Summer Training at
P.D. Hinduja National Hospital and Medical Research Centre,Mumbai
April 6th, 2015- June 6th, 2015

- **Prescription Audit as per ISMP guidelines in Medical Records Department (MRD).**
- **Risk assessment of the Artificial Kidney Department (AKD).**
- **Identification of Causes of Delays in Cashless Hospitalization & Suggest Recommendations to reduce the time Lag.**
- **To Develop Promotional Plans of Tobacco Cessation Clinic.**

By
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Under the guidance of
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MBA- Hospital & Health Management (MBA-HM)
2014-2016

Institute of Health Management Research, Jaipur

2015

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Aastha Mishra has undergone her Summer Training in P.D. Hinduja National Hospital and Medical Research Centre, Mumbai from 6th April 2015 to 6thJune 2015. The candidate herself carried out all the studies related to her Summer Training. Her approach to the study has been scientific and analytical.

Her Topics of study were-

- Prescription Audit as per ISMP guidelines in Medical Records Department (MRD)
- Risk assessment of the Artificial Kidney Department (AKD).
- Identification of Causes of Delays in Cashless Hospitalization & Suggest Recommendations to reduce the time Lag.
- To Develop a Promotional Plan of Tobacco Cessation Clinic.

The summer training is in partial fulfilment of the course requirement recommended for the award of Master of Business Administration-Hospital & Health Management.

I wish her success in all her future endeavours.

Col. (Dr.) Ashok Kaushik,

Dean (Academic and Student Affairs)

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P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE
(Established and managed by the National Health & Education Society)

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June 7, *2015*

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Aastha Mishra a student of MBA in Hospital and Health Management from IIHMR, Jaipur did her internship in our Hospital from 6st April 2015 to 6th June 2015. During this period her assignment was as follows:

- Prescription Audit As per ISMP guidelines In Medical Records Department.
- Risk Assessment of the Artificial Kidney Department.
- To analyses the Turn around Time (TAT) Of the TPA Department.
- Identification of Causes of delays in Cashless Hospitalization & Suggest recommendations to reduce the time Lag.
- To develop promotional plan of Tobacco Cessation Clinic.

I wish her all the success in future endeavors.

Joy Chakraborty
Chief Operating Officer

PREFACE

Summer internship is an integral part of MBA-HM curriculum. As a part of the course, the students of first year are required to undergo summer placement at any reputed organization to get in depth exposure to various departments of the organization and understanding of health care delivery system and its functions.

The major objectives of the summer internship are as follows:

1. To understand and learn day to day operational management of a Hospital/ Health Care organization and its service contents.
2. To identify issues/problems with certain operational areas.
3. To acquire more knowledge on roles and responsibilities of key players and stakeholders in the hospital.
4. To gain perspective in the functions of various departments by interaction with key stakeholders, policy makers, academicians and researchers.
5. To work on a Project assigned by the summer training organization.

During the training, I had an overview of several departments of the hospital.

ACKNOWLEDGEMENT

The Project training at P.D. HindujaHospitaland Research Centre**,** Mumbai, helped to provide me a both learning experience as well as a glimpse into the daily managerial level issues of this renowned hospital. I was fortunate enough to interact with the esteemed authorities and staff of the hospital, who have encouraged and guided me with their support and patience.

First of all, I would like to thank Mr. Joy Chakroborty **CEO** for providing me an opportunity to carry out my internship at **P.D. Hinduja Hospital,Mumbai**

I want to express my gratitude and sincere thanks to my mentor Dr. Preeti Goraksha**,** Senior Manager Clinical Services Unit, for her constant support and invaluable time-to-time guidance and kind help in completion of this project.

I also want to extend my thanks to **Dr. S.D. Gupta,** Director-IIHMR for incorporating right attitude towards learning and **Col. (Dr.) Ashok Kaushik,** Dean-Academic and Students Affairs, IIHMR, for helping and supporting me to reach my goals and endaevours.

Finally I acknowledge my indebtedness to the staff of the Hospital and our respected teachers of IIHMR especially Ms.Sunita Nigam for providing her constant support by guiding me throughout my internship tenure.

I would also like to thank all who have directly or indirectly supported me towards the completion of the project.

Sincerely,

Aastha Mishra

MBA-HM (2014-2016)

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HOSPITAL OVERVIEW-

P.D. HINDUJA NATIONAL HOSPITAL AND MRC

Introduction

The late Sh. Paramanad Deepchand Hinduja had in 1951established a charitable hospital under auspices of "The National Health and Education Society". Later the Hinduja foundation under the patronage of Sh. S.P. Hinduja, launched an U.S. $30 million (about Rs 35 crore) project to develop this into a modern, technologically advanced Tertiary Care Hospital Medical Research complex. The Hospital project with 342 beds inclusive of 53 critical care beds was dedicated to the memory of late Sh. P.D. Hinduja and opened in August 1986. Today it is one of South Asia's most modern centers for health care. It has a unique collaborations program with Massachusetts General Hospital, Boston and the Washington Hospital Centre, Washington D.C., U.S.A.

History

Behind the ultra modern and internationally acclaimed in extending world class medical services which are offered at P.D. Hinduja National Hospital & Medical Research Centre, lies a 50 years old dream.

A mission to assimilate the finest in medical and surgical talent and technique, to bring them closer to the common man, it was nurtured in the heart of great founder, **Shri Parmanand Deepchand Hinduja- a hard working philanthropist**, who laid the foundation of the National Hospital, way back in 1951. Today, the P.D. Hinduja National Hospital stands as a concrete testimony to the fulfillment of his dream.

Hinduja Hospital is an **ultramodern multi specialty tertiary care hospital with a Medical Research Centre in collaboration with Massachusetts General Hospital (MGH), Boston.**

The hospital has an inpatient capacity of 381 beds inclusive of 57 critical care beds in different specialties. As a tertiary care hospital, the services offered are comprehensive covering investigation & diagnosis to therapy, surgery & post – operative care. The inpatient services are complemented with a day centre, out-patient facilities and an exclusive centre for health check for executives.

Location

Located in Mumbai, the heart of the financial and commercial capital of India, it is landmark in itself.

Situated in Mahim, Veer Sarvakar Marg, its unique structure and immensity of size and its colour white and yellow edifice immediately distinguishes its from rest of the surrounding. The OPD block (Hinduja Clinic) and IPD (West Block) is connected through a bridge over the road. The hospital is well connected through roads, railway and air.

Philosophy

The Hospitals philosophy is '**To provide World Class Quality Health Care Services to all sections of the society**' with emphasis on philantrophy. To fulfill this objective the hospital has highly qualified & dedicated medical professionals, paramedics and managerial support staff who regularly enhance their skills to the most contemporary world standards.

Mission

To create Hinduja Hospital as a world class medical institution by delivering quality medical care to all patients as well as continuing medical education to all doctors and training to nurses and by under taking basic and clinical research with a focused on the needs of the country.

Vision

Quality healthcare for all.

Quality Policy

To **our** patients **we** commit **our** best we aim to

- Assure best outcome.
- Build seem less services.
- Create values.
- Satisfied with personalized care.
- Pledge to set and practice high standards through an effectively quality management system and ensure that our services always meet the expected requirement of our clients and patients.

Quality Objectives

- To create a safer environment for the patient as well as staff by reducing the errors.

- Involvement of staff in the quality improvement to take the working to higher level continuously.
- Continual improvement in every area of the hospital services.

Achievements

- Hinduja hospital was the first disciplinary tertiary care hospital to have been awarded the **prestigious ISO 9002 certification** from **KEMA of Netherlands** for quality management system.
- Hinduja hospital was recently awarded the prestigious '**Golden Peacock Global Award for Philantrophy in Emerging Economics 2006**.'
- The First Hospital Laboratory in India to be **accredited by the College of American Pathologists.**
- P.D. Hinduja Hospital is the second hospital in the city to receive the **NABH accreditation**, on July 1,2009.
- Hinduja Hospital was recently awarded the **IMC Ramakrishna Bajaj** Award for Quality.

Medical Expertise

With over **86 hospital based consultants**; which is a unique feature of the hospital, there is always an experienced specialist available to initiate treatment without delay. The various specialties covered are Cardiology, Cardiothoracic Surgery, Neurology, Neurosurgery, Orthopedics, Oncology, Ophthalmology, Rheumatology, Endocrinology, ENT, Gastroenterology, Pediatrics, Pediatric Surgery, Pediatric Neurology, Urology, Nephrology, Dermatology, Dentistry, Plastic Surgery, Gynecology, Pulmonology, Psychiatry, General Medicine & General Surgery.

Technology Upgrade

1. Gamma Knife- gold standard in Radio surgery, a non invasive neurosurgical tool.
2. **Twin speed MRI**, a revolutionary technology in neurovascular and cardiology imaging.
3. **Bactec NR 730 analyzer** for micro culture.

4. **Gamma Camera / PET scan** which redefines the treatment in cancer management , orthopedics, neurology and cardiology.
5. Digital Linear Accelerator Clinac 2300 C/D with MLC & micro MLC with portal vision along with CT stimulator, dedicated 3D computerized planning system for achieving a high tumor dose and increased cure rate and a low normal tissue dose to reduce toxicity.
6. Vacutainer system for blood collection.
7. Holmium Laser, thus replacing surgeon scalpel.

   Synchrom CX-7 fully automated for pick-up, delivery and analysis of the sample and reagent.
8. Computerized Humphrey's perimeter for early diagnosis of glaucoma.
9. Digital Subtraction Angiography for cerehaed angiography, peripheral and renal angioplasty, biliary drainage and nephrectomy.
10. Viewing wand navigation system to conduct minimal invasive neurosurgery procedures.
11. **GE Volume Light Speed CT,** which captures images of the heart in just 5 heartbeats at the speed of light.
12. **GE INNOVA 2000 CATH LAB** machine for better visibility of blood vessels.
13. The **Radial Lounge, First of its kind in India,** is a unique concept for carrying out Coronary Angiographies and Angioplasties procedure. In support of the Nephrology services at the hospital.

Human Touch

1. Hospital provides charity to 20% of patients , spending approx 80 million for this purpose every year.
2. It ensures equal care and service to the charity and paying patients without discrimination in its OPD and Wards.

The Firsts to Hinduja Hospital Credits to:

- One of the first hospitals in India to perform laparoscopic gall bladder surgery.
- One of the few hospitals in India to perform Cochlear Implantation.

- The first hospital in India to start a Pain Management Clinic.
- For the first time in India awake craniotomy for an epilepsy surgery was performed at the hospital.
- It offers the facility for Therapeutic drug monitoring for the highest number of drugs in the India.
- Started the first screening center for breast cancer in Mumbai.
- The first private hospital in Mumbai to perform cadaver kidney transplant &peripheral blood stem cell transplant.
- The first one in Mumbai to introduce high resolution scanning (HRCT) of the lungs.
- The first few in Mumbai to install Digital Video EEG which is capable of recording the electrical events of the brain.
- The first hospital in Mumbai to start Home Care, which is a service of nursing care at your doorstep.
- The first in India to set up Vulvar Clinic.
- The first hospital in Mumbai to start a Sleep Laboratory.

Basic Facts about P.D. Hinduja Hospital

- Bed strength = 402 beds inclusive of 52 critical care
- Bed occupancy rate =100%
- ALOS = 5.1 days
- Mortality Rate =35 death per month
- Patient to Nurse Ratio = 6:1
- Number of Discharges/month = 2000
- Number of OPD patient/day = 900-1000
- Number of Emergency case = 45-50 / day
- Building of Hinduja Hospital = 3

- ✓ Hinduja Clinic (OPD) = 4 floors (3+1 floor)
- ✓ West Block (IPD Block) = 16 floors
- ✓ Lalita Girdhar Block = 8 floors

CLINICAL SERVICES

ADMISSION & BILLING DEPARTMENT

Introduction:

Admission & Billing Department in its endeavor ensures:

1. To provide excellent quality health care to all sections of society.
2. To provide a friendly, compassionate, humanely & satisfactory atmosphere during the stay of the patient at the hospital.
3. To create an environment of high quality patient care, treatment & management delivered effectively & efficiently starting from admission to discharge.

Following are the services offered----

1. Registration of the new patient
2. Booking/Reservation –Bed & Operation theatre
3. Admission
4. Billing
5. Discharge
6. Corporate/ T.P.A. Help Desk
7. T.P.A. Deficiency
8. Outstanding Counseling & Recovery
9. Lobby Reception

10. Accident & Emergency Counter

REGISTRATION

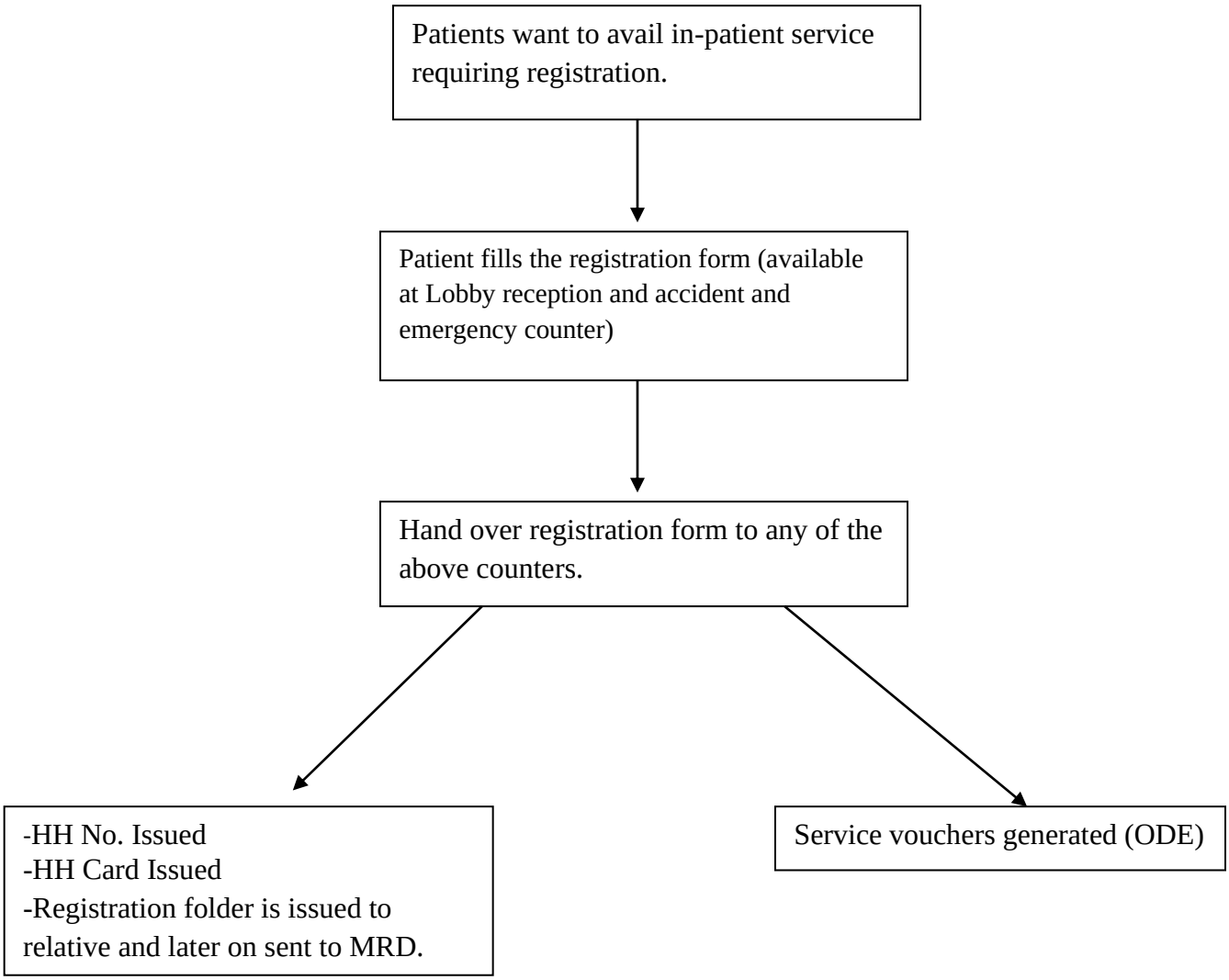

Figure 1 –Process Flow of Registration Department

OUTPATIENT DEPARTMENT

Patients who in the considered view of a competent medical professional do not immediately require Hospital admission and who can be satisfactorily treated on a domiciliary basis are classified as Ambulatory Patients, and are commonly referred to as outpatients. Hence the department of ambulatory care is also known as Outpatient Department.

