Summer Training at
Max Super Specialty Hospital, Shalimar Bagh
(April 1 to May 31st, 2014)

- **Attrition Analysis among Staff Nurses and Its Impact on Hospital**
- **Learning and Development for Doctors**

By
Arushi Joshi

Under the guidance of
Dr. Seema Mehta

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

The IIHMR University, Jaipur
2014

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CERTIFICATE

This is to certify that Ms. Arushi Joshi has undergone her summer training in **Max Super Speciality Hospital, Shalimar Bagh, 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 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
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Ms. Arushi Joshi
New Delhi.

May 31, 2014

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Arushi Joshi,** student of Institute of Health Management Research , Jaipur has completed her internship from **Max Super Specialty Hospital, Shalimar Bagh** in the Department of Human Resources on the following topics from 01-April-2014 to 31-May -2014.

1- Attrition analysis among Staff Nurses and its impact in the Hospital.
2- Learning and Development for Doctors.

During the period of her association with us, we found her to be a dedicated, loyal, sincere and hard working person.

We wish her all the best for the future.

Yours sincerely,

Sweety Singh
Head - Human Resources

ACKNOWLEDGEMENT

'No task is one man effort'. Co-operation and co-ordination of various people at different times go into successful completion and achievement of set goals. It is a great pleasure to extend my heartfelt thanks to everybody who helped me through the successful completion of this project.

Firstly, I wish to express my sincere thanks to **Ms. Sweety Singh** (Head, Human Resource) for providing me all facilities and permission during the course of research.
Secondly, I would like to thank **Ms. Pallavi Sinha and Mr. Aditya Kumar** (Human resource executive) who helped me getting relevant data related to this project. My thanks to **Ms. Mandeep Kaur** (Team Member**)** and **Mr. Ajay Kumar** (General Duty Assistant) of Max Human Resource department for helping me during my project.
I would also like to thank **Dr. Ravi Kant (Assistant Medical Superintendent)** and **Dr. Lalitesh Sangwan (Deputy Manager Operations)** for sharing the information with me.

I would also like to take the opportunity to express a token of thanks for all the support and help that I received from my mentor, **Ms. Seema Mehta** (Associate Professor).
I would like to thank Institute of Health Management Research, Jaipur which provided me such a wonderful opportunity to do this project while pursuing the PGDHM course.

I am also thankful to my **Parents, Brother and Bhabhi** for always being with me and my other co-interns Dr. Arushi Kamthan, Dr. Gaurav Kapur, Dr. Priyanka Gahlawat, Dr. Bhawana Dhaka who have helped and supported me in the successful completion of this project.

Table of contents

ACRONYMS

ACLS- Advanced Cardiac Life Support

AMS- Assistant Medical Superintendent

BCMA- Bar Code Mediated Drug Administration

BLS- Basic Life Support

CAG- Coronary Angiography

CPRS- Computerized Patient Record System

CRRT- Continuous Renal Replacement Therapy

CT Scan- Computerized Tomography Scan

CTVS- Cardio-Thoracic Vascular Surgery

ECG- Electrocardiography

ECHO- Echocardiography

GDA- General Duty Assistant

HDU- High Dependency Unit

HIS- Hospital Information System

ICCU- Intensive Coronary Care Unit

ICU- Intensive Care Unit

LEED- Leadership in Energy and Environmental Design

MICU- Medical Intensive Care Unit

MRI- Magnetic Resonance Imaging

NABH- National Accreditation Board for Hospital and Healthcare Providers

NABL- National Accreditation Board for Testing and Calibration Laboratories

NICU- Neonatal Intensive Care Unit

PICU- Pediatric Intensive Care Unit

PTCA- Percutaneous Transluminal Coronary Angioplasty

SICU- Surgical Intensive Care Unit

SLED- Sustained Low Efficiency Dialysis

TMT- Trade Mill Test

TPA- Third Party Administration

VEOS- Cloud Computing Software

HR- Human Resource

ABOUT THE ORGANIZATION

Max Super Speciality Hospital, Shalimar Bagh (MSSH) is a multi-speciality hospital, owned and operated by Max Healthcare Institute Limited (MHIL).

Designed by internationally renowned architect Mr. Richard Wood and constructed in conformity with globally accepted standards for hospitals, MSSH covers approximately 2 lakh 98 sq. ft. spread over 12 floors with 10 lakh sq. ft. plot size. This Super Speciality Hospital caters to the healthcare requirements of North, North-West Delhi & Eastern parts of Haryana and is backed by state-of-the-art medical equipments along with emergency & intensive care infrastructure.

Max Super Speciality Hospital, Shalimar Bagh is a centrally air-conditioned hospital with a total bed capacity of 300 beds. The hospital has NABH, NABL accreditation for blood bank and has also D L Shah National Award on 'Economics of Quality', JCIA, ISO 9001:2008 MSSH is designed to provide highest level of professional expertise and world class care in Comprehensive Cardiac Sciences, Minimal Access, Metabolic & Bariatric Surgery, Neurosciences, Orthopaedics & Joint Replacement, Trauma & Critical Care, Urological Services and all Support Specialties.

Max Healthcare is the only healthcare provider in India with 5 LEED India- Gold rated Green Hospital which is certified by Indian Green Building Council (IGBC).

Vision-Mission Model-

Mission:

- Create exceptional standards of Medical & Service Excellence
- Care provider of FIRST CHOICE
- Principal choice for physicians
- Ethical practices
- Create International Centre of Excellence for select Super Specialties Safety- Patient, Customer, Staff

Vision:

Deliver international class healthcare with a total service focus, by creating an institution committed to the highest standards of medical and service excellence, patient care, scientific knowledge, research and medical education.

Goal:

- Profitable without profiteering
- Seamless linkage between secondary and tertiary care

Team leaders Pan Max Healthcare-

- **Chairman-** Mr. Analjit Singh
- **Director Sales & Marketing-** Mr. Anil Vinayak
- **Senior Vice President, Human Resources-** Ms. Malvika Varma
- **Director Service Excellence-** Ms. Shubhra Banarjee
- **Chief Financial officer-** Mr . Yogesh Sareen

DEPARTMENTAL REPORT

OUT PATIENT DEPARTMENT

(i) Location- Ground floor (OPD A and B)

(ii) Number of consult chambers

- **A wing-** 12; **B wing-** 9

(iii) OPD timings- 10:00 am to 3:00 pm

(iv) Number of other rooms like procedure rooms, refraction, etc- 2

(v) Waiting area- present on ground floor close to OPD- A Wing

(vi) Sitting capacity- 40

(vii) Facilities-

- **A Wing-** Orthopedics, Dermatology, Podiatry, Internal Medicine, Pediatric Surgery, Plastic Surgery, Urology, Obs. & Gynecology, Surgical Oncology, General Surgery, Gastroenterology, Pediatrics, Minimal access metabolic & Bariatric surgery, Gynae Mas
- **B Wing-** ENT, Ophthalmology, Mental health & Behavioral Sciences, Medical Oncology, Nephrology, Neurological Sciences, Dental, Radiation Oncology, Pulmonology, Endocrinology

(viii) Number of front desks- 2 in each wing

(ix) Appointment system- Online, Telephonic and Walk-in

(x) Retrieval of records- Retrieval by patients Max ID

(xi) Number of OPD/day- 300 to 350 per day

(xii) Manpower with hierarchy- OPD Incharge (Ms. Mukta), Duty Manager (Ms. Neha), Patient Care Coordinators (15)

(xiii) Day care procedures- routinely procedures like cholecystectomy, cataract, hernia, dialysis, medical oncology, etc are done

CARDIO VASCULAR DIAGNOSTIC

(i) Location- Ground floor

(ii) Manpower with hierarchy- 1 Non Invasive doctor (Dr. Hans Jain), 2 senior technicians, 1 GDA

(iii) Equipments- ECG machine (1), ECHO machine (3- 2 are moving for bed side ECHO), TMT (1), Haulter (2)

(iv) Number of procedures- ECG – 40 per day, ECHO – 15-20 per day, Stress ECHO – 4 per day, TMT – 5-10 per day, Haulter - 7-10 per month

(v) Turn Around Time- ECG – 15 min, ECHO & TMT – 30 min, Stress ECHO 1 hour

(vi) Cath Lab-

- Located on first floor
- Mainly for Angiography, Angioplasty, CAG, PTCA etc
- Hierarchy: Head- Dr. Tripathi, Senior Doctors (2), Junior Residents (2), Distal Surface Angiographist (1), Technicians (4), Nurses (7), GDA (3)
- Per day procedures and tariff: Angiography- 3 to 4 and is of 13,000/- Angioplasty- 2 to 3 and is of 95,000/- depending upon stent

ENDOSCOPY

- **(i) Location-** 1st floor
- **(ii) Manpower with hierarchy-** 1 HOD (Dr. Upadhayay), 1 Senior Consultant (Dr. Gupta), 1 Senior Resident (Dr. Karan), 1 Medical Service Coordinator (Ms. Geetanjali), 1 Nurse, 1 Technician, 1 GDA
- **(iii) Process Flow-** Patient comes after consultation ⟶ goes to changing room ⟶ Preparation of the patient ⟶ Procedure room ⟶ observation room ⟶ sent back
- **(iv) Equipments-** 2 machines (3 endoscopes, 2 colonoscopes, 1 duodenoscope)
- **(v) Number of procedure per day-** 15-16
- **(vi) Time/tariff per procedure-** Total procedure of endoscopy is half hour and tariff is 2450/- and 150/- for registration. Total procedure for colonoscopy is 3 hour and tariff is 4775/- and 150/- for registration.

DIALYSIS

- **(i) Location-** 2nd Floor
- **(ii) Manpower with hierarchy-** Head (Dr. Ankur), Sr. Consultant (Dr. Sonia), 6 Staff nurses (3 sisters, 3 brothers), 4 Technicians, 1 Front office staff, 1 GDA
- **(iii) No. of dialysis machines-** 6
- **(iv) Dialysis per day**- 20-22, **Duration per procedure-** 4 hours
- **(v) Facilities-** Dialysis (SLUD and CRRT done in ICUs)
- **(vi) Tariff-** Single use 2650/-, Reuse 2050/-
- **(vii) Medicine & Consumables-** Dialyzer, dialysis line, central line, AV fistula, normal saline, Heparin, Relinin (for reuse procedures), Potassium free solution A & B, weekly Iron & Erythropoietin therapy.
- **(viii) Duty Rosters-** Morning 8 hourly- Evening 6 hourly- Night 12 hourly

BLOOD BANK

- **(i) Location-** 2nd floor
- **(ii) Process flow-** Donor registration ⟶ Medical Screening (WHO/ NACO guidelines) ⟶ Phlebotomy (collection of 350-450 ml of blood depending on the weight of the donor) ⟶ Checking for donor reactions ⟶ Donor refreshments
- **(iii) Processing of the blood-** consists of two parts:
  First, Testing that comprises of Blood grouping-antigen testing and infectious markers. Second, Component preperation where plasma, platelets and packed cells are extracted and stored.
- **(iv) Issuing of the blood-** Blood component request form (along with blood sample) ⟶ Testing for grouping and cross matching ⟶ Issuing by giving printed issue note ⟶ Reporting of all transfusion reactions (whether present or not)
- **(v) Equipments & Temperature maintained-** Component extractor (1); Platelet agitator (2); Deep freezer (2)- minus 86 degree Celsius; PRC fridges (2)- 4 degree Celsius; Cryo precipitator (2)- minus 4 degree Celsius; Automatic immune- hematology analyzers (1); Cell separator (1)- for Apheresis
- **(vi) License-** Drug & Cosmetic Act: Form 27(C)

(vii) **Manpower with hierarchy-** Senior Consultant (Dr. Ajju Agnihotri), Supervisor (1), Technician (4), Nurse (1), Receptionist (1), GDA (1)

PATHOLOGY

(i) **Location-** 3rd floor

(ii) **Manpower with hierarchy-** 3 doctors (Head Dr. Pooja Bhasin), 1 Lab Manager, 1 Lab Supervisor, 1 Quality Control Manager, 13 Lab Technicians, 3 GDA

(iii) **Sample collection and receiving-** For OPD, at ground floor in the sample collection room from 8am to 8pm, For IPD, it comes from wards or ICUs, the service is 24 hours available

(iv) **Report collection-** For OPD, it is done from OPD-A wing
For IPD, there is computerized patient record system where doctors can access all the reports

(v) **Procedures per day- Biochemistry –** 100 tests**, Hematology –** 100-150, **Urine Analysis –** 40, **Microbiology** – 15-20

RADIOLOGY/ IMAGING SERVICES

(i) **Location-** Ground floor

(ii) **Equipments -**

- X-ray machine, Ultrasound machine, CT Scan, MRI machine, Mammography machine, Fluoroscopy machine.

(iii) **Number of procedures per day- X-ray**: 30-40, **Ultrasound**: 35-45, **CT scan**: 14-15, MRI: 10-8, **Mammography**: 4-5, **Fluoroscopy**: 1-2

(iv) **Turn Around Time-** 15 to 30 minutes

(v) **Manpower with Hierarchy-** Head (Dr. Rajeev), Senior Consultants (2), Technicians (10), GDA (6)- 3 males and 3 females- 2 for ultrasonography and one for dispatching

(vi) **Nuclear medicine-**

- Headed by Dr. Anupam Gaba (Nuclear Medicine Physician), Dr. Owais (Nuclear Medicine Physicist & Radiation Safety Officer), 1 Nurse, 1 GDA
- **Procedure:** Mostly appointment based and uses Technicium 99M whose T1/2 is around 6 hours. Used here for diagnosis only. One machine present (GAMA camera)
- **License:** Atomic Energy Regulatory Board

IN- PATIENT DEPARTMENT

(i) **Location-** 5th-9th floor

(ii) **Bed types and Charges-**

S.no.	Bed Type	Bed Charges/ day (Rs.)	Physician/Surgeon Charges per visit (Rs.)	Intensivist Charges (Rs.)
1.	VIP Suite	1000	1400	
2.	Classic Deluxe	8000	1100	
3.	Single Room	6000	850	
4.	Double Room	4000	750	
5.	Economy	2750	600	

6.	Day Care	2000	750	
7.	ICU/ICCU/SICU/ CTVS	9000	850	850/visit
8.	HDU	4000	750	650/visit
9.	NICU (I, II, III)	2250-4000	1750-2700/day	
10.	PICU (I, II, III)	3000-4000	2500-3600/day	

- One time charge of Dietician of Rs 300/- for all inpatients except those of PSUs
- One time charge of Home Care Visit of Rs 500/- & Rs. 750/- for all patients.

