A study on manpower planning and on assessing reasons of overtime if any, for various departments of Max Super Specialty Hospital Dehradun

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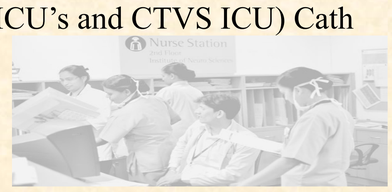
Background:

Manpower planning is the most essential part of any Hospitals' Administration. A major part of revenue generated goes towards this planning and its management. It includes deciding the budgeted occupancy .Which calls for the integration of information on basis of previous occupancy rate and the health market status in that area, formulation of policies and forecasting of future requirements of human resources so that the right personnel are available for the right job at the right time.

Research Question:

- How is manpower decided in the department.
- What are the reasons for overtime in the OT's , ICU's (MICU's and CTVS ICU) Cath lab of the hospital.
- What are the reasons for non compliance of the Roster.
- How can overtime be managed in the departments.



S no.	Research Objectives	Methodology
1.	To find out how is nursing staff manpower planned in the department,	Direct observation of the departments to find out how is nursing patient ratio decided..Observe the different duties of the staff like entering notes in Centralized Patient Registration system (CPRS), maintenance of registers etc.
2.	To find out the reasons of overtime in the OT's,ICUs',Cath Lab.	The nurses of the MICU's,CTVS ICU,OT's and cath lab were questioned through a unstructured questionaire.about the reasons of overtime.
3.	To find out the reasons if any of not following the rosters in the departments.	Direct observation of the present staff on duty and rostered staff on duty was done. In case of any discrepancy the reason for the same was asked and noted.
4.	To provide suggestions to reduce overtime in the department.	Data from above was assessed and suggestions were given.

Research Design:

A descriptive cross-sectional study was done in the OT's,ICU's,and Cath Lab.

Period of study: 8 weeks(2nd April to 2nd June)

Sampling design: Purposive sampling was carried out in selected departments.

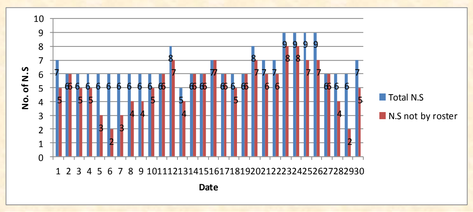
Rationale: The hospital is staffed sufficiently for its average monthly occupancy ,yet there needs to be overtime payment for the same.

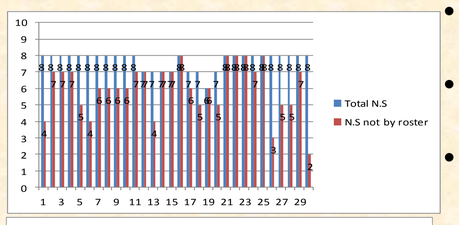
Major reasons of overtime:

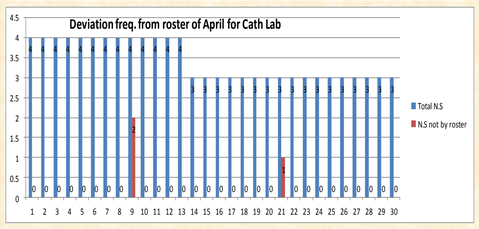
- Due to emergency leaves of the staff other staff is made to do overtime.
- Due to attrition in department like MICU and the time required to fill that vacancy,the present staff has to do overtime to fill that space until the new staff joins.
- The new staff is slow to learn because of which work is extended. Due to this the necessary register recording is also not proper as the new staff may forget to fill any-one register,or may miss entry in the system.Due to this the next shift staff may not get proper instructions.
- In critical care the required patient: nurse ratio is 1:1,and if there is a increase in number of critical patients then the requirement of staff increases
- In cath lab during a procedure if a patient becomes sick then 2 more nursing staff is called one to help the anesthesiologist ,other to go for any drugs required.
- In MICU if a patient crashes then nurse requirement are more.Such emergency situation increases the staff requirements.
- Consent is usually taken at least 12 hours before the surgery,the attendants of the patient may not be available resulting in delay in procedure.This in turn causes extra hours for nurse.
- Surgeons do not report on time for the surgery.
- The required clearance of the patient before the surgery are not done on time.for instance the lab reports are not provided on time.Most of the lab reports delay were due to the late sample received from the patient.
- Some doctors might shift the surgery to their preferable time.
- Some surgeries or procedures like explorative laparoscopy are add on procedures this extend the O.T time.
- In the morning when the staff is available on time,the surgeries still not start on time because of incomplete investigations,late paperwork completion,delay of doctor.
- Procedural delay in the surgery because of which the staff is bound to that surgery until it completes.
- The nurses are not much efficient and has no autonomy for the work, as they complaint of making entries in the system a burden of their job.
- The interpersonal relations between MICU and OT and ward nurses are not much pleasant. The nurses have an avenging mindset for staff of other department which at time delays patient transfer.

