Summer Training at

Medanta – The Medicity, Gurgaon
(April 12 – June 5, 2012)

Best Practices for Ward Maintenance

By
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Under the guidance of
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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. Jyoti Sardana has undergone summer training in Medanta- The Medicity , Gurgaon from 9th April to 2nd June, 2012

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

I wish her success in all future endeavors.

Dr .P. R.Sodani

(Dean Academics and Student Affairs)

Dr.Nirmal Kumar Gurbani

(Associate Dean)

(Pharmaceutical Management)

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THE MEDICITY

Dated: 20th June, 2012

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Jyoti Sardana has submitted the manual for **"Best Practices for Ward Maintenance"** as final report for her two months summer internship at Medanta. As desired, she has prepared the checklists (as attached) and submitted to us as a part of fulfilment of her project.

Akhil Kumar Gawar
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Jyoti Sardana** student of **IHMR, Jaipur** has completed her 2 months internship in the office of **Chief Operating Officer** from **12th April 2012** to **5th June 2012** with **Global Health Private Limited (GHPL), Medanta The Medicity Hospital, Gurgaon (Haryana).**

Very truly yours,

For **Global Health Private Limited**

Arvinder Bagga

Vice President - HR

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ACKNOWLEDGEMENT

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

I convey my heartfelt thanks to Dr. Naresh Trehan, Chairman and Managing Director, Medanta- The Medicity, Gurgaon, Haryana for granting me the opportunity to work with this resourceful organization.

I am thankful to Mr. Pankaj Sahni, COO for being the guiding light which made the project a success. I express my sincere gratitude to Dr. Nalini Kaul, Medical Director for granting me the enviable honor and rare privilege to work at Medanta.

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I am glad to acknowledge Dr. S. D. Gupta, Director, Dr. (Brig) S. K. Puri, Dean, Academic and Students' Affairs and Dr. Nirmal Kumar Gurbani (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 learn administrative tricks and styles, so that I come to know how a hospital caters their patients successfully and how a hospital gives quality treatment to patients

Dr. Jyoti Sardana,
IIHMR
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ABBREVIATIONS

ACLS	Advance Cardiac Life Support Ambulance
AGM	Assistant General Manager
AHU	Air Handling Unit
BLS	Basic Life Support
CCTV	Closed Current Television
CPU	Central Processing Unit
CSSD	Central Sterilization Services Department
COO	Chief Operating Officer
CT	Computed Tomography
CTQ	Critical To Quality
CU	Clean Utility
DU	Dirty Utility
ECG	Electro Cardio Graphy
ELISA	Enzyme-linked immunosorbent assay
EMO	Emergency Medical Officer
F&B	Food and Beverages
GDA	General Duty Assistant
GI	Gastro Intestinal
GSM	General Senior Manager
HK	House Keeping
HIS	Hospital Information System

HOD	Head of Department
HRM	Human Resource Management
ICU	Intensive Care Unit
IPD	In Patient Department
IPS	International Patient Services
IT	Information Technology
LCD	Liquid Crystal Display
MRD	Medical Record Department
NCR	National capital Region
NABH	National Accreditation Board for Hospitals and Health Care Providers
OPD	Out Patient Department
OT	Operation theatre
PET	Positron Emission Tomography
PHP	Preventive health Package
PO	Purchase Order
QC	Quality Check
RMO	Resident Medical Officer
SOP	Standard Operating Procedures
TPA	Third Party Agent
VDRL	Venereal Disease Research Laboratory
VP	Vice President
W/C	Water Closet

LIST OF FLOW CHARTS

LIST OF FIGURES

TABLE OF CONTENTS

ABOUT SUMMER TRAINING

The Post Graduate Diploma in Hospital and Health Management PGDHM of Institute of Health management and Research aims at preparing professionally trained managers of health care organizations and hospitals to meet the increasing need for managerial skills . It involves a seven week summer placement for the first year students to provide them with a firsthand experience of the hospital systemor environment.

As a part of this programme ,I had the privelage to undergo my practical training at Medanta-The Medicity,Gurgaon to get a firsthand knowledge and experience about the functioning of the hospital.I worked all through under the Hospital Administration department from 9th April to 2nd July.

Objective –

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. Work on the specific issue/ project work assigned by the hospital management.

Chapter -1

INTRODUCTION

1.1 Hospital Profile

Medanta – The Medicity, is one of India's largest multi-super specialty institutes located in Gurgaon, a bustling town in the National Capital Region. Founded by eminent cardiac surgeon, Dr. Naresh Trehan, the institution has been envisioned with the aim of bringing to India the highest standards of medical care along with clinical research, education and training. Medanta is governed under the guiding principles of providing medical services to patients with care, compassion, commitment.

Medanta – The Medicity brings together an outstanding pool of doctors, scientists and clinical researchers to foster collaborative, multidisciplinary investigation, inspiring new ideas and discoveries; and translating scientific advances more swiftly into new ways of diagnosing and treating patients and preventing diseases. A one-of-its-kind facility across the world, Medanta through its research integrates modern and traditional forms of medicine to provide accessible and affordable healthcare.

WHAT IS UNIQUE ABOUT MEDICITY?

Medicity aims to functionally integrate within one campus and one management the facilities of medical care, teaching as well as research and development. It also offers to explore the possibility of integrating knowledge of traditional and alternative medicine with modern medicine, through means of scientific research.

Medicity is led by Dr. Naresh Trehan, one of the leading luminaries in the medical world.

Dr Trehan is a recipient of various national and international awards for excellence including highest national awards Padma Shri and Padma Bhushan, in recognition of his distinguished service to the nation. He has also served as personal surgeon to the President of India since 1991 and was formerly President of the International Society for Minimally Invasive Cardiac Surgery (ISMIC). Medicity's team has attracted some of the most distinguished names in medical and non medical fields from all over the world.