(iii) **Nursing Station-** There are two wings: A and B. Each wing has a central nursing station with nursing desks, computer systems, cupboards, White board (where details of each patient is mentioned), monitor system (for receiving calling bells from patient). Each wing comprises of 21 rooms. In the cupboard all the life saving and emergency drugs including day to day consumables are kept.

(iv) **Record keeping-** All the records of in-patients are maintained in electronic health records including paper files for each.

(v) **Arrangement of beds-** There is an open system in the arrangement of beds on each floor in cases of wards. For ICUs they are specialty wise like neonatal, surgical, pulmonary, medical, nuero, cardiac, respiratory, etc

(vi) **Manpower with Hierarchy-** IPD Head (Ms. Ruchi), Duty Manager (Ms. Shweta), 2 Patient Care Executives, 20 Patient Care Coordinators, 3 GDA

(vii) **Daily/weekly volume-** 30 to 35 per day

(viii) **Process flow-** Patient is advised for admission by Consultant ⟶ Front office asks for details regarding the room category from the patient or attendants ⟶ admission intimation is send to the respective floor nursing station⟶ Housekeeping prepares the room⟶patient gets admitted

(ix) **Medicines for patient and return-** Pharmacy department sends all the medicines required for next 24 hours each day floor wise and the return of the medicine is each day from 10pm-12am

(x) **Discharge-** Discharge process takes approximately 3 hours from the time of receiving intimation from the Nurse Station. In TPA cases, discharge gets extended.

(xi) **Visiting hours and Visitor policy-**

- Visiting hours: **Wards**- Morning (11am-1pm); Evening (4pm-7pm)
  ICUs/HDUs- Morning (11:30am-12noon); Evening (5pm-5:30pm)
- **Visiting policies:**
  - Mandatory to carry attendant pass while visiting patient in the room
  - Only one attendant allowed to stay with patient at night
  - A maximum of 2 people per patient are allowed to visit
  - Children below 12 years are not allowed to visit the patient
  - Flowers and food from home are not allowed to be taken in patient rooms
  - Use of tobacco is strictly prohibited in the premises
  - Arms and ammunition of any form are strictly prohibited in the hospital (except for Armed Forces personnel & authorized Govt. security officials)

OPERTAION THEATRE

(i) **Location-** 1st floor

(ii) **Number of OTs-** 6

(iii) **Types of OTs-** Neuro(1); Uro(1); Ortho(1); Cardio(1); Gen. Surgery(2)

(iv) **Pre Op and Post Op area and beds-** separate common room for both pre and post op consisting of 8 beds

(v) **Daily volume-** 15 to 20 per day

(vi) **Manpower with Hierarchy-** 10 doctors, 23 Nurses and 8 Technicians
Dr. Dhirja Sharma (Head); Dr. Puneet & Dr. Akhil (Attending Consultants)

(vii) **Duty Rosters-**

- Doctors- 9am to 5pm and 5pm to 10am (General shift: 8am to 4pm)
- Nursing- 8am to 4:30pm; 12pm to 8:30pm; 8pm to 8am

(viii) **HEPA filters-** Total 5 (4 at each corner and one on the ceiling)

(ix) **Temperature-**

- **Uro**- 20 to 22 degree Celsius, **Ortho**- 16 to 17 degree Celsius, **General & Cardio**- 18 to 20 degree Celsius

(x) **TAT-** 30 minutes

INTENSIVE CARE UNIT

(i) **Location-** 2nd floor

(ii) **Type and number of beds-** Surgical ICU (8), Neonatal ICU (14), Neuro ICU (8), Pulmonary ICU (8), Medical ICU (10), Apex CCU (8), CTVS (8), HDU (8)

(iii) **Isolation beds-** One in each ICU

(iv) **Open or cubicle-** half wooden glass partition in between each bed

(v) **Number of ventilators-** around 30

EMERGENCY SERVICES

(i) Location- Ground floor

(ii) Manpower with Hierarchy- Dr. Kishalay Datta (Head Emergency Medicine), 3 Senior Consultants, 6 nurses, 2 GDA

(iii) Duty roster- 2 shifts (9am-5pm and 5pm-9am)

(iv)Flow chart- Patient directly comes to Emergency department ⟶ first aid given ⟶ Patient is stabilized and monitored ⟶ Billing procedure ⟶ discharged/admitted.

(v) Number of beds- 6 (and 6 in Resuscitation room; used in cases of mass accidents or disasters). Universal Triage Coding is followed.

(vi) Tariff-

- Emergency room charge: 500/-
- Emergency Medical Officer charge: 300/-
- SR/JR charge: 300/- (8am-10pm)
  500/- (10pm-8am)

(vii) Ambulance services-

- Control of the ambulance fleet is centralized at the Emergency Base Station.
- Ambulance number- 011 4055 4055
- Type of ambulance- 1 BLS and 1 ACLS
- Staff and tariff- as per the condition of the patient informed, the staff goes. In case of serious traumatic conditions, doctor accompanies in ACLS and tariff is around 1500-2000/-

MEDICAL RECORD

(i) Types of medical record- Both Paper and Electronic medical record

(ii) Retention period- 5 years (for all cases), Forever (for medico-legal cases)

(iii) Arrangement of medical records- by patient IP number in steel open shelves.

(iii) Retrieval policy- The patients/ attendants have to submit an application along with an identity proof to retrieve any content of the record

HUMAN RESOURCE

(i) **Manpower with Hierarchy -** Head (Ms. Sweety Singh), Executives (Ms. Pallavi Singh and Mr. Aditya), 1 GDA

(ii) **Recruitment process-** Recruitment in Max Healthcare is done through various channels like; Internal recruitment, External recruitment, Referral, Online agency

(iii) **Performance appraisal-** Performance appraisal is designed on different parameter for different categories (Clinical, Nursing, Paramedical and Support Staff) which is filled by employees first to rate themselves (Self Appraisal) and then the same appraisal is filled by their immediate supervisor/HOD to finalize it.

(iv) **Employee rewards / appreciation systems-** There are various reward and recognition programs in place. A set number of employees are identified from each category in every quarter and awarded for their exemplary performance. There are other informal practices in place where the department head recognizes the good work done by their team members and applaud them with thank you cards/applaud cards etc.

(v) **Exit Interview-** Every departing employee meets-up with the HR representative for the exit interview and also fills up an online form available. A form of exit interview is available on the software which is especially designed for employees with their own ID and login password.

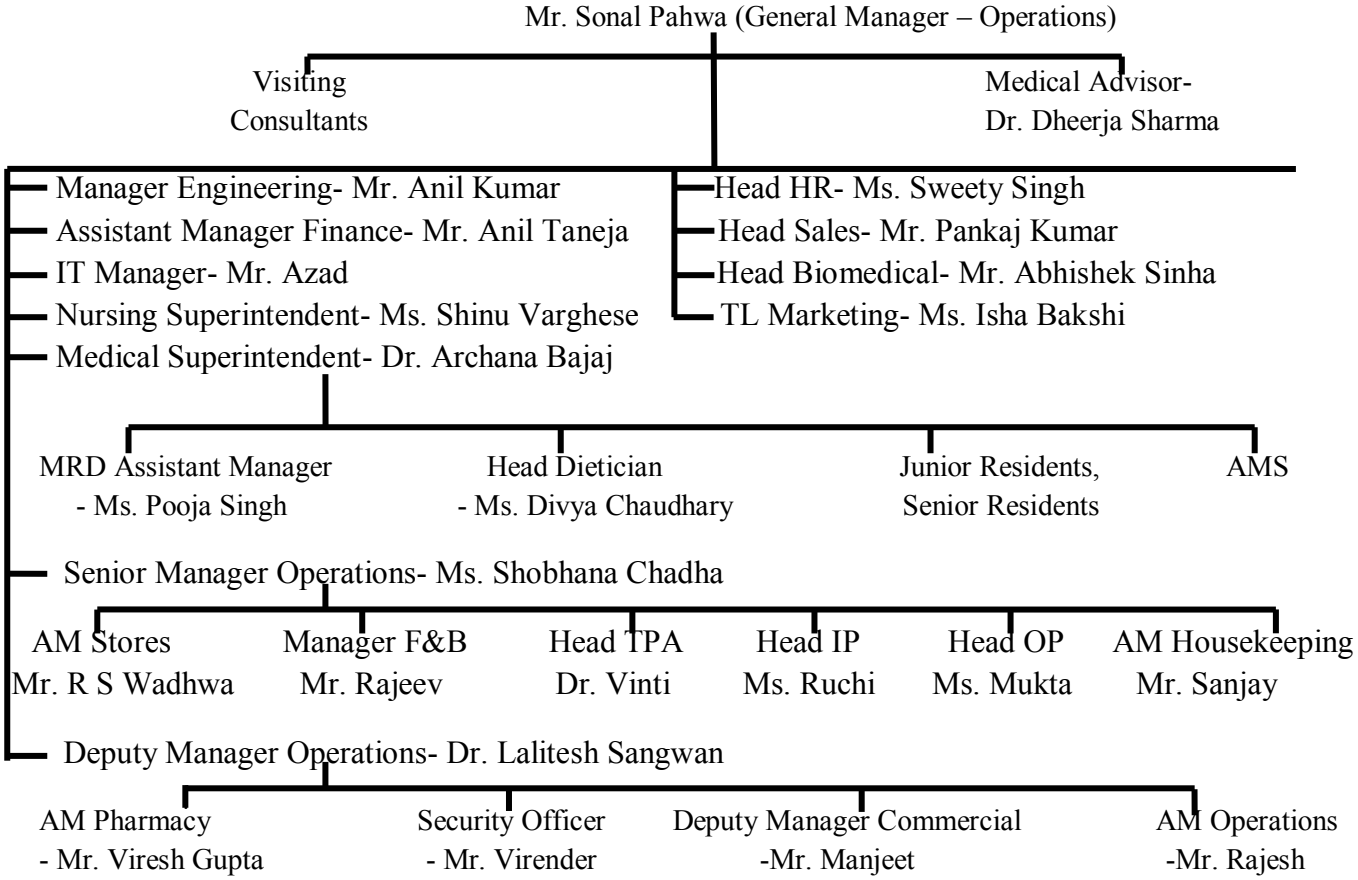
(vi) **Employee rights-** Every Employee shall be privileged to the right-

- To be aware of the hospital wide policies.
- To avail the benefits being extended by the organization.
- If any one believes that he/she has been the victim of harassment, or knows of another employee who has, the right to report it immediately to the HR department.
- To be treated considerately and respectfully, and not discriminated on the basis of caste, religion, sex or socio-economic background.
- To be entitled to the terms and conditions as specified in the appointment letter.

(vii) **Grievance handling-** Consist of:

Escalation level	**Authority**
1st Level	Supervisor
2nd Level	Skip Level Manager
3rd Level	HOD / Unit HR / Zonal HR / Unit Head/ any member of Senior Management Team
4th Level	**Grievance Resolution Committee Members:** • Head of HR - Pan Max Healthcare • Clinical Director - Pan Max Healthcare • Head of Operations - Pan Max Healthcare

(viii) Organization Hierarchy



MARKETING

(i) **Location**- 4th floor in administration block

(ii) **Manpower with hierarchy**- 1 General Manager Operations (Head), Sales Head (Mr. Pankaj Kumar), Marketing Head (Ms. Isha Bakshi), 7 Executives, 1 GDA

(iii) **Promotional activities-** Commonly performed promotional activities are,

- Camps- Health checkup camps, Camps for brand visibility etc.
- Talks
- Internal & external activities
- Campaigns- For larger period, this is basically the revenue generation activity.

(iv) **Advertisement-** Advertisement of hospital include many ways like, Hoarding, Newspaper, Consultant interviews/promotion

HOUSE KEEPING

(i) Manpower with Hierarchy – Head (Mr. Sanjay Malviya), Second command (Mr. Omprakash), 11 supervisor, 218 team members (housekeepers and GDA)

(ii) Outsourced / In-house- Housekeeping is outsourced in the organization by 'Ever Shine' and GDA is outsourced by 'Shine & standards'.

(iii) Laundry – Laundry is also outsourced in the organization (central laundry in Okhla)

(iv) Bio medical waste Management– Outsourced by 'Biotech'. The average waste is around 45000 kg/month.

DIETRY

(i) **Dietician-** Permanent: 3 and Outsourced: 2
OPD consultation by the Head- Dietician Divya Chaudhary (9am-5pm)
IPD consultation by Permanent Staff (Timings: 7:30am-7pm)

(ii) **Cafeteria facility for staff, patients and nurses-** For employees- Medirest'.
For the attendents- Wholefoods, Café coffee day, Sagar Ratna cafeteria, Nashta Pani (Waiting lounge) in the ground floor

(iii) **Kitchen-** located on third floor close to the mess.

(iv) **Diet flow procedure for different patients-** The patients are assessed everyday by the dieticians in- charge in their duty rounds. They make diet chart for each patient and then forward it to the kitchen department.

MAINTAINENCE (Engineering)

(i) **Manpower with Hierarchy-**Manager Engineer (Mr. Anil Kumar), Maintenance Engineer (Mr. Manoj), 3 Shift Engineer, 1 Fire Officer

(ii) **Outsourced / In-house-** 6 employees in the hospital are on roll and 31 technicians with 4 for STP maintenance are outsourced.

(iii) **Generator -** There are two generators, each with power 750 KVA.

(iv) **UPS –** There are three UPS in the hospital with 120KV.
MRI, CT and Cath Lab have separate electronic control.

(v) **RO water –** Commercial RO which purify 18000 liter water per hour

(vi) **Maintenance Log book-** Maintenance log book is maintained for every system separately. This is updated on the monthly/weekly basis as required.

