

**Summer Training at
P.D Hinduja National Hospital and Medical Research Centre
(April 9-June 2, 2012)**

- I. Patient waiting time analysis in CT Scan**
- II. A short study on process flow of Admission and Billing in
Lalita Girdhar Building**
- III. Employee Satisfaction Survey**

**By
Poorva Nandedkar**

**Under the guidance of
Dr. Tanjul Saxena**

**Post Graduate Diploma in Hospital and Health Management
2011-2013**



**Institute of Health Management Research,
Jaipur
2012**

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CERTIFICATE

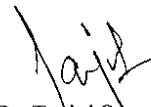
This is to certify that Dr. Poorva Nandedkar from Institute of Health Management Research, Jaipur has undergone Summer Training at P. D. Hinduja National Hospital and Medical Research Centre, Mumbai from April 9th to June 2nd 2012.

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

I wish her success for future endeavor.



Dr. P.R. Sodani
Dean, Academic & Student Affairs
IIHMR-Jaipur



Dr. Tanjul Saxena
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**P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE**

(Established and managed by the National Health & Education Society)

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June 1, 2012

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Poorva Nandedkar, a student of Post Graduate Diploma in Hospital Management, from Institute of Health Management and Research (IHMR), Jaipur did her project in our Hospital from April, 9 2012 to June 1, 2012. During this period her assignment was on the different departmental study as well as

- 1) Patient waiting time analysis in CT SCAN
- 2) Short study on process flow of admissions and billing in S1 building
- 3) A project on Employee satisfaction survey of Hinduja Hospital

I wish her all the success in future endeavors.

Joy Chakraborty
Director Administration

Acknowledgement

This report is the result of eight weeks whereby I have been accompanied and guided by many people. It is a pleasant opportunity to express my gratitude to all of them.

I am gratified to **Mr. Joy Chakraborty**, Director – Administration who found me suitable as Management Intern in this organization and gave me permission for two months training and project work.

I am deeply indebted to **Dr. Preeti Goraksha, Manager Operational Excellence**. without whose able guidance and pain staking efforts and constant encouragement ,this training program could have not been through to completion.

I express my heartfelt thanks to **Mr.Pravin Talekar- Assistant Manager Imaging, Mr. A.S. Rodrigues Manager Admission and Billing** and **Dr.Neil Sequeira- Director HR, Mr.Kannan Hariharan- Manager Training and Development HR** who have helped me a lot in completing the project.

I pay lot of thanks to all the departmental heads and working staff whoever came as source of help in completion of the project as well as for departmental learning. Special thanks to all the working staff of this organization for all the assistance and information.

I am glad to acknowledge **Dr. S. D. Gupta**, Director IIHMR, **Dr. (Brig) S. K. Puri**, Dean, Academic and Students' Affairs, IHMR and **Dr. Tanjul Saxena**, Professor and Mentor, IHMR, for incorporating right attitude in me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to orient myself to hospital's working and absorb learning, and for their valuable guidance and time.

I genuinely thank my parents, family and friends for their blessings and support. Last but not the least I am thankful to God, for getting an opportunity to learn from this organization.



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ABBREVIATIONS

A&E	Accident and emergency
AKD	Artificial kidney dialysis
AERB	Atomic energy regulatory board
AMO	Assistant medical officer
ALOS	Average length of stay
BMD	Bone mineral densitometry
BRIT	Board of Radiation and Isotope Technology
BMC	Bombay municipal corporation
CE	Chief executive
CT SCAN	Computerized tomography scan
CSSD	Central sterile supply department
CDC	Child development centre
CMO	Casualty medical officer
CEO	Chief executive officer
CCC	Customer care centre
DA	Director administrator
DPS	Deputy professional services
DN	Director – nursing
DIR	Director
DSA	Digital subtraction angiography
E & M	Engineering and maintenance
ENT	Ear nose throat

EEG	Electroencephalography
FSD	Food service department
GLP	Good laboratory practices
GCP	Good clinical practices
HH	Hinduja hospital
HRCT	High resolution scanning
HK	House keeping
HR	Human resource
HOD	Head of department
IPD	In patient department
ICU	Intensive care unit
ID	Identity card
IRB	Indian regulatory board
ICD	International classification of diseases
IT	Information technology
LIC	Life insurance corporation
MRD	Medical record department
MRI	Magnetic resonance induction
NOC	No objection certificate
OPD	Out patient department
OT	Operation theatre
MLC	Multileaf collimator
PACS	Picture archived computerised system.
TPA	Third party assurance
NOC	No objection certificate

NABH	National accreditation board for hospital and health
OPD	Outpatient department
OT	Operation theatre

SECTION-1



Introduction

Summer training is an integral part of Post Graduate Diploma in Hospital and Health Management (PGDHM). Summer internships offer the important opportunity to work closely with professionals in own field, and to develop knowledge, competencies, and experience related directly to career goals. This training was a good platform to reflect on theories and concepts learnt in the classroom to observe and apply in real life situations. It reinforced the classroom learning through practice. This has helped a lot in learning corporate etiquettes, understand corporate culture – all through own experiences and observations .Working here at P.D Hinduja hospital has helped to build self confidence and enhance self esteem.

It was indeed fortunate to have this exposure in one of the pioneer hospitals of the country, boasting of a successful standing of 60 exemplary years.

Objective: The overall objective of the field training is to:

1. To understand and learn day to day operational management of a Hospital and its service centres,
2. To study identified issues/ problems associated with some specific operational area /programme.
3. To evaluate the role that future managers are expected to perform in the healthcare industry.
4. To work on the specific issue/ project work assigned by the hospital management.

SECTION – 2

METHODOLOGY

The time of eight weeks at Hinduja hospital was spent interacting and communicating with a variety of people. The experience was diverse and exhilarating, as it gave the opportunity to actually learn and understand the aspects of hospital management. The department studies and project reports prepared during tenure were possible because following methodologies of data collection, generation and analysis were employed.

2.1 Primary data sources:

1. Aactive interaction with the staff of organization in various departments.
2. Interviews with the respective in-charges of the departments in the hospital.
3. Checklist for each department.
4. Direct observation.

2.2. Secondary data sources:

1. Through registered records and manuals.
2. Through Internal Website of the hospital.
3. Literature available about the hospital like Magazines, pamphlets, written documents, manuals.

Apart from these, extensive use of MS-Excel has been made in the formulation and analysis of the various projects undertaken.

Section-3

Profile of

P.D HINDUJA NATIONAL HOSPITAL & MEDICAL RESEARCH CENTRE



Introduction

P. D. Hinduja National Hospital & Medical Research Centre is an ultra modern tertiary care hospital, internationally acclaimed for its world class medical services with 402 inpatient beds including 57 critical care beds, covering all specialties and diagnostics. The inpatient services are complemented with a day centre, outpatient facilities and an exclusive centre for health check of executives.

Behind this mission to assimilate the finest in medical and surgical talent and technique, lies a 60 years old dream of our great founder, Shri Parmanand Deepchand Hinduja, who laid the foundation of the National Hospital, way back in 1951.

Mr. Parmanand Hinduja pooled resources and set-up an outdoor clinic the ‘Seth Deepchand Gangaram Hinduja Health Care’ in December 1951 at Dubash house, Cadell Road(now Veer Savarkar Marg),to cater primarily, to the needs of the refugees. It had elementary outpatient facilities and its own dispensary. Just a year later ,in February 1953,the ‘National Hospital’ came into being with 30 beds; the bed strength gradually went up to 70.To make the hospital’s management broad based, it was handed over to the “National Health &Education Society” after the Society was formed and registered under the Public Trusts Act

It was the 1st hospital to pioneer the concept of “full time consultants”. Today it has 86 such committed doctors.

This journey which commenced in 1951 shall move forward with greater determination and momentum, all the while keeping the identified philosophy and goals in view. The quest for excellence will be never-ending for this “Temple of Modern Health Care”

Location

Located in Mumbai, the heart of the financial and commercial capital of India, it is landmark in itself.

Situated in Mahim, Veer Sarvakar Marg, its unique structure and immensity of size immediately distinguishes it from rest of the surrounding. The OPD block (Hinduja Clinic) and IPD (West block) is connected through a bridge over the road. The hospital is well connected through roads, railway and air.

Philosophy

The Hospitals philosophy is '**To provide World Class Quality Health Care Services to all sections of the society**' with emphasis on philanthropy.

Mission

To create Hinduja Hospital as a world class medical institution by delivering quality medical care to all patients as well as continuing medical education to all doctors and training to nurses and by under taking basic and clinical research with a focused on the needs of the country

Vision

Quality healthcare for all

Principles

- Work to give
- Word is bond
- Think Global act local
- Partnership for growth
- Advance fearlessly

Goals

- Excellence in performance standards
- Professionalism
- Research
- Retain Talents
- Self Sufficiency
- Social Obligation

Quality policy

To **our** patients **we** commit **our** best we aim to

- Assure best outcome
- Build seam less services.
- Create values.
- Satisfied with personalized care.
- Pledge to set and practice high standards through an effective quality management system and ensure that our services always meet the expected requirement of our clients and patients.

Achievements

- Hinduja Hospital is first in INDIA to GET HACCP accreditation.
- Hinduja hospital was the first disciplinary tertiary care hospital to have been awarded the prestigious ISO 9002 certification from KEMA of Netherlands for quality management system.
- Hinduja Hospital was awarded the prestigious „Golden Peacock Global Award for Philanthropy in Emerging Economies 2006.
- The First Hospital Laboratory in India to be accredited by the College of American Pathologists.

- P.D. Hinduja Hospital is the second hospital in the city to receive the NABH accreditation, on July 1, 2009.
- Hinduja Hospital was recently awarded the IMC Ramakrishna Bajaj Award for Quality.

Milestones Achieved by Hinduja Hospital

The Firsts to Hinduja Hospital Credits to

The Firsts to their Credit

- For the first time in India, awake craniotomy for epilepsy surgery was performed at the hospital
- One of the first hospitals in India to perform laparoscopic gall bladder surgery
- Hinduja hospital is one of the first few hospitals in India to perform Cochlear Implantation
- The first [hospital in India](#) to start a Pain Management Clinic
- Hinduja Hospital offers the facility for Therapeutic drug monitoring for the highest number of drugs in the India
- Hinduja Hospital started the first screening Centre for breast cancer in Mumbai
- Hinduja Hospital is the first private hospital in Mumbai to perform cadaver kidney transplant & peripheral blood stem cell transplant
- Hinduja Hospital was the first one in Mumbai to introduce high resolution scanning (HRCT) of the lungs
- Hinduja Hospital is amongst the first few in Mumbai to introduce MR Angiography and popularize non invasive screening protocols combining color Doppler and MRA for indications like carotid screening
- The first hospital in Mumbai to install Digital Video EEG for recording the electrical events of the brain
- The first hospital in Mumbai to start Home Care, which is a service of nursing care at your doorstep.
- Hinduja Hospital is the first hospital in India to set up Vulvar Clinic

Basic Facts about P.D.Hinduja Hospital:

- Bed Strength = 402 beds
- Bed occupancy Rate = 100%
- ALOS = 4.5 days
- **Patient to Nurse Ratio**
Critical ICU 1:1 or 1:2

VENTILATOR 1:1

STEP DOWN ICU 2:1 or 3:1

FLOOR 5:1 or 7:1
- Number of Admissions/month = approximately 2000
- Number of Discharges/day = 60-70
- Number of OPD patients /day = 900-1000
- Number of emergency cases = 50-60/ day
- Buildings of Hinduja Hospital = 3
Hinduja Clinic (OPD) = 4 floors (3 + 1 floor)

West Block (IPD Block) = 16 floors

Lalita Girdhar Block = 12 floors

Committees in Hospital

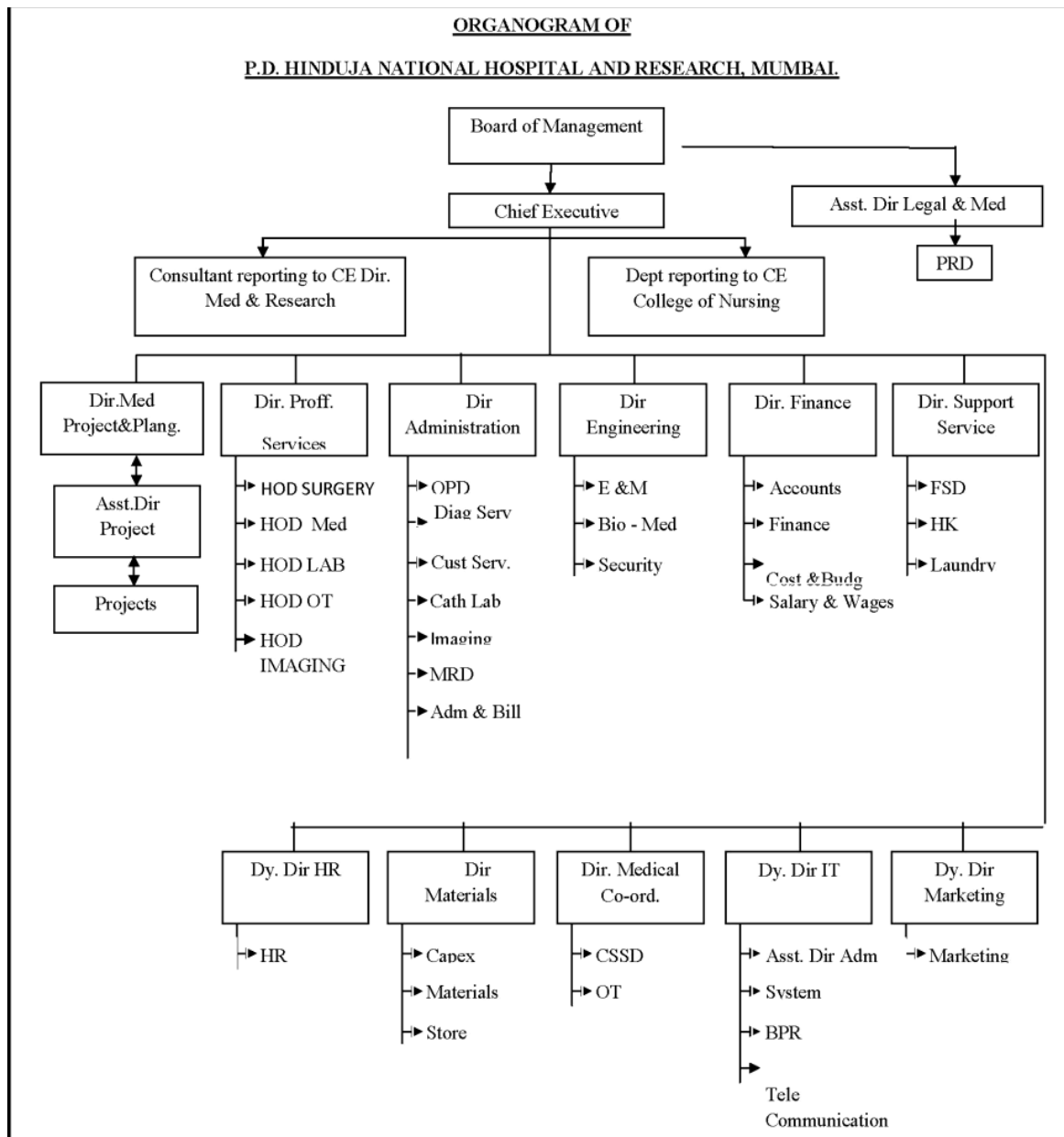
Quality and safety committee

Disaster management committee

Medical audit committee

Cardiac arrest evaluation committee

Drug and therapeutic committee



SECTION-4: GENERAL FINDINGS

CLINICAL SERVICES

4.1 OUT PATIENT DEPARTMENT

Location and Layout:

Floors	Wing 1	Wing 2	Wing 3	Wing 4
Ground Floor	Medical/Surgical Oncology.	Radiation Oncology.	AKD Dept.	Gamma knife, Medical reports delivery counter and OPD Path Lab.
First Floor	Consultants	General Radiology and Ophthalmic.	ENT and Medical Records.	<i>Consultants</i>
Second Floor	Consultants, Neurology Dept	Consultants	Consultants, CDC and Physiotherapy.	Dental and Consultants.
Third Floor	Blood Donor Room, Blood Bank	Endoscopy Bronchoscopy	Cardiac, PFT Lab, Consultants.	Executive health checkup

Following services are offered in the OPD –

- i. Medical / Surgical Consultations.
- ii. Preventive Health Check packages.
- iii. Laboratory Investigations.
- iv. Imaging services.
- v. Cardiology investigations.
- vi. Neurology investigations.
- vii. Pulmonology investigations.
- viii. Pain management.
- ix. AKD (Artificial Kidney Dialysis).
- x. Gamma knife.
- xi. Endoscopy.
- xii. Bronchoscopy.
- xiii. Urodynamic study.
- xiv. Physiotherapy.
- xv. CDC (Child Development Centre).
- xvi. ENT (Ear, Nose, Throat).
- xvii. Ophthalmology.
- xviii. Dental procedures.
- xix. Oncology.

4.1.3 Sections and Timings of OPD:

OPD is divided into

(a) **Hinduja Clinic**, where patients have to pay for the services rendered

(Timings: 07.00 hrs to 22.00 hrs - From Monday to Friday

07.00 hrs to 20.00 hrs - On Saturdays)

(b) **Free OPD** – where patients get free Consultations (Timings: as per Consultant schedule)

(c) **Report delivery**

(Timings: 08.00 hrs to 22.00 hrs - Monday to Friday, 08.00 hrs to 20.00 hrs - On Saturdays)

ACCESS TO OPD SERVICES

Hinduja Hospital Card (HH Card)

All patients who visit the Hinduja clinic or Free OPD for the first time for consultation/other services are issued a card. This card is known as the HH card and is attached to the registration form and is issued to the patient at the time of registration. The HH number is present on the card.

The HH card and number are important, for it is only with the help of the HH number, that the patient's Medical Record folders can be accessed. Patients are advised to always carry their HH card number whenever they come for follow up visits to the OPD or when they have to be admitted as inpatients.

Patient Card- Staff

All full time employees of the Hospital and their dependent family members are entitled to free treatment, as one of the staff welfare measures. For this purpose the employees are issued a card known as PATIENT CARD- STAFF.

External Patient Token Number

Out patients visiting OPD for the first time, as referrals from external sources, and requiring only investigations, are not issued a HH card. The system generates an EX No (External Number) for that particular transaction only.

OPD Appointment

Appointments can be fixed over the telephone to the call centre (facility for patient appointments have been out sourced) or personally across the Reception counter. Fax and e-mail facilities are also available.

Non- Appointment Patient

In the normal course, consultants in the Hinduja Clinic see the patients only by prior appointment. However exceptions are made to this system in the interest of the patients, and Non appointment or Walk-in patients are given appointment if a time slot is available.

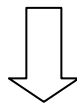
Patients, who have come as Non appointments are normally seen by the consultants after all the other waiting patients with prior appointments, are seen (except in emergency cases)

Health check up

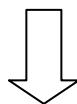
The Executive Health check up department, a part of the OPD services, is a wing of this Multispecialty Hospital dedicated to the diagnostic and preventive side of patient care.

Process flow

The health check up executive is required to book an appointment in advance, before reporting for health check up. An appointment number will be issued at the time of booking an appointment. Depending on the category of health check up plan chosen by the executive, full payment is collected by OPD while fixing an appointment.

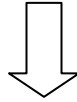


When the executives approach the health check reception area on the day of appointment- they are given a token number, a registration form (only if the executive is not previously registered) and a medical history form to be filled by them and asked to wait inside the wing 4, tv room.

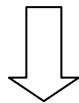


Executives are called according to their token number at the reception desk, where they produce their appointment number, and make their payments according to the package they

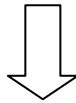
have selected. Executives who are coming to the hospital for the first time are also registered and given an HH card number and then voucher is made for their package



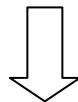
The executive then receives a package specific badge, a day's schedule (for special and comprehensive package) and a copy of the health check brochure. After the voucher preparation, of which four copies are generated, two are given to the executive. (one is the original copy that is stamped and signed, and second is for the technician, to be handed over during blood collection). A stool sample collection kit is also issued.