INFRASTRUCTURE

Located across 43 acres in the new international business destination of Gurgaon, Medicity will be a 1600-bed institute of world standards with over 45 operating theatres**,** 1260-bedded IPD, with 350 Critical care beds. 24 OTs and 704 bedded IPD are functional as of now.

EDUCATION

Medicity will have a full-fledged medical college, the objective of which will be to produce highly competent general physicians and specialists who are socially sensitive and fully committed to principles of medical ethics. It will also make every attempt to erase the dividing line between clinical and non-clinical areas.

RESEARCH AND DEVELOPMENT

Medicity will have a state-of-the-art research and development centre integrated with the hospital and the teaching establishment. It is planned to be one of the best funded, staffed and managed medical R&D centre in the country. Its Research Advisory Committee will consist of 12 members from amongst the best known names in modern biology, including various areas of medicine.

TRADITIONAL MEDICAL PRACTICES

An important objective of Medicity will be to validate – and integrate with modern medical system – those medical practices in our traditional and complimentary systems of medicine such as Ayurveda, Unani, Siddha and tribal systems that are compatible with science.

SPECIAL INTERNATIONAL SERVICES

Medanta offers personalized services to International patients that include Appointment Scheduling, Treatment Packages, Visa Assistance, and Hotel Reservations, among others, etc.

TELE-MEDICINE CENTRE

Medanta has the state of the art technology and provides continuous access to various primary & secondary health centers in the remotest locations across India. It plans to connect 600 villages across India & provide connectivity to 56 African cities. Services Offered by Tele-medicine:-

- Tele-Consultation
- Tele-Diagnosis
- Expert's Opinion / Specialist's Opinion
- Live Surgeries
- Public Awareness programs
- Case follow-ups (Post-Surgery)
- CME Programs
- Tele-Conferences

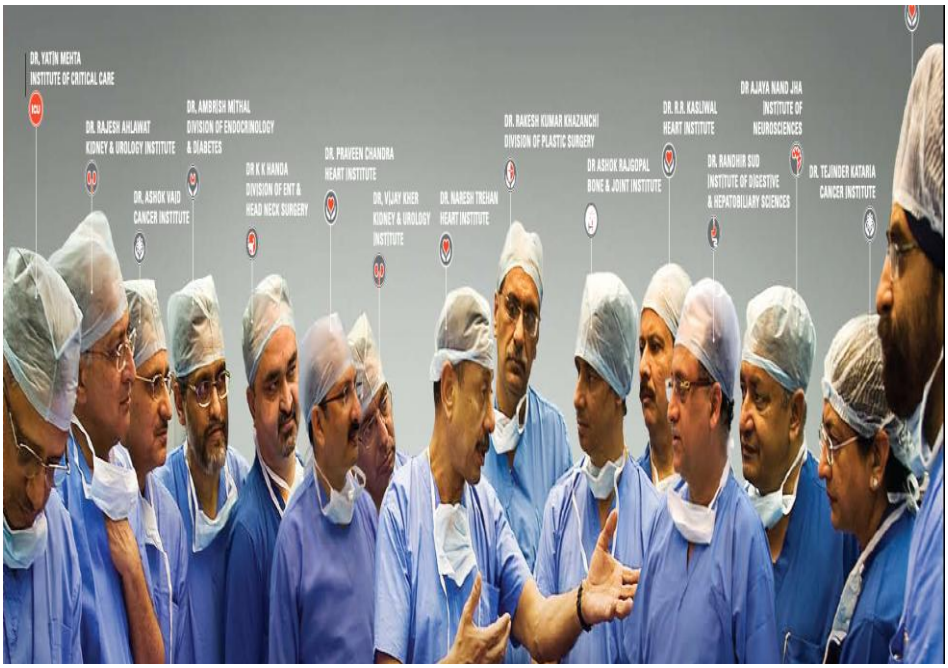
ADMISSION COUNTERS

HI TECH INFRASTRUCTURE

IN PATIENT DEPARTMENT

AMBULANCE OUTSIDE EMERGENCY

MEDANTA- WHERE WORLD'S RENOWNED DOCTORS SERVE



MEDICAL TECHNOLOGY

- 256 Slice CT
- Brain Suite, Intra-Operative Imaging Operating Theater
- Da Vinci Robot for Minimal Invasive Surgery
- Artis- Zeego Endovascular Surgical Cath Lab
- 4 Linear Accelerators (provision for IGRT/ IMRT) (radiation surgery)
- Tomotherapy
- Integrated Brachytherapy Unit with remote controlled HDR
- 3.0 Tesla MRI
- PET CT
- Gamma Camera
- Digital X-Ray, Fluoroscopy, Bone
- Densitometry
- 3D and 4D Ultra Sound
- Digital Mammography

Medanta offers cutting edge technology and state-of-art treatment facilities designed to deliver healthcare at an *affordable cost*.

1.2 Hospital Philosophy

VISION & VALUES

Institute is governed under the guiding principles of providing affordable medical services to patient with care, compassion and commitment.

OBJECTIVES

- To establish integrated tertiary care services incorporating over 20 super specialties of the highest quality.
- To form an integrated approach to achieve this where Pharmaceutical research, Biotechnology research and Health care delivery are conducted seamlessly.
- To incorporate the strengths of Traditional & Modern medicine to create newer therapies.
- To exploit potential of global healthcare by leveraging technology and hospitality services (medical value travel).
- To leverage the strengths for value added service in research and development, etc.
- To provide world class education and training

1.3 Hospital Location

Medanta is strategically located in NCR, 8 minutes from the international airport. Seamless integration of various super specialties is evident (1500 beds, 350 critical care beds and 45 OTs), out of which 800 beds, 78 critical care beds and 14 OTs are already functional. Hotel/service apartments, residential and commercial complexes are also available.

AREA

Total covered area of about 4000,000 square meters.

