Deployment And Rationalization Of Manpower In wards and critical areas of the Hospital

Presented by-
Bhawna Rathi
Roll no-1430

Guided By-
Dr.Shilpi Mishra Sharma

ABOUT THE ORGANIZATION

- Medica-Super specialty Hospital is a 490 bedded **tertiary care hospital** with state-of-the-art facilities and advanced services all under one roof.

- Foundation stone of MSH was being laid in February 2006 and it was inaugurated in April 2010.

- NABH accreditation received on 1February 2013.

Vision

Committed to bring the best in healthcare

Mission

We deliver excellent clinical outcome with superior patient care in a transparent manner within a safe environment

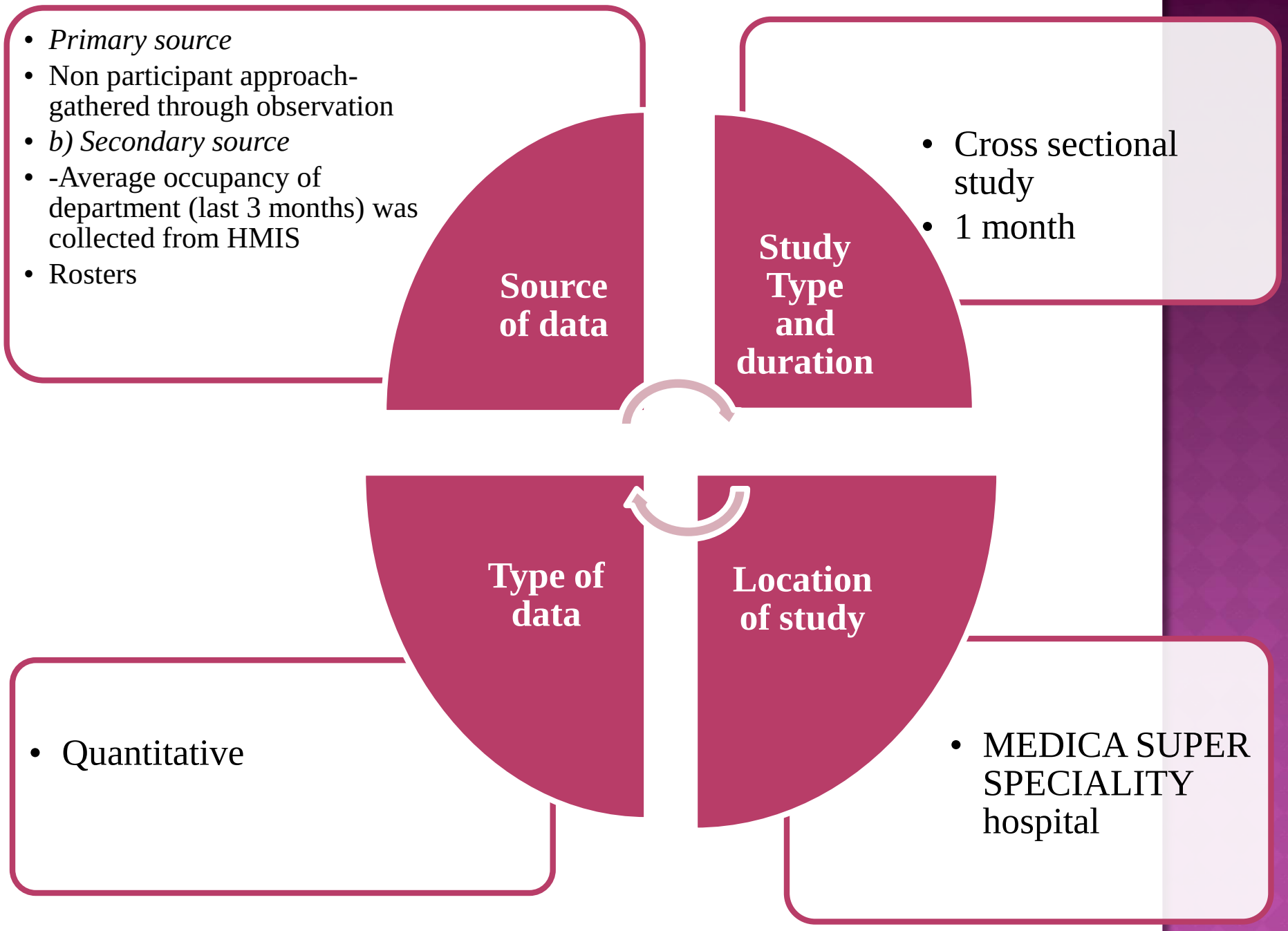
RATIONALE-

- It is a tedious task to carry out healthcare delivery for the masses without rationalizing human resources in the form of reallocation and redeployment of health care personnel .
- Efforts should be made to achieve maximum output by utilizing minimum input and optimum utilization of the manpower.
- Present study makes an attempt to study the deployment and rationalization of staff which will lead to cost saving and efficient delivery of services from organization point of view as well as increased level of satisfaction in the staff.

OBJECTIVES

- To study the current deployment status of manpower (nursing, ward pharmacist, and IP operations) in inpatient department of the hospital
- To assess whether the currently deployed manpower is adequate and optimally utilized
- To assess if any redeployment and redistribution of responsibilities is needed

METHODOLOGY


Source of data
Study Type and duration
Type of data
Location of study
• *Primary source*
• Non participant approach- gathered through observation
• *b) Secondary source*
• -Average occupancy of department (last 3 months) was collected from HMIS
• Rosters
• Cross sectional study
• 1 month
• Quantitative
• MEDICA SUPER SPECIALITY hospital

