

**SUMMER PLACEMENT
IN
SONI MANIPAL HOSPITAL, JAIPUR**

**A REPORT
BY
NANCY DIXON**



MBA Hospital and Health Management

2014-2016

CERTIFICATE

This is to certify that the project titled "Study on Performance Management System in Manipal Hospital, Jaipur" has been done entirely and submitted by Nancy Dixon, a student of Masters of Business Administration in Hospital and Health Management 19th Batch from Institute of Health Management and Research, Jaipur.

The study project was prepared during summer internship period from 6th April 2015 to 06th May 2015. This is her original work.

I wish her success in all her future endeavours.



Col. Dr. Ashok Kaushik

Dean (Academic & Students Affairs)

IIHMR University, Jaipur



Dr. Sandeep Narula

Associate Professor

IIHMR University, Jaipur



SMH/HR/2015/TP/124

6th June 2015

To Whomsoever It May Concern

This is to certify that **Ms. Nancy Dixon** has successfully completed 60 days training at **HR** department in our Hospital, under the supervision of Mr. Nagendra Kumar & Ms Deepika Joshi.

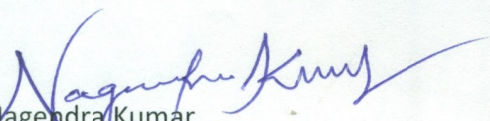
Project: A study on Performance Management System.

Duration of Training: - April 06, 2015 to June 05, 2015.

During this period we found her very sincere and hard working.

We wish her all the best for her future endeavors.

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


Nagendra Kumar
Deputy Manager-HR

Acknowledgement

This report is the result of eight weeks whereby I have been accompanied and guided by many people. It is a pleasant opportunity to express my gratitude to all of them.

I am gratified to Mr. Varun Sharma, Director – Administration who found me suitable as Management Intern in this organization and gave me permission for two months training and project work.

I am deeply indebted to Mr. Nagendra Kumar, Deputy Manager, HR and Deepika Joshi Daswani, Sr. Exe. HR, without whose able guidance and pain staking efforts and constant encouragement ,this training program could have not been through to completion.

I pay lot of thanks to all the departmental heads and working staff whoever came as source of help in completion of the project as well as for departmental learning. Special thanks to all the working staff of this organization for all the assistance and information.

I am glad to acknowledge Dr. S. D. Gupta, Director IIHMR, Dr. Ashok Kaushik, Dean, Academic and Students' Affairs, IHMR and Mr. Sandeep Narula, Professor and Mentor, IHMR, for incorporating right attitude in me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to orient myself to hospital's working and absorb learning, and for their valuable guidance and time.

I genuinely thank my parents, family and friends for their blessings and support. Last but not the least I am thankful to God, for getting an opportunity to learn from this organization

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ABBREVIATIONS

OT	Operation Theatre
HMIS	Hospital Management Information system
NABH	National accreditation Board for hospital and Healthcare Providers
MRD	Medical Record Department
UHID	Unique Hospital Identification number
PAC	Pre- Anaesthetic Check-up
TPA	Third party Administrator
NOT	Neuro Operation Theatre
MOT	Modular Operation Theatre

Section -A

Overview

SONI MANIPAL HOSPITAL

JAIPUR

1. Introduction



Soni Manipal Hospital: Manipal Hospital is a landmark health care entity in the whole of South India. From the year 1991 when it was first set up, it has grown in strength to become the flagship hospital of the Manipal Hospitals group. Situated in Vidhyadhar Nagar, this hospital provides 130 beds and a team of highly experienced doctors and support staff. State-of-the-art equipment and world-class facilities have provided millions of national and international patients with exemplary health care. Being the nerve centre of the Manipal Hospitals Group, it provides path breaking care in niche fields like liver, kidney and bone marrow transplants, besides 55 other specialties. Manipal Hospital is also highly regarded as a specialty referral centre in India.

Soni Manipal hospital is a 130 bedded super specialty tertiary care hospital, truly futuristic in its services and technology and brings together some of the most talented medical professionals. The institute provides preventive, diagnostic, therapeutic, rehabilitative, and palliative and support services under one roof and is designed to meet patient care and research requirements of the new millennium.

2 SPECIALTIES OFFERED

In Soni Manipal Hospital many specialties are being offered as it is a well established multispecialty hospital. The specialties are being offered likewise Oncology, Cardiac Diseases, Renal Diseases, Neonatal, Pediatric /Medical & Cardiac Intensive care, Orthopedics, General Surgery, Nephrology, Endocrinology, Gastroenterology, General Medicine, Gynecology, Pediatrics, Laboratory Medicine, Neurology, Ophthalmology, Radiology, Pulmonology, Urology, Aesthetic & Cosmetic Surgery, Dermatology, Pulmonary Medicine, ENT, Physiotherapy , Critical care, Dental, Alternative Medicine

1.1Location

Located in Jaipur, situated in Sector 5, Main Sikar Road, Vidhyadhar Nagar immensity of size immediately distinguishes it from rest of the surrounding.

1.2Philosophy

The Hospitals philosophy is " LIFE'S ON... "

1.3Mission

We aim to provide world class healthcare at affordable rates to all members of the public.

1.4 Vision

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

Basic Facts about SONI MANIPAL Hospital:

- Bed Strength = 130 beds
- Bed occupancy Rate = 90%
- ALOS = 4 days
- **Nurse is to patient ratio**
Critical ICU 3:1

VENTILATOR 1:1

STEP DOWN ICU 2:1 or 3:1

FLOOR 5:1 or 7:1
- Number of Admissions/month = approximately 2000
- Number of Discharges/day = 60-70
- Number of OPD patient /day = 200/day
- Number of emergency case = 10/ day

GENERAL FINDINGS:

CLINICAL SERVICES

OUT PATIENT DEPARTMENT

OPD is one of the the most important department of the hospital Outpatient department (OPD)

of SONI Manipal Hospital is the first encounter of patients coming to get their treatment. OPD department is the link to other departments of the hospital and thus rising cost of hospital care..

OPD department of **Soni Manipal hospital** is divided into 2 blocks:

I.General OPD

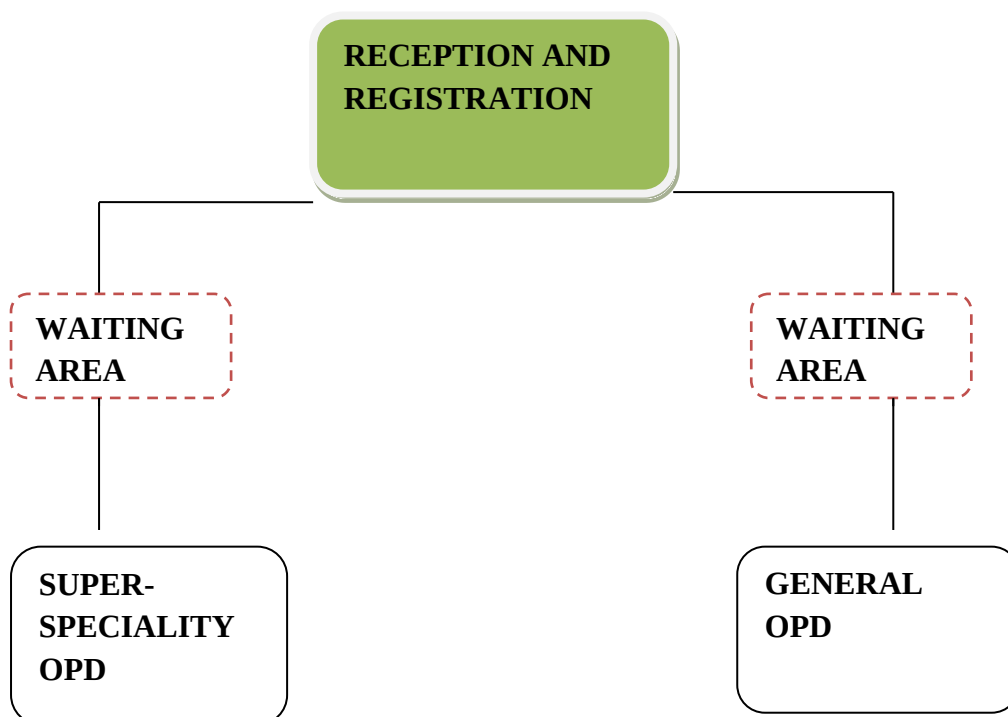
II.Super Speciality OPD

Key records maintains in OPD file: given in annexure 1.

Location:

OPD department in Soni Manipal hospital is located on the ground floor.

Layout:



ACCESS TO OPD SERVICES

All patients who visit the Hospital or Free OPD for the first time for consultation/other services are issued a card. This card is attached to the registration form and is issued to the patient at the time of registration. The C.R number is present on the card.

The CR number is important, for it is only with the help of the HH number, that the patient's Medical Record folders can be accessed. Patients are advised to always carry their card number whenever they come for follow up visits to the OPD or when they have to be admitted as inpatients.

OPD Appointment

Appointments can be fixed over the telephone to the call centre or personally across the Reception counter. Fax and e-mail facilities are also available.

IN PATIENT DEPARTMENT:

The In-patient department of the SONI MANIPAL Hospital is spread over ground floor, 1st floor, 2nd floor, and 3rd floor. On the ground floor general male and female wards are located. Oncology ward and post operative ward are also located on the ground floor. ICU is located on the 1st floor. Medical ICU is located on 2nd floor. On the third floor single deluxe, single room and twin sharing rooms are located. Each floor has reception where the patient final billing is done for discharge. Each IPD has a patient call monitor to respond immediately to the patient call from their respective beds. The bed number is displayed and the nurse responds immediately to the call.

Key Records maintained in the IPD file- Given in annexure 2.

Bed distribution in IPD-

General ward:

Male general ward: 18 male beds

Female general ward: 18 female beds

Post operative ward: 20 beds

Oncology ward: 10 beds

Intensive care unit:

Medical ICU: 20 bedded

NICU: 6 Bedded

HDU: 16 Bedded

CCU: 10 Bedded

Deluxe, suit, sharing room: 12 rooms

Initial Assessment -The purpose of the assessment by qualified individuals (Doctor, nurse) is to formulate a plan of care for the patient. It also ensures that the care provided to each patient is based on patient's relevant physical, psychological, and social status needs.

Re- Assessment- Repeat Evaluation of patient's condition for Vitals, physical status and for deciding the change of Diagnosis / Plan of Care.

Re-Assessment is based on the following factors:

- There is a significant change in patients condition / diagnosis
- When patient's treatment is changed
- Patient's response to treatment
- At regular established intervals

Key registers maintained in wards: Given in annexure 3.

Discharge policy-A patient can be discharged if after the necessary assessment by the multidisciplinary team establishes that he/she no longer requires inpatient investigation, treatment or care.

At the time of discharge the patient is handed over the following documents-

- Discharge Summary
- Patient file

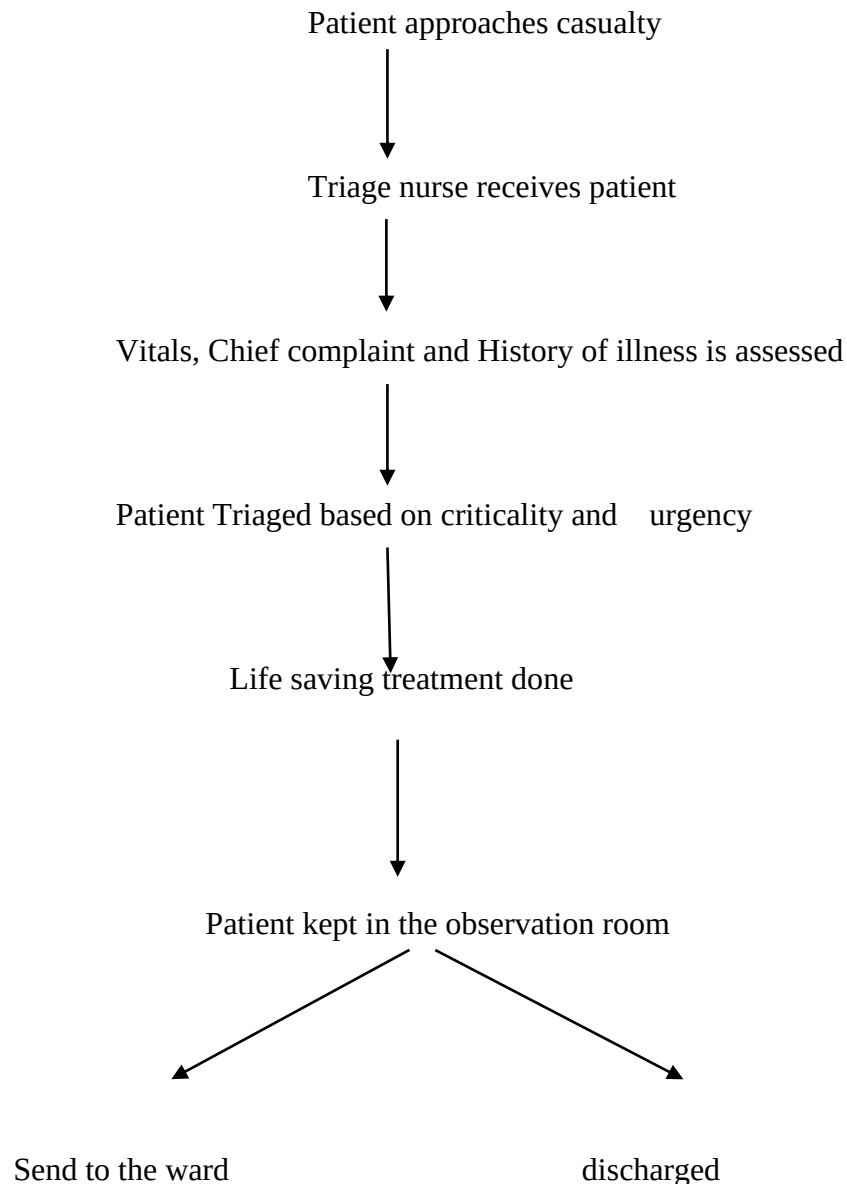
Patient transfer to diagnostic imaging services

Any patient being transported for a procedure must be transported in an appropriate way according to the patient's medical condition and also based on the hospital policies. The patient may be ambulatory or transported in arms or by wheelchair, or stretcher. Patient safety being a priority the **side rails should be kept in the up position** during transport. Patient must be under the supervision of a responsible person during the stay.

ACCIDENT & EMERGENCY

- The department is responsible for treatment of emergency cases.
- The department is responsible for informing the police in cases of traumas, poisoning, suicide, homicide, rape, assault etc. and notification of all notifiable diseases to BMC.

Triage Process Flow



There were 5 beds and in cases there are more patients then they are adjusted depending on the condition of patient. Two of these are well equipped with defibrillators, capnograph monitors, ventilators, suction apparatus and other life support system manned round the clock by efficient doctors and sisters.

There are three ambulances, one with **advanced cardiac life support** and two with the **basic life support**.

Staff-

CMO – 2

Nursing Supervisor - 1

Staff Nurse's- 2

SEAROC CENTRE:

Cancer disease is increasing day by day and treatment challenges are also increasing. Cancer which was equal to death warrant few years back is not so deadly now with better understanding of cancer biology and availability of better technology for treatment of cancer patients. With the use of multimodality treatment the results of cancer treatment has started improving. At SEAROC Cancer Centre we are a consortium of dedicated and experienced doctors in different fields of Oncology like Medical Oncology, Surgical Oncology, Radiation Oncology and Allied Branches like Pathology, Radiology etc. We provide Oncological Services of highest standards at very affording prices and to ensure availability of highest technology and expertise.

Our main focus of work:

We are providing state of the art services in medical, surgical and radiation oncology and we are also integrating our indigenous forms of treatment in pursuit of improving the results and reducing the cost of treatment.

GENESIS: Fertility centre

Mission:

Our mission is to provide infertile couples the best possible fertility treatment with highest possible rate of success at affordable cost.

Services:

- Basic infertility workup
- Ovulation induction and follicular monitoring
- Intrauterine insemination (ICU)
- In vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Testicular epididymal sperm aspiration (TESA) \$ (PESA)
- Egg, sperm and embryo freezing
- Egg, sperm and embryo donation
- Surrogacy
- Assisted hatching

SUPPORT SERVICES:

LAB SCIENCE DEPARTMENT:

Department of Lab medicine comprises of 5 Labs:

1. Biochemistry
2. Histopathology
3. Haematology
4. Microbiology
5. Blood Bank

Biochemistry

Biochemistry lab is at the basement. The department has an automatic machine to carry out various tests. A machine print out is received, entered in the register and report is generated. The biochemistry dept. also maintains a follow up card for patients. The tests on OPD samples are conducted here, and also any special tests on OPD as well as IPD sample is also conducted here.

Haematology

Haematology lab is located in the basement. The department has got an automatic machine for CBC (Complete Blood Count). It has a separate Coagulation Fluo-cytometry room, for carrying out various tests.

Histopathology

Histopathology lab is located in the basement. There is no automatic machine in the department and all the tests are done manually. The department is divided into 2 sections - Surgical Pathology and Cytopathology. All the tests related to microscopy are performed here. It has a rotary microtome, staining machine and tissue processor.

Microbiology

The microbiology department is located in the basement. It has got a separate Mycobacteriology room for tuberculosis tests, where a negative pressure is maintained. The lab has a hot room, storage area, incubators and refrigerators. There is laminar airflow arrangement.

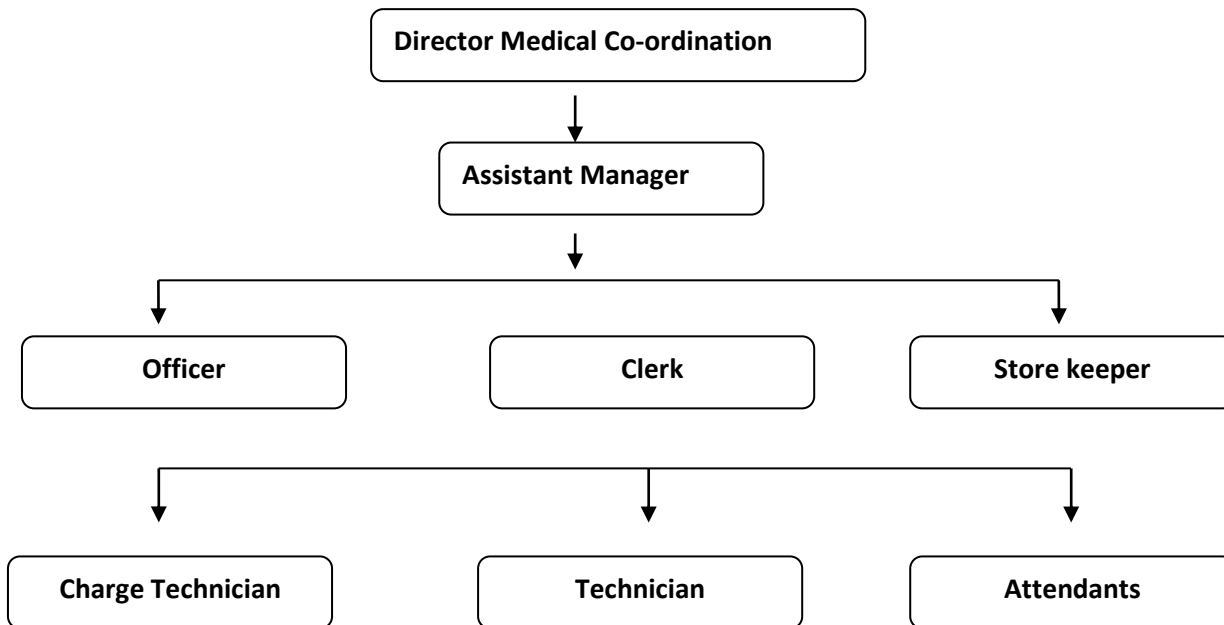
Serology

The department of serology is a part of microbiology department only. It receives in test tubes and the various tests are performed. The department consists of a Laminar Air Flow machine

for culture preparation.

