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

- **Time and Motion Study on Nursing and Housekeeping General Duty Attendants in Fortis Escorts Hospital, Jaipur**
- **Study on Delay in Discharge Process in Fortis Escorts Hospital Jaipur**

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

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 **Dr. Richa Sharma** has undergone summer training in **Fortis Escort Hospital, Jaipur** from 3rd April to 2nd June 2017.

The candidate herself completed the project assigned 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

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Fortis Escorts

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Ref./FEHJ/HR-Comm./TRN/020

26th June , 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr.Richa Sharma** 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

ACKNOWLEDGEMENTS

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- North Eastern zone)** and **Ms. Nihar Bhatia (head quality officer)** 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 department employee),** and **Dr. Mitali Mathur (Quality department employee)**, and **Ms. Daljeet kaur (Training Head)** in the fulfilment of this project.

Also I am sincerely grateful to **Dr. Ashok Kaushik (academic dean)**, **Mr. Hembhargav (placecom incharge)**, and **Dr. Nirmal Kumar Gurbani (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.

RICHA SHARMA

MBA (HM) 1YEAR.

IIHMR UNIVERSITY, JAIPUR (RAJASTHAN)

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ACRONYMS/ABBREVIATIONS

- **FOS** Fortis Operating System
- **TPA** Third party administrator
- **GDA**. General Duty Attendents
- **RTA** Road Traffic Accident.
- **LAMA** Leave against medical advice
- **ECHS** Ex-servicemen Contributory Health Scheme

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, orthopedics 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 - Orthopedics & Joint Replacement, Diabetes & Endocrinology, Dermatology, Internal Medicine, Pulmonary, Medicine, Ophthalmology, Dietetics,

Physiotherapy and Preventive Health Check, General Surgery, Dental Surgery, Cosmetic & Plastic Surgery, ENT, Gynecology & Obstetrics, Pediatrics & Neonatology.

VISION 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 ctations 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.

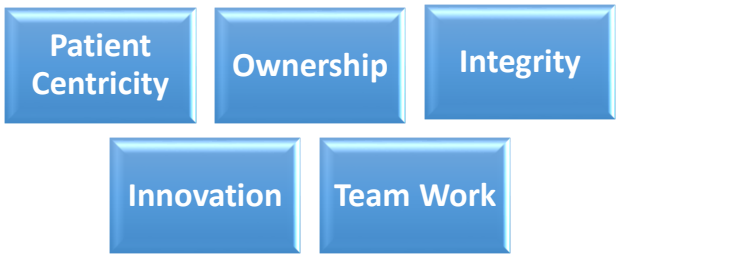
GREEN is the color of healing and is symbolic of Fortis's steadfast focus to ensure the health and wellbeing of those they minister to.

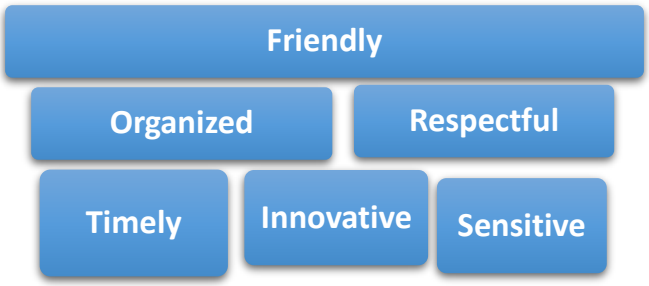
RED is expressive of the dynamic zeal with which Fortis strive to make it a reality

The Fortis logo is the indelible assurance that their 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. Pediatric Surgery

18. Obstetrics
19. Gynecology
20. Pediatric
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

PROJECT-I

TIME AND MOTION STUDY ON NURSING AND HOUSEKEEPING GENERAL DUTY ATTENDENTS IN FORTIS ESCORTS HOSPITAL, JAIPUR

INTRODUCTION

"The unexamined life is not worth living," said the great management thinker Socrates.
Every day, people say that they'll change. At the beginning of every year, millions make resolutions. Most do this without data, hypotheses or any idea of what they're going to do differently. And they wonder why nothing really changes.
Intention without information is powerless. To misquote great management thinker, Albert Einstein, doing the same thing and hoping for a different result is the definition of inefficiency. This is where the personal time and motion study can help.

Lean management is a bunch of operating philosophies and methods which help in creating a maximum value to patient by reducing wastes & waits.

Lean management – Lean management seeks to eliminate any waste of time, effort or money by identifying each step in a hospital operating process and then revising or cutting out steps that do not create value.
Time motion study – Time motion study is used for to assist in finding the most efficient method of doing work and to understand the meaning of time motion importance, and to ensure optimal utilization of human resource.
Lean management in healthcare prominences the consideration of the patient's needs, employee involvement & continuous improvement. There is limited number of studies on application and implementation of lean management in healthcare industry. A time and motion study is there since history to measure efficiency at the workplace that too includes the development of Lean management. Lean management and scientific management both focus on factors namely wasted time and motion. A time and motion study is one of the way to investigate waste through measurement, rather than by instinct or guess done. A Lean manager from the healthcare market world may not know how to build a hospital, but he or she likely knows how to use objective metrics to measure how rapidly employees perform their tasks and how many motions the task entails.
In Starting of early 20th century, more interest was concentrated to the study of processes of industries driven with the global concern on to the inefficiencies and waste of material resources.
Frederick Taylor (1856–1915) did his research on this issue, proposed that the greatest loss because of inefficiencies was not the material , but certainly a waste of human resources. His contribution to this emerging "The scientific management" field was Time Study method aiming of reducing processes time . At a ground level time studies can be described as thorough observations of workers using a stop-watch to record the time required in doing a specific tasks (e.g. time required by a GDA housekeeping in preparing a bed for the patient). The method was further elaborated by Taylor's disciples. Frank and Lilian Gilbreth, focused on motion. Both of these techniques time studies and motion studies, was integrated into a widely popular method in scientific management known as Time Motion Studies (TMS).

TIME STUDY

Time study is a observational study in which there is direct and continuous observation of a task using a timekeeping device (e.g., stop watch, computer-assisted electronic stopwatch

videotape camera) to record time consume in each task. It is mostly used

- In case of repetitive work cycles of long or short duration.
- Many varieties of dissimilar work is done or
- Process control elements constitutes a part of the cycle

.

The Industrial Engineering Terminology Standard, defines time study as "a work measurement technique consisting of careful time measurement of the task with a time measuring instrument, adjusted for any observed variance from normal effort or pace and to allow adequate time for such items as foreign elements, unavoidable or machine delays, rest to overcome fatigue, and personal needs. The **time and motion studies** are mostly assumed as interchangeable terms. However, the rationale and underlying principles for the establishment of each of these respective methods are not similar, whether originating from the same school of thought. The time studies at its basic level includes break down of each job into its different component parts, timing every part and rearrangement of all parts into the most efficient way of working.

MOTION STUDIES

In contrast with Taylor's time study method The Gilbreths used a scientific analysis for developing a study method for analysis of work motions consisting in part of filming the details of activities a worker perform and observing their body posture during recording the time. Two main purpose was fulfilled by filming One of visual record of how work is being done, stressing areas of improvement. Secondly, the films also helped in the purpose of training workers about the best way in which a work can be performed.

Time and motion study must be used together in order to achieve rational and reasonable results. It is particularly important effort be applied in motion study to ensure equitable results when time study is used. In fact the challenge with the time study is a result of applying it without a thorough study of the motion pattern of the job. Motion study can be considered as the foundation for the time study.

OBJECTIVE

This study is done to establish a correct method for observing with documentation of all processes in a lean healthcare environment. To develop this process a Time motion study is designed to observe and document how nursing and housekeeping GDAs spend their shift time Basic objective of the project is the optimal utilization of GDAs nursing and housekeeping. The main purpose of the project is

- To know the activities that Nursing GDA perform during their daily shifts
- To know the activities Housekeeping GDA perform during their daily shifts.
- To know the time taken in each activity
- To know the scope of modification for increasing their efficiency

RATIONALE OF THE STUDY

Our aim for doing time and motion studies is to establish rules of motion that guaranteed optimal performance during a given time period and reduces the number of movements needed to get work accomplished so that such time can be used to increase the General duty attendent's patient care time. Time and motion studies have been done in many ways both to ascertain how long it takes to do a given job and to improve it through setting production goals and reducing unnecessary steps in a process. Our time and motion study is entirely focused on the time aspect of work, or how long it takes to do a job, and is critical in getting fundamental information on how a process is working

- Time motion study on Nursing GDAs can be used for the information regarding the time spend by them in all their activities and then trying to eliminate or minimize those activities which are non-valued or those which can be performed by other resources like housekeeping GDAs so that they can spend much more time in patient care activities.
- By this study other significant activities can be identified which a nursing GDAs can perform but are not performing due to lack of time or lack of training. So, their areas where nursing GDAs need to be trained or their skill should be more refined can be identified and then their training module can be designed accordingly.
- Time motion study on Housekeeping GDAs can be used for the information about the time spend by them in all their activities and then trying to eliminate or minimize those activities which are non-valued.
- Time motion study on housekeeping GDAs can be used to access their training requirements too.

ACTIVITIES PERFORMED

Activities performed by Nursing GDAs were recorded under these headings.

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

- **MOVEMENTS DURING ERRANDS**
  -MEDICINE AND CONSUMABLE FROM PHARMACY
  - BRINGING PATIENT'S REPORT/FILE

- GIVING PATIENT'S SAMPLES
- SUBMITTING DISCHARGE FILES TO MRD
- SENDING BILLING SHEET
- BRINGING STATIONARY ITEMS
- HANDLING & MOVEMENT OF EQUIPMENTS

- **PATIENT CARE**

  -TRANSFERING AND SHIFTING PATIENTS

  - PROVIDING UTILITY ITEMS TO PATIENT

  - PATIENT CARE

  - BED MAKING

- **OTHER MOVEMENTS**
- **HAND HYGIENE**
- **BREAKS**
- **OTHERS**

The activities performed by Housekeeping GDAs were recorded under these headings

- **CLEANING ACTIVITIES**
  - BATHROOM CLEANING
  - SCRUBING ON THE FLOOR
  - DUSTING
  - DRY MOP/WET MOP

- **PATIENT CARE**

  - BED MAKING
  - REPLENISHING SUPPLIES
  - WATER REFILLING

- **OTHERS**
  - ARRANGING SUPPLIES FROM STORE ROOM
  - LOST AND FOUND
  - OTHERS

- **HAND HYGIENE**

  - HAND WASHING

- **BIOMEDICAL WASTE (BMW)**

  - LOADING

- PROCESSING
- UNLOADING

- **BREAK**

DEFINITIONS

NURSING GDAs ACTIVITIES DEFINITIONS

Cleaning activities: Cleaning activities includes cleaning of sharp instrument used on the patient.
Dusting and cleaning of areas around the patient eg. Bed, Nursing station (ICUs), Instrument panel board etc.
Collecting and counting dirty linen which are used by patient during their stay at hospital.
Providing clean bed sheets, towels and toiletries to the patient.

Movements during Errands: This activity includes getting medicine, returning unused medicines or other consumables from the pharmacy.
GDA nursing bring patient's laboratory, X-ray, USG, CT Scan etc reports also from their respective examination areas.
Giving patient's blood, urine etc samples to the laboratory.
After discharge of patient the GDA return their file to the MRD department for record keeping.
Bringing stationary items required in their respective nursing stations.
GDA also submit the patient's bill from nursing station to billing counter.
GDA also handle and move the equipment from patient and to the patient for eg. Oxygen cylinders etc

Other movements: This includes time consume during movement between two activities or movement which are not included in any other activities mentioned.
Other movements also include GDA taking instruments to CSSD for sterilization, taking patient for radiological examinations, for dialysis etc.
Emptying of toilet bags of patient.

Patient Care: It includes time consume in time spent during the care of patient like shifting & transferring of patient from Ward to operation theater, Operation theater to ICUs, ICU to ward etc.
Taking patient after discharge for physical out of patient on wheelchair to their vehicles.
Providing utility items needed by the patient.
Bathing the patient.
Assisting patient in urination and defecation if needed.
Changing the cloths of patient.
Feeding the patients.
Bed making during stay of patient.
Hand hygiene: It includes time consumed in hand washing and hand sanitizing.

Break: Time consumed when GDAs are sitting without work, relaxing, doing nothing, during lunch or tea breaks etc.

Others: Time consumed in activities which are not included in above mentioned activities.

HOUSE KEEPING GDAs ACTIVITIES DEFINITIONS

Cleaning Activities: It includes dusting, dry moping and wet moping of both twin or single sharing rooms that can be occupied or discharged rooms in wards.
It also includes dusting, dry moping and wet moping of bed side or under the bed areas in ICUs and Specaility ward.
It also includes dusting, dry moping and wet moping of corridors, janitor room, doctor's room, nursing station, linen room etc.
It includes cleaning of all the bathrooms anywhere in hospital.
It also includes scrubbing of floor.

Patient Care: It includes making the bed ready for other patient after discharge or shifting of patient to Operation theatre or ICU etc. It also includes filling of water in jugs of patient.
It also includes replenishing supplies as required for eg. Soap in the bathroom, sanitizer in the bottle near patient bed etc.

