Summer Training at
Indraprastha Apollo Hospitals,
New Delhi

Culture of Safety and AAPIE (Apollo Acculturation Program for Imbibing Excellence)

By
Mansi Agarwal

Under the guidance of
Dr. Suresh Joshi

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

TO WHOMSOEVER IT MAY CONCERN

This is to certify that, **Dr. Mansi Agarwal** student of MBA hospital and health management from The IIHMR University, Jaipur has undergone summer training at **INDRAPRASTHA APOLLO HOSPITALS** from **1st April 2016** 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 and analytical.

The summer training is in fulfillment of the course requirements.

I wish her success in all her future endeavors.

Col (Dr) Ashok Kaushik
Dean, Academic and Student Affairs
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Indraprastha Medical Corporation Limited

(Indraprastha Apollo Hospitals, New Delhi - A Joint Sector Venture of Govt. of Delhi)
Regd. Office : Sarita Vihar, Delhi-Mathura Road, New Delhi-110 076 (India)
Corporate Identity Number : L24232DL1988PLC030958
Phones : 91-11-26925858, 26925801, Fax : 91-11-26823629
E-mail : imcl@apollohospitals.com, Website : apollohospdelhi.com

Date: May 31, 2016

To Whom So Ever It May Concern

This is to certify that Dr. Mansi Agarwal, student of **"Institute of Health Management Research, Jaipur"** has successfully completed two months internship, which is a part of her course curriculum, in MBA-Health & Hospital Management program, from April 1, 2016 to May 31, 2016 at Indraprastha Apollo Hospitals, New Delhi.

During this period she was posted in HR Department and was involved in following studies / assignments:

- Did a study on **Induction Program** of new recruits
- Overview of **'Culture of Safety'** initiative at Indraprastha Apollo Hospitals
- Did a study on SACHi - An initiative of Apollo Hospitals in Saving a Child's Heart for the underprivileged
- Did a study on Fire Safety Protocols
- Assisted and coordinated in execution of cloud based Oracle Software YOU-R-HR
- Assisted in preparation of Job-description of various positions
- Assisted and coordinated in organizing Hospital wide JCI Training Sessions
- Assisted and coordinated in organizing following functions :
    - Employee Reward and Recognition Program
    - Clean Hands, Healing Hands Program

Besides above she has also been actively involved in assisting various other activities of the Department.

We wish all success in her future endeavor.

for **Indraprastha Medical Corporation Limited**
(Indraprastha Apollo Hospitals)

Anupam Srivastava

Anupam Srivastava
Manager - T & D

Acknowledgement

I would like to express my special thanks to **Mr.Ashok Kaushik** (Dean, IIHMR University) and **Mr. Hem Bhargava** (Placement & Training Head, IIHMR University) for giving me the golden opportunity to pursue my summer internship at **Apollo Indraprastha Hospital, New Delhi**. Secondly i would also like to thank my parents and friends who helped me a lot in finalizing my projects within the limited time frame.

I am using this opportunity to express my gratitude to everyone who supported me throughout the course of my summer internship at Apollo Indraprastha Hospitals, New Delhi.

I am highly thankful to **Mr. Rohit Kapur** (Senior General Manager, HR) for his aspiring guidance, invaluably constructive suggestions and friendy advices during my tenure at Apollo. I am sincerely grateful to him for giving me incredible opportunities to gain knowledge about management of a healthcare organization. I am also indebted to him for sharing his valuable experiences and giving his truthful and illuminating views on a number of issues related to management.

I express my warm thanks to **Mr. Anupam Srivastav** (Training & Development) for his constant support and guidance throughout my conduct at Apollo.

Also, my successful completion of the projects would not have been possible without the helping deeds of **Ms. Sunita Petwal, Mr. Kochar, Mr. Kuldeep Kaushik, Mr. Sushil Pandey, Mr. Sumit Grover, Ms. Anita and the entire HR department**.

I am grateful to **Maj. General Dr. L.R Sharma** (DMS, Apollo Hospital) and **Dr. R.S. Uberoi** (Chief Quality Officer) for giving me the opportunity to work for the "Consultant Connect project" under the mentoring support of **Dr. Vikas Sangwan and Dr. Akashdeep Chugh**.

My in depth understanding and learning at Apollo would have been incomplete without the valuable suggestions of **Mr. Dinesh Nehra** (Fire Safety Officer) and **Mr. Vijay Tokas** (HOD, F & B).

I would also like to thank my project internal guide **Mr. Suresh Joshi** (Professor IIHMR University) for his constant supervision and support in completing the projects.

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Manager - T & D

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Indraprastha Apollo Hospitals

HOSPITAL PROFILE

MISSION STATEMENT

"Our Mission is to bring healthcare of international standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity"

Dr. Prathap C Reddy
Founder Chairman
Apollo Hospitals Group - India

The Journey of Apollo Hospitals

- The Apollo Hospitals Group was started by Dr. Prathap C. Reddy in 1979.
- The Group started its first hospital at Chennai in 1983 with the initial bed strength of 150.
- The bed strength today stands at over 9000.
- With over 54 owned hospitals, Apollo today is Asia's largest Corporate Hospitals Group.

Company Overview

Apollo Hospitals Enterprise Limited (Apollo) is among the largest private integrated healthcare groups in India and recognized as a leader in the management and delivery of high-quality tertiary care in Asia.

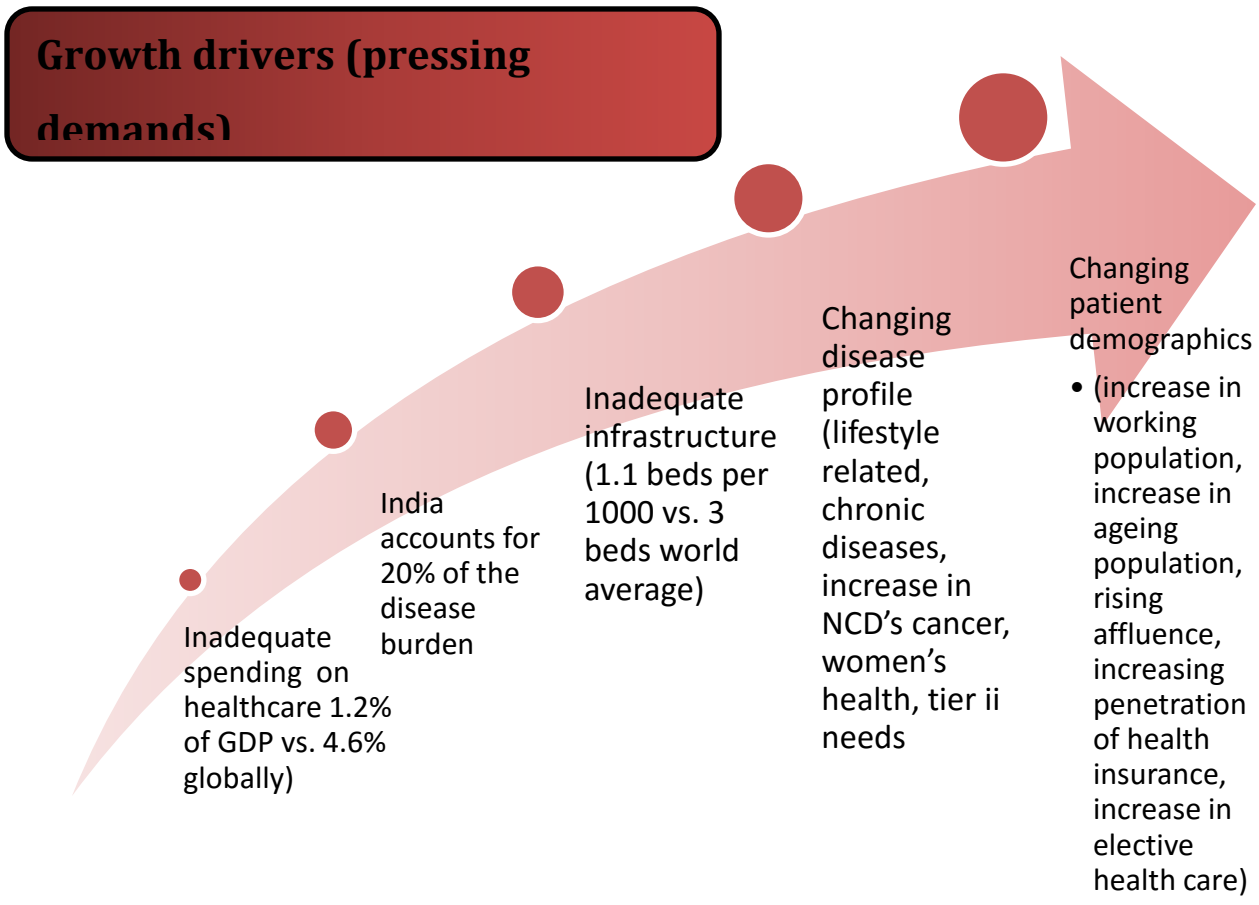
At the behest of his father, in 1971, Dr. Reddy left behind a flourishing practice in Boston and returned to India. On his return he found the medical landscape in the country plagued by gaps in infrastructure, delivery and affordability. Things took a turn for the worse when he lost a young patient who just did not have the means to go abroad for treatment. The incident marked a cross road in Dr. Reddy's life and steeled his determination to get quality healthcare to India. He set the blueprint to build India's first multi-specialty private sector hospital.