The Hinduja Clinic aims to provide:

High quality of ambulatory care services to the community in a secured environment.

Ensuring safe, Appropriate interventions, treatment and care which are delivered humanely and efficiently.

Location and Layout

FLOORS	WING 1	WING 2	WING 3	WING 4
Ground Floor	Medical/Surgical/Oncology	Radiation Oncology	AKD Department	Gamma Knife,Medical Reports Delivery Counter and OPD Path Lab
First Floor	Consultants	General Radiology and Opthalmic	ENT and Medical Records	Consultants
Second Floor	Consultants, Neurology Department	Consultants	Consultants,CDC and Physiotherapy	Dental and Consultants
Third Floor	Blood Donor Room,Blood bank and Stat. Lab	Endoscopy, Bronchoscopy, Urodynamic	Cardiac, PFT Lab,Consultants	Executive Health Check up

Table 1 – Location and Layout Of OPD Department

Sections and Timings of OPD

HInduja is divided into:

a) Hinduja Clinic: where patients have to pay for the services rendered

(Timings: 8.00 hrs to 20:00 hrs-from Monday to Friday)

(Timings: 8.00hrs to 18.00 hrs-Saturdays)

b) Free OPD : where patients get free consultation

(Timings: as per consultant's schedule)

c) Report Delivery

(Timings: 8:00 hrs to 20.00 hrs- Monday to Friday)

(Timings: 8:00 hrs to 18.00 hrs-Saturdays)

OPD ORGANOGRAM

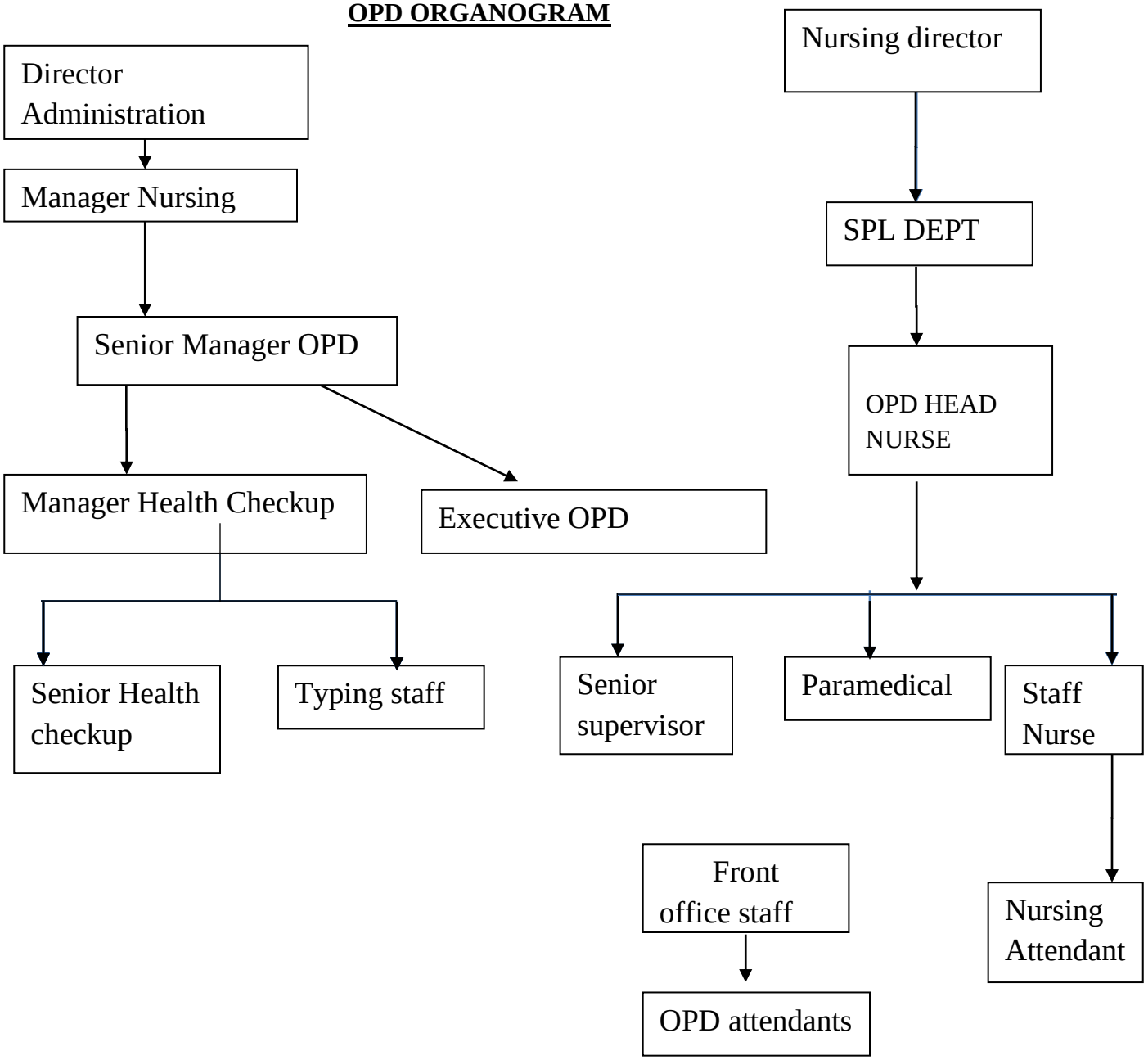

Figure 2 – Organogram of OPD Department

Following Services are provided in the OPD:

- Medical/Surgical/Oncology
- Health checkup Packages
- Laboratory Investigations
- Imaging Services
- Cardiology Investigations
- Neurology Investigations
- Pulmonary Investigations
- Pain Management
- AKD (Artificial Kidney Department)
- Gamma Knife
- Endoscopy
- Bronchoscopy
- Urodynamic Study
- Physiotherapy
- CDC
- ENT
- Opthalmology
- Dental Procedures
- Radiation Oncology

ACCESS TO OPD SERVICES:

- HINDUJA HOSPITAL CARD (HH NUMBER)

All patients who visit the Hinduja Clinic or Free OPD for the first time for consultation/other services are issued a card. This card is known as the HH Card and is attached to the registration form and is issued to the patient at the time of registration. The HH number is present on the card.

The HH number and card being important as with the help of it, Medical Record folders can be accessed.Patients are advised to always carry their HH card number whenever they are visiting the OPD for follow up visits or when admitted as inpatient.

- PATIENT CARD-STAFF

All time full employees of the hospital and their dependent family members are entitled to free treatment,as one of the staff welfare measures. For this purpose the employees are issued a patient card-STAFF.

- EXTERNAL PATIENT TOKEN NUMBER

Outpatients visiting OPD for the first time,as referrals from external sources, and requiring only investigations, are not issued a HH card. The system generates an EX no. for that particular transaction only.

- OPD APPOINTMENT

Appointments can be fixed over the telephone to the HTMT Call centre (facility for patient appointments have been outsourced) or personally across the Reception counter. Fax and e-mail facilities are also available.

- NON APPOINTMENT PATIENTS

In the normal course, consultants in the Hinduja Clinic see the patients only by prior appointment. However exceptions are made to this system in the interest of the patients, or Non Appointment or Walk in patients are given appointment if a time slot is available. Patients, who

have come as Non appointments are normally seen by the consultants after all the other waiting patients with prior patients ,are seen (except in emergency cases).

HEALTH CHECKUP

The Executive Health Checkup department ,a part of OPD services is a wing of this Multispeciality Hospital dedicated to the diagnostic and preventive side of patient care. The executive Health Checkup department is a place where healthy patient come in for prognosis of disease or to know about the preventive and curative aspect of Conditions they may already have.

This system facilitates the patient to get all the required investigations/consultations done without having to pay for either consultation and/or for each individual item of Pathological or Imaging Investigations.

It is a centre point where the potential customers come directly in contact with the hospital services. This department therefore can be a point to draw in patients to become in-patients or for them to come even for follow-up OPD consulatations.

The health checkup consists of 7 employees.

The packages in this Health check programme have been developed by a team of highly qualified and experienced medical personnel and are designed to offer a complete medical check-up and within their limitations detect any latent health problems. In addition, these packages are offered at special discount rates that make them truly worthwhile. At the end of the day, candidates leave the hospital with all their reports. The customers of this department are called Executives. On an average the inflow of customers is 25-30/day however on weekends the number rises to 45.

The departments with which the Health Checkup team works in Co-ordination are:

Pathology,Cardiology,ENT,Dental and Radiology

The visiting consultants are from the following facilities: Physicians,Surgeons and Gynaecologists.

The range of packages provided are:

1. Premium Package
2. Special Package
3. Special Ultra Package

4. Comprehensive Package
5. Comprehensive Plus Package
6. Basic Package
7. Well women Pearl package
8. Well women Ruby package
9. Care Plus Package

IN-PATIENT DEPARTMENT

The IPD Building is a 16 floors building.

- First Floor-admission and billing Department, Accident and Emergency, MRI ,Customer Care
- Second Floor- Cath Lab, I.C.U.(Non-ventilated)
- Third Floor-Operation Theatres(9)
- Fourth Floor-Short Stay services, Stop Over Unit,2 Operation Theatres(for minor surgeries)
- Fifth Floor-CSSD, Medical Stores, Pharmacy
- Sixth Floor-Food Services Department, Provision Stores, Cafeteria
- Seventh Floor-Special and Deluxe Rooms ,PICU(6 beds) and NICU (3 beds)
- Eighth and Ninth Floor-General Wards-median, median-A and Median-B (42 beds each)
- Tenth Floor-Intensive Care unit: ICCU (12 beds) and critical Patients (11 beds)
- Eleventh Floor-Deluxe and Suites(8 beds)-earlier there were 30 general beds
- Twelfth and thirteenth floor-Median-A and Special (26 beds each)
- Fourteenth Floor-(28 beds) Specially for Day care and Kidney transplant patients
- Fifteenth Floor-Suites (2) and Deluxe(12)
- Sixteenth Floor-24 beds for median, Median-a, Special and 9 beds for oncology patients.

FINAL BILL GENERATION

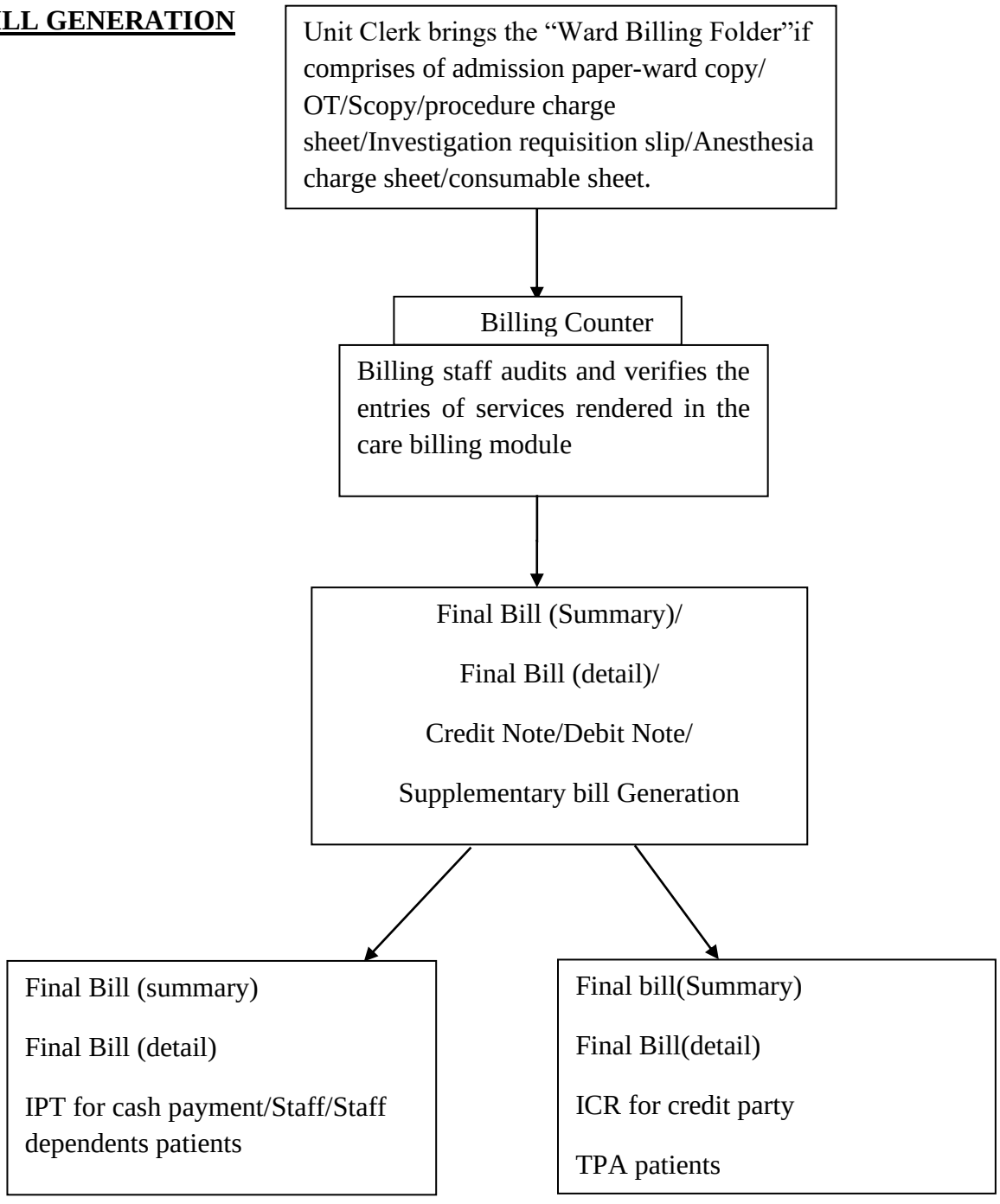

Figure 3- Process Flow Of Bill Generation

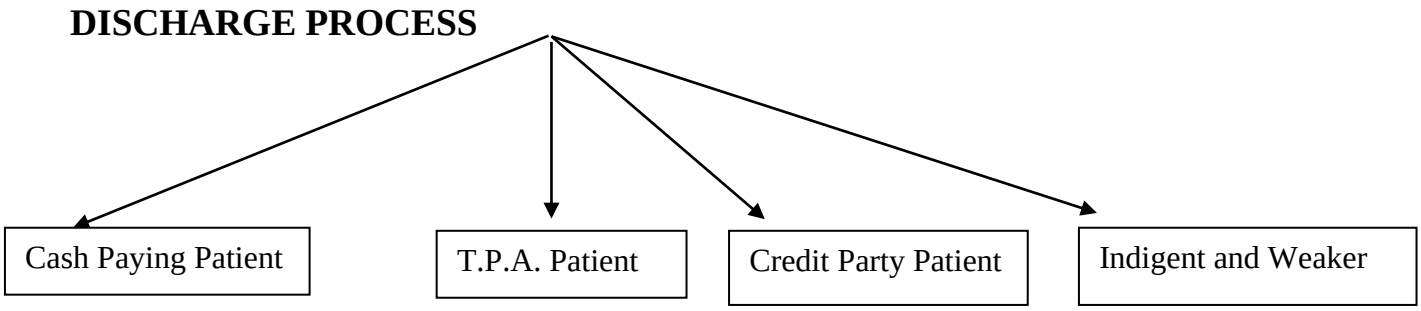

Figure 4- Flow chart of Discharge Process.

