SUMMER INTERNSHIP PROJECT

MONIKA MAINANI

MBA- HM 2020-2022

SANTOKBA DURLABHJI MEMORIAL HOSPITAL, JAIPUR

- The Santokba Durlabhji Trust was founded in 1958 with a vision to provide quality care to the common man – without favour or discrimination.
  The Santokba Durlabhji Memorial Hospital was established in 1971.
- SDMH is a private, trust-managed, autonomous, fee-for-services and not-for-profit hospital. It is a multidisciplinary, 480-bed, tertiary care hospital. It houses several wards, operation theatres, ICUs, laboratories, utility services, specialties and super specialties, including one of the best blood banks in the country, catering to the entire state of Rajasthan and to neighbouring states as well.

LOCATION :

The hospital is spread over 90 acres of land at Bhawani singh marg. Rambagh Circle on a prime location of Jaipur . This hospital is unique of its kind and it is also certified by ISO 900: 2000 with bed capacity of 450.

VISION:

SDMH shall be an integrated quaternary healthcare hub for delivery of affordable quality medical care in an economically viable, regionally, nationally and internationally positioned institutional environment.

MISSION:

SDMH is committed to provide quality health care at the most affordable rates to all sections of society, irrespective of caste, creed or color. Towards making this possible, we pledge to dedicate all our efforts and all our energies.

OUT PATIENT DEPARTMENT

- Outpatient department is a part of the hospital with allotted physical facilities and medical staff and other clinical staff in sufficient number with regularly scheduled hours, for providing care to those patients who are not registered or admitted as-In Patient . The Out Patient Department services provide the main linkage of the hospital with the community.

- **Main purpose of OPD:**

Ambulatory medical care is provided to those patients who are not bedridden and can seek care or consultations be provided at a general practitioners clinic specialized clinic, a health centre or a hospital, which are part of a hospital such care is called outpatient care. This care is provided through the OPD'S for fabricating of good health to patients.

IN PATIENT DEPARTMENT

- In Door Patient Department caters the services for patients who require continues observation and supervision of experts, acute & intensive medical care and emergencies. In SDMH there is separate IPD Building which has four floors and a basement. An Inpatient Department of the hospital is equipped with beds, medical equipments, round the clock availability of doctors and nurses.

- A patient is referred for an admission in the IPD wing of the hospital either from the outpatient department, emergency or a referral doctor for a planned procedure. A patient seeking consultation with a specialist for a medical problem can be referred for admission in the IPD for further treatment. A patient who arrives at an emergency unit of the hospital is shifted to an IPD for further treatment if required. Patients who have a procedure or a surgery advised in the hospital may get admitted for the same for a peoperative check-up and preparation for the procedure.

DISCHARGE PROCESS:

- “Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability. The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the clinical unit.
- The discharge process in a hospital is one of the time consuming process. The time taken in discharging a patient by a hospital is an important indicator of quality of care and patient satisfaction.

OBSERVATIONAL LEARNINGS:

General Findings:

- Patient Happiness Index In IPD and OPD
- Turn Around Time for Discharges and Identify the causes for delay

Patient Happiness Index:

(General Finding 1)

- **A survey for Patient's Happiness Index in OPD and IPD was conducted to work on the betterment of the services provided by the hospital.**
- Mode of data collection: the data was collected through a survey feedback form.
- The sample size of the data collected for

- IPD - 161 patients
- OPD – 122 patients

The patient/attendant was asked to rate the services starting from 1 to number 5, where the ratings were interpreted as follows:

Rating	Interpretation
1☹☹	Very poor
2☹	Poor
3😐	Average
4☺	Good
5☺☺	Excellent

The Survey Feedback Form for OPD had the following services for rating:

1. Parking

- Availability of parking
- Staff behaviour

2. Enquiry

- Assistance for wheelchair/trolleys
- Queries addressed well

3. Reception/front office

- Staff behaviour
- Queries answered well

4. Security Services

- Staff Behaviour
- Queries regarding directions answered well

5. Patient Care

- Satisfied with the consultations

5. Medical & Nursing Aid

- Queries well addressed by nursing staff
- Explained about medical condition, cost of treatment and treatment plan

