Internship at
Sarvodaya Hospital, Faridabad

By

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Introduction

Internship is an integral part of MBA as it is a crucial time to convert two years knowledge into the skills. This helps us in the understanding of overall functioning of the hospitals from a managerial point of view. I tried to visit different hospital departments of **Sarvodaya Hospital** with a special focus on understanding the various procedures in place.

Hospital Vision

To position the group as a healthcare leader, providing all levels of quality based medical services with a focus on afford ability & medical excellence.

Hospital Mission

A three-tier system to provide 'primary, secondary and tertiary medical care'. Our hospital's philosophy – "Good health for all at an affordable cost, building a healthcare facility with the medical excellence and a committed, dedicated, and contended workforce"

The goal of Internship were:

- To learn the daily operational management of the Organization and its various departments / areas.
- To study the salient and critical features about the functioning of these departments / areas.
- To identify issues / problems associated with some specific departments / areas.

HOSPITAL PROFILE

Sarvodaya Hospital & Research Centre is amongst the finest medical institutions in Faridabad. Spread across 4.25 acres, the hospital houses state-of-the-art facilities including 300 Beds, 65 ICU Beds, 6 Operation Theatres, and a floor based Cath Lab. With its motto of 'Cure + Care' and dedicated team, Sarvodaya delivers super specialty services across a gamut of disciplines. As one of the best heart hospitals in the Delhi NCR region, Sarvodaya Hospital & Research Centre brings some of the best cardiac specialists (including one of India's most experienced cardiologists), the latest technologies and a philosophy of curing through caring to deliver next generation cardiac treatment to its patients.

Be it a simple chest pain, a basic heart check-up, advise on reducing heart risk, a second opinion, an advanced cardiac intervention like angioplasty and bi-ventricle pace maker implantation or any other complex surgical procedure, trust our expert heart specialists and cardiac surgeons to provide the most comprehensive and personalized care in not just Faridabad, but the entire NCR region

Sarvodaya offers end to end services from prevention to early detection and from comprehensive treatment to palliative care under one roof. The Centre of cancer hospital in Delhi NCR is supported by state-of-the-art equipment's in Centre's of Pathology, Radiology and Blood Bank to provide safe blood and blood components as per international standards and regulations.

SCOPE OF SERVICES

- GI Surgery
- Neurology
- Neuro- Surgery
- Urology
- Pulmonology
- Endocrinology
- Dermatology
- Ophthalmology
- ENT
- Cochlear Implant
- Obstetrics & Gynecology

- Pediatrics
- Neonatology
- General Surgery
- Dental Care
- Nephrology
- Orthopedics & Joint Replacement
- Psychiatry & Psychology
- Oncology
- Burn cases below 20% burns
- Anesthesia & Pain Clinic
- Dietetics & Nutrition
- Blood Bank & Transfusion Medicine
- Emergency & Trauma Centre
- Physiotherapy
- Critical Care

Facilities & Services:

- 128 Slice CT Scan
- Tesla MRI
- 500 MA X-ray
- Mammography
- GE S7 3D Ultrasound
- GE Lunar DPX DEXA

HOSPITAL BEDS

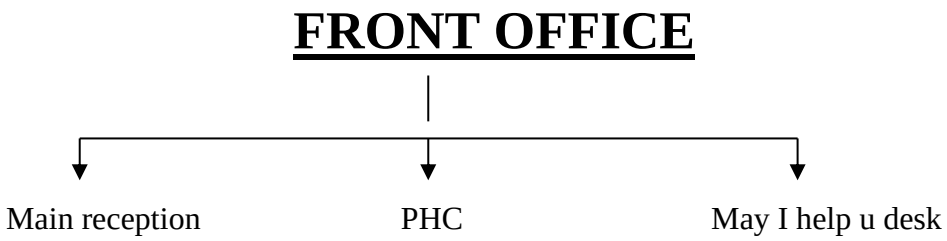
GROUND FLOOR	
Area	**No. of Beds**
Day care Oncology Centre	9
Emergency & Triage	9+3=12

21	
1st Floor	
/Area	**No. of Beds**
SICU	9 (C)
Labour Room	4
Post –Op Room	07
MICU	19(C)
CCU	6 (C)
NICU	12(C)
PICU	1 (C)
CTVS	3(C)
HDU	11 (C)

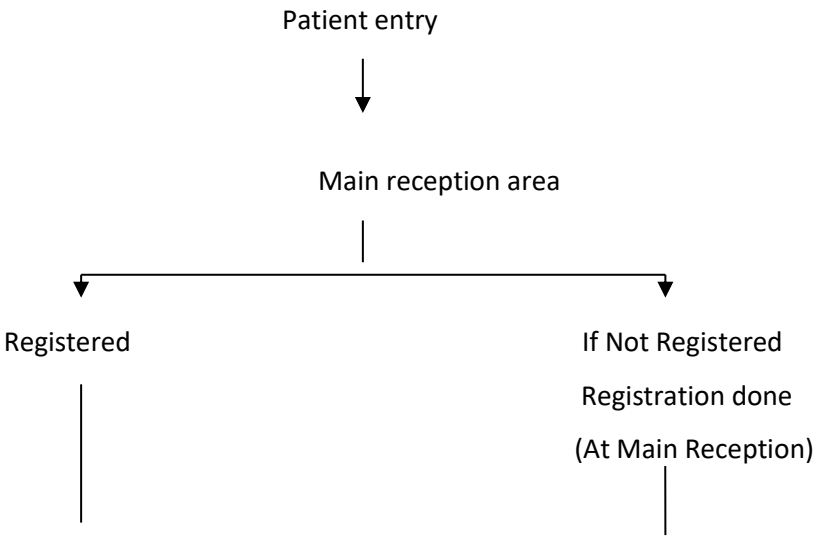
	72(61 census)
2nd Floor	
Kanta wing: surgical ward	
HDU	6(C)
Multi sharing(general ward)	24(c)
Twin sharing	14
Single sharing	16
	50
Raghu wing: deluxe	
Twin sharing	28
Single sharing	10
Suite	1
	39
3rd Floor: Shree Wing	
Multi sharing (General ward)	30
Twin sharing	8

