Summer Training at
Medical Superspecialty Hospital,
Kolkata

Report on Exit Interview Analysis of Medical Superspecialty Hospital

By
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Under the guidance of
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MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

TO WHOMSOEVER IT MAY CONCERN

This is to certify **Ms Ahana Choudhury** student of **MBA in Hospital and Health Management, 2015-17** from the IIHMR University: Jaipur has undergone summer training at **Medica Superspecialty Hospital, Kolkata** from 1st April to 31st May, 2016.

The candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish her all success in future endeavours.

Col. (Dr.) Ashok Kaushik
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MHPL/HR-Communication/2016/06/6043 **3rd June, 2016**

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Ahana Choudhury**, a student of MBA- Hospital and Health Management from Indian Institute of Health Management Research (IIHMR), has successfully completed practical training at **Medica Superspecialty Hospital, Kolkata**, during **1st April 2016 to 2nd June 2016**, as per her academic requirement.

Ms. Choudhury prepared a project report on **"Exit Interview analysis of a tertiary care hospital in Eastern India"**.

Yours sincerely,

For Medica Superspecialty Hospital

Madhumita Roy

Madhumita Roy
DGM Human Resources

SC

Acknowledgement

I wish to express my sincere thanks and gratitude to:

Dr. Alok Roy—Chairman, Medica Super speciality hospital

Dr. Col. Souman Basu—Medical Director, Medica Super speciality hospital

Mrs. Madhumita Roy—Deputy General Manager, human Resource, Medica Super speciality hospital

Mr. Yogesh Joshi—Vice President Operations, Medica Super speciality hospital

Col. Dr.Ashok Kaushik—Dean, Academic and Student Affairs IIHMR University

I would also like to thank all the departmental Heads for guiding me during my departmental visits.

C O N T E N T S

OBSERVATIONAL LEARNING

INTRODUCTION: Medica Superspecialty Hospital is a tertiary care hospital with state of the art facilities in Cardiology and cardiac Surgery, Neurology and Neurosurgery, Orthopaedics (focusing on spine and joints), Gastroenterology and GI Surgery, Kidney diseases, including Nephrology, Urology and Transplant Surgery, ENT and Breast Diseases, and one of the country's largest and most advanced Dialysis facilities among a host of all other support services under the same roof. Medica is a 500 bedded hospital which has 24/7 Emergency support services.

The hospital strives to achieve excellence in clinical services, ambience, staff behaviour, at a price available to all. The intention is to provide excellence in healthcare to Kolkatans looking for specialised treatment.

Objective- To deliver excellent clinical outcome with superior patient care in a transparent manner within a safe environment.

Various Specialties offered in Medica are-

- Medica Institute of Cardiac Sciences(MICS)
- Medica Institute of Neurological Diseases(MIND)
- Medica Institute of Kidney Diseases(MIKD)
- Medica Institute of Orthopaedic Sciences(MIOS)
- Department of Gastroenterology and GI Surgery
- Medica Institute of Critical Care(MICC)
- ENT Institute
- Medica Institute of Breast Diseases(MIBD)
- Emergency Medicine
- Anaesthesiology and Pain Medicine
- Dentistry
- Dermatology and Cosmetology
- Diabetes and Endocrinology
- Internal Medicine
- Nutrition and Dietetics
- Obstetrics and Gynaecology

- Paediatrics and Neonatology
- Physical Therapy and Rehabilitation
- Plastic Reconstructive Surgery
- Psychiatry and Psychology
- Respiratory Medicine
- Rheumatology

FACILITIES-

- Dialysis Department
- Radiology Department
- Medica Laboratory Services
- Central Sterile Supply Department

Administrative Departments-

- Admissions Office and Reception
- IT Department
- Central Purchase and Stores
- Pharmacy
- Housekeeping Department
- Medical Records Department
- Food and Beverage Department
- Emergency Department
- Discharge and Billing Department
- Biomedical Engineering Department

Mode of Data Collection –

The data collected is largely based on personal observations and interaction with the members of the respective departments.

GENERAL FINDINGS -

Admissions and Registration

The admissions and registration office is located at the ground floor of Medica Superspecialty Hospital.

The manpower of the department is given as under-

i) 2 Bed Managers
ii) 1 Counsellor
iii) 5 Admission GRE

There are three kinds of Admissions—

i) Emergency Admissions
ii) Planned Admissions
iii) Unplanned Admissions

The Hospital is of 312 bed strength HDU which is categorized as under—

HDU—1,2,3

Paediatric HDU

CCU—CCU 1,2,3.

Ward—Multi 6, Multi 4

There are Twin Sharing Rooms, Private Rooms, Deluxe Rooms and also Private Suites.

Besides these there are Neuro ICU, Paediatric ICU

Cardiothoracic Vascular Surgery i.e. CTVS unit

Of the 312 beds, the specifications is as under—

HDU1—10

HDU2—10

HDU5—25.

Emergency—12.

Daycare—5.

Paediatric HDU—5.

CCU 1—12

CCU 2—12,

CCU 3—10.

In the 5th floor, there is the General Ward for Corporate Patients.

Admissions Formalities—

Patients have to fill the Admissions form.

i) One photocopy of the admission form is required in the admissions office.
ii) One photocopy of the admission form is required in the MRD patient file.

Initial Cost Estimate is given by the admissions office.

The Second Cost Estimate is given by the Coordinator.

Financial Agreement—The estimate given should be paid by Cash, Credit or Debit Cards, NEFT, RTGS or Demand Draft.

Discharge—

The process of discharge as follows—

6th Floor—Is for Cash Discharge

1st Floor—Is for CATH LAB discharge

Ground Floor— Is for TPA and Corporate

Admission Counselling Checklist is filled.

i) System Admission Done

ii) Information Sheet generated and signed by the patients as well as the relatives of the patients. `

Registers—

1) Bed Management Registers—these are meant to track the transfer of Patients.
2) Bed Handover Register—Booking in Advance
3) FRRO Copy
   This is the Foreign Nationals Entry which comprises of the PRN, ID Proof submitted to the International Desk.
4) Visitors' Pass Register—To be signed by the visitors.
5) Night Handover Register
6) Corporate Handover Copy
7) VIP Handover Copy

Files—

i) Registration File
ii) Financial File
iii) Cost Examination File
iv) Corporate File
v) Indent File
vi) Important Document File
vii) Night Document File
viii) Night Bed Handover File
ix) Bed Tariff File
x) Planned OT File

Other functions of the admissions department-

a) Indenting
b) Floor Coordination
c) Interdepartmental Coordination
d) Counselling
e) Cash Handling
f) Billing

Reception

In the reception the following are done —

i) OPD registration is done

ii) Doctor's bill is generated

Registers maintained in the Reception —

i) Appointment Register

ii) Quality Indicator Register- This measures the patient waiting time.

Number of people employed in the Reception

i) Three people in the Report Dispatch

ii) Three people in the Reception Billing.

Help Desk

Nine people are there as Health Hosts to help out the Patients.

Functions-

Patient queries are answered.

Registration forms for Out Patients and Service Patients are given.

Registers maintained in the Help Desk

Dietician Appointment Copy

Doctor Availability Copy

Visitors' Pass Copy

Card Copy and Feedback Copy

Guest Relation Executive – In and Out Copy

Handover Copy

Temporary Pass Copy

Functions of the Help-Desk

Query addressal

Doctor related query

Investigation related query

Departmental Location related query

Third Party Administrator and Discharge related query

Visiting time and Pass related query

Administrative block related query

In Patient related issues and queries

Medical Records related reimbursement query

Health Checking package related query

Surgery package related query

Query related to any change in the name and age of the Patient.

Discharge and Billing

The discharge and billing department is located at the ground floor of the hospital. It is a 24/7 service.

General:
After a Patient gets admitted or has consulted a Doctor the function of Billing Department starts. Though the advance is taken or not taken at the time of admission, Billing function starts and ends after the discharge and the settlement of the Final Bill.
IP:

1. After admission the bill of a particular Patient should be monitored from the very next day.
2. According to the trend of expenses and deposit, the relatives should be informed and counselled regularly.
3. Any query regarding bill for in Patients should be dealt promptly.
4. Interim bill with breakup, if asked for should be given to patient's relatives.

Guidelines (Cash Patients)

1. A detailed Patient outstanding list should be prepared every day to analyse the current outstanding of the patients.

2. Following should be done for patients who has outstanding more than Rs 5000/- or who has not deposited the minimum amount stipulated at the time of admission following two consecutive days or who has been admitted for an operation or procedure which is pre-planned.

3. For all Packages and Non-Packages planned cases the total estimated amount in 100% should be collected on admission.

4. For any emergencies (substantially justified) admission may happen with low or zero deposit but the incident should be properly documented and followed up when the emergency overcomes (within 24 hrs).

5. For admission under Medicine the stipulated amount to be collected at the time of admission in Ward—15000 & Critical Care—500000.

6. Services provided and any issues regarding addition and deletion of Services should be updated and included at a regular interval with proper documentation within 12 noon of the preceding day and not at time of discharge.

7. All OTs and procedures should be updated before the patient leaving OT or Cath Lab.

8. For all cash Patients of MIND team, OT to be entered, adjusted & updated immediately after the OT.

9. All packages to be updated regularly for inclusion & exclusion. It will help in providing correct provisional bill & follow up for due payment.

10. Cash should be kept under proper vigilance and should be submitted at the end of every shift or depending on the quantum.

11. Only designated personnel are allowed to issue provisional bill after checking the bill card. Each & every provisional bill is to be signed off by person issuing so that it can be identified as to who has issued it.

12. For payment, first relatives should be called from Billing. If there is no response within 24 hrs. then the concerned Doctor is to be informed. If the Doctor vouches for the patient, then immediately it should be documented. If there is no response from the Doctor also then CFO &Operations should be informed. The whole process should not take more than 48 hrs.

13. For any adjustments in Bill it should be authorized by the Consultant Doctor, CEO, VP Operations, MS & CFO.

14. For any Surgery or Procedure of an Inpatient there will be a “Clearance” which will be given from the Department and after obtaining such clearance the Patient should be moved from the ward. In this case billing has to check the present outstanding of the patient and deposit. If it is not commensurate then clearance of outstanding and 100% advance for the procedure is to be collected beforehand. This does not apply for Emergency and Life Saving cases.

15. In case of Emergency either the doctor or the next of kin, on request of the Doctor should give a written undertaking to deposit the requisite amount within 24hrs.

16. Regular checking of the patient file in ward is necessary during the stay rather than keeping it for discharge.

17. All services provided at any department should be billed as and when delivered and not to be kept pending for more than 24 hours.

18. On discharge all services provided to be checked from billing card to HMIS. It should be ensured that the charges are as per bed category and not deviated from that. If there is any deviation of charging, then it has to be authorized from competent authority.

Guidelines (Corporate)

1. For Corporate patient's proper authorization letter from the respective company or organization should be submitted on or before admission.

2. If there is no authorization letter at the time of admission then the patient should be treated as a General Patient in HMIS, however, deposit can be foregone at the time of admission.

3. In Emergencies a copy of the ID provided by the employer can be kept for reference.

4. In case of admission without authorization letter it should be informed in writing that the letter is to be submitted within 48hrs. or 3hrs. before discharge whichever is earlier.

5. All authorization letter in original should be kept with Corporate Relations. Billing should be given a photocopy for reference.

6. Before discharging a Corporate Patient the letter should be checked with the final Bill for eligibility and exclusions.

7. If there is any service provided to a Corporate Patient which is not covered by the policy or the letter that amount should be collected from the Patient before discharge.

7. All MOU copies of different Corporate Organizations should be kept readily available with Billing Department for reference.

8. All Corporate Patients' Bills and settlements should be done by Corporate Relations in liaison with Billing Department.

9. Office permission is to be obtained for Corporate Patients also. In this case Billing will check the letter for coverage of Surgery or Procedures. Prior approval in writing to be taken for all Corporate Patients. No Verbal approval is accepted.

Guidelines (Insurance)

1. For admission all patients should be asked whether they are covered by any Insurance or not.
2. If the answer is YES, then they should be asked to provide the Cashless Card and the Current Policy copy.
3. If the answer is NO, then they should tell that any request or prayer regarding Insurance will not be entertained later.
4. After getting the copies, the First Information Report (FIR) form should be filled by Insurance Help Desk for the patient, but only the General Information part is to be filled.
5. Then the form should be taken to the Doctor for filling up the medical part.
6. If insurance processing is initiated on admission, then relatives should be asked to deposit money.
7. After getting a duly filled up form, it should be faxed to the concerned TPA along with other papers immediately.
8. For planned cases, approval may be obtained before the Patient gets admitted.
9. For emergencies Insurance Patients should also be treated as General and the stipulated advance should be taken. However, it should be told to them that this advance will be refunded at the time of discharge.
10. For all Insurance Patients it should be informed and written consent should be taken for payment of Inadmissible Ad Caps at the time of discharge.
11. All FIR forms should reach the TPA's office within 24hrs of admission of a Patient.
12. If in any case Patients fail to provide necessary documents within 24hrs. of admission, then the Cashless facility shall be denied and properly explained to the patient to go for a reimbursement.
13. After discharge and preparation of Final Bill signature of the patient should be taken on the Office Copy of the Final Bill.
14. INSURANCE patients are not to be treated as CORPORATE.

Doctors declare Discharge

Discharge Summary is prepared by the transcriptionist

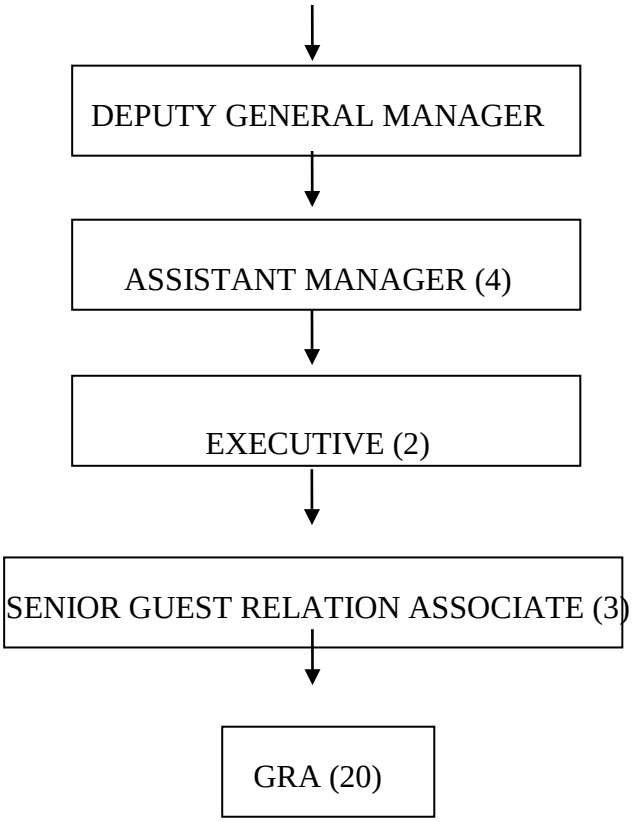
Discharge is shown in HMIS by floor coordinator

Billing card is sent to billing discharge desk for the preparation of the bill.

CASH	TPA	CORPORATE
Final bill prepared by the Discharge desk billers	Final bill is prepared by the billers	Final bill is prepared by the billers
Cross checked with estimation given by admissions about surgery or any other treatment	Given to patient relative	Cross checked with estimation or credit letter given by corporate desk.
Final bill is ready	If satisfied patient relative will sign on bill mentioning his/her relationship with patients	Bill prepared as per estimation or as per corporate MoU
Given to patient relative	Bill will be sent for TPA sanctioning	In case of credit patient, patient relative will come and sign the bill and respective inadmissible amount will be paid by patient relatives.
If satisfied payment is done by the patient relative , discharge slip is issued	Final approval will come from TPA	If cash patient, patient bill will be checked by patient relative after that payment will be by patient relatives and discharge slip will be issued by corporate desk
If not satisfied query will be answered by billers	Hospital mediclaim bill desk will calculated the inadmissible amount and inform the patient relatives about the amount he has to pay.	
	Patient goes to billing desk and pays the bill	
	Discharge slip issue	

MANPOWER – 30

ORGANOGRAM –



PHARMACY-The pharmacy department provides comprehensive pharmaceutical services to affect optimal quality patient care in the most therapeutically effective manner while efficiently and economically administering the total pharmacy program.

OBJECTIVES-

I. Provide for the pharmacy needs inherent in a dynamic healthcare delivery system, the total pharmacy service program must provide the administrative, professional/clinical and distributive services necessary to effectively carry out the objectives of the program.

II. The components of comprehensive pharmaceutical services include, but are not limited, to the following:

Development, evaluation and communication of comprehensive information of pharmaceuticals and their use to the hospital medical staff, patients and their families.

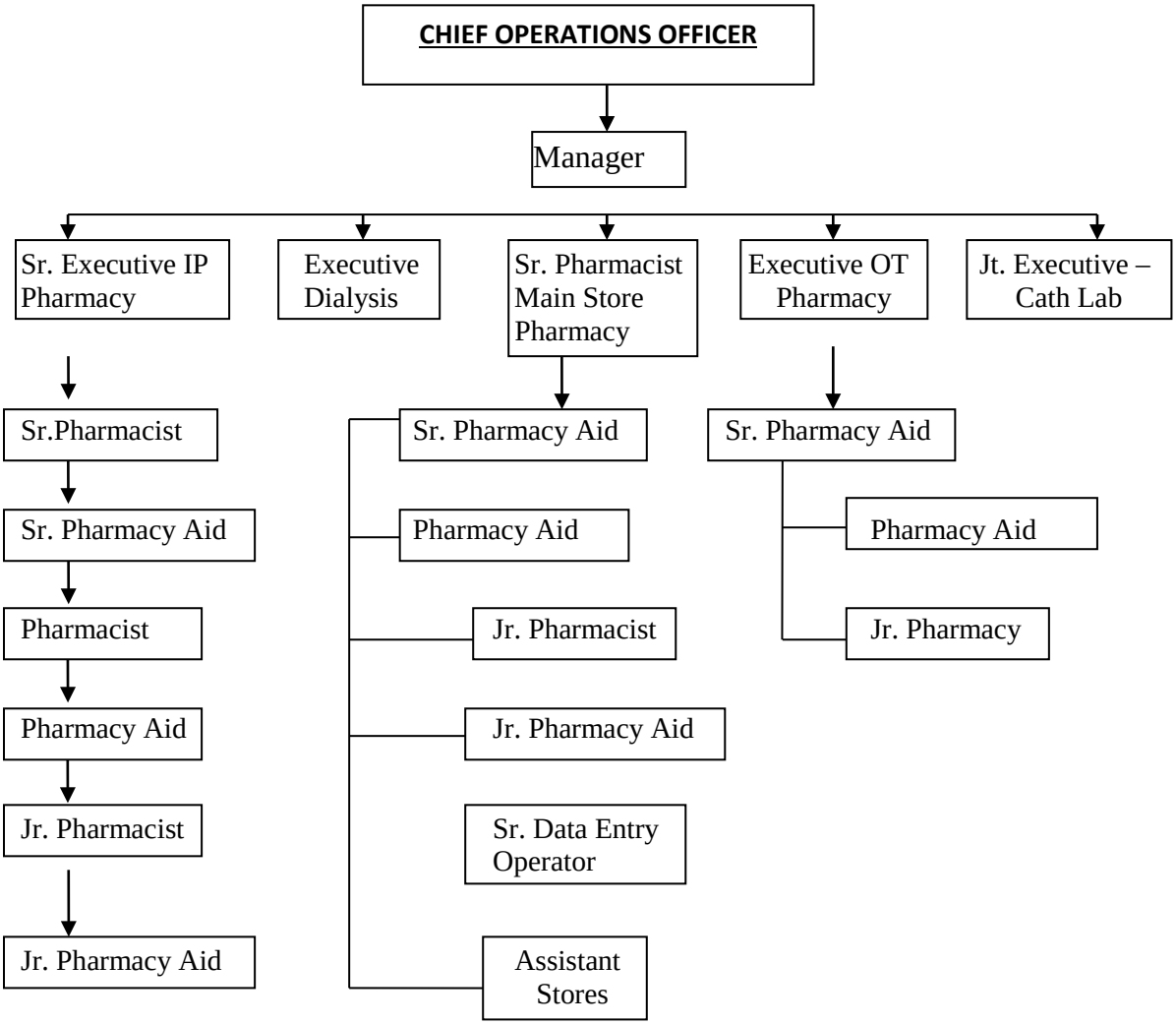
Storage, distribution and control of all pharmaceuticals used within the hospital. Monitoring, evaluation and assurance of the quality of drug usage within the hospital.