Study respondents-Nurses ,Ward- Pharmacist and IP Operations Staff

Sample size- 27 (15 nursing staff, 6 IP operations staff, and 6 ward pharmacist) were covered.

Sampling method -Staff was observed as per their duty hour

RESULTS

Deployment of Ward Pharmacist

floor	Shift timings	Staff	Total staff
4 floor(A wing)	morning-8.00am- 4.00pm	1	8(out of which 1 is in induction period)
	evening-12.00pm-8.00pm	1	
	night-8.00pm-8.00am	1	
B wing	morning-8.00am-4.00pm	1	
	evening-12.00pm-8.00pm	1	
	night-8.00pm-8.00am	1	
Overlapping time-12.00pm-4.00pm(2 staff in each wing)			

Activities are performed by the ward pharmacist

- Checking and monitoring medicine cards
- Clarify quantity of medicines and dosage with allocated nurse and indent according to the priority
- Indenting and follow up with IP pharmacy
- Checking of the stock at patient bedside locker at regular interval
- Receiving of the medications dispatched from the pharmacy and thorough checking against the issue slip for quantity, batch no, expiry date, and condition of the drugs
- Ensuring return of medicines for discharged patients

Deployment of Nursing Staff in Wards

department	Total beds	Total asso-NCS	Shift-wise distribution	Existing ratio	Expected ratio(INC norms)	rationalization		
General ward B2	32	21	M-5	1:6	1:5	M-6	17	17+11+19=37 37+11(30%leave reserve)=48 total
			E-5			E-6		
			N-5			N-5		
General ward B1	18	11	M-3	1:6	1:5	M-4	11	
			E-3			E-4		
			N-3			N-3		
General ward A wing	15	6	M-2	1:7	1:5	M-3	9	
			E-2			E-3		
			N-2			N-2		
		38 total						

Activities observed in general ward-

- Daily assessment
- Blood glucose monitoring
- Administration of medication
- Handover of duty
- Feeding and grooming
- Administration of intravenous medication or infusion
- Pre and post operative care
- Ensuring bed and mattresses are clean and dry
- Escorting patients for investigations
- Every shift departmental classes
- Transfer in /out
- Discharge

