Internship
at
Fortis Escorts, Heart Institute, New Delhi

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INTRODUCTION TO FEHI

Fortis Escort Heart Institute, formerly known as Escorts Heart Institute and research center, a pioneer in the field of fully dedicated cardiac care facility in India is a Fortis (Fortis Healthcare (India) Ltd.) network hospital. Fortis Healthcare is the fastest growing hospital network in India.

Fortis Healthcare led by the vision of late Dr. Parvinder Singh of creating an integrated healthcare delivery system in India acquired Escorts Heart Institute and Research Centre Ltd. in 2005. Established in 1988, Escorts celebrated 22 years of Cardiac excellence last year.

Fortis Escorts Heart Institute has set benchmarks in cardiac care with its path breaking work over the past 22 years. Today, it is recognized world over as a centre of excellence providing the latest technology in Cardiac Bypass Surgery, Minimally Invasive Surgery (Robotics), and Interventional Cardiology, Non-invasive Cardiology, Pediatric Cardiology and Pediatric Cardiac surgery.

The hospital is backed by the most advanced laboratories performing complete range of investigative tests in the field of Nuclear Medicine, Radiology, Biochemistry, Hematology, Transfusion Medicine and Microbiology.

Fortis Escorts Heart Institute has a vast pool of talented and experienced team of doctors, who are further supported by a team of highly qualified, experienced and dedicated support staff and cutting edge technology like the recently installed **Dual CT Scan.**

Currently, more than **200 cardiac** doctors and **1600 employees** work together to manage over **14,500** admissions and **7,200 emergency** cases in a year.

The hospital today has an infrastructure comprising of around **310** beds (it currently enjoys 100% occupancy rate), **6 Cath Labs** besides a host of other world-class facilities.

FEHI has a capacity of **310 beds, 9 Operation Theatres**, **2 Heart Command Centers**, and **1 Heart Station** besides an array of other world-class facilities. EHIRC provides top end services in areas of acute care, invasive and non-invasive cardiology and state-of-the-art surgical procedures, besides playing a leading role in prevention and the reversal of heart disease. It is an ISO 9001 approved facility and a recent All India Survey conducted by Centre for Forecasting & Research has judged FEHI as the best cardiac care hospital in the country . It is **NABH** certified and also **JCI** accredited institution and centre of excellence providing latest technology in cardiac bypass surgery, minimally invasive surgery(robotics),Interventional cardiology, non-invasive cardiology and pediatric cardiology.

The hospital is backed by the most advanced in-house laboratories performing a complete range of investigative tests in the field of nuclear medicine, radiology, biochemistry, hematology, transfusion medicine, a blood bank and microbiology.

At FEHI, New Delhi they treat patient from India, the SAARC Region, Middle East, Africa, UK, USA, Canada and the CIS Republics. They are recognized by BUPA in the UK as an approved centre for cardiac care and are on empanelled lists of nearly all health insurance majors, both Indian and international .There is no waiting period for procedures since all foreign patients get top priority with active support in other services like airport pick up and drop, hotels for accommodation, money exchange ,interpreters and other hospitality services. This unique creation of a ‘Single Centre Concept’ where every investigative and interventional facility is available round the clock has helped us serve patients better.

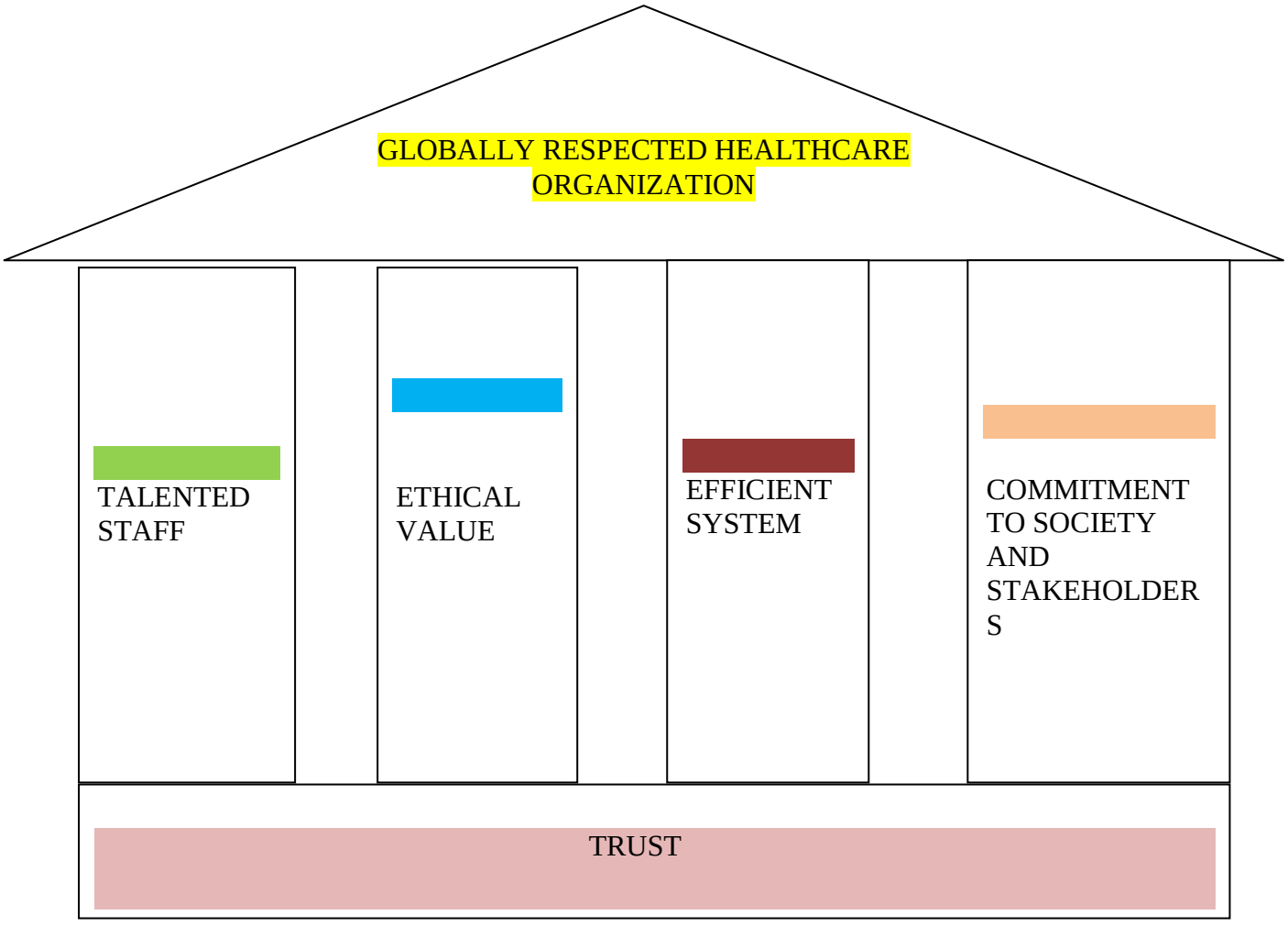
MISSION

To improve the quality of healthcare and become most revered healthcare service provider in India by 2010.