SHORT STAY SERVICE UNIT (SSSU)-4th Floor, West Block

STAGE-I Patient Selection

The patient concerned will be seen by the consultant on an OPD basis. For a new patient, there would be necessarily Registration followed by vouchering.

In the event that the patient meets the selection criteria for Short Stay surgery, the patient has to proceed with Pre admission procedures.

STAGE-II Pre-Admission Procedure

The patient would proceed to do OT/Bed Booking in SSSU Completion of relevant Lab investigations.

STAGE-III Pre Operative Stage

Based on the consultant's decision for Preoperative anesthetists work up,fitness for surgery would be given by the anesthetists.

Patient would follow up with concerned surgeon with lab reports/relevant investigation reports/fitness certificate.

In the event that the patient is fit to operate,the consultant can choose to give Consent for the same at this stage.

STAGE-IV Pre-Admission

Patients will be asked to report at the Reception desk in Casualty area 1 hr prior to schedule timing.A designated CCC will then escort the patient to the SSSU billing area.

STAGE-V Admission

Following biling formalities, the patient will be taken to the SSSU. The nursing staff will inform the OT desk/concerned Consultant/Registrar about the arrival of the patient.

The SSSU staff nurse will coordinate transport of the patient to the OT at the scheduled time.

Following surgery the recovery area staff nurse will keep the SSSU staff nurse informed about the patient's status. After the patient has been shifted to the recovery area, concerned surgeon would need to visit and complete the discharge formalities including preparation of discharge.

Admitting Consultant/nominated medical officer will examine the patient and will give the order to physically discharge the patient. The SSSU nursing staff would discharge the patient ,based ONLY on written order from the concerned authority.

STAGE-VI Discharge

Following recovery in SSSU and discharge ,the patient will be shifted in wheel chair/stretcher; herein the patient will be accompanied by the CCC till Casualty exit. The CCC will also enquire on the necessity of clinical care for the patient, and if so,details of "Care @ Home" will be given.

ACCIDENT & EMERGENCY

Introduction

- The A & E Department is the face of any hospital,which works around the clock through the year.
- Department is manned by highly trained medical & paramedical staff & it serves all the immediate emergency medical interventions.
- It can be divided into the following areas-Accident and Emergency,Casualty Centre and Minor OT.
- 4 bedded Accident & Emergency department along with 2 casualty centre beds is an ultra modern facility well-equipped with sophisticated & advanced equipment specialized & skilled doctors and nurses is highlight of the department.

Scope of Services

- The department is responsible for treatment of emergency cases.
- The department is responsible for informing the police in cases of traumas, poisoning, suicide, homicide, rape, assault etc.
- Notification of all notifiable diseases to BMC.
- A & E is also a centre for all immunizations for staff as well as patients. The needle stick injury protocol for all staff is also carried out here.
- A & E is a very important constituent of the disaster management team-internal as well as external.
- Transfer of patients.
- First aid camps/teams
- Responsible to arrange for the ambulance services for transportation or transfer of patients. It also in arranging Hearse services.

STAFFING

Categories of staff numbers	Nos
Executive Administration	1
CMO	8
Nurses	16
Nursing Assistant	2
Clerks	2
Attendants	15
Barbers	3

Table 2- Staffing Pattern of Accident & Emergency

TRIAGE:

Triage is a French word meaning classify or sort. The triage desk is strategically situated in the lobby of the Accident & Emergency Department. Staff deputed at the desk is a Triage Nurse.

Purpose:

To ensure a standardized system whereby patients seeking medical care in the Accident & Emergency are seen in order of priority based on Acuity Level.

TRIAGE PROCESS FLOW

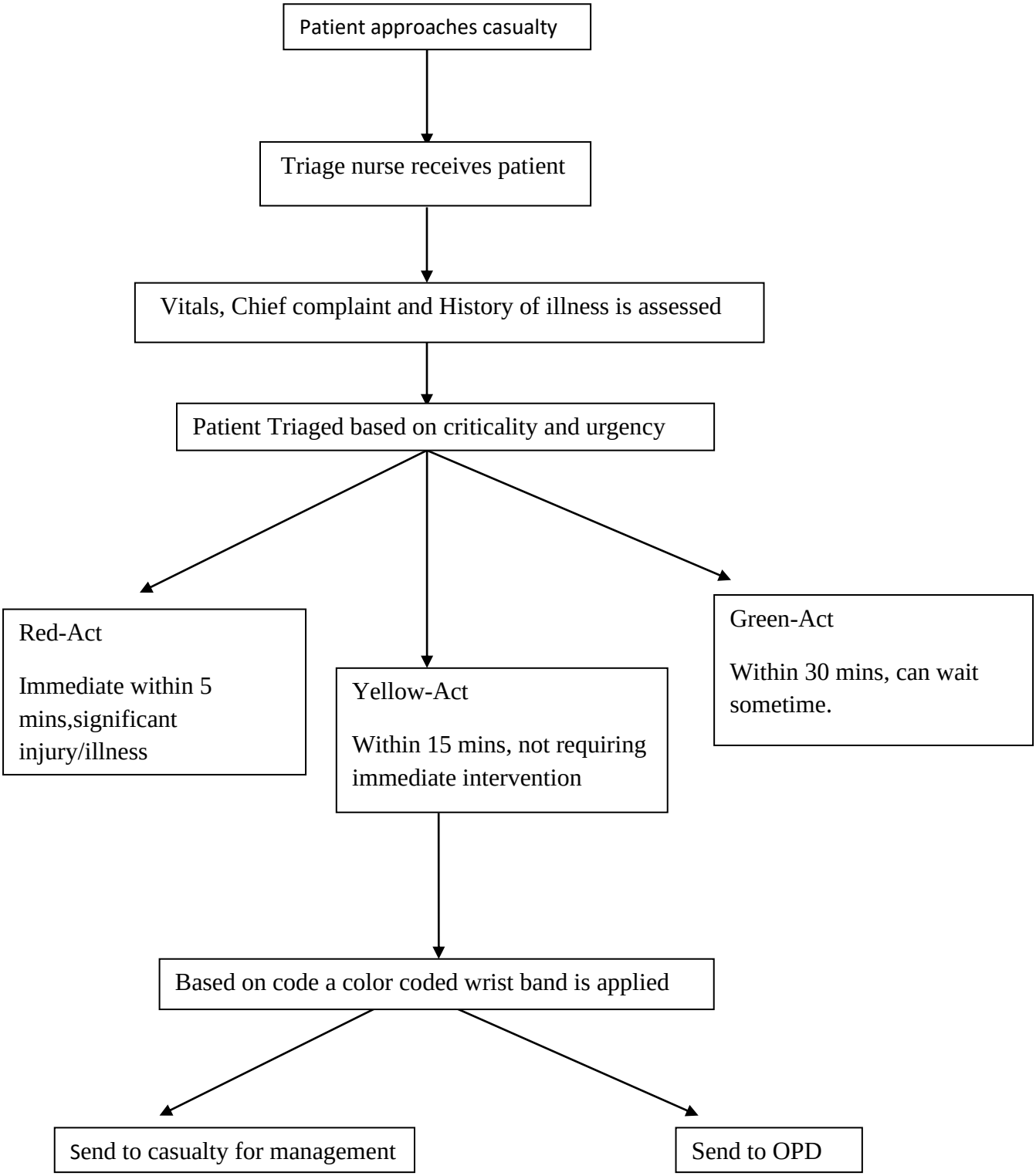

Figure 5-Triage Process Flow

Casualty centre booking :

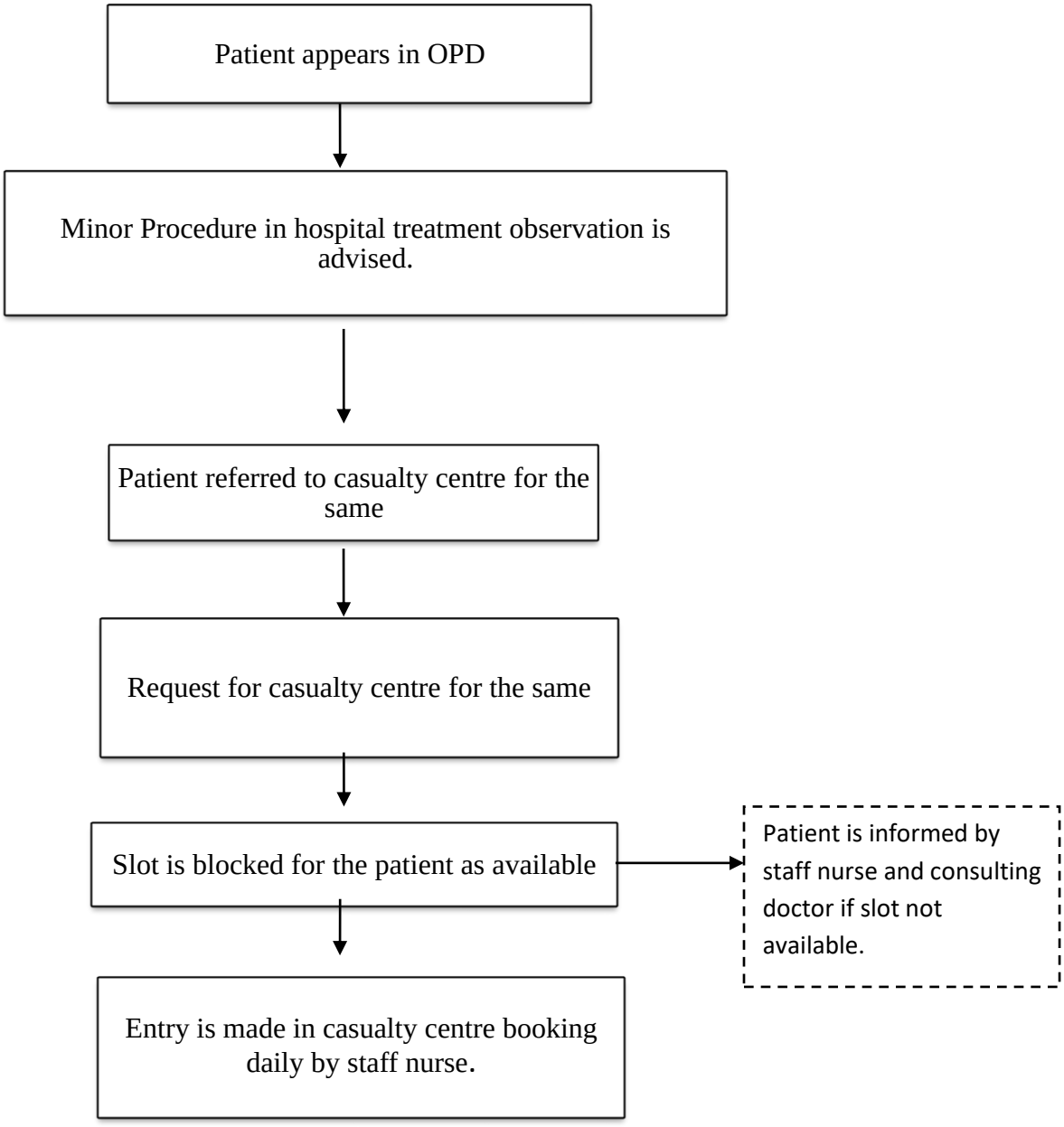

Figure 6- Process Flow for Casualty Centre Booking

CATH LAB

Introduction

Cath Lab is located on the second floor of IPD building. It is well equipped to perform various heart related procedures such as Angiography, Angioplasty, Pacemaker etc. Two types of packages are provided-Radial Package and Femoral Package. It has a separate admission counter,which takes admissions till 9 A.M. There are on an average 8-10 cases /day.

Scope of services

-Diagnostic Services

-Therapeutic Services

Organogram

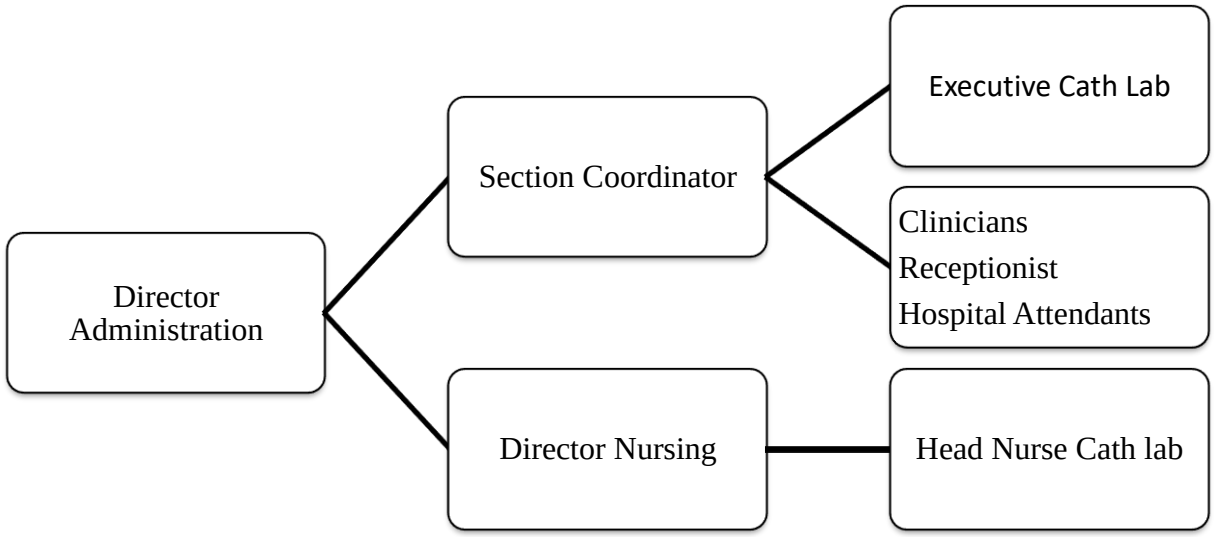

Figure 7- Organogram Of Cath Lab

Categories of Staff

TYPE	NO.S
Executive-cath lab	**1**
Technicians	**4**
Receptionist	**2**
Hospital Attendants	**4**
Nurse	**3**

Table 3- Staff distribution of CATH Lab

Billing:

Primary Responsibility: Technician,Receptionist,Billing Clerk

- After completion of the procedure, receptionist does the entries of the services rendered for billing
- O.T. Details
- Cardiologist/Anesthesia Details-
- Consumable/equipment details
  - Categorized into : Consignment and Stock items
  - Consignment items charged after preparation of GN number and by intimating the Medical store and Material Department does entries at the billing counter.
  - Catalogue number of the items is put by the receptionist and the items are selected by the drop down menu.
  - Voucher number is generated.
- Sending of procedure Requisition Slip & Cath Lab Charge Sheet

Procedure for Admission

- Primary Responsibility: Clerk from Admission Counter, Receptionist
- Admission for IPD Patients:
  - Patient is admitted to the hospital on a written note whether from Cardiologist Admission cum O.T. booking form,which state about the demographic details of the procedure.
  - Staff at the admission counter does the admission formalities.
  - Visitor pass is issued then and Admission deposit is taken through cash/credit card/pay order/Demand draft/cheque and service is generated.
  - Then the O.T. clearance slip is issued for the procedure.
  - Admission for day care procedures i.e. Angiography Packages-Radial and Femoral

- In the morning 7:30 am to 9:30 am all day care admission is being procedure in cath lab,afterwards same is done for Accident and Emergency.

Working

- Primary responsibility: Admission billing staff, Receptionist
- Working can be done in either of the following ways:
  - Direct call from the cardiologist/clinical associate
  - By patient's on the basis of consultants letter/admission cum O.T. booking form
  - By receptionist at Cath lab
- Reservation done by cardiologist/clinical associate-Depending on the type of procedure,cardiologist/clinical associate calls at the booking counter/accident & emergency counter at admission and billing department.
- Reservations done by patient- Depending on the type of procedure-Patient/Relative approaches booking counter /accident and emergency counter at admission and billing department.
- Reservation done by receptionist-
  - Majority of them done by this
  - Cardiologist calls the reception counter and gives the patient's HH number details,name,demographic details,date of admission,date of procedure,bed class,slot if any etc.
  - Depending on the type of procedure i.e. Day Care or Routine cares,receptionist calls the respective counter for booking all day procedures booking is being done at the accident and emergency counter/booking counter.
  - Reservation number is then generated and staff gives that number to the receptionist.