FUNCTIONS-

The pharmacy provides services to the following patient population: inpatient, outpatient, paediatric, adolescent and adult. The pharmacy provides the following services:

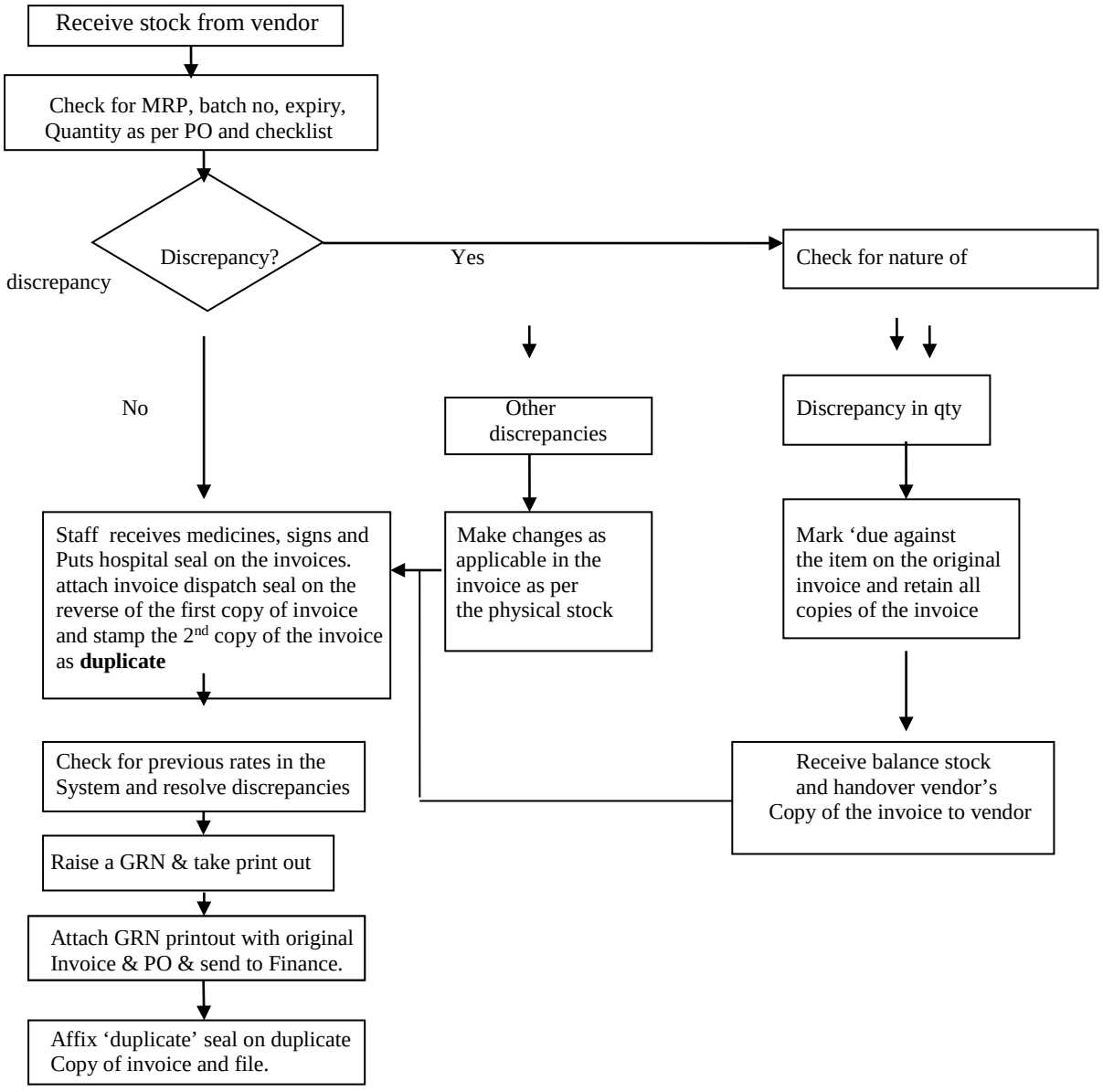
- Drug dispensing for inpatients through a 24 hour in patient pharmacy located at the third floor
- An Outpatient Retail store pharmacy located at the entrance of the hospital building to serve all outpatients of hospital as well as the outside patients
- Operation Theatre store is located at the second floor of Medica hospital Main Building to serve all OT patients.
- Cath Lab store is located at the first floor of Medica Hospital main building to serve Cath Lab patients.
- Dialysis store which caters to dialysis patients.

ORGANOGRAM-

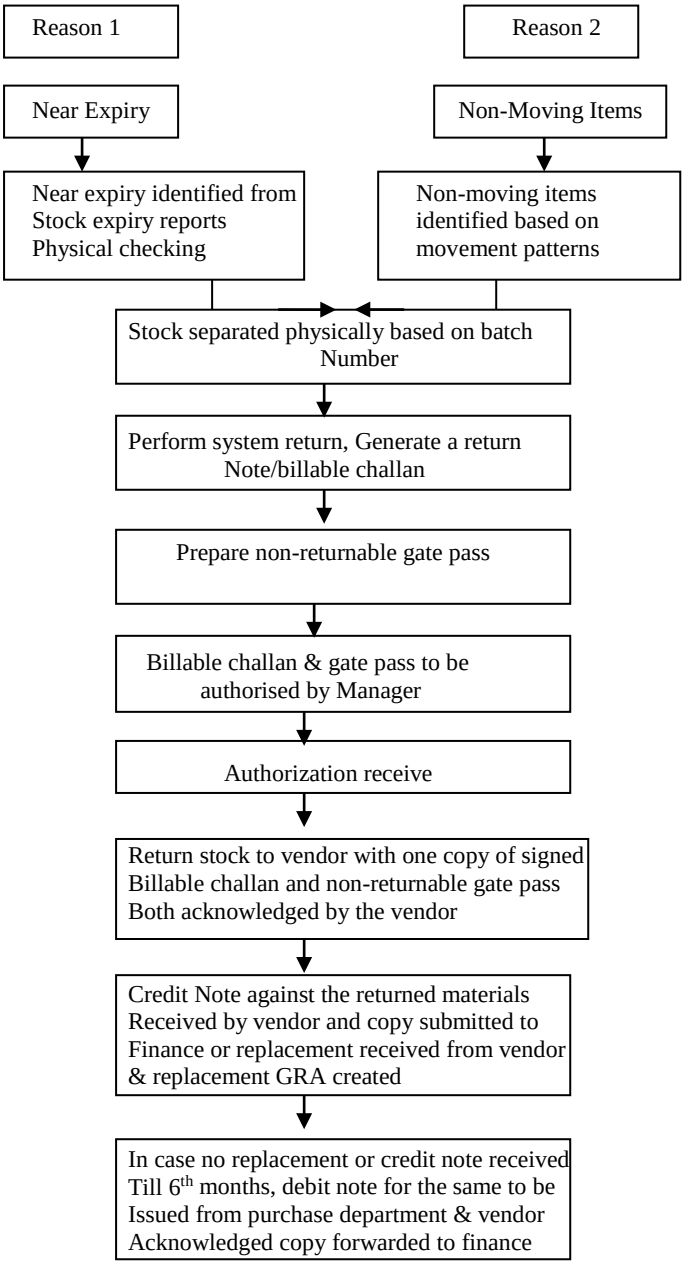

CHIEF OPERATIONS OFFICER
Manager
Sr. Executive IP Pharmacy
Executive Dialysis
Sr. Pharmacist Main Store Pharmacy
Executive OT Pharmacy
Jt. Executive – Cath Lab
Sr.Pharmacist
Sr. Pharmacy Aid
Pharmacist
Pharmacy Aid
Jr. Pharmacist
Jr. Pharmacy Aid
Sr. Pharmacy Aid
Pharmacy Aid
Jr. Pharmacist
Jr. Pharmacy Aid
Sr. Data Entry Operator
Assistant Stores
Sr. Pharmacy Aid
Pharmacy Aid
Jr. Pharmacy

4.14 . **GUIDELINES FOR STOCK MANAGEMENT (RECEIVING & RETURNING)**

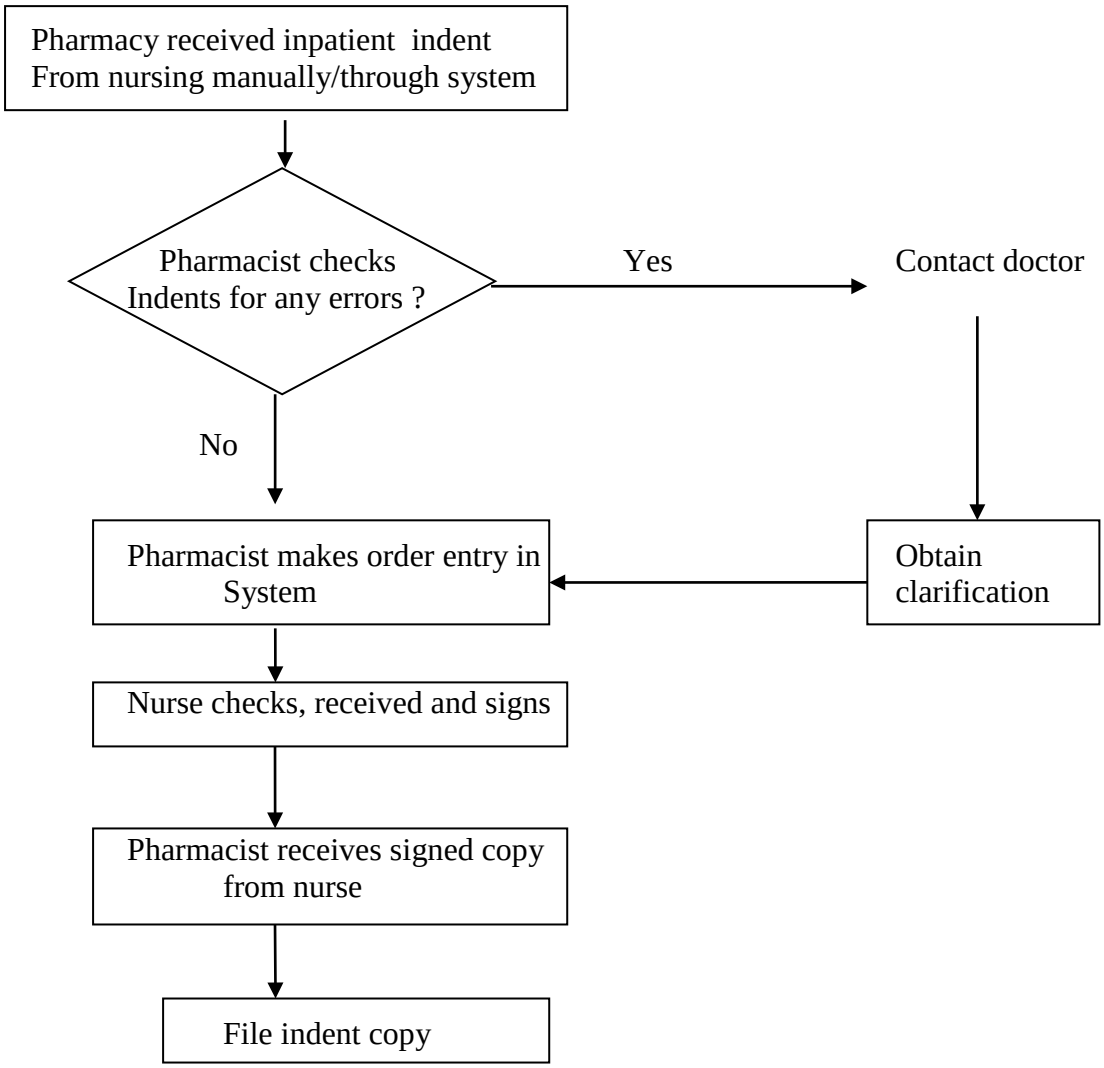
4.14. RECEIVING FROM VENDOR



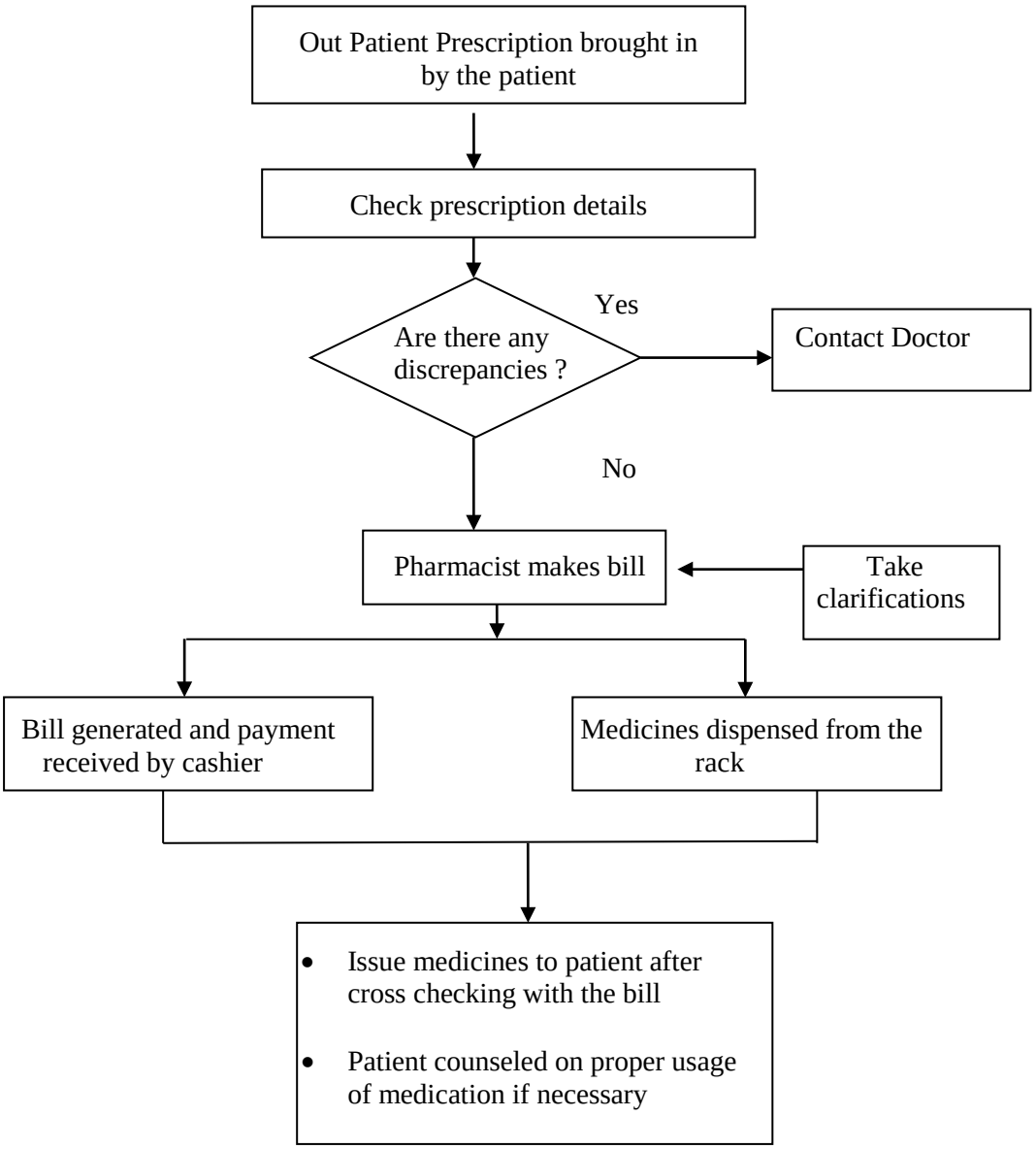
Returns Main Stores



Inpatient Dispensing



OUT PATIENT DISPENSING



PURCHASE

Introduction

The Purchase Department of Medica Superspecialty Hospital is responsible for procuring of materials and services requested by various departments of the hospital. The department comprises of 7 Team Members whose function includes Floating of Enquiries, Obtaining Quotes, and Vendor Development, Negotiations with the Vendors, raising of P.O.s and Scrap Sales. Team Members are available between 9:00 a.m. and 7:00pm (Monday to Saturday) in different shifts. The Purchase Department is responsible for procurement of all items which includes but not restricted to all medical/surgical, laboratory, radiological, office stationery, I.T and maintenance related requirements to name a few. The Department is responsible for introduction of a new product, issuing the same for trials, obtaining trial feedbacks and price negotiations, inventory planning, placement of P.O.s and follow ups with the vendors to ensure smooth deliveries.
Purchase is made under three heads-1. Drugs Consumables Implants 2. Stationery 3. Contracts

2. **Functions** :-

1) Receiving of Completed Purchase Requisitions /Indents
2) Inviting Quotations from Prospective Vendors
3) Negotiations
4) Creation of Purchase Orders
5) Approval of Purchase Orders
6) Communicating the same to the selected vendor
7) Forwarding of Invoices to Finance along with acknowledged copy of challan and a copy of the system generated GRA
8) Payment Request to Finance in case of Advance payments along with a copy of the approved P.O.
9) Planning of Monthly Purchases basis consumption patterns and Indents received
10) Vendor Development &Management
11) Cost reduction through negotiations, substitutions and introduction of new products

Objectives: -
The purchasing process involves communicating intentions and expectations clearly, defining measures of success, obtaining regular feedbacks, and implementing corrective action to resolve problems and improves performance whilst maintaining fairness to vendors and abiding by applicable laws and ethical behaviour.

