Summer Training at
Bombay Hospital, Indore (M.P.)
(April 9-June 1, 2012)

By

Shikha Shukla

Under the guidance of
Dr. Kapil Garg

Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
Jaipur
2012

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Certificate

This is to certify that Dr. Shikha Shukla has undergone summer training in Bombay Hospital, Indore (M.P.), from 9th April to 1st June, 2012.

The candidate carried out all the studies related to summer training herself. Her approach to the studies has been sincere, scientific, and analytical. This summer training in partial fulfillment of the course requirement is recommended for the award of Post Graduate Diploma in Hospital & Health Management.

I wish her success in all future endeavors.

Dr. P. R. Sodani
Dean, Academics and Student Affairs
IHMR, Jaipur

Dr. Kapil Garg
Associate Professor
IHMR, Jaipur

Bombay Hospital - Indore

To Whom It May Concern:

*This is to certify that **Dr. Shikha Shukla**, student of IIHMR, Jaipur had undertaken her practical training and fulfilled her assignments at our Hospital.*

*She had undergone orientation and training in our **Medical Records Department** from 09/04/2012 to 01/06/2012. Her performance during the training was satisfactory.*

We wish success in all her future endeavours.

For Bombay Hospital Indore

Firoz Qureshi
Manager Marketing

Date 01/06/2012

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Acknowledgement

I must acknowledge my firm gratitude to the management of Bombay Hospital, Indore; who helped me get through this project.

This project would never have been possible without those who went out of their way to help me.

My institute **IHMR, Jaipur** and its education deserves foremost appreciation for providing me opportunities to understand my individual capabilities. Of course, all the faculties at IIHMR had facilitated the Endeavour; I acknowledge contribution of **Director Mr. S.D.Gupta, Brig.S.K.Puri** and my mentors Dr. Kapil Garg in completion of project right from the word go.

I also avail this opportunity to thank Mr. Rahul Parasar(G.M.), who gave me the opportunity to work in this renowned organization and keenness in guiding and helping me.

I also extend my heartfelt gratitude to **Mr. Sandeep Mukherji** who extended timely guidance and support at every crucial juncture of this project and gave it the shape you see today.

Sincere thanks to all the staff at all levels, heartiest gratitude to them for making my stay and work at this place a memorable one.

I wish to express my deep sense of gratitude and indebtedness to all the Head of the Departments for their encouragement.

Shikha Shukla

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Abbreviations

- OPD Out Patient Department
- EDP Electro Data Processing
- MRO Medical Record Officer
- MS Medical Superintendent
- DMS Deputy Medical Superintendent
- EMG Electro Mammography
- EHS Executive Health Scheme
- OT Operation Theater
- ICU Intensive Care Unit
- CSSD Central Sterile Supply Unit
- ICCU Intensive Coronary Care Unit
- NBM Nil By Mouth
- SRD Standard Research Diet
- IT Information Technology
- HIS Hospital Information System
- TPA Third Party Administrator
- ERCT Endoscopic Retrograde Cholangiopancreatography
- USG Ultra Sono Graph
- TMT Treadmill Test
- PFT Pulmonary Function Test
- EEG Electro Encephalography
- PC Personal Computer
- IPD In Patient Department
- ENT Ear Nose & Thorax
- HB Hemoglobin
- TLC Total Leukocyte Count
- DLC Different Leukocyte count
- LSCS Lower Segment Caesarian Section
- TSH Thyroid Stimulation Hormone
- FNAC Fine Needle Aspiration Cytology
- ESR Erythrocyte Sedimentation Rate
- IOL Intra Ocular Lens
- PCNL Percutaneous Nephrolethotomy
- TURP Transurethral Resection of the Prostate
- ALOS Average Length of Stay
- ICD International Coding of Disease
- MRD Medical Record Department
- MLC Medico legal Case
- LAMA Leave Against Medical Advice
- TPR Temperature Pulse Respiration
- CMO Chief Medical Officer
- IDSP Integrated Disease Surveillance Programme
- MTP Medical Termination of Pregnancy

- N.S. Nursing Superintendent
- M.S. Medical Superintendent
- G.M. General Manager

BOMBAY HOSPITAL

Introduction

- Considered the premier private trust hospital in India
- Set up in 1950s by philanthropist Shri Rameshwar das ji Birla
- Every year around 2 lakh OPD patients & 28000 inpatients flock to Bombay Hospital, Bomaby-Bombay for various type of treatment

BOMBAY HOSPITAL – Indore:-

- Bombay hospital, Indore is the largest trust hospital in Madhya Pradesh, It has all functional departments and very comprehensive support services and engineering services. It is planned as a 600 bedded tertiary care Hospital with 50 beds providing class 1 intensive care, 5 operating rooms organized in surgical suites, with all being Zero bacteria operating rooms.
- It is the preferred centre for DNB Training, PGDCC, M.Phill and has a school of Nursing.
- Hospital has started in year 2003
- Bombay hospital has become the no.1 among all the hospital in central India.
- 220 functional bedded, super-specialty, tertiary care referral centre in North India
- World class medical facilities under one roof
- Better infrastructure
- The Bombay Hospital- Indore has 220 beds, of which 56 are free
- Every month about 2500 patients take advantage of our free OPD

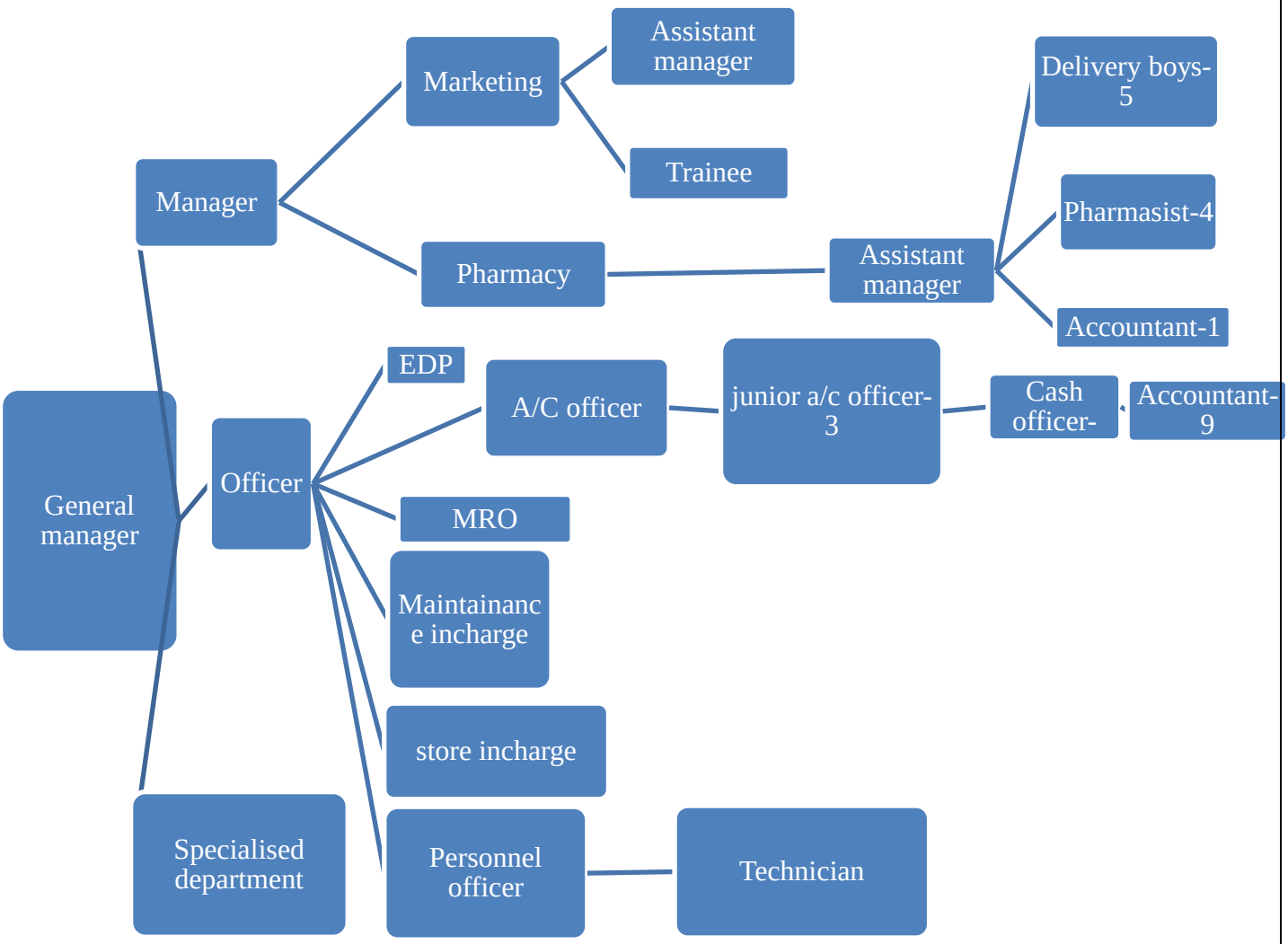
Vision: - "To render the same level of service to the poor that the rich will get in a good hospital"

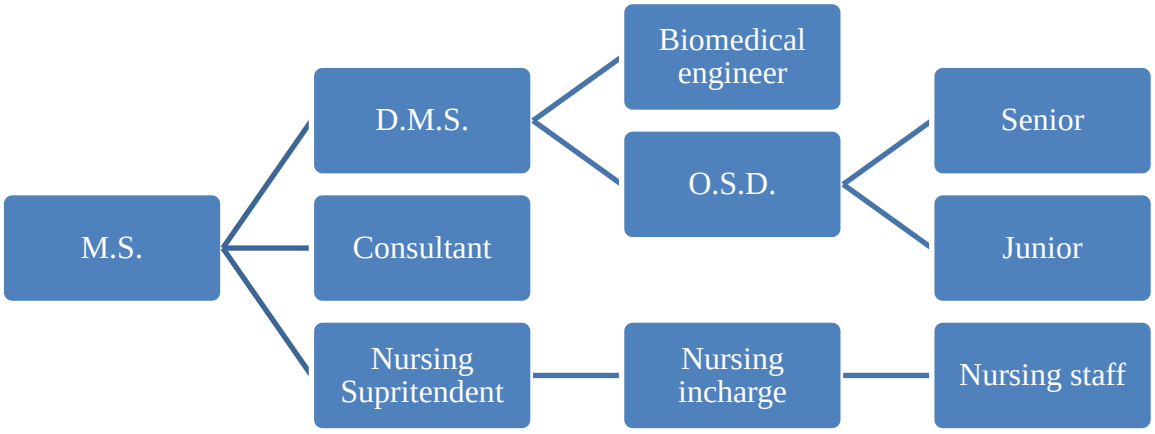
Mission: - "Bombay Hospital shall provide the best possible medical treatment, delivered most efficiently, in the shortest possible time, at minimum cost, to all sections of the society, irrespective of caste, creed or religion."

INFRASTRUCTURE OF HOSPITAL:-

- Covered area- 4 lakh square feet
- Plot size- 9 acre
- No. Of floors- 12
- No. Of basement- 2
- Parking space – around the entire hospital
- No. of lift-5
- No. Of staircase- 2
- No. Of building- 2
- Other amenities- Bank

Hierarchy of Bombay hospital




M.S.
D.M.S.
Consultant
Nursing Supritendent
Biomedical engineer
O.S.D.
Nursing incharge
Senior
Junior
Nursing staff

In Patient Department

- Deluxe Room:-

  Location- At 12th floor

  No. of bed- 10

  Physical facility- 2 room + attached bath room + Couch + T.V. + Telephone + Freeze + Central oxygen + central suction system + bed for attendant + A.C.

- First class:-

  Location- At 12th floor

  No. of bed-9

  Physical facility- 1 room + attached bathroom + T.V.+ Telephone + freeze + Central oxygen + central suction system + bed for attendant + A.C.

- Private Room:-

  Location- At 11th floor

  No. of bed- 10

  Physical facility- 1 room + attached bathroom + T.V. + bed for attendant + central oxygen + central suction

- Semi- Private Room:-

  Location- At 11th floor

  No. of bed- 9

  Physical facility- 2 beds for 2 patients in a single room + combined bathroom + central oxygen + central suction + A.C

- Economy Ward:-

  Location- At 10th floor

  No. of bed- 56

  Physical facility- 1 room + 2 beds for 2 patients + combined bathroom + central oxygen + central suction

- General Ward:-

  Location – At 5th floor

  No. of bed – 80

  Male = 56

  Female = 24

  Physical facility –

  Male ward- Common hall for patients + combined bathroom + central oxygen + central suction

  Female ward- 1 room + 3 beds for 3 patients + combined bathroom + central oxygen + central suction

- ICCU & ICU:-

  Location –

  ICU- At 3rd floor

  ICCU – At 4th floor

  No. of bed-52

  ICU - 36

ICCU -16

Physical facility – central A.C. + bed side & central monitor + A.B.G. machine ventilator + I.C.U. bed + X- Ray machine

Sr.No.	Room	No. of beds	Charge
	Deluxe	10	4000
	1st class	9	2000
	Private	10	1500
	Semi-private	9	1100
	Economy	56	750
	General	80	free
	ICU & ICCU	52	
Total		226	

FLOOR WISE DISTRIBUTION:-

Basement

- X-ray
- Physiotherapy
- MRI & CT-scan
- Blood Bank
- Stoor room
- Laundry

Ground floor

- Admission counter
- Bank
- Causality
- Pathology
- Cafeteria
- Help desk
- P.C.O.
- Pharmacy
- Free O.P.D.
- Minor O.T.

1st floor

- Medical record department
- Consultancy rooms
- Ultra Sonography(U.S.G.) department
- Radiology department
- IT department
- Eye department
- GI Endoscopy
- Histopathology department
- EMG
- Colposcopy
- Conference room
- EEG

- EHS
- Administrative department-
  (1)Marketing department
  (2)Medical department
  (3)Account department
- Nursing superintendent room
- Medical superintendent room
- General manager room

2nd floor:

- O.T.(In east wing)
- I.C.U.(In West wing)
- CSSD(In middle)

3rd floor:

- Mess(in East wing)
- Construction(in West wing)

4th floor (East & West)

- I.C.C.U.
- Cath lab

5th floor (East & West)

- General ward
  (1)Male wards
  (2)Female wards
- Labor room

6th, 7th, 8th, 9th floor

- Nursing College
- Accommodation for staff

10th floor (East & West wing)

- Economic Wards(East wing)
- Dialysis Unit(West wing)

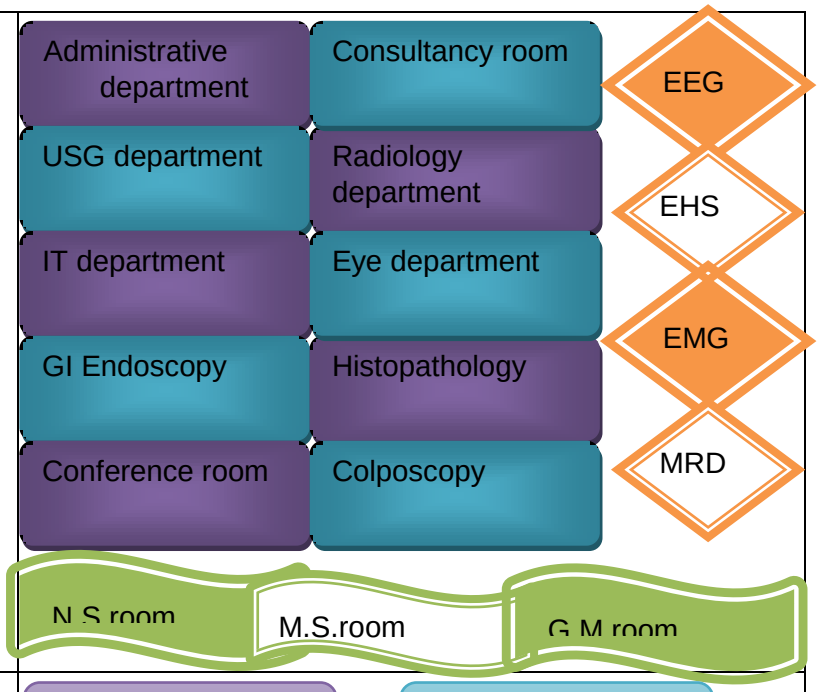
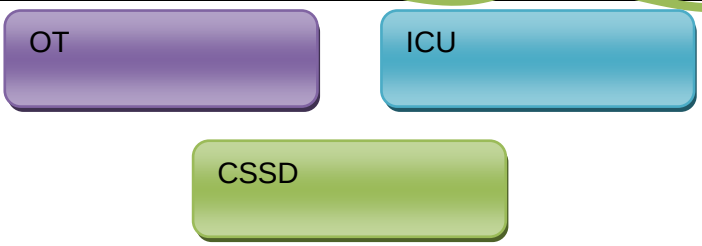
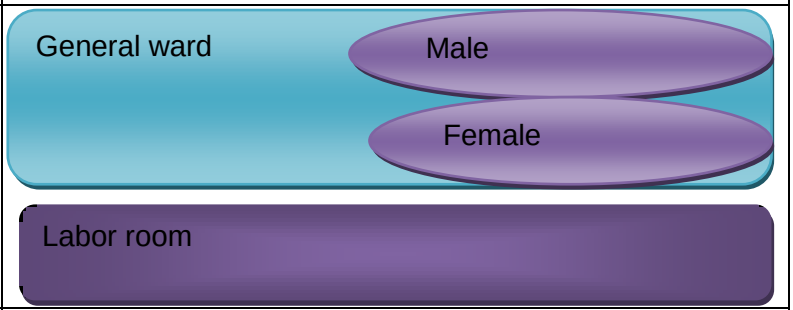
11th floor (East & West)

- Private wards
- Semi-private wards

12th floor (East & West)

- Deluxe wards
- 1st class

Sr. No.	Floor	Department
1	Basement	X-ray, Physiotherapy, MRI & CT-scan, Blood Bank, Stoor room, Laundry
2	Ground floor	Admission Counter, Bank, Causality, Pathology, Cafeteria, Help Desk, P.C.O., Pharmacy, Free O.P.D., Minor OT

3	1st floor	
4	2nd floor	
5	3rd floor	
6	4th floor	
7	5th floor	
8	6th, 7th, 8th, 9th floor	

9	10th floor	Economic ward Dialysis unit
10	11th floor	Private ward Semi private ward
11	12th floor	Deluxe ward 1st class

Service available:-

1) **Clinical-**

- **Surgical Disciplines offered**
  - Cardiac surgery
  - Neurosurgery
  - Cancer surgery
  - Urology
  - Orthopedics
  - General/GI surgery
  - ENT
  - Ophthalmology
  - Plastic & Cosmetic surgery

- **Medical Disciplines offered**
  - Cardiology
  - Neurology
  - Nephrology
  - Gastro-entrology
  - General medicine
  - Endocrinology
  - Genetics
  - Ophthalmology

2) **Diagnostic**

- **Laboratory Services:-**
  - Biochemistry
  - Histopathology
  - Microbiology
  - Hematology
  - Clinical Pathology
  - Serology
  - Tissue repository

- **Radiology & imaging:-**
  - X-ray
  - CT
  - MRI
  - USG

3) Other diagnostic-

- PFT
- Endoscopy
- Colposcopy
- Bronchoscopy
- Uro dynamics

2) Other services:-

- Dialysis
- EHS
- Nutrition & dietetics
- Blood bank
- Pharmacy
- Physiotherapy

Diagnostic department:-

1. Radiology department:-

- **Location:-** At basement
- **Staff:-** 11

  Radiologist = 4(2- in X-ray & 2- in CT/MRI)

  Nurse = 2

  Technician = 3

  Ward boy/lady = 2

- **Diagnosis:-**

1) CT scan:- The department of CT scan is equipped with state of art Siemens multi-slice spiral CT with range of latest software's which allows us to perform a wide variety of CT procedure with a high degree of diagnostic accuracy.

