Internship at
Max Super Specialty Hospital, Saket, New Delhi

By

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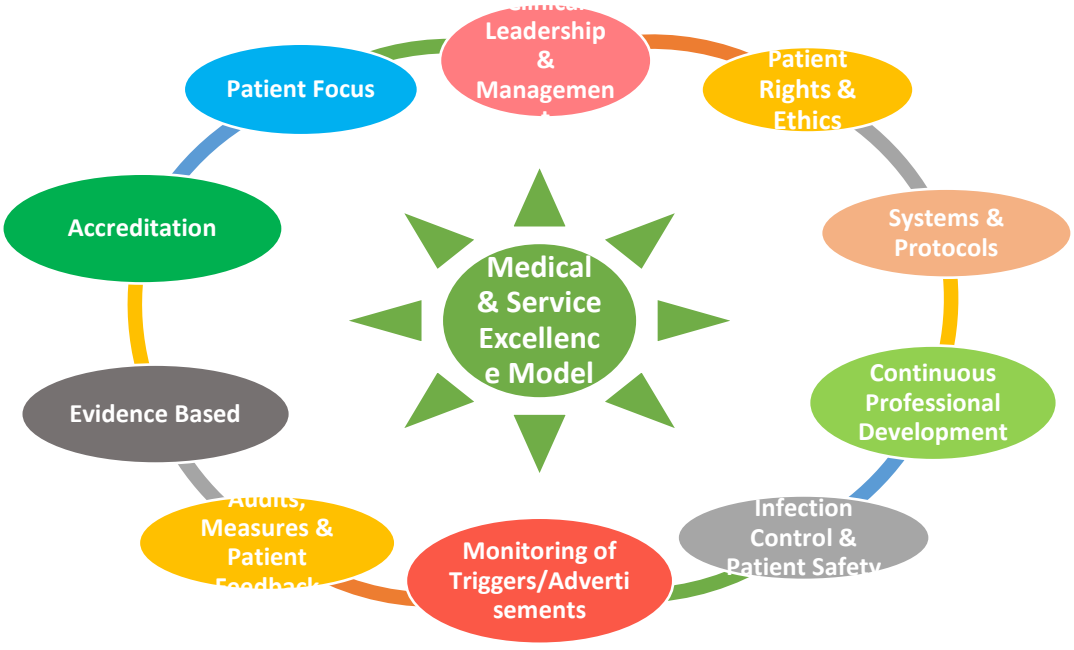
INTRODUCTION

Max Healthcare is committed to the highest standards of medical & service excellence, 'Patient Centred Care', scientific knowledge and medical education. The country's leading comprehensive provider of standardized, seamless and international class healthcare services. Max has successfully implemented the "Medical Excellence Model" through its clinical team of expert physicians and nurses who work together in an integrated manner, assessing patient needs, ordering tests, planning treatments, scheduling surgeries, monitoring progress and planning for early discharge to home.



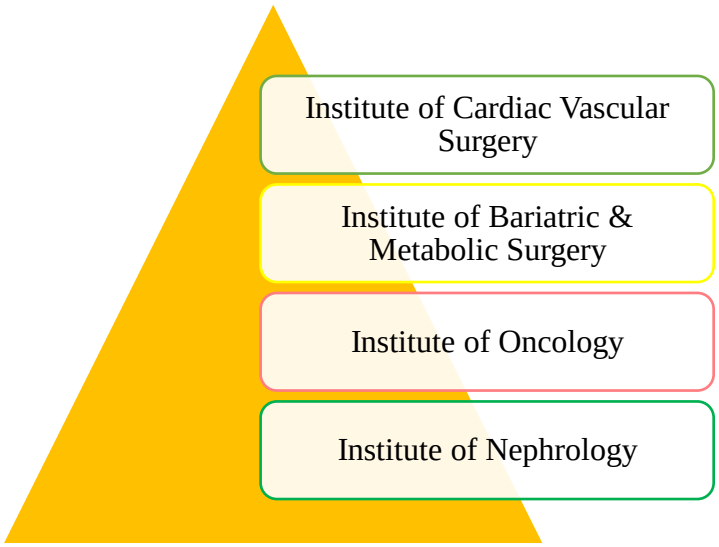
The pillars of this model include:

- Clinical governance
- Credentialing and clinical privileging of physicians & nurses

- Use of standardized, evidence based protocols
- Patient and staff safety
- Infection control
- A culture of audit and continuous professional development

Every department of the hospital was observed carefully for its working, staff, hierarchy, physical set up and major challenges faced by them and suggestions were made to overcome those challenges.

The hospital has four key areas of specialties:



MODE OF DATA COLLECTION

Data collection involved discussions with the Administrative staff, the HODs on the managerial issues, communicating with the other staff and going through the records.

