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

- **Time and Motion Study on General Duty Attendant in Nursing Department and Housekeeping Department in Fortis Escorts Hospital, Jaipur.**
- **Study on Diagnostic Accuracy Between Provisional Diagnosis with Laboratory Diagnosis**

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 Ms. Parul Sharma has undergone summer training in Fortis Escorts Hospital (Jaipur) from 3rd April to 2nd June 2017.

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

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

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)
The IIHMR University, Jaipur

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Fortis Escorts

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Ref./FEHJ/HR-Comm./TRN/018

26th June , 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms.Parul 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.

Authorized Signatory

Fortis Hospitals Limited JAIPUR

ACKNOWLEDGEMENTS

I have taken efforts in this project. However, it would not have been possible without the kind support and help of many individuals and organization. We would like to extend our sincere thanks to all of them.

I am thankful to **Mr Prateem Tamboli, Zonal Director of Fortis Escorts Hospital, Jaipur** for letting us do our summer training from this reputed organization.

I am highly indebted to **Ms. Nihar Bhatia, Head Quality Assurance and FOS** for her guidance and constant supervision as well as for providing necessary information regarding the project & also for her support in completing the project.

I would like to express our special gratitude and thanks to the team of Quality assurance and FOS for giving us such attention and time.

I would like to express our gratitude towards the clinical and non-clinical staff of Fortis Escorts, Jaipur for their kind co-operation and encouragement which helped us in completion of this project.

My heartfelt thanks to Col. Ashok Kaushik and Dr. S. D. Gupta for giving us this great opportunity to enhance our skills. My sincere thanks to Dr. Gautam Sadhu for his constant guidance and mentorship.

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 HOSPITAL:

"Saving and enriching lives"

MISSION OF 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.

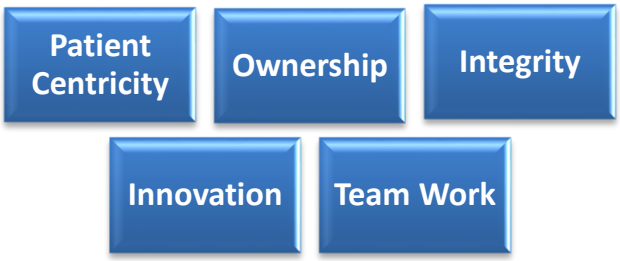
GREEN is the color of healing and is symbolic of Fortis’s steadfast focus to ensure the health and well being of those they minister to.

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

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

FORTIS VALUES:-

POINT



FORTIS

FORTIS GROUP:

Founder Chairman: Late Dr. Parvinder Singh

Executive Chairman: Mr. Malvinder Mohan Singh

India CEO: Mr. Bhavdeep Singh

Fortis Jaipur inaugurated on 2nd August 2007

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

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

INFRASTRUCTURE:

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

C arm with digital subtraction angiography

Flat panel cath lab

Advanced pathological lab

Mobile X-Ray

64 Slice CT scan

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

500mA image intensifier TV

Digital CR reader

X- Ray.

LOCATION:

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

Fortis Escorts Hospital, Jaipur

Jawahar Lal Nehru Marg,

Malviya Nagar,

Jaipur- 302107

Rajasthan, India

Tel: 91-141-2547000

AREA:

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

NUMBER OF DEPARTMENTS:

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

Clinical departments:

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

Non clinical departments:

1. Engineering
2. Biomedical Engineering
3. Finance
4. Marketing
5. Human Resource
6. House keeping
7. Laundry

8. Pharmacy
9. Medical Records
10. Food & beverages
11. Security
12. Central stores
13. Quality Assurance
14. Research
15. Patient Welfare Department
16. Information Technology

SERVICES PROVIDED:

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

Clinical services:

1. Cardiac Surgery
2. CTVS
3. Cardiology
4. Renal Science
5. Nephrology
6. Urology
7. Neurology
8. Neuro Surgery
9. Gastro Intestinal Diseases
10. Internal Medicine
11. Pulmonology
12. Endocrinology
13. Dermatology

14. Psychiatry
15. General Surgery
16. Plastic Surgery
17. Pediatric Surgery
18. Obstetrics
19. Gynecology
20. Pediatric
21. Neonatology

