

**Summer Training at
Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute,
Mumbai**

Turn Around Time of Transfer of Patient from Intensive Care Unit to Wards

**By
Doyel Roy**

**Under the guidance of
Dr. Nutan P. Jain**

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



**The IIHMR University, Jaipur
2016**

CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms Doyel Roy** student of **MBA Hospital and Health Management** from the **IIHMR University**; Jaipur has undergone summer training at **Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute, Mumbai** from 1st April to 31st May, 2016.

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

The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.



Col. (Dr.) Ashok Kaushik
Dean (Academics & Student Affairs)
IIHMR University, Jaipur



Dr. Nutan P. Jain
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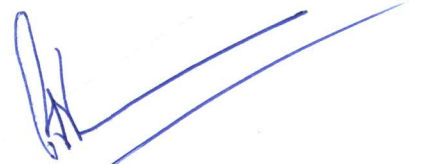
TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Doyel Roy**, 1st year student of MBA- Master in Hospital and Health Administration at the Institute of Health Management Research, Jaipur has successfully completed 2 months (from 1st April to 31st May, 2016) internship program at our hospital. During the period of her internship program with us she was found punctual, hardworking and inquisitive.

We wish her very best in her future endeavours.



Dr. Milind Khadke
G.M. (Clinical Administration)



Dr. Ram Narain
Executive Director



ACKNOWLEDGEMENT:

With immense pleasure I express my heart full gratitude to the director of IIHMR Jaipur, Dr. S.D. Gupta, and Dean, and my mentor Dr.Nutan P. Jain for having given me this opportunity to undergo training.

I am extremely indebted to all the professionals at Kokilaben Dhirubhai Ambani Hospital (KDAH) for sharing generously their knowledge and precious time which inspired me to do the best during summer training. I owe a great debt to chief executive officer (KDAH) for providing me an opportunity to work as a trainee in their organization. I would like to thanks Dr. Ram Narain(Executive Director) and Dr. Milind Khadke General Manager (Clinical Administration) our mentor for the summer training in KDAH, without their help it would not have been possible for me to understand the hospital to the extent as I have now. I am highly grateful to all the staff of Intensive Care Unit for their cooperation which enabled me to complete my special assignment in the department.

I am also grateful to all the department heads and staffs for giving me time in spite of their hectic schedule. Without their active cooperation and participation it would not have been possible to accomplish my task.

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Acronyms/Abbreviations:

A&E- Accident and Emergency

DAMA-Discharge Against Medical Advice

HCA-Health Care Assistant

ALOS-Average length Of Stay

CMD-Chief Medical Director

COO-Chief Operating Officer

CGHS-Central Government Health Scheme

CSSD-Central Sterile and Supply Department

CT-Computerized Tomography

ECG-Electro Cardiogram

TMT-Trade Mill Test

EEG-Electro Encephalography

EMG-Electro Myography

HOD-Head Of Department

HRD-Human Resources Department

ICU-Intensive Care Unit

SICU-Surgical Intensive Care Unit

MICU-Medical Intensive Care Unit

HDU-High Dependency Unit

PICU-Pediatric Intensive Care Unit

NICU-Neonatal Intensive Care Unit

IPD- In-Patient Department

KDAH-Kokilaben Dhiruben Ambani Hospital

MRD-Medical Records Department

About Summer Training:

The Master in hospital and health management (MBAHM) Program of Institute of Health Management Research (IIHMR) aims at preparing professionally trained managers of health care organization and hospitals to meet the increasing need for managerial skill. It involves a eight week summer placement for the first year students to provide them with a firsthand experience of the hospital system or environment. As a part of the program I had privilege to undergo my practical training at Kokilaben Dhirubhai Ambani Hospital, Mumbai to get a firsthand Knowledge and Experience about the functioning of the hospital. I worked all through under the Clinical administration there from 1st April 2016 to 31st May 2016. The main aim of the summer training was to get exposed to operation of all the hospital in general, and an in –depth insight of the Intensive Care unit & Admission Department in the hospital in particular.

Objective:

The summer training program had the following Objectives:

- To have a basic orientation of the hospital set up.
- To study the functioning of the hospital as a system and its departments as subsystems of the hospital.
- To observe all the department in terms of their location, work plan and Staffing pattern.
- To Study about staffing pattern and job responsibility of staff.
- Doing a project which is helpful to me in understanding hospital working in a better way and to the organization.

PROFILE OF KOKILABEN DHIRUBHAI AMBANI HOSPITAL

The Institution

Kokilaben Dhirubhai Ambani Hospital and Medical Research is India's newest most advanced tertiary care facility. As the flagship social initiative of Anil Dhirubhai Ambani group, it is designed to raise India's global standing as a health care hub, with emphasis on excellence in clinical services, diagnostic facilities and research.

A vision to strengthen healthcare in the communities we serve and empower patients to make patients to make informed choices was at the genesis of Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute.

Inaugurated in January 2009, the hospital is significant CSR initiative from Reliance Anil Dhirubhai Ambani group. It is designed to raise India global standing as a healthcare hub, with emphasis on excellence in clinical services, diagnostic facilities and research activities.

It is the only hospital in Mumbai to function with a FULL TIME SPECIALIST SYSYTEM that ensures the availability and assess to the best medical talent around-the-clock. The 750 bed hospital has 103 full time doctors, 520 nurses and about 200 paramedical and growing.

It represents the confluence of top-notch talent, cutting edge technology state of art infrastructure and most important, commitment. KDAH offers doctor's cutting edge diagnostic and surgical solutions as well as the same in IT systems. In many cases, they represent the first of their kind in the region.

KDAH is fully geared in terms of talent, technology structure and spirit-to-reshape perceptions regarding hospitals and redefine the concept of caring. Indeed, this globally benchmarked institution marks the beginning of a new era in Indian healthcare.

HISTORY:

The hospital project was initiated in 1999 by Dr.Nitu Mandke as a large scale heart hospital. Dr. Nitu Mandke was born in 1948 in a middle class family. He was the first in the family to take up medicine as a profession with a determination to become a heart surgeon.

He joined B.J Medical College; Pune from where he passed his M.B.B.S. in 1970 came to Mumbai for further studies and completed his super speciality course in cardiovascular surgery. He spent close to 8years working with world renowned figures in cardiac surgery like Dr.Magdi Yacoub in England and Dr.Kirklin and Dr. Pacifico at the University of Alabama in the United States. He was an all rounder with exemplary proficiency in sports, art, languages, mathematics and so on.

In his lifetime he won the heart of many and prepared many more through unerring surgery. He won various social awards like: “The Rajiv Gandhi Gold medal of merit 1992”, Indra Gandhi Sadhbhawna Award 1999, Outstanding Man of the 20th century, 2000, “Sarvashri” Gold Medal Award, 2000, Pride of India, 2001, Maharashtra Gaurav Award to name a few.

With great passion Dr. Mundke built a substantial portion of the hospital building. Sadly his dream was cut short by fate when he succumbed to a massive heart attack in May 2003; leave a dream unfulfilled and unfinished.

The Management of Madke Foundation approached reliance ADA Group, who graciously took over this project and developed it into one of the most modern and state of-the art multispecialty tertiary care hospital; naming the institution as Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute.

In honour of initiator, the hospital’s Medical Convention Centre has been aptly dedicated to the memory of Dr.Nitu Mandke.

VISION

We aim to be a global healthcare institution that combines the best in medical treatment with strong ethical principles and a culture of care and compassion.

VALUES

Integrity: To deal with all stakeholders –patients, partners, employees, vendors and the community – in a spirit of fairness and integrity.

Transparency: To respect the patient’s right to know at every touch point by providing information that is clear, concise relevant and easy to understand.

Maximum Care: To re-evaluate every hospital system, process and procedure to ensure the patients and their loved ones receive maximum care and comfort.

Self – improvement: To instill a process of learning and self – improvement at every level through continuous training, focused research and peer review.

Patient Dignity: To safeguard the dignity of patients by protecting their individuality and privacy at all times.

KEY STATISTICS OF HOSPITAL:

Encompassing 10 lakh sq.ft of space spread over 17 floors and two basements. Its intelligent framework allows for hospital staff to optimize utilization of space and resources.

Accommodates over 750 in – Patient beds, allows optimal utilization of resources and ensures privacy, dignity, comfort, convenience and the best healthcare to every patient. However the smooth and seamless movement of people & staff guaranteed.

Critical care unit is the largest number of critical care beds in Mumbai, with 130 ICU beds. Special technical features in ICU including ceiling mounted, dual arm pendants which ensure that the space around the patient is not cluttered. Another unique feature is dedicated air supply that keeps the critical care free of any kind of contamination and infection.