2) MRI scan:- 1.5 teslas Wipro GE sigma infinity ecosped Plus with excite Technology.MRI system with provides excellent performance for both high spatical & temporal resolution acquisition.

Crucial care supportive system with oxygen & suction facility in both the department separately, most modern medical record compatible ventilator, defibrillator & Boyle's apparatus, highly sophisticated monitoring & blood pressure.

3) X-Ray:- International credentials of SIEMENS 300 MA & PHILIPS 500 MA X-ray machines are present for better and fast results auto drivers are present with minimal time of reports.

4) Ultra Sonography:-

Location: - 1st floor

Staff:-6

Radiologist = 2

Technician = 1

Nurse = 2

Ward boy/lady = 1

No. Of machines = 3 (2 in department & 1 portable)

No. of patients per day = 50

Sequencing – appointment wise

USG machine = PHILIPS HAD 5000 Sono CT US machine are present.

5) GI Endoscopy: - An endoscopy diagnostic station is present where UGI endoscopy, colonoscopy, ERCT is been done. All the thereaupatic procedures could also be accomplished by the PENTAX EG 240 gastro scope.EG 3840 colon scoped rarely present fibbers optic gastro scope with an Olympus endo unit.

6) Cath lab: - Bombay hospital has the most advanced Integris Allura Philips Medical system. Filters are provided in the machine to minimize radiation. Uncompromised cardiac & peripheral vascular application. The C Arm in the cath lab has a positioning speed up to 50/sec.

Very high frame rates up to 50/60 fps.

2. Laboratory department:-

- **Location: -** Ground floor
- **Staff:-**5

  Pathologist- 2

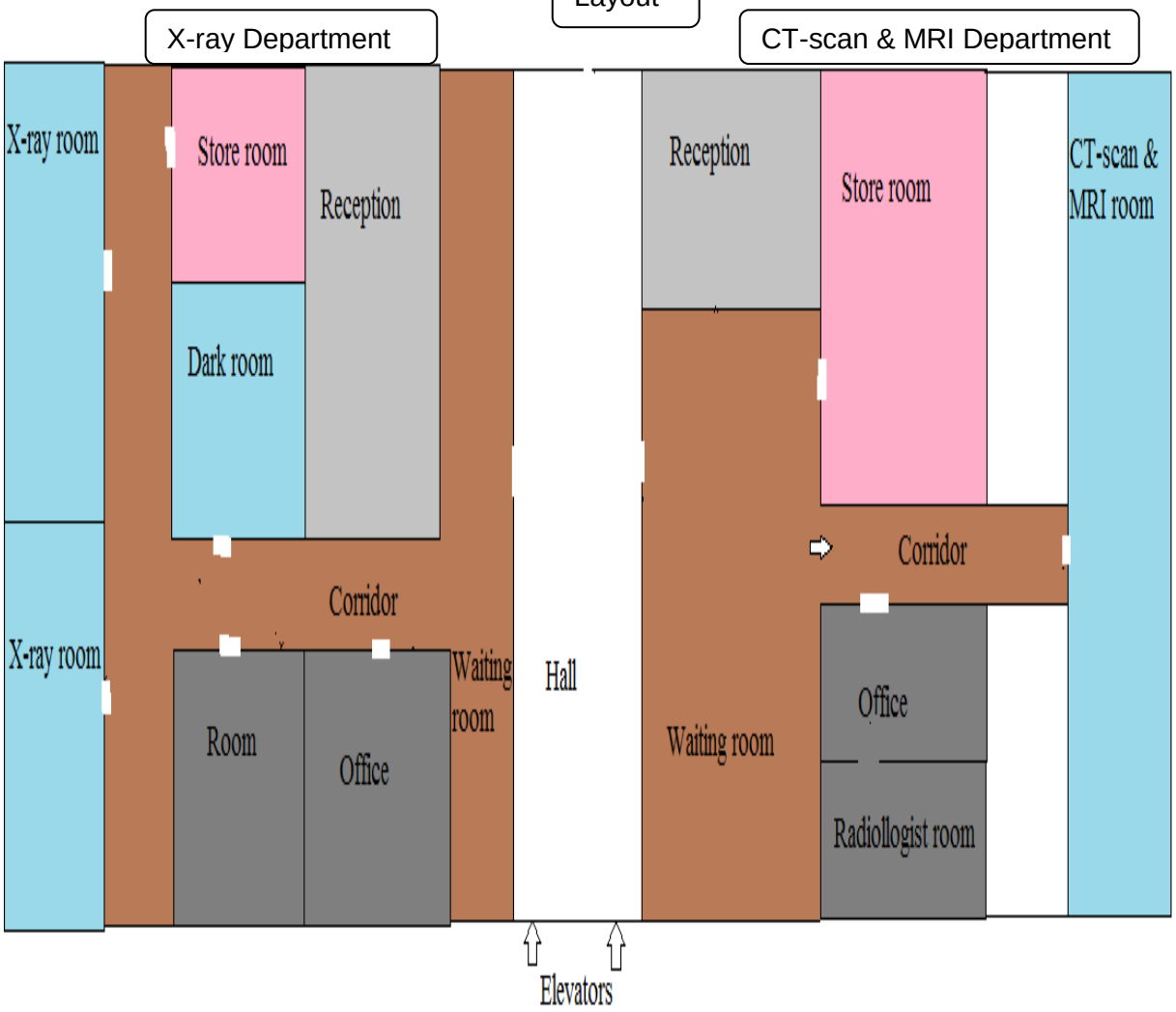
  Technician- 1

  Receptionist- 2
- **Type:-**
  1. Hematology,
  2. Biochemistry
  3. Microbiology,
  4. Immunology,
  5. Histopathology,
  6. Cytology

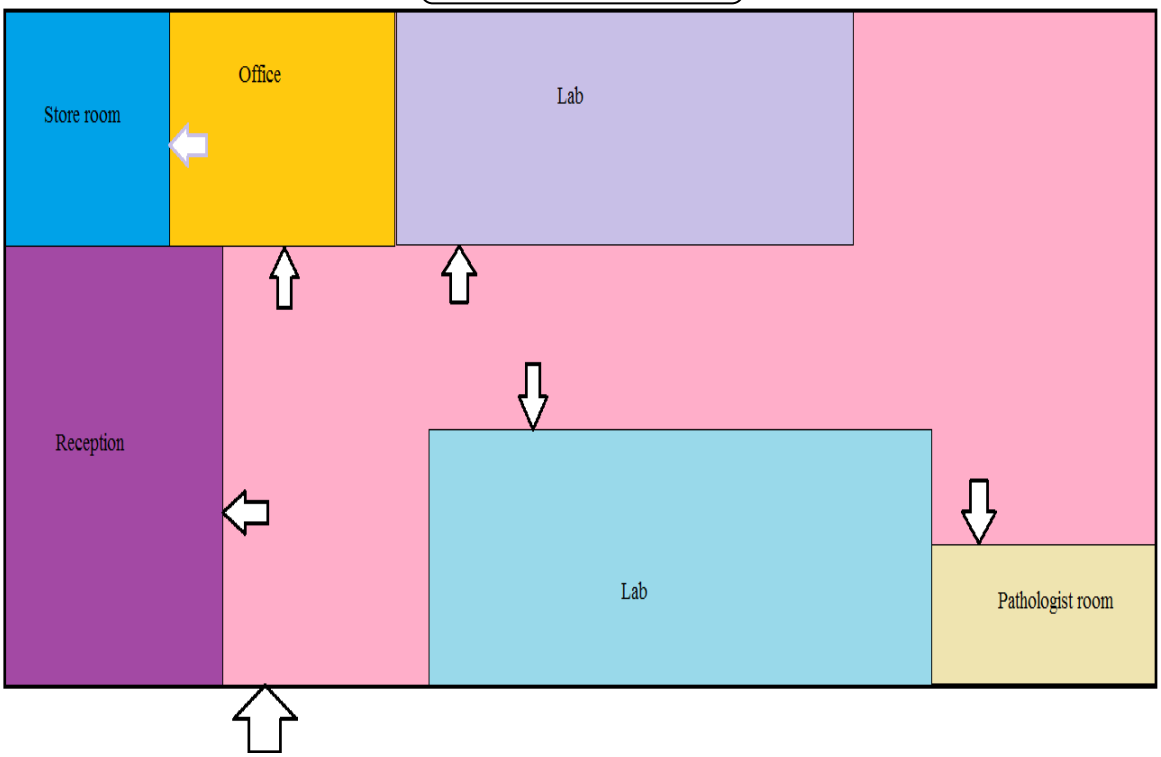
- **No. of lab sample per day-** 300-400 per day
- **Equipments:-**

1) **Hematology:-** Capable of all blood cell counts and other blood particles counts and is equipped with Backman coulter, Kelvinator refrigerator, Nikon microscope etc.
2) **Biochemistry: -** Critical identification and culture are possible in this lab which has a support with fully auto analyzer of DADE Behring (with IAC) and AXYSM of ABBOTT based on MEIA and RIA techniques to test HIV, Hepatitis etc. within minutes.
3) **Microbiology: -** The well equipped lab where range of test could be performed is present where we are able to perform all the major cultures and drug sensitivity test are been done over hear it has a media room, auto clave machine laminar air flow etc.

Layout


X-ray Department
CT-scan & MRI Department
X-ray room
Store room
Reception
Dark room
X-ray room
Corridor
Room
Office
Waiting room
Hall
Reception
Store room
CT-scan & MRI room
Corridor
Office
Waiting room
Radiollogist room
Elevators

Pathology lab layout



OPD:-

- Registration procedure:-

Patients come to reception at ground floor

For subsidized OPD	for general OPD
Receptionist sends them to the free OPD counter	Receptionist sends them to the paid OPD counter
They paid 10 rupee at admission counter, and take A token	patients pay 600 rupee as a fee, and take a token
According to sequence go to the respective consultants	then go to respective consultant

- Payment collection: - At respective OPD counter

- Procedure for sending to IPD:-

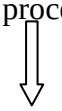
Admission procedure

Admission required	Admission required

Patient goes to I.P. registration counter

Admission request form is filled

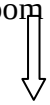
Patient registration sheet is generated and information regarding bed category, surgical procedure is filled up



Patient is informed about various packages available and stay package is decided

An overall estimate of the expenditure is mentioned to the patient and some charge is deposited for admission in IPD

Admission counter informs to the nurse station about the patient to be admitted and type of room required



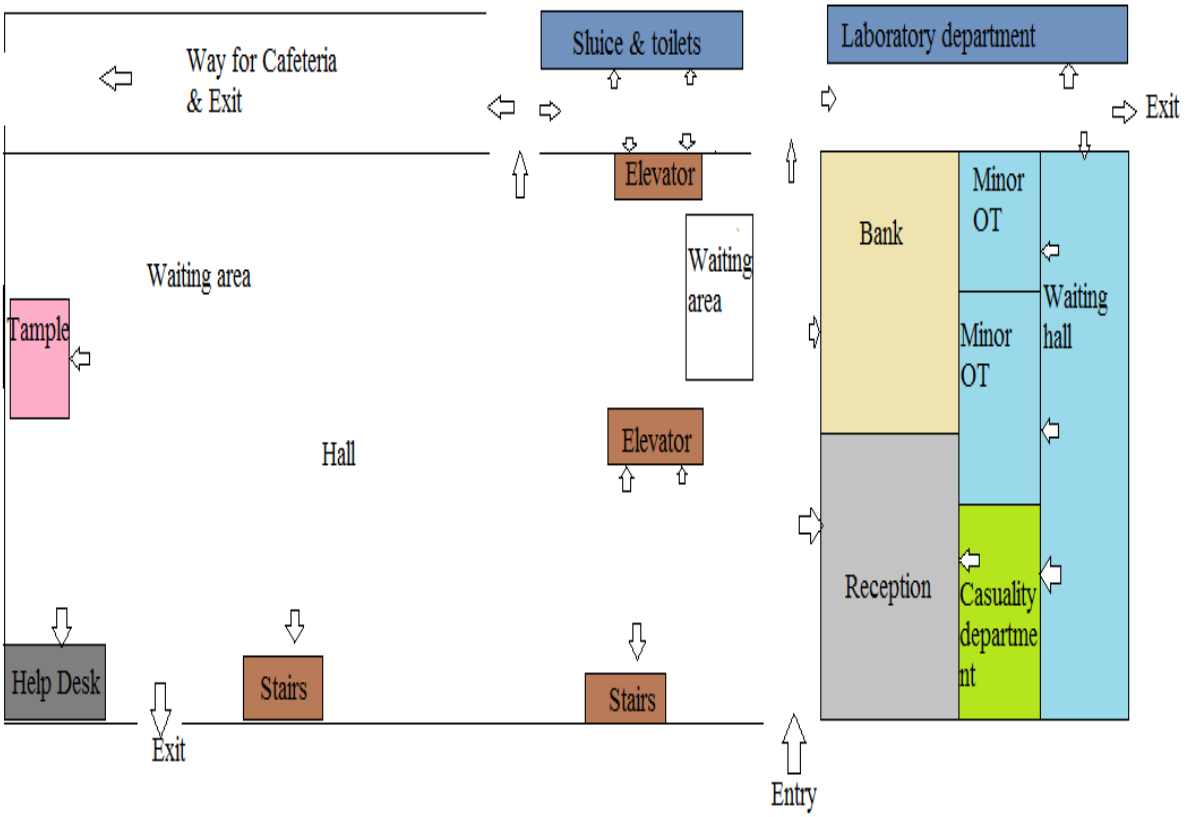
House-keeping staff takes the patient to IPD along with registration and admission form

House-keeping hand over the patient to the nurse who then allot the room to the patient

Nurse informs doctor on duty that consults to the patient and generates IPD files of the patient and hand over the IPD files to the nurse at the nurse station

Investigation and treatment procedure as mentioned in IPD files are started

Ground floor layout



IPD:-

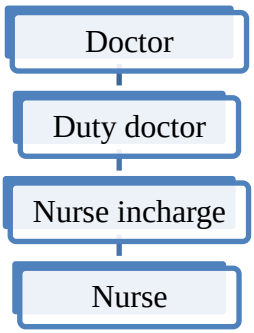
- **Wards: -**
    1. Deluxe room
    2. Semi-private
    3. Private
    4. 1st class
    5. Economy
    6. General room

- **No. of beds**- 210

- **Staffing:-**

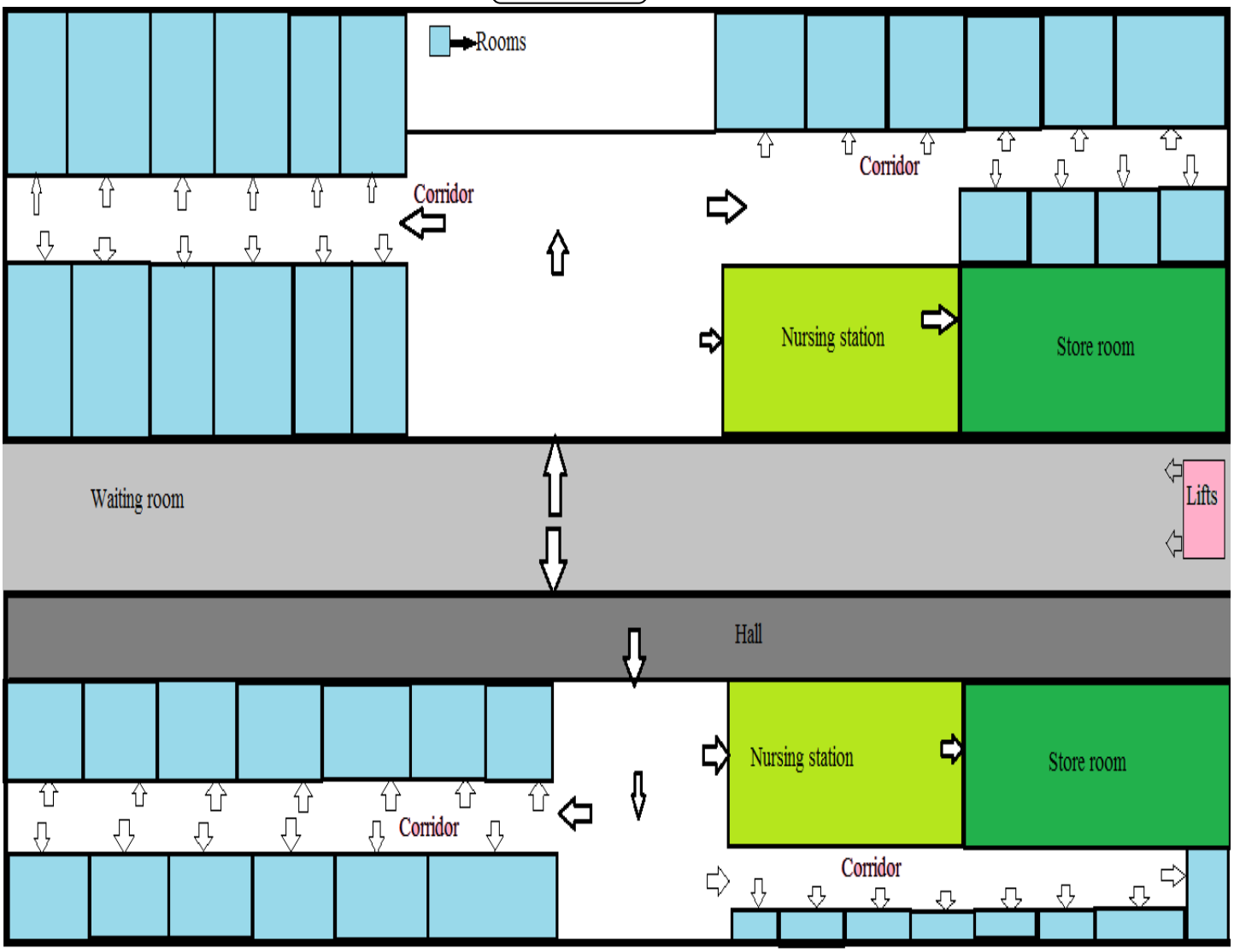
IPD	Nurse(nurse: patient)	House-keeping	
Deluxe	1:2	3(1- lady,1- boy, 1-attendant)	
Private	1:2	3(1- lady,1- boy, 1-attendant)	
Semi-private	1:4	3(1- lady,1- boy, 1-attendant)	
1st class	1:4	3(1- lady,1- boy, 1-attendant)	
Economy	1:12	3(1- lady,1- boy, 1-attendant)	
General	1:10	Male ward	2-boy, 1-attendant
		Female ward	1-lady 1-attendant

