# Internship
# at
# Sahyadri Hospitals,
# Pune


***By***

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1. **About the Hospital**

**Sahyadri Hospitals** is Maharashtra's largest chain of hospitals. They had their first dedicated facility for Neurology and Neurosurgery treatment at their flagship Hospital in the Deccan Gymkhana in November 2004. Sahyadri Speciality Hospital also has facilities in haematology, oncology and oncosurgery, cardiology and cardiothoracic surgery, orthopaedics and joint replacement as well as a blood bank. They also provide 24 hr diagnostic services, laboratory services, and pharmacy services.

Sahyadri Speciality Hospital Deccan Gymkhana is ISO 9001 certified and an NABH accredited hospital.

Sahyadri is the brainchild of Dr.CharudattApte, a neurosurgeon, who is its Chairman & Managing Director. After the realization of his dream project “Sahyadri Speciality Hospital” at Deccan Gymkhana Pune, in year 2004, the chain rapidly spread across Maharashtra. Today the chain has twelve network hospitals with over one-thousand beds

# Sahyadri Hospital Network

- Sahyadri Speciality Hospital Deccan Gymkhana
- Sahyadri Hospital Bibvewadi
- Sahyadri Hospital Bopodi
- Fatima Convent Sahyadri Clinic
- Sahyadri Hospital Hadpsar
- Sahyadri Hospital Kothrud
- Sahyadri Speciality Hospital, Nagar Road
- Sahyadri Speciality Lab & Genetic & Metabolic Department
- Terna Sahyadri Specialty Hospital Nerul
- Sahyadri Specialty Hospital Karad
- Sahyadri Hospital, Nashik

Sahyadri supports Pune Neurosciences Trust & Research Society's "Samavedana" activity. Samavedana works in the healthcare domain to bridge the gap between essential healthcare and the deprived.Samavedana works in Prevention, treatment and awareness.

- Specialities -

- Neuro sciences
- Hematology
- Cardiology & Cardiac Surgery
- Oncology &Oncosurgery
- Orthopedic & Joint Replacement
- General & Laparoscopic Surgery
- Minimal Invasive Surgery
- Medical Genetics
- Obs&Gynaecology
- IVF
- Paediatrics
- Neonatology
- Urology &Urosurgery
- Nephrology
- Vascular Surgery
- General Surgery & Gastroenterology

2. Goal of Internship –
    - To understand all the processes in all departments of the hospital
    - To assist your mentor in the given assignment
    - To leanr the functioning of the hospital

3. Departments visited

### 3.1 Pharmacy (Drug store)

**Observations –**

I. Strict formulary followed – only 2 brands allowed per molecule , formulary controlled centrally
II. Only online prescriptions are allowed , no retail prescriptions are entertained
III. Cash collected by an employee of finance department
IV. Possess NDPS licence
V. Department/wing wise indent schedule
VI. Inventory level in the store – 21 days (Ideal)

VII. Follow NABH protocols – LASA drugs,

VIII. Expiry and near expiry drugs , High value drugs stored separately

IX. NDPS drugs in double lock and key

X. All drugs stored alphabetically

XI. ROls not followed

XII. ABC, VED analysis implemented in the store

Tablets, ointments, syrups etc separate

**Observations –**

**Linen and Laundry -**

I. Nursing enters all the linen transferred to Linen Exchange Sheet

II. When the dirty linen is handed over to the Vendor its entered in Laundry Exchange Sheet (Three copies – Linen department, Security and Vendor)

III. Five stocks are maintained –

- Laundry Stock
- Patient Stock
- Linen Stock
- Store Stock

IV. Linen Life Cycle – (min) 200/cycles and (max) 300/cycles

**3.2 Support Services –**

**Housekeeping –**

I. Deep Cleaning ( top to bottom ) in critical areas like OT, ICU, NICU twice a month , other areas once a month

II. Room deep Cleaning is done on Sundays

III. Checklist is provided in each room , to be filled daily

IV. Different chemicals for different areas of the hospital, Basilocite for OT and BHU , R1 for washroom , R2 Floor cleaning

V. Maximum cleaning is done before 10:30 am ( before the rush hours)

VI. Maximum 20 minutes/room

**Biomedical Waste Management –**

I. Always Kept in controlled temperature ( 23-25 c )
II. Biohazard sign is a statutory compliance
III. While collecting biomedical waste PPE ( Heavy duty gloves, Gum boots and Mask) compulsory

**Pest Control –**

I. Done twice daily in Public areas
II. Different chemicals are used as it reduces the chances of developing immunity

### 3.3 Biomedical Engineering

**Observations –**

I. Most maintenance is done with the in-house team of engineers, AMC and CMC for critical equipment
II. Focus is more on proactive maintenance
III. Emphasis is more on training the end user. (Reduces operational difficulties and breakdowns).
IV. Training team consist of Biomedical engineer, Nursing and clinical educator

