Summer Training at
Fortis Escort Hospital Jaipur
(April 3 to June 2, 2017)

- **Time and Motion Study on GDA'S (Nursing & Housekeeping)**
- **Turnaround time in IPD for Admission Process**

By
Sonal Gehlot

Under the guidance of
Dr. J.P. Singh

MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Mr./Ms. SONAL GEHLOT has undergone summer training in (Organization name FORTIS JAIPUR) from 3rd April to 2nd June 2017.

The candidate herself/himself completed the project assign to his/her during summer training.Her approach to the project was sincere and proactive.This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish him/her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, JaipurThe IIHMR University

Jagajeet Singh

Name of the Mentor

Designation Associate Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Fortis Escorts

Fortis Escorts Hospital
Jawahar Lal Nehru Marg, Malviya Nagar,
Jaipur - 302 017 Rajasthan
Tel : +91 141 254 7000
Appointment : +91 141 409 7109
Fax : +91 141 254 7002
Ambulance : +91 141 254 7009
E-mail : contactus.jaipur@fortishealthcare.com
Website : www.fortishealthcare.com

Ref./FEHJ/HR-Comm./TRN/021

26th June , 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms.Sonal Gahlot** worked as a **Trainee** with us in the **Dept. of Quality Assurance & FOS** from 3rd April, 2017 to 2nd June , 2017.

Her performance during the period in the department was good. She comes across as a willing, sincere and intelligent person who has a strong drive and zeal for learning.

We wish her the best for all her future endeavors.

Fortis Hospitals Limited JAIPUR

Authorized Signatory

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ACKNOWLWDGEMENT:

I would like to express my sincere Thanks and gratitude to **Fortis Escort Hospital, Jaipur (Rajasthan)** for allowing me to complete my summer internship and project in the facility.

The structure and the content of this project have been deeply influenced by many people for whom I wish to express my gratitude.

I sincerely Thanks **Mr. Prateem Tamboli (zonal director)** and **Ms. Nihar Bhatia (Quality Head)** for giving me the opportunity to do my project at **"Fortis Escort Hospital, Jaipur".**

Foremost, I would like to Thanks **Ms Arpita Roy (FOS Officer),** who were kind enough to spare their valuable time and provided several important suggestions at every stage of my study.

I also acknowledge all the help & support provided by **Ms Reema Saini (Quality),** and **Dr. Mitali Mathur (Quality)**, and **Ms. Daljeet kaur (HR)** in the fulfilment of this project.

Also I am sincerely grateful to **Dr. Ashok Kaushik (academic dean)**, **Mr. Hembhargav (placecom incharge)**, and **Dr. Jagajeet Prasad Singh (mentor) IIHMR UNIVERSITY, JAIPUR (Rajasthan)** for their continuous encouragement in completion of this project.

Sincere especially thanks to all the staff of the department for helping me at each and every step of my work. Heartiest gratitude to them for making my stay and work at this place a memorable one.

Last, but not the least, I would like to thanks to my **PARENTS** because of whom I am here and who are always there whenever I require their help.

Thanks to one and all.

SONAL GEHLOT

MBA (HM) 1YEAR.

IIHMR UNIVERSITY, JAIPUR (RAJASTHAN

HOSPITAL PROFILE

Fortis Healthcare is India's fastest growing healthcare chain, with state-of-the-art facilities and an unparalleled commitment to patient care. Fortis Escort Healthcare Limited (FHL) is founded on the vision of becoming an integrated Healthcare Delivery Organization driven by quality, excellence, technology and compassionate care. FHL, one of the largest private healthcare companies in India, has one of its hospitals in Jaipur as Fortis Escorts Hospital, Jaipur. (FEHJ) which specializes in cardiac sciences, neurosciences, renal sciences and gastrointestinal diseases. The hospital also provides superior services in mother and childcare, orthopaedics and also a complete range of multi-specialty services in all disciplines.

Ja**M** Ja**A** Je**E** → Good day = 'Good **M**orning / Good **A**fternoon / Good **E**vening' – Greeting for Fortisians

FEHJ has dedicated facilities for comprehensive care of trauma patients and others in need of emergency care which include an emergency operation theatre and a 10-bedded medical intensive care unit (MICU). FEHJ is the first amongst the proposed multi super specialty hospitals to be set up in Rajasthan. FEHJ is the first hospital in the country to attain NABH Accreditation in minimum stipulated time after commencement of operations and was re-accredited on 27th April 2011. FEHJ is a super-specialty hospital backed by multispecialty.

Super Specialties- Cardiology & Cardiac Surgery, Renal Sciences, Neuro Sciences, Gastro-Intestinal sciences.

Multi Specialties - Orthopaedics & Joint Replacement, Diabetes & Endocrinology, Dermatology, Internal Medicine, Pulmonary, Medicine, Ophthalmology, Dietetics, Physiotherapy and Preventive Health Check, General Surgery, Dental Surgery, Cosmetic & Plastic Surgery, ENT, Gynaecology & Obstetrics, Paediatrics & Neonatology.

VISION OF THE HOSPITAL:

"Saving and enriching lives"

MISSION OF THE HOSPITAL

"To create a world-class integrated healthcare delivery &learning system in India, entailing the finest medical skills combined with compassionate patient care".

BRIEF HISTORY:-

Dr. Parvinder Singh was a visionary, a strategist, a thinker, an entrepreneur and leader par excellence. A rare personality, who always thought beyond his time and realized many of his dreams in a short span of life. FHL was formed with the sole objective of providing integrated healthcare by establishing a state-of-the-art health delivery system. The vision of the company is to become the most revered healthcare service provider in India. "Team Fortis" is committed to meet all healthcare needs of its clientele, starting from maintenance of good health to providing global standards in diagnostics, Therapeutic and Surgical

requirements at the time of need. It aims to exceed customer expa citations in terms of quality, service, safety and value for money through constant innovation and better product delivery. Jaipur, Aug 2, 2007 - Fortis Healthcare Ltd, one of the largest private healthcare companies in India, Thursday announced a multi-specialty hospital at Jaipur as part of its initiative to expand its operations in Rajasthan. The then Chief Minister, Mrs. Vasundhara Raje inaugurated the Fortis Escorts Hospital Jaipur (FEHJ) in the presence of Mr. Malvinder Mohan Singh, Chairman, Fortis Healthcare, Mr. Shivinder Mohan Singh, CEO and MD, Fortis Healthcare, besides other dignitaries and company officials.

FORTIS LOGO:-

The two hands that fuse seamlessly with a human form, express their re-assuring approach to health care. A constant reminder to all that patients' centric care is fundamental to our ethos.

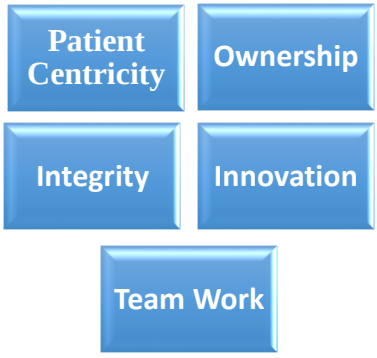
GREEN is the colour of healing and is symbolic of Fortis's steadfast focus to ensure the health and wellbeing of those they minister to.

RED is expressive of the dynamic zeal with which Fortis strive to make it a reality

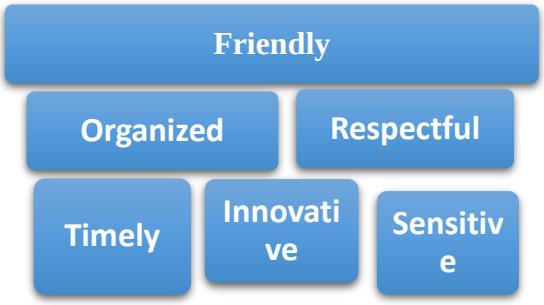
The Fortis logo is the indelible assurance that there expertise will always be tempered with humanity.

FORTIS VALUES:-

POINT



FORTIS



FORTIS GROUP:

Founder Chairman: Late Dr. Parvinder Singh

Executive Chairman: Mr. Malvinder Mohan Singh

India CEO: Mr. Bhavdeep Singh

Fortis Jaipur inaugurated on 2nd August 2007

No. of beds – Currently: 245, Capacity: 350

NABH accreditation received in June 2008 (within 10 months of operations, NABL & Blood Bank.

INFRASTRUCTURE:

The infrastructure facilities of Fortis Escorts Hospital, Jaipur, are par excellence, such as:

C arm with digital subtraction angiography

Flat panel Cath lab

Advanced pathological lab

Mobile X-Ray

64 Slice CT scan

TMT, ECHO, HOLTER recorder and monitor and ECG to help non-invasive cardiac investigations.

500mA image intensifier TV

Digital CR reader

X- Ray.

