Summer Training at
Apollo Hospitals, Visakhapatnam
(April 3 to June 2, 2017)

- **Patient's Length of Stay and Discharge Time**
- **Housekeeping Work Flow and Human Resources Management**

By
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Under the guidance of
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

CERTIFICATE

This is to certify that **Dr. Smita Kumari** has undergone summer training in **Apollo Hospital Arilova , Vishakhapatnam** from **3rd April to 2nd June 2017**.

The candidate herself completed the project assign to 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 her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affair)
The IIHMR University, Jaipur

Mentor
Brig. (Dr.) S.K. Puri
Advisor (Academic and Student Affairs)
The IIHMR University, Jaipur

Apollo HOSPITALS
TOUCHING LIVES
VISAKHAPATNAM

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Corporate Indentity Number (CIN) : L85110TN1979PLC008035

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Smita Kumari D/O. Kamaleshwar Kumar a student of Management of Hospital Administration in Indian Institute of Health and Hospital Management and Research (IIHMR University), Rajasthan. has successfully completed her Summer Internship in our organization.

Subject :1. **"Housekeeping Workflow with Specific Analysis of HR Planning"**

:2. **"Patient Length of Stay and Discharge Time"**

Date : 03-04-2017 to 02-06-2017.

Her performance was found to be good.

We wish her all the best for her future endeavors.

S. Bharani Kumar

S.BHARANI KUMAR

MANAGER HUMAN RESOURCE

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At this moment I equally express my uncommon thanks and gratitude of appreciation to my mentor, Brig. (Dr.) S. K. Puri , and in addition our Dean, Col. (Dr.) Ashok Kaushik, who gave me the brilliant open door, which likewise helped me in doing a great deal of Research.

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ABOUT APOLLO HOSPITAL

In this attempt to give a better all-encompassing medicinal services benefits, another cutting edge, multi-specialty, 250 bedded is opened at Arilova, Visakhapatnam. This new hospital is furnished with most recent equipment and cutting-edge advancements, committed and very much prepared staff to give fulfilling social service.

Apollo benefits in Cardiology and Nephrology have been appraised the best in Visakhapatnam as the years progressed; it expects to exceed expectations and convey forward the heritage with greater duty in other medicinal and surgical claims to fame too by giving a positive exceptional patient experience. Apollo's Health City is furnished with present day therapeutic advanced level cath lab and current operation theaters performing both obtrusive and non-intrusive cardiovascular methods. Nephrology and Urology treats a large group of urological and nephrological issues. It offers selective offices for CAPD (Continuous Ambulatory Peritoneal Dialysis). Apollo offer's Urodynamic assessment and Endoscopic Laser surgeries which are of world class measures in new healing facility to treat urinary impediment. Apollo is doing both Live and Cadaver Kidney and Liver Transplants.

Apollo have created best in class Trauma Care Team in our new hospital with an astounding Emergency Medicine group giving productive care 24 hours every day, 365 days a year. It is sponsored by a propelled group of Neurosurgeons, Radiologists and Orthopedicians performing life sparing surgeries. Apollo's Critical Care foundation is comparable to worldwide, ICUs is prepared with advanced basic care 24 x 7. Neurosciences are furnished with most present-day EEG, EMG, NCS and MRI hardware. Rehabilitation Unit is there to give quick resuscitation to the patient. Apollo Orthopedics is one of the best joint substitution focuses offering Total Joint Replacements (both essential and update) of hip, knee and shoulder. A completely prepared Physiotherapy Unit gives fundamental rehabilitative support. Apollo's Cosmetic and Plastic Surgery Institute plays out a large group of restorative and remedial surgeries like change of facial forms, injury reproduction and miniaturized scale vascular surgeries.

The Gastroenterology Institute offers both medicinal and surgical treatment for assortment of conditions extending from an infected appendix operation to complex Endoscopic Ultrasound guided methodology. Apollo's Pulmonary Medicine Institute has progressed PFT Lab offering DLCO testing and video bronchoscope. It runs a Respiratory Rehabilitation Unit in relationship with prepared physiotherapists and respiratory professionals.

The Apollo Preventive Health Check begins a trip to great wellbeing. These checks give one a fast depiction of its wellbeing appraisal and prescribe the best activity to remain sound.

MISSION:

"Our mission is to bring healthcare of international standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research healthcare for the benefit of humanity."

VISION: Touch a Billion Lives

APOLLO FACILITIES SERVICES AND FACILITIES

- Anesthesiology
- Cardiology
- CT surgery
- Emergency & Critical care
- Gastroenterology
- General & Laparoscopic Surgery
- Internal Medicine
- Gynecology
- Neurosciences
- Nephrology & Dialysis
- Urology
- Organ Transplant
- Orthopedics & Joint Replacement
- Ophthalmology
- Plastic surgery
- Pediatrics
- Pulmonology
- Physiotherapy
- Radiology & Imaging Services
- Lab Services
- Blood Bank
- ENT

DEPARTMENT LOCATION

Basement
- Parking
- Pharmacy Store
- Housekeeping Department
- Security Office
- Biomedical

Ground Floor
- OPD BUILDING
  - Reception Area
  - Emergency
  - Minor Operation Theater
  - Opd Billing
  - Radiology (X-Ray, Ultrasound, CT,MRI)
  - Inhouse Pharmacy

Ground Floor
- IPD BUILDING
  - Reception Area
  - IPD Billing
  - Cafeteria
  - Registration And Admission

First Floor
- **IPD BUILDING**
  - Office of The Hospital Administrator
  - HR Office
  - IT Department
  - Female Attendant Waiting Area
  - Male Attendant Waiting Area

First Floor
- **OPD BUILDING**
  - OPD Reception Area
  - OPD Waiting
  - Sample Collection
  - Master Health Check-Up

Second Floor
- **OPD BUILDING**
  - OPD Area (Cardiology, Gynecology, Orthopedic, Neurology, General Physician,)
  - Diagnostics (ECG, TMT, Echocardiography, PMT,EEG)
  - OPD Waiting
  - Sample Collection
  - Report Collection

Second Floor
- **IPD BUILDING**
  - General Ward
  - Nursing Station

Third Floor
- **OPD BUILDING**
  - Blood Bank
  - Lab Services
  - Nephrology Unit (Dialysis
  - CSSD

Third Floor
- **IPD BUILDING**
  - General Ward
  - Single Room
  - Nursing Station

Fourth Floor
- **OPD BUILDING**
- **IPD BUILDING**

Fifth Floor
- **OPD BUILDING**
  - CICU
  - ICU
  - MICU
- **IPD BUILDING**
  - Single Room
  - Deluxe Room

Sixth Floor
- **OPD BUILDING**
  - OT
  - KT Unit
  - LT Unit
- **IPD BUILDING**
  - Deluxe Room
  - Single Room

PROJECT TOPIC: 1

PATIENT'S LENGTH OF STAY AND DISCHARGE TIME

DR. SMITA KUMARI

MBA HM 21 (0502)

INTRODUCTION

In hospital's Patient's "average length of stay" (ALOS) is an essential sign of effectiveness and efficiency of hospital health care. Discharge alludes to the circumstance where a patient is considered to be ok for discharge (leave the hospital), however where it is difficult for them to leave hospitals, since plans for proceeding with discharge have not been made. Decreasing ALOS will release capacity in hospital system. Unplanned discharges affect hospital facilities' capacity and productivity. The issue is likewise as often as possible identified with the requirement for an entire frameworks way to deal with discharge process and to cut down ALOS.

Admission: It is the processes, that constraint a set of tools and techniques, by which a health professional or health provider organization commenced an episode of care, for a patient and/or their treatment, by involving their acceptance of responsibility.

Discharge: It is the processes, that constraint a set of tools and techniques by which by which a health professional or health provider organization concludes an episode of care, for a patient and/or their treatment.

Length of stay (LOS): This is described as, the duration of hospitalization, of a single episode. Inpatient days are calculated by subtracting day of admission from day of discharge.[1]

Average Length of Stay (ALOS): The "ALOS" refers to the average number of days, which is spent is hospital by the patient. It is termed as a time frame, from when the patient gets admitted to a hospital, and the time when they are physically discharged and subsequently leave the hospital. This ought to be pointed out that, the while doctors may write the discharge orders of the patients (releasing the patient), there are several factors, that caused the delay, and further the actual departure of the patient is delayed.

[1]https://www.google.co.in/search?q=pubmed&oq=pubmed&aqs=chrome..69i57j69i60l3j0l2.3776j0j7&sourceid=chrome&ie=UTF-8#q=+length+of+stay , -seen on 4/5/2017

ALOS varies from one unit to another unit based upon the population of the patients and their overall acuity levels i.e. their degree of sickness. The actual time of departure of the patient is considered to be the time that the patient physically leaves their hospital room, so that, those room can afterward be readied for the subsequent patient.

In order to improve discharge times, it will radically reduce the ALOS. In this project hereby, discharge time will mean, *"the time of day that the patient clears bill and receives checkout time."* Our ultimate Goal is to expedite and fasten the discharge process of the patients, in order to shift physical discharges to an earlier time in the day.

LITERATURE REVIEW

A literature search was performed to identify published studies related to the length of stay in hospitals and discharge time. It has been observed during the study that there is a difference in the LOS patients. In this study, it was decided, to analyze the whole process of entire discharge procedure, of the patients who are randomly selected, and to arrive the exact time, that was taken for the physical discharge of the patients and to come across, the time taken for each procedure. In order to smooth the process of discharge, it resulted in the raise in satisfaction level of the patients, which in turn lastly resulted as the repeat visits of the patients2.

The average length of stay of patients' in the hospitals (ALOS) is over and over again used as a sign of efficiency level of healthcare providers. A shorter reside of patient in hospital will lessen the cost per discharge of individual and equally shifts care from inpatient, to the less expensive post-acute procedures3. A report on ways hospital can reduce length of stay reveals six simple steps they can take to reduce length of stay and focus on increase on-time discharge.4

Time delay in discharge of patients' impact hospital reputation and hampers social identity of health care providers. To eradicate the issue of patient length of stay (LOS), pressures the hospitals to cut cost, and this has also led many health care organizations to adopt planning of human resource management as a strategies for reducing patient longer stay in hospitals.