Non Clinical services:

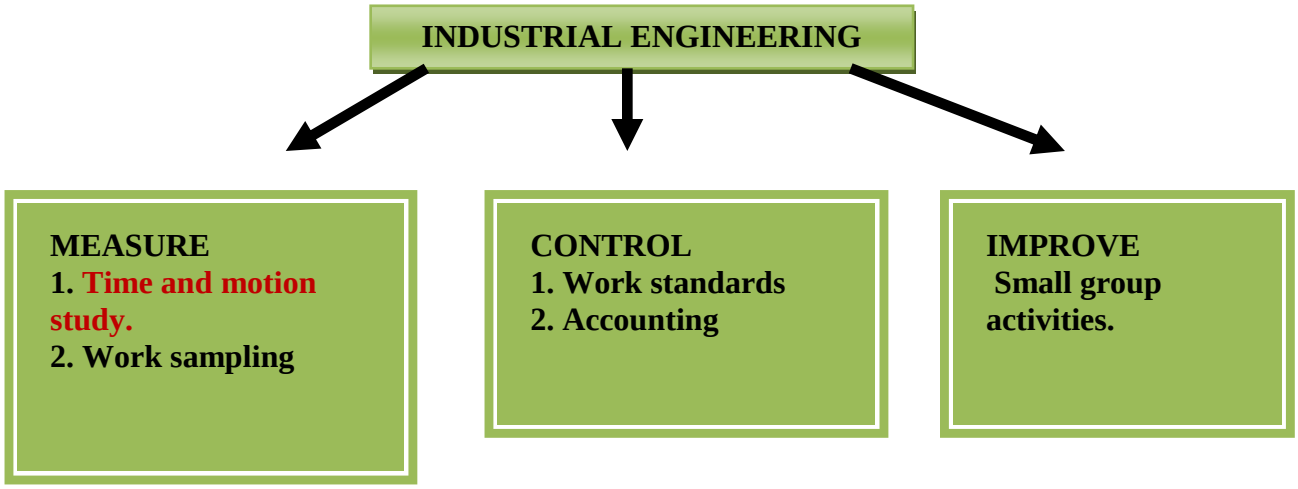
1. Housekeeping & Laundry
2. Pharmacy
3. Medical Records
4. Food & beverages
5. Security
6. Central stores
7. Training and development

PROJECT-I

TIME AND MOTION STUDY ON GENERAL DUTY ATTENDANT IN NURSING DEPARTMENT AND HOUSEKEEPING DEPARTMENT IN FORTIS ESCORTS HOSPITAL, JAIPUR.

INTRODUCTION

Time and Motion study also known as Motion and Time study is the scientific study under industrial engineering referring to quantitative data collection for optimal utilization of human resources in the search for the most efficient method of doing task. For Homo sapiens fascination with the word "efficiency" began in the late 19th and early 20th centuries that is when it was considered one of the most important concepts. Time study history dates back to 1880s initiated by Frederick W. Taylor, who is regarded as the "father of scientific management." It consists of a variety of processes for determining the amount of time required, under standard conditions of measurement, for tasks involving some human activity. Motion study was initiated by Frank B. Gilbreth and Lillian M. Gilbreth and consists of description, systematic analysis, and means of improving work methods. These two aspects seemed inseparable. Therefore, the combined term usually refers to all three phases of the activity: method determination, time appraisal, and development of material for the application of these data. This analysis could be used to help find a optimal way of doing the work and could assist in effectively managing or controlling the activity under study. This study typically requires a trained specialist with prior knowledge and observational skills.



This approach has been successfully applied to healthcare services specially hospitals with methodologies and system analysis to study how medical professionals spend their time, how much time nurses spent in patient care and patient's bedside as this is extremely important when

looking to improve healthcare enterprise. These studies specific to institutions help improve their operations, if implemented correctly. There have been widespread claims of quality improvements, better patient satisfaction and millions of cost savings. As said there are two sides of a coin, likewise one challenge to this approach is frequent interactions with patients that are inherent to almost all positions within the healthcare industry because of high cleanliness standards. Another one is the confidentiality of entity under study should be regulated. Therefore time and motion study help inculcate a culture of eliminating the waste in the procedure based on facts. Such a culture is important for healthcare enterprise. The goal of a time and motion study is not simply efficiency. These studies can help in the future when evaluating procedural, equipment, or personnel changes and to understand the skills required to enable individuals to perform the work and, thus to provide the required training.

