Summer Training at

Narayana Hrudayalaya, Jaipur

Activity Mapping Process on IPD Male Ward

By

Vishwas Giri

Under the guidance of

Dr. Anoop Khanna

Post Graduate Diploma in Hospital and Health Management

2011-2013

Institute of Health Management Research,

Jaipur

2012

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 011, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

Certificate

This is to certify that Dr.Vishwas R Giri from Institute of Health Management Research, Jaipur has undergone Summer Training at Narayana Hrudayalaya hospital Jaipur from 9th April, 2012 to 2 June, 2012

The candidate himself carried out the project. His approach to the study has been sincere, scientific and analytical. This summer training is partial fulfillment of the course requirement is recommended for the award of post graduate diploma in health and hospital management.

I wish him success in all his future endeavors.

Dr. P.R. Sodani
Dean (Academic and Students Affairs)
IHMR, Jaipur

Dr. Anoop Khanna
Associate Professor
IHMR, Jaipur

Narayana Hrudayalaya Hospitals
Caring with Compassion

NH/HRD-Off/2012/069 **Date: 17th July 2012**

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Vishwas R. Giri** has completed his Summer Training Successfully in the department of Medicine in Narayana Hrudayalaya Hospital, Jaipur from 9th April, 2012 to 2nd May, 2012.

His work during the period was commendable and appreciable. His character and conduct was good.

We wish him success in future endeavors.

NARAYANA HRUDAYALAYA PVT. LTD. JAIPUR

Vishnu Priya Sharma
HR Department

Narayanaya Hrudayalaya-Jaipur

ACKNOWLEDGEMENT

I would like to thank the staff of Narayana Hrudayalaya, Jaipur for extending its cooperation and help in the process of understanding various dimensions of an organization. I feel highly appreciative for the time spent by them for participating in discussions and lending valuable Inputs.

I feel deeply privileged in expressing our deep sense of gratitude to **Dr. Devi Shetty(**CMD NARAYANA GROUP), **Dr. Ashutosh Raghuvanshi** (Vice Chairman NARAYANA GROUP**),Dr. Sandeep Attawar** (Vice President NH Jaipur) **, Dr. Mala Airun(** Medical Superintendent) ,**Mr. Subasis Bhattacharya** (HR Head) Narayana Hrudayalaya for their expert guidance and encouragement which immensely helped in the process of making this report. Without their support, exploring such a vast organization could not have been possible.

I also acknowledge **Dr. Avadhesh Agrawala**and **Ms. Arpita Bhatttacharya** for guiding me throughout my stay and providing me the required facilities.

The help rendered by all for providing the valuable data is gratefully acknowledged and also of all the staff of Narayana Hrudayala, Jaipur for helping me in understanding the day to day working of the Narayana Hrudayala, Jaipur and other aspects related to it.

I am also thankful to **Brig. S.K.Puri**, Dean IIHMR for giving me valuable inputs and ideas to be incorporated in the report. I am indebted to him for infusing reasonability in every aspect i encountered in the research work.

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Terms of Reference

- NH –Narayana Hrudayalaya
- ESWL-Extra corporal Lithotripsy
- SILS-Single Incision Laparoscopic Surgery
- ARE-Acute Renal Failure
- MRI- Magnetic Resonance Imaging
- CT-Computed Tomography
- PHC-Preventive Health Check up
- AHP-Advanced Health Check up
- CBC-Complete Blood check up
- PA- Posterior Anterior View
- ECG-Echocardiogram
- USG-Ultra Sonography
- PSA-Prostate Specific Antigen
- TSH-Thyroid Stimulating Hormone
- OPD-Outpatient Department
- IPD-Inpatient Department
- OT- Operation Theatre
- ICU-Intensive Care Unit
- CTVS-Chest Physiotherapy
- BLS-Basic Life Support
- ALS-Advanced Life Support
- CPR-Cardio Pulmonary Resuscitation
- NCI-National cancer Registry
- ECHO-Echo Cardiogram
- CCU- Coronary Care Unit
- CATH. LAB-Cardiac Cauterization Lab
- HR-Human Resource
- GM-General Manager
- CMD-Chief Managing Director
- CEO-Chief Executive Director
- MRD-Medical Records Department
- TAT-Turn Around Time

- TMT_Tread Mill Test
- MRD-Medical Records Department
- ITU-Intensive Theatre unit
- TPA-Third Party Administrator
- LAMA-Left Against Medical Advice
- ALOS-Average Length of Stay
- SWOT-Strength Weakness Opportunity Threat
- NICU-Neonatal Intensive Care Unit
- MICU-Medical Intensive Care Unit
- SICU-Surgical Intensive Care Unit
- AERB-Atomic Energy Regulatory Board
- BARC-Bhabha Atomic Research Centre
- IGRT-Image Guided Radiation Therapy
- IMRT-Intensity Modulated Radiation Therapy
- FEHI- Fortis Escorts Heart Institute
- SMS- Sawai Mansingh Hospital
- SDMH-Sanktokba Durlabji Memorial Hospital
- BMCHRC-Bhagwan Mahaveer Cancer Hospital & Research Centre
- PGDHM-Post Graduate Diploma IN Hospital Management
- LASER-Light Amplification Stimulated Emission Radiation
- NABH-National Accreditation Board for Hospitals & Health Care Providers
- NABL-National Accreditation Board for Testing & Calibration & Testing of Laboratories
- JCI – Joint commission international

2.1 Narayana Hrudayalaya-

Introduction :

"Some call it a temple. Some chose to call it the abode of saints who heal. To some, it's a last chance of survival. But to no one, is this just a hospital. In its genre, Narayana Hrudayalaya may well be one of the biggest hospitals in the world, but the fact that it's one of the biggest hospitals, with a heart, is becoming legendary. The rich come here for the world's best heart care. The poor come here for the world's kindest care, for no one here is turned away for lack of funds. This was the vision of Dr. Devi Shetty, who believed that no child should be deprived of the best healthcare, because the parents cannot afford it. Caring with Compassion, this world's largest heart hospital for children, is set to be transformed into the world's biggest health city, with all super-specialties that the medical world offers. "

Narayana Hrudayalaya Health City at Bangalore spread over 25 acres, and Rabindranath Tagore International Institute of Cardiac Sciences in Kolkata, are the group's two-heart hospitals in Bangalore and Kolkata.

The Group performs largest number of heart surgeries on children in the World providing cardiac care to children from 73 countries. The postoperative pediatric cardiac surgical unit has 80 critical care beds which is World's largest Pediatric cardiac surgical Intensive Therapy Unit (ITU) to look after children who have undergone heart operations,

Narayana Hrudayalaya Health city, Bangalore, is a conglomeration of hospitals in one campus:

1000 Beds, Narayana Hrudayalaya Heart Hospital

It has 24 operation theatres and infrastructure to perform 50 major heart surgeries daily. Hospital treats patients from 73 countries with complex heart disease, doing the largest number of heart surgeries on children in the world. Only centre in Asia to implant 3rd generation artificial heart from Ventracor. One of the world's largest reference centers for Redo CABG, DOR'S, Mitral valve, valve repair, pulmonary endarterectomy, and Aortic aneurysm surgery. It is one of largest services in the world in Endovascular stenting for aneurysm of aorta. One of the largest services in Asia for Electrophysiology studies of heart

Asha Dinesh Institute for Organ Transplant:

The Institute is specialized in transplantation of heart, lung, kidney, liver, pancreas and Bone marrow. It is the largest center for pediatric liver transplantation in India.

Sparsh Hospital :

500 bed orthopedic & Trauma hospital, it is the largest dedicated specialty hospital for Orthopedics, plastic reconstructive and maxillo-facial surgery, delivering outstanding results using the best available technology and skills. The super-specialties available are Joint replacement, Pediatric Orthopedics, Spine deformity correction, sports injuries and Cosmetic surgery.

Narayana Nethralaya:

300 bedded, 'Narayana Nethrayalaya' is a Super Specialty Eye Hospital with an infrastructure to perform 500 cataracts per day is also focused on Lasik, Keratoconus, cataract, paediatric ophthalmology and refractive surgery. This institute is in the process of implanting Bionic eye for the blind.

Mazumdar Shaw Cancer Center:

With the stated vision to instill Hope and deliver Joy to the cancer patients, Narayana Hrudayalaya in association with Mrs. Kiran Mazumdar of Biocon has launched the World's largest cancer hospital with 1400 beds, latest infrastructure and equipments, internationally acclaimed faculty and affiliations with global centers of excellence in cancer care. The state-of-the-art Cancer Center, is established to provide comprehensive and dedicated cancer care of the highest international standard 20 Operation Theatrea and 3 Elekta Linear Accelerators & Brachy Therapy, IMRT, IGRI & VMAT

The departments include:

Head and Neck Cancer Breast Cancer Women and Children'sCancer Blood Cancer Dental & Maxillo Facial Implantology, Cranio-Maxillo Facial Surgery Genetic and stem cell research center in association with Biocon Foundation and Rotary A full-fledged multi specialty hospital that handles Neurosurgery, Neurology, Paediatric, Nephrology, Urolgy, Gynaecology, Gastroenterology, and ENT cases.

Academics:

Narayana Hrudayalaya is an academic institution conducting 49 training programmes and is short-listed by the University grant commission for the status of the Deemed University. Narayana Hrudayalaya sponsored Thrombosis Research Institute, which is a research institute based in London to start a research Lab in our campus, which has 30 scientists working to develop a vaccine to prevent a heart attack.

Narayana Hrudayalaya Health City, Kolkatta.

Rabindranath Tagore International Institute of Cardiac Sciences, Kolkata.

RTIICS is a full-fledged cardiac hospital spread over 6 acres, on the eastern metropolitan bypass of Kolkata Specializes in Cardiac Surgery, Cardiology, and Pediatric Cardiology and has the state-of-the-art facility to address the most complicated cardiac ailments.

Today, as the largest Heart Hospital in Eastern India, it has an average outpatient of 300 patients a day. It also performs 30-35 Cath lab procedures and 6 major surgeries, everyday.

