

**Internship
at
Global Hospital,
Hyderabad**

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The logo for IIHMR University, featuring a stylized 'i' in a square followed by the letters 'IIHMR' in a large, bold, serif font, and the word 'UNIVERSITY' in a smaller, sans-serif font to the right.
**The IIHMR University, Jaipur
2016**

Global Hospitals

About the Hospital

Global Hospitals Group, India's most renowned healthcare services provider offering better care, cutting-edge research and advanced education to caregivers, is one of the country's fast growing chains of Multi Super Specialty Tertiary Care Hospitals offering healthcare services of international standards. A 2000-bed Multi Super Specialty Tertiary Care facility spread across Hyderabad, Chennai, Bangalore and Mumbai, Global Hospitals is a pioneer in Multi-Organ Transplants including kidneys, liver, heart and lung.

The Group offers most advanced clinical services across several disciplines such as Gastroenterology, Hepatobiliary & Liver, Cardiac Sciences, Neurosciences, Orthopaedics & Joint Replacements, Organ Specific Cancer Care, Urology & Nephrology, Plastic & Reconstructive Surgery, Minimal Access & Bariatric Surgery, Critical Care & Pulmonology, Trauma & Emergency Care, ENT, Transfusion Medicine and other support specialties accessible to all the segments of the society with utmost care and compassion.

With a vision to be a world-class healthcare provider turning distant possibilities into realities, Global Hospitals utilizes a strong combination of clinical expertise, advanced technology, world-class infrastructure and facilities is to deliver high quality medical services of international standards. Having collaborations with several leading Indian and internationally reputed academic institutions, the Group offers a wide array of academic programmes for both medical and non-medical professionals. Recognized by the government bodies for research, the Group has made significant strides in advanced medical research programmes including Stem Cell and Regenerative Medicine Programmes.

WHEN WAS IT STARTED?

Founded in 1999 at Hyderabad (India) with 150-bed tertiary care hospital, Global Hospitals Group is acclaimed nationally and internationally for its excellence in clinical care. After establishing a second 300-bed hospital in 2002 at Hyderabad, the Group went on to establish a chain of super specialty hospitals across other major cities in India.

To meet the changing needs of the community and provide comprehensive range of healthcare services to all the sections of the society, the Group made remarkable growth and expansions over the past few years. This culminated into opening of Global Health City, a 27-acre Multi Super Specialty 500-bed quaternary care facility in Chennai, built according to the International Standards and quality benchmarks. In addition, the Group went on to established Global Hospitals, Bengaluru, a 500-bed state-of-the-art multi-disciplinary tertiary care hospital with world-class facilities, and Global Hospitals, Mumbai, a 450-bed multi-super specialty and multi-organ transplant facility at the financial capital of India. These facilities are an expression of Global Hospitals Group's fundamental mission of service excellence.

With latest technology, integrated research processes, multi-disciplinary capability, best clinical practices and education, state-of-the-art facilities, world-class infrastructure and excellent patient care, Global Hospitals has now become the most advanced and progressive healthcare leader in India.

As part of its Corporate Social Responsibility, Global Hospitals works in collaboration with local partners to regularly assess and address the healthcare needs of the communities it serves, producing marked improvements in their health.

Global Hospitals Group is committed to providing world class tertiary healthcare to people in India and abroad by fusing the benefits of modern technology with the clinical acumen of the leading specialists in their respective fields.

MISSION

The Mission of Global Hospitals Group is to achieve the dream of a healthy world through continuous innovation, dedication to quality, provision of compassionate and affordable medical services.

To carry out this mission Global Hospitals strongly believes in

- Deploying state-of-the art facilities and equipment
- Attracting the most talented medical, scientific and support staff
- Providing affordable health care of unsurpassed quality
- Exceeding service expectations
- Adhering to professional and scientific integrity
- Embracing change and encouraging innovation

VISION

To be a world-class medical services provider turning distant possibilities into today's realities.

Located strategically across major cities in India, Global Hospitals Group offer a unique environment where friendly attitude and personal touch of a neighborhood hospital merge with leading-edge technologies, extensive research resources and tremendous opportunities of a prestigious healthcare network. The result is a dynamic and rewarding setting delivering better clinical outcomes for patients by doctors, nursing and allied health professionals.

The Group's commitment to create a positive experience for all the patients who walks through its doors influences every facet of care, and applies across all levels of the organization. As a result, Global Hospitals are known as national players in healthcare delivery providing the highest level of patient satisfaction.

The Group, led by a highly renowned team of specialists and visionaries, was named as India's most admired, promising healthcare provider and hospitals chain by Frost & Sullivan, a leading business consulting firm that offers market analysis, market research, and reports.

With a proud tradition of medical excellence, as evidenced by many of its ‘firsts’ and medical breakthroughs, Global Hospitals strives to provide quality healthcare, where the most advanced treatments are delivered by the region's leading medical professionals. Some of the ‘firsts’ by the Group include:

- First Pediatric Auxiliary Liver Transplant in Asia
- First Hospital in South Asia to perform Pediatric Auxiliary Liver Transplant
- First Hospital in South Asia to perform the Nucleus Replacement in Spine
- First Successful Split & Auxiliary Liver Transplant Surgery in India
- First Successful Combined Heart & Kidney Transplant Surgery
- First successful Single Lung Transplant in India
- First Successful Minimal Access Lung Transplant in India
- First Swap Liver Transplant on adults in India

Global Hospitals, Hyderabad, Lakdi-ka-pool

The Hyderabad - Lakdi-ka-pool location of Global Hospitals is where Global Hospital's journey began. The 200-bed facility offers multi-speciality, multi-organ transplantation services with world class infrastructure and top notch physicians & staff.