CSSD

Organogram:



Introduction:

The department is located on the Basement. The used material (linen, equipment etc.) and sterilized material from and to the O.T. are conveyed through two separate dedicated elevators. From wards CSSD personnel collect the used articles every night.

During the day the used articles from the wards are sent to CSSD by their personnel.

The layout of the department and flow of materials ensures that there is no possibility of mix up of unsterilized materials.

The department is divided into 3 parts- dirty area, clean area and sterile area.

All sterilizers are cleaned once a week. The inside of the sterilizer is cleaned ever morning with a disinfectant solution.

Micro biology department checks the air count weekly and issues a report of sterile area. In case of unsatisfactory levels, microbiology department intimates the CSSD within its report.

Objectives of the department

Central sterile supply department is responsible to sterile material for use in the O.T and wards in order to control the incidence of nosocomial infection.

The department is also responsible for maintaining sufficient stock level of all surgical instruments, drapes and other accessories required for surgical procedures in good condition.

The following types of items are sterilized:

- i. Surgical instruments
- ii. Catheters (rubber)
- iii. Linen
- iv. Dressing materials
- v. Laparoscopic instruments
- vi. PVC Tubing etc.

Staffing	No.
Category	
Asst. Mgr.	01
Officer	01
Sr.Charge technician	02
Charge technician	03
Sr. technician	06
Technician-II	13
Assistant-II	01
Store keeper	01
Attendants	24

Standard operating procedures/protocol

Cleaning activities

- Floor mopping
- Surface cleaning
- AC duct cleaning-2.5% Hygenol followed by clean water every fortnight.

Quality Check

- ✓ Each cycle graph is analysed.
- ✓ Color change of biological indicator.
- ✓ Color change of indicator of pH.

Resterlization of CSSD goods

Sterile articles are stocked in sterile area as per standard stock in FIFO protocol. Every day in the morning all sterile stock is checked for its expiry date. Articles are taken out for resterilization a day prior to its expiry date. Articles packed in linen remains sterile for one week, articles packed in non-woven material remains sterile for 3 months, articles packed in peel pouches remains sterile for 6 months, Articles packed in paper remains sterile for 1 month.

DEPARTMENT OF IMAGING

The Imaging Department is a diagnostic department where various investigations of the patients are done. Both OPD & IPD patients come for investigation either through an appointment or as walk in patients. In the department walk in patients means patients without having an appointment. The patient comes for the investigation and after viewing the images of the scan the radiologists report. On the basis of the reports the diagnosis is done.

The Imaging department can be divided into 11 sections namely:

- X ray(General radiology)
- Ultra Sonography
- Computed Tomography scan(CT scan)
- Colour doppler
- MRI(Magnetic Resonance Imaging)

Imaging department is located in the basement. The reception counter, is located in the basement and the billing for the laboratory test and imaging is done on the same counter. MRI is outsourced and in collaboration with OKAY diagnostic.

Objectives of the Department

1. To do quality imaging using all necessary safety measures in radiation.
2. To perform quality reporting and interacting with clinicians on regular basis through follow ups.
3. Monitor the work of all Technicians on regular basis to maintain as well as improve quality.
4. Monitor and regulate usage of different equipments in Imaging Department.
5. Interact with Bio-medical department on regular basis for upkeep of all equipments.

Quality Indicators of Imaging

- 1) Report turnaround time (TAT)

REPORTS

TAT for Reports

8 am to 1 pm

4 pm

1 pm to 4 pm

6 pm

After 4 pm

Next day till 10:30 am

2) Daily Calibration checking of machines

3) Downtime record

4) Maintenance of record.

5) Equipment failure reporting system.

Location and layout:

X-Ray: basement

X-Ray: basement

Ultrasound (USG): basement

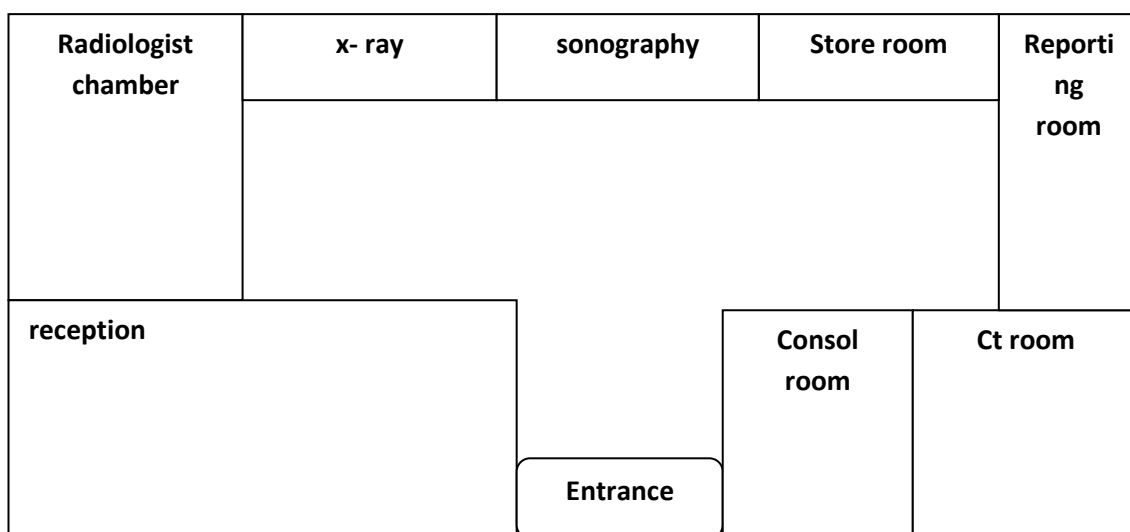
Color Doppler: basement

CT: basement

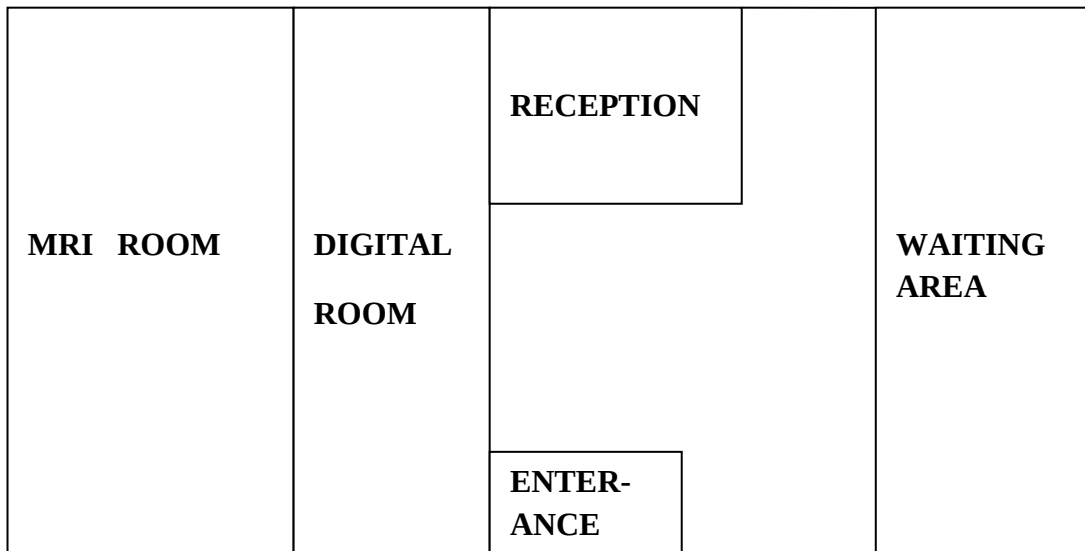
MRI: basement

Layout:

Radiology department:



MRI DEPARTMENT:



Appointment can be given on the following basis:

A) OPD / Walk in appointment:

- 1) Receptionist does the appointment on the basis of consultant's letter brought by patient/ relative and available slot.
- 2) Inform date and time of investigation/ procedure.
- 3) Inform charges of the investigation/ procedure.
- 4) Ask to bring consultant's letter.
- 5) Ask to bring all earlier investigation/ procedure reports and films.
- 6) Instructions about the diet intake specific for the investigation/ procedure.
- 7) Receptionist gives a manual written appointment slip having details of date/ time of appointment.

In-patient appointment

Appointments for MRI

- 1) Staff floor nurse sends the MRI request from two copies by attendant to the receptionist at the MRI counter for appointment for the technician inside the department.
- 2) It is the responsibility of the technician to take care of the slot and the same day or any earlier slot available.

- 3) Receptionist enters the patients name and demography details/ date and description of the procedure in the request form.
- 4) Receptionist gives the white and blue copies of the MRI request to calling up of the patients for the procedure.

Appointments for x-ray procedures / USG / Colour Doppler/ Mammography/ C.T

- 1) Staff floor nurse does the online entries of registration for any above investigation of the system.
- 2) In every 30 minutes receptionists check the outer floor. Wise request statement after the details in the same; she does the booking in the system.

Legal requirements and guidelines

1. All sections in the Imaging department follow various legal guidelines set by Government of India. All Imaging Services follow regulation by the AERB and all new interaction are subject to approval by AERB before commencement of services.
2. For all Radiation emitting (or) generating equipments in medical use, whether it is in diagnosis (or) treatment purpose [such as X-ray (low energy), X-ray (high energy), Brachy therapy units, CT, Fluoroscopy, Dental X-ray Units, PET CT, and Gamma Camera etc.], the hospital should get first authorization from AERB to use the above units in the hospital.
3. Next, hospital should get NOC from AERB for importing the units/ radioactive source from BRIT/ outside country/ private – it is valid only for 1 year and for subsequent usage the hospital needs to apply for the NOC for each units.
4. Next after importing units/ radioactive source the hospital should send the form for registration units (of installation) with plan. Type approval certificate of unit, QA details, Survey details to AERB/ RSD. In the case of radioactive source, the hospital should intimate the arrival of above from (inland/ outland) in a particular form, and then only the hospital can to use the unit (or) source after confirmation.
5. In the case of radioactive source used (or) decayed, hospital should get NOC from AERB for re-export to supplier outside country (it is internationally accepted norms).This will also be valid for 1 year only.
6. The AERB conducts random checks of the department on routine basis.

CATH LAB

The department deals with services which can be both diagnostic for detection of the diseases and therapeutic, on the basis of diagnostic findings. It covers mainly

- Coronary angiography (radial , femoral package's)
- Intra aortic balloon pump(IABP)
- Temporary pacemaker
- Cardiac catheterization
- Pericardial tapping
- Aortogram
- Combo coronary angiography
- Coronary angioplasty
- Balloon angioplasty
- Permanent pacemaker
- Valvuloplasty

Staff-

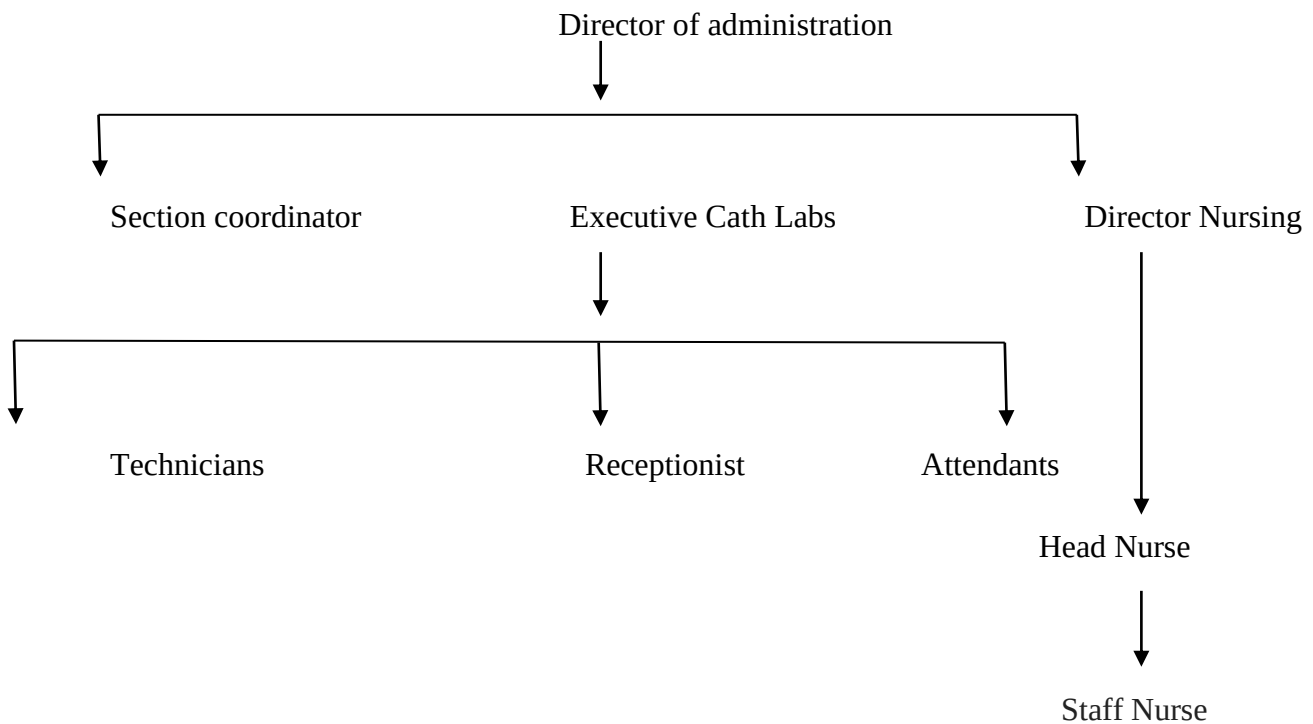
Executive administrator	1
Nurses	2
Technicians	3
Receptionists	2
Hospital attendants	2

Patient flow process:

- There are patients coming from SSW, IPD.
- Patients are appointed only after taking a detailed history (in person) and analyzing the condition or status of the patient.
- Informing relatives about various packages available.
- According to the appointments the patient is taken in, all the necessary preparation is done, with the team of cardiac surgeon, consultant, nurses, attendants, technicians.
- A separate charge sheet is prepared for each patient that records all things consumed during the surgery or procedure.
- After the procedure, the patient is kept under observation depending upon the approach and case.
- Reports for all day care procedures are given the same day and that for angioplasty, given before discharge

- Cath lab offers different femoral and radial packages for angiography. Cath Lab maintains proximity with intensive care unit.

Organogram for the Cathlab



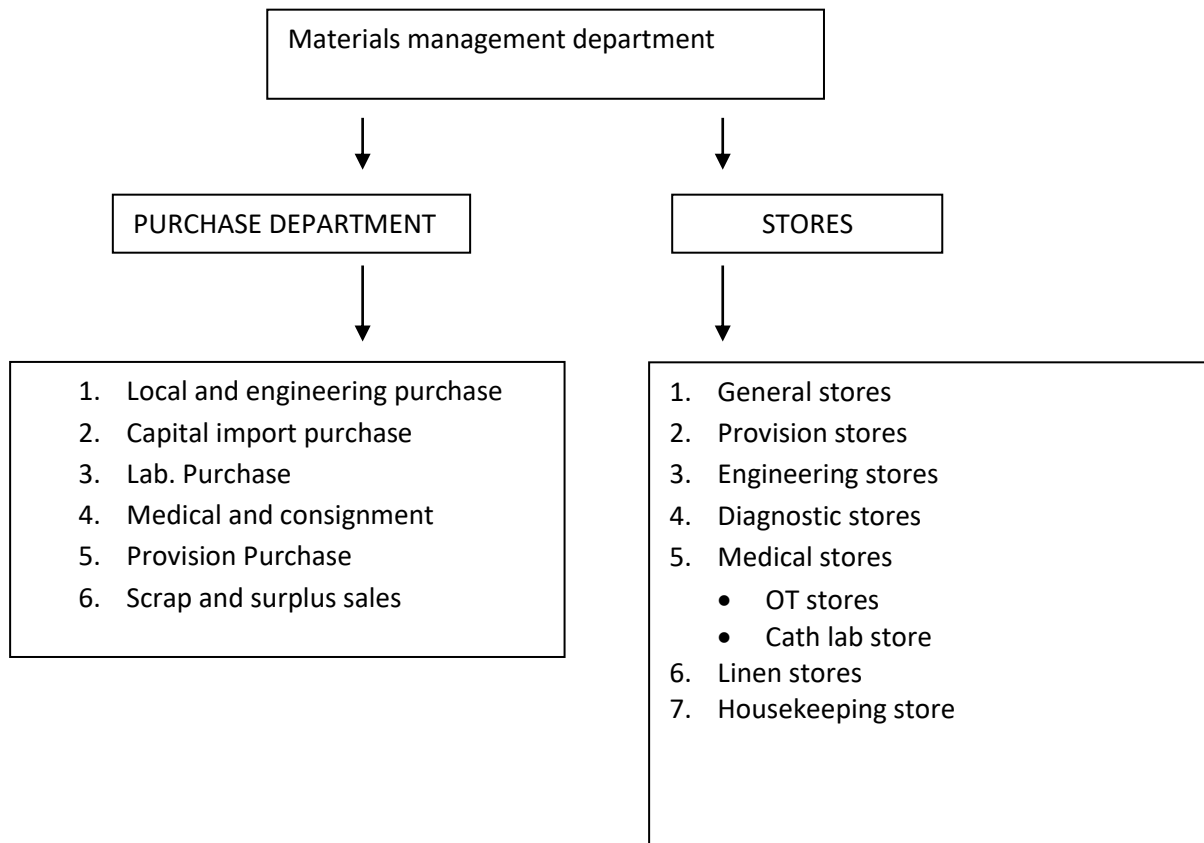
MATERIAL MANAGEMENT DEPARTMENT

The material management department aims at maintaining uninterrupted supply chain without affecting cost, quality and service parameters.

