Summer Training at
Max Super Specialty Hospital, Saket, New Delhi
(April 1–May 31, 2014)

Two Hourly Nursing Rounds In IPD

By
Sanghamitra Chauhan

Under the guidance of
Dr. Tanjul Saxena

MBA- Hospital & Health Management (MBA-HM)
2013-2015

The IIHMR University, Jaipur
2014

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CERTIFICATE

This is to certify that Ms. Sanghamitra Chauhan has undergone her summer training in Max Hospital,Saket,New Delhi from 01th April to 31st May, 2014. The candidate herself carried out all the studies related to her summer training. Her approach to the study has been scientific and analytical. This summer training is in the partial fulfilment of the course requirement recommended for awarding the Post graduate Diploma in Heath and Hospital Management.

I wish her success in all her future endeavours.

Col. (Dr.) Ashok Kaushik
Dean (Academics and Student Affairs)
IIHMR, University
Jaipur

Ms. Tanjul Saxena
Associate Professor
IIHMR University
Jaipur

MAX HEALTHCARE
Care for life

CERTIFICATE OF COMPLETION

MAX INSTITUTE OF MEDICAL EXCELLENCE

This is to certify that

SANGHMITRA CHAUHAN

has been associated as an

INTERN

with the department of

HOSPITAL ADMINISTRATION

for a period of

1st April 2014 To 31st May 2014

at

Max Super Speciality Hospital
Saket, New Delhi

"The Internship course is a Max certified course not affiliated to any National/International society".

Sahar Qureshi

Head of the Department

Dr. SAHAR QURESHI
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B. Wilkins

for Dr. Shubnum Singh
Dean - Nursing, Allied Health, & Wellness Programs
Max Healthcare, New Delhi

ACKNOWLEDGEMENT

With humbleness I acknowledge my indebtedness…….

I consider it as privilege and honour to work as a summer intern in Max Super Speciality Hospital, Saket, New Delhi for two months. I offer my deepest regards and sincere gratitude to **Mr. Anil Vinayak, Head Sales and Marketing (Acting General Manager)** and **Dr. Sahar Qureshi ,Assistant General Manager** for providing me this wonderful opportunity to work in this esteemed organization.

I've immense pleasure in thanking **Mr.Vinodh K, Chief Nursing Officer** for his sustained interest, guidance and encouragement that helped in conceptualizing and completing endeavors.

I sincerely thank **Ms. Honey Evigin, Nurse Educator** and **Dr Shihad Khader, Program Manager,** Oncology Department for their constant guidance in the study

I'm also grateful to my college mentor **Ms.Tanjul Saxena, Associate Professor, IIHMR Jaipur** for her keen interest in the study and clearing my doubts.

I extend my gratitude to **Ms. Sangeeta and Ms. Anu, Nursing Supervisors** of 2nd and 3rd floor respectively for helping me in implementation of the study. I'm thankful to the staff nurses of both the floors for their cooperation throughout the training and patience in implementation of the study.

A million thanks to all the **patients**, without whose cooperation the study would not have been completed. At the end, I would like to thank my family and friends for being a constant source of inspiration to me.

Mr.Vinodh K
Chief Nursing Officer
Max Saket

Dr Sahar Qureshi
Assistant General Manager
Max Saket

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ABBREVIATIONS

1. NITP – New Induction Training Programme
2. NABH – National Board for Accreditation of Hospitals and Healthcare Providers
3. CNO- Chief Nursing Officer
4. IPD- Inpatient Department
5. ICU- Intensive Care Unit
6. HDU- High Dependency Unit

INTRODUCTION

Max health care is an integral health care service provider in India. It is a subsidiary of max India limited and a major private hospital network in India. Max health care owns and operates ten health care centers in Delhi and national capital region (NCR) in India with services spanning over 30 medical disciplines.

Founded in 1985, Max India limited is a public limited company listed on NSE and BSE of India with over 30,000 shareholders. Max India limited is a multi business corporate entity driven by the spirit of enterprise with a focus on people and service oriented business. Prominent shareholder of the companies is Mr. Analijit Singh and a leading private equity firm, Warburg Pincus. The balance shareholding is held by the public and institutional investors.

Max healthcare commenced operations in 2001with the intention to provide comprehensive and world class health care services in India. The company's vision is to be one of India's most admirable corporate for service excellence. Performance, trust and service excellence are enshrined in Max India group vision mission and values. In addition to this life centered business, max India manufactures specialty products for the packaging industry through its division – max specialty products. MSP too has a strong service excellence orientation that strives on building long lasting partnerships with marquee customers.

Max India Group Mission

- Establish niche service business in life insurances, health care and clinical research.
- Life insurance and healthcare convergence
- Rank amongst top three players in each niche
- Partner with best in class world leaders.
- Create trust and services excellence in all business.

Protecting life through its life insurance subsidiary Max New York life, a joint venture between Max India and New York life, a fortune 100 company.

Caring for life through its healthcare company, max healthcare institute limited a subsidiary of Max India limited.

Enhancing life through its health insurance company, Max Bupa health insurance a joint venture between max India and Bupa finance Plc.,UK which is set to launch after statutory approvals.

Improving life through its clinical research business,Max enema a fully owned subsidiary of Max India.

Passion:

To deliver world class healthcare with a service focus, by creating an institution committed to the highest standards of medical and service excellence, patient care, scientific knowledge and medical education.

Objectives:

- Satisfying customers' needs.
- Enhancement of quality systems.
- Effective performance measurement and compliance systems.
- Continuous improvement loop.
- Engage every employee in quality drive.

Max focus is "completely satisfying customer needs profitably "by using DMAIC and lean methodology. They follow systematic data driven approach to reduce variation, eliminating non value added activities, optimizing and sustaining the desired results to reach excellence.

Accreditations and awards

- Max healthcare has been awarded with various certifications and awards which include:
- D L shah national award on' Economics of Quality'.
- NABH accreditation for blood bank.
- NABH
- NABL
- ISO 9001: 2000 and ISO 14001: 2004
- FICCI Healthcare excellence Awards.

The max healthcare network of hospitals in NCR

Max Super Specialty Hospital (Devki Devi Foundation) Saket New Delhi

Max Super Specialty Hospital , Saket New Delhi

Max hospital Pritampura, new Delhi

Max hospital Noida

Max hospital Panchsheel park

Max hospital Gurgaon

Max hospital Parparganj

Max hospital Shalimar

Max Super Specialty Hospital (Unit of Devki Devi Foundation) Saket

Max Super Specialty hospital (a unit of Devki Devi foundation) , Saket is conveniently located in south Delhi, approximately 15 km away from new Delhi railway station and 12 km from the domestic airport. It is also easily accessible from all the satellite townships of NCR, Delhi. It is designed by internationally renowned architect Mr. Richard Wood and constructed in conformity with globally accepted standards for hospitals. Max super specialty hospitals Devki Devi Foundation is divided into two blocks namely the east wing and the south wing . The east wing mainly provides world class cardiovascular care with a service focus and creates unparallel standards of medical and service excellence. It is committed to pursuing independent as well as collaborative research in all aspects of cardiology, cardiothoracic and vascular surgery and other medical specialties. The south wing is designed to provide highest level of professional expertise and leadership in all disciplines of oncology and institute of minimal access and metabolic and bariatric surgery.

MSSH (East wing) Physical Layout

BASEMENT	OPD ,CSSD , Medical stores, pharmacy stores, security control room, cafeteria , training room, labs, administrative offices, engineering
GROUND FLOOR	Reception, chemist , billing, OPD, nuclear medicine, emergency , emergency base station, ACC, waiting areas, IPS, TPA desk

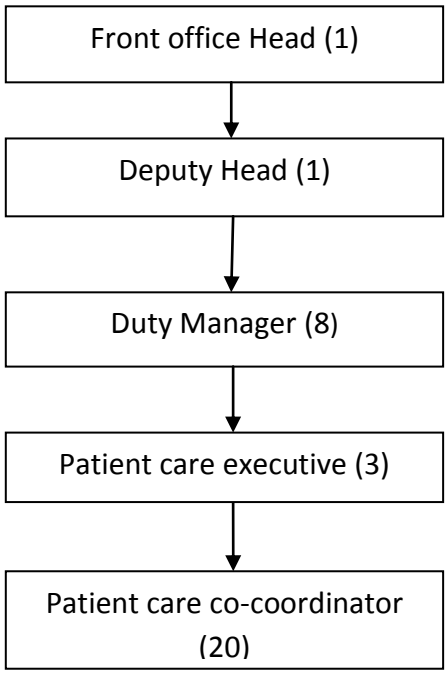
FIRST FLOOR	OT Complex, Cardiac ICU, Cath lab, CTVS ICU, Cath Recovery
SERVICE FLOOR	IT, Telemedicine , Marketing, Administrative offices, call centre, MRD, HR , Training room, biomedical engineering ,library
SECOND FLOOR	Wards, HDU, ICU, Visitors waiting lounge
THIRD FLOOR	Wards
FOURTH FLOOR	Wards, administrative offices
FIFTH FLOOR	Blood bank , wards, TPA office, waiting area

OBSERVATIONAL LEARNING OF VARIOUS DEPARTMENTS

1. FRONT OFFICE

Front office is the first point of contact between the hospital and its customer.

Organization chart of the dept.



Services provided by front office

1) Inpatient and outpatient registration.

2) IP admission and discharge

3) Medical alert details

4) Appointment scheduling

5) Doctors schedule summary

6) Patient billing (IPD, OPD)