- **Hierarchy:-**



- **Record keeping:-**
    1. First file(Admission form + Registration form + consultation form if present)
    2. Doctor fie(History + continuation sheet + Prescription by doctor + Reports of patient)
    3. Nurse file(Daily notes of nurse + fluid balance chart + BP/T/P chart + Medication chart)
    4. Reports of patients

IPD layout


Rooms
Corridor
Corridor
Nursing station
Store room
Waiting room
Lifts
Hall
Nursing station
Store room
Corridor
Corridor

Equipments:-

- **Maintenance of equipments:-**

Local suppliers and original manufactures company

⇩

Responsible for maintenance of equipments

- **Equipments list:-**

Name	No.
MRI	1
CT	1
X-ray	2(stationary)+1(portable)
USG	2(stationary)+1(portable)
ECHO	1
TMT	1
PFT	1
EEG	1
Endoscopy	
Ophthalmoscope	2
ECG	8
Ventilator	
Cath lab	1
Dialyzer	12

- **Engineering equipments:-**

Sr. no.	Name of Equipments
1	Hippa filter in O.T.
2	Laundry Machines
3	Sump (at Basement)
4	Diesel generator set
5	PC
6	Pump Set
7	Boiler
8	Gas Plant
9	Diesel Tank
10	Freezer
11	Fire fighting system
12	Kitchen Storage
13	Time recording terminal machine

Housekeeping department:-

- **Status: -** Outsourcing, The Rare Hospital Services Private Ltd. Caters for the housekeeping services of the hospital.
- **No. of workers**:-130

  Supervisor-10

  Ward boy/lady-120
- **Duty time:-** 9 hours
- **Functions:-**
  1. Clean floor, wall ceiling, rooms, wards, receptions, OT, ICU.
  2. Discharge cleaning
  3. Remove garbage
  4. Replace supply in utility room
  5. Give & take file from respective department and IPD
  6. Clean housekeeping equipments
  7. Infection control
  8. Pest & rodents control
  9. Odor control
  10. Corporation with other department
  11. In services training

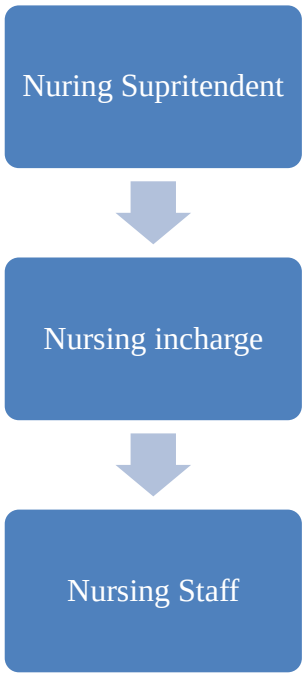
- **Floor wise staffing:-**

Floor	Staff
1st floor	3
2nd floor	OT-2
	ICU-3
4th floor	ICCU-2
	Cath-lab- 1
5th floor	Male ward-4
	Female ward-2
10th floor	5
11th floor	4
12th floor	3

Basement	Laundry	1
	OT store	1
	USG	1
	X-Ray	1
	CT	1
	General store	1
Ground floor	Help desk	1
	Causality	1
	Pathology	1
	Toilet	1
	Outside	1
	Pharmacy	1

Nurse Staffing-

- **Hierarchy of nursing staff:-**



- **Total No. Of nursing staff** = 173(understaffed)
- **Qualification of nurses** =
    - BSC / GNM
    - Experienced / fresher
    - Registration is compulsory
- **Working hours** – 8 hours in 3 shifts
- **Staffing of nurses in ward: - (Staff: Patient ratio)**

Room	Staff : patient
Private & Deluxe	1 :2
ICU	1:3
General	1 : 12
Economy	1:10

Clinical nutrition & dietary department:-

1. **Location:-** 1st floor

2. **Head Dietician:-** Dr. Priyanka

3. **Kitchen:** - Bombay hospital has its own catering facility to provide hygienic food and tasty food to patients, attendees and staff. The POTNIS kitchen latest machines are present including 4 boilers.

4. **Function:-**

   (1) To prescribe diet according the disease to patients and give to them diet chart.

   (2) Make diet chart and give food to in-patient according to disease.

5. **Records maintained:-**

   (1)Diet order sheet

   (2)Meal count register

   (3)Diet sheet

   (4)Counseling register

6. **Type of diet: - 30**

   (1)NBM

   (2)Fat free liquid

   (3)Oral liquid

   (4)Rytes tube feeds

   (5)Gastrotomy feeds

   (6)Jejunostomy feeds

   (7)Soft diet

   (8)Full diet

   (9)Diabetic diet(normal salt)

   (10) Diabetic salt restricted diet

   (11) Cardiac salt restricted diet

(12) Zero protein diet

(13) Renal diet

(14) High protein diet

(15) Fat free diet

(16) Chilly free diet

(17) Cardiac- diabetic SRD

(18) Cardiac normal diet

(19) RT high protein feed

(20) Cirrhotic diet

(21) Oral liquid soft diet

(22) Cardiac diabetic normal diet

(23) High fever diet

(24) Ice cold diet

(25) Anticoagulant diet

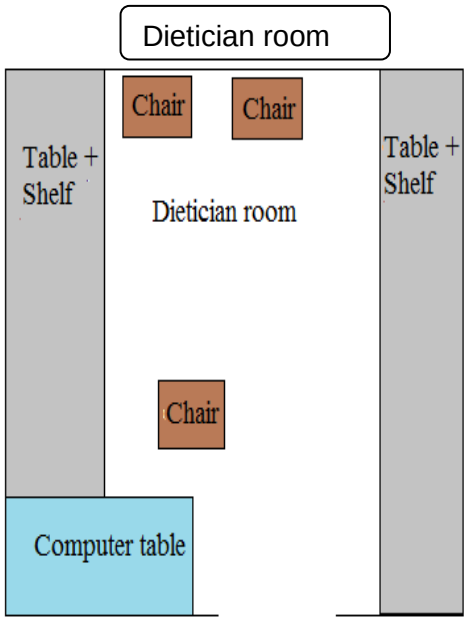
(26) Clear liquid

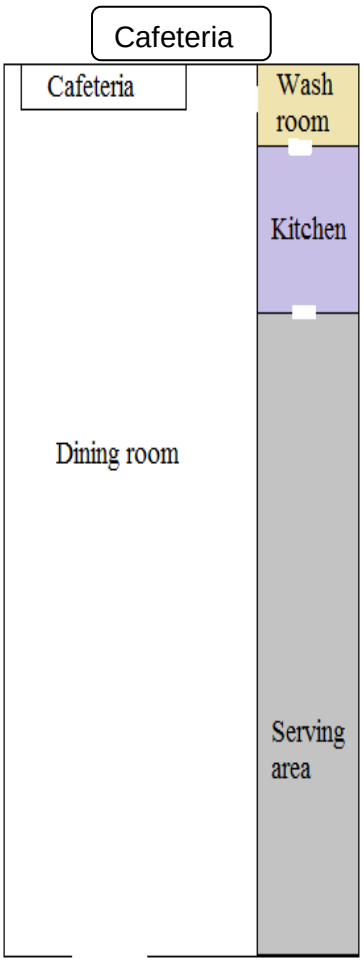
(27) Soft diabetic diet

(28) Renal diabetic diet

(29) High potassium high sodium

(30) High iron diet


Dietician room
Chair
Chair
Table + Shelf
Dietician room
Table + Shelf
Chair
Computer table


Cafeteria
Cafeteria
Wash room
Kitchen
Dining room
Serving area

Blood bank:-

- **Location: -** Basement
- **Register maintained:-**
    1. Master register
    2. Whole blood register
    3. Component preparation register
    4. Issued register
    5. Transfusion transmitted register
    6. Quality control register
- **Blood issue procedure:-**

Requisition form for blood requirement filled by doctor or nurse for donation

⇩

Send to blood bank

⇩

Blood grouping

⇩

Cross match of blood

⇩

Take fee

⇩

Give blood to patient

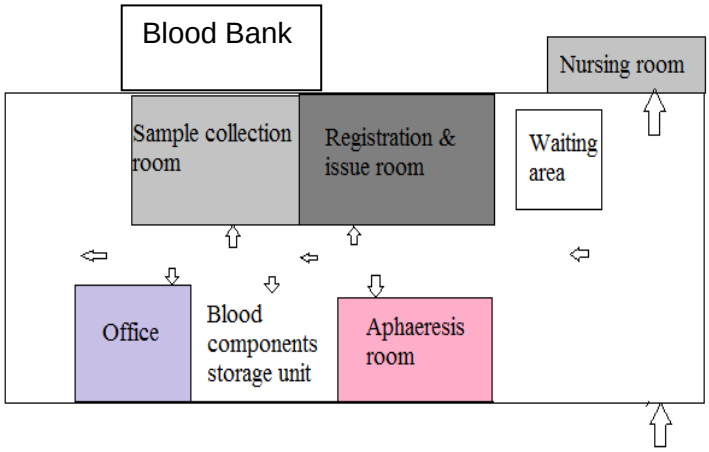
- **Blood bank consists:-**
    1. Sample collection
    2. Registration and issue room
    3. Aphaeresis room
    4. Component room
    5. Transfusion transmitted infection room

- **Equipment:** - Fully equipped blood bank recognized by NACO & FDA to cater blood component services i.e. one unit of blood can be used rationally for different patient with specific requirements.

It has SANYO deep refrigerators for packed cell and whole blood to store blood for more than 30 days. Refrigerator of 600 litters capacity of term panpol and a transfusion test lab is present which has ELISA reader & washer.

A component room with REMI's platelet agitator with incubator and TERMO panpol expressers are kept for the international standards to be followed in platelets filtration and there storage.

- **Name of equipments:-**
    - Blood collection monitor
    - Tube sealer
    - Needle destroyer
    - Blood bank refrigerator
    - Biomedical freezer
    - Agitator



IT department:-

- **Location: -** At 1st floor
- **No. of room-** 3
- **Staff:-**

1 EDP officer

⇩

2 Technicians

- **Functions and responsibilities:-**

1. Maintaining back-up
2. Make zip-files of data
3. Compartmentalization
4. To keep the server alive
5. To keep the network alive
6. To keep internet alive
7. To take care of all the computers in the hospital
8. To track the records of all the computers in hospital
9. To resolve the complaints of the employees
10. Training of the staff for the HIS
11. In case of server failure or other problem, inform the staff.
12. In case of HIS backup inform the staff previously

- **Major work area: -**

HIS (Hospital information system) & General administration

(1) General administration:

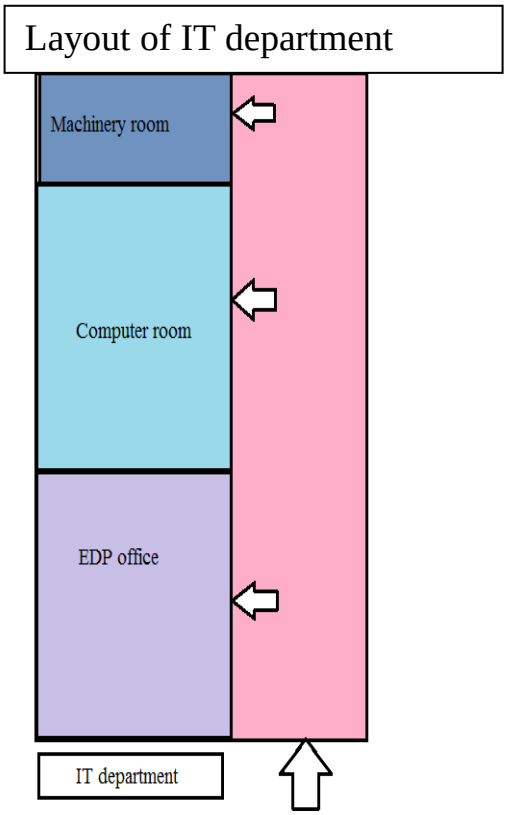
Server:-

- Antivirus server
- Database server
- Application server
- Archive server

(2)HIS:

- Billing

- Ward management
- Laboratory and diagnostic services
- Medical records
- Discharge records
- Pharmacy
- TPA department
- Account department



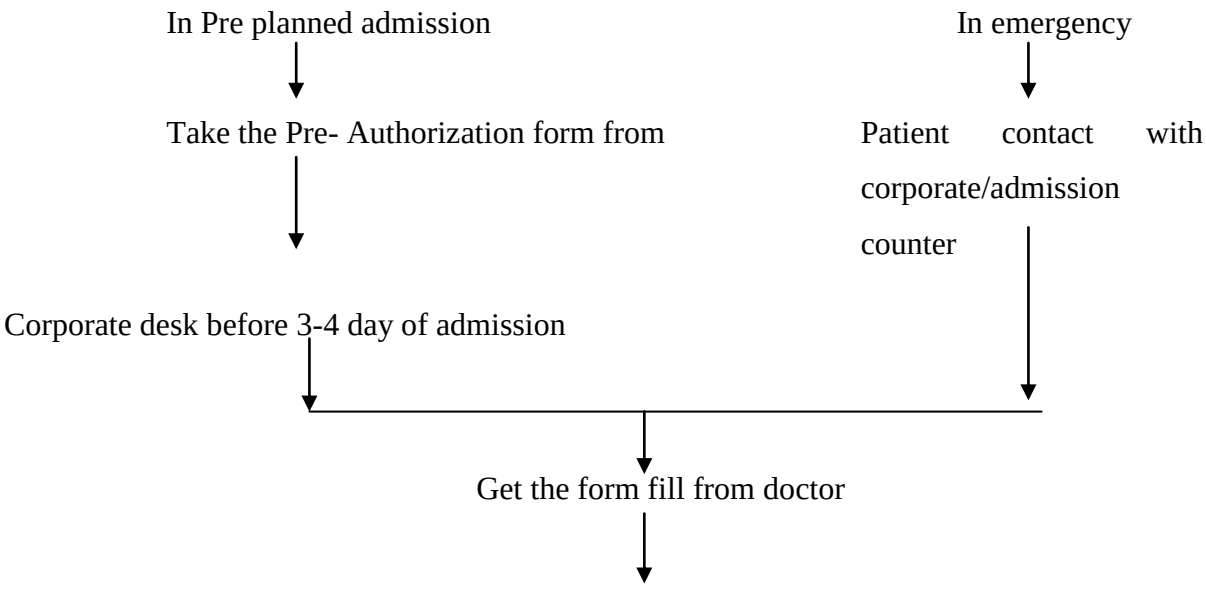
Mediclaim department:-

- **Location-** At 1st floor
- **Staff-** 3

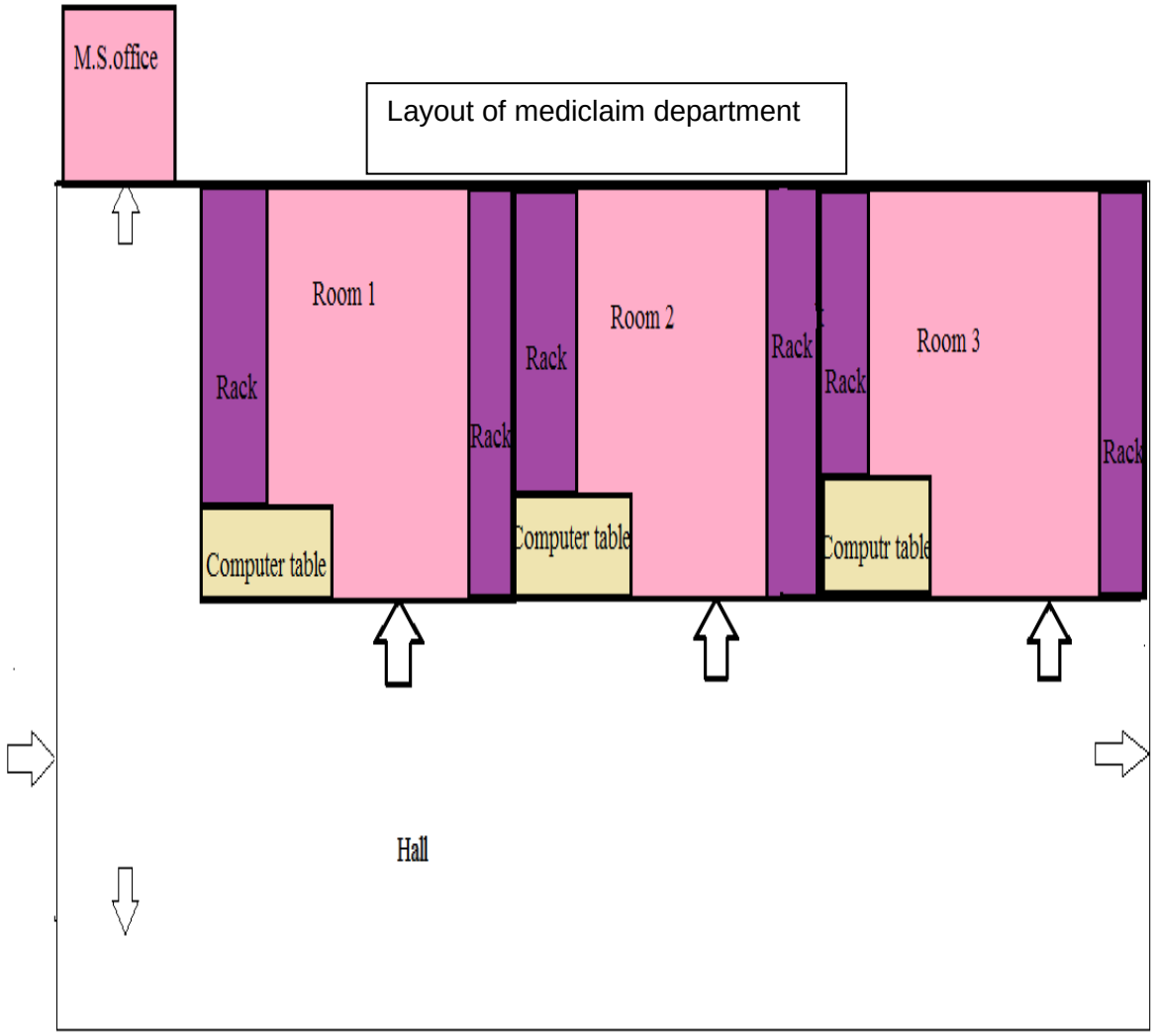
  Mr. Salim

  Mr. Mannual Fanandise

  Miss Neha
- **Cash less facility-** In Bombay Hospital they have tie-up with 35 TPA.
- **Records useful in mediclaim department-**
  1. First file- It contains
     a) Registration form
     b) Admission form
     c) Consultation form(if available)
  2. Doctors 'file- It contains
     a) History
     b) Continuation sheet
     c) Reports
     d) Consent
- **Procedure in mediclaim department-**