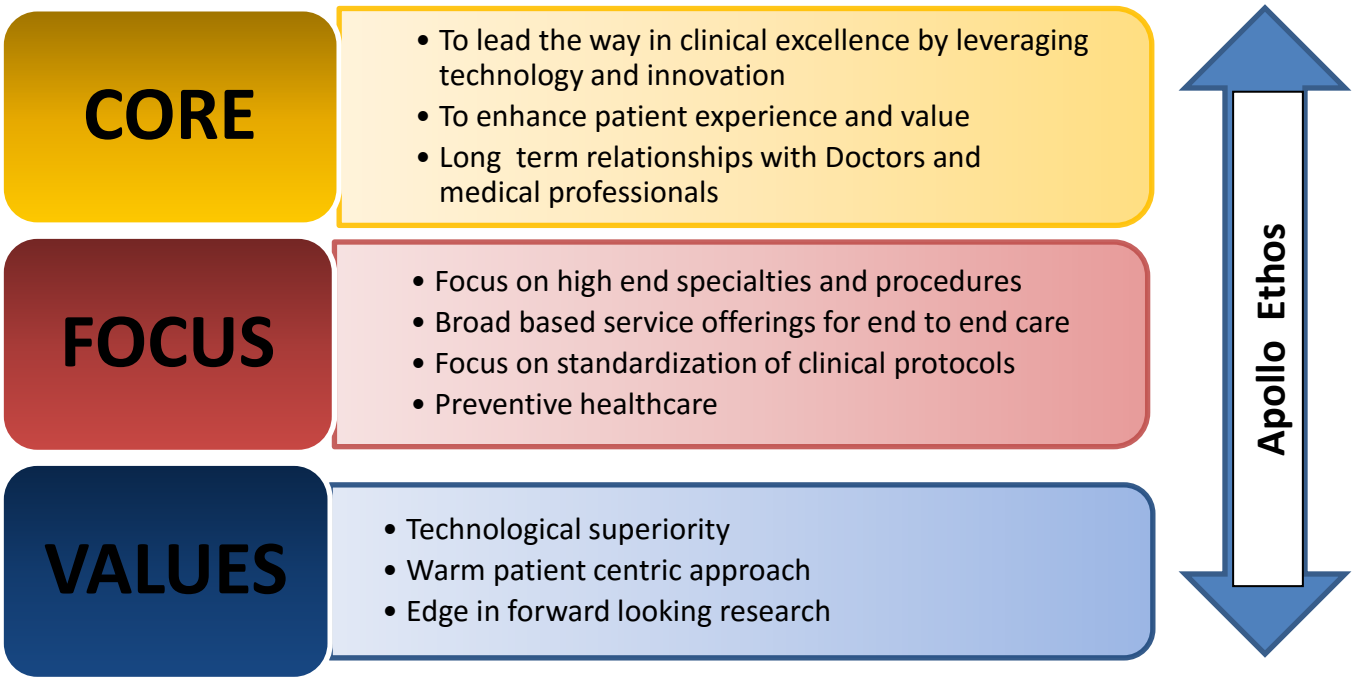
In the 30 years since, it has scripted one of the most magnificent stories of success that India has seen. Not only is the Apollo Group one of the largest integrated healthcare groups in the region, it also did successfully catalyze the private healthcare revolution in the country. Apollo today has made every aspect of their lofty mission a reality. Along the way the journey has touched and enriched 39 million lives who came from 120 countries.

Apollo Hospitals was the forerunner of integrated healthcare in Asia, as well as globally. Today, the group's futuristic vision has ensured that it has been in a position of strength at every touch point of the healthcare delivery chain. Its presence encompasses over 10,000 beds across 56 hospitals, more than 1500 pharmacies, over 100 primary care & diagnostic clinics, 115 telemedicine units across 9 countries, health insurance services, global projects consultancy, 15 academic institutions and a Research Foundation with a focus on global clinical trials, epidemiological studies, stem-cell and genetic research

Indraprastha Apollo Hospital owned by Apollo Hospital group, India's largest healthcare chain, and is the second largest hospital in Delhi. Indraprastha Apollo Hospital has recently been accredited by Joint Commission International (JCI) USA as the first internationally accredited Hospital in India and South Asia

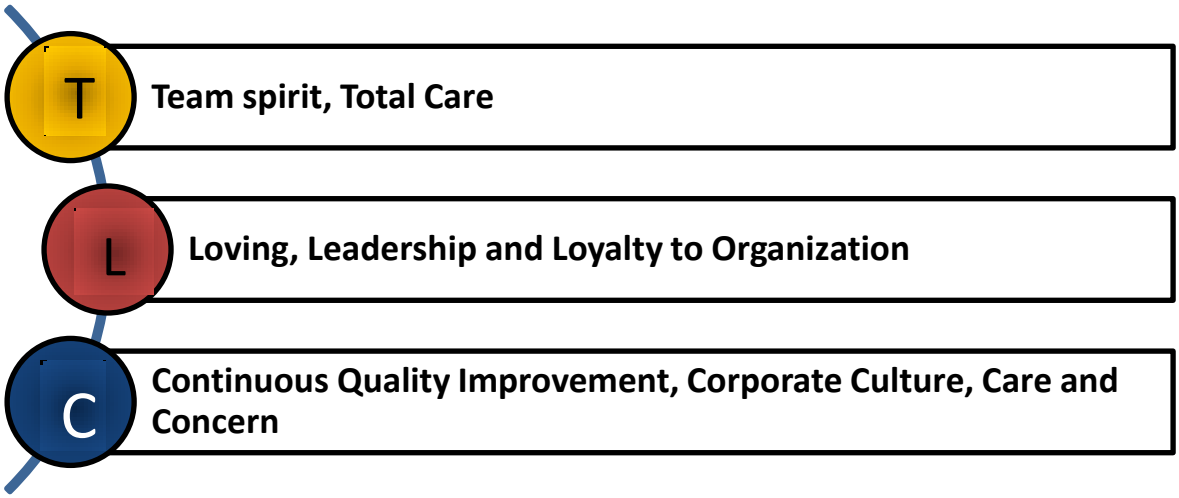
It is the third super specialty tertiary care hospital set by the Apollo Hospitals Group, jointly with the Government of Delhi, India's capital. A 718 bedded hospital, with the provision for expansion in future. This hospital commenced operations from July 1996. The hospital boasts of 52 super-specialties and some of the world's best specialties in each medical discipline. Besides, specialized facilities like Multi Organ Transplant Unit make Indraprastha Apollo Hospitals not just the capital's, but the nation's pride





Apollo's Corporate Culture

Tender, Loving, Care (TLC)



Committees at Apollo

The Committees that guide the smooth functioning of the hospital and help building the painstaking attitude in the employees:

- Quality Steering Committee
- Infection Control Committee
- Safety Committee
- Credentialing Committee
- Authorization Committee
- Appraisal Committee
- Medical Audit Committee
- Ethical Committee for Clinical Trials
- Ethics Committee
- Code Blue Committee
- Drug Committee
- Transfusion Committee
- Death Review Committee
- OT Committee

Codes

Blue:	Individual disaster	Call 66
Grey:	Internal disaster	Call 5555, 1926, 1983
Pink:	Baby disaster	Call 5555, 1926, 1983
Purple:	Fight likely	Call 5555, 1926, 1983
Black :	Bomb Threat	Call 5555, 1926, 1983
Red	External Disaster	CMO to Activate
Orange:	Indication of deterioration in patient's condition	Call 66

In case you cannot recall the above numbers, please call/dial "9" or '66'

FIRE SAFETY

Upon discovering a fire, Call out the code word - Code Grey

(This will alert nearby staff members to the emergency situation)

In case of fire, first inform 5555 and then remember the pneumonic: **RACE**

R **:** Rescue

A **:** Alarm

C **:** Confine the fire

E **:** Extinguish (if trained) and evacuate

Type of Extinguishers:

1. WATER CO_2 TYPE - Used for 'A' CLASS FIRE – Used for general fire by wood, Cloth & Paper

("A" written on fire extinguisher) , Note: Do not use water co2 Type on electrical fire

2. CO_2 TYPE - Used for 'BCE' CLASS FIRE – Used for fire by Flammable Liquid, Burnable Gas, Metals & Electrical appliances

("BCE" written on extinguisher)

3. Dry Chemical Powder (DCP) Type – Used in any type of fire including gaseous / electrical / fire.(Multipurpose use)

("ABC" written on extinguisher)

UNIVERSAL PRECAUTION - Hand washing is the single most important factor to prevent and control infection.

SMOKING POLICY - Smoking in hospital premises is prohibited

OBSERVATIONAL LEARNINGS

CLINICAL SERVICES

✓ OPD DEPARTMENT

Apollo has got 7 centralized OPD wings

Functions

Offers a complete facility of healthcare to the individual of all ages

Quality Indicators

- Patient's seen within scheduled appointment time
- Turnpver time between two patients
- Patient's Satisfaction

Shortcoming's Observed

- Poor maintenance of Flow of Patients
- High Waiting Time

✓ EMERGENCY DEPARTMENT

The EMR department at Apollo is located on the Ground floor facing the main road and has a Separate Entrance. It has Waiting Lounge at its Entrance and EMR reception.

EMR is provided with it's own Drugs and Stores

Staffing-

- 1 HOD
- 5 CMO's
- Patient to Nurse ration- 1:1

Bed Charges in EMR are 880 rupees/hr

✓ OT DEPARTMENT

Apollo hospital has 16 OT's distributed in 3 locations namely OT complex 1 and OT complex 2 on the First floor and Ortho OT complex located on the Ground floor next to EMR

Functions

OT is committed to provide the highest standards of Surgical care to the patients

Scope and Complexity of Services

- Cardiac
- Neurology
- Opthalamology
- ENT
- Gynaecology
- Plastic
- Ortho
- Micro disc
- Laproscopy
- Transplant
- Oncological and other General surgeries

Days and hours of operations:

The OT department is functional from 8:00 to 20:00 days a week and EMR cases are taken on Sunday.