1.4 List of Departments & Divisions Visited

- Department of Clinical Immunology & Rheumatology
- Department of Dental Surgery
- Division of Endocrinology & Diabetes
- Division of ENT & Head Neck Surgery
- Department of General Surgery

- Division of GI & Bariatric Surgery
- Department of Internal Medicine
- Department of Ophthalmology
- Division of Plastic, Aesthetic & Reconstructive Surgery
- Department of Pathology and Laboratory Medicine
- Department of Physiotherapy and Rehabilitation
- Department of Respiratory Medicine
- Division of Radiology & Nuclear Medicine
- Department of Transfusion Medicine (Blood Bank)
- Emergency and Trauma Care
- Pharmacy

1.5 Specialties Visited

Medanta is a conglomeration of multi-super specialties institutes which are led by exceptional medical practitioners who are leaders in their respective fields. Attracted from all over the world with the vision to reach the highest levels, these medical leaders are determined to push hard for excellence in medical care and research.

Medanta brings together state-of-the-art infrastructure, cutting edge technology, and a highly integrated and comprehensive information system, along with a quest for exploring and developing newer therapies in medicine. A one-of-its-kind facility in this part of the world, through research Medanta will integrate modern and traditional forms of medicine to provide accessible and affordable healthcare.

Medicity provides integrated primary, secondary and tertiary care services spanning over 20 Super-specialties and high-end services in:

INSTITUTES

1. Heart Institute
    a. Division of Cardio Thoracic & Vascular Surgery
    b. Division of Cardiology
2. Institute of Neurosciences
3. Bone & Joint Institute
4. Kidney & Urology Institute
5. Cancer Institute
        i. Division of Radiation Oncology

ii. Division of Medical Oncology & Hematology

6. Institute of Critical Care & Anesthesiology
7. Institute of Digestive & Hepatobiliary Sciences
8. Institute of Minimally Invasive surgery

AFFILIATIONS

Medanta - The Medicity has entered into a corporate alliance with 'Duke Medicine' with the objective of providing a platform for high end research practices, clinical trials.

The Medanta Duke Research Institute (MDRI), a world class early phase clinical research facility at Medanta The-Medicity MDRI guarantees to offer an exhaustive and conducive environment to explore the technologies of traditional medicines in synchronization with modern medicine aids for research and development in the areas of healthcare and health recovery. It is proposed to be a 60-bedded facility built in an area of 27,000 sq ft. within the premises of Medanta. To unlock its potential, MDRI will be undertaking immediate early phase clinical studies in three countries with diverse populations.

The results of such a research will be paramount for all subsequent studies that can play a decisive role in changing the face of healthcare across the world.

1.6 Departments Profiling

FRONT OFFICE

Being the **Touch-Point** of the Hospital the Front office is one of the most important departments of the hospital as all the interactions of the patients have to go through it. This department works 24 hours a day and has about 90 staff members coordinating the department.

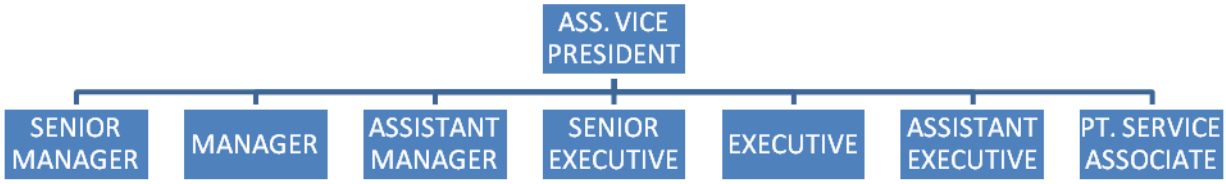


Figure1: Departmental Hierarchy - Front Office

FUNCTIONS

Gathering of information from within the hospital and providing the same to the patients and the employees as per their requirement thereby facilitating good communication between the patients and the provider. It coordinates the working of various departments by way of scheduling the appointments, billing etc. Also, it also facilitates the medicine indenting in IPD putting the records in the HIS. Front office has being categorized into various units based upon their functions-

1. Call Center

Situated at the 1 floor this department is manned by 5-6 members who provide round the clock call center facility. Their main function is to receive and answer the various calls from outside and within the hospital regarding the OPD appointments and charges, various tests availability and charges and connecting to various employees within the hospital.

2. OPD billing

All kinds of billings for the OPD patients are done at this counter. Whenever a patient arrives, he fills up a registration form and after paying the fee gets an OPD card (prescription card).Timings for the counter is from 9 am to 5:30 pm.

3. PHP Coordination

Billings for some preventive health care check-up packages available in the Hospital are done at this counter. Patients are guided here to get his/her check-up done completely in the hospital and they also collect their reports from here.

4. Emergency billing

Registration and billing for all the emergency cases is done at this counter. This counter is also connected to the other counters through HIS so as to facilitate the admission and OPD billing procedure. It is open round the clock with 2 staff members present any time.

5. IPD billing

Whenever a patient is admitted in the hospital, he is asked to deposit some money in advance and as soon as his IPD bill crosses this limit, the patient/relatives are informed of it. When a patient is to be discharged from the ward all his documents are sent to this counter for IPD billing. At present there are 9 staff members.

OUT PATIENT DEPARTMENT

Patients, who in the considered view of a competent Medical Professional, do not immediately require Hospital admission, and who can be satisfactorily treated on a domiciliary basis, are classified as "Ambulatory Patients", and are commonly referred to as "Out Patients". Hence the Department of Ambulatory Care is also commonly known as Out Patient Department.

Outpatient Services

a) Consultation

b) Diagnosis and investigations (pathological and radiological).

The support services in the OPD are provided in a **treatment room**. These include ECG, injections, dressing and management of any kind of an emergency. A **crash tray** is available in treatment room.

The Senior Emergency Officer is available to attend to medical problems of the hospital staff. The consultation is free of charge and 20% discount is given on the investigations to be done.