7) Insurance management

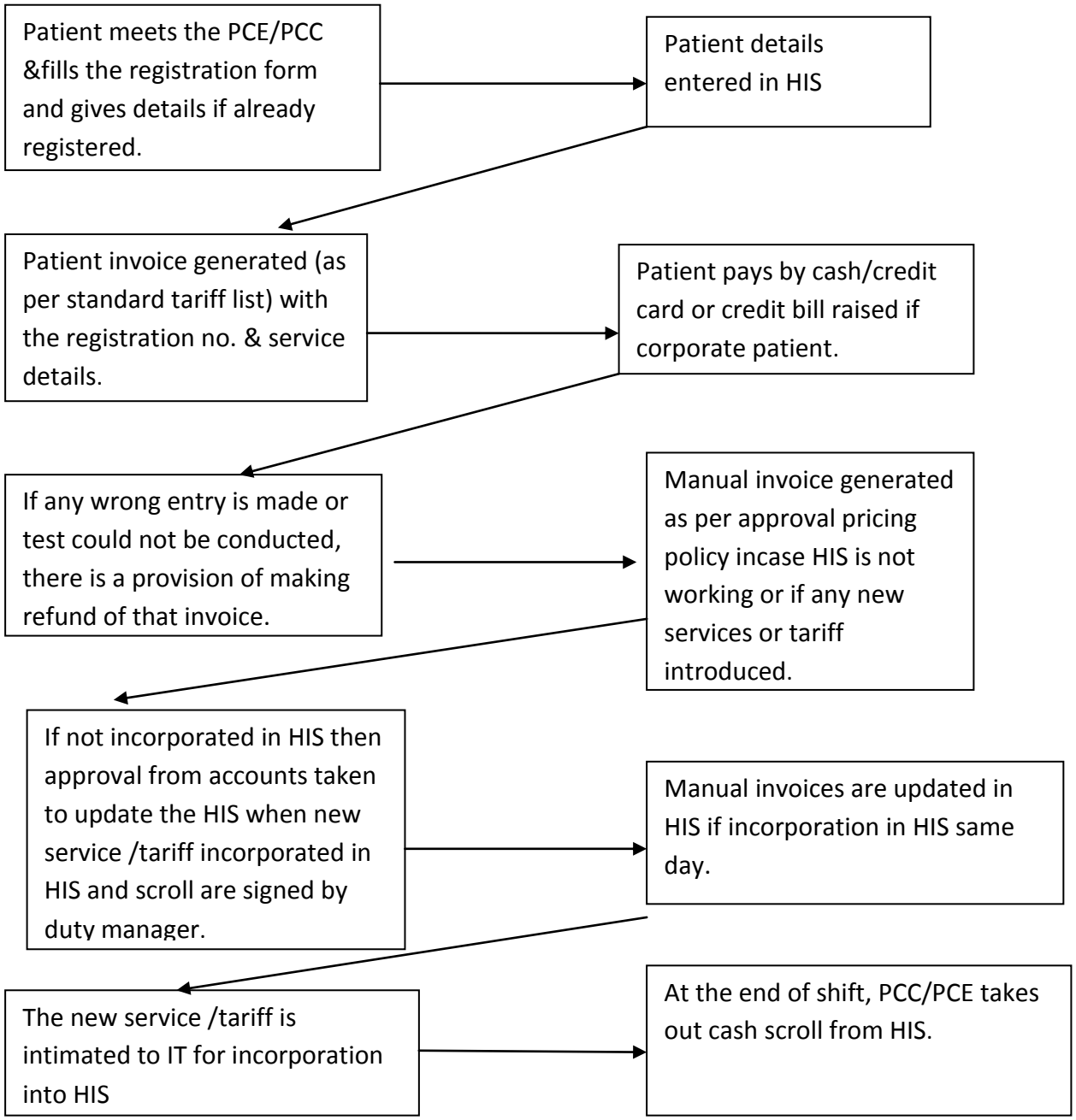
8) Patient visit history

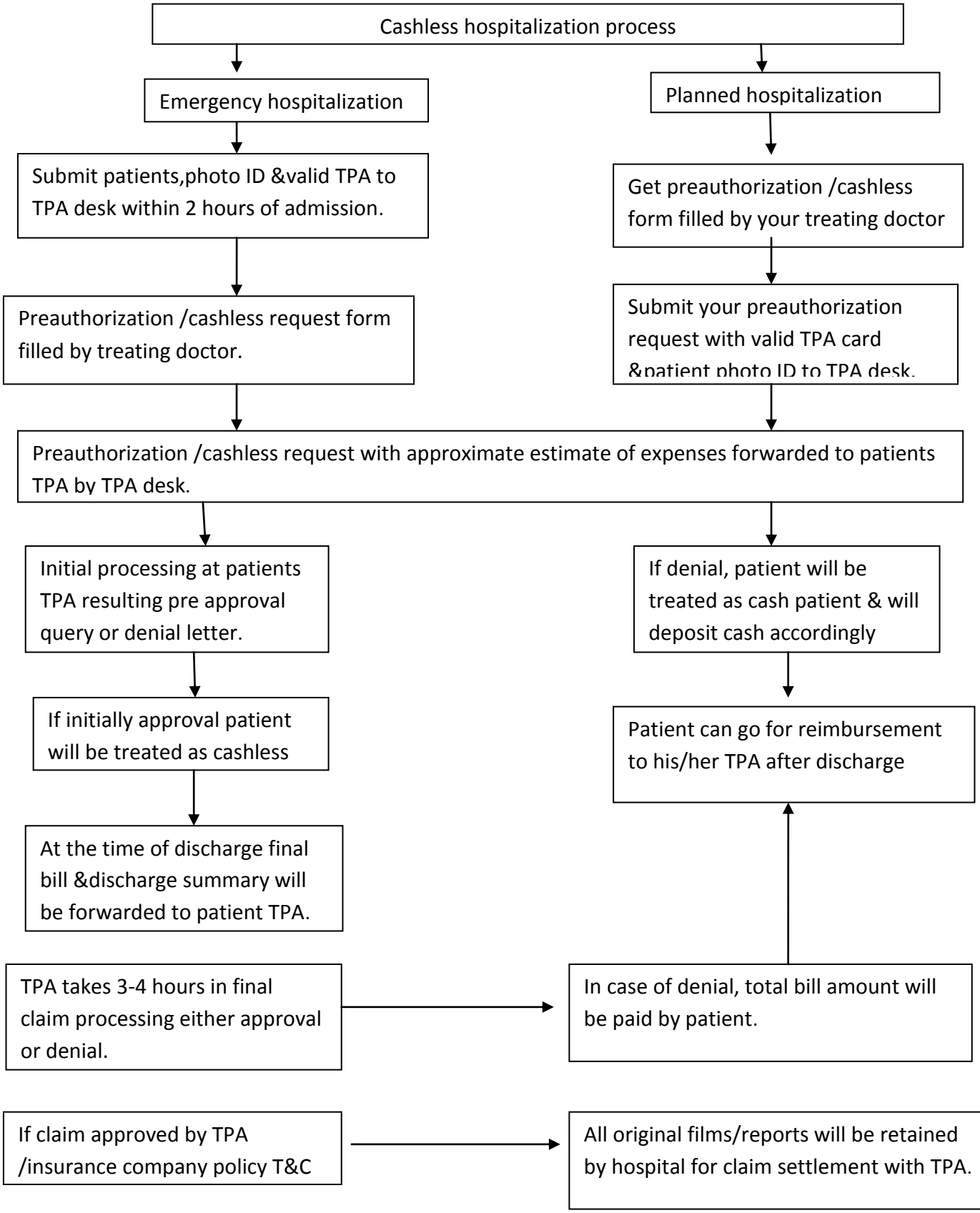
9) Medical records movements

10) Appointment for diagnostic tests

11) Preventive health program registration and scheduling.

Patient registration process




Cashless hospitalization process
Emergency hospitalization
Planned hospitalization
Submit patients,photo ID &valid TPA to TPA desk within 2 hours of admission.
Get preauthorization /cashless form filled by your treating doctor
Preauthorization /cashless request form filled by treating doctor.
Submit your preauthorization request with valid TPA card &patient photo ID to TPA desk.
Preauthorization /cashless request with approximate estimate of expenses forwarded to patients TPA by TPA desk.
Initial processing at patients TPA resulting pre approval query or denial letter.
If denial, patient will be treated as cash patient & will deposit cash accordingly
If initially approval patient will be treated as cashless
Patient can go for reimbursement to his/her TPA after discharge
At the time of discharge final bill &discharge summary will be forwarded to patient TPA.
TPA takes 3-4 hours in final claim processing either approval or denial.
In case of denial, total bill amount will be paid by patient.
If claim approved by TPA /insurance company policy T&C
All original films/reports will be retained by hospital for claim settlement with TPA.

2 .IN-PATIENT DEPARTMENT (IPD)

- IPD is distributed over five floors (2^{nd}-6^{th}) in the east wing of Max hospital including a total number of 201 beds.
- Every bedside has:
    - Details of Consultant, Nurse and Mentor written at the top of every bed
    - Room equipment checklist – side rails, Oxygen, Suction
    - Important Instructions
- The rooms available in IPD have the following structure of beds per room:
    - 6 in 1
    - 4 in 1
    - 2 in 1
    - Single Deluxe
    - VIP suite
- Every floor has a central nursing station with
    - Information Board covering:
        - Designation & Contact numbers of
            - Duty doctor
            - Administration Staff
            - Support Staff
        - Nurses' names with shift timing and designation
    - Crash Cart parked next to the nursing station
    - Computer on wheels (COW) - 4
    - Cupboards with forms- down time form, investigation track sheet, blood request form, PAC sheet, informed consent, inventory files and registers
    - Medication rooms - 2
    - Pantry – 1
    - Records room
    - Biomedical Waste Disposal
- Process for admission & discharge of new patient to IPD:

- IPD receives intimation call from the department from where patient is referred
- Duty doctor is informed
- Room is assigned by the floor mentor
- Patient is admitted and vitals are checked by the nursing staff
- Physical assessment is done
- History is taken
- Concerned doctor is informed and medications & instructions are entered in Computerized Patient Record System (CPRS), reviewed by IPD Pharmacy
- Patient bill is consolidated at IPD billing
- Discharge intimation given by doctor and processed by Nursing staff
- Clearance from pharmacy required
- Discharge process TAT = 30 minutes for cash payment patient

- Nurse to bed ratio = 1:4 or 1:6
- General Duty Assistants (GDAs) = 2-3 in every shift
- Average Length of Stay (ALOS) for normal Laparoscopic surgeries = 2-3 days
- Quality Indicators are:
    - Patient Fall, Hypoglycemia, Needle stick Injury

3. DEPARTMENT OF LAB SERVICES

Introduction-

An ISO 9001:200 certified lab, it is open 24 hrs a day. It's a high-tech lab with fully automated instrument which are directly interfaced with ***hospital information system*** and ***laboratory information system***. Facility of stat tests (emergency) and sample collection from home is also available.

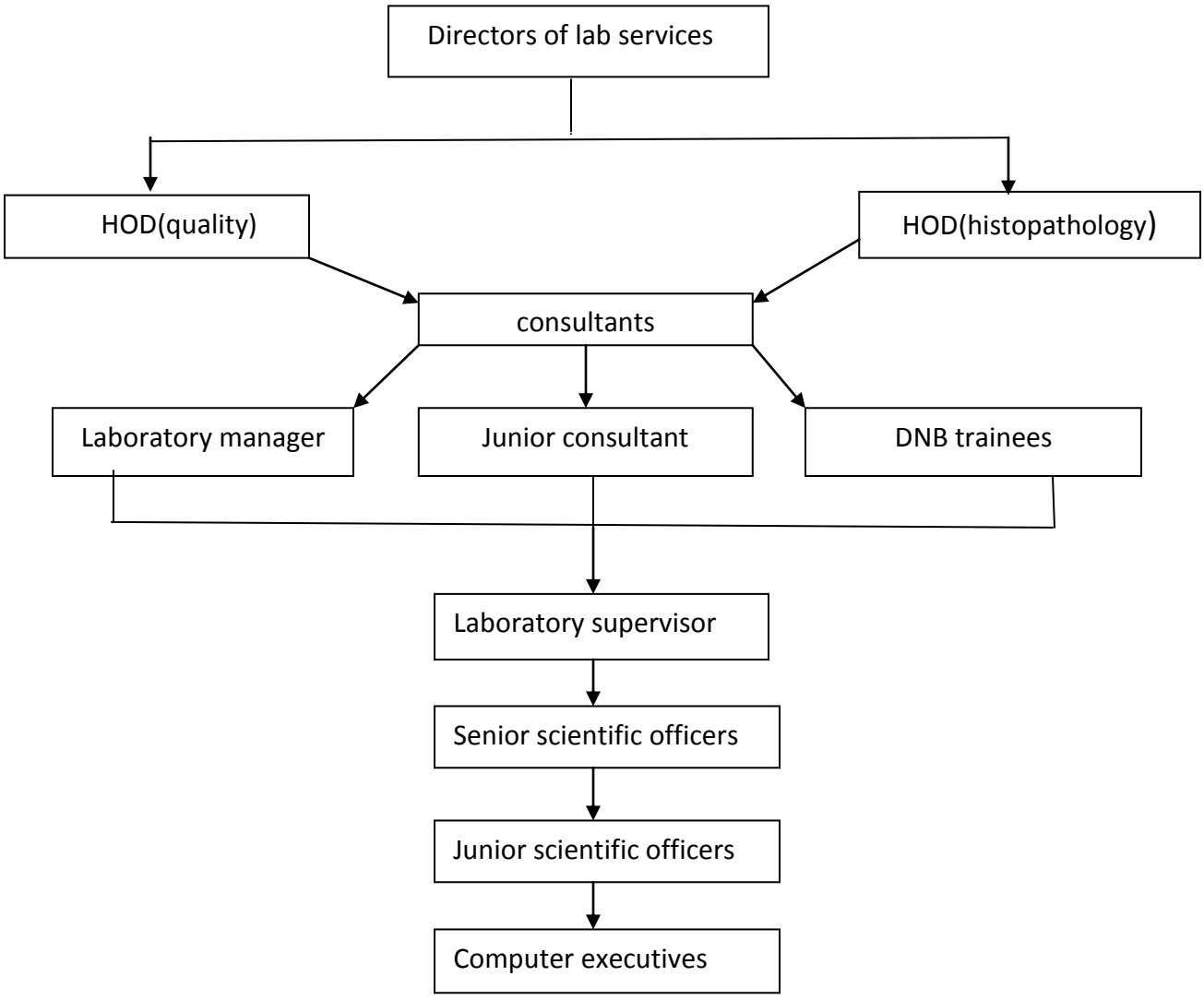
Laboratory comprises of the following departments-

- Biochemistry
- Hematology
- Immunoassay

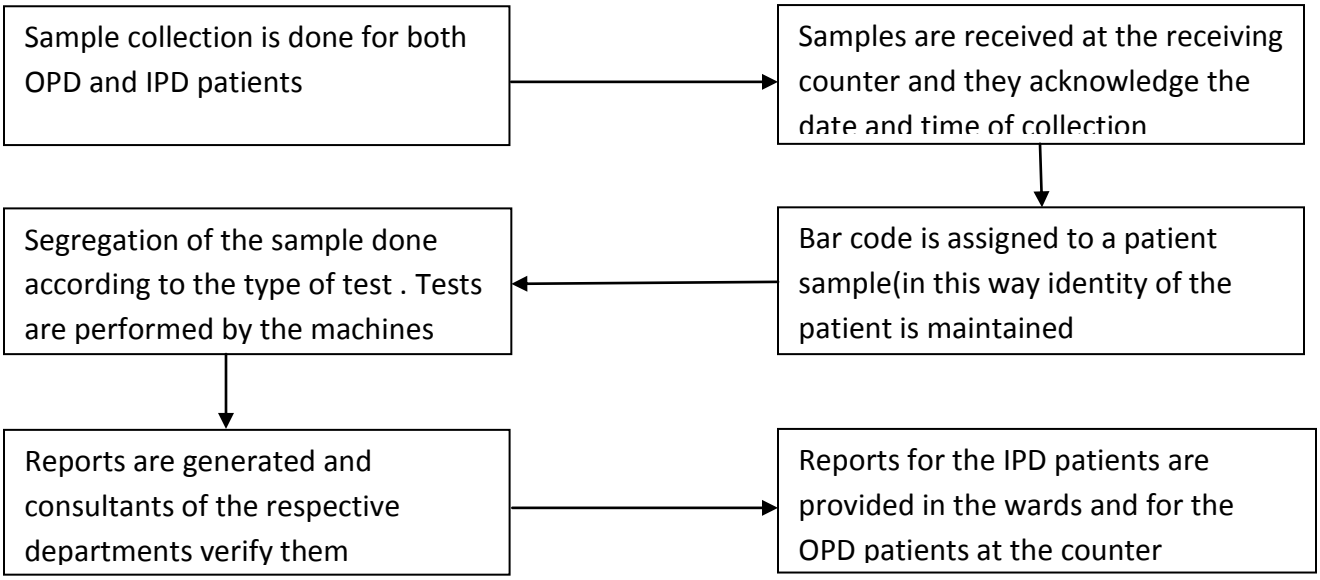
- Histopathology
- Clinical pathology
- Serology
- Microbiology

HIERARCHY- The Department of Lab Is Broadly Divided In Two Departments

- Lab medicine
- Histopathology



PROCESS FLOW-



LABORATORY INFORMATION SYSTEM- It is connected with hospital information system

- Sample received-red color
- Samples acknowledged-yellow color
- Test done-blue color
- Result verified-green color
- Billing done-pink color

4. RADIOLOGY DEPARTMENT:-

Situated in the ground floor of the west wing of the hospital.

Procedures done in the department:-

(1) Routine X-Ray studies-

It includes two types of procedures which are described below.

(a) Plain - e.g. chest, spine, etc

(b) Routine fluoroscopic procedures e.g. Barium studies

(2) Routine ultrasound studies

(a) Ultrasonography - e.g. Abdomen, Pelvis

(b) Doppler studies peripheral (B/W & color) e.g. 2 D echo, vascular studies, etc

(3) Mammography

(4) Dexascan

(5) Special imaging techniques

(a) CT Scan (Computerized Axial Tomography)

(b) MRI (Magnetic Resonance Imaging)

Radiology Department is divided into two parts:-

(1)For ultrasonography, mammography, dexascan

(2) For CT scan, MRI, X ray, fluoroscopy

The department consists of:-

1) Reception:-Counter for appointment and billing
2) Waiting room with general facilities like toilets, drinking water, air conditioning
3) Diagnostic room
4) Counseling room
5) Changing room
6) Film processing room
7) Radiologist office
8) Report collection room

There are two MRI and one CT scan machine in the department.