Discharge

Type of Procedure	Location and Discharge Process
Day Care Angiography-Radial	Accident and Emergency counter
Day Care Angiography-Femoral	Accident and Emergency Counter
Therapeutic procedures-Femoral/Angioplasty/BMV/ Post plasty thrombosis/pacemaker implantation	Cashier counter of the Admission and Billing department

Table 4- Primary Responsibility: staff Nurse,Receptionist,Billing Clerk

- After completion of discharge formalities at the respective counters,patient's relative is being given the discharge slip.
- Discharge slip is pre-printed in 4 copies-
  - White original-to be given to receptionist atcath lab or floor staff nurse
  - Pink-attached to respective billing folder of the patient
  - Blue-to be given to security while going out
  - White-is the book copy
- Document given to patient can be categorized into 3 parts:
  - Cash paying patients-Inpatient final bill-patient copy,settlement service voucher and Inpatient final bill
  - Credit party patiensts-Inpatient final bill (detail)
  - TPA Patients-Inpatient final bill(detail) & settlement slip of TPA security deposit
  - Procedural Chart

CLINICAL ADMINISTRATIVE SERVICES

AMBULANCE SERVICES

Introduction

Ambulance services under the purview of the Accident & Emergency department. Hospital offers round the clock ambulance services, geared to meet any emergency – surgical or medical.

There are two types of Ambulance services.

- Cardiac ambulance (Advance care ambulance)
- Non Cardiac ambulance
- The cardiac ambulance serves all critical all critical patients coming in from
    - Nursing homes
    - Office
    - House
    - Accident site- RTA
    - All critical patients who requires medical intervention immediately
- The Non cardiac ambulance serves patients who are
    - Discharged
    - Planned admissions
    - For appointments to Hinduja clinic.

Air Ambulance

Air ambulance is a blessing when the critical patient is in a remote area and urgently needs to be transferred to a tertiary care centre like Hinduja hospital for specialist treatment. Hinduja hospital, in its continuous endeavor to provide quality health care for all now offers air ambulance services for seamless transfer of national and international patients.

NURSING DEPARTMENT

Introduction

Hinduja hospital has a very efficient nursing department. This department is divided into two categories, **Clinical** and **Administrative.** It also has Special Nurses who are trained in a particular area and work only in that area.

Clinical:

The division deals with administration of clinical services to the patients. The Hierarchy in Clinical Nursing division is-

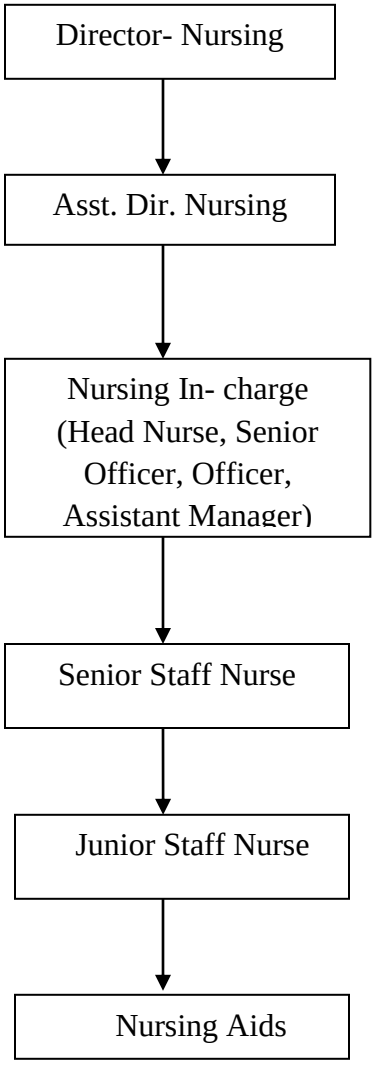

Figure 8- Hierarchy in Clinical Nursing division

Administrative:

The Administrative Nursing Division comprises of staff development. It deals with providing continuous training with formal structural programs and informal training. Induction Training and On-job training are also a part of staff development. Once a week, mainly on Thursdays, in-house training is given to the nurses.

Special nurses

The special nurses are trained in a particular area, and are assigned to work in that area only.
There are 8 special nurses-

1. Diabetic Nurse Educator
2. Oncology Nurse
3. Infection Control Nurse
4. Breast Clinic Nurse
5. Stoma Care Nurse
6. Pain Management Nurse
7. Diabetic Foot Care Nurse
8. Home Care Nurse
    - The patient to nurse ratio in the hospital varies from 4:1 to 6:1
    - The nurse work in the OPD, IPD, Radiology, S1.
    - In the IPD building, at each floor nursing stations are present in each wing. The nurses operate from these areas.

Education and training facility for nurses

In line with its continued commitment towards education and training in the field of healthcare, particularly the preparation of highly competent nursing professionals dedicated to patient care, the Board of Management has upgraded its school of nursing to a fully fledged **College of Nursing**. Prior to this, the hospital successfully conducted over two decades, a recognized three and half year diploma in General Nursing & Midwifery (GNM) for female candidates. Its students over the years excelled in academics, co- curricular, extra curricular activities and clinical practice.

LAUNDRY SERVICES

- The importance of a clean, hygienic, un-stained and defect free linen for optional patient care has been stressed upon since the very inception of hospitals. Clean linen delivery in a timely manner to healthcare areas is important.
- Laundry service is responsible for providing an adequate, clean and constant supply of linen to all users. The laundry facilities is designed, equipped and ventilated to reduce the

dissemination of microorganisms on to finished textiles. The basic tasks include: sorting, wasing, extracting, drying, ironing, folding, mending and delivery.

- Cleaning of soiled linen collected from patient care areas.
- 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.

MORTUARY SERVICES

- Mortuary at Hinduja hospital is managed by A & E department and security and is maintained by Housekeeping department. It currently has capacity to keep 6 bodies.
- Only inpatient bodies are allowed to keep at Mortuary.
- Mortuary is also used to keep Amputated body parts.

ADMINISTRATIVE SERVICES

MEDICAL RECORDS DEPARTMENT

Introduction

A medical record, health record, or medical chart is a systematic documentation of a patient's medical history and care. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. MR is intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third –party access and appropriate storage and disposal. MR traditionally compiled, stored and maintained by MRD of the P.D. Hinduja hospital from 1987.
Terminal digit system of files is most secure and safe system as far as the identification of the file is concern. New Registration forms are kept at various stations i.e. OPD, Casualty and admission counters etc.
Patient or next of kin fill up the form for all demographic details and puts the signature, and then the entry is done by the receptionist at counter in the system.

The patient is given a ID card which has 6 digit HH no, and name, sex, age etc. The file has 6 digit numbers where last 3 digits are color coded. The filing system is dependent on the last 3 digits; hence total confidentiality of the patient's file is maintained.

The information contained in the medical record allows health care providers to provide continuity of care to individual patients. The medical record also serves as a basis for planning patient care, documenting communication between the health care provider and any other health professional contributing to the patients care, assisting in protecting the legal interest of the patient and the health care providers responsible for the patients care, and documenting the care and services provided to the patient. In addition, the medical record may serve as a document to educate medical students/resident physician, to provide data for internal hospital auditing and quality assurance, and to provide data for medical research.

The most basic rules governing access to a medical record dictatethat only the patient and the health care providers directly involved in delivering care have the right to view the record. The patient, however, may grant consent for any person or entity to evaluate the record.

Research, auditing and evaluation

Individuals involved in medical research, financial or management audits, or program evaluation have access to the medical record. They are not allowed access to any identifying information, however the patients or their representatives the right to a copy of their record, except where information breaches confidentiality (e.g. information from another family member or where a

patient has asked for information not to be disclosed to third parties) or would be harmful to the patient's well-being (e.g. some psychiatric assessments).

Objectives

1. To aid in the diagnosis and treatment of patient
2. To provide written documentation of directed medical care and to show services were medically necessary
3. To assist in the research of disease and injuries so other patients may benefit from previous patient care
4. To substantiate procedure and diagnostic code selection for research purposes
5. To comply with legal requirements
6. To legally defend the physician in the event of lawsuits

Location & layout

The MRD is located on the 1st floor, 3rd wing of the OPD. It is spread over 1500 sq.ft. with additional area of allocated for the storage of records.
The department has over 80,000 active files in the OPD, while are being maintained in archived form for legal/research purposes.

Nature of activity

1. Allocation of H.H. No.
2. Collection of computerized list of Discharged / death cases
3. Collection of health record charts from wards / casualty
4. Assembling in standard order
5. Deficiency check
6. Medical coding
7. Indexing
8. Filing of various reports
9. Operation procedure
10. Retrieval and issuance of files
11. Receiving and storing of files
12. Medical certificates, injury certificate, corresspondancen of L.I.C claims and legal matters etc
13. Third party administration queries and any other insurance companies queries pertaining to the patient illness and its duration

INFORMATION TECHNOLOGY

Introduction

Primary purpose of Information Technology department is to:

- Cater to any needs of computerization within the organization
- Maintenance of existing hardware and software
- Provide guidance to the user in terms of operation procedure
- Develop a user friendly and automated software system

Today, I.T. department is the backbone of hospital operation which facilitate in achieving the quality service, performance and maximum results. The department is responsible for providing highly automated user friendly and zero defect computer based solutions as per the requirements of the Hospital. This department works under the direction and supervision of the Dy. Director (Information Technology)

Scope of services

I.T department has three sections.

- Software section
- Hardware section
- Telecom section

1. Software section is responsible for system operation & control, software maintenance, controlling database backups & their libraries and to provide ongoing assistance to the application users. It is also responsible for system recovery in case of failure and for recording and monitoring down time of the system for optimal & smooth performance of the organization
2. Hardware section is responsible for hardware functions of the system with zero downtime and high availability. It also fulfill the hardware related requirements from users and supports there systems. This section introduces the technology which is use full for users in there day to day working.
3. Telecom section is responsible for implementation of new technology and maintenance of telecommunication operations of the hospital. Telecom section also looks after the maintenance of wireless system and paging system.

ENGINEERING DEPARTMENT

Introduction

Engineering and Maintenance Department is manned for 24 hours for keeping round the clock vigil on the proper functioning of plant engineering equipment coming under the purview of the department. This covers maintenance of major supplies to the hospital such as power, water, medical gases, air- conditioning and related equipment supporting the same, which form the life line to the hospital's activities.

The responsibilities of the department are:

1. Operation and maintenance of plant equipment installed in the basement of main building and various other areas to support the normal functioning of the hospital.
2. Repair work of equipment related to the department's responsibility

The policy of the department is:

1. Serve well with safety and in time
2. Continuous improvement, cost saving
3. Optimum utilization of manpower and equipment
4. Optimum utilization of inventory
5. Teamwork

Objective: To ensure uninterrupted support and supply of engineering services to end users by adopting correct process and practices leading to successful maintenance of all engineering systems in fully operational condition, at all the times.

Scope of Engineering Services:

The major engineering services involved are as follows:

- Electrical power supply- Normal & Emergency
- Air conditioning, ventilation & refrigeration
- Steam & Hot water supply
- Water stations & cold water supplies- Filtration systems
- Medical gases supplies
- Fire detection, alarm & fighting systems
- Internal & External plumbing systems
- Civil works- Masonry, Carpentry, Glasswork, Upholstery, Painting etc
- PNG & LPG supply
- Safety assessment of facilities

THE KNOWLEDGE CORE

Research is an important activity of Hinduja Hospital. It is recognized as a Research Organization by the Department of Scientific & Industrial Research, Ministry of Science &Technology and Government of India. Various clinical research projects are carried out with the objective of improving medical practices. A Research Advisory Committee with eminent scientists and researchers from all parts of the country guide & give direction to the research programme. The hospital is recognized by the Bombay University for M.Sc. and PhD in Applied Biology. The faculty members are recognized guides for M.Sc and PhD, Bombay University. The Hospital is approved by the Diplomate National Board for specialization in the following DNB RECOGNIZED SPECIALITIES.

MATERIAL MANAGEMENT

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

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

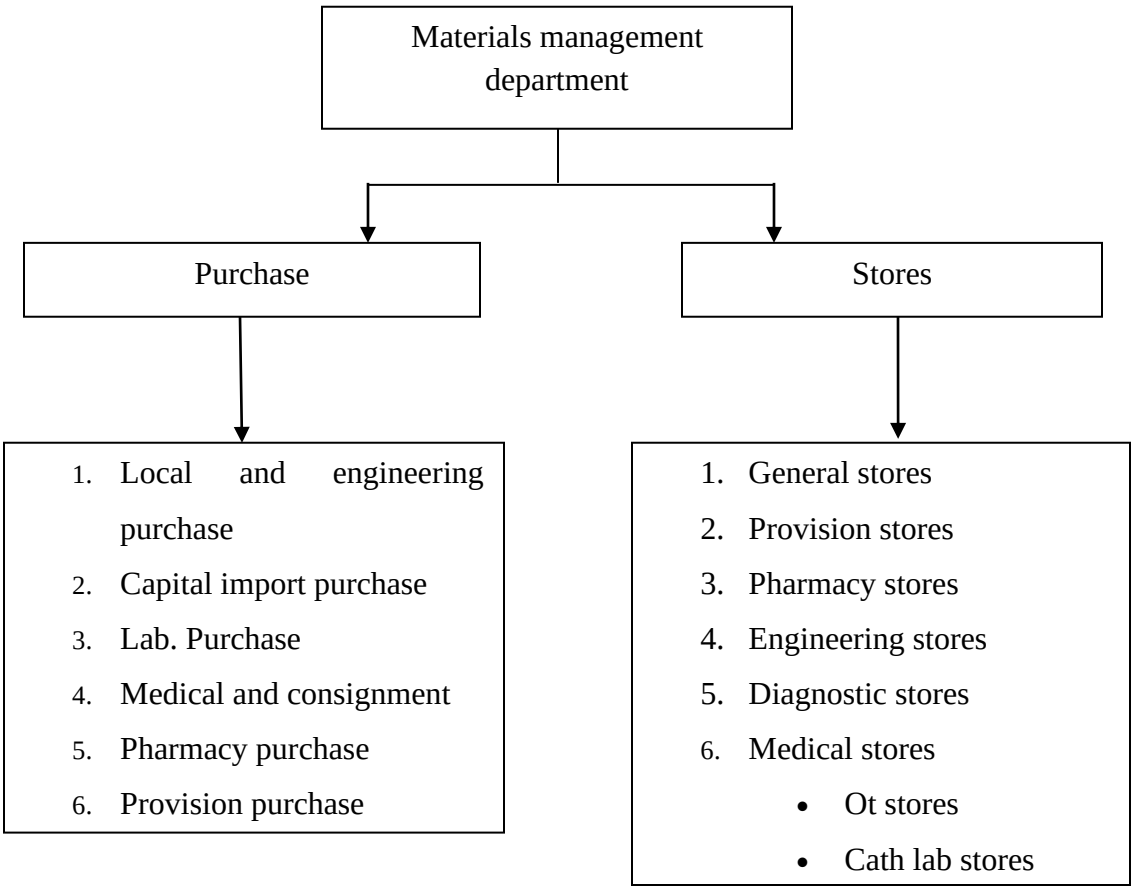

Figure 9- Classification Of Material Management Department.