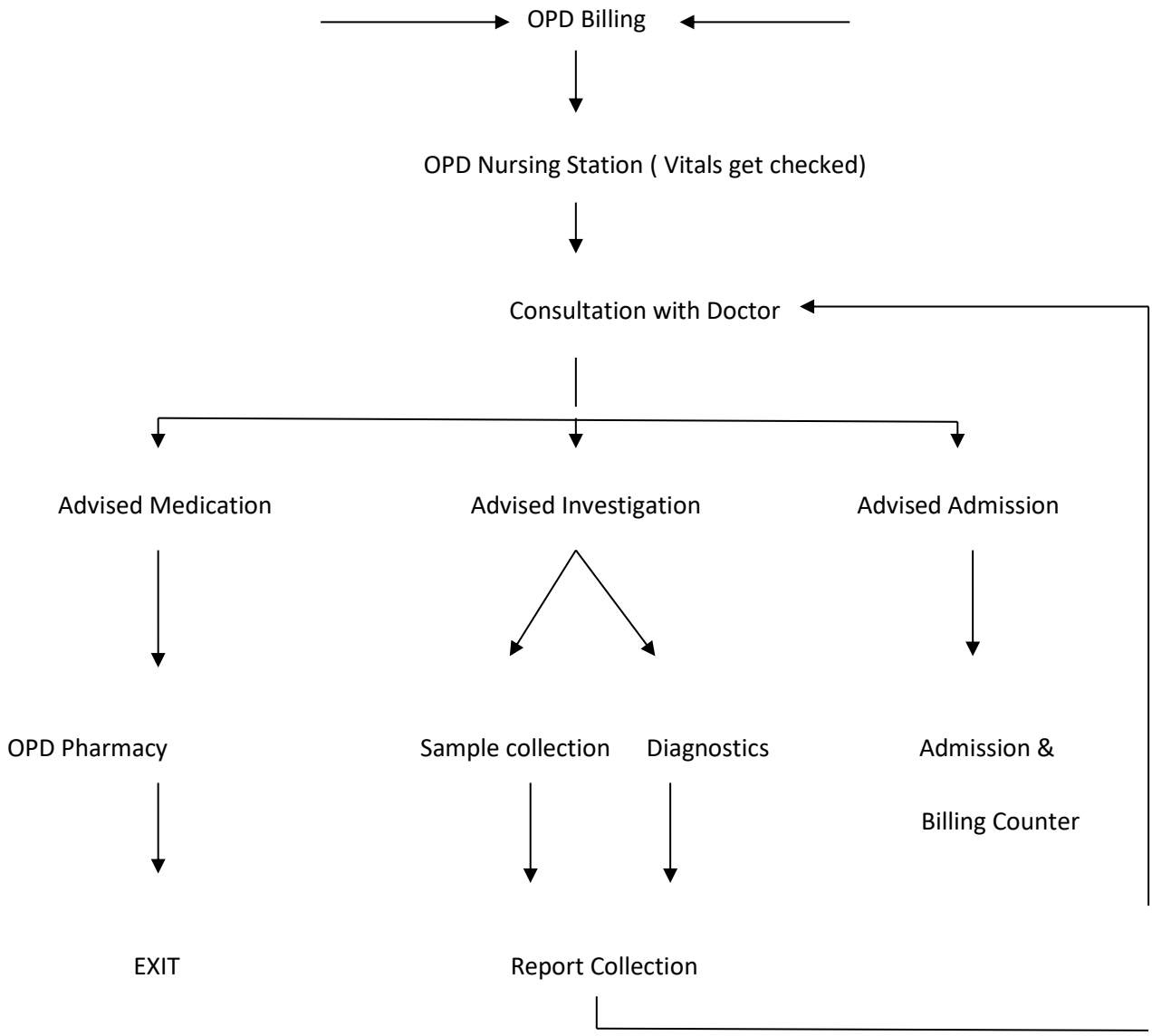
Single sharing	4
BMT	8
KTU	2
	52
Vidya wing	
Multisharing(General ward)	58
Dialysis Unit(Day Care)	8
Total Functional Beds	260
Total Census Beds	300

Department visited:-



I) MAIN RECEPTION





GAPS:

- No security guard to guide the cars
- Wheelchairs are not allocated in OPD area
- No wall clock at Main Reception Area.
- Que management is difficult at times

PHC

(PREVENTIVE HEATH CHECKUP)

