

ACTION TAKEN REPORT OF HOSPITAL MANAGEMENT COMMITTEE

(held on 20.06.2025)

Agenda	Discussion/ Decision Taken
Complex Co-morbidities	Multidisciplinary admission pathway and decision flowcharts introduced
Transfer Summary	Standard transfer summary template implemented for smoother handover.
ED Turnaround Time	Turnaround time targets fixed; logging and monthly review initiated.
Subcommittee Formation	Subcommittee (Dr. Rajesh & Dr. Renjith) formed to review the practice models and recommend improvements
Lapse in Standardized Protocols as mandated by NABH	Standard protocols drafted and submitted for approval
Red Flag protocol tracing	Red Flag Protocol displayed; staff given quick training on time-sensitive emergencies.
ED Accessibility	Access opened to all departments; coordination with support services improved.

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Dr. Betsy Thomas

Dr. BETSY THOMAS
MD, FRCOG, DNB, MICOG
PRINCIPAL

AMALA INSTITUTE OF MEDICAL SCIENCES
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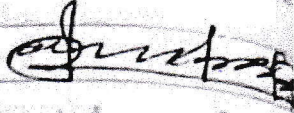
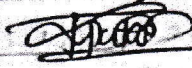



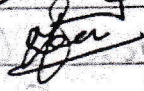
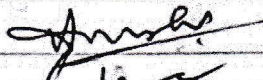
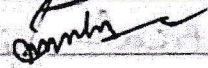


20/06/2026
4PM

MINUTES OF FOURTH MEETING

AGENDA :- EMERGENCY MEDICINE

ATTENDANCE

1. Fr. Julius Arakkal (Director) 
2. Fr. Delyo Puthan 
3. Fr. Antony Mannumel
4. Dr. Betsy Thomas
5. Dr. Rajesh Anto 
6. Dr. Dennis Davis 
7. Dr. Deepthi R
8. Dr. Joe John Churayath 
9. Dr. Reena John 
10. Dr. Vikes MV
11. Dr. Anush S 
12. Dr. Sura Cyriac 

Key discussion points

1. Delayed Consultant Notification
it was noted that there is signif delay in informing respective consultants prolonged waiting for imaging
2. ED Accessibility
Should be open to all not stand alone



3. Failure to identify Red flag Signs
 lack of urgency in acute limb
 ischemia or torsion testis
 ED fails to treat time sensitive
 emergencies

4. Absence of standardised protocols
 (NABH)

5. Over investigations in chronic patients

6. Complex Co-morbidities:- Admission decision
 Needs multidisciplinary admission
 policy with clear decision making
 flow charts

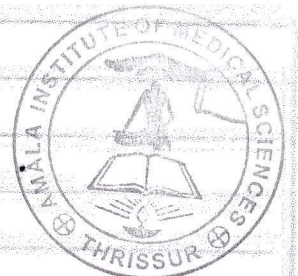
7. Transfer Summary (throwing Baton)

8. Define exact turn around time
 in ED

9. Form a sub committee to evaluate
 models and recommend an approach
 based on out comes and efficiency
 (Dr. Rajesh + Dr. Reena)

Next meeting after 3 months

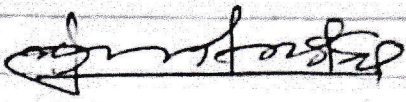
meeting adjourned at 5:30pm




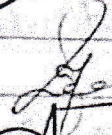
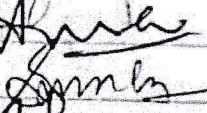
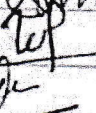
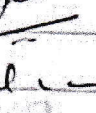


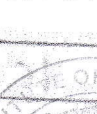

03/2025 MINUTES OF THIRD MEETING

Agenda:- defining Institutional clinical board
Roles and Responsibilities of clinical board
(purpose and outcome)

Attendance of Members

- Dr. Julius Arakkal Director 
- Dr. Deljo Pulkur
- Dr. Antony Mannumal

- Dr. Retny Thomas
- Dr. Rajani Anto
- Dr. Reena John
- Dr. Anusha
- Dr. Sunn Cybilse
- Dr. Tabitha
- Dr. Deepthi K
- Dr. Rennis Davis
- Dr. Vikas M V

 Retny
 Rajani
 Reena
 Anusha
 Sunn
 Tabitha
 Deepthi
 Rennis
 Vikas



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3. clinical body - non statutory body
 difference between CCM and ICB

↓
Academic dept

↓
NMC

CCM is purely academic

ICB vs Medical Board

↑ Covid

↓ specific patient or medical under

VIP patient / Sensational patient

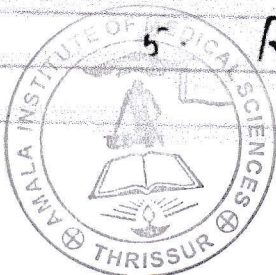
multidisciplinary

ICB → purely treatment based
 patient care + doctor care

Interdept and Intra dept - collaboration

key points Discussed

1. Non-statutory Body - ICB is a non-statutory body
2. Difference between CCM and medical board
 clarified difference b/w CCM and medical board
3. ICB purpose - purely treatment based
 patient care + doctor care
4. Definition and outcomes - ~~the~~ point of discussion



5. Resource distribution - strategies and
 optimizing resource distribution

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6. Corrective Actions and Discipline
7. Privileges - define privileges and responsibilities
8. Priorities - set priorities, with filter function to ensure effective decision making
9. Nurse inclusion - discussed the inclusion of nurses in ICB
10. Inter and intra-Dept collaboration :
< emphasized the need for collaboration >
B/w dept.
11. Suggestion platform - Establish a platform for suggestion and feedback
12. Vertical growth of department
13. Treatment protocols
14. Communicating of decision to others.

