Internship

at

Mission Hospital, Durgapur, West Bengal

By

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MBA Health and Hospital Management

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The Mission Hospital, Durgapur

The Mission Hospital initially started its operation from April 02, 2008 with 305 beds now gradually increased to 360 in number, built in an area spanning three acres at plot No.219 (P), Immon Kalyan Sarani, Sector 2C, Bidhan Nagar, Durgapur-713212. This hospital is the first super specialty tertiary care hospital in Eastern India outside Kolkata which has taken an initiative to amalgamate and integrate the best in healthcare be it manpower or technology and the first **NABH Accredited** hospital outside Kolkata in West Bengal. This hospital has been set up with the vision of providing quality healthcare at affordable cost and within the reach of every individual. The hospital has been able to establish its presence in Durgapur and its neighbouring areas through its patient centric and high-quality care, and patients are benefiting from the facilities of the hospital. Our competence level in treating surgical & medical emergencies including trauma is well known in the medical circles in Eastern India.

Salient features of clinical activities of The Mission Hospital

1. First tertiary care hospital in the district.

2. We perform more than 2500 complex adult, paediatric and neonatal heart surgeries every year.
3. We perform more than 1500 congenital heart surgeries every year.
4. 4000 complex cardiology procedures including Electrophysiology studies every year.
5. Our Neuro-surgical team perform more than 450 elective and 600 emergency neuro surgeries every year.
6. The orthopaedic team perform approximately 500 Joint Replacement and 600 emergency orthopaedics operation every year.
7. We are proud to have the only dedicated, consolidated (trauma team) which amalgamate with the team of emergency doctors and has been consistently handling complex trauma cases to the tune of 100-125 cases every month. These high numbers are due to the proximity of the hospital to the high-speed National Highway N0.2.
8. Full-fledged department of Gastroenterology, Hepatology with facilities for ERCP, double balloon endoscopes.
9. Department of nephrology and Kidney Transplant doing 1500 dialysis every month.
10. 125 bedded critical care unit with specialised isolation unit.
11. 60 full times, dedicated, renowned, in campus consultants.
12. Pneumatic chute for the first time in India.
13. State of the art blood bank, with facilities for stem cell and aphaeresis at par with the best in the country headed by MD Transfusion Medicine.
14. A successful Bone Marrow Transplant done.
15. Advanced Department of Laboratory Medicine with facilities for Molecular Biology.
16. One of the busiest Emergency Department in West Bengal treating more than 1,00,000 patients per year.

Special features about the infrastructure:

1. 1,10,000 sq. ft. centrally air-conditioned 370 bedded tertiary care hospital situated in an area spanning 3 acres.
2. 7 Operation Theatres with laminar air flow and HEPA filters with epoxy coated walls and floors.
3. 110 fully equipped critical area beds with facilities for blood gas, separate ECHO, X-ray and ultrasound machine for each critical area.
4. 1.5 tesla 16 channel MRI with facilities for cardiac MRI
5. Multi-channel High definition CT scan.
6. Dedicated ultrasound and ECHO machine for Emergency.

7. Two Digital Flat Panel Cathlab, Philips Allura FD10C with Clarity, the best in its category in the world.
8. Specialised stone clinic with facilities for PCNL (Percutaneous Nephrolithotomy), ESWL (Extra corporeal shock wave lithotripsy).
9. Specialised Neonatal intensive care unit.
10. Fully computerised central sterilization unit (CSSD).

Academic Activities

1. 3 years master's in emergency medicine in association with North Shore Long Island University, New York, USA.
2. 1-year Diploma for technician in Critical Care, Operation Theatre and CSSD in association with WBUT. Students who pass out from higher secondary courses who come from low socio-economic strata are screened and channelized into the course, at the completion of which they get a salary of Rs.15,000/- and above in various hospitals all over the country. Special emphasis is also given on girl students and orphans. Bank loans are also provided so that they can take the course.
3. Internship in Master in Hospital Administration from renowned Universities.