Patient enters hospital

↓

Registration done at PHC Reception and billing is also done there after packages has been explained to the patients

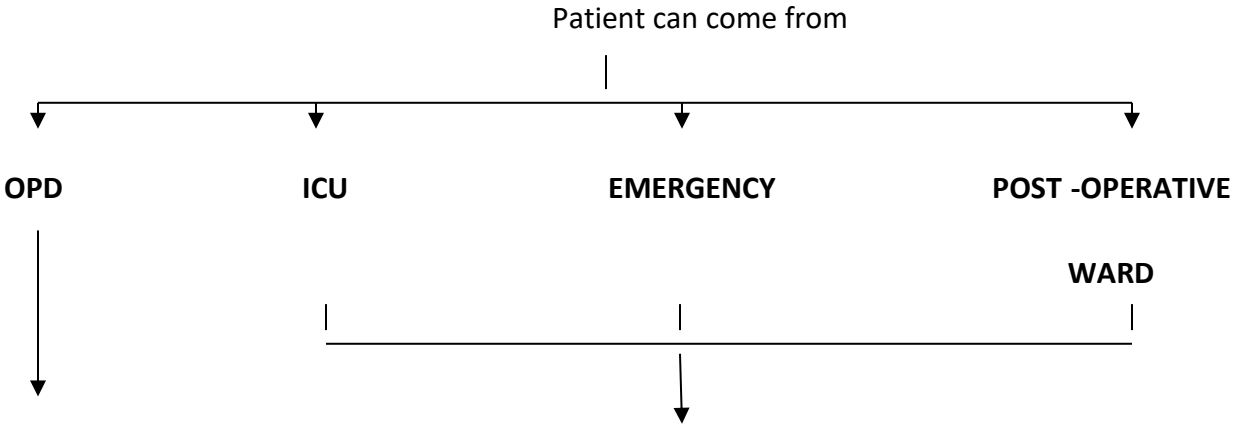
↓

Sample collection done in PHC Sample Collection Room

↓

Sample sent to Lab

FLOWCHART FOR ADMISSION OF A CASH/NON TPA PATIENT



Admission counter Assistant gives a call to ward coordinator to Confirm for bed availability.

- Ward coordinator changes the patient status in HIS by doing "**CHECK-IN**" of the patient received.
- ICU/ EMERGENCY/ POST-OPERATIVE WARDS (from where the patient is coming) changes the patient status in their HIS by doing "**CHECK-OUT**" of the patient.

Housekeeping staff prepares the room/bed.

Entry done in HIS, Register, White Board by Nursing In-charge

Nurse informs the concerned Doctor

Doctor comes & prescribes medication and investigation (if any)

Nurse indent the prescribed drugs on HIS, Pharmacy accepts the indent and issue it,

Ward boy deliver the drugs from Pharmacy

Nurse starts medication + prepares the patient for investigation (if any).

DISCHARGE PROCESS

Doctor prescribes the discharge

↓

Nurse informs the patient about the time of discharge

↓

Staff nurse starts discharge formalities

By

- Asking the Medical Officer / Concerned Physician to make discharge summary.
- Informing Dietician to make discharge diet report for patient.
- Counseling of the patient by the dietician and physiotherapist (if physiotherapy is going on for patient)

- Sending to Pharmacy :

- Daily Billing Activity Sheet
- Daily Pharmacy Bills
- Discharge medication details
- Medicines left unconsumed

- In Pharmacy, Summary of Pharmacy Bill is prepared.

Discharge Summary completion

(by Medical Transcriptionist)

Daily Billing Activity Sheet +

Summarized Pharmacy Bill

Billing Department

↓

Billing department finalizes the bill

↓

Payment taken by billing department from attendants

↓

IPD Billing informs at the nursing station about the clearance of bill

↓

Nurse informs the patient & patient changes clothes

↓

Nurse checks the checklist given for discharge of patient

↓

All medications + Investigations reports + Patient's file given to the patient

↓

Patient given & explained about how to take the medications + any special instruction + follow up schedule

↓

Patient Discharged

FLOW OF A TPA PATIENT

I) PRE PLAN ADMISSION

Patient with OPD registration

↓

Consultant of concerned OPD advices admission

↓

Consultant asks patient if covered under TPA or not

↓

If yes, consultant sends patient to TPA Desk

↓

TPA Desk executive confirms on TPA Company web-site:

- Validity of insurance policy/card
- Empanelment with ASIAN
- Limit of policy
- Room category entitlement

↓

TPA Desk executive gives Pre Authorization Form to patient/Consultant

↓

Patient sent back to Consultant

↓

Consultant fills up “Clinical columns” of Pre Auth. Form

↓

Patient comes back to TPA Desk

↓

TPA Desk Executive fills other details & estimated cost of stay and treatment

↓

TPA Desk executive faxes completed Pre Authorization Form to TPA Company.

↙ ↘

TPA Approval

TPA Denial

↙ ↘

Patient sent to Admission Counter for Admission Formalities

↓

Admission counter confirms with TPA Desk for approval

↓

Admission formalities completed

↓

Patient sent to respective ward

TPA Desk informs of approval to:

- Consultant
- IPD Billing
- Nursing Incharge

↓

Concerned consultant informed

↓

Patient advised accordingly & requested to make due payments in cash.