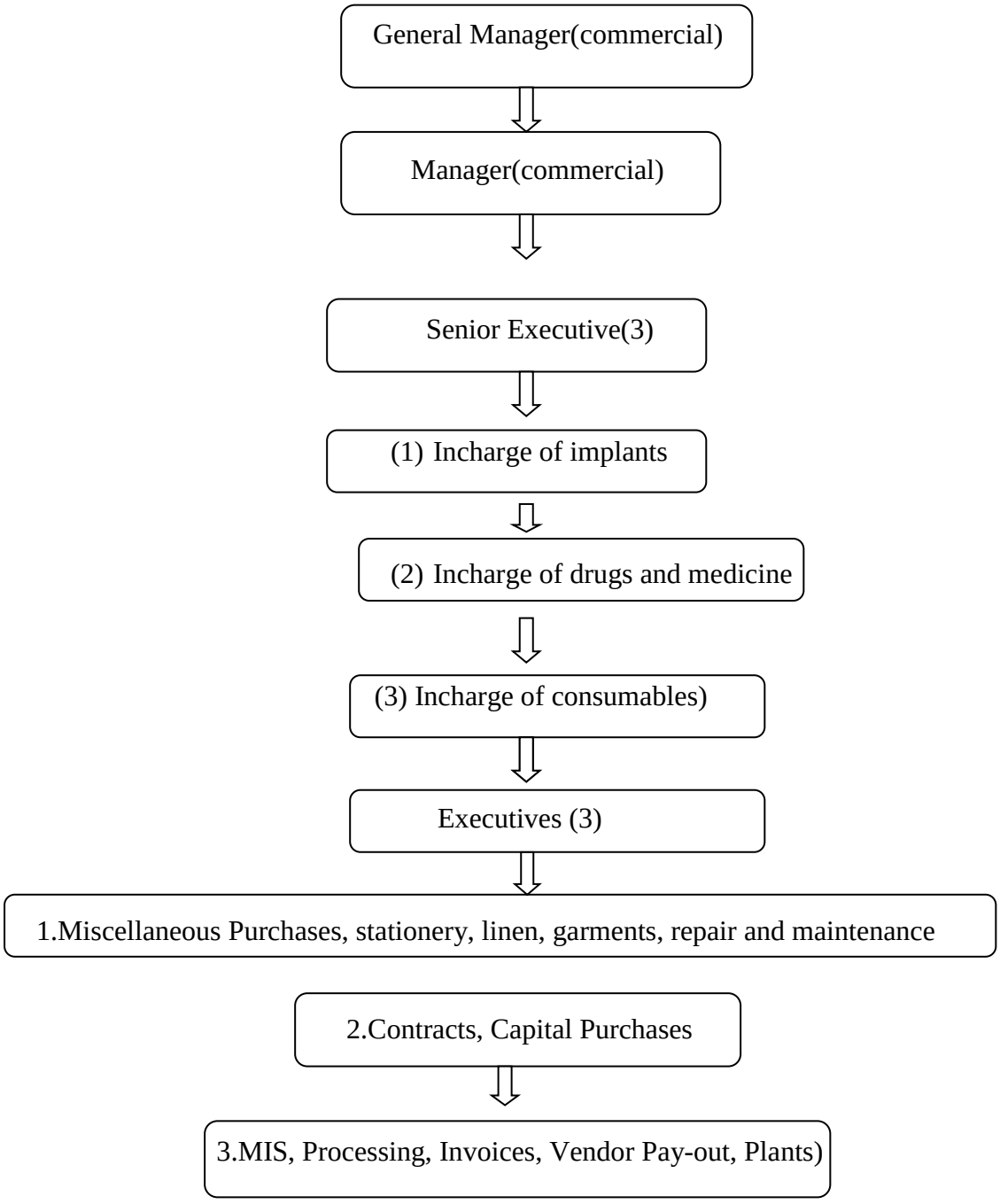
Medica Superspecialty Hospital wants to establish and maintain an efficient, effective and economical Purchasing Policy that encourages productive and mutually beneficial purchasing relationships with its suppliers.

Medica Superspecialty Hospital documents and communicates the relevant authorities and responsibilities for purchasing activities.

Staff-

Total staff-8

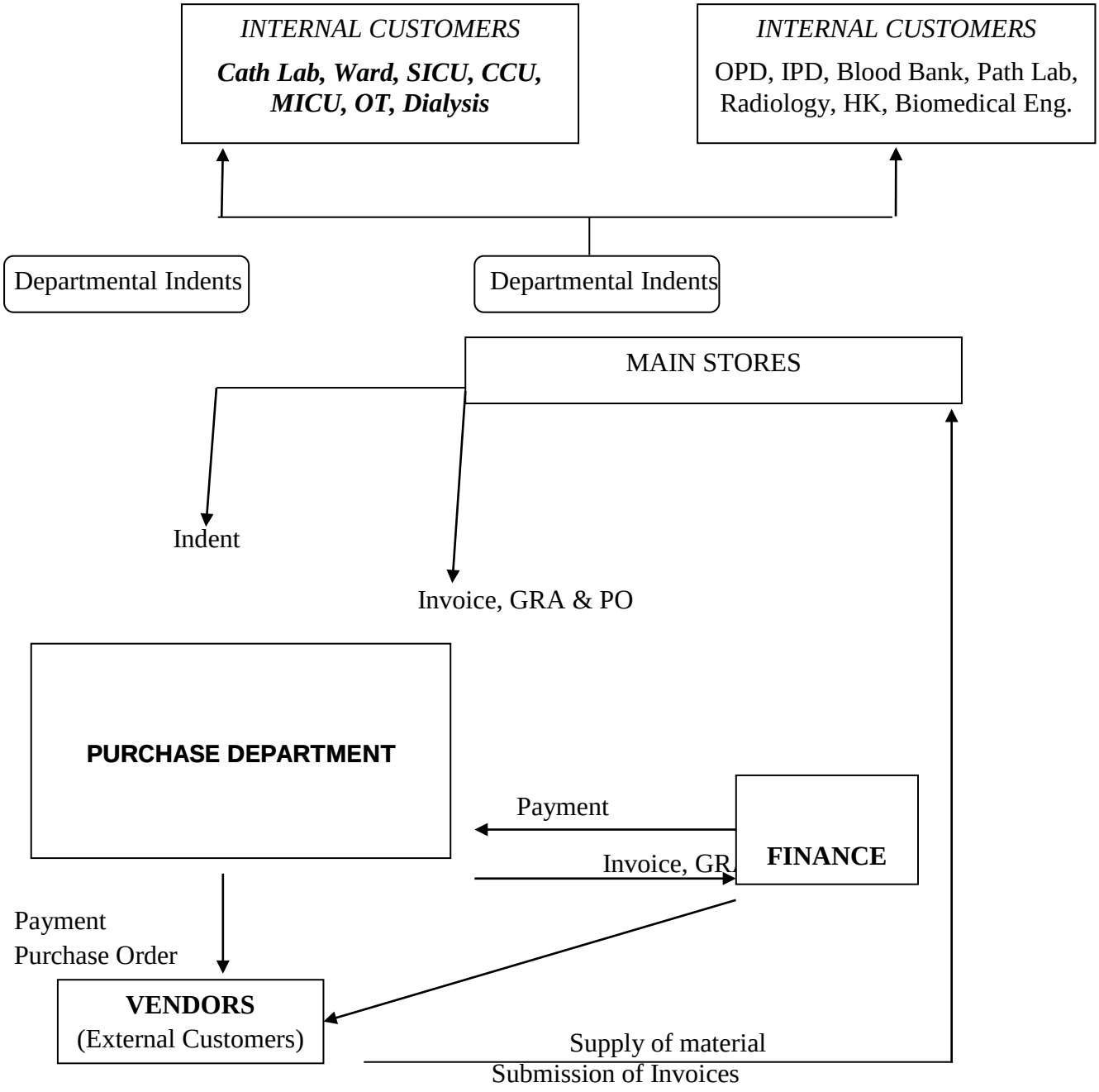
Organogram



WORKING HOURS OF THE DEPARTMENT-9AM-8PM

PROCESS FLOW

5. Process Flow



FLOWCHART- NIGHT CASH PURCHASE

Any medicine requirement between 8pm – 8am and on Holidays that is not available in the hospital stock is arranged to be procured to avoid any dose miss to the patients

Imprest amount of Rs. 15000 is maintained in IP Pharmacy, which is utilized for making emergency cash purchases

Night cash purchase is done keeping the MOD informed. Pharmacist on duty should inform Asst. Manager –Commercial (Purchase) before purchasing any high value Medicines.

For items purchased in cash, GRA without purchase order is generated through HMIS

Once GRA is made, the item is issued to respective ward/nursing station from where the request was generated

HOUSEKEEPING DEPARTMENT

The Housekeeping Department is situated at the ground floor of Medica Hospital.

LAUNDRY

EQUIPMENT USED-

2-Washing Machines

3-Dryers

2-Flat Iron

1-Calender Machine

Types Of linen-

- Bedsheet
- Patient Dress
- Pillow covers
- Gown
- Towels
- Bath Towel
- Hand Towel
- Sponge Towel
- Blanket

Soiled Linen is of two types-

1.Infected

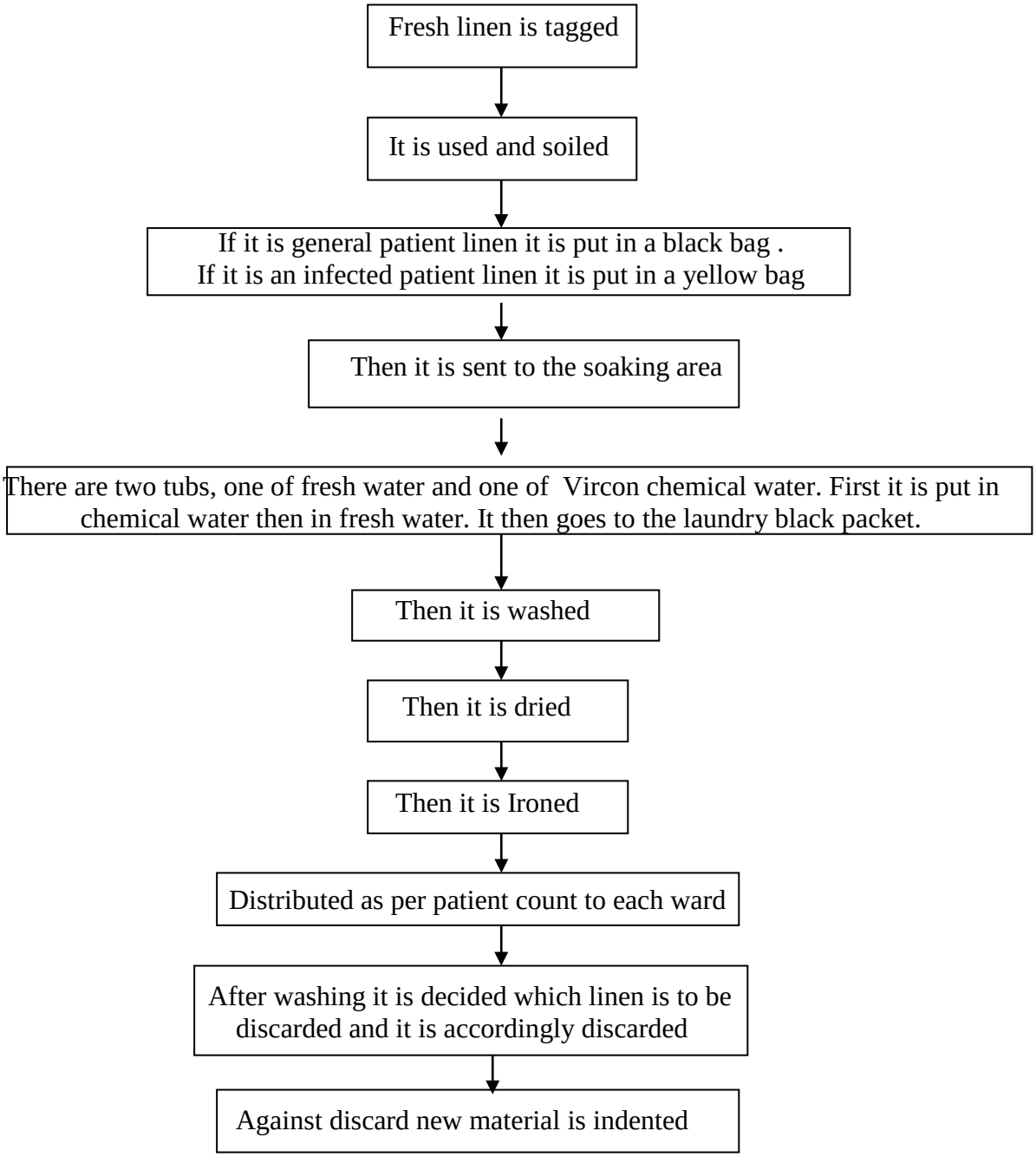
2.Normal

Infected goes to soaking area it is disinfected and then sit is sent to the laundry.

Soiled Linen enters from the staff entry. Soaking area is located outside the hospital beside Biomedical Waste.

OT linen is disinfected in soaking area and then sent to the laundry.

PROCESS FLOW:



Total time for laundry per linen is 2hours. 4200 linen is washed per day

CLEANING:

Chemicals used-

1.Floor Cleaner

Glass Cleaner R3

WC CleanerR6

Bathroom Cleaner Sanicid

Disinfectant-Virex and Sodium Hypochlorite

Steel Polish-3M

Room Freshner-R5

Rust Cleaning-Eemeral

Linen-Virkon

Damp Mop

Wet Mop

Dry Mop

Squeegee

Hand Squeegee

MACHINES-

Scrubberdryer-2

Single Disk Machine-3

Vacuum Cleaner-2

Vacumet-2

TYPES OF MOPPING-

1.Damp Mopping

2. Wet Mopping

3. Dry Mopping

CLEANING IN ICU

The entire ICU is first damp mopped thoroughly and then wet mopped with committee approved disinfectant solution, twice a day& manually scrubbed on regular basis and machine scrubbed on weekly basis. Regular dusting of ICU is done with disinfectant solution. All waste segregation is done in Dirty Utility Room. Dirty linen is also stored in dirty utility room.

CLEANING IN OT

All the surfaces would be dusted and then wiped with Hospital Infection Control Committee approved Disinfectant Solution.

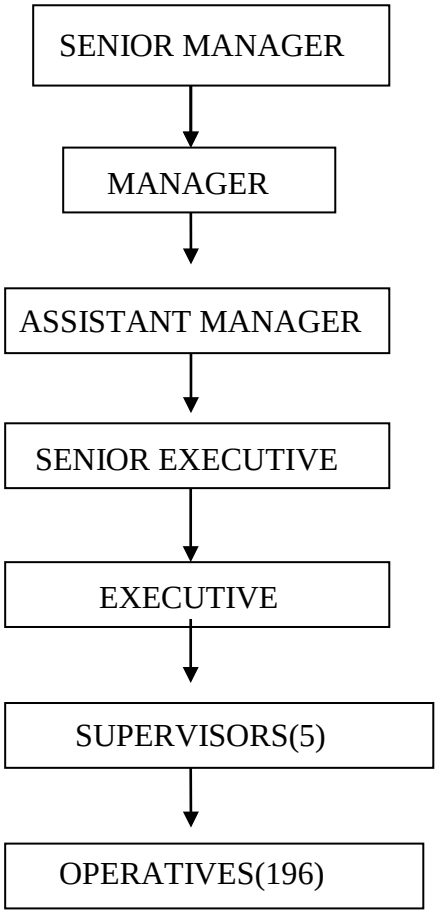
After each surgery floor will be mopped twice with HIC approved disinfectant.

Floor cleaning done by-

Flood Moping

Mechanical Scrubbing

ORGANOGRAM-



BIOMEDICAL WASTE DISPOSAL

WASTE IS SEGREGATED INTO THREE CATEGORIES-GENERAL WASTE, CLINICAL WASTE(PLASTIC) CLINICAL WASTE(INFECTIOUS) AND PUT INTO SEPARATE DUSTBINS IN THE SLUICE ROOM OF EVERY FLOOR.

↓

GARBAGE TAKEM FROM THE SLUICE ROOM IS DUMPED INTO THE BIOMEDICAL WASTE AREA

↓

STAFF IN THE BIOMEDICAL WASTE AREA WRITE DOWN THE AREA FROM WHICH RESPECTIVE WASTES ARE COMING AND THE WEIGHT OF THE WASTE IS MEASURED. ONE STAFF ENTERS IT INTO THE SYSTEM.

↓

THE GARBAGE DUMPED IS TAKEN BY MEDICARE COMPANY

↓

MEDICARE GIVES TH ETOTAL WEIGHT OF THE WASTE WHICH IS THEN TAKEN DOWN IN THE SYSTEM

↓

AVERAGE WEIGHT IS TAKEN OUT

↓

REPORT IS SENT TO THE POLLUTION CONTROL BOARD

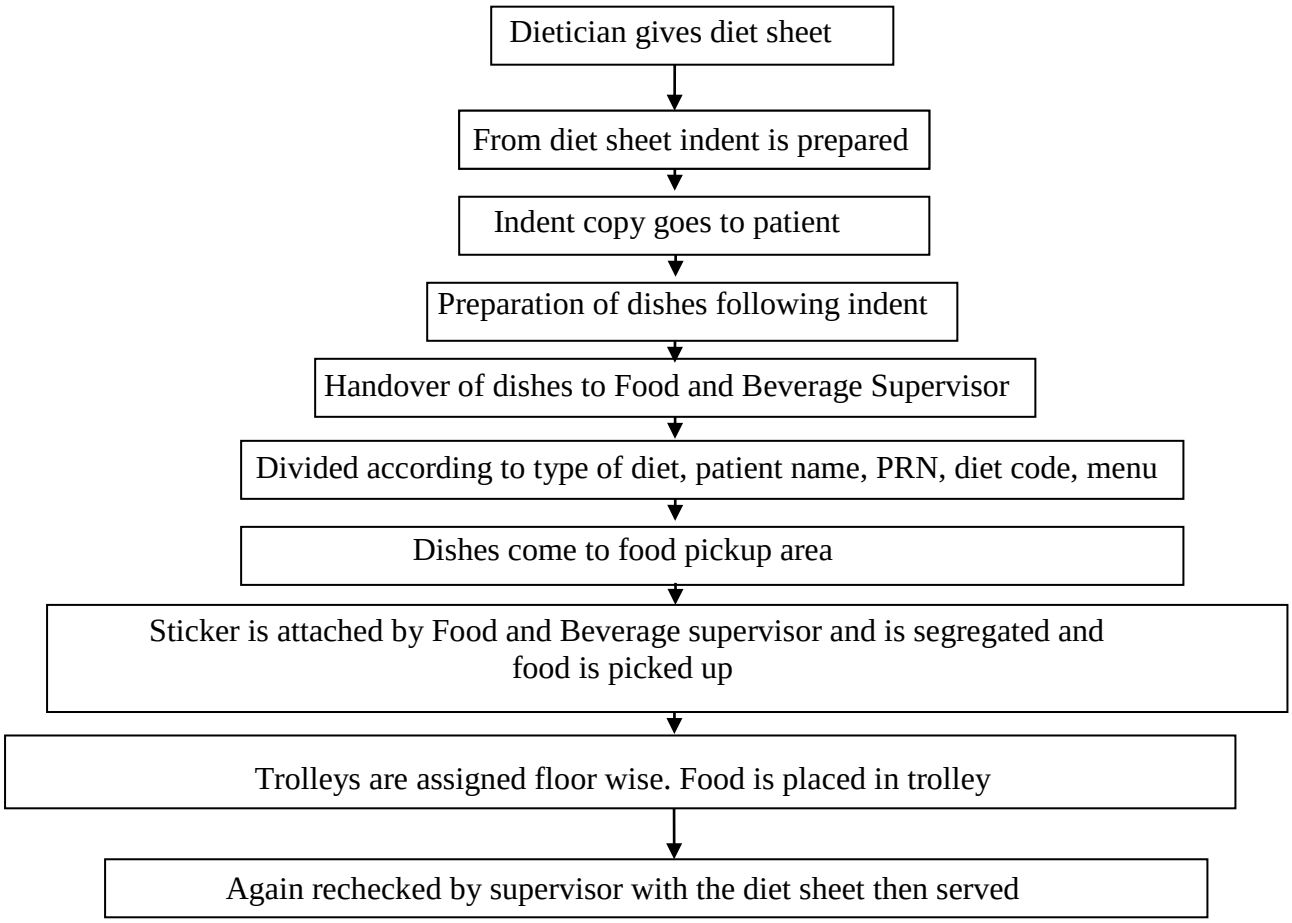
FOOD AND BEVERAGE

The food and beverage department is located at the ground floor of the hospital. The items are received at the receiving end of the kitchen. Vegetables are washed with Micochlor powder 6 tablespoons with 30 litres of water. Chicken and fish are washed in fresh water. Vegetable chicken and fish are stored in separate Walk in coolers.
There is a cutting area washing area and food pickup area.

