

Internship at Shalby Hospitals, Mohali

By

Heena Mansotra

MBA Hospital and Health Management

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The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer Airport
Jaipur-302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

HOSPITAL PROFILE

Shalby Hospitals, a humble initiative by Dr. Vikram I. Shah in 1994, with a six bed medical facility in Ahmedabad, Gujarat, India is among the leading multispecialty hospitals in Ahmedabad and India today, offering a healthcare spectrum covering 40 therapeutic categories, all under one roof. Shalby believes in making available affordable expert healthcare at the door steps with its Hospitals & Patient Outreach Clinics to various parts of INDIA, especially, the tier-II & tier III cities.

The stupendous rise of Shalby Hospitals into the orbit of multispecialty hospital chain in India and “Best in Class” world medical tourism , transforming Ahmedabad and Gujarat in to this coveted stature, lies in the vision of its founder, Dr. Vikram I. Shah, CMD who is best known worldwide as the inventor of “Zero Technique” in Total Knee Replacement (TKR). In the Joint Replacement super-specialty area, Shalby enjoys the coveted fame of performing over 85,000 Surgeries which is a record of sorts, globally.

In its journey and transition as a Multi-specialty Hospitals chain, Shalby has also extended its footprints across the country with over 60 OPD and Patient Follow-up Centres and 15 OPDs in the African Continent- Kenya, Tanzania and Uganda, which functions as its patient outreach clinics. Shalby with its unstinted credibility in “Total Patient Care” inked a pact with RAK Hospital, UAE, for providing its expertise in Healthcare, in the United Arab Emirates, as well. Shalby has been bestowed with an array of coveted awards in the last two decades, winning them almost every year, for its “Expert Healthcare”

Mission

To Preserve and Sustain Quality Human Life by providing Enduring Wellness through best practices and following highest ethical values.

Vision

To be amongst the best Joint Replacement Centres in the World and a preferred medical institution for all Super Specialties.

Values

We value each and every human life placed in our hands and constantly work towards meeting the expectations of our Customers and Stakeholders by raising the standards of our service deliveries, every time.



INCREDIBLE MILESTONES



SERVICES PROVIDED BY SHALBY HOSPITAL

- Arthroscopy
- Cardiology
- Cardiothoracic and Vascular Surgery
- Cosmetic and Aesthetic
- Dental Cosmetic and Implantology
- Emergency Medicine
- Endocrinology
- Endoscopy and Laparoscopy
- ENT Surgery
- Gastroentero Surgery
- Gastroenterology
- General Medicine
- General Surgery
- Hair Transplant
- Hepatobiliary and Liver Transplant
- Hip Joint Replacement
- Infectious Diseases
- Infertility and IVF
- Intensive and Critical Care
- Knee Joint Replacement
- Maxillofacial Surgery
- Nephrology
- Neuro Surgery
- Neurology
- Obesity Surgery
- Obstetrics and Gynecology
- Oncology
- Oncosurgery
- Ophthalmology and Glaucoma
- Orthopedic and Trauma
- Paediatric Orthopaedics
- Pathology And Microbiology
- Pediatrics and Neonatology
- Plastic Surgery
- Pulmonology and Chest
- Radiology and Imaging
- Rheumatology
- Spine Surgery
- Trauma
- Urosurgery

DEPARTMENTS VISTED AND WORK DONE

1)Assessment of following departments according to chapter 2-CARE OF PATIENT (NABH standards) :-

- Emergency department
- Operation theater
- ICU

ASSESSMENT WAS DONE ACCORDING TO FOLLOWING STANDARDS -

COP 1: Uniform care to patients is provided in all settings of the organisation and is guided by the applicable laws, regulations and guidelines.

COP 2: Emergency services are guided by documented policies, procedures applicable laws and regulations.

COP 3: The ambulance services are commensurate with the scope of the services provided by the organisation.