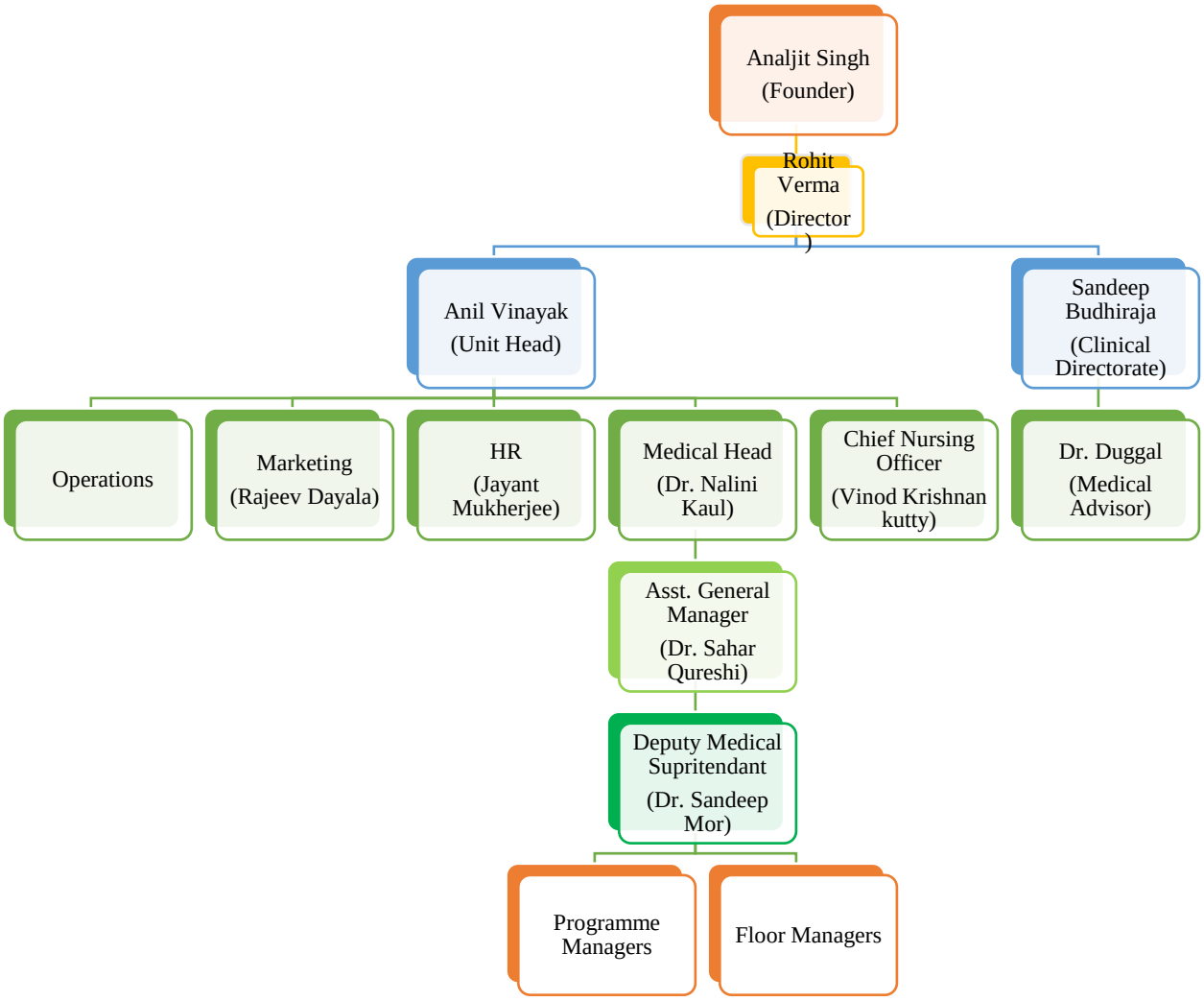
Sources of Data

- Primary
- By interacting with the HODs, executives, Doctors, Nursing staff and other valuable employees of the hospital.
- Through direct observations.

- Secondary
- Through registered records
- Through website of the hospital
- Literature available about the hospital like magazines, pamphlets, brochures, CDs, written documents

GENERAL FINDINGS

ORGANIZATIONAL CHART



FRONT OFFICE

- **First contact point** between the patients / their attendants coming to the facility.
- Gives directions to them about the locations of various departments.
- Performs in patient and out- patient registration.
- Does appointment scheduling of the patients.
- Makes doctors' available summary.
- Insurance management.
- Does registration and scheduling of preventive health check-ups.
- Helps in planning timely discharge a day before by inquiring about the same from the concerned consultants.