- Late Dr. Parvinder Singh
Founder, Chairman Fortis Ltd

VISION

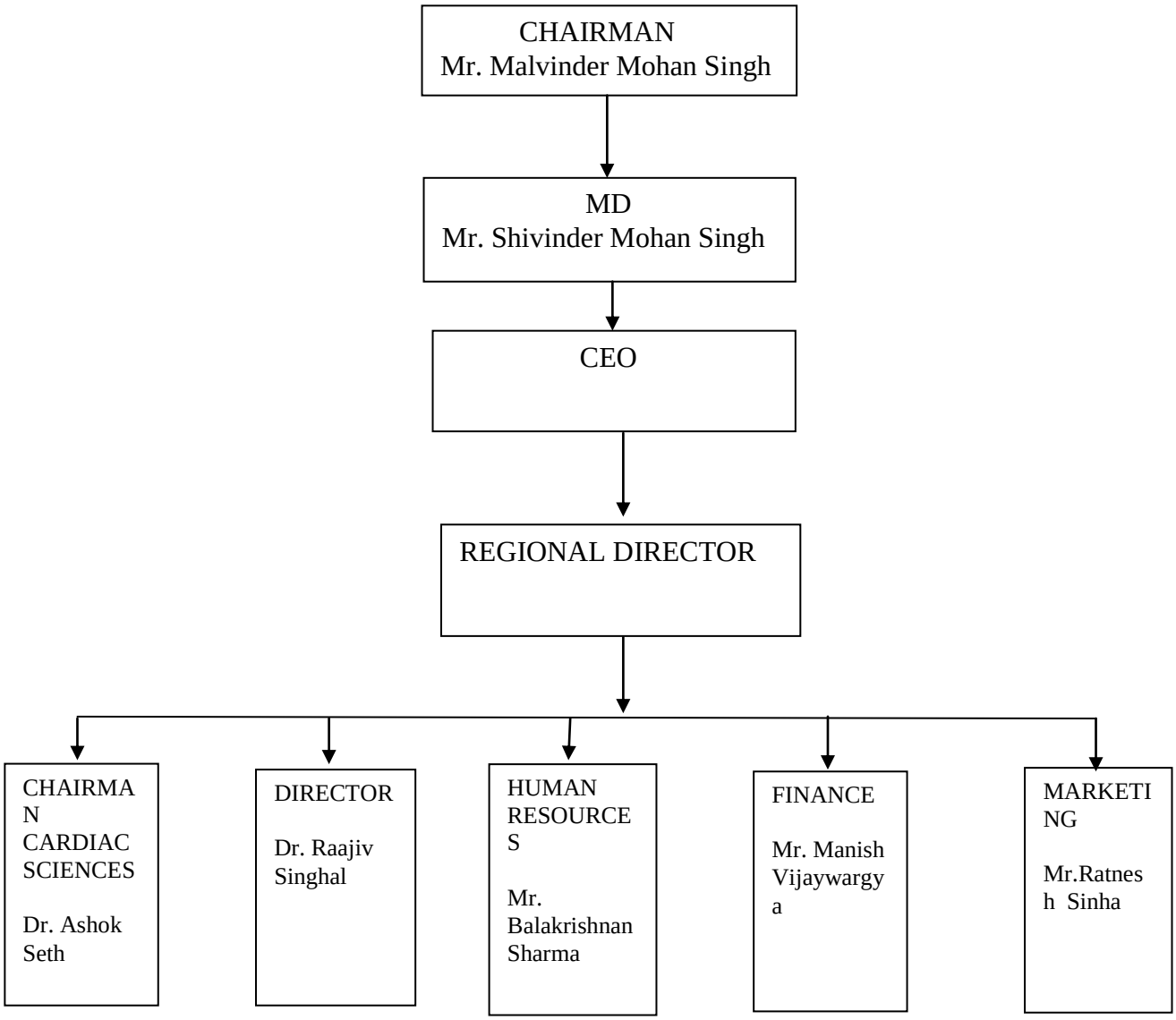
"To create a world class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care"



VALUES

HONESTY	Conduct everything we do with highest standards of professional and ethical integrity.
EXCELLENCE	Pursue excellence and continuous improvement in Technology ,skill, services and quality of interaction.
ATTENTIVENESS	Be responsive to the physical and emotional needs of patients and their families and expectations of society
RESPECT	Show respect , compassion and truthfulness towards Patients ,co workers and all persons we encounter.
TEAM WORK	Recognize that working together can create a power greater than the sum of individuals activities and that mutual respect demands collegiability

ORGANISATIONAL CHART



CENTRES OF EXCELLENCE

- CARDIAC BYPASS SURGERY
- MINIMALLY INVASIVE SURGERY (ROBOTICS)
- INTERVENTIONAL CARDIOLOGY
- NON-INVASIVE CARDIOLOGY
- PAEDIATRIC CARDIOLOGY

WITHIN ONE CAMPUS

- MAIN BUILDING CARDIAC SUPERSPECIALITY WITH ALL IPD FACILITIES,EMERGENCY & INTENSIVE CARE UNITS

- REHABILITATION CENTER-ALL OPDS',HEALTH CHECK UPS,MEDICAL RECORDS & RESEARCH CENTER

REHABILITATION CENTRE (RED BUILDING)

- GROUND FLOOR-(OPD BLOCK)

- HELP DESK,OPD BILLING,OPD RECEPTION,SAMPLE COLLECTION,X-RAY,ECHOCARDIOGRAPHY,CONSULTANT ROOMS,ADMINISTRATOR OFFICE,REPORT ROOM ,COFFEE SHOP(8-8)

- UPPER BASEMENT

- EHC,PHYSIOTHERAPY,GYNECOLOGY,ENT,DIETICIAN,DENTAL

- LOWER BASEMENT

- MEDICAL RECORDS

- FIRST FLOOR-(OPD BLOCK)

- OPD BILLING, RECEPTION, PULMONOLOGISTS, CARDIOLOGISTS, CARDIAC SURGEONS
- SECOND FLOOR

- DINING HALL & CAFETERIA

- KITCHEN

- THIRD FLOOR

- CENTRE FOR SIGHT

➢ FOURTH FLOOR

- PHYSIOTHERAPHY

MAIN BUILDING (WHITE BUILDING)

➢ NEW LOBBY
- ADMISSIONS,IPD BILLING,COUNCELLING,PAYABLES,INTERNATIONAL LOUNGE,DISCHARGE

➢ GROUND FLOOR

- ATRIUM AREA-ASSISTANCE, BOOK CAFÉ, EMERALD LOUNGE
- PATIENT WELFARE DEPARTMENT,RELIGARE PHARMACY,CORPORATE /TPA,TRAVEL DESK
- APPOINTMENT/INFORMATION DESK
- HEART STATION 1&2
- CAFÉ JM JA JE
- HEART COMMAND(1,2&3)
- EMERGENCY