Armenian Church Trauma Center

ACTC is equipped with a gamut of state-of-the-art infrastructure & equipments to suffice to the health care need of industrial accidents and hazards with specialties like Neurology, Neuro Surgery, Orthopedics, Nephrology, Plastic Surgery, General Surgery, Nuclear Medicine, Gastroenterology, Endocrinology, ENT, Ophthalmology and General Medicine. ACTC has a well-equipped advanced radio diagnosis department and a clinical pathology laboratory with blood bank.

Manjulaben Kidney Hospital

Started with 55 kidney Transplantation Surgeries and now 10 Kidney Transplantation every are successfully performed every month, with a capacity of 2400 dialysis per month we run the eastern India’s largest kidney hospital. Our Dialysis centre with 22 beds has facilities of Haemodialysis, CAPD (Continuous Ambulatory Peritoneal Dialysis), CRRT (Continuous Renal Replacement Therapy), Kidney biopsy, Treatment of acute Renal Failure Patients for all kinds of treatment relating to kidney diseases.

Projects soon to be commissioned in this campus are:

-500 bed Neurosciences hospital,

500 bed Nephrology center

500 Bed Women and Children Hospital

In totality it will be a 5000 bed Health City that will be able to cater to more than 15000 patients daily bringing down the costs substantially.

Narayana Hrudayalaya Units across India:

Narayana Hrudayalaya Institute of Cardiac Sciences, Bangalore.
Mazumdar Shaw Cancer Centre, Bangalore.
Narayana Hrudayalaya Multi-specialty Hospital, Bangalore. |
Narayana Nethrayalaya Super Specialty Eye Hospital, Bangalore.
Narayana Hrudayalaya Institute of Nuero Sciences.
Narayana Hrudayalaya Institute of Organ Transplantation
Narayana Hrudayalaya Children's Hospital
Emami International Institute of Bone Marrow Transplantation.
Sparsh Hospital (Hospital for Trauma and orthopedics), Bangalore.

Armenian Church Trauma Center , Kolkata.
Manjulaben Mehta Kidney Hospital , Kolkata.
Rotary Narayana Nethrayalaya, Kolkata.
Narayana Smiles, Kolkatta
Narayana Hrudayalaya Bramhananda Hospital, Jamshedpur.
Narayana Hrudayalaya Health City , Jaipur.
Narayana Hrudayalaya Health City , Ahmedabad.
Narayana Hrudayalaya Malla Reddy Hospital, Hyderabad
Narayana Hrudayalaya Chains of Diagnostic Centre, Bangalore.
Narayana Hrudayalaya Chains of Dental Clinics, Bangalore.
MS Ramaiah Narayana Hrudayalaya, Bangalore.
CMH Narayana Hrudaylaya, Bangalore.
CSI Hrudayalaya, Bangalore.
Narayana Hrudayalaya SDM Hospital , Dharwad.
Narayana Hrudayalaya Devraj Urs Hospital , Kolar.

Proposed Narayana Hrudayalaya Health City, Mysore
Proposed Narayana Hrudayalaya Health City, Siliguri
Proposed Narayana Hrudayalaya Health City, Bhubaneswar.
Proposed Narayana Hrudayalaya hospital and Research Centre - Cayman Islands.

Micro Health Insurance and Community Projects:

Narayana Hrudayalaya in association with Karnataka State government launched a Micro Health Insurance Programme called **Yeshaswini**, which covers nearly 3 million farmers and is considered as India's largest Micro Health Insurance Programme for a monthly premium of 10 rupees. Similar programs inspired from Yeshaswini have been launched in other states of India. Today Yeshaswini is World's largest self funded Health care insurance scheme, widely studied by International labour organization and World Bank to implement similar schemes worldwide.

Narayana Hrudayalaya in association with India's Space Research Organization runs one of World's largest Tele-Cardiology programs using ISRO satellite and till date we have treated close to 70,000 heart patients.

With innovations of blending technology with health care it has changed the delivery model of health care by making it more accessible to GP's by TTECG and prides to operate the world's largest ECG network. Narayana Hrudayalaya in association with the Indian Post Services has launched **Hrudaya** post a scheme to reach out to masses through the post offices. With its service in the Telemedicine sector, Narayana Hrudayalaya has been honored to provide health care assistance in the PAN Afrcia E-Network launched by the Ministry of external Affairs India. Narayana Hrudayalaya has today more than 500 telemedicine centers spread across the globe.

Asia Heart Foundation, which manages all our activities in Kolkata, runs the primary healthcare of entire Amethi constituency of Uttar Pradesh. Amethi is one of India's largest MP constituency having 24 Lakh people and this is managed by 16 clinics created by Asia Heart Foundation with Narayana Hrudayalaya where Amethi residents come and see the doctors and get all the medicines entirely free. Currently this programme called 'Rajeev Gandhi Arogya Yojana' treats over 50,000 patients per month. This is considered as India's largest primary healthcare programme by the private sector.

In association with Biocon Foundation and ICICI, we are managing Arogya Raksha Yojana a Micro Health Insurance Programme for residents of Anekal Taluk where our hospital is located.

Narayana Hrudayalaya hospitals attracts highest number of foreign patient from 73 countries in India, catering to their regional specific requirements of language, food and entertainment it has treated more than 15,000 international patients. Narayana Hrudayalaya has been associated with Ministry of Health, Malaysia and Oman.

Recognition of our activities:

- Wall street Journal showcased Narayana Hrudayalaya on of its cover story, making way for global platform.
- NABH, the highest honor in the clinical quality assurance awarded the accreditation only to be the 7th hospital in the country and first in the state for such an accreditation.
- Three years ago Harvard Business School conducted a case study on Narayana Hrudayalaya that is now the most studied case in all business schools and most quoted case studies in healthcare industry.
- Four years ago discovery channel made a documentary on Narayana Hrudayalaya, which was broadcasted all over the world.
- Three years ago Australian broadcasting corporation made a documentary about Narayana Hrudayalaya, which was broadcasted all over the world and especially in Australia during the prime time.
- Narayana Hrudayalaya story is written by Forbes, Reader Digest, and New Scientist and appears in two of the books from the Harvard Business School and from Prof. C.K. Prahlad.
- It has been rated in the Top 5 Cardiac Hospitals in India by "THE WEEK" magazine.

Founder

The Late Sri Charmakki Narayana Shetty, founder, Shankaranarayana Group of Companies (SNC), was a man with a vision. Having established his group in the field of construction with expertise in dams,

roads, highways and power projects in India, the onus to give something back to the society started it all.

He found his noble cause taking shape through Asia Heart Foundation (AHF), a non-profit charitable organization founded by a group of heart specialists to establish high-tech hospitals in developing nations. Apart from assisting in commissioning the BM Birla Heart Research Institute, Kolkata in 1989, and the Manipal Heart Foundation, Bangalore in 1997, the AHF decided to promote its own hospital in Kolkata, the Rabindranath Tagore International Institute of Cardiac Sciences (RTIICS) in 2000. The AHF went a step further in realizing the potential of Bangalore being the healthcare destination of Asia by creating Narayana Hrudayalaya, a first-of-its-kind cardiac care hospital.

Today, Narayana Hrudayalaya provides complete, expert and holistic treatment to the millions of afflicted individuals in need of treatment by experts at an affordable cost. Health care services spread across Cardiac, Neuro, Specialist Pediatric Care, Organ Transplants, Gastroenterology and much more.

BOARD OF DIRECTORS:

- **Dr. Devi Shetty (Chairman & Managing Director)**
- **Mrs. Shakuntla Shetty (Executive Director)**
- **Mr. Viren Shetty (Executive Director)**
- **Mrs. Kiran Mazumdar shaw (Director)**
- **Mr. Dinesh krishnaswamy (Independent Director)**
- **Ms. ADA Kha Tse (Director)**
- **Mr. Christopher John Nicholas (Director)**
- **Dr. Ashutosh Raghuvanshi (Executive Director)**
- **Mr. Santosh Senapati (Executive director)**
- **Mr. Shishir Jain (Director)**

VISION :

"Affordable quality healthcare to the masses worldwide"

MISSION :

We at Narayana Hrudayalaya Hospitals have a dream!

"A dream of making quality healthcare available to the masses worldwide"

To make the dream a reality we commit ourselves to: -

- Being a tertiary care referral center for complex medical and surgical problems
- Developing a Health City Model , to be replicated nationally and internationally
- Excelling as an Education, Training and Research Center in Medical, Paramedical and Allied specialties

NARAYANA HRUDAYALAYA, JAIPUR

Narayana Hrudayalaya Group of Hospitals

Narayana Hrudayalaya is now, without a shadow of doubt, the spark that has radically changed the scenario of accessibility, pricing and state of the art healthcare in India. Originally, the radical new concept, started as the Spartan Narayana Hrudayalaya Heart Hospital Bangalore by the founder Dr. Devi Prasad Shetty, has eventually evolved as a truly global healthcare provider. Our current facilities allow for 4000 beds and we positively look at being able to equip and service 30,000 beds by 2015

.

Dr. Devi Shetty has over the past three decades re affirmed his commitment to ***'An equitable distribution of world class healthcare for the masses at an affordable cost'***. Our group's firm belief in the mission statement and its core values helps reinforce our everlasting commitment to the people of Rajasthan. Narayana Hrudayalaya will bring this very same revolutionary concept to the state and its people with the promise of an affordable one stop health solution.

“We aim to reproduce the highly efficient Healthcare model of Narayana Hrudayalaya Hospitals in Jaipur & other Northern regions of the country.”

Narayana Hrudayalaya Hospital, Jaipur

Departments, Services, Facilities

We are located on Hrudayalaya avenue, off Kumbha Marg at Pratap Nagar in New Sanganer, Jaipur. This sprawling 4.7 acre campus has its commitment for all to view as you arrive at the campus; in a multi-faith place of worship .It reaffirms our commitment to society, with no distinction in classes, religion or faith. This is a `Temple of healing ‘and that sentiment echoes throughout a patient’s experience at NH hospital.

You see a hospital that is functional as phase 1 with a capacity of 200 beds that includes tertiary intensive care beds with additional intermediate care areas and wards. We offer centers of excellence that have a unique multidimensional approach to patient care - The Heart centre, The center for Bone, Joint and Spine, The division of Renal sciences and Transplant Urology ,The Advanced center for Minimal Access surgeries and the Maternity and Child unit to name a few.