Quality Indicators

- Cases Load/month
- Needle stick injuries
- Same day cancellation/100 surgeries
- Unplanned returns to OT/100 surgeries
- Number of recovery room delays/100 surgeries

✓ INTENSIVE CARE UNIT

An intensive care unit is a specialty staffed and equipped separate and self contained action of the hospital for the management of patients with life threatening or potentially life threatening clinical conditions.

Apollo has following ICU'S

- Surgical
- Medical
- Neuro
- Paediatric
- Stroke
- Coronary care unit
- Gastro care unit
- Organ transplant
- Neonatal ICU

SUPPORT SERVICES:

✓ RADIOLOGY DEPARTMENT

Functions:

- Provides complete diagnostic and imaging services of high quality and minimum error.
- Has developed standard operating procedures(SOP)
- Has established goals, objectives and standards of performance that are consistent with both the hospitals philosophy of patient care and practice of professional service delivery and match international standards.

Services provided:

1. Common X-rays
2. Fluroscopy

3. Ultrasound
4. Colour Doppler
5. Fatal Medicine Unit
6. CT Unit
7. CT single disc
8. CT 64 Slice
9. MRI 3 Tesla
10. Ultrasound and CT guided invasive procedures
11. Nuclear Medicine

✓ BLOOD BANK

Goal-

- To have sufficient blood of all types to support an emergency, IPD, OPD, OT
- To maintain higher standards in all products and activities following GLP (Good Laboratory Practices) and GMP (Good Manufacturing Practices)
- To recreate ready accessible records of in-house eligible donors according to their blood group

Days and hours of operation:

24 hours working 365 days a year

Quality Indicators:

- Platelet count sent to Hematology lab for verification
- Fixed SOP for every procedure
- Equipment Calibration
- Chart maintained for temperature monitoring

✓ MEDICAL RECORDS DEPARTMENT

It is to provide efficient storing, maintaining, coding and verification of medical records

Services Provided:

- For storing of all medical records
- Verification of all records
- Issue of duplicate records
- Receipts and reply of mails
- Preparation and coordination in providing records for court cases and consumer cases
- Maintenance of MTP records
- Maintenance of MLC, Birth and Death registers
- Coordination with IT department for Backup of scanned records

UTILITY SERVICES:

✓ CENTRAL STERILE SUPPLY DEPARTMENT (CSSD):

It provides steady and effective supply of sterile linen and instruments of various departments in the hospital

The Department sterilizes linen and blunt instruments using:

1. Autoclave
2. 36SR
3. Micro Star
4. BTO Machine
5. High Speed

Operations of the Department

- Sterile supplies are dispatched to the wards as when required and Used instruments are collected for cleaning and autoclaving by CSSD staff
- Timings: 8:00 am to 2:00 pm, all days of the week
- Sterile Supply to OT and Emergency a day prior before 8:00 Pm and as when required

FOOD & BEVERAGES:

The Food and dietary services of IPD Patients as well as the staff is managed by Food and Beverages department.

This department is divided into 4 sub departments:

1. Food Production
2. Patient food services
3. Non patient food services
4. Kitchen stewards

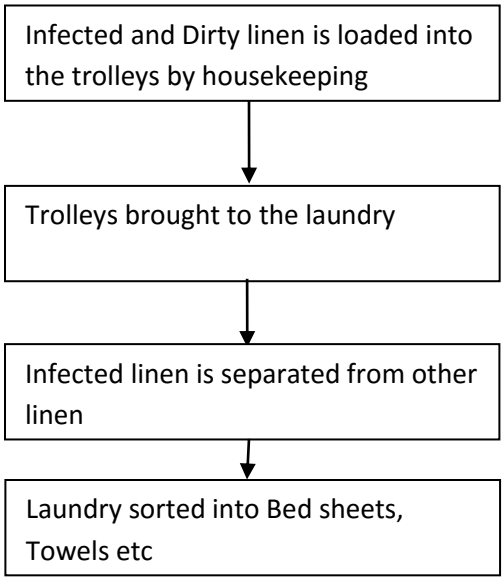
The department proficiently delivers to 4000 meals daily. To provide efficient, timely and hygienic environment, the department has a team which includes :

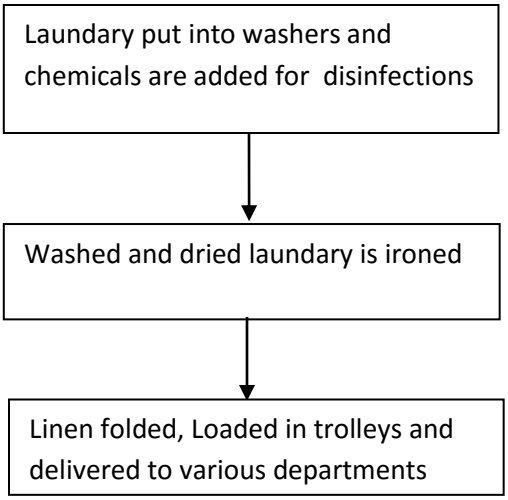
2. Deputy Incharge
3. Assistant Manager
4. Chief operations incharge
5. Executive officer
6. Administrative officer

✓ LAUNDRY:

It provides fresh linen to all hospital. It has a major role maintaining hygienic environment and in infection control. The staff of laundry are a mix of Contract labor and IMCL workers

Work Flow

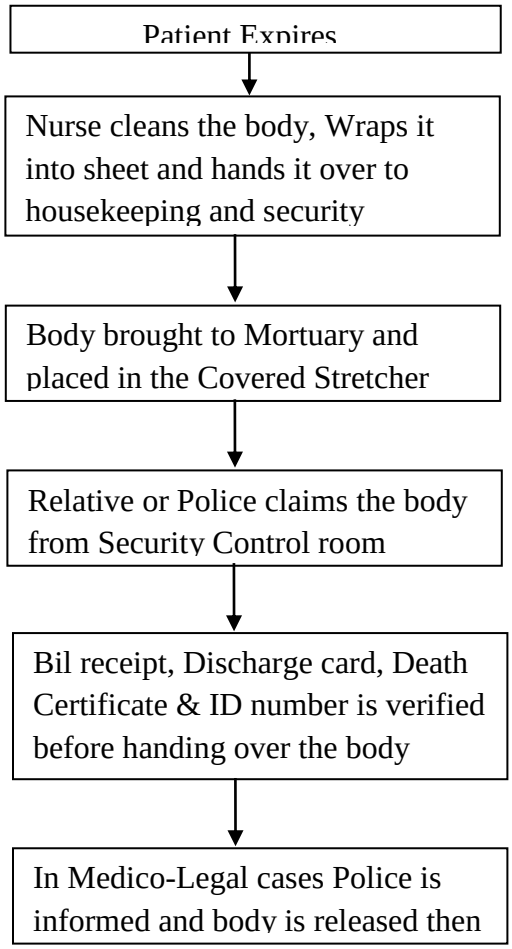




✓ MORTUARY

It is a place where dead bodies are kept before they are claimed by the relative of the patients or added over to the police in Medico-Legal cases. It is located in the basement with a capacity of keeping 6 dead bodies at a given time. The security guards posted are responsible for releasing the body to the concerned person.

Work Flow



ADMINISTRATIVE SERVICES:

MEDICAL SUPERINTENDENTS'OFFICE:

Has a role in managing hospital medical operations and clinical team. MS is the head of all the bodies managing patient and medical staff.

The departments managed by JMS are as follows:

1. **Emergency**
2. **CCC (clinical care coordinators)**
3. **JMS (Junior medical staff)**
4. **Paramedical**
5. **Legal Issues**
6. **Medical Operations**

FINANCE DEPARTMENT:

The main activities of Finance department are as follows:

1. **IPD billing**
2. **OPD billing**
3. **Recovery of bill from insured patients**
4. **Recovery of bill from patients who have not paid**

MATERIALS DEPARTMENT:

Concerened with supply of materials in various departments of the hospital.

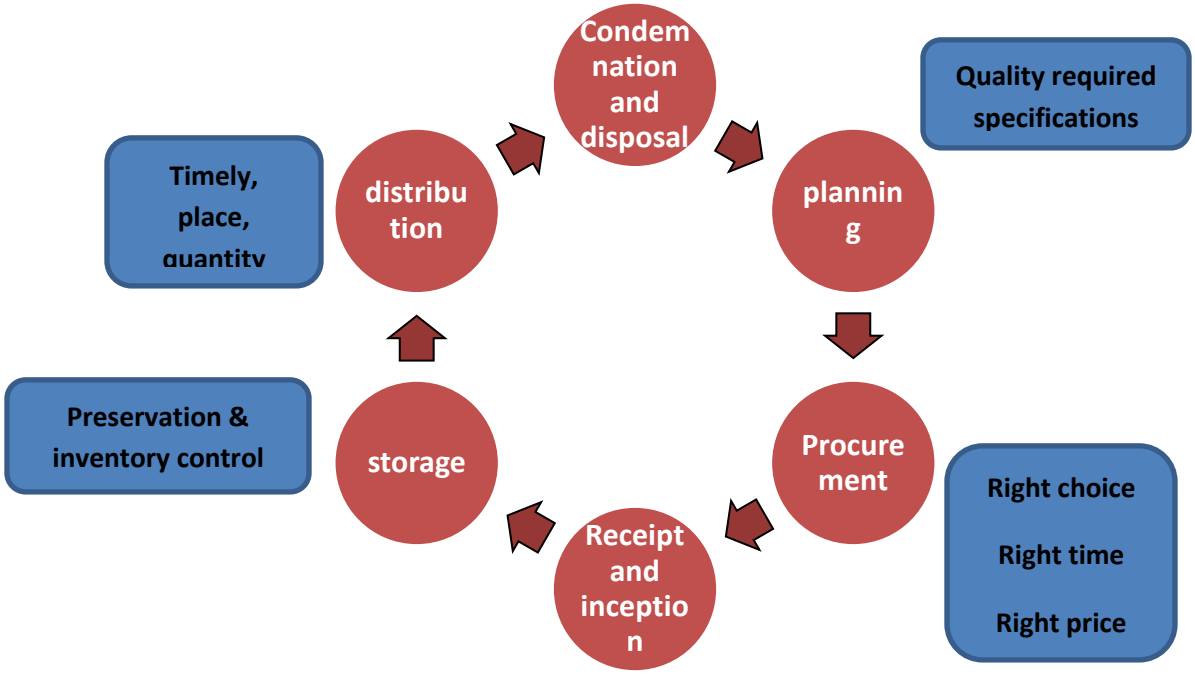
Procurement ⟶ production ⟶ distribution

It involves planning, review and control of:-

1. **Demand forecasting**
2. **Procurement**
3. **Budgeting and materials planning**