➢ BASEMENT

- ADMINISTRATION
- CASHIER
- LAUNDRY
- MEDICAL & PURCHASE DEPARTMENT
- CONSOLE
- SBI ATM COUNTER
- HOUSEKEEPING

- LIBRARY
- PEDIATRIC ECHO LAB
- SAMPLE COLLECTION
- BLOOD BANK
- RADIOLOGY
- ORTHOPEDICS TEAM

➢ FIRST FLOOR

- OT'S, RECOVERY ROOM, ICU
- CSSD

➢ SECOND FLOOR

- CATH LABS,CATH RECOVERY,DOCTOR'S CHAMBERS,CLINICAL RESEARCH

➢ THIRD FLOOR

- WARDS , ICCU
- DAYCARE CENTRE,DIALYSIS UNIT

➢ FOURTH FLOOR

- CCU,WARDS
- F & B

➢ FIFTH FLOOR

- PEDIATRIC
- PEDIATRIC WARD, PICU

VARIOUS HEALTH CARE SERVICES PROVIDED IN EHIRC

- DIAGNOSTIC
- Detection of Risk Factors for coronary artery disease(CAD)
- Review of medical and family history
- Personality type
- Blood pressure
- Calcium scoring
- Lipid profile and cholesterol
- Detection of coronary artery disease
- ECG
- Tread mill test
- Blood chemistry
- EHAS
- Stress echo
- Thallium study
- Angiography
- Cardiac imaging
- X-ray
- Echocardiography
- MRI
- Cardiac MRI
- CT Scan
- MUGA
- Thallium Study
- Heart rhythm disorder
- Holter
- Electrophysiology
- Tilt test
- Pulmonary function test
- Ultrasonography

TREATMENT SERVICES

- Non surgical
- PTCA & Stenting
- Rotablator + Atherectomy
- Medical Management
- AICD
- EECP
- Valvotomies
- Permanent pacemaker implantation
- RF ablation for rhythm disorder
- Surgical
- Coronary bypass surgery
- Trans Mycordial Laser
- Heart port surgery
- Robotic surgery
- Aortic aneurysm and disease
- Carotid endarterectomy
- Valve surgery
- PVD(Peripheral vascular disease)

PEDIATRIC HEART CARE

- Cardiac cath
- Fetal ECG

TREATMENT

- NON SURGICAL

- ASD Device Closure
- Valvotomy
- Coractation of aorta
- Coil occlusion

- SURGICAL

- Repair of congenital heart disease

COMMUNITY OUTREACH PROGRAMMES

- Free heart check ups camps
- Public awareness programme
- Continued medical education
- Mobile school of echocardiography
- Training on basic life support system

FEHI STANDARDS

- 1:1 Nursing ratio(In all critical areas)
- 4:1 Doctors ratio
- Success rate 99.2%
- Mortality 0.8%
- Infection rate <0.3%
- Constant technological Innovations

HOW FEHI HAS ACHIEVED THIS

- By providing state of art world standard healthcare that exceeds expectations of patients and families
- Pursuing independent as well as collaborative research in all aspects of cardio-thoracic medicine and surgery

- By establishing a network of joints ventures and satellite centres to extend the availability of quality healthcare to population at their doorsteps

- Providing expert training for medical, paramedical, nursing and other professionals in the field of art care

- Networking with other organizations to promote health and well being in society through education , preventive checkups and community outreach programmes

IN PATIENT GUIDELINES FOR BETTER PATIENT CARE

- Only one attendant is allowed to stay with the patient in the room .No attendant is allowed to stay in the ICU and general ward category. While the patient is in the intensive care unit (ICU)/ operation theatre (OT) the room will have to be vacated by the attendant.

- In case the patient has to undergo the surgery/procedure, the clearance will be provided subject to the deposit off full amount (100%) for the package surgery specified in counseling including outstanding if any.

- For payment only cash, demand draft ,pay order ,credit/debit cards(all major credit debit cards) are accepted, cheques are not accepted.

- Demand draft shall be made in the favor of E.H.I.R.C ltd

- Please visit the IPD reception once a day to take stock of your bill and deposit the required amount accordingly. Outstanding amount more than 10000 has to be cleared on daily basis.

- Room up gradation- In case one wants to upgrade the room type, intimation has to be given to the bed manager.

- The changes of the higher room category shall be charged with retrospective effect in case of packages. The investigation/doctor/surgery procedure will be charged with respect to the desired room category.

- The entire discharge process takes about 3 hours from the time the doctor writes discharge orders. As soon as the bill is ready the intimation will be given in the room over the telephone.

- **Billing cycle-**12 pm -11 am ,11 am -6pm half day after 6 pm will be charged as full day

- Please come to the lobby manager desk at main lobby to collect and make final settlement of your bill.

- Refund below 20000 would b made in cash and above 20000 would be made in the form of the cheque and in the patients name only. In case the cheque has to be made in some other name the same has to be done after declaration has been given.

- **Pass protocol –**One permanent pass that is 24 hrs attendant pass and one visitors pass for visitors in visiting hours only will be issued at the time of the admission.

- On transfer of patient from one bed to another bed, kindly exchange your pass from the assistance desk.

- No permanent attendant pass would be issued to the patients in the ICU.

- One attendant is allowed to stay in the waiting lobby **(emerald lounge**) during the night when the patient is in the ICU subject to the health condition of the patient, after we receive ICU lobby critical patient list in the evening from the ICU.

- Attendant can also avail the **night lounge** facility which is a paid service. A bed in the night lounge can be booked after paying Rs 400 from 8am to 8pm and RS 300 from 10am-6pm..

- Children below 12 years would not be allowed in the patients area. This is a precautionary measure as children are more prone to the infections.

- For reasons of the dietary restrictions and infection control please do not bring any eatable items to the hospital from outside.

- All dietary requirements of the patients are taken care by the hospital only.

- Attendants shall have their meals at the cafeteria or may order from the kitchen and pay separately.

- The entire hospital premise is a **NO SMOKING ZONE .**Consumption of alcohol is strictly prohibited in the hospital.

- Please avoid bringing costly items to the hospital. there might be a chance of losing/misplacing these items.

- Use of candles, dhoop , lighters, matchbox etc. Is not allowed as they are potential hazards in the hospital and can activate the smoke detector.

- No discount policy in the hospital.

- For reasons of infection flowers are not entertained in the hospital.

- Once the admission formalities are done the patient cannot leave the hospital till discharge. Except LAMA

ADMISSION CHECKLIST

- One visitor pass
- One permanent pass
- Stamp of ECHS/CREDIT
- Deposit
- Surgery clearance
- TPA undertaking
- Documents of TPA, corporate, echs

STANDARD OPERATING PROCEDURES

Every medical facility tries to provide best possible services to its customers. Standard Operating Procedures (Sop) of various departments together constitute a hospital manual which significantly determines the performance of a hospital in practical terms. Thus, every Hospital must prepare Sop in a way that it ensures consistency in working of various departments on the one hand and enables to obtain best results in a cost-effective manner on the other. It is written keeping in mind the problems usually faced by middle and small size hospitals during the first few years of their operation. It not only lays down the basic duties and responsibilities of staff members, procedures and policies but also provides many sample stationery formats applicable to various departments. The Standards laid down here are most common and easy to adopt by hospitals owing to their flexibility which enables their modification so as to suit ones needs, be it any department Opd, Ipd, Emergency, Investigation, Administrative, Accounts,

STANDARD OPERATING PROCEDURES – ADMISSION PROCESS ,IPD

SCOPE AND OBJECTIVES OF PROCESS

To cover all new admissions in the hospital and guiding them to their respective bed.

