Internship at
Shalby, Hospitals

By

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MBA Hospital and Health Management

Academic year, 2015-2017

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TABLE OF CONTENTS

HOSPITAL PROFILE

Shalby Hospitals, a humble initiative by Dr. Vikram I. Shah in 1994, with a six bed medical facility in Ahmadabad, Gujarat, India is among the leading multispecialty hospitals in Ahmadabad 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 Ahmadabad 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 Centre 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

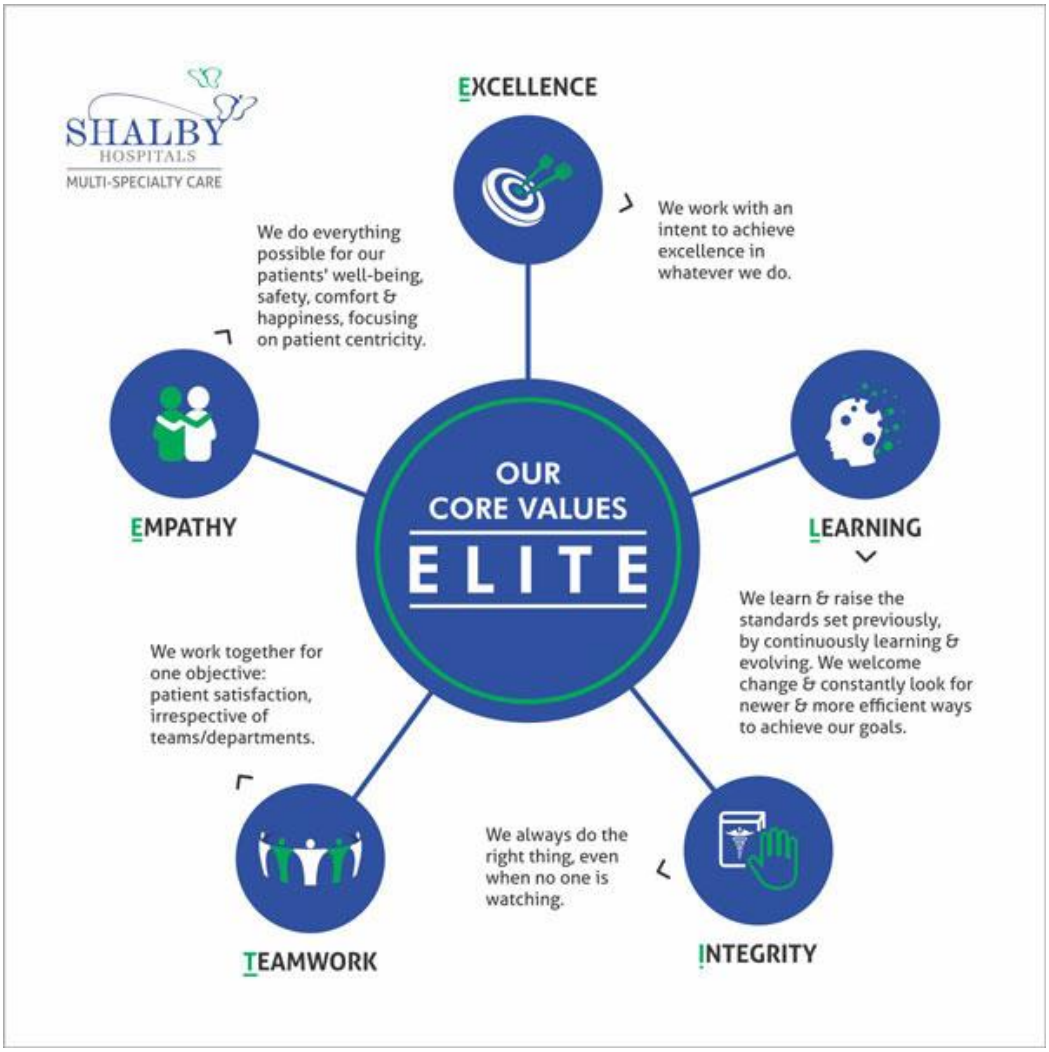
To Preserve and Sustain Quality Human Life by providing Enduring Wellness through best practices and following highest ethical values.

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

From a single unit in 1994, today we have evolved into **9 Multispecialty** Tertiary Care Chain of Hospitals

MULTISPECIALTY CARE - 22 YEARS & COUNTING

LEADER IN JOINT REPLACEMENT

Emerged as a World Renowned Centre for Joint Replacement with over **75000 surgeries**

A **million lives** touched with our expertise, across the globe

INTERNATIONAL REACH

ZERO TECHNIQUE

Invented **"O Technique"** in TKR and perfected surgical time of 10 to 12 minutes

Quality certified by **NABH** (National Accreditation Board for Hospitals & Healthcare Providers)

NABH ACCREDITATION

800 SURGERIES/MONTH

Conducts approx **800 Joint Surgeries** per month with precision & unmatched success rate