Corporate Social Responsibilities (CSR)

1. We perform 250-300 open heart surgeries for children at less than Rs.30000/- per case.
2. We do 100 open heart surgeries per year completely free of cost.
3. We do 500 cleft lip and palate operations completely free of cost
4. Undertake 300 free camps in the field of cardiology, urology, nephrology, endocrinology every year. Each camp is run professionally with facilities for ECHO, ultrasound, blood sugar etc.
5. Empanelled with the Prime Minister Relief Fund, Chief Minister Relief Fund, The Governor Relief Fund, and Health Minister Fund for undertaking medical procedures for poor people.
6. Introduced Equated Monthly Instalment (EMI) Scheme for the lower middle class and poor patients for cardiac procedures like ICDs, Pacemaker Implantation, Angioplasty and stents etc. The patients can undertake these procedures on an EMI as low as Rs.300/- per month. These patients need not pay EMI in the event of death of patient.
7. Tied up with Shishu Sathi and Sparsh foundation.

Empanelment

1. We are empanelled with the Government of West Bengal under WBHS-2008 scheme, West Bengal State Illness Assistance Fund, Govt. of Assam and Govt. of Sikkim.
2. Prime Minister's National Relief Fund
3. We are also empanelled with foreign countries like Royal Government of Bhutan and we run a special scheme for Pakistani Children requiring open heart surgeries.
4. PSUs which are empanelled with us:
    a. All SAIL organizations in India viz. Durgapur, Bokaro, Rourkela, Bhilai etc.
    b. Coal India Limited (CIL) and all its subsidiaries like Eastern Coal Limited, Bharat Coking Coal Limited (BCCL), Magarita Coal Field, Central Coalfield, Northern Coalfields etc.
    c. Indian Oil Company and its divisions all over India
    d. BHEL, Damodar Valley Corporation (DVC), NTPC, CMERI, State Electricity Board,
    e. State Bank of India
    f. Food Corporation of India
    g. BSNL
    h. HPCL and Bharat Petroleum
    i. 40 other public, private limited companies

ACCIDENT AND EMERGENCY DEPARTMENT

An emergency department (ED), also known as an accident & emergency department (A&E), emergency room (ER), emergency ward (EW) or casualty department, is a medical treatment facility specializing in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance. The emergency department is usually found in a hospital or other primary care center.

The study is conducted in the Accident & Emergency Department which is situated in the ground floor of the hospital. It is situated in such a unique way that it has its own entrance, so that patients can be easily entered directly to the Accident & Emergency Department. Ambulance or any other vehicle enters through ambulance bay. It is also situated in such a way that it is easily connected with major other ancillary departments (Laboratory & Radiology) for easy transfer of specimens and patients can easily access the department from OPD area.

The Accident & Emergency Department of The Mission Hospital, Durgapur has total Doctors: - 13

- Head of Department - 1 (9am – 5pm)
- Associate/Attending Consultant - 4
- Residents - 17
- Nursing Personnel - 16
- Emergency Coordinator - 3
- Technician - 3
- GDA - Male- 4, Female-2
- Housekeeping - 3
- Security - 4 (1 in each entrance gate)

Accident & Emergency Department has 2 shifts. Of those total human resources denoted above were distributed in 2 shifts. The staffing patterns during the period of study in each shift are as follows: -