Arranging supplies from store room: It includes taking or in any case returning Toiletries, mops, wipers, buckets, bed sheets etc from the store room and arranging them.

Lost and found: It includes returning any unclaimed lost and found item if the housekeeping finds in the room or any other areas to the concern person or to the nurse in charge.

Biomedical waste management: It includes loading of all biomedical waste or any other waste into the Dustbins as per their color coding eg Yellow colour code dustbin contains Infectious waste, bandages, gauge, cotton or any other objects in contact with body fluids, human body parts, placenta etc.
Red bags contains plastic waste such as catheters, injections, syringes, tubings, i.v bottles.
Blue bags contains all types of glass bottles, broken glass articles, outdated and discharged medicines.
Black carboy contains needles without syringes, blades and all metal articles.
It includes unloading of BMW waste to big dustbins for processing.

Break: It include when GDAs are sitting without work, relaxing, doing nothing, during lunch or tea breaks etc

Others: It includes activities which are not included in above mentioned activities

RESEARCH DESIGN

Research design includes the method and procedures for conducting the particular study. Research design includes organization of situations for data collection and analysis of the data in manner to get relevance to the study.

STUDY TYPE: Descriptive & Exploratory

Descriptive study: The descriptive study are those study which includes description of the characterstics of a individual or population.

Exploratory study; The Exploratory study includes research conducted for the problem which has not been explored more clearly. The focus is on getting more insight and familiarity of the research problem.

TOOL USED:

- Tables
- Percentages
- Bar Diagrams
- Pie Diagrams
- Measure of central tendency- Mean

A statistical tool was developed including the activities of respective department GDAs as par their job description given by the organization.

DATA COLLECTION:

The method of data collection used in the project report are:
Primary Data: The primary data was collected by:
Observational Method
Secondary Data: The secondary data which was job description of Nursing and housekeeping GDAs was collected by:
Interview, Literature review, Office files, Organization job description etc

SAMPLING TECHNIQUE

The sampling technique used was **"CONVEINIENCE SAMPLING"**

Convenience Sampling: Convenience sampling is a non-probability sampling technique where sample or group of subjects chosen are chosen are because of their convenient accessibility and proximity to the researcher.

SAMPLE SIZE OF TIME MOTION STUDY

The sample size taken for the time motion study done on GDAs Nursing and Housekeeping

Total 30 GDAs (16 Nursing GDAs and 14 housekeeping GDAs)

STUDY TIME PERIOD

The data was collected FOR 159 HOURS.

RESULTS

Nursing General Duty Attendant

CLEANING ACTIVITIES	MOVEMENT DURING ERANDS	OTHER MOVEMENTS	PATIENT CARE	HAND HYGIENE	BREAK	OTHERS
22	15	66	113	15	47	12
36	138	28	122	4	32	0
0	0	102	87	8	77	23
0	67	99	98	4	61	4
22	105	48	79	5	20	51
1	72	34	112	2	47	2
0	57	83	55	9	65	31
0	24	83	136	5	45	7
21	2	38	207	5	21	6
0	29	66	114	7	79	10
29	73	97	39	2	45	10
15	128	80	15	2	48	17
3	18	90	103	9	63	4
20	61	61	51	4	91	17
0	169	41	54	2	25	4
2	83	109	70	2	38	1

INTERPRETATION:

From the graphical representation of the data collected it is inferred that the nursing general duty attendants in morning shifts invest their time majorly in-patient care that is on average 90.9 minutes and also in other movements that is on an average 70 minutes covering major portion of their work hours.

Housekeeping General Duty Attendant

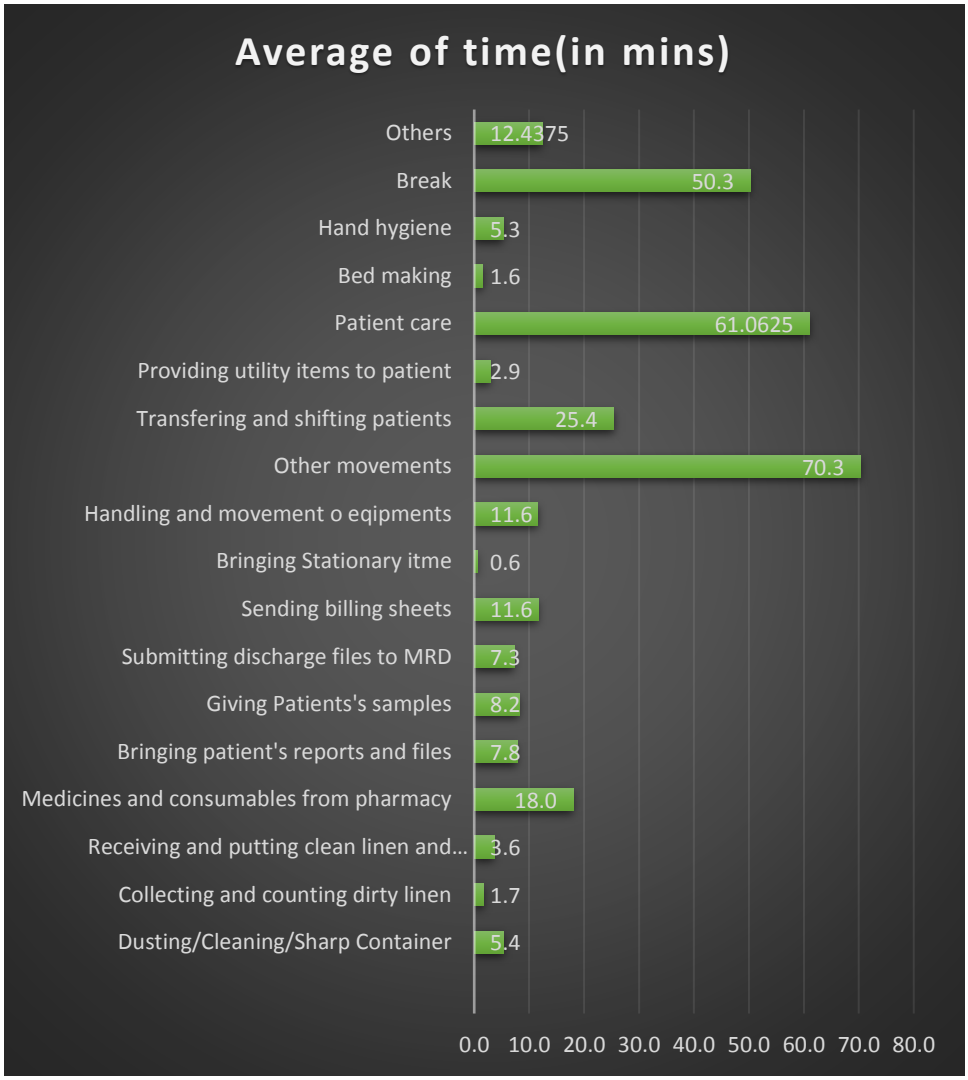
Cleaning Activities	Patient Care	Others	Hand Hygiene	BMW	Break
133	74	70	13	34	35
108	56	73	19	32	12
133	58	41	8	30	35
157	78	58	0	32	0
150	70	101	5	34	0
140	73	42	8	37	5
127	72	30	5	36	30
153	85	19	5	28	10
190	111	28	10	36	45
135	45	51	5	0	124
132	45	42	5	5	136
239	7	17	5	2	30
131	22	62	6	22	62
123	44	55	5	18	115
146.5	**60**	**49.2**	**7.1**	**24.7**	**45.6**

INTERPRETATION:

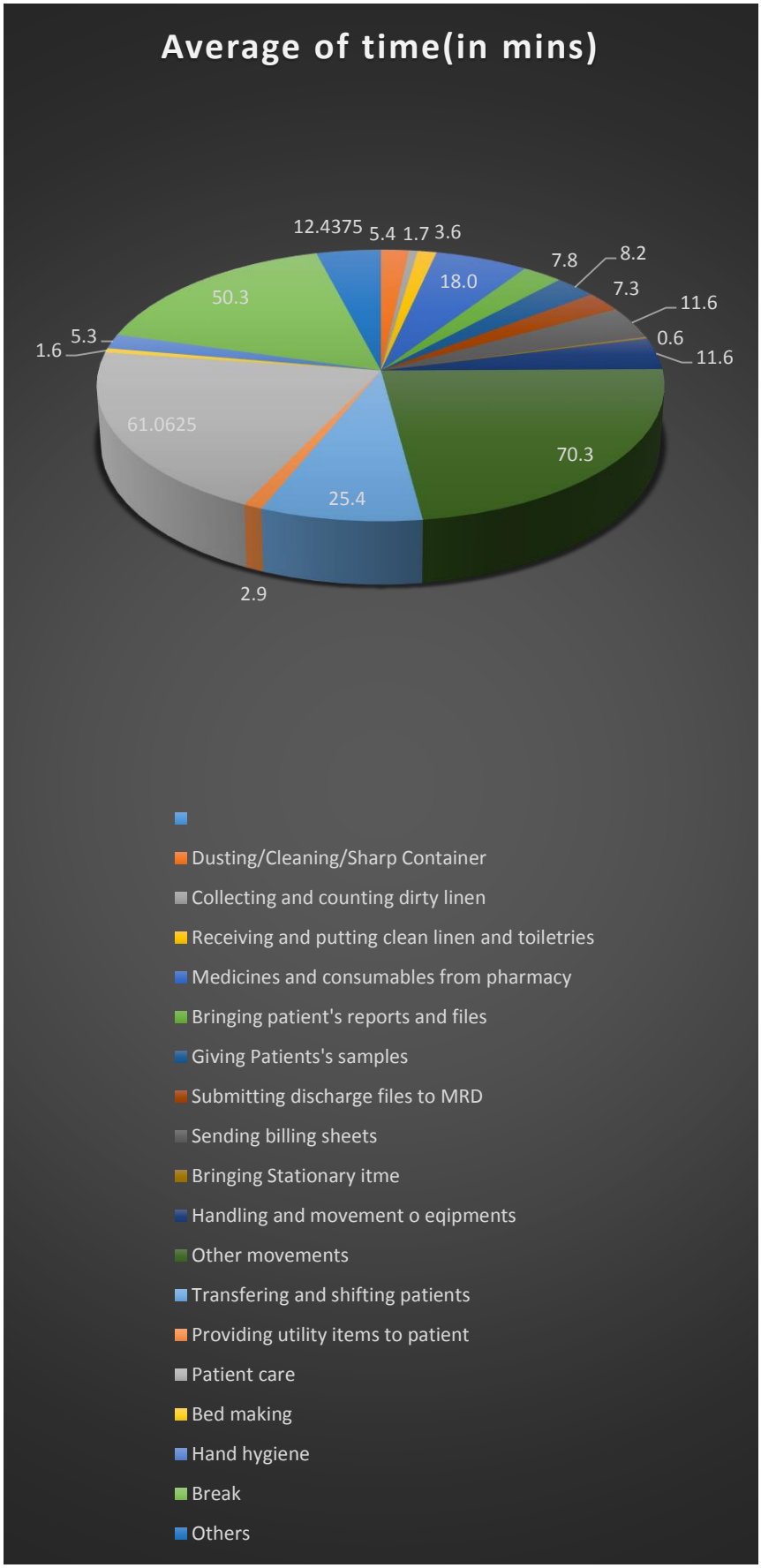
From the graphical representation of the data collected it is inferred that the housekeeping general duty attendants in morning shifts invest their time majorly in cleaning activities that is on average 146.5 minutes and also in patient care that is on an average 60 minutes covering major portion of their work hours. Also a descent proportion was observed being invested in breaks that is on average 45.6 minutes.