Developed innovative **"OS Needle"** used by Orthopedic Surgeons Worldwide

OS NEEDLE

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

Assessment of the following department is done:

1. Operation theatre : Environmental cleaning and disinfection of OT

2. Front office
    a) OPD Coordination
    b) Patient feedback form
    c) Coordination with doctor

3 .Flow chart of radiology department

4. New protocols of ICU
5. Human resource: Coordinated in the recruitment for new panel of 20 consultants.

OPERATION THEATRE: Environmental cleaning and disinfection of OT

PHYSICAL DESIGN ELEMENTS

- Temperature : between 20*C to 22*C
- Humidity : Between : 50% to 60%
- Air Handling unit : 5 micro filters changes per hour
- Air flow should be unidirectional, positive air flow

METHOD OF DISINFECTION

- Surface cleaning
- Fogging

DISINFECTANTS USED

- Formaldehyde and gluteraldehyde
- Hydrogen peroxide (11%) and Silver nitrate (0.1%)
- Sodium hypochlorite

PREPARATION AND CONCERNTRATION OF DISINFECTANTS

- Formaldehyde and gluteraldehyde : for surface cleaning : 200ml in 10 litres (2%) and for fogging 2%
- Hydrogen peroxide and silver nitrate : for surface cleaning make 5% of the solution : add 250ml in 5litres of water and for fogging make 20% concentration of solution (200ml in 1000ml)

- Sodium hypochlocrite : 75ml in 12litres of water(1%)

SCHEDULE OF CLEANING

Before surgery

- All horizontal surfaces with in the OT are damp dusted before the first scheduled surgical procedure of the day with a clean lint free cloth moistened in the disinfectant solution approved.
- Visual inspection of commencement of the first surgical case

During surgical procedure

- Accidental spillage in the area outside the surgical field should be promptly cleaned by placing tissue papers over it then pouring 1% sodium hypochlorite over it
- Leave it for 10 minutes then collect it in the scoop, then mop with a disinfectant.
- Discard the contaminated disposable items in red bag

In between the surgical procedure

- Conduct a visible check to inspect cleanliness of the operation theatre
- Reusable suction bottles are emptied and cleaned under the running water and tubing's are replaced.
- Respiratory tubing's are cleaned under the running water and sent for the autoclaving
- Floor cleaning is done in the area around the sterile field with sodiumhypoclhlorite

End of the day

- Terminal cleaning to be done with 2% Gluteraldehyde and formaldehyde or 5% hydrogen peroxide and silver nitrate

WEEKLY CLEANING (performed on Sunday)

- Remove all the movable equipments and furniture from the OT
- Clean with wet mopping with disinfectant solution
- A.H.U. to be cleaned with dry vacuum cleaner.

FLOW CHART OF RADIOLOGY DEPARTMENT

RADIOLOGY

In source

DOCTOR/CONSULTANTS

(Put the orders in file)

Nursing staff

(Raise indent through system)

Patient is shifted to radiology

Radiographer

check the indent (radio-graph)

Yes

Do the x-ray

No

will keep the patient Waiting & inform the Nursing staff to put indent

Indent is done

outsource

DOCTORS/ CONSULTANTS

(Put the orders in file)

Medical Officer

(Raise manual indent)

Nursing staff

(Raise indent Through system)

(send to the radiographer)

Radiographer

(verify the manual indent from system & forward to reception staff)

Reception Staff

(Take the appointment as per the

PROTOCOLS FOR ICU DEPARTMENT

INTRODUCTION

To reduce the risk of nosocomial infection and for optimum care and recovery, a systematic but realistic approach must be applied in ICU with the characteristics of the patient, personnel, and health care facility.

In **Shalby Hospital**, Intensive Care Units is located at first floor. The primary objective is to ensure a high standard of sterility and disinfection to minimize the incidence of hospital acquired infection.

Adequate storage space and conditions are ensured for all critical care equipment, instruments, drugs, disposables, linen, other hospital supplies, records, manuals, files and documents.

OVERVIEW OF ICU/HDU

Intensive care units/High dependency units are specially equipped hospital units that provide highly specialized care to patients who suffer from a serious injury or illness.

- A multidisciplinary team (physicians, nurses, respiratory therapists, pharmacists) is trained**.**

- In addition to being closely monitored, patients in ICU often require medication to keep them comfortable, which may diminish their level of responsiveness.
- Patients are admitted to the ICU from an emergency room, from an operating room, from another care area within the same hospital, or after being transferred from another hospital.

Patients in the ICU

- They are sedated enough that they are unresponsive to verbal stimulation.

- It is important to remember that although ICU patients may not be able to respond to a voice or touch, they may still be able to hear and feel.

- Staff, visiting family members should show affection towards the patient and let them knows they are loved.

ICU Team

- Care in the ICU is provided by a multidisciplinary critical care team, which is composed of specially trained :
- Intensivists, nurses, and other professionals.
- Each individual brings his or her particular expertise to the team.