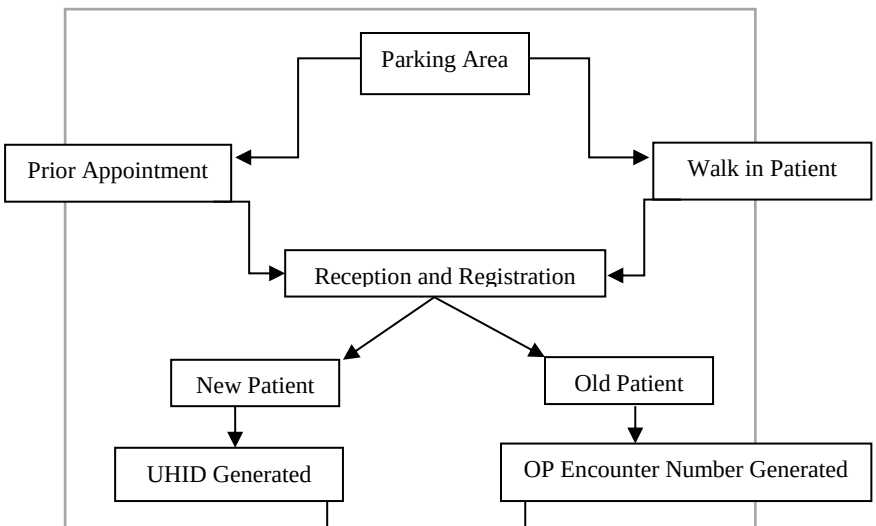
Challenges

- Shortage of staff
- Huge rush during peak hours, 9:00 am-12:00 pm.

OUT-PATIENT DEPARTMENT

- Each INSTITUTE of Max hospital, Saket has its own OPD area as well as IPD area / day-care area wherever applicable with doctor's chambers and procedure rooms.
- Every OPD has a procedure room and its own Front Desk.
- Appointments are centralized and are recorded on the Hospital Information Management System. As soon as appointments are fixed, a text message is sent to the patient confirming the appointment, and a reminder message is sent on the day before the appointment. No walk-in patient is turned away, and the staffs try to accommodate these patients between the appointments already scheduled for the day.
- Each OPD waiting area has the capacity to handle 70-100 patients waiting.
- In case of a new patient, registration is done which is valid pan-Max and for life time of the patient and a UHID is created which becomes a unique identification for all his health related information.
- For Chairpersons and senior doctors, a junior doctor does the initial assessment of the patient, which not only reduces the workload of the senior doctors (whose slots are always overbooked), but it also gives the junior doctors an opportunity to learn from the best brains in the industry.

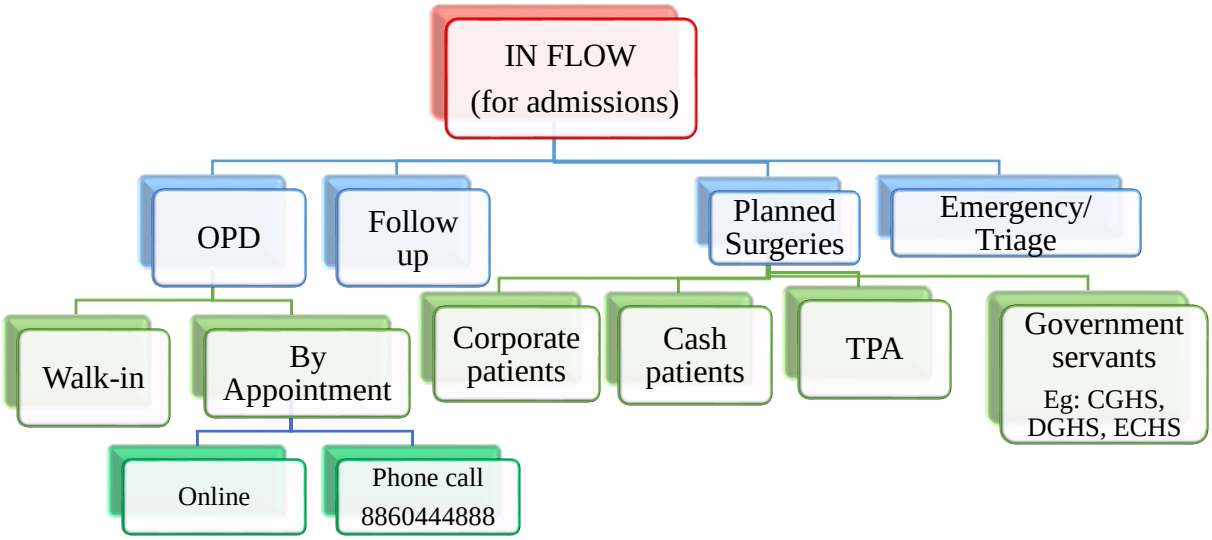
The general process flow that is followed in all the OPDs is as follows:



ADMISSIONS DESK

- If the patient has to be admitted to the hospital , he/she first reports to the admissions desk wherein all the paperwork is completed , do's and don'ts as well as patient's rights and duties are explained to him. An initial token amount is deposited here by the patient which is according to his preference of the room (be it economy , single , double, classic deluxe or suite)
- In case of TPA patients, the admission has to be reported to the insurance company within 24 hours.
- STAFF – 70-80; work in shifts with TPA staff working only from 5-5.