Ensuring quality medical treatment at Narayana Hrudayalaya Hospital Jaipur, are the most comprehensive facilities available in Rajasthan which includes a 64 slice CT scan machine, 1.5 tesla MRI, Nuclear medicine, touch screen monitors, world class dialysis facility , and a flat panel Cath lab, to name a few. The idea is to bring together our group’s vision, its

Narayana effective view of healthcare for the common person and the expertise of multidisciplinary specialists.

The idea is to bring together our group’s vision, its effective view of healthcare for the common person and the expertise of multi-disciplinary specialties whose brief description as follows:

Hrudayalaya Hospital, Jaipur

CARDIOLOGY AND CARDIAC SURGERY

Narayana Hrudayalaya Hospital, Jaipur has put together a team of experts for achieving excellence in cardiac treatment .The cardiac operation theatre is equipped for cardiac bypass and off pump beating heart surgery, exclusive cardiac surgical ICU recovery, new top of the line cath lab and a advanced heart command centre with latest monitoring system which

provides comprehensive invasive and non invasive services by highly trained and skilled medical and para-medical staff

NEUROSCIENCES

The Department of Neurosciences at Narayana Hrudayalaya Hospital, Jaipur offers evaluation and care of patients with Stroke, Backache, Spinal disorders, Neuro Oncology, Epilepsy, Facial Pain and Headache etc in specialty clinics. The Hospital offers state-of-the-art surgical facilities for Microscopic Neurosurgery as well.
The department is backed by most advanced Neuro-Imaging for accurate diagnosis like 64 Slice CT Scan & Magnetic Resonance Imaging.(MRI) and treatment of most Neurological disorders, and Electrophysiological tests.

NEPHROLOGY AND UROLOGY

At our dedicated Nephrology unit, there is a dialysis centre equipped with state-of-the art dialysis machines and a dedicated RO (reverse osmosis) water plant. Acute & chronic renal failure cases would be accepted. Two CRRT machines would be available to enhance the dialysis repertoire.

GASTROENTEROLOGY

The specialized teams of doctors conduct advanced treatment for disorders of the liver, biliary tract, pancreas, and other GI endoscopy and ERCP, sclerotherapy, banding, stenting polypectomy, and so on. Bariatric surgery would also be undertaken.

ORTHOPAEDICS AND JOINT REPLACEMENT

The Narayana Hrudayalaya Hospital is fully equipped for joint replacement surgery (knee, hip, ankle and shoulder). Two dedicated Operation Theatres of International level where high-end procedures and minimally invasive surgeries (arthroscopy) are performed. They are equipped with-

- Laminar flow systems
- State of the art implants

• Infection free post operative care
• State of Art Physiotherapy & rehabilitation Centre

TRAUMA CARE AND EMERGENCY SERVICES

The Narayana Hrudayalaya Hospital, Jaipur has well-equipped seven bedded triage and an emergency Operation Theatre supported by ICU where Critically ill and polytrauma patients are attended in an integrated manner and supported round the clock by team of physician, Radiologist, Anesthesiologist, General ,Orthopedic and Neurosurgeon and specially trained nursing staff.

The Hospital has Code Blue team comprises a team of an emergency Physician, Cardiologist, Anesthetist and a Nurse who responds to all such Emergencies.

The distance between Emergency/ Triage – Critical Care Area/ Operation Theatre/ Cath lab has been kept minimal for the speedy approach of facilities and medical staff.

CRITICAL CARE

The patients who require acute advanced care are taken to Critical Care unit which does round the clock observation. The Critical Care Unit facilitates:-

• Forty Three bedded Critical care unit with nurse to patient ratio of 1:1 having advanced ventilators and monitoring systems.
• International Protocols of Nursing care
• Bedside arterial blood gas analysis & Imaging i.e. X-ray, ultrasonography, echocardiography, peripheral Doppler
• Bedside Haemodialysis, endoscopy and bronchoscopy.
• Microprocessor controlled capable of providing ventilatory support to adults and children

MOTHER AND CHILD CARE

The Narayana Hrudayalaya Hospital provides ideal set-up both for mother and child alike. A dedicated LDR complements the other labour rooms and state-of -the -art foetal monitoring system for complete safety of both mother and child are available. Laparoscopic as well as other gynecological surgeries are undertaken. The labour rooms can well facilitate all emergency cases round the clock. For Child health care the hospital is equipped with:

• Level 3 neonatal intensive care facilities for babies
• Implementation of clinical contemporary protocols of resuscitation at birth,
• Timely immunization, feeding advice and health ante-natal & post natal checkups.
• Special clinics for asthma, epilepsy, adolescent health, child psychology and high-risk newborns.

PULMONARY MEDICINE

The centre offers an integrated approach for the treatment and management of Pulmonary diseases as well as respiratory problems. Procedures like broncho-alveolar lavage, brush cytology, bronchial / transbronchial biopsy needle aspiration cytology and interventional bronchoscopy are performed.

PLASTIC SURGERY, COSMETIC& RECONSTRUCTIVE SURGERY

Specialized corrective procedures for congenital anomalies, facial injuries, scars and reconstructive work are undertaken. Treatment for acute burns and related post burn corrective procedures are performed by highly experienced doctors.

INTERNAL MEDICINE

Protocols for evidence-based medicine are followed in the treatment of general medical disorders including infections, degenerative and metabolic disorders and clinical immunology etc.

DIABETES & ENDOCRINOLOGY

With the change in lifestyles, advanced therapeutic modalities for complicated disorders of thyroid, pituitary and other metabolic diseases like diabetes, hormonal and growth disorders are thoroughly investigated here.
• Adult & Childhood Diabetes
• Adult and Childhood Obesity
• Metabolic and Lipid disorders
• Thyroid disorders

PHYSIOTHERAPY & REHABILITATION CENTRE

Chest Physiotherapy (CTVS) and rehabilitation for joint diseases, stroke, backache, trauma and so on is provided by well trained staff and facilitated by latest gadget

NUTRITION

Professionally managed Dietetics Department supervises all meals with special emphasis on disease specific menu, and Nutritional requirements.

PREVENTIVE HEALTH CHECK UNIT

Well designed comprehensive and preventive health packages for executives as well as for general population, including an array of blood tests, X-rays, Ultrasound, TMT, ECG, Pulmonary Function test, Echocardiography, Eye and Dental check up.

RADIO DIAGNOSIS AND IMAGING

The Narayana Hrudayalaya Hospital Jaipur is equipped with,

• Highly advanced 64 slice CT scan machine

• 1.5 tesla MRI machine.

• 500 MA X ray machines

"The World Class Dialysis Program supported by ARCS, USA, enhances the delivery with reducing variability in delivery of care for patients undergoing Dialysis."

Sonography unit caters for multifaceted services for abdomen, small part and Obstetric mapping round the clock. Equipment consists of colour & power Doppler and interventional ultrasound.

PATHOLOGY & MICROBIOLOGY

Pathology services include biochemistry, microbiology and histopathology & Range of tests offered exceeds 3000 from routine to rare ones. It strictly follows the protocols of the college of American Pathologists (CAP). The result is cutting edge accuracy and speed in investigation, enabled by the high-tech procedures and state of the art equipment.

COMFORT, SAFETY AND SUPPORTIVE CARE

Total environment control with proper treatment of air and water, well-provided waiting space, sophisticated and well stocked pharmacy and facilities for communication and refreshment enhance patient comfort. The hospital is networked for global connectivity and

supported by state-of-the –art medical gas system, central sterile supply, laundry and full backup power generation

3.2NARAYANA HRUDAYALAYA DEPARTMENT LOCATIONS:

The hospital has 4 floors including Basement & is divided into 3 Blocks- A Block, B Block,C Block.

BASEMENT

Block A: Physiotherapy Department

Block B:

- HR department
- Administration Department
- Marketing Department
- Biomedical Engineering Department
- Food Court for Staff & Attendants & Visitors
- Dialysis Unit: 14 Bedded

Block C:

- CSSD
- Main Store
- Mortuary :4 Unit
- Linen Room
- MRI
- CT Scan
- X Rays
- Mammography
- Console Room
- Diagnostic Waiting Area
- Emergency Department :7 Bedded

GROUND FLOOR

Block A:

- Front Office
- Centralized OPD Wing
- Billing Section Finance Department
- TPA cell
- Pharmacy Outlet
- Food Counter

Block B:

- Blood Bank
- Laboratory Medicine
- Cardiac Diagnostics (Ecg, Echo, TMT, Holter Monitor)
- Ultrasound
- VIP Waiting Lounge
- OPD Procedure
-

Block C:

- Cardiac OPD
- CCU: 40 Bedded
- Cath Lab
- VIP Waiting Area

FIRST FLOOR:

Block A:

- Obstetrics & Gynecology Department
- Septic Labor room
- NICU
- MRD Department
- Female General ward
- Private & Semi Private Wards

Block B:

- Male General ward: 34 Bedded

Block C:

- OT: 5 in No
- ITU:40 Bedded

SECOND FLOOR: Under Construction

Various Activities Undertaken By Narayana Hrudayalaya Clinic for its Patients :

1. **Morning Park Camps**

   Frequency: Once in a week (13 in 3 months)

   Services: Consultation, Free basic investigations, discount on health packages and procedures

   Approximate Expenses: 1000 Rs so 13000 Rs for entire activity including consumables and media cost.

2. **Customized Guest Lectures at Different Corporate, education Institutions, Societies of different specialties**

   Frequency: 2 lectures every week

   Approximate Expenses: Transportation Cost (Approx 200 Rs every time) so 26 lectures in 3 months hence 5200 Rs.

3. **Annual Health Checkups in Schools**

   Frequency: 1 school every week (Frequency may differ according to school examinations and holidays), target is to cover 15 schools.

   Services: Height, Weight, Internal Medicine Consultation, Eye Check (will be outsourced on NPNL basis)

   Approximate Expenses: Transportation and Stationary (Reports) Cost (Approx 1000 Rs per School) so 15000 Rs is the total Expenses.

