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STANDARD OPERATING PROCEDURES



DEPARTMENT OF INFORMATION TECHNOLOGY

VALIDITY: THIS MANUAL IS VALID FOR 3 YEARS

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1. PURPOSE:

This procedure defines a consistent approach to identify, classify and manage the assets within the system at Sri Manakula Vinayagar Medical College and Hospital and to account ownership for the assets and effectively protect them.

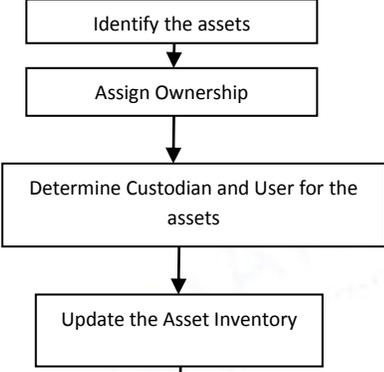
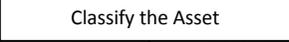
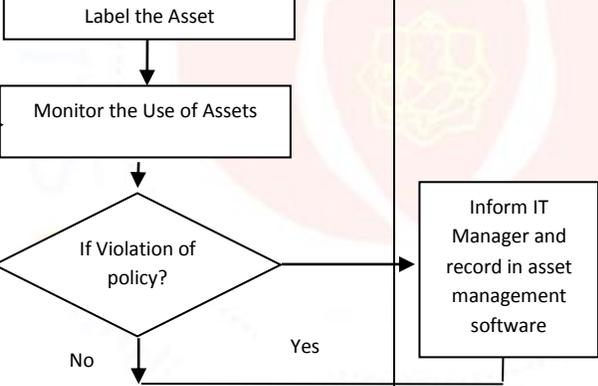
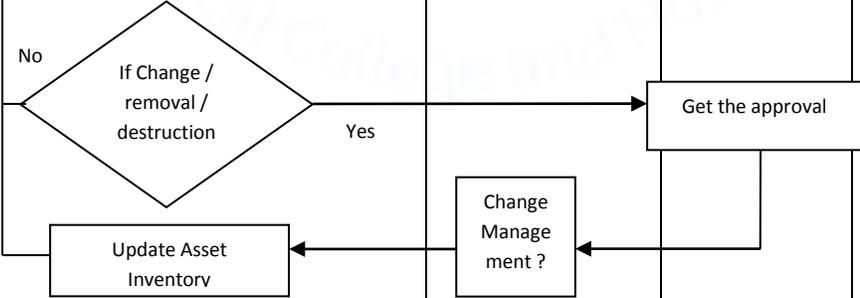
2. SCOPE:

The procedure is applicable towards maintaining server, desktop, Laptops, Projectors Network equipment's and printer assets at Sri Manakula Vinayagar Medical College & Hospital.

3. RESPONSIBILITY:

The information and technology (IT) manager is responsible for all these procedures.

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PROCEDURE FOR ASSET MANAGEMENT				
Process Steps	Process Flow	Interface with Other processes		Document Reference
		All Departments	Management	
Asset Identification				
Asset Classification				
Asset Handling				Procedure Asset Labeling and Handling Acceptable use of asset policy
Change / Removal / Destruction of Asset				

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4. RECORDS:

No.	Record	Description	Location	Retention
4.1.	<u>Asset Classification List</u>	Inventory of Asset and its Classification	IT	6 years minimum

5. REFERENCE:

1. Guide book to NABH standards for hospitals fifth edition april 2020.



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1. PURPOSE:

The purpose of this procedure is to explain the activities related to maintaining the confidentiality, integrity and availability of clinical and non-clinical data in the hospital.

2. SCOPE:

The procedure is applicable to maintaining the clinical and non-clinical data at Sri Manakula Vinayagar Medical College and Hospital.

3. RESPONSIBILITY:

IT manager is responsible for ensuring all controls are in place to ensure data security.

4. PROCEDURE:

4.1. ACCESS CONTROL:

- a) Access to the electronic data (Clinical /Non clinical) is controlled by the IT department.
- b) Only the staffs who are given permission to access the software are allowed to update / modify clinical and nonclinical data.
- c) The accesses given to the staff to the electronic data (Clinical/Nonclinical) to perform/carry out data entry/ data modification are monitored through hospital med plus software.
- d) The IT manager monitors the access logs pertaining to the access of hospital software periodically to ensure no unauthorized accesses happen. In case of any variance identified the IT manager takes appropriate corrective / preventive actions.
- e) The details of the review of the access logs checked while doing preventive maintenance and are maintained in the preventive maintenance register.