LOCATION:

The access to the hospital is very easy. The hospital is located on JLN Marg road, Jaipur. The address of the hospital is:

Fortis Escorts Hospital, Jaipur

"Jawahar Lal Nehru Marg,

Malviya Nagar,

Jaipur- 302107

Rajasthan, India"

Tel: 91-141-2547000

AREA:

Spread over 6.68 acres with an investment of Rs. 1.10 billion, it has an operational bed facility of 245 beds with an installed bed capacity of 300 beds.

NUMBER OF DEPARTMENTS:

There are presently 34 functional departments in the hospital comprising of Clinical and Non clinical departments. The detailed information about each department visited is given later. The list of functional departments is as follows:

Clinical departments:

1. Infection control
2. CSSD (Central Sterile Service Department)
3. Physiotherapy
4. CTVS
5. SICU
6. NICU
7. LDR
8. Operation theatres
9. Triage/Emergency
10. HDU (High Dependency Unit)
11. Radiology
12. General ward
13. Laboratory's
14. Dietetics
15. MICU
16. CCU
17. Dialysis
18. Cath Lab

Non clinical departments:

1. Engineering
2. Biomedical Engineering

3. Finance

4. Marketing

5. Human Resource

6. House keeping

7. Laundry

8. Pharmacy

9. Medical Records

10. Food & beverages

11. Security

12. Central stores

13. Quality Assurance

14. Research

15. Patient Welfare Department

16. Information Technology

SERVICES PROVIDED:

There is a long exhaustive list of services provided by the hospital comprising of clinical and non-clinical services. Both the services go hand in hand for maintaining the efficacy and efficiency of the organization for the patient and staff welfare.

Clinical services:

1. Cardiac Surgery

2. CTVS

3. Cardiology

4. Renal Science

5. Nephrology

6. Urology

7. Neurology

8. Neuro Surgery

9. Gastro Intestinal Diseases

10. Internal Medicine

11. Pulmonology
12. Endocrinology
13. Dermatology
14. Psychiatry
15. General Surgery
16. Plastic Surgery
17. Paediatric Surgery
18. Obstetrics
19. Gynaecology
20. Paediatric
21. Neonatology

Non Clinical services:

1. Housekeeping & Laundry
2. Pharmacy
3. Medical Records
4. Food & beverages
5. Security
6. Central stores
7. Training and development

National Accreditation Board of Hospital

For the initial 26 days of my summer training, I was fortunate to be able to give my contribution in the Reaccreditation process of Fortis Escort Hospital Jaipur, as the NABH team assessed the hospital from 5th May 2017 to 7th May 2017. During these days I performed and observed following tasks.

1. Documentation

- Documentation and compilation of respective Quality Manual/ Safety Manual/ Infection Control Manual/ SOP containing the related standards of quality assurance
- NABH guidelines of various departments were compiled.
- Documentation and updating of committee files as per the meeting conducted in last year.

- Documentation of Unit Binders for 37 department. Unit Binders were updated with Contents, Vision and Mission, Quality Policy, Pastoral List, Interpreter List, Standard

Operating Procedure, Scope of Services, Unit Staff, Other Documentation including Hospital Policy, Employee Policy, Patient Rights and Rules, Amendment sheet.

- Job Cards were dispatched to members of nucleus team.
- Consent form audit was
- Compilation of distribution list.

2. Mock Drills

- A Code RED mock drill was conducted to ensure disaster management and awareness amongst the staff. Safety plan in case of fire was demonstrated along with action of fire brigade extinguishing the fire and emergency ambulance set up.
- A Code GREY mock drill was conducted to ensure internal disaster and awareness amongst the staff. Safety plan in case of terrorist attack was demonstrated with the help of ATS and police force.

In both the mock drills the procedure of emergency call to action and clearing of code was observed. Proper functioning and response of the staff was observed.

3. NABH Display Corner

- Display corners on respective floors were checked and updated which reflect important NABH information and policies.

4. Assessment Procedure

- NABH audit was conducted by a team of three assessors, one was principal assessor and other two as assessors along with an observer.
- A schedule was prepared by assessors for three days audit and report preparation in accordance of which the audit was conducted. It was divided into pre-lunch and post-lunch session.
- Assessor assessed each department on their compliance with NABH standards and any non-compliance or minor observations.
- Assessors conducted CODE RED and CODE PINK mock drills for ensuring safety norms.
- On final day a closure meeting was conducted.

PROJECT-1: TIME AND MOTION STUDY ON GDA'S (NURSING & HOUSEKEEPING) AT FORTIS ESCORT HOSPITAL JAIPUR

TIME AND MOTION STUDY ON NURSING AND HOUSE KEEPING GDA'S

INTRODUCTION:

Time and motion study first described in the early 20th century in industrial engineering referring to a quantitative data collection method where an external observer captured detailed data on the duration and movements required to accomplish a specific task, coupled with an analysis focused on improving efficiency. Since then, they have been broadly adopted by biomedical researchers and have become a focus to attention due to the current interests in clinical /non clinical workflow related factors.

The appeal of science to business complication and the use of time study method in standard setting and the intention of work, was leaded by Fredrick Winslow Taylor.

Time study is a direct and continuous observation of a task, using a time observance device (example- counts minute stopwatch, computer-abetment electronic stopwatch, and movie camera) to record the time taken to complete a task and it is often used when

- There are same work cycles of short to long duration ,
- Broad variety of dissimilar work is performed, or
- Process control field constitute a part of the cycle.

The manufactured engineering terminology standard defines motion study as " A work of Analysis technique assumes of careful time calculation of the mission with a time calculating equipment accommodate for any catch variance from normal effort or movement and to allow sufficient time.

The system of time studies is again and again assumed to be alternation term characteristics of same difference theories. Anyhow, the underlying assumption and the rationale for the formulation of each individual method are unrelated; despite comes in a period the same school of knowing.

Time and motion study have to be used well balanced in order to achieve normal and acceptable results. It is accurately important that purpose be applied in motion study to make sure decent results when time study is used. In fact, much of the adversity with time study is a result of assigning it without a complete study of the motion pattern of the job. Motion study can be consulted the authority for time study.

The time study allowance the time desired to perform an obsessed task in accordance with a detailed method and is valid only so long as the method continued. Once a new work method is established, the time study must be changed to agree with the new method.

We believe that it would be more scientifically and historically accurate to use "time motion studies" to refer to the use of external observer capturing data continuously.

We believe that maintaining compliance with the expanded conception and establishing the clear specification "continuous observation time motion studies" will allow a better understanding.

This premise, accompanied by the present review of methods embraced by time motion study will allow future researchers to properly identify and refer to a desired method.

We encourage time motion study researchers to thoroughly describe their methodologies and identify the method being used.

RATIONALE OF THE STUDY:

"Our aim for doing time and motion study is to go along with rules of motion that guaranteed complete performance during a given time period and reduces the number of movements needed to get work efficient so that such time can be used to increase the housekeeping efficiency in cleaning and other movements, and nursing efficiency in patient care and other movements." "Time and motion study have been done in many ways both to conclude how long it takes to do a given job and to improve it from beginning to end setting production goals and depreciate unnecessary steps in a process." "Our time and motion study is exactly focused on the time intention of work, or how long it takes to do a job, and is critical in catching fundamental information on how a process is working."

AIM:

- "To ascertain if there is enough housekeeping & nursing staff."
- "To find out whether the schedule and task are feasible"
- "To evaluate the efficiency of housekeeping & nursing staff."

OBJECTIVES:

In response to the aforementioned gaps in knowledge and challenges surrounding time motion study, methodologies of our objectives in this report is

- To find out the time taken by general duty attendant of nursing and housekeeping in their daily activities like patient care and cleaning.
- To study the optimal utilization of nursing general duty attendants and housekeeping general attendants for value added and non-value added activities in morning shift.

METHODOLOGY:

Time motion study involves the time covered by the worker in the undertaking and completion of a task

- To do this study several staff members (GDA'S) perform the same task , one by one , their movements are studies and clocked
- The results are compared and analysis is done to see how long it takes on an average to perform the task.

Sample size for time and motion study – 30 GDA'S.

Sampling type – convenient sampling.

Type of study – observational.

Study period - 10 MAY 2017 to 23 MAY 2017.

Study hours – 159 hours.

Data collection method – We prepared a tool in which we divided the time slots in five minutes segments and the observation were made.

Tool was made in such a way that included each five minutes of observations (which make two shifts in housekeeping), (which make one shift in nursing). The tool included six major categories (in housekeeping), and seven major categories (in nursing) which are –

Housekeeping:

1. Cleaning
2. Patientcare
3. Others
4. Hand hygiene
5. Biomedical waste management
6. Break

Nursing:

1. Cleaning activities
2. Movement during errands
3. Other movements
4. Patient care
5. Hand hygiene
6. Break
7. Others

RESULTS:

RESULT OF HOUSEKEEPING GDA'S: -

Categories by result of housekeeping GDA'S average time in minutes. In this table the result is showing that the housekeeping GDA'S spend most of their time in cleaning.