Access to OPD services

It takes 3-5 minutes to register a patient in the OPD. The reception is located in front of the main entrance of the hospital, adjacent to the OPD. There is a Patient Care Coordinator (PCC) allotted to each Senior Consultant. The PCCs maintain the list of appointment of the patients and direct them to the concerned doctors. The PA of the consultant or the consultant himself, on telephone, gives the patients prior appointment for consultation. The consultant gives the appointment for revisit. Apart from this, the walk-in patients are given appointments directly

IPD (INPATIENT DEPARTMENT)

The In-patient department of the Medicity Hospital is spread over the 5th, 6th, 7th, 8th, 9th, 10th, 11th 12th and 14th floor. The IPD has three categories of rooms based on the facilities provided inside the rooms i.e., single deluxe, single room and twin sharing rooms. Each floor has reception where the patient final billing is done for discharge. Each IPD has a patient call monitor to respond immediately to the patient call from their respective beds. The bed number is displayed and the nurse responds immediately to the call. The average length of stay is 6 to 7 days. The nurse to patient ratio is 1:6.

IPD DISTRIBUTION ON EACH FLOOR:

5th Floor: ONCOLOGY

6th Floor: ORTHOPAEDICS

7th Floor: UROLOGY AND NEUROLOGY PATIENTS

8th Floor: CARDIAC PATIENTS

9th Floor: PRE-OP ANGIOGRAPHY

10th Floor**:** MISCELLANEOUS

11th Floor**:** GASTROLOGY

12th Floor**:** LIVER AND KIDNEY TRANSPLANT

13th Floor**:** VIP FLOOR

KEY RECORDS IN THE IPD

Casualty Card, ER Physician/Surgeons Notes, Initial Assessment Form, Daily Progress Notes, Critical Care Sheet, Nurses Daily Records. Admission-discharge tracker (AD tracker) has to be filled up once the patient has been received within the ward.

BED DISTRIBUTION IN IPD

Total no. of functional beds- **998**

Total no. of beds functional - 30 in cath labs and **53** on each floor.

Initial Assessment -The purpose of the assessment by qualified individuals (Doctor, nurse) is to formulate a plan of care for the patient. It also ensures that the care provided to each patient is based on patient's relevant physical, psychological, and social status needs.

CTQ Indicators : Response (Critical Patient) < 5 minutes (100 %)

Response (Non-Critical Patient) < 15 minutes (100 %)

Re-Assessment: Repeat Evaluation of patient's condition for Vitals, physical status and for deciding the change of Diagnosis / Plan of Care.

Re-Assessment is based on the following factors:

1. There is a significant change in patients' condition / diagnosis
2. When patient's treatment is changed
3. Patient's response to treatment
4. At regular established intervals

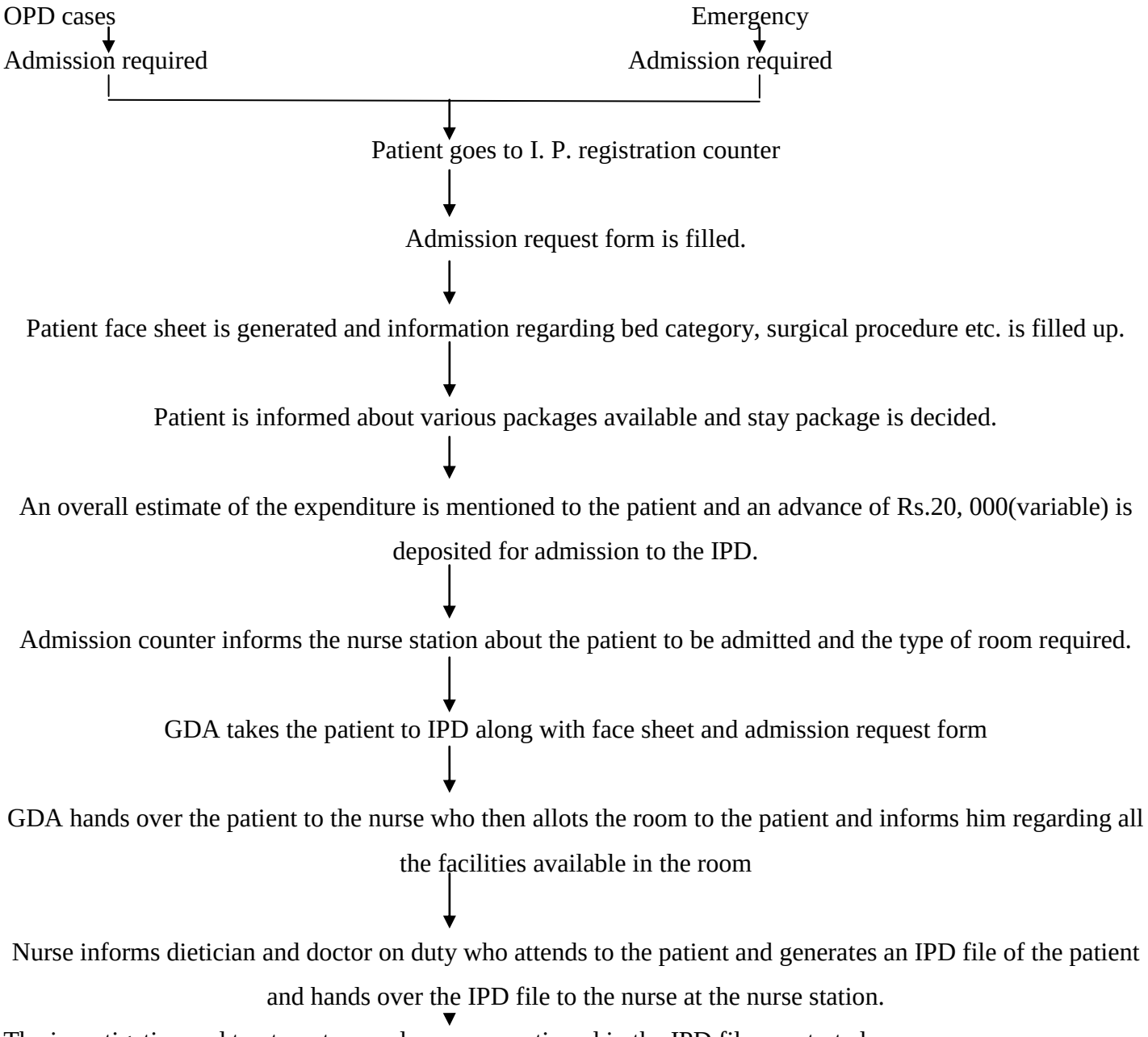
Discharge policy A patient can be discharged if after the necessary assessment by the multidisciplinary team establishes that he/she no longer requires inpatient investigation, treatment or care. At the time of discharge the patient is handed over the following documents-

