

CLINICAL GOVERNANCE

Clinical Governance functions to optimize clinical leadership potential across Max Healthcare for the delivery of excellence and improved patient outcomes is widely recognized by both clinicians and managers worldwide. Max healthcare underwent a significant change with clinicians being allocated key leadership roles with enhanced levels of responsibility. The leadership behavior at the center has set the tone for the period that we are now in and has directly impacted the success of this transformation. At an organizational level the GMAC (Group Medical Advisory Council) and at unit level HMEC (Hospital Medical Executive Committee) are an integral part of the governance framework. This model is particularly more relevant and appropriate in a set up where tasks are more complex and highly interdependent as in healthcare. Clinicians have an intrinsic leadership role within our services and have a responsibility to contribute to the effective running of MHC and its future direction. These are explained further.

CLINICAL DIRECTORATE'S INTEGRATION WITH UNITS

Our unique governance model helps in increasing alignment and accountability.

Medical Advisor at each unit is a senior clinician who provides guidance and support to the Unit Head on matters related to medical excellence, clinical aspects of hospital operation, clinician affairs and alignment to the MHC vision. He chairs the Hospital Medical Executive Committee (HMEC). Medical Advisors also act as representatives of Clinical Directorate at the respective units.

Medical Superintendent reports to the General Manager of the unit and ensures adherence to implementation of medical excellence initiatives, clinical aspects of day to day hospital operations and clinician affairs. Medical Superintendents also have a dotted line reporting to Medical Advisor.

Through Medical Advisors, Medical Superintendents, and HMEC (Hospital Medical Executive Committee) members - Clinical Directorate ensures alignment of units with the vision of Max Healthcare, uniformity of policies and their integration with the organization for clinical purposes such as medical excellence, clinician hiring, research etc.

