



DATE: 30/12/2025

## HOSPITAL MANAGEMENT COMMITTEE (HMC) POLICY

### 1. Purpose

The Hospital Management Committee (HMC) is constituted to ensure effective governance, administration, quality assurance, and continuous improvement in patient care services at Al Azhar Dental College & Hospital. This policy aligns with NABH standards and applicable statutory requirements.

### 2. Scope

This policy applies to all clinical, administrative, academic, and support services of Al Azhar Dental College & Hospital.

### 3. Objectives

- \* To provide strategic direction for hospital operations
- \* To ensure quality and patient safety in accordance with NABH standards
- \* To monitor clinical, administrative, and financial performance
- \* To ensure compliance with statutory and regulatory requirements
- \* To promote ethical practices and patient-centered care
- \* To support continuous quality improvement initiatives

### 4. Constitution of Hospital Management Committee

#### 4.1 Composition

The HMC shall consist of the following members:

1. Managing Director – Chairperson
2. Director – Vice Chairperson

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Principal  
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3. Principal – Member Secretary
4. IQAC Co-Ordinator – Member
5. Administrative Officer and Committee Co-ordinator – Member
6. Department Heads – Members
7. Public Relation Officer (PRO) – Member
8. Office Superintendent – Member
9. Receptionist – Member
10. House Keeping supervisor – Member

External experts may be co-opted as special invitees when required.

## 5. Tenure

- Members shall serve for a period of two years or until further orders by the management.
- Reconstitution may be done as per institutional requirements.

## 6. Roles and Responsibilities

### 6.1 Hospital Management Committee

- \* Formulate and review hospital policies and procedures
- \* Ensure implementation of NABH standards
- \* Review patient safety indicators and quality metrics
- \* Monitor infection control practices
- \* Review adverse events, sentinel events, and corrective actions
- \* Oversee resource allocation and infrastructure development
- \* Review patient feedback, complaints, and grievance redressal
- \* Ensure staff training and competency development

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- \* Review emergency preparedness and disaster management plans

## 6.2 Chairperson

- \* Preside over HMC meetings
- \* Provide leadership and strategic guidance
- \* Approve committee recommendations

## 6.3 Member Secretary

- \* Convene meetings and prepare agenda
- \* Maintain minutes and records
- \* Ensure follow-up of action points
- \* Coordinate between departments

## 7. Meetings

- \* HMC meetings shall be conducted twice a year
- \* Emergency meetings may be convened as required.
- \* Quorum: Minimum 50% of members, including Chairperson or Vice Chairperson.
- \* Decisions shall be taken by consensus; if not, by majority vote.

## 8. Documentation and Records

- \* Minutes of meetings shall be documented, approved, and maintained.
- \* Action Taken Reports (ATR) shall be reviewed in subsequent meetings.
- \* Records shall be preserved as per NABH and statutory guidelines.

## 9. Compliance and Confidentiality

- \* All members shall maintain confidentiality of patient and institutional information.
- \* The committee shall ensure compliance with legal, ethical, and regulatory requirements.

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## 10. Review and Amendment

- \* This policy shall be reviewed annually or earlier if required.
- \* Amendments shall be approved by hospital management.

## 11. Effective Date

This policy comes into effect from 30 December 2025 and shall remain valid until revised.



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