Internship
at
Santokba Durlabhji Memorial Hospital
Jaipur

Submitted By

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INTRODUCTION

History

Santokba Durlabhji memorial hospital is a trust managed, autonomous, fee for service, not for profit, multidisciplinary, private hospital, which conceptualized by vulnerable family patriarch, the late Padamshri Khailshanker Durlabhji. He had passion and compassion to deliver affordable health-care to the people of rajas than which would be second to none in the country.

The hospital was established in 1971 and was inaugurated by late Smt. Indra Gandhi. It is located in the heart of pink city, spread over landscape 7.3 acres situated at Bhawani Singh road, Jaipur. It is self-contained campus with staff residences, a bank, a post office, medical stores, diary booth, in patient attendant complex (Dharamshala) and other living facilities.

Location and area

The hospital is spread over 90 acres of land on a prime location of Jaipur. This hospital is unique of its kind and it is also certified by ISO 900: 2000 with bed capacity of 450. Recently the hospital has also been accredited with the prestigious **NABH certification**.

Catchment area

The catchment area is whole Jaipur city along with other parts of Rajasthan and other states like Haryana, UP and overseas nations.

Targeted population

The main targeted population is middle and upper middle class. It provides free services to terminally ill patients at Avedena Ashram. The camps are been organised throughout year in various districts of Rajasthan.

HOSPITAL PROFILE

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VISION

SDMH shall be an integrated quaternary healthcare hub for delivery of affordable quality medical care in an economically viable, regionally, nationally and internationally positioned institutional environment.

MISSION

The hospital cares. SDMH is committed to providing quality health care at the most affordable rates to all sections of society, irrespective of caste, creed or colour. Towards making this possible, we pledge to dedicate all our efforts and all our energies.

QUALITY POLICY

With a view to establish a system of clinical excellence, patient centricity, service delivery and ethical practices, team SDMH, through adherence to establish standards of healthcare delivery; will apply medical science and technology in such a way so as to maximize benefits to health without concomitant risks.

SCOPE OF SERVICES

CLINICAL SERVICES

- Cardiology
- Cardiothoracic Surgery
- Dentistry
- Dermatology
- Dietetics and Nutrition
- ENT
- Executive health check up
- Gastroenterology

- Gastro Intestinal Surgery
- General Medicine
- General Surgery
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics and Gynaecology
- Ophthalmology
- Orthopaedics
- Paediatrics and Neonatology
- Paediatric surgery
- Paediatric Neurology
- Physiotherapy
- Plastic surgery
- Psychiatry
- Pulmonary Medicine (Chest & T.B)
- Rehabilitation
- Speech Therapy & Audiology
- Urology
- Vireo Retinal

24-Hour Services

- Emergency Services
- Ambulance Services
- Pharmacy Services
- Laboratory Services and Imaging Services for IPD
- Blood Bank

Diagnostic Services

- X-ray
- Ultra Sonography
- Mammography
- Bone Mineral Densitometry
- CT Scan
- MRI
- Endoscopy
- Cardiac Catheterization Laboratory
- Neuro Diagnostic Labs like EEG, EMG, EV
- Audiometry & Speech Therapy Testing
- Cardiac Test includes:
    - Electrocardiogram
    - Echocardiography
    - Trans oesophageal Echocardiography (TEE)
    - Holter Monitor
    - Stress Testing
- Pathology
- Including all pulmonary test e.g. Sleep Study Test

Utility services

- Dharamshala
- Avedna Ashram
- Union Bank and ATM facility
- Sarv Dharam Temple
- Utility Shops
- Book Shops
- Mobile Chargers
- Telephone Booth
- Post-office
- Cafeteria
- Saloon

- Mortuary
- Diary

INTENSIVE CARE UNIT (ICU)

- Cardiac Medical-I
- Cardiac Medical – II
- Cardiac Surgical
- Medical ICU
- Neuro ICU
- Surgical ICU
- Paediatric ICU
- Neonatal ICU (IPU & PCU)

SERVICES WHICH ARE NOT AVAILABLE

- Medico legal Cases (MLC)
- Burns Case when burns are >20%
- Organ Transplantation

OVERVIEW OF VARIOUS DEPARTMENTS IN HOSPITAL

OUT PATIENT DEPARTMENT

Outpatient department is defined as a part of the hospital with allotted physical facilities and medical and other staff in sufficient number with regularly scheduled hours, to provide care for patients who are not registered as in patient. The OPD facilities provide the main linkage of the hospital with the community.

Main purpose of OPD

Ambulatory medical care is provided to patient who are not confined to bed can be provided at a general practitioners clinic specialized clinic, a health centre or a hospital, which are part of a hospital such care is called outpatient care. This care is provided through the OPD'S for fabricating of good health to patients.

REGISTRATION

In order to avail the services offered at the hospital, the patient should be registered himself/herself at the main reception. The IPD registration is done round-the-clock and the form for the same is to be filled up and handed over at the counter itself. Please make sure that you provide accurate information in this form.

It is highly recommended to write your details as per legal documents to avoid inconvenience especially for medical reimbursement / LIC purpose. Please carry the OPD Registration card and patient file on every hospital visit. Your Unique Hospital Identification Number (UHID) is important to make sure that you receive timely services

OPD PROCESS FLOW -For New Patient:

Patient comes at enquiry for consultation

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The registration form is filled by the patient/attendant kept on enquiry counter.

↓

Patient directed to OPD Reception counter for Registration.

↓

All the demographic details entered in Hospital Information system by the receptionist.

↓

Patient deposits consultation fees as per hospital policy.

↓

Unique Identification Card is generated and issuing Registration card carrying unique identification no. for current and subsequent used.

↓

Receptionist handovers the consultation file and card to the patient/attendant.

↓

Patient is briefed about the consultant's chamber no. and respective floor. The patient goes to the doctor's OPD with the file and gives the file to the Nursing staff posted in Consultant's chamber.

↓

Nursing staff calls the patient with his/her name according to the submission of OPD file for consultation.