Organogram-

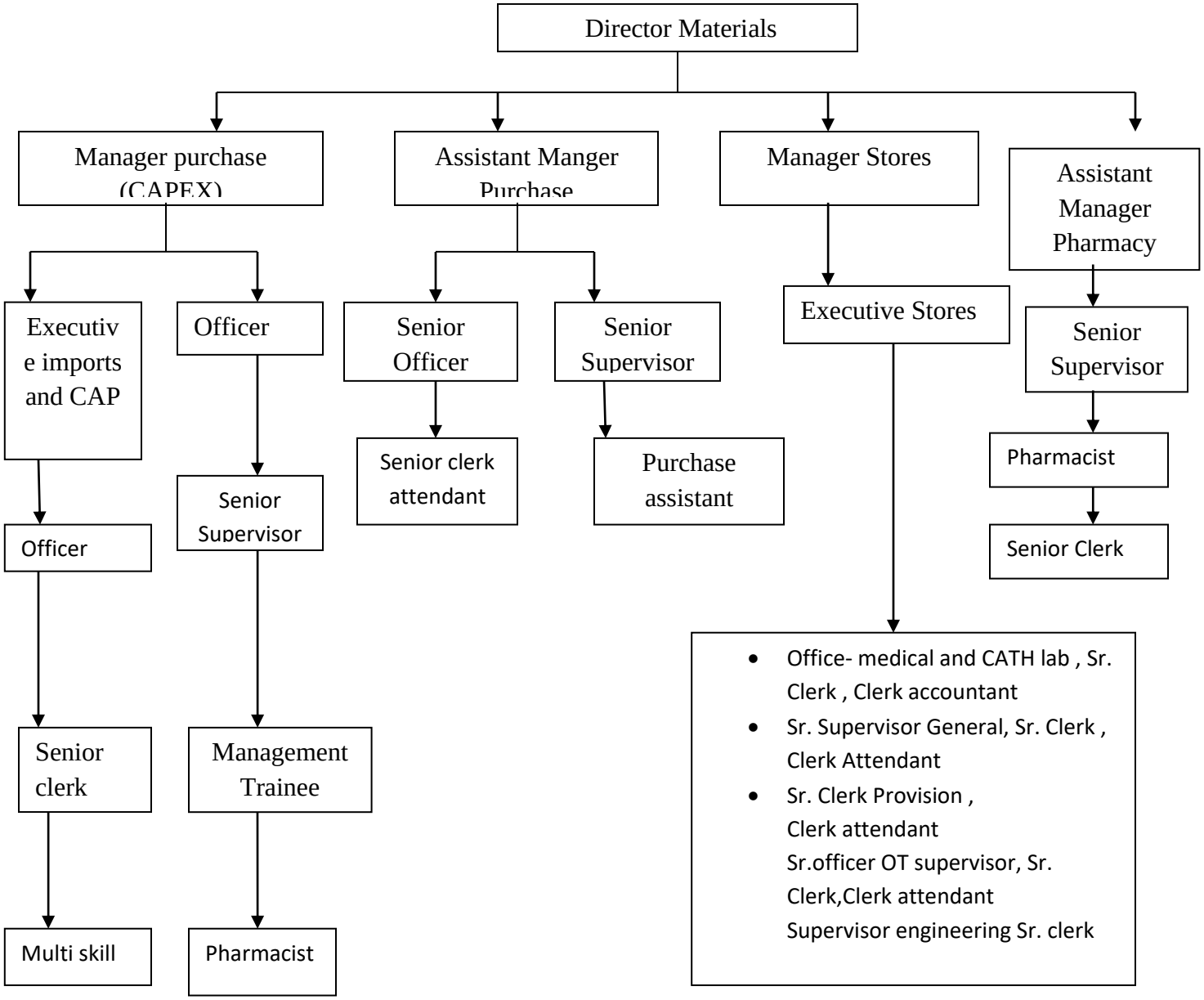

Figure 10- Organogram Of Material Mangement Department

Categories of staff:

Type	Nos.
Director	1
Manager	3
Executive	2
Sr. Officers	2
Officers	3
Executive Secretary	1
Sr. Supervisors	5
Supervisors	3
Management Trainee	1
Pharmacists	15
Senior Clerk	10
Clerks	3
Purchase Assistant	1
Attendants	18
Multi skills	2
Piece Rate	1
Casual	5
Temporary Attendant	1
Total	77

Table 5- Categories Of staff in Material Management Department

Pharmacy

Hinduja Hospital runs an inpatient pharmacy which works 24/7 throughout the year and consists of Dispensing area and store. It is located on the 5th floor of the new building. The Pharmacy also has a formulary with around 3000 items mentioned in it and also a DTC (Drug and therapeutic committee), with senior doctors, nurses and pharmacists as its members. In the pharmacy no cash transaction take place and no relative has to go there, the nurses enter the medications required into the system from the floors, and then a floor wise consolidated report is taken and all the items are sent together in 7 rounds to the nursing station at each floor by the pharmacy attendants. The patient is billed from the pharmacy on his HH No. and the information is sent to billing department directly. The pharmacy keeps only 1 brand of the drugs, which is generally the research molecule. They also have a provision for narcotic drugs, which they store in a lock according to the narcotic drugs and psychotropic substances act. The narcotic prescriptions are kept in a record. The hospital formulary is updated periodically. A pharmacy news bulletin is also prepared and is given to the doctors.

The inventory control methods used are:

1. ABC- Always better control
2. HML-High Medium Low
3. VED- Vital essential Desirable
4. XYZ
5. GOLF-Government Open Local Foreign Product
6. SDE- Scarce Difficult Easy
7. FSN- FAST, SLOW and Non- Moving

Project 1-

Prescription Audit as per ISMP guidelines in Medical Records Department (MRD).

1. Executive Summary:

The aim of this review is to do a comparison study of usage patterns of the following 3 parameters of "The Drug Order Sheet" at P.D Hinduja Hospital & Research Centre-

1. Capital Letter
2. Legibility of handwriting
3. Error-Prone Abbreviations

The parameters were being analysed by having a sample size obtained through Simple random sampling.120 files of the IPD department for the month of March and April were being selected which comprised in total 320 drug order sheets that were being audited. Considering the evaluation of all the 3 parameters that needed to be analysed, improvement was seen in the error prone abbreviations usage by 10% , which being the most important parameter amongst the 3, yet the capital letter usage and legibility showed a decrease by 20% and 5% respectively over the months time..

2. Introduction:

The study was conducted in P.D Hinduja hospital a tertiary Care multi speciality hospital (herein after referred to as the study hospital) with 4 wards, 46 specialty units, 3 operating theatres and bed strength of 402 beds. Apart from the in-patient care, the hospital's out-patient services include the operation of specialty clinics, accident & emergency, trauma and outpatient care department (OPD).

One of the major causes of medication errors is the use of potentially dangerous abbreviations in prescribing. An abbreviation used by a prescriber may mean something quite different to the person interpreting the prescription. Abbreviations may not only be misunderstood but can also be combined with other words or numerals to appear as something altogether unintended. Although using abbreviations may seem to be a timesaving convenience, use of abbreviations does not promote patient safety.

In 2006, the Institute for Safe Medication Practices (ISMP) and the US Food and Drug Administration (FDA) launched an educational campaign to help eliminate use of error-prone abbreviations in prescribing. The aim of the campaign was to promote safe practices among those who communicate medical information.

Therefore eliminating error-prone abbreviations and standardising acceptable abbreviations is an urgent need. In order to achieve this goal, it is first important to identify the types and frequencies of inappropriate abbreviations used in prescriptions.

Inappropriate handwriting, legibility & abbreviations, used in prescriptions have led to medication errors.

Following a ruling by the high court, Medical Council of India directs doctor to write prescription in capital letters so as to avoid illegibility and misinterpretation of the medical terms. Some abbreviations, symbols and dose designations specifically are frequently misinterpreted and lead to mistakes that result in patient harm. The ISMP-FDA guidelines seek to promote safe practices and prevent serious and even potentially fatal mistakes when communicating medication orders.

3. Methods and Sampling:

Copies of inpatient medication charts (Drug order sheet) were randomly selected from MRD department for the month of March and April 2015. A sample size of 60 patients Drug order sheet (for each moth) was included in the audit, as it corresponds to 2% of the sample size. All current medication charts were included in the review.

All the 3 parameters mentioned above were being scanned using Documentary view method, Beginning with the Capital Letter usage to avoid the illegibility, both being related and as per the mandate being passed by The Medical Council of India.

Lastly, the Error- Prone abbreviations were being checked for. The audit tool used is based on indicator issued by Institute for Safe Medication Practices (ISMP). A reference list of error-prone abbreviations issued by ISMP was used to scan the files. Prescriptions of Inpatients (IPD) and specialty clinic patients in P.D Hinduja Hospital were reviewed during both the months and were being compared.

4. Results/ Findings:

A total of 120 patient files which had 320 prescriptions were being analysed.

Out of which the results were as follows-

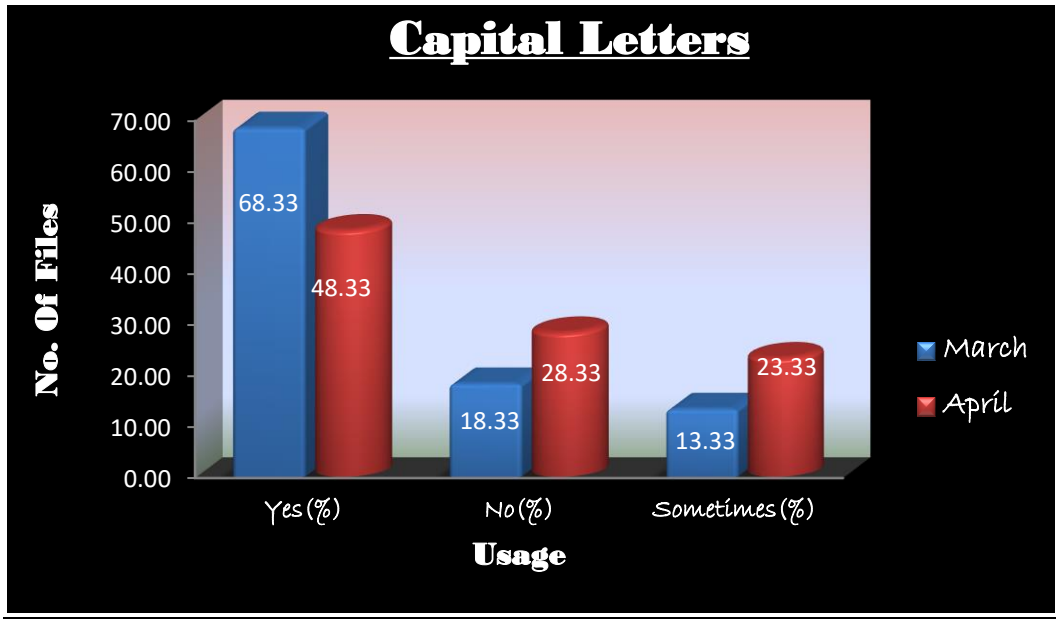

Figure 11-Frequency Distribution Of capital Letter Usage

This shows that the capital letter usage decreased from the month of March (65.33%) to April (48.33%). The % allocation for the sometimes category also shows an increment by 10%, which possibly may be due to the negligence of the prescriber to follow the MCI Guidelines.

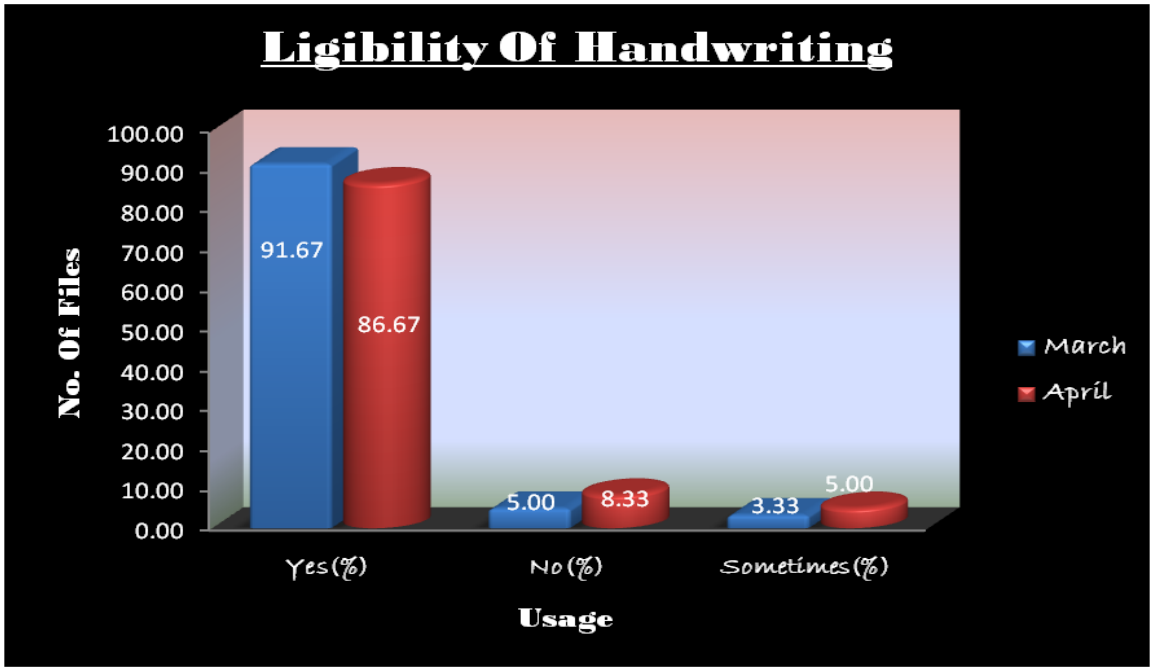

Figure 12- Frequency Distribution Of Legibility of Handwriting

This shows that the legibility decreased from the month of March (91.67%) to April (86.67%). % allocation for illegibility increased by 3.33% in the month of April, which possibly may be due to the negligence of the prescriber to follow the MCI Guidelines.

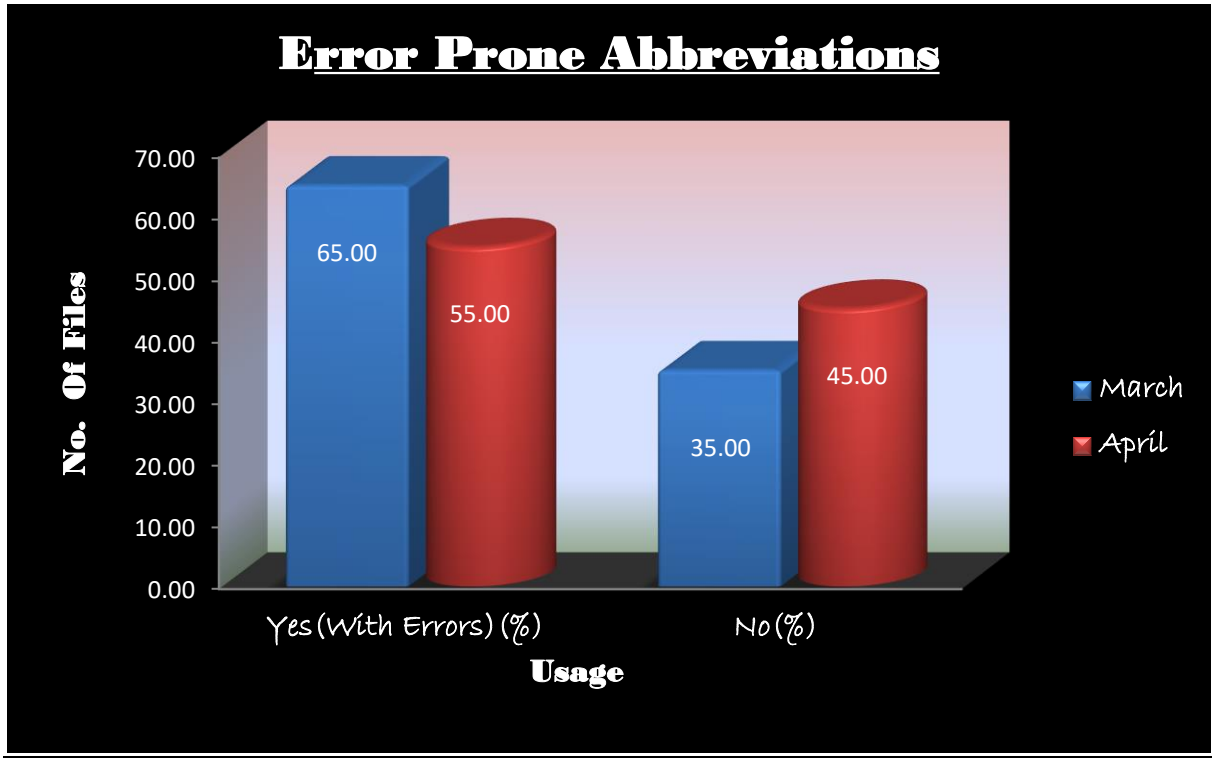

Figure 13-Frequency Distribution Of Error-Prone Abbreviations

This shows that the usage of error prone abbreviations decreased from the month of March (65%) to April (55%), which being an improvement by 10%.

