

**Summer Training at
Fortis Memorial Research Institute**

Step Down Tracking in ICU

**By
Ritu Rani**

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

**MBA Hospital and Health Management
2015-2017**



**The IIHMR University, Jaipur
2016**

CERTIFICATE

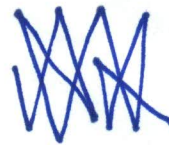
This is to certify that **Dr Ritu Rani** student of MBA hospital and health management(MBA-HM) from IIHMR University, Jaipur has undergone summer training at **Fortis Memorial Research Institute, Gurgaon, from 4th April 2016 to 02nd June 2016.**

The candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific and analytical. The summer training is in fulfillment of the course requirements.

I wish her all success in future endeavors.



Col (Dr) Ashok Kaushik
Dean, Academic and Student affairs
IIHMR University, Jaipur



Dr. Alok Mathur
Associate Professor
IIHMR University

June 16, 2016

2nd June'16

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Ritu Panghal** has undergone a voluntary internship in "ICU Department" from 4th April'16 to 2nd June'16.

During her training **Dr. Ritu Panghal** exhibited a high level of professionalism and a tremendous zest for learning.

We wish Dr. Ritu all the best in her future endeavors.

With Best Wishes,



Ritu Verma
Head- Human Resources



Head of the Department

ACKNOWLEDGEMENT

The successful completion of any given task requires a lot of hard work and sincere efforts. Hard work and efforts are only the building blocks of an assignment, but the plinth has to be inspiration, suggestion, support and guidance.

Experience in a hospital environment is an important part of my course and this I have achieved from one of the esteemed health care organisation, Fortis Memorial Research Institute, Gurgaon. These two months of training has added a valuable and knowledgeable exposure in the development of my career and achievement of my objectives, for which I am highly grateful to the organisation.

Any attempt at any level cannot be a success without the support and direction of learned people. A heartfelt gratitude to DR. SIMERDEEP SINGH GILL (Regional Director) for giving me the golden opportunity to work with the India's leading health care provider.

My heartfelt gratitude to **RITU VERMA** (Head HR) for showing keen interest in my training , helping me to plan our agenda and guide me despite his busy schedule. Foremost, I would like to thank **DR. SANDEEP DEWAN**, ICU HOD, FMRI, Gurgaon, who was kind enough to spare his valuable time and provided several important suggestions at every stage of my study. His impeccable suggestions have added loads of value to my knowledge base.

I would like to express my immense gratitude to **DR. ARPIT** (SBU Head) for providing support and guidance not only for the project in the hospital , but for broadening my horizon and making me learn various other aspects of hospital functioning, which will definitely help me a lot in my career.

My learning here in two months is all because of their help. Sincere thanks to all the staff at all levels for helping me at each and every step of my work.

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ACRONYMS / ABBREVIATIONS:-

- ❖ FMRI – Fortis Memorial Research Institute
- ❖ ED – Emergency Department
- ❖ CSSD – Central Sterile Services Department
- ❖ CT – Computerized Topography
- ❖ ECG – Electrocardiogram
- ❖ FMS – Facility Management and safety
- ❖ HR – Human Resource
- ❖ ICU – Intensive Care Unit
- ❖ IPD – In-patient Department
- ❖ IT – Information Technology
- ❖ MICU –Medical Intensive Care Unit
- ❖ OPD - Out-patient Department
- ❖ OT – Operation Theatre
- ❖ DICOM –Digital Imaging and communication in medicines
- ❖ RFID – Radio Frequency Identification
- ❖ CPOE – Computerized physician order entry
- ❖ EMR – Electronic Medical Record
- ❖ PHC – Preventive Health Check-up
- ❖ FOS – Fortis Operating System

INTRODUCTION:-

Summer training is an integral part of the MBA in hospital and health management.

The main purpose of this summer training is to get an orientation towards the layout, operations and workflow of the hospital, in order to understand the processes and systems in the hospital.

After completing the first academic year of MBA-HM, the students are supposed to undergo a two months training in a hospital, as a part of the curriculum.

Indeed I have got the golden opportunity to work in Asia's leading Healthcare provider, Fortis Group of Hospitals.

I joined Fortis Memorial Research Institute, Gurgaon, from 4th April 2016 for summer internship. The duration for summer training is of two months i.e. 4th April to 4th June 2016.

AIM:-

To have an overall orientation of the hospital setting.

OBJECTIVES:-

The overall objectives of the field training are:-

- (a) To understand and learn day to day micro level operational management of a hospital/health care organisation.
- (b) To gather knowledge about the process flow of major clinical and non-clinical departments in a hospital.
- (c) To study identified issues/problems associated with some specific operational area/programmes.

SECTION – A

“Hospital Orientation & Departmental Study”

ORGANIZATIONAL PROFILE: FORTIS HEALTH CARE LIMITED

Fortis health care limited is a leading, pan Asia Pacific, integrated health care delivery provider. The healthcare verticals of the company span diagnostics, primary care and day care specialty and hospitals, with an asset base in 11 countries, many of which represent the fastest growing healthcare delivery markets in the world.

Currently, the company operates its healthcare delivery network in Australia, Canada, Dubai, Hong Kong, India, Mauritius, New Zealand, Singapore, Sri Lanka, Nepal and Vietnam with 76 hospitals, over 12,000 beds, over 600 primary care centres, 191 day care specialty centres, over 230 diagnostic centres and a talent pool of over 23,000 people.

The Fortis Logo



LOGO

“A HEALING PASSION”

The Fortis Healthcare Limited Logo defines the commitment to patient care. The logo reflects their endeavour to achieve excellence in healthcare delivery system by bringing together the best of technology, medical expertise and patient care. The logo also implies the human values that govern every facet of our organisation.

The two nurturing hands along with a red dot on the top depicts- “nurturing hands caring for human life”

GREEN is a colour of healing and depicts WELLBEING and RED is symbolic of steadfast focus, dynamic zeal and enthusiasm.

MISSION:

FMRI- To be the ultimate healthcare destination – “Mecca of Medicine”

- *FORTIS -To provide tertiary/quaternary care to the community in a compassionate, dignified and distinctive manner*

Motto: “Best is the Least We Can Do”

VISION:

Globally respected healthcare organization recognized for **Clinical Excellence** and **Distinctive Patient Care**.