Intensivist:

- The critical care attending, or Intensivist, is a physician who is fully trained in internal medicine, surgery, or anesthesiology.

- In addition, the physician has received one or more years of specialized training in all aspects of care of critically ill patients.

- The critical care attending supervises the care of ICU patients.
- The critical care attending may also consult with other physicians who are specialists in particular areas of medicine (e.g., heart disease, kidney disease, gastrointestinal disease) or surgery (e.g., general, vascular, or thoracic surgeons).

Nurses:

- Critical care nurses have received specialized training in caring for critical care patient.
- The nurses provide round the clock bedside care and monitoring.

- They are in close contact with the physician in charge as well as other members of the critical care team.

Nutritionists/Dieticians:

- Nutritionists are involved in calculating the nutritional needs of the critically ill patient.
- Monitoring the nutritional balance on an ongoing basis.

Care of the patient in ICU/HDU

ICU patients are regularly monitored, examined and treated accordingly.

Staff Nurse-

- Hourly monitoring of all the vitals is done by the assigned staff nurse in ICU & similarly regular monitoring is done in HDU.
- Care including back care/oral care and other nursing care is given to patient in each shift based on the need and condition of the patient.

- Medication and other treatment are given as per the orders of treating physician or the Intensivist.

- Proper care and use of various bundles are used by the staff nurse to prevent any Hospital Acquired Infections or Bed sores etc.

Intensivists:

- Intensivist/anesthesiologist is available round the clock in ICU.

- Intensivist and Resident medical officer are available in HDU round the clock.

- Regular monitoring is being done by the Intensivist for each admitted patient.

Staffing:

- Nurse Patient Ratio in ICU 1:1
- Nurse Patient Ratio in HDU 1:2
- One RMO and One Intensivist is available in ICU round the clock
- One RMO and One Intensivist is available in HDU round the clock

ADMISSION CRITERIA FOR ICU

Objective criteria for admission to ICU (from Emergency Room, floor):

- Patient can be admitted directly to ICU or patient can be shifted from floor, dialysis unit, OT.

Protocol for Admission of a Patient in ICU

S. No	Activity	Responsibility
1	Patient is ordered to be shifted to ICU	Consultant
2	Staff enquires ICU for the availability of bed	Nursing Staff
3	1. ICU staff prepares the bed. Setting up bed space for admission 2. Mop the floor thoroughly. 3. Clean bed from top to bottom and damp dust with 10%	ICU Staff House keeping staff

	ECOSHIELD solution.	
4	On confirmation of admission, the nurse will proceed to: 1. Check and switch on all the monitoring equipment with appropriate modules and accessories to ensure the monitoring system is in good working condition and leave on standby mode. 2. Check the gas, suction and vacuum supply and attach appropriate apparatus e.g. suction liner to the vacuum outlet and O2 flow meter to the gas outlet. 3. Make up the ICU bed with a long fitted sheet over the mattress. A blanket is being folded into a pack and placed at the end of the bed. A pillow for the head end.	ICU Staff
5	Patient is shifted to ICU	Nursing Staff
6	Entry is made in Admission Register, Shift Report, Insertion & Removal Data Form	ICU Staff
7	ICU treatment consent is taken	ICU Staff
8	Treatment according to the symptoms of the patient is started Duty Nursing Staff 1. Receive the patient from trolley. 2. A brief history of patient will be handed over from the accompanying nurse. 3. Check the vitals i.e. TPR, BP, RBS and record the findings 4. Connect the patient with monitor and close observation and monitoring	

	5. Assess the patient 6. Keep ready the resuscitation kit, if intubation is required 7. Remove clothes, all ornaments and other belongings and put ICU clothes 8. Clothes, ornaments and other belongings should be handed over to the patient's relatives and take signature in the register. 9. Check for any bedsore. If bedsore is present take signature from doctor 10. make the file and tie all relevant investigations 11. Enter the patient's name in the admission/ discharge and census book 12. Carry out unit orders and make the Nursing case plan.	
	13. Give the medications as prescribed 14. Send the samples as ordered 15. Send diet request to the diet department 16. Pharmacy slip to be sent 17. Place Ryle's tube if needed 18. Activity charts to be sent to the billing section 19. Explain the relatives regarding pharmacy, visiting time, bill section, waiting area, important telephone number & central announcement system etc <u>Duty Doctor</u> 1. Duty doctor follow algorithm of admission. 2. Inform consultant-in-charge on phone about the arriving status and take orders and execute them. 3. Full clinical history & examination mention in file.	

	4. Confirm treatment advice by the consultant & execute. 5. Talk to the relatives and explain them present status. 6. Take appropriate consent for the procedures if required like central line, arterial line, ventilator support, other invasive procedures, tracheotomy, dialysis, PA catheter. 7. Urine catheterization with all aseptic precaution. 8. Check MLC & police information co-ordination with casualty/emergency