Internship
at
Max Super Specialty Hospital, Dehradun

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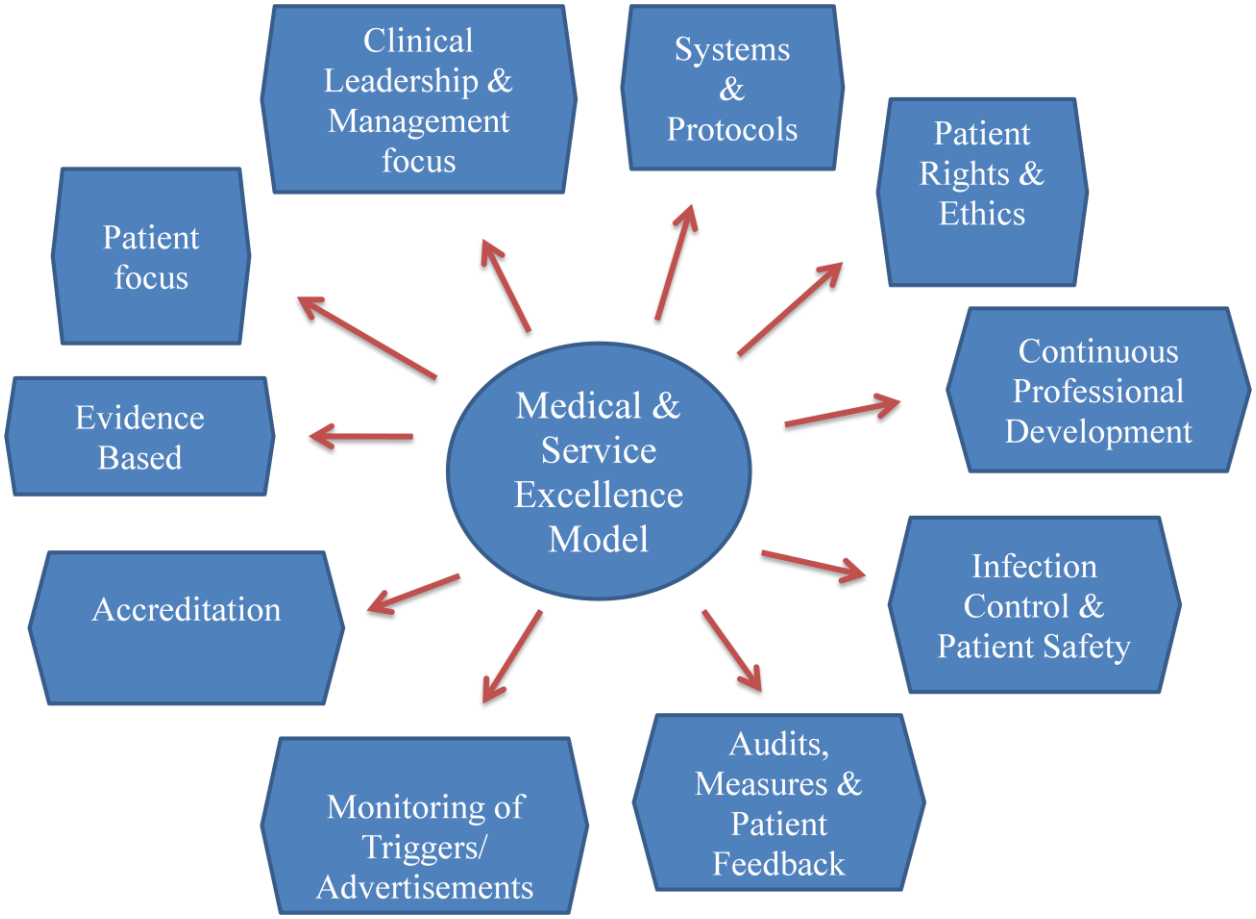
Table of Contents:

Abbreviation	Meaning
MSSH	Max Super Speciality Hospital
DDN	Dehradun
NCR	National Capital region
NGO	Non Governmental Organisation
OT	Operation Theatre
IPD	In Patient department
OPD	Outpatient Department
CSSD	Central Sterile Services Department
MRD	Medical Record Department
IT	Information Technology
N.S.I.C.U.	Neurosurgical intensive care unit
N.I.C.U.	Neonatal intensive care unit
G.I.C.U.	Gastrointestinal intensive care unit
C.C.U.	Cardiac Care Unit
CTVS I.C.U.	Cardio Thoracic Vascular Operations
M.I.C.U.	Medical Intensive Care Unit
CATH	Catheterization
PAC	Premature Atrial Contraction
COW	Computer on wheels
CPRS	Computerized Patient Record System
GDA	General Duty Assistants
ACLS	Advanced Cardiac life Support
BLS	Basic life Support
EMO	Emergency Medical Officer
GI	Gastrointestinal
ONCO	Oncology
NEURO	Neurology
URO	Urology
ENT	Ear Nose Throat
EMS	Emergency Medical Superintendent
CXR	Chest X-ray
RRT	Rapid response Team
MS	Microsoft

OBSERVATIONAL LEARNING

INTRODUCTION

Max Healthcare follows a core of 'Patient Centred Care'. Widely acknowledged nationally and internationally for its quality patient care, 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:

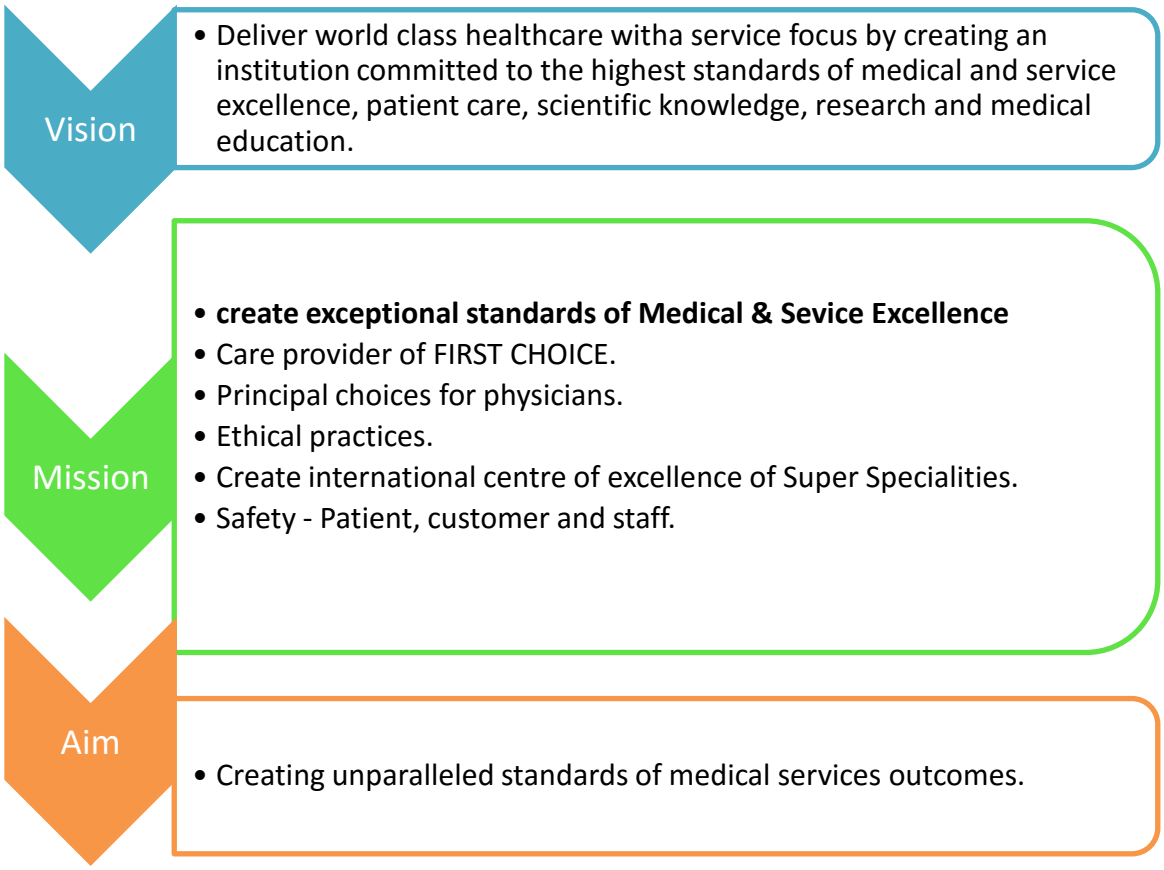
- Clinical governance
- Credentialing and clinical privileging of physicians & nurses
- Use of standardized, evidence based protocols
- Patient and staff safety
- Infection control
- A culture of audit and continuous professional development