Planning for the time bound discharge of the patient's, does not begin on the day when it is decided to release the patient, whereas the universal accepted ideology is that, the discharge planning should start before admission of the patient in the hospital (for a planned admission) or at the time of admission of the patient in the hospital (for an unplanned admission).[5]

[2] https://mail.google.com/mail/u/0/#inbox/15cce94c8fe23216, -seen on 12/6/2017
[3] https://data.oecd.org/healthcare/length-of-hospital-stay.htm, -seen on 12/6 2017
[4] http://www.fiercehealthcare.com/healthcare/6-ways-hospitals-can-reduce-length-stays, -seen on 12/6/2017
[5] https://www.ncbi.nlm.nih.gov/pubmed/20683293,-seenon 12/6/2017

RATIONALE

- The discharge process is a critical bottleneck for efficient patient flow. This paper focuses on identifying the problems which impacts on discharges.
- A database was taken from the hospital designated department then it was decided to study and analyse collectively the entire discharge procedure of patients.
- In same order, this study focus on to arrive, at the exact time which was over all taken for discharge of the patient from the hospital and to find out the time that was taken for each process in between admission and discharge.
- 183 patients from the hospital were randomly identified in order to study the ALOS and the breakup of the elapsed time for each step and process in the discharge procedure of patient was observed.

AIM

To study and analyze reasons of delay in discharge time and process contributing towards prolonged stay of patients and to optimize ALOS further

OBJECTIVE

- To study existing discharge process.
- To find out time delay in discharge process and ALOS.

METHODOLOGY

- Study Type -- Observational Cross-Sectional, Analytical
- Study Population – Patients to be discharged & their relatives, nursing staff, floor manager of Apollo Hospital
- Study Area – In-Patient Department Building, Apollo Health City, Arilova, Vishakhapatnam
- Duration of Study – Four weeks
- Type of Data – Quantitative, Qualitative
- Sample Size – 183 Discharge processes
- Sampling Method -- Purposive sampling

DATA COLLECTION

Manual eateries were made on Microsoft Excel Sheet which was further analyzed and interpretation was made. Also data was collected from previous record. A time motion study was also performed.

Calculation to find length of stay (LOS) and average length of stay (ALOS) for Apollo Hospital:

Length of Stay[6] = Date of Discharge - Date of Admission

Average Length of Stay = Length of Stay / Total Number of Discharges

INCLUSION CRITERIA

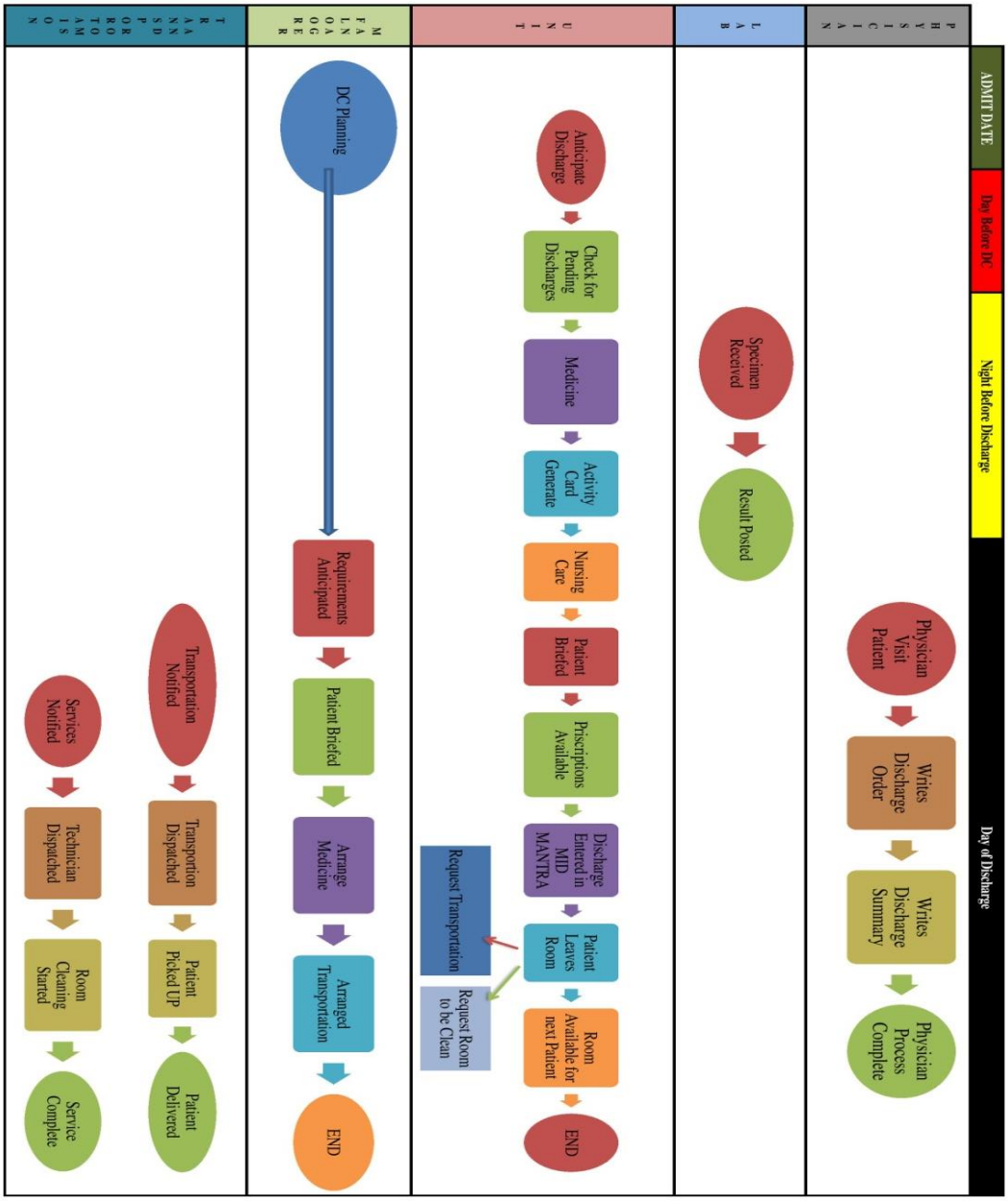
Discharged procedure of patient's discharged between 10th to 29th April and admitted between 3rd to 16th April 2017

[6] https://www.easycalculation.com/medical/learn-length-of-stay.php, -seen on 12/6/2017

OBSERVATION

SWIM LANE ANALYSIS

Given the pretty much free connections of the different voting demographics, that cooperate to give persistent care, a solitary solid stream outline, does not sufficiently mirror the various procedures that occur amid the stay of a patient. A swim lane outlines, demonstrating the relative timing of each constituency's endeavors, to better pass on the exercises, that at last prompt's in patient release from the hospital:



DATA INTERPRETATION AND SPECIFIC PROJECT FINDINGS

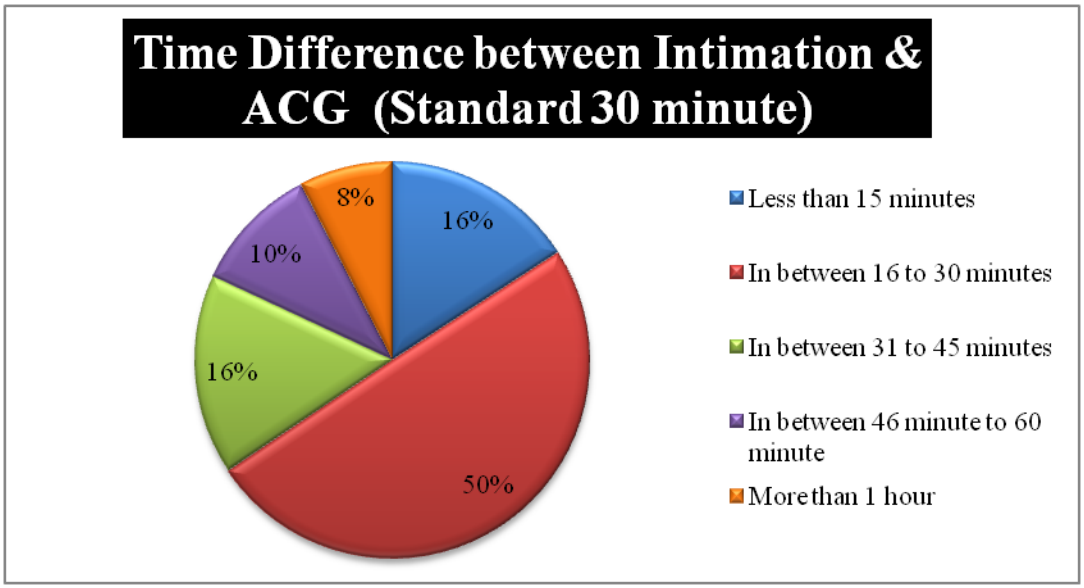
Discharge process involves frequent nominal stages which have to be followed properly for smoothie and time-bound discharge.

The stages are as:

1. Firstly, intimation by the consulting doctor to the floor manager to start the patient discharges process.
2. As soon the floor manager receives the intimation activity card generation (ACG) process starts. This process takes approximate 30 minutes, which may extend to one hour as well depending on the time availability, speed and work load of floor manager. This process time also varies according to ward wise.
3. After ACG, discharge summary is prepared and billing process is carried.
4. Billing process is lengthy process, it also depends on mode of payment selected by patient. The standard time taken for billing is 3 hour.
5. Billing time is considered as the final check-out time of the patient.
6. Lastly, after billing physical discharge of patient also takes time. This takes approximate of 30 minute.

