Internship
at
Thumbay Hospital, Dubai

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1. INTRODUCTION

As a major Health Care Service Provider within the Gulf, Thumbay has taken great measures to improve all its services and procedures with the introduction of the International Medical and Health Care Tourism unit of the Hospital. We provide our clients excellent Health care services world class recovery measures as well as recreational therapy and Spa services.

Our aim in Thumbay Hospital is to target a great volume of Medical Tourists travelling from all over the world with a great need for excellent and affordable medical health care services.

Our enquiries come from all over the world from various hospitals, medical practitioners, personal contacts and enquiry portals seeking our needs and services.

Thumbay Hospital has special schemes to provide affordable medical care to the economically weaker sections of the society. Our mission is to provide affordable healthcare that doesn't compromise on quality. It is towards this end that we have established quality systems and controls that meet international standards of excellence in healthcare.

Thumbay Hospital brings together highly skilled professional and the latest advancements in medical technology. Our goal is to build lasting relationship with people. We believe that the healing process is as much about personal care as medical attention. It's this conviction that drives us at Dubai's first ever private hospital.

With Hospitals and Medical Centre in Ajman, Fujairah, Sharjah and Dubai, Thumb Chain of Hospitals is one of the largest health care providers in the region. The group focuses on three pillars Education, Healthcare and Research.

2. ORGANIZATIONAL PROFILE

VISION

- The vision of Thumbay Hospital is to be recognized as a leading Academic Healthcare Centre providing a high quality of patient centric specialty healthcare services to the community integrated with medical research and clinical training.

MISSION

- Thumbay Hospital is committed to provide ethical patient care focused on patient safety, high quality care and cost effective services.
- Thumbay Hospital is committed to integrate latest trends in education to produce competent healthcare professionals who are sensitive to the cultural values of the clients they serve.
- Thumbay Hospital will strive to attain the highest of quality and accreditation standards. Thumbay Hospital is committed to promote ethical clinical research that will enhance outcomes of clinical care.

CORE VALUES

- **Excellence:** Provide clients with a consistently high level of service through benchmarking and continual improvement.
- **Trust:** Ensure trust, compassion, dignity and mutual respect for colleagues and clients through open communication and dialogue.
- **Client centred:** Always be guided by the needs of our patients and clients.
- **Ethics:** Always follow ethical practices that emphasize honesty, fairness, dignity and respect for the individual.
- **Continuous learning: a**lways keeping abreast with new technologies and evidence based clinical practice.
- **Teamwork:** Always working together as a team and drawing strength from our diversity to serve the community.
- **Integrity:** Committed to personal and institutional integrity, make honest commitments and work consistently to honour them.

2.1. ORGANIZATION CHART

3. SERVICES PROVIDED

3.1. CLINICAL DEPARTMENTS

3.1.1. Medical (12)

- Internal Medicine ,Cardiology ,Dermatology ,Gastroenterology ,Psychiatry ,Nephrology, Neurology ,Family Medicine ,Accident & Emergency, Paediatrics and Neonatology ,Critical care units (ICU, CCU),Physiotherapy**.**

3.1.2. Surgical (8)

- General Surgery, Urology, Orthopaedics, Obstetrics & Gynaecology Ophthalmology, Otorhinolaryngology (ENT), Anaesthesiology, Dental super specialities.

3.2. Ancillary Departments (15)

3.2.1. Radiology ,Laboratory - Pathology , Haematology ,Microbiology ,Blood Storage Unit ,Pharmacy & Drug Information Centre ,Patients Affairs ,Nutrition and Diet ,Patient Education , Biomedical Engineering ,Insurance ,Hospital IT ,CSSD ,House Keeping**.**

3.3. SPECIAL FEATURES

- Wide ranging tertiary care services
- Separate IP & OPD blocks
- Private, Deluxe & VIP room Facilities
- State of the art laboratory service **(Centre for Advanced Biomedical Research & Innovation CABRI)**
- Diagnostic imaging services providing CT and MRI.
- 24 Hour emergency
- ICU, CCU, NICU & Labour Rooms
- Day care facility
- Doctor on call facility.

4. DEPARTMENTS VISITED & OBSERVATIONS

4.1. Insurance Department

There are 5 main sections in insurance department which are as follows:

A. Approval: inpatient and outpatient

B. Verification

C. Processing

D. Reconciliation

E. Supportive

A. Approval

- In case of inpatient approval is required and that too written
- In case of emergency patients approval is required verbally
- In case of outpatient either written or verbal approach is required
- Verbal approach is different from one insurance company to another
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B. Verification

- **Inpatient:** In the in-patient department verification is required for the surgical procedures, the patient stay, pharmacy supplies and other additional charges which are involved in patient care process in insurance department.