UNIT LEVEL MANAGEMENT

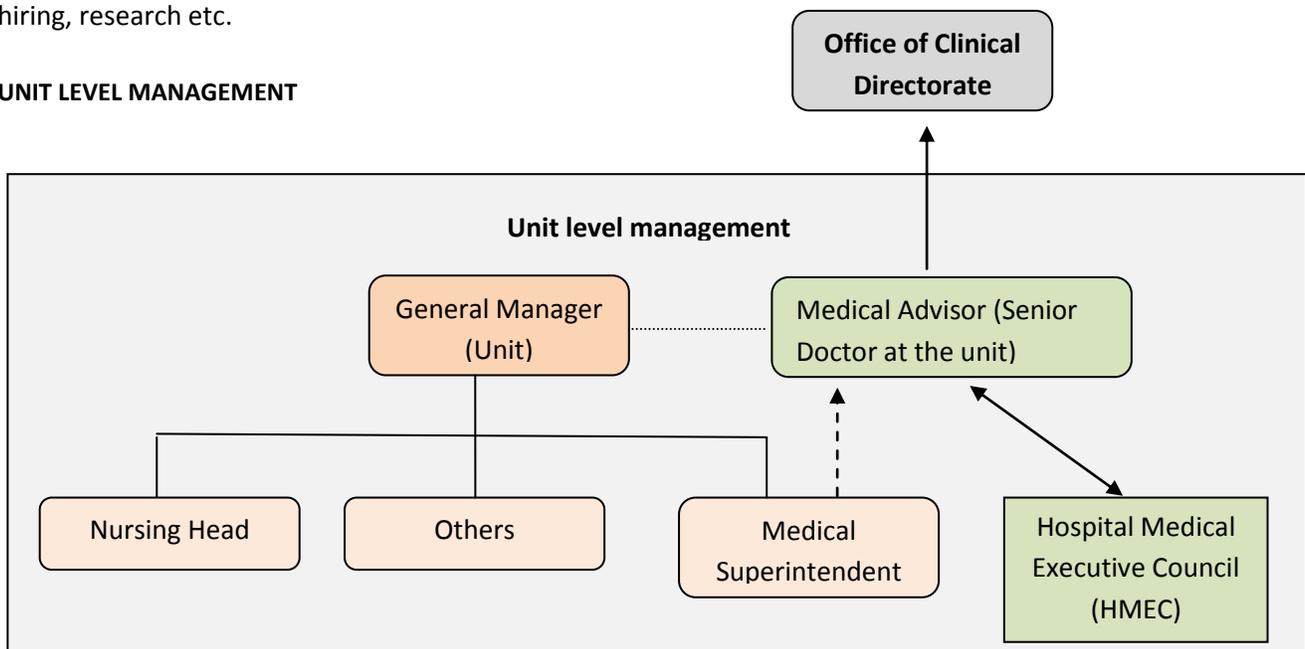


Figure: Office of Clinical Directorate and Integration with units

KEY COMMITTEES & BODIES

Committees

Two main committees that perform an important role in clinical governance are **GMAC (Group Medical Advisory Council)** which is the highest apex body at a Pan Max level & **HMEC (Hospital Medical Executive Committee)** at a unit level. Clinical Directorate ensures regular conduction of HMEC meetings at each unit. Each unit has chosen a frequency of the meeting as weekly, fortnightly or monthly as per their need. The minutes of these meetings are reviewed by the Clinical Directorate at a regular basis and closure of all items is ensured.

<p>GMAC (Group Medical Advisory Council) - Supports Executive Committee (EC), units and functions and other forums which might require inputs, participation and sponsorship from the clinician community</p>	<p>HMEC (Hospital Medical Executive Committee) - Supports unit GM, functions and other forums which might require inputs, participation and sponsorship from the clinician community at unit level</p>
<p>Composition – CEO, Clinical Director, 8 to 10 senior clinicians of Max Healthcare, Other invitees at the discretion of the CEO</p> <p>Functions:</p> <ul style="list-style-type: none"> • Define key clinical policies e.g., clinical protocols, incident reporting etc • Review of quality parameters • Introduction of new clinical specialties/new technologies • Best practice sharing, exploring potential partnerships with medical equipment providers, researchers and other medical facilities 	<p>Composition – Medical Advisor (Chairman), General Manager (Member Secretary), Medical Superintendent, 5 to 7 senior clinicians of the hospital</p> <p>Functions:</p> <ul style="list-style-type: none"> • Monitor implementation of key clinical policies at the unit level • Review of quality parameters for each department • Introduction of new clinical specialties/new technologies as an advisory input to the GM • To discuss and resolve issues related to Physician’s affairs at the Unit level

Medical Advisors’ Meeting (Central)

Medical Advisor’s meeting is organized by the Clinical Directorate on a monthly basis. Members include Medical Advisors of all units and the Clinical Director. The meeting provides a platform for Medical Advisors to raise any concerns/issues related to their respective units and seek clarifications and solutions. Meeting also provides a platform for Medical Advisors to share best practices, brainstorm ideas for various issues related to clinical excellence and how can we work towards achieving organization’s vision.