Timings for OPD patients:-8am to 8pm

In between this IPD and Emergency patients are also taken.

Main OPD hours: - 8am to 6pm and after 8pm only IPD and Emergency patients are taken

Report collection: - If the scan is done before 12pm, reports are ready by the evening and can be collected in the same evening. And if done after 12pm, report will be delivered next day. Patient who comes in the radiology department either walks in or takes the appointment. Appointment patients are given preference whereas walk in patients have to wait. Emergency, doctor's referred patients or ICU patients scan is done as soon as possible.

Process flow in radiology department(OPD)

Firstly, the patient comes to the radiology front desk after been prescribed by doctor for the scan; patient is either taken prior appointment or walk in patient. The availability of the slot required is then checked for the walk in patient by the front desk. Once the slot is checked, the requirements for the scan i.e. condition of the patient required to undergo the scan is checked.(E.g. proper creatinine level for renal patients).After that the patient is been provided the appointment and been told to wait for his turn. Finally the procedure performed

Figure:-Process flow in radiology department for outpatients.

5. CATH LAB:-

Catheterization laboratory or cath lab is an examination room with diagnostic imaging equipment used to visualize the arteries of the heart and the chambers of the heart and treat any stenosis or abnormality found.

Diagnostic procedures performed here are:

- Angiography
- Electrophysiology study
- Cath study

Out of these 3, angiography and cath study is done in cath lab 1 and EPS is done in cath lab 2.

Other procedures are:

- Percutaneous Transluminal Coronary Angioplasty
- Peripheral Tran luminal Angioplasty
- Radio Frequency Ablation
- Permanent Pacemaker Implantation
- Intra Cardiac Defibrillation
- Cardiac Resynchronisation Therapy Defibrillator Device
- Cardiac Resynchronisation Therapy Pacemaker
- Left and right sided pressure studies
- Closure of some congenital heart defect

Units of cath lab:

1. Cath lab 1
2. Cath lab 2
3. Technical room
4. Observation area
5. Technician room
6. Store room and utility room
7. Observation area
8. Instrument washroom

Location: Cath lab is located on the first floor with the vicinity areas as

- Emergency department
- Operation theatre
- Cath recovery
- Coronary care
- CTVS OT
- SICU
- PICU
- MICU

Staffing:

- 9 interventional cardiologists
- 19 nurses
- 9 technicians
- 1 person from store

6. EMERGENCY DEPARTMENT

Due to the unplanned nature of patient attendance, this department provides initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention, except for major burns. It is located at the ground floor with its own dedicated entrance and operates for 24 hours a day.

Ambulance- 2 ACLS (with CCTV camera for telemedicine) and 4 BCLS

Patients are either transferred to other departments or are discharged within 4 hours. Max Super Specialty Hospital, Saket had made a world record for management of MI patient in emergency department from entrance to the balloon time in cath lab, in less than 35 minutes.

Response time:

- EMO response time <1 min
- Consultant response time <60 min
- Code blue response time<3min
- Ambulance response time<10 min

Infrastructure:

- Total 16 bedded triage
- Resuscitation suite -1 bed
- Urgent care area – 4 beds
- Observation area – 9 beds
- Clinical decision unit – 2 beds
- Doctors work station-is located in the centre of the urgent care area
- Store room- is located behind the reception. Medications are filled twice a day and stock of two days is kept in advance for Sunday. Narcotics are also available and kept in safe.
- Hospital information system and CPRS
- COWS(computer on wheels)
- Waiting area for patient's attendants is outside the department.

Staffing:

1. Senior consultant (Emergency medical officer)
2. Team leader
3. Emergency physicians - 3
4. Nurses : Male- 4 to 5
   Female- 2 to 3
5. 2 personnel at reception
6. Paramedical staff for ambulance
7. 2 GDA
8. Outsourced staff: security personnel.

7. CENTRAL STERLIZATION SERVICE DEPARTMENT

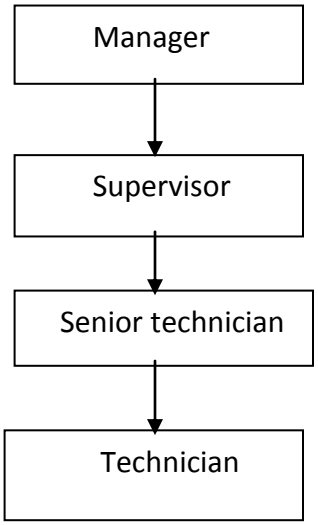
INTRODUCTION-

CSSD is the heart of the hospital infection control and the most important unit of the clinical support services. CSSD role lies in receiving, cleaning, packing, disinfecting, sterilizing, storing and disinfecting instruments as per well-delineated protocols and standardized procedures.

CSSD department in max healthcare, Saket is a centralized department and the location of the department is in the basement

The main aim of the CSSD department is to reduce the level of micro-organisms from 10^6 to 10^{-6}.

HIERARCHY OF THE DEPARTMENT-



ZONES PRESENT-

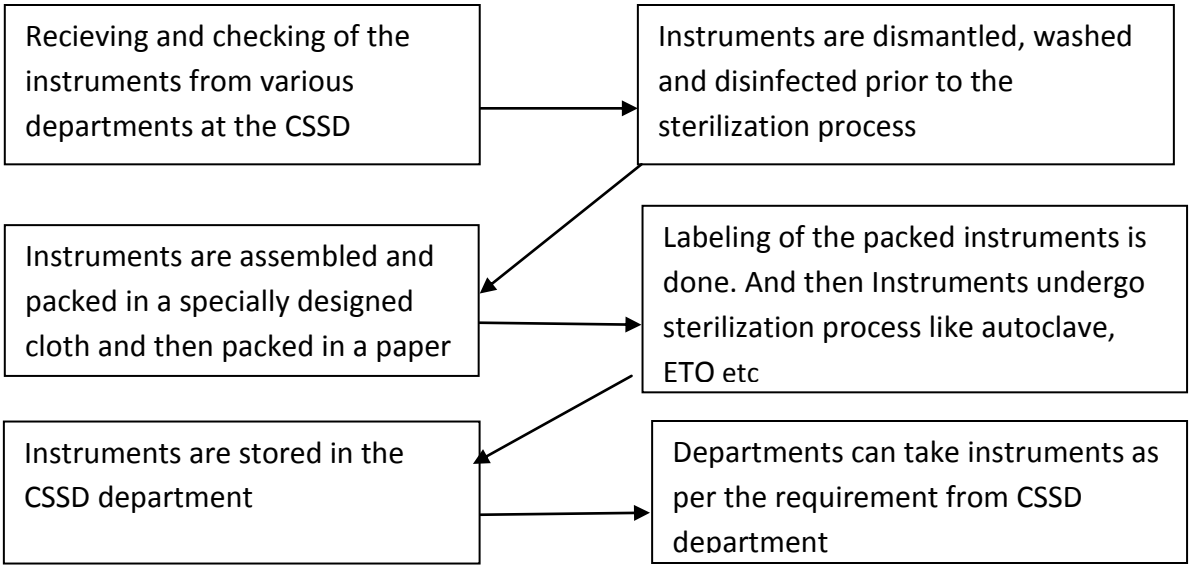
- Decontamination
- Clean
- Sterile

Color coding for the following zones -

- Decontamination area-red color

- Clean area-blue color
- Sterile area-green color

PROCESS FLOW-



- At the time of receiving the instrument at the CSSD department, the instruments are counted, checked for any damage, segregated according to the method of sterilization required for the instrument.
- Instruments used for the washing of the instruments are fully automated and according to the European standards.
- For packing of the instruments medical grade paper and cloths are used which are specifically designed for the purpose(they have a zig -zag pattern)
- Once sterilized and packed instrument can be used within 6 months.

EQUIPMENT LIST-

- Washer
- Autoclave
- Plasma sterilizer
- ETO sterilizers

- Dryers
- Air-guns
- Water-guns
- Ultrasonic cleaners

Quality indicators- ***Batch monitoring strip-*** a yellow colored strip which is attached to every lot which on exposure to right temperature and pressure turns black

8. OPERATION THEATER COMPLEX

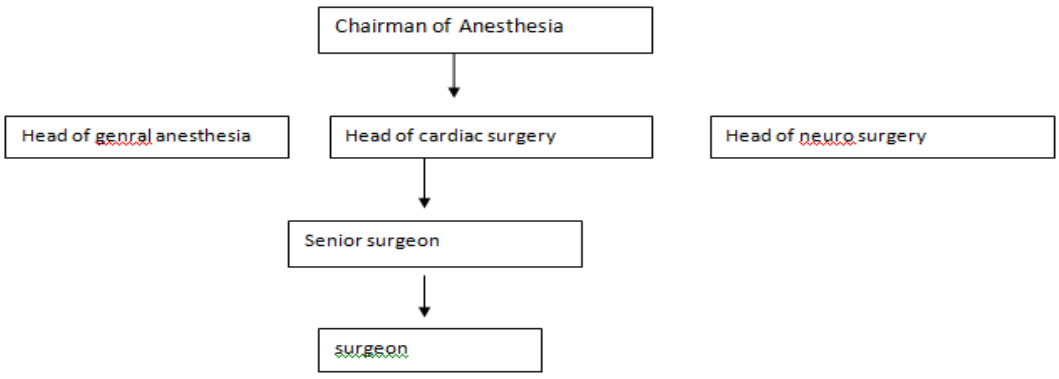
Operation theater complex of East wing is located on first and second floor. Operation theater complex has 11 operation theater assigned to various departments. Cardiac, oncology, bariatric laparoscopic, gynecology, ENT and plastic surgeries are performed in these operation theaters.

Operation theater complex of west wing is located on first floor. It has 7 operation theaters for various departments. Orthopedic, neurology and general surgeries are performed here.

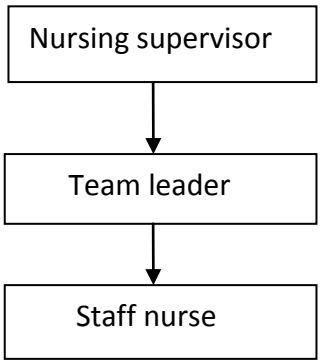
Organization of staff: The staff of Operation Theater is organized into four groups:

Anesthetist and surgeon, nursing staff, technician, supportive staff.

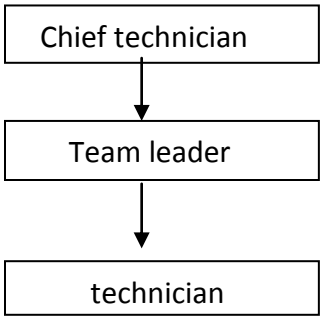
Organogram of doctors:



Organogram of nursing staff :



Organogram of operation theater technicians:



9. BLOOD BANK

Max super specialty hospital has its own blood bank. All blood groups are available. But it is preferred that patient arranges blood through his relatives or any friend and should give replacement.

Blood bank consist of

1. Sample collection area / reception area: In reception area a form is given to the attendant of the patient regarding their details before he/ she donates the blood.
2. Apheresis area: blood have several components including red blood cells platelets and plasma. Donor aphaeresis is a special type of blood donation in which a specific component platelet, plasma is withdrawn from donor
3. Component room: In component room the whole blood is separated into packed cells FFP and platelets.

4. TTI room: it is to diagnose transfusion transmitted infections. If donor is detected positive for TTI status it means donor have the potential to transmit the infection to their partner and children.
5. Issue room: This room is to issue the screened blood bags.

Staff of blood bank consists of 1 HOD, 2 blood bank officer, 1 technician supervisor,

6 techncians, 2 staff nurse, 2 computer executives, 4 GDA.

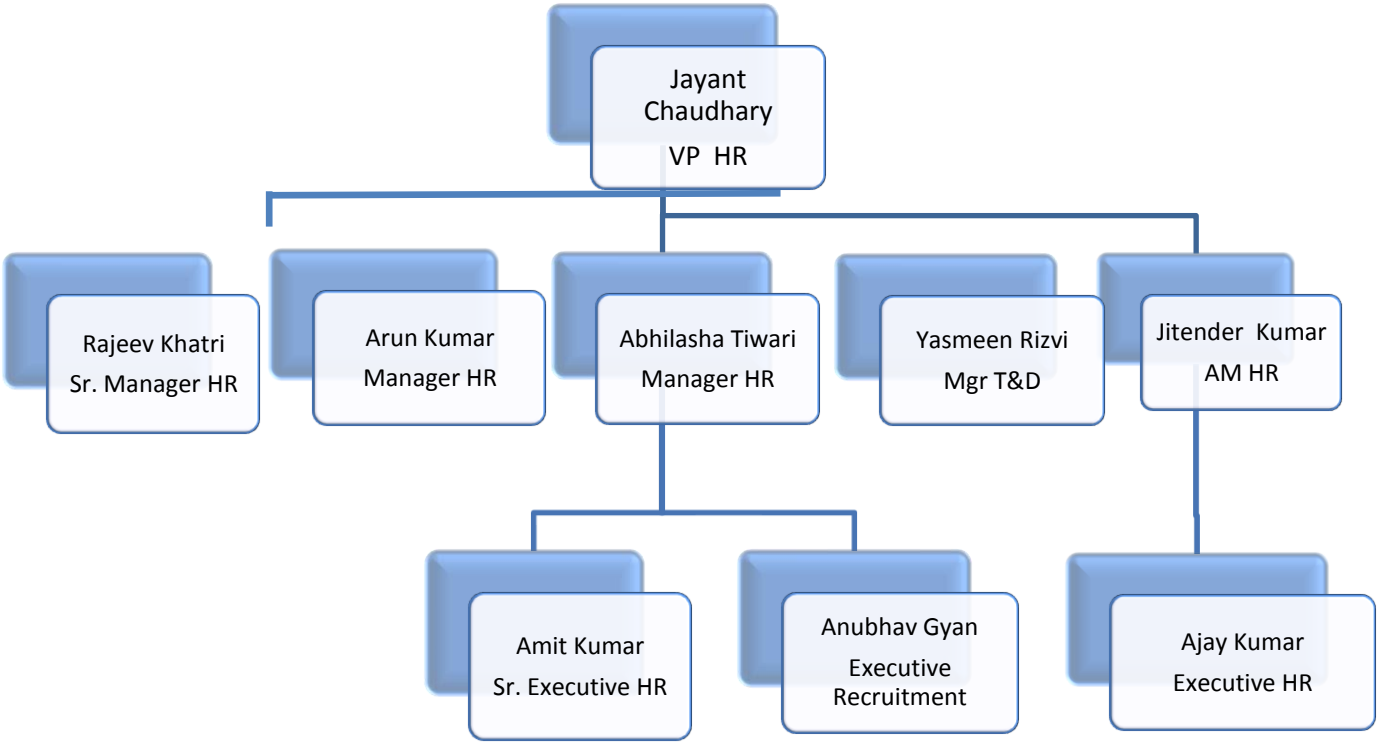
10. HUMAN RESOURCE MANAGEMENT

Human resource management (**HRM** or simply **HR**) is a function in designed to maximize employee performance in service of their employer's strategic objectives. HR is primarily concerned with how people are managed within organizations, focusing on policies and systems.