TIME DIFFERENCE BETWEEN INTIMATION AND ACG

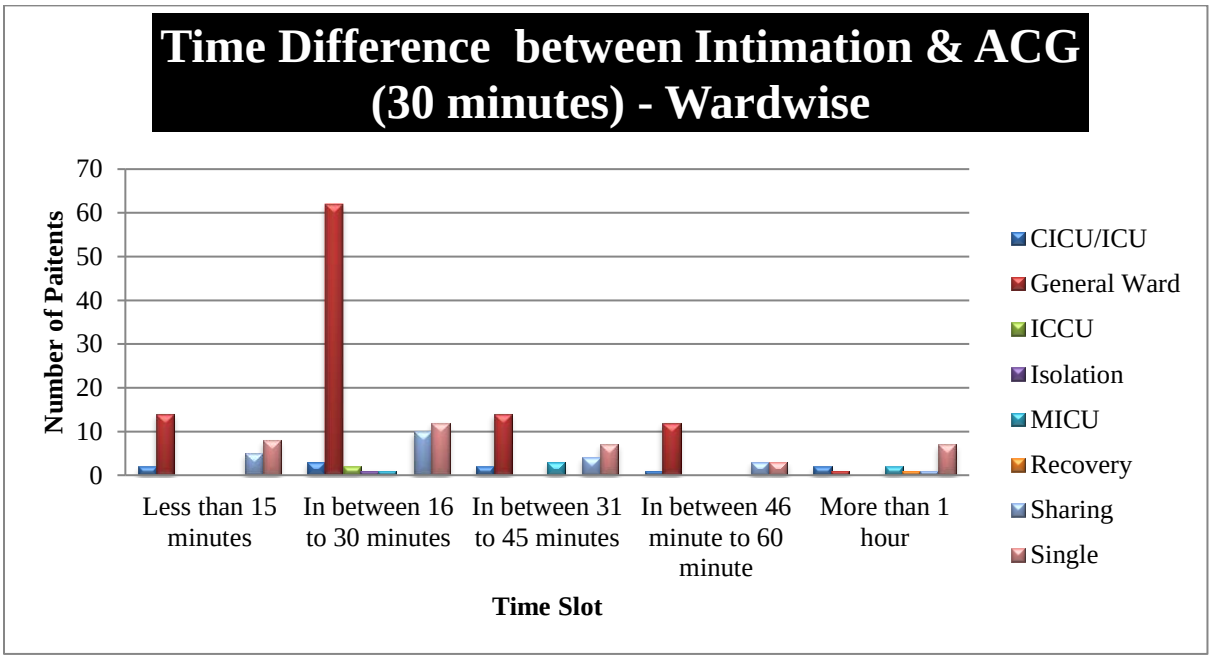
This process standard time is 30 minute. Dividing this process time into sub timings gives the result of no of cases in different time frames.



Finding:

50% cases activity card is generated within 30 minutes and 50% cases takes more than 30 minutes.

TIME DIFFERENCE BETWEEN INTIMATION AND ACG WARD WISE

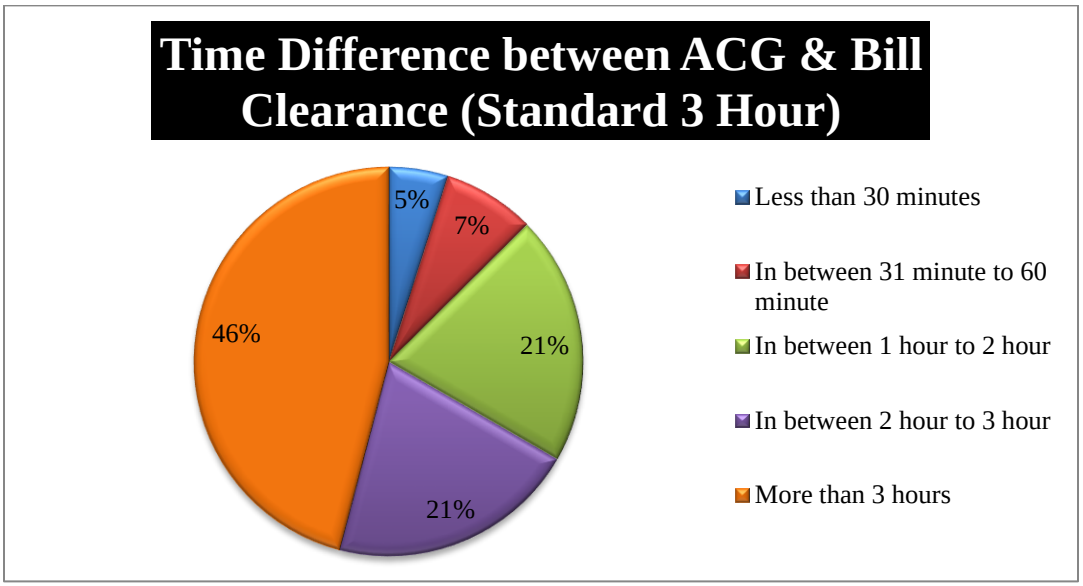


Standard Time Difference Intimation & ACG (30 minutes) - Ward						
Ward	**Less than 15 minutes**	**In between 16 to 30 minutes**	**In between 31 to 45 minutes**	**In between 46 minute to 60 minute**	**More than 1 hour**	**Grand Total**
CICU/ICU	2	3	2	1	2	10
General Ward	14	62	14	12	1	103
ICCU	0	2	0	0	0	2
Isolation	0	1	0	0	0	1
MICU	0	1	3	0	2	6
Recovery	0	0	0	0	1	1
Sharing	5	10	4	3	1	23
Single	8	12	7	3	7	37
Grand Total	**29**	**91**	**30**	**19**	**14**	**183**

Finding:

The most of the cases from general ward, ACG is done within standard time and many cases from single ward is usually taking more than one hour.

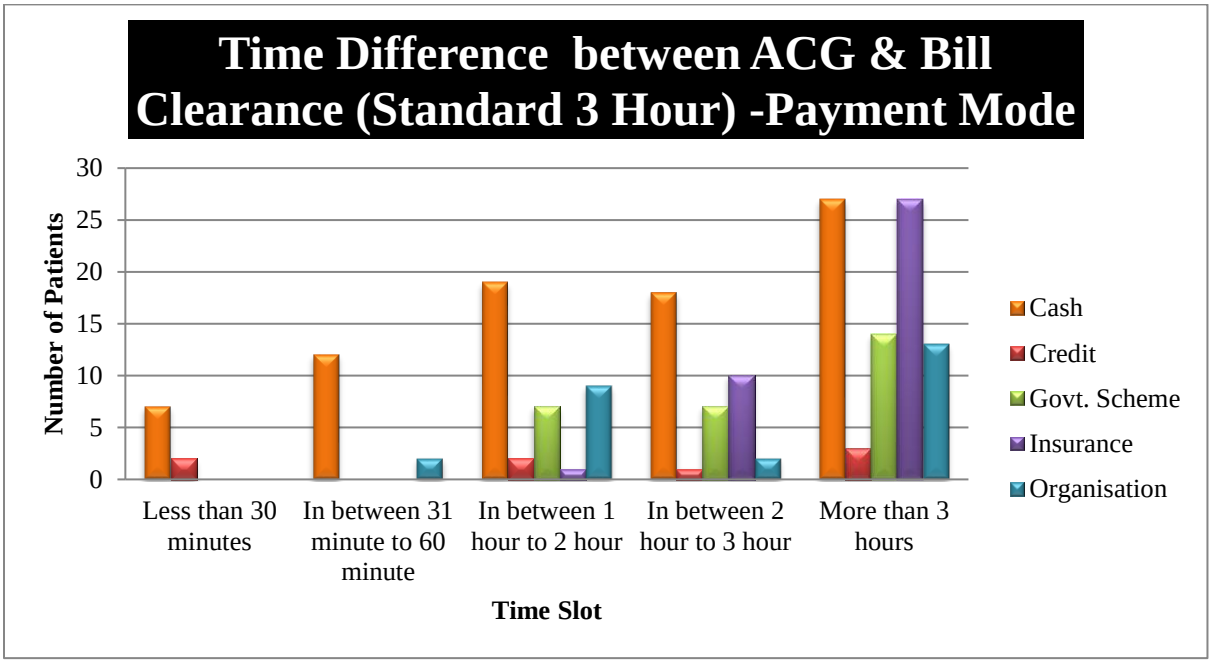
TIME DIFFERENCE BETWEEN ACG AND BILLING



Finding:

54% cases completes within standard time of 3 hour, 46% cases takes more than standard time.

TIME DIFFERENCE BETWEEN ACG AND BILL PAYMENT MODE

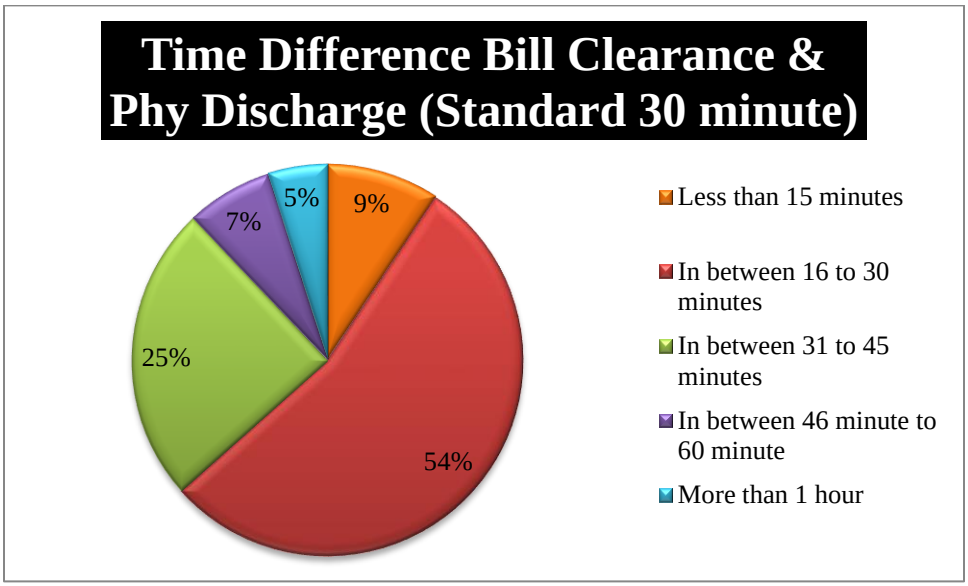


Standard Time Difference ACG & Bill Clearance (3 Hours) - Payment Mode						
Payment Mode	Less than 30 minutes	In between 31 minute to 60 minute	In between 1 hour to 2 hour	In between 2 hour to 3 hour	More than 3 hours	Grand Total
Cash	7	12	19	18	27	83
Credit	2	0	2	1	3	8
Govt. Scheme	0	0	7	7	14	28
Insurance	0	0	1	10	27	38
Organisation	0	2	9	2	13	26
Grand Total	**9**	**14**	**38**	**38**	**84**	**183**

Finding:

Mode of payment by cash and insurance payment is taking more than standard time of 3 hour.

