Internship
at
Wockhardt Hospital, Rajkot

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Contents

LIST OF ABBREVIATIONS

ER- Emergency department

TWES-

AMC- Annual maintenance check

CMC- comprehensive maintenance check

ABG- arterial blood gas

MRI- magnetic resonance imaging

CT- computed tomography

Rmo- Registered medical practisioner

PHC- preventive health check up

IP- in patient

OP- out patient

MRD- medical records department

UHID- unique health identity

1.1 Introduction-

Internship training is an integral part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so that we get first hand exposure of the different departments and work done in the organisation and through which we can understand process of work and thereafter be able to involve in decision making.

I am appointed as Management Trainee at Wockhardt Hospitals, Rajkot. The main focus is on knowing the organization, how the hospital works, and the departments, while getting to know the system looking at the managerial issues, if there are any, discussing them with the mentor and putting forth recommendations if necessary, and looking at the implementation of the same.

1.2 Objective of Internship

(a) To understand the work pattern of Wockhardt Hospital, and its organizational structure

(b) The next objective of internship was to learn various managerial and administrative skills needed to work within the system and to help in effectively implementation of the assigned program (Kala Azar Control Program) in the government setup to ensure the overall benefit of the community.

(c) To identify existing gaps in human resource, service delivery quality, data collection, analysis and implementation of health programs in the District and to propose probable solutions to them.

(d) To coordinate proper functioning of the assigned program (Kala Azar control Program)

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The key responsibilities undertaken were:

- To lead, support and ensure high coverage and quality of IRS activities through a team of IRS Link Workers.

- Liaise with District Malaria Officer, NVBDCP Consultant, Civil Surgeon to support VL activities and provide Managerial support at district and block level.
- Oversee organization of patient services for VL at PHC/SDH/DH (patient flow, diagnostics, drug supplies, incentives) and co ordinate with the Lab Technician, KTS, BHM, MOIC for the same.
- Enhance the use of Data for program management.
- Co ordinate with the department people where ever I am posted, understanding the problem better and see what can be done to make it better

1.3ABOUT THE ORGANISATION

Wockhardt Hospitals believe that the core values of excellence, respect, teamwork, integrity and caring are essential for the wellbeing of our staff and our patients an

VISION

"Wockhardt Hospitals will strive with excellence to fulfill the needs of the community in its chosen field of medical treatment"

Because of our emphasis on high teamwork we bring together all the necessary disciplines and skills from the many resources of our organization to serve our patients better and attempt to set the Wockhardt Care in a league of its own.

MISSION

"To serve and enrich the quality of life of patients suffering from diseases, through the efficient deployment of technology and human expertise, in a caring and nurturing environment with the greatest respect for human dignity and life."

The system believe in setting the best practice standards in our services, continuously improving performance and exceeding the expectations of our patients as well as their fami-

lies. We believe in building and maintaining long-term patient relationships, so as to become an essential resource for their well being. We believe in:

Training and developing the best human resource as the key to deliver superior patient service.

Consistently investing in technology and infrastructure to match international benchmarks.

Leading the development of professional standards in Healthcare Management.

Continuously educating the community about the prevention of cardiac disorders.

It is an NABH accredited multi specialty hospitals, with An eminent team of professional practitioners make up the staff and faculty, to ensure that comprehensive care is carried out with each and every one of its patients

1.4 SERVICES PROVIDED BY THE ORGANISATION

- 170 beds (24 MICU; 6 SICU)
- 6 Operation Theatres
- 1 Operation Theatre dedicated to Endoscopies with a full-time expert surgical team
- Dedicated Cardiothoracic and Orthopedic/Replacement Operation Theatres
- True Flat Panel Cardiac Catheterization Lab
- Dedicated Cardiac Ambulance and a 24 Hr. Emergency Heart Line

Catering to the specialties like

- Heart care
- Bone and joint care
- Brain and spine care
- Oncology
- Urology and nephrology
- Gynecology and obstetrics

- Digestive care
- Internal medicine
- Radiology
- Emergency and trauma care
- Dialysis
- Critical care
- ENT, Ophthalmology
- Diet consultation
- Physiotherapy
- Home sample collection
- Health checkup
- Cashless hospitalization