Sr.No	Type of error prone Abbreviations, Symbols used	March	April
1	IJ	3	3
2	µg	6	4
3	cc	24	25
4	HS	8	7
5	i/d	4	4
6	BD	19	8
7	D/C	2	1
8	OD	9	9
9	/	28	17
10	@	20	20
11	+	4	0
12	Circle with a dot	4	0
13	#	0	1
14	QD	0	1
15	&	0	2
	Total	131	102

*Table 5-**Summary of Error-Prone Abbreviations used.***

On comparing the error prone abbreviations for both the months,
The most common error-prone abbreviations remained the same being '/', 'cc' '/', '@'
There were no 'leading zeros', 'trailing zeros' and drug name abbreviations used in the sample audited.% increase and decrease in each abbreviation can be seen in the comparison table above.
Another finding that can be observed is 3 new abbreviations were being used in the month of April, which shouldn't have.

5. Discussion/ Analysis:

In this study we aimed to compare the use of error-prone abbreviations and other inappropriately used abbreviations in prescriptions. Approximately 44 error-prone abbreviations and 36 error-prone abbreviations are used per every 100 drug items prescribed for the month of March and April respectively. Some drug items or instructions are identified by several abbreviations, and some abbreviations have more than one intended meaning.

Considering the evaluation of all the 3 parameters that needed to be analysed , improvement was seen in the error prone abbreviations usage , which being the most important parameter amongst the 3, yet the capital letter usage and legibility showed a decrease over the months time.

The use of inappropriate abbreviations may not only affect health care professionals but may cause problems to patients, particularly older patients when managing their numerous drugs.

Therefore we emphasise the importance of eliminating error-prone abbreviations and standardising the use of acceptable abbreviations as a vital necessity in hospitals that use handwritten prescriptions.

6. Conclusion:

Considering the evaluation of all the 3 parameters that needed to be analysed, improvement was seen in the error prone abbreviations usage by 10% , which being the most important parameter amongst the 3, yet the capital letter usage and legibility showed a decrease by 20% and 5% respectively over the months time

7. Recommendations:

1. Drop down menu to be included in the Electronic Medical Records (EMR) which has a pre-determined abbreviations included.

2. Health care professionals (Doctors, Nurses, Unit Clerks, Pharmacy,MD Supervisors, CEO,IT) can be motivated so as to increase the usage of EMR.

3. Being ahead in technology by using bed side tablets and entering through EMR can be a further step taken.

4. Introduction of an in-house error-prone abbreviation list for their guidance can be made by mutual agreement of all the health care professionals.

5. Health care professionals on this issue can be educated in computer-based training and visual exposure through quarterly or yearly seminars

6. Every year (annual review) employees must complete CBTs (Computer Based Training) educating them about the dangers of error prone abbreviations. A post-test is provided to ensure understanding/ competency.

7. Posters, banners etc in regards to this issues can be displayed in the hospital with up-to-date information.

8. Continue positive/negative reward system if the usage of these errors increases/decreases over time.

Project 2
Risk assessment of the Artificial Kidney Department (AKD).

1. Executive Summary:

Risk assessment is the determination of quantitative or qualitative value of risk related to a concrete situation and a recognized threat (also called hazard). Quantitative risk

assessment requires calculations of two components of risk (R) the magnitude of the potential loss (L), and the probability (p) that the loss will occur. Acceptable risk is a risk that is understood and tolerated usually because the cost or difficulty of implementing an effective countermeasure for the associated vulnerability exceeds the expectation of loss. Risk assessment for the AKD was being done where in 20 risk factors were being identified, with the likelihood of its occurrence, their consequence, the risk associated , the control action being taken and its status of operation.

2. Introduction:

The study was conducted in P.D Hinduja hospital a tertiary Care multi speciality hospital (herein after referred to as the study hospital) with 4 wards, 46 specialty units, 3 operating theatres and bed strength of 402 beds. Apart from the in-patient care, the hospital's out-patient services include the operation of specialty clinics, accident & emergency, trauma and outpatient care department (OPD).

Risk management is the identification, assessment, and prioritization of risks (defined in ISO 31000 as the effect of uncertainty on objectives) followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events or to maximize the realization of opportunities. Risk management's objective is to assure uncertainty does not deviate the endeavour from the business goals.

Risks can come from different ways e.g. uncertainty in financial markets, threats from project failures (at any phase in design, development, production, or sustainment life-cycles), legal liabilities, credit risk, accidents, natural causes and disasters as well as deliberate attack from an adversary, or events of uncertain or unpredictable root-cause..

Risk sources are more often identified and located not only in infrastructural or technological assets and tangible variables, but in Human Factor variables, Mental States and Decision Making. The interaction between Human Factors and tangible aspects of risk, highlights the need to focus closely into Human Factor as one of the main drivers for Risk Management, a "Change Driver" that comes first of all from the need to know how humans perform in challenging environments and in face of risks (Trevisani, 2007). This makes the Human Factor aspect of Risk Management sometimes heavier than its tangible and technological counterpart.

The strategies to manage threats (uncertainties with negative consequences) typically include transferring the threat to another party, avoiding the threat, reducing the negative effect or probability of the threat, or even accepting some or all of the potential or actual consequences of a particular threat, and the opposites for opportunities (uncertain future states with benefits).

Risk assessment is the process of summarizing a scientific analysis of a particular risk: What are the probability and the severity of the adverse outcome? Full use should be made of the objective data available, in estimating the probability of a disease outbreak.

In many situations, however, such data do not exist - usually due to a lack of experience or knowledge. In such situations, decision-makers must rely on judgement in the absence of data.

A risk assessment is an important step in protecting your workers and business, as well as complying with the law. It helps you focus on the risks that really matter in your workplace - the ones with the potential to cause real harm. In many instances, straightforward measures can readily control risks.The law does not expect you to eliminate all risk, but you are required to protect people as far as 'reasonably practicable'.

3. Methods and Sampling:

There are many tools and techniques for Risk identification.

- Documentation Reviews
- Information gathering techniques
- Brainstorming
- Root cause analysis – for identifying a problem, discovering the causes that led to it and developing preventive action
- Checklist analysis
- Assumption analysis -this technique may reveal an inconsistency of assumptions, or uncover problematic assumptions.
- Risk categorization – in order to determine the areas of the project most exposed to the effects of uncertainty. Grouping risks by common root causes can help us to develop effective risk responses.

The risk management process methodology involves five (5) basic steps:

1. ***Identify the risks*** - Understand the typical problems that might adversely affect the project.
2. ***Assess the risks*** - Rank the risks in order of importance based on probability of occurrence, impact of occurrence, and degree of risk certainty.
3. ***Plan the risk response*** – Analyze risk assessment alternatives and modify the project management plan and project schedule to adjust for the risk.
4. ***Monitor the risks*** – Throughout the project, continue to revisit the risk profile, re-evaluate major risks, and update the risk profile with action taken.
5. ***Document lessons learned*** – Learn from the risk identification, assessment, and management process. Use the risk database from past projects to plan current projects, and, use your risk management experience to update the organization risk database.

4. Results/ Findings:

The risks were being identified and their likelihood was categorized in different categories (Very likely, Likely, Unlikely, Very unlikely) with the consequence being (Fatal, Major , Minor, Negligible) risk rating being High ,Medium, Low , the control action and the status of control action being taken.

5. Discussion/ Analysis:

Risk management helps to align the expectations of the project stakeholders and the Project Manager regarding project process, issue resolution, and project outcome. Clients often have involuntary risks or constraints imposed upon them. They often are taking project risks they don't even know they are taking due to poor articulation of the risks and their possible impact on the project. As a result, clients are often surprised by negative consequences and unmet expectations. It is the Project Manager's job to identify and to articulate the potential risks and their possible impacts to the client. The clients then assume the risks on a voluntary basis and can be actively involved in assisting with risk management.

6. Conclusion:

There is at present no need for further information and/or testing and for risk reduction measures beyond those which are being applied already.

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RISK MANAGEMENT WORKSHEET FOR ARTIFICAL KIDNEY DEPARTMENT(AKD)

Sr.No.	RISK IDENTIFIED	LIKELIHOOD	CONSEQUENCE	RISK RATING	CONTROL ACTION	CONTROL ACTION STATUS
		Very likely	Fatal	High		1. Initiated
		Likely	Major	Medium		2. Implemented
		Unlikely	Minor	Low		3. Implemented & Monitored
		Very unlikely	Negligible			
Department Specific						
General						
1	Pateint incorrect identification or wrong labelling	Likely	Major	High	Double indentifier method before all sample collection. Unique accession No. Pateint know at a persnol level to all the staff because of the frequent vist for treatment. Pateints with same name labeld sepeartely mentoning consulting doctors name and the shift of visit.	Implemented & Monitored
2	Access Issue	Unlikely	Minor	Low	Training of all the AKD staff . Handy instructions on sample collection methodology. Technichians employed sepecially with a certifie/diploma course in dialysis technology.	Implemented & Monitored
Process specific						
3	Process of Dialyisis	Unlikely	Major	High	All high -tech machines being installed which being automatic in nature undergoes self test, any abnormality if happens is being indiacted by the machine through yellow and red colour signals. Touch screen machines require confimation before starting up the process. Machines stores the information for every dialysis that has taken place so that if any mishapp occurs reason can be traced back.	Implemented & Monitored
Other Factors						
4	Shortage of staff	Unikely	Major	Medium	According to ISN(International Society of Nephrology) guidelines,the patient:technician/nurse ratio to be maintained is of 3:1.	
5	Food served	Unlikely	Minor	Medium	Pateints are under the supervision of the dedicated dietcians who take care of the essentails of the food being supplied. Pateints allergic to any particular food is being informed by the doctor in the order sheet to the staff well in advance.	Implemented & Monitored

6	Severity/Sideffects of dialysis	Likely	Major	High	There might be vital changes observed during the process,Na+ level could be ajdusted by changing the parameter in the machine. Noraml saline is being given to the pateints in case of Blood Pressure flucations. Hypertension is being controlled by decrasing the sodim level.Cramps,Sweat all is being taken care by injections. Some aliments are also being looked after as instructed by the doctor from time to time.	Implemented & Monitored
7	Delay in Shifts/slots by the pateints	Likely	Minor	Low	Cutdown time of the cycle of the dialysis process, that wont be a major harm, done so as the suceeding slot pateints dont get affected by dealy in the 1 st slot.	Implemented & Monitored
8	Pateint shift to IPD	Likely	Major	High	Any complications to the pateint beforehand or during the dialysis process which needs immediate attention is being looked after by specalists by admitting the pateints in the hospital.	Implemented & Monitored
Safety Related						
9	Pateint fall	Likely	Major	High	Trained transport staff. Monitoring of transport turnaround times. Beds with rails available for the whole department so as to prevent the fall.	Implemented & Monitored
10	Fire	Likely	Major	High	Training of all AKD staff for fire and disaster safety Fire extinguishers available for easy access Fire extinguishers checked routinely by Fire & Security Department Designated floor marshalls Mock drills conducted to check readiness of staff. Exit windows available for rescue as the deptartment is in the ground floor.Reward system to encourage the fire safety practices.	Implemented & Monitored
11	Exposure to chemicals	Likely	Major	High	Chemical safety plan Training of all AKD staff in chemical safety. Material Safety Data Sheets (MSDS) available for all chemicals easy access. Eyewash Safety shower. Spill skit. Perodic surveillance and safety audits by Safety officer.	Implemented & Monitored

12	Exposure to electrical hazards	Likely	Major	High	Annual check and maintance of electrical points by Enginnering Department equipment safety - planned maintance by biomedical staff electrical back up for major eqipment/computer and hopital diesel generator set in case of electricity flucations. Machines have a power back up for 30 mins where in it can function without the electricity supply.	Implemented & Monitored
Infection Control						
13	Expousure to pateints by other pateints or staff	Likely	Major	High	Universal precautions followed by the staff. Mandatory PPE (Personal Protective Equipment) supplied and worn by staff. Routine checkup & viral marker test of the staff and the pateints done at an interval of 3 months. Vaccination programmes being conducted for all the staff members.	Implemented & Monitored
14	Exposure to blood & blood borne pathogens	Very likely	Major	High	Universal precautions followed by the staff. Mandatory PPE (Personal Protective Equipment) supplied and worn by staff. BWM (Biomedical Waste Management) policy for sharps & disposal.	Implemented & Monitored
15	Neddle Stick Injury	Likely	Major	High	Universal precautions followed by the staff. Mandatory PPE (Personal Protective Equipment) supplied and worn by staff. BWM (Biomedical Waste Management) policy for sharps & disposal.	Implemented & Monitored
16	Exposure to the pateints form the dialysis sloutions used	Likely	Major	High	Culture of RO water, electrolytes being send for micobial tests. Endotoxin level being checked every month. Loop sanitation being done once in 4 months. Disinfection of the RO plant being done once in every 3 months.	Implemented & Monitored

Equipment						
17	Breakdown of equipment	Likely	Major	High	Planned maintainence schedule. In house biomedical staff for quick response Alternative equipment as back up available. In case of major breakdown concerned companies provide the maintaince Other than the in house biomedical staff, concerened companies also involved in maintaince every 3 months.	Implemented & Monitored
18	Infection through equiments	Unlikely	Major	High	Seperate machines maintained for all the pateints that are infected with Hep-B & Hbsg. Paitents with these fatal infections are usually taken at the night shift or in isloation. In case of HIV pateints disinfection being done to the machines after every pateint dialysed, necessary safety precautions being taken by the stafff while handling these types of pateints. Equipments other than the machine once used for these pateints are discarded and not reused again even for the same pateints.	Implemented & Monitored
Inventory related						
19	Non availability of chemicals	Unlikely	Major	Medium	Good inventory practice followed defined and regular stock checking activities by identified individuals in the section In case of non availability local vendors contacted immediately and ensuring delivery the same day .	Implemented & Monitored
20	Expiry of items	Unlikely	Major	High	Good inventory practice followed defined and regular stock checking activities by identified individuals in the section. Hopitals tie up with local vendors ,& policy to return close expiryitems to vendors speciallyslowmoving items Stock brought in for only 1 week , first come first out rules followed for the items.	Implemented & Monitored

Table 7- Risk Management worksheet for artificial Kidney Department

Project 3

Identification of Causes of Delays in Cashless Hospitalization & Suggest Recommendations to reduce the time Lag.

1. Executive Summary:

Cashless hospitalization is an important factor, which needs to be considered when purchasing health insurance. Medical insurance is important for all individuals, noting the rising costs of medical care. In addition, today medical treatment costs have reached the highest of all times, and are expected to increase further. Diseases and ailments, as well as accidents, can strike anyone at any given point of time. It may emotionally and financially devastate a patient's family. Although coverage cannot be made for emotional damages, financial losses can be covered by a health insurance policy.

After understanding the whole process of Cashless Admission reasons for the delay in Cashless Admission were being identified from the point of view at all the levels-

- Patient/Insurer
- Hospital
- TPA Company

Recommendations were also being provided so as to avoid the delay and further improve Patient Satisfaction.

