

**Summer Training at
Asian Institute of Medical Sciences, Faridabad
(April 3 to June 2, 2017)**

- **Hazard Identification & Risk Assessment**
 - **Active Audit Analysis**

**By
Ankit Yadav**

**Under the guidance of
Dr. Alok Kumar Mathur**

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


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

CERTIFICATE

This is to certify that **Dr. Ankit Yadav** has undergone summer training in **Asian Institute of Medical Sciences, Faridabad** from 3rd April to 2nd June 2017.

The candidate himself completed the project assign to her 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 his future endeavors.



Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur



Dr. Alok Mathur

Associate Professor

The IIHMR University, Jaipur

Certificate of Internship Completion

Date: 2nd June'17

TO WHOM IT MAY CONCERN

This is to certify that Dr. Ankit Yadav- pursuing MBA in Hospital & Health Management from IIHMR University, Jaipur has successfully completed his internship at Asian Institute of Medical Sciences, Faridabad in the Department of Quality & Operations - from April 3rd, 2017 to June 2nd, 2017. He has successfully completed project on "**Case Study on Hazard Identification and Risk Analysis (HIRA) in Laundry**". Apart from project, he actively contributed in following areas:

- Internal Audit Closures
- Active Audit Analysis
- Quality Indicator Validation

During the period of his internship programme, he was found punctual, hardworking and inquisitive.

We wish him good luck for all his future assignments.



Dr. Ankur Kathuria

Sr. Manager – Quality & Operations

Asian Institute of Medical Sciences

ACKNOWLEDGEMENT

I am exceptionally thankful to all the professionals at **ASIAN INSTITUTE OF MEDICAL SCIENCES (AIMS)** for sharing generously their knowledge and precious time. I owe a great debt to **Dr. Ramesh Chandna** (Director- Quality, Blood bank, Labs and CSSD) for sharing their valuable views in spite of their busy schedule. It has been our privilege to work under his dynamic supervision in the hospital.

I express our sincere gratitude to **Dr. Ankur Kathuria** (Senior Manager Quality and operations) and we would also like to grab the opportunity to thanks **Dr. Shashi Tiwari** (assistant manager of Quality) for their helping hand, keen interest and valuable suggestions in the compilation of the report without their guidance and regular encouragement my project would not have been compiled.

I would also like to grab the opportunity to thanks **Sanjeev kaushik** (H.O.D Laundry), **Mr. Chaman and Mrs. Pratibha** (Supervisor) and his whole team of laundry for helping in my learning which would have not been possible without in depth discussion with them.

I am highly grateful to all the departmental heads and staff for giving us time and helped in learning the process. Without the active cooperation and participation of **ASIAN TEAM** it would not have been possible to accomplish my project.

Most importantly I would like to thank our college Mentor **Dr. Alok Mathur** (Associate Professor) for guiding and supporting me on given project work and **FACULTY OFIIHMR UNIVERSITYJAIPUR** for providing facilities for my study.

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ABBREVIATIONS

1. AHU - Air Handling Units
2. ALOS - Average Length of Stay
3. CCTV - Closed Circuit Television
4. CCU - Critical Cardiac Care
5. CMD - Chief Medical Director
6. CMO - Causality Medical Officer
7. CSO - Chief Security Officer
8. CSSD - Central Sterile and Supply Department
9. CTVS - Cardio Thoracic Vascular Surgery
10. DG - Diesel Generator
11. DOR - Discharge on Request
12. ECG - Electro Cardiogram
13. ENT - Ear Nose Throat
14. ETO - Ethylene Oxide
15. FDA - Food & Drug Administration
16. FOC - Free of Cost
17. GDA - General Duty Assistants
18. HAZMAT - Hazardous Material
19. HIS - Hospital Information System
20. HOD - Head Of Department
21. HRD - Human Resource Development
22. HVAC - Heating, Ventilation & A/C
23. ICD - International Classification of Diseases
24. ICU - Intensive care Unit
25. IGRT - Image Guided Radiotherapy
26. IMRT - Intensity Modified Radiotherapy
27. IPD - In Patient department
28. IT - Information Technology
29. LAMA - Leave Against Medical Discharge
30. MLC - Medico Legal case

- 31. MRD - Medical Records department**
- 32. MTP - Medical Termination of Pregnancy**
- 33. NICU - Neonatal Intensive Care unit**
- 34. OPD - Out patient Department**
- 35. OT - Operation Theatre**
- 36. PET/CT - Positron Emission Tomography/ Computerized Tomography**
- 37. PICU - Pediatric Intensive Care Unit**
- 38. PNDT - Pre Natal Determination Test**
- 39. RMO - Resident medical Officer**
- 40. TPA - Third Party Administrator**

HOSPITAL PROFILE



ASIAN INSTITUTE OF MEDICAL SCIENCES, 355 bedded super specialty tertiary care hospital is truly futuristic in its services & technology and brings together some of the most talented medical professionals in India. The hospital has been accredited with NABH and NABL accreditations and is equipped with state-of-the-art technology. The hospital provides preventive, diagnostic, therapeutic, rehabilitative, palliative and supportive services all under one roof and is designed to meet patient care and research requirements of the new millennium.

The hospital is at Sector 21A, Faridabad, easily accessible from New Delhi International Airport, New Delhi Railway Station and New Delhi Interstate Bus Terminal.

ASIAN INSTITUTE OF MEDICAL SCIENCES has been rated seventh Best Hospital in Delhi NCR in year 2013 and again rated as eighth Best Specialty Hospital in year 2016 by “The Week” magazine as per the “AC Nielsen Survey”. Also hospital is ranked among the Best Healthcare Brand by The Economic Times Survey 2016.

Asian Institute of Medical Sciences provides comprehensive multi-specialty tertiary care facilities through its 14 centres of excellence.

The ASIAN CANCER CENTRE offers end to end services – from prevention, early detection to comprehensive treatment and palliative care. The first hospital in North India to deploy the Varian’s Rapid Arc on a Trilogy system along with several high end equipment such as PET/CT, DUAL head Gamma Camera and HDR brachy-therapy among others.

The ASIAN HEART CENTRE provides comprehensive cardiac care including non-invasive, interventional and surgical facilities. The hospital runs the most advanced cardio

thoracic vascular surgery program including bypass, open heart and valvular heart surgery. This centre is equipped with the most advanced cath-lab for angiography and angioplasties.

The ASIAN CENTRE FOR ADVANCED SURGERY is manned by highly skilled surgeons, fitted with ultra-modern surgical and diagnostic tools to tackle the most complicated surgical procedures. 11 modular operation theaters are equipped with LED lights, media bridges, laminar air flow, operating microscopes, image intensifiers, laparoscopic equipment, harmonic , RFA , hepa filters, Laser, Cusa etc.

The ASIAN CENTRE FOR NEUROLOGY AND NEUROSURGERY is fully equipped to treat all kinds of disorders of the brain and spine. The department is equipped with latest and high end machines like Digital EEG , EMG etc.

The ASIAN CENTRE FOR UROLOGY AND KIDNEY TRANSPLANT is a state-of-the-art unit providing excellent care for all urological conditions such as kidney stones, prostrate, laparoscopic urology & uro-oncology.

The ASIAN CENTRE FOR RENAL DISEASES offers all forms of dialysis- haemodialysis, SLED, CRRT, Peritoneal dialysis and provision to dialyse hepatitis and HIV+ patients. The centre is also successfully running Renal Transplant programmes.

The ASIAN CENTRE FOR BONE AND JOINTS offers one of the most comprehensive treatments of bone and joint ailments. The hospital offers extensive expertise in joint replacement surgeries like knee, hip and other joints.

The high end and innovative technologies in the ASIAN CENTRE FOR ADVANCED IMAGING gives access to patients to a reliable and intensive diagnosis. The Imaging Department of this hospital is equipped with state-of-the-art Phillips equipment including a 1.5 T MRI, Mammography, Bone Densitometer, 4 D Ultrasound and Digital X Ray. The centre has PET/ CT and dual head Gamma camera, installed for early detection of cancer.

The ASIAN CENTRE FOR GASTROENTEROLOGY is a state-of-the-art unit providing excellent diagnostic and curative facilities in gastro intestinal problems with the most experienced specialists for a wide spectrum of Gastro Intestinal problems like: Gaseous Distension, Dyspepsia, Jaundice, Constipation, Bleeding from mouth and rectum.

The ASIAN CENTRE FOR MOTHER AND CHILD is an integrated unit providing excellent care for pre and post natal care including high risk deliveries. AIMS also have state-of-the-art LDR suites which enable mothers to give birth in a comfortable and friendly environment.

THE ASIAN CENTRE FOR BARIATRIC & METABOLIC SURGERY is specialized in treating obesity that results in weight loss. The hospital is known for highly successful weight loss programs, which have helped many people to take control of their weight and avoid life threatening diseases.

THE ASIAN CENTRE FOR AESTHETIC SURGERY & MEDICINE provides state-of-the-art unit for all kinds of cosmetic treatments with the best equipments and the most experienced ‘specialists’. Asian Institute of Medical Sciences is not just another hospital, but a complete solution in the philosophy of healthcare.

ASIAN IVF CENTRE POWERED BY KJIVF At Asian KJIVF Centre, each couple gets personalized care and individual attention under supervision and expert guidance of team of professionals. Asian KJIVF team is fully dedicated to infertility and comprises of IVF consultants, anesthetists, laparoscopists, gynecologists, surgeons, neonatologists, embryologists, nursing staff, counselors and public relation officers to ensure best results.

VISION

“To be the most trusted healthcare partner FOR PEOPLE through our unsurpassed quality & care and by striving to provide ACCESSIBLE, AFFORDABLE and BEST AVAILABLE healthcare services in India.”

MISSION

“To provide comprehensive patient care by working as a team and offering highest standards of medical service in an ethical manner for delivering extraordinary customer satisfaction.”

MOTTO

“Will to Serve. Skill to Cure”

PUNCH LINE

Caring for what matters most

CORE VALUES

- Focus on Patient and Patient Care
- To provide extraordinary customer satisfaction
- Treating all people with respect and dignity
- Acting always with utmost integrity
- Creating value for the society we live in
- Service with Empathy and Compassion
- Teamwork – Partnering for success

INTRODUCTION

As an integral part of the **MBA course**, the summer training helps us in understanding the overall functioning of the hospitals from a managerial point of view. Keeping this factor in view, I tried to visit different hospital departments of **ASIAN INSTITUTE OF MEDICAL SCIENCES (AIMS)** with a special focus on understanding the various procedures in place. I visited different departments, met the department In-charge and interacted with the doctors, nurses and other staff.

The **Aim** of the summer training was:

“To study the administrative and managerial functioning of ASIAN INSTITUTE OF MEDICAL SCIENCES (AIMS)” with special reference to the different areas / departments of the Hospital.

The **Objectives** of summer training were:

- To learn the daily operational management of the Organization and its various departments / areas.
- To study the salient and critical features about the functioning of these departments / areas.
- To identify issues / problems associated with some specific departments / areas.
- To undertake the projects / special tasks assigned to us.

METHODS OF DATA COLLECTION

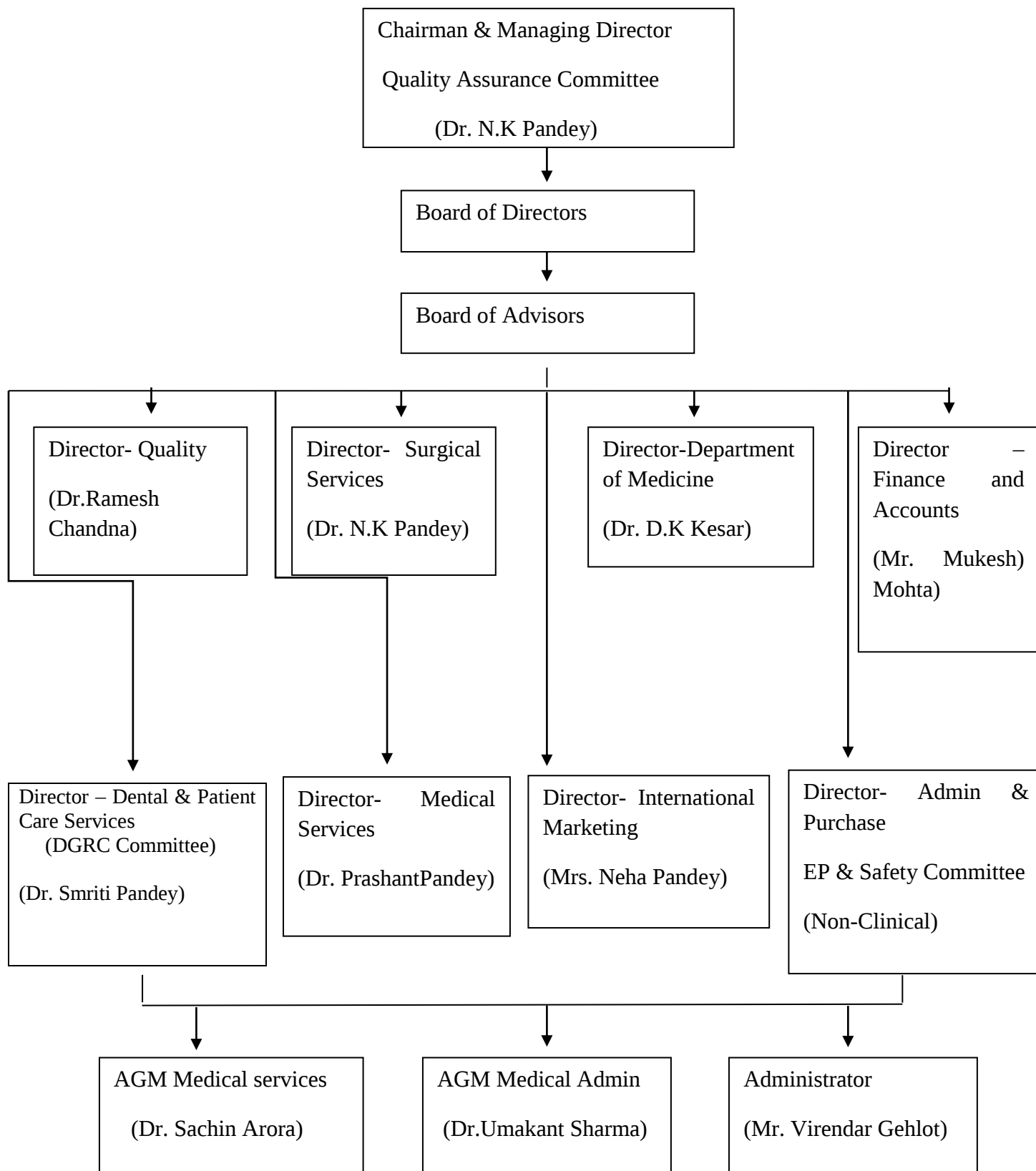
Study design-

- **Area-** ASIAN INSTITUTE OF MEDICAL SCIENCES (AIMS), Faridabad
- **Duration-** From 3rd April 2017 to 2nd June 2017
- **Type of study-** Observational study
- **Sample size-** Random (As per decision of management)
- **Procedure-** One to one discussion

Type of Data collected -

- Primary data collected by visiting the different departments.
- Secondary data from the various Hospital policies, documents in various departments.
- Most of the information was collected through observations. Both types of observations –participative and non participative were used in learning the function and working of various departments.
- Non Participative observation was used mainly to learn the general things about the hospital like location of different departments, behavioral aspects of employee and the response time.

ORGANIZATION ORGANOGRAM



HOSPITAL LAYOUT

Address (Location)	Building / Block	Level	Area/Activity
Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	BASEMENT (-2)	HR, IT, MARKETING, FINANCE&ACCOUNTS, IPD BILLING, KITCHEN, PET CT, RADIATION ONCOLOGY, FIRE CONTROL ROOM, LAUNDARY, PUMP HOUSE, A/C PLANT, IPD PHARMACY, MAINTENANCE, EQUILIBRIUM, HOSPITAL STORE
Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	BASEMENT (-1)	EMERGENCY, EMERGENCY WARD, BRONCHOSCOPY, MORTUARY, MEDICAL RECORDS DEPARTMENT
Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	GROUND FLOOR	MAINRECEPTION,OPD PHARMACY,CAFETERIA,SAMPLE COLLECTION,OPD BILLING,TPA,OPD'S,IMAGING/RADIOLO GY,ENDOSCOPY,REPORT COLLECTION,PHYSIOTHERAPY,NEURO LOGY UROLOGY LAB

Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	1ST FLOOR	ADMINISTRATIVE BLOCK, OPD'S, PHC, ONCO WARD(101,102,103), 1ST FLOOR SEMI CABIN, DAYCARE, AUDITORIUM
Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	2ND FLOOR	GEN WARD 201 TO 207, LDR, ANW, PNW, NICU, PICU, NURSERY, IVF, OPD'S (GYNAE& PAED), PLAY AREA
Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	3RD FLOOR	ICU, IMCU, IMCU 2, CTVS ICU, RECOVERY, PREHOLD, OPERATION THEATRE 1 TO 10, RTU

Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	4TH FLOOR	LAB, DIALYSIS, BLOOD BANK, DAY CARE CHEMO WARD, CSSD, QUALITY& TRAINING
Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	5TH FLOOR	BME, 5TH PVT ROOMS, PRESIDENTIAL SUITE, SUITE ROOMS, 5TH G.W.(501,502), 5TH B SEMI CABIN, 5TH A SEMI CABIN, TRACHECTOMY WARD
Asian Institute of Medical Sciences Badhkal Flyover Road,sec-21 A,Faridabad- 121001	ONE	6TH FLOOR	6TH PVT ROOMS, PRESIDENTIAL SUITE, SUITE ROOMS, 6TH SEMI CABIN, CCU, CARDIAC WARD, CATH LAB

DISTRIBUTION OF BEDS

OPERATIONAL BEDS	TOTAL BEDS
6TH P.S	1
BMT	4
6TH INTL	6
6TH PVT	13
6TH SEMI CABIN	14
6TH GENERAL WARD	5
CCU	18
CARDIAC WARD	8
5TH P.S	1
5TH SUITE	6
5TH PVT	16
5TH SEMICABIN A	12
5TH A S.ROOM	3
5TH A ISOLATION	1
5TH A TRACHEOSTOMY WARD	3
5TH SEMICABIN B	12
5TH GENERAL WARD(501)	12
5TH GENERAL WARD(502)	11
CTVS	5
RTU	4

ICU	18
IMCU	17
IMCU -2	10
NICU	18
PICU	7
ANW	4
PNW	4
GENERAL WARD -(201)	15
GENERAL WARD -2(204)	7
GENERAL WARD -2(205)	8
GENERAL WARD -2(206)	8
GENERAL WARD -2(207)	7
PEADIATRIC WARD(202)	7
PEADIATRIC WARD(203)	8
ONCOLOGY-101	15
ONCOLOGY-102	7
ONCOLOGY-103	18
1ST SEMICABIN(ONCO)	10
EMERGENCY WARD	12
TOTAL BEDS	355
	A

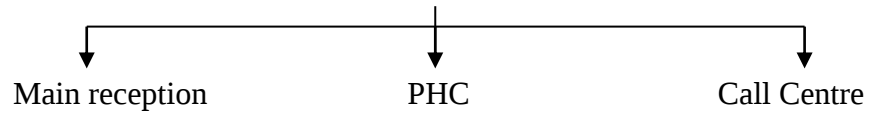
EXCLUDED BEDS

LDR	3
DIALYSIS	22
DAY CARE - ONCO 4th Floor	20
DAY CARE - Ground Floor	7
ER -TRIAGE BEDS	5
ER-OBSERVATION	6
RECOVERY ROOM BEDS	7
TOTAL	70
	B

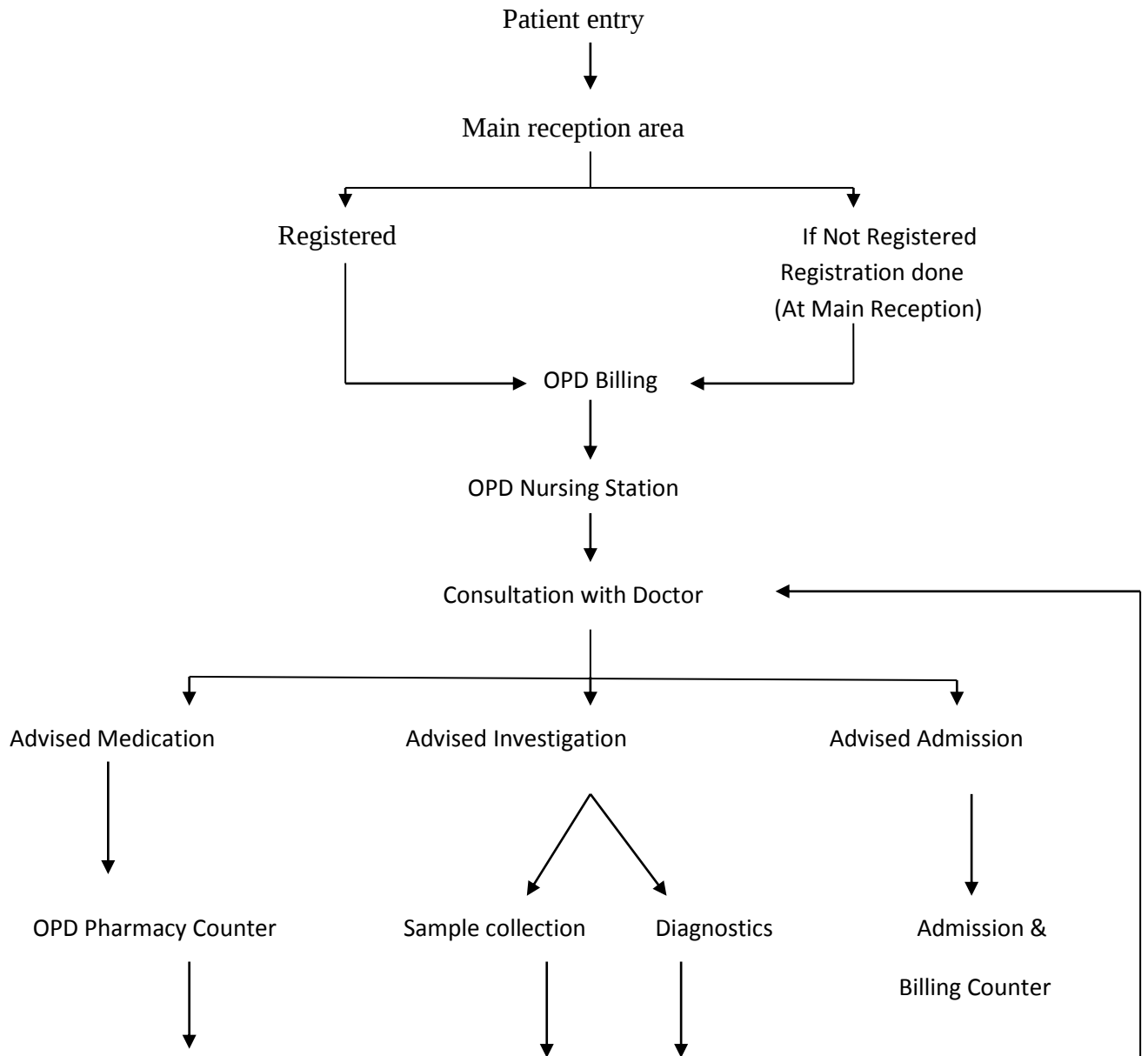
A + B	425
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ORGANIZATION STRUCTURE

FRONT OFFICE



I) MAIN RECEPTION



EXIT

Report Collection

Infrastructure:

Wheelchair : 4

Stretcher : 1

No. of OPD Billing Counters: 7

No. of Admission Billing Counters: 2

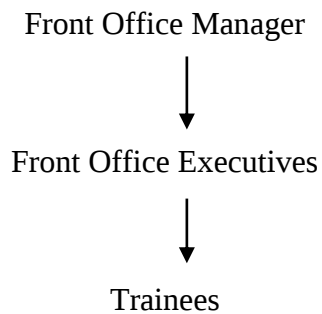
Sample Collection Room: 1

International Patient's Reception: 1

Staff:

- 1 Front Office Manager
- 4 Front Office Executives
- 1 Healthcare Executive
- 9 Trainees

Hierarchy:



Records Maintained:

- Current Inpatient reports.
- Appointment details.
- Daily patient's registration details.
- Doctors attendance details.

Responsibilities of Front Office Manager:

- Responsible for overall supervision of the front office staff.
- Formulation of department goals, policies, procedures and their implementation.
- Coordinates operations, assigns responsibilities and supports the staff in peak hrs.
- Coordinates events in hospitals like CME, VIP visits.
- Inventory control and budget forecasting w.r.t front office.
- Training of newly appointed front office executives and other staff under him/her.

Roles & Functions of Front Office Staff:

- Attending the patient, visitors & staff.
- Handling their queries.
- Patient coordination.
- Provide them necessary information according to the policy.
- Helping patients fill up their registration form.
- Making appointment with the doctors.
- Taking of the feedback in the feedback forms.

Roles & Function of Call Centre Executives:

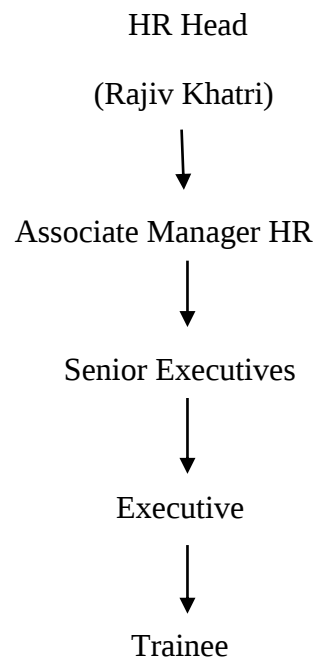
- Receive and answer the various calls from outside and within the hospital.
- Answering queries regarding the OPD appointments and charges, various tests availability and charges.
- Connecting to various employees within the hospital by Star-Dialing.

HUMAN RESOURCE DEPARTMENT

Layout: -2 Basement

Total Staff: 5

Organogram:



Jobs & Responsibilities:

- Manpower Planning
- Internal Job Posting Process
- CV Selection
- Credential Policy
- Confirmation and Appraisal
- Staff Queries
- Follow up with selected candidates
- Issuing of appointment letters
- Disciplinary Policy

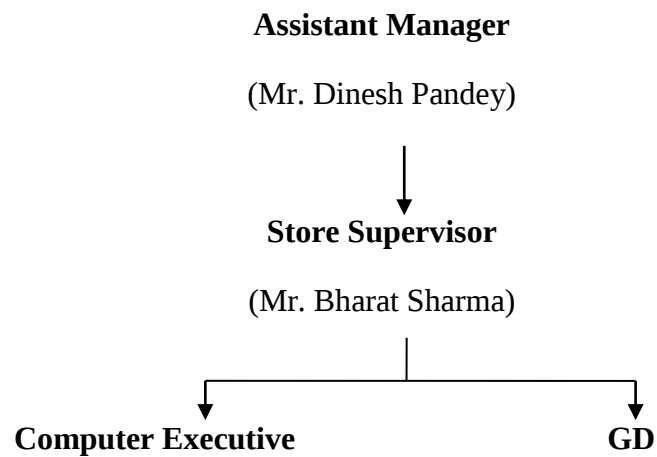
- Leaves sanctioning
- Payroll
- Budgeting for departments
- Doctors payout
- Duty roster
- Issuing of Experience letters
- Investigation of staff grievances
- Issues of slow cause
- Salary statement
- Full n final settlement
- Outsource staff attendance
- Induction and orientation
- Finger print report checking
- Manpower planning
- Dispatch of salaries
- Pre recruitment calls
- Organizing interviews
- Housekeeping of CV'S
- Preliminary interviews
- Joining formalities
- Leave record maintenance
- Issuing of I-Cards
- Conducting Employee Welfare Programme e.g. Nurse Day
- Issuing of Refreshment Coupons
- Conducting Exit Interviews.

