Internship
At
District Hospital Hoshiarpur, PHSC Punjab

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PART I

ORGANISATION REPORT

1.1 INTRODUCTION TO THE ORGANISATION

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.

1.2 ORGANISATIONAL PROFILE

DISTRICT HOSPITAL, HOSHIARPUR, PUNJAB

It is a 200 bedded hospital *(functional)* situated on an easily accessible area from nearest road head. There is a newly constructed area for the OPD registration situated just outside the main OPD of the hospital. The dispensary is located at one end of the area of the OPD consultation rooms and is easily accessible for the patients.

The various services rendered in the hospital and the other governmental schemes are displayed on the walls of the hospital.

The services rendered in the hospital are as follows:

- OPD Specialities
- Medical
- Surgical
- E.N.T
- Gynaecology and Obstetrics
- Dermatology/Skin
- Psychiatry
- Orthopaedics
- Paediatrics
- Eye
- Dental
- Diagnosis
- Blood Bank
- Emergency 24 hours
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1.3 INFRASTRUCTURE:

It is a two-story building.

A) GROUND FLOOR

- OPD REGISTRATION COUNTER
- OPD CONSULTATION ROOMS
- EMERGENCY WARD
- DIAGNOSTIC WING
- EYE DEPARTMENT
- FAMILY PLANNING UNIT
- ORTHOPAEDIC WARD
- MEDICAL WARD
- RED CROSS UNIT

- PHYSIOTHERAPY

B) FIRST FLOOR

- DENTAL WING
- BLOOD BANK
- OPERATION THEATRE
- SURGICAL WARD
- PEDIATRIC WARD

1.4 DEPARTMENTS VISITED

1.4.1 Registration: Patient will attend the OPD registration desk for new patient registration and will inform the following details to the registration clerk:

- Name of the patient
- Father's name
- Age
- Sex
- OP clinic intending to consult or the disease suffering from so that the registration clerk can guide them to the proper OP.
- Employment status

Patient is allotted OPD registration number which is valid for one month and there is no need of a new slip in case the patient visits the hospital in one month interval. The room number of the particular specialty, to be consulted is indicated in the OP case sheet of the patient.

Patients visiting the OPD of the hospital for follow up consultation within 1month from the date of previous consultation will attend the "follow up patient registration counter". No fee is charged for such patients.

If the patient arrives 1 month of the prior date of OP consultation, the old registration number of the patient is deemed to be invalid and a re- registration has to be done following the process mentioned for new patient registration.

1.4.2 Admission: Decision regarding the need to admit the patient in the IP facility of the hospital is taken by the treating consultant, which is marked in the case sheet of the patient. Patients are admitted only if the required medical care is available in the hospital.

The doctor informs the patient and the relatives about the need for IP admission and indicates the same in the OP case sheet of the patient.

The admission of the patient is done at the IP registration window. If the patient is to be admitted in the private ward of the hospital, a separate admission form has to be filled which is available with the admission clerk in the admission window.

If the patient is to be admitted in the general wards of the hospital, the patient's details as indicated in the case sheet along with the specific general ward is recorded and IP number is allotted to the patient. The admission fee is collected by the admission clerk and payment receipt is handed over to the patient's relative. The patient is then taken to the specific ward, by the ward boy.

1.4.3 Discharge: Decision regarding discharging the patients rest with the primary treating consultant of the patient who made such decision during his evening rounds on the previous day prior to the discharge of patient and the same is communicated to the patient and the relatives. However the final decision regarding discharge is made on the basis of the condition of the patient during the morning round of the treating consultant on the scheduled day of discharge.

After the announcement of discharge, the treating consultant, resident doctor or nurse in charge prepares the discharge summary of the patient which contains the following information:

- Reasons for Admission
- Investigations performed and summarized information about the results of the investigations
- Diagnosis made
- Record of any procedures (operation, etc) performed
- Condition of the patient at the time of discharge
- Medication instructions
- Follow up Advice
- Emergency contact number of the hospital

There is only one copy of the discharge summary and it is handed over to the patient while discharge. Work is being done to make two copies of the discharge summary and submit one of the copies to the MRD department.

