Internship
at
The Mission Hospital Durgapur, West Bangal

Submitted By
Swati Anand

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Objectives of the Internship

Training offered opportunity to work closely with professionals in hospital industry and to develop knowledge, competencies, and experience related directly to career goals. This training was a good platform for us to reflect on theories and concepts learnt in the classroom to observe and apply in real life situations. It reinforced the classroom learning through practice. This has helped us a lot in learning corporate etiquettes, understand corporate culture – all through own experiences and observations. The major objectives were:

- To complete my internship with full efficacy and efficiency.
- To understand working of whole of the hospital and to seek opportunity that will stimulate me and provide real experience.
- To groom myself as a professional personality.
- The primary objective of the Intern Program is to provide a student interested in the field Of Hospital working, some experience and knowledge on the management and operations of a hospital.
- To accomplish the objective the student is expected to participate in a variety of activities. The duties require significant involvement in management activities. All responsibilities require the ability to work effectively with coworkers and to meet and work well with the public.
- Being introduced and inducted into the working of the hospital‘s Operations Department, to develop and establish the department and its functions at par with the industry

Hospital Profile

The Mission hospital, Durgapur (a unit of Durgapur medical centre private Ltd) is a 350 bedded state-of-the art super specialty hospital, with cutting edge technology. Built in an area spanning three acres it offers an array of facilities- digital flat panel cath lab (Philips FD10c).Six major operation theatres with laminar and HEPA filters,80 bedded critical care unit, dedicated mother and child care unit,24 hour accident emergency department ,blood bank.

This is a hospital with "futuristic" technology and enriched with "brilliant minds" behind the equipments.

The Mission Hospital started its operation from April 02, 2008. This hospital is the first super-specialty corporate hospital in Eastern India outside Kolkata. The Mission Hospital is the first super-specialty Corporate Hospital of Durgapur which has taken an initiative to amalgamate and integrate the best in healthcare be it manpower or technology. This hospital has been set up with the vision of providing quality healthcare at affordable cost and within the reach of every individual. The hospital has been able to establish its presence in Durgapur and its neighboring areas through its patient centric and high quality care, and patients are benefiting from the facilities of the hospital .The Mission Hospital is committed to providing affordable, quality health care to patients by incorporating improvement in its day-to-day schedule.

MISSION: **"To become a centre of excellence in healthcare by bringing tertiary level healthcare to the people of Eastern India."**

VISION: **"To provide affordable quality health care to patients by incorporating improvement in its day to day schedule.''**

The Mission's policy on quality is best explained by the following objectives:

- Provide continuous and regular training for employees to bring out the best in them to achieve quality improvement in service.
- Understand the needs of the patients and uphold standards of professionalism to improve the level of patient satisfaction.
- Provide quality service that is responsive, efficient, courteous and helpful

DIFFERENT TYPE OF SERVICES PROVIDE BY THE MISSON HOSPITAL

- Cardiothoracic surgery, cardiology and electro-physiology.
- Pulmonology and critical care unit area.
- Orthopedics, joint replacement and complex trauma.
- Neurosurgery and neurology.
- Urology.
- Anesthesia.
- Gastroenterology.

- General and Laparoscopic surgery.
- Gynecology and Obstetrics.
- Pediatrics and Neonatology.
- Nephrology.
- Accident and Emergency'
- Plastic Surgery.
- Maxillofacial Surgery.
- Hematology.
- ENT
- Radiology.
- Pathology, Microbiology, Biochemistry

INTENSIVE CARE UNIT

- Medical Intensive Care Unit.
- Surgical Intensive Care Unit.
- Coronary Care Unit.
- Neonatal Intensive Care Unit.
- Dialysis.

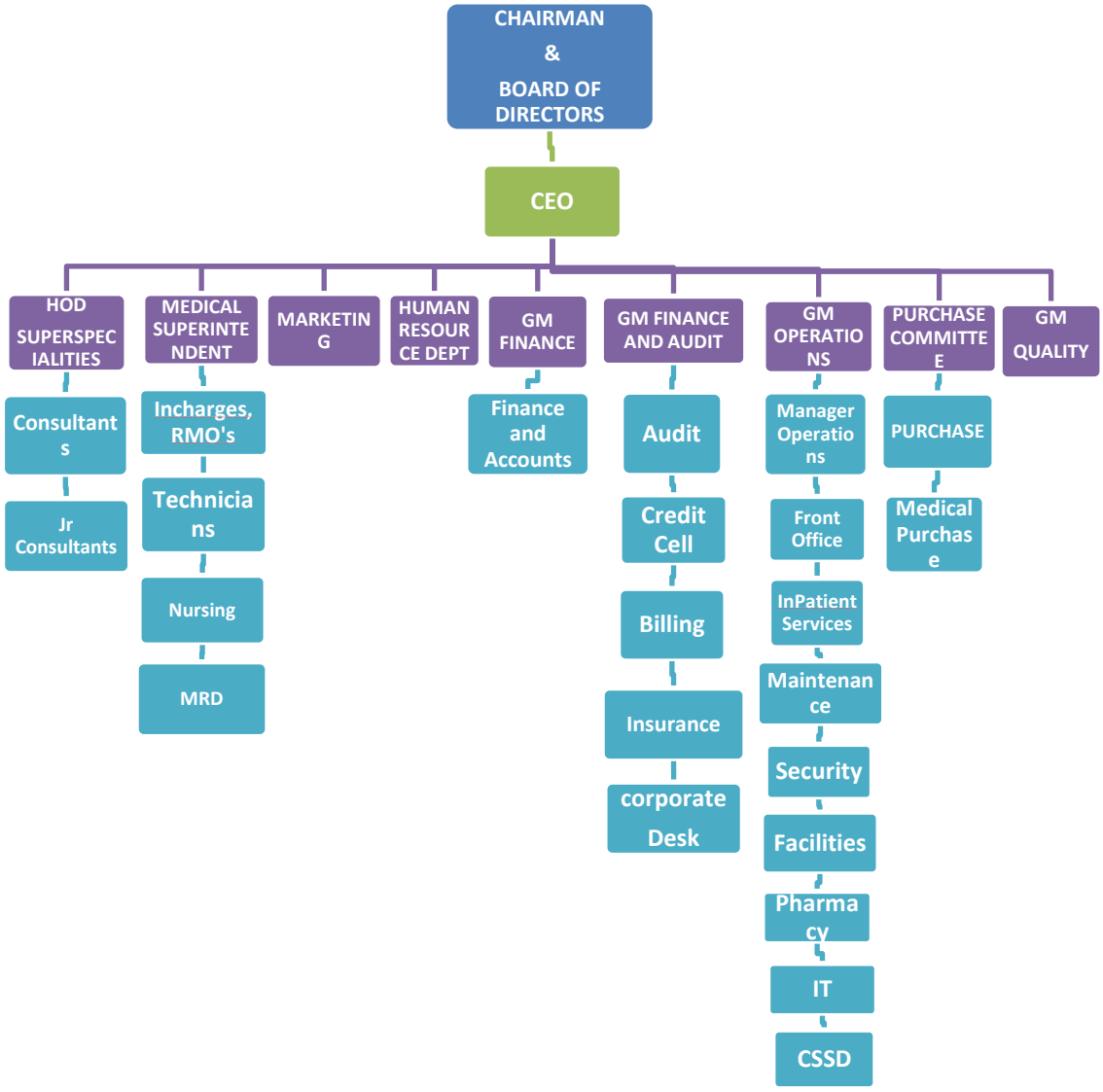
OTHR SUPPORTIVE SERVICES

- Pharmacy Services.
- Laboratory and Radiology.
- Medical Record.
- Blood Bank.
- Ambulance Services.