Give the form with ID proof & Policy at mediclaim Department & deposit security & consent form in hospital's bill section


M.S.office
Layout of mediclaim department
Rack
Room 1
Rack
Rack
Room 2
Rack
Rack
Room 3
Rack
Computer table
Computer table
Computr table
Hall

Dialysis unit:-

- **Staffing:-**13

  Technician – 8

  Nurses – 4

  Ward boy – 1

- **No. Of beds:-** 14

  Functioning = 12

- **Instruments:-**

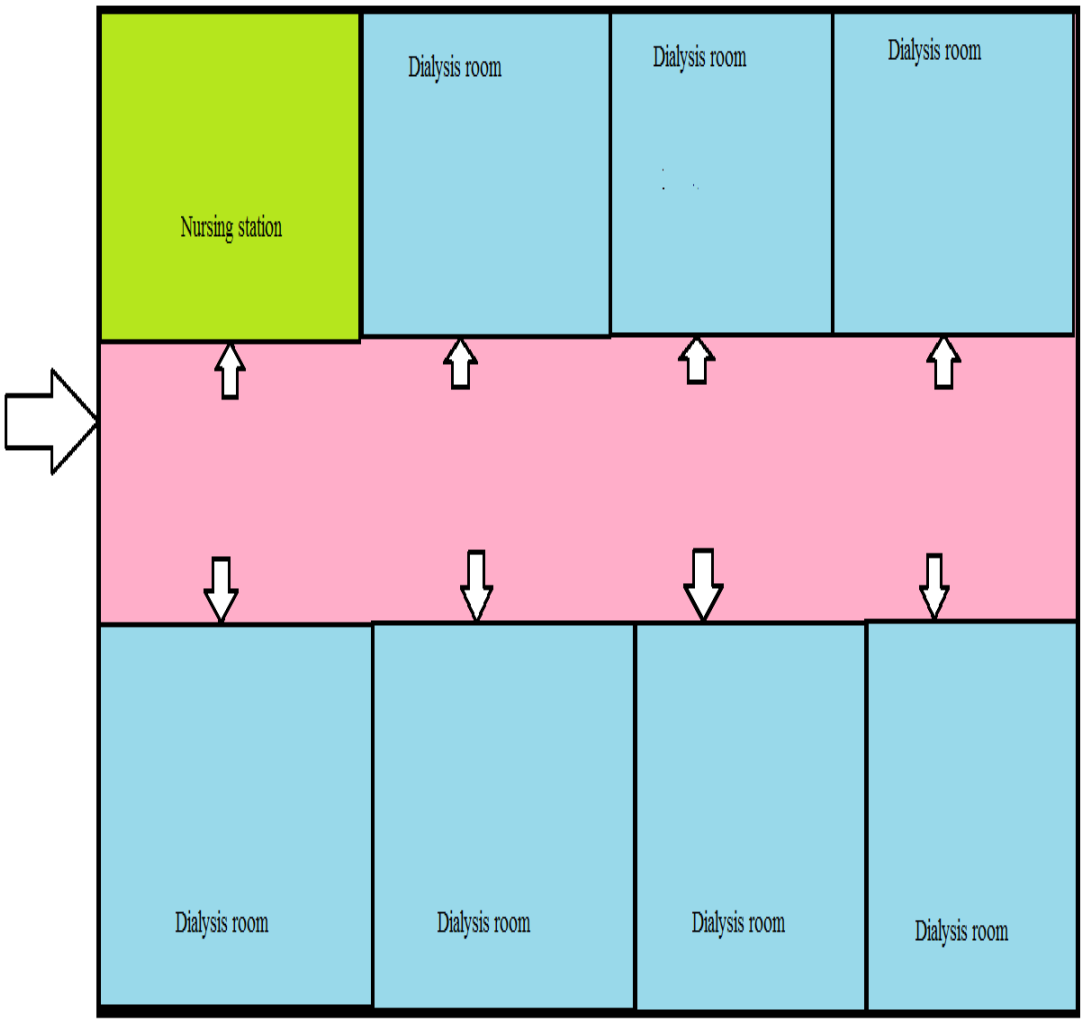
  Dialysis = 12

  Cardiac table = 12

  Rack = 12

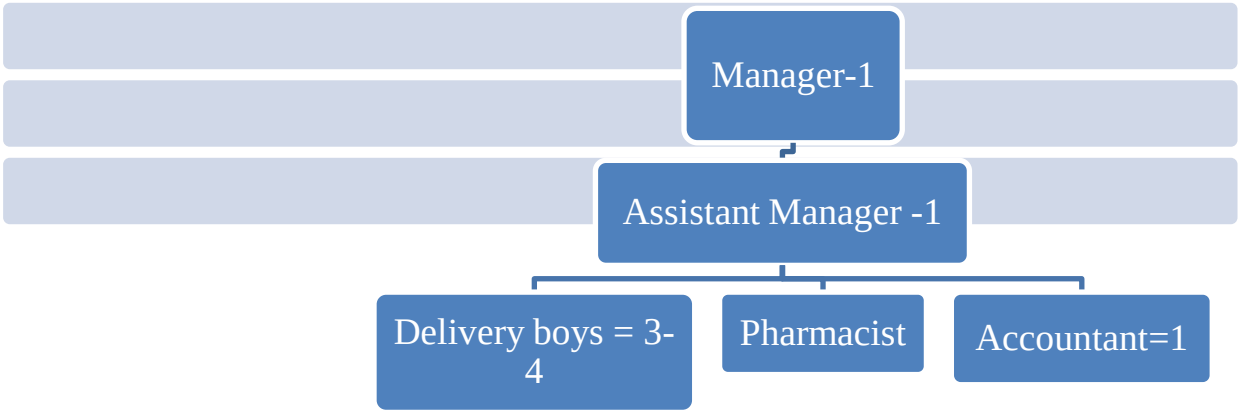
- **Average time consumed in each dialysis =** 30-45 min.
- **Location =** 10 floor
- **Per day patients(average)** = 36

Layout of Dialysis unit



Pharmacy department:-

- **Location: -** Ground floor
- **Staffing in Pharmacy department:-**7



HR policy:-

- **Location-** Ground floor
- **Staffing –** 2 employees present
- **Retiring age of employee=** 58 years
- **Recruitment procedure –**

  Advertisement through-

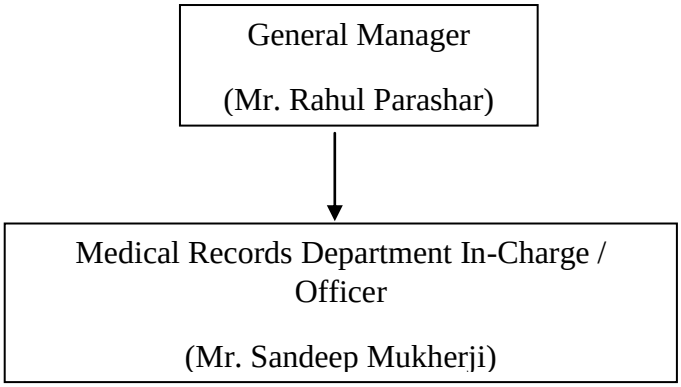
  - Leading newspaper
  - Some tie-up with placement agencies

  Interview –

  - 1st interview at Indore
  - Final interview at Mumbai
- **Induction & Orientation programme**

Medical Record Department:-

- **Location:-** 1st floor
- **Staff:-** 2
- **Organogram:-**



- **Infrastructure:-**
  1) No. of room- 3 room
     1 cabin
  2) In cabin-
     No. of chair- 3
     Table- 1
     Computer system- 1
     Wardrobe- 2
     Printer- 1
  3) In room-
     Table- 3
     Chair- 5
     Shelf- 35
- **Physical facility in medical room:-**
  - Lighting- 6 CFL
  - Temperature control- A.C. is not working in medical record rooms.
    Fan is not present in rooms.
    There is a gap between door and wall present, for air conduction.
  - Safety:- Fire safety system & smoke detector is present in rooms.
  - Record storage unit:- Open-shelf files unit

- **Role & responsibility:-**
  - General Manager:
    - To supervise the overall activities of the department.
    - To participate in the decision making activities like destruction of inactive medical records.

  - Medical Record Department In-Charge / Officer:
    - To establish, organize, and manage the medical records department with appropriate systems to provide an effective service in the hospital.
    - To develop policies and procedures relating to the medical records department in accordance with the Government.
    - To assist the medical record committee in the design and development of different forms required for hospital use.
    - To review the medical records of in patients and ensure that they include all important documents and pertinent information.
    - To co-operate with the medical, nursing, and other staff persons in completing patient medical records.
    - To observe professional ethics and to protect the confidentiality of information from unauthorized persons; to keep medico legal records under safe custody and to attend court whenever required.
    - To select appropriate personnel for the medical record department and train them for performing their jobs efficiently.
    - To supply patient files in accordance with the established procedures for medical care, medical education, medical training, medical care evaluation management, and legal purposes.
    - To maintain and protect medical records in accordance with the policies relating to preservation and destruction.
    - To co-operate with the medical, nursing, heads of departments, patients, health agencies, other hospital in general, and of the medical records department in particular.
    - To supervise the work of the medical record department staff.

- To participate in educational programs such as seminars, workshops, and conferences related to the medical records profession.
- To carry out any other duties and functions related to medical records services as instructed by the immediate chief.
- To carry out the ICD coding of the Files as per the ICD- 10 guidelines.

- **Process:-**

Receive files after patients discharge

- The details of the case files are entered in a Log Book maintained by MRD.
- The Log Book contains Patient's name, IP no, and Date of Discharge/death.
- The details of Expired and Alive cases are mentioned.
- Details of all MLC files are entered in a Logbook.

Coding the files (according to ICD-10)

Arrange the files according to IP no.

Keep the files in shelf in a bundle of 100

- **Assembling-**
  - Daily files submitted to the medical record officer
  - Format of assembling order checklist is maintained

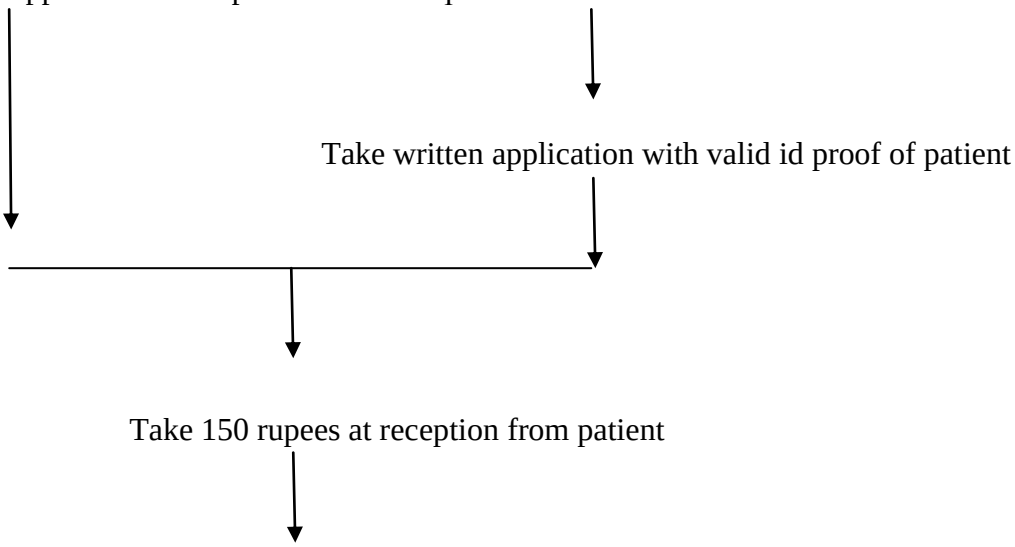
- **Assembling order:-**
    - Patient Admission Form.
    - Registration cum Admission Form.
    - Admission Advise Note (Optional).
    - Discharge (On Request) / LAMA / Death Summary.
    - History.
    - Doctors Order.
    - All Consent Form.
    - Pre-Operative Record.
    - Perfusion Record.
    - Anesthesia Record.
    - Operation Record.
    - Post-operative records.
    - Progress Notes.
    - All Investigations.
    - Diet Chart.
    - All Nursing Record (date wise).
    - Intake and output.
    - Diabetic chart.
    - Blood Transfusion Reports.
    - TPR.
    - Other forms.
    - All emergency room sheet if patient seen by emergency

- **Coding:-**

  Coding is done through medical information system according to WHO ICD-10 coding.

- **Process of issuing files to patients:-**

Take written application from patient if patient's relative come for files



Take written application with valid id proof of patient

Take 150 rupees at reception from patient

A certified photocopy of Case files is handed over to the patients and others.

- **Process of issuing MLC files:-**

Take written letter from respective police station where case has filed

(MLC files is not handover to the patient directly)

Give certified photocopy of files to the police

- **Other responsibility of MRD:-**

  - Send birth and death data to CMO every 21st day.
  - Send weekly records of communicable disease to IDSP.
  - Send organ transplant data to director of health education before the 10th of every month.
  - Send USG reports to CMO
  - Send MTP data to CMO.

- Keep evidence of medico legal cases (i.e.-vomit material, clthes,blood strain).

- **Destruction of Medical Records:**
  - The hospital administration shall take the policy to retain all the patients' files for 5 years.
  - MLC cases, births and death case records shall be maintained permanently.
  - All the old case files belonging before 5 years shall be destroyed.
  - Prior to destruction / discarding, there shall be a public notification in 1 English and 1 local daily newspaper.
  - Before destroying all the salient details old case files shall be entered in a register which will contain serial number, full name of the patient, age, sex, date of the file and MRD number.
  - The procedure for the destruction of file shall be discussed and a policy taken by the administration of Bombay Hospital.
  - First the MRD in-charge person shall inform the Medical Superintendent of the hospital regarding the number of old files requiring destruction.
  - The Medical Superintendent after carefully going through the register and also after examining the old files shall give his approval for the destruction.
  - The Medical Superintendent shall nominate a three member committee, which shall compulsorily have one medical officer for over-viewing the destruction.
  - The Medical Superintendent shall also nominate the day and time of destruction.
  - The old files shall be shredded first in front of the committee.
  - After that the shredded old files shall be burnt.
  - After complete burning of the files the three member committee shall certify in writing the completion of destruction of the files.
  - The copy of letter shall be filed in the MRD office in the destruction file

- **Outcome:-**

Occupancy rate	82%
ALOS	4.5 days
Total death rate	3.44
Net death rate	1.72

- **Record retention period:-**

Records	Retention period
MLC file	Permanent
Birth register	Permanent
Death register	Permanent
Police intimation report	5 years
Death intimation report	5 years
Treatment wound certificate	5 years
IP records	3 years
Circulars , memos	6 months

- **Gap analysis:-**
  - General consent form was not present in every file
  - Colour coding of files was not present, so year wise identification of records was tough.
  - Staff did not submit the files to medical record department from discharge counter on time
  - Consultant's sign and CMO's sign was not present in every file
  - Dietary chart was not present in all files
  - Nurses' note were not completed
  - Only one employee (medical record officer) was present in MRD, so work load was more.
  - Use of electronic medical record was least frequent
  - Retention period for medical records was very less (only 3 years)
  - In many files blank pages were present, so wastage of papers were higher

- **Recommendation:-**
  - Colour coding of files should be adopted on yearly basis.
  - Housekeeping department should be updated to submit the files on time from discharge counter
  - According to usage pages should be attached in files in order to prohibit the wastage of papers.
  - Nurses should complete the nurses' notes.
  - Discharge summary should be checked properly before send the files to MRD.