(vii) **Water tanks-** Water supply in the hospital is through Boring water with 100-200 liter water consumption per day. The hospital has over all 6 water tanks with 6 lakh liter storage capacity.

MEDICAL GASES

(i) **Manifold room-** located on upper basement area

(ii) **Color Coding-** follow European Standard:
- Oxygen – Yellow pipe line with white band.
- Nitrous Oxide – Yellow pipe line with blue band.
- Compressed air-4 bar – Sky Blue pipe line with black & white band.
- Compressed air-7 bar – Sky Blue pipe line with black white black band.
- Vacuum – Sky Blue pipe line with yellow band.
- Carbon Dioxide – Yellow pipe line with grey band.
- AGSS – Yellow pipe line with sky blue and dark yellow band.

(iii) **Different gases at different department- It include,**
- OT – Oxygen, 4 bar compressed medical air and 7 bar compressed medical air, nitrous oxide, carbon dioxide, vacuum, AGSS (Anesthetic Gas Scavenging System)
- ICU- Oxygen, Carbon dioxide, Suction
- Ward- Oxygen, Suction
- Dental- Suction

OPERATIONS & QUALITY

(i) **Hierarchy-** General Manager- Mr. Sonal Pahwa, Senior Manager- Ms. Shobhna Chadha**,** Deputy Manager- Dr. Lalitesh Sangwan, Manager (IPD- Ms. Ruchi, OPD- Ms. Mukta, TPA- Dr. Vinti)

(ii) **Committees in the hospital-** 9 committees Infection control, Mortality, Medical Audit, Blood transfusions, OT & ICU users, Code Blue, Risk Management, Ethics, Drug and Therapeutics

(iii) **Mission**

To be the hospital of first choice for key specialties in the region by:

- Engaging the finest medical & non medical talent across specialties and their sub specialties
- Offering the gamut of sub specialization
- Affordable healthcare
- Transparency of treatment to our stakeholders and clients
- Best patient care

SUPPLY CHAIN MANAGEMENT (LSS & Commercial)

Local Supply Store

(i) **Location-** Upper basement area

(ii) **Manpower with hierarchy-** Head (Mr. R S Vadhwa), 2 Executives, 2 team members, 3 in OT

(iii) **Storing-** All the materials are stored in the shelf named in alphabetical way.

(iv) **Issuing-** Request from different departments are made to LSS department regarding the required material, LSS then check the available stock and issue it under the mane of particular department. In case if stock is not available, the department prepare an indent to the central supply (Okhla).

(v) **Stock check-** In every six month stock is being checked, in which they maintain the ratio of 70%-30%. Focus is usually made on heavy consumables.

(vi) **Inventory Management**- Every stock is checked in three months for expiry. In case the stock is getting expired within three month they are kept under first consumables. The policy of FIFO is followed.

Commercial

(i) **Location-** 4th floor administration block

(ii) **Manpower with hierarchy -** Head (Dr. Lalitesh Sangwan), 2 Executives (Mr. Prashant and Mr. Mandeep)

(iii) **Process flow-** It consist of three parts, Purchase order, Contract, AMC/CMC**.**

PHARMACY

(i) **Manpower with hierarchy-** Senior Pharmacist (Mr. Vinod Kumar), Executive Pharmacist (Mr. Vikrant), 8 Pharmacist

(ii) **Purchase –** Purchase in pharmacy is all centralized from corporate office (Okhla).

(iii) **Storing –** In storage medicine are placed both in molecule wise and in alphabetical order.

(iv) **Inventory management –** There is a separate section for the expired drugs. After every three months the expired drugs are removed.

(v) Narcotic drugs – There is a separate register maintained for narcotics drugs and have double key lock system for all such drugs.

(vi) Look alike and sound alike drugs –SALA drugs are kept in separate sections.

(vii) Licenses – License of medicine is maintained by corporate office in Okhla.

CSSD

(i) Flow chart- Receiving counter⟶ Check list⟶ washing with air/water gun⟶ Washer disinfector⟶ sorting out⟶Wrapped in cloth ⟶ Wrapped in SMS paper and taped with autoclave tape ⟶ Steam sterilization/Chemical sterilization.

(ii) Autoclaving- Two steam sterilizers of 40-45 min cycle and 134 degree Celsius, 1 Chemical sterilizer that uses ethylene trioxide.

(iii) Auto reader (3M) - There is a Biological Indicator Test that should give a negative result, depicting that the process of sterilization is correct and the instruments can be used.

(iv) Manpower & Hierarchy- 6 (Head- Mr. Bhagwat Arya, 5 Technicians and 3 GDA)

(v) Dispensing – Separate sterilization room where sterilized materials are kept and dispensing is done through a window and timings are 9-11 AM and 3-5 PM.

SECURITY

(i) Hierarchy- Head- Mr. Virendra Sehrawat, Officer Security, Assistant Officer, Supervisor (2), Security Assistant (2), 60 outsourced by 'Ghibblines Solutions'

(ii) Duty roster- 7AM-3PM, 1PM-9PM, 9PM-7AM

(iii)Code committees- There are 6 codes,

- **Code Black -** Bomb threat/ terrorist attack
- **Code Yellow –** External disasters
- **Code Blue –** Cardiac arrest
- **Code Red –** Fire
- **Code Pink –** Missing patients
- **Code Purple –** Violent patients/ attendants

CONCLUSIVE LEARNING, LIMITATIONS AND SUGGESTIONS FOR IMPROVEMENTS

Max healthcare has immensely helped to know about the overall functioning of the hospital, the inter-linking of various departments and how the process flow. There were around 16 administrative departments and 19 clinical departments in the hospital, which helped us to grasp the relevant information and required knowledge

Limitations:

The hospital sector is a complex network with multiple functioning and busy schedule time constrain was a very important factor while learning about the hospital. Access to most of the areas in the hospital was restricted due to hospitals strict policies. Similarly, the sharing of detailed information was also prohibited.

Suggestions for improvements:

- Though the administrative department is located on the same floor yet there is need for separate distinctions among the various departments.
- Focus on retention policy need to be improvised due to high attrition rate in some of the departments.
- Wards in each floor should be separated speciality wise, this may lead to ease of working for doctors.
- Special attention is required by the housekeeping department on the floors where there is maximum patient flow.
- Some better mode of transport facility from the nearest metro station can be made available for patient and attendants.
- More of internal marketing of the hospital can be considered.

ATTRITION ANALYSIS AMONG STAFF NURSES AND ITS IMPACT ON HOSPITAL

Introduction

The Indian healthcare industry experiences the exponential growth due to which hospital organisations are shifting their focus from 'survival' to excellence. As a result, need for excellent manpower is now indispensable. With lucrative offers at each employee's disposal, attrition is bound to happen. In addition to this, there is a big demand and supply gap in the healthcare manpower available. In 2009 report, a leading business magazine mentioned that by 2012 there will be shortage of 5,00,000 doctors and 10,00,000 nurses alone in India, whereas Indian medical education capacity is 31,000 per year.[1] This shortage can be seen continuing till date with the increasing rate. No wonder that the cost of manpower resources is increasing by each day. Companies are bidding for good talent and attracting them with tempting salaries and designations. Undoubtedly, for any HR in the healthcare industry, retaining its employees is the need of the hour.

Including all the components the largest single technical group of personnel engaged in patient care in hospital next to doctors are nurses, constituting approximately one-third of hospital manpower. Nursing service is one of the most important components of hospital services that is why the annual turnover rate among staff nurses employed in Hospitals across India is considerably high. No wonder that the cost of manpower resources is increasing by each day. Companies are literally bidding for good talent and attracting them with tempting salaries and designations. Undoubtedly, for any HR in the healthcare industry, retaining its employees is the need of the hour. Similarly replacement of separated nurses is also difficult, costly, and bears directly on the quality of patient care. A comparison was made about attrition rate among public and private hospitals and found that the attrition rate was higher in private hospitals as compared to government hospitals and also found that possible causes for nurses to leave the hospital are lucrative job opportunities, high salaries, better quality of life and also recognition of their profession.[2]

Some of the most common cause of attrition among nurses is:

- Career Opportunities Elsewhere
- Better Compensation /Benefits Package
- Poor Management
- Relocating Spouse/Partner
- Returning to School
- Retirement
- Job Security Fears
- Poor Relationship with Co-workers
- Child Care Issues
- Perceptions of Discrimination Treatment

- Health–related Reasons

Hence this study is proposed to assess the causes and impact in financial terms, of nursing personnel in a tertiary care hospital with their attrition rate and how to deal with the attrition rate among staff nurses.

Literature Review

The in and out movement of employees of an organisation in the beginning or end of an employment contract is said to be employee turnover or attrition. The turnover or attrition can also take place within the organisation when employees are moved between departments, units or sections, promoted, demoted or transferred. It is related to job satisfaction and organisational commitment. The movement of employees out of the organisation or health care institutions results from resignations due to job dissatisfaction, organisation culture or environment, transfers out of the organisational units, discharges, retirement and death.

This review of literature aims to identify the factors with the greatest influence on turnover, the causes of which are a complex mix of both internal and external factors to the organisation. Prescott and Bowen (1993) reported an annual nurse turnover rate of thirty percent in hospitals in a variety of geographical areas.[3] They stated that nursing staff turnover accounts for more than fifty percent of the total turnover of a health care organisation. So to determine an acceptable turnover rate, it is not generally helpful to compare it with the turnover rates from the non-health care organisations.

Attrition among staff nurses

Recruiting and retaining nurses is a point of concern for Indian hospitals. The attrition rate among nurses is the highest, varying from 28 per cent and 35 per cent as compared to the average of 10.1 per cent in healthcare sector attrition rate. Estimates suggest that the nurse to population ratio was 1:1, 264 in India, while it is 1:100-200 in Europe.[4]

Grau L and Chandler B (2012) in their journal stated that high rate of turnover among nurses employed in nursing homes has been associated with not only the low job status and the poor job benefits but also due to quality of the social environment of the nursing home.[5]

India is a country which churns out the highest number of trained nurses in the world and mature nursing professionals are opting out of the system and following growth opportunities. It can be seen

that India has always been the exporter of medical and nursing talent worldwide and now the extra thrust on healthcare development in Middle East and African region is further in process to fuel it.

According to industry estimates, the current day requirement is for about 10.3 lakh nurses and at present, there are more than nine lakhs nurses registered with various nursing councils in India. Goel S.L and Kumar R. in their text book (2004) state that main reason for nurses leaving their noble profession were long working hours of 12 hours shift, overtime, inadequate employee benefits, requirements to work most weekends ,and also on holidays, and being called when an another nurse falls sick.[6]

The disadvantages of turnover outweigh the advantages. According to Gillies (1989), high turnover of nursing service staff is costly in terms of financial expenditure, lowered morale, impaired team functioning and loss of management potential.[7] The total cost of replacing an employee who leaves an institution can be broken down into direct and indirect costs. According to Sullivan and Decker (1985) direct costs are recruitment, selection, hiring and placement costs, costs of formal training, orientation and separation pay.[8] Indirect costs include costs of promotion or transfer from within, cost of trainer's time, loss of efficiency prior to separation and cost of a vacant position during the search.

Although employees who have left are usually replaced by new nurses, it is generally assumed that newly-appointed employees will take a period of six to eight months to become fully efficient in their new workplace. According to Booyens (1999), the higher the turnover rate, the fewer nurses left to tend patients.[8] When a hospital has a high turnover rate, the quality of care rendered to its patients will be compromised, leading to medical and legal risks. An institution that suffers from a high turnover rate will suffer from low staff morale and decreased group cohesiveness. It is widely accepted that the field of health care, and in particular nursing, has one of the highest staff turnover rates in the employment field.

It is widely accepted that the field of health care, and in particular nursing, has one of the highest staff turnover rates in the employment field. Nursing staff turnover is an expensive phenomenon that needs to be properly understood and controlled. The constant heavy losses of recruited qualified nurses from the profession constitute one of the biggest challenges for nursing service managers.

There are other various reasons why there is so much attrition among staff nurses. Some of the finding says, the reasons for increasing attrition rate are the negative factors that nurses faces during work, like

- Lack of orientation
- Inadequate supply of resources

- Inadequate support system
- Family relation getting affected
- No promotional opportunities
- Managers practicing favoritism

The other main factors that affect attrition are:

- High demand of staff nurses in foreign countries
- Limited upside growth in nursing as a career
- Low salary packages
- Family reasons and their wish to migrate
- Organizational culture

One of the studies says, maximum attrition takes place at middle level management, as these are the people who hit the growth ceiling in a very short span of time and find that further growth in the system would be very slow.[10] Also, when the new facilities find it difficult to get the talent among people who has exposure to hospital industry, they try to attract good candidates with better offers.

To decrease employee turnover, the nurse manager should identify the specific causes of personnel turnover and eradicate the individual or institutional stresses that cause personnel to leave their jobs prematurely. Much work has been done in analysing staff turnover. Jones (2005) identified three categories of factors affecting staff turnover [11] viz: Pull, Push and Neutral factors :

Pull Factor-

- More money
- Furtherance of career
- Alternative job opportunities or role

Push Factor-

- Avoiding stress from interpersonal conflict
- Induction stresses
- Pressure from instant shortage of labour
- Changed working requirements
- Deliberate action to reduce staff

Neutral Factor-

- Loss of unstable recruits
- Marriage or family or personal reasons.

The author Finn CP (2001) further stated the following characteristics of staff turnover [12] ;

- decreases as length of service increases
- is higher among females than males
- decreases as skill level increases
- vary with the general level of unemployment.

Operational Definition

Attrition: (In relation with HR) A reduction in staff and employees strength or effectiveness in a company though normal means or pressure, such as retirement and resignation.

Attrition rate in nurses: It is defined as a percentage of employed nurses who leave their jobs over a period of a year. The number of nurses (part-time or full-time) who left the service, and the number of posts filled during a year.

Rationale of study

Attrition in any department affects the overall performance of the organisation. Hence the impact it has on the organisation is: It is costly in terms of financial expenditure, it lowers morale, it impair team functioning, it results in loss of management potential.