A:Front office:-

The front office of global hospitals is a hub of all the important activities happening in the hospital. There is a main entrance from where all the patients and attendants come in and a reception area where the patient registrations take place.

PATIENT REGISTRATION PROCESS:

- Patients enter the hospital, approach the reception and fill the “initial registration form” which are in two languages which is Telugu and English. They submit the form to the executives at the reception desk and they feed it in their computer system.
- They get a UHID number which is valid per person for lifetime.
- The person fills the name of the doctor or the diagnostic procedure according to which the doctors name is suggested to the patient in the initial assessment form
- The patient gets a OP Registration slip for which he pays the money at the billing counter and proceeds to the doctor accordingly.

There are several OPD'S on ground floor, second floor and fifth floor respectively in the hospital with maximum public at the ground floor. Specific Secretaries are

assigned to a bunch of doctors which have a duty of assigning appointments to the patients according to the availability of the doctors and guiding the patients about the different medications which are prescribed by the doctors.

MAJOR DEPARTMENTS AT GLOBAL HOSPITALS LAKDIKAPUL AND THEIR RESPECTIVE DOCTORS:

- 1) Department of Anaesthesiology:
- 2) Department of Bariatric Surgery: Dr Laxmi .K
- 3) Department of Cardiology: Dr Sai Sudhakar, DrPawan, Dr Das
- 4) Department of Cardiothoracic and Vascular Surgery: Dr Dharma Rakshak
- 5) Department of Emergency and Trauma: Dr Kamesh , Dr Anand Joshi
- 6) Department of ENT: Dr Nalinikant
- 7) Department of Gynae: Dr. Shanti, Dr Shashikala
- 8) Department of Interventional Radiology: Dr Shridhar
- 9) Department of Critical Care : Dr Kamesh and Team
- 10) Department of Dermatology: Dr Pranith
- 11) Department of Endocrinology: Dr Laxmi Iavanaya
- 12) Department of General Medicine: Dr Kamesh and Team
- 13) Department of Heart Transplantation: Dr Rahul Chandola , Dr Tapaswini, Dr SaiSudhakar
- 14) Department of Liver , Pancreas Diseases and Transplant: Dr Vijay Kumar Bada, , Dr Balbir Singh , Dr Venu Gopal
- 15) Department of Nephrology and Kidney Transplant : Dr Sridhar, Dr Rama, Dr Malakondiah
- 16) Department of Liver Transplant: Dr Venugopal, Dr Balbir Singh , Dr Manoj, Dr Dharmesh
- 17) Department of Lab Medicine: Dr Nagraj
- 18) Department of Medical Gastroenterology: Dr Kiran Peddi and team
- 19) Department of Oncology: Dr Ravi Kumar
- 20) Department of Multi Organ Transplant : Dr Sridhar
- 21) Department of Neurology : Dr Gopal Paudwal
- 22) Department of NeuroSurgery: Dr Pravin Ankiti
- 23) Department of Orthopedics and Joint Replacement: Dr Chandra Bhushan and Team
- 24) Department of Pulmonary Medicine: Dr Tapaswi Krishna
- 25) Department of Transfusion : Dr Surekha
- 26) Department of Urology: Dr Malakondiah
- 27) Department of Hepatology: Dr Dharmesh Kapoor
- 28) Department of Plastic Surgery: Dr Jitendra

B. Labs at Global Hospital:

The Labs are located in the building which is opposite to the hospital building. Global Hospital Labs are accredited by NABL. There are 5 main Departments in the Lab Building which are :

- 1) **Department of Clinical Biochemistry:** Headed by Dr Pradeep Naik
 - 2) **Department of Hematology and Clinical Pathology:** Headed by Nagraj
 - 3) **Department of Histopathology and Cytopathology :** Headed by Dr Mahendra
 - 4) **Department of Microbiology and Serology:** Headed by Dr Ranganathan
 - 5) **Department of Transplant Biology and Immunology:** Headed by Dr Laxmi Kiran
- All the procedures are done according to NABL standards with all the precautions and sterility is strictly maintained in the labs.

Process Flow

- 1) Blood is collected at the sample collection room in the cellar area of the hospital building according to UHID number for OP patients. Nurse takes the blood sample for IP patients and sends them through the runner boy.
- 2) The runner boy takes all the samples for processing in the Lab Building every 45 mins.
- 3) After processing of the samples the reports come within 4-5 hrs at the “Report Collection Counter “ in the hospital Building.

- **Transport Department:**

Global Hospitals has 3 Ambulances with all important emergency equipments like defibrillator, , Portable Ventilator, Oxygen Pump, Critical Care Medicines, Oxygen Cylinders, Stretchers etc.

- **Security:**

Global hospitals has an outsourced security manpower available from Kanchella.

C. Radiology Department

Includes Digital X-Ray, CT Scan, Ultrasound and Fluoroscopy.

X-Ray

There are 2 X-ray fixed machines and 3 portable X-ray machines.