Committee:-

- Hospital infection control committee
- Drug and therapeutic committee
- Blood transfusion committee
- Medical records committee
- Disaster management committee
- Facility management and safety committee
- Medical audit committee
- Purchase committee
- Nursing audit committee
- Patient grievance committee
- Continuous quality improvement committee
- Patients right and education committee

Area (in sq.meter) of different department:-

Zone	Function	Area in sq.Meter
Main entrance	Lobby	378
	Waiting area for patients and their family	
	Enquiry	
	Registration	
	Dispensary	
Emergency(Causality)	Entrance	854
	Reception	
	Public facility department	
	Patient accommodation area	
	Operating room	
	Staff accommodation	
OPD	Reception	1022
	General clinic	
	Medical OPD	
	Surgical unit	
	Orthopedics	
	Dental OPD	
	Eye OPD	
	OBS.& Gynae.OPD	
	Pediatric Dept. OPD	
	Diagnostic	
	ENT OPD	
Diagnostic department	Enquiry/Registration	385
	X-Ray room	
	Ultrasound	
	Staff Accommodation Area	
	Dark Room	
	Store	
Laboratory	Enquiry/Registration	238
	Sample collection and receiving area	

	Toilets	
	Hematology	
	Biochemistry	
	Microbiology	
	Histopathology	
	Washing and disinfection	
	Media preparation	
	Store	
	Staff accommodation	
Blood Bank	Enquiry/ Reception	105
	Bleeding room	
	Donors rest room	
	Laboratory	
	Storage	
	Issue Counter	
Maternity ward		406
Pediatrics ward		276.5
Intensive care unit		227.5
Operating rooms	Sterile Zone	511
	Disposable Zone	
	Clean Zone	
	Protective Zone	
Labour room		308
C.S.S.D.		189
Physiotherapy department		182
Gas manifold		140
Kitchen		252
Generator and sub station room		42
Biomedical waste storage & treatment facility		42
Mortuary		56
Store		280
Administrative area		451.83
Staff accommodation		2184
Burns ward		267.83

Prisoner ward		265.75
Laundry		90.10
General ward	General ward Male-Medical	357
	General Ward Female-Medical	357
	General Ward Male- Surgical	357
	Female ward female- surgical	357

Different charges:-

		Charges
1. Bed charge	(1) Deluxe room	4000
	(2) 1st class	2000
	(3) Private	1500
	(4) Semiprivate	1100
	(5) Economy	750
	(6) General	free
2. Consultant visit	(1) Deluxe room	700
	(2) 1st class	650
	(3) Private	525
	(4) Semiprivate	475
	(5) Economy	400
	(6) General	300
3. Laboratory	(1) Hb, TLC, DLC	185
	(2) Urine R/E	85
	(3) Blood sugar	85
	(4) Blood urea	150
	(5) Liver function test	1725
	(6) S.electrolyte(Na,K)	380
	(7) Hepatitis B	400
	(8) HIV	520
	(9) T3, T4, TSH	635
	(10)Pus culture & sensitivity	400
	(11)Blood culture	500
	(12) FNAC	700
	(13)ESR	80
Blood bank	(1) Fresh frozen plasma	1145
	(2) Packed cell	800
	(3) Transfusion service	1100

	charge	
Diagnostic	(1) ECG	179
	(2) TMT	1150
	(3) Echo	1750
	(4) EEG	800
Major OT procedure inclusive of surgeon, anesthetist, OT & anesthesia charge	(1) Normal delivery	21000
	(2) LSCS	24000
	(3) Vaginal hysterectomy	
	(4) Appendicectomy	38000
	(5) Lap. cholecystectomy	45000
	(6) Craniotomy of subdural hematoma	41500
	(7) VP shunt	9200
	(8) Total knee replacement	85000
	(9) Phaecoemulsification	6500
	(10) IOL	6500
	(11) Tonsillectomy	5100
	(12) Septoplasty	5100
	(13) Hypospadias	7600
	(14) Fixation	27800
	(15) Abdominal hysterectomy	30000
	(16) Urethro scopy	23500
	(17) Unilateral inguinal hernioplasty	38000
	(18) Lap. Appendicectomy	32000
	(19) PCNL	34500
	(20) TURP	38000
Angioplasty		75000
Angiography		11,000

CABG		11000
SGPT		175
blood count without indices		265
Prothombin time		875
Blood gas sample		2705
CT scan brain		2500
2D Echo cardiography		1500
Ventilator		11290
Kidney unit dialysis		6500
MRI M.R. angio		6500
U.S.G.	Half	750
	Full	1300
	Abdomen	800
X-ray(chest)	OPD	250
	IPD	380
Barium meal		2000
IVP with films		2000
CT scan head		2500
MRI spine		9200
Major procedure	Small dressing	60
	Large dressing	120
	Chest tube drainage	2300
	Ascetic tap	1900
	Pleural tap	900
	Tracheotomy	1200
	MTP- 1st trimester	2300
	2nd trimester	1700
Endoscopy	Upper GI endoscopy	1700
	Colonoscopy	2300

Workload

	2010	2011	2012(Till 30 May)
No. of discharge in a year	9057	10868	3989
No. of deaths	296	374	136
Occupancy			82%(In April month)
ALOS		4.5 days	
No. of OPD patients in OPD		11000	300/day almost
No. of patients in admitted through casualty		8000/year	70-75%
No. of patients in emergency			3/day
No. of lab sample in a year		128000	
No. of X-ray done in a year		18000	4526(till 11/4/2012)
No. of ultrasound in a year		19000	
No. of MRI in a year		1800	
No. of CT SCAN in a year		4200	
No. of TMT in a year		1900	
No. of Echo in a year		5500	
No. of EEG in a year		600	
No. of OT procedure in a year		7500	
No. of deliveries in a year		167	

No. of caesarean in a year		96	

PROJECT

Continuous Quality Improvement in Medical Record Department

Introduction:-

- Medical records are vital part for any hospital.
- The Medical Record is a clinical, scientific, administrative and legal document relating to patient care in which data written in sequence of events to justify the diagnosis and warrant the treatment and end results is documented. The record is valuable to many individuals and groups: patients, physicians, health care institutions, research teams, teachers and students, National health agencies and International Health organizations. Thus, the medical records department is concerned with the retaining, submitting and destroying of records. The proper maintenance of these records in right quantity and quality is the essence of this department
- The medical record department is primarily concerned with documentation of patient care. It does not deal directly with review with actual treatment given or set of standards of care. By ensuring that all personnel comply with regulations regarding documentation of patient care, the Medical Records department supports various medical staff committees by providing data from medical records.

Objective:-

- To analyze the quality of medical records as per NABH guideline.
- To ensure completeness of all medical records with regards to the clinical details.
- To ensure timely storage and retrieval of the medical records.
- To ensure ICD coding of all files.

Methodology:-

- **Study Design-** Quantitative.
- **Area of study-** Bombay hospital, Indore
- **Sample size**- 2000 medical records
- **Sampling technique**-Stratified sampling. In hospital average per day in patient no. is more then 30, so as per NABH guideline (Continuous Quality Improvement indicator) 50% records should be analyze
- **Tools and Techniques**-The structured questionnaire is used for the study.
- **Method**- Continuous Quality Improvement indicators as per NABH guidelines

Quality indicator:-

S.no	Performance indicator	Numerator	Denominator	Standardization factor
1.	Percentage of medical records not having discharge summary	Number of medical records not having discharge summary	Total number of discharges and deaths in same time	100
2.	Percentage of medical records not having initial assessment	Number of medical records not having documented initial assessment	Total number of discharges and deaths in same time	100
3.	Percentage of patients not having plan of care	Number of medical records not having documented plan of care	Total number of discharges and deaths in same time	100
4.	Percentage of missing records	Number of missing records in retention period	Total number of records maintained	100
5.	Number of births and deaths	Report from MRD	_	_

Duration- 1-May-2012 to 20-May-2012

Finding and observation:-

1. Percentage of medical records not having discharge summary=

$$\frac{\text{Total no. of medical records not having discharge summary}*100}{\text{Total no of discharge \& death in same time}}$$

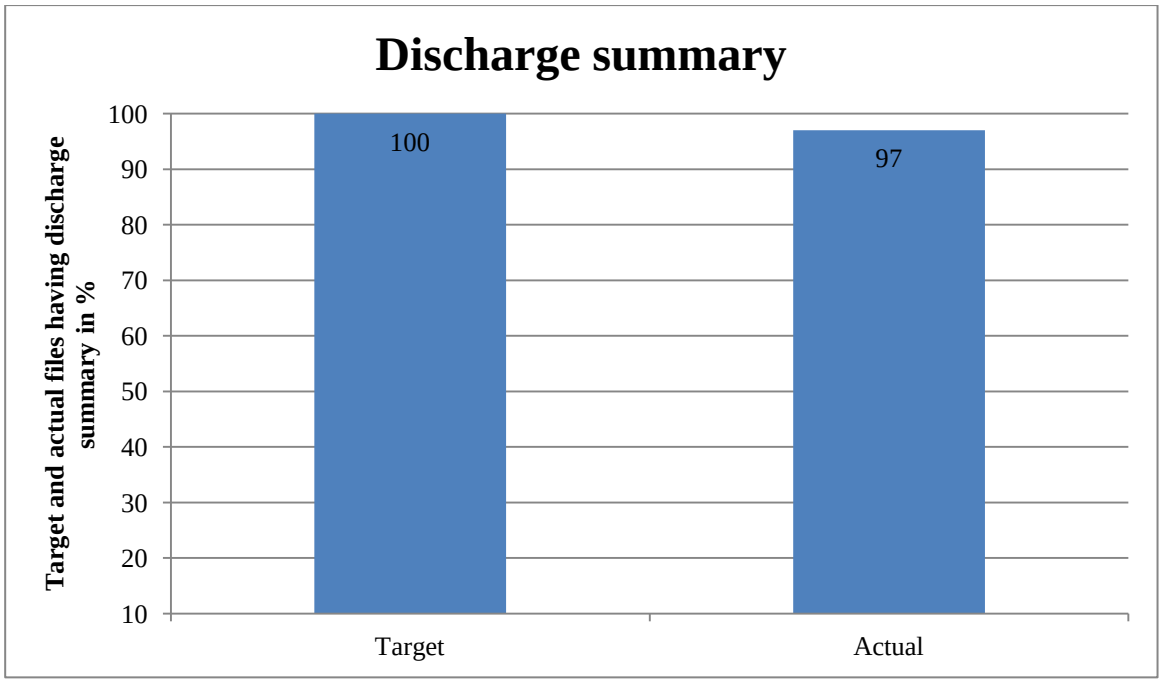
Total no. of medical records not having discharge summary= 59

Total no of discharge & death in same time=2000

$$\% = \frac{59*100}{2000}$$

$$= 2.95\%$$

Conclusion: - Out of 2000 files 59 had no discharge summary, So almost 3% files were not having discharge summary.



2. Percentage of records not having initial assessment =

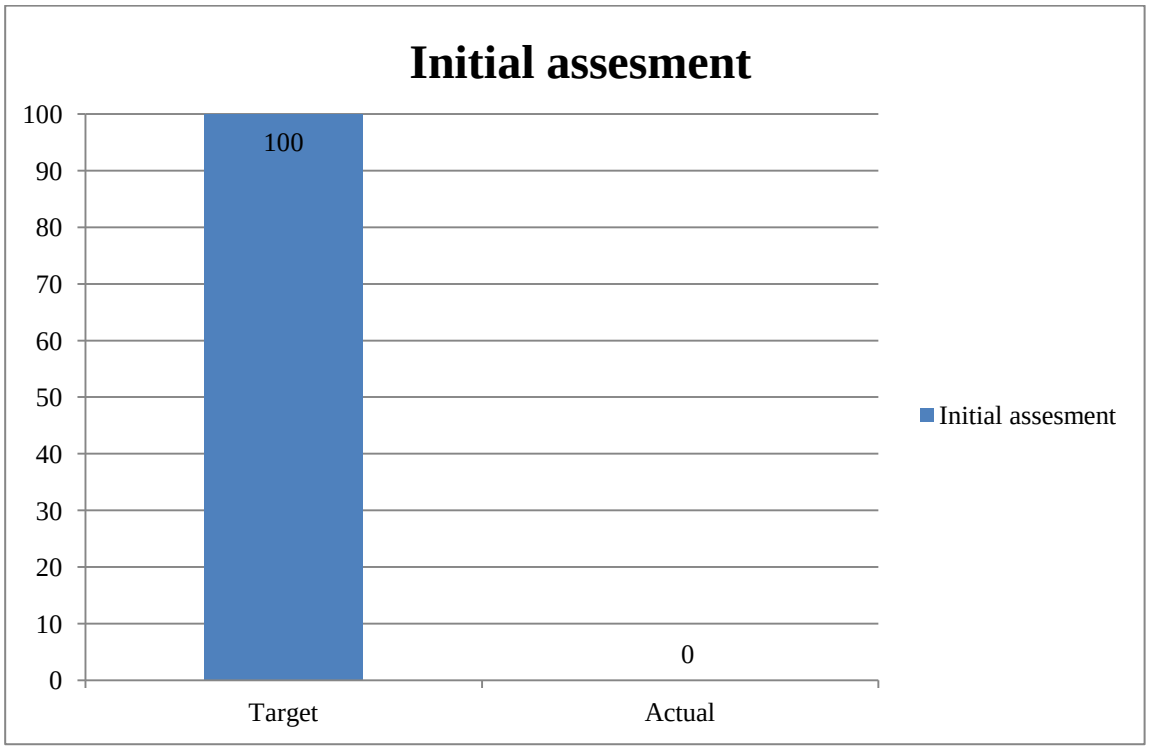
$$\frac{\text{Number of medical records not having documented initial assessment}}{\text{Total number of discharge in same time}}$$

No. of medical records not having documented initial assessment= 0

$$= \frac{2000*100}{2000}$$

= 100%

Conclusion: -Till now they do not keep documented initial assessment



3. Percentage of medical records not having plan of care=

= Number of medical records not having documented plan of care*100

Total number of discharge in same time

Number of medical records not having documented plan of care= 2000

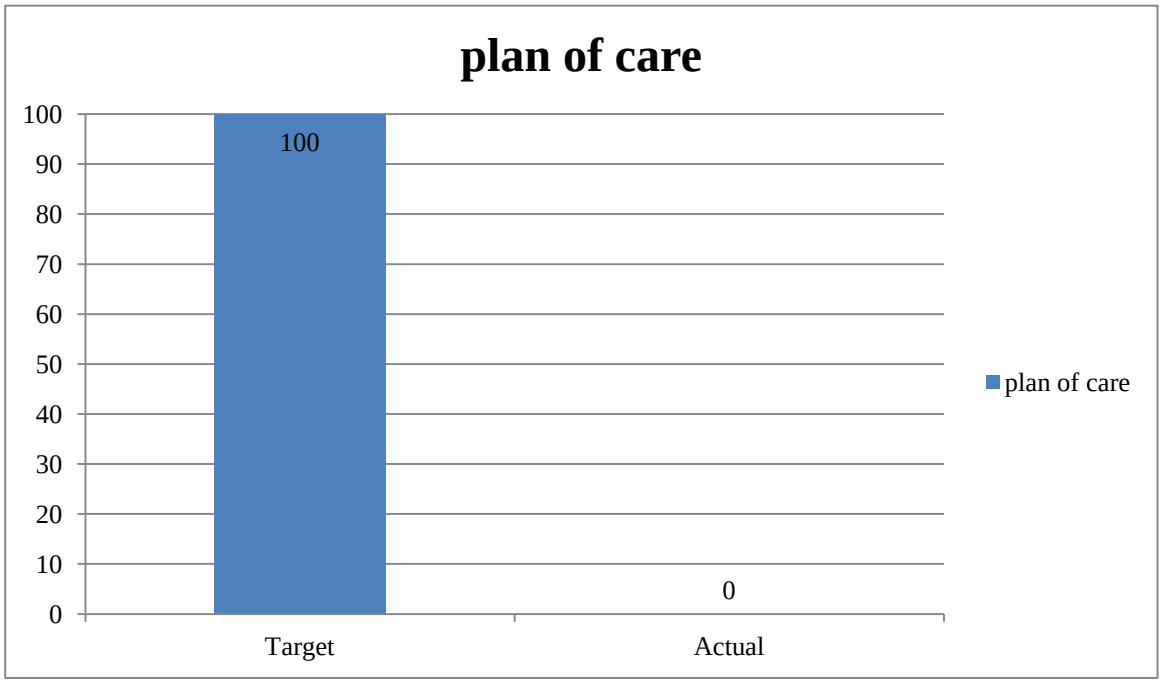
Total number of discharge in same time = 2000

= 2000*100

2000

= 100%

Conclusion:- Till now they do not keep plan of care, so plan of care was not present in any records.



4. Percentage of missing records =

$$= \frac{\text{Number of missing records in retention period} * 100}{\text{Total number of records maintained}}$$

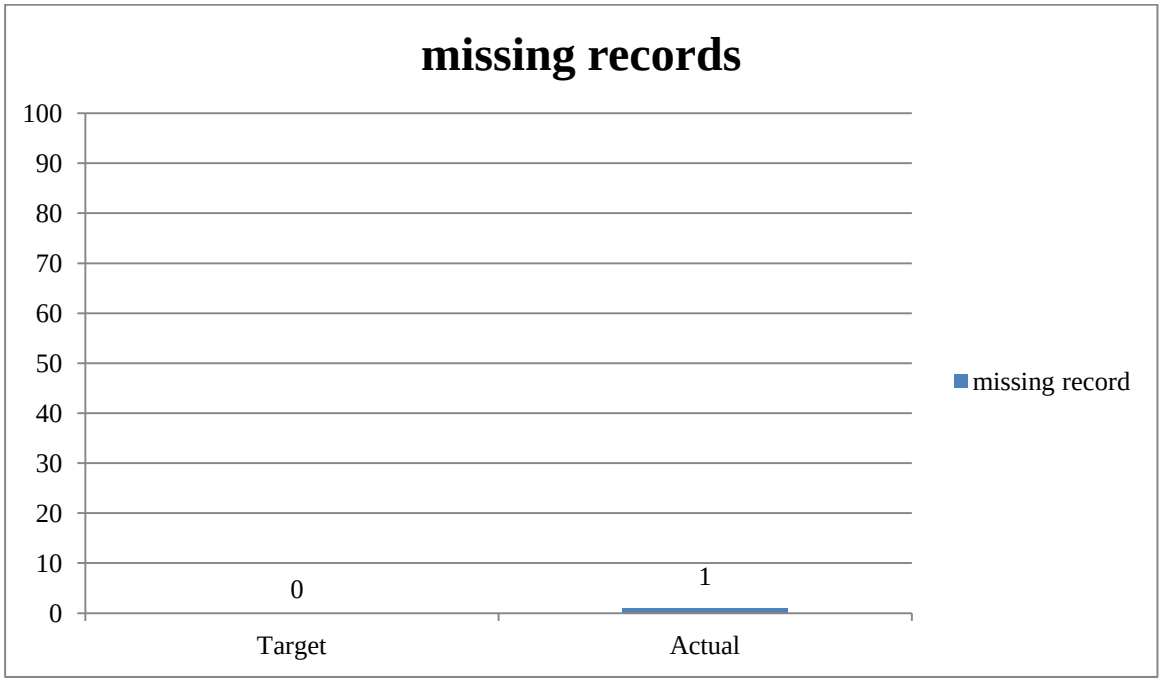
Number of missing records in retention period = 16

Total number of records maintained = 2000

$$= \frac{16 * 100}{2000}$$

$$= 0.8\%$$

Conclusion: - Out of 2000 records 16 files was not present in Medical record department nor those records was preset in any other department.



5. Number of birth & death

Month	Birth	Death
January	14	32
February	14	25
March	11	33
April	8	24
May	4	22

Recommendation:-

- Before keeping the records in record room, medical record officer should check the files whether those files have discharge summary or not.
- At the admission counter initial assessment and plan of care should be attach with medical records.
- Monthly auditing of medical record should be conduct in order to address missing files.

Project

A Study on Quality Management Services in In-Patient Department

Abstract

The project on Quality management service at IPD was conducted in Bombay Hospital

This project covers all types of care and service given by the hospital to the inpatient.

It includes medical, nursing, diagnostic, laundry, dietary, maintenance, housekeeping, information services..

For analysis of data sample size of 100 was taken. The feedback survey conducted among patients due for discharge before their departure.

After analysis the result is that the patients were satisfied with Medical, Nursing, Diagnostic and Patient movement care.

But dissatisfied with Maintenance, Food, and Discharge and Finance information.

Introduction:

Quality in health care institutions is different from other organizations because the service, i.e. the patient care, is multifaceted and multidimensional service and is delivered personally to the patient by the doctors, nurses and other staff. Further, because of its role in improving the efficiency of care as well as lowering the costs of treatment in the long run, it is the single most important factor affecting the satisfaction of patients.