STORES

Layout: -2 Basement

Staff: 5

Hierarchy:

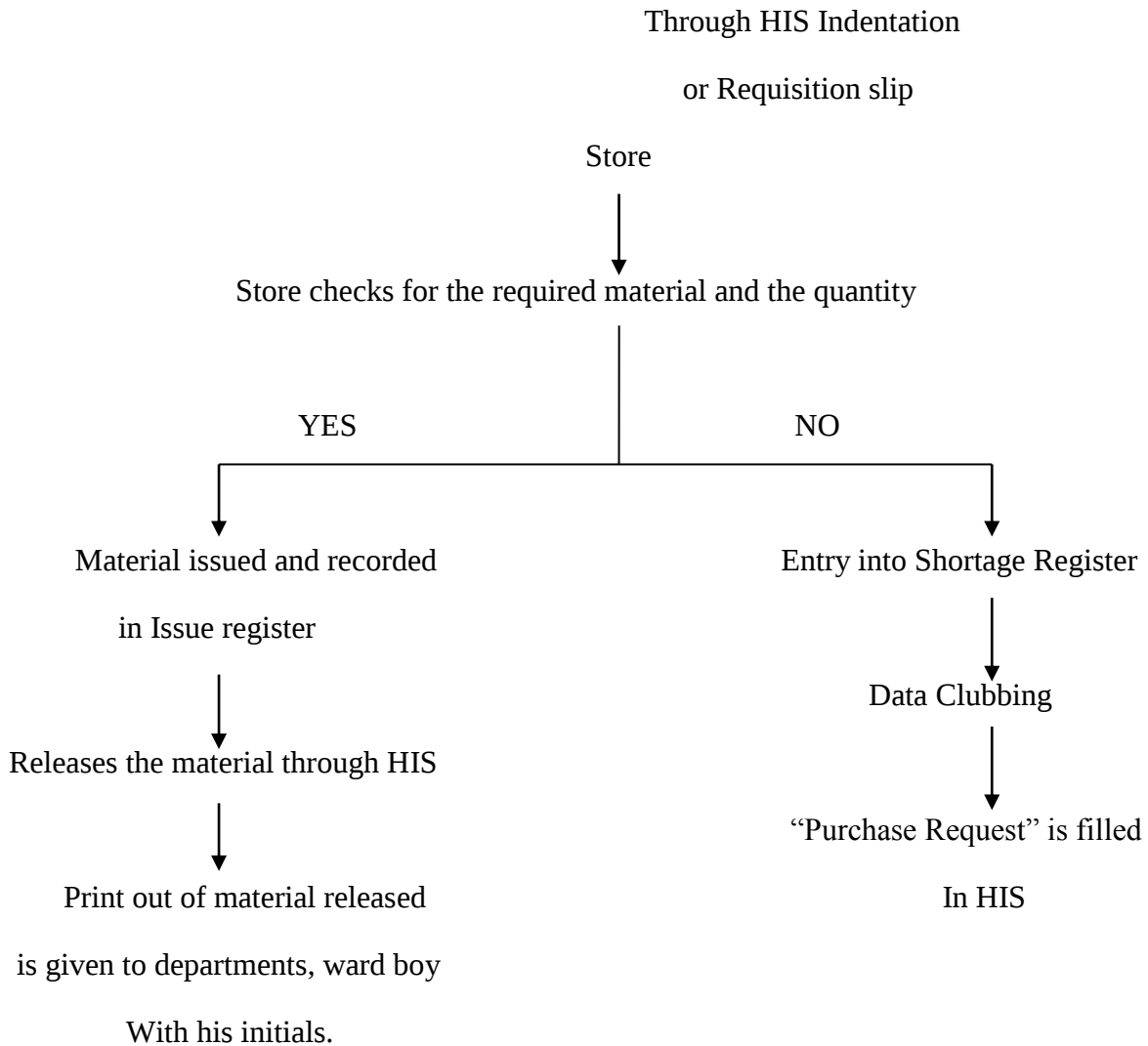


Records Maintained:

1. Goods Receipt Note
2. Issue Note
3. Return File
4. Returnable Gate Pass
5. Non Returnable Gate Pass
6. Purchase Receipt

WORK FLOW

Department in need of material



Duties of Store Incharge:

- Forecasting requirement
- Budgetary requirement
- Inventory control
- Stock verification
- Inspection & Quality control
- Communicate the purchase department about requirement
- Minimize pilferage.
- Distribution

- Disposal of surplus/ obsolete material

IPD PHARMACY

Layout: -2 Basement

Status: Outsourced

Staff: 13

Hierarchy:

Manager Pharmacy



Pharmacist



Pharmacy Assistants

Infrastructure:

- Desktops: 4
- Printers: 3
- Refrigerator: 1

Work Flow:

In-Patient Wards, All ICU's, OT, Emergency, CTVS, Cath Lab



Ward boy/Nurse brings Request for Drug indentation through “**Indoor Patient Drug Requisition Form**”



IPD Pharmacy



Issues drugs



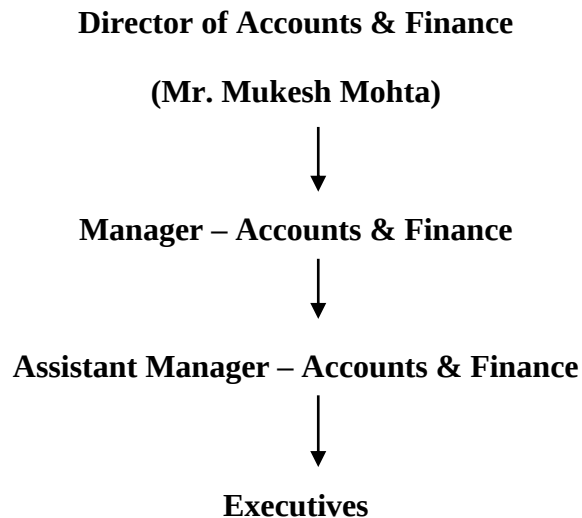
Ward boy/ nurse take drugs to respective ward/OT/ICU

FINANCE & ACCOUNTS

Layout: -2 Basement

Total Staff: 9

Organogram:



Scope of Services:

The scope & complexity of service provided by this department (which includes billing aspect also) is:

- Business building insights.
- Areas for lowering cost & improve profitability.
- Updating of bills on daily basis for IPD patients.
- Customer (Patient's Attendant) satisfaction for billing concern.
- The Billing staff has overall responsibility for coordination of various functions (Pharmacy, Wards etc.) and daily basis report for admission , Collection to higher

management and Administration of the department, and they maintain a log of all the problems that arise on day to day basis and provide the necessary solution as deemed proper and reasonable.

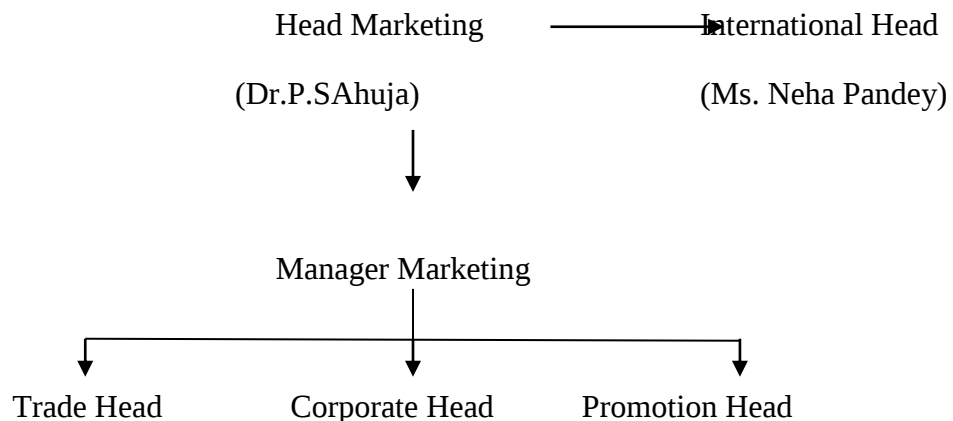
- Daily collection of money from various sources in the hospital and its deposition in bank.
- Maintenance of petty cash.
- Budgeting.
- Department serves all departments for finance & billing aspect.
- Making Balance sheet, Profit & Loss Statement for the financial year.
- Maintenance of file of all employees, vendors, creditors & debtors.

MARKETING DEPARTMENT

Layout: -2 Basement

Total Staff: 8

Organogram:



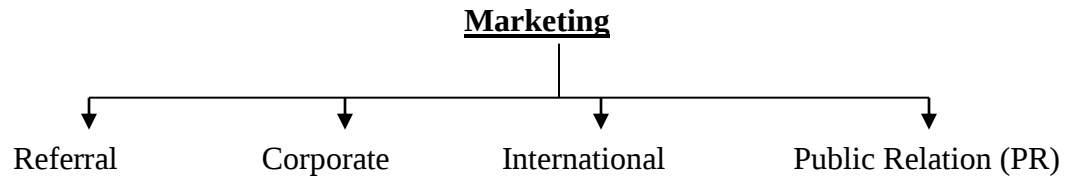
Marketing Pattern:

- **<150 Km Zone:** Marketing of Super specialty & all Specialties

- **150-300 Km Zone:** Marketing of 3 Specialties : Oncology, Cardiac & Orthopaedics

- **>300 Km Zone:** Marketing of Super specialty : Oncology

Marketing Format:



1) Referral :

- Society Education Programmes
- General Practitioners
- Get together
- Free Community Checkup Camps
- Diagnostic centres
- Pharmacy stores
- School, College Camps: Debate Competitions, Drawing Competitions etc

2) Corporate

- Empanelment/ Corporate Tie ups
- Health Talks
- PSU's Tie-ups
- TPA Tie Ups

3) International

- Embassy

4) P.R

- Press Conferences

- Shoots/ Interviews
- Print Media: Newspapers, Magazines
- Branding: Events, Conferences, Trade shows.

LOCAL PUBLICITY

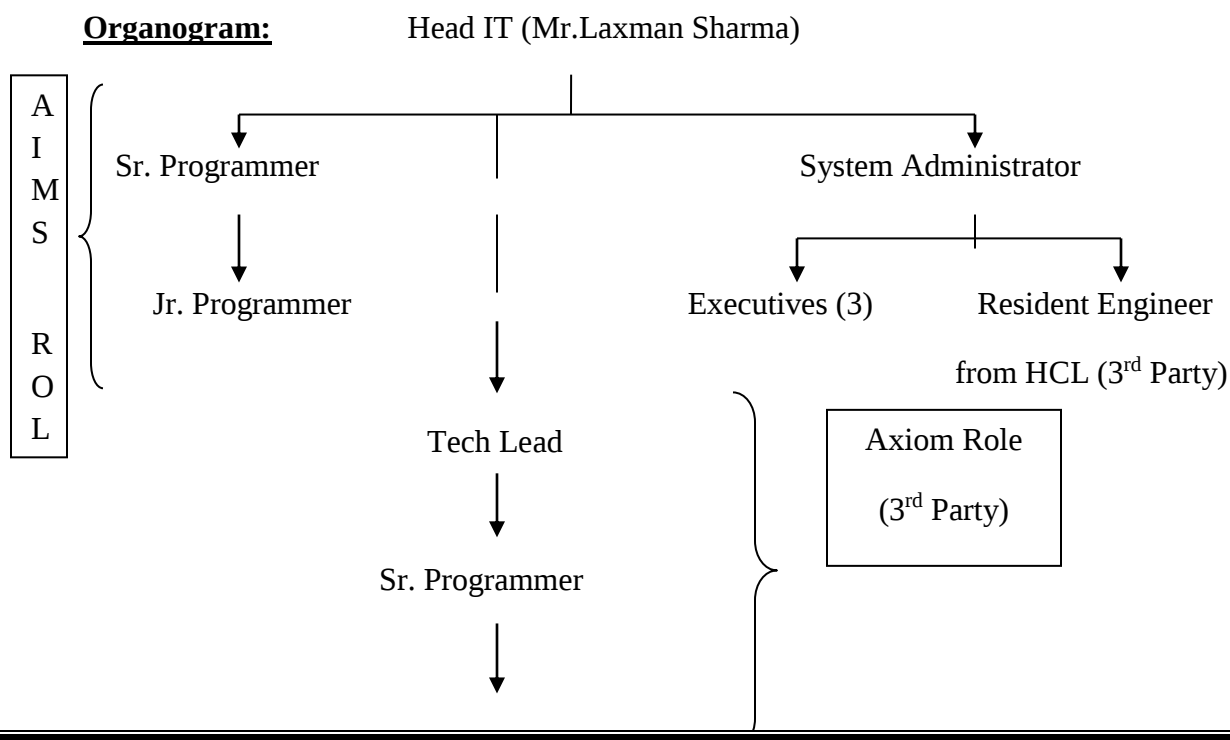
- TV ads / Cable ads
- Newspaper Ads
- Ads in local magazines, supplements, directories
- Leaflets , Pamphlets and Flyers
- Direction Boards
- Kiosks
- Hoardings
- Hospital Board (Glow sign)
- SMS Health Tips & Discount schemes
- Highway hoardings

Information Technology (IT) Department

Layout: -2 Basement

Staff: 7

Organogram:



Jr. Programmer (2)

Functions and responsibilities:

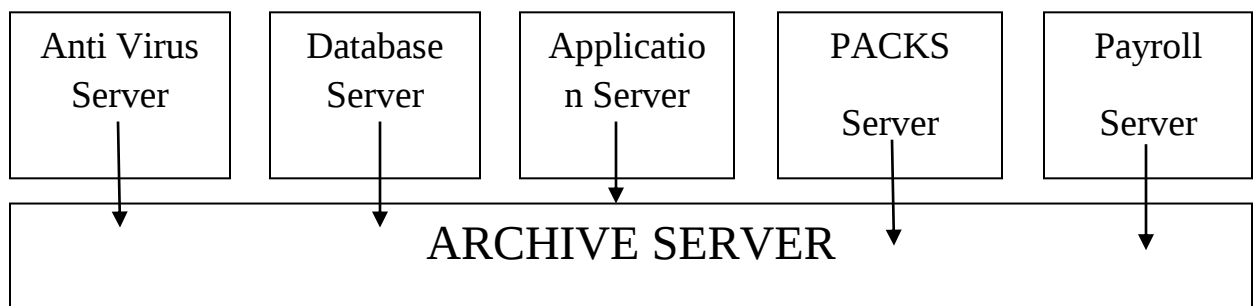
- To keep the servers alive
- To keep the network alive
- To keep internet connection alive
- To take care of all the desktops & laptops in the organization
- To track the records of all the desktops
- To keep an eye on the employees desktops.
- To resolve the complaints of the employees
- Training of the other staff for the HIS

2 Major Work Areas: General Administration & HIS

I) **General Administration:**

Servers:

- Anti virus server
- Database server
- Application server
- PACKS server
- Payroll server
- Archive server



Email Solutions: Google

- 500 Emails (FOC)
- Present Usage: 176 Clients

II) **HIS (Hospital Information System)**

Application by: Navision I : Product of Microsoft Dynamics

Manufacturing Products:

- Financial Management
- Fixed Assets
- Inventory Management

Taking Manufacturing Products as the core, other functional module have been built over them.

- Billing
- Ward management
- Laboratory services
- Discharges + Medical Records
- Housekeeping

These modules are also related to outsourced modules of:

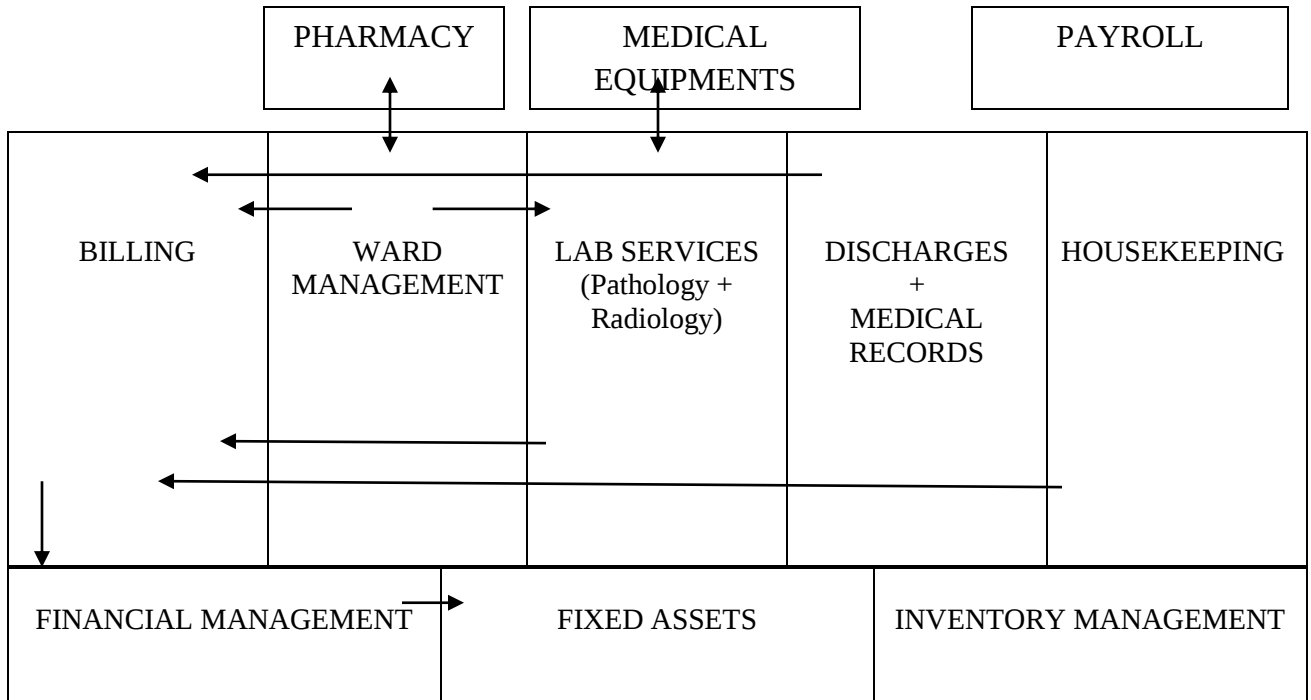
- Pharmacy
- Payroll
- Medical equipment

Access to Information:

Divided into 3 codes:

1. **Red:** Very restricted access to information e.g Wards
2. **Yellow:** Restricted but more than red. Access only after permission from higher authority.
3. **Green:** Large access to information. Available with higher authority.

HIS STRUCTURE:



HIS Backup:

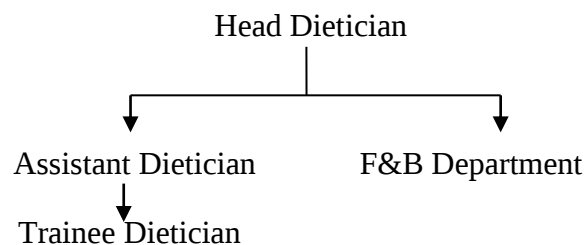
- Done once a day
- 2 internal backups
- 1 backup outside the hospital.

CLINICAL NUTRITION & DIETICS DEPARTMENT

Layout: -2 Basement

Head Dietician: Dr. Shilpa Thakur

Organogram:



Functions:

- Catering to Inpatients, Hospital staff, Patient attendants.
- Diet counseling
- Education
- Smooth provision of laid out 9 diets to the patients.
- To check the patient, Attendant & Staff food for quality, preparation, presentation and packing.
- Coordinating closely with the Nursing shift in charges for changes in the patient's diet or new admissions etc.

Areas in Kitchen

- **Receiving & Storage Area**
- **Preparation Area:** For peeling, cutting, chopping, slicing, mincing.
- **Cooking Area**
- **Tray Layout & Packing Area**
- **Service Area:** From here food is transferred to patient's on trolleys.

Other Areas:

- Dish washing & pot washing area
- Dietician Room

Records Maintained:

- Diet order sheet
- Meal count register
- Food tasting register
- Store register
- Staffs register.
- Diet Sheets
- Counseling Register
- Brand List

	<u>Diet Card Color</u>	<u>Tray Color</u>
Normal	White	Red
Diabetes Mellitus	Yellow	Yellow
Chronic Renal Failure	Green	Green
Renal Stone	Pink	

Flowchart of Dietician and Inpatient Interaction:

The Dietician takes details of new patients such as name, UHID, doctor's name, diagnosis and diet prescribed.



Then Dietician takes a detailed round wherein she meets every patient and determines patients' actual intake. Dietician then provides nutritional counseling and education, ensures patients' compliance to recommended diet. She also recognizes personal eating and food preferences.



Afterwards, the dietician does nutritional screening in order to know about patients' clinical condition, appetite and tolerance to food and acceptance to hospital diet, personal preferences, disliking and food allergies if any.



After the rounds, detailed food summary sheets are planned and prepared for every patient keeping in mind medical history and preferences of patient as well.

Flowchart of Dietician & Nursing staff interaction:

Dietician receives a daily diet requisition once a day from all nursing station.



Dietician cross-checks received diet requisition from time to time with nurse both during rounds and on phone constantly.



Dietician updates changes with respect to new admissions/ transfers/ discharges/ changes. in diet

Future Plans:

To act on patient complains regarding below standards food service, the management has decided to set up satellite pantry on each floor to avoid delays in food service.

LAUNDRY SERVICES

Layout: -2 Basement

Equipments:

- Dryers : 2
- Washing machine (each 50 kg) : 2
- Extractors (each 25 kg) : 2
- Hand presses : 2
- Steam Boilers : 1
- Calendar Machine : 1
- Trolleys : 6

Total Manpower: 11+2 SUPERVISORS

Records Maintained:

- Department Register
- Items Received register
- Items issued register
- Detergent register
- Machine records
- Training records

BIO MEDICAL ENGINEERING DEPARTMENT (GAS MANIFOLD)

Location:- 2 Basement

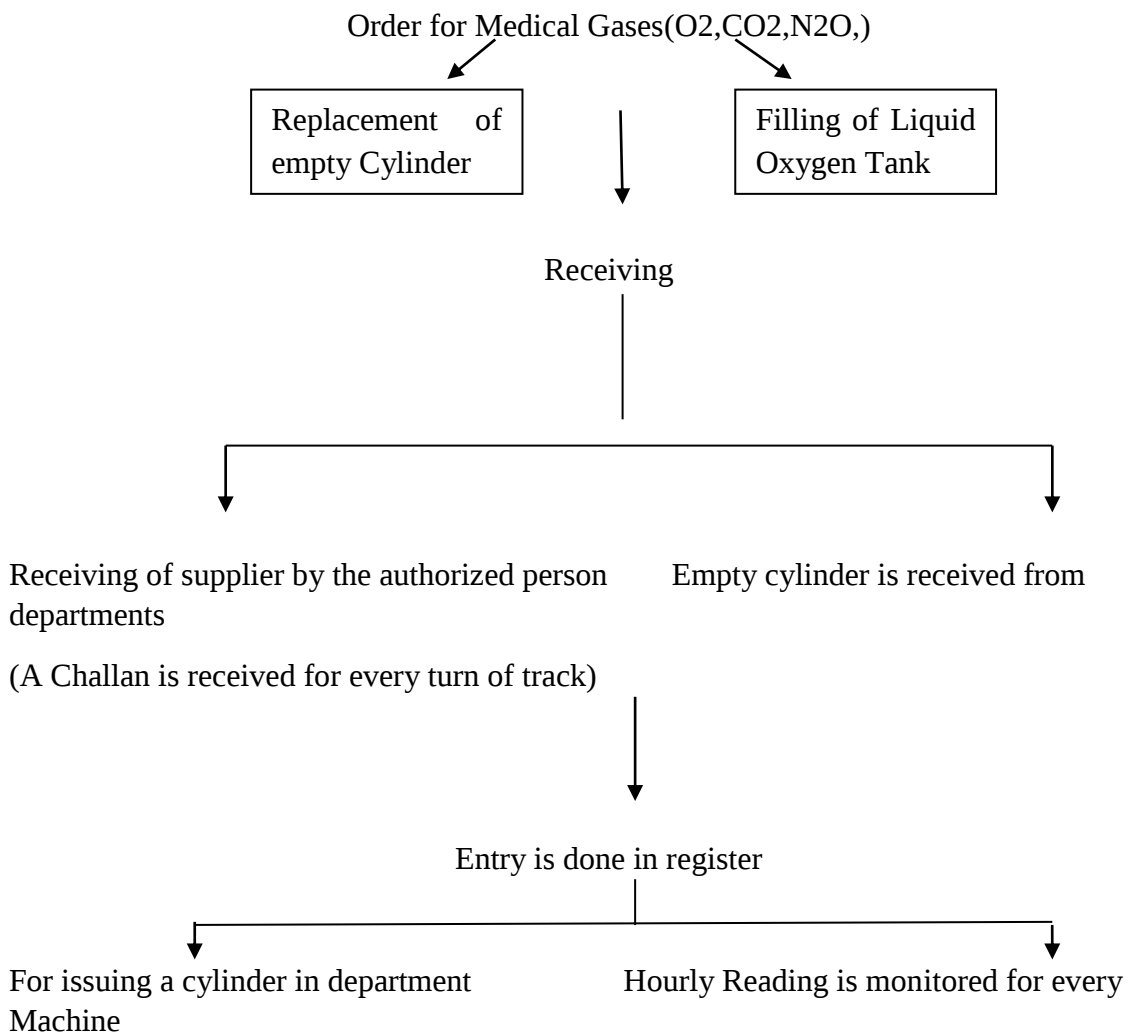
Staffing:- 3

Supervisor:- Mr. Abrahm

Records Maintained:-

- Gas Manifold Log Book for Oxygen, Nitrous Oxide
- Complaint Register
- Cylinder Issue Register
- Cylinder (Out Party) Register
- Shift Register

WORK FLOW



Gaps:

- No CCTV Camera is present in gas manifold area
- Liquid oxygen tank is not covered by shed
- Poorly sitting arrangement for staff
- Maintenance sheet is not filled on time

Strength:

- Trained and Competent staff and every morning training is provided to the GDA's regarding handling of cylinder
- Medical gas supply systems are often monitored by various alarm systems
- Medical air is supplied by a special air-compressor, through a dryer(in order to maintain correct dew point levels)
- Inlets and outlets are colour coded
- Pin index safety system is used to prevent errors of identification of cylinders
- Standardized colour coding is done on cylinder

EMERGENCY COMPLEX**Layout:** -1 Basement

- Nurse Station
- Emergency OT: 1
- Store room: 1
- Isolation Room: 1
- X-Ray Room: 1
- Ultrasound Room: 1
- Doctor's Duty Room: 2
- POP Room: 1
- Day Care Ward/ Casualty Ward

Infrastructure:

- Beds: Total: 22
 - In Day Care Ward: 11
 - For Casualty: 6
 - For Triage: 5
- Desktops: 2
- Intercoms: 2
- X-Ray Viewer: 3
- Printer: 1 (connected with Billing)
- Fridge: 1
- Fire extinguisher: 1
- Wheelchairs: 2
- Stretchers: 3
- Ambulances: 3 ALS Ambulances + 1 Van Ambulance

N:P Ratio: 1:1

Staff & Hierarchy:

Doctors: CMO – Dr. Hilal Ahmad & Dr. Satish Chaku

RMO'S – 5

Nursing and other staff: 24

Records Maintained

<u>Consent Forms</u>	<u>Investigation Forms</u>	<u>Patient Care Forms</u>	<u>Other Forms</u>	<u>Registers</u>
<u>Consent forms for:</u> - Surgical & Medical treatment - Anesthesia Consent - High Risk Consent for Anesthesia Surgery - Haemodialysis Consent - Informed Consent - Consent for Transfusion of blood & other blood products	<u>Requisition forms for:</u> - Histopathological Exam. - Cytopathological Exam. - Indoor Patient Drug Req. Form - Laboratory Req. Form - MRI Investigation Form - X-Ray/ Ultrasound Request Form	- Progress sheet - History sheet - Nurse record - Nursing care record - Drug Prescription & Administration Record - Investigation flow chart - Vital Parameter Chart - Pre Anaesthesia Check up - Intake Output Chart	- List of Linen for Washing - Daily Floor Census - Valuable Handover Form - Daily Billing Activity - Discharge Summary Transfer Request for Ambulance - Discharge checklist	- Daily Duty Register - Laundry Register MLC Sample Reg. - Duty Doctor Reg. - CSSD Register - Consumables Reg. - Communication Reg. Ambulance Reg. - Annual Leave Plan Reg. - Loan Book - Complaint Register RBS Register - Equipment Breakdown Register

Inventory Management in ER:

1. Inventory register:

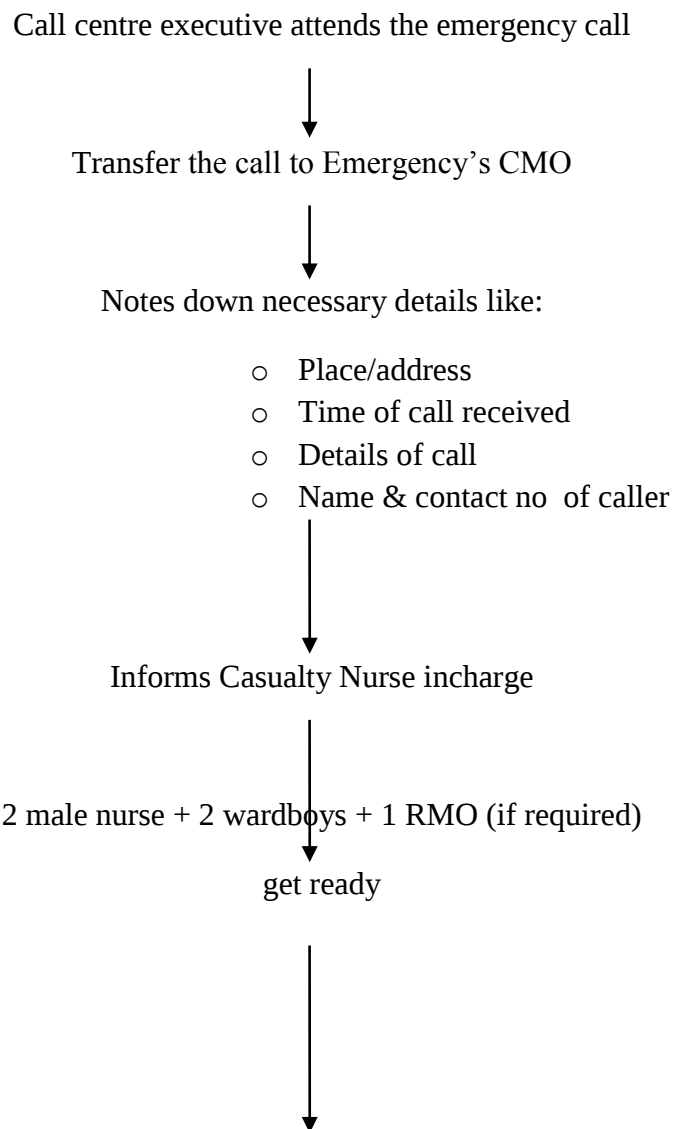
- Medicine trolley daily checklist
- Dressing trolley daily checklist
- POP Checklist

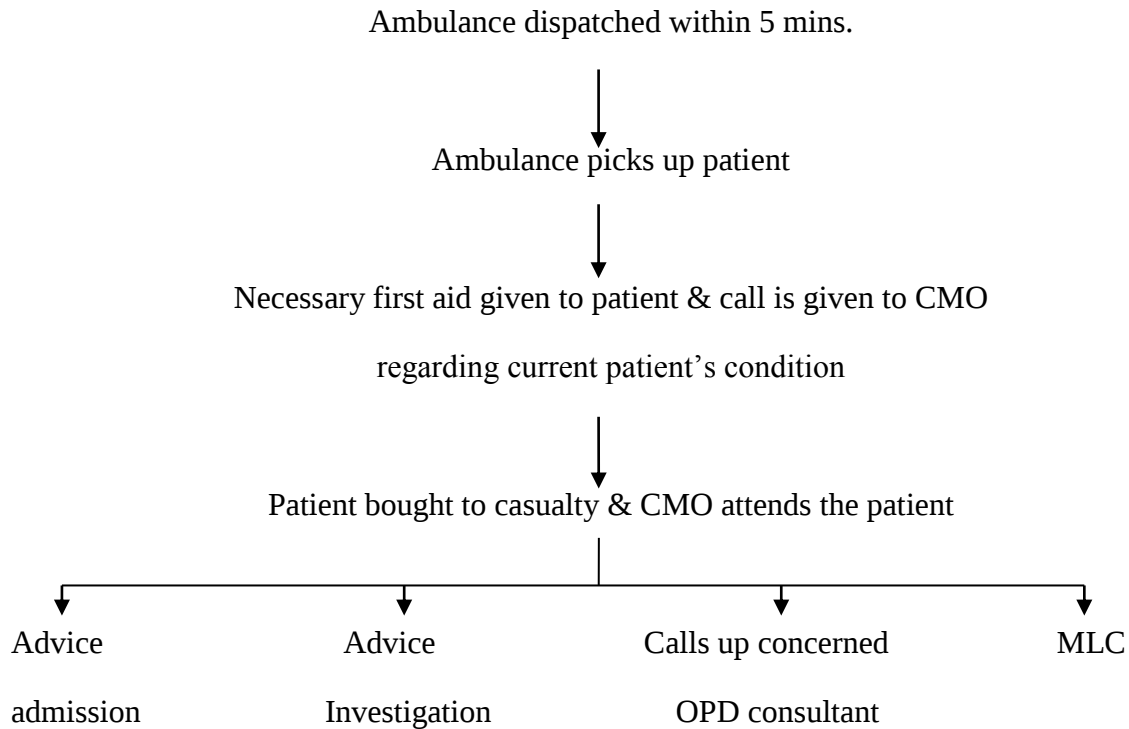
- Crash cart checklist
2. Ambulance inventory Register

Maintenance Book:

- Oxygen pressure daily checklist
- ECG Checklist
- Biomedical Equipment Checklist.