6. Housekeeping

- Cleanliness in hospital/waiting area
- Clean washrooms
- Staff behaviour

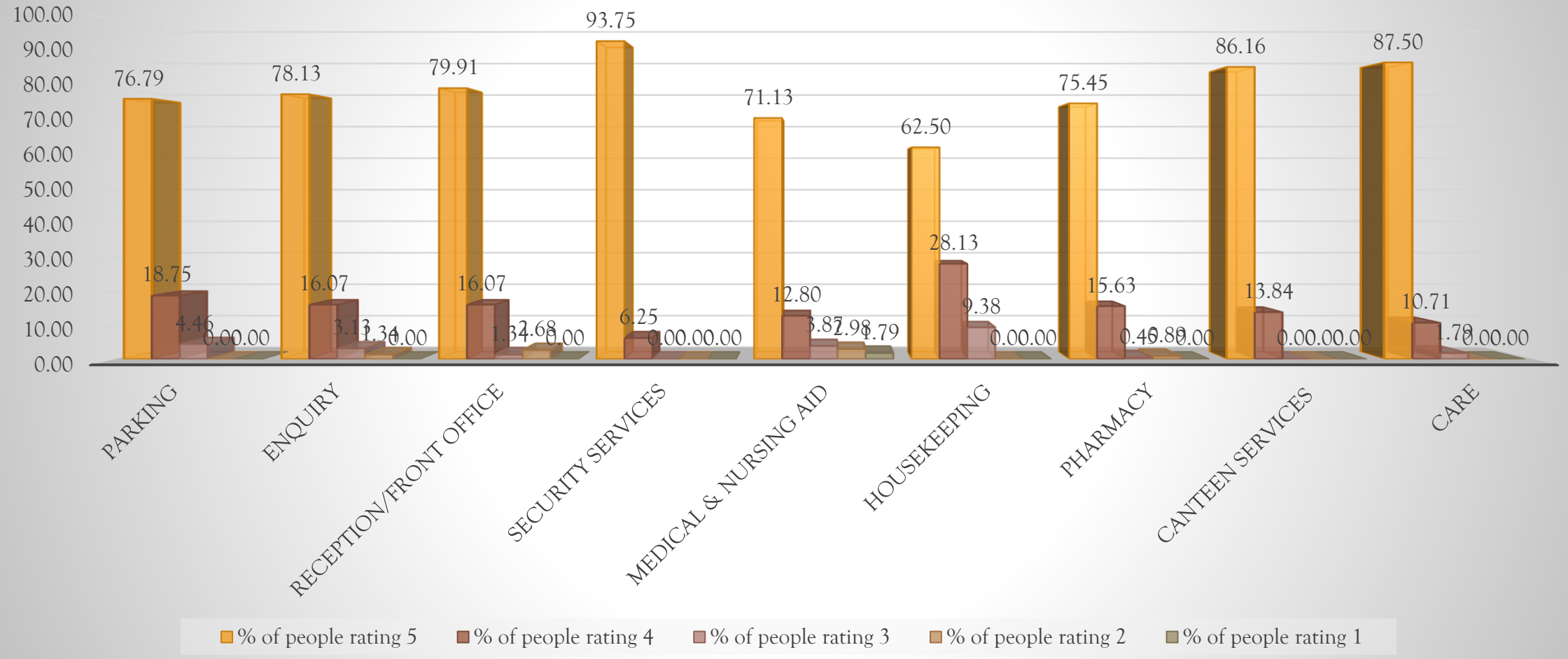
7. Pharmacy

- Availability of all drugs/medicines
- Received medicine on time

8. Canteen services