1. Discharge Summary
2. Patient file
3. Discharge Tracker

Patient transfer to diagnostic imaging services

Any patient being transported for a procedure must be transported in an appropriate way according to the patient's medical condition and also based on the hospital policies. The patient may be ambulatory or transported in arms or by wheelchair, or stretcher. Patient safety being a priority the **side rails should be kept in the up position** during transport. Patient must be under the supervision of a responsible person during the stay. During transport the **wrist band tied on the left hand** should identify the Name, Sex, Age and Registration no. of the patients.

Flow Chart 1: Admission Procedure



Flow Chart 2 : Discharge Procedure

Consultant visits in the morning and gives the discharge intimation to the junior consultant, the senior resident and the team leader of the nursing staff

↓

Discharge intimation is being updated on HIS

↓

The discharge secretary types the discharge summary as dictated by the senior resident, which is then forwarded to the junior consultant for his signature

↓

The ward secretary informs the dietician, the psychologist and physiotherapist regarding the discharge of the patient.

↓

Remaining medicines are returned to pharmacy and is entered in HIS

↓

A print out of the final activity sheet is taken to the billing department by a GDA

↓

The billing department checks this final activity sheet for any due payments and then calls the nursing unit to inform that the final bill is ready

↓

The nurse informs the patient

↓

The patient's attendant goes and makes the payment in the billing department

↓

If the patient has any health insurance policy, a copy of the documents is sent to the TPA for final approval

When the bill is cleared, the billing department issues a discharge slip to the patient that is taken to the nursing station

↓

The original documents along with the discharge summary are given to the patient and photocopies of these documents are sent to the MRD.

INTENSIVE CARE UNIT

It is a specialized section of the hospital containing the medical and nursing staff and the necessary equipment's so as to provide advanced and highly specialized medical /surgical/ pediatric/ neonatal care to the **patients whose conditions are life threatening requiring comprehensive and continuous care**.

Average length of stay: **8** Days

Nurse to patient ratio: **1:1**

Each of these ICUs is looked after by a Nurse in charge, 1 Team Leader and 23 nurses in each ICU. There is always a surgeon, 1 anesthetist and 1 ward secretary present 24 hrs. They work in 3 shifts accordingly.

Three aspects of patient care in ICU are-

1. **Continuous monitoring of the patient**
2. **Advanced life support for the patients**
3. **Resuscitation of the critically ill patients**

Medicity Hospital has got following ICUs with respective specialty-

ICU 1- CARDIAC PATIENTS AND KIDNEY RECEPIENT
ICU 2- CARDIAC PATIENTS AND KIDNEY RECEPIENT
ICU 3- NEUROSURGERY AND DIALYSIS
ICU 4- LIVER TRANSPLANT AND GASTROINTESTINAL
ICU 5- MEDICINE AND PEDIATRICS

Total no. of beds in each ICU - 22 beds

Bed distribution:

Single bedded room – 14
Isolated single bedded room- 1
Isolated double bedded room-1
Double bedded room - 8

Equipments present in each room

Monitors
ECG machine
Defibrillators

Syringe pumps

Ventilators

IABP

Key formats and records in ICU-

A) Patient related Information

Patient file with Admission Form / ER Form etc

Valuable handover register

Discharge summary

Discharge / Transfer Register

Transfer note

File Handover Register

Death Register – Death certificate

B) Patient Care

Critical Care progress notes + Critical Care flow chart

Diet sheet

Incident Register

C) Maintenance Record

Fumigation Register

Cleaning Register

Inventory Register

Equipment Breakdown Register

Indent

D) **Various events to be reported by the nursing staff to the management as well as the consulting doctor**

Patient fall

Medication Errors

Product Events

Environmental Events

Near Misses

Laboratory Errors

Radiological Errors

Prescription Error

Equipment Failure

Adverse Events

OPERATION THEATRE

Operating theatre complex of Medicity hospital includes 21 OTs but only 14 are functional, one Recovery room, one Sterilization room, one Store room, Clean Utility room, Dirty utility room and Changing rooms (male & female).

OT is a very specialized section of Hospital since it is one of the **most important source of revenue generation**. An efficiently working OT is vital to ensure smooth patient management by way of preoperative, intra-operative and postoperative care.

All the Operation Theaters are located on the 1st floor. They are well equipped OTs. Their distribution is as follows:

Neurosurgery OT - 2
Ortho OT- 2
Multi-specialty OT- 3
Urology OT-2
Cardiac OT- 5

Bed distribution:

Pre op beds: 6
Post op beds: 18

There are lockers provided in the OTs specified for doctor's personal items, nurses personal items, Electrical items, Anesthesia items. There is a store room for OT clothes, masks and caps of doctors, anesthetist and nurses. Also OTs have racks for placement of the packed sterilized items from CSSD.

