

**Summer Training at
Fortis Memorial Research Institute, Gurgaon
(April 3 to June 2, 2017)**

Step Down Tracking in ICU

**By
Puneet Sharma**

**Under the guidance of
Dr. Arindam Das**

**MBA Hospital & Health Management
2016-2018**


**Institute of Health Management Research
The IIHMR University, Jaipur
2017**

CERTIFICATE

This is to certify that Dr Puneet Sharma has undergone summer training in Fortis Memorial Research Institute, Gurugram from 3rd April to 2nd June 2017.

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

I wish him success in all her future endeavors.



Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur



Dr Arindam Das

Associate Professor and

Associate Dean Research

The IIHMR University, Jaipur

2nd May, 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Puneet Sharma** has undergone a voluntary internship in "**Marketing Department**" from 3rd April to 2nd May 2017 at Fortis Memorial Research Institute, Gurgaon.

During this period he exhibited a high level of professionalism and a tremendous zest for learning.

We wish **Dr. Puneet Sharma** all the best in his future endeavours.

With Best Wishes,



Shivani Dhir

Head- Training and Development



Head of the Department



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PAN No. AABC3718N

2nd June , 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr.Puneet Sharma** has undergone a voluntary internship in
"Operations Department" from 3rd May to 2nd June 2017 at Fortis Memorial Research
Institute, Gurgaon.

During this period he exhibited a high level of professionalism and a tremendous zest for
learning.

We wish **Dr.Puneet Sharma** all the best in his future endeavours.

With Best Wishes,



Shivani Dhira

Head- Training and Development


Head of the Department

Medical Superintendent
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ACKNOWLEDGEMENT

My summer training at Fortis Memorial Research Institute, Gurugram, has been full of lots of hardwork and efforts of not only me but also of the people who have guided and supported me in this journey.

So, I would like to pay gratitude to Dr Arindam Das (university mentor), Ms Simran Kaur (Organizational mentor, Sales and Marketing) and Ms Gunja Sharma (SBU Head, Operations) for being supportive and guiding me at every step.

Sincerely,

Dr Puneet Sharma

IIHMR University,Jaipur

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ABBREVIATIONS

- ❖ **CSSD – Central Sterile Services Department**
- ❖ **CT – Computerized Topography**
- ❖ **CPOE – Computerized physician order entry**
- ❖ **DICOM –Digital Imaging and communication in medicines**
- ❖ **ED – Emergency Department**
- ❖ **ECG – Electrocardiogram**
- ❖ **EMR – Electronic Medical Record**
- ❖ **FMRI – Fortis Memorial Research Institute**
- ❖ **FMS – Facility Management and safety**
- ❖ **FOS – Fortis Operating System**
- ❖ **HR – Human Resource**
- ❖ **ICU – Intensive Care Unit**
- ❖ **IPD – In-patient Department**
- ❖ **IT – Information Technology**
- ❖ **MICU –Medical Intensive Care Unit**
- ❖ **OPD - Out-patient Department**
- ❖ **OT – Operation Theatre**
- ❖ **PHC – Preventive Health Check-up**
- ❖ **RFID – Radio Frequency Identification**

OBSERVATIONAL LEARNING

FORTIS MEMORIAL RESEARCH INSTITUTE, GURUGRAM



FMRI is a multi-super specialty, quaternary care hospital with an enviable international faculty, reputed clinicians, including super-sub specialists and specialty nurses, supported by cutting-edge technology. A premium, referral hospital, it endeavours to be the ‘Mecca of healthcare’ for Asia Pacific and beyond. Set on a spacious 11-acre campus with 286 beds (and potential for 1000 beds), this ‘Next Generation Hospital’ is built on the foundation of ‘Trust’ and rests on the four strong pillars Talent, Technology, Infrastructure and Service.

INFRASTRUCTURE: - With landscaped greens, tranquil water bodies, sculptures, sunlit interiors, Fortis Memorial Research Institute follows a design philosophy aimed at healing. The hospital has been built keeping in mind all round wellness – mind, body and soul. Simultaneously meet simple needs of the caring attendants by means of facilities as the Tummy Luck, Meditorium , R&R Lounge, Holistic Health, Mamma Mia, Retail Therapy, Crèche.

The Fortis Logo



LOGO

“A HEALING PASSION”

The Fortis Healthcare Limited Logo defines the commitment to patient care. The logo reflects their endeavour to achieve excellence in healthcare delivery system by bringing together the best of technology, medical expertise and patient care. The logo also implies the human values that govern every facet of our organisation.

The two nurturing hands along with a red dot on the top depicts- “nurturing hands caring for human life”

GREEN is a colour of healing and depicts WELLBEING and RED is symbolic of steadfast focus, dynamic zeal and enthusiasm.

MISSION:

“Globally respected healthcare organization recognized for Clinical Excellence and Distinctive Patient Care”

VISION:

“Saving and enriching lives”

VALUES:

They serve as a guideline for the routine conduct of each Fortisian. The core values of Fortis healthcare are:

Patient Centricity	• Commit to ‘best outcomes and experience’ for our patients • Treat patients and their caregivers with compassion, care and understanding. • Our patients’ needs will come first.
Integrity	• Be principled, open and honest. • Model and live our values. • Demonstrate moral courage to speak up and do the right things.
Teamwork	• Proactively support each other and operate as one team. • Respect and value people at all levels with different opinions, experiences and backgrounds. • Put organisation needs’ before department / self-interest.
Ownership	• Be responsible and take pride in our actions. • Take initiative and go beyond the call of duty. • Deliver commitment and agreement made.
Innovation	• Continuously improve and innovate to exceed expectations. • Adopt a ‘can do’ attitude. • Challenge ourselves to do things differently.

Table 1.1

SPECIALITIES:

• Anaesthesiology	• Dermatology and Venereology	• Dental Sciences	• Emergency and Trauma services
• Family Medicine	• Respiratory Medicine	• Paediatrics Orthopaedics	• General Medicine and Surgery
• High Risk Obstetrics and Gynaecology	• Ophthalmology	• Paediatrics	• Psychiatry

Table 1.2

SUPER-SPECIALTIES:

• Paediatric Cardiology	• Pulmonology	• Nephrology
• Plastic and Reconstructive Surgery	• Paediatric Surgery	• Neuro-radiology
• Oncology	• Medical Gastroenterology	• Rheumatology
• Neurology	• Nuclear Medicine	• Orthopaedics and Joint replacement
• Cardiology/Cardiothoracic Surgery	• Clinical Haematology	• Hepatology

Table 1.3

FMRI FAQs

- **Area of Hospital-10.76 Acres**
- **Entry & Exit Points- 4**
- **Built up area- 750,000 sq.ft.**
- **Height of Hospital- 27.95 meters**
- **Lifts and Dumb Waiters- 10 and 3 respectively**
- **Staircases-10**
- **Floors-9**

- **MGPS- Medical Gas Pipeline system**

FLOOR-WISE DEPARTMENTAL CATEGORIZATION

BASEMENT

- Engineering and biomedical
- Contractual staff dining
- Materials and purchase
- PTS blower room
- Stores : Pharmacy, Kitchen and General store
- Radiation Oncology
- MRD
- Mortuary
- Nursing training room