4. **Receipt and inception**
5. **Storage**
6. **Inventory control**
7. **Issuing and distribution**
8. **Consumption**
9. **Maintenance**
10. **Condemnation and disposal**
11. **Pilferage**

Materials cycle:



Types of stores in hospital:

1. **Main store**
2. **Food and beverages**
3. **Cath lab**
4. **OT**
5. **Engineering store**
6. **Central records**
7. **Nephrology**

The material department reports to MD and has 33 staff employees.

MARKETING DEPARTMENT

Indraprastha Apollo Hospitals runs many promotional activities and has developed many strategies to target several markets inside as well as outside India.

1. **Delhi and NCR**
2. **Uttar Pradesh**
3. **Rajasthan**
4. **Madhya Pradesh**
5. **Haryana**
6. **Punjab Uttaranchal**
7. **Himachal Pradesh**
8. **Jammu and Kashmir**
9. **Himachal Pradesh**
10. **Jammu and Kashmir**

Outside India:

1. **Afghanistan**
2. **Russia**
3. **Pakistan**
4. **Mauritius**

Project Report #1

CULTURE OF SAFETY

Abstract

This study was conducted to review the literature towards patient's safety culture in terms and applications in the Apollo Indraprastha Hospitals, New Delhi. As we are aware, Patient's safety is an essential component of healthcare quality. Even with continuous alertness, health care providers face many challenges in today's health care environment to keep the patients safe. Patient's safety is now a required subject that can provide feedback to the healthcare systems with the possibility of implementing improvement measures based on the identification of specific problems. The culture of patient's safety can be analyzed at different levels of the healthcare system, through identifying strengths and weaknesses that configure the way that healthcare professionals think, behave and approach their work. Therefore research on safety culture is Patient's safety culture examines how the perceptions, behaviors, and competencies of individuals and groups determine an organization's commitment, style, and proficiency in health and safety management and it is used by organizations to determine targets for interventions to improve patient's safety, evaluate the success of patient's safety interventions, fulfill regulatory requirements, and conduct benchmarking. Patient's safety culture is approached from different perspectives or dimensions such as reporting the frequency and severity of incidents, an ongoing commitment must exist by management to promote and facilitate the culture of patient's safety by providing the necessary tools to identify the most prevalent culture. As this questionnaire based quantitative study was conducted, it was seen that there are certain areas in the categories of nursing, staff and executives, paramedics and Doctors, which need some improvement based actions and continuous evolutions in order to establish and maintain a culture of patient's safety. There is also need to raise awareness about role of culture in promoting a safer environment.

Background

Pertaining to the dynamic and most unpredictable environment, hospitals are one of the most hazardous places to work indeed. Employees must react to these unpredictable events with split second decisions. We count on physicians, nurses and healthcare assistants to keep patients safe when they are in the hospital. OSHA created a suite of resources to help hospitals assess workplace safety needs, implement safety and health management systems, and enhance their safe patient handling programs.

Not only the patient safety but also the employee safety is a matter of concern. No one knows a workplace better than the people who work in it so the employees and employers play a strong role in identifying and resolving health and safety concerns.

Workplace safety also affects patient care. Manual lifting can injure caregivers and also put patients at risk of falls, fractures, bruises, and skin tears. Caregiver fatigue, injury, and stress are tied to a higher risk of medication errors and patient infections.

In hospitals, prioritizing safety in the environment of care reaps important additional benefits through improved quality of patient care.

The safety provisions in a hospital should be designed to strengthen employers' and employees' self-reliance in dealing with occupational health and safety issues and thereby making workplaces safer.

Building a culture of safety becomes much easier with a trusted and experienced partner who is completely up-to-date on all regulatory mandates and industry-specific risks.

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

Patient safety is a critical component of health care quality. As health care organizations continually strive to improve, there is a growing recognition of the importance of establishing a culture of safety. Achieving a culture of safety requires an understanding of

the values, beliefs, and norms about what is important in an organization and what attitudes and behaviors related to patient safety are expected and appropriate.

Literature Review

Interest in safety culture measurement in healthcare organizations has grown in parallel with the increasing focus on improving patient safety. Culture assessment tools provide an understanding to develop an action plan to improve patient safety. Existing patient's safety culture measurement tools are numerous, whereas little information in the literature provides guidance to Users or researchers in the selection of tools for research or safety improvement measurement initiatives (Scott et al., 2003). An important characteristic of safety culture assessment tools is whether they take a managerial or staff perspective, or combine elements of both. Some measurement tools focus on management assessments of patient's safety policies and practices in their organizations. These tools assess managerial perspectives about what they see as occurring, or needing to occur, in their organizations, as represented by formal policies and standard operating practices. Other tools focus on staff perceptions and attitudes. Rather than eliciting the views of senior managers, these instruments focus on perceptions of what occurs in the daily life of the organization from the perspective of direct patient care providers and other staff who have an impact on patient's safety(AHA, 2001).

As per the European Scientific Journal May 2015 edition vol.11, No.15 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431 88 the healthcare staff were asked to respond to a list of descriptive statements that were designed to describe various safety culture domains. Respondents indicated their agreement (for example, from “strongly disagree” to “strongly agree”) or the frequency with which events described occurs (for example, from “never” to “always”). These instruments derived numerical scores that indicate the type of culture characterizing the organization (Sorra et al., 2002).

Aneeshs’ literature review yielded thirteen instruments, covering a total of 23 individual dimensions of patient's safety grouped into broad categories of management/supervision, risk, work pressure, competence, rules, and miscellaneous. This study found that nine were designed for general administration to hospital personnel including physicians,

nurses, pharmacists, and other caregivers; whereas, four of the surveys were designed for specific respondents, for example:

The Veterans Health Administration Patient's safety Questionnaire consists of 112 questions across 18 dimensions. • The Hospital Safety Culture Questionnaire consists of 99 questions and covers 14 dimensions. • The Safety Climate Survey consists of 21 questions across 11 dimensions • The Allina Hospitals and Clinics survey consists of 13 questions and measures 8 dimensions. • The AHRQ Hospital Survey on Patient's safety consists of 42 questions and measures 12 dimensions. It was developed by Westat under contract with AHRQ, with questions derived from a review of existing safety culture literature and instruments, including the Veterans Health Administration Patient's safety Questionnaire and the Medical Event Reporting System for Transfusion Medicine. The AHRQ instrument was piloted in 20 hospitals, and the results were used to generate a list of 12 factors, which all displayed high internal consistency by factor analysis (0.63 to 0.84) (Aneesh et al., 2006).

The positive safety culture is characterized by "communications founded on mutual trust, by European Scientific Journal May 2015 edition vol.11, No.15 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431 89 shared perceptions of the importance of safety and by confidence in the efficacy of preventive measures" (Cooper, 2000).

At Johns Hopkins Hospital, Pronovost, Weast, and Holzmueller (2003) conducted a study on patient's safety culture with 395 participants from medical staff (physicians, nurses, pharmacists, and other ICU staff) using the safety climate questionnaire. They found that supervisors had a greater commitment to safety than senior leaders; and, nurses had higher scores than physicians for perceptions of safety.

In China, a safety climate survey was carried out in 2008 at a university hospital in Shanghai, using an operating room management attitudes questionnaire. These researchers found that the safety climate had not matured in the hospital surveyed, and that this finding might be partly tied to a blame culture. Considering healthcare policies, procedures, and management styles shared with many other healthcare organizations as well as Chinese culture, it could be hypothesized that the immature nature is common in Chinese health care as one of its overall characteristics (Gu and Itoh, 2011).

In Taiwan, the authors of a study of the culture of patient's safety used the Hospital Survey on Patient's safety Culture (HSOPSC) questionnaire with 788 respondents including physicians, nurses, and nonclinical staff. The results showed that hospital staff in Taiwan few showed positively toward patient's safety culture. The dimension that received the highest positive response rate was “teamwork within units”, which is similar to the results reported in the US. The dimension with the lowest percentage of positive responses was “staffing” (Chen and Li, 2010).

In five Belgian hospitals, a patient's safety culture survey was used to assess healthcare professional's perception of safety culture. The results showed that the lowest scores were “hospital management support for patient safety” (35%), “non-punitive response to error” (36%), “hospital transfers and transitions” (36%), “staffing” (38%), and “teamwork across hospital units”(40%). The dimension “teamwork within hospital units” generated the highest score (70%) (Hellings et al, 2007).