Key formats & Records

OT booking register, OT requisition slip, Physician notes, OT surgery registers, Consumable sheet, Consent forms, Pre anesthetic evaluation sheet, Post anesthetic care unit observation chart & Anesthesia recovery notes.

Normal Procedures followed in the Operation Theatre-

1-Surgery scheduling- First of all the OT In-charge confirms the OT availability upon receiving the Doctor's request for surgery of a patient in elective cases. Then patient's Pre Anesthetic Check-up is done by an anesthetist and pre-operative medication instructions are mentioned. If blood is required during the surgery then a request is sent to the blood bank. Patient is shifted to Pre-Operative area 20 minutes before the elective surgery time. Patient is checked for vitals and his/her files are checked. Informed consent for Surgery /Anesthesia is taken.

2-Pre operative preparation- Trolley is set up as per the surgery requirements. After counting of the instruments all the OT personnel wear gloves and masks. Finally after doing scrubbing the patient is shifted into the OT for the surgery.

3-Intra operative procedure- The anesthesia is administrated to the patient and then actual surgery is performed under aseptic conditions. All the items used during the surgery are recorded and sent for billing later on.

4-Post operative care- Patient is kept in the recovery room and is kept under observation. All his records are updated. Patient is shifted to Ward/recovery room/ICU upon stabilization of his condition.

HUMAN RESOURCE DEPARTMENT

HRD is located in the LOWER GROUND FLOOR.

HR functions – The two main functions of HR department are-

1. Safeguarding patients/employee's rights.
2. Maintaining a high level of satisfaction among patients and hospital employees.

Policies- Following policies regarding the employee's rights are followed

- Credentialing policy
- Grievance policy
- Disciplinary policy

Processes- Recruitment process- Recruitment for any department is done in consultation with the Respective HODs of the department. The process is commenced in the beginning of the financial year and is done on a seasonal basis.

Upon joining the hospital a **New Employee Orientation (NEO)** is undertaken by the Training department and each employee is given a handbook explaining to them about their rights.

Performance appraisal- After working for a minimum period of six months, new employees are entitled to Confirmation Appraisal.

Resignation process –If any employee wants to leave the hospital he has to give a notice one month prior to his expected date of leave so that the hospital may find the suitable replacement. The management releases the dues of the employees 2 days after he has left the organization. The hospital conducts the **Exit Interviews** of employees when they leave.

BLOOD BANK

Location- It is situated on upper ground floor.

Donors per day: 60 donors in 24 hrs about which are mostly replacing donors and only 1% are voluntary donors.

Infrastructure of the blood bank- Blood Bank has following rooms along with a waiting room area for the donors.

1. **Donor screening &counseling room**- Looked after by the blood bank In-charge, patient's counseling and Blood grouping is done here.
2. **Donor room/Phlebotomy/Bleeding room-** Blood is collected in this room. This room also has a Blo mixer, Blood sealer, Refrigerator, Crash Cart and two beds.
3. **Apheresis Room-** Has an Apheresis machine and an Apheresis kit.
4. **Refreshment Room-** After donating the blood, refreshments are provided here.
5. **Infectious Markers Room-** This room has an ELISA Washer, Incubator, VDRL Shaker, Blood Kit storage freeze. Here Blood is checked to rule out any kind of infection in the collected blood.

6. **Cross matching Room (Serology room) -** Request for the Blood donation comes in this room-with a filled form. Here Blood is tested & cross matched.

7. **Store Room/ Record Room-** All the records and inventories are stored here.

8. **Cold room:** It maintains a temperature of 4 degree Celsius consisting of Deep freezers maintaining the temperature of -40 degree Celsius.

9. **Component Room-** It has a laminar air flow, centrifugal machine, deep freezer, platelet expirator and a platelet storage machine.

Guidelines for blood transfusion-

1. Blood (and its products) must be transported in a thermocol box or thermo proof box.

2. Once placed into the transportation box the blood should be **transfused within 4 hours otherwise** the blood must be returned to the blood bank

3. Blood components should be collected for only one patient at a time by the trained personnel.

4. Before transfusing the blood to any patient the staff is supposed to check the unit of blood for:

Expiry
Clots
Discoloration and Leaks
If any of these is found there the blood is **not transfused and is discarded.**

An attempt is made to make sure that the following points are adhered to by the staff of the blood bank:

Patient is to be informed of the transfusion process & his consent has to be taken.

Ensure the reason for transfusion is clearly documented in patient notes
All final identity checks must be performed correctly
The final identity checks must be an uninterrupted procedure
If you are interrupted, you must start again!

Label Colour codes to be used -

Yellow - A

Pink - B

Blue - O

White - AB

Key Formats / Records: -

Donor Register

Master Register

Blood Disposal Register

Procedure for Patient Identification

Blood requisition form duly filled – Full name, age, sex, IP no. etc in permanent ink.

Addressograph labels not to be used.

Signature – RMO / Consultant.

ID card to place at the patient location - Full name, age, sex, IP no.

The ID details written should be verbally checked with patient by minimum 2 people.

If patient identity is not confirmed by all sources do not commence the transfusion.

Contact the Blood Bank staff immediately.

Blood bank consists of:-

1) Reception area
2) Donation area
3) Apheresis room
4) Component room
5) Transfusion Transmitted Infection (TTI) room
6) Storage area
7) Issue counter

Process flow

Collection of Blood from the Donor

- Voluntary or Replacement Donor comes at the reception.
- Donor questionnaire and consent form is filled up and sent to Medical officer.
- Physical examination of the patient is done by the Medical officer.
- Hemoglobin levels are tested and also RH antigens are tested.
- Bag preparation is done by the staff nurse.
- Then donor is taken to the donor coach and phlebotomy is done and blood is collected in blood bag.
- Refreshment is provided after that and patient is sent.