- **Outpatient:** We have 2 types of verification

    - **First verification**: It is done within 24 hrs. Primarily for maternity and dental. It requires approach for everything and final is done within 30 days. All is updated in the system and follow up is important.
    - **Final verification**: It constitutes check claim form, laboratory investigation and radiology procedure. There is a written approval attached with claim form and then account department submits it to the insurance department.

C. Processing

Prepare all the claim form for verification.

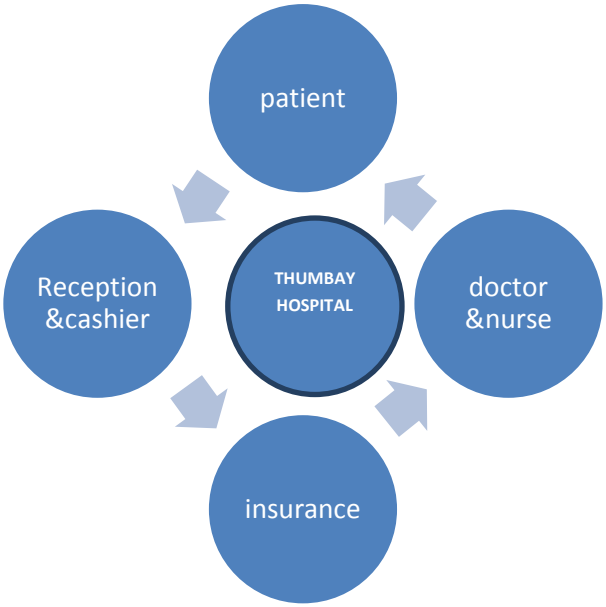
D. Reconciliation

Claim form is submitted to the account department and then insurance company. If there is doubt for something they are returned back as rejection and that they are coming for reconciliation.

E. Supportive

Office boy collect all the claim form from all the hospital and bring it in insurance department, separate maternity and dental forms and is given to the various sections.

THUMBAY covers 21 insurance companies



Procedure followed in the insurance department

- Patient has an insurance card whose is covered in Thumbay
- Receptionist takes this card and checks whether insurance covered or not. If insurance covered for referral then claims form is given by receptionist to the patient and then send to the doctor.
- After that patient goes to the doctor and he /she writes detail in their file &nurse help the doctor for laboratory investigations, medicine, file stamped or not and whether signed by the doctor.
- If procedure requires approval it goes to the insurance department, if there is limit for approval, then approval is taken. The approval process followed for different departments is as follows:

Outpatient Department

- If insurance company requires written verification, then patient is asked to take a written approval from the company.

Inpatient Department

- Doctor send request to patient itself and submitted to the insurance company and then call nurse station and tells the details.

Emergency Department

- Doctor sends admission request with claim form with the nurse and then we take verbal approval from the insurance company. If the type of room is asked from the insurance company if it is not mentioned on the insurance card of the patient.

4.2. Quality Assurance Department

Quality Assurance Department provides a framework to organize for, communicate about, monitor, and continuously improve all aspects of health care delivery at Thumbay. The responsibility for the Quality Assurance Department ultimately rests with the Quality Assurance Officer who is supported by three Executives. Quality Assurance Department directly reports to Medical Director.

Primary functions of the Quality Assurance Department are as follows:

- Developing and implementing Quality Plan on an annual Basis.
- Developing and implementing Risk Management Plan.
- Clinical and medical audits of various departments as per JCI standards.
- Identify and focus on processes and outcomes important to Thumbay patients' needs and expectations.
- Developing, Monitoring and Analysing key performance and quality indicators.
- Investigating the various Incidents reported through the Problem Tracking form (PTF):

- Root cause analysis of sentinel and adverse events reported at Thumbay using various six sigma tools such as Cause Effect Diagram. Fish bone Analysis, Pareto Chart, five why's. etc.
- Performing gap analysis in accordance with JCI guidelines and standards and implementation of processes to reduce non - compliance areas.
- Preparation of departmental manuals and Standard Operating Procedures as per Joint Commission International and standards.
- Provide training to various staff on all hospital policies and procedures.
- Managing the document control System.
- Training of Medical intern students on various Quality aspects of the hospital.

4.3. CSSD (Central Sterile Supply Department)

CSSD is a specialized area responsible for the collecting, decontamination, assembling, packing, sterilization, storing and distribution of sterile goods and equipment to patient care areas within Thumbay Hospital.

