Summer Training at
Manipal Hospitals

Study on GDA'S: Plan for Man Power Reduction

By
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MBA Hospital and Health Management
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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Mr. Praveen Batra has undergone Summer Training in Manipal Hospitals, Jaipur from 1st April to 31th May 2016

The candidate himself completed the project assigned to him during summer training. His approach to the project was sincere and proactive. This summer training is partial fulfillment of the course requirement recommended for the award of MBA in Health & Hospital Management.

I wish him success in all his future endeavors

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ManipalHospitals
LIFE'S ON

SMH/HR/TC/2016/58

Date: 1st June 2016

To whomsoever it may concern

This is to certify that **Mr. Praveen Batra** pursuing his Post Graduate Diploma in Hospital Management at IIHMR, Jaipur has completed his summer internship on **"GDA Manpower Reduction Plan"** in Operations department from **1th April 2016 to 31st May 2016** in **Soni Manipal Hospital**, Vidhyadhar Nagar, Sikar Road Jaipur.

During this period we found him sincere and hard working.

We wish him all success in future.

For Soni Manipal Hospital
(A Unit of Manipal Hospitals (Jaipur) Pvt.Ltd.)

Manipal Hospitals (Jaipur) Pvt. Ltd.

Pratyush Srivastava
Unit Head

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ACKNOWLEDGEMENT

A summer project is a golden opportunity for learning and self development. I am thankful to have some wonderful people lead me through in completion of this project.

I wish to express my gratitude and special thanks to Mr. Pratyush Srivastva, Unit Head, Manipal Hospital, Jaipur who in spite of being extraordinarily busy with his duties, took time out to guide and keep me on the correct path during the training.

I express my deepest thanks to Mr Siddhartha Gupta, Operations Head,Manipal Hospital, Jaipur for guiding me in making the plan for man-power reduction with respect to GDA's.

Date:

Place:

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1. GENERAL OBSERVATION

Soni manipal hospital: manipal hospital is a landmark healthcare entity in the whole of South India. From the year (1991) when it was first set up, it has grown in strength in become flagship hospital of the manipal hospital group situated in vidhyadhar nagar, this hospital provides highly experienced doctors and support staff, state of the art equipment and world class facilities have provided millions of national and international patients with exemplary health care. Being the center of Manipal Hospital group, it provides path-breaking care in niche field like liver, kidney, and bone marrow transplants besides 55 other facilities. Manipal hospital is highly regarded as a speciality referral center in India.

Soni manipal hospital is a 232-bedded super speciality tertiary care hospital, fully furnistic in his services and technology and bridge together some of the most talented, modified professionals. The institute provides preventive, diagnostic theruptic, rehabillative and palliative and support services under one roof and is designed to meet patient care and research requirements of the new millennium.

SPECIALITIES OFFERED

In soni manipal hospital many specialties are being offered, as it is well-established multispecialty hospital. The specialties are being offered likewise oncology, cardiac diseases, renal diseases, neonatal, pediatric/medical & cardiac intensive care, orthopedics, general surgery, nephrology, ophthalmology, endocrinology, gynecology, pediatrics, radiology, pulmonology , urology , aesthetic and cosmetic surgery , pulmonary medicine ,ENT, physiotherapy , critical care , dental , alternative medicine.

Location

Located in Jaipur, situated in sector 5, main sikar road vidhyadhar nagar immediately distinctness near of the surroundings.

Philosophy

The hospital philosophy is **“LIFE’S ON….”**

Mission

We aim to provide world-class healthcare at affordable price to all members of public.

Vision

To provide quality health services with services with technological perfection and personal care under one roof with highly well equipped infrastructure by competent and devoted professionals at affordable cost that is inexpensive and accessible to everyone is an ethical and hygienic environment.

BASIC FACTS ABOUT SONI MANIPAL HOSPITAL

- Bed strength = 232
- Bed occupancy rate = 75%
- ALOS = 3.5 days

FLOOR

- Number of discharge/day = 28
- Number of OPD patient/day = 1100
- Number of emergency case = 20 to 25

CLINICAL SERVICES

OUTPATIENT DEPARTMENT

OPD is one of the most important department of the hospital . Out patient department of soni manipal hospital is the first encounter of patient coming to get their treatment. OPD department is the link to other department and riding cost of hospital care.

OPD of soni manipal hospital is divided into two blocks

1. General OPD
2. Super speciality OPD

OPD department in soni manipal hospital is on the ground floor.

All patients who visit the hospital OPD for the first time for consultation services are issued a card. This card is attached to registration form and issued to patient at time of registration The C.R. number is present on the card. The C.R. no is important, for its only help with the help of this number, that the patient medical record can be accessed. Patient are advised to always carry their card or card number whenever they come for follow-up visit to the OPD or whenever they are to admit a patient in IPD.