4. **Direct Promotion / Sales of our health check-up packages at corporate**

   Corporate to be covered: Every Possible Corporate especially all big ticket corporate

   Frequency: Continuous Process

Approximate Expenses: Transportation Cost (50 Rs per Day), Approximate 5000 Rs for 3 Months.

5. **Promotion of Medical Tourism by keeping our promotional material in various hotels and educating the hotel administration about our services**

   Hotels to be covered: Every Possible Hotel

   Frequency: Continuous Process

   Approximate Expenses: Cost of Sophisticated Promotion Material with Transportation Cost which will be approx 11800 Rs.

   So the total Expenses of above mentioned activities will be approx **50000**Rs.

6. **Special Initiatives**:

   - Free Consultation Week (April)
   - Safe Spine Week (May)
   - Grand Gastro Week (June)

   Organizing above mentioned Special Initiatives are subjected to grant of approval and the expenses* would be loosing of revenue (consultation & discount in investigation)

7. **Annual Health Checkups in Schools**

   Frequency: 1 school every week (Frequency may differ according to school examinations and holidays), target is to cover 15 schools.

   Services: Height, Weight, Internal Medicine Consultation, Eye Check (will be outsourced on NPNL basis)

   Approximate Expenses: Transportation and Stationary (Reports) Cost (Approx 1000 Rs per School) so 15000 Rs is the total Expenses.

8. **Direct Promotion / Sales of our health check-up packages at corporate**

   Corporate to be covered: Every Possible Corporate especially all big ticket corporate

   Frequency: Continuous Process

   Approximate Expenses: Transportation Cost (50 Rs per Day), Approximate 5000 Rs for 3 Months.

9. **Promotion of Medical Tourism by keeping our promotional material in various hotels and educating the hotel administration about our services**

   Hotels to be covered: Every Possible Hotel

   Frequency: Continuous Process

   Approximate Expenses: Cost of Sophisticated Promotion Material with Transportation Cost which will be approx 11800 Rs.

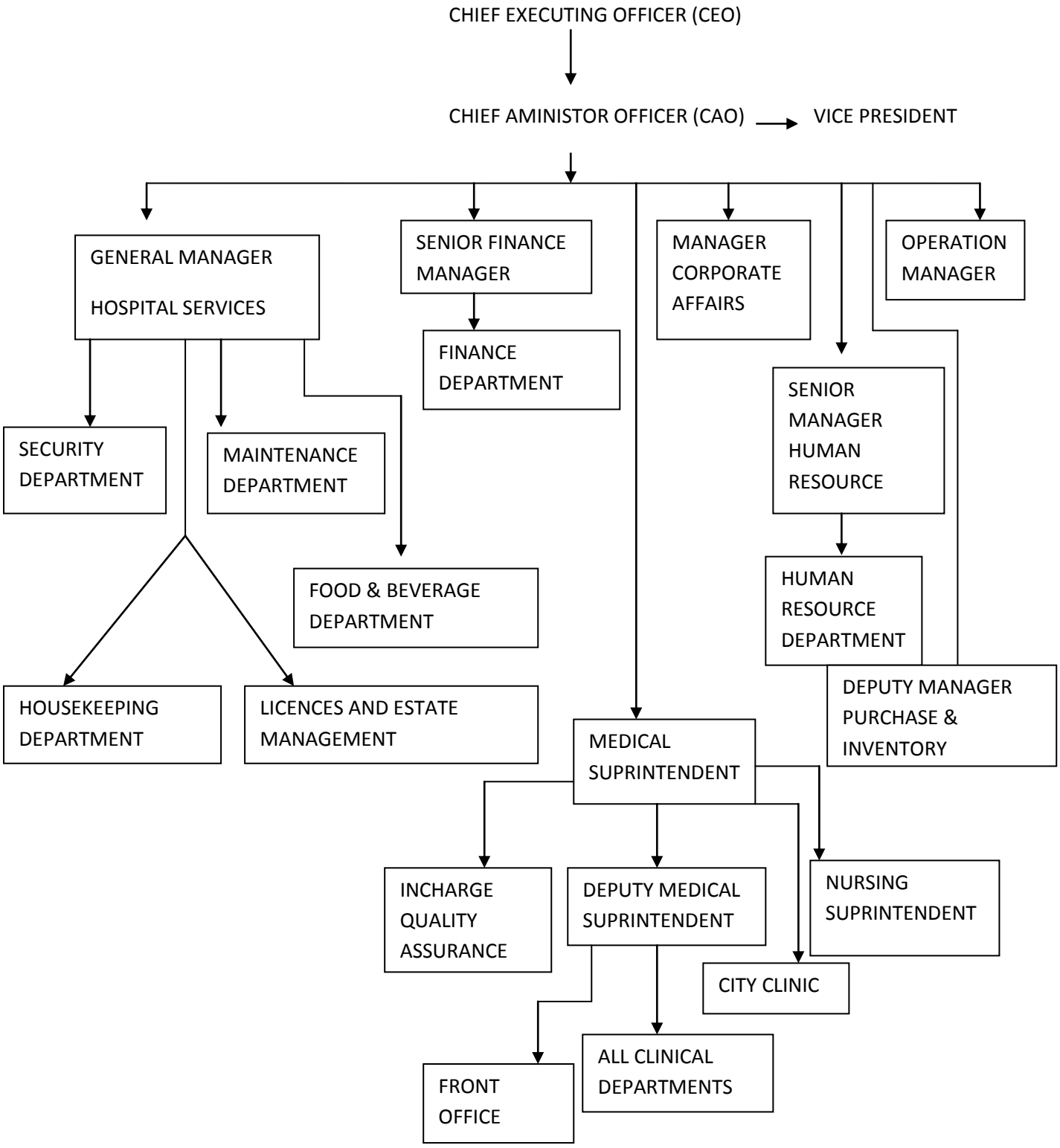
   So the total Expenses of above mentioned activities will be approx **50000**Rs.

10. **Special Initiatives**:

    - Free Consultation Week (April)
    - Safe Spine Week (May)
    - Grand Gastro Week (June)

    Organizing above mentioned Special Initiatives are subjected to grant of approval and the expenses* would be loosing of revenue (consultation & discount in investigation)

ORGANOGRAM OF THE HOSPITAL



A PROJECT REPORT ON

Activity Mapping of Male General Ward Narayana Hrudayalaya Hospital

Guide: Dr. Avadhesh Agrawala

Faculty Co-guide: Mr Subasis Bhattacharaya

College mentor- Dr Anoop khanna

Submitted by

Dr vishwas Giri

IIHMR, Jaipur

Certificate

This is to certify that the study entitled "Activity Mapping of Male wards (Narayana Hospital)**"**

is the record of bonafide work carried out by Dr Vishwas Giri(PGDHM Student in Institute of Health Management Research, IIHMR, Jaipur) under our direct guidance and supervision.

Dr. Mala Airun

Medical supridentendent

Narayana hospital

Jaipur

Dr. Avadhesh *,*

DMS

Narayana hospital,

jaipur

Mr ***Bhattacharya***

HOD HR

Narayana hospital

Acknowledgement

A journey is easier when you travel together. Interdependence is certainly more valuable than independence. This project report is the result of two months of training whereby I have been accompanied and supported by many people. It is a pleasant aspect that I now have the opportunity to express my gratitude for all of them.

I am fortunate to get this opportunity to convey my heartfelt thanks to my guide Dr. Avadhesh Agrawala DMS Narayana Hospital Administration, HOD HR Mr. subasis Bhattacaraya sir granting me the enviable honour and rare privilege to do this project in Narayana and the opportunity to interact with many resource persons during the study period.

I feel deeply privileged in expressing our deep sense of gratitude to ***Dr. Devi Shetty (****CMD* ***tawar*** *(Vice President NH Jaipur)* ***, Dr. Mala Airun(*** *Medical Superintendent),****Dr.Arunesh Punetha*** *(CAO),* ***Mr. Subhasish Bhattacharya*** *(HR Head) Narayana Hrudayalaya for their expert guidance and encouragement which immensely helped in the process of making this report. Without their support, exploring such a vast organization could not have been possible.*

I take this opportunity to express my heartfelt gratitude and indebtedness to my guide Mr Ankit , Department of Male wards, Narayana hospital whose invaluable guidance and continued help in every aspects enabled me to complete my report and without her cooperation I would not have presented this successfully.

I am indebted to Dr. Shrikant and all Senior residents and Junior residents, Nursing incharges, nursing staff, Department of Male wards for their able and sustained guidance, and valuable comments offered throughout the study.

With immense pleasure I express my gratitude and respectful regard to sister incharge satisji,khemsingji, Nursing superintendent (NS),Narayana Hospital Jaipur(RAJ)

The acknowledgement would be incomplete if I don't mention the name of my friends and all my colleagues who helped me throughout the project. My sincere thanks to all those who have been associated with this work but have not found their names in this acknowledgement. Their contribution has been great.

Table of Content

Functions of Narayana Hrudayalaya

- *Plan for Nursing education*
- *Innovations in education*
- *Research in medical and related sciences.*
- *Healthcare: preventive, promotive and curative; primary, secondary & tertiary.*
- *Community based teaching and research*

Introduction

" ward" is a grouping of accommodation for the patients with service facilities which enable a team of nurses to care for inpatients under the best possible conditions, and includes under one roof patient beds, the nursing station, the service area, the storage area, the work area, and sanitary area

The Department of General Internal Medicine provides comprehensive inpatient and ambulatory adult medical care. It serves as clinical home to respected specialist physicians with offices both on campus and in convenient community sites.

Adult medical services are one of the most frequently accessed services of secondary and tertiary health care facilities. Not only is it a politically and emotionally charged discipline, adult medicine is also responsible for managing the disease processes that account for many of the deaths and disability in Indian society.

Highest rates of the common life threatening diseases include coronary artery disease, diabetes, lung cancer, kidney diseases, chronic respiratory disease, stroke, asthma, arthritis and hypertension. These disorders are predominantly incurable and managed by primary practitioners and physicians. Surgery has little place to impact on the lives of people who suffer from these disorders.

Need for Study

The basic idea behind conducting this study is to enlist, classify and understand the activities in ward on the basis of time and staff performing them. This would make it easy to develop the job and role description of the staff, specially the nursing staff as they are directly responsible for patient care as well as ward management.

