

**Summer Training at
CK Birla Hospitals (RBH), Jaipur
(April 3 to June 2, 2017)**

- **Time Motion Study for Studying Response of Biomedical Engineering Department to Breakdown Calls of Medical Equipment's**
- **Streamlining of the Breakdown Maintenance program of Biomedical Engineering Department**
- **Study on Awareness of Employees about Hospital Policies**

**By
Nidhi Saraswat**

**Under the guidance of
Dr. S. D. Gupta**

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


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

CERTIFICATE

This is to certify that Dr. Nidhi Saraswat has undergone summer training in C K Birla- RBH , Jaipur from 3rd April to 2nd June 2017.

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

I wish her success in all her future endeavors.



Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur



Dr . S.D.Gupta

Chairman

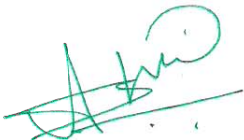
The IIHMR University

Date:- 2nd June 2017

To whom so ever it may concern

This is to certify that Dr. Nidhi Saraswat has successfully completed her summer internship in Biomedical Engineering department from 3rd April 2017 to 2nd June 2017.

We found her sincere, punctual & hardworking. We wish her every success in her future and career.



Ashwin Divakaran

Head – HR & Training



ACKNOWLEDGEMENT

First, I would extend my profound gratitude to the almighty, who helped me to accomplish all my tasks well on time. I would like to thank all the people who contributed their valuable time and support without which my study would have been incomplete.

My special vote of thanks to **Mr. Ashwin Diwanakaran** (Head HR, RBH) and **Ms. Bhawna Hemrajani** (Assistant manager –L&D, RBH) who gave me the opportunity to pursue my summer training in Rukmani Birla Hospital (Jaipur). I consider myself fortunate to work under **Mr. BSVD Durga Pradeep** (Manager, Biomedical Engineering Department). He gave enormous encouragement and support for my research work. He extended valuable guidance which helped me to gain newer insights for my study.

I would also like to mention here that this study would not have been possible without the support of my mentor **Dr. S.D. Gupta**. Under his guidance and motivation, I was able to conduct my study.

TABLE OF CONTENTS:

S.NO	TOPIC	PAGE NO.
1	ABBREVIATIONS	4
2	INTRODUCTION	6
3	ABOUT THE HOSPITAL	7
4	LIST OF FUNCTIONING BEDS	8
5	COMMITEES	9
6	SWOT ANALYSIS OF HOSPITAL	10
7	ABOUT THE DEPARTMENT	11
8	DEFINITIONS	14
9	PROJECTS UNDERTAKEN	16-35
	1. Time Motion study for studying response of Biomedical Engineering Department to breakdown calls of medical equipments	16
	2. Streamlining of the Breakdown Maintenance program of Biomedical Engineering Department	21
	3. Study on Awareness of Employees about Hospital policies.	29
10	REFERENCES	36
11	ANNEXURES	37
	1. Breakdown Maintenance Template	37
	2. Time Schedule during visit	38
	3. HR survey tool - Questionnaire	39

ABBREVIATIONS:

ACC: Access & Continuity of Care

CAG - Coronary angiography

CABG - Coronary artery bypass grafting

CSSD - Central sterile and supply management

COP: Care of Patients

CQI: Continuous Quality Improvement

DOT- Discharge order time

GDA – Ground duty assistant

HDU- High dependency unit

HIS - Hospital information system

HIRA: Hazard Investigating and Risk Taking

HIC: Human Infection Control

HRM: Human Resource Management

IPD - In patient department

MRD - Medical record department

MSDS: Material Safety Data Sheet

MOM: Management Of Medication

MRD: Medical Record Department

MIS: Medical Imaging Services

NICU - Neonatal intensive care unit

NABH: National Accreditation Board of Hospitals And Healthcare Providers

OPD - Out patient department

OT: Operation Theatre

PANR - Patient admission number registered

PUKR - Patient unique key registered

QA: Quality Assurance

SOP: Standard Operating Procedures

TPA - Third party assistance

INTRODUCTION

Summer training is an important aspect of Masters course on Hospital Management. As a part of the curriculum, the students undergo 2 months field training with reputed organization. This helps them to learn managerial skills. The main purpose of the training is to understand the functioning of organization and its work culture.

Rukmani Birla Hospital is the newest member of its parent organization – CK Birla Hospitals. It is a recognized center of excellence, providing quality medical care and research in the field of medicine. RBH is a 230 bed multi-specialty hospital with a well-developed infrastructure offering comprehensive inpatient and outpatient services. Three key principles on which the hospital functions are — Clinical Excellence, Ethical and Patient Centric approach. The Hospital not just caters to patient needs but also makes sure that the patients and their families are being looked after by a team of efficient doctors, caring and vigilant nurses, organized housekeeping and back office management.

ABOUT THE HOSPITAL

VISION STATEMENT

Patient at the core.

MISSION STATEMENT

Continuously creating benchmarks towards providing unmatched patient experience through clinical and service excellence amidst an inclusive environment that embraces innovation and quality combined with compassion, commitment, accountability and transparency.

COMMITMENT TOWARDS QUALITY

To constantly upgrade our human and technological resources in order to keep pace with the best global developments in medical science.

QUALITY POLICY STATEMENT

To maintain highest standard of quality service delivery provided at the hospital.

LIST OF FUNCTIONING BEDS

Department	Number of beds
Labor room	2
Cradle	5
Day care	9
Emergency	7
Endoscopy ward	5
HDU	5
ICCU	7
Maternity triage	2
MICU	9
Multi bed	8
NICU	6
Post-op-recovery	5
Pre-operative	5
Private	4
Semi private	4
General ward	22

Hospital has various committees they are: -

1. Clinical Governance Committee which constitutes of: -
 - a) Clinical Audit
 - b) Medical Audit
 - c) Mortality Review
2. Quality & Accreditation committee
3. Safety & Risk Management
4. Blood Transfusion Committee
5. Radiation Safety
6. Grievance Redressal
7. Infection Control
8. Biomedical Waste Management
9. Antimicrobial Stewardship
10. Cardio Pulmonary Resuscitation (CPR)
11. Pharmacy & Therapeutic
12. Delineation of Privileges
13. Procurement & Condemnation
14. Prevention of Sexual Harassment
15. Credentialing & Privileging of Medical Professionals
16. Credentialing & Privileging of Nursing Staff

SWOT ANALYSIS FOR THE HOSPITAL

STRENGTH:

- Skilled and Diligent staffs.
- Competent doctors.
- Financial counseling.
- Ambience and ample open spaces.
- Clean Surroundings.
- Prayer room.
- Multiple OT rooms.
- Cozy & comfortable semi private & private rooms.
- Latest & modern technology.

WEAKNESS:

- Delays in discharge.
- Less number of TPA.
- No signage to indicate Pathway to general ward.
- No display of Doctors in the main lobby.
- No low budget cafeteria for attendants.
- No benches or covered area for sitting in garden area

OPPURTUNITIES:

- Laced with competent Doctors & staff.
- Patient satisfaction.
- Transplant, burn, oncology, cosmetology, IVF facility.
- Economical and Attractive health packages.
- Marketing.
- Entertainment facility for patients.