- Services easily accessible
- Quality of food
- Availability of required items

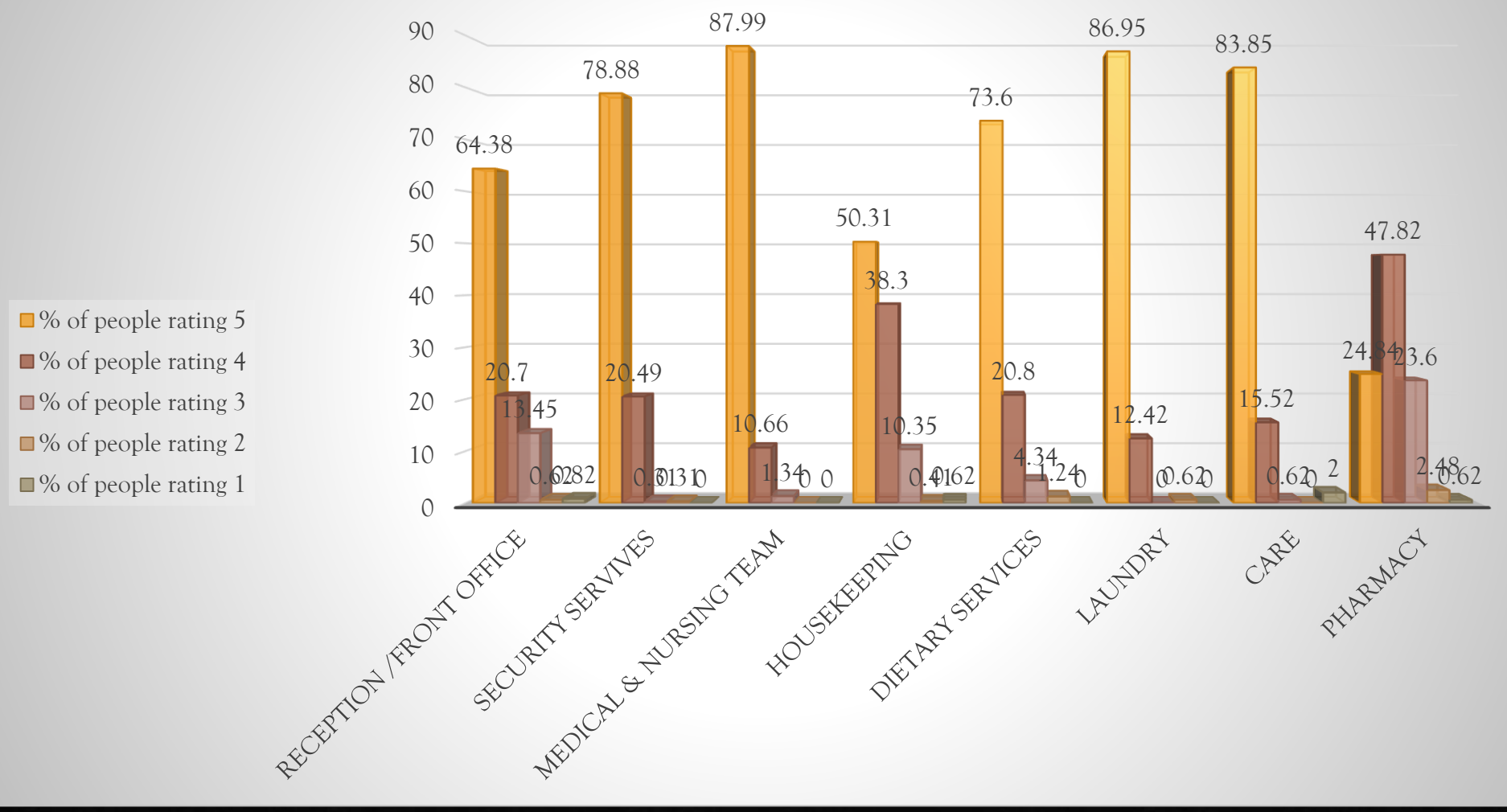
OPD HAPPINESS INDEX



The Survey Feedback Form for IPD had the following services for rating:

1. **Reception/front office**
   - Staff behaviour
   - Appropriate financial counselling
   - Queries addressed
2. **Security services**
   - Staff behaviour
   - Well addressed queries regarding directions
3. **Housekeeping**
   - Ward and rooms clean
   - Clean washrooms
   - Staff behaviour
4. **Patient Care**
   - Satisfaction with patient care
5. **Medical and Nursing Team**
   - Staff behavior
   - Attentive and sensitive to patient's need
   - Efficient and Prompt
   - Queries addressed well
   - Doctor visiting daily
   - Family informed about patient's medical condition
6. **Dietary services**
   - Received meal on time
   - Quality of meal
   - Quantity of meal
7. **Pharmacy**
   - Receiving medicines on time
   - Satisfaction score

HAPPINESS INDEX- IPD



TURN AROUND TIME FOR DISCHARGES:

(General finding 2)

- **OBJECTIVES:**

i. **To identify the reasons for delayed discharges**

ii. **To Reduce the Turn Around Time (TAT) for discharges.**

- **Source of data: The mode of data collection is the primary source by recording the observations.**

Contd..

step 1:

- A pilot study of 10 days(from 25th may- 5th june) was conducted to calculate the average time taken for a discharge at SDMH, Jaipur. The data was collected from- general medicine ward, cardiac ward, nephrology ward, neurology ward, gastro-intestinal surgery ward and Paediatrics ward.

step 2:

- time taken for discharges from the ward was calculated. It included time taken for billing and time taken for prepartion of the discharge summary.
- average time taken for discharge was calculated for different wards.

step 3:

- reasons for delay in discharge were identified and the following measures were taken.
- patients who donot have any pharmacy account could directly collect bill from the billing section without getting no dues signature from the hospital pharmacy.
- discahrge summaries were maintained as soon as the patient is admitted to the ward and gets the investigations done. Discharge summaries were maintained and updated regularly.

step 4:

- After suggesting measures for speeding up the discharge process, again a pilot study was conducted for 10 days (from 10th june-20th June).
- The time taken for discharges for different wards was calculated. Average time for discharges for different wards was calculated. The average time taken for discharge in Pilot study 1 was compared to the average time taken for discharge in Pilot study 2.

PROJECT REPORT

RISK MANAGEMENT IN DIETARY DEPARTMENT

INTRODUCTION:

- Diet plays a very crucial and inevitable role in health promotion and well being. A good and quality diet not only helps in proper body functioning but also copes deficiencies, if any and helps gain strength.
- An improper diet may lead morbidity and illness.
- Hospital diets are indispensable part of modern therapy in all medical departments.
- The dietary department of Santoka Durlabhji Memorial Hospital provides food and nutritional services that consistently promote adequate nutritional intake, improves health and enhances life’s quality.

RATIONALE:

The sole purpose of conducting this cross sectional study at SANTOKA DURLABHJI MEMORIAL HOSPITAL,JAIPUR is to identify and reduce the risks in dietary department in an order to provide nutritious, hygienic and quality diet to patients which fulfils all their caloric requirement along with prime satisfaction.

SPECIFIC OBJECTIVES:

i. To identify risks in dietary department and assess its hazard potential using score method.

ii. To provide preventive measures of the risks identified.