HOUSEKEEPING						
NAME	**CLEANING**	**PATIENT CARE**	**OTHERS**	**HAND HYGIENE**	**BMW**	**BREAK**
AVERAGE TIME(min)	**146.5**	**60.0**	**49.2**	**7.1**	**24.7**	**45.6**

In the cleaning category there is some activities:

CLEANING ACTIVITIES			
Bathroom Cleaning	Scrubbing On The Floor	Dusting	Dry Mop/Wet Mop

In the patient care category there is some activities:

PATIENT CARE		
bed making	replenshing supplies	water refilling

In the category of others there is some activities:

OTHERS		
arranging supplies from store room	lost & found	Others

In the category of hand hygiene there is only one activity:

HAND HYGIENE
Handwashing

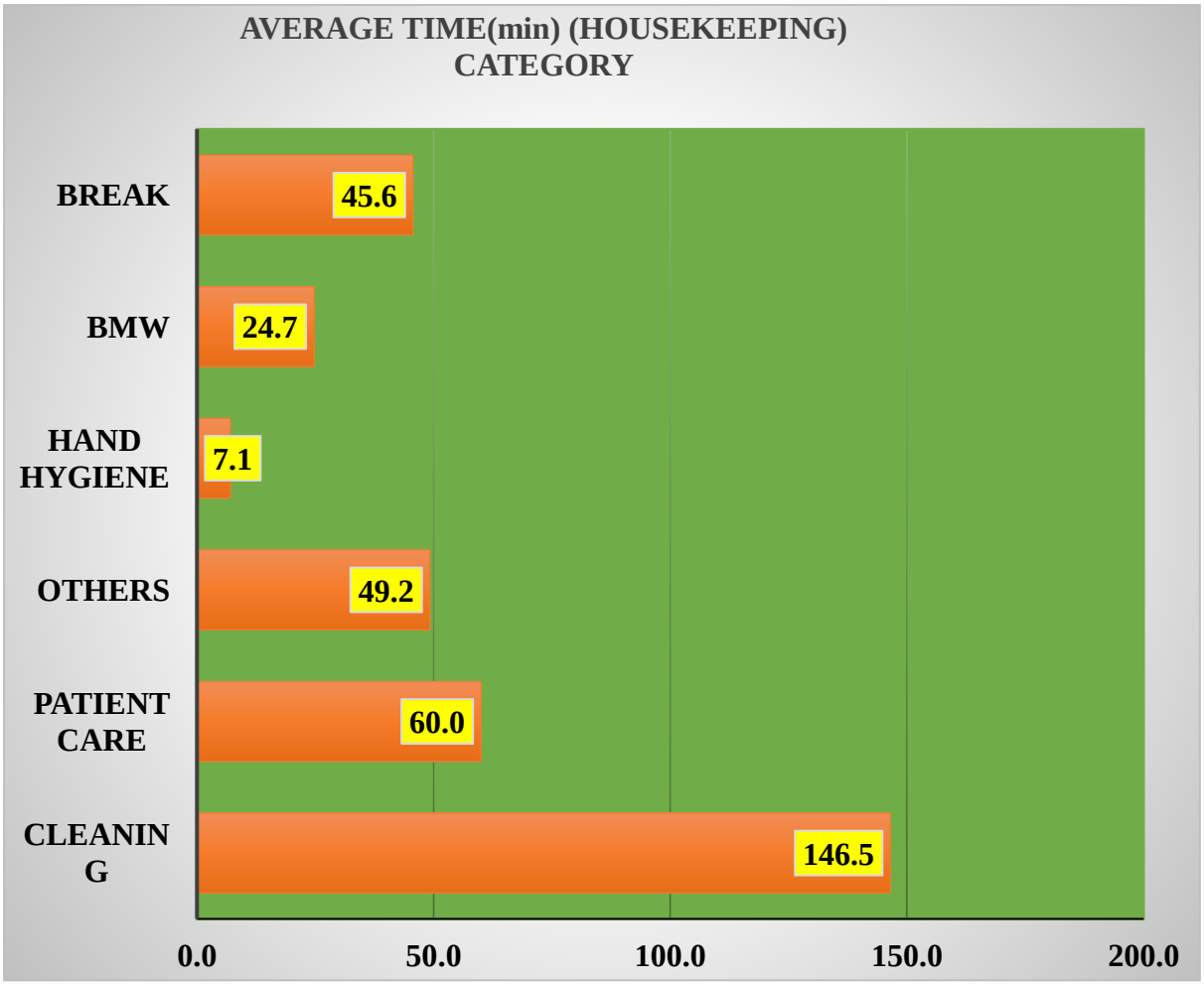
In the category of bio medical waste management there is three activities which is related to only bio medical waste:

BMW		
loading	processing	unloading

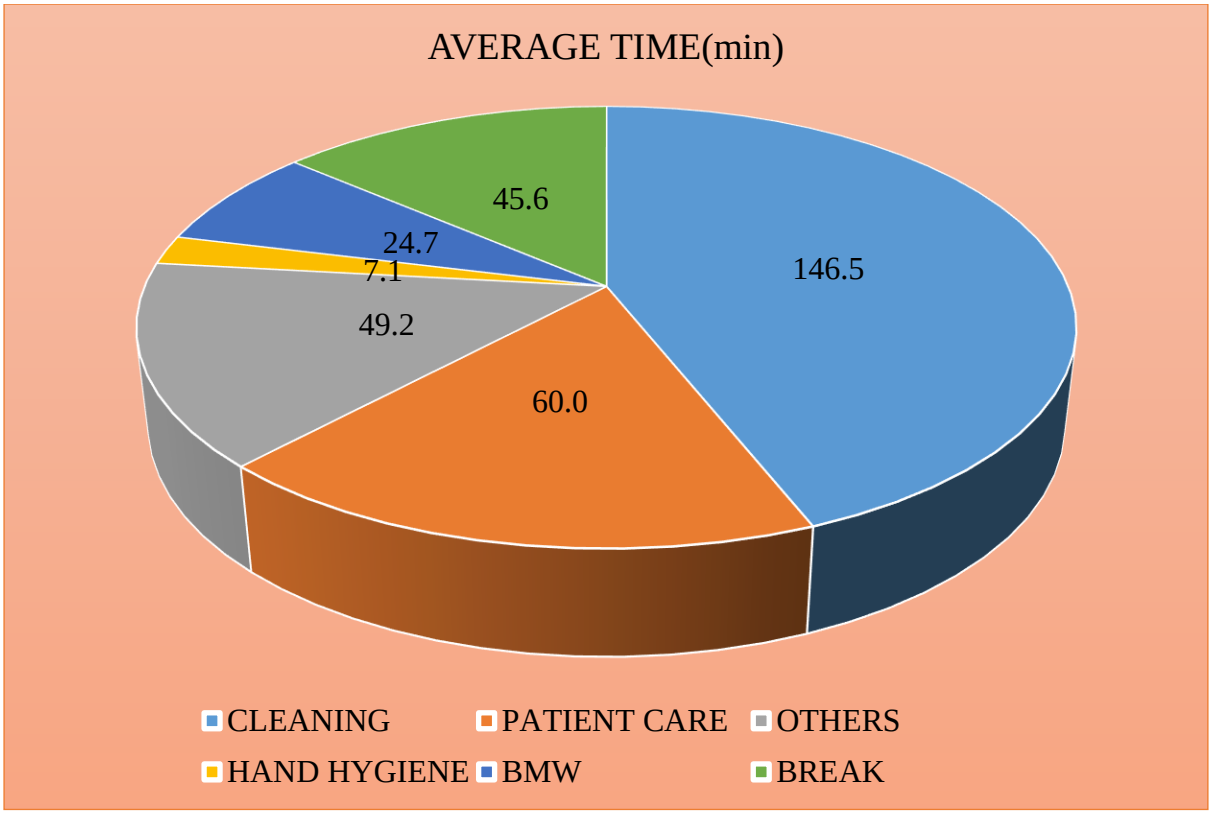
BREAK
Break

In the category of break there is only one activity and that is break, and it is related to lunch and other break like sit, or talking with other or phone, and in this category the other activities which includes all types of activity which might not be the part of their job description.

ANALYSIS:



In this figure the result of housekeeping GDA'S is described by categories, and the result is that the housekeeping GDA'S spent their time more in cleaning activities. The average time is in minutes. They take 146.5 minutes in cleaning.



In this pie chart the result of housekeeping GDA'S is shown by categories wise, and the average time is in minutes.