It has a total of over 140 full time consulting clinics with the capacity to handle over 6000 outpatient consulting every day.

Movements in the hospital is managed by 30 elevators – largest elevator bank for any hospital in India capable of transporting 7500 persons per hour, with different elevators for inpatients , outpatients, staff and catering.

The Hospital’s laboratory is housed on a single floor over an area of over 40,000 sqft offers over 3000 routine and highly advanced diagnostics, genetic and molecular biology test and will serve as a referral centre for second opinions..

UNIQUE IN INDIA

Encompassing 10 lakh sq.ft of space spread over 17 floors and two basements. Its intelligent framework allows for hospital staff to optimize utilization of space and resources.

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UNIQUE IN MUMBAI

Mumbai's first slice PET CT Scanner that combines computed tomography and positron emission tomography technologies into a single machine.

140 ICU beds, largest number of critical care beds in Mumbai.

Hospital's laboratory housed on single floors spread over an area of over 40,000 sq ft. It offers over 3000 routine and highly advanced diagnostics, genetic and molecular biology tests.

Hospital is having Mumbai's largest OT complex with 22 operating theatre.

Largest Dialysis centre in Mumbai.

Full – time Specialist System: All doctors are attached and available only at Kokilaben Hospital.

Level 1 Accident and emergency Center.

HOSPITAL INFRASTRUCTURE

1. Lower Basement

- Biomedical Engineering
- CSSD
- Nuclear medicine
- PET CT
- Radiation Oncology
- SRS

2. Upper Basement

- Car Parking
- Central Security Office
- Mortuary.

3. Ground Floor

- Main Reception
- Admission counter
- Discharge and billing
- Pharmacy & Medical mall
- Gift Shop
- Prayer hall
- Business Centre
- Fine dining
- Food court
- ATM
- Central report collection centre
- Beauty Salon
- Accident and Emergency.

4. Mezzanine Floor

- Administration
- Library
- Staff dining

5. First Floor

- Clinical administration
- Radiology & Imaging (X-Ray ,MRI ,ultrasound ,CT scan)
- Health Check up program
- Sample Collection
- Centre for cardiac Sciences
- Centre for bone and joint
- Centre for pulmonary and lung medicine
- Multi-Specialty OPD

6. Second Floor

- Centre for children
- Centre for brain and nervous centre
- Dental clinic
- Centre for cancer
- Ophthalmology Clinic
- ENT Clinic
- Gastroenterology Clinic
- Dialysis Centre
- Blood bank
- Urology Clinic
- Nephrology Clinic

7. Third Floor

- OT complex 1 (8 theatres)
- Catheterization lab
- ICU (Neuro and Surgical)
- Interventional Radiology

8. Fourth Floor

9. Fifth Floor

- Ambulatory Surgery
- Day Surgery
- ICU(Cardiac)
- OT complex 2 (7 theatre)
- Refuge Area

10. Sixth Floor

- Rehabilitation Centre
- Convention and Exhibition Centre

11. Seventh Floor

- IVF Centre
- Cosmetology and aesthetic Surgery
- Laboratory medicine and pathology
- Nursing College
- Tissue and bone bank

12. Eighth Floor

- Birthing Complex (labour and delivery)
- ICU (Paediatric and Neonatal)
- Birthing suites
- OT (Obstetric)
- Wards

13. Ninth Floor

- Inpatients (Paediatric)

14. Tenth Floor

- High Dependency Unit
- ICU (Medical)
- Refuge area

15. Eleventh Floor

- General ward
- Nursing College

15. twelfth To Sixteenth Floor

- Inpatient.

DEPARTMENTS IN THE HOSPITAL

The following departments function in the hospital:

Clinical Services	Clinical support services	Clinical Administrative services	Administrative Services
Accident & Emergency	Laboratory Medicine	Ambulance Services	Human resources
OPD	Imaging	Nursing department	Materials
Anesthesia	CSSD	Food & Beverages	Marketing
Critical Care	Biomedical Waste	Security	Finance
OT	Housekeeping	Mortuary	Engineering
IPD	Pharmacy	Laundry	IT

CLINICAL SERVICES

ACCIDENT & EMERGENCY

An Emergency Department (ED) is also known as Accident & Emergency (A & E), Emergency Room (ER), Emergency Ward (EW), or Casualty Department is a medical treatment facility, specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illness and injuries, some of which may be life threatening and require immediate attention.

Layout

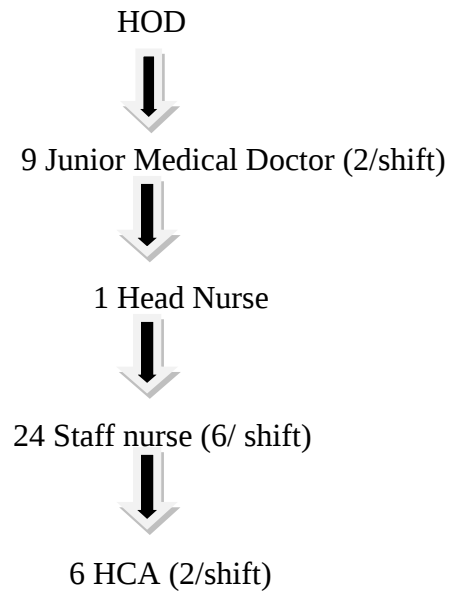
- 11 bedded (6+3 triage + 2 isolation)
- Each bed is separated with curtains to maintain patient privacy and is equipped with the following:
 - ✓ Oxygen supply
 - ✓ Suction pump
 - ✓ Syringe pump
 - ✓ Cardiac monitor

Minor Operation Theatre

- Machines in minor OT are as follows:-
 - ✓ Anesthesia machine
 - ✓ ETCO2 machine
 - ✓ Cautery machine
 - ✓ OT table
- Procedure done in minor OT
 - ✓ Lumbar puncture
 - ✓ Biopsy
 - ✓ Bone marrow aspiration
 - ✓ Suturing

This department has got its own billing and discharge counter.

Staffs:-



Equipment

- Defibrillator-2
- Portable ECG-2
- Nebulisation machine -2
- Portable sonography machine -1
- Trolleys:
 - ✓ Procedure trolley
 - ✓ Induction trolley
 - ✓ Adult crash trolley
 - ✓ Dressing trolley

Ambulance

There are 2 types of ambulance:

- a) Non-cardiac ambulance
- b) Cardiac ambulance

Equipment in the ambulance are as follows:-

- Ambulance set
 - Portable ventilator (cardiac ambulance)
 - Portable oxygen unit
 - Portable suction unit
 - First aid kit
 - Traction splint
 - Auxiliary stretcher
 - Transfer sheet
 - Airways (nasal, oropharyngeal)
 - Obstetrical kit
 - Sphygmomanometer
 - Stethoscope
 - Fire extinguisher
 - Burn kit
 - Others
 - ✓ Sterile and non-sterile gloves
 - ✓ Face mask
 - ✓ Blankets
 - ✓ Towels
 - ✓ Bed pan
 - ✓ Tongue depressors
 - ✓ Cold packs instant chemical type
-
- 1 HCA in non-cardiac ambulance
 - 1 HCA + 1 nurse + 1 cardiac consultant in cardiac ambulance

OUTPATIENT DEPARTMENT

Kokilaben Dhirubhai Ambani Hospital has 140 independent consultant clinics with a capacity to handle over 6000 outpatient consultation every day. These clinics are organized as functional clusters representing a specialty, with each cluster containing its own examination room, phlebotomy room, and in instances, rooms for specialized medical equipment unique to the cluster. A day care dialysis unit, an endoscopy theatre complex, radiology suites and a blood bank support outpatient service are co-located on the same floors as the self-contained outpatient area. The hospital outpatient services offer specialist consultation services across 42 different specialties including six centers of excellence.

The six centre of excellence are as follows:-

- Centre for neurosciences
- Centre for cancer
- Centre for physical medicine and rehabilitation
- Centre for cardiac sciences
- Centre for bone and joint
- Centre for children

The specialists included are Anaesthesiologist, Critical Care Medical, accident and emergency, gynaecology and obstetrics, imaging, laboratory medicine and pathology including biochemistry, molecular biology, haematology, histopathology, microbiology, clinical pathology, transfusion, medicine, rheumatology, geriatric medicine, surgery including dentistry, ENT, general surgery, ophthalmology, plastic and reconstructive surgery, urology, surgical oncology, cosmetology.

A) Access to OPD services:

All patients who visit KDAH or free OPD for the first time for consultation/ other services are issued a card which gives each patient a UHID number. This UHID card is attached to the registration form. With the help of this number, medical records of patients can be assessed. Allotment and control of UHID number is the responsibility of the admission staff desk.

