Summer Training at
Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan
(April 1–May 31, 2014)

A Study on Manpower Management of Housekeeping Staff in Tertiary Care Hospital

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MBA- Hospital & Health Management (MBA-HM)
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The IIHMR University, Jaipur
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CERTIFICATE

This is to certify that **Dr.Suruchi Maheshwari** has undergone her summer training at **Santokba Durlabhji Memorial Hospital, Jaipur** from 1st April, 2014 to 31st May, 2014.

The candidate has successfully carried out the project **"A study on Manpower Management of Housekeeping Staff in Tertiary Care Hospital"** assigned to her during summer training and her approach to the study has been scientific and analytical.

The summer training is partial fulfilment of the course requirement.

I wish her success in all her future endeavours.

Dr.Monika Choudhary
Associate Professor
IIHMR Jaipur

Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affairs)
IIHMR Jaipur

Santokba Durlabhji Memorial Hospital
cum Medical Research Institute

sdmh
the hospital that cares
Bhawani Singh Marg, Jaipur-302015

Your Ref. :

Our Ref. :
No. 370

Date.....
June 02, 2014

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Suruchi Maheshwari** student of IIHMR, Jaipur has successfully completed her two months summer training from 01.04.2014 to 31.05.2014 at Santokba Durlabhji Memorial Hospital Cum Medical Research Institute, Jaipur. She did her training with the various departments of SDMH and done her project on Management of Housekeeping Staff in Tertiary Care Hospital.

During her association with us, her work and conduct were good.

I wish her success in future.

LT. COL. BADAL VERMA
CHIEF ADMINISTRATOR

Chief Administrator
Santokba Durlabhji Memorial Hospital
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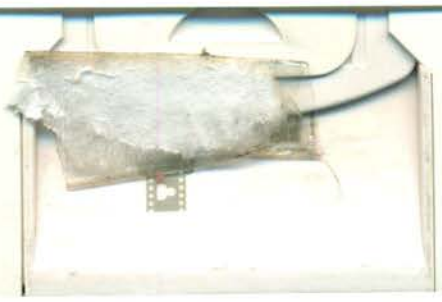

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Acknowledgement

The study has been a novel learning experience as being a first exposure to hospital industry. This study helped in understanding and learning the hospital set up, its various departments, their functioning and their interrelations. However, none of this would ever have been possible without the priceless support of several people. I wish to take this opportunity to express my deepest gratitude to all of them who have made this endeavour a success.

I would like to special thanks to Dr Gautam Raj Singhvi (Medical Superintendent), Col. Badal Verma (Chief Administrator), Dr Heena Kausar (assistant Medical Superintendent).

I would like to extend my thanks to the management, medical and paramedical staff of Santokba Durlabhji Memorial Hospital, Dr Shweta Nagpal (IPD Manager), Ms Namrata Chanchani (public Relation Officer), Mr Vinod Pareek (contractor of fourth class staff) for giving us all the information and support required to complete our summer training. Being beehive of activities, it was great experience as hospital management trainees at SDMH.

My deepest gratitude is to Dr S D Gupta, the Director of IIHMR, Jaipur, Dr. Ashok Kaushik, Dean Academics & Students Affairs and my mentor, Dr Monika Choudhary who have always been a source of encouragement and guidance which enable us to do a good job in SDMH, Jaipur, which is considered to be oldest and renowned hospital.

I would like to thank to all others who left their mark in the project and helped me in spite of their busy schedule and hectic work hours.

Last and not least, I acknowledge the moral support of my parents, family members and friends during summer training.

Preface

Summer internship is an integral part of the PGDHM currriculum.As a part of the course;students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get a better understanding of the health care delivery system.

The major objectives of the summer training programs are as follows:

1) ***To better understand the existing health delivery system including public and private sectors.***
2) ***To understand various functions of hospital systems by interactions with key stakeholders, policy makers, programme managers,academicians and researchers.***
3) ***To work on the project/task assigned by summer training organizations.***

During my training period I had an overview of working of hospital and its various functions.