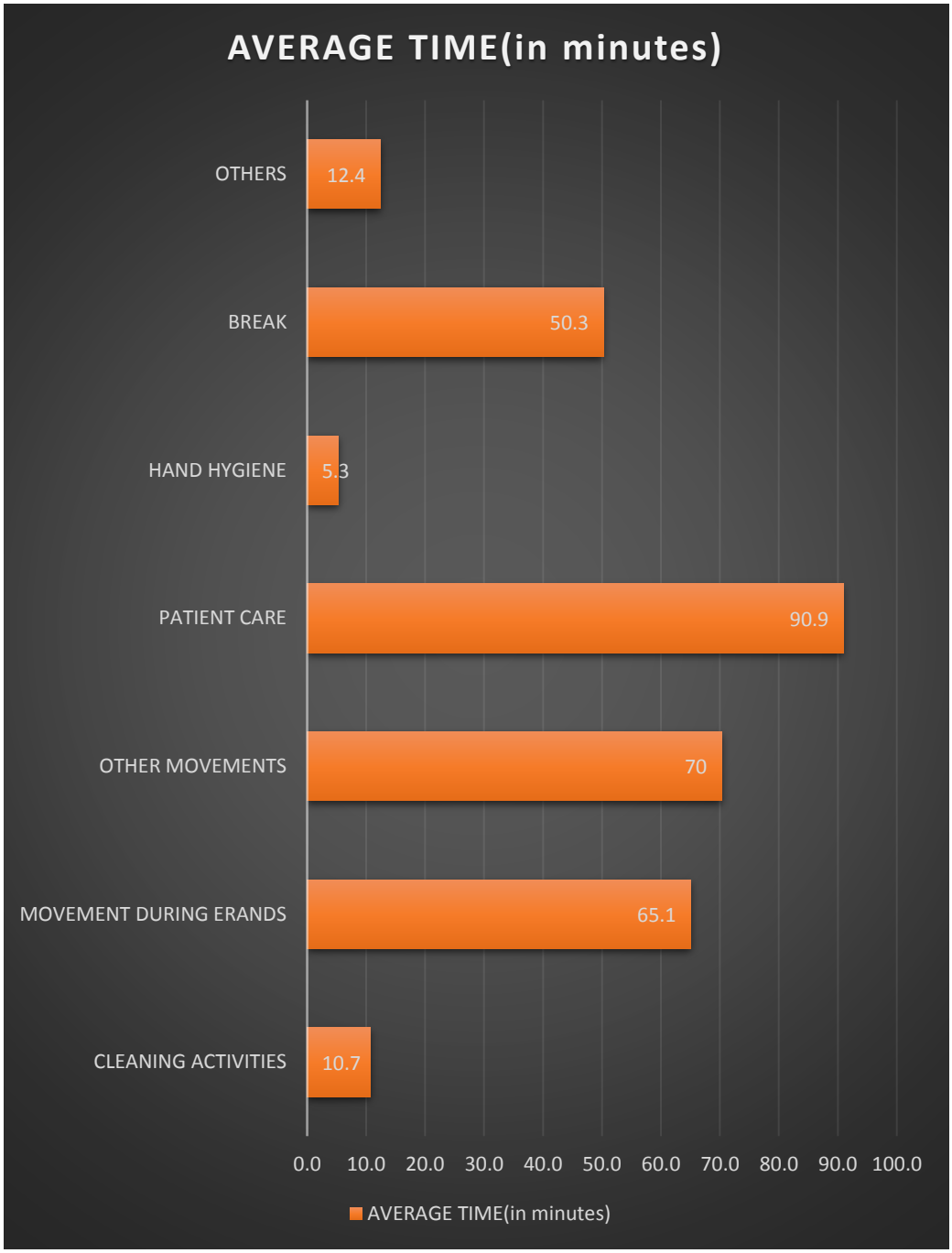
DATA ANALYSIS OF NURSING GDAs

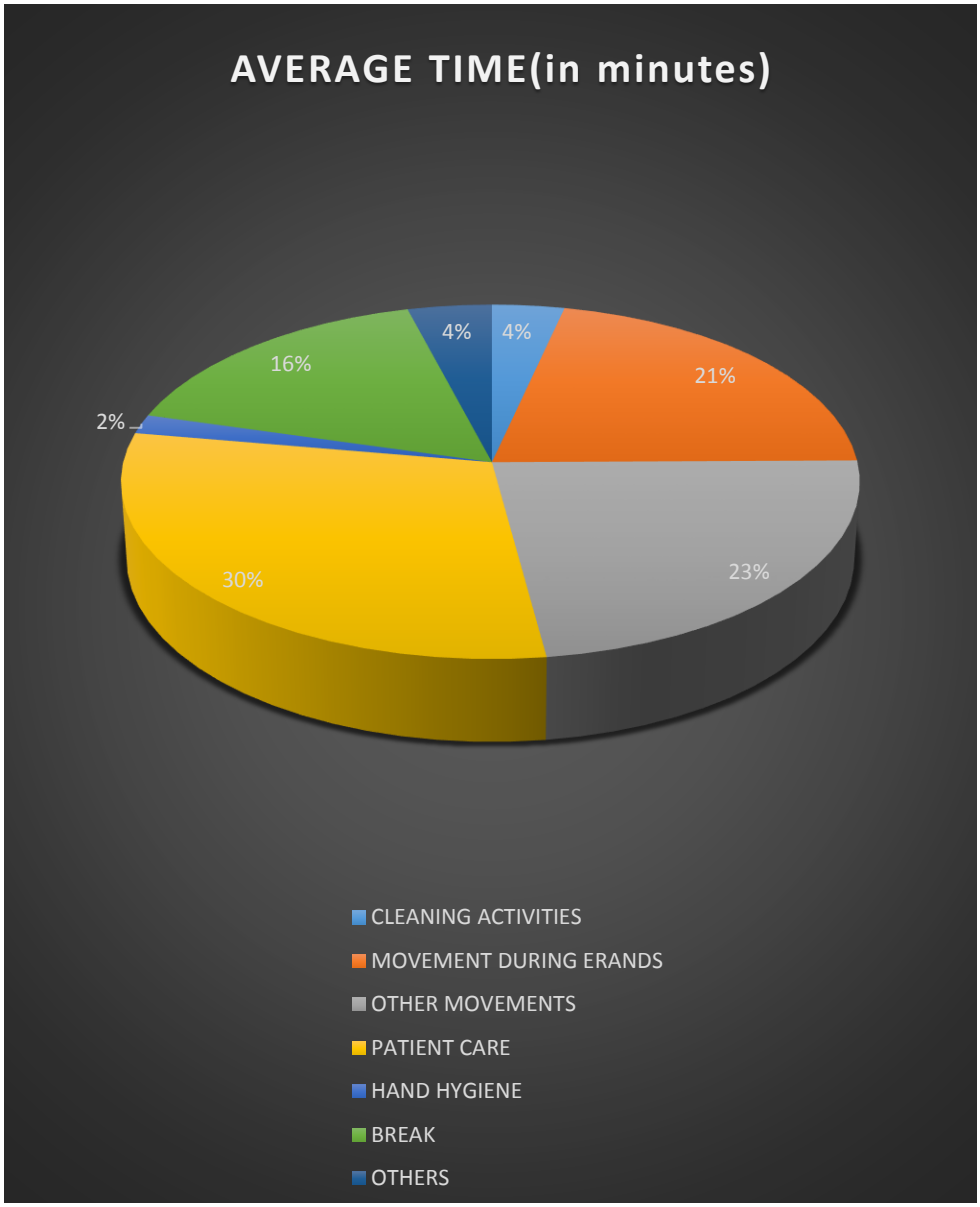
CLEANING ACTIVITIES	MOVEMENT DURING ERRANDS	PATIENT CARE	OTHER MOVEMENTS	HAND HYGIENE	BREAK	OTHERS
10.7	65.1	90.9	70.3	5.3	50.3	12.44



The Bar Diagram showing the Average time consumed in all activities by all the sample Nursing GDAs.


Average of time(in mins)
12.4375
5.4
1.7
3.6
18.0
7.8
8.2
7.3
11.6
0.6
11.6
70.3
25.4
2.9
61.0625
1.6
5.3
50.3
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


AVERAGE TIME(in minutes)
OTHERS
12.4
BREAK
50.3
HAND HYGIENE
5.3
PATIENT CARE
90.9
OTHER MOVEMENTS
70
MOVEMENT DURING ERANDS
65.1
CLEANING ACTIVITIES
10.7
0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0
AVERAGE TIME(in minutes)


AVERAGE TIME(in minutes)
4%
21%
23%
30%
2%
16%
4%
CLEANING ACTIVITIES
MOVEMENT DURING ERANDS
OTHER MOVEMENTS
PATIENT CARE
HAND HYGIENE
BREAK
OTHERS

- Nursing GDAs are mostly involved in patient care that is Average of 90 minutes. Out of this they spend around an average of 26 minutes in shifting and transfer of patient.
- A great amount of time is spend by nursing GDAs in Other movements that is average 70.3 minutes and Movement during Errands that is average of 70 minutes.

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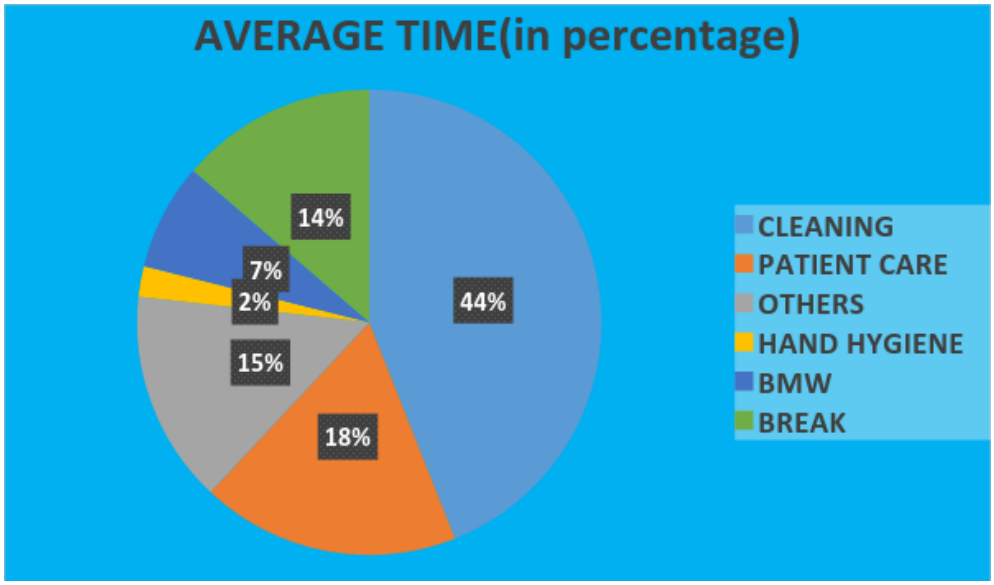
- A great amount of time is spend by nursing GDAs in Other movements that is average 70.3 minutes and Movement during Errands that is average of 70 minutes.

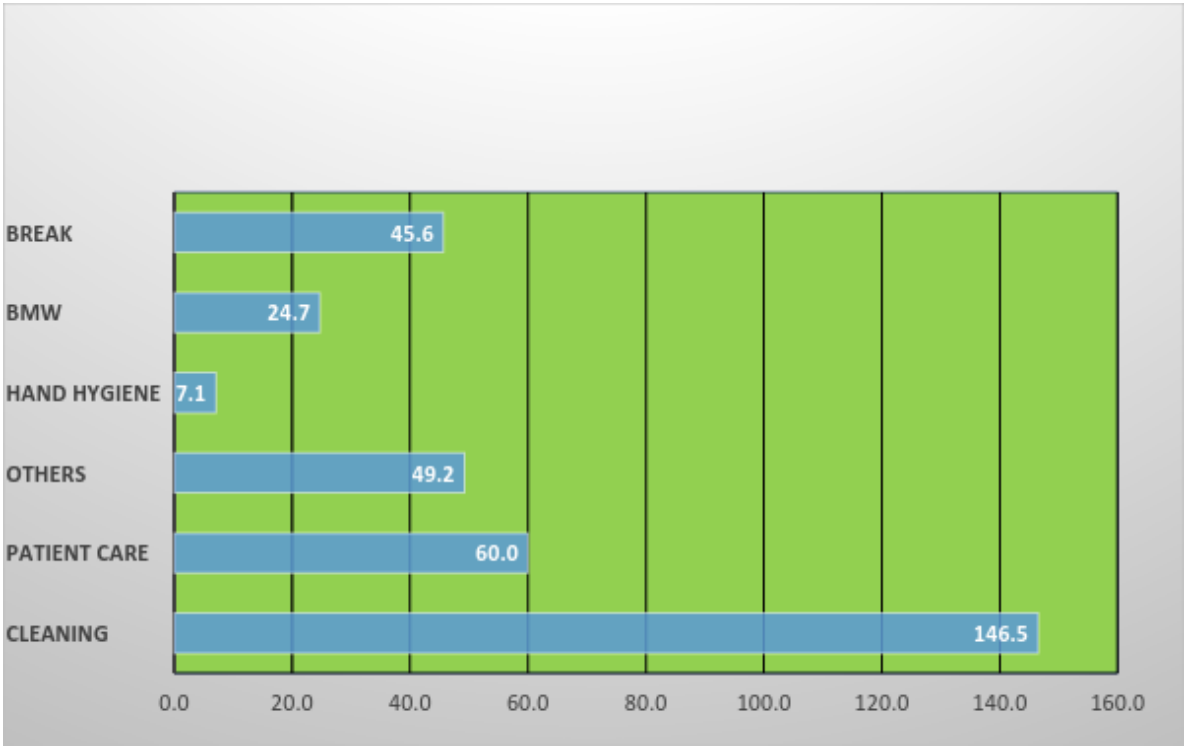
- Nursing GDAs only spend average of 5.3 minutes in Hand hygiene which is very low