↓

After Consultation OPD file is sent back to the reception after end of the day by nursing staff through the ward boy.

↓

OPD file is collected and kept by receptionist with help of Housekeeping staff in the File shelf which is stored behind reception.

For Old Patient:

Patient Comes at Reception with OPD Registration card (mention his/ her unique identification no.), which he has got at 1st visit.

↓

After take the OPD Card, Receptionist withdraws the file from the OPD shelf which are arrange according to OPD No.

↓

OPD Cards are given by patient/attendant to the Receptionist to take OPD file for consultation which is kept in OPD record.

↙ ↘

If Consultation date within 5 days, give file to th patient without consultation charge for consult th consultant.

If Consultation dates more than 5 days, consultat harge receive by the receptionist and handover fi the patient/attendant for consult the consultant

↓

Patient takes the consultation file and goes to the Consultant's OPD and gives the file to the Nursing Staff.

↓

Nursing Staff calls the patient with his/her name according to the submission of OPD file for consultation as per priority for consult to the consultant.

↓

When patients has been seen by consultant, OPD file is being send to the Reception at the end of the OPD timing by Nursing Staff through the Ward boy.

↓

Receptionist Collects the file and keeps it by serial no. in the File shelf which is behind the reception area.

Process flow if investigation required:

Patient directed to concerned investigation counter.

↓

Patient goes to the billing counter with required investigation slip/Consultant's prescription.

Required Investigation entered in hospital information system at the billing counter. Payment of investigation taken as per hospital policy

↓

After the billing is done, the patient is sent to the concerned investigation department.

↓

All Investigation reports are sent to the consultant's OPD.

↓

If patient needs admission, patient/attendant goes to the IPD counter for admission**.**

INSURANCE CLAIM

PROCESS FLOW (For TPA Insurance claim)

Patient Comes at Enquiry for Consultation.

↓

After consultation if there is a requirement of admission by Consultant, then the patient proceeds for admission

↓

After admission patient goes to the TPA for Cashless facility

↓

Insurance Issue Card checked by the department.

↓

Policy related manual check by department.

↓

Pre-authorization form filled by Consultant and department.

↓

All Medical record copy and document sent by TPA Cell to the insurance company for claim.

↓

Approval sends by insurance company for reimbursement to the hospital.

↓

After receiving the approval, cashless process pass given to the patient.

↓

Cheque is issued by insurance company to the hospital for clearance of all hospital's bills.

↓

Cheque is deposited in hospital's account for clearance of Hospital bills.

CORPORATE ADMISSION

- Corporate clients are required to submit their company's credit letter on the date of admission. In case of emergency admissions, the credit letter has to be submitted within 12 hrs of admission.
- A letter is issued which states that the patient is deemed as a cash patient and an initial deposit is to be deposited. The same would be refunded (at the time of discharge) against the submission of the company's credit letter.
- Patient opting for a room/bed category higher than their entitled category are required to pay the difference in charges arising thereafter. Charges for investigations, operation theatre charges, and the doctor's fees are subjected to change in accordance with the particular room category chosen.

CREDIT FACILITY

- Credit facility is offered only to the patient from Corporate & Insurance. TPA's having a tie up for patient covered under Medical Insurance, It is mandatory to get approval for cashless facility from TPA before patient gets admitted however if the patient gets admitted in emergency, then this approval for cashless facility must be produced before the discharge.
- In case there is a delay in authorization, patient authorization or denial of authorization from the insurance/TPA hospital cannot be held responsible & 100% of estimated cost or the difference cost to be deposited at the time of admission or before the surgery.

EXECUTIVE HEALTH CHECKUPS (EHC)

SDMH also provide preventive health care services in the form of executive health check-ups. ***Incidentally, I was the first patient of the hospital to undergo the Executive health check up with my wife in the hospital in 2012***. It includes different health packages for different group of people on reasonable charges like:

- Child health check-ups,
- Senior citizen health check-ups,
- Well women health check-ups (below 40 years & above 40 years),
- Executive health check ups
- Whole body health check-ups
- Pre-employment health check-ups, routine medical health check-ups, diabetic health check-ups, comprehensive cardiac health check-ups etc.

IN PATIENT DEPARTMENT

In Door Patient Department caters the services for patients who require continues observation and supervision of experts, acute & intensive medical care and emergencies. In SDMH there is separate IPD Building which has four floors and a basement. Floor wise distribution is as follows:

Infrastructure of IPD Building:-

Connectivity of Floors

- **Lifts**: - There are total five lifts in the hospital building which has different capacity. Three of them have capacity of 15 persons at a time, one of them have capacity of 11 peoples at a time and remaining one has capacity of six persons at a time.
- **Stairs**: - There are two staircases to go up from ground floor and one staircase go on basement.
- **Ramp**: - There is one ramp from ground floor to other floors.
- **Foot Way/Connecting Bridge**:-There is ramp connectivity from OPD building to IPD building from first floor.

Fire Safety Equipment's

There are various types of fire safety equipment's in IPD & OPD building which includes:

- Water Neel Rope: - it is used in general fire.
- Foam Cylinders: - it is used to come up with electrical fire.
- Sprinkler System
- Smoke sensors
- Fire Alarms
- Emergency fire exits

Gas pipe lines

There are different colour pipe lines are there for different gases for Wards, ICU's and OT's.

