Summer Training at
Fortis Escorts Hospital,
Jaipur

- **Formulation of Self & Cross Assessment Toolkit & NABH Emergency**
- **NABH Radiology**
- **SOP Formulation & Implementation for Stroke Assessment**

By
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Under the guidance of
Dr. Neetu Purohit

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 **Dr. Richa Pareek** student of **MBA in Hospital and Health Management, 2015-17** from the IIHMR University, Jaipur has undergone summer training at **FORTIS ESCORTS HOSPITAL, JAIPUR** 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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Fortis Escorts

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13th June, 2016

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Richa Pareek** worked as a **Trainee** with us in the **Dept. of Quality Assurance** from 1st April, 2016 to 1st June, 2016.

Her performance during the period in the department was good. we would like to acknowledge her for contribution towards SOP formulation for stroke patient.
She comes across as a willing, sincere and intelligent person who has a strong drive and zeal for learning.

We wish her the best for all her future endeavors.

Authorized Signatory

Fortis Hospitals Limited JAIPUR

ACKNOWLEDGEMENT

I convey my immense sense of gratitude to acknowledge the co-operation of **Fortis Escorts Hospital, Jaipur** for giving me this unique opportunity for implementation of my project by visiting its distinguished premises for 60 days (1 April 2016 - 1 June 2016) and providing me an opportunity to interact with its various eminent personnel.

My institute **– Indian Institute of Health Management Research (IIHMR)**, Jaipur & its Education deserves the foremost appreciation for providing me the opportunity to understand my individual capabilities. I would like to thank C**ol. (Dr.) Ashok Kaushik** (Dean Academics and student Affairs, IIHMR, Jaipur) to provide such a great learning opportunity. Of course, entire faculty at IIHMR had facilitated the endeavour; I also take this opportunity to express my gratitude and deep regards to my Institutional Mentor **Dr. Neetu Purohit** ma'am for her exemplary guidance, monitoring and constant encouragement throughout, without whom I would have never reached this stage & also her prominent role in completion of the project, I would also like to thank **Mr.Hem K Bhargava** (DY. General Manager, CorporateAcademics) without whose facilitation en route Fortis would not have been possible.

My vote of thanks further goes to **Mr. Prateem Tamboli** (Facility Director Fortis Escorts Escorts Hospital , Jaipur) I take this opportunity to express my gratitude and deep regards to my Organisational Mentor **Ms. Nihar Bhatia** (Head Quality Assurance & FOS Department). I would like to extend my thanks for her support & guidance. My heartfelt gratitude goes to **Ms. Arpita Roy, Ms. Nidhi Jain, Ms. Reema Saini (Quality Assurance & FOS Department) & Mr. Anant Kulshestra**

I would also like to thank **Dr. Ambrish Kumar Garg, Dr. Pankaj Kewaliya (Emergency Department)** for providing me all the resources needed for the completion of my project**.**

Heartfeltgratitude to **Dr. Neetu Ramrakhiani (Sr. Consultant Neurology)** for having assurance in me, and giving me this empowering opportunity to work under her esteemed guidance

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ABBREVATIONS

- F & B – Food and Beverage
- USG-Ultrasound
- FEHJ-Fortis Escorts Healthcare Limited
- GE-Gastroenterology
- FD-Facility Director
- MS-Medical Superintendent
- FOS-Fortis Operating System
- QA-Quality Assurance
- CTVS-Cardio Thoracic Vascular Surgery
- HOD- Head of Department
- ENT-Ear Nose Throat
- CSSD-Central Sterile Supply Department
- SICU-Surgical Intensive Care Unit
- NICU-Neonatal Intensive Care Unit
- LDR-Labour and Deliver
- OT-Operation Theatre
- HDU-High Dependency Unit

- MICU-Medical Intensive Care Unit
- CCU-Cardiac Care Unit
- HR-Human Resource
- MRD-Medical Records Department
- IT-Information Technology
- PWD-Patient Welfare Department
- GI-Gastrointestinal
- NGW-Neuro General Ward
- OPD-Out Patient Department
- IPD-In Patient Department
- PICU- Pediatric ICU

INTRODUCTION

Summer Training is an integral part of MBA - Hospital & Health Management. As a part of curriculum students are required to undergo 2 months training with reputed organisation to learn the daily operational management and if possible to help the management study and address some identified issues/problems associated with some specific operational areas. The main purpose of training is to get exposure to the organisation and its daily working

Fortis Escorts Hospital, first hospital in Rajasthan to have NABH accreditation, a tertiary care hospital, is recognised as centre of excellence for providing medical care, and research facilities of high order in the field of medical sciences. The hospital is centrally air conditioned having capacity of 300 beds, 245 functional beds State-Of-the-Art operation theatres and intensive care units. Fortis Escort Hospital Jaipur is growing by examples not only in the field of clinical excellence, training and research but also in the field of management expertise.

Due to these distinguished features I did my summer training from FEHJ, with aim and objective of getting exposure to the functioning and the importance of quality aspects in the hospital setup.

Quality Assurance & FOS: Healthcare has a legal and moral obligation to ensure a high quality of patient care and to strive to improve care. Quality department is in a prime position to mandate policy, systems, procedures and organisational climates**. Quality Assurance department**instil principles of quality at all levels, helping everyone in the organisation— every employee, executive, caregiver, and consultant — feel driven to achieve excellence. Implementation of clinical practice guidelines based on the best available scientific evidence guidelines, together with measuring quality monitors and indicators are ongoing processes at FORTIS ESCORTS HOSPITAL to ensure clinical excellence and delivery of high quality of care.

The aim of the training was: To study the role of quality in effective healthcare delivery, patient satisfaction & to do the gap analysis at Fortis Escorts Hospital Jaipur

The Objectives of summer training were:

To learn the daily operational management of the organisation and its various departments/areas

To identify issues/problems associated with some specific departments/areas, if any.

To undertake the project /special task assigned.

FORTIS ESCORTS HOSPITAL PROFILE:-

Location:

The access to the hospital is exceptionally effortless. The hospital is located on JLN Marg road, Jaipur. The address of the hospital is:

Fortis Escorts Hospital, Jaipur **(Tel:** 91-141-2547000)

Jawahar Lal Nehru MargMalviya Nagar,Jaipur- 302107 Rajasthan, India

Brief History:-

Dr. Parvinder Singh was a visionary, a strategist, a thinker, an entrepreneur and leader par excellence. A rare personality, who always thought beyond his time and realised many of his dreams in a short span of life. FHL was formed with the sole objective of providing integrated healthcare by establishing a state-of-the-art health delivery system. The vision of the company is to become the most revered healthcare service provider in India. “Team Fortis” is committed

to meet all healthcare needs of its clientele, starting from maintenance of good health to providing global standards in diagnostics, Therapeutic and Surgical requirements at the time of need. It aims to exceed customer expectations in terms of quality, service, safety and value for money through constant innovation and better product delivery. Jaipur, Aug 2, 2007 - Fortis Healthcare Ltd, one of the largest private healthcare companies in India, Thursday announced a multi-specialty hospital at Jaipur as part of its initiative to expand its operations in Rajasthan . The then Chief Minister, Mrs. Vasundhara Raje inaugurated the Fortis Escorts Hospital Jaipur (FEHJ) in the presence of Mr. Malvinder Mohan Singh, Chairman, Fortis Healthcare, Mr. Shivinder Mohan Singh, CEO and MD, Fortis Healthcare, besides other dignitaries and company officials.

Fortis Logo :-

The two hands that fuse seamlessly with a human form, express their re-assuring approach to health care. A constant reminder to all that patients centric care is fundamental to our ethos.

GREEN is the color of healing and is symbolic of Fortis's steadfast focus to ensure the health and well being of those they minister to.

RED is expressive of the dynamic zeal with which Fortis strive to make it a reality

The Fortis logo is the indelible assurance that there expertise will always be tempered with humanity.FEHJ has dedicated facilities for comprehensive care of trauma patients and others in need of emergency care which include an emergency operation theatre and a 10-bedded medical intensive care unit (MICU). FEHJ is the first amongst the proposed multi super specialty hospitals to be set up in Rajasthan. FEHJ is the first hospital in the country to attain NABH Accreditation in minimum stipulated time after commencement of operations and was re-accredited on 27th April 2011. FEHJ is a super-specialty hospital backed by multispecialty.

Super Specialties- Cardiology & Cardiac Surgery, Renal Sciences, Neuro Sciences, Gastro-Intestinal sciences.

Multi Specialties - Orthopaedics & Joint Replacement, Diabetes & Endocrinology, Dermatology, Internal Medicine, Pulmonary, Medicine, Ophthalmology, Dietetics, Physiotherapy and Preventive Health Check, General Surgery, Dental Surgery, Cosmetic & Plastic Surgery, ENT, Gynaecology& Obstetrics, Paediatrics & Neonatology

Vision of Hospital:

"Globally respected Healthcare organisationrecognised for clinical excellence & distinctive patient care."

Mission of Hospital:-

"To be the preferred super specialty healthcare provider of international standards known for patient centric care & Clinical excellence through continual improvement of process & outcomes

Quality Policy: -

To create a world class integrated health care delivery system in India, entailing the finest medical skills combined with compassionate patient care.

Accreditation & Affiliations: -

National accreditations board for hospital and healthcare providers (NABH) accreditations. Fortis Escorts Hospitals Jaipur is NABH accredited Multi – Super specialty Hospital in Rajasthan, with the mission to bring quality medical care at doorstep.

Fortis Group:

Founder Chairman: Late Dr. Parvinder Singh

Executive Chairman: Mr. Malvinder Mohan Singh

India CEO: Mr. Bhavdeep Singh
Fortis Jaipur inaugurated on 2nd August 2007
No. of beds – Currently: 245, Capacity: 350

NABH accreditation received in June 2008 (within 10 months of operations, NABL & Blood Bank.

Infrastructure:

The infrastructure facilities of Fortis Escorts Hospital, Jaipur, are par excellence, such as:

C arm with digital subtraction angiography

Flat panel cath lab

Advanced pathological lab

Mobile X-Ray

64 Slice CT scan

TMT, ECHO, HOLTER recorder and monitor and ECG to help non-invasive cardiac investigations.

500mA image intensifier TV

Digital CR reader

X- Ray.

Area:

Spread over 6.68 acres with an investment of Rs. 1.10 billion, it has an operational bed facility of 245 beds with an installed bed capacity of 300 beds.

