Internship
at
Apollo BSR Hospitals,
Bhilai

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MBA Hospital & Health Management
2013-2015

Institute of Health Management Research,
Jaipur
2015

ABOUT THE ORGANISATION

Apollo BSR is a multi-specialty hospital with a motto to provide quality healthcare at affordable cost. It has a fully equipped tertiary care centre of international standard for cardiac intervention and surgeries.

VISION:

To be the most preferred health care service provider in the community by continuously improving the existing standard of Medicare.

MISSION:

Apollo BSR hospitals always provide comprehensive and modern healthcare solutions to patients with a humane approach

The Journey:

The group started with a diagnostic centre in the year 1993 at Bhilai. Over a period of time all modern diagnostic facilities like 1.5 T MRI, 64 slice cardiac CT, Multi slice spiral CT scan, 4-D real time color doppler, ultra modern pathology, endoscopy, bronchoscope, mammography, echocardiography, ultra sonography , digital x-ray etc. have been installed at various centers. Thereafter similar centers have been established at other locations such as Nagpur, Raipur, Korba and Rajnandgaon.

In the year 2000 the group ventured into establishing ultra modern super specialty cancer hospital in Bhilai called BSR Cancer hospital which is the only comprehensive cancer management centre in Chhattisgarh. After 17 year into being called a pioneer and leader in diagnostics in central India and 8 years in comprehensive cancer management, BSR health care is now well known name in healthcare sector.

BSR realized the need for a multispecialty tertiary care hospital in central India and prompted by desire to extend high quality medicare beyond the confines of the rich class. BSR healthcare has

set up super specialty hospital at Bhilai called Apollo BSR hospital, Bhilaiwhich became operational from September 2007.

Commitment to the community.
“Caring for the community”
Those simple words describe the past, present, and future of Apollo BSR hospitals Bhilai. Their roots run deep in the community, starting with the 1st high tech diagnostic centre in 1993. After 15 years of being pioneer in diagnostics in entire central India. BSR healthcare started comprehensive cancer management hospital called BSR cancer hospital and research centre at Bhilai in June 2001.

Apollo BSR is 175 bedded super specialty hospital providing secondary and tertiary level healthcare at affordable cost in association with Apollo hospitals Chennai. The in-patient beds are classified into deluxe suite, private room, double bed wards, shared wards and dedicated cancer wards.

The hospital enjoys the reputation of being the first and only hospital to have a digital flat panel Cath lab and 4 modular OTs with laminar air flow and HEPA filters for coronary bypass surgeries, coronary angioplasty and other special surgeries. They are having 42 bedded ICU including cardiac, surgical, medical, neonatal and pediatric ICU.

Apollo BSR is an attempt to integrate the best and most qualified medical professionals and doctors by providing them the best infrastructure, latest technologies in biomedical engineering and health care services along with a dedicated team of nurses, technicians, staff and professional management in such a way that super speciality hospital can provide the best health care services so that the patients in C.G. as well as neighboring states could be benefited.
Hospital is recognized and empanelled by Govt. of Chhattisgarh, CSEB, NSPCL, FCI, BSNL, CISF, NMDC, SECL, various insurance companies and TPAs. More departments like infertility clinic, cosmetology, joint replacement surgery, high end ophthalmology etc.have also started.

DEPARTMENTS OF HOSPITAL

Clinical Services

- 24-hour Accident &Emergency Services (Trauma Unit)
- Anesthesia
- Cardiology
- Cardiothoracic Surgery
- Dental
- Dermatology and Venrology
- Endocrinology & Diabetology
- ENT
- Gastroenterology
- General & Laparoscopic Surgery
- Health Check-Ups
- Infertility Clinic-(IVF,IUI)
- Internal Medicine
- Medical Oncology
- Nephrology
- Neurology
- Neurosurgery
- Obs. & Gynecology
- Ophthalmology
- Orthopedics
- Pediatrics/ Neonatology
- Pain Management
- Plastic Surgery/Cosmetic Surgery
- Psychiatry & Psychotherapy
- Respiratory Medicine
- Surgical oncology
- Urology

Critical Care Units

- Medical Intensive care unit
- Cardiac Intensive unit
- Surgical intensive care unit
- Neonatal Intensive care unit

- Intensive Cardiac care unit

Diagnostic Services

- Laboratory
- Radiology (MRI Service delivery at BSR Diagnostic centre)
- Radiotherapy Department (Service delivery at BSR Cancer Hospital)
- Nuclear Medicine Department (Service delivery at BSR Cancer Hospital)

Therapeutic services

- Clinical consultation services
- Clinical inpatient service
- Operation theatres
- Labour room
- Digital Cath Lab
- Dialysis Unit
- Bronchoscopy
- Endoscopy
- ECG, Echo, TMT, EEG, EMG, PSG, Spirometry