OUT SOURCED SERVICES

- Canteen.
- Laundry.
- House Keeping.
- Lab and Radiology.
- Security Services.

ORGANISATIONAL STRUCTURE



AREAS OF EXCELLENCE

The aim of **The Mission Hospital** is to provide the patient with easily accessible comprehensive and consistent quality healthcare, with a special focus on patient care. However we have a number of specialized centers of excellence to help us achieve this task:-

1. DEPARTMENT OF ACCIDENT AND EMERGENCY:

An important part of our services is the trauma care. A Dedicated team of Accident & Emergency doctors man the unit 24/7 and provide trauma care. The department is manned by a group of doctors who have fellowship in Emergency Medicine. The other staffs include

RMO's, paramedics and nurses trained in trauma care. We are equipped to handle any trauma, be it neuro-trauma, stroke surgery or multiple fractures. Through prompt evaluation, Life-threatening injuries are identified and treated immediately under the direction of a dedicated team of trauma surgeons.

2. THE DEPARTMENT OF CARDIOLOGY & ELECTRO-PHYSIOLOGY:

This department offers the most comprehensive range of Interventional Cardiology Services performed by Interventional Cardiologists, recognized for their experience, expertise and skills. The hospital is equipped with the latest generation of flat panel Cath Labs with digital images, which is one of the most advanced Cath lab machine and is the only machine to be installed outside Kolkata.

We provide quality services like Echo Doppler, Stress echocardiography, TMT, ECG, Holter monitoring, Peripheral Doppler studies, Coronary & Peripheral Angiography, Carotid, Renal & peripheral angioplasty, Stenting, Pacemaker Implantation, Balloon Valvoplasty etc.

3. THE DEPARTMENT OF CARDIO-THORACIC AND VASCULAR SURGERY:

This department have successfully operated upon a number of complicated coronary artery bypass surgeries, valve replacements, valve repairs, infant and pediatric complex congenital cardiac surgeries already, since its inception on 2nd April, 2008.

But what sets this department apart from other hospitals is the successful neonatal and pediatric cardiac surgical programme which is being run. We have already performed hundreds of complex cardiac surgeries that require very high degree of technical dexterity, knowledge about infant physiology and dedicated intensive care and infrastructure. There has been very little mortality till date in this specialty**.**

4. THE DEPARTMENT OF NEUROSCIENCES:

This department is equipped with facilities at par with the best in the country. It offer and perform delicate and the most modern procedures on a regular basis viz. pediatric neuro-

surgery, brain tumor surgery, vascular neurosurgery, stroke surgery, neuro-trauma, infection (e.g neuro-tuberculosis), spine surgery, peripheral nerve surgery (microsurgical repair of peripheral nerve damage, nerve grafting, carpal tunnel surgery)etc. The department consists of highly skilled neurosurgeons, neuro physicians, neuro-radiologists dedicated neuro-anesthesiologists and specially trained staff for the operating theatre and neuro-ITU.

5. THE DEPARTMENT OF ORTHOPAEDICS & JOINT REPLACEMENT SURGERY:

This department is the only centre in this region to offer an array of high-end surgeries. The Joint Replacement team provides state-of-the-art surgical care employing up-to-date techniques for the treatment of hip and knee afflictions.

Lower back and spine problems are also dealt with ultra-modern techniques of spinal stabilization with successful and predictable outcomes. Arthoscopic surgery is another dimension to provide state of art minimally invasive treatment of knee joint ligament and cartilage injuries.

The department has successfully performed more than 100 joint replacement surgeries till date. Apart from the joint replacement surgeries, the department has carried out successfully numerous complicated orthopedic surgeries till date.

6. DEPARTMENT OF INTERNAL MEDICINE AND CRITICAL CARE:

This department is the most expensive, technologically advanced and resource intensive area, concerned with the provision of life support or organ support systems in patients who are critically ill and who usually require intensive monitoring. Patients admitted to the intensive care unit not requiring support for the above are usually admitted for the intensive

nvasive monitoring, such as crucial hours after major surgery when the deemed to unstable to transfer to a less intensively monitored unit.

7. THE DEPARTMENT OF TRANSFUSION MEDICINE (BLOOD BANK):

This department is the only centre in this region with high end and advanced technology. The department is linked with all clinical specialties of surgery and medicine. It also deals with stem cell collection and storage, cord blood banking, regenerative medicine by transfusion of hematopoietic progenitor cells to the patient to regenerate damaged tissue anywhere in the human body (e.g., cardiac, neurons etc.) and gene therapy.

8. THE DEPARTMENT OF UROLOGY & ANDROLOGY:

This department provides Comprehensive urology Services as well as Andrology facilities. The department is one of the few in the entire state that provides full range of urology services. Endo Urology, Urolithiasis, Uro-Oncology, Andrology, Urodynamics, Transplantation, Microsurgery and Implant Surgery.

9. THE DEPARTMENT OF NEPHROLOGY:

This department is the only centre in this region to provide the services in this specialty for managing patients with all sorts of kidney diseases. The department offers and performs all diagnostic and therapeutic procedures for adults and children. The Kidney Transplant program is one of the key areas of excellence in the hospital.

10. THE DEPARTMENT OF GASTROENTEROLOGY & GASTRO SURGERY :

This department is the only centre in this region to provide the services in this specialty for managing patients with all sorts of gastrointestinal, liver and pancreatic diseases.
The departments offer and perform all diagnostic and therapeutic upper & lower endoscopies and ERCPs with video scopes for adults and children.

11. DEPARTMENT OF PLASTIC & RECONSTRUCTIVE SURGERY:

The department offer General Plastic Surgery, Crania-Maxillofacial surgery (Facial Clefts-cleft lip, cleft palate, Facial Microsomia, Mouth and jaw tumor, Craniofacial trauma/ injuries), Aesthetic (cosmetic) Plastic Surgery (Rhinoplasty or "Nose Job", Face Lift, Blephroplasty i.e. Removal of wrinkles from the upper/lower eyelids, Brow Lift, Breast Reduction/ Breast Augmentation, Abdominoplasty, Liposuction), Micro and Hand Surgery, Head and Neck Reconstruction, Acute burns and Post Burn problem solution.

