



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश
All India Institute of Medical Sciences, Rishikesh, 249203
Quality Cell

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Date: 13.05.2026

Minutes of Meeting

A meeting of the Quality Cell was convened on 13 May at 03:00 PM in the MS Office Board Room. The meeting was chaired by Prof. Latika Mohan. It was attended by Dr Prasan Kumar Panda, Dr. Dilip Vaishnav, and members of the Quality Cell including DNS representatives.

The attendance as follows:

Agenda of the meeting

1. Meeting with Engineering Department regarding quality concerns.
2. Meeting with Dietary Department regarding quality concerns.
3. Meeting with HICC Department regarding quality concerns.
4. Presentation of new SOP and work plan for remaining assignments and updates in work implementation.
5. Hospital round.
6. Closing remarks and finalization of the next meeting date – Chairperson.

The meeting was conducted to review ongoing quality concerns, infection prevention practices, infrastructure maintenance issues, dietary service standards, and surveillance mechanisms within the hospital. Representatives from the Engineering Department, Dietary Department, Hospital Infection Control Committee (HICC), and Infection Control Nurses (ICNs) participated in the discussion. The deliberations focused on identifying operational gaps, strengthening monitoring systems, and developing structured corrective mechanisms for patient safety and quality improvement.

The Engineering Department highlighted concerns regarding the absence of a centralized maintenance complaint cell and the lack of a direct communication system for patients and staff. It was discussed that complaints are currently routed through indirect channels, resulting in delayed responses. The committee emphasized the need for establishing a proper Central Maintenance Cell with dedicated telephone support, complaint registration mechanisms, and prompt response systems similar to structured central workshop models functioning in other tertiary healthcare institutions. The department informed that manpower shortages remain a major challenge; however, interim strengthening of complaint management and documentation systems was advised.

Issues related to sanitation and patient attendant washroom facilities, particularly near emergency and critical care areas, were discussed extensively. The committee noted repeated complaints regarding non-functional washrooms, water leakage, electrical safety concerns, and poor upkeep. Engineering representatives informed that repeated repairs had been undertaken, though structural problems persist. The committee advised immediate temporary corrective measures, including the consideration of portable toilet facilities until permanent repairs are completed, to minimize inconvenience to patients and attendants.

The meeting also reviewed drinking water quality monitoring practices within the hospital. The Engineering Department informed that water quality testing is currently being conducted through an external agency at six-month intervals. However, the committee observed that testing is limited to source-level assessment and lacks end-user point surveillance in critical patient care areas. It was recommended that a structured SOP for drinking water quality surveillance be developed, including periodic rotational testing of ICUs, modular OTs, kitchens, and other high-risk areas. Internal collaboration with departments such as Microbiology, Biochemistry, HICC, and external laboratories was also suggested to strengthen monitoring and ensure compliance with quality standards.

Prepared by Mr Rajpal Singh (MRC)

Prof. Latika Mohan (Chairperson)

Dr. PK Panda (Member Secretary)

Ventilation systems, airborne infection prevention, negative pressure monitoring, and ICU environmental controls were also reviewed. The committee emphasized the importance of SOP-based monitoring of ventilation and environmental parameters in critical care areas to reduce infection transmission risks.

The Dietary Department presented its current food safety and hygiene practices, including rotational supervision of meal preparation and distribution, vaccination monitoring of kitchen staff, medical screening processes, dress code compliance, and hand hygiene practices. The committee appreciated the implementation of meal-time supervision but observed the absence of formal documentation systems such as monitoring checklists, supervisory logs, and structured audit records. It was advised that dietary monitoring activities, including trolley hygiene, food handling practices, and ward-level distribution checks, be formally documented and regularly audited.

Concerns regarding biomedical and food waste disposal practices within the kitchen area were also discussed. The department informed that segregation of wet and dry waste is being carried out; however, the committee noted that composting facilities remain non-functional. It was recommended that composting mechanisms be operationalized and staff sensitization programs be conducted to improve waste management practices and environmental hygiene.

The committee further discussed the issue of vegetarian and non-vegetarian dietary segregation, specialized therapeutic diets, and limitations arising from existing contractual provisions. It was suggested that feasibility of separate tenders or dedicated arrangements for special diets may be explored in consultation with competent administrative and legal authorities.

During the HICC review, discussions focused on Hospital Acquired Infection (HAI) surveillance mechanisms, active surveillance practices, ICN deployment, audit verification systems, and compliance monitoring. The committee observed that although surveillance activities are being performed as per CDC-based criteria, documentation and analytical review mechanisms require strengthening. It was emphasized that surveillance findings should not remain limited to communication registers and patient files; instead, department-wise electronic databases and Excel-based tracking systems should be maintained for systematic gap analysis, trend monitoring, and follow-up verification.

The committee stressed the importance of documenting infection control breaches, corrective actions taken, repeat observations, and compliance improvement trends on a monthly and quarterly basis. It was advised that HICC develop structured dashboards and progress-monitoring tools to identify high-risk departments and prioritize interventions accordingly.

The adequacy of ICN deployment in relation to ICU and critical care workload was also discussed. The committee emphasized rational allocation of ICNs based on critical care burden, ventilated patient load, and active surveillance requirements. It was noted that surveillance activities should focus not only on documentation but also on ensuring sustained behavioural and procedural compliance in clinical areas.

The committee additionally discussed the need for a hospital-wide certification and competency assessment program on hand hygiene, biomedical waste management, infection prevention practices, and basic patient safety measures for all healthcare workers, including regular employees, contractual staff, trainees, students, and healthcare housekeeping personnel. It was recommended that a structured modular certification system with defined validity periods and periodic reassessment be developed, preferably through online training platforms and competency-based evaluation mechanisms within the next three to six months.

The meeting concluded with directions to all concerned departments to prepare structured SOPs, strengthen monitoring and documentation systems, develop measurable action plans with timelines, and submit progress updates during subsequent Quality Cell review meetings.

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1. PPS to Executive Director & CEO & Dean (academic)
2. All Concerned Members and Office Copy


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