iii. Compliance of the dietary department checklist

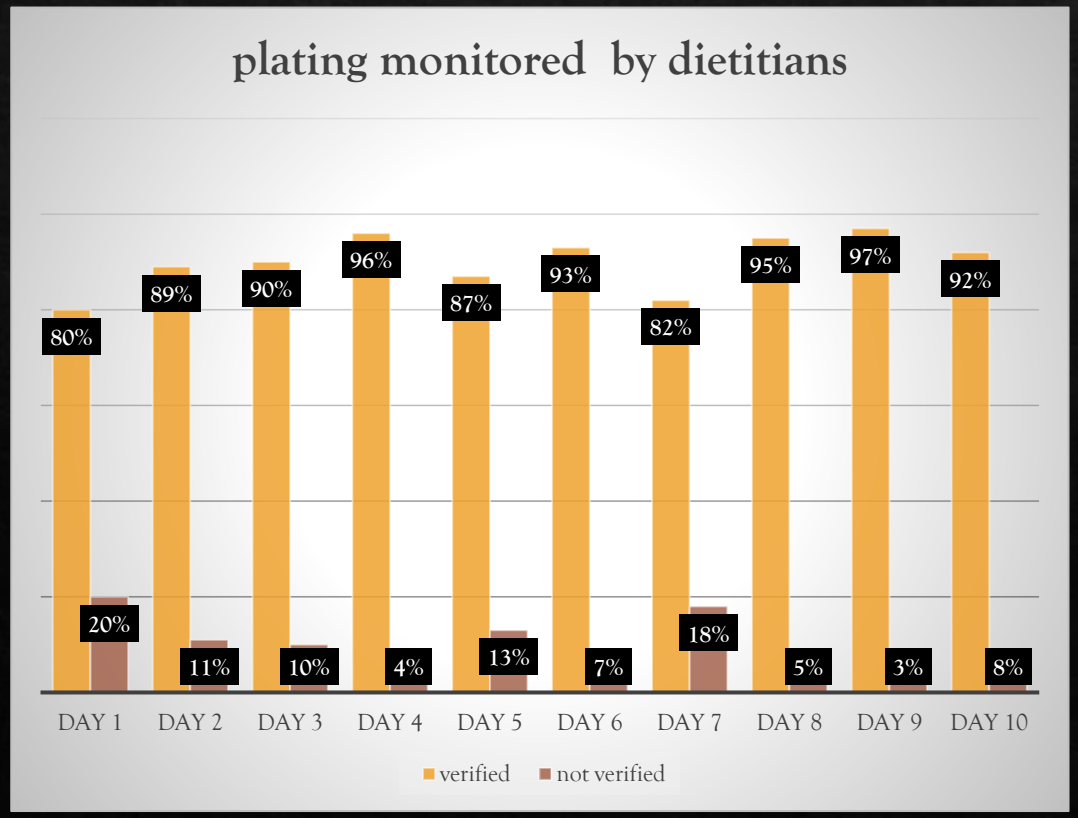
MODE OF DATA COLLECTION

- ✓ **Sample size:** Meal preparation for 200 patients for a duration of 10 days was observed .
- ✓ **Source:** data for the study has been collected through primary source that is, individual observations.
- ✓ **Technique used:** a checklist designed foe dietary department was used. Personal interviews of food handlers in the kitchen were also conducted.
- ✓ **Limitations:**

