardous materials and waste.

3 AUTHORITY / RESPONSIBILITY

3.1 The Management has delegated responsibility for ensuring compliance with this Hazardous Materials and Waste Management Plan to the head of departments under supervision of Safety committee

3.2 The Hospital Safety Officer reports risk incidents and activities to the Safety Committee. The Hospital Safety Officer performs those functions normally associated with environmental health and safety program and is guided by a written job description. including the need to make changes to general safety equipment, procedures, training; and other activities essential to implement the Safety Management Program.

3.3 Department Heads are responsible for implementing and enforcing policies and procedures associated with this Plan with appropriate program guidelines and are directed to maintain a current awareness of the program, and to ensure its effective implementation within their department.

3.4 Each employee is responsible for attending education programs and for understanding how the material relates to his or her specific job requirements. Employees are responsible for following the guidelines set forth in applicable policies and procedures.

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identified in these SOP for disposal of hospital waste. Radiation Protection and safety protocols, provides oversight and monitoring for all facilities using radioactive materials

5.6 Hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are hazardous or addressed by law and regulation.

5.7 MSDS(Material Safety Data Sheets) will be displayed for all hazardous material and personnel are trained who handle such material. The Departments create and maintains chemical inventories of hazardous materials . Once the department's inventory is entered, the department can manage their inventory and MSDSs.

5.8 The Hospital will use precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures including Chemical Hazardous Materials Spill as in Laboratory Safety Manual including Selecting, Using, Handling, Storing, Transporting and Disposing of Hazardous Materials, Occupational Safety Use of PPE detail procedures to follow in the event of a hazardous material spill or exposure as given in Infection control manual.

5.9 The Hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.

5.10 The Hospital trains its staff in the proper handling, storage, transporting, using and disposing of hazardous chemicals through orientation and annual recertification trainings, departmental trainings,

5.11 Requisite Regulatory requirements are met in case of radioactive materials such as AERB and directives from Physics division of BAR

5.12 **Training on Use and Handling.**
Employees are trained on proper chemical use and handling at New Employee Orientation, training program and through in-service departmental training including the following.

a) **Storing.**
Chemicals are stored according to manufacturer's specifications and compatibility requirements. Labs are trained to store chemicals based on the Department of Transportation hazard codes or the Fisher Scientific codes

b) **Transporting.**
Chemical containers are inspected upon delivery to receiving areas and/or to the user department. Chemical products or their containers that are damaged or leaking are not accepted. Chemicals including compressed gas cylinders which are not properly labeled are not accepted. The Receiving and Courier department receives and distributes chemicals throughout

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	MAHATMA GANDHI MISSION HOSPITAL & MCRI AURANGABAD	Doc.No	SOP/MGM/FMS/8
		Cross Ref	HIC 8, AAC 8,11
		Issue No.	01
	SOP FOR HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN	Rev. No.	02
		Date	20/12/2016
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the Hospital. If a chemical is damaged, it is noted on the tracking slip and the ordering department is notified. If there is a spill of a chemical during transport, spill response is initiated as per manufacturer directives.

c)   Disposing.

Waste determinations are conducted by generating departments on hazardous materials to determine proper waste disposal, as per Administrative policy assists staff in waste determinations throughout the Hospital. Hazardous wastes are collected in waste collection and satellite accumulation areas, waste storage areas near stores . Hazardous waste is collected by the Hospital's approved contractor on an as-needed basis.

d)   Tanks

Fuel oil tanks, diesel tanks, oil/water separators, used oil tank and chemical storage tanks within campus are identified and monitored .

e)   Monitoring and Inspection.

Hospital Plant Operations inspects the underground storage tanks weekly and aboveground storage tanks separator monthly. Any deficiencies are recorded and corrected. Monthly inspection records are maintained by the Plant Operations. Department of Environmental Conservation performs annual tank inspections. Records are maintained for 10 years

5.13   Infectious and Regulated Medical Waste, including Radioactive material

a)   BMW

Handling, Storing and Transporting of Infectious and regulated medical. BMW is collected, stored and prepared for disposal by Service providers prior to its removal from the facility as per SOP /DP/MGM/.Needle destroyers and   Sharps containers are placed throughout the facility, in all patient rooms, med rooms and care giving units,

sharps containers are removed and serviced per a schedule overseen by HIC Team. Disposal of all BMW including sharps is performed by a licensed certified vendor who is responsible for the transport to a disposal following the appropriate statutory guidelines.

b)   Radiation waste

RSO performs annual quality assurance tests on all lead apron shields in use at the Hospital. Lead aprons that fail the X-ray QA test are removed from service and properly disposed of through our hazardous waste contractor. Radioactive waste is disposed in radioactive waste containers. Short lived radioactive waste is allowed to decay in the RPS controlled Low Level Radioactive Waste (LLRW) Decay in Storage facility in the Health Science Center and at the RPS Hazardous Materials Management Facility prior to proper disposal as municipal solid waste. The RSO does oversee a LLRW Decay in Storage program that allows the Hospital to decay

	MAHATMA GANDHI MISSION HOSPITAL & MCRI AURANGABAD	Doc.No	SOP/MGM/FMS/8
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radioactive material with a T ½ life under 90 days, contributing to the waste minimization program.

The radiation protection program establishes uniform policies and procedures for the safe use of all sources of ionizing radiation within the Hospital. The purpose of the program is to ensure that all sources of ionizing radiation are stored, used and disposed of in accordance with Federal, State and University regulations. To accomplish this, the program provides for monitoring of personnel and facilities and offers other services to assist users in ensuring that radiation exposure is maintained As Low As Reasonably Achievable (ALARA) within the established dose limits.

The hospital minimizes risks associated with selecting and using hazardous energy sources (radiation, x-ray equipment, Lasers and MRIs)by activities of RSO associated with Safety Committee. These new assignments enables the RSO to act as the liaison on both personal safety and MRI safety issues.

c) Hazardous medications.

The Hospital minimizes risks associated with disposing of hazardous medications.
Trace quantities of chemotherapy drugs are placed in yellow bags and sent to a regulated medical waste (RMW) incinerator for disposal. Gross quantities of chemotherapy drugs are placed in black containers for disposal. These containers are picked up by a permitted hazardous waste contractor and disposed of as hazardous waste.

Unused and expired medications are sent back to Pharmacy to determine the proper disposal of the pharmaceuticals. Any pharmaceuticals that are identified as hazardous by regulation or by best management practice are collected and incinerated.

d) Pesticides

i)   Selection and Use: The Hospital uses an Integrated Pest Management (IPM) technique to perform pest management services. This service identifies monitors and designates the appropriate treatment to remove pests and / or possible infestations. The Hospital uses a commercial vendor who may apply pesticide based on select registered pesticides for use.

ii) Tracking: The vendor identifies pesticide use and reports to Hospital for any service provided.

e) Hazardous gases and vapors

i)   The Hospital minimizes risks associated with selecting, handling, storing, transporting, using and disposing of hazardous gases and vapors (such as glutaraldehyde, ethylene oxide, cauterizing equipment, lasers and nitrous oxide).

ii) Inspection /Selecting. The Product purchase Management Committee reviews and approves all new supplies including laboratory items utilized at the Hospital. Laboratories order all hazardous gases including

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Nitric Oxide (800 ppm)

Ikaria (Formerly In Therapeutics)

Helium-Oxygen Mixtures (Helium 70%, Oxygen 30%)

General Welding

iii)   Storage, Use and Handling. All cylinders are labeled according to regulations and marked with a tag or label of its contents. All cylinders are stored and used upright and securely fastened

iv)   Ethylene oxide (EtO) – EtO is used in Central Sterile Supply within closed-system sterilizer/aerator units. Virtually leak proof EtO containers are stored in a vented flammable storage cabinet. The sterilizer/abator rooms have an EtO alarm system and exhaust fan failure alarm. The EtO alarm system undergoes quarterly calibration by a contracted vendor and Plant Operations tests the exhaust fan alarm. The sterilizers and abators are serviced semi-annually by the manufacturer.

v)   Nitrous oxide and waste anesthetic gases – anesthesia units have waste scavenger gas systems. These units are serviced semi-annually by a contracted vendor or Bio Medical Engineering (BME), except for the nitrous oxide unit in Pediatrics ED which is serviced every two years. Rooms where anesthetic gases are administered should have required air changes.

vi)   Glutaraldehyde/Ortho-phthalaldehyde (OPA) – OPA is used throughout patient care areas, except in the OR and L&D where a glutaraldehyde-based disinfectant is used. Staff handling both disinfectants wears gloves and gowns, and eyewear if there is splash risk. In Endoscopy, OPA is used in a closed disinfection system and in a Glutaraldehyde User Station (GUS) that has internal vapor collection filters. Other patient care areas also use GUS units. BME performs semi-annual preventative maintenance on the GUS units, with an annual filter replacement.

vii)   Cauterizing equipment and lasers – Cauterizing equipment such as electrosurgical units (ESU), and lasers have smoke evacuators. The ESU and lasers are serviced semi-annually by maintenance engineer.

viii) Formaldehyde – 10% formalin (3.7% formaldehyde) is used throughout the hospital and offsites as a specimen preservative. In high volume areas such as the OR and ASC OR, formalin dispensing stations with internal collection filters are used. Preventative maintenance and filter changes are performed, as per BME schedule. Laboratory work involving formalin is performed within chemical fume hoods or suitable biosafety cabinet, when feasible. Staff wears gown or lab coats and gloves, and eye protection when there is splash potential.

ix)   Internal Cylinder Transport. When transporting cylinders throughout the Hospital, the protective cap is kept in place, and a suitable hand truck is used with cylinders firmly   secured

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	MAHATMA GANDHI MISSION HOSPITAL & MCRI AURANGABAD	Doc.No	SOP/MGM/FMS/8
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x)   **PLAN**

Disposing. Tanks are marked empty in the laboratories. Receiving removes empty tanks   from the Laboratories and are returned to the contracted vendor, General Welding.

xi)   The Hospital monitors levels of hazardous gases and vapors to determine that they are in safe range.

As per EH&S policy 4-8, EH&S performs occupational exposure monitoring for airborne chemicals including glutaraldehyde/OPA, ethylene oxide, formaldehyde, nitrous oxide and other waste anesthetic gases. Monitoring reports are sent to appropriate administrators for any necessary corrective action. Monitoring indicating overexposure to OSHA standards are presented to the EOC Committee for review and action.

Documentation maintained for the Hospital's hazardous materials and waste.

5.10.   **Labeling of Hazardous waste**

The Hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings.