LOWER GROUND

- Radiology
- Non-invasive cardiology
- Physiotherapy
- Chemo daycare
- Oncology
- Emergency and trauma
- Paediatrics
- CSSD
- In house laundry
- Nuclear medicine
- Staff entry gate

UPPER GROUND

- Administrative offices
- Health for you (H4U)
- Gynaecology
- Orthopaedics
- IPD Admissions
- Prayer room
- International Patient Services
- Fortiplex – 36 seater mini theatre
- VIP lounge
- Tummy Luck : Haldiram's , Whole Foods , Joost , Subway , Baskin Robbins
- Media Mart, Media Rent , Fila , Fortibakes , Being Human, Chicco , Bouncing babies

**FIRST
FLOOR**

- 4 Labour Delivery Suites with 02 Labour Rooms
- Meditorium - a 111 seat auditorium
- 40- Bedded Nightingale ward
- Paediatric Unit with 9 beds
- 11 bedded Dialysis Unit
- 10 bedded Chemotherapy Unit
- In-house blood bank
- Pathology Lab
- 13 Neonatal ICU warmers / incubators with a 5 bedded Well Baby Nursery

**SECOND
FLOOR**

- 6 ICUs (ICU 4, ICU 5, ICU 6, ICU 7, ICU 8, ICU 9)
- Cath Lab
- Endoscopy
- 14 OTs

7

THIRD FLOOR (INSIGNIA)

- In Patient Department : 23 single beds , 44 double beds
- Three wings : T1, T2 , T3
- One central nursing station
- One small nursing station
- One nursing rest room
- One pharmacy

**FOURTH FLOOR
(EXECUTIVE)**

- In patient Department : 24 single beds , 44 double beds
- One central nursing station
- One small nursing station
- One nursing rest room
- One pharmacy

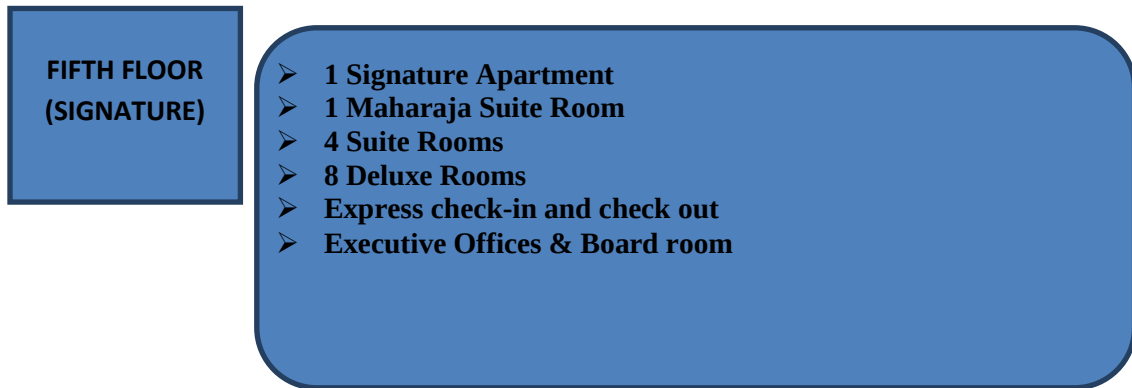


Fig 1.4

SPECIFIC OBJECTIVES

- To visit all the departments in the hospital.
- To gain knowledge of functioning of different departments.

MODE OF DATA COLLECTION

MODE : Personal interviews

- The data was collected during different visits.
- The data collection started with the NABH audits' visits to different departments.
- The data collection in ICUs was done during the visits for the VTE project data collection.
- The minor departments were covered during a few visits for the purpose of data collection.

DEPARTMENT-WISE OBSERVATIONS

DEPARTMENT

FUNCTIONING

OPD	- Reception/Information - Appointment - Registration-OPD,Diagnosis - Billing-OPD, diagnostics,Emergency - Report/document delivery - Customer feedback
HR	- Development of HR policies and strategies - Manpower planning - Recruitment and selection - Employee training - Salary determination - Performance appraisal - Personnel data entry and record maintenance - Consultation and advisory services to management and employees - Grievance handling
MRD	- Proper storage and maintenance of medical records - Maintenance of integrity and confidentiality of medical records. - Submission of required data to government.
IT	- Maintenance of all the software's in the hospital - IPD Billing - OPD Billing - Administration - House Keeping - Ward/Nursing

	- Diet - Visitor's Pass - Stores - Purchase
EMERGENCY AND TRAUMA	- Provide immediate care to patients in need - Categorize patients according to the TRIAGE - CODE BLUE team in case of cardiac emergency
BLOOD BANK	- blood donation or collection - storing blood
LABORATORY	- outsourced - routine investigations
CSSD	- sterilization of all the instruments used all over the hospital - sterilizing, storing and supplying the clean linen
ICU	- for critically ill patients - Barrier nursing
OT	- For carrying the surgeries
QUALITY	- For continuous quality improvement - For making the staff to follow hygiene practices - Driving clinical audits through clinicians - Quality improvement audits - Keeping a check on quality indicators eg. Return to ICU
MARKETING AND SALES	- Brand promotion - Doctors' promotion - Arranging Continuous Medical Education, camps, meetings, conference - Field visits for Doctors' referrals - Arranging outreach OPDs , CSR activities
FINANCE AND	- Keeping a track of the accounts book

ACCOUNTING	- Keeping a track of revenue generation and expenses of the organization
GENERAL ADMINISTRATI ON	- Bargaining with the vendors(outsourced) - Renewal of licence and laws of hospital according to the changing government policies - Looking after the machineries and backups - Arranging the vehicles for travelling to the staff for field work - Request for the workforce (security, housekeeping etc) need to the HR - To keep joining and resignation record of doctors(Gynaecology, Radiology and Cardiology) who do foetal echo
MEDICAL OPERATIONS	- Regular updation of ICUs' status - Ward rounds - Medical updates (patient files for the form filling by the doctors and nurses) - PNDT audits - Arranging multi-disciplinary team meetings - Screening of mortality sheets
PHARMACY	- Maintaining drug formulary - Keeping a track of the used drugs and to order the required medicines - To release the required medication on different floors - To discard the expired medicines or the medicines near to expiry (usually near 3 months of expiry)

Table 1.5

CONCLUSIVE LEARNING

The learnings about how the organization works and what are the different departments and how departments work and how their functions are inter-related and depend on each other, are based on observations as well as on interviewing and personal interactions. All the learnings are summarized below:

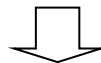
1. OPD: -

Functions: -

- Reception/Information
- Appointment
- Registration-OPD, Diagnosis
- Billing-OPD, diagnostics, emergency
- Report/document delivery
- Customer feedback