B) OPD Appointment:

Appointments can be fixed over telephone to all from the call centre or personally across the reception counter. Fax and email facilities are also available.

Following services are offered in the OPD.

- Medical/ surgical consultations
- Preventive health check-up packages
- Laboratory investigations
- Imaging services
- Cardiology investigations
- Neurology investigations

- Pulmonary investigations
- Pain management
- AKD
- Gamma knife
- Endoscopy
- Bronchoscopy
- Urodynamic study
- Physiotherapy
- CDC
- ENT
- Ophthalmology
- Dental procedures
- Oncology
- Radiation oncology

HEALTH CHECK UP

- The executive checkup department, a part of OPD services, is a wing of this multispecialty hospital dedicated to the diagnostic and preventive side of patient care. It is a place where healthy patients come for prognosis of disease or to know about the preventive and curative aspect of conditions they may already have.
- This system facilitates the patient to get all the required investigations/ consultations done without having to pay for either consultation and/or for each individual item of pathological or imaging investigations. It is the centre point where the potential customers come directly in contact with hospital services. This department can therefore be a point to draw in patients to become in-patients or for them to come even for follow-up OPD consultation.
- The packages in the program have been developed by a team of highly qualified and experienced medical personnel and are designed to offer a complete medical checkup and within their limitations detect any latent health problems. In addition, these packages are offered at special discounted rates that make them truly worthwhile. At the end of the day, candidates leave the hospital with all their reports.
- This department is dependent on various other hospital departments and consultants to ensure a smooth process flow. Therefore co-ordination is a key factor in smoothly running the department. The departments in co-ordination are, pathology, radiology, following department, medicine, surgery and gynecology.

OPERATION THEATRE:

The aim of department of anaesthesiology and OT facility is to provide the highest quality of care to patients undergoing various types of surgeries. The OT facility is positioned as a tertiary care centre of excellence providing complete services for various surgical specialties. The department is staffed with highly experienced and trained anaesthesiologist, surgeons, technicians, nurses and other support staff. Their services have state of the art technology and equipment with highest level environment and quality controls. For each OT there are two scrub nurses and one circulating nurse. Protocols based on approach for quality pre-operative, intra- operative and post-operative and follow-up care of the patients. The complex is divided into three zones: sterile, semi sterile and non-sterile zones. Complete services to the following surgical specialties are provided.

- Cardiac surgery
- Neuro surgery
- Onco surgery
- Orthopaedic surgery
- General surgery
- Gynaecology and obstetrics surgery
- Paediatric surgery
- GI surgery
- Uro surgery
- Plastic surgery
- Ophthalmic and ENT surgery
- Transplantation surgeries

The OT complex has a pre and post-operative monitoring room for continuous monitoring of patients. The facility includes 22 OTs, 600 square feet area, pendants in all OTs and surgical control panels.

IN PATIENT DEPARTMENT

The IPD provides the detailed pre-procedure needs their completion and coordination with the diagnostic to arrive at the diagnosis and completion of treatment regimens, comprehensive care in the pre-operative and follow-up care, rehabilitative, and nutritional regimented their scientific amalgamation as per the progressive patient care need. IPD wards are located on floor numbers 9,10,11,12, 13, 14, 15 & 16. The IPD rooms are of the following types: single room, twin sharing, deluxe room and suites. Each floor has three zones, east, west and central and each wing has a separate nursing station. The various types of rooms with their features as follows:

- **GENERAL WARDS**
 - 5 beds/room
 - Air conditioned
 - Bed heads panels with medical gases
 - Nurse call systems with two way communication
- **SINGLE ROOMS**
 - Area of 320 sq. ft.
 - Separate patient zone and attendant zone
 - Nurse call system with two way communication.
- **TWIN SHARING**
 - Bed head panels with medical gasses
 - Television sets
 - Couch for each patient relative
 - Nurse call system with two way communication.
- **SUITS**
 - Area of 750 sq. ft.
 - Terrace garden
 - Exclusive visitor area and guest rooms
 - Nurse call system with two way communication.

Nurse bed ratio is 1:5 for general ward, 1:2 for single rooms, 1:3 for twin sharing, 1:1 for suits. The various other rooms are clean utility, dirty utility, janitor room, AHU (air handling unit), sluice room, pharmacy room, I.T. room and service elevator

INTENSIVE CARE UNIT:

The ICU cater to patients with most severe and life threatening illnesses and injuries requiring constant close monitoring and support from specialist equipment and medication to ensure

normal bodily functions. There is adult ICU consisting SICU & MICU, paediatric ICU, neonatal ICU, transplant ICU and paediatric cardiac ICU. The nurse patient ratio for critical patients is 1:1 and for stable patients is 1:2. The ICU coordinates with CSSD, Laboratory and the radiology department, strict aseptic techniques are used. Pressure zones are created to control infection rate

THE ICU HAS HIGHLY DEDICATED AND TRAINED MEDICAL, NURSING AND ALLIED STAFF. THERE IS A SYSTEM OF CLOSED ICU IN KDAH. THE SPACE PER BED IS 320SQ FEET IN THE PATIENT CARE AREA

BED CAPACITY IN EACH ICU

ICU	Bed capacity
SICU1	11
SICU2	10
PCICU	11
PCICU-HDU	2
PICU	7
TRANSPLANT ICU	7
NICU	8
NICU-HDU	5
MICU	28
MICU	25

Human resource of the ICU

Intensive care doctors

- 1chief intensivist for all ICU
- Junior consultants(12 hour shift)
- Clinical registrars (8 hour shift)

Intensive care nursing staff

- 1 director general manager for ICU
- Nurse in charge (8 hour shift)
- Team leader (8 hour shift)
- Senior nurse officers
- Junior nurse officers

Allied staff

- Physiotherapists

- Dieticians
- Biomedical engineers
- Health care assistants

SHIFT TIMINGS:

For doctors

Morning: 8am – 4pm

Afternoon: 2pm – 10pm

Evening: 10pm – 8am

Overlapping hours: 2pm – 4pm

For nurses, HCA and housekeeping staff

Morning: 7am – 3pm

Evening: 3pm – 11pm

Afternoon: 11pm – 7am

Visiting hours: 11am – 1pm

5pm – 7pm

Only 1 relative at a time is allowed

Records and registers

Admission and discharge register

Handling and taking over/team leader sheet

Assignment sheet

Leave book

OT booking register

Critical care flow sheet

Narcotic drug register

EQUIPMENTS:

MONITORING EQUIPMENT	CARDIOVASCULAR THERAPY	RESPIRATORY THERAPY	LABORATORY EQUIPMENT
Bed side and central monitors	CPR Trolley	Ventilators	Blood gas analyser
ECG recorder	Defibrillators	Incubation / tracheotomy trolley	Electrolyte analyser
Pulse oximeter	Infusion pumps and syringes	Nebulisers	
Spiro meter			
ECG monitor			
Temperature monitors			
Blood glucose meter			

Miscellaneous equipment

- Crash cart
- Dressing trolley
- Procedure trolley

Management information system

ICU	LOS (days)
Adult ICU	4
PCICU	6.5
PICU	5.6
NICU	6.4

PAEDIATRIC INTENSIVE CARE UNIT

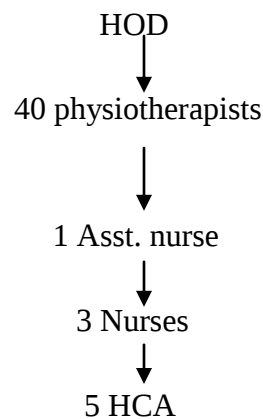
The PICU looks after all critical paediatric patients. It is located on 8th floor. The ICU is split into 2 zones for outpatients and inpatients. The various other rooms include Ante room, equipment room, clean utility and dirty utility room. The average length of stay of each patient is approximately 1 week.

NEONATAL INTENSIVE CARE UNIT

The NICU is 18 bedded and located on 8th floor. The department is divided into 2 zones outpatients and inpatients. There are 2 isolation rooms. The nurse ratio is 1:1.