We undertook a time and motion study to provide evidence based understanding of how nursing general duty attendants and housekeeping general duty attendants spend their time and of the influence of unit architectural layout on respective general duty attendant's use of time and distance travelled. Documenting the possible causes of their inefficiency and recommending possible amendments to work environment to positively influence patient safety and quality of care.

RATIONALE

Our aim for doing time and motion study is to find out rules of movement that guarantees 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 efficiency and productivity. Time and motion studies have been done in many ways both to ascertain how long it takes to do a given job and to optimally utilize the available manpower for achieving organizational goals by eliminating unnecessary steps and filling the time gaps in the process. Our study is centralized to optimal utilization of general duty attendants of nursing and housekeeping department in a hospital.

OBJECTIVE

- To study the optimal utilization of nursing general duty attendants and housekeeping general duty attendants for value added and non- value added activities in morning shift.

METHODOLOGY

Universe – 90 general duty attendants (including both nursing and housekeeping department)
Sample size for time motion study – 30 general duty attendants (including both nursing and housekeeping department)

Sampling type –Convenience sampling

Type of study –Descriptive and Exploratory

Study hours – 159 Hours.

Location: Fortis escort hospital, Jaipur

Data collection method – We prepared a tool in which we divided the time slots in five minute segments and then observations were made (annexure attached). The tool was prepared separately for nursing GDA and housekeeping GDA.

NURSING GENERAL DUTY ATTENDANT

Description of the tool used for capturing nursing general duty attendant data is as follows:

Major Categories-

1. Cleaning Activities
2. Movement during errands
3. Other Movements
4. Patient Care
5. Hand Hygiene
6. Break
7. Others

Further these major categories were divided into specific activities as mentioned below:

CLEANING ACTIVITIES

Dusting/Cleaning/Sharp Containers	**Collecting And Counting Dirty Linen**	**Receiving And Putting Clean Linen And Toiletries**

MOVEMENT DURING ERRANDS

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 and movement of equipments**

PATIENT CARE

Transferring and shifting patients	**Providing utility items to patients**	**Patient care**	**Bed making**

Defining major categories used for making the tool for collection of data:

- Cleaning Activities: This category was used to track the time spent by nursing general duty attendant in cleaning, dusting, collecting dirty linen, putting clean linen and toiletries. All the related cleaning activities were also marked under same category to track the time spent in morning shift.

- Movement During Errands: This category was used to track the time spent by nursing general duty attendant in movements like bringing medicines and consumables from pharmacy, giving discharge files to MRD, giving patient's billing for further processing, giving patient's samples for diagnostic purpose, bringing stationary items, moving equipments like getting oxygen cylinder filled etc. All the related activities were also marked under same category to track the time spent in morning shift.

- Other Movements This category was used to track the time spent by nursing general duty attendant in performing movements like shifting patient to operation theatre, taking patient for radiological diagnosis like X-ray, CT scan, MRI, moving the patient on wheel chair during physiotherapy. All the related activities were also marked under same category to track the time spent in morning shift.

- Patient Care: This category was used to track the time spent by nursing general duty attendant in performing activities like providing utility items to the patient, moving patient from a bed to another, taking patient to washroom for urination and stool, changing patient's clothes, giving feed to the patient, dressing the patient, bed making that is changing patient's sheet if they become dirty. All the related activities were also marked under same category to track the time in morning shift.

- Hand Hygiene: This category was used to track the time spent by nursing general duty attendant in washing his/her hands and also in using hand sanitizer as this is of at most importance for maintain personal hygiene and also when dealing with patient's it eliminates the chance of transferring infection to the patient.

- Break: This category was used to track the time spent by nursing general duty attendant for personal activities like for tea break, receiving personal phone calls, talking with other staff members, roaming around. All the related activities were also marked under same category to track time in morning shift.