REGISTRATION PROCESS OF OPD: -

PATIENT ENTERS INTO THE HOSPITAL



PATIENT APPROACHES THE OPD REGISTRATION



PATIENT FILLS THE REGISTRATION FORM

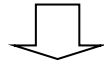


INFORMATION IS ENTERED IN TO THE HIS OF THE HOSPITAL



THEN, UHID (UNIQUE HOSPITAL IDENTIFICATION) IS

GENERATED



BILLS ARE PROCESSED

Chart 1.6

2. HR DEPARTMENT: -

Functions:

- **Development of HR policies and strategies**
- **Manpower planning**
- **Recruitment and selection**
- **Employee training**
- **Salary determination**
- **Performance appraisal**
- **Personnel data entry and record maintenance**
- **Consultation and advisory services to management and employees**
- **Grievance handling**

3. MEDICAL RECORD DEPARTMENT: -

Functions:

- **Proper storage and maintenance of medical records. Maintenance of integrity and confidentiality of medical records. Submission of required data to government. Classify the medical files as per ICD-10 obtaining missing patient files.**

4. IT DEPARTMENT: -

Functions: Maintenance of all the software's in the hospital. Modifications of the software are as per the requirements of the department. It covers the following modules: -

- **IPD Billing**
- **OPD Billing**
- **Administration**
- **House Keeping**
- **Ward/Nursing**
- **Diet**
- **Visitor's Pass**
- **Stores**
- **Purchase**
- **Laboratory Information System**
- **Radiology Information System**

5. ACCIDENT AND EMERGENCY DEPARTMENT: -

The ED in a hospital plays a very important role for all people who are in acute need of immediate care. The ED at FMRI is 6 bedded along with 8 beds in observational room. Also, there is a procedure room to conduct simple surgical procedure.

ED has separate entry, far away from the general entry and is quite spacious in order to allow free movement of stretchers/trolleys from ambulance to the emergency room.

While bringing in the patient from ambulance, TRIAGE is done so patients are placed according to the triage beds.

The TRIAGE pattern followed here is: -

- **1 red bed for category 1 patients i.e. critically ill.**

- 2 yellow beds for category 2 patients who need to be admitted.
- Remaining category 3 patients are kept in observation room.

A code blue team is designated which consists of: -

- a) Critical care team
- b) Emergency team
- c) Cardiology team
- d) Anaesthetist team

6. BLOOD BANK: -

A blood bank is a bank of blood and blood components, gathered as a result of blood donation or collection, stored and preserved for later use in blood transfusion.

LICENSE: - Blood bank of FMRI, Gurgaon is located on first floor. It is NABH and NACO accredited and was able to get the accreditation within six months of the functioning of the hospital. The blood bank has a valid license from Central Drugs Standard Control Organisation (CDSCO) and approved by Drug Controller General (INDIA), central license approving authority under Drug and Cosmetic Rules-1945 with further amendments.

The blood bank is run by the FMRI in order to provide blood and blood components to its patients and is licensed by Drug Controller of India.

7. LABORATORY: -

The laboratory here at Fortis is outsourced to SRL Lab and all the routine investigations are carried out here only. The samples are received from both IPD and OPD patients. The sample is received in boxes from departments and the house keeping staff carries the same. Also, for emergency investigations, a red seal is marked on the sample so as to give it a priority. Also, all the equipments in the lab are automated i.e. they are linked to computers and so all the test results are automatically transferred in

the computer and a report is generated. The laboratory has LIS. It is connected to the HIS of the hospital in which the entire information like- patient's name, IPID or UHID, test to be done and the reports is stored. Also, to maintain employee safety i.e. prevent occupational hazard, when an infected sample or any chemical bottle breaks in the laboratory, HAZMAT (Hazardous Material) team is called and immediately the spillage is cleaned up.

8. CSSD: -

CSSD stands for central sterile supply department. It is the department that is solely responsible for sterilization of all the instruments used all over the hospital.

CSSD has three zones:

- a) Dirty/Receiving area**
- b) Clean area**
- c) Sterile area**

- a) In dirty area all used instruments from IPD and OPD are received. This movement takes place manually, while it is received through a dumb waiter from OT. Here, an ultrasound cleaner is located. This is a fully automatic machine in which the used instruments are dipped in a solution and are sterilized. This 16 machine produces vibrations which sterilize the instruments. After the above procedure is over, the sterilized instruments are washed under running water. After this, the sterilized instruments are dipped in preserve solution for 10-15 minutes.**
- b) In clean area the sterilized instruments are kept packed in a double wrapped green colour cloth.**
- c) In Sterile area there is 1 autoclave machine that is used to sterilize the used instruments. It is a double door machine. Through one door the unsterile instruments are loaded and through the other door the instruments are de-loaded after the procedure are over.**

Temperature is set according to the instrument to be sterilized.

After the sterilization process is over, the sterilized instruments are packed, and batch monitoring labelling is done through a labelling gun. This labelling consists of: -

- ✓ **Expiry Date**
- ✓ **Packaging Date**
- ✓ **Machine No.**
- ✓ **Loading No.**
- ✓ **Sterilization Date**

9. ICU: -

ICU is located at the second floor of the IPD building making it accessible to all the outside services like lab, diagnostics, OT's etc.

There are 7 different types of ICU's in the hospital which are as follows: -

- **Neurology, orthopaedic, polytrauma**
- **Cardiology and Transplant**
- **CTVS**
- **Medical ICU**
- **Bone Marrow Transplant**
- **Paediatrics ICU**
- **NICU**

The nursing station is centrally located in the ICU and the nurse to patient ratio in ICU is 1:1 or 1:2 as per the requirement.

Also, here at FHN, Barrier nursing is practiced in ICU's so as to minimize the risk of Hospital Acquired Infection (HAI).

Equipments used in ICU- a) Ventilator b) IABP (Intra-Aortic Balloon Pump) c) Suction d) ICD (Inter Costal Drainage System) e) Portable Ultrasound-ray (when needed) f) DVT (Deep Vein Thrombosis) Pump g) Bi-pap to give oxygen to patient. There are 98 beds (52 ventilated) cubicles.

ORGANOGRAM FOR ICU: -

DIRECTOR

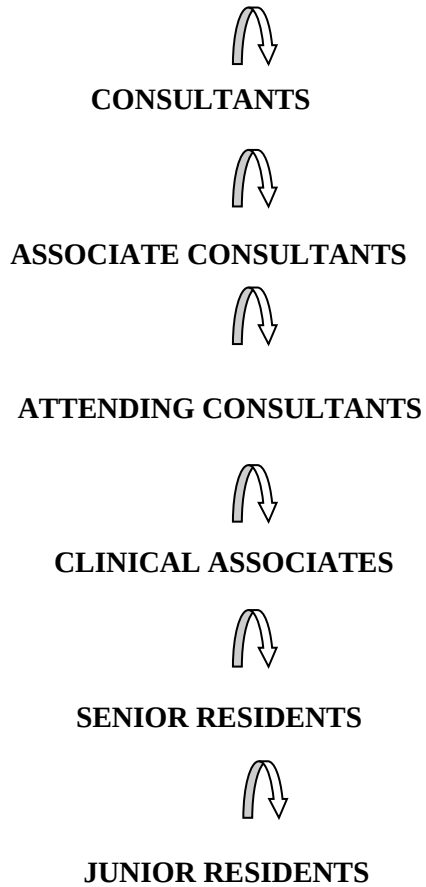


Chart 1.7

10. OPERATION THEATERS

The operation theatres are located on the 2nd floor of the OPD building having a direct connectivity with ICU (2nd floor of IPD building) so that patient is easily and quickly shifted to and from the ICU'