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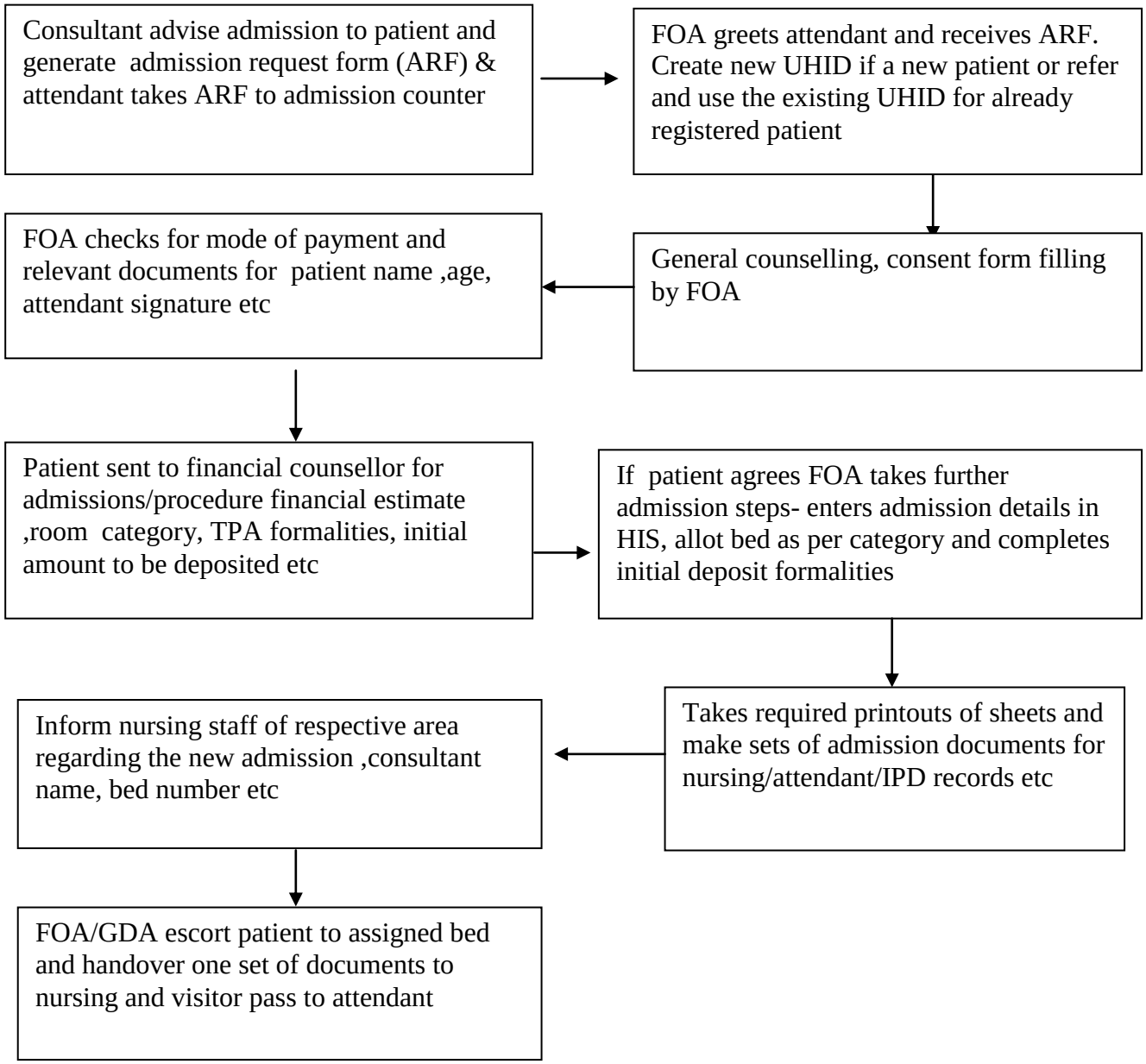

PROCESS ACTIVITIES /STEPS

S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Patient arrival & checking registration	FOA'S	Ongoing
2	General counseling, consent form filling by FOA with all the relevant details	FOA	For all patients
3	Completing admission formalities, creation of IP ID with consent form and financial estimate sheet	FOA	For all patients
4	Check mode of payment with patients cash/credit/debit card/TPA/CGHS/ECHS/BPL/PSU	FOA	For all patients
5	A refund declaration form obtained from patient/attendant at the time of admission and to be integral part of admission form related documents	FOA	For each patient
6	Collection of initial deposit advance amount to be collected as per unit specific practice	FOA	For all patients
7	Preparing admission dockets and documents for nursing, billing etc	FOA	For all patients
8	Moving patient to designated room with documents for nursing	FOA	For all patients
9	FOA capture the data related to FOS and monitor the FOS metrics pertaining to admission on daily basis and submit the same to unit FOS coordinator on weekly basis	IPD Head	Weekly

STANDARD OPERATING PROCEDURE- COUNSELING

SCOPE AND OBJECTIVES OF PROCESS

To make the patients /attendants understand the various financial aspects and general counseling of the packages/procedures

To track the daily outstanding amount of all patients and follow up with patients to ensure the outstanding amount remains within the acceptable .limits

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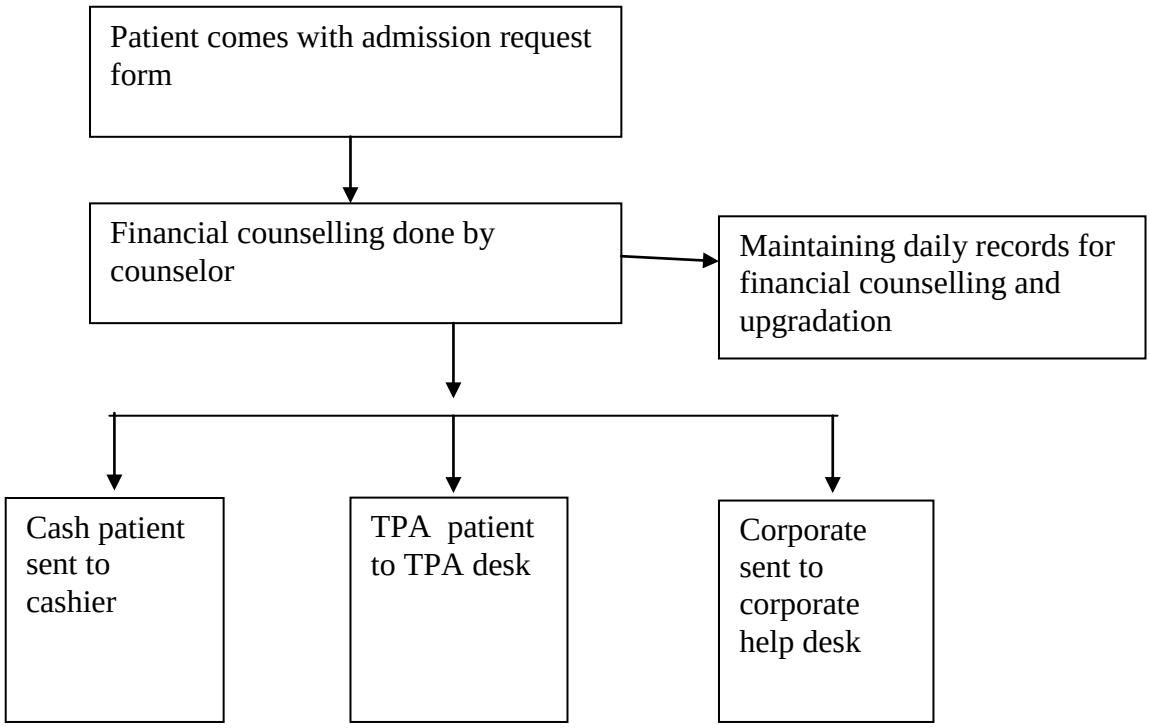