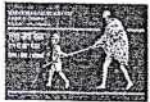Hazardous material and waste are labeled as required by State and Federal regulations. Secondary containers are labeled with identity of the hazardous chemical/National Fire Protection Association

6. References

Laboratory safety program   NABH/AAC/8

Radiation safety program   NABH/AAC/11

SOP for Biomedical waste disposal-   DP/BMW/01

Infection control manual

Prepared by
NABH Coord

Approved by
Dean

	MAHATMA GANDHI MISSION HOSPITAL & MCRI AURANGABAD	Doc.No	SOP/MGM/IMS/1
		Issue No.	01
	SOP FOR	Rev. No.	02
	IMFORMATION MANAGEMENT SYSTEM	Date	19/10/2016
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1. OBJECTIVES:

To identify the information needs appropriate to the Health Care Services, to achieve the best possible support of patient care, out come and administration by presenting data where needed and acquiring data generated manually or with network electronic data processing, to maintain records and to set protocols to provide relevant information to concerned authorities as required in compliance with prevailing regulations

2. SCOPE:

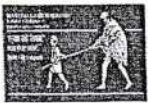All departments of MGM Hospital and MCRI, Aurangabad

3. RESPONSIBILITY

System administrator, Incharge Registration, Record Section and department heads under supervision of Dy Dean. The system administrator is responsible for electronic hospital Information System under supervision of Dy Dean.

The hardware network engineer is responsible for maintaining the hardware network system in hospital and activities to keep the system online and patient data available to doctors and nurses.

4. POLICY:

- Information needs of all stakeholders including doctors, management and external agencies like NABH, NAAC and govt agencies are identified. Details in NABH/IMS/02
- Information needs will comply with prevailing laws and regulations IT Act 2000 for computer based records, RTI Act 2005,MOCRA and code of medical ethics
- Information requirement will be handled by persons in the computer cell who are qualified graduate/Post graduate computer diploma / degree holders and experienced in computer systems.
- All records will be maintained with the help of standardized forms with terminology and abbreviations for data input.
- Hospital Information system/Management Information system will be documented and informed to all concerned in compliance with prevailing laws and regulations.
- In case of server breakdown contingency plan is shift the work on backup server.

- All information management and technology acquisitions will be done understanding the needs of the users, and in consultation with IT department various vendors, licensed copies will be acquired where needed
- As of telemedicine is not practiced, if this is introduced in future, policies and procedures will be developed and practised

5. PROCEDURE:

5.1 System administrator will define the needs of software and hard ware solutions as per the information requirements based on inputs from hospital data pertaining to bed occupancy, admissions, discharges, records of investigation procedures, diagnostic services, surgical procedures and revenue generated by various departments of the hospital.

5.2 Hospital Information system will cover the following aspects of patients care management.

- Patient Registration of OPD/Casualty
- Registration of Lab investigations
- Registration of Radiological investigations
- Patient admission IPD
- Deposit and advances
- Ward allocation
- Patient transfer
- Operation Theater billing
- Automatic charge calculation
- Estimate and final billing.
- Discounts and charity concessions
- Unit wise registration.
- Patient discharge
- Treating doctor details,
- Search engine

5.3 **Diagnostic services module**

The module of OPD/IPD/Investigations enables the entry of data for routine investigation procedures recommended by treating doctors for records through the billing registration and once the patient paid for the OPD/IPD investigations the billing receipt of the same is issued for the respective diagnostic center.

5.4   Computerized Reports:

- Admission/ discharge report - This report gives information on admitted / discharge patient during a specified time period. e.g. daily/ monthly reports.
- Bed occupancy report - This report gives information on bed occupancy category wise, ward /department wise for a given time daily / monthly.
- Ward allocation reports: This reports gives ward allocation and room allocation for tracking of patients report.
- Billing/ advance report: This report gives details of advances paid by the patient against the billing pending.
- Performed operation list / billing/ OT Utilization rates
- Comprehensive online laboratory report / billing
- Comprehensive Radiology report / billing
- Maintenance and breakdown reports of Equipments
- Blood stock report daily/monthly.
- Blood issue report daily/monthly. Computer based records under IT Act 2000,
- PNDT Act for details of patient undergoing ultra sound will be maintained by Radiology dept.

5.5   External data bases

Relevant information will be released to the concerned authorities by Records section, PSM Department and the systems administrator of Computer cell as per statutory norms including births, deaths and Notifiable diseases which are reported to the Municipal Corporation and District Health Authorities as required.

Internal reporting of Notifiable diseases will be done and included in monthly reports from dept of PSM and computer cell to Office of Dean with copy to Core committee and presented in the committee meetings including Medical Audit Committee for Births and Deaths and to the Infection control committee for Notifiable / Communicable diseases **Details attached in annexure A**

5.6 Maintenance of clinical records as per state legislation will be done (MOCRA) will be carried out by Record Section including details records of births, deaths, medico legal cases.

6   REFERENCES

        IT Act 2000

        PNDT Act

        MTP Act

        RTI Act 2005

        Maintenance of clinical Records Act (MOCRA)

        Code of Medical Ethics 2002

Prepared by

NABH Co ord

Approved by

Dean

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Mahatma Gandhi Mission's
MEDICAL COLLEGE
N-6, CIDCO, Aurangabad
LIST OF FORMS
CENTRAL LIBRARY

Sr. No.	Form Name	Form No.
1	Book Requirement/Circular/Notice	F/LIB/01
2	Book Quotation Form	F/LIB/02
3	Purchase Order	F/LIB/03
4	Student Library Card Request	F/LIB/04
5	Teachers and PG, MCRI Management	F/LIB/05
6	Student Library Card Form B.Sc/M.Sc	F/LIB/06
7	Membership Form for Ex/Outer Student	F/LIB/07
8	Library Issue Card	F/LIB/08
9	Annual Subscription/New Renewal Form	F/LIB/09
10	Renewal of Subscription Payment Form	F/LIB/10
11	Not Received of Single Issue Form	F/LIB/11
12	Gap in Supply Form	F/LIB/12
13	Quotation Foreign Journal Form	F/LIB/13
14	Order Foreign Journal Form	F/LIB/14
15	Non Receipt of Journal and Gap in Supply Report	F/LIB/15
16	Quotation of News Paper Raddi Form	F/LIB/16
17	Binding of Book Quotation Form	F/LIB/17
18	Binding of Book Order Form	F/LIB/18
19	MGM Book Bank Application form	F/LIB/19
20	Accession Register	R/LIB/01
21	Student Library Issue Register	R/LIB/02
22	Staff /PG/Library Issue	R/LIB/03
23	Fine Register	R/LIB/04
24	Replace Record Register	R/LIB/05
25	Reading Room Entry Register	R/LIB/06-B
26	Reading Hall Register	R/LIB/06-A
27	Journal Subscription Register/Entry Register	R/LIB/07
28	Library Student Borrower MBBS Card	C/LIB/1
29	Library Student Borrower Bsc/Msc Card	C/LIB/2
30	Library Teacher/PG Borrower Card	C/LIB/3
31	Library Department Borrower Card	C/LIB/4
32	Library Rule	

MGM BOOK BANK APPLICATION FORM FOR BORROWING BOOKS

NAME: ---

(CAPITAL LETERS)

CLASS: I / II / III / MBBS ROLL NO. ----------------

% of marks obtained in the ------------------ XII / I / II / MBBS University Examination

List of books required by me, in order of priority is given overleaf (Not more than ten titles)

I HAVE READ THE RULES AND REGULATION OF THE BOOK BANK AND AGREE TO ABIDE BY TERM.

NO COLLEGE DUES ARE OUTSTANDING AGAINST ME AND THE ENDORSLMENT TO THAT EFFECT FROM THE COLLEGE ACCOUNTANT IS OBTAINED OON THIS FORM.

DATE: --------------------   Signature ----------------------------

RULES AND REGULATION:

1. Application should be given in the proscribed form only.
2. Available books will be equitably allotted to the applicant students.
    Dean's Decision in the matter shall be final.
3. Not more than five books will be allotted to each applicant initially.
4. Senior term students will be priority over the junior term students.
5. List of books required should be written in order of priority.
6. Books should be returned / renewed at the end of each University Examination.
7. Books issued them the book bank is not trans ferrable.
8. It is the responsibility of the student to maintain the books is good condition. They
    should handle them with at most car.
9. Underlining, overwriting on pages is strictly prohibited and will attract suitable
    penalty at the discretion of the Dean.
10. In case of clipping on pages in strictly prohibited serious damages to or loss of books,
    the student will have to replace it with the latest edition of the same or pay the full
    cost plus 50% penalty in lieu of the replacement.
11. Books should be returned / renewed within fifteen days from the date of notice to do
    so, failing which a fine of one rupee per book per day shall be charged.
12. Applicant forms without **NO DUES** endorsement from the Account Section will not be
    accepted.

SKF/17/5/18

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE
N-6,CIDCO, AURANGABAD-431 003 (INDIA)
Tel. : (240)-6601100,3,2484693, Fax.: 91-240-2484445,2487727
E-mail:- mgmmca@themgmgroup.com mgmdean@gmail.com

Ref.:- No. MGM/MCA/LIB/IJ/ /   Date: --------------6.1

To,

Subject: - Annual Subscription/ New Renewal 2018

Sir,
    Please enter our Subscription of--- for one Year from January to December 2018 and Send Performa invoice in duplicate for Payment.

        Thanking you,

                                                        Yours Sincerely

                                        LIBRARIAN
                                        MGM's Medical College,
                                            Aurangabad

SKF/17

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE
N-6,CIDCO,AURANGABAD-431 003 (INDIA)
Tel. : 91-240-6601100,2484693, Fax.: 91-240-2484445,2487727
E-mail:- mgmdean@rediffmail.com mgmmca@themgmgrope.com

Ref : No. MGM/MCA/LIB/IJ/ /   Date:------------------

By Courier
To,

              Subject: Renewal /New subscription -2018
              Ref.: Your Proforma invoice No.-----
              Date: -------
Sir,
      Please find enclosed herewith one demand draft No. ------- Dated:------------- for Rs. --------
(Rupees: ------------------------------------) drawn on - ------- Bank to ward our annual subscription
of ----------------- for the year January to December 2018. Please send the receipt for this
payment.

        Thanking you,

                                            Your Sincerely,

                                            Medical Director/Dean
                                            MGM Medical College
                                            Aurangabad

SKF/18
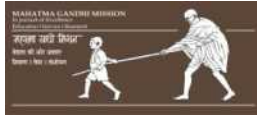
Ref. No. MGM/MCA/LIB/JL/ /   Date:-------------------6.3

To,

        Subject: Not received of Single Issue Journal year -------- Report.
        Ref.: Your bill No.: --------- / Date: ----------------
        Our Payment D.D. No.: ----------/ Date: -----------

Sir,

    We have not received a single issued of ------------------- for the year------ Please look in to the matter and dispatch all the published issues with further delay. If the publication of the year ---------- issues is delayed, please let us know accordingly.