At FMRI, there are 14 OT's-

- 1) OT 1- Liver Transplant OT
- 2) OT 2 & OT 3- Major and general surgeries
- 3) OT 4 and OT 5 – Cardiac and transplant
- 4) OT 6 and OT 7- Neurosurgery

- 5) OT 8- Minor surgeries
- 6) OT 9 and OT 10 – ENT and OBS/GYNAE
- 7) OT 11 and OT 12 – Orthopaedic surgeries
- 8) OT 13 and OT 14 – Robotic surgeries

ZONING:-It is basically dividing the OT area according to the hygiene maintained in the different zones. Here we observed three zones: -

- a) **DIRTY ZONE** i.e. outside corridor, changing rooms.
- b) **CLEAN ZONE** i.e. supply store, scrub area, pre-op room.
- c) **ASEPTIC ZONE** i.e. operation theatre, sterile preparation.

This zoning is very essential in OT's as it helps to prevent infection.

11. Quality Department:

FUNCTIONS:

- For continuous quality improvement
- For making the staff to follow hygiene practices
- Driving clinical audits through clinicians
- Quality improvement audits
- Keeping a check on quality indicators eg. Return to IC

ORGANOGRAM:

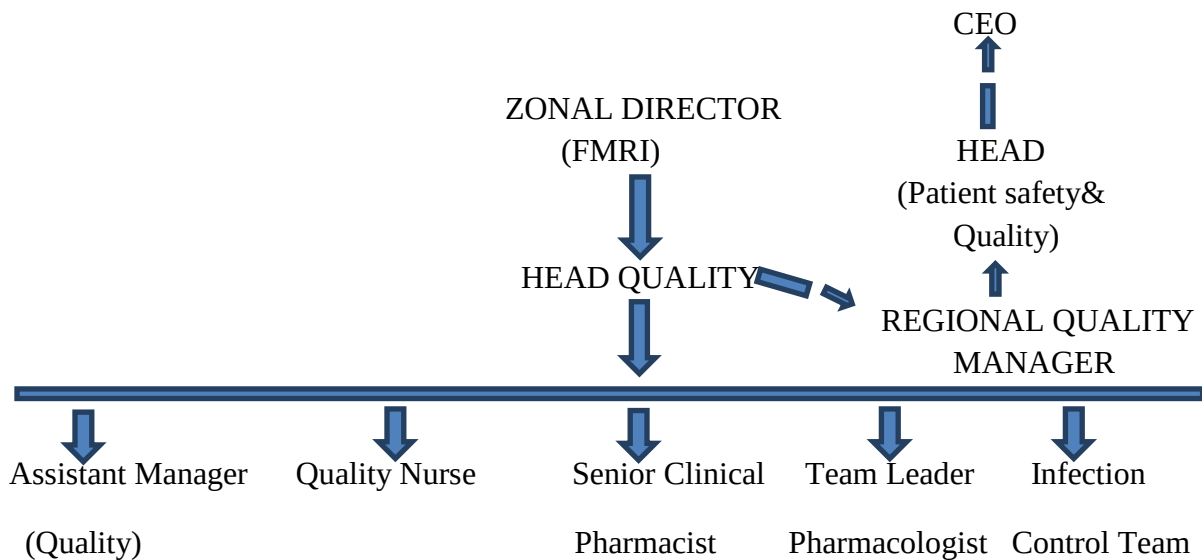


Fig 1.8

SECURITY & IT DEPARTMENT

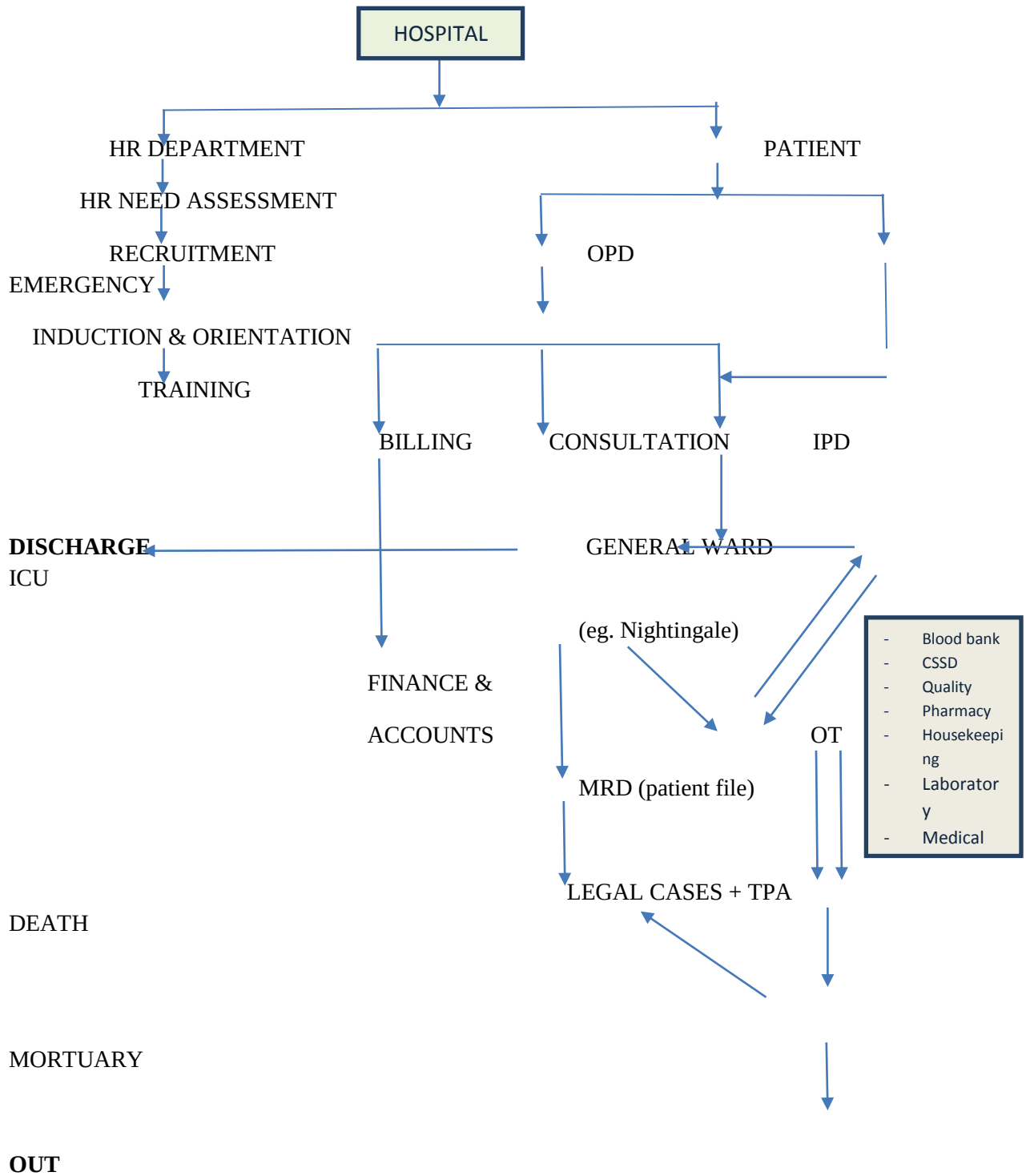


Fig 1.9

OBSERVATIONS AND LEARNINGS

- **The hospital serves two major functions: administration and clinical services.**
- **Both the functions are inter-related and need to be kept parallel.**
- **There are 33 departments in the hospital.**