VALUES:

They serve as a guideline for the routine conduct of each Fortisian. The core values of Fortis healthcare are:

Patient Centricity	• Commit to ‘best outcomes and experience’ for our patients • Treat patients and their caregivers with compassion, care and understanding. • Our patients’ needs will come first.
Integrity	• Be principled, open and honest. • Model and live our values. • Demonstrate moral courage to speak up and do the right things.
Teamwork	• Proactively support each other and operate as one team. • Respect and value people at all levels with different opinions, experiences and backgrounds. • Put organisation needs’ before department / self-interest.
Ownership	• Be responsible and take pride in our actions. • Take initiative and go beyond the call of duty. • Deliver commitment and agreement made.
Innovation	• Continuously improve and innovate to exceed expectations. • Adopt a ‘can do’ attitude. • Challenge ourselves to do things differently.

FORTIS MEMORIAL RESEARCH INSTITUTE, GURGAON (FMRI)



FMRI is a multi-super specialty, quaternary care hospital with an enviable international faculty, reputed clinicians, including super-sub specialists and specialty nurses, supported by cutting-edge technology. A premium, referral hospital, it endeavours to be the 'Mecca of healthcare' for Asia Pacific and beyond. Set on a spacious 11-acre campus with 1000 beds, this 'Next Generation Hospital' is built on the foundation of 'Trust' and rests on the four strong pillars Talent, Technology, Infrastructure and Service.

INFRASTRUCTURE: - With landscaped greens, tranquil water bodies, sculptures, sunlit interiors, Fortis Memorial Research Institute follows a design philosophy aimed at healing. The hospital has been built keeping in mind all round wellness – mind, body and soul. Simultaneously meet simple needs of the caring attendants by means of facilities as the Tummy Luck, Meditorium, R&R Lounge, Holistic Health, Mamma Mia, Retail Therapy, Crèche,

FMRI FAQ

- ☐ Area of Hospital ~~10.76 Acres~~
- ☐ Entry & Exit Points ~~4~~
- ☐ Buildup area- 750,000 sq. ft.
- ☐ Height of Hospital ~~27.95 meters~~
- ☐ Lifts and Dumb Waiters ~~10 and 3 respectively~~
- ☐ Staircases ~~10~~
- ☐ Floors ~~9~~
- ☐ MGPS- Medical Gas Pipeline system

BASEMENT

- ☐ Engineering and Biomedical
- ☐ Contractual Staff Dining
- ☐ Materials and Purchase
- ☐ PTS blower room
- ☐ Stores: Pharmacy, Kitchen & General store
- ☐ Radiation Oncology: ELEKTA's 2 Linear Accelerators with navigation system. Synergy and Accesses.
- ☐ First collaboration between Brain lab & ELEKTA in radiation oncology department
- ☐ MRD
- ☐ Mortuary
- ☐ Nursing training room
- ☐ Parking for staff and visitors

LOWER GROUND

☐ Radiology with:-

- Asia's first Ingina's 3 Tesla MRI

- 256 Slice iCT scan with Skylight

☐ NIC

☐ Nuclear medicine with PET-CT & Gamma camera

☐ Emergency

☐ CSSD

☐ In house Laundry

☐ SRL's Open Laboratory

☐ Fortis TotipotentRx

☐ 60 OPD's for Oncology, Paediatrics, Orthopaedics, Neurology and other medical and Surgical OPD's

☐ Staff entry, Fire control room & Mammamia

UPPER GROUND

- ☐ ☐ “Health 4 u” Preventive health Check
- ☐ MediaMart, Media Rent and Fila
- ☐ Chico, Bouncing Babies, Religare Wellness Pharmacy & Being Human, Baby Oye, Fortibakes.
- ☐ IPDadmissions and International Patient Services
- ☐ Tummy Luck - Subway, Haldiram’s, Baskin Robbins and Whole Foods, Crunch box.
- ☐ Fortiplex- 36 seated Mini Theatre.
- ☐ VIP lounge
- ☐ Mother and Child, Breast Clinic and IVF
- ☐ Kitchen
- ☐ Administrative offices

FIRST FLOOR

- ☐ 4 Labour Delivery Suites with 02 Labour Rooms
- ☐ Meditorium a 111 seat auditorium
- ☐ 40 Bedded Nightingale ward
- ☐ Paediatric Unit with 9 beds
- ☐ 11 bedded Dialysis Unit
- ☐ 10 bedded Chemotherapy Unit
- ☐ Inhouse blood bank
- ☐ Pathology Lab
- ☐ Rest and Relaxation (R &R) Lounge, with 76 recliners and 31 cubicles
- ☐ 13 Neonatal ICU warmers / incubators with a 5 bedded Well Baby Nursery

SECOND FLOOR

- ☐ Intensive Care Unit: 8 ICUs with Philips' IntelliVue Clinical Information Portfolio (ICIP)
- ☐ Operation Theatre: 10 Modular Operating Rooms (12 in total: 1 in ER & 1 in 1st Floor)
- ☐ Catheterization Laboratory, Single Plane and Neurocath lab (12 bedded, Pre/Post Cath)
- ☐ Six Bone Marrow Transplant units.
- ☐ Three Endoscopy Suites, (5 bedded Pre/post endo)
- ☐ 98 Beds in ICU's including NICU (Excluding Cath lab and endoscopy suites)
- ☐ 7 Beds in Liver Transplant ICU

THIRD AND FOURTH FLOOR

- ☐ 23 Single Beds on 3rd Floor and 24 Single Beds on 4th Floor
- ☐ 44 Double Beds on 3rd Floor and 44 Double Beds on 4th Floor
- ☐ Nuclear Medicine Therapy room on 3rd floor
- ☐ Discharge Area on each floor
- ☐ Patient Attendant waiting Lounge on each floor
- ☐ Three wings T1, T2 and T3
- ☐ One Central Nursing Station on each Floor