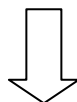
The executive then proceeds towards the nursing station to the health check nurse from where the nurse then directs the executive to the blood sample collection room where the executive hands over a copy of voucher to the technician.



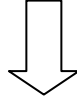
After blood collection, the executive is given a urine sample collection bottle and two labels (one for labeling the stool container and one for their urine container). After giving the sample, executives are sent in groups for their chest x-ray along with the attendants on the 1st floor. The attendants hand over the vouchers to the x-ray technicians and one after another the executives finish with their x-rays and are sent back to the 3rd floor health-check reception once their film is approved.



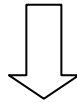
Once on the 3rd floor the sister sends the executive for their ECG, where the technician requires their H.H card number, and after the ECG the patient can have his/her breakfast located in the health check area.



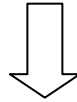
Before starting their breakfast the executives have to note down the starting time on a register to be maintained by the pantry boy so that 2 hours after they can be sent for their post prandial blood and urine sample.



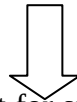
After breakfast executives are sent for their PFT in wing no 2 and then a physician consultation for history is carried out. Here the executive informs the doctors about his/her medical history after which his blood pressure is checked and based on the ECG the doctor decides whether the executive should undergo a stress or a 2D echo test



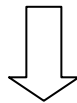
The executive is then sent for the dental check-up, ENT and ophthalmic check up in 2nd and 1st floors respectively, from where on package sister guides them, sends them for their post-prandial blood and urine test, surgery/gynecology test.



On the first floor, ENT test which includes examination by ENT specialist with audiometry is performed and eye check up which includes refraction, and if required post dilation check up is carried out including a consultation with the ophthalmologist.



Once the executive is on 3rd floor he/she is sent for stress/2d echo test and then they will be served lunch. After which there is a dietician session following which would be the final physician consultation with reports.



The executive leaves after the final physician consultation along with his/her reports and the final summary report is dispatched to his/her residence or personally collected by him/her as per convenience. Before leaving tea/biscuits are served in the health check dining room.

4.2ADMISSION & BILLING DEPARTMENT

Introduction:

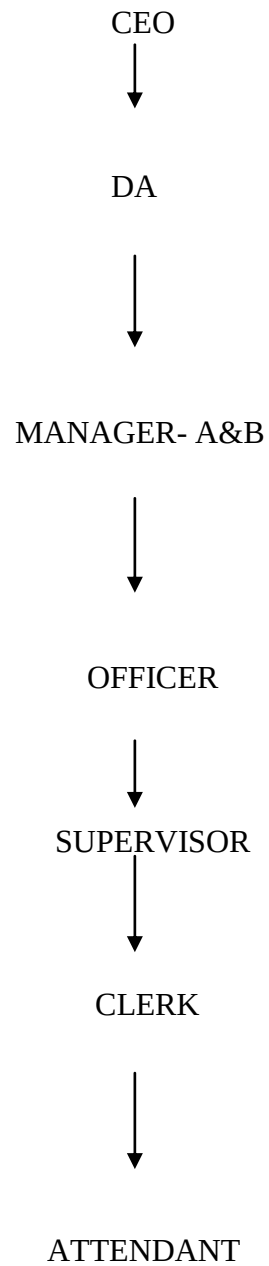
Admission & Billing Department in its endeavor ensures:

1. To provide excellent quality health care to all sections of society.
2. To provide a friendly, compassionate, humane & satisfactory atmosphere during the stay of the patient at the hospital.
3. To create an environment of high quality patient care, treatment, & management delivered effectively & efficiently starting from admission to discharge.

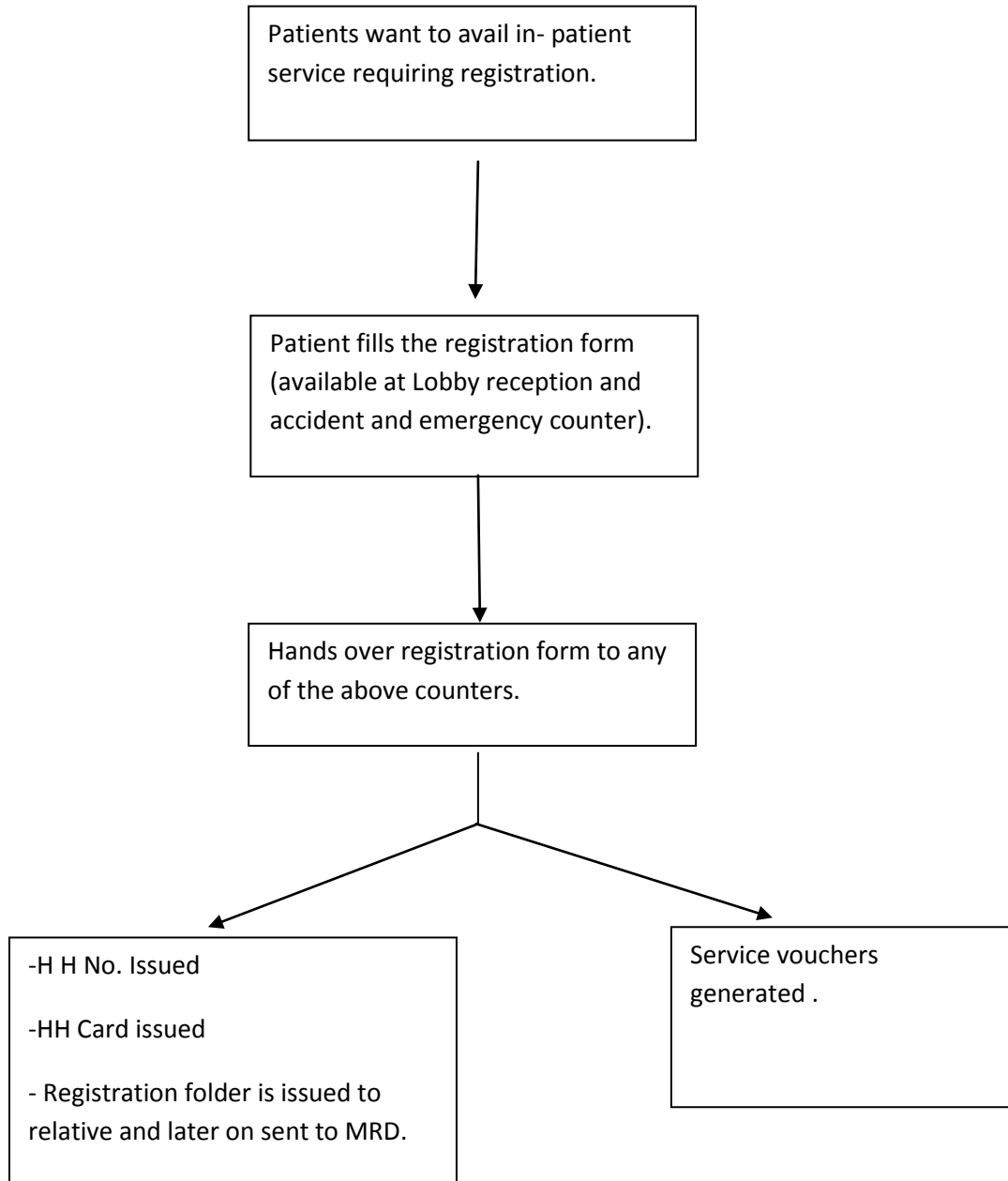
Following are the **services** offered -----

1. Registration of the new patient
2. Booking / Reservation – Bed & Operation Theatre
3. Admission
4. Billing
5. Discharge
6. Corporate / T.P.A. Help Desk
7. T.P.A. Deficiency
8. Outstanding Counseling & Recovery
9. Lobby Reception
10. Accident & Emergency Counter

Organogram



Registration





4.3 SHORT STAY SERVICE UNIT (SSSU) -4th Floor, West Block

SSS wing offers 19 beds, with four of these beds in premium category. SSS patients will have access to quality care through state-of-the-art operation theatres, labs and qualified doctors. Designed with the comfort and convenience of patients as its guiding principle, billing, nursing, attendants waiting area and doctor's rooms are located on the same floor. The operation theaters are only one floor away and diagnostics wing is two floors away.

All categories of surgeries which require only a day stay are done in short stay services. This chiefly caters to patient undergoing surgeries and procedures that require a day's stay in the hospital i.e. a patient can get admitted in the morning and is discharged the same evening

Benefit to patients:

Lower cost due to reduced length of stay.

Insurance companies are increasingly accepting short stay procedures.

Access to state of the art operation theatres, labs and highly qualified doctors.

Reduced length of stay ensures a faster return to work and community

Home care service is also available to patients after their discharge

Personalized customer care service will ensure the maximum comfort to the patient and the relatives

Post discharge patient can reach to the doctor for any complications with the help of emergency number.

A team of customer service personnel will be on hand at all times, to guide patients right from admissions to check out, and keep track of patients recovery even after discharge .

STAGE I – Patient Selection

The patient concerned will be seen by the Consultant on an OPD basis. For a new patient, there would be necessarily Registration followed by vouchering.

In the event that the patient meets the selection criteria for Short Stay surgery, the patient has to precede with Pre admission procedures.

STAGE II -Pre Admission Procedure

The patient would proceed to do OT / Bed booking in SSSU

Completion of relevant Lab investigations

STAGE III Pre Operative Stage

Based on the consultant's decision for Preoperative anesthetists work up, fitness for surgery would be given by the anesthetists.

Patient would follow up with concerned surgeon with lab reports / relevant investigation reports / fitness certificate

In the event that the patient is fit to operate, the consultant can choose to give Consent for the same at this stage.

STAGE IV - Pre Admission

Patients will be asked to report at the Reception desk in Casualty area one hour prior to the scheduled timing. A designated CCC will then escort the patient to the SSSU billing area

STAGE V- Admission

Following billing formalities, the patient will be taken into the SSSU.

The nursing staff will inform the OT desk / concerned Consultant / Registrar about the arrival of the patient.

The SSSU staff nurse will coordinate transport of the patient to the OT at the scheduled time.

Following surgery the recovery area staff nurse will keep the SSSU staff nurse informed on the patient's status.

After the patient has been shifted to the recovery area, concerned surgeon would need to visit and complete the discharge formalities including preparation of discharge.

Admitting Consultant / nominated medical officer will examine the patient and will give the order to physically discharge the patient.

The SSSU nursing staff would discharge the patient, based ONLY on written order from the concerned authority.

STAGE VI- Discharge

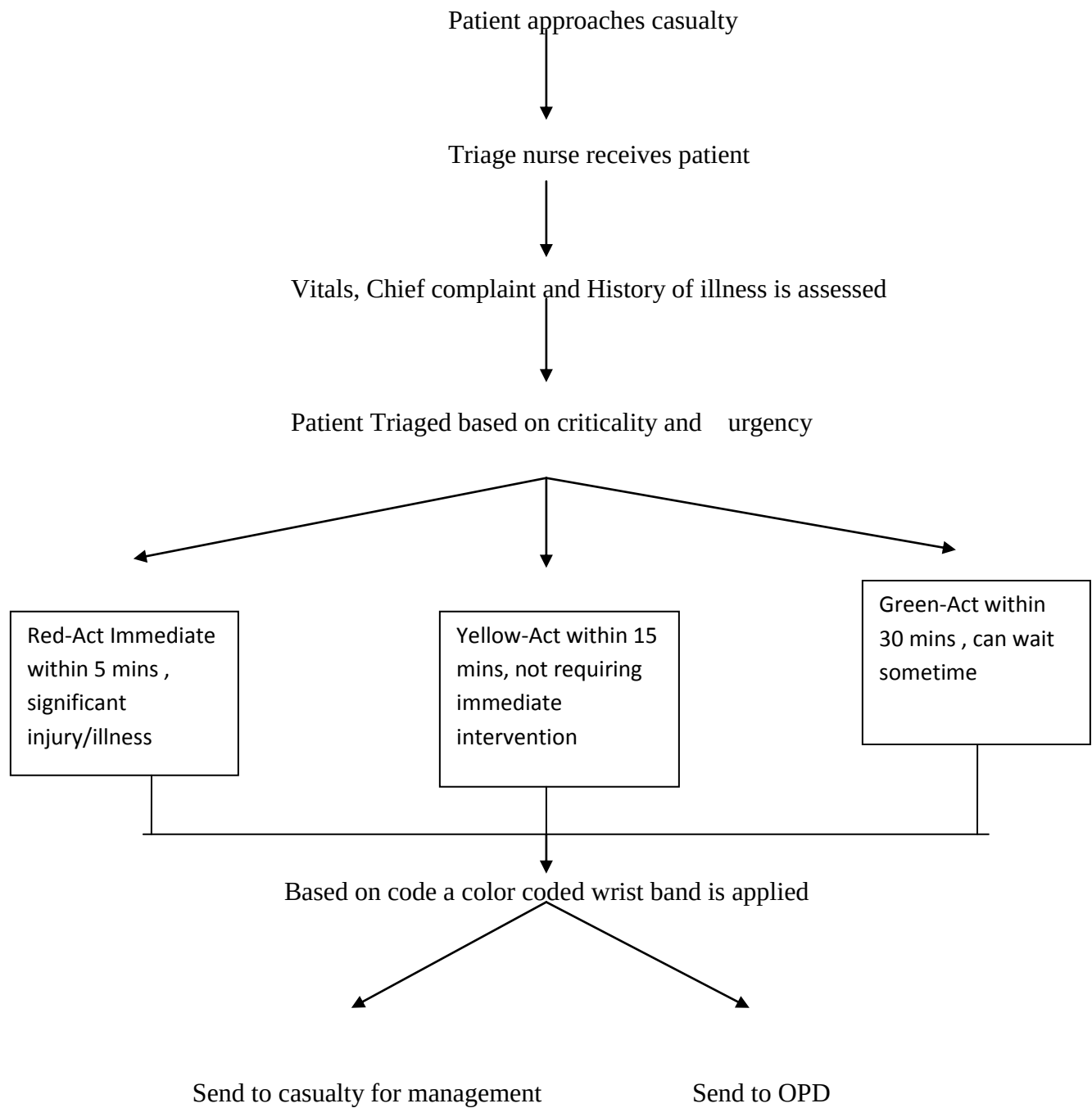
Following recovery in SSSU and discharge, the patient will be shifted in wheel chair / stretcher; herein the patient will be accompanied by the CC till Casualty exit.

The CC will also enquire on the necessity of clinical care for the patient, and if so, details of "Care @ Home" will be given.

4.4ACCIDENT & EMERGENCY

- The department is responsible for treatment of emergency cases.
- The department is responsible for informing the police in cases of traumas, poisoning, suicide, homicide, rape, assault etc and notification of all notifiable diseases to BMC.
- A&E is also a centre for all immunizations for staff as well as patients. The needle stick injury protocol for all staff is also carried out here.
- A & E is a very important constituent of the disaster management team – internal as well as external.
- First aid camps/ teams- Responsible to arrange for the ambulance services for transportation or transfer of patients.

Triage Process Flow



Purpose:

To ensure a standardized system whereby patients seeking medical care in the Accident & Emergency are seen in order of priority.

There were 6 beds and in cases there are more patients then they are adjusted depending on the condition of patient. Two of these are well equipped with defibrillators, capnograph monitors, ventilators, suction apparatus and other life support system manned round the clock by efficient doctors and sisters.

There is an attached minor OT where all the emergency minor surgeries can be performed. It also provides ambulance for the patients.

There are three ambulances, one cardiac which is well equipped with all the life saving equipment and other two for non cardiac patients. .If the patient is to be moved for some reasons, ambulance requisition form is filled and thus it is called for.

A report for investigations of casualty patients is given within an hour (verbally).

Staff-

CMO 2 (three shifts)

Nurses 1 (incharge)

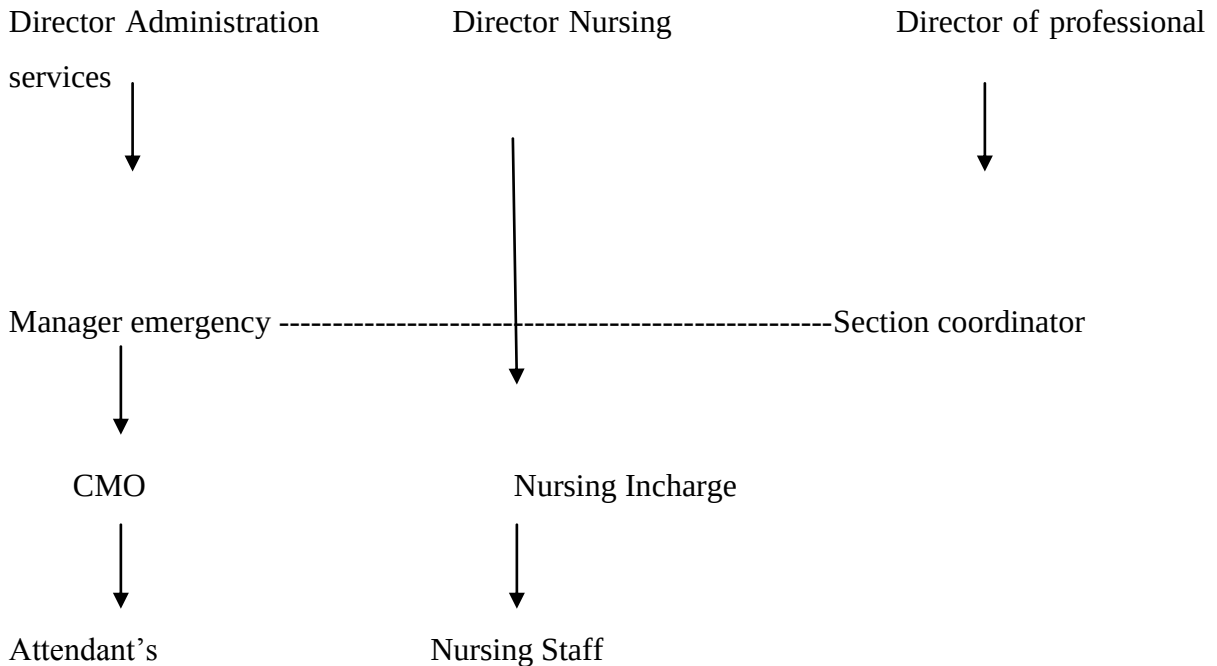
Nurse 1 (minor OT)

Staff nurse's 3

Clerk 2

Attendant 4

Organogram



Quality indicators for the department are-

- Immediate response to red triage patients(within 5 minutes)
- Time interval between arrival of patient and initial therapy/treatment (should not be more than 45 minutes)
- Average length of stay of patient in the department should not be more than 5 hours.

On an average 50 -60 emergencies come to the department in a day, out of which around 15-20 are red triage patients.

4.5 SECURITY

It involves visitor management, pass issuing and checking, protection for staff and building, mail and material movement and checking, handling violent behavior of patient's relatives. At the entrance gate, each person is checked with the help of dual film metal detector (DFMD). There is installation of CCTV cameras in the lobby area. Total strength of department is 150 which includes head of department , senior officer's , supervisors , guard commando's, guards , senior liftmen , liftmen, 6 firemen and 1 supervisor fire and safety

This department includes 5 sections namely

- Transport
- Security guards
- Fire and Safety
- Elevators
- Dispatch

Dispatch deals with collection of all the postal mails from all the departments to be dispatched and distribution of all the received mails. They have a **franking machine** which puts stamp on all the mails. Then it is dispatched to the post office on a daily basis.

Elevator deals with maintenance and smooth functioning of lifts. There are 14 lifts and 38 liftmen which work in 3 shifts. The elevators work round the clock and there are separate lifts for patients and visitors. The maintenance is done by engineering department.