Objective of the dept:

- To provide the right item, at the right time, at the right price and in the right quantity.(provided payments are made on time).
- To ensure timely audits of various departments with coordination of the audit team.

The materials management department can be classified majorly under 2 heads i.e. purchase department and stores.



LOCATION OF THE DEPARTMENT

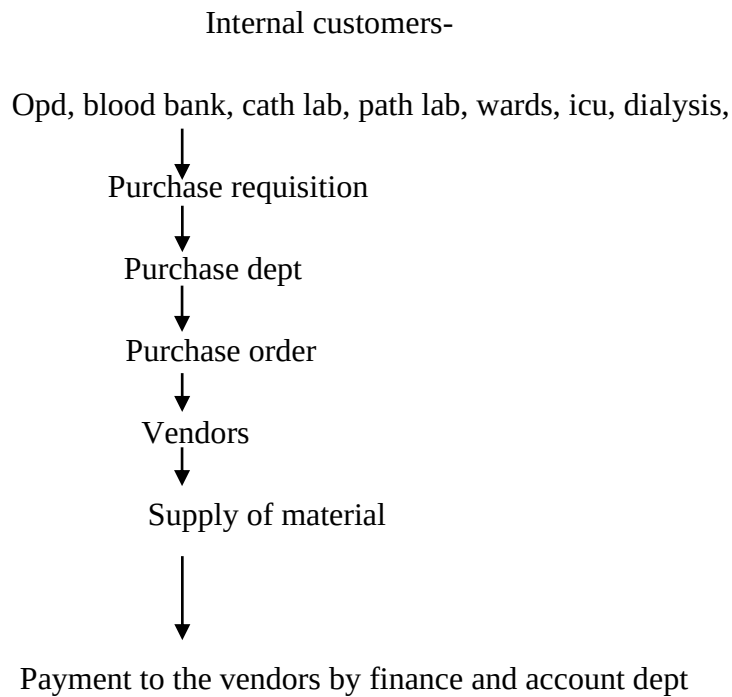
Purchase department is located at the basement. It is the central purchase unit.

STRUCTURE OF THE DEPARTMENT

Department of purchase is responsible for:

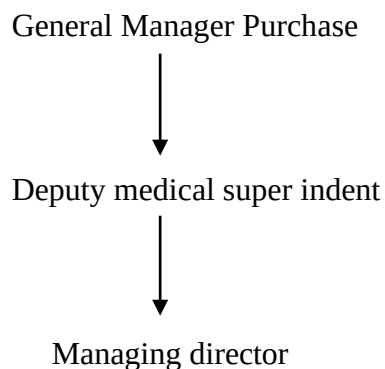
- Planning monthly purchases
- Inviting quotations and negotiations of prices.
- Placing the purchase orders.
- Inventory control.
- Committes.
- Analysis and reports.
- Vendor selection and evaluation.
- Policy making related to purchase
- Payment scheduling with department of finance
- Auditing with department of audit

INTERNAL AND EXTERNAL CUSTOMERS- FLOW PROCESS



POLICY OF PURCHASE:

All operational reports generated will be given to



SERVICE STANDARDS:

1. To keep a check on inventory levels and maintain stock for one month.
2. Procuring standardized goods at right price
3. Processing the purchase requisition into purchase order
 - IP - 2 days
 - OP - 3 days
 - Stationary his- 2 days
 - Manual orders- 4 days
 - New items- 7 days

Process flow

Purchase Section



Narcotic drugs

NDPS11 license has to be renewed every 2 years

Pharmacy license has to be renewed every 5 years.

Drug and Therapeutic Committee:

This committee is established to discuss the issues related to usage of drug products. This committee directly reports to chief executive officer.

Committee Members

Director of quality and Medical education

Director Professional Services

Director Admin

Director Nursing

Head Lab Medicine

H.O.D Pharmacy

Usually in stores various systems are followed to classify and arrange items-

VED- Vitals, Essentials and Desirables (According to importance of items)

1. HML- High, Medium, Low cost
2. SDE- Scarce, Difficult, Easy to procure
3. FSN- Fast, Slow and Non moving items

The basic process of issue and distribution to related departments, inventory management is same for all, which is as follows-

Related department makes monthly indent through the system by planning and forecasting based on their daily consumption



Based on consumption by the related department, store maintains inventory and issues timely requests for material procurement based on lead time



Purchase department contacts the vendor and ensures delivery of required items at right time



Once the requested numbers of items are received (it goes through thorough security check, as security is also provided with the list of requested items)



Goods receipt note is sent to the accounts department for payment to the vendor

- For goods ordered on consignment, if unused or short expiry, are immediately returned back to the supplier by issue of a gate pass, for security's reference. Also, returned item's balance is deducted from the amount to be paid.
- The issue of items and usage in the department follows FIFO (First In First Out) principle.

OT STORE

It maintains inventory of items for over 60- 65 surgeries.

Items are of two types –

- Pharmaceutical(emergency drugs, narcotics, chemicals)
- General(sutures, drapes, consumables etc)

It is situated on the 3rd floor, and surrounded by operation theatres.

- List of the surgeries to be scheduled for next day with surgeon's name is provided a day before, so that all the preparation and required items are kept ready arranged in the tray.

Two trays are provided-

One with anaesthesia and other with general consumables and special requirements like implant materials etc.

- With each tray different charge sheets are given, in which all the items used during surgeries are recorded and helps in keeping an account of all the materials provided and returned back to the store, any missing can easily be recorded.
- If an item is required from medical/pharmacy store on emergency basis, it is taken on loan and indent is issued to store later.
- Weekly checking of all items is done.
- Narcotics are kept locked.
- Warmer is kept at 60 degree C, to keep warm saline ready if required.

- Whenever any item is purchased from the supplier, batch no. , expiry and M.R.P is always checked.
- List of (diminishing) and non- available items is generated daily.
- Staff-

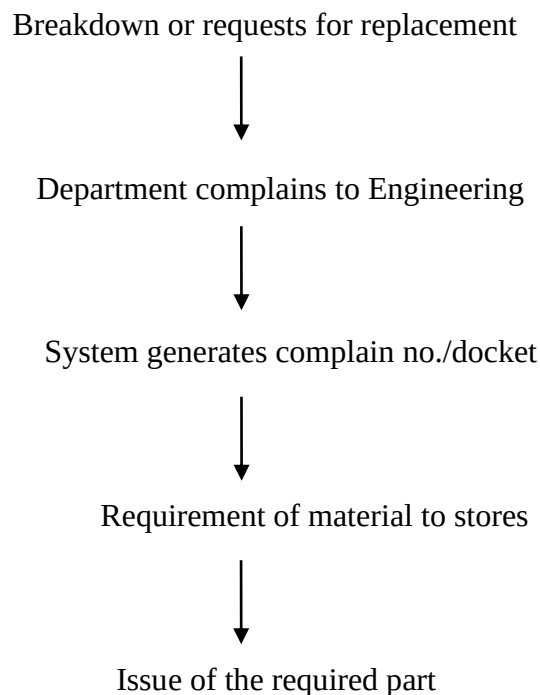
There are 2 Senior Supervisors, 5 clerks and boys.

ENGINEERING STORE-

It keeps various spare parts that may be required in electrical equipments, plumbing and mechanical items for maintenance of equipments.

- Around 300-400 items are regularly moving items.
- Care record- regular maintenance
- Quest record- Inventory management.

Process flow-



- First week of every month, indent for stores are raised through system to purchase department, based on consumption of last three months.

STAFF-

1 storekeeper and one store clerk.

- Records maintained- requisition book, issue book, guarantee card book.
- For a part to be discarded HOD certifies for condemnation and then it goes to discard department.

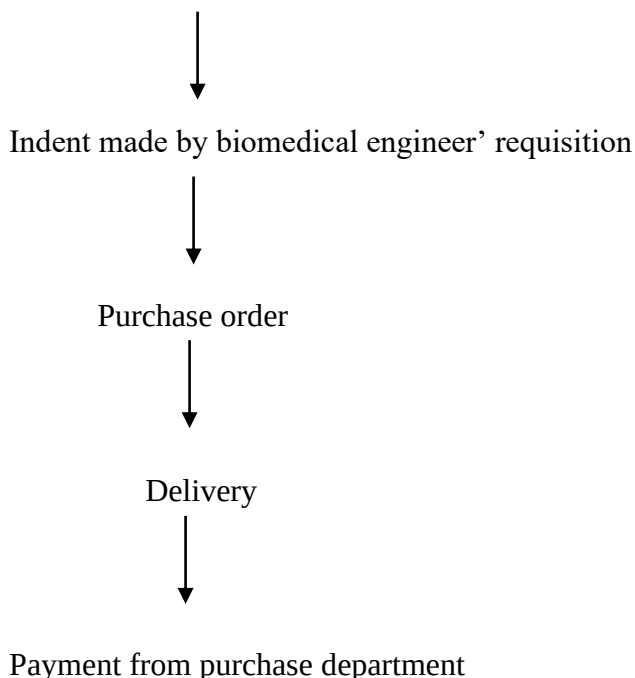
GENERAL STORE-

- It maintains an inventory of all the stationary items, plastic items, general items like tissues, etc, capital and diagnostic items.
- From here the items are delivered to the respective departments.
- It has around 700-800 items and turnover of 450-500 items per month.
- For bulky items they deliver thrice a month.
- For non stock able item, purchase is made through stores but the delivery is directly done to the department and it is not stored.
- STAFF-

One officer and two clerks.

BIOMEDICAL STORE-

- It keeps storage of all the spare parts, accessories of the biomedical machines used in hospital and not general electronic or mechanical machines.
- Its inventory has high cost and difficult to procure items.
- For routine parts (stored in compactor), no indent is required and are supplied directly as per need.
- For occasional special parts,



- If the part to be replaced is of high priority and is unavailable, standby arrangement is made.
- In case the warranty period is on, the Company is called for the maintenance and problem handling and replacement if any.

ADMINISTRATIVE SERVICES

Human Resource Development

Motivation

At **Soni Manipal Hospital** you are part of the revolution to drive development in growth markets across the world. In the process, you help **Soni Manipal Hospital** become the market leader in our chosen markets and a preferred employer who you are proud to work with. Along the way, you build your career and you build long-lasting relationships. The opportunities are endless; growth is a function of your abilities and willingness to take on more. You show that you deserve to grow and you will be given all possible support – meritocracy is the only rule of the game.

The human resource experts advice to management in all aspects of human resources mangement and plays a key role in strategic planning.

The department is staffed by skilled HR professionals and through best practice HR policies,promotes a working environment which is conducive to positive employee relations and promotes the personal and professional development of employees.

Responsibilities

Resourcing and retention:it involves the recruitment and selection of staff in the organization.It is the aim of HR department to source and retain high caliber staff for the organization who will add value to the hospital in the future.

HR services: The HR depatment is responsible for the implementation of hospital policy on terms and condition of employment e.g employee remuneration, leave arrangements including sick leave,maternity leave etc.

Employee relations: The HR department is responsible for providing advice,spport and representation to services delivery managers throughout the hospital and for ensuring compliance with national and local aggrements in relations to employee relations matter

Learning and development: The HR department assists in continuous learning and personal deveolpment of managers and stff within guidelines of best practice,developments in employee enricchment and organizational objectives.

Manpower of organization

Total no of nursing staff: 198

Total no of technical staff: 56

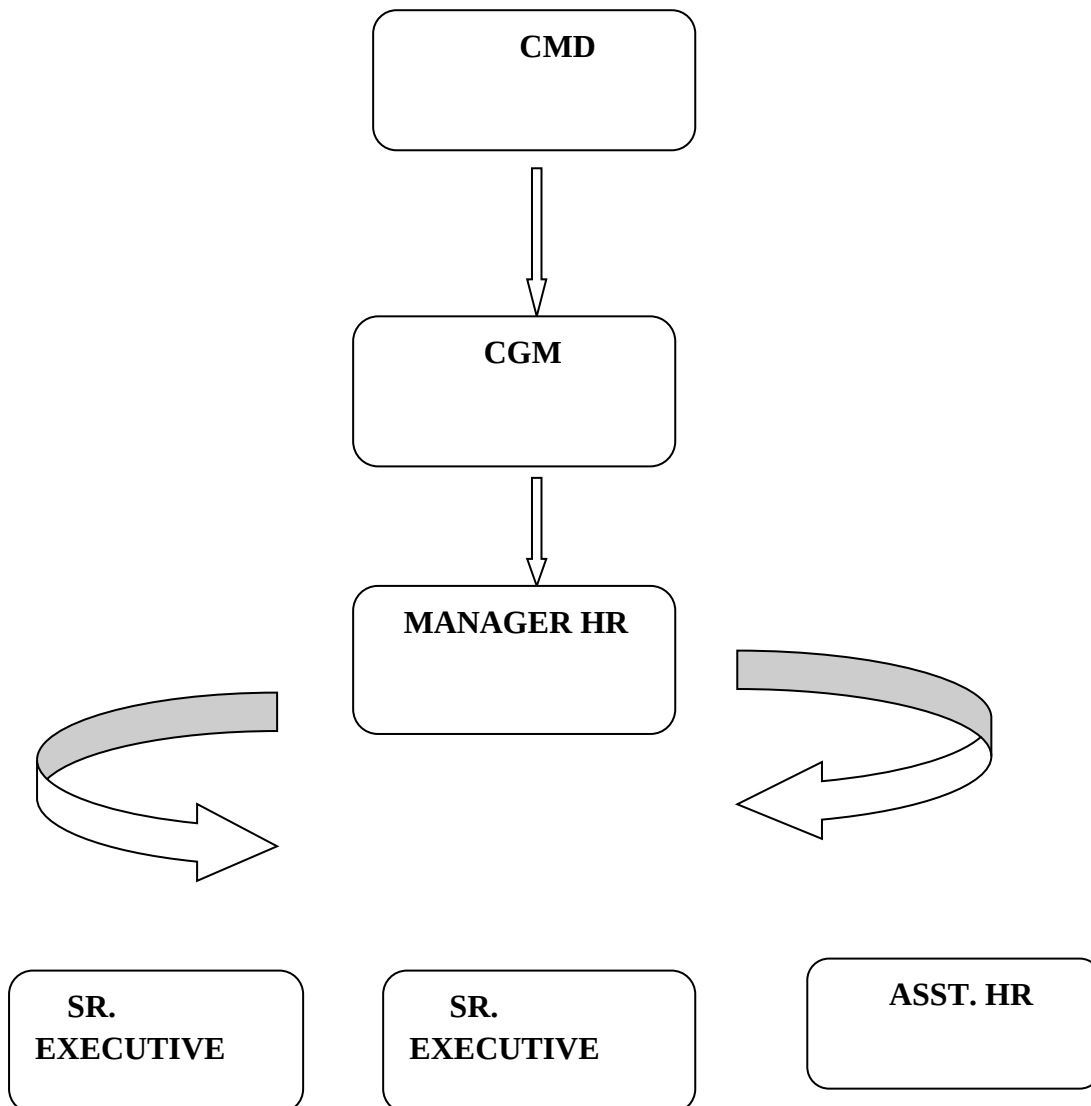
Total no of office staff: 116

Total no of resident doctors: 31

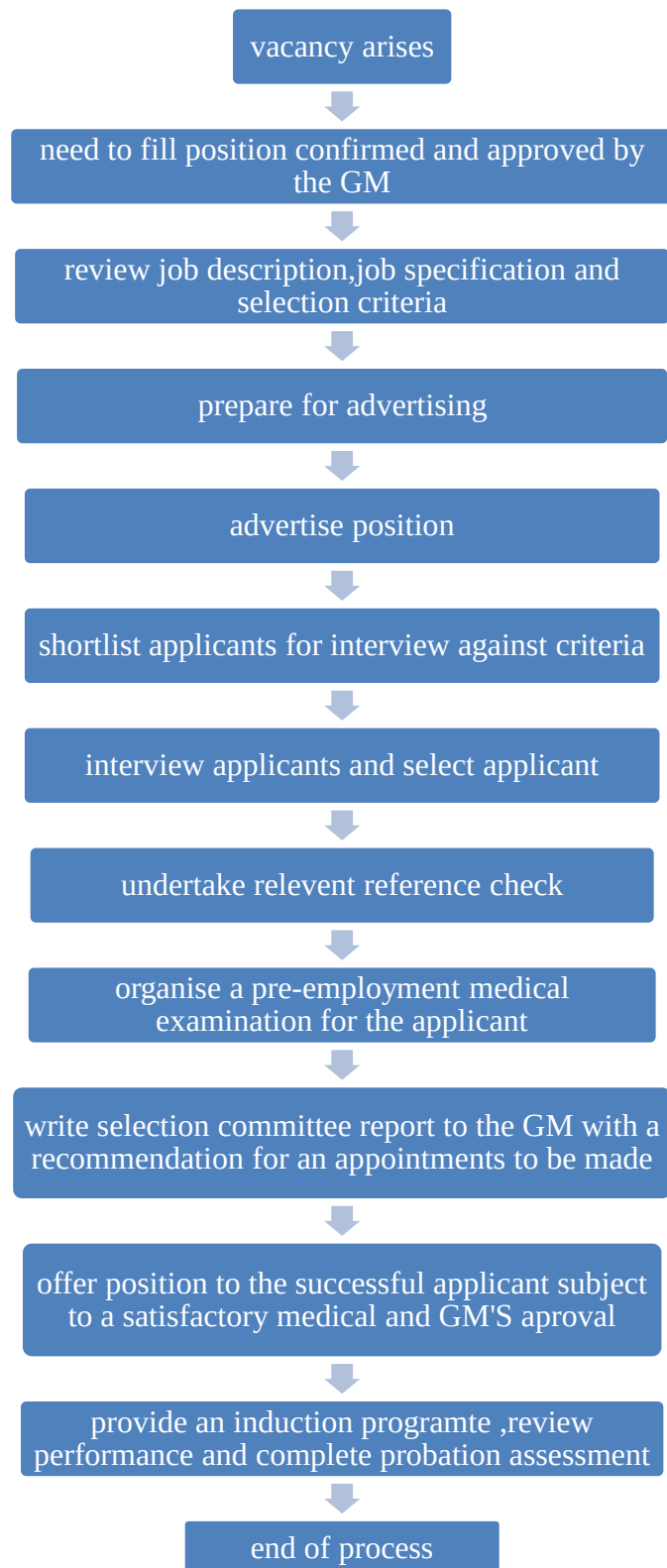
Total no of resident doctors: 62

Hospital team consists of doctors,administrative managers,nurses,technicians,attendants and support service staff.