An employee takes six-eight month to become fully efficient which create great loss for the organisation. The attrition in the organisation affects two type of costing,

- Direct Costing, which include;
    - Cost of recruitment, selection, hiring and placement.
    - Cost of formal training, orientation and separation pay.
- Indirect cost, which include;
    - Cost of promotion and transfer.
    - Cost of vacant position
    - Loss of efficiency

Research question

The question that delineates the focus of this study is:

What are the factors causing high attrition among staff nurses?

Objective of the study

- To identify the cause of attrition among ex-staff nurses.
- To find out reason of dissatisfaction among current nurses.
- To compare the difference in reasons between ex-staff nurses and current staff nurses.

Research methodology

Type of research: Cross sectional analytical research.

Sampling: Sampling method used for ex-nurses is purposive sampling.

Sample size: 112 nurses left in last one year (Exit interview).

Out of 112, 25 (traceable ex-nurses) for telephonic interview.

Data from hospital - 44 current nurses (reasons of dissatisfaction).

Data collection: Qualitative and quantitative data is collected.

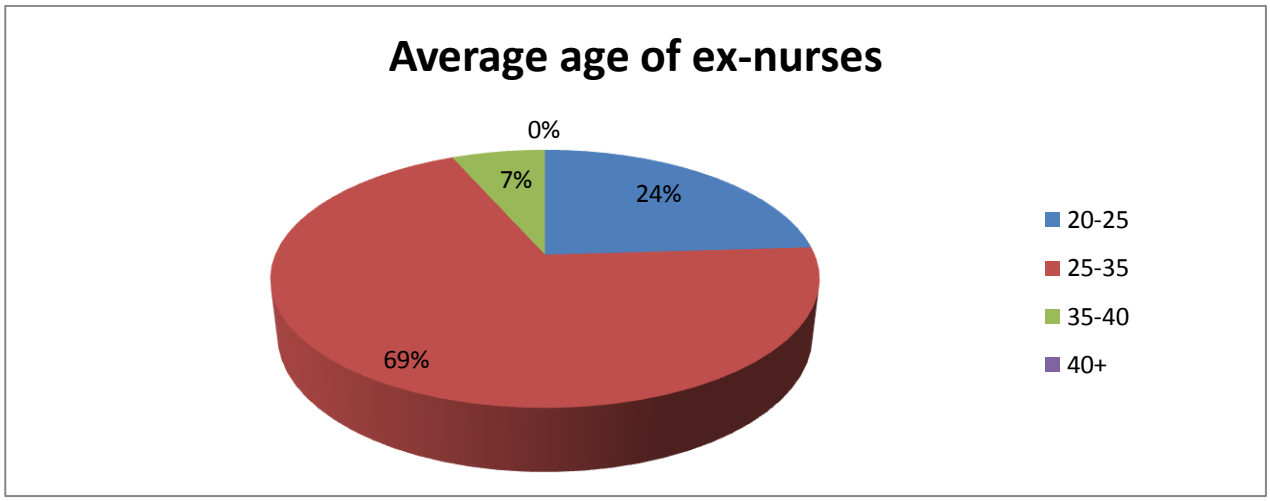
Sstructured and semi-structured questionnaire and telephonic interview is used as data collection tool.

Data analysis: Data is analyzed in MS-Exel through statistical method of percentage.

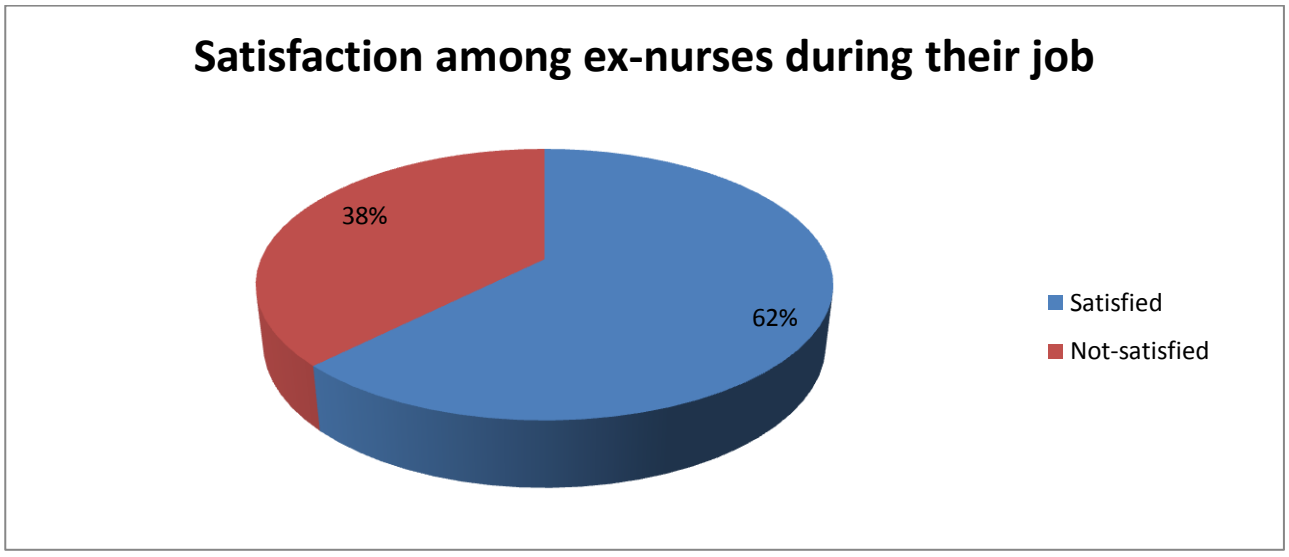
Data compilation, analysis and interpretation

Data collected through primary source (n = 25)

The average age of staff nurses who left the hospital is 25-35 years. Among all the nurses 69% nurses are of this age group and 24% of nurses are of 20-25 age groups. This data shows that the high attrition mainly falls in young age group because at this age nurses are always in search of new opportunities for career growth.

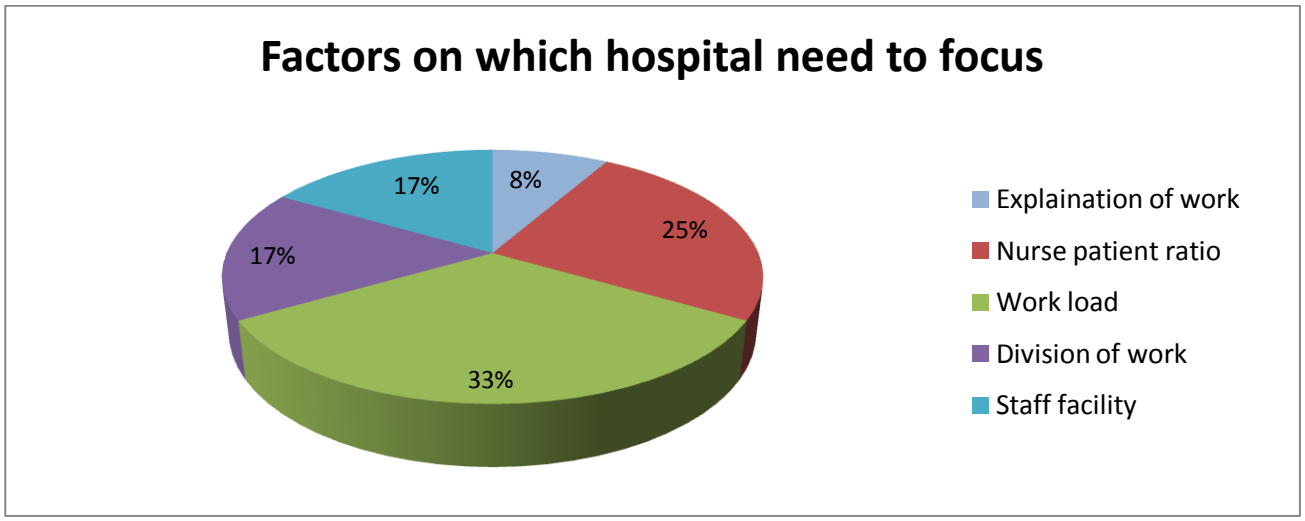


The satisfaction level among staff nurses state that out of all ex-nurses called for telephonic interview 62% were satisfied with their previous job while 38% were not-satisfied.

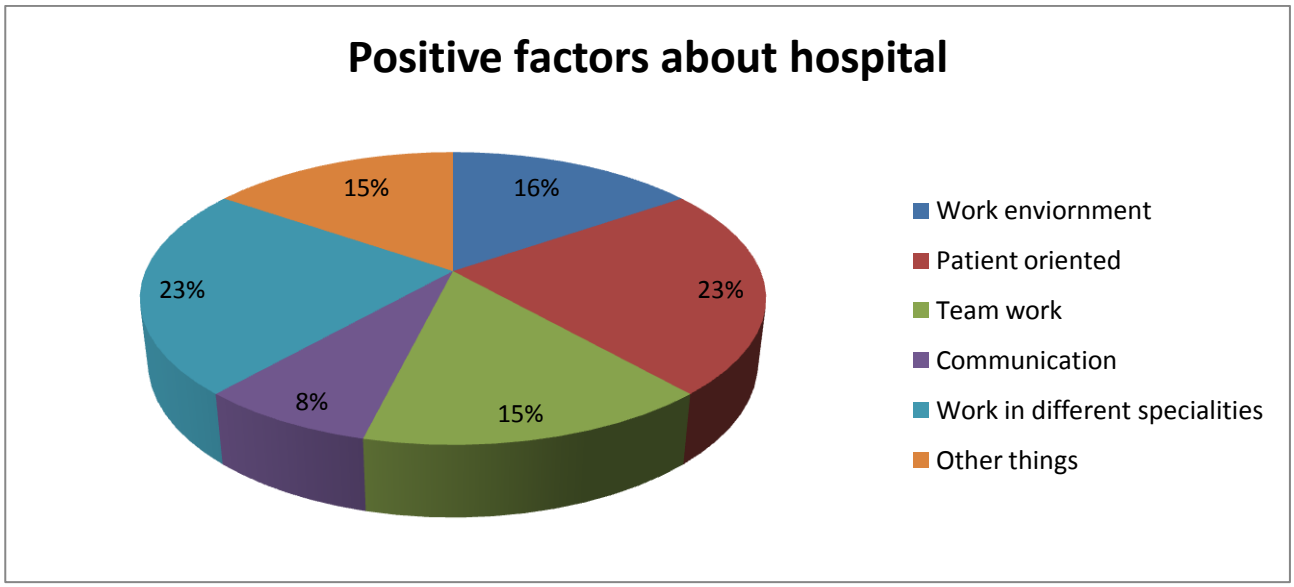


The reason for low satisfaction includes some points where they think hospital need to focus on. Those points were:

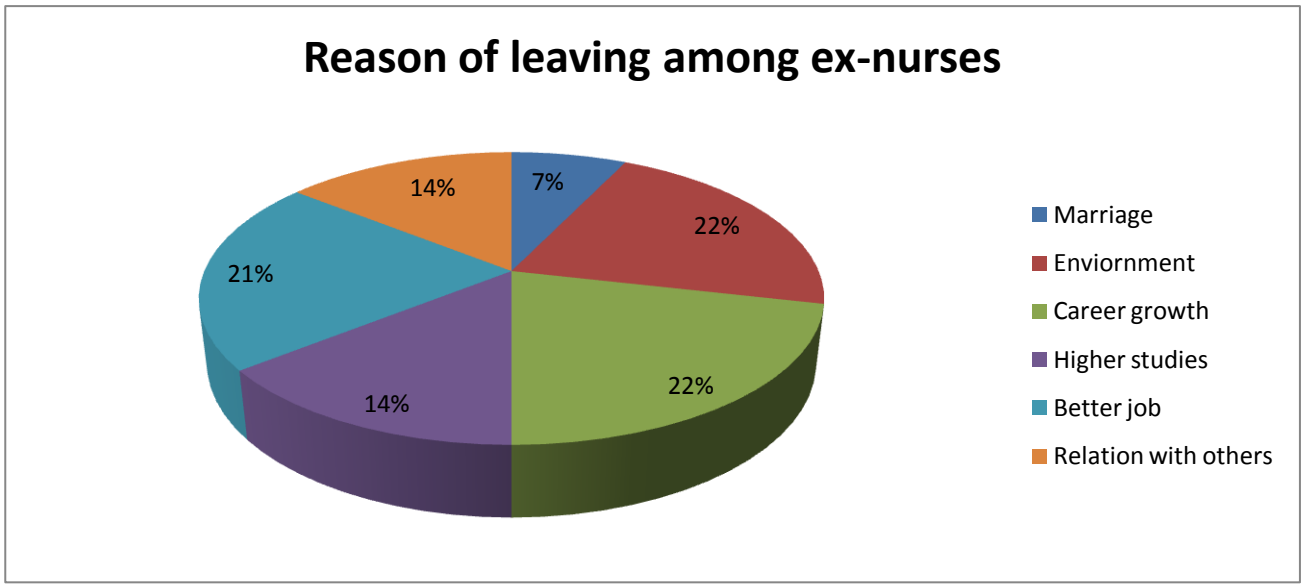
- Explanation of work before giving practical work to new joining nurses/fresher's
- Nurse patient ratio
- Division of work
- Increase in staff so that one person need not to do over timing
- Staff facility also need to be focused then being only patient oriented



The ex-nurses who were satisfied gave following factors that are rated well in the hospital when discussed, majority of nurses said it is highly appreciable that hospital is more patient oriented and has many specialties which provide nurses a chance to learn about working and functioning of different department and specialties.