Night shift activities-8.00pm-8.00am-

- Handover
- Receiving of indented medicines
- Feeding
- Documentation-nursing daily assessment ,nursing care plan ,diabetic chart ,clinical chart ,fluid balance chart ,entry in billing card for investigations ,requisitions for investigations etc ,consent
- Medication
- File preparation for planned discharges
- Return of medicines
- Linen etc ordered
- Sponging

Result of activity analysis suggests that In night shift 1 staff less can manage the workload in wards as patient usually sleep after taking 10 o clock medication and nurses got free by 2.00am and then again start the morning activities from 5.00am

RATIONALIZATION OF NURSING STAFF ON 4 FLOOR

department		Total beds	Total nurses	Shift-wise distribution	Existing ratio	Expected ratio(INC norms)	rationalization		
4 floor A wing	Multi-4-12	37	26	M-6	1:6	1:5	M-7	20 nurses per day	20+23=43+13(leave reserve)=56 required
	Multi-6-24			E-6			E-7		
	Private-1			N-6			N-6		
B wing	Twin share-2	43	26	M-7	1:6	1:5	M-8	23 nurses per day	
	Private-1			E-7			E-8		
	Multi 6-24			N-7			N-7		
	Multi 4-16								
			52						

RATIONALIZATION OF 6 FLOOR NURSING STAFF

department		Total beds	Total asso nurses	Shift-wise distribution	Existing ratio	Expected ratio(INC NORMS)	rationalization	
6 floor A wing	Twin share (9 rooms	18	20	M-5	1:4	1:5	14	14+11=25+8(leave reserve)= 33 total nurses required
				E-5				
	private	7		N-4				
B wing	Private	9	20	M-5	1:3	1:5	M-4	
	Deluxe	2		E-4			E-4	
	suite	4		N-4			N-3	
			40					

7 staff in excess But it's a VIP floor has physical barrier as rooms are single or twin share so frequency of call bells is also high.

RATIONALIZATION OF CCU NURSING STAFF

department	Total beds	Total nurses	Shift-wise distribution	Existing ratio	Expected ratio(INC NORMS)	rationalization		
CCU-1	12	29	M-7 E-7 N-7	1:1(ventilator) and 1:2	1:1(ventilator) and 1:2	M-7 E-7 N-7	21	21+18+18=57+17(leave reserve)=74 staff required Average occupancy was about 65-70% only
CCU-2	10	23	M-6 E-6 N-6	1:1(ventilator) and 1:2	1:1(ventilator) and 1:2	M-6 E-6 N-6	18	
CCU-3	10	23	M-6 E-6 N-6	1:1(ventilator) and 1:2	1:1(ventilator) and 1:2	M-6 E-6 N-6	18	
		75 total						

Rationalization of HDU and NICU

department	Total beds	Total nurses	Shift-wise distribution	Existing ratio	Expected ratio(INC NORMS)	required	
HDU	25	34	M-8 E-8 N-7	1:3	1:3	23 +7(30%leave reserve)=30	
HDU 2 Floor	10	18	M-5 E-5 N-4	1:2	1:3	13+4(30%leave reserve)=17	
NICU and paed HDU	10+5	15	M-4 E-4 N-3	1:1(ventilator baby) and 1:2	1:1(ventilator baby) and 1:2	M-7 E-7 N-6	20+6 (leave)=26

NICU is short of staff if we go by the bed strength but the average occupancy is low i.e 27% so the workload can be managed by 4 staff per shift and if occupancy increases than staff can be taken from 2 floor HDU