Thirty Virginian hospitals were involved in a patient's safety climate survey with 4,547 participants. The differences in safety climate emerged by management level, clinician status, and workgroup. Supervisors and frontline staff reported lower levels of safety climate than senior managers; European Scientific Journal May 2015 edition vol.11, No.15 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431 90 clinician responses reflected lower levels of safety climate than those of nonclinicians (Christine et al., 2008).

The patient's safety climate in healthcare organizations survey was used with a stratified random sample of 92 US hospitals, with 100% of senior managers and physicians and 10% of all other workers sampled. The results showed that patient's safety climate differed by hospital and among and within work areas and disciplines. Emergency department personnel perceived a worse safety climate and personnel in nonclinical areas perceived a better safety climate than workers in other areas. Nurses were more negative than physicians regarding their work unit’s support and recognition of safety efforts, and physicians showed marginally more fear of shame than nurses(Singer et al., 2009).

In the Netherlands, the data from a national patient's safety culture survey in 19 hospitals clarified that the unit level was the dominating level for the clustering of responses to the 11 dimensions. Intra-class correlations at unit level ranged from 4.3 to 31.7, representing considerable higher-level variation. For three dimensions of patient's safety culture, there

was significant clustering of responses at hospital level as well: 1) feedback regarding learning from error, 2) teamwork across hospital units and 3) nonpunitive response to error. (Smits et al., 2009).

AHRQ Hospital Survey of Patient's safety was administered in 2008 to all nurses and attending physicians (N=4283) in a 900-bed acute care hospital in USA, across 57 units. The percentage of reporting safety grade of excellent ranged from 0% to 50%. The overall percentage of positive ratings was lower for the operating and emergency units than for inpatient medical and other clinical units. Physicians reported more negative ratings than nurses for some safety climate dimensions (Campbell et al., 2010).

In a Dutch university hospital study, the results showed mixed findings regarding the difference between physicians and nurses. On three scales (teamwork climate, safety climate, and stress recognition) physicians scored better than nurses. On other two scales (i.e., perceptions of management and working conditions), nurses consistently had higher mean scale scores. Compared to benchmarking data, scores on perceptions of management were higher than expected ($p < .01$), whereas scores on stress recognition were low ($p < .001$). The scores on the other scales were somewhat above (job satisfaction), close to (teamwork climate, safety climate), or somewhat below (working conditions) what was expected on the basis of benchmarking data, but no persistent significant differences were observed on these scales (Poley et al., 2011). European Scientific Journal May 2015 edition vol.11, No.15 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431 91

In a California study (2003), sample of 6312 employees from 15 hospitals, generally comprised of all the hospital's attending physicians, all the senior executives (defined as department head or above), and a 10% random sample of all other hospital personnel responded to a safety culture survey. The response rate was 47.4% overall, 62% excluding physicians. The results suggested an absence of safety culture. The culture differed significantly, not only between hospitals, but also by clinical status and job class within individual institutions (Singer et al., 2003).

A cross-sectional study was conducted utilizing the Turkish Hospital Survey on Patient's Safety Culture. The outcome of the study showed that 54 (30%) of the participants were general practitioners, 48 (27%) were nurses, 51 (28%) were midwives and 27 (15%) were

health officers. Among the dimensions of patient safety, those with the highest percentage of positive ratings were teamwork within units (76%) and overall perceptions of safety (59%), whereas those with the lowest percentage of positive ratings were the frequency of event reporting (12%) and non-punitive response to error (18%). Reporting of errors was infrequent with 87% of general practitioners, 92% of nurses and 91% of other health staff indicating that they did not report or provide feedback about errors (Bodur and Filiz, 2009).

In Saudi Arabia, The hospital survey on patient's safety culture questionnaire was distributed in 13 general hospitals in Riyadh City, to 223 health professionals including nurses, technicians, managers and medical staff. Results showed that the overall patient's safety grade was rated as excellent or very good by 60% of respondents, acceptable by 33% and failing or poor by 7%. More than half of respondents thought that managers overlook safety problems that happen over and over. Areas of strength for most hospitals were organizations learning/continuous improvement, teamwork within units, and feedback and communication about errors. Areas with potential for improvement for most hospitals were under-reporting of events, non-punitive response to error, staffing, and teamwork across hospital units. (Alahmadi, 2010).

In Lebanese hospitals, a cross-sectional research design was used to conduct a hospital survey on patient's safety culture. 68 Lebanese hospitals participated in the study (54% of all hospitals in Lebanon). A total of 6807 hospital employees participated in the study including hospital employed physicians, nurses, and clinical staff. The results showed that the dimensions with the highest positive ratings were teamwork within units, hospital management support for patient safety, and organizational learning European Scientific Journal May 2015 edition vol.11, No.15 ISSN: 1857 – 7881 (Print) e - ISSN 1857- 7431 92 and continuous improvement. Those with lowest ratings included staffing and non-punitive response to error. Approximately 60% of respondents reported not completing any event reports in the past 12 months and over 70% gave their hospitals an ‘excellent/very good’ patient's safety grade (ElJardali and Jaafar, 2010).

The results of study in public Palestinian hospitals shows, that the Most of the participants were nurses and physicians (69.2%) with direct contact with patients (92%), mainly employed in medical/surgical units (55.1%). The patient's safety composites with

the highest positive scores were teamwork within units (71%), organizational learning and continuous improvement (62%) and supervisor/manager expectations and actions promoting patient's safety(56%). The composites with the lowest scores were non-punitive response to error (17%), frequency of events reported (35%), communication openness (36%),Although 53.2% of the respondents did not report any event in the past year, 63.5% rated patient's safety level as 'excellent/very good'(Hamdan and Saleem, 2013). Creating a positive culture that promotes patient's safety is one of the key challenges facing healthcare organizations.

Recently, many hospitals have conducted safety culture surveys to assess their current culture and identify areas for improvement. It is likely that these organizations have experienced similar difficulties and need to identify actions to improve their culture.

Rationale behind the Study

In April'16, the organization institutionalized a proactive mechanism by way of Internal Survey to better understand the staff perception on "Culture of safety". To sustain the steadiness in the progression it was decided to use the standard format of the questionnaire as designed by AHRQ (Agency for healthcare research and quality). This survey format was offered both in English and Hindi versions to the participants. The questionnaire was explained to all the participants to make them comprehend and respond to each question objectively.

The hospital survey can be used as an intervention (1) to raise staff awareness about patient safety issues, (2) as a diagnostic tool to assess the status of patient safety culture in Apollo. (2) identify areas for improvement and raise awareness about patient safety; (3) evaluate patient's safety interventions or programs and track change over time; (4) conduct internal and external benchmarking; and (4) fulfill directives or regulatory requirements as accreditation standards.

Research Question

1. Does the reporting of events and communication about safety issues have any role in patient safety?

2. Is patient safety given a top priority at Apollo?
3. Does the employees' feedback and perception affect the culture of safety?
4. Does the behavior of supervisors' affect safety culture of the organization?

Aim

1. The survey is administered to staff who know the hospital's culture well enough to be a good informant on the culture.
2. To study the overall safety aspect and get an insight of the opinions, knowledge, attitude, perception, awareness & practice of employees regarding patient safety issues, medical errors, event reporting and their degree of satisfaction with their supervisors at Indraprastha Apollo Hospitals Delhi.
3. The main goal of this study is to investigate the perceptions of staff at Indraprastha Apollo Hospital regarding patient safety practices and overall safety culture at Apollo.

Objectives

4. To assess the perception of employees regarding the hospital/work unit atmosphere as a whole.
5. To know about the practice of maintenance of patient records during shift changes.
6. To determine the working needs and level of satisfaction of employees regarding working hours
7. Assessment of feedback of staffs' suggestions regarding current safety practices and protocols that are being followed at Apollo and improvement in the systems and procedures by addressing the barriers.
8. To study the perception and openness (levels of communication) of the employees towards their supervisors/managers
9. To study and address the barriers in establishing an overall safety atmosphere at Apollo.
10. To ascertain whether an effective safety culture in the organization leads to high productivity from staff.
11. To identify patient safety culture strengths and areas for improvement so that program can be implemented more effectively.

Methodology

- **Study type**: Descriptive cross sectional studies
- **Study/research design:** It was a paper survey to keep the response rate higher since low response rates may limit the ability to generalize results to the entire hospital. The study contained only quantitative elements which includes schedule based survey questionnaire to assess the KAP of the subjects towards safety culture at Apollo.
- **Study area/setting:** This was an internal survey, conducted within the premises of Indraprastha Apollo Hospitals, New Delhi covering employees from all areas- Doctors, nurses, paramedics, support staff.
- **Target Population:** Consists of the on roll employees working at Apollo Indraprastha i.e. about 2830.
- **Sample size:** A heterogeneous group of 280 (10% of population on on-roll employment basis i.e. 2830) staff members in the following categories:

S.no	Category(On-roll Staff)	On-roll Staff	10% of the staff (sample)
1	Consultants	20	10
2	JMS	330	35
3	Nursing	1400	140
4	Paramedics	400	40
5	Support Staff	550	55
	Total	2830	280

Research Participants

A mixed selection of staff from all areas/units including the most representative that had direct relation with patient safety as well as those that had indirect link with patient safety were covered.

- All staff asked to complete the survey were on on- roll basis and the contractual staff was not included in the survey as it was considered that the staff undergoing the survey should have enough knowledge about the hospital and its operations and must have been in association with Apollo since an adequate amount of time to provide appropriately correct responses to the survey questions.

The participants in the program included:

1. Consultants
2. Nurses
3. Paramedics (Labs, Blood bank, Dental, Biochemistry etc.) and
4. Support staff (HK, F& B, Engineering, Biomedical etc.)