The CSSD in Thumbay Hospital is located in the administrative wing. The CSSD is divided into 5 parts:

- Un-sterile Area
- Packaging Area
- Autoclaving Area
- Sterile Area
- Sterile Dispensing Area

The daily routine of the CSSD is as follows, every morning one person form the CSSD goes for rounds to the various department like ICU, CCU, NICU, OBG, ward areas (left and right wing), etc. The soiled and unsterile equipment's are collected in an unsterile trolley and carried to the CSSD. There are received in the un-sterile area. The room is fitted with a stainless-steel bench and double sinks used for disassembling, cleaning, and processing. The equipment's are then loaded in the washer; this step is carried to remove the visible dirt of soiled instruments. The instruments are loaded in trays (maximum of 12 trays are can be loaded in one cycle) and washed for 15 minutes at 87°c to 88°c.After the washing cycle is completed the instruments are shifted to the dryer and the drying

process is carried out for 40 to 50 min at 46°c to 48°c. After the drying process is completed the equipment's are shifted to the packaging area. Before packing the equipment's are cleaned with spirit and they are put in pouches (signal 6 blue or bropule). The OT items are packed in double pouches so as to ensure that the instruments come in direct contact of the environment at the time of surgery. These pouches are wrapped in wrapping sheet and closed with sterilization tapes and are placed into the autoclave machine.

Before starting the first sterilization load of the day, A Bowie-Dick test is used in pre-vacuum type (or dynamic air removal) sterilizers. They are used to detect air leaks and inadequate air removal. A commercially available Bowie-Dick-type test sheet should be placed in the centre of the pack. The test pack should be placed horizontally in the front, bottom section of the sterilizer rack, near the door and over the drain, in an otherwise empty chamber and run at 134°C for 3.5 minutes. The test is used each day on the vacuum-type steam sterilizer before the first processed load. Air that is not removed from the chamber will interfere with steam contact. Sterilizer vacuum performance is acceptable if the sheet inside the test pack shows a uniform colour change. Entrapped air will cause a spot to appear on the test sheet, due to the inability of the steam to reach the chemical indicator. If the sterilizer fails the Bowie-Dick test, is not used the sterilizer until it is inspected and passes the Bowie-Dick test.

The Biological indicator test (B.I) is used with each load to check if the sterilization process is effective in eliminating micro-organisms.

BI test is a process that consists of a standardized population of bacterial spores known to be resistant to the mode of sterilization being monitored. Biological indicators indicate that all the parameters necessary for sterilization were present. Biological sterilization process indicator is a device intended for use by a health care provider to accompany products being sterilized through a sterilization procedure and to monitor adequacy of sterilization. The device consists of a known number of microorganisms, of known resistance to the mode of sterilization, in or on a carrier and enclosed in a protective package. Subsequent growth or failure of the microorganisms to grow under suitable conditions indicates the adequacy of sterilization.)

One cycle of autoclave takes 45-48 min at 20 PSI and at a temperature of 134°c when the load consists of stainless steel items. But if plastic instruments are loaded at 45-48 min at 20 PSI 121°c

Once the sterilization cycle is completed in the autoclave the instruments are shifted to the sterile room. The instruments are dispensed across the entire department from the sterile dispensing area.

4.4. Patient Affairs Department (PAD)

Patient Affairs Department is one of the most important departments at any hospital. It's a main directory for patient's relatives and visitors to know about their rights and responsibilities. PAD is available 24x7 to assist the patients, family members and friends with any non-medical question or concern relating to their outpatient visit or hospital stay. The elements of PAD include: the art of care (caring attitude); technical quality of care; accessibility and convenience; finances (ability to pay for services); physical environment; availability; continuity of care; efficacy and outcome of care.

5. PROBLEMS & ISSUES IDENTIFIED IN EACH DEPARTMENT

5.1. OUTPATIENT DEPARTMENT

S.No	Problems and issues	Recommendations /Solutions
1	Insurance companies networks are not fully covered e.g. Patients for Mednet insurance generally comes with blue and green card but for Mednet hospital is just accepting Gold, Silver and VIP card only.	Tie up with companies which cover all the networks.
2	Lack of signage's for directions from the main OPD reception till the radiology reception	To fix the direction signage's and hospital map for easy moment of the patient inside the hospital premises.
3	Lack of structured process for managing outpatients flow.	Queue management system should be implemented

4	Only one staff available at radiology and OBG reception	Staff required as if one staff gets involved in work or training then there is no one to attend the patient.
5	Lack of training to the FDA's which leads to wrong generation of bills	Proper practical training sessions for all the FDA's
6	No amusement for children visiting the paediatrics department.	Comics', Cartoons on TV, games can be made available in the paediatrics department.
7	Housekeeping staff not aware about the contact times of disinfectants.	Housekeeping staff shall be trained on the contact times of disinfectants.
8	Patients dissatisfied with the OPD ambience.	Soothing music may be played in OPD to make ambience more desirable.