CENTER FOR REHABILITATION:-

- the center is located on the dedicated floor with 30000 square feet area and exclusive inpatient service, first of its kind.
 - The department is located in 7th and 8th floor of hospital.
 - It has got its own billing desk.
 - It also consists of a day-care center for those patients who need 4-5 sessions in a day.
- **Staff of the department consists of :**



Following therapy services are available:-

1. Neurological Rehabilitation
2. Musculoskeletal Rehabilitation
3. Cardiac Rehabilitation
4. Pulmonary Rehabilitation
5. Paediatric Rehabilitation
6. Cancer Rehabilitation

7.Pain management

8.Women's health

9.Geriatric Rehabilitation

The therapy services offered in the department:-

1.Physical therapy

2.Occupational therapy

3.Electrotherapy

4.Speech and language pathology

5.Exercise physiology

6.Psychology

7.Rehabilitation nursing

8.Orthosis and prosthesis

IVF CENTRE:-

- Centre for reproductive endocrinology and fertility (CREF) is located on the 7th floor of the hospital and has dedicated space for out-patient care and day care of patients with infertility and reproductive endocrine problems and for medical accupunture and mind body program.
- CREF is staffed by full time consultant reproductive endocrinologist and infertility specialist,embryologist and infertility issues and a health care assistant.
- A full-fledged laboratory and radiology department offering a comprehensive range of tests including some newer cutting edge tests under one roof only compliments our services at CREF,but is also extremely convenient for patients.
- Medical conditions addressed at CREF:
 - ✓ Reproductive endocrinology
 - ✓ Midlife health care
 - ✓ Bone health
 - ✓ Adolescent gynaecology

✓ **Infertility treatment**

- ❖ Fertility drugs to induce/ enhance ovulation(pills or injections)
- ❖ Intrauterine insemination
- ❖ Assisted reproductive therapy(ART) procedures:
 - In vitro fertilization (IVF)
 - Intracytoplasmic sperm injection(ICSI)
 - Assisted hatching(AH)
 - Blastocyst transfer
 - Pre-implanation genetic diagnosis(PGD)
 - Embryo cryopreservation
 - Sperm cryopreservation
 - Testicular tissue cryopreservation
 - Third party reproduction
 - Donor oocytes
 - Donor sperm
 - Gestational surrogacy
 - Donated embryos

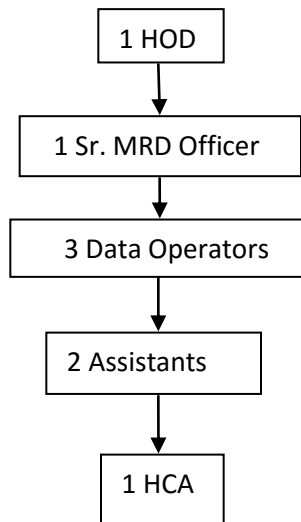
Other facility:-

- ✓ Diagnostic tests
- ✓ Billing and registration
- ✓ Phlebotomy services
- ✓ Ultrasound facilities
- ✓ Andrology and embryology laboratories
- ✓ Operating room,pre-op and recovery room facilities
- ✓ Counselling and support services

CLINICAL SUPPORT SERVICES

MEDICAL RECORDS DEPARTMENT

- The main functions of the department are:
 - 1) Storing file for future reference.
 - 2) Research
- Staff



- Open and closed audit is done of all files before keeping them for storage.
- The arrangement of files is done in following ways:
 - ✓ Year wise and UHID wise
 - ✓ Also on the basis of their type:
 - a. Regular files
 - b. DAMA files
 - c. MLC files
 - d. OT recovery files
 - e. Chemotherapy files
 - f. Dialysis files
- Apart from files few forms and records are also store in this department:
 - ✓ Consent forms
 - ✓ OT papers
 - ✓ A&E Papers
- Certificates issued from the department:
 - ✓ Patient fitness certificate
 - ✓ Fit to fly certificate

- ✓ Leave certificate
- All files are stored in the department for the following time-period:
 - ✓ Report-1.5 year
 - ✓ Death, DAMA and MLC files 20 years
 - ✓ Regular files-5years
- ICD-10 coding is done for storing files:
 - ✓ Red-Death, DAMA, MLC
 - ✓ Black-Oncology
 - ✓ Yellow-Gynaecology, & obstetrics, IVF files
 - ✓ Dark blue- general medicine, critical care, Nephrology, Endocrinology, Gastroenterology, Pulmonary medicine, Dermatology, Dental, Psychiatry, rehabilitation, Rheumatology.
 - ✓ Light blue- Paediatrics
 - ✓ Orange- Neurology, CVTS, Cardiology, Orthopaedics.
 - ✓ Green- ENT, general surgery, ophthalmology, Urology, Cosmetology, Interventional radiology.
- This department has to notify Bombay Municipal Corporation (BMC) about following things on regular basis:
 - ✓ About Birth & Death report (once in a week)
 - ✓ Notifiable diseases which includes cholera, dengue, plague, yellow-fever, TB, polio, meningococcal meningitis, leptospirosis, viral encephalitis(once in a week).
 - ✓ Maternal mortality (once in a week)
 - ✓ MTP & PNDT (once in a month)
 - ✓ Retrieval- for easy retrieval of files tracer cards are used when files are given to patients or sent outside the department.

LABORATORY:-

The salient features of the department are as follows-

- CAP(College of American Pathology)accreditation
- Central processing laboratory is spread over 40,000sq.Ft. which follows strict internal quality compliance for all analyzer.
- Excellent laboratory management system which handles both pre-analytical and post-analytical aspects
- Dedicated courier and logistic services
- 24 hrs. sample collection facility

- Stringent quality control monitoring which satisfy the quality assurance elements elaborated by GLP and GCP and readily available documented evidence of quality assurance and quality proficiency schemes
- Constant improvisation and technology innovation using over 150 state of the art equipment.
- Quality control and quality assurance executive that monitors pre-analytical and post-analytical processing of the samples.
- Customized management report (MIS-management information system)
- An active IRB and ethics committee which oversees clinical trials proposed when required.

BLOOD BANK:-

Transfusion medicine is a multi-disciplinary area concerned use of blood and blood component in the treatment of human disease. The mission of KDAH is to make available appropriate adequate quantity and high quality of safe blood and blood component to “anyone, anytime , anywhere” in medical community. KDAH adheres to quality norms and focus on the donor satisfaction standards and technique and quality control are precisely and meticulously maintained as per norms given in the drugs and cosmetics acts, by the regulatory authority, director drug controller (India), ministry of health and family welfare, Govt. of India, and also internationally recommended methods. The department runs round the clock and blood and its products are supplied as and when requested. Blood donation is accepted from voluntary blood donors and relatives and friends of the patient. Autologous blood donation (blood donation from one’s own use) is also accepted. The blood donors are informed and educated about the infection transmitted by transfusion of blood components. All the mandatory screening for the transfusion transmissible disease like HIV, HBV and HCV is done with the more sensitive and specific CMLIA and ELISA methods. All units are screened for VDRL and malaria parasite. Red cells in an additive solution (RCA) like, SAGM or ADSOL is a product which is used in variety of indication like surgeries, anemia, trauma, child birth etc. as a thumb rule one unit would increase the hemoglobin by 1 gm%.

IMAGING:-

The imaging department consists of radiology services. The investigations performed in these departments includes:

- CT Scan
- MRI
- X-RAY

- Ultrasound
- Mammography

The HIS has a system for appointment scheduling for each of these investigations. The appointments are given by Call Centre. There are 4 X-ray machines, 5 ultrasonography machines, 1 mammography machine, 1 CT Scan machine, & 2 MRI machine of which one is 3 Tesla located in the radiology department and the other is 1.5 Tesla IMRIS (intraoperative magnetic resonance imaging suit) is a movable machine attached to the ceiling that is located in the OT. It is basically used for MRI scanning during a surgery. They are working on its complete utilization.

CENTRAL STERILE SUPPLY DEPARTMENT:-

The central sterile supply department (CSSD) plays a key role in providing the items required to deliver quality patient care. Centralizing the reprocessing of reusable devices helps ensure uniform standards of practice, while also providing for improved workflow (soiled, to clean, to sterile). This also facilitates the training and education of skilled technicians who must be aware about the standards, complexities, challenges, risks and technicians associated with the CSSD function. Every CSSD task must be performed for the welfare and safety of patients, co-workers and the community.

CSSD is the heart of hospital infection control and the most important unit of clinical support services. CSSD's main functions are cleaning and drying, assembly, packing, sterilizing, storing and distributing instruments (both multi use and single use devices), as per well delineated protocols and standardized procedures.

INFRASTRUCTURE:-

It is divided into 3 zones

1. Decontamination area
2. Assembly area
3. Sterile storage area

STAFF:-

- 1 manager/department head
- 1 executive
- 1 senior technical officer
- 4 technical officers
- 6 junior technical officers
- 10 trainees
- 16 health care attendants

MAJOR TECHNOLOGIES:-

- Ultra sonic cleaner
- Washer disinfectant
- Dryer
- Steam sterilizers
- Plasma sterilizers
- ETO (ethylene oxide gas sterilizer)
- Dry heat sterilizer

RECORD MAINTAINED:-

- Manual issue and receiving OT
- Manual issue and receiving all departments
- Sterilization records

PHARMACY:-

Central pharmacy indents to IP, OP and LB. it is of 2 categories: capital and consumables.