THREATS:

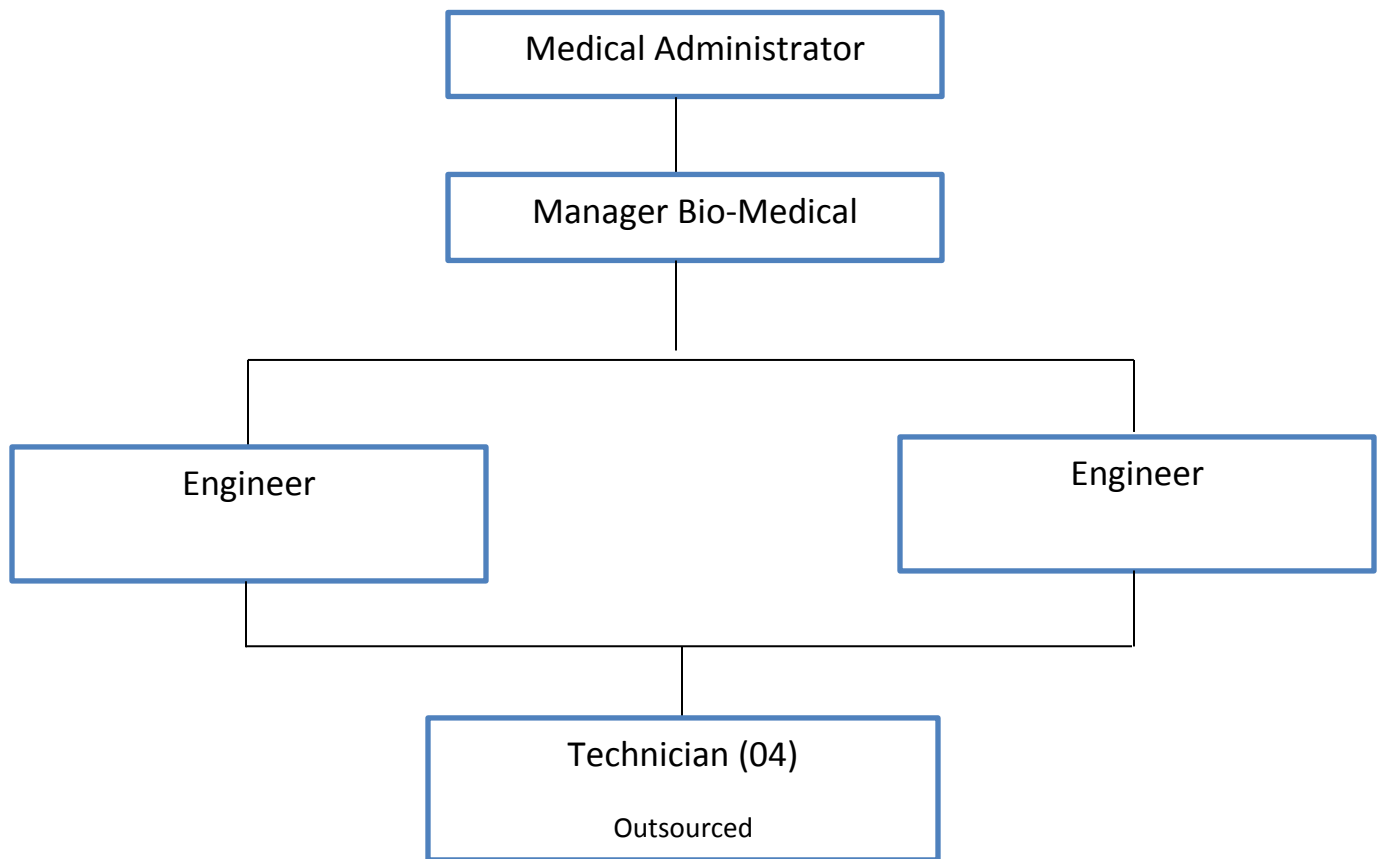
- Chances of clashes because of delay in the discharge process.
- Less patient flow due to non-availability of other insurance companies.
- Consent form.

Bio-Medical Engineering Department

INTRODUCTION:

Healthcare technology has evolved over the past several years in prolonging the lives of people by providing the quality healthcare services. Newer Medical devices have now set new standards in Diagnosis and Treatment aspects of medical sciences. Maintaining the Medical devices demands larger sum especially when outsourced. In-House Clinical Engineering Department looks after the maintenance of all medical equipment and resolve failures in short notice.

ORGANOGRAM:



OBJECTIVES OF DEPARTMENT:

1. To ensure that the Medical Equipment is safe, accurate and ready for patient use.
2. To identify and control risks associated with Medical Equipment failure.
3. To ensure readiness of the equipment for emergency use whenever required

FUNCTIONS OF DEPARTMENT:

1. Provides guidance in the selection and Procurement of medical equipment
2. Maintains a written inventory of all the medical equipment.
3. Identifies high-risk medical equipment on the inventory.
4. Maintaining, Inspecting and testing of all medical equipment on the inventory.
5. Develops a backup plan in case of failure.
6. Monitoring and reporting all incidents in which medical Equipment is suspected for injury or death of patient.
7. Maintaining the Documented Protocol for Equipment maintenance.
8. Follow the documented procedure for condemnation and decommissioning of equipments.
9. Training and Development of employees for safe handling of equipments.
10. Maintaining all the necessary licensures and QA reports of Equipments installed in the Organization.

SWOT ANALYSIS OF DEPARTMENT

• STRENGTHS:

1. Skilled staff
2. Department familiar with the latest technology in healthcare.
3. Department plans for utilization of technology in an affordable and safe manner.
4. Good interdepartmental communication.
5. Documented SOP for Equipment maintenance and Gas Manifold.

• WEAKNESS:

1. No record of Asset Utilization Rate.
2. No follow up policy with the departments to evaluate the effectiveness of Maintenance Program.
3. No Training Schedule for staff of hospital.
4. No Back Up plan in case of failure of critical equipment.
5. No Computerized Maintenance Management system to keep an update of all maintenance schedules and various other measures.

• OPPORTUNITY:

1. Planning cost effective Maintenance strategies.
2. Implementing strategies to reduce wastage.
3. By implementing CMMS, they can determine the Asset Utilization Rate and Cost analysis of maintenance Programs.
4. Providing quality health care by reducing chances of injuries or deaths due to Equipment failure.

- **THREATS:**

1. No Backup plan for Critical Equipments Failure could lead to failure of process.
2. Increased rates of User errors in absence of timely training.
3. Increased failure rate could lead to increased financial burden on organization.

TYPES OF MEDICAL EQUIPMENT:

A. BASED ON USE:

1. Diagnostic – Used in estimation of body potentials, blood values, imaging and laboratory equipment. [7]
2. Therapeutic – Used with radiation energy, prosthetic and orthopedic equipment used in resuscitation, special treatment and surgical support including the gas supply system. [7]
3. General – Equipment used in routine patient care, CSSD etc. [7]
4. Medical Equipment- used for medical research and education. [7]

B. BASED ON METHOD OF PURCHASE:

1. Major Equipments: - required to be Tendered/Proprietary Item [7]
2. Minor Equipments/Instruments: - which can be obtained by Local Purchase [7]

TYPES OF MAINTENANCE STRATEGIES OF MEDICAL EQUIPMENT:

1. REACTIVE MAINTENANCE-

Reactive maintenance is “run it till it breaks” maintenance mode. It can be also known as Breakdown or Corrective Maintenance. [7]

2. PREVENTIVE MAINTENANCE-

Preventive maintenance can be defined as Actions performed on a time- or machine-run-based schedule that detect, preclude, or mitigate degradation of a component or system with the aim of sustaining or extending its useful life. [7]

3. PREDICTIVE MAINTENANCE –

Predictive maintenance can be defined as Measurements that detect the onset of system degradation (lower functional state), thereby allowing causal stressors to be eliminated or controlled prior to any significant deterioration in the component physical state. [7]

4. RELIABILITY CENTRED MAINTENANCE -

Reliability centered maintenance can be defined as “a process used to determine the maintenance requirements of any physical asset in its operating context.”

In Most Hospitals Breakdown and Preventive Maintenance are carried out. [7]

IMPORTANT DEFINITIONS:

1) MEDICAL DEVICE:

An article, instrument, apparatus or machine that is used in the prevention, diagnosis or treatment of illness or disease, or for detecting, measuring, restoring, correcting or modifying the structure or function of the body for some health purpose. Typically, the purpose of a medical device is not achieved by pharmacological, immunological or metabolic means. [2]

2) MEDICAL EQUIPMENT:

Medical devices requiring calibration, maintenance, repair, user training, and decommissioning – activities usually managed by clinical engineers.

Medical equipment is used for the specific purposes of diagnosis and treatment of disease or rehabilitation following disease or injury; it can be used either alone or in combination with any accessory, consumable, or other piece of medical equipment. Medical equipment excludes implantable, disposable or single-use medical devices [2].

3) UPTIME:

Total time during which the equipment is valid and is ready for use to perform its intended function whether with a patient on it or without a patient. [1]

Uptime = operating time + standby time.

4) DOWNTIME:

The duration of time in which the equipment is not operating because of malfunction.