Transport deals with the maintenance and management of all the vehicles owned by hospital which includes 3 ambulances (1 cardiac, 2 non cardiac), 3 Buses which have a capacity of 50. Nine other vehicles. There are 24 drivers and 2 cleaners.

Fire and Safety deals with all the guidelines to be followed to prevent any such mishappening. There are fire equipments, water pumps, extinguishers, smoke detectors,

sprinkler system heat detectors in food service dept. There is also storage of water in tank for cases of fire. The maintenance and refilling is done by the fire supervisor and firemen. There is a hotline number attached to the local fire station which is 10 minutes away. There are minimum 2 fire drills in a building annually.



4.6 Total Quality Management at the Department of LAB MEDICINE:

- Department of Lab medicine comprises of 6 Labs:
1. Biochemistry
 2. Histopathology
 3. Hematology
 4. Microbiology
 5. RIA
 6. Blood Bank

The lab is enrolled for >75 proficiency testing surveys with college of American Pathologists (CAP) USA

Quality cell of Hinduja hospital is responsible for the total quality management of the lab and comprises of Executive Quality Assurance and Quality Cell Coordinator.

The Quality cell monitors all internal and external quality aspects as well as all short and long term quality improvement measures (Q- Probes and Q- Tracks)

Goal:

“Provide, nurture and improvise Quality health care services with enthusiasm, at an affordable cost to all class of society”

Policy:

“To provide effective quality management in entire process of department of lab medicine”

Policy will be achieved by forming a quality team representing one member from each section that shall be responsible for continuously receiving the sectional systems and procedures to improve quality.

Purpose:

Effective management for quality assurance in all activities of department of lab medicine.

Scope:

1. Effective management of QC programme
2. Monitoring of pre-analytical process
3. Effective temperature control
4. Effective management of analyzers
5. Monitoring post-analytical process
6. Receiving quality manual programme

Quality control protocol:

1. For Total Quality Assessment, patient feedback survey is done once in 6 months both for inpatient as well as outpatient
2. Suggestions are taken and periodic audits are carried out and feedback is forwarded to HOD
3. Good quality assurance for department of lab medicine
4. Surprise and scheduled audits
5. Working as a team
6. Quality circle meeting
7. Review of quality management programmed is reviewed annually and recurrent problems are addressed and actions are documented.
8. Updating of organizational chart is done twice a year(march and September)

THREE PHASES

- Preanalytical
- Analytical
- Post analytical

Preanalytical pathway

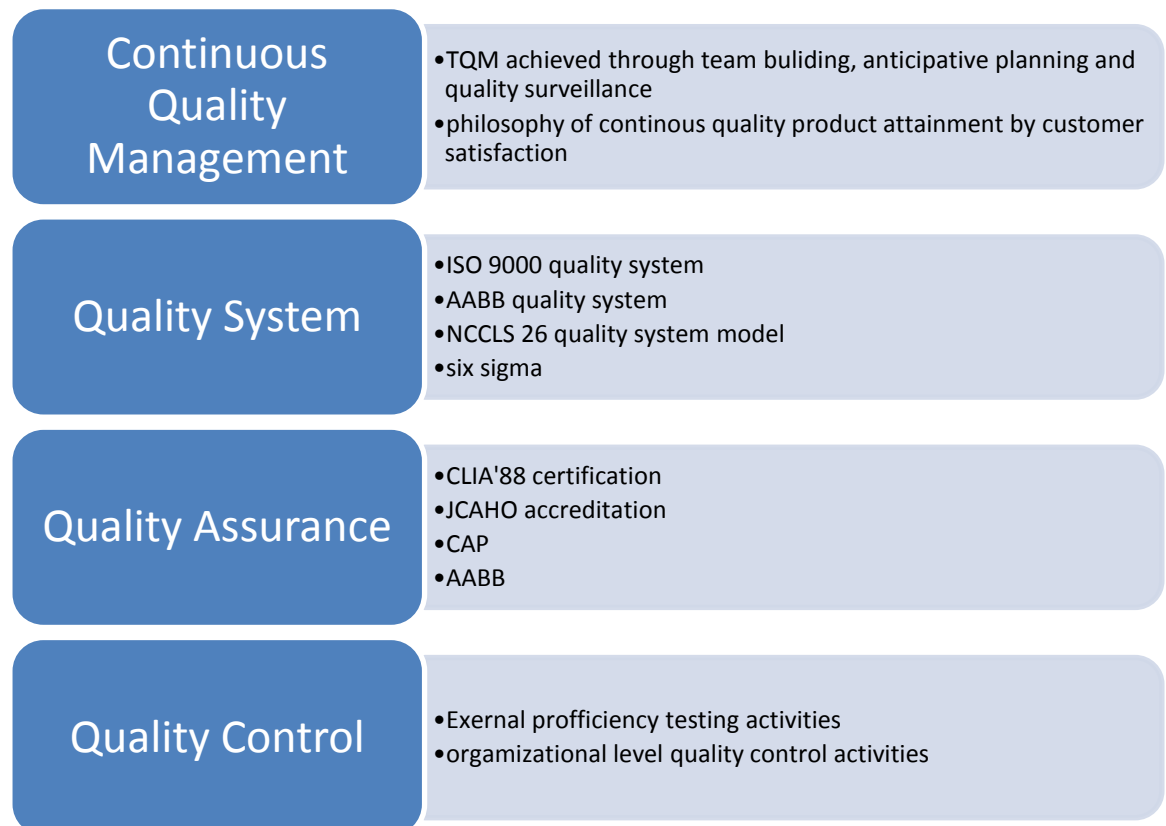
Test ordering- specimen collection - specimen transport – specimen processing

Analytical pathway

Testing – result review and follow-up – interpretation – result reporting and archiving
–specimen retention

Post analytical process

Report printing – report checking – report signing by consultants – reports
dispatching.



LAB SAFETY POLICY AND CHEMICAL HYGINE PLAN

1. Water quality report both chemical and microbial prepared once in 6 months
2. Weighing machine calibration once in a year.
3. Pipette calibration once in 6 months
4. Pipette check record once in 6 months
5. Inclusion/ explosion/ expired chemicals once in 6 months
6. Chemical hygiene plan once in 6 months
7. Fire alarm/ evacuation drill once in 6 months
8. Vision test for new recruits once in 6 months
9. Chemical good/ custody of all records
10. Documented records for accidental spillage or breakage of chemicals.
11. Documented records for staff personnel having met with accidental events
12. Update of first aid kit
13. Review of display sign boards

OPERATING PROCEDURE FOR BIOLOGICAL SAFETY- 10 COMMANDMENTS

1. Preparation
2. Disinfection(swab, spray)
3. Assemble material
4. Purge(pre use)
5. Perform procedure
6. Personal procedure (protective clothing-masks gloves etc.)
7. Purge(post use)
8. Personal procedures (removal og gloves masks etc.)
9. Terminal disinfection
10. Turn on UV lamps for 30 minutes and then turn off UV and blower.

LAB SAFETY POLICY

To ensure safe, clean and hygienic environment on all the sections or departments in lab medicine for all the employees and patient's is achieved through the following-

1. Employee and patient safety
2. Chemical safety
3. Fire safety
4. Proper disposal of hazardous wastes
5. Equipment and glassware safety
6. Electrical safety
7. Disaster management

Biochemistry

Biochemistry lab is at the 3rd floor in the Lalita Girdhar building. The department has an automatic machine to carry out various tests. A machine print out is received, entered in the register and report is generated. The biochemistry dept. also maintains a follow up card for patients. The tests on OPD samples are conducted here, and also any special tests on OPD as well as IPD sample is also conducted here.

Hematology

Hematology lab is on the 5th floor of the Lalita Girdhar Building. The department has got an automatic machine for CBC (Complete Blood Count). It has a separate Coagulation Fluorometry room, for carrying out various tests.

Histopathology

Histopathology lab is on the 5th floor of the Lalita Girdhar Building. There is no automatic machine in the department and all the tests are done manually. The department is divided into 2 sections - Surgical Pathology and Cytopathology. All the tests related to microscopy are performed here. It has a rotary microtome, staining machine and tissue processor.

Microbiology

The microbiology department is on the 5th floor of Lalita Girdhar Building. It has got a separate Mycobateriology room for tuberculosis tests, where a negative pressure is maintained. The lab has a hot room, storage area, incubators and refrigerators. There is laminar airflow arrangement .

Serology

The department of serology is a part of microbiology department only. It receives in test tubes and the various tests are performed. The department consists of a Laminar Air Flow machine for culture preparation.

Radio immunoassay

The RIA lab is on the 4th floor of Lalita Girdhar building. The various radio immunoassays like hormone assays, tumor markers, hepatitis and other infectious disease markers can be done. This is a specialized service for critical tests.

4.7 HUMAN RESOURCE DEVELOPMENT

HR Mission

“we will strive to develop a sustained atmosphere of transparency,integrity and respect to enhance employee morale and satisfaction. We will also empower and support all our employees to enable a successful and unified efforts in providing excellent support to our patients.”

The human resource experts advice to management in all aspects of human resources mangement and plays a key role in strategic planning.

The department is staffed by skilled HR professionals and through best practice HR policies,promotes a working environment which is conducive to positive employee relations and promotes the personal and professional development of employees.

Responsibilities

Resourcing and retention: it involves the recruitment and selection of staff in the organization. It is the aim of HR department to source and retain high caliber staff for the organization who will add value to the hospital in the future.

HR services: The HR department is responsible for the implementation of hospital policy on terms and condition of employment e.g employee remuneration, leave arrangements including sick leave, maternity leave etc.

Employee relations: The HR department is responsible for providing advice, support and representation to services delivery managers throughout the hospital and for ensuring compliance with national and local agreements in relations to employee relations matter

Learning and development: The HR department assists in continuous learning and personal development of managers and staff within guidelines of best practice, developments in employee enrichment and organizational objectives.

Medical HR: The HR department is responsible for the recruitment and administration of the hospital's medical staff. It provides advice and support to management and medical staff in all aspects of medical HR department.

Manpower of organization

Total employee strength of 2200 approx

Hospital team consists of doctors, administrative managers, nurses, technicians, attendants and support service staff.

Categories of employees

A-H:support and technical staff

I-L: Supervisors and officers

N1-N8:nursing staff

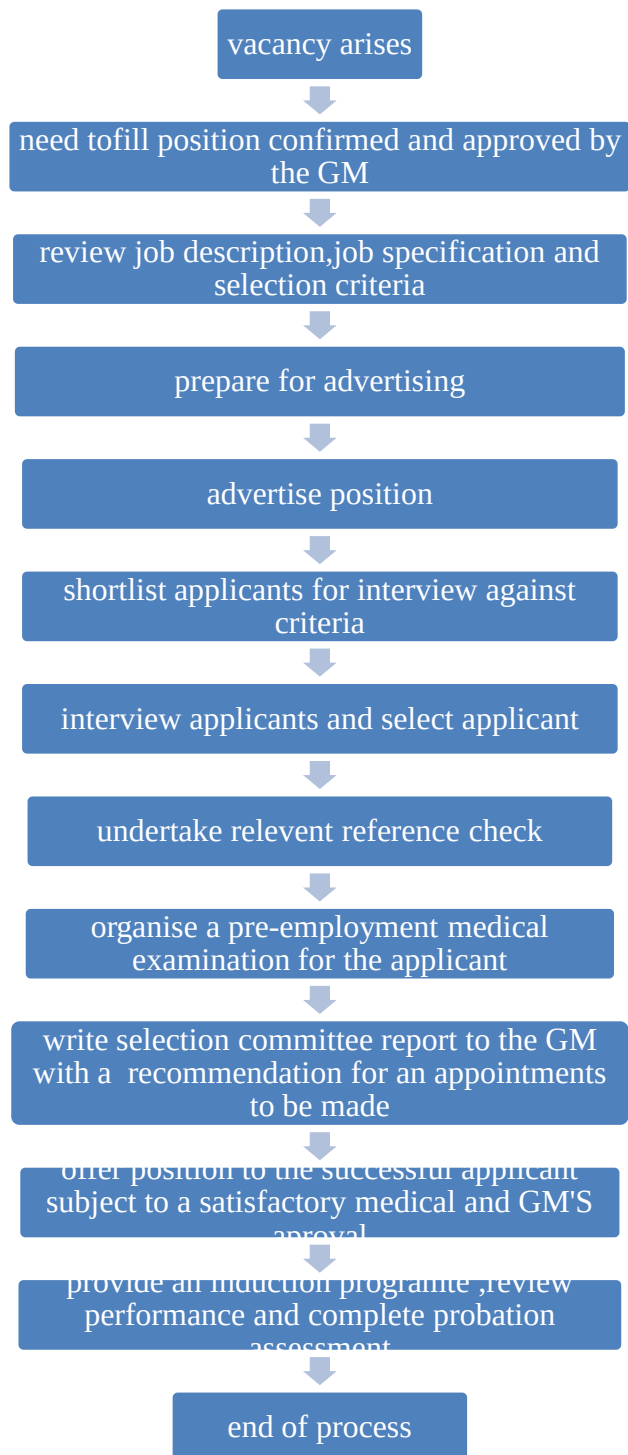
M+:management category

JMS:Junior medical staff

Consultant:

Recruitment/selection flow chart

Process flow



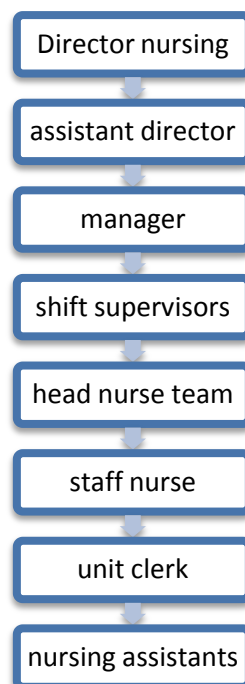
4.7 NURSING

Nursing at P.D Hinduja hospital believes in “A commitment to diversity in nursing” and this influences policies,practices,decision making,clinical experience and the recruitment/retention of nurses.There are around 600 nurses working in Hinduja Hospital.All the nurses working together as colleagues, create a safe, diverse environment which transforms progressively to prepare nurse leaders, and practitioners who can meet the demands of population who expect us to care for them with sensitivity and cultural competence.

Scope of nursing services

Quality nursing care is ensured through a host of activities.nurses working in various cadres like Director nursing,executive nursing,nursing officer,shift charge nurse,head nurse and staff nurse contribute towards achieving the hospital vision of quality health care for all.

ORGANOGRAM



Nurse patient ratio

Critical ICU 1:1/2

VENTILATOR 1:1

STEP DOWN ICU 1:2-3

FLOOR 1:5-7

Nursing specialities at hinduja hospital

Oncology nurses

Enterostomal nurse

Home care nurse

Pain management nurse

Breast clinic nurse

Infection control nurse

Other speciality nurses:triage nurse,kidney transplant nurse,CPR nurse,Diabetic Nurse and RRT nurses.

Unique features and achievements of nursing division

First in country for

CPR Training

Nursing leadership program in mumbai city recognized by S.N.D.T Women's university.

There is a continuous training program for nurses. One week orientation is provided to every new nurse in the hospital and during first month of their joining ,they act as observers. Every Thursday mass gathering is conducted.

Work flow-

Whenever a patient comes for admission or through casualty



Patient is sent to the respective floor



At the Nursing station, nurse guides the patient to the bed.



Within 30 minutes of patient arrival, nursing assessment with nursing diagnosis is prepared.



Then the patient is oriented well according to the orientation checklist about the floor, bed, personnel around, food.



After orientation patient signs the orientation checklist.



Registrar doctor comes and assesses patient condition and formulates a provisional diagnosis.



Main consultant visits within 24hours of admission



Treatment starts



Nurses indents medication through HMIS



Pharmacy provides the indented medication.

For all the investigations that patient requires, request is made through the system and the respective departments attend the inpatient on priority basis.

For regular investigation like blood, x-ray etc, samples are collected on the bed only and transported to respective sections.

Patient is attentively observed and progress of convalescence is recorded .Once the doctor on round is sure about recovery and stability of the patient, predictable discharges are done by nurses as it reduces the delay caused by waiting for doctor's arrival.

Quality Indicators- There are 5 quality indicators for the nursing department-

- From doctor's discharge orders, the discharge process from nursing station to billing should be completed in 1 hour.
- After all the formalities of documentation and bill clearance, patient should physically leave the floor within 30 minutes.
- Pre admission assessment, preoperative preparation and checklist should be timely done.
- Incidence of bed sores developed during hospital stay hospital stay should be less than 2 per thousand patients .
- Nurse to Patient ratio in various areas should be maintained as previously mentioned.

Training and Staff Development-

It is provided based on TNA (Training Need Assessment) and appraisal of the employee by Head nurse.

Staff development is in three forms -

- In service training
- Continuous education
- Workshops and conferences

One week orientation for new nurses is given along with unit level orientation, where he/she is supposed to work.

Every Thursday a mass meeting of nurses takes place, which helps in knowledge enrichment and experience sharing and issue handling, if any.

Attrition Rate

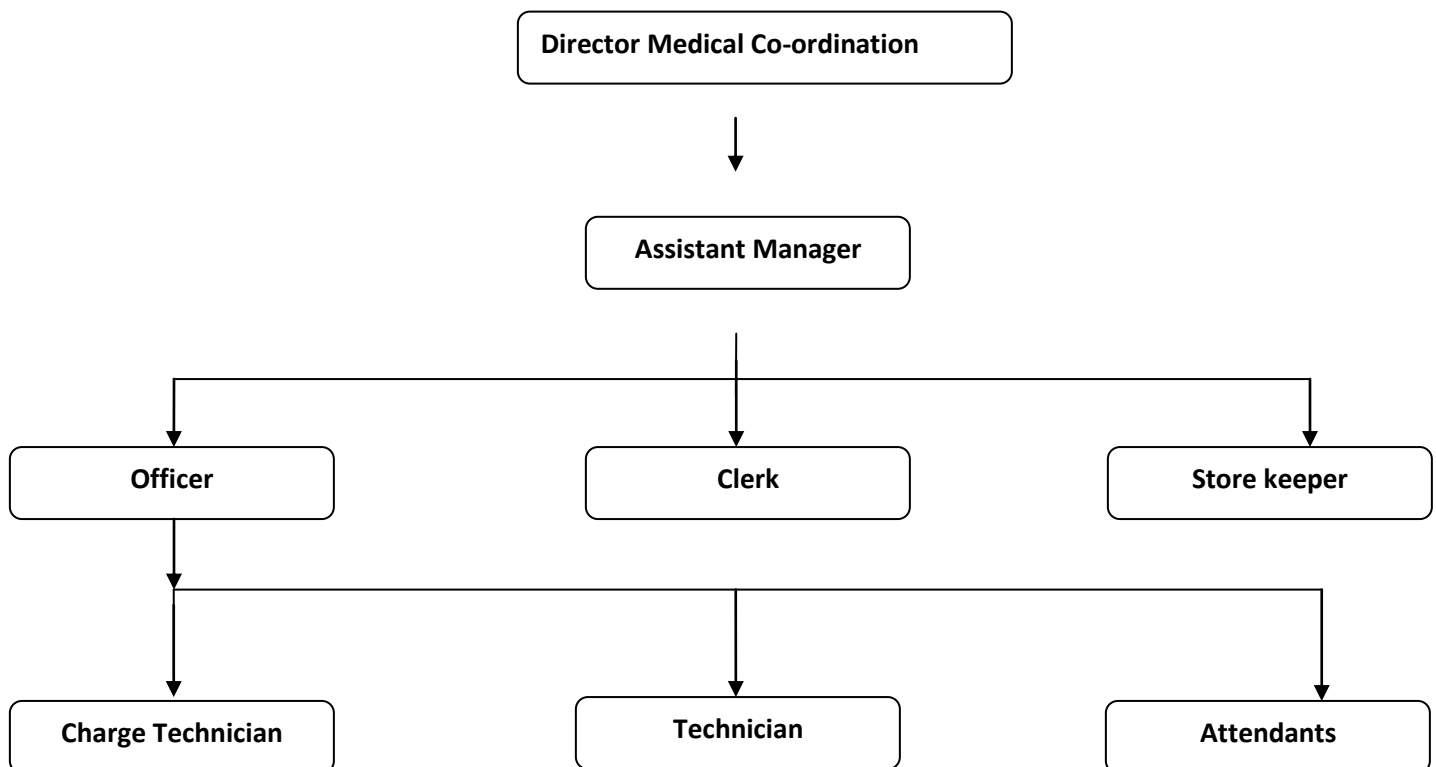
The reasons for turnover are mainly-

- Some leave for better career growth and opportunities abroad.