The result of housekeeping GDA'S activity wise is here in this result the average time is also in minutes.

ACTIVITIES	Bathroom cleaning	scrubbing on the floor	dusting	drymop/wet mop
AVERAGE TIME (IN MINS.)	46.6	9.7	25.8	64.4

CATEGORY	patient care		
ACTIVITIES	bed making	replenshing supplies	water refilling
AVERAGE TIME (IN MINS.)	49.9	8.1	1.9

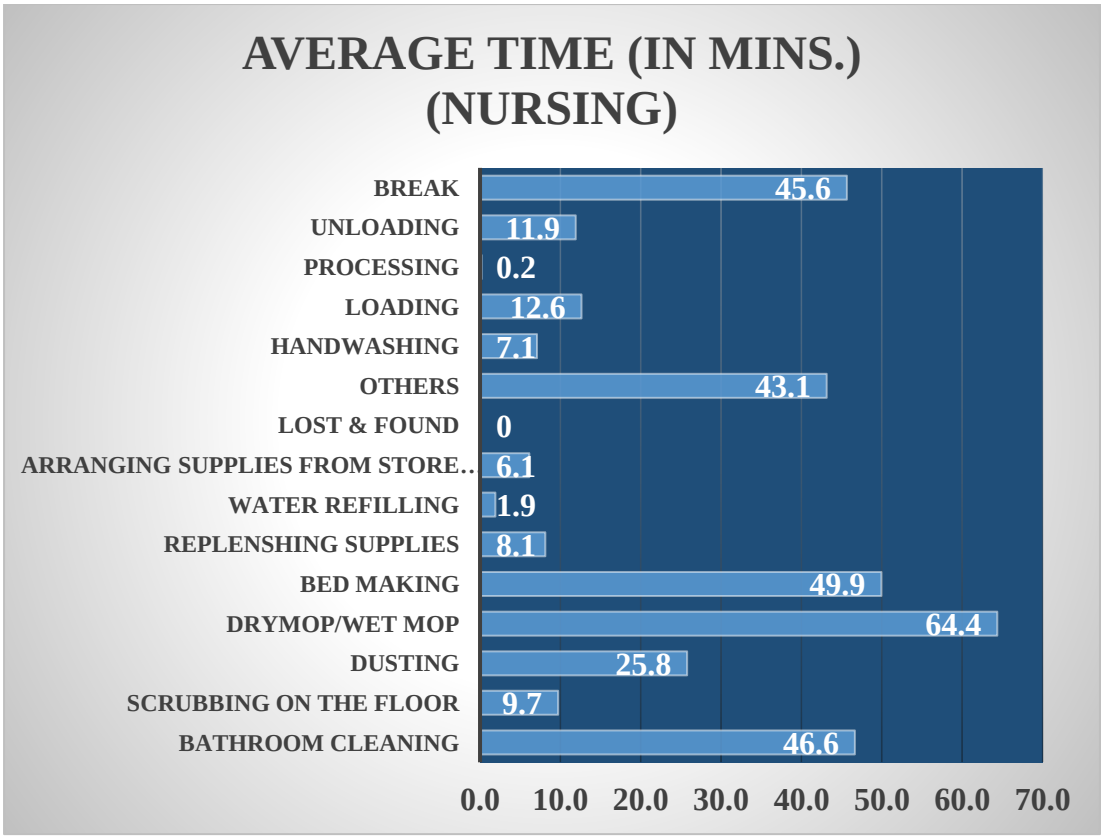
CATEGORY	others		
ACTIVITIES	arranging supplies from store room	lost & found	others
AVERAGE TIME (IN MINS.)	6.1	0	43.1

CATEGORY	hand hygiene
ACTIVITIES	handwashing
AVERAGE TIME (IN MINS.)	7.1

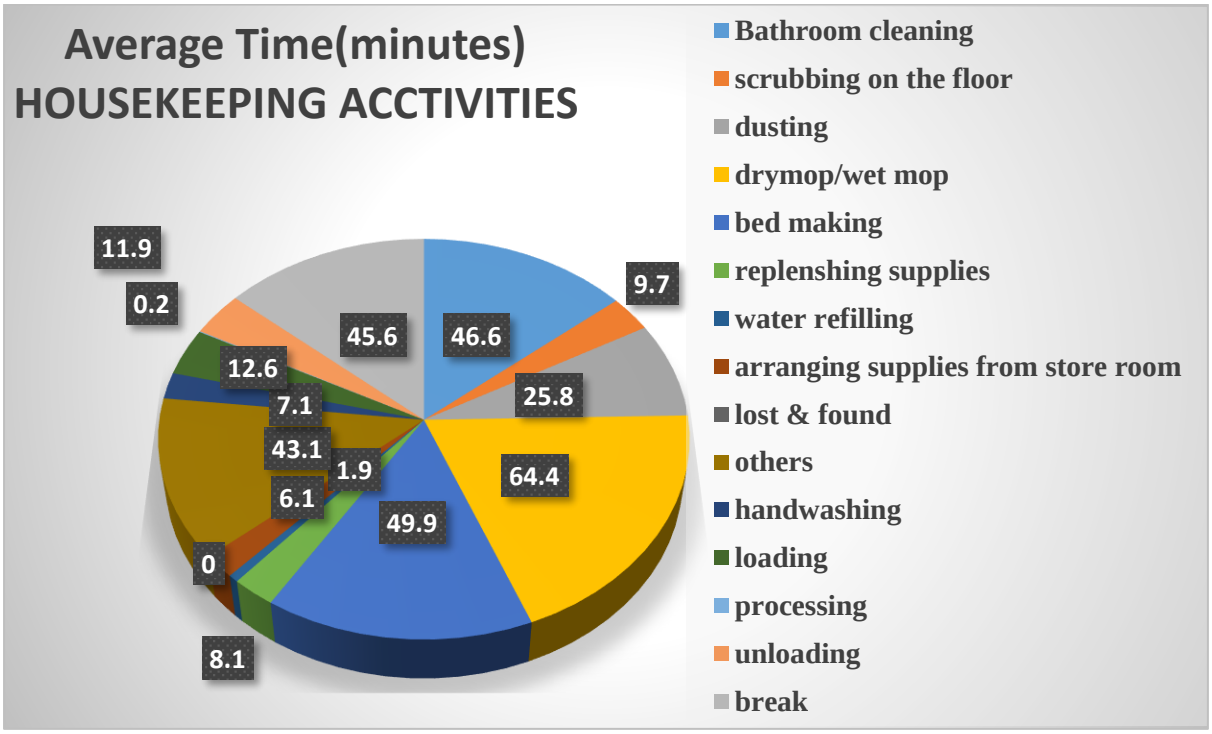
CATEGORY	BMW waste		
ACTIVITIES	loading	processing	unloading
AVERAGE TIME (IN MINS.)	12.6	0.2	11.9

CATEGORY	break
ACTIVITIES	break
AVERAGE TIME (IN MINS.)	45.6

In this table the result of activity wise is shown that in which activity the GDA (housekeeping) has spent their time. So the result is in the cleaning category the GDA'S (housekeeping) spend their more time in the activity of dry/wet mop, bathroom cleaning, dusting and scrubbing on the floor. After that they are spend their time in patient care category, then, others, break, Bio medical waste and then hand hygiene. In this result the average time is in minutes.



In this figure the result of activity wise of GDA'S(housekeeping) is shown, and average time is in minutes. They taken more time in dry / wet mop in cleaning category.



RESULT (NURSING GDA'S):

CATEGORY	CLEANING	MOVEMENT	OTHER	PATIENT CARE	HAND HYGIENE	BREAK	OTHERS
	ACTIVITIES	DURING ERANDS	ACTIVITIES				
AVERAGE TIME(in minutes)	**10.7**	**65.1**	**70**	**90.9**	**5.3**	**50.3**	**12.4**

In this table there is shown the categories of nursing GDA'S, and the result that in which category they are spend their more time. So in the patient care category they spend their more time which is actually related to nursing GDA'S.