CLINICAL INFRASTRUCTURE

Operation Theatres	12	NICU & Nursery	18
Cath Labs	2	Dialysis	11
LINAC	2	Chemotherapy	10
LDR Suites	4	Pre & Post Cath	12
Delivery Rooms	2	ER Beds	14
Endoscopy Suites	3	Labour beds	3
Nightingale ward	40	Pre-OP	6
Double Bed Rooms	88	Pre post Endo	5
Single Bed Rooms	47	ICU beds	98
Deluxe Rooms	8	Operating Rooms	12
Suites	4	Operating Beds (Internal Info Only)	288
Signature Apartment		1	
Maharaja Suite		1	

SIGNATURE FLOOR

- 1 Signature Apartment
- 1 Maharaja Suite Room
- 4 Suite Rooms
- 8 Deluxe Rooms

- Express check-in and check out
- Executive Offices & Board room

Cutting Edge Specialities are: - Organ Transplant, Robotic Surgery, Stem Cell Therapy

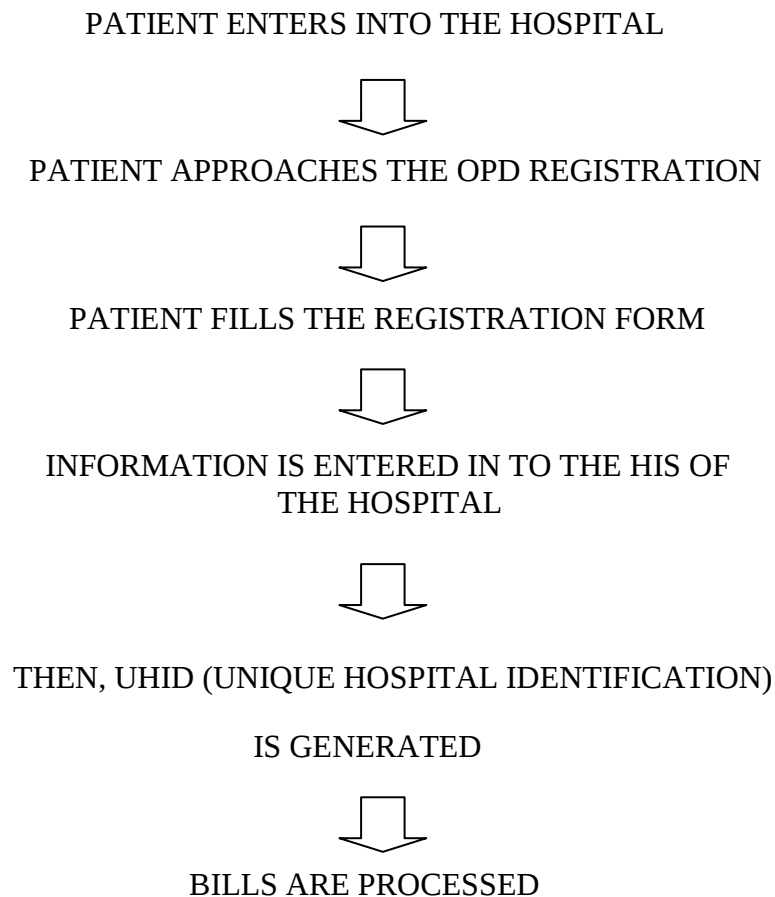
DEPARTMENTAL PROFILE

OPD:-

Functions:-

- Reception/Information
- Appointment
- Registration-OPD, Diagnosis
- Billing-OPD, diagnostics, emergency
- Report/document delivery
- Customer feedback

REGISTRATION PROCESS OF OPD:-



HR DEPARTMENT:-

Functions:

- Development of HR policies and strategies
- Manpower planning
- Recruitment and selection
- Employee training
- Salary determination
- Performance appraisal
- Personnel data entry and record maintenance
- Consultation and advisory services to management and employees
- Grievance handling

MEDICAL RECORD DEPARTMENT:-

Functions:

- Proper storage and maintenance of medical records. Maintenance of integrity and confidentiality of medical records. Submission of required data to government. Classify the medical files as per ICD-10 obtaining missing patient files.

IT DEPARTMENT:-

Functions: Maintenance of all the software's in the hospital. Modifications of the software are as per the requirements of the department. It covers the following modules:-

IPD Billing

OPD Billing

Administration

House Keeping

Ward/Nursing

Diet

Visitor's Pass

Stores

Purchase

Laboratory Information System

Radiology Information System

ACCIDENT AND EMERGENCY DEPARTMENT:-

The ED in a hospital plays a very important role for all people who are in acute need of immediate care. The ED at FMRI is 6 bedded along with 8 beds in observational room. Also there is a procedure room to conduct simple surgical procedure.

ED has separate entry, far away from the general entry and is quite spacious in order to allow free movement of stretchers/trolleys from ambulance to the emergency room.

While bringing in the patient from ambulance, TRIAGE is done so patients are placed according to the triage beds.

The TRIAGE pattern followed here is:-

- 1 red bed for category 1 patients i.e. critically ill.
- 2 yellow beds for category 2 patients who need to be admitted.
- Remaining category 3 patients are kept in observation room.

A code blue team is designated which consists of:-

- a) Critical care team
- b) Emergency team
- c) Cardiology team
- d) Anaesthetist team

BLOOD BANK:-

A blood bank is a bank of blood and blood components, gathered as a result of blood donation or collection, stored and preserved for later use in blood transfusion.

LICENSE: - Blood bank of FMRI, Gurgaon is located on first floor. It is NABH and NACO accredited and was able to get the accreditation within six months of the functioning of the hospital. The blood bank has a valid license from Central Drugs Standard Control Organisation (CDSCO) and approved by Drug Controller General (INDIA), central license approving authority under Drug and Cosmetic Rules-1945 with further amendments.

The blood bank is run by the FMRI in order to provide blood and blood components to its patients and is licensed by Drug Controller of India.