Clearly defined jobs and roles would make it easy to ascertain adequate staff requirement in the ward, and also help the staff to understand specifically what hospital or organization expects and how can they do it in best possible way.

Using job descriptions will help an organization better understand the experience and skill base needed to enhance the success of the organization. They help in the hiring, evaluation and potentially terminating of employees. All too often, there is a misunderstanding of what a position entails and a well-prepared job description can help both sides share a common understanding.

Aim of Study

Activity Mapping of Male wards Narayana Hrudayalaya Hospital

Objectives of Study

1. *To enlist all activities performed on a routine/non-routine basis in male ward*
2. *To classify patient care activities and ward management activities performed by staff.*
3. *Shift wise charting out patient care and ward management activities performed by staff in the ward.*

Methodology

- *Study area – medicine ward, Narayana Hospital*
- *Study Duration –From09-04-12 to 02-05-12*
- *Type of study – observational study*
- *Study tool – face to face interview;*
    - *Junior Resident(Jr.)*
    - *Sister In charge*
    - *Sister Grade I/II*
    - *Ward Attendant (SA)*
    - *Sanitary Attendant(SA)*
    - *Security Guard*

Review of Literature

Work Sampling: a quantitative analysis of nursing activity in a Neuro – Rehabilitation Setting

Heather Williams, Ruth Harris & Lyne Turner – Strokes

The aim of this investigation was the distribution and proportion of nursing activity represented by patient – related care activities (direct and indirect), and other nursing activities (unit – related and personal) within one inpatient neurological rehabilitation unit.

This was a work sampling study and a set of tools were developed for estimating the care/nursing hours required for direct hands –on patient care in hospital rehabilitation setting, the information generated from this study could be used for estimating the actual staffing requirements only if proportion of nursing workload assigned to other work load and how this varies throughout the day was known.

Direct patient care accounted for less than half of the nursing activity in a rehabilitation setting. Estimates of setting requirement must also take account of the time required for indirect care and non- patient related activities.

"How unit level nursing responsibilities are structured in US hospitals"- Journal of Nursing Administration

Ann F. Minnick, PhD, RN, FAAN, Lorraine C. Mion, PhD, RN, FAAN

Lack of data – based behavioral descriptions of the extent to which elements of nursing models are implemented makes it difficult to determine how work models may influence outcomes.

This study was conducted to know the extent to which acute and intensive care units use the elements of nursing models (team, functional, primary, total patient care, patient- focused care, case management) and the deployment of non-unit based personnel resources.

For this purpose structured interviews were conducted regarding:

- *Day- shift use of patient assignment behaviors associated with nursing models.*

The availability and consistency of assignment of non –unit – based support personnel

The results after conducting these interviews at 56 intensive care units and 80 acute care adult units from 40 randomly selected US hospitals were, no model was implemented fully. Almost all intensive care units reported similar assignment behaviors except in the consistency of patient assignment. Non – intensive care units demonstrated wide variation in assignment patterns. Patterns differed intra institutionally. There were large differences in the availability and deployment of non-unit-based supportive resources.

The study recommends that administrators must recognize the differences in work models within their institutions as a part of any quality improvement effort. Rigorous attempts must be made to measure the implementation of new work models. it is important to describe accurately the work deployment models for nursing personnel for various reasons:

- *Improving patient outcomes – without knowing how people are deployed, it is difficult to determine who is responsible for key elements of outcome production and impossible to determine what changes might make a difference.*
- *Basic management principle – workers who understand the responsibilities and attendant required skills of their own jobs as well as those of workers in other roles are less likely to make errors and facilitate rapid redeployment of personnel to fill openings across an organization.*
- *Another unknown is the extent to which the work models are supported by nursing services outside the unit. The constellation of these services, as well as those provided by non nurse patient care support personnel (eg. Social workers) might influence the work of the unit-based nursing personnel structure.*

There are no current data-based behavioral descriptions of the extent to which the models are used to deploy personnel to accomplish nursing work in hospital.

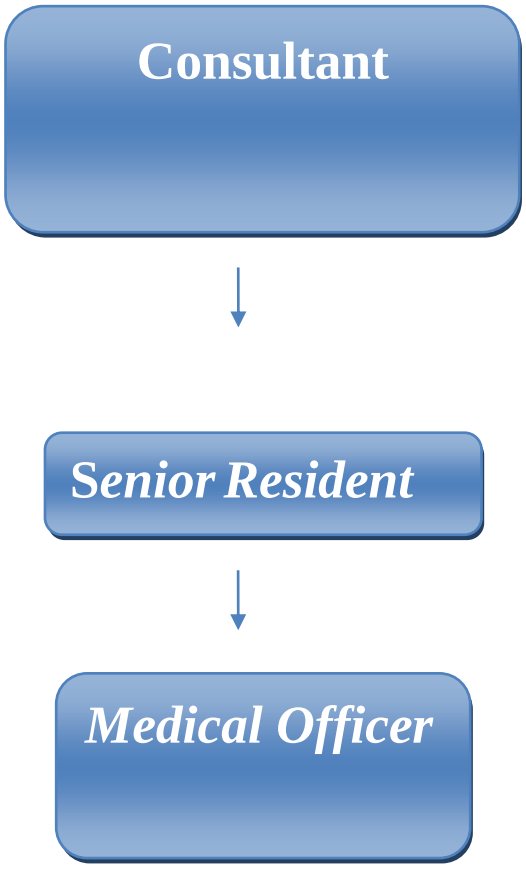
Structure of the Male Ward 1&2 Narayana Hrudayalaya Hospital

- No. of general beds male ward first 16
- No. of beds male ward second 19

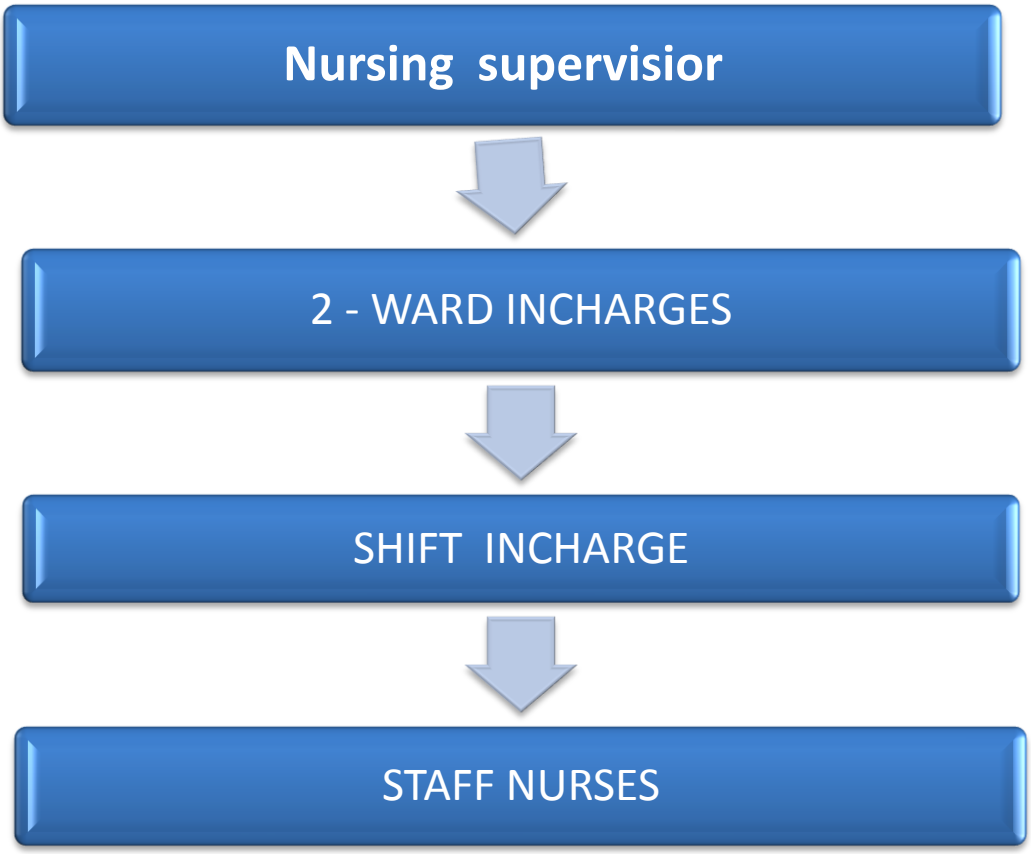
Functional areas of ward

- *Nursing station*
- *Store room*
- *Treatment room*
- *Physio & Doctor's duty room (med.)*
- *Admission papers/files room*