STRENGTHS:

- **International patients.**
- **4 top performing departments: Neurosurgery, Oncology, Gynaecology, Radiology.**
- **Good diagnostic services with the latest technologies.**
- **Highly recognized doctors.**
- **Capitol .**

WEAKNESS:

- **There are outsourced services: Three in clinical (Physiotherapy, IVF, Radiance – Derma) and Ten in non-clinical (food, clothing, eye accessories) . These departments do not follow the hospital policies of discounts and offers. They have their own marketing strategies, which creates a state of dissatisfaction amongst the patients.**
- **Due to cost cutting, there is a less workforce which, in turn, puts pressure and heavy workload on the employees in the respective departments.**
- **The demand and supply of beds in the hospital is a mismatch.**
- **Handwash hygiene is a serious issue amongst the doctors and the nursing staff.**
- **Referral strategy of the sales and marketing department is not compliant.**

PROJECT REPORT

STEP DOWN TRACKING IN ICU

INTRODUCTION

Intensive care units are specialist hospital wards. They provide intensive care (treatment and monitoring) for people in critical and unstable condition. ICUs are also known as Critical Care Units or Intensive Therapy Departments.

A person in an ICU needs constant medical attention and support to keep their body functioning. They may be unable to breathe on their own and have multiple organ failure. Certain Medical equipments will take the place of these functions while the person recovers.

ICU beds provide: -

- Specialised monitoring equipment.**
- A high degree of medical expertise.**
- Constant access to highly expertise nurses.**

Nursing critically ill patients includes planning and performing safe discharges from ICU. Discharges from ICU can be described as a part of the continuity of the hospital care that prepares the patient for their return to the community.

Discharge is also considered as a positive step in the recovery process, but at the same time it may cause anxiety to the patient and his family as it involves leaving behind familiar faces (Intensive care unit staff) and the whole environment, new people and also have to learn new routine.

Before patient leaves: -

As patient starts to get better, he will not need the machines that were helping to support his body's normal functions and monitoring the patient's condition. The physiotherapist will probably give exercise to help strengthen his muscles to get him moving around again. He will be very weak and get tired easily at first.

As he becomes able to do more for himself, he may be moved to a different section of the ICU or transferred to another ward in the hospital with a reduced level of nursing.

Many hospitals have high dependency units (HDU), where each nurse will normally look after two or three patients. Some hospitals might send patients from the ICU to the HDU as they get better, until they're well enough to go to a general ward.

Moving to a general ward: -

This can be a difficult time for patients and relatives because there is no longer the one-to-one nursing that there was in the early stages, but patient is still far from being well. This can be frightening but is normal at this time in patient's recovery.

When patient moves to a ward, there will be a written plan that includes

- A summary of care & treatment while patient was in ICU.
- A monitoring plan to make sure patient continue to recover.
- A plan for ongoing treatment.
- Details of patient's physical & psychological rehabilitation needs.

From this time, he will be cared for by the ward staff, but they will be able to talk to the ICU staff if they need to. If the hospital has an 'outreach' service, he may be visited by an ICU nurse while patient is on the ward to check on his progress.

The visiting times in a general ward may not be as flexible as they are in the ICU and he may be disturbed more by other patients & visitors around him. His normal sleep pattern may be upset due to the constant activity while he was in the ICU. This does return to normal in time. Rest when he can.

SPECIFIC OBJECTIVES

1. To understand step-down in ICU.
2. To encounter problems with respect to TAT in transferring patients.
3. Study to identify errors and gaps in step down process.

MODE OF DATA COLLECTION

Study type: An observational study was carried out within a time period of 30 days and TAT time was calculated for shifting of each patient.

Area and period of study: The study was carried out in intensive care units (ICU4, ICU5 ICU6, ICU7, ICU8,ICU9) located in second floor of the hospital in a time period of one months.

Sample size:100 sample was taken from 4th May to 2nd June 2017

Sampling: purposive sampling

Data collection:

- **Primary data source:** By direct observation of the processes & discussion with the staff.
- **Secondary data source:** Review of ICU mailing system and physical movement of the patient.

DATA ANALYSIS

1. Percentage of planned and unplanned transfers:

TYPE OF TRANSFER	PERCENTAGE TRANSFERS
Planned	77%
Unplanned	23%

Table 2.1

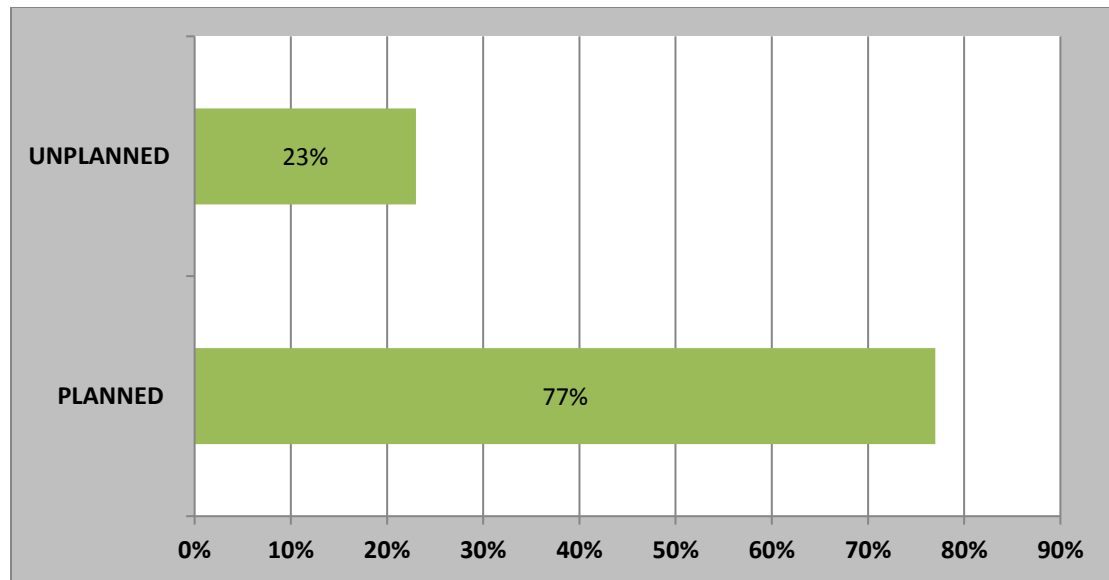


Fig 2.2

2. Calculation of average time taken from sending room request to physical shift of the patient:

For planned transfers= Total actual time taken to shift the patients after room request was sent