TIME DIFFERENCE BETWEEN BILLING AND PHYSICAL DISCHARGE

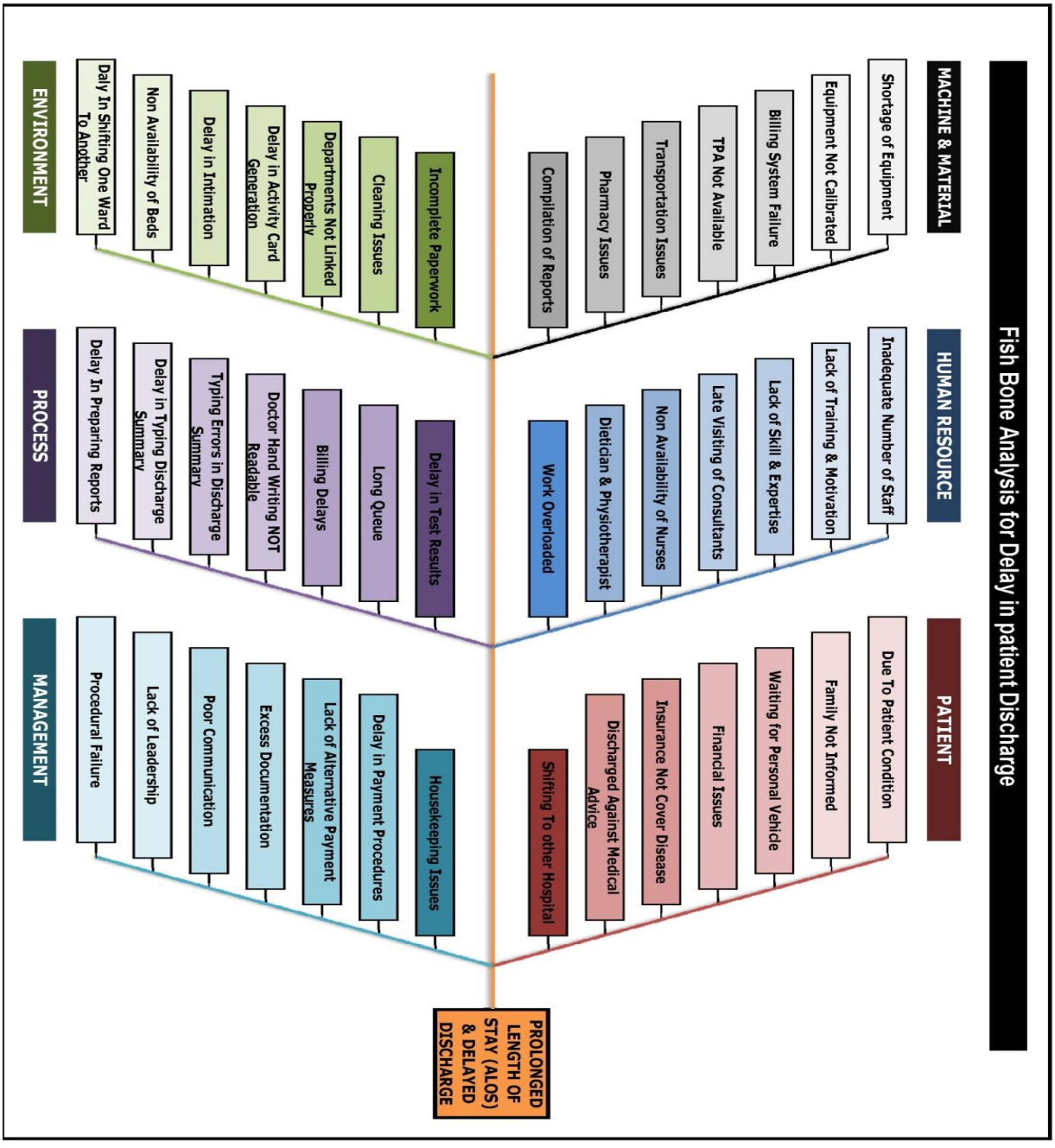


Finding:

54% cases are taking less than 30 minute, 46% cases are taking more than standard time.

FISH BONE ANALYSIS

During the study period in the hospital, there were various clinical and non-clinical reasons which can be attributed to the prolonged stay of patients in the hospital. This Fish Bone Analysis depicts contributing factors for prolonged stay of patients.



OBSERVATION

i. Average length of stay (ALOS) found is 6.7 days.
ii. Many of the discharge cases take more than three hours.
iii. ACG is delayed due to many discharges at same time.
iv. The doctors and the patients griped that the tests reports were not accessible on time which deferred in treatment and in addition in discharge of the patient.
v. Nursing unit does not update discharges timely on system.
vi. Typing discharge summary takes too long and due to excess work load and lack of staff.
vii. As between time, bills were not being set up all the time; the instances of default of payment were high which was making it troublesome in the clearance of bills.

RECOMMENDATION

i. Encourage pre-planned discharges.
ii. Interim bills should be prepared on regular basis.
iii. Discharge process should be clearly explained to patients.
iv. A typist should be appointed with each nursing unit.
v. Discharges should be updated on system timely.
vi. Minimize the cases of default of payment.
vii. Patients should be informed early about their estimated cost and discharge date.

PROJECT TOPIC: 2

HOUSEKEEPING WORK FLOW AND HUMAN RESOURCES MANAGEMENT

DR. SMITA KUMARI

MBA HM 21 (0502)

AIM & OBJECTIVES

Aim:

- To study the planning, organizational structure, management, evaluation and give recommendations if any of Housekeeping Department.
- To reduce the burden of work of each housekeeping personnel, thereby enabling them to devote more of their time to department.
- To evaluate the staff work and a comparative study for assessing better the manpower utilization.

Objectives:

- To study organisation and working of Housekeeping Department.
- To see the facility and services provided by Housekeeping Department.
- To find out any need to improve basic services provided by Housekeeping Department.
- To study the existing outsourced manpower staffing in Apollo hospitals.
- To calculate the number of housekeeping staffs required to serve the present workload and applying **W**orkload **I**ndicators of **S**taffing **N**eeds (WISN) method.
    - *Determining housekeeping department staff requirement based on WISN*
    - *To compare between both the hospitals and to assess the overall utilization of staffs*
    - *To provide recommendations to improve Housekeeping department staffing pattern*

RESEARCH METHODOLOGY:

Data Collection: Primary data was collected at Apollo Hospital Arilova with help of proper set of questionnaire and secondary data was collected from available records at housekeeping department of Apollo hospital. It was collected from records maintained in the Hospital by the Housekeeping department. The relationship of the department with user department will be studied and the work flow to identify the sources of conflict.

Methodology: An observational study conducted in Housekeeping Dept. of Apollo Hospitals in order to determine staffing pattern and analyzing workload. The duration of the study was from April & May 2017. Data were entered in Microsoft Excel 2007 spread sheet and analyzed using different root cause analysis tools. Workload Indicators of Staffing Needs method was utilized for accessing work flow and workload.

RESEARCH QUESTIONS

1. *What are priority cadre and functions of housekeeping department?*
2. *How the work flow of Housekeeping department works?*
3. *How to Estimate available working time for each Department?*
4. *How to establish standard workloads for Housekeeping?*
5. *How to Estimate available working time for each shifts?*
6. *How to define workload components?*
7. *What are the activity standards of Housekeeping?*
8. *How to determine staff requirements based on WISN?*
9. *How to analyse and interpret WISN results in housekeeping?*

ABSTRACT (SCOPE OF STUDY)

Housekeeping is one of the fundamental capacities basic to the operation of a medicinal services establishment. Housekeeping administrations, likewise called natural administrations are of essential significance in giving a sheltered, spotless, charming, efficient, and practical condition for both, the patients and the healing center staff. A perfect and sterile condition in healing facilities has a gigantic mental effect on the patients and the guests, and says a lot of the nature of administration.

Great housekeeping is a benefit. It has an immediate bearing on the renown and notoriety of a clinic. As housekeeping serves all divisions and zones of the healing facility, limiting the danger of cross disease and giving a spotless, protected and agreeable condition are crucial to any great housekeeping administration. Doctor's facilities must trust that this office is a fundamental expansion for quality administration.

The Housekeeping Departments work has progressed quickly as of late and requires information of specialized abilities as well as a comprehension of the Tools of Management. A vast piece of the house attendants time is brought up with work force administration, as it is the duty to deal with the staffs who are generally recognized to be the biggest class of human asset and are the most hard to oversee. The point ought to be to have a proficiently run office with working expense as low as could be expected under the circumstances; in this manner giving a spotless, agreeable and safe condition. The Housekeeping Department ought not be considered in detachment, as it is an essential wellspring of data for some different divisions. Subsequently a co-agent and charming staff gives a heartfelt and amicable climate in the doctor's facility.