Max India Group. Was invented as a group in 2000,from being manufacturing business it transformed into a service sector enterprise and entered into the "The business of Life". It stands a multi business corporate, driven by the spirit of enterprise and focuses on people and service oriented business. It protects life through the Life Insurance subsidiary Max New York Life, a joint venture between Max India and New York Life. a fortune 100 company. 'care for life' through the healthcare company, Max Healthcare, a subsidiary of Max India Limited; 'Enhance life' through the Health Insurance Company, Max Bupa Insurance, a joint venture between Max India and Bupa Finance Plc., and 'Improve Life' through the Clinical Research Business, Max Neeman, a interest speciality Products manufacturing for packaging industry. As a group it has the manpower of over 80.000 people and serve over 3 Million customers. Also actively involved in social service through Max India Foundation. Committed to fostering an exclusive society, Max India Foundation spearheads the CSR initiatives of all groups companies and also partners with several reputable NGO's.

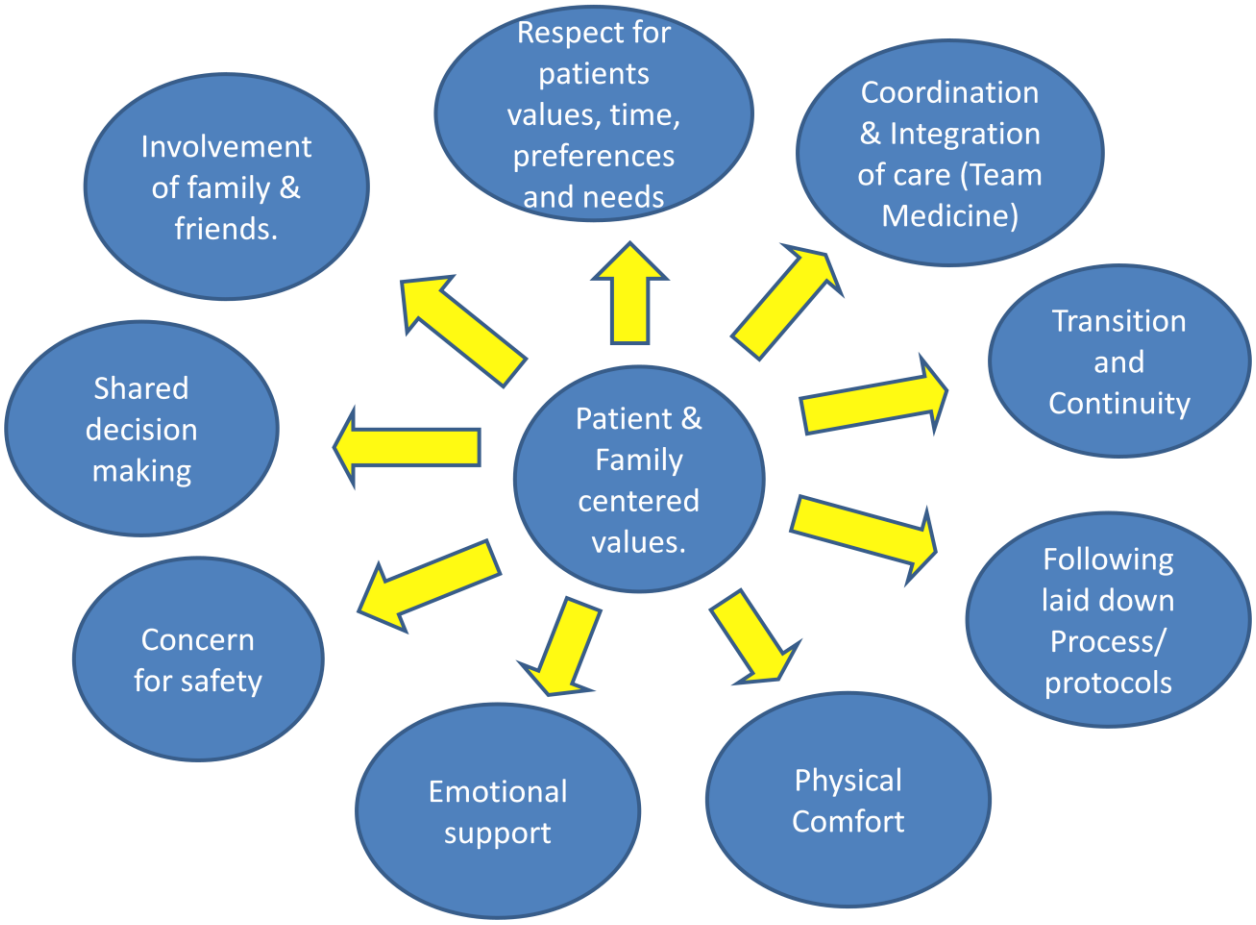
Max Healthcare commenced operations in 2001 and is India's first provider of comprehensive, seamlessly integrated, world class healthcare services. It is primarily focused on the National Capital Region(NCR) of Delhi, and is well known on its way to become the region's key healthcare provider in private sector.

Max DDN speciality – Cardiology, Neurosciences and Orthopaedics. Holds the best team of doctor's in the three speciality zones all over Dehradun.

Vision, Mission and Aim of MHC :



MHC Patient & Family Centred values :



The branches of Max Healthcare –Max Hospital Saket East & South, Max Hospital Saket west, Max Hospital Patparganj, Max Hospital Panchsheel, Max Hospital Pitampura, Max Hospital Noida, Max Hospital Centre Panchsheel, Max Hospital Gurgaon, Max Hospital Shalimar Bagh, Max Hospital Dehradun, Max Hospital Mohali, Max Hospital Bhatinda.