DATA ANALYSIS OF HOUSEKEEPING GDAs

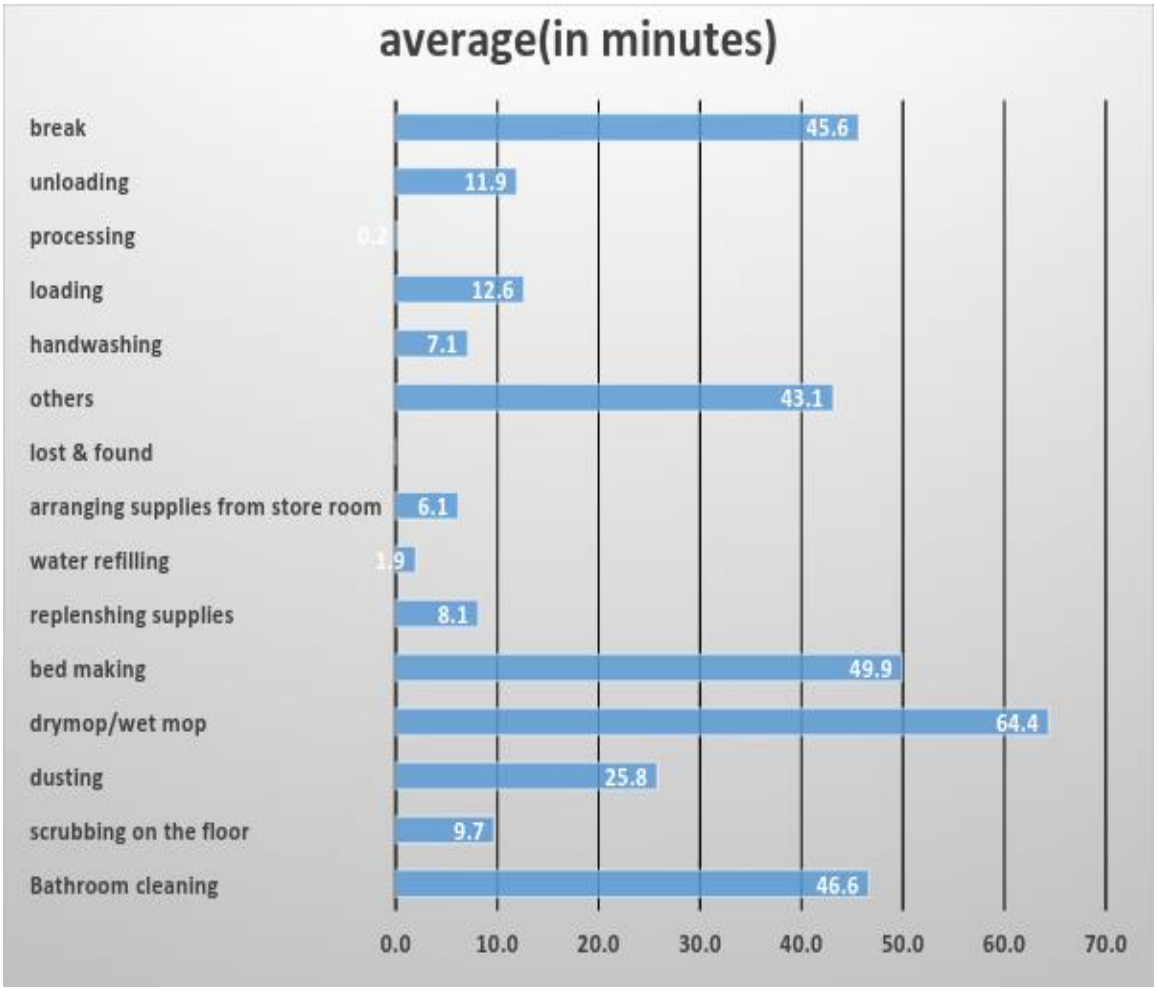
CLEANING ACTIVITIES	PATIENT CARE	BMW WASTE	HAND HYGIENE	BREAK	OTHERS
146.5	**60.0**	**24.7**	**7.1**	**45.6**	49.2



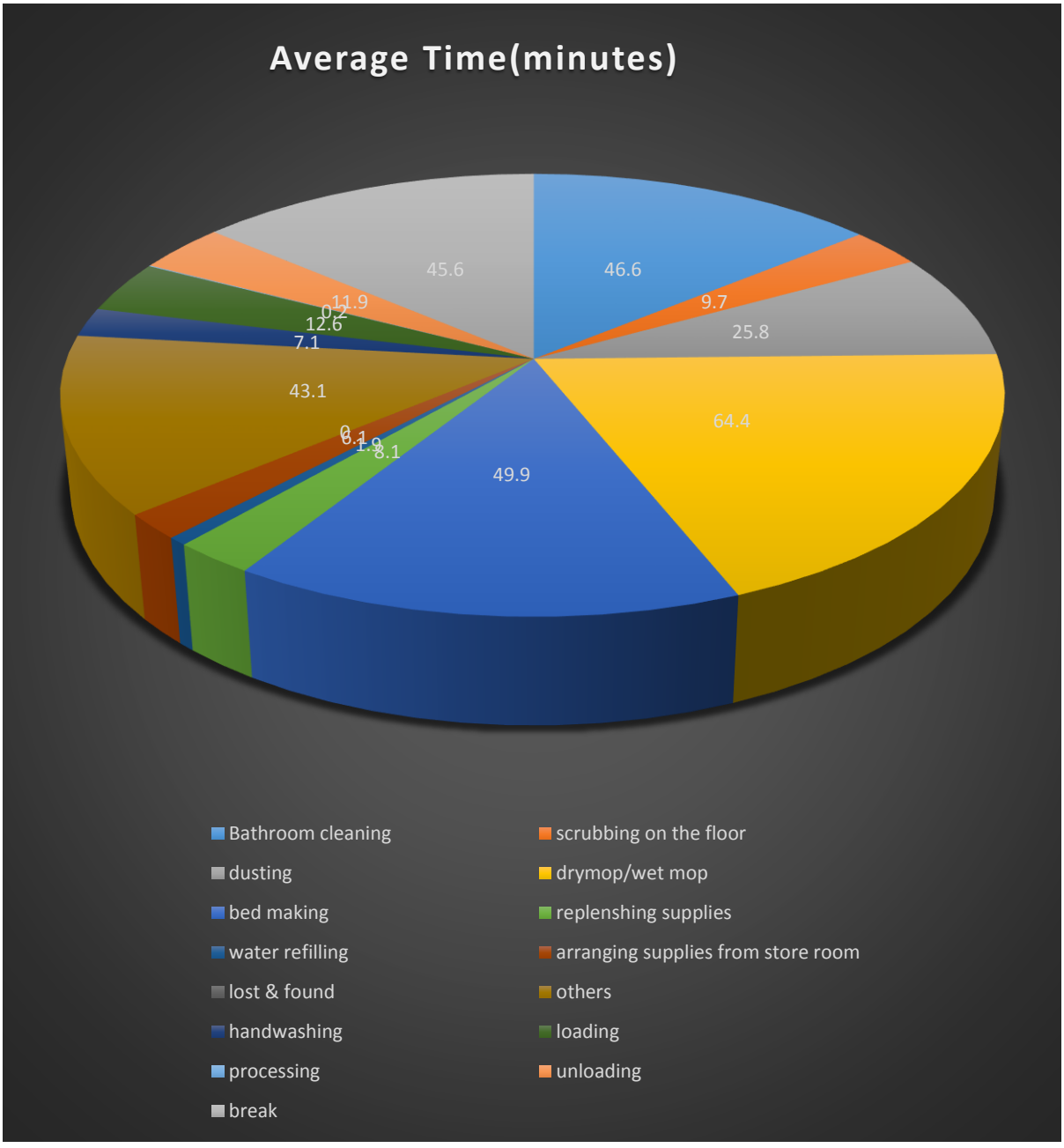
Pie Diagram showing Average time spend in minutes in Broad categories of the activities



Bar Diagram showing time spent in minutes in broad categories of activities



Bar Diagram showing Average time spend in minutes in each activity eg. Bathroom Cleaning, scrubbing of the floor, dusting, Dry mop/wet mop, Bed making, Replenishing supplies, water refilling, Arranging supplies from the store room, lost and found, Others, Hand washing, Loading, Unloading, processing, Break.



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INFERENCES FROM THE GRAPH

- Most time spend by housekeeping GDAs is in Cleaning activities that is average of 146.5 minutes. In which mostly in Dry mop/wet mop that is 64.4 minutes.
- Time spend in patient care is average of 60 minutes.
- Time spent in other movement is average 49.2 minutes.

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.
- Nursing GDAs spend a very less time in hand washing.

OBSERVATIONS (HOUSEKEEPING GDAs)

- Housekeeping GDAs spend a substantial amount of time in cleaning activities. But a substantial amount of time is also wasted during their free time when they are not having any work after regular cleaning of all rooms in morning till any discharge.
- Housekeeping GDAs are not gaining proper knowledge of training to which they are going through.
- Housekeeping GDAs spend very less time in Hand washing.
- There is gap in communication skills of the housekeeping GDAs.

LIMITATIONS

- The challenge study nurses faced in continuing their jobs without any interference from the time and motion study might have led to problems in the data collected. Due to shadowing of the GDA their work was modified
- Only morning shift was traced.
- GDAs of all department was not traced.
- Benchmarking of time required for each activity was not available.
- Limited sample size

RECOMMENDATIONS

- GDAs housekeeping can also be involved in movement during errands and other movements when they are free so that GDA nursing can find more time for patient care.
- Both GDA nursing and housekeeping should be trained on behavioural, motivation and communication skills so that they connect much better with patient.
- Both GDAs nursing and housekeeping should be assessed after the training module is complete.
- There should be defined Tea break, lunch break time and should be scheduled in such a way that every time there is some GDA nursing available so that nursing GDA having lunch or tea have not to rush in between for patient urination and defecation.
- There should be proper training on Hand hygiene of both nursing and housekeeping GDAs.
- OPD and IPD should be well managed so that nursing GDA time does not get waste.
- Pharmacy should be well managed and the Nursing GDA coming to pharmacy, their task should be taken on priority so that their time does not get waste.

CONCLUSION

Nursing GDAs are among the important human resources in patient care, and the efficient use of their time and energy is also critical to the future of the hospital. Our study evaluated the time that nursing GDA spent. The results demonstrate that nursing GDAs devote large proportions of their time in movement during Errands, other movements and in break and somewhat less time to patient care activities. Nursing GDA also move significantly from their designated area to pharmacy, MRD, Radiological examination rooms etc and exert more energy during their shifts in movements. A holistic approach is needed to overcome this problem so that nursing GDAs can devote more time to patient care and can be made available maximum times for assisting the nurses during patient care and can find time for trainings also.

Housekeeping GDA are not directly associated with patient care but are very important part of patient care. And the efficient use of their time and energy is also critical to the future of the hospital. Our study also evaluated the time that the housekeeping GDA spent. The result shows that the housekeeping GDAs remain free for a substantial amount of time without work when their regular cleaning of the rooms, corridor and other area is completed till there is any discharge. This time can be utilized by sharing the work of nursing GDAs for eg. Movement during errands and other movements so that their knowledge can also be enhanced and can help in their self-development. Training of GDAs should be assessed regularly.

These findings show that the hospital environment is very demanding and complex and suggest opportunities to improve the efficiency of GDA's work. Changes to the process of management of GDAs both nursing and housekeeping

By truly transforming the hospital patient care environment to improve the delivery of safe, high-quality, patient-centered care would be a fundamental change. The task now is to test solutions to create a more effective work environment that seamlessly supports in the direct care of patients.

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3. www.ijcm.org.in/article.asp?issn=0970-0218;year=2014;volume=39;issue...

by L Bhargo - 2014 - Oct 15, 2014 - **Time-motion study** to know: Efficiency and effectiveness of clinical care is essential to **hospital** function?. Indian J Community Med 2014;39:254

4. https://en.wikipedia.org/

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PROJECT II

A STUDY ON DELAY IN DISCHARGE PROCESS IN FORTIS ESCORTS HOSPITAL JAIPUR

DISCHARGE PROCESS

INTRODUCTION:

DEFINITION OF DISCHARGE: It can be defined as the released. of the hospitalized patient from the hospital after provision of the necessary medical care to the patient by the healthcare professionals of the hospital.

PATIENT DISCHARGE PROCEDURE: This is the final step of the treatment procedure during patient's length of stay.

TIMELY DISCHARGE: When a patient is discharged home or shifted to an appropriate level of care as soon as they are clinically stable or fit for the discharge.

The discharge process is the final contact between patient and health professional of that hospital and the whole treatment process and their outcome undergone on patient is recorded at this stage.

Improving the discharge process of any hospital lead to more patient satisfaction in that hospital.

Unnecessary delay in discharge lead to unnecessary occupied bed and rooms in the hospital which in turn lead to low hospital bed turnover rate which represents a waste of health care resources in the hospital leading to unnecessary rise in the associated organizational costs.

Fast or on time discharge process lead to early availability to patient bed and reduces waiting time of admission of patient. The patient as well his relative are eager to return to their normal or routine life and in any undue delay in the discharge of the patient definitely causes dissatisfaction to patient and family members and also pull down the image of the hospital, even after successful and satisfactory treatment experience from the hospital.

The process consists of clinical, financial, legal, and administrative and recordkeeping aspects start right from consultant order of discharge to settlements all kinds of hospital bills is a time-consuming process. If this whole process is capitalized in a organized way and with a proper coordination between trained medical, paramedical and the administrative staff, the discharge process can be completed as par the global standards or NABH prescribed standards.

