

FACILITY MANAGEMENT AND SAFETY AUDIT OF THE HOSPITAL FACILITIES



Dr. Ayushka Chopra
Institute of Health Management and Research, Jaipur

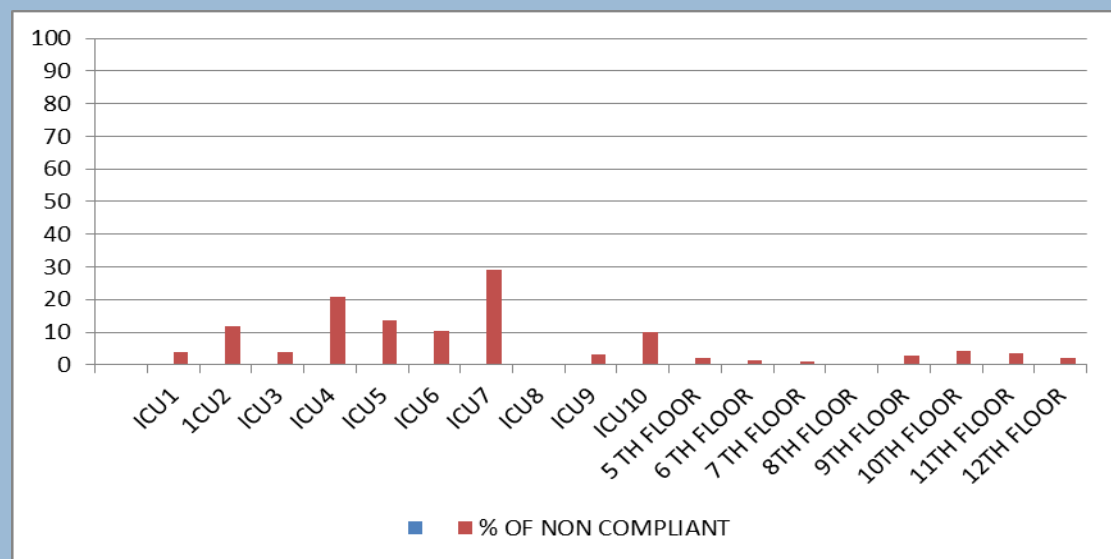


OBJECTIVE:

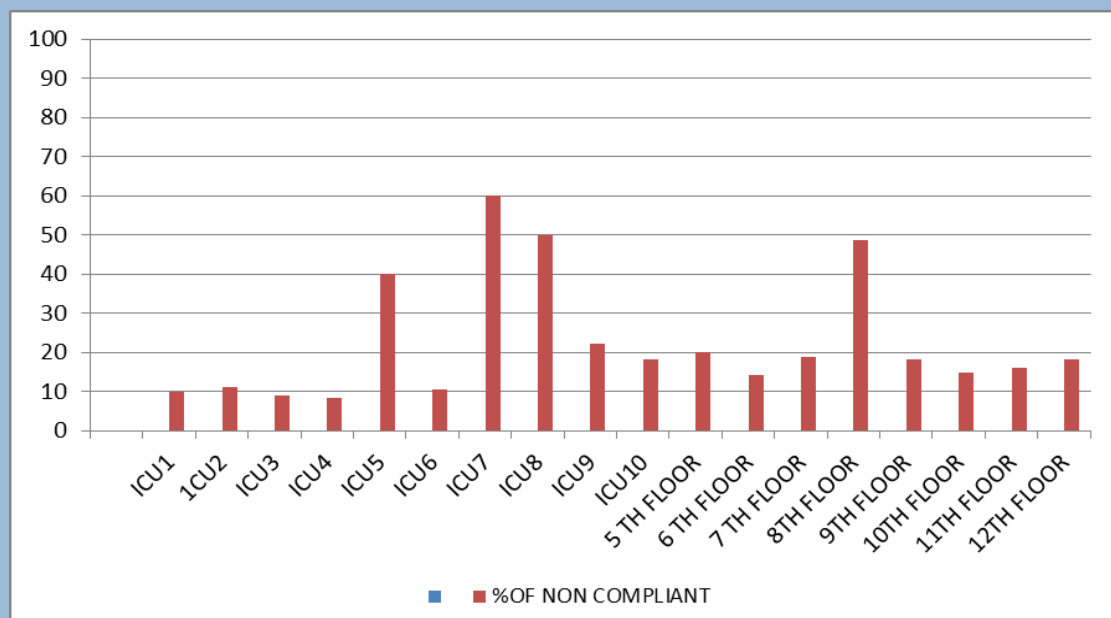
- To find the non-compliant areas in the facilities of the hospital.
- To give recommendations and plan interventions