### 3.4 Facility

**Observations –**

I. Most equipment maintenance in-house , AMC, CMC only for critical equipment
II. STP and ETP installed and the recycled water used for gardening and flushing

III. In WTP water hardness maintained at 0 to 50 ppm
IV. Central AC maintains a temperature of around 20 to 24 degrees,
V. They have four Chillers installed ( max two chillers are run at a time)
VI. OT and ICU has separate AHUs
VII. OT and isolation room are the only two areas where fresh air is supplied 24x7
VIII. OT has a separate DX unit which can further cool the air and reduce the temperature in the OT below 20 degrees
IX. In OT 25 to 30 air changes required over the OT table and 90 changes in the room
X. Positive pressure is maintained in OT,CSSD while negative pressure is maintained in isolation rooms
XI. RO water plant supplies water to OT, Dialysis and CSSD

**3.5 Blood storage centre –**

Essential blood components are stored.

**Quality Indicators –**

I. % of wastage of blood and blood products
II. Blood components usage
III. Turnaround time for issue of blood and blood components
IV. % of transfusion reaction

**3.6 Radiology**

**Objective –**

The department is committed to the high profile, high quality, precise and timely diagnosis and interventional procedures in a safe and caring environment.

Our mission is to provide cutting edge radiology services to our valuable customers.

We will also provide tele-radiology facilities that conform to the international standards of care to our referring consultants and hospitals.

**Quality Indicators –**

I. Turnaround time for radiology reports
II. Waiting time for ultrasound scans
III. Quality grading of films
IV. Frequency of addendum to reports

### 3.7 Physiotherapy

**Objective -**

To provide effective rehabilitation for a variety of musculoskeletal, neurological, respiratory conditions and other medical problems related to physiotherapy for patients in Columbia Asia Hospital. The Physiotherapists within Columbia Asia Hospital are committed to providing a service that is responsive to the needs of patients, innovative and based on current evidence and research.

**Quality Indicators –**

I. Waiting time for procedures in physiotherapy
II. Drop in pain score post treatment in acute cases

**Services –**

I. Interferential Therapy (IFT)
II. Ultrasound Therapy (UST)
III. Short wave Diathermy (SWD)
IV. Traction (cervical and lumbar)
V. Wax Therapy (WXT)
VI. Moist Therapy (MOT)
VII. Combi therapy

VIII. Laser Therapy (LAS
IX. Continuous Passive Motion
X. Shoulder Pulley and wheel
XI. Wall ladder
XII. Parallel bar and mirror
XIII. Quadriceps table
XIV. Gym ball
XV. Multi Gym
XVI. Exercise therapy

**3.8 customer care**

**Objectives –**

- To Provide Information to Internal and External Customers
- To guide patients
- To answer and guide internal and external telephone calls

**Quality Indicators –**

I. Waiting time in OPD

**Procedures –**

I. **Enquiry Desk -** Enquiry is manned by a customer care assistant 24hrs/day, and is supervised by the customer care supervisor. Handles all doubts, enquiries and questions concerning the services Columbia Asia provides.

II. **Console** - Handles internal calls (call transfers and enquiry), and external calls (call transfers, enquiry, scheduling appointments, rescheduling, and dissemination of information concerning health checks and other hospital services).

III. **OPD** - Processing of appointment schedules and consultations with respective consultants

IV. **Preventive Health Check-ups -** Offer different Health Screen Packages for men and women of different ages tailored to their requirements. Includes Health Screens for Corporates.

V. **Inpatient Services** - Customer service assistant will guide and accompany the patient/patient attender through all formalities of the admission process.

### 3.9 Medical records Department (MRD) -

**Objective –**

The Medical Records Department is responsible for maintaining medical records in a standardized and professional manner in order to protect patient confidentiality while allowing adequate access to providers in order to promote quality patient care.

Coding and release of information are some of the other major duties performed in the Medical Records Department.

**Quality Indicators –**

I. Errors in capturing demographic details of patients
II. Medical records deficiency rectification
III. Completion of ICD coding

**Services –**

I. Compiling of daily hospital census and reporting to authorized personnel

II. Updating statistics of all OP and IP census to monthly statistics
III. Collecting discharge files from all the wings
IV. Systematic maintenance of medical records
V. Coding as per ICD norms

### 3.10 Operation theatre (OT)

**Objective –**

The objective of Operating Room is to provide highest level surgical care to patients undergoing surgical treatment

**Quality Indicators –**

I. Modification of anaesthesia plan
II. Unplanned ventilation during anaesthesia
III. Adverse anaesthesia events
IV. Anaesthesia related mortality
V. Surgical site infection
VI. Re-exploration
VII. Accidental removal of tubes and catheter
VIII. Incidence of hematoma at the puncture site
IX. % of rescheduling of procedure

**Procedures –**

I. Pre-operative care
II. Pre- anaesthesia check up
III. Surgical procedures

Post- operative care