AMBULANCE SERVICE FLOW





MEDICAL RECORD DEPARTMENT

Layout: -1 Basement

Staff: 3

Infrastructure:

- Desktop: 1
- Printer: 1

Assistant manager: Mr. Gaurav

Functions of MRD

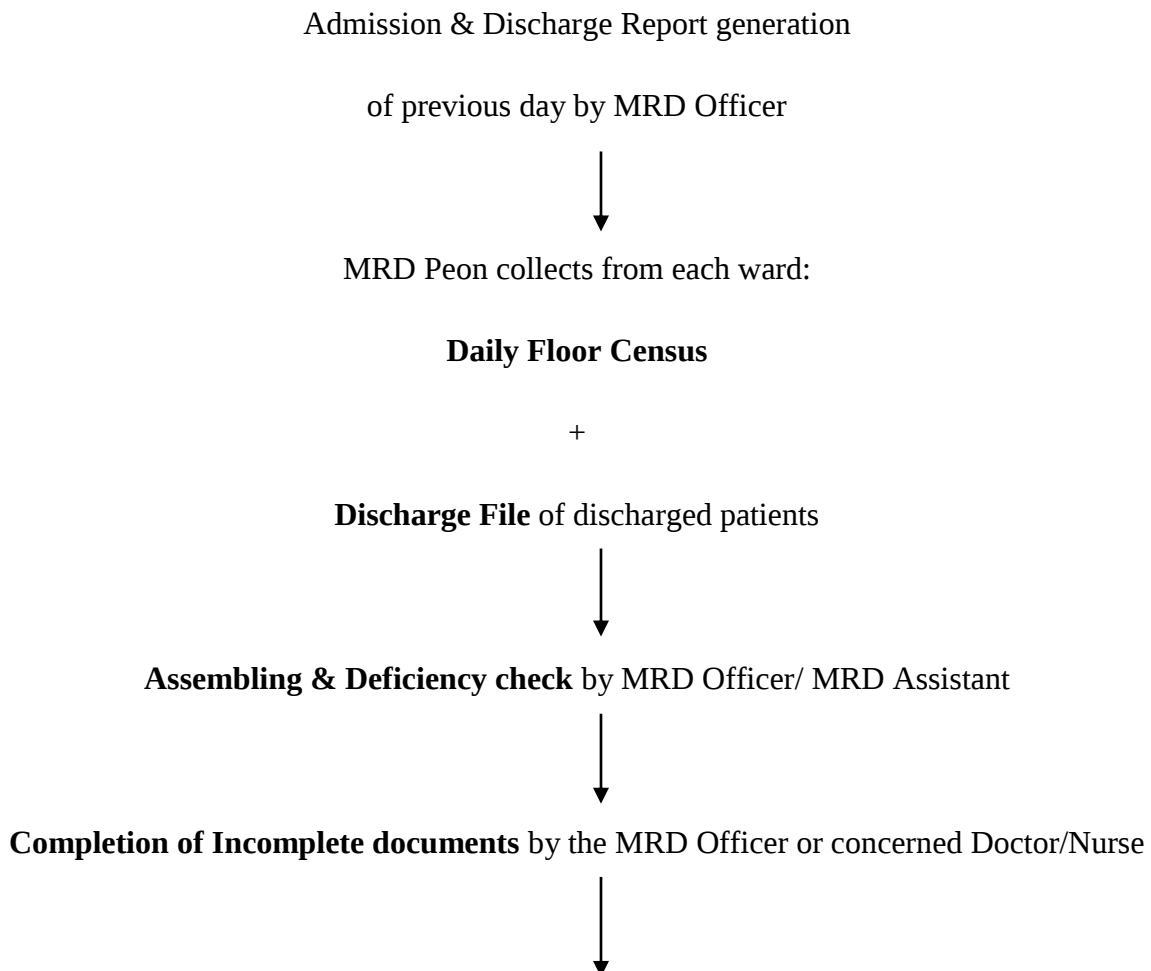
- To ensure that the AIMS Hospital has complete & accurate medical record for every patient.
- Public dealings wrt. to TPA **queries, Bill verification, MLC cases and dealing with Summons to the doctors, hospital.**
- To maintain high level of confidentiality as far as patient's records are concerned.

- To ensure that the records are Identified and stored safely to prevent unauthorized changes and easily retrieved whenever required.
- Issuing **Emergency, Medical, Birth & Death certificates**.
- To generate **Bed Occupancy reports** (daily & monthly), **P.N.D.T, M.T.P** reports (monthly).

Record Retention Periods:

- IP Record : 05 years
- Emergency Register : 02 years
- MLC Records : Not to be destroyed
- Birth/Death Register : Not to be destroyed
- OPD documents : Handed over to the pati

WORKFLOW:



Daily Admission & Discharge analysis



Coding (acc. To ICD-10) & Indexing



Filing

Filing Order:

1. Face sheet
2. Patient's Discharge Records
3. Discharge sheet (Discharge, DOR, LAMA, Death)
4. Emergency & OPD card
5. History sheet
6. Investigation flow chart
7. Consultation form
8. Informed consent
9. Valuable handover form
10. Undertaking for payment Primary/ ADHOC PTCA
11. Angiography- Angioplasty Checklist
12. Cardiac Anaesthetic Record
13. Consultation for surgical & medical treatment
14. Pre-operative instruction checklist
15. Anaesthesia record
16. Surgical safety checklist
17. Operation note, Delivery note
18. Post operative evaluation form
19. Labor chart
20. Progress note

21. Temperature chart
22. Intake output chart
23. Blood sugar
24. Diabetic Monitoring chart
25. Drug prescription & Administration Record
26. NICU Observation Chart
27. Nurses Record
28. ICU & CCU Observation chart
29. Medical Certificate cause of death
30. Release of dead body certificate
31. Final Bills (MLC case)
32. Any other relevant document concerning to patient

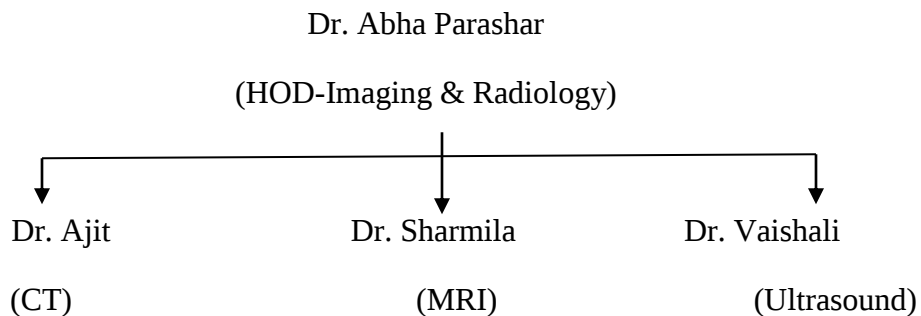
IMAGING & RADIOLOGY

Services provided:

- CT
- ULTRASOUND
- X-RAY
- MRI
- MAMMOGRAPHY
- BONE DENSITOMETRY

Staff & Hierarchy:

Doctors: 4



Radiographers: 6

Chief Technical Supervisor



Senior Radiographer



Junior Radiographers (4)

MRI Technician: 1

Typist: 1

GDA's: 3

Records Maintained:

- Patient Register
- MLC Register
- BARC Standard Records

Equipments:

- High End Digital X-Ray machine
- Mammography machine
- 1.5 T MRI Machine
- PET/CT Scan*
- 3D & 4D Ultrasound Machine
- Bone Densitometry Machine

*AIMS is equipped with the first PET/CT in this region. The PET/CT is one of the most advanced diagnostic equipments available today for early detection of cancer.

WORKFLOW:

OPD Patient



Doctor advices "X"

PHC

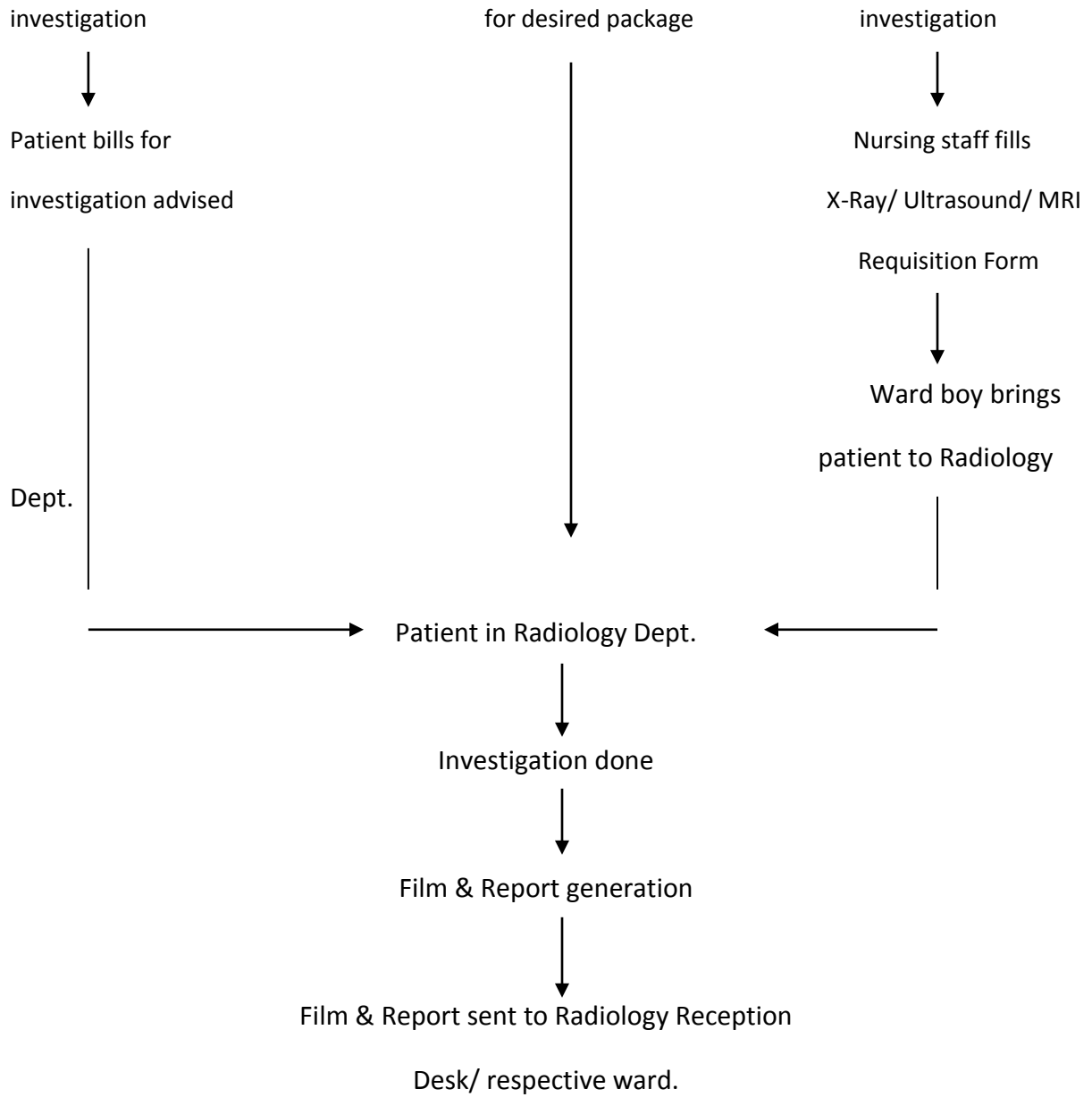


Patient chooses & bills

IPD



Doctor advices



OPD RECEPTION

OPD's are distributed amongst Ground, First & Second floor of the hospitals.

Basement (-1) OPD	Ground Floor OPD's	First Floor OPD's	Second Floor OPD'S
Oncology	Urology Orthopedics Neurology Neurosciences Surgery Internal Medicine Ophthalmology ENT Dietetics Alternate Medicine Psychiatry Physiotherapy	Cardiology Gastroenterology Dermatology Respiratory Medicine Dental Psychology Nephrology Cardiac Surgery	Gynecology Pediatric

No. of OPD Counters: 7

- One for Orthopedics & Neurosciences
- One for E.N.T & Urology
- One for Eye & Surgery
- One for Cardiac Surgery, Nephrology, Respiratory Medicine, Gastroenterology & Dermatology
- One for Dental & Cardiology
- One for Gynecology & Pediatrics
- One for Oncology.

Total Manpower for OPD Counter: 15

Records Maintained:

- Patient's OPD Registration records.
- Daily visitor's report.

PHC

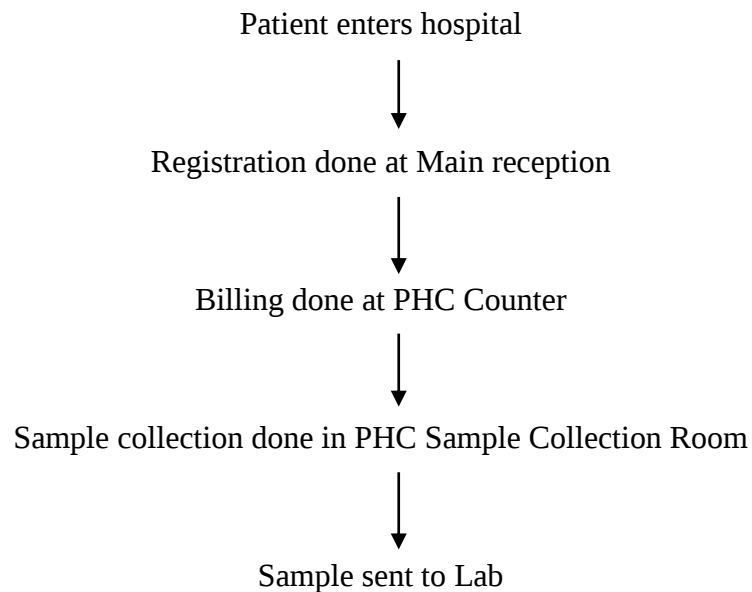
(PREVENTIVE HEALTH CHECKUP)

Layout: 1st Floor

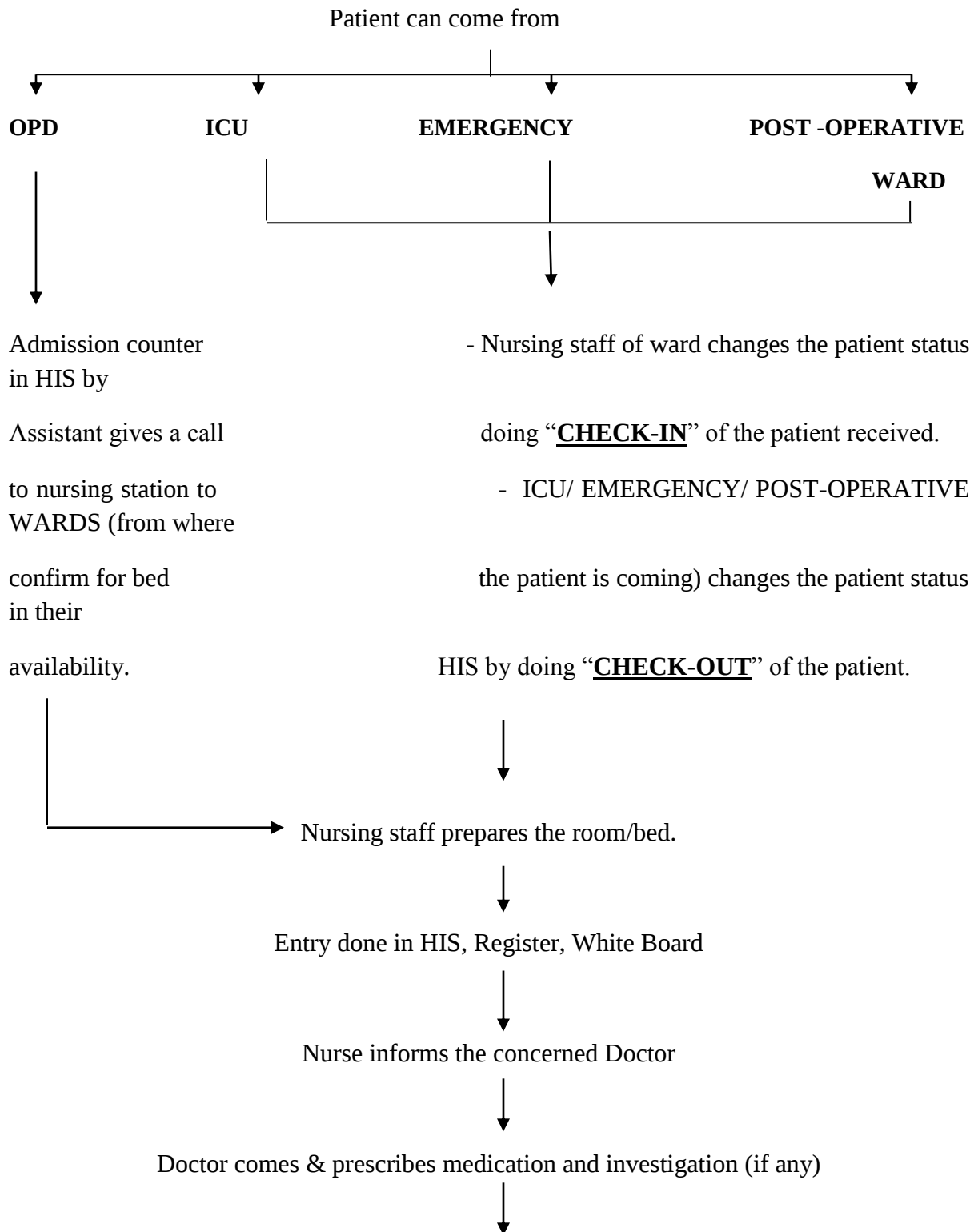
Staff: 4

Director – Preventive Health Care: Dr. P.S Ahuja

WORKFLOW:



FLOWCHART FOR ADMISSION OF A CASH/NON TPA PATIENT



Nurse writes the prescribed drugs on Indoor Drug Requisition Form



Ward boy goes and collects the drugs from Pharmacy



Nurse starts medication + prepares the patient for investigation (if any).

DISCHARGE PROCESS FOR NON-TPA PATIENT

Doctor prescribes the discharge

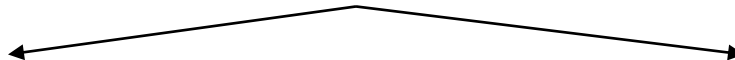


Nurse informs the patient about the time of discharge



Staff nurse starts discharge formalities

By



- Asking the Medical Officer / Concerned Physician to make discharge summary.
- Informing Dietician to make discharge diet report for patient.
- Counseling of the patient by the dietician and physiotherapist (if physiotherapy is going on for patient)

- Sending to Pharmacy :
 - Daily Billing Activity Sheet
 - Daily Pharmacy Bills
 - Discharge medication details
 - Medicines left unconsumed
- In Pharmacy, Summary of Pharmacy Bill is prepared.

Discharge Summary completion
Activity Sheet +

(by Medical Transcriptionist)
Pharmacy Bill

Daily Billing

Summarized

Billing Department

Billing department finalizes the bill

Payment taken by billing department from attendants

IPD Billing informs at the nursing station about the clearance of bill

Nurse informs the patient & patient changes clothes

Nurse checks the checklist given for discharge of patient

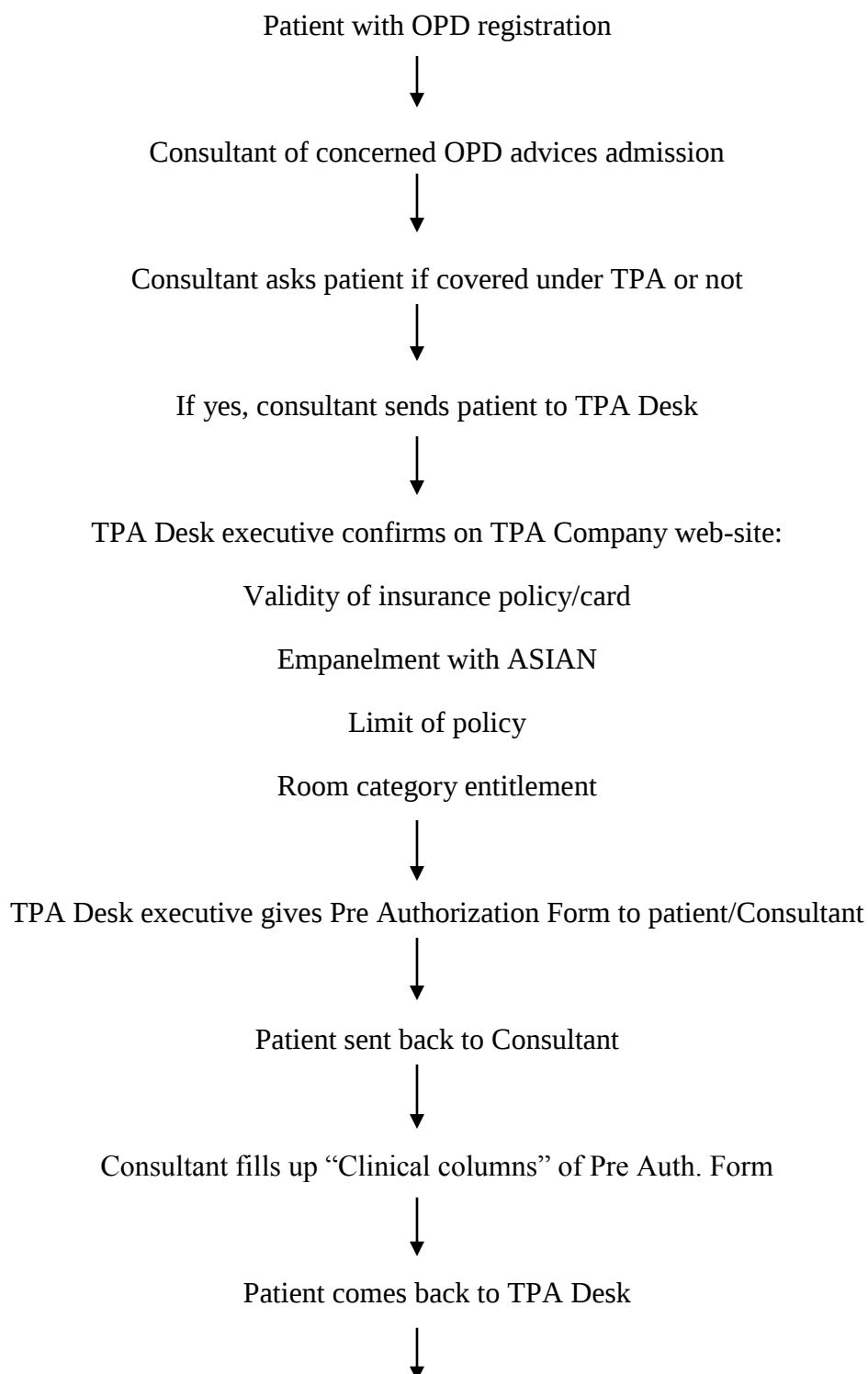
All medications + Investigations reports + Patient's file given to the patient