2. Introduction:

The study was conducted in P.D Hinduja hospital a tertiary Care multi speciality hospital (herein after referred to as the study hospital) with 4 wards, 46 specialty units, 3 operating theatres and bed strength of 402 beds. Apart from the in-patient care, the hospital's out-patient services include the operation of specialty clinics, accident & emergency, trauma and outpatient care department (OPD).The Hospital has got a tie up with the below mentioned TPA'S-

SR.NO.	TPA
1	Paramount Health Care Services Pvt Ltd.
2	United Health Care India Pvt Ltd.
3	Baja Allianz General Insurance Company Pvt Ltd.
4	Star Health & Allied Insurance Co. Ltd.
5	Dedicated Health Care Services (India) Pvt Ltd.
6	ICICI Lombard General Insurance Company Ltd.
7	ICICI Prudential Life Insurance
8	Cholamandalam
9	Max Bupa Health Care Insurance Co. Ltd.
10	Future Generali India Insurance Company Ltd.
11	Apollo Munich
12	Alankit Health Care TPA Ltd.
13	Religare Health
14	Medi Assist
15	E-Meditek
16	MD- India (Corporate)
17	Vidal TPA (Corporate)
18	Health India tpa (corporate)

Table 8 -List of TPA'S Having Cashless Tie-Up with the Hospital-

One of the main activities of the marketing department of a hospital is to tie-up with different TPAs for provision of credit treatment facility or cashless service at the hospital, which are reimbursed by the party concerned, at a later date. The services provided by them include cashless service at hospitals, telephonic support to policy-holders and management of claims and reimbursements. They also provide services to the corporate sector in designing and managing health benefit packages for their employees. The main function of a TPA is to guarantee cashless hospitalisation to policyholders. In short, TPAs are a key link between insurance companies, healthcare providers and policyholders.

Health insurance is insurance against the risk of incurring medical expenses among individuals. By estimating the overall risk of health care and health system expenses, among a targeted group, an insurer can develop a routine finance structure, such as a monthly premium or payroll

tax, to ensure that money is available to pay for the health care benefits specified in the insurance agreement. The benefit is administered by a central organization such as a government agency, private business, or not-for-profit entity. According to theHealth Insurance Association of America, health insurance is defined as "coverage that provides for the payments of benefits as a result of sickness or injury.

Cashless health insurance is one of the most necessary aspects of a health insurance plan, and most health insurance firms offer cashless hospitalization to its customers. Insurance providers in India generally have tie-ups with a given number of hospitals around the country to provide this service to everyone. In cashless hospitalization, all of the medical expenses covered in the insured's policy are settled directly by the provider with the hospital. The process takes place with the assistance of the third-party administrator (TPA), which the companies hire to help them during claims. The insurance holder needs to submit the medical documents to the TPA to successfully file the claims. Then, the claim is set to be approved by the medical insurance provider after reviewing by the TPA.

Cashless mediclaim service is of two types-

- Planned Claim - When an insured is aware of the hospitalization 2-3 days in advance
- Emergency Claim - When an insured person or a family member requires immediate hospitalization, either due to grave illness or an accident

Although the TPA is hired for the health insurance company's convenience, the process of filing a claim is generally delayed due to the TPA. To avoid this hassle and others, some medical insurance providers directly settle claims without any TPA mediation.

It is always good to undergo treatment in hospitals, which are under the list of cashless health insurance providers. During cashless health insurance, most of the treatments costs are settled by the health insurance provider directly, without letting the insured shell out any money from his/her pocket.

During treatment in hospitals that do not provide cashless health insurance hospitalization, all of the medical expenses are to be borne by insured customers and later reimbursed by his/her health insurance provider. In addition, the health insurance providers do not reimburse treatment costs completely if the treatment is taken from hospitals other than ones in the network. In that case, 80% of the cost is borne by the company. The remaining 20% is to be paid by the insurance holder.

3. Methods and Sampling:

There are many tools and techniques for Risk identification.

- Documentation Reviews
- Information gathering technique.
- Brainstorming
- Root cause analysis – for identifying a problem, discovering the causes that led to it and developing preventive action.
- Assumption analysis -this technique may reveal an inconsistency of assumptions, or uncover problematic assumptions.

4. Results/ Findings:

The major reason identified for the delay in the cashless admission is as follows-

Some issues that come from the Patients-End was observed to be-

- Many patients come with their expired insurance policy.
- Patients/relatives not paying the insurance premium, which makes the insurance policy void.
- Patients filling wrong details in the pre-authorisation form making delay in the whole process of cashless transactio
- Patients address is changed.
- Patients/relatives do not understand the complexity of the whole process of the cashless service.
- Patients refuse to pay additional amount above the approved credit limit by the TPA for certain procedures/treatment etc in hospitals
- Discrepancy in the information supplied by the patient (insured) to the TPA/insurer and the hospital.

Some issues that come from the Hospital -End was observed to be-

- Incorrect billing estimate done (specific discounts/ rates not followed as per agreement with the corporate/ TPA),
- Patient signature not taken on the approval papers and improper recording of the details.
- Hospital also faces problems while dispatching the estimated bill and the pre-authorization form to TPAs when all the relevant documents are not attached while dispatching document from the concerned consultant.

- Cover note not prepared with the , bill dispatched to the wrong address, bill dispatched to the different office of the same company (some bills need to be dispatched to the office where the employee is working and not the corporate office),
- Delay in dispatching the documents.
- Documents getting misplaced in the hospital and further clarification regarding treatment are required by the TPA.
- Patient admitted in emergency and failing/delaying to get the authorisation for the treatment from the concerned employer

Some issues that come from the TPA's end was observed to be-

- Delay in giving the authorisation for the treatment on behalf of the TPA.
- Wrong entry of the employee/customer details, or misplacement of the bills by the TPA.
- In few cases, it was found that the employee retires/ resigns/ change jobs and whereabouts details are not available with the past employers, and if any query arise while settling the bills, it is not solved and the authorization gets delayed.
- Sometimes, the TPA delays the authorization of the bills for no valid reason. It was found that many TPAs delay payment because of lack of fund with them. There are instances where TPAs re-look the entire case of the patient.
- Patient admitted in emergency and failing/delaying to get the authorisation for the treatment from the concerned employer.
- Delays in receiving the FAX back from the TPA/corporate.
- Misplacement of the faxed message.
- Same case has query more than one times.
- Lack of efficient and effective expertise at TPA/insurer/corporate level.

The Standard time taken as being specified by the TPA companies for sanctioning the cashless admission is of 2 hrs , But as being observed in the calculation sheet, each case takes more than 2 hours for the sanction, some cases even extending 24 hrs for the sanction.

None of the cases in this study was an Emergency Claim

5. Discussion/ Analysis:

The Major problem that was being identified was in the whole process is not just a problem in one side , All the three concerned parties employed in the process must try and see to it that tasks done from their end are done in a right way so as to avoid any delay.

6. Conclusion:

After understanding the whole process of Cashless Admission reasons for the delay in Cashless Admission were being identified from the point of view at all the levels-

- Patient/Insurer
- Hospital
- TPA Company

Recommendations were also being provided so as to avoid the delay and further improve Patient Satisfaction.

7. Recommendations:

1. Information Technology (IT) is the need of the hour which would be helpful in the effective management of the claim process. Software should be developed for document submission which could be accessible to both the TPAs and the hospitals. Therefore, all the paper work could be maintained on the web and reduce the instances of mishaps like losing the claim documents and so on.
2. There should be uniformity across all the TPA groups in terms of the norms and the tariff structure. There has to be uniformity in the billing model for all the hospitals so that there is transparency between the hospital and the TPA groups. With this practice the chances of delay is reduced and it also smoothens the claim process.
3. Bringing awareness to the policy holders (patients) about the services that they can be facilitated is a necessity. TPAs should hold seminars to educate the stakeholders on the evolving changes in the health insurance sector.
4. Someone within the hospital should be assigned the responsibility to constantly maintain a relationship with the corporate - Customer Relationship Management (CRM).
5. TPAs should have a well-defined set of protocols for handling health insurance.
6. During misplacement of bills in dispatching from the hospital or from the corporate office, a protocol should be decided whether the corporates would accept the photocopy of the bill.

Project 4

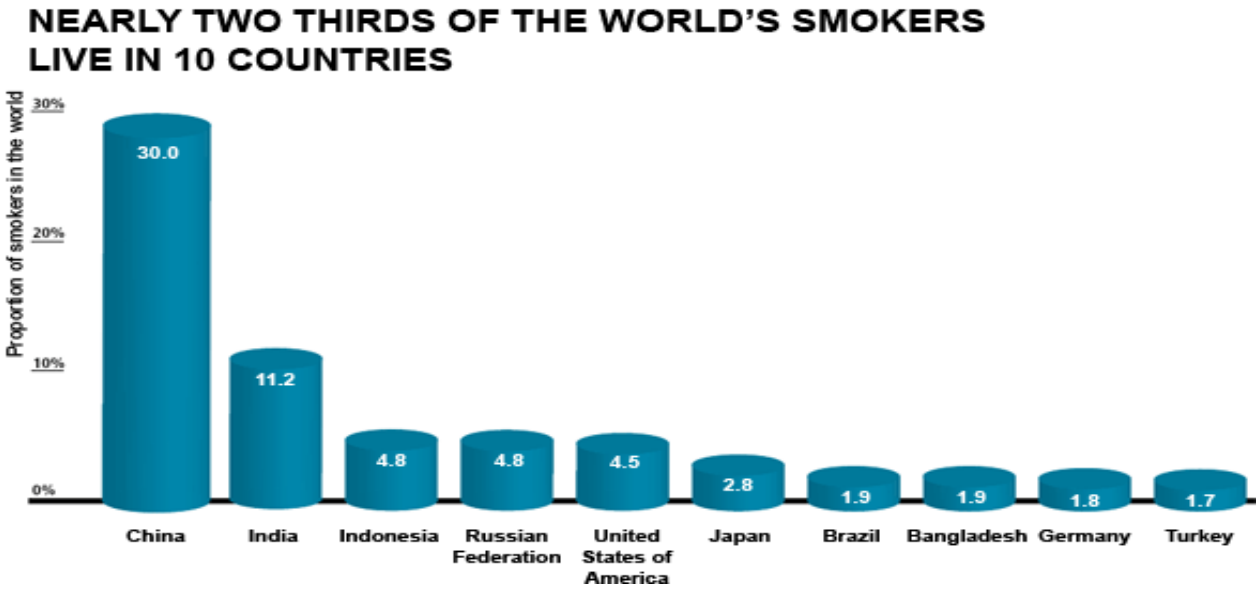
To Develop Promotional Plans of Tobacco Cessation Clinic

INTRODUCTION-

More people are smoking in India now, 110 million, compared to just 74.5 million smokers over three decades back, despite smoking being recognized as the third biggest health risk for Indians and despite all the anti-tobacco and smoke-free laws. While smoking prevalence among men had gone down in 2012, it remains unchanged at 3.2% since 1980 among women. In fact, India with 12.1 million women smokers in 2012, compared to just 5.3 million in 1980, had more women smoking than any other country except the US.

Though smoking prevalence among men had come down from 33.8% in 1980 to 23% in 2012, due to the growth in population, it still meant almost 29 million more male smokers in 2012. These facts were revealed in a study done by the Institute of Health Metrics and Evaluation (IHME), "Smoking Prevalence and Cigarette Consumption in 187 countries, 1980-2012. IHME is an independent global health research organization at the University of Washington that provides comparable measurement of the world's most important health problems and evaluates the strategies used to address them. The study has been published in the Journal of the American Medical Association (JAMA) in a special issue devoted to tobacco.

According to the most recent figures from the Global Burden of Disease (GBD) study, coordinated by IHME, tobacco use (excluding second-hand smoke) led to nearly one million deaths and significant health loss in India. IHME arrived at its estimates based on a wide range of data sources, including in-country surveys, government statistics, and World Health Organization data, and the estimates cover all ages.



Source-WHO

Figure-14 Statistics Of Smokers World-Wide.

The above data and facts show the risk with which people are associated by using tobacco, India being the 2nd country to have the largest population of smokers.
The solution to this problem can be thought of various ways which including the TOBACCO CESSATION Clinics, which provide assistance to the smokers quit their smoking habit.
Global support for tobacco control policies and national data on mortality and morbidity related to tobacco use began to have its impact on policy and programming for tobacco control in India. In 2002, formal tobacco cessation facilities were set up for the first time. The purpose of the tobacco cessation clinics was to develop simple intervention models for tobacco cessation for smokers and smokeless tobacco users, to generate experience in the delivery of these interventions that can be applied in the primary care setting, and finally, to study the feasibility of implementing these interventions and their acceptability in general primary health care settings.

The principle of the smoking cessation clinic at P.D.Hinduja Hospital & Research Centre is is to treat smoking like any other ailment; with medications to prevent cravings, strategies to deal with situations in which the urge to smoke is high, and nicotine replacement therapy to counter and tide over instances in which the desire to smoke makes one overwhelmingly uncomfortable. The clinic is head by Consultant Doctor:Dr. Lancelot Pinto.The clinic comprises a trained respirologist with the knowledge and skills to assess the level of dependence and to suggest appropriate pharmacotherapy, and a trained psychologist to help with the anxiety and apprehensions that are inevitable with such a major life-altering decision.
Tobacco Cessation Clinic details at P.D.Hinduja Hospital:
Every Saturday between 2 pm to 5 pm,
3rd Floor Wing 3,
Room no.: 3307

Marketing strategy in today's world is an intergrated part of the prouct/service. A successful business is judged by its profits. Business owners/managers would be smart to realize that marketing and advertising should be done by the professionals.
It is important to keep up to date on trends in advertising, such as the new one, social media. The Internet is a grand thing and when used appropriately, it can help to increase sales. Advertising agencies know marketing and can recommend to the business owner the best marketing tools for them. A company must to be branded and steps have to be taken over a period of time to achieve the best results. It's not something that can be done every once-in-a-while when the accountant or someone else in the company has some spare time.
Profits. This is the reason why every business needs a real marketing specialist. Once that specialist learns about the company and its customers, they will bring together ideas to get the

name of the company before its target group. Today, more than ever, businesses are relying on marketing professionals to prove to them that their advertising ventures are paying off.

The five key benefits of a marketing plan to business are-

- A marketing plan makes sense of your business environment
- A marketing plan enables clear decision making
- A marketing plan integrates long term planning and short term implementation
- A marketing plan prevents panic decisions
- A marketing plan is a working documents.

Plan 1 – Celebrity Endorsement.

Advertising is a popular, yet challenging form of marketing communications. With increasing rivalry for consumer attention and new product introduction, advertisers are forced to use attention-grabbing media stars. These celebrities can help advertisements stand out from the surrounding media clutter, thus improving communicative ability by cutting through excess noise in the communication process. Celebrity endorsements have also been found to produce better recall or recognition of a brand name. Many studies have also shown that celebrity endorsers favorably influenced important advertising effectiveness measures such as attitudes toward the ad (AAD), attitude toward the brand (ABR) and purchase intention (PI) Furthermore, celebrity endorsement strategy has the ability to create an image for a product through meaning transfer .For these advantages, hospitals are willing to pay handsomely to have celebrities endorse their brands in the advertisement.

From the perspective of the celebrities, endorsement presents a lucrative supplemental income, which for some celebrities means income far above what they actually made in their original field of work. The allure of multiple endorsement contracts, for instance, brings unwelcomed consequences to the celebrities as well as the companies who hire them. As a result, multiple endorsements will limit the effectiveness and appeal of celebrity endorsement.
Celebrities are individuals who are well-known to the public due to their accomplishments in areas such as sports, entertainment, politics, broadcasting, corporate and etc. In many societies, celebrities are perceived as model of success. Many consumers aspire to share their values and lifestyles . Consumers frequently imitate the ways celebrities dress, communicate, and most importantly, the brands of products celebrities choose and use. Capitalizing on their image, celebrities are used as endorsers of brands in advertisement. Celebrity endorsement is a heavily employed strategy in advertising because it is more effective than celebrity-less endorsement in terms of producing desirable outcomes for the sponsor. Celebrities are seen as more attractive (likeable) by consumers and therefore more readily identifiable . Celebrities are also looked upon as more expert and trustworthy than non-celebrities. As a result, consumers identify with celebrities and internalize the ‘things’ they say about the endorsed products.
Celebrity like Salman Khan can be hired in to promote the clinic as he is much into Social Causes, having a foundation Being Human that promotes social causes with the aim of the Being Human Foundation is to help each individual to discover their gift and then learn to give that gift with impunity – ‘to love the life we live and to live the life we love’. His contribution in this can be considered as a big change.