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4.2. ELECTRONIC RECORD MODIFICATION:

- a) The staffs who make data entry of the patient details in the software are not authorized to modify data.
- b) In the case of electronic data modification the respective staff / departments send their request by mail/phone or an authorized person with the authorization of the respective HODs and the IT department or authorized person makes the requested changes.
- c) Periodically the IT manager reviews the logs / reports pertaining to the records that were modified to check for any unauthorized changes and take appropriate corrective / preventive actions as required.

4.3. BACKUPS :

- a) The IT manager takes daily backups of the software database and the media containing the backup data is stored at a safe distance from the source of data with adequate protection.
- b) The details of the backup taken are updated in the back up register.
- c) Offsite Data backup is maintained at Sri Manakula Vinayagar Software Solutions Puducherry.
- d) Offsite data backup details are updated in Offsite back up register.

4.4. ANTIVIRUS:

- a) The IT manager ensures that the latest antivirus updates are loaded in the server and also in the desktops connected to the hospital network.
- b) Automatic virus scanning in all the systems is carried out at scheduled intervals as and when the desktop and laptop is powered on. Regular scanning is carried out as scheduled in the console.

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4.5. PASSWORDS:

- a) The IT department has a designed and implemented a password management system and ensures that the passwords are not compromised / shared which leads to information leakage.
- b) The IT personnel monitor the adherence to the password protocol constantly and take appropriate corrective / preventive actions on identification of any violations.
- c) The entire user accounts of the users who are have been relieved from the organization will be disabled but not deleted so as to retain information if required in future.
- d) All the users are created in a domain and have a liberty to access any computer in the domain while having restricted access and no access to the data of other users.

4.6. COMPLIANCE TO POLICIES:

- a) Passwords are set in such a way that will expire at a particular time and new password will be set. This is done for security reasons and if incorrectly entered thrice, the account becomes inactive.
- b) The strength of the password is maintained to be minimum 8 characters and it must not contain the name of the user and must contain at least 1 number and 1 upper case letter or lower case so that the complexity of the password remains intact.

5. RECORDS:

S.NO	RECORD NAME	RECORD NO	LOCATION	RETENTION PERIOD
1.	Preventive Maintenance Register	SMVMCH/HSM/AMCPC/01	IT	3 YEARS
2.	Backup Register	SMVMCH/HSM/PMC/02	IT	3 YEARS

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6. REFERENCE:

Guide book to NABH standards for hospitals fifth edition april 2020.



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1. PURPOSE:

The purpose of this procedure is to explain the software and hardware maintenance activities carried out at Sri Manakula Vinayagar Medical College and Hospital.

2. SCOPE:

The procedure is applicable for preventive / breakdown maintenance of hardware and rectification of software issues including change requests by the information technology department.

3. RESPONSIBILITY:

- 3.1. The IT manager is responsible for monitoring all the maintenance activities carried out.
- 3.2. The in-house software team is responsible for rectifying all the bugs identified in the software developed and also coordinating with the IT team / concerned department personnel in ensuring that all requests (for software up-gradation / changes / defect / bugs rectification) are processed.

4. PROCEDURE:

4.1. SOFTWARE MAINTENANCE:

- a) IT manager maintains the licensed copy of the standard software's. This software is handled only by the IT staff. The date of expiry of the licenses is also updated in the software list so as to ensure that the licenses are renewed at the appropriate time.

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- b) Whenever a complaint on software corruption or malfunction is received, the details of the complaint are updated in the complaint log register. The IT engineer then uses the original software for reinstalling the software. After completion of installations the details of the same is recorded.
- c) If free update is granted for licensed software in use, the IT manager ensures that such updates are downloaded and installed automatically.