Ambulatory Care Area

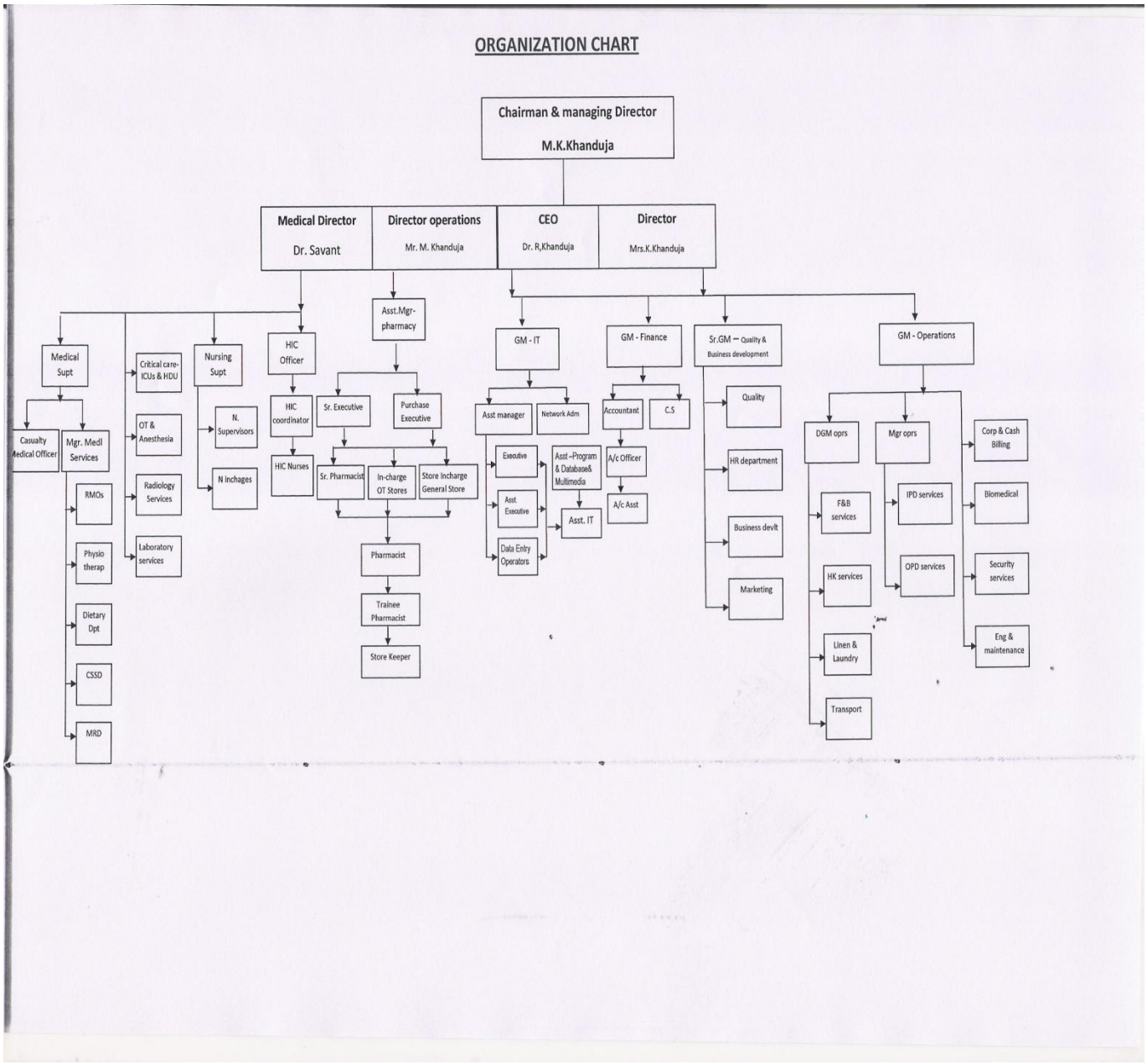
- Outpatient services
- Emergency services
- Pharmacy services (IP- 24 Hrs, OP Pharmacy)
- Physiotherapy Department

Auxiliary Services

- Dietary services
- Central Sterile and Supplies Department
- Laundry
- Stores (general, medical) & Sub-stores
- Mortuary
- MGPS (Cylinders and piped medical gases)
- Engineering services
- Housekeeping

- Security
- Medical record department
- Hospital Management Information System
- Administrative Office
- Ambulance & Non ambulances

ORGANOGRAM OF HOSPITAL



Hospital infection committee

An infection control committee provides a forum for multidisciplinary input and cooperation, and information sharing. This committee includes wide representation from relevant departments: e.g. management, physicians, other health care workers, clinical microbiology, pharmacy, sterilizing service, and maintenance, housekeeping and training services. The committee has a reporting relationship directly to either administration or the medical staff to promote programme visibility and effectiveness.

Responsibilities

The committee holds regular meetings and the minutes go to the Medical Director and the Hospital management boards as well as to departments directly involved in the subjects discussed during the meeting. It produces an annual report and an annual business plan for infection control.