OPD APPOINTMENT

OPD appointment can be fixed either through phone calls or personally across the reception counter. Fax and e-mail facilities are also available.

IN PATIENT DEPARTMENT

The inpatient department of the soni manipal hospital is spread over ground floor, first floor, and second floor, third floor. On the ground floor general male ward, general female ward, ac ward , oncology ward, dialysis are located. NICU, CATH- LAB, CCU, CTV-ICU and OT are located on first floor. MEDICAL-ICU, HDU & NEURO-ICU are located on second floor. BMT & deluxe rooms are located on third floor. Each floor has reception where the patient final billing is done for discharge. Each IPD has a patient call monitor to respond immediately to the patient call monitor to respond.

Bed distribution in IPD

General ward = 36
Post operative ward = 16
Oncology ward = 20
Ac Ward = 10
Dialysis = 11

Intensive care units
Medical ICU = 22
NICU= 8
CTV = 7
CCU= 16
OT = 4 In no
Deluxe Rooms = 27

Functional = 130

1.1 A study on GDA'S : Plan for Man power reduction

OBJECTIVE: This study was carried out in order to study work-culture at Manipal Hospital to examine the efficiency of GDA and their quality of work to aid cost-effectiveness

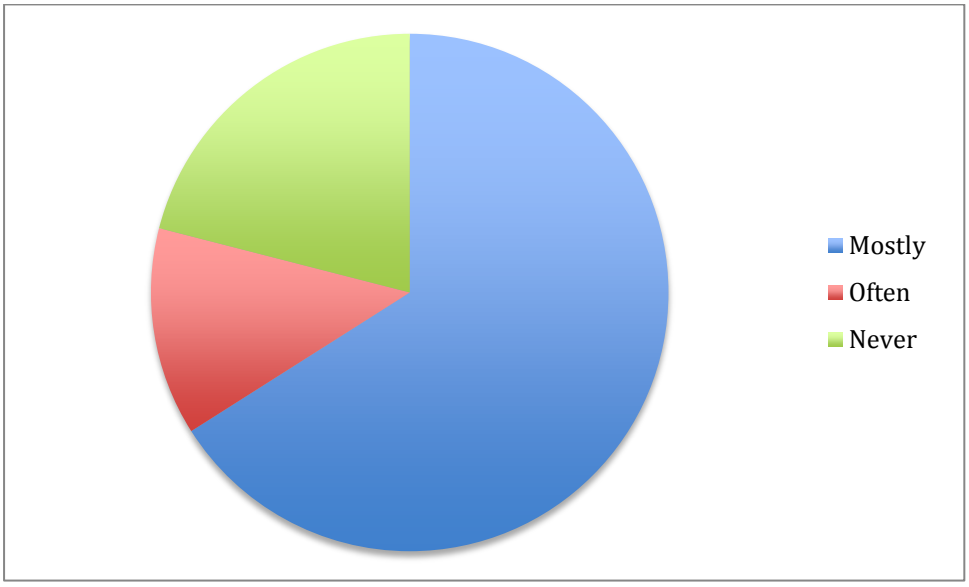
BACKGROUND: GDA services in a hospital are entrusted with maintaining a positive workflow of clinical and nonclinical activities in hospital environment conducive to patient care. GDA related activities have a direct effect on the health, comfort and morale of the patient, staff and visitors and are an important public relations variable. It is an essential ingredient in the provision of quality assurance of hospital care.

METHODOLOGY: A sample of 30 GDA was interviewed using a structured questionnaire to evaluate their awareness about reporting, training knowledge, clinical working practices, nonclinical services methods, and their responsibilities in mass casualty etc.

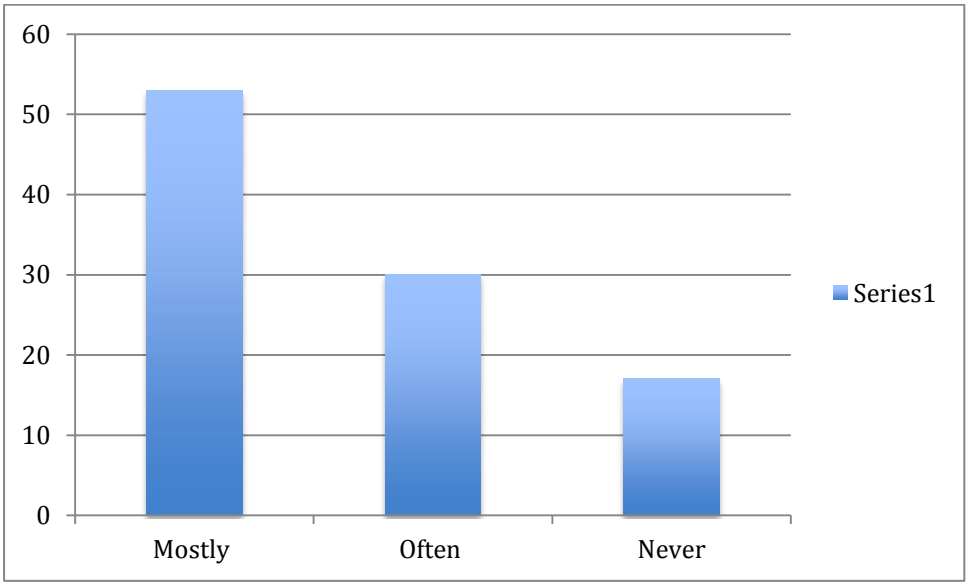
A sample of 15 nursing-in charge were also interviewed using a questionnaire to evaluate satisfaction regarding the level of working by GDA manpower in their units.