In case patient/relatives want to get discharged against medical advice; the same is indicated in the patient's case record by the primary treating consultant/medical officer. Records are entered in the LAMA register of the respective patient ward and a written consent is taken from the patient/relatives.

In case of expiry of the patient the primary treating consultant/medical officers/nursing staff informs the patient relatives. Daily census is maintained for the patients expired

1.4.4 Billing: In case of discharge of patients admitted in private wards of the hospital, ward nurse forwards the Patient File along with the Discharge summary to the Accounts for clearance.

Accounts departments prepare the final bill of the patient adjusting the advance paid by the patient/relatives at the time of admission. In case any refund has to be made the same is done or the balance if any is collected from the patient / relatives at the accounts section. Final settlement of payment is done, cash receipt prepared and handed over to the patient/relatives and a copy of the same is forwarded to the ward nurse who enters the same in the designated register maintained in the ward.

1.4.5 Emergency: It is located on the ground floor of the department with separate entry and a separate parking for ambulance.

The Emergency Department of Hospital offers comprehensive emergency care 24 hrs a day with one Emergency Medical Officer on duty during the morning and two Emergency Medical Officers in the evening and night shift respectively.

The patient arriving in the emergency department receives initial assessment by the registered nurse and the treatment is initiated according to the level of need. Patients requiring immediate intervention are transferred to the appropriate bed station in the ED to initiate the care process.

The registration process of the patient is also initiated in the ED if the patient condition permits. In case of life threatening situations the registration and consent process are postponed so as to facilitate the initiation of appropriate emergency care.

In case admission of the patient is necessary, the EMO / Consultant on duty make the decision for admission and authorize it.

After the necessary admission procedure is completed, the ED nurse confirms the availability of bed on the floor and shifts the patient along with his documents and reports.

In case of transfer of patient to other hospital due to non-availability of any facility, the decision is taken by the EMO. The availability of drugs and equipments in the ambulance is checked and a nurse is arranged to take care of the patient during the transfer. Transfer out form with patient's details, diagnosis, treatment performed, investigation results is handed over to the patient's attendant and details of transferring hospital are entered in patient's medical record.

In case of brought dead patients, the EMO thoroughly examines the patient and on confirmation of death, gives brought dead certificate to the patient's relatives. The hospital informs the local police for further disposal of the body.

In case of death on arrival EMO goes into the detailed history of the patient to arrive at the probable cause of death. On the basis of this, death certificate is issued and arrangements for release of the body are taken after settlement of hospital dues.

1.4.6 Pharmacy: Located adjacent to the emergency department.

Central medical store directorate is responsible for meeting the bulk of the pharmaceutical requirement of the hospital. The hospital makes periodic indent request to the CMSD.

The indent request is made on the basis of the reorder level for various pharmaceutical item used in the hospital. The supply of pharmaceutical item to the hospital is based on a fixed budget decided annually by the CMSD in collaboration with other government authorities under the Health and Family welfare, Government of Punjab.

CMSD ensure that the EDL is strictly adhered by the medical professionals and the healthcare facilities at various levels under the purview of Health and Family Welfare, Government.

Few pharmaceutical products are purchased from the vendors who are already in contract with the hospital and in case of emergency; purchase can be done form nearby medical store under the supervision of SMO/EMO.

All pharmaceutical items are arranged alphabetically in the racks so that easy access is facilitated.

Narcotics are kept under lock and key in a cupboard. It is handled only by pharmacy in-charge or senior pharmacist.

A list of sound alike medicines is mentioned with the pharmacy in-charge and the same are stored separately.

Prior to dispensing the Medicine the pharmacist verifies the following details in the prescription:

- Name of the Patient, registration number
- Name of the drugs, dose and route prescribed.
- Name and Signature of the Prescribing Doctor along with the date and time.

Expiry Date of the item is checked prior to dispensing of the item by the pharmacist.

In case of inpatient, pharmacist issues the drugs to the nurse-in-charge.