Some go on deputation for higher education (are encouraged to pursue higher learning) with agreement to come back to the organization

4.9 CSSD

Organogram



Introduction:

The department is located on the 5th floor close to the O.T. The used material (linen, equipment etc.) and sterilized material from and to the O.T. are conveyed through two separate dedicated elevators. From wards CSSD personnel collect the used articles every night.

During the day the used articles from the wards are sent to CSSD by their personnel.

The layout of the department and flow of materials ensures that there is no possibility of mix up of unsterilized materials.

The department is divided into 3 parts- dirty area, clean area and sterile area.

All sterilizers are cleaned once a week. The inside of the sterilizer is cleaned every morning with a disinfectant solution.

Microbiology department checks the air count weekly and issues a report of sterile area. In case of unsatisfactory levels, microbiology department intimates the CSSD within its report.

Objectives of the department

Central sterile supply department is responsible to sterile material for use in the O.T and wards in order to control the incidence of nosocomial infection.

The department is also responsible for maintaining sufficient stock level of all surgical instruments, drapes and other accessories required for surgical procedures in good condition.

The following types of items are sterilized:

- i. Surgical instruments
- ii. Catheters (rubber)
- iii. Linen
- iv. Dressing materials
- v. Laparoscopic instruments
- vi. PVC Tubing etc.

Staffing plan No.**Category**

Asst. Mgr.	01
Officer	01
Sr.charge technician	02
charge technician	03
Sr. technician	06
Technician-II	13
Assistant-II	01
Store keeper	01
Attendants	24

Standard operating procedures/protocol**Cleaning activities**

- Floor mopping
- Surface cleaning
- AC duct cleaning-2.5% Hygenol followed by clean water every fortnight.

Quality Check

- ✓ Each cycle graph is analysed.
- ✓ Color change of biological indicator.
- ✓ Color change of indicator of pH.

Resterlization of CSSD goods

Sterile articles are stocked in sterile area as per standard stock in FIFO protocol. Every day in the morning all sterile stock is checked for its expiry date. Articles are taken out for resterlization a day prior to its expiry date. Articles packed in linen remains sterile for one week, articles packed in non-woven material remains sterile for 3 months, articles packed in peel pouches remains sterile for 6 months, Articles packed in paper remains sterile for 1 month.

4.10 DEPARTMENT OF IMAGING

The Imaging Department is a diagnostic department where various investigations of the patients are done. Both OPD & IPD patients come for investigation either through an appointment or as walk in patients. In the department walk in patients means patients without having an appointment. The patient comes for the investigation and after viewing the images of the scan the radiologists report. On the basis of the reports the diagnosis is done.

The Imaging department can be divided into 11 sections namely:

- X ray(General radiology)
- Ultra Sonography
- Computed Tomography scan(CT scan)
- Fluoroscopy
- Mammography
- Colour doppler
- DSA combo (Digital Subtraction Angiography)
- BMD(Bone Mineral Density)
- PET scan (Positron Emission Topography)
- Nuclear medicine
- MRI(Magnetic Resonance Imaging)

MRI is located at the Ground Floor and rests are on the 1st Floor of the New Building. There is separate X-ray for the OPD patients located in the OPD building. There are two reception counters, one located on the 1st Floor for the sections located on the 1st Floor and the other on the Ground Floor for MRI.

Objectives of the Department

1. To do quality imaging using all necessary safety measures in radiation.
2. To perform quality reporting and interacting with clinicians on regular basis through follow ups.
3. Conduct teaching programme for residents in imaging as well as for clinical branches.
4. Monitor the work of all Technicians on regular basis to maintain as well as improve quality.
5. Monitor and regulate usage of different equipments in Imaging Department.
6. Interact with Bio-medical department on regular basis for upkeep of all equipments.

Quality Indicators of Imaging

- 1) Report turnaround time (TAT)

SECTION

TAT for Reports

X-Ray done from 7 am to 4 pm

same day after 6 pm

X-Ray done from 4 pm to 7 am

Next working day after 12 noon

CT scan

Next working day after 6 pm

MRI

Next working day after 6 pm

USG

Next working day after 6 pm

Color Doppler

Next working day after 6 pm

Digital Mammography

Next working day after 6 pm

Nuclear Medicine

Next working day after 6 pm

2) Daily Calibration checking of machines

3) Downtime record

4) Maintenance of record.

5) Equipment failure reporting system.

Location and layout:

OPD x-ray: 1st floor east block wing no.2

IPD x-ray: 1st floor west block

X-ray procedures: 1st floor west block

Ultrasound (USG): 1st floor west block

Color Doppler: 1st floor west block

Mammography: 1st floor west block

BMD: 1st floor west block

CT: 1st floor west block

DSA: 1st floor west block

Nuclear Medicine: 1st floor west block

MRI: Ground floor west block

Procedures

Appointment can be given on the following basis:

a) Telephone Appointment:

Receptionist does the appointments on telephonic calls from the patient/relative/consultant on the basis of following details:-

- 1) H.H Card NO – However appointment can also be given on basis of executive number.
- 2) Referral doctors name.
- 3) Date and description of registration/procedure.
- 4) Receptionist does the appointment on the basis of date and slot availability tells the patient about the same and gives the following instructions to the patient:-
 - a) Inform date and time of registration/ procedure.
 - b) Inform charges of investigation/procedure.
 - c) Asks to bring consultant's letter.
- 5) Ask to bring all earlier investigation/ procedure reports and films.
- 6) Instructions about the diet intake specific for the investigation/ procedure.

b) OPD / Walk in appointment:

- 1) Receptionist does the appointment on the basis of consultant's letter brought by patient/ relative and available slot.
- 2) Inform date and time of investigation/ procedure.
- 3) Inform charges of the investigation/ procedure.
- 4) Ask to bring consultant's letter.
- 5) Ask to bring all earlier investigation/ procedure reports and films.
- 6) Instructions about the diet intake specific for the investigation/ procedure.
- 7) Receptionist gives a manual written appointment slip having details of date/ time of appointment.
- 8) Appointment for nuclear medicine scan is given by receptionist from the appointment register.

- 9) For PET scan and some other scans deposit amount is taken at the time of giving appointment or DSA procedures. The appointment is given by DSA technician after taking patient's clinical history.

In-patient appointment

Appointments for MRI

- 1) Staff floor nurse sends the MRI request from two copies by attendant to the receptionist at the MRI counter for appointment for the technician inside the department.
- 2) It is the responsibility of the technician to take care of the slot and the same day or any earlier slot available.
- 3) Receptionist enters the patients name and demography details/ date and description of the procedure in the request form.
- 4) Receptionist gives the white and blue copies of the MRI request to calling up of the patients for the procedure.

Appointments for x-ray procedures / USG / Colour Doppler/ Nuclear Medicine/ Mammography/ C.T

- 1) Staff floor nurse does the online entries of registration for any above investigation of the system.
- 2) In every 30 minutes receptionists check the outer floor. Wise request statement after the details in the same; she does the booking in the molecule (system).

PACS- Picture Archival Communication System

It is an image management system. Under this system, the pictures generated in various departments of radiology are uploaded in the system, to make them available to the consultants. Login and passwords are given to all the departments. The consultants can view

them from any computer in the hospital using intranet. These pictures are also available on internet in read only mode.

Legal requirements and guidelines

1. All sections in the Imaging department follow various legal guidelines set by Government of India. All Imaging Services follow regulation by the AERB and all new interaction are subject to approval by AERB before commencement of services.
2. For all Radiation emitting (or) generating equipments in medical use, whether it is in diagnosis (or) treatment purpose [such as X-ray (low energy), X-ray (high energy), Brachy therapy units, CT, Fluoroscopy, Dental X-ray Units, PET CT, and Gamma Camera etc.], the hospital should get first authorization from AERB to use the above units in the hospital.
3. Next, hospital should get NOC from AERB for importing the units/ radioactive source from BRIT/ outside country/ private – it is valid only for 1 year and for subsequent usage the hospital needs to apply for the NOC for each units.
4. Next after importing units/ radioactive source the hospital should send the form for registration units (of installation) with plan. Type approval certificate of unit, QA details, Survey details to AERB/ RSD. In the case of radioactive source, the hospital should intimate the arrival of above from (inland/ outland) in a particular form, and then only the hospital can to use the unit (or) source after confirmation.
5. In the case of radioactive source used (or) decayed, hospital should get NOC from AERB for re-export to supplier outside country (it is internationally accepted norms). This will also be valid for 1 year only.
6. The AERB conducts random checks of the department on routine basis.

4.11 CATH LAB

The department deals with services which can be both diagnostic for detection of the diseases and therapeutic, on the basis of diagnostic findings. It covers mainly

- Coronary angiography (radial , femoral package's)
- Intra aortic balloon pump(IABP)
- Temporary pacemaker
- Cardiac catheterization
- Pericardial tapping
- Aortogram
- Combo coronary angiography
- Coronary angioplasty
- Balloon angioplasty
- Permanent pacemaker
- Valvuloplasty

Staff-

Executive administrator	1
Nurses	7
Technicians	4
Receptionists	2
Hospital attendants	4

Process flow-

There are patients coming from SSS, IPD.

Patients are appointed only from the dept on phone after taking a detailed history (in person) and analyzing the condition or status of the patient and informing relatives about various packages available.

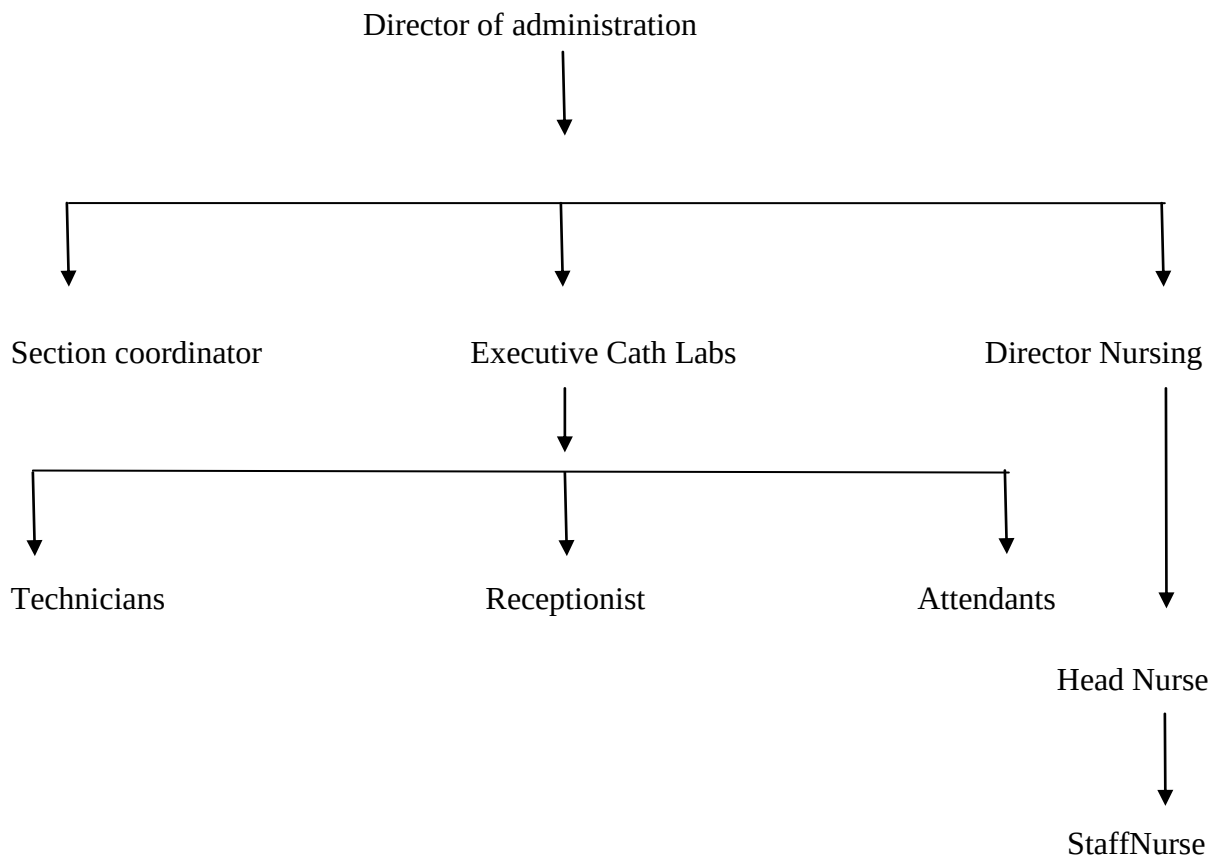
According to the appointments the patient is taken in, all the necessary preparation is done, with the team of cardiac surgeon, consultant, nurses, attendants, technicians.

A separate chargesheet is prepared for each patient that records all things consumed during the surgery or procedure.

After the procedure, the patient is kept under observation depending upon the approach and case.

Reports for all day care procedures are given the same day and that for angioplasty before discharge.

Organogram

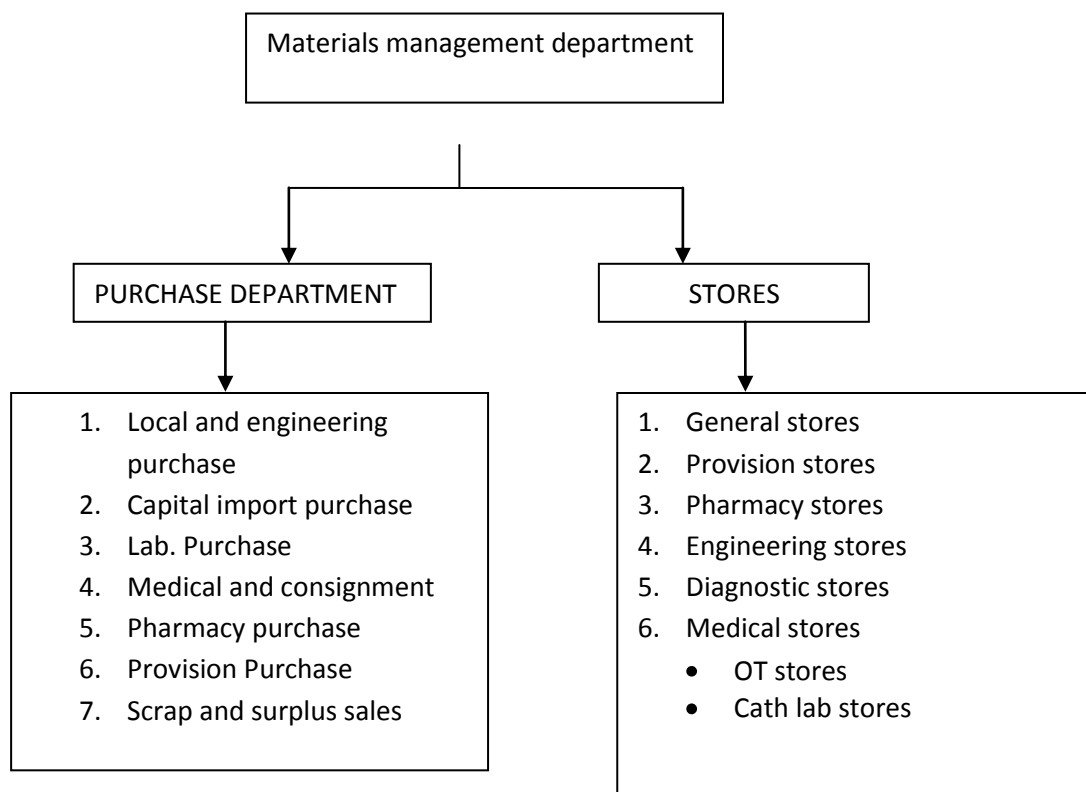


Cath lab coordinates with DSA for such procedures. It offers different femoral and radial packages for angiography. Cath Lab also shares a common door with ICU thereby maintaining proximity

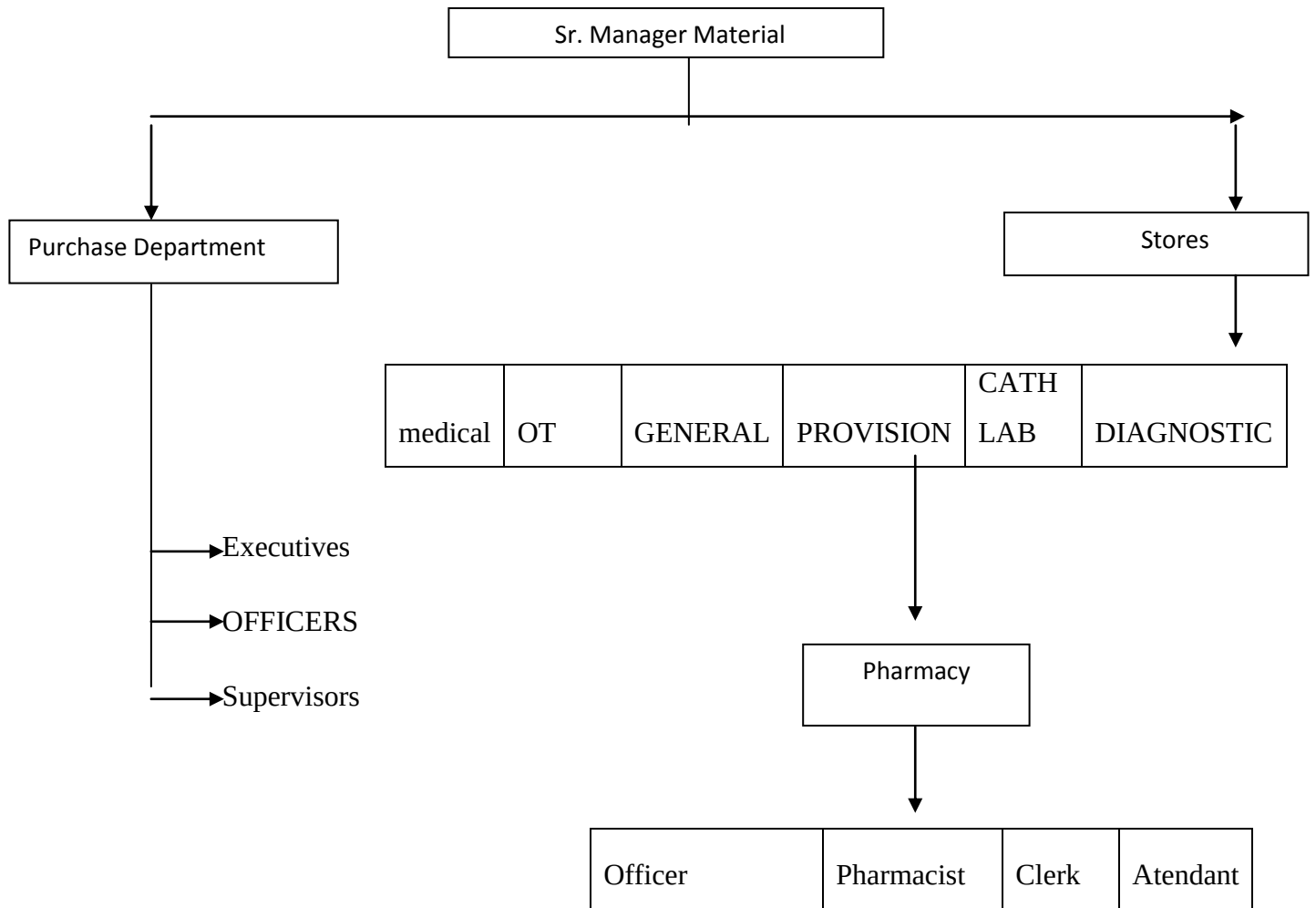
4.12 MATERIAL MANAGEMENT DEPARTMENT

The materials management department aims at maintaining uninterrupted supply chain without affecting cost, quality and service parameters.