Manpower- 6 technicians

Each shift (2 technician)

TLD Badges- Thermo luminescence dosimeter

Issued to the staff who gets exposure to X-Rays.

Once in 3 months it goes to the lab for checking the exposure limit.

Licensing- AERB license mandatory (valid upto 5 years)

X-Ray Cassettes- 3 sizes available:

- 17*14 inches
- 12*10 inches
- 10*8 inches

One cassette can have 1000 exposures

- Through PACS image is transferred into the system.

CT Scan

64 slices CT is being used by global hospital. Required temperature is 15-21degree C,
Humidity 30-60%

Manpower – 4 Radiologist

4 technician (Bsc. MLT , DMIT)

Procedures- CT Angiogram

- Head and neck
- Pulmonary
- Abdominal
- Coronary
- Peripheral vascular

Routine CT scan

- CT brain ,PNS, Orbits, Neck
- CT chest & HRCT chest
- CT abdomen
- CT axial/ appendicular skeleton

3 D CT Face and Joint

Virtual Colonoscopy & Bronchoscopy

brain, CT abdomen ,CT chest with contrast , Trifusate liver

For both CT and X-Ray, lead screen and lead apron is used by the technicians for shielding.

Ultrasound

There are 2 Ultrasound machines in the Radiology Department.

It works on the principle of piezoelectric effect.

PNDT ACT 1994, rules 1996

Manpower- 3 nurses(shifts)

8:00-4:30

9:00-5:30

12:00-8:30

PROCEDURES- liver biopsy

Renal biopsy

Pig tail insertion

Malecot insertion

PROBES- 3 types

- Convex- whole abdomen
- Linear- deeper areas
- TVS- trans vaginal scan

FLUROSCOPY- 800 MA

Types of procedure:

- Barium swallow(Given Orally)- oesophagus -1glass water diluated with barium given to patient.
- IVP barium- barium enema done through colon / rectum (barium not diluted with water).
- Barium follow-(orally)-done through stomach ,small intestine -2 glasses of barium given to the patient diluted with water

STAFFING:

1 HOD

4 Seniour consultant

6 Associates consultant

5 Technician

1 housekeeping

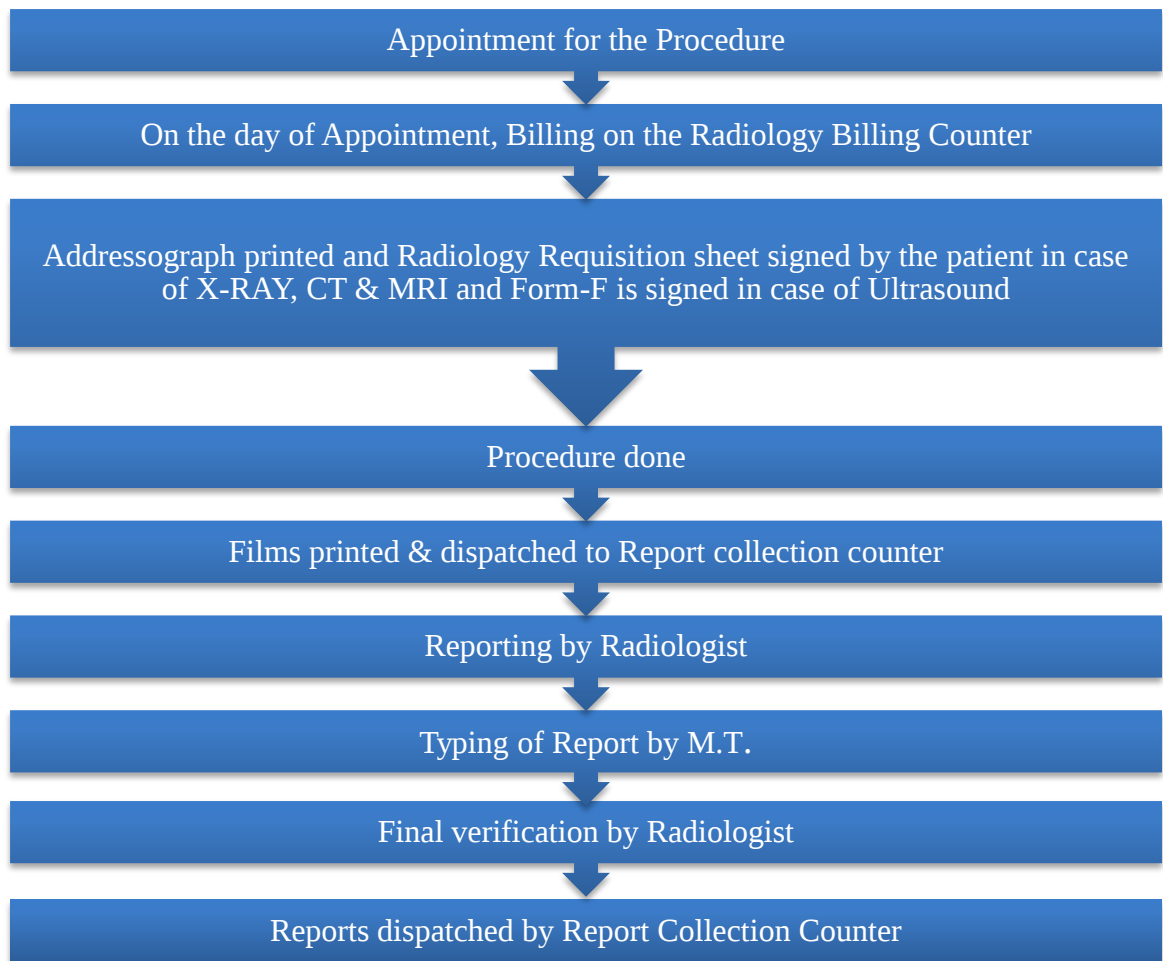


Figure 2.12.1: Process Flow in Radiology

Non- invasive Cardiology:

Procedure done:

1. ECG –Electro cardio gram
2. TMT –Tread mill Test
3. 2-D ECHO –Echocardiogram
4. DSE- Dobutamine stree test
5. TEE-Transoesophageal Echo
6. HOLTER
7. Contrast Echo

Consent form require for TMT ,TEE ,DSE

TMT protocol

- Bruce protocol <50 yr
- Modified bruce protocol 70< to >60
- Naughton
- Bully
- Cornell ramprill protocol

Procedure in TMT:

1. Check the age of patient
2. Previous history for cardiac procedure
3. Any abnormality
4. Check B.P
5. Concent take and explain procedure
6. Electrode put on the patient
7. E.C.G record at 3 mins interval

ECHO indication:

- Cardiac arrhythmias and heart disease
- Chest pain in evaluation
- Syncope
- Giddiness
- Sweating

Dobutamine Stress Test –

1-2 hour procedure (<100 kg weight) every 3 min 50 ml syringe (45 ml saline +5 ml dobutamine).

Process of DST

- I. Baseline
- II. Low lax
- III. Peak lax
- IV. Recovery

Target HR is $(220 - \text{age}) \times 85\%$

CHECK –UPS

Basic heart package

Special heart package

Comprehensive heart package- ECG, TMT

Senior citizen package – ECG, 2D ECHO

Executive citizen policy – ECG, 2D ECHO

Master package - only ECG

D. OPERATION THEATER:

Operation Theatre Complex in Global Hospital is located on 1st floor with the restricted area for outside visitors to minimize the traffic and to maintain the sterility. Nobody is allowed inside the Complex without the Management's or Doctor's permission.

OT Complex is divided into different areas:

- 1. Recovery Room
- 2. CT(ICU)

3. Female Doctor/Technician changing room
4. Changing room for Male Doctor /Technicians
5. OT pharmacy
6. 4 OTs
7. 1 scrub station
8. Sterilization room
9. Dirty utility room
10. OT Store Rooms

1) Recovery Room

There are 5 beds in Recovery. Patients to be operated are shifted from wards to recovery around 15-30 minutes before the surgery. Nursing staff in this unit check the vitals of the patients and check that the medicines have been given to the patients or not. After the surgery is over, the patient is brought to recovery with the objective to monitor the patients post-surgery. Critical patients are directly shifted from OT to ICU for monitoring. Cardiac and Neuro surgery patients are shifted from OT to CT ICU and SICU respectively.

3) Catheterisation Lab

Major procedure taking place within the cath lab are CAG and Percutaneous thrombo coronary angioplasty (PTCA). There are overall approx 24 procedures taking place inside the Cath Lab. Cath Lab is divided into console room, procedure room and store rooms.

4) Operation theatres

There are 4 operation theatres in OT Complex. Based on specialties they are classified as follows:

OT2&3: Gastro and urology surgery (urology& infected cases are preferred to be done in OT1)

OT 1: CTVS surgery

OT-4 : liver transplant cases

Equipments in OT:

- Operation Tables Anesthesia machine (1 for each OT).
- Laparoscopy machine
- Microscopes.
- Shadow less ceiling lamps
- Patient warmer, used for long cases or if patient is critical. It maintains the body temperature in the range of 32-42 degree Celsius.
- C-Arm Fluoroscopy Machine
- lead aprons and Thyroid shields used with C-Arm Fluoroscopy.
- Crash Cart in OT

OT has HEPA filters (High efficiency particulate air) and laminar flow is maintained inside the OT. Each OT has uninterrupted Power Supply to support the life saving machines and temperature and humidity monitor to keep track on the required levels in Operation.

5) Scrub stations

one scrub stations are there has three taps, one is to take out 10% Betadiene and the other two are for water supply.

6) Utility room

Utility Room is for-

- 1) Washing soiled linen with sodium hypochlorite.
- 2) Washing soiled instruments 3M solution.
- 3) Collecting Biomedical waste in different bins according to the color coding:
 - Puncture Proof container - broken Glass
 - Red - Infected Plastics: IV sets, gloves, tubing, catheters,
 - Yellow - Anatomical and Pathological waste: cotton gauze, etc. contaminated with blood or other body fluids.
 - Black - General waste.

OT pharmacy

OT has its separate pharmacy with the total manpower of 2. OT Pharmacy has been given the list of items needed for each surgeries which ease the process. According to the surgeries pharmacy gets all the required medicines and surgical items ready in a very short period of time. Once the operation is over, the nurse or technician provides the list of instruments and medicines used(consumption sheet), which are then added to the patients bills, rest of the medicines are returned.