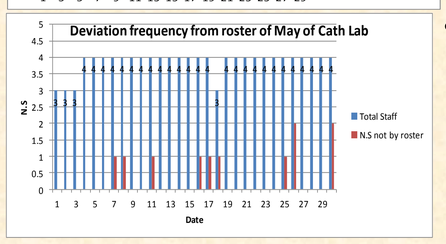
Data Analysis:

Different department roster compliance for the month of April and May,also showing the effect of 'stopping the overtime payment' for the month of may on roster compliance:-

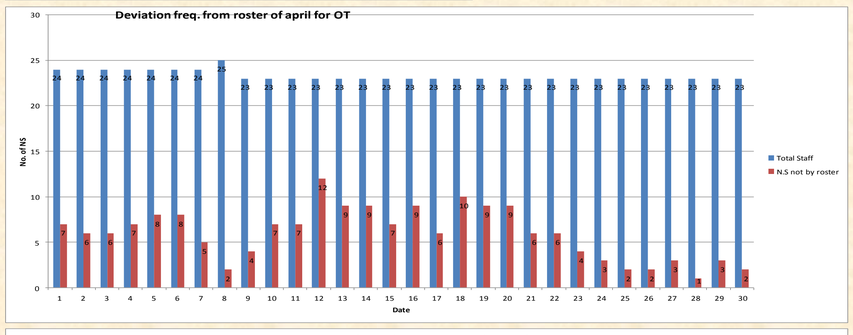


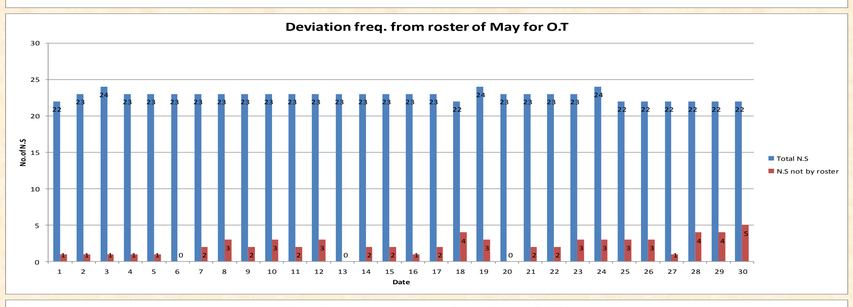


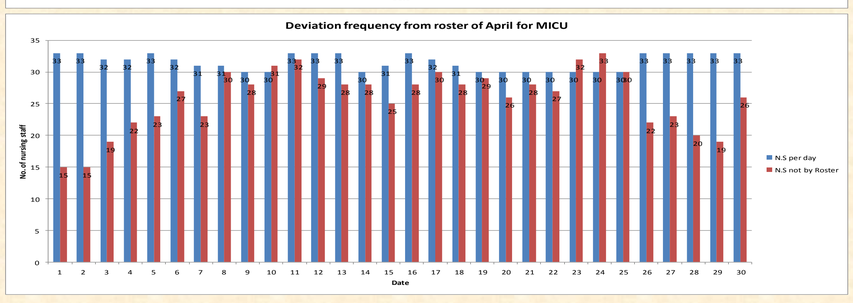


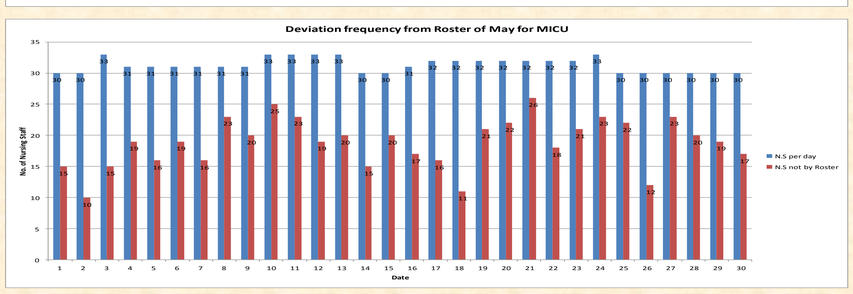


Data interpretation:
For CTVS ICU an average of 5 people in April and for May average of 6 people deviated from the roster daily.
For Cath lab only on two days in April and 9 days in May nurses deviated from roster.This department has general shift and has most-









DI:
For **OTs'** an average of 6 in April and 3 in May nurses deviated from Roster. Stopping of overtime payment reduced overtime in OT.
For **MICUs'** an average of 26 in April and 19 nurses in May deviated from roster hence reduction in overtime also happened., after stopping of overtime payment.

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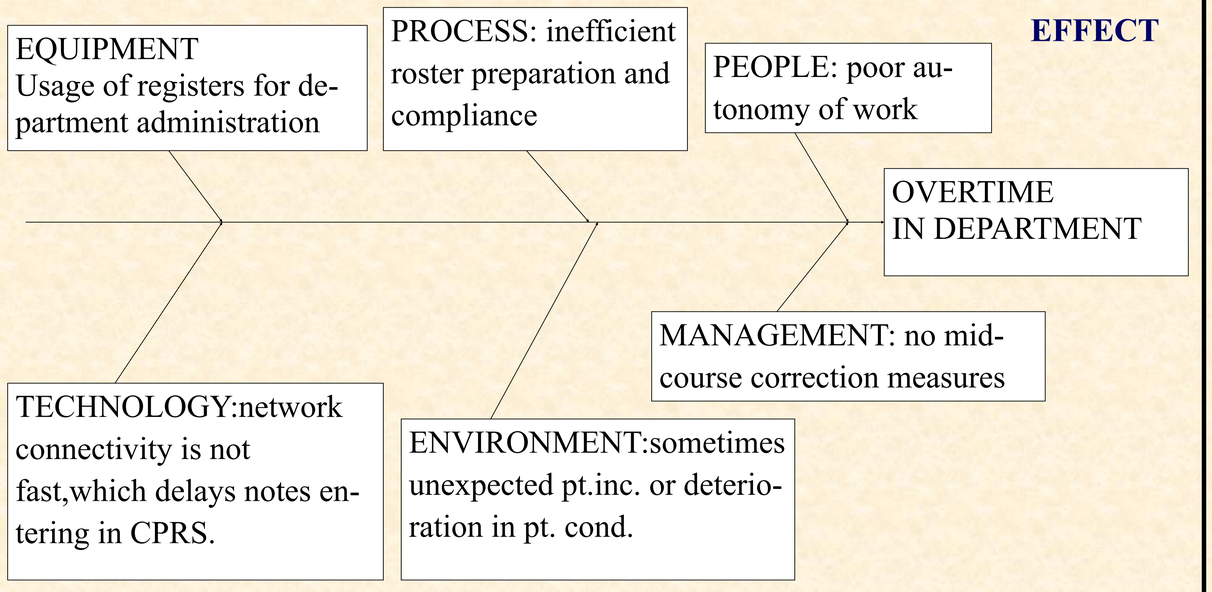

Suggestions:

- The review of overtime or extra duty hours of the staff should be done on the weekly bases. Collating this data with the patient admission/discharge/transfer and also to the types of patient (venti/non venti/isolated).For any midcourse correction.
- Everybody from the nursing staff to the nursing superintendent should be made to realize the importance of the right rostering method and the importance of it to the industry as well as to them.
- At the end of the month "A best working department recognition", "best staff coordination team recognition" can be given for first few months to make the staff feel confident about achieving the target. "no overtime".
- A roster making time can be set out in starting of month in the presence of one administration staff,in which the nursing staff and the team leader sit together to make the roster.Though the communication register is present, but still the unplanned leaves are not managed properly.
- A fortnight training about the standard protocol followed during the transfer of the patient should be taught and practiced regularly as attitude change is a long term process and needs repetition.
- The roster can be prepared by putting also the replacement staff in the roster