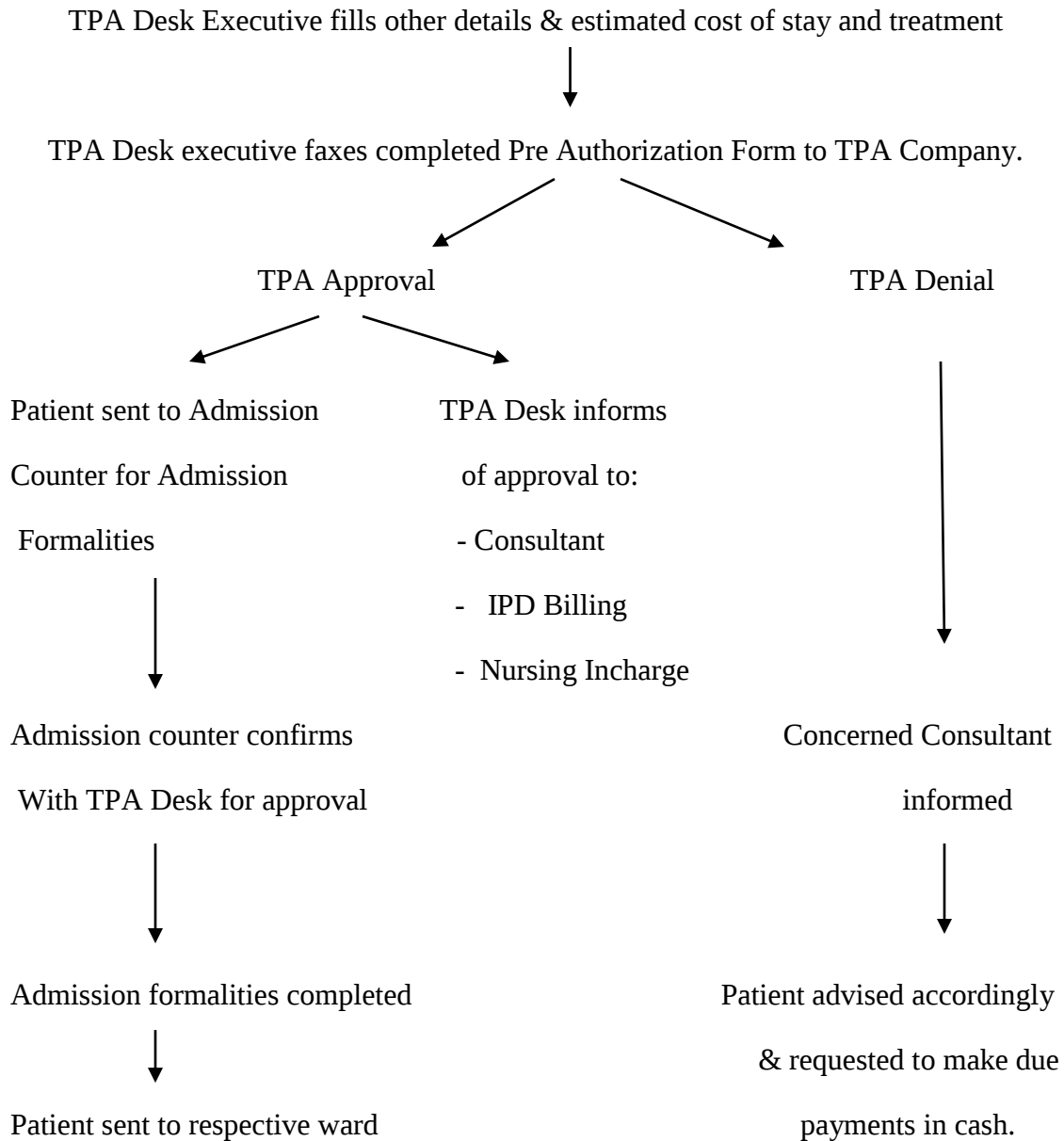
Patient given & explained about how to take the medications + any special instruction +
follow up schedule

Patient Discharged

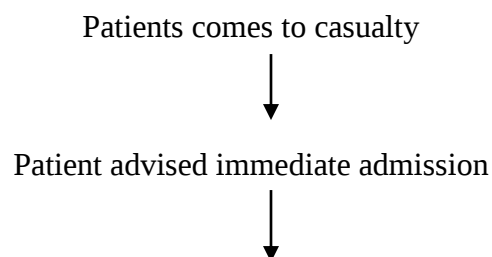
FLOW OF A TPA PATIENT

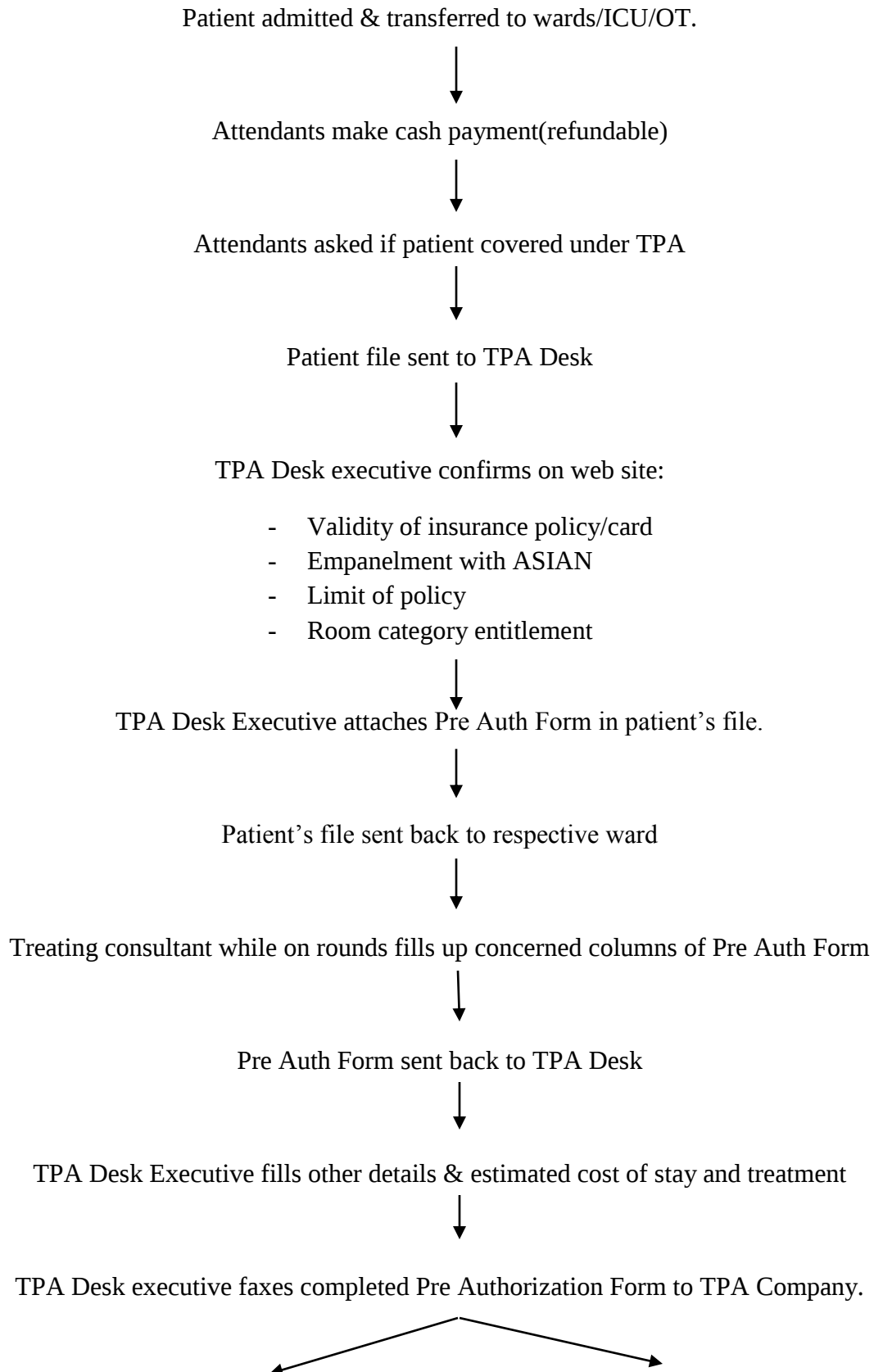
I) PRE PLAN ADMISSION

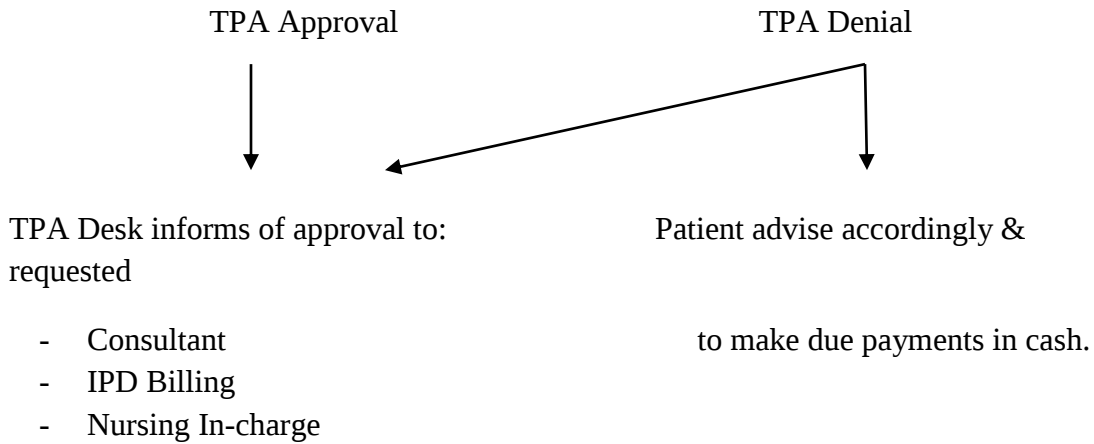




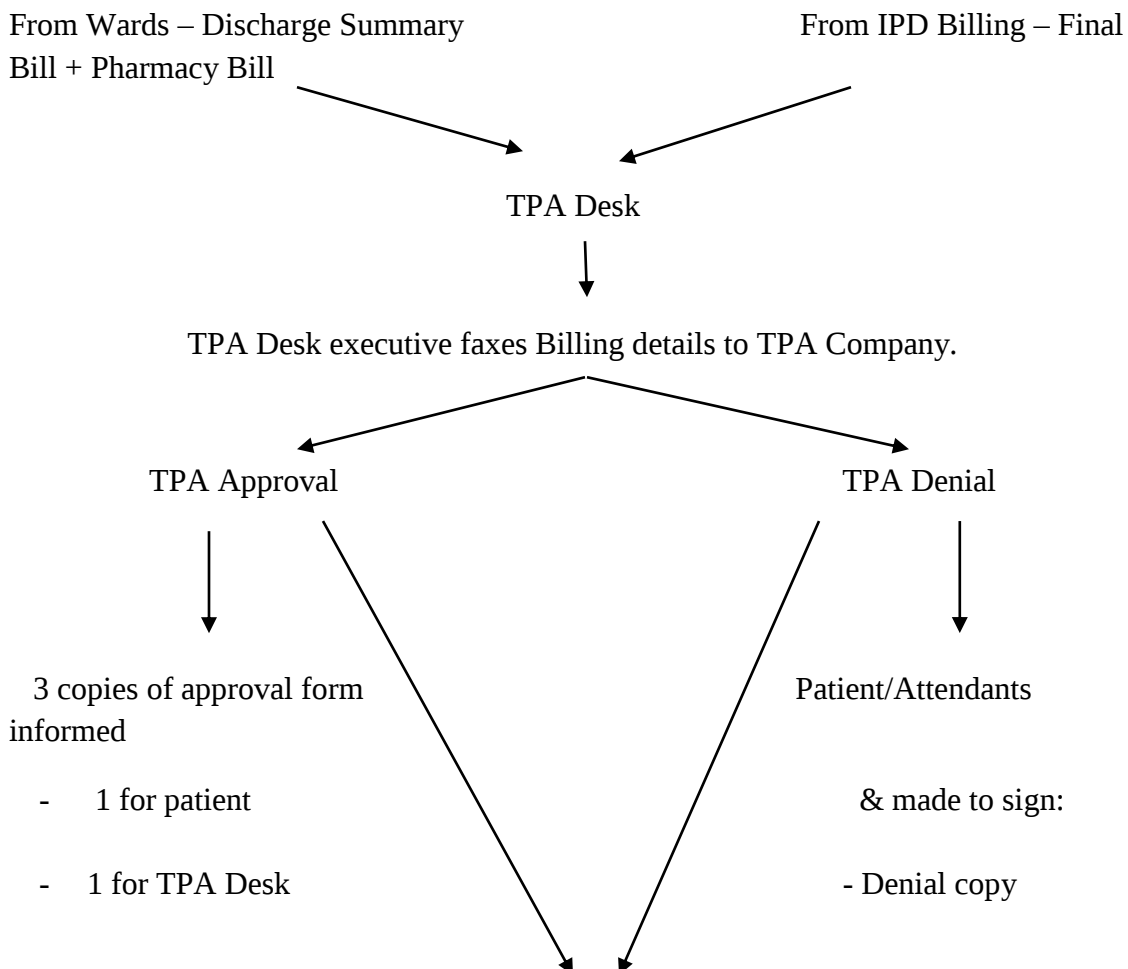
EMERGENCY ADMISSIONS FOR TPA PATIENTS

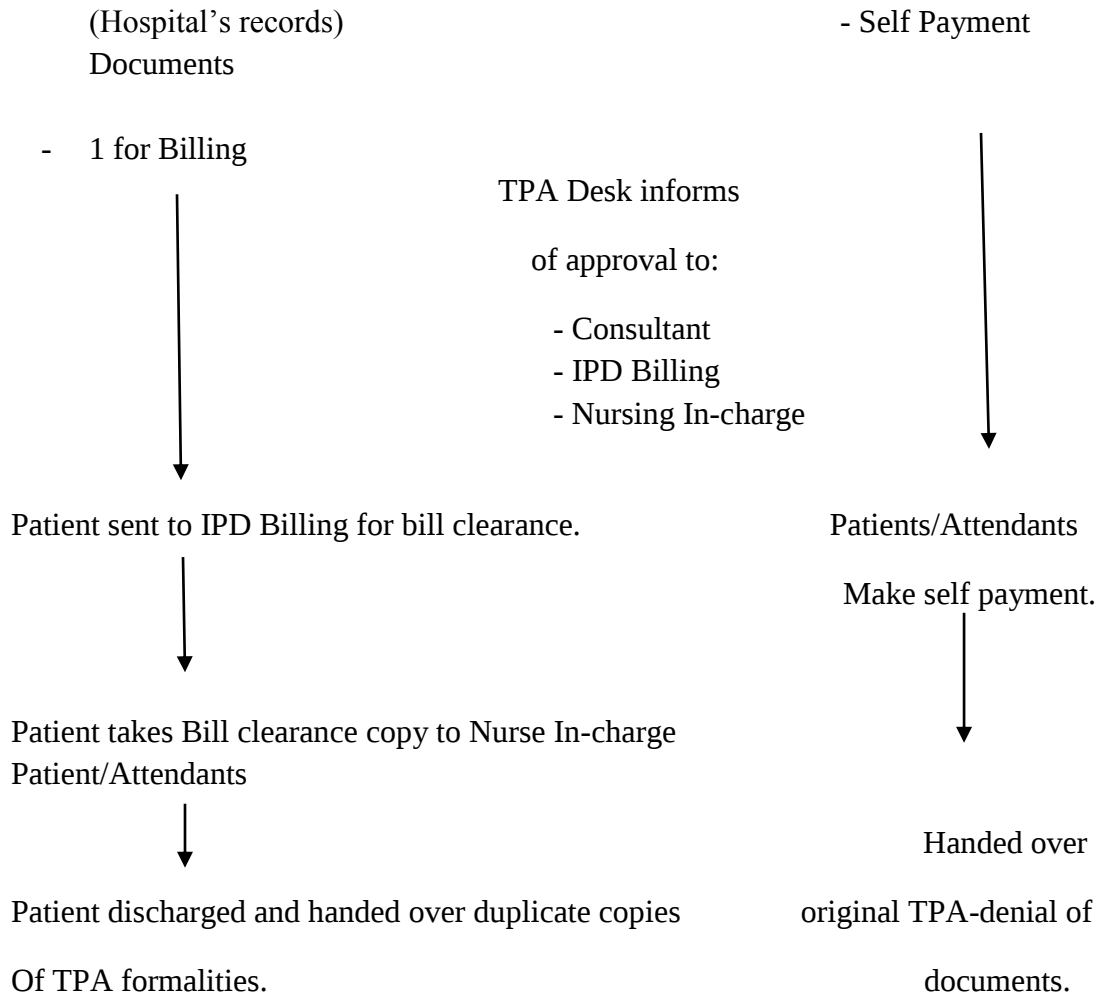






FLOW OF TPA PATIENT DISCHARGE





PURCHASE DEPARTMENT

Layout: 1st Floor (Admin Block)

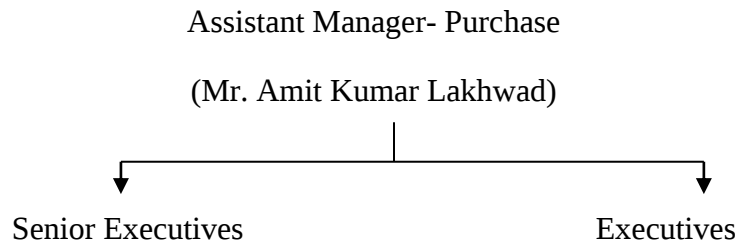
Total Staff: 4

Organogram:

Director Adminstration

(Mr. Anupam Pandey)

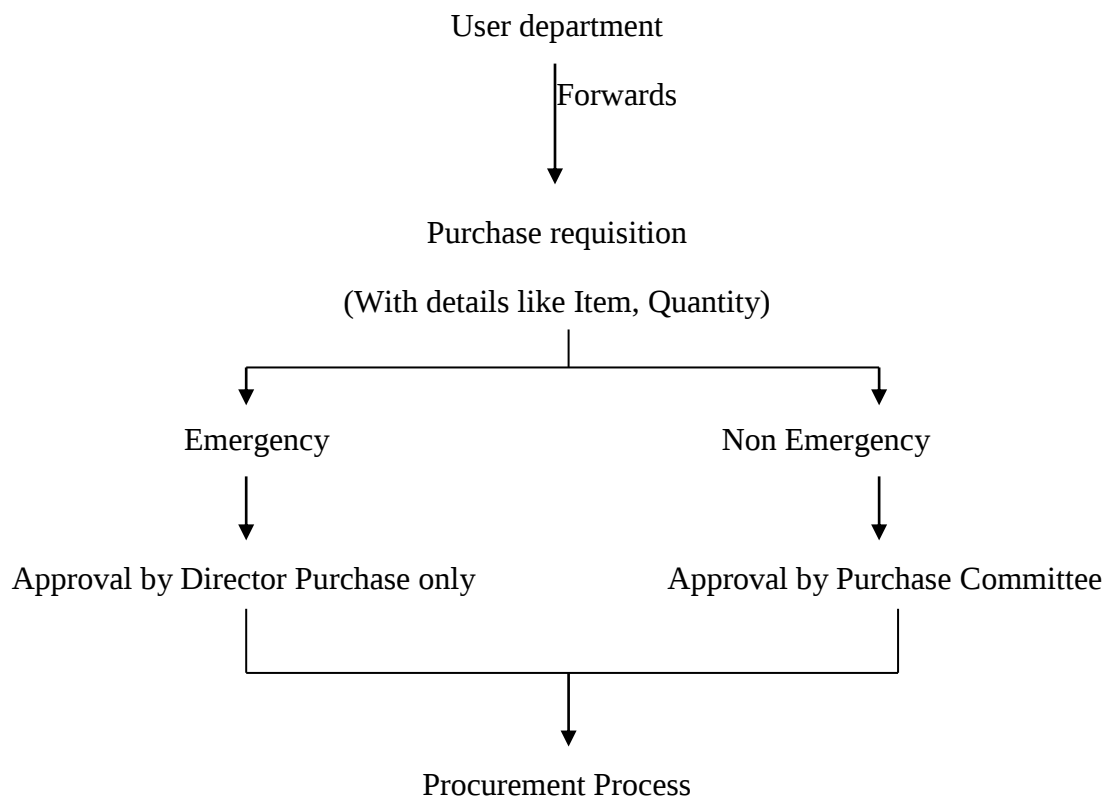




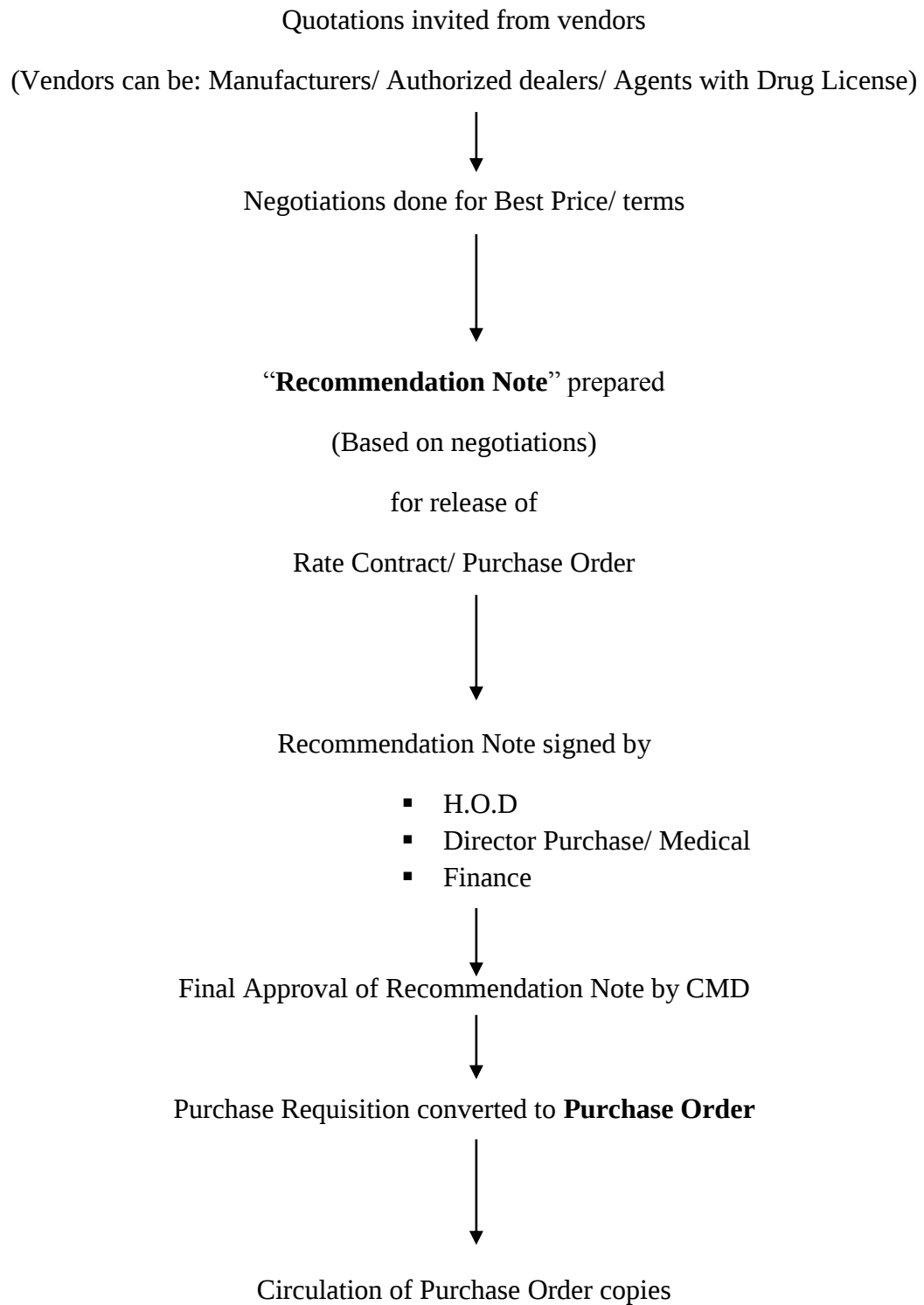
Records Maintained:

- Quotations
- Purchase Requests
- Capital Sanctioned Record
- Purchase Orders

Procurement of medical consumables and drugs



Procurement Process



Procurement of Stocked (Regular) Medical Consumables & Drugs

Stores raise Purchase Requisition on HIS

(Based on – Quarterly Requirement

- Reorder Level)



Purchase Requisition approved by Store In Charge



Purchase Department receives Purchase Requisition on HIS



Purchase Requisition converted to Quarterly Purchase Order

(as per approved Rate, Terms, Conditions)



Circulation of Purchase Order copies



Vendor forwarded a copy of Purchase Order

(Mentioning – Delivery Schedule

Quantity Schedule)

OT (Operation Theatre)

- ❖ **Layout** : 3rd floor
- ❖ **No. of OT's** : 10
 - General OT's – 8
 - Cardiac OT – 1
 - Eye OT - 1

No. of beds in Pre operative ward: 7

- ❖ **No. of beds in post operative wards** : 8
- ❖ **Utility room** : 1
- ❖ **Doctor's Lounge** : 1
- ❖ **Nurse and Technician Lounge** : 1
- ❖ **Pantry** : 1
- ❖ **Sterile room** : 1
- ❖ **Changing rooms** : 4
 - Doctor (male) changing room:** 1
 - Doctor (female) changing room:** 1
 - Nurse (female) changing room:** 1
 - Technician + Nurse (male) changing room:** 1

Department Head: Dr. Divesh Arora (MD, Senior Consultant, HOD- Anaesthesia)

AREA SPECIFICATIONS OF EACH OT

OT NUMBER	H X L X W	Cubic Feet
OT-1	10 X 21 X 19	3990
OT-2	10 X 20 X 19	3800
OT-3	10 X 21 X 18	3780
OT-4	10 X 21 X 17	3570
OT-5	10 X 22 X 18	3960
OT-6	10 X 21 X 18	3780
OT-7	10 X 26 X 18	4680
OT-8	10 X 20 X 18	3600
OT-9	10 X 20 X 18	3600
OT-10	10 X 20 X 18	3600

Records Maintained :

Forms Maintained	Registers maintained at OT Pre holding area	Registers maintained in Sterile Room	Registers maintained with Nursing In- charge	Registers maintained with Manager Technician
1. Consent forms: - Informed - Anesthesia - Surgical/ Medical Treatment. 2. Pre anaesthesia Check up form 3. Surgical safety checklist form	1. OT Patient Pre Hold Register 2. Operation Record Register 3. OT Daily Charge Register	1. Instrument Set Register 2. OT Fridge medicine Register 3. Cidex OPA Register 4. Formalin	1. Inventory Book 2. Movement Register OT 3. Duty Roaster 4. OT Purchase Book 5. Emergency OT Register	1. OT Culture File 2. Daily OT Cleaning Register 3. Fumigation Record File

4. Requisition form : - Histopath . - Blood bank - Laboratory - Indoor patient drug requisition form 5. Operation note 6. Instrument checklist form 7. Form for linen & laundry.	4. In-Out 5. Register 6. CSSD Register	Register 5. Re-Autoclave Register 6. Autoclave Register 7. ETO Register 8. Plasma Register	6. Complaint OT Register 7. Pharmacy Bill OT Register 8. OT Checklist Register 9. Consent form file	
---	--	--	--	--

OT Washing & Fumigation Schedule :

OT - 1,2,3,8, 9, 10and sterile room: Every Saturday

OT - 4, 5, 6, 7: Every Sunday

Present Scenario:

9 functional OT's



Therefore, OT Washing and fumigation done every Saturday



In case, culture report (every 72 hrs for each OT) shows more **than 10 types of isolates** then fumigation done on same day in OT.

INFECTION CONTROL SURVEILLANCE PROGRAMME FOR OT

Records maintained for OT Sterilization Check:

1. OT Culture File :

- Contains culture report of each OT
- Done every **72 hrs.**
- Swabs taken from OT Floor, walls, table locations.
- Method used : **Slit Air Method**
- FORMAT: Site (OT No.)
Method
Receiving date
Reporting date
Microbiology report

2. Daily OT Cleaning File :

- Daily OT cleaning record (compiled to get monthly record) with format as :
OT No./Item name /Qty./ Date /Morning, Evening, Night with
(personnel sign & ID no.)
- OT Washing date record, OT Fumigation date record.

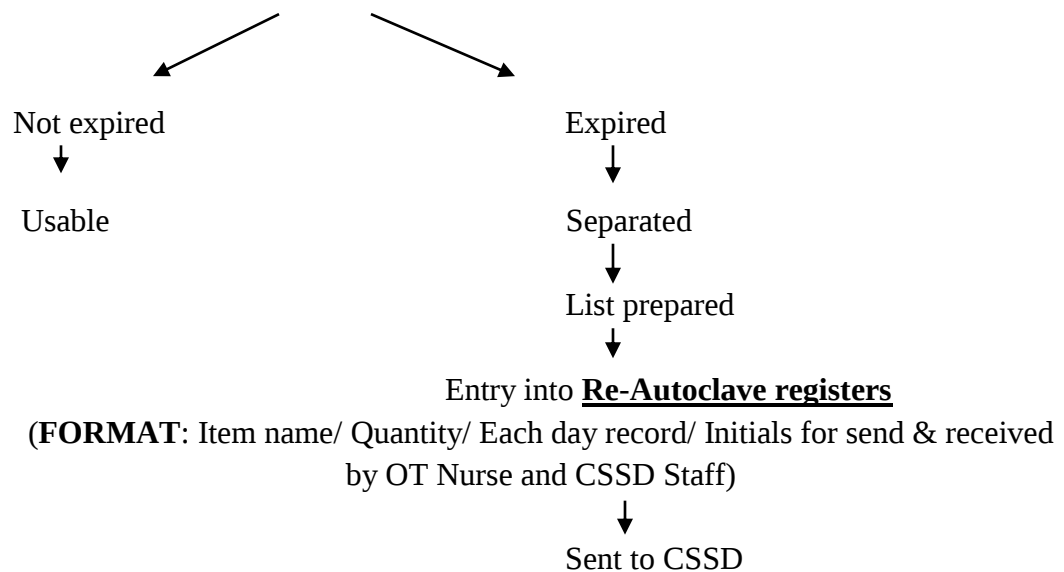
3. Fumigation Record File

- Separate record for each OT
- Fumigation done by OT guard 8ml per Litre.
- Weekly reporting
- FORMAT :
Date/ Fumigation done by/ Technician name/ Remarks

OT Inventory Management & Records:

1. INSTRUMENT SET REGISTER (In sterile room)

- For daily inventory management in sterile room
- Person on charge : nursing staff personnel (assigned duty everyday)
- Inventory maintained according to **racks number**
- Each rack assigned a specific number
- Daily expiry check of each item in racks



2. FRIDGE MEDICINE REGISTER OT (In Sterile Room)

- Each day inventory maintained by personnel incharge of sterile room
- Daily expiry check

3. INVENTORY BOOK OT

- For each OT separate register
- For drug inventory in OT
- Inspected, maintained and signed daily by nurse incharge.