HOSPITAL INFRASTRUCTURE

1. Lower basement
    - Accident and Emergency
    - Endoscopy
    - Minor OT
    - Radiology department
    - Pathology department
    - Mortuary
    - Administration department
    - IPD Pharmacy
    - Housekeeping
    - Biomedical Waste Management unit
    - CSSD
    - MRD
    - Biomedical Department
    - Staff canteen
    - Engineering and Maintenance
    - IT
    - Security Control Room
    - Call Centre
    - Uniform Room
    - Staff Changing areas

2. Ground Floor
    - Main Reception
    - IPD Admission, Discharge and billing
    - Main OPD
    - Central report collection centre

- OPD Pharmacy
- Cardiology OPD
- Neurosciences OPD
- Blood Bank
- Physiotherapy Unit
- Nuclear Medicine Unit
- Dental Unit
- Cafe Coffee Day & Cafe Prez (Out sourced)
- Waiting Area
- Audiometery room

3. First Floor
    - OT's
    - Labour room
    - N.I.C.U., N.S.I.C.U., G.I.C.U., POST OPERATIVE I.C.U., C.C.U., C.T.V.S.I.C.U.,
    - PAC ROOM
    - CATH LAB
    - Doctor's lounge
    - I.C.U. waiting area

4. Second Floor
    - M.I.C.U.
    - Nursing station
    - Training room
    - Wards
        - Private rooms
        - Semi private rooms
        - Economy ward

5. Third Floor
    - Wards
        - Private rooms
        - Semi private rooms
        - Economy ward
        - Day care beds
        - Oncology ward
        - Oncology OPD
        - Nephrology ward(Dialysis unit)

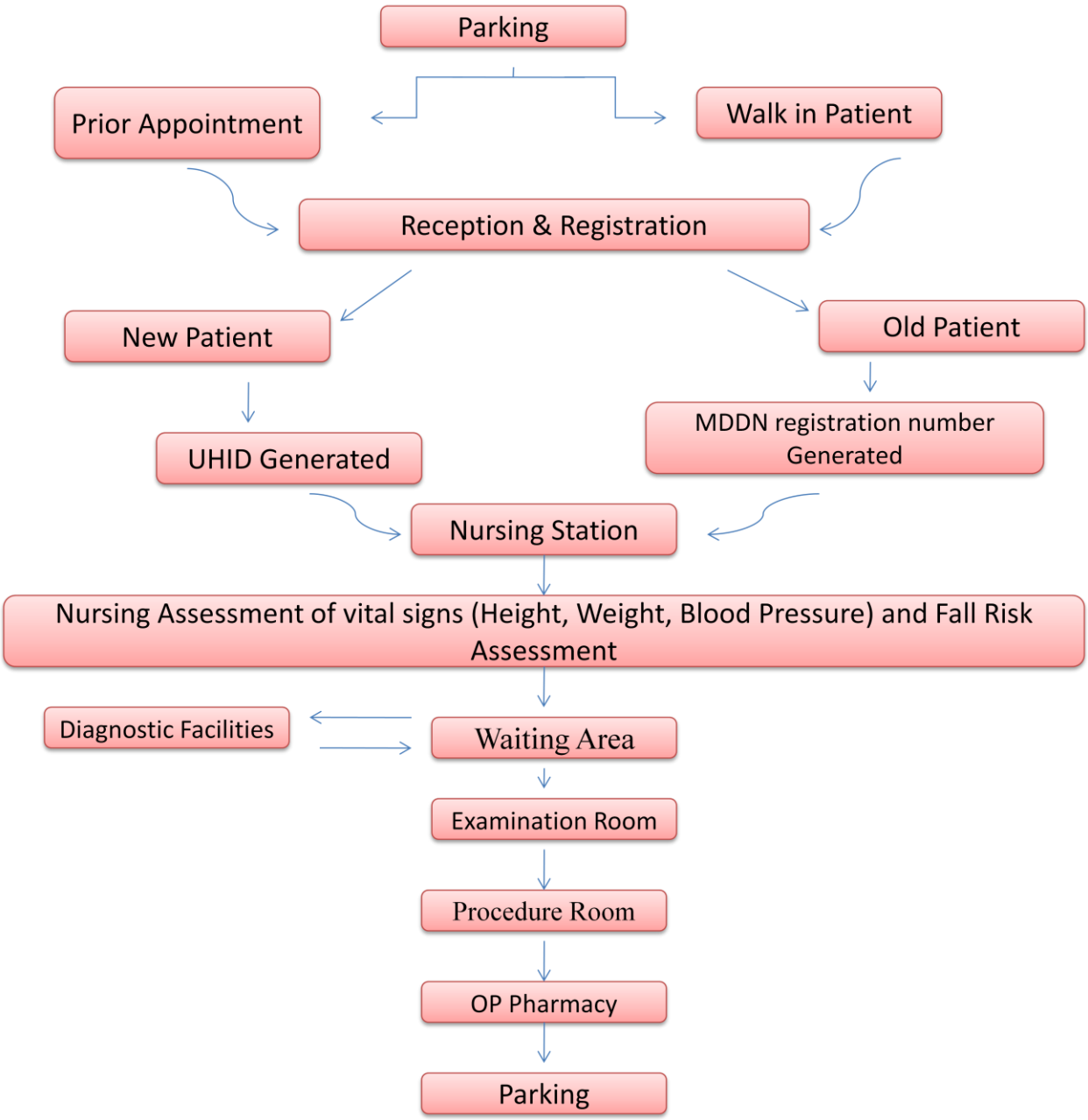
GENERAL FINDINGS

OUT-PATIENT DEPARTMENT

- Each INSTITUTE of Max Dehradun hospital has its own OPD area as well as IPD area / day-care area wherever applicable.
- Every OPD has a procedure room and its own Front Desk.
- Appointments are centralized and are recorded on the Hospital Information 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.
- OPD waiting area has the capacity to handle 70 -100 patients waiting.
- 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:



IN-PATIENT DEPARTMENT (IPD)

- IPD is distributed over three floors (1^{nd}-3^{th}) in the east wing of Max hospital including a total number of 205 beds.
- Every bedside has:
    - Bed number written at the top of every bed.
    - Room equipment checklist – side rails, Oxygen, Suction
    - Important Instructions

Outside the room :

- Consultant details and unit.
- The rooms available in IPD have the following structure of beds per room:
    - 4 in 1
    - 2 in 1
    - Single Room
- Every floor has a two nursing stations with
    - Information Board covering:
        - Designation & Contact numbers of
            - Duty doctor
            - Administration Staff
            - Support Staff
        - Nurses' names with shift timing and designation
    - 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
- Process for admission & discharge of new patient to IPD:
    - IPD receives intimation call from the department from where patient is referred

- Duty doctor is informed
- Room is assigned by the front desk
- Patient is admitted and vitals are checked by the nursing staff
- Physical assessment is done
- History is taken
- Concerned doctor is informed and medications & instructions are entered in Computerized Patient Record System (CPRS), reviewed by IPD Pharmacy
- Patient bill is consolidated at IPD billing
- Discharge intimation given by doctor and processed by Nursing staff
- Clearance from pharmacy required
- Discharge process TAT = 40 minutes for cash payment patient
    - For corporate patients 2-3 hours

- Nurse to bed ratio = 1:4 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, Hypoglycaemia, Needle stick Injury

EMERGENCY DEPARTMENT

Due to the unplanned nature of patient attendance, this department provide 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 and operates for 24 hours a day.

Ambulance- 1 ACLS and 1 BLS.

Average length of stay of patients in Emergency is 4 hours. The shift time from Emergency to Ward, I.C.U. or to issue discharge is 65 minutes.

Response time:

- EMO response time <1 min
- Consultant response time <30 min
- Code blue response time<3min
- Ambulance response time<10 min

Infrastructure:

- Total 9 bedded Emergency
- Triage Area – 3 Beds
- Observation area – 6 beds
- One crash cart. Oxygen, Suction and Monitor attached with every bed, computer on wheels and one portable surgical light.
- Doctors work station-is located in the centre of the emergency area.
- One Store room- is located behind the reception. Medications are kept in another store room inside the Emergency Area (updated as per requirement). Narcotics are also available and kept in safe.
- Hospital information system and CPRS
- COWS(computer on wheels)
- Waiting area for patient's attendants is outside the department.