12. THE DEPARTMENT OF IMAGING SERVICES:

This services offers advanced diagnostic and therapeutic services compared to anywhere in the world. The Department of Imaging Services is a highly specialized, full-service department which strives to meet all patient and clinician needs in diagnostic imaging and image-guided therapies in close proximity with the various other departments. Each unit the department viz. General Radiology, Mammography, Ultrasound, Doppler, CT Scan, MRI Scan, Angiography or Nonvascular Interventions is self sufficient as regards to skill and equipments.

13. THE DEPARTMENT OF PEDIATRICS AND NEONATOLOGY:

This department is another specialized area, which is of utmost importance. The department is well equipped and has 10-bedded Neonatal ICU with dedicated team of experienced neonatologist and nursing staff. The NICU is well equipped with ventilators, radiant warmers, multi-parameter monitors, phototherapy units etc. The department also has a 10-bedded pediatric ward to take care of children.

14. THE DEPARTMENT OF LABORATORY SERVICES:

This service at The Mission Hospital, Durgapur has been established with a view to provide wide range of Laboratory investigations, necessary for patient care. It consists of disciplines of Biochemistry, Clinical Pathology, Hematology, Immunology, Microbiology, Molecular diagnostics,

Serology, Endocrinology, Nutrition and Metabolism, Infectious diseases, Histopathology, Cytopathology and Immuno-Histochemistry.

The laboratories are equipped with state-of-the-art equipments. To operate these sophisticated gadgets the laboratories have a team of efficient, motivated, knowledgeable and qualified Doctors and technical staff. All the blood samples of Laboratory investigations are collected using **Pneumatic Chute System**, which is the first of its kind in eastern India.

15. PAEDIATRIC CARDIAC SURGERY:

Congenital heart disease is a serious and common cause of life threatening morbidity amongst children in India. The statistics are frightening. It is estimated that every year 1,80,000 children are born with heart defects! Another way of appreciating the problem is to know that for every thousand children under the age of 15 years, four have congenital heart disease. Considering or population of more than one billion (which is largely youthful) the absolute numbers are staggering. Without treatment many will die early in life. Some will gradually waste away in suffering. The good news is that the vast majority of these children can be treated, usually with surgery, which would add many decades of productive life.

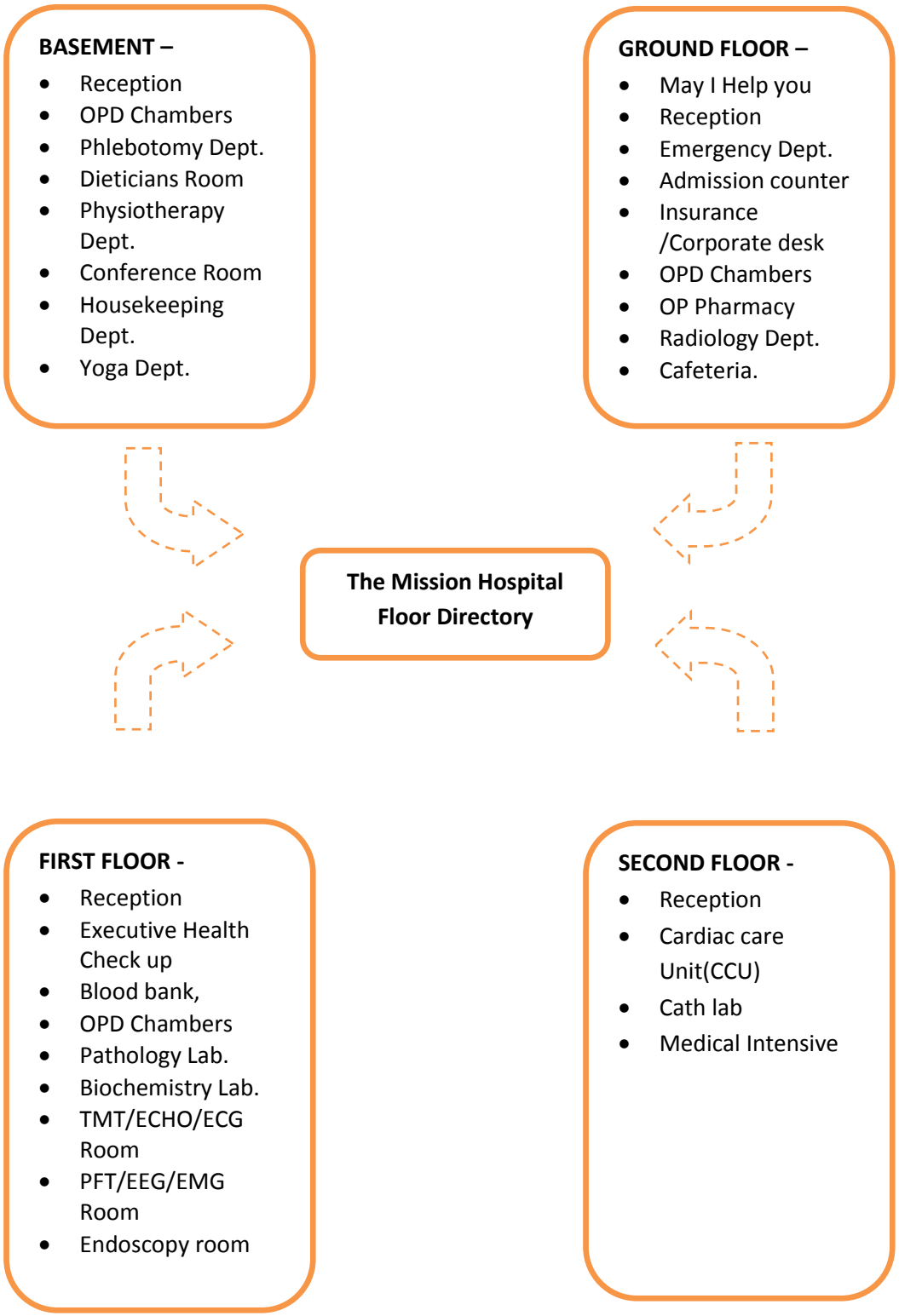
16. THE DEPARTMENT OF OBSTETRICS & GYNAECOLOGY AND ADVANCED LAPAROSCOPIC PROCEDURES:

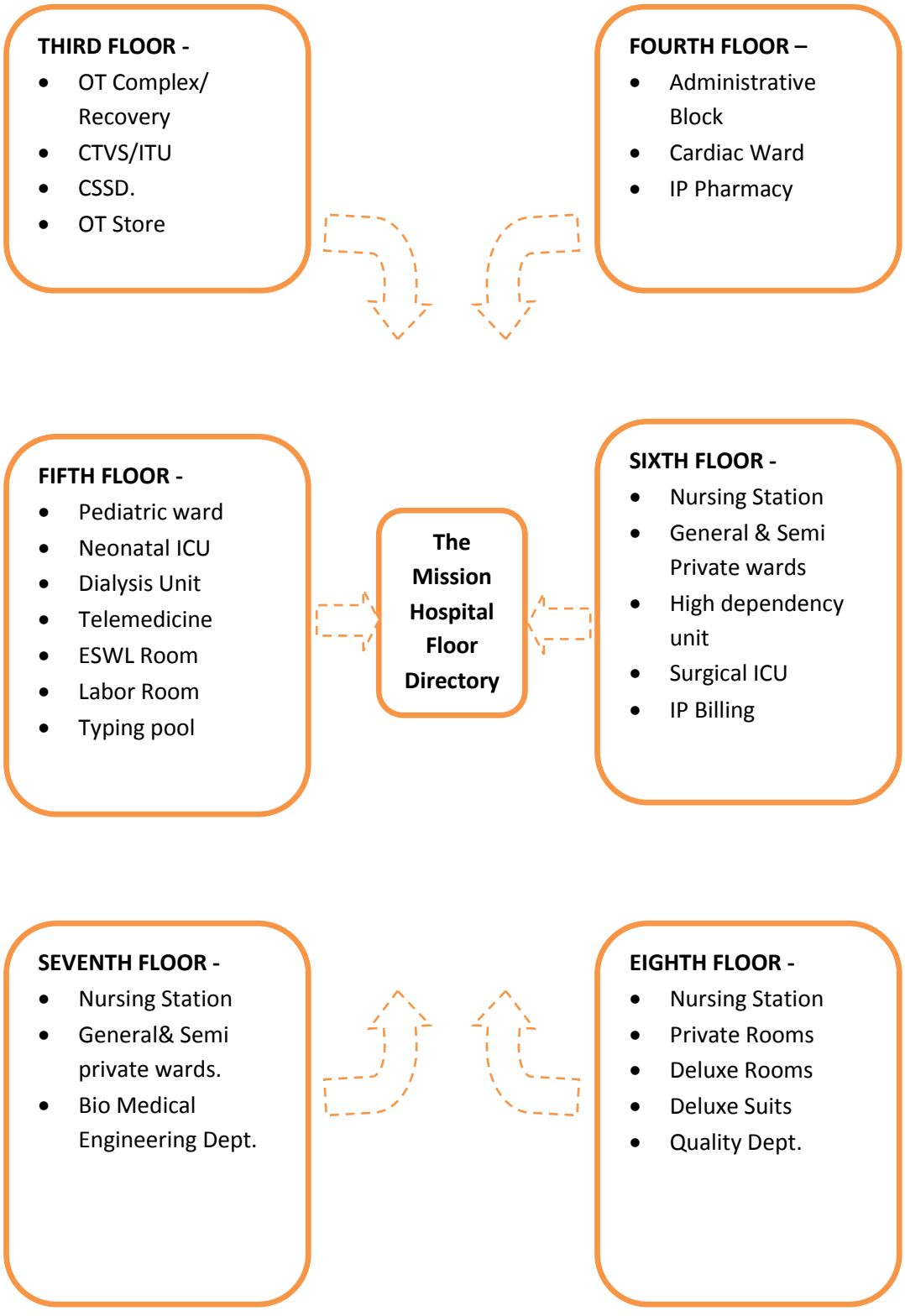
This department is the only centre in this region to offer specialist medical & surgical care. The Department offers comprehensive obstetrics & gynecological care. Our consultant

Obstetrician & Gynecologist provide specialist medical as well as surgical management of all types of obstetrics & gynecological problem.

There is a dedicated maternity wing with individual labor rooms where the laboring women can have support from her near relatives. The labor ward complex has a dedicated operation theatre. Registrars provide 24 hrs cover on-site under direct consultant supervision.

The Mission Hospital Floor Directory




THIRD FLOOR -
OT Complex/ Recovery
CTVS/ITU
CSSD.
OT Store
FOURTH FLOOR –
Administrative Block
Cardiac Ward
IP Pharmacy
FIFTH FLOOR -
Pediatric ward
Neonatal ICU
Dialysis Unit
Telemedicine
ESWL Room
Labor Room
Typing pool
The Mission Hospital Floor Directory
SIXTH FLOOR -
Nursing Station
General & Semi Private wards
High dependency unit
Surgical ICU
IP Billing
SEVENTH FLOOR -
Nursing Station
General& Semi private wards.
Bio Medical Engineering Dept.
EIGHTH FLOOR -
Nursing Station
Private Rooms
Deluxe Rooms
Deluxe Suits
Quality Dept.

Daily Routine / Management Work

- Taking hospital rounds and assessing voice of customers (patients)
- In the organization, we were engaged in the NABH surveillance preparation
- Helped the quality department in updating the department manuals of different departments, according to the NABH guidelines
- Conducted a file audit of Inpatient files.
- Conducted a linen audit for operation theatre for one week (i.e.23rd February 2015-28th February 2015)
- Calculated the Quality indicators of Operation Theatre prospectively.

Project: A study on management of operation theatre linen

1. Introduction

Laundry in a hospital is responsible for providing adequate, clean and constant supply of linen to all users in the institution, while ensuring that hygienic conditions are maintained in the process. Laundry is one of the intervening factors in the fight to eliminate any source of microbiological contamination and the risk of recontamination to the patients. The Mission Hospital has an in house laundry located in the separate building.

The term 'hospital linen' includes all textiles used in the hospital including mattress, pillow covers, blankets, bed sheets, towels, screens, curtains, doctors coats, operation theatre linen, table cloths etc. Cotton is the most preferred and frequently used material. The hospital receives all these materials from different areas like Operation Theatres (OT), wards, out-patient departments and office areas.

The OT linen materials need special care since it has to be washed & sterilized carefully. The OT linen is basically a green linen which consist of big green sheet, medium green sheet, small green sheet, surgeon gown, sucker bag, leggings and cut sheets. After laundering, OT linen is passed to CSSD (Central Sterile Supply Department) which is located on 3rd floor of the hospital. This department is responsible for checking of linen received from laundry, pack preparation according to different operation theatres, sterilizing and storage, or delivery as sterile packs to OT nurses.

The hospital consists of 5 major operation theaters. The Operation Theaters are located on 3rd Floor of the building and the minor OT is situated in 5th Floor. OT complex is a highly specialized facility with modular operation theatre where life saving or life improving procedures are carried out by invasive methods under strict aseptic conditions in a

controlled environment by specially trained personnel to promote healing and cure with maximum safety, comfort and economy.'