PROCESS ACTIVITIES/STEPS

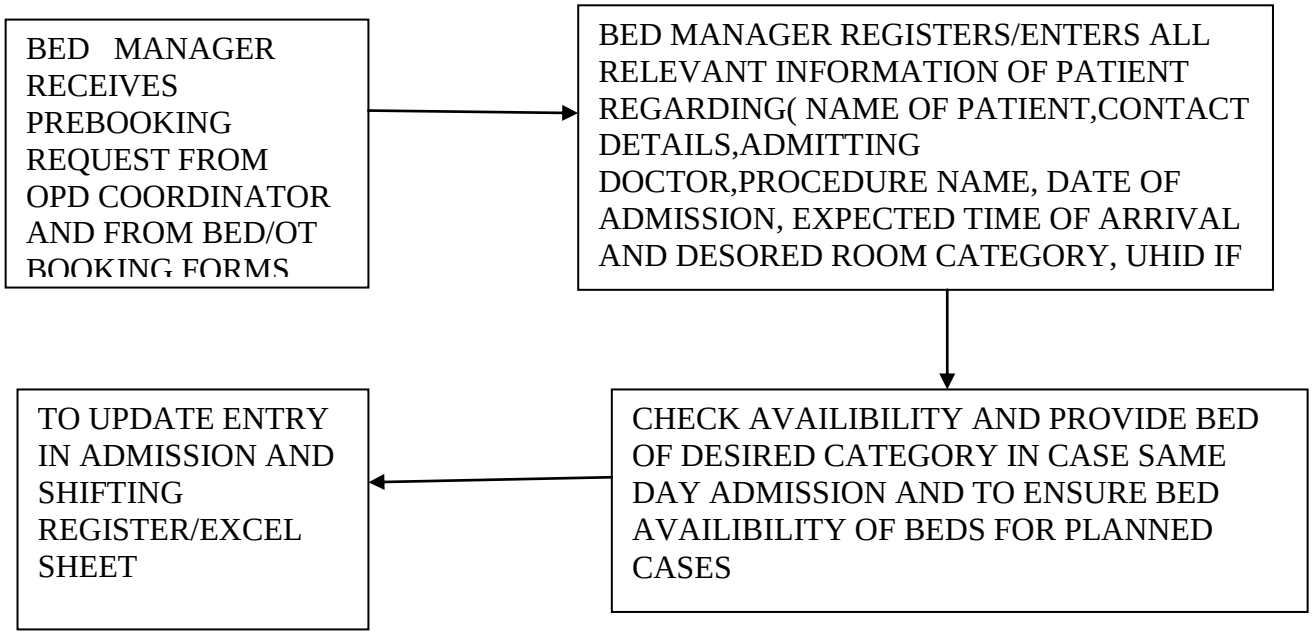
S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Admission related counseling	Counselor	For all patients
2	Ask for mode of payment & room category	Counselor	For every patient
3	Prepare estimate on financial counseling form	Counselor	For every patient
4	Re-counseling where required	Counselor	For every patient
5	Monitoring controls/MIS	IPD Head	Weekly
6	Check the counseling forms for completeness and signatures by patient/attendant, daily on daily basis and submit the same to unit FOS coordinator	IPD Head	Weekly

STANDARD OPERATING PROCEDURE-
BED MANAGEMENT

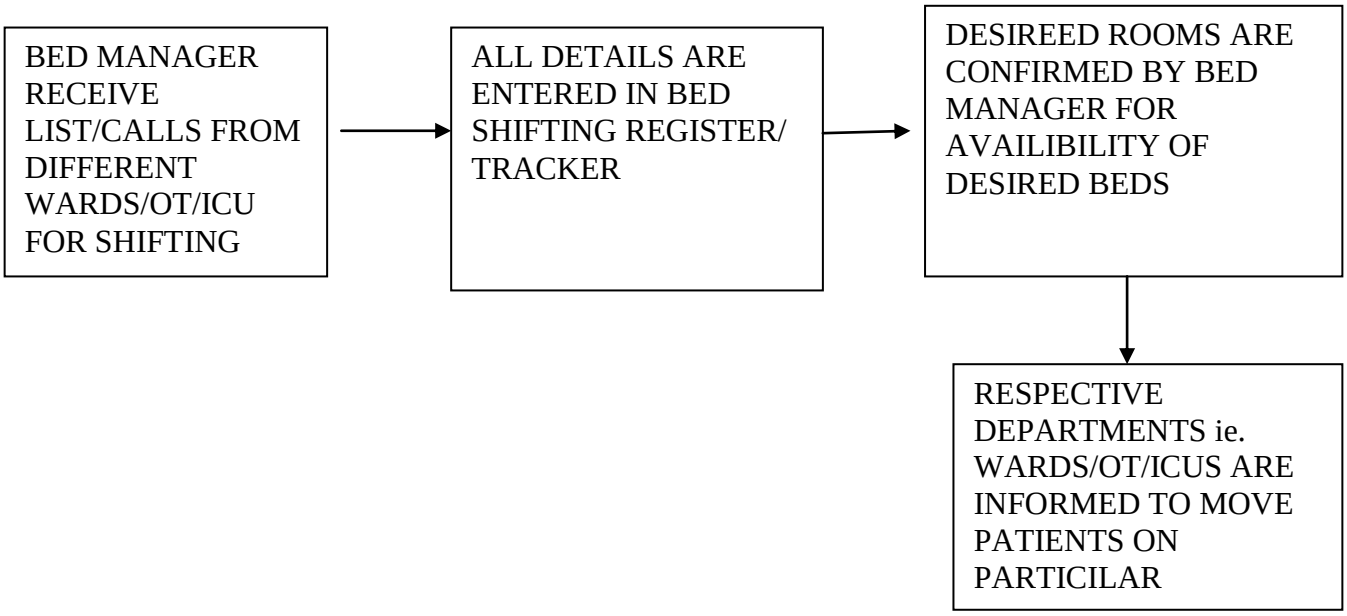
SCOPE AND OBJECTIVES OF PROCESS

To ensure proper room booking and bed allocation, transfer ,up gradation and related aspects for smooth admission process and facilitating stay.