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Abbreviations

CCU- cardiac care unit

Dept- department

ECG- electrocardiogram

EMG-electromyography

Emp- employee

ENT- ear nose thorat

ESI-employee state insurance

HDU-high dependency unit

ICU-intensive care unit

ID-identification

IPD-inpatient department

NABH- National accredidation board of hospitals

NABL-national accredidation board of laboratory

OPD-out patient department

OT-operation theatre

PF-provident fund

SDMH- Santokba Durlabhji Memorial Hospital

SOP-standard operating procedures

STD- sexually transmitted disease

HOSPITAL PROFILE

History

Santokba Durlabhji memorial hospital is a trust managed, autonomous, fee for service, not for profit, multidisciplinary, private hospital, which conceptualized by vulnerable family patriarch, the late Padamshri Khailshanker Durlabhji. He had passion and compassion to deliver affordable health-care to the people of rajas than which would be second to none in the country.

The hospital was established in 1971 and was inaugurated by late Smt. Indra Gandhi. It is located in the heart of pink city, spread over landscape 7.3 acres situated at Bhawani Singh road, Jaipur. It is self contained campus with staff residences, a bank, a post office, medical stores, diary booth, in patient attendant complex (dharamshala) and other living facilities.

Location and area

The hospital is spread over 90 acres of land on a prime location of Jaipur. This hospital is unique of its kind and it is also certified by ISO 900: 2000 with bed capacity of 450.

Catchment area

The catchment area is whole Jaipur city along with other parts of Rajasthan and other states like Haryana, UP and overseas nations.

Targeted population

The main targeted population is middle and upper middle class. It provides free services to terminally ill patients at Avedna Ashram. The camps are been organised throughout year in various districts of Rajasthan.

VISION

SDMH shall be an integrated quaternary healthcare hub for delivery of affordable quality medical care in an economically viable, regionally, nationally and internationally positioned institutional environment.

MISSION

The hospital cares. SDMH is committed to providing quality health care at the most affordable rates to all sections of society, irrespective of caste, creed or color. Towards making this possible, we pledge to dedicate all our efforts and all our energies.

QUALITY POLICY

With a view to establish a system of clinical excellence, patient centricity, service delivery and ethical practices, team SDMH, through adherence to establish standards of healthcare delivery; will apply medical science and technology in such a way so as to maximize benefits to health without concomitant risks.

Milestones

1958 :Santokba Durlabhji Trust created
1963 :Santokba Durlabhji Diagnostic clinic established
1969 :Nursing home started in a rental building with obstetrics and gynaecology, general surgery and general medicine
1971 :SDMH Inaugurated
1973 :Eye department founded
Pediatric department founded
Blood transfusion services started
E.N.T. department set up.
1974 :Psychiatry department founded
1975 :ICU and CCU commenced functioning
1976 :Dental department established
Nursing school founded
1981 :Cardiothoracic Unit for Open Heart Surgery SET UP First-ever Open Heart Surgery in Rajasthan performed
1985 :Rehabilitation aids and limb fitting center founded (RALFC)
1987 : Gastroenterology department established
1988 : Skin and S.T.D department setup.
1989 : Cath lab installed

1991 : Cardiac rehabilitation center setup

1993 : Coronary Angioplasty and coronary bypass surgery started

1995 : Nephrology and Dialysis unit started

1996 : Day care center, Avedna Ashram started

2000 : ISO 9001:2000 Certification obtained

2002 : Start of beating heart surgery

G.I. surgery department commissioned

2004 : Pediatric ICU set up

2005: Medical CCU started

Laminar flow theatre started

2006 : Hemlata Durlabhji conference hall commissioned

2008 : NABL obtained

2009 : Acquisition of NAT

2010 : Ultra endoscopy machine facility started

Mobile Medical Van facility started

NABH Accreditation to SDMH Blood Bank

2011 : RDMC (Dedicated Outpatient Facility) Inaugurated

Executive Health Check – Up facility started

Colormasters' Ward for financially challenged, started

2012 : HDU unit started

Department of Neonatology formed

Vitreo Retinal Surgery started

(Rajasthan's first 25 G sutureless vitreous surgery)

Urology O.T. started

2013 : Walk-in-Dialysis services started at SDMH Clinic

Eye O.T. Inaugurated

Committees in hospital

- ***Ethical committee***
- ***Grievance handling committee***
- ***Medical committee***
- ***Colormaster scheme committee***
- ***Infection control committee***