LABORATORY:-

The laboratory here at Fortis is outsourced to SRL Lab and all the routine investigations are carried out here only. The samples are received from both IPD and OPD patients. The sample is received in boxes from departments and the house keeping staff carries the same. Also, for emergency investigations, a red seal is marked on the sample so as to give it a priority. Also, all the equipments in the lab are automated i.e. they are linked to computers and so all the test results are automatically transferred in the computer and a report is generated. The laboratory has LIS. It is connected to the HIS of the hospital in which the entire information like- patient's name, IPID or UHID, test to be done and the reports is stored. Also, to maintain employee safety i.e. prevent occupational hazard, when an infected sample or any chemical bottle breaks in the laboratory, HAZMAT(Hazardous Material) team is called and immediately the spillage is cleaned up.

CSSD:-

CSSD stands for central sterile supply department. It is the department that is solely responsible for sterilization of all the instruments used all over the hospital.

CSSD has three zones:

- a) Dirty/Receiving area
- b) Clean area
- c) Sterile area

- a) In dirty area all used instruments from IPD and OPD are received. This movement takes place manually, while it is received through a dumb waiter from OT. Here, an ultrasound cleaner is located. This is a fully automatic machine in which the used instruments are dipped in a solution and are sterilized. This machine produces vibrations which sterilize the instruments. After the above procedure is over, the sterilized instruments are washed under running water. After this, the sterilized instruments are dipped in preserve solution for 10-15 minutes.
- b) In clean area the sterilized instruments are kept packed in a double wrapped green colour cloth.
- c) In Sterile area there is 1 autoclave machine that is used to sterilize the used instruments. It is a double door machine. Through one door the unsterile instruments are loaded and through the other door the instruments are de-loaded after the procedure are over.

Temperature is set according to the instrument to be sterilized.

After the sterilization process is over, the sterilized instruments are packed and batch monitoring labelling is done through a labelling gun. This labelling consists of:-

- ✓ Expiry Date
- ✓ Packaging Date
- ✓ Machine No.
- ✓ Loading No.
- ✓ Sterilization Date

ICU:-

ICU is located at the second floor of the IPD building making it accessible to all the outside services like lab, diagnostics, OT's etc.

There are 7 different types of ICU's in the hospital which are as follows:-

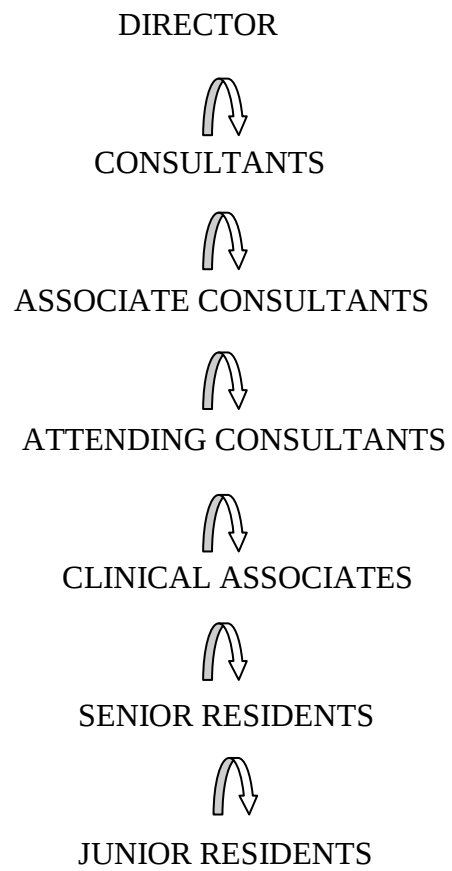
- Neurology, orthopaedic, polytrauma
- Cardiology and Transplant
- CTVS
- Medical ICU
- Bone Marrow Transplant
- Paediatrics ICU
- NICU

The nursing station is centrally located in the ICU and the nurse to patient ratio in ICU is 1:1 or 1:2 as per the requirement.

Also, here at FHN, Barrier nursing is practiced in ICU's so as to minimize the risk of Hospital Acquired Infection (HAI).

Equipments used in ICU- a) Ventilator b) IABP (Intra Aortic Balloon Pump) c) Suction d) ICD (Inter Costal Drainage System) e) Portable Ultrasound-ray (when needed) f) DVT (Deep Vein Thrombosis) Pump g) Bi-pap to give oxygen to patient. There are 98 beds (52 ventilated) cubicles.

ORGANOGRAM FOR ICU:-



OPERATION THEATERS

The operation theatres are located on the 2nd floor of the OPD building having a direct connectivity with ICU (2nd floor of IPD building) so that patient is easily and quickly shifted to and from the ICU'

At FMRI, there are 8 OT's-

- 1) OT 1- Orthopaedics & Liver Transplant OT
- 2) OT 2 & OT 3- Neurosurgery OT
- 3) OT 4- Major & General
- 4) OT 5- Cardiac & Transplant
- 5) OT 6- Planned & emergency cases
- 6) OT 7- MIS, Minor day care & emergency
- 7) OT 8- Minor surgeries

ZONING:-It is basically dividing the OT area according to the hygiene maintained in the different zones. Here we observed three zones:-

- a) DIRTY ZONE i.e. outside corridor, changing rooms.
- b) CLEAN ZONE i.e. supply store, scrub area, pre-op room.
- c) ASEPTIC ZONE i.e. operation theatre, sterile preparation.

This zoning is very essential in OT's as it helps to prevent infection.

SECTION-B: PROJECT
ON
STEP DOWN TRACKING
IN ICU

INTRODUCTION:-

Intensive care units are specialist hospital wards. They provide intensive care (treatment and monitoring) for people in critical and unstable condition. ICUs are also known as Critical Care Units or Intensive Therapy Departments.

A person in an ICU needs constant medical attention and support to keep their body functioning. They may be unable to breathe on their own and have multiple organ failure. Certain Medical equipments will take the place of these functions while the person recovers.

ICU beds provide:-

- Specialised monitoring equipment.
- A high degree of medical expertise.
- Constant access to highly expertise nurses.

Nursing critically ill patients includes planning and performing safe discharges from ICU. Discharges from ICU can be described as a part of the continuity of the hospital care that prepares the patient for their return to the community.

Discharge is also considered as a positive step in the recovery process, but at the same time it may cause anxiety to the patient and his family as it involves leaving behind familiar faces (Intensive care unit staff) and the whole environment, new people and also have to learn new routine.

