

Summer Training

in



**SONI MANIPAL HOSPITAL
JAIPUR**

(April 1-May-30, 2015)

A Report

Submitted by: Kajol Shah

PGDHM-19th Batch

MBA in Hospital Management



CERTIFICATE

This is to certify that the project work titled 'To study 18 Commandments and improve Discharge process and Appointment process (major project) and To study pharmacy process and method to improve quality indicators (minor project)' has been done entirely and submitted by, Kajol Shah, 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 in the internship period from April 1, 2015 to June 5, 2015 at Soni Manipal Hospital, Jaipur. This is her original work.

I wish her all success for her future endeavors.



Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affairs)

IIHMR University, Jaipur



Neetu Purohit

Associate Professor

IIHMR University



SMH/HR/2015/TP/127

6th June 2015

To Whomsoever It May Concern

This is to certify that **Ms. Kajol Shah** has successfully completed 65 days training at **Quality Control** department in our Hospital, under the supervision of Ms. Akshita Shah.

Project: To Study Pharmacy Process & Method to Improve Quality Indicator & To Study 18 Commandments' & Improve Discharge & Appointment Process.

Duration of Training: - April 01, 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 **Ms.Akshita Shah, Quality Manager** without whose able guidance and pain staking efforts and constant encouragement ,this training program could have not been through to completion.

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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

A&E	Accident and emergency
AKD	Artificial kidney dialysis
AERB	Atomic energy regulatory board
AMO	Assistant medical officer
ALOS	Average length of stay
BMD	Bone mineral densitometry
BRIT	Board of Radiation and Isotope Technology
BMC	Bombay municipal corporation
CE	Chief executive
CT SCAN	Computerized tomography scan
CSSD	Central sterile supply department
CDC	Child development centre
CMO	Casualty medical officer
CEO	Chief executive officer
CCC	Customer Care Centre
DA	Director administrator
DPS	Deputy professional services
DN	Director – nursing
DIR	Director
DSA	Digital Subtraction Angiography
E & M	Engineering and maintenance
ENT	Ear nose throat
EEG	Electroencephalography

FSD	Food service department
GLP	Good Laboratory Practices
GCP	Good Clinical Practices
HH	Hinduja hospital
HRCT	High resolution scanning
HK	House keeping
HR	Human resource
HOD	Head of department
IPD	In patient department
ICU	Intensive care unit
ID	Identity card
IRB	Indian regulatory board
ICD	International classification of diseases
IT	Information technology
LIC	Life insurance corporation
MRD	Medical record department
MRI	Magnetic Resonance Induction
NOC	No objection certificate
OPD	Out patient department
OT	Operation theatre
MLC	Multileaf collimator
PACS	Picture archived computerised system.
TPA	Third party assurance
NOC	No objection certificate
NABH	National accreditation for board of hospital and health

OPD	Outpatient department
OT	Operation theatre

Section -A

**General Profiling of
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 = 30-40
- Number of OPD patient /day = 200/day
- Number of emergency case = 20/ 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

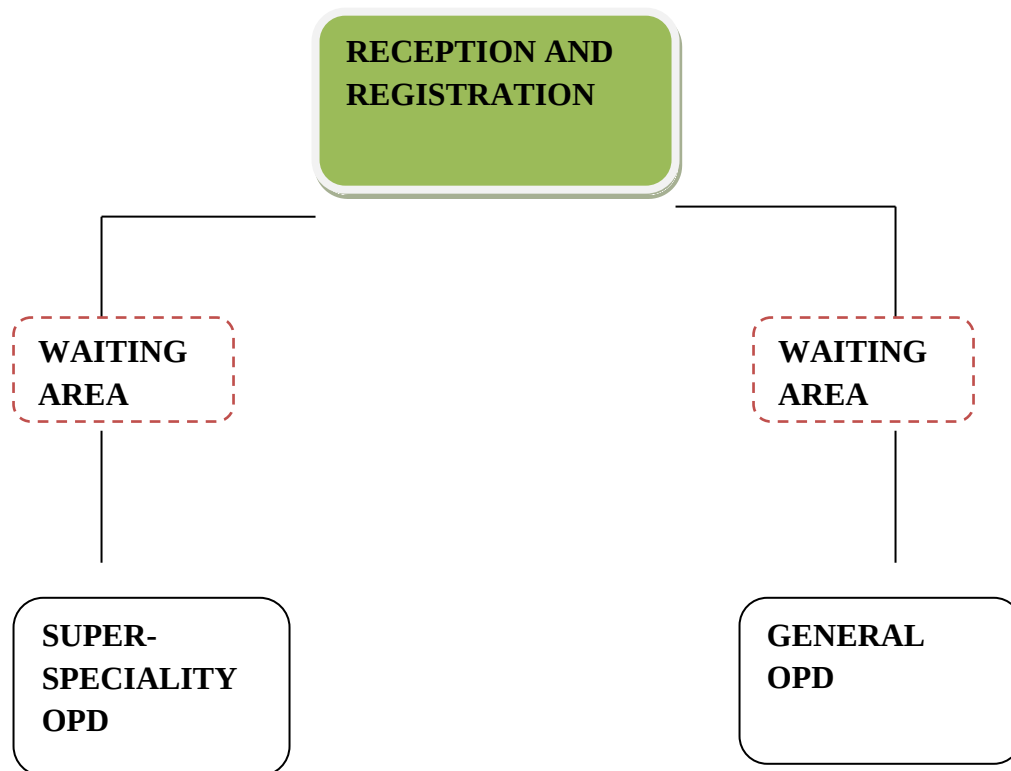
II. Superspeciality OPD

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

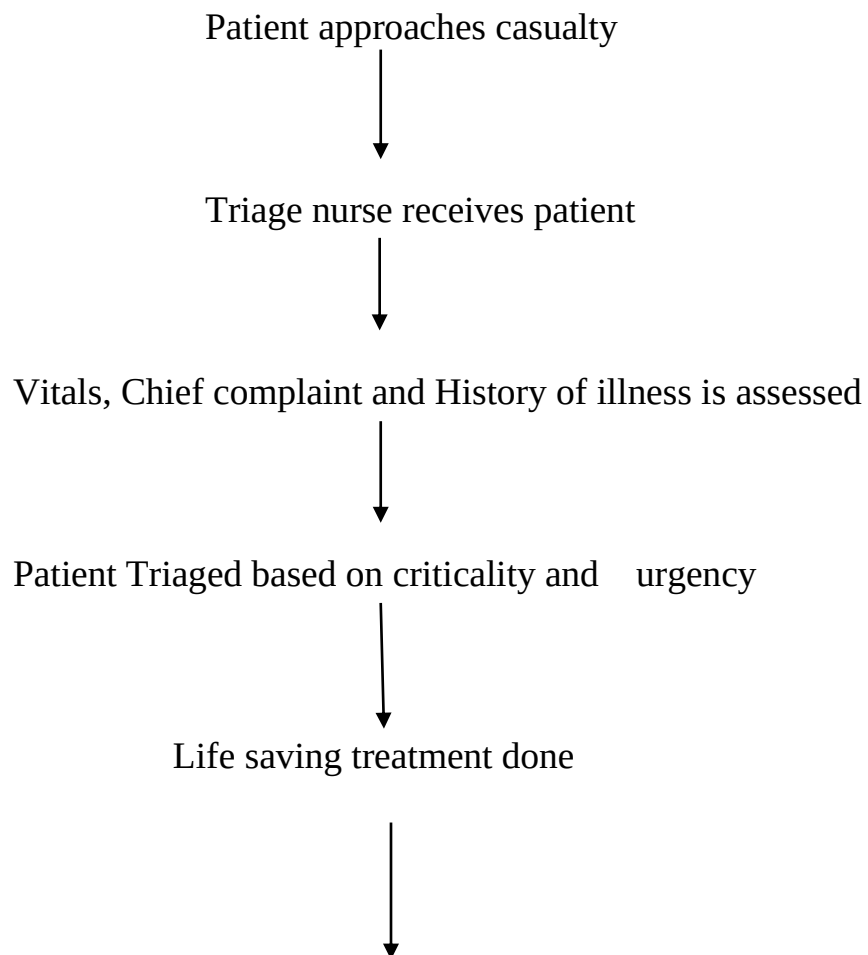
Patient transfer to diagnostic imaging services

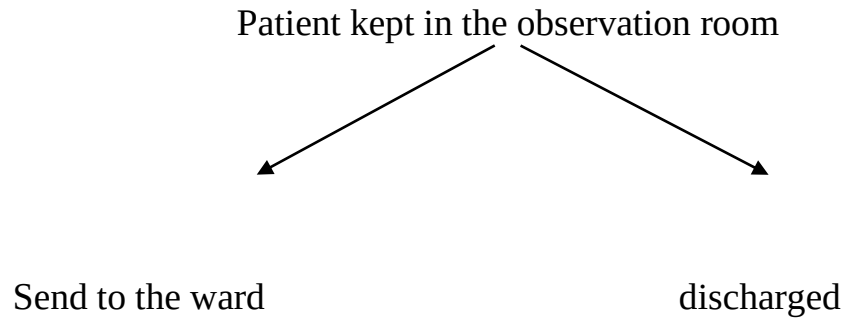
Any patient being transported for a procedure must be transported in an appropriate way according to the patient's medical condition and also based on the hospital policies. The patient may be ambulatory or transported in arms or by wheelchair, or stretcher. Patient safety being a priority the **side 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, r pe, 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

Incharge- 1

Staff Nurse's- 2

SEAROC CENTRE:

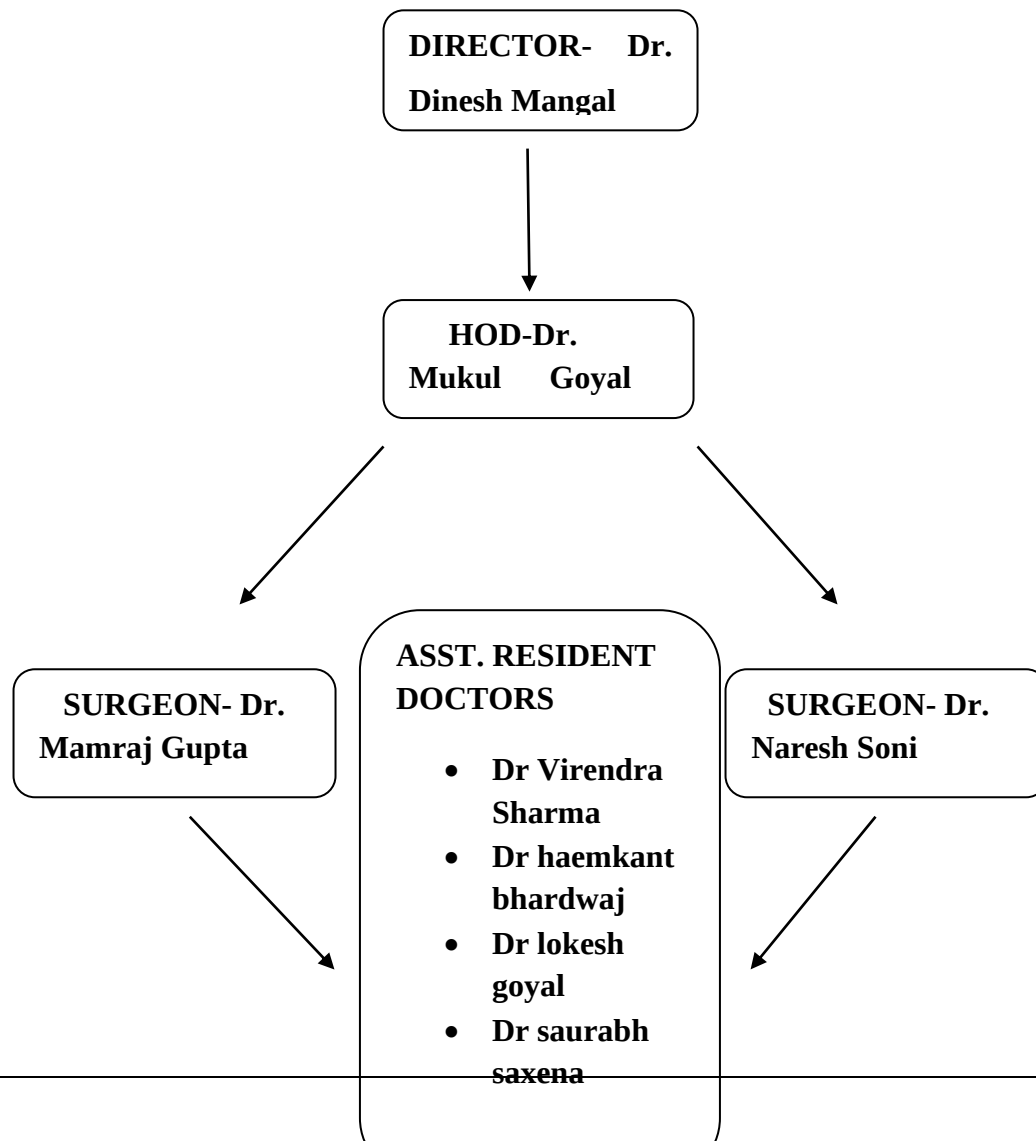
Cancer disease is increasing day by day and treatment challenges are also increasing. Cancer which was equal to death warrant few years back is not so deadly now with better understanding of cancer biology and availability of better technology for treatment of cancer patients. With the use of multimodality treatment the results of cancer treatment has started improving.

At SEAROC Cancer Center, 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.

ORGANOGRAM:



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. Hematology

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.

Hematology

Hematology 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

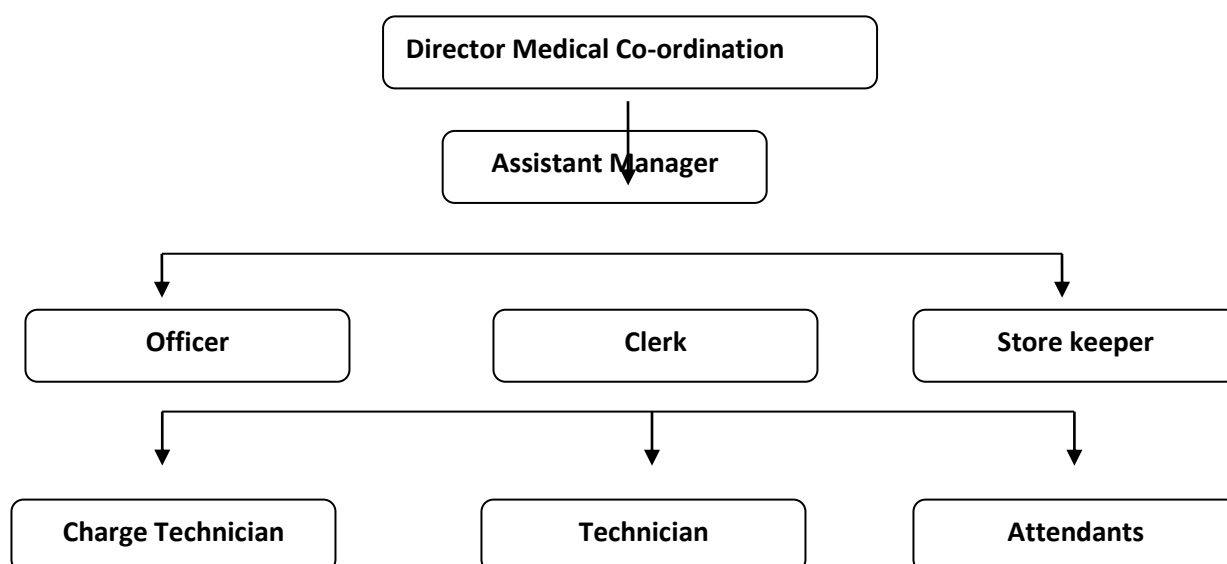
The microbiology department is located in the basement. It has got a separate Mycobacteriology room for tuberculosis tests, where a negative pressure is maintained. The lab has a hot room, storage area, incubators and refrigerators. There is laminar airflow arrangement.

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 plan 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

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 resterlization 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 3months, articles packed in peel pouches remains sterile for 6months, Articles packed in paper remains sterile for 1month.

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

8 am to 1 pm

1 pm to 4 pm

After 4 pm

TAT for Reports

4 pm

6 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

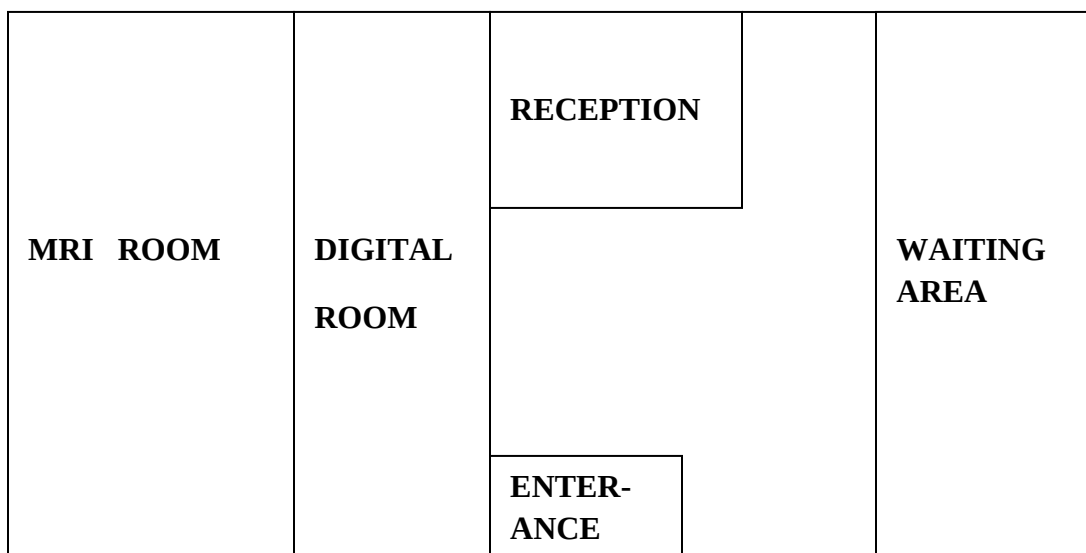
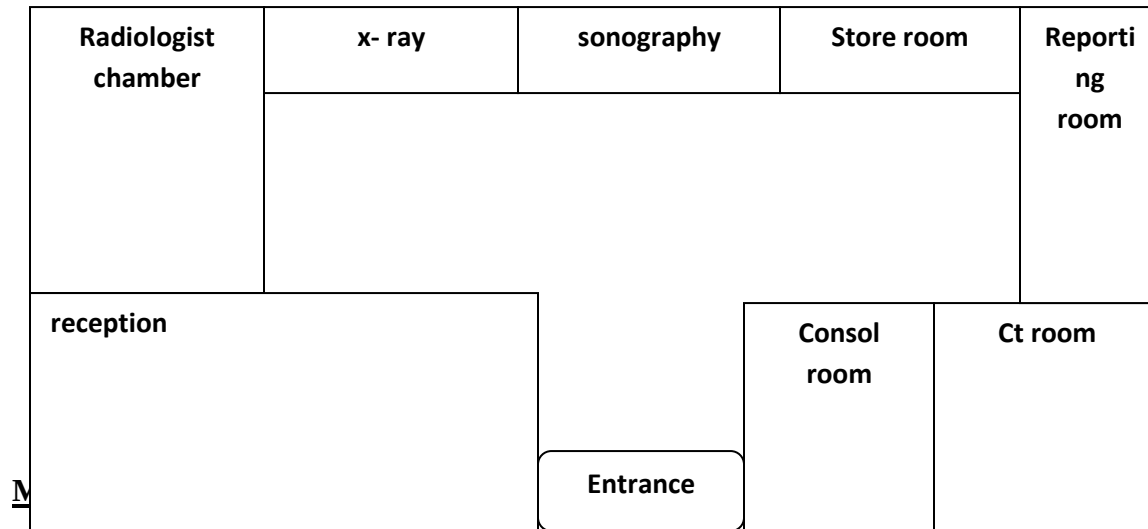
Color Doppler: basement

CT: basement

MRI: basement

Layout:

Radiology department:



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-

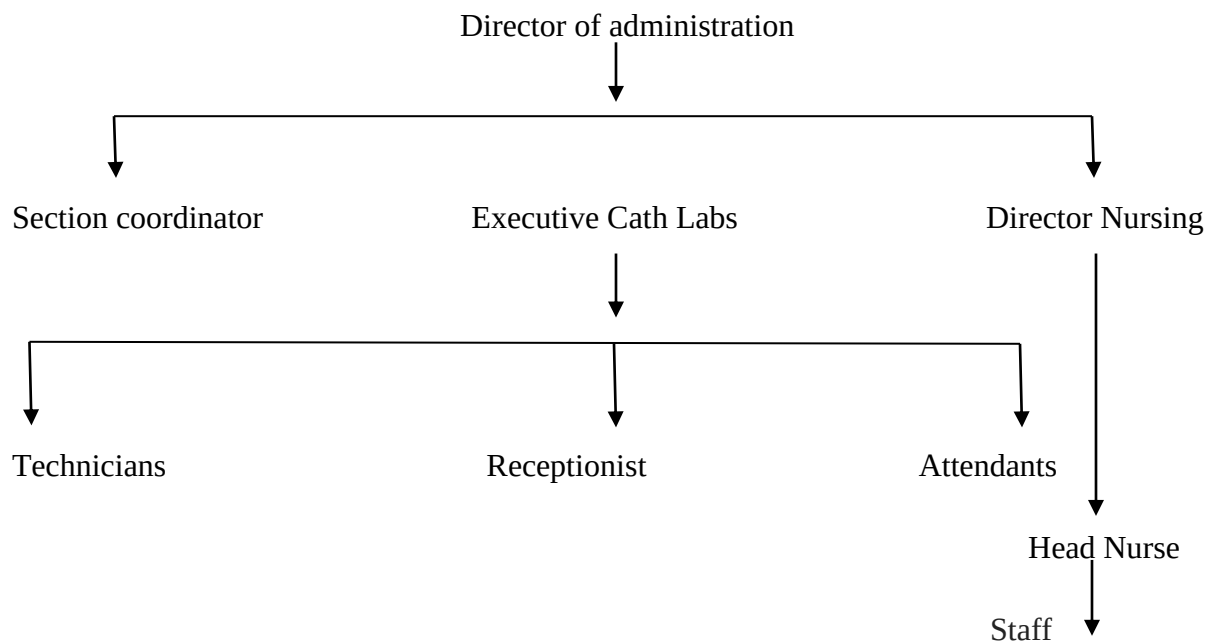
Executive administrator	1
Nurses	2
Technicians	3
Receptionists	2
Hospital attendants	2

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



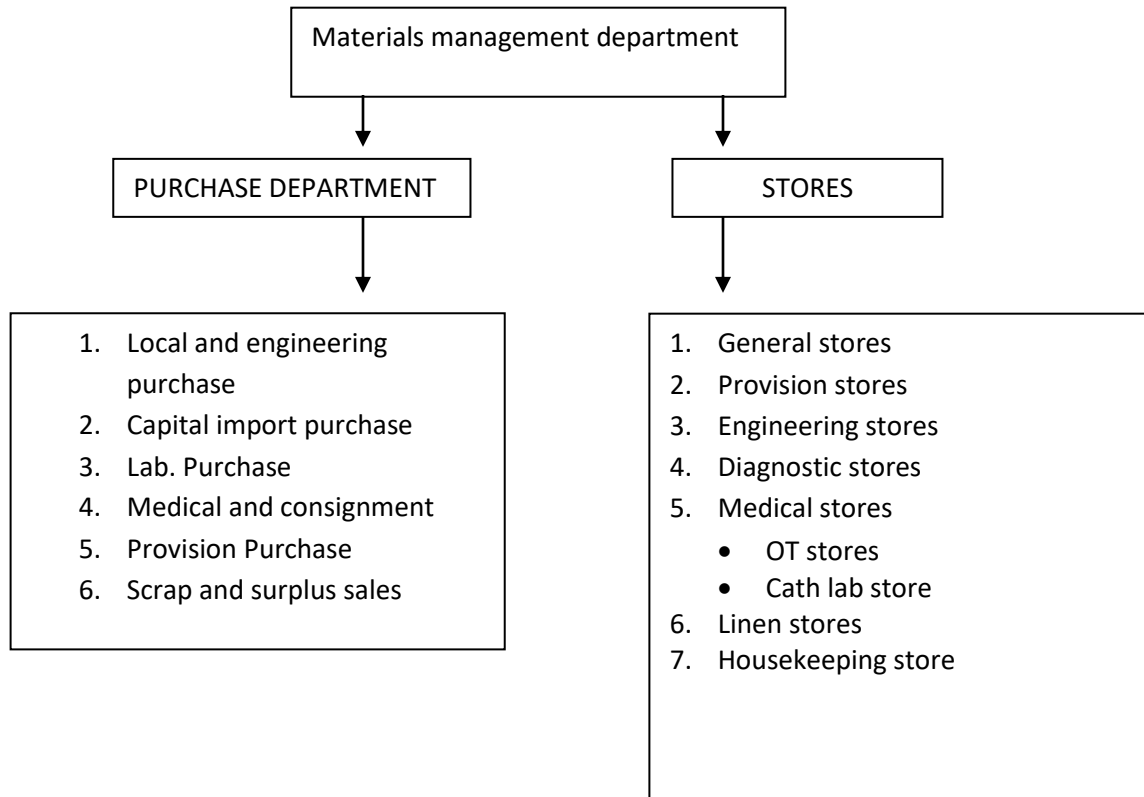
MATERIAL MANAGEMENT DEPARTMENT

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.

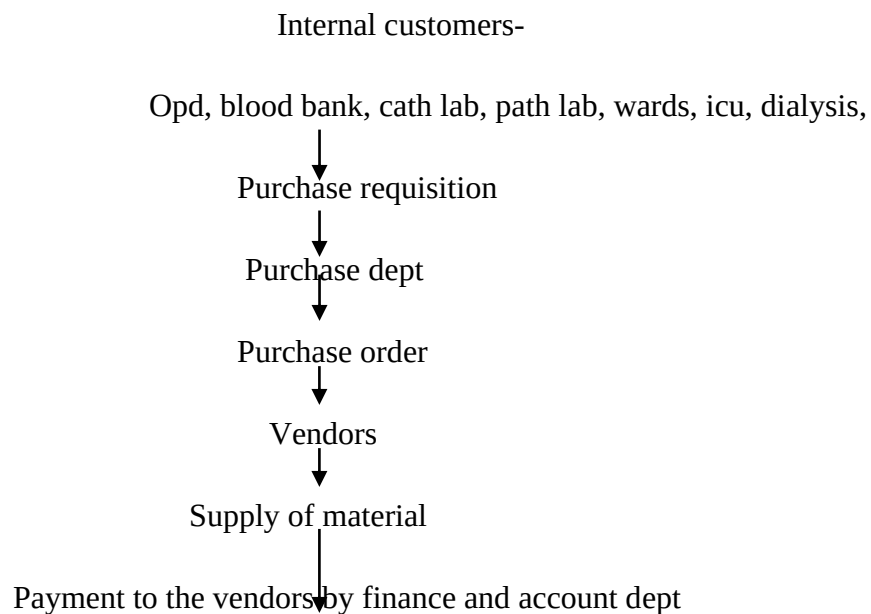
STRUCTURE OF THE DEPARTMENT

Department of purchase is responsible for:

- Planning monthly purchases
- Inviting quotations and negotiations of prices.
- Placing the purchase orders.
- Inventory control.

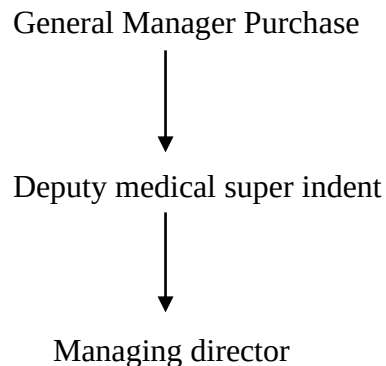
- Committes.
- Analysis and reports.
- Vendor selection and evaluation.
- Policy making related to purchase
- Payment scheduling with department of finance
- Auditing with department of audit

INTERNAL AND EXTERNAL CUSTOMES- FLOW PROCESS



POLICY OF PURCHASE:

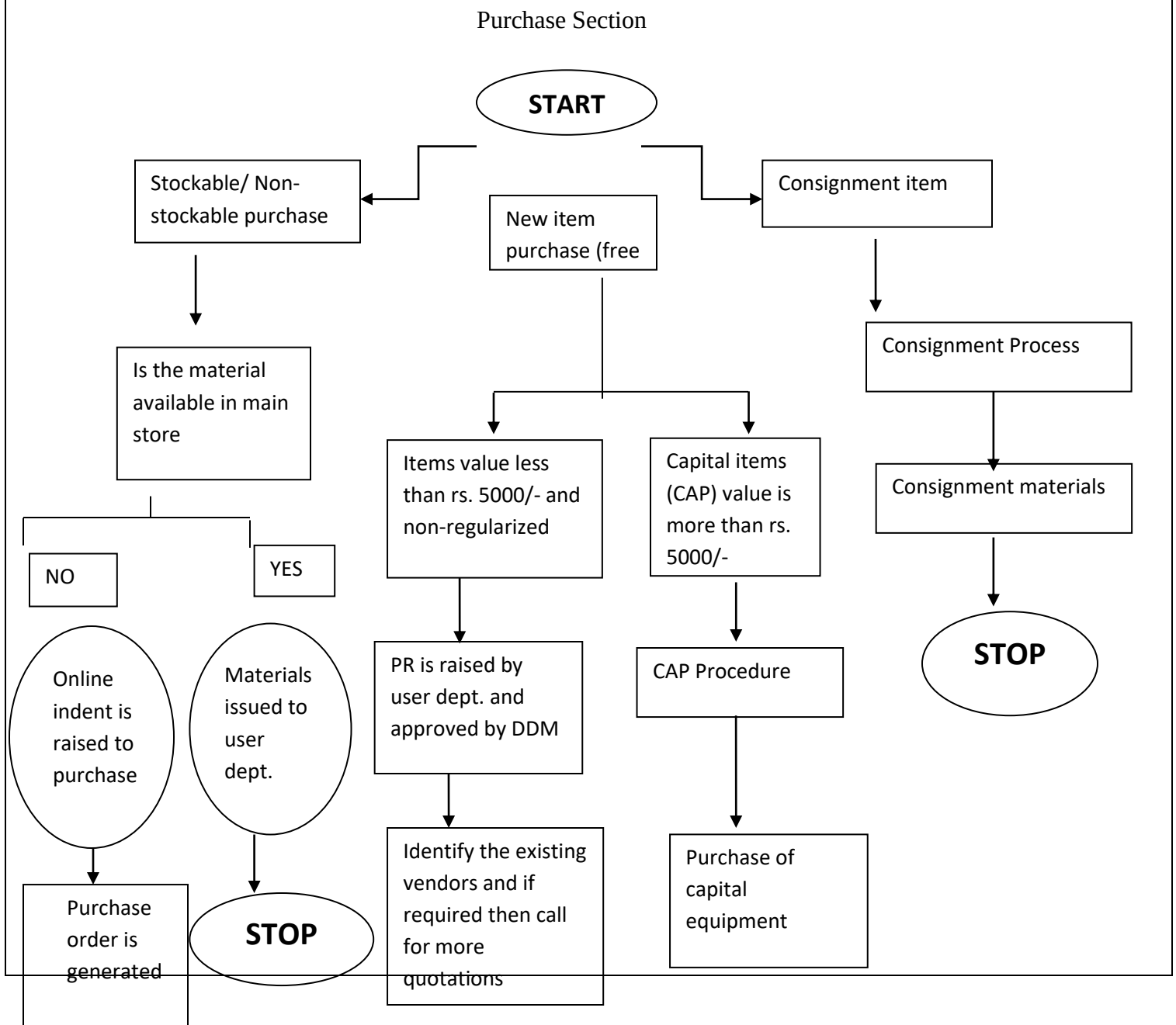
All operational reports generated will be given to

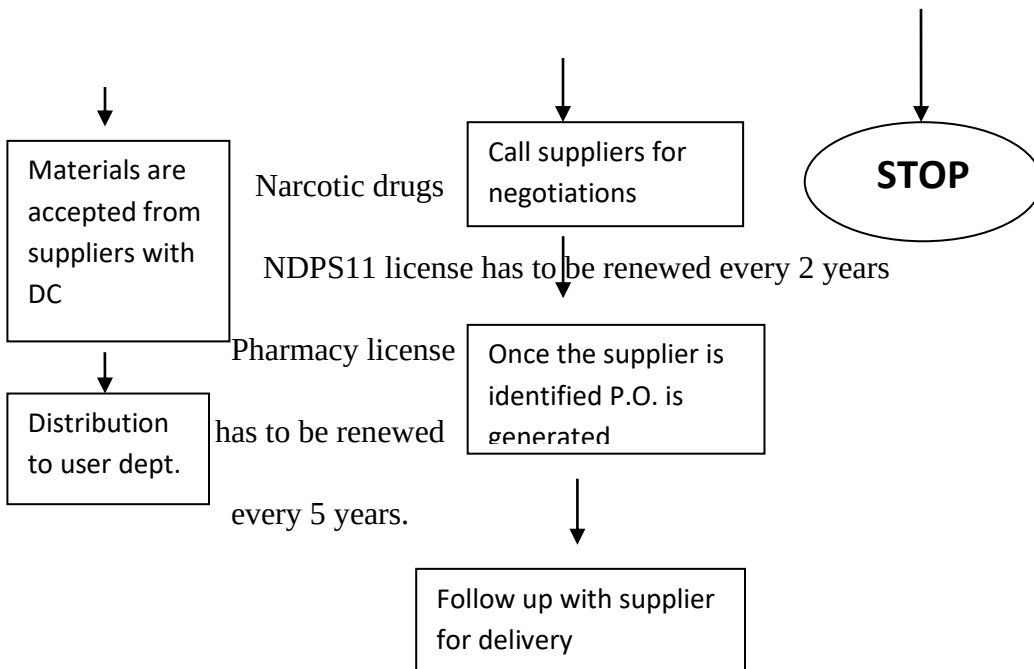


SERVICE STANDARDS:

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





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

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-

1. VED- Vitals, Essentials and Desirables (According to importance of items)
2. HML- High, Medium, Low cost
3. SDE- Scarce, Difficult, Easy to procure
4. 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 anesthesia 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-

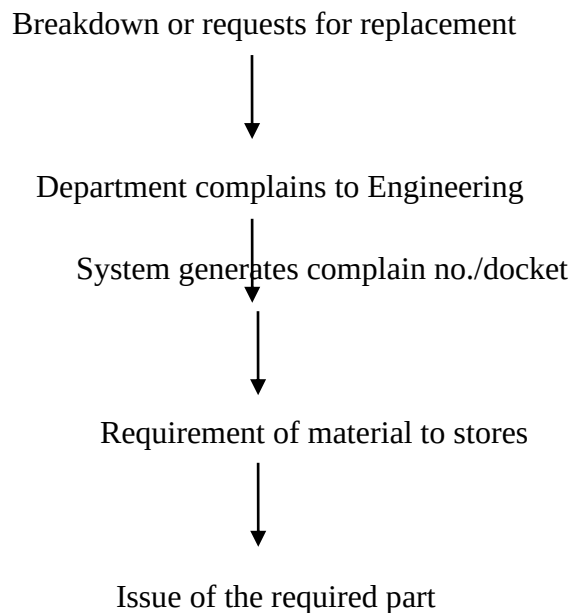
There are 2 Senior Supervisors, 5 clerks and boys.

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.

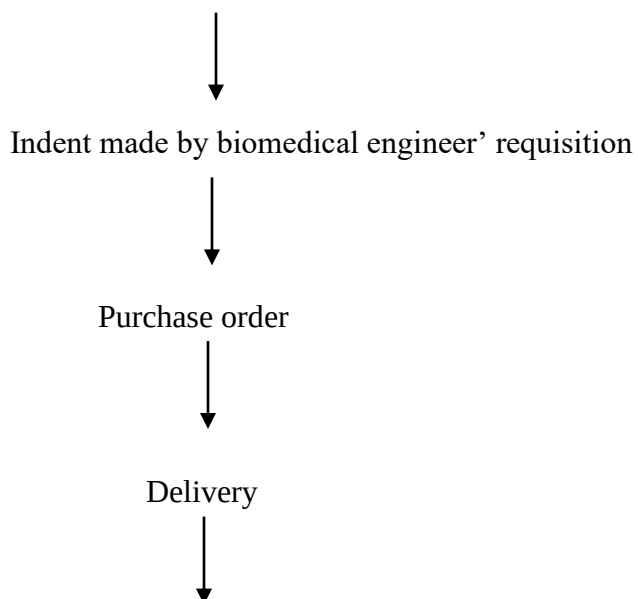
GENERAL STORE-

- 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,



Payment from purchase department

- 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 department 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,support and representation to services delivery managers throughout the hospital and for ensuring compliance with national and local agreements 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: 196

Total no of technical staff: 74

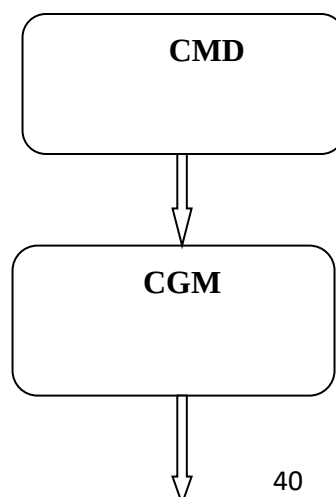
Total no of office staff: 101

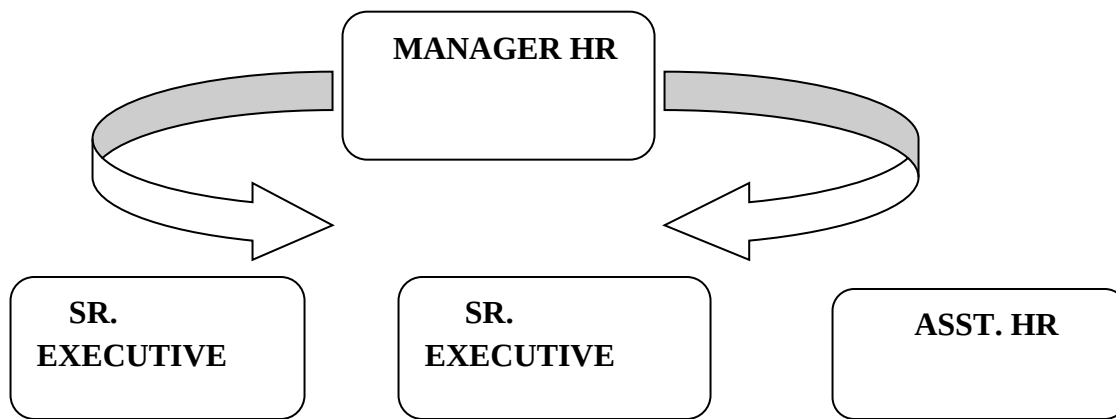
Total no of resident doctors: 37

Total no of support staff: 23

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

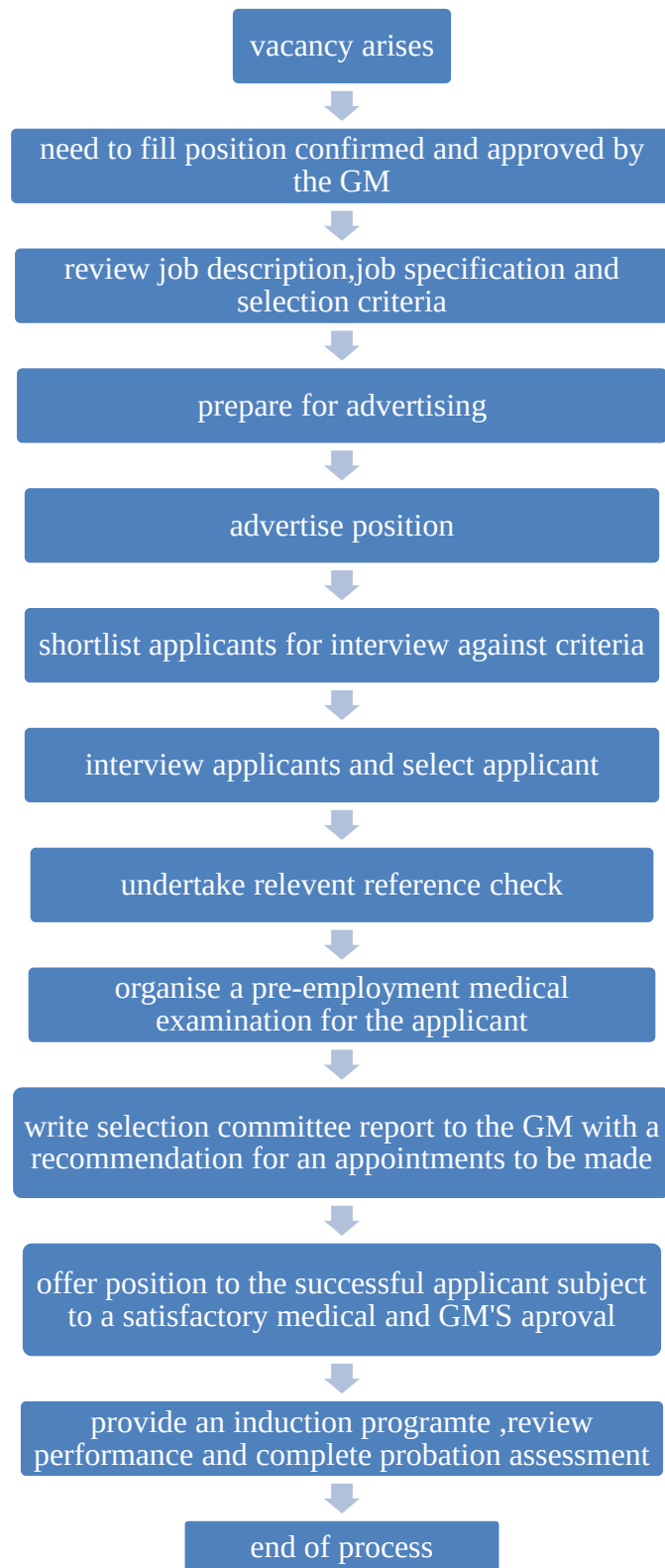
Organogram:





Recruitment/selection flow chart

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

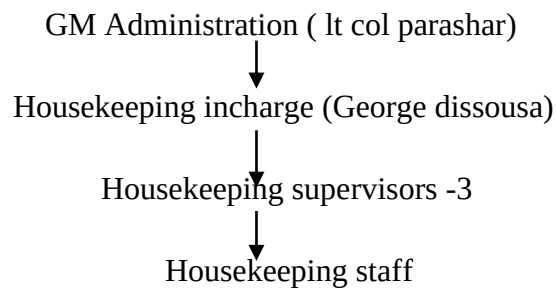
STAFF :

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

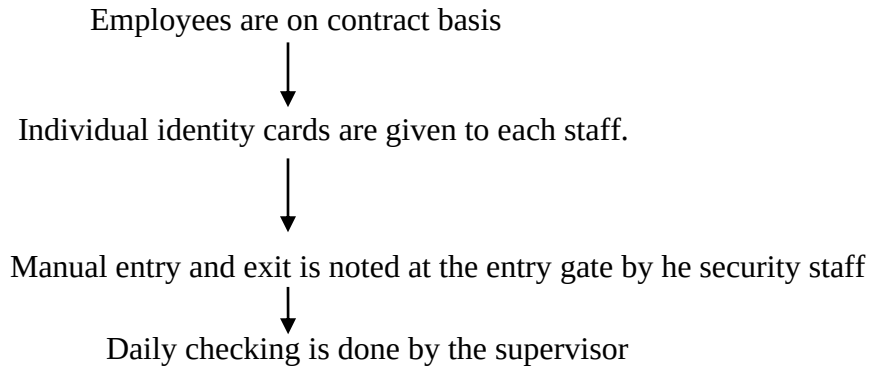
SHIFT OF HOUSEKEEPING: two shift of 12 hours

Time: 7am to 7 pm

ORGANOGRAM:



FLOW OF STAFF:



IDENTIFICATION OF HOUSE KEEPING STAFF:

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

- Purple color- sweepers
- Grey color- 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.

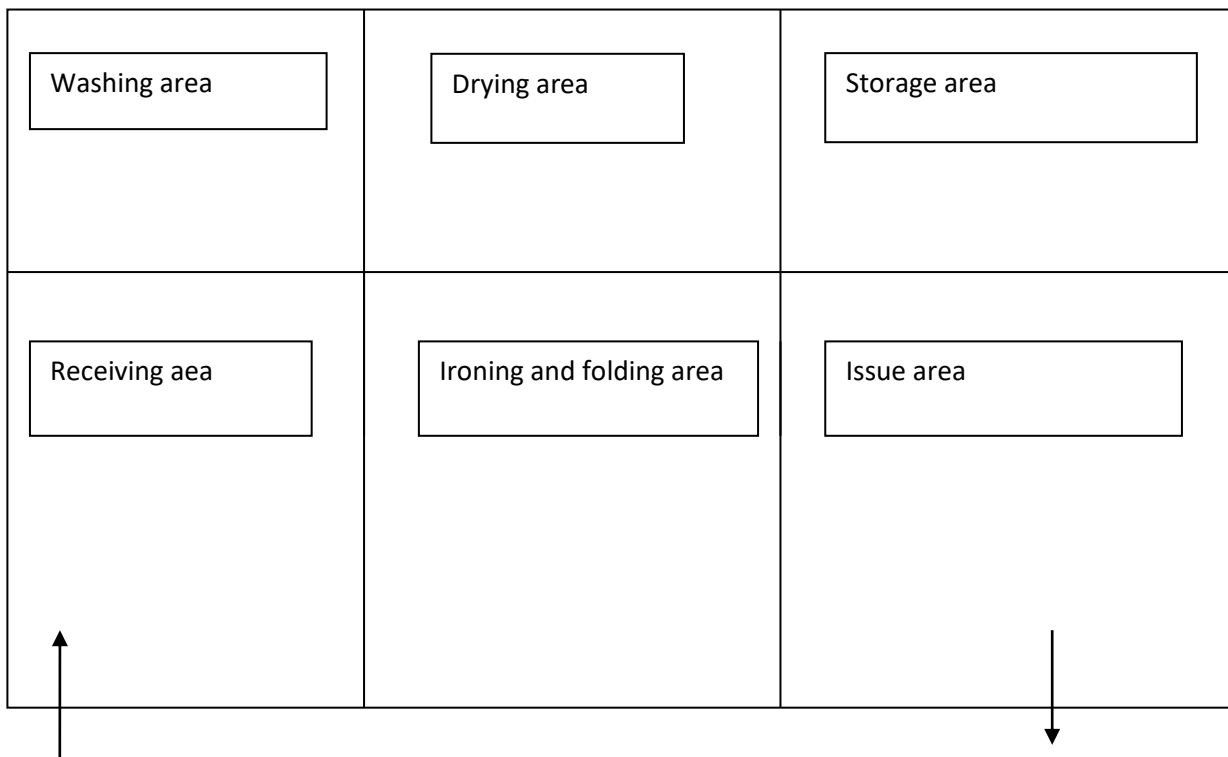
Chemicals

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.

LAYOUT:



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 labeling 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)

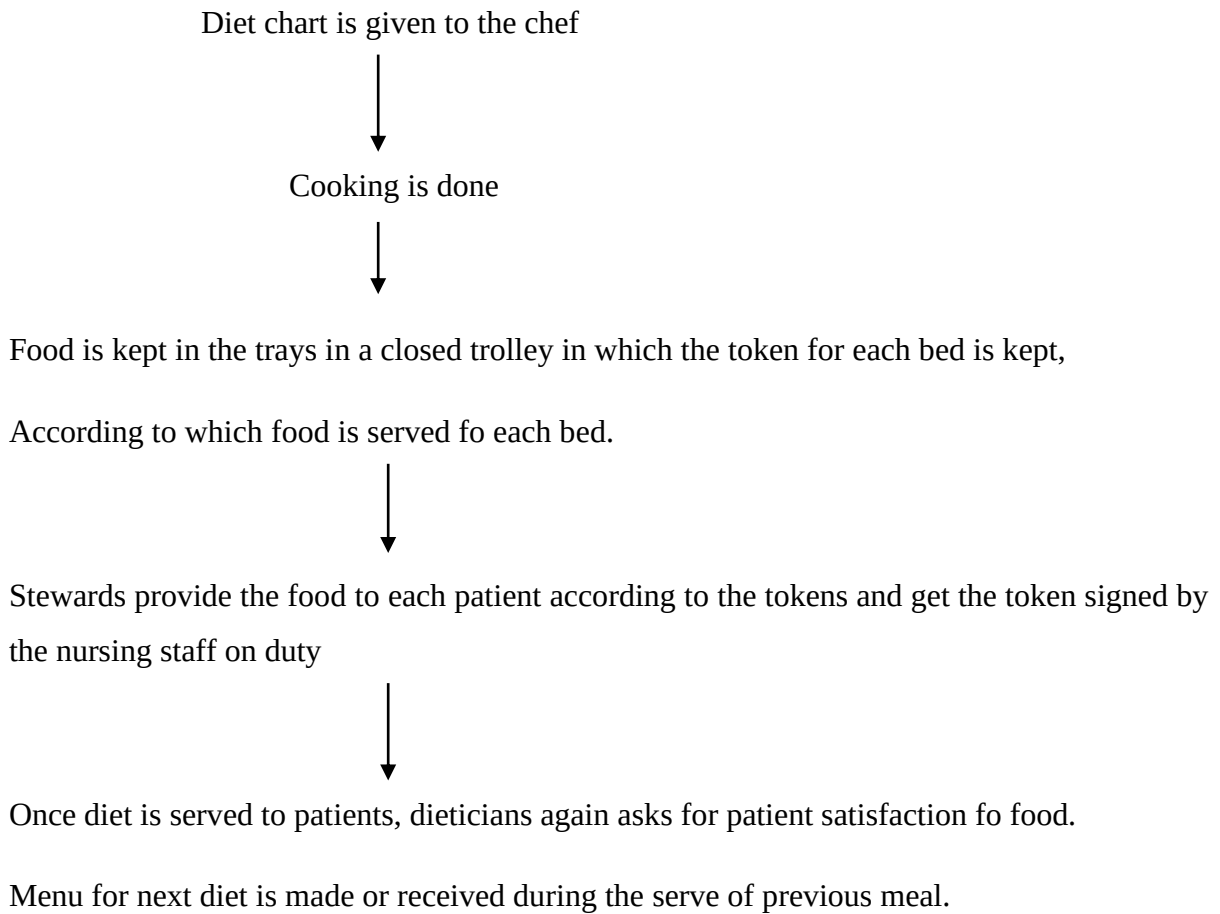


Noting of special diets as- liquid diet, semisolid , solid diet or with/without salt diet.



Scrutiny and classification according to the type of diet



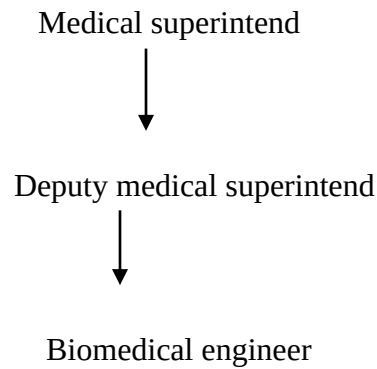


BIOMEDICAL ENGINEERING AND MAINTAINANCE-

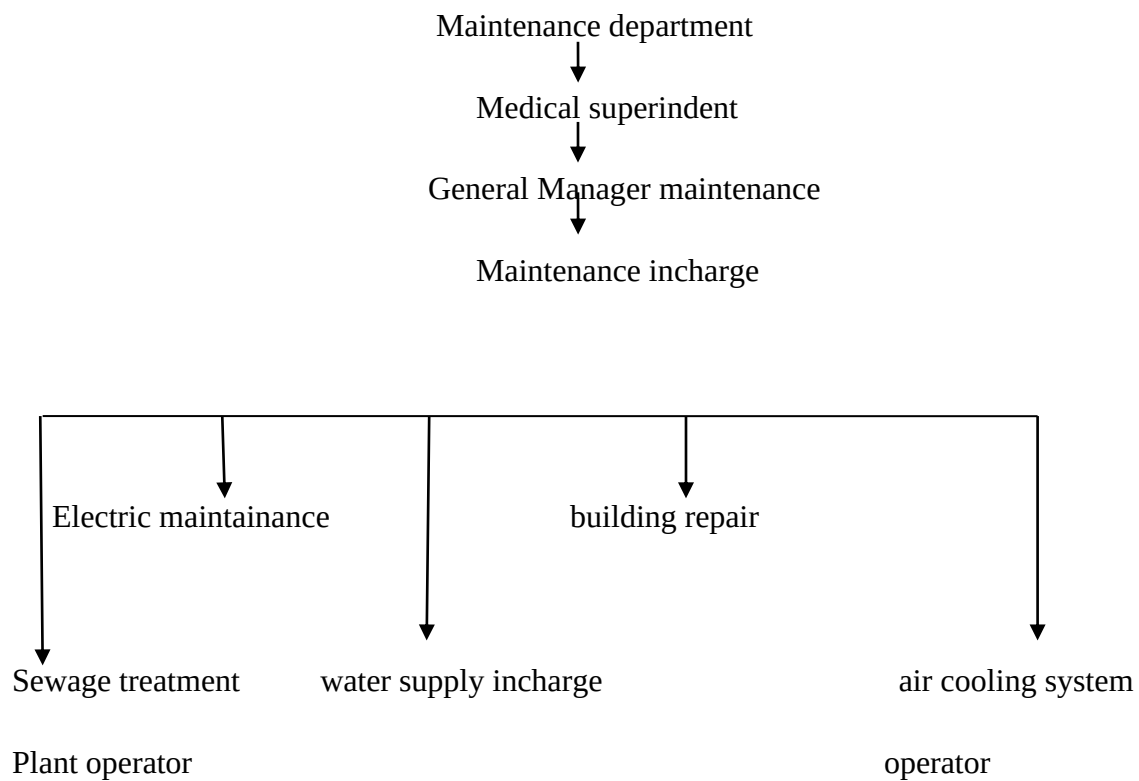
It is the department which is responsible for maintenance of all the biomedical equipments and machines used. They are required to immediately attend to breakdowns and failures to minimize the downtime of the machine.

Staff- there is one biomedical engineer.

Organogram-



Organogram:



Staff :

Maintainance incharge- 1

Stp operator- 1

Electricians- 3

Plumber- 1

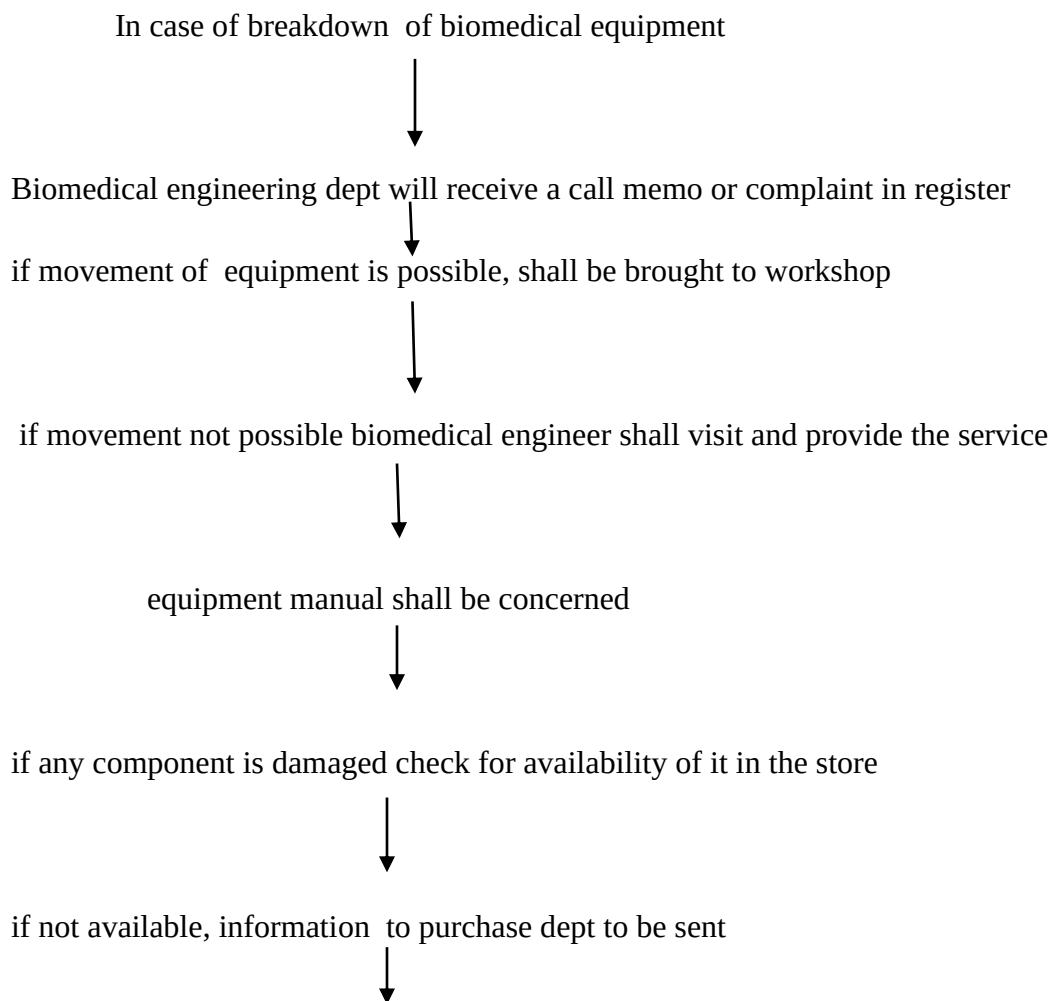
Mason- 2

Painter-2

Welder- 2

Carpenter- 2

Work flow-



the date and time of complain solved shall be documented



if problem is not solved call the service center, and maintain the record of signature and warrantee period.

Responsibility o biomedical engineer:

- All equipments are checked by the biomedical engineer prior o use.
- Should identify the need to prepare list of major equipments.
- There should be a standby provision for all life saving mjoy 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 staff : 37

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

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 staff .
- 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

**Project Report
Summer Internship Project on-**

“To Study 18 Commandments (18’c) at Soni Manipal hospital,jaipur

By

KAJOL SHAH (PGDHM- 19th Batch)

INTRODUCTION:-

Quality Department of Manipal Hospital Jaipur, monitor the appropriateness, effectiveness, and quality of care provided to Medicare beneficiaries

Manipal hospital in order to ensure Quality uses 18 commandments (18 C's) as a tool.

18 Commandments involves 18 process. Each process includes the following indicators to improve the overall Quality of the hospital. The 18 processes are as follow:-

- **Registration**
- **Appointment**
- **Pharmacy**
- **Patient education**
- **Patient grievance**
- **Radiology**
- **Admission**
- **Bill estimation**
- **Discharge process**
- **Emergency**
- **Cleanliness**
- **Signage**
- **Pressure Sore**
- **Medication error**
- **Fire safety**
- **Customer satisfaction**
- **Laboratory**
- **Patient safety in operation theater**

1.1 REGISTRATION PROCESS:-

DEFINITION:

To have effective Registration process by guiding the patients who are visiting the hospital for the first time and completing the registration process without errors in capturing the information within given timelines

EXPECTED OUTCOME:

- To capture all the mandatory information in the registration form.
- Turnaround time for Registration process within 15 minutes
- To support the first timers with the facility, services and process information.

- Increase / meeting the target in patient satisfaction index for the registration process.