SCOPE OF SERVICES

CLINICAL SERVICES

- ***Cardiology***
- ***Cardiothoracic Surgery***
- ***Dentistry***
- ***Dermatology***
- ***Dietetics and Nutrition***
- ***ENT***
- ***Executive health check up***
- ***Gastroenterology***
- ***Gastro Intestinal Surgery***
- ***General Medicine***
- ***General Surgery***
- ***Nephrology***
- ***Neurology***
- ***Neuro Surgery***
- ***Obstetrics and Gynecology***
- ***Ophthalmology***
- ***Orthopedics***
- ***Pediatrics and Neonatology***
- ***Pediatric surgery***
- ***Pediatric Neurology***
- ***Physiotherapy***
- ***Plastic surgery***
- ***Psychiatry***
- ***Pulmonary Medicine (Chest & T.B***
- ***Rehabilitation***
- ***Speech Therapy & Audiology***
- ***Urology***
- ***Vitreo Retinal***

24-Hour Services

- ***Emergency Services***
- ***Ambulance Services***

- ***Pharmacy Services***
- ***Laboratory Services and Imaging Services for IPD***
- ***Blood Bank***

Diagnostic Services

- ***X-ray***
- ***Ultra Sonography***
- ***Mammography***
- ***Bone Mineral Densitometry***
- ***CT Scan***
- ***MRI***
- ***Endoscopy***
- ***Cardiac Catheterization Laboratory***
- ***Neuro Diagnostic Labs like EEG, EMG, EV***
- ***Audiometry & Speech Therapy Testing***
- ***Cardiac Test includes:***
  - ***Electrocardiogram***
  - ***Echocardiography***
  - ***Trans esophageal Echocardiography (TEE)***
  - ***Holter Monitor***
  - ***Stress Testing***
- ***Pathology***
- ***Including all pulmonary test e.g. Sleep Study Test***

Utility services

- ***Dharmshala***
- ***Avedna Ashram***
- ***Union Bank and ATM facility***
- ***Sarv Dharam Temple***
- ***Utility Shops***
- ***Book Shops***
- ***Mobile Chargers***
- ***Telephone Booth***
- ***Post-office***
- ***Cafeteria***
- ***Salon***

- ***Mortuary***
- ***Diary***

INTENSIVE CARE UNIT (ICU)

- ***Cardiac Medical-I***
- ***Cardiac Medical – II***
- ***Cardiac Surgical***
- ***Medical ICU***
- ***Neuro ICU***
- ***Surgical ICU***
- ***Paediatric ICU***
- ***Neonatal ICU (IPU & PCU)***

SERVICES NOT AVAILABLE

- ***Medico legal Cases (MLC)***
- ***Burns Case when burns are >20%***
- ***Organ Transplantation***

Introduction

"The first principle to enunciate as a very first requirement that the hospital shall do the sick no harm"

Florence Nightingale

1. The main function of this HK department is to maintain hospital environment as clean and safe for the patients and working staff. It is also the responsibility to develop policies and procedures to achieve the above goals. The standards of sanitation expected of a hospital are much higher than any other institutions for very important reasons.

2. Sickness lowers the resistances to the diseases and infections and I this sense, the users of the hospitals are very vulnerable. Ever present risk of transmission of infection from one patient to another. It is very difficult to control and the standards of hygiene of people using or visiting the hospital vary widely. Many patients soil the floor, walls, furniture, linen with infective discharges from wounds, nose, ear, throat, lungs and bowls. Numerous sources of infections gain access to the hospital daily. Unless these sources are neutralised as they are brought in, the hospital will become unhealthy place for life.

3. The laboratory has, of necessity, of culture and identification of some of the most deadly organisms. Failure to sterile these can be attended with grave consequences for the staff and users of the hospital. There are certain zones in the hospital where mere cleanliness is not enough but a more positive freedom from bacteria i.e. complete asepsis is imperative to reduce risks to human life eg the OT, ICU / ICCU, Labour room and CSSD.

4. The hospital sanitation has become a topic of utmost concern. As the years have passed, the hospital always a complex institution has become even more complex. New methods of treatments and procedures coupled with radical changes

in socio-economic trends, have made many facilities outmodes. This has been further complicated with new series of environmental health and safety hazards.