    Thanking you

                         Yours sincerely,

                         Medical Director/ Dean
                         MGM Medical College
                         Aurangabad

SKF/2018

Ref. No. MGM/MCA/LIB/JL/ /   Date:- ----------------------6.4

To,

         Subject : Gap in supply report – 2017
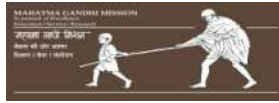
Sir,

     We have not received ---------------------- Vol. -----/ ------------------------- although subsequent issue is received. Kindly arrange to send the above missing issue and fill up the gap in supply at the earliest.

     Thanking you.

<div align="right">

Yours sincerely

Dean/Medical Director
MGM Medical College
Aurangabad

</div>

SKF/2018

Ref. No. MGM/MCA/LIB/FJ /   Date: -------------------6.1

To,

Subject:- Quotation Foreign Journal 2018

Sir,

    Since last Nine years from 2008–2017 MGM Medical College, Aurangabad Central Library Subscribed Foreign Medical Journals through MGM Deemed University, Mumbai. Encl. the requirement list of Foreign Medical Journals for the year 2018 from all Head of Departments and send for quotations and other procedures.

    After receiving quotations and finalize the Agent send the cost / price for finalize the order from Dean & Library Committee of MGM Medical College, Aurangabad. Astrics marks are new addition for 2018.

    Thanking you.

                                                                Your Sincerely

                                                        Medical Director/Dean
                                                        MGM Medical College,
                                                            Aurangabad.

Encl : List of Foreign Journals for 2018

Ref. No. MGM/MCA/LIB/FJ/   Date: --------------------6. Sub to Univ
                                                                    for agent of jour

To,

Subject: Subscribing Foreign Journals Order List for 2017
Ref. No.: MGM/MCA/LIB/FJ/-------- Date: --------------------
Subject: Subscribing Foreign Journals Order List for 2017

Sir,

As per above mail Dr. Dixit R.P. & Library Committee of MGM Medical College, Mumbai recommend that M/S Total IT Solutions Pvt. Ltd. New Delhi, has been appointed as a agent for Subscribing Foreign Medical Journal 2017.

As per above Ref. and Subject we enclosed the confirm list for 2017. Total No. of 69 (Sixty Nine) Journals are approved in Library Committee Meeting held on 05/12/2016 Monday. Kindly take appropriate action.

Thanking you

Your Sincerely

Medical Director/ Dean
MGM Medical College,
Aurangabad.

Ref: No. MGM/MCA/LIB/FJ/ /   Date:- -------------------gap report in foreign journal

To

Subject: <u>Non receipt of Journal and Gap in supply Report for the year 2018</u>

Sir,

   We have subscribed 52 Foreign Journals for the year --------. Up to 15th May- 2018 we have not received Journal Issues as per statement enclosed. Remaining issues we have received. Kindly arrange to send the remaining issues and fill up the gap in supply at the earliest. It is most urgent.

   Thanking you.

                                  Your Sincerely,

                                  Medical Director/Dean
                                  MGM Medical College,
                                  Aurangabad.

Ref : No. MGM/MCA/LIB/BK/   Date:- 05-12-2013

To,

--------------------------------,

--------------------------------,

--------------------------------.

Subject: Books Quotations due on ------------ 1.1

Sir,

We have to purchase the books mentioned in the enclosed list. You are, therefore, requested to quote highest discount rate in percent. You may quota flat discount rate for all the titles considered together or you may quote discount rate separately for each item. You should however state the current catalogue price of each title to enable us to estimate the total cost of the order.

Our terms and conditions are as under.

1) Rates quoted be inclusive of all other charges like packing, forwarding, postage, registration, freight etc. any amount charged in the bill under these heads will be straight way deducted from the same.

2) Only the latest edition of each books is required. If a new edition is due soon or under print, please state the same against the title.

3) If there is ELBS / Asian / Indian edition or any other type of low cost edition of the title please quote for the same.

4) Following information should be given for each quoted titles. Author, short title, year of publication, edition, catalogue, price in Foreign / Indian currency and supply position (in stock / due soon out of print / out of stock / procurable etc)

5) Books in stock will have to be the supplied immediately other titles should be procured and supplied within 30 days from the date of out order, failing which our order shall be automatically treated as cancelled. Books procured against our order after 30days my be supplied with our prior permission only.

6) Books should be supplied by Rail / Road transport by freight PAID Only. If the parcel is sent by freight to pay the same will be deducted from your bill.

7) Demurrage charges incurred by us due to late receipt of the R. R. will be deducted from your bill.

8) Each invoice should be certified that "We have charged correct publisher price add current conversion rate only". Price proof will have to be provided if required by us.

9) Defective / Damaged copy will be returned and the same have to be replaced at your cost.

10) The last date for receiving the Quotation is -------------------

11) Please superscript the envelop " QUOTATION FOR BOOKS DUE ON----------------------.

Yours Sincerely

Medical Director/Dean

MGM Medical College,

Encl. Book list

Aurangabad.

Ref./MGM/MCA/LIB/BK/   Date: -----------------

To,
----------------------------,
---------------------------,
---------------------------.
----------------------------.

<div align="center">

Subject: Book Order
Ref.:- ---------------/Date: ---------------------

</div>

Sir,
    As per your quotation letter No.---------------------Date ------------ Please enter our order for the supply of books as per list attached herewith on following Terms& Conditions.

1. Number of copies required is stated against each title.
2. Only the latest edition is required. If there is ELBS/ASIAN INDIAN EDITION with year of Publication same as foreign edition, Please supply the same.
3. Please send Price proof for foreign books.
4. All the ordered books should be supplied within 30 days from the date of our order failing which our order shall be automatically treated as cancelled and We will not be responsible for the books procured by you against our order there after you may however, Supply such books with our prior permission.
5. In the bill write/stamp "Certified that we have charged publishers current price and current exchange rate."
6. Parcel should be sent by freight paid only.
7. Please send the bill in triplicate copies and send the separate bill for MGM Book Bank (BBOC) and central library books.
8. All books should be fully checked and packed.Loss,damage or shortage of books in transit is entirely the book sellers responsibility.
9. We reserves the right to reject material or cancel order, it the supply is not effected in accordance with our specifications and delivery schedule given in purchase order.
10. Please mention the basic price, discount and amount separately for each item book.
     Encl. book list.
      Note: Please send the separate Bill for Dept. Books & Central Library Books.

                                                                Your Sincerely

Medical Director/Dean
MGM's Medical College
Aurangabad.

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE
N-6 CIDCO, AURANGABAD- 131 003 (INDIA)
APPLICATION FORM LIBRARY FOR CARD (STUDENTS)

SURNAME--

FIRST NAME--

FAHERS NAME---

CLASS---------------- **SEMISTER**------------- **RUNING YEAR**------------- **ROLL NO**-----------

CATEGORY ------/ **SC/ST/OBC/OPEN/ OTHER**----------- **DATE OF BIRTH**-----------------

LOCAL ADDRESS---

PERMANENT ADDRESS --

PHONE NO----------------------------------- **MOBILE NO**---------------------------------------
I have read the rules and regulations of the library and agree to abide by them.
Date -------------- **B.T. NO**---------   **Signature**-----------------------
"No Due" endorsement from Account section should be obtained this Application
Form. All entries in capital letters only.

LIBRARIAN
MGM MEDICAL COLLEGE
AURANGABAD

MGM'S MEDICAL COLLEGE

N-6 CIDCO , Aurangabad

LIBRARY

(Application Form for Teachers , P.G. Students & Non Teaching Staff)

1) **Full Name** :--

   (Block Letter)   **(Surname)**   **(Name)**   **(Father's name)**

2) **Designation:**---

3) **Department:**--

4) **Local Address**--

            ----

5) **Phone No**---

6) **Permanent Address**--

    (with pin Code) --

7) **Number &Date of**--

    Appointment Order

  Date --------------------------   **(Signature**)

Forwarded to the Librarian

  Dr. --**has joined the**

Department of ------------------------------------**as** ----------------------**He/ She will be asked to produce**

NO DUES Certificate from the Library before relieving from the Department.

Date:-----------   **(Signature)**

                                    Head of Department

Library Registration No----------------------   **Date----------------------------**

-

                                    Librarian

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE
N-6,CIDCO,AURANGABAD-431 003 (INDIA)
Tel. : (240)-6601100,3,2484693, Fax.: 91-240-2484445,2487727
E-mail:- mgmdean@rediffmail.com
Website: www.themgmgroup.com

Ref: No. MGM/MCA/LIBBG//   Date:- ------------------

To, -

Subject: Binding of Book Quotation due on------------------

Sir ,

     We have to bind library book and volumes of journals as per specification below.

CATEGOBY(BOOKS)

Full cloth rexin (Best quality) plain black colour, section sewing, Reinforced spine, white fly Leaves,minimum trimming of edges, cardboard should be appropriate for the thicknes of books journal.Approxinate quanfift of work:---books

CATEGORY II (VOLUMES OF JOURNALS)

Full cloth Rexin (Bestquality) plain black colour,section sewing, Reinforeded spine,white fly leaves, minimum trimming of edges. Cardboard should be appropriate for the thicknes of journalvolume Gold embossed full\shor title,volume number,year and abbreviated name of the college (MGM/MCA)on the spine.

Approximate quantity of work :   voiumes.

TERMS AND CONDITION.

1. You will carry the book/ Journals from the library and return them duly round at your cost.
2. You will have to complete the binding of a minimum of 100 books/journal per month,
3. A lot of 100 books/journals will be given for binding at a time. You will have to returb them duly bound as per the specification within 30 day from date of lifting books/journals from the library.
4. Penalty of FIFTY PAISE per book/volume per day will be deducted from your bill for each day of delay beyond 30 days.
5. If any binding work is found defective/sub standard, you will have to rebind the same without additional cost to us.
6. Please quote lowest rate for each of the above two categories.
7. The last date for receiving the Quotation is
8. Please attach a sample piece of rexin cloth with your Quotation. If more than one quality of sample is attached, please give them separate identification number
9. Pleacse mark the envelop Quaotation for binding due on

                                 Yours Sincerely

                                 Dean/Medical Director
                                 MGM Medical College,
                                 Aurangabad

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE
N-6,CIDCO, AURANGABAD-431 003 (INDIA)
Tel. : (240)-6601100,3,2484693, Fax.: 91-240-2484445,2487727
E-mail:- mgmmca@themgmgroup.com mgmdean@gmail.com

Ref.:- No. MGM/MCA/LIB/IJ/   Date:--------------

To,

Subject:- Annual Subscription / New Renewal 2018

Sir,

    Please enter our Subscription of--- for one Year from January to December 2018 and Send Performa invoice in duplicate for Payment.