1.2 GDA survey analysis

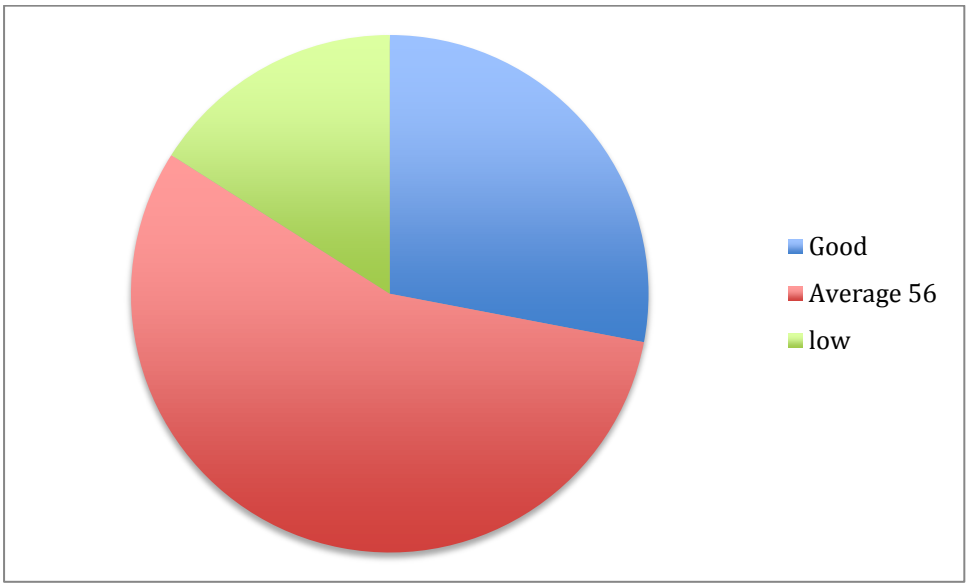
Biometric attendance



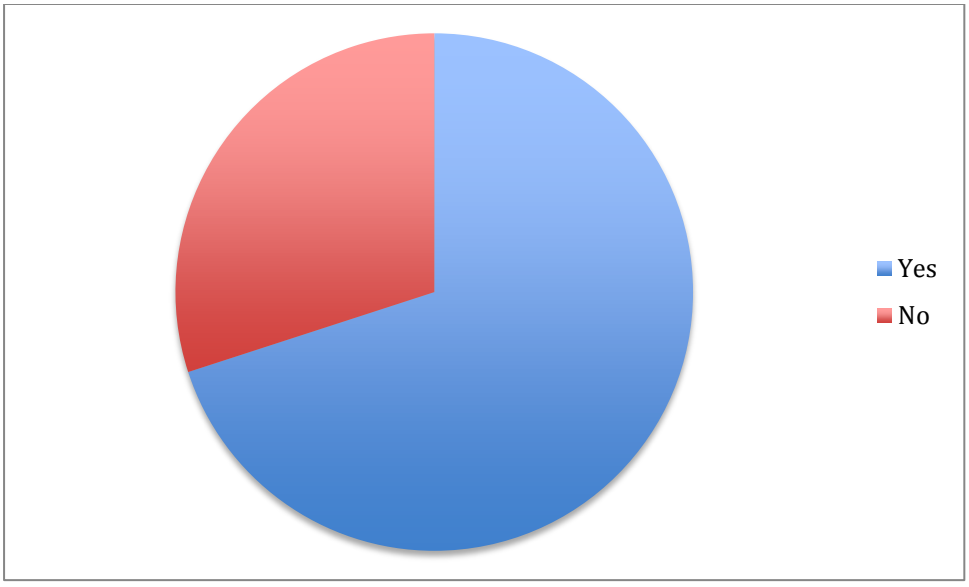
One unit functionary



Training Effectiveness

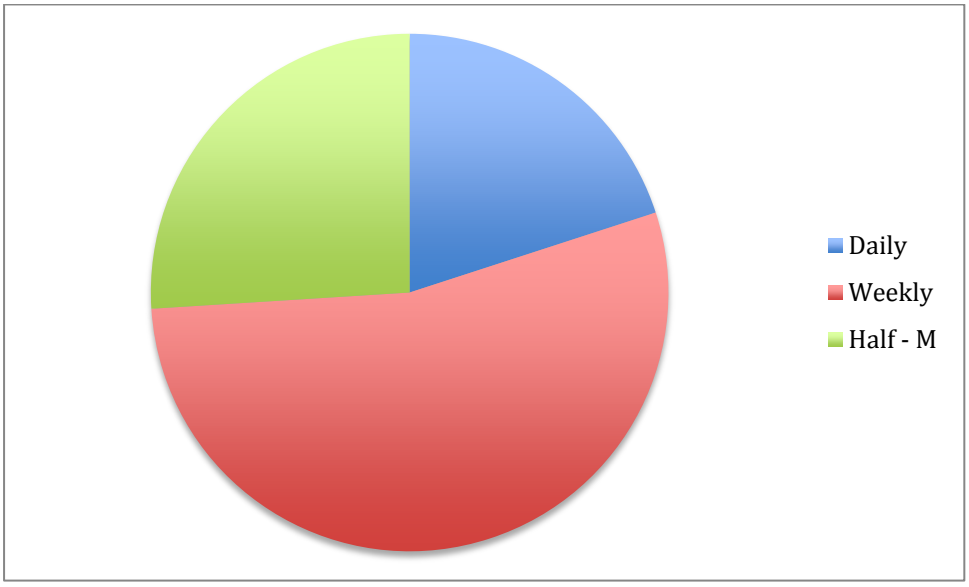


Recommendation level to other GDA at Manipal Hospital work culture

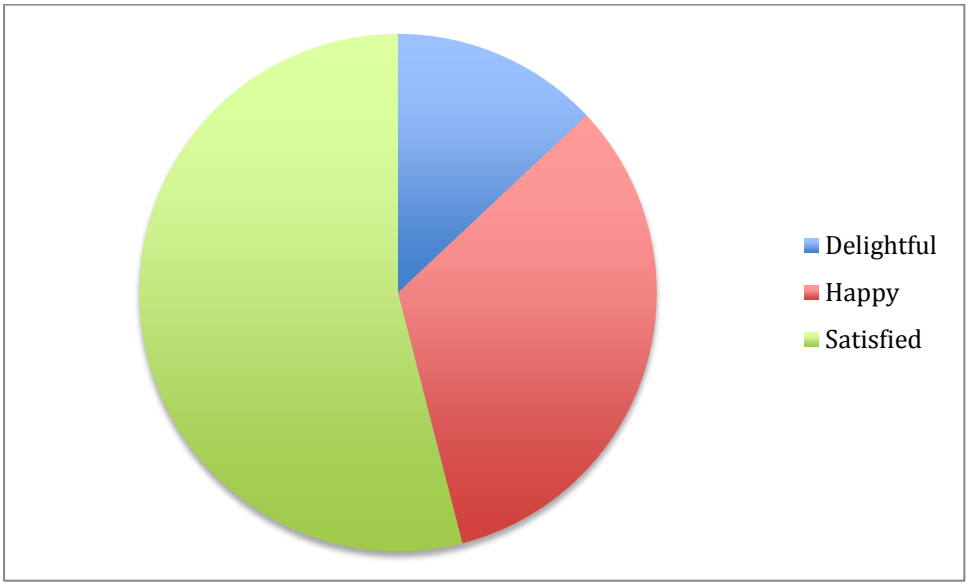


1.3 Nurse in-charge survey analysis

Training need of GDA



Satisfaction scenario of nurse-incharge



It was also observed after survey most of nurse in-charge are trying to accomplish a effective work to maintain a healthier scenario for organization since they all require a core GDA stable team for increase efficiency of unit.

Most of GDA are happier with their nurse in-charge behavior, most training sessions are utilized by new GDA, Some of GDA gets missed training lacunae sometimes due to lack of information or heavy work load. It was also observed GDA also want to work in same department for understanding work progress of particular unit.

Some lacunae were also found like absence of training sessions, effectiveness of training program, information of training session with absenteeism of GDA for training due to work-load in clinical un

2. STUDY TO ASCERTAIN THE WORKFLOW OF GDA's

A study was designed to know GDA work culture, regarding to evaluate time management flow in terms of Documentation time share, non-clinical work flow time share, patient-aid time share, workstation time share, on spot accessibility time share instead of it is also suggested to monitor deployment record, workstation work, movement of work, comfort zone, no of training session registered, qualification benchmarks, problems of GDA with system.

On basis of following up parameters a time-motion study practice is followed-up for cost-benefit analysis of per unit GDA worth to system.