4.2. CUSTOMIZED SOFTWARE:

- a) The customized software (i.e. Medplus) developed by in house and maintained by the IT manager. The development of the software, the change requirement and the maintenance activities are all monitored and managed by in house at hospital.
- b) The team receives requests from the users in the various departments in the hospital with proper approvals regarding the bugs / issues that were identified in the software during the day to day usage of the software. The requests are sent to the in house team and they rectify the same.
- c) The IT manager on receiving the requests allocates the appropriate personnel and then carries out the changes. The details of the changes done are updated and maintained by the in house software team.
- d) As and when the users of the customized software suggest improvement, this is studied by the IT manager and in house software team and incorporated into the software.
- e) The requests are also received for any up gradation in the application used from the users' perspective.

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4.3. HARDWARE MAINTENANCE:

- a) The IT manager maintains the details of all the Hardware assets which include details like the identification number for all the computer systems in the hospital along with its configuration details and the location of the asset.
- b) IT manager maintains list of spares maintained in the IT department and the movement of the spares is updated.
- c) As regards maintenance of hardware systems in the hospital, the IT manager maintains a list of machines and equipment's under warranty and Annual Maintenance Contract (AMC) in the hardware inventory software list.
- d) In the case of breakdown of machines under warranty the service provider is contacted and the IT staff ensures that whenever the warranty or AMC servicing is done by the vendors, one of the IT staff members is present.
- e) After the servicing is done, the service report issued by the external technician is studied and updated in the software and then the service report is filed.
- f) Any renewal of the annual maintenance contract is made only through management approved vendor.

4.4. PREVENTIVE MAINTENANCE:

- a) Preventive maintenance of all the desktops and printers are carried out at defined intervals by the IT manager based on the preventive maintenance schedule.
- b) Preventive maintenance of the servers/desktops/printers is carried as per plan and the results/outcome of the maintenance work is verified using the preventive maintenance format/checklist.

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4.5. BREAKDOWN MAINTENANCE:

- a) The IT manager receives help desk software / SMS / verbal requests from the users as and when they encounter a problem related to hardware or software.
- b) On receiving such software notification / SMS / verbal requests the IT manager or system engineer note down the details of the request in the complaint log register / help desk software and then assign an engineer to attend the problem.
- c) After completion of the maintenance activities the IT manager / System engineer update the details of the service undertaken in the complaint log register / help desk software.
- d) If it is required to have the issue rectified by a third party service provider then the appropriate service providers from the approved supplier list is contacted and then rectified. The service report issued by the service provider is filed.
- e) In case the machines are required to be taken out of the premises for service the movements of machines are tracked through the delivery challan / gate pass book.

5. RECORDS:

S.NO	RECORD NAME	RECORD NO	LOCATION	RETENTION PERIOD
3.	Breakdown register/ complaints	SMVMCH/HSM/BRC/01	IT	3 YEARS
4.	AMC Plan Checklist	SMVMCH/HSM/AMCPC/02	IT	3 YEARS
5.	Preventive Maintenance checklist (Hardware)	SMVMCH/HSM/PMC/03	IT	3 YEARS

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S.NO	RECORD NAME	RECORD NO	LOCATION	RETENTION PERIOD
6.	History Card	SMVMCH/HSM/HC/04	IT	Permanent
7.	Hospital Med plus Software	SMVMCH/HSM/HMPS/05	IT	Permanent

6. Electronic and Computer Waste

Medical facilities collect vast amounts of data about their patients and employees. From scheduled appointments to lab results and vaccination records, there are many kinds of personal information we gather and store in our data center or server room facility.

In a typical medical facility, the sensitive information to be stored on:

- Internal and external hard drives
- Portable USB drives and memory cards
- CDs and DVDs
- Audio and video tapes

When these devices and the data on them are no longer needed, it's important to make sure that they are unreadable. Not only is this required by law, but it's also a common sense practice to prevent identity theft. This can be achieved in a few different ways.

6.1 Destroying Sensitive Digital Data

There are a few secure ways to destroy sensitive digital data stored by our facility. Of course, the most secure way is total destruction by shredding, grinding or melting. Once that's done, there is really no way to put the pieces back together and retrieve what was on the storage device. However, this approach is not always practical. Many times, digital storage devices can be recycled or reused in a different department within our facility.

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6.2 Demagnetizing Storage Media

Magnetic media, such as hard drives, floppy disks and ZIP disks use magnetization to both read and record data on the device. Under the influence of a strong magnet, this magnetic field can be permanently impaired, so the storage media will be rendered useless.