- Others: This category was used to track the time spent by nursing general duty attendant in performing activities other than the above mentioned categories which includes all types of activities which might not be the part of their job description and also activities which they performed co-incidentally during the time of study and is not the part of their regular activity.

HOUSE KEEPING GENERAL DUTY ATTENDANT

Description of the tool used for capturing housekeeping general duty attendant data is as follows:

Major Categories-

1. Cleaning
2. Patient Care
3. Hand Hygiene
4. Bio Medical Waste Management
5. Others
6. Break

Further these major categories were divided into specific activities as mentioned below:

CLEANING ACTIVITIES

Bathroom Cleaning	**Scrubbing on the floor**	**Dusting**	**Wet mop/Dry mop**

PATIENT CARE

Bed making	**Replenishing supplies**	**Water refilling**

OTHERS

Arranging supplies from store room	**Lost and found**	**Others**

BIO MEDICAL WASTE MANAGEMENT

Loading	**Processing**	**Unloading**

Defining major categories used for making the tool for collection of data:

- Cleaning Activities: This category was used to track the time spent by housekeeping general duty attendant in cleaning the wards and the rest of the areas. Activities like scrubbing of the floor, dusting in the room, dry mopping, wet mopping, bathroom cleaning were marked. These activities were noted for both twin sharing and single bedded room. Also the room were categorized as discharge room and occupied room.

Also cleaning of doctor's room and other functioning rooms were marked under same category. All the related activities were also marked under same category to track time in morning shift.

- Patient Care: This category was used to track the time spent by housekeeping general duty attendant in patient related activities like bed making including changing the bed sheet, blanket and pillow cover of patient's bed also changing attendant's pillow cover and blanket. Replenishing the supplies for the patient and water refilling in the jar. These activities were noted for both twin sharing and single bedded room. Also the room were categorized as discharge room and occupied room. All the related activities were also marked under same category to track time in morning shift.

- Others: This category was used to track the time spent by housekeeping general duty attendant in arranging supplies from storeroom in the trolley, activities during lost and found and in any other activity not relating to their job description or which is not the part of their daily routine.

- Bio Medical Waste Management: This category was used to track the time spent by housekeeping general duty attendant in loading the patient room's dustbin waste and the waste in dustbins near nursing staff work station in their trolley and then moving it to the final dustbin that is to be discarded and handed over to the bio medical waste management agency. The whole process was divided into loading, processing and unloading.

- Hand Hygiene: This category was used to track the time spent by housekeeping general duty attendant in washing his/her hands and also in using hand sanitizer as this is of at most importance for maintain personal hygiene and also when dealing with patient's it eliminates the chance of transferring infection to the patient.

- Break: This category was used to track the time spent by housekeeping general duty attendant for personal activities like for tea break, receiving personal phone calls, talking

with other staff members, roaming around. All the related activities were also marked under same category to track time in morning shift.