- Yellow pipe with white band: oxygen line
- Yellow pipe with blue band: nitrous oxide line
- Yellow pipe with black band: Vacuum line
- Blue pipe with white band: Air line

Waiting Area

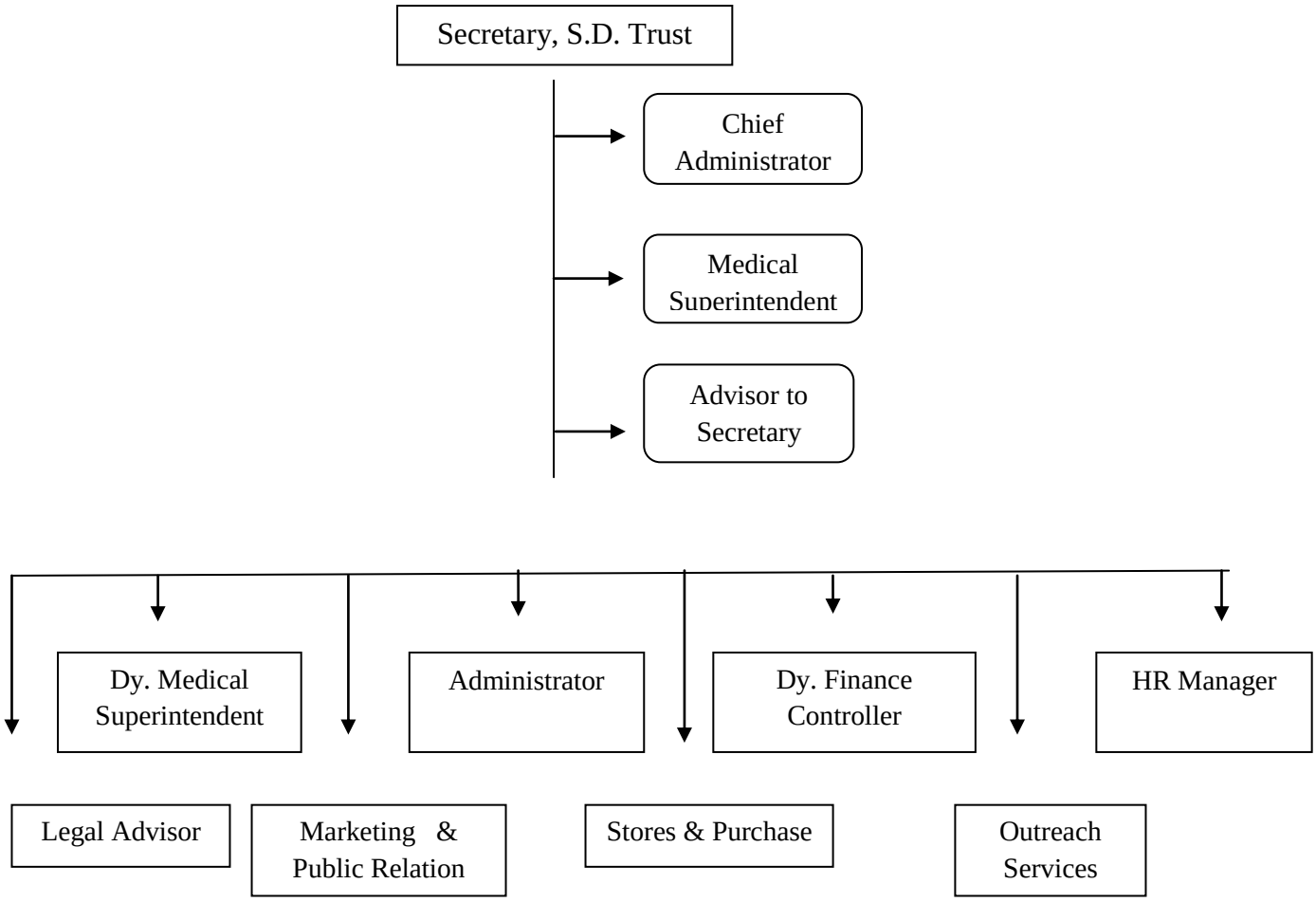
Every ward and ICU have waiting area attached with them which has open space as well as some fixed chairs and attached washrooms.

Cafeterias

It is an outsourced service. Every floor has one cafeteria in waiting lounge which provides snacks, tea and coffee. Only one or two of whole building are opened 24*7 and rest of them are running from **Morning**: 6.00am to 11.00pm.

Administrative Block: The administrative block is located in the basement of IPD building. Their description as follows:

ORGANOGRAM



Library-The library is situated in the first floor of the Aavedna building. It is fully Air conditioning. Timing of this is from 9.00Am to 7.00Pm.there is attached computer room for students and faculty that

have internet facilities. There are various types of the medical books, international& national journals available. However, the staff is slightly uncooperative .

Radiology Services - Radiology services like Digital X-ray and Ultra-Sonography Rooms are available in the campus for IPD patients. The charges for these services are not collected cash here but it will be noted down on patient Charge Sheet which is with the patient's file and collected at accordingly at Bank or Admission counter. There are three X-ray rooms and two Sonography rooms for IPD patients.

Laboratory Services:-The laboratory services like Pathology, Biochemistry, Histopathology and Haematology are available here for both in and out patients. For in patients, samples which are collected in wards sent to lab with housekeeping staff and Bar codes are generated by LIS (Lab Information System). For outpatients, samples which are collected in OPD also taken for further process.

Table : Lists of Tests done

S.N.	Department	Type of Tests
1	Biochemistry	81
2	Hormones/Marker	25
3	tool Examination	7
4	Haematology	38
5	Immunology(Serology)	85
6	Microbiology	30
7	Histopathology& Cytology	16
8	Blood Bank & Transfusion	47
9	Urine Analysis	30

Marketing Services of hospital

There is no as such core marketing activities in hospital as hospital having its Brand name. It is regulated by a trust which is running on no profit strategy. Catchment area of hospital is Jaipur city, Jaipur Rural and adjoining districts like Sikar, Ajmer, Dausa, Jhunjhanu, Makrana and Narnol etc.

As a part of promotional activities some are there:

- Publication of Clinical Success Stories in Newspaper.
- Sports awareness campaign.
- Regular CME's (Continuous Medical Education).
- Rural Health Camps
- Public Awareness programmes.
- Free Medical facilities to International Airport at Sanganer, Jaipur.
- Organizing the Youth Soccer League (YSL).

Hospital has tie up with 40 of the corporate organization as well as various Government Agencies for regular health check ups and pre employment health check ups

Computer/IT Department

This department is situated at ground floor of the IPD Building. There are total 10 employees in IT department of hospital distribution of all as follows: -

- System Analyst
- Programmer
- Hardware engineer
- Operator

There are total 220 computers in hospital campus all are attached with a Client Server Architecture System which has data storage capacity of 260 GB.