CHEMICALS USED-

- Micochlor Powder
- Virex(for kitchen disinfection)
- Liquid Supra and Rinsedry(Autodilution)
- Chlorine (disinfection)
- Sodium Hypochloride (for stain removal)

PROCESS FLOW



The kitchen is is open for all 24 hours of the day

Total Manpower=80

FUNCTIONS-

1.Patient Meal Service-To ensure that all the patients receive nutritious and healthy diet as prescribed by the Dietetics department as per the schedule

2.Attendant Room Service-(For Private ,Deluxe, Suite) and mother's food for PHDU).The attendant also gets a choice of delicious and hygienic meals from the room service menu at specified times. Apart from this the attendant or the visitor also has a choice of meals offered by the coffee shop or cafeteria.

Staff Meal Service: The staff meal which includes the doctors and other support department also get healthy and fresh food at subsidized rate at staff cafeteria as per specified timings.

Six meals are served to patients-

Bed Tea-6:30-7:15 hrs

Breakfast-8:30-9:15hrs

Soup/Juice/Mid morning Supplement-11-11:30hrs

Lunch-12:30-13:15hrs

Tea-15:30-16:15hrs

Dinner-19:30-20:30hrs

Staff timings:

7AM-3:30PM

12PM-8:30PM

Evening Shift-12PM-9PM

Night Shift-9PM-7AM

FOOD SPECIFICATIONS-

Cold food items are stored as 5-8 degree Celsius

Deep freezers are maintained at a temperature of -11 degree Celsius and below

Hot food is kept at 65 degrees and served at 60-65 degrees.

Bain Marie (Food heating equipment) – In this food temperature is maintained at minimum 65 degrees with water temperature at 85 degrees and above.

EQUIPMENTS USED-

Hot food trolley

Bain Marie

Salamander

Sandwich Griller

Grinder

Mixer

Refrigerator

Potato Peeler

Idli Maker

Pulveriser

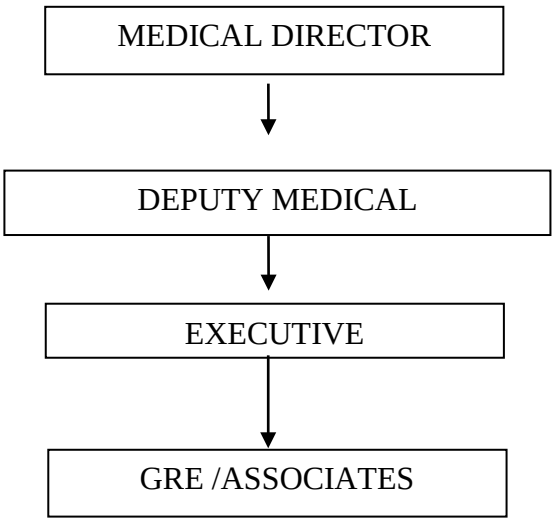
Dish Washing Machine

Walk-in cooler

MEDICAL RECORDS DEPARTMENT

INTRODUCTION- Medical records is a systematic documentation of a single patient's medical history and care across time with one particular healthcare provider's jurisdiction. It includes various notes entered over time by healthcare professionals, recording of observations and administration of drugs and therapies orders for the administration of drugs and therapies, test results, x rays, reports etc.

ORGANOGRAM-



OBJECTIVES-

Proper maintenance of inpatient medical records and outpatient prescription,

Maintenance of integrity and confidentiality of medical records,

Preparation of hospital statistics,

Submission of data to government authorities related to Notifiable, Vector Borne disease,

Sending Birth, death and PC and PNDT reports to government authorities,

Audit of closed files

DOCUMENTS

1. MLC form/cause of death/DAMA Consent
2. Discharge Summary/Death Summary
3. Patient Information Sheet
4. Admission Slip
5. Admission form
6. Counselling Records
7. Signature face sheet
8. History and finding sheet
9. Pain Score
10. Progress Note
11. Consultant Referral
12. Transfer Information Sheet
13. Any other physician forms or forms related to physician
14. Dietician forms
15. Physiotherapy forms
16. Operation notes
17. Consent forms
18. Medicine Card
19. Nursing forms
20. All types of reports
21. Other documents

POLICY

Entry to medical records department is restricted to Medical Records Department staff.

For getting any information of MRD file a staff of the hospital has to fill a requisition form with all relevant information and it should be approved by Deputy Medical Superintendent or Medical Director.

Issue of Bed head ticket (BHT) to the patient or patient relative/ Insurance company/ Police /Court is done after receiving proper application or authorization letter from patient along with photo ID

Birth report to KMC within 21 days of birth.

Death report with photocopy and cause of death is sent to KMC within 21 days of expiry of patient.

Original cause of death copy is sent to Swasthya Bhawan

Inactive files (except MLC//Expired) are stored in an offsite facility 'crown'

For retrieval of inactive files-requisition to be given before 24 hours

Closed file audit (20% of the total discharge) is done by MRD staff and doctors

FUNCTIONS

1. Maintenance of all inpatient and outpatient health records
2. Assembling of records
3. Keeping of all records under safe environment
4. Collecting scanned and photocopy of daily prescriptions
5. Scanning and maintaining the OP prescriptions Patient Registration Number wise
6. Uploading prescription into Electronic Medical Record
7. Prepare previous day's discharge list
8. Collecting of Inpatient files as per discharge list
9. Racking of complete files according to PRN
10. Expired and Medico Legal case files are kept separately month wise under lock and key

11. Collecting of cause of death papers of expired patients

12. Delivering Bed head ticket to patient /others as per request within 72 hours

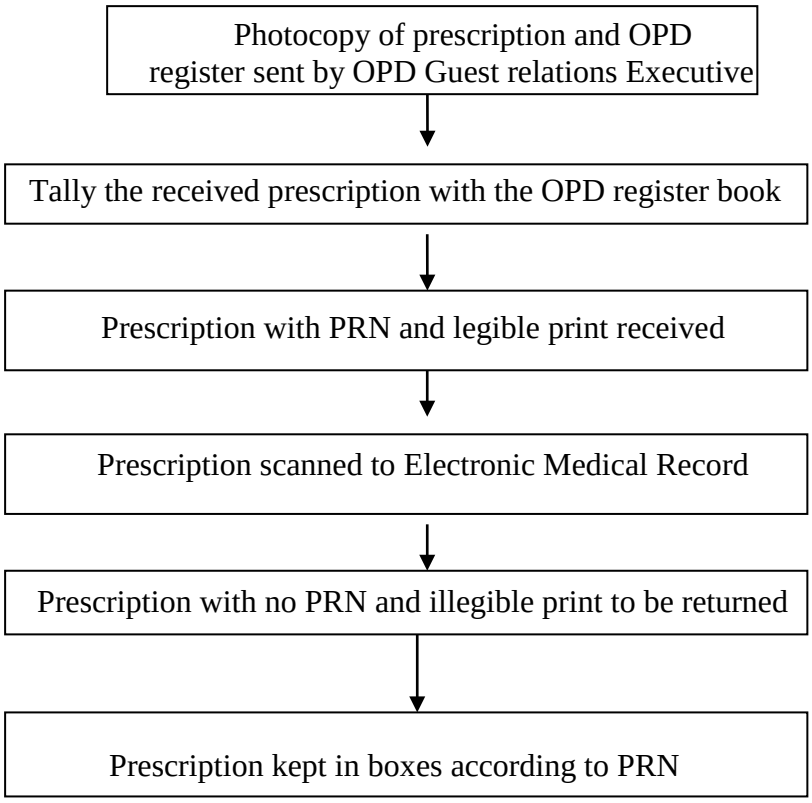
13. Intimation of Dengue, Malaria, H1N1 and other infections and patient's demographic details to KMC.

14. Coordinating with laboratory for this information.

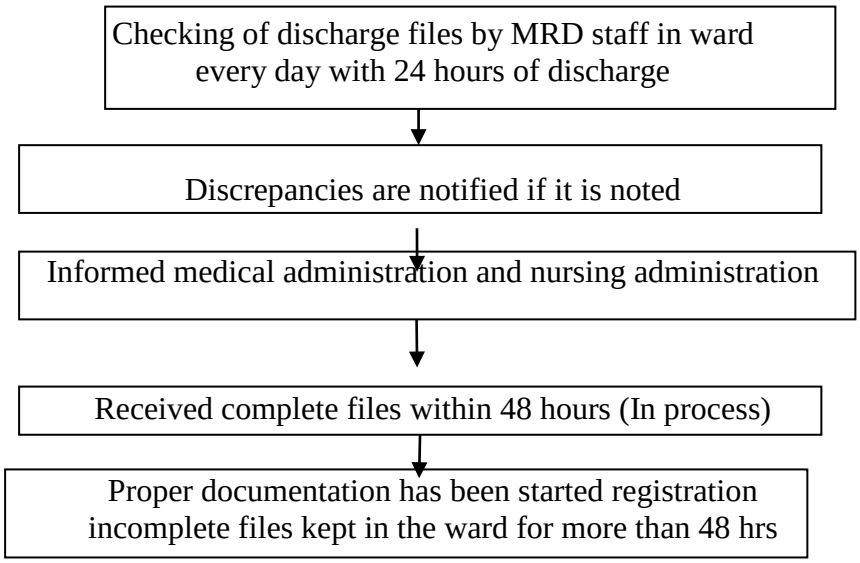
15. Coordination with department of nursing and department of medical administration

16. Maintenance of various registers for MLC, death and birth cases

PROCESS FLOW OF OUTPATIENT



PROCESS FLOW FOR INPATIENTS



REGISTERS-

- Visitor's Register
- Document Handover Register
- Birth Register
- Cause of death receiving Register
- Death Intimation Register
- MLC Register
- Audit Register
- Missing Records Register
- Compactor Key Register
- Letter number register
- Staff movement register

LABORATORY SERVICES

The laboratory is situated on the first floor of Medica Superspecialty Hospital. The different departments of the laboratory are-

DEPARTMENTS

- Haematology
- Biochemistry
- Microbiology
- Clinical Pathology
- Serology
- Immunology
- Cytology
- Histology

Types Of tests done in each department-

Haematology

- CBC-Complete Blood Count-Haemoglobin total count, Red blood cell count, Platelet count
- Blood Grouping
- Rh typing
- Prothrombin time etc

Biochemistry

- Urea test
- Creatinine test
- Sodium Test
- Potassium Test
- Liver Function Test-Bilirubin, Total Protein, Albumen globulin, alkaline phosphatase
- Kidney Function Test
- Cardiac Function test
- Sugar-Random, Fasting, BP

- Urine Creatinine
- Urine Micro albumen
- Urea Creatinine

Serology-

- HIV Test
- HCV Test
- HBSAG Test
- Dengue Test

Immunology-

- Thyroid profile
- T3
- T4
- TSH
- Vitamin B 12 test
- Ferritin Test
- Vitamin D15 Test
- Cancer marker test

Clinical Pathology-

- Urine Test
- Stool Test
- Semen Test

Microbiology-

- TB Culture (Drug Sensitivity Test)
- Aerobic Bacterial Culture from different clinical samples
- Antimicrobial Susceptibility Testing
- Stents(Bacterial,Fungal,Tubercular)

Histology

- Histopathology
- Examination of biopsy
- Kidney Biopsy

Cytology-

- Malignant Cell Test
- Fine needle Aspiration Cytology
- Cervical Smear Examination

  Total Manpower-

  Doctor-

  - Pathologist-4
  - Microbiologist-2
  - Biochemist-1

    Technician-25

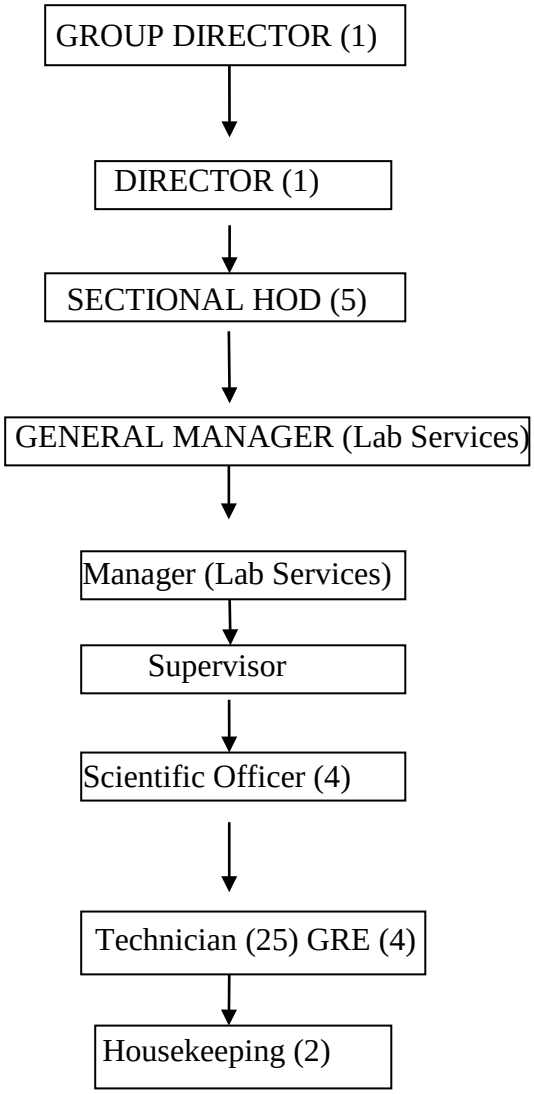
    Scientific Officer-4

Equipments-

- Automated Tissue Processor
- Embedding Machine
- Microtome Machine
- Cryostat
- Slide Warming Table
- Haematology Cell Counter
- Cytospin
- Erythrocyte Sedimentation Rate Machine
- Coagulation Machine
- Routine Biochemistry Analyser
- Diabetic Analyser
- Immunoassay Analyser
- Blood Culture Machine

- Automated Bacterial Identification and Sensitivity Machine
- Biosafety Cabinet
- BOD Incubation
- C02 Incubator

ORGANOGRAM



Bio-Medical Engineering Department

The Biomedical engineering department is located at the third floor of the hospital.

Manpower required in the Bio-Medical Engineering Department is two—

Manager (Bio-Medical)

Deputy Manager (Bio-Medical)

Equipments required in the Bio-Medical department are of two types—

i)Non-Critical and ii) Critical

i) **Non-Critical**

a)Syringe Pump

b) Nebulizer

c) ECG machine

d) Infusion Pump

e) Pulse Oximeter

f) Feeding Pump

g) Fluid Warmer

h) Humidifier Heater

ii) **Critical**

a) PMS—Physiology Monitoring System
b) Ventilator
c) Defibrillator
d) C-Arm
e) Diathermy
f) Coterie Machine

g) Navigation Machine

h) CUSA—Capitron Ultrasonic Suction Aspirator

i) Heart lung Machine

j) Hemotherm

k) ECMO—Extra Corporeal Membrane Oxygenator

l) Cell Saver

m) AGM—Anaesthetic Gas Model

n) Electrosurgical Unit.

Therapeutic and Diagnostic Equipments in the Bio-Medical Engineering Department

i) Therapeutic Equipments

a) Ventilator

b) Dialysis Machine

c) Defibrillator

d) Anaesthesia Machine

e) IFT—Interferential Therapy

f) Ultrasonic Therapy

g) Combi

h) Traction Machine

i) Laser

j) Heartlung

k) Heatercooler

l) CUSA—Capitron Ultrasonic Aspirator

m) Morsillator

n) Debrider

ii) Diagnostic Equipments

a) Full Auto Analyser
b) Urine Analyser
c) Microtome
d) Cryostat
e) Microscope
f) Cath Lab
g) Imaging
h) Endoscope
i) Duodenoscope
j) Bronchoscope

Maintenance of the department-

Manufacturer Annual Maintenance Contract / Comprehensive Maintenance Contract is done.
AMC is done only for the labour charge.
For Spare requirements quotations are given and purchase is made only by paying the required cash.

Daily activities of the department –

Daily Round of the Departments is done in the critical areas like, ICU, CCU, Imaging Services,

Operation Theatre, Cath Lab, ENT, Echo, CTVS, NLCU, Neonatal ICU

Calls are attended

Schedule is followed for Preventive Maintenance of Equipment

Calibration Schedule is followed (1 year Calibration)

Lab, Blood Bank (6 months Calibration)

File maintenance is done

Report Submissions (of Breakdown equipment, Utilisations, Uptime of Machines, Stock and Spare—Management Report)

HMCS is followed for indent

Incident report of machine is taken

Tracing schedule is given to the user.

Maintenance

CMC will check and give spare only if it is not consumable.
In house servicing is done by the department with the help of Third Party Vendor.

Procurement

- User gives indent for consumables (used daily)
- The Hospital generates code and indent is given through HMCS.
- Approval is taken and submitted to Purchase Department.
- Regarding High Value Items
- User end takes demonstration
- Quotation is taken from the Vendor
- Quotation is given to Purchase
- Purchase takes the final decision.

EMERGENCY AND DAYCARE

The Emergency and Day care department is located at the ground floor of Medica Superspecialty Hospital. The total manpower of the emergency and day care department is 50.

This includes-
Doctors-10

- Consultant-5
- Junior Doctor-5

Nursing Staff-28

Guest Relation Executive-2

BED STRENGTH-

Total number of beds in Emergency-13

Total number of beds in Day care -5

The Emergency room has 13 beds. Apart from that it has a clean utility room, a dirty utility room, a medicine store and a general store with CSSD items. Bed number 1-9 has cardiac monitor. 10-12 are ward beds. 13 is isolation ward.

Procedures done in emergency are-

Intubation

Central Line

Catheterisation

Supra Pubic Catheterisation

Arterial Line

Tracheostomy

Chest Drain etc.

REGISTERS –

Emergency register- Name, PRN, Age, Sex, Bed No, Doctor, Consultant, In time, Out time, everything is written down.

Medico Legal Case register-All details of medico legal cases are written down.