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

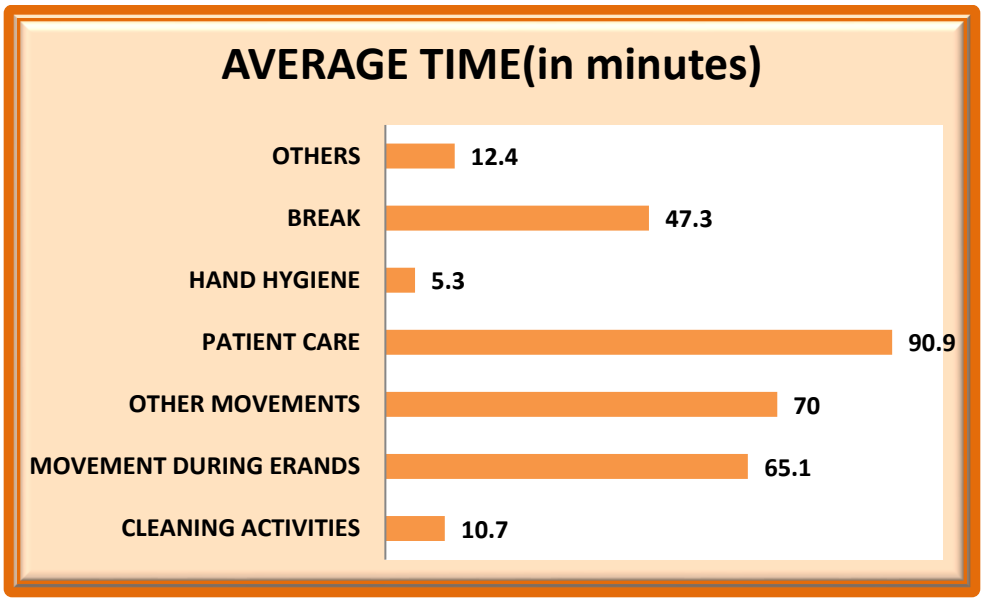


Fig: Graph represents average time taken in each major category (in minutes)

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**

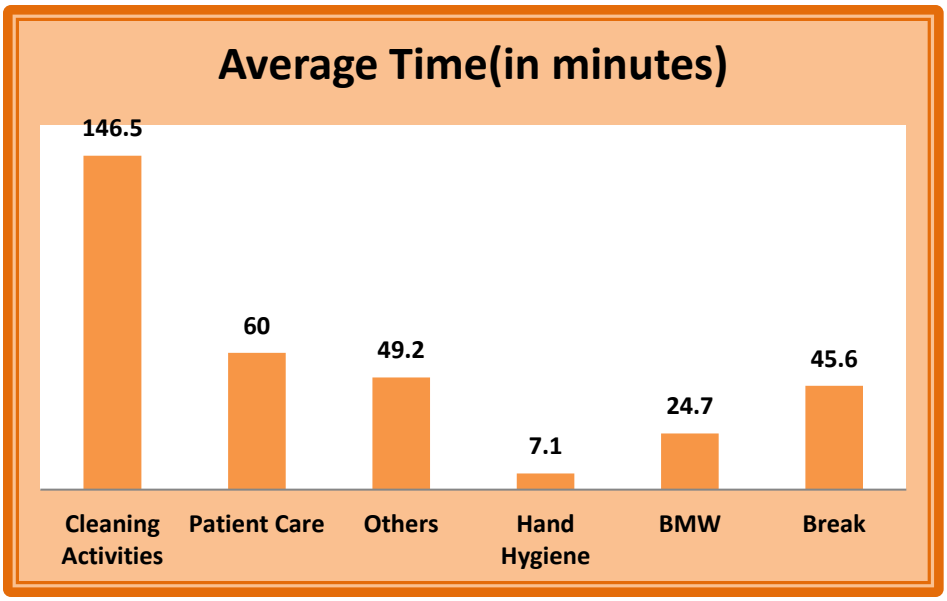


Fig: Graph represents average time taken in each major category

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.

LIMITATIONS

- Limited Sample Size
- The various categories of the tool used for data collection based on the general activities performed in morning shift are prone to logical argument as of their subjective nature.
- The awareness of study being conducted might have altered the normal performance of respective general duty attendant under study and might have led to problems in data collected.

CONCLUSION

Nursing general duty attendants are meant for patient care and to assist the nursing staff on duty in a hospital. As observed nursing general duty attendant spends 90.9 minutes on an average for patient care. Also it was observed that nursing general duty attendant spends on average 70

minutes on other movements which should be reduced and checked so as to optimize the utilization of the working hours of them and also increase their efficiency in patient care leading to better quality care.

Housekeeping general duty attendant are meant for cleaning services in a hospital. As observed housekeeping general duty attendant spends on an average 146.5 minutes in cleaning activities. Also it was observed that housekeeping general duty attendant has a time span with limited activities to be performed, so this can be optimized for efficient utilization of their working hours by allotting them other activities also.

RECOMMENDATIONS

Nursing general duty attendants are meant for patient care and to assist the nursing staff on duty in a hospital. As observed nursing general duty attendant spends 28% of a 360 minutes shift on an average for patient care. Also it was observed that nursing general duty attendant spends on average 24.7% of 360 minutes on other movements, which should be reduced and checked so as to optimize the utilization of the working hours of nursing general duty attendants and also increase their efficiency in patient care leading to better quality care.

Housekeeping general duty attendants are meant for cleaning services in a hospital. As observed housekeeping general duty attendant spends on an average 48.4% of 480 minutes in a shift for cleaning activities. Also it was observed that housekeeping general duty attendant has a time span with limited activities to be performed, so this can be optimized for efficient utilization of their working hours by allotting them other activities also.