METHODOLOGY: A study was designed to know deployment record, name of department, nurse in- charge name, no of beds, no of admission, no of discharge, transfer in and transfer out of patient, no of GDA movements, essential function of GDA with time activity precision, work load level, bed occupancy, no of nurse, no of GDA in day and night access and choice of GDA members to their unit.

GDA time to their worth is been observed in access to their core activities like patient shift time, bed making time, documents Photostat movements waste clearing additional work sponging, unit work.

Patient shift time and diagnosis are considered to their distance element, bed making is segregated to their critical place and working environment, in between GDA behavior is also studied.

A data of six days is been taken to know clinical unit load to evaluate GDA work in terms of GDA movements, In data no of admissions, no of discharge, no of transfer out, no of transfer in are collected of unit specific, along with that by this data GDA movements are judged in a day in terms of no of patient shift and diagnosis, no of bed making, there is a study consist of no of docs shift, no of waste handling cant be considered due to dependency on patient condition, so no time motion study on GDA is carried out in this case. Patient shift time is also monitored to their unit transfer and bed-making time is also observed.

Following studies are used as benchmark to know bed occupancy of each unit, no of male and female patient of a month is also assembled in excel sheet to design gender specific GDA team to unit or to deliver gender specific GDA delivery in day or night.

This data is systematically arranged on excel sheet for evaluation of UNIT and GDA work to cost-effectiveness in terms of organization need.

DEPLOYMENT RECORD

DEPARTMENT	NO OF GDA (DAY)	NO OF GDA (NIGHT)
3rd Floor(Deluxe rooms)	4	3
BMT	1	1
MICU	3	2
NEURO ICU	1	1
CCU	2	2
CATH LAB	2	0
GENERAL WARD	4	2
AC WARD	2	2
OT	3	1
BLOOD BANK	1	0
EMERGENCY	3	2
LOBBY GATE	2	0
ONCOWARD	2	2
NICU	1	1
CTV	1	0
DIALYSIS	1	0
PHARMACY	2	1
LAB	1	0

DEPARTMENT	NO OF GDA (DAY)	NO OF GDA (NIGHT)
CSSD	2	1
ADNIN	2	0
DISCHARGE.S	1	0
MRD	2	0
X-RAY	2	1
SEAROC	1	0
CREDIT BILLING	2	0
ONCO DAYCAE	1	0
ENDOSCOPY	1	0
OPD	2	0
RECEPTION	2	0
NEW OPD	3	0
HEALTH CHECKUP	1	0
LAUNDARY	3	0
DR. CAFETARIA	1	0
SSW OPD (2D EC/TMT)	1	0
TOTAL	**88**	

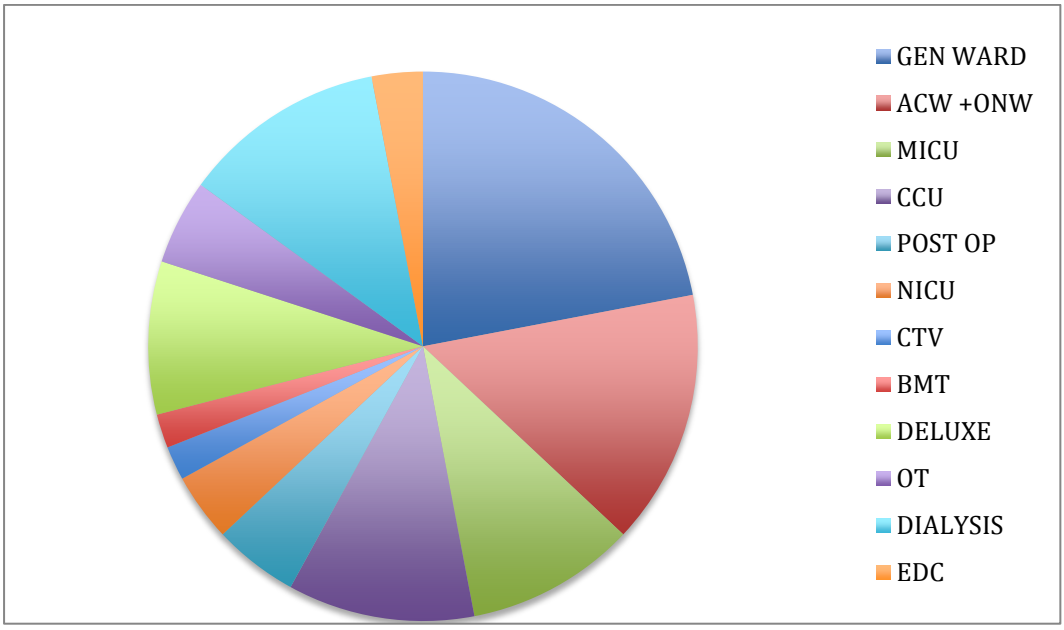
3.FINDINGS

It is observed after evaluation of excel sheet that in some department there is in excess of GDA are working, which needs to be scrutinize.