Floor wise Facility Distribution:-

Basement:-

- Administration/HR department
- Marketing Department
- Finance Department
- Staff Dining Hall
- Change Rooms
- IPD Pharmacy
- Medical/General Store
- Medical Records
- Kitchen
- Laundry
- Engineering Department
- House Keeping Department
- Security Department
- Quality Department

Ground Floor:-

- Emergency
- Main Lobby
- OPD-I & OPD-II
- Cardiology & Neurology OPD
- Executive Health Check
- Cardiology Lab (Non Invasive)
- X-Ray, CT Scan
- sBlood Bank
- Lab Services
- Medical ICU
- Café/Cafeteria
- OPD Pharmacy
- Executive Dining

First Floor:-

- Cath Lab
- Conference Hall
- Library
- Training Hall
- Directors office
- IT Department
- Labour and Delivery room :-
    1. PICU
    2. NICU
- Department of Gastro Science
- Dental Department
- Preventive Health Care
- High Dependency Unit

- Specialty Ward
- Neurosurgery Ward
- General Ward
- Physiotherapy
- Cardiac Care Unit

2nd Floor:-

- CSSD
- OT
- SICU 1, 2,3,4

3rd Floor and 4th Floor:-

- Semi Private Rooms
- Private Rooms
- Ward

5th& 6th floors:-

- Under Construction

7th Floor:-

- Suites
- Presidential Suites
- Executive Suites

Number Of Departments:

There are presently 34 functional departments in the hospital comprising of Clinical and Non clinical departments. The detailed information about each department visited is given later. The list of functional departments is as follows:

Clinical departments:

1. Infection control
2. CSSD (Central Sterile Service Department)
3. Physiotherapy
4. CTVS

5. SICU
6. NICU
7. LDR
8. Operation theatres
9. Triage/Emergency
10. HDU (High Dependency Unit)
11. Radiology
12. General ward
13. Laboratory’s
14. Dietetics
15. MICU
16. CCU
17. Dialysis
18. Cath Lab

Non clinical departments:

1. Engineering
2. Biomedical Engineering
3. Finance
4. Marketing
5. Human Resource
6. House keeping
7. Laundry
8. Pharmacy
9. Medical Records
10. Food & beverages
11. Security
12. Central stores
13. Quality Assurance
14. Research
15. Patient Welfare Department
16. Information Technology

Services Provided:

There is a long exhaustive list of services provided by the hospital comprising of clinical and non-clinical services. Both the services go hand in hand for maintaining the efficacy and efficiency of the organization for the patient and staff welfare.

Clinical services:

1. Cardiac Surgery
2. CTVS
3. Cardiology
4. Renal Science
5. Nephrology
6. Urology
7. Neurology
8. Neuro Surgery
9. Gastro Intestinal Diseases
10. Internal Medicine
11. Pulmonology
12. Endocrinology
13. Dermatology
14. Psychiatry
15. General Surgery
16. Plastic Surgery
17. Paediatric Surgery
18. Obstetrics
19. Gynaecology
20. Paediatric
21. Neonatology

Non Clinical services:

1. Housekeeping & Laundry

2. Pharmacy

3. Medical Records

4. Food & beverages

5. Security

6. Central stores

7. Training and development

OPD Working:

Outpatient services in hospitals have evolved in line with patient needs demands and expectations from a limited service offering basic & minor clinical services to highly evolved & organised services. It is the first point of contact between patient's, their relatives & hospital & its staff. It is referred to as "shops window of the hospital"

Roles & Functions:

- To provide community a major source of specialist diagnostic medical opinion
- To treat on ambulatory & domiciliary basis all cases which can be treated.
- To refer patients for admissions to the hospital
- To carry out after care & medical rehabilitation after discharge.

IPD Working:

Inpatient services are Hospital services and items furnished to an inpatient of a hospital by the hospital, including bed and board, nursing and related services, diagnostic and therapeutic services, and medical or surgical services. Indoor services are also known as " Nursing Services " and provided to such patients who have been admitted in the hospital , either for observation , investigation or treatment.

Roles and functions:

To provide highest possible quality of medical and nursing care for the patients

To furnish most desirable environment substituting as temporary home for the patient
The organisation comprises of the clinical and non clinical departments. Each department has its own operations.

Non Clinical Departments:

1. QUALITY ASSURANCE & FORTIS OPERATING SYSTEM DEPARTMENT

Head of the department: Ms. Nihar Bhatia

Goal: Headed to maintain and perk up the standards.

Quality assurance, or QA for short, is the activity of providing evidence needed to establish quality in work, and that activities that require good quality are being performed effectively. All those planned or systematic actions necessary to provide enough confidence that a service will satisfy the given requirements for quality the general objective of quality assurance department is an enhancement of product and service quality and an increase of patient satisfaction. To achieve this objective, QUALITY ASSURANCE should reach the following **goals:**

- Continuous and consistent development, implementation and maintenance of quality assurance management system
- Developing and making arrangements for enhancing the quality of provided services & patient care.
- Organising and conducting internal audit of the quality assurance management system
- Organising and controlling corrective and preventing actions of quality management

Documents maintained:

Standard Operating Procedure (SOP"s)

Policies

Manuals

Plans

Committees

Quality Indicators

Internal Audit

Medical Audit

Training Record

QA Programmes

Clinical Guidelines

Nabh accreditations

2. Human Resource Department

Head of the department:Mr. Prateek Kumar Singh

Goal: To ensure availability & retention of quality talent to meet organisation goals and objectives. Overall growth & development of employee's orientation & functional training

Scope of Services:

- Manpower Planning
- Recruitment Process
- Internal job posting process
- Pre Employment Health Check-up
- Trainings
- Attendance & leave management
- Appraisal & Promotion Process
- Statutory compliances
- Medical Benefits
- Employee Welfare Programs
- Disciplinary Action
- Grievance Handling
- Medical by laws
- Payroll Management
- Budgeting

3. Medical Records

Head of the department:Ms. Taruna Chauhan

Goal: Medical Records Department is the custodian of all the discharged/ expired health record charts. The Medical Records Department staff ensures the confidentiality, preservation, storage and retention of the documents of the patients.

Document maintained by the department:

- IPD/OPD Files receive register
- IPD file dispatch register
- OPD file dispatch register

- Death register
- Birth register
-

Scope of Services:

The workflow of the department can be broadly divided into following steps:

1. Record collection
2. Analytical Evaluation
3. Codification
4. Assembly / storage
5. Retrieval
6. Data generation

4. Pharmacy

Head of the department:MR. Ajay sharma

Goal: The Goal of the Pharmacy is to procure and provide the Medicines to the patient.

Functions of the Department

a. Receipt of Material (centralised receipt at Receiving Bay)

b. Issue of Material to patients and various Departments (Centralized dispensing from Main Stores)

c. Physical Stock Verification

Scope of Services:
The scope and complexity of services provided by this department is to give services of all range of medicine and surgical Items to the patient and the ward and OTs. The types & areas served are all the Department of the Hospitals like General ward, ICUs, OTs and Bio-Medical. Services include:
a. Procuring and providing the genuine medicine to the patient

b. Deliver the medicine to the Wards and OTs

c. Discharge Summery of patient (medicine issued)

5. House Keeping

Head of the department: Mr. Nishant

Goal: To achieve defect free room with 100% hygiene and cleanliness. To maximize patients satisfaction with minimum cost .

Scope of Services:
The scope and complexity of services provided by this department is:

- Cleaning of all areas.
- Providing water
- Providing room amenities
- Providing services like glass cleaning , pest controlling , horticulture and in house laundry
- Waste disposal

6. Laundry

Head of the department: Mr. Nishant

Goal: To deliver spotlessly clean and hygiene linen and uniforms to the user departments.

Document maintained by the department:

- Cloth incoming register
- Cloth outgoing register
- New Linen stitch register
- Alteration register

Scope of services:

The scope and complexity of services provided by this department is to provide:

- Providing clean linen and uniforms
- Treat infected / contaminated linen
- Treat heat labile linen
- **7. Marketing:**

Head of the Department: Mr.Rupesh Mathur

Goal: Marketing department is responsible for the revenue generation through Brand building, Retail Sales, Corporate Marketing PR & Media Communications & liaison with Government. Some of key activities of the department are Brand Awareness, Events Management, Corporate Social Responsibility, and ensures Business & Growth in line with Organizational Objectives.

Functions of the Department

The department works together in cohesion as a team to achieve following Objectives

1. To achieve Financial Budgets for the Unit.

2. To outgrow competition in dynamic market by strong presence through Contact programs & Events.

3. To position Brand Fortis as Leading Healthcare Service Provider with Patient Centric approach to Medical Fraternity.

4. Design and implement growth tools and plan for Annual and Medium term Strategy for Unit in line with Organization Objective

5. Planning of Events like CME"s, Camps, Preventive Medicine Lecture, and Friends of Fortis for patient interface with Unit.

6. Plan and conduct events based on with Corporate Social Responsibility.

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**Documents maintained by the department:**

- Tariff Maintenance
- Media Report
-
- 8.**Finance**

**Head of the Department: Mr. Ravi khandelwal**

**Goal:** To provide accurate relevant and timely financial information necessary in making right business plan and decisions.

**Scope of Services:**
The scope & complexity of service provided by this department is:

- Business building insights
- Areas for lowering cost & improve profitability.
- Updating of bills on daily basis for IPD patients.
- Customer (Patient’s Attendant) satisfaction for billing concern.
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The Billing staff has overall responsibility for coordination of various functions (Pharmacy, Wards etc.) and daily basis report for admission , Collection to higher management and Administration of the department, and they maintain a log of all the problems that arise on day to day basis and provide the necessary solution as deemed proper and reasonable.

Department serves all departments for finance & billing aspect.

9. **Information Technology**

Head of the Department: Mr. Navneet Khandelwal

Goal: Provide IT Value to end users with respect to their day to day function.

Scope of Services:
The scope and complexity of services provided by this department is Application Software (Medtrack & Prodigious)

- IT Infrastructure
- Hardware & Network
- Anti Virus Services
- Internet Services
-
- 10. **Food & Beverage**

Head of the Department: Mr. Navrang Pujari

Goal: To provide food and beverages and fulfil the needs and desires of our esteemed customers.