Testing

- During collection of blood, three samples are taken.
  a. 1 plain for HIV, HCV, HB Core and VDRL.
  b. 2ml EDTA for Blood group, Malarial parasite and Ab staining.
  c. 6ml EDTA for NAT(Nucleic Acid Test)

These tests are done in TTI (Transfusion Transmitted Infections) room by ECI and NAT machine.

Manufacturing/Separation of Components

- Meanwhile, the blood is shifted to component room where blood components are separated by the centrifuge machine.
  a. Single Bag- 350 ml - No components formed.
  b. Quadrable Bag- 450 ml - 1 Packed cell, 1 FFP(Fresh frozen Plasma) & 1 RDPC(Random Donor Platelet Component)
  c. Triple Bag- 450 ml - 1 PRBC, 1 CPP (Cryopoor Plasma) & 1 Cryoprecipitate (Cryoppt)
  d. IF- 450 ml – 1 PRBC, 1 RDPC, 1 FFP

Storage

- These components are then transferred to the storage area where they are stored separately.
  a) FFP, Cryoppt and CPP stored at -36 degree Celsius
  b) RDPC/SDPC stored at 22$\pm$2 degree Celsius
  c) Packed cell & Whole Blood stored at 2-8 degree Celsius
- These components are stored until issued to the needy or till their shelf life whichever is shorter.
  Shelf life: a. PRBC & Whole Blood – 35 Days
  b. Packed Cell – 42 Days

c. RDPC/SDPC – 5 Days

d. FFP/CPP/Cryoppt – 1 year

Issuing

- Request form with IP No. and Blood Sample are received for blood arrangement from the respective ward
- Sample is tested for blood group and Ab Screening.
- Cross matching is done and informed in the ward.
- Blood is issued, and a issue slip and compatibility report along with blood bag in insulated box are handed over to GDA of the ward who carries it to the ward.
- The compatibility report is filled by the doctor within 24 hours and sent back to blood bank.

Return Bag Policy

- In case, blood is not used, it can be returned to blood bank.
- Time period for receiving back bag is
- From Wards – Half Hour
- OT and ICU's – 12 Hours
- Once the bag is returned, it is checked for haemolysis and only if it is not haemolysed it is stored back otherwise discarded.

SECURITY

This department is responsible for the overall security of the hospital employees and the hospital itself.

Area of operation –

1. Loss and prevention
2. Security of man and material
3. Training of security
4. Guest needs (lost and found)
5. Access control
6. General discipline of hospital
7. Repair SOPs of various departments
8. Analyze traffic and parking problems
9. Premises
10. Insure cooperation

11. Burglary
12. Violence
13. Evacuation

TECHNOLOGY

Force multiplier
CCTVs
Metal torches
Flash lights
Fighting equipment's
Metal detectors

FUTURE NEEDS

Medicity being a large organization has a high patient flow and many visitors everyday they would be requiring the following equipments in the future.

X RAY MACHINE
BAGGASE BANNER
EXPLOSIVE DETECTORS

The security department maintains the security of every area of hospital i.e. the admin block, OTs, ICUs, etc. There is a security guard present 24 hrs in a shift of 8 hrs a day. In case of theft the security department first try to solve the case at administration level and then police investigations are done as required. At present the total number of guards in the Medanta hospital is 160.Guards are present during the day time as well as during the night in 8 hrs shift.

DIETARY

Dietary department is situated on 2nd floor OPD. The diet is provided to the patients according to the therapeutic needs of the patients. This department provides nutrition care and also educates the patient family about the nutritional needs so that they can carry out the same diet at home also. This department works 24 hrs. It has 3 controllers who take care about the diet chart and the timely providing of food to the patients in IPD. At present the ratio of controller is to patient is 1:60.

PERFORMANCE INDICATORS:

NURITIONAL ASSESSMENT
DAILY FOOD RECORD

DISCHARGE DIET RECORD

FEEDBACK RECORD

TESTING: The periodical testing of food is done by Microbiology department.

TYPES OF DIET MAINTAINED:

1. Normal diet
    - RT feed
    - Normal feed
    - Diabetic feed
    - Renal feed
2. Clear liquid diet
3. Full liquid diet
4. Semi-solid diet
5. Diabetic diet
6. Renal diet
7. Cardiac diet
8. Bland diet

ENGINEERING DEPARTMENT

Department of engineering services is ubiquitous in a healthcare institution due to its continued and all pervasive role play. Engineering services are the lifeline of a hospital.

Engineering services

Civil and Interiors - It deals with building structure (including structural glazing), interior finishes (flooring, wall finishes), joinery and furniture, internal and peripheral roads and upkeep of modular OT's.

Electrical System - It includes sourcing to end distribution, captive power generation, UPS, electric traction (elevators).

Air conditioning – It is termed as HVAC(Heating Ventilation and Air Conditioning) and includes Central Regulation of Temperature i.e. cooling or heating of the hospital

Provision of Ultra clean air under precise parameter control of temperature and relative humidity in sensitive areas such as OT and ICU.

Plumbing – It deals with external and internal water resource, water treatment, treated water distribution, collection of sewage waste, treatment of sewage waste and regeneration from waste and reuse.

Fire and safety – It includes:

- Fire Alarm System – Smoke and Heat Detector, Alarm Panel, Hooters.
- Fire Fighting System – Sprinklers, Hose Reel, Fire Pumps, Fire Extinguishers.
- Evacuation Provisions – Smoke Extraction System, Pressurization Fans, Refuge Area, Fire Escape Route.
- Training on Fire and Safety to staff.

6) Telecommunication – It deals with main EPABX, stand-by EPABX, internal extensions, in-building networking for GSM, nurse call system, cable TV system, audio-visual equipment and pagers.