There are four basic requirements for developing a programme/module for HMIS:-

1. Data Base: - Oracle as a data base is used in SDMH.
2. Operating System: - Windows 2003 operating system is used right now.

3. Hardware: - Client Server Architecture System of HP is used.
4. Language: - Visual basic language is used to develop programmes.

There is LAN connection which is Lease line of 5Mbps.

Human Resource Department

Human Resource Department is headed by HR manager who directly report to Chief Administrator. This department works from recruitment to retirement of an employee. There are total Approx 1200 employees in the hospital which includes Administrative Staff, Consultants, Residents, DNB Students, and Housekeeping & Security Staff.

There are three types of the employees in the hospital:

- Hospital Grade
- Wages
- Contractual man power

There is provision of (Policies of HR Department):

- Annual increment of approx.10-12% depending upon individual performance.
- Total 40 annual leaves along with leave encashment up to 20 leaves in special circumstances.
- Daily allowance which is refined twice a year once in April and then October.
- Exit interview by the next superior authority at the time of leaving the organisation.
- 360^0 Performance appraisal of every employee at the end of financial year.
- Stipend to the DNB student

Finance Department

Finance Department is headed by Finance Controller and Deputy Finance Controller is directly reporting to Secretary to SDMH trust.

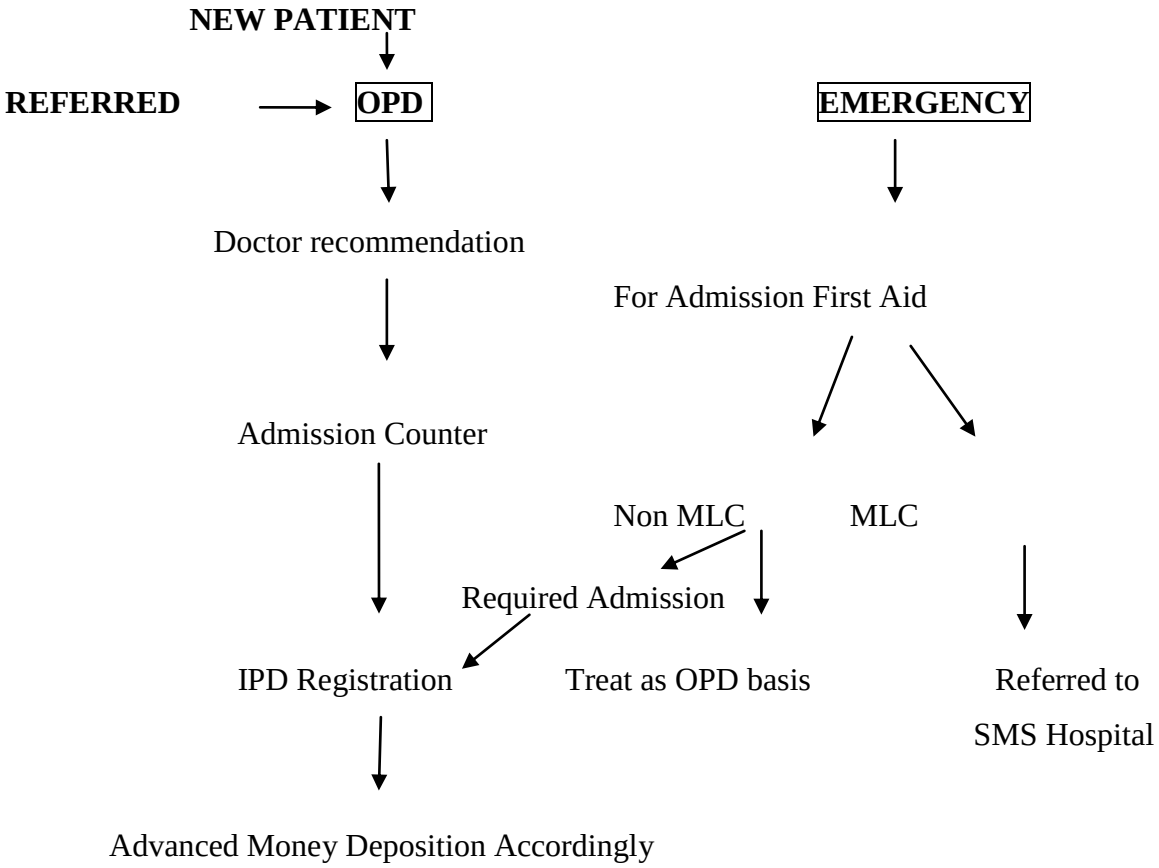
Duties of finance department to generate revenues minimize the costing of procedures, internal auditing the departments and arranging the external audit at the end of financial year.

There are two types of revenues in hospital that is medical like OPD, IPD, Investigations, Procedures and OT fees another is non-medical like from MOU's, Outsourced departments and Rent.

Internal auditing is done to check the manipulations. There are various types of auditing in hospital that are as follows:-

- Cost audit like Per bed costing
- Man power audit
- Department audit
- Per day revenue audit
- Observational audit