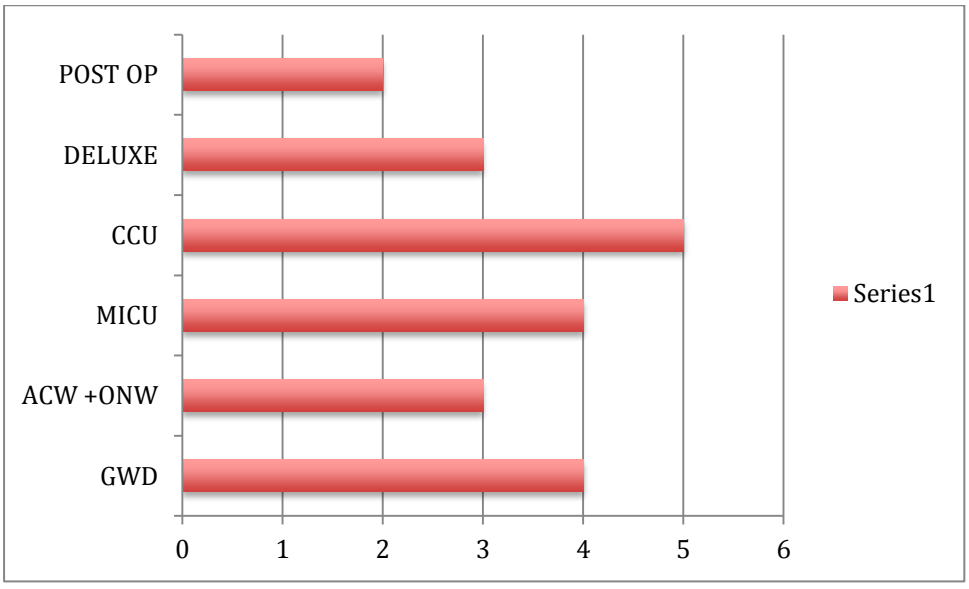
On basis of six days data in terms of no of admission, discharge, TITO bed occupancy and work load of GDA findings are classified in following table-

DEPARTMENT	**BEDS**	**BOR**	**WORK LOAD**
GEN W	36	25 to 27	HIGH
ACW+ONW	30	16 to 18	HIGH
CCU+PRE	16	12 to 14	VERY HIGH
DELUXE	27	15 to 17	AVERAGE
POST OP (NEURO+HDU)	16	6 to 8	AVERAGE
MICU	22	8 to 10	BELOW AVERAGE
CTV	7	2 to 4	LOW
EDC	11	3 to 5	IT DEPPENDS
NICU	6+2(PICU)	4 to 6	HIGH
DIALYSIS	11	FULL	VERY HIGH
BMT	8	2 TO 3	AVERAGE

GDA movements are also trying to track for unit specific work by using six days data in following plot-



Workload pattern of GDA work



GENDER SPECIFIC BED OCCUPANCY OF ONE MONTH

DEPARTMENT	MALE	FEMALE
GW	383	255
ACW+ONW	258	93
MICU	165	94
POST OP	207	118
CCU	181	75
EDC	380	212
DELUXE ROOMS CTV	141 18	143 10

4. RECOMMENDATIONS FOR GDA REDUCTION

Reduced GDA from units

GENERAL WARD

NO OF BEDS = 36

NO OF GDA = 4+2

BED OCCUPANCY = FULL

OBSERVED BED OCCUPANCY = 41+31+21+57 = 150/6 = 25

GDA work = 72 BED MAKING + 150 PATIENT SHIFT + PATIENT DIAGNOSIS + WASTE HANDLING +UNIT ADDITIONAL WORK

BEDS/GDA = 25/4 = ON 6 BED ONE GDA IS ASSSITING IN DAY

OPT GDA = 4 +1

REASON - In night one male GDA is assisted for male patients as these are high in numbers for female patient female GDA of onco or ac ward can assist here if require.

AC AND ONCO WARD

NO OF BEDS = 30

NO OF GDA = 4+4

BED OCCUPANCY = 26 TO 28

OBSERVED BED OCCUPANCY = 37+10+8+41= 96/6 =16

AS AC WARD NOW BECOME DAY CARE = 20

GDA WORK = 47 BED MAKING + 96 PATIENT SHIFT +PATIENT DIAGNOSIS + WASTE HANDLING + ADDITIONAL UNIT WORK

BEDS/GDA = 20/4 = ON 5 BED ONE GDA IS ASSISTING IN DAY

OPT GDA = 3+2

REASON – In day 3 GDA are sufficient for AC ward and onco ward as AC ward became day care, In night one male GDA is sufficient and one female GDA requires for female patient assisting, who can also aid in GW if require.