OBSERVATIONS AND DATA ANALYSIS:

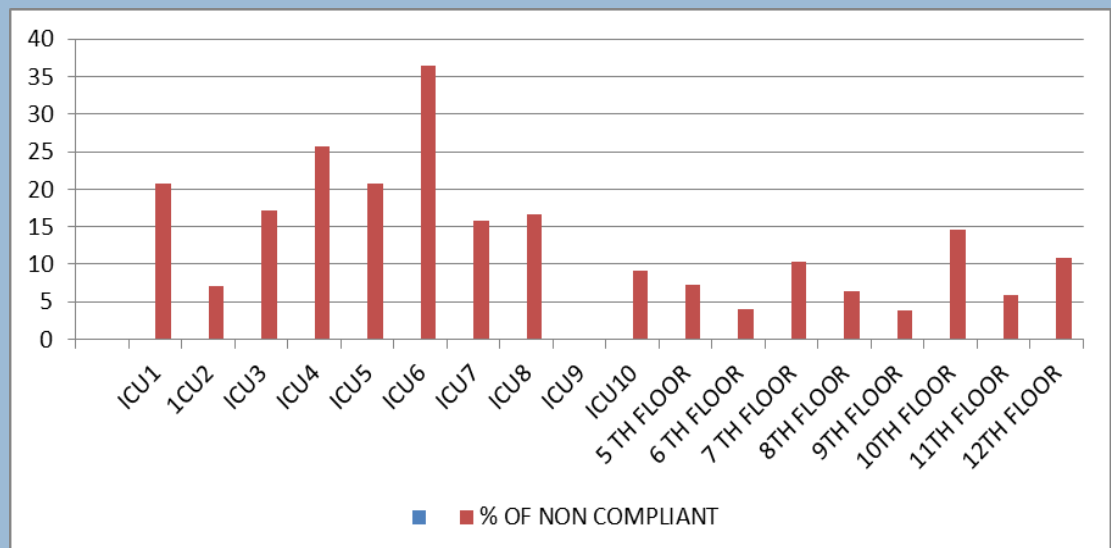
Area-wise percentage of non-compliance:



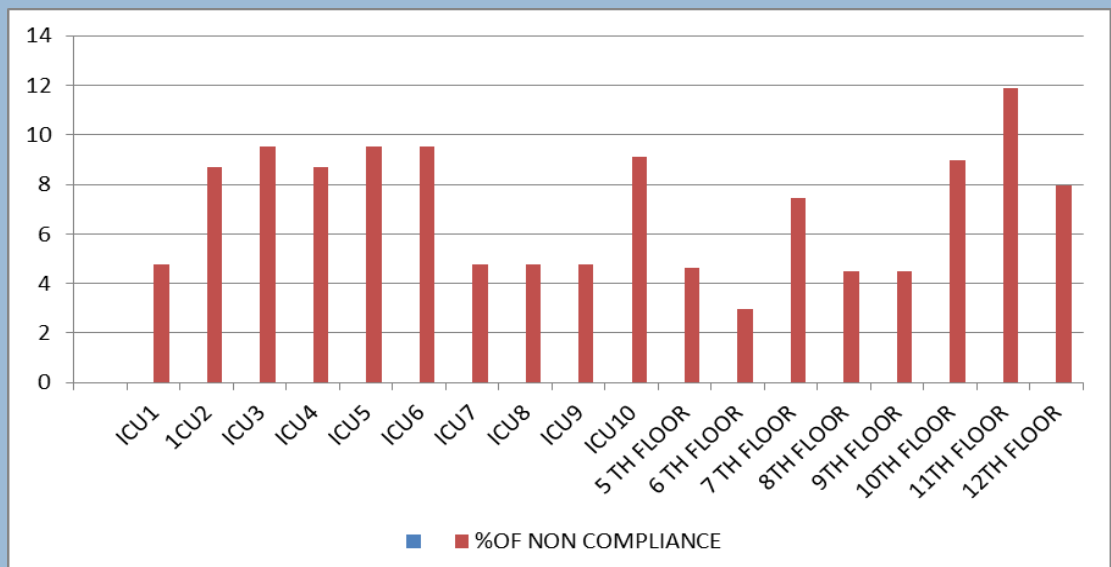
FIRE SAFETY



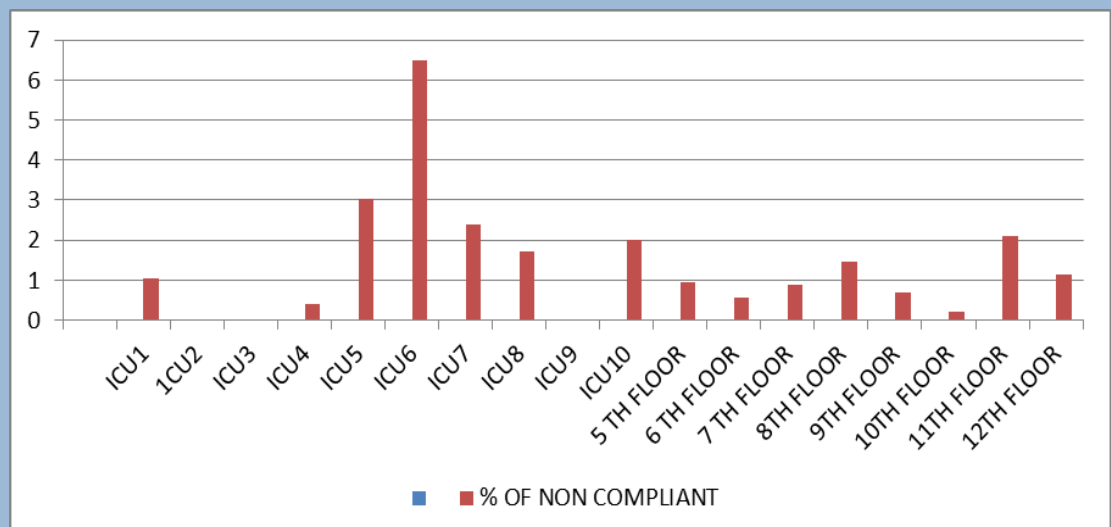
HAZMAT



HOSPITAL SAFETY



ENGINEERING



BIOMEDICAL EQUIPMENT

METHODOLOGY:

- Study type:** Observational Descriptive Study
- Study Area:** 5th Floor, 6th Floor, 7th Floor, 8th Floor, 9th Floor, 10th Floor, 11th Floor, 12th Floor, ICUs (1-10), Observation, Heart Command Centre, Emergency and Daycare
- Study Duration:** April 7, 2016- April 22, 2016
- Data collection:** Primary data collection through direct observations and interactions with the staff, noted in a customised checklist

MAJOR NON-COMPLIANT AREAS:

- Patient medication drawers: not locked
- Management of Major Hazmat Spill
- Staff knowledge regarding fire
- Electrical disrtribution boards: not locked

RECOMMENDATIONS:

I. Patient medication drawers not locked:

- Circulate an email to all the concerned floor managers and the nursing TL. In the email the audit findings will be shared with them.
- Educate them regarding the importance of locking the patient bedside medication drawers.
- Schedule a re– auditing 2 days post the email.