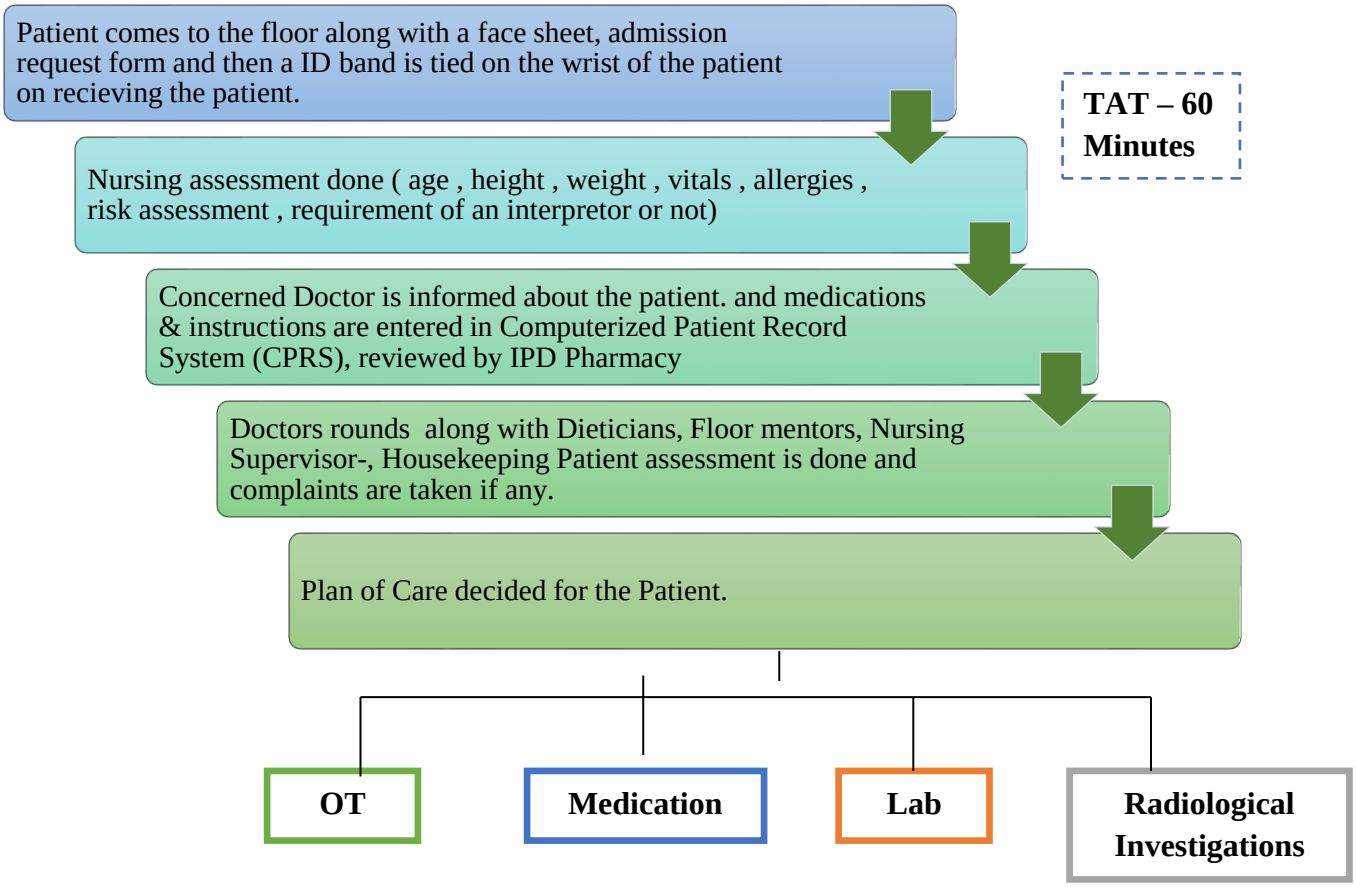
ISSUES- Huge departmentalisation which causes co-ordination problems



Hierarchy

IN-PATIENT DEPARTMENT (IPD)