PROJECT II

A STUDY ON DIAGNOSTIC ACCURACY BETWEEN PROVISIONAL DIAGNOSIS WITH LABORATORY DIAGNOSIS

INTRODUCTION

Earlier, diagnosis was based more on signs and symptoms. With development of systematic methods of clinical examination more reliance was placed on signs. However major breakthroughs in diagnosis were achieved when medical technology provided a wide array of accurate and reliable laboratory diagnosis. Identification of illness and problem by medical examination is Diagnosis. Provisional Diagnosis is the temporary diagnosis which initiates the process of further diagnosis. Provisional diagnosis is made in the absence of complete information and therefore is not the final and reliable diagnosis. Therefore a provisional diagnosis is followed by confirmatory test which further leads to critical evaluation. There are many such tests to confirm provisional test including Biochemical investigation, microbiological investigation, and histopathological investigation. Such confirmatory diagnosis is the key to curing patient's problem and giving a line of action for treatment. Therefore it demands for at most accuracy. High degree accuracy helps increase the reliability of the organization and help us contribute in good healthcare services by decreasing the cost to the services and providing better satisfaction to the patients. High degree accuracy therefore is an important aspect of medical diagnosis along with an important parameter that help develop better relationship between patient and service provider

There are various statistical tools used to measure such degree of accuracy, one common tool in practice is correlation, which is used to study relationship or connection between two or more things. Here relationship between provisional diagnosis and Laboratory diagnosis is studied.

Therefore, this correlation study aims to find out the accuracy of provisional diagnosis with final diagnosis and role of clinical examination and diagnostic investigations for such purpose.

Findings and Analysis

Month	No. of Reports Co-relating	No. of Reports Not Co-relating	Total No. of Tests	%age
Apr-16	51	8	59	86.4%
May-16	47	3	50	94.0%
Jun-16	52	0	52	100%
Jul-16	53	0	53	100%
Aug-16	47	3	50	94%
Sep-16	47	4	51	92%
Oct-16	40	3	43	93%
Nov-16	51	2	53	96%
Dec-16	45	1	46	98%
Jan-17	45	2	47	96%
Feb-17	48	1	49	98%
Mar-17	51	1	52	98%
TOTAL	577	28	605	