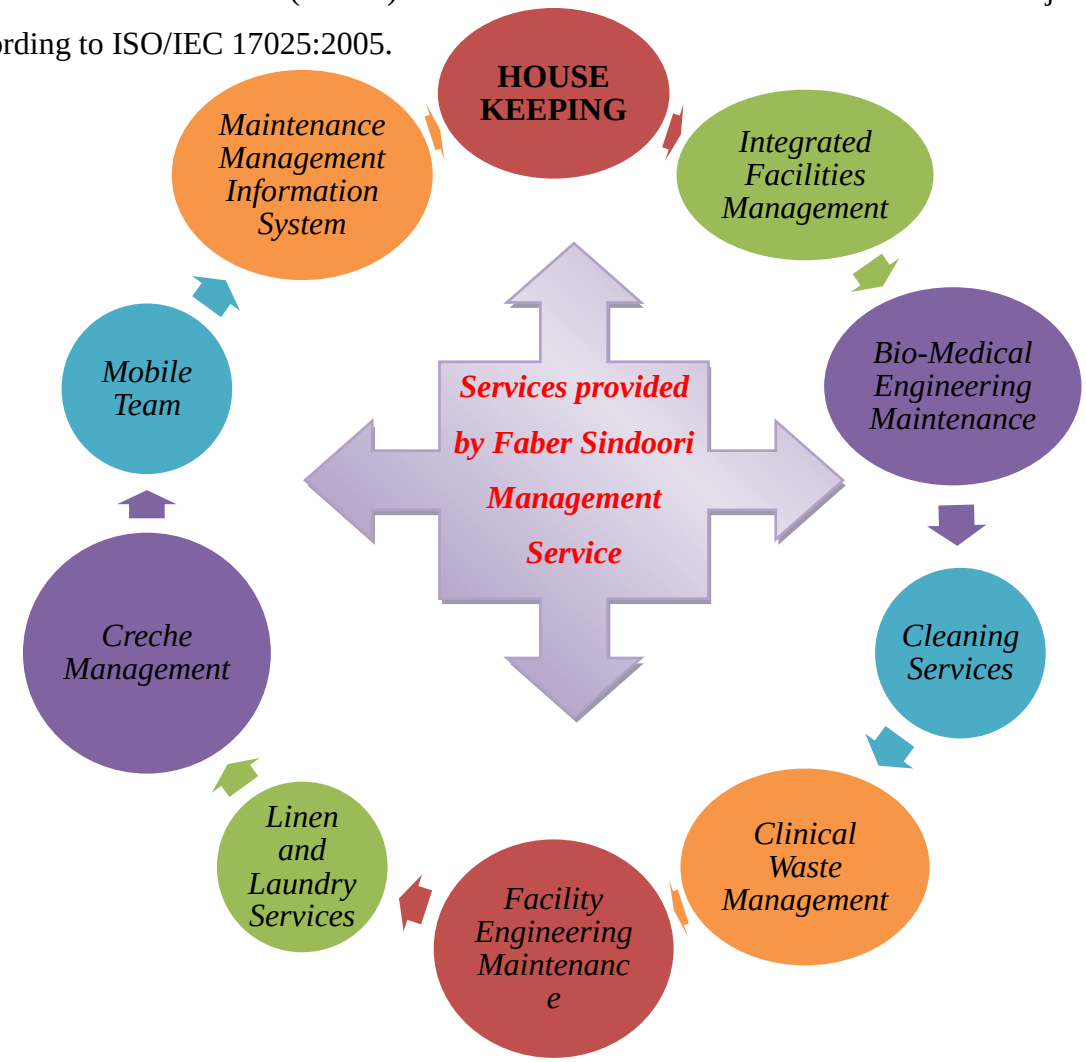
The Housekeeping Department is a non-income delivering administration office in a clinic. Nonetheless, an ineffectively run division brings about cash unnecessarily spent, makes a negative impact on the patients, guests and staff, and unfavorably influences their view of the nature of care given by the healing center. This prompts less patients care increases frequency to the healing center, which thus influences the revenue.

The Workload Indicators of Staffing Need (WISN) method is one of the methods used for assessing the staffing pattern. The present study was conducted to assess the staff requirement for Housekeeping department of Apollo Hospitals, with an aid of WISN method.

HOUSEKEEPING DEPARTMENT (HKG)

Housekeeping in Apollo Hospitals is outsourced to "Faber Sindoori Management Service" [FSMS] which was built up in 2007, as a joint wander between Faber Facilities Sdn. Bhd. of Malaysia and Apollo Sindoori Hotels Limited of India, with a dream to be a pioneer in giving compelling and effective Integrated Facilities Management Services, to improve human services and non-social insurance enterprises benefit benchmarks in India. Today it is notable be the quality Facility Management Brands. FSMS has spread all over India and is Head Quartered in Chennai.

Faber Sindoori hones Quality Management System and got ISO 9001: 2008, Health and Safety Management System OSHAS 18001: 2007, EMS 14001: 2004 accreditations. It is first IFM specialist co-op to be authorize by National Accreditation Board for Testing and Calibration Laboratories (NABL) in the teach of Thermal and Mechanical adjustment according to ISO/IEC 17025:2005.



INTRODUCTION OF HOUSEKEEPING DEPARTMENT

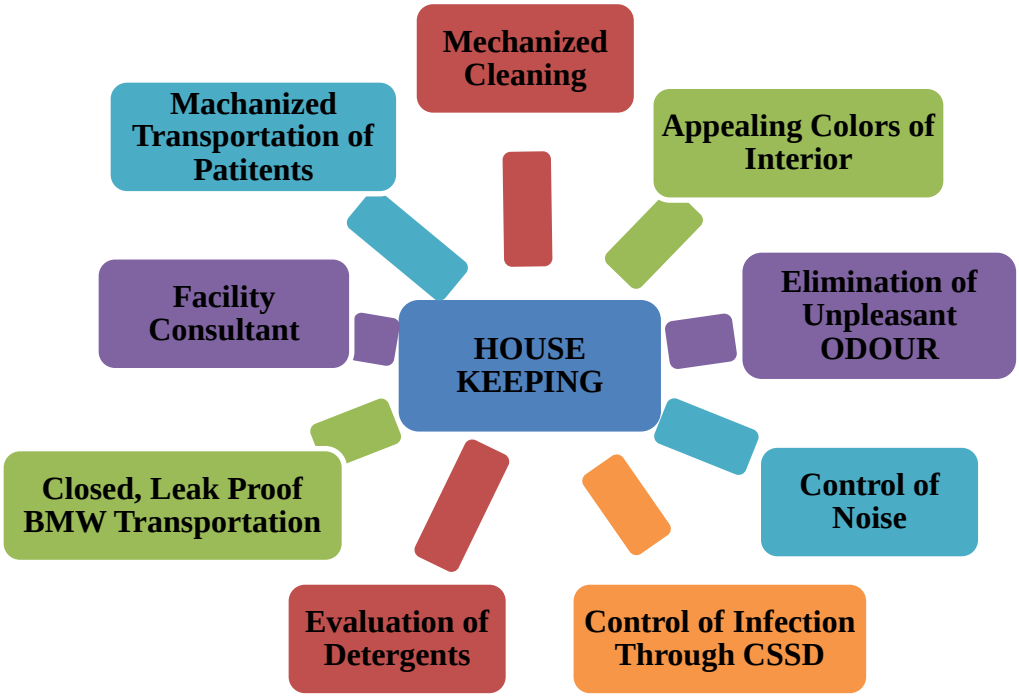
The primary goal of the Housekeeping Department is to keep the healing center spotless, safe and contamination free, yet keep up a wonderful and amicable air. The House Keeping Department works intimately with different divisions in making the doctor's facility a wonderful and safe place for the patients. As the patient enters the clinic, he gets through the banquet room, and as the endorsed fundamental examinations are completed, the patient is taken to a few regions in the doctor's facility. At each of these spots the patient notification different viewpoints, for example, cleanliness and diverse frill that are united to make a classy and lovely climate. Housekeeping staff not just need to focus on the essential cleanliness and cleanliness, additionally help in the productive working of the different areas.

Service of Health and Family Welfare (2015) An examination led by Ministry of Health and Family Welfare, to give National Guidelines to Clean Hospitals. An audit of the current accepted procedures in the field of healing facility sanitation and housekeeping in India and internationally was done and applicable concentrates from the same were adjusted. The rules for housekeeping office were recorded.

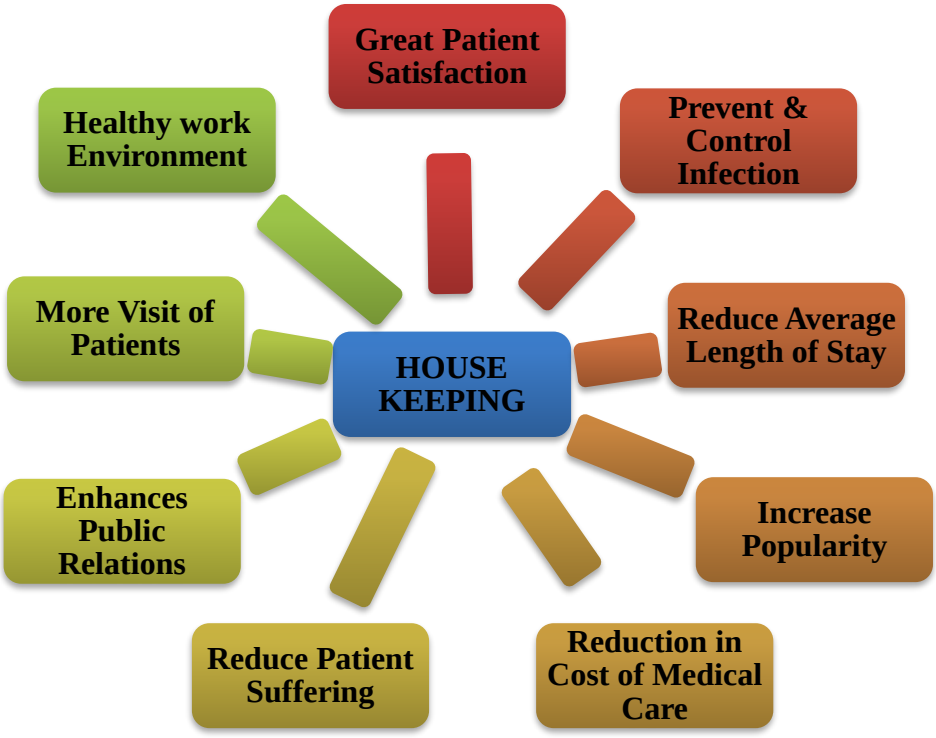
Components of Housekeeping Services:

- Greenary Comfort
- Adequate water supply
- Clean & Appealing Toilets
- Sanitation & Cleaniness
- Appealing Interior
- Proper Disposal of BMW
- Hospital Infection Control
- Pest & Rodent Control
- ODOR Control
- Proper Swearage Disposal
- Transportaion of Patients
- Bed Arangements

Modern Trends of Housekeeping Services:



Out Come of Good Housekeeping Services:



Skills Required For Effective Housekeeping

Delegation: Work should be delegated to the staff as per their capabilities. The staff should be supervised regularly, and their work evaluated periodically.