Organogram:



Process flow:-



UTILITY SERVICES-

This includes Housekeeping, Laundry and Food Services

HOUSE KEEPING

Introduction

Housekeeping services play a vital role in providing support services to the staff, patients, administration. The main responsibility of the department is providing clean and hygienic sanitation facilities. It also ensures infection free environment through process and procedure which are reviewed and updated from time to time. They also manage biomedical waste as per the regulation and comply with legal norms. They also play a vital role in safe transport of patients on wheel chair, beds, stretchers which require an alert housekeeping staff to follow safe practices across hospital.

SCOPE OF SERVICES:

The house keeping in SK Soni hospital is outsourced to Gaurav Enterprises on yearly basis.

- Maintaining the aesthetic and cleanliness of all the hospital properties which include inpatient and outpatient areas and building.
- Planning and controlling of all inventories to ensure clean, hygienic and safe environment.
- Systematic collections and disposal of hospital waste.
- Quality sanitary procedure in every area including the sanitary needs of the patient.
- Issuing and controlling replacement of furniture to other departments as per their requirement.
- Accurate and timely meal services for patient and their relatives.
- Safe transportation of patients.
- Pest control management
- High low dusting
- Dry and wet mop
- Bedside cleaning (bed pans, urine bags, spittoons)
- Bathrooms and toilet cleaning
- Tailoring
- Transportation of hospital documents within different departments
- Arranging of water and tea facilities or visitors in the hospital
- Operating mechanical cleaners

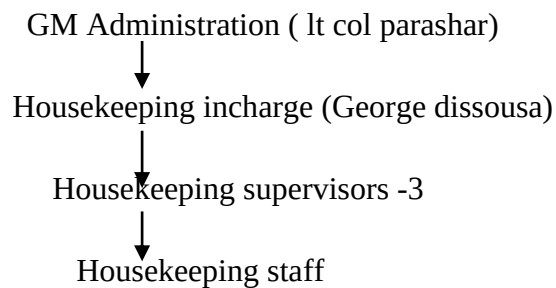
STAFF :

- Sweepers- 150
- ward boys- 70
- peon – 30
- plumber- 3
- tailor- 1
- rddle operator- 1

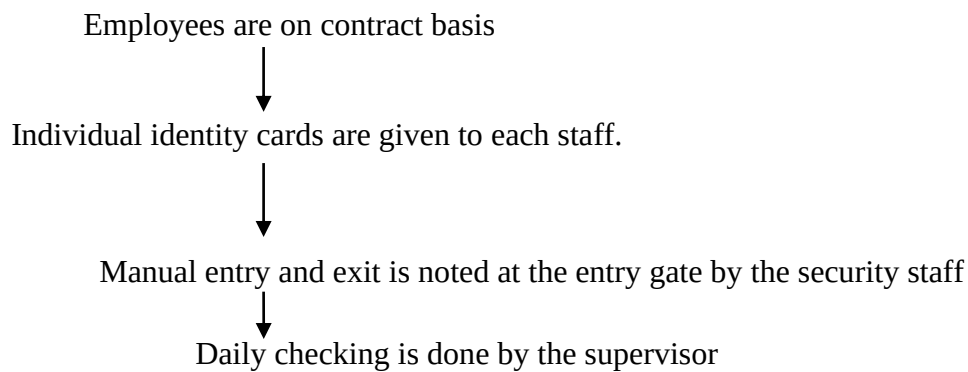
SHIFT OF HOUSEKEEPING: two shift of 12 hours

Time: 7am to 7 pm

ORGANOGRAM:



FLOW OF STAFF:



IDENTIFICATION OF HOUSE KEEPING STAFF:

For the ease of system and working there are different colour codes for dresses of the housekeeping staff.

- Purple colour- sweepers
- Grey colour- ward boy/ ward lady/ peons
- Brown- patient special attendants.

LAUNDRY SERVICES

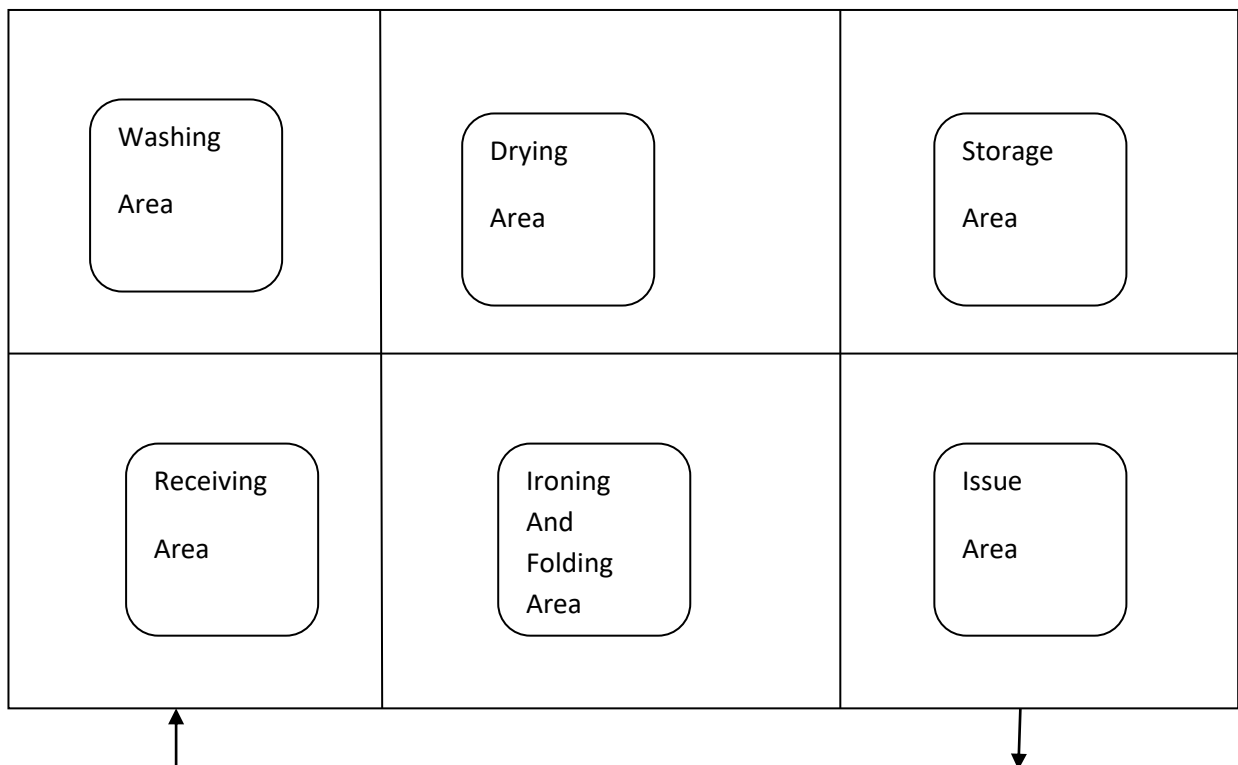
Laundry processes include washing (usually with water containing detergents or other chemicals), agitation, rinsing, drying and pressing (ironing). The washing will often be done at a temperature above room temperature to increase the activities of any chemicals used and the solubility of stains, and high temperatures kill micro-organisms that may be present on the fabric.

Chemicals

Various chemicals may be used to increase the solvent power of water eg: soap, detergent, alum, chlorine etc . Soap, a compound made from lye and fat, is an ancient and common laundry aid. Modern washing machines typically use synthetic powdered or liquid laundry detergent in place of more traditional soap.

Laundry Service includes the laundering of linen, storage of clean linen and repair and replacement of linen. The importance of a clean, hygienic, un-stained and defect free linen is essential for optimum patient care. Laundry service is responsible for providing an adequate, clean and constant supply of linen to all users. The laundry facilitates is designed, equipped and ventilated to reduce the dissemination of microorganisms on to finished linen. The laundry component is responsible for efficient laundering operations and linen component comprises of procurement, classification, holding, distribution repair and replacement of linen.

It is located in basement near CSSD department.



Scope of Department

- Sorting, washing, extracting, drying, ironing, folding, mending and delivery of linen.
- Storage and distribution of clean, unstained and defect free linen to various areas of hospitals like floors (for patients), CSSD (for sterile linen supply to operation theaters), housekeeping and food service department (for conference and other functions).
- Cleaning, storage and distribution of uniform to all employees and consultants.
- Specific procedure for handling, including labelling of materials contaminated with hazardous materials or body fluids.
- Policies and procedures for cleaning of contaminated materials.
- Storage and distribution of curtains across the hospital facilities.
- Maintaining the stock of linen and meet the requirements of various departments.

The process flow in department is systematic and with utmost care practices are done. There is an inbuilt chute system at every floor from where laundry bags are stored and transferred directly to the sorting area where the linen is sorted according to the kind. The infected stained linen due to body fluid like blood are segregated. The linen is separated also on the basis of color difference. The OT towels, white towels, OT linen, ICU linen in green and white is separated.

EQUIPMENTS:

- Washers- 2
- Dryers- 3
- Manual iron- 3
- Roller press- 1

The washer extractors have special hydro features which spin at high speed and water is extracted, only 4% water is remnant. For soiled white linen there are two cycles: pre-wash cycle consists of two wash cycles in the span of 5 minutes at 50 – 70 degrees, along with detergent, boost and super washing is done. Then oxygen bleach is done. The drained water is monitored and pH check is done in case of any deviation from the neutral pH 7 it is reported immediately. There is also a hygienic barrier. The clothes are ironed with the help of flat work machine, steam presses and rolling and rotation of linen is done.

STAFF: total 7

Supervisor-1

Labour-6

SHIFT:

3 shifts of 8 hours.

FLOW PROCESS:

Morning 8 am to 10 am is the linen receiving time. The ward boy of specific department comes with linen and linen register.



Gives linen to laundry, signed by supervisor, and counting of linen is done



Sorting of linen is done



Washing, drying, iron and folding of linen is done. OT and ICU linen is sent to CSSD for sterilization.



Evening 5 to 6 pm is the issue time, so the concerned ward boy of the department come and take the linen and get signed the issue register.

- Laundry maintains the monthly bill for the hospital by counting the number of clothes came from all departments..
- Discard policy for the department-
 - Separate discard register is maintained
 - Then monthly written replace request is made.
 - Then it is given to store.

CANTEEN AND PROVISION STORE-

- It is a part of Food Services Department, which looks into maintaining storage and availability of raw materials as per the consumption and menu.
- They maintain buffer stock of 2 days. However it very much depends on shelf life of the item.
- But that for vegetables, milk, curd, daily indent is made depending on next days' menu, a peeling and cutting on such a large scale takes time and stored in fridge in the cooking area.
- Fridge in the store area is to store butter, milk products, fruits and rawa (as worms appear if kept at room temperature).
- Indent for fruits are made twice a week.
- Arrangement in the racks is such that consumption pattern follows FIFO principle.
- Daily cleaning is done and Gel treatment is done weekly.
- Payment for goods received is done by Purchase either weekly, fortnightly or monthly depending on items.

- Menu for the week is prepared :
- For patients : it is suggested by the doctor and then prepared by the dietician.
- Only seasonal vegetables are made in kitchen.
- For staff and attendants: the weekly menu is made by chef and dietician and gets it approved by the GM administration. And GM quality.
- Then the food is prepared.
- Quantity of normal and special meals to be served is displayed on the board.
- A full meal contains- rice, chapattis, 2 vegetables, dal, curd, salad and sweets.
- Pre cook area- where peeling, cutting, masala grinding occurs on large scale.
 - There are 3 cutters in every shift.
- there are 4 deep freezers
- Baking area- where breads, cakes, cookies are baked.
- Cooking area- where cooking actually takes place
- Quality check of the food is done regularly before serving.

Also raw material is also checked before using it, if there is something wrong menu is changed and replaced according to the availability of items

- STAFF- 34
 - 1 patient chef
 - 1 bulk cooking chef (for staff)
 - 1 chef for snacks
 - 1 store keeper
 - 1 operation manager
 - 4 supervisors
 - 14 steward
 - 5 dishwasher
 - 1 housekeeping
- There are 3 shifts running :
 - 6 am to 4 pm
 - 12 pm to 10 pm
 - 10 pm to 6 pm

Staff in each shift

- 4 stewards and 2 supervisors in morning and evening shift.
- 2 stewards and 1 supervisors in the night shift

PROCESS FLOW-

After doctors visit dietician goes to every bed of patient and take the notes of diet recommendations(2 times a day)



Noting of special diets as- liquid diet, semisolid, solid diet or with/without salt diet.



Scrutiny and classification according to the type of diet



Diet chart is given to the chef



Cooking is done



Food is kept in the trays in a closed trolley in which the token for each bed is kept,

According to which food is served fo each bed.



Stewards provide the food to each patient according to the tokens and get the token signed by the nursing staff on duty



Once diet is served to patients, dieticians again asks for patient satisfaction.

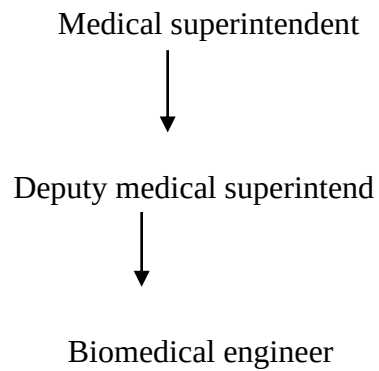
Menu for next diet is made or received during the serve of previous meal.

BIOMEDICAL ENGINEERING AND MAINTAINANCE-

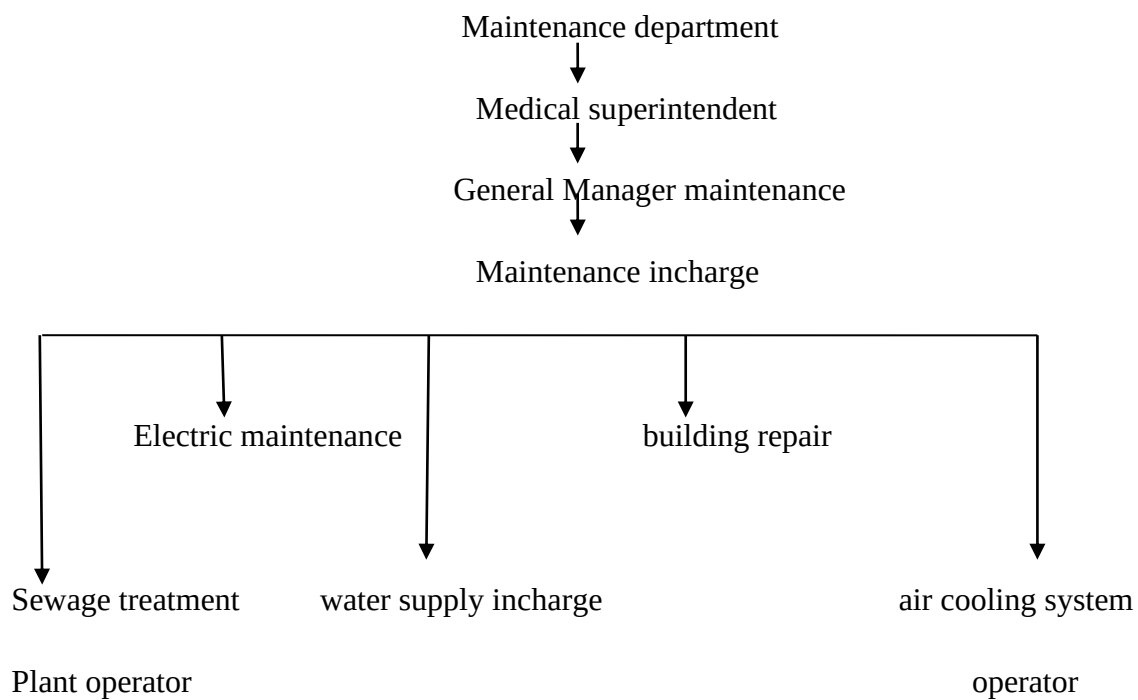
It is the department which is responsible for maintenance of all the biomedical equipments and machines used. They are required to immediately attend to breakdowns and failures to minimize the downtime of the machine.

Staff- there is one biomedical engineer.

Organogram-



Organogram:



Staff :

Maintenance incharge- 1

Sr. operator- 1

Electricians- 3

Plumber- 1

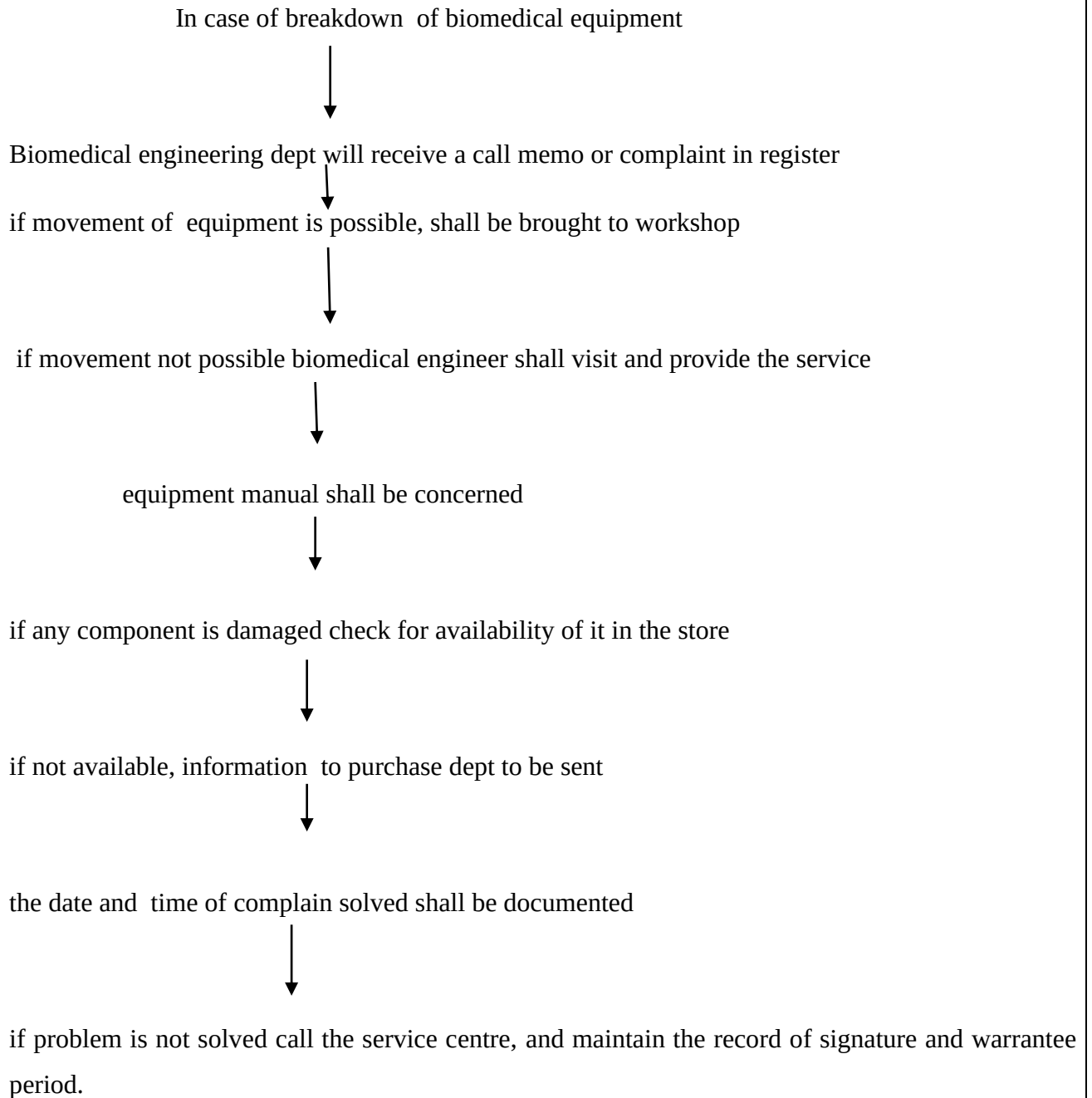
Mason- 2

Painter-2

Welder- 2

Carpenter- 2

Work flow-



Responsibility of biomedical engineer:

All equipments are checked by the biomedical engineer prior to use.