1.5DEPARTMENTAL DETAILS

EMERGENCY DEPARTMENT

Bed strength: 6 + 2

Procedure room: 1

Bed Distribution 4 bed in triage area

2 in minor procedure room

Staff : 16

2 Doctors on duty at all times

In charge + assisting

6- 8 nurses

5 morning

4 evening

4 night

6 Ambulances, one is cardiac ambulance

9 wheel chairs

Maximum cases brought to ER are for Trauma, cardio and neuro

TEWS score is maintained by the ER Triage

RED – Emergency 7 or more

ORANGE- very urgent 5 or 6

YELLOW- urgent 3 or 4

GREEN- routine 0,1,2

BLUE – opd not considered in ER

BLACK- dead

Medicines are maintained in FIFO basis

High risk drugs are given in presence of a witness (doctor or nurse incharge)

Multi dose vials are to be labeled with dose, date and time of opening.

The vial should be Discarded in a month of opening the vial.

Every day inventory is maintained by the morning nurse on duty

And is checked in every shift by the incharge

An Average of 30 pts in a day along with follow ups visit the ER.

Proper signage's, and instructions are present in the ER.

Signages like the Blood spill management

Needle prick management

Proper codes and their numbers Triage color coding and procedure

Proper patient record is maintained with

In time/ out time

UHID no.

Procedure

T/T

Diagnostics, if done

Treating Doctor

Reffered to – opd

Ward

ICU

Discharge

Every day census is taken

Process flow

Certificates given

Injury certificate

Death certificate – 1 copy to pt relative, 1 is sent to Municipal corporation, to be collected by pt relative after a week

MLC certificate- 3 original, 3 carbon

1. Patient
2. Police
3. Civil hospital

Icu transfer checklist is maintained to keep a check on right admissions into wards or icu

Process Flow

Patient is brought by the ambulance or private vehicle

Patient received by the nurse

Kept in triag area

Initial assessment done by doctor

The belongings of the patients are kept in a bag and is handed over to the relative by taking a receiving on the belongings form

Then after stabilization pt is either shifted to ICU, WARD, OPD, or is sent home

In case of Discharge the patient or relatives are sent to the opd billing.

OPD

2 timings for opd morning 9 -1 and evening 4-8

Sunday opd are closed

Appointments can be taken over phone, or online

Generally walk in opds

Front desk for any information regarding specialties or Doctors OPD

Gives out information on room charges,
OPD charges

Dedicated Opd Billing desk for only opd registration and billing

HELP DESK

For information regarding hospital

Lab report collection journal is maintained

Collecting blood reports

Collecting urine reports

Feedback forms data is collated and converted here

Dedicated Corporate/ TPA desk

Takes 1 -3 days for a patient to get approval and then the admission is done

1 day for billing for TPA

12 – 15 patients from TPA are discharged

Discharge Desk

35-40 discharges a day

Turn around time 1 hour

Discharge checklist is seen on the yellow card with

Doctor consultations

Pathology

Bed side procedures

Consumable

Pharmacy

Pharmacy returns

Room tariff

OPERATOR ROOM

All the inter departmental communications

Fire safety, fire detection calls are sent from here

All outside calls are received here and then directed to concern departments

PREVENTIVE HEALTH CHECK UP DEPARTMENT

General health check ups

Standard health check ups

Corporate health check ups

Pre employment health check ups

And range of tests included in the health checkups differ on the package

Turnaround time for a standard health check up is 5 hrs

Major issues, in health check ups

Radiologist comes an hour after the health check ups start keeping the patients waiting for sonography for 45 minutes to an hour

E.N.T and Ophthalmologists are on call for health checkups so their times are not certain leading to confusion amongst the patients

Structure of the OPD, sonography, xray and tmt are such that there is major foot work involved leading to increased confusion in patients where to go next, so they have a house keeping just to lead and guide the patients, which again takes time

Average 425 patients in a month

DIALYSIS

6 bedded dialysis facility

Working time 8-5

Planned procedures are taken

Two portable dialysis machines are there for ER or ICU

BLOOD STORAGE UNIT

Licensing is given by food and drug gandhinagar

Capacity is 2000 per day

Blood components are taken by the red cross blood bank

On request if the component is not there in the storage 45 mins is the time taken for it to be available in the hospital

Cross matching is done while registration

450 FFP are kept in

1000 red cell components are kept for 35 days

1100 red cell components for 42 days

Expiry is 1 year ideally

MEDICAL RECORDS DEPARTMENT

Files from 2006 onwards

Staff 4

- Manager 1
- Assistant 1
- Technician 2

A discharge checklist is maintained

Register for every ward, for discharge, dead patients daily and to foresee that any of the details should not be missed

Extra document file, for long standing patients with a lot of documents other than nursing and doctors progress notes.