INDICATORS FOR MEASUREMENTS:

- Percentage of incomplete information in the registration form
- Percentage of cases exceeding 15 minutes
- Patient satisfaction index for the registration process

PROCESS:

- Patient in Emergency department are attended by the duty doctor / nurse, while the first timer patients, the patient attended is directed to the registration counter for the registration of the patient.
- First timer patient in OPD department are directed to the registration counter for the registration.
- Patient arrives at registration counter and collects the registration form (**start time of he process and should be recorded**)

NOTE: The fields “name of the patient, date of birth or age, sex, address, consent date, time, name of the signatory, signature of the patient / attender and relationship with the patient” are the **mandatory information** on the registration form.

- Patient / attendant fills the registration form.
- The registration staff guides to patient / attendant in case of any assistance to select the specialty.
- The registration staff directs the patient / attendant to the help desk counter, in case of any support with the facility, services and process information.
- The registration staff ensures the completeness of all mandatory information in the registration form.
- The contents in the registration form should be verified with the patient/ attendant before entering in the system.
- After completion of the patient information entry in the system, patient makes the payment and registration staff generates the bill and registration number (hospital number).
- Registration staff is handed over the registration card to the patient / attendant, only after generation of the bill (**End time of the process and should be recorded**)
- If required, the registration staff guides the patient towards the respective patient care area.

1.2 APPOINTMENT PROCESS

DEFINITION:

The process of giving a specific date and time to the patient for consultation is appointment process.

EXPECTED OUTCOME:

- Giving information to the patient on name of available / specific doctor and time slots available for consultation.
- Communicating the expected waiting time to the walk in patient on first come first serve basis and also considering criticality of the patient.
- Patients are attended within 15 minutes of the appointment time.
- Presence of doctor in the OPD during the allotted timings (maximum 15 minutes grace given)
- Ensuring the walk-in patients are attended on available slot.

INDICATORS FOR MEASUREMENTS:

- Percentage of cases where patients were attended within 15 minutes of appointment / slot time
- Percentage of walk in cases
- Percentage of walk in patients given appointment/slot time
- Percentage of adherence to OPD timings as per schedule timings by the consultants (Entry and exit time)
- Percentage of Patient satisfaction index on appointment process

PROCES:

- The patient visiting the out patient department of the hospital are categorized in 2 types:
 - Appointment (New visits \$ repeat visits*)
 - Walk in patient (New visits \$ repeat visits*)
- ✓ Appointment patient means the patient visiting OPD with prior committed time.
- ✓ Walk in patient means the patient visiting OPD without prior appointments.
- ✓ Repeat visits means, review visit after the first consultation.
- ✓ All new patient seeking appointment shall undergo registration and have a registration number (hospital number)

PROCESS FOR MANAGING APPOINTMENT SYSTE.:

- All patient approaching the hospital for appointment will be given available slot time.
- All **walk in patients** can be allowed to avail consultation on “**First come first serve basis**”. They shall be accommodated in the walk-in-slot available between appointments
- All the **repeat visits** patients shall be encouraged to take **prior appointment** to visit their desired consultant for next subsequent visits

PROCESS FO MANAGING PATIENT AT OPD:

- Patient arrives at OPD.
- Check with the patient whether new or repeat and walk-in or appointment. For all new patient, check the completion of registration process

WALK-IN PATIENTS

- All walk in patient should be asked if they already have a registration number. In case of new patient, they are directed to undergo registration process.
- The information about the available consultant and time slots available for the consultation shall be communicated to patient / attendant.
- The appointment / slot time shall be communicated to patients.
- The allotted time and in-time for consultation shall be captured

APPOINTMENT PATIENTS:

- Patient / patient party approach hospital for appointment.
- The concerned department / staff capture the patient details like name of the patient, hospital number (if available), contact number etc. and communicate the appointment details to patient / patient party.
- In case the patient / patient party seeks appointment on a specific date and time: information about the availability of alternative options of consultants shall be provided.
- In-case the patient/ patient party seeks an appointment with a specific consultant on a non OPD days, enquire with the consultant about the availability and then confirm back the patient / patient party.
- Appointment details shall be recorded in the register / system.
- Once the patient / party arrive to the OPD counter the name of the patient and hospital number shall be re-confirmed.
- In case patient does not appear on time; the next patient as per the appointment schedule shall be allowed for consultation. If patient arrives after 10 minutes beyond their schedule, they shall be given 3 options:
 - Wait till the completion of all the scheduled appointments
 - Give the option for next available slot between the appointment(in such cases only on re scheduling of appointment time is acceptable and new time will be considered as the new appointment time)
 - Give available slots in future dates
- Once appointment is availed, the actual time of consultation shall be recorded
- If the doctor goes on unscheduled leave or not available for any reason – immediately upon information the concerned appointment desk shall inform the same to all appointment cases and provide an alternate date or consultant as per their wish.

Process for managing adherence to OPD timings by the consultants

- The OPD days and timing of the consultants shall be decided by the unit head of the hospital in concurrence with the consultants
- Consultants shall not be allowed go for Inpatient rounds or OT/ Procedures during their OPD hours; except for medical emergency.
- The finalized OPD schedule shall be clearly communicated to the concerned person of the department by the unit head
- The adherence to the consultants' schedule shall be monitored and will be reported to the unit head at least on monthly basis

1.3 PHARMACY

DEFINITION:

This process will begin when patient hands over the prescription at pharmacy and completed when he receives the medication. This will be completed within the given set of timelines including during peak hours with the following prescription category as defined in the expected outcome and all prescription from emergency department should be given high priority and dispensed within 10 minutes

EXPECTED OUTCOME:

- Turnaround time for drug dispensing as per the prescriptions as follows
 - 10 minutes for the drugs less than 5
 - 15 minutes for the drugs more than 5 and less than 10
 - 20 minutes for the drugs more than 10 and less than 15
- Increase in Customer satisfaction index for the pharmacy waiting time for medicines.

INDICATORS FOR MEASUREMENTS:

- Percentage of prescriptions dispensed as per the defined timelines.
- Patient satisfaction index for the pharmacy waiting time for medicines.

1. PROCESS:

- Patient collects the prescription from the doctor in the OPD and arrives at token / billing counter. (depending upon availability of counters at the particular unit)
- The staff at token / billing counter receives the prescription, informs the cost of medicines if asked, categorizes the prescriptions, issues the token (if applicable) and note down the time of receiving the prescription (**Start time of the process**)
- The prescription is then will be placed into the pharmacy billing counter in the first come first serve basis. (this step is not applicable for smaller hospitals / hospitals not having token system)
- The pharmacist at respective counters collects prescription, picks all medicines from the respective rack, check the expiry date, packs in the cover – if required and gives information to the billing counter staff (in some units pharmacist himself / herself can do billing activity in such cases giving information to billing counter staff is not applicable)
- The Billing counter staff then call the token number for payment (This is not applicable wherever token system does not exist)
- Patient arrives at billing counter and make the payment

- After payment, patient will be directed to the dispensing counter for collecting medicines.(this is not applicable for the units where there is no separate dispensing counter in such cases billing counter itself can be dispensing counter)
- Staff at dispensing counter, hand over medicines to the patient and note down the time of dispensing (**End time of the process**)

1.4 PATIENT EDUCATION

DEFINITION:

Patient education means to give information to patients which will help them to become better informed about their condition, medical procedures, choices they have regarding treatment, their rights and responsibilities and various processes followed in the hospital like admission, discharge process etc.

EXPECTED OUTCOME:

- All departments to prepare educational material relevant to respective common patient procedures/ conditions.
- Prepare and create awareness of the educational material by Hospital:
 - Giving consent
 - Prevention of pressure sore
 - Rights and responsibilities of patients.
 - Common patient safety issues.
- Patient education regarding condition, plan of care, possible outcomes and cost.

INDICATORS FOR MEASUREMENTS:

- The patient education material available in following three category:
 - Hospital process- help desk and lobby ,admission counter and wards
 - Common illness along with food and drug interaction- Common areas
 - Specific illness- Specific departments/ wards
- Patient satisfaction index on patient education.
- Data capturing is being done through the monthly audit
- The following are checked :
 - Hospital process
 - ✓ whether education materials are available in help desk and lobby, admission counter and wards
 - ✓ whether the education material has the contents on
 - Common illness: whether common illness education materials are available Common areas
 - Specific illness- whether education materials are available for top 3 diseases or procedures.

PROCESS:

a. Proposed plan of care

- Every procedure that is done to a patient should be preceded by an explanation (to the patient and/or the family members) as to what is the proposed plan of care, what are the expected results and any possible complications. The information that is provided to the patient and/or the family members should be documented and signed by the concerned doctor. This shall be filed in the medical file of the patient.
- When there is a change in patient's condition requiring a new plan of care, the patient and patient's family should have input into it.

b. Expected cost

The patient and/or the family members shall be given an estimate of the expenses likely cost in a written form at the entry point.

- Subsequently as per any change in treatment plan or care setting it shall be updated and informed to the patient and/or the family members

c. General Consent

General consent shall be taken by patient and/or the family members during admission and registration

d. Informed consent

The informed consent shall be taken and explained in a language understandable by the patient and/or the family members, wherever applicable.

e. Medication administration

Patient and/or the family members shall be explained about their medication administration wherever applicable

f. Preventing infections

The patient and/or the family members shall be educated about preventing infections wherever applicable

g. Pediatric Patients

The child's family members shall be educated about nutrition, immunization and safe parenting

h. Pain management

The patient and/or the family members shall be educated on various pain management techniques wherever applicable

i. Research & educational activities (applicable only if patient is enrolled for research)

- In case of research patients, they shall be informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal.
- They shall also be assured that their refusal to participate or withdrawal from participation will not compromise the quality of services provided to them by the organization.

j. Diet

In-case, where the family of the patient provides food for the patient, they shall be educated about the patient's diet limitations

k. Discharge

The patient's discharge shall be planned in consultation with the patient and the family. At the time of discharge from the hospital, the patient should be given a discharge summary in writing. The discharge summary shall include the following details:

- Reason for admission
- Significant finding

- Diagnosis
- Patients condition at the time of discharge
- Investigation result
- Any procedure performed
- Medication given
- Any other treatment given
- Follow up advice
- Medication and other instructions to be followed by the patients after discharge.
- When and how to obtain urgent care
- In-case of death, the summary of the case will include the cause of death also.

I. Rights and responsibilities of the patients

The patients shall be informed about their rights and responsibilities by providing them with pamphlets or public display of the charter of rights and responsibilities of patients defined by the organization

Apart from the above mentioned activities, every department shall identify three important procedures/ diseases and information leaflets / posters shall be prepared for patient education

1.5 PATIENT GRIEVANCE

DEFINITION:

Patient grievance handling is defined as easy accessibility of patient / attendant to report their grievance/complaints regarding the services in the hospital with respect to patient care to the CCD, and the handling and closing of these issues with information given to patients in as minimal time as possible

EXPECTED OUTCOME:

- Effective capturing and handling of all patient grievances in the shortest possible time frame as per the policy.
- Ensure that there is a mechanism to capture all patient grievances
- All patient grievances shall be analyzed for possible correction/corrective action/preventive action.
- Confirm that all grievances are analyzed within the defined timeframe.
- Communicate the results of analysis (where appropriate) to the patient.

INDICATORS FOR MEASUREMENTS:

- Percentage of grievances analyzed *vis a vis* grievances received.
- Percentage of grievances analyzed within the defined timeframe
- Percentage of grievances wherein the action taken has been communicated to the patient.

PROCESS:

1. Patient lodges grievance that shall include written, written in feedback form, e-mail, telephonic and verbal complaints to Customer Care Department (CCD) of the hospital. Date to be noted **(Date of receiving the Complaints)**. Every unit needs to have this department / staff separately identified.
2. CCD acknowledges the entire grievances in **writing / SMS / e-mail** with a **Reference number within one working day** of receiving (sample of acknowledgement letter is attached). The reference number is served as an acknowledgement to the complaint and is communicated to the patient.

(Reference Number will have: **Unit Name/CCD/Month/Serial Number**
Example: **MHB/CCD/ July/ 001**)

3. CCD identifies the grievances as clinical or non-clinical and escalate them as below:
 - a. Clinical grievance: Unit medical head
 - b. Non-clinical grievance: Head operations
4. Unit medical head responsible to obtain the reply to grievance from treating doctor and forwards to CCD & Head operations responsible to obtain the reply to grievance from related departments and forwards to CCD.
5. CCD informs the unit head after receiving response from Unit Medical Head & Head Operation

Unit head will evaluate the nature of grievance and response to CCD and if satisfied with response, unit head authorizes CCD to send the reply to the patient
6. CCD to get back to the patient with the summary of action taken by hospital after receiving approval/authorization from unit head and notes down date (**Closure date**)

Note: The date of communicating back to the patient party with the plan of action should be within **10 working days** of receiving the Grievances.

Time taken for Analyzing Complaint/ Grievances:

Closure date - Date of receiving the Complaints

If unit head is not satisfied with response or envisages at least one of the following:

- Any impending legal situation for hospital
- Hospital's reputation is at stake
- Provided medical clarification is not justified
- VIP involvement

If a legal notice is received by unit head or CCD it will be forwarded to CLC secretariat, Bangalore by unit head **within one of working day** of receiving the complaint.

7. The escalation will be to the CLC, Secretariat, Bangalore Attn: Ms. Nagashree (nagashree@manipalhospitals.com) / (clc.sec@manipalhospitals.com)
8. CLC keeps the medical indemnity insurers informed of the pending case if needed.
9. CLC secretariat records the matter and forwards the same to the Central Legal Cell.

The CLC Team comprises of: (clc@manipalhospitals.com)

- Dr. Joga Rao (spvjrau@gmail.com),
- Dr. Nagendra Swamy (nagendra.swamy@manipalhospitals.com) ,
- Dr. Sudarshan Ballal (s.ballal@manipalhospitals.com).
- Mr. Ashok Kumar (ashok.g@manipalhospitals.com)
- Copy of the mail should be marked to the CEO (rajen.padukone@manipalhospitals.com)

Note: Mr. Ashok Kumar – MHE, Legal Head will advise on Non- Clinical issues as required.

10. CLC Team sends final response to Unit Head and will copy this response to CLC Secretariat.
11. Unit head communicates the same to customer or Instructs CCD to reply.
12. Unit head will keep the CLC team informed on all subsequent progress and matters.
13. There will be periodic audit of the process by monitoring / audit team.

Each unit must create a data bank of the complaints and in brief a closure report in an excel sheet to summarize the nature of complaints, time for closure. This will be useful to know if similar complaints are repeating in the same areas of hospital and in same department. Relevant concerns can be discussed if the complaints repeat in the same areas / department / individuals etc. This will be part of unit MRM discussions.

Root cause analysis and corrective/preventive action of this data is important. A periodic training of Customer Care Department staff is essential

1.6 RADIOLOGY

DEFINITION:

Turnaround time is from the time patient gives in the requisition, able to complete the radiology procedures as per appointment schedule and should be able to collect the report within 2 hours of completion of procedure for routine procedures like the ultrasound ,X-ray and 4 hours for CT, MRI patients ,special investigations

EXPECTED OUTCOME:

- To have a proper appointment process to meet the needs of all patients seeking radiology services. To Inform approximate waiting time.

- All patients [prior appointment and walk in] are properly advised on pre-procedures for the investigation (like fasting / full bladder / sr. creatinine etc) in a timely manner .
- Report issuing:
- For routine procedures like the ultrasound, X-ray - within 2 hours of completion of procedure. For CT, MRI patients and special investigations - within 4 hours after the completion of procedure.

INDICATORS FOR MEASUREMENTS:

- Percentage of patient who got appointment on the desired day.
- Percentage of cases where patient's investigation commenced within 20 minutes of appointment time/ slot time
- Percentage of cases where the reports were ready/ delivered as per the timelines:
 - X – ray- Ultrasound within 2 hours
 - CT, MRI - within 4 hours
- Patient satisfaction index for Radiology waiting.

PROCESS:

➤ Walk in patient:

- Patient arrives at radiology department with investigation request.
- An appointment/ slot time is communicated to the patient on the first come first serve basis along with approximate waiting time by the department staff.
NOTE: Preference shall be given to emergency / critical patient.
- Communicated appointment / slot time is noted down by the staff.
- Once patient enters the investigation room ; **the investigation start time is note down by the staff (in time).**
- Once the investigation is completed , the **investigation completion time**, is noted down by the staff.
- Once the X-Ray / USG / CT / MRI films (whenever applicable) is ready , note the time as **“Film Ready Time”**.
- Once the X-Ray / USG / CT / MRI films (whenever applicable) report is reviewed , signed and authorized ,the time is noted as **“Report Ready Time”**

➤ APPOINTMEN PATIENTS:

- Patient arrives at radiology department with investigation request or call the department fo seeking an appointment.
- A mutually agreed appointment time / date is communicated to the patient along with the investigation specific preparation details by the department staff.
- The date and time requested by the patient & given date and time by the staff are noted down
- Step 3-7 is as above.

➤ TURNAROUND TIME FOR THE TEST: Time at which the patient enter the investigation room (in time) appointment time to the patient.

➤ TURNAROUND TIME FOR FILM: Film ready time – Investigation completion time.

- **TURNAROUND TIME FOR REPORT:** Report authorized time by the doctor – investigation completion time.

1.7 ADMISSION PROCESS

DEFINITION:

It is the process where the patient who requires admission is provided with specified bed/ room in the hospital for continuous care.

EXPECTED OUTCOME:

- Streamlined admission process for all category of patients (cash and insurance patients), considering the criticality of the patient and prior booking.
- Admission process to be completed within 15 minutes
- Patient informed about the expected cost and availability of bed at the time of admission.
- Transfer of patients in case of non availability of bed and if patient is critical.
- Signing of general consent

INDICATORS FOR MEASUREMENTS:

- Percentage of cases where admission process was completed within 15 minutes of appearing at the admission counter or the committed time.
- Percentage of patients who were not admitted due to any reason including non availability of bed
- Percentage of customer satisfaction index for admission process.

PROCESS:

Admissions are either OPD admissions or emergency admission

Patients are admitted only if the required services can be provided by the hospital, however emergency care and first aid is given to all the patients coming to the hospital.

OPD admission: The patient reports to the OPD and is directed to the admission desk/ billing where admission is done

Emergency Admission: Emergency admission happens when the patient comes to emergency department and after consultation, if the patient needs to be admitted then it is considered as emergency admission. An emergency episode is created and necessary treatment is started in emergency department

Admission Process: Admission slip/request form is either filled by the admitting consultant or by the junior doctor (in consultation with admitting consultant)

Patient/attendant gives an estimate about the cost of their entire stay based on the room tariff, treatment plan and any procedures/surgeries.

Admission slip/request form is handed over by the patient to the admission counter OR In case of non availability of the bed, a prospective time is being considered (**Start time of the process**)

Patient is explained about the details like bed category, cost, initial deposit amount etc

Patient is clearly explained that the estimated amount is only an approximate amount and it is subject to change if there is any change in the treatment plan/clinical condition or change in the category of the room. An acknowledgement is taken from the patient for the given estimate

Once patient decides and confirms the category of room, its availability is being checked and admission consent form is handed over to the patient

In case of a limitation in the availability of bed, the allocation of the room is based on the clinical condition of the patient

Once room availability is confirmed, patient is admitted in the system and admission record is generated

The time of completion of the admission formality is noted (**End time of the process**)

Time taken for admission (Time of completion of the admission formality - Time of the admission request form is received from the patient/attendant in the admission counter or prospective time, in case of non availability of the bed)

1.8 BILL ESTIMATION

DEFINITION:

Arriving at an approximate cost of care during hospitalization of a patient is called estimation of bill

EXPECTED OUTCOME:

- Billing policy of the hospital is appropriately explained to the patient and a financial consent is taken and documented and signed by the admission staff.
- To provide an estimate cost of the treatment at the time of admission for the selected ward.
- Periodic review of the bill against the estimate provided to the patient
- To give the updated information along with reasons to the patient

INDICATORS FOR MEASUREMENTS:

- Percentage of admissions who are aware of billing policies during the audit.
- Percentage of times financial consent was taken, documented and signed by patient (Initial estimation & Re-estimation)
- Number of package procedures available per department
- Percentage of times estimated bill does not match the actual bill with respect to (Initial estimation & Re-estimation)
- Patient satisfaction index on billing information given.