STRENGTHS:

1. State of art equipments.
2. Wall mounted communication system in OT (Telephone + Intercom).
3. **Modular OT'S** fitted with state-of-the-art **LED Trilux Aurinio Lighting** and equipped with a **Trilux Media Bridge****.
4. OT's are designed with HEPA filters, laminar airflow systems with **separate AHUs** for infection prevention.
5. Wall mounted digital temperature and humidity controller and medical gas alarm panel.
6. **AGSS** (Anaesthesia Gas Scavenger System) in OT's: First in any North India Hospital.

****** The **Trilux Media Bridge system** combines lighting, media supply and clean air equipment in a perfectly matched system. The possible combination with a laminar flow air supply ceiling for turbulence free displacement current that delivers extremely high air purity.

DOCUMENTS AND CHECKLIST MAPPING ACCORDING TO PATIENT FLOW IN OT

Patient's Progress	Documents in file	Documents to be added	Checks and checklist	Procedure done by nursing staff (during the process)
From WARD to PRE-OPERATIVE AREA	Consent forms: - Informed - Surgical - Anaesthesia Pre operative checklist Bill clearance papers Records of- Antibiotic &	Surgical safety checklist form Requisition forms: - Histopath - Blood bank - Laboratory - Indoor patient's drug requisition form	All documents received from wards are complete. Part preparation done On-time pre surgery antibiotic schedule	OT Patient Pre hold register completion Time in entry in "In-Out Register"

	Investigations Pre anaesthetic check up record			
From PRE-OPERATIVE AREA to OPERATION THEATRE (OT)		Completed Surgical safety check list form. Operation notes	“First column” of Surgical safety check list form completed or not. Checks of : -Medical gases -Equipments -Electrical points -Linen -Complete surgical set “Pre column” of Instrument checklist form.	Completion of “ second column” of Surgical safety check list form Operation records register completion “Post column” of Instrument checklist form completed.
From OT to POST OPERATIVE AREA/RECOVERY AREA		Completed operation notes form OT Daily Charge Bill	Proper disposal of OT waste as per procedures laid down. OT preparation for next surgery. Special attention to blood spills.	OT Daily charge bill completion Completion of “Time-out” in “In-Out OT Register”

OT WORKFLOW

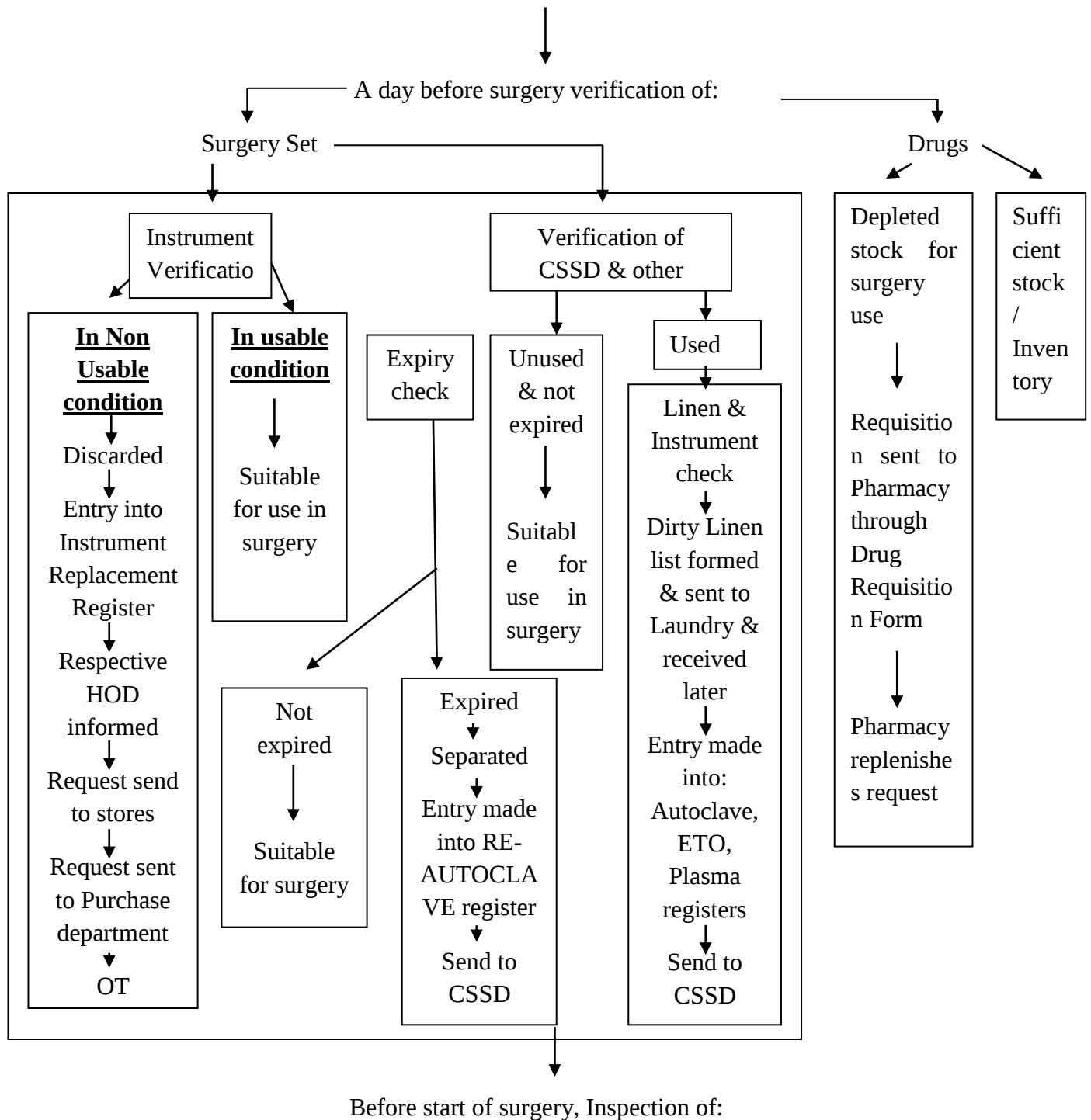
Doctor sends request for OT Availability

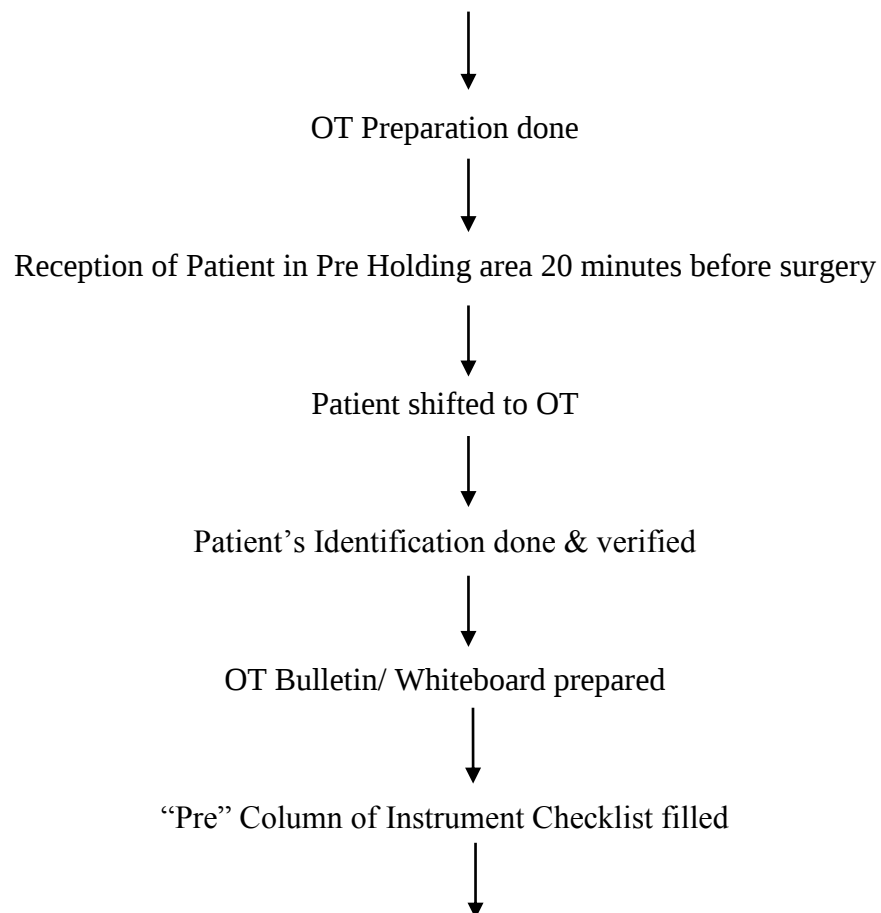
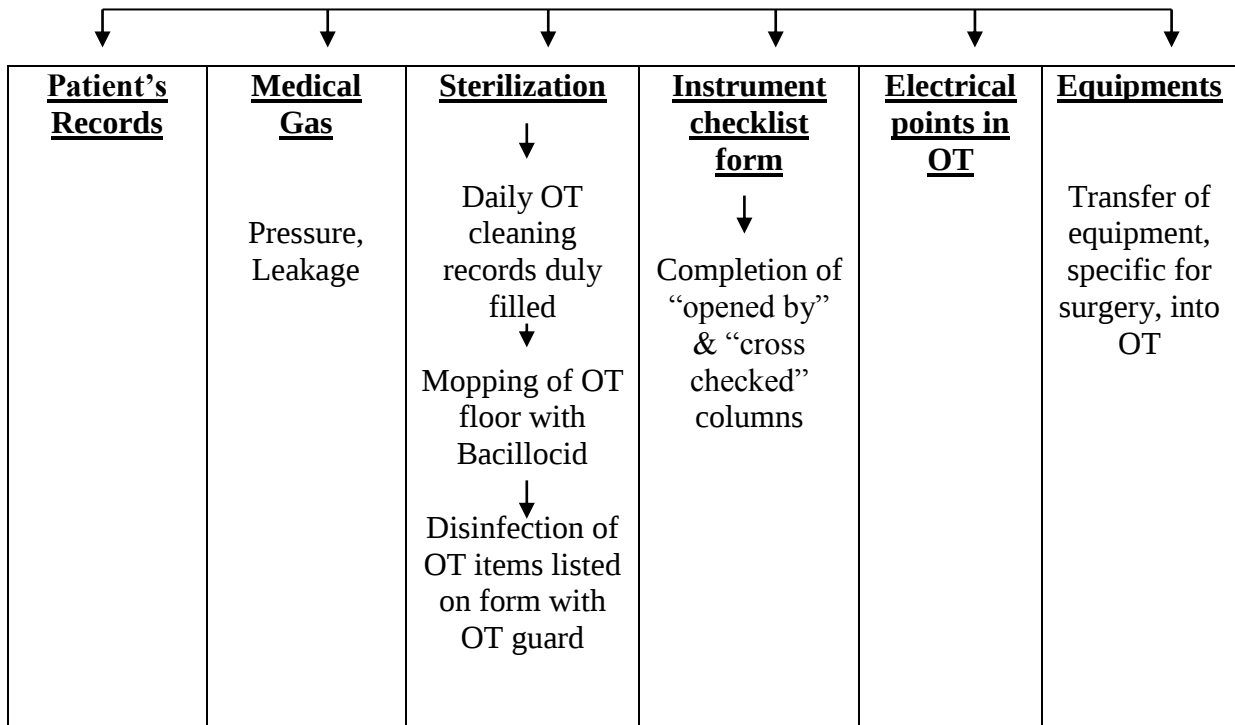


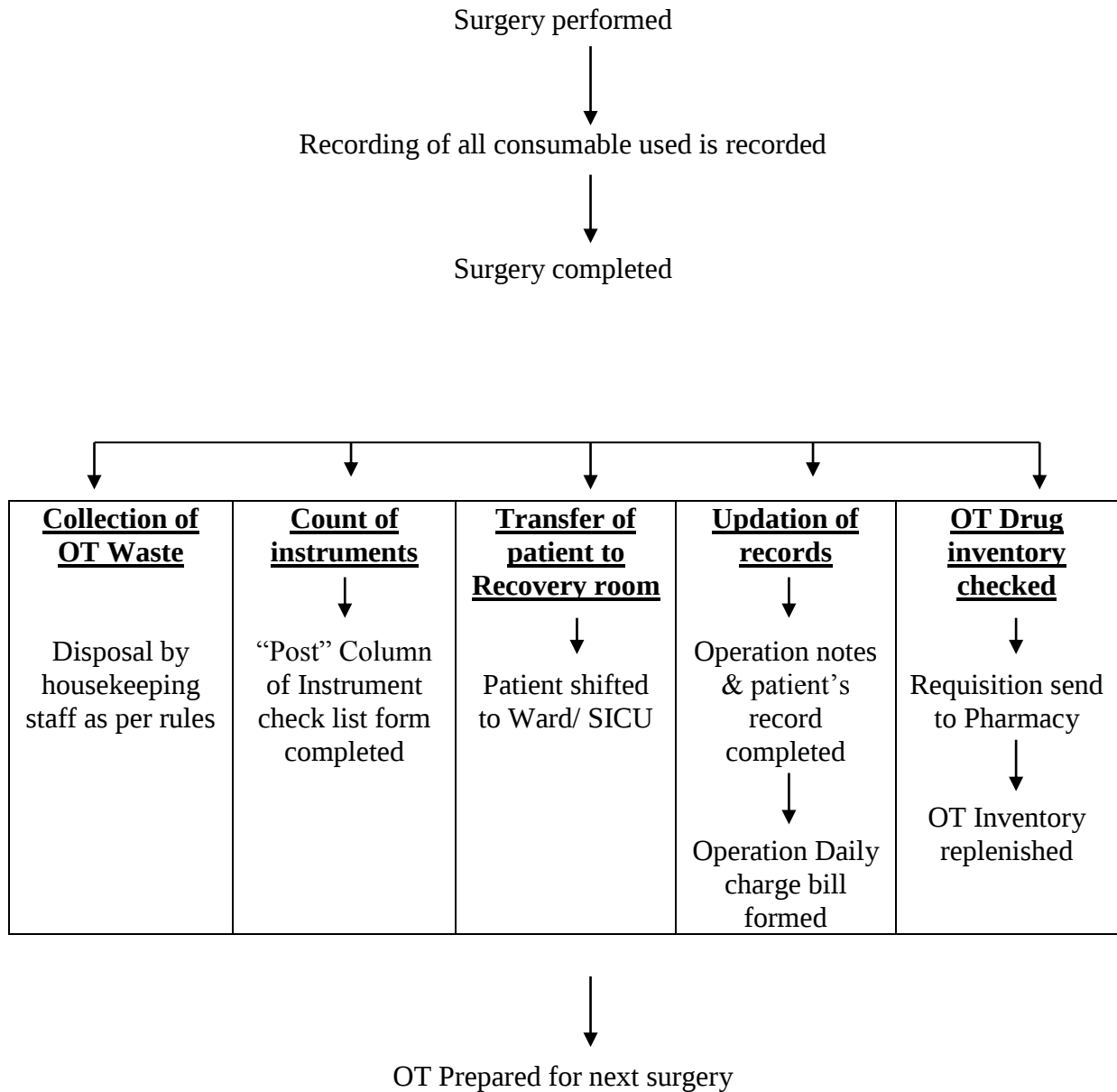
OT Incharge confirms OT availability



Entry into OT Booking Register regarding
Scheduled surgery's Date, Time, Doctor, Patient







Department of Critical Care

Components: ICU, IMCU

Layout: 3rd Floor

- Doctor's Duty Room - 1
- Nurse Change Room-Female - 1
- Equipment Room - 1

ICU Beds: 12

IMCU Beds: 6

Department Head: Dr. Sandeep Bhattacharya

ICU

Infrastructure:

Desktops: 2

Printers: 1

Intercom: 1

Nursing staff: 29

Housekeeping staff: 3

Working Shifts:

Morning: 8.00 AM to 2.00 PM

Evening: 2.00 PM to 8.00 PM

Night: 8.00 PM to 8.00 AM

EQUIPMENTS:

1. Ventilator
2. Patient monitor
3. Defibrillator
4. Syringe pump
5. ECG machine
6. Pace Maker
7. ICU bed

Records Maintained:

1. ICU consumable book
2. Replacement book/loan book
3. Handing over/transfer book
4. ICU Lab register
5. ICU MRD Register
6. Leave register
7. Store item receiving book
8. Assignment book
9. ICU Patient report book
10. Admission & Discharge Register
11. Procedure book for Doctor's & ventilation data

Records for inventory:

1. Crash trolley inventory register
2. Procedure trolley inventory register
3. Bed side inventory register
4. Narcotic drug inventory record
5. Fridge inventory register

Forms with ICU:

1. Daily Billing Activity
2. Consultation form
3. Discharge summary
4. History Sheet
5. Investigation Flow Chart
6. Daily Floor Census
7. Progress Sheet
8. Nursing Care
9. Blood Sugar Chart
10. Patient Registration Record
11. Pre Anesthesia Checklist
12. Pre operative Checklist
13. Pre & Post Operative Form
14. Nurse Record
15. MRI Investigation Form
16. Requisition forms: - Indoor Patient Drug Requisition Form
 - X-ray/ Ultrasound Requisition Form
 - Lab Requisition Form
 - Cytopathology Requisition Form
 - Histopathology Requisition Form
 - Blood Requisition Form
 - Requisition Form for Blood Transfusion
17. ICU Daily Notes
18. ICU Observation Chart
19. ICU Admission Consent form
20. Death certificate
21. List of Linen for Washing
22. Consent Forms :
 - Informed
 - High Risk Consent for Anaesthesia
 - Anaesthesia

- Surgical & Medical Treatment

23. Valuable Handover Form

24. Discharge Checklist form.

Suggested Infection Control Surveillance Program for ICU

<u>Frequency Of Change</u>	<u>Culture/ Swab area/ Walls/ Table</u>	<u>Infection Control Mechanism</u>	<u>Records</u>
Daily	-	- All surfaces, patient cubicle (locker, cardiac table, nursing station, bed railings etc) -Floor wet mopping with Bacillocid – 4 hrly	Cleaning Records
Fumigation (once a month or once in 15 days if low patient traffic)	- Air Culture - Swabs if req. (e.g. in case of outbreak)	- Thorough cleaning with detergent & water (e.g. floor, walls, stainless steel basins for patients for sponge bath) -Disinfection with Bacillocid -Fumigation must be done with 2% Bacillocid/ Trigene.	Fumigation Records + Culture Reports

Other Cleaning Protocols:

- Equipments like ventilators & monitor to be cleaned only by nurses.
- Separate stethoscope for each bed space (used after sterilizing with spirit).
- Digital thermometers for individual patients (later given to them & patient billed).
- Suction tube to be changed at each bed after every 3 hrs.
- Catheter mount & HME filters to be changed every 72 hrs.

- Nurse to patient ratio:**
- Routinely: 2:1
 - When the patient is on Ventilator: 1:1

Each Bed Space Contains:

1. Motorized Electric Bed
2. Multiparameter Modular Philips Monitor – mounted on wall behind the bed.
3. Chart/ Locker Trolley
4. Independent wall mounted panel housing 2 each of Oxygen, Air & Vacuum outlets
(all connected to central manifold by concealed pipelines)
 - Each bedside monitor is hooked to CENTRAL NURSING STATION MONITOR.
 - Other Equipments (common to all beds):
 - Mechanical ventilators
 - Syringe pumps
 - Feeding pumps
 - Nebulizer
 - 2 beds have access to piped RO water & can be used for bedside dialysis.

ICU ADMISSIONS

Admission in ICU can occur from:

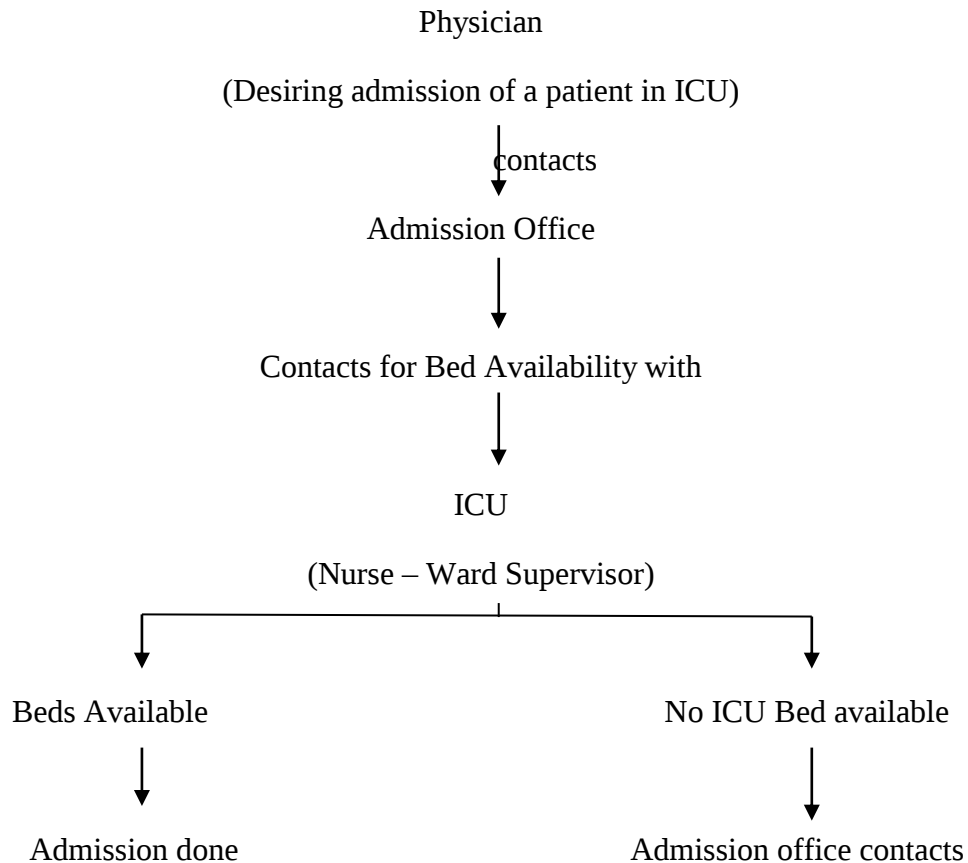
- Inpatient wing of the hospital
- OT
- Emergency complex
- From other hospitals
- Transfer from IMCU
- Sometimes directly from OPD

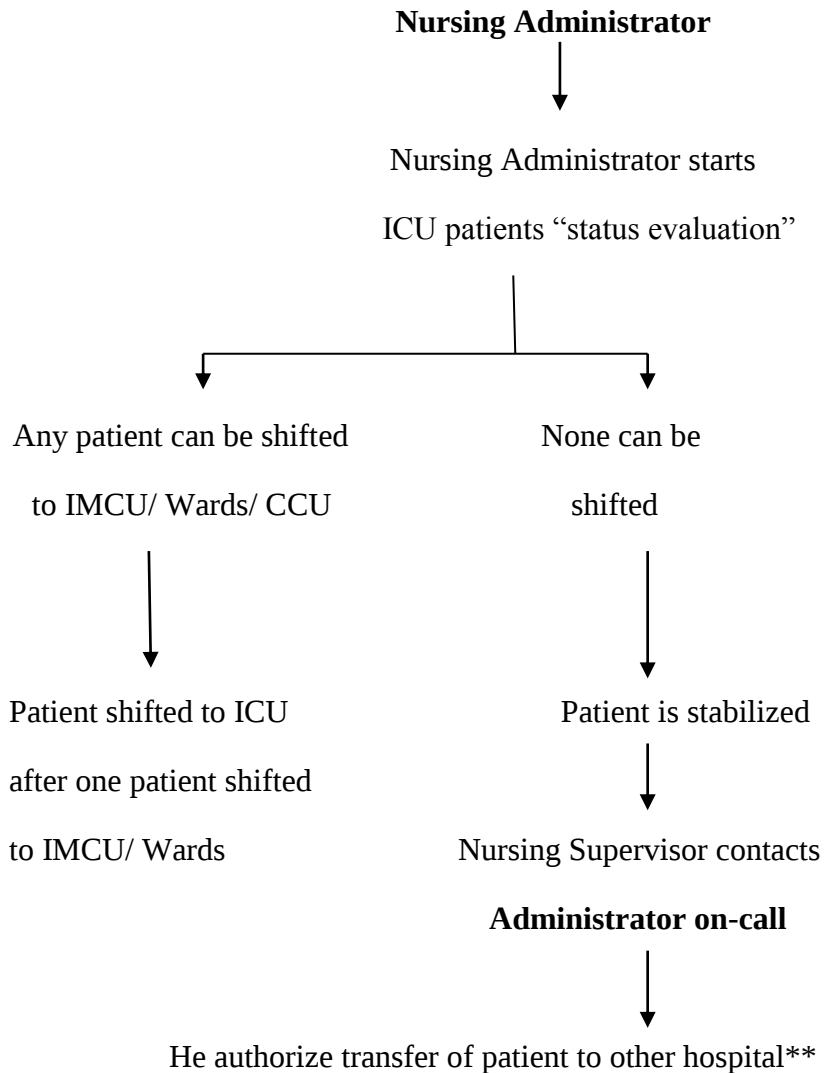
- Rarely from Bronchoscopy, Endoscopy, Dialysis unit

Ownership of patient care in ICU:

- ICU & IMCU are running under **“Semi-Open Model”**.
- Patients are admitted under consultants of various medical and surgical specialties.
- Thereafter, patients are managed jointly by: **ADMITTING TEAM & CCM TEAM**.
- All admissions must be notified by Duty Doctor to both the teams.

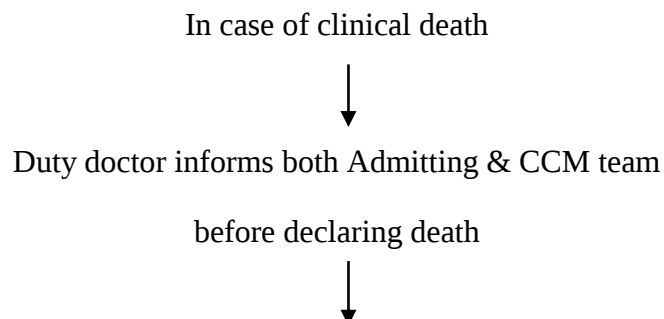
Patient admission procedure in ICU

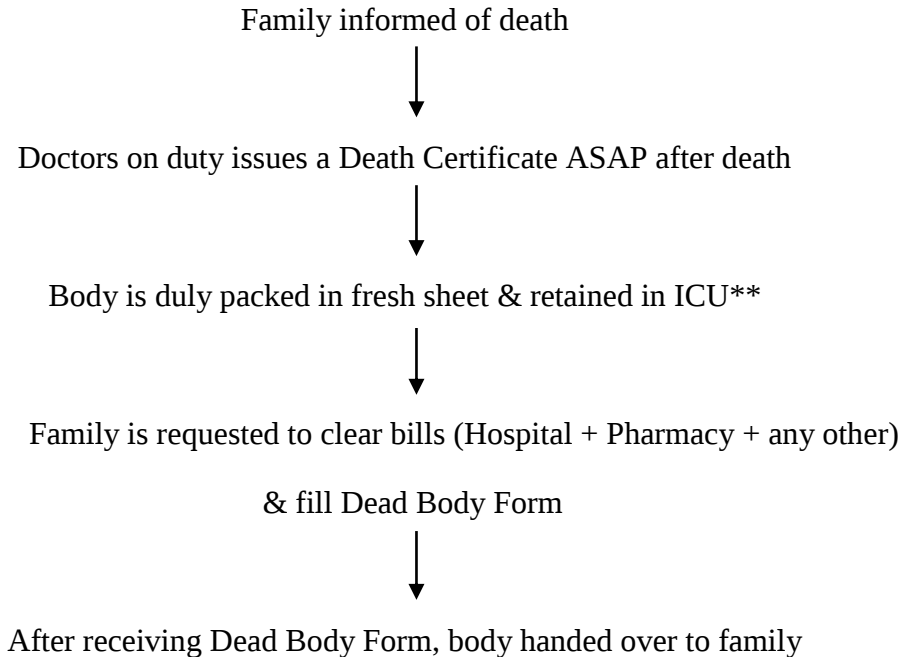




**AIMS Physician is responsible to locate a physician who will admit the patient to another hospital.

DEATH PROTOCOL





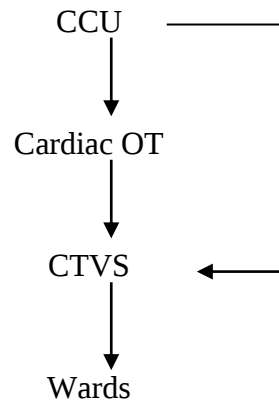
** Body retained in ICU for a maximum of 1 hr. after death and upto 4 hrs in exceptional situation on orders of Duty Doctor & beyond that on orders of GM (Admin). Thereafter body is sent to Mortuary and security is informed.