Downtime = time of equipment failures + time of maintenance + time of inspection + time of repair + time of calibration + time accounting for lack of consumables [1]

5) RESPONSE TIME:

The time taken by the Technician/ Staff from receiving the call to reaching the site of Equipment failure. [1]

6) EQUIPMENT BREAKDOWN RATE:

Also known as failure rate, is the frequency with which an engineered system or component fails. It is expressed in failure per equipment per hour /shift/day. [1]

7) TURN AROUND TIME:

The time taken by technician to process an order, carry it out and report the results back. [1]

8) CALIBRATION:

The process of determining the accuracy of a device by comparing it to a known measurement standard. [7]

TIME MOTION STUDY FOR BREAKDOWN MAINTENANCE ANALYSIS.

INTRODUCTION:

A Time Motion study is conducted in the Biomedical Engineering Department of C.K. Birla Hospital-RBH, Jaipur.

The aim of study is to determine the efficiency of Biomedical Staff in attending the failures related to medical equipment and solving the problem.

1. OBJECTIVE:

- The objective of study is to determine Average Response time for the Department.
- To determine the Turnaround time (TAT) for the Equipments.
- To identify the reasons for delay in Response time and TAT for the Department.

2. METHODOLOGY:

Study – Observational Cross-Sectional Study

Sampling Method- Non-Random Sampling

Method- Quantitative

Sample size – 30

Source of data- Primary Data

Duration of study – 1 month

Location – Biomedical Engineering Department

Shadowing and Observation of the Technician/ Staff was done to understand the factors affecting the Response Time and TAT.

3. RESPONSE TIME:

The Response time for the month of April 2017 are observed and recorded.

A Total of 30 work orders are analysed.

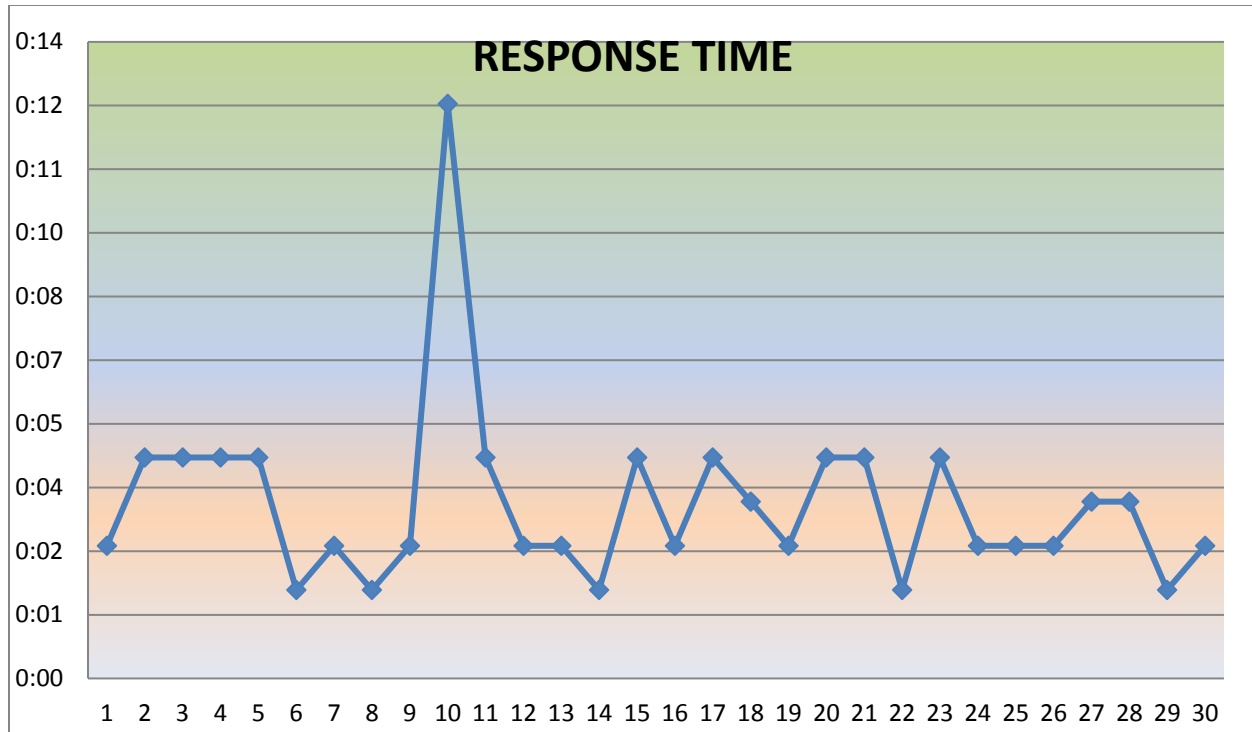
The time is measured from the time the Department received a call to the time when Technician reached the Concerned Department.

The graph shows the time taken by the Technician to reach to the site.

For most of the work orders, the Response time is less than 7 minutes.

Only in one case i.e. on 11- April-2017, the Response time exceeded the limit of 7 minutes.

The Average Response time for this month is 3 minutes.



4. **TURNAROUND TIME:**

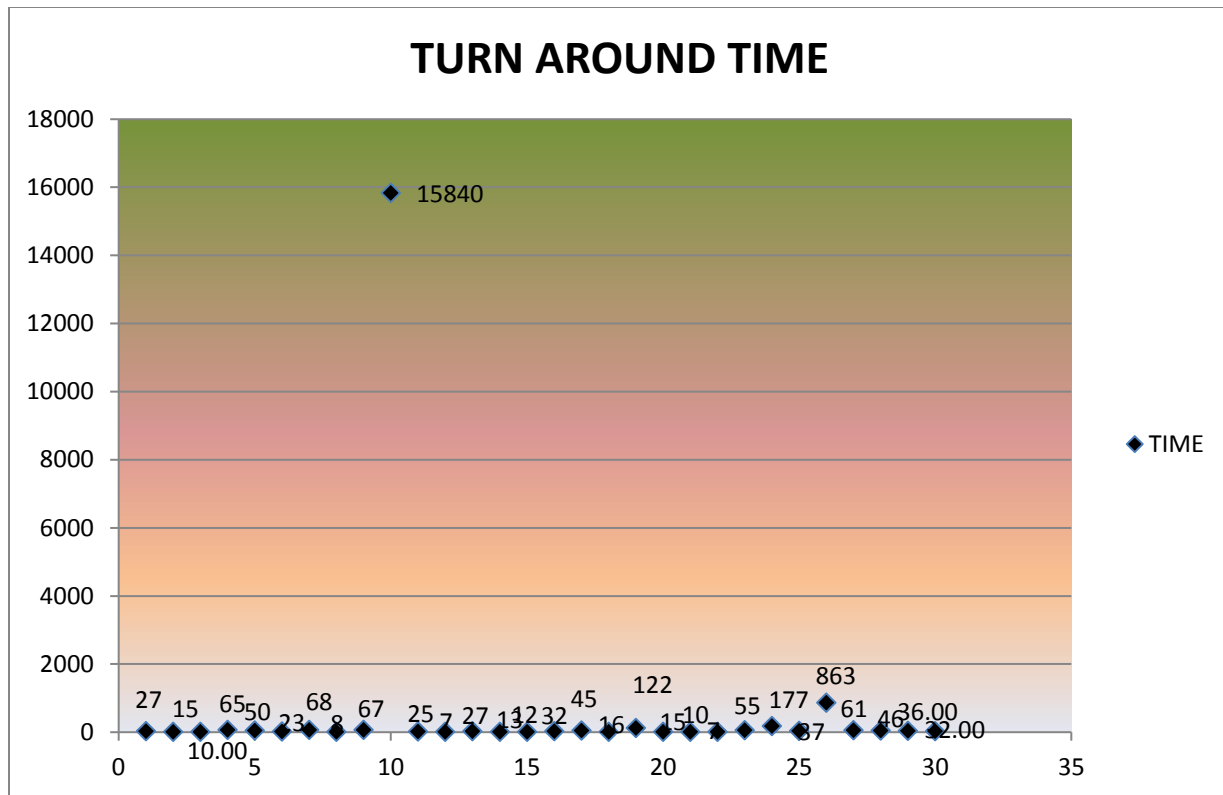
TAT is calculated by recording the time when the technician returns to the department after repairing the Equipment. In other words, it is the time in which the Equipment returns to its previous working state.