Functions:

1. Daily auditing of stores and kitchen area.

2. Take rounds of the entire service area with and after the service timings.

3. Shift wise briefing and de briefing of the contractual staff to ensure smooth and flawless functioning.

4. Monitoring of services and sales at various outlets like Coffee shops, Executive/Doctor‟s dining hall.

5. Regularly maintain the departmental reports.

10. Engineering

Head of the Department: Mr. B.K Sharma

Goal: To manage all engineering equipment and machines & supervising day to day hospital maintenance work and ensuring smooth functioning of all facilities of hospital.

Functions of the Department:

1. Responsible for managing plant engineering equipment, utilities, spares and consumables like Diesel generator, Plumbing, Pipeline, Ventilation, Air conditioning, Carpentry, Sewage treatment, Water treatment etc

2. Responsible for controlling consumption / provisions of power, water etc

3. Address and resolve escalated complaints and grievances from the user departments.

4. To ensure planned & timely progress and completion of commissioning activities and take proper handover from the project team regarding the engineering works.

Scope of Services:

The scope and complexity of services provided by this department is to coordinate with various department medical and non medical so that there is no hindrance in day to day work of all facilities.

The department monitor all the facilities such that diesel generator, steam boiler, hot water boiler, firefighting equipment, air conditioning chiller plant ,sewage treatment plant, RO plant, soft water plant, tube well, all plumbing work, carpentry work etc

11. Patient Welfare Department

Head of the Department: Ms. Meenal Patni

Goal: To make and position the hospital as a “Centre of Excellence” by ensuring customer satisfaction through personalised customer care , following the guiding principles of empathy, care and compassion to make the patients feel cared for.

Functions of the Department:

1. To maintain a good relation with the patients / attendants in the hospital through personalised service.
2. Managing patients / attendants expectations as well as keeping the interests of the organisation alive.

3. To enhance the value of services being provided by making the patient and the attendant comfortable and acquainted to the hospital.

4. To improve the quality of service from the patients" perspective through their feedback.

5. To look beyond the patients" / attendants" grievances, to identify loopholes in our existing system and the factual problems of the patients.

6. Networking within the organisation for the benefit of the patient / attendant and to ensure the action on the feedback.

Scope of Services:
The scope and complexity of services provided by this department is to enhance the customer satisfaction.The types and ages of patients served are patients of all age group.

12. Biomedical Engineering :

Head of the Department: Mr. Praveen

Goal: To install, commission and maintain all medical equipments in an efficient and cost effective way and make technical appraisal and recommendation for purchase of new equipments.

Functions of the Department
1. To administer and ensure timely maintenance of all medical equipment

2. To ensure timely trouble shooting of technical faults of the medical equipment

3. Provide inputs to commercial department about new / renewal of contracts with equipment supplier including annual maintenance / comprehensive maintenance contracts.

4. Ensure that the downtime of the equipment is the lowest

5. Audit all processes related to the delivery of medical gases

13. Security

Head of the Department: Mr.Naveen

Goal: To provide a proactive, competent service, to protect the life and property of every individual present in our premises.

Objectives: The Security departments' responsibilities can be broadly classified into three basic categories:
a. To protect and conserve the hospital’s property and prevent pilferage.
b. To prevent any action or situation that might result in an injury or death when a patient / attendant /visitor / employee are lawfully on the hospital premises.

Documents maintained:
- Audits
- Mock Drills
- Complaint Register

Scope of services:
- Security against intrusion, theft & robbery

- Transport & parking control
- Investigation & corrective action
- Informing the police for any ML cases
- Access control
- Key Management
- Disaster & Fire management
- Mortuary Management

CLINICAL DEPARTMENTS:

Goal: To provide medical care and treatment to patients with all types of diseases.

Scope of services:

- Anesthesiology
- Dermatology
- Dietetics and Nutrition
- Emergency and Trauma Centre
- Endocrinology
- Flat panel cath lab
- Geriatrics
- Gynecology
- Hematology
- Internal Medicine
- Laparoscopic , Gastrointestinal and Bariatric Surgery
- Mother and Child
- Neuron Sciences
- Neuro , Vascular and Non Vascular Intervention
- Obstetrics
- Ophthalmology

- Orthopedics and Joint Replacement
- Pediatrics
- Physiotherapy and Rehabilitation
- Preventive Health Check-ups
- Psychiatry and Psychology
- Pulmonary and Critical Care
- Radiology
- Renal sciences and Urology
- Rheumatology
- Cardiac sciences
- Dental Surgery

All types of Cardio-thoracic and vascular surgeries are performed here.
High Risk surgeries are also performed with Heart Supporting system & advanced Perfusion techniques.

SICU-CTVS and general surgery, CCU and general ward:

Services include:

- Invasive Monitoring
- Patient assessment (Physician, nursing, dietary and physiotherapy)
- Personal needs
- Dietary needs
- Bed-side x-ray, physiotherapy
- Transfer to ward
- Patient and family education

CSSD

Provide clean & sterile supplies which help in reduction of Infection & improve the Quality of care.

Infection control:

- To educate staff on biomedical waste segregation and management.
- To review epidemiological surveillance data and identify areas of intervention.
- To identify patients and or staff with communicable/potentially communicable infections and institute appropriate measures in such cases.

Dialysis

Removing waste and excess water from the blood and is used primarily to provide an artificial replacement for lost kidney function in people with renal failure.

Pediatric, NICU

To provide world class tertiary level management of critically sick babies & children. Specialized services will include Pediatric surgery, Neurosurgery, Physiotherapy & child Psychology.

Labor Delivery Room (LDR)

Outpatient care for patients coming to the OPD
Includes- Obstetrics consultation, investigations and referrals and opinions from other departments, if required

Physiotherapy (outsourced)

Facilities in Department of Physiotherapy
Electrotherapy, Diagnostic, Mechanical, Manual Mobilization Therapies, Exercise Therapy, Chest Physiotherapy, Gynae/Obstetric, Fitness, Post Operative Cardiac Surgeries, For Neurological Disorders and Geriatrics

HDU, Triage and ICU

The role of all three is to some extent same.
They provide intensive nursing care and monitoring. Patients with critical medical problems are treated in this highly focused specialized environment, featuring the best intensive care medical personnel and cardio-pulmonary monitoring equipment available. Procedures performed Included bronchoscopes, central venous lines, peripherally inserted line, arterial line, pulmonary artery catheter, Temporary pacemakers, Percutaneous tracheotomies, PEG placement and chest tube placement.

Cathlab:

The range of services includes all the elective and emergency procedures across the whole spectrum of Cardiology. CAG"s, PTCAs, BMV"s, Device closures, EP studies, RF ablations,

Pacemaker implantations, Peripheral stentings, Rota ablation and many other cardiology procedures are performed in the Cath Lab.

Dietics:

Dieticians provide an array of patient care services, including, nutritional assessment, counseling services, and enteral and parenteral feeding recommendations. The food service section of the department is committed to provide all IPD patients with fresh hygienic food. Menus are planned to take advantage of seasonal foods and changing patient preferences.

Laboratory:

The Department of Lab Medicine offers a comprehensive menu of more than 3000 regular and specialised tests performed through state- of- the- art equipment and based on more than 95 technologies.

PROJECTS:

- **Formulation of Self & Cross assessment toolkit & NABH Emergency**
- **NABH Radiology**
- **SOP Formulation & Implementation for Stroke Assessment**

Introduction: An Insight into NABH

Introduction

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organisations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board while being supported by all stakeholders including industry, consumers, government, has fully functional autonomy in its operation.

NABH was established in 2006

Board Composition

1. Chairman - Dr. Nand Kumar Jairam, Chairman & Group Medical Director,Columbia Asia Hospitals India Pvt. Ltd.
2. Indian Medical Association
3. Consumer Co-ordination Council
4. Insurance Regulatory & Development Authority (IRDA)
5. Indian Nursing Council
6. Department of AYUSH
7. Director General, Armed Forces Medical Services
8. Directorate General of Health Services (DGHS), MoHFW

9. Dean, Maulana Azad Medical College

10. Ministry of Tourism

11. Drugs Controller General of India

12. Chair Health Committee – CII

13. Chair Health Committee - ASSOCHAM

14. Chair Health Committee - FICCI

15. Academy of Hospital Administration (AHA)

16. Indian Health Care Quality Forum – Academic partner

17. Chair – Accreditation Committee – NABH

18. Chair – Hospital Technical Committee – NABH

19. Chair – Appeals Committee – NABH

20. CEO NABH – Member Secretary

International Linkage

- NABH is an Institutional Member as well as a Board member of the International Society for Quality in Health Care (ISQua).
- NABH is a member of the Accreditation Council of International Society for Quality in Health Care (ISQua).
- NABH is on board of Asian Society for Quality in Healthcare (ASQua).

Vision

To be apex national healthcare accreditation and quality improvement body, functioning at par with global benchmark

Mission

To operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon
national/international standards, through process of self and external evaluation.

Scope /Objectives

Accreditation of healthcare facilities

Quality promotion: initiatives like Safe-I, Nursing Excellence, Laboratory certification programs (not limited to these)

IEC activities: public lecture, advertisement, workshops/ seminars

Education and Training for Quality & Patient Safety

Recognition: Endorsement of various healthcare quality courses / workshops

NABH Standards

10 Chapters

100 Standards

513 Objective Elements

Standards and Objective Elements

A standard is a statementthat defines the structures and processes that must be substantially in place in an organisation to enhance the quality of care

Objective element is a measurable component of a standard

Acceptable compliance with objective elements determines the overall compliance with a standard.

Benefits of Accreditation

Benefits HCO

Stimulates continuous improvement.

Enables the HCO in demonstrating commitment to quality of care.

Raises community confidence in the services provided.

Provides opportunity to benchmark with the best.

Benefits Patients/Customers

Accreditation benefits all stake holders, patients/customers are the biggest beneficiary.

Results in high quality of care and patients/customer safety.

Patients/Customers get services by credentialed staff.

Rights of patients/customers are respected and protected.

Patients/Customer satisfaction is regularly evaluated.

Benefits Staff

Staff is satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of service processes.

Improves overall professional development of staff and provides leadership for quality improvement in various techniques.

Benefits to others

Objective system of evaluation and empanelment by Third Parties

Provides access to reliable and certified information on facilities, infrastructure and level of care

OPERATIONS EMERGENCY DEPARTMENT

Emergency department in FEHJ is manned by ACLS Certified post graduates, is capable of handling all type of emergencies. The Centre has Cardiovascular Life Support Ambulances equipped with essential life support system and is manned by trained doctors and nurses round the clock. This ensures that care starts even before the patient reaches the hospital, hence, improving the chances of survival. The world class trauma facility is operational 24x7. International standards and laid down protocols are followed in the Fortis Hospital Emergency Unit.