This area of expertise has revolutionized the use of hospital facility and also made visible impact of hospital services to the community. These functional changes necessitated the emergence of special care facilities that required the special expertise and one without the other is non-productive. A sizeable portion of the patients seeking admission to the hospitals are doing so for surgical operative procedures and it can roughly be estimated to be more than fifty percent

2.Review of Literature

- Laundries in Australia according to Australian/New Zealand Standard AS/NZS 4146 Laundry Practice have adopted rigorous inspection procedures to ensure that cleaned operating theatre linen has minimum staining and textile damage prior to sterilization. [1]
- OT sister maintains the records and documents pertaining to O.T. Techniques and the material, equipments, consumables, linen, etc.[2]
- Ganga Ganesh, Senior Executive Housekeeping of Faber Sindoori Management Services Private Limited at Apollo Hospitals, Bangalore says, "At Apollo Bangalore, we believe that attention to patient's personal needs is as important as medication and therefore adequate supply of clean linen becomes imperative Linen management plays a great role in patient satisfaction- it not only reduces the infection rate and operation cost but also helps in physician satisfaction- since it can prevent delay in OT and ICU

procedures and also in CSSD operations and ultimately linen delivered on time contribute to patient satisfaction."Shortage of linen leaves patients dissatisfied. Sometimes, even surgeries get cancelled due to shortage of operation theatre linen. In order to overcome the above problems, it is imperative to have a linen management system that automatically tracks soiled and clean linen items continuously through the entire linen cycle. *Stock of all linen should be taken every week. This helps tracing any linen that has been misplaced, and also helps in tracking damaged linen.*

- Today an increasing number of institutional laundries are adapting to various techniques to conventional laundry chemicals and methods. The advent of computer and microprocessor controls in the various laundry equipment has revolutionised their performance and dramatically reduced the number of employees as well as working hours. Some of the state-of-the-art technologies like electronic cameras have replaced human eyes in quality control, because the speed at which the linen passes through an ironer makes it impossible and tiresome for the human eye to detect holes/ stains in linen. There are also modular finishing machines available in the market, which have automated feeders, ironers and folders giving the linen a more hygienic and acceptable look. [3]

3. Rationale of study

Based on the observations made during the induction in the OT and **CSSD there is improper management of OT linen as the amount of linen issued by the laundry, the same amount of used linen was not received by the laundry on the next day.** The processing of OT linen was done from laundry then it goes to CSSD for checking, packing and sterilization and then finally goes to different Operation theatres according to the requirement. Finally the soiled linen was received back by the laundry from the OT. The study was required to know the problem areas if any in each of the above departments which are contributing to the improper management of OT linen.

4.Objectives

- To study the process flow of the OT linen from laundry to CSSD and then finally to OT and vice versa.
- To identify the issues and problems related to the management of OT linen
- To provide recommendations for the systematic management of OT linen.

5.Methodology

❖ **Study design and approach**

This study was performed prospectively in laundry, CSSD and Operation theatre to know about the management of OT linen. The approach adopted in this study is a descriptive.

❖ **Time frame**

This study was conducted for a period of 6 days (February 23, 2015-February 28, 2015) excluding Friday.

❖ **Sampling Method:**

The sampling method adopted was purposive sampling.

❖ **Sample Population: Inclusion criteria and exclusion criteria**

- Tracking of Surgeon gown, Big Green Sheet, Small Green Sheet and Sucker Bag were done in the study.
- Tracking of Medium Green Sheet and Cut Sheet were excluded from the study.

❖ **Method of data collection**

Primary data: The primary data was collected by direct observation of the flow and management of linen in laundry, CSSD and Operation Theatre.

Informal interviews with HOD laundry, CSSD supervisor, OT Sister in-charge and housekeeping staff working in operation theatre.

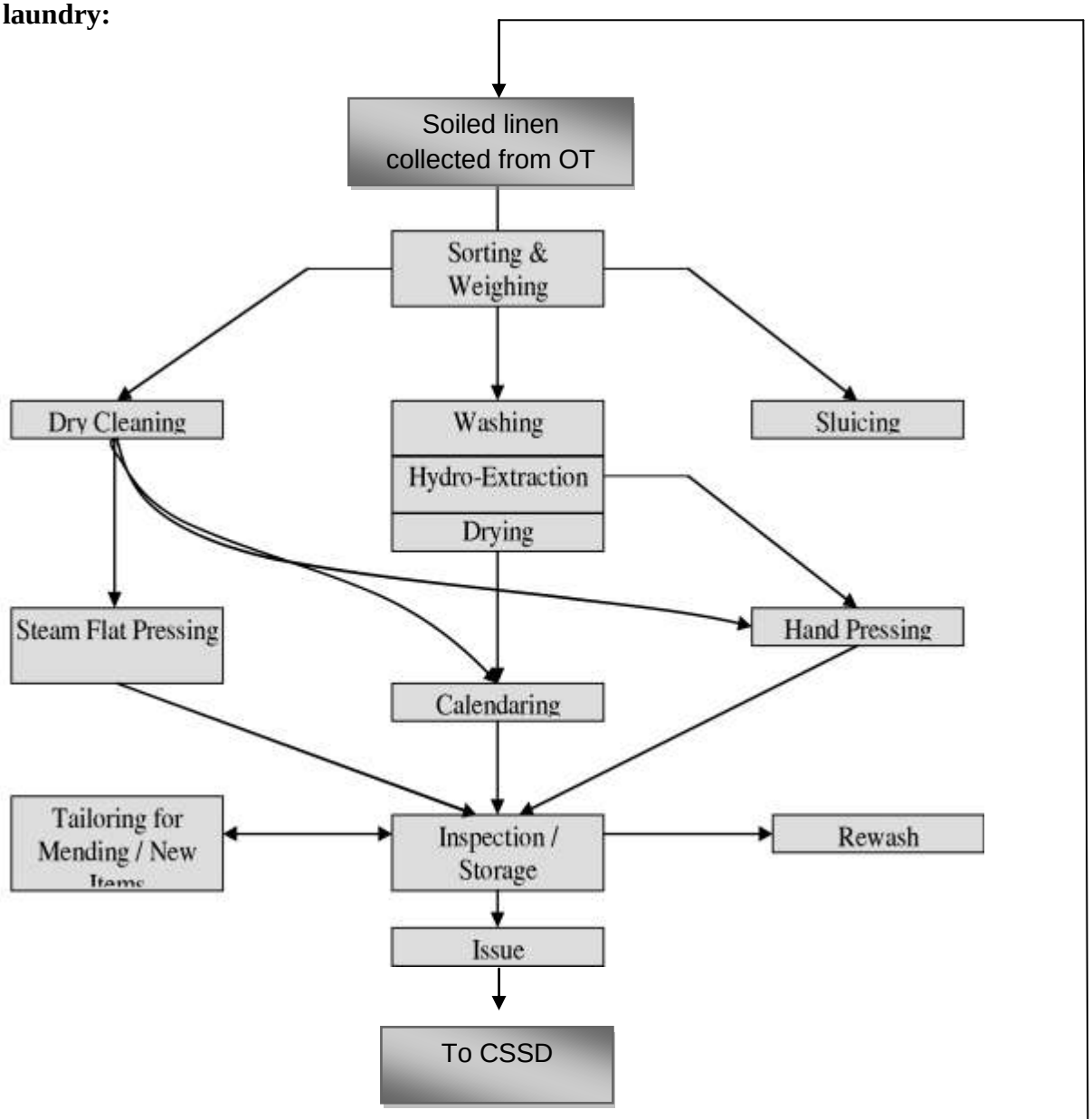
Secondary data: The secondary data was collected from the clean and soiled linen record registers maintained in the laundry as well as linen register from CSSD and from CSSD requisition form.