Flow of Patient in IPD



DISCHARGE

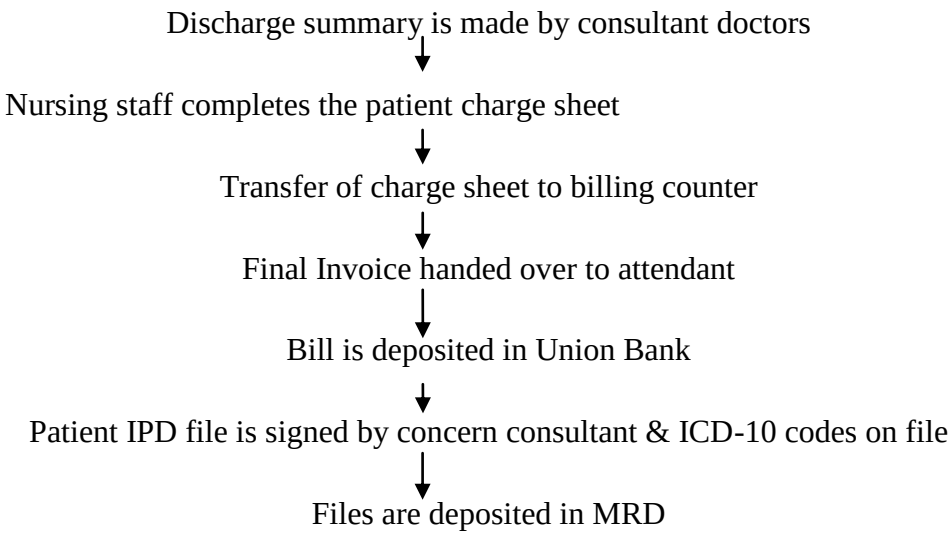
- The discharge process is initiated only after the patient's consultant deems him/her fit for discharge.
- Discharge timing is before 12:00 p.m.
- In case a patient does not wish to continue his/her stay at the hospital, he can, in consultation with his doctor, ask for the Leave Against Medical Advice (LAMA)
- Before leaving, the patient's attendant needs to check his/her room carefully for any personal belongings, hospital is not liable for their belongings.
- To avail an ambulance/transport facility, the patient can put in a request at the nursing counter/ reception counter.
- When you are being discharged from the hospital, your doctor and nurse, dietician, pharmacies will explain the treatment plan which you should follow.
- For nutritional queries dietician can be consulted.

Table : Types of Wards and Bed Strength

Type of Ward	Bed Strength
General Ward	299
Private Ward	21
Deluxe	15
LDR	2
Critical Care Area	63
PICU	7
PCU	20
Trustee room	1
NSR	2
SSR	2
Total	432

Note: Avedna Ashram which caters services for terminally ill patient has 82 beds.

Discharge Process & Documentation:-



Cath. Lab

- Cath.lab is situated at first floor of IPD Building adjacent to Cardiac O.T. It is a certified Lab for Invasive Radiology.
- This is one of the oldest Cath.lab in Jaipur which installed before 40 years. It had renovated in 2009 with new Phillips equipment's.
- Maintenance of this is seen by company persons in every 6 months.
- It has three rooms: Outer room is Computer room &Registration room; adjacent to this room is scrub & changing room; inner room is procedure room.
- Timing of Cath.lab is 9Am to 11Pm.in emergencies technician is called it off.
- Total no of staff is 10 in which two of were Cath. Lab technicians.
- Average 5-6 cases are coming per day in Cath.lab.
- All consumables and emergency medicines requirement send by monthly indent to store in last week of every month and this will be delivered in first week of next month.
- **Operation Theatre**

There are total five Operation Theatres in Hospital which has 11 Operation rooms.

Table : Description of O.T

O.T. Name	O.T. Room No.	Type of Surgery performed
Old O.T.	Old O.T.-1	Cardiac Surgeries
	Old O.T.-2	Neuro-Surgeries
New O.T.	New O.T.-1	Gynaecology Surgeries
	New O.T.-2	
	New O.T.-3	
Terrance O.	Terrance O.T.-1	Infected Surgeries including Gen.& Ortho
	Terrance O.T.-2	
	Terrance O.T.-3	Clean General & Ortho.Surgeries
	Steel O.T.	joint Replacement Surgeries Urology-surgeries

Wrist Band Colour Coding:

A band is tied on patient wrist which has general information of patient like patient name, IPD no., ward name in which patient admitted and date of admission. This is tied only for following admitted patients:

Table : Wrist Band Colour Coding

Blue	Surgical Patient (Patient Going for any Surgery)
Pink	Newly born baby and delivered mother
Orange	Vulnerable patients (65years>Patient Age< 14years)

"Nanhi Chaan":- Save the Girl Child Campaign

Every mother who had delivered girl child has given a small plant (Tulsi) at the time of discharge. The concept behind this is to care that plant as their child.

Outside labour room blue balloon for newly delivered male child while pink balloon for newly delivered female child.

Security

Security Service of SDMH IPD building is outsourced. The contract is renewed every year. There are three duty rosters of security persons which as follows:

Security Timings

Shift	Timing	No. of Security guards
Morning	6 .00Am to 2.00Pm	18
Evening	2 .00Pm to 10.00Pm	10
Night	10.00Pm to 6.00Am	7

There are total 35 security guards in IPD building amongst which maximum of them are present during the morning shift because of maximum no. of visitors are in morning hours and minimum no is required during night time .

Every patient is provided single attendant pass during admission. Only for neurological cases or special recommendation by concerning consultant the extra attendant pass is provided to the patient with extra payment of 100 Rs at admission counter in which 90Rs is refundable at the time of discharge.

Critical Care Area

There are total 63 beds in critical care areas of the hospital. The occupancy is much higher in that area of hospital which is approximately 95%. Distribution of critical care area has given below:-

No & strength of critical care unit

Name of ICU	Bed Strength	
Step Down ICU-1	1 1	I also known as High Dependency Unit(HDU).
Medical Critical Care Unit-1	10	It also known as Step Down ICU-2.
Medical Critical Care Unit-2	10	
Surgical Critical Care Unit	7	It caters the services for cardiac s surgery patients.
P paediatric Intensive Care Unit	7	
Surgical Intensive Care Unit	8	
Neuro-Science Intensive Car Unit	1 10	

Equipment List of ICU

- Multipara Monitor
- Defibrillator
- ECG Machine
- Syringe Pump
- IABP
- Blood Storage Cabinet
- Temp. Pacemaker
- Ventilator
- Bi PAP
- Patient Blanket

- Pulse Oxy meter

There are Specific equipment's that required in Neonatal and paediatric ICU as follows:

- Radiant Heat Warmer
- Digital Weighting Scale
- Nebulizer
- Infant Ventilator
- Incubator

Emergency

Department of Emergency is located at ground floor of IPD building. It caters 24*7 services. Patient coming at emergency required to deposit Rs.200 as file charge or registration charge at admission counter. From there patient get their unique identity no.