- Should identify the need to prepare list of major equipments.
- There should be a standby provision for all life saving major equipments.

Workflow of maintenance:

Every day in the morning, maintenance personnel take round of each department



Note the complain in complain register and get it signed by the incharge



Complain relating technician will go to the respective department , rectify and treat the fault



Date and time of complain received and treated should be entered and signed.

- In urgent, complaints are also received telephonically and rectified.
- If the machine is to be taken to Company for servicing, returnable gate pass is issued.
- If machine is to be returned to Company for replacement, non returnable gate pass is issued.
- In warranty period Company person is called for maintenance and breakdowns from BMD.
- Every 6 months , quality assurance and calibration is done
- Maintenance is done 3 monthly.
- For Laboratory machines, calibration is done regularly.

SECURITY SERVICES

The security services in SK Soni hospital are outsourced to Balaji Industrial Security Services.

Total staffs : 37

- Staffs works in 2 shifts of 12 hrs.
- 2 supervisors in each shift

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SCOPE OF SERVICES

- Checks on the movement of patients and attendant
- Guards the lift
- Security check for the incoming and outgoing supplies.
- Monitoring the movement of staffs.

- Entering the time, date and signature of the visitors and staff.
- Management of hospital codes- fire, external disaster, cardiac arrest, child abduction.

ANNEXURES

Annexure 1

1. Registration card
2. Initial clinical assessment sheet
3. OPD record

Annexure 2

1. Admission record
2. Treatment consent
3. Diet chart
4. Diabetes chart
5. Nursing initial assessment
6. Nutrition assessment form
7. In patient clinical notes
8. Progress notes
9. Intake and output of TPR chart
10. Nurse notes
11. Patient detail
12. Consultants visit
13. Diagnostics
14. Investigation statement
15. Investigation report

Annexure 3:

1. Incident report register
2. Temperature record
3. Category of vulnerable patients
4. Daily bed status
5. Incidence of fall
6. Oxygen cylinder record register

7. Needle stick injury register
8. Procedure register
9. Biomedical waste register
10. Autoclave register
11. Leave application register
12. MRD discharge register
13. Laundry book
14. X-ray reporting book
15. PAC (Pre anaesthesia register)
16. Department order register
17. Record of bed store
18. Thermometer register
19. Staff request register
20. ETO book
21. Blood sugar checking register
22. Complaint register
23. Transfer in patient register
24. Transfer outpatient register

**SUMMER INTERNSHIP
IN
SONI MANIPAL HOSPITAL, JAIPUR**

**A REPORT
BY
NANCY DIXON
MBA HOSPITAL AND HEALTH MANAGEMENT
(2014-2016)**



An Exclusive Research and Post Graduate University

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I wish to express my profound and optimistic sense of gratitude to my Project Guide Mrs. Deepika Joshi Daswani (Sr. Exe. HR, PMS) Manipal Hospital, Jaipur for giving an opportunity to be a part of this project and rendering me continued counselling, valuable help, invariable inspiration and encouragement during the course of my training. It would be unfair if I did not mention the valuable guidance of Mr. Nagendra Kumar (Dy. Manager, HR) Manipal Hospital. I would also like to thank Mr. Varun Sharma (CEO), Manipal Hospital Jaipur, for providing us this opportunity to gain this valuable experience in this unit of the Manipal Enterprises.

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Preface:

Organizations are constantly striving to align their resources, systems and employees to strategic objectives and priorities. Managing employees is as important as managing resources and systems. Aligning their objectives facilitates the effective delivery of operational and strategic goals. It is possible to get employees to reconcile personal goals with organizational goals and increase profitability of the organization.

This has led to the well defined concept of Performance Management. It includes activities which ensures that goals are consistently being met. This is used most often in workplace, can apply wherever people interact; sport teams, community meetings, schools, health settings, government and even political settings. In other words, it can be used where there is interaction of people with their environments to produce desired effects.

Most of the times, Performance management is equated with Performance Appraisal. However, there is a difference between the two. Performance Management (PMS) refers to the tools, activities, processes and programs that companies create or apply to manage the performance of individual employees, teams, departments and other organizational units. Performance Appraisal (PA) on the other hand refers to the act of appraising or evaluating performance during a given performance period to determine how well an employee, a vendor or an organizational unit has performed relative to agreed objectives or goals. Thus, PA is one of the many important component activity within the overall concept of PMS.

Organizations typically manage employee performance over a formal 12- month period. The results are manifold for both the employee and the organization.

Abbreviations

PMS - Performance Management System

PA - Performance Appraisal

HR - Human Resources

CEO - Chief Executive Officer

SLT - Senior Leadership Team

BH - Business Head

FY - Financial Year

HOD - Head of the Department

KRA - Key Result Area

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INTRODUCTION

This report endeavours to study the Performance Management System used in Manipal Hospital, Jaipur. Established in 2104 after been taken over from the S.K. Soni Hospital, is a quaternary multispecialty hospital with 27 specialities. In its budding years, the hospital looks up to its well established and guiding corporate organization in Bangalore.

With their motto “Life’s on”, it envisions to be the most preferred Healthcare provider in every location that it operates. Manipal Enterprises serves the patients everyday in line with its core values of Clinical Excellence, Patient Centricity and Ethical Practices.

Similarly, to value and maximize Organizational & Individual Performance, it has Performance Management System (PMS) which is managed by the Human Resource (HR) Department of the hospital. The policy document is prepared by the Head HR (Corporate) and approved by CEO (Corporate). The current policy is version 2, effective from September 1, 2010.

PMS enables the Organization to enhance & sustain its performance by aligning employees’ goals & contribution to the Organization’s Vision and Objectives. It also serves as a platform to provide employees the opportunity to structure and channelize their growth in terms of learning & development and recognition.

The policy encompasses all confirmed employees as of April 1st of the year for Performance Assessment. Objective Setting & Final Performance Assessment are done on annual basis (i.e. FY: April – March).

REVIEW OF LITERATURE

The policy document of Manipal Enterprises which details the Performance Management System and reserves unconditional right to amend, abrogate, modify and /or rescind any of the provisions of the rules at any time.

Objectives of the PMS:

1. To align individual performance with Organization's strategic objectives via goal setting & review on annual basis.
2. To differentiate performance contributions vis a vis goals set.
3. To enhance individual contributions by identifying development areas.
4. To identify/ develop appropriate learning tools/methods.
5. To reward differing individual performances basis contribution.

Key Process Stakeholders:

1. Appraisee: every employee/individual who is assessed.
2. Appraiser: The supervisor/manager who assesses.
3. Reviewer: The Appraiser's manager is termed reviewer.
4. H.O.D.'s: All PA for a particular department are reviewed by the overall HOD's before it is sent to the Unit Head.
5. Senior Leadership Team (SLT): The CEO and his immediate reportees play a key role in ratifying the Organization's Performance Distribution, once all the performance assessments from various Units are received and collated.
6. HR Department: Plays the role of a co-planner, facilitates the process, communicates and provides guidelines to stakeholders, advice to appraisers, HOD's & Unit Heads on appropriate assessment and translating the assessment to rewards/ recognition and career development proposal to the SLT.

Coverage

The policy covers all employees in the Company

MUL	- S1 & above
MHE	- M1 & above
Stempeutics	- M1 & above
MSFM	- M1 & above

Performance Assessment Criteria:

An employee's PA, is captured in formats (appraisal forms), and is based on two key aspects:

- Key Responsibilities (the "what") requisite to be performed in the job.
- Key Competencies (the "how") that are relevant to different job categories.

The overall PA is a balanced evaluation of both Responsibilities and Competencies on a four point rating scale:

1. Outstanding (OS)
2. Exceeds Expectations (EE)

3. Meets Expectations (ME)
4. Needs Improvement (NE)

For the organization to be successful, both behaviours and results are important. **What the person accomplishes and how the person goes about doing the job.**

1. Therefore Performance Assessment Criteria shall be Result/Outcomes (What) as well as Behaviours (How).

Elements	Focus
Results What the person achieved.	Actual job outputs Countable results Measurable outcomes and accomplishments Objectives achieved QQCT(Quantity/Quality/Cost/Timeliness)
Behaviours How the person performed.	Adherence to organizational values Competencies/Performance factors Traits/attributes/characteristics/proficiencies Personal style, manner and approach KASH(Knowledge/Attitudes/Skills/Habits)

2. The overall Performance Assessment is a combined evaluation (As applicable Weightage) of both “Key Result Areas” & “Competencies”.

Weightage Grade Wise	M2 & Below	M3	M4 & Above
KRA	70	60	50
Competency	30	40	50

However, for MHEPL, the assessment is only on the KRA scores and the competencies scores are considered for the individual development plan.

Components of PMS:

- I. Performance Planning, Review and Feedback
- II. Competency Assessment
- III. Individual Development Plan

I. Performance Planning:

Performance planning is the process of communication between manager and employee intended to create agreement about what the employee is to do, how well he/she needs to do it, and why, when and how success is to be determined.

Performance planning is essential in laying the foundation for effective performance assessment.

1. In the beginning of financial year (By 15th April or within one month of joining), every Supervisor will discuss with his team members and plan his performance for a year (**Refer to Form B**). CEO & MD to formulate organisational goal and communicate to all business heads (BH) / functional heads (FH). Subsequently, FH/BH communicates to team members.

Employee and Supervisor discuss and agree on

- a) Employee's KRA (Maximum 5) and on specific performance areas under each KRA.

Setting of Key Result Area (KRA)

KRAs refers to general areas of outcomes or outputs for which a responsible. It is critical parameters of performance. While defining KRAs, identify the core result areas of the employee's role. KRAs should be derived from organisation goal. KRAs are agreed between employee and his/her Reporting Manager.

KRAs should be **SMART**

Specific/Stretching	Clear, Unambiguous, related to plans and challenging
Measurable	Should be measurable as far as possible. Quantity, Quality, Time & Money
Achievable	Challenging but achievable and within reach
Relevant	Relevant to role/organisation's goal so that individual's goal is aligned to organisation's goal.
Time Bound	To be completed within agreed time frame. Should include 'by when' statement.

b) Percentage weightage (out of 100) against each KRA depending on the relative importance of particular KRA to the role employee is performing.

This is the relative weight of each objective corresponding to the total of all the objectives.

Example –	Objective 1	: 30%
	Objective 2	: 30%
	Objective 3	: 20%
	Objective 4	: 20%

The Weightage depends on the business group / department's goals and enables the appraisee to prioritize

c) If the % achievement is 50% and below for any KRA, the score will be nil. Also, the % achievement can be as high as 150%

2. Behavioural competencies (Refer to Form C) that employee needs to demonstrate while performing the role and Individual development plan (Refer to Form D)

3. KRA should get reviewed in case of change in role, any change in nature of business, and any other factors that enforce changes in KRAs. etc.

Performance Review & Feedback

Performance review is a communication processes between Manager and employee for the purpose of looking at performance, identifying ways to improve the performance in future and planning for improvement. Performance review would happen at two phases:

1. Half yearly feedback
2. Yearly review

Half yearly feedback is given to employees by his/her supervisor. Half yearly feedback is the responsibility of reporting manager and to ensure that:

- a) Job tasks stay on track,
- b) Problems are red-flagged before they grow,
- c) Any changes in the assignment /role if needed.
- d) And both manager and employee keep current.

Yearly review is done at the end of performance year.

P

Area	Focus
Set the climate	The performance discussion can be an anxiety, provoking situation for the employee. Prepare an 'opening statement' as to the objective of the meeting setting, the primary focus on improvement and development as opposed to just evaluation.
Balance of output	The employee should contribute at least as much to the discussion as the manager – preferably more. Encourage the employee to analyse his/her own success, setbacks, development needs etc.
Questioning	Using open-ended questioning stimulate employee to develop his/her own constructive views.
Notes	Make clear the fact that you will be taking notes from time to time. Avoid copious note taking – it distracts.
Use of Recognition	Give praise and recognition where appropriate but do not shrink from constructive criticism where necessary. Do not over –praise in order to balance criticism.
Be Prepared to Challenge	There may be times when the manager disagrees with the employee perception of his/her performance. If so be direct and explain why you disagree. Use examples to illustrate your points. Failure to challenges positively and timely may result in problems being allowed to develop unchecked.
Future Orientation	Try to relate the discussion to future specific improvement actions. Avoid raising false expectation which may lead to disappointment later on.
Gain Commitment	Avoid a 'nice' discussion which fails to clarify who is responsible for which action and by when.
Closing	Closing the meeting on a positive note. Summaries what has been arranged by whom and by when. Give the employee some idea of when he/she will have the completed appraisal review form to sign & add comment.

Self Review: As applicable

- a) At the end of performance assessment year, the employee has to introspect himself/herself and express his/her major achievement; factors affected his/her performance, and how one can improve

performance and supports & resources required for improvement. (Refer Employee Self-Assessment-Form A applicable for employees up to M3 Grade)

b) At the end of each performance assessment period, the employee will rate his/her performance against the agreed objectives as well as against set of behavioural competency. (Refer Form B & Form C).

This will act as the basic framework for performance discussion with supervisor.

2. Review by Reporting Manager:

a) After employee has completed his/her self-rating (as applicable), the supervisor shall have performance review discussion with employee. In performance review process, supervisor will discuss the employee's performance and self-rating with him/her.

b) Employee along with his /her supervisor will identify the ways and means to improve his/her performance and develop further.

c) At the end of discussion, employee and supervisor come to an agreement about performance ratings and Reporting Manager gives the ratings. Employee and Reporting Manager will put in their signature on the given Form A, Form B, Form C.

3. Performance Feedback:

Feedback on Performance is very important to improve performance and develop relationship.

a) During this process, Reporting Manager gives inputs to employee on what he/she is doing well and how to do things better.

b) Feedback should be given on a continuous basis through informal discussions, and through formal review sessions when required.

4. Reviewer's Feedback:

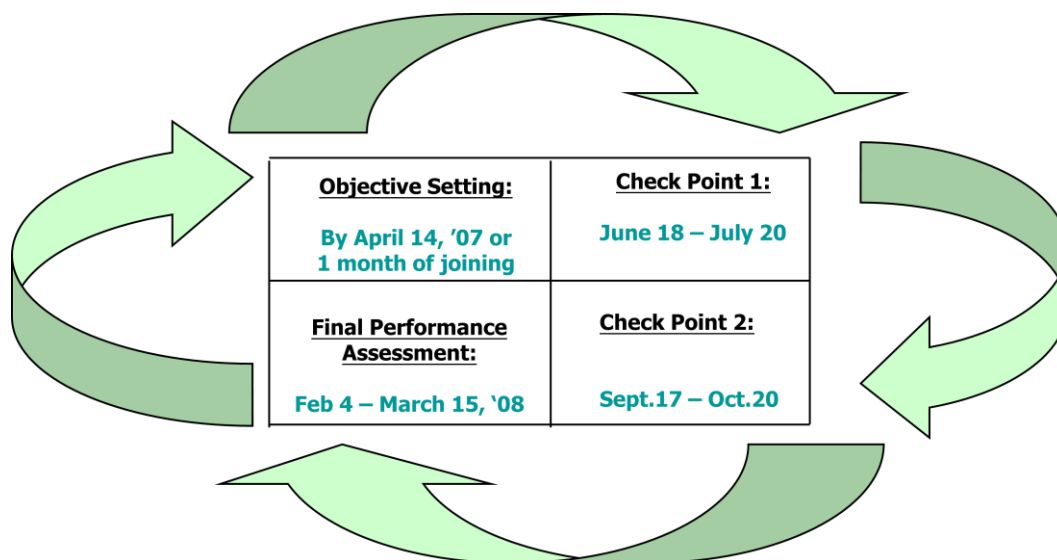
On completion of the assessment, the Reporting Manager shall forward the same to reviewer who will provide the feedback on

1. Entire process of assessment
2. Rating by employee and supervisor
3. Employee's development plan

The reviewer can recommend any change/amendment if necessary.

The hard copy of the PMS form, completely filled and duly signed, submitted to HR as per as per given timeline.

PMS Process Flow



Process	Responsibility	Date of Completion
CEO & MD formulates organisational goals and Communicate to all Functional Heads(FH) & Business Heads(BH)	CEO & MD	1st April
BH / FH define functional/ business goals and communicate to his/her team members.	FH/BH	7th April
Finalization of KRA's for all team members and release of KRAs(Signed by employee & Supervisor) to employee and HR.	Reporting Manager(RM) & FH/BH	15th April
Half yearly feedback to employee	RM	15th October
Initiate the PMS processes –Releasing of policy, Forms, Process guidelines, employees due for assessment.	HR In-charge	15th Feb
Completion of performance review process.	FH/BH	10 th March
Complete PMS forms (agreed & signed) to reach HR in-charge.	FH/BH	15 th March
HR in-charge to do complete checks of form to ensure process is being adhered.	HR In-charge	7th April

II. Competency Assessment

The definitions of the **CA (Competencies Assessment)** and their behavioural indicators have been outlined subsequently. Competency assessment rating is done as per given :

Competency	Marks
Basic	1-4
Advance	5-8
Expert	9-10

The principles and the process of this assessment is outlined below:

- Reflect on the range of behaviours exhibited by the employee on the job throughout the entire year. Please confine your assessment to On the Job Behaviours as per role requirement. It is important that behaviour through the entire year is carefully examined. Please ensure that each behaviour would be rated after a thorough discussion. In case, if the ratings for any behaviour is as low as 2 & below or high as 9 & above, there should be a clear behavioural incidence report to be prepared separately by the appraiser and the same will be reviewed & approved by the reviewer.
- Measure the behaviour that you have recalled against each competency defined.