Staffing:

1. Consultant (Emergency medical officer)
2. 4 Junior Residents
3. Nurses : Male- 1 to 2
   Female- 1 to 2
4. 2 personnel at reception
5. Paramedical staff for ambulance

6. 2 GDA(one male + one female)
7. Outsourced staff : security personnel.

OPERATION THEATRE:

The aim of department of anaesthesiology and OT facility is to provide the highest quality of care to patients undergoing various types of surgeries. The department is staffed with highly experienced and trained anaesthesiologist, surgeons, technicians, nurses and other support staff.. For each OT there are two scrub nurses and one circulating nurse. Protocols based on approach for quality pre-operative, intra-operative and post-operative and follow up care of the patients. The complex is divided into three zones: sterile, semi sterile and non-sterile zones. Complete services to the following surgical specialties are provided.

- Cardiac surgery
- Neuro surgery
- Onco surgery
- Orthopaedic surgery
- General surgery
- Gynaecology and obstetrics surgery
- Paediatric surgery
- GI surgery
- Uro surgery
- Plastic surgery
- ophthalmic and ENT surgery
- Transplantation surgeries

The OT complex has a pre and post-operative monitoring room for continuous monitoring of patients (recovery rooms). The facility includes 6OTs, 600 square feet area, pendants in all OTs and surgical control panels.

CATH LAB

Catheterization laboratory or cath lab is an examination room with diagnostic imaging equipment used to visualize the arteries of the heart and the chambers of the heart and treat any stenosis or abnormality found.

Diagnostic procedures performed here are:

- Angiography
- Electrophysiology study
- Cath study

Other procedures are:

- Percutaneous Transluminal Coronary Angioplasty
- Peripheral Transluminal Angioplasty
- Radio Frequency Ablation
- Permanent Pacemaker Implantation
- Intra Cardiac Defibrillation
- Cardiac Resynchronisation Therapy Defibrillator Device
- Cardiac Resynchronisation Therapy Pacemaker
- Left and right sided pressure studies
- Closure of some congenital heart defect

Units of cath lab:

1. Cath lab 1
2. Technical room
3. Observation area
4. Technician room
5. Store room and utility room
6. Observation area
7. Instrument washroom

Location: Cath lab is located on the first floor with the vicinity areas as

- Operation theatre's
- Cath recovery
- Coronary care
- I.C.U.'s (except M.I.C.U.)

Staffing:

- 4 interventional cardiologists
- 3-4- nurses
- 2-3 technicians
- 1 person from store

INTENSIVE CARE UNIT

The I.C.U. cater to patients with most severe and life-threatening illnesses and injuries requiring constant close monitoring and support from specialist equipment and medication to ensure normal bodily functions. The nurse patient ratio for critical patients is 1:1 and for stable patients is 1:2. The I.C.U. co-ordinates with CSSD, Laboratory and the Radiology department. Strict aseptic techniques are used. Pressure zones are created to control infection rate.

The I.C.U has highly dedicated and trained medical, nursing and allied staff. There is a system of closed I.C.U. The M.I.C.U. is located on the second floor, the other I.C.U.'s are located on the first floor at some distance with the operation theatre's.

Bed Capacity in each ICU

I.C.U.	*BED CAPACITY IN I.C.U.*
M.I.C.U.	10
N.I.C.U.	8
CTVS I.C.U.	5
G.I.C.U.	6
N.S.I.C.U.	8
C.C.U	7
POST OPERATIVE I.C.U.	5

Each I.C.U. has an isolation bed.

Staffing in – **I.C.U.**

- Critical care doctors

✓ Junior Residents (12 hour shift)

- Intensive care nursing staff

✓ Nurse in charge (8 hours shift)

✓ Team leader (8 hours shift)

✓ Junior nursing staff

- Allied staff

✓ Physiotherapists

✓ Dieticians

✓ Biomedical Engineers

✓ General Duty Assistants

Shift timings:

I.C.U. Consultants –

Morning consulting is done directly from the OPD and for night shift – 8 pm to 8 am(one consultant) scheduled followed for all I.C.U.'s except M.I.C.U.

For M.I.C.U. - 2 shifts; 9 am – 5 pm and 5 pm – 9 am.

For JR's

- ✓ Morning : 8 am - 2 pm
- ✓ Evening : 2 pm - 8 pm
- ✓ Night : 8 pm - 8 am

For nurses, GDA and housekeeping staff

- ✓ Morning : 8 am - 2 pm
- ✓ Evening : 2 pm - 8 pm
- ✓ Night : 8 pm - 8 am

Visiting hours: 11 am – 11:30 am;5- 5:30 pm

- ✓ Only 1 relative at a time is allowed

Records and Registers

- Admission and discharge register
- Handing and Taking over/Team leader sheet
- Assignment book
- Leave book
- O.T booking register
- Critical care flow sheet
- Narcotic drug register.

Equipment's:

MONITORING EQUIPMENT	CARDIOVASCULAR THERAPHY	RESPIRATORY THERAPY	LABORATORY EQUIPMENT
Bed side and Central Monitors	CPR Trolley	Ventilators	Blood gas Analyser
ECG Recorder	Defibrillators	Intubation/ Tracheostomy Trolley	(only n N.I.C.U. and M.I.C.U.)
Pulse Oximeter	Infusion Pumps and Syringes	Nebulisers	
Spirometer			
ECG Monitor			
Blood Glucose Meter			

Miscellaneous Equipment

- Crash Cart
- Dressing trolley
- Procedure trolley

ONCOLOGY DEPARTMENT

Oncology is a branch of medicine that deals with cancer.

Oncology in MAX is concerned with:

- The diagnosis of any cancer in a person (pathology)
- Therapy (e.g. surgery, chemotherapy, radiotherapy and other modalities)
- Follow-up of cancer patients after successful treatment.
- Palliative care of patients with terminal malignancies.
- Ethical questions surrounding cancer care.

The Oncology Day Ward/Day Care (ODW) as the word implies, provides care for people who need to receive treatment as day cases and do not require staying in hospital as inpatients. Its main function is to assess and treat the patients who are receiving chemotherapy.

In the Oncology Day Care 4 beds and 4 foe admission purpose are available. Before chemotherapy is commenced, the patient is assessed to make sure that he/she understands and consents to the planned treatment Blood tests are performed to ensure that their levels are at the required limits. The patient's weight and height needs to be measured as most chemotherapy doses are calculated according to one's body surface area.

DEPARTMENT OF LAB SERVICES

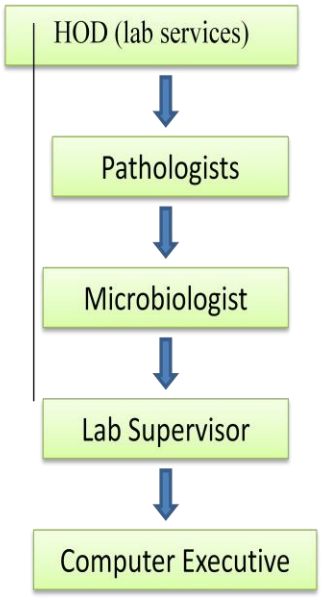
INTRODUCTION-

An ISO 9001:200 certified lab, it is open 24 hrs a day. It's a high-tech lab with fully automated instrument which are directly interfaced with ***hospital information system***. The sample collection room is located in the blood bank department whereas the tests are conducted in pathology department located in the basement.