FLOW OF TPA PATIENT DISCHARGE

From Wards – Discharge Summary
Pharmacy Bill

From IPD Billing – Final Bill +

TPA Desk

TPA Desk executive faxes Billing details to TPA Company.

TPA Approval

TPA Denial

3 copies of approval form

- 1 for patient
- 1 for TPA Desk
  (Hospital's records)
- 1 for Billing

Patient/Attendants informed

& made to sign:

- Denial copy
- Self Payment Documents

TPA Desk informs

of approval to:

- Consultant
- IPD Billing

- Nursing In-charge

Patient sent to IPD Billing for bill clearance.

↓

Patient takes Bill clearance copy to Nurse In-charge

↓

Patient discharged and handed over duplicate copies of TPA formalities

Patients/Attendants make self payment.

↓

Patient/Attendants handed over original TPA-denial documents

OT (Operation Theatre)

- **Layout :** 1st floor
- **No. of OT's :** 6

GAPS:

1. Need for HIS in OT for smooth inventory management.
2. Way to recovery room not a part of sterile zone.
3. Wheels of stretchers and trolleys in pre holding area not cleaned when brought in from recovery room.

STRENGTHS:

1. State of art equipments.
2. Wall mounted communication system in OT (Telephone + Intercom).
3. **Modular OT'S** fitted with state-of-the-art **LED Trilux Aurinio Lighting** and equipped with a **Trilux Media Bridge**.**
4. OT's are designed with HEPA filters, Laminar airflow systems with **separate AHUs** for infection prevention.
5. Wall mounted digital temperature and humidity controller and medical gas alarm panel.

OT WorkFlow

Doctor sends request for OT Availability

↓

OT Incharge confirms OT availability

↓

Entry into OT Booking Register regarding

Scheduled surgery's Date, Time, Doctor, Patient

↓

Surgical set & consumables prepared

↓

OT Preparation done

↓

Reception of Patient in Pre Holding area 20 minutes before surgery

↓

Patient shifted to OT

↓

Patient's Identification done & verified

↓

OT Bulletin/ Whiteboard prepared

↓

"Pre" Column of Instrument Checklist filled

↓

Surgery performed

↓

Recording of all consumable used is recorded

↓

Surgery completed

ICU

Patient admission procedure in ICU

Physician contacts

(Desiring admission of a patient in ICU)

↓

Admission Office

↓

Contacts for Bed Availability with

↓

ICU

(Nurse – Ward Supervisor)

Beds Available	No ICU Bed available
↓	↓
Admission done	Admission office contacts
	Nursing Administrator
	↓
	Nursing Administrator starts
	ICU patients "status evaluation"
	↓

Any patient can be shifted to IMCU/ Wards/ CCU

↓

Patient shifted to ICU after one patient shifted to IMCU/ Wards

None can be shifted

↓

Patient is stabilized

↓

Nursing Supervisor contacts **Administrator on-call**

↓

He authorize transfer of patient to other hospital**

**AIMS Physician is responsible to locate a physician who will admit the patient to another hospital.

DEATH PROTOCOL

In case of clinical death

↓

Duty doctor informs both Admitting & CCM team before declaring death

↓

Family informed of death

↓

Doctors on duty issues a Death Certificate ASAP after death

↓

Body is duly packed in fresh sheet & retained in ICU**

↓

Family is requested to clear bills (Hospital + Pharmacy + any other)

& fill Dead Body Form

↓

After receiving Dead Body Form, body handed over to family

** Body retained in ICU for a maximum of 1 hr. after death and upto 4 hrs in exceptional situation on orders of Duty Doctor & beyond that on orders of GM (Admin). Thereafter body is sent to Mortuary and security is informed.

If MLC case, packed body is sent to mortuary & handed over to police by security.

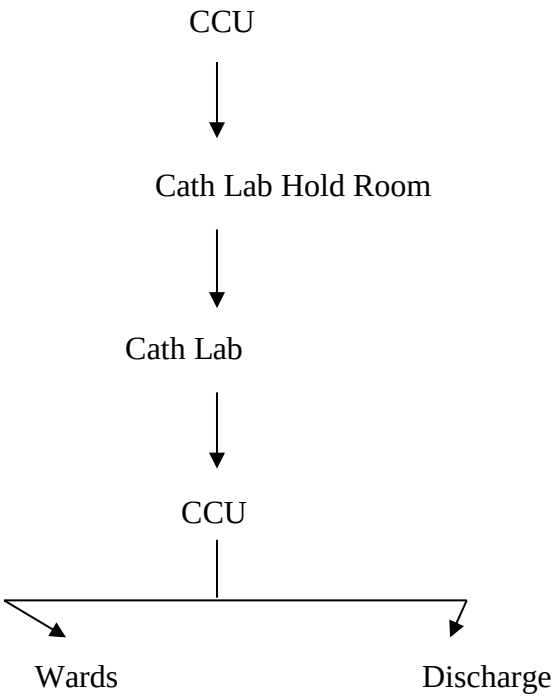
GAPS:

1. No fumigation records maintained.
2. No cleaning records maintained.
3. Pacemaker functioning not checked daily.
4. "Date of removal" column in "Procedure book for Doctors & Ventilation Book" not maintained.
5. Protocol regarding - Separate stethoscope for each bed space is not followed.