There are three duty rosters in each shift with one doctor and three staff nurse. In emergency doctors are ACLS/BLS certified. Training for this conducted by hospital time to time.

There are four beds in emergency normally 30-35 patients visit per day in this department. Frequently coming emergencies are fall injuries, Cardiac emergencies and poisonous intake etc.

There is minor OT in emergency department for suturing and other minor procedures. In minor OT there is an OT table, High Mask Light and Emergency Medicines are there.

List of Equipment in Emergency Department

- Crash cart
- Defibrillator
- ECG Machine
- Pulse Oxy meter
- Suction

Ambulance Services

There are total 8 ambulances in SDMH. Two of them are critical care ambulances amongst which one is fully equipped with lifesaving equipment's like ventilator, defibrillator, O_2 cylinder, and emergency medicine...etc. one of them are donated by State Bank of Bikaner & Jaipur.

Hospital Management Information System

The hospital has own management information system. It covers the following arena.

- Blood Bank management Information System
- IPD Management Information System
- Medical Record Management Information System
- OPD management Information System
- Operation Theatre Utilization information System
- Pay Roll information System
- Pharmacy Retail Chain Management Information System
- Ward Management Information System
- Lab information System

Central Sterilization Room

- It caters the services for Wards and ICU etc.
- Separate autoclave is present in OT's.
- Autoclave machine and ETO is present for sterilization.
- There is separate entry and exit door in CSR.
- Replacement system is been followed.
- Bow dick's test is done to check the sterilization.
- Human resources: total no of staff is four in which two are trained in sterilization procedures.
- The items are packed before coming to CSR to prevent mixing of items.
- Sterilized items were issued for ward at particular time in morning between 7.30Am to 7.45Am and in Evening between 2.30Pm to 3.00Pm.

Dietary Services

- Dietary services of hospital are on contract basis which is renewed every year. For IPD patients' contractor has payee by hospital on per plate basis.
- A dietician is appointed by hospital to prepare the diet schedule of every patient according their requirement. Dietician takes round on every morning and take note on the patient required diet.
- Diet charges are included in Bed/Room/Ward charges .Normally 5 meals are given to the patients in wards while in private rooms 7 meals are given to the patient.
- There are different diets for patients with Diabetes Mellitus, Hypertension, Renal disease or cardiac disease.
- Food trolleys temperature is kept at 50 degree Celsius.
- Weekly scheduling of diet is done by hospital appointed dietician as well as canteen own employed dietician. In absence of hospital dietician canteen employed dietician has to work.
- There is a separate arrangement of food preparation for patient which require more hygiene and for attendants.

OTHER SERVICES

AVEDNA ASHRAM

It is a charitable based hospice of 82 beds, where it provides a home for patients with terminal illness. It provides free shelter, food and care to terminally ill patients mainly suffering from cancer and pelagic patients of Rajasthan and neighbouring states.

ANANTH BHANDHARI DAY CARE CENTRE

It mainly looks after the spiritual, academic, intellectual and creative needs of the senior citizens through yoga, medication, music, reading lectures etc. They also provided with subsidized lunch and free tea and snacks.

Services

- Care of body, mind and soul through religious prayers and programmers etc.
- Common prayer room is provided for patients in Avedna Ashram and senior citizens at day care centre.

MORTUARY

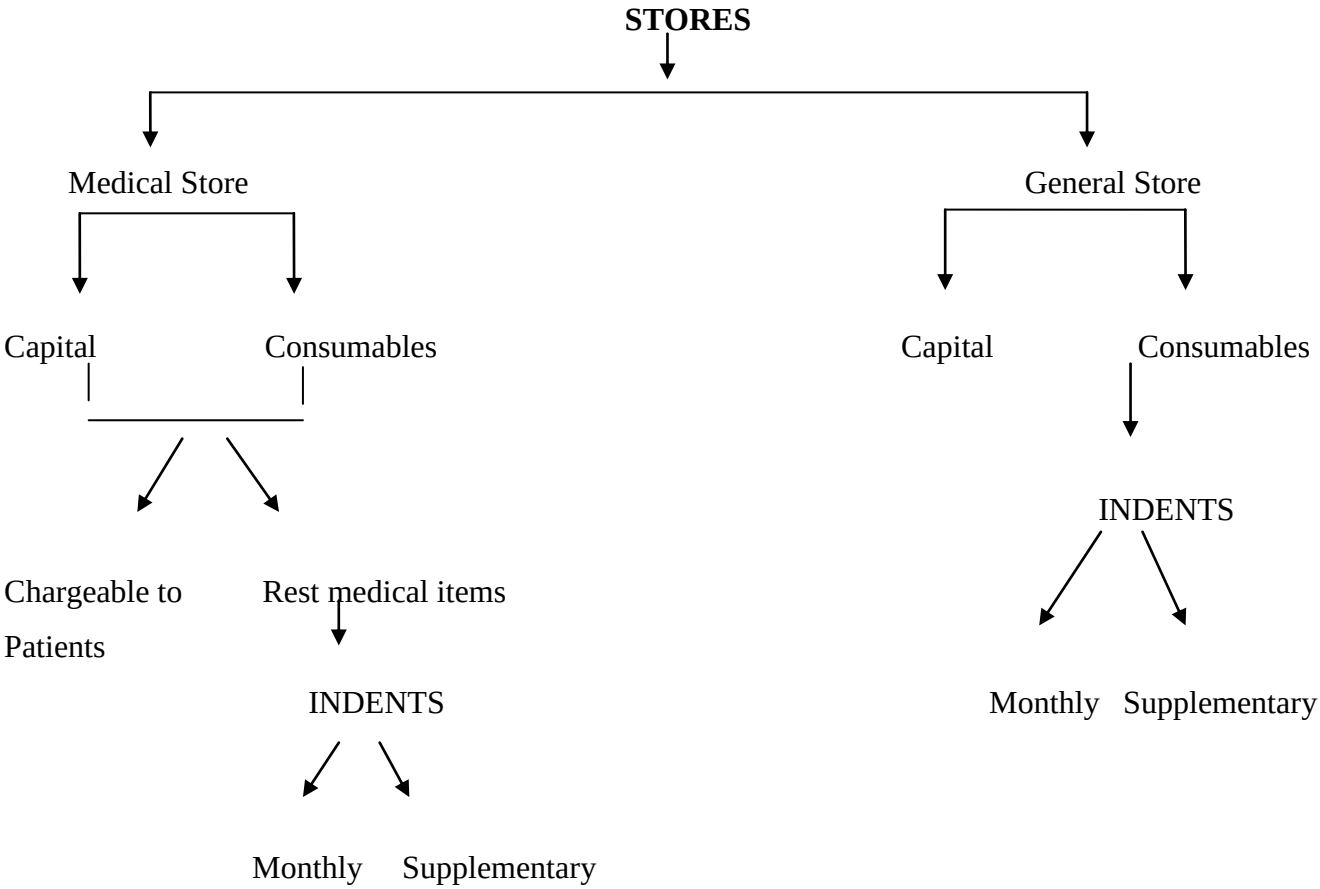
It is one of the support services of a hospital. Here the dead bodies of patients who die in the hospital are kept. They are kept either due to delay in their funeral or due to any medico legal reasons.