Following are the policies undertaken by the Human Resource Management Department:-

- Human Resource Planning Policy.
- Job Profile Format.
- Recruitment policy.
- Training and development policy.
- Induction and Orientation policy.
- Performance appraisal Policy.
- Complaint & Grievances Redressal Policy.
- Disciplinary Policy.
- Medical Discount Policy.
- Annual Medical Check-up Policy.
- Clinical credentialing and privileging Policy.
- Nursing Credentialing and Privileging Policy.

HR Structure



11. ONCOLOGY DEPARTMENT

Oncology is a branch of medicine that deals with cancer.

Oncology in MAX is concerned with:

- The diagnosis of any cancer in a person (pathology)
- Therapy (e.g. surgery, chemotherapy, radiotherapy and other modalities)
- Follow-up of cancer patients after successful treatment.
- Palliative care of patients with terminal malignancies.
- Ethical questions surrounding cancer care.

The Oncology Day Ward/Day Care (ODW) as the word implies, provides care for people who need to receive treatment as day cases and do not require staying in hospital as inpatients. Its main function is to assess and treat the patients who are receiving chemotherapy. In the Oncology Day Care 9 beds, 8 recliners and 4 dummy beds are

available. Before chemotherapy is commenced, the patient is assessed to make sure that he/she understands and consents to the planned treatment. Blood tests are performed to ensure that their levels are at the required limits The patient's weight and height needs to be measured as most chemotherapy doses are calculated according to one's body surface area.

12.BIOMEDICAL ENGINEERING

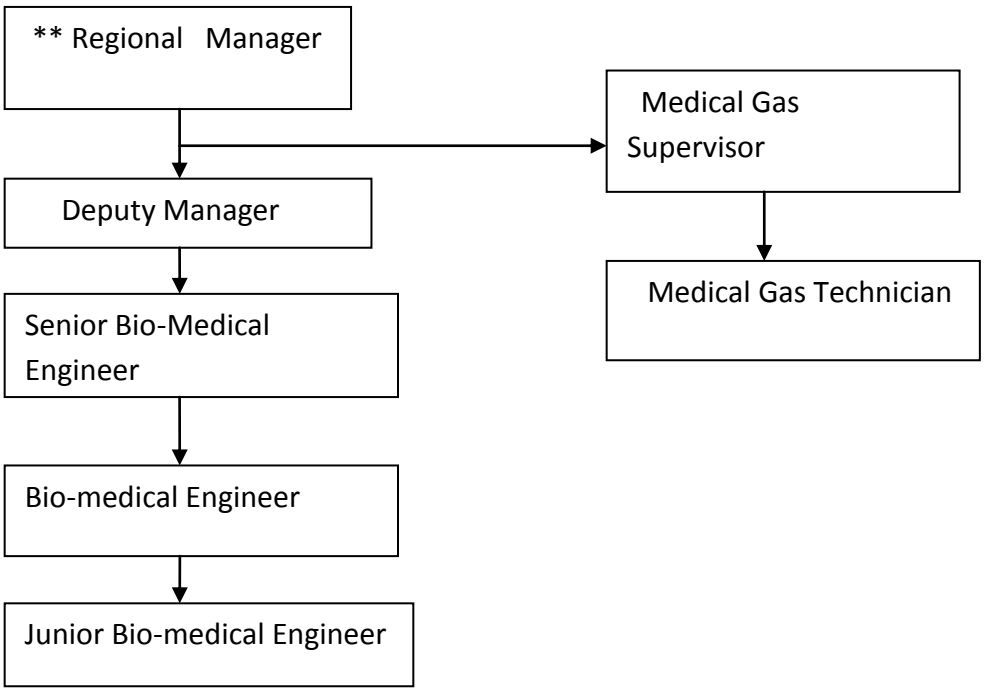
The department of biomedical engineering deals with purchase, installation, commissioning, training on operating, handling and maintenance of all medical equipments in all the areas and departments of the hospital. Also deals with the in-house calibration of equipments. Gas manifolds are also handled by the biomedical department. The areas included are:

- All wards
- All operation theatres
- All ICUs
- Patient rooms
- Radiology
- Triage
- Blood Bank
- Nuclear medicine
- Cardiac non invasive diagnostics
- Medical Gases
- Medical Furniture
- LINAC

Objectives:

- To maintain assets list
- To conduct preventive maintenance for biomedical equipments.
- To ensure timely repair of biomedical equipments medical furniture.
- To conduct calibration/validation of biomedical equipments.
- Preventive maintenance for Medical Gas equipments.

Organizational chart



**showing – Department head

13. INTERNATIONAL PATIENT SERVICES (IPS) DEPARTMENT

It takes a lot to be a world-class health care services provider and as per patient registration data, over 11 lac overseas patients have been helped to get back to their normal lifestyle. This department, situated in East wing, is exclusively dedicated for the services of international patients.

Contact Procedure:

- Patient sends a query and/or reports
- IPS Team consults the relevant consultant and provides diagnosis, proposed treatment and estimate
- If required, a telephonic meeting may also be arranged
- Patient confirms if he wants to have treatment at Max Healthcare to provide Visa Facilitation Letter

- Patient confirms the arrival date and time
- IPS Team, in the meantime, books room, OT etc. for the patient
- Patient is received at the Airport and then, brought to the Hospital/Guest House/Hotel

Also, another contact procedure is as follows:

- Max hospital conducts free outreach OPDs in other countries, at least 1-2 per year
- Max hospital also has tie ups with different hospitals in these countries

International patients avail treatment in India mainly because these facilities or treatments are not available in their respective countries, and are available at a much cheaper price in India than other countries such as US, UK or European countries. The countries from where patients come to seek treatment most commonly are Iraq, African countries (Nigeria, Congo), Oman, Uzbekistan, Afghanistan, Nepal, and Bangladesh.

The hospital provides:

- Various Regional Translators such as Arabic, Persian, Iraqi, Bangladeshi and Russian (In house interpreter).
- Assistance in ground transportation such as finding a shuttle, hiring a car or choosing any other mode of transportation within the city.
- Relationship Managers, who closely work with over 50 Diplomatic Missions and numerous Expat bodies to ensure that international patients have a comfortable and memorable stay in India.

Staffing:

Director Marketing

→ Regional Head

→ International – Country Head

→ Unit Head of Department

→ Assistant Manager → Senior Executives → Executive

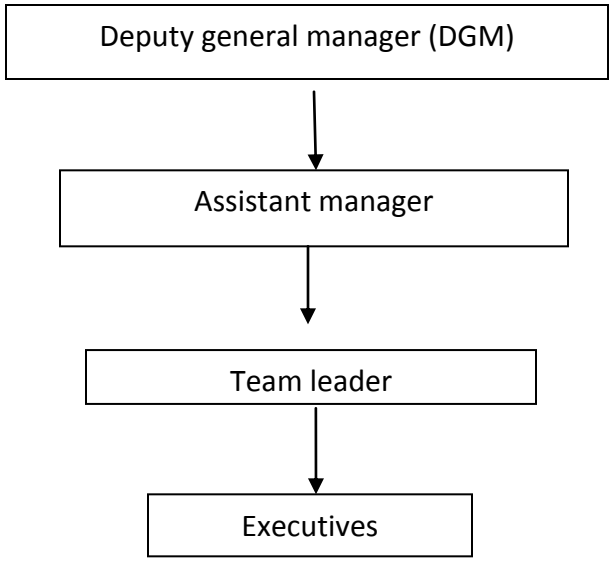
14. FOOD AND BEVERAGES

Introduction

Food and beverages department deals with supply of food to the patients sometimes to the patients attendant and during the various conferences and meeting in the organization.

Although food and beverages dept at the max healthcare centre is outsourced to the sodexo food services but controlling power is with **max employee**.

Organization chart



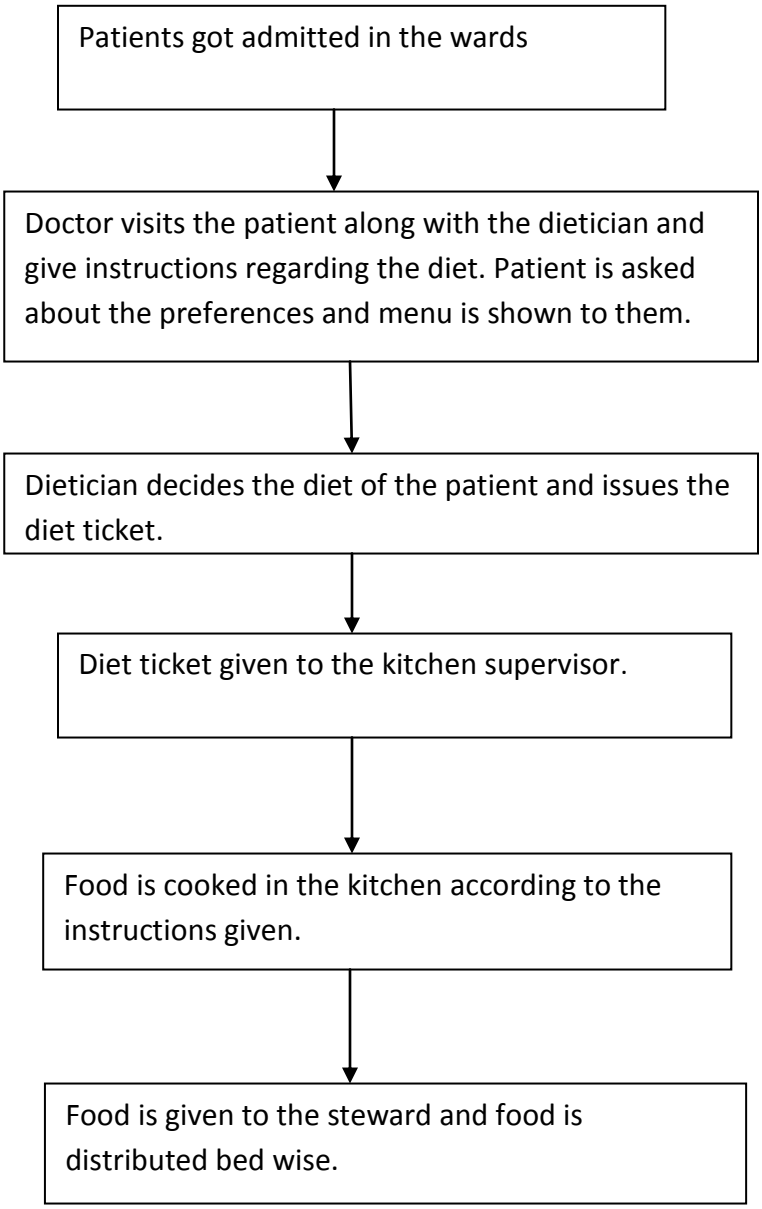
- The department consist of one head chef from Max , 26 chefs are from sodexo,72 stewards from sodexo.
- Dietician -25 of Max.
- Max chef keeps check on quality of food provided to the patients.
- The task of the sodexo is to provide food to ipd patients , max staff and visitors.
- Other then sodexo there are various food outlets which are as follows

- Sagar ratna
- Café coffee day
- Subway
- Quality express

Royalties are being charged from these outlets.

Process flow

Supply of food to the patients



Time table for the diet of the patient

7-8AM	Breakfast
10:30-11:30AM	Soup/Beverages
1-2PM	Lunch
4-5PM	Evening tea
6-7PM	Soup
8-9PM	Dinner

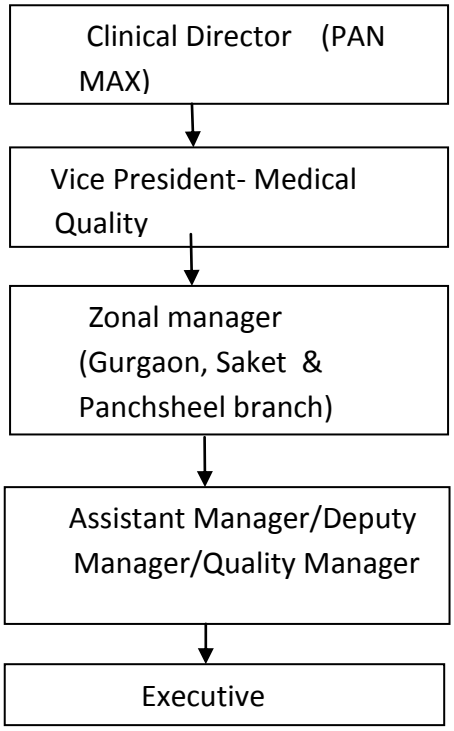
- Dinner of the same day, breakfast and lunch of the next day are decided prior in the evening and diet tickets are issued by the dietician and given to the chef.
- Apart from these if patients wants to have something extra ,those can be provided to the patient after consulting dietician ,but for an extra charges.