Doc Councils

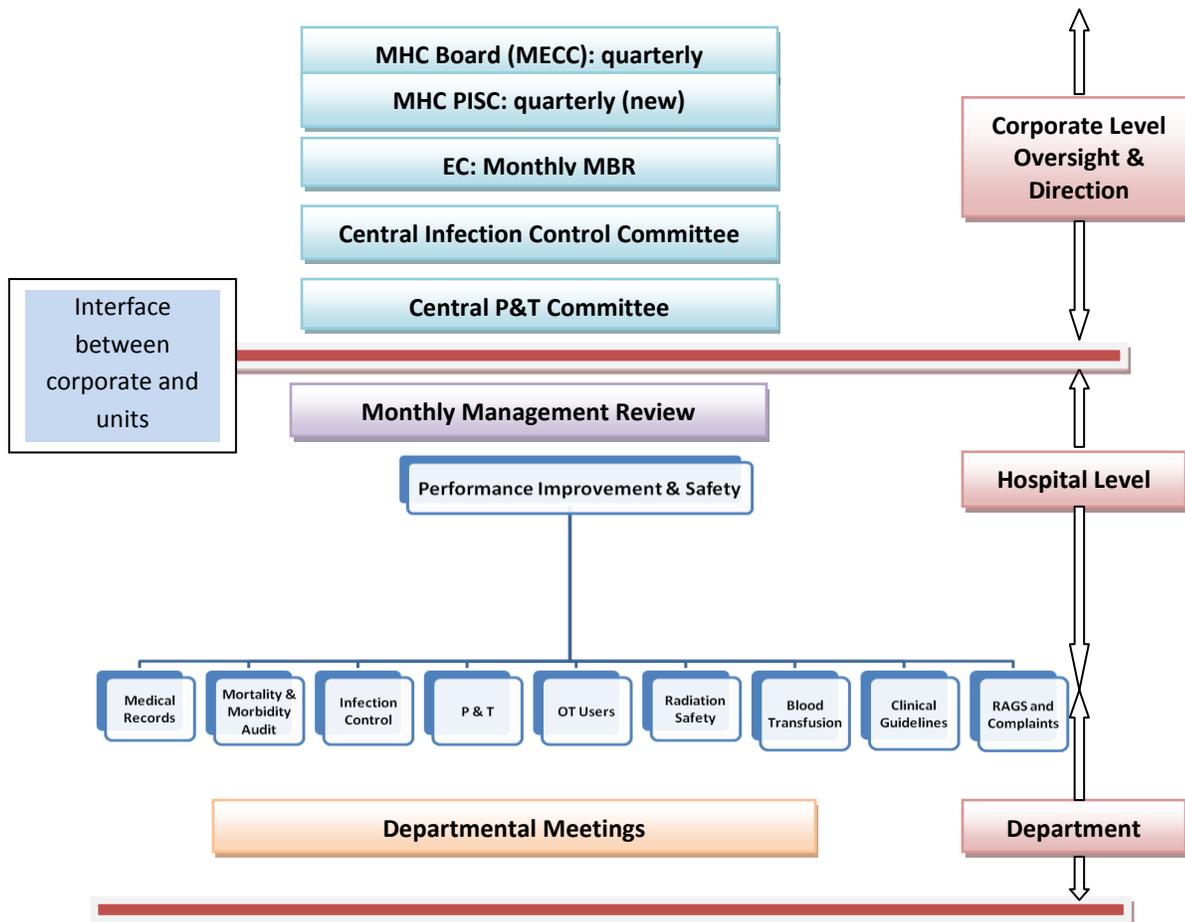
It is conducted at the units on a quarterly basis where the entire clinician community of the unit comes together. The Management Committee (MANCO) shares unit business updates and future plans with the clinician community. Doc Council provides a platform for the clinicians to raise their concerns to the unit management. Doc Council also helps align clinicians and unit management to work together towards achieving clinical and business goals of the units. Clinical Directorate receives minutes of each Doc Council meeting and ensures their closure at a regular basis.

Committees that oversee Quality

Our Unique Governance Model helps us bring alignment and ensure engagement for quality at all levels. At the board level, there is a Medical Excellence & Compliance Committee (MECC) chaired by the Non Executive Director of the Board. Members include other senior directors of the board and executive management team of Max Healthcare. The MECC provides oversight and strategic guidance to the executive team for Medical Excellence and risk management. It meets quarterly and reviews all aspects of the functions including key clinical performance indicators.

At the Clinical Directorate level, some central committees meet periodically, to ensure monitoring and execution of the organizations clinical strategy. These committees include Performance Improvement & Safety Committee (PISC), Morbidity and Mortality Review Committee, Central Pharmacy & Therapeutics Committee & Central Infection Control Committee. In addition, Monthly Business Reviews (MBR's) are held, in which key performance areas of the Medical Quality Program of each hospital are presented and discussed in detail by the Executive committee. Various other executive committees also monitor and provide direction for Medical Quality initiatives.

The clinical committees at each hospital are chaired by senior clinicians. The members include a mix of clinical Head of Department and Hospital Management. They provide a system to monitor, evaluate and improve care for the patients so as to ensure high standards of quality and safety.



Infection Control Committee:

The Infection Control Committee at each hospital has ensured that there is an active, effective, institution-wide infection control program that develops effective measures to prevent, identify, and control infections acquired in the hospital or brought into facilities from the community. The multidisciplinary forum has implemented best in class protocols at the hospitals along with rigorous training of staff. Special emphasis is on rationale use of antibiotics, infection protocols in high risk areas such as ICU's & OT's, surveillance, hand hygiene, disinfection and sterilization and closely tracking hospital acquired infections. This has resulted in preventing hospital acquired infections (HAI). The HAI rates of Max Healthcare are showing a positive downward trend towards reduction.

Pharmacy & Therapeutic Committee:

Effective, safe and cost-effective drug therapy for all patients coming to the hospital has been ensured by the guidance of the Pharmacy & Therapeutic Committee members.