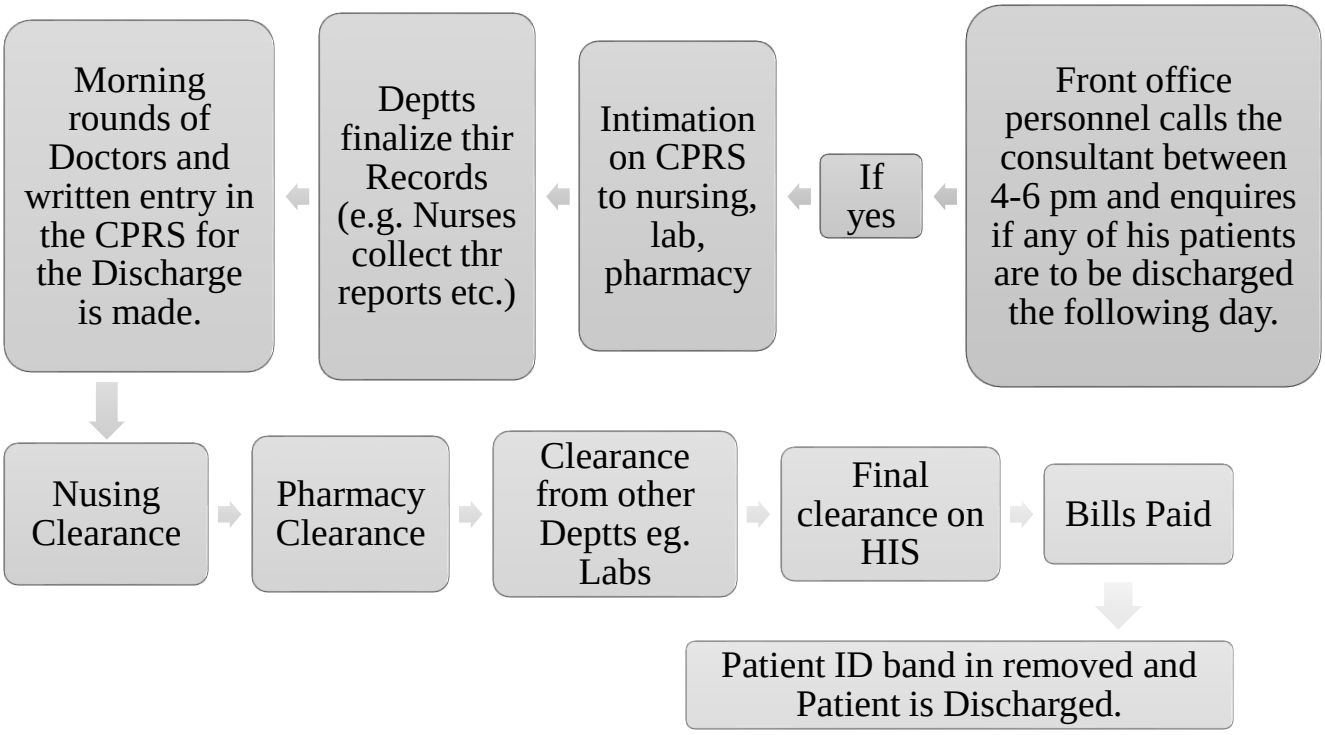
- IPD is distributed over Six floors (G.F., 2^{nd}-6^{th}) in the east and Five Floors (2^{nd}-6^{th}) in the west wing of Max hospital including a total number of 311beds in East & 211 beds in West.
- Every bedside has:
    - Details of Consultant, Nurse and Mentor written at the top of every bed
    - Room equipment checklist – Side rails, Oxygen, Suction, "**Safety First Bell**"
    - Important Instructions
- The rooms available in IPD have the following structure of beds per room:
    - Economy room – 4 beds per room.
    - Double – 2 beds per room
    - Single Deluxe
    - VIP suite
- Every floor has a central nursing station with
    - Information Board covering:
        - Designation & Contact numbers of
            - Duty doctor
            - Administration Staff
            - Floor Mentor
            - Support Staff
            - Ward Secretary
            - Bed Manager
        - Nurses' names with shift timing and designation (8-10 nurses per shift) and allotted Room Numbers.
    - Crash Cart parked next to the nursing station
    - Computer on wheels (COW) - 4
    - Cupboards with forms- down time form, investigation track sheet, blood request form, PAC sheet, informed consent, inventory files and registers
    - Medication rooms – 2 ;Pantry – 1
    - Records room
    - Biomedical Waste Disposal
- Nurse to bed ratio = 1:5 or 1:6
- General Duty Assistants (GDAs) = 2-3 in every shift
- Average Length of Stay (ALOS) for normal Laparoscopic surgeries = 2-3 days
- Quality Indicators are: Patient Fall, Hypoglycemia, Needle stick Injury
- Process of admission of new patient to IPD



- **BARRIER NURSING-**
  Isolation of the patient in case the blood or urine culture of the patient has been tested positive for any infection so that the infection doesn't spread to others.