PROCESS:

- An initial estimate of bill to the patient based on category of room and treatment plan is given & entered in the admission form.
- The patient are clearly explained that this is only initial estimation and the possibility of cost change due to various variable factor such as change in ward category , change in treatment setting , patient complication , etc. Patient are educated about the inclusion and exclusion in the bill estimate.
- Patient consent is taken for the admission an initial estimation and collects the payment.
- The bed is allotted and the patient are guided to the respective ward.
- If they are unable to pay immediately they are given time to make the payment & same shall be documented and patient signature to be taken.
- During the stay of the patient, inform the running bill to patient periodically including Sunday's and holidays.
- Re-estimated cost has to be communicated to the patient when the running bill crosses 90% of the initial estimate estimate and expected to cross 110% of initial estimate.

1.9 DISCHARGE PROCESS

DEFINITION:

The process starts from intent to discharge by the admitting consultant & completes when the patient is permitted to leave the hospital. This process will be completed within the given set of timelines

EXPECTED OUTCOME:

- The defined process will be completed within the given set of timelines
- To submit / inform the final bill to the cash patients within 3 hours
- To send the discharge summary along with the final bill to the insurance company for approval or enhancement within 2 hours
-

INDICATORS FOR MEASUREMENTS:

- Percentage of non insurance patients discharged within 3 hours

- Percentage of insurance patients discharge summary and bill sent to insurance within 2 hours
- Percentage of patient satisfaction index on discharge process

PROCESS:

For medically advised: Cash Patient / Insurance patient

- Primary admitting doctor should give indications of tentative date of discharge of patient at least 24 hours prior to the staff nurse, duty doctor
- The time when Primary consultant advice for discharge is marked as “Intent to discharge time” by the nurse and to be noted down at least in Nurses’ record.
- In case the consultant advise for “discharge on the next day” same to be noted down and next day duty hours (for example 8.00 am) to be considered as “**Intent to discharge time**” and to be noted down in Nurses’ record (**Start time of the process**)
- In case consultant advice for discharge after medication administration, investigations reports etc, the “**Intent to discharge time**” to be considered the clearance time from consultants on the basis of respective procedure/ investigations/ medication report results.
- The patient’s relative / attendant are informed about the same. The other process can begin; updating of billing, draft discharge summary/typed and pharmacy indent and returns etc.
- Allocating the duty staff nurse for attending discharge process – coordinates for the following: retrieval of imaging and lab reports, billing, payment etc. (wherever applicable)
- The discharge summary is sent to the consultant for verification & the consultant verifies, approves and authorizes the same
- Once all the above information is updated the billing dept will raise the final bill.
- **For cash patients** the billing department will inform the patient/patient party about billing details. The time of informing the final bill to be noted down (**End time of the process**)
- **For Insurance (TPA) patients** the billing department will send the Insurance Company for approval / enhancement. The time of sending the final bill for approval /enhancement to be noted down (**End time of the process**)

For Discharge Against Medical Advice (DAMA): Cash Patient / Insurance patient

Purpose: To describe the process for patients leaving against medical advice

- The request for discharge against medical advice is initiated by patient/attendant and the same is communicated to the nurse/ doctor.
- In case if the nurse is informed of the same, she communicates to the primary consultant through duty doctor. Doctor explains to the patient/attendant the consequences that could arise from discharging the patient against medical advice and if the patient/ attendant still wishes to proceed with the discharge against medical advice, the primary consultant is informed and their consent for DAMA is taken in the standard format.
- The doctor records the same in the progress sheet including the reason for discharge. The nurse also documents the same in the nursing notes.

(Process of DAMA cases is same as the medical advice patients for monitoring the discharge timelines)

Time Taken for Discharge

Cash Patients: The time of informing the final bill - Intent to discharge time

Insurance Patients: The time of sending the final bill for approval / enhancement - Intent to discharge time

Corporate Patients: The time of getting Finance Clearance of the final bill - Intent to discharge time

Contents of Discharge Summary

- I. Demographic details
- II. Final diagnosis
- III. History and examination on admission-Possible diagnosis
- IV. Reason for admission
- V. Follow up in hospital (procedure)
 - Key examination finding- Co relating with reports

- Procedure performed
 - Cross consultation details and reason for asking the same
 - Medication in hospital, any other treatment
 - Key lab and imaging reports at admission
- VI. Discharge- Reasons and summary of outcome
- Treatment and advice on discharge
 - Other advice post discharge
 - Notification of next visit date and time
 - When, Who, How to contact in emergency

In case of death, the summary of the case will also include the cause of death (Not applicable in MLC)

1.10 EMERGENCY

DEFINITION:

Emergency care is fundamentally related to activity of the acuity of the patient condition. Therefore in the initial assessment level establishing the acuity level is essential for defining the, Context for action, Priority of patient encounter, Order of task necessary to memory successfully.

EXPECTED OUTCOME:

- Patients will be triaged based on acuity within 5 minutes of arriving at ER.
- Critically ill (criteria is explained in process) patients will be attended by Doctors immediately and patients will be located in the designated area.
- Moderate ill patients will be attended by doctors within 20-30 min.
- Minimally ill patients will be seen by doctors in 30-45 min.
- Medico legal patient's police will be intimidated as per policy and necessary procedures completed

INDICATORS FOR MEASUREMENTS:

- Percentage of patients being triaged within 5 minutes of arrival
- Percentage of Medico legal cases compliance to police procedure.
- Patient satisfaction of initial attention at Emergency and other ER services.

PROCESS:

SYMPTOMS	LEVEL OF TRIAGE	RESPONSIBILITY	TIME BEFORE MANAGEMENT	VITALS TO BE MONITORED	RE-ASSESSMENT
Respiratory : Intubated / apneic / severe distress OR cardiac : pulse less or shock or Neuro : GCS<8 , Non Verbal And not following commands(acute ly)	Critical	Nurse / doctor	Within 5 minutes	Pulse, ECG,RR,O2SAT , NIBP, IBP (If possible GRBS)	All Vitals will be monitored continuously. BP will be checked every 2 minutes till patient is stable/ shifted
Respiratory mild OR neuro GCS<14 OR Cardiac Tachycardia	Moderate	Nurse	Within 20 minutes	RR,O2SAT	All vitals will be repeated at least every 2 hours
Mild Symptoms suggested of needing only out- patient care	Stable	Nurse	Within 45 minutes	As deemed minutes	As deemed necessary

• **RED ALERT:IMMEDIATE ATTENTION (FOR INITIAL TRIAGING):**

- Consciousness – altered
- BP- Systolic below 90 mm/Hg and diastolic below 60 mm/HG
- Pulse- more than 120 and above / minutes
- R/R- more than 24 / minutes
- Continuous Bleeding
- Continuous vomiting
- Severe acute pain in abdomen
- Severe acute chest pain

• **INSTRUCTIONS FOR NURSES:**

- Record patients vitals-Pulse.
 - BP
 - Temperature

- Respiration
- Ask question- Assess Mental Status
 - Alert
 - Confused altered sensory
 - Stupors
 - Comatose

If alert – what do you feel? Nausea headache.

- **DOCUMENTATION:**

The following should be documented in the case notes.

- Symptoms
- Vital signs & history
- Diagnosis and treatment

1.11 CLEANLINESS

DEFINITION:

Cleaning Process: To maintain clean and Hygiene conditions throughout the hospital premises. The premises are divided into 3 Areas

Area A: Patient Care Areas (Wards, ICU, OT, ER, OPD etc.,)

Area B: Internal Common Areas (Lobby, Lifts, Stairs, corridors, patient waiting areas, etc.,)

Area C: External Areas (All areas outside the hospital building inside the hospital premises)

EXPECTED OUTCOME:

- To maintain clean and Hygiene conditions throughout the hospital premises
- To clean the premises as per approved schedule
- To improve Patient satisfaction on cleanliness in both inpatient and outpatient areas.

INDICATORS FOR MEASUREMENTS:

- Patient satisfaction index on cleanliness (Inpatient and outpatient)
 - Percentage of noncompliance to the cleaning schedule as per the policy.
 - Cleanliness compliance are checked daily as per the schedule. The cleanliness is classified into 3 categories
- ✓ Category A: patient care areas

- ✓ Category B: common areas
- ✓ Category C: areas around the building

1.12 SIGNAGE

DEFINITION:

Displaying of sign boards in the hospital, as per the corporate standards, that provides clear-cut directions to patients

EXPECTED OUTCOME:

- Creating all sign boards as per the corporate policy as well as the requirements of law wherever applicable.
- Displaying of sign boards in the hospital, that provides clear-cut directions to patients
- Displaying the Sign boards / Notices only in the area earmarked for the same
- Increasing and sustaining the high level in customer satisfaction index on signage.

INDICATORS FOR MEASUREMENTS:

- Percentage of incorrect, inappropriate, inadequate signage's
- Percentage of Patient satisfaction index on signage's.
- Rounds are being done on a monthly basis to check for
- ✓ Adequateness of signage
- ✓ Correctness of signage
- ✓ Appropriateness of signage

1.13 PRESSURE SORE

DEFINITION:

A pressure sore is any lesion on the skin caused by unrelieved pressure that causes local interference with circulation and subsequent tissue damage. Bed sore have also been called 'pressure ulcers' and 'decubitus ulcers'. The word 'decubitus' comes from the Latin word 'decumbere' which means to lie down.

EXPECTED OUTCOME:

- To do risk assessment for the pressure sore for all inpatients.
- To prevent hospital acquired pressure sore.
- Education of staff on management of pressure sore.

INDICATORS FOR MEASUREMENT:

- Percentage of initial risk assessment done for all in-patients
- Percentage of pressure sore patient developed after admission
- Percentage of patients admitted with pressure sore
- Percentage of assessment of worsening of pressure sore (both admitted & pressure sore developed after admission)
- Percentage awareness on management of pressure sore among staff.

2. Process

- Patient with pressure sore is categorised as community acquired and hospital acquired
- Every patient on admission is assessed for pressure sore using **risk assessment form**
- If patient is vulnerable for pressure sore provide essential care to pressure points and prevent pressure sore
- Document in the nursing care plan

If patient is admitted with community acquired pressure sore

- Assess for grading and staging using pressure sore monitoring form
- Document the grade and stage in everyday nursing care plan
- Provide essential care to the pressure sore based on doctors order and prevent further worsening
- Monitor for worsening using pressure sore monitoring form
- Document the grade and stage in the nursing care plan until discharge/death

If patient develops pressure sore after admission: Hospital acquired

- Raise an incident and follow the process of CAPA
- Assess for grade and stage using pressure sore monitoring form
- Document grade and stage in the daily nursing care plan
- Inform doctor and plan for care of pressure sore
- Provide essential care to the pressure sore based on doctor order
- Monitor for worsening using pressure sore monitoring form
- Document grade and stage in the daily nursing care plan until discharge/death

1.14 **MEDICATION ERROR**

DEFINITION:

A medication error is any preventable event that may cause or lead to inappropriate medications used or harm to a patient while it is in control of health care professional or patient. The medication error should be reported within one working day.

EXPECTED OUTCOME:

- To prescribe the medications legibly and correctly
- To cross verify the medications before administration and documentation
- To dispense and administer the medications as per the doctor's orders
- To identify and report all medication errors within defined timeframe
- To collect, analyze and action taken within specified time

INDICATORS FOR MEASUREMENT:

- Percentage of medications error
 - Prescription error
 - Transcription error
 - Dispensing error
 - Administration error
- Percentage of medication error analyzed and corrective action taken within two working days

PROCESS:

- Doctor prescribes medication legibly and correctly on progress note/order sheet/drug card (consultant)
- Doctor transcribe medicines correctly from the progress sheet/order sheet to the drug card (junior doctor)
- The nurse indents the right medicine from the pharmacy by transcribing online indent or prescription slip
- The pharmacy dispenses the right medicines based on the indent/ written request
- The nurse receives the medicines from pharmacy and counter checks with his/her indent request
- The nurse check the doctor order and due time for medication
- Nurse administers medication following the six rights (Right patient, right drug, right dose, right route, right time and right documentation)
- Failures in any step of the above process raise an incident
- Follow the process of CAPA

1.15 FIRE SAFETY

DEFINITION:

Safety of patients, attendant and employers is the primary interest and responsibilities of hospital in case of fire. All personnel working in the hospital, which include Doctors, Nurses, Paramedical and housekeeping Staff must always ensure that activities leading to a fire are not carried out in the hospital premises.

EXPECTED OUTCOME:

- To meet statutory and regulatory requirements
- To do risk assessment to identify the potential fire incidents and take actions to prevent the same.
- To document all fire related incidents and take actions on the same.
- To conduct at least 2 fire mock drills in a year for emergency preparedness

INDICATORS FOR MEASUREMENT:

- Percentage of cases action taken Vs. the risks identified (Monthly basis)
- Percentage of cases inappropriate actions taken for fire incidents
- Number of variations observed in mock drills conducted

PROCESS:

- Every hospital shall identify / appoint a fire safety officer.
Note: If more than one hospital is present in the same city or in close proximity then one common fire officer can be appointed for the hospitals
- Every hospital shall appoint fire crews (to be determined depending on the size of the hospital) reporting to the fire safety officer.
- Hospital shall ensure that the fire crews are trained and available round the clock in the hospital
- The unit head along with fire safety officer is responsible for implementation of fire safety compliance.
- For assistance / help the unit head and / or unit fire safety officer can contact the central fire safety officer.
- A monthly audit should be conducted by the quality representative of the unit as per the fire safety check list and the audit report and shall be sent to the “Unit head” with the copy to “Central Implementation quality head”.
- An independent audit is advisable in every six months by Central fire audit representative.

1.16 CUSTOMER SATISFACTION

DEFINITION:

The expression of satisfaction level by the customer for various Inpatient and outpatient services.

EXPECTED OUTCOME:

- To collect 70% of IP Feedback
- To collect 30% of OP Feedback
- To analyze 100% of patient feedback for both Inpatients and outpatients
- Customer Satisfaction should be more than 80% in all commandments for inpatients and outpatients.

INDICATORS FOR MEASUREMENT:

- Percentage of feedback collected IP & OP
- Percentage of feedback analyzed for inpatients and outpatients
- Percentage of customer satisfaction (CSP) for inpatients and outpatients.

PROCESS:

(Basic mandatory steps mentioned; units to complete as per local requirements)

1. Who will hand over the feedback from and when
2. Which are locations for handing over the feedback to be defined
3. Who will collect the feedback and when
4. Which are the location for collection of feedback from the patients
5. Methods of collection to be defined (for example drop box, handover to PCC/ nurses etc)
6. Daily monitoring of the feedback collection to be done and by whom
7. Weekly monitoring of the feedback collection to be done and by whom
8. Formula for OP & IP CSP calculation
9. The parameters scoring < 70% to be considered as areas to be addressed immediately
10. The parameters scoring 71 - 80% to be considered as Scope for improvement
Root cause analysis to be done for the above areas and action plan to be defined and implemented as per defined timeline.

1.17 LABORATORY**DEFINITION:**

Turnaround time is from the time patient sample is taken, able to complete the test and should be able to collect the report within time mentioned in Laboratory-Directory of Services (DOS)

EXPECTED OUTCOME:

- To communicate the expected time of test and report to the patient / attendant
- To complete the test and report within the time mentioned in Laboratory-DOS
- To intimate the critical alerts within 5 minutes of completion of test to either treating doctor/Patient

INDICATORS FOR MEASUREMENT:

- Percentage of cases the expected time is communicated to patient / attendant
- Percentage of cases the report was ready as per the laboratory-DOS
- Percentage of critical alerts intimated within 5 minutes of completion of test.

PROCESS:

- Patient arrives at laboratory department with investigation request/requisition
- Bill is generated (if bill has not been done) from the investigation request and this is presented to the Lab counter/ phlebotomy. The time receiving the requisition in phlebotomy by the phlebotomist is noted down as **“Patient Reporting time”**
- The patients are allowed for sample collection on first come first serve basis
- Once patient's sample is collected in phlebotomy, the time is noted down by the staff as the **“Sample collection time”**
- The approximate time of collection of report should be communicated to the patient as per the Laboratory DOS
- Sample is transferred from phlebotomy to lab, the time of specimens are received, sorted, entered into the Laboratory Information System, labelled and processed
- Once the processing step has been completed, the specimens are forwarded on to the various divisions of laboratory for testing
- Once the test is completed and result is out from the machine, the time to be noted as **“test completion time”**
- If any of the test/parameter found critical after completion of test; the critical alert (panic value) to be communicated immediately to the consultant or concern person and this time should be noted as **critical alert intimated time**. The critical alert value, unit and the name of the technician who has informed is also being documented

- Once the test reports are reviewed, signed and authorized; the time is noted as “**Report ready time**”

Note: Lab department should have the Directory of services (DOS) & Critical alert list and all staffs in the department should be aware of this

1.18 PATIENT SAFETY IN OPERATION THEATER

DEFINITION:

To provide appropriate care to a patient who requires surgical procedure either in an elective or in an emergency setting

EXPECTED OUTCOME:

- To ensure an informed consent is taken for all surgical procedures.
- To ensure correct surgery is performed on the correct patient at the correct site
- To ensure a brief operative notes is documented by the operating surgeon prior to transfer out of patient from recovery area.

INDICATORS FOR MEASUREMENT:

- Percentage of surgeries where an informed consent is taken prior to the proposed procedure.
- Percentage of surgeries where the safe surgery check list is completed.
- Percentage of cases where operative notes is documented by operating surgeon prior to the transfer out of the patient from the recovery area.

PROCESS:

3.1 Identification of patients

- All patients coming for surgical intervention into OT should have an identification (ID) band
- The ID band should contain name and hospital number of the patient
- At the preoperative area, check the accuracy of patient's full name, ID band and the surgery he/she is to undergo
- Ensure that the relevant portion of safe surgery check list completed at the specified time intervals

3.2 Patient Observation

- Patients on stretchers or on operating tables are never to be left unattended. Side rails and/or safety straps are to be utilized
- When positioning patients adequate supportive devices should be provided

3.3 Transfer out from the recovery area

- All patients should be discharged from the recovery area after appropriate nursing and anaesthesia assessment and after the patient has met the post operating discharge criteria
- Patient should be discharged from recovery room by order of anaesthesia provider. The order may be written in the post-op anaesthesia record or in the surgeon order sheet
- Patient shall be discharged to the ward/ICU to the assigned nurse, once discharge criteria is met and the written order for discharge is given by the surgeon or anaesthetist

OBJETIVES:-

- TO Estimate Turnaround Time for Cash, Insurance, Non-Insurance Patients.
- To identify the Gap in Discharge Process.
- To suggest the corrective measures to improve the Discharge Process.
- To estimate the appointment turnaround time for the cases which are attendant within 15 minutes
- To estimate the number of walk-in patients and to estimate number of walk in patients given appointment/ slot time.

METHODOLOGY

Study type: Descriptive and Analytical study.

Study Site: Soni Manipal Hospital, sikar Road, Jaipur

Sample collection method:

Non probability convenience sampling

Sample size:

Total sample of 170 patients for discharge process.

Total number of patients for the month of April for Appointment process.

Duration for data collection:

51 days (13th April, 2015 to 2nd June, 2015)

Research design:

The research approach adopted in the study is descriptive and Analytical. It includes collection of information, opinions and attitudes directly from the subject of the study through observation. The Methodology of study is divided into four different parts, each fulfilling a separate objective.

A) OBJECTIVE :- TO ESTIMATE THE DISCHARGE TURNAROUND TIME FOR CASH , INSURANCE , NON- INSURANCE PATIENTS.

SECONDARY DATA:

Was Collected through WIPRO Hospital information System (HIS).

TOOLS AND TECHNIQUES:-

TOOL:

A sample tracking sheet was prepared.