A. **Purpose: -** to carter patient with relief and the management of the patients arriving at the hospital with acute medical and surgical emergencies with any injuries by road traffic accidents, any other form of accidents, sudden attacks of illness, head trauma, Physical abuse, poisoning, fever >104, burns, rape cases etc without any unfairness or biasses.
Average Length of stay in triage (ALOS) : 4 hours (average)

B. Scope: Scope of services of the ED range from providing sporadic, primary, acute (comprehensive) care to all the patients who seek immediate medical attention and to referral cases.

C. **Responsibility:** the staff present at the unit is expected to work proficiently to save lives. Staff responsible are, In-charge ED (DR. Ambrish), doctor on duty, other residents, nursing in charge (Mr. Ashwani), nurses, gd, pharmacist and other departments who work in coordination with the emergency department.

D .Objectives: To triage all arriving patients.

To make available best in class treatment

To analyse, treat, admit and provide apposite referral and follow up.

To ensure that patients receive treatment as determined by triage guidelines.

To instigate life saving treatment

To provide end of life care.(mentioned in sop but not practiced)

E. Emergency Department (ED) Classification of Capability & Staffing

1. The Emergency Department PROVIDES 24 HOURS*7 DAYS treatment facility all through peak hours , the consultants of all medical services are offered in the hospital and can be reached instantly in case of any need.
2. During non peak hours the consultants from each clinical department are available on call In case of accident involving numerous individuals at a time all consultants and staff members responsible to provide critical can be called as per the requirement.

G. Emergency Care Service : The ED service covers assessment, recovery and dealing of all the emergency conditions; it involves services of the following types:

1. Cardio-pulmonary emergencies.
2. Surgical Emergencies
3. Trauma Related Emergencies
4. Medico Legal Emergencies
5. Endocrinal Emergencies
6. Obstetrics & Gynecological Emergencies
7. Infectious Emergencies
8. Ambulance Services

Services which are yet to begin:

1. Burns Critical Care (although hospital accommodates burn patient but it still doesn't have dedicated burn unit)

Scope of Services

1. Accident & emergency 24 hours
2. Anaesthesia
3. Cardiac surgery (ctvs)
4. Cardiology (adult, pediatrics & neonatology
5. Critical care (adult, pediatric & neonatology)
6. Dentistry & omfs
7. Dermatology
8. Ear, nose & throat

9. Endocrinology
10. Gastroenterology
11. gastro- intestinal surgery & bariatric surgery
12. General surgery
13. Geriatrics medicine
14. Gynecology & obstetrics
15. Internal medicine.
16. Marital & physical relations clinic.
17. Nephrology including dialysis.
18. Neuro surgery
19. Neurology
20. Oncology & onco surgery
21. Ophthalmology
22. Orthopaedics & joint replacement surgery.
23. Pediatrics & neonatology
24. Pediatrics surgery & Pediatrics neurology
25. Pediatric cardiology
26. Plastic & reconstructive surgery
27. Psychiatry (adult & pediatric) opd only
28. Renal transplant
29. Respiratory medicine & pulmonology
30. Rheumatology
31. Urology

SUPPORT SERVICES

1. Audiology & speech therapy
2. Blood bank
3. Diagnostic (laboratory & radiology services)
4. Dietetics & nutrition
5. Pharmacy
6. Physiotherapy

I. Emergency Preparedness Plan (Disaster preparedness plan)

1. Response Time**:**

All patients will come to the ED for emergency medical evaluation or treatment will be given care by qualified medical team in a timely manner consistent with the acuteness of their illness. The Nurse assessment at the triage is done without delay. All patients arriving in the ED are examined and attended by doctors without delay. Staff in the ed does not wait for patients to

get registered or to have uhid . The Consultants of particular department are called & they attend to the patient immediately during the regular hours of operations of the OPD. During after hours, Consultants on call are contacted immediately upon need. Treatment to patients who are critical is initiated immediately without any delay for the purpose of documentation and consent.

2. **Triage** Emergency Department patients will receive prompt initial assessment by a registered nurse (all the nurses in Ed are qualified to conduct initial assessment) and will have emergency care initiated according to their level of acuteness.The preferred outcome of the triage process is that all Emergency Department patients will receive useful treatment according to time-honored priorities.

Emergent patients requiring immediate intervention are transferred to the appropriate bed station in the ED to initiate the patient assessment & care process. The registration process of the patient is also initiated in the ED if the patient condition permits. In case of limb and life threatening situations the registration and consent process are postponed so as to facilitate the initiation of appropriate emergency care.

1. The chiefly severe patients are treated and transported first, while those with lesser injuries are transported soon after. This sorting is done to actually see which patient has to be taken care immediately and which patient can wait

J. Consent for Treatment

Consent is the documented proof of patient wanting to have treatment or not. Documentation is a must and as well as it’s a legal obligation & responsibility.

K. Patient Initial Screening Exam

1. The initial assessment will be done by the doctors and nursing staff for emergency patients.
2. TAT for the initial assessment will be 10 minutes.
3. The Initial assessment will include ascertaining the level of consciousness, checking the blood pressure, Pulse, temperature, Spo2, RANDON BLOOD SUGAR in case of diabetics or in case of suspicion of diabetes.

4. The initial assessment will ascertain the condition of the patient whether stable or unstable and appropriate measures will be taken.
5. Initial Assessment will include nutritional assessment of patient
6. Initial assessment by the medical officer will include the following criteria:

a. Assessment criteria for non Road Traffic Accident patients include:

i. Presenting History:
ii. Past Medical History:
iii. Allergies:
iv. O/E:
v. Temp. ,BP , PR, Spo2-,
vi. CVS/RS/ABD/CNS:
vii. Investigations done:
viii. Provisional diagnosis:
ix. Treatment given:
x. Course of action: outpatient/admission/transfer out/references

b. Assessment criteria for Road Traffic Accident patients include:

i. Presenting history:
ii. Past medical history:
iii. Allergies:
iv. Last meal:
v. O/E:

- Level of consciousness- , GCS, Pupils, Temp-, BP- ,PR

vi CVS/RS/ABD/CNS:
vii.L/E:
viii. Investigations done:
Ix .Provisional diagnosis:
x.Treatment given:
Xi .Course of action: outpatient/admission/transfer out/references
Xii .MLC initiated

7. The initial assessment will result in documented plan of care.

L. Ambulance Services:

AMBULANCE: An ambulance is a vehicle for transportation of sick or injured people to, from, between two places of treatment for an illness or injury, and in some instances will also provide out of hospital medical care.

FEHJ has 2 fully equipped ambulances round the clock.

Emergency department: keeps record of all the patients admitted here. Eg . h&p sheets, pre triage , doctor notes and investigations performed.

Findings about Ambulance at Fortis Hospital Jaipur:

Number of ambulance: 2

Number of staff present in ambulance: 4 in each (1 Doctor, 1 Nurse,1 GD, 1 Driver)

Response Time: ambulance has to leave within 10 minutes of receiving the

Facility: 24 Hours

All the ambulances are ACLS supported {advance cardiac life support system

Ambulance has all the necessary equipments just like emergency department, for eg, oxygen, monitoring, ecg, defibrillator, ventilator.

High risk medicines

Specifications regarding oxygen cylinder: 2 big cylinder 1 and small cylinder and at 40 mm oxygen cylinder needs to be refilled.

1 stretcher: used to transport patient.

1 scoop: primarily used for lifting heavy patients.

1 spine: primarily for spinal patient.

1 attendant for 1 patient

No traffic rule: if patient is critical, otherwise abide to traffic rules.

Daily (3 hourly) check from the checklist regarding inventory

Consent form and transfer consent form is must.

3-6 calls daily for the ambulance (hospital ambulance).

Infection control in ambulance:

- Cleaning of ambulance is done daily.
- Pillow cover and bed sheets are changed after every patient.

Doctors and nursing staff are ACLS trained.

GD and drivers are BLS (BASIC LIFE SUPPORT) trained.

Fire extinguishers: present 2 big cylinders.

No toll tax for ambulance

2 cell phone and 1 phone in ambulance.

Investigations done

O. Admitting Patients from the Emergency Department

1. In case admission of the patient is necessary, Consultant on duty makes the decision for admission and authorises it. The consultant admits the patient under the specialty Consultant on duty (during peak hours) and on call basis (during non peak hours).
2. The ED nurse is informed if the patient is to be admitted.
3. Admission to the ICU is approved by the attending Consultant.
4. After the patient representative makes the necessary admission procedure & admission is confirmed, necessary arrangements are made to transfer the patient to the floor by the ED nurse staff on duty in collaboration with the housekeeping staff.
5. The ED nurse communicates with the nurse in charge of the floor and confirms the availability of the bed and initiates the transfer of the patient to the floor admitted.
6. Patient is transferred to the floor by transport by the housekeeping staff as per patient's acuity. Monitored patients are transferred with a Nurse. All documents and reports of the patient are transferred to the floor along with the patient.
7. Exceptions occur in cases of life and death emergencies. The patient will be transferred to the ICU directly from the ED and registration & documentation may be postponed.

Q.MLC (Medico Legal cases)

1. Brought Dead

i. Take past history – HTN / DM / IHD etc.,

ii. Look for / Ask about any suspicious signs:

- Poisoning
- Strangulation –mark around neck / abnormal sings

- Any external injuries
- Expose the body completely and look for any sings
- Palpate the head and look for any hematoma, etc which may be missed.

iii. If a female, ask history of married life and if it is less than 7 years register it as MLC, - it is mandatory.

Register all brought dead cases as medico-legal case if death has occurred unexpectedly or from an unexplained cause

On arrival, the Emergency Medical officer should examine the patient thoroughly. He / She should go into the history in detail and look for signs of homicide, suicide, violence, external injuries to rule out any suspicious cause for the death. In case of female patient, marital history should be elicited and if EMO feels suspicious cause for the death, Medico Legal Case has to be registered.