Cath Lab

Patient from Cardiac OPD/ Emergency/ Wards (rarely)

↓



EMERGENCY COMPLEX

Layout: - Ground floor

- Nurse Station
- Emergency OT: 1
- Store room: 1
- Isolation Room: 1
- X-Ray Room: 1
- Ultrasound Room: 1
- Doctor's Duty Room: 2
- POP Room: 1
- Day Care Ward/ Casualty Ward

Infrastructure:

- Desktops: 2
- Intercoms: 2
- X-Ray Viewer: 3
- Printer: 1 (connected with Billing)
- Fridge: 1
- Fire extinguisher: 1
- Wheelchairs: 2
- Stretchers: 3
- Ambulances: 3 ALS Ambulances + 1 Van Ambulance

N:P Ratio: 1:1

Staff & Hierarchy:

Doctors: **CMO** – Dr. Hilal Ahmad & Dr. Satish Chaku

RMO'S – 5

Nursing and other staff: 24

Records Maintained

Consent Forms	Investigation Forms	Patient Care Forms	Other Forms	Registers

Consent forms for:	**Requisition forms for:**	Progress sheet	List of Linen for Washing	Daily Duty Register
		History sheet		Laundry Register
- Surgical & Medical treatment	Histopathological Exam.		Daily Floor Census	**MLC Sample Reg.**
	Cytopathological Exam.	Nursing care record		Duty Doctor Reg.
- Anesthesia Consent			Valuable Handover Form	CSSD Register
	Indoor Patient Drug Req. Form	Drug Prescription & Administration Record		
- High Risk Consent for Anesthesia Surgery			Daily Billing Activity	Consumables Reg.
	Laboratory Req. Form			Communication Reg.
		Investigation flow chart	Discharge Summary	**Ambulance Reg.**
- Haemodialysis Consent	MRI Investigation Form	Vital Parameter Chart	**Transfer Request for Ambulance**	Annual Leave Plan Reg.
	X-Ray/ Ultrasound Request Form			Loan Book
- Informed Consent		Pre Anaesthesia Check up	Discharge checklist	Complaint Register
- Consent for Transfusion of blood & other blood products		Intake Output Chart		**RBS Register**
				Equipment Breakdown Register

Inventory Management in ER:

1. Inventory register:

    - Medicine trolley daily checklist
    - Dressing trolley daily checklist

- POP Checklist
- Crash cart checklist

2. Ambulance inventory Register

Maintenance Book:

- Oxygen pressure daily checklist
- ECG Checklist
- Biomedical Equipment Checklist.

AMBULANCE SERVICE FLOW

Call centre executive attends the emergency call

↓

Transfer the call to Emergency's CMO

↓

Notes down necessary details like:

- Place/address
- Time of call received
- Details of call
- Name & contact no of caller

↓

Informs Casualty Nurse incharge

↓

2 male nurse + 2 wardboys + 1 RMO (if required)

get ready

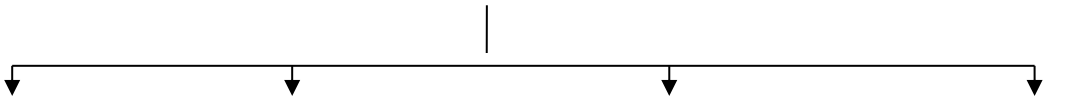
Ambulance dispatched within 5 mins.