Total no. of planned patients during the collection of data

For unplanned transfers= Total time taken in shifting of the unplanned patients from room request sent to transfer of patient

Total no.of unplanned patient during the collection of data

Average time taken from room request sent to physical transfer of patient:

SR. NO.	NO. OF PATIENTS	TYPE OF TRANSFER	AVERAGE TIME TAKEN IN TRANSFER (IN Hrs.)
1	77	Planned	2.52
2	23	Unplanned	3.11

Table 2.3

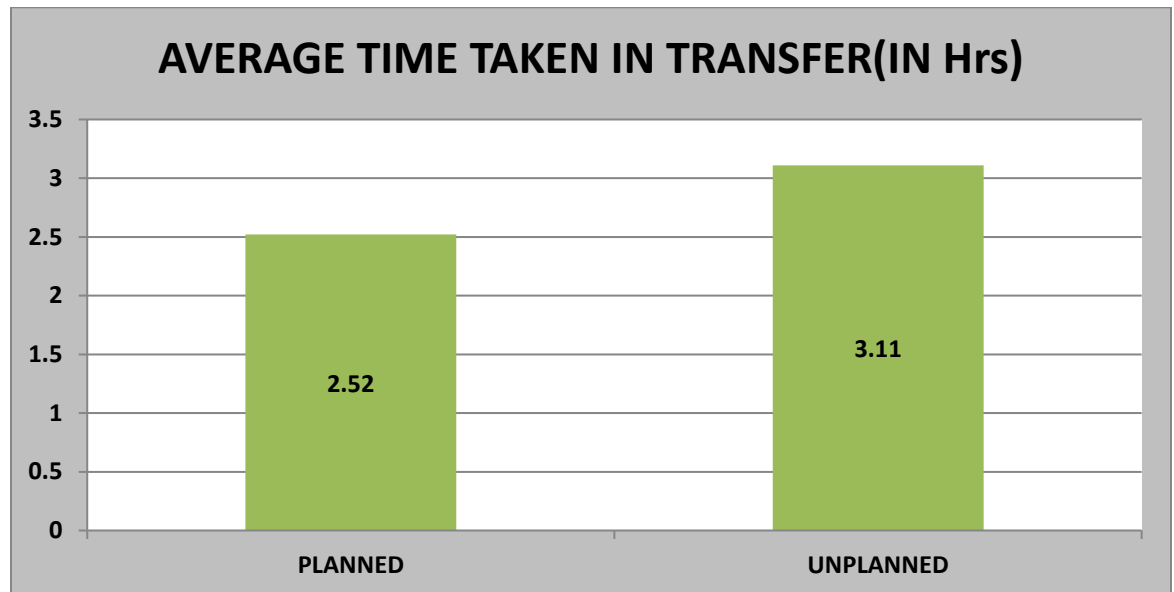


Fig 2.4

3. Calculation of average time taken from room allotment to physical shift of patient:

For planned transfers = Total time taken from room allotment to physically shifting the patient during the collection of data

Total no. of planned patient during the collection of data

For unplanned transfers =Total time taken from room allotment to physically shifting

the unplanned patient during the collection of data

Total no. of unplanned patient during the collection of data

Average time taken from room allotment to physical transfer of patient:

SR. NO.	NO. OF PATIENTS	TYPE OF TRANSFER	AVERAGE TIME TAKEN IN TRANSFER (IN Hrs.)
1	77	Planned	0.48
2	23	Unplanned	0.39