    Thanking you,

                                              Yours Sincerely

                                              LIBRARIAN
                                              MGM's Medical College,
                                              Aurangabad

SKF/18

Ref : No. MGM/MCA/LIB/IJ/ /   Date:------------------

By Courier
To,

                Subject: Renewal /New subscription -2018 (I.J. Subscription payment)
                Ref.: Your Proforma invoice No.-----
                Date: -------

Sir,
    Please find enclosed herewith one demand draft No. ------- Dated:-------------
for Rs. --------(Rupees: -------------------------------------) drawn on - ------- Bank to
ward our annual subscription of ----------------- for the year January to December
2018. Please send the receipt for this payment.

     Thanking you,

                                 Your Sincerely,

                                Medical Director/Dean
                                MGM Medical College
                                Aurangabad

SKF/18

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE
N-6,CIDCO,AURANGABAD-431 003 (INDIA)
Tel. : (240)-6601100,3,2484693, Fax.: 91-240-2484445,2487727
E-mail:- mgmmca@themgmgroup.com mgmdean@gmail.com

Ref. No. MGM/MCA/LIB/JL/ /   Date:- ----------------------

To,

Subject : Gap in supply report – 2017

Sir,

    We have not received ---------------------- Vol. -----/ --------------------------
although subsequent issue is received. Kindly arrange to send the above missing
issue and fill up the gap in supply at the earliest.

    Thanking you.

Yours sincerely

Dean/Medical Director
MGM Medical College
Aurangabad

SKF/2018

Ref: No. MGM/MCA/LIB/FJ/ /   Date:- -------------------

To

Subject: <u>Non receipt of Journal and Gap in supply Report for the year 2018</u>

Sir,

   We have subscribed --- Foreign Journals for the year --------. Up to --- May- 20---- we have not received Journal Issues as per statement enclosed. Remaining issues we have received. Kindly arrange to send the remaining issues and fill up the gap in supply at the earliest. It is most urgent.

      Thanking you.

                                             Your Sincerely,

                                             Medical Director/Dean
                                             MGM Medical College,
                                             Aurangabad.

SKF/18

Ref. No. MGM/MCA/LIB/FJ /   Date: -------------------

To,

Subject:- Quotation Foreign Journal 2018

Sir,

    Since last Nine years from 2008–2017 MGM Medical College, Aurangabad Central Library Subscribed Foreign Medical Journals through MGM Deemed University, Mumbai. Encl. the requirement list of Foreign Medical Journals for the year 2018 from all Head of Departments and send for quotations and other procedures.

    After receiving quotations and finalize the Agent send the cost / price for finalize the order from Dean & Library Committee of MGM Medical College, Aurangabad. Astrics marks are new addition for 2018.

    Thanking you.

                                                                Your Sincerely

                                                                Medical Director/Dean
                                                                MGM Medical College,
                                                                     Aurangabad.

Encl : List of Foreign Journals

MAHATAM GANDHI MISSION'S
MEDICAL COLEGE, AURANGABAD
CENTRAL LIBRARY
Ref.No. MGM/MCA/LIB/DB/   Date: --------------------

All Head-of-Dept.'s are informed that EBSCOhost Medline Complete Database expires on Sept. 2018. Give feedback whether it should be renew or not renew. And suggest the different names of Medical Databases subscribing for the year 2019. For example Up-To-Date Database, Proquest, J Gate & etc. send us within fifteen days.

**Dean/Medical Director
MGM Medical College
Aurangabad**

**To,
All Head-of-Dept.'s**

SKF/18

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE
**N-6, CIDCO, AURANGABAD-431 003 (INDIA)
Tel.: (240)-6601100,3,2484693, Fax.: 91-240-2484445,2487727
E-mail:- mgmmca@themgmgroup.com mgmdean@gmail.com**

Ref. No. MGM/MCA/LIB/FJ/   Date: ---------------------
To,

Subject: Subscribing Foreign Journals Order List for 2017
Ref. No.: MGM/MCA/LIB/FJ/-------- Date: --------------------
Subject: Subscribing Foreign Journals Order List for 2017

Sir,

As per above mail Dr. Dixit R.P. & Library Committee of MGM Medical College, Mumbai recommend that M/S Total IT Solutions Pvt. Ltd. New Delhi,has been appointed as a agent for Subscribing Foreign Medical Journal 2017.

As per above Ref. and Subject we enclosed the confirm list for 2017. Total No. of 69 (Sixty Nine) Journals are approved in Library Committee Meeting held on 05/12/2016 Monday. Kindly take appropriate action.

Thanking you

Your Sincerely

Medical Director/ Dean
MGM Medical College,
Aurangabad.

SKF/18

MGM MEDICAL COLLEGE ,AURANGABAD
S.O.P. FOR Classroom Maintenance Policy

PURPOSE:

The purpose of this operating policy/procedure is to clarify for dean, director and HOD'S the

maintenance and housekeeping responsibilities associated with centrally scheduled classrooms,

Departmental classrooms and media classrooms.

APPLIES TO:

Dean, director, and HOD'S of of MGM Medical College , Aurangabad.

CAMPUS:

MGM Medical College , Aurangabad.

POLICY STATEMENT:

The following tables list the maintenance responsibilities for the types of classrooms defined above:

Facilities Services responsibilities for centrally scheduled Classrooms (Lecture Halls), media Classrooms and departmental classrooms include:	Departmental responsibilities for departmental classrooms include:
Routine custodial services	Enhancement of services
Routine services or maintenance	Remodeling/renovations
Scheduled painting	Unscheduled painting
Repairs of permanently installed building equipment	Repair of department-owned equipment
Light bulb replacement	Nonstandard light bulbs
Chalk or white boards	Projector screens in classrooms
Chalk and erasers	Markers for white boards
Clocks on building systems	Unlocking departmental classrooms
Unlocking centrally scheduled and centrally scheduled media classrooms	Rekeying of locks & cutting of additional keys
Keying of standard locks and keys	Window treatments
Repair of existing electrical outlets	Relocating or installation of electrical outlets
Classroom seating and repairs	Non-standard classroom seating and repairs

Lecterns or podiums	Customized lecterns or podiums

CONTACT:

Contact Person : Mr YOGESH

APPROVED BY:
IQAC- CELL

APPROVED ON:
1/7/2013

EFFECTIVE ON:
2/7/13

REVIEW CYCLE:
Annual (As Needed)

DEFINITIONS:

Centrally scheduled classrooms/ Lecture Halls : classrooms centrally scheduled by Dean MGM Medical College , Aurangabad. These classrooms are open for scheduled lectures by faculty members of various departments to I,II and III year MBBS students as per master timetable provided by PSM Department from 8:00 am to 5:00 pm.. and are equipped and configured for basic instructional support including chalk boards or white boards, fixed tablet armchairs, tables and chairs, or similar types of seating. Also include a ceiling-mounted data projector for use with an instructor-provided laptop speakers and amplifiers, and projection screens.

Media classrooms: classrooms under the control of the Pharmacology Department for scheduled instruction and reservations. These classrooms provide the equipment and controls for the use of of multimedia resources as supplied and maintained by Instructional Development & Support (IDS). Standard equipment in these rooms includes ceiling-mounted data projectors, computers, VCR-DVD players, speakers and amplifiers, document cameras, and projection screens.

Departmental classrooms: classrooms under the control of the department to which they have been assigned by the Dean , MGM Medical College ,Aurangabad as per MCI guidelines.. Departmental classrooms may be equipped similar to either centrally scheduled or media classrooms. Departmental classrooms include Demo rooms and Seminar rooms. They are equipped and configured for basic instructional support including chalk boards or white boards, fixed tablet armchairs, tables and chairs, or similar types of seating. Also include a mobile LCD Projector projector for use with an instructor-provided laptop speakers and amplifiers, and projection screens

KEYWORDS:

Classrooms, Maintenance

CATEGORIES:

Operational Categories:

SOP FOR Maintainance of Classrooms Facilities

MGM MEDICAL COLLEGE ,AURANGABAD

Classroom Set Up and Maintenance Checklist

- The floor space needs to be clear for five feet around any entrance.

- Nothing can be hung on the door and you should leave a 12 inch radius around the door empty. (On inside and outside)

- Nothing can be hung on or across the windows or blinds.

- Nothing can be hung from or attached to the ceiling or electrical fixtures (i.e. fans, plugs, etc.)

- Classroom door may not be propped open at any time.

- Classroom Technology Guidelines: If you have an interactive whiteboard, its station with speakers, cables, a USB TV tuner box, and a place for your laptop is intact.

- If you have one, your projector is turned off when not in use.

- Your classroom laptops are plugged in and charging when not in use.

- Learning Environment Expectations:

- Emergency exits are clearly identified.

- Emergency Response Kit is easily accessible.

- Classroom materials are well organized and accessible.

- Classroom organization allows for efficient and safe movement.

- Classroom organization allows for attentive learning, productive interactions and flexible grouping.

- Lesson plans posted on clipboard near classroom entrance. Displays are useful and relevant to instruction.

Maintenance expectations :

- The room must be clean and orderly at all times but should be monitored specifically before and after meals and before leaving at the end of the period / day. All desks are clean. All trash is off the floor.

- All learning materials are off the floor (books, pencils, etc.)

- All chairs are stacked at the end of each day. Help preserve our facility.

- Do not attach anything to walls, floors or ceilings with staple guns, duct tape, nails or screws.

- Never place anything in door jams to hold doors open

MGM MEDICAL COLLEGE ,AURANGABAD

Classrooms checklist

This checklist has been developed to assist MGM MC Aurangabad in addressing their hazard identification and reporting.

The checklist provides guidance only, it is not intended as a definitive list for the identification of all hazards. Staff are encouraged to make modifications to suit their specific environment. **Note:** there will be hazards/deficiencies not mentioned on the checklists that will need to be identified and managed.

School or Location (block/campus/room):	
Person/s completing checklist:	**Date:**
Fire safety and emergency response	**Action if required (✓ if no action)**
Safety rules and evacuation routes are prominently displayed.	
The area has an audible evacuation alarm.	
Doorways, walkways and evacuation exits are kept clear and at least 600 mm wide.	
External exit doors can be opened from the inside without a key and emergency fire exits are signed.	
Fire control equipment is easily accessible, signed, regularly tested and of the appropriate type.	
Management procedures	**Action if required (✓ if no action)**
Safe operating procedures are displayed with all potentially hazardous equipment.	
Required personal protective equipment is available and in good condition.	
Rooms	**Action if required (✓ if no action)**
The room is clean and tidy.	
There is sufficient space for each person to work safely.	
Floor surfaces are maintained in a safe condition and they are suitable for the type of activities being conducted.	
Walls and ceilings are safe and in good condition.	
Steps/stairs/ramps are in a safe condition with non-slip surface, and secure handrails where needed.	
Doors, windows, locks and latches are in good condition and in working order.	