1.4.7 Laboratory: It has provision of services in the following areas:

- Haematology
- Clinical pathology
- Biochemistry
- Serology

In case of outpatient, treating Doctor prescribes the required laboratory test in the OP case sheet of the patient. The clerk collects charges for the prescribed test, enters the details in the designated register. Patient visits the sample collection area of the laboratory department along with the payment receipt and OP sheet. Patient's laboratory requisition slip is made and details including the name of the patient, age, sex, sample identification number, tests to be performed, referring doctor are entered in the record register. Patient's name, type (OP/IP), sample identification number and sample type is also mentioned on the container used to collect the sample which is then sent to the laboratory to perform prescribed tests.

In case of inpatient, the ward nurse collects the sample and sends it to the laboratory along with patient's details.

All the test reports generated are signed by authorized laboratory personnel.

1.4.8 Radiology: The department provides following services:

- X-ray
- Computerized radiography
- Ultrasound

In case of outpatient, the radiological procedure is performed as prescribed by the consultant on the OP sheet of the patient. The clerk collects charges for the prescribed test, enters the details in the designated register. The patient visits the department along with the payment receipt and OP sheet. Patient's test requisition slip is made and an identification number is given to the patient. The prescribed tests are performed and the patient is sent to the consultant with the reports duly signed by the radiologist with date and time. The reports are dispatched after taking patient's/receiver's sign.

In case of inpatient, the nurse informs the department of the procedure to be performed. The patient is sent to the department with patient's case sheet. Tests are performed and reports duly signed by the radiologist, are handed over to the nurse/patient/attendant.

1.4. 9Biomedical waste management

According to the Punjab Pollution Control Board, the following color coded bins are used in Civil Hospital, Hoshiarpur, to segregate biomedical waste.

Table 1.1: Segregation of biomedical waste

Colour coded bins	**Biomedical waste**
Yellow	Infectious waste like material contaminated with blood e.g. cotton, body parts
Blue	Solid waste like tubing, catheters
White	Sharp waste
Green	General waste

Bins have hand and foot operated lids and biohazard sign on it.

Monthly training is provided to the nursing staff and class IV employees regarding proper segregation of biomedical waste and a record register is maintained for the same.

Biomedical waste is disinfected and mutilated before final disposal.

Syringes are cut with the help of hub cutters before chemically disinfecting it with 1% sodium hypochlorite, at the source of generation.

Plastic waste like IV sets, bottles, latex gloves, catheters are cut by scissors and disinfected with 1% sodium hypochlorite for 1 hour before final disposal.

Blood bags and sharp waste like slides are disinfected with 5% sodium hypochlorite for 1 hour before finally disposing them off.

Liquid waste from laboratory is chemically treated with 4% sodium hypochlorite for 4-5 hours and then drained.

The hospital has provision of wheel barrows to collect the waste, from every department of the hospital in colour coded plastic bags. There is a predefined route of carrying the biomedical waste to the collection centre build outside the hospital where the waste is not stored beyond 48 hours.

Record related to amount of biomedical waste generated in terms of weight, is maintained in the hospital.

The hospital does not have provision of treating biomedical waste i.e. incinerators, microwave, which is outsourced.

1.4.10 Medical records department: The Medical Record Department is responsible for proper storage, retrieval and maintenance of confidentiality and security of the record.

MRD is located on the ground floor of the hospital.

It maintains the records in proper accessible manner. All records are placed year and then month wise.

Handing over of records as & when required for administrative purposes is done by getting a slip signed by the person receiving the record e.g. for follow up of in-patients by the Consultants as well as by the Patients, for MLC.

Patient's relatives require a written authorization from the patient for obtaining information from the medical records. Such information is not given in original; a Xerox of the same is handed over to the patient and signature taken in specific format.

The medical record of a patient contains the documents arranged in a sequence of –

- Admission form
- Case sheet comprising of:-
    1. Medical History
    2. Clinical findings
    3. Investigations ordered
    4. Treatment instituted
    5. Progress reports
    6. Consent form for surgery or specialized procedures
    7. Anaesthesia check record, if applicable
    8. Notes on surgical/ special procedures, if applicable
    9. Name, date and signature of treating doctor.
    10. Laboratory reports in chronological sequence of their ordering
    11. Films along with their reports

Narrative Summary with a discharge form is placed in the first position, so that the review can be quickly done.