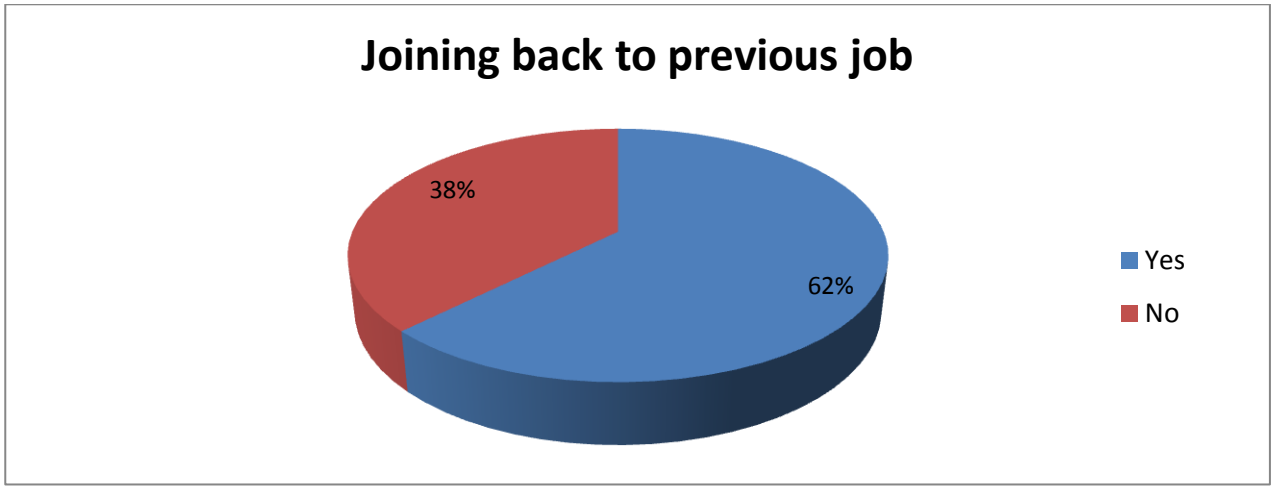


Further, in the data collected from ex-nurses(telephonic interview), following factors can be highlighted behind their reason of leaving:



Majority of ex-nurses mentioned work environment, career growth and better job as the main reason behind leaving the organization. It was recorded that they left the hospital because they were not getting good career growth here and has got better job opportunity somewhere else. Some other reasons in this are followed by:

- Marriage
- Higher studies
- Relation with co-employees and supervisor

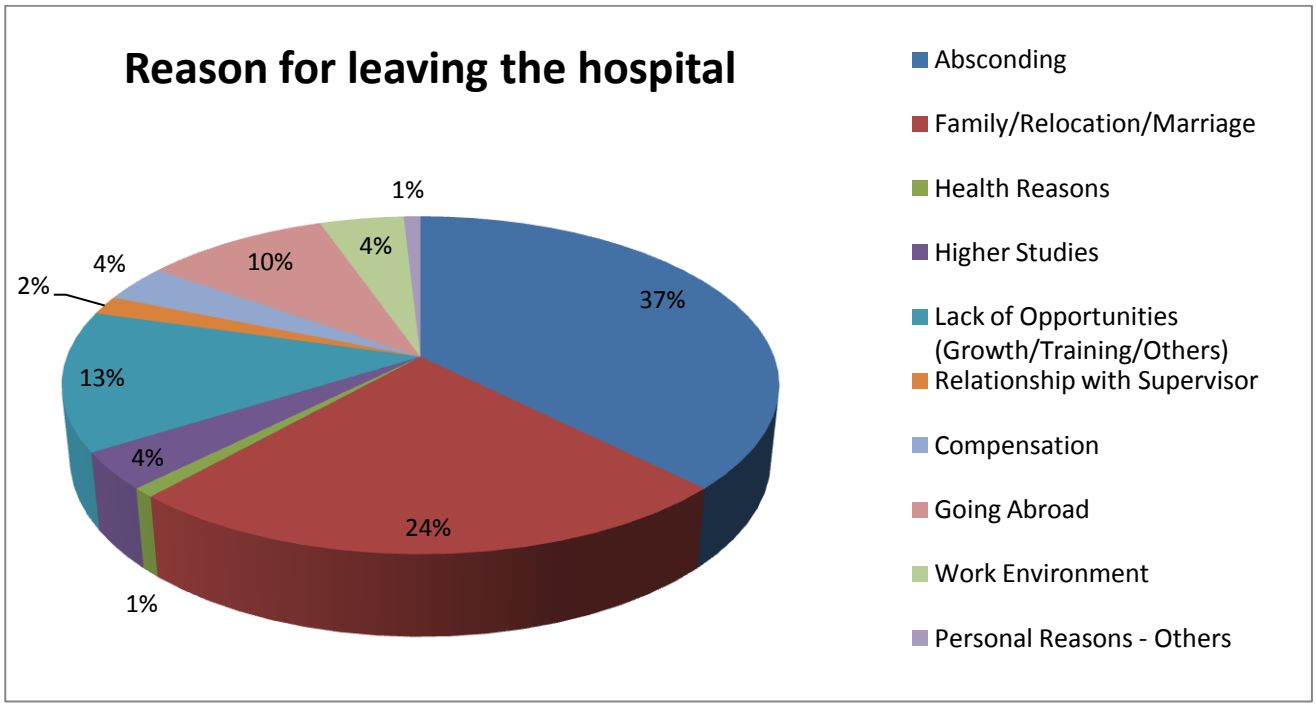


The response towards joining back to previous job was also similar to the response towards satisfaction in ex-nurses. 62% nurses who left were ready to join previous job while 38% who were not satisfied with the job are not ready to join the job again in future.

Data collected through secondary source (exit interview forms) (n = 112)

Hospital has done study on staff nurses and their reason for leaving the hospital. The study is being conducted by collecting data from exit interview forms.

There are certain common reasons among staff nurses for leaving the organization. The data compiled showed following result:



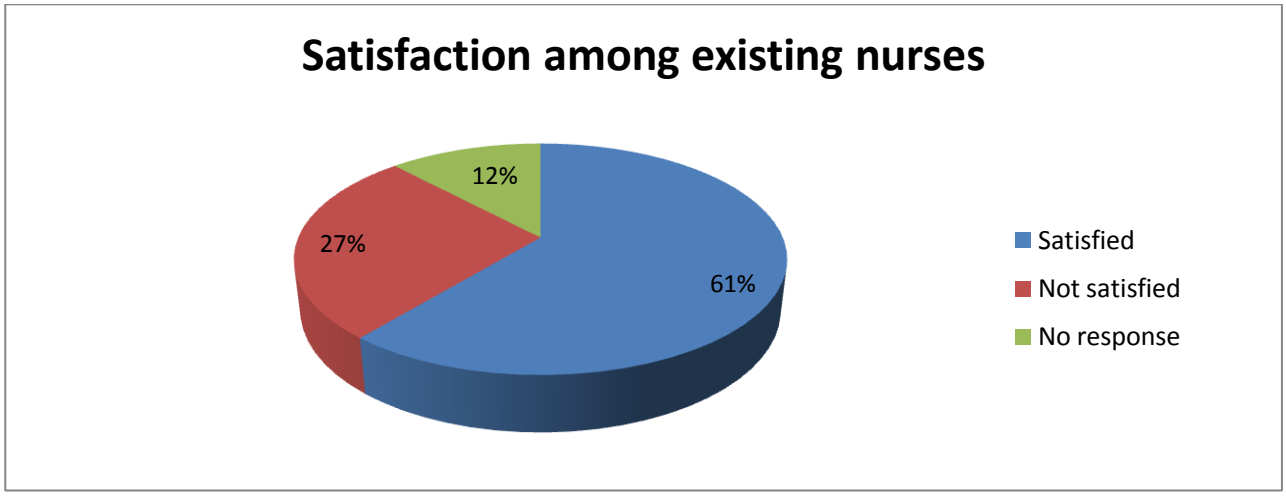
According to the data collected it can be seen that majority of the staff nurses has absconded and left due to family/relocation/marriage. 37% of the nurses has absconded, while 24% nurses left because of family/relocation/marriage rest 39% of the nurses left because of other factors like,

- Health Reasons
- Higher Studies
- Lack of Opportunities (Growth/training/others)
- Relationship with supervisor
- Compensation
- Going abroad
- Work environment
- Personal reasons- others

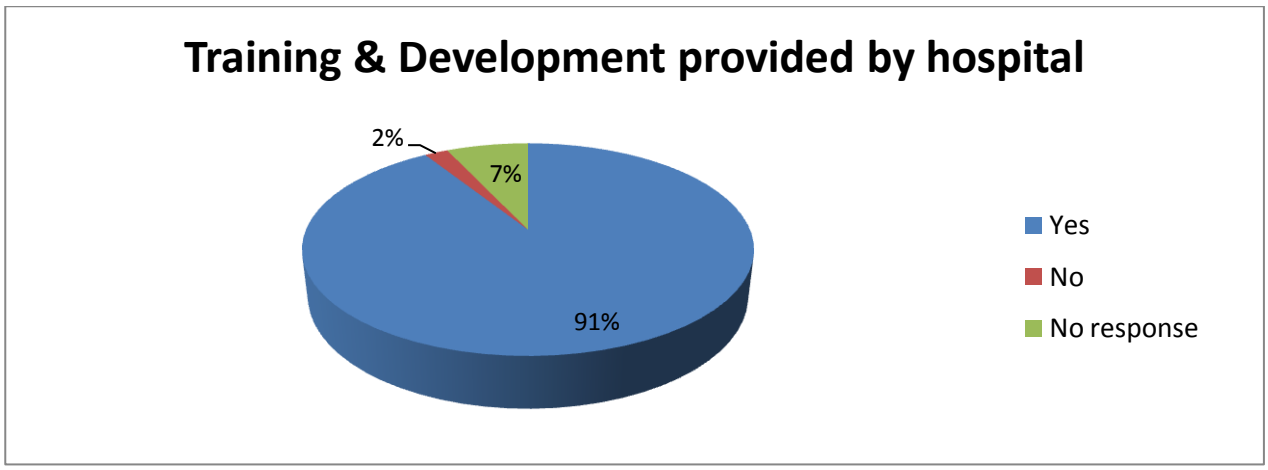
Data collected through secondary source (among existing nurses) (n = 44)

To understand the level of satisfaction and problem faced by existing nurses during their work the hospital has conducted a study based on certain parameters. Some of the main results that came out were:

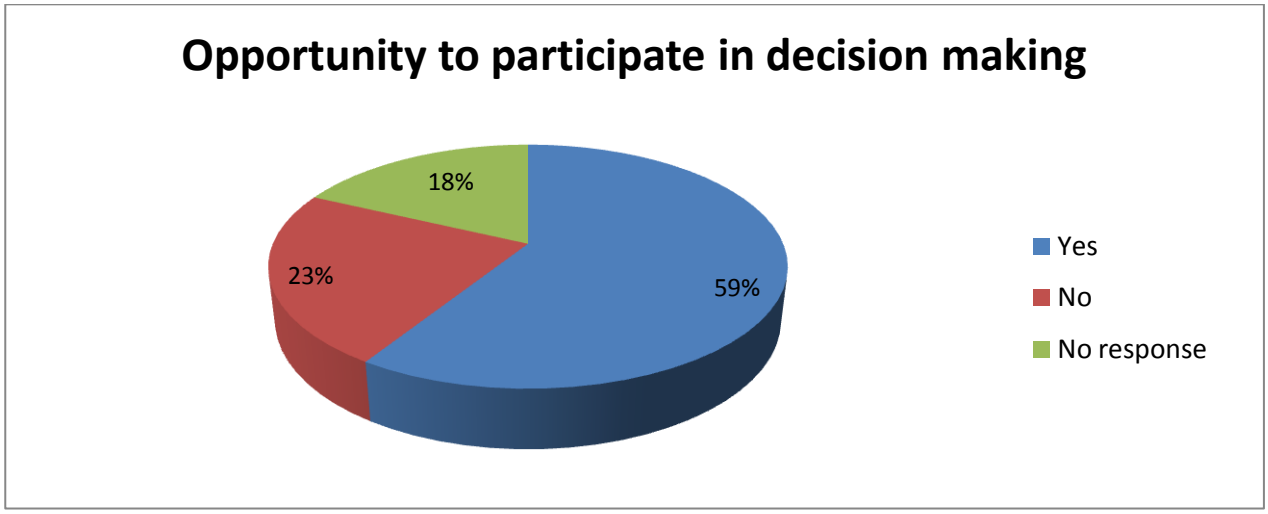
Out of sample size of 44 nurses 61% nurses said they are satisfied with their job while 27% nurses said they are not really satisfied, whereas 12% nurses did not responded to this question.



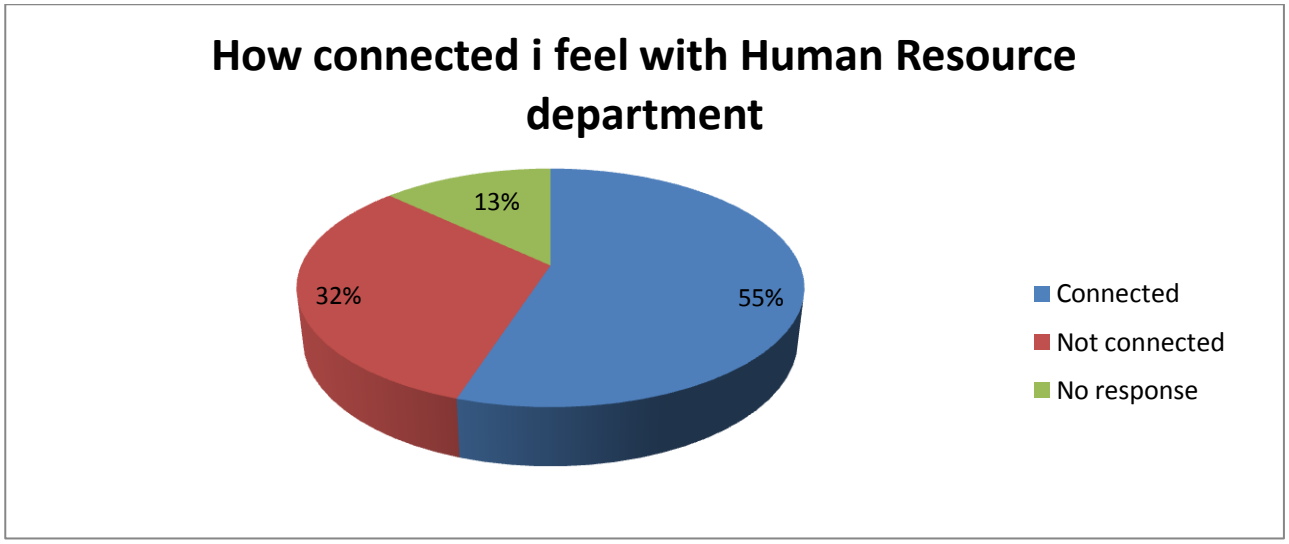
The reviews of nurses with relation to training and development provided to them by hospital were very positive. 91% of nurses said organization timely provides them facilities to enhance their professional knowledge & job skills.