- **Study duration:** 2 months (April and May 2016).
- **Sampling method:** Systematic Random Sampling

- Out of the total employees working at Apollo, a population of about a 2830 is on on-roll basis so 10% of this population was covered so that it is easy to generalize the results. That's why every 1oth employee according to their employee clock numbers were selected.
  - **Study Tool**

- For quantitative data collection, schedule based survey would be conducted, where the study subjects' responses were record the in the form of a questionnaire which consisted of 42 items grouped into 12 composite measures. In addition to the composites, the survey includes two questions that ask respondents to provide an overall grade on patient safety for their work area/unit and to indicate the

number of events they reported over the past 12 months. In addition, respondents are asked to provide limited background demographic information about themselves (their name, work area/unit, staff position, whether they have direct interaction with patients, tenure in their work area/unit, etc.).

The composite dimensions were:

1. Section A- Work unit /area/department comprising of 13 questions
2. Section B- Supervisor/manager related comprising of 4 questions
3. Section C- Communications related comprising of 5 questions
4. Section D- Frequency of events reported comprising of 3 questions
5. Section E- Patient safety grading
6. Section F- Hospital related comprising of 7 questions
7. Section G- Number of events reported comprising of 1 question
8. Section H- Background information comprising of 6 questions
9. Section I-Suggestions and comments

Procedure:

All the 280 recipients of the survey program completed the questionnaire manually.

Ethical Considerations

Informed Consent: The survey was conducted with the consent of the participants. The key point here is that the data that is being collected is unique to the researcher and confidentiality of the respondent is maintained.

Ethical Approval

Prior to designing the questionnaire and commencing with study, permission was obtained from the HR Head Mr. Rohit Kapur, Apollo Hospital, New Delhi, and a report of the same shall be presented to the ethical committee of IIHMR University , Jaipur.
Data collection: Primary data collection method used was quantitative.
The staff of Apollo Indraprastha hospital new Delhi completed the survey in which responses were captured on a five-point Likert scale which measured the perceptions and opinions of the employees regarding overall culture of safety.

Potential Benefits & Hazards

There were no benefits or hazards for participants who took part in the evaluation. Only number codes were used for the evaluation of the questionnaire data.

Drawback

Since the survey is a paper survey and is conducted in a large hospital, a Web survey may be more cost effective than a paper survey .

Analysis Plan

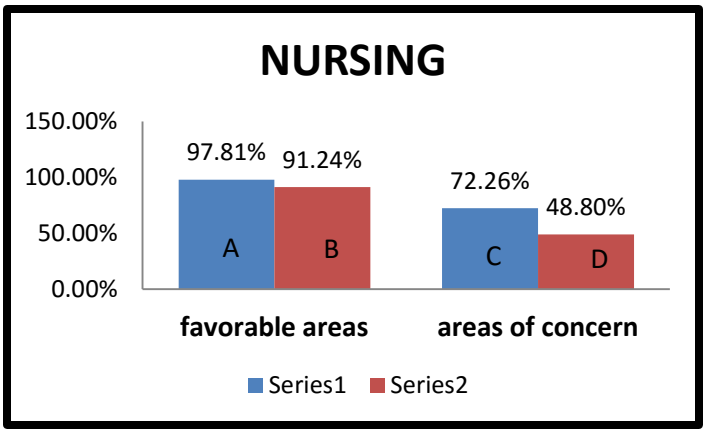
After having captured the complete data, a deliberate view was taken to solely focus upon the two options of strongly disagree /strongly Agree. In order to keep things relatively simple it was decided to ignore other options where the responses were relatively non-committal. Based on this, top 2 areas of strength, top 2 areas of concern and top 3 suggestions were identified and listed for each category of participants and further recommendations were given accordingly.

From all the responses obtained, summary of responses was classified department wise into the following categories:

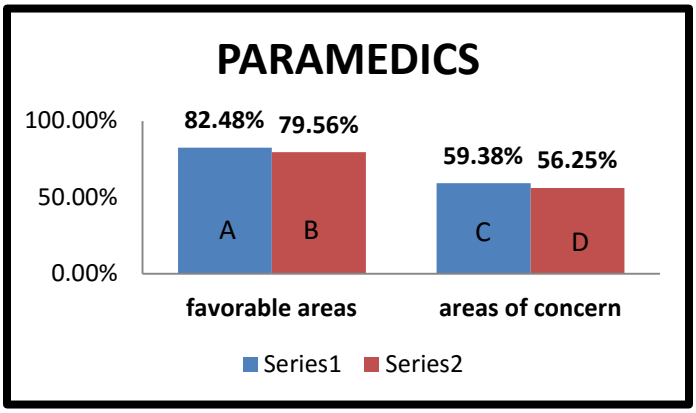
1. Nursing
2. Paramedics
3. Doctors(Consultants and JMS)
4. Staff and executives

The returned questionnaires and responses were coded and captured on the computer. The data was analyzed by means of statistical software.

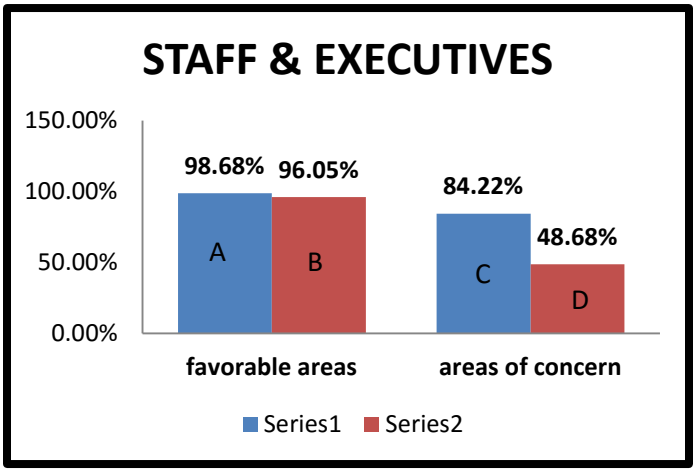
Data Analysis & Interpretation Results



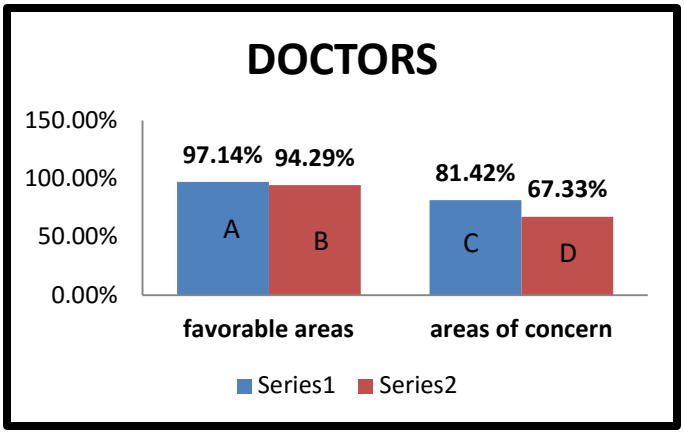
A- Things are done to improve patient safety
B- Important information regarding patient is exchanged during the interchange of shifts
C- Working hours duration is quite longer and needs to be reviewed upon
D- Supervisor appreciates & encourages the right behavior.



A- Agree that people support each other
B- The procedures & systems are good at preventing errors
C- Working hours duration is quite longer and needs to be reviewed upon
D- Feedback regarding changes made in case of event reporting.



A- Agree that people support each other
B- The procedures & systems are good at preventing errors
C- Supervisors' consideration to staffs' suggestions
D- Overall patient safety is not upto the mark and needs improvement .



A- Implies that 97.14% people strongly agreed that the effectiveness of the changes made in the system to improve patient safety were evaluated.
B- People consider patient safety as the top priority
C- Staff did not completely felt free to share their suggestions
D- In case of work overload, work is not done as a team

Recommendations

1. To administer the survey in a large hospital, web surveys offer several advantages:
   - ✓ There are no surveys or cover letters to print, survey packets to assemble, postage and mailing envelopes to arrange, or completed paper surveys to manage.
   - ✓ The responses are automatically entered into a database, so the need for separate data entry is eliminated.
   - ✓ The task of data cleaning is reduced because of programmed validation checks
2. Strategic planning of patient's safety needed enhancement.
3. Improvement efforts on patient's safety culture should be addressed at the unit level, rather than the individual or hospital level.
4. Hospital safety culture should be group oriented, not hierarchical culture since the organization is standing on various cultural domains.
5. Department wise recommendations on the key areas of concern are given in the table below:

	Department	Criterion	Recommendation

	Nursing	Staff in this unit work longer hours than is best for patient care	Supervisory training to be organized, more focus on roster preparation.
		My supervisor/manager appreciates and encourages right behavior when he/she observes actions as per established patient safety protocols	Culture of recognition to be further strengthened
	Paramedics	Staff in this unit work longer hours than is best for patient care	Reorientation on the latest departmental SOPs
		We are given feedback about changes put into place on events reported	Tuesday meeting feedback to reach all
	Staff & Executives	My supervisor/Manager seriously considers staff suggestions for improving patient safety	Staff perception to be improved by involving them to select forums including infection control meeting, safety reviews ,fire safety training etc.

		Overall Grade on patient Safety	Dashboard on patient safety to be made part of WQCC ppt
	Doctors(Consultants & JMS)	Staff feel free to share their suggestions in improving the system and procedures	Best suggestions to be suitably rewarded
		When a lot work needs to be done quickly, we work together as a team to get the work done	On the monthly basis JMS to participate in the meetings organized by DMS office

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Project Report # 2

AAPIE (Apollo Acculturation Program for Imbibing Excellence)

Background:

In an ever changing and fast paced corporate world, training and development is an indispensable function. It is crucial for organizational development and success and presents a prime opportunity to expand the knowledge base of all employees. Sometimes employees also miss out on work time while attending training sessions, which may delay the completion of projects. Despite the potential drawbacks, training and development is fruitful to both the company as a whole and the individual employees with benefits that make the cost and time a worthwhile investment.