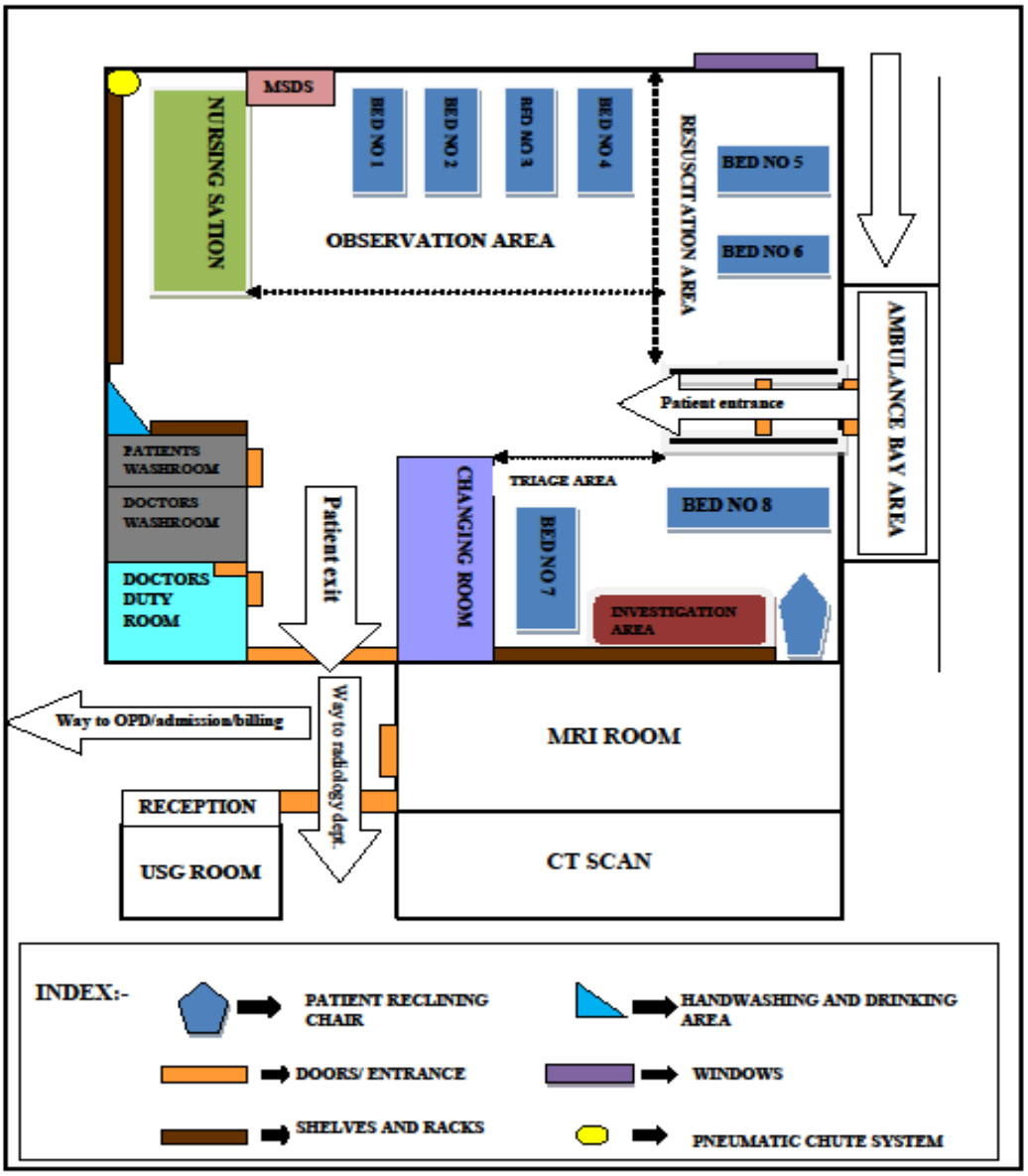
- Head of Department: - 1 (9am – 5pm)
- Associate/Attending Consultant: - 1 per shift
- Residents: - 4
- Nursing Personnel: - 7 per shift
- Coordinator: - 1 each shift
- Technician: - 2 each shift
- GDA: - Male- 2 per shift, Female- 1
- Housekeeping - 1 per shift
- Security: - 2 (1 in each entrance gate)

The Accident & Emergency Department is fully equipped with advanced lifesaving medicines, fluids, and equipment like defibrillator, ABG machine, USG machine, Oxygen with humidifier/air/ Suction

line with outlet for each patient beds, cardiac monitors. Patients generally enter through the emergency entrance door (separated from hospital's main entrance door) and shifted to the ICCU/ICU/Ward after admission procedure through the door which opens towards the radiology department and OPD area. The Accident & Emergency Department is equipped with 7 beds which can be increased up to 15 beds in mass disaster or over overcrowding condition.

Scope of services in emergency department:

1. 24 x 7 availability of trained emergency doctors & nurses
2. 24 x 7 basic & advanced cardiac ambulance services
3. Basic procedures like injections, suturing, plaster application
4. Evaluation & basic treatment of any patient, any time
5. 24 x 7 care of life-threatening illnesses
6. Detection and treatment of heart attack & brain stroke
7. Treatment of any form of trauma/fracture – any time!
8. Treatment of any maxillofacial injuries
9. Treatment of bleeding in lungs, intestine, bladder, brain
10. Managing complications of heart & kidney failure – always!
11. Treatment of diabetes and thyroid related illnesses – any time!
12. Management of labour and pregnancy issues – 24hrs / 365 days
13. Taking care of illness in babies & children, with special ICUs!
14. Treatment of poisonings, overdose, toxic gas exposures
15. Managing all forms of burn and thermal injuries
16. Treatment with snake bite (anti snake venom available)
17. Treatment with dog bite (rabies vaccine and immunoglobulin)
18. Hematological emergencies (factors/ Cryo available)
19. Infectious diseases (immunoglobulin/platelet available)
20. 24 x 7 imaging, blood bank, neuro / ortho / general / cardiothoracic / plastic surgery consultant on call with OT