SCOPE OF INVENTORY MANAGEMNET:

- INDENTATION
- RECEIVING
- STORING
- DISTRIBUTION

The staff consists of:-

- 5 manager
- 1 executive
- 8 senior officers
- 24 officers
- 7 junior officers
- 6 trainee assistant
- 1 trainee HCA
- 16 attendants
- 21 HCA

HOUSE KEEPING:

The objective of housekeeping is exceptional standards of cleanliness, sanitation and hygiene of the entire hospital. Housekeeping services are outsourced to ARA MARK services

The staffs include:-

- Housekeeping manager
- Assistant manager
- Housekeeping executives
- Supervisors
- Houseboys & house girls

Function of housekeeping department are:-

- General facility cleaning
 - ✓ Routine cleaning of patient's rooms
 - ✓ Patient's common areas
 - ✓ Washrooms
 - ✓ OT
 - ✓ Laboratory
 - ✓ Consultant's office
 - ✓ Glass windows and doors
 - ✓ Ceiling etc.
- Handling of biomedical waste.
- Pest control-It includes spraying every 24 hours for mosquitoes, cockroaches, flies, rats, lizards and termites.
- Garbage disposal-The housekeeping staff collects garbage bins existing inside the hospital premises and disposes the garbage at the designated area within the hospital, which is the biomedical waste room. The general waste is sold to the junk dealer

and healthcare waste is handed over to government approved vendor “synergy waste management”.

- Horticulture-It is responsible for maintenance of house plants & terrace gardens,flower arrangement during hospital functions.

The performance indicators are B.M.W color code compliance,B.M.W collection,pest control efficiency and sanitization of the hospital premises.

CLINICAL ADMINISTRATION SERVICES

STORES

Material stores functions in order to supply the right material in right quantities at the right time at the right price. The IP departments put up requests for the required materials by uploading indents in the HIS. The store manager raises a purchase order to be sent at the central procurement stores. The supplies received are inspected on the basis of quantity and expiry in the incoming material inspection area. The items are stored as per the storage norms. Departmental issues are made for non – medical consumable as per requirement. Stock is reviewed periodically for non moving items and short expiry items. Stock audits are carried out twice/year. Any variance is reported to the higher management. For inventory control, ABC and VED analysis is carried out. FIFO(first expiry first out) is followed. The staff includes:

- Assistant Manager
- Executive store
- Assistants
- 2 Health care assistants

The key performance indicators are no stock outs, zero errors in maintenance of accounts, zero error in billing processing maintain minimum inventory maximum efficiency, maintaining stores as per the NABH – ISO standards, submission of bills accounts within 4 working days, expired items on the shelves should be zero, minimize emergency purchase, TAT suture and lab kits (19 days), instruments (8 weeks) and other items (2 days)

LINEN AND LAUNDRY

The objective of linen and laundry is the availability of clean uniforms for patients and staff. Soiled linen when collected is kept in the dirty utility room in a hamper trolley. Infected linen are collected and put in a red bag at the source of generation. The red bag is sealed and labeled for infection. At the end of each shift, the dirty utility linen is carried in the hamper trolley to the collection room. At the collection point, it is segregated, counted and sent to the laundry for washing. The performance indicators are laundry pending, turnaround time for laundry cleaning, percentage discarded linen.

BIOMEDICAL ENGINEERING DEPARTMENT

The main objective of the department is to facilitate the usage of latest technologies in the diagnosis, treatment of care of patients. It is also responsible for proper usage and quality performance of these costly equipment and tools inside the hospital

The departments maintains an updated asset register of the hospital equipment, conduct daily rounds to ensure that the equipment is functioning smoothly, responsible for facilitation and identification of equipment requirements, planning technical comparison, ordering installation and deployment units and new projects, conduct regular preventive maintenance servicing for all the equipment at regular intervals, facilitating equipment replacements and condemnation, whenever required, conducting regular training programs for hospital staff, on usage of hospital equipments. The staff consists of HOD, 5 biomedical engineers and 2 biomedical technicians and 4 medical gas technicians.

FOOD AND BEVERAGES

The objectives of food and beverages department are to deliver healthy and nutritious meals coupled with a wonderful with a wonderful experience of hospitality services to all IP, OP and staff. The cafeteria is outsourced to java green. The main functions of the department are as follows:

- Impatient meal management
- Purchase of fruits, vegetables, milk, pulses, whole grain and other dietary consumables
- FIFO is followed

The purchased items are unloaded in the receiving area, where they are inspected and then washed with water and anti bacterial liquid before bringing it in the kitchen premises. It is followed by storage of perishable and non-perishable items in refrigerator and dry storage area respectively. Diet planning and counseling is done by the dietician according to the patient's condition, food allergy and taste and general preference. The diet summary is handed over to the supervisor in the form of meal sheet cum ticket. According to this, the food is prepared and laid out on trays. The meals are served in the patient's room and clearance is carried out after 2 hours. Food/meal/diet for a patient admitted in the hospital is decided by the doctor admitting the patient depending on his/her medical condition. On doctor's recommendations, the dieticians plan the meal that is best fir the patient 'speedy recovery. The staff includes:

- Regional head of support function
- F&B managers cum chef
- Assistant manager F&B staff

SECURITY

Services rendered by security department are surveillance and patrolling of the infrastructure and material, access control (in restricted areas like IT, MRD, LSS, Mortuary, Pharmacy, Electric control panels), control of movement of traffic in premises, reception and conduct of visitors and attendants, assistance in fire control and emergency plan, vigilance and intelligence, liaison with sensitive areas, carry out verification, hold records, issue passes, and generate reports on security matters, it is equipped with modern equipment like CCTV's metal and explosive detectors, alarms, security, lighting and walkie-talkies, etc. the staff members are:

- HOD
- Senior officer
- Security supervisor
- Sr. security assistant
- Security guards

The performance indicators are TAT, theft percent, code related incidents.

ADMINISTRATIVE SERVICES

ADMISSION AND BILLING:

The admission and billing staff includes 1 H.O.D and 12 employees. The services offered by the department are registration of a new patient, booking/reservation –bed and O.T, admission, billing, discharge work.

Front office:

The front office is the first point of contact at KDAH .It is manned by duty manager, deputy duty manger and patient care executive and patient care coordinator. There are total 7 front offices in KDAH and there are 2 help desks.

Functions:

- Respond and answer telephone calls from patients and clients (call center).
- Registration of outpatients and executive health checkup patients for various investigations (registration counter).
- Admission, billing and discharge of in patients.
- Direct the patient and their relatives to the outpatient services and the inpatient wards (helpdesk and welcome desk).
- Report receiving and handling over to the patient (dispatch counter).

Third Party Administrator Desk:

TPA Staff includes one executive clinical administrator and 4 customer care officer.

Functions:

- Counseling
- Pre- Authorization
- Cashless admission
- Query Handling
- Final approval
- Maintain privacy and confidentiality

INFORMATION TECHNOLOGY DEPARTMENT

It is implied that there is central database for entire hospital. Services rendered by the IT department are as follows:

- IT support to location users for hardware and software as per SLA (service level agreement).
- Installation of new IT equipment.
- Helping biomedical department in configuring the medical equipment with HIS.
- Installation of appointment scheduling programs.

The IT staffs include:

- Chief information officer
- Manager IT
- Executive IT engineers

The performance indicators are calls resolutions within a time limit, strict data security, zero percent variance, in hardware and software variance, minimal occupational hazard and proper e-waste disposal.

ENGINEERING DEPARTMENT:

Engineering and maintenance department is manned for 24 hours for keeping round the clock vigil on proper functioning of plant engineering equipment coming under the purview of department. This covers maintenance of major supplies to the hospital such as power, water, which form the life line to the hospital's activities. The responsibilities of the department include operation and maintenance of plant equipment installed in the basement of main building and various other areas to support the normal functioning of the hospital and repair work of equipment related to the department's responsibility. The policy of the department is to serve well with safety and it time, continuous improvement, cost saving, optimum utilization of manpower and equipment, optimum utilization of inventory and teamwork.

The major engineering services are:

- Electrical power supply- normal and emergency.
- Air conditioning, ventilation and refrigeration.
- Steam and hot water supply.
- Water stations and cold water supplies- filtration system.
- Medical gases supplies

- Fire detection alarms and fighting system.
- Internal and external plumbing system.
- Civil works- masonry, carpentry, glasswork, upholstery, painting etc.
- PNG and LPG supply
- Safety assessment of facilities.