Following are the records maintained in the department:

- Total number of OPD
- Total number of admissions
- Total number of discharge
- BOR
- ALOS
- Death rate
- Maternal death rate
- Neonatal death rate
- Total number of normal deliveries
- Total number of caesarean section

1.4.11 Laundry: This department is located outside, at the backside of the hospital. The matron is responsible for timely supply of clean and adequate linen to the user departments. Soiled linen is collected and fetched from various departments by the housekeeping staff. Linen from OT, wards etc soiled with blood and other body fluids are washed at the respective point of generation for removal of the stain and are then send for autoclaving. After autoclaving the linen, the same is the collected for laundry. The matron is responsible for maintaining a register containing details regarding the type of linen, their number, respective ward/unit from where they are collected. The washed linen is then verified by the matron by cross matching with details entered in the register and then the linen is distributed to the user department.

1.5 OBSERVATIONS:

A) GOOD POINTS OBSERVED

- Good IEC material used for patient education and awareness.
- Proper collecting place for Bio Medical Waste.
- List of free essential drugs placed on the wall where the patient enters the OPD.
- Well built and functional newborn stabilization unit.
- TLD batches available to the staff working in the x-ray department.
- Charts for BMW disposal as per colour coding been placed in the wards.

B) BAD POINTS OBSERVED

- No proper sweeping aids.
- Burning of the general waste by sweepers.
- Mismanagement of linen.
- Lack of manpower to carry the sick patient in and out of the wards.
- Signage system not proper.

1.6 GENERAL WORKS DONE:

- Took rounds of the hospital on daily basis and reported the findings to the Senior Medical Officer.
- Formation of committees (not all):

  There were a few already existing committees. For example: Condemnation committee, purchase committee and the medical record committee.
- Implementation of policies (In process):

  Implemented few of the given policies like the Infection Control Manual, the linen and laundry policy, the smoking policy and the sedation policy.

  Implementation of the rest of the policies is still in progress.
- X-ray layout plan made (In process).

  The existing layout of the X-ray room has been made and the request for the closure of the window in the room has been put forward to the Senior Medical Officer.
- Employee Satisfaction Survey conducted.

  The survey was conducted by distributing the employee satisfaction survey Questionnaire amongst the staff working in the hospital. A sample size of 50 employees was taken and the results calculated and interpreted in the form of a graph.
- Daily supervision of Bio Medical Waste (segregation and collection).
- Collected appropriate data on the project topic for dissertation on "The prevalent Hospital Infection Control system and analysing the gaps with the actual standards"(in process)

- The NABH checklist was used to analyse the gaps between the existing standards and the prevalent ones in the hospital. The checklist is still under process of being completed.
- Linen management (Daily observed).
- Meetings with the sweepers.
- Assisted in the audit for the Bio Medical Waste Management.
- Working on the process of ID cards for all the employees.
- Filled in the monitoring checklist for the DH- MoHFW and also assisted the team in the inspection.

1.7 SUGGESTIONS GIVEN ON ROUTINE BASIS:

- Construction of walls around the dumper area so that entry of animals can be prevented.
- Closure of the window present in the X-ray room.(In process)
- Construction of washrooms in the OPD area.
- Use of slippers before entering the labour room. (Followed)
- Fixing a time for the collection and transport of the Bio Medical Waste to avoid pilferage of the waste. (Followed)
- Keeping proper timings (twice the OPD hours) for sweeping and cleaning the wards, OPD and washrooms. (Followed)
- Providing the sweepers with proper PPE.
- Proper bedding on each bed even if vacant. (Regular check)
- Placement of Bio Medical bins at proper places and taking care that the staff adheres to the posters displayed for the Bio Medical Waste. (In process)
- Preventing the relative's entry into the neonatal ICU.(Followed)
- Writing the name of the DMC on the citizen's charter instructions painted on the wall of hospital. (In process).

- Proper room numbers in OPD.(In Process)
- Proper bins to be made available in the wards and patient waiting area for disposing the bio medical waste with the bio hazard sign.