Different menu offered are –

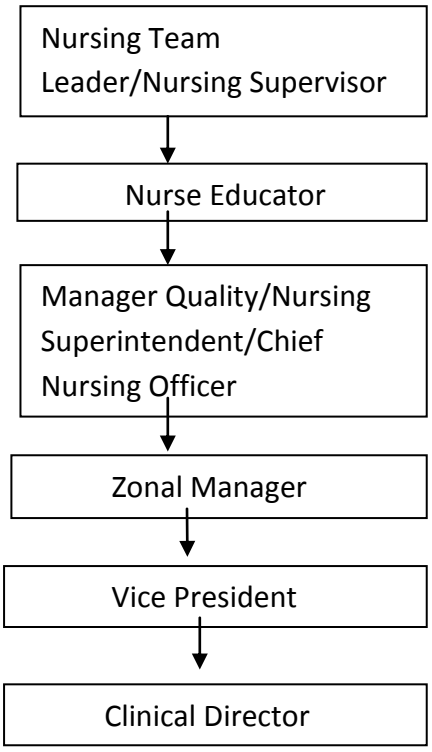
- Indian menu
- Afghani menu for middle east patients.
- Continental menu
- No onion and no garlic menu for jain patients

15 . MEDICAL QUALITY DEPARTMENT

Organogram of the department



Flow of reporting in the Quality Team:-



The different **indicators of medical quality** are:-

1. Falls
2. Nosocomial infections
3. Phlebitis
4. Medication errors
5. Near miss(incident might have occurred)
6. Needle stick injury
7. Pressure sores

16. SERVICE QUALITY DEPARTMENT

This department deals with the quality of the services provided by the hospital.

Feedback forms that are kept in the feedback box in every department are collected daily and then divide it into positive and negative forms. Suggestions are also considered as negative feedback

After going through all the complaints lodged by the patient or their attendants, service quality departments informed the respective department head within 24 hrs about these responses from their department and tell them to rectify or improve the quality of their services.

Department head who look after these services then try to know the root cause of the problem and within 72 hrs solve and close the case by providing proper training or counseling

Various ways to collect the feedback:-

1) Through feedback forms
2) Through blogs
3) Directly to the quality manager

Everyday quality manager takes a round to every ward to know their problems or feedback about the services provides to them.

This will help to know the various issues related to the quality of the services provided by the hospital and to help them to understand the various areas which need to be improved.

Issues can be related to:-

1) Behavior of the staff , nurses ,doctors

2) Cleanliness

3) Quality of food

4) Getting medications on time or not

5) Delay in any of the services etc.

Therefore, this department plays a very important role to understand the needs of the patient or their attendant and to improve the quality of the services provided by the hospital.

17. CALL CENTER

Call centre of Max hospital, Saket operates at 24*7. It is centralized patient contact centre for Saket.It can be used as an information centre for all customers.

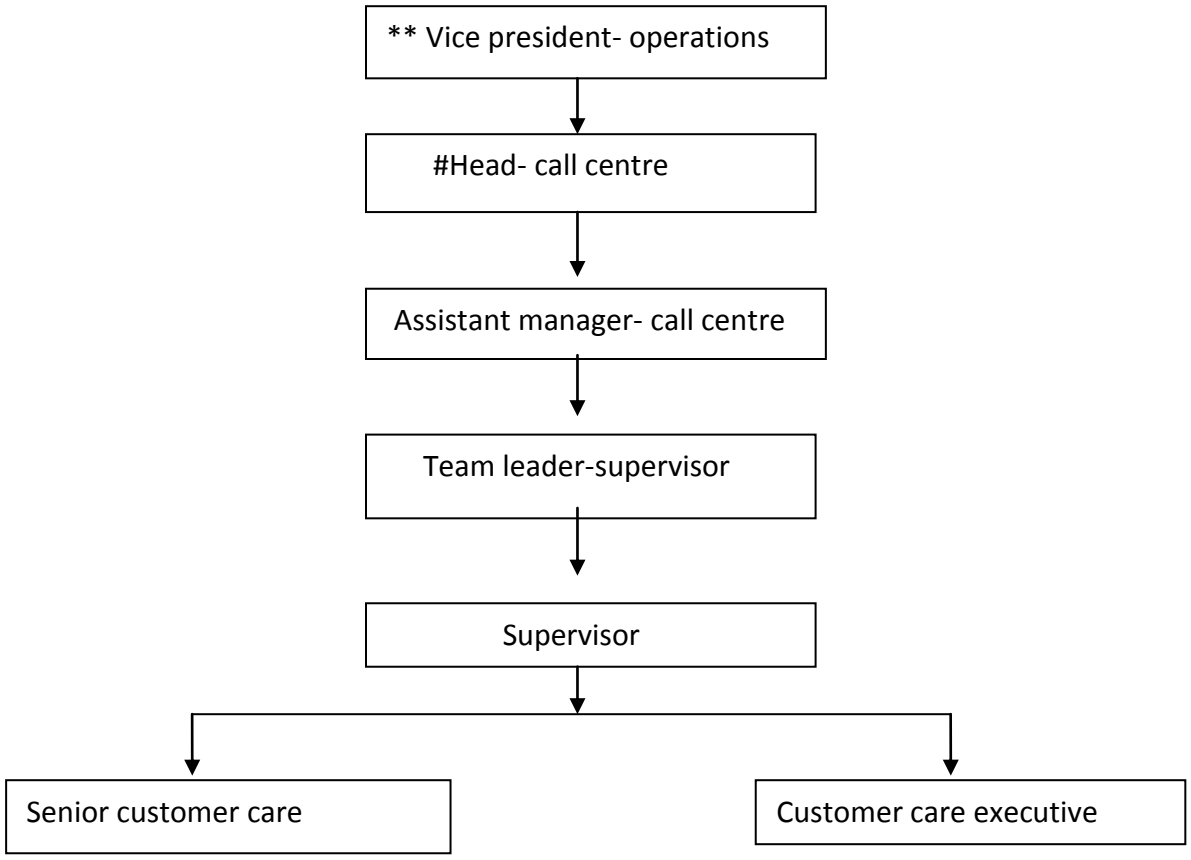
Call centre deals with:

- Doctor's appointment
- Health check ups
- Radiology and diagnostic appointments
- Patient's information
- Doctor's information
- Employee's information
- Specialty information
- Other department information

- It handles internal emergency e.g. Blue code

Main board line number is: 2651505

Organization chart:



** indicates administrative head #indicates functional head

18. SECURITY DEPARTMENT

The security department is an eye and ear of every organization acting as a liaison between management and staff. The control room of Security Department is located on B1 (basement) of East Wing, Max Saket.

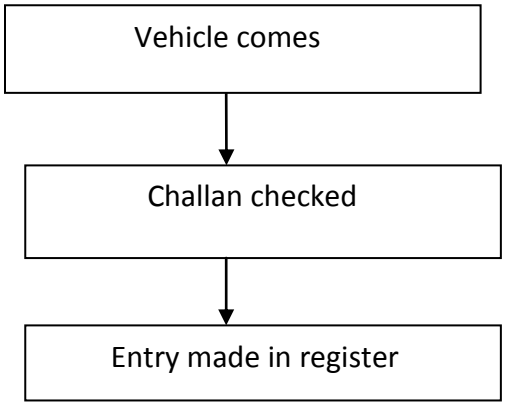
Functions of Security Department:-The security department performs four main functions as discussed below.

1. Security management:-

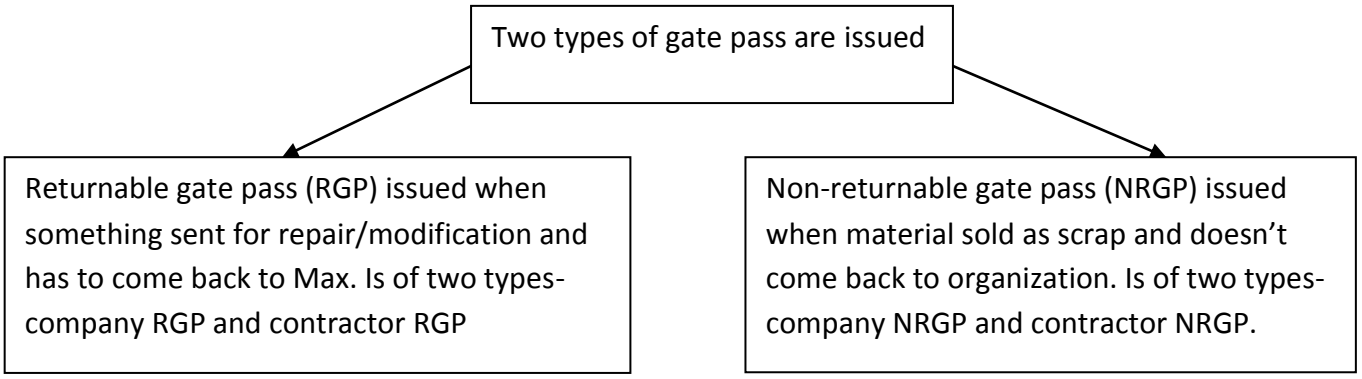
- Selection of people(guards and supervisors)
- Deploying of security staff to different floors and departments
- Checking of people entering hospital
- Turnout and grooming of security staff
- Training of security staff
- MLC handling
- Dispute handling

2. Material management:-It includes management of both incoming and outgoing materials.

a. Flow for incoming materials:-The incoming materials are received either from a company or a contractor to Max.The process flow is as under:-



b. Flow for outgoing materials



3. Disaster management:-

There are six emergency codes:-

1. Red- Fire

2. Black- Bomb threat

3. Blue-Cardiac arrest

4. Yellow- External disaster like earthquake

5. Violet-Violent patient

6. Pink- Missing patient

The SOP's and disaster management plans are prepared by the Security Department. Fire management system includes smoke detectors, sprinklers fitted on ceiling and fire shafts in all corridors.

Walkie talkies are an important source of communication.

Other disasters include floods, water logging, terrorist attacks.

4. Valet management:-

- Helps to optimally utilize the parking space.
- Within a time frame of maximum 7 minutes, vehicle is handed over to customer when asked for in porch.

OVERVIEW OF NURSING DEPARTMENT

VISION:-

To deliver world class nursing care with a service focus by creating an institution committed to the highest standards of medical and service excellence, patient care, scientific knowledge and medical education.

MISSION:-

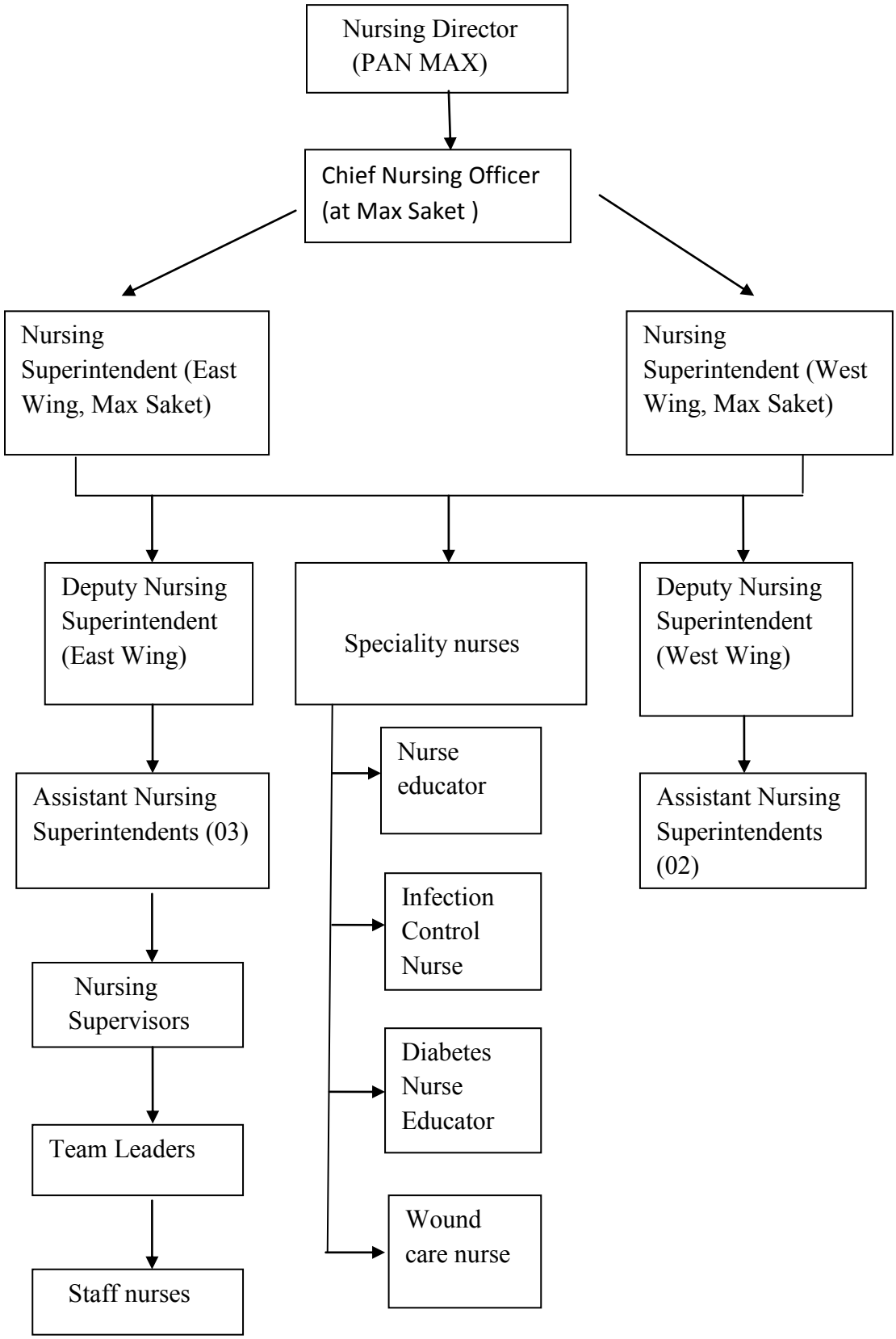
- Create unparalled standards of medical and service excellence.
- Brand of first choice.
- Principal choice for the physician.
- Ethical practices
- Dominant player in Delhi-National Capital Region.