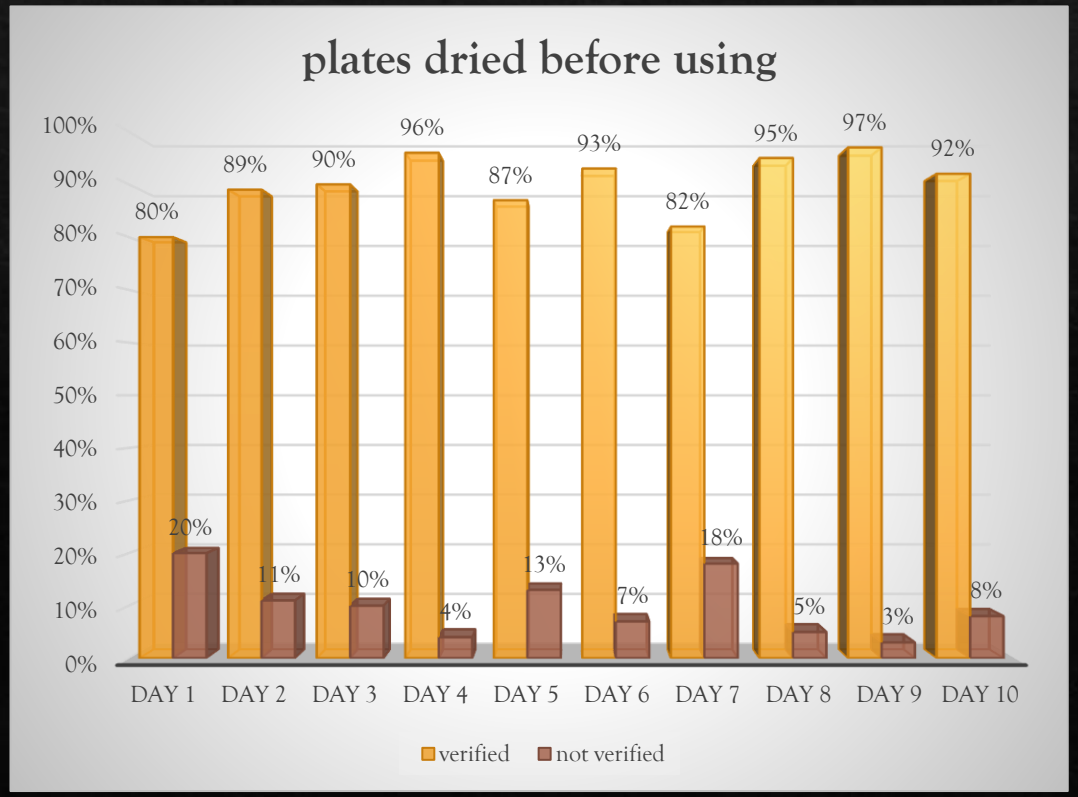
- ➢ Data for only day time servings was collected due to time constraints.
- ➢ Samples were not collected on Sunday as it was a weekly off.

STATISTICAL ANALYSIS AND FINDINGS:

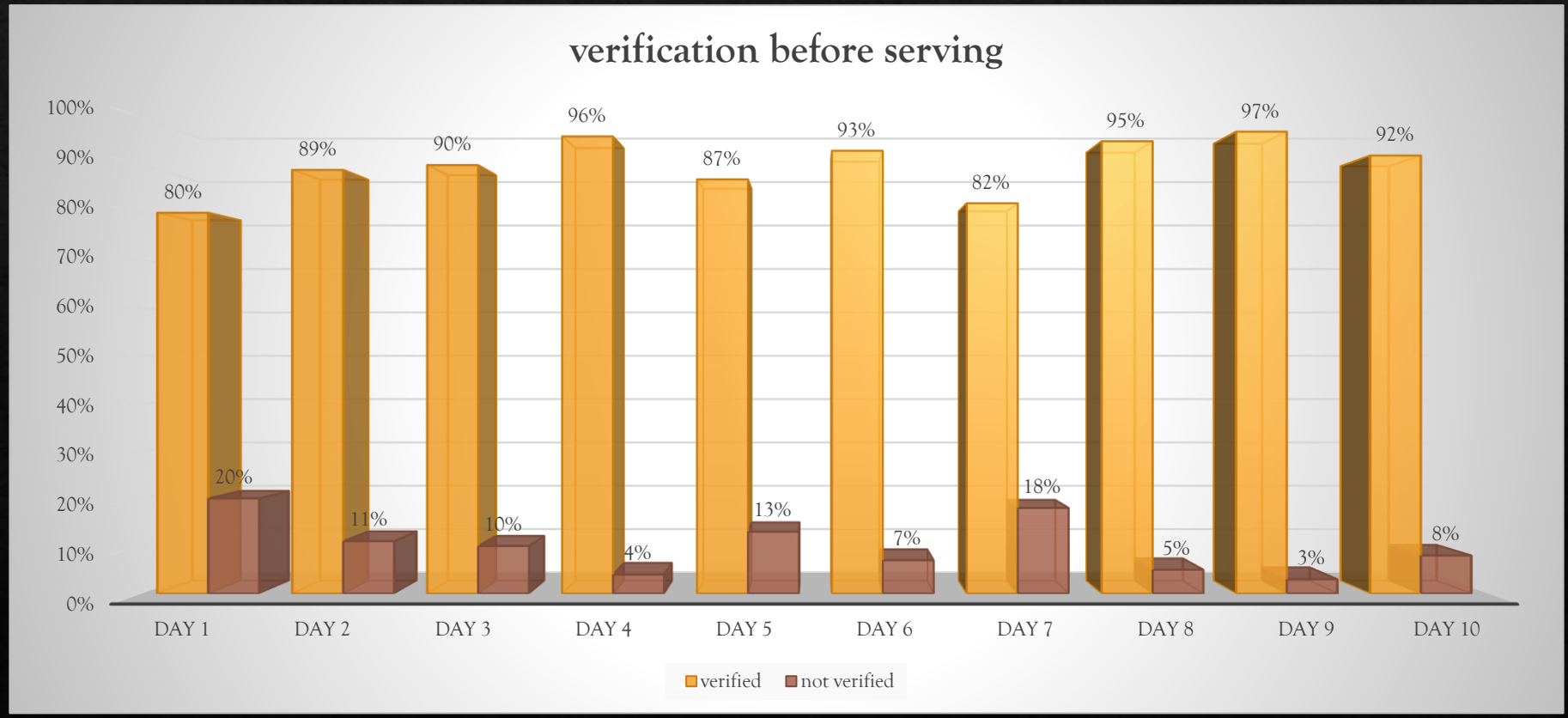
- The following chart depicts the percentage of plating done under the observation of dietitian during a span of 10 days.