❖ **Study tool**: Ms-Excel

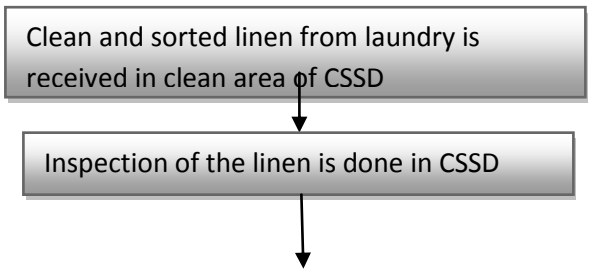
6.Observations and Analysis

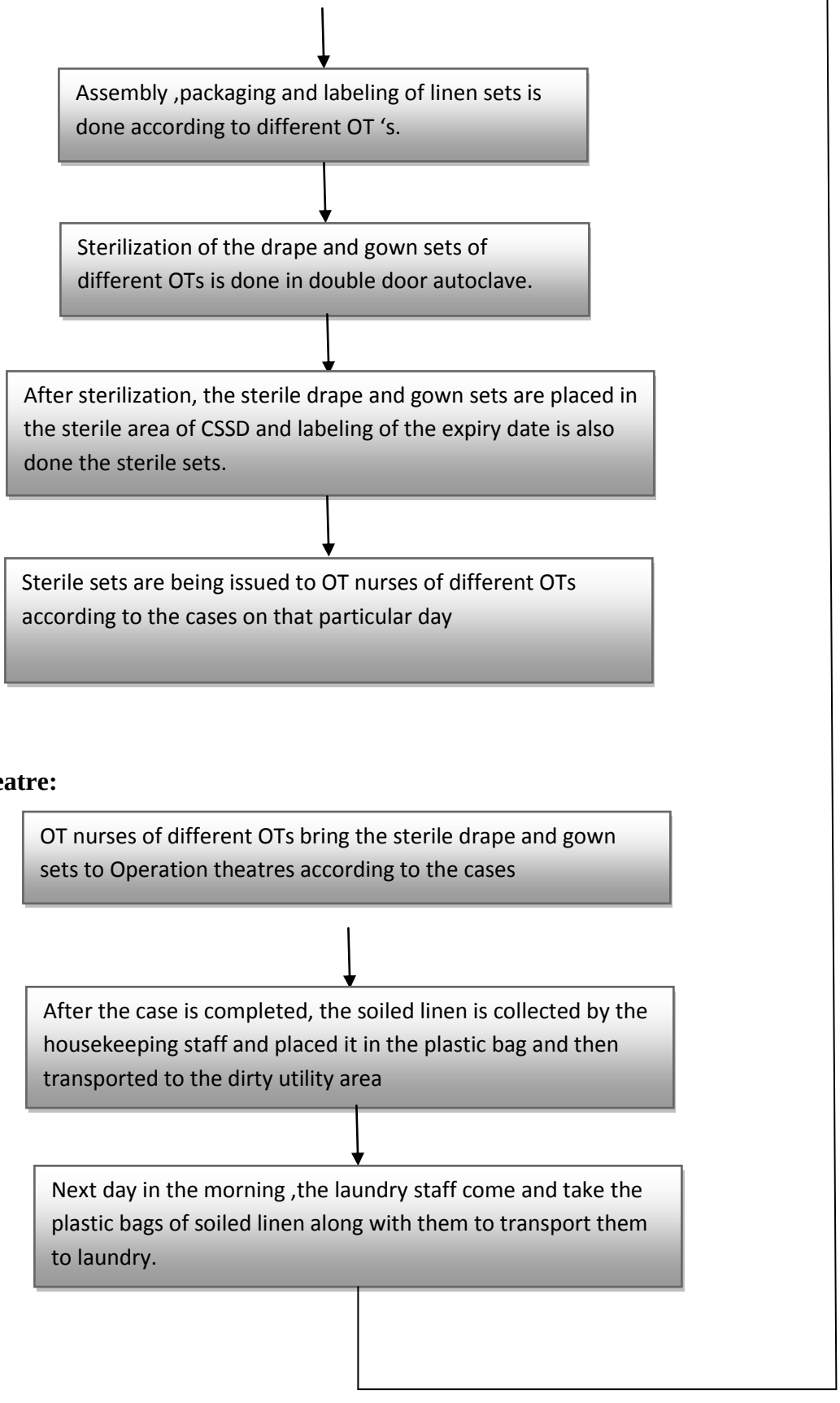
6.1 Process of OT linen in laundry, CSSD and in Operation theatre

At laundry:



At CSSD





At Operation theatre:

6.2 Operation theatre linen sets

Operation theatre linen consist of big green sheet, medium green sheet, small green sheet, cut sheet, sucker bag, leggings and surgeon gown. Different Operation theatre drape sets are made by CSSD which consist of different amount of above linen depending on the type of case or operation theatre.

Table 6.1: Cardiac OT drape

Linen name	**Quantity**
Patient drape 1st	
Big green sheet	7
Small green sheet	5
Patient drape 2nd	
Big green sheet	2
Small green Sheet	8
Succer bag	8
Bed drape	
Big green sheet	3
Small green sheet	1
Medium green sheet	1

Table 6.2: General OT drape

Linen name	Quantity
Big green sheet	3
Small green sheet	4

Table6.3: Ortho OT Drape

Linen Name	Quantity
Big green sheet	4
Small green sheet	4

Table 6.4: Neuro OT drape

Linen name	Quantity
Trolley drape	
Big green sheet	4
Small green sheet	2
Patient drape	
Big green sheet	4
Small green sheet	6

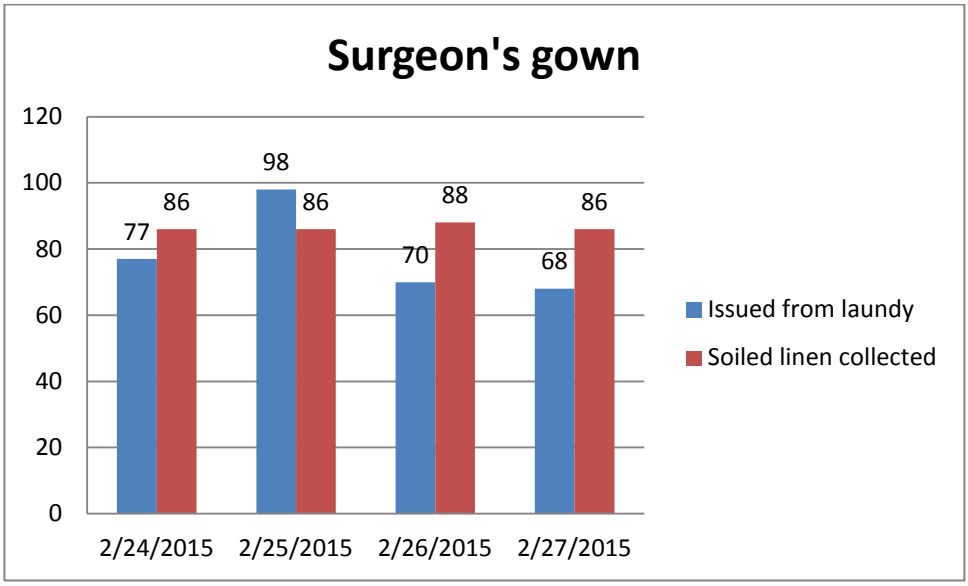
Table 6.5: Surgeon's gown

Linen name	Quantity
3-pack gown	3
Single pack gown	1

6.3 Analysis

During the study the audit of the OT linen was done. The main problem was with the amount of sugeon gown, big green sheet, small green sheet and sucker bag as the amount of linen issued to Operation theatre,the same amount of used linen is not received back in the laundry. The findings and analysis of the audit is as follows:

Graph 6.1: Surgeon's gown



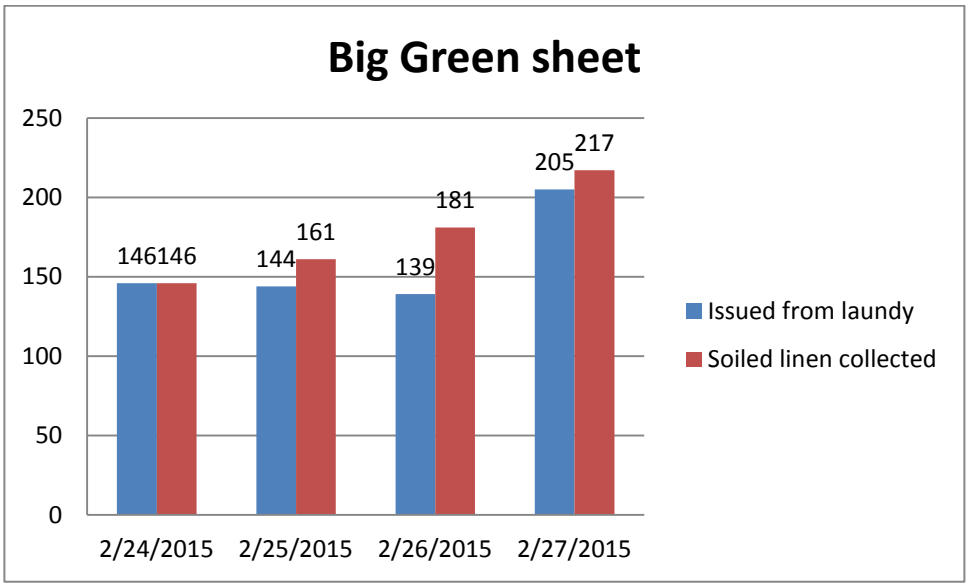
There was discrepancy between the amount of surgeon's gown issued to the soiled linen collected. No one to one exchange system of linen distribution was followed for OT linen.

Reasons for discrepancy are:

- Some amount of linen was discarded after going to CSSD for sterilization because of blood spots ,stains or the linen was toned
- Some amount of stock was maintained in the CSSD for which there was no register or no documentation was present
- Sometimes once the drape gets opened in operation theatre the whole amount of surgeon gown was not used in the OT and is returned back to the CSSD so that it can be used in the other drape set.
- The counting of soiled linen was not done by OT sister or the housekeeping staff after the case gets finished and the counting occurs in the laundry without the presence of the GDA staff from OT .

- Sometimes if the particular case gets postponed then surgeon's gown set was maintained by the OT staff of that particular OT so that it can be used for the next day's case.

Graph 6.2: Big Green sheet



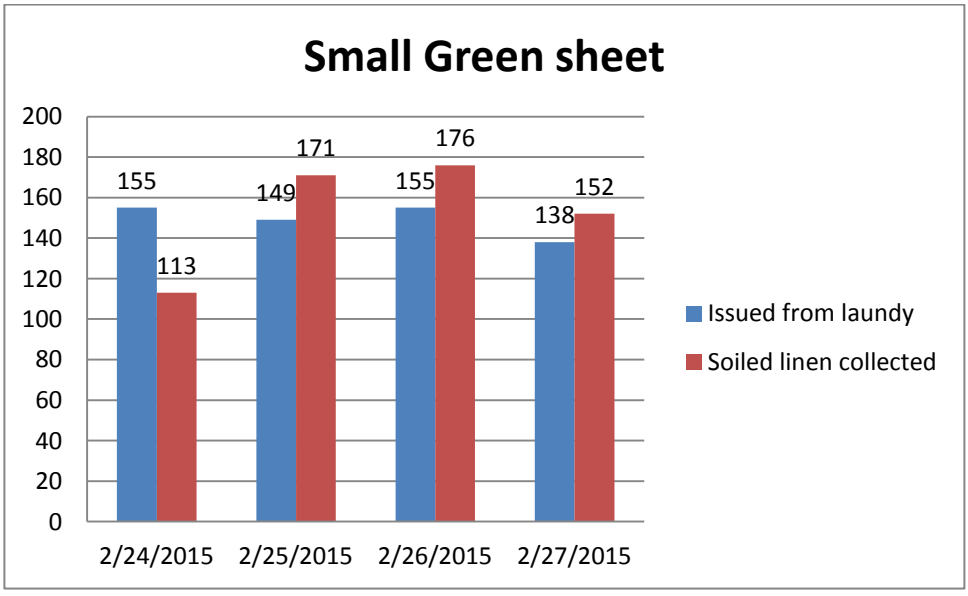
There was discrepancy between the amount of big green sheet issued to the soiled linen collected. No one to one exchange system of linen distribution is being followed for OT linen.

Reasons for discrepancy are:

- Some amount of linen was discarded after going to CSSD for sterilization because of blood spots , stains or the linen was torned

- Some amount of stock was maintained in the CSSD for which no register or no documentation was present
- Sometimes once the drape gets opened in operation theatre the whole amount of big green sheet was not used in the OT and is returned back to the CSSD so that it can be used in the other drape set.
- The counting of soiled linen was not done by OT sister or the housekeeping staff after the case gets finished and the counting occurs in the laundry without the presence of the GDA staff from OT.

Graph 6.3: Small green sheet

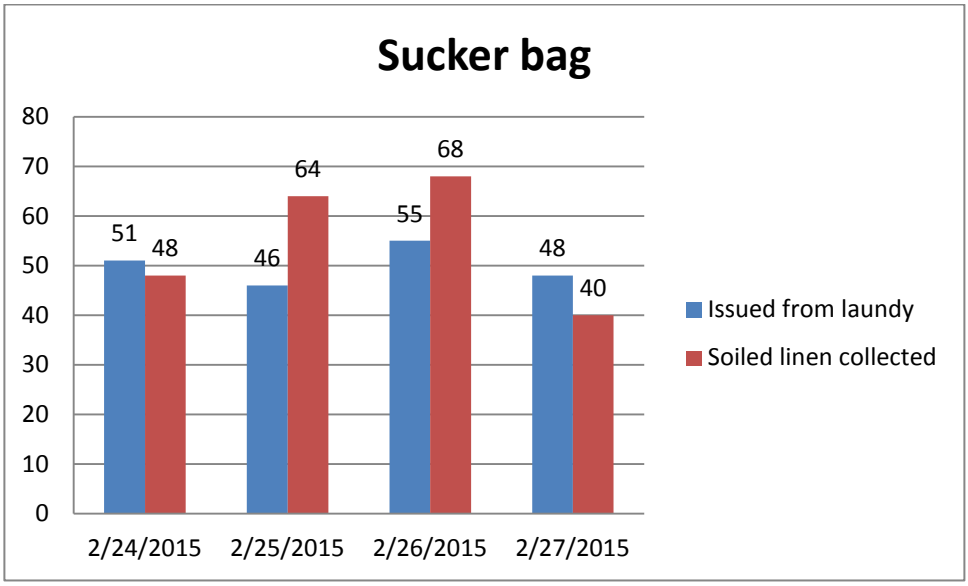


There was discrepancy between the amount of small green sheet issued to the soiled linen collected. No one to one exchange system of linen distribution was being followed for OT linen.