In the cleaning category there is some activities which is:

CLEANING ACTIVITIES		
DUSTING/ CLEANING/ SHARP CONTAINER	COLLECTING AND COUNTING DIRTY LINEN	RECEIVING AND PUTTING CLEAN LINEN AND TOILETRIES

In the category of movement during Errands there is some activities which is:

MOVEMENT DURING ERRANDS						
MEDICINES AND CONSUMABLES FROM PHARMACY	BRINGING PATIENT's REPORTS	GIVING PATIENT'S SAMPLES	SUBMITTING DISCHARGE FILES TO MRD	SENDING BILLING SHEET	BRINGING STATIONARY ITEMS	HANDLING & MOVEMENT OF EQUIPMENT

In the others category there is one activity which is:

OTHERS
OTHER MOVEMENT

In the patient care category there is some activities which is:

PATIENT CARE			
TRANSFERRING AND SHIFTING PATIENTS	PROVIDING UTILITY ITEMS TO PATIENT	PATIENT CARE	BED MAKING

In the hand hygiene category there is one activity which is:

HAND HYGIENE
HAND WASH

In the break category there is one activity which is:

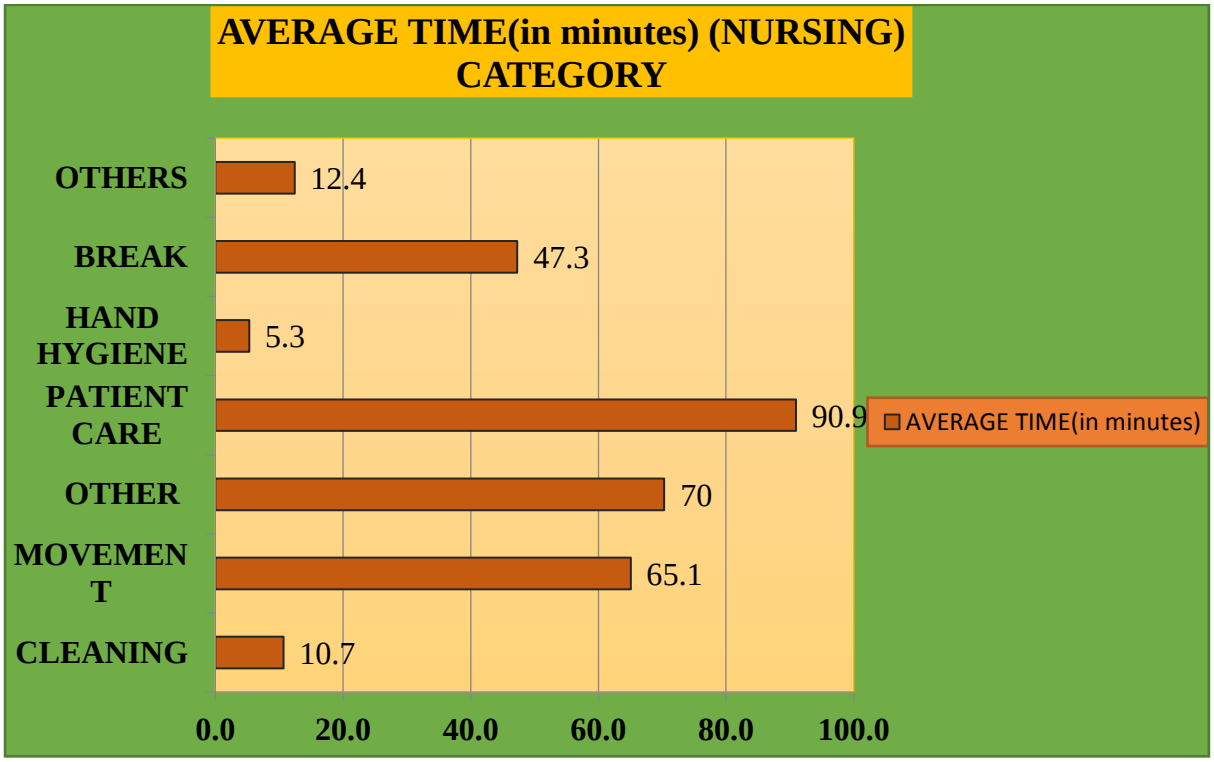
BREAK
BREAK

In the other category there is one activity which is:

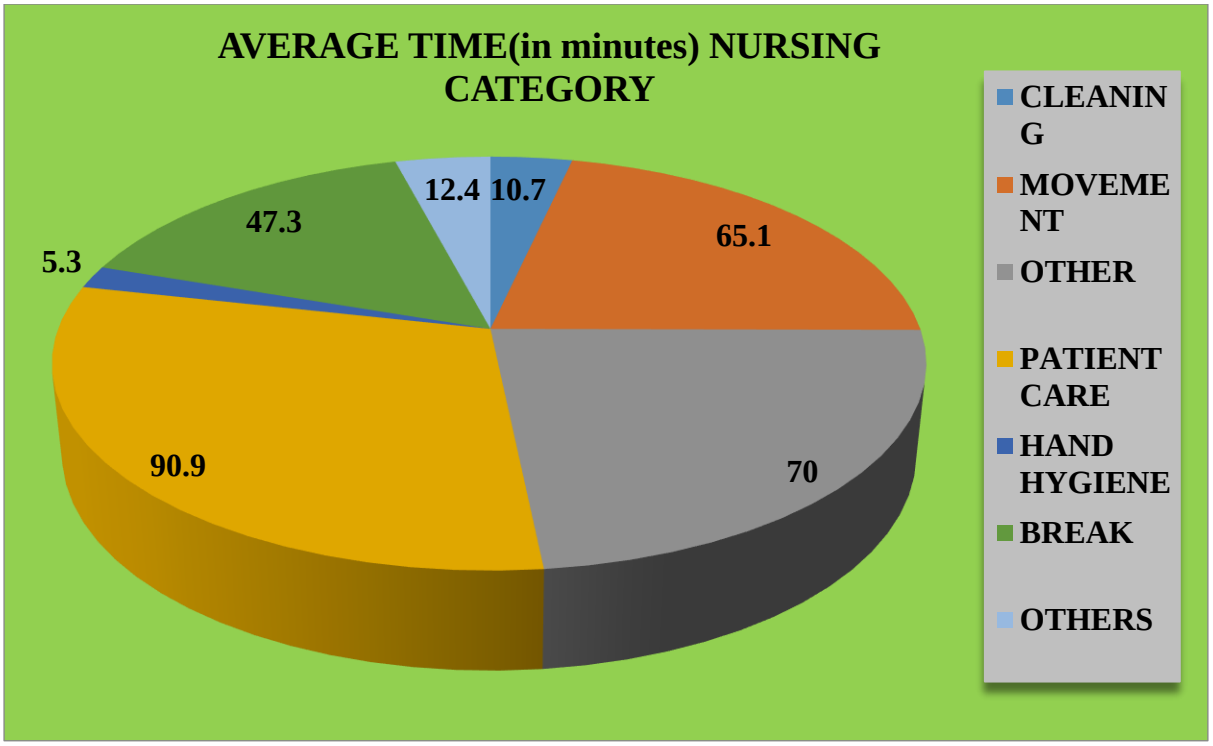
OTHER
OTHER

This is another other category, and in this category the other activities which includes all types of activity which might not be the part of their job description.

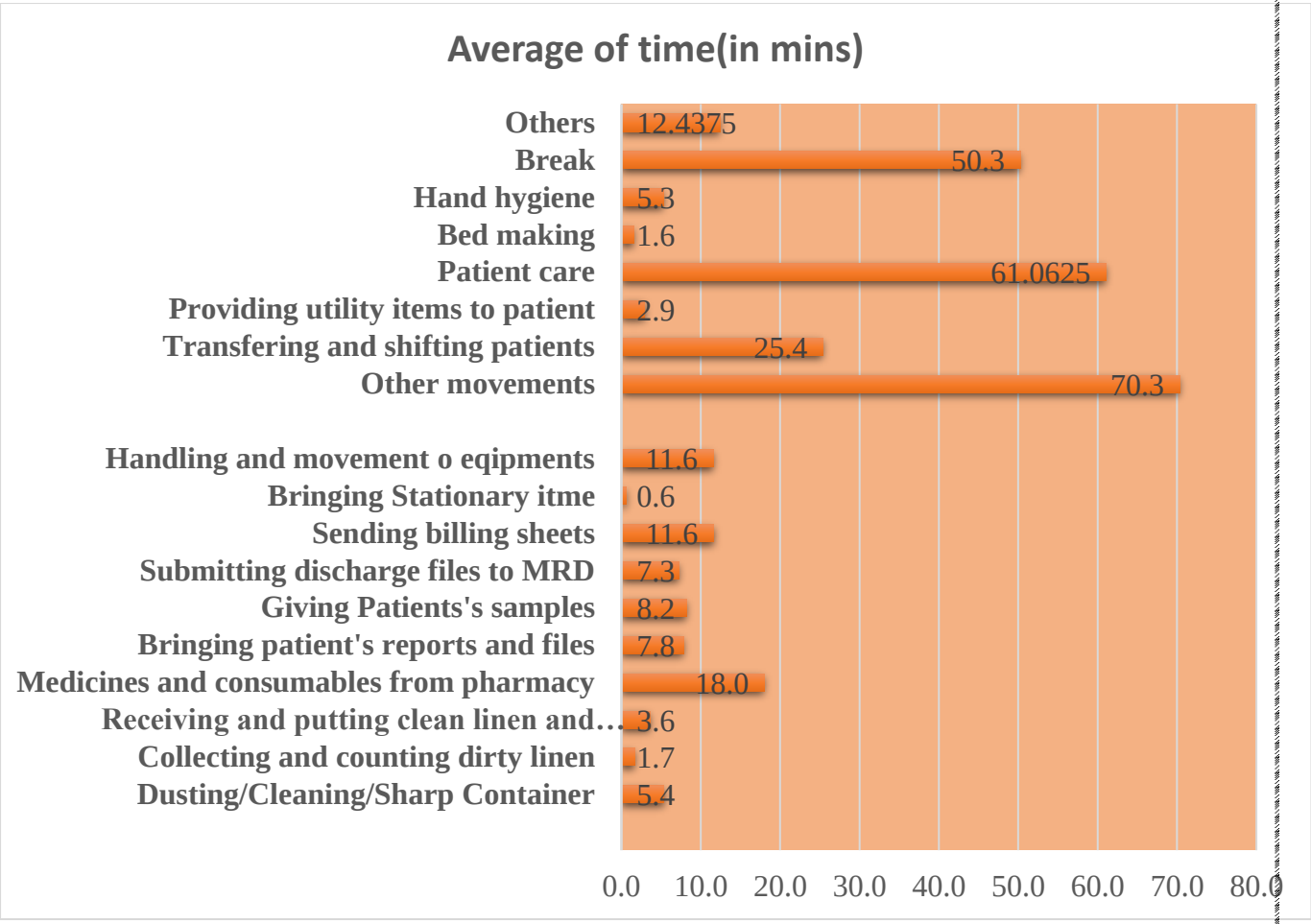
ANALYSIS:



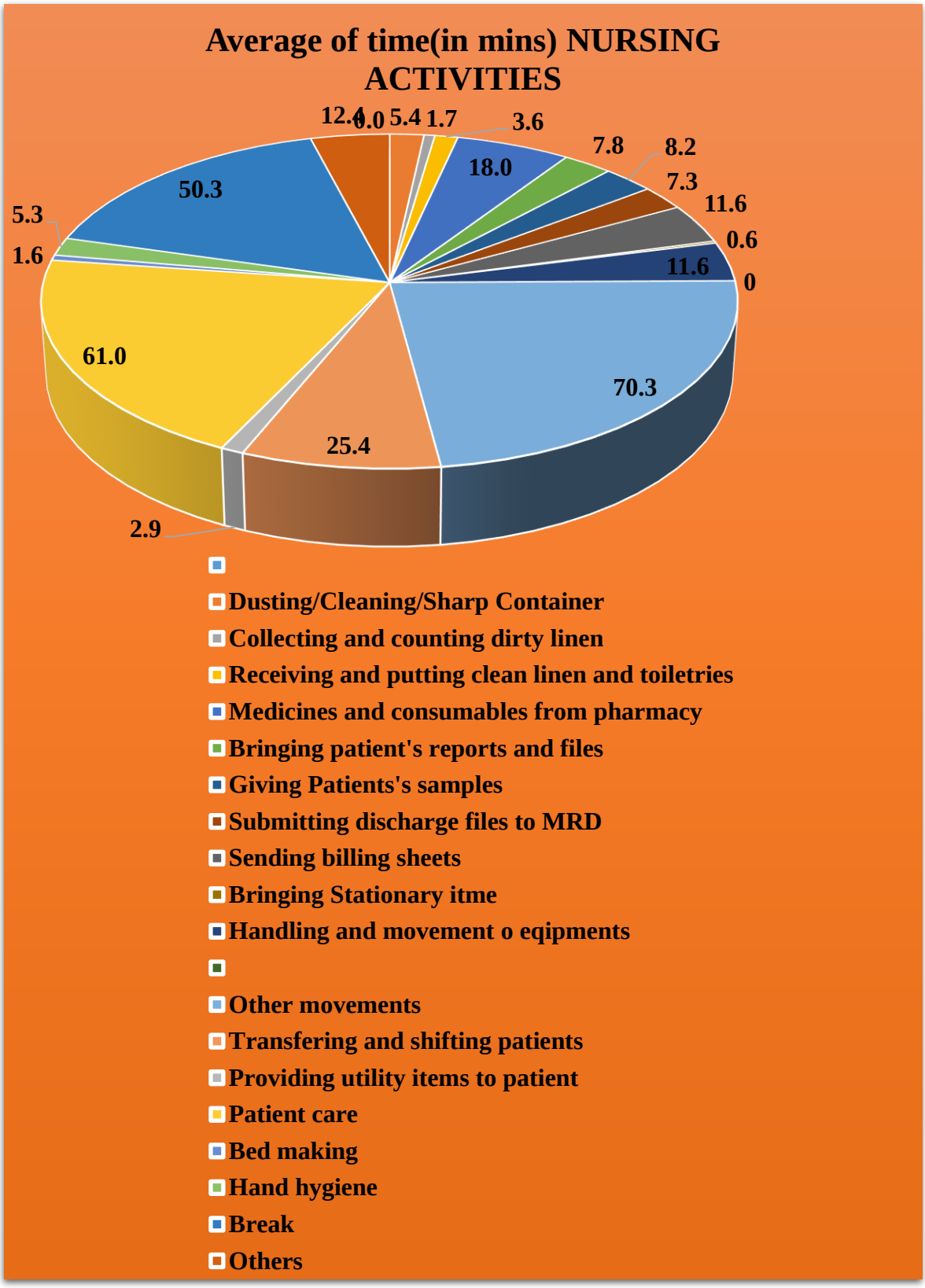
In this figure the result of nursing GDA'S is shown by this bar graph in which the result has described that the nursing GDA'S spend their more time in patient care. The average time is in minutes. They take 90.1 minute in patient care.



In this pie chart it is clearly showing that the nursing GDA'S spend their more time in patient care. This category was used to track the time spent by nursing general duty attendant in performing activities like providing utilities items to the patients moving patients from a bed to another, taking patient to washroom for urination and stool, changing patients cloth, giving feed to the patients, dressing the patients, bed making that is changing patient's sheet they become dirty. All the related activities were also mark under same category to track the time in morning shift.



In this figure the result of nursing GDA'S activities is described, and the average time is in minutes. In this figure it is shown that the nursing general duty attendant spend their time more in other movement's activity. Which is performing movement like shifting patient to operation theatre, taking patient for radiological diagnosis like X-ray, CT scan, and MRI. Moving the patients on wheel chair during physiotherapy. All the related activities were also marked under same category to track the time spent in morning shift.


Average of time(in mins) NURSING ACTIVITIES
12.4
0.0
5.4
1.7
3.6
7.8
8.2
18.0
7.3
11.6
0.6
11.6
0
5.3
1.6
50.3
61.0
70.3
25.4
2.9
Dusting/Cleaning/Sharp Container
Collecting and counting dirty linen
Receiving and putting clean linen and toiletries
Medicines and consumables from pharmacy
Bringing patient's reports and files
Giving Patients's samples
Submitting discharge files to MRD
Sending billing sheets
Bringing Stationary itme
Handling and movement o eqipments
Other movements
Transfering and shifting patients
Providing utility items to patient
Patient care
Bed making
Hand hygiene
Break
Others

LIMITATION OF THE STUDY:

The study included nursing GDA'S and housekeeping GDA'S. Following are some of the limitations observed:

- Limited sample size.
- The study design requires identification of all activities of a nursing and housekeeping morning shift and grouping these activities into cogent, useful, and appropriate categories.
- The challenge in the study of nursing and housekeeping GDA'S faced in continuing their job without any interference from the time and motion study might have led to problems in the data collected.
- Observation was done in morning shift only

OBSERVATION (HOUSEKEEPING GDA'S)

- . If there is enough staff (GDA'S) per ward, balance between work and break was analysed.
- If there was a good balance between work and break means that there is enough staff in the ward to cope with workload.
- They can do other work of nursing (GDA) like photo copy, taken files etc. in their free time.
- Unaware about hand hygiene

OBSERVATIONS (NURSING GDAs)

- Nursing GDAs spend a large amount of time in other movements and movement during the Errand which is going to pharmacy, for assisting in physical out after discharge, bringing patient reports, going to MRD department etc. which lead to less time available for actual time spend on patient care.
- There is no proper defined delineated cleaning activities between nursing and housekeeping GDAs.
- There are already less number of nursing GDAs that also are mostly occupied in movement during errands and other movement because of that many times they are not available when actually required to assist nurses.
- There is a little gap in communication skills of the nursing GDAs too.
- Nursing GDAs faces a great problem in pharmacy as it is very chaotic leading to a substantial amount of time waste.
- There is no proper defined delineated cleaning activities between nursing and housekeeping GDAs
- Nursing GDAs spend a very less time in hand washing.