- Percentage of usage of wet plates was high on day 1 which after regular monitoring decreased day by day and eventually reached 8% on the 10th day of the study



- The diets are verified before serving it to patients. The chart shows the percentage of total diets that were verified and not verified before serving it to the patients.



RISK ASSESSMENT and CALUCULATION OF HAZARD POTENTIAL using score method:

- **Estimation of Hazard Potential**

Estimate the Probability of Occurrence (PO) in every hazard in the list by allocating a score on a scale of 1 – 4:

- **4 = Frequency: 2-3 times a week or even higher**
- **3 = Frequency: once in a few months**
- **2 = Frequency: once in a few years**
- **1 = Frequency: rare, cannot be predicated /ruled out**
- **0 = No changes of occurrence**

- **Damage Potential:**

- **Estimate the Damage Potential (DP) in all the hazards and allot a score on a scale of 1 – 4:**
  - **4 = Disastrous consequences involving mass casualties (fire, building collapse)**
  - **3 = Severely harmful to patient (including death), property or process**
  - **2 = Moderately harmful to patient (grievous injuries), property or process**
  - **1 = Mildly harmful to patient, property or process**

- Risks associated with the dietary department were identified along with the measures that are to be taken to ensure infection free well cooked food prepared in hygiene manner the supervision of qualified dietician.

S.no.	Risk associated with Dietary Department	Probability of occurrence (PO)	Damage potential (DP)	Hazard potential (HP)
1	Purchasing of adulterated food items	3	2	6
2	Food items damaged by rodents	4	1	4
3	Storage and usage of expiry products	3	2	6
4	Gas Leakage from LPG cylinders	1	4	4
5	Unhygienic kitchen area leading to food borne disease	4	2	8
6	Bruises/cuts on the hands on food handlers leading to bacterial infection	3	2	6
7	Unintentional addition of food allergens (eg. Soya, peanuts)	3	2	6
8	Contaminated water used for cooking leading to water borne diseases	4	2	8
9	Possible fires from heat producing equipment such as grill, ovens & burners	1	4	4
10	Improper nutritional scanning by nursing staff	4	1	4
11	Failure to record food allergies and intolerance	3	1	3
12	Not updating and recording diet as and when directed	3	0	0
13	Wrong identification of patient leading to wrong diet being delivered.	3	2	6
14	Infection spreading through food transportation trolleys	2	2	4

THANK YOU!