III. INDIVIDUAL DEVELOPMENT PLAN

IDPs help the employees and supervisor identify developmental needs that address essential competencies, career development, and professional growth. The Individual Development Plan (IDP) determines an action plan to support

1. An improvement in the performance of an employee in current job.
2. Preparation of an employee for potential responsibility.
3. The strategic /long term needs of the organisation.

Individual development is the responsibilities of both the employee and the Reporting Manager.

Individual development plan is a framework that outlines what career goals you want to accomplish and the steps one can take to meet these goals. The IDP determines an action plan to improve employee's performance in his/her current role, address development needs for future role.

Developmental needs that address essential competencies, career development, and professional growth.

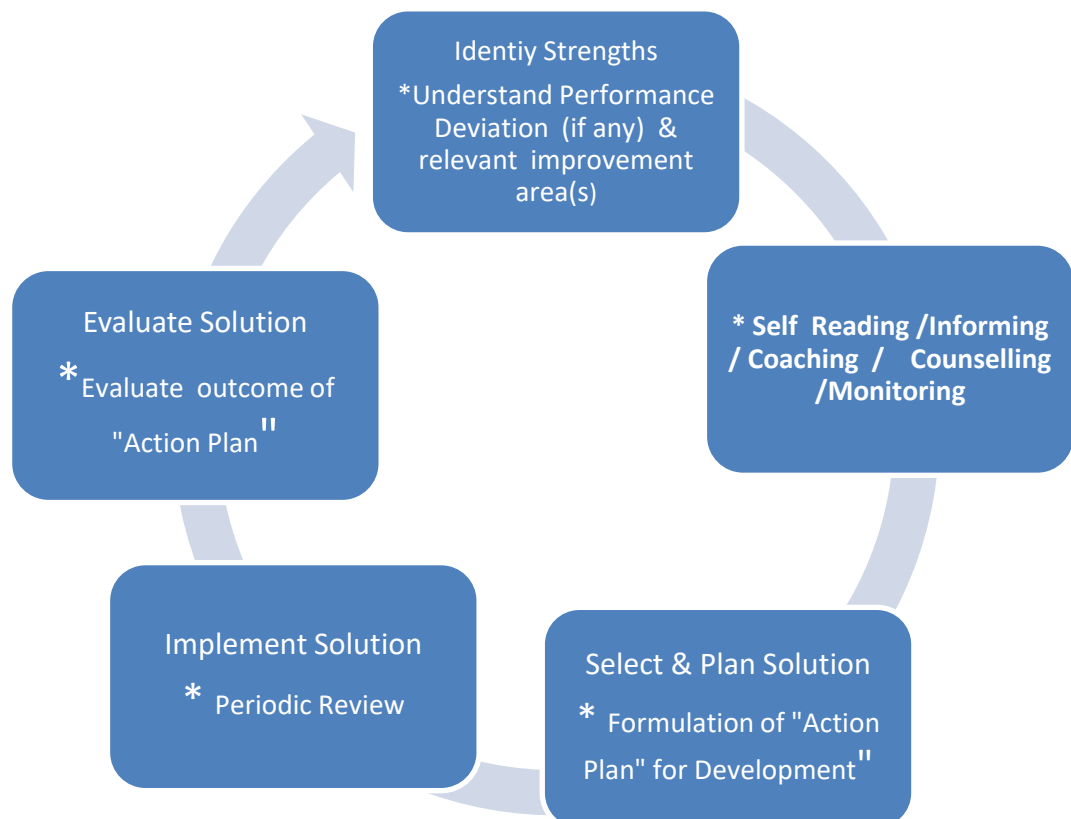
- a) Employee has to fill in IDP form (Refer form D).
- a) Reporting Manager will discuss with employee his /her individual development plan and help him/her in achieving his/her goals.(Refer Form D)

b) Reporting Manager also identifies employee's strengths and area of improvements. He also plans his/her career progression in terms of identifying additional responsibilities, any special assignment / projects.

Reporting Manager identifies and recommends required training and development needs. (Refer Form D)

Guidelines for IDP's

- Review specific development actions (if any) agreed upon during the year – what was agreed, was it done, or not done, what improvement, if any, have taken place due to the implementation of the plan
- Identify what training were attended last year and review application thereof on the job. The training program's relevance, utility and translatability into work situations can also be commented upon.
- Employee should identify the development needs & action plan taking into consideration previous year performance and IDP process wheel.



- Employee will discuss his/her needs and action plan with his/her Reporting Manager and Reporting Manager supports/guides employees to perform better in his/her current role or any potential role.
- There are several ways in which developmental needs can be addressed. These could be:
 - Self-study
 - Information
 - Coaching
 - Counselling
 - External/Internal training programs
 - Assigning a special project / assignment
 - constantly monitoring Performance
- Employee / Reporting Manager may refer to the list of competencies proposed for the Grade to identify developmental needs. Apart from the list, you may also choose to suggest any other developmental need essential for the job.
- PLEASE NOTE THAT IF THE IDP IS NOT COMPLETED OR PROPERLY FILLED OUT, THE PERFORMANCE MANAGEMENT SYSTEM DOCUMENT WILL NOT BE CONSIDERED TILL THE SAME IS ADDRESSED.

IV. General Guidelines

- a) Completion of the KRA setting, midterm review and assessments is the responsibility of the Reporting Manager. It should be noted that all such concerned Managers will be evaluated on their achievement of this task/responsibility
- b) In cases where an employee has more than one assessor due to change in job, reporting relationship, transfer etc, then governance of the assessment will be as follows. The final normalisation will be based on the current unit/function wherein the employee is transferred.

Time spent with current Reporting Manager (in months)	Time spent with previous Reporting Manager (in months)	% of weighted achievement from current Reporting Manager	% of weighted achievement from previous Reporting Manager
3 -4	9 -8	25	75
5 -6 c) I	7-6	50	50
Less than 3 d) C	10-12	0	100

c) In cases where an employee has a matrix relationship (Functional and Administrative), the KRAs will be set and reviewed jointly.

e) Once the Performance Review is completed, employees who will undergo Performance Improvement Plan (PIP) will be identified based on the feedback of the Functional / Departmental Heads in conjunction with HR. Such employees will be further evaluated after 6 months (1st October) to ascertain the feasibility to grant annual increment, if any.

f) A new employee who joins middle of the year, the first assessment happens once he/she completes one year and thereafter he/she will be brought into the normal performance cycle i.e. April. In those cases, if the period duration between the first assessment and the second assessment i.e. April, is less than 3 months, then there will be no fresh assessment required and the first assessment will be considered for merit increase for the balance period.

Example: if an employee joins on 15th January'2011, his first assessment will take place in 15th January 2012. His next assessment will start from 01st April'2012 to 31st March'2013. There is no fresh assessment required for the interim period i.e. 16th January'2012 to 31st March'2012.

g) **New recruits who have worked above six months in a year will undergo the evaluation and will receive the PBVP on pro rata basis.** However, employees who have not completed six months in a year will not undergo the evaluation and will get the target PBVP on pro rata basis.

h) Voluntary Separations / Retirements: PBVP is payable to employees who have resigned / retired from the services during the year of assessment on a pro rata basis.

Performance Based Variable Pay will be subject to Income Taxes, as applicable.

SIGNIFICANCE OF STUDY

Performance appraisal, also known as **Employee appraisal** is the process of reviewing employee performance, documenting the review, and delivering it to the employee in the form of feedback. It is a method by which the job performance of an employee is evaluated (generally in terms of quality, quantity, cost and time). Performance appraisal is a part of career development.

Performance appraisals are a regular review of employee performance within organizations.

General aims are:

➤ **Performance Management and compensation :**

Supervisors may use the information to manage the performance of their employees. Appraisal data will reveal the employee's weaknesses, and the managers can easily identify them while setting standards and advise the employee accordingly. Besides, the manager can also programme incentives in such a manner that the employee is motivated and his performance is enhanced (e.g. pay for performance, commissions, bonus, rewards etc.)

➤ **Employee Development :**

The information obtained from appraisals is also used for internal staffing or promoting the individual. However, when offered a promotion, the vertical movement might involve different kinds of skill-sets which the employee may or may not possess.

➤ **Identification of Training Needs :**

Organizations use the data obtained from performance appraisal to determine employees' needs for training or development. Most Companies like Microsoft, IBM, Honeywell, etc. use the data for training their employees.

➤ **Personal development of employee :**

Information obtained from the appraisal is usually conveyed to the employees in the form of feedback and counseling is offered to the employees about their performance levels. This process is usually beneficial to the employees in identifying their performance weaknesses and modifying them, thereby resulting in personal development.

➤ **Facilitate communication between employee and administrator.**

➤ **Validate selection techniques and human resource policies to meet Equal Employment Opportunity requirements.**

- **Provide the opportunity for organizational diagnosis and development.**

Benefits for the Organization

- **Direct Financial Gain**

- Grow Sales
- Reduce costs in the organization
- Stop project overruns
- Align the organization directly behind the CEO's goals
- Decreases the time it takes to create operational changes through a new set of goals.

- **Motivated workforce**

- Optimizes incentive plans, not just business as usual.
- Improves employee engagement as they now understand their direct contribution to the

organizations goals

- Creates transparency in achievement of goals
- High confidence in Bonus payment process

- **Improved Management Control**

- Displays data relationship
- Flexible and responsive to management needs.
- Helps audit/ comply with legislative requirements.
- Simplifies communication and provides for well communicated documentation.

RESEARCH QUESTION

What is the existing Performance Management System used in Manipal Hospital, Jaipur and what is the feedback of the employees about it.

OBJECTIVE OF THE STUDY

The overall objective was to understand the Performance Management System at Manipal Hospital, and provide feedback on its management.

The specific objectives were:

1. To assess if the employees received adequate explanation of what Performance Appraisal (PA) is all about and how it is to be completed.
2. To understand the relevance of the Appraisal Interview of the employees with their respective managers/supervisors.
3. To identify if the employees were satisfied with the feedback of their respective manager/supervisor.
4. To understand if any Training Needs/ Goals were identified during PA and the degree of agreement with the identified Training Needs/Goals and comments by their manager / supervisor.
5. To justify the basis of PA (whether it should be based on Goal Settings or KPI's).

RESEARCH MEHODOLOGY:

The study is an exploratory one which seeks to understand the Performance Management System used in Manipal Hospital, Jaipur and how accomplishing Individual employee objectives plays a part in achieving the overall objectives of the Organization leading to the realization of the Vision and Strategic Objectives of the Organization.

SAMPLE SIZE:

A total sample size of 50 Full-time on-roll employees of Manipal Hospital, Jaipur, who had completed their Performance Appraisal's for the Financial Year 2014-2015.

METHOD OF DATA COLLECTION:

- **PRIMARY DATA**
This is collected by a Survey using a Questionnaire developed with the view of understanding the existing PMS at the Manipal Hospital.
- **SECONDARY DATA**
This was collected by fact sheets and official website of Manipal Hospital. It was supplemented by information gathered during discussions with the respondents.

TOOLS FOR DATA COLLECTION:

Questionnaire was used as a tool to collect data.

QUESTIONNAIRE

Q1. Is this your first Performance Appraisal?

- a. Yes
- b. No

If “No”, where did you do it, and what difference did you find?

.....

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Q2. What term of service (months, years) had you completed at the time of your PA?

- a. 3 months
- b. 6 months
- c. 12 months
- d. More than a year

Q3. Did you receive adequate explanation of what PA is all about and how it is to be completed?

- a. Yes
- b. No

Q4. How relevant did you find the Appraisal Interview with your manager/supervisor?

- a. Very relevant
- b. OK (Fair)
- c. Not relevant at all
- d. Unpleasant

Q5. How long did the Appraisal Interview last?

- a. 20 minutes
- b. 15 minutes
- c. 5 minutes
- d. Time pass

Q6. Were you satisfied with the feedback of your manager/supervisor?

- a. Highly satisfied
- b. Satisfied
- c. Dissatisfied
- d. Highly Dissatisfied

Q7. During appraisal, were there any Training Needs identified?

- a. Yes

- b. No

Q8. Do you agree with the comments, Training Needs identified by your manager/supervisor?

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly Disagree

Q9. Should Performance Appraisal be based on Goal Settings/KPI's?

- a. Yes
- b. No
- c. Don't know

If "Yes", are you aware of your Goals/KPI's for the next FY?

- a. Yes
- b. No

Q10. What are your suggestions to make Performance Appraisal more realistic and fruitful?

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RESEARCH DESIGN:

Sampling Method:

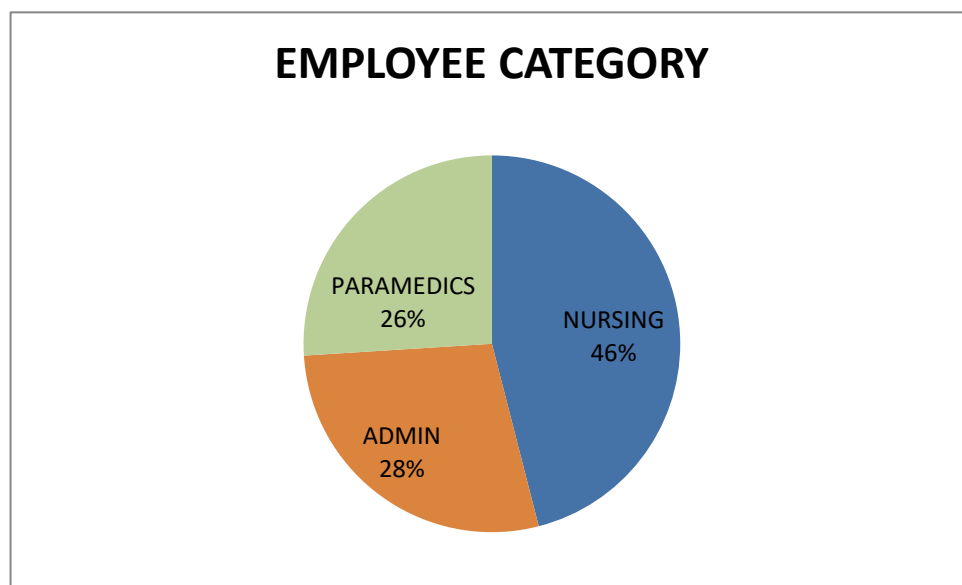
PURPOSIVE SAMPLING METHOD was used to collect data.

The total sample was categorized into 3 categories:

Category 1: Nursing – This included nurses from all the different departments such as the Emergency, General Wards, Deluxe Wards, ICU, Oncology Ward. There were some graduates, Diploma Certified and some A.N.M's too.

Category 2: Admin – Under this category were the respondents from the Customer Care, Maintenance and Support Services.

Category 3: Paramedics – This included the Pharmacists, Lab. Technicians, Radiographers, staff from the Blood Bank.



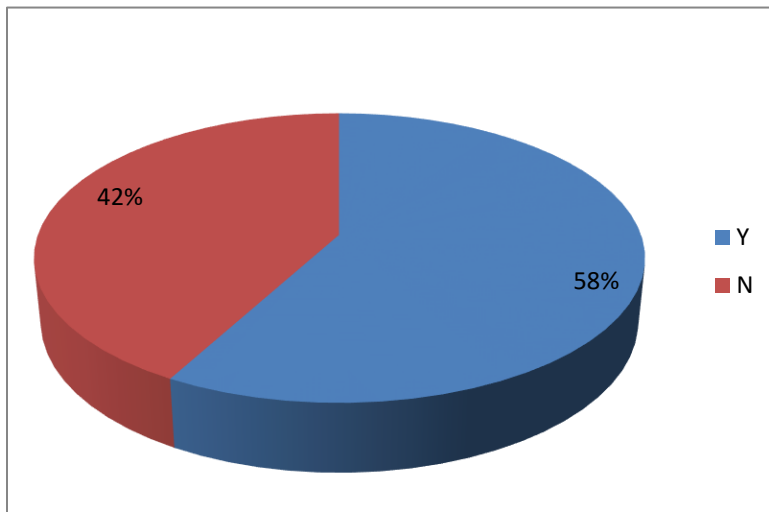
The categories included staff at the front- line, below the level of supervisor. After categorizing, sample was selected using random sampling. The samples were collected during the Day shifts only which extended from 9.30 a.m. to 5.30 p.m. This would cover for Morning and Evening shifts of Nursing and Paramedical employees at the hospital.

Questionnaires were distributed to the staff available on duty at different times and different wards/ Departments and collected simultaneously. Prompt explanation and discussion was provided to respondents who needed support for completing the Questionnaire.

DATA ANALYSIS AND INTERPRETATION

The responses to the questions were pre-coded and data entry was done in the Excel format against each pre-coded response. The following analysis was drawn on the data entered:

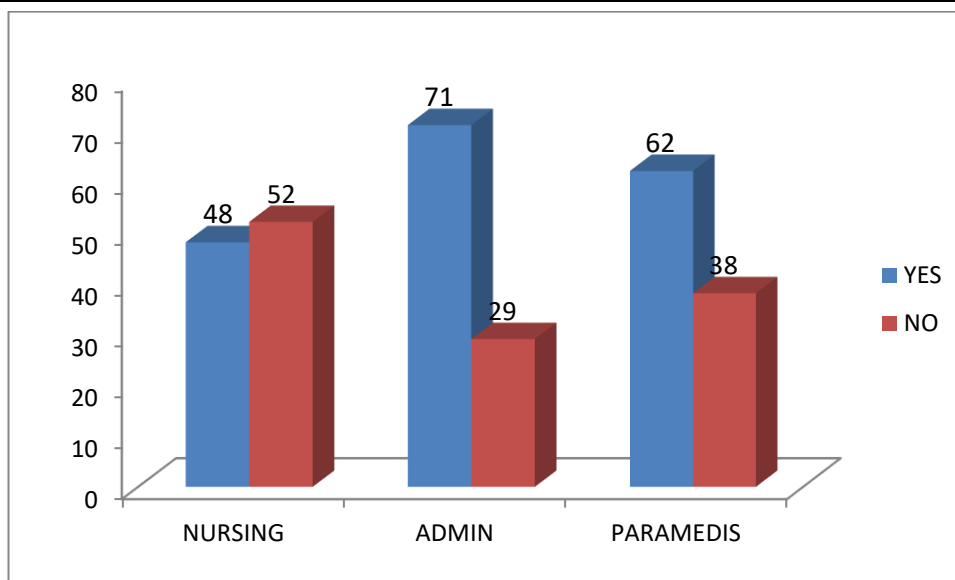
Is this your first Performance Appraisal?



