SUMMER TRAINING IN COLUMBIA ASIA HOSPITAL GHAZIABAD DR.RITU CHAUDHARY

IIHMR UNIVERSITY

COLUMBIA ASIA HOSPITAL– It is a multispecialty 100 bed hospital. It has been operational since September 2010.

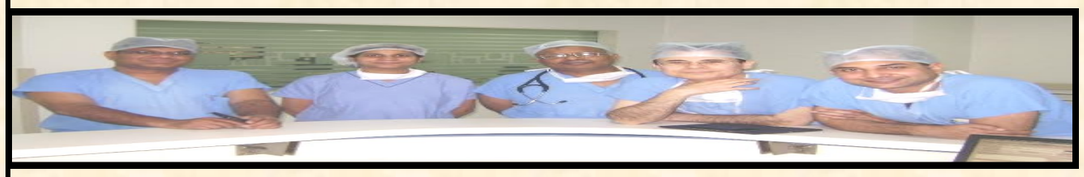
MY EXPERIENCE - It was great opportunity for me to learn lots of thing under the guidance of DR. Sudhir Kumar Verma (CMS) & operational manager Akhlender Kumar.

DEPARTMENT VISITED—Human resource ,Support services ,IT, Facility, General store, CSSD,HIC , MRD, Housekeeping, Linen & Laundry, Cath lab, Purchase, Biomedical & Eng, Marketing, Laboratory, Radiology, Emergency, Food services, Pharmacy, ICU,OT,NICU, Dialysis, Quality, Finance, Customer care , Physiotherapy, Labor room, Dietetics, Endoscopy,

MANAGERIAL ISSUES-

- **COMMUNICATION–** Communication issue in Pharmacy, There is no proper handover & communication between staff.
- **HUMAN RESOURCES-**Human Resource utilization is not proper in OT.
- **MONITORING-**Monitoring is not proper in Housekeeping department.
- **LOGISTIC MATERIAL-**Anesthesia record in OT are not maintained..Biomedical waste product & Infection control records are not maintained in all department.

GAP ANALYSIS IN OT



QUESTION-Is there any gap in functioning of OT department?

OBJECTIVE: To study any deviation from standard procedure in intra operative period.

- To study the documentation procedure.
- To study the pre-op area.
- To study smooth recovery of patient in post- op area.
- To study Pt satisfaction during, before & after surgery.

METHODOLOGY: Descriptive study , Primary Data collection,75 sample size, Random sampling ,Questionnaire as tool.Duration-2 months.

FINDINGS-Blood bank facility is not available. Surgical site is not marked. Adverse anesthesia events are not reported. Human resource utilization is not proper. Pts are not in appointment time –Delay reasons-Finance, Surgeon came late, Pt came late, Health care provider coordination, Surgeon busy in OPD. Handover of documents & biomedical waste are not proper.

RECOMMENDATION-

- Blood bank facility should be in the organization.
- Surgical site should be marked before the surgery.
- Adverse anesthesia events should be recorded.
- Surgery should start as early as possible so that Anesthetist Doctor have sufficient time to observe the patients in post operative & for better utilization of OT time.
- Healthcare providers should work in a team.
- Supported investigation for the surgery should be checked by the nurse/ technician.
- One copy of previous investigation and prescription should be keep in the file of the patient or should scan the prescription and keep it in care 21.

AUDIT– OT (ANAESTHESIA,INFECTION CONTROL,BIOMEDICAL WASTE) ,ICU(INFECTION,BIOMEDICAL WASTE,CSSD

STUDY: To study the area for improvement by audit on various topics of the departments.

OBJECTIVE: To study the medical record of the department. To study the process flow of the department.

METHODOLOGY-Descriptive study, Primary data collection, Pt procedure were observed. Interview method, Check list is made to set standard, Duration– 1 month.

AREA FOR IMPROVEMENT– OT-Adverse anesthesia events should be recorded, Biomedical waste should be properly handover & recorded.
ICU-Biomedical waste should be properly handover & plastic box should be labeled.
CSSD-Number of item for urgent sterilization should be less, Number of expired item receive should be less.