People who are capable of affording the fees can be motivated by seeing Salman as the face of the clinic.

People who are not can go for the 2 nd plan - As his foundation already helps the needy, people who are usually unemployed can get an aid from the foundation as well as the hospital's side to get a consultation from the doctor.

Plan 2 – Seminar to Educate the Youth.

Before we begin to plan the details of the event, the following suggestions and strategies can be adopted so as to have a successful event.

- **Creating a vision of success -** Brainstorming together:
  - What would a successful seminar look like?
  - What audiences in community would you like to reach?
  - What will the audience gain by attending the event?
  - What will be P.D.Hinduja Hospital's gain by sponsoring the event?
- **Developing goals and objectives -** Goals state what will happen as a result of the event.
  - Example: (Listing workplace, faith community, or other target audience here) will have an increased awareness about the need to improve end-of-life care so that people will take action for themselves, their loved ones and others in our community.
  - Objectives state how and when the event will happen. Include the specific topic(s) to be addressed, target audience, measurable outcome(s) and timeframe.
    Example: (Hospital's Name) will conduct (list specific number here) of seminars.

- **Starting to plan in advance –** Allowing plenty of time to attend to all the details of planning and promotion. Great speakers are often booked in advance, so we can contact the potential speaker/s early, if outsourced.

- **Identifying existing resources for donations –**
  - Making a list of resources that each internal member of the hospital or coalition will contribute - for example, print handouts and flyers, provide audiovisual equipment, etc.
  - Making a list of external relationships you already have established in the community to ask for donations to support your event – for example, venues for food, publicity, media coverage, event location, etc.

- **Planning the details –**

  - **Budget –** Making a list of all items that need some type of funding support. Funding can be acquired through in-kind support, monetary donations, or other donations.
  - **Location -** Make sure that topics and titles are enhanced by the location chosen.

  If the topic you choose is attractive to your audience but the location is unfamiliar or difficult to access, people are less likely to attend.

Hence, in this case the location that needs to be chosen are the Colleges, Events with high number of students.

- **Speakers –** If speakers are to be brought from outside the Hospital starting with identifying existing relationships thorough briefing of all speakers regarding the goals, objectives, audiences and key messages that has to given to the audience.
- **Program agenda –** Allowing time for the audience to participate in the event, and to socialize with one another and members of your organization or coalition so as they can share their experience. This can lead to meaningful conversations that can leave a lasting impression.

❖ **Refreshments -** Some type of food and beverages can be included that your audience would enjoy (and that can be done for free if possible by donated money).

❖ **Participant handouts –** Collate a participant information packet to distribute at the event that would include:
- Handouts of the LIVE presentation
- Information about P.D.Hinduja Hospital or coalition, and include contact information
- Publicity information on upcoming relevant community events

❖ **Promote and publicize** - Invest in one well-done promotional flyer for the event that can be used in multiple ways – mailings, posters, etc. The LIVE flyer/poster can be used to promote your organization or coalition. Other ideas include:
- Focus marketing efforts to targeted groups, not individuals – can get more "bang for your buck."
- Hold every member of partnership accountable for marketing to specific groups of people – for example, require every member of organization or coalition to be responsible for bringing three people to the seminar.
- Faith community/church bulletins, supermarkets, little league games, community bulletin boards, book clubs, libraries, and hair salons can be all potential distribution channels for your materials.

❖ **Evaluating the outcomes -**Using the Evaluation Form and the Participant Feedback Form to successfully evaluate the event. Other suggestions can be :
- Having a suggestion or comment box available – it is a great way to ensure that participants have an opportunity to give anonymous feedback.
- If a participant shares a personal story, asking if it could be written up or share it anonymously at future events or in your materials. Personal stories about the need to improve end-of-life care and services often have the greatest impact.

❖ **Follow-up –** Collection of participant names and contact information on a sign-in sheet at the event can provide a database of people who are interested. People who attend have demonstrated an interest in your cause so find ways to keep them involved! Also a promotion list can be used to to promote future events. In

addition, writing a story to print Hinduja Hospital's coalition's newsletter summarizing the event.

Plan 3- Promotion by having LIVE stalls/workshops at The BPO'S

- QUIT KIT CAN BE DISTRIBUTED IN BPO'S/Call centres.

  Print copies of the literature that needs to be included can be as follows-

  - Recipient Card
  - How this Quit Kit can help me be Tobacco Free
  - Why I smoke test
  - Combination Therapy information

  All of which have been described below-

- A stall can be put up at individual colleges or places where we can get bulk of students like college fests etc. The concerned staff knows that students MUST fill in Recipient Card before they can have a kit. Cards can be used for follow-up support and assessment of effectiveness.

- Encouraging people to make follow-up appointment and to consider medications if behavioral strategies aren't enough.

- Emailing or re-contacting students periodically to offer support and monitor progress.

STEP 1- A from of this kind can be filled up for all the participants which can be used as a database of smokers and can be later contacted to visit the clinic.

QUIT KIT RECIPIENT CARD

- By taking this kit, I am agreeing to seriously think about how and when I want to quit tobacco use.
- I would be happy to have someone contact me in a few weeks to find out if the kit was helpful to me or not.

❖ Name: _____
Date:_____
❖ Phone: ____ _____
❖ Email:_____

☐ Male ☐ Female

❖ Age: _____

Major:_____

❖ Current amount of tobacco used? _____

❖ Cigarettes per day (if smokeless_____ cans/day)

❖ What have you tried to stop using tobacco before? (Check all that apply)

☐ Never Tried ☐ Nicotine Patch ☐ Nicotine Gum
☐ Nicotine Spray or Puffer ☐ Zyban (smoking cessation pill)
☐ Behavioral Changes ☐ Cold Turkey
☐ Other (Please state)

_____

❖ On a scale of 0 to 10, how much do you want to stop smoking (or dipping) right now?

Not at all *Very much*

0	***1***	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***9***	***10***

❖ On a scale of 0-10, if you decided to quit smoking right now, how confident are you that you would succeed?

Not confident *Very confident*

0	***1***	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***9***	***10***

- Are you planning to use any of the following in your effort to quit?
  - ☐ Smoking cessation pill
  - ☐ Nicotine Patch, Gum or Spray
  - ☐ No, I'm not planning to use meds

How did you find out about the Quit Kit?

_____

_____

_____

	Always	Frequently	Occasionally	Seldom	Never
A. I smoke cigarettes to keep from slowing down	5	4	3	2	1
B. Handling a cigarette is part of the enjoyment of smoking it.	5	4	3	2	1
C. Smoking cigarettes is pleasant and relaxing	5	4	3	2	1
D. I light up a cigarette when I'm upset about something.	5	4	3	2	1
E. When I run out of cigarettes, I find it almost Unbearable	5	4	3	2	1
F. I smoke automatically without even being aware of it.	5	4	3	2	1
G. I smoke to perk myself up	5	4	3	2	1
H. Part of the enjoyment of smoking comes from the steps I take to light up.	5	4	3	2	1
I. I find cigarettes pleasurable.	5	4	3	2	1
J. When I feel uncomfortable about something, I light up a cigarette.	5	4	3	2	1
K. I am very much aware of the fact when I am no smoking.	5	4	3	2	1
L. I light up a cigarette without realizing I still have one burning in the ashtray	5	4	3	2	1
M. I smoke to give myself a "lift."	5	4	3	2	1
N. Part of the enjoyment of smoking is in watching the smoke I exhale.	5	4	3	2	1
O. I want a cigarette most when I am comfortable and relaxed.	5	4	3	2	1
P. When I feel "blue" or want to take my mind off my cares, I smoke a cigarette.	5	4	3	2	1
Q. I get a real craving for a cigarette when I haven't smoked for a while.	5	4	3	2	1
R. I've found a cigarette in my mouth an didn't Remember having put it there.	5	4	3	2	1

STEP 2- The "Why I smoke" Test

A test of this kind can be a fun activity for the young population who are smokers. This test can reveal the reason behind their smoking practice, and can further be a booster to join a smoking cessation clinic

STEP 3- A self - evaluation Kind of document can be provided where in the smokers /participants can understand the reasons behind their smoking Habit.

SELF KNOWLEDGE IS POWER

Adding Up Your Score

Use the following table to score yourself:

1. Enter your circled number for each statement in the space provided, putting the number for statement A on line A, for statement B on line B, and so on.
2. Add the three scores on each line. For example, the sum of your scores on lines A, G and M gives you a total score for the "Stimulation" category.

_____	+	_____ +	_____ =	_____
A		G	M	Stimulation
_____	+	_____ +	_____ =	_____
B		H	N	Handling
_____	+	_____ +	_____ =	_____
C		I	O	Pleasure
_____	+	_____ +	_____ =	_____
D		J	P	Relaxation/Tension Reduction
_____	+	_____ +	_____ =	_____
E		K	Q	Craving
_____	+	_____ +	_____ =	_____
F		L	R	Habit

A score of 11 or more indicates an important reason. The higher your score (15 is the highest) the more important the reason.

The next page has a list of "Tips on How to Quit." Use the tips that fit you and your needs the best.

STEP 4- Based on their evaluation of oneself above a Document ON HOW TO QUIT for various categories can be provided which can be a eye-opener to the participant, which can be something as follows-

Stimulation

- If you scored high in this category, your brain prefers the stimulant effects of nicotine.
- When you quit, you need to find substitutes that stimulate.
- For example:
  Take a brief walk, ride a bike, do calisthenics, or simply make yourself busy around the house.
- Plan ahead. Organize your day ahead of time so you won't need a cigarette to get going.
- Chew on cinnamon sticks, sugar-free gum, or carrot sticks; rinse with mouthwash; or brush your teeth to give your tongue and mouth some stimulation.

Handling

- A high score here means you like to handle a cigarette or watch the smoke. There may be other parts of the ritual of smoking that are also habit forming for you. Luckily there are many ways to keep your hands busy (the last four mentioned here are even constructive).
- Wear a rubber band around your wrist and snap it.
- Doodle with a pen or pencil when you're on the phone, in meetings, etc.
- Handle a coin or polished rock or play with a paper clip.

Pleasure

- If you scored high in this category, you just have to find other pleasures. Here are some alternatives:
- Keep a list of the pleasures of being a nonsmoker (smell great, extra money, taste food better, etc).
- Substitute another pleasure such as time with friends, going to the movies, or reading a magazine.
- Get involved in a sport or anther hobby – you'll be surprised how good you'll feel.
- Contemplate the harmful effects of smoking. You may find that's enough to help you quit.

Relaxation/Tension Reduction

- Many smokers use their habit as a crutch in moments of discomfort. If you're this type, you may find it easy to quit when things are good, but tough when things go wrong.
- Activity is a great tension reducer and distraction. Exercise clears stress chemicals from the body, get out there and find an exercise you could love.
- Consider learning meditation, yoga and other stress relieving hobbies.
- Try some deep breathing exercises. Or feel free to talk to your health care professional about other relaxation techniques.
- Think about what you really need when you're upset. Talk with a friend.

Craving

- If you scored high in this category, you're not unusual. Your craving for another cigarette begins to build up the moment you out one out. Is the craving psychological, physical, or both? If you crave nicotine, your nicotine receptors in the brain make you uncomfortable and irritable when the level of nicotine in your blood drops. Strongly consider using nicotine replacement products (patch, gum, spray, etc.) or the smoking cessation pill if cravings keep you from stopping your tobacco.
- In addition, reorder your day to avoid situations that trigger your smoking urge. For example, change your morning routine ad your work habits, alter your driving route, etc.
- Stay busy! Don't allow yourself to have gaps of unprogrammed time.

Habit

- Once smoking becomes habitual, you smoke automatically. Chances are you enjoy only a fraction of the cigarettes you smoke. You have established many "Pavlovian" triggers in your brain. Smoking is linked to driving, coffee, telephones and all sorts of daily habits.
- Disconnect the Pavlovian behaviors. Declare the hose smoke free! Throw away your cigarettes, ashtrays, etc.
- If your spouse or friends smoke, designate a portion of your home as smoke-free.
- Chew sugar-free gum.
- Go to places where smoking is prohibited – public buildings, movies, theaters, libraries, etc.
- Substitute a different behavior when you are bored. Take a soothing bath or shower or listen to music.

Plan 4- Website Re-Designing

This initiative can be targeted to all the smokers, between the ages of 18 to 70, contemplating quitting or motivated to quit. The Web site content as well as advertising strategies reflect this audience segmentation.

Recent studies suggest that tobacco users prefer online cessation programs because of the conveniences they offer: round-the-clock availability, greater level of anonymity than in-person or phone-based counseling, and virtual social support (Cobb & Graham, 2006; McClure et al. 2006). Becoming a member offers users all these advantages. The cessation information can be accessed at all times. Web strategy is that the site can directs tobacco users to a telephone helpline. Through its virtual community and facebook pages, it offers an extensive support group. The cessation content is custom tailored according to each member's specific triggers.

The home page can be broken down into five main features: Learning, Doing, community, Partners, and Support. The tobacco cessation program is targeted separately at adult smokers and pregnant smokers. Each of these audience segments has access to separate virtual support groups.

- **Content and design:**

Information regarding tobacco cessation can easily get overwhelming. In contrast the quit plan is broken down into small chunks of information that are easy to digest. The text is written in language that is simple to follow.

General information about the plan and tips for cessation is available to any visitor of the site. However, to implement the plan, create a personalized program and use the tools on the Web site, one needs to register. Membership can be charged and the registration form can be short and simple with a few questions on smoking habits. The fact that there may be some smokers who are thinking of quitting but not yet motivated to sign up for a program. For such people, as well as those who may not be comfortable on the web, printed friendly versions of its guides (English, Hindi, Marathi, and Guajarati) and tools can be made available after offering the membership at minimal price.

The plan can be interactive and can offer its members several tips that will maximize their chances of successfully quitting. The graphical elements on the Web site such as the black and white sketches that demonstrate smoking triggers and videos can inject humor into the content. Success can be achieved in getting users to think about serious issues such as their triggers while adopting a humorous and light-hearted approach.

Becoming a member hosts a virtual community that serves as a support system for the user population. There can be more than 300 groups on virtual community discussing a variety of issues ranging from getting started, to dealing with triggers and keeping track of cigarettes. The online community can be very active.

The Web site can include blogs written by smokers as they go through the plan. Some of the blogs are single sentences about the number of days the person has abstained from smoking while others are more intense personal blogs that illustrate their urges, frustrations and successes.

An innovative tool that can be offered is through Facebook is Match Heads, an application that encourage social support by matching people who have similar smoking triggers.

- **Feedback Mechanisms:**

The Web staff mostly receives feedback via email from site visitors. Web tools including surveys, writing exercises, cigarette tracker and instructional videos that are accessed from a registered user's dashboard provides comprehensive reporting tools for Legacy's research team. This data coupled with direct and solicited feedback from users contributes to program evaluation.

Plan 5 - Launching a free Hinduja mobile App

Hinduja Hospital can launch its mobile application to ensure that patients have all information needed to make an informed decision at their fingertips.

The Hospital App can allow access to the hospital services, facilities and healthcare information. Users can book appointments, find and search doctors, services and other information that will help in easy planning of their visit to the hospital. The app features an easy to use Medicine Tracker that allows users to set up reminders for their medication.

- Features:
  - Complete list of Doctors and their profiles
  - Complete Access to all the Department and Centers of Excellence
  - Access to request an appointment
  - Easy scheduling of Home Pickups
  - Notifications regarding important information
  - Up-to-date news and events

Plan 4 mentioned above can be also used in collaboration with this.

Conclusion-

The main aim of the promotional plan is to help increase the revenue of the Tobacco Cessation Clinic at Hinduja Hospital.
To make the general public aware of the fact that there is an aid available to help quit their practice of smoking and helping them achieve a healthier lifestyle.