IFC International Finance Corporation
WORLD BANK GROUP

Total Quality Management Department

Scope of Services

DEPARTMENT	X HOSPITAL-WIDE	ISSUE DATE
Process owner	TQM department	-------
Title/description	Scope of services	REVISION DATE
Policy no.	X-TQM-SOS-01	-------

SECTION	CHANGE	EXPLANATION

Note: This section lists the latest changes in this document only. For detailed revisions, please refer to the sections referenced on this list.

|1| Mission and Purpose

The Total Quality Management (TQM) Department provides strategic leadership, oversight, and technical support to ensure safe, effective, high-quality, and compliant healthcare services across all clinical and administrative units at X Hospital. The department acts as the central hub for continuous quality improvement (CQI), risk management, accreditation readiness, and document control.

|2| Target Population and Customers Served

The TQM Department serves internal and external stakeholders, including:

- **Internal:** Hospital executive leadership, clinical staff (physicians, nurses, allied health), administrative personnel, and hospital committees.
- **External:** Patients and their families, healthcare accrediting bodies (CBAHI, JCI), the Ministry of Health (MOH), and corporate auditing entities.

|3| Hours of Operation and Location

- **Hours:** 08:00 AM to 05:00 PM, Sunday through Thursday (Administrative hours).
- **On-Call Support:** Available 24/7 for sentinel events, urgent risk assessments, or regulatory inspections.
- **Location:** Administrative Wing, [Insert Floor/Room Number].

|4| Core Scope of Services & Functions

4.1. Accreditation and Regulatory Compliance

- Serves as the official liaison and coordinator for all hospital healthcare accrediting bodies, including CBAHI, JCI, and MOH.
- Conducts regular mock inspections, gap analyses, and routine compliance audits across all clinical and non-clinical departments.
- Guides and manages the correction of non-compliance issues via structured action plans and focused review frameworks.

4.2. Document Control and Policy Management

- Acts as the sole custodian of the hospital's master policy index, ensuring standard templates, formatting, and numbering guidelines are followed.
- Facilitates the preparation, review, systematic archiving, and biennial (2-year) update cycle of all administrative, clinical, and multidisciplinary Policies, Procedures, and Plans.
- Manages the hospital intranet document portal to ensure only the latest authorized versions are available for active use.

4.3. Performance Measurement and Data Analytics

- Facilitates the selection, definition, and tracking of Key Performance Indicators (KPIs) across all hospital departments.
- Designs and maintains data collection systems to monitor quality metrics, clinical outcomes, and utilization patterns.
- Analyzes data trends using statistical quality control tools and reports findings directly to the Quality Improvement and Risk Committee (QIRC) and executive leadership.

4.4. Patient Safety and Incident Management

- Administers the hospital's Incident Reporting System (OVR - Occurrence Variance Report) to capture errors, near-misses, and hazardous conditions.
- Leads formal Root Cause Analysis (RCA) investigations for all sentinel events and high-risk occurrences.
- Formulates proactive risk mitigation strategies, including Failure Mode and Effects Analysis (FMEA) for high-risk processes.
- Manages the hospital's patient safety culture surveys and implements safety campaigns (e.g., International Patient Safety Goals - IPSG).

4.5. Continuous Quality Improvement (CQI)

- Guides, trains, and coaches departmental staff on quality improvement methodologies, including the FOCUS-PDCA cycle and Lean Six Sigma concepts.
- Reviews and approves all formal departmental quality improvement projects before implementation.
- Monitors the sustainability of implemented changes to prevent operational regression.

4.6. Education and Capacity Building

- Conducts mandatory quality and patient safety orientations for all newly hired clinical and non-clinical staff.
- Provides specialized training to hospital staff regarding KPI formulation, incident reporting, and accreditation standards.

|5| Departmental Governance and Reporting Structure

- **Direct Report:** The TQM Director reports directly to the Hospital Director administratively and to the Medical Director/ Corporate Quality Office functionally.
- **Committee Alignment:** The department serves as the secretariat for the Quality Improvement and Risk Committee (QIRC) and presents monthly quality dashboards to executive leadership.

|6| Staffing Matrix and Minimum Qualifications

6.1. Staffing Configuration

The department is staffed by an authorized multidisciplinary team of qualified healthcare quality professionals, matching the clinical and administrative workload of the hospital:

- **TQM Director:** Master's degree in Healthcare Administration, Public Health, or Business (MBA). Must hold Certified Professional in Healthcare Quality (CPHQ) credentials and have a minimum of 7 years of healthcare quality experience.
- **Patient Safety Specialist:** Bachelor's degree in Nursing, Pharmacy, or an Allied Health field. Certified Professional in Patient Safety (CPPS) preferred, with 3–5 years of clinical experience.
- **TQM Officers / Coordinators:** Bachelor's degree in Healthcare Administration or a clinical discipline. CPHQ eligible with at least 2 years of hospital quality experience.
- **Data Analyst:** Bachelor's degree in Health Informatics, Statistics, or Computer Science. Minimum of 2 years of experience managing statistical healthcare data.
- **Document Control Officer:** Diploma or Bachelor's degree in Administration or Information Management. Minimum of 1–2 years of experience in database control or administrative archiving.

|7| Approvals

DESIGNATION & NAME	SIGNATURE
Prepared by: TQM Director XYZ	
Reviewed by: Operation Director XYZ	
Reviewed by: Nursing Director XYZ	
Approved by: Medical Director XYZ	
Approved by: Hospital Director XYZ	