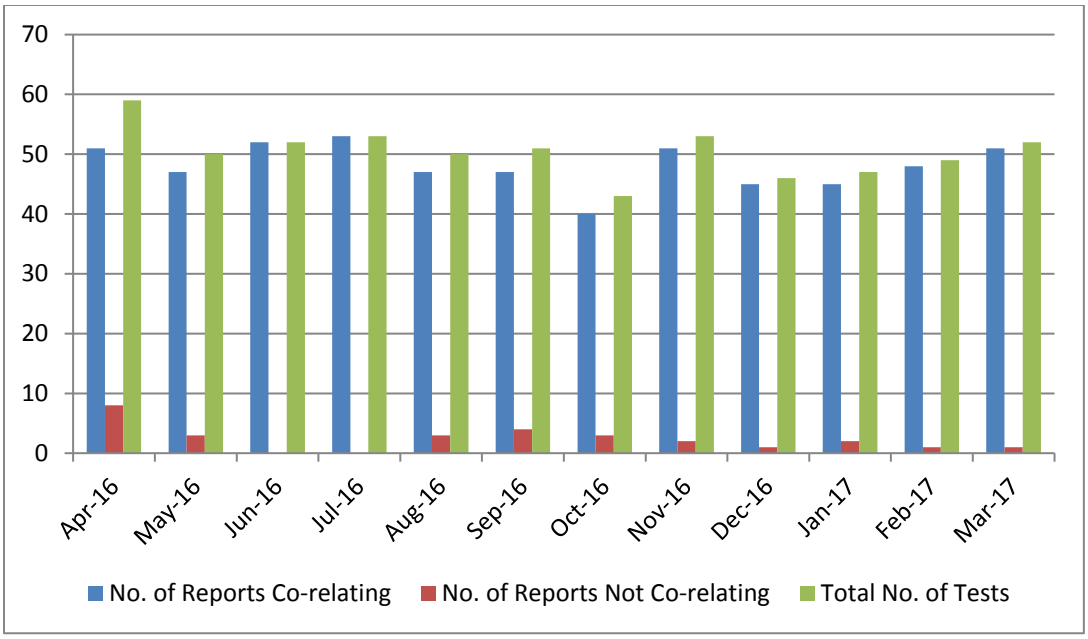


Fig. Bar graph representing total tests for the year april2016 to march2017

No. of Reports Co-relating	No. of Reports Not Co-relating	Total No. of Tests	AMOUNT OF CORRELATION	
577	28	605	95.37%	

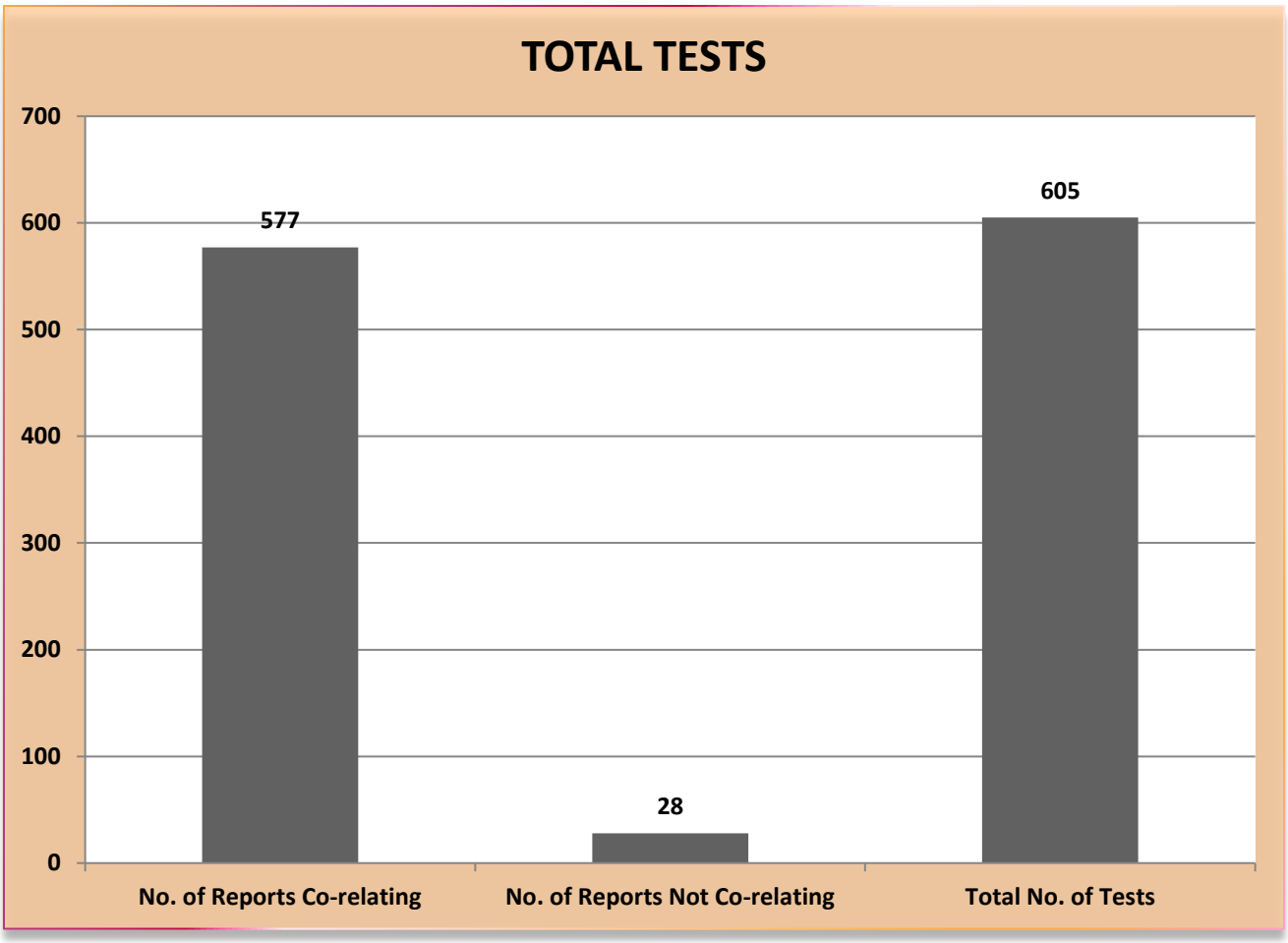


Fig. Bar graph representing total number of tests.