6.3 Overwriting Storage Media

To reuse or recycle our device, we can overwrite it to erase all information on it. For better security, several overwrites can be performed. Overwriting doesn't put new information on top of the old one—it randomizes the patterns in which the data used to be stored. Once that's done, you can install a new operating system or upload other types of files to our storage device.

Overwriting can be used only on re-writable media. For example, some CD and DVD disks can only be used once to record information. We can't add any more files or delete files off such a disk. If we need this information erased, the media will have to be physically destroyed.

6.4 Secure Recycling Containers

If we are shredding paper or disposing of other types of sensitive data on our premises, consider placing this waste in secure, lockable containers. Dumpster diving for personal information is nothing new, and even finely shredded paper can be pieced back together with some effort.

Our medical waste removal vendor may offer secure containers. We carry several options of lockable containers and can even do the shredding at our secure facility. After the paper is shredded, we send it to an incinerator.

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6.5 Measures against Hacks

It's our responsibility to ensure the safety of our internal networks and protect digital information from hackers. Although there is never a 100% guarantee of our databases or website won't get hacked, there are some things you can do to reduce this possibility. Using antivirus servers secure email and secure forms should be our first steps. Making sure each of our computers is equipped with up-to-date anti-virus software is also important.

6.6 Toner Cartridge Recycling

Printer cartridge or toner is something which comprises almost 15% of total e-waste produced at our hospital. We are disposing the tonners by handing over the same to authorized tonercartridge recycler.

7. REFERENCE:

Guide book to NABH standards for hospitals fifth edition april 2020.

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1. **PURPOSE:** The purpose of this procedure is to establish a system to undergo all activities which addresses on condemnation of IT equipment's

2. **SCOPE:** It covers all condemnation of IT equipment's involved in SMVMCH.

3. **RESPONSIBILITY:**

1. HOD IT Engineering.
2. Condemnation Committee
3. Respective Department HOD's

4. **POLICIES AND PROCEDURE:**

Replacement

- 1.1. The Purpose of the Equipment Replacement is to calculate the average life time of the equipment
- 1.2. Life time of the Equipment can be calculated by its trouble-free utilization after the routine / weekly / periodical maintenance against the warranty
- 1.3. Based on the utilization time of the equipment, EDP HOD can decide for the condemnation of the equipment
- 1.4. This equipment replacement criteria could also be discussed in the selection of the new equipment by the purchase committee
- 1.5. Equipment Replacement and major critical spares and components are purchased by the HOD – EDP with approval from Chairman and Managing Director.

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CONDEMNATION

- 1.1. Equipment and accessories rendered useless because of continuous usage will be sent to IT department for examination
- 1.2. After the final inspection done by the IT Engineers and found to be unfit for further usage it will be confirmed that the item is beyond repair.
- 1.3. A duly signed letter by the Department HOD is sent to the EDP / IT Department for the above action.
- 1.4. It will be kept for the perusal of the condemnation committee. Once it is condemned by committee the item will be deleted from the register. Such item will be either discarded or sold for scrap value.
- 1.5. All details are recorded in condemnation report (SMVMCH/IT/CR)

Condemnation Committee members - IT

Sl. NO.	CONDEMNATION COMMITTEE MEMBERS
1	Chairman and Managing Director
2	HOD – IT engineering
3	Respective department HOD's
4	NABH coordinator
5	Facility Maintenance Coordinator

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5. RECORDS:

SN	Description	Format No:	Location	Retention period
1	Condemnation Report	SMVMCH/IT/CR	IT	3 years

6. ANNEXURE:

Nil

7. REFERENCES:

Guide book to NABH standards for hospitals fifth edition april 2020.

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1. PURPOSE

The purpose of this procedure is to explain the identification of information requirement by the IT Department for the various Employees/Management of the hospital

2. SCOPE

The procedure is applicable to the Clinical and non-clinical data to be shared with the Management/Employees in the hospital through the Medplus ERP software.

3. RESPONSIBILITY

3.1 The Top-level Management is responsible for identification of information needs as well as approval of sharing information for themselves and for the Employees

3.2 The IT Manager responsible for implementing the permissions to be given so that each Employee has access to relevant information through the Medplus ERP.

4. POLICY: IDENTIFICATION OF INFORMATION NEEDS :

It has identified the information needs of the stakeholders and has established a system for compiling and sharing information. This is done through the hospital software and includes clinical and non-clinical data.