5. The principle and only objective of the house keeping department in a hospital is to keep clean and healthful environment for the hospital subculture. This function is performed either by a fully organised department of a hospital as in case of this SDMH hospital or by only a few persons in smaller hospitals under matron or maintenance department. "Dusty, Moppy, Sweepy" accurately defines old concept of Housekeeping

Literature review

The support services for patient care are indispensable for a hospital to perform in true perspective and facilitate the patient care process. [1] ***The Housekeeping Department has a distinctive role, in modern hospital administration, as regards with its functions of cleaning of hospitals, infection control, sanitation, and decoration as well as the administration of the housekeeping staff.*** [2]

With the advent of privatisation of medical care and applicability of Consumer protection act to hospitals, it has become legal, economic and moral obligation to react positively to the demands of consumers. The endeavour should be to achieve optimal quality in health care both in terms of professional competence and expectations of consumers. A good housekeeping service is an asset which no hospital can afford to neglect. Hospital housekeeping is an activity upon which all health providing services of hospital depend. [3] ***an appropriate housekeeping services can reduce manpower, reduce costs and raise sanitation levels.***[4] ***L. Broome has summed up comprehensively the functions of the housekeeping services as, "anything that seriously has to do with housekeeping is an important variable in ensuring quality assurance in hospitals.***[5]

RATIONALE

To evaluate optimum utilisation of scarce resources of housekeeping staff in Santokba Durlabhji (tertiary care hospital) and to understand overall functioning of housekeeping employees.

RESEARCH QUESTION

Is the present distribution of housekeeping staff meeting the expectations of patients and hospital?

OBJECTIVES

a) To study the organization of housekeeping staff in SDMH hospital.

b) To study the staffing pattern of housekeeping staff in the hospital wards.

c) To analysis the factor affecting utilization of housekeeping staff in wards.

d) To make recommendations for optimizing the utilization of housekeeping staff in the

wards.

e) To understand the challenges in managing housekeeping staff.

OPERATIONAL DEFINITION

"In our research housekeeping staff is referred to ward boys/ladies and sweepers."

Job description of them is as follows-

- ***Routinely clean patient rooms, nursing units, surgical areas, administration offices, lab areas, waiting area and public restrooms as well as launder all hospital linen.***
- ***Using various cleaning chemicals and disinfections, HOUSE KEEPING wipe equipment, clean furniture, polish floor and vacuum carpets.***
- ***Make beds, empty trash and restock medical supplies.***
- ***Collect dirty laundry from patient areas and distribute clean linen and hospital gowns back.***
- ***Using cleaning supplies and equipments are an essential part of position which is why HOUSE KEEPING needs daily inventory and inspect the equipments for repairs or replacement.***
- ***Attend in-service training, update on company policies, new equipment demonstrations and discussions of complaints by patients with respect to HOUSE KEEPING.***
- ***Proper infection control policies.***

METHDOLOGY

Research design

A qualitative study design has been used for this study. This design will facilitate the study at a given point of time and consist of sample which includes supervisors of housekeeping staff and housekeeping staff in SDMH hospital.

Area of study- SDMH hospital, Jaipur

Study population- housekeeping staff of SDMH hospital

Study period- 5 weeks

Study design- descriptive –cross sectional study

Sampling technique

A. for employees-purposive (non probability sampling)

B. for supervisors- purposive (non probability sampling)

Data collection

Technique	*Tool Used*	*Key Respondents*
Observation		*Employees*
In depth interviews	*Interview guidelines*	*Supervisors*

Data analysis

Type – content analysis (non statistical analysis)

Approach- summative

A. For employees- under observation

- ***Divided in two parts.IPD and OPD with external areas and allied facilities for eg blood bank, dharamshala, nursing school and other which are integrated in the campus.***

- ***Housekeeping staff is divided into three majors***

Type	*no*	*Duty time*	*Salary*	*Definition*
Permanent	*78*	*9am - 5pm*	*16-20 thousand /month*	*Those staff who have all benefits of permanent employees.*
Fixed	*30*	*3 shift system*	*8-9 thousand/month*	*Employees who were contracted prior to 1996 have approached court of law for grant of permanent cadre, the case is sub judice.*
Contractual	*310*	*3 shift system*	*175-210 Rs/day*	*Staff under the contract of Pareek services.*