Organogram of Doctors in Male Wards



Staffing Of Nursing Personnel In Ward



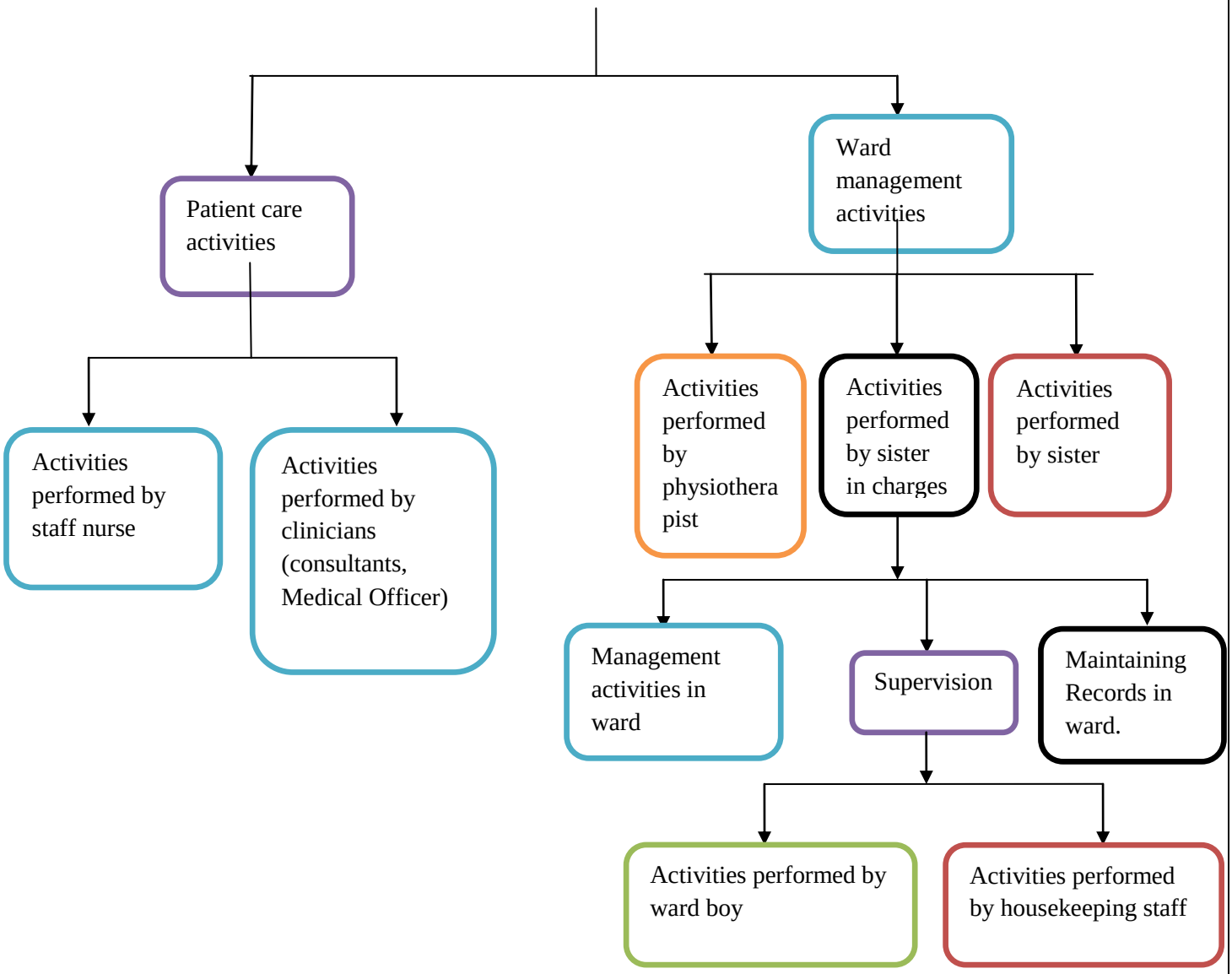
STAFF	MORNING SHIFT	EVENING SHIFT	NIGHT SHIFT
NURSES	***3***	***3***	***3***
Ward Boy	***2***	*nil*	***1***
HK Staff	**2**	Nil	**1**

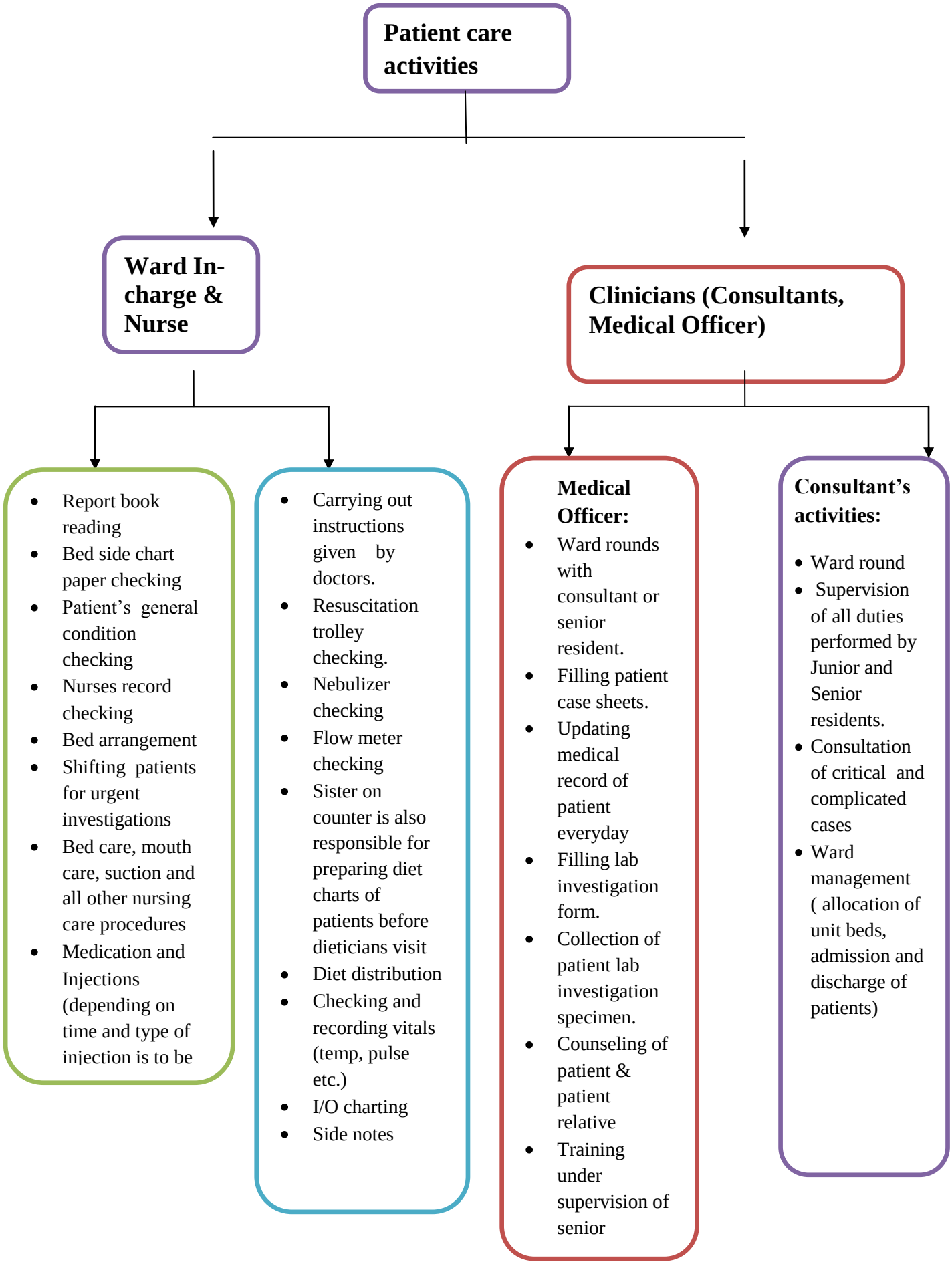
MALE WARD 2

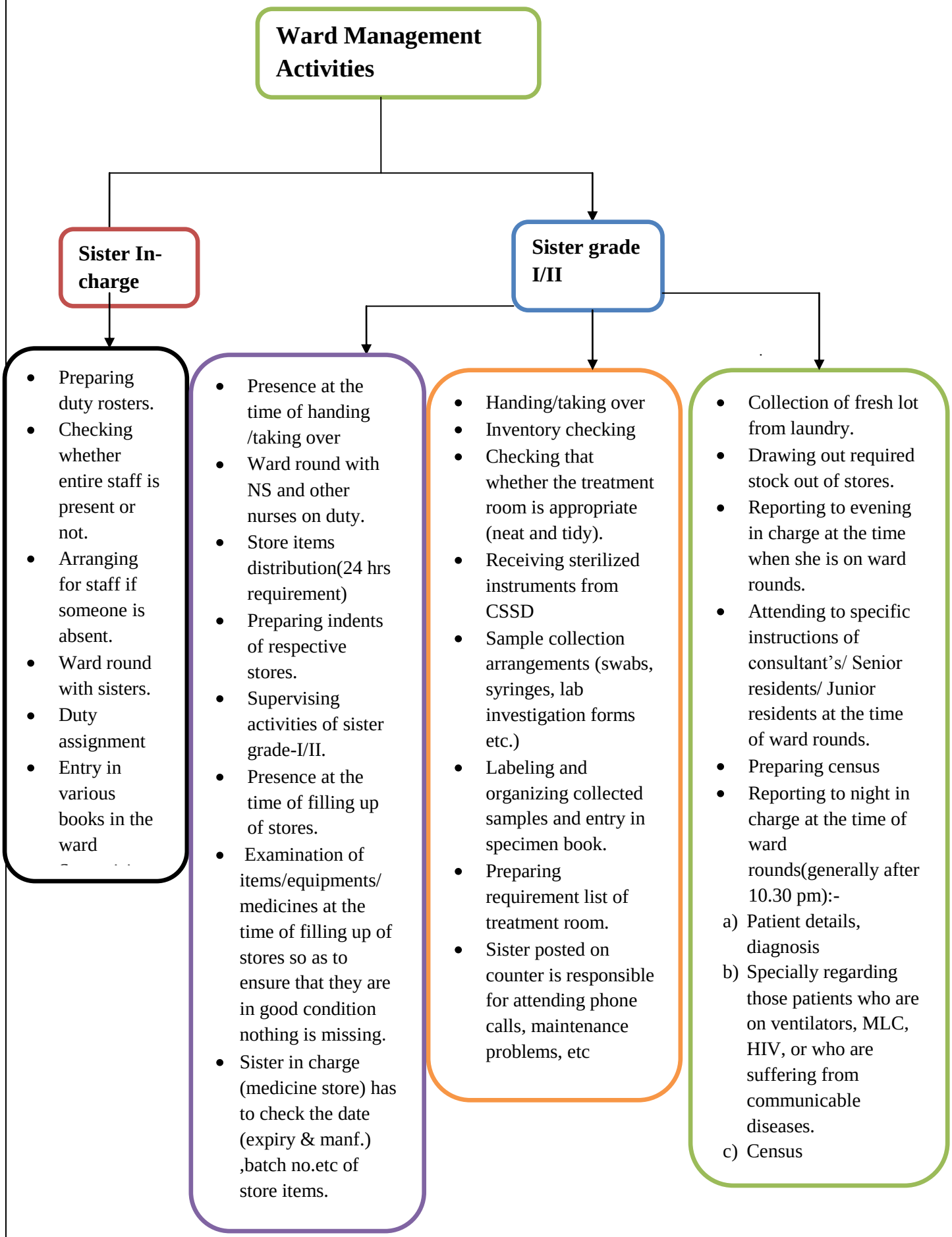
STAFF	***MORNING SHIFT***	***EVENING SHIFT***	***NIGHT SHIFT***
NURSES	***3***	***3***	***3***
WARD Boy	***2***	***NIL***	***1***
HOUSE KEEPING STAFF	***2***	***NIL***	***1***
CCA	***1***	***NIL***	***NIL***