Bed Management Register

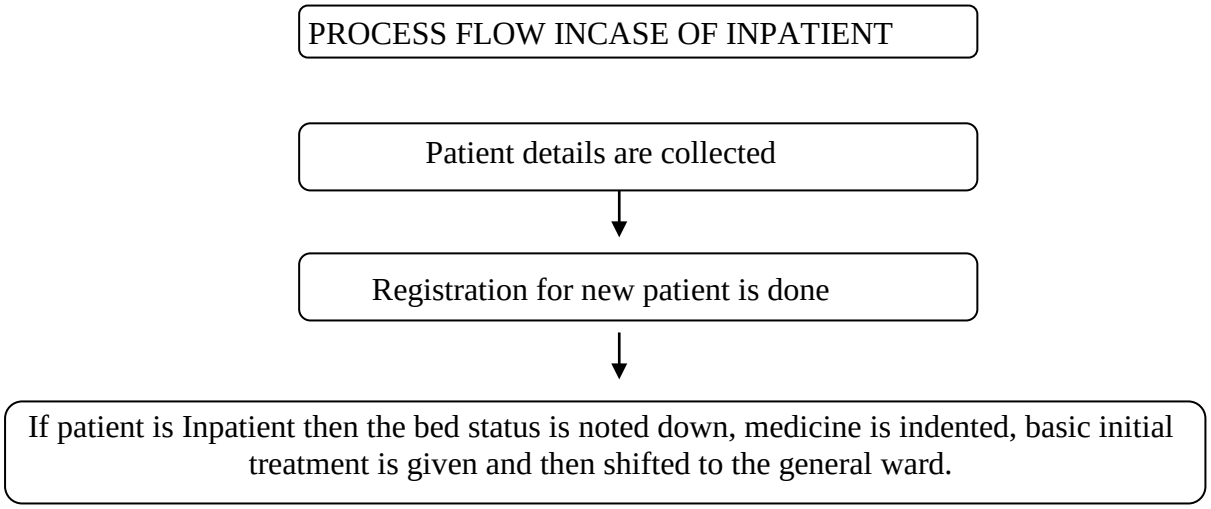
OPD register

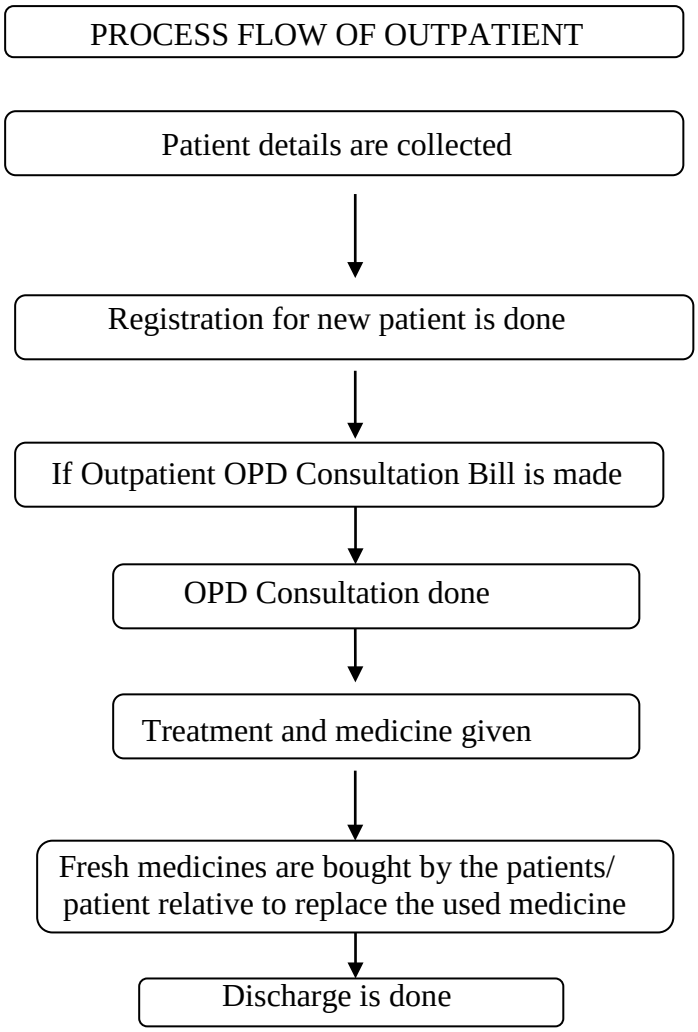
Cause of death register

Patient transfer out register

Patient Belonging Handover register

Broad Death Register





Emergency Room has two ventilators, out of which one is standby and one is portable. There is one portable Xray. There are two oxygen cylinders. There are 6 Syringe pumps. There are two Defibrillators. There is one Arterial Blood Gas Machine. There is One BiPAP machine. There is one ECG Machine.

DAYCARE

Bed Strength-5

PROCEDURES-

Stitch Removal

Chemotherapy

Dressing is done

Chemotherapy medicine is prepared

True Cut Biopsy

Lumbar Puncture

Muscle Biopsy

Extension Biopsy of right abdomen

AVF

Incision Drainage Gluteal Abscess

Bone Marrow Biopsy

Excision of nail tumour

Mole Excision

Wound debridement and suturing etc

There is a minor OT in day care where procedures are done.

EQUIPMENTS-

OT lights

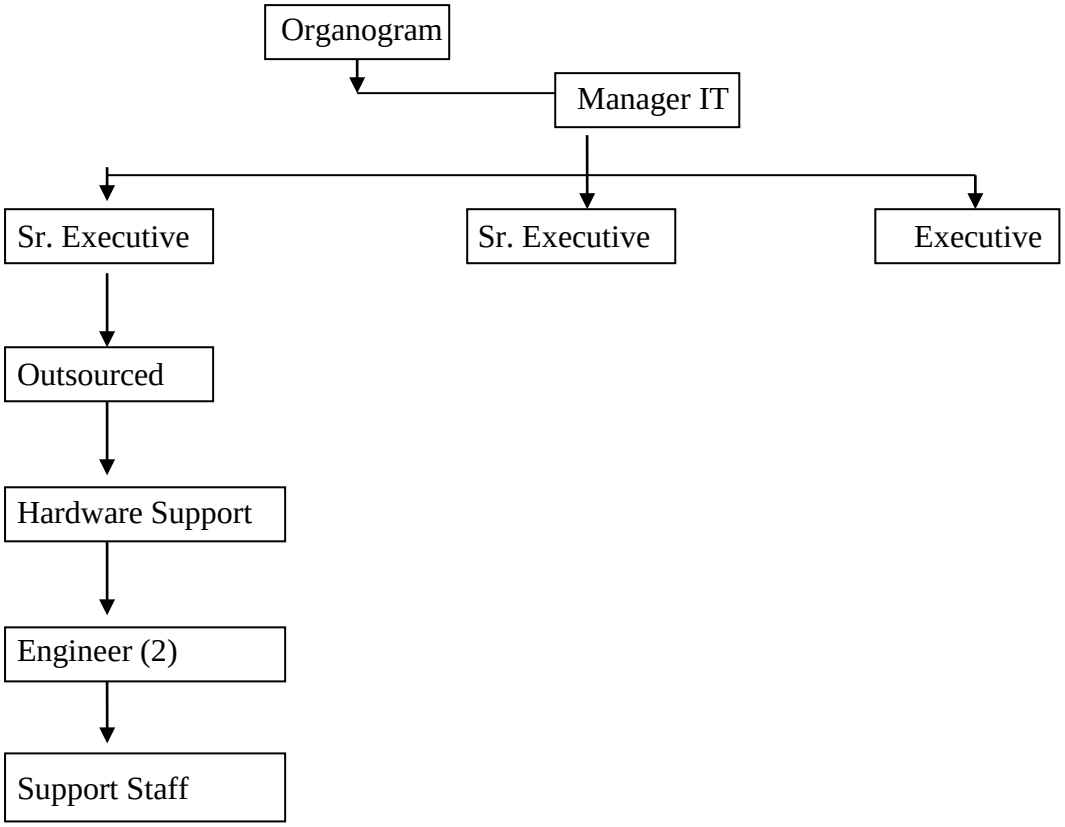
Anaesthesia Machine

Cardiac Monitor

Apart from the emergency and day care rooms the area accommodates a reception, a Pulmonary Function Room and a Telephone Operator room.

IT Department

The IT department is situated at the third floor of the hospital.



Objectives:

1. Identification of the informational Needs of the Organization
2. Minimum downtime for maintenance and complaint reprisal with regard to both hardware and software based Hospital Management System.
3. Documentation of processes for the purpose of informational needs.
4. Standardized format for data collection and establish procedures for Storing and Retrieving of data.
5. Establish procedures for timely and accurate dissemination of data.
6. Establish procedures for maintaining confidentiality, security and integrity of all information.
7. Establish protocols on retention time of records, data and information.
8. Train those staffs who are using the system of the Hospital.

Registers and Reports:

1. Asset Register.
2. System Downtime Report
3. ISP Downtime Report.
4. Hardware failure Downtime Report.
5. Pneumatic Chute Transaction Report.
6. Call Analysis Report.
7. Annual Maintenance Contract Report(AMC).
8. Service Level Arrangement Report(SLA).
9. Comprehensive Maintenance Contract Report(CMC).
10. Departmental Training Report.
11. Backup Log Register.
12. Cartridge Change Report.
13. Complaint Log (Log Report Register)
14. Training Register.
15. Regular Monitoring Register

Functions:

i) System and software related activities.
ii) Hardware and Networking activities (including……Network maintenance)
iii) Telecommunication (EPABX, Walky-Talky, Mobile, Telephone, Soft….)
iv) Other…… services (Surveillance System, Pneumatic Chute, Biometric, Attendance System, P.. System,…..)

i) System and Software related Activities

a) HMIS activities
b) HM info system (Grievance handling, Customization)
c) Process flow for maintenance and Reprisal system (Systems networking and Software)
d) Data backup and security
e) PACS Software and System
f) Picture Archiving and Computerized System
g) Facilitating E-mail and Intranet Portals
h) HR Management Software

i) Biometric Attendance
j) EMR Server and Software
k) Software and Server Licensing Issues

ii) Systems Hardware and Networking Activities
Preventive and Breakdown maintenance of

a) All Desktops, Computers and Laptops and Networking.
b) Printers
c) Cabling
d) Switches
e) Router and Firewall
f) Less lines for Internet
g) PRI line for Voice

Human Resource Department

Human Resource Management is one of the management functions that is assigned to the managers to recruit, select, train and develop working members of any organization. The department of Human Resource Management executes the functions of planning, organizing, directing and controlling the procurement, development, compensation, integration, maintenance and separation of human resources to the end that individual, organizational and social objectives are accomplished.

The Human Resource Management comprises of various types of functions and programmes that are designed and carried out in such a way as to maximize the effectiveness of both the employees' and the organization.

The functions of the Human Resource Management run as follows—

i) Training and Development
ii) Manpower Planning
iii) Performance, evaluation and Management
iv) Promotion and Transfer
v) Redundancy

vi) Industrial and Employee relationship

vii) Record keeping of all personal data

viii) Compensation, pensions, bonuses etc. in liaison with payroll

ix) Confidential advice to internal customers in relation to problems at work

x) Career development

xi) Competency Mapping i.e. a process that an individual uses to identify and describe competencies which are most critical to attain success in a work situation

xii) Time Motion study is related to HR function.

Location

The HR department is located at the 3rd floor of the building.

Operation Theatre

The Operation theatre is located at the third floor of the hospital.

There are 10 Operation Theatres.

OT 1,2 are for Cardiac Surgeries

OT3,4 are for Neurological Surgeries

OT5,6 are for Orthopaedic Surgeries

The other four OTs are for General Surgery

On an average 25 operations are done in an OT.

Number of nurses too varies in different OTs

1. There are 23 nurses for General OT surgeries
2. There are 9 nurses for Orthopaedic OT surgeries
3. There are 7 nurses for Neuro OT surgeries
4. There are 12 nurses for Cardiac OT
5. Technicians allotted for Operation Theatres are 18 in number.

Equipments used inside the OTs

1. Cardiac Monitor:

   A bedside monitor to display the patient's continuous heart condition through an electrocardiograph.

2. Pulse Oximeter:

This device has triple functions—of determining the blood pressure, ECG and oxygen level in the blood. In other words, it is a non-evasive arterial saturation monitor.

3. Diathermy machine

   This machine is used in coagulating blood and cutting blood vessels in surgery. The bipolar Diathermy machine is used for micro surgery and Unipolar diathermy for bigger cases.

4. Anaesthesia machine:

   Operated by the anaesthetist, the gases generally used are oxygen nitrous mixture, Halothane, Oxygen-hydrogen mixture etc.]

5. C-Arm:

   It is an intricately designed machine used specifically during orthopaedic operations & CAG cases. This gadget helps in taking continuous X-ray pictures of patients during operations.

6. Defibrillator:

   A device used to give temporary shock to the human heart so that it comes out of its fast spasm and catches up with its normal spasm.

7. Ventilator:

   This is a highly sophisticated gadget which helps in maintaining the normal breathing cycle by producing air at a pressure higher than the pressure in the lungs. For this is a supply of oxygen, compressed air and vacuum suction as required. This is maintained by the Engineering and Bio-Medical Engineering Department.

8. ACT:

   This machine is used to measure the time taken for the blood to clot.

9. Orthopaedic Table:

   This is a specially designed bed used for orthopaedic surgery.

   Besides these the OT needs a constant supply of Nitrous oxide and Oxygen cylinders which is supplied to the hospital by BOC.

   These Bio-Medical equipments are checked up daily by the Bio-Medical Engineering department and calibrated yearly by the government and once in three months by the respective companies.

Any fault in the machine is immediately notified to the Bio-Medical Engineering by means of notification slip thus ensuring efficient operations.

OT cleaning

Daily and special cleaning is done with the help of a number of cleaning agents as follows:

Liquid Vim, Germiclin, R-6-Acidic, Lysol, Cidex, Carbolic Acid(Phenol)

Suggestions

OTs run round the clock and in such cases 1 sweeper per shift doesn't suffice. A reliever should be given to the man in the OT. In the absence of the others he would cover up the lapse.

OT maintenance problem should be communicated to the floor housekeeper who should take a round everyday to ensure smooth functioning inside the OTs.

The Nitrous oxide and oxygen cylinders should be kept track of by a separate person and not the Sister in charge as a lot of valuable time is lost in the process.

CENTRAL STERILE SUPPLY DEPARTMENT

Introduction: -

Prevention of infection is a major challenge faced by all health care organizations. Adequate sterile supply plays an essential role in an attempt to reduce the spreading of diseases within the health service. Many instruments and materials are used for medical and surgical cases. Interventions are very expensive and are designed such that they can be re-used. A high quality reprocessing cycle is necessary in which the used materials are treated in such a way that they can be used safely again. To establish and maintain standardized sterilization procedure throughout the institution, a specialized, centralized area was designated. This is often referred to as CSSD.

Departmental Objective

i) To provide sterilized material from a central department where sterilizing practice is conducted under conditions which are controlled, thereby contributing to a reduction in the incidents of hospital infection.
ii) To maintain record of effectiveness of cleaning, disinfection and sterilization processes.
iii) To monitor and enforce controls necessary to prevent cross infection according to infection control policy.
iv) To maintain an inventory of supplies and equipments.
v) To stay updated regarding developments in the field in the interest of efficiency, economy, accuracy and provision of better patient care.
vi) To provide a safe environment for patients and staff.

Scope of functioning

The functional flow of activities in CSSD may be generally specified as follows:

a) Rinsing—Rinsing of articles after use must be done in the respective patient care areas by a trained staff-nurse.
b) Transportation—All soiled items should be transported in a closed trolley with the proper requisition.
c) Cleaning—All reusable medical devices should be thoroughly cleaned prior to disinfection or sterilization
d) Drying—All articles should be dried appropriately.

e) Inspection and Assembly—Each item should be inspected for functionality, defects, breakage and then appropriately assembled according to the check list.
f) Packaging—Articles should preferably be packed in non-woven packaging materials.
g) Labelling—Each pack should contain item description, department's name and also a batch monitoring label mentioning operator's name, load no., sterilization date, expiry date.
h) Sterilization—The operation of the sterilizer should be entrusted to a responsible and fully trained person. It should be kept in a state of good maintenance and repair.
i) Storage—The storage should be properly managed and there should be separate sterile and non-sterile stores. For sterile goods, clean room conditions should be followed.
j) Distribution—It refers to clean and dirty articles exchange system. A program should be established for the collection of used items from patient care areas and distribution of sterilized goods. All items should be issued as per requisition.

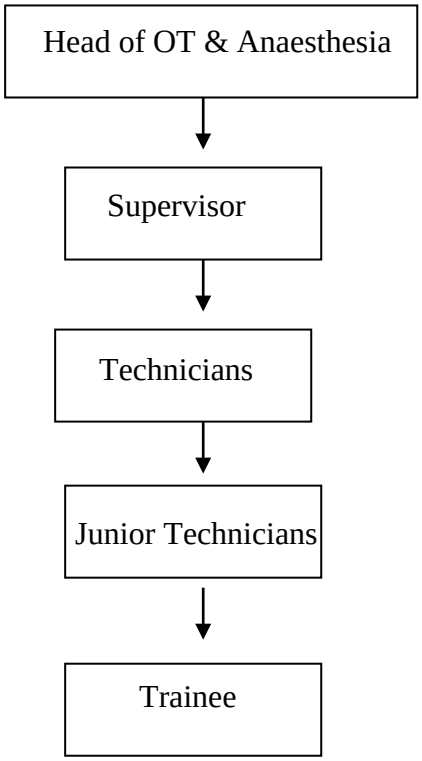
Other CSSD Activities

Routine checking and monitoring documents of CSSD are preserved and maintained. Any kind of MRSA (methicillin resistant staph aureus), HBsAg and Hepatitis A,B.or C positive items are kept inside chemical (cidex) for 30 minutes,(to be rinsed with fresh water and an enzymatic cleaning done, before immersing in cidex or proteins will coagulate and cleaning will become difficult. And as per 'Standard Precautins'every patient is to be considered positive for the mentioned causes. Hence protocol must be uniform across), followed by washing, drying, packaging and labelling. All positive instruments are made subject to double autoclave sterilization. CSSD maintains records of inventory and consumption of surgical and non-surgical hospital items, maintenance and performance of steam and ETO machine, malfunction and technical round, carbolization and financial statements. CSSD is carbolized once a month for 6hours each time (how? To be referred to another document). CSSD operates 7 days a week 24 hours a day. It aims at assuming total responsibility for processing hospital items, thereby assuring that all of these items receive the same degree of cleaning and sterilization. It also contributes to the educational program within the hospital relating to infection control and develops a cost effective program by cost analysis of personnel, supplies and equipment.

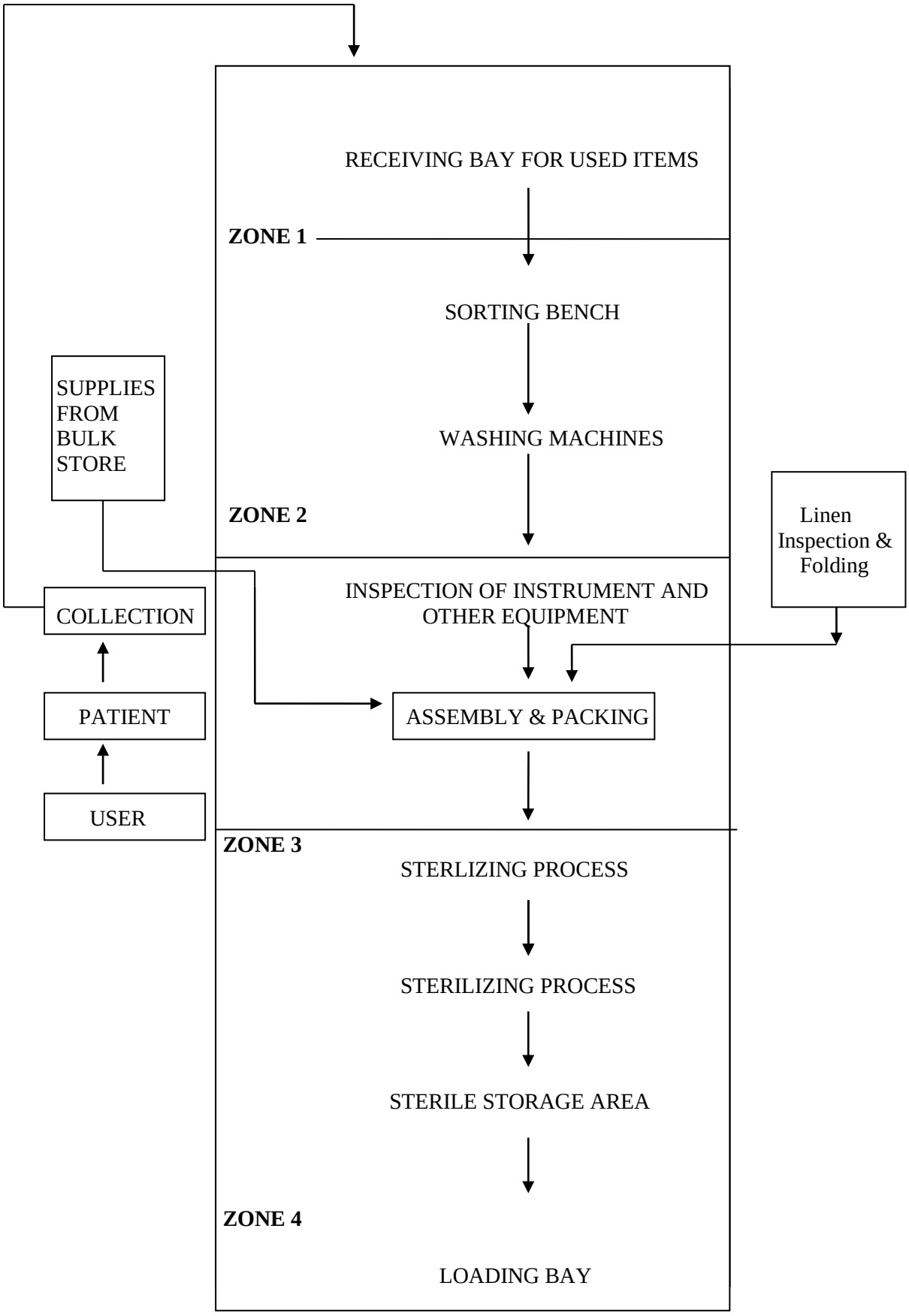
Role of the Department

i) Provide supplies of sterile instruments, linen packs and other items used in patient care.
ii) Establish and follow protocols for effective, sterilization process and maintain records.
iii) Monitor and ensure controls necessary to prevent cross infection according to infection control policy.
iv) Maintain supplies and instruments inventory.
v) Stay updated with developments in the field.