Guarding *(mesh)* is fitted or signage in place for any fragile roof area/s.	
There is adequate ventilation.	
The lighting is adequate to work safely in.	
Furniture, fixtures and fittings	**Action if required (✓ if no action)**
All furniture is safe and in good condition.	
Light fittings/fixtures and ceiling fans are in good condition and working order.	
Hanging displays are not hazardous.	
Storage	**Action if required (✓ if no action)**
Flammable material is stored and handled in a safe manner.	
Required resources and equipment are stored safely.	
Free standing shelves/cupboards are secured to ensure stability.	
Storage methods are used that will eliminate or minimize accidents. (heavy objects stored between mid-thigh and shoulder height)	
Hazardous substances	**Action if required (✓ if no action)**
Current (within five years) material safety data sheets are readily available for hazardous substances.	
Hazardous substances are stored and labeled appropriately.	
Electrical	**Action if required (✓ if no action)**
Electrical equipment is in good condition and is tested and tagged as required.	
All new power boards purchased will have an overload switch.	
All areas have Residual Current Device (RCD) protection.	
General	**Action if required (✓ if no action)**
Other hazards such as sharps, glare, fumes or vermin have been identified.	
Noise is not a hazard.	
Animal cages are clean and in good condition.	
Sink areas are clean and in good working order (ie no leaks) where required.	
Other issues	**Action if required (✓ if no action)**

MGM MEDICAL COLLEGE ,AURANGABAD

Custodial Daily Checklist (Cleaning) Week of: _____ - _____

Item	M	T	W	T	F	S
Vacuuming classrooms & offices, etc						
Cleaning tops of student desks						
Dusting shelves, filing cabinets, copiers, computer terminals, bookcases, window ledges, heater tops etc						
Erasing boards (except if teacher marks it otherwise)						
Emptying wastebaskets						
Cleaning classroom doors, doorknobs, windows, light switches						
Sweeping all tile floors						
Checking & replacing, if necessary, supplies in bathrooms						
Cleaning the bathroom sinks, toilets, urinals, counters, walls, stalls, dispensers, mirrors						
Mopping the floors/ vacuuming floors						
Cleaning entrance door windows						
All exit/entrance doors locked						
Turning off all lights						
Set security alarm (last custodian leaving building)						
Leaving notes in business office for any needed supplies, concerns, etc.						

LECTURE HALL / DEMO ROOM/ SEMINAR ROOM/ LABORATORY: _____

Signature:_____

Teacher: _____ Room: _____

Classroom Inspection Checklist					
Week Ending Date:					
Staff Directions: ✓ Initial each box indicating completion of tasks. ✓ Please leave box blank if task was not complete and complete a custodial work order on Blair's website. ✓ Return completed forms to Ms. McCarty Monday morning.	Monday	Tuesday	Wednesday	Thursday	Friday
Floor Covering					
▪ Floors are swept and/or vacuumed daily.					
▪ Floors are mopped as needed with disinfecting/germicide cleaner. - *Exception*: Nurse's office disinfected daily!					
Bathrooms					
▪ Entire bathroom wiped down daily with disinfectant/germicidal solution.					
▪ Entire bathroom cleaned daily.					
▪ Toilet paper/paper towels replenished as necessary.					
Classrooms					
▪ Trash emptied daily, wiped when necessary, and liners replaced daily.					
▪ Dust computers and other items requiring dusting daily.					
▪ Clean desks daily in rooms with illness and weekly for others.					
▪ Return vents and air vents dusted weekly.					
Comments					

	SYSTEM PROCEDURE FOR CONTROL OF ADMISSION PROCEDURES AND ACTIVITIES AT MGM SPORTS & HEALTH CLUB	NO : SP/OM/01
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FACILITIES AT MGM SPORTS CLUB

> **SWIMMING POOL**

LEARNERS POOL (Length :21 mts, Width :9 mts, Depth : 1.2 mts**).**

DIVERS POOL (Length :20 mts, Width : 22 mts, Depth : 3 mts (min) and 4.8 mts(max)**))**

RACE POOL (Length :50 mts, Width : 25 mts, Depth : 1.8 meters**).**

> **GYMNASIUM (Aryan (Male) & Aryani (Female))**

From fitness balls to treadmills, from step mill to stretch mats, either cardio or free weight systems, a catchall gym facility is available to enjoy a complete fitness experience.

> **SPA (Pushkaraj (Male) & Triveni (Female)).**

With separate spaces allocated for Jacuzzi, sauna, steam, spa, shower cubicles, well accommodated changing room, and massage therapy room.

> **OTHER SPORTS FACILITY (Badminton, Lawn- Tennis, Riffle shooting, pool table).**

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OPERATION PROCEDURES OF THE FACILITIES AT SPORTS CLUB

Member is greeted by the receptionist at the reception and he/she guides the member to the entry.

Attendant checks Members ID/ admission receipt and according to the members package guides him to the facility area i:e Gym, Swimming pool, Hydro Unit, Massage room.

GYM

Trainer insures that all the equipments are working properly before the session starts**.**

Trainers reports to manager on duty if any servicing, maintenance of the equipment is required.

Trainer ensure the hygiene and cleanliness is maintained in gym always.

Trainer ensures that the member uses the equipments properly.

Trainer reports to manager on duty about any misbehavior by the members at the gym.

Member's entry at gym

a) Trainer greets the member.
b) Trainer enters the name, Check in time, locker key number handed over to the member.
c) Member is guided to the changing room for changing.
d) Trainers ensures that the member wear proper attire and separate shoes in gym .
e) Trainers give workout schedule to the members and get the workout done.
f) While checking out the trainer ensures that the members return the locker key.
g) Trainer than mentions the out time in the entry register.

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SWIMMING

DEFINATION : Swimming is the self propulsion of a person through water or other liquid, for survival, recreation, sport, exercise or other reason.

PURPOSE: There are many reasons why people swim, from swimming as a recreational pursuit to swimming as a necessary part of a job or other activity. Some people may also be forced into swimming involuntarily as a result of falling into water.

The plant operators insure that the water ph level is maintained between 7.2 to 7.6 always.

Plant operator insures that the filtration plant is on as per requirement.

Plant operator ensures the proper use of chemicals (chlorine, soda ash, HCL and alum) accordingly.

Plant operator insures the cleaning and suction of pool is done regularly and is maintained up to the sports club standards.

Life guards are responsible for the safety and security of members at the swimming pool.

Life guards are responsible for the proper up keep of the life saving equipments.

Life guards are responsible for the inventory of the life saving equipments.

Changing room attendant ensure that the hygiene and cleanliness is mentioned always at the changing room.

Changing room attendant ensures all the showers are working before the start of each session.

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Member's entry at swimming pool

a) Member is guided to the swimming pool changing room by attendant.
b) Changing room attendant greats the member.
c) Attendant enters the name, in time, locker key number handed over to the member in the swimming pool entry register.
d) Guides the member to the locker and wet area.
e) Attendant ensures that all members wear proper swimming costume and have shower before entering pool.
f) Members enrolling for the swimming coaching are guide and introduced to the coach.
g) Life guards ensure that all the life saving equipments is placed well.
h) Life guards ensure that the all the swimmers are swimming safely if necessary instructs them to swim properly.
i) Life guards ensure the safe and healthy atmosphere at the swimming pool.
j) Life guards ensure that members behave properly at the swimming pool and report any miss behavior to the manager on duty.
k) Changing room attendant ensure that all the member return the locker key while leaving and mentions the out time of the member while the member leave after swimming.

	SYSTEM PROCEDURE FOR CONTROL OF ADMISSION PROCEDURES AND ACTIVITIES AT MGM SPORTS & HEALTH CLUB	NO : SP/OM/01
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HYDRO THERAPY UNIT

Attendant ensures that all the units are cleaned and ready to use for members and maintains cleanliness at all time.

Attendant ensures that all the units are working properly before member uses the facility.

Attendant ensures that the temperatures of all the unit is mentioned before member uses the facility.

Member's entry at hydro therapy unit

a) Member is guided to the Hydro therapy unit by attendant.
b) Hydro therapy unit attendant greats the member.
c) Hydro therapy unit attendant enters the name, in time, locker key number handed over to the member in the entry register.
d) Attendant guides the member to the facility he/she wants to use and operates the unit.
e) Attendant ensure that all the member return the locker key while leaving and mentions the out time of the member while the member leave after using the facility.

	SYSTEM PROCEDURE FOR CONTROL OF ADMISSION PROCEDURES AND ACTIVITIES AT MGM SPORTS & HEALTH CLUB	NO : SP/OM/01
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SPA

Therapist ensures that the hygiene and cleanliness of the massage room is maintained at all times.

All the oils supplies are arranged and displayed properly.

All the equipments are well maintained and clean.

Member's entry at spa

a) Therapist greats the members.
b) Explains the therapies & rates to the member.
c) Informs the operation team for the payment procedure.
d) Therapist enters the name, locker allotted and therapy chosen by the member in the entry register.
e) Makes the arrangements for the therapy selected by the member.
f) Treats the member and ensure that the guest is satisfied an gets the feedback from the member.

	SYSTEM PROCEDURE FOR CONTROL OF ADMISSION PROCEDURES AND ACTIVITIES AT MGM SPORTS & HEALTH CLUB	NO : SP/OM/01
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STAFF RECRUITMENT PROCESS

Payroll Staff

a) The interview is directly conducted by the director.
b) If the candidate is selected he/ she has to submit his photo copy of his Professional qualification, academic qualification, residential proof with the admin department at IHM.
c) The appointment letter is issued to the candidate.
d) The candidate is explained his duties and responsibility by the admin department.
e) The salary account opening procedure is done by the account department at IHM.

Contract Staff

a) The candidate selected by the contractor is interviewed by the operation's manager.
b) The suitable candidate is approved by the operation's manager.
c) If the candidate is selected the entire joining process is done by the contractor.
d) The photo copy of necessacery documents of the candidate is submitted with the operations manager, once the candidate is appointed at the sports club.

1. OBJECTIVE

1.1 To look after, guide, advice and suggest the Librarian in day to day library activities.

1.2 To suggest to the college management as to how to improve the library after getting feedback from all concerned stakeholders.

1.3 To frame policies with respect to all the areas of the functioning of the library.

2. SCOPE

The management, teaching staff, librarian and all library staff and students of the MGM MCA.