Feedback from patients can influence the whole quality improvement agenda and provide an opportunity for organizational learning and development. It provides crucial information on what the patient's expectations are and how they perceive the quality of care, which may be different from that of all staff providing that care.

Main objective of project is to study quality management services at inpatient department. Patients admitted in the hospital spend their time of stay in the inpatient wards. A ward is not just a place for the care and treatment but it also serves as a temporary home for the patients during the period of hospitalization. Therefore, the ward unit has to take care of all the needs of the patient, nor just the nursing care and treatment but also the daily needs such as living accommodation with water, electrification, housekeeping, linen & laundry services, bath & toilet, dietary services and physical security.

Our feedback project concentrates on quality of services in all those areas. A patient feedback survey can help:

Improve patient loyalty

Increase referrals

Evaluate healthcare provider performance

Pinpoint areas for improvement

Objective:

To analyze quality of services of IPD patients and their attendants in Bombay Hospital.

Feedback aspects

- Quality measurement of overall patients and their relative's satisfaction in IPD with all aspect of hospital.
- Rating of overall care patient received.
- Attended promptly by medical and non medical staff.
- Courtesy, communication, availability and overall skill and expertise of consultant.
- Proper information about costs and mediclaim.
- Cleanliness of rooms / wards and surroundings.
- Overall quality of care.
- Willingness to return to same hospital.

Methodology

- Feedback on quality management services at IPD was conducted in Bombay Hospital at inpatient department from 14-June-2012 to 26-June-2012.
- The survey was conducted among patients due for discharge before their departure from the ward.
- About 110 patients were selected and interviewed from inpatient department to get enough data.
- For the final study 100 forms were selected, 10 forms are not considered due to incompletion.
- The questionnaire includes quality aspects which cover all types of care given by the hospital to the patients.
- The key indices of questionnaire are as follow :-
    1. Medical care
    2. Nursing care
    3. Diagnostic Department
    4. Pharmacy
    5. Support Services
- The question are simple to understand with 5 multiple ratings such as very good (5), good (4), fair (3), satisfactory (2), poor (1). Patients could write additional comment also.
- Data analysis was done as :-

    Satisfied = 5+4

    Dissatisfied = 2+1

    Medium = 3

Data

QUESTION	OPTION	TOTAL	%
MEDICAL CARE			
1. Attended promptly after admission.	5	72	72%
Sample size 100	4	10	10%
	3	7	7%
	2	3	3%
	1	4	4%
	nil	4	4%
2. Explained the disease to me	5	71	71%
	4	16	16%
	3	6	6%

	2	1	1%
	1	4	4%
	nil	2	2%
3. Spent time with me to evaluate the	5	71	71%
Disease.			
	4	14	14%
	3	3	3%
	2	4	4%
	1	4	4%
	nil	4	4%
4. Attended to problems immediately	5	73	73%
In emergency.			

	4	14	14%
	3	4	4%
	1	5	5%
	nil	4	4%
5. Listened to what I said.	5	77	77%
	4	7	7%
	3	7	7%
	1	4	4%
	nil	5	5%
6. Visited me regularly.	5	87	87%
	4	6	6%

	3	2	2%
	2	1	1%
	1	2	2%
	nil	2	2%
7. Explained about prescribed medicine	5	72	72%
	4	11	11%
	3	6	6%
	2	2	2%
	1	4	4%
	nil	4	4%
8. Explained about procedures and	5	75	75%

Test results.			
	4	12	12%
	3	3	3%
	2	1	1%
	1	4	4%
	nil	5	5%
9. Communication between the medical	5	68	68%
Staff.			
	4	15	15%
	3	6	6%
	2	2	2%

	1	2	2%
	nil	6	6%
10. Overall skill and expertise of	5	82	82%
Consultant.			
	4	9	9%
	3	2	2%
	2	2	2%
	1	2	2%
	nil	3	3%
11. Ease of getting a referral to a	5	58	58%
Medical specialist.			

	4	11	11%
	3	4	4%
	1	6	6%
	nil	21	21%
12. Overall satisfaction with Medical	5	86	86%
Care			
	4	9	9%
	3	1	1%
	2	1	1%
	1	2	2%
	nil	2	2%
NURSING CARE			

1. Attended to problems immediately	5	69	69%
	4	18	18%
	3	4	4%
	2	2	2%
	1	4	4%
	nil	3	3%
2. Was treatment started in time?	5	72	72%
	4	14	14%
	3	6	6%
	2	1	1%
	1	5	5%

	nil	2	2%
3. Were all the medicines given in time?	5	70	70%
	4	13	13%
	3	9	9%
	2	2	2%
	1	2	2%
	nil	2	2%
4. Training skill and experience.	5	58	58%
	4	19	19%
	3	10	10%

	2	3	3%
	1	7	7%
	nil	3	3%
5. General behavior with patient /	5	67	67%
Attendant.			
	4	13	13%
	3	7	7%
	2	2	2%
	1	6	6%
	nil	5	5%
6. Advised to my satisfaction at the	5	62	62%
Time of discharge.			
	4	9	9%

	3	6	6%
	2	3	3%
	1	7	7%
	nil	13	13%
DIAGNOSTIC DEPARTMENTS			
1. Waiting time for investigations.	5	61	61%
	4	13	13%
	3	12	12%
	2	2	2%
	1	2	2%
	nil	9	9%

2. Waiting time outside department.	5	59	59%
	4	14	14%
	3	11	11%
	2	3	3%
	1	2	2%
	nil	11	11%
3. Tests done efficiently.	5	67	67%
	4	16	16%
	3	4	4%
	2	2	2%

	1	1	1%
	nil	10	10%
4. Behavior and expertise of Doctor.	5	84	84%
	4	8	8%
	2	1	1%
	1	1	1%
	nil	6	6%
5. Behavior of Departmental Staff.	5	63	63%
	4	17	17%
	3	6	6%
	1	7	7%

	nil	7	7%
PHARMACY			
1. Waiting time for medicines from	5	63	63%
Pharmacy.			
	4	9	9%
	3	11	11%
	2	3	3%
	1	8	8%
	nil	6	6%
2. Availability of medicines.	5	67	67%
	4	14	14%
	3	4	4%

	2	1	1%
	1	7	7%
	nil	7	7%
SUPPORT SERVICES			
HOUSEKEEPING.			
1. Condition of room on arrival.	5	62	62%
	4	17	17%
	3	9	9%
	2	4	4%
	1	5	5%
	nil	3	3%
2. Was room cleaned, mopped,	5	73	73%

dusted regularly?			
	4	12	12%
	3	7	7%
	1	3	3%
	nil	3	3%
3. Toilets and washbasin cleanliness.	5	60	60%
	4	12	12%
	3	14	14%
	2	4	4%
	1	8	8%
	nil	11	11%

4. Was bed pan / urinal, provided at	5	47	47%
bed side whenever asked for?	4	8	8%
	3	6	6%
	2	4	4%
	1	10	10%
	nil	25	25%
5. Was bed pan / urinal, removed and	5	50	50%
Washed after use?			
	4	6	6%
	3	7	7%
	2	4	4%
	1	5	5%

	nil	28	28%
6. Cleanliness of wards / corridor	5	67	67%
	4	12	12%
	3	6	6%
	2	3	3%
	1	5	5%
	nil	7	7%
7. Cleanliness of Public Toilets.	5	54	54%
	4	19	19%
	3	8	8%
	2	7	7%

	1	7	7%
	nil	5	5%
8. Behavior of housekeeping staff.	5	67	67%
	4	13	13%
	3	8	8%
	2	5	5%
	1	2	2%
	nil	5	5%
PATIENT MOVEMENT			
1. Availability of staff	5	64	64%
	4	18	18%

	3	10	10%
	2	3	3%
	1	4	4%
	nil	1	1%
2. Time taken for movement.	5	62	62%
	4	19	19%
	3	10	10%
	2	2	2%
	1	4	4%
	nil	4	4%
3. Behavior of staff.	5	63	63%

	4	18	18%
	3	9	9%
	2	2	2%
	1	6	6%
	nil	2	2%
LINEN			
1. Was the bed linen changed regularly	5	58	58%
	4	17	17%
	3	10	10%
	2	5	5%
	1	5	5%

	nil	5	5%
2. Was quality of linen satisfactory?	5	53	53%
	4	17	17%
	3	11	11%
	2	4	4%
	1	5	5%
	nil	10	10%
3. Was quality of wash of linen	5	59	59%
Satisfactory?			
	4	15	15%
	3	9	9%
	2	3	3%

	1	5	5%
	nil	2	2%
FOOD			
1. Menu variety.	5	51	51%
	4	18	18%
	3	10	10%
	2	5	5%
	1	5	5%
	nil	11	11%
2. Taste of food.	5	48	48%
	4	21	21%

	3	12	12%
	2	5	5%
	1	5	5%
	nil	8	8%
3. Served in time?	5	55	55%
	4	20	20%
	3	7	7%
	2	4	4%
	1	7	7%
	nil	7	7%
4. Served hot.	5	49	49%

	4	15	15%
	3	6	6%
	2	9	9%
	1	9	9%
	nil	11	11%
MAINTENANCE			
1. Tap and fitting working.	5	68	68%
	4	13	13%
	3	7	7%
	2	5	5%
	1	4	4%
	nil	5	5%

2. Fridge, T.V working.	5	26	26%
	4	7	7%
	3	5	5%
	1	5	5%
	nil	57	57%
3. Air-conditioning working.	5	27	27%
	4	5	5%
	3	4	4%
	1	4	4%
	nil	60	60%
4. Overall room condition.	5	47	47%

	4	13	13%
	3	7	7%
	2	3	3%
	1	5	5%
	nil	25	25%
SECURITY AND FILES			
1. Lift availability.	5	55	55%
	4	15	15%
	3	13	13%
	2	2	2%
	1	9	9%

	nil	6	6%
2. Behavior of staff.	5	55	55%
	4	19	19%
	3	8	8%
	2	3	3%
	1	6	6%
	nil	6	6%
ADMISSION			
1. Time taken for admission.	5	59	59%
	4	19	19%
	3	5	5%
	2	2	2%

	1	1	1%
	nil	13	13%
2. Guidance regarding admission	5	62	62%
Procedure.			
	4	19	19%
	3	4	4%
	2	2	2%
	1	1	1%
	nil	9	9%
3. Ease of admission procedure.	5	70	70%
	4	17	17%
	3	4	4%

	2	2	2%
	nil	6	6%
4. Friendliness and courtesy shown by staff	5	66	66%
	4	16	16%
	3	7	7%
	2	3	3%
	1	2	2%
	nil	7	7%
5. Was information provided promptly	5	65	65%
and correctly.			
	4	18	18%

	3	5	5%
	2	2	2%
	1	1	1%
	nil	9	9%
6. Ease of completing insurance forms paperwork	5	35	35%
	4	8	8%
	3	5	5%
	2	1	1%
	1	6	6%
	nil	42	42%
DISCHARGE			

1. Time taken for discharge.	5	45	45%
	4	18	18%
	3	9	9%
	2	6	6%
	1	5	5%
	nil	12	12%
2. Bills made in time.	5	55	55%
	4	13	13%
	3	7	7%
	2	3	3%
	1	7	7%

	nil	15	15%
3. Explained about medicine/ follow-up.	5	60	60%
	4	13	13%
	3	3	3%
	2	1	1%
	1	7	7%
	nil	16	16%
FINANCE			
1. Information about costs	5	52	52%
	4	12	12%
	3	8	8%

	2	7	7%
	1	5	5%
	nil	16	16%
2. Were you informed in time about hospital dues?	5	45	45%
	4	17	17%
	3	4	4%
	2	2	2%
	1	5	5%
	nil	27	27%
3. Correctness of bills.	5	53	53%
	4	16	16%

	3	2	2%
	2	3	3%
	1	5	5%
	nil	19	19%
GENERAL.			
1. Ease of getting medical care in an emergency	5	59	59%
.			
	4	10	10%
	3	2	2%
	2	3	3%
	1	2	2%
	nil	27	27%

2. Overall quality of care	5	60	60%
	4	18	18%
	3	8	8%
	2	2	2%
	1	4	4%
	nil	16	16%
3. Have you ever visited the hospital before?	5	49	49%
	4	8	8%
	3	3	3%
	1	8	8%
	nil	33	33%

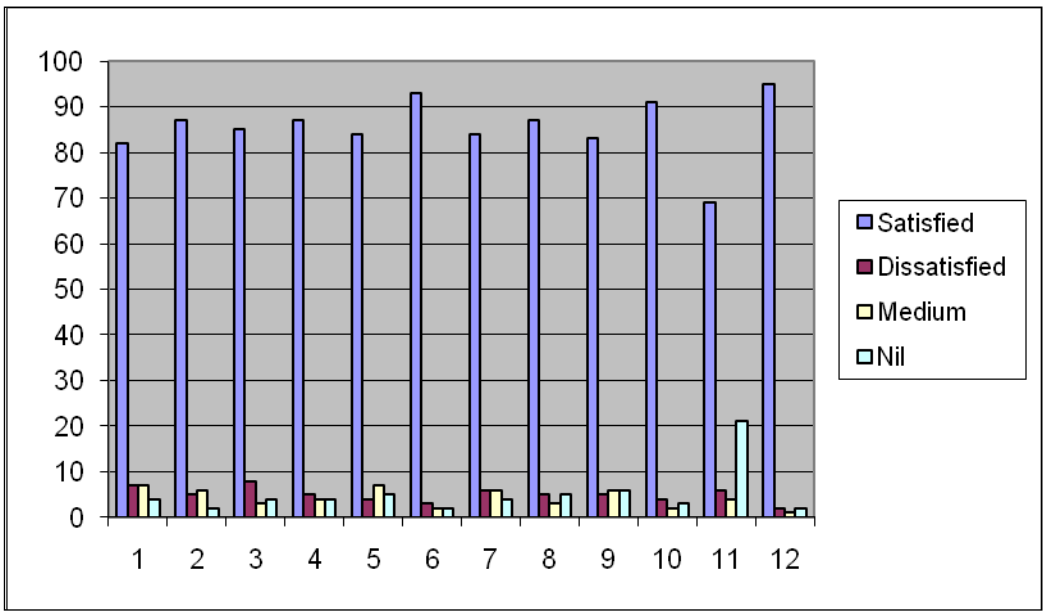
4. Will you recommend this hospital	5	65	65%
to others.			
	4	11	11%
	3	6	6%
	1	3	3%
	nil	16	16%

Analysis

MEDICAL CARE

Questions	Satisfied	Dissatisfied	Medium	Nil

1. Attended promptly after admission.	82	7	7	4
2. Explained the disease to me.	87	5	6	2
3. Spent time with me to evaluate the disease.	85	8	3	4
4. Attended problems immediately in emergency.	87	5	4	4
5. Listened to what I said.	84	4	7	5
6. Visited me regularly.	93	3	2	2
7. Explained about prescribed medicines.	84	6	6	4
8. Explained about procedures and test results.	87	5	3	5
9. Communication between the medical staff.	83	5	6	6
10. Overall skill and expertise of consultant.	91	4	2	3
11. Ease of getting a referral to a medical specialist.	69	6	4	21
12. Overall satisfaction with medical care.	95	2	1	2

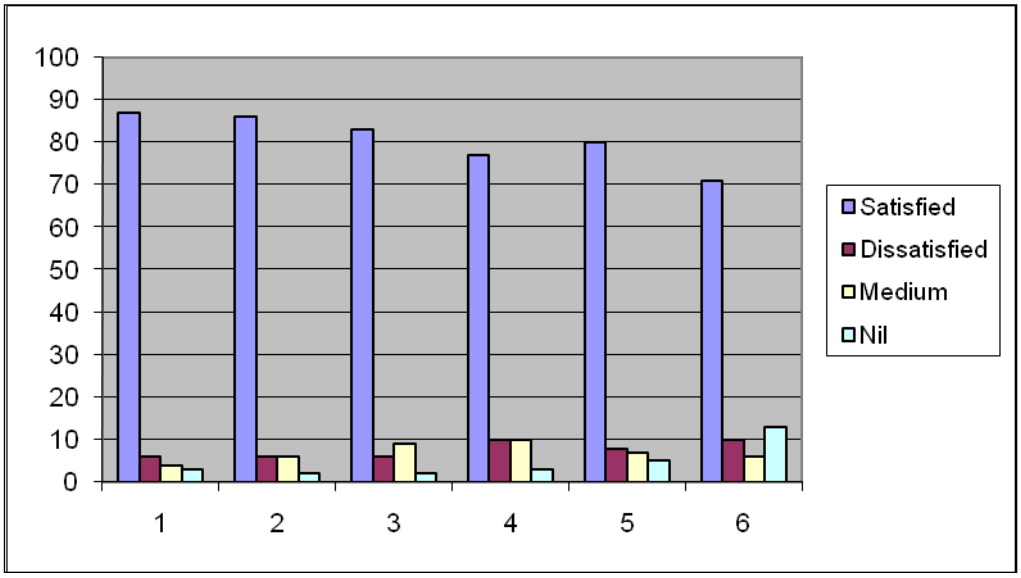


Result: - Patients are highly satisfied with medical care or Doctors.

NURSING CARE

Questions	**Satisfied**	**Dissatisfied**	**Medium**	**Nil**
1. Attended problems immediately.	87	6	4	3
2. Was treatment started in time?	86	6	6	2
3. Were all the medicines given in time?	83	6	9	2
4. Training skill and experience.	77	10	10	3

5. General behavio with patient/ attendant.	80	8	7	5
6. Advised to my satisfaction at the time of discharge	71	10	6	13

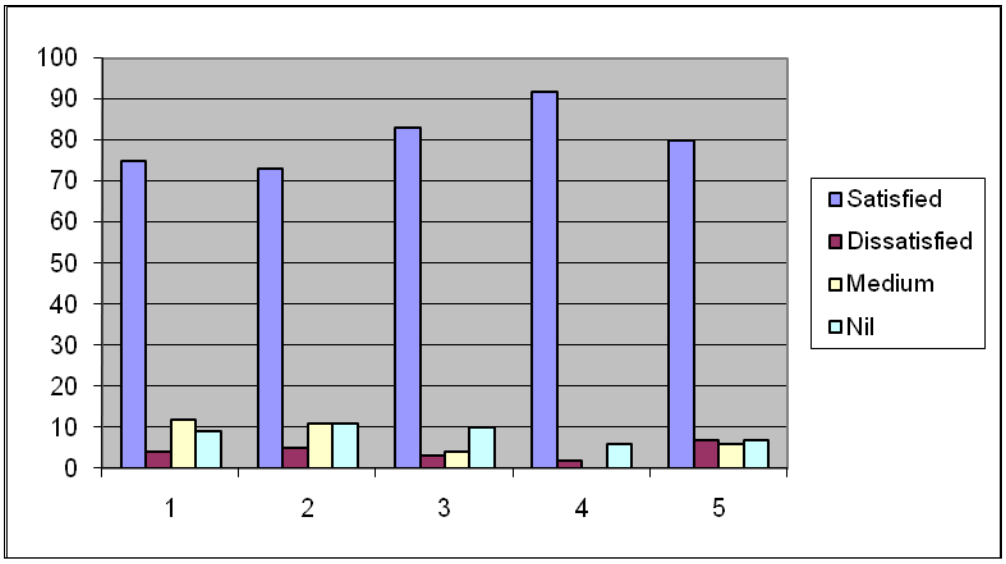


Result:- Patients are satisfied with the nursing staff, but dissatisfied with the behavior of nursing staff at general ward.