➤ Manpower in OT

1. Head of Department(Anesthesia)
 2. Anesthetists
 3. DNB students
 4. Nursing staff (assisting surgeons)
 5. Technicians (assisting anesthetists)
 6. Housekeeping or cleaning staff
- 

Registers maintained:

- 1) OT schedule: Prepared by the OT senior manager based on appointments and doctors information.
- 2) OT tracker: To track the time taken
- 3) General Log book and overtime log book
- 4) Implant bill receiving file
- 5) Daily attendance(nursing)
- 6) OT ETO(Ethylene Oxide) book
- 7) CSSD book
- 8) BMW waste
- 9) Harmonic Register
- 10) Equipment compliant Register
- 11) Lab dispatch Register
- 12) CSSD set

For OT maintenance:

- 1) Equipment inventory
- 2) Drug inventory
- 3) Consumption register

STERILISATION**Maintaining sterility in PACU:**

- 1) The floor is cleaned 2-3 times daily with sodium hypochlorite.
- 2) For spillage, spill kit is used having PPS (Personal Protective Equipment). PPS includes goggles, scoop, sodium hypochlorite, shoe cover, mask, apron, etc.
- 3) Fumigation with Lonzagard every Saturday night. Fumigation takes 30 minutes for the process, after that PACU is closed for the whole night.

Sterilisation in OT-

- a. After every surgery cleaning of floor is done by sodium hypochlorite and bags of the bins are changed.
- b. Different sets of instruments are there for different surgeries. After the surgery, used instruments are washed with 3M and then after drying them they are wrapped in double sheet and sent to CSSD department for sterilization. TAT for unused instrument is 72 hours. ETO objects are also sent to CSSD department after use. TAT for ETO unused objects are 6months.

- c. The Laparoscopic instruments are dipped in Disinfection Soaking Tray containing CIDEX(2% Glutaraldehyde) solution for 20 minutes to sterilize them in case those are needed for the next surgery.
- d. Once a week fumigation is done with Bacillocide. Usual timings of fumigation is 45min and performed once in a week OT has been kept closed for a night. One OT is kept operational in case there is an emergency.

E.PHARMACY

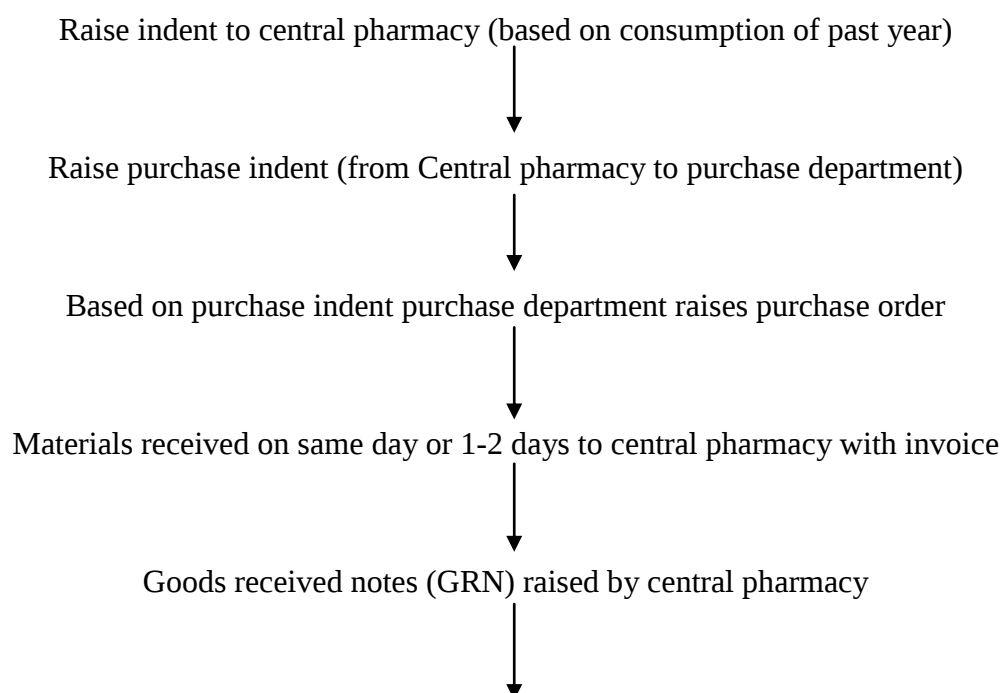
There are six pharmacy stations in Global Hospital, Hyderabad

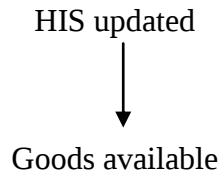
- 1) Central pharmacy- Noori building
- 2) OT pharmacy- 1st floor
- 3) OP pharmacy- Ground floor
- 4) Cathlab pharmacy- Ground floor
- 5) IP pharmacy- 3rd floor
- 6) Liver ICU pharmacy- 2nd floor

There are two types of issues from the central pharmacy:

- 1) Ward issues
- 2) Departmental issues

Process flow for indent:





Manpower:

- 1) Central pharmacy
 - HOD-1
 - Pharmacist- 2
 - Runner boys- 2
- 2) OP pharmacy- 2 pharmacist
- 3) IP pharmacy – 3 pharmacist
- 4) Cathlab pharmacy- 2 pharmacist
- 5) Liver ICU- 3 pharmacist

F. FLOORS/ WARDS

The total number of beds is 150 which are distributed in 6 floors.