II. How to manage HAZMAT major spill:

- Mock drills should be conducted, live management of hazmat major spill should be done and posters educating the staff on how to manage HAZMAT major spill should be pasted on all the nursing units.
- Scheduling of audit in form of a questionnaire exam should be made mandatory for all employees, 15 days post the interventions.

III. Staff knowledge regarding fire:

- A training session in fire safety needs to be scheduled where the staff would be retrained. Such trainings should be carried out at regular intervals.

IV. Electrical Distribution Boards were not locked:

- A daily check to ensure that the electrical distribution boards are locked should be carried for initial one week, followed by a regular weekly check keeping the engineering department and the on duty security guards in loop.

A STUDY ON THE RESOURCE EFFICIENCY OF THE MOBILE ECHO PROCESS



Dr. Ayushka Chopra
Institute of Health Management and Research, Jaipur



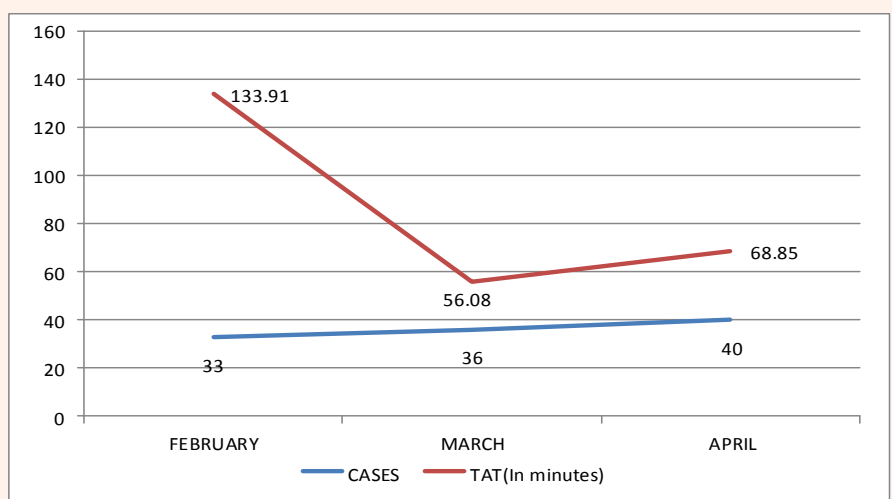
OBJECTIVE: To study the resource efficiency of the Mobile Echo process.

FINDINGS:

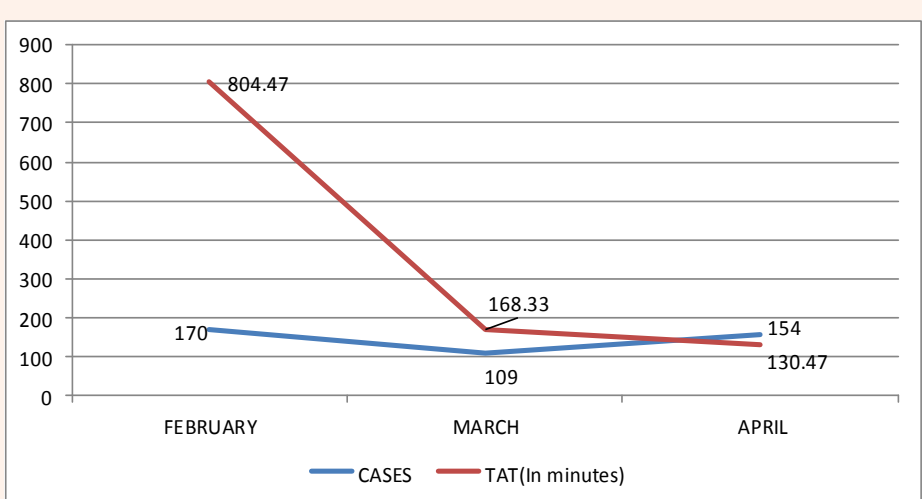
The data from the Over2Cloud Software was analysed. The findings are as follows:

(A) TURNAROUND TIME (TAT)

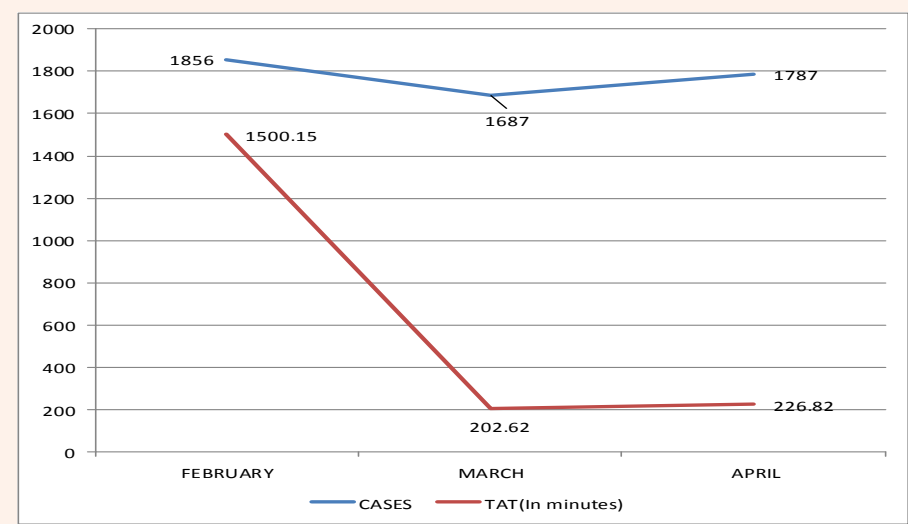
D) STAT CASES FOR ECHO:



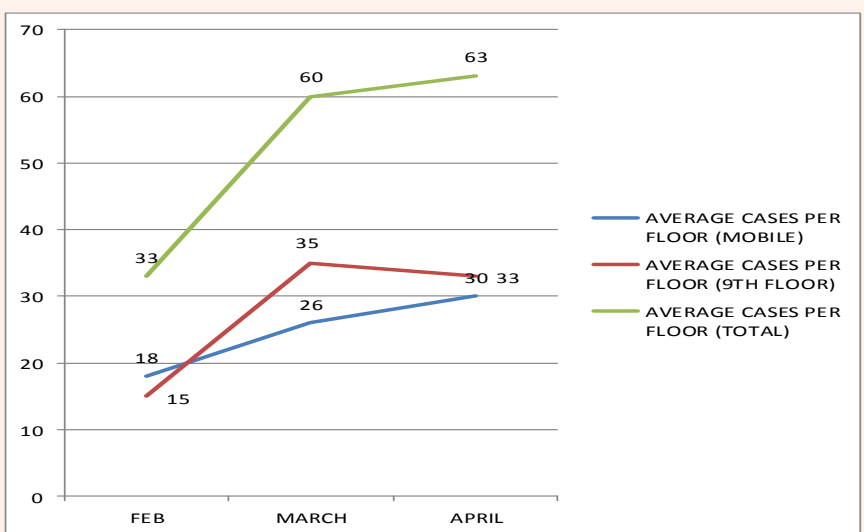
II. URGENT CASES FOR ECHO:



III. ROUTINE CASES FO ECHO

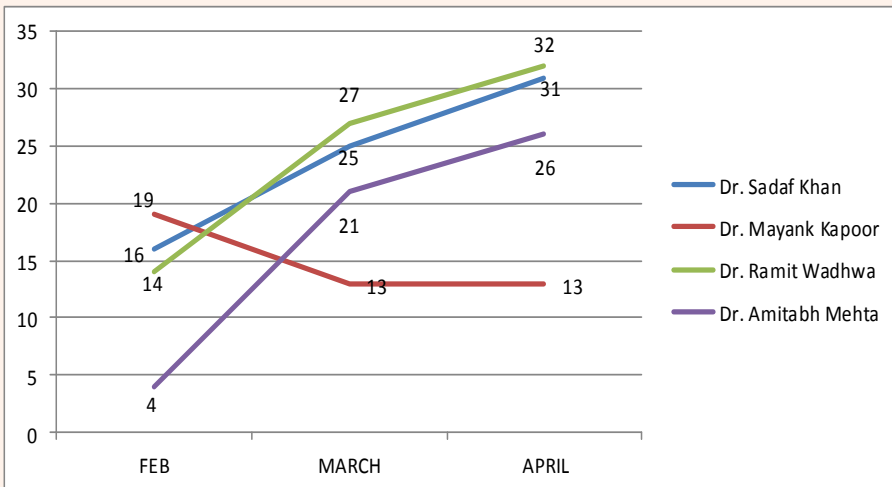


(B) TREND IN AVERAGE CASES PER FLOOR:



The trend in the average cases per floor by Mobile Echo Machine 1 and Mobile Echo Machine 2 shows a constant increase in the number of cases since February till April 2016.

(C) TREND IN DOCTORS CASES:



Echocardiography cases per doctor have increased monthly since February. Taking the example of four doctors, the results have been shown.

CONCLUSION:

The Mobile Echo service though in the initial stages, has proved to be resource efficient as it managed to reduce the Turnaround Time for Echo, and has led to an increase in the number of Echo cases. It fulfils it’s aim to provide maximum comfort and convenience to the patient.

METHODOLOGY:

- Study Type:** Retrospective
- Study Area:**
 - (a) Floors covered by Mobile Echo Machine 1: ICU (1-10), Heart Command Center, Observation and Daycare
 - (b) Floors covered by Mobile Echo Machine 2: Floors 5-15 Operations Control Center (OCC)
- Study Duration:** One Month
- Data Collection:** Secondary data collection from Dreamsol- Over2Cloud. Observations made by visiting the patients along with the Mobile Echo Machine.

BENEFITS:

- Patient convenience: Mobile echo machines save the patient from the transfer hassle. Patients do not have to wait outside the labs for their turn.
- The turnaround time, TAT, per patient (For the Routine, Stat, and Urgent cases) has been reduced.
- An end to end tracking system has been created which keeps a record of all the echo orders, from the informed time till the closed time.
- Monitoring of the escalations has been made easy, which helps in catering to the patients in minimum time possible.
- Patient priority for echo tests (routine, urgent, stat) is easily visible through the centralised system through which Stat cases (with the highest priority) can be attended first.
- Patient confidentiality is maintained. They feel at ease in their in rooms.

CHALLENGES:

- TRANSPORTATION TIME: Taking the machine to the patient via the elevator is time consuming as well as can lead to lift clogging.
- PATIENT AVAILIBTY: The patient sometimes is unavailable for the echo test to be done in their room.
- CANCELLED CASES: No information about the cancelled cases in the system leads to a lot of time wastage.
- The technician call number needs to be available 24*7. Presently no orders are taken post 5:30 pm and the technician phones are switched off.

RECOMMENDATIONS:

- To ensure patient availability in the room, they should be informed prior about the time at which the test should be conducted. Sufficient time should be given to the patient and nurse to get ready for the test.
- The TL (team leader) at each floor should ensure the reporting of cancelled cases by calling 2000 to the Operations Control Centre.
- To ensure zero pendency of echo cases, Echo machines if operational from 8:00am-8:30pm can cater to the echo requests received till 7pm. Post 7pm the urgent and stat orders can be catered by night doctor on call and the Routine cases can be catered by 10am next day (15 hours TAT)
- Checking and comparing the pending cases with both machines by the technicians can ensure proper closures.