After complete examination and confirmation by clinical evaluation death & is confirmed, the individual should be declared as Brought in Dead (BID) and the accompanying relatives/friends must be explained and informed about the probable cause of death and they are given only a Brought Dead Certificate until the cause of death is confirmed. The nearby police station should be informed immediately in case suspicion or foul play. The police will do the further disposal of the dead body after inquest. The Emergency Medical Officer will render necessary assistance.

2. Death on Arrival: If a patient has sudden Cardio-Respiratory Arrest on arrival at the Emergency Room, the patient has to be resuscitated as per ACLS protocols. Once death is confirmed the case should be treated as death on arrival, and necessary documentation should be done. Doctor should go into the detailed history of the patient and arrive at the probable cause of death. On the basis of this, cause of death certificate should be issued and arrangements for release of the body are taken after settlement of hospital dues.

3. Handling of Death & Release of Dead Body Death of a patient is handled carefully with concern without self-righteousness. Counseling of next of relatives with sympathy is given at most importance. All help in shifting the body from the hospital is extended to the next of people. The dead body is released as soon as possible after completion of all formalities.

Acknowledgement for receipt of the body and the casualty Certificate is obtained from Next of Kin/Legal representative. Handing-over of the body is a Solomon occasion and it is ensured that hospital staff takes due care and concern in this respect. Due arrangements are made if preserving the body in the mortuary is found necessary.

3. Death Certificate: In charge, doctor on duty should certify the cause of death in the Death Certificate after careful and thorough examinations of the patient after discussing with the concerned consultant. Death certificate is initiated if the death occurs within the hospital, unless there are grounds and evidence to the contrary.The cause of death should be well documented and a copy of the Death certificate should be filed along with the medical documents of the deceased patient.

4**. Storage of Medicines in Emergency Department**

1. All Emergency medications will be available 24 hrs in the ER
2. All Emergency medications will be replenished by the nurse/pharmacist on duty with each case and on daily basis.
3. Medication inventory / Crash cart will be checked by the nurse on duty with each shift change, to detect loss or theft.
4. Narcotics drugs will be kept in the narcotics box and will be under the supervision of the nurse in Charge
5. Narcotic drugs will be released only on the signed requisition of the in charge emergency department.
6. Working condition of the ER equipments will be checked by the nurse on duty with each change In shift.
7. Any Malfunction /nonfunctioning of the equipment will be brought to the notice of the nurse in charge and the Chief medical officer and work order is raised.

5.Infection Control In ED

1. All Emergency staff will undergo training on infection control
2. All Emergency staff will follow the infection control procedures as laid down by the infection control Committee.

3. All Needle stick injuries will be reported through incident report to the chief medical officer
4. Swabs will be taken from the nose, axilla, groin, bedsores (if present) of patients fulfilling those criteria and sent to lab and will be informed to the Respective unit nurse on handing over the patient.
5. Since ED is one of the high risk areas standard precautions will be taken by the staff at all times.

7. Equipment cleaning and sterilisation will be supervised by the nurse in charge

GAP ANALYSIS IN EMERGENCY DEPARTMENT BETWEEN CURRENT PRACTISES & NABH STANDARDS

Following Are the general and technical NABH accreditation requirements that any organisation must follow while implementation of NABH system to achieve best results and quick NABH certification

Chapter 1 Access, Assessment and Information (AAI)

Chapter 2 Patient Care and Rights

Chapter 3 Management of Medication (MOM)

Chapter 4 Hospital Infection Control (HIC)

Chapter 5 Continuous Quality Improvement (CQI)

Chapter 6 Responsibilities of Management (ROM)

Chapter 7 Facility Management and Safety (FMS)

Chapter 8 Human Resource Management (HRM)

GAP ANALYSIS EMERGENCY DEPARTMENT AT FORTIS ESCORTS HOSPITAL

- **Agency** : Gap Analysis, Corrective and Preventive Action, NABH Self Assessment Toolkit

Objective:

➢ To assess the existing service delivery standards of **EMERGENCY DEPARTMENT FORTIS ESCORTS HOSPITAL**

➢ To identify the baseline level of patient care & service delivery in EMERGENCY DEPARTMENT.

➢ To indicate the gaps in terms of structure, process and outcomes.

➢ To suggest alterations in structural designs, process of the facilities to meet the requirement.

➢ To give corrective and preventive action of the gaps identified

- **Background:** Hospital and healthcare services are vital components of any well-ordered and compassionate civilisation, and will unquestionably be the recipients of public resources. The hospitals should serve as places of safety, not only for patients but also for

the staff and for the general public. Thus the quality of services provided in various departments is of prime concern for any hospital .A study was conducted to understand the role of NABH standards and its impact on quality of EMERGENCY DEPARTMENT of a hospital. The study provided the data which shows the gap between the existing services and the standards of NABH in RADIOLOGY DEPARTMENT of the hospital

- **Aim**: To study and identify the gaps of a Emergency Department in FEHJ as per NABH standards.

- **Methodology**

- . **Primary data** was collected through observation, dialogue with staff and patients of the staff

- **Secondary data** was collected from hospital records in the form manuals, policies and procedure guidelines. Apparently, a self assessment toolkit i.e. a checklist was formulated based on the draft provided by the NABH QUALITY COUNCIL, INDIA which was later assessed and corrective, preventive actions are recommended to reduce the gaps.

Study design: Descriptive study was done to find out the gap between the current status of the hospital and proposed draft standards of emergency medical services certification program in hospital First Edition – august 2015 NABH

Study Area: Emergency Department of the hospital.

Data collection tool: Checklist, NABH self assessment toolkit
Data collection technique:
Primary data:
1 Direct observation
2.Conversation with the hospital staff
3.Discussion with the patients of the hospital

Secondary Data:
1. Hospital Manuals, Policies

2. Records (e.g. - Register of these departments), HMIS

- **Findings** : The study revealed that the average score as per NABH was 9.58 which makes the Department eligible for appearing for final assessment, as minimum score required was 7.The area of concern lies with implementation of policies and procedures as documentation (except few irregularities) part was up to the mark.
- The Emergency Department had following compliance, partial compliance & non compliance:

Compliance	93%	228
Partial Compliance	4.49%	11
Non Compliance	2%	6

-
-

The average score for individual standard was not less than 5 and average score for individual chapter was not less than 7.

STANDARDS	GAPS	CORRECTIVE ACTION
The defined services are prominently displayed	Scope Of Services Not Properly Visible	Scope Of Services To Be Repositioned
Staff Is Oriented To These Defined Services	Staff Briefing Register Is Awaited + Msog Sop 2016 Pg 6 Of 51	Register To Be Implemented And All The Entries Must Be Made Along With Proper Employee Id, Date & Topic Covered

STANDARDS	GAPS	CORRECTIVE ACTION
Staff Is Aware Of These Processes.	NO REGISTER	Though The Staff Is Aware But Still Documented Proof Is Must For Understanding That Each And Every Staff Member Is A Well Aware Or The Procedures.
Documented Policies And Procedures Are In Place For Ordering And Reporting Of Laboratory And Radiological Investigations Which Have Been Requisitioned From The Emergency	EMERGENCY DEPARTMENT Is Not Aware Of The Policy Present In The Hospital Policies	Redesigning And More Comprehensive Policies Which Can Be Easily Understandable By Staff At Lower Level
Documented Policies And Procedures Guide The Movement Of Patients From The Emergency Department For Investigations (Within Or Outside The Hospital) In A Safe Manner.	EMERGENCY DEPARTMENT Is Not Aware Of The Policy Present In The Hospital Policies	Redesigning And More Comprehensive Policies Which Can Be Easily Understandable By Staff At Lower Level
The Initial Assessment Results In A Documented Care Plan Which Is Signed By The Attending Doctor.	Aac016+Er/Sop No.02 As Stated In The Mentioned Policy H&P Sheet Is To Be Signed By Doctor, Instead In Ed At Fehj, H&P Sheet Is A Nursing Document. So In This Case We Can Rename The Document As Nursing Assessment Sheet.	H&P Sheet Should Be Renamed As Nursing Assessment Sheet

STANDARDS	GAPS	CORRECTIVE ACTION
Documented Procedures Exist For Coordination Of Various Departments And Agencies Involved In The Discharge Process (Including Medico-Legal And Absconded Cases).	No Document For Absconded Cases Reason Stated No Patient Has Absconded Till Now+ Policies Is For Mlc But No Policy For Absconded Cases.	Re Designing Of The Concerned Policy
The Organization Defines The Process, Time Frame For Availability And Rationality In Usage Of Blood And Blood Products In Emergency Department. It Also Addresses All Statutory Requirements.	Though The Policy Is Present (Hospital Policies) Staff Was Not Aware About This Policy For Ed	Briefing Of The Policies & Sop Must Be Done To Staff In The Form Of Continuous Learning.
End Of Life Requirements Are Identified And Is In Concurrence With Patient's And Family's Needs.	The Reason Stated By The Staff That In Ed Alos For Patient Is Up to 4 Hours And Then There Is Either Step Up Or Step Down And The Staff Does Not Give Up On Trying So They Are Not Practicing End Of Life Care	
Patients Receiving Sedation Are Monitored Appropriately.	Staff Was Not Aware Of This Policy Though They Said They Monitor But Not Documented	Register Implemented After Being Informed.
Medication Orders Are Clear, Legible, Dated, Timed, Named And Signed.	As Observed In Files From Jan 2016 To March 2016 Orders Were Not In The Sync As The Standards Suggest	

STANDARDS	GAPS	CORRECTIVE ACTION
Adequate And Appropriate Facilities For Hand Hygiene In All Patient Care Areas Are Accessible To Health Care Providers.	There Is No Wash Basin Present In The Emergency Room(Procedure Room Has) But If We Are Looking For The Hygiene Purposes Than Its Mandatory To Have Washing Area In Ed. To My Surprise Just 1 Hand Rub	Wash Basin To Be Made. And Per Bed Hand Rub
Adequate And Appropriate Personal Protective Equipment, Soaps, And Disinfectants Are Available And Used Correctly.	1 Hand Rub , Use Of Personal Protective Measures	Wash Basin To Be Made. And Per Bed Hand Rub
Adequate And Appropriate Facilities For Hand Hygiene In All Patient Care Areas Are Accessible To Health Care Providers.	1 Hand Rub , Use Of Personal Protective Measures	Wash Basin To Be Made. And Per Bed Hand Rub