IP OPERATIONS AND BILLING DEPLOYMENT

floors	SHIFTS	IP OPERATIONS		shifts	BILLING
Emergency and Ground floor	8am to 4pm-1	GRE	3	8am to 4pm-2	7
	10am to 6pm-1	coordinator		12pm-8.00pm-2	
	12pm-8.00pm-1	GRE		9.00am-5.00pm-1	
1 floor	8am to 4pm-1	GRE	3		
	10am to 6pm-1	coordinator			
	12pm-8.00pm-1	GRE			
2 floor	8am to 4pm-1	GRE	3		
	10am to 6pm-1	coordinator			
	12pm-8.00pm-1	GRE			
4 floor	8am to 4pm-1	GRE	3	8am to 4pm-1	2
	10am to 6pm-1	coordinator		12pm-8.00pm-1	
	12pm-8.00pm-1	GRE			
In the overlapping time i.e -12.00pm-4.00pm 3 staff of IP operations are there 10.00am-4.00pm-2 staff are there					

IP OPERATIONS AND BILLING DEPLOYMENT

floors	SHIFTS	IP OPERATIONS		shifts	BILLING
5 floor	8am to 4pm-1	GRE	3	8am to 4pm-1	2
	10am to 6pm-1	coordinator		12pm-8.00pm-1	
	12pm-8.00pm-1	GRE			
6 Floor	8am to 4pm-1	GRE	3	8am to 4pm-1	2
	10am to 6pm-1	coordinator		12pm-8.00pm-1	
	12pm-8.00pm-1	GRE			

Activities:

- Daily rounds in the ward ,Occupancy sheet updated (vacant beds, discharges, OT, and NPM list)
- Addressing queries of the patient attendants
- Discharge registers maintained
- coordinating patient movements to OT/investigations/other procedures/shifts in and out
- Discharge follow up done
- Bed management
- Get the feedback forms filled
- Floor coordinator card is given to the relatives for any queries
- Coordinating with other floor associated housekeeping, transport, F&B
- Records maintained in the registers of- transfer in/out, transport log book
- Daily reporting to higher authorities of DAMA, death, discharge, feedback forms through mail

Billing –

- GRE go the nursing station and note down the number of discharges in discharge copy of billing and bring their bill cards for bill preparation
- One bill preparation needs about 10-15min , and in package patients up to 30 min
- After the final bill preparation bill card is sent downstairs for checking and final payment
- Billing for the investigations is also done
- Outstanding follow up of 4,5,6 floors is done on the 6 floor
- Bill card updation -After 12.00pm they start updating bill card(consultation fees etc are added)

SUMMARY SHEET

department	Staff currently deployed	required	Excess or shortage
General wards	38	48	10 less
6 floor	33	40	7 extra
4 floor	52	56	4 less
HDU	52	44	5 extra
IP operations	20	17	2 extra
Ward pharmacist	8	8	
Total	12 nursing staff extra which can be deployed to 4 floor and general wards having shortage.		

ISSUES AND RECOMMENDATIONS

For ward pharmacist

- 2 Staff in night shift-but it is judicious to reduce staff in night duty 2 staff are not required, as no indenting is done in night except for the new admission and STAT but the main responsibility is the return of the medicines for planned discharges.

- 1 staff in both the wings is idle In the overlapping time there are 2 ward pharmacist but there is only 1system for indenting so they can be sent to 5 floor for helping

- 1 system more for indenting is required as nurses have to wait for taking the printout of the investigations

ISSUES AND RECOMMENDATIONS CONT'D

For nurses

- Shortage of 4 nurses(on the 4 th floor)- can be resolved if coordinators start taking allocation in the presence of team leader as there should be only 1 in-charge for overall supervision

- Both the wings of 4th floor were having separate medication nurse which is not required as there is the ward pharmacist and nurses also check for medication so there is overlapping of responsibilities.

- HDUs were having extra staff which can be redeployed
- Job responsibilities of HCAs can be increased and there can be redistribution of responsibilities from nurses to HCAs

ISSUES AND RECOMMENDATIONS CONT'D

- Hierarchy in nursing department-Layers in nursing department should be less as now they were having associate nurses , coordinators, controllers, team leaders ,and nursing supervisors on the floors

For IP OPS

- 2 GRE are there at the overlapping time of 12pm-4.00pm so there is no need of a separate floor coordinator, can have a combined coordinator for 4,5 and 6 floor

THANK YOU