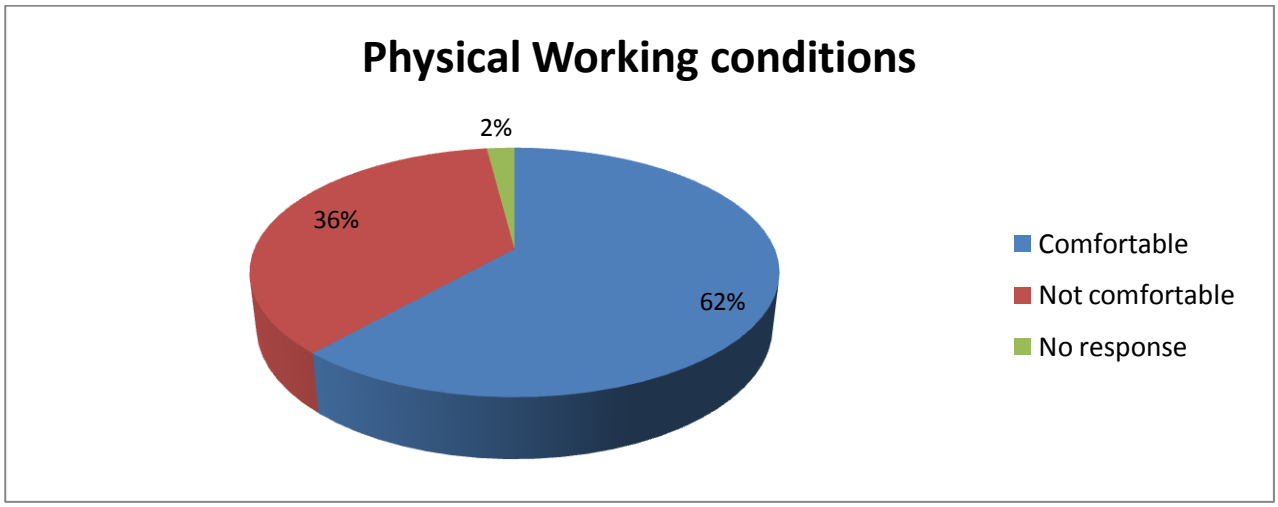
The response towards involvement of nurses with their supervisor in decision making is still somewhat low as compared to response related to other parameters. 59% of existing nurses say they are involved in decision making process while 23% of nurses say they are never included in the process of decision making.



Response towards Human Resource department was also recorded average. Around 55% of nurses say they feel connected to HR, and can walk up freely to the department. Rest 32% says they are hesitant to go to the department.



The physical working condition can also be rated as average. As only 62% of the nurses rated physical working condition comfortable while rest of them rated as uncomfortable.



All the data collected represent the cause of attrition among staff nurses. The satisfaction level among nurses is one of the reasons that lead to attrition in the organization. So it is necessary to keep the employees satisfied and to keep all the factors in mind while measuring attrition rate in the organization.

Cost involved in attrition

Attrition whenever occur it involve high cost of organization not only in monetary terms but also in terms of manpower, time, material etc. On the basis of the discussion with nursing supervisor following things are noted which are involved with attrition;

- Each nurse when leave the organization affect the team functioning and takes away all the training given to her during start of the job.
- Each nurse takes six-eight month in case of fresher and two-three month in case of experienced; to become fully efficient for the hospital which create great loss for the organization.
- Hiring new nurse and filling the vacancy is very difficult for the organization because it involve the cost of recruitment, selection, hiring and placement.
- Whenever training is given or conducted for the nurses it approximately cost Rs. 10,000-15,000.
- There is a full time nursing educator hired in the organization who conduct training and educate the nurses, which involve the cost, time and other resources of the organization.
- The biggest lost that organization face except loss in terms of money is efficiency loss and loss of good trained staff which might hamper the quality of service provided by the organization.

In direct terms, the involvement of cost with attrition in organisation is as high as it can be, as organisation face many losses, such as;

- Monetary loss
- Manpower loss
- Time loss
- Material loss

Conclusion

Attrition among staff nurses continues to be high even after so much of study. The major reason that came out as a result in other studies says the higher opportunity in foreign countries and for further professional growth staff nurses tend to leave the organization in case they are not satisfied. The demands for nurses are so high that sometime they leave the organization without any notice, which result in loss for the organization.

This study states the cause of attrition among nurses in Max hospital, Shalimar Bagh. It says the major reasons for nurses leaving the organizations are;

- Absconding
- Family/ Relocation/ Marriage
- Health Reasons
- Higher Studies
- Lack of Opportunities (Growth/training/others)
- Relationship with supervisor
- Compensation
- Going abroad
- Work environment
- Personal reasons- others

Whereas the study done by the hospital about satisfaction level among staff nurses state that around 62% of nurses are satisfied with their job that mean there are still some places where hospital need to look.

The major factors that came out to be under improvement after the study through primary data are;

- Staff facility that need to be focused with being patient oriented
- Nurse patient ratio
- Division of work

The nurses who left the organisation and existing nurses in the organisation say major reason of leaving the organisation is either due to personal reason or better opportunity in some other place. If they get better growth in the hospital and better opportunity they are very much happy with the hospital and its working, as being super speciality hospital it provide them chance to learn and update themselves with new and upcoming technologies.

Limitation of the study

During the study there were some limitations that were faced at various levels, some of the major limitations were;

- Tracing the nurses who left the organization, as their contact number was not available due to change of city.
- Language acted as a barrier. Some traceable nurses were not able to communicate well because of language problem, as most of them belong to Kerela.
- All the nurses were not as open as expected to share their views and ideas due to fair of loosing job, as good contacts with others act as a main role in nursing profession.

Discussion

A conducive working atmosphere, good culture, training and career growth with adequate salary are some provisions that control attrition. The attrition rate among nurses is not only high in one hospital, but same thing can be observed in other hospitals as well. With the study it can be noted that mostly people leave the organisation because they come with certain aspirations to a hospital and when these aspirations fail, employees quit. So in order to retain these nurses it is importance to first see what they expect from the organisation. Employee engagement programs that will help to retain staff for long run,

- Comprehensive Analysis
- Satisfaction surveys
- Effective on boarding
- Constant Development
- Equitable Differentiation
- Advancement Opportunities
- Soft Skill Coaching
- Fun and Collaboration
- Perform Exit Interviews
- Follow Up

Recommendations

After the study the things that can be recommended with regard to attrition among staff nurses are:

- The hospital can provide more facilities to staff nurses in some of the areas like decision making, freedom to share their views.
- More sessions can be conducted where they can open up with the supervisors, nursing superintendent and other higher authorities like HR, administration etc.

- They should make feel important and action should be taken immediately on what they say after further verification because many times nurses complain that they do not get respect from other people in the hospital.
- Doctor- nurse relation and nurse-supervisor relation should always keep on notice in order to improvise.

In relation to hospital; the hospital should focus on certain areas to decrease attrition like;

- Explanation of work before giving practical work to new joining nurses/fresher's
- Nurse patient ratio
- Rationalizing the work load
- Increase in staff so that one person need not to do over timing
- Staff facility also need to be focused then being only patient oriented

Though the hospital is already doing much to retain its nurses still some highlighted factors like above mentioned should be kept in mind in order to lower the attrition rate.

Learning and Development for Doctors

Introduction

Health care is facing rapid fire change that will require broad reforms in health care delivery. Changing demographics, increasing rates of chronic disease, advances in medical science, health information technology's ability to make care safer and more efficient, skyrocketing costs, and the short- and long-term impacts of the Patient Protection and Affordable Care Act (ACA) all are strong drivers for reform of the entire system, from the education of our health care workforce to the system in which our care is delivered. [13]
Improvement in health care delivery requires a focus on three areas:

- Improving the experience of care
- Improving the health of populations
- Reducing per capita costs of health care.

All care providers will need new skills and knowledge to reach this triple aim. As health care financing moves from volume-based to value-based payments, clinicians will be required to work in inter-professional teams, coordinate care across settings, utilize evidence-based practices to improve quality and patient safety, and promote greater efficiency in care delivery. The health care system will need to adapt to support these changes, and hospitals and health systems will need to acquire new competencies.

Doctors also need new skills to be able to lead and manage a reformed health care delivery system and be a meaningful part of the transformation. The move from individual health management to population health management and from individual performance to team performance needs to be embraced by the provider community. Lifelong learning is the key to ensuring that doctors keep up to date and this new guidance will support doctors in their efforts to achieve this and in their preparation for revalidation.

The practice of medicine has changed dramatically in the past decade because of forces demanding a new way to envisage health care. These include rapid advances in biomedical knowledge and its application to the practice of medicine; changing expectations of physicians as effective communicators and team members; enhanced awareness of the role of physicians in disease prevention; incorporation of evidence-based medicine, accountability, and financial incentives into daily medical practice; changing work environments as more care moves to ambulatory settings; and the use of CME as evidence of competence for medical practice when granting medical re-licensure, hospital privileges, specialty recertification, professional society membership, and recognition for selected other professional activities.

Continuing professional development: guidance for all doctors, is aimed at helping doctors as they reflect on their practice, prepare for their annual appraisal, and ultimately for their revalidation. It describes how doctors should plan, carry out and evaluate their CPD activities and requires doctors to reflect on their learning needs based on the General Medical Council's core guidance Good Medical Practice. Continuous advances in medical science mean that all doctors need to ensure they are always at the leading edge of medical practice.

Literature Review

Hospitals play a vital role in education and training and provide the milieu in which physicians and other clinicians practice. It is essential that hospitals create an environment that fosters the development of and continuously supports the competencies so that they are not an isolated activity, but rather ingrained in every transaction and exchange. Hospitals should look at ways to provide feedback to physicians on their efforts around the competencies and offer tools to improve.

Good educational programming and strong partnerships are needed when charting a course for excellence in physician learning and patient health outcomes.

To provide high-quality evidence-based medical care to patients, our health system and our physicians must keep up with the latest knowledge and skills. Continuing professional development initiatives using both conventional and innovative electronic information technologies can help meet physicians' educational needs and translate exemplars of care into routine health practices. Through educational programming, research, e-health, strong partnerships with like-minded organizations, and effective knowledge management and translation.

As part of the policy process in the fall of 2011, the American Hospital Association (AHA) asked its regional policy boards, governing councils, and committees to review the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties' (ABMS) six competencies that doctors should meet at the end of their residencies. [14]

Theses six core competencies are:

- **Medical knowledge**
  - Demonstrate knowledge of biomedical, clinical, and cognate sciences and application to patient care.
- **Patient care**
  - Provide patient care that is compassionate, appropriate, and effective.
- **Practice-based learning and improvement**
  - Investigate and evaluate patient care practices, appraise and assimilate scientific evidence,
  - Improve patient care practices.
- **Systems-based practice**
  - Provide cost-conscious, effective medical care,
  - Work to promote patient safety,
  - Coordinate care with other health care providers.
- **Professionalism**
  - Commitment to carrying out responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Interpersonal & communication skills**
  - Demonstrate skills that result in effective information exchange,
  - Work effectively with other members of the health care team.
- **Use of informatics**

The professional development of doctors is a lifelong commitment that builds on formal and informal opportunities to learn emerging science, apply innovations in clinical settings, and expand understandings of caring for patients. One essential element in that commitment has been continuing medical education (CME), the final part of the education continuum. Although CME has a long history in supporting doctors as lifelong learners, it has become increasingly important and focused.

It is expected that, on average, each doctor will complete 50 hours of continuing professional development activity per year spread across internal (maintenance of knowledge and skills), external (practice evaluation and development), personal learning and research/teaching categories. In addition, each doctor is expected to complete one clinical audit per year. Doctors will plan activities in accordance with their needs based on their own day-to-day practice. [15]

Several types of literature have been important in the growth of this field and have contributed to the ways one conceptualize and address how, why, and when doctors learn. Some of the important areas of literature that have been valuable sources are: [16]

- Learning and adult development
- Problem-based/practice-based learning
- Continuing professional education (CPE)
- Change
- Organizational development and behavior
- Health services research

Importance of CPD to doctors

CPD support specific changes in practice, which may enhance the career opportunities and work satisfaction. For example,
It can help a person to work more effectively within multi professional teams and to develop leadership and educational skills.

Personal development plans (PDPs) and personal learning plans (PLPs) are also part of the concept of continuing professional development (CPD) and GP appraisals. PDPs are a means to identify educational need and to document and hence demonstrate that need has been addressed.

The General Medical Council states that: [17]

- You must keep your knowledge and skills up to date throughout your working life.
- You should be familiar with relevant guidelines and developments that affect your work.
- You should regularly take part in educational activities that maintain and further develop your competence and performance.
- You must keep up to date with, and adhere to, the laws and codes of practice relevant to your work.

Hence, doctors need to keep themselves up to date in all areas of Good Medical Practice in order to upgrade them in medicine.

Rationale of study

Healthcare is witnessing the same exponential growth that IT, BPO and other industry faced some years back. Learning and development is pretty high in the industry these days. The company has to invest a lot while recruiting an employee. Hence, it is necessary to train an employee in order to get best out of his services. It is also important that the employee should be ready to get trained. The consent towards training is as necessary as the importance of conducting the training.
In healthcare sector the major service providers are doctors, so it is necessary to train and update the doctors in order to aware them about the current technologies. This study is conducted to understand the level of acceptance of learning and development among doctors. How they react to changes around them and how they accept these changes in order to develop themselves.

Research Question

The question that delineates the focus of this study is:

What is the level of acceptance among doctors with relation to learning and development?