- ***Dress code- Sweeper –male- khakhi***

  Female – white sari with blue border

  Ward boys-IPD-white

  OPD-blue

  Ward ladies-white sari with green border

  Chairman staff- green

- ***They get two set of liveries each year.***

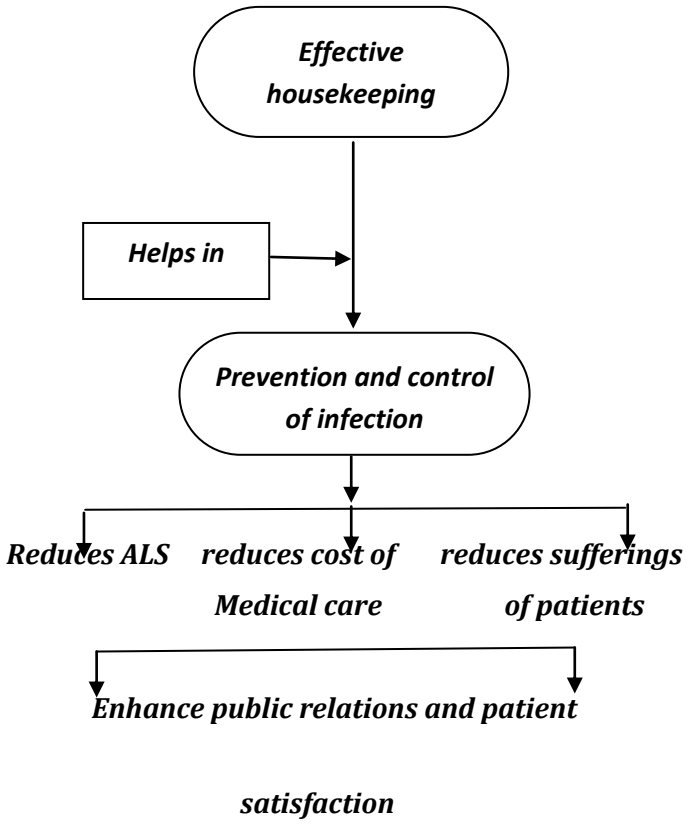
- ***Cleaning procedures***

S no	*Areas*	*Disinfection Method*	*Frequency*
1	*Walls*	*Cleanser* *Pesticide spray 2%*	*3 in each shift/ once daily*
2	*Fans*	*Wet mopping*	*Once in 2 weeks*
3	*ACs*	*Vacuum cleaning*	*Once in 2 weeks*

4	*Refrigerators*	*Defrost and cleaning*	*Once in 2 weeks*
5	*Sinks*	*Soap water*	*Daily*
6	*Buckets*	*Soap water*	*Daily*
7	*Window panes*	*Mops*	*Daily*
8	*Doors*	*Mops*	*Daily*
9	*Toilets*	*Cleaning with detergents*	*Daily*

- ***For sweeper the cleanliness around is carried out twice a shift. Once at the commencement and the other prior termination of swift.***

- ***Satisfactory cleaning.***



- ***It has been noticed that nursing staff is not aware of abrupt absence of housekeeping staff, so they face difficulties in handling freshers.***

- ***It was observed that in some departments sweepers where doubling up as ward boys, but visa versa was not seen.***

- ***No SOPs are available in departments for housekeeping staff.***

Aspirations-

- ***They are not getting the facility of ESI in the hospital, for this they have to go to Sodala, which is time consuming and costly.***

- ***Information barrier is present regarding ESI and PF.***

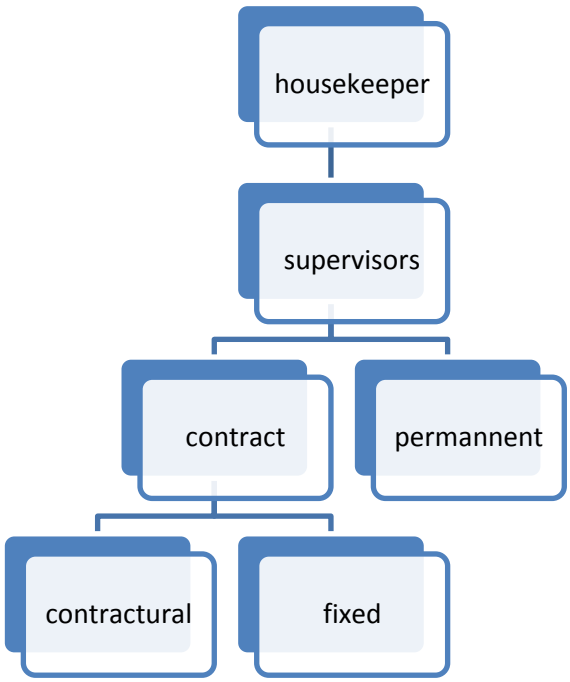
- ***Though the pay has increased but not matching up to the expectation of emp.***