It is located in the basement of Avedna Ashram. A single insulated room were dead body is kept in the room. At a time 3 dead bodies can be kept in the room.

- Last rites services according to written request of the patients.
- AC mortuary services.

STORES & PURCHASES

This department is primarily responsible for inviting quotations, negotiating, purchasing and issuing desirable medical /general, capital/consumables to various departments of hospital.



MEDICAL RECORD ROOM

The key functions of the department are:

- To keep the record of IPD patients and discharges from the hospital
- To maintain the IPD records of deaths
- To provide the records whenever requested as per the law and also to dispose of the old records according to the law.
- Bills verification for the government employees.

(a) IPD Records

Patients discharge → Filling up charge sheet → Nurse enter it in ward register → Files comes to MRD → Entry in computer/ manually in register → Arranging file according to serial number.

(b) To get the file (Patients/ Attendant)

Application to MS → On approval of application → Photocopy of file is handed over

(c) For disposing of records

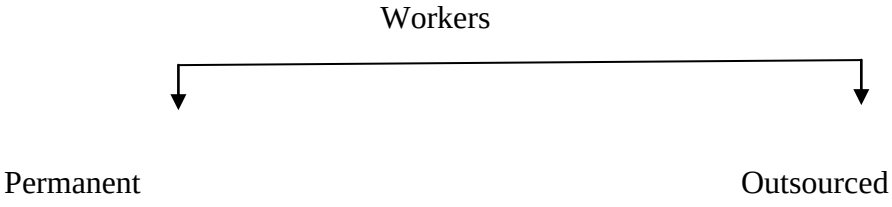
Report committee meeting is called and order is passed on the basis of unanimous decision of this committee. For disposal of records laws has to be followed

Important points

- Birth and death records are available here from the year 1971- till date.
- Discharge records for
- Report committee comprises of MS, legal advisor and doctor.
- Insurance company has to pay Rs 500 for obtaining records of a patients
- SDMH has also municipality computer and employee for issuing birth and death certificate.

HOUSEKEEPING

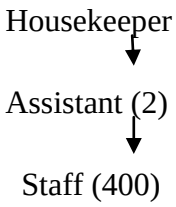
It is the in house department with a working staff of 400 and if and when required workers are outsourced.



Key functions

- To ensure the cleanliness of the hospital.
- To get cloths from wards to the laundry and make an entry and supply it back to wards.
- To make arrangement for various other function, conferences and camps.
- To collect the post and distribute it.

Human resources



Note: Staff includes sweepers, ward boys, ward ladies and drivers

MAINTENANCE DEPARTMENT

The maintenance department mainly includes workshop of:

- Carpenter
- Painter
- Mechanical
- Plumber

BIO MEDICAL ENGINEERING (BME) DEPARTMENT

Key functions

The main functions of the department are as follows:

- First line of repair and maintain all the Bio Medical Equipment's of the hospital.
- Inventory management of instruments.
- Medical gas room maintenance

For maintenance of equipment in OT, ICU and wards AMC and CMC are given.

ELECTRICITY DEPARTMENT

The main function of electricity workshop department is as follows:

- Electricity supply including emergency supply.
- Maintenance of AC and air cooling.
- Maintenance of central suction

- OT cautery wire
- Maintenance of hydraulic table- OT
- Oxygen pipelines
- Maintenance of centrally dry air compression
- Soft water processor

BANK

- The hospital has a branch of a Union Bank as well as Bank's ATM inside the hospital campus.
- There is a direct transaction of monthly salary of hospital staff from hospital accounts section to the employee bank account.

POST OFFICE

- Post office SDMH branch is present inside the hospital campus.

IN PATIENT ATTENDANT (IPA) BLOCK

- It is a 50 bedded dharamshala providing accommodation facility for the attendants of the IPD patients.

LAUNDRY

- The laundry services in SDMH are outsourced and the contract is renewed annually.
- The cost per cloth is pre decided and monthly the payment is done on those bases.

Equipments

- 3 Machines are soaking the soiled and untainted linen.
- 3 Washing machines are present for washing purposing.
- 3 Blow dryer machines are present to dry the linen.
- 1 roller for ironing is present.

BIO MEDICAL WASTE

This department is outsourced by the hospital. The waste is collected on the bases of colour coding which is as follows:

Blue: Glass, needle syringes and solid waste

Black: Municipality waste

Red: solid waste, plastic bags, mouth mask and head caps

Yellow: Cotton, gauze pieces etc.