The following graph shows the TAT recorded on the given dates.

For most of the work orders TAT is less than 4 hours except on two cases.

For the call on 11-April-2017, TAT came out to be 264 hours.

A standard of 24 Hours is established for TAT and if the machine takes >24 hours to repair than Root Cause Analysis should be done.



The average TAT for the April month is 39 minutes.

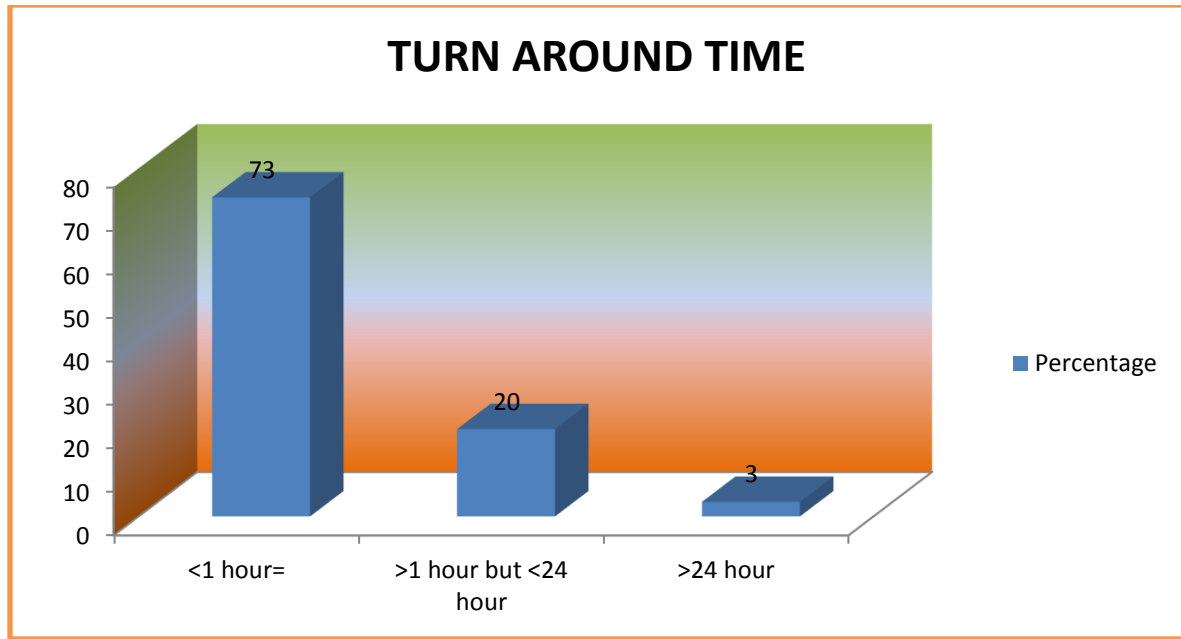
5. OBSERVATIONS:

a) Reasons for Delay in Response Time:

- The Technician is posted in the Gas Manifold department. Due to which sometimes direct communication with the Technician could not be established. This may lead to delay in attending the failures.
- Delay in Response time is observed when technician is overloaded when other staff is on leave.

b) Factors affecting TAT:

- 73% Work Orders are completed within 1 hour.
- 20% work orders are completed within < 24 hours.
- In 3% cases TAT is >24 hours



- **Reasons for Delay in TAT**

- I. On Analyzing, TAT >24 hours is because of delay from the company support.
- II. Delay also occurs due to lack of spare parts or consumables.

6. CONCLUSION:

The Hospital has an In- House Engineering Department which is well equipped with skilled staff. The technicians come in different shifts and are available round the clock to attend any emergencies.

The Response time is much below the Standard time of 7 minutes.

The TAT is also <24 hours in around 90% cases.

The Department is working efficiently in providing its services on time.

7. SUGGESTIONS:

- Delay in Response time can be avoided by improving communication with the technician and staff.
- TAT can be reduced by strict follow up of the company/ vendor involved.
- Availability of spare parts / Consumables can further help in increasing the efficiency of department.

STREAMLINING CORRECTIVE MAINTENANCE OF MEDICAL EQUIPMENT

INTRODUCTION:

This study is done in the Biomedical Engineering Department of C.K. Birla hospitals – RBH, Jaipur. Biomedical Engineering Department is responsible for proper working of Medical equipment in the Hospitals. Timely audits of this department are done to evaluate the effectiveness of Departmental activities and to update them on their shortcomings.

OBJECTIVE:

The Objective of this study is to measure the quality indicators and to compare them to the set standards inorder to evaluate the efficiency of Breakdown Maintenance Program.

METHODOLOGY:

- Study: Quantitative Cross-sectional study
- Sampling Method- Non-Random sampling.
- Source of data- Secondary data, Departmental Logbook
- Location: Biomedical Engineering Department
- Sample size - A Total of 94 call records for the months January to April 2017 are recorded.

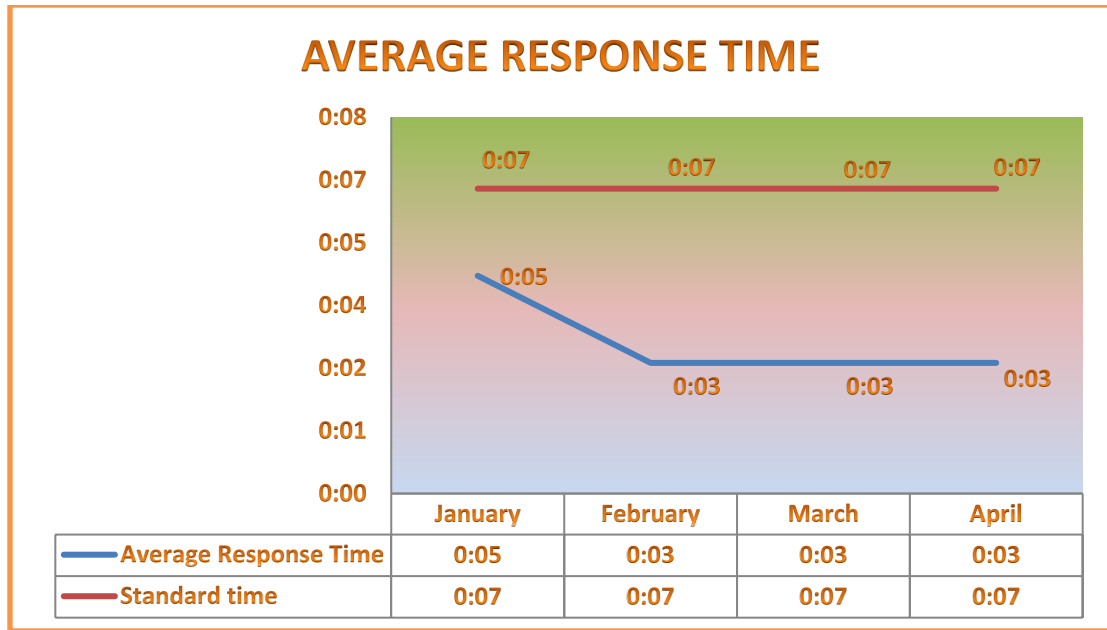
FINDINGS:

1. AVERAGE RESPONSE TIME:

The Average Response Time for the months January to April 2017 is 4 minutes.
The standard time is 7 minutes.

It is the time in which the Department responds to the breakdown calls for Medical Equipment from other Departments.

Delay in Response time will further affect the timely services provided by the concerned department.