COP 4. The organisation plans for handling community emergencies, epidemics and other disasters.

COP 5: Documented policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.

COP 6: Documented policies and procedures guide nursing care.

COP 7: Documented procedures guide the performance of various procedures.

COP 8: Documented policies and procedures define rational use of blood and blood components.

COP 9: Documented policies and procedures guide the care of patients in the intensive care and high dependency units.

COP 10: Documented policies and procedures guide the care of vulnerable patients.

COP 11: Documented policies and procedures guide obstetric care.

COP 12: Documented policies and procedures guide paediatric services.

COP 13: Documented policies and procedures guide the care of patients undergoing moderate sedation.

COP 14: Documented policies and procedures guide the administration of anaesthesia.

COP 15: Documented policies and procedures guide the care of patients undergoing surgical procedures.

COP 16: Documented policies and procedures guide organ transplant programme in the organisation.

COP 17: Documented policies and procedures guide the care of patients under restraints (physical and/or chemical).

COP 18: Documented policies and procedures guide appropriate pain management.

COP 19: Documented policies and procedures guide appropriate rehabilitative services.

COP 20: Documented policies and procedures guide all research activities.

COP 21: Documented policies and procedures guide nutritional therapy.

COP 22: Documented policies and procedures guide the end of life care.

2) Educational training to nursing staff, housekeeping staff and doctors on bio-medical waste management rules (according to gazette 2016 under the Ministry of Environment, Forests and Climate change).

MAIN FOCUS WAS ON THE DUTIES OF OCCUPIER SUCH AS

- take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment.
- make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers.
- pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation and then sent to the common bio-medical waste treatment facility for final disposal.
- not to give treated bio-medical waste with municipal solid waste;
- immunise all its health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus.
- establish a Bar- Code System for bags or containers containing bio-medical waste to be sent.
- ensure occupational safety of all its health care workers and others involved in handling of biomedical waste by providing appropriate and adequate personal protective equipments;
- maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding.
- report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and record them.
- make available the annual report on its web-site and all the health care facilities shall make own website within two years from the date of notification of these rules;
- inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;
- establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority.
- All plastic bags shall be as per BIS standards as and when published, till then the prevailing Plastic Waste Management Rules shall be applicable.
- Chemical treatment using at least 10% Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent.

YELLOW

HUMAN ANATOMICAL WASTE

- Human tissues
- Organs
- Body parts
- Foetus below viability period

SOILED WASTE

- Items contaminated with blood, body fluids like dressings, cotton swabs, bags containing residual blood and blood components.

EXPIRED OR DISCARDED MEDICINES

- Pharmaceutical waste like antibiotics, cytotoxic drugs along with glass or plastic ampoules, vials etc.

CHEMICAL WASTES AND LIQUID WASTES

- Discarded disinfectants
- Silver X-ray films
- Discarded formalin
- Infected secretions
- Liquid from labs and floor washings
- Discarded linen, mattresses, beddings contaminated with blood and fluids.

MICROBIOLOGY, BIOTECHNOLOGY AND OTHER CLINICAL LAB WASTE

- Blood bags, lab cultures, live or attenuated vaccines, toxins.

BLUE

GLASSWARE

- Broken or discarded glass
- Contaminated glass including medicine vials and ampoules

METALLIC BODY IMPLANTS

WHITE

Waste sharps including metal

- Needles
- Syringes with fixed needles
- Needles from needle tip cutter or burner
- Blades
- Any other contaminated sharp objects that may cause puncture and cuts e.g. contaminated metal sharps.
- Scalpels

RED

CONTAMINATED WASTE (Recyclable)

Wastes generated from disposable items such as:-

- Tubing
- Bottles
- IV tubes and sets
- Catheters
- Urine bags
- Syringes (without needles and fixed needle syringes)
- Vacutainers with their needle cuts
- Gloves

3) Training to nursing staff and doctors on hand hygiene practices according to following rules