Layout of Accident & Emergency Department, The Mission Hospital

EMERGENCY DEPARTMENT PROCESS FLOW

Once the patient enters the Accident & Emergency Department, he/she is assessed by the emergency personnel of Accident & Emergency Department and triaging is done on bed side itself because of the space constraint. Initial assessment starts within 1 min of the patient's arrival. If resuscitation is required the patient is taken directly to the resuscitation bay before starting the triaging process, to stabilize the patient life threatening condition. After triaging and resuscitation, the patient is primarily surveyed and assessed by Emergency Doctor. If any stabilization of patient and point of care test (like Acid-Base Gas analysis, Random Blood Sugar, USG, ECG) needed then it is done at this very point. After assessing the patient doctors request for admission or further assess and keep the patient for observation. If any investigation is needed then they sent request for investigation, and asked patient relative for investigation billing. Those patients who are not registered previously (the patient who first time visit the hospital) are sent for Registration first followed which OP registration is done and admission request is sent. Further assessment is done after patient's admission. Required management is provided and major investigations like Laboratory investigations, Radiology investigations, and Echocardiogram are sent. After gaining the patient's report, the Emergency doctors comes into the diagnosis of the case and disposition of patient to ICCU/ICU/Ward after consulting with the senior consultant is done. Patient's relative is counseled and patient's present condition is discussed with them by the attending Emergency Doctor. After all the pre-requisite steps patient is now ready for shift to ICCU/ICU/Ward. But patient can only be shifted after getting information about the availability of bed in the assigned departmental ward/ ICU/ICCU/semi-private room/private room/suits. (Fig. 4) If there is non-availability of bed then the patients are kept in the emergency department with all the facilities they may get in the assigned ICU/ICCU/Ward. And often this situation happens and leads to overcrowding in emergency department. Due to this condition extra beds are included in the emergency department and which may go up to 15.

Admission process undergoes different steps like: Registration, Billing request received to patient party for different types of patients. Often patients are classified under 3 distinguished types based on billing process, like