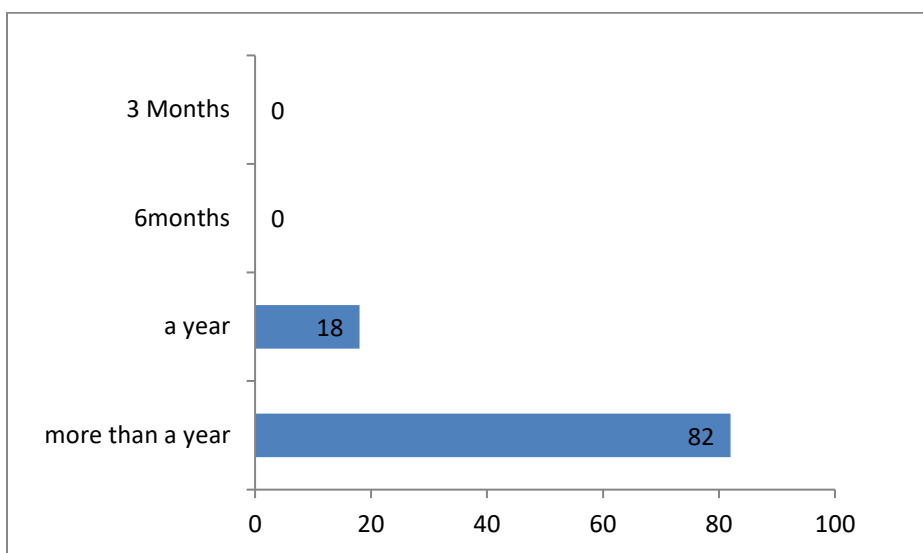
Out of the 58% employees who had previous experience of PA, one-half, had done it in .S.K. Soni Hospital. The feedback of these employees would be very meaningful in understanding the PMS used in Manipal Hospital. Majority of those who had no previous exposure, were newly graduated recruits who had either just completed 12 months or just over 12 months of service in Manipal Hospital.

For half of the nursing staff and for more than 70% the Admin category it was their First Performance appraisal. The Paramedics category had 62% of first- timers for PA. For the newly recruits, this cycle would begin at the completion of their first year.

FIRST TIMER FOR PA OR NOT

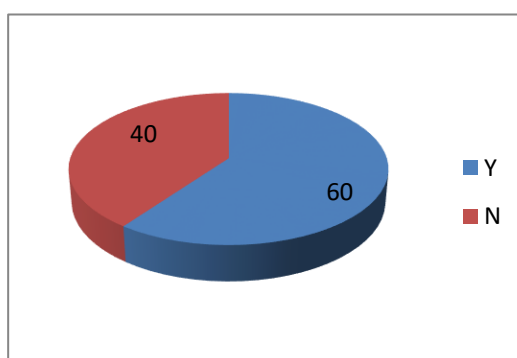


Q2. What term of service had you completed at the time of your PA?



More than 80% of the employees had completed more than a year of service which meant that their feedback was of immense importance in the understanding of the PMS. Also the respondents who had just completed one year of their service could add fresh insight and help make PMS more meaningful for Manipal Hospital.

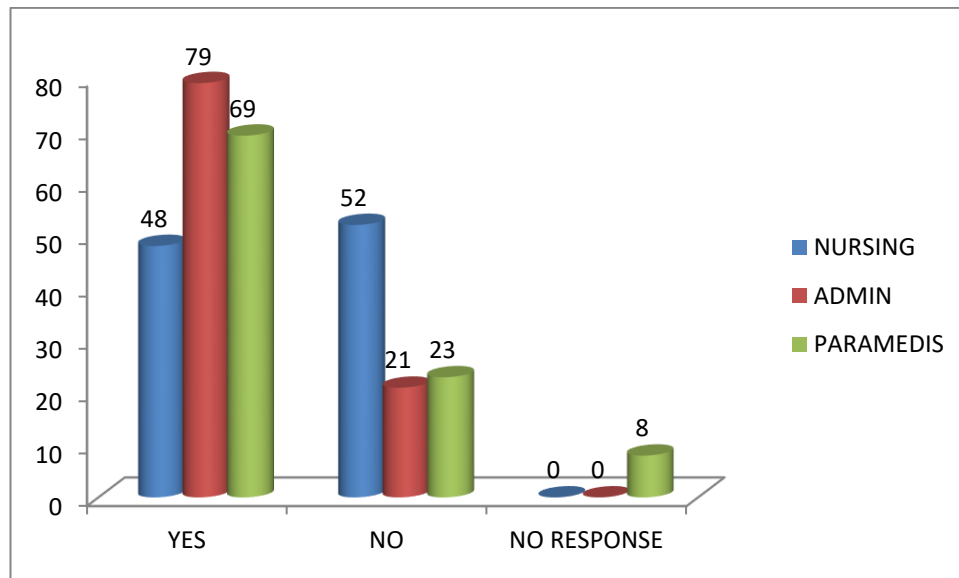
Q3. Did you receive adequate explanation of what PA is all about?



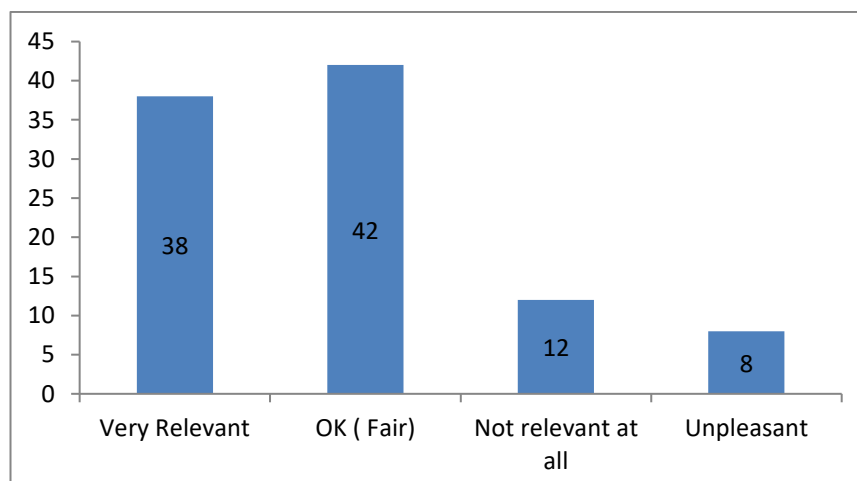
More than half of the employees received adequate explanation of and necessary guidelines for PA at Manipal Hospital.

Nearly half of the nurses, 80% of the Admin staff and 70% of the paramedics received adequate explanation of the PA. Some 8% of the Paramedics, however, chose not to respond to this question, while close to 70% did receive adequate explanation for it.

ADEQUATE EXPLANATION OF WHAT PA IS ALL ABOUT



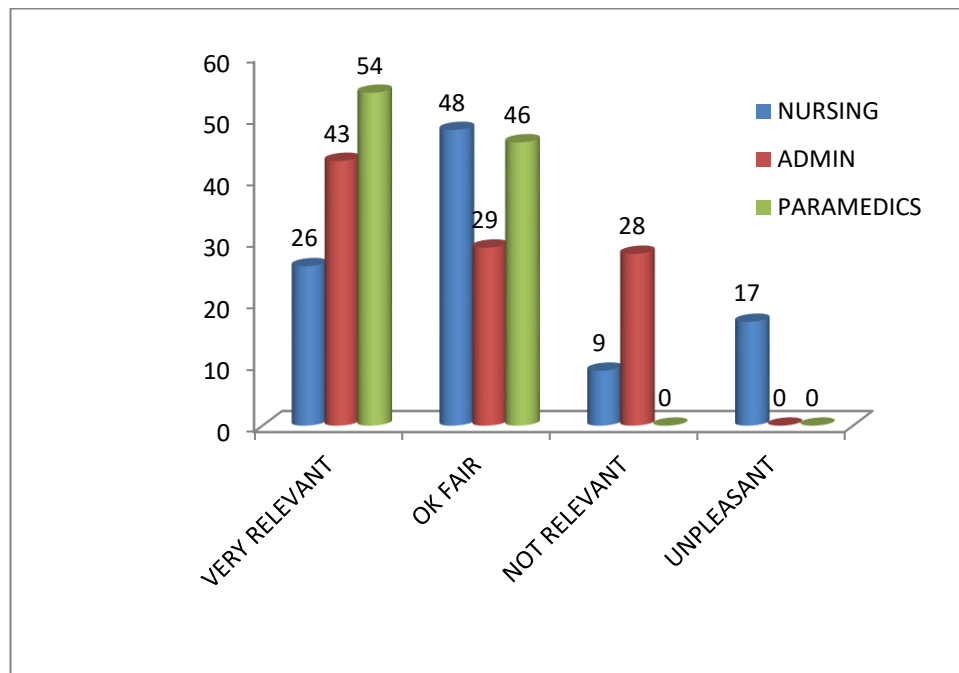
Q4. How relevant did you find your appraisal interview with your manager/supervisor?



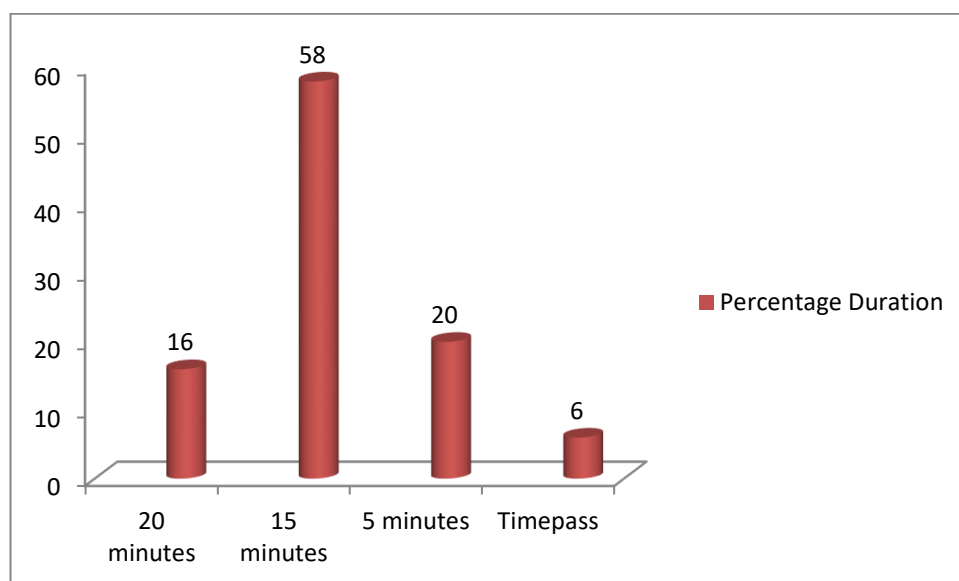
Nearly 20% of the employees did not find the Appraisal Interview relevant at all, and some even described it as an unpleasant experience. Just over 40% of the employees found it to be Fair while it was very relevant for nearly 38% of the employees.

One fourths of the nurses found the Appraisal Interview very relevant, nearly half of the nurses found it to be a fair appraisal. But the sad news is that one quarter of the nurses did not find any relevance and from these some even reported the Appraisal as an unpleasant experience. More than 60% of the Admin category this was quite relevant, yet 28% of this category staff found it irrelevant. In contrast, almost 100% of the staff in the Paramedic category found it relevant and showed their trust in the Appraisal interview.

RELEVANCE OF THE APPRAISAL INTERVIEW

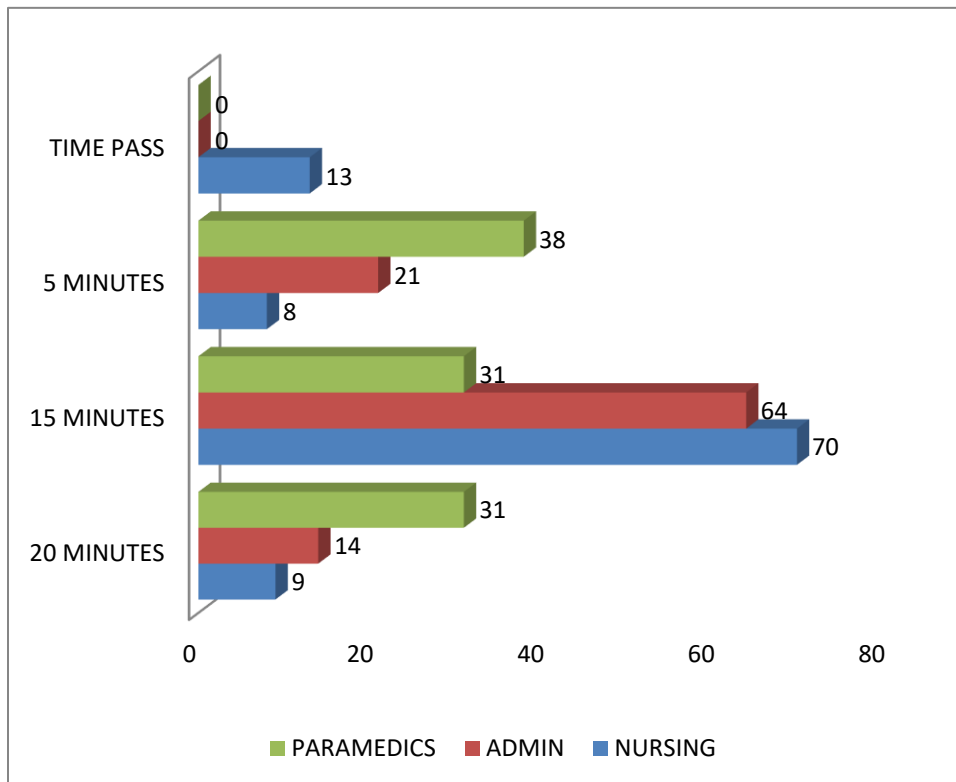


Q5. How long did the Appraisal Interview last?



The Appraisal Interview for slightly more than half of the employees lasted for 15 minutes while it was just a Time pass kind of meet for less than 5% of the employees. This could be regrettably interpreted as a waste of time considered by employees who could not relate it with their career development and do not see it as a means to achieve the larger Organization's Goals.

DURATION OF THE APPRAISAL INTERVIEW

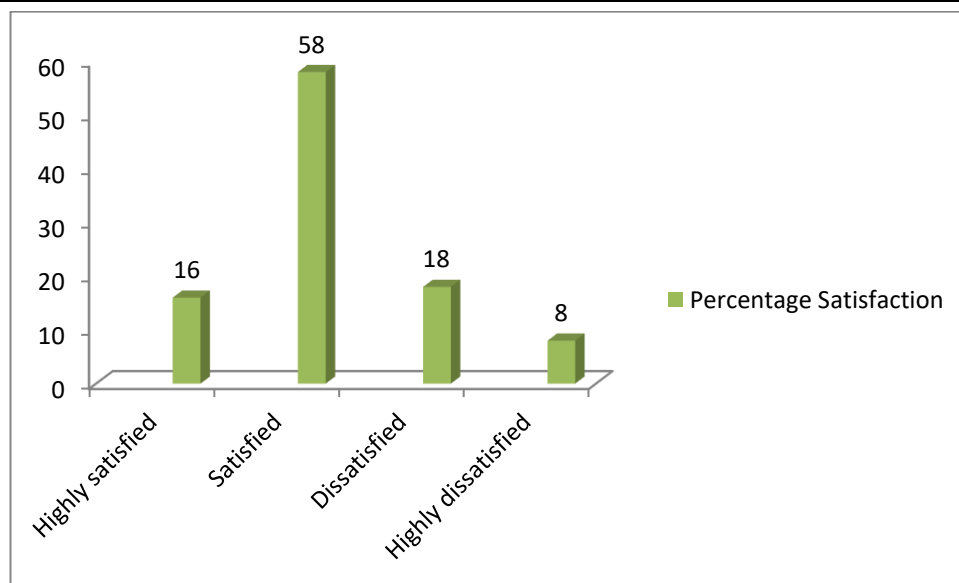


The duration of Appraisal Interview lasted for 15 minutes for 70% of nurses, 64% of Admin and 31% of the paramedic staff. While it did last for some 20 minutes for 30% of paramedics, some nurses did report it to be just a Time- pass.

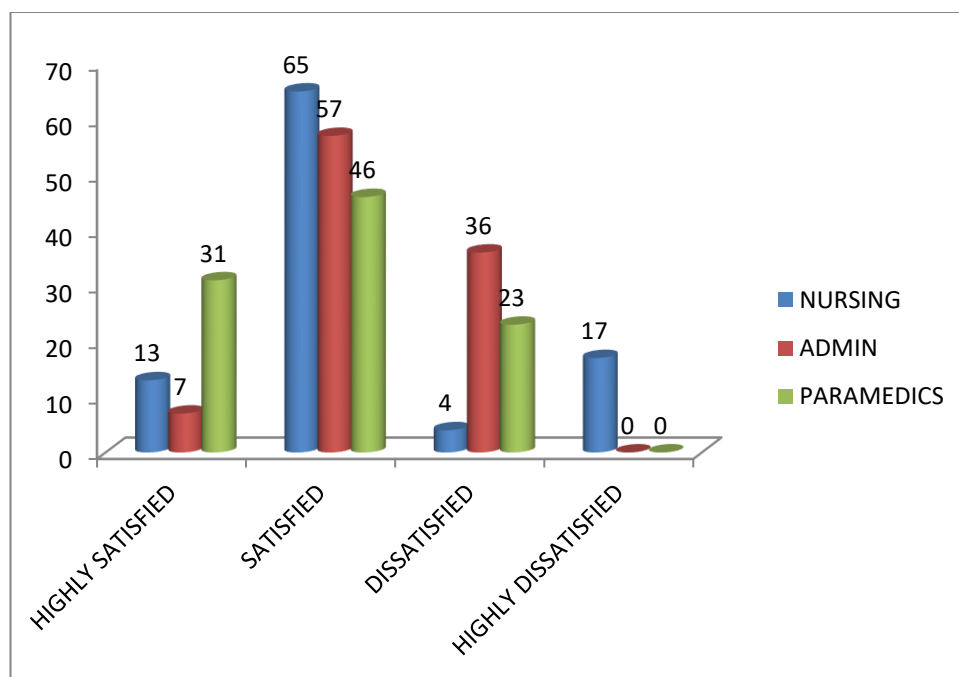
Q6. Were you satisfied with the feedback of your manager?

Some 15% of employees were Highly satisfied in contrast with the 8% that were Highly Dissatisfied. Majority employees were satisfied leaving the 18% Dissatisfied with the feedback of their respective manager/supervisor.

The highest level of satisfaction with the feedback of their respective managers was seen in the Paramedics and around 17 % of the Nurses did find it highly dissatisfactory. Having said this, 65% of Nurses did find it satisfactory on the above rating scale with 36% of the Admin staff rating it as dissatisfactory.