OBJECTIVES:-

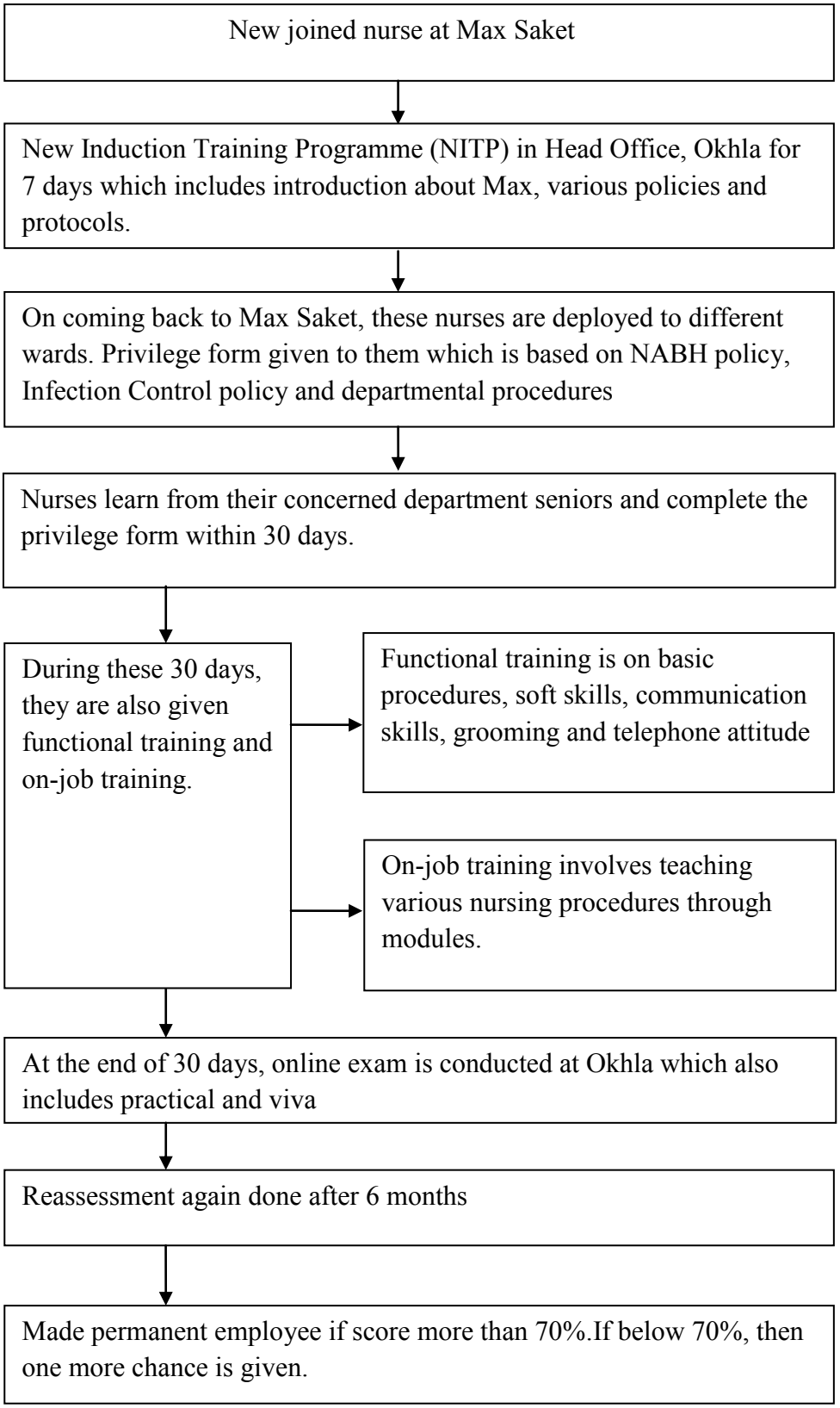
- Providing comprehensive Quality Nursing Care to all patients visiting the hospital.
- Maintaining good standards of nursing practice and keeping up-to-date knowledge of medical equipments, clinical practice ,HIS etc
- Conducting regular training programmes for nurses for strengthening their professional competence.
- Function as a team with doctors, services and operations personnel to achieve excellence in care.
- Create a conducive environment for employee satisfaction and growth.
- Respect the dignity of each and every patient.
- Develop and maintain a culture which encourages honest communication, staff participation and team work.
- Promote an opportunity safe and therapeutic environment.

LOCATION OF DEPARTMENT: **-** CNO's office (5^{th} floor) and Nursing office (4^{th} floor)

ORGANOGRAM


Nursing Director (PAN MAX)
Chief Nursing Officer (at Max Saket)
Nursing Superintendent (East Wing, Max Saket)
Nursing Superintendent (West Wing, Max Saket)
Deputy Nursing Superintendent (East Wing)
Speciality nurses
Deputy Nursing Superintendent (West Wing)
Assistant Nursing Superintendents (03)
Nurse educator
Assistant Nursing Superintendents (02)
Infection Control Nurse
Nursing Supervisors
Diabetes Nurse Educator
Team Leaders
Wound care nurse
Staff nurses

PROCESS FLOW OF TRAINING FOR NURSES:-



TITLE OF THE STUDY

Two hourly nursing rounds in IPD.

RESEARCH PROBLEM

Impact of two hourly nursing rounds on call bells usage and patient satisfaction.

INTRODUCTION

Anyone who has spent time as a hospital patient knows that the call bell is the patient's "lifeline". It is perhaps one of the few means of control that patients have over their situation. Answering patient call bells is a communication issue that influences patient assessment of care quality and satisfaction. Nurses play a critical role in patient care satisfaction. A nurse holds position at the pivot in making an impact on patient satisfaction and clinical outcomes which influences the financial performance of hospitals. Hospital staff members need to constantly assess the needs of patients and family to build trust, rapport, effective communication and most importantly patient satisfaction. A nurse interacts with the patients several times during just one shift. [1]

Responsiveness to call bells influences the overall patient satisfaction which depends on the promptness of nurses attending them. Nursing Supervisors depend on staff nurses to deliver quality care and make patient's stay comfortable and memorable. These supervisors conduct daily managerial rounds to connect with patients as well as staff nurses. In this way, the staff nurses get feedback from their supervisors about patient problems and how to meet patient expectations in nursing care.

Today, due to organizations around the country that have implemented hourly rounding, patient falls are down. If every hospital in the country were rounding on inpatients hourly, the cost savings would be two billion dollars, and most importantly patients would receive better care. Skin breakdown is decreasing and call lights are down 37.8 percent so staff can do what they want to do, take better care of patients. [2]

In a way, hourly nursing rounds are systematic, proactive, nurse-driven, evidence-based and anticipatory in nature. [3] The needs of a patient are anticipated by a proactive approach as per a pre planned hourly/two hourly schedule made by the nurses. The approach thus is proactive

and not reactive because the needs are looked after much before the patient asks for anything. Such planned rounds need to be hardwired into the daily routine for effective outcomes.

REVIEW OF LITERATURE

Roszell etal. (2009) stated that based in the center of nursing activity ,the nurse call system has potential to gather basic data such as the number of calls and the response time. Analyzing this information may shed light on performance and patient satisfaction. This study used a correlational design to examine results from a patient satisfaction survey administered at discharge in relation to the number of call bell requests from the patient's room and call bell response time. Managers use patient satisfaction data to drive performance improvement. Patient satisfaction with call bell response is a major priority for patients and an activity that can easily be addressed. [4]

Robin Digby and colleagues (2011) studied the effects of raising awareness of call bell response on how promptly staff attends patient falls and satisfaction. They explored and compared call bell response times in two wards in a geriatric evaluation and management facility before and after the introduction of a suite of interventions aimed at decreasing patient falls. The data on call bell response times were collected over two periods, one before implementation of fall prevention initiatives and the other after six months of implementation. The results showed prioritizing call bell response and raising staff awareness improved response to patient calls. There was a slight decrease in falls although call bell activations did not decrease**.** [5]

Torres (2007) stated that perception of prompt call bell response is not just how quickly it is answered, but also the manner in which it is answered and how basic needs are met. Patient's perception and satisfaction can be positively impacted by evidence-based nursing practices such as proactive rounding to anticipate patient's needs. [6]

Gardner etal. (2009) measured the effect of patient comfort rounds on practice environment and patient satisfaction. Hourly rounding in the acute hospital setting has been proposed as an intervention to increase patient satisfaction and safety, and improve the nursing practice environment, but the innovation has not been adequately tested. A quasi-experimental pre-test posttest non-randomized parallel group trial design was used to test the effect of hourly Patient comfort rounds on patient satisfaction and nursing perceptions of the practice

environment, and to evaluate research processes and instruments for a proposed larger study. A Patient Satisfaction Survey instrument was developed and used in conjunction with the Practice Environment Scale of the Nursing Work Index. Results on patient satisfaction showed no significant changes. Significant changes were found for three of the five practice environment subscales. Consistent with the aim of a pilot study, this research has provided important information related to design, instruments and process that will inform a larger sufficiently powered study**.** [7]

Deitrick etal.(2012) carried out a study on 'Hourly Rounding: Challenges with implementation of an Evidenced-based process' in two similar inpatient units at 981 bedded hospital based on ethnographic methods and examined problems related to the implementation of hourly rounding. Results indicated that careful planning, communication, implementation, and evaluation are required for successful implementation of a nursing practice change. [8]

Culley (2008) conducted a pilot study on three inpatient units over eight weeks plus one month of baseline data. It is unclear if control units were used. He found that patient satisfaction increased and call light usage decreased on the three units. He did not examine patient falls**.** [9]

Assi, Wilson etal. (2008) conducted a study on hourly rounds. The design, sample size, protocol, and analysis were not discussed making it difficult to evaluate the study. The authors found a decrease in the patient fall rate, a significant reduction in call light usage, and a significant increase in patient satisfaction**.** [10]

Huey-Ming Tzeng(Sept 2008-Jan 2009) conducted a study on perspectives of staff nurses of the reasons for and the nature of patient-initiated call lights: an exploratory study in four USA hospitals. In this cross-sectional, multihospital survey study, staff nurses of 27 adult care units participated and a total of 808 completed surveys were retrieved. The primary reasons for patient-initiated calls were for toileting assistance, pain medication, and intravenous problems. Toileting assistance was the leading reason. [11]

RATIONALE

Nursing rounds hold a special importance in the care of a patient. Timely nursing rounds aid in need assessment of the clients and can go a long way in enhancing patient satisfaction. Rounding permits nurses to act proactively by responding to non urgent needs before they become urgent. In a way, satisfied patients become our loyal customers and hence revenue leakages of a hospital could be minimized by such a simple intervention.

Limited researches have been done on hourly nursing rounds. This concept when implemented in some hospitals has met with a lot of resistance from the side of nurses, the reasons being overburden of work and increased documentation involved. The purpose of this study is to hardwire these hourly/two hourly nursing rounds into the daily routine of nurses like medicine/injection administration, vital parameters measurement, changing intravenous fluids etc. This would keep their work flow smooth without causing an extra work load.

Call bells sometimes come in the form of non urgent requests from patients which often doesn't need nursing interventions thereby disrupting the work flow of nurses .Moreover, the patients take the response to call bells as a quality measure of the hospital. This study would be implemented in the inpatient areas where call bells are found to be maximum and hence need a planned intervention.

RESEARCH QUESTIONS

1. How the concept of two hourly nursing rounds will affect call bell usage?
2. How the two hourly rounds would impact the patient satisfaction?

RESEARCH OBJECTIVES

General objective

To determine the effect of two hourly nursing rounds on number of call bells and patient satisfaction.

Specific objectives

1. To gather the baseline primary data on average number of call bells per hour and associated patient's complaints received in 6 days duration.

2. To develop different tools for implementation of two hourly nursing rounds concept.

3. To develop a tool to measure patient satisfaction related to nursing care and responsiveness to call bells.

4. To impart 3 days training to nurses helping them implement the concept of two hourly rounding.

5. To gather the primary data for 6 days on average call bells usage per hour, four days after implementation of two hourly rounding.

METHODOLOGY

Study population- IPD's of East Wing, Max, Saket

Study design-Descriptive, cross sectional study

Study duration-One month

Data collection techniques and tools used:-

a. Data on call bells-collected by observation of average call bells per hour on two floors (2^{nd} and 3^{rd}) of East wing, Max Saket.

b. Data on patient satisfaction: - collection of data through interview technique.

Tool used is structured questionnaire.

Tools used for training of nurses on two hourly rounding:-

1. Max welcome card

2. Two hourly rounding log

Sample and sampling technique

a. For collecting data on call bells- beds of 2nd floor and 3rd floor, East wing, Max Saket

b. For collecting data on patient satisfaction- discharged patients of 2nd and 3rd floor, East wing, Max Saket. Data collected both pre and post implementation of two hourly rounding.

Sampling technique:-

a. For selection of call bells-**Convenient sampling** was used.

b. For selection of discharged patients-**Convenient sampling** was used.