- **REVERSE BARRIER NURSING-**
  Done in cases where patient is immuno-compromised so that infection doesn't travel to him from others.

- **Discharge** Process flow of patient from IPD



- Documents included in Discharge of a patient- Discharge Slip, In-patient Bill (Summary + Detailed), Discharge Summary, Pre-authentication approval letter (in case of TPA), Doctor's Clarification and reports of the patient.
- Delay in Discharge is seen due to Final Bill clearance, TPA approval, finalizing discharge summary.

EMERGENCY DEPARTMENT

Due to the unplanned nature of patient attendance, this department provides initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention, except for major burns. It is located at the ground floor with its own dedicated entrance from outside and to inside of the hospital and operates for 24 hours a day.

Ambulance - 2 ACLS (with CCTV camera for telemedicine, Suction Cardiac Monitor, Defibrillator, Oxygen Pump) and 2 BCLS (Ferno Stretcher, Oxygen Pump)

Patients are either transferred to other departments or are discharged within 4 hours. Max Super Specialty Hospital, Saket has made a world record for management of MI patient in emergency department from entrance to the balloon time in Cath lab, in less than 35 minutes.

Response time:

- EMO response time <1 min
- Consultant response time <60 min

- Code blue response time<3min
- Ambulance response time<10 min

Infrastructure:

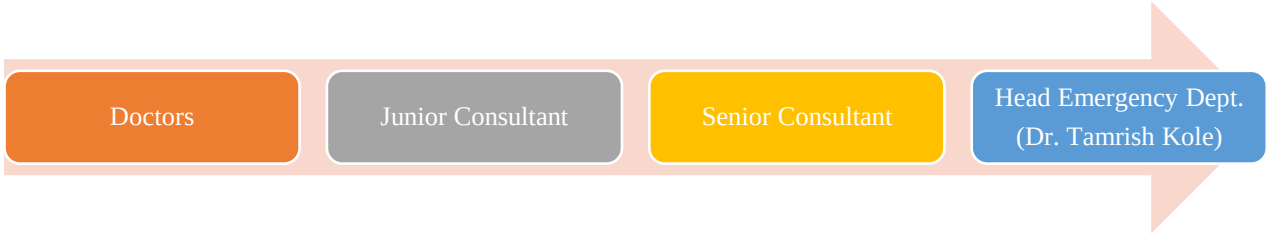
Total 25 bedded

- Resuscitation suite -2 bed
- Urgent care area – 9 beds
- Observation area – 12 beds
- Triage – 2 beds
- Doctors work station-is located in the centre of the urgent care area
- Store room- is located behind the reception. Medications are filled twice a day and stock of two days is kept in advance for Sunday. Narcotics are also available and kept in double lock and key system.
- Hospital information system and CPRS
- COWS(computer on wheels)
- Waiting area for patient's attendants is outside the department.

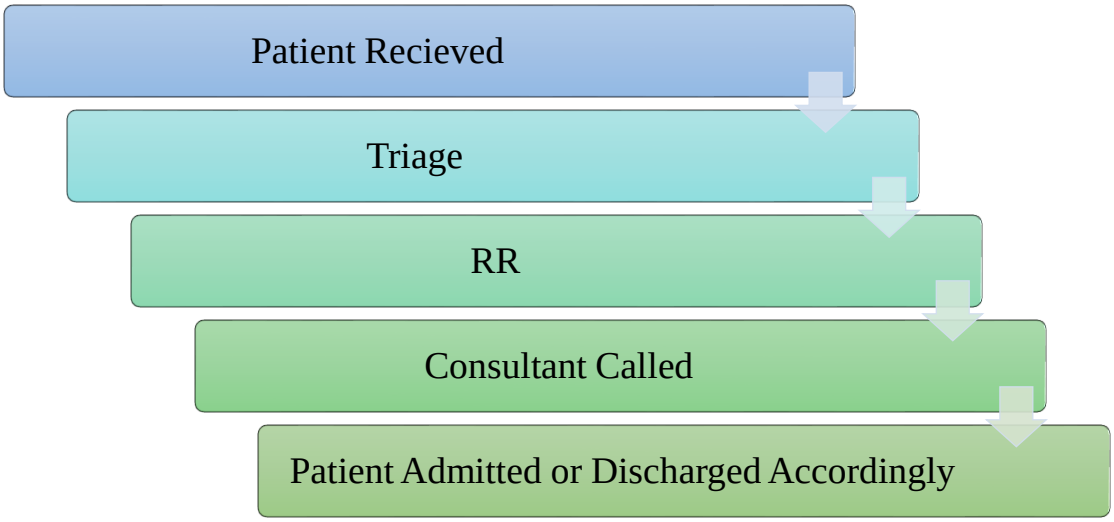
Staffing:

1. Senior consultant (Emergency medical officer)
2. 4 doctors
3. Team leader
4. Emergency physicians - 3
5. Nurses : 32 (8 nurses per shift)
6. 2 personnel at reception
7. Paramedical staff for ambulance
8. 4 GDA per shift
9. Outsourced staff: security personnel.