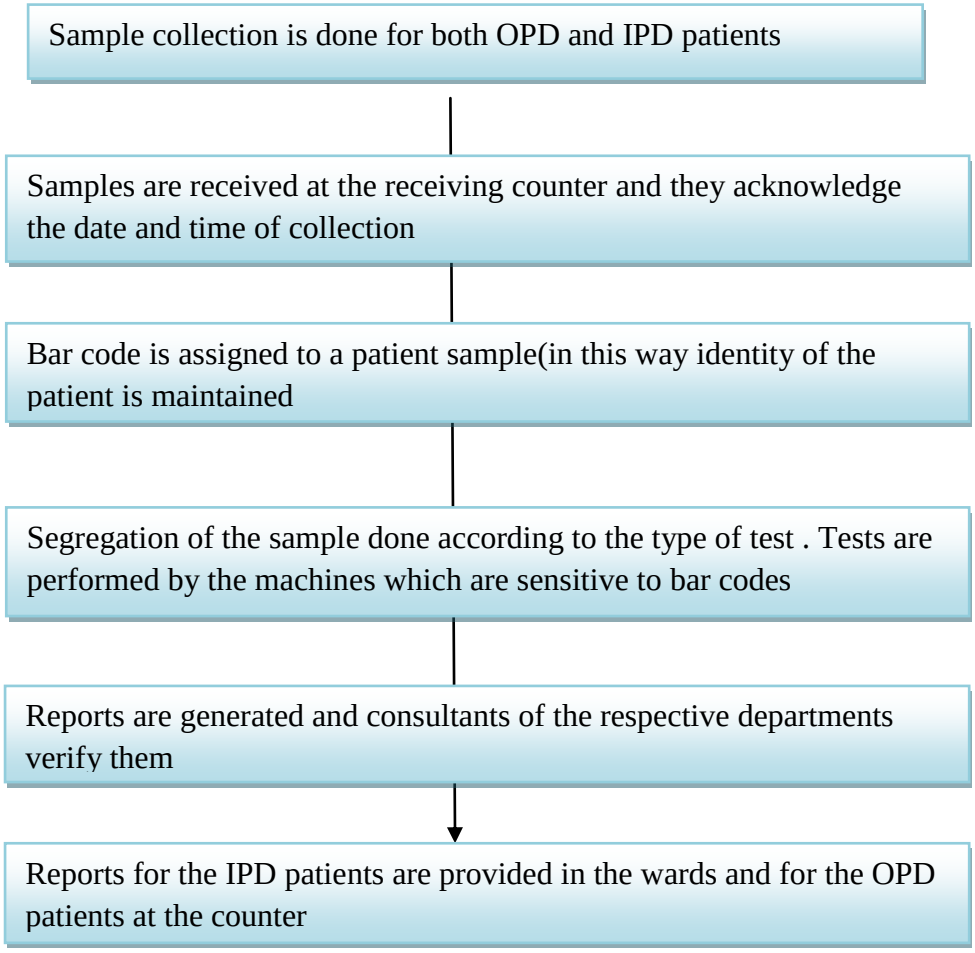
LABORATORY COMPRISES OF THE FOLLOWING DEPARTMENTS-

- Biochemistry-is covered from Saket branch.
- Haematology
- Histopathology- is covered from Saket branch.
- Clinical pathology
- Serology
- Microbiology

HIERARCHY-



PROCESS FLOW-



- The receiving of the sample to the department is maintained in the register when sent from other departments such as IPD and Emergency etc, record is also maintained in the HIS for each and every test performed. The reports are sent to the OPD counter from where they are received by the patients. the billing is also done at the OPD.

LABORATORY INFORMATION SYSTEM-

It is connected with hospital information system

- Sample received-red colour
- Samples acknowledged-yellow colour
- Test done-blue colour
- Result verified-green colour
- Billing done-pink colour

RADIOLOGY DEPARTMENT:-

Situated in the basement of the hospital, except nuclear medicine which is located on the ground floor.

Procedures conducted -

(1) Routine X-Ray studies

(a) Plain - e.g. chest, spine, etc
(b) Routine fluoroscopic procedures e.g. Barium studies

Number of procedures done per day – 40-50 (approx)

(2) Routine ultrasound studies

(a) Ultrasonography - e.g. Abdomen, Pelvis
(b) Doppler studies peripheral (B/W &colour) e.g. 2 D echo, vascular studies, etc

Number of procedures done per day – 10-15 (approx)

3)Mammography

4)Dexascan

5) Special imaging techniques

(a) CT Scan (Computerized Axial Tomography) -10 per day (approx)
(b) MRI (Magnetic Resonance Imaging) -10-12 per day (approx)

Consist of:-

1) Reception:-Counter for appointment and billing and report collection

2) Waiting area

3) Diagnostic room

4) Changing room

6) Film processing room

7) Radiologist room

There is 1 MRI and one CT scan machine in the department.

Timings for OPD patients:- 8:00 am to 8:00 pm

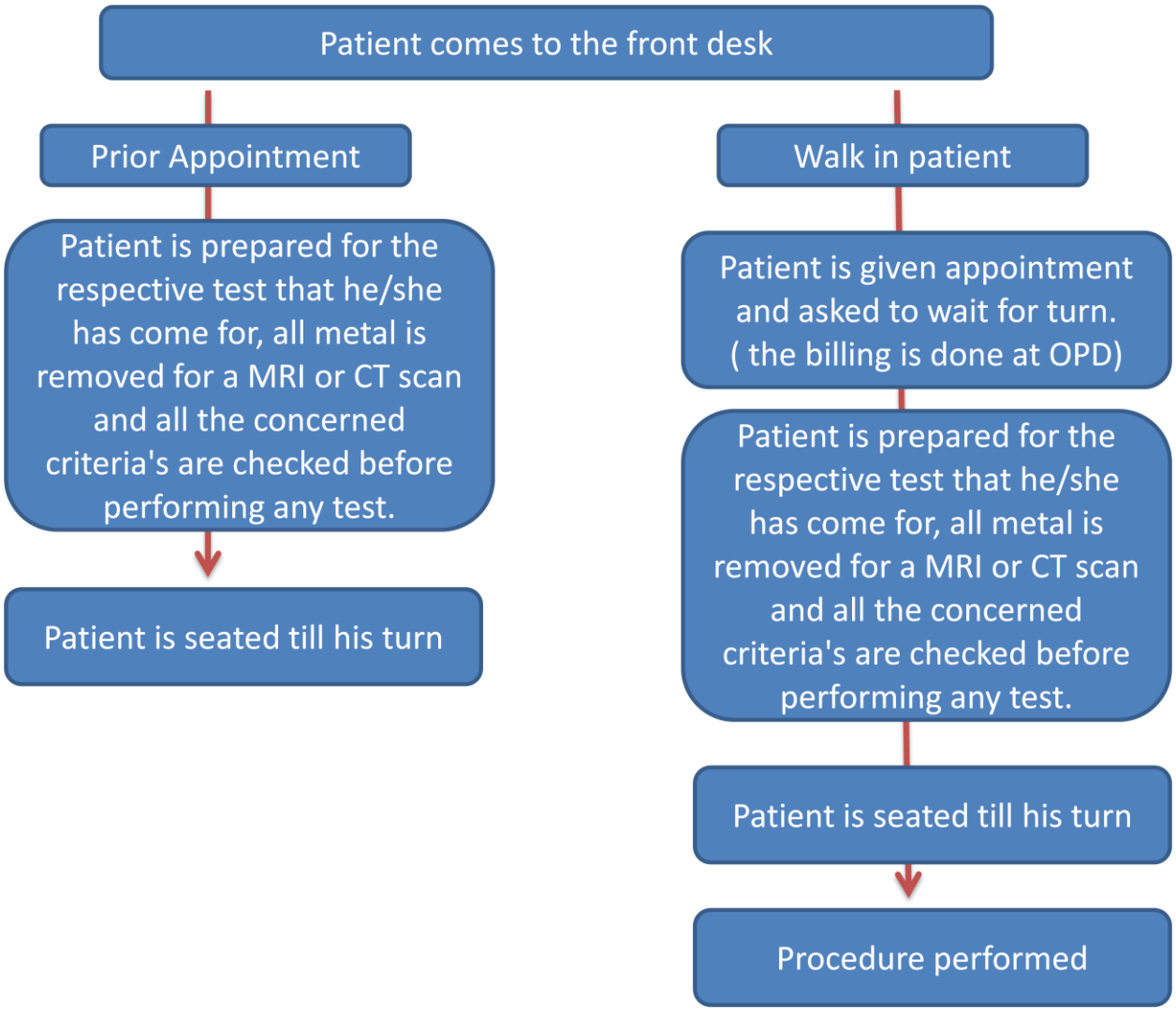
In between this IPD and Emergency patients are also taken.