PATIENT NAME	CATEGORY	DOCTOR'S SUGGESTED DISCHARGE AT	PATIENT DISCHARGED AT	TAT

TECHNIQUE:

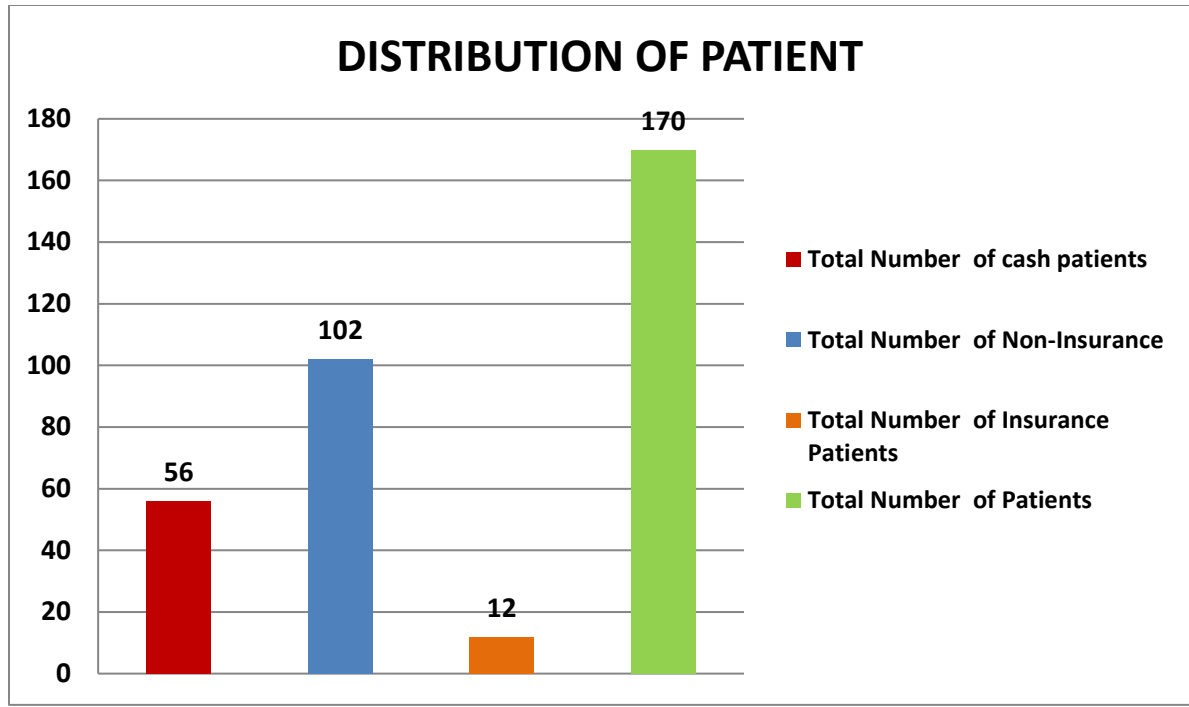
Observation.

Data processing and analysis:

The gathered data was processed and analyzed using MS Excel.

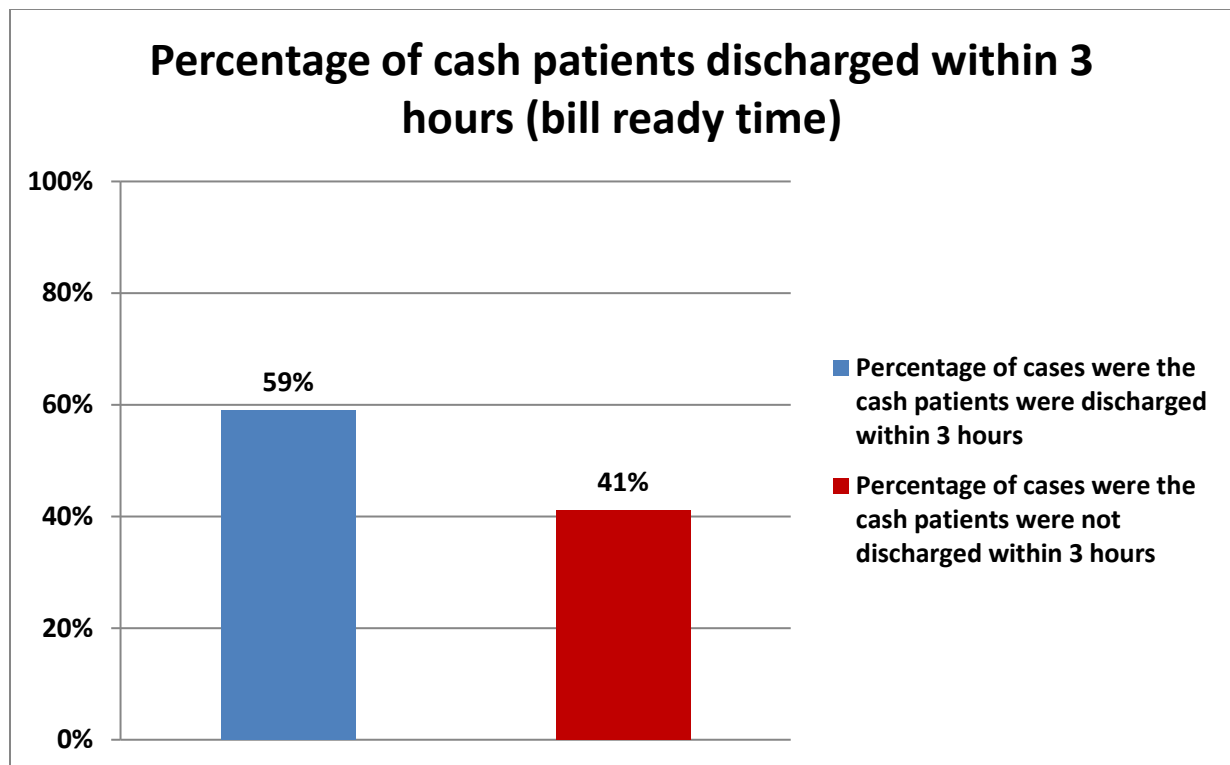
➤ **DISTRIBUTION OF CASH ,NON- INSURANCE , INSURANCE PATIENTS:**

CATEGORIES	NUMBER OF PATIENTS
Total Number of cash patients	56
Total Number of Non-Insurance	102
Total Number of Insurance Patients	12
Total Number of Patients	170



➤ **PERCENTAGE OF CASH PATIENTS DISCHARGED WITHIN 3 HOURS(BILL READY TIME)**

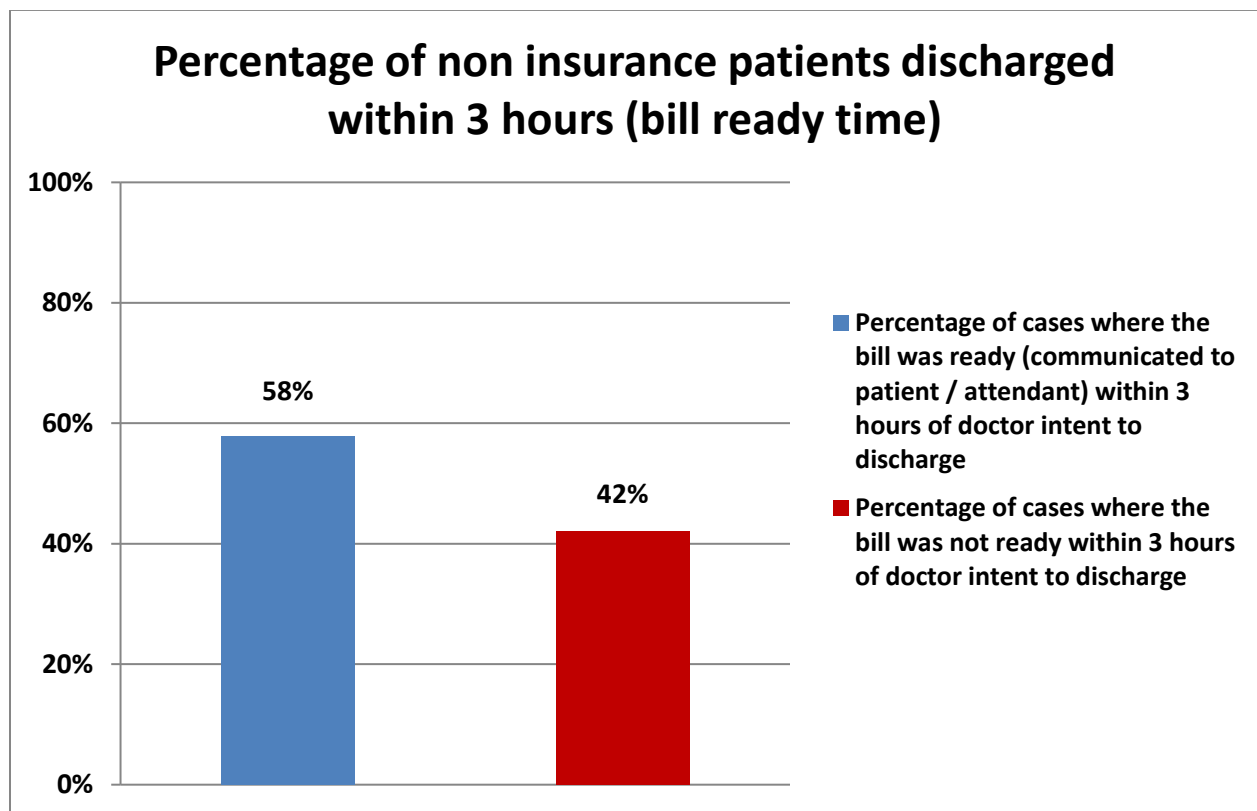
	Percentage of cash patients discharged within 3 hours (bill ready time)
Percentage of cases were the cash patients were discharged within 3 hours	59%
Percentage of cases were the cash patients were not discharged within 3 hours	41%



TOTAL NUMBER OF CASH PATIENTS: 56

➤ **PERCENTAGE OF NON- INSURANCE PATIENTS DISCHARGED WITHIN 3 HOURS (BILL READY TIME).**

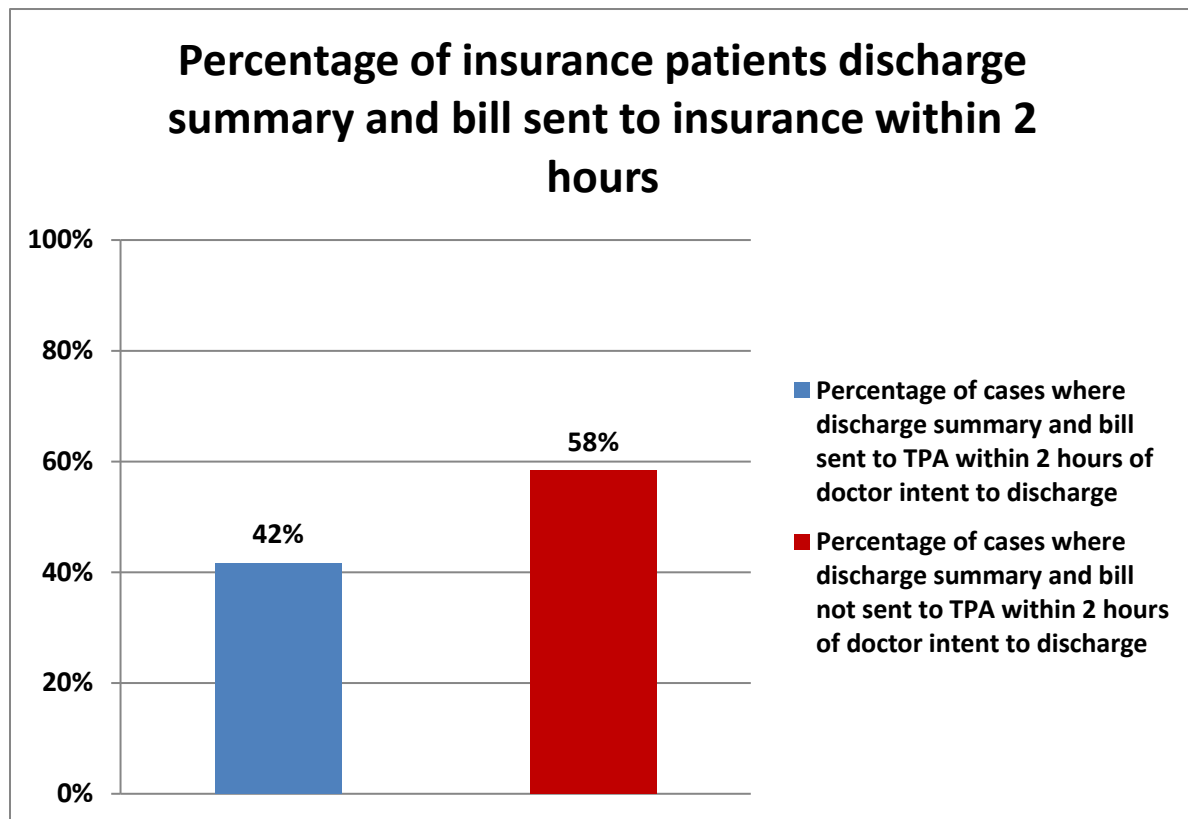
	Percentage of non insurance patients discharged within 3 hours (bill ready time)
Percentage of cases where the bill was ready (communicated to patient / attendant) within 3 hours of doctor intent to discharge	58%
Percentage of cases where the bill was not ready within 3 hours of doctor intent to discharge	42%



TOTAL NUMBER OF NON-INSURANCE PATIENTS: 102

➤ **PERCENTAGE OF INSURANCE PATIENTS DISCHARGED SUMMARY AND BILL SENT TO THE INSURANCE WITHIN 2 HOURS.**

	Percentage of insurance patients discharge summary and bill sent to insurance within 2 hours
Percentage of cases where discharge summary and bill sent to TPA within 2 hours of doctor intent to discharge	5
Percentage of cases where discharge summary and bill not sent to TPA within 2 hours of doctor intent to discharge	12



TOTAL NUMBER OF INSURANCE PATIENTS: 12

B) OBJECTIVE: - TO IDENTIFY THE GAP IN DISCHARGE PROCESS.

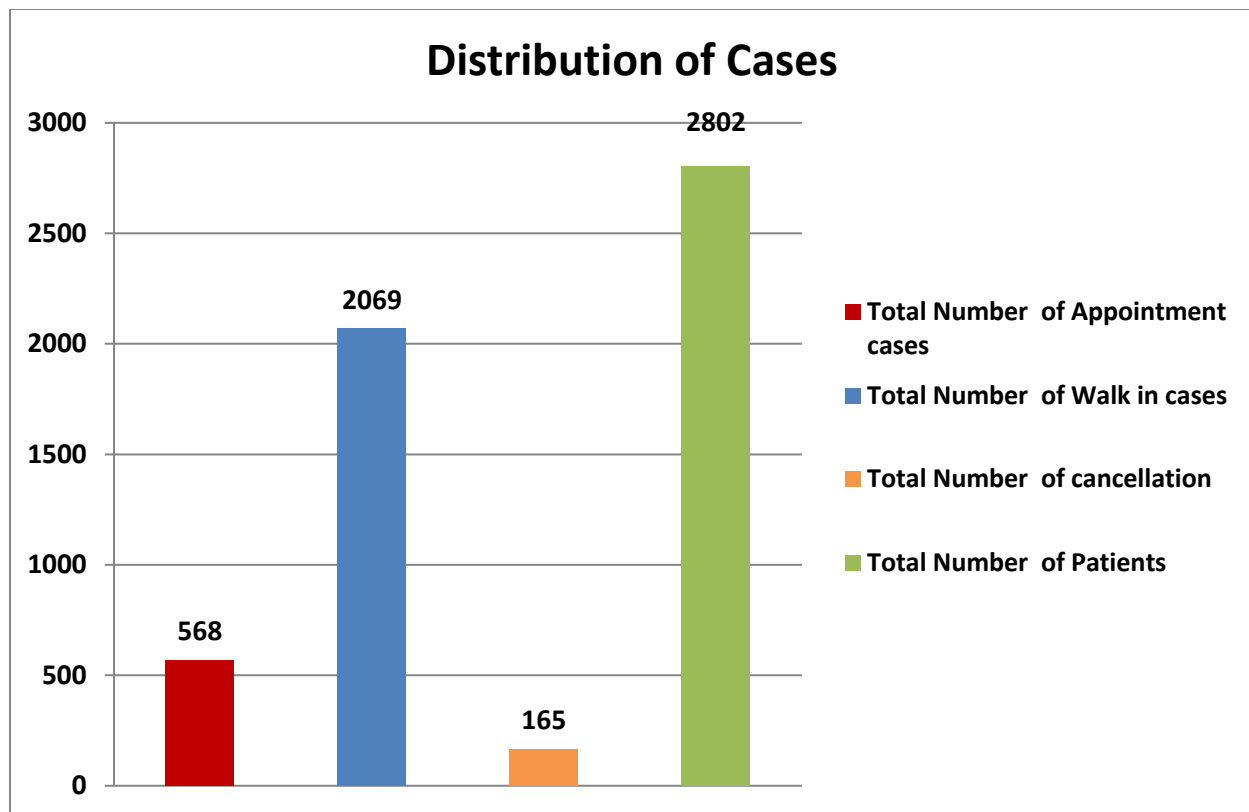
- No proper co-ordination among the staff.
- One ward boy required at the discharge summary room for the purpose of movement of file to different department.
- Doctors not coming on time for their rounds.
- Staff required at billing counter.
- Some doctors not giving the tentative discharge that creates the burden on nursing staff.
- Patient's attendant not present sometimes for clearing the dues at counter.

C) OBJECTIVE: - TO SUGGEST THE CORRECTIVE MEASURES TO IMPROVE THE DISCHARGE PROCESS.

- Resident doctor at the summary room can solve the queries.
- Two staff at the billing counters.
- Fixing the time for doctors round in the morning.

➤ **DISTRIBUTION OF CASH ,NON- INSURANCE , INSURANCE PATIENTS:**

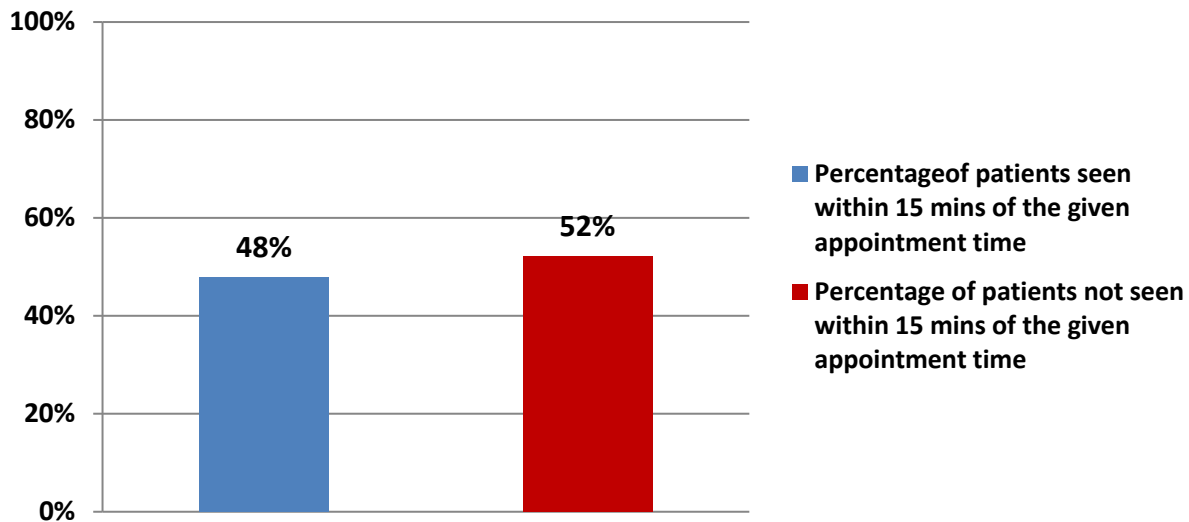
CATEGORIES	Distribution of Cases
Total Number of Appointment cases	568
Total Number of Walk in cases	2069
Total Number of cancellation	255
Total Number of Patients	2892



D) OBJECTIVE: - TO ESTIMATE THE APPOINTMENT TURNAROUND TIME FOR THE CASES WHICH ARE ATTENDANT WITHIN 15 MINUTES.