The materials management department can be classified majorly under 2 heads i.e. purchase department and stores.



PHARMACY



Staffing of Pharmacy

Manager stores-1

Officer pharmacy-2

Bulk stores pharmacist-2

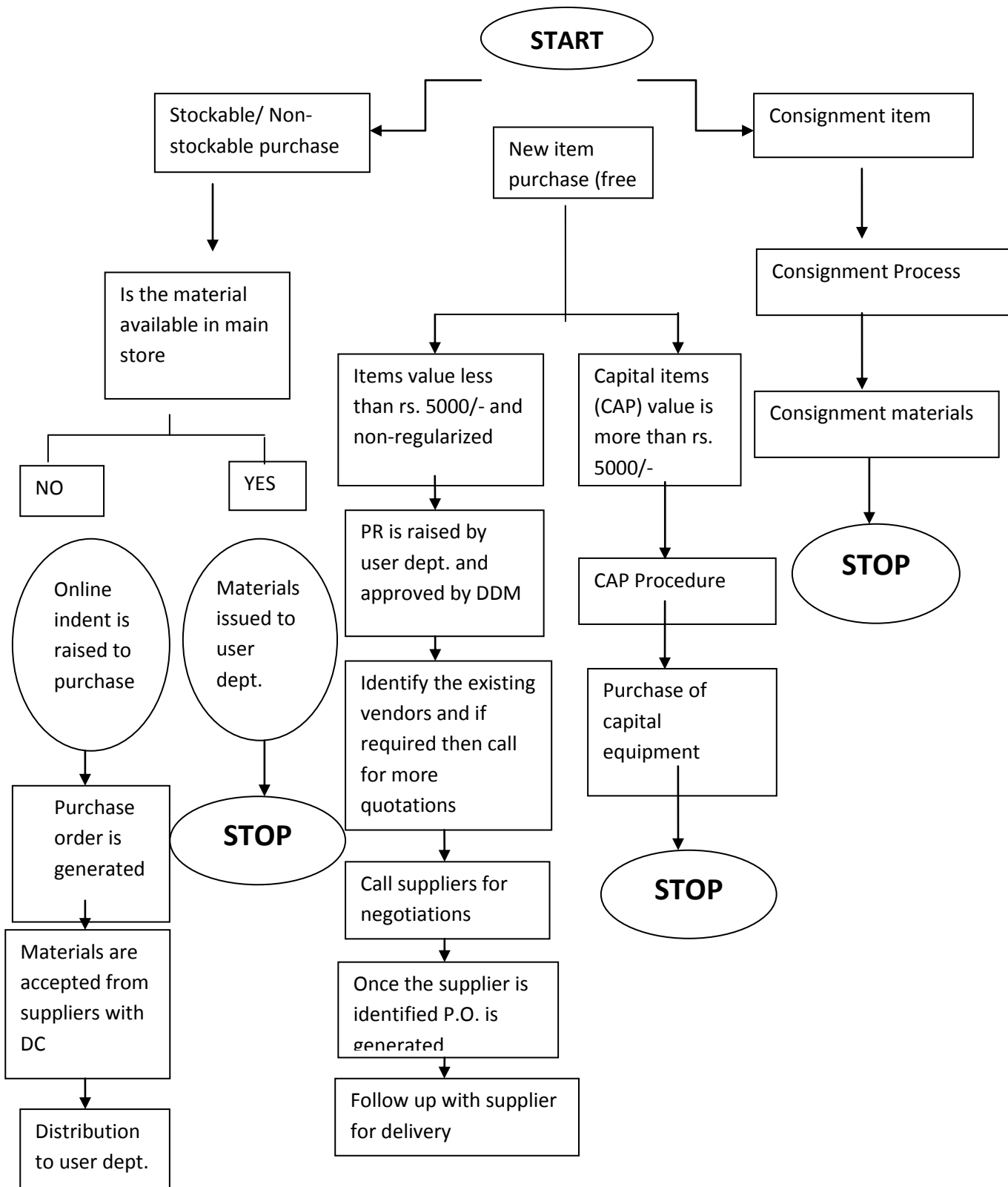
Dispensing pharmacist-14

Head clerk-1

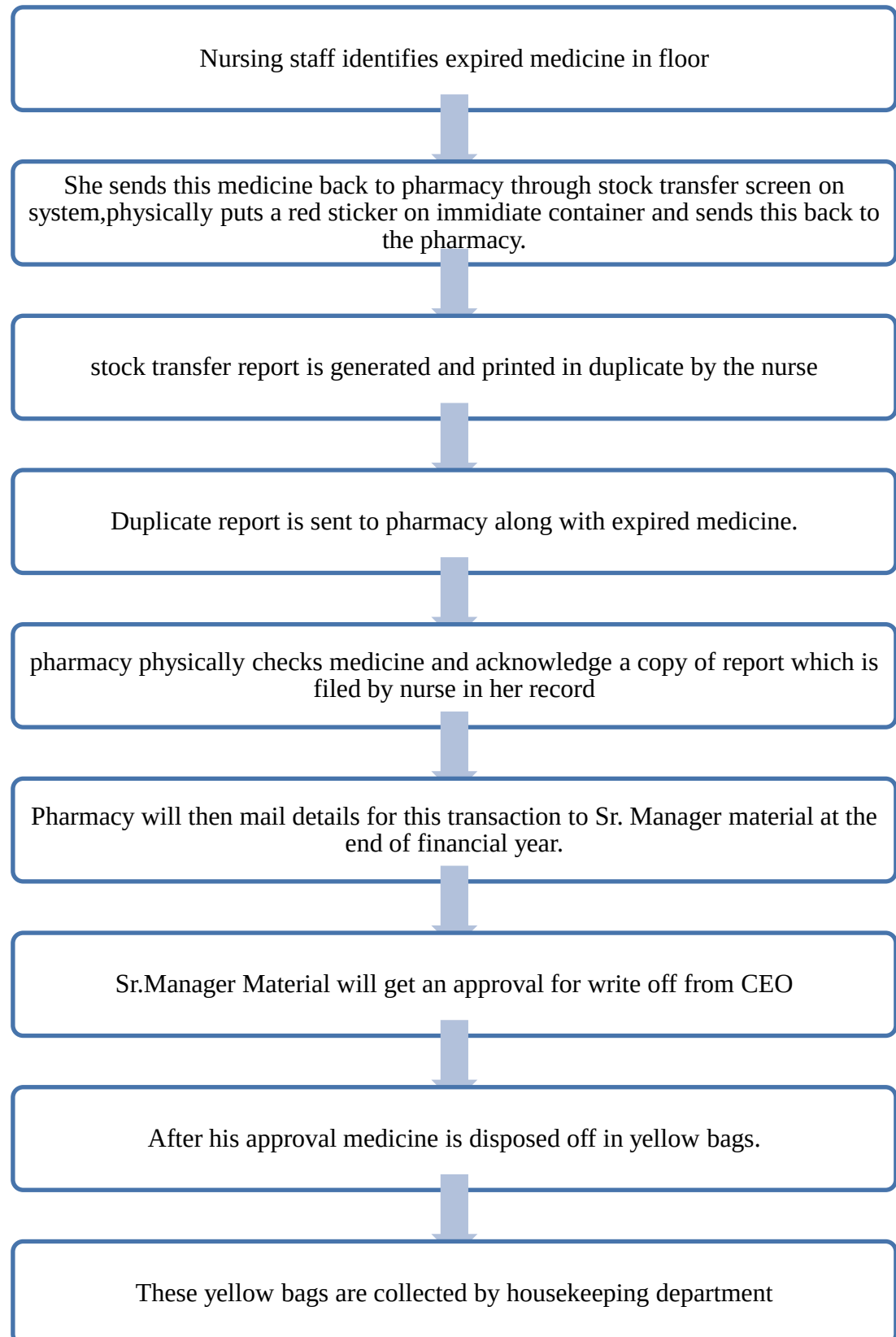
Attendant-12

Process flow

Purchase Section



Process of return of expired medicines from floors to pharmacy



Narcotic Drugs

Hospital falls under zone-3.

NDPS11 license has to be renewed every 2 years

Pharmacy license has to be renewed every 5 years.

Drug and Therapeutic Committee:

This committee is established to discuss the issues related to usage of drug products. This committee directly reports to chief executive

Committee Members

Director of quality and Medical education

Director Professional Services

Director Admin

Director Nursing

Head Lab Medicine

H.O.D Pharmacy

Usually in stores various systems are followed to classify and arrange items-

1. VED- Vitals, Essentials and Desirables (According to importance of items)
2. HML- High, Medium, Low cost
3. SDE- Scarce, Difficult, Easy to procure
4. FSN- Fast, Slow and Non moving items

The basic process of issue and distribution to related departments, inventory management is same for all, which is as follows-

Related department makes monthly indent through the system by planning and forecasting based on their daily consumption



Based on consumption by the related department, store maintains inventory and issues timely requests for material procurement based on lead time



Purchase department contacts the vendor and ensures delivery of required items at right time



Once the requested numbers of items are received (it goes through thorough security check, as security is also provided with the list of requested items)



Goods receipt note is sent to the Purchase department for payment to the vendor

- For goods ordered on consignment, if unused or short expiry, are immediately returned back to the supplier by issue of a gate pass, for security's reference. Also, returned item's balance is deducted from the amount to be paid.
- The issue of items and usage in the department follows FIFO(First In First Out) principle.

MEDICAL STORE-

- It maintains the inventory of all the consumables required during surgeries, procedures directly except medicines like paraffin, micro sheets, germicide, plastic masks, films, tubing's, surgical sutures, OT consumables, Cath lab items etc.
- All the items are delivered to respective departments in the first week of the month depending on the monthly indent issued.
- Record is maintained of all the monthly indent requests, supply record, returned items.
- Expiry checks occur weekly or once on two weeks.
- For storage of heparinised fluid and sterile swabs, temperature in the refrigerator is maintained between 2-8 degree C.
- Inventory has a turnover of 1200 items per month.
- Expensive item are ordered twice a month and regularly checked.
- Store is open from 8:30a.m to 7 p.m.
- STAFF-

Manager



1 Senior officer, 2 Pharmacists



2 Clerks



3 attendants

OT STORE-

It maintains inventory of items for over 60- 65 surgeries.

Items are of two types –

- Pharmaceutical(emergency drugs, narcotics, chemicals)
- General(sutures, drapes, consumables etc)

It is situated on the 3rd floor, and surrounded by operation theatres.

- List of the surgeries to be scheduled for next day with surgeon's name is provided a day before, so that all the preparation and required items are kept ready arranged in the tray.

Two trays are provided-

One with anesthesia and other with general consumables and special requirements like implant materials etc.

- With each tray different charge sheets are given, in which all the items used during surgeries are recorded and helps in keeping an account of all the materials provided and returned back to the store , any missing can easily be recorded.
- If an item is required from medical/pharmacy store on emergency basis, it is taken on loan and indent is issued to store later.
- Weekly checking of all items is done.
- Narcotics are kept locked.
- Warmer is kept at 60 degree C, to keep warm saline ready if required.
- Whenever any item is purchased from the supplier, batch no. , expiry and M.R.P is always checked.
- List of (diminishing) and non- available items is generated daily.
- Staff-

There are 2 Senior Supervisors, 5 clerks and boys.

PROVISION STORE-

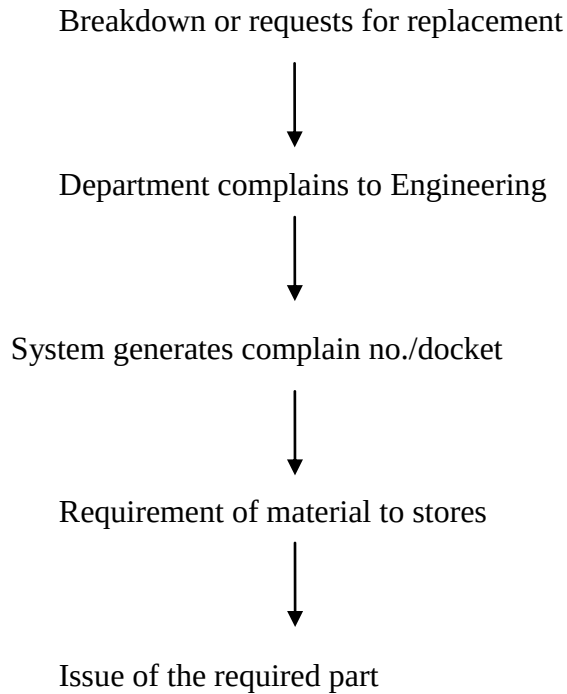
- It is a part of Food Services Department, which looks into maintaining storage and availability of raw materials as per the consumption and menu.
- They maintain buffer stock of 2 days. However it very much depends on shelf life of the item.
- But that for vegetables, daily indent is made depending on next days' menu, a peeling and cutting on such a large scale takes time and stored in fridge in the cooking area.
- Fridge in the store area is to store butter, milk products, fruits and rawa (as worms appear if kept at room temperature).
- Indent for fruits are made weekly.
- Every Monday the indent is made.
- Arrangement in the racks is such that consumption pattern follows FIFO principle.
- Daily cleaning is done and Gel treatment is done weekly.
- Payment for goods received is done by Purchase either weekly, fortnightly or monthly depending on items.
- Menu for the week is prepared by chef and dietician.
- STAFF- 1 Store in charge, 2 clerks and 2 attendants.

ENGINEERING STORE-

It keeps various spare parts that may be required in electrical equipments, plumbing and mechanical items for maintenance of equipments.

- Around 300-400 items are regularly moving items.
- Care record- regular maintenance
- Quest record- Inventory management.

Process flow-



- First week of every month, indent for stores are raised through system to purchase department, based on consumption of last three months.

STAFF-

1 storekeeper and one store clerk.

- Records maintained- requisition book, issue book, guarantee card book.
- For a part to be discarded HOD certifies for condemnation and then it goes to discard department.

GENERAL STORE-

- It maintains an inventory of all the stationary items, plastic items, general items like tissues, etc, capital and diagnostic items.
- From here the items are delivered to the respective departments.
- It has around 700-800 items and turnover of 450-500 items per month.
- For bulky items they deliver thrice a month.

- For non stock able item, purchase is made through stores but the delivery is directly done to the department and it is not stored.
- STAFF-

One officer and two clerks.

BIOMEDICAL STORE-

- It keeps storage of all the spare parts, accessories of the biomedical machines used in hospital and not general electronic or mechanical machines.
- Its inventory has high cost and difficult to procure items.
- For routine parts (stored in compactor), no indent is required and are supplied directly as per need.
- For occasional special parts,



Indent made by biomedical engineer' requisition



Purchase order



Delivery



Payment from purchase department

- If the part to be replaced is of high priority and is unavailable, standby arrangement is made.
- In case the warranty period is on, the Company is called for the maintenance and problem handling and replacement if any.

4.13 SUPPORT/UTILITY SERVICES-

This includes Housekeeping, Laundry and Food Services

HOUSE KEEPING

Introduction

Housekeeping services play a vital role in providing support services to the staff, patients, administration. The main responsibility of the department is providing clean and hygienic sanitation facilities. It also ensures infection free environment through process and procedure which are reviewed and updated from time to time. They also manage biomedical waste as per the regulation and comply with legal norms. They also play a vital role in safe transport of patients on wheel chair, beds, stretchers which require an alert housekeeping staff to follow safe practices across hospital.

Staffing

Assistant Manager 01

Sr. Officer and Officer 03

Sr. Supervisor and Supervisors 04

Team Leaders 04

Healthcare workers 309

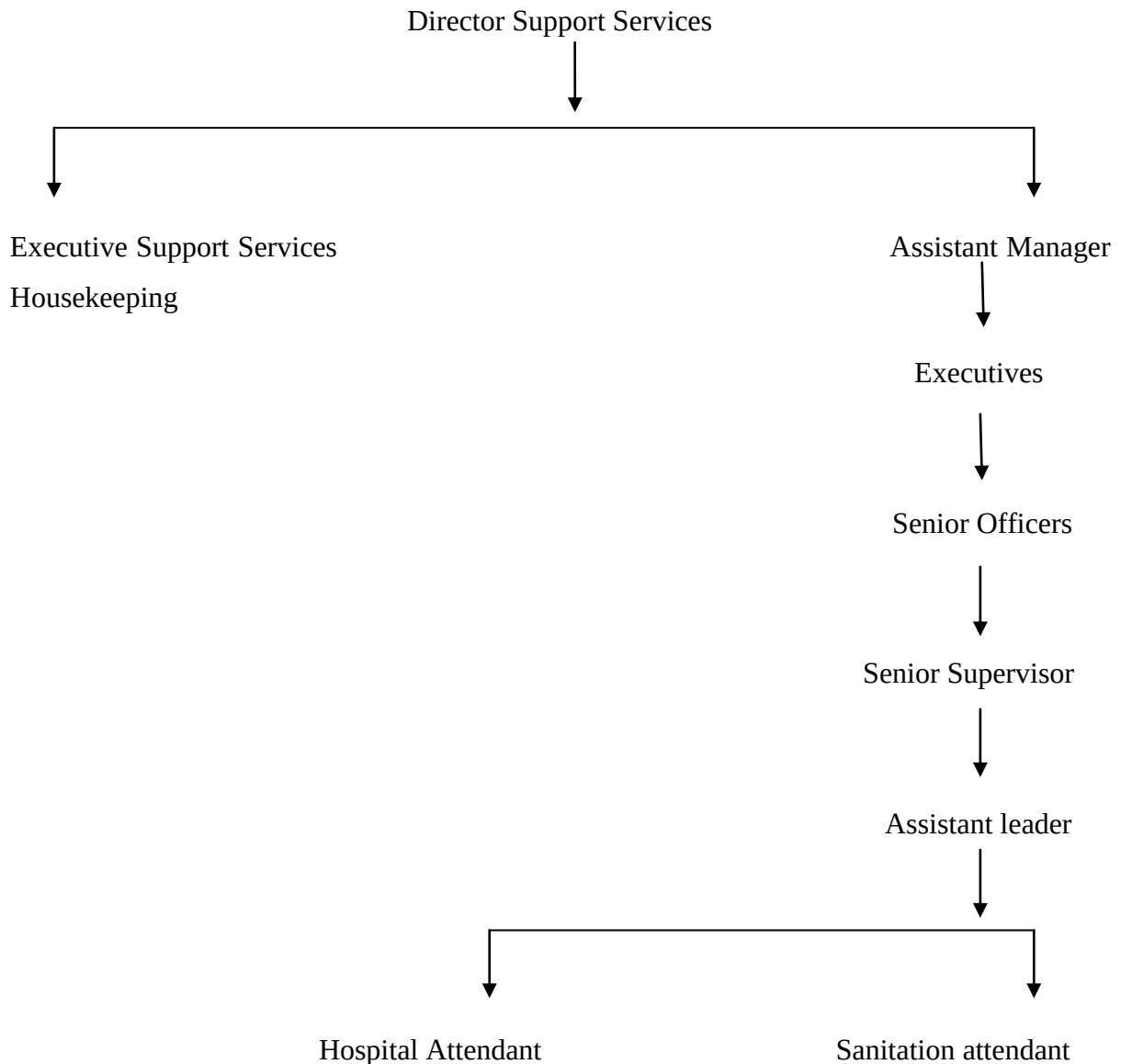
Total Manpower 321

Scope of Activities

- Maintaining the aesthetic and cleanliness of all the hospital properties which include inpatient and outpatient areas and S1 building.
- Planning and controlling of all inventories to ensure clean, hygienic and safe environment.
- Systematic collections and disposal of hospital waste.