DIAGNOSTIC DEPARTMENT

Questions	**Satisfied**	**Dissatisfied**	**Medium**	**Nil**
1. Waiting time for investigations	75	4	12	9
2. Waiting time outside department.	73	5	11	11
3. Tests done efficiently	83	3	4	10

4. Behavior and expertise of doctor.	92	2	0	6
5. Behavior of departmental staff.	80	7	6	7

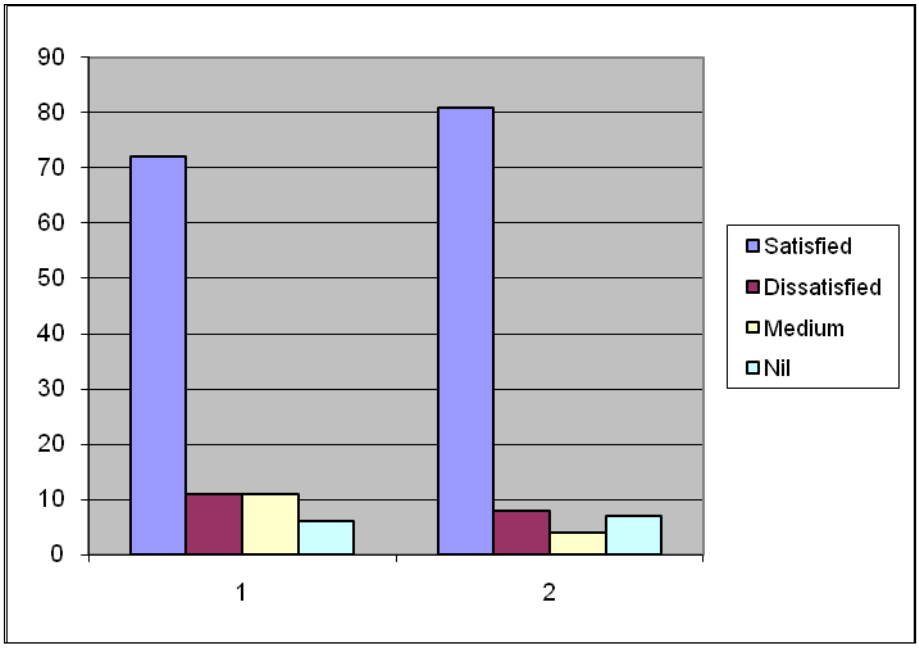


Result:- Patients are satisfied with the behavior and expertise of doctors and technicians, and dissatisfied of time taking in investigations.

PHARMACY

Questions	Satisfied	Dissatisfied	Medium	Nil
1. Waiting time for medicines from pharmacy	72	11	11	6
2. Availability of medicines.	81	8	4	7

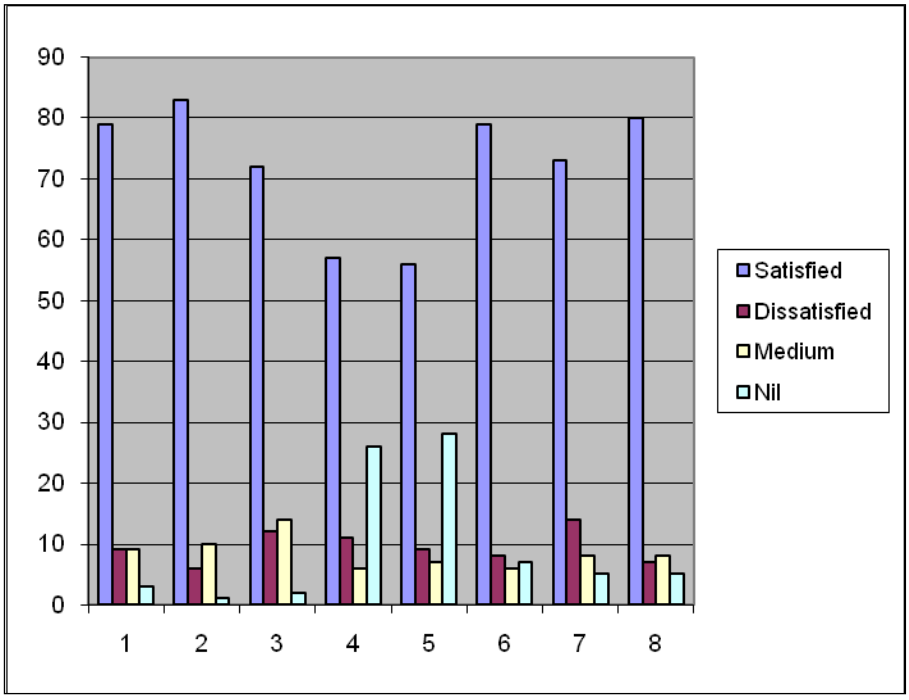
SUPPORT SERVICES:-



Result:- Patients are satisfied with the availability of medicines at pharmacy, but dissatisfied with the waiting time for medicines.

HOUSEKEEPING

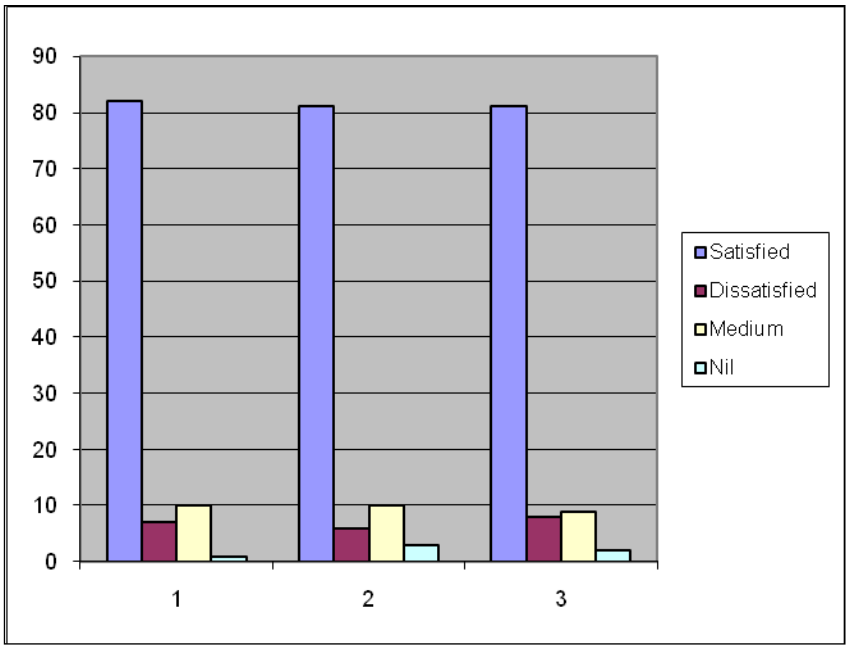
Questions	Satisfied	Dissatisfied	Medium	Nil
1. Condition of room on arrival.	79	9	9	3
2. Was room cleaned, mopped, dusted	83	6	10	1
3. Toilets and washbasin cleanliness	72	12	14	2
4. Was bed/urinal, provided at bed side whenever asked for?	57	11	6	26
5. Was Bed pan/urinal, removed and washed after use?	56	9	7	28
6. Cleanliness of wards/ corridor	79	8	6	7
7. Cleanliness of public toilets.	73	14	8	5
8. Behavior of housekeeping staff.	80	7	8	5



Result: - Patients are dissatisfied that sometimes room was not properly clean on daily basis.

PATIENT MOVEMENT

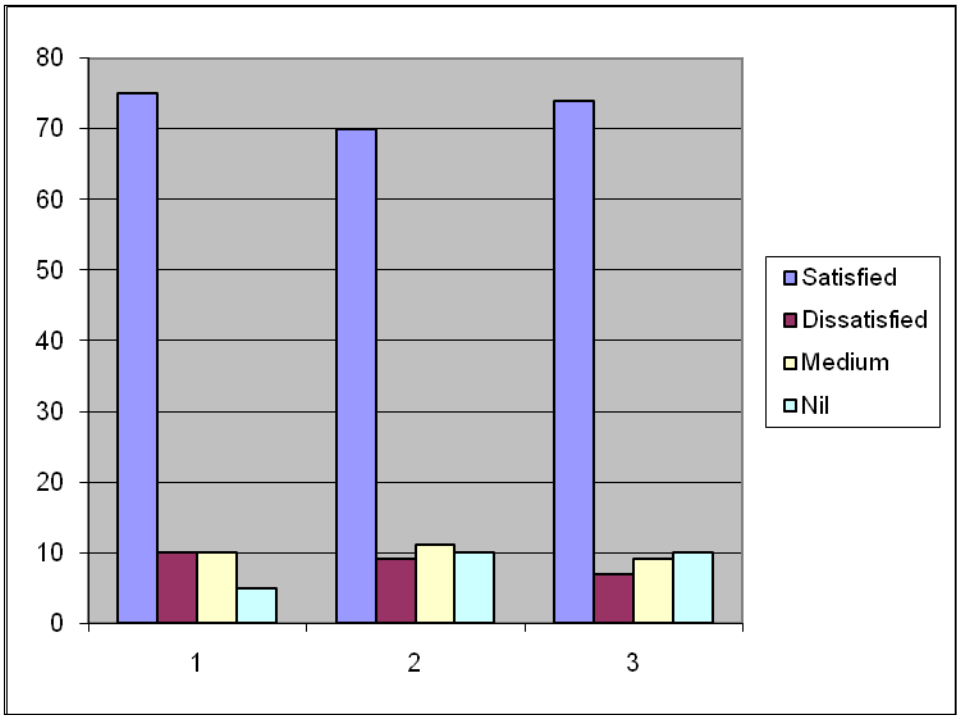
Question	Satisfied	Dissatisfied	Medium	Nil
1. Availability of staff	82	7	10	1
2. Time taken for movement.	81	6	10	3
3. Behaviour of staff	81	8	9	2



Result: - Patients are satisfied with the availability and behavior of staff.

LINEN

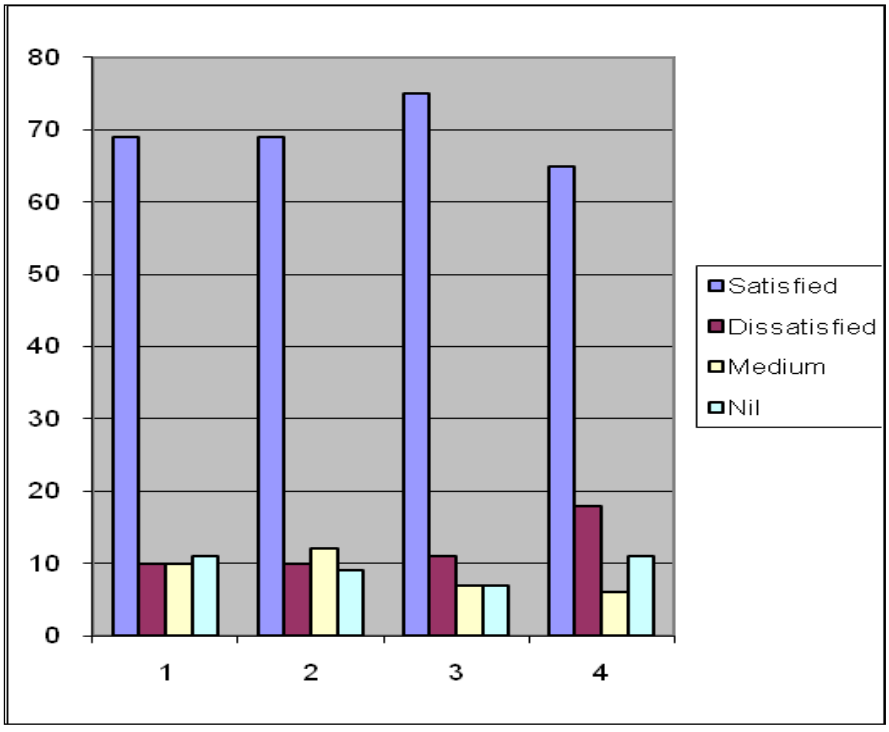
Question	Satisfied	Dissatisfied	Medium	Nil
1. Was the bed linen changed regularly?	75	10	10	5
2. Was quality of linen satisfactory?	70	9	11	10
3. Was quality of wash of linen satisfactory?	74	7	9	10



Result: - Patients are not satisfied with the quality of linen.

FOOD

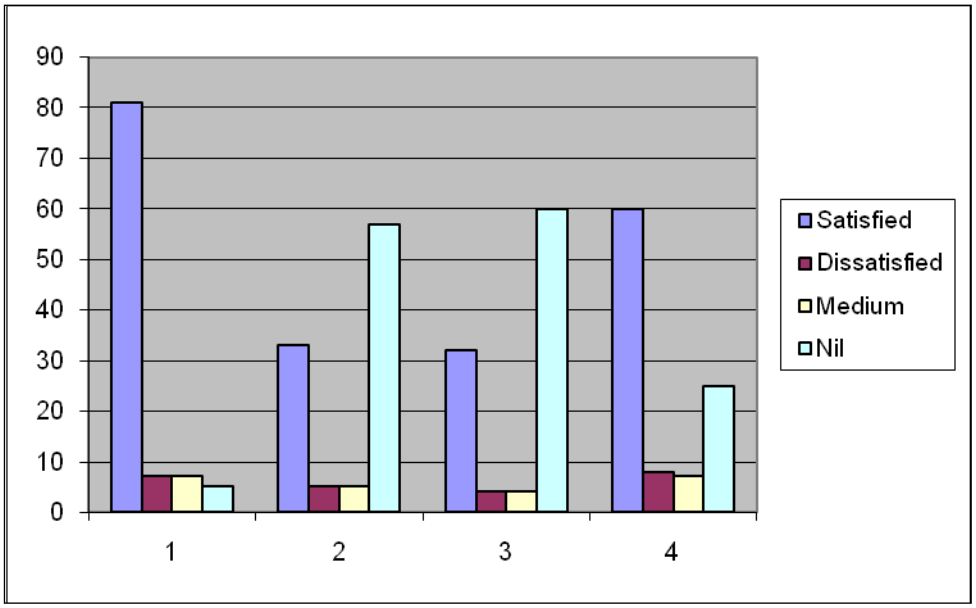
Question	Satisfied	Dissatisfied	Medium	Nil
1. Menu verity.	69	10	10	11
2. Taste of food.	69	10	12	9
3. Served in time?	75	11	7	7
4. Served hot?	65	18	6	11



Result:- Patients are not satisfied with the food services.

MAINTENANCE

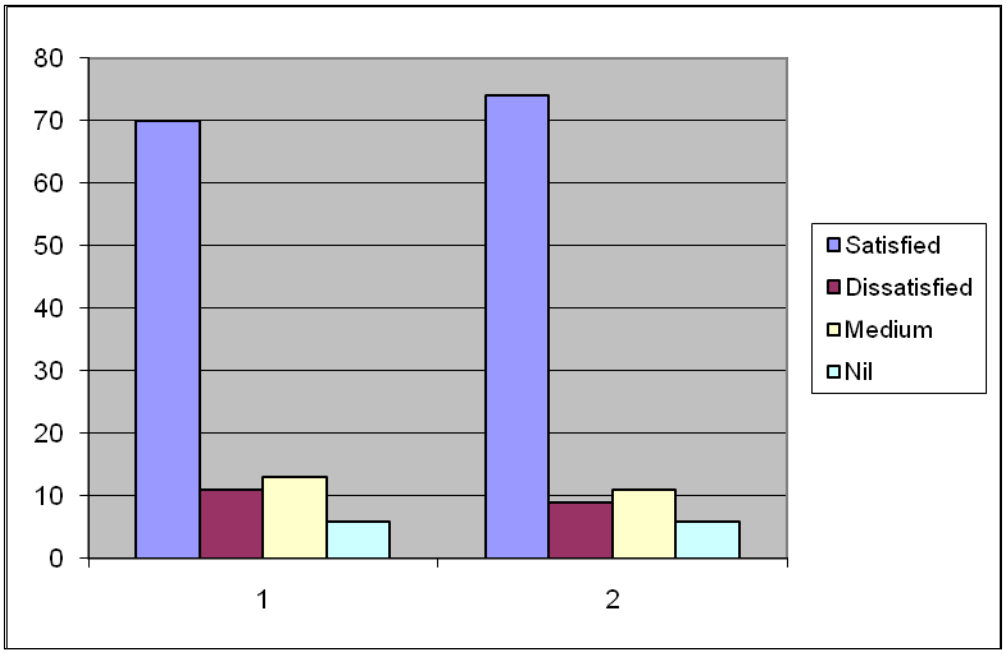
Question	Satisfied	Dissatisfied	Medium	Nil
1. Tap and fitting working.	81	7	7	5
2. Fridge, T.V working.	33	5	5	57
3. A.C working	32	4	4	60
4. Overall room condition.	60	7	7	25



Result: - Patients are not satisfied with the maintenance work.