If MLC case, packed body is sent to mortuary & handed over to police by security.

CTVS

- **Layout:** 3rd floor
- **Beds:** 6
- **Store room:** 1
- **Doctor's room:** 1
- **Clean utility room:** 1
- **Dirty utility room:** 1
- **Consultant CTVS:** Dr. Adil Rizvi

Workflow:



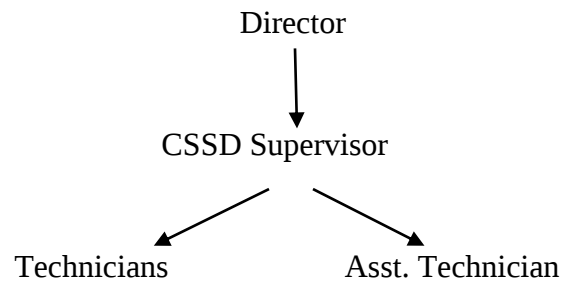
CSSD

(Central Sterile Supply Department)

Layout: 4th floor (“U” shaped layout)

Assistant Manager CSSD: Mr. Raj Kumar

Organogram:



Infrastructure:

- Desktop -1
- Intercom -1
- Printer -1
- Autoclaves (Pulse vacuum type) -2
- ETO -1
- Plasma sterilizer -1
- Steam boiler -3
- Auto sealer -1
- Loader -2

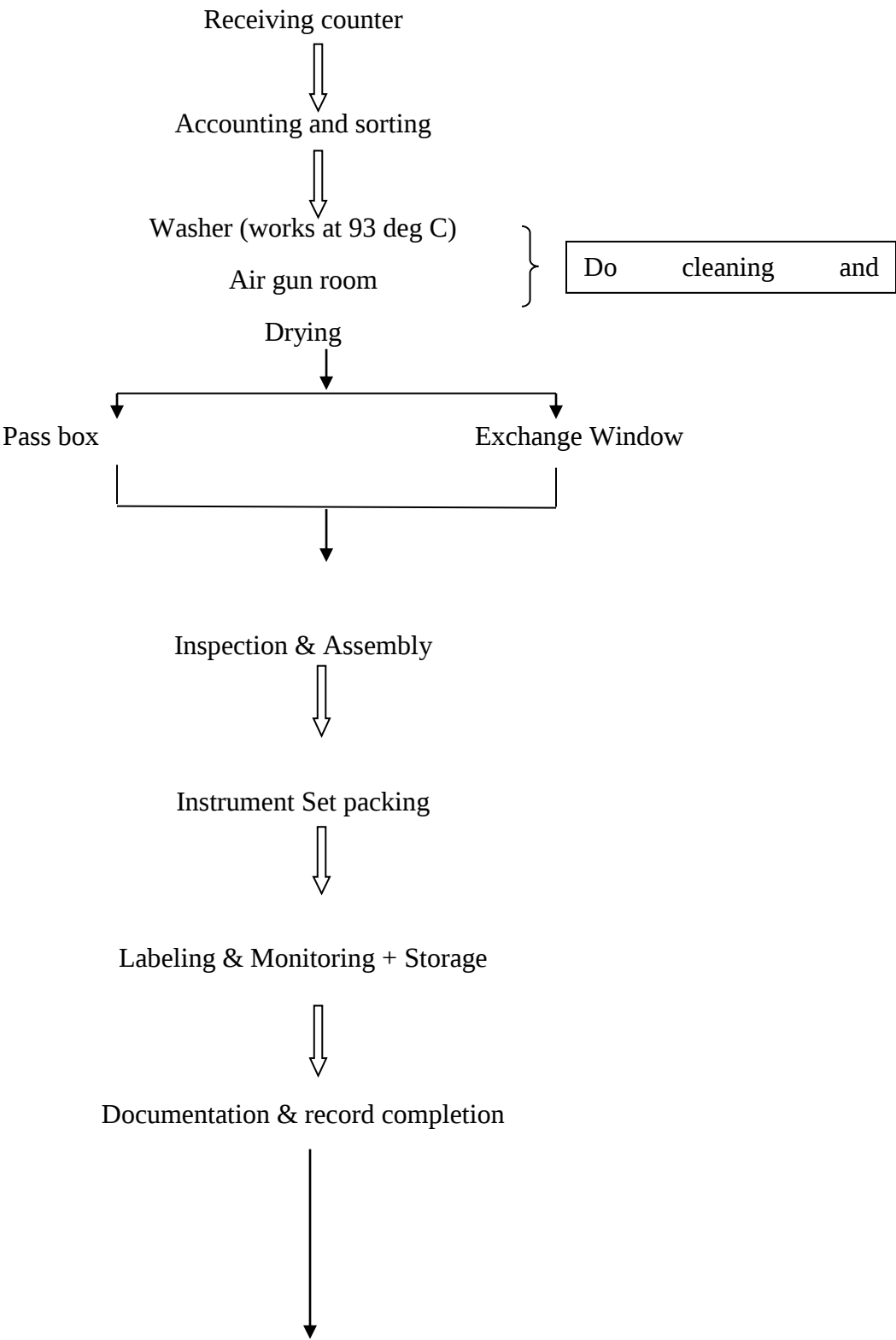
DEPARTMENT WORK FLOW:

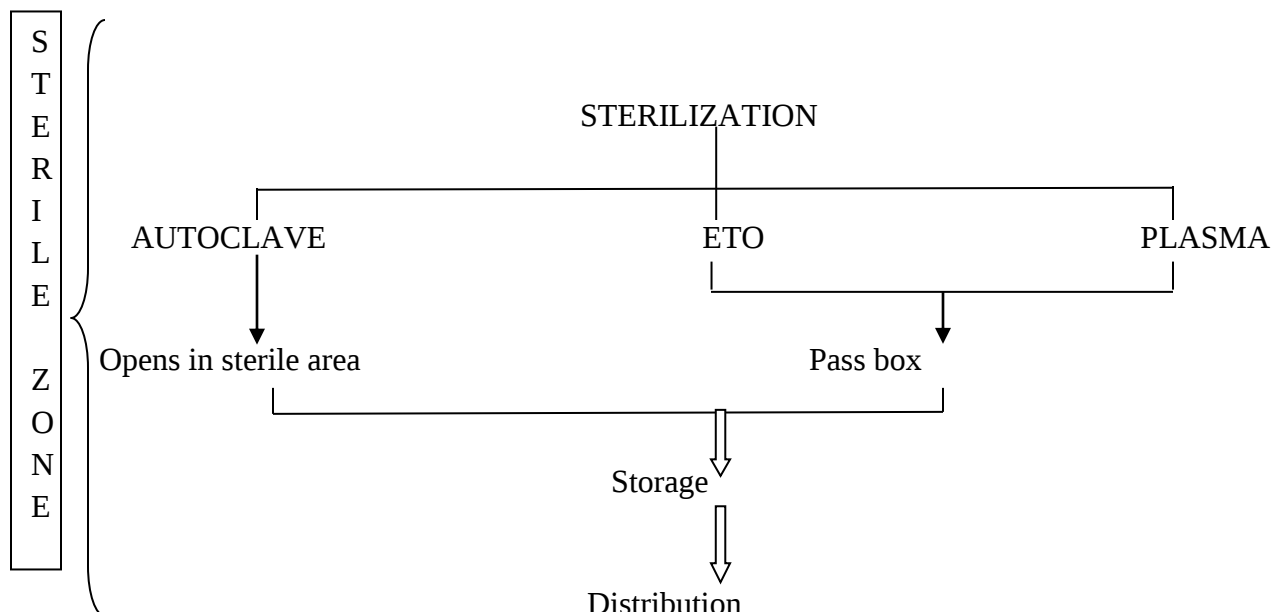
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METHODS OF STERILIZATION USED:

<u>AUTOCLAVE</u> <u>(Steam sterilization)</u>	<u>ETO</u>	<u>PLASMA</u>
- No. of autoclaves – 2 - Type – Pulse vacuum type - No of cycles per day – Acc. to load. <u>Temp/time/pressure.</u> 121 deg C/ 15 mins/ 1.2 kg 134 deg C/ 4 mins/ 2.2 kg STERILIZATION CHECK : <u>Bowie Dick Indicator</u> (<u>Chemical Indicator</u>) Once a day	- Number – 1 - No of cycles – usually 1 / day (But can vary acc. to load) <u>Temp</u> – 54 deg C 12 hour cycle STERILIZATION CHECK : ✓ <u>Biological indicator</u> <u>Bacillus atrophaeus</u> : Each load.	- Number – 1. - Not regularly used. Used in case of emergency; when ETO not in use. <u>Temp</u> – 45 deg C 50 min cycle. STERILIZATION CHECK : ✓ As such no biological indicator available. ✓ Therefore, its use is limited and only for emergency purpose. ✓ But <i>Bacillus atrophaeus</i> can be used.

MONITORING:

PHYSICAL MONITORING	CHEMICAL MONITORING	BIOLOGICAL MONITORING
• Gauges • Graphs • Process Logic Controller (PLC)	• Class I Indicator : Interlocking Tape applied on packs. • Class II Indicator : Bowie Dick + Batch Monitor • Class VI Indicator : To be put in packs.	• <i>G.stereothermophilus</i> • <i>B.atrophaeus</i>

Packing paper used :

1. Linen
2. Medical grade paper: - Used for ETO
- Lasts up to 6 months
3. Tyvec paper: - Used for plasma
Expensive

Strength:

- State of art equipments.
- Experienced staff
- Strong focus on sterilization, its monitoring and continuous physical, chemical, biological monitoring is done.

BLOOD BANK

Layout: 4th Floor

Staffing:-

- Director- Dr. Ramesh Chandra
- Medical officer- Dr. Uma rani
- Technical supervisor- vishwajeet sarkar
- Laboratory technician- 8

Area required:-

- Total → 150 square feet
- 100 m sq. for its operations
- 50 m sq. for preparation of blood components.

Storage and shelf life:-

WHOLE BLOOD→450 or 350 ml (>60kg)→blood loss→1-4`C→35 to 42 days,→(-40`C→1 Year)

RBC→250 ml red cell, 100ml SAGM~CPD→O2 transport→1 to 6`C→42 days.

Platelets apheresis→200-300ml→20 to 22`C→5 days

Cryoprecipitate→-80 to -40`C→1 Year

Fresh frozen plasma→-40 to -80`c→1 Year

Labeling on bag:-

1. **Color scheme:-**

- Blood group O- Blue
- Blood group A- yellow
- Blood group AB- white
- Blood group B- pink

2. Storage temperature, expiry date, Rh type

3. Name, address and manufacturing license number

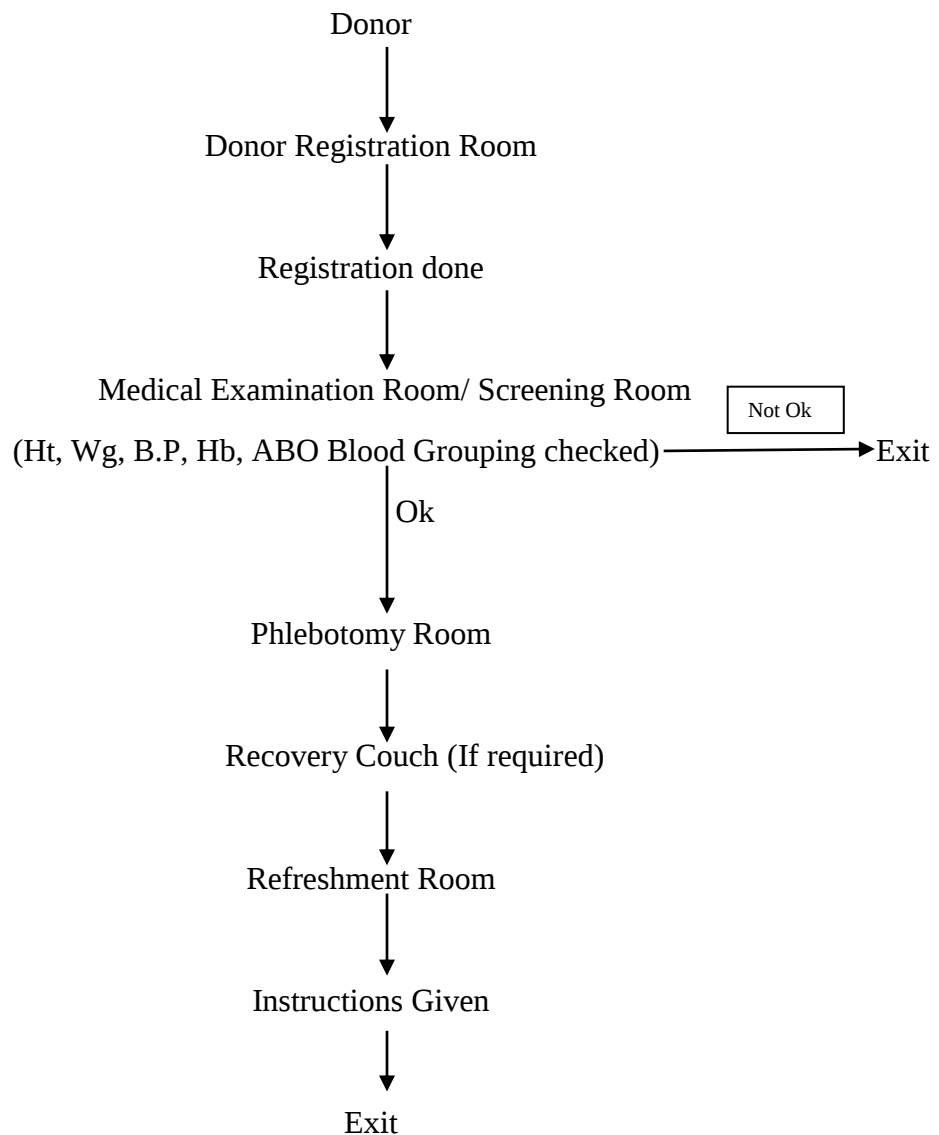
4. Volume of blood.

5. Type of donor

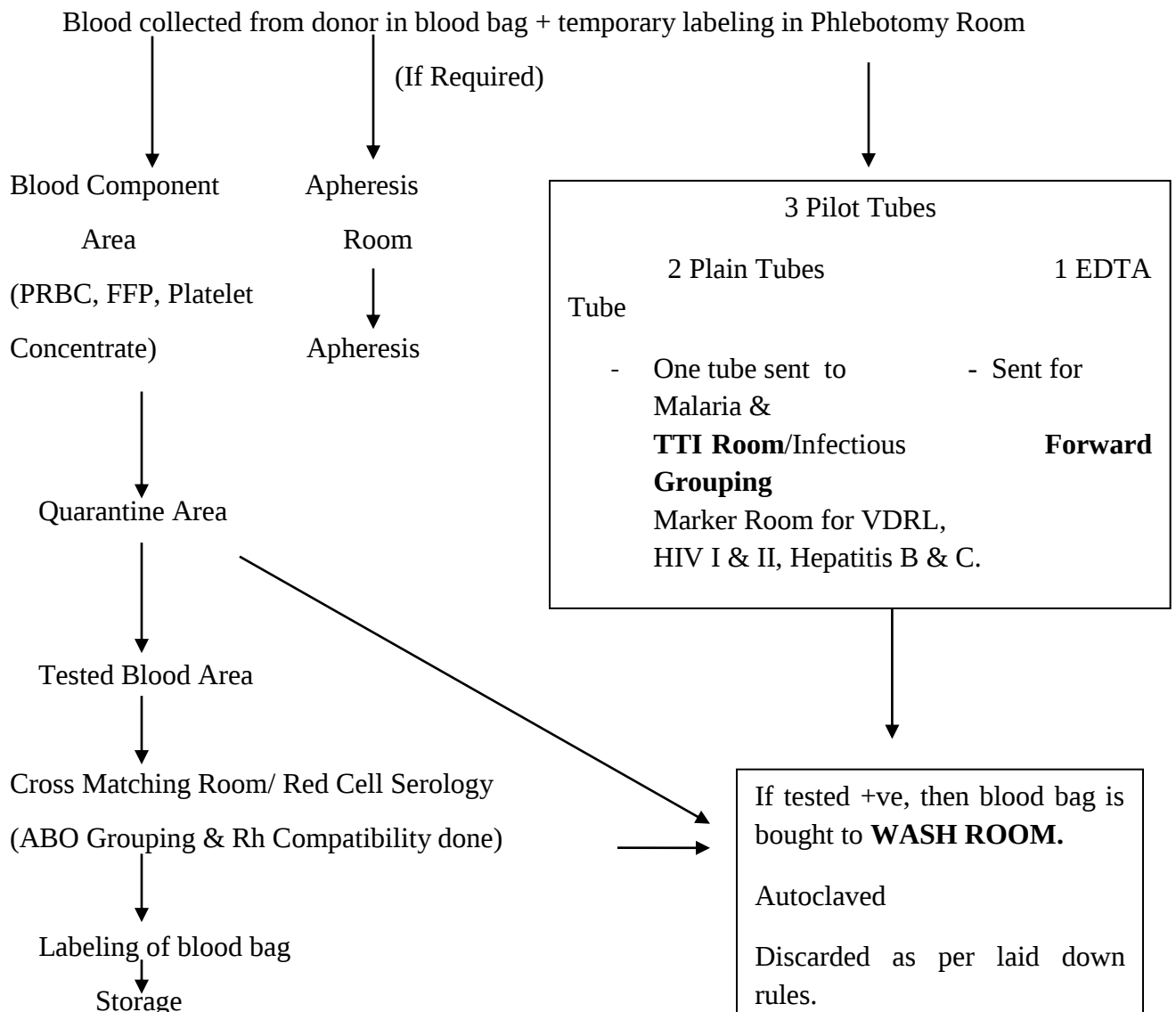
License for Blood Bank:-

- Licensed by State Drug Controlle. (panchkula, Haryana.)
- Regulated by Drugs and Cosmetic's Act.
- Licensed for processing whole blood and for preparation of its components. [lic. No.680B(H)]

FLOW OF DONOR:



Movement of Donor's Blood:



Label Color codes to be used -

- | | |
|----------|------|
| - Yellow | - A |
| - Pink | - B |
| - Blue | - O |
| - White | - AB |

Infrastructure of the blood bank:-

- **Donor Registration Room**
- **Medical Examination Room**
- **Donor room/Phlebotomy/Bleeding room-** Blood is collected in this room.
- **Apheresis Room**
- **Refreshment Room-** After donating the blood, refreshments are provided here.
- **Component Room:** Here collected blood is formed into different components.
- **TTI/ Infectious Markers Room-** Here Blood is checked to rule out any kind of infection in the collected blood.
- **Cross matching Room (Serology room) -** Here Blood is tested & cross matched.
- **Store Room/ Record Room-** All the records and inventories are stored here.
- **Wash & sterilization Room-** Here any blood tested +ve for any infection or unmatched blood is discarded.

Strength:-

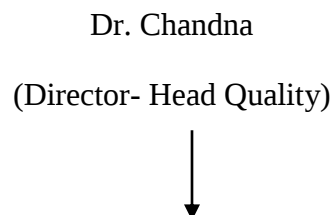
- Staff is trained and competent.
- Record maintenance was excellent.
- Preventive maintenance sticker was placed on all equipment's.

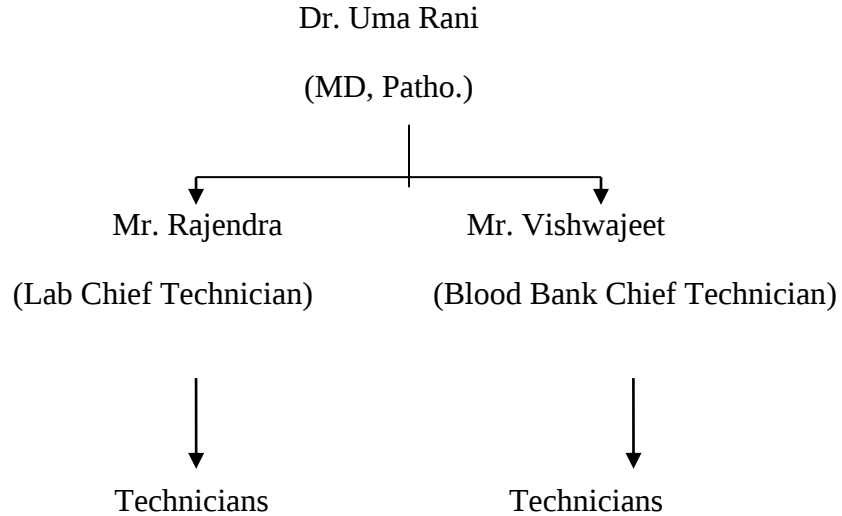
Laboratory Services



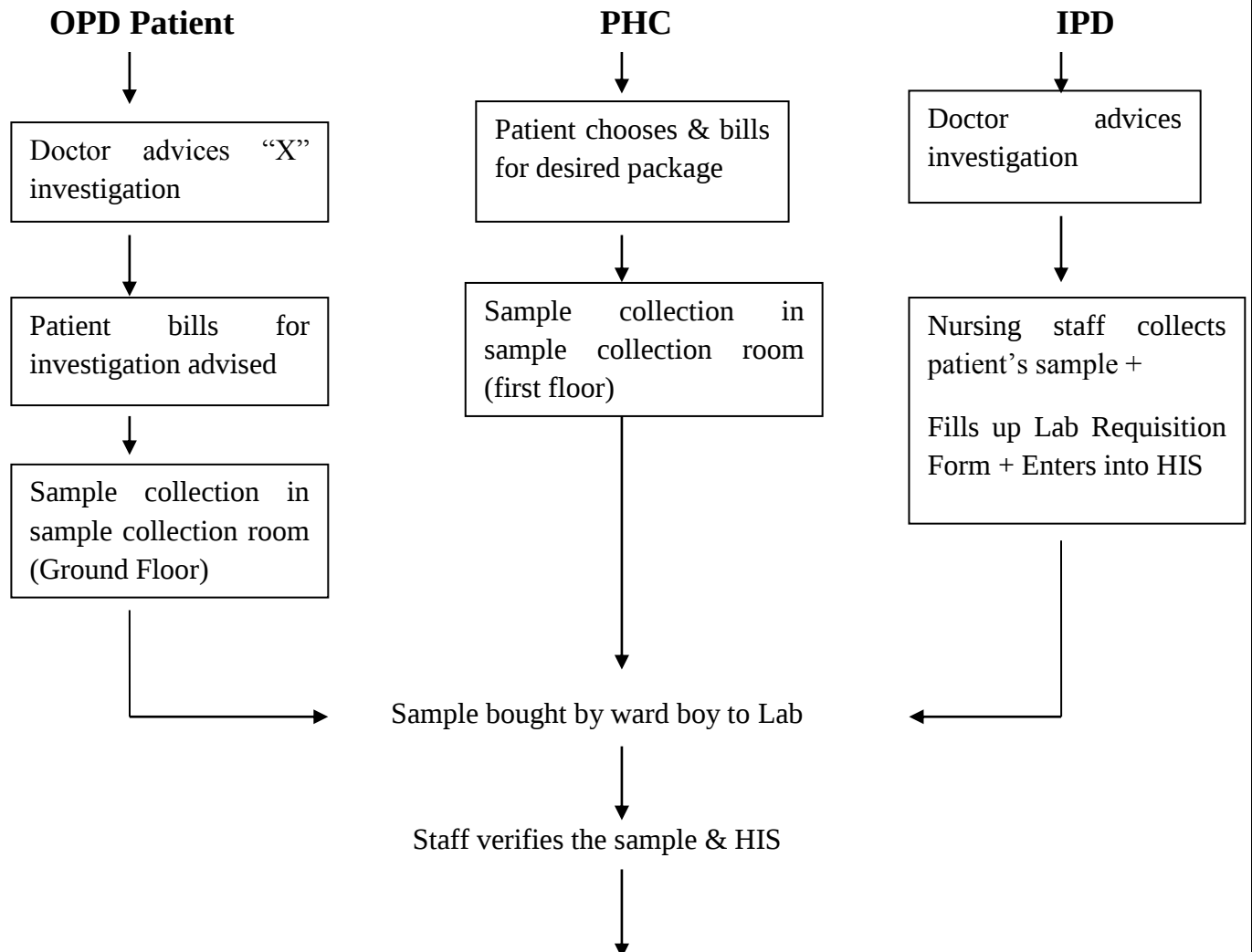
Layout: 4th floor

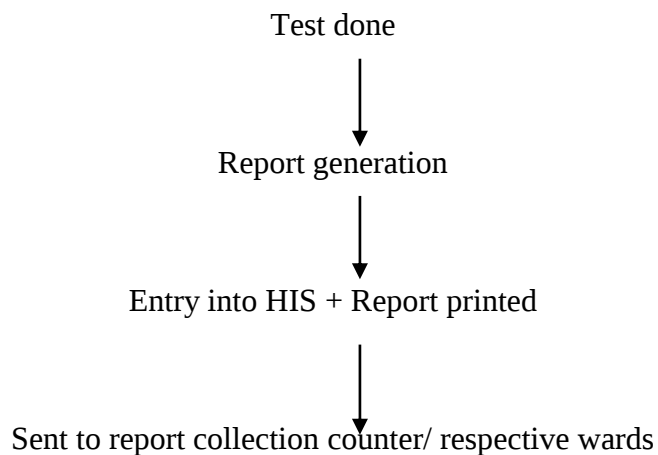
Staff & Hierarchy:





Workflow:





Records Maintained:

- QC File
- Calibration Log
- Scheduled service log
- Instrument log
- Instrument service log
- Daily maintenance log
- Delivery file
- Purchase file
- Patient Record Reg.
- Quota File

Equipments:

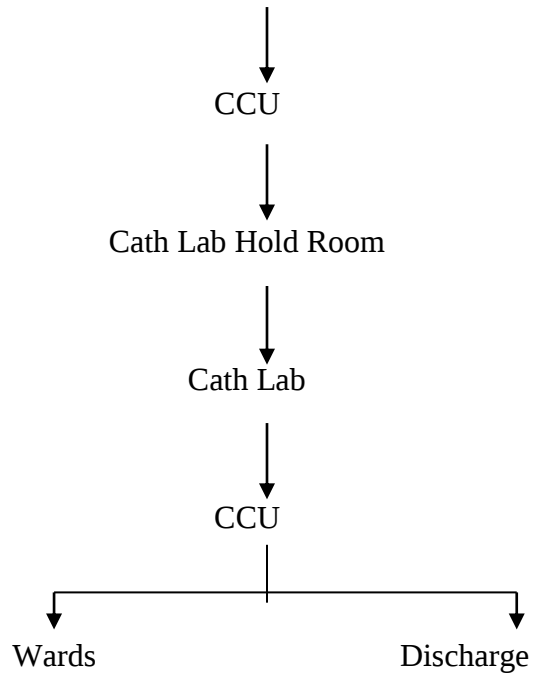
- Synchron CX 5- Pro (Beckman Coulter) – Fully Automatic Chemistry Analyser with Random Axis
- Vitek 2 compact – For Automated identification & Sensitivity Testing
- Bact Alert 3D- Blood Culture Machine
- Sysmex XT- 2000i
- Sysmex KX- 21
- Cytocentrifuge.

Cath Lab

- **Layout:** 6th floor
- **Department Head:** Dr. Rishi Gupta

Workflow:

Patient from Cardiac OPD/ Emergency/ Wards (rarely)



- **Common procedures in Cath Lab:**
 - Coronary Angiography (CAG)
 - Coronary Angioplasty (PTCA)
 - Balloon Mitral Valve Valvoplasty
 - Permanent Pacemaker
 - Single chamber
 - Dual chamber
 - Bivent
 - Combo device
 - AICD

- Peripheral Angiography
- Peripheral Angioplasty
- Renal Angioplasty
- Electrophysiology study- Radiofrequency Ablation (EPS-RFA)

- **EQUIPMENT:**

PHILIPS FD-20 Flat panel (for coronary & vascular intervention).

- **Records Maintained:**

- CAG Register
- PTCA Register
- PTA Register
- PPI Register
- Cleaning records
- Fumigation records
- Inventory records.