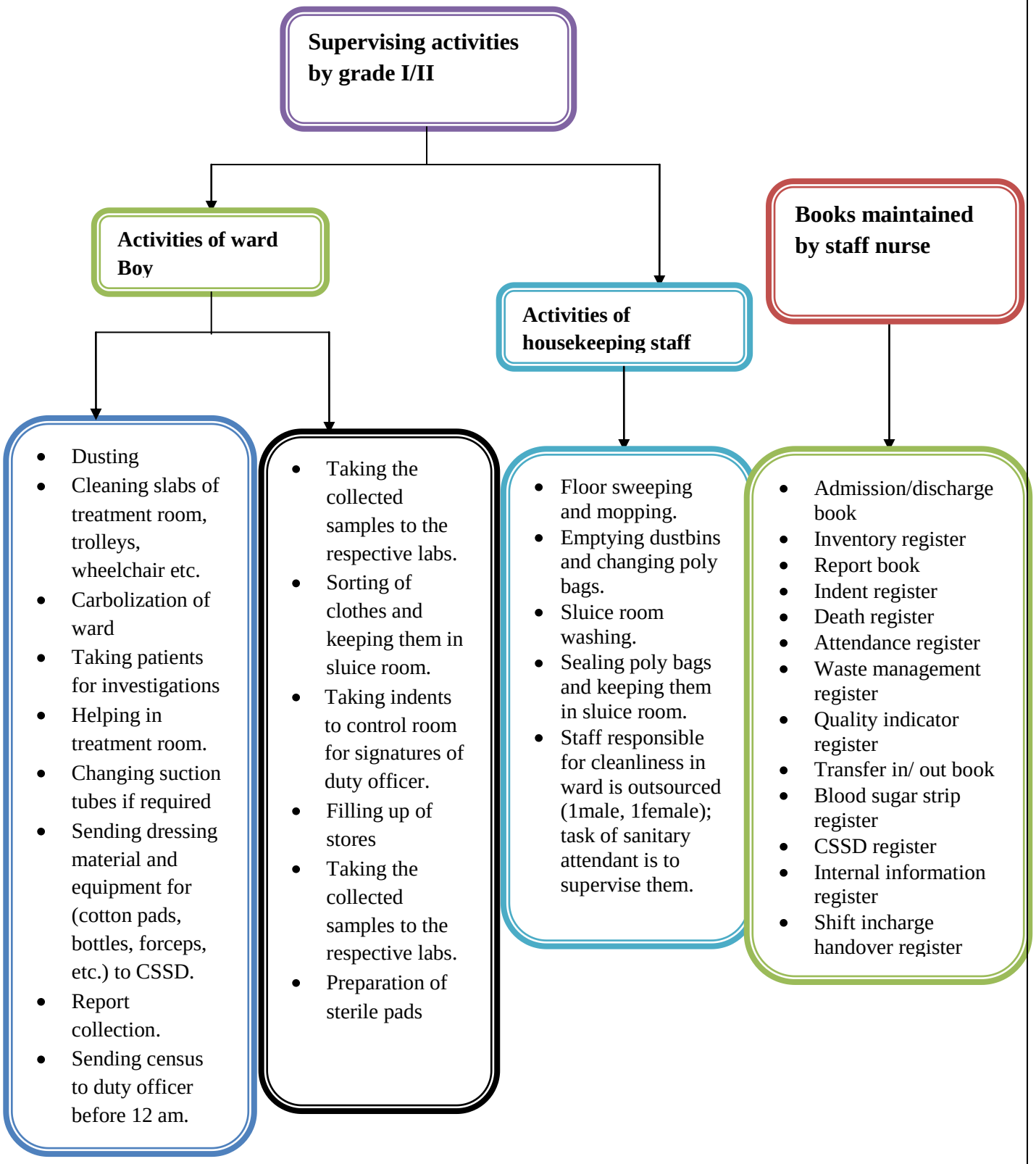
Observations

ACTIVITIES IN MALE WARDS




Patient care activities
Ward In-charge & Nurse
Clinicians (Consultants, Medical Officer)
Report book reading
Bed side chart paper checking
Patient's general condition checking
Nurses record checking
Bed arrangement
Shifting patients for urgent investigations
Bed care, mouth care, suction and all other nursing care procedures
Medication and Injections (depending on time and type of injection is to be
Carrying out instructions given by doctors.
Resuscitation trolley checking.
Nebulizer checking
Flow meter checking
Sister on counter is also responsible for preparing diet charts of patients before dieticians visit
Diet distribution
Checking and recording vitals (temp, pulse etc.)
I/O charting
Side notes
Medical Officer:
Ward rounds with consultant or senior resident.
Filling patient case sheets.
Updating medical record of patient everyday
Filling lab investigation form.
Collection of patient lab investigation specimen.
Counseling of patient & patient relative
Training under supervision of senior
Consultant's activities:
Ward round
Supervision of all duties performed by Junior and Senior residents.
Consultation of critical and complicated cases
Ward management (allocation of unit beds, admission and discharge of patients)


Ward Management Activities
Sister In-charge
Sister grade I/II
Preparing duty rosters.
Checking whether entire staff is present or not.
Arranging for staff if someone is absent.
Ward round with sisters.
Duty assignment
Entry in various books in the ward
Presence at the time of handing /taking over
Ward round with NS and other nurses on duty.
Store items distribution(24 hrs requirement)
Preparing indents of respective stores.
Supervising activities of sister grade-I/II.
Presence at the time of filling up of stores.
Examination of items/equipments/ medicines at the time of filling up of stores so as to ensure that they are in good condition nothing is missing.
Sister in charge (medicine store) has to check the date (expiry & manf.) ,batch no.etc of store items.
Handing/taking over
Inventory checking
Checking that whether the treatment room is appropriate (neat and tidy).
Receiving sterilized instruments from CSSD
Sample collection arrangements (swabs, syringes, lab investigation forms etc.)
Labeling and organizing collected samples and entry in specimen book.
Preparing requirement list of treatment room.
Sister posted on counter is responsible for attending phone calls, maintenance problems, etc
Collection of fresh lot from laundry.
Drawing out required stock out of stores.
Reporting to evening in charge at the time when she is on ward rounds.
Attending to specific instructions of consultant's/ Senior residents/ Junior residents at the time of ward rounds.
Preparing census
Reporting to night in charge at the time of ward rounds(generally after 10.30 pm):-
a) Patient details, diagnosis
b) Specially regarding those patients who are on ventilators, MLC, HIV, or who are suffering from communicable diseases.
c) Census


Supervising activities by grade I/II
Activities of ward Boy
Activities of housekeeping staff
Books maintained by staff nurse
Dusting
Cleaning slabs of treatment room, trolleys, wheelchair etc.
Carbolization of ward
Taking patients for investigations
Helping in treatment room.
Changing suction tubes if required
Sending dressing material and equipment for (cotton pads, bottles, forceps, etc.) to CSSD.
Report collection.
Sending census to duty officer before 12 am.
Taking the collected samples to the respective labs.
Sorting of clothes and keeping them in sluice room.
Taking indents to control room for signatures of duty officer.
Filling up of stores
Taking the collected samples to the respective labs.
Preparation of sterile pads
Floor sweeping and mopping.
Emptying dustbins and changing poly bags.
Sluice room washing.
Sealing poly bags and keeping them in sluice room.
Staff responsible for cleanliness in ward is outsourced (1male, 1female); task of sanitary attendant is to supervise them.
Admission/discharge book
Inventory register
Report book
Indent register
Death register
Attendance register
Waste management register
Quality indicator register
Transfer in/ out book
Blood sugar strip register
CSSD register
Internal information register
Shift incharge handover register

Shift Wise Activities

Time	Sister In Charge	Sister In charge	Staff nurse	Hospital ward boy	Sanitary Attendant (SA)
8.00am TO 8 PM	• Duty begins at 8 am • Checking whether entire staff is present or not. • Arranging for staff if someone is absent. • Ward round with sisters.	• Duty begins at 8.00 am. • Present at the time of handing /taking over • Going on ward round with supervisor and other and when required.	• Handing/taking over • Inventory checking • Report book reading • Bed side chart paper checking • Patient's general condition checking • Nurses record checking	• Dusting • Cleaning slabs, slabs, trolleys, wheelchair etc. • Carbolization of ward	• Mopping is done once before consultant's round. • Mopping is done three times in each shift
	Duty assignment		• Bed arrangement • Shifting of patients for urgent investigations	• Taking patients for investigations	
	• Entry in various books in the ward • Supervising all the activities being carried out in ward.	• Preparing indents of respective stores. • Supervising activities of sister grade-I/II. • Being present at the time of filling up of stores and also examination of items at the time of filling up of stores so as to ensure that they are in good condition and nothing is missing .	• Patient care(bed care, mouth care, suction and all other nursing care procedures.) • Checking that whether the treatment room is neat and tidy. • Receiving sterilized packs from CSSD before 10 am. • Making arrangements for sample collection (swabs,	• Helping in treatment room. • Changing suction tubes if required. • Taking the collected samples to the respective labs. • Sorting of clothes and keeping them in sluice room. • Taking indents to control	• Mopping is done again at 10.30 am • Emptying dustbins and changing the poly bags.

			syringes, lab investigation forms etc.) • Medication • Injections (depends on time and type of injection is to be given) • Taking and carrying out instructions given by doctors. • Labeling &entry in specimen book, &organizing samples. • Resuscitation trolley checking. • Nebulizer checking • Flow meter checking • Preparation of requirement list of treatment room. • Sister posted on counter is responsible for attending phone calls, maintenance problems, etc • Sister on counter is also responsible for preparing diet charts of patients before dieticians visit(which is generally after 10.30 am) • Report book writing. .	room for signatures of duty officer. • Filling up of stores	