Main OPD hours: - 8:00 am to 8:00 pm and after that only IPD and Emergency patients are taken

Report collection: - If the scan is done before 12pm, reports are ready by the evening and can be collected in the same evening. And if done after 12pm, report will be delivered next day.

Emergency patients as well as I.C.U. patients are given priority.

Process flow in Radiology Department –



BLOOD BANK

Max super specialty hospital has its own blood bank. All blood groups are available. Patient arranges blood through his relatives or any friend to give replacement (in most of the cases). Blood blank consist of sample collection area too at MSSH, DDN.

Blood bank area id divided into following sections :

- The front desk- Where the patient's record is maintained and entry is done for any new patient. The height, weight etc. is checked here. Blood is also issued from here.

- Diagnostic room – Where the collected sample is tested further so that incase of impurity can ce discarded.
- Blood collection room – The donor is seated here on a donor chair attached with the necessities while donating blood.
- Storage room – All the components are separated and stored here at a specific temperature and maintained by the supervisor.
- Dirty room- All the discarded items are thrown here including blood as per the bio medical waste management ways, cleaned by the house keeping in every two hours or as per requirement.

Staff of blood bank consists of 1 HOD, 1 supervisor, technician, 4 technicians, 2 staff nurse, 2 computer executives, 2 GDA.

CENTRAL STERILE SUPPLY DEPARTMENT

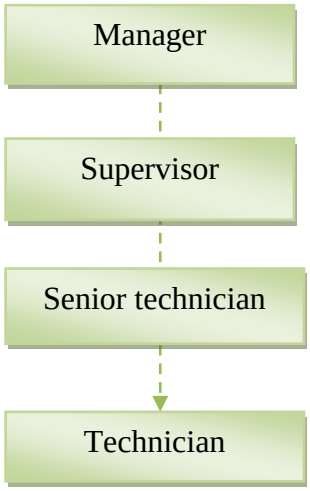
The central sterile supply department (CSSD) plays a key role in providing the items required to deliver quality patient care. Centralizing the reprocessing of reusable devices helps ensure uniform standards of practice, while also providing for improved workflow (soiled, to clean, to sterile). CSSD is the heart of hospital infection control and the most important unit of clinical support services. CSSD's main functions are cleaning and drying, assembly, packing, sterilizing, storing and distributing instruments (both multi use and single use devices), as per well delineated protocols and standardized procedures.

INFRASTRUCTURE

It is divided into 3 zones

- Decontamination/ dirty Zone
- Clean/ Semi Sterile Zone
- Sterile Zone

HIERARCHY OF THE DEPARTMENT-



- The CSSD department has a lift connection, it sends the kits and equipments as per the requirement through lift on each floor.
- There is also an attached linen room in which the kits are assembled and clean linens are kept.

- Process flow –

- Instruments used for the washing of the instruments are fully automated and according to the European standards.
- For packing of the instruments medical grade paper and cloths are used which are specifically designed for the purpose(they have a zig -zag pattern)
- Once sterilized and packed instrument can be used within 6 months.

EQUIPMENT LIST-

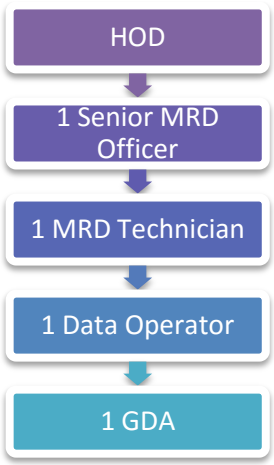
- Washer
- Autoclave
- Plasma sterilizer
- ETO sterilizer
- Dryers-
  - Air-guns
  - Water-guns
  - Ultrasonic cleaners

MEDICAL RECORD DEPARTMENT

- The main functions of the department are :

1) Storing file for future reference.
2) Research.

- Staff:



- Open and close audit is done of all files before keeping them storage.
- The arrangement of files is done in following ways-
  - ✓ Year wise and UHID wise.
  - ✓ Also on the basis of their type :
    - a) Regular files
    - b) LAMA files
    - c) MLC files
    - d) OT recovery files
    - e) Chemotherapy files
    - f) Dialysis files

- All types of forms and certificates are stored in this department along with the patient files.

- All files are stored in the department for the following time period:
  - ✓ LAMA- 5 Years
  - ✓ Death & MLC files 10 years
  - ✓ Regular files-3-5years
- ICD- coding is done for storing files followed from the ICD manual.(no colour coding is used).
- This department has to notify Malsi Gaon about following things on regular basis:
  - ✓ Birth and death report (once in 21 days)
  - ✓ Notifiable disease which includes cholera, dengue, plague, yellow fever, TB, polio, meningococcal meningitis, leptospirosis, viral encephalitis (once in a week) to the CMO and Head Office, Delhi.
  - ✓ Maternal mortality (once in a month) to the CMO and Head Office, Delhi.
  - ✓ MTP &PNDT (once in a month) to the CMO and Head Office, Delhi.
- For retrieval of files hospital norms and procedures are followed.

PHARMACY -

Max pharmacy is self-owned with Central Pharmacy situated at corporate office, Okhla. There is 1In-patient pharmacy store and 1Out-patient store in the hospital.

PURCHASE

Auto purchase requisition is given to central purchasing team which is forwarded to vendor (outsourced). For purchasing the items ABC method is followed. Weekly requisition is done and vendors take minimum 3 days for delivery of drugs to hospital.

STORING OF DRUGS

Medicines are arranged according to VISTA (e-care) in Client patient record system via generic name in alphabetic order in racks, shelves, cupboards and drawers. Oral, parenteral and topical items are stored separately. Near expiry (expiry within 3 months) is stored in separate designated area to expedite the consumptions.

INDENT AND DISPENSE OF MEDICATIONS.

In patient pharmacy-

In CPRS, Medication orders posted by the clinicians is verified by pharmacist on PUTTY System labelled with (patient info, SSN no., drug name,) then the medications are dispatched after Billing via HIS (Hospital information system) and finally handover to GDA to dispense medicines. The Stat orders required immediately are dispensed within 30 minutes. The normal order is dispensed within 1 hour and routine order is delivered by 1 round per day.