Training allows employees to acquire new skills, sharpen existing ones, perform better, increase productivity and be better leaders. Since a company is the sum total of what employees achieve individually, organizations should do everything in their power to ensure that employees perform at their peak. In regard to this, the high-performing organizations focus on the quick adaptation of the new employee. Since the new employee is an expensive resource, the induction day is critical and acts as an efficient tool as the new hire receives the basic set of information about details of the job, the company structure, company procedures, basic performance expectations, signing of the necessary documents which are obligatory, employees' conduct and understanding of corporate culture, the decision lines and undergoing the necessary medical examination so that he /she is ready for the challenges before the real work begins. The main goal of the induction program is in reaching the standard levels quickly by providing basic training, mentoring and regular feedback.

The induction program is the crucial part of onboarding new hire to the organization, sets the basic communication channels in the beginning of employment and makes the adaptation of the new comer easier. It serves as a platform to get new employees up to speed with the processes of the company and address any skill gaps. The employees are trained in actual working scenario. The motto of such training is "learning by doing."

Training is given on following basic grounds:

New candidates/recruits who join an organization are given training. This training is to familiarize them with the organizational mission, vision, rules and regulations and the working conditions. This is the Induction and orientation program.

The existing employees are trained to refresh and enhance their knowledge and skills. This includes JCI refresher course, Fire mock drills, Hazmat drills, Infection control practices revision etc.

If any updations and amendments take place in technology, training is given to cope up with the changes in work methods. For instance, purchasing a new equipment, changes in technique of production and working.

At the time of quarterly and annual appraisals, the training need assessment is done by the respective HODs and accordingly a scheduled for the repeat or new trainings is planned.

When promotion and career growth becomes important. Training is given so that employees are prepared to share the responsibilities of the higher level job and for their overall capacity building.

There are special trainings conducted with a scheduled departmental calendar made to provide the department specific trainings if any.

Literature review:

Several researchers have indicated the benefits of induction programs. According to Butler (2008), Wells (2005) and Wesson and Gogus (2005) new employees are most vulnerable during the first few weeks of employment and poor induction significantly raises the risk of turnover Page 1 of 9 Original Research . Therefore, it is important that an organization has a mechanism in place to capitalize on early optimism and imprint the employer's brand of how the organization functions (Derven, 2008). Often the first one hundred days of a new employee's career are critical in determining whether he or she will assimilate into the organization and thrive, or fail to do so (Fritz & Vonderfecht, 2007).

According to Snell (2006), induction presents significant benefits to organizations such as a reduction in the amount of time it takes for new employees to adjust in an organization (Ragsdale & Mueller, 2005) and to reach full working capacity (Brodie,

2006; Derven, 2008). Successful induction programs can also lead to cost savings (Cooper-Thomas & Anderson, 2006). The indirect costs of early departure of a newly hired executive (Wells, 2005) or labor turnover (Derven, 2008; Friedman, 2006) could be reduced by a good induction program. On the other hand, the direct cost of an induction program could be reduced by automating the process (Butler, 2008). Induction program not only benefit organizations, they also offer significant benefits to employees. According to Derven (2008), induction reinforces a new employee's decision to join the organization and fosters a feeling of belonging. A well-organized induction program will aid staff in dealing with anxiety by providing them with coping strategies like goal setting and planning during one of the most stressful times in their organizational life (Wanous & Reichers, 2000).

By reducing insecurity and anxiety, induction programs are able to help employees settle in faster and feel more at home in the organization (Dodds & Verest, 2002; Ragsdale & Mueller, 2005). These positive emotions may lead to improved levels of satisfaction amongst new employees (Sussman, 2005), which in turn could translate into more productive workers who feel part of the organization (D'Aurizio, 2007). Customer satisfaction can be improved by sending new employees on an induction program that is tailored to provide the necessary support to avoid demoralization during the initial working period (D'Aurizio, 2007). Pollitt (2007) showed that customer-satisfaction ratings for new employees at a major UK energy provider doubled to 80% after introducing such an induction program. Induction programs provide both tangible and cost-related benefits for an organization as well as emotional benefits for its employees. Companies that can reduce the time taken to integrate new employees will gain a competitive advantage as employees will reach their full productivity sooner, have higher morale and will be more likely to remain in the same job (Moscato, 2005). One could ask whether these benefits mentioned in the literature derive from specific program activities or not. The literature on induction program activities indicates that benefits can be categorized into content, process, support and follow-up (D'Aurizio, 2007; Wanous & Reichers, 2000).

Rationale behind the study:

The benefits of training can be summed up as:

1. **Improves morale of employees-**

Training helps the employee to get job security and job satisfaction. The higher satisfaction raises the morale, which further leads to higher contribution to organizational success and lesser employee absenteeism and turnover. Employees with access to training and development programs have the advantage over others who are left to seek out training opportunities on their own. The investment in training that a company makes shows that the employees are valued. Apart from creating a supportive workplace employees feel appreciated more satisfied toward their jobs.

2. **Less supervision-**

A well trained employee will be well acquainted with the job and will need less of supervision. Thus, there will be less wastage of time and efforts and increased efficiency in workplace.

3. **Fewer accidents-**

Errors and mishaps are likely to be avoided if the employees gain adequate knowledge and acquire the necessary skills required for doing a particular job, thereby increasing the proficiency.

4. **Chances of promotion-**

Employees acquire skills and efficiency during training. They become more eligible for promotion. They become an asset for the organization. - Training improves efficiency and productivity of employees. Well trained employees show both quantity and quality performance. There is less wastage of time, money and resources if employees are properly trained.

5. **Improved Employee Performance and productivity-**

Training not only instills confidence within the employee, but also increases awareness about the standard protocols, improves the efficiency of their performance with a better understanding of their roles and responsibilities. Continuous training also keeps your employees on the cutting edge of industry developments with new ideas which positions

them as a leader and strong competitor within the industry. Training and development, however, also goes on to amplify your strengths. In a rapidly evolving landscape, productivity is not only dependent on employees, but also on the technology they use. Training and development goes a long way in getting employees up to date with new technology, use existing ones better and then discard the outdated ones. This goes a long way in getting things done efficiently and in the most productive way.

6. **Consistency-**

A structured training and development program ensures that employees have a consistent experience and background knowledge which is relevant for the company's basic policies and procedures. All employees need to be aware of the expectations and procedures within the company. This includes safety, discrimination and administrative tasks. Putting all employees through regular training in these areas ensures that all staff members have exposure to all the necessary information.

7. **Addressing Weaknesses:-**

A training program helps to overcome weaknesses and strengthen working skills. This reduces any weak links within the company who rely heavily on others to complete basic work tasks. Providing the necessary training creates an overall knowledgeable staff

8. **Self-driven-**

Employees who have attended the right trainings need lesser supervision and guidance. Training develops necessary skill sets in employees and enable them to address tasks independently. This also allows supervisors and management to focus on more pressing areas.

9. **Staff retention.**

Research question:

1. Does the effectiveness of the induction for newly appointed staff lead to better performance?
2. What is the nature of staff induction program at Indraprastha Apollo Hospital?
3. What is the HR Training and development Head’s view of the induction program
4. Will a critical induction program act as a retention strategy for the Institution?

5. Will an effective induction program lead to higher productivity from the academic staff?
6. What is the perception of employees towards induction and orientation training program?
7. What are the factors that influence the knowledge, attitude and practice of employees towards induction and orientation training program?
8. How can the acceptance and attitude of employees towards induction & orientation training program be improved?

Aim of the study:

1. "Studying the need and imperative of training and induction program, Role of HR in training and induction process, how the program is conducted, feedback analysis.
2. "Competency assessment of the new recruits".

Objectives of the study:

The main aim of this study is to investigate the effectiveness of an induction program at Indraprastha Apollo Hospital. The secondary aims are the following:

1. To design a feedback questionnaire for the new recruits
2. To seek the acceptability of training induction program among the new recruits as a growth opportunity.
3. To ascertain whether an effective induction program leads to high productivity from staff.
4. To design guidelines that could help senior managers to implement the induction programs more effectively.
5. To evaluate the effectiveness and usefulness of the implementation of the induction and orientation program for newly recruited health professionals.
6. To determine the perception of the current induction program offered and identify organizational gaps in the induction and orientation program.

7. To determine individual and organizational performance in relation to the implementation of the induction and orientation program.

Scope of Study:

The study will be restricted to Indrapratha Apollo Hospitals New Delhi and it focuses on newly appointed employees i.e. those at an entry level in the organisation. The study is an in-house investigation.

Research methodology:

- **Study type**: Observational Study
- **Study/research design/approach:** Descriptive Cross-sectional Study
- **Study area/setting:** Apollo Indrapastha Hospitals, New Delhi
- **Census:** There was no sample taken, and the entire population was surveyed in the months of April and May 2016.
- **Research participants:** A total of 239 employees attended the induction program and completed the questionnaire respectively. These participants to the program included:
  - 147 new employees who attended the program in the month of April.
  - 92 new employees who attended in the month of May.

It included:

1. Doctors
2. Nurses
3. Paramedics
4. Support staff.

Study duration: 2 months

Study tool:

For this study to be effective the researcher used a paper-pencil questionnaire also called a measuring instrument to gather information. The questionnaire has a group of written questions used to gather information from the target respondents and saved the researcher

time and money. The researcher used the personal method to distribute the questionnaire and this ensured a high response rate.