3. RESPONSIBILITY

3.1 Dean – Ex-officio Chairman

3.2 1 Professor from Pre-clinical dept

3.3 1 Professor from Para-clinical dept

3.4 1 Professor from Clinical dept

3.5 Librarian – Member Secretary (Ex-officio)

1 member of the library committee will be nominated by the Dean, as Prof. In charge and Vice Chairman of the library committee.

4. POLICY

The library committee is empowered with making of policies and implementing them with regards to the day to day activities of the library as well as regards to the other areas of its functioning.

5. PROCEDURE

5.1 The committee shall lay down systems, guide, and advice and suggest the librarian as to the carrying out of the day to day library activities.

5.2 The committee shall suggest to the college management as to how to improve the library after getting feedback from all concerned stakeholders.

5.3 To frame policies with respect to all the areas of the functioning of the library.

5.4 The committee will decide the library budget and distribute the available library grant to ensure balanced development of the library and its collection.

5.5 The committee will select books, journals, and other print and non-print material to be purchased for the library from the annual grant allotted by the management for this purpose.

5.6   The committee will finalize/ confirm the list of old books/ journals to be disposed, as drawn up and submitted by the Librarian.

5.7   The committee shall prescribe book limit and time limit for the book/ journals issued from the library for students, teachers and other categories of readers.

5.8   The committee shall fix the amount of penalty for all defaulting readers.

5.9   The committee shall decide the library timings.

5.10 The committee shall fix the maximum number of books that can be issued to the departmental library.

5.11 The committee may discuss any other matter pertaining to library with the permission of the Dean and Vice chairman of the library committee.

5.12 The committee will meet once in every three months (January, April, July, October).

6. ANNEXURES

Annexure 1

List of approved Abbreviations

1.   MGM MCHA – Mahatma Gandhi Mission Medical College and Hospital Aurangabad
2.   IQAC-A – Internal Quality Assurance Cell – Academic
3.   Prof – Professor
4.   Dept - Department
5.   SOP –Standard Operational Procedure

Prepared by   **Approved by**

  IQAC-A   **Dean**

Mahatma Gandhi Mission's

MEDICAL COLLEGE

N-6, CIDCO, Aurangabad.

SOP

STANDRAD OPERATIONAL PROCEDURE

MANUAL

FOR

CENTRAL LIBRARY

Mahatma Gandhi Mission's
MEDICAL COLLEGE
N-6, CIDCO, Aurangabad

INDEX

M G M	Procedure for Purchase of New Books	No. SOP/LIB/01 Revision NO. : Date : Page :

Procedure for Purchase of New Book

1. **PURPOSE**
   Procedure specifies method for purchasing new book.
2. **SCOPE**
   All departments of medical college.
3. **RESPONSIBILITY**
   Librarian guided by library committee is responsible for this procedure.
4. **DEFINITION**
5. **ABBERVIATION**
6. **PROCEDURE**
6.1 Library committee consisting of following member is formed to give guidance / assistance to librarian on his / her operation.
   Library committee.
   Chairman----------------- Dean --------   1
   Vice- Chairman---------- Sr. Professor   1
   Secretary ----------------- Librarian   1
   Members ----------------- Sr. Teaching Faculty   3
6.2 Librarian Makes recommendation for purchase of new book to library committee based on requests received from student / staff member.
6.3 Library committee decides procurement depending on availability of book in the library / need for extra copy if already available in the library. Recommendations are returned to librarian with appropriate notings.
6.4 Quotation are invited from existing as well as new supplier as per form F/LIB/01.
6.5 Comparative statement of offers received is prepared.
6.6 The supplier is selected on the basis of
   a) Price
   b) Delivery
   c) Discount
   d) Past Performance (Existing Supplier)
   e) Market Feedback (New Supplier)

M G M	Procedure for Purchase of New Books	No. SOP/LIB/01 Revision NO. : Date : Page : 02 of 02

6.7 Purchase order as per F/LIB/02 is released on supplier.

7. **RERERENCE**

  A) Existing Supplier list.

8. **RECORDS**

  A) Quotation Form   F/LIB/01

  B) Purchase order   F/LIB/02

Prepared By	Approved By	Issued By
(Librarian)	(Dean)	(MR)

(2)

Mahatma Gandhi Mission's
MEDICAL COLLEGE
N-6, CIDCO, Aurangabad

M G M	**Procedure for Inward of New Books**	**No. SOP/LIB/02**
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PROCEDURE FOR INWARD OF NEW BOOKS

1. **PURPOSE**
   Procedure Specifies methodology of inwarding new book.
2. **SCOPE**
   Library of Medical College
3. **RESPONSIBILITY**
   Librarian is responsible for this procedure.
4. **DEFINITION**
5. **ABBREVIATION**
6. **PROCEDURE**
6.1 Received books are verified with po to ensure that order books are only   supplied. Non-ordered books are returned to supplier. In case of part
6.2 Suppliers it is accepted and paid. PO is kept pending till supplies are completed. Received books are classified as per Dewey Decimal classification system.
6.3 Classified books are then entered in accession register P/LIB/01
6.4 The books are classified and then catalogued by catalogue card as below:-
   a) Classification wise
   b) Author wise
   c) Subject wise
6.5 Book slip is prepared indicating Accession Number. Classification Number and author mark and pested on the book.
6.6 Book slip and book pocket is pested
6.7 Book card is prepared and kept inside the book pocket and library stamp is stamped.
6.8 Accession number is stamped on the book at following places.
   a) Behind title page.
   b) On secret page.
   c) Last page
   d) on book pocket.

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M G M	**Procedure for Inward of New Books**	**No. SOP/LIB/02** **Revision NO. :** **Date :** **Page : 02 of 02**

6.9   books are ready for issue and are displayed subject wise on the library shelf.

7.   REFERENCES
DDC System.

8.   RECORDS
Catalogue/OPAC (Online Public Access Catalogue)

a) Classification wise

b) Author wise

c) Subject wise

a) Accession Register   R/LIB/01.

Prepared By	Approved By	Issued By
(Librarian)	(Dean)	(MR)

M G M	**Procedure for Issue of Books**	**No. SOP/LIB/02** **Revision NO. :** **Date :** **Page : 02 of 02**

PROCEDURE FOR ISSUS OF BOOK

1. **PURPOSE**
   Procedure defines methodology for issuing book.

2. **SCOPE**
   All departments of Medical College.

3. **RESPONSIBILITY**
   Librarian assisted by Asst- Librarian is responsible for this procedure.

4. **DEFINITION**
5. **ABBREVIATION**
6. **PROCEDURE**

6.1   Library cards are issued to student against their written request F/LIB/03
      (Issue register R/Lib/02 maintained)
      and to teachers and PG students against form F/LIB/04 (Issue register R/LIB/03
      maintained)

6.2   One library card is issued to students and Two cards to teachers and PD students.

6.3   Books are issued for home reading for the period of seven days.

6.4   On issue book card is retained in the Library card pocket duly sign. By the receiver.
      Also Library issue card F/LIB/05 is filled and retained alphabetically.

6.5   In case of late return fine Rs. 10/- par day is charged for late period fine fee slip is
      triplicate is given to reader. Reader pays fine to accounts dept. along with fine slip one
      copy slip signed by cashier is given to library for their records. Library also maintain
      fine register R/LIB/04

6.6   Procedure for issue of books to staff members of MCRI and Management staff will be
      same as per procedure for teaching staff/PG/students.

(5)

7.0   REFERENCES

Catalogues:-
a) Classification wise
b)Author wise
c)Subject wise
d) etc.

8.0   RECORDS
a)Student-Library card request   F/LIB/3
b)Teacher & PG/,MCRI/Management F/LIB/4
c)Library issue card F/LIB/5
d)Student library issue register R/LIB/2
e)Staff/PG/Library issue register   R/LIB/3
f)Fine Register R/LIB/4

Prepared by	Authorized by	Issued by
(Librarian)	(Dean)	(MR)

M G M	**Procedure for Lost and Damage of Books/Journals**	**No. SOP/LIB/04** **Revision NO. :** **Date :** **Page : 01 of 01**

Procedure for Lost and Damage of Books/Journals

1. **PURPOSE**
   Procedure deals with situation where books/periodicals are lost/damaged.
2. **SCOPE**
   Library and Medical College
3. **RESPONSIBILITIES**
   Librarian assisted by library staff is responsible for the procedure.
4. **DEFINITION**
   Damaged Book –Includes any extent of overwriting, underwriting, tearing of pages, or damage in any other means.
5. **ABBREVIATION**
6. **PROCEDURE**

6.1   Library staff carries out cursory check on all books returned at the counter for damages.

6.2   If damages is noticed then extent of damage is decided by Librarian.

6.3   The Penalty for damages wil be as under:-
   a)Fine Ru. 10/- per page damaged.

 b)   In case of extensive damage book will be replaced by new book by same or latest edition. Library facility is banded till replacement is given.

6.4.   In case of book list the book is to be replaced by new book of same or latest edition along with fine of Rs. 10/_ per day for home issue . Library facility is banned till replacement & fine paid.
   Replace Record Register is maintained R/LIB/5

7. **REFERENCES**
   Library Issue Card. F/LIB/5
8. **RECORDS**
   Replace Record Register R/LIB/5

Prepared by	Authorized by	Issued By
(Librarian)	(Dean)	(MR)

	Procedure for operation of Reading Room	No. SOP/LIB/05
M G M		Revision NO. :
		Date :
		Page : 01 of 01

PROCEDURR FOR OPERATION OF READING ROOM

1. **PURPOSE**
   Procedure outlines operation of reading room.

2. **SCOPE**
   All departments of Medical college.

3. **RESPONSIBILITY**
   Librarian assisted by library clerk is responsible for this procedure.

4. **DEFINITION**

5. **ABBREVIATION**

6. **PROCEDURE**

6.1 Reading room timings are as under:-
   a) Regular Days.
      Week days   8am to 12 pm Midnight
      Sunday & Holidays 10am to 5pm
   b) Examination days(one month prior to and during exam)
       week days   8am to 12pm Midnight
       Sunday & Holidays 10am to 12pm Midnight

6,2 Every reader has to enter to his name and sign in entry register R/LIB/6
   Before entering the reading hall

6.3 On demand from reader the requested book is take from the shelf and issued to
   reader by Asstt. Librarian against collection of I Card from reader.

6.4 I Card along with book card is retained by the Library assistant and register/LIB/ is
   filled up.

6.5 On return of book the I card is returned to reader and necessary entry is made in the
   R/LIB/6

	Procedure for operation of Reading Room	No. SOP/LIB/05
M G M		Revision NO. :
		Date :
		Page : 01 of 02

7   <u>REFERENCE</u>

8   <u>RECORDS</u>
       Reading Room Entry Register R/LIB/6

Prepared by	**Authorized by**	**Issued by**
(Librarian)	**(Dean)**	**(MR)**

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M G M	**Procedure for Payment of Subscription**	**No. SOP/LIB/06** **Revision NO. :** **Date :** **Page : 01 of 02**

Procedure for Payment of Subscription

1. **PURPOSE**

   Procedure for making payment of subscription

2. **SCOPE**

   Library of Medical College

3. **RESPONSIBILITY**
   Librarian guided by library committee is responsible for this procedure.