Reasons for discrepancy are:

- Some amount of linen was discarded after going to CSSD for sterilization because of blood spots ,stains or the linen was torned
- Some amount of stock is being maintained in the CSSD for which there was no register or no documentation was present
- Sometimes once the drape gets opened in operation theatre the whole amount of small green sheet was not used in the OT depending on the case and was returned back to the CSSD so that it can be used in the other drape set.
- The counting of soiled linen was not done by OT sister or the housekeeping staff after the case gets finished and the counting occurs in the laundry without the presence of the GDA staff from OT .
- Sometimes if the particular case gets postponed then drape set was maintained by the OT staff of that particular OT so that it can be used for the next day's case.

Graph6.4: Sucker bag



There was discrepancy between the amount of sucker bag issued to the soiled linen collected. No one to one exchange system of linen distribution was followed for OT linen..

Reasons for discrepancy are:

- Some amount of linen is being discarded after going to CSSD for sterlisation because of blood spots ,stains or the linen was torned
- Some amount of stock was maintained in the CSSD for which there was no register or no documentation was present
- Sometimes once the drape gets opened in operation theatre the whole amount of sucker bag was not used in the OT depending on the case and is returned back to the CSSD so that it can be used in the other drape set.
- The counting of soiled linen was not done by OT sister or the housekeeping staff after the case gets finished and the counting occurs in the laundry without the presence of the GDA staff from OT .

- Sometimes if the particular case gets postponed then drape set is maintained by the OT staff of that particular OT so that it can be used for the next day's case.

Other Problems:

- The operation theatre linen audit was done during the study and it was found that no one to one exchange system of linen distribution was followed.
- The amount of linen issued by the laundry to Operation theatre on one particular day, the same amount of soiled linen was not received by the laundry on the next day
- The system of linen distribution was not in bulk but the laundry people deliver the operation theatre linen in lots .Only a prefixed amount of linen in range of 80-85 was send in the evening around 7pm to CSSD and rest of linen is send in lots on next day as the OT List was not prepared till that time. So linen was not send by the laundry in-charge according to the next day's cases.
- The total amount of linen that is being send to CSSD , each day around 9% of the linen is being rejected by CSSD and make the sterile sets with the remaining linen.

7. Recommendations

- Based on the average no of cases that is being calculated by using the previous 3 months data from the OT case register.

Average cardiac case per day: 6

Average ortho case per day: 4

Average neuro case per day: 1

Average general case per day : 7

The linen required for these cases should be send on previous day evening so that CSSD people can make the sets at night and rest of the linen according to the cases can be send by the laundry to CSSD next day in the morning.

Linen item	Quantity
Surgeon gown	60
Big green sheet	129
Small green sheet	154
Medium green sheet	10
Cut sheet	20
Sucker bag	48
Leggings	4

- To manage the unplanned cases two emergency stock for each case can be maintained by CSSD Staff so as to prevent the delay in the cases. This can be done by providing one more rack in the CSSD sterile area.
- Proper documentation or registers can be maintained by the CSSD Staff for the emergency stock
- CSSD should maintain the record of unused linen received from OT in the same linen register which they are maintaining.
- Inside each OT, one checklist of used linen can be maintained by the floor nurse and the copy of the same checklist can be given to laundry to keep the track of used linen and soiled linen received.(See Annex-1)

- To reduce the linen rejection rate of linen in CSSD, housekeeping staff of Operation theatre should collect the rejected linen in the green hamper bag so that it cannot come again into the linen issue and collection cycle.

8. Implementation

- As OT case list is not prepared till the working hours of the laundry, so they have started issuing linen according to average cases.

- The laundry supervisor has started visiting CSSD to check the linen stock in hand and how much unused linen is being received back from OT.

- CSSD Supervisor has started maintaining the records of linen stock in hand and amount and category of the linen being received back from operation theatre.

- To reduce the linen rejection rate of linen in CSSD, housekeeping staff of Operation theatre has started collecting the rejected linen in the green hamper bag so that it cannot come again into the linen issue and collection cycle and linen rejection has been decreased to 6%.

- Inside each OT, one checklist of used linen can be maintained by the floor nurse and the copy of the same checklist can be given to laundry to keep the track of used linen and soiled linen

9. References

1] Disinfection & Sterilization Guidelines Queensland Health Version 2: November 2008).

2] (MORMUGAO PORT TRUST MEDICAL DEPARTMENT, OPERATIONAL MANUAL http://www.mptgoa.com/cmo_manual.pdf).

3] Linen Management in Hospitals

Posted by: Clean India Journal - Editor February 24, 2012 in Laundry Solutions, Professiona

Annexure-1

	Checklist for drapes																
	Date:	**OT no:**															
	Drape sets	**Sets received from cssd**					**Signature of the OT nursing staff**					**Total Linen used**					**Signature of OT sister incharge**
1)	**Cardiac OT Drape**																
1.1)	**Patient drape 1st**																
	large sheet - 7																
	small sheet - 5																
1.2)	**Patient drape 2nd**																
	large sheet-2																
	small sheet-8																
1.3)	**Trolley drape**																
	succer bag-8																
	large sheet-2																
	small sheet-5																
1.5)	**bed drape**																
	large sheet-3																
	small sheet-1																
	medium sheet-1																
1.4)	**Gown**																
	surgeon's gown 3 pack-3																
	surgeon's gown single pack-1																
2)	**Ortho OT Drape**																
	large sheet-4																

	small sheet-4																
2.1)	**Gown**																
	surgeon's gown 3 pack set-3																
	surgeon's gown single packset-1																
2.2)	**large sheet set pack-2**																
3)	**General OT drape**																
	Large sheet-3																
	Small sheet-4																
3.1)	**Gown**																
	surgeon's gown 3 pack-3																
	surgeon's gown single pack-1																
4)	**Neuro Drape**																
4.1)	**Trolley drape**																
	Big green sheet-4																
	Small green sheet-2																
4.2)	**Patient drape**																
	Big green sheet-4																
	Small green sheet-6																
4.3)	**Gown**																
	surgeon's gown 3 pack-3																
	surgeon gown single pack-1																