Hierarchy



Process Flow



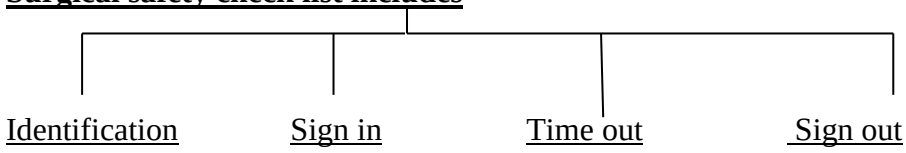
OPERATION THEATER COMPLEX

Operation theatre complex of East wing is located on first and second floor. Operation theatre complex has 11 operation theatre assigned to various departments. Cardiac, oncology, bariatric laparoscopic, ENT and plastic surgeries are performed in these operation theatres. Operation theatre complex of west wing is located on first floor. It has 7 operation theatres for various departments. Orthopaedic, neurology, gynaecology, Brain Suite intervention, general and robotic surgeries are performed here. 8th OT was under-construction.

Organization of staff: The staffs of Operation Theatre are organized into four groups: Anaesthetist- Surgeon, Nursing staff, Technician and Supportive staff.

- Nursing Station – 1
- Pre-Op Beds and Recovery Beds – 4 each
- Scrub Station - 2
- Average number of cases done per day – 20-25 in each wing, 15-16 Robotic Surgeries per month
- Temperature - 21 approx
- Humidity – 50-55
- Light – 2000 lux in the centre of OT table and decreases on moving farther
- OT booking is done through online. 2 types of surgeries are performed – *Elective*: surgeon gets PAC done and gives an appointment; *Add on:* manual booking of OT in case there is cancellation of the scheduled cases due to any reason.
- Each OT complex has a separate material store and a TSSU (Theatrical Sterile Supply Unit, TAT-45mins).
- Staffing ratio- Nurses : patients – 4:1(pre-op) ; 2:1(post-op)
  Technicians: patients- 1:1
- OT Utilization – average is 70%

- Max super specialty hospital recently got a GREEN OT certificate which signifies minimal amount of pollution caused by OT gases and acceptable standards of practices being followed here.
- Sterilization is done by ETO (12 hrs); autoclave. Fumigation is done twice a day in the morning and evening.
- Bio medical waste disposal is done every 2 hours.
- **Surgical safety check list includes**



- Quality indicators: wrong patient , wrong surgeon , wrong surgery , return to OT(within 7 days) , waiting time for OT

INTENSIVE CARE UNIT (ICU)

Max Saket has a total of 13 Intensive Care Units and 5 High Dependency Units in the Hospital:

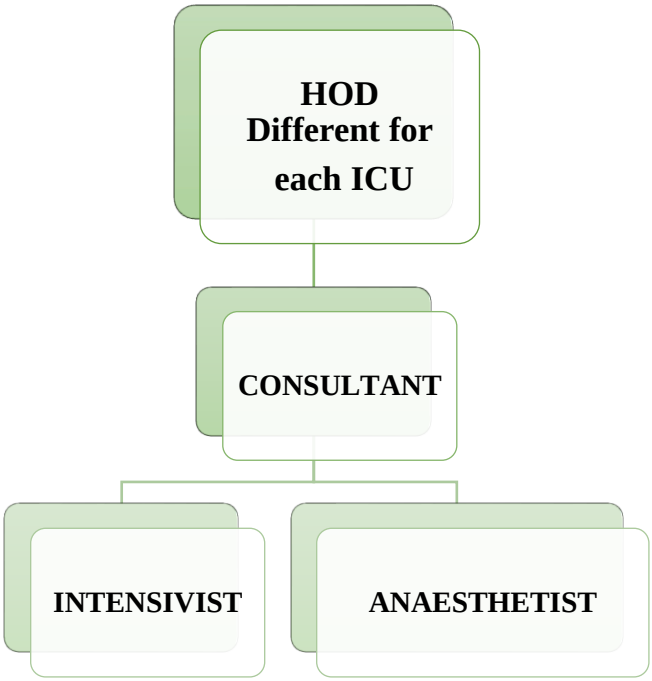
Floor	East	No. of Beds	West	No. of Beds
G.F.	Apex Coronary Care	16		
1st Floor	CTVS Cath Recovery Paediatric CTVS	17 14 11	Surgical Neuro-Surgical Neuro-HDU ISCU	11 9 9 4
2nd Floor	Onco-Surgical Onco-Medical CTVS- HDU Cardiac HDU	9 12 4 4	Stroke and Neuro	8
3rd Floor	Medical	8	Neonatal (a) Neonatal (b)	8 6
4th Floor			PICU	8
5th Floor			Ortho HDU	8