Measuring instruments:-

The questionnaires were used to gather information from the program participants. The questionnaires focused on:

1. **The first questionnaire:** A sixteen-item, five-point Likert-type questionnaire was prepared which assessed program's outcome/feedback as specified by the program manager. It contained

four questions about the perceptions of new recruits regarding the overall program experience including the hospitality arrangements (these were devised by the evaluators) and remaining questions on specific chapters taught in the program.

2. **The second questionnaire:** Competency assessment and testing the overall knowledge base and associated understanding of the new recruits in the induction program. The questionnaires contained:

10 questions each on the following topics

1. Hospital orientation
2. JCI
3. IPSG
4. FIRE safety
5. HAZMAT
6. Pain management
7. Radiation safety training
8. Blood transfusion
9. Infection control

And remaining:

1. BLS-13 questions
2. Medmantra evaluation-7 questions
3. Pediatric competency-15 questions
4. Code Orange, Radiology services and IP services-5 questions

Procedure:

All 239 recipients of the induction program completed the questionnaire manually.

Ethical considerations:

- Informed consent:

An informed consent process was carried out prior to the start of the data collection. On the first page of the questionnaire the purpose, confidentiality of the data and the time it would take to complete the questionnaire were described in detail.

- All potential participants i.e. the new recruits were given a chance to ask questions before starting any of the research activities. HR staff assisted with the informed consent process by organizing the session with the participants and making sure the participants understands the study procedures and are comfortable with it. Participants were informed and reminded that they may refuse to answer any and all questions and may discontinue their involvement in the study at any time.

Ethical approval:

Prior to designing the questionnaire and commencing with study, permission was obtained from the HR head training and development and a report of the same shall be presented to the ethical committee of IIHMR University, Jaipur.

Data collection:

Both quantitative and qualitative data will be collected as a part of this study, using the above mentioned tools.

- Primary Data collection, methods such as FGDs and questionnaires was used. The key point here is that the data that is being collected is unique to the researcher and confidentiality of the respondent is maintained.
- The new recruits of Apollo Indraprastha hospital New Delhi completed a sixteen-item, five-point Likert scale which measured their perceptions of the program's

outcome, identification. Thrice in each month, a three day Induction & orientation training program was conducted for all the new recruits who joined Apollo Hospital Delhi in the months of April and May 2016.All the necessary trainings were provided to them by the respective HODs and at the end of which two questionnaires were filled which were designed to evaluate the feedback of program and the competency of the new recruits.

- The responses in the questionnaire were categorized into five point likert scale (in the first questionnaire) and MCQs (in the second questionnaire), which were then evaluated and analyzed.

Potential benefits and hazards:

There were no benefits or hazards for participants who took part in the evaluation. The evaluators did not require that participants identify themselves and indicated that only number codes would be used for the questionnaire data.

Data protection:

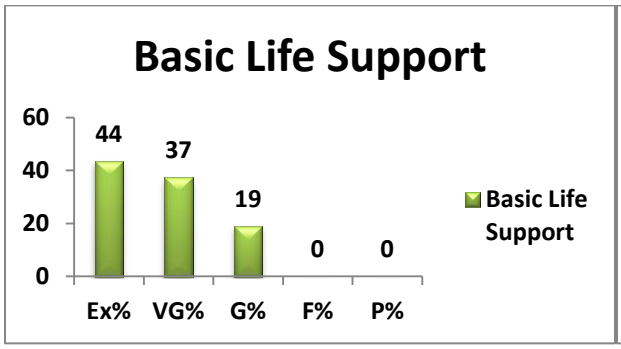
Each completed questionnaire of all identifiers was evaluated and the data was stored on a secure server. The primary evaluator was the only person who could access the data.

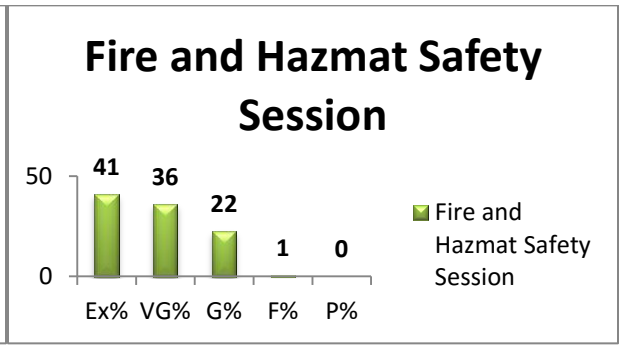
Analysis plan:

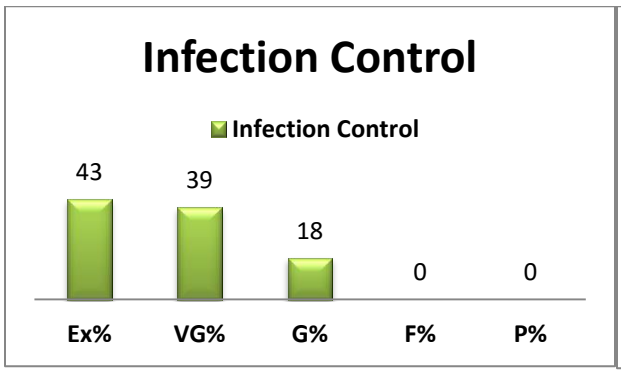
The returned questionnaires were coded and captured on the computer.
The data was analyzed as per the criteria below:-

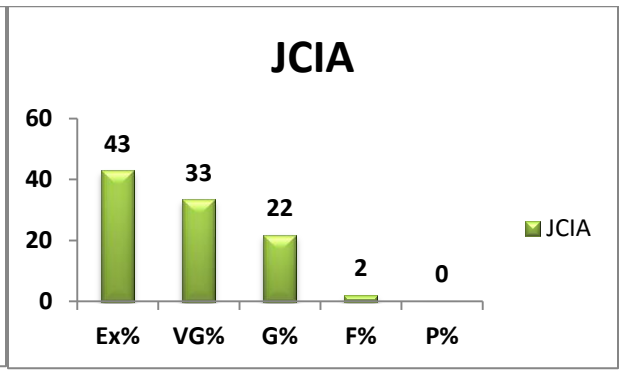
- In the first questionnaire, the 4 important areas namely BLS, Infection Control, Fire & HAZMAT Safety, and JCI were highlighted and the questions pertaining to these topics were evaluated, by means of statistical software i.e. Microsoft Excel and the appropriate statistical tests were employed.
- Similarly, in the second questionnaire, 5 important areas were highlighted and evaluated namely which included Fire safety, HAZMAT, BLS, Code orange, and JCI/IPSG.

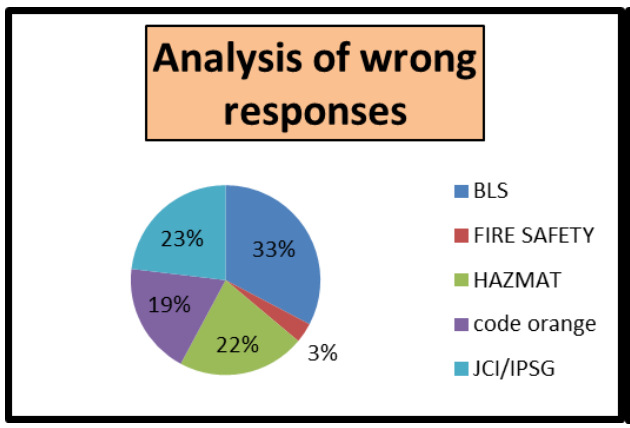
Data analysis, compilation & interpretation:

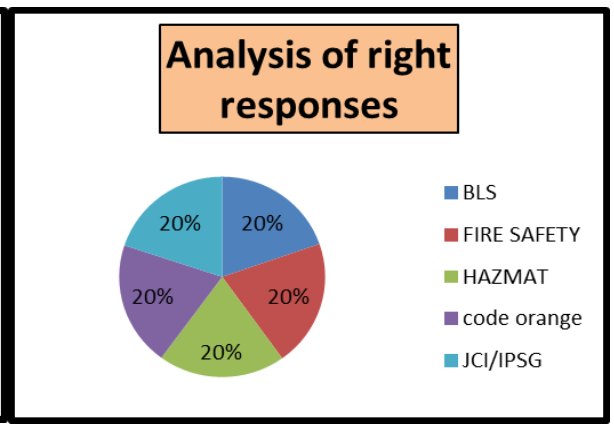












Conclusions/results:

- As seen in the graphical representations, of the questionnaire for competency assessment of the new recruits the maximum wrong responses generated were in the category “BLS”(Basic Life Support). This indicates that training needs to be improved in this regard and some newer method or modification is required to make this topic better understand to the new recruits since this is a very crucial topic with regard to a hospital.
- As per the feedback analysis of induction questionnaires, the results for each question asked in the feedback form can be seen in the graphs.

Recommendations:

1. The maximum numbers of wrong responses were in BLS which indicates that training in this area needs to be improved.
2. Some new training methods to be introduced to facilitate training & induction program in a better way.
3. For training and induction program to be effectively executed, instead of lectures some audio visual aids should be used so as to break the monotony.
4. Some interesting ways for delivering the intended content should be used for example quizzes, debates, group activities etc.
5. The involvement of the employees should be the foremost and considered as a priority because with this not only the learning is better but also they tend to retain more and subsequently apply the principles.

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Annexure

1. The questionnaire used is given below: (Project # 1)

questionnaire.pdf

2. The research questionnaire for competency assessment of new recruits is attached below: (Project #2)

Adobe Acrobat Document