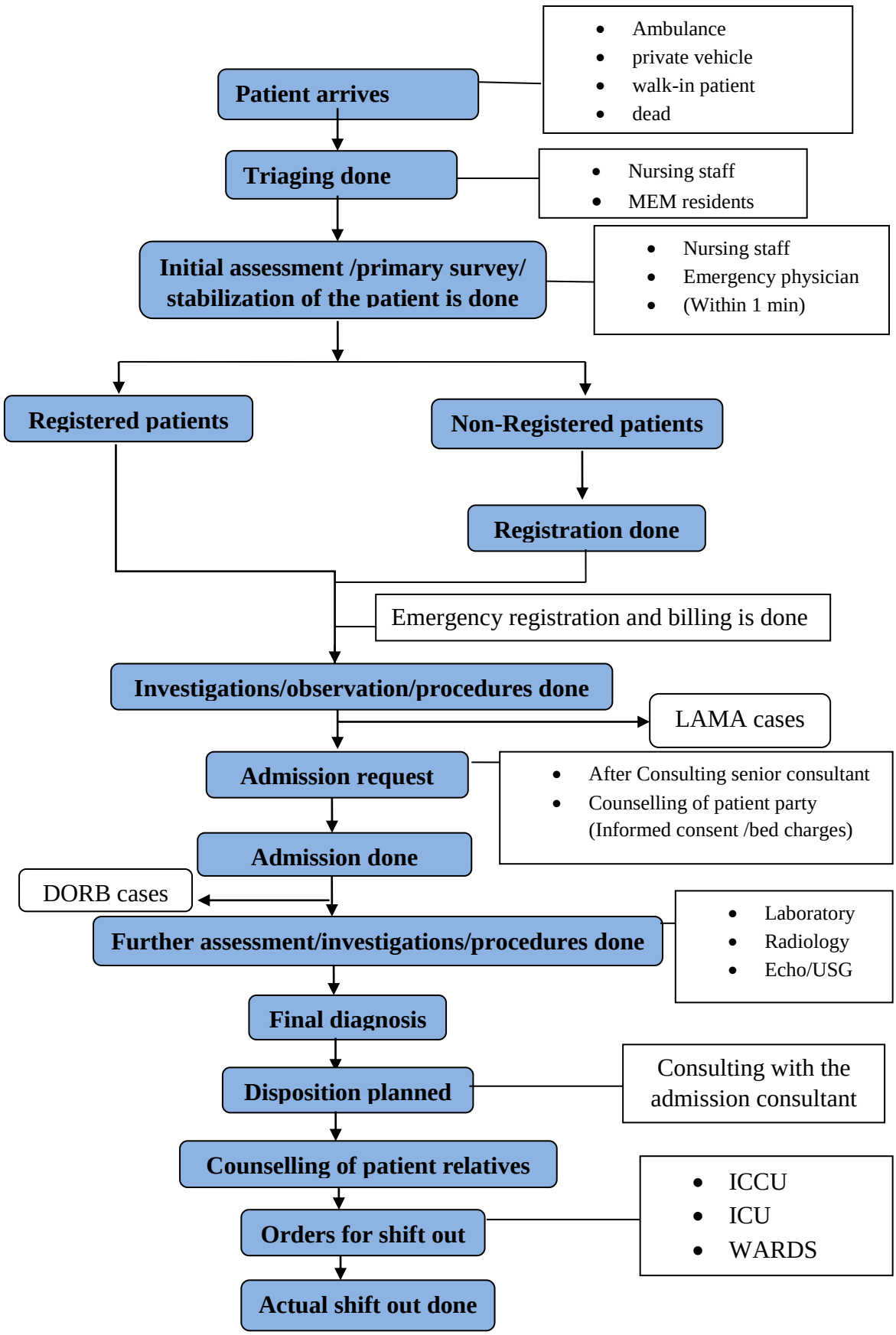
i. Cash patient: The patient who pays for medical services in form of cash, check or by digital transaction (ATM / online banking). They are out of the pocket patients, whose number quite bigger than other type of patients
ii. Insurance patient: The patient who is entitled to any form of med-claim / medical insurance patients. Number of patients under this head increases rapidly due to entering Govt. Medical Insurance facility in the market (RSBY, Ayushman Bharat Yojana, Swasthya Sathi-WB Govt.).
iii. Corporate patients: The patients who are employee or ex-employee of a organization, who have tie-up with this hospital for providing medical facilities for their employees.

Whole procedure of admission depends on these three types, as various legal, financial and administrative processes depending on different patient's requirements are involved in it. Length of stay of the patient in the emergency department should be less than 1 hour.