Work Management: If several tasks need to be completed on a particular day, the tasks need to be prioritized, so as to complete the tasks in order of their importance.

Time Management: In order to complete a given work in the stipulated time, the materials required for the task should be kept ready and at hand.

People Management: It is an art to work with others. A good and efficient housekeeper must develop good communication skills, and a pleasant attitude.

Budgeting: A well-run Housekeeping Department runs at minimum cost to the Institution. Hence the good housekeeper has to be good at planning and selecting equipment and supplies that are good quality and moderate in price.

An eye for beauty: Creating a beautiful and pleasant ambience is one of the objectives of housekeeping. A housekeeper should therefore have good artistic sense to be able to decorate the area appropriately.

HUMAN RESOURCES PLANNING & HOUSEKEEPING

HR arranging are a standout amongst the most critical administrative elements of any association. As per E.W. Vetter, human asset arranging is "the procedure by which an administration decides how an association should make from its present labor position to its coveted labor position".

Human asset arranging is a continuous procedure and its fundamental goal is to have a precise number of workers required, with coordinating aptitude necessities to achieve authoritative objectives. There are distinctive techniques to compute staff needs, for example, conjectures, or foreseeing both future request and workforce levels et cetera.

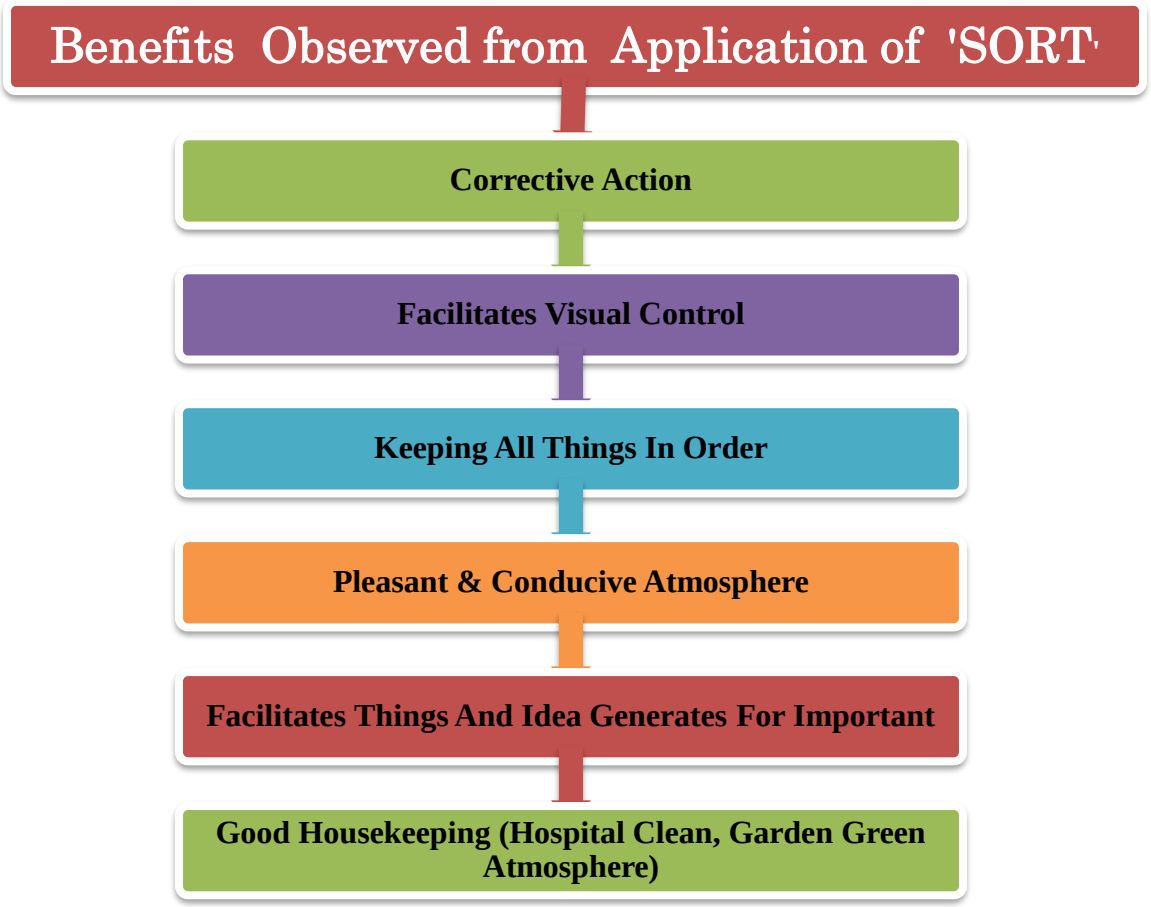
"Housekeeping is a bolster benefit division in a doctor's facility, which is in charge of cleanliness, support and stylish upkeep of patient care zones, open zones and staff zones". Housekeeping office has one of the most noteworthy staff turnover rates. Staff administration turns out to be most critical here and the healing center administration needs to ensure the staffs are always spurred to perform. This is the reason the investigation is directed to get to the move and staff administration at Housekeeping Dept. of Apollo Hospital.

5S Methodology to Identify Housekeeping Activities

1. Sort
2. Set in Order
3. Shine
4. Standardize
5. Sustain

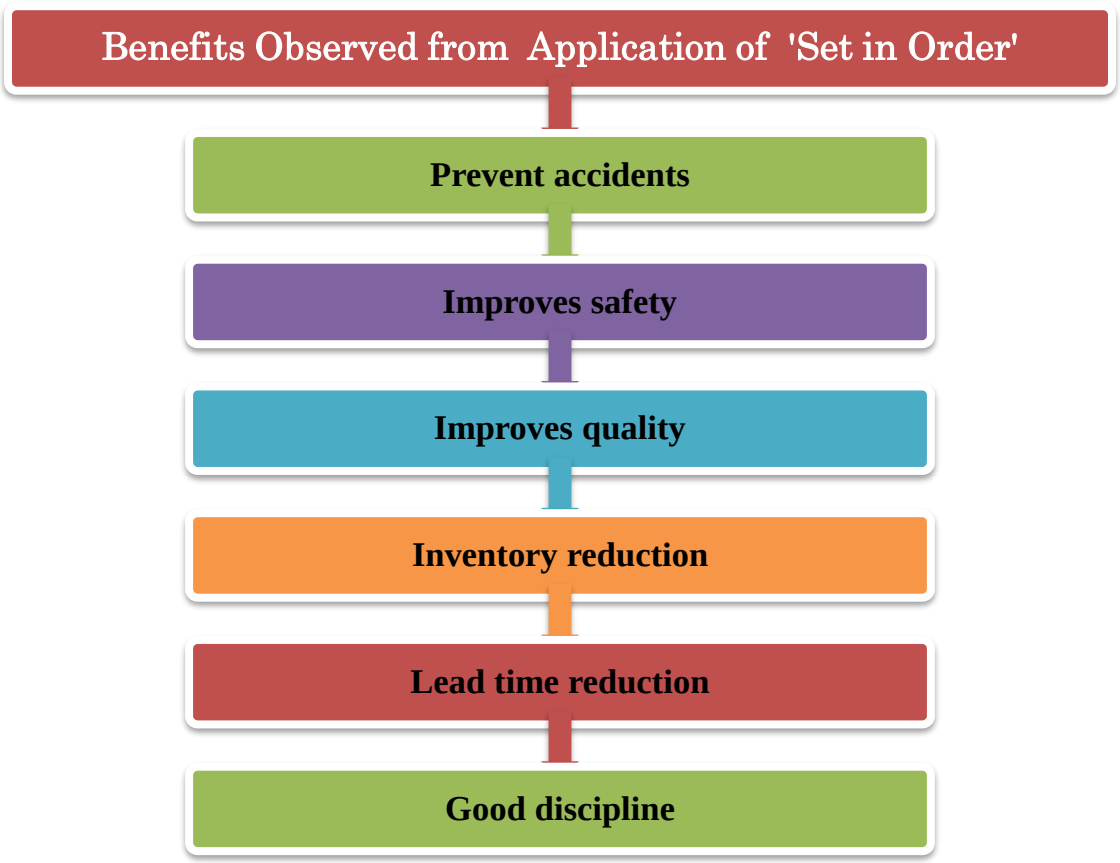
Sort

The initial phase in the process is known as "Sort". All deficient work is finished or expelled from the region. Things which require repairs and substitution are isolated. All work territories, cupboards and drawers are cleaned, sorted out and marked. The primary adage is to "Isolate required things from unneeded things by sorting through things and discarding once in a while utilized things"



Set In Order

The second step is called "Set in Order" or "Strengthen" which intends to put the things which are required in particular position. There must be "A place for everything and everything in its place." Straighten includes finding the things in the request of stream. All work zones, stockpiling zones and gear are plainly chosen and efficient. Standard data sheets are built up for information administration so that the achievement of the progressions can be checked. The primary aphorism is to "Orchestrate the rest of the things to be most proficient and usable after the procedure stream by sorting out and naming thing areas"



Shine

The third step is known as "Shine" or "Scrub" which intends to "Keep up the work space for the effectively sorted and set all together things by cleaning the workspace". Scrub is the cleaning part of the agenda, restoring of offices, reviews for redress and avoidance, a

framework to guarantee nonstop change, updating item, process, and techniques for improving the cycle