Ambulance picks up patient

Necessary first aid given to patient & call is given to CMO

regarding current patient's condition

Patient bought to casualty & CMO attends the patient

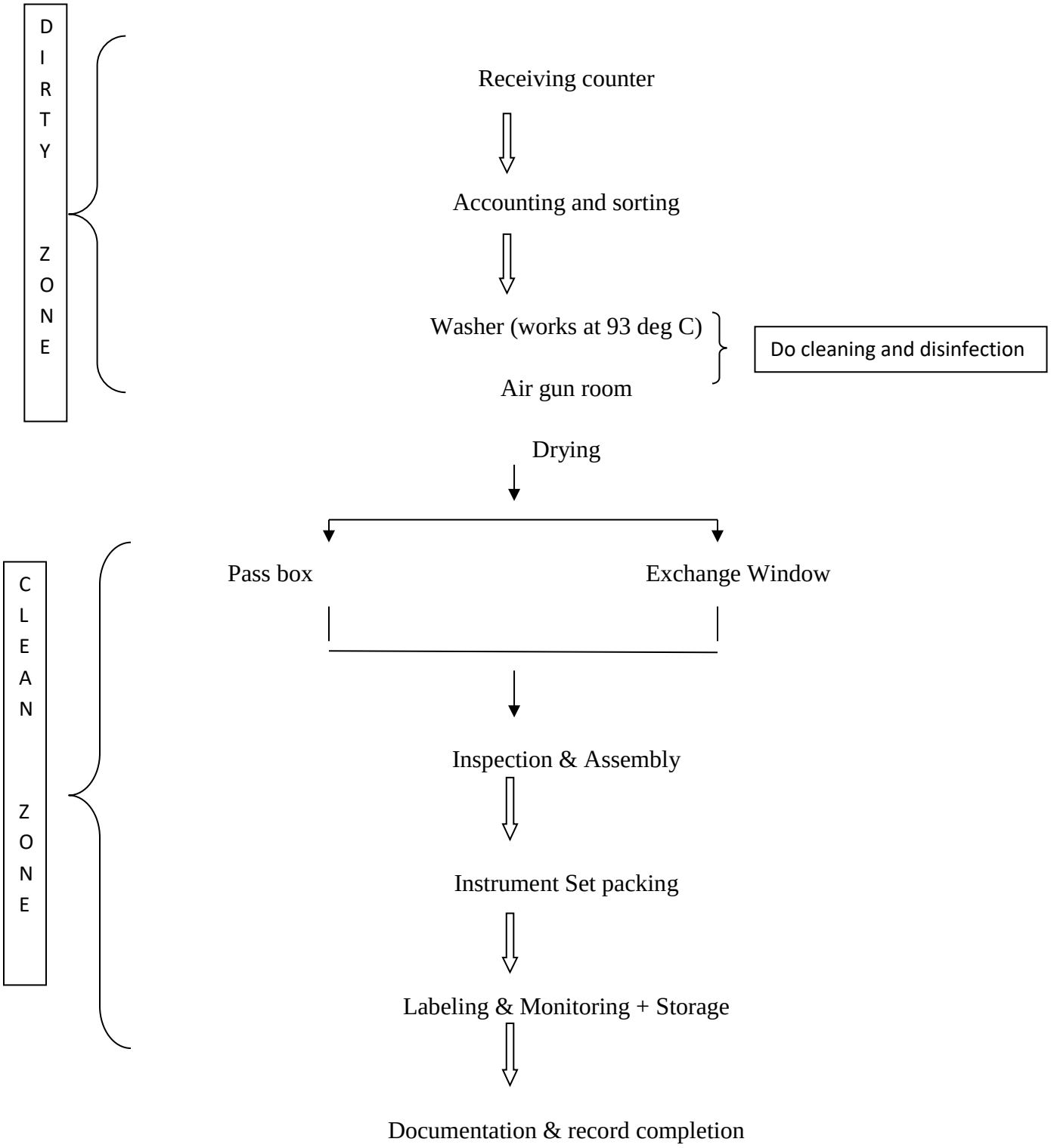


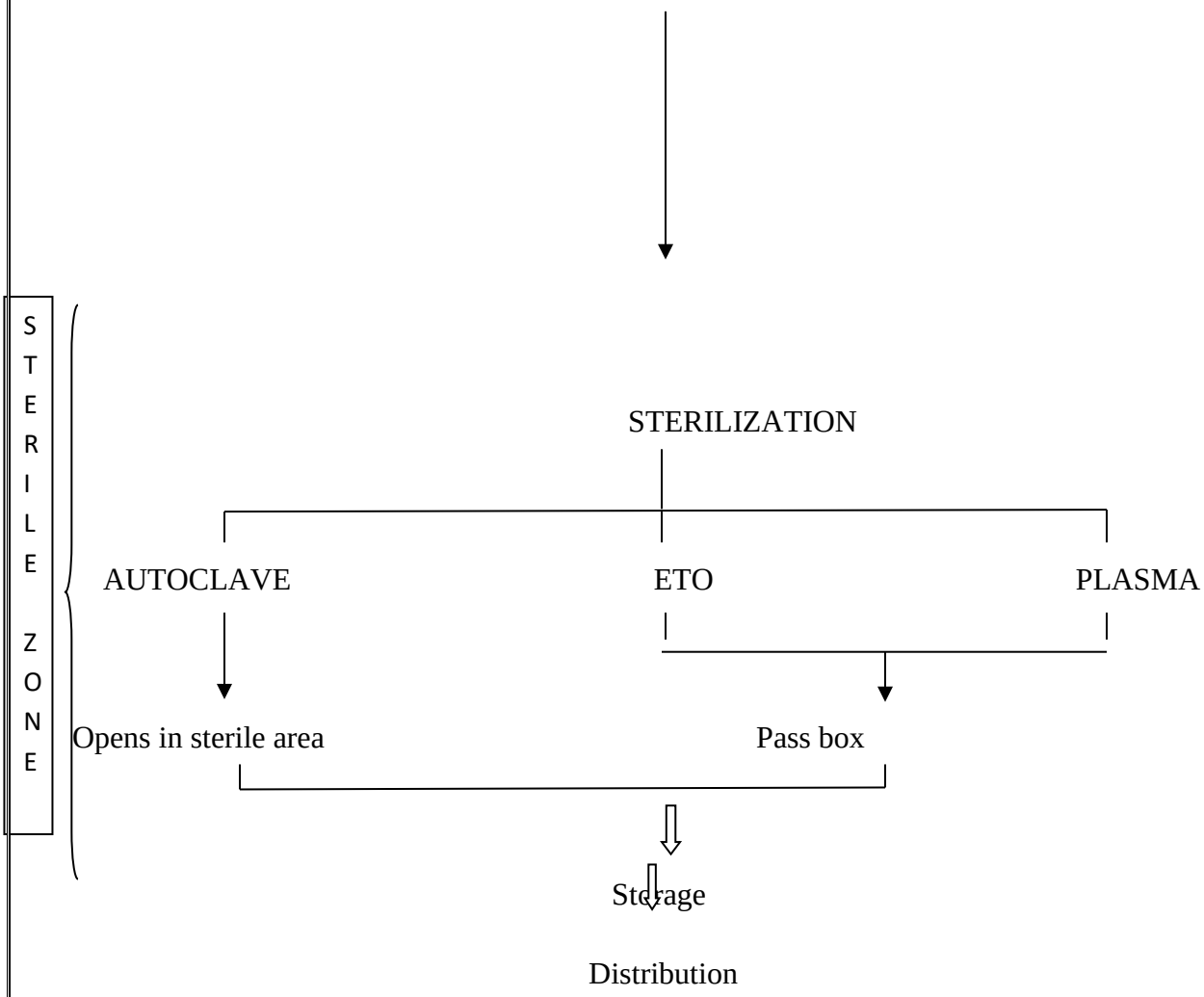
Advice admission	Advice Investigation	Calls up concerned OPD consultant	MLC