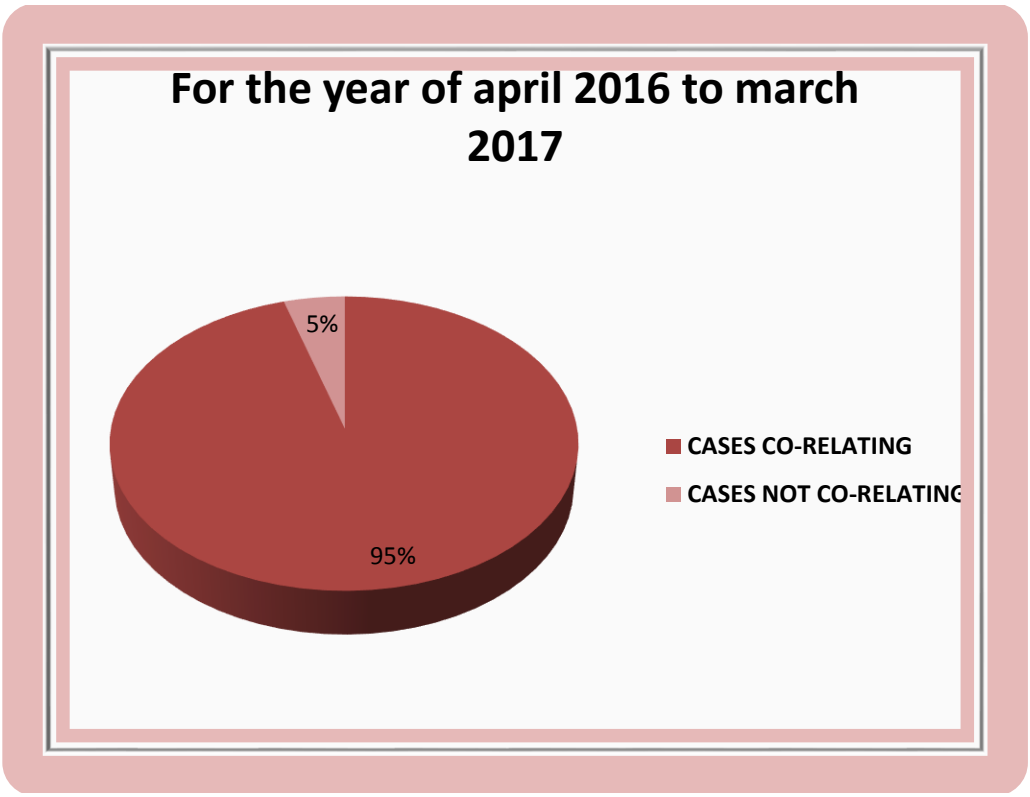


Fig. The amount of correlation that exist between provisional diagnosis and laboratory diagnosis is 95%

LIMITATIONS

- ✓ Manual data was provided for provisional diagnosis, some of which seemed illegible and created bias in the study.
- ✓ Some cases provisional diagnosis was not filled and so were not included in the study.

CONCLUSION

The study concludes that 95% Laboratory diagnosis correlates with Provisional diagnosis, Therefore showing greater levels of accuracy and lesser number of investigations required, thereby resulting in improved patient satisfaction. Also Correlation is one of 70 quality indicators of NABH accreditation thereby results also abide by NABH standards.

National Accreditation Board For Hospitals And Healthcare Providers

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.

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.
- Data related to all Seventy Quality Indicators were compiled and checked.
- 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.

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.
- We made report of these and previous mock drills too.

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.

NABH Display Corner

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

Correlation of Laboratory

- Correlation data for Laboratory and Radiology was made for previous one year to check the correlation quality indicator as per NABH standards.

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. On final day a review meeting was conducted.