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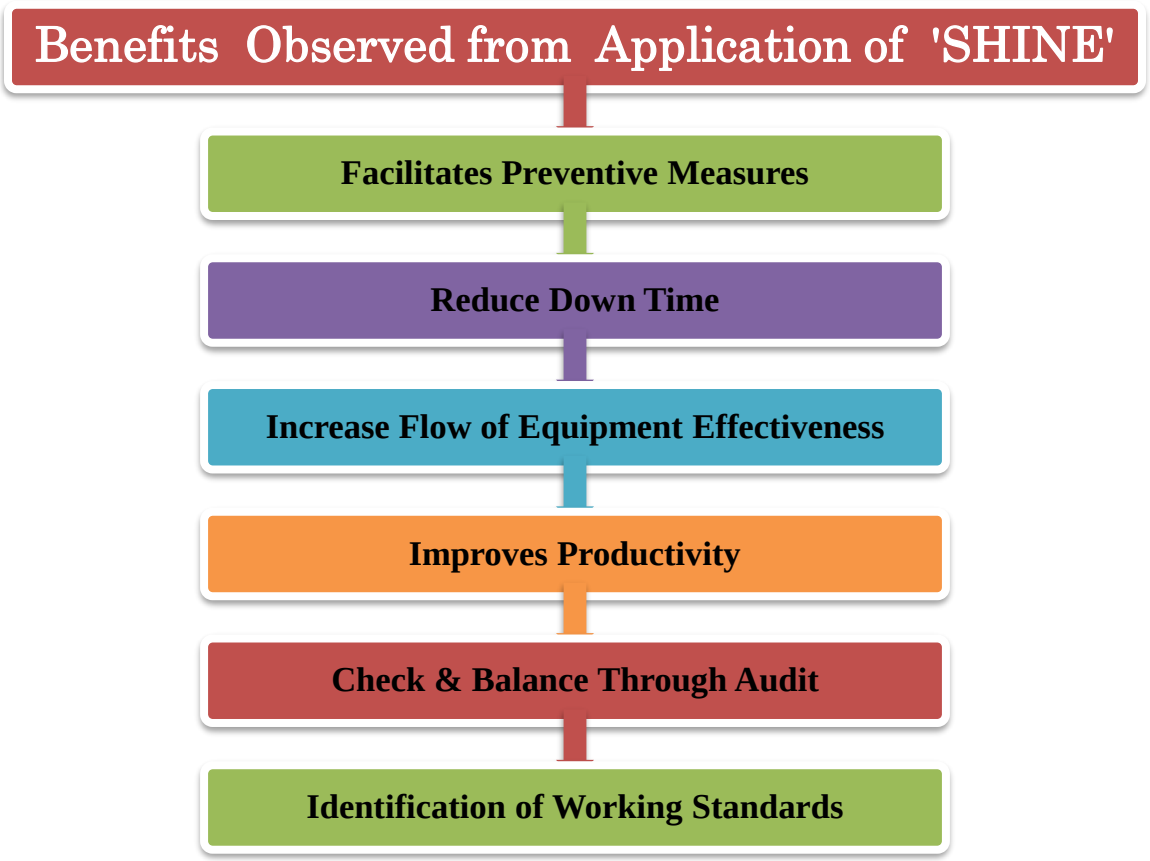


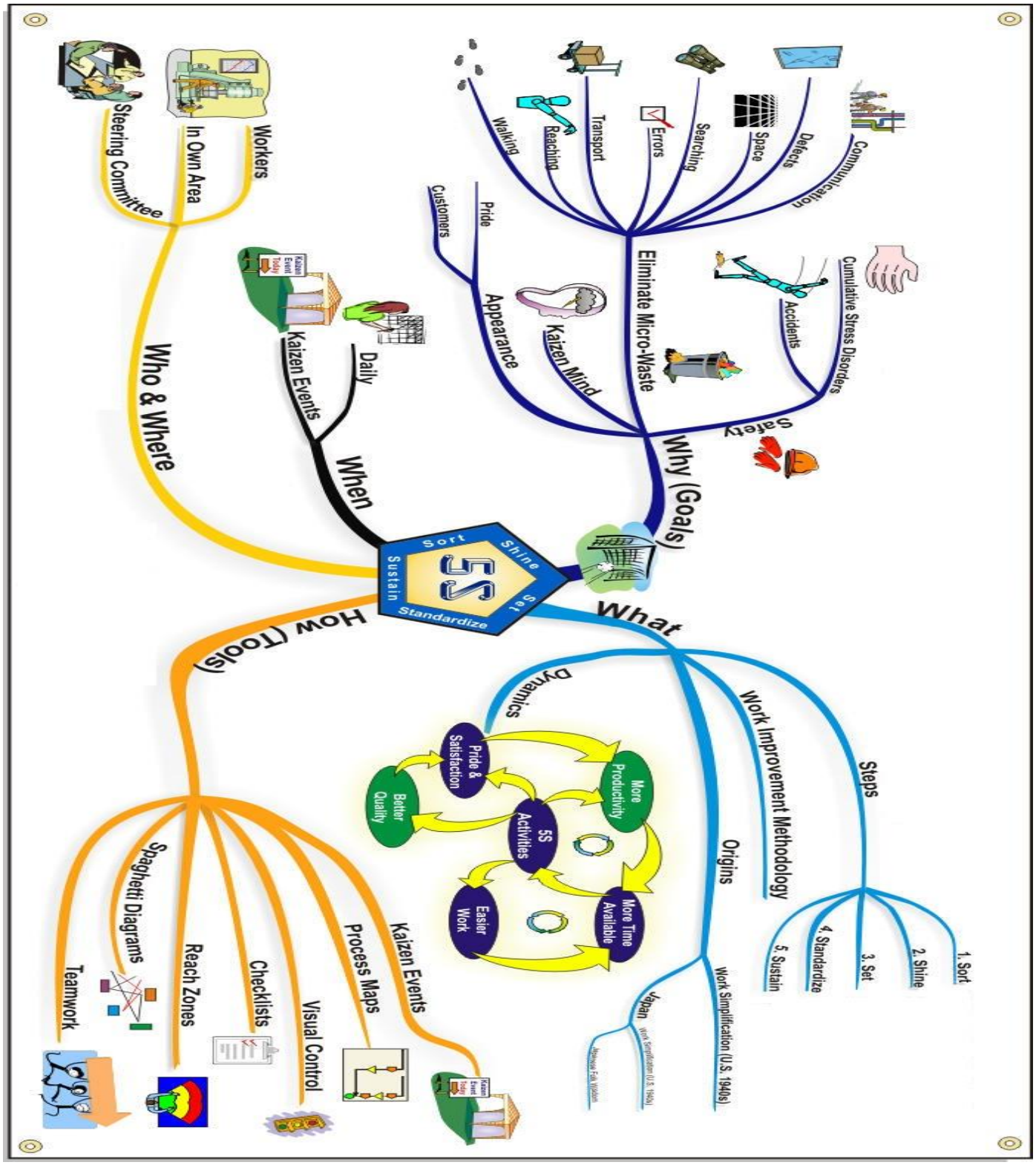
STANDARDIZE

"Ensure flexibility across all users by developing procedures to preserve and monitor the first three 5S." It is meant to standardize procedure and best practice in the workplace so that the standards are completed (documented) and ensuring that they are strictly adhered to.

SUSTAIN

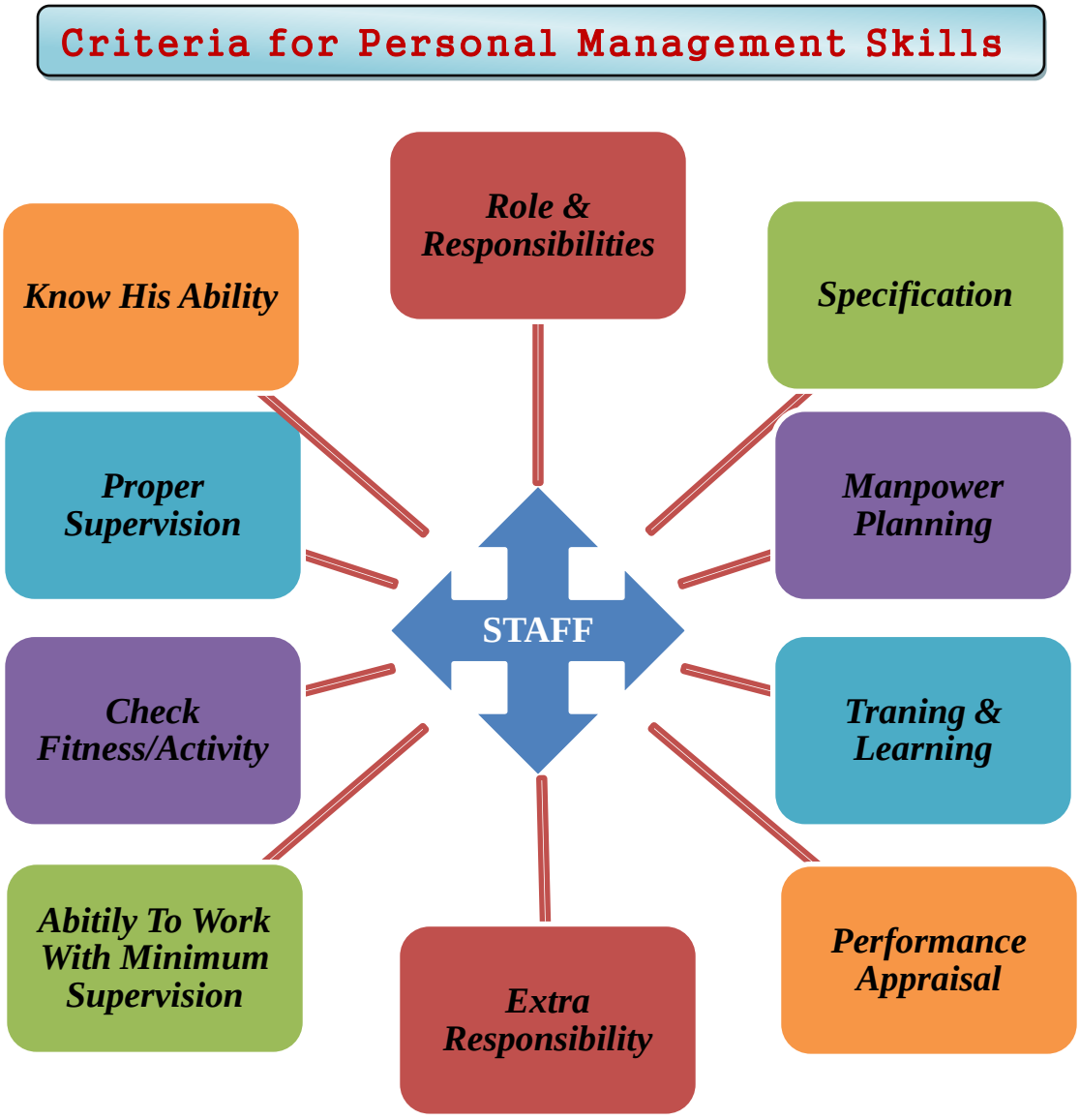
"Making a nature of appropriately keeping up revise methodology." The last and the most troublesome of the 5S is manage. Standard work rules and standard cleaning work strategies are taken after. Accentuation is offered in the matter of how the set, directions and rules are

