



**SRI DEVARAJ URS SCHOOL & COLLEGE OF
NURSING, TAMAKA, KOLAR-563101.**

QUALITY MANUAL

IMPROVEMENT

Doc. No.	QM 10.0
Issue Status	02
Rev. Status	00
Date:	01.09.2018
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G.S.1

10.1 GENERAL

SDUCON will determine and select opportunities for improvements and implement any necessary actions to meet customer requirements and enhance customer satisfaction. These will include

- Improving services to meet requirements as well as to address future needs and expectations.
- Correcting, Preventing or reducing undesired effects. This is done as per the procedure for Budget Planning.
- Improving the performance and effectiveness of the Quality management system by conducting internal audits and MRMs.

10.2 NON CONFORMITY AND CORRECTIVE ACTION

Refer procedure for Corrective action QSP-15

10.3 CONTINUAL IMPROVEMENT

Documented procedure has been established to ensure the identification and corrections of conditions adverse to quality and promote continuous improvement of the effectiveness of the quality management system through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventive action and periodic management review.

The monitoring and measuring process are so designed to critically analyze the ability of processes to achieve planned results and when the planned results are not achieved, corrective and preventive actions are taken.

CROSS REFERENCES

DOCUMENTS:

SL NO.	DESCRIPTION	REFERENCE
1	Procedure for Corrective action	QSP-15

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8.2.2 REVIEW OF THE REQUIREMENTS FOR SERVICES

The review system is effectively practiced i.e., ensures the identification of any new process required to satisfy learners / sponsor's requirements.

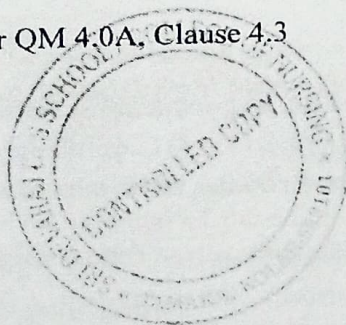
Before applying for enhancement of admissions, Principal and HODs review all the requirements in terms of faculty, buildings and laboratories etc., and the same is conveyed to Management/ Director.

All the requirements are fulfilled before the admission of the students.

Whenever there is any change in syllabus, amendments are communicated to the faculty.

8.3 Design & Development of SERVICES

This Clause is not applicable Refer QM 4.0A, Clause 4.3



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8.5.4 PRESERVATION

All the course files, laboratory manual and other teaching aids are kept controlled, periodically monitored and reviewed.

8.5.5 POST DELIVERY ACTIVITIES

Post delivery services include the provision of certificates, placement services if any after the completion of the course by the students.

8.5.6 CONTROL OF CHANGES

It is limited to any changes in the syllabus issued by the regulatory body. RGUHS

8.6.1 RELEASE OF SERVICES

The management has instituted mechanisms for getting feedback from the students regularly and takes necessary action on such feedbacks so that the students, their parents and the third line customers are served better by effecting necessary improvements.

The grievance committee members are authorized to conduct internal meetings within departments to analyze the effectiveness of implementation and the complaints from the students I parents in consultation and coordination with HOD.

After analyzing the complaints/feedbacks/reports from various sources, HODs, and then with the action plan of HOD, the top management is intimated of the suggestions/recommendations, which would improve the efficiency of various departments as also the quality system implementation.

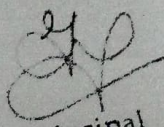
8.6.1 Monitoring and measurement of the product

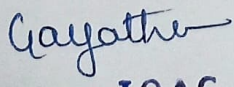
During the preparation of faculty workload distribution list, Laboratory manual and also during course delivery and conduct of periodic tests (i.e. in all stages), HODs monitor the whole process for their compliance with the University requirements.

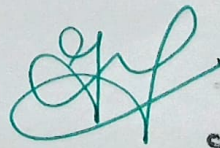
The procedure is established to develop and implement appropriate statistical techniques required to verify the acceptability of the processes, capability or characteristics of services as deemed necessary.