Important Points

- The waste is been collected in the morning and further the waste is been taken by the contractor on the basis of weight.
- There is a separate exist of the waste to be disposed off.
- Currently the sewerage plant is under construction which will help in treating the contaminated water and further using it for additional purpose.
- There are 3 water harvesting system present inside the hospital campus, help in maintaining the water level and further used for gardening, washing and cleaning.

BLOOD BANK

The blood bank of SDMH was established in 1973, initially designed to meet the needs of in-house SDMH patients, but later converted to a state of the art multi-component blood bank and transfusion service by 2003. It is regulated by "Drug and Cosmetic Act".

Activities carried during internship period

1. The period of internship with the SDMH hospital was utilised for understanding in details the operation working of the hospital. One got the fair idea of the daily management issues existing with the hospital. The time was utilised by interacting with all the department staff and understanding their working practices and work culture. It helped in gaining practical knowledge and skills to handle managerial issues related to major departments of the organization.

2. Initially the subject of **"Supply Chain management of Recoverable (implants)"** was taken up by self. An abstract for approval was also prepared to take up the subject in earnest with the hospital authorities. The planned steps are:-

(a) Understanding the decision phases in a successful supply chain management

(i) Supply Chain strategy or designs.

(ii) Supply Chain Planning.

(iii) Supply Chain Operations.

(b) Need of the supplier to achieve that all-important ***strategic fit*** between the supply chain and competitive strategies through

(i) Understanding the Customer and Supply Chain Uncertainty.

(ii) Understanding the Supply Chain Capabilities.

(iii) Achieving the strategic fit.

(c) Identifying the major drivers of the supply chain performance like ***facilities, inventory, transportation, sourcing and pricing.***

(d) Identifying network design decisions including facility roles, locations and capabilities as well as allocating markets to be served by different facilities. These decisions define the physical constraints within which the net00000work must be operated as market conditions change. Good network design decision increase supply chain profits.

(e) Forecasting is a key driver of virtually every design and planning decision made in a supply chain.

(f) Demand consists of systematic and a random component. The systematic component measures the expected value of demand. The random component measures the fluctuations in demand from the expected value. Identify the forecast errors of the random component of demand. MAD and MAPE would be used to estimate the size of forecast error.

(g) Identify the importance of aggregate planning as a supply chain activity. Aggregate planning has a significant impact on the SCM and should be viewed as an activity involving all chain partners. Localised aggregate planning cannot do a good job of matching supply and demand. Good aggregate planning is done in collaboration with both customers and suppliers because accurate input is required from both sides. The

quality of these inputs, in terms of both the demand forecast to be met and the constraints to be dealt with, determine the quality of the aggregate plan. To create an aggregate plan, a planner should need to know a demand forecast, cost and production information, and any supply constraints. The demand forecast consists of an estimate of demand for each period of time in the planning horizon. The production and cost data consist of capacity levels and costs to raise and lower them, production costs, cost to store the product, cost of stocking out and any restrictions that limit these factors. Supply constraints determine limits on outsourcing, overtime or materials.

(h) Identify balancing the costs to choose the optimal amount of cycle inventory in a supply chain. In order to decide the optimal amount of cyclic inventory, the supply chain goal is to minimise the total cost- ***the order cost, holding cost and material cost.***

(j) Understand the impact of quantity discounts on the lot size, devise appropriate discounting schemes, impact of trade promotions and identify the managerial levers that reduce the lot size and cyclic inventory in a supply chain without increasing the cost.

(k) Understand the role of safety inventory in a supply chain. Identify the factors that influence the required level of safety stocks. Describe the measures of product availability in terms of product fill rate, order fill rate and cycle service level. Also identify the managerial levers available to lower the safety inventory and improve the product availability.

(l) Understand the manager's role in increasing the supply chain profitability by:-

(i) Increasing the salvage value of each unit overstocked.

(ii) Decreasing the margin lost from the stock outs.

(iii) Using improved forecasting to reduce the demand uncertainties.

(iv) Quick response time to reduce the lead time.

(v) Using postponement to delay product differentiation.

(vi) Using tailored sourcing with a flexible short lead-time supply source serving as a backup for a low-cost supply source.

(m) Identify the role of transportation within the supply chain while evaluating the strengths and weaknesses of different modes of transportation.

(n) *Identify dimensions of supplier performance that affect total cost*. In addition to the quoted price, the total cost of using a supplier is affected by the replenishment lead time, on time performance, supply flexibility, delivery frequency / minimum lot size, supply quality, inbound transportation cost, pricing terms, the information coordination

capability, the design collaboration capability of the supplier, and the supplier's viability. These factors must be evaluated when comparing different suppliers to get a real measure of their effectiveness.

(p) *Understand the role of revenue management in a supply chain.* Revenue management uses differential pricing to better match supply and demand and increase profits. These tactics can be very effective if the firm serves multiple segments, each placing different value on the supply chain asset. The trade-off is between saving too much and spoiling the asset if the higher price demand does not materialise and turning away higher price customers because too little asset was saved.

(q) Identify the importance of information and *information technology* in a supply chain. Also know at a high level, how each supply chain deriver uses information.

(r) Identify the obstacles in the coordination of supply chain and determine the managerial levers that help achieve coordination in a supply chain.

3. After about three weeks of basic research on the subject, the subject did not get the approval from the authorities of the hospital. Thereafter, the subject was again changed to ***"Bio-Medical Waste Management"*** in SDMH hospital.

4. More impetus was given to the housekeeping department and the Bio-Medical Waste section in particular. Details of Infection control department were also seen. The challenges of housekeeping staff in the hospital and their strength was highlighted. Specific details of materials management department were also understood. The detail of the housekeeping staff vis-à-vis the actual requirement was also seen.

5. After assessing the working practices of the BMW staff and the existing rules as per Bio-Medical Waste (Management and handling) Rules, 1998 a draft Standard Operating Procedure was made and handed over to the management for implementation. Also, the time was utilised to understand the present knowledge, attitude and practices of all the health care staff of the hospital regarding the bio-medical waste management.