CCU

Beds: 16

Store: 1

Clean utility room: 1

Dirty utility room: 1

Records Maintained

<u>Consent Forms</u>	<u>Investigation Forms</u>	<u>Patient Care Forms</u>	<u>Other Forms</u>	<u>Registers</u>
<u>Consent forms for:</u> - Surgical & Medical treatment - Anesthesia Consent - High Risk Consent for Anesthesia Surgery - Haemodialysis Consent - Informed Consent - Consent for Transfusion of blood & other blood products - Hand written consent form	<u>Requisition forms for:</u> - Histopathological Exam. - Cytopathological Exam. - Indoor Patient Drug Req. Form - Laboratory Req. Form - MRI Investigation Form - X-Ray/ Ultrasound Request Form	- Progress sheet - History sheet - Nurse record - Nursing care record - Drug Prescription & Administration Record - Investigation flow chart - Vital Parameter Chart - Pre Anaesthesia Check up - Intake Output Chart	- List of Linen for Washing - Daily Floor Census - Valuable Handover Form - Daily Billing Activity - Discharge Summary - Discharge checklist	- Daily Duty Register - Laundry Register - Duty Doctor Reg. - CSSD Register - Consumables Reg. - Communication Reg. - Maintenance Reg. - Annual Leave Plan Reg. - Loan Book - Complaint Register MRD Book - Handover Book - Housekeeping record - GRBS Register - Patient Shifting Register - Complaint Book - Stock Register CCU

Daily Checks & Checklist:

- Inventory & Expiry Check Reg.
 - CCU Crash Cart Inventory
 - CCU Fridge Inventory
 - CCU Medicine Trolley I & II
 - CCU Capital Item
 - CCU Cup Board Inventory
 - CCU Laundry
- Equipments daily working checks.

MAINTENANCE & ENGINEERING

Layout: -2 Basement

Total Staff: 41

Components:

- Electricals
- Sewage treatment plant
- Carpentry
- Pump House + Fire Fighting
- HVAC
- Plumbing

Supervisor: Mr. Sachin (Generator set), Mr. Jagdish (A/C, Lift, Water Pump, Fire fighting)

Functions:

- Preparing the plan for equipment daily and preventive maintenance, spare parts and consumable for the department so that each facility works properly & there is minimum breakdown.
- Engineering is also responsible for controlling and ensuring for optimum use of power, water and diesel.

Records Maintained:

- Diesel Book
- Complaint Book
- Electricity Consumption Book
- AC Log Book
- Chiller Daily Parameter Log Book
- Pump Log Book
- Filter Cleaning Book
- DG Log Book
- Boiler Register
- Bore Well Register
- UPS Log Book
- Temperature Controller Register

HOUSEKEEPING

Status: Outsourced

Components & Status:

<u>Component</u>	<u>Outsourced to:</u>	<u>Total personnel</u>	<u>Shift Timings</u>
1. Housekeeping	Sandha & Co.	101	Morning: 7A.M – 3.30P.M Evening: 1P.M – 10 P.M Night: 10 P.M – 7 A.M
2. Wardboys (GDA's)	Indian Sanitation	105	Morning: 7A.M – 3.30P.M Evening: 1P.M – 10 P.M Night: 10 P.M – 7 A.M

3. Glass Cleaners	Classic Appearance	5	8 A.M – 5.30 P.M
4. Pest controllers	Pest Control of India (PCI)	1	Morning: 7A.M – 11 A.M Evening: 5 P.M – 9 P.M

Department Manager: Mr. Dheeraj

Advantages of outsource:

- ✓ Reduce workload of management e.g. no salary, PF, Uniform headache.
- ✓ Manpower management is the responsibility of contractor
- ✓ Reduction in cost if services are contracted out.

FUNCTIONS:

- Clean Floor ,Wall Ceiling
- Discharge Cleaning
- Remove Garbage
- Replace Supplies In Utility Rooms
- Clean Housekeeping Equipments
- Clean Room, Wards, Reception, OT, ICU Etc.
- Infection Control
- Pest & Rodent Control
- Odour Control
- Environment Hygiene

- Sanitation Hygiene
- Checking Cleanliness Of All Areas
- Control & Reporting Of All Maintenance Works
- Hospital Waste Disposal
- In-Service Training
- Cooperation with Other Depts.

Day	Weekly Assignment
Monday	Thorough Cleaning of all hospital doors
Tuesday	Thorough Cleaning of Ceilings & AC Ducts
Wednesday	Thorough Cleaning of corners & skirting
Thursday	Thorough Scrubbing of Toilets
Friday	Thorough Cleaning of AHU's & wooden beading cleaning
Saturday	Thorough Cleaning of Outer area + Parking Area
Sunday	Thorough Cleaning of all Administration Block + All Wards

PROJECT 1: - HAZARD IDENTIFICATION AND RISK ASSESSMENT

ABSTRACT

Workplace hazard identification, assessment and control are an on-going process. It is often more effective and easy to eliminate hazards if risk management approaches used at the planning and design stages for process and place of work.

Risk Management is a part of decision making processes and an integral part of all organizational processes as it addresses uncertainty and facilitates continual improvement of organization. There should be proactive risk management across the organization including clinical as well as non-clinical. Risks management includes risk identification, prioritization, and risk alleviation. It shall be monitored and reviewed for continued effectiveness.

The objective of the study was to eliminate and assess the risk of the laundry department in the hospital was conducted in the organization along with the flaws and to suggest various changes that can be carried out in the existing system to increase the safety of the laundry staff for which a qualitative risk assessment has been prepared.

This document summarizes the risk associated with the laundry staff and the controls existing in the system and recommendations for the improvement in the existing structure.

INTRODUCTION

Hazard: Anything (e.g. condition, situation, practice, behavior) that has the potential to cause harm, including injury, disease, death, environmental, property and equipment damage. A hazard can be a thing or a situation.

Hazard Identification: This is the process of examining each work area and work task for the purpose of identifying all the hazards which are “inherent in the job”. Work areas include but are not limited to machine workshops, stores and transport, maintenance and grounds, Tasks can include (but may not be limited to) using screen based equipment, audio and visual equipment, hazardous substances and/or teaching/dealing with people, dealing with emergency situations. This process is about finding what could cause harm in work task or area.

Risk: The likelihood, or possibility, that harms (injury, illness, death, damage etc) may occur from exposure to a hazard.

Consequence: Outcome of an event affecting objectives

Likelihood: Chance of something happening.

Risk Assessment: It is defined as the process of assessing the risks associated with each of the hazards identified so the nature of the risk can be understood. This includes the nature of the harm that may result from the hazard, the severity of that harm and the likelihood of this occurring.

Risk Control: Taking actions to eliminate health and safety risks so far as is reasonably practicable. Where risks cannot be eliminated, then implementation of control measures is required, to minimize risks so far as is reasonably practicable. A hierarchy of controls has been developed and is described below to assist in selection of the most appropriate risk control measure/s.

Monitoring and Review: This involves ongoing monitoring of the hazards identified, risks assessed and risk control processes and reviewing them to make sure they are working effectively.

Hazards are the main cause of occupational health and safety problems. Therefore, finding ways of eliminating hazards or controlling the risks is the best way to reduce workplace injury and illness.

Hazards are identified on past incidents to be examined to know what had happened and whether it could occur again. Staff can be interviewed for this purpose for considering safety issues. Workflow has to be observed and brainstorming is to be done as what can go wrong here.

Identification of hazards is followed by **Risk Assessment**. It considers the possible result of someone being exposed to a hazard and likelihood of this occurring. It determines how severe a risk is, whether controlling measures are effective and what action should be taken to control risk and how urgently actions need to be taken. Factors are identified that may contribute to the risk, the risk is relevant or not, duration and of risk, how severe the harm is, determining its likelihood. Actions are recognized that will help in controlling the risk.

Risk Assessment Matrix is used to assess the likelihood and severity or consequence of each hazard and a risk rating is assigned.

		PROBABILITY				
		Frequent (5)	Likely (4)	Occasional (3)	Seldom (2)	Unlikely (1)
SEVERITY	Catastrophic (4)	E (20)	E (16)	H (12)	M (8)	L (4)
	Critical (3)	H (15)	H (12)	M (9)	M (6)	L (3)
	Marginal (2)	H (10)	M (8)	M (6)	L (4)	L (2)
	Negligible (1)	M (5)	L (4)	L (3)	L (2)	L (1)

RISK RATING = Probability/Likelihood*Severity/Consequence

PROBABILITY:

FREQUENT - Occurs often, continuously experienced

LIKELY - Occurs several times

OCCASIONALLY - Occurs sporadically

SELDOM - Unlikely, but could occur at some time

UNLIKELY- Can assume will not occur

SEVERITY:

CATASTROPHIC - Death or permanent total disability, system loss, major property damage.

CRITICAL - Permanent partial disability, temporary total disability in excess of 3 months, major system damage, significant property damage.

MARGINAL - Minor injury, lost workday accident, compensable injury or illness, minor property damage

NEGLIGIBLE

- First aid minor supportive medical treatment, minor system impairment

Having identified the hazards, assessed their risks and reviewed the existing controls, as all hazards must be managed before people are hurt, become ill or there is damage to plant, property or the environment, if not then additional controls are required. Hazards should be deal within order of priority and most effective control need to be selected to eliminate or minimize risks. **Control** is a measure taken to modify risks. It include any process, policy, device, practice or other actions which modify risk

Risk treatments deal with negative consequences are sometimes referred to as “risk mitigation”, “risk elimination”, “risk prevention” and “risk reduction” .It can create new risk or modify existing risk.

SARA	Share	Avoid	Reduce	Accept
ACAT	Avoid	Control	Accept	Transfer
4 Ts	Terminate	Treat	Tolerate	Transfer

Risks remain after Risk Treatment is **Residual risk**. These are unidentified or retained risks.

REVIEW OF LITERATURE

Behind each fatality or serious injury there are thousands of at risk behaviors and unidentified hazards that contributed to the incident, if we have good safety management program we can not only avoid injuries but also other incidents that are costly, time consuming, stressful and inconvenient. Safety management is important as it will increase productivity, avoid injury and avoid costly, time consuming, stressful and inconvenient incidents. Safety in any operation works best if the person or people in charge take a leading role in managing safety and health.

The idea of risk management has been used in banking and insurance services since the early 1970's. Risk management has been an acknowledged practice in industries in the West since the 1900s and in hospitals in the U.S. since the mid-1970s. Risk management behavior was inducted into the healthcare industry in retort to the growing national malpractice insurance costs.

HIRA is an unending process, regularly review the effectiveness of hazard assessment and control measures. Undertake a hazard and risk assessment when there is a change to the workplace including when work systems, tools, machinery or equipment change. Provide additional supervision when new employees with reduced skill levels or knowledge are introduced to the workplace. The effectiveness of control measures can be checked through regular reviews as well as consultation with workers. Continual checking, supervising, critically observing or determining the status in order to identify change from the performance level required or expected.

A study “organizing patient safety research to identify risks and hazards” was conducted by J B Battles and R J Lillford” concluded that in order to increase patient safety the research should be done in following ways, first Identify risk/hazards then Design, Implement and evaluate patient safety practices and Maintain vigilance Any one methodology cannot be adopted in implementing these researches; we need 2 or more methodologies to work for the better safety of patients in the hospitals.

A study on “Safety and risk management in hospital” stated that Research evidence for safety interventions in hospitals has remained limited. Published studies predominantly report on

positive effects; however, the methodological quality of the studies is generally weak. The diversity of the collected material made it problematic to combine studies quantitatively. SRM interventions applied in a hospital setting are multifaceted and therefore it was difficult to disentangle the effects from the context in which they were implemented. This makes it challenging to formulate recommendations for future implementation to professionals and policy-makers. There is therefore a pressing need for high-quality evaluations of the effectiveness – and cost-effectiveness – of SRM interventions.

According to Netherlands Med Care more extensive research is needed in this field of study, particularly in field of continuous learning and safety analysis techniques.

Another study concluded that Risk assessment should be seen as a continuing process. The sufficiency of control measures should be subject to continual review and revised if necessary.

According to NABH, hospitals must ensure proactive risk management across the organization. It should include clinical and non-clinical risks .This shall have risk identification, prioritization, risk alleviation .Risk management plan shall be documented risks identification, actions taken to alleviate it should be a part of the plan. There should be a mechanism for informing staff regarding the same. Risk Management plan should be monitored and reviewed for effectiveness at-least annually.

PROBLEM STATEMENT:

Identifying the potential hazards in the **laundry** to the healthcare staff, evaluate both existing and potential hazards in the laundry and the methods used to control or eliminate the identified hazards so that the healthcare staff to be prevented from the different risks/hazards.

AIM:

The aim of the study was to identify the potential hazards to increase the safety levels of the healthcare staff through risk assessment in the laundry department and controls to be taken for effective management of the laundry as well as to improve the quality of the services to the healthcare staff.

OBJECTIVE:

- Finding/ identifying the potential hazards in Laundry.
- Assessing the risks that may result from these hazards.
- Quantifying the risk on the basis of likelihood and severity using a risk matrix.
- Determining control measures to eliminate or minimize the level of the risks.
- Monitoring and reviewing the effectiveness of control measures.

METHODOLOGY:

- **Study design:** - Observational study
 - **Study duration:** - 3rd April to 2nd June 2017
 - **Location:** - Laundry department in Asian Hospital, Faridabad
 - **Study Tool:** - Risk Matrix
 - **Type of data collected:-**
 - Primary data collected by visiting the department and by communicating with the staff.
 - Secondary data from the various Hospital policies, documents in various departments.
- Most of the information was collected through observations. Both types of observations – participative and non-participative were used in learning the function and working of various departments.

INTRODUCTION TO LAUNDRY

Laundry is the washing of clothing and linens. Laundry procedure is as follows: -

A) CATEGORIES OF LINEN

- There are two categories of dirty linen to be dealt with in the Laundry.
 - a. **Soiled items.** - All items used by patients irrespective of their state, other than foul& infected items.
 - b. **Foul & Infected items**-Items that are drenched with faecal matter, urine, and blood or body fluids of patients with hepatitis, HIV, Typhoid,or dysentery. This also includes all items used in the OT or for any procedure.
.It is safe to consider all used items as contaminated.
 - c. **Clean linen** covers all articles which have been washed, ironed and ready for use by the user departments for further processes of sterilization and usage.
 - d. **Radio-active Linen.** Linen contaminated by a radio-active material is segregated and monitored with suitable detector. After 6 to7 hrs (half life is over) when found to be free from detectable radiation, these are sent to the hospital laundry and processed with other linen.

It is important that unidirectional flow of activities is followed, and all steps should be taken to avoid mixing up of contaminated and clean articles at any stage of processing and transportation.

Hospital linen can be classified in the following categories:

1. Store Linen:

A. Patient Room/Ward Linen: Bed sheets

Pillow covers

Blankets

Draw sheets

Patient's uniform

Towels

B. OT Linen:

Draw Sheets

Wrappers

Doctor's Suit (Pajamas and shirts)

Nurse's Suits (Pajamas and shirts)

Technician's Suits (pajamas and shirts)

Scrub Gowns

Sheets of different sizes

Hand Towels

Shoe Covers

C. Staff Linen:

Aprons

B) DRESS CODE:

STANDARD ATTIRE:

1. All staff working in the Laundry Department should wear proper uniform.
2. The uniform shall not be worn outside the hospital.
3. Uniform consists of clean scrub attire, provided by the hospital.
4. Head Covering – Caps shall be worn, completely covering the hair.
5. Wearing of jewelry is not permitted due to contact with chemicals.

SPECIAL ATTIRE:

1. Gowns which cover the arms shall be worn by all while working in the decontamination area..
2. Gloves shall be worn while working in washing area.

STANDARD OPERATING PROCEDURE:**1. RECEIPT OF DIRTY LINEN**

- The linen inventory is maintained in the user department itself by the respective Sister-in-charges with a copy of it in the Materials Management (Store).
- Every morning, the laundry staff takes the dirty linen to the laundry. At the time of collection of linen, the category of linen and quantity is clearly mentioned along with the signature of the Sister-in-charge.
- Each department has a separate dirty linen bin to help in easy storage of the linen.
- A separate register is maintained in each area of the hospital for the same.

2. SORTING OF LINEN:

- Linen in the respective wards is categorized into soiled linen, which is collected in the dirty linen bin and infected linen which is sealed in the yellow plastic bag.
- In the laundry, sorting is done in the sorting area into soiled, stained, infected linen. This is further categorised into OT and Cath lab linen, Doctor's scrub suits, aprons,

patient beddings and patient dress. Any sharps left accidentally in the linen are also removed.

3. SLUICING OF FOUL/INFECTED LINEN:

- Foul /infected linen undergoes sluicing in the sluice room before it is subjected to the same processing as soiled linen.

4. REMOVAL OF SOILS AND STAINS:

- Soiled linen is dipped in a container containing bleaching solution (4 gms of bleaching powder for every litre of water (20 to 43 degrees C) and leaving it for 20 minutes. If necessary, the stained areas are rubbed to remove strong stains and soils.
- Contaminated linen should be soaked for 60 minutes.

The persons handling the soiled/stained linen should wear thick rubber gloves that can tolerate bleach and warm water.

5. WASHING:

- Hot water (not less than 71° C{160°F) is used in the washing machine along with detergent. The wash cycle is minimum 40 minutes*. Separate cycles are run for soiled linen and foul/infected linen. Mild acid is added at the end to neutralize any alkalinity. The clothes are then inspected for cleanliness and if dirty are washed again.(*As per attached chart. Appendix 1)

6. WATER EXTRACTOR AND DRYER:

- The washed linen is put in the washer extractor for 5 to 10 minutes and then sent to dryers for drying.

7. Drying of linen is done at 40-90 degrees C .

8. SORTING OF TORN LINEN FOR TAILORING/CONDEMNATION:

After drying, the linen is checked for wear and tears. The torn clothes are sent for mending /tailoring. If the linen is out of the scope of mending, then the condemnation committee condemns it in every month.

The Condemnation Committee consists of the following members:

- Director Admin and Purchase / Director Medical Services
- Quality Manager
- Administrator / Medical Superintendent *
- Nursing Head
- Laundry Manager
- Store Officer/ In charge
- Purchase Manager
- Laundry Supervisor

*Representative from Administration department

A separate register is maintained for the condemned materials and records are also kept for the replaced materials.

9. FOLDING AND PRESSING:

- The items are pressed using the pressing machine which generates its own steam. Smaller linen items are pressed using hand steam presses. After pressing, they are folded properly and sent to the storage area.

10. STORAGE: Clean linen is kept in clean closed areas and handled as little as possible. The storage room should preferably be physically separated from the washing/soiled linen area.

11. DISTRIBUTION:

The finished and clean linen is checked for quantity before delivery. Then the linen is distributed to different departments in separate labeled trolleys which are not used for collection of linen. Clean linen is covered during transport or dispatched in closed containers .The receipt registers that were used during collection are checked and signed again by the Sister-in-charge while getting back the linen from the laundry.

RISK ASSESSMENT AND RATING

CONSEQUENCE/ SEVERITY		LIKELIHOOD/ PROBABILITY	RISK
1: NEGLIGIBLE: First Aid needed at scene, minor supportive medical treatment, minor system impairment, No man-day lost		1: Unlikely: Can assume will not occur	1-5: LOW RISK: Acceptable, no further action needed
2: MARGINAL: Hospital treatment needed, Minor injury, lost workday accident, compensable injury or illness, minor property damage, Man-day lost (Patient/ attendant/ staff)		2: Seldom: Unlikely, but could occur at some time	6-10: MODERATE RISK: Adequate, look to improve at next review
3: CRITICAL: Major Injury, temporary total disability in excess of 3 Months, major		3: Possible/ Occasional: Occurs sporadically	11-15: HIGH RISK: Tolerable, look to reduce risk

system damage, significant property damage, Critical to personnel (patient/ attendant/ staff) health			
4: CATASTROPHIC: Death or Permanent disability, system loss, major property damage		4: Likely: Occurs several times	16-20: EXTREMELY HIGH RISK: Unacceptable, stop activity & make immediate improvements
		5: Very Likely/ Frequent: Occurs often, continuously experienced	

		PROBABILITY				
		Frequent (5)	Likely (4)	Occasional (3)	Seldom (2)	Unlikely (1)
SEVERITY	Catastrophic (4)	E (20)	E (16)	H (12)	M (8)	L (4)
	Critical (3)	H (15)	H (12)	M (9)	M (6)	L (3)
	Marginal (2)	H (10)	M (8)	M (6)	L (4)	L (2)
	Negligible (1)	M (5)	L (4)	L (3)	L (2)	L (1)

Probability

FREQUENT - Occurs often, continuously experienced

LIKELY - Occurs several times

OCCASIONALLY - Occurs sporadically

SELDOM - Unlikely, but could occur at some time

UNLIKELY- Can assume will not occur

Frequent	<i>Contact of the skin to linen soiled with body fluid, inhalation of aerosols, absence of adequate exhaust and continuous heat produce by clander machine roller</i>
Likely	<i>Do not wear PPE during washing, improper positioning and posture of the workers during counting of the clothes.</i>
Occasional	<i>Slippery floor due to spillage of the soap and detergent, presence of pressing area in laundry.</i>
Seldom	<i>Preparation of soap oil and detergent powder and bleaching solution.</i>
Unlikely	<i>Overloading of the trolley, bursting of the machine, chances of getting electric shock</i>

Severity

CATASTROPHIC - Death or permanent total disability, system loss, major property damage.

CRITICAL - Permanent partial disability, temporary total disability in excess of 3 Months, major system damage, significant property damage.

MARGINAL - Minor injury, lost workday accident, compensable injury or illness, minor property damage

NEGLIGIBLE - First aid minor supportive medical treatment, minor system impairment.

Catastrophic	<i>Hospital Sentinel events, Earthquake, Major Fire, Bomb threat.</i>
Critical	<i>Burglary, Child abduction, HMIS server breakdown, Public liability, Business interruption, Radiation, Significant Fire – controllable, Medico legal cases.</i>
Marginal	<i>Blood body fluid exposure, Needle sticks injury.</i>
Negligible	<i>Minor injury at workplace, Spillage incidents.</i>

By multiplying the severity $\times$ probability we get the result of risk score and with the help of risk assessment matrix we perform the risk rating.

1-5: LOW RISK: Acceptable, no further action needed.

6-10: MODERATE RISK: Adequate, look to improve at next review.

11-15: HIGH RISK: Tolerable, look to reduce risk.

16-20: EXTREMELY HIGH RISK: Unacceptable, stop activity & make immediate improvements.

HAZARD IDENTIFICATION RISK ASSESSMENT IN LAUNDRY

Process	Potential Risk	Se ve rit y	Pro bab ility	Ri sk Sc ore	Ri sk Ra tin g	Controls	Recommend ations
COLLEC TION OF DIRTY LINEN	Exposure to soiled, stained and infected linen – to Laundry personnel	1	2	2	L	Use of PPE and training over same Health checkup of Laundry personnel	
	Spread of infection in hospital environment (Ex: lift)	1	3	3	L	Use of transportation trolley with lid. Proper washing of transportation trolley on daily basis.	
	Improper segregation of linen leads to infection	1	4	4	L	1) Separate linen bin in department for linen (For dirty and infected linen).	

							2) Training given to the hospital staff for proper segregation of the linen.	
		Improper body posture	2	4	8	M	Training given to staff for proper handling of the linen and body posture.	Provide spring loaded trolley.
		Dirty Linen Quantity not specified during collection - Pilferage	1	2	2	L		Provision in the form of Register or Form to mention the Quantity of Linen collected (linen wise) from each area shall be introducing – with sig of both Staff and Laundry staff.

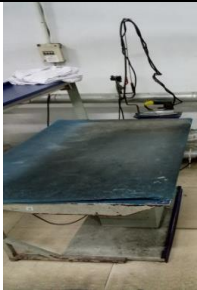
Transportation of Linen		Smell	1	1	1	L	Cover the trolley during transportation of dirty linen and infected linen.	
		Tearing of linen bag leads to infection	1	1	1	L	1) After filling of 3/4 th of the linen bag, Sealed the bag. 2) Transport Infected linen in a closed trolley.	
SORTING OF LINEN IN LAUNDRY Segregation		Contact of skin with soiled linen	2	5	10	M	1) Use of PPE 2) Proper training given to the laundry staff.	
		Improper body posture	3	2	6	M	Proper guidance given for body position.	

		Exposure to needles ,knives or blades folded in soiled linen	2	2	4	L	1) Sensitize departments to segregate BMW from linen before sending to Laundry. 2) Use PPE (Heavy duty gloves, boots) during segregation – (for Laundry staff).	
WASHING OF CLOTHES		Inadequate/ Excess amount of: - washing powder - Bleach	2	2	4	L	Use measured amount of the washing powder and bleach using Measuring Jar.	Data should be maintained for Bleach and Washing powder used in each cycle of wash – duly signed by a personnel of Laundry.
		Incorrect time and temperature	1	2	2	L	Training given to the staff to set the standard temperature and time.	Record the temperature and time attained in each washing cycle by a personnel of Laundry.

								Calibration of Display (for Time and Temp) Mention time on Washing machine for temp and time required (in Bilingual Language).
		Contact of skin with warm water	3	3	9	M	Use of PPE during washing	
WATER EXTRACTOR AND DRYER		Wrong temperature and time setting lead to retention of moisture.	1	2	2	L	Training given to the staff.	1) Calibration of Display (for Time and Temp). 2) Mention time on Washing machine for temp and time

								required (in Bilingual Language).
		Heat stress Burns	2	4	8	M	1) Use of PPE during washing clothes. 2) Proper exhaust system. 3) Proper job rotation	1) Adequately insulated steam and hot water pipes. 2) Worker know how to recognize the signs of heat stress 3) Cool rest area available for workers 4) Worker Encouraged For wear light and loose clothes.

		electric shock	2	4	8	M	1)Close fitting of electric wire, 2)Electrical equipment in wet area suitable for that type of work 3)All electrical switch regularly inspected and tested	1)Electrical hazard signage's should be displayed 2)Damage electric plug, leads, sockets Immediately removed from the service 3)Electric wires keep away from sources of damage (e. g water , heat ,etc
Slippery floor		Falling	4	5	20	H	Dry floor	1)Available of housekeeping staff all time for cleaning water on floor 2) Floor should have sufficient grip or put non slippery mat on the floor. 3) Presence of Guard railing, and loading bay.

		Breakage of tiles	2	3	6	M	Regular checking and maintenance	
FOLDING AND PRESSING		Getting shock	2	5	10	M	Separate space for pressing.	Presence of Mat, caution board should be there.
		Contact with unguarded machine e like calendar machine (chances of figure caught in folds of sheets on sheet feeder or spreader on calendar)	2	3	6	M	Use of proper technique for machine handling	
STORAGE		Chances of getting infection or dirt layer on washed linen	1	3	3	L		Closed cupboards should provide.
DISTRIBUTION		Improper counting and checking of linen before delivery	1	2	2	L	Appoint a supervisor for regular checking of the register.	
		Chances of using trolley which is used for the collection of linen	1	1	1	L	Separate labeled trolley is used for distribution of fresh linen	

		Uncovered fresh linen trolley	1	2	2	L		Usage of all covered trolley at time of distribution.
COMMON CAUSE OF HAZARD		a) Improper drainage system. b) Heat and vapor production.	2	5	10	M	Proper drainage system.	Cover the holes.
		Not working of exhaust leads to suffocation	2	3	6	M	Maintenance of exhaust Or replacing with the new one.	
Noise		a) Hearing damage or loss	3	5	15	H	Hearing protection used (ear bud).	Avoid long contact with machine noise.
First Aid Kit		Absence of first aid kit	2	4	8	M		First aid kit to be placed and made available at the laundry.

		Inadequate hand hygiene area	2	4	8	M		Provide proper area for hygiene.
MAINTENANCE		Overheating of the machines	4	2	8	M	Proper machine maintenance	
Trolley		Noise	4	1	4	L	Proper maintenance of trolley.	Put the rubber under the wheels.
		Breakage of trolley leads to leakage	1	2	2	L	Regular maintenance of trolley	
Laundry Equipment		Machine breakdown or failure	2	3	6	M	In house maintenance team is in place to take care of the routine maintenance.	
		Improper Usage	1	3	3	L	Training given to the staff for proper usage of machine.	

		Lack of feedback from user For minor machine problems	2	3	6	M	Users are sensitized as a part of training to report any kind of machine problem.	
		Smoke Detector, Sprinkler Or Fire Alarm Malfunctioning	4	2	8	M	Fire Alarm, Sprinklers & Smoke Detector Checks At Regular Intervals By Fire Safety Officer.	
		Inadequate or ineffective fire apparatus	4	2	8	M	Adequate fire extinguishers, fire panel, fire hose pipes, fire alarm, smoke detectors, fire sprinklers in place.	
		No Knowledge over use of Fire Extinguisher	4	2	8	M	Regular training of staff w.r.t "use of fire extinguisher" + regular mock drill to check response of staff in case of fire.	