FLOW CHART (BED ALLOCATION)



BED SHIFTING



STANDARD OPERATING PROCEDURE- ISSUING OF PASSES TO INPATIENTS

SCOPE AND OBJECTIVES OF PROCESS

To issue required passes to the attendants and family of patients admitted in wards and ICUS.

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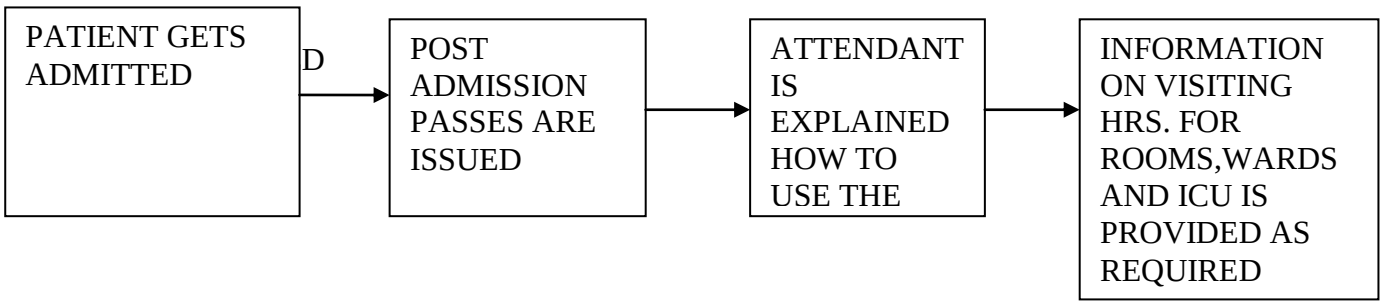


PROCESS ACTIVITIES /STEPS

S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Bed manager receives request for pre booking from OPD coordinator through mail and cashier through bed booking/ OT booking	BED MANAGER	For every patient /bed request
2	Bed manager to ask the requester for: • Name of patient • Contact details of patient • Doctor • Procedure • Date of admission • Expected Time of arrival • Desired room category UHID	BED MANAGER	For every patient /bed request
3	Check in bed management tracking sheet for availability of desired room category on desired date .The bed status to be checked in system also before the new bed allocation .	BED MANAGER	. For every patient /bed request
4	If not available, inform the requestor and provide options (different date room category)	BED MANAGER	For every patient /bed request
5	Make entry in bed management tracking sheet	BED MANAGER	For every patient /bed request
6	If possible an advance payment should be taken for booking the bed to ensure the patient turns up. This advance payment may or may not be refundable .The terms and conditions should be explained to patient at time of pre booking including the deposit % to be fortified in case patient does not turn up on the stipulated date.	BED MANAGER	For every patient /bed request

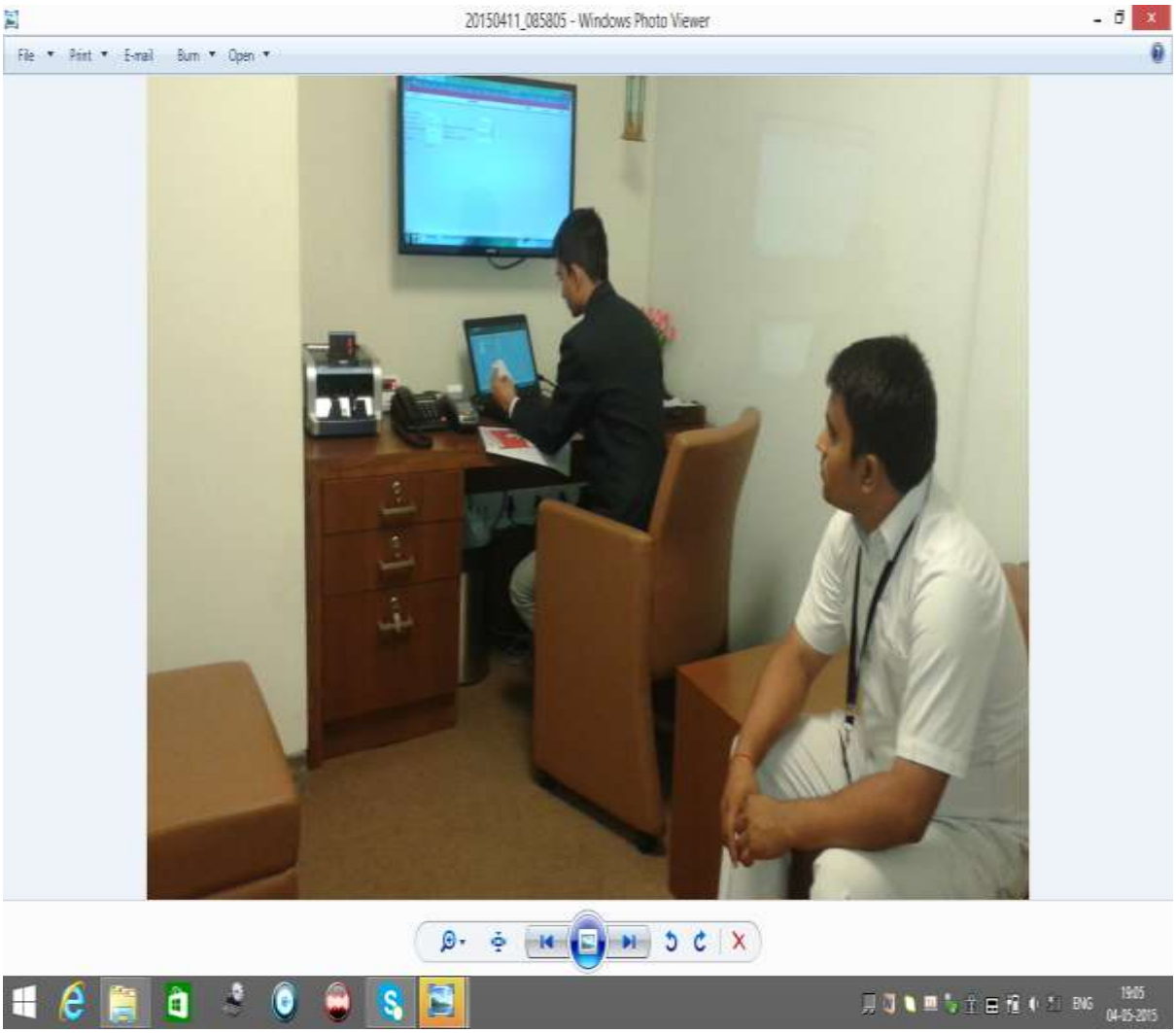
7	Inform the requestor: Request for booking has been not noted	BED MANAGER	For every patient /bed request
8	Call patient/attendant to confirm arrival on the booking date	BED MANAGER	ONE DAY PRIOR TO BOOKING DATE
9	In case of pre bookings for which advance payment has been made the patient/attendant may change the date of booking at any time.	BED MANAGER	FOR EACH BOOKING
10	Pre bookings without advance payment the booking will lapse on date of booking in case patient does not arrive.	BED MANAGER	FOR EACH BOOKING