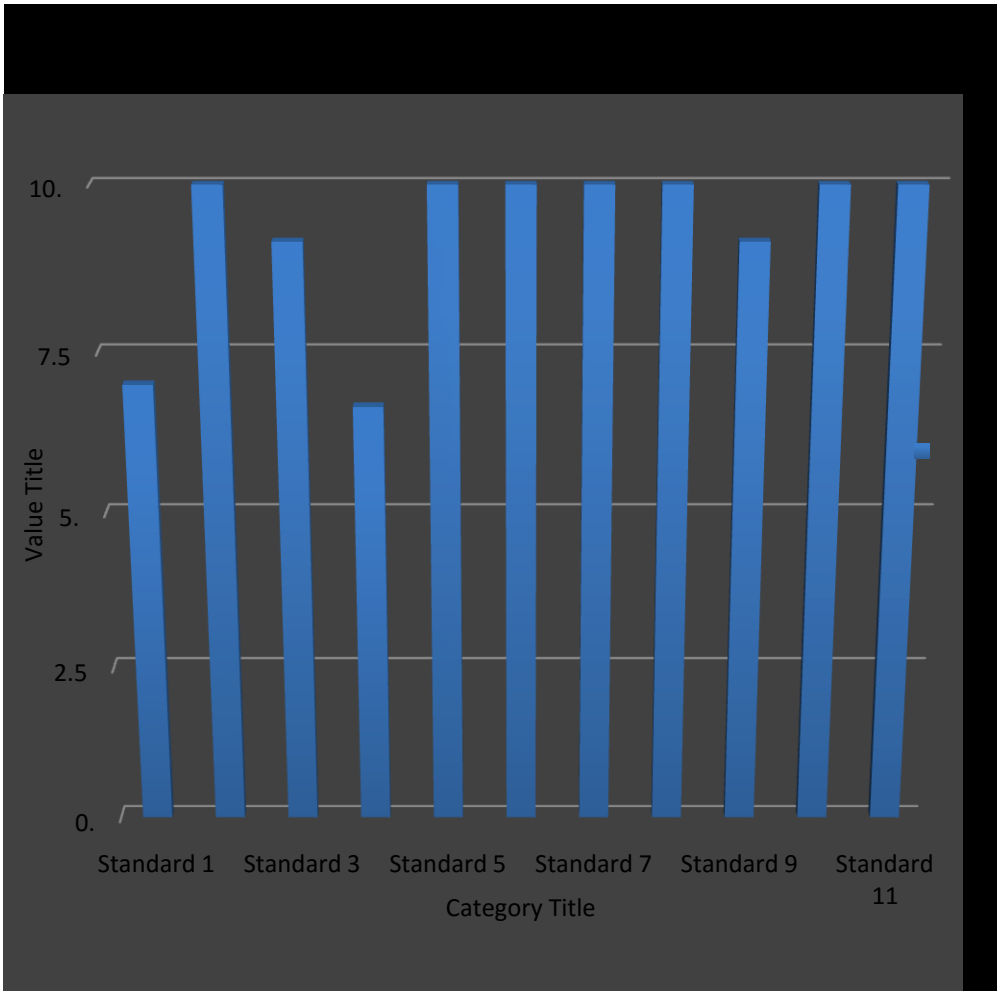
STANDARDS	GAPS	CORRECTIVE ACTION
Scope Of Activities Also Includes Oversight Of Emergency Services And Data Review.	No Emergency Committee	It Refers To A Committee That Is Made Up Of People From More Than One Area Or Specialty, Such As A Committee That Is Meeting To Plan A Better Patient Care In Terms Of Better Quality Care(Indicators Would Be Less Num Of Er Returns). It Would Often Be Composed Of A Representative From These Varied Disciplines, Depending On The Needs Of The Patient And Family. The Emergency Management Committee Will Analyze The Plans Designed To Respond To Emergencies And Evaluate Their Effectiveness For Disaster Management.

STANDARDS	GAPS	CORRECTIVE ACTION
The Quality Improvement Program Is Reviewed At Predefined Intervals And Opportunities For Improvement Are Identified.	No Emergency Committee	It Refers To A Committee That Is Made Up Of People From More Than One Area Or Specialty, Such As A Committee That Is Meeting To Plan A Better Patient Care In Terms Of Better Quality Care(Indicators Would Be Less Num Of Er Returns). It Would Often Be Composed Of A Representative From These Varied Disciplines, Depending On The Needs Of The Patient And Family.The Emergency Management Committee Will Analyze The Plans Designed To Respond To Emergencies And Evaluate Their Effectiveness For Disaster Mitigation, Preparedness,
The Patient Safety Program Identifies Opportunities For Improvement Based On Review At Pre-Defined Intervals.	Functional But Not Documented	Continuous Monitoring
The Patient Safety Program Identifies Opportunities For Improvement Based On Review At Pre-Defined Intervals.	Functional But Not Documented	Continuous Monitoring
The Organization Documents Employee Rights And Responsibilities.	No Policies With Hr Department, But Documented With Hr Dept.	Poster Pasted In Ed.

STANDARDS	GAPS	CORRECTIVE ACTION
Human Resource Planning Supports The Emergency Departments Current And Future Requirements To Meet The Care, Treatment And Service Needs Of The Patient.	1. Num Of Staff Should Be More In Ed. 2 Medical & Nursing Staff Overloaded With Work Other Than Clinical.	**Nursing Professionals**& Gda Should Be Counted On The Productivity They Can Help Not With The Head Count. 2. Planning Of Staff For Nursing Department Should Be The Responsibility Of Operations Manager Ed Or The Nursing In Charge Of The Department.