Organogram

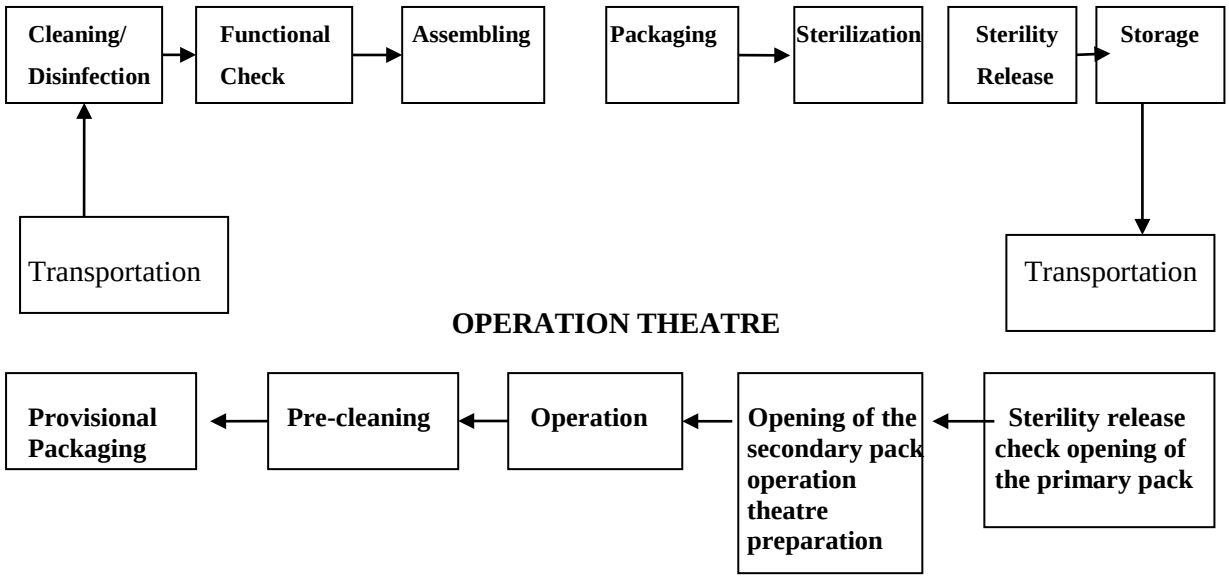


FLOWCHART OF CSSD



PROCESSING CYCLE OF REUSABLE STERILE GOODS

PROCESSING AREA



OPERATION THEATRE

CATH LAB AND CCU

CATH LAB consists of a CATH Laboratory and a pre and post operative Cath Lab room. It is located on the first floor of Medica Superspecialty Hospital.

Manpower-54

Bed Strength-10

PROCEDURES-

Angioplasty

Angiography

EP Procedure-Electro physiological procedure

FFR-Fractional Flow Reserve Procedure

IVUS-Intravenous Ultrasound Procedure

BMV-Balloon Mitral Valvuloplasty

Ventricular Septal Defect Procedure

Patent Ductus Arteriosus

TPI-Temporary Pacemaker Implantation

MANPOWER-

Nurses-21

Guest Relation Executive-4

Trainee Technician-8

Technician-4

Doctors-13

Coordinator-4

EQUIPMENTS

Haemodynamic Monitor

Anaesthesia Machine

IVUS Machine

EP Machine

CCU

Bed strength of CCU 1-12

Bed Strength CCU2-10

Bed Strength CCU3 -10

CCU 1,2,3 are located in the first floor of Medica Superspecialty Hospital. CCU1 has 11 standard beds 1 isolation bed. CCU has 9 standard beds and 1 isolation bed. CCU3 has 9 normal beds and 1 isolation bed.

EQUIPMENTS USED IN CCU-

Ventilator

Syringe Pump

Cardiac Monitor

BiPAP Machine

Nebulization Machine

Dialysis Machine

ECMO Machine-Extra Corporal Membrane Oxygenation

Defibrillator

ECG Machine

ECHO Machine
USG Machine
Doppler Machine
Glucometer
Oxygen Cylinder
Centralised Monitor
EICU-Electronic ICU
TEG machine-Thrombo Elastogram

STAFF DISTRIBUTION-

Doctors-

- Senior Registrar-4
- Registrar-10
- Clinical Fellow-1
- Consultants-5

Nursing Staff-

CCU1-31

CCU2-26

CCU3-27

All the three CCUs are level 3 CCUs. This means they can give organ support to two or more than two organs if such a situation arises.

COMMON PROCEDURES -

Central line Intubation

Arterial line Insertion

Riles Tube Insertion

Dialysis line Insertion

NEONATAL ICU NEURO ICU AND CTVS ITU

It is situated at the second floor of the Medica Superspecialty Hospital.

NEONATAL ICU bed strength-10

Paediatric ICU bed strength-4

Paediatric HDU-4 beds

Manpower-

There are three doctors. One doctor is the Head of the Department. One is a consultant and one is a Junior Consultant.

There is one Guest Relations Executive. There is one departmental Coordinator. There are 4 registered doctors. There is one Housekeeping staff and 18 nursing staff.

EQUIPMENTS-

Ventilator

C-PAP Machine

Ventilator Transport Incubator

Cardiac Monitor

Syringe Pump

Phototherapy Machine

Warmer

Breast Pump Machine

Admissions to NICU, PICU and PHDU are made from Emergency and Outpatient Department.

Registers maintained-

Admissions Register

Discharge register

Medical Records Department Register

Provisional Birth Certificate Register

Deliveries Register

NEURO ICU

Bed Strength-10

Manpower-Doctor-1 Resident Medical Officer

Consultants-4 –Neuro Medicine

Neuro Surgeon -5

Nurses-25

- 1 Team Leader
- 4 Coordinators
- 20 Nursing Staff

Procedure- Many procedures are conducted in neuro ICU. The common ones are-Central Line, Arterial Line, Intubation and Ventilation etc.

EQUIPMENTS-

Ventilator

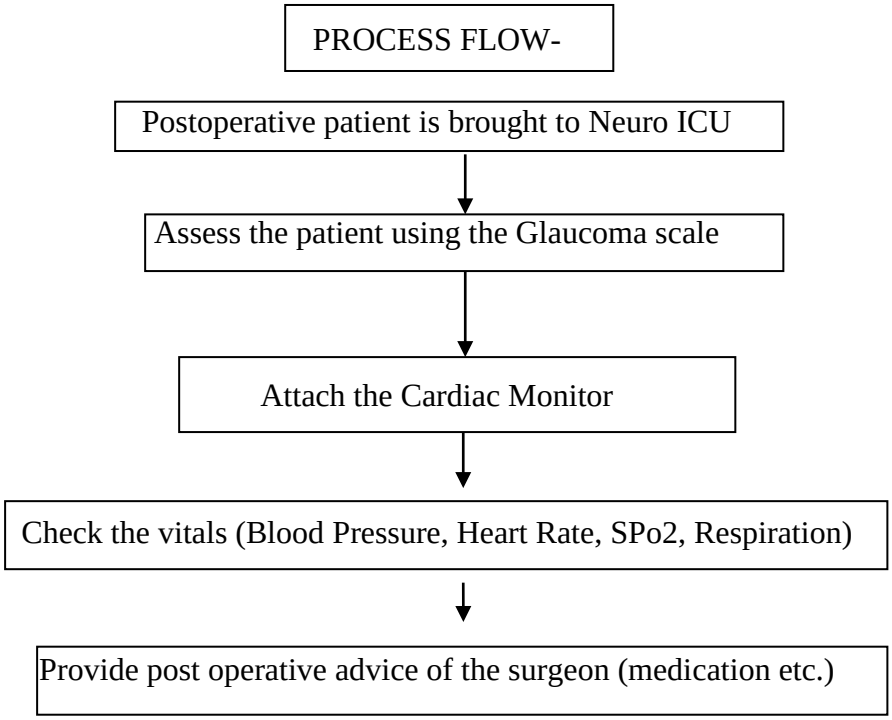
Syringe Pump

Capillary Blood Gas (CBG) Glucometer

BiPAP Machine

ECMO Machine

Deep Vent Thrombosis Pump(DVT) Pump



CTVS ITU

Total number of beds-18

Nursing staff-40

EQUIPMENTS-

Cardiac Monitor

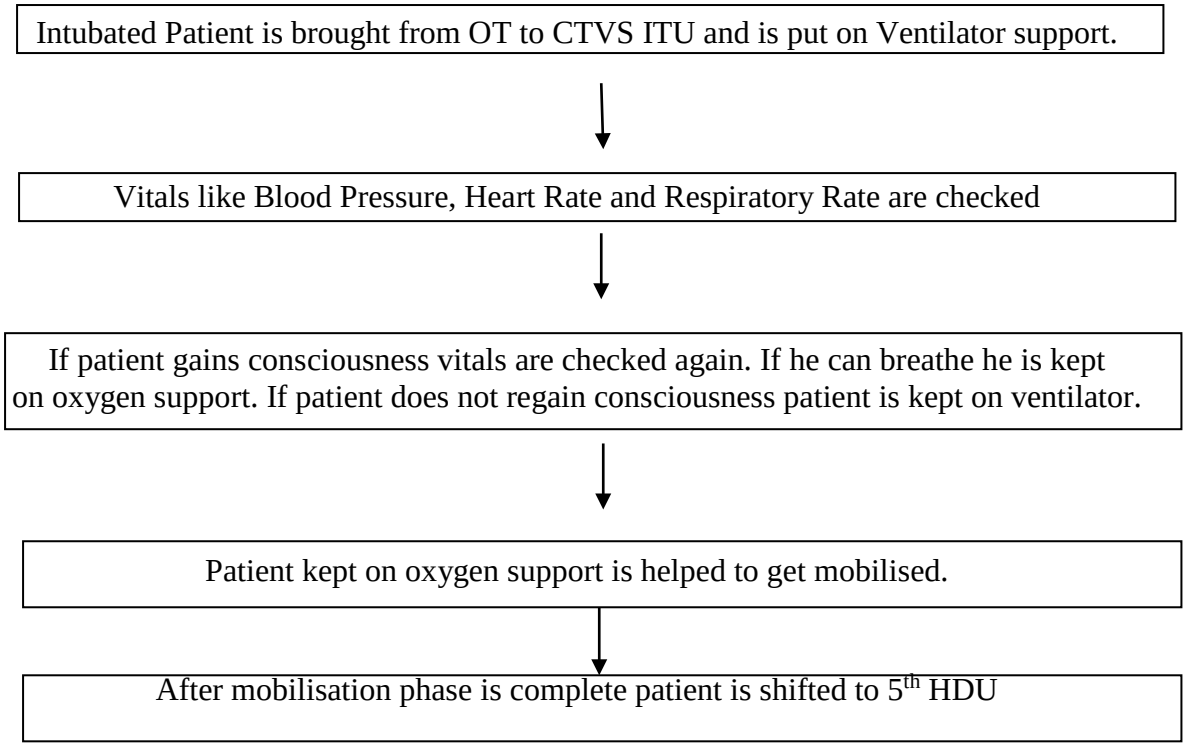
IABP-Intra Aortic Balloon Pump

Ventilator

Syringe Pump

Arterial Blood Gas Machine-ABG

PROCESS FLOW



DIALYSIS

There are 3 dialysis rooms in Medica Super specialty hospital. The dialysis unit is located on the first floor of the Medica Superspecialty Hospital

Bed Strength

1.Diaysis1 -20 beds

2.Dialysis2 -15 Beds

3.Dialysis3 -12 beds

There are two dialysis machines. Dialysis 1 and 2 have 4008 SC Dialysis machines and Dialysis 3 has 5008 SC dialysis machine

In Dialysis 1&2 Dialysis there are two separate rooms. One for Hepatitis B positive patients and one is for Hepatitis C positive patients. There are two dialysis machines in each room. 4008 Dialysis machines are used in dialysis 1&2. Other than the two Hepatitis positive rooms, there are 20 beds in dialysis 1 there is a Dialyser washing area which has a Reprocessor machine which cleans the filters used in the dialysis machine after use. There is a Reverse Osmosis Plant located in the room. One washroom is there for the patients and one hand washing area. Dialysis 2 has 15 beds. It has a Reverse Osmosis Plant, a Dialyser Washing Area which has the Reprocessing machine, a washroom and a Handwashing area.

Dialysis 3 5008 SC dialysis machines. There are 12 beds in dialysis 3. One dialyser washing area which has the Reprocessor Machine. One reverse Osmosis Plant. One washroom and one hand washing area.

The Dialysis process is usually of four hours. There are 4 shifts in which Dialysis process is carried out in Dialysis 1&2

Morning - 6AM -10 AM

Afternoon - 12PM-4PM

Evening - 5PM-9PM

Night - 9PM-1PM

In Dialysis 3, the dialysis process is carried out in 3 shifts

Morning - 6AM-10AM

Afternoon - 12PM-4 PM

Evening - 5PM-9PM

Two types of filters are used in the Dialysis process-

1. Single Use filter
2. Multiple Use filter

Filter F6 that is used is a low flux filter and is less costly.

Filter F60 is the high flux filter and is more costly

The staff distribution in the department is as follows-

Technicians-35

Trainee Technicians-22

Nursing-31

Administrative staff-6

Doctors-7

There are 3 housekeeping staff in dialysis 1&2 and one housekeeping staff in dialysis 3.

Sunday night dialysis service is not offered as fumigation is carried out at that time.

The facilities offered by the department are-

1. Online HDF
2. Low Flux Dialysis
3. Plasmapheresis
4. Peritoneal Dialysis
5. High flux dialysis with Bi*b*ag
6. Single use low and high flux dialysis
7. Haemodialysis
8. Single needle haemodialysis.

Conclusion

The departmental visits made by me in the Medica Superspeciality Hospital were largely successful. The Departmental HOD s helped me in understanding the functioning of the departments. However, there are certain things which I felt require improvement.

Firstly, there is a shortage of staff in some of the departments. There is a need for more trained staff in the hospital so that patients can be given the much needed care.

Secondly, adequate lighting should be there in every area of the Hospital as dimly lit settings affect the psychology of both patients and employees alike

A few departments were left out on account of the busy schedule of the departmental HODs.

Lastly, data that has been collected is largely based on personal observations and interactions with the members of the departments.

Exit Interview Analysis Of A Tertiary Care Hospital In Eastern India

Introduction:

I am a first year student of IIHMR, Jaipur and am doing internship in Medica Superspeciality Hospital. My project for the summer internship is "**Analysis of exit interviews of Medica**". The analysis has been done by conducting informal interviews as well as by analysing the exit interviews that take place in the organisation. Before going to the analysis part, I would first like to discuss about the purpose of carrying out exit interviews, i.e.; why we carry out exit interview and the mode of carrying the exit interview.

When we talk about the exit interview, the question comes in our mind as to "WHY EXIT INTERVIEW "and why not "ON THE JOB INTERVIEW". The reply is very simple. In today's job market no one would like to face the wrath of their superiors by exposing whatever they feel about the place they work for and hence the truth will never come out if ON THE JOB INTERVIEW is conducted. On the other hand, people will be more free and frank while being interviewed at the time of departure as they know that they are leaving the organization. The system of EXIT INTERVIEW basically emerged out of this.

Exit Interview is a process used to find out the reasons for which the employees leave the organization. In Human Resource terms, an Exit Interview is a survey that is conducted with an employee when he or she leaves the company. The information from each survey is used to provide feedback on why employees are leaving and such information is used for making the HR Policy more employee friendly.

An organization can use the information gained from an Exit Interview to improve its own HR policy. More so, an organization can use the results from an Exit Interview to reduce the rate of attrition and increase productivity and engagement, thus reducing the high costs associated with attrition.

In the past, Exit Interview data was being collected by the organization but was not being interpreted or used for making it actionable. Today there are industry wise benchmarks and best practices which help organizations to use such data towards proactive organizational retention programs.

How are Exit Interviews Conducted

The exit interviews are conducted through a variety of methods. Some of the methods include: in-person interview, interview over the telephone and by way of filling up forms

Pros and cons of each method of Exit interview

In-person exit interviews:

Pros

- Information collected through personal interview may benefit the company and give enough information to revise the HR policy of the Company.
- Personal touch of the interviewer may help the person exiting the organization to open up and give more information.

Cons:

- Employees may hesitate to share sensitive / negative information during personal interview.
- The process is time consuming.
- The information received through documents can be preserved in the organisation for over a period of time whereas it is difficult to track information received verbally.

Telephonic exit interview

Telephonic exit interviews are usually conducted over the phone by HR representatives

Pros

- Can probe for more information on each question
- Can capture data through a tracking system while conducting interview
- Easier to schedule than in-person interviews

Cons

- Time consuming process
- Employees may not be willing to share sensitive information over phone.

Written mode of filling up exit interview forms

Pros

- For HR Personnel, this process is less time consuming compared to conducting in-person interview
- Employees may be willing to share certain information while filling up the form, which they may be reluctant to share in person.

Cons

The answers may not be correct if the concerned person does not understand the question properly.

The employee attrition over the past decade has been increasing since the youngsters are chasing after money. The inner urge of making quick money is making them to change the jobs at a faster pace thereby leading to a high attrition rate.

The Indian healthcare industry is experiencing an exponential growth but the industry is not yet matured enough and as a result there is lack of professionalism. Professional managers in health care industry are few in number.

The health care industry has become very competitive. In the metropolitan cities one can see that hospitals are striving to be market leaders rather than just survivors. In order to become market leaders, they need excellent manpower, which is a scarce resource in the health care sector. The hospitals are offering unusually high salaries/package in order to attract talents from the market. The attrition is bound to happen as a consequence of this. In addition to this, there is a big gap in the demand and supply position. Demand is more than the supply and as a result of this the employees are taking advantage of the situation. They are leaving one company to join the other with a handsome increment/jump in the salary. Shortage of manpower is a unique feature in the health care industry

The cost of manpower resources is increasing. Companies are literally bidding for good talent and attracting them with tempting salaries and designations. Undoubtedly, for any HR Manager in the healthcare industry, retaining its employees is the most challenging job.

With attrition, the organization loses highly skilled persons with strong knowledge about the business and business relationships.

Whenever a well-trained and experienced employee leaves any organization, it creates a big void which is extremely difficult to fill. To find a substitute is always a key challenge and recruiting and training programme for employees is an expensive affair

The company has to invest a lot while recruiting an employee. But the situation gets worse when attrition happens at a senior level (in highly skilled position), as there is already a scarcity of such resources in the health care industry.