		Evacuation Passage Not Known	2	3	6	M	1) Fire Exit Signage's In Place. 2) Evacuation signage's in place. 3) Training to personnel's on evacuation is held regularly. 4) Call Code Red And Follow The Direction Of The Code Red Team.	
		Improper Handling Of Inflammable Materials	2	2	4	L	1) Defined Staff for use of inflammable material. 2) Sticker On Inflammable Materials. 3) Training over their proper handling. 4) Fire Extinguishers In Place.	
Health checking of the employee		Risk to health of the staff	4	2	8	M		Annual health checkups of the staff

DISCUSSION

As per the interpretation of hazards in the hospital there are mainly 2 types of Hazards that can happen in LAUNDRY.

1. Occupational Hazard

- a) Hazards that occur due to the errors during various operations in the laundry. Due to these hazards the quality of staff health is hampered.
- b) Various types of hazards that can happen are:-
- c) Chances of infection to laundry staff.
- d) Improper body posture leads to musculoskeletal pain.
- e) Contact of skin with soiled linen leads to allergy.
- f) Exposure to needles, knives or blades folded in soiled linen leads to infection and diseases (HIV, HEPATITIS)
- g) Contact of skin with warm water and soap leads to skin erythema, burns and rashes.
- h) Improper exhaust leads to suffocation.
- i) Regular exposure to noise leads to hearing loss and hypertension.
- j) Slippery floor leads to falling.

2. Mechanical Hazard

These hazards mainly occur due to malfunction of some machine that prevents the proper working of the process.

Various types of hazards that can happen are:-

- a) Overheating of the machines.
- b) Machine breakdown or failure.
- c) Power Failure.
- d) Calibration Error.
- e) Electrical Short Circuit.
- f) Smoke Detector, Sprinkler or Fire Alarm Malfunctioning.
- g) Inadequate or ineffective fire apparatus.

Based on these hazards there are various precautions that are taken to prevent these hazards. In the Table above it has been clearly shown how these hazards can happen and what are the precautions need to be taken to prevent those hazards.

RECOMMENDATIONS

1. Provision of spring loaded trolley.
2. Provide water soluble laundry bag.
3. Provide separate cool/rest room for workers.
4. Safety switch regularly inspected and tested to avoid electric short circuit.
5. Place Guard railing, toe board.
6. Provide floor Mat
7. Caution board should be placed wherever required ex wet floor, electricity area etc.
8. First aid kit to be placed and made available at the laundry.
9. Provide proper area for hand washing and hygiene.
10. Provide separate room for pressing.
11. Calibration of Display (for Time and Temp).
12. Mention time on Washing machine for temp and time required (in Bilingual Language).
13. Provision in the form of Register or Form to mention the Quantity of Linen collected (linen wise) from each area shall be introducing – with sig of both Staff and Laundry staff.
14. Create a separate area for placing condemned linen.
15. Data should be maintained for Bleach and Washing powder used in each cycle of wash – duly signed by personnel of Laundry.
16. Record the temperature and time attained in each washing cycle by a personnel of Laundry.

CONCLUSION

Hazards risks identification in hospitals is one of the most important works that would help to increase patient safety and therefore increasing patient satisfaction. It will also help in identify, analyze and prioritize all hazards in laundry department. This case study takes into account for the vulnerabilities of a specific hazard, consequences if a hazard is realized and means to prevent those hazards.

The staffs of the laundry department are getting trained for proper technique of handling and usage of the machines to avoid hazards in the department. Machines are timely calibrated to avoid failure during procedure. This study illustrated what are the types of hazards that can happen in the department and how to prevent them.

PROJECT 2: ACTIVE AUDIT ANALYSIS

REVIEW OF LITERATURE

Active audit analysis focuses on data collection procedures and quality assurance principles for patient registries. Data management—the integrated system for collecting, cleaning, storing, monitoring, reviewing, and reporting on registry data—determines the utility of the data for meeting the goals of the registry. Quality assurance, on the other hand, aims to assure that the data were collected in accordance with these procedures and that the data stored in the registry database meet the requisite standards of quality, which are generally defined based on the intended purposes.

They include specific and consistent data definitions for collecting data elements in a uniform manner for every patient. As in randomized controlled trials, the case report form (CRF) is the paradigm for the data structure of the registry. A CRF is a formatted listing of data elements that can be presented in paper or electronic formats. Those data elements and data entry options in a CRF are represented in the database schema of the registry by patient-level variables. Defining the registry CRFs and corresponding database schema are the first steps in data collection for a registry.

Two related documents should also be considered part of the database specification: the data dictionary (including data definitions and parameters) and the data validation rules, also known as queries or edit checks. The data dictionary and definitions describe both the data elements and how those data elements are interpreted. The data dictionary contains a detailed description of each variable used by the registry, including the source of the variable, coding information if used, and normal ranges if relevant. For example, the term “current smoker” should be defined as to whether “smoker” refers to tobacco or other substances and whether “current” refers to active or within a recent time period.

Data validation rules refer to the logical checks on data entered into the database against predefined rules for either value ranges (e.g., systolic blood pressure less than 300 mmHg) or logical consistency with respect to other data fields for the same patient.

RATIONALE:

Active audit/Data collection procedures need to be carefully considered in planning the operations of a registry. Successful registries depend on a sustainable workflow model that can be integrated into the day-to-day clinical practice of active physicians, nurses, pharmacists, and patients, with minimal disruption. Programs can benefit tremendously from preliminary input from the health care workers.

OBJECTIVE:

- 1) To determine the non-compliance rate of the registry in the patient files.
- 2) To identify the consultant name on the basis of the non-compliance in the patient files.

METHODOLOGY:

- **Study design-**

It is descriptive retrospective study based on existing data for the month MARCH 2017 and prospective study for the two months i.e. APRIL & MAY 2017.

- **Study area-**

The study area is ASIAN INSTITUTE OF MEDICAL SCIENCES, FARIDABAD.

- **Sampling and sample size-**

Random Sampling, during the duration all files from 1st march 2017 to 31st may 2017.

Files audited for the month of MARCH- 240

Files audited for the month of APRIL - 241

Files audited for the month of MAY - 283

- **Study tool:**

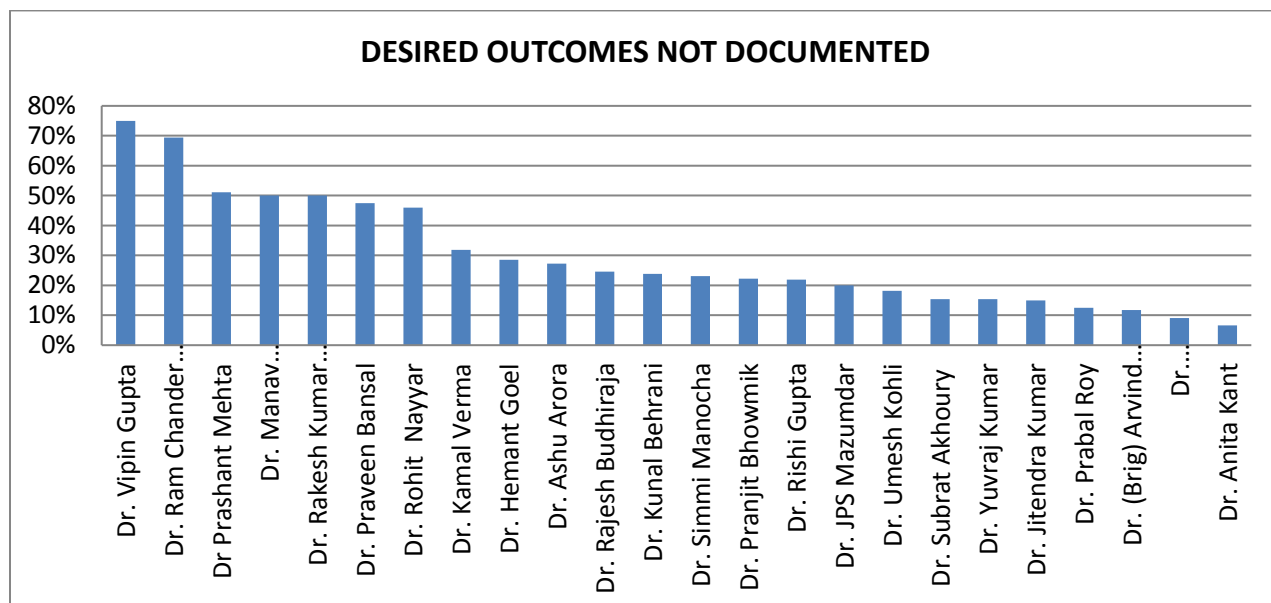
A quantitative tool (checklist) was designed in which indications were noted down. For checklist refer annexure.

- **Data collection procedure:**

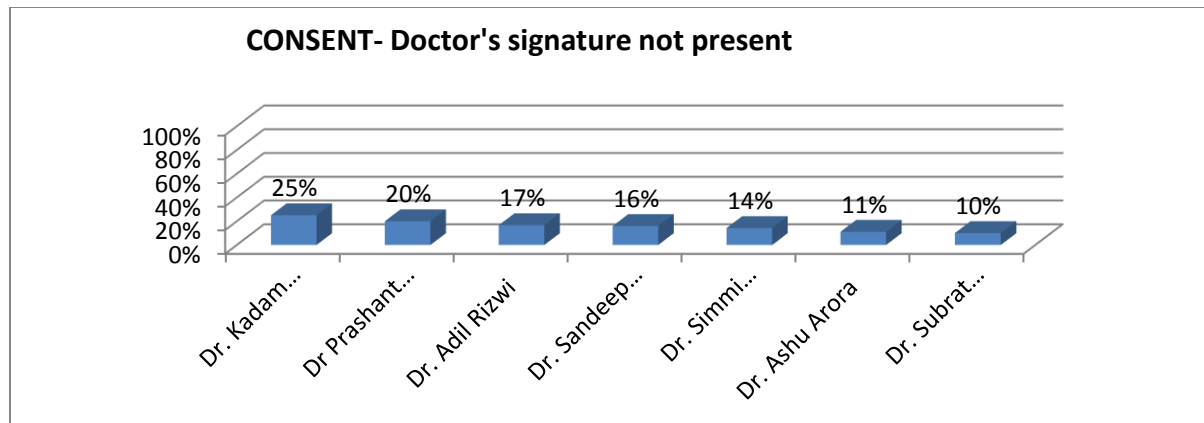
- 1) Primary data sources incorporate data collected for direct purposes of the registry (i.e., primarily for the registry).
- 2) Secondary data sources consist of data originally collected for purposes other than the registry (e.g., standard medical care, insurance claims processing).

ANALYSIS:

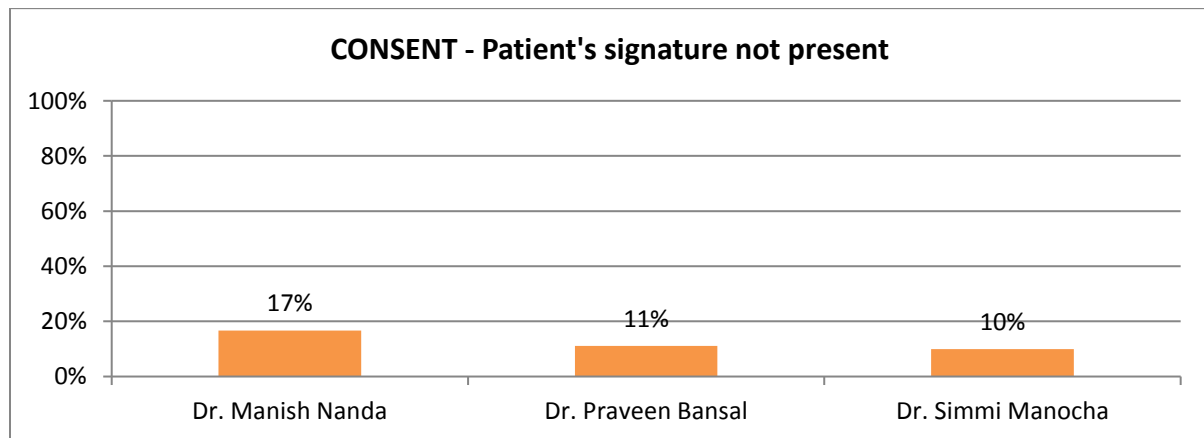
Total No of Files Audited	PROGRESS NOTES - Desired outcomes not documented	CONSULTANT	PROGRESS NOTES - Desired outcomes not documented %
12	9	Dr. Vipin Gupta	75%
36	25	Dr. Ram Chander Soni	69%
45	23	Dr Prashant Mehta	51%
54	27	Dr. Manav Manchanda	50%
10	5	Dr. Rakesh Kumar (Ortho)	50%
99	47	Dr. Praveen Bansal	47%
37	17	Dr. Rohit Nayyar	46%
22	7	Dr. Kamal Verma	32%
21	6	Dr. Hemant Goel	29%
22	6	Dr. Ashu Arora	27%
57	14	Dr. Rajesh Budhiraja	25%
21	5	Dr. Kunal Behrani	24%
13	3	Dr. Simmi Manocha	23%
54	12	Dr. Pranjit Bhowmik	22%
32	7	Dr. Rishi Gupta	22%
15	3	Dr. JPS Mazumdar	20%
11	2	Dr. Umesh Kohli	18%
13	2	Dr. Subrat Akhoury	15%
26	4	Dr. Yuvraj Kumar	15%
40	6	Dr. Jitendra Kumar	15%
16	2	Dr. Prabal Roy	13%
17	2	Dr. (Brig) Arvind Gupta	12%
11	1	Dr. PoojaThukral/Dr. Gunjan	9%
15	1	Dr. Anita Kant	7%



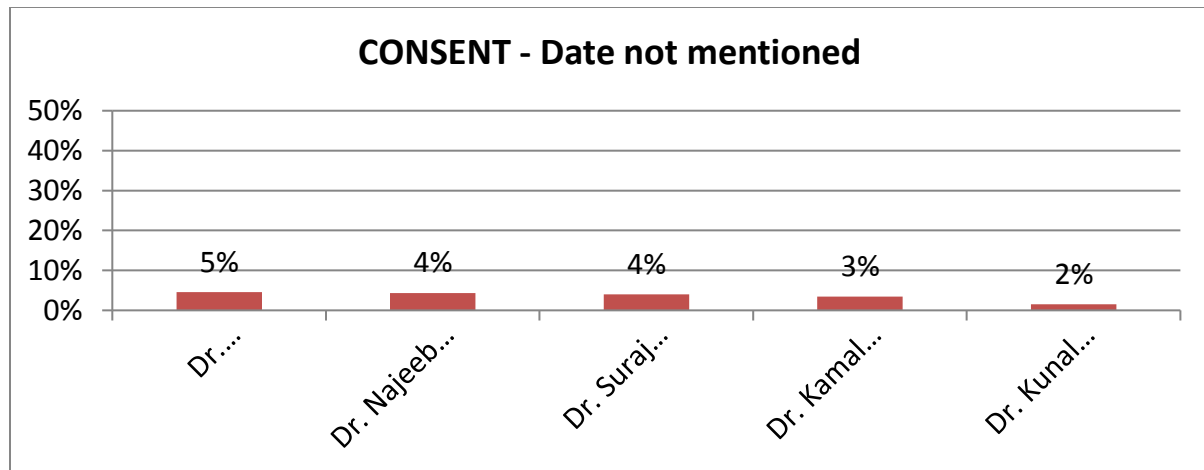
Total No of Files Audited	Files Applicable for Consent	CONSENT- Doctor's signature not present	CONSULTANT	CONSENT- Doctor's signature not present
5	4	1	Dr. Kadam Nagpal	25%
13	10	2	Dr Prashant Mehta	20%
8	6	1	Dr. Adil Rizwi	17%
40	25	4	Dr. Sandeep Bhattacharya	16%
10	7	1	Dr. Simmi Manocha	14%
11	9	1	Dr. Ashu Arora	11%
13	10	1	Dr. Subrat Akhoury	10%



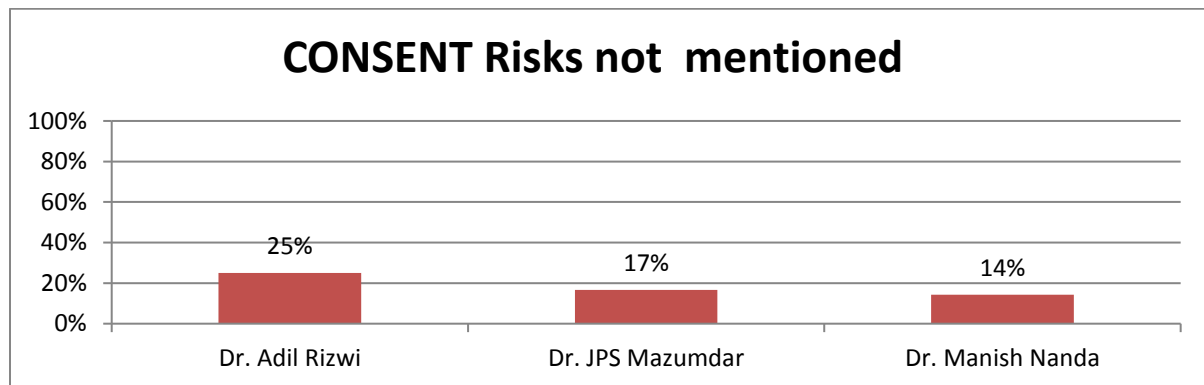
Total No of Files Audited	Files Applicable for Consent	CONSENT - Patient's signature not present	CONSULTANT	CONSENT - Patient's signature not present
8	6	1	Dr. Manish Nanda	17%
11	9	1	Dr. Praveen Bansal	11%
13	10	1	Dr. Simmi Manocha	10%



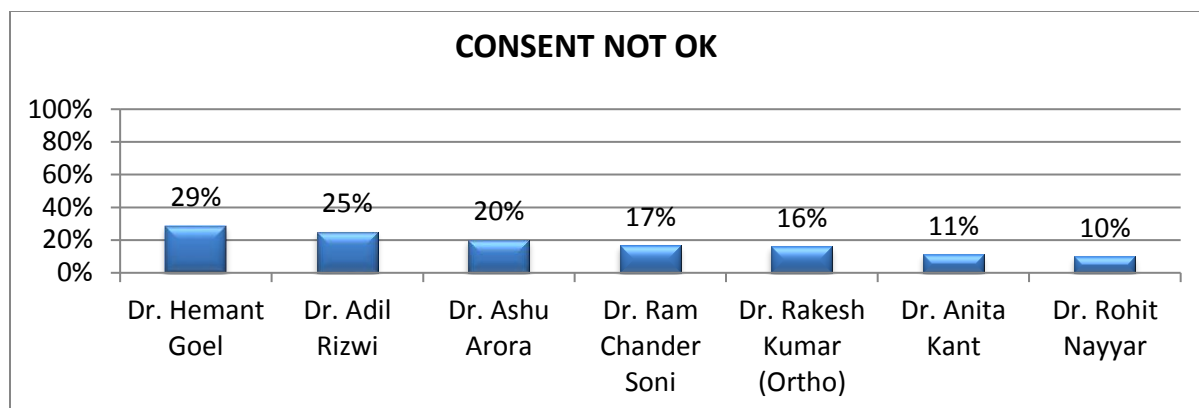
Total No of Files Audited	Files Applicable for Consent	CONSENT - Date not mentioned	CONSULTANT	CONSENT - Date not mentioned
36	22	1	Dr. Pooja Thukral/Dr. Gunjan	5%
32	23	1	Dr. Najeeb ur. Rehman	4%
40	25	1	Dr. Suraj Kumar Gupta	4%
45	29	1	Dr. Kamal Verma	3%
99	65	1	Dr. Kunal Behrani	2%



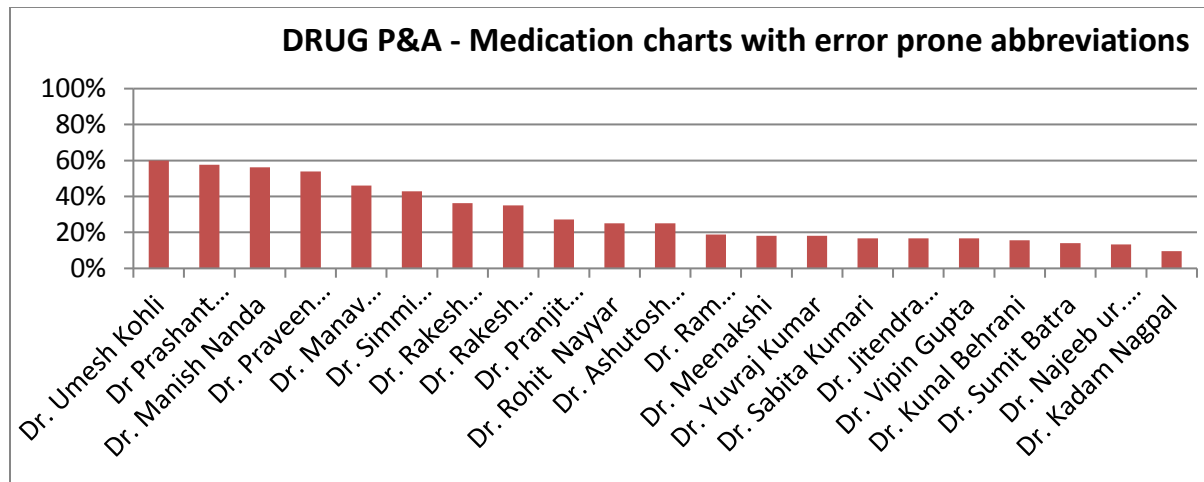
Total No of Files Audited	Files Applicable for Consent	CONSENT Risks not mentioned	CONSULTANT	CONSENT Risks not mentioned
5	4	1	Dr. Adil Rizwi	25%
8	6	1	Dr. JPS Mazumdar	17%
10	7	1	Dr. Manish Nanda	14%



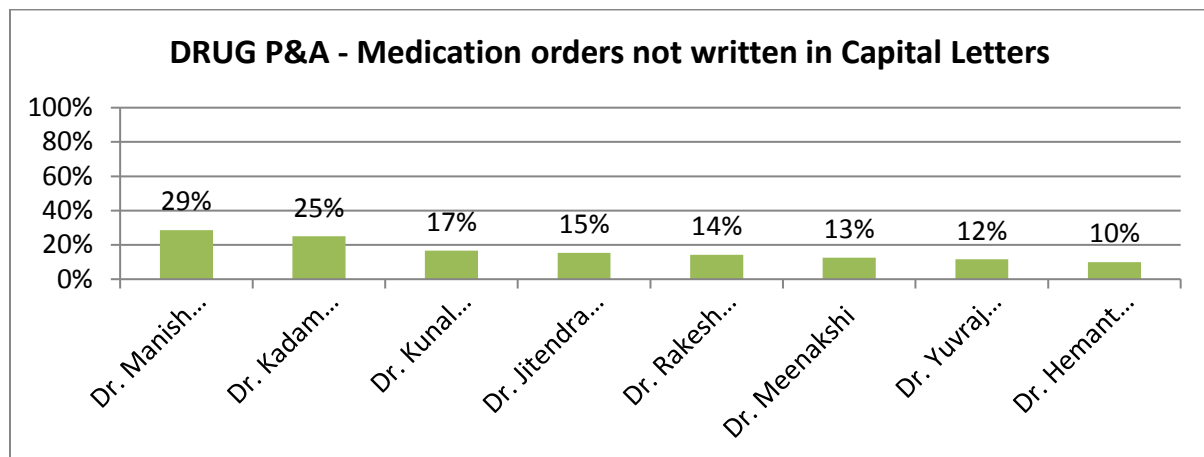
Total No of Files Audited	Files Applicable for Consent	CONSENT NOT OK	CONSULTANT	CONSENT NOT OK
10	7	2	Dr. Hemant Goel	29%
5	4	1	Dr. Adil Rizwi	25%
13	10	2	Dr. Ashu Arora	20%
8	6	1	Dr. Ram Chander Soni	17%
40	25	4	Dr. Rakesh Kumar (Ortho)	16%
11	9	1	Dr. Anita Kant	11%
13	10	1	Dr. Rohit Nayyar	10%



Total No of Files Audited	DRUG P&A - Medication charts with error prone abbreviations	CONSULTANT	DRUG P&A - Medication charts with error prone abbreviations
10	6	Dr. Umesh Kohli	60%
26	15	Dr Prashant Mehta	58%
32	18	Dr. Manish Nanda	56%
13	7	Dr. Praveen Bansal	54%
13	6	Dr. Manav Manchanda	46%
21	9	Dr. Simmi Manocha	43%
22	8	Dr. Rakesh Kumar (Gastroentrology)	36%
40	14	Dr. Rakesh Kumar (Ortho)	35%
11	3	Dr. Pranjit Bhowmik	27%
36	9	Dr. Rohit Nayyar	25%
8	2	Dr. Ashutosh Shrivastava	25%
37	7	Dr. Ram Chander Soni	19%
99	18	Dr. Meenakshi	18%
22	4	Dr. Yuvraj Kumar	18%
54	9	Dr. Sabita Kumari	17%
54	9	Dr. Jitendra Kumar	17%
12	2	Dr. Vipin Gupta	17%
45	7	Dr. Kunal Behrani	16%
57	8	Dr. Sumit Batra	14%
15	2	Dr. Najeeb ur. Rehman	13%
21	2	Dr. Kadam Nagpal	10%



Total No of Files Audited	DRUG P&A - Medication orders not in Capital Letters	CONSULTANT	DRUG P&A - Medication orders not written in Capital Letters
21	6	Dr. Manish Nanda	29%
8	2	Dr. Kadam Nagpal	25%
6	1	Dr. Kunal Behrani	17%
13	2	Dr. Jitendra Kumar	15%
21	3	Dr. Rakesh Kumar (Gastroenterology)	14%
40	5	Dr. Meenakshi	13%
26	3	Dr. Yuvraj Kumar	12%
10	1	Dr. Hemant Goel	10%



CONCLUSION

Active Audit data collection was lacking in many registries like desired outcomes, doctor signature, patient signature, consent form not filled, error prone abbreviations used, medicines not written in capital letters, etc. Active audit helps in improving the documentation.

RECOMMENDATION

This audit and its finding should be mailed to the concern consultants. Documentation need to improve more and active audits of this nature should be made regular and routine to improve the standard of care over time.

REFERENCES

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ANNEXURE**CHECKLIST FOR PROJECT-2**

MONTH _____		ACTIVE AUDIT		
CHECKLIST - AIMS				
Date of Arrival				
UHID NO				
Consultant Name				
Unit				
Bed No				
Care plan documented and signed (Yes/No)	Y / N	Y / N	Y / N	Y / N
Desired outcomes documented (Yes/No)	Y / N	Y / N	Y / N	Y / N
Dr's Name & Sign with date & time (Yes/No)	Y / N	Y / N	Y / N	Y / N
Doctor's Handover documented (Yes / No)	Y / N	Y / N	Y / N	Y / N
Clinical Counselling done (Yes/No)	Y / N /NA	Y / N /NA	Y / N /NA	Y / N /NA
Reason for referral mentioned (Yes/No)	Y / N /NA	Y / N /NA	Y / N /NA	Y / N /NA
Nursing care plan documented (Yes/No)	Y / N	Y / N	Y / N	Y / N
Nursing Handover documented (Yes/No)	Y / N	Y / N	Y / N	Y / N
Total No. of Opportunities for handover				

Total no. of appropriate handovers				
Consent form				
NA	NA	NA	NA	NA
Doctor's signature (Yes/No)	Y / N	Y / N	Y / N	Y / N
Patient's signature (Yes/No)	Y / N	Y / N	Y / N	Y / N
Procedure mentioned (Yes/No)	Y / N	Y / N	Y / N	Y / N
Date mentioned (Yes/No)	Y / N	Y / N	Y / N	Y / N
Risks mentioned (Yes/No)	Y / N	Y / N	Y / N	Y / N
Medication chart				
Any Medication error	Y / N	Y / N	Y / N	Y / N
Any error prone abbreviations used (Yes/No)	Y / N	Y / N	Y / N	Y / N
Medication Orders in Capital Letters (Yes/ No)	Y / N	Y / N	Y / N	Y / N
Medication charts signed & stamped (Yes/No)	Y / N	Y / N	Y / N	Y / N
Pt. Identification (for Procedure / Intervention/Medication)				
For: (for Procedure / Intervention / Medication)				
Yes/No (If Not, mention staff name/ ID/ Dept)	Y / N	Y / N	Y / N	Y / N
Emp. ID				
Awareness about Employee rights and responsibilities& Employee welfare scheme				
Remarks				
Auditor's Signature-			Date -	