	• Duty assignment of staff for evening and night shift.	• Being present at the time of drawing out of materials from store. • Making entries in various books: ➢ Indent books ➢ Stock registers ➢ Workshop book ➢ Laundry book ➢ Condemnation book	• Diet distribution • Checking and recording vitals (temp, pulse etc.) • I/O charting • Side notes -3 times a day(shift wise)&also depending on patient's condition. • Collection of fresh lot from laundry. • Taking out required stock out of stores in presence of in charge.		.
	LUNCH BREAK • Arranging for staff in case anybody is absent or on leave.	LUNCH BREAK • Checking that whether everybody is present or not. • Informing ANS in case anybody is on leave.	• Change of duty (1.30pm-8pm) • Handing/taking over • Inventory checking.	• Preparation of sterile pads.	
2.30pm-3pm	• Supervising all the activities in the ward.	• Supervising activities of the sanitary, hospital attendants and sister grade I/II. • Duty ends at 3pm	• Report book reading • Bed side chart paper checking • Patient's general condition checking • Nurses record checking.		
	• Duty ends at 4 pm.		• Feeding. • Medication • Position changing of patients. • Reporting to evening in charge at the time when she is on ward rounds.	• Sending equipments and material(cotton pads, bottles, forceps, etc.) to CSSD between 4.30pm-5.30 pm) • Collection of	• Mopping at 3 pm. • Emptying dustbins. • Changing polybags • Sealing

				reports.	the bags and keeping them in sluice room.
			• Injections • Attending to specific requirements of Senior residents at the time of ward round(at or after 6.30pm) • Preparing census at 7.30pm		• Mopping is done again at 6 pm.
			• Duty changes • Handing/taking over • Inventory checking • Report book reading • Bed side chart paper checking • Patient's general condition checking • Nurses record checking. • Medication at 9 pm		• Mopping at 9 pm
			• Reporting to night in charge at the time of ward rounds(generally after 10.30 pm):- a) Patient details, diagnosis b) Specially regarding those patients who are on	• Sending census to duty officer before 12 am.	• Change of duty at 9.30 pm

			ventilators, MLC, HIV, or who are suffering from communicable diseases. c) Census d) Emergency (if any) e) Complaints (if any)		
			• Patient care activities		
			• Giving injections to patients. • Changing bedside chart paper and recording early morning injections and medication in it.		
			• Exchange/receive of equipments from CSSD between 6.30 to 7 am.		• Mopping at 6 am
			• Change of duty at 8.00 am		• Duty changes at 7 am

Other support services performed in ward:

1. **Laundry** – Collecting soiled linen from ward at 6 am and delivering fresh lot of linen at the same or after some time.
2. **Bio Medical Waste** – Waste is collected twice from the ward, one in morning before 6 am and once in evening before 6pm
3. **Dietary services** – Diet provided in ward is according to diet chart prepared by the nursing staff in the ward, which is verified by the dietician who comes on ward round after 10.00 am, she goes on round and makes necessary changes in the diet chart as per patient's requirements. Routine of dietary services in ward:

4. **Dietary services**

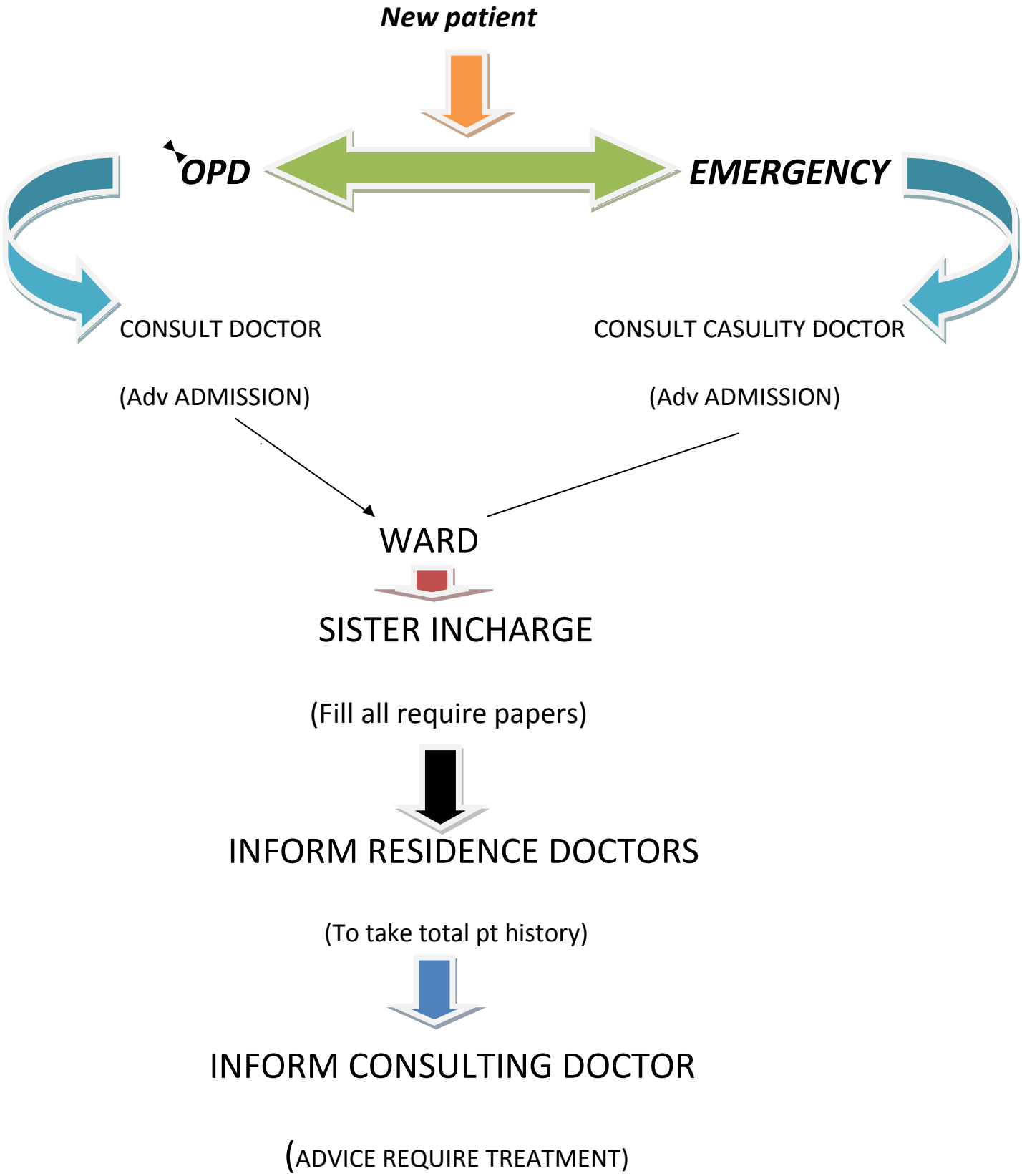
1.	**Bed tea**	**6.00 -6.30 am**
2.	**Breakfast**	**8.00 – 8.30 am**
3.	**Mid morning**	**10.30 -11.00 am**
4.	**Lunch**	**12.30 -1.30 pm**
5.	**Evening tea**	**4.00 – 4.30 pm**
6.	**Soup**	**6.00 -6.30 pm**
7.	**Dinner**	**7.30 – 8.30 pm**
8.	**Health Beverages**	**9.00 -9.30 pm**

5. **Security** – There is one guard who deals with both the wards 1 as well as 2. Duty is in shifts, and each shift is of 12 hrs. Main activity performed is controlling as well as preventing overcrowding in the wards.

Non-Routine Activities

- Incident reporting.
- Problem solving & grievance handling.
- Counseling of patients, attendants
- Condemnation of old items.
- Nursing education programmed
- Duty rosters - Monthly
- Schedule of hospital infection Control (HIC) teams round - twice a month
- Clinical Pharmacist. Checking medicine card daily
- PCI staff spray insecticides twice a day to control mosquito
- Hospital infection control staff checks infection control measure daily.

PATIENT FLOW PROCESS –



PROCESS FOR MEDICINE INDENT

LOGIN

APPLICATION

INPATIENT

NURSING WORK BENCH

SEARCH

MRN NO PATIENT

CLINICAL

ORDER

PHARMACY

ADD ORDER

SELECT MEDICINE

CLOSE

SAVE & END

Findings –

1. Staff is not aware about their job responsibilities.
2. There is not hard core process for completion of any task e.g. Discharge Process.
3. There is no accountability of housekeeping staff.
4. Nursing staff is not enough skilled to cope with the patient care with JCI documentation.
5. As there is high demand of hospital services so there is struggle with the limited beds. And nursing in-charges are not enough skilled to look towards effective discharges.

6. Software using is not properly streamlined, so nursing staff is not able to deal with it, causes delay in every process.

7. Sometimes discharge process delay due to the final billing process of patient side

.

Conclusion

This study reveals that prime objective of a nursing unit is providing **"the highest possible quality of medical and nursing care for patients"**, all ward activities whether internal or external (support services) are carried on effectively and are well co-ordinate in pursuit of providing quality medical and nursing services to patients. Nursing staff performs the crucial ward functions such as

- necessary equipment support
- Essential drug administration and other stores required for patient care
- Ensuring that all facilities are provided in ward which meets the needs of the visitors and attendants.
- Housekeeping staff should be inform whenever go outside of wards
- Nursing staff and doctors should be train to fill admission file according to JCI.

Also while, performing these functions and various other ward management activities efficiently and effectively, nurses ensure that there is no compromise in providing nursing services to patients.

Ward management is an equally important aspect of nursing as is patient care.

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.SUGGESTIONS / RECOMMENDATIONS

- ✓ Streamlined the process of discharges.
- ✓ Also, as soon as the finance of the patient is cleared, an SMS should go to the attendant reminding him of discharging his patient on time
- ✓ Essential drug administration and other stores required for patient care.
- ✓ There must be accountability of Housekeeping Staff.
- ✓ Training is required for Software.
- ✓ New ward is required to cope up with shortage of beds.
- ✓ According to JCI measure nursing staff, housekeeping and residence doctor should be train as early as possible.
- ✓ All the staff should have discrimination in their job responsibilities.

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