4. **DEFINITION**
5. **ABBREVIATION**
6. **PROCEDURE**

6.1   **After studying and getting feed back from HOD's library committee finalise the list of journals to be subscribed and gets renewal of journal invoice per form F/LIB/7**
6.2   **Librarian gets subscription form duly authorized by Dean & sent to account department for payment. Subscription is paid along with form F/LIB/07**
6.3   **On receipt of first Issue catalogue card is prepared.**
6.4   **Entry in to subscription register R/LIB/07 is also made**
6.5   **Librarian monitors the receipts of issues. In case of missing issue librarian Writes to publisher (F/LIB/07) & ensure that the missing issue is received.**
6.6   **After one year all issues are bound (classified and catalogued) and on shelf.**
7.   **REFERENCE**
      Feed back from staff.

M G M	**Procedure for Payment of Subscription**	**No. SOP/LIB/06** **Revision NO. :** **Date :** **Page : 01 of 02**

8. **RECORDS**

   a) catalogue Card.

   b) Subscription Register. R/LIB/07

   c) Renewal of subscription R/LIB/06

   d) Gap in Supply form F/LIB/08

   e) Subscription Payment form F/LIB/07

Prepared by **(Librarian)**	**Authorized by** **(Dean)**	**Issued by** **(MR)**

	MAHATMA GANDHI MISSION HOSPITAL & MCRI AURANGABAD	Doc.No	SOP/MGM/ IMS/3,4
		Cross Ref	AAC4, COP2
		Issue No	01
	SOP FOR DOCUMENTING AND MAINTAINING COMPLETE AND ACCURATE MEDICAL RECORDS OF PATIENTS	Rev. No.	02
		Date	19/10/2016
		Page	Page 1of 2

1 OBJECTIVE

Procedure to guide health care provider regarding Documenting and Maintaining accurate and correct medical records

2 SCOPE

All OPDs and IPD departments of MGM Hospital and MCRI. Medical Records section for maintaining of medical records

3 RESPONSIBILITY

All treating doctors and medical and nursing staff involved in documenting of patient case records and Medical officer incharge of medical records section for Maintaining of Records

4. POLICY

- Only treating doctors and their medical and nursing staff involved in treating patient will are authorized to make entries in medical records.
- All entries in medical records will be dated timed and signed with name of doctor immediately on completion of assessment/procedure.
- All medical records will have final diagnosis and will be codified as per latest ICD Code entered on the IPD document.
- Medical records will be maintained in proper sequence to reflect continuity of care.

5. PROCEDURE:

5.1 All medical records of patient will have unique identification MR Number in addition to the present OPD/IPD number. which is recorded in the computer system as digital media.

5.2 Only authorized medical attendants including treating doctor and his medical/nursing staff are authorized to make entries in the medical records.

5.3 All entries in the medical case records will be named, signed, dated and timed by the treating doctor/his team member immediately but not later than one hour on completing assessment/ procedure.

5.4 The name of the doctor/ medical staff will be written to identify the author of the entry either by writing the name in full or with the help of stamp with personal details. In case of electronic record authorized e -signature provision will be made.

	MAHATMA GANDHI MISSION HOSPITAL & MCRI AURANGABAD	Doc.No	SOP/MGM/ IMS/3,4
		Cross Ref	AAC4, COP2
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5.5 **Contents of Medical records will reflect continuity of care (IMS 4)**

The following documents will form part of medical records and will be kept in proper chronological sequence so as to reflect continuity of care.

i) OPD Case records with admission orders showing reasons for admission , provisional diagnosis, and plan of care (**IMS 4 a).**

ii) IPD Case sheet with initial assessment, provisional diagnosis and treatment care plan. Final diagnosis with ICD code entered on first page at time of discharge .

iii) Admission form

iv) Nursing assessment and Nursing care plan

v) Continuation sheets – follow up records

vi) Investigation reports , results of all tests done in sequence of dates **(IMS 4 b)**

vii) Consents forms/PAC records.

viii) Operative Surgery/ other procedure records with details of operating surgeon and his team, anesthetist, and details of procedure , findings and complications if any duly signed by treating surgeon or a qualified person of the team .

ix) Discharge summary / Death summary in case of death duly signed by treating doctor or a qualified member of the team (**IMS 4 e, f)**

x) Copy of clinical Autopsy if carried out **(IMS 4 g)**

xi) In case of transfer to another hospital , the same is entered in medical records with date time and reason for transfer with name of receiving Hospital **(IMS 4 d)**

xii) TPR /Intake output Charts

xiii) Nursing notes

5.6 All records will be complete, up to date and in chronological order of patient care. A note will be made in the medical records in case of missing case sheets/ documents. In case of medico legal case records NABH SOP COP/02 be followed. Accessing of old medical record from MRD section will be as per procedure given in DP/MRS/01.

5.7 All medical persons involved in treatment of case will have access to the case records including past medical records as per SOP, NABH / IMS/5

6. **REFERENCE:**

NABH/AAC/04, NABH/COP/02, DP/MRS/01.

NABH/IMS /5   Policy and procedures for release of medical records from records section

Prepared by
NABH Co ord

Approved by
Dean

1   OBJECTIVE

Standard procedures to guide maintaining of confidentiality , security and integrity of medical records data and information

2   SCOPE

Medical Records Department

3   RESPONSIBILITY

All medical health care workers responsible for documentation and Officer incharge of medical records department for physical and electronic storing of medical records.

4   POLICY

4.1   The accessibility of medical records will be controlled in the MRD to   ensure confidentiality, integrity and security in context with legal requirements and Code of medical ethics

4.2   Privileged communication as required by law will be disclosed only after authorization from the patient.

5   PROCEDURE

5.1   Hospital record is the property of the hospital or the doctor. It is a confidential information and should not be released without permission of Officer in charge of MRD.

5.2   Any information from the patient's medical records should be released on written request from the patient   e.g. to employer or to insurance company.

- Medico legal cases: where often the medical records are referred to establish medical history/ treatment given, especially important in road traffic accidents, medical negligence, etc.

- Insurance cases: where the insurance company wants to review the medical records verify the claim
- Workmen's compensation cases: In cases where an injury occurs to workman out of and the course of employment.
- Criminal cases – to prove the nature, timing and gravity of injuries.

5.3 Police authorities and court can summon medical records under the due process of law.

5.4 Medical record department will not be accessible to visitors and unauthorized persons. All documents re received and issued out from the medical record department will be docketed for record of movement of the document

5.5 Only relevant treating doctor and his team may have access to patients medical record to prevent tampering . For study of document by health care providers the same may be issued with on a request duly approved by officer incharge medical record department with date of return and purpose for issue of document

5.6 Privilege communication of medical information will be in consonance with applicable laws as in medico legal cases and only with the authorization of patient in writing

5.7 **SAFEGUARDING OF RECORDS**
   A) All physical records held in the records department will be protected and safe guarded from deterioration and pests by adequate pest control measures. Important physical records will be stored in fire safe cabinets. Appropriate and adequate fire fighting equipments will be available and staff trained in use of extinguishers checked by fire officer once in a quarter.
   B) Electronic data stored will be protected against virus and trojans. Proper backup copy will be maintained of medical records, access to electronic records will be permitted to limited users with adequate password

5.8 Regular audits of medical records will be carried out by the medical audit team also review and recommend improvements in security of information and physical records.
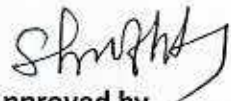
5.9 CODE OF MEDICAL ETHICS FOR RELEASE OF INFORMATION

- **Must be given to the patient-** certain records, viz. discharge summary, referral notes, etc., have to be shared with all patients including those

  who are discharged against medical advice irrespective if the bill payment has been made.

- **Can be given to the patient** after a formal application- records such as, indoor papers, operative notes, investigations, etc., requires a formal application from the patient. The copies of these records given to the patients are generally attested as true copies by the hospital.

- **Given only with direction of the court –** some OPD and IPD records, especially those of medico-legal cases cannot be given to the patient without the direction of the court.

6 REFERENCE

Functioning of medical record section -DP/MRS/01

Prepared by
NABH Coord

Approved by
Dean

1 OBJECTIVES :

Procedure to guide periodic review of medical records and documents by authorized individuals under the Medical Audit Committee.

2 SCOPE :

Medical records Section for manually stored medical records and the Hospital Computer Cell for records stored electronically

3 RESPONSIBILITY

The Medical Audit Committee under the Chief Medical Suptd are responsible to carry out periodic reviews of the medical records and case documents

4 POLICY

4.1 All hospital medical records will be audited and reviewed periodically

4.2 Deficiencies in records and documentation observed will be pointed out for corrective and preventive actions

5 PROCEDURE :

5.1 Medical records of both admitted IPD and discharged patients held in the records section constitute a range of documents, which include patient's history, diagnostic investigations, consent documents, operative notes, nurse daily notes, intake/ output sheet, treatment sheets, etc. these records will be checked and signed by the treating doctor and countersigned by the rep of management

5.2 A random sample of medical case records are reviewed once a month by the **Medical Audit Committee** for timeliness, legibility and completeness of the records

5.3 Any deficiencies observed will be recorded in the minutes of meeting and submitted to the department concerned for corrective action within one week of

the audit. Other general deficiencies are informed to all concerned as guidelines for preventive actions

5.4 Quality Indicators For Medical Records (CQI 4 g)

A The performance of the Medical Records Section will be monitored by appropriate key performance indicators which will include the following

    i)   Percentage of medical records not having discharge summary

    ii)   Percentage of medical records not having codification as per International Classification of diseases ICD Code

    iii)   Percentage of medical records having incomplete or improper consent

    iv)   Percentage of missing records (within retention time only)

B The Medical Audit Committee will also review the quality key indicators recorded by the incharge of medical records section on a day to day basis and compiled by the quality cell for monitoring which also includes

    a) Total MLC Cases

    b) Births and death records

    c) Total LAMA/ DAMA cases

C The **Computer Cell** will submit department wise data to the committees including the medical Audit Committee and Quality improvement committee as required including the following

    a) Occupancy reports department wise

    b) Average Length of stay IPD cases

    c) Performance reports of surgical services including OT utilization rates

    d) Performance reports of Diagnostic services

    e) Average waiting time for various departments

6 REFERENCE

Quality key indicators to be monitored by the Medical Audit Committee

DP/ MRS/ 01 Departmental procedure for medical records

Prepared by

NABH Co Ord

Approved by

Dean

1   OBJECTIVES :

In- patients as well as out-patients medical records generated in the hospital are required to be stored for stipulated time depending on the relevance of the record in the interest of patient and organization .