- Quality sanitary procedure in every area including the sanitary needs of the patient.
- Issuing and controlling replacement of furniture to other departments as per their requirement.
- Accurate and timely meal services for patient and their relatives.
- Safe transportation of patients.
- Pest control management.

Organogram



LAUNDRY SERVICES

Laundry Service includes the laundering of linen, storage of clean linen and repair and replacement of linen. The importance of a clean, hygienic, un-stained and defect free linen is essential for optimum patient care. Laundry service is responsible for providing an adequate, clean and constant supply of linen to all users. The laundry facilitates is designed, equipped and ventilated to reduce the dissemination of microorganisms on to finished linen. The laundry component is responsible for efficient laundering operations and linen component comprises of procurement, classification, holding , distribution repair and replacement of linen.

Scope of Department

- Sorting, washing, extracting, drying, ironing, folding, mending and delivery of linen.
- Storage and distribution of clean, unstained and defect free linen to various areas of hospitals like floors (for patients), CSSD (for sterile linen supply to operation theaters), housekeeping and food service department (for conference and other functions).
- Cleaning, storage and distribution of uniform to all employees and consultants.
- Specific procedure for handling, including labeling of materials contaminated with hazardous materials or body fluids.
- Policies and procedures for cleaning of contaminated materials.
- Storage and distribution of curtains across the hospital facilities.
- Maintaining the stock of linen and meet the requirements of various departments.

The process flow in department is systematic and with utmost care practices are done. There is an inbuilt chute system at every floor from where laundry bags are stored and transferred directly to the sorting area where the linen is sorted according to the kind. The infected stained linen due to body fluid like blood are segregated. The linen is separated

also on the basis of color difference. The OT towels, white towels, OT linen , ICU linen in green and white is separated. The counting is rechecked and then floor wise sorting is done. The infected linen is transferred in red colored bags and also red trolleys are used for soiled linen.

There are 6 washer extractors which have special hydro features which spin at high speed and water is extracted, only 4% water is remnant. For soiled white linen there are two cycles: pre-wash cycle consists of two wash cycles in the span of 5 minutes at 50 – 70 degrees, along with detergent, boost and super washing is done. Then oxygen bleach is done. The drained water is monitored and pH check is done in case of any deviation from the neutral pH 7 it is reported immediately. There is also a hygienic barrier. The clothes are ironed with the help of flat work machine, steam presses and rolling and rotation of linen is done.

FOOD SERVICES-

PROCESS FLOW-

- Menu for the week is fixed by the Chef and Dietician.
- This menu is approved by Manager, further approved by Director Support Services and clerks finally take the print out.
- Menu is fixed in terms of items i.e.
 - For breakfast- One Indian item and fruit is served. On special request toast and Jain food is also served.
 - For lunch and dinner- Soup, salad, rice, daal, vegetable (gravy and dry) and one sweet or fruits alternately.
 - For evening- tea and snacks
- As per dietician's special instructions to some patients, special food is prepared for them.
- Quantity of normal and special meals to be served are displayed on the board.
- Indent for vegetables is made one day prior as the cutting of vegetables takes time, cut vegetables are stored in refrigerator.
- Finally after cooking the food is served
- On an average there are 1500 people for lunch and 1000 for dinner per day.

- STAFF-

Manager-1

Assistant Manager-1

Dieticians- 9

Cooks- 19

Chef /Supervisors- 7

Attendants-54

- There are three shifts for people. In every shift there are two normal cooks and one diet only in 12-8p.m.(who prepares special food as per dietician's prescription).
- The list from all the floors according to dietician's prescription is sent to the department through system, so that they already have an estimate of normal and special diets to be prepared.
- Pre cook area- where peeling, cutting, masala grinding occurs on large scale.
- There are 3 cutters in every shift.
- Baking area- where breads, cakes, cookies are baked.
- Cooking area- where cooking actually takes place.
- Quality check of the food is done regularly before serving.
- Also raw material is also checked before using it, if there is something wrong, menu is changed and replaced according to the availability of items.

4.14 BIOMEDICAL ENGINEERING-

It is the department which is responsible for maintenance of all the biomedical equipments and machines used. They are required to immediately attend to breakdowns and failures to minimize the downtime of the machine.

Staff-

They have 12 people in the department, working in two shifts of 8a.m to 4p.m and 2p.m to 10p.m.

Organogram-

Director Medical Coordination



Manager



Executives



Officers



Senior Engineers



Junior Engineers

Work flow-

All the Engineers are divided according to the departments. Example-

Two for OT, two for ICU etc.



In case of breakdown



Engineer for the respective department is contacted; he provides solution orally on phone



If problem is not solved, Engineer reports to the department



Stand by option, if any is arranged



Machine is fixed as soon as possible

- If the machine is to be taken to Company for servicing, returnable gate pass is issued.
- If machine is to be returned to Company for replacement, non returnable gate pass is issued.
- In warranty period Company person is called for maintenance and breakdowns from BMD.
- Every 6 months , quality assurance and calibration is done
- Maintenance is done 3 monthly.
- For Laboratory machines, calibration is done regularly.

4.15 IN VITRO FERTILISATION CLINIC(IVF)-

It is on 11th floor of S1 building. The examination and consultation is only on appointment basis. When a new patient comes to the department-

- **Process Flow-**

Registration at the reception



Detailed History is taken in the separate history taking room



Phlebotomist takes the blood sample for tests



Appointment is given to the patient for consultation and examination

- There are two examination rooms.
- One Intra Uterine Insemination(IUI) room, which is done on OPD basis. The procedure takes around half an hour, however needs regular follow up.
- Daily, average 40-50 patients come to the clinic.
- There are around 2-3 OT cases per day.
- Emergency set up is kept ready in case need arises.
- There is an OT, an embryology laboratory, genetic room (DNA Testing), andrology lab, cryopreservation room (for spare embryos).
- **Staff-**

Nursing staff – 6

Consultants- 2

Embryologists-2

Assistant doctor-1

Rotational doctor-1

Sanitary attendant-1

Ward boy-1

- **Timings-**

OPD- 11a.m to 2p.m

OT- 8a.m to 11a.m

- On 12th floor, 4 beds are especially kept for patients from IVF.
- There are various packages offered by IVF, one offers consultation with IUI and the other offers consultation with all sonographies.
- Pharmacists are available to dispense medicines as required.

Project Report

Summer Internship Project on-

PATIENT WAITING TIME ANALYSIS IN CT SCAN

By

Dr. Poorva Nandedkar

Dr.Neha Asija

EXECUTIVE SUMMARY

Imaging is one of the diagnostic departments where various investigations of the patients are done. One of the investigations is CT scan (Computed Tomography scan), which is used to capture the images of body with speed, accuracy and resolution. A CT scanner emits a series of narrow beams of radiation which can pass even through solid organs and thus giving a cross sectional image. The 64 slice Multi detector CT scan machine is used here and gives a real time detailed view. There are plain and contrast studies depending on the investigation required.

A project in CT scan department to monitor and assess the waiting time for OPD patients was undertaken . The patients were expected to report to department according to the need of their study. it was noted that the time when a patient reported to reception a voucher was generated. Then the patient had to wait for being taken in the CT scan room where the procedure was done. The time when the patient was taken in was also noted. The study was conducted for 20 days and a sample of 151 patients were collected , from which 102 were contrast studies and 49 were plain studies.

The analysis revealed that on an average a patient had to wait for 46 minutes for contrast study and 41 minutes for a plain study. The causes of delay were elicited and were divided into departmental, patient related and other factors involved. The delay was majorly caused because of unavoidable circumstances from the departments view as at times the emergency patients and patients of ICU (Intensive Care Unit) were given priority over the appointment patients. Sometimes the delay was caused due to patient arriving late and in cases of abdomen -pelvic studies; they were expected to report 1 hour prior to the appointed time as patients were required to drink oral contrast. The other causes involved were due to individual factors such as patient's nervousness or individual's capacity to drink oral contrast in the stipulated time.

The patient load was analyzed day wise and also in different time slots of the day.

This helped in interpreting the findings based on several aspects related to departments working. The recommendations to overcome the delay which causes inconvenience to patient and also to the department have been mentioned.

Imaging is the diagnostic and one of the most important operational areas which influences the quality of patient care and treatment. Observations show that a research study must be undertaken in this department to know the current status of the service delivered and accordingly suggest modifications for enhancing the quality of service.

On this basis a Time Motion study was conducted in the CT scan department.

AIM

To monitor and assess the waiting time of patients for CT scan in imaging department.

OBJECTIVE

To determine the delay/time lag for CT scan of OPD patients.

METHODOLOGY

Sample collection method:

Non probability convenience sampling was used.

Sample size:

151 comprising of OPD and walk-in patients

Out of these, 102 were used for contrast studies while 49 were used for plain study.

Data collection:

Data constitutes the foundation of any statistical analysis. So as to have empirical and evidence based study we collected data from both primary and secondary sources.

Primary data – It was collected from the CT scan department from the first floor of West block

Secondary data – It was collected from the patient's vouchers and systems.

Duration for data collection:

20 days (13th April, 2012 to 2nd May, 2012)

Data analysis:

Graphical method and charting

Tool:

A sample tracking sheet was prepared as follows:

HH No.	Name of the patient	Remarks	Type of the study	Voucher Time	Appointment Time	Patient taken in	Patient taken out
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Technique:

Data collection was done as follows:

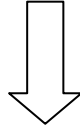
- The time when the patient enters the imaging department was noted and then the patient goes to the reception where a voucher is generated when the time is noted.
- Patient reports with the voucher to the CT scan department.
- In case of appointment patients, the appointment time was noted. The next step was to note the time at which the patient was taken in scanning room and the procedure began. After the procedure, the time out of the patient was noted.
- In case of walk-in patients, the stipulated time when the patient was told to be taken in (proposed appointment time) was noted and when the patient was actually taken in was also recorded. The time lag/ difference in between the appointment/proposed appointment and the actual time the patient was taken in, is the waiting time or delay.

Data processing and analysis:

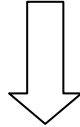
The gathered data was processed and analyzed using MS Excel.

PROCESS FLOW

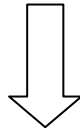
OPD/Walk-in patient requisition for CT scan investigation



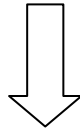
Reaches the reception area and voucher is generated



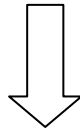
Reports to the department and submits the voucher



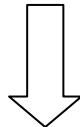
In the case of oral contrast study, patient is asked to drink the contrast (2 litres) and wait for the procedure to begin



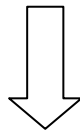
Patient is taken in for the procedure



The scan is processed and provisional report is prepared.



The scanned images are transferred to the PACS (Picture Archiving and Communication System) from where the consultant can view the scan and verify and add to provisional report



Printed reports are dispatched to the patient the next day after 6 p.m.

OBSERVATIONS

- Late arrival of patients – Patients who come for abdomen -pelvis contrast examination are expected to report 45 minutes prior to the appointment time as they are supposed to drink 2 litres of oral contrast for clarity of scan
- It also depends on an individual's capacity to have oral contrast in the provided time as rate of consumption varies from person to person. The delay due to this is carried over to the next slots.
- The priority for the scan is given to the indoor patients and casualty patients. This at times leads to delay in conducting the procedure for the OPD patients.
- RT planning exceeds the allotted slot and in turn disturbs the entire schedule.
- In case of biopsies due to unavailability of anesthetists or if the patient is not ready, the biopsy might get delayed and eventually leads to further delays.
- Sometimes waiting for patient's creatinine and sugar reports also delays the process.
- Constant coming of patients into the console room for information and reporting also interrupts the process and concentration of employees.

ANALYSIS & DISCUSSION

The analysis of the recorded data for 151 patients was done using MS Excel. On computation results came out to be as follows-

- Of the total 151 patients over duration of 20days, 15 patients (10%) were taken on time, without delay while 136(90%) patients were delayed compared to their appointment time.

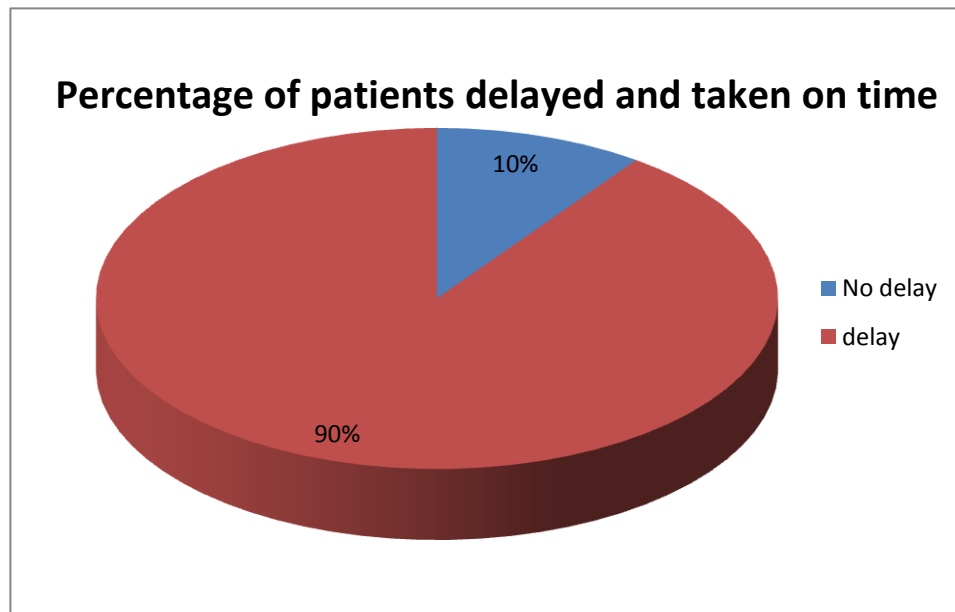


Figure: 1

- Amongst the delayed patients -

Average delay time for contrast patients came out to be 46 minutes.

Average delay for plain studies came out to be 41 minutes.

FACTORS RESPONSIBLE FOR PATIENT DELAY

After having found that about 90% of the patients had to wait around 40-45 minutes beyond their appointed time, reasons for the delay were searched for and grouped into major categories as follows-

1. Patient Factors

These are the factors in control of or related to patient which contributed to the delay in scan and thus increases the waiting time of patient.

- Patient coming late to the department- Patient was instructed to be present one hour prior to the appointment time as he/she was needed to drink the contrast

before the scan (which is 2litres and takes around 45 minutes). But due to late arrival of the patient delayed the whole process.

- Differential rate of consumption of contrast- Some patients were unable to finish the bottles of contrast in the provided time in spite of arriving an hour early to the appointment time.
- Some patients got nervous during the scan and they were not able to sustain the required position and follow the instructions given by the technician. This led to delay in the procedure.

2. Departmental Factors

These are the factors in control of or related to the CT scan department that led to delay in scans.

- Waiting patients of the previous slots were taken, in turn delaying the appointed patients for a particular slot.
- Priority was given to the IPD and casualty patients which delayed the scheduled scans.
- Unavailability of anaesthetist sometimes caused delay in starting with procedures like biopsy, which also impacted the following appointments adversely.
- Sometimes attendant's absence on the scene (when he went for departmental work elsewhere like patient transfer, photocopies, transporting histopath samples) delayed the transfer of the patient from the machine, increasing the occupancy time of the machine.
- RT planning takes more time than its allotted time slot thus disturbing the further schedule.
- Waiting for patients' creatinine and blood sugar reports prolonged waiting time.

Table: 1 – Causes responsible for patient delay

Factors causing delay	Number of Patients
Departmental	85
Patient	51
No delay	15
Total	151

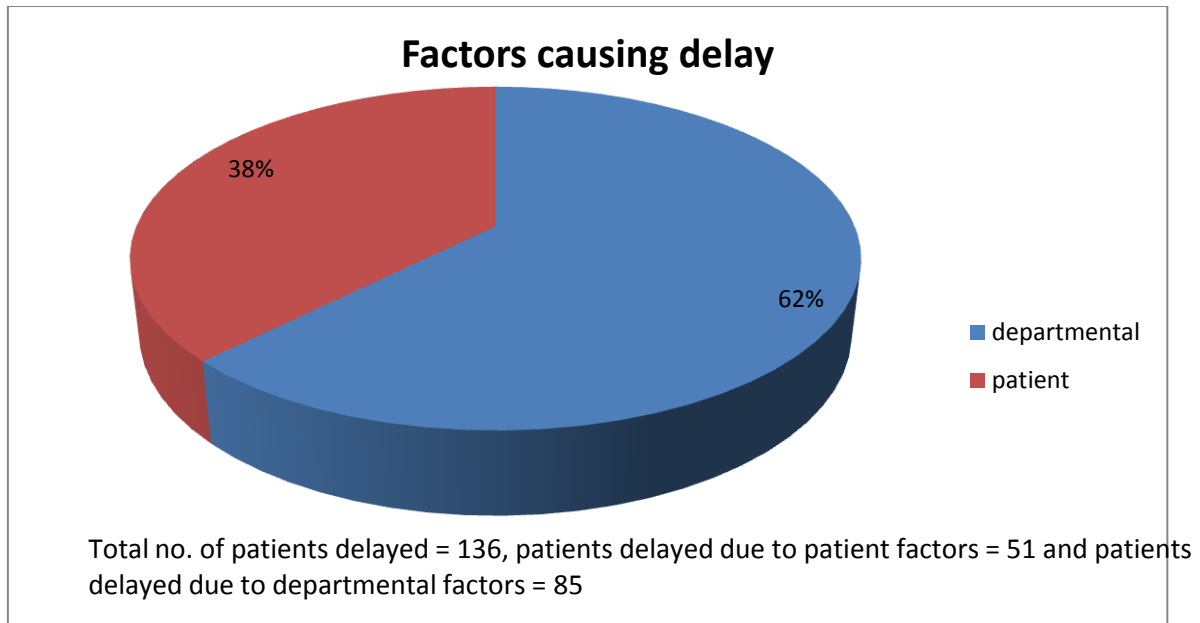


Figure: 2

Of total 151 patients, 15(10%) patients were taken as per scheduled time. 85 (56%) patients got delayed due to departmental factors and 51(34%) due to patient factors.