BEFORE PATIENT LEAVES:-

As patient starts to get better, he will not need the machines that were helping to support his body's normal functions and monitoring the patient's condition. The physiotherapist will probably give exercise to help strengthen his muscles to get him moving around again. He will be very weak and get tired easily at first.

As he becomes able to do more for himself, he may be moved to a different section of the ICU or transferred to another ward in the hospital with a reduced level of nursing.

Many hospitals have high dependency units (HDU), where each nurse will normally look after two or three patients. Some hospitals might send patients from the ICU to the HDU as they get better, until they're well enough to go to a general ward.

MOVING TO A GENERAL WARD:-

This can be a difficult time for patients and relatives because there is no longer the one-to-one nursing that there was in the early stages, but patient is still far from being well. This can be frightening but is normal at this time in patient's recovery.

When patient moves to a ward, there will be a written plan that includes

- A summary of care & treatment while patient was in ICU.
- A monitoring plan to make sure patient continue to recover.
- A plan for ongoing treatment.
- Details of patient's physical & psychological rehabilitation needs.

From this time he will be cared for by the ward staff, but they will be able to talk to the ICU staff if they need to. If the hospital has an 'outreach' service, he may be visited by an ICU nurse while patient is on the ward to check on his progress.

The visiting times in a general ward may not be as flexible as they are in the ICU and he may be disturbed more by other patients & visitors around him. His normal sleep pattern may be upset due to the constant activity while he was in the ICU. This does return to normal in time. Rest when he can.

OBJECTIVES:-

1. To understand step-down in ICU.
2. To encounter problems with respect to TAT in transferring patients.
3. Study to identify errors and gaps in step down process.

RESEARCH METHODOLOGY:-

Study type: An observational study was carried out within a time period of 60 days and TAT time was calculated for shifting of each patient.

Area and period of study: The study was carried out in intensive care units (ICU 7 & ICU5) located in second floor of the hospital in a time period of two months.

Sampling: 100% sample was taken from 4th April to 3rd June 2016

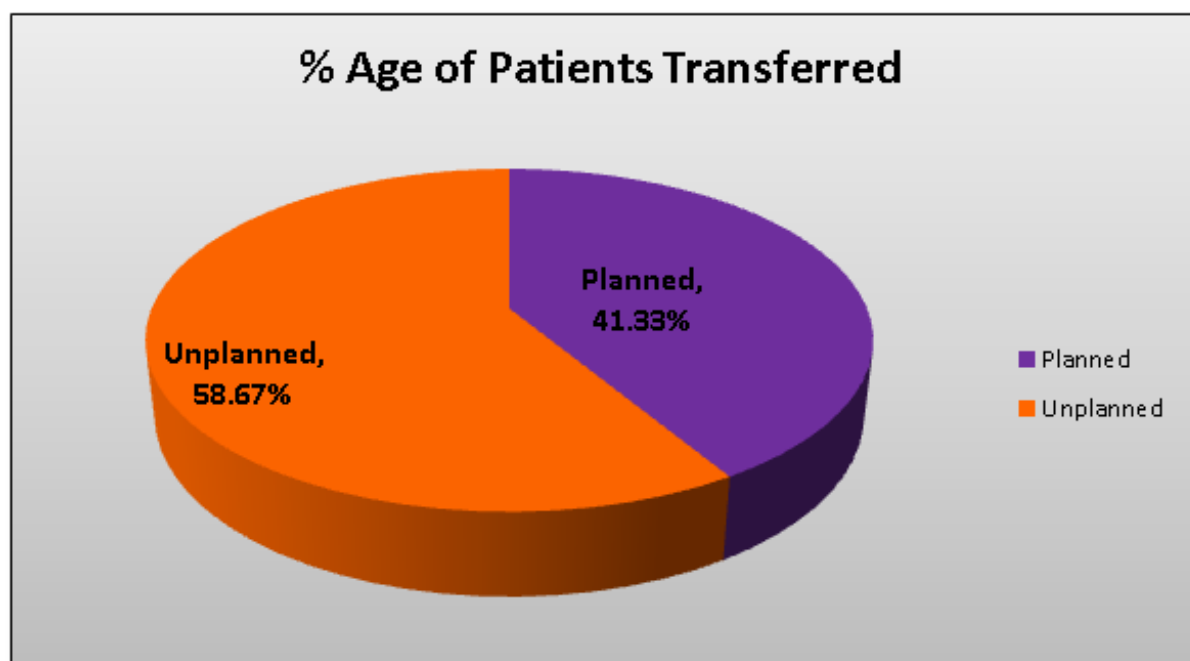
Data collection:

- Primary data source: By direct observation of the processes & discussion with the staff.
- Secondary data source: Review of ICU mailing system and physical movement of the patient.

DATA ANALYSIS:-

From the collected data 41.33% patients were planned to be transferred and 58.67% were unplanned.