Sample size

a. Size of sample for Call bells observation – 23 beds of 2nd floor and 46 beds of 3rd floor, East wing, Max Saket=69 beds in total.

b. Size of sample for measuring patient satisfaction- 20 discharged patients from 2nd and 3rd floor, East wing, Max Saket

Inclusion criteria

1. Beds on 2nd and 3rd floors in the time duration 9:00 am-5:00 pm

2. Discharged patients on 2nd and 3rd floor (for administering questionnaire)

Exclusion criteria

1. Beds on floors other than 2nd and 3rd, outside the time duration 9:00am-5:00 pm

2. Beds of ICU's and HDU's.

3. Admitted patients on 2nd and 3rd floor (for administering questionnaire)

Data collection approach

Primary and Quantitative

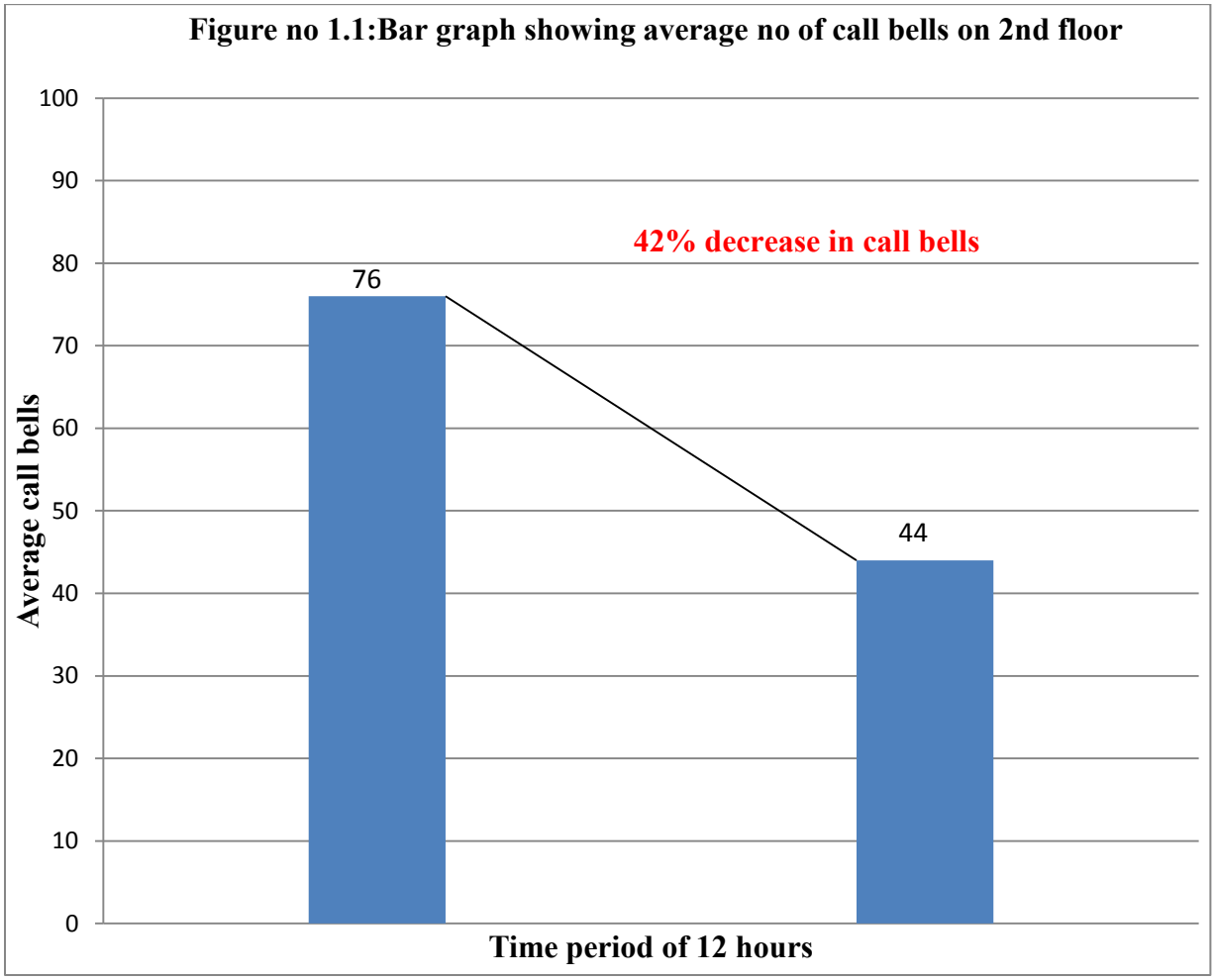
Plan for Data analysis

1. Data collected on average number of call bells per hour pre and post implementation of two hourly rounding will be analyzed in terms of percentage change using bar graphs.

2. Data collected on patient satisfaction will be entered in Microsoft Excel after coding and then interpreted by comparing pre and post implementation of two hourly rounding, using percentages and pie charts.

DATA ANALYSIS AND INTERPRETATION

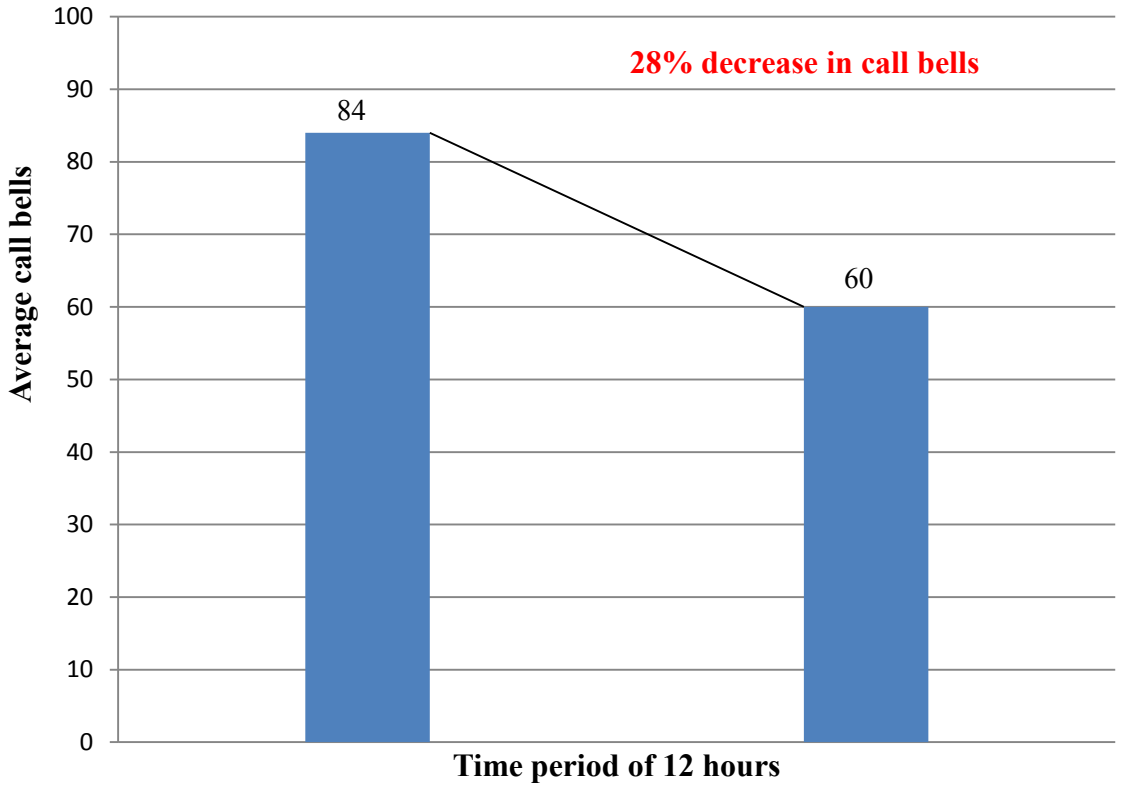
a. Analysis of data of call bells on 2nd floor pre and post implementation of two hourly rounds.



The above bar graph shows the average number of call bells for 12 hours duration on 2nd floor as 76 and 44 respectively in the pre and post implementation of two hourly rounds. There was 42% reduction in call bells after implementation of two hourly rounding as the nurses proactively assessed the four P's-pain, position, personal needs(toileting needs) and possessions(personal items).

b. Analysis of data on call bells on 3rd floor , pre and post two hourly rounds

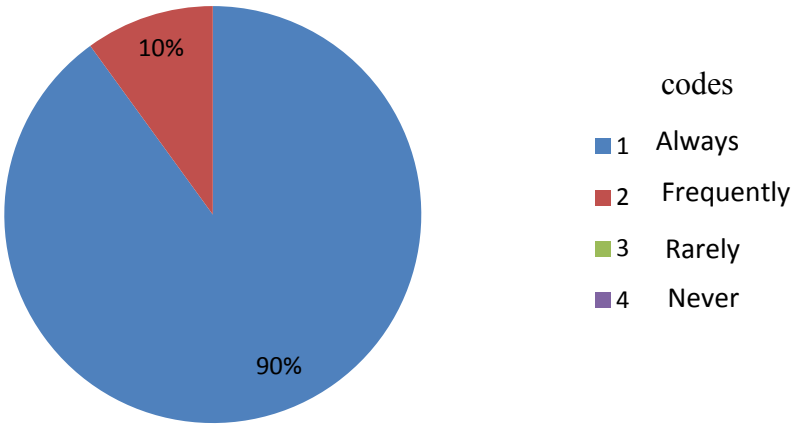
Figure no. 1.2:Bar graph showing average no of call bells on 3rd floor



The above bar graph shows the average number of call bells for 12 hours duration on 3rd floor as 84 and 60 respectively in the pre and post implementation of two hourly rounds. There was 28% reduction in call bells after implementation of two hourly rounding as the nurses proactively assessed the four P's-pain, position, personal needs(toileting needs) and possessions(personal items).

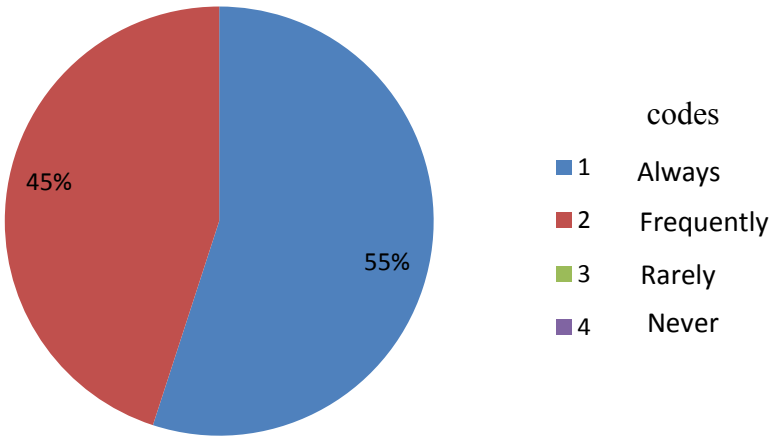
c. Analysis of patient satisfaction data **pre implementation** of two hourly rounds

Figure no 2.1: Responses regarding explanation of procedure details



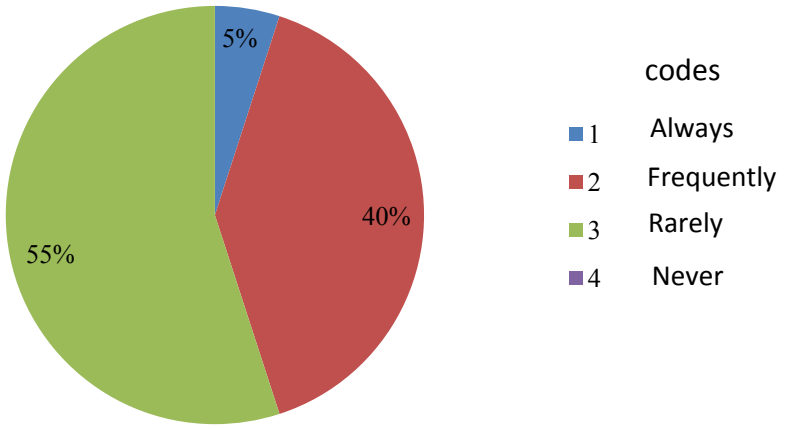
The above pie chart shows that 90% of patients felt that they were always explained details of every procedure in a simple language before being carried out.10% felt they were frequently given explanation.

Figure no 2.2:Responses regarding pain management



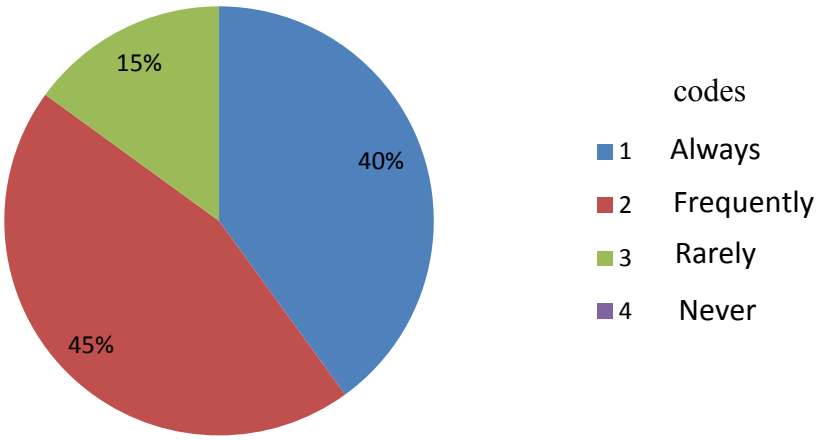
The above pie chart shows that 55% patients felt their pain was always effectively managed and rest 45% felt it was frequently well managed.

Figure no 2.3:Response of patients to call bells pre two hourly rounds



The above pie chart shows that 5% patients felt the responses to call bells always met their expectations,40% felt that it frequently met their expectations while rest 55% felt it rarely met their expectations.

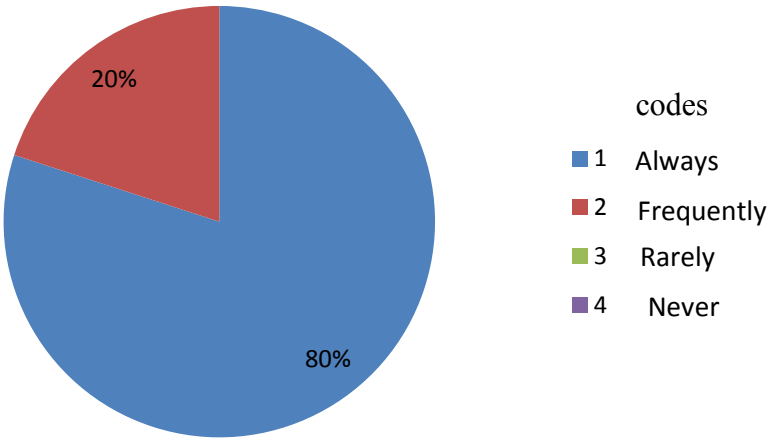
Figure no 2.4:Responses regarding personal & toileting needs



The above pie chart shows that 40% of patients felt that their toileting and other personal needs were always taken care of, 45% felt that it was frequently taken care of and rest 15% felt it was rarely taken care of.