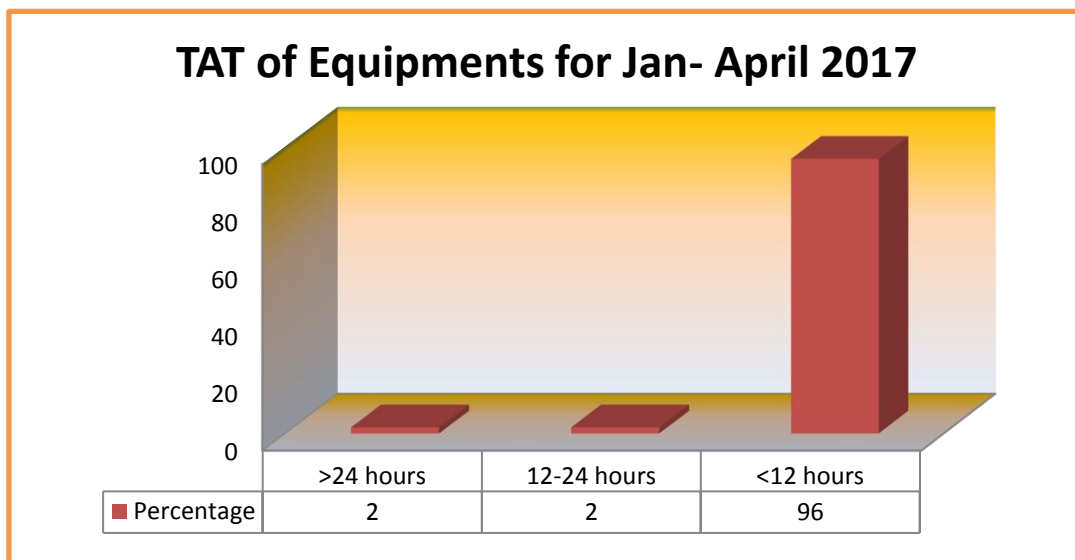


The Graph suggests that The Average Response time for all the months is within the limits i.e. <7 minutes.

2. TURN AROUND TIME:

For Medical Equipment, Turnaround Time should be as minimum as possible. But some Equipment may take longer time for repair.

So, 24 hours is set as Standard TAT for the department. For equipments taking >24 hours to repair, Root Cause Analysis should be done



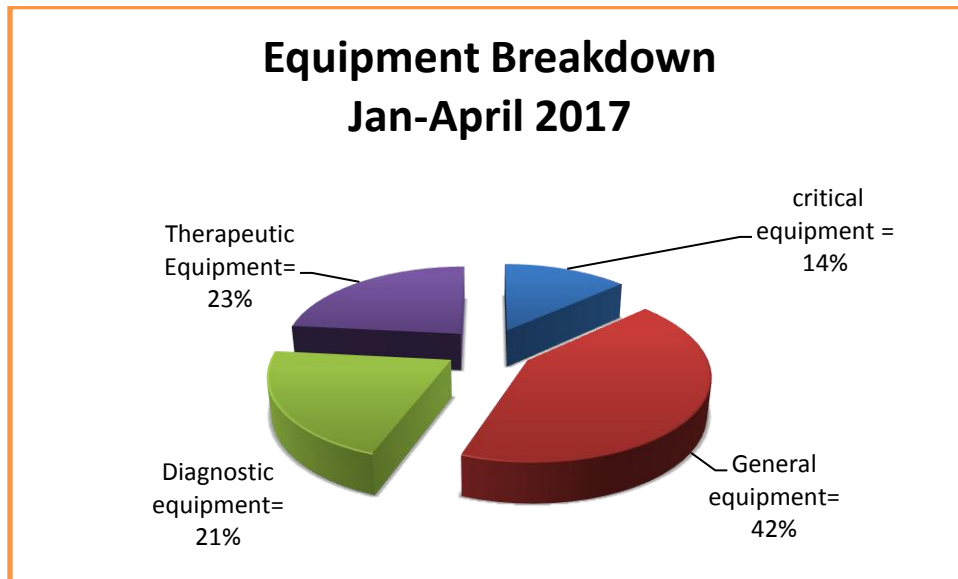
3. EQUIPMENT BREAKDOWN RATE:

Equipment Breakdown Rate is calculated for the category to which the equipment belongs

Critical Equipment Breakdown should be as low as possible. The graph reveals that out of the total work orders 13% are Critical Equipment.

General Equipment experienced highest breakdown with around 42% of the total work orders.

Diagnostic Equipment are 21% of the total work orders and Therapeutic at 24%.



4. CRITICAL EQUIPMENT BREAKDOWN:

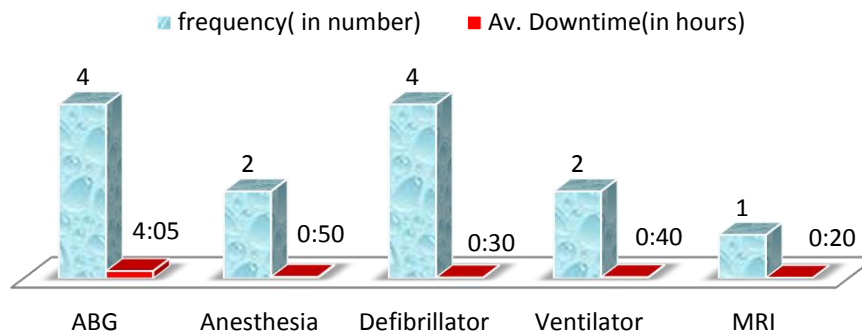
Out of the total work orders, the frequency of critical Equipment breakdown was recorded.

Average Downtime for each Critical Equipment is analysed. The following graph reveals: ABG m/c and Defibrillator were repaired 4 times each and Anesthesia m/c and Ventilator were repaired twice each.

The Downtime for ABG machine is highest i.e. 4 hours and lowest for MRI and Defibrillator i.e. 20 minutes and 30 minutes respectively.

Of the total 6 Critical Equipment, 5 experienced issues which were timely resolved by the Department.

CRITICAL EQUIPMENT BREAKDOWN (JAN-APRIL 2017)



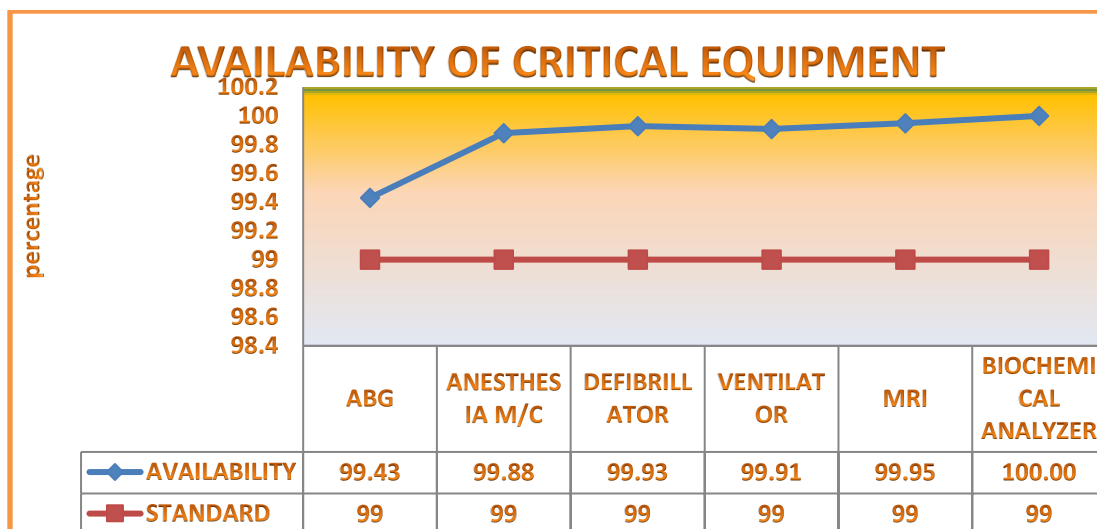
5. AVAILABILITY OF CRITICAL EQUIPMENTS:

Availability of Critical Equipment is calculated by recording the uptime of equipments and total working hours.

A Critical equipment should ideally be available 24/7 i.e. 720 hours for each critical equipment.

The Availability of Critical Equipment should be always more than or equal to 99% for providing quality healthcare services.