NARCOTICS DRUGS

They are in kept in double lock and key system. Documentation of narcotic drugs is appropriately maintained.

Narcotics drugs under statutory regulation being used in max hospitals includes: injection and transdermal patch of Fentanyl and injection and tab. of Morphine.

LOOK ALIKE AND SOUND ALIKE DRUGS

Look alike and sound alike medications have high medication error due to similarities in nomenclature and packaging.

In the main pharmacy stores, (SALA Medications) are stored separately in 2 adjacent racks with blue coloured sound alike and pink coloured look alike medications warning stickers to avoid confusion while dispensing.

Medication Recall: If a drug is found to be defective, it is reported to the Okhla office where the records for that particular series of drugs dispensed is checked and verified for medication recall.
Licences acquired by Max hospital pharmacy -
1) Pharmacist License
2) Narcotics License

INVENTORY MANAGEMENT PARAMETERS

I. ABC Class
   - A Items: 7 days
   - B Items: 10 days
   - C Items: 15 days

II. EOQ - (economic order quantity)
III. LEAD TIME – Time from ordering to delivery of drugs
IV. VED – Vital Essential Desirable (According To move of drugs)
V. BULK MEDICINE.

HOUSE KEEPING:

The objective of housekeeping is exceptional standards of cleanliness, sanitation and hygiene of the entire hospital. Housekeeping services are outsourced to PEFMS services.

The staffs include:

- Housekeeping manager
- Assistant manager
- Housekeeping executives
- Supervisors
- Houseboys &house girls

Functions of housekeeping department are:

- General facility cleaning
  - ✓ Routine cleaning of patient's rooms
  - ✓ Patient's common areas
  - ✓ Washrooms
  - ✓ OT
  - ✓ Laboratory
  - ✓ Consultant's office
  - ✓ Glass windows and doors
  - ✓ Ceiling etc.
- Handling of biomedical waste.
- Pest control-It includes spraying every 24 hours for mosquitoes, cockroaches, flies, rats, lizards and termites.
- Garbage disposal- The housekeeping staff collects garbage collected in specified color coded bags from all garbage bins existing inside the hospital premises and disposes the garbage at the designated area within the hospital, which is the biomedical waste room. The general waste is sold to the junk dealer and healthcare waste is handed over to government approved vendor "synergy waste management".
- Horticulture- It is responsible for maintenance of in house plants & terrace gardens, flower arrangement during hospital functions.

BIOMEDICAL ENGINEERING

- The department of biomedical engineering deals with the purchase, installation & commissioning, training on operating, handling and maintenance of all the medical equipments in all the areas and departments of the hospital.
- Also deals with the in-house calibration of equipments.
- Gas manifolds are also handled by the biomedical department.

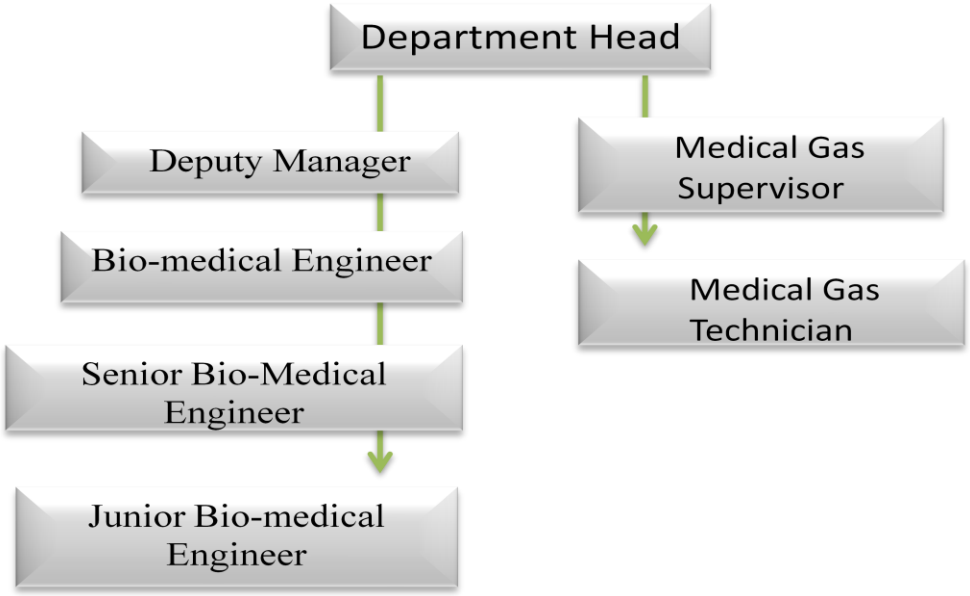
The areas included are:

- All wards
- All operation theatres
- All ICUs
- Patient rooms
- Radiology
- Triage
- Blood Bank
- Nuclear medicine
- Cardiac non invasive diagnostics
- Medical Gases
- Medical Furniture
- LINAC

Objectives:

- To maintain assets list
- To conduct preventive maintenance for biomedical equipments.
- To ensure timely repair of biomedical equipments medical furniture.
- To conduct calibration/validation of biomedical equipments.
- Preventive maintenance for Medical Gas equipments.

Organizational chart



SECURITY DEPARTMENT

The security department is an eye and ear of every organization acting as a liaison between management and staff. The control room of Security Department is located in the basement Max.

The security is outsourced at Max DDN.

Functions of Security Department:-

1.Security management:-

- Selection of people(guards and supervisors)
- Deploying of security staff to different floors and departments

- Checking of people entering hospital
- Turnout and grooming of security staff
- Training of security staff
- MLC handling
- Dispute handling
- Handling bodies from the mortuary to either the family or to the police (in case of MLC).

2.Material management:-It includes management of both incoming and outgoing materials.

a. Flow for incoming materials:-The incoming materials are received either from a company or a contractor to Max.

3.Disaster management:-

There are six emergency codes:-

1. Red- Fire

2. Black- Bomb threat

3. Blue-Cardiac arrest

4. Yellow- External disaster like earthquake

5. Violet-Violent patient

6. Pink- Missing patient

- The SOP's and disaster management plans are prepared by the Security Department. Fire management system includes smoke detectors, sprinklers fitted on ceiling and fire shafts in all corridors.
- Walkie talkies are an important source of communication.
- Other disasters include floods, water logging, terrorist attacks.

CALL CENTRE

Call centre of Max hospital, DDN operates at 24*7. It can be used as an information centre for all customers.

Call centre deals with:

- Doctor's appointment
- Health check ups
- Radiology and diagnostic appointments
- Patient's information
- Doctor's information
- Employee's information
- Speciality information
- Other department information
- It handles internal emergency e.g. Blue code

Main board line number is: 0135-6673000

FOOD AND BEVERAGES

Introduction

Food and beverages department deals with supply of food to the patients sometimes to the patients attendant and during the various conferences and meeting in the organization.

Although food and beverages dept at the max healthcare centre is outsourced to the Sodexo food services but controlling power is with **max employee**.