- ***They also need training of awareness of safety measures like other cadre of hospital gets.***

- ***They are looking towards a sense of belonging to the organisation.***

B. for supervisor-

- ***Organisational structure***



- ***To criteria for education qualification, however most of the employees are generally class 8 or above qualify.***
- ***There are total 455 duties in a day and total no. of employees is 310-320, so this difference is managed by overtime and extension of duties.***
- ***Contract employees are basically from cluster of families wherein generations and family relations are working together since long.***
- ***On an average 33% employees are absent each day. Various reasons are as follows-***

1. ***Marriages in the family trigger large absentees.***
2. ***Not only holi or diwali, various small Hindu festivals also create absenteeism.***
3. ***Days after pay disbursement they tend to go to their native places.***
4. ***Since no leaves are authorised to contractual employees all absenteeism are unplanned leaves.***
5. ***Health issues.***
6. ***No disciplinary actions are initiated against this absenteeism.***

- ***These shortages are overcome by granting additional duties or overtimes to present employees.***
- ***No induction and orientation for newcomers, however they learn through on the job training.***
- ***No special classes for hand hygiene and sanitation are held.***
- ***Benefits to the employees***
    1. ***For permanent employees- all benefits applicable to any permanent staff are granted including leaves***
    2. ***For fixed and contractual emp- ESI(1.6%) and PF(12%) are granted.***
- ***In acute situation when there are very less employees present, then they go to their houses to pursue them to report on duty with an additional incentive of extra present.***

- ***Challenges-***
    - ***Chronic deficiency of this cadre and in particular female sweepers.***
    - ***They are beyond disciplinary measures and are ready to leave the job instantaneously.***
    - ***Upcoming mall and industrial areas in around Jaipur further aggravates their deficiency.***
- ***Strengths-***
    - ***Every 7th of the month the payment is invariably made to the emp.***
    - ***Payment is in sync with the no of duties. No misappropriation.***
    - ***Every emp is given equal opportunity to do additional overtime.***
    - ***Amicable and motivating working environment.***

Ethical consideration

1. Ethical approval- approval from management to proceed with the research.

2. Informed consent- researchers will get informed consent from every participant before their involvement in the research.

3. Confidentiality- the names of the interviewees will be protected and replaced by codes or pseudonyms in the research report and published paper.

Recommendations

- ***Merge the job description of ward boys and sweepers, this will lead to overall 6% reduction in total cost and also increases the efficiency (working sheet attached)***
- ***Give incentives, ESI facility in hospital, hike in salary,***
- ***Training capsules and refresher cadre on safety measures and handling of machines.***
- ***Bring modern gadgets and mechanical equipments for better cleaning and sanitation and in turn will reduce the manpower.***
- ***Provide kiosks for immediate information about pay, PF and ESI contribution.***
- ***Cleaning frequency schedule should be implemented.***
- ***Biometric id connected to real time data this will obliterate perceived malpractices in allotment of duties.***
- ***Customised departmental SOP to be made available in each ward.***
- ***Motivational and recreational activities should be carried out at least twice a year.***
- ***Adequate representation to all communities of different religion must be ensured by the contractors that the shortages of manpower of one particular occasion of a community could not hamper the functioning of hospital.***
- ***At least one word boy as a dedicated reserve to keeping to meet acute emergencies.***

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Annexure-1

In-Depth Interview Guidelines

Introduction

Firstly we will introduce ourselves to the interviewee and state our purpose. Brief the interviewee about the research project. We would take his informed consent, which is as stated below:

"The information you give us is completely confidential, and we will not associate your name with anything you say in the interview. We would like to tape the interview so that we can make sure to capture the thoughts, opinions, and ideas we hear from you. No names will be attached to the discussion and the tapes will be destroyed as soon as they are transcribed. You may refuse to answer any question or withdraw from the study at anytime. "

Questions

What is the organisational structure of housekeeping staff?

How many epm do u have and what are their demarcation of duties?

What are the criteria for their selection?

What kind of induction orientation of new and refreshed emp take place in hospital and in what frequency?

What are the major reasons for absenteeism?

How do you manage in acute shortage?

According to u what are the reasons for dissatisfaction of housekeeping employees?

What is done for the miscommunication b/w employees and nursing staff and how it is been addressed?

What safety measures are given to employees?

What are your suggestions for betterment of this cadre?