TIME SLOTS AND PATIENT WAITING

Over the data collection period, it was observed that for every hourly slot, average delay time over 20days was as follows-

Table: 2 – Delay for OPD patients according to time slots

Hourly time slots	Average Delay for OPD patients (in mins)
08:00 -9:00	43.82
09:00 -10:00	59.14
10:00 -11:00	61.47
11:00 -12:00	38.68
12:00 -13:00	37.07
13:00 -14:00	29.83
14:00 -15:00	42.18
15:00 -16:00	35.67
16:00 -17:00	20.29
17:00 -18:00	43.50
Average	44.25

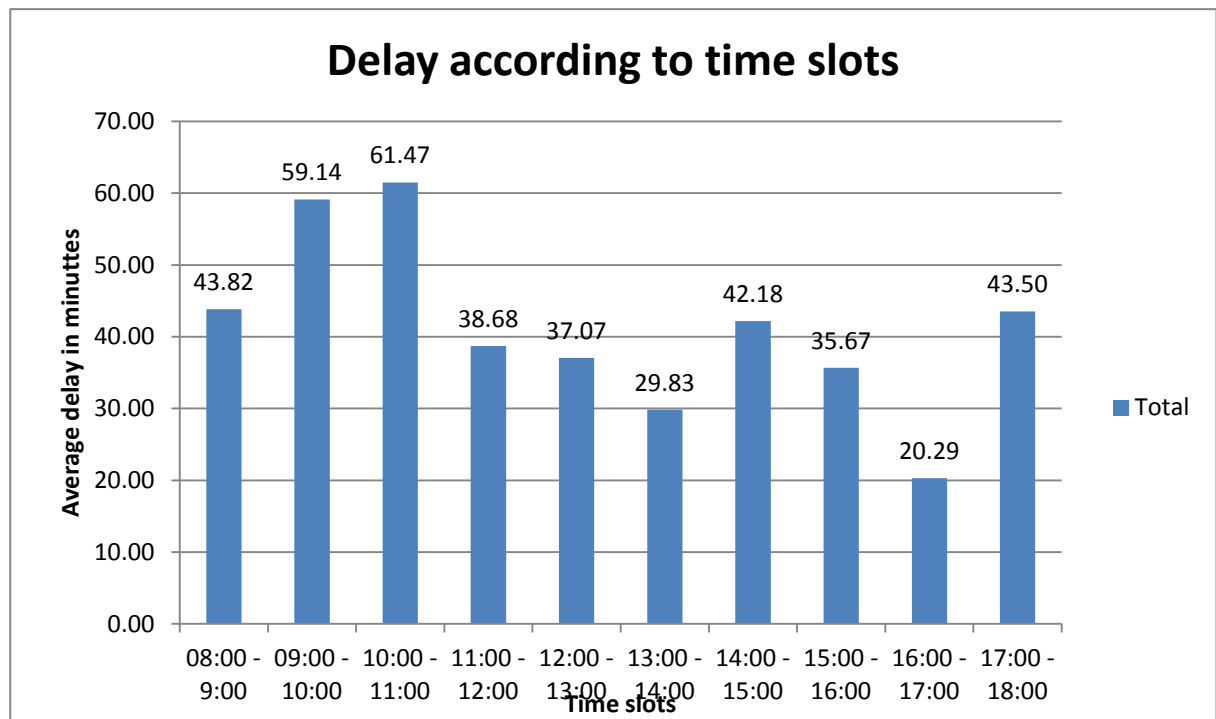


Figure: 3

- From the study, it was observed that the average delay in the time slot of 8a.m - 9a.m is significant. Also it was observed that delay in 9a.m -10a.m and 10a.m -11a.m shoots up, which may be due to the overall effect of delays at the start of the day and constant inflow of the scheduled patients. Also in the morning there is a separate slot for indoor patients from 9:00 am to 9:40 am. They get priority as consultant wants to plan the treatment accordingly.
- Slot of 11:00 – 13:00 act as balancing slots as the schedule tends to settle down. The time slot of 13:00 to 14:00 is allotted as biopsy slot so more or less biopsy patients are taken in. The procedure might be delayed at times due to anesthetist delay or depending on case the time taken for the procedure or due to delay caused due to previous delays.
- The time slot of 14:00 -15:00 shows a marked increase in the patient load due to the accumulated delay of unattended patient in the morning caused due to biopsy slot in between. Also the time slot is allotted for indoor patient, which leads to delay in outdoor patients.

- The time slot of 16:00 to 17:00 acts as a breathing space and patient load decreases, but then again we can see number of patients for 17:00 to 18:00 time slot being delayed due to various factors.

REASONS FOR DELAY IN VARIOUS TIME SLOTS

After learning about average delay for scans in particular hourly slot over 20 days period, reasons/factors causing delay were investigated. And cases in the slot were grouped mainly into three categories –

- Cases delayed due to patient factors (as explained earlier)
- Cases delayed due to departmental factors (as explained earlier)
- Cases with no delay

[..\Downloads\PATIENT WAITNG TIME ct.xls](#)

Figure: 4(refer annexures)

This graph shows that in the morning slot of 8:00 - 9:00, around 40% of the cases were delayed due to patient factors and 40% due to departmental factors, consequently disturbing the later schedule.

It can be said from the graph that in the slot 9:00 -10:00, around 54% patients got delayed due to patient factors while 45% waited due to departmental reasons suggesting that majority patients arrived late than their scheduled time. And the departmental factors can be accounted to attending cumulative patient load of previous slots which causes a delay in 80% of the cases.

Similarly it is observed that during 10:00 -11:00 and 11:00 -12:00, the major cause of delay was due to departmental factors as the indoor patients' scans need to be done in addition to the accumulated load of the morning patients.

We can also observe relatively less number of patient waiting in the 12:00- 13:00 and 13:00-14:00 as the slot is reserved for RT planning and biopsies.

However, the rise in delay again after 14:00 can be as a result of distribution of the accumulated load over these hours.

DAY-WISE ANALYSIS OF NO. OF OPD SCANS

From April 13, 2012 to May 2, 2012, days over which data was collected, a day wise analysis was done so as to decipher any trend in the patient load over the week. The data was as follows-

Table: 3 -

DATE	DAY	NO. OF OPD CASES
4/13/2012	Friday	34
4/14/2012	Saturday	47
4/15/2012	Sunday	2
4/16/2012	Monday	36
4/17/2012	Tuesday	41
4/18/2012	Wednesday	28
4/19/2012	Thursday	33
4/20/2012	Friday	29
4/21/2012	Saturday	43
4/22/2012	Sunday	3
4/23/2012	Monday	31
4/24/2012	Tuesday	35
4/25/2012	Wednesday	49

4/26/2012	Thursday	29
4/27/2012	Friday	36
4/28/2012	Saturday	29
4/29/2012	Sunday	1
4/30/2012	Monday	31
5/1/2012	Tuesday	2
5/2/2012	Wednesday	48

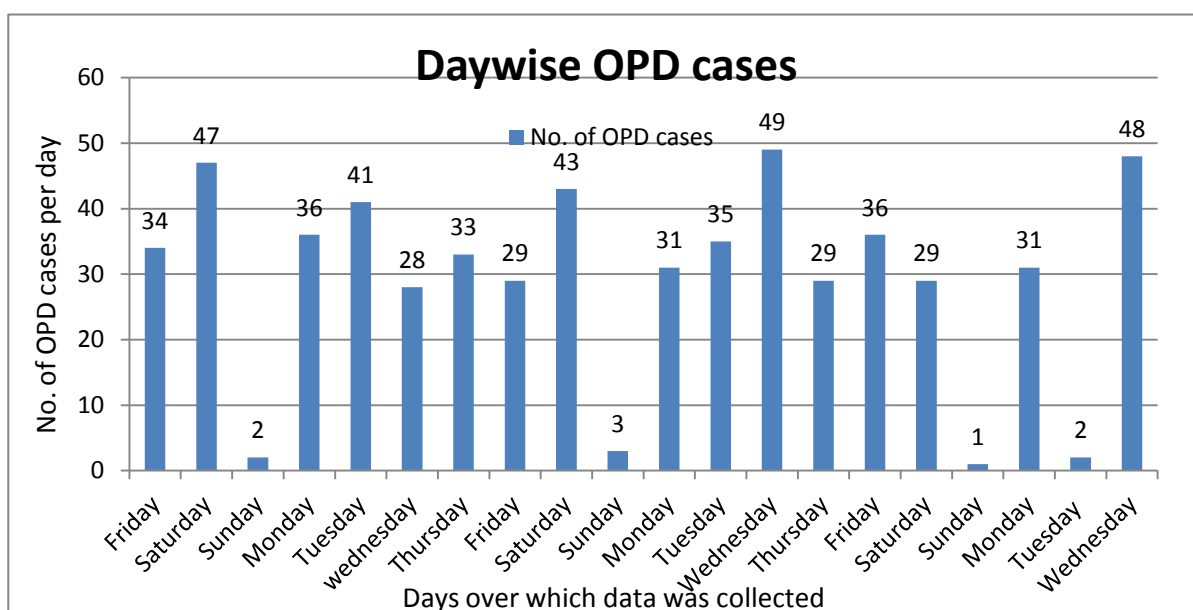


Figure: 5

The graph shows that number of OPD patients over the week varies on an average from 30 to 45, however it confirms the fact that there is a relative increase in patient inflow on a day before and after holiday like Saturday and Monday. On account of state holiday like May 1(Maharashtra Day) Tuesday, the patient inflow drastically increased on Monday and Wednesday.

RECOMMENDATIONS

- A technician could be asked to sit outside near nursing station to attend and explain the process (also do the assigned work like consent), which will not interrupt processes inside the console room.
- Analysis shows that delay in morning 8a.m -10a.m slots adds to delay over the day as well as accumulation of unattended patients in the following slots, therefore patients should be asked to report 1and half hour prior instead of one hour, so that patient's coming late to the department by half an hour is nullified and does not disturb the day's schedule.
- Time slot for RT planning should be increased to at least 30 minutes from 20 minutes as the procedure takes around 40 minutes or sometimes even more.
- Patients should be communicated the importance of coming an hour prior to the appointment time and punctuality should be stressed upon.
- Printing of films if possible should be done in the console room itself, which will help save time and could be done in minutes according to staff's convenience without the need to go to a separate room.
- The appointments should be scheduled according to the nature of the scan as patients requiring CT scan abdo-pelvis need to drink contrast and take more time so not all of them should be placed in one slot but evenly distributed throughout the day.
- The patient having plain study should be appointed just before the time slot of biopsy as plain study would act as a buffer so as to balance previous delays and thus reduce the average waiting time for patient.

CONCLUSION

After a thorough analysis of the collected data, it can be reasonably inferred that long waiting time for CT patients is annoying and causes inconvenience to both patient and the department. The delay if, minimized in the early morning hours, that can significantly reduce waiting time of patients. This will help the department to function with optimum efficiency and provide quality care to patients.

A Study on process flow in ADMISSION AND BILLING in S1

During two day visit to the department, the task was to know the process of admissions, discharges and transfers in S1 building and also the billing procedure carried out at the counter and simultaneously to bring to light issues faced by the staff since 51 beds have been put in S1(Latita Girdhar) building for in-patient services.

The reception counter for S1 is located at the extreme left of the ground floor. It has three windows-

1- **Transport coordinator** (who arranges and manages transport for admissions , patient flow for investigations, transfers from and to the west block and discharges)

2- **Billing counter** for inpatients and OPD vouchers through call center

3- **Lab counter**(samples are brought and sent to lab for investigations)

The work at hand was to observe the transport management and billing activities.

Admission procedures were completed in the west block even for patients admitted in S1(Lalita Girdhar), but discharge processes occurred in S1.

Process Flow-

Transport Coordination-

The process is as follows-

- Respective department calls up at the S1 reception for the inpatient mentioning floor, bed no. and investigations to be done.
- At the S1 reception a list of all inpatients in S1 is kept with all the details, and as and when the patient is called to the OPD or west block , nurse on the respective floor is informed to keep the patient ready, ward boy goes and gets the patient down(as beds are on 1,2, 12 and 13th floor)
- Transport coordinator arranges for transport for the patient.
- He also makes a record of which patient was sent , at what time , for which procedure and when was he/she brought back.

- Patients are taken to the west block by ambulance/transport arranged.
- At a time around three patients are taken (one on stretcher, around 2 ambulatory)
- There are three ambulances, with 3 drivers.
- On completion of procedures/ investigations, nurse informs at S1 reception that the patient is ready to be brought back and all the procedures are done.
- Driver at the west block is informed the details of the patient to be brought back, so that he goes and escorts the patient safely to the ambulance.
- If during this time, other department also informs about patient procedure completion , same driver is asked to get the second patient also.
- Thus the transport arrangement and coordination is done.
- Sometimes, the ambulance is called for emergency, in such cases, alternate vehicle (tavera) is provided to the department.

Billing procedure-

Bill is settled by patient during discharge. The patient is asked for a deposit depending on patient condition before admission (admission formalities are done in the west block). Patients are called for admissions on first come first serve basis owing to near 100 percent occupancy and a long patient waiting list.

If the cost of investigations and stay exceeds the deposit paid during admission, it is charged for before the discharge and all dues are settled.

Form of patient to be discharged is brought down by the sister and handed over to the billing counter, the receptionist audits and tallies for all the procedures and investigations done and accounts for the same . At the end the net amount to be paid or refunded is displayed and patient relative is asked to settle the same. Once the bill is settled, all formalities are done and patient is discharged. Patient is provided with a bill summary, a break up bill with details of all the payments made for different purposes and a settlement voucher. Three copies of bill are made, one patient copy, one accounts copy(kept in folder), one customer copy sent to accounts dept.

OUT PATIENT BILLING- Vouchers for OPD patients are also prepared at the counter. Homecare sisters and technicians from the call centre, who collect samples and provide home care, get their bills and payment to the counter , where entry for each of these sample collection or care is made and a voucher is generated , one copy of which is kept in the dept. and other is given to the respective technician to hand over to the patient.

A record of all these under the technician's /sister's name with the amount is also kept manually , that helps in on the spot cash tallying and accounting.

Staff-

1 transport coordinator

2 receptionists for billing (two shifts)

STUDY- Data for all the patients transported to west block for procedures /investigations and those taking transfer into west block for May 11 and 12, 2012 was recorded.Data recorded was-

- Time when patient was sent to west block
- For what investigations / procedures was patient sent
- Which of the investigation/ procedures were completed
- Time when the patient was brought back to S1

The billing procedure was also observed.

OBSERVATIONS-

TRANSPORTATION OF PATIENTS-

- Delay in transportation occurred due to unavailability of ambulance.

- Delay also occurred if ambulance had to wait for additional patient to be brought down as patient was not kept ready, other already waiting patients would get annoyed.
- When the ambulance was on call, it led to inconvenience as stretcher patients could not be transported.
- It was observed that during these two days maximum calls were during morning up till 12:00
- Sometimes coordination between the west block nurse and S1 was missing leading to delay in transfer to west block bed.
- Also it was tried best from the department's side to get all the scheduled investigations of a patient during one visit only and thus reduce the inconvenience.
- When transport coordinator himself escorted patients(critical) to the west , receptionist at the billing counter would record for calls and inform drivers about patients to be brought back, interrupting the billing procedure.

BILLING PROCEDURE-

- Patients were many a times not updated about activities pending (pharmacy indents, returns) which caused delay in discharge, and bred dissatisfaction.
- Simultaneously handling transport disturbed and could possibly be a reason for patient delay in discharge.
- The flow of paper through the printer was not smooth and broke quite a few times, leading to paper and time wastage and reprinting of bill.
- Credit card swiping machine was out of order.

RECOMMENDATIONS-

- Nurses of the west block and S1 should coordinate during patient transfer.
- Patient should be well informed and communicated well of the causes of delay in discharge process.
- Patient should be kept ready to be taken.
- Patients likely to be discharged should be informed a day prior so that discharge slips should be prepared already , or these should be prepared for all patients without

putting dates ,which can be put on the discharge day , lessening the busy day's burden.

- Machines should be immediately repaired for dysfunctions.

Transport coordinator should be provided with a cordless phone so that, calls from departments do not interrupt and disturb billing and discharge procedures and transport is handled singlehandedly.

ADDITIONAL LEARNINGS

- Overall understanding of hospital departments, interdepartmental relations, support services, utility services and their importance in delivering quality healthcare.
- Importance of a robust engineering department and health IT.
- Practical situations faced by managers.
- Behavior and practices of different people and their effect on work environment.
- Patient satisfaction and quality delivered by the hospital staff is turn dependant on employee satisfaction and engagement.

Report on

Employee Satisfaction Survey (June 2012)

At P. D. Hinduja National Hospital and Research Center

INTRODUCTION-

A strong relationship exists between employee satisfaction and patients' perceptions of the quality of their care, measured in terms of their intent to return and to recommend the hospital to others. Employee dissatisfaction can negatively affect quality of care and have an adverse effect on patient loyalty and, thus hospital profitability. Therefore, health care marketers should regularly measure employee satisfaction as one way to monitor service quality. Health care marketers must work more closely with their human-resource departments to understand and influence employees' work environment and maintain a high level of job satisfaction. Marketers also should place an increased emphasis on both employee and patient perceptions of satisfaction when developing internal and external strategic marketing plans and formulating future research.

Hence the need to measure and document employee satisfaction of the employees in the organization.

OBJECTIVE OF THE STUDY

- To know how the employees view the workplace, pay, benefits and their supervision
- To reduce the barriers between communication.
- To recognize the need of employees for providing training program.

METHODOLOGY

- Study Period:-Ten days (22nd May to 1st June 2012)
- Sample Size: Systematic random sampling (15% of total employees) and then employees of each grade to be covered in each department was computed as follows-

Grades of Employee	Total no employee	Total Departments	15%of Total	No. of people to be covered in each department
MS-C	318	23	48	3
D-H	593	42	89	3
IJKL	283	48	43	1
N1-N8	585	0	88	88 in total
JMS	199	0	30	30 in total
M+	122	39	19	1

- Tools used : Questionnaire(VOICE- 2012)
- Designing of the questionnaire: Previous year's questionnaire was provided by the HR department and the work at hand was to modify the questionnaire as per requirements. Questionnaire was based on drivers namely perception of an employee about the overall impression of the hospital, job, supervisor, coworkers, relationship with manager, recognition and rewards, compensation and benefits and work environment.
- Technique: Questionnaire was self administered. It was handed over to the employees and collected at the end of the day.
- Data Source: - Primary data.

ANALYSIS AND FINDINGS:

After the grade wise sampling, forms were collected according to different grades of employees. The forms were then thoroughly analyzed and evaluated.

The total number of forms collected were 365 comprising 48 of A-C grades , 95 of D-H, 72 OF I-L, 74 OF N1 TO N8, 30 JMS, 22M+ and 24 of these were unknown of which 19 were of unknown grade and 5 of unknown grade and department.

GRADE	TOTAL NO. OF EMPLOYEES	15% OF TOTAL	TARGET	UNKNOWN	RECEIVED
A-C	314	47	47	-	48
D-H	600	90	90	-	95
I,J,K,L	286	43	43	-	72
N1-N8	568	85	85	-	74
JMS	199	30	30	-	30
M+	127	19	19	-	22
UNKNOWN	-	-	-	24	24
TOTAL	2094	314	314	-	365

UNKNOWN GRADE = 19

UNKNOWN GRADE AND DEPARTMENT = 5

For carrying out grade wise analysis of the questionnaire VOICE 2012, averages for each category of the questions for respective grades were calculated. The questions were scored on Likerts scale ranging from 1to 5 wherein 1 was for strongly agree, 2 for agree, 3 for undecided, 4 for disagree and 5 for strongly disagree. The results were as follows:

A - C		D – H	
Overall Hospital Impression	1.4	Overall Hospital Impression	1.84
My Job	1.64	Career Development	2.05
Supervisor	1.65	Co-worker/Teamwork	2.09
Co-worker/Teamwork	1.67	My Job	2.19
Relationship with managers	1.75	Supervisor	2.27
Career Development	1.76	Work Environment	2.29
Recognition and Rewards	1.78	Relationship with managers	2.33
Compensation and Benefits	1.89	Recognition and Rewards	2.45
Work Environment	2.02	Compensation and Benfits	2.5

I,J,K,L		JMS	
Overall Hospital Impression	1.69	Overall Hospital Impression	1.78
Career Development	1.94	Co-worker/Teamwork	1.84
Supervisor	1.96	Career Development	1.92
Co-worker/Teamwork	2	Recognition and Rewords	2.17
My Job	2.01	My Job	2.15
Relationship with managers	2.04	Relationship with managers	2.22
Recognition and Rewards	2.11	Supervisor	2.29
Work Environment	2.26	Work Environment	2.29
Compensation and Benefits	2.28	Compensation and Benefits	2.45

ALL NURSING		M+	
Career Development	1.752	Overall Hospital Impression	1.844
Overall Hospital impression	1.755	My job	1.94
Co-worker/teamwork	2.05	Supervisor	2.04
Work Environment	2.22	Co-worker/Teamwork	2.07
My Job	2.3	Recognition and Rewards	2.09
Supervisor	2.32	Relationship with managers	2.12
Recognition and Rewards	2.38	Compensation and Benefits	2.31
Relationship with managers	2.45	Career development	2.32
Compensation and Benefits	2.77	Work environment	2.56

The forms were also analyzed based on categories of questions such as my job , work environment, co workers/ team work , recognition and rewards, supervisor, relationship with manager, career development and overall hospital impression. Nested questions of each of these categories were analysed to assess the total agree percentage that corresponds to satisfaction levels.