Table 2.5

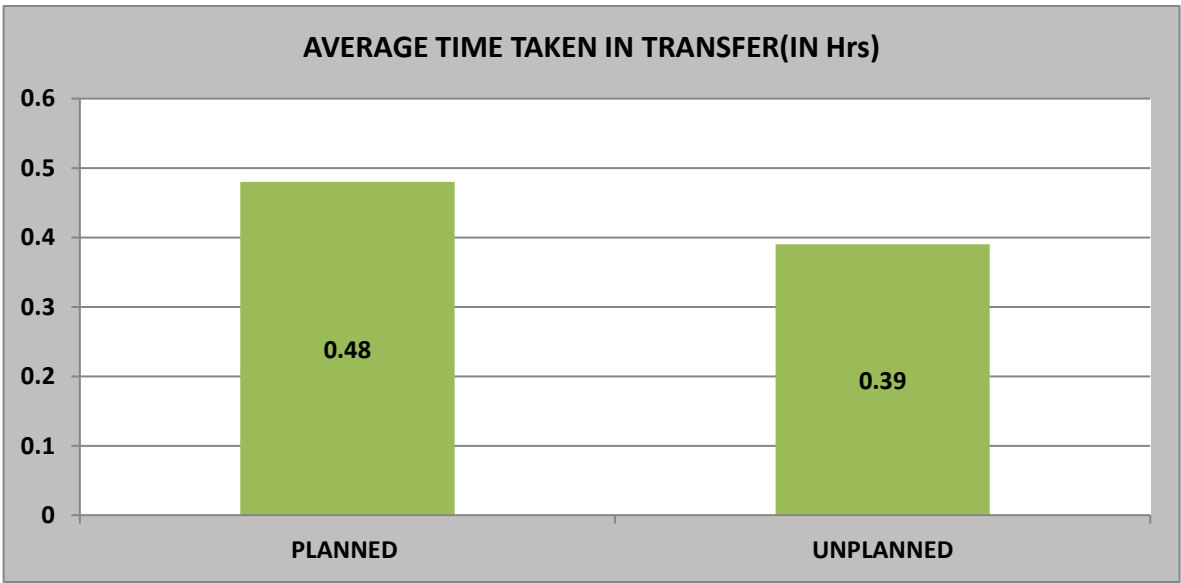


Fig 2.6

4. Time distribution for transfers:

a. PLANNED TRANSFERS

- Between room request sent and physical shift of the patients

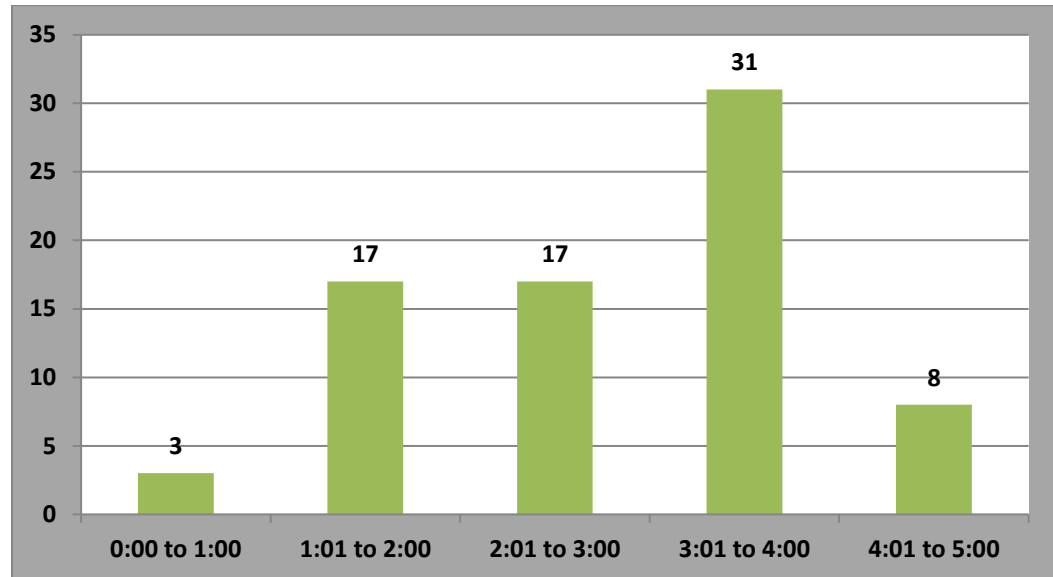


Fig 2.7

- Between room allotment and physical shift of patients

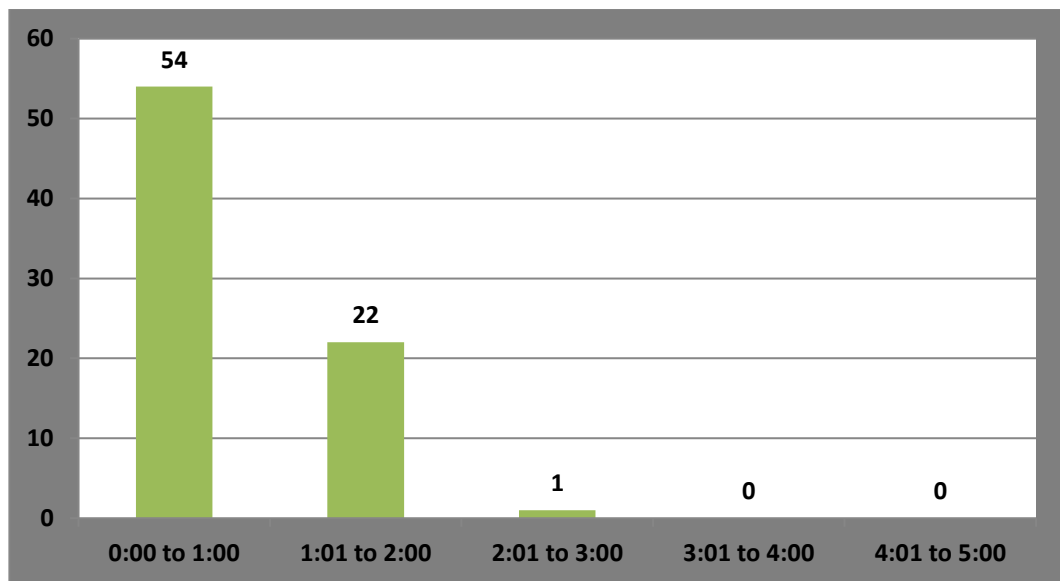


Fig 2.8

b. UNPLANNED TRANSFERS

- **Between room request sent and physical shift of the patients**

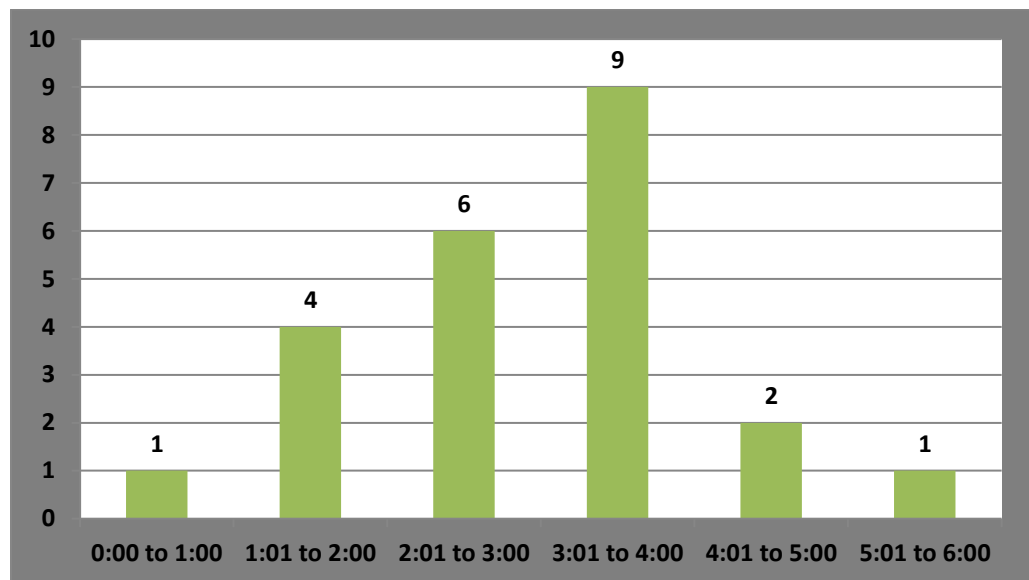


Fig 2.9

- **Between room allotment and physical shift of patients**

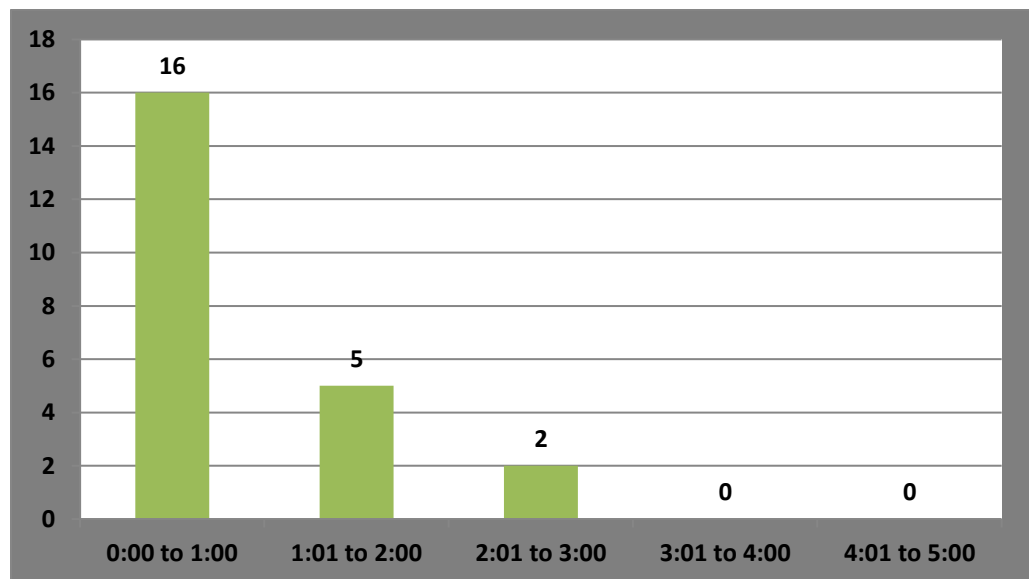


Fig 2.10

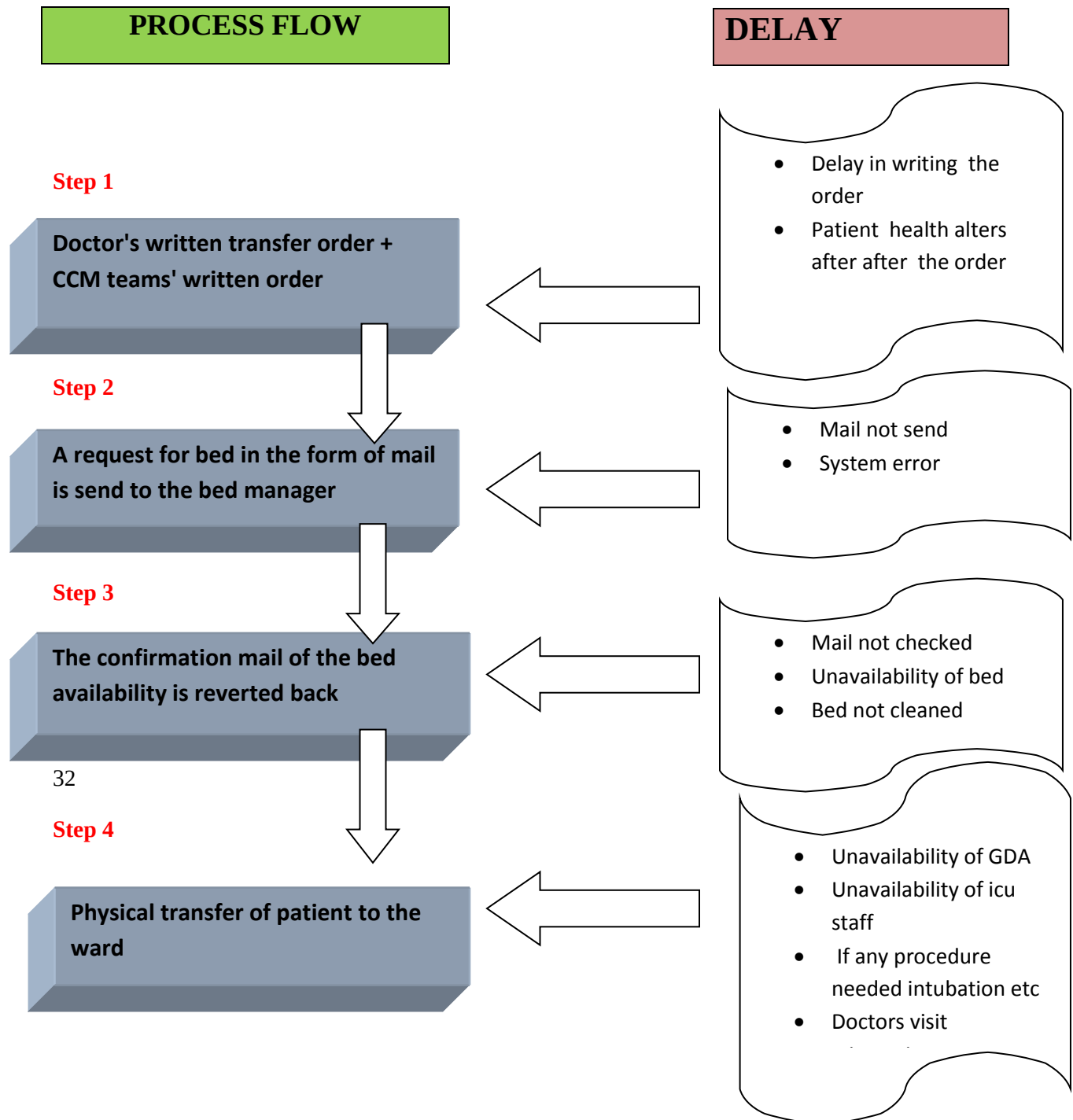
INTERPRETATION

- The number of planned transfers constitute 77% of the total transfers and unplanned transfers constitute only 23%.
- The average time taken from the room request sending to the physical shifting of the patients for both planned and unplanned patients is around 2.81 hrs.
- The average time taken from the room allotment to physical shifting of the patients for both planned and unplanned patients is around 0.44 hrs.
- So, by calculation the average time between room request sending and the room allotment comes out to be 2.37 hrs, which is the *calculated average delay* in the process.

CONCLUSION

Step Down process is a very important part of patient services and must be quick and organized. But due to the various steps involved in the process delays occur, which leads to delay in the shifting of the patient and to grievance and discomfort to the patients and their family members.

The various delays in different steps of the process are summarized below:



ANNEXURES

a. Time schedule

S. No	Name of the Department	% of Time Spent	Interacted with (Name and Designation)