4.1 HOSPITAL SOFTWARE

4.1.1. It has an HIS called Medplus ERP which provides information to the relevant Employees

4.1.2. The IT Manager has ensured that the identified Employees have been given the required permissions to have access to relevant data through Medplus ERP.

4.1.3. The formats are standardized for data collection.

4.1.4. Once the data is entered these formats, the same is updated and stored in the servers and the data will be retrieved in required formats.

4.1.5. The Employees and the data they have access to, through the Medplus ERP are given below

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Sl. No.	Employees	Data that is accessed or viewed	Module in Medplus ERP Source
1	Chairman and Managing Director	All clinical / non clinical data related to the Hospital	All Modules (clinical / Non-clinical Data)
2	Administrative Director / Dean	All clinical / non clinical data related to the Hospital – to customized as per internal requirement	Medplus / Student ERP
3	Academic Dean	All clinical / non clinical data related to the Hospital – to customized as per internal requirement	Medplus / Student ERP
4	Medical Superintendent	All clinical / non clinical data related to the Hospital – to customized as per internal requirement	Medplus
5	Doctors	Lab Reports, PACS-Radiology	Medplus
6	HR	Employees Details	HR
7	Nurses	Bed transfer, Lab IP Reports, Radiology request, IP enquiry, BED occupancy, Bill enquiry, Discharge summary	Medplus
8	Central medical Stores and Pharmacy users	Item entries, Items issues, Submission of bills to Purchase, Indenting, purchase indent, Material return notes. Stock adjustment (only managers) and GRN's.	Inventory Module
9	Front Office Admin	Patient Registration, Patient Admission, OP Consultation, Lab Reports	Inpatient, Outpatient and Admission

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10	Billing	OP Billing, IP Advance collection,	Medplus - Billing
11	Insurance	Patient Registration, Patient Admission, OP Consultation, IP Advance collection,	Medplus - Billing
12	Stores	Item entries, Items issues, Submission of bills to Purchase, Indenting, purchase indent, Material return notes. Stock adjustment (only managers) and GRN's.	Inventory
13	Accounts	Reports view – Billing, GRN	Medplus, Inventory
14	IT/EDP Assistant	Authorization master, Providing user permissions, ID card Printing, Biometric Registration, Create tests, Bills Cancellation	Medplus - EDP

4.1.6. The access is given to the different Employees by the IT department as decided by IT Manager after getting approval from Academic Director / Dean.

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1. PURPOSE

The purpose of this procedure is to explain the purchase procedure in the IT Department of the hospital

2. SCOPE

The procedure is applicable to Purchase of Hardware and Software by the IT Department in the hospital

3. RESPONSIBILITY

3.1 The IT Manager is responsible for all the activities including approval of specifications and forwarding purchase request to management.

3.2 The final approval of suppliers / IT asset requirements is made by the Chairman and Managing Director.

4. PROCEDURE

4.1. PURCHASE OF SOFTWARE & HARDWARE

4.1.1. The requirements for the purchase of Software and hardware are decided by the IT Manager.

4.1.2. The IT Manager identifies the vendors as per the credentials in the Industry and requests for a quotation from them. The details of the quote are forwarded to the Director for the final selection / approval of the vendor.

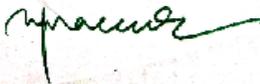
4.1.3. The Purchase indent is prepared by the IT Manager and approved by Director. While issuing the Purchase indent for the software, it is ensured that provision for free updates of improvement in the software is made.

4.1.4. Specific requirements relating to installation, maintenance support and warranty service are also discussed and finalized before the release of the Purchase indent.

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Sl. No.	Page No	Section/ Clause/ Para/Line	Date of Amendment	Amendment Made	Reasons For Amendment	Amended By	Approved by
1	All	All	20.01.2023	Review and Up gradation of all Sections of EDP Manual as per NABH Main Accreditation requirements. (i.e.5 th Edition Apr 2020)	Up-gradation of NABH Main Accreditation	NABH coordinator	

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	Designation	Signature
Prepared by	Mr. B. Raja, I. T. Manager	
Reviewed by	Dr. M. Pragash, Medical Superintendent	
Approved by	Dr. D. Rajagovindan, Director	
Issued by	Dr. M. Pragash NABH Co-ordinator	