Functions and Responsibilities:

- Operations with defined paradigm of quality manuals.
- General maintenance of building structure.
- Supply of electricity in reliable way.
- Supply of quality water for human and medical procedure.
- Supply of quality air with regulated temperature and other parameters.
- Maintain readiness of fire and safety provisions.
- Sewage discharge and management of hospital waste as per guidelines by Govt.
- Up-keeping Means of communication
- Energy conservation
- Optimal utilization of plant and machinery, manpower and material
- Comply and operate as per statutory compliances
- Any up-gradation of infrastructure as required
- Liaison with Government department (Explosives, Fire dept., DJB, BSES, DPCC, Electrical Inspectorate).

List of Equipments

- HVAC System – 3 Chiller Plant, 4 Primary Chilled Water Pump, 5 Secondary Water Pump, 4 Condensor Water Pump, 3 Hot Water Pump, 2 Hot Water Boiler, 1 Gas Boiler, 37 AHU's

- Plumbing System – 3 Reverse Osmosis (RO) Hydromantic Pump, 2 Distilled Mineral (DM) Water Pump for CSSD, 1 DM Water Feed Pump, 3 Domestic Hydromantic Pump, 1 RO Feed Pump, 1 RO High Pressure Pump, 2 Raw Water Feed Pump, 3 Hot Water Return Pump, 3 Hot Water Recirculation Pump, 2 Boiler Feed Pump, 2 Raw Water Transfer Pump, 2RO Plant, 1 Softener Plant, 1 DM Plant, 1 Hot Water Boiler, 2 Bore well

- Electrical System – 2 Diesel Generator, 2 Uninterrupted Power Supply, 6 Elevators, .

- Fire and Safety System - Smoke and Heat Detector, Hooters, Sprinklers, Hose Reel, Fire Pumps, Fire Extinguishers, Sprinklers.

CSSD (CENTRAL STERILE SUPPLY DEPARTMENT)

The objective of establishing a Central Sterile Supply Department is to make reliably sterilized articles available at the required time and place for any agreed purpose in the Hospital as economically as possible, having regard to the need to conserve the time of users.

The Sterile Supply Department within a hospital receives stores, sterilizes and distributes to all departments including the wards, OPD and other special units such as OT, ICUs, Casualty, ACC, Cath lab, HDU and IPD. Major responsibilities of CSSD include processing and sterilization of syringes, rubber goods [catheters, tubing], surgical instruments, treatment trays and sets, dressings etc. it is also responsible for economic and effective utilization of equipment resources of the Hospital under controlled supervision.

Main objectives

- To provide sterilized material from a central department where sterilizing practice is conducted under conditions, which are controlled, thereby contributing to a reduction in the incidence of hospital infection.
- To take some of the work of the Nursing staff so that they can devote more time to their patients.
- To avoid duplication of costly equipment's, which may be infrequently used.
- To maintain record of effectiveness of cleaning, disinfection and sterilization process.

- To monitor and enforce controls necessary to prevent cross infection according to infection control policy.
- To maintain an inventory of supplies and equipment.
- To stay updated regarding developments in the field in the interest of efficiency, economy, accuracy and provision of better patient care.
- To provide a safe environment for the patients and staff.

Areas

- Receiving area and contamination area
- Instrument and gauze packaging area
- Sterile zone and sterile storage zone
- Separate room for linen
- Issue counter

List of equipments

- Ultrasonic cleaner – 1
- Washer Disinfectant – 4
- Plasma Sterilizer – 1
- Ethylene Oxide (ETO) – 1
- Automatic drier – 1`
- Autoclave – 3
- Process challenging device – 1
- Water jet – 2
- Air jet – 2

Procedure:

1) **Receiving-** All the unsterile instruments/linen are received in receiving area, acknowledged and entered in the register.
2) **Cleaning and disinfection-** Instruments are cleaned in the washer with detergent. There are two types of detergent- enzymes & alkali. Alkali detergent (LM2) is used here. It is one hour long process carries out at 92°C. Instruments is first washed with plain water then with the detergent and again with water. Ultrasonic

machine is used for washing the instruments. 90-95% micro-organisms are removed or killed in this process.

3) **Oiling-** It is done through water-soluble spray and then the instruments are cleaned with cloth.
4) **Inspection-** The instruments are inspected by the staff for any damage or blockage. The instruments which have been disassembled at cleaning stage have to be reassembled.
5) **Assembling of trays-** Instruments are placed in the trays labeled with department name.
6) **Sterilization-** Instruments are sterilized by gamma radiations, ethylene oxide, and steam (autoclave). Before being placed in trays the instruments are labeled with the sticker which has the staff code, date, time, autoclave number, autoclave-cycle type and expiry date of sterilization. Autoclaving is done at two different combinations of pressure, temperature and time.
    - At 121^{o}C, 1.2kg/m3 for 18 minutes
    - At 134^{o}C, 2.2kg/m3 for 4 minutes
7) **Drying/packing-** After autoclaving instruments are dried by using drying machine and packed in packing area.
8) **Transportation-** Then after all packed and sterile material is issued to their respective departments.

INTERNATIONAL PATIENT SERVICES

Medicity has a department dedicated to International Patient Services which takes care of all healthcare related and other requirements of the patients and their companions coming to India.

The Services Include-

1) Travel arrangements.
2) Single window contact i.e. Relationship managers for international patients.
3) Interpreters services.
4) Accommodation services.
5) Value added services like visa arrangement facility.

Project

Best Practices for Ward Maintenance

Executive Summary

Medanta is a multispecialty hospital and has a fully functional OPERATIONS DEPARTMENT which regularly conducts projects in the various IPDs aiming to make the hospital more and more efficient. Monitoring the quality indicators and their regular assessment and implementation has been the core function of this department even after Medanta received the NABH accreditation, the top most Quality assurance body in India since quality also shares the aim of making the hospital more and more efficient.

The study was conducted in the period between 12/04/12 to 05/06/12 at the various floors of the hospital with an aim to introduce best practices for ward maintenance. The broad scope of the project "Best Practices for Ward Maintenance" was to try and implement a new approach for maintenance so that various standards can be set. The methodology adopted to