RESULTS: GAP ANALYSIS EMERGENCY DEPARTMENT

ANALYSIS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Standard 11
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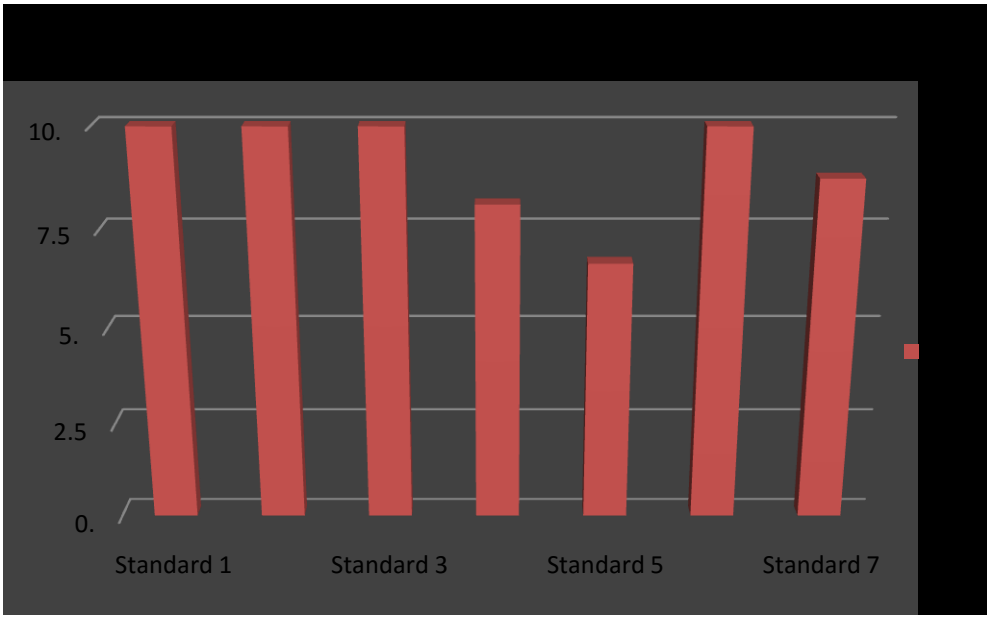
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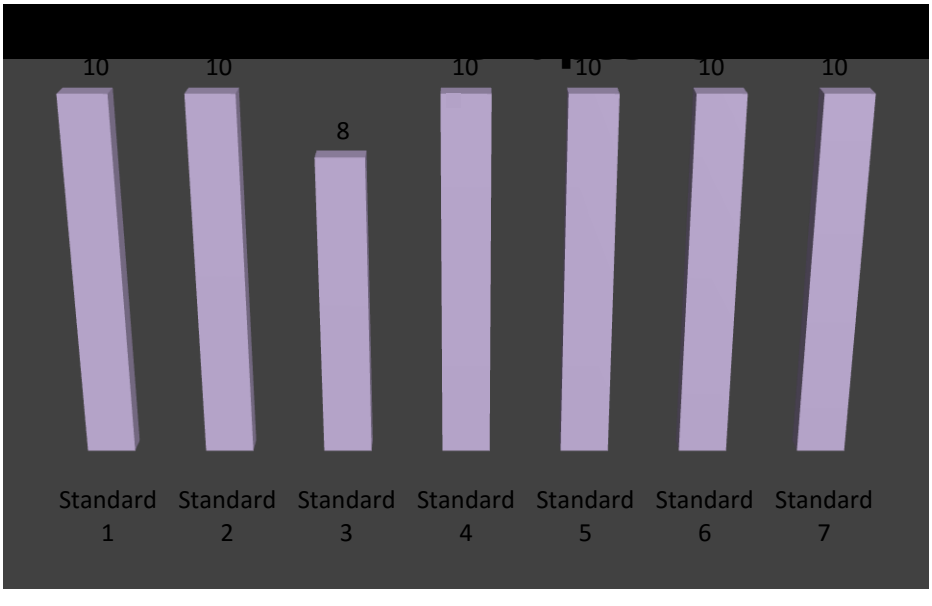
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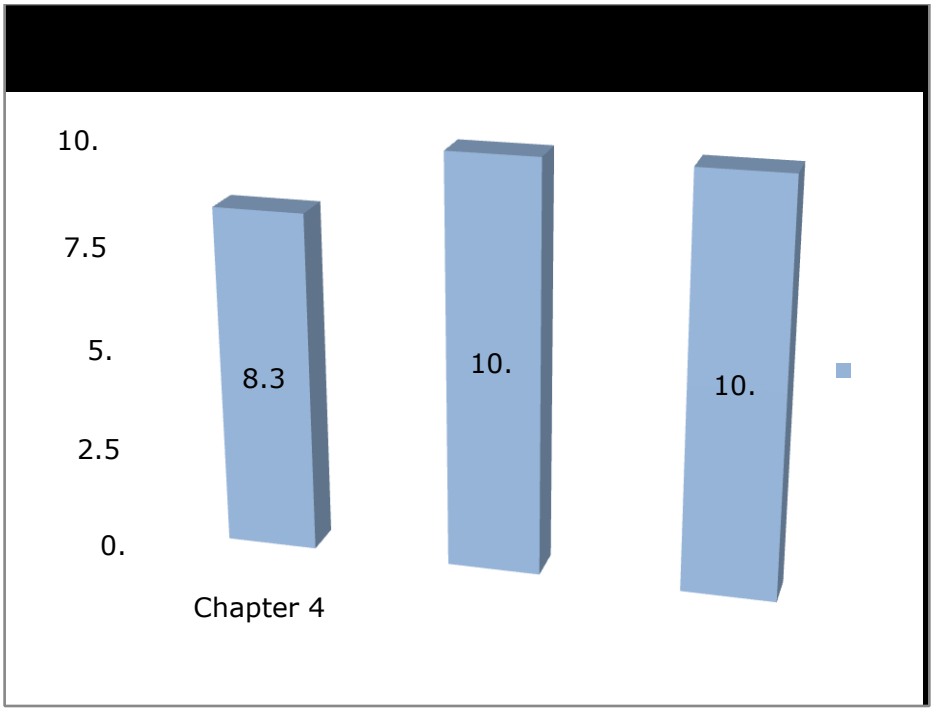
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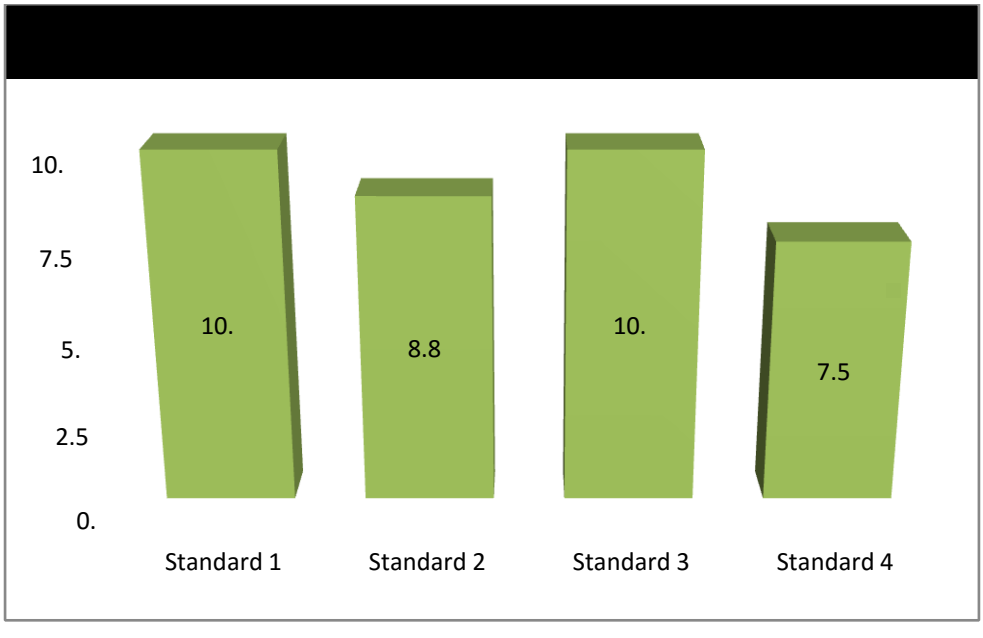
Chapter 4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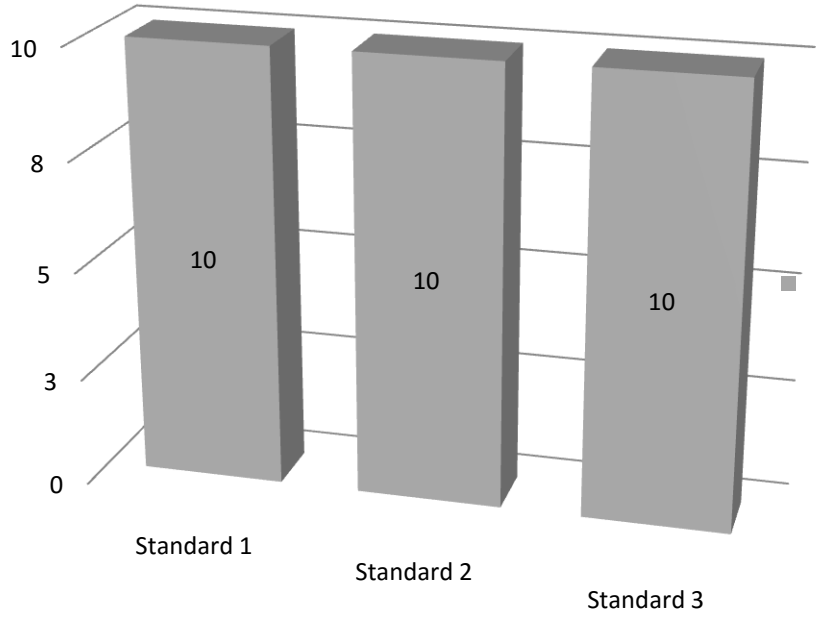
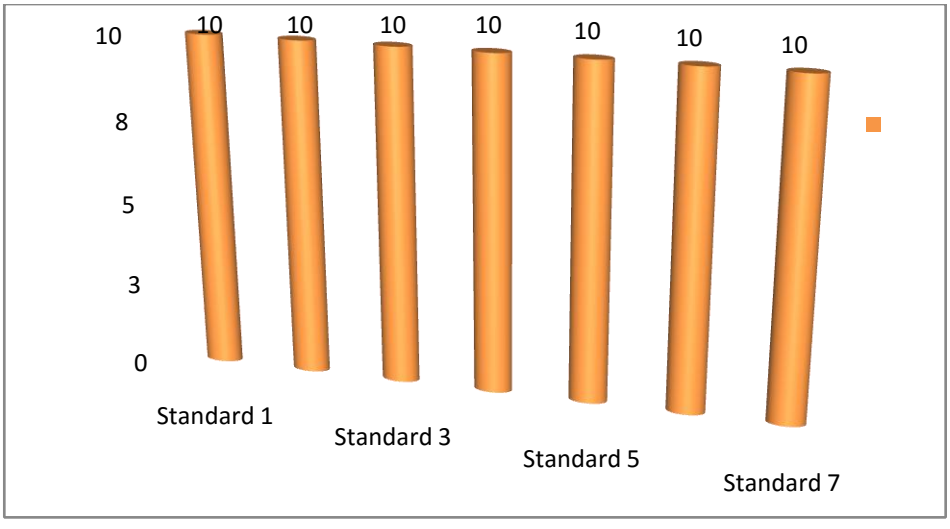
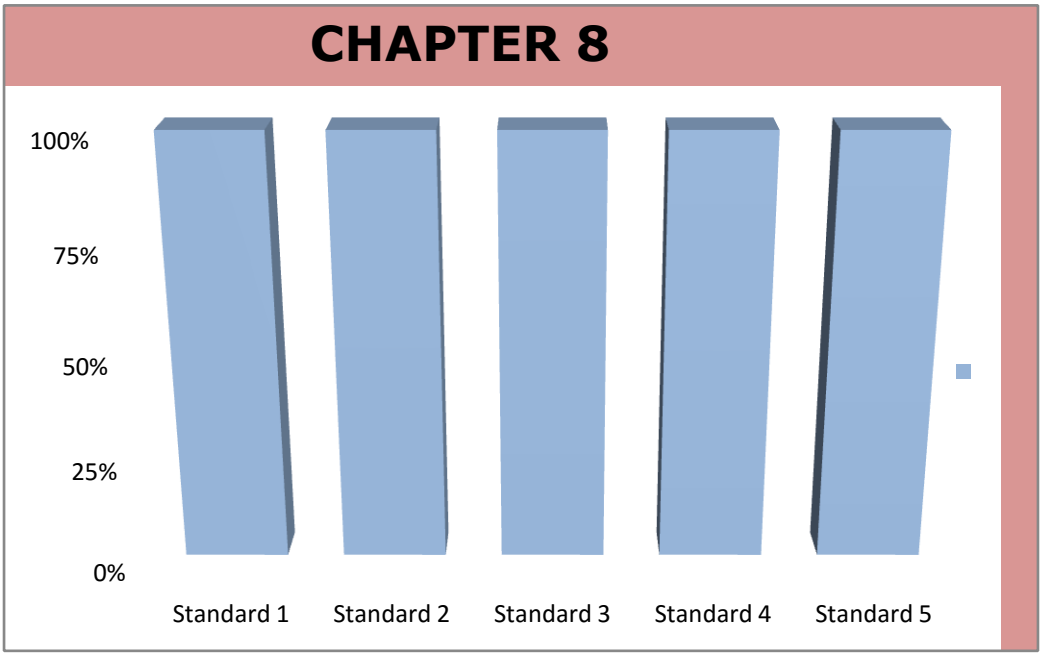
Chapter 6





CHAPTER 7



The study revealed that the average score as per NABH was 9.58 which makes the Department eligible for appearing for final assessment, as minimum score required was 7.The area of concern lies with implementation of policies and procedures as documentation (except few irregularities) part was up to the mark.

The Emergency Department had following compliance, partial compliance & non compliance:

Compliance:93%

Partial Compliance:4.49%

Non Compliance:2%

The average score for individual standard was not less than 5 and average score for individual chapter was not less than 7.

The Emergency Department had Score of 9.58 and in accreditation stage as per NABH standards and was fit for accreditation. Few gaps were identified, if fulfilled, and few are in process of closure will help in improving the efficiency of department and hospital to attract and accommodate more patients.

Recommendation:

I. Scope of Services to Be Repositioned

II. Training Register to be implemented and all the entries must be made along with proper employee id, date & topic covered.

III. Though the staff is aware but still documented proof is must for understanding that each and every staff member is a well aware or the procedures.

IV. Redesigning and more comprehensive policies which can be easily understandable by staff at lower level

V. H&P sheet should be renamed as nursing assessment sheet

VI. Briefing of the policies & sop must be done to staff in the form of continuous learning

VII. Wash basin to be made. And per bed hand rub

VIII. Formulation of emergency committee: It refers to a committee that is made up of people from more than one area or specialty, such as a committee that is meeting to plan a better patient care in terms of better quality care(indicators would be less num of er returns). It would often be composed of a representative from these varied disciplines, depending on the needs of the patient and family.
The Emergency Management Committee will analyze the plans designed to respond to emergencies and evaluate their effectiveness for disaster management

IX. **Nursing professionals**& gda should be counted on the productivity they can help not with the head count.

X. 2. Planning of staff for nursing department should be the responsibility of operations manager ed or the nursing in charge of the department.