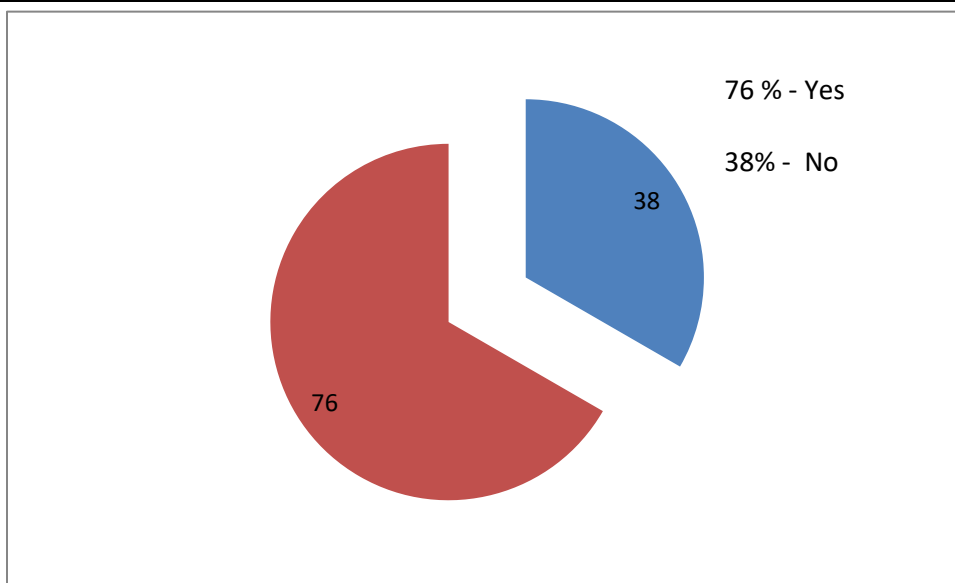


SATISFACTION WITH THE FEEDBACK OF THE RESPECTIVE MANAGER



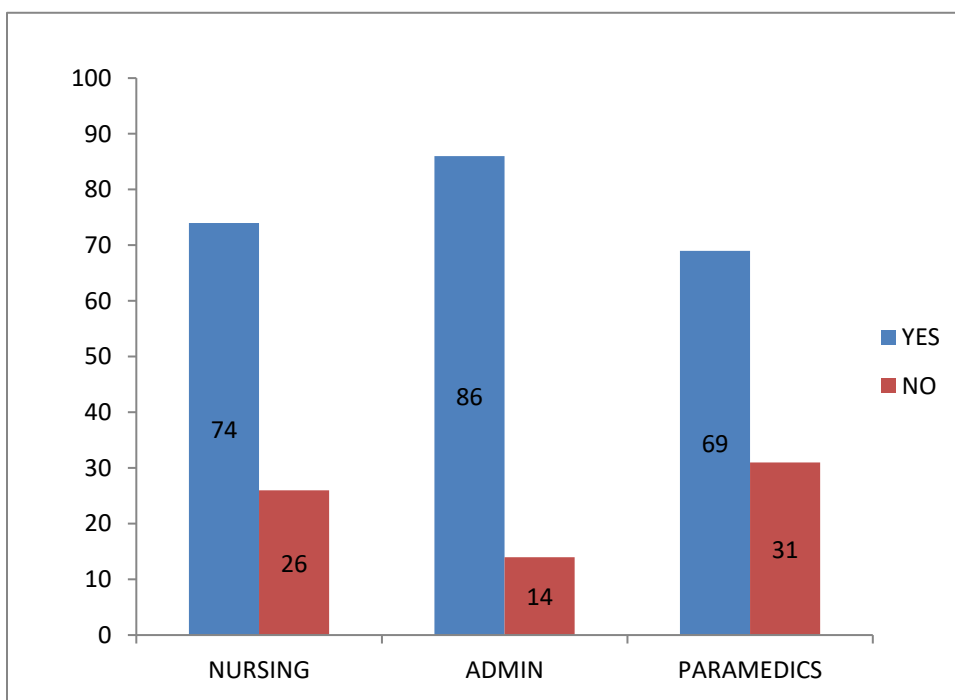
Q7.During Appraisal were there any Training Needs identified?

The Appraisal System definitely identifies the Training Needs for three fourth of the employees of Manipal Hospital, Jaipur. It therefore justifies its objective of being an important HR function.



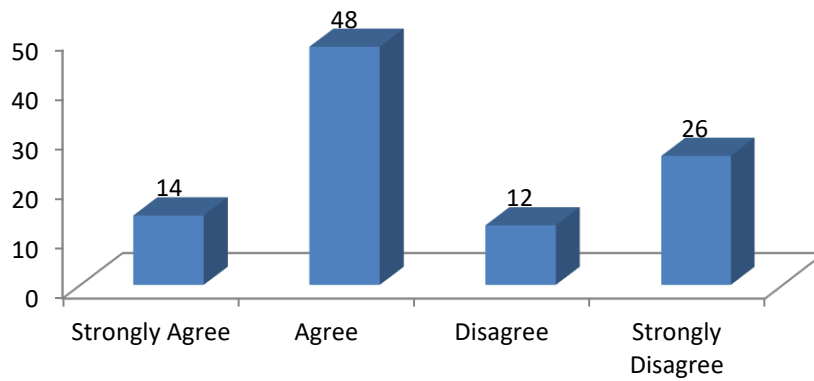
TRAINING NEEDS IDENTIFIED OR NOT

This Performance Appraisal resulted in Training Needs identification of 86% of the Admin staff followed by Nurses and then the Paramedics.



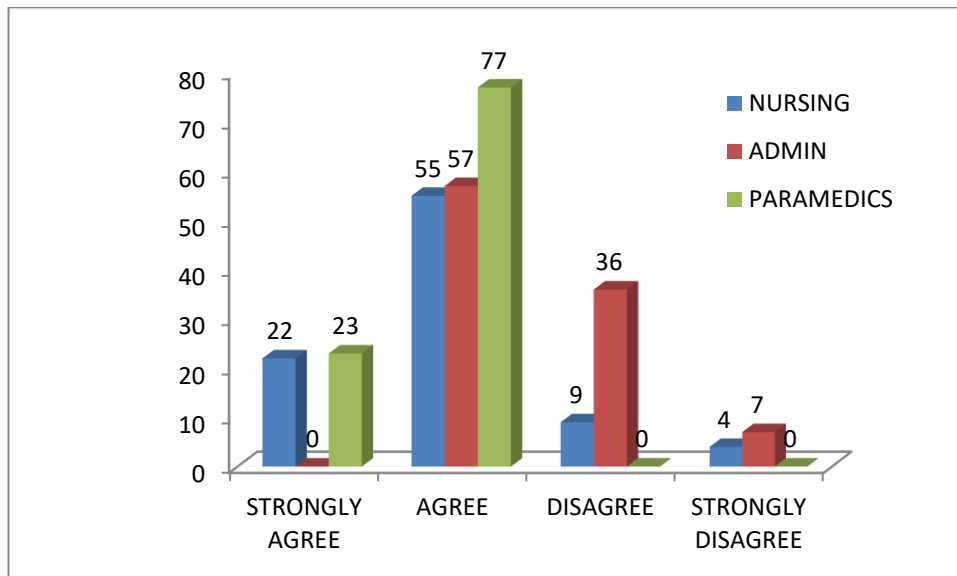
Q8. Do you agree with the Comments/Training Needs identified by your manager?

Employee Agreement with identified Training Needs

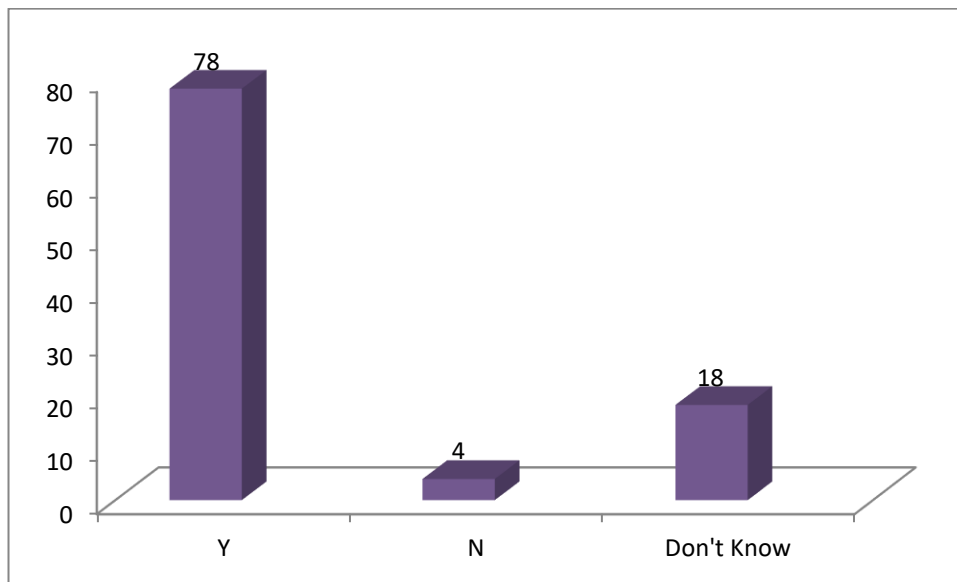


There is around 55% employee agreement with the identified Training Needs. However, this TNA could not be achieved for 45% of the employees with their agreement.

The Paramedics showed no disagreement on the training needs identified by their respective manager/supervisor. On the rating scale shown above the Nurses showed strong agreement with 22% and zero percent of Admin. 36% Paramedics disagreed to the identified training needs while 7% showed strong disagreement as did the 4% of nurses.



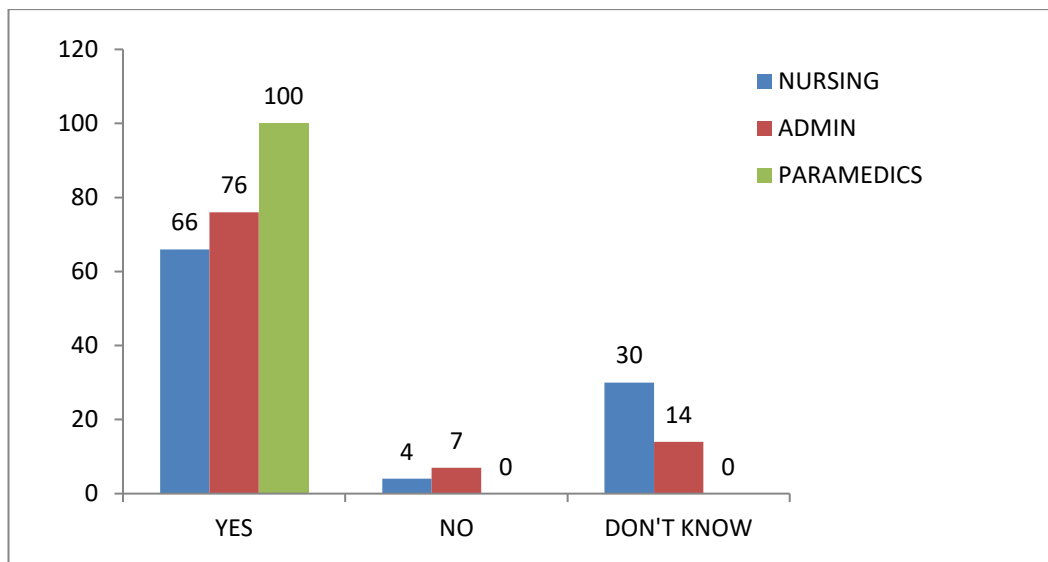
Q9. Should PA be based on Goal Settings or KPI's?



More than 75% employees are of the opinion that PA should be based on Goal Settings or KPI's. This is good, as it clearly indicates that majority of the employees believe that individual goal setting is important and this signals that individual employee goals achieved will translate into the achievement of the organization's Goals.

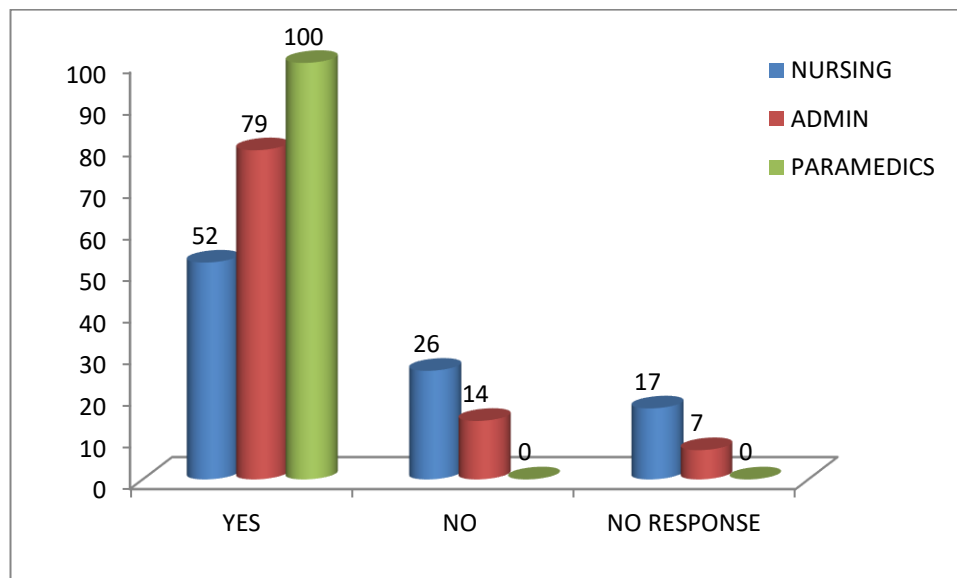
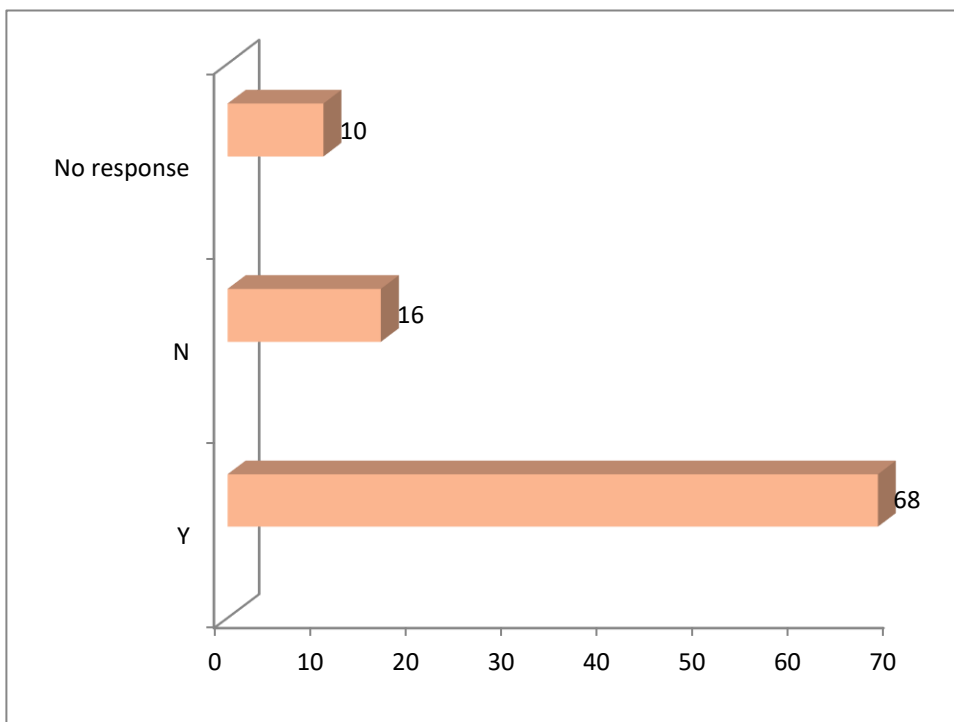
CRITERIA FOR PERFORMANCE APPRAISAL- GOAL SETTING/KPI'S OR NOT

All Paramedics, three quarters of the Admin and sixty five percent of the Nurses agreed that the criteria for PA should be Goal/KPI's. 30% of the Nurses and almost a half of this from the Admin category responded that they did not know about this.



AWARENESS ABOUT EMPOLYEES' GOAL/KPI'S FOR THE COMING FY

When respondents were asked if they knew what their Goal/s were for the coming FY, then 68% respondents answered that they were aware of it, 16% respondents did not know about their Goal/s while 10% chose not to give any response to this Question.



This is not surprising to see that while the Paramedics were in total agreement with their Identified training Needs, they were all aware of it at the same time for the coming FY (2015-2016). While 26% of the Admin did not know their Training Needs, 7% of them chose not to respond to this question. More than half of the Nurses were aware of their identified Training Needs, a quarter of them were not and around 15% of the nurses did not respond to this question.

RECOMMENDATIONS

While PMS is a 360 degree phenomenon as also given in the policy of Manipal, it seems to be more evident towards the end of the Financial Year.

- Rather than focussing on the Performance Appraisal at this time of the year, an equal attention must be paid on the Goal Setting and the Quarterly Reviews performed by the manager.
- Also it should be time-bound, so that it continues to motivate the employees.
- The suggestions of the employees, who have previous experience of the PA, must be incorporated in the PMS of the coming FY. As some of them have suggested, PA should be an actual review of the employees' performance free from subjectivity and bias.
- It should ensure career development of employees while they strive towards the achievement of organizational goals.
- One quarter of nurses and 28% of the admin did not find any relevance of PA indicating either a mismatch of their JD's with their actual task or subjectivity errors in assessment.

CONCLUSION

Performance management is a much broader system as it is linked with the processes of planning, implementing, reviewing and evaluating, for augmenting growth and productivity at both the individual and organizational level. In the era of cut throat competition and globalization, organizations have realized the importance of strategic HR practices for gaining a competitive edge over the competitors. A well designed performance management system can play a crucial role in streamlining the activities of the employees in an organization for realizing the ultimate corporate mission and vision. Performance management is a useful tool for aligning all the major organizational functions and sub functions so that the focus is directed towards attainment of the organizational goal. This is clearly outlined in the policy document of Manipal Hospital.

The significance of performance management has grown in recent times because most of the organizations are giving a lot of importance to employee development and talent management. The need for the introduction of a robust system of performance management was felt during the period when the traditional performance appraisal mechanism started failing and its limitations were surfacing up. The performance appraisal system of the earlier period was missing objectivity as the diameters or the parameters for measuring performance were not clearly specified and the focus was on traits instead on behaviours or measurable targets. As a result, the employee's morale and motivation to work was adversely affected due to an absence of a transparent feedback mechanism and lack of employee involvement in the entire process of appraisal. A performance management system overcomes the drawbacks of the traditional performance appraisal system by maintaining a futuristic approach instead of assessing the past contributions of the employees for evaluating the performance of the employees as is also seen in the policy document of Manipal Hospital.

Performance management has attracted the attention of many organizations and in the near future its importance will still grow as it will become more integrated with the processes like talent management, career management, pay based on performance, development and talent management.

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1. Susan M. Heath field, Human Resources Expert.
2. Policy Document- Performance Management System, Version 2.