TO STUDY THE PROCESS OF SHIFTING PATIENTS FROM ICU TO WARDS

BLK MAX SUPER SPECIALITY HOSPITAL DELHI

PRESENTED BY:KARUNA NARUKA | BATCH: MBA-HM 27 | ROLL NO.: 1523 | GUIDED BY: DR. MAMTA CHAUHAN

Dr. B. L. Kapur, an obstetrician and gynaecologist, founded a Charitable Hospital in 1930 and a Maternity Hospital in 1947. He initiated a 200-bed hospital in Delhi in 1956, which became a premier multispecialty institute by 1984. BLK-Max is a Super Specialty Hospital with 650 beds, 125 critical care beds, and 20 modular operation theatres. It has established several Centres of Excellence, including cancer, bone marrow transplant, heart, neurosciences, and paediatrics.

ORGANISATION VISION AND MISSION

Vision: To be the most well-regarded healthcare provider in India committed to the highest standards of clinical patient care supported by the largest technology and cutting-edge research.
Mission: To Serve. With commitment and compassion in our hearts, we deliver the highest standard of patient-centred care to those we serve.
To Excel. From a dream team of doctors and specialists to support staff that goes the entire mile to deliver quality care.

METHODOLOGY

Study Design: Observational study for 1 month from 1 June 2023 to 30 June 2023.
Study Area: All ICUs of BLK MAX HOSPITAL RAJENDRA PLACE, DELHI.
Sample Size: 150 Patients (5 Patient's shifting per day on an average for 30 days).
Data collection: Primary Data Collection: Data collected through observation and discussions with ICU manager and staff.
Data Collection Tool: Self-administered checklist.

SHIFTING PROCESS

DOCTOR ADVISES SHIFTING.
↓ 5 Min
NURSE UPDATES THE ADM DESK AND PATIENT'S ATTENDANT.
↓ 24 Min
ATTENDANT GOES FOR ESTIMATION AT FINANCIAL COUSELLING DESK.
↓ 4 Hrs 6 Min
PATIENT IS ASSIGNED A BED BY ADM DEPT.
↓ 16 Min
ICU NURSES CONFIRMS STATUS OF BED FROM WARD NURSES AND GDA IS SENT FOR SHIFTING
↓ 11 Min
PATIENT SHIFTED FROM ICU TO WARD

SWOT ANALYSIS

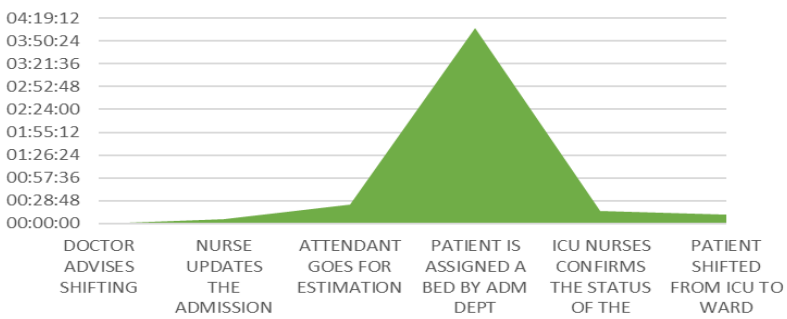
STRENGTH
- Sufficient nursing staff available.
- Highly skilled and experienced doctors.
- Regular training of staff.
- Medical tourism.

WEAKNESS
- Poor management of waiting areas.
- High waiting time in bed allotment.
- Poor Communication among staff.
- Shortage of GDA staff.
- More time to adapt with new technology.

OPPORTUNITY
- Computed Patient Record System(CPRS) has exclusively launched.
- Can focus on preventive and wellness programs.
- Availability of advanced technology.

THREATS
- High cost of services.
- Stiff competition.
- Poor patient experiences.

AVERAGE TIME



LEARNINGS

- ✓ Departmental work processes, issues and challenges.
- ✓ Gained insight into patient care processes.
- ✓ Interacted with patients to see their overall experience.
- ✓ Learnt to coordinate resources.
- ✓ Gained technical knowledge.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORITICAL LEARNING.

- ✓ Theoretical learning involves knowledge acquisition, while practical application involves real-life application.
- ✓ Theory teaches others' experiences, while practical experience builds own.
- ✓ Fast decision can be taken with practical exposure.

CHALLENGES

- ✓ Inaccessibility to data.
- ✓ It was hard to understand the work culture in initial days.
- ✓ Non cooperative staff.
- ✓ Communication barrier among departments.
- ✓ No waiting area near ICU.

USEFULNESS OF INTERNSHIP

- ✓ Learnt organisational culture and work ethics.
- ✓ Learnt to apply theoretical knowledge into practical knowledge.
- ✓ Built professional network.
- ✓ Built up confidence by communicating with healthcare professionals.
- ✓ Learnt to work with data.

FINDINGS

- ➢ Miscommunication among admission dept., nursing staff and housekeeping staff.
- ➢ Improper signage of counters.
- ➢ Shortage of GDA staff.

SUGGESTIONS

- ➢ Emphasising training for health workers in sync with SOP.
- ➢ Proper signage of financial counselling desks.
- ➢ Proper communication about getting token by GDA staff or adm staff.
- ➢ Improving HIS by Additional notification:
  - to the admission dept. asking for bed for ICU patients
  - to ward nurses and supervisor to vacate and clean the room.
  - to ICU nurses for room being ready.