Dead patients files are kept for 25 yrs

MLC files for life

Peadtric files kept till the minor turns major

Retrieval of file is done by a letter submission with details like

Date

Name

Ip number

Uhid

Consultant name

Routine/ MLC/Death

Required by

Reason

Sign

Return Date

A tracer card is kept with the information of the person who retrived the file and the reason and expected date of return

The file has to be returned to MRD within 72 hours, if required beyond that time another form is to befilled and the process is to be repeated

Different color coded files used for easy recognition and retrieval.

Grey for dead patients file

Pink for pediatrics

Yellow MLC

OUTPATIENT PHARMACY

Works in two shifts

Morning and evening

8-4 and 2-8

Morning is busier with 4 pharmacists to take care of needs of the rush hour

Syrups are arranged alphabetically

Tablets molecule wise

High risk/ high value medicine inventory is checked after every shift.

Temp of 24* is maintained

Vaccines kept in the refrigerator

FIFO basis the medicines are stored

Expiries are checked every week, and three months before expiry the medicines are returned to the supplier and an exchange for the quantity as required is taken.

Process flow

Patient brings in the prescription

Pharmacist takes it

Dispenses the medicine

Two invoices are printed

One invoice is attached with the prescription along with the medicines, cash taken

One invoice is kept in the OP records

IP PHARMACY

Department runs 24X7

High value/ High alert drugs are checked every day

Daily stock taking according to the requirements

Records maintained High alert medicines

Emergency drugs

Narcotic drugs

With proper name, add and dosage given to a patient

Drugs stacked according to their type e.g anti fungal, anti bacterial e.t.c

Expiry drugs are checked manually every two months

Fridge is maintained at 2* - 8* C

Room's Humidity maintained at 43% and 24* C

Process Flow

Indent requisition made through HIS from the nursing station

Received on the HIS in IP

If stat/emergency taken by the nursing staff or hsk of the respective nursing station

If general indent, HSK from IP takes the meds to the nursing stations

Forms received is signed by the person taking it

MAINTENANCE DEPT

Takes care of Water, and Electricity

Electricity

2000KVA main supply

Metering is done, twice readings are taken in a day Morning and Night for looking at days consumption

2000AMP main switch

Cath lab is given separate DG set of 160 KVA because of higher pick load

Current from main switch goes to Distribution Room from there switching is done to Batteries and UPS and another ti the Departments

Generator produces 600 KVA

Consuming 85-90 lit/hr diesel

450-500 Amp current

AHU

SICU 22 TON checked in 3 months

OT passage 7 – 7.5 ton

OT1 – 11 ton

OT2- 7.5

OT3-7.5

OT4- 2.5

OT5- 7.5

Cath lab 1- 11 ton

Cath lab 2- 5.5 ton

MICU- 22 ton

CCU -17 ton

Electricity Bill comes to around 13-23 LPM

HOUSE KEEPING

Outsourced housekeeping

Two agencies supplying man power

162 STAFF

Vaccination is done after a month of joining, then after 6 months and followed by booster doses after a year and 5 yrs resp

Every hsk is kept on a two months rotation except the ones who are in OT

For 100 bedded hospital ratio of HSK to patient should be 1:6

4 cycle scheduled cleaning is done at 7AM, 11:30AM, 3:30PM and at 9PM

1000sq feet takes 6 mins to clean

Spot cleaning is done in 3.5 mins

Wet mopping takes 12 mins

Reagents used for cleaning

R1 and Bacillocid

R1 for floors and other areas

Bacillocid for surfaces to disinfect like tables, counters door handles

Proper cleaning hygiene is maintained by washing the dry mop every 8 hrs

LINEN

Ideally it should be 4 PAR for a 170 bedded hospital but currently we are working on 3 PAR

Consumption of linen is 560 per month

10% is discarded every month by the Condemnation committee which has admin head, infection control, and CSSD in charge.