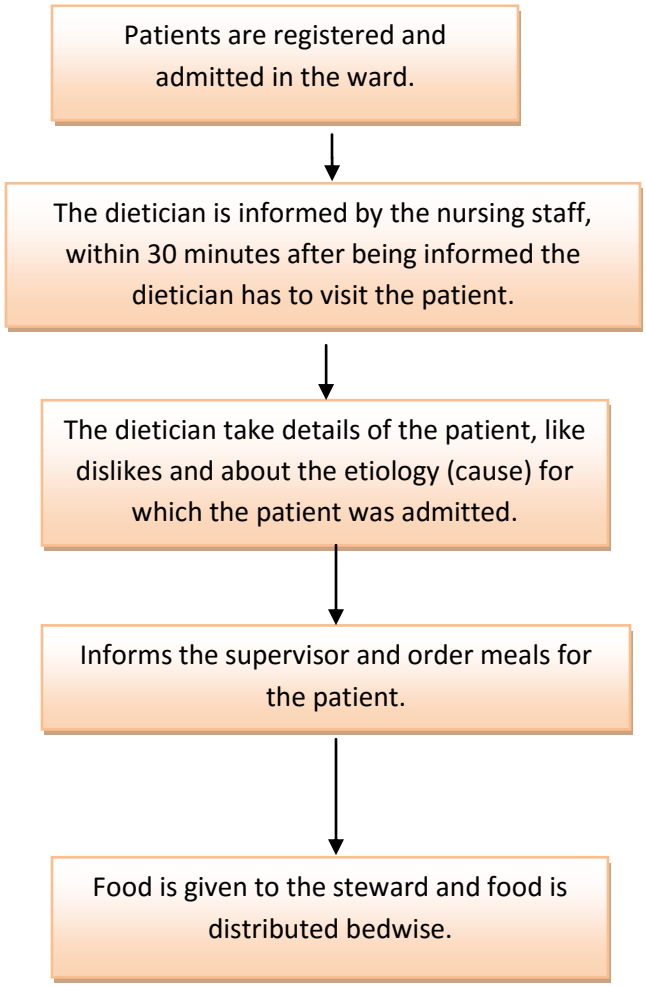
- The department consist of 15 chefs are from sodexo,35 stewards from sodexo.?
- There are 5 Supervisors in DDN Max.
- Dietician -3 dietician 1 on pay roll.
- The task of the sodexo is to provide food to ipd patients, max staff and visitors.
- Other then sodexo there are various food outlets which are as follows
- Café coffee day

- Cafe prez

Royalties are being charged from these outlets

Process flow

Supply of food to the patients



Time table for the diet of the patient

7-8AM	Breakfast
10:30-11:30AM	Soup/Beverages
1-3PM	Lunch
4-5PM	Evening tea
6-7PM	Soup
8-9PM	Dinner

- Dinner of the same day,breakfast and lunch of the next day are decided prior in the evening and diet tickets are issued by the dietician and given to the chef.
- Apart from these if patients wants to have something extra ,those can be provided to the patient after consulting dietician ,but for an extra charges.

Different menu offered are –

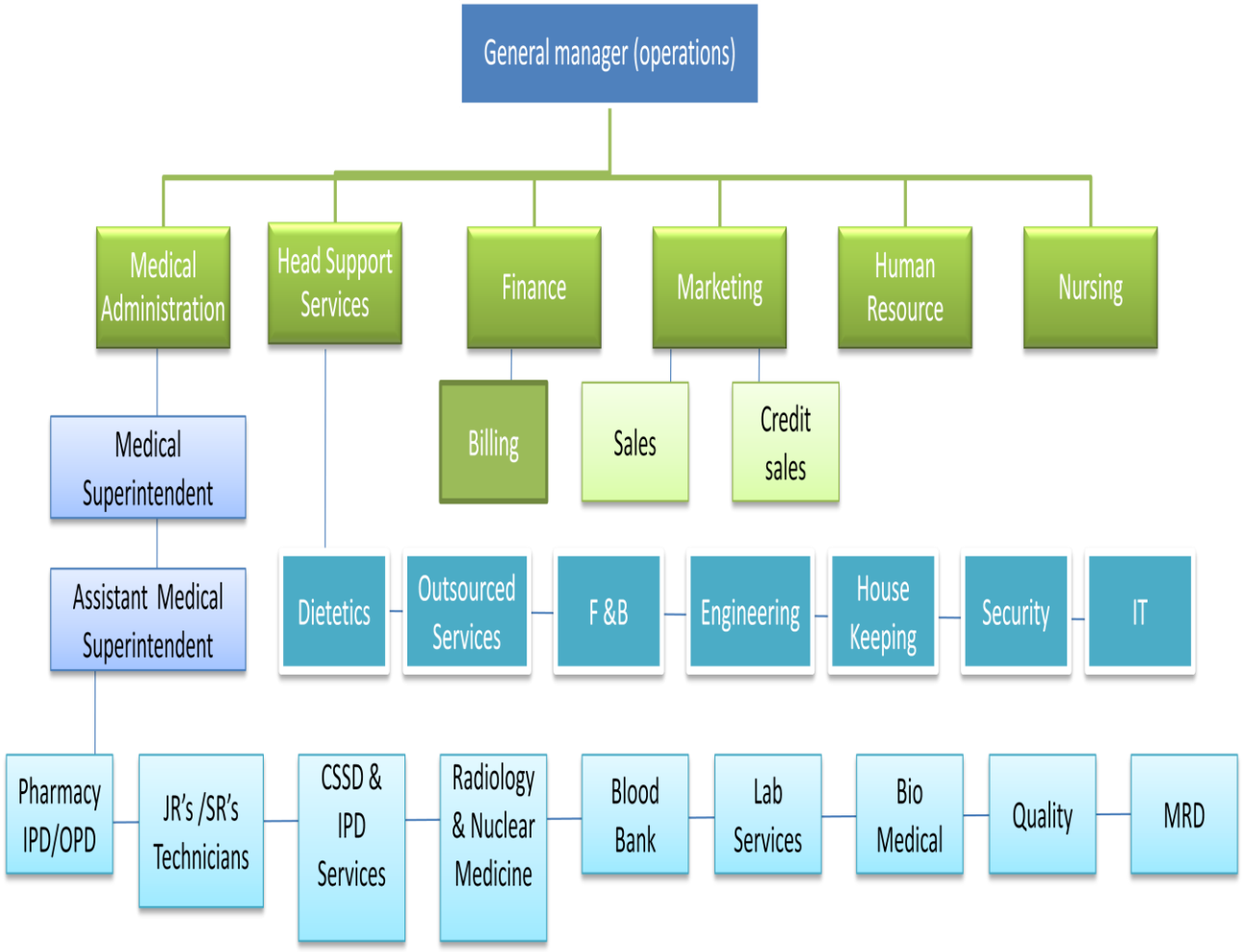
- Indian menu
- Afgani menu for middle east patients.
- Continental menu
- No onion and no garlic menu for jain patients

ADMINISTRATION –

Health Administration or **Healthcare Administration** is the field relating to leadership, management, and administration of public health systems, health care systems, hospitals, and hospital networks. Health care administrators are considered health care professionals.

Health systems management ensures that specific outcomes are attained, that departments within a health facility are running smoothly, that the right people are in the right jobs, that people know what is expected of them, that resources are used efficiently and that all departments are working towards a common goal.

Hierarchy


General manager (operations)
Medical Administration
Head Support Services
Finance
Marketing
Human Resource
Nursing
Billing
Sales
Credit sales
Medical Superintendent
Assistant Medical Superintendent
Dietetics
Outsourced Services
F &B
Engineering
House Keeping
Security
IT
Pharmacy IPD/OPD
JR's /SR's Technicians
CSSD & IPD Services
Radiology & Nuclear Medicine
Blood Bank
Lab Services
Bio Medical
Quality
MRD