Research objective

- To understand the need for learning and development in doctor's profession.
- To know the level of acceptance among doctor's for learning and development.

Research Methodology

Research Design: The research design in this study is descriptive cross-sectional study.
Data Collection: The data collected is through secondary and primary source.
Data collection instrument: Data collection instrument used is semi structured in-depth interview.
Data analysis: The data is analysed through non statistical method.

Data compilation analysis and interpretation

The data that is collected through face to face interview from Assistant Medical Superintendent and Deputy Manager Operations about what all is done in the hospital to conduct training and development for doctors can be analysed as,

Training programmes conducted in the hospital in last one year

Training Programs	
Clinical	**Non-clinical**
1. ACLS	1. CPRS
2. ATLS	2. Empathetic Communication
3. PALS	3. Time Management
4. BLS	4. Supervisory Skills
5. NABH & ISO guidelines	5. Service Excellence
	6. Selling and influencing skills
	7. Presentation Skills
	8. Managerial Skills / 7 Habits
	9. E-mail Etiquette
	10. Communication Skills
	11. Grooming

All these trainings are conducted for doctors at every level, Junior Residents, Senior Residents, Attending Consultant and Associate Consultants. These trainings are organised after some intervals on regular basis. There are many other trainings that are conducted on the basis of requirement as seen or notice amongst doctors. When the hospital finds enough number of doctors for a particular training the training is organised in the hospital.

For training of doctor's sometime hospital call a person who is from outside the organisation or a person from the hospital to take the training session. These trainings are conducted within the hospital or among the various branches of the hospital. Though the doctors have very busy schedule to spare time but most of the time they are ready to undergo these trainings, especially clinical trainings. It is

just that the training need to be scheduled in such time that most of the doctors are able to attend it. The hospital hence need to conduct one training repeating same topic at least for three days and in different timings when there can be maximum doctor visit.

'UDAAN' a training programme by the hospital

Hospital is an organisation where one can find different working experts from different background under one roof. Every department has got its own importance in the hospital. Contribution from each department means a lot to the hospital as a whole because all the departments in the hospital are directly or indirectly linked with each other. Hence it is very important for an individual to be aware about all the departments in the hospital, functioning of these departments and what they contribute to hospital. For this purpose there is a very important training and development programme that hospital organises for its employees **'UDAAN'.** In this the hospital selects some of its employees from different departments to go for this programme. It is for doctors as well as for other employees. They visit it and learn the functioning of all the other departments get an assignment and submit it. This is a programme that helps the doctors to look at various departments that are behind the scene but yet very important for hospital as a system. UDAAN is one of the training that hospital conducts outside its premises for its employees.

Problem faced by the hospital to conduct training and development sessions for doctors:

- The working hours of doctors are very hectic, where convincing them to stay for any training and development session after or before working hour is quite difficult.
- For doctors training fix hours cannot be kept because in case of any emergency call from patient they need to rush.
- The training cannot be kept during working hours i.e 10:00 am to 5:00 pm as most of the patients visit at working hours.
- All the doctors cannot be called at one particular time due to their duty rosters.
- Sometime doctors avoid attending non-clinical training session because they consider it something not related to their profession.

The training programmes in the hospital are organised on the basis of the demand and requirement. So the other training programmes of clinical and non-clinical nature can also be introduced for doctors. The hospital also organises many CMEs for doctors in order to update them, some of the CME's organised recently include;

- Pre-operative management of patients with non-coronary stents
- CT Angiography
- MSK MRI
- Building up of exercise & physical activity post bariatric surgery

Conclusion

Training and development play a very important role in doctor's profession. It helps to update what doctors has learnt at medical school and during postgraduate training to reflect changes in practice, changes in the needs of patients and the service, and changes in society's expectations of the way doctors work.

Effective training also helps to anticipate and respond to changing demands of profession. It enables to keep up to date and fit to practise, and to maintain the professional standards required throughout the career. In fact, hospitals now employ more of practicing physicians, raising the importance of the competencies and the shared responsibility for achieving them. Hospitals and health care systems are realizing the strength of increased clinical representation in leadership to help align interests. This

strengthening of the relationship between physicians and hospitals is now leveraged for a coordinated approach to improving and valuing the competencies, through training and development, which lead to delivering high-value health care.

Recommendation

Conducting training sessions for doctors are sometime difficult due to the requirement of 24X7 availability at service. Hence some of the things that can be done to make the maximum participation in training and development programmes are:

- The willingness for the training in doctor and the requirement for that training for the doctor must be evaluated first.
- The training should be conducted at that time when there is double gathering like, morning time when night shift doctors are going back and morning shift doctors are coming for the job or it can be evening time.
- The training for same topic should be kept at least for three days in continuation so that if any doctor misses the session he/she can attend it later.
- In case of requirement felt the doctor should be informed first about the training and how it will be going to help him, so that consent can be gained before moving further.
- A professional can be hired specifically for training and development for doctors, who must be aware about their profession and can conduct learning & development programs for doctors in order to update and upgrade them.

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Annexure I

MAX HEALTHCARE INSTITUTE LIMITED

EXIT INTERVIEW & FEEDBACK FORM

Thank you for the time you have spent with us at Max Healthcare and the contributions you have made to this organization. We would like to know more about your work experience during your tenure.

Your input will be valuable in helping us to build a more effective workplace. We assure you of the confidentiality of this information.

PERSONAL DATA

Name…….…….….. Employee Code…..…….

Designation ……. Location…….…….....

Department……. Date of Joining…..……..

Date of Resignation……..... Date of Leaving……..

---

1. What were the reason(s) for your joining MHC? *(Please indicate 3 major reasons in order of priority – 1, 2, 3)*

Higher Compensation Package		Better job profile	
Career Growth		Better company profile / brand	
More desirable location		**Any other**	

2. When after joining did you first think of leaving?

   a) 0-6 months b) 6-12 months c) 12-18 months d) > than 18 months

3. What are your major reasons of leaving MHC? *(Please indicate in order of priority – 1, 2, 3)*

Compensation		Conflict with Manager	
Career Growth		Work Environment	
Relocation		**Marriage**	

Any other: (Pl specify)

4. Did you get regular input and feedback from your manager?

5. Were you satisfied with the inputs you received from your manager?

6. a) Given the opportunity, would you like to rejoin our institution in future? (Y/N)

   b) Would you recommend Max Healthcare to a friend as a good place to work? (Y/N)

7. Can you tell us more about your new place of work?

Name of Organization: ……
New Role : ……

Industry		Level		Compensation Increase	
Healthcare		Staff		0% - 10%	
Hospitality		Executive		10% - 20%	
Telecom / BPO		Managerial		20% - 40%	
Retail		Leadership		40% - 50%	
Financial Services				50% - 100%	
BPO				> 100%	
Others					

7. Please feel free to tell us more that may not be covered above.

Signature: …… **Signature: …….**

Name:…… **Name:…….**

(Employee) **(HR Anchor)**

MAX HEALTHCARE Super Speciality Hospital

Department of Transfusion Medicine (Blood Bank)
MAX Super Speciality Hospital, Shalimar Bagh-88

Blood Donor Questionnaire and Consent Form

Name _____ Age _____ ☐ Male ☐ Female Date of Birth _____

Occupation _____ Father's Name/Husband's Name _____

Address _____

Tel. No. _____ E-mail ID _____

Date: TB/350 ☐ TB/450 ☐ QB ☐ BLOOD UNIT NO.:

SEGMENT NO.: LOT NO:

Please answer the following questions correctly. This will help to protect you and the patient who receives your blood.

Have you donated previously ☐ Yes ☐ No If yes, on how may times _____ Date of last donation _____

Did you have any discomfort during / after donation? ☐ Yes ☐ No Your blood group (if known) _____

☑ Tick the appropriate answer

1. Do you feel well today? ☐ Yes ☐ No
2. Did you have something to eat in the last 4 hours? ☐ Yes ☐ No
3. Did you sleep well last night? ☐ Yes ☐ No
4. Have you any reason to believe that you may be infected by either Hepatitis, Malaria, HIV/ AIDS and / or veneral (sexually transmitted) disease? ☐ Yes ☐ No
5. In the last 6 months, have you had any history of the following?
   - Unexpected weight loss ☐ Yes ☐ No
   - Swollen gland/ nodes ☐ Yes ☐ No
   - Repeated Diarrhoea ☐ Yes ☐ No
   - Continuous low grade fever ☐ Yes ☐ No
   - Tattooing ☐ Yes ☐ No
   - Surgery ☐ Yes ☐ No
   - Ear Piercing ☐ Yes ☐ No
   - Blood Transfusion ☐ Yes ☐ No
   - Dental Extraction ☐ Yes ☐ No
   - Malaria (6 months) ☐ Yes ☐ No
6. Do you suffer from or have suffered from any of the following diseases?
   - Heart Disease ☐ Lung Disease ☐ Kidney Disease ☐ Allergic Disease ☐ Diabetes ☐
   - Tuberculosis ☐ Fainting Spell ☐ Cancer ☐ Hepatitis B/C ☐ Epilepsy ☐
   - Abnormal bleeding tendency ☐ Sexually transmitted Diseases ☐ Fainting Spell ☐ Jaundice (1 year) ☐
   - Dog Bite (1 year) ☐ Typhoid (1 year) ☐
7. Are you taking or have taken any of these in the past 72 hours?
   - Antibiotics ☐ Aspirin ☐ Steroids ☐ Vaccination ☐
   - Rabies Vaccine (last 1 year) ☐ Alcohol (last 24 hours) ☐
8. For women donors:
   - Are you pregnant? ☐ Yes ☐ No
   - Have you had an abortion in the last 3 months? ☐ Yes ☐ No
   - Do you have a child less than one year old? ☐ Yes ☐ No
   - Are you having menstrual blood loss today? ☐ Yes ☐ No
9. Would you like to be informed about any abnormal test result at the address furnished by you? Yes ☐ No ☐
10. Would you like us to call you on your mobile? Yes ☐ No ☐
11. Have you read and understood all the information presented and answered all the questions truthfully, as any incorrect statement or concealment may affect your health or may harm the recipient. Yes ☐ No ☐

I understand that

a) Blood donation is a totally voluntary act and no inducement or remuneration has been offered.
b) Donation of blood/ components is a medical procedure and that by donating voluntarily, I accepted the risks associated with this procedure.
c) My blood will be tested for Hepatitis B, Hepatitis C, Malarial parasite, HIV/AIDS and veneral diseases in addition to any other screening tests required to ensure blood safety.
d) My blood donation may be used for preparing components & the plasma may be used for fractionation.

I prohibit any information provided by me or about any donation to be disclosed to any individual or government agency without my prior permission.

Donor's Signature

FOR BLOOD BANK USE ONLY

Weight _____ Temp. _____ BP _____ Pulse _____

Hemoglobin _____ gm/dl

☐ Accept ☐ Defer Reason _____

☐ Voluntary Donor ☐ Replacement Donor

Patients Name _____ SSN No. _____

Signature of Medical Officer _____

Phlebotomy Site _____

Arm L ☐ R ☐ (Comments on Site) _____

Time of Blood Collection _____

Donor Reaction of any _____

Signature of Phlebotomist _____

SHB/TM-BDQ & CF/Ver. 2.0/1st Dec' 2011

Sr. No.: 1510879i

MAX HEALTHCARE
Care for life

INPATIENT FEEDBACK

Please take a minute to give us your feedback – it helps us improve.

Name:_____ Max ID:_____ Date:_____

Name of the Doctor:_____ IP Number:_____ Room Type:_____

Phone Number:_____ E-mail:_____

During your Hospital Stay, please share your Feedback on:		☺ Always	☺ Usually	😐 Sometimes	☹ Never
Doctor	How often did the Doctors listen to you carefully?				
	How often did the Doctors explain things in a way you could understand?				
	How often did the Doctors treat you with courtesy and respect?				
Nurses	How often did the Nurses listen to you carefully?				
	How often did the Nurses explain things in a way you could understand?				
	How often did the Nurses treat you with courtesy and respect?				
Pain Management	How often did the Hospital Staff do everything to help you with your pain?				
Communication about Medicines	Before giving you any new medicine, how often did Hospital Staff tell you what the medicine was for?				
Responsiveness of Hospital Staff	After you pressed the call button, how often did you get help as soon as you wanted it?				
	How often did you get help in getting to the bathroom or in using a bed pan as soon as you wanted?				
Hospital Environment	How often were your room and bathroom kept clean?				
	How often did the Housekeeping Staff treat you with courtesy & respect?				
	How often was the area around your room quiet enough to enable you to rest?				
Food & Beverage	How often was your food served on time?				
	How often did the Food Service Staff treat you with courtesy & respect?				
Security & Parking	Did you feel a sense of security during your stay?				
	Did you find the car parking Valet service polite and efficient?				
Admission	At the time of admission, did the Front Office provide you clear & timely instructions?	Yes ☐		No ☐	
Discharge Information & Timeliness	At the time of discharge, did the Nurses provide you clear & timely intimation?	Yes ☐		No ☐	
	Was the Discharge Summary explained to you in detail, for symptoms or health problems to look out for after you leave the hospital?	Yes ☐		No ☐	
Billing	At the time of discharge, did the Front Office handle billing smoothly & accurately?	Yes ☐		No ☐	

How likely is that you would recommend Max Healthcare to a friend or colleague?
(Least Likely) 1 2 3 4 5 6 7 8 9 10 (Most Likely)

Any additional suggestions or comments

Patient ☐

Attendant ☐

(Signature)

Help us recognize any of our staff who served you exceptionally well by providing his/her name:

a) _____ b) _____ c) _____

Service Quality/MAX CAPS-IPD/Rev.1.0/1st Jul'13

OUT PATIENT FEEDBACK

Please take a minute to give us your feedback – it helps us improve.