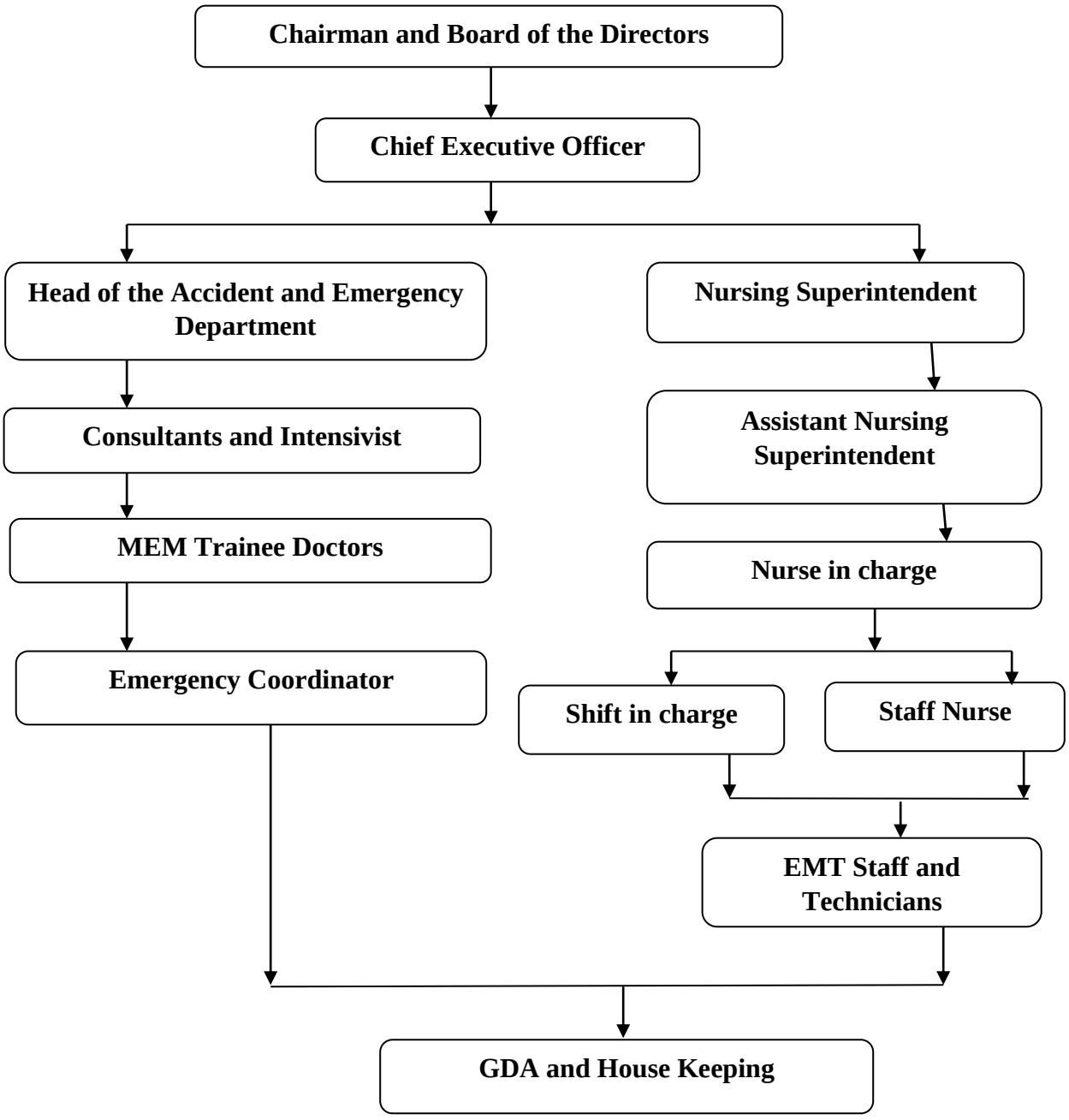
Often different hindrance came into play during this admission procedure like:

- Financial issues
- Un willingness of patient and patient's relatives to treat in the hospital
- Absence of relevant documents needed for admission (especially in insurance & corporate patient cases)
- Preference for admitting consultant
- Link failure during card payment
- Preferences for certain beds/rooms
- Absence of relevant signatory authority from the end of patient relatives required during admission

This often increases time of admission process to complete, which ultimately increases the patient's Length of Stay (LOS) in Accident & Emergency Department of the hospital.


Patient arrives
Ambulance
private vehicle
walk-in patient
dead
Triaging done
Nursing staff
MEM residents
Initial assessment /primary survey/ stabilization of the patient is done
Nursing staff
Emergency physician
(Within 1 min)
Registered patients
Non-Registered patients
Registration done
Emergency registration and billing is done
Investigations/observation/procedures done
LAMA cases
Admission request
After Consulting senior consultant
Counselling of patient party (Informed consent /bed charges)
Admission done
DORB cases
Further assessment/investigations/procedures done
Laboratory
Radiology
Echo/USG
Final diagnosis
Disposition planned
Consulting with the admission consultant
Counselling of patient relatives
Orders for shift out
ICCU
ICU
WARDS
Actual shift out done

ORGANOGRAM


Chairman and Board of the Directors
Chief Executive Officer
Head of the Accident and Emergency Department
Consultants and Intensivist
MEM Trainee Doctors
Emergency Coordinator
Nursing Superintendent
Assistant Nursing Superintendent
Nurse in charge
Shift in charge
Staff Nurse
EMT Staff and Technicians
GDA and House Keeping