MARKETING AND SALES:

Marketing and sales department is concerned with business development, branding, promotions and advertisement of KDAH healthcare services. Marketing deals with organizing health checkup camps and awareness talks for corporate or PSUs and RWA, designing all the brochures and signage, pitching referral sales from nearby general practitioners and nursing homes, liaison with TPAs and managing the international patients (medical tourism).

FINANCE:

The scope of services includes the entire hospital cash handling and cash disbursement in the form of salaries and vendor payment for stores, pharmacy and biomedical department. All the cash collected is deposited on daily basis of the bank. The TPA payment is collected through lump sum amount in the form of cheque at the end of the month. The staffs include:

- HOD
- Assistant Manager
- Senior executives
- Junior executives
- 2 cashiers

HUMAN RESOURCE DEPARTMENT:

The functions of HR department at KDA hospital are:

- Hiring
- Physician and nurse recruitment
- Employee orientation
- Personal management
- Benefits and compensation management

- Counseling
- Claims handling
- Training and performance monitoring
- Professional development programs
- State and federal regulations education
- Work place safety and sanitation
- Administration – employee meetings
- Staff morale and retention

Recruitment / selection:

- Identifying the key requirements areas (KRA)
- Drafting job description
- Recruitment through job portals and internal references
- Selection
- Medical examination of the candidate
- Offering letter to the selected ones

PURCHASE DEPARTMENT:

Purchasing department is responsible for the procurement of function of the hospital. The primary functions of the department are to:

1. Procure the rights and services from the right suppliers at the right time for the right place.
2. Receive, warehouse, issue & distribute stocks to hospital departments in accordance with KDH procedure.
3. Hospital users and clinicians actively participate in product evaluation processes. The purchasing department is actively involved in cost analysis and suppliers performance management. It is through all of these activities that the department manages the chain process.

QUALITY CONTROL DEPARTMENT

The Functions of the department are:

- To analyze patient feedback forms.
- To analyze different parameters from different departments and compare them.
- Infection control of the hospital.
- Induction and training of hospital staff.
- Accreditations (NABH,JCI).

This department also maintains few quality indicators for hospital:

- Medication Errors
- Return of patient within 72 hours.
- Return of patient to ICU within 48 hours.
- Return of patient to OT within 48 hours.
- Number of Needle sticks Injuries.
- Number of blood transfusion reaction.
- Number of Adverse Drug reaction.

STAFF:-

This department consists of 1 quality manager who reports directly to the director of hospital.

SUMMER TRAINING –PROJECT REPORT

Turn Around Time of Transfer of Patient from Intensive Care Unit to Wards.

INTRODUCTION:

The intensive care unit or critical care unit is a special department of a hospital or health care facility that provides [intensive treatment medicine](#) . Intensive care units cater to patients with [severe and life-threatening](#) illnesses and injuries, which require constant, close monitoring and support from specialist equipment and medications in order to ensure [normal bodily functions](#). They are staffed by highly trained [doctors](#) and [nurses](#) who specialize in caring for critically ill patients .Optimal use of Intensive care unit (ICU) resources is an important goal for individual hospitals and healthcare systems and it is essential component of the effort to contain healthcare expenditures. Delay in transfer of patient from ICU is commonly and costly .As Transfer Process plays one of the major role in increasing the Satisfaction level of patient and their relatives of ICU .Poorly managed transfer of a patient from the intensive care unit (ICU) to the ward can lead to physical and psychological complications for the patient, and often require ICU readmission and rehospitalization. Reviewing this transfer process to improve the quality of care would be a positive step towards enhancing patients' recovery and providing skills to staff.

At kokilaben dhirubhai ambani hospital, investigation was conducted to determine the turn around time of ICU bed in transfer process along with incidence and causes of delayed transfer. Many patients who have met criteria for transfer remained in the ICU for a longer time than actually required, which not only leads to the waste of resources but also reduce the chances of other needy patient to get admission in ICU who requires actual critical care. Therefore finding the turn around time of transfer and reasons for delay helps us in cost effective management in ICU. As hypothesized by Sister In-charge and floor coordinators that on an average 5hours is the maximum time required to transfer out the patient, after doctor recommended for shifting and patient physically shift to wards. Thus on taking this into consideration, we determine the turn around time of critical care bed and number of patients that are transferred out within 5 hours and patients that are transferred out after 5 hours along with the reasons for delay.

2. Research Questions:

- 2.1. What is the level of adherence to the standard admission criteria in ICU?
- 2.2. What are the reasons for delay in transfer out of patients from ICU to Wards?
- 2.3. How many patient get delay due to clinical and Non clinical reasons?

3. Objectives:

- 3.1. To understand the process of Intensive Care Unit.
- 3.2. To analyze the criteria in which transfer process is done.
- 3.3. To find out the scope of improvement in the process if any.

4. Methodology:

Study area: Kokilaben Dhirubhai Ambani Hospital, Mumbai.

Study Design: A prospective , observational time motion study was conducted in the ICU of Kokilaben dhirubhai ambani hospital & medical research institute from April 5,2016 to May 31,2016. Informed consent was not necessary because of the observational nature of the study. Patient care was not affected by the study, and individual patient information was not used during the analysis of data.

Sampling unit: Patient who was admitted on Critical care bed and was medically ready for transfer to the floor.

Sampling size :- A sample size of 200 patients has taken.

Inclusion criteria :- Includes those patients who were prescribed for shifting .

Exclusion criteria :- Patients who were transfer to OT or cath lab.

Sample Technique:-The technique used to collect data was simple Random sampling.

Design Tool: The tool used for data collection was self administered tabulated format for each day under the following domains to record:

- **Transfer from** –Numbers of patient planned for shifting.
- **Intimation time** - the time when doctor prescribes to transfer the patient out of the ICU.
- **Transfer to** – bed number allotted to them.
- **Allotment time** - the allotment of appropriate floor bed by admission department.
- **Bed status at floor**- whether it is vacant/ready or not.
- **Bed ready**- the time taken to clean and prepare the bed to receive the patient.
- **Transfer time**- the actual time of transferring out the patient.
- Reasons for delay.

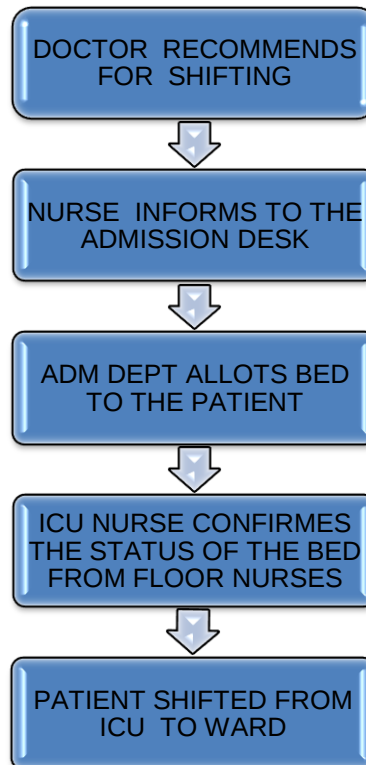
Data collection: After designing the tool for data collection, the data was collected and recorded by observing and tracking all the beds planned to be transfer out for a day. Also by daily communicating with ICU Sister in charge and Floor coordinator to determine the reason for delay in transfer and classify them as per discussion.

The study also consisted of examining the patient's files for consultation's notes, admission history form, progress notes and summary to assess the criteria for admission and discharge in ICU and compared with the standard NABH admission criteria checklist.

Transfer Process: A patient was classified as ready for transfer to the floor in the late evening by consensus among the patient's intensivist , surgeon and ICU nurse, with emphasis on hemodynamic and respiratory stability. There was no transfer out of patients in midnight.

The transfer out of allotted beds starts only after primary consultants and intensivist round on ICU floors at around 10'o clock. Thus for a day,the actual time to start the transfer out of allotted beds is from 10:00 AM.

Transfer Process:-



Definition of delay: Delay in transfer out from the intensive care unit was defined as time elapsed between the allotted time for transfer and the actual transfer time.

Required transfer time: The time required to transfer out Patient from the intensive care unit to the allotted vacant and prepared floor bed, is maximum 5hours.