- 1) Basement: The basement has 5 wards
 - Post cath ward- 9 beds
 - Radial lounge- 3 beds
 - New general ward- 10 beds
 - Female general ward- 10 beds
 - Male general ward- 12 beds
- 2) Ground floor:
 - Emergency room - 6 beds
- 3) First floor:
 - Recovery room- 4 beds
 - Surgical ICU- 6 beds (including 1 isolation bed)
 - Cardio-Thoracic ICU- 6 beds
- 4) Second floor:
 - Medical ICU- 4 beds
 - Cardiac ICU- 6 beds
 - Liver ICU- 10 beds

- 5) Third floor:
Cubicle A- 6 beds
Cubicle B – 6 beds (Surgical High Dependency Unit)
Cubicle C – 6 beds
Cubicle D – 6 beds (Cardio-Thoracic High Dependency Unit)
Bone marrow transplant unit- 3 beds
Single rooms- 9 beds
- 6) Fourth floor:
Deluxe sharing – 10 beds
Deluxe rooms- 9 beds
Super deluxe- 6 beds

G. Dialysis unit

Dialysis unit has 8 dialysis machines . Dialysis takes 3-4 hrs. to complete the process. So the appointments given to the patients are in 3 shifts as mentioned under:

- Morning 6-10A.M
- Afternoon 11-2 PM
- Evening 2-6 PM

Manpower:

- 1 Incharge
- 2 staff nurse
- 6 technicians
- 1 housekeeping personnel

TYPES OF DIALYSIS

Acute – 4 hours

Regular -4 hours

SLED -6-8 hours

3 machines for (+ve) cases

5 machines for (-ve) cases

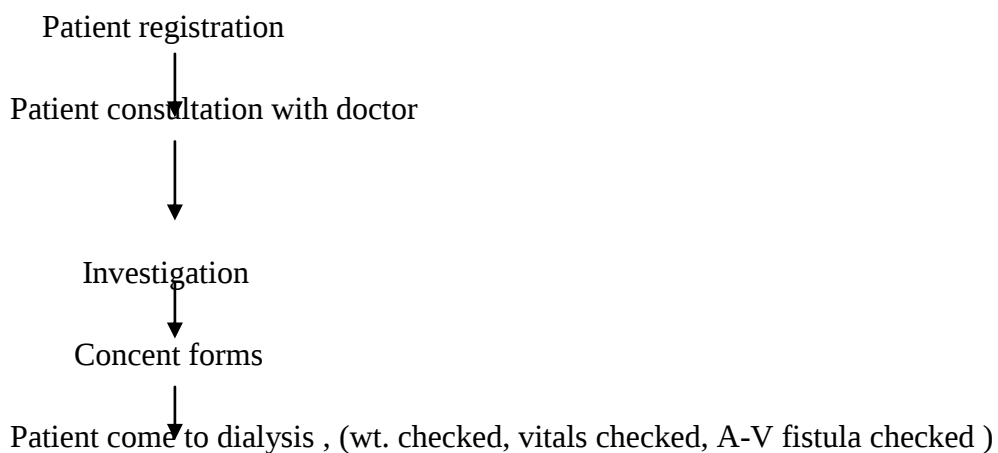
R.O plant- we have our own plant, wwith the capacity of 1500 lt/hr .

150 – 180 lt for 1 dialysis – 4 hr

Scope of services :

- Kidney transplant
- Acute kidney injury
- All type of kidney diseases
- Snake bite cases
- ABO incompatibility transplant
- Renal biopsy
- CRRT
- All types of renal procedure

Process flow in dialysis department:



Reuse technique:

Blood tubings

- Wash with RO water for 10 mins
- Sodium hypo chlorite dip
- Again wash with R.o water
- Put in formaline for 10-15 mins
- Then again wash with R.O water

DIALYSER

- Wash with R.o water for 10 mins
- Remove blood clots with H₂O₂ for 10 mins
- Then again wash with R.o water
- Put in formalin for 10 -15 mins & wash with R.O Water
- AERB licensing is mandatory- valid till 5 years

H. EMERGENCY:

It is 24 hour functional & is 6 bedded

Different Areas in Emergency:

- Patient's area (6 beds)
- Store room
- Utility room

Scope of emergency

- i. ER provides a comprehensive & uniform emergency service/ care to patient (functional 24*7).
- ii. All patients are assessed & triaged by a qualified & experienced medical & paramedical staff & provided appropriate level of care in ER department.
- iii. The ER department provides medical evaluation & treatment (including rapid resuscitation & stabilization) .Patients receive medical referral / transfer (including critically ill patients & or those are not in scope of services of hospital)
- iv. Emergency care services provided include-
 1. Stabilization of life threatening conditions.
 2. Life saving procedures.
 3. Immediate treatment of medical & surgical emergencies.