1.	ICU (ICU 4, ICU 5, ICU 6, ICU 7, ICU 8, ICU 9)	30%	Intensivist, Team Leader, Nursing staff
2.	Nightingale Ward	10%	Junior Residents, Consulting doctors, Team leader, Nursing staff
3.	Third Floor (Insignia – In Patient Department)	5%	Floor Manager, Team Leader, Nursing Staff, Junior Residents, Physiotherapists
4.	Fourth Floor (Executive Ward- In Patient Department)	5%	Floor Manager, Team Leader, Nursing Staff, Junior Residents
5.	OPD	1%	Nursing Staff
6.	Physiotherapy	1%	Physiotherapists
7.	Radiology	1%	Technicians, Radiologists
8.	H4U (Preventive Care)	0.5%	Technicians
9.	Cath Lab	0.5%	Nursing staff
10.	Pediatrics	1%	Nursing staff, Pediatrician
11.	Emergency	0.5%	Nursing staff, Junior Residents, Senior Residents
12.	Pharmacy	1%	Pharmacists

13.	IT	0.5%	Technicians
14.	Medical Records Department	2%	Staff and the Head of the Department
15.	Chemo Day Care	1%	Nursing staff
16.	Oncology	0.5%	Nursing staff
17.	Gynecology	1%	Nursing staff, Head of the Department, Doctors
18.	CSSD	3%	Head of the Department, General Duty Persons
19.	Marketing	2%	Staff
20.	Human Resource	0.5%	Training and Development Head
21.	Medical Administration	1%	Staff
22.	Quality	31%	Head Quality, Clinical Pharmacist
23.	Dialysis	1%	Nursing staff

b. List of Tables, diagrams and charts

Tables

Table 1.1 – values of FMRI

Table 1.2 - Specialties

Table 1.3 – Super specialties

Table 1.5 – Department wise functions

Table 2.1-Percentage of planned and unplanned transfers:

Table 2.3- Average time taken from room request sent to physical transfer of patient

Diagrams

- **Fig 1.4 – Floor wise departmentalization**
- **Fig 1.8 – Organogram for Quality department**
- **Fig 1.9 – Summary of hospital- patient workflow**

Charts

Chart 1.6-registration process of O.P.D

Chart 1.7-organo gram of ICU