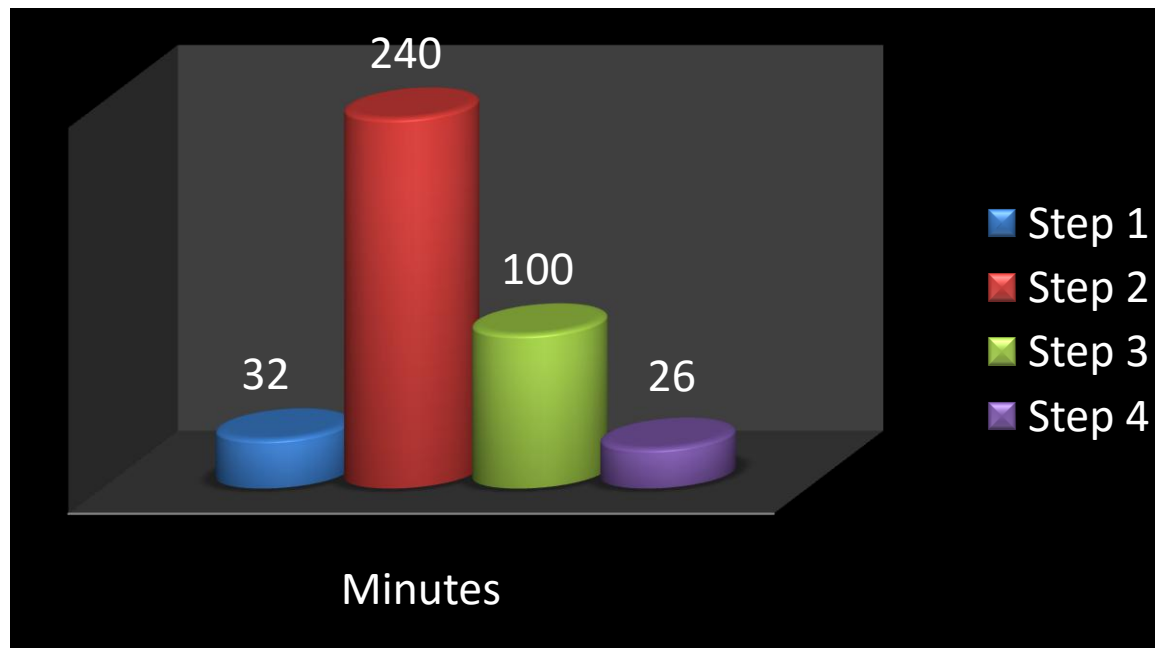
Reasons for Delay: Before the study, the ICU bed coordinator, ICU nurses and ICU nurse in charge were interviewed to understand the transfer process i.e, after doctor recommended for shifting till the patient physically transfer to their desire bed and to determine the perceived reasons for delay in their transfer which leads to huge dissatisfaction among patient and their attendant.

FINDINGS:-

During the study period, 200 patients were transferred from ICU to ward and the mean time of there is 420 minutes i,e around **7 hours**.

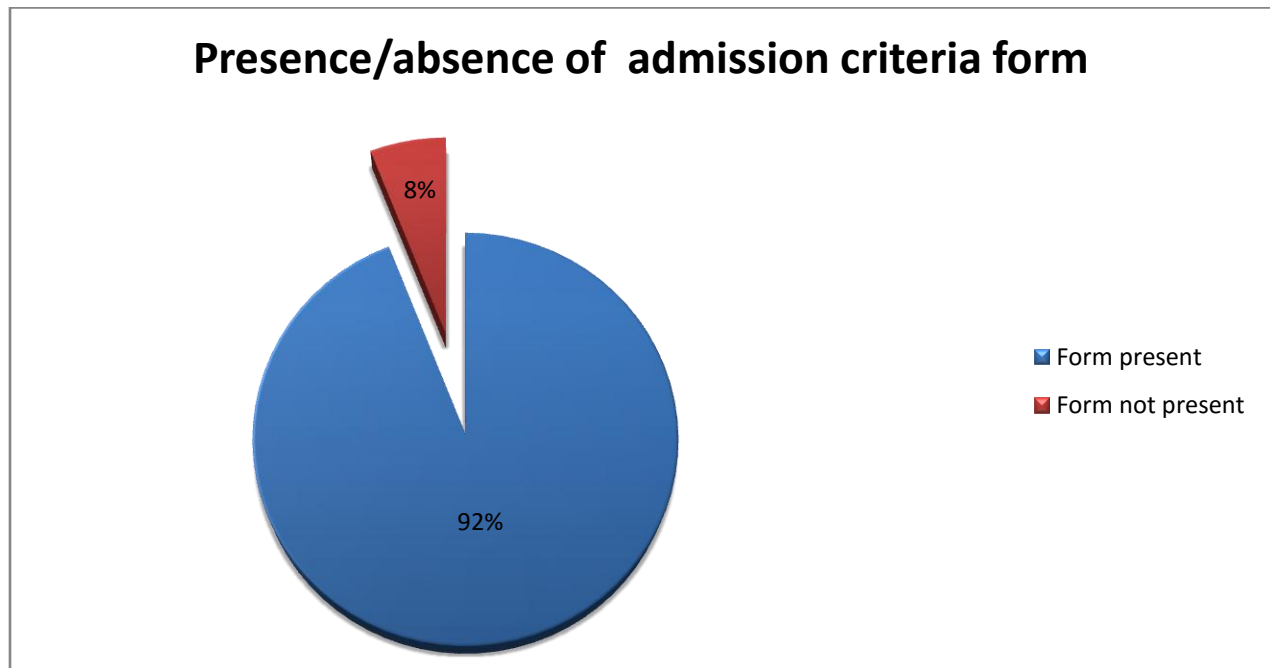
- Out of which average time taken between :-
 - Doctor recommendation for shifting and nurse informs to the admission department is :- **32 minutes.**
 - Nurse informs to admission department and admission bed allotment is :- **240 minutes.**
 - Bed allot by admission department and Information given to housekeeping staffs is **100 minutes.**
 - Average time taken by housekeeping department to make the bed ready is :- **26 minutes.**

Average time taken in each steps:-



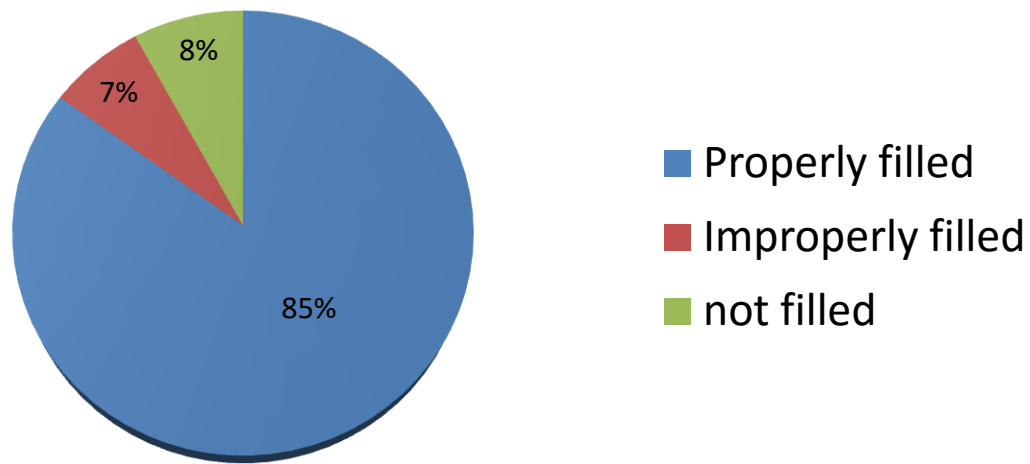
Data Analysis and Data interpretation:-

Adherence to KDAH standard admission criteria in ICU and its recording



Out of 200 patient files, in 92% of patient files admission criteria form was present. 8% of patient files did not have the admission criteria form. Therefore, recording of the criteria for admission in the ICU was absent in these patient files. It is the duty of nursing staff to file the form in patient files and make sure it is available in the forms/documents rack. Due to absence of form in the documents rack, nurses did not file the form.

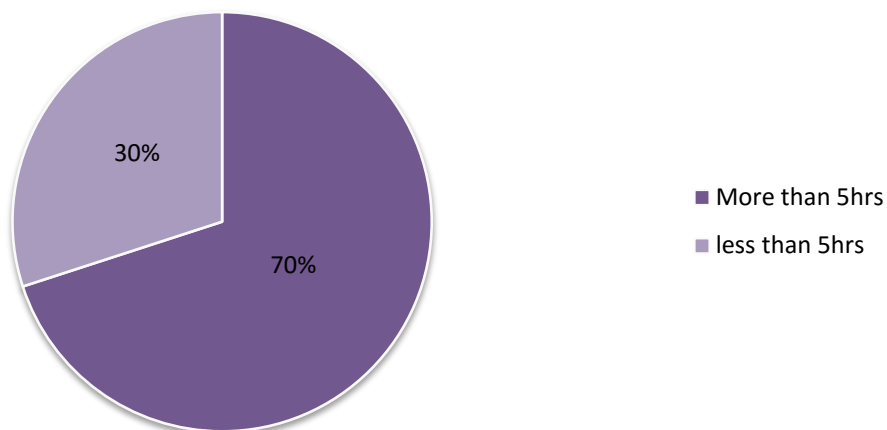
Recording of admission criteria



- 85% patients which had properly filled forms fulfilled at least one of the admission criteria.
- 7% improperly filled forms i.e., problem is not mention is criteria sheet but somewhere within the paper or sometimes in another sheet.
- Also on examining the patient files of 8% not filled forms and comparing it with the standard Criteria for admission, it was found that all the patients fulfilled at least one admission criteria.