CONCLUSION: -

Nursing and housekeeping GDA'S are the primary hospital caregivers, and the efficient use of their time and energy is critical to the future of all hospitals. Our study evaluated the time that nursing and housekeeping GDA'S spent in different activities. The result demonstrates that nursing GDA'S devote large proportion of their time to documentation, patient monitoring and communication, and housekeeping GDA'S devote large proportion of their time to cleaning, others, bio medical waste and break. Changes in few of their activities could benefit nursing and housekeeping efficiency.

RECOMMENDATION (housekeeping GDA): -

- There should be other housekeeping GDA for discharge room cleaning.
- The activities like bed making, replenishing supplies in room and water refilling can be performed by nursing GDA'S.
- Aware them about hand hygiene and recommend them how much it is important for them.
- Increase in staff can lead to better efficiency.

RECOMMENDATION (NURSING GDA):

- The nursing general duty attendant do other movements more so in that place we can hire housekeeping GDA for other movements, and save the time of nursing general duty attendant for patient care.
- We can give more training them for oral hygiene and aware them about hand hygiene.
- The nursing general duty attendant do cleaning of nursing station so in that place we also hire a housekeeping general duty attendant for cleaning and save the time of nursing general duty attendant for patient care.
- Increase in staff can lead to better efficiency.

PROJECT-2: TURNAROUND TIME IN IPD FOR ADMISSION PROCESS AT FORTIS ESCORT HOSPITAL JAIPUR

INTRODUCTION TO TAT in IN PATIENT DEPARTMENT

TURN AROUND TIME: - Turnaround time means the measure of time taken to fulfil a request. The concept thus lap over with lead time and can be caparisoned with cycle time.

In computing, turnaround time is the total time taken between the submission of a program/process/thread/task for contract and return of the complete output to the user. It may vary for various programming languages depending on the developer of the software or the program. Turnaround time may simply deal with the total time it takes for a program to provide the required output to the user after the program is started.

Turnaround time is one of the metrics used to evaluate an operating system's recording data.

Introduction to IPD: - The managerial phase of providing health services to patients is becoming increasingly important. Hospitals want to reduce costs and improve their financial assets, on the one hand, while they want to maximize the level of patient satisfaction, on the other hand. One unit that is of particular interest in the INPATIENT DEPARTMENT. Since this facility is one of the hospital's major cost and revenue centre, it has a major impact on the performance of the hospital as a whole.

Gracefully the efficiency of inpatient department has been always a challenging process especially in a rapid changing healthcare sector with increased patient care complexity.

Balancing the needs to satisfy doctors, support staff, and meet the patient high assumption in healthcare would require clinical and cost effectiveness and require critical and close monitoring of business management inside the inpatient department to ensure able resource supply, guarantee quality safe care provided, and maintain economic sustainability.

"Management of inpatient department requires the coordination of human and material resources in such a way that treatment can be performed accurately, cost effectively, and safely" within the rules of clinical governance of standards.

Managing the inpatient department, however, is hard due to adverse priorities and the preference of its stakeholders. Further, health managers have to anticipate the increasing demand for admission caused by the increase in burden of disease. These factors clearly stress the need for ability and necessitate the development of comfortable planning procedures.

INPATIENT MODULE: -

The inpatient module is created to take care of all the activities and functions connecting to inpatient management. This module automates the day-to-day administrative actives and provides current access to other modules, which leads to a better patient care. It provides complete data pertaining to admission of patients &ward management: Availability of beds, appraisal, agreement preparation, and quantity of advance, planned admission, emergency admission and so on. The inpatient module also deals with ward management: shifting from

one ward to the other, bed availability, surgery, Authority of drugs, nursing notes, charge slip and so on.

- Patient registration
- Referred doctor and Hospital information
- Wards, rooms and bed configuration
- Patients admission requests
- Bed occupancy matrix
- Admission and bed allocation
- Bed or room transfer
- Medical observation and nursing notes
- Service order entry
- Estimate bill
- Advance payment
- Payment collection by different collection mode
- Physician order entry
- Laboratory and radiology investigation request
- Drug prescription
- Discharge summary and details
- Doctors note

RATIONALE FOR STUDY:

Managing the inpatient department is hard due to the upgrading of its stakeholders. Inpatient department manager were many problems in gloss functioning of department because functioning of the department deals in close relationship with other departments like IPD pharmacy, blood bank, laboratories, radiological department etc. and mismanagement and lack of equitability with other department cause many problem to the patient.

AIM:

To improve turnaround time in admission process of inpatient department.

OBJECTIVES:

The study had the following objectives:

- To examine the process of admission
- To identify the gaps, in admission process.

METHODOLOGY AND DATA COLLECTION

To identify How to reduce wastage of time in admission process, a checklist is prepared to note down the timing involved in admission process.

STUDY SETTING: - Fortis Escort Hospital, Jaipur

STUDY PERIOD: - April 2017, 7 days.

STUDY POPULATION: - Inpatient cases

SAMPLING TECHNIQUES: - Convenient sampling method.

SAMPLE SIZE: - 35 Patients.

Type of study – descriptive and exploratory.

Data collection method – we prepared a tool for track the time.

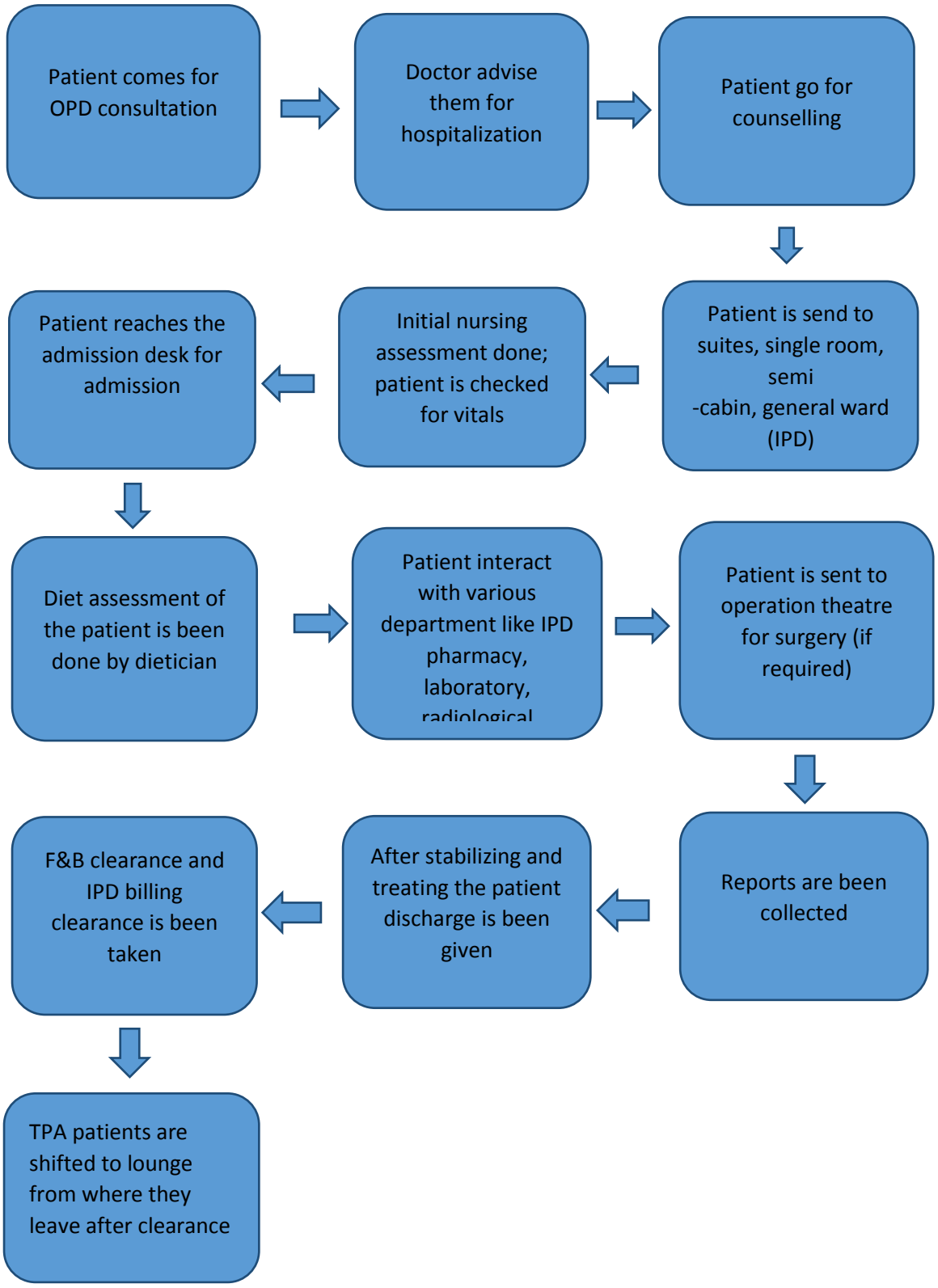
UH ID	IP ID	PATIENT NAME	COUNSELLING START TIME	COUNSELLING END TIME	ADDMISSION START TIME	ADDMISSI0N END TIME	PATIENT REACHING TIME	USER NAME	PAYOR

- ✓ PRIMARY DATA: Real time data of in patient was collected for the month of april 2017.
- PROCESS MAPPING AND OBSERVATIONS

The entire process starting from admission till discharge of patient was mapped.