Discharge before 11 is a rule in Fortis Escorts hospital Jaipur. Discharge process has two parts:

CLINICAL PART: It comprises of order of the attending consultant physician/surgeon that the patient has attained a level of good relative health and hence the patient is fit for the physical discharge from the hospital or it can be patient's own demand of discharge.

Following steps involved in this:

- Review of the latest reports of the investigations and also physical examination of the patient by consultant.
- Providing information regarding discharge and follow up prescription
- Adding a note in planned discharge register if it is a day before discharge.
- Adding as unplanned discharge if it on same day of discharge
- Preparation of discharge summary by Junior/senior resident
- Dressing and minor procedure done by resident doctor or nursing staff.

NON-CLINICAL PART:

It comprises of following:

- Last day billing activity sheet process signed by nursing staff mentioning last cross referrals, any investigation done and a circle around discharge column is handed over to data entry operator.
  Basically, it is scheduled immediately after discharge order is given by the consultant but actually it is done between 0-15 minutes after discharge order.
- If any medicine return than it is mentioned and indented and returned physically to pharmacy store with a printout mentioning medicine return.
  If planned than a day before evening or indented along with the billing activity sheet submission.
- A discharge summary is prepared by resident and corrected by the senior consultant and handed over to nursing staff.
  It is done one day before if it is a planned discharge or after consultant round on the day of the discharge.
- Nursing staff than explains the patient about medicines and other things to the patient and/or to the attendants any time after getting final discharge summary.
- Nursing GDAs change the cloths of the patient after final bill clearance.
- Dietician explains the diet part.

PEOPLE & SERVICES THAT MAY SUPPORT THE DISCHSRGE PROCESS

HOSPITAL TEAM

- Medical staff
- Nursing Staff
- Nursing GDAs
- Directors
- Managers

INTERMEDIATE CARE SERVICES
THERAPY SERVICES

- Hospital occupational therapist
- Physiotherapist
- Speech and Language Therapy
- Dietician
- Psychologist
- Chiropractors

SPECIALIST DISCHARGE STAFF

- Orthopedic Team
- Stroke Team
- Discharge services
- Ward link nurses and facilitator

PHARMACY

- Medicine management

PRIMARY HEALTH

- General practitioner
- Practice nurse
- Community/District Nurse
- Community Matron

COMMUNITY MENTAL HEALTH

- Community Psychiatric Nurse

SPECIALIST NURSE
VOLUNTARY ORGANIZATION

- Carer support
- Advocacy Advice

PALLIATIVE SERVICES

- Forest Holms
- General palliative care Team

HOUSING DEPARTMENT

- Housing & HomelessnesS

TRANSPORT

- Discharge Lounge
- Ambulance Transport
- Hospital transport Services

SOCIAL SERVICES

- Hospital community
- Social Work Teams
- Community OTs
- Interim and Intermediate care
- Commission Care

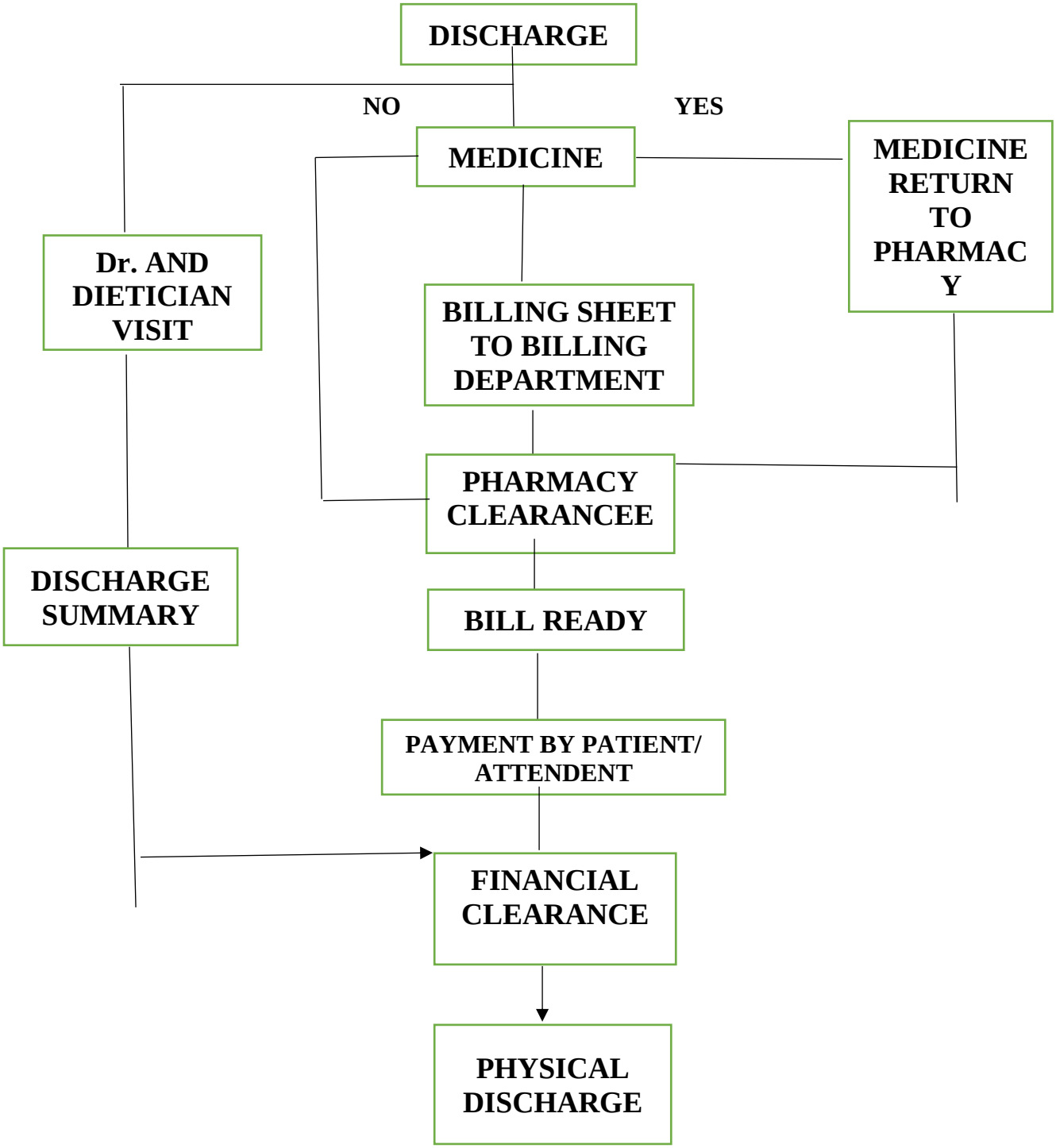
SOCIAL CARE AGENCIES

- Independent Agencies

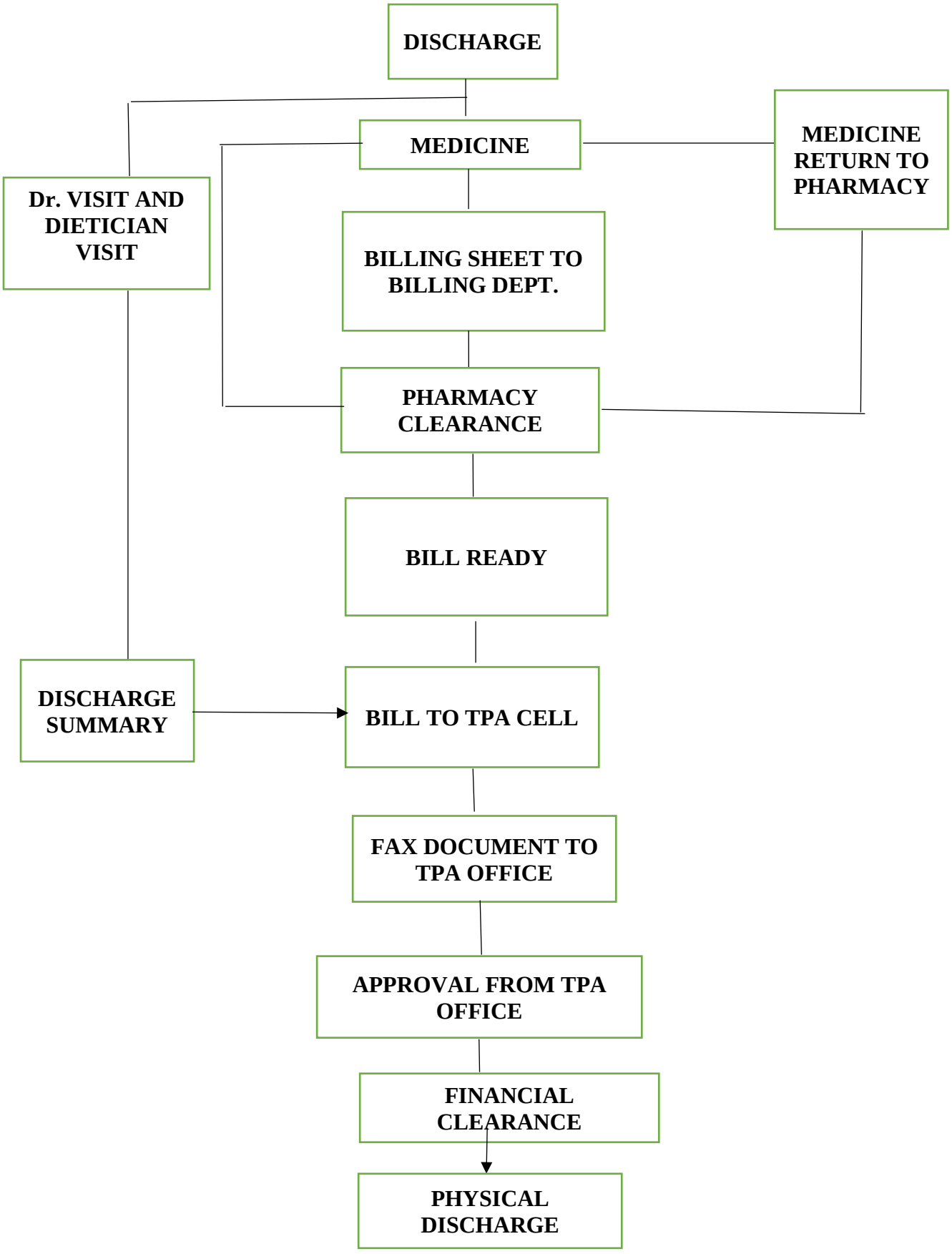
CONTINUING HEALTH CARE (CHC)

- Need based assessment based evidence from Medicine, Nursing and Allied professions as well social care.

FLOW CHART OF DISCHARGE PROCESS



DISCHARGE PROCESS OF TPA PATIENTS



NEED OF THE STUDY

- Discharge process has been always the topic of research and there has been the continuous struggle to overcome the problem of delay in discharge.
- If patient in a hospital are dissatisfied most of the time reason for dissatisfaction remains delay in discharge.
- It is the need of an hour in this competitive world to achieve 100% patient delight and to find out factors responsible for delay in discharge and try to rectify them.

OBEJECTIVE OF THE STUDY

- To study the Flow process of discharge of patient from the hospital.
- To study the factors involved in discharge process.
- To find out the factors leading to delay in discharge.
- To find out the loopholes in discharge process and find solutions to it.

RATIONALE OF THE STUDY

- This study is done to know the activities involved in the discharge process of the patient in a hospital so that the activities which are responsible in delay in discharge can be identified**.**
- This study is also done to know the whole discharge process of a patient and time taken in each step of discharge process so that the loopholes in the discharge process of the patient can be identified.
- This study is also done to identify the turnaround time in discharge process so that the average time taken by all patient in discharge can be identified.
- This study is also done for in depth knowledge of the reasons behind delay in discharge of the patients and finding the appropriate solutions to it.

RESEARCH DESIGN OF THE STUDY

Research design includes the method and procedures for conducting the particular study. Research design includes organization of situations for data collection and analysis of the data in manner to get relevance to the study.

STUDY TYPE: This Study is both Qualitative and Quantitative.

- Qualitative study is basically a Exploratory Study. It is used to gain information or insight of the problem and to get an understanding of underlying reasons, opinions, and motivations. And helps to develop ideas or hypothesis for potential quantitative research.
- Quantitative research is used to quantify the problem in forms of number by way of generating the numerical data or the data which can be converted to statistical data.

DATA COLLECTION FOR THE STUDY

The method of data collection used in the project report are:

Primary Data: The primary data was collected by:

Observational Method, interaction with hospital staff on nursing station of the ward or floor, Interaction with Nurse In charge

Secondary Data: The secondary data was collected from the hospital, other journals and the books referred for the topic

Standard operating procedures (SOPs), Organization Patient Discharge policies, In patient guide etc

SAMPLING TECHNIQUE

The sampling technique used was **"CONVIENIENCE SAMPLING"**

Convenience Sampling: Convenience sampling is a non-probability sampling technique where sample or group of subjects chosen are chosen are because of their convenient accessibility and proximity to the researcher.