OT (Operation Theatre) Users committee:

This committee has members from surgical specialties who ensure smooth functioning of the Perioperative programs. Focus is given to scheduling, cleaning, disinfection and sterilization, staff training, use of surgical safety checklist and other safety parameters as relevant to patient and staff safety in the operating room environment. The teams working in Perioperative areas collaborate effectively on a daily basis to provide the best possible care and outcomes to our patients undergoing surgical procedures (approximately more than 12,000 procedures every quarter). Surgical events such as return to theatres, surgical site infections, morbidity and mortality in low risk cases are comparable to the lowest rate in the published studies. The World Health Organization (WHO) surgical safety checklist is in use for each and every operation across the network.

Blood Transfusion Committee:

The multidisciplinary teams of clinicians that lead the Blood transfusion committee have ensured that all prescribers of blood transfusion follow evidence based protocols for identifying transfusion needs of the patients. Stringent quality checks for safety and procedures are in place for storage, screening, transport, administration and monitoring of patients during and after transfusion. To ensure an emergency response for massive and unanticipated blood loss, a massive transfusion protocol at each hospital ensures timely blood units are available within the shortest possible time to save lives. Blood wastage is monitored closely and minimized for this precious national resource.

Medical Record Committee:

As we know that the Medical record for each and every patient serves as a vital resource for communication and continuity of care. As custodians of medical record of the patients, the hospital ensures that the content of the medical record meets the best standards of documentation. Post discharge the record is stored safely as per regulatory and other norms. The Medical record committee periodically samples the content of the records to ensure consistence standards are maintained.

Radiation Safety Committee:

Radiation hazards are addressed meticulously in radiation workers within the radiology department, nuclear medicine department, cath labs, operation theatres and dental chairs. The radiation safety committee ensures that staff are provided with radiation protection equipment and trainings. Regular check ups of the radiation environemnet and equipment and annual medical check up of staffs are also conducted.

Audit Committee:

Max Healthcare has a strong culture of peer review that entails transparent evaluation and discussion around patient care. Mortalities and morbidities are discussed to evaluate effectiveness of patient care and identify opportunities for further improvement.

Clinical Guidelines:

A multidisciplinary team of doctors and clinicians have adapted evidence based clinical protocols and guidelines so as to ensure the highest quality of uniform clinical care to our patients. Some examples of these include – protocols for patients with Acute Myocardial infarctions, stroke, head injury, sepsis etc.

Clinical Program Building and Clinician Bench Strength Building

Vision

To be a trusted business partner to the unit heads for clinician hiring & to provide a consistent service for clinical program building at units.

Clinical Directorate’s role in Clinician Hiring

Clinical Directorate plays a vital role in the hiring of clinicians and building key clinical programs. A dedicated team - with clinical knowledge, network and HR expertise has been set up for the function. The team understands units expectations/needs carefully and accurately and provides a varied choice to the units to make a better decision. With extensive mapping of clinicians, regular interactions with clinicians & tie-ups Clinical Directorate’s clinician hiring function helps in closing open positions within an agreed timeframe in alignment with business needs & goals. The Directorate along with individual units has hired over **300** clinicians since the setting up of this division.

Max Healthcare Career Progression & Designation Guidelines

Max Healthcare has a standard policy for assigning designations and bands to clinicians based on their education and experience. Clinical Directorate has created a mapping of all clinicians with their bands across all Max units and ensured designation as per policy.

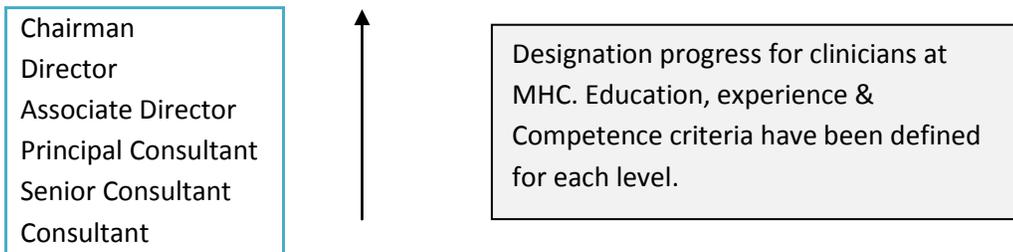


Figure – MHC Clinician Progression Levels