4. Emergency treatment for minor injury or illness.

AMBULANCE TEAM:

Ambulance physician
Anesthetist
Transport boy
Emergency technician

2) Admission process flow

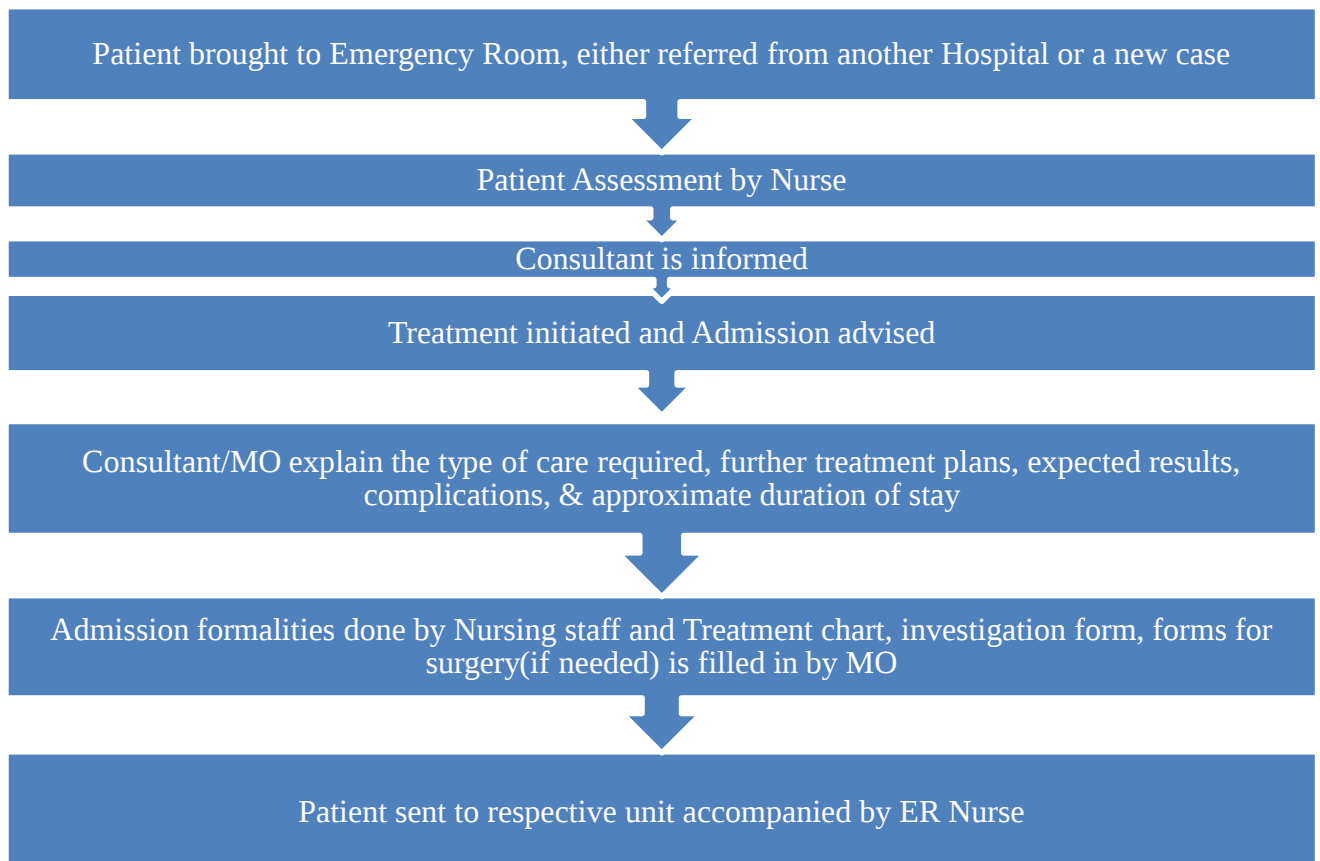


Figure 2.13.2: Process Flow showing admission process in Emergency Dept.

3) MLC cases

It is a case of injury or ailment etc where attending doctor after taking history & doing clinical examination of patient thinks that some investigations by law enforcing agencies are essential so as to fix responsibility regarding the said injury or ailment etc according to law. CMO attending the case, label the case as MLC.

Cases labeled as MLC-

Trauma, burns, electrocution, poisoning, industrial accidents, sexual offences, cases requiring age estimation, criminal abortion, animal or snake bite, cases of coma where cause could not be ascertained, cases of starvation including hunger strike, unclaimed newly born, hanging, strangulation, drowning, suffocation etc, cases brought by police or sent by court for medical examination, BID, where death certification due to disease or natural cause is not possible being not apparent, result of medical malpractices.