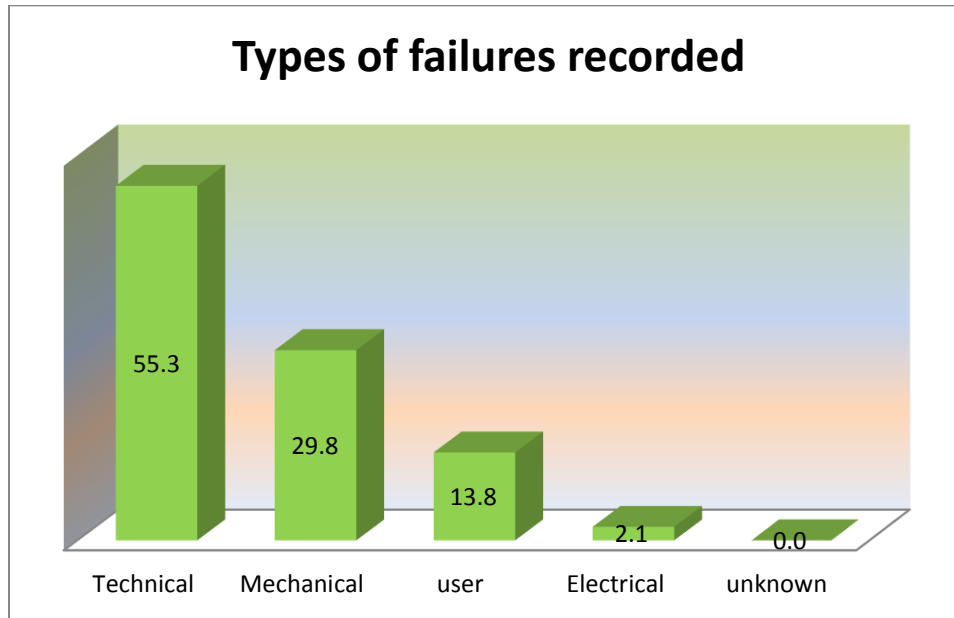
All the six critical equipments reported Availability more than 99% suggesting timely repair of any breakages.



6. TYPES OF FAILURES:

The data was categorized and analyzed according to the type of failure.

The following graph shows the findings:



The above graph suggests that 55% of the total failure recorded is Technical errors. Mechanical errors account for approximately 30%.

Approximately 14% are User errors and Electrical errors are 2%.

SUMMARY OF FINDINGS:

Each measure has 10 marks for full compliance and 0 for non – compliance.

Measure	Criteria	Score Obtained
Response time	< 7 min	10
TAT	< 24 hours	10
Equipment downtime	<24 hours	10
Availability of critical Equipments	>99%	10
% of User errors	Should be kept minimal.	0

Total Score for Breakdown Maintenance Program of Department is 40 out of 50.

OBSERVATIONS:

Based on the above findings, following Observations are made:

- a) Response time of the Department is less than the standard time. This indicates department responds quickly to the breakdown calls.
- b) TAT for 98% equipments is less than 24 hours indicating the efficiency of department in addressing the failures.
- c) Critical equipment breakdown is lowest compared to all other types of equipments suggestive of Department's proactive approach for maintaining the critical equipments.
- d) Most of the critical Equipments are repaired with in 1 hour of failure reported.
- e) The Availability of critical equipments is above 99% indicating the efficiency of Maintenance schedules.
- f) Most of the errors which are repaired are Technical errors. User errors are comparatively higher with approximately 14% of total errors.

CONCLUSION:

C.K. BIRLA HOSPITALS branch- RBH, Jaipur has an in-house Biomedical Equipment Department. The Department looks after the Procurement, Installation, Testing, Calibration and Maintenance of all the Medical Equipments.

This study reveals that the Department is working efficiently to handle issues related to Equipment breakdown by repairing the failures in minimum time. Department is actively responding to the issues related to the equipment ensuring minimum delay in reaching the site and provide their timely help to the department in imparting Quality healthcare services.

SUGGESTIONS:

- A Computerized Maintenance Management System (CMMS) should be installed in the Department. This will aid in Inventory Management, keeping account of date of installation of equipment, Preventive Maintenance records, Causes and type of Breakdown Maintenance.
- Effective Communication with the Concerned User Departments should be maintained for preventing the risks associated with equipment failure.
- Timely Orientation and guidance should be provided to the operators by the Biomedical Engineering Department.

- A feedback mechanism should be used to evaluate the user response to the maintenance program.
- Troubleshooting Indicators should be identified and shared with other departments for proper functioning of Equipment.
- In case of delay in repairing the equipment, follow up with the vendor should be maintained to get the work done on priority basis.
- A Job Card System can be used in the Hospital for Maintenance of Medical Equipment.
- A User guide/ instructions of use for Equipment should be provided in the concerned Department.
- A Backup plan in case of Critical Equipment failure should be developed.

HR PROJECT

EMPLOYEE

AWARENESS

SURVEY

AT

RBH, JAIPUR

INTRODUCTION:

This study is conducted with the employees of C.K. Birla Hospitals – RBH, Jaipur. The hospital is in its developmental phase with newer policies and a dynamic work environment. Thus, in such an organization it is important to keep the employees motivated to perform.

OBJECTIVE:

The aim of this study is to know how much employees are aware about their Organization and its work culture. The specific objectives are:

- I. To estimate how much employees are aware about with rights and responsibilities in the Organization.
- II. To estimate how much employees are familiar with the Mission and Vision of Organization.

METHODOLOGY:

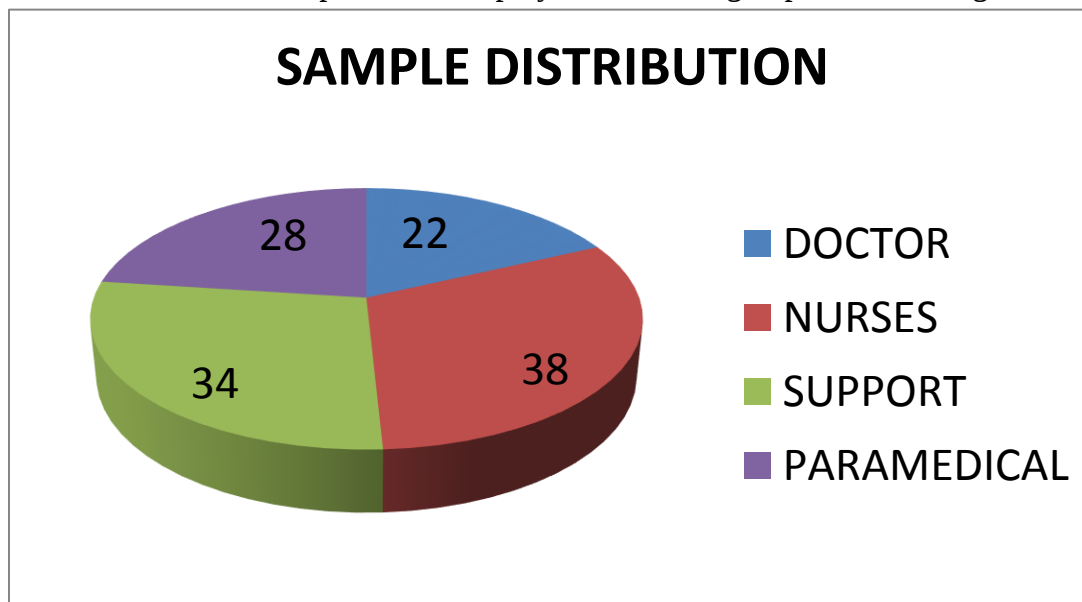
Method: Cross sectional Study

Sampling: Non-Random Sampling.