finished routine assessment. It prompts increment in mindfulness among the workers, decline of mistakes and wastage, change in correspondence among staff and human relations.



WORK FLOW

Staffing issues in housekeeping office influences the nature of care to the most extreme degree. Getting to the work drive necessity to this division is to be given significance so as to limit the staff turnover and to ensure that the healing center capacities are not hampered. Hence the most noteworthy need unit for WISN is the housekeeping division is to analyze the individual administration of all staffs. So as to accomplish most noteworthy execution of an individual it is important to assess the individual administration aptitudes.



How to Estimate Available Working Time of Individual

Available working time (**AWT**): The time of a housekeeping worker, available in one year to do his or her work, taking into account authorized and unauthorized absences.

AWT = [A – (B + C + D + E)] x F,

A is the number of possible working days in a year i.e. ***365***

B is the number of days off for public holidays in a year i.e. ***16*** (as per State Govt. Notification)

C is the number of days off for annual leave in a year i.e. ***12***, (provided by organisation)

D is the number of days off due to sick leave in a year i.e. ***12***, (approximately)

E is the number of week off days i.e. ***52***, (1 day per week)

F is the number of working hours in one day i.e. ***8*** (standard workings hours)

A W T = [A – (B + C + D + E)] x F

= [365-(16+12+12+52)] x 8

= [365-(92)] x 8

= 273 x 8

= ***2184*** hours

That means that each individual is having 2184 hours in a year as his or her working hours. If we divide this by 12, then monthly working hours will be 182.

That means if an organization is planning a monthly staffing in an advance, the available working hours for that particular month should be considered as 182 hours.

Further, the weekly shift planning should be prepared considering the available weekly working time of an individual as 45 hours approximately. (182/4=45.5)

Kinds of Workload Components

Health Service Activities

- *Performed by all members of the staff category, such as Cleaning, Pharmacy returns, Transfer of patients etc*

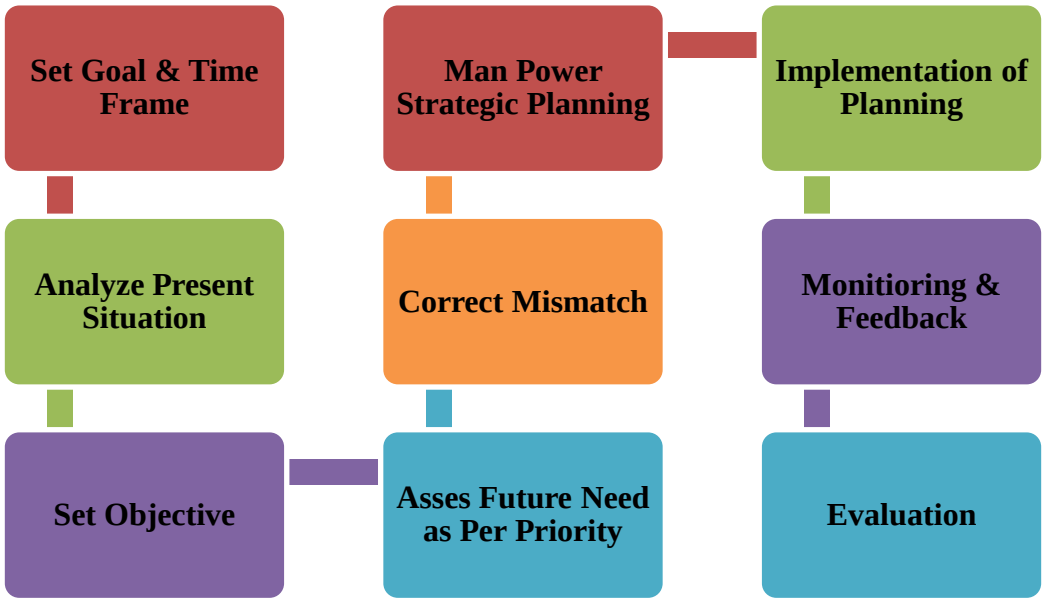
Support activities

- *Performed by all members of the cadre, but regular statistics are not collected on them such as Daily discussions on duty scheduling, Reporting and recording etc*

Additional activities

- *Performed only by certain (not all) members of the cadre. Regular statistics are not collected on them such as coordination meetings, training etc*

Steps in Man Power Planning



DATA COMPILATION, ANALYSIS AND INTERPRETATION

Setting Activity Standards & Establishing Standard Workloads

Observational study was carried out for 30 days the hospital. The time taken for each activity was measured, from the point of start of one identical activity, to the point of start, of next parallel activity. Maximum time is needed for cleaning patient room, bed making and for other patient care activities (Transfer of patient).

In order to set activity standards in the housekeeping department and to set standard workload for the each resource, there are certain list of enrolled activities, which straight forward determine the workload in each segment of the hospital such as, the number of the surgical operations that has to be carried out, inpatients treated in hospital, deliveries taken for each individual, laboratory tests performed for each patients, training sessions of resources, and so on.

It is adequately possible to set a dignified activity standard for each of these activities carried out in healthcare institutions. An "activity standard" is determined as the resourceful amount of time required by an each well-trained and motivated staff member in order to perform a given set of time bound task that has to be performed in the specific. If, the total number of each well-trained and motivated individual required of each type of activity (workload) in a facility is compared with dignified activity of personnel in discharging these activities, this will directly lead to the determination of the number of personnel required by the facility.

The work of the team, subsequently, was to decide action benchmarks, accessible working time for each staff class, and volume of action (workload), and deliver brings about a shape that could be utilized for administration choices on future staffing.

OBSERVATION & RECOMMENDATIONS

Housekeeping is one of the vital departments in a healthcare facility for the smooth working of the Hospitals. This department has the greatest whittling down rate contrasted with different bureaus of the healthcare facility. Henceforth we have to staff individuals effectively for the affecting working of Hospitals. The Workload Indicators of Staffing Needs technique is an inconsistent and accommodating instrument that offers solid workload-based support to every one of the administrators to keep up balance and disseminate work among the associates. WISN helps in gauging the quantity of staffs required in a specific division and upgrades the basic leadership capacity of the strategy producers.

These WISN estimations give a reasonable and justifiable introduction of the presence of workforce issues (staff overflow, staff lack, appropriation, and designation) as well as how extreme they seem to be. It is conceivable to distinguish which staff classifications are under weight to adapt to the current workload. Result showed that in Apollo Hospitals, there is shortage of housekeeping personnel in both first and second shift and there was balance of housekeeping personnel in the night shift. The overall work load is high and overall staffing is low. In Apollo Hospitals, there is shortage of staffs in first and second shift and there is an excess staff in the night shift. So if staffs are posted as per the workload there could be balance in the staffing.

Recommendation 1. Flexible Scheduling

Definition: Change in the perpetual timetable beginning and completion times up to a specific number of hours; a lasting change in plan for specific representatives meeting set up criteria. This will have a prompt effect for 7 to 10 percent of workers who have unending issues with beginning as well as consummation times because of youngster mind, taking kids to and from school, and different circumstances. A short execution get ready for the test case program, would incorporate-

- Set criteria and number of hours that can be shifted
- Involve employees in decision making
- Supervisor and employee set up individual schedule with the Director’s approval
- Allow a grace period of two weeks for employees to return to original schedule

- Check attendance of employees following the implementation to determine if the program is effective.

Recommendation 2. Group Work

Definition: Employees working either together, or towards a common goal (i.e. finishing a certain floor).

The fuse of gathering work may enhance the workplace, energize representative participation, and limit the impacts of nonattendances. More than 50% of representatives are occupied with some type of gathering work. This might be particularly viable on end of the week plans were not just the most noteworthy rates of unlucky deficiencies were recorded additionally communicated the most enthusiasm for bunch work programs. A short execution get ready for the test case program, would incorporate:

- Determine goals of a team
- Determine composition of teams from these goals
- Establish an autonomous team
- Check attendance and productivity of the team

Recommendation 3. Job Rotation

Definition: Workers inside a similar arrangement, building, move, and calendar, pivoting assignments. Pivot would get more assortments the workplace, increment abilities, and limit the impacts of nonattendances. Albeit fewer representatives bolstered turn when contrasted with gather work, it makes workers mindful of the aggregate procedure and declines anxiety on muscles because of tedious movements of a similar occupation, and in addition lessening fatigue. This might be particularly powerful with the end of the week Fri-Mon representatives, as 60% were occupied with work revolution. A short execution get ready for the experimental run program, would include:

- Gather list of volunteers
- Determine rotation group
- Allow employees to decide themselves, the rotation plan
- Check attendance of employees involved in pilot program

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