BED ALLOCATION

S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Bed manager receives request for allocation of bed for admission by mail/verbal from concerned department.	FROM RELEVANT DEPARTMENT	For every patient /bed request
2	Check on availability of desired room category in bed management tracking sheet and on the HIS system	BED MANAGER	For every patient /bed request
3	. If room available ,inform requestor and ask for confirmation.	BED MANAGER	. For every patient /bed request
4	Once requestor confirms the booking requirement, bed manager to ask patient name doctor	BED MANAGER	For every patient /bed request
5	Allocate/block room and inform requestor of allocated room number. At the end of shift, bed manager to handover the vacant bed status and the new allocations/shifting status etc to FOA. In case of night admission, bed booking is done by the FOA and status updated in system and informed to bed manager the net day.	BED MANAGER	For every patient /bed request

S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Once patient is admitted , the patient / attendant is explained about visitor policy.	FOA	For each patient

2	At the time of admission the attendant and the patient is counseled about various areas, where the patient is getting admitted and accordingly whether the attendant is allowed to stay with him	FOA	For every admission
3	.. If the patient is getting in the room 1 permanent attendant pass and two visitor passes are issued and the timings are explained However the general ward patients will be given only two visitor passes and no attendant will be allowed to stay overnight. In case pass vending machine is available, the passes to be collected by visitors from kiosk in visiting hours.	FOA	. For each patient
4	For critical care unit/Heart commands/HDUS only 1 critical care pass is issued daily/ at the admission time by the FOA as per the visiting hours and ticked on the occupancy report.	FOA	For each patient
5	Through the day whenever FOA receives a request for extra passes from the respective areas, temporary passes should be issued to visit particular area. These passes are retained by the security after allowing the attendant. Passes to be issued only after approval from the ICU/ respective doctor	FOA	For each patient
6	To facilitate the attendants stay at night the temporary night passes from the front office which is one attendant per ICU patient on the first day of admission in CU	FOA	For each patient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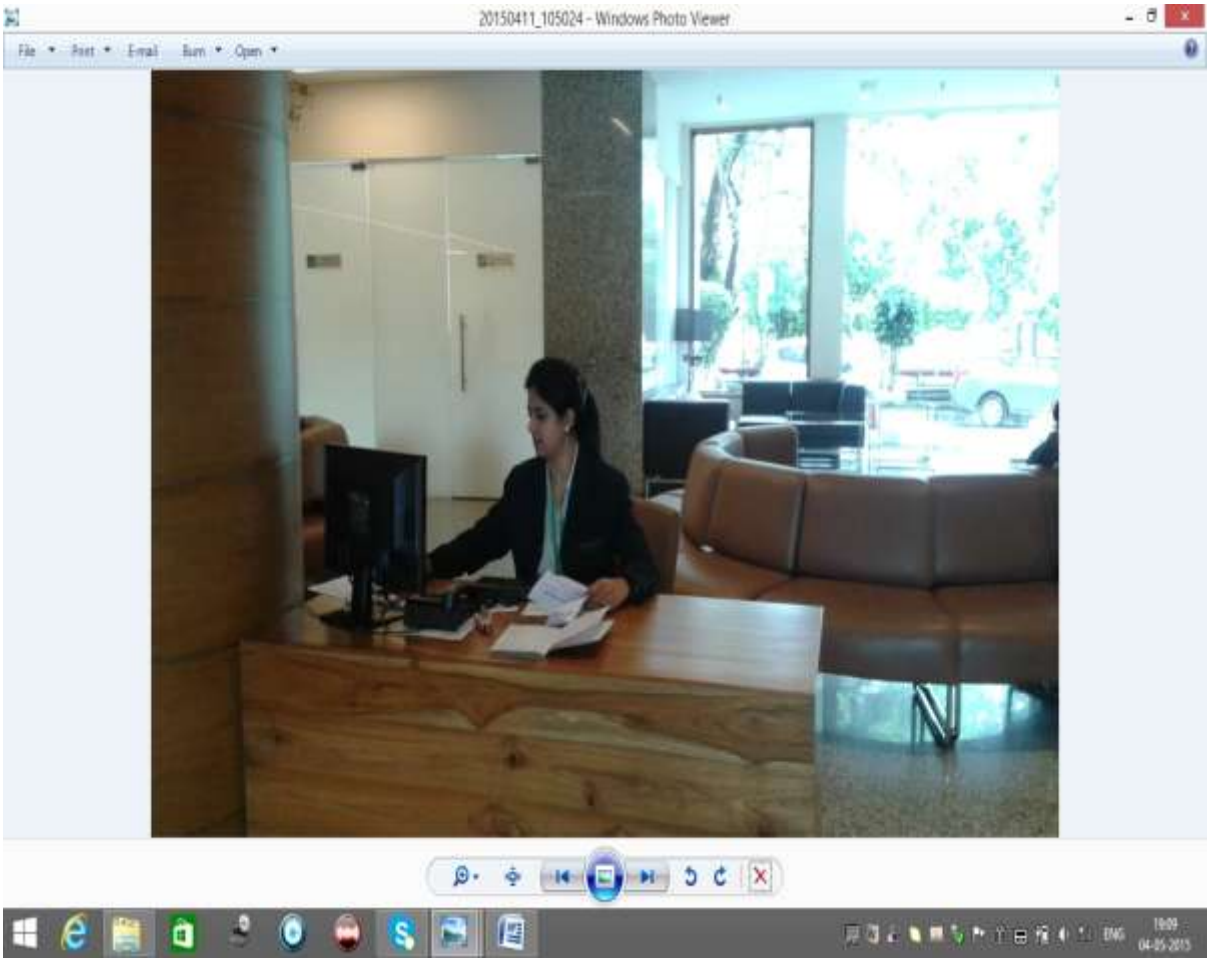
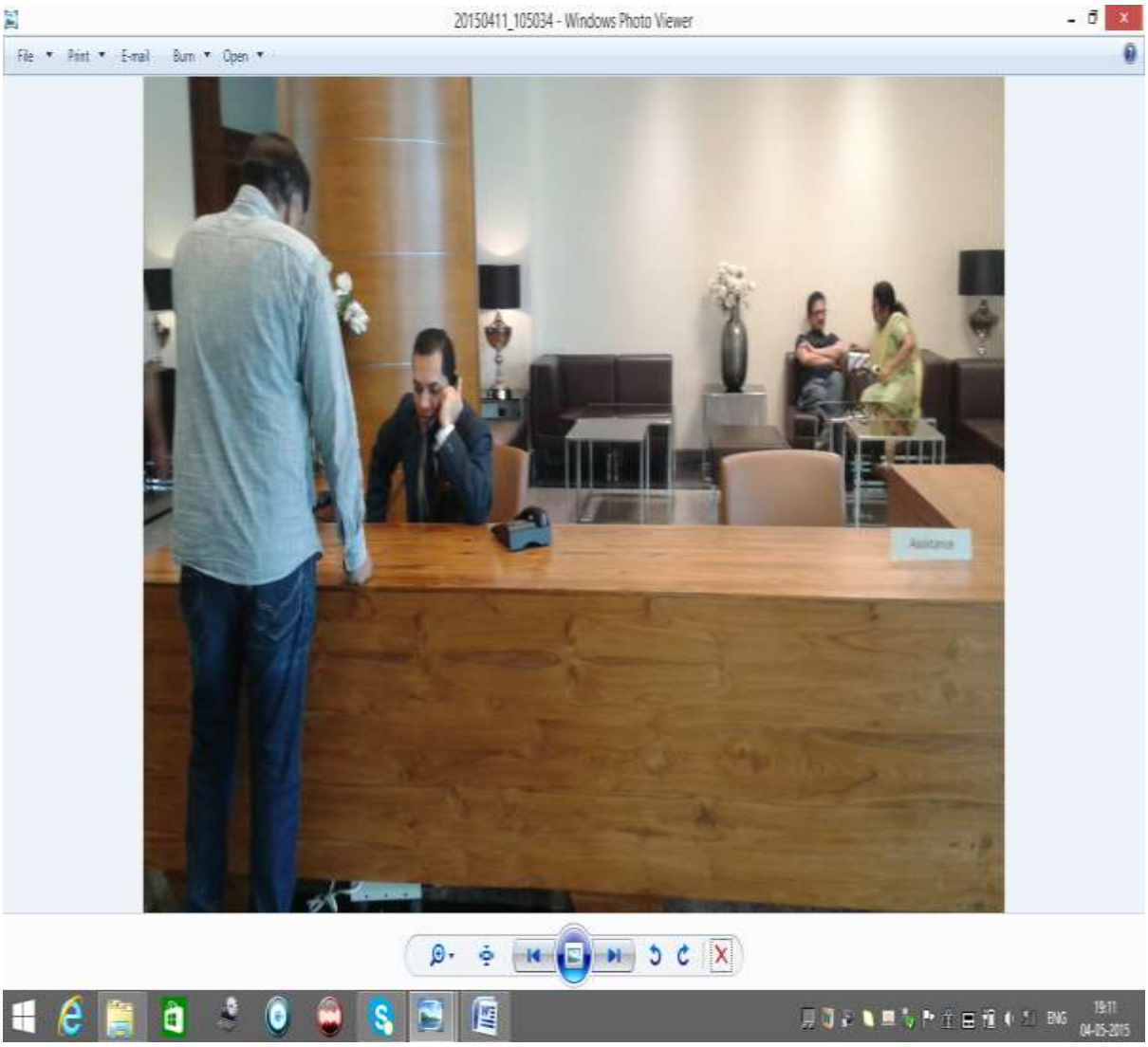
LOBBY MANAGER DESK IN NEW LOBBY