Sample size: 122 employees of hospital (On Permanent rolls)

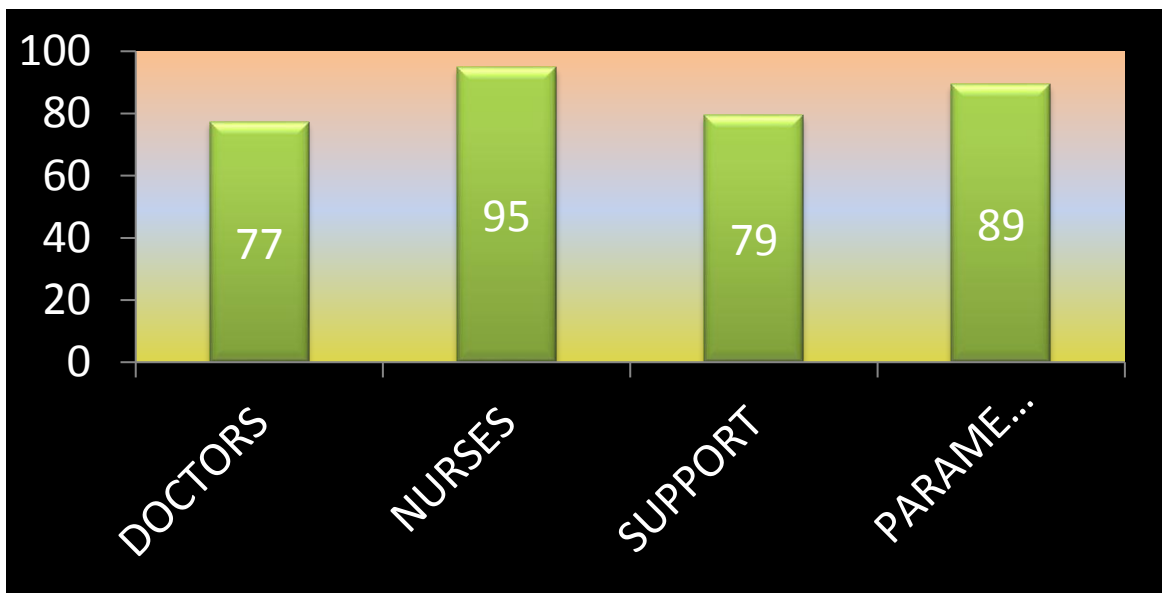
Tool: Questionnaire.

FINDINGS: The sample of 122 employees is further grouped into 4 categories



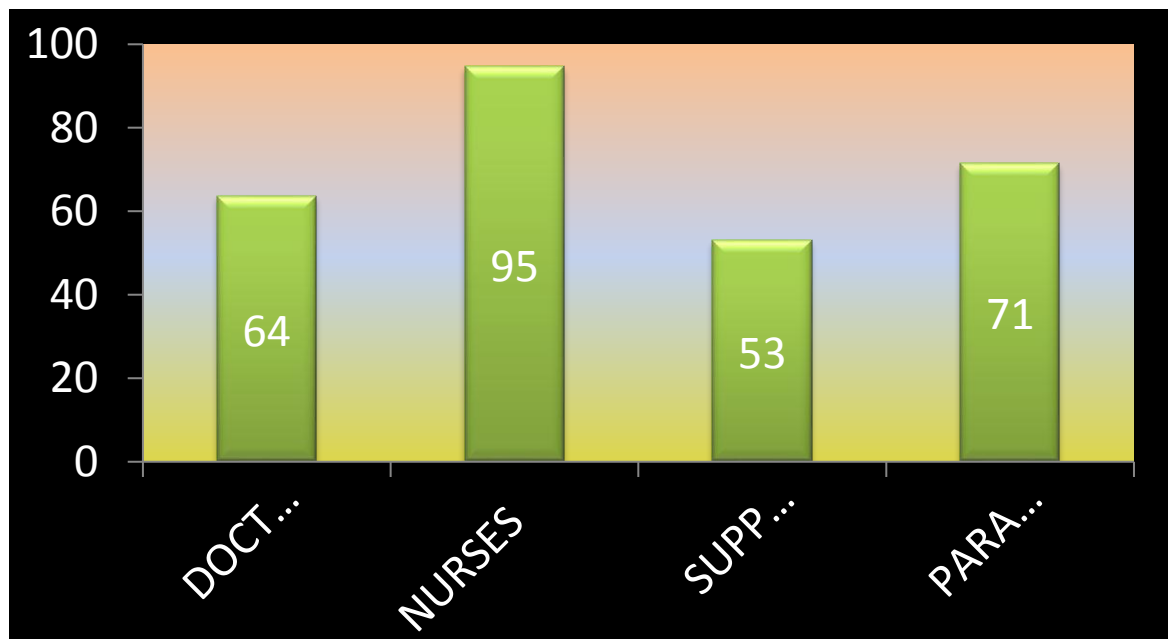
The above graph suggests that sample had 22% Doctors, 38% Nurses, 34% Support staff, 28% Paramedical staff.

1. AWARENESS ABOUT EMPLOYEE RIGHTS:



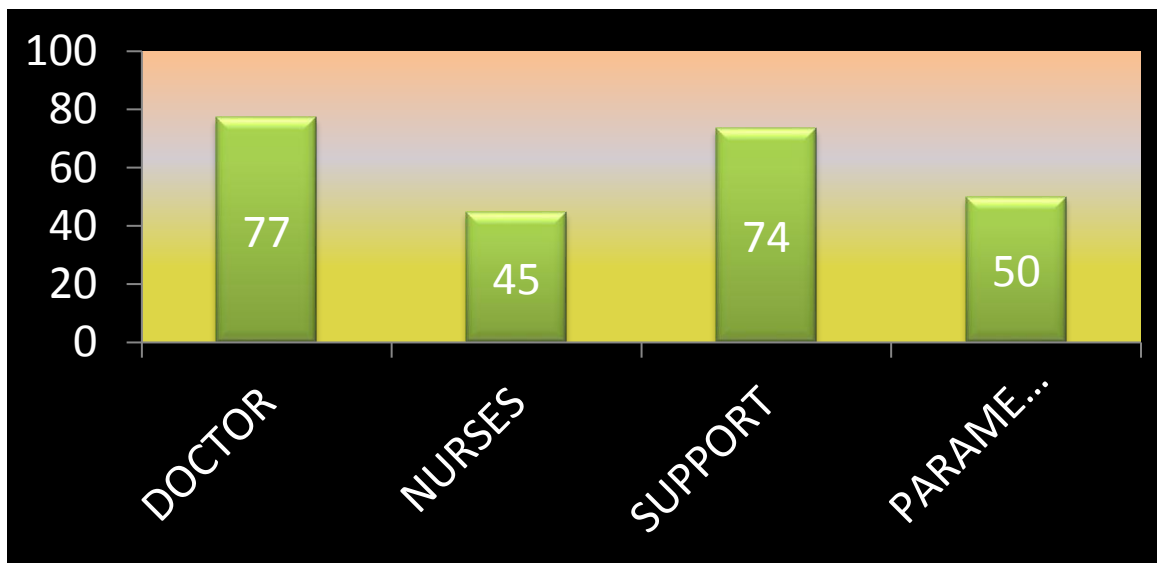
The graph suggests that 77% Doctors are aware about their rights in the organization which is the lowest when compared with other departments.

2. AWARENESS ABOUT EMPLOYEE RESPONSIBILITY:



Graph suggests that Nurses are well informed about their responsibilities in the organization.
Support staff need to be reoriented about their responsibilities in the organization.

3. AWARENESS ABOUT VISION OF HOSPITAL:



Graph suggests that 77% Doctors are well versed with the vision of hospital

Out of 38 nurses, only 45% knew about the vision of hospital. So, they need to be reoriented about this.

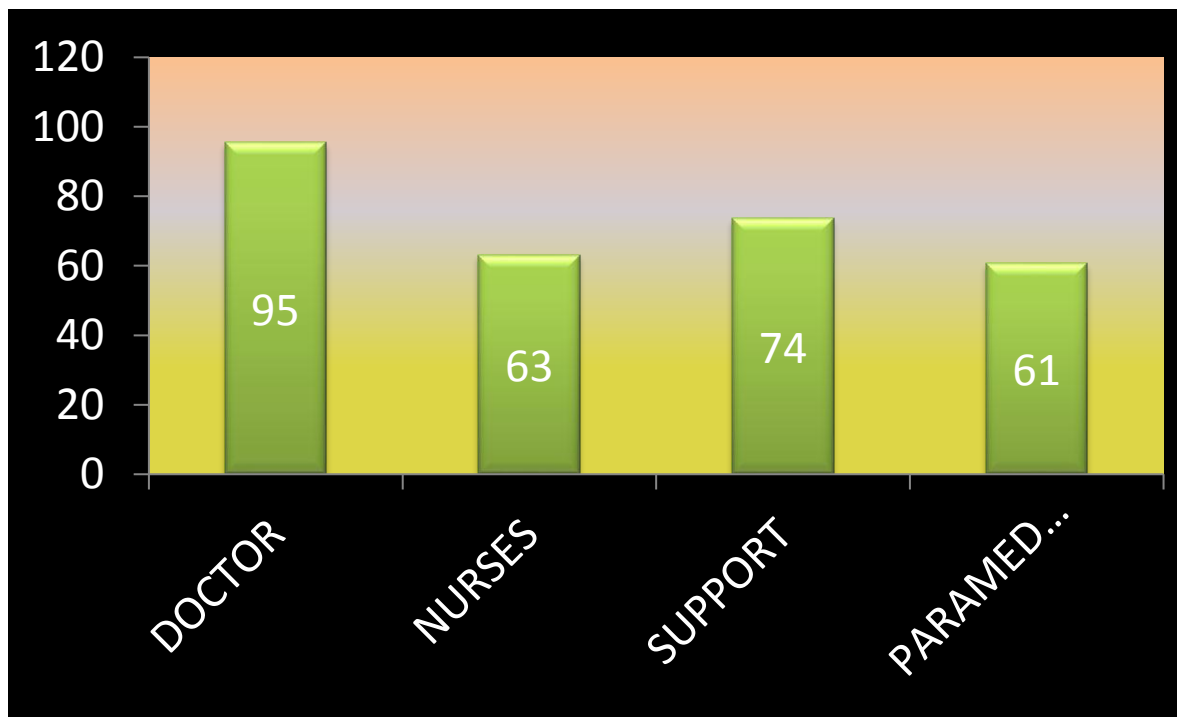
50% Paramedical staff were aware about the vision of RBH.