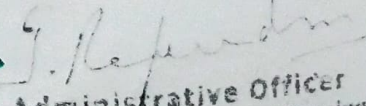
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PERFORMANCE EVALUATION

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9.0 PERFORMANCE EVALUATION

9.1 Monitoring , Measurement, Analysis and Evaluation

9.1.1 GENERAL

Refer OBJECTIVE MATRIX SHEET (ACD- 1A) where the quality Objectives are being monitored and measured

9.1.2 CUSTOMER SATISFACTION

Refer Procedure for feedback systems QSP-08

9.1.3 ANALYSIS ON EVALUATION

SDUCON will ensure that all process owners will analyze and evaluate the Data related from their processes. The results of analysis will be used to evaluate

- Conformity of service
- Degree of customer satisfaction
- Performance and effectiveness of the Quality Management system
- If planning have been implemented effectively
- Effectiveness of actions taken to address risks and opportunities
- Performance of supplier
- Lead for improvements to the Quality Management system

9.2 INTERNAL AUDIT

Refer procedure for Internal audit QSP- 13

9.3 MANAGEMENT REVIEW

Refer procedure for Management review QSP- 02

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QUALITY MANUAL

SUPPORT

Doc. No. QM 7.0

Issue Status 02

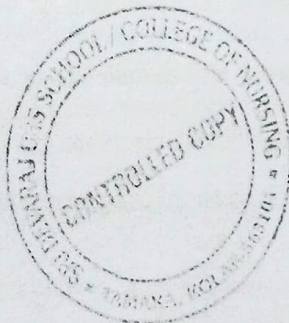
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CROSS REFERENCE DOCUMENTS

SL NO	DESCRIPTION	REFERENCE
1.	Procedure for control of documents	QSP-12
2.	Procedure for control of records	QSP-12
3.	List of Instruments	PRN-03
4.	Procedure for staff Training	QSP-07
5.	Procedure for Budget planning	QSP-17



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7.1.5 MONITORING AND MEASURING RESOURCES

7.1.5.1 General

A List of Monitoring and Measuring instruments is maintained along with the calibration plan. Instrument n. The calibration reports are reviewed and filed for records after acceptance. Actions taken on out of calibration instruments will be recorded in the history card. The instrument will be identified with the calibration due date sticker for the user to know the same.

7.1.5.2 Measurement Tracability

Measurement traceability is not a requirement for the services carried out by SDUCON

7.1.6 Organizational Knowledge

SDUCON has determined the knowledge for the operation of its processes and to achieve conformity of the service. This knowledge will be maintained in a centralized location and made available to the relevant users.

When addressing changing needs and trends during new product development, product diversification, continual improvement etc SDUCON will consider its current knowledge of the people involved and determined the required updates for any additional knowledge. This will be part of change management process.

The organizational knowledge is based on the following which includes

- Intellectual property
- Corrective action reports
- Project closure reports
- Continual improvements
- Lessons learnt
- Knowledge gained from customer / suppliers

A Knowledge Management Data base will be maintained.

7.2 COMPETENCE

As per the requirements of RGUHS

7.3 AWARENESS

SDUCON will ensure that persons doing work under his control are aware of the following.

a. Quality Policy

Board displayed at prominent location in all languages and made understood by way of standing meeting often.

b. Quality Objectives

Respective HODs to communicate the quality objectives of the department to all concerned along with the measurable, targets and frequency of measurements.

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6.3 PLANNING OF CHANGES

When SDUCON determines the need for changes to the Quality management system, the changes will be carried out in a planned manner as described in Procedure for control of documents (QSP-12)

SDUCON will consider:

- The purpose of the changes and their potential consequences
- The integrity of the Quality Management system
- The availability of resources
- The allocation or re-allocation of responsibilities and authorities.

CROSS-REFERENCE

DOCUMENTS

SL NO	DESCRIPTION	REFERENCE
1	Procedure for Staff Training	QSP-07
2	Budget Planning	QSP-17
3	Objective matrix sheet	ACD1-a
4	Procedure for control of documents	QSP-12

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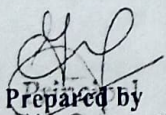
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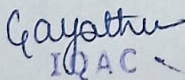
CROSS REFERENCE

DOCUMENTED INFORMATION

SL NO	DESCRIPTION	REFERENCE
1	Title Page	Annexure- A
2	Company Profile	QM3.0
3	Process Interaction Map	ANNEXURE-B
4	Process Sequence & Interaction	ANNEXURE-C
5	Quality Policy	QM5.0
6	Budget Plan	QSP-17

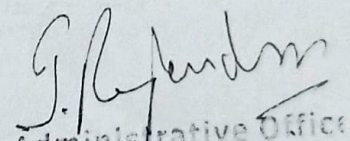

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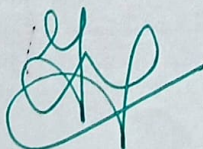
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