SECURITY & FILES

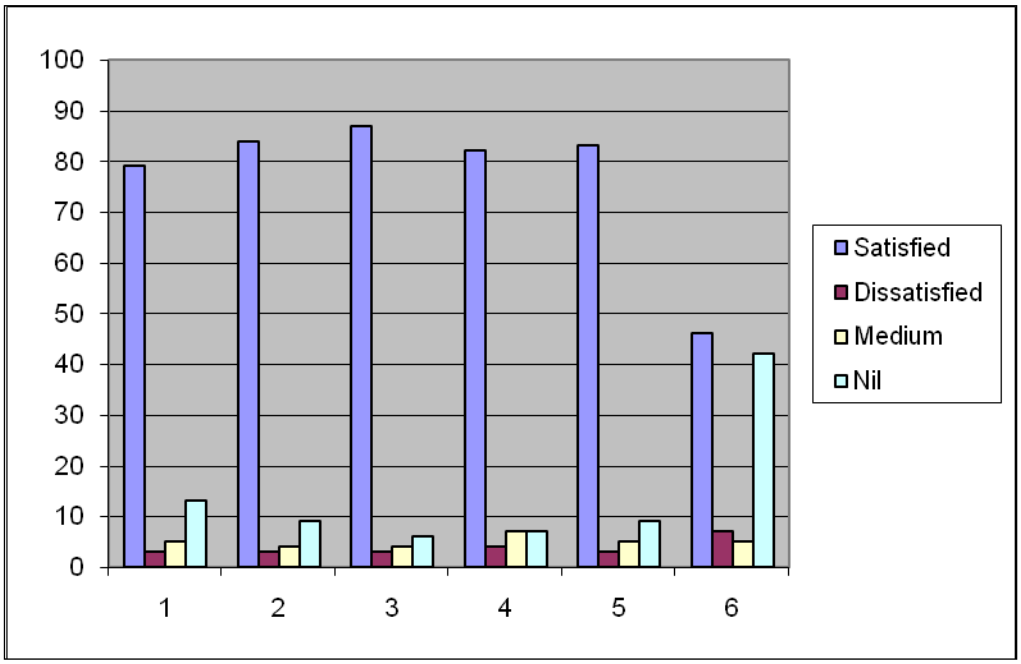
Question	Satisfied	Dissatisfied	Medium	Nil
1. Lift availability.	70	11	13	6
2. Behavior of staff.	74	9	11	6



Result: - In some cases patients are dissatisfied with the lift availability and behavior of staff.

ADMISSION

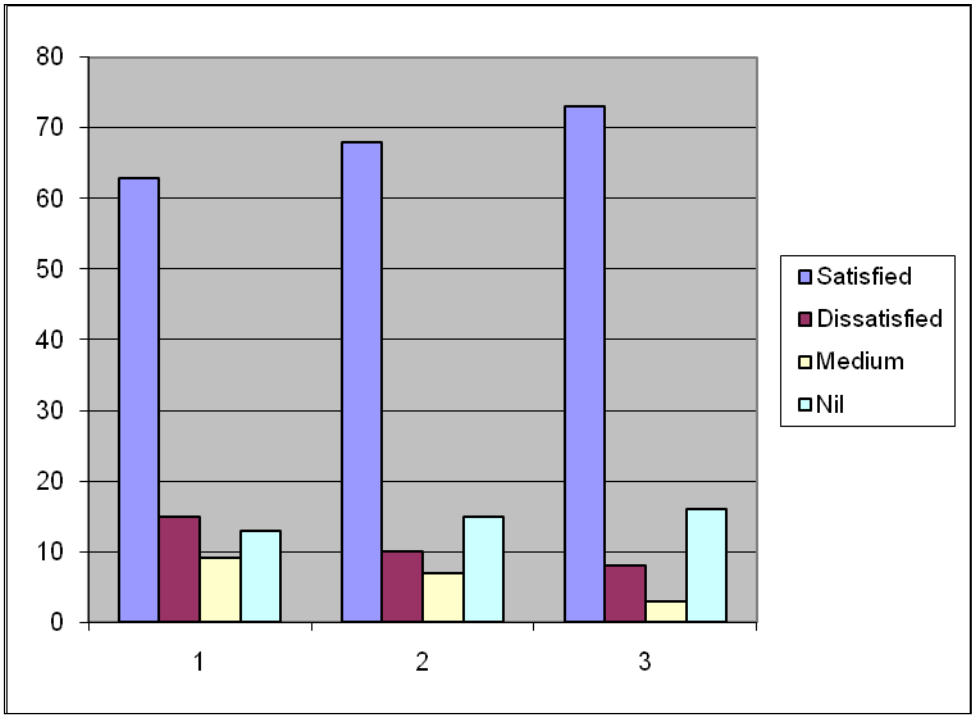
Question	Satisfied	Dissatisfied	Medium	Nil
1. Time taken for admission.	79	3	5	13
2. Guidance regarding admission procedure.	84	3	4	9
3. Ease of admission procedure.	87	3	4	6
4. Friendliness & courtesy shown by staff?	82	4	7	7
5. Was information provided promptly & correctly	83	3	5	9
6. Ease of completing insurance forms/paperwork	46	7	5	42



Result: - Patients are satisfied with the admission procedure, but dissatisfied with the paperwork.

DISCHARGE

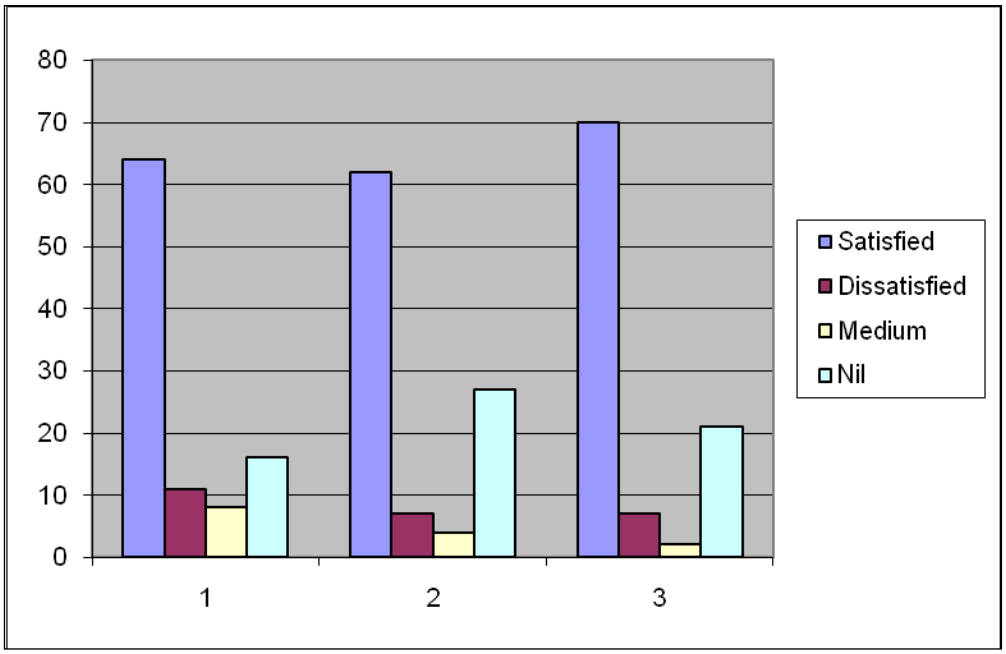
Question	Satisfied	Dissatisfied	Medium	Nil
1. Time taken for discharge.	63	15	9	13
2. Bills made in time	68	10	7	15
3. Explained about medicine/follow-up	73	8	3	16



Result: - Patients are not satisfied with the discharge procedure,

FINANCE

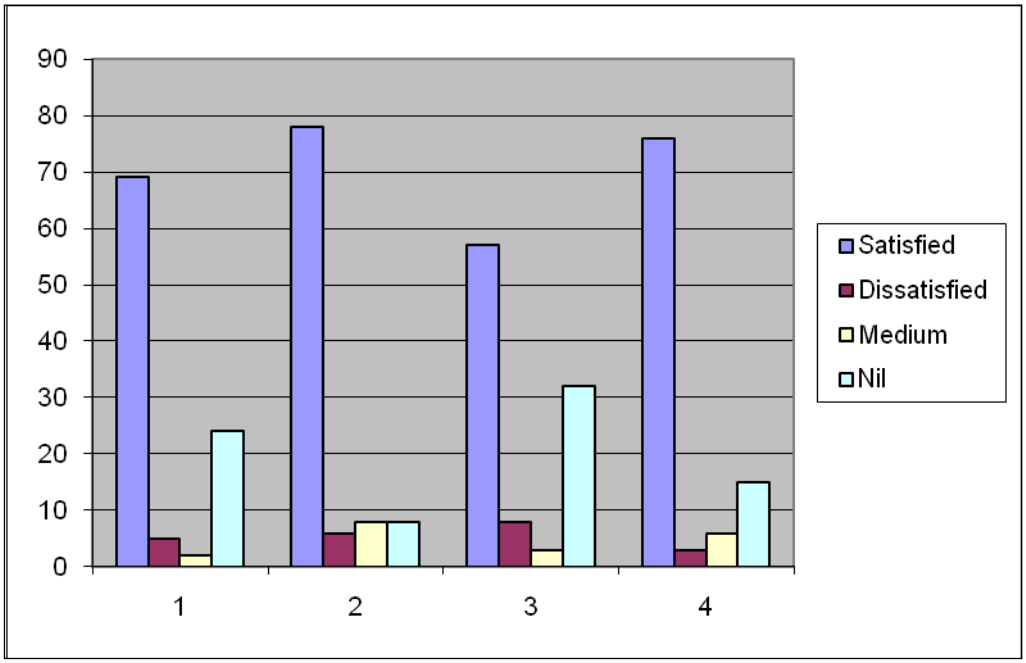
Question	Satisfied	Dissatisfied	Medium	Nil
1. Information about costs.	64	11	8	16
2. Were you informed in time about hospital dues	62	7	4	27
3. Correctness of bills.	70	7	2	21



Result: - Patients are dissatisfied with the information about finance.

GENERAL

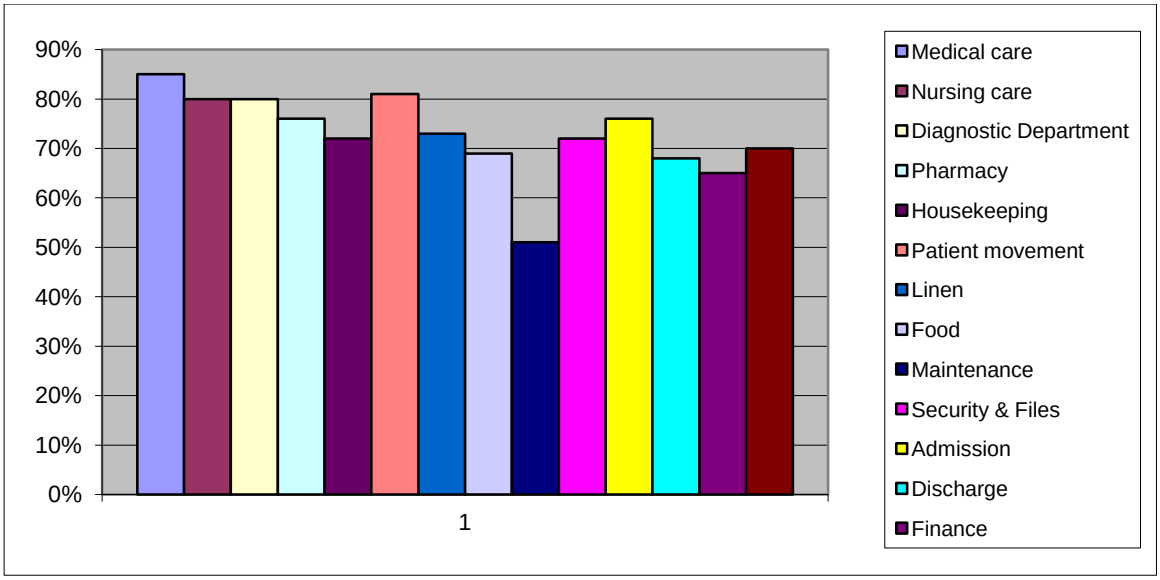
Question	Satisfied	Dissatisfied	Medium	Nil
1. Ease of getting medical care in an emergency	69	5	2	2
2. Overall quality of care	78	6	8	8
3. Have you ever visited the hospital before	57	8	3	32
4. Will you recommend this hospital to other	76	3	6	15



Result: - Patients are satisfied with the overall quality of care.

Total Satisfaction Percentage

Sr. No.	Option	Total	%
1.	Medical care	1027	85%
2	Nursing care	484	80%
3	Diagnostic Department	403	80%
4	Pharmacy	153	76%
5	Housekeeping	579	72%
6	Patient Movement	244	81%
7	Linen	219	73%
8	Food	278	69%
9	Maintenance	206	51%
10	Security & Files	144	72%
11	Admission	461	76%
12	Discharge	204	68%
13	Finance	196	65%
14	General	280	70%



Conclusion

- The patients are highly satisfied with Medical care, satisfaction is level 85%, also satisfied with nursing care, diagnostic care and patient movement
- Patients are dissatisfied with maintenance, finance, discharge and food services, and at General ward are dissatisfied with nursing behavior.
- Most patients may not know what quality is all about, but they can easily judge whether the services obtained are excellent, average or poor. In patient care, quality should not be looked at just the outcome on the treatment provided, but also viewed through the process of giving treatment. Good Medicine should come together with good care and vice versa. .

Recommendation

- Nursing staff should be sympathetic towards the patients. We should give behavioral training of the nursing staff for developing a sympathetic attitude for prompt attention, especially at General ward.
- For Maintenance – There should be protocol for daily check of all the services and speedy repairs and maintenance of faults detected.
- For Housekeeping – After patient discharge, during the turnover interval, ensure that the accommodation is ready before arrival of the next patient for avoiding waiting time of patient outside the room.
- For proper information about reports, there should be maintained investigation register with the test name, dispatching time / date, receiving time / date with signature.

Annexure

Medical care

	Very good	Good	Fair	Satisfactory	Poor
1. Attended promptly after admission.					
2. Explained the disease to me.					
3. Spent time with me to evaluate the disease.					
4. Attended problems immediately in emergency.					
5. Listened to what I said.					
6. Visited me regularly.					
7. Explained about prescribed medicines.					
8. Explained about procedures and test results.					
9. Communication between the medical staff.					
10. Overall skill and expertise of consultant.					

11. Ease of getting a referral to a medical specialist.					
12. Overall satisfaction with medical care.					

Nursing care

Questions	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**
1. Attended problems immediately.					
2. Was treatment started in time?					
3. Were all the medicines given in time?					
4. Training skill and experience.					
5. General behave with patient/ attendant.					
6. Advised to my satisfaction at the time of discharge					

Diagnostic department

Questions	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**
1. Waiting time for investigations					
2. Waiting time outside department.					
3. Tests done efficiently					
4. Behavior and expertise of doctor.					
5. Behavior of departmental staff.					

Pharmacy

Question	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**
1.Waiting time for medicines from pharmacy					
2.Availability of medicine					

Support services:-

Housekeeping

Questions	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**
1. Condition of room on arrival.					
2. Was room cleaned, mopped, dusted					
3. Toilets and washbasin cleanliness					
4. Was bed/urinal, provided at bed side whenever asked for?					
5. Was Bed pan/urinal, removed and washed after use?					
6. Cleanliness of wards/ corridor					
7. Cleanliness of public toilets.					
8. Behavior of housekeeping staff.					

Patient movement

Question	Very good	Good	Fair	Satisfactory	Poor
1. Availability of staff					
2. Time taken for movement.					
3. Behavior of staff					

Linen

Question	Very good	Good	Fair	Satisfactory	Poor
1. Was the bed linen changed regularly?					
2. Was quality of linen satisfactory?					
3. Was quality of wash of linen satisfactory?					

Food

Question	Very good	Good	Fair	Satisfactory	Poor
1. Menu Varity.					
2. Taste of food.					
3. Served in time?					
4. Served hot?					

Maintenance

Question	Very good	Good	Fair	Satisfactory	Poor
1.Tap and fitting working					
2.Fridge T.V. working					
3.A.C. working					
4.Overall room condition					

Security & file

Question	Very good	Good	Fair	Satisfactory	Poor

1. Lift availability.					
2. Behaviour of staff.					

Admission

Question	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**
1. Time taken for admission.					
2. Guidance regarding admission procedure.					
3. Ease of admission procedure.					
4. Friendliness & courtesy shown by staff?					
5. Was information provided promptly & correctly					
6. Ease of completing insurance forms/paperwork					

Discharge

Question	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**
1. Time taken for discharge.					
2. Bills made in time					
3. Explained about medicine/follow-up					

Finance

Question	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**
1. Information about costs.					
2. Were you informed in time about hospital dues					
3. Correctness of bills.					

General

Question	**Very good**	**Good**	**Fair**	**Satisfactory**	**Poor**

1. Ease of getting medical care in an emergency					
2. Overall quality of care					
3. Have you ever visited the hospital before?					
4. Will you recommend this hospital to others					

FORM L
(Weekly Reporting Format – IDSP)

Name of the Laboratory:		**Institution:** Bombay Hospital	
State: M.P.	**District:** Indore	**Block/Town/City** Indore	
Officer-in-Charge:	**Name:** Dr. Dileep Singh Chauhan	**Signature:**	
IDSP Reporting Week:-	**Start Date: -**	**End Date: -**	**Date of Reporting: -**
20	14/05/2012	20/05/2012	21/05/2012

Diseases	No. Samples Tested	No. Found Positive	
Dengue / DHF / DSS		**NIL**	
Chikungunya		**NIL**	
JE		**NIL**	
Meningococcal Meningitis		**NIL**	
Typhoid Fever	**51**	**15**	
Diphtheria		**NIL**	
Cholera		**NIL**	
Shigella Dysentery		**NIL**	
Viral Hepatitis A		**NIL**	
Viral Hepatitis E		**NIL**	
Leptospirosis		**NIL**	
Malaria	**35**	**PV: NIL**	**PF: NIL**
Other (Specify)			
Other (Specify)			

Line List of Positive Cases (Except Malaria cases):

Name	Age (Yrs)	Sex (M/F)	Address: Village/Town	Name of Test Done	Diagnosis (Lab confirmed)
All others are OPD Patients					

Presumptive Surveillance Report on the basis of P Form under IDSP

Name of Officer Incharge : *Dr. Dileep Singh Chauhan* Signature : .....

Block / Town : *Indore* Institution : .....

Reporting Unit : *Bombay Hospital Indore*

Date : 13-05-2012 To 19-05-2012 Date of reporting

21-05-2012

S. No.	Name of Disease	No of Cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	NIL
2	Bacillary Dysentry	NIL
3	Viral Hepatitis	5
4	Enteric Fever	15
5	Malaria	NIL
6	Dengue / DHF /DSS	NIL
7	Chikungunya	NIL
8	Acute Encephalitis	NIL
9	Meningitis	NIL
10	Measles	NIL
11	Diptheria	NIL
12	Pertussis	NIL
13	Chickenpox	NIL
14	Fever of Unknown Origin (PUO)	NIL
15	Acute Respiratory Infection (ARI)/Infuenza Like Illness (ILI)	NIL
16	Pneumonia	NIL
17	Leptospirosis	NIL
18	Acute Flaccid Paralysis <15 Year of Age	NIL
19	Dog bite	NIL
20	Snake bite	NIL
21	Any other State Specific Disease	NIL
22	Unsual Syndromes NOT captured Above(Specify Clinical diagnosis)	NIL
23	Total new OPD attendance(Not to be filled up when data collected for indoor cases)	NIL
24	Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases	NIL
	Total	20