4. AWARENESS ABOUT THE MISSION OF HOSPITAL:

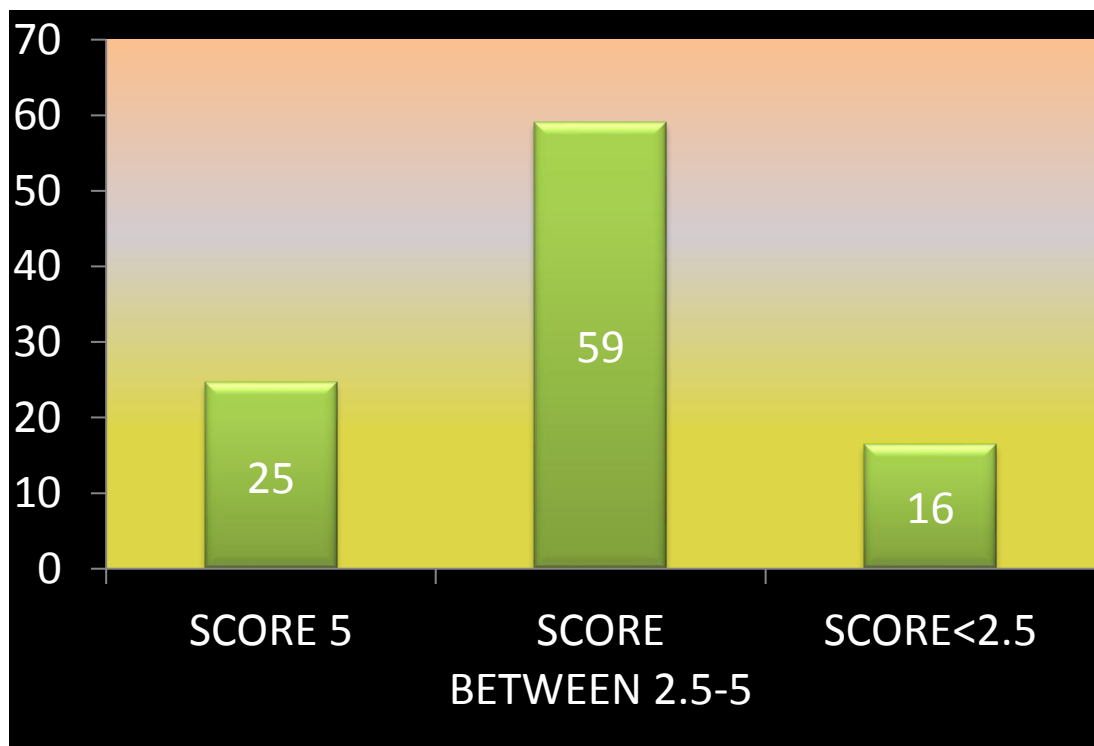
Doctors are well informed about the Mission of hospital.

63% Nurses and 61% Paramedical staff are aware of the mission of hospital. So, they need to be reoriented on this.

The following graphs shows awareness of Employees about the mission of Organization.



5. OVERALL EMPLOYEE RIGHTS AWARENESS:



The survey suggests that out of 122 employees only 25% are well updated with their rights and responsibilities.

59% scored more than 2.5 but less than 5, suggesting that they are not very sure about their rights and responsibilities. They need to be updated about the same with further orientation.

16% employees scored less 2.5, which mean they are not sure of their rights in the organization. Hence, they need to be reoriented about the same.

OBSERVATIONS:

- 84% employees are aware of their Rights and Responsibilities in the organization.
- While 16% employees need to be reoriented about the Policies of their Organization.
- Of all the staff, Paramedical staff had less clarity about their roles and Policies of the organization.
- Paramedical staff undergoes lesser training as compared to Doctors and Nurses. So, they are not regularly updated about their roles.
- Along with this, there is high Attrition rate for the Paramedical staff, due to which the staff is less motivated.
- Also, the participation of Paramedical staff in different cultural activities is less.
- Doctors and Nurses are aware of their role and work culture of the Organization.
- Support Services are aware about their rights and responsibilities but Knowledge about the Mission and Vision of Hospital is less.

CONCLUSION:

CK BIRLA HOSPITALS group have Employee Friendly Policies. The Organization has a separate Learning and Development Department. The aim of Department is to plan and implement Training for different department and enlighten them about the Organizational Policies and work Culture. Along with Technical training, more training to reorient employees should be undertaken.

SUGGESTIONS:

- i. Reorientation Programs should be planned for employees showing lesser awareness about the Organizational policies.
- ii. Paramedical staff, support staff should be motivated to attend and participate in different activities organized at different occasions such as Nursing day, World Health Day.
- iii. Induction and Orientation program should also be initiated for Housekeeping staff in order to introduce them to the Organization.

- iv. Special attention should be given to the new joining staff in order to motivate them to work for the Organization.
- v. Timely Satisfaction surveys should be conducted to recognize the reasons for discontent among the employees and plan policies to control them.

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ANNEXURE: 1. TEMPLATE FOR BREAKDOWN MAINTENANCE

[illegible]

2.TIME SCHEDULE DURING INTERNSHIP

S.NO	NAME OF DEPARTMENT	DATES OF VISIT	% OF TIME SPENT	INTERACTED WITH (NAME &DESIGNATION)
1.	Biomedical Engineering Department	4-4-2017 to 6-5-2017, 29-5-2017 to 2-6-2-17	67%	BSVD Durga Pradeep, Asst. Manager
2.	Learning & Development Department	8-5-2017 to 13-5-2017	11%	Bhawna Hemrajani, Asst. Manager.
3.	HR Department	15-5-2017 to 20-5-2017	11%	Pragati, Asst. Manager
4.	Quality department	22-5-2017 to 27-5-2017	11%	Shohini, Asst. Manager

3. HR SURVEY TOOL

EMPLOYEE AWARENESS SURVEY- RBH, JAIPUR

Name: (Please fill in capital letters)-

Department:

Please tick the below:

- 1) Support function 2) Nursing 3) Paramedical 4) Doctor

Q.1. Write about role of employees in the hospital.

Ans. a)

b)

Q.2. Write about employee's responsibilities towards the hospital.

Ans. a)

b)

Tick the right Answer

Q.3.What is Mission of RBH?

a) Continuously creating benchmarks towards providing unmatched Patient Experience through Clinical and Service Excellence amidst an inclusive environment that embraces innovation and quality combined with compassion, commitment, accountability and transparency.

b) To be globally respected health care Organization.

c) To be the leading multi-specialty Health care and research institute in India with World Class standards of Quality & Service.

Q.4. What is Vision of RBH?

a) Patient at the core

b) Care is my aim

c) Empathy is my passion

d) Patient is everything

Q.5. Following is not employee right

- a) The right not to be discriminated
- b) The right to a workplace free of harassment
- c) The right to fair pay
- d) To report to work on time.