Nurses are the main and most important work force in any hospital/health care sector. Recruiting and retaining nurses is fast becoming a point of concern for Indian hospitals. The Attrition rates among nurses are the highest because of the following reasons: -

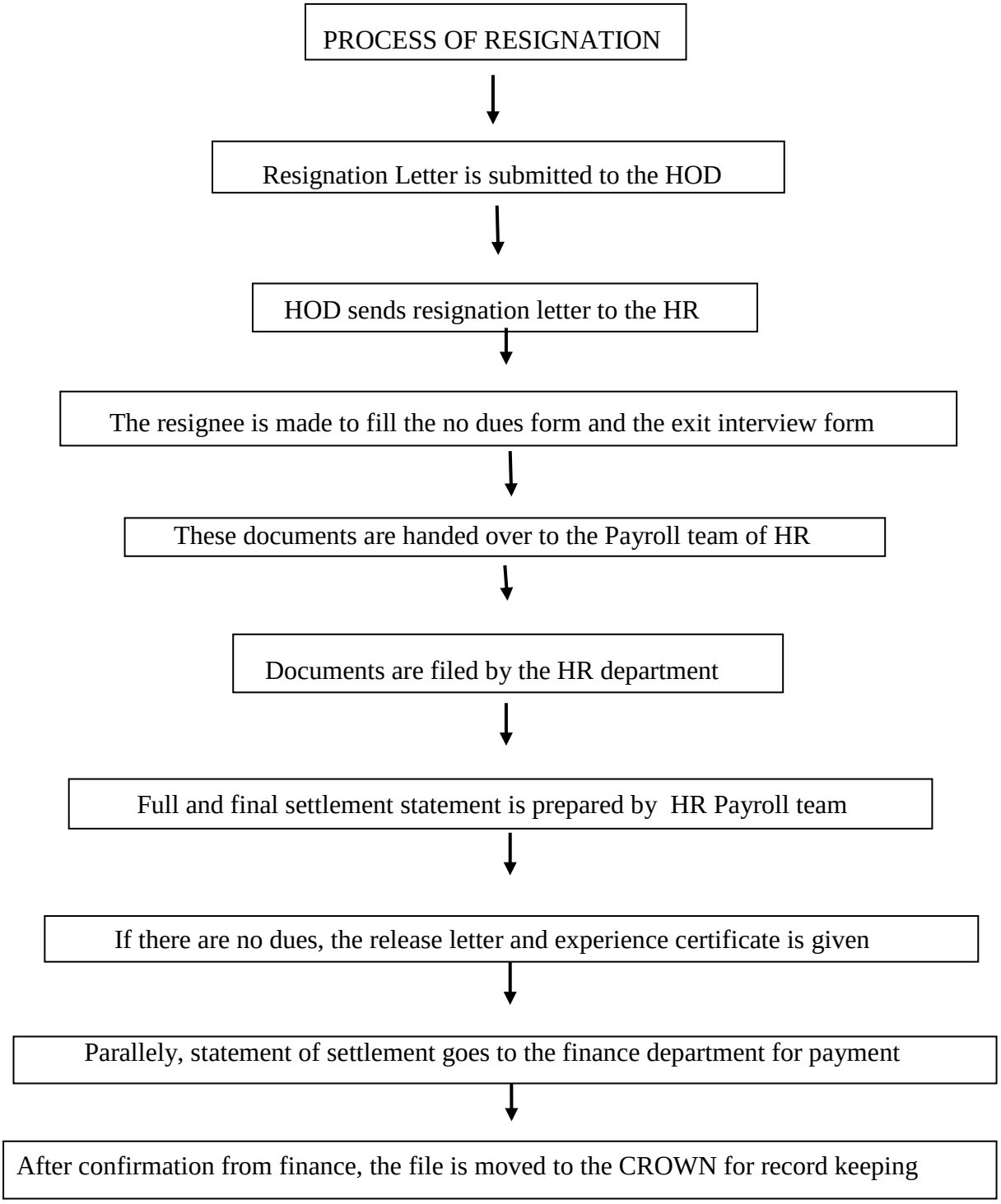
1. Demand, in general, is more than the supply.
2. High Demand in foreign countries.
3. Domestic demand mostly in Govt. sectors

India, has always been the exporter of medical and nursing talent worldwide and now the extra thrust on healthcare development in Middle East and African region will further fuel it. There are no doubt shortages of specialised nurses. There are not many institutes for training specialised nurses, who are required for manning critical care units.

Because of the acute shortage, many hospitals are today hiring unregistered nurses to cope with their basic needs. Also, poaching of staff from other hospitals has become rampant. The constant churn in nursing staff inevitably means a huge monetary drain for hospitals which have to constantly plough in more funds for training. This, frequent change in the nursing contingent, has also adverse impact on the quality of nursing services.

Hospitals have limitations in providing a robust career progression plan. The cumulative average growth rate that an employee gets does not help him/her to meet the ends and then they start looking out.

A conducive working atmosphere, good culture, training and career growth with adequate salary are some provisions that control attrition.



Documents involved in the process

- Resignation letter
- No Dues Form
- Exit Interview form
- Acceptance of resignation letter
- Release letter
- Full and final settlement pay slip

Final Clearance is done in three parts

A) Departmental Clearance: These clearances include-

1) Departmental charge handed over to (Name and designation of the person).

2) Clearance of departmental dues

B) Operational Clearance: These Clearances include-

1) Clearance from mess/canteen for outstanding dues

2) Clearance from housekeeping/linen/uniform

3) Clearance from OPD/IPD

4) Clearance from billing/insurance cell.

5) Clearance from stores

6) Clearance from pharmacy

7) Clearance from security

8) Clearance from bio-medical dept (TLD Badge)

Administrative clearance: These clearances include-

Clearance from Finance Dept (along with TDS clearance)

Clearance from Admin/facilities services for - i) Hostel accommodation ii) lockers iii) flat iv) guest house

IT dept. – i) Deletion of e-mail ID ii) Returning Laptop iii) Returning mobile/Telephone / data card etc iv) Deletion of name from CUG connection v) To check whether software login facility has been blocked

HR Dept - i) Return identity card ii) leave status iii) Number of days worked during notice period iv) Insurance card of self and dependent v) Return British Council Card vi) Others (if any)

These are the clearances that one has to do in order to smoothen his exit or resignation process.

Research Question: To find out the root cause as to why the staff of medica is leaving the organization (i.e. Medica).

Specific Objective: To analyze the various reasons as to why employees are leaving the organisation. To calculate the current attrition rate of the organisation for the period January to April, 2016. Lastly to suggest some remedial measures to control the attrition happening in the organisation.

Mode of Data Collection: Data has been collected by way of informal exit interviews carried out by me as well as from the exit interviews carried out by the organisation.

Employee turnover of the hospital has been broadly categorised under the four (4) major heads as detailed here under: -

a) Doctors

b) Nurses

c) Paramedics and

d) Support staffs

The reasons for leaving the organisation have been plotted in the table and then presented in the form of a graph for the purpose of better presentation.

The data have been collected covering a period of four (4) months from January to April, 2016.

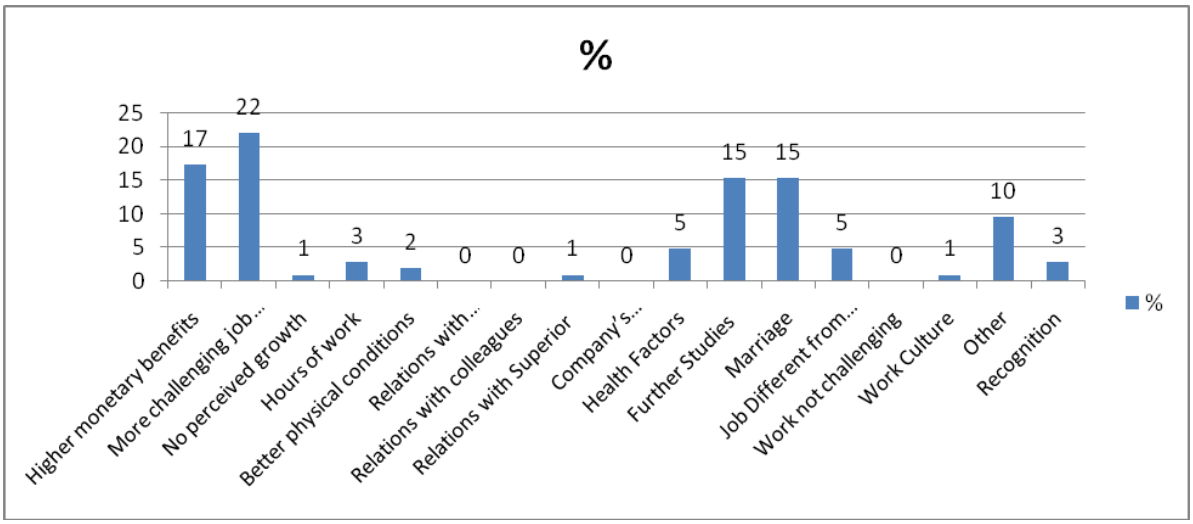
Data Analysis and Interpretation:

We have so far discussed about the job situation in health care sector in general. Now we will discuss the issue in particular relating to Medica superspeciality Hospital. The graphs are given below.

The data has been analysed scientifically for the four categories of employees: - doctors, nurses, paramedics, support staff and the findings, have been presented in the form of tables and graphs as given below: -

Reasons for leaving the organisation:

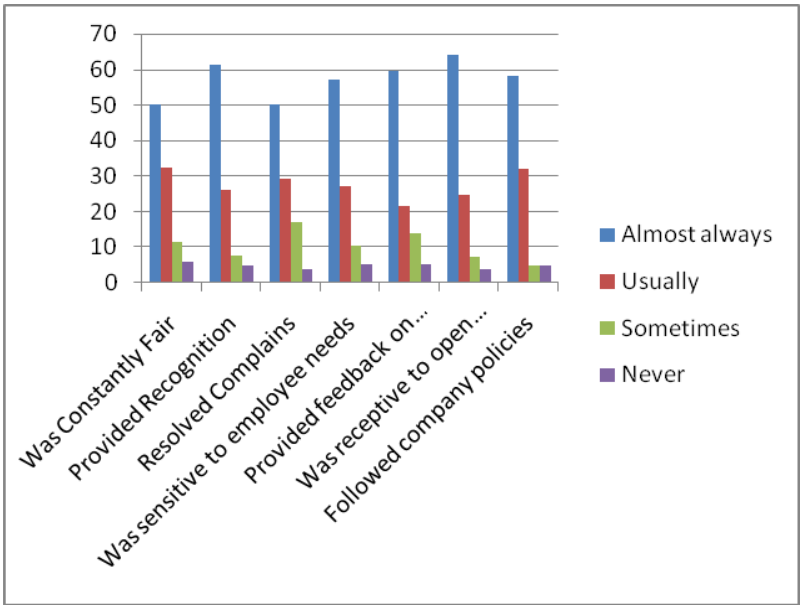
Months		Higher monetary benefits	More challenging job opportunities	No perceived growth	Hours of work	Better physical conditions	Relations with subordinates	Relations with colleagues	Relations with Superior	Company's performance and future prospects	Health Factors	Further Studies	Marriage	Job Different from Expectation	Work not challenging	Work Culture	Other	Recognition	Total
	%	17	22	1	3	2	0	0	1	0	5	15	15	5	0	1	10	3	100
Jan & Feb	no	10	6	0	0	0	0	0	0	0	2	8	8	2	0	0	5	0	41
March	no	2	8	0	2	0	0	0	0	0	2	5	5	1	0	0	3	1	29
April	no	6	9	1	1	2	0	0	1	0	1	3	3	2	0	1	2	2	34
Total	no	18	23	1	3	2	0	0	1	0	5	16	16	5	0	1	10	3	104



It appears from the table as well as from the graph that the main reason for leaving Medica was "More challenging job opportunities " and the second reason was "Higher Monetary Benefits". "Further Studies"and "Marriage " rank 3rd and 4th . More challenging job opportunities can only be offered when by changing job profile and also offering more challenging roles while the company is in expansion mode. To tackle high monetary benefits Position-wise average salary in the industry has to be determined first and accordingly pay scale to be fixed(both variable and non-variable). For further studies the Company may design various schemes for further studies, which will encourage employees to stay back within the organisation and take the benefit of such schemes. The Company may allow some of the deserving candidates to go on study leave and also offer them some scholarships with the understanding that they will rejoin their duties on completion of their studies. The last factor i.e. marriage can not be controlled by the organisation. It is a personal choice.

View about the supervisor

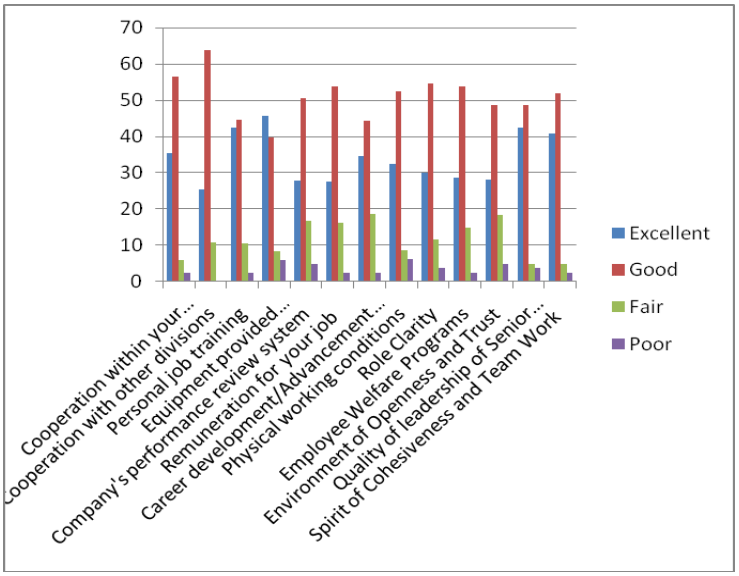
	Almost always	Usually	Sometimes	Never	Total
Was Constantly Fair	43	28	10	5	86
Provided Recognition	49	21	6	4	80
Resolved Complains	41	24	14	3	82
Was sensitive to employee needs	44	21	8	4	77
Provided feedback on performance	47	17	11	4	79
Was receptive to open communication	52	20	6	3	81
Followed company policies	47	26	4	4	81
	323	157	59	27	566
	57%	28%	10%	5%	100%



57% of the employees said that the supervisor almost always provided recognition,resolved complaints, was constantly fair etc. 28% employees said that the supervisor was usually provided recognition, resolved complaints, was constantly fair etc. It appears from the above that in majority of the cases the employees had good impression about their supervisor. However, 15% of the employees had reservations and expressed their view otherwise. In order to eliminate the problem with the supervisor they should be counselled and told to behave cordially with the employee they are working with.

How would you rate the following :

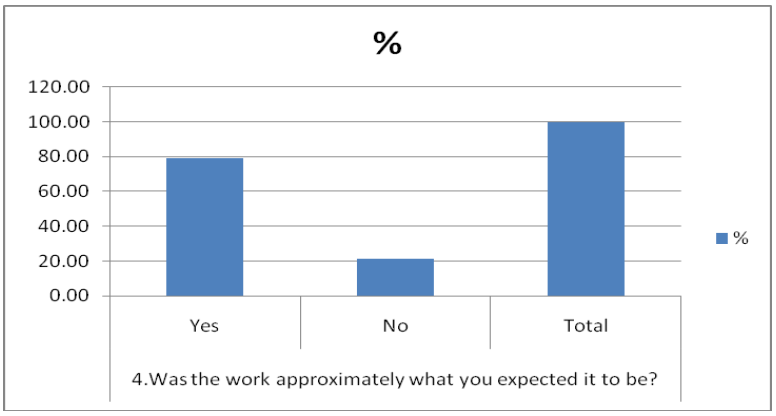
	Excellent	Good	Fair	Poor	Total
Cooperation within your division/program	30	48	5	2	85
Cooperation with other divisions	21	53	9	0	83
Personal job training	36	38	9	2	85
Equipment provided (materials, resources, facilities)	38	33	7	5	83
Company's performance review system	23	42	14	4	83
Remuneration for your job	22	43	13	2	80
Career development/Advancement opportunities	28	36	15	2	81
Physical working conditions	26	42	7	5	80
Role Clarity	23	42	9	3	77
Employee Welfare Programs	23	43	12	2	80
Environment of Openness and Trust	23	40	15	4	82
Quality of leadership of Senior Management	34	39	4	3	80
Spirit of Cohesiveness and Team Work	33	42	4	2	81
	360	541	123	36	1060
	34%	51%	12%	3%	100%



About 34% of the employees said that job training, quality of leadership of senior management, spirit of cohesiveness and team work etc. were excellent. 51% of the employees said that the activities were good. On an overall basis, 85% of the employees said that these activities were good and excellent. The rest 15% thought otherwise and the work and environment should be improved to achieve 100% satisfaction.

4.Was the work approximately what you expected it to be?

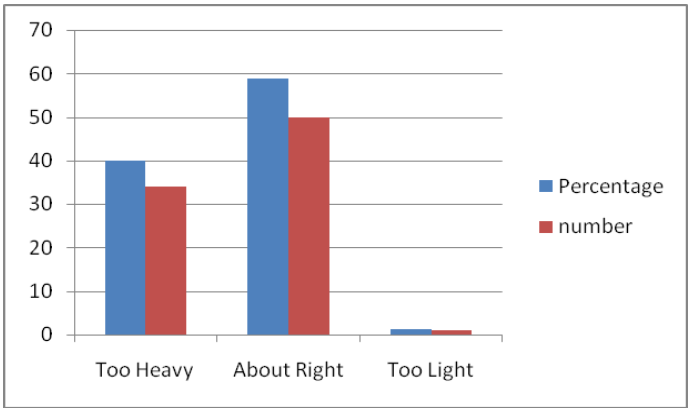
	Yes	No	Total
%	78.95	21.05	100
Number	60	16	76



78% of the employees said that the actual work was approximately what was expected to be and 21% said "NO". The majority was in the affirmative. However a small percentage said it was not what they had expected. Therefore job roles should be clearly defined at the beginning itself and that should be adhered to by each and every employee. Everything should be transparent.

5.Was the workload usually

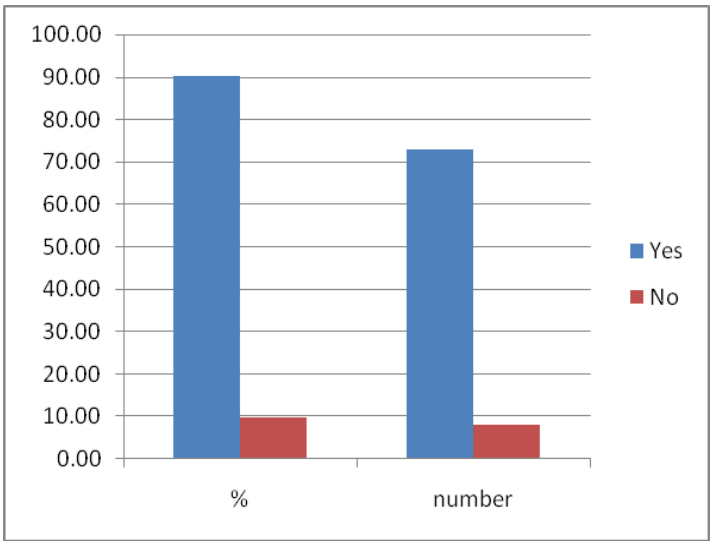
	Percentage	Number
Too Heavy	40	34
About Right	58.82	50
Too Light	1.18	1
Total	100.00	85



40% of the employees said that the work load is too heavy. 59% said it is about right whereas 1% said it is too light. This means that out of the total workforce, a considerable percentage of employees are burdened with work load even though 59% say the work load is just right. We have noted from the exit interview sheet that many employees decided to leave the organisation on the ground of heavy work load. So this matter should be addressed. This can be done by dividing the workload equally amongst all the members of the respective departments.

6.Would you like to rejoin at a later date?

	%	Number
Yes	90.12	73
No	9.88	8
	100	81



90% of the employees said that they woud like to rejoin the organisation whereas 10% said "NO". This shows that this is the preferred destination for most of the employees and that Medica has a good standing in the market.

While analyzing the exit interview sheets of Medica superspeciality hospital, we have observed the following; -

Exit interview analysis of nurses (both formal & informal exit interviews):

1. More than 80% -96% of the nurses leaving the organisation said that the employee benefits are excellent and good.
2. around 67% - 75% of the nurses said that they will most definitely recommend Medica to their friends as a preferred place to do the work.
3. About 87%-100% of the nurses said that they would like to rejoin the organisation.
4. The nurses also said that the team work at Medica is the best.