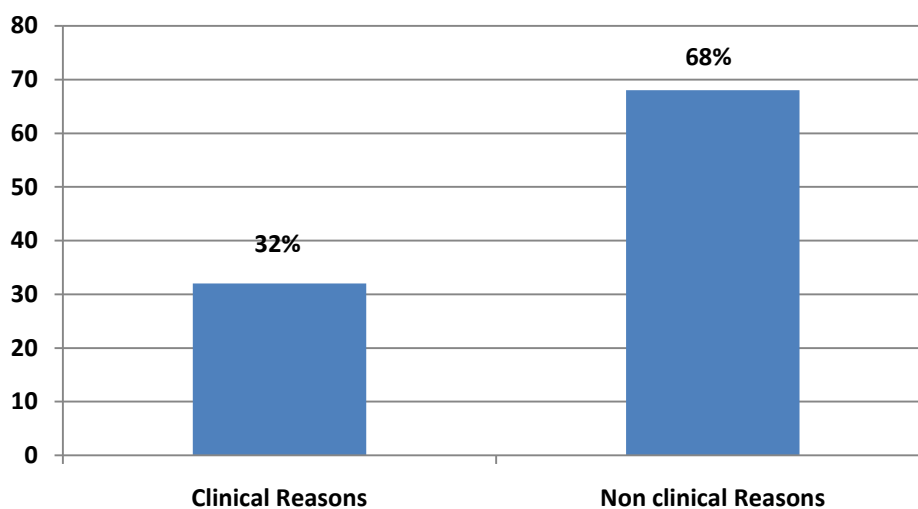
During the study period, 200 patients were transferred from ICU to wards. And the maximum time taken to complete the transfer process is 11 hour 30 minutes where as minimum time is 2 hours 30 minutes. Average time taken in total transfer process is 7 hours. As in Kokilaben Hospital there is no any ideal time for shifting .So as hypothesized by Sister In-charge and floor coordinators we make a actual time that patient those who take more than 5 hours are the opportunities areas for improvement.

Total Transfer time



Here out of 200 patient, 70% patient takes more than 5 hours for shifting whereas 30% patient takes less than 5 hours. And out of this 70% large number of patient get delays due to clinical reasons and non clinical reasons.

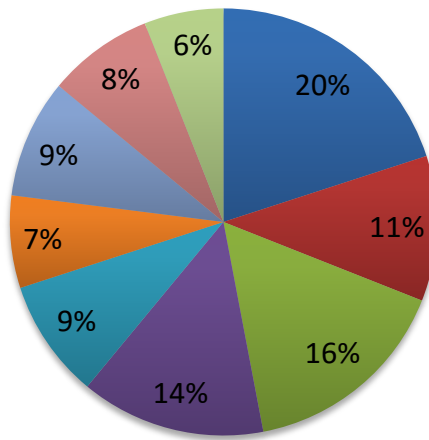
Reasons for delay



Here 32% of patient get delay due to clinical reasons i.e.:-

- Post mobilization.
- Post mobilization and drain removal.
- Post observation.
- Others- Post dialysis, Post PRBC transfusion etc.

68% of patient get delay due to Non clinical reasons i.e.:-



- Delay in discharge of ward patient
- Waiting for referral consultant confirmation
- Miscommunication between floor nurses and Icu nurses
- Delay in receiving the call by admission department
- Delay in Completion of patient documents
- Interdepartment communication Gap
- Miscommunication between floor nurses and housekeeping department.
- Non availability of desire bed.
- Others

Discussions and Conclusion:

In this study, we found that, the mean time for the completion of transfer process was 5 hours. A possible explanation for the observation is delay in discharge of ward patient especially in case of TPA discharge it almost takes more than 6 to 7 hours for physically out of patient from hospital. On calculating, delay in transfer from ICU occurred in 70% of cases, with non clinical causes as the predominant reasons accounting for 68% of delayed transfers.

We found that from the 68% of non clinical reasons of delay, 20% of ICU transfers were delayed due to delay in discharge of TPA patient (Third party administration), where as 16% of delay is due to miscommunication among floor nurse and ICU nurse that was happened mainly at the time of hand over or change in the shift of nursing staff. 14% of delay was happened because admission department were not picking their calls, not only for receiving details of shift out patient but also for giving information about appropriate bed allotment.

Other Non clinical reasons are:- 11% of patient get delay because of waiting for their referral consultant confirmation, sometimes the referral consultant may busy in their OPD or busy in O.T as a result ICU patient have to wait for their rounds. 9% of delays happened in completion of documents by nurses i.e Intra transfer forms and other documents, as nurses were busy with other patient or sometimes get busy in other works so, they start to fulfill this formality only after getting the confirmation of desire beds from admission staffs which takes almost 20- 25 minutes unnecessarily.

Another 9% of delay occurs due to miscommunication among floor nurses and housekeeping staff as sometimes nursing staff were too much busy in their work that they forget to inform housekeeping staff to clean the room. 7% of delay occurred due to intra department miscommunication mainly in admission department. For ex:- Staff A allot bed no: 1 for shifting out patient and at the same time Staff B take new admission on that particular bed this happens due to miscommunication among staffs.

A large numbers of delay were also related to Non availability of desire beds (8%) i.e sometimes patients wants general ward or twin sharing but due to high occupancy of bed it takes time to get them. 6% of patient get delay due to other reasons :- Non availability of porter, Patient attendant were not present sometimes, waiting for patient reports, Non availability of wheelchairs etc.

Recommendation:

Although KDAH has the best quality practices as compared to the standard guidelines, it should focus on enhancing the efficiency and productivity in ICU.

1. For the transfer of ICU patient there should be minimum allotment of TPA discharge beds (Wards):-

Delay in discharge of TPA patient is one of the major concern for delay in transfer of ICU patient .As TPA discharge process almost takes 6-7 hours which is a huge time period .So we can overcome to this problem by doing minimum allotments of TPA discharge beds to ICU shifting patient ,we should give first preference to cash discharge beds and then at last at the end we should go for TPA discharge beds.

2. Referral consultant must visit ICU floors at 10:00am :-

The data showed that delay in transferring of patients from is 11% because of referral consultant confirmation. This waiting led to delay in post mobilization of patient and accumulation of transfers of many patients which again create stress on ICU nurses and patient attendant.

Head of Department (HOD) of ICU should ensure that consultants confirm transfer out from ICU to floors by 10:00am.And a list of referred specialists whose review is required for shift out of patients should be made and the list can mailed on common folder of hospital in the morning time.

3. There should be one Staff from admission department who will be responsible for bed management:-

Almost 7% of delays were happened due to intra department miscommunication in admission department .So there should be one person from admission team who will look after the whole transfer process of bed not only in ICU but also in OT's, Cath labs.

4. Patient attendant should be send to admission department for giving shifting request of their patients:-

Sometime patients have special request for their beds i.e, single, window sides, general etc. Even most of time patient wants to upgrade or downgrade their bed types which directly affect their billing criteria because charges of surgeries are bifurcated according to the charges of bed types .So to reduce the confusion among patient billing criteria or patient bed priorities attendant should have to go to the admission desk .

5. There should be a coordinator who can manage the overall transfer process from ICU to ward :-

As there is huge communication gap in each department which results in delay in transfer of ICU patient .Almost 25% of delays were happened due to miscommunication .So, there must be a coordinator who can coordinates ICU in KDAH and are responsible for overall transfer process including:-

- Information given to admission dept. for shifting.
 - Coordinate with admission dept. for bed allotment.
 - Communicate with floor nurses and housekeeping staff to make the bed ready.
 - And finally he will be responsible for physical shifting of patient.
6. As most of the patients sometimes face lots of problems in late shifting from ICU to ward i.e. after 8:00pm. So, for the convenience of patients we can make a protocol to shift the patient before 7:00pm to their respective wards.

As a result nursing and admission staff takes transfer process as one of important tools for patient satisfaction.