Type of transfer	%age
Planned	41.33
Unplanned	58.67



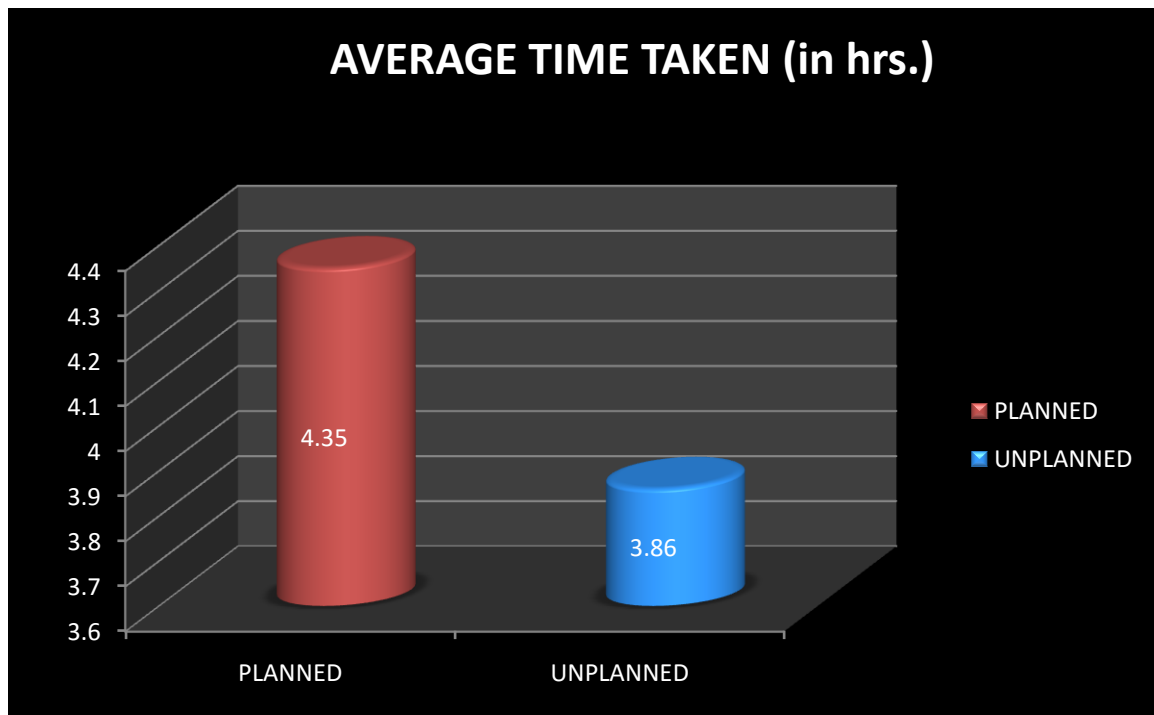
CALCULATION OF AVERAGE TIME TAKEN FROM ROOM REQUEST SENT TO TRANSFER OF PATIENT:-

PLANNED PATIENT = $\frac{\text{Total actual time taken to shift the patients after Room request was sent}}{\text{Total no. of planned patients during the Collection of data}}$

FOR UNPLANNED PATIENT = $\frac{\text{Total time taken in shifting of the Unplanned patients from room request sent To transfer of patient}}{\text{Total no. of unplanned patient during The Collection of data}}$

AVERAGE TIME TAKEN FROM ROOM REQUEST SENT TO TRANSFER OF PATIENT:-

SR. NO.	NO. OF PATIENTS	TYPE OF TRANSFER	AVERAGE TIME TAKEN IN TRANSFER (IN Hrs.)
1	31	PLANNED	4.35
2	44	UNPLANNED	3.86



CALCULATION OF AVERAGE TIME TAKEN FROM ROOM ALLOTTED TIME TO TRANSFER OF PATIENT:-

FOR PLANNED PATIENT = Total time taken from room allotment to
Physically shifting the planned patient
During the Collection of data

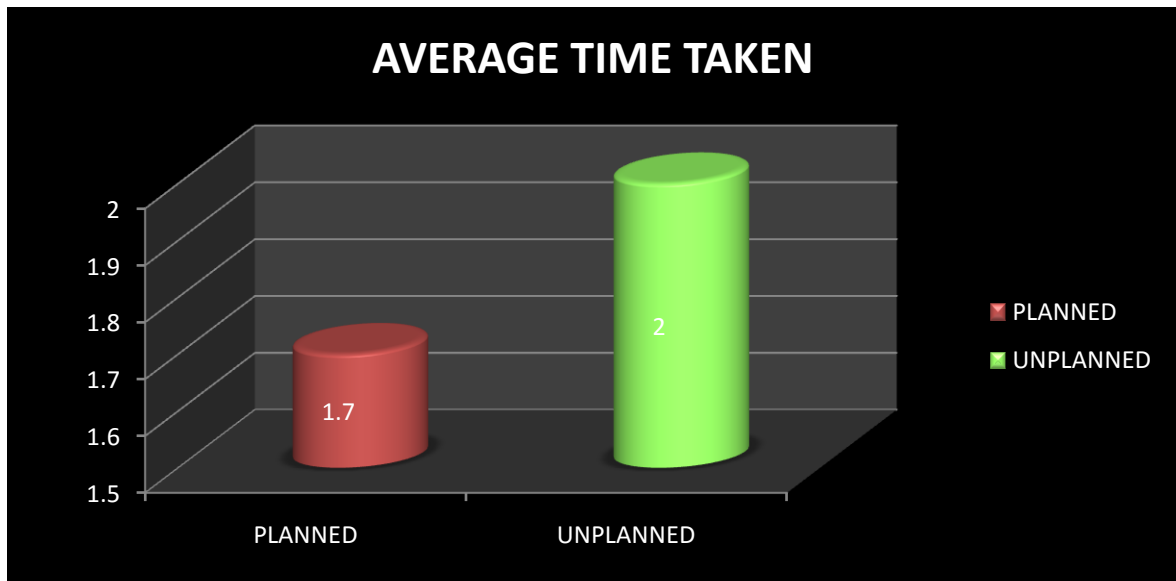
Total no. of planned patient during the
Collection of data

FOR UNPLANNED PATIENT = Total time taken from room allotment to
Physically shifting the unplanned patient
During the Collection of data