TOOL USED:

- Tables
- Percentages
- Bar Diagrams
- Pie Diagrams
- Measure of central tendency- Mean

A statistical tool was developed including the activities involved in the discharge process.

NAME OF THE PATIENT	ROOM NO.	ROOM TYPE	ADM. DOCTOR	NURSE ORDER TIME	DISCHARGE SUMMARY	Dr. ROUND	BILLING SENT TIME	BILLING RECEIVED AT	PHYSICAL OUT

HOUSEKEEPING IN	HOUSEKEEPING OUT

SAMPLE SIZE OF THE STUDY

The sample size taken for the Discharge process study in the hospital are 70 patients (Cash, credit, and TPA).

STUDY TIME PERIOD

- The data was collected for 9 days.
- The data was collected from 16-05-2017 to 25-05-2017.

STUDY LOCATION

- The study was conducted in 4th floor, 3rd floor, Speciality Ward of Fortis Escorts Jaipur, Rajasthan**.**

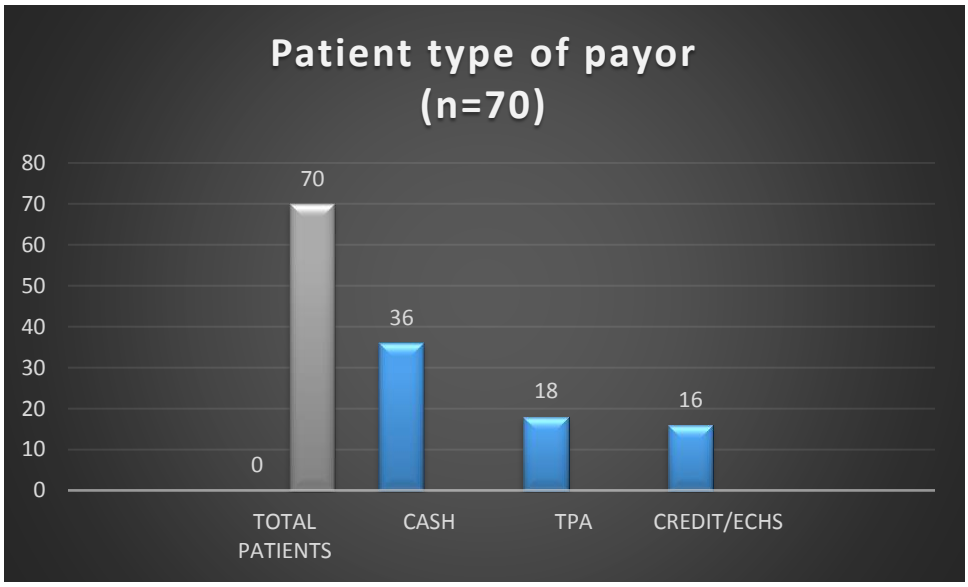
LIMITATIONS OF THE STUDY

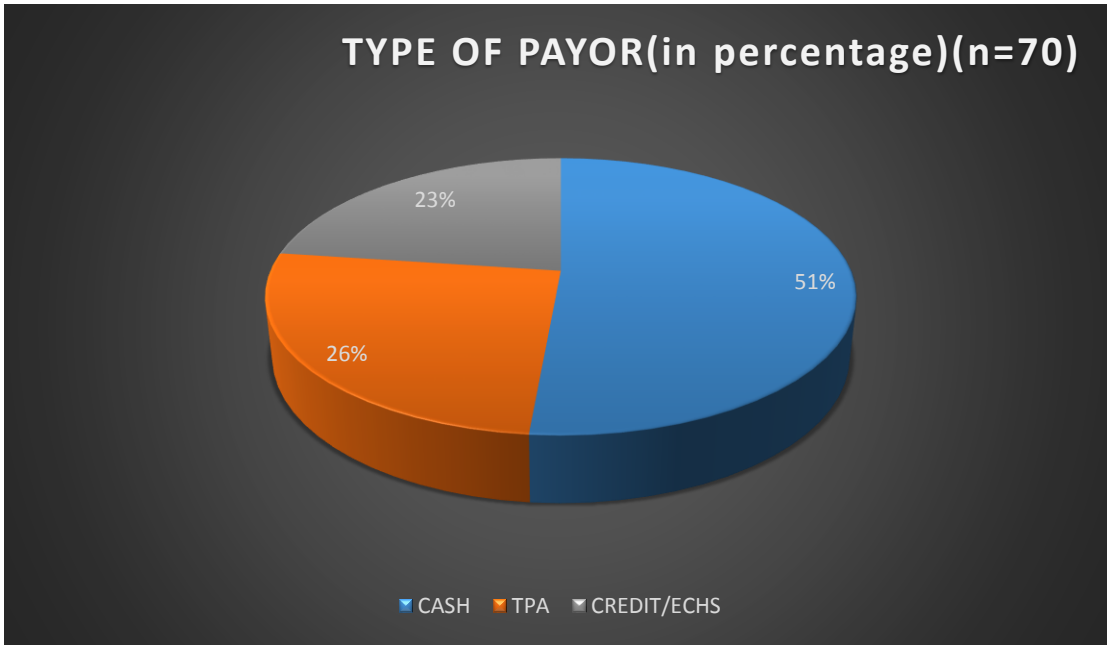
- The study is focused on only one hospital located in Jaipur.
- The study is done only for short duration.
- The study is focused on in patient department only.
- LAMA that is LEAVE AGAINST MEDICAL ADVICE patients was not considered.

DATA ANALYSIS AND INTERPRETATIONS

Data according to type of Paying mode of patients in the hospital

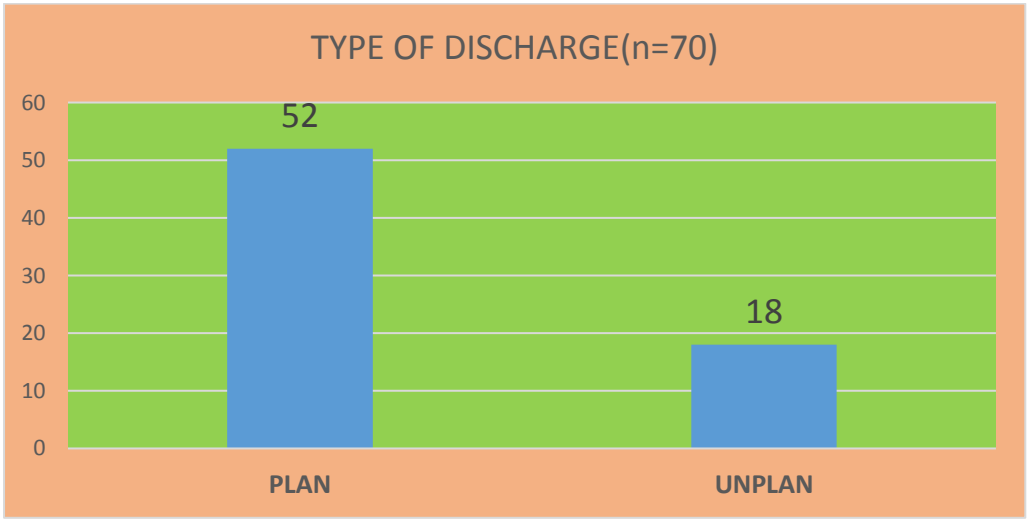
TYPE OF PAYOR	TOTAT NO. OF PATIENTS(n=70)
Cash	36
TPA	18
ECHS/Credit	16

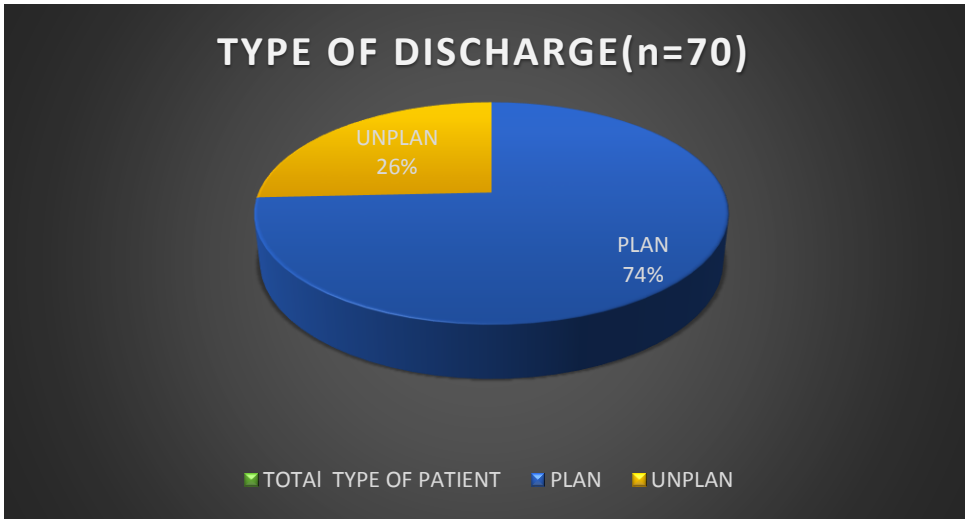




According to Planned or Unplanned the discharge patient was analysed

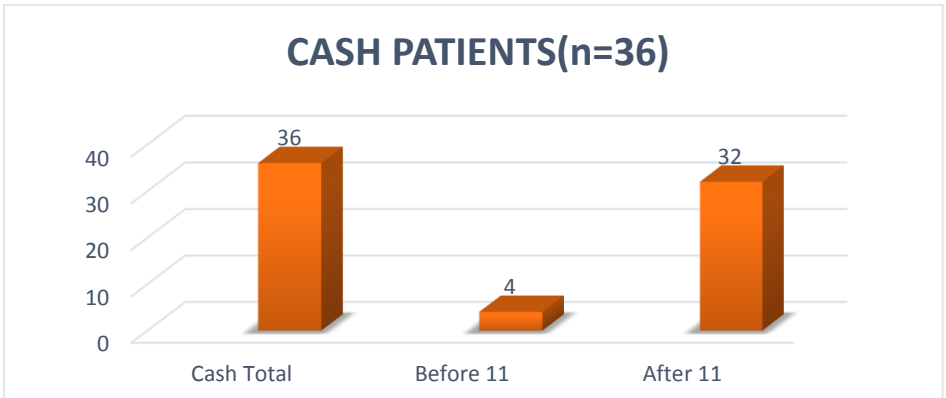
Total no. of Patients	70
Planned	52
Unplanned	18

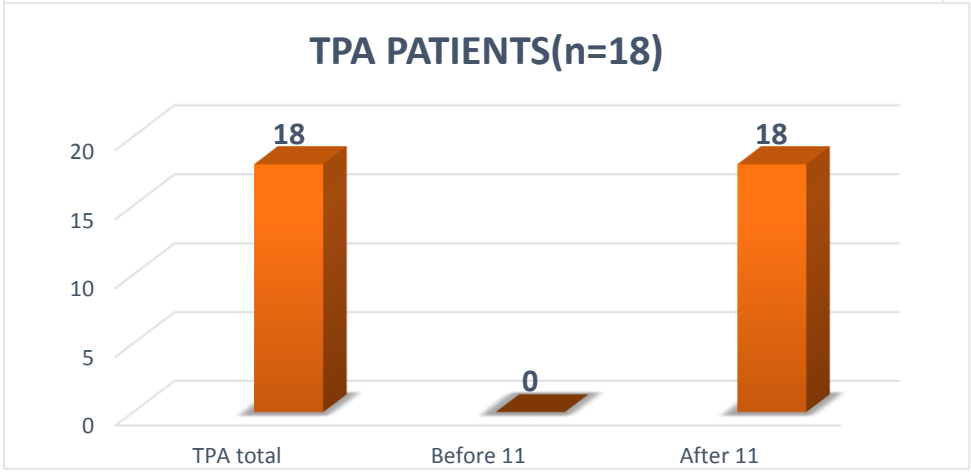


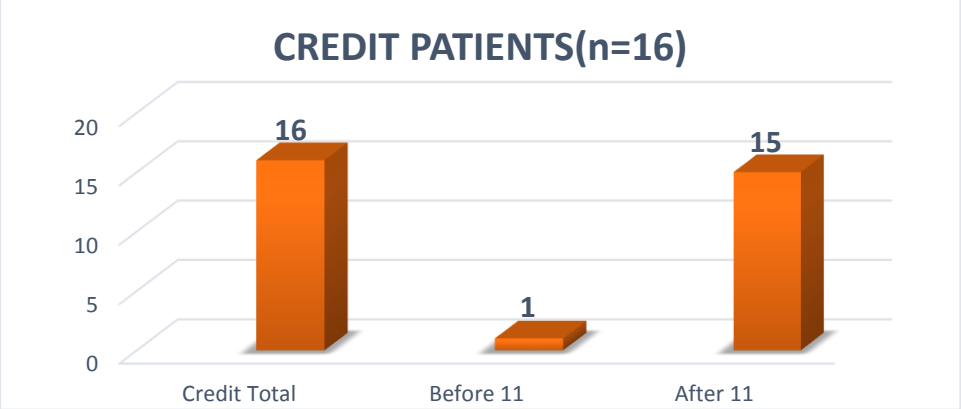


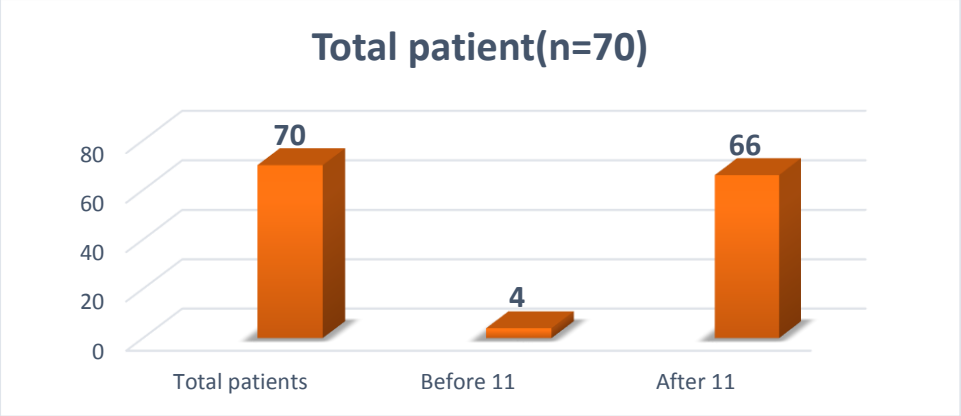
There is a rule in Fortis Escort Hospital "Discharge before 11" according to which the patient which are decided in morning for discharge should be physically out of hospital by 11 am. According to that the data was analyzed:

	Cash(n=36)	TPA(n=18)	ECHS/Credit(n=16)
Discharge before 11am	4	0	1
Discharge after 11am	32	18	15



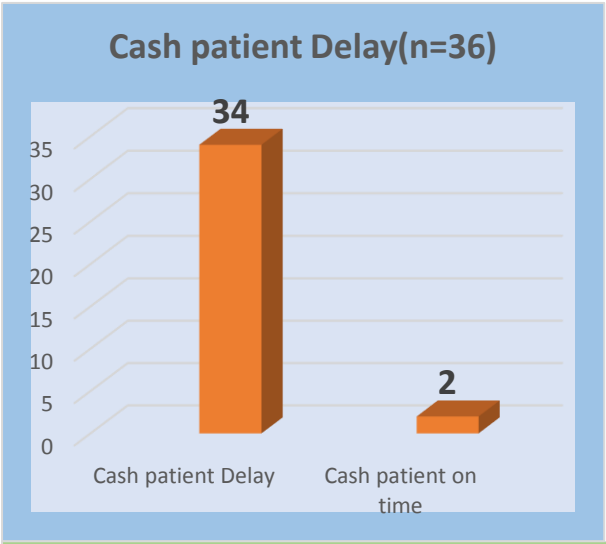


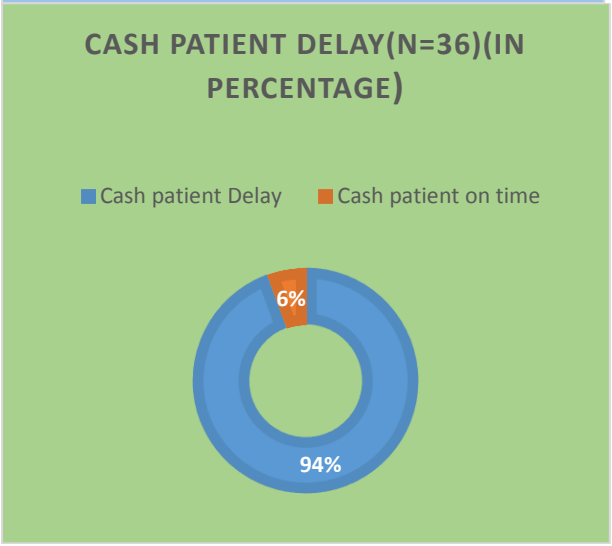


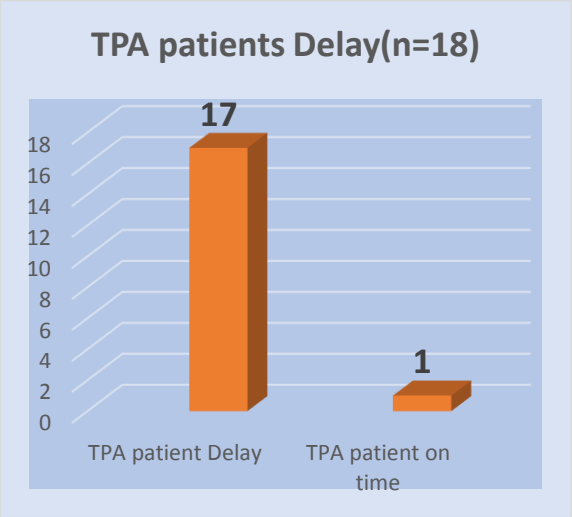


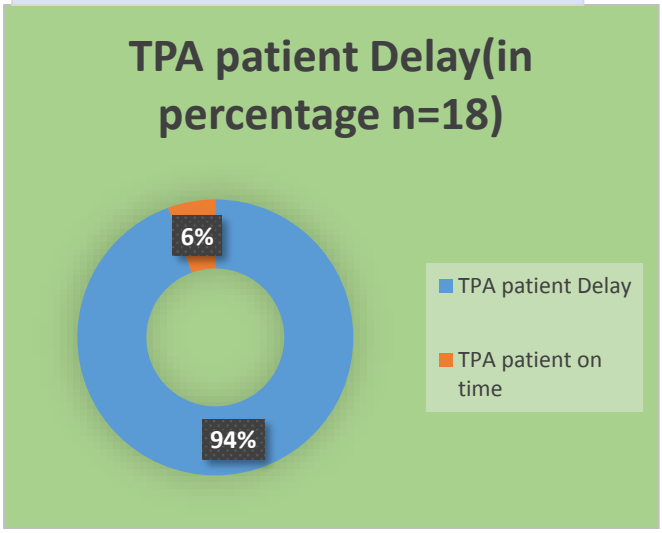
Discharge process has a Benchmarking according to that Discharge process of different patient according to their Payment mode is allotted a Benchmark time of Discharge that is time from nursing order to Physical out of patient from the hospital. That is
For Cash patient the benchmark time is 90 minutes.
For TPA patients the benchmark time is 240 minutes.
For Credit/ Echs Patients the benchmark time is 120 minutes.
Those discharges which do not fall under this time range are considered as delay.

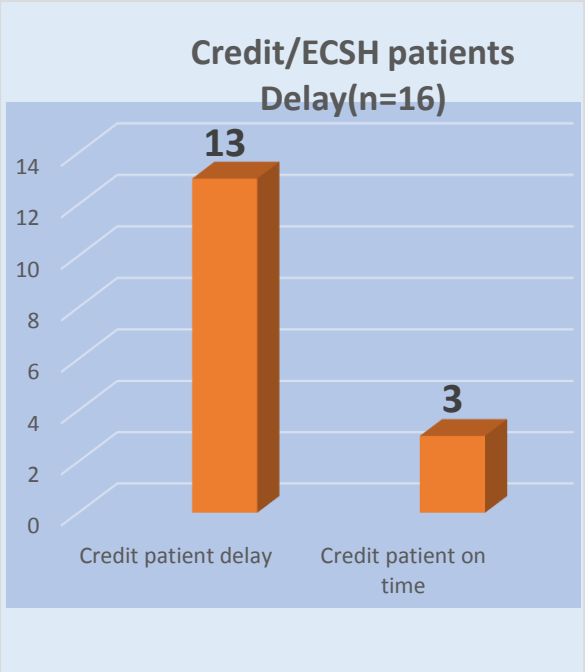
Type of patients	Delay in discharge	On time discharge
Cash patients	34	2
TPA patients	17	1
Credit patients	13	3
Total patients	64	6

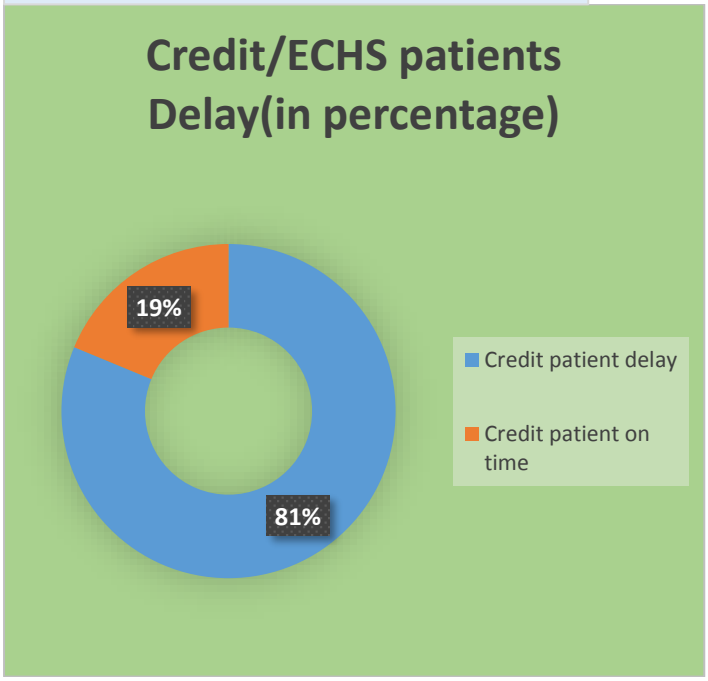

Cash patient Delay(n=36)
34
2
35
30
25
20
15
10
5
0
Cash patient Delay
Cash patient on time


CASH PATIENT DELAY(N=36)(IN PERCENTAGE)
Cash patient Delay
Cash patient on time
6%
94%


TPA patients Delay(n=18)
17
1
18
16
14
12
10
8
6
4
2
0
TPA patient Delay
TPA patient on time


TPA patient Delay(in percentage n=18)
6%
94%
TPA patient Delay
TPA patient on time



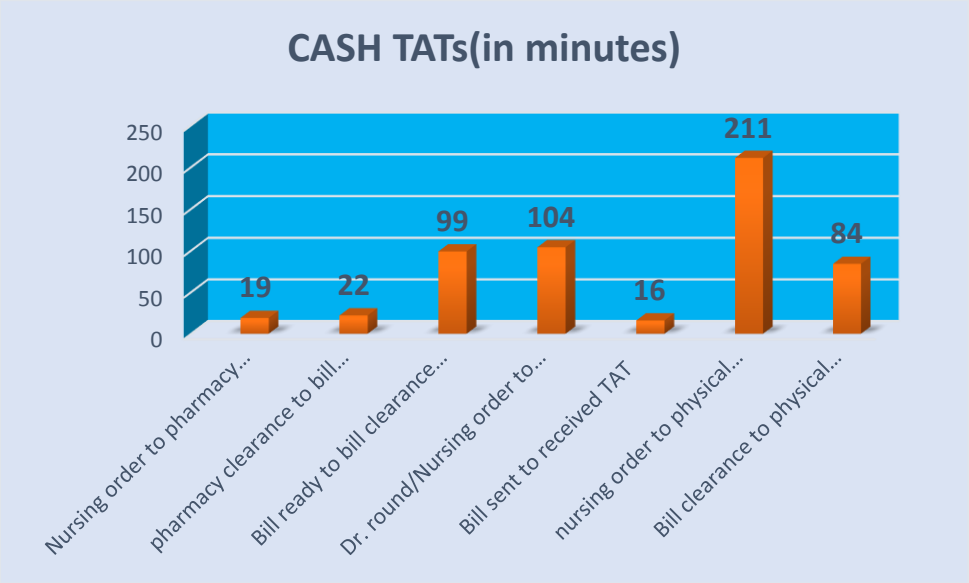


TURNAROUND TIME: Time elapsed between time when the opertation starts(when operator take the part)and the time when the operator finish operation. There are many types

of TATs in discharge process to find out where is he gap or delay which leads to ultimate delay in discharge process.