6th Floor			Medical	8
		95		**79**

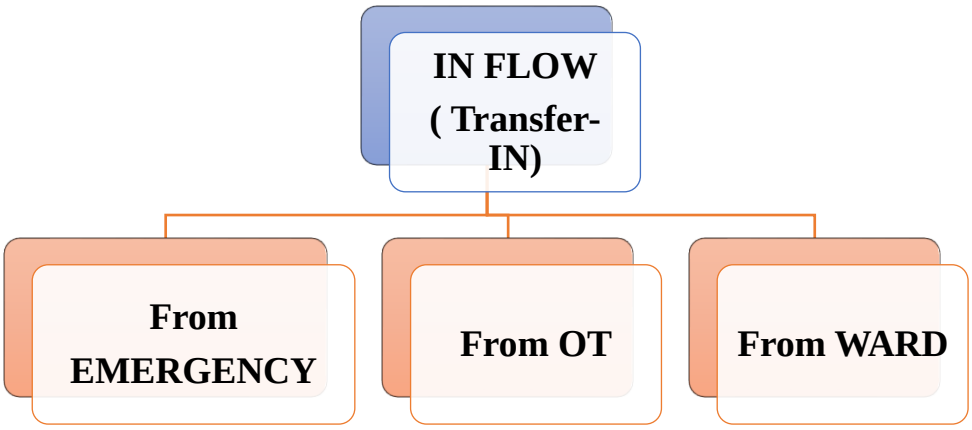
All Intensive Care Units have a 24 hour service of Intensivist and an Anesthetist.

- Each ICU has 1 medication room, 1 Nursing Station, 1 Dr. room

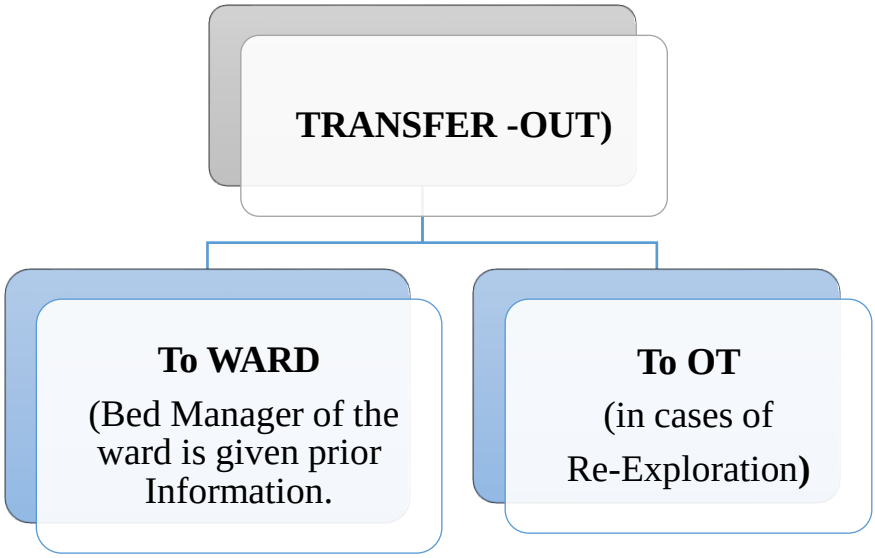
Hierarchy



Patient Flow



Before hand information is given on call to the ICU for ***transfer-in*** of the patient.



- Patient: nurse – 1:1(for all patients)
- Patient counselling – done throughout the day; Family Meeting – done twice a day by the Intensivist .
- Protocol for infected patients –
    - Isolation
    - Visitor's policy- no visitor allowed inside the isolation room
    - Aseptic policy
    - Full PPA
    - Separate linen disposal in separate bags
    - Separate dressing trolley
    - Separate housekeeping material- dusters, mops etc
- Quality indicators-
    - Patient falls
    - Bed sores
    - Medication error
    - Nosocomial infections

    All the Quality indicators are duly noted in "Quality Flash" and it is audited time to time and measures are taken to reduce the number of incidents.