Total no. of unplanned patient during
The Collection of data

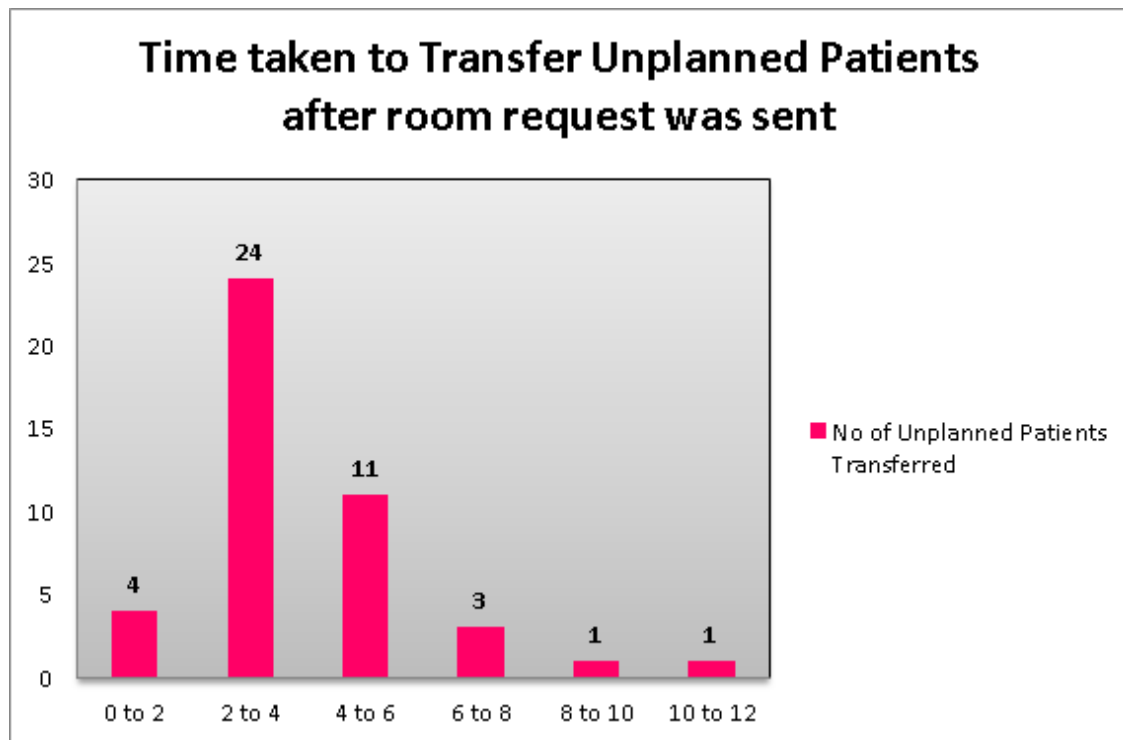
**AVERAGE TIME TAKEN FROM ROOM ALLOTMENT TO
PHYSICAL TRANSFER OF PATIENT:-**

SR. NO.	NO. OF PATIENTS	TYPE OF TRANSFER	AVERAGE TIME TAKEN IN TRANSFER (IN Hrs.)
1	31	PLANNED	1.7
2	44	UNPLANNED	2



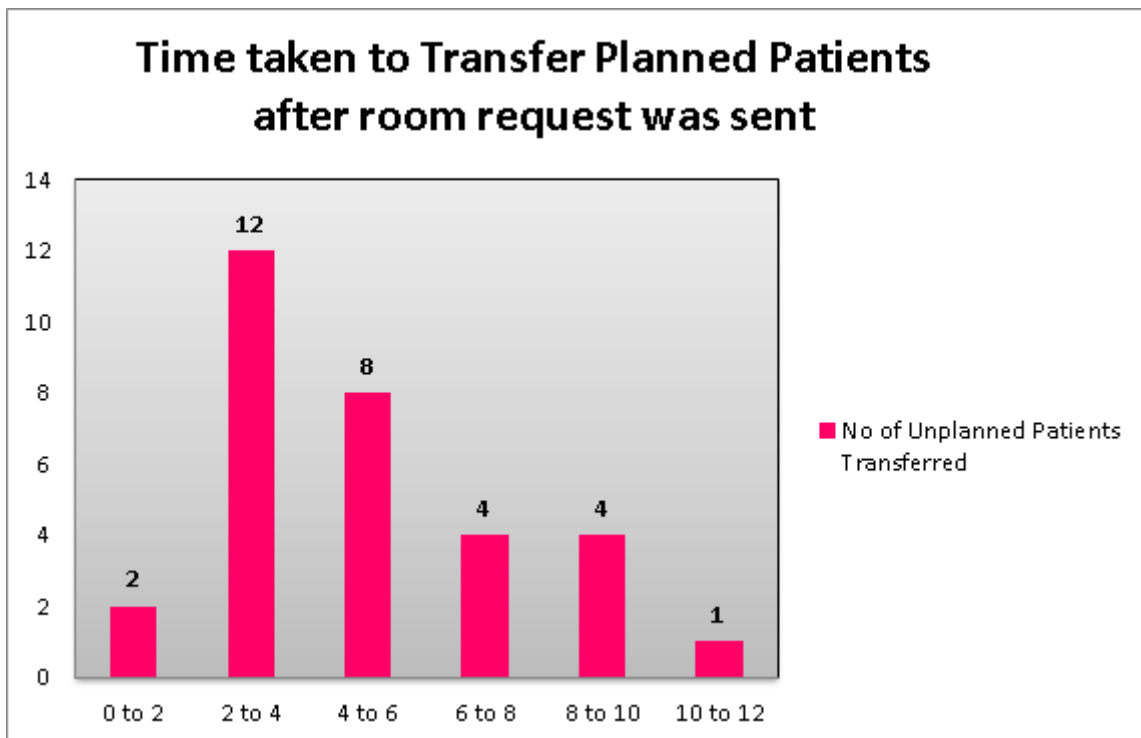
**TIME TAKEN FROM ROOM REQUEST SENT TO TRANSFER
(UNPLANNED PATIENTS):-**

SR. NO.	TIME INTERVAL	NO. OF UNPLANNED PATIENTS
1	0-2	4
2	2-4	24
3	4-6	11
4	6-8	3
5	8-10	1
6	10-12	1



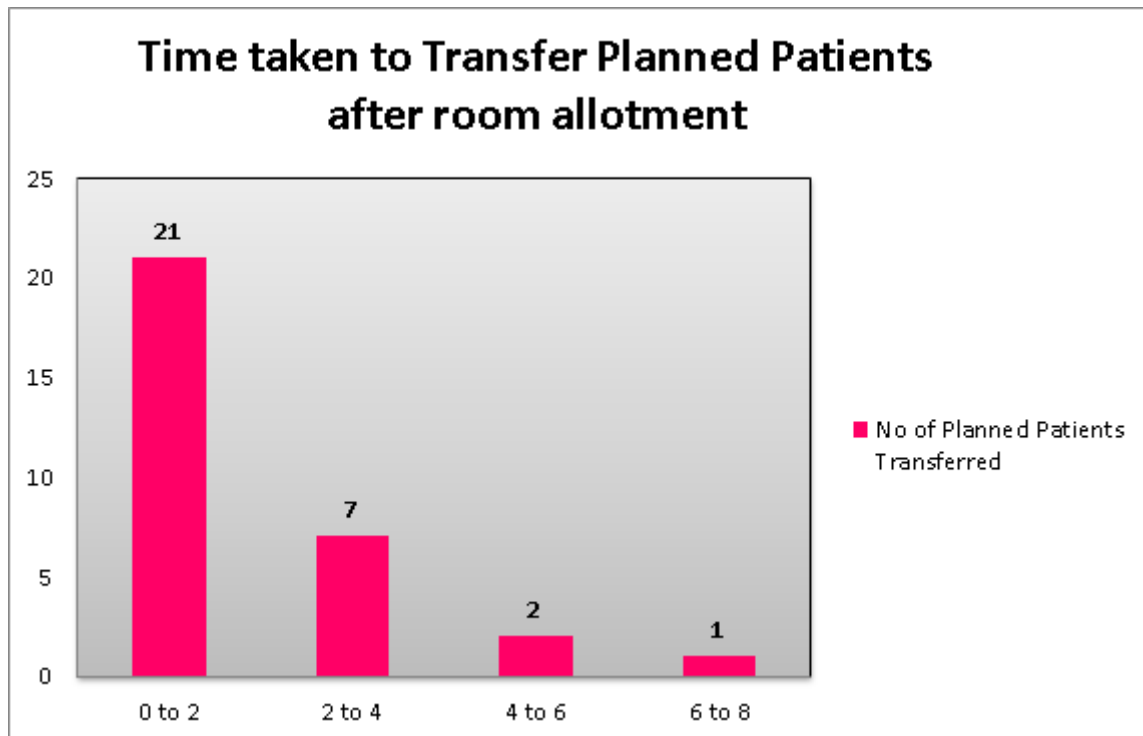
**TIME TAKEN FROM ROOM REQUEST SENT TO TRANSFER
(PLANNED PATIENTS):-**

Sr. No.	Time Interval (In hrs.)	No. of Planned Patients
1	0-2	2
2	2-4	12
3	4-6	8
4	6-8	4
5	8-10	4
6	10-12	1



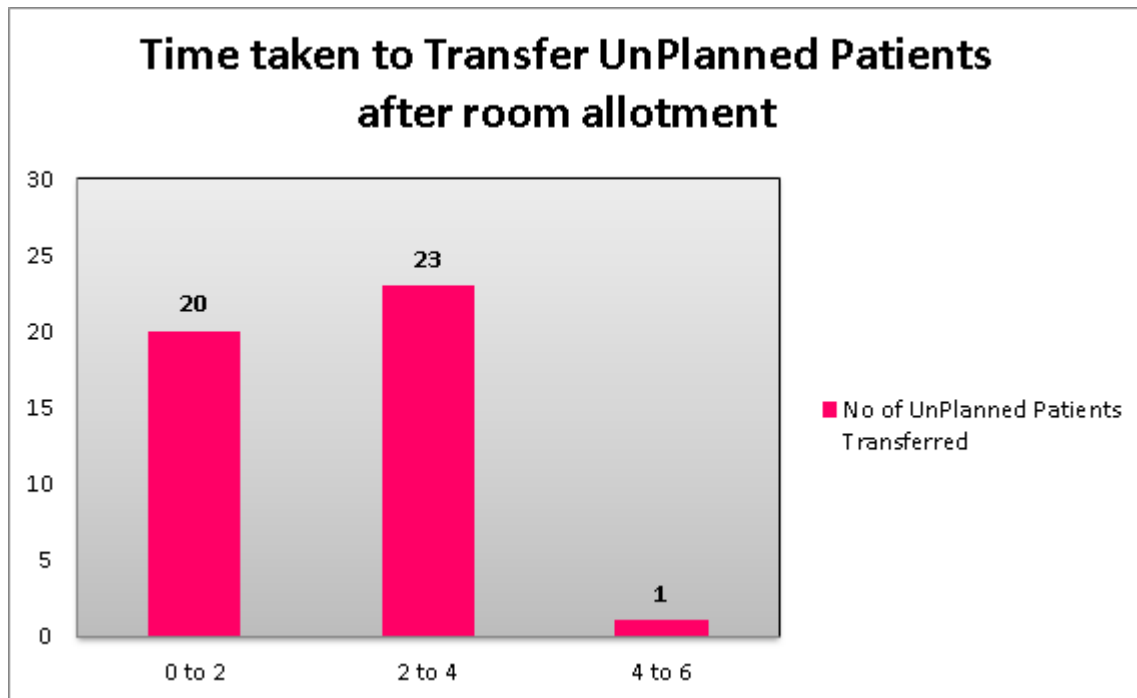
**TIME TAKEN FROM ROOM ALLOTMENT TO PHYSICAL
TRANSFER (PLANNED PATIENTS):-**

SR. NO.	TIME INTERVAL (in hrs.)	NO. OF PLANNED PATIENTS
1	0-2	21
2	2-4	7
3	4-6	2
4	6-8	1



**TIME TAKEN FROM ROOM ALLOTMENT TO PHYSICAL
TRANSFER (UNPLANNED PATIENTS):-**

SR. NO.	TIME INTERVAL (in hrs.)	NO. OF UNPLANNED PATIENTS
1	0-2	20
2	2-4	23
3	4-6	1
4	6-8	0



CAUSES OF DELAY:-

- 1) Most of the delays occur due to lack of staff.
- 2) Due to lack of time frame in which patients should be transferred.
- 3) Due to lack of communication between staff and bed manager.

RECOMMENDATIONS:-

- 1) As, most of the delays happen due to lack of staff so optimum number of staff should be recruited.
- 2) Admission department should make some criteria (time frame) for shifting of patients.
- 3) Improve communication between bed manager and nursing staff.

Note: - ICU-7 being medical ICU has all critical or sick patients and the transfer out cannot be planned out appropriately because of poor medical condition of the patients. Even after planning of step down for patient, patient may deteriorate and the step down had to be cancelled.

As a result, adhering to the step down planning is also a major challenge as the medical condition of the patient varies according to the disease of the patient.

REFERENCES:-

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