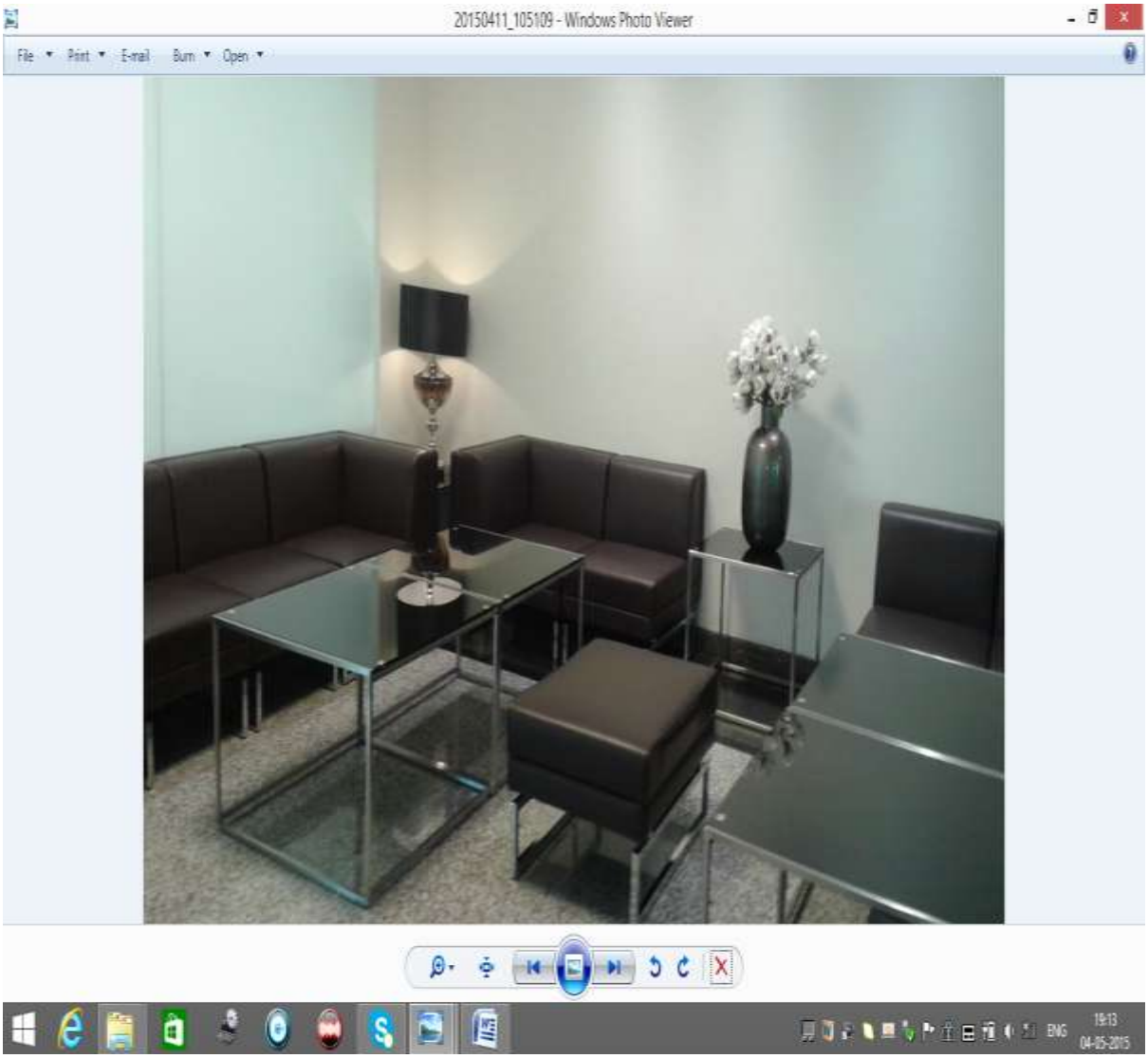


ASSISTANCE DESK IN NEW LOBBY



OUTSIDE VIEW OF CUBICLE

OLD LOBBY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