Conclusion

To end the meeting stop the recording. Discuss the matter a bit more based on the answers of the previous questions. Remember if the person discloses some more quality points which are of any use to the study. Thank the interviewee and leave.

Annexure-2

sno.	*DEPARTMENT*	*HELD*	*joint*	*remarks*
1	*Surgical CCU*	*7*	*7*	
2	*Medical CCU I*	*6*	*7*	
3	*Medical CCU II*	*6*	*6*	
4	*Gynacelogy Ward*	*5*	*6*	
5	*Labour Room*	*6*	*6*	
6	*PCU+IPU*	*5*	*5*	
7	*KMO Ward*	*10*	*8*	
8	*Surgical ICU*	*6*	*7*	*in morn/ eve*
9	*Urology Ward*	*5*	*6*	
10	*Semi + Super Delux*	*5*	*5*	
11	*G D4*	*10*	*8*	
12	*Dialysis Unit*	*7*	*6*	*morn/ev*
13	*Nephrology Ward*	*5*	*5*	*eve*

14	*Convalascent Ward I+gastro*	*12*	*10*	
15	*Convalascent Ward II*	*5*	*5*	*morn/ev*
16	*New Delux*	*5*	*5*	
17	*Gen Delux I*	*5*	*5*	
18	*Gen Delux II*	*5*	*5*	
19	*Gen Delux III*	*5*	*5*	
20	*MICU*	*7*	*7*	
21	*NewICU*	*7*	*7*	
22	*M/F private*	*10*	*10*	
23	*PICU*	*6*	*6*	
24	*New Private*	*5*	*5*	
25	*Neuro science 2 ward*	*5*	*5*	
26	*Paediatric Ward*	*5*	*5*	
27	*Color Master Ward*	*5*	*4*	
28	*Cardiac Ward*	*5*	*5*	

29	***medical ward***			***5***	***5***	
30	***new OT***			***9***	***9***	
31	***terraceOT***			***8***	***8***	
32	***old OT***			***6***	***6***	
				203	***199***	

Annexures -3

sno.	*DEPARTMENT*			*HELD*	*joint*	*Remarks*
1	*N School*			*20*	*21*	
2	*cath lab*			*4*	*4*	
3	*Sonography*			*2*	*2*	
4	*path lab*			*2*	*2*	
5	*Outside*			*22*	*22*	
6	*waiting -1 inside*			*4*	*4*	
7	*waiting-2outside*			*4*	*4*	
8	*B 4*			*1*	*1*	
9	*SDMH guest house*			*1*	*1*	
10	*Dental*			*1*	*1*	
11	*pychiatric opd*			*1*	*1*	
12	*surgical opd*			*1*	*1*	
13	*chairman room*			*12*	*12*	
14	*ADM/Msoffice*			*2*	*2*	

15	***out toilet***			***2***	***2***	
16	***Registration***			***11***	***11***	
17	***X ray***			***6***	***7***	
18	***physiotherapy***			***2***	***2***	
19	***Auditor***			***1***	***1***	
20	***charting lab***			***4***	***4***	
21	***basement lab***			***4***	***3***	
22	***CSSD***			***9***	***8***	***Morn***
23	***Gym***			***2***	***2***	
24	***Telephone***			***1***	***1***	
25	***Store***			***2***	***2***	
26	***Housekeeping***			***6***	***5***	
27	***Emergency***			***11***	***11***	
28	***blood bank/ avedna***			***12***	***10***	
29	***record room***			***2***	***1***	***Morn***
30	***ECG***			***2***	***2***	

31	*jhallana clinic*			*1*	*1*	
32	*Garbage*			*10*	*8*	*morn/eve*
33	*Laundry*			*8*	*8*	
34	*TPA*			*2*	*1*	*Morn*
35	*Block*			*7*	*7*	
36	*other dpt*			*2*	*0*	
37	*Garstrology*			*2*	*2*	
38	*emerald house*			*8*	*8*	
39	*abhishek house*			*3*	*3*	
40	*legal advisor*			*1*	*1*	
41	*ot gate*			*3*	*0*	
42	*SDC(SMS)*			*3*	*3*	
43	*morning duty*			*20*	*6*	
44	*Lib/bill se/ACTS*			*7*	*6*	*Morn*
45	*Garden*			*4*	*4*	
46	*farm house/RALC*			*2*	*2*	

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