2   SCOPE :

Medical records are paper based and are stored manually in medical record dept. in the hospital computer record are stored electronically in the computer cell.

3   RESPONSIBILITY

In charge dept of medical records and system administrator of computer cell are responsible for the safe keeping of medical records of patients

4   POLICY

4.1   The retention period of each category of medical records is defined
4.2   Confidentiality and security of medical records will be maintained
4.3   The destruction of medical records will be controlled

5   PROCEDURE :

5.1   Medical records constitute a range of medical care documents, which include patient's history, diagnostic investigations, consent documents, operative notes, nurse daily notes, intake/ output sheet, treatment sheets, etc. these records will be maintained   systematically as these records are the only way for the doctor to prove that the treatment was carried out properly and are critical evidence for the treating doctors to defend themselves from false claims.

5.2   **Retention period of records**
The retention period of each categories of medical records including OPD, IPD, MLC records , Registers, formats, birth and death records has been made in Record

matrix under ISO System Procedures Retention period is for both manual and electronic system

5.3 Retention of IPD Records

IPD documents are considered as a critical proof with respect to the in- hospital treatment provided to patients, irrespective of the fact that the patient has been discharged with or against the advice of the doctor.

(The limitation period for filling a case paper is up to three years under the Limitation Act 1963 (two years under the Consumer Protection Act 1986). Nonetheless, the limitation period starts only after the patients becomes aware of the effect of the alleged negligence by the doctor.)

(Maharashtra government has issued a resolution (referred G.R. No. JJH-29 66/49733) which states that OPD paper should be kept for 3 years, indoor case for a period of 5 years and in case of a medico legal case 30 years.)

5.4 Disposal of Records

The destruction of medical records will be done after completing the retention period and after approval by management. the destruction of physical documents is by shredding in a shredder
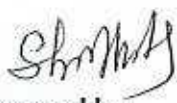
6 REFERENCE

ISO 9001:2008 Record Matrix under System Procedure – Copy attached
DP/ MRS/ 01 Departmental procedure for medical records
MCI guidelines for Medical Records attached as Annexure

Prepared by
NABH Coord

Approved by
Dean

1   OBJECTIVE

Procedure to guide timely and accurate collection, dissemination, storage and retrieval of data

2   SCOPE

All departments of MGM Hospital, including Computer cell and Record section

3   RESPONSIBILITY

All HOD's are responsible to collect and compile data for statistical analysis by computer cell incharge / Statistician

4   PROCEDURE

4.1   MIS/ HIS data are collected in standardized formats, with the logo and title of the MGM Hospital /MGM Institute at Aurangabad. A master list of all the forms/formats and SOPs will be created and maintained. And it will be reviewed at yearly interval. Retention period of the documents will be defined and obsolete documents will be stamped as obsolete copy and retained for defined period. Data can be retrieved by health care providers with their unique computer ID or by making written request to medical records department.

4.2   The data collected on formats are submitted to the Management, computer cell or Statistician as required for evaluation and analysis and reporting to the various committees as required

4.3   **FEEDBACK REPORT (NABH/IMS.2 – C)**

The following Manual /Computer generated reports and returns will be submitted by the Registration , Accounts department and Matron Office for information of management including Dean, Deputy Dean, chief Medical Superintendent & Dy M.S and various Committees as required

i)   **Daily reports**
- OPD attendance, Casualty / EMS patient attendance,
- IPD admission and revenue generated under various heads to Dean Office & Management.
- Security officer report to CMS Office
- housekeeping report

- CMO Report
- Matron office Report

ii)   Weekly Report

Weekly duty list containing details of doctors on duty , technicians, security persons, and administrative staff on emergency/call duty for the week is originated by office of Medical Suptd, for information of Management, CMO and all Departments QRT duties The Quick reaction team is published in the duty list weekly as per disaster management Manual

iii)   Monthly Reports

Computer generated hospital statistical monthly reports are submitted as under.
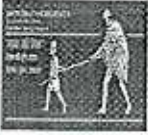
a)   Record of OPD /IPD Patients and general charity given, revenue generated as given by system administrator,

b)   Store Department report to include Record of Purchase, Issues and balance stock of Central stores including Instruments and Equipments,

c)   Dead Stock furniture, Linen, Stationary, Surgical and consumables by In charge of Central store.

d)   Monthly report of important events including CME, Workshops, seminars, medical camps etc with detailed event reports as per Event report format attached for information of management and Trust Office.

e)   Maintenance Department monthly report will include Break down of biomedical equipments, cost of repair, and important capital purchases by central stores and Maintenance dept.

e)   Record section report will submit monthly report of quality key indicators   to the Medical audit Committee

4.4   QUALITY KEY INDICATOR REPORTS

Weekly reports

Reporting of Quality key indicators will be submitted to various committees on weekly report 10 point formats from all wards and departments covering mandatory reports which includes following points

i)   Hospital infection control

ii)   Blood transfusion reaction

iii)   Adverse drug reactions

iv)   Needle stick injuries

v)   Sentinel and other adverse events

Monthly reports

Data for Monthly reports of quality indicators as per NABH standards will be collected on given formats from all wards and departments and sent to the Office of Medical suptd collectively by office of Matron nursing suptd. This will be analysed and feedback will be given to concerned department using circulars and in meetings. Frequency of which will be every 4 months. Any trends requiring action will be handled by NABH committee.

4.5 DATA MANAGEMENT POLICY

Data having statistical importance and for research purposes including physical and electronic computer generated and manually by formats will be safeguarded and protected and stored by keeping back up copies with computer records for retrieval and easy access as required.

The systems Administrator Will be responsible for Storage and Safe Guard of electronic Data. Manual Data Generated And Maintained that record Section Will be Stored And Maintained As per System Procedures For I.S.O Procedure.

5 REFERENCE
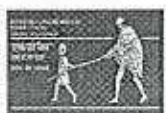
A) Ref. Trust office order no. TI/TO/301 dated 20/04/07
B) Event report Format
C) Weekly report of quality key indicators
D) Record Matrix (System Procedures)

Prepared By
NABH Coord

Approved By
Dean

1. **OBJECTIVES:**

   To identify the information needs appropriate to the Health Care Services, to achieve the best possible support of patient care, out come and administration by presenting data where needed and acquiring data generated manually or with network electronic data processing, to maintain records and to set protocols to provide relevant information to concerned authorities as required in compliance with prevailing regulations

2. **SCOPE:**

   All departments of MGM Hospital and MCRI, Aurangabad

3. **RESPONSIBILITY**

   System administrator, Incharge Registration, Record Section and department heads under supervision of Dy Dean. The system administrator is responsible for electronic hospital Information System under supervision of Dy Dean.

   The hardware network engineer is responsible for maintaining the hardware network system in hospital and activities to keep the system online and patient data available to doctors and nurses.

4. **POLICY:**
   - Information needs of all stakeholders including doctors, management and external agencies like NABH, NAAC and govt agencies are identified. Details in NABH/IMS/02
   - Information needs will comply with prevailing laws and regulations IT Act 2000 for computer based records, RTI Act 2005,MOCRA and code of medical ethics
   - Information requirement will be handled by persons in the computer cell who are qualified graduate/Post graduate computer diploma / degree holders and experienced in computer systems.
   - All records will be maintained with the help of standardized forms with terminology and abbreviations for data input.
   - Hospital Information system/Management Information system will be documented and informed to all concerned in compliance with prevailing laws and regulations.
   - In case of server breakdown contingency plan is shift the work on backup server.

- All information management and technology acquisitions will be done understanding the needs of the users, and in consultation with IT department various vendors, licensed copies will be acquired where needed
- As of telemedicine is not practiced, if this is introduced in future, policies and procedures will be developed and practised

5. PROCEDURE:

5.1   System administrator will define the needs of software and hard ware solutions as per the information requirements based on inputs from hospital data pertaining to bed occupancy, admissions, discharges, records of investigation procedures, diagnostic services, surgical procedures and revenue generated by various departments of the hospital.

5.2   Hospital Information system will cover the following aspects of patients care management.
- Patient Registration of OPD/Casualty
- Registration of Lab investigations
- Registration of Radiological investigations
- Patient admission IPD
- Deposit and advances
- Ward allocation
- Patient transfer
- Operation Theater billing
- Automatic charge calculation
- Estimate and final billing.
- Discounts and charity concessions
- Unit wise registration.
- Patient discharge
- Treating doctor details,
- Search engine

5.3   **Diagnostic services module**

The module of OPD/IPD/Investigations enables the entry of data for routine investigation procedures recommended by treating doctors for records through the billing registration and once the patient paid for the OPD/IPD investigations the billing receipt of the same is issued for the respective diagnostic center.

5.4   **Computerized Reports:**

- Admission/ discharge report - This report gives information on admitted / discharge patient during a specified time period. e.g. daily/ monthly reports.
- Bed occupancy report - This report gives information on bed occupancy category wise, ward /department wise for a given time daily / monthly.
- Ward allocation reports: This reports gives ward allocation and room allocation for tracking of patients report.
- Billing/ advance report: This report gives details of advances paid by the patient against the billing pending.
- Performed operation list / billing/ OT Utilization rates
- Comprehensive online laboratory report / billing
- Comprehensive Radiology report / billing
- Maintenance and breakdown reports of Equipments
- Blood stock report daily/monthly.
- Blood issue report daily/monthly. Computer based records under IT Act 2000,
- PNDT Act for details of patient undergoing ultra sound will be maintained by Radiology dept.

5.5   **External data bases**

Relevant information will be released to the concerned authorities by Records section, PSM Department and the systems administrator of Computer cell as per statutory norms including births, deaths and Notifiable diseases which are reported to the Municipal Corporation and District Health Authorities as required.

Internal reporting of Notifiable diseases will be done and included in monthly reports from dept of PSM and computer cell to Office of Dean with copy to Core committee and presented in the committee meetings including Medical Audit Committee for Births and Deaths and to the Infection control committee for Notifiable / Communicable diseases **Details attached in annexure A**

5.6 Maintenance of clinical records as per state legislation will be done (MOCRA) will be carried out by Record Section including details records of births, deaths, medico legal cases.
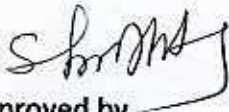
6   REFERENCES

IT Act 2000

PNDT Act

MTP Act

RTI Act 2005

Maintenance of clinical Records Act (MOCRA)

Code of Medical Ethics 2002

Prepared by
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Approved by
Dean