Aforesaid comments confirm the fact that Medica is a top of the line hospital with a very strong and employee friendly HR policy.

Exit interview analysis of Doctors : (both formal & informal exit interviews)

1. 100% of the doctors said that the employee benefits are excellent and good in Medica.
2. about 50%-100% said that they will most definitely recommend their friends to Medica.
3. About 50%-100% of the doctors leaving the organisation, said that they would like to rejoin the organisation.
4. The doctors further stated that they liked working in Medica for the following reasons:

a) Friendly and excellent working atmosphere.
b) World class equipment and facility.
c) Professional behaviour of staffs.
d) Superiors are very supportive.
e) Management of patient's complication is much easier as this is a superspeciality hospital.

These are all the positive comments from the doctors, who left the organisation. The attrition rates of Medica are well within the industry bench mark.

Exit interview analysis of Paramedics (both formal & informal exit interviews):

1. About 86%-100% of the paramedics said that the employee benefits of Medica are excellent and good.

2. About 67%-100% of them said that they would definitely refer their friends to Medica.

3. 100% of them said that they would like to rejoin Medica.

4. They further said that they liked the following most about Medica:-

a) Positive attitude of the organisation towards new technologies.
b) Good Team work.
c) Departmental co-ordination.
d) Supportive and friendly environment.
e) Good and Growing Company.

These are all positive comments about Medica. Showing that they are satisfied with the organization.

Exit interview analysis of Support staffs (both formal & informal exit interviews):

1. 67% - 86% of the support staffs felt that the employee benefits are excellent, good and fair.
2. 50% - 86% of the support staffs said that they would most definitely refer their friends to Medica.
3. 100% of the Support staffs said that they would like to rejoin Medica.
4. They further said that: -

a) The management is very good.
b) Excellent reporting boss.
c) Good working environment.
d) Employees are co-operative.

The aforesaid study shows that all the four (4) categories of employees are more than happy with the organisation. The question arises then "Why they want to leave the organization". When we probe the matter slightly deeper, we can see that following are the main reasons behind employees leaving the organization: -

1. Work pressure and long duty hours without incentives.

2. Nurse: Patient ratio is more than 1:6. This overburdens the nurses and they leave the hospital. The nurse patient ratio should remain 1:6. More than 6 patients should not be given to a nurse.

3. Poor salary structure and poor increment.

4. Late payment of salary.

5. ESI cards/appointment letters are not issued on time. This is a major mistake and should be immediately addressed by the management.

6. There are some specific complaints against supervisors.

7. There are complaints from the nurses that they are treated like servants by patients. Medica should have a policy to prevent this from happening. This can be done by counselling the patients.

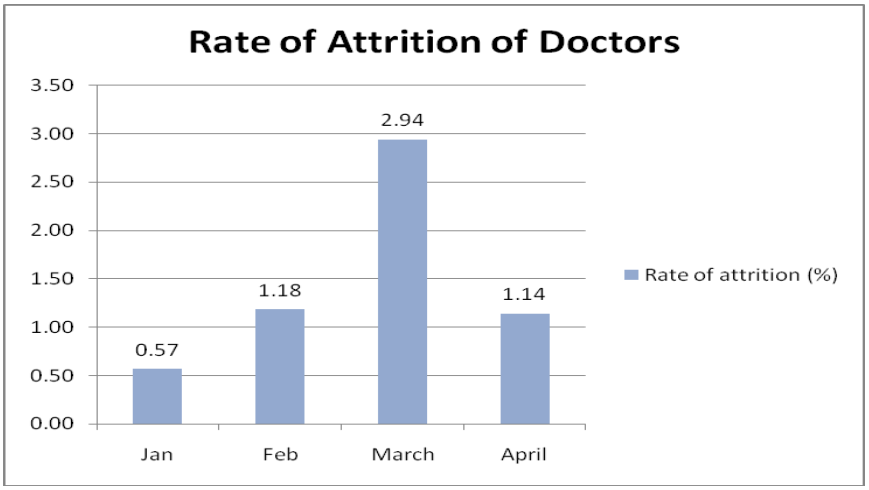
8. There is a shortage of staff in every department especially nursing. This should be addressed. More staff should be hired if the workload is to be distributed equally. Or else people will leave.

These are the critical issues and needs to be addressed immediately. In Medica, the attrition rate is not very high and if these issues are resolved then the rate will come down further.

ATTRITION RATE OF THE HOSPITAL:

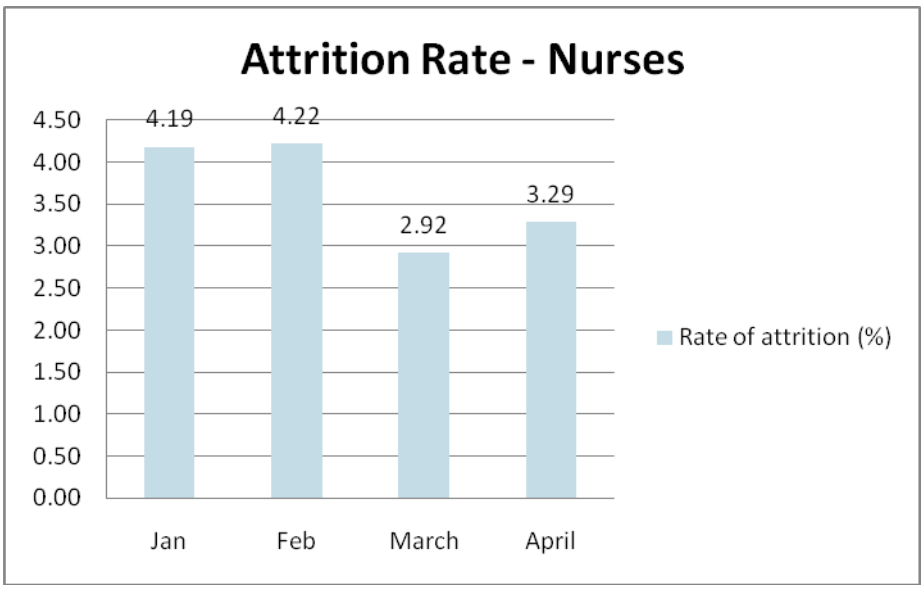
Attrition Rates - Doctors (January to April, 2016)

Month	Jan	Feb	March	April
Rate of attrition (%)	0.57	1.18	2.94	1.14



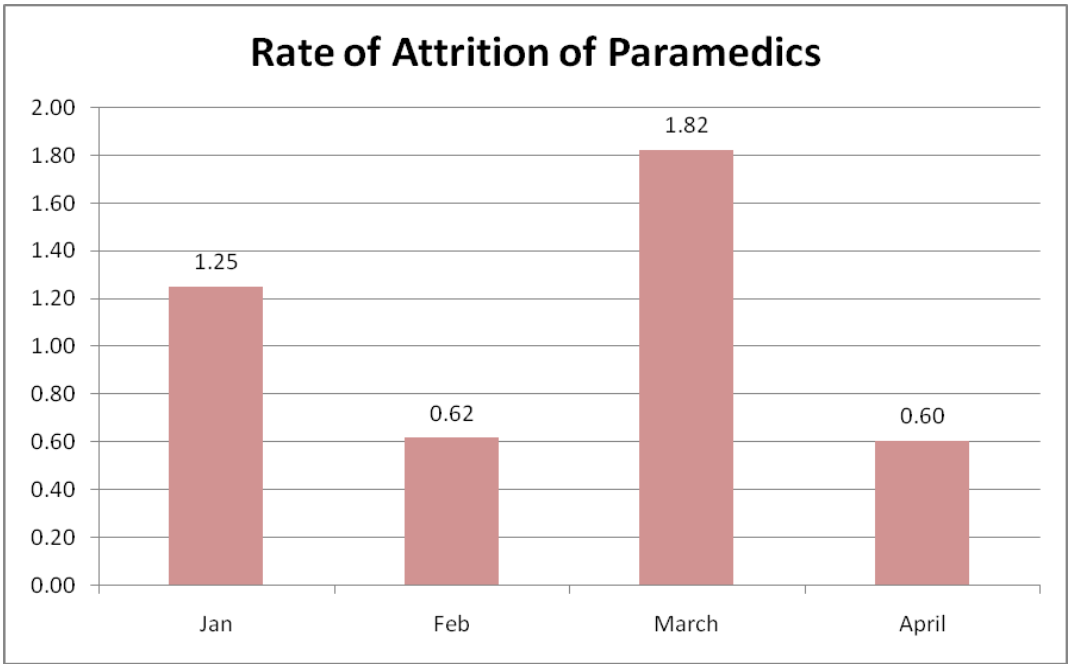
Attrition Rates - Nurses (January to April, 2016)

	Jan	Feb	March	April
Rate of attrition (%)	**4.19**	**4.22**	**2.92**	**3.29**



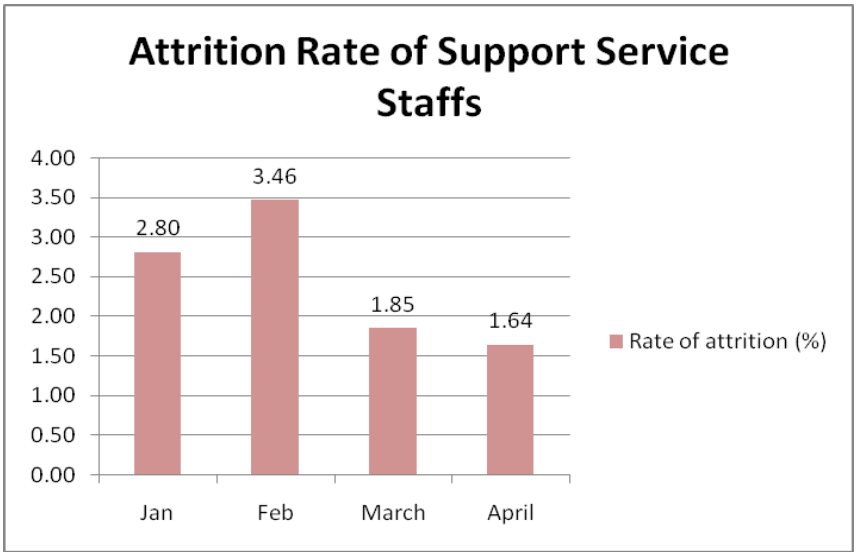
Attrition Rates - Paramedics (January to April, 2016)

Month	Jan	Feb	March	April
Rate of attrition (%)	1.25	0.62	1.82	0.60



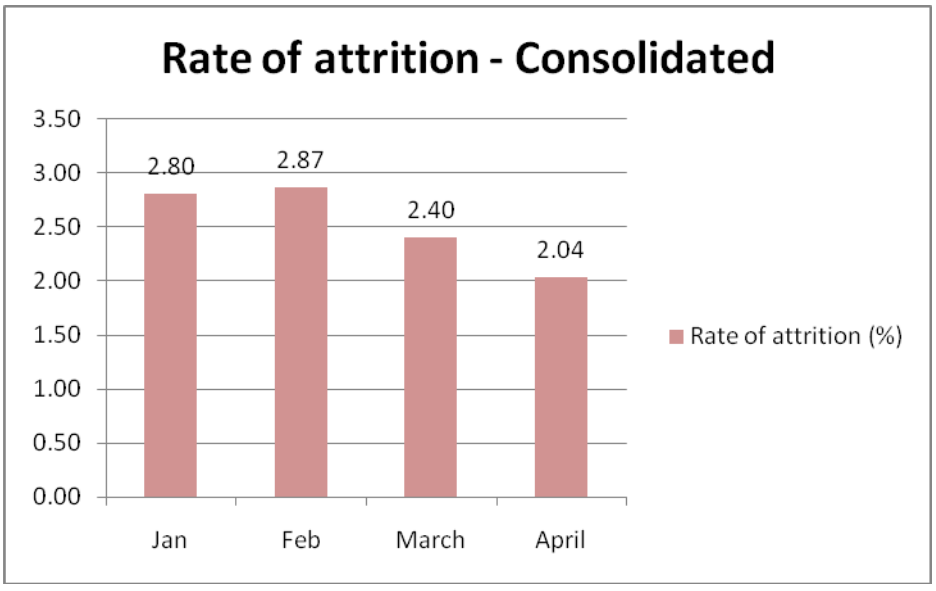
Attrition Rates - Support Services (January to April, 2016)

Month	Jan	Feb	March	April
Rate of attrition (%)	2.80	3.46	1.85	1.64



Attrition Rates - Consolidated (January to April, 2016)

Month	Jan	Feb	March	April
Rate of attrition (%)	2.80	2.87	2.40	2.04



Attrition Rate = No of staffs resigned during the month/ Average staff for the month *100. The total attrition rate for all four categories of employees for the month of January is 2.80% for February it is 2.87% for March it is 2.40% and for April it is 2.04%.

Role of HR in reducing the rate of attrition

In Medica, barring the nursing staffs, the attrition rates of other staffs are not very high. HR Department should check internal reference of the candidate, if available. Internal reference has proven to be a very important tool in reducing attrition. Also a deep analysis of the candidate's background, adaptability, likes and dislikes will definitely help a company to reduce attrition. Hospital, as an industry, is young and is not matured enough. The industry is evolving and it really needs to arm well with its 'talent' and 'management'. In simple words, talent management is the most important job and needs to be taken care of by the HR department. The HR department should ensure that the employees are not over worked. In case of emergency if anyone has to work extra hours, the HR dept should compensate them by way of giving incentive or otherwise.

HR should follow the practice of giving salary at least a day before the end of the month. This will certainly motivate the employees. Late payment of salary demotivates employees to a great extent.

REASONS FOR LEAVING & RECOMENDED COURSE OF ACTION

Reasons for leaving	Recommended Course of Action
Higher Monetary Benefits	Position-wise average salary in the industry has to be determined first and accordingly pay scale to be fixed(both variable and non-variable)
More Challenging job opportunities	Challenging jobs can only be offered by changing the job profile or by inter-changing the jobs but there is a limitation to this. Challenging jobs can be offered in companies, where the company is in a growth/expansion mode.
	KRA (Key Result Area) linked challenging jobs may encourage employees to do the work better. KRA should be linked with some kind of incentive in order to motivate people. Challenging jobs linked with attractive incentive scheme will certainly yield result. This will reduce the exodus of employees.
No Perceived Growth	The organisation should have some promotion policy so that employees can expect some growth as they grow with the organisation.

Hours of Work	Unequal job distribution may lead to extra hours of work for some employees. This is not healthy at all. people doing more jobs gets stressed and after sometime decide to quit the organisation. This needs to be looked into carefully. Jobs should be allotted to the staff members in such a way that they enjoy doing the work and at the same time do not get burdened with extra hours of work. Extra hours of work, if at all required, should be incentivized by giving some extra remuneration in whatever form it is. This will motivate people to do more work and the tendency to leave the job will be reduced to a great extent.
Better Physical Condition	Better Condition of work will definitely encourage people to do work more efficiently. Good working condition will also deter the desire to quit the organisation.
Relations with Subordinates	Friendly working atmosphere should prevail in the organisation. relationship of the supervisors should be cordial with the sub-ordinates
Relations with Colleagues	Friendly working atmosphere should prevail in the organisation. relationship of the colleagues should be cordial.
Relations with Superior	Friendly working atmosphere should prevail in the organisation. relationship with the superior should be cordial
Company's performance and future prospect	Company's performance and future growth effects the future of the employees.Their growth gets restricted when the company does not expand or grow.
Health factors	This is not in control of the organisation but the Company should ensure a healthy and congenial working atmosphere.
Further Studies	The Company may design various schemes for further studies, which will encourage employees to stay back within the organisation and take the benefit of such schemes. The Company may allow some of the deserving candidates to go on study leave and also offer them some scholarships with the understanding that they will rejoin their duties on completion of their studies.

Marriage	This is not within the control of the organization. However an option of rejoining the organization after marriage should always be offered so that the employee is given a chance to think over the matter and decide accordingly.
Job different from expectation	This point needs to be clarified at the time of interview of the candidate so that there is no confusion at a future date. Job roles and job description should be clearly defined so that there is no ambiguity. If this is not done dissatisfaction and then attrition is bound to happen.
Work not challenging	Challenging work can be generated if the company is in expansion mode. There should also be frequent change of responsibilities and duties. This will make the work more challenging for the employees. Work can also be made more challenging by fixing KRA for each of the employees.
Work Culture	Work culture is very important in any organization. In new companies it takes a little time to develop the culture but once established it continues to remain for over the years. Medica being a new company its work culture is still developing. It needs to form a stable and conducive work culture which most people would like to follow and abide by.
Other	This includes various miscellaneous reasons which are beyond the control of the organization.
Recognition	Promotion is one of the most important mode of recognition but the company will not be able to give promotion to each and every person. Promotion should be based on the proper evaluation of each individual's performance. Besides promotion, there should also be various incentive schemes for motivation/recognition of employees.

Recommendation and conclusion:

1. There must be a conducive work atmosphere,
2. Good work culture,

3. Proper training and career growth

4. Salary should be paid on time. It should be paid at least a day before the end of the month.

5. Workload and pressure is too much this should be substantially reduced by dividing the work equally among the employees.

6. Extra work and duty hours should be recognized and incentivized. There should be schemes to do this.

7. Nurse patient ratio should be improved. One nurse should only be given charge of 6 patients not more than that.

8. Inexperienced interns should not be given too much work as they do not have the capability to handle them the way an experienced nurse will. So more experienced nursing staff should be hired. This can be done by designing effective job roles and pertinent salary structure as per industry standards.

9. The working hours of staff should be improved.

10. After resignation in a few cases people have not received their salaries TA DA. This should be looked into as this will tend to spoil the reputation of the company. The management should be more proactive and take steps to prevent this from happening.

11. Adequate salary matching with industry standard should be provided. If these are taken care of then the rate of attrition will be controlled.

The maximum attrition takes place amongst nurses, in hospitals. In addition to this the middle level management, who hit the growth ceiling in a very short span of time try to leave the organization for further growth. Moreover, the new facilities (i.e. new healthcare organizations) find it difficult to get talent with some exposure in health care industry and they attract these middle level executives with better offers.

Fair HR practices, equal growth opportunities, compensation on par with the market standards are some of the tools which can be applied to counter attrition. The best retention tools used over time and again are performance-based salaries, perquisites or designations. A hospital which does not pay attention to these is bound to lose its employees.

It is important to keep an eye on fast track people who are intelligent and excellent performers. Performance is a primary requirement. Therefore, excellent performers should be given proper recognition so that they do not leave the organization. They should be identified, nurtured and provided growth opportunity. Else, they will move on because there are enough opportunities for them in the market.

The medical staff looks for growth and learning opportunities. To retain them one should provide them academic and research platforms for them to grow and utilize their knowledge. It is also important to involve the employee in decision making processes.

Being able to contribute to growth of the organisation makes one stay. There are times where one or the other team member feels left out and is not at all involved in important team decisions. This makes the employee feel neglected and ultimately dissatisfied. At that time even money will not help to retain that employee.

While hiring, one should not promise more than one can provide. One should be very realistic in making promises, be it salary or be it perks or be it growth.

Lastly in order to make the exit interview more effective, it would be better if the entire process of exit interview is given to an out sourced agency. The persons leaving the organization will be more free and frank while discussing with an outsourced agency rather than the HOD of the department. Another important point is that the language of the exit interview should be simple and understandable by all concerned and should be in a language that is most frequently used in that particular region or is familiar to the staff. There should not be any ambiguity in it.

To conclude I would like to say that if all the above reasons for exit are tackled properly by the organization it will go a long way in controlling attrition of the employees from the organization. The factors that can be controlled should be emphasized on and worked towards to reduce turnover and decrease the cost the company bears for every exit that happens.

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