The following are the most important activities to ensure adequate infection control practices where health care is provided.

- Provide facilities and equipment that makes it possible for the staff to maintain good infection control practices.
- Produce standards (Policies, guidelines) for procedures or systems used within the health care setting
- Implement educational programmes for all personnel in the use of such standards.
- Establish surveillance systems that identify problem areas.
- Produce a policy for the prudent use of antibiotics and work to ensure adherence to the policy.
- Produce guidelines for cleaning, disinfection and decontamination and work to ensure adherence to those guidelines.
- To define SOP for fumigation and fogging.

The Infection Control Team

Infection control team is responsible for the day to day activities of the infection control programme.

This team has a scientific and technical support role, e.g. surveillance developing and assessing policies and practical supervision, evaluation of material and products, the overseeing of sterilization and disinfection and the implementation of training.

Members of Infection Control Team (ICT)

- Physician
- Microbiologist
- Pathologist
- Surgeon
- Anesthetist
- Intensivist
- Infection control Nurse
- Infection Control Officer

Infection Control Nurse (ICN)

- The ICN be able to function as a clinical nurse specialist.
- The duties of the ICN are primarily associated with infection control practices with special responsibility for nursing problems and education.
- Training for maintaining good infection control practices & education within their clinical departments
- Establish systems of surveillance of hospital infection in order to identify at risk patients and problem areas that need intervention. Methods for surveillance include case finding by ward rounds and chart reviews, reviews of laboratory reports, and targeted prevalence or incidence surveys.
- Provide relevant information on infection problems to management and the ICC.

Responsibilities of the infection control team

- Advise staff on all aspects of infection control and maintain a safe environment for patients and staff

- Provide educational programmes on the prevention of hospital infection for all hospital persons
- Provide a basic manual of policies and procedures and ensure that local written guidelines based on these are in existence.
- Advise management of patients requiring special isolation and control measures.
- Investigate and control outbreaks of infection in collaboration with medical and nursing staff.
- Ensure that an antibiotic policy is in existence.
- Liaise with the hospital doctors and administration (managerial and nursing), community health doctors and nurses, and infection control staff in adjacent hospitals.
- Perform other duties as required, e.g., kitchen inspections, pest control, waste disposal.

OBJECTIVE

The primary objective of the study was to bring into notice the hospital acquired infections which due to non- reporting remain unmanaged. As an intern, it was a good opportunity to interact with staff and understand the safety precautions they follow.

AIM

The aim is to decrease the infection rate in the hospital by promoting safety precautions and proper reporting and rule out cases whether they are due to disease condition or whether they are HAI.

WORK EXPERIENCE

Internship was from 2nd March to 9th May. Witnessing patients and the way they are being taken care of in the hospital was noted along with the identification of suspected cases. There are many committees one of them is HIC (Hospital Infection control committee) which deals with the infection related with hospital or we can say Hospital acquired infection. This committee does daily surveillance and find out cases with hospital acquired infection. HIC nurse was one of the member of that committee. This nurse does daily surveillance to detect HAI. HIC nurse main responsibility is to find out the HAI and report.

The responsibility given to me is to look after quality of Hospital pharmacy along with that to do my dissertation in HAI.

There is a set SOP's for Hospital Pharmacy in organization. It includes starting from procurement to dispensing. For procurement first step is indenting followed by preparing purchase order. Purchase order is given to those suppliers who fulfil Hospital requirement and supplies medicine or other product in given time or allotted time.

I take rounds and see whether the functioning of Hospital Pharmacy is done according to the set SOP's. I do prepare a format for purchase order which is required for the NABH point of view. I daily check the narcotic drug register whether are maintain according to NDPS Act.

To understand the level of knowledge and practice of staff regarding safety precautions, their day to day activities were followed. Observation of activities related to hygiene and handling of patients by the staff was done. Various files of patients were read and important findings were noted which helped in understanding the case well and bring forward the hospital acquired infections.

KEY LEARNINGS

1) NABH guidelines were known and used in order to prepare the checklist and make a comparison of that with the hospital.
2) Importance of quality of procedures and equipments
3) Staff interactions helped in proper understanding of their practices.

4) Time to time rounds in hospitals helped in bringing out the case findings
5) Discussions with hospital infection committee helped in understanding the management part of hospital acquired infections.
6) Hospital Pharmacy whether maintaining document as per norms of NABH or not.
7) What is purchase order and its requirement.
8) How drug formulary is prepared and its importance and its updation.
9) Antibiotic policy and its updation.
10) Different committee in the organization and functions of committee.
11) Preparation of Hospital manual and its updation time to time.
12) Functioning of different departments in hospital.
13) Duties of MOD at night.
14) NABH indicators collection and to cross check whether they are reported correctly or not.
15) Importance of indicators.
16) Medical record department (MRD)-Functioning of MRD, criteria and SOP's for keeping records.