DIMENSIONS	QUESTIONS	No of forms	Agree (<3)	Disagree (>3)	Agree %
MY JOB	My job at Hinduja hospital provides me an opportunity to be innovative	331	299	32	90.33
	My work load and work responsibilities are reasonable	313	255	58	81.46
	I feel secure in my job and feel a sense of ownership towards it	321	279	42	86.91

	Overall I am satisfied with my job at Hinduja hospital	310	269	41	86.77
WORK ENVIRONMENT	Hospital provides sufficient resources that I need, to do my job well	324	285	39	87.96
	Physical conditions(cleanliness, hygiene, light, heat, space, safety) in my work area are good.	352	324	28	92.04
	I feel there is lot of politics in the hospital	264	169	95	64.01
	I am satisfied with the recreational facilities provided by the hospital	278	201	77	72.30
CO- WORKERS/TEAMWORK	I am satisfied with the professionalism of the people with whom I work	318	288	30	90.56
	My division encourages me to co-ordinate with different departments.	325	292	33	89.84
	There is good communication among my team	337	313	24	92.87

	members				
	There is a spirit of teamwork at Hinduja hospital	341	311	30	91.20
	I feel valued at Hinduja Hospital	317	286	31	90.22
RECOGNITION AND REWARDS	If I do good work I can count on being promoted	285	235	50	82.45
	The performance appraisal system of hospital is fair.	270	206	64	76.29
	I receive recognition from my boss when I do a good job	319	263	56	82.44
SUPERVISOR	My supervisor keeps me informed about what's going on in the hospital	322	283	39	87.88
	My supervisor asks for my ideas and suggestions for improvement	310	260	50	83.87
	It is easy to talk to my supervisor about the things that go wrong in my job	311	277	34	89.06
	My supervisor encourages me to find	313	275	38	87.85

	better ways to do things				
	I receive useful and constructive feedback from my superior	311	263	48	84.56
COMPENSATION AND BENEFITS	Hospital provides sufficient health benefits and packages	333	305	28	91.59
	Retirement and compensation benefits are good at Hinduja hospital	232	171	133	73.70
	My salary is fair for my responsibilities	281	133	148	47.33
	I am satisfied with the leave policy of the hospital	316	262	54	82.91
RELATIONSHIP WITH MANAGERS	Management at Hinduja hospital promotes high quality patient care	346	327	19	94.50
	Communication from management is efficient and frequent	307	275	32	89.57
	Management at Hinduja hospital responds promptly to the problem areas	298	258	40	86.57
	Management treats all	278	216	62	77.69

	its employees fairly				
	I have freedom to put my opinions freely without any fear	289	220	69	76.12
CAREER DEVELOPMENT	I receive adequate trainings in hospital as per my job	321	301	20	93.76
	Being part of Hinduja hospital, I have opportunities to learn and grow	337	316	21	93.76
OVERALL HOSPITAL IMPRESSION	The hospital emphasizes on the importance of patient care	348	341	7	97.98
	Hospital is conscious about the impact of its processes on the environment	341	334	7	97.94
OVERALL HOSPITAL IMPRESSION	The hospital policies are fair, transparent and employee friendly	302	279	23	92.38
	I would recommend health services provided here to friends and relatives	328	311	17	94.81
	I would recommend	329	310	19	94.22

	my hospital as a good place to work.				
	I am proud to work for Hinduja Hospital	336	328	8	97.61
	I feel satisfied with the brand image of Hinduja hospital	348	334	14	95.97

It was observed that overall hospital impression, which includes emphasis on importance of patient care, consciousness about impact of processes on environment, brand image of hospital and recommendation of hospital as a good place to work, was one of the major satisfying factors.

The major cause of dissatisfaction emerged as salary which was rated to be unfair compared to responsibilities. The recreational facilities, performance appraisal and retirement and compensation benefits were areas of concern.

AREAS OF IMPROVEMENT

Following are the points for which responses suggest the dissatisfaction of the employees, areas where improvement is required:-

- I feel there is lot of politics in the hospital.
- My salary is fair for my responsibilities.
- Retirement and compensation benefits are good at HINDUJA HOSPITAL.
- I receive recognition from my boss when i do a good job.
- Managements treat all employees fairly.
- The performance appraisal system of hospital is fair.
- I have freedom to put my opinion freely without any fear.
- I am satisfied with recreational facilities provided by the hospital.
- My workload and responsibilities are reasonable.
- Increase the manpower to reduce the workload.
- My supervisor asks for my ideas and suggestions for improvements.

RECOMMENDATIONS:

- Build healthy relations at work place although, Hinduja is a living example of a brilliant good work culture, still more efforts can be made towards building healthier relations at work.
- Satisfactory salary structure: as most employees were not happy with the salary they are getting.
- Design good retirement and compensation policies for an employee: this is one feature which makes an employee work with a peace of mind although.
- Promotion policy should be fair enough.
- All the employees should be equally treated.
- Employees should be appraised for their performance system.
- Employees should be asked for their opinion: there are some examples wherein employees from grade A to C have given solutions and fruitful ideas which when implemented gave outstanding results.
- Provide recreational facilities to the staff.
- My workload and work responsibilities are reasonable. Involve employees in decision making.
- Increase the manpower to reduce the workload.

CONCLUSION-

Although the culture in Hinduja is well known for its warmth, some of the issues that surfaced, if dealt with can provide an idealistic and conducive environment for employees growth and assured stay with the organization for long. Also, it would increase their commitment and motivation towards work and hence deliver dedicated patient care, which will help the hospital excel and reach new heights in delivering patient care.

**पी.डी. हिन्दूजा नॅशनल हॉस्पिटल
आणि मेडिकल रीसर्च सेंटर
वीर सावरकर मार्ग, माहीम, मुंबई - ४०००१६**

आवाज ... मे २०१२

प्रिय कर्मचार्यांनो,

आम्ही, या हॉस्पिटलमध्ये कामगार किती संतुष्ट आहेत हे जाणण्यासाठी एक सर्वेक्षण करित आहोत. या सर्वेक्षणाचा उद्देश हे हॉस्पिटलहि कामासाठी अधिक चांगली जागा असावी आणि त्याच बरोबर कामगारही समाधानी असावा हा आहे. आम्ही आपणास खात्री देतो की आपली प्रतिक्रिया गुप्त राहिल. कृपया कुठेही या पत्रकावर आपले नाव लिहू नये.

खात्याचे नाव :	ग्रेड :
वय :	लिंग
दर्जाचे प्रमाण : आपले मत खालील प्रमाणे नोंदवा. ()	
संपूर्ण सहमती : १	सहमत : २
अनिर्णीत : ३	असहमत : ४
संपूर्ण असहमत : ५	
१. माझे काम	१ २ ३ ४ ५
१.१ हिन्दुजा हॉस्पिटलतील माझे काम काही नवा बदल घडवून आणण्यासाठी संधी देते.	
१.२ माझ्याकरील कामाचा ताण आणि जबाबदारी योग्य प्रमाणात आहे.	
१.३ माझ्या कामात मला सुरक्षितता वाटत आणि त्या बदल आपलेपणाची जाणिवही वाटते.	
१.४ एकंदरीत हिन्दुजा हॉस्पिटल मधील कामाबाबत मी समाधानी आहे.	
२. कामाचा परिसर	१ २ ३ ४ ५
२.१ माझे काम उत्तम होण्यासाठी लागणाऱ्या गोष्टी हॉस्पिटल मला पुरेशा प्रमाणात देते.	
२.२ भौतिक स्थिती (स्वच्छता, आरोग्य, उजेड, जागा, सुरक्षा) माझ्या कार्यक्षेत्रात चांगली आहे.	
२.३ मला असे वाटते की हॉस्पिटलत बरेच राजकरण आहे.	
२.४ मनोरंजनासाठी ज्या सुखसोई हॉस्पिटलने दिल्या आहेत त्याबद्दल मी समाधानी आहे.	
३. सहकारी / सुसंघटित काम	१ २ ३ ४ ५
३.१ मला ज्या व्यक्तीबरोबर काम करावे लागते त्यांच्या कामाच्या गुणविशेषांसंबंधी मी समाधानी आहे.	
३.२ माझा विभाग दुसऱ्या खात्यांबरोबर सहकार्य करण्यासाठी, मला प्रोत्साहीत करतो.	
३.३ माझ्या सहकाऱ्यांमध्ये चांगला सुसंवाद साधला जातो.	
३.४ हिन्दुजा हॉस्पिटलमध्ये सांघीक कामाचा जोश आहे.	

४. प्रोत्साहन आणि बक्षिस	१	२	३	४	५
४.१ हिन्दुजा हॉस्पिटल मध्ये मलाही महत्व आहे असे मला वाटते.					
४.२ मी जर चांगले काम केले तर मला बढती मिळू शकेल असे वाटते.					
४.३ हॉस्पिटलची कामाच्या मुल्यांकनाची पद्धत योग्य आहे.					
४.४ मी जेव्हा चांगल काम करतो तेव्हा माझे अधिकारी माझी दखल घेतात.					
५. पर्यवेक्षक	१	२	३	४	५
५.१ माझे पर्यवेक्षक हॉस्पिटलमधील घडामोडीची माहिती देत असतात.					
५.२ माझे पर्यवेक्षक अधिक सुधारणा करण्यासाठी माझ्या कल्पना आणि मत विचारतात.					
५.३ माझ्या कामात काही चूक जाणवल्यास त्यांबंधी पर्यवेक्षकाशी चर्चा करणे सोपे आहे					
५.४ माझे पर्यवेक्षक काम अधिक चांगले होण्याचा मार्ग शोधण्यास प्रोत्साहित करतात					
५.५ मला वरीष्ठांकडून उपयुक्त आणि विधायक माहिती मिळते					
६. भरपाई आणि फायदे	१	२	३	४	५
६.१ हॉस्पिटल आरोग्यासाठी पुरेशा सोयी सुविधांची व्यवस्था करते					
६.२ नुकसान भरपाई आणि निवृत्तीनंतरचे फायदे हिन्दुजा हॉस्पिटलमध्ये चांगले आहेत.					
६.३ माझे वेतन माझ्या जबाबदारीच्या प्रमाणात योग्य आहे					
६.४ रजेच्या संबंधी हॉस्पिटलच्या धोरणाबाबत मी समाधानी आहे					
७. व्यवस्थापकांबरोबरचे संबंध	१	२	३	४	५
७.१ रूग्णांच्या उत्तम काळजीसाठी हिन्दुजा हॉस्पिटल व्यवस्थापन प्रोत्साहित करते					
७.२ व्यवस्थापनाकडून संपर्क कार्यक्षम आणि सततचा असतो					
७.३ असुविधाजनक परिस्थिती उद्भवल्यास हॉस्पिटल व्यवस्थापन तातडीने लक्ष घालते					
७.४ व्यवस्थापन त्यांच्या सर्व कामगारांना न्याय्य रीतीने वागवते.					
७.५ मला माझी मते स्पष्टपणे, निर्भयपणे मांडण्याचे स्वातंत्र्य आहे					
८. व्यवसायातील प्रगती	१	२	३	४	५
८.१ माझ्या व्यवसायाप्रमाणे मला हॉस्पिटल मध्ये पुरेसे शिक्षण मिळते					
८.२ हिन्दुजा हॉस्पिटलचा एक सदस्य असल्यामुळे मला शिकण्याच्या आणि पुढे जाण्याच्या संधी आहेत.					

४. प्रोत्साहन आणि बक्षिस	१	२	३	४	५
४.१ हिन्दुजा हॉस्पिटल मध्ये मलाही महत्व आहे असे मला वाटते.					
४.२ मी जर चांगले काम केले तर मला बढती मिळू शकेल असे वाटते.					
४.३ हॉस्पिटलची कामाच्या मुल्यांकनाची पद्धत योग्य आहे.					
४.४ मी जेव्हा चांगल काम करतो तेव्हा माझे अधिकारी माझी दखल घेतात.					
५. पर्यवेक्षक	१	२	३	४	५
५.१ माझे पर्यवेक्षक हॉस्पिटलमधील घडामोडीची माहिती देत असतात.					
५.२ माझे पर्यवेक्षक अधिक सुधारणा करण्यासाठी माझ्या कल्पना आणि मत विचारतात.					
५.३ माझ्या कामात काही चूक जाणवल्यास त्यांबंधी पर्यवेक्षकाशी चर्चा करणे सोपे आहे					
५.४ माझे पर्यवेक्षक काम अधिक चांगले होण्याचा मार्ग शोधण्यास प्रोत्साहित करतात					
५.५ मला वरीष्ठांकडून उपयुक्त आणि विधायक माहिती मिळते					
६. भरपाई आणि फायदे	१	२	३	४	५
६.१ हॉस्पिटल आरोग्यासाठी पुरेशा सोयी सुविधांची व्यवस्था करते					
६.२ नुकसान भरपाई आणि निवृत्तीनंतरचे फायदे हिन्दुजा हॉस्पिटलमध्ये चांगले आहेत.					
६.३ माझे वेतन माझ्या जबाबदारीच्या प्रमाणात योग्य आहे					
६.४ रजेच्या संबंधी हॉस्पिटलच्या धोरणाबाबत मी समाधानी आहे					
७. व्यवस्थापकांबरोबरचे संबंध	१	२	३	४	५
७.१ रूग्णांच्या उत्तम काळजीसाठी हिन्दुजा हॉस्पिटल व्यवस्थापन प्रोत्साहित करते					
७.२ व्यवस्थापनाकडून संपर्क कार्यक्षम आणि सततचा असतो					
७.३ असुविधाजनक परिस्थिती उद्भवल्यास हॉस्पिटल व्यवस्थापन तातडीने लक्ष घालते					
७.४ व्यवस्थापन त्यांच्या सर्व कामगारांना न्याय्य रीतीने वागवते.					
७.५ मला माझी मते स्पष्टपणे, निर्भयपणे मांडण्याचे स्वातंत्र्य आहे					
८. व्यवसायातील प्रगती	१	२	३	४	५
८.१ माझ्या व्यवसायाप्रमाणे मला हॉस्पिटल मध्ये पुरेसे शिक्षण मिळते					
८.२ हिन्दुजा हॉस्पिटलचा एक सदस्य असल्यामुळे मला शिकण्याच्या आणि पुढे जाण्याच्या संधी आहेत.					

९.१ रूग्णांच्या काळजी घेण्याचे महत्त्व यावर हॉस्पिटल भर देते.						
९.२ हॉस्पिटल त्याच्या कार्याने पर्यावरणावर होणाऱ्या परिणामाबद्दल जागरूक आहे.						
९.३ हॉस्पिटलची धोरणे योग्य, पारदर्शक आणि कामगारांसंबंधी मित्रत्वाची आहेत.						
९.४ मी इथे दिली जाणारी स्वास्थ्य सेवा यांची शिफारस मित्रांना व नातेवाईकांना करेन						
९.५ माझे हॉस्पिटल काम करण्यासाठी उत्तम ठिकाण आहे अशी मी शिफारस करेन.						
९.६ मी हिंदुजा हॉस्पिटलसाठी काम करतो याचा मला गर्व आहे.						
९.७ हिंदुजा हॉस्पिटलच्या व्यावसायिक प्रतिमेचे मला समाधान आहे.						

१०. सर्वसामान्य प्रश्न

१०.१ आपण किती वर्षे इथे काम करता
१०.२ कोठल्या प्रेरणेने आपण रोज सकाळी कामावर येता ?
१०.३ या हॉस्पिटलसाठी काम करण्यात उत्तम गोष्टी कोणती आहे ?
१०.४ या हॉस्पिटलमध्ये किती वर्षे काम करण्याची आपली योजना आहे ?
१०.५ आपले कामाच्या ठिकाणी मित्रत्वाचे संबंध आहेत का ?
१०.६ आपल्याला हॉस्पिटल संबंधी न आवडणारी गोष्ट कोणती ?
१०.७ कामगार म्हणून तुमचे अधिक समाधान होण्यासाठी आपल्या अमुल्य सुचना द्या.

दिनांक :

सही :

आपला अमुल्य वेळ दिल्याबद्दल धन्यवाद !

**P.D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE
VEER VIKAR MARG < MAHIM WEST MUMBAI - 400016**

VOICE... May (2012)

Dear employee,				
We are conducting an Employee satisfaction survey to measure the employee satisfaction level at our hospital. This survey is aimed at providing us an opportunity to make the hospital a better place to work and have satisfied employees. We assure you that your responses will be kept confidential. Please do not write your name anywhere in the form.				
Dept. Name:		Grade:		
Age		Sex		
Rating scale: Please mark () your experience as per the following ratings.				
Strongly agree: 1	Agree: 2	Undecided: 3	Disagree: 4	Strongly disagree: 5
WORKING ENVIRONMENT				
1.1	My job at Hinduja hospital provides me an opportunity to be innovative			
1.2	My work load and work responsibilities are reasonable			
1.3	I feel secure in my job and feel a sense of ownership towards it			
1.4	Overall, I am satisfied with my job at Hinduja hospital			
PHYSICAL ENVIRONMENT				
2.1	Hospital provides sufficient resources that I need, to do my job well			
2.2	Physical conditions (cleanliness, hygiene, light, heat, space, safety) in my work area are good.			
2.3	I feel there is lot of politics in the hospital			
2.4	I am satisfied with the recreational facilities provided by the hospital			

3. TEAMWORK							
3.1	I am satisfied with the professionalism of the people with whom I work						
3.2	My division encourages me to co-ordinate with different departments.						
3.3	There is good communication among my team members						
3.4	There is a spirit of teamwork at Hinduja hospital						
4. RECOGNITION AND REWARDS							
4.1	I feel valued at Hinduja Hospital						
4.2	If I do good work I can count on being promoted						
4.3	The performance appraisal system of hospital is fair.						
4.4	I receive recognition from my boss when I do a good job						
5. SUPERVISION							
5.1	My supervisor keeps me informed about what's going on in the hospital						
5.2	My supervisor asks for my ideas and suggestions for improvement						
5.3	It is easy to talk to my supervisor about the things that go wrong in my job						
5.4	My supervisor encourages me to find better ways to do things						
5.5	I receive useful and constructive feedback from my superior						
6. COMPENSATION AND BENEFITS							
6.1	Hospital provides sufficient health benefits and packages						
6.2	Retirement and compensation benefits are good at Hinduja hospital						
6.3	My salary is fair for my responsibilities						
6.4	I am satisfied with the leave policy of the hospital						
7. RELATIONSHIP WITH MANAGERS							
7.1	Management at Hinduja hospital promotes high quality patient care						
7.2	Communication from management is efficient and frequent						
7.3	Management at Hinduja hospital responds promptly to the problem areas						
7.4	Management treats all its employees fairly						
7.5	I have freedom to put my opinions freely without any fear						

HINDUJA HOSPITAL EMPLOYEE SURVEY					
8.1	I receive adequate trainings in hospital as per my job				
8.2	Being part of Hinduja hospital, I have opportunities to learn and grow				
CENTRAL HOSPITAL EMPLOYEES					
9.1	The hospital emphasizes on the importance of patient care				
9.2	Hospital is conscious about the impact of its processes on the environment				
9.3	The hospital policies are fair, transparent and employee friendly				
9.4	I would recommend health services provided here to friends and relatives				
9.5	I would recommend my hospital as a good place to work.				
9.6	I am proud to work for Hinduja Hospital				
9.7	I feel satisfied with the brand image of Hinduja hospital				
GENERAL EMPLOYEE INFORMATION					
10.1	Since how long you have been working here?				
10.2	What motivates you every morning to come to work ?				
10.3	What is the best thing about working for this hospital?				
10.4	How long do you plan to continue your employment at Hinduja hospital?				
10.5	Do you have friendly relations at workplace?				
10.6	What you do not like about the hospital?				
10.7	Please give your valuable suggestions to increase your satisfaction as an employee?				
	Date :				
	Signature :				
	Thank you for giving your valuable time!				

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