XI. Except 2 ed staff member 1 doctor, and other one nursing staff are not acls bls trained , except these two all others are acls trained. When the new staff joins he has to shadow the senior staff but than this is not documented.

XII. acls+bls+buddy system but than buddy system not documented

GAP ANALYSIS RADIOLOGY DEPARTMENT AT FORTIS ESCORTS HOSPITAL JAIPUR:

INTRODUCTION:

Radiology is a medical specialty that uses imaging to diagnose and treat diseases seen within the body. A variety of imaging techniques such as X-ray radiography, ultrasound, computed tomography (CT), and magnetic resonance imaging (MRI) are used to diagnose and/ to treat diseases.

The acquisition of medical images is usually carried out by the radiographer, often known as a radiologic technologist. Depending on location, the diagnostic radiologist, or reporting radiographer, then interprets or "reads" the images and produces a report of their findings and impression or diagnosis. This report is then transmitted to the clinician who requested the imaging, either routinely or emergently. Imaging exams are stored digitally. Where they can be viewed by all members of the healthcare team within the same health system and compared later on with future imaging exams.

OPERATIONS OF RADIOLOGY DEPARTMENT

Purpose: The Department of Radiology of the hospital provides comprehensive services in the following imaging technologies:

i. General Radiography: X-rays are a form of radiation, like light or radio waves that can be focused into a beam. Once it is carefully aimed at the part of the body being examined, an x-ray machine produces a small burst of radiation that passes through the body, recording an image on photographic film or a special image recording plate

ii. Mobile Radiography: Mobile unit used to X-ray bed ridden patients and sometimes used to X-ray during operative procedures in Operating Room.

iii. Ultrasound : Ultrasound or sonography, uses high frequency sound waves to see inside the body. As the sound waves pass through the body, echoes are produced, and bounce back to the transducer. These echoes can help doctors determine the location of a structure or abnormality, as well as information about its make up. Ultrasound is a painless way to examine internal organs.

iv. Magnetic Resonance Imaging (MRI) : M R scans use magnetic resonance that images the body from different angles and then use computer processing to show a

cross section of the various tissues and organs pictured .MRI scans have proven to be very help in diagnosis of soft tissues especially brain , spinal cord , joints, abdomen ,chest and other muscles.

Why NABH for RADIOLOGY DEPARTMENT:

Medical Imaging Services cover investigations of patients that provide imaging information for diagnosis, prevention, and treatment of disease; or assessment of health. It includes conventional radiation based diagnostic radiology as well as a wide variety of specialized techniques including Ultrasound scans, Doppler studies, Bone densitometry, CT, MRI, etc.

These services are essential for patient care and therefore must meet the needs of all patient and the clinical personnel responsible for the care of those patients. These services include arrangement for requisition, choice of appropriate (most informative and cost effective) imaging techniques, patient information, patient consent, patient preparation, patient identification, performance of imaging procedures, interpretation, reporting and advice regarding the result, in addition to the consideration of safety and ethics in diagnostic imaging services.

Introduction to Accreditation Program for Medical Imaging Services

A Medical Imaging Department in the Hospital or an Imaging centre must maintain certain standard of services (statutory or otherwise); as well as, strive for continuous improvement in the quality of services they provide. Close Collaboration with clinical colleagues, verification of result as well as proper maintenance and calibration of the equipment are also a part of quality management in the department of medical imaging.

Standards for NABH Accreditation for Medical Imaging Services are divided into 6 chapters containing 23 standards and 95 objective elements. These standards provide general guidelines pertaining to all diagnostic and interventional imaging services.

The standards are grouped into six chapters as follows:

CHAPTER 1 Control of Services

CHAPTER 2 Control of Imaging Processes and Procedures

CHAPTER 3 Control of Personnel

CHAPTER 4 Control of Equipment

CHAPTER 5 Control of Documents and Record

CHAPTER 6 Risk Control and Safety

Agency: Gap Analysis, Corrective and Preventive Action, NABH Self Assessment Toolkit

Objective:

- To assess the existing service delivery standards of RADIOLOGY DEPARTMENT FORTIS ESCORTS HOSPITAL JAIPUR
- To identify the baseline level of service delivery in RADIOLOGY DEPARTMENT.
- To indicate the gaps in terms of structure , process and outcome
- To suggest alterations in structural designs, process of the facilities to meet the requirement.
- To give corrective and preventive action of the gaps identified

Background:

Hospital and healthcare services are vital components of any well-ordered and compassionate civilization, and will undeniably be the recipients of communal resources. The hospitals should serve as places of safety, not only for patients but also for the staff and for the general public. Thus the quality of services provided in various departments is of prime concern for any hospital .A study was conducted to understand the role of NABH standards and its impact on quality Of Radiology Department of a hospital. The study provided the data which shows the gap between the existing services and the standards of NABH in RADIOLOGY DEPARTMENT of the hospital.

Primary Data was collected through observation, discussion with staff and patients of the staff.

Secondary Data was collected from hospital records in the form manuals, policies and procedure guidelines. Apparently, a self assessment toolkit i.e. a checklist is used and corrective, preventive actions are recommended to reduce the gaps.

Aim: To study and identify the gaps of a RADIOLOGY DEPARTMENT in FEHJ as per NABH standards

Methodology:

- Study design: Descriptive study was done to find out the gap between the current status of the hospital and NABH standards

- **Study Area**: RADIOLOGY DEPARTMENT of the hospital.
- **Data collection tool**: Checklist, NABH self assessment toolkit
- **Data collection technique**:
  Primary data:
  1 Direct observation
  2.Conversation with the hospital staff
  3.Discussion with the patients of the hospital

Secondary Data:

1. Hospital Manuals, Policies
2. Records (e.g. - Register of these departments), HMIS

Findings: The study revealed that the average score as per NABH was 7.69 which makes the hospital eligible for appearing for final assessment, as minimum score required was 7.The area of concern lies with implementation of policies and procedures as documentation part was up to the mark. The RADIOLOGY DEPARTMENT had gaps 30 % where partial gaps are 12% and full gaps were 18% .The average score for individual standard was not less than 5 and average score for individual chapter was not less than 7.

Recommendations:/Conclusion: The RADIOLOGY DEPARTMENT had Score of 7.69 and in accreditation stage as per NABH standard and was fit for accreditation. Few gaps were identified, if fulfilled, will help in improving the efficiency of department and hospital to attract and accommodate more patients.

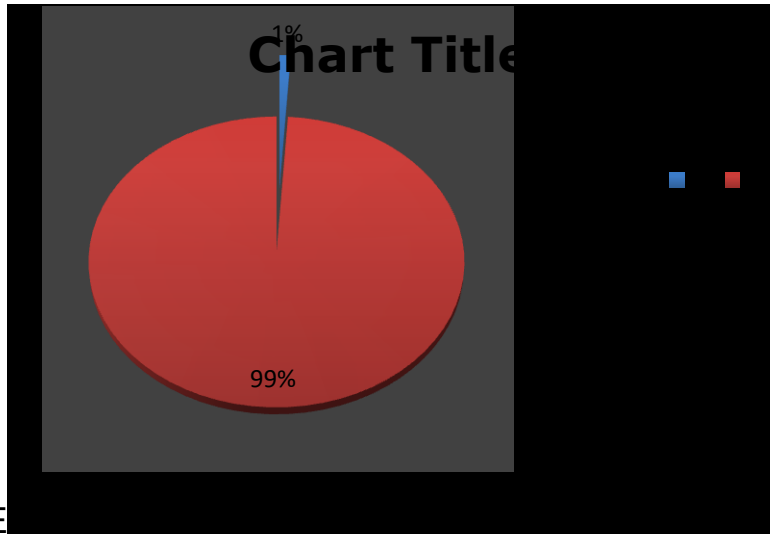
ANALYSIS

Based on the average score derived from each chapter.

		Score	Score
Chapter 1	Standard 1	10	7
	Standard 2	4.44	
	Standard 3	8.33	
Chapter 2	Standard 1	10	7
	Standard 2	7.85	
	Standard 3	5	
	Standard 4	5	
Chapter3	Standard 1	6.66	6.53
	Standard 2	7	
	Standard 3	6	
	Standard 2	10	
	Standard 3	10	

	Standard 4	0	
	Standard 1	10	
	Standard 2	10	
Chapter 5			10
	Standard 3	10	
	Standard 4	10	
	Standard 1	8.57	
	Standard 2	7.5	
Chapter 6			7.85
	Standard 3	7.5	
	Standard 5	10	
			7.69
	Average Total Score		

Total Objec-tives		96
Compliance	70%	67
Partial Com-pliance	12.50%	12
Non Com-pliance	18%	17
Total Objec-tives		96
Compliance	70%	67
Partial Com-pliance	12.50%	12
Non Com-pliance	18%	17

COMPLIANCE 

CONCLUSION: The RADIOLOGY DEPARTMENT has Score of 7.69 and in accreditation stage as per NABH standards and was fit for accreditation. Few gaps were identified, if fulfilled, will help in improving the efficiency of department and hospital to attract and accommodate more patients with better patient care.

IIHMR UNIVERSITY

The IIHMR University, Jaipur

Performance Evaluation for Summer Training

1. Name of the Organization: Fortis Escorts Hospital Jaipur
2. Name of the Trainee student: Dr Richa Pareek
3. Date of joining the Training: 1/4/2016
4. Date of completing the training: 31/5/2016
5. **Please grade the students** by putting √ against each of the following indicators:

Indicators	Your assessment		
	Highly satisfactory	Satisfactory	Not satisfactory
Regular attendance		✓	
Punctuality		✓	
Learning interest		✓	
Sense of discipline		✓	
Commitment to work	✓		
Behavior and conduct	✓		
Leadership skills		✓	
Communication skills	✓		
Ability to work with others		✓	
Performance in assigned task/project		✓	

Any specific contribution made by the student during the training:

Helped in identifying the Gaps as per NABH std.

Any pre-placement offer made to the student: (If yes, please provide details)

NA

Comments on the strengths of the student:

Communication Skills

Comments on the weaknesses of the student:

Your name: Nihar Bhatt
Designation: Head QA

Signature and Date