Internship
at
District Hospital, Jalandhar
(Punjab Health Systems Corporation)

Submitted By
Gargi Mehra

Post Graduate Diploma in Hospital & Health Management
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Jaipur
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INTERNSHIP REPORT

INTRODUCTION

The Punjab Health Systems Corporation was enacted through a special act of legislation to provide for the constitution of a corporation for establishing, expanding, improving and administering medical care in the state of Punjab. There are 176 healthcare institutions under PHSC, out of which there are 21 District Hospitals, 34 Sub-divisional Hospital and 119 Community health centre. A wide spectrum of healthcare facilities, preventive, curative and preventive, is provided in these institutions.

Hospital Services at the secondary level play a vital and complementary role to the Primary Health Care System and together form a comprehensive district based health care system.. Both are essential part of a well-integrated health care system.

ORGANIZATION PROFILE

Shaheed Babu Labh Singh Civil Hospital, Jalandhar /Victoria Civil Hospital Jalandhar was established in 1909 and was renamed as Shaheed Babu Labh Singh Civil Hospital in 1975. It has 400 beds. It provides treatment in medicine, general surgery, eye, E.N.T., orthopedic, pediatric, skin diseases etc. The hospital is manned by Chief Medical Officer, Hospital Administrators, Doctors, Nurses, Laboratory Technicians, Pharmacists and other administrative staff. The hospital is also running a Nursing Training School. It has blood bank facilities also.

Bed Distribution

a) OLD BUILDING

Floor	**Total No. of Beds**	**Types of Wards/ Rooms**
Ground	40	Paediatric
	10	Neonatal
	20	Maternity
	20	Gynaecology
First	05	Dermatology
	10	Post-partum
	05	Isolation
	16	Private Rooms/wards
Second	26	Male Ortho
	20	Female Ortho
	10	Ophthalmology
	15	ENT

b) NEW BUILDING

Floor	**Total No. of Beds**	**Types of Wards/ Rooms**
Ground	20	Emergency

First	04	Thalassaemia
Second	30	Male Medical
	26	Female Medical
	06	Prisoner ward
	45	Male Surgical
Third	10	ICU
	26	Female Surgical

Total number of beds (OLD +NEW) = 400 + 25 beds (TRAUMA ward & isolation)

Grand Total = 425 beds

SERVICES PROVIDED BY HOSPITAL

GROUP A: CLINICAL SERVICES & CLINICAL SUPPORT SERVICES	
General Medicine	Paediatrics Surgery
Obstetrics and Gynaecology	Dentistry
Paediatrics and Neonatology	Pharmacy
Orthopaedics	Radiology
Ophthalmology	Laboratory
ENT	Dialysis services
General Surgery	Blood Bank
Dermatology	Physiotherapy
Anaesthesiology	Telemedicine
GROUP B: SUPPORT SERVICES	
Maintenance	Medical Records

Civil Works Water PWD Electricity	Ambulance Service Materials Management
Fire Safety	
Telecommunication	
Laundry	Yes Inhouse
Security	Outsourced
Parking service	Outsourced
Waste Management Services	Yes(outsourced)
Housekeeping Services	In-house & Outsourced both
Manifold room	No
GROUP C: ADMINISTRATIVE SERVICES	
General Administration	Yes
Finance	Yes
Personnel Management	Yes (MS office)
Training and Development	No
HMIS services	No
Patient welfare	Yes

DEPARTMENTS VISITED

- Out Patient Department
- Intensive Care Unit
- Operation Theatres
- In-Patient Department
- Emergency Department
- Support Service Areas
  - Laboratory & Blood Bank

- Radio-diagnostics
- Physiotherapy
- CSSD
- Laundry
- Kitchen
- Medical Record Department

PROBLEMS AND ISSUES IN EACH DEPARTMENT

OPD:

Hand-washing basins are not available in all the chambers.

Waiting area is inadequate (80-85) as the average number of patients per day is around 950.

Housekeeping services of the waiting area and the toilets needs improvement.

Emergency: There is no proper crash cart available in the department; emergency drugs are kept in a tray. Triage area not marked/displayed.

Laboratory

Personal protective devices such as aprons, masks, gloves, etc are not provided adequately.

Fire exit is not identified and displayed in the area

Blood bank

There is no dedicated area as refreshment room.

I**maging Department**

AERB approvals are not available

PNDT Act is not evident

Improper queue management for the USG patients.

Operation Theatre

Zoning concept is not followed in its true sense

Wards

The other isolation is in one of the female ward is not followed in true sense ere is no crash cart in the wards.

Infection control practices not being followed.

ICU

Inadequate no. of nurses to patient ratio

There are no cardiac monitors, defibrillators and ventilators

Paediatrics

Scope of paediatrics services not defined and displayed.

Medical Records Deptt

No security provision for storage area

C.S.S.D

There are no bacteriological tests (surveillance) is carried out for the sterilized items.

Pharmacy

No double lock provision for Narcotics and Psychotropic drugs (**MOM.9.c, d)**

A drugs and therapeutics committee not constituted

Laundry

Storing area includes the clean and dirty linens.

No separate linen transportation trolleys

Bmw Area

The Temporary storage area in the hospital has no segregations in terms of category of waste and the area in unhygienic.

Mortuary

No security provision towards the mortuary area.

IMPLEMENTATIONS

Equipment Survey/Improving handover takeover of equipments

Formation of Committees

Meetings of Fire Safety Committee, Blood Bank Committee conducted

Introduction of Adverse Blood Transfusion Reaction Form

Red Bulbs outside X-ray Department (To ensure privacy of patients)

GOOD POINTS

License of Blood Bank Displayed

Free treatment to thallasemic kids

BAD POINTS

Some patients have to go back without their Ultrasonography being done due to huge workload

Patients have to wait for long time outside pharmacy for receiving free medicines due to inadequate manpower