MICU

NO OF BEDS= 22

NO OF GDA = 3+2

BED OCCUPANCY =18

OBSERVED BED OCCUPANCY- 17+9+18+1= 45/6 = 8 to 10

GDA WORK = 26*3 BED MAKING + 45 PATIENT SHIFT +WASTE HANDLING + PATIENT DIAGNOSIS + ADDITIONAL UNIT WORK

BEDS/GDA = 10/3 = APPROX 3 BED ONE GDA IS ASSITING IN DAY

OPT GDA = 3+1

REASON - One female GDA at night can assist for female patients and for male patients male GDA of HDU can assist here.

NEURO AND HDU

NO OF BEDS = 16

NO OF GDA = 1+1,1+1

BED OCCUPANCY = 12

OBSERVED BED OCCUPANCY= 11+7+13+3 = 34/6 = 6 to 8

GDA WORK = 18 BED MAKING + 34 PATIENT SHIFT+WASTE HANDLING + PATIENT DIAGNOSIS + ADDITIONAL UNIT WORK

BEDS/GDA= 8/1 = ON 8 BEDS ONE GDA IS ASSITING IN DAY

OPT GDA = 2+ 1

REASON- One male GDA assist in this unit for male patients as in gender bed occupancy it is clearly mention male patient load is much regarding female patient assistance MICU female GDA can assist here if require.

DELUXE ROOMS

NO OF BEDS = 27

NO OF GDA = 4+3

BED OCCUPANCY = 20

OBSERVED BED OCCUPANCY = 30 + 18 +12 +26 = 86/6 = 15 to 17

GDA WORK = 48 BED MAKING + 86 PATIENT SHIFT + WASTE HANDLING + PATIENT DIAGNOSIS + ADDITIONAL UNIT WORK

BEDS/GDA = 17/4 = APPROX 4 BEDS ONE GDA IS ASSISTING IN DAY

OPT GDA = 3 +2

REASON- As bed occupancy of 6 days , for 15 beds 3 GDA are sufficient in day care , in night one male and one female GDA requires for assisting male and female patient.

OT

NO OF OT = 4

NO OF OT USED IN A DAY = 3 to 5

OBSERVED = 2 to 3 OT

NO OF GDA = 3 +1

OT/GDA = FOR 2 OT 3 GDA ARE ASSISTING IN DAY

OPT GDA = 2+1

REASON – In a day 2 or 3 operations are performed so two GDA are sufficient for OT as some of work is assisted by ot in-charge also.

CCU

NO OF BEDS = 16

NO OF GDA = 2 + 2

BED OCCUPANCY = FULL

OBSERVED BED OCCUPANCY= 28+6+4+33 = 71/6 = 12 to 14

GDA WORK = 34 BED MAKING + 71 PATIENT SHIFT + WASTE HANDLING + PATIENT DIAGNOSIS + ADDITIONAL UNIT WORK

BEDS/GDA = 14/2 = ON 7 BEDS ONE GDA IS ASSISTING IN DAY

OPT GDA = 2 +1

REASON- One male GDA in night is required to assist for male patients for female

patient female GDA of NICU can assist here if require

LAUNDRY

NO OF GDA = 3 IN DAY

OPT GDA = 2

REASON- one GDA is reduced in laundry, two GDA are sufficient in day work as one GDA sometimes busy in linen pick up and deliver in free time he can also assist here at unit, to assist machine work in some cases unit in-charge also assist them.

DR. CAFETERIA

NO OF GDA = 1

OPT GDA = 0

REASON - SELF SERVICE, no requirement for GDA for doctors which comes rare in cafeteria, spare time is used in doctor's lounge in day, if get together of doctors in cafe on call GDA delivery is done.

OVERALL SET UP

DEPARTNENT	NO OF GDA	SUGGESTED GDA
GW	4+2	4+1
ACW + ONW	4+4	3+2
MICU	3+2	3+1
CCU	2+2	2+1
NEURO AND HDU	2 AND 2	2+1
DELUXE ROOMS	4+3	3+2
OT	3+1	2+1
LAUNDARY	3	2
DR. CAFETAERIA	1	0

TOTAL = 42+ REST 46= 88 REDUCED TO 30 + 46 = 76

OVERALL TWELVE GDA REDUCED RECOMMENDED

5. CONCLUSION

GDA can be scrutinize on basis of their work load to departments instead of male and female GDA can be assist their work to different unit as per requirements .GDA are reduced on basis of work load of unit, as in night less no of diagnosis less no of patient shift. Less no of bed making, low workload is existed so in this study it is also considered in GDA reduction strategies. In this study 12 GDA are recommended to reduce in overall 88 GDA as found.