Name: _____ Date: _____

Name of the Doctor: _____ Max ID: _____

Phone Number: _____ E-mail: _____

During your Hospital visit, please share your Feedback on:		Exceeded Expectation	Met Expectation	Somewhat met Expectation	Did not meet Expectation
Doctor	Was the Doctor available on time?				
	Did the Doctor treat you with courtesy and respect?				
	Did the Doctor explain your diagnosis & treatment plan in a way you could understand?				
Nurses	Did the Nurses treat you with courtesy and respect?				
Appointment	Was your appointment call handled efficiently and queries resolved to your satisfaction?				
Reception / Help Desk	Was the Help Desk Staff at the Hospital helpful & courteous?				
Hospital Infrastructure / Environment	Was the Out-Patient department location convenient to identify?				
	Did the areas you visited in the Hospital look clean & orderly?				
	Were the public area washrooms clean & hygienic?				
Front Office & Billing	Did the Front Office Staff explain & resolve your query regarding registration/ consult/diagnostics charges efficiently?				
	Was your billing handled in an accurate & timely manner?				
Diagnostics Services	Were the diagnostic tests conducted in a timely manner?				
	Were the diagnostic tests conducted efficiently & sensitively?				
	Were you clearly informed about report delivery time and mode of collection?				
Max Chemist	Were all the prescribed medicines or substitutes available at the chemist?				
	Did you find the services at the Pharmacy efficient & timely?				
Security & Parking	Did you find our car parking Valet service polite and efficient?				

How likely is that you would recommend Max Healthcare to a friend or colleague?
(Least Likely) 1 2 3 4 5 6 7 8 9 10 (Most Likely)

Any additional suggestions or comments

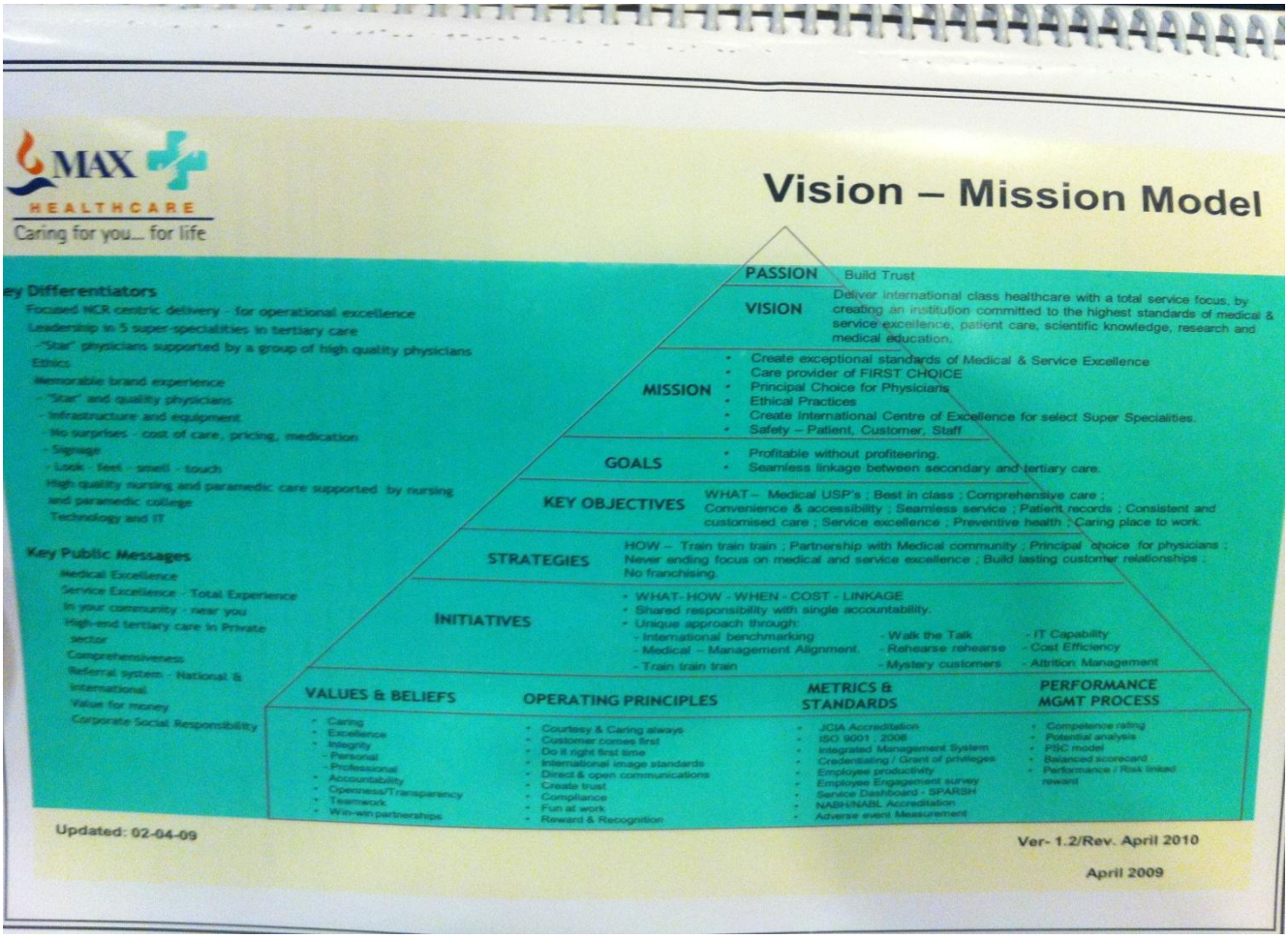
Patient ☐

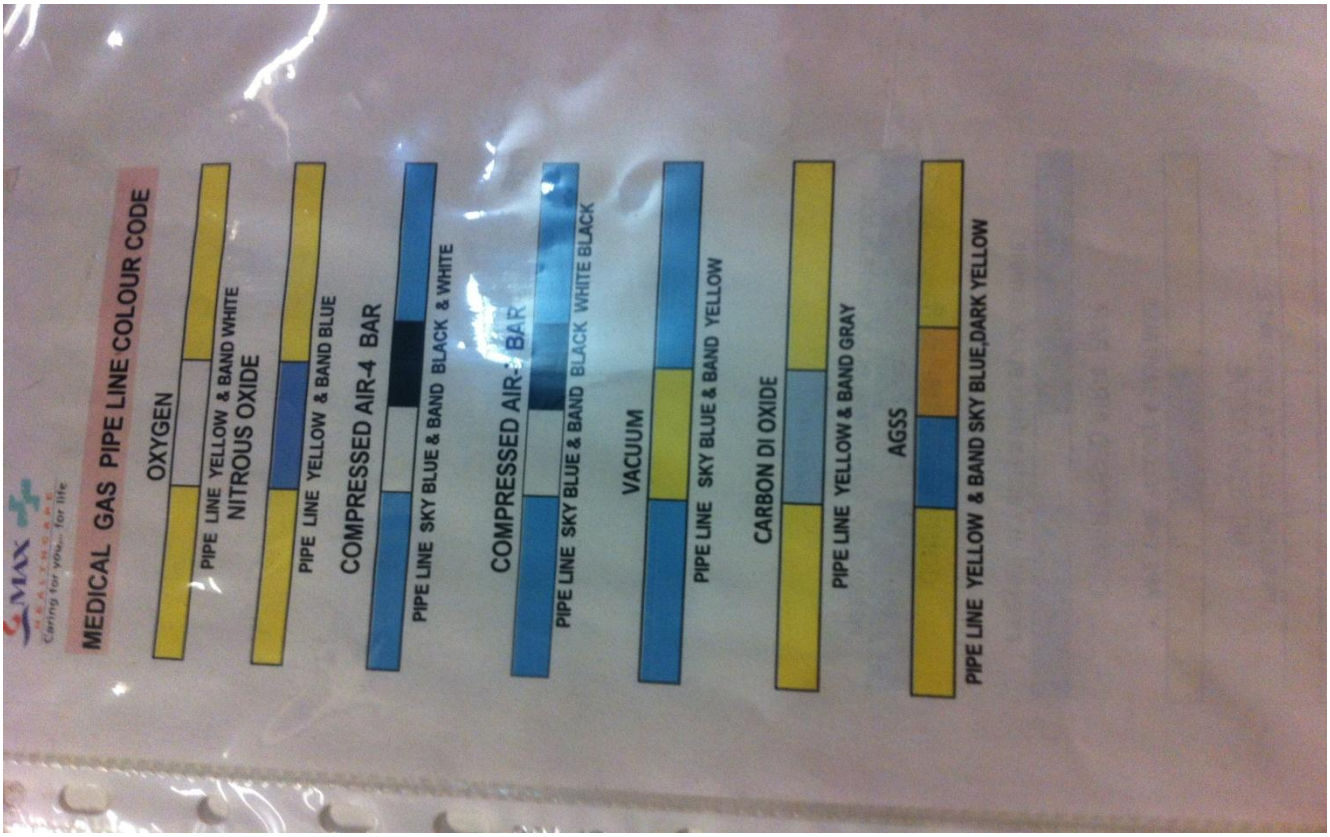
(Signature) _____ Attendant ☐

Help us recognize any of our staff who served you exceptionally well by providing his/her name:

a) _____ b) _____ c) _____

Service Quality/MAX CAPS-OPD/Rev.1.0/1st Aug'13


MAX HEALTHCARE
Caring for you.... for life
Vision – Mission Model
ey Differentiators
Focused NCR centric delivery - for operational excellence
Leadership in 5 super-specialities in tertiary care
-"Star" physicians supported by a group of high quality physicians
Ethics
Memorable brand experience
- "Star" and quality physicians
- Infrastructure and equipment
- No surprises - cost of care, pricing, medication
- Signage
- Look - feel - smell - touch
High quality nursing and paramedic care supported by nursing and paramedic college
Technology and IT
Key Public Messages
Medical Excellence
Service Excellence - Total Experience
In your community - near you
High-end tertiary care in Private sector
Comprehensiveness
Referral system - National & International
Value for money
Corporate Social Responsibility
PASSION
Build Trust
VISION
Deliver international class healthcare with a total service focus, by creating an institution committed to the highest standards of medical & service excellence, patient care, scientific knowledge, research and medical education.
MISSION
Create exceptional standards of Medical & Service Excellence
Care provider of FIRST CHOICE
Principal Choice for Physicians
Ethical Practices
Create International Centre of Excellence for select Super Specialities.
Safety – Patient, Customer, Staff
GOALS
Profitable without profiteering.
Seamless linkage between secondary and tertiary care.
KEY OBJECTIVES
WHAT – Medical USP's ; Best in class ; Comprehensive care ; Convenience & accessibility ; Seamless service ; Patient records ; Consistent and customised care ; Service excellence ; Preventive health ; Caring place to work.
STRATEGIES
HOW – Train train train ; Partnership with Medical community ; Principal choice for physicians ; Never ending focus on medical and service excellence ; Build lasting customer relationships ; No franchising.
INITIATIVES
WHAT- HOW - WHEN - COST - LINKAGE
Shared responsibility with single accountability.
Unique approach through:
- International benchmarking
- Medical – Management Alignment.
- Train train train
- Walk the Talk
- Rehearse rehearse
- Mystery customers
- IT Capability
- Cost Efficiency
- Attrition Management
VALUES & BELIEFS
Caring
Excellence
Integrity
Personal
Professional
Accountability
Openness/Transparency
Teamwork
Win-win partnerships
OPERATING PRINCIPLES
Courtesy & Caring always
Customer comes first
Do it right first time
International image standards
Direct & open communications
Create trust
Compliance
Fun at work
Reward & Recognition
METRICS & STANDARDS
JCIA Accreditation
ISO 9001 : 2008
Integrated Management System
Credentialing / Grant of privileges
Employee productivity
Employee Engagement survey
Service Dashboard - SPARSH
NABH/NABL Accreditation
Adverse event Measurement
PERFORMANCE MGMT PROCESS
Competence rating
Potential analysis
PBC model
Balanced scorecard
Performance / Risk linked reward
Updated: 02-04-09
Ver- 1.2/Rev. April 2010
April 2009


MEDICAL GAS PIPE LINE COLOUR CODE
OXYGEN
PIPE LINE YELLOW & BAND WHITE
NITROUS OXIDE
PIPE LINE YELLOW & BAND BLUE
COMPRESSED AIR-4 BAR
PIPE LINE SKY BLUE & BAND BLACK & WHITE
COMPRESSED AIR-3 BAR
PIPE LINE SKY BLUE & BAND BLACK WHITE BLACK
VACUUM
PIPE LINE SKY BLUE & BAND YELLOW
CARBON DI OXIDE
PIPE LINE YELLOW & BAND GRAY
AGSS
PIPE LINE YELLOW & BAND SKY BLUE,DARK YELLOW

Annexure II

Questionnaire

Qualification _____
Current designation _____
Previous designation _____
Department _____

1) Which age group do you belong to?

◯ 20-25 ◯ 25-35 ◯ 35-40 ◯ 40+

2) Were you satisfied with your previous job?

◯ Yes ◯ No

If no, reasons _____

3) What were the reasons for joining MHC SHB?

◯ High compensation ◯ Career growth ◯ Location
◯ Better job profile ◯ Better company profile/brand
◯ Any other reason, please specify _____

4) How will you rate MHC SHB working environment?

◯ Poor ◯ Average ◯ Good ◯ Excellent

5) How will you rate growth of your profession according to healthcare industry?

◯ Poor ◯ Average ◯ Good ◯ Excellent

6) Since how long are you working in this profession?

◯ Fresher ◯ 1-2 year ◯ 2-4 year ◯ + 4 year

7) What were the things you like most about MHC SHB?

_____
_____
_____

8) What were the things you think MHC SHB should improve on?

_____
_____
_____

9) What were the main reasons for leaving MHC SHB?

_____
_____
_____

10) Would you like to join MHC SHB again in future?

◯ Yes ◯ No

11) How will you rate MHC SHB according to your profession?

◯ Poor ◯ Average ◯ Good ◯ Excellent

12) Any other comment :

_____

_____

_____

_____

_____

Annexure III

Questions

1) What are the training programmes conducted in the hospital for doctors at each level?

JR, SR and ACs

2) How much you find the willingness among doctors to undergo these training and development programmes?

3) How much doctors are ready for non-clinical training?

4) What are the difficulties that come across while convincing the doctors for any kind of training? Whether clinical or non-clinical?

5) How often these trainings are conducted in hospital?

6) Does hospital also arrange trainings for doctors outside the hospital premises?