Around 2 Lakh linen goes for laundary every month

BIO MEDICAL WASTE

Collection done thrice in a day

Yellow and Red liners waste is collected in one and black is taken separately

Rajkot Municipal Corporation RMC takes the waste by 400/- per day

At the rate of 25/- per kg

100 kg per day

1.15 LPM depending on surgeries and procedures

Syringe burned and waste is 1- 1.5 kgs per day

Govt agreement is of 3 YRS

4000/- monthly is given for rag pickers vehicle

INFORMATION SYSTEM

30 modules for every department with single primary base user

Control is from the corporate office then to two proxy servers

Proxy server 1 provides to hospital

And to then to the systems in the Hospital

Any person needing access is to request the corporate office through a mail and is then decided there to give them access or not.

160 GB server current usage 14 gb

Servere life is 10-12yrs

Backup is taken automatically thrice in a day

About 140 systems

80 printers

32 cameras are there

MAIN STORE

Two types of purchasing happens

Local – done by the purchase commettii

Capital items – done by the corporate office centrally

If there are any changes in the prices of the current purchases then only the purchase comettiee sits again, or else the decisions are carry forwarded

90 day Credit period is aviled

Item analysis, utilization decides on the lead time, all this further determines the Reorder level

CSSD

Every instrument is color coded, for better recognition, and checking the mix up of inventory.

1 ETO

2 Sterilizer

ETO takes 8 hrs

Sterilizer takes 5 hrs

The sterilizer has 5 levels of working on which it can run for different durations separately

P1 – trays- 1hr

P2 – Linens- 1,1/2 hrs

P3- Open Cycle – 15 mins cycle

P4-is for testing the machine if its working well or not, done only by the technician

P5 & P6- for leak test

ETO is generally ran by the night it takes 12 gas cylinders in a month

Proper checklists are maintained for the different instruments in trays that come to CSSD

The person receiving the tray after the process, is written in the register with name, Ip no of patient for which it was issued, Date, Time of use and batch no. so that it becomes easy to track with all the details if anything goes wrong

Biological testing for every tray is done for testing for Infection.

Testing is done daily, and reports are maintained for a year.

Expiry for ETO- 1 yr

Linen – 7 Days

paper – 1 month

Down Time

ETO-1Day

Sterilizer- 4-5 Days

CATH LAB

2

300 cases a month

10 daily

Procedures- Angiography ½ hr to 45 mins

Angioplasty 2 hrs

PTCA 4-5 hrs

2 cardiologists

12 Nurses, Technicians

2 recovery beds, after the procedure the patients are sent in to CCU

Appointments done a day prior

Emergency cases are taken as per the availability of the Cath lab

OPERATION THEATRES

5, 8-10 operations in a day

1- General OT

2- ORTHO

3- Neuro/Spine

4- Joint replacements

5- Cardiac

Maximum cases of neuro and spine are operated

OT preparation takes15-20 mins for normal pts

For positive patients 4-5 hrs

OT bookings are done by the RMO, on written request of surgeon

2-4 hrs of prior bookings are not, a day or two days, which keeps the OT available, when required and no un-necessary cancellations happen

Forms are sent from the wards to the OT after scheduling is done over the phone

Anaesthesia consents are taken in the OT, or when the consultant is explaining the surgery to pt, and relatives

Proper records of the surgery is maintained with

Patient details, surgeon details, anaesthetist name where the patient was shifted and type of anaesthesia given, nurse details

OT booking forms 3 copies

1 patient for deposit

2 OT

3 pt file

LABORATORY

200 Tests in a day

Bio chem. Machine

ABG

Coastat

Immunoassay

Centrifuge

Hematology – 100 samples a day

Time taken

Clinical path- 60 sec

G6pd- 6 hrs +ve, ½ hrs –ve

Vidal 24 hrs

MRI

1.5 Tesla

10-12 Mri in a day

TAT 3HRS

CT

6 slice

10-12 in a day

TAT 3-4 hrs

BIOMEDICAL ENGINEERING DEPARTMENT

Takes care of AMC. CMC of machines

Repair, working is monitored daily in the moring during rounds

If later something needs to be done they get a call, a request on what machine maintenance is required

For CMC – Back up is checked first

- Utilization
- Down time
- Spare parts cost

Any machines value's 5% is given for CMC

A Daily complaint log is maintained

Excel sheet is maintained with equipments, their maintenance due date, cost, company, contact number

AMC, CMC decided in the financial budget

Any new purchase of machine, is to be approved by the corporate office,

1.6 PROJECTS WORKED DURING THE INTERNSHIP

Nursing Time and motion study

IP drug transcription time

Preventive health check up process analysis