6. RECOMMENDATIONS

Issues to deal with

- Qualification status of GDA staff
- GDA STAFF rotation policy
- GDA training program improvement

  (a) Information of training
  (b) Spare time training
  (c) Training enhancement follow-up

    - GDA shift interventions
    - Deployment records detailing
    - Outsource GDA leave policy
    - GDA behavioral change program

Interventions to apply

- Unit specific training and development of core team
- Improvement in attitude of GDA Staff
- Monitoring qualification status of GDA
- Briefing induction
- According to unit specific (BED OCCUPANCY) GDA delivery
- Analysis of Deployment record of GDA
- Maintain a permanent GDA staff with Healthier completion.
- Mock drill exercise day in month.

- In house placement service can be developed.
- Providing a batch id to GDA to specific unit work for better efficiency work.
- Installation of one photocopier system at each floor to reduce GDA work
- Intervention of 6 hour shift (less salary) and at night GDA on call demand delivery
- Preparation of GDA teams according to gender specific bed occupancy of each unit (pipeline project)

References-

- http://www.ibimapublishing.com/journals/joo1M/jooim.html
- www.ncbi.nlm.nih.gov/pmc/articles/PMC3037121

7.ANNEXURES

ANNEXURE 1

QUESTIONNAIRE

GDA WORK-PROFICIENCY CHECK LIST

NAME:

QUALIFICATION:

Q. 1

DO YOU USE BIOMETRIC MACHINE FOR ATTENDANCE ?

MOSTLY
OFTEN
NEVER

Q.2

DO YOU WORK IN SAME DEPARTMENT DAILY ?

MOSTLY
OFTEN
NEVER

Q.N 3

AT WHAT TIME DO YOU REACH YOUR DEPARTMENT ?

7:30-8:00 A.M
8:00-8:30 A.M.
8:30-9:00 A,M,

Q. N 4

ARE YOU COMFORTABLE BY YOUR SHIFT TIMINGS ?

YES

NO

REASON

Q.N 5

DO YOU WANT TO WORK DAILY IN PARTICULAR UNIT ?

YES
NO
REASON

Q N 6

DO YOU GET A TIMELY BASE TRAINING

YES
NO

Q.N 7

DO YOU ATTEND ALL TRAINING SESSIONS AS PER REQUIREMENTS

MOSTLY
OFTEN
NEVER

Q.N 8

DO YOU FIND TRAINING USEFUL FOR YOUR WORK ?.GRADE US IN NUMBERS-

1-2
3-4
5 & Above

Q.N 9

DO YOUR NURSING INCHARGE ASSIST YOU IN YOUR UNIT OF FUNCTIONING ?

MOSTLY
OFTEN
NEVER

Q.N 10

HOW IS BEHAVIOUR OF YOUR DUTY INCHARGE ?

GOOD
AVERAGE
BAD

Q.N 11

DO YOU RECOMMEND YOUR KNOWN TO WORK IN SONI MANIPAL ?

YES
NO

REASON

Q. N 12

ARE YOU SATISFIED WITH YOUR WORK ?

IF YES

Then

GRADE

A
B
C

IF NO

Then

DO YOU WANT TO CHANGE OR REPLACE YOUR JOB

YES
NO

ANNEXURE 2

QUESTIONNAIRE

NURSING/INCHARGE-GDA WORK ANALYSIS

NAME:

DEPARTMENT:

Q.1

DO GDA'S COME ON TIME?

YES
NO

Q.2

DOES GDA STAFF CHANGES DAILY ?

MOSTLY
OFTEN
NEVER

Q.3

HOW IS BEHAVIOUR OF GDA'S SUPERVISOR WITH YOU?

GOOD
AVERAGE
BAD

Q.4

DO YOU PREFER SAME GDA TEAM IN YOUR UNIT FOR EFFICIENCY ?

YES
NO

REASON

Q.N 5

IS GDA STAFF SUFFICIENT FOR YOUR UNIT FUNCTIONARY ?

YES
NO

REASON

Q.N 6

DO YOU RECOMMEND UNIT SPECIFIC TRAINING TO YOUR GDA STAFF ?

DAILY
WEEKLY
HALF-MONTHLY
MONTHLY

Q.N. 7

DO YOU WANT HOUSEKEEPING STAFF TO ASSIST IN PATIENT CARE ?(GENERAL WARD)

YES
NO

Q.N 8

HOW IS GDA'S BEHAVIOUR WITH PATIENTS ?

GOOD
AVERAGE
BAD

Q.N 9

PLEASE GRADE GDA STAFF IN WORK EFFICIENCY ?
A
B
C
Q.N 10
HOW IS YOUR WORKING EXPERINCE AT MANIPAL HOSPITAL TILL TODAY?

DELIGHTFUL
HAPPY
SATISFIED
UNSATISFIED