Patients were observed to analyse the cause of problematic areas.

PROCESS MAPPING:



RESULTS:

In this table there is the result of admission TAT and the TAT is in minutes.

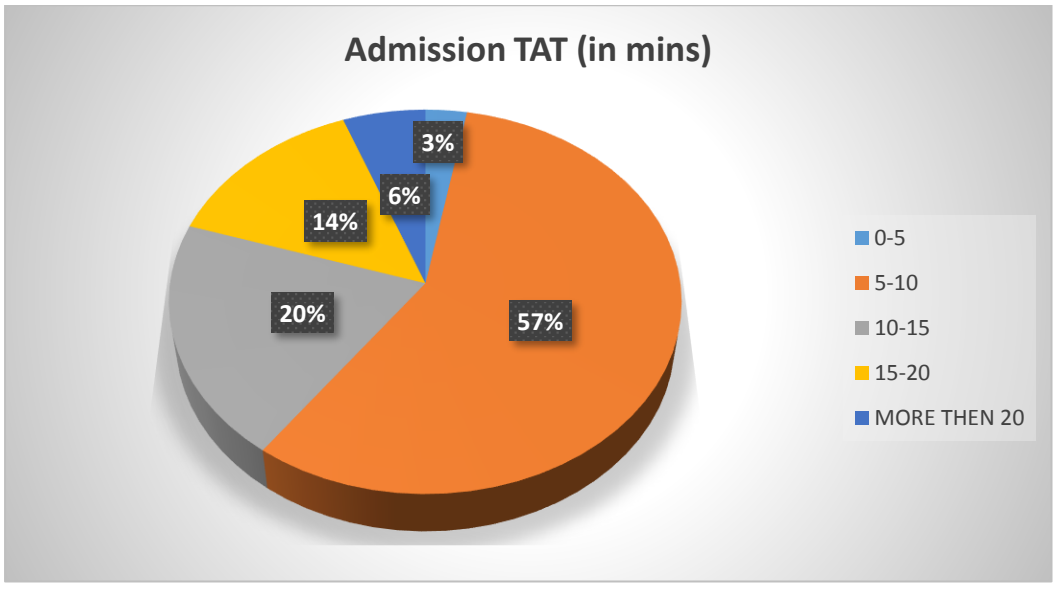
There is 35 patients and their turnaround time of admission in minutes.

Admission TAT (in mins)	NO. OF PATIENT	PERCENTAGE
0-5	1	3%
5-10	20	57%
10-15	7	20%
15-20	5	14%
MORE THEN 20	2	6%
TOTAL	35	

In this table the result of turnaround time in admission is minimum 0-5 mins.

And maximum time is 5-10 minutes.

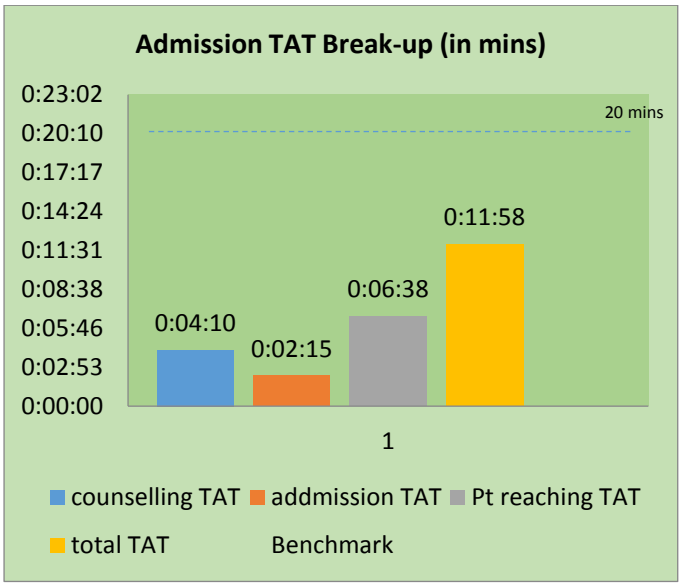
ANALYSIS



In this figure the TAT of admission described in percentage, so the minimum admission TAT percentage is 3% and the maximum is 57%.

In this table the result of whole admission TAT break up is described that the total TAT of counselling is 00:04:10 minutes, and total TAT of admission is 00:02:15, and total TAT of patient reaching is 00:06:38,and the whole TAT is 00:11:58.

counselling TAT	admission TAT	Pt reaching TAT	total TAT	Benchmark
00:04:10	00:02:15	00:06:38	00:11:58	00:20:00

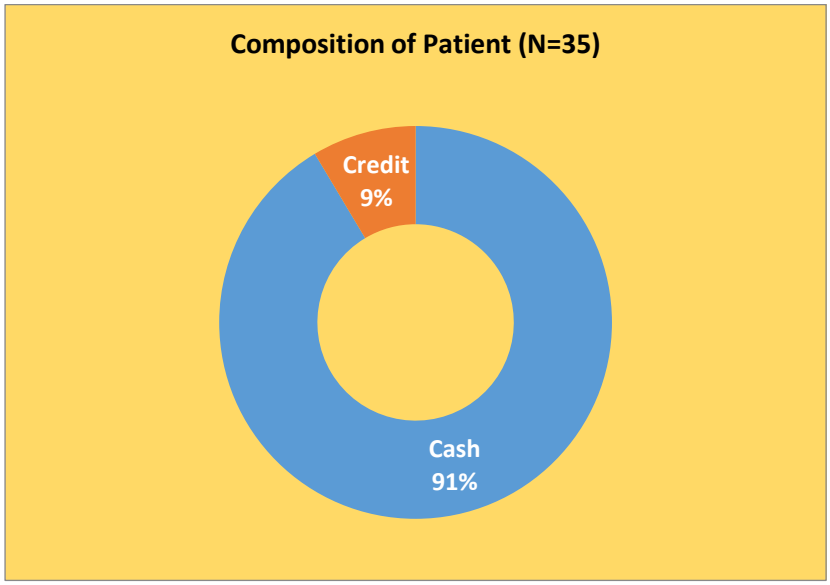


In this figure the total TAT of counselling, admission, patient reaching, and the total TAT is described as a bar graph and the values are in minutes.

Composition of patients: in this table it is described that how much patients payed by cash or credits

COMPOSITION OF PATIENTS

Payer	No. of patients
Cash	32
Credit	3



In this figure it is as shown that the result of composition of patient is described in percentage, so there is 9% patients are pay by credit or 91% patients are pay by cash.

So it is clear that the most patients are pay by cash.

OBSERVATION:

- At the admission desk, sometimes there is too much rush and there is only one employee to handle them.
- Some patients are not clarify about the admission charges by counselling.
- Some patients don't have any knowledge about counselling.
- Sometimes there is language problem to patients who is belongs to village areas.
- Many patients are not satisfied with the bed charges.
- Non availability of beds
- Nursing assessment not done
- More time nursing GDA'S was not available at time.

LIMITATION OF THE STUDY:

- The study included Inpatients.
- Limited sample size.
- The study design required identification of all process of admission and grouping these activities into cogent, useful, and appropriate way. The reasons for these activities and groupings could be actually debated.

- The challenge study the employee of admission desk faced in continuing their job without any interference from the turnaround time might have led to problems in the data collected.

CONCLUSION:

Inpatient department is the primary hospital caregivers, and the efficient use of their time and energy is critical to the future of all hospitals. Our study evaluated the time that inpatients faced in admission process. The result demonstrate that 57% inpatients wait for 5-10 minutes in admission and this time is effectiveness, either the turnaround time in admission process is not more than the time of actual admission process. Changes in few of their process could benefit admission efficiency.

RECOMMENDATION:

1. There is need to minimize the delays due to the bed not ready for the next admission on time. The way the beds in the IPD are managed reflects the effective management of the hospital and it is very important as IPD is the main source of revenue for the hospital.
2. There should be effective analysis of demand and supply capacity so that patient do not have to wait for long for bed availability.
3. Proper counselling should be provided to the patients about the importance of beds i.e. communicating to patients the need for timely discharge.
4. The attendants of the patients should be kept informed about the approximate bill Charges and details of the bill if possible.
5. Increase in staff can lead to better efficiency.

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