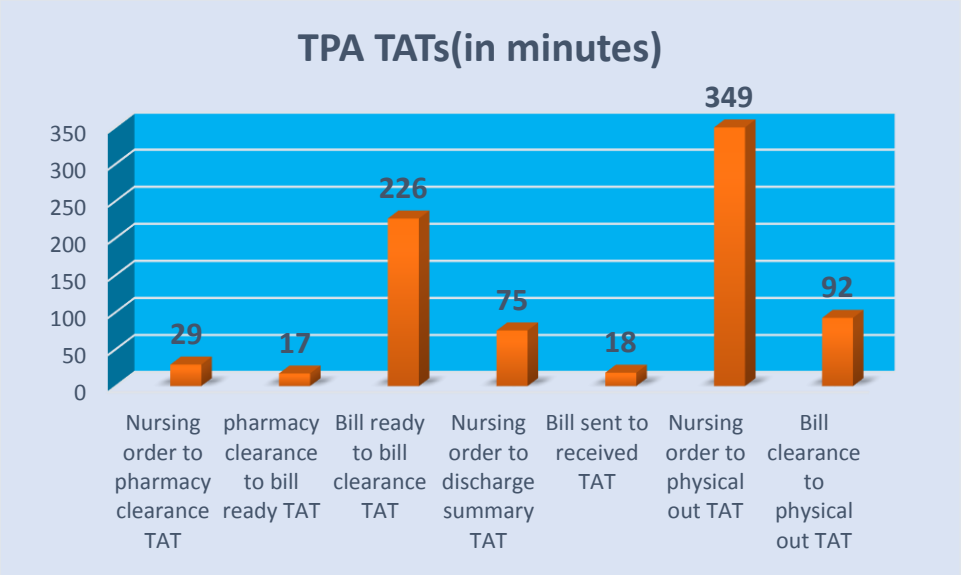
TATs for Cash patients

TATs	TIME (in minutes)
Nursing order to pharmacy clearance TAT	19
pharmacy clearance to bill ready TAT	22
Bill ready to bill clearance TAT	99
Dr. round/Nursing order to discharge summary TAT	104
Bill sent to received TAT	116
nursing order to physical out TAT	11
Bill clearance to physical out TAT	84



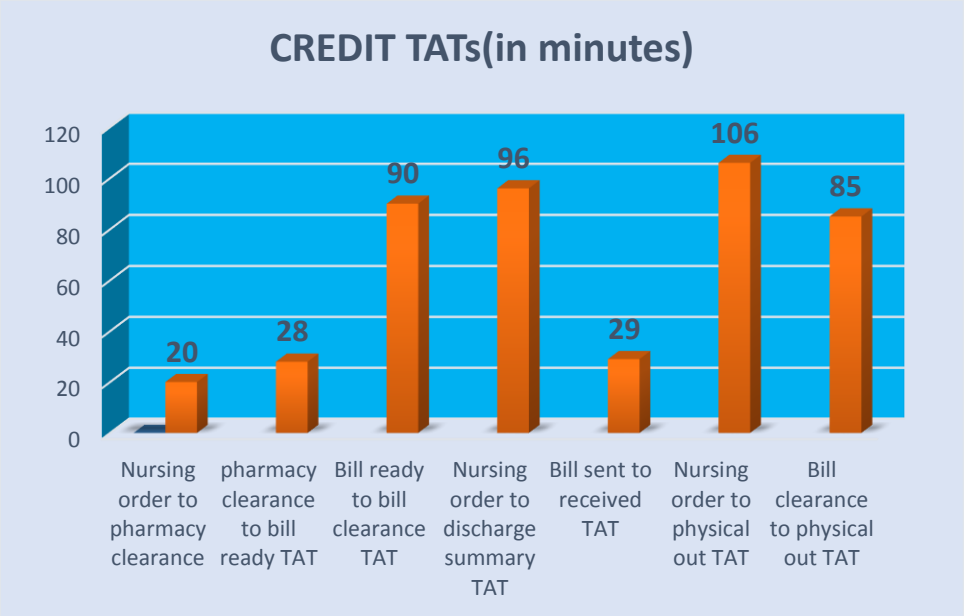
For TPA patients

TATs	TIME(in minutes)
Nursing order to pharmacy clearance TAT	29
pharmacy clearance to bill ready TAT	17
Bill ready to bill clearance TAT	226
Nursing order to discharge summary TAT	15
Bill sent to received TAT	18
Nursing order to physical out TAT	349
Bill clearance to physical out TAT	92



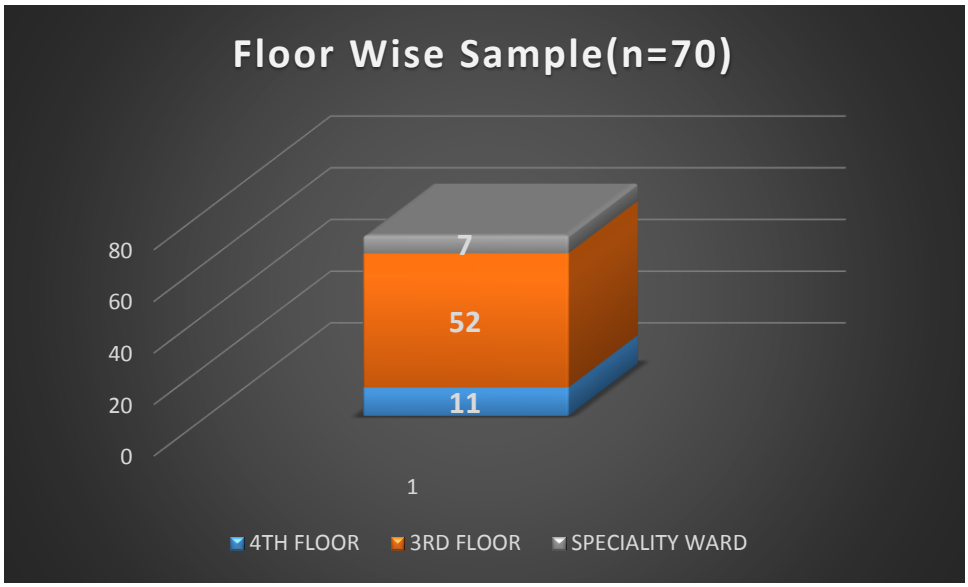
For Credit Patients

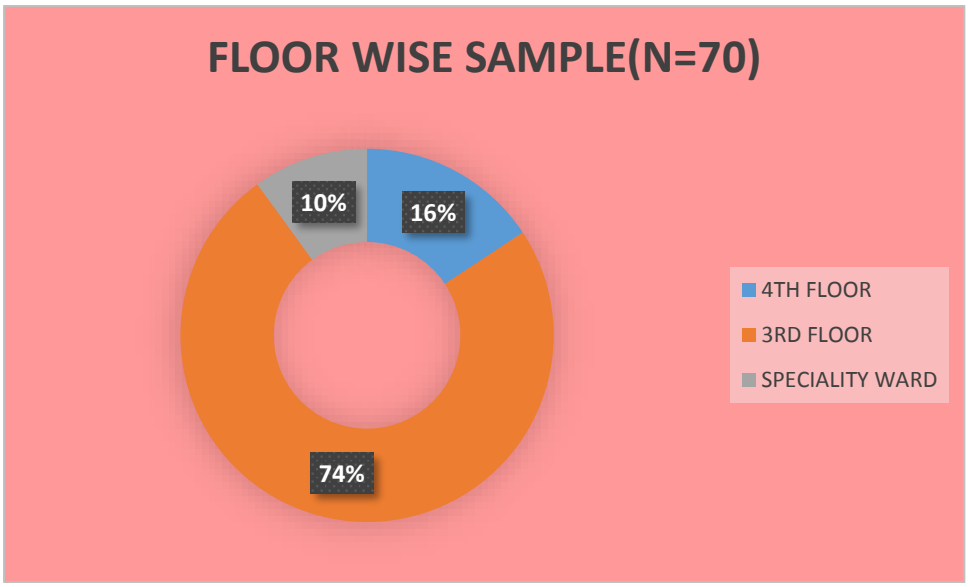
TATs	TIME(in minutes)
Nursing order to pharmacy clearance TAT	20
pharmacy clearance to bill ready TAT	28
Bill ready to bill clearance TAT	90
Nursing order to discharge summary TAT	96
Bill sent to received TAT	29
Nursing order to physical out TAT	106
Bill clearance to physical out TAT	85



The study was done on 3rd Floor, 4th floor and speciality ward. Floor wise distribution of discharges:

LOCATION	NO. OF DISCHARGES
3rd floor	52
4th floor	11
Speciality ward	7





OBSERVATIONS

- Most of the delays in Discharge process was due to the Discharge summary which was mostly was not ready on time.

- Delay in discharges at times was also due to the delay in doctor's round. Many times the doctors does not come for the round on time.
- TPA patient Discharge process is already a time taking process, due to which most of the times they were delay up to second half and ultimately payment of second half which in turn makes the patient relax and there is delay in their physical out.
- Bill is usually send to Bill counter by Nursing GDA. And nursing GDA is provided with other work also along with the bill which they does first and then submit the bill to the counter leading to the delay in bill receiving.
- Sometimes there is delay due to patients they wait for their vehicles or ambulance till the vehicle come they do not move out of the room.
- Sometimes there is delay in medicine return.
- There are limited GDAs which are generally occupied in movements during errands for eg. Moving to pharmacy, MRD department , for radiological examination of patient etc and are not available for changing of cloths of patient or for assisting in physical out of the patient after discharge.
- Sometimes there is delay in discharge due to the non-availability of wheelchairs for assisting the patient in physical out of the patient.
- Sometimes discharge is delayed because patient wait for the lunch.
- Patient was not aware of blood bank policies that if blood is transfused into the patient than some of his/her attendant has to return the blood by donating it. Last day the patient was informed about this policy due to which there was also delay in discharge.
- Patient are not informed of medicine return details which remains ambiguous for them leading to conflict and ultimately delay in discharge.
- Sometimes patient who is set to go because of improper coordination and information exchange is served the lunch leading to delay in discharge.
- There is no one to write details of discharges after 1 PM leading to wrong data availability of details of discharges.
- The discharge process is a complex one and the patient is not properly informed about the procedure and where to go leading to time waste in bill clearance leading to delay in discharges.

RECOMMENDATIONS OF THE STUDY

- Doctor's Visit should be done by 9:00 a.m.
- Discharged summary should be completed one day before for planned patients
- And the correction as required should be done by 9:30am and should be ready completely.
- Medicine should be returned one before discharge.
- Discharge intimation form and discharge checklist for patient and caregivers should be made and implemented.
- Priority should be given to TPA patients.
- There should be proper counselling for TPA patients.
- Education and training of all the staff involved in discharge process is required.
- Timely intimation of bill to the patients and sometimes the patient do not understand. It should be explained to the Patient in details on timely basis.

- While making the bill the things should be properly checked and verified
- to ensure that the bill is not over estimated than the factual value.
- The billing counter staff should be thorough and should have all desired knowledge of all billing items and their purpose.
- Before bill settlement the attendant of the patient should know about the medicine return properly.
- There should be ‘on priority’ basis removal of I.V Canula as soon as attendant display the discharge slip.
- The required number of well maintained wheel chairs should be present for the patient see off. So none of the patients get delay due to absence of wheelchair.
- With proper planning and coordination it should be ensured that there should always be availability of GDA nursing for assisting the patients to see off them. So that the patient do not delay due to the absence of GDAs.

CONCLUSION

Patient discharges are commonly delayed. Reason behind the delay in discharges was analyzed and then recommendation for reducing the delays in discharges of patient were suggested. If the recommendations are consider as valid and practical, and can be applied in the process than the delays in discharges can be reduced to a much extent. Delay in discharge is considered as one of the most common reason for patient dissatisfaction so improving the discharge procedure can lead to more patient satisfaction and in turn can improve the image of the hospital immensely. For effective discharge procedure all hospital staff including Doctors, nurses, hospital staff, family of patient should coordinate properly and work together, monitoring of performance standard should be done frequently.

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PROJECT 3

NATIONAL ACCREDITATION BOARD OF HOSPITAL

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 updation 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

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.

*Assisted in consent Form audit.
* Code grey, code red & other previous mock drills reports were made.

ANNEXURES TIME MOTION STUDY ON GDAs

General Duty Attendant - NURSING																				
NAME			GENDER		EMP ID-							SHIFT								
		CLEANING ACTIVITIES			MOVEMENT DURING ERRANDS								PATIENT CARE				HANDHYGIENE	BREAK	OTHERS
		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/FILES	GIVING PATIENT'S SAMPLES	SUBMITTING DISCHARGE FILES TO MRD	SENDING BILLING SHEET	BRINGING STATIONARY ITEMS	HANDLING & MOVEMENT OF EQUIPMENT	OTHER MOVEMENT	TRANSFERRING AND SHIFTING PATIENTS	PROVIDING UTILITY ITEMS TO PATIENT	PATIENT CARE	BEDMAKING			
8:00	8:05																			
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10:45	10:50																	
10:50	10:55																	
10:55	11:00																	

General Duty Attendant - NURSING

NAME | GENDER | EMP ID- | SHIFT

		CLEANING ACTIVITIES			MOVEMENT DURING ERRANDS								PATIENT CARE						
		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	GIVING PATIENT'S SAMPLES	SUBMITTING DISCHARGE FILES TO MRD	SENDING BILLING SHEET	BRINGING STATIONARY ITEMS	HANDLING & MOVEMENT OF EQUIPMENT	PHOTO COPY	TRANSFERRING AND SHIFTING PATIENTS	PROVIDING UTILITY ITEMS TO PATIENT	PATIENT CARE	BED MAKING	HANDHYGIENE	BREAK	OTHERS
11:00	11:05																		
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13:50	13:55																		
13:55	14:00																		

ANNEXURES DISCHARGE PROJECT

S. No.	EDOD	UHID	NAME OF PATIENT	ROOM No.	ROOM TYPE	ADM. DOCTOR	NURSE ORDER TIME	DISCHARGE SUMMARY	DOCTOR ROUND	BILLING SENT TIME	BILL RECVD. AT	PHYSICAL OUT	HKIN	HKOUT	U/P