4) Process Flow in Triage

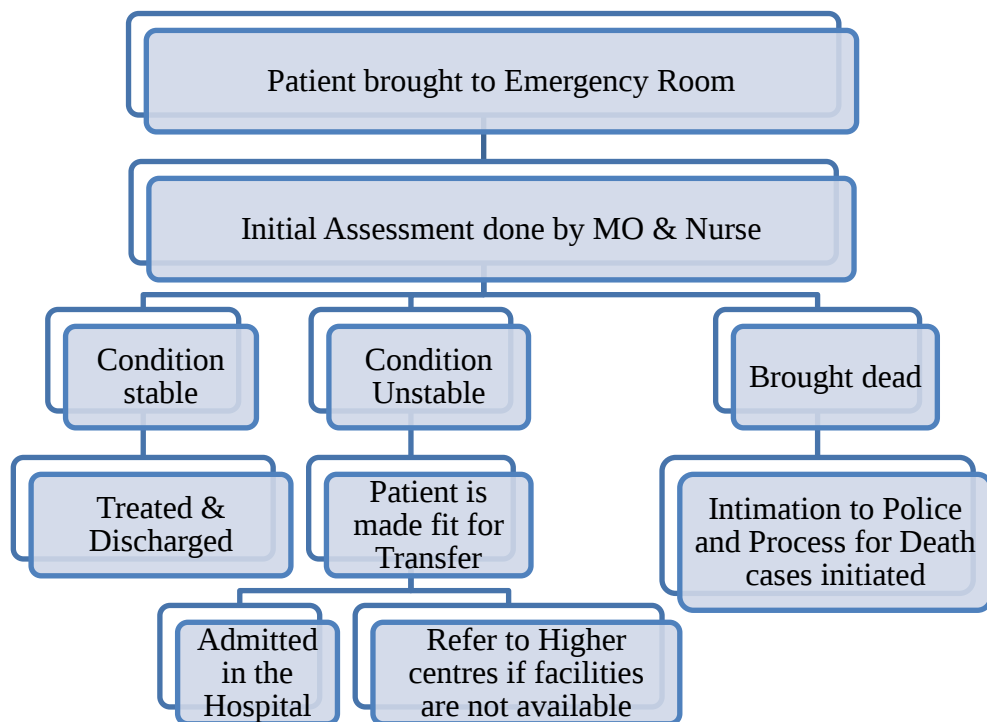


Figure 2.13.3: Process Flow in Triage

5) Important medications used in Emergency Department

High alert medications

These are defined as those which could cause an immediate life threatening condition for the patient if an error in administration occurs.

Narcotic drugs & psychotropic substances (NDPS)

These are drugs which required special storage & issue to prevent misuse, pilferage etc e.g. fentanyl, morphine, pethidine, sufentanyl (also known as Schedule 2 drugs).

Each person independently compares the label & product contents in hand versus the written order & EMAR (if it is the first dose) or label. Double check of medications prior to administration by 2 registered nurses after reading the label is mandatory.

Hospital has made some policies regarding the use of Narcotic Drugs

General guidelines for the Medicines:

- High alert medications dispensed, & administered only on prescription by credentialed personnel / OT/ ICU/ ER in charge doctors to critical care & special care areas
- Double check of Medications prior to Administration by 2 Registered Nurses by reading aloud:
 - i) Right medication, Right dose rate, including double check of any calculation & verification of pump settings.
 - ii) Right route , including line reconciliation., Right frequency, Right patient.
- High alert medications details will be recorded in Medication Administration Record.
- Storage as per manufacturer packaging instruction.
- Narcotics must be stored under double lock & key.
- In case of expiry/ breakage, excise inspector will be informed accordingly.

Warning labels for all cytotoxic drug containers, as well as shelves

Equipments available-

- Oxygen cylinder
- ECG Machine
- 1 portable ventilator
- Monitors
- Crash cart
- Echo machine
- Defibrillator
- Infusion pumps

Staffing- nurses , head nurse, housekeeping, 2 E/R Doctors

3 Ambulance:

1 small

2 big ambulance

Inside of ambulance- centralized AC to avoid dust

2 oxygen cylinder- 1 running , 1 spare

1 defibrillator

Portable ventilator

Suction- automatic, manual

2 ambulance kits

I:HOUSEKEEPING DEPARTMENT

Outsourced department to Kancherla Medical Services with annual contract.

LOCATION: 4th Floor

Functions of housekeeping department:

- Cleaning, dusting, mopping, dustbin clearance
- Linen changing
- Provision of bedpans, urinals
- Wheelchair mobilization

- Biomedical waste segregation
- Fumigation and disinfection
- Assisting in nursing services

Staff:

Assistant manager-1

Supervisors-6

Store Supervisor-1

Ayas and wardboys-63

Shifts:

A: 7AM-2PM

B: 1PM-8PM

C: 8PM-8AM

J:FOOD AND BEVERAGE DEPARTMENT

Outsourced department to Kancherla Medical Services

Location: Basement

Services: 6am-10pm

Staff:

Dietician

Assistant Manager-1

Senior executives-1

Billing executives-2

Accounts assistant-1

Purchase assistant-1

Kitchen:

Master-1

Cooks-2

Assistant Cooks-2

Others:5

Stewards:13

Utility:13

Process:

Admission of patient → Nutritional assessment → Dietician orders → order taker (F&B)

→ Steward- order prepared with help → served to patient

Benchmark-15-20 minutes.

Quality indicators:

Microbial analysis
Swab of surface area
Swab of hands of F&B Staff

K:CRITICAL CARE

Location:

1. Surgical ICU: 6 bedded, 1st Floor
2. Cardiothoracic ICU: 6 bedded, 1st Floor
3. Liver ICU: 10 bedded, 2nd Floor
4. Cardiac ICU: 6 bedded, 2nd Floor
5. Medical ICU: 4 bedded, 2nd Floor

Nurse:Bed ratio- 1:1

Staff:

Intensivists- Senior and Junior

Pharmacist in Liver ICU

Nurses

Ward boys

Physiotherapist

Security

Shifts:

8am-2pm

2pm-8pm

8am-8pm

Process flow:

Emergency/ Operation Theatre/ Ward→ ICU→ Initial assessment→ Doctors initial assessment→ Samples taken for investigations→ Medical and financial counselling→ Consents→ Medical and critical care support→hourly monitoring of vitals→ Progress notes updation/Attendar education→Discharge from ICU to ward/ LAMA.

Quality indicators:

- Bed sores
- Return to ICU within 48 hours
- Re-intubation within 48 hours
- Medication errors
- Adverse drug reactions
- Falls
- Sentinel events
- Accidental removal of catheters