GAPS:

- No sterilization protocols for Emergency OT.
- Sitting arrangement for nursing staff poor.
- Need for more female nursing staff.
- Triaging is done at main corridor

CSSD WORK FLOW:





MONITORING:

PHYSICAL MONITORING	CHEMICAL MONITORING	BIOLOGICAL MONITORING
• Gauges • Graphs • Process Logic Controller (PLC)	• Class I Indicator : Interlocking Tape applied on packs. • Class II Indicator : Bowie Dick + Batch Monitor • Class VI Indicator : To be put in packs.	• *G.stereothermophilus* • *B.atrophaeus*

Blood Bank

FLOW OF DONOR:

Donor

↓

Donor Registration Room

↓

Registration done

↓

Medical Examination Room/ Screening Room

(Ht, Wg, B.P, Hb, ABO Blood Grouping checked) → Not Ok → Exit

↓

Ok

↓

Phlebotomy Room

↓

Recovery Couch (If required)

↓

Refreshment Room

↓

Instructions Given

↓

Exit

Movement of Donor's Blood:

Blood collected from donor in blood bag + temporary labeling in Phlebotomy Room

↓ (If Required) ↓

Blood Component Area (PRBC, FFP, Platelet Concentrate)

↓

Quarantine Area

↓

Tested Blood Area

↓

Cross Matching Room/ Red Cell Serology (ABO Grouping & Rh Compatibility done)

↓

Apheresis Room

↓

Apheresis

↓

3 Pilot Tubes

2 Plain Tubes

- One tube sent to **TTI Room**/Infectious Marker Room for VDRL, HIV I & II, Hepatitis B & C.
- One tube sent for **Reverse Grouping**.

1 EDTA Tube

- Sent for Malaria & **Forward Grouping**

↓

- If tested +ve, then blood bag is bought to **WASH ROOM.**
- Autoclaved
- Discarded as per laid down rules.

Labeling of blood bag

↓

Storage

LAB WORKFLOW:

OPD Patient

↓

Doctor advices "X" investigation

↓

Patient bills for investigation advised

↓

Sample collection in sample collection room (Ground Floor)

PHC

↓

Patient chooses & bills for desired package

↓

Sample collection in sample collection room (first floor)

↓

IPD

↓

Doctor advices investigation

↓

Nursing staff collects patient's sample +

Fills up Lab Requisition Form + Enters into HIS

→ Sample bought by ward boy to Lab ←

↓

Staff verifies the sample & HIS

↓

Test done

↓

Report generation

↓

Entry into HIS + Report printed

↓

Sent to report collection counter/ respective wards

IPD PHARMACY

Layout: -2 FLOOR

Status: In – sourced

Staff: 11

Hierarchy:

Manager Pharmacy

↓

Pharmacist

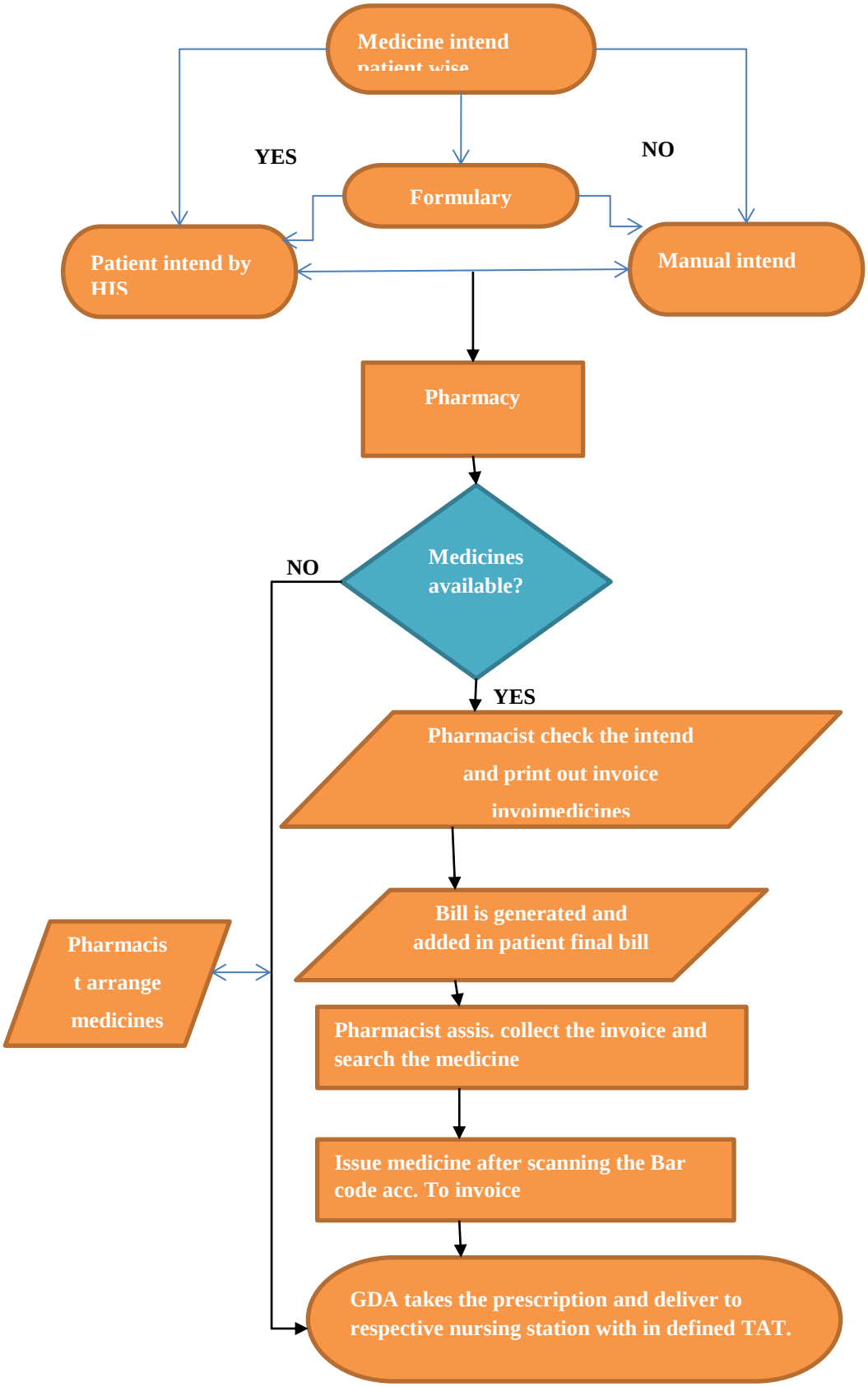
↓

Pharmacy Assistants

Infrastructure:

- Desktops: 4
- Printers: 3

- Refrigerator: 2


Medicine intend patient wise
YES
NO
Formulary
Patient intend by HIS
Manual intend
Pharmacy
Medicines available?
NO
YES
Pharmacist check the intend and print out invoice invoimedicines
Bill is generated and added in patient final bill
Pharmacis t arrange medicines
Pharmacist assis. collect the invoice and search the medicine
Issue medicine after scanning the Bar code acc. To invoice
GDA takes the prescription and deliver to respective nursing station with in defined TAT.

GAPS:

1. No analysis done for inventory management.
2. Stocking of drugs poorly done.
3. Space constraints.
4. Re-Order level is not defined
5. Layout not updated with HIS
6. Poor communication with purchase department.

Observational Analysis

Positive Features

- All the signage is in local language and placed appropriately.
- Eleven steps of hand washing protocol, Mission-Vision and department specific charts are put up at every Nurses Station, desks and supervisor rooms.
- Security guards are assigned at the entrance of every ward/area and elevators to maintain decorum.
- In-house ATM facility available.
- Special play area for children

Limitations

- Number of washrooms in OPD area is less compared to patient load.
- According to NABH guidelines, there should be a prayer room in the hospital, which is not present in Sarvodaya Hospital, Faridabad.
- IPDs and ICUs are supposed to be quiet, acknowledging the demand of the patients, but nursing staff creates lot of noise.
- There is no queue system in pharmacy.
- There is no waiting area for pharmacy. It's combined with the OPD waiting area.

- Space constraint in OPD and Cafeteria as well as less sitting arrangement.
- Delayed response of the staff to the bell alarm by patients in IPD.
- Despite of different coloured uniforms for clinical and non-clinical staff, there still is no distinction in the overalls of physicians and paramedical staff.
- Informed consent to be filled by patient or their family members before undergoing any procedure is not in local language and incompletely filled.
- Red and Yellow coloured bags are used in the IP-Pharmacy where only green coloured bags should be used. Red bags are used for high alert medication and the yellow bags are used for stat/now orders.
- Number of chairs is present is a big problem in IPDs.

Suggestions

1. Chairs in the waiting area can be better organized and more chairs can be added by utilizing space properly.
2. Only green coloured bags should be used in the pharmacy replenishing their stock well in time by setting an appropriate Re-Order Level.
3. Dress Code for all the staff should be properly worked out assigning different colours to different staff members to avoid confusion. Charts explaining the colour code can also be displayed at various places.
4. A floor monitor (Can be made someone from the supervisors' team) should be assigned specifically to maintain discipline among the staff members.
5. Proper queue system should be implemented in the OP-Pharmacy with a help of a security person or a token system.
6. Nurses should be briefed and strictly monitored to answer the in-patient's call within a span of five minutes.
7. More chairs and other furniture should be bought and adequately distributed.
8. Informed consent should be duly signed and completed there and then at the time of admission or procedure. Strict action should be taken against the assigned staff who fails to do so.