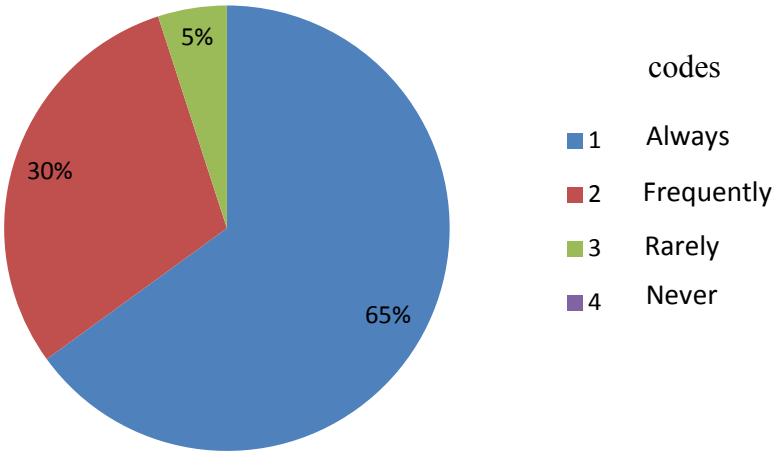
d. Analysis of patient satisfaction data **post implementation** of two hourly rounds

Figure no 3.1:Responses regarding explanation of procedure details



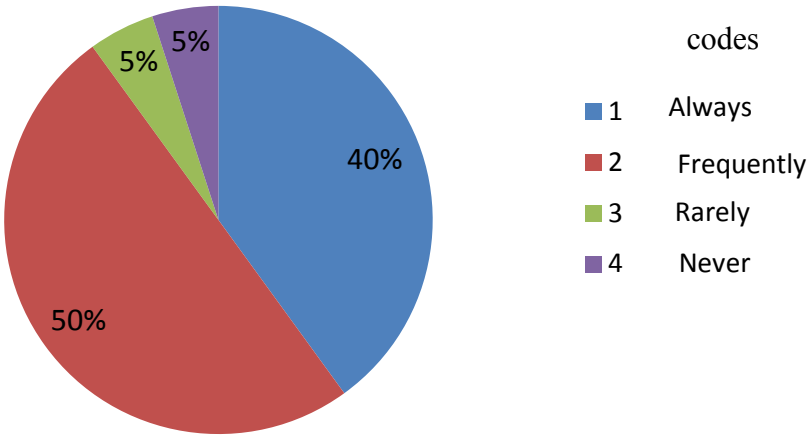
The above pie chart shows that 80% of patients felt that they were always explained details of every procedure in a simple language before being carried out.20% felt they were frequently given explanation.

Figure no 3.2: Responses regarding pain management



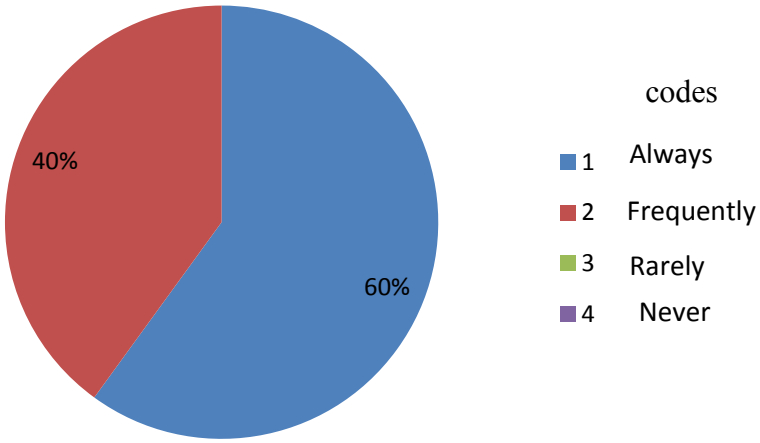
The above pie chart shows that 65% patients felt their pain was always effectively managed, 30% felt it was frequently well managed and rest 5% felt it was rarely managed effectively.

Figure no 3.3:Response of patients to call bells post two hourly rounds



The above pie chart shows that 40% patients felt the responses to call bells always met their expectations,50% felt that it frequently met their expectations while rest 5% and 5% gave rarely and never responses respectively.

Figure no 3.4:Response regarding personal & toileting needs



The above pie chart shows that 60% of patients felt that their toileting and other personal needs were always taken care of while rest 40% felt that it was frequently taken care of.

SUMMARY OF DATA ANALYSIS

1. The average number of calls bells reduced by 42% and 28% on 2nd and 3rd floor respectively after implementation of two hourly rounds.
2. There was no significant change in response of patients to Q.1 (explanation of procedure details before being carried out) after the implementation of two hourly rounds.
3. There was no significant change in response of patients to Q.2 (pain being effectively managed) after implementation of two hourly rounds.
4.There was a significant change observed in response of patients to Q.3(response to call bells meeting the expectations of patients).Before implementation of two hourly rounds,5% patients felt that the responses to call bells always met their expectations but it increased to 40% post implementation.
5. There was a marginal change in response to Q.4 (toileting/personal needs looked after) after implementation of two hourly rounds. Prior to two hourly rounds, 40% felt that their toileting/personal needs were always taken care of but it increased to 60% after implementation of the concept.

CONCLUSION

The concept of two hourly rounds was initiated in the form of a pilot study on two floors (2nd and 3rd) of East wing,Max Saket. There was a significant reduction observed in the number of call bells on both the floors. Therefore this two hourly rounds concept can be executed on a full scale to the entire hospital.

RECOMMENDATIONS

- The two hourly rounds concept needs to be consistently hardwired into the daily routine of nurses so that it becomes a regular feature of the patient care.
- The nursing team leaders and nursing supervisors can play an effective role in implementation of this concept by encouraging and supervising staff nurses at all times.
- Feedback from the patients on two hourly rounds may be taken frequently to improve the concept.
- Regular meetings of staff nurses and nursing supervisors may be held to discuss the problems faced in two hourly rounding.
- The positive patient feedbacks may be discussed in such meetings to motivate the staff nurses.
- The wards following this concept consistently may be taken as a role model for others.
- The tools used in the study (Max welcome card and two hourly rounding log) may further be improved.

REFERENCES

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ANNEXURE

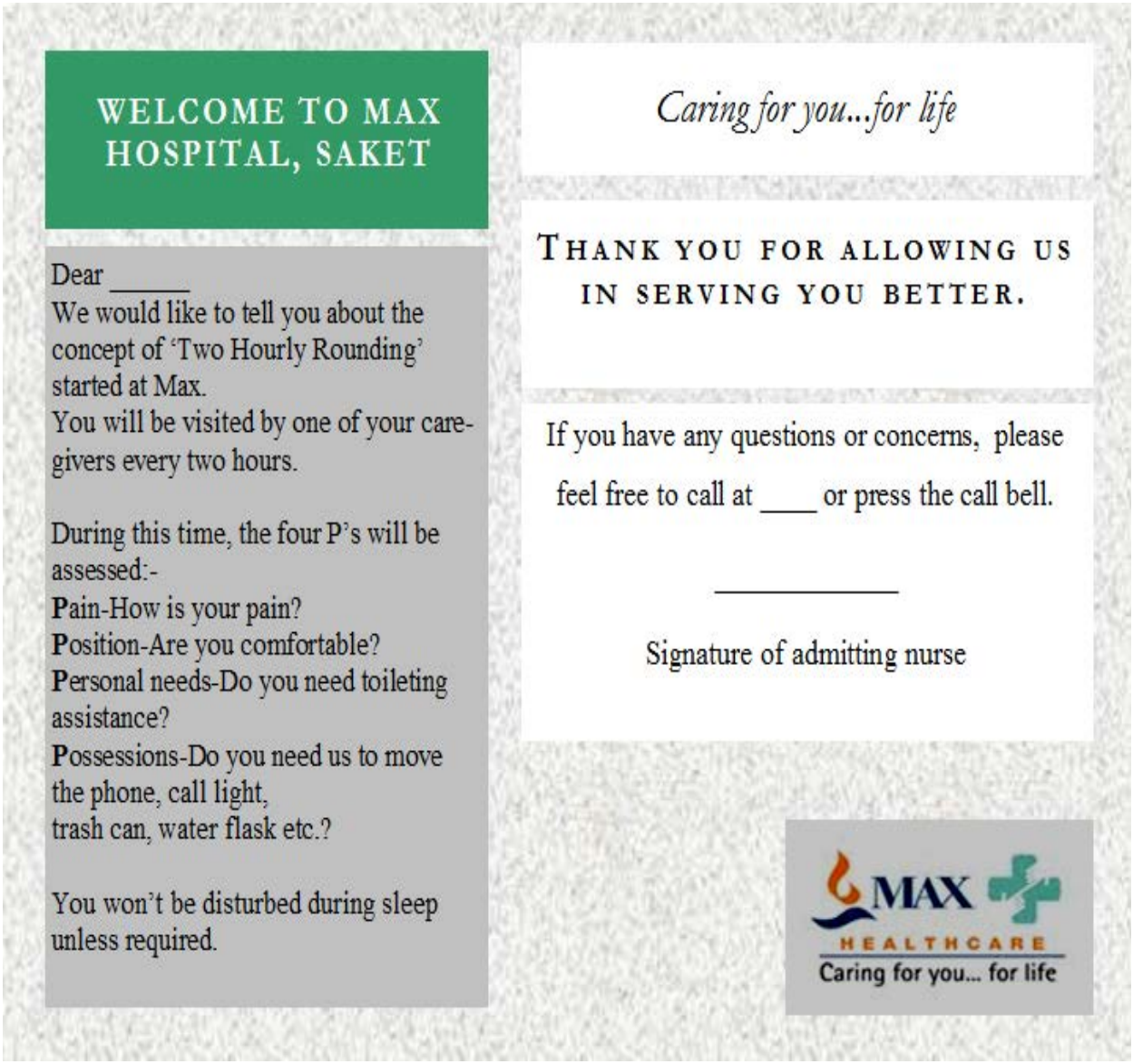
1. Call bells-pre two hourly rounds observations

Date	Department	Average no of call bells per hour	Average no for 12 hour period	Nature of complaints
06/05/2014	2nd floor IPD	6	72	Nursing, housekeeping, F & B
07/05/2014	3rd floor IPD	8	96	Nursing, housekeeping, maintenance(call bell repair)
08/05/2014	2nd floor IPD	7	84	Nursing, engineering, housekeeping
09/05/2014	3rd floor IPD	7	84	Nursing, housekeeping, F & B
10/05/2014	3rd floor IPD	6	72	Nursing, housekeeping, F & B
12/05/2014	2nd floor IPD	6	72	Nursing, housekeeping, F & B

2. Call bells-post two hourly rounds observations

Date	Department	Average no of call bells per hour	Average no for 12 hour period	Nature of complaints
06/05/2014	2nd floor IPD	5	60	Nursing, housekeeping, F & B
07/05/2014	3rd floor IPD	4	48	Nursing, housekeeping, maintenance(call bell repair)
08/05/2014	2nd floor IPD	2	24	Nursing, engineering, housekeeping
09/05/2014	3rd floor IPD	5	60	Nursing, housekeeping, F & B
10/05/2014	3rd floor IPD	6	72	Nursing, housekeeping, F & B
12/05/2014	2nd floor IPD	4	48	Nursing, housekeeping, F & B

3. Max welcome card



WELCOME TO MAX HOSPITAL, SAKET

Dear _____
We would like to tell you about the concept of 'Two Hourly Rounding' started at Max.
You will be visited by one of your care-givers every two hours.

During this time, the four P's will be assessed:-
Pain-How is your pain?
Position-Are you comfortable?
Personal needs-Do you need toileting assistance?
Possessions-Do you need us to move the phone, call light,
trash can, water flask etc.?

You won't be disturbed during sleep unless required.

Caring for you...for life

THANK YOU FOR ALLOWING US IN SERVING YOU BETTER.

If you have any questions or concerns, please feel free to call at ____ or press the call bell.

_____

Signature of admitting nurse

MAX HEALTHCARE
Caring for you... for life

4. Two hourly rounding log

TWO HOURLY ROUNDING LOG											
Date-		Bed no. -									
TIME PERIOD	TIME ROUNDING DONE	PAIN	INTERVENTION	POSITION	INTERVENTION DONE	PERSONAL NEEDS (toileting assistance)	INTERVENTION	POSSESSIONS	INTERVENTIONS	ANY OTHER NEED ASSESSED	STAFF INITIALS
TWO HOURLY ROUNDS											
6:00 AM											
8:00 AM											
10:00 AM											
12:00 PM											
2:00 PM											
4:00 PM											
6:00 PM											
8:00 PM											
10:00 PM											
12:00 AM											
2:00 AM											
4:00 AM											

5. Questionnaire

Questionnaire for inpatient feedback

Following is a set of four questions related to call bell responses and nursing care you have been provided during your stay to evaluate the customer satisfaction. Kindly spare your few minutes by ticking against the desired response.

Use the key below:-

1 = Always

2 = Frequently

3 = Rarely

4 = Never

Q.1. Before each procedure, you were explained its details in a simple language.

1. ☐ 2. ☐ 3. ☐ 4. ☐

Q.2. During the hospital stay, your pain was effectively managed.

1. ☐ 2. ☐ 3. ☐ 4. ☐

Q.3.The response to the call bells you pressed met your expectations.

1. ☐ 2. ☐ 3. ☐ 4. ☐

Q.4. How often your toileting and other personal needs were taken care of?

1. ☐ 2. ☐ 3. ☐ 4. ☐