	Number of cases where patients were attended within 15 minutes of appointment time/ slot time
Number of patients seen within 15 minutes of the given appointment time	272
total no of consultation	568

**Percentage of cases where patients were
attended within 15 minutes of appointment
time/ slot time**



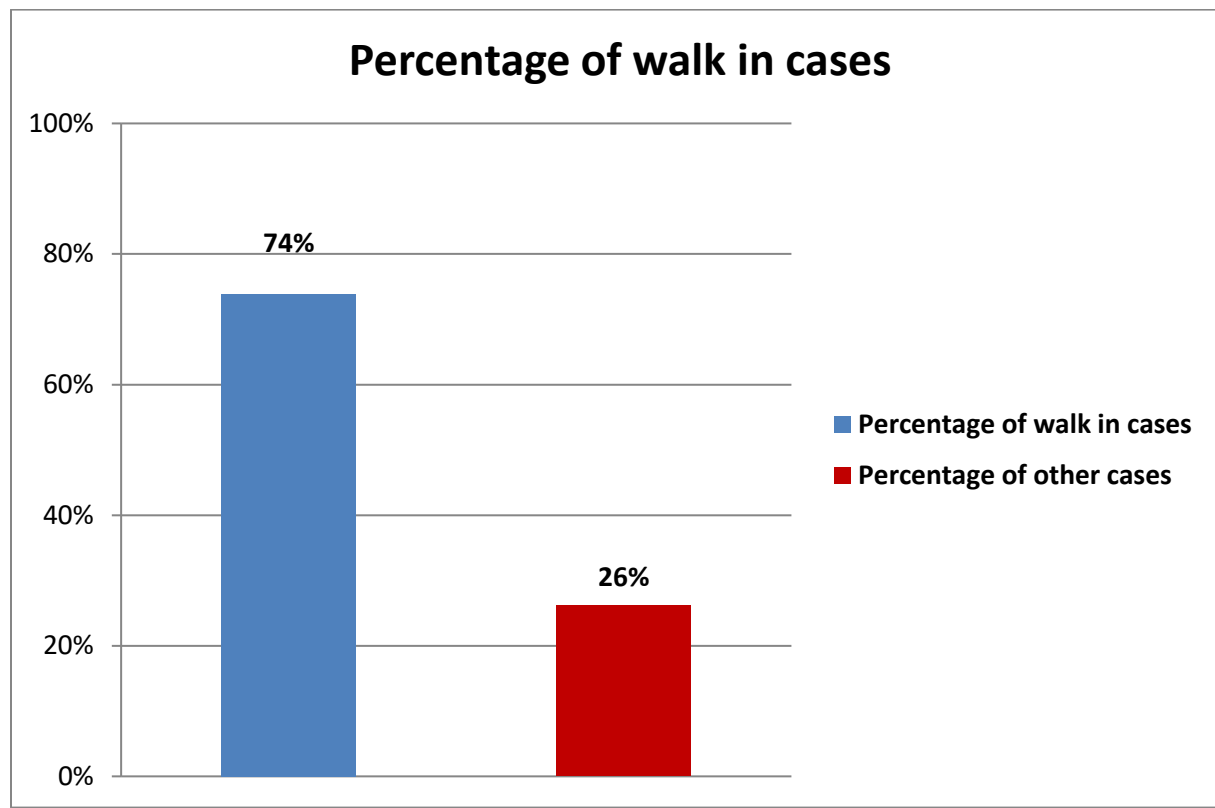
TOTAL NUMBER OF APPOINTMENT CASES: 568

E) OBJECTIVE:- TO ESTIMATE NUMBER OF WALK IN PATIENTS AND TO ESTIMATE NUMBER OF WALK IN PATIENTS GIVEN APPOINTMENT / SLOT TIME

	Number of cases where patients were attended within 15 minutes of appointment time/ slot time
Number of walk in cases given Appointment	2069
total no of walk in cases	2069
Total Number of patients	2802

➤ **TOTAL PERCENTAGE OF WALK IN PATIENTS:**

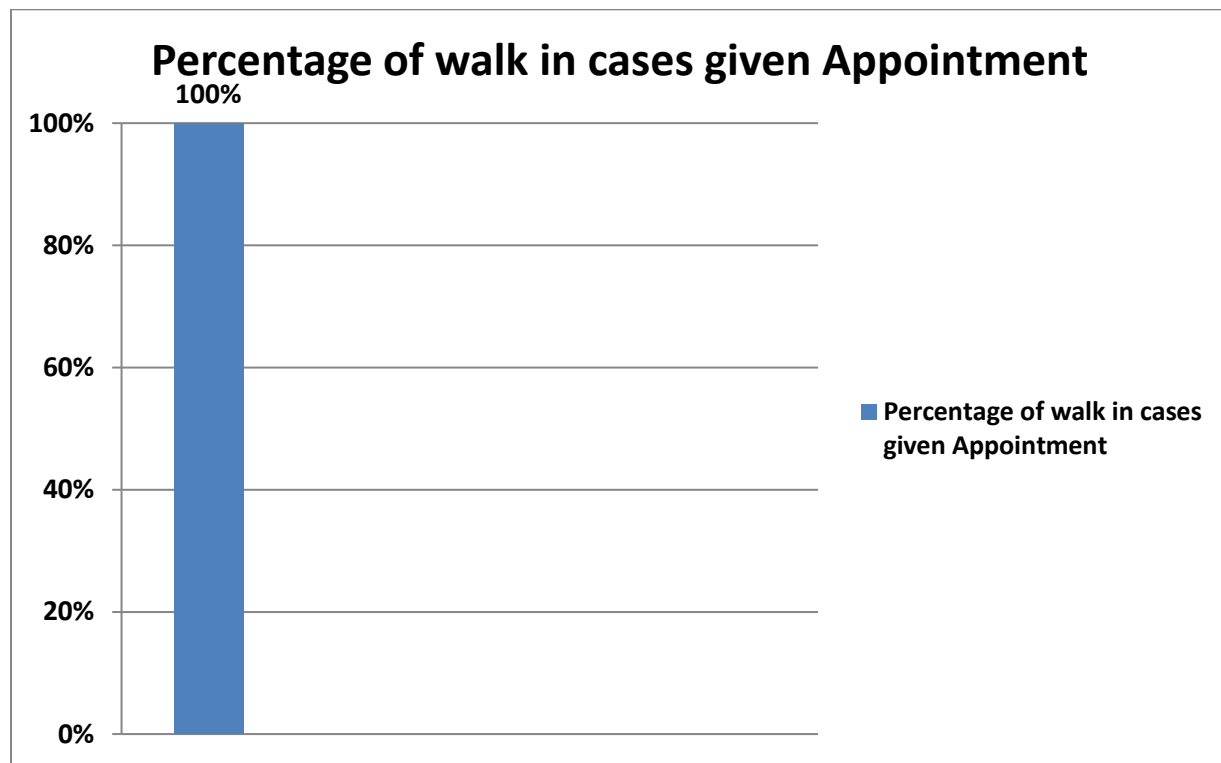
	Percentage of walk in cases
Percentage of walk in cases	74%
Percentage of other cases	26%



TOTAL NUMBER OF WALK-IN CASES: 2069

➤ **PERCENTAGE OF WALK IN CASES GIVEN APPOINTMENT TIME:-**

	Percentage of walk in cases given Appointment
Percentage of walk in cases given Appointment	100%
Percentage of walk in cases not given Appointment	0%



TOTAL NUMBER OF WALK-IN CASES: 2069

Project Report
Summer Internship Project on-
PATIENT WAITING TIME ANALYSIS IN PHARMACY

Submitted by: Kajol Shah

PGDHM-19th Batch
Post-graduate Programme in Hospital Management
2014-2016

EXECUTIVE SUMMARY:

Pharmacy is the health profession that links the health sciences with the chemical sciences and it is charged with ensuring the safe and effective use of pharmaceutical drugs.

The scope of pharmacy practice includes more traditional roles such as compounding and dispensing medications, and it also includes more services related to health care , including clinical services, reviewing medications for safety and efficacy, and providing drug information. Pharmacists, therefore, are the experts on drug therapy and are the primary health professionals who optimize medication use to provide patients with positive health outcomes.

I have conducted a project in pharmacy store to monitor and assess the waiting time for OPD patients , at the pharmacies of Soni Manipal Hospital . The patients were expected to report to store according to the need of their study. I have noted the time when a patient reports to drug store counter and handed their prescription to the pharmacist. Then the patient had to wait for some time till the pharmacist procures the medicines. The time when the medicines were delivered to patient was noted. I conducted the study for 7 Days (18thMay-24th May) and collected a sample of 70 patients at, Soni Manipal drug store.

The analysis revealed that on an average a patient had to wait for 9 minutes at Soni Manipal drug store. The causes of delay were elicited. The delay was majorly caused because of unavoidable circumstances from the departments view as at times the emergency patients and patients of ICU (Intensive Care Unit) were given priority over the non emergency patients. The patient load was analyzed day wise and also in different time slots of the day.

This has helped us in interpreting the findings based on several aspects related to departments working. The recommendations to overcome the delay which causes inconvenience to patient and also to the department have been mentioned.

It was my humble effort to understand and assess the process flow of the department.

REPORT

AIM

To monitor and assess the waiting time of patients in pharmacy department of Soni Manipal hospital.

OBJECTIVE

1. To estimate TAT (turnaround time) for pharmacy in SONI MANIPAL Hospital.
2. To study the satisfaction level of patients in pharmacy.
3. To access the demand/need to improve the services at pharmacy in SONI MANIPAL hospital.

METHODOLOGY:

Study Setting: Soni Manipal Hospital, Sikar Road, Jaipur

Sample collection method:

Non probability convenience sampling was used.

Sample size:

Total sample of 70 OPD Patients were collected.

Duration for data collection:

7 Days (18th May -24thMay)

Population and sample

- ▶ **Study type:** Descriptive and Observational study
- ▶ **Sampling technique-** convenient sampling
- ▶ **Sample size-** 70 OPD Patients

Research design:

The research approach adopted in the study is descriptive and cross sectional. It includes collection of information, opinions and attitudes directly from the subject of the study through structured questionnaire. The Methodology of study is divided into four different parts, each fulfilling a separate objective.

A) Objective - To estimate TAT (turnaround time) for pharmacy in SONI MANIPAL Hospital.

Primary data was collected through observational learning's.

► Tool and Technique used-**Tool:**

A sample tracking sheet was prepared as follows:

Sr.No.	Patient gives prescription(T1)	Patient procures medicine(T2)	Difference between T1 and T2
--------	-----------------------------------	----------------------------------	---------------------------------

Technique:

Data collection was done as follows:

- The time when the patient gives the prescription to the pharmacy personnel was noted and then the patient procures the medicine is noted.

B) Objective – To study the satisfaction level of patients in pharmacy of SK SONI hospital.

Primary data was collected through survey.

► Tool and Technique used-

Tool: Questionnaire was prepared. Annexure

Technique: Survey

-Questionnaire

Structured Questionnaire was filled by the the patients in pharmacy The type of scale used in questionnaire was rating scale

The questions were rated on the basis of :-

- a) Nominal scale-Yes/No
- b) Two rating parameters i.e. highly satisfied, not satisfied were used where 2 and more represents highly satisfied, less than 2 represents not satisfied.

C) Objective- To access the demand/need to improve the services at pharmacy in SONI MANIPAL Hospital.

Primary data was collected through survey.

► Tool and Technique used-

Tool: Questionnaire was prepared. Annexure

Technique: Survey

Data analysis:

1) ESTIMATION OF TAT IN PHARMACY

Data processing and analysis:

The gathered data was processed and analyzed using MS Excel.

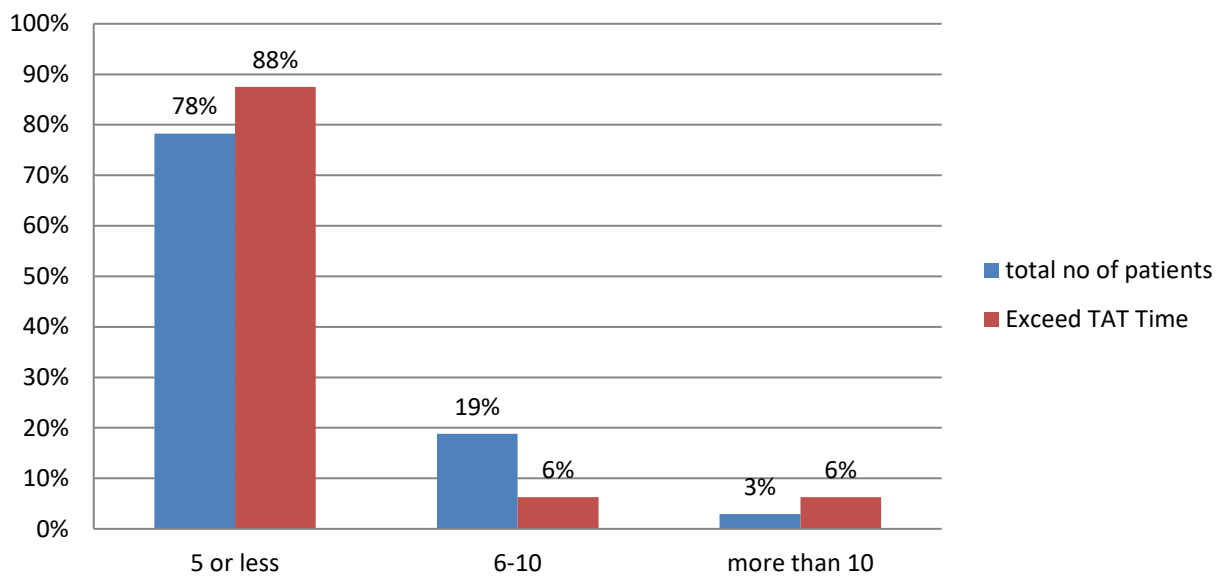
SONI MANIPAL HOSPITAL :

S.NO	PATIENT NAME	NO.OF ITEMS	T1 Arrival Time	T2 Completion time	T1-T2 Difference
1	Rajesh Kuamr	4	11:12	11:17	0:05
2	Chuna Ram	5	11:10	11:16	0:06
3	Barji Devi	5	11:17	11:26	0:09
4	Ganga Singh	1	11:30	11:31	0:01
5	Mahender Singh	5	11:36	11:47	0:11
6	Ganga Singh	5	11:34	11:42	0:08
7	Anjum	2	11:46	11:53	0:07
8	Shubra Mishra	4	11:55	12:13	0:18
9	Shish Ram	4	11:57	12:14	0:17
10	Prem Devi	5	12:24	12:31	0:07
11	Yousaf Ali	5	12:17	12:24	0:07
12	Mahender Shrivatav	8	12:20	12:27	0:07
13	Chunni Lal	5	11:49	11:59	0:10
14	Delip Kumar	5	11:51	12:01	0:10
15	Manju Devi	4	11:53	12:00	0:07
16	Anshul Kumawat	2	12:02	12:07	0:05
17	Archana Agarwal	3	12:03	12:10	0:07
18	Shagum Meena	3	14:55	15:03	0:08
19	Mahindra Kumar	2	14:57	15:02	0:05
20	Saroj Devi	2	15:04	15:08	0:04
21	Sabina Bauo	8	10:35	10:46	0:11
22	Prahilad Sing	7	10:53	10:59	0:06
23	Renu Sharma	2	11:01	11:04	0:03
24	Mitesh Choomal	5	11:01	11:07	0:06
25	Vishnu Agarwal	5	12:55	13:00	0:05
26	Kesar	2	13:02	13:10	0:08
27	Jaswant Singh	1	13:11	13:15	0:04
28	Mumtaj Ali Khan	10	13:20	13:50	0:30
29	Kamlesh Kumar	5	13:29	13:34	0:05
30	Murti Devi	3	13:40	13:50	0:10
31	Ramchandra	6	11:19	11:33	0:14
32	Jaya Raman	2	11:23	11:27	0:04
33	Murli Monohar Bohra	4	11:30	11:37	0:07
34	R.K Bhandri	4	11:34	11:40	0:06
35	Rameshwar	5	11:40	11:47	0:07
36	Anita	4	11:40	12:01	0:21
37	Devilal	1	11:51	11:56	0:05
38	Heralal	2	11:36	12:05	0:29

39	Nandlal Saini	7	12:02	12:13	0:11
40	Amit Saini	6	12:03	12:14	0:11
41	Banwarilal	6	12:09	12:20	0:11
42	Ratni Devi	3	12:08	12:21	0:13
43	Varsha	2	12:16	12:19	0:03
44	Karni Devi	2	12:42	12:54	0:12
45	Poonam	4	12:47	12:56	0:09
46	Rahish Khan	11	12:52	13:07	0:15
47	Vivek Jain	5	12:56	13:05	0:09
48	Sube Daulat	3	12:58	13:01	0:03
49	Rajbala	3	13:03	13:07	0:04
50	Vivek Jain	6	12:56	13:10	0:14
51	Ankita Sharma	2	13:09	13:13	0:04
52	Raj Singh	1	13:10	13:13	0:03
53	Nirmala Devi	4	14:37	14:46	0:09
54	Vivek	1	14:40	14:47	0:07
55	Rohit	2	12:53	13:08	0:15
56	Sulochna Sharma	1	12:54	13:04	0:10
57	Mahender Singh	7	12:57	13:01	0:04
58	Arnab	5	13:09	13:22	0:13
59	Kriti Devi	3	15:00	15:06	0:06
60	Pooranmal	1	15:10	15:24	0:14
61	Sumender Singh	6	15:14	15:20	0:06
62	Praveen Devi	13	15:17	15:48	0:31
63	Nawab Ali	5	15:36	15:59	0:23
64	Heera Lal	7	15:46	15:57	0:11
65	Chinmay	2	15:48	15:51	0:03
66	Ajmeri Khan	6	17:12	17:20	0:08
67	Pawan Sharma	3	17:23	17:27	0:04
68	Saula Devi	5	11:50	12:02	0:12
69	Vimla Devi	4	11:55	12:06	0:11
70	Renu Agarwal	4	11:35	11:46	0:11

Average Time Taken: 11:00/70 = 0.094

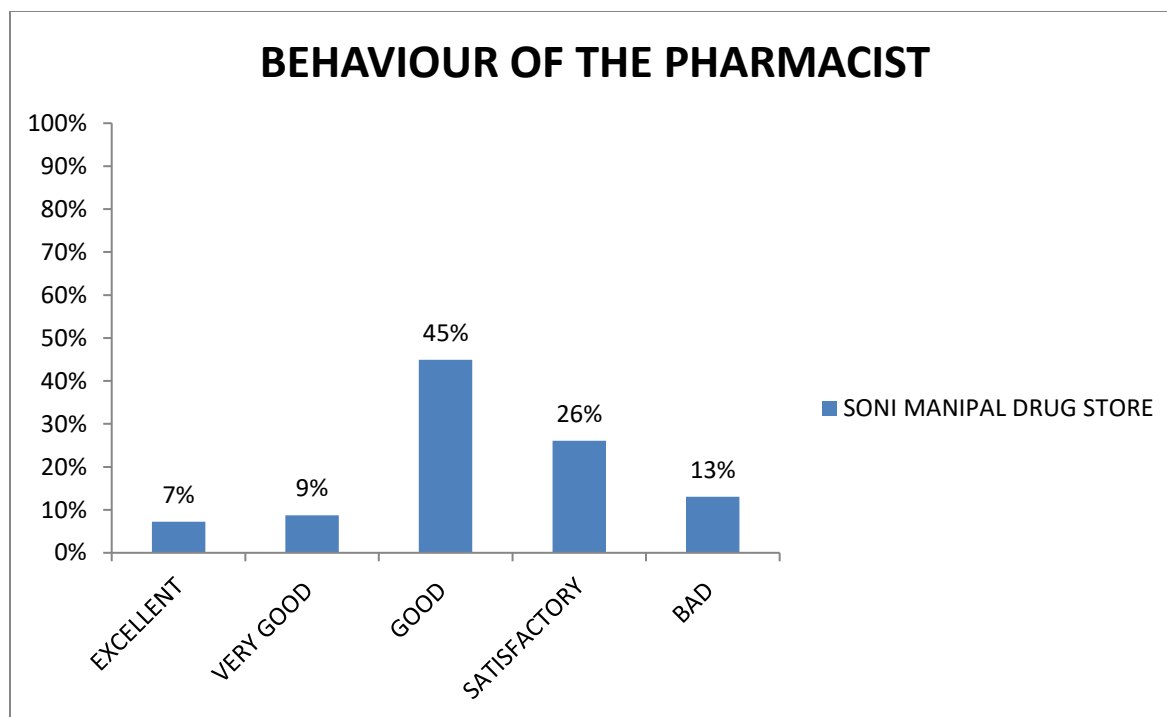
PATIENT WAITING TIME



2) SATISFACTION LEVEL OF PATIENTS IN PHARMACY:

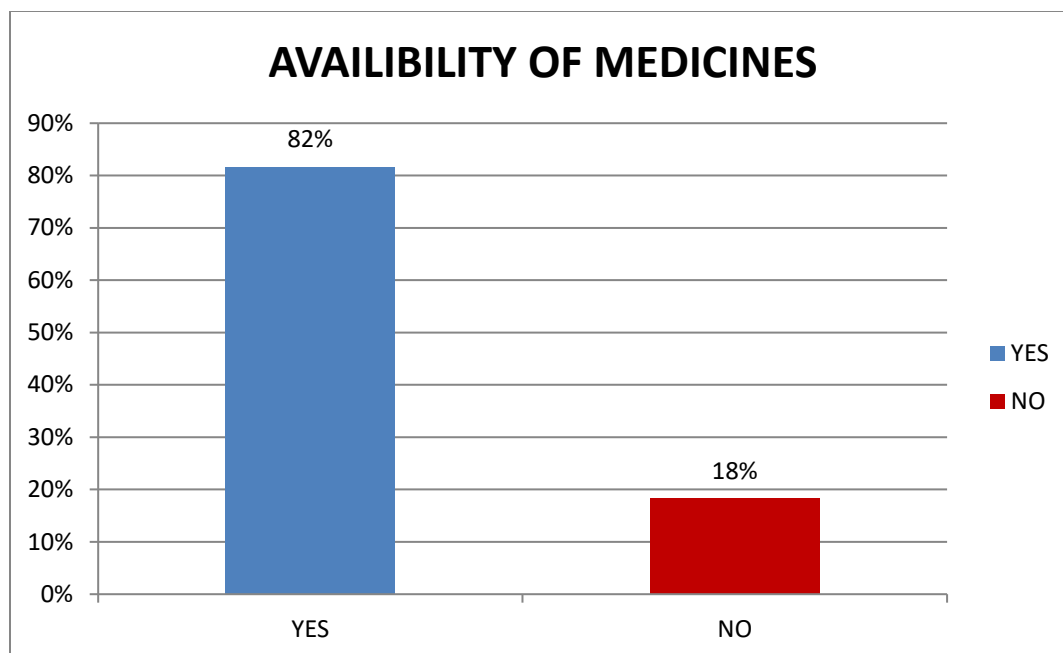
❖ ANALYSIS OF THE BEHAVIOUR OF THE PHARMACIST:

BEHAVIOUR OF PHARMACIST	SONI MANIPAL DRUG STORE(PERCENTAGE)
EXCELLENT	7%
VERY GOOD	9%
GOOD	46%
SATISFACTORY	26%
BAD	13%



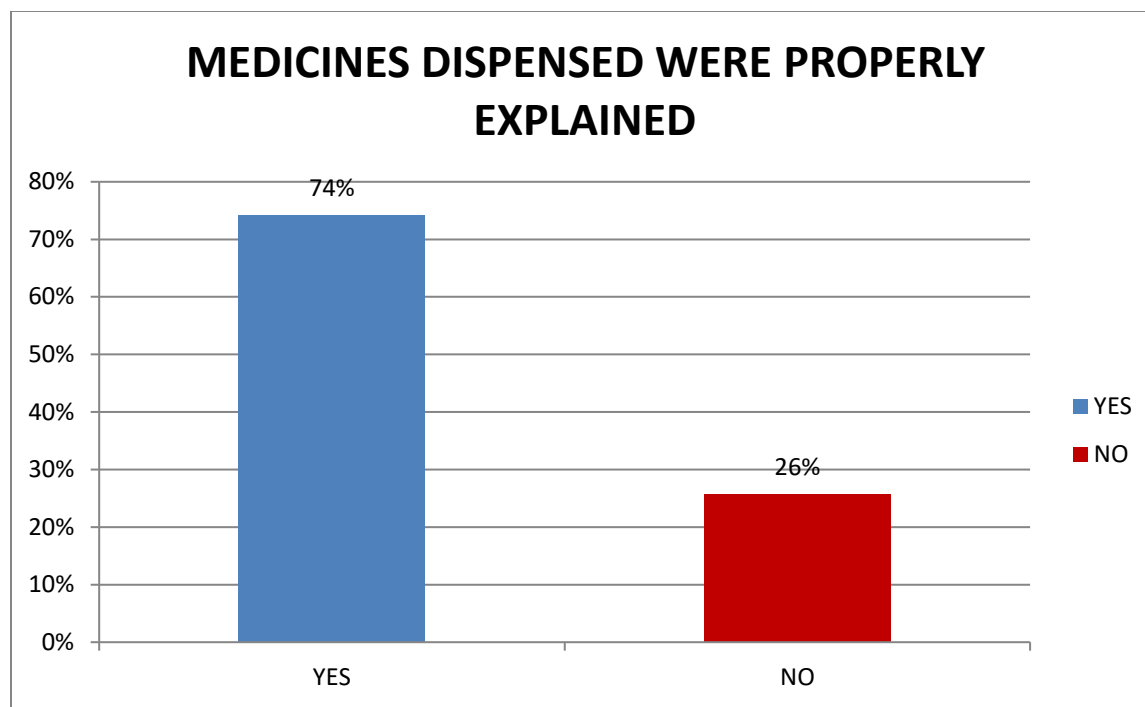
❖ **ANLYSIS OF AVAILABILITY OF MEDICINE:**

AVAILIBILITY OF MEDICINES	SONI MANIPAL DRUG STORE (PERCENTAGE)
YES	82%
NO	18%



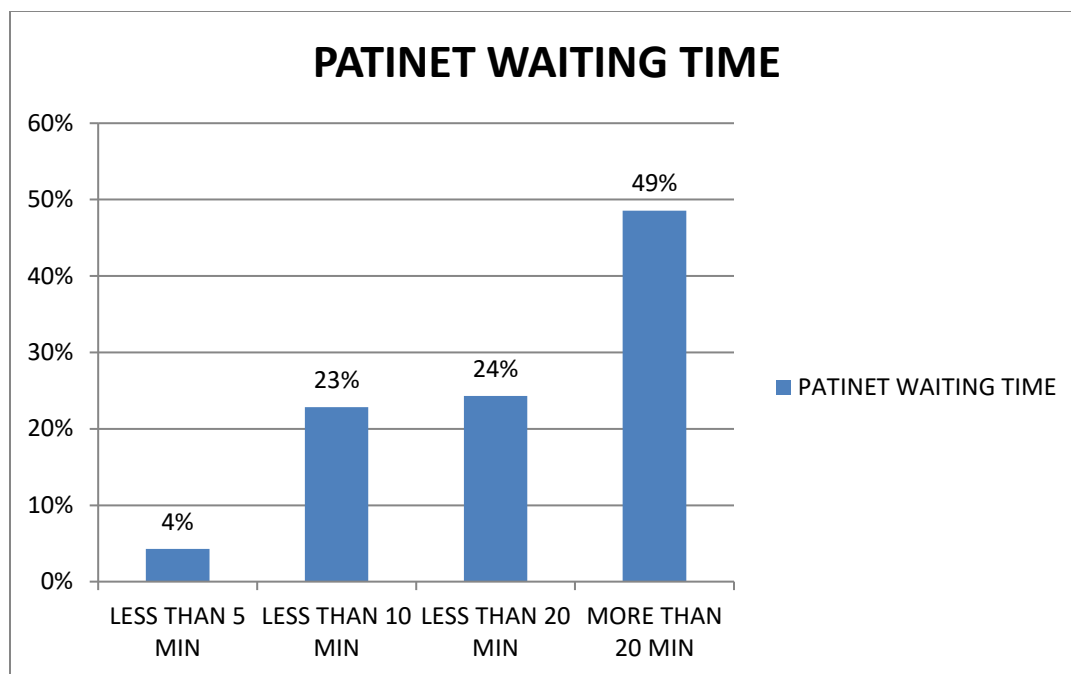
❖ **EXPLANATION OF THE DISPENSED MEDICINES:**

RESPONSE	MEDICINES DISPENSED WERE PROPERLY EXPLAINED(PERCENTAGE)
YES	74%
NO	26%



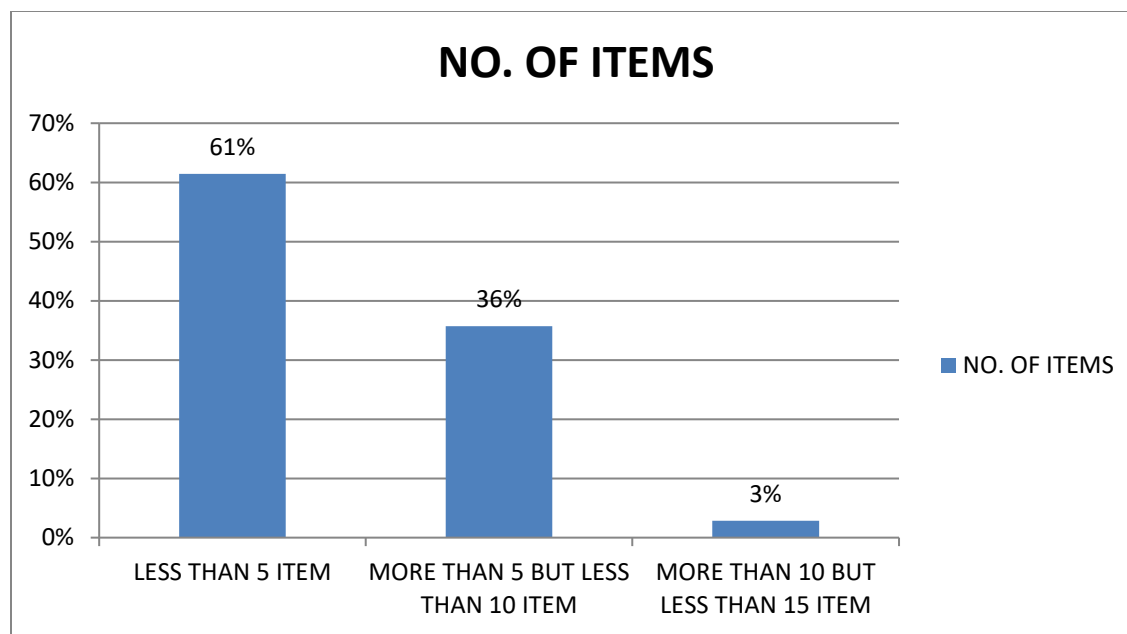
❖ **ANALYSIS OF WAITING TIME FOR PROCUREMENT OF MEDICINE:**

OVERALL PATINET WAITING TIME	SONI MANIPAL HOSPITAL (PERCENAGE)
LESS THAN 5 MIN	4%
LESS THAN 10 MIN	23%
LESS THAN 20 MIN	24%
MORE THAN 20 MIN	49%



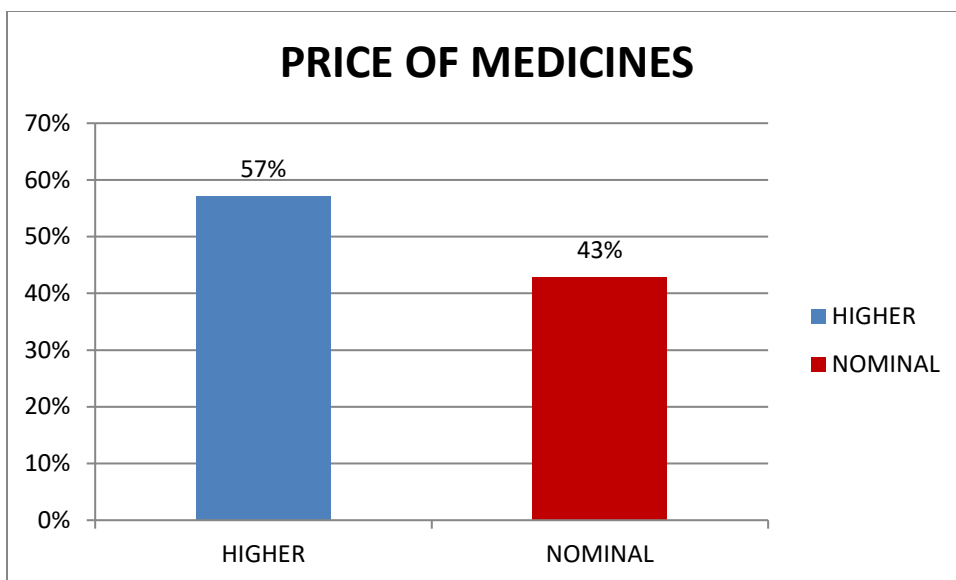
❖ **NUMBER OF ITEM/DRUGS MENTIONED IN THE PRESCRIPTION:**

RESPONSE	NO. OF ITEMS DISPENSED(PERCENTAGE)
LESS THAN 5 ITEM	61%
MORE THAN 5 BUT LESS THAN 10 ITEM	36%
MORE THAN 10 BUT LESS THAN 15 ITEM	3%



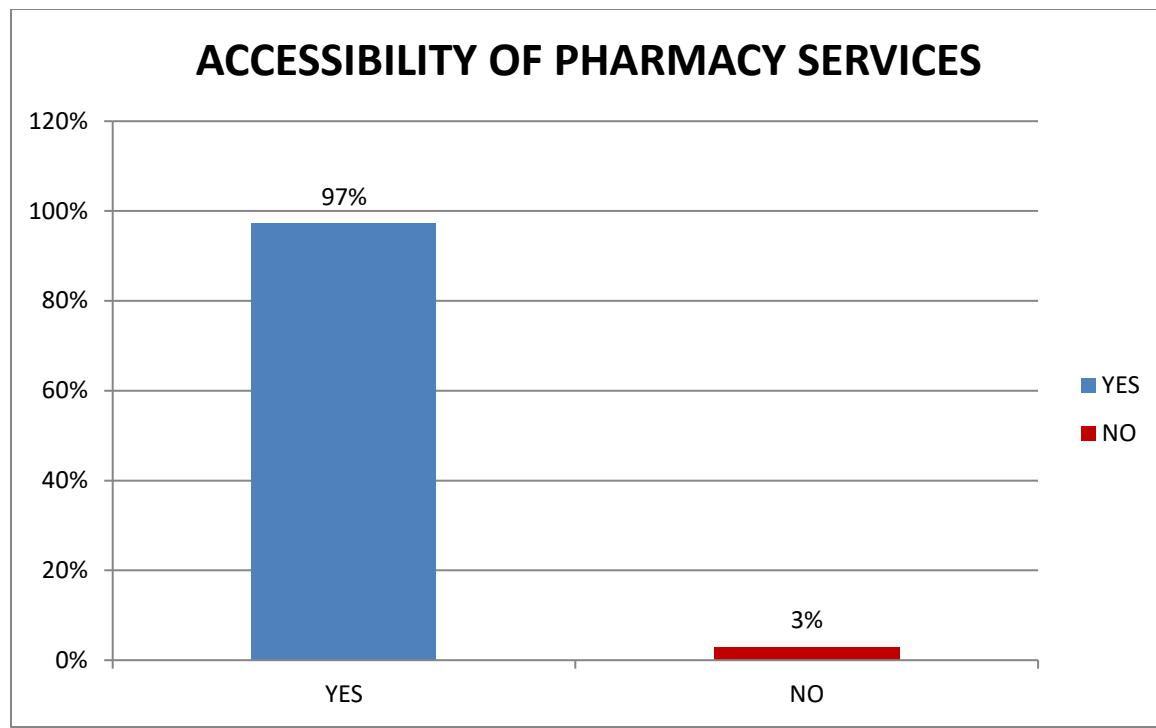
❖ **ANALYSIS OF PRICE LISTING OF MEDICINE:**

PRICE OF MEDICINES	SONI MANIPAL HOSPITAL (PERCENTAGE)
HIGHER	57%
NOMINAL	43%



❖ **ACCESSIBILITY OF PHARMACY SERVICES AT SONI MANIPAL HOSPITAL:**

RESPONSE	ACCESSIBILITY OF PHARMACY SERVICES(PERCENTAGE)
YES	97%
NO	3%



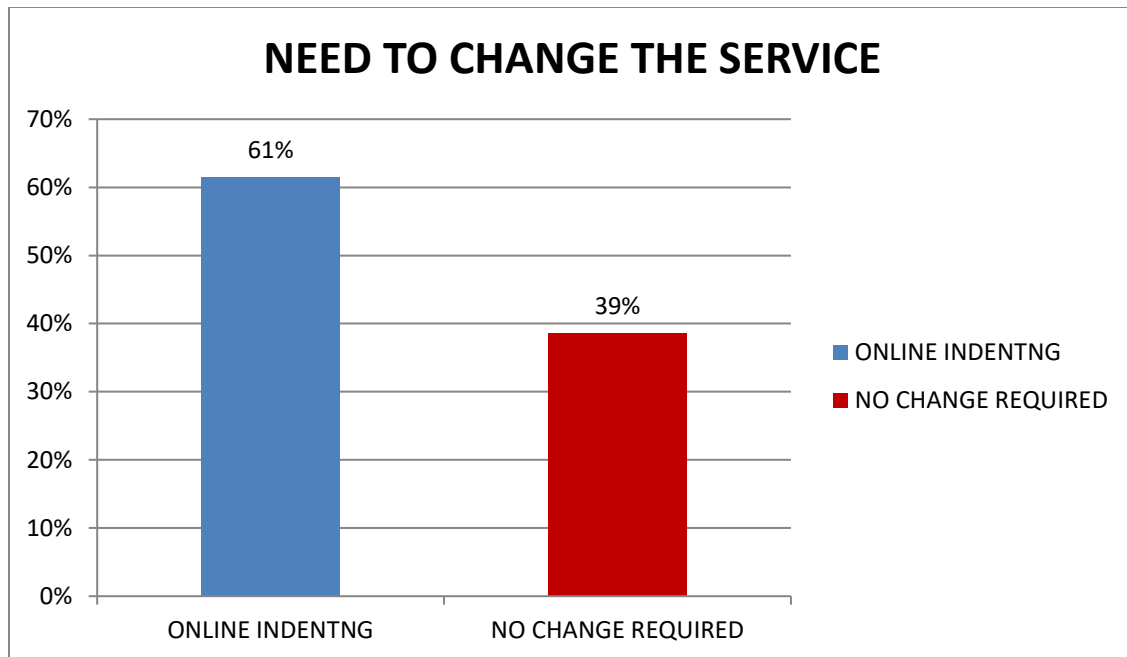
❖ **OVERALL SATISFACTION LEVEL OF PATIENTS:**

OVERALL SATISFACTION LEVEL	SONI MANIPAL HOSPITAL
HIGHLY SATISFIED	74%
NOT SATISFIED	26%



3) NEED TO IMPROVE SERVICES AT PHARMACY AT SONI MANIPAL HOSPITAL:

RESPONSE	NEED TO CHANGE THE SERVICE(PERCENTAGE)
ONLINE INDENTNG	61%
NO CHANGE REQUIRED	39%



RECOMMENDATIONS

- There should be proper queue formation outside the pharmacy to facilitate the timely delivery of the medicines.
- Analysis shows that delay in time slots between 11:00am to 2:00 pm, mainly due to OPD therefore the number of staff(pharmacist and support staff)should be increased during these hours.
- Online indenting of the medicines can be done to avoid unnecessary waiting time of patient at the pharmacy and will also increase the level of satisfaction of patients.

CONCLUSION

After a thorough analysis of the collected data, we hereby conclude that long waiting time for pharmacy patients is annoying and causes inconvenience to both patient and the department. The delay if, minimized in the early morning hours, that can significantly reduce waiting time of patients. This will help the department to function with optimum efficiency and provide quality care to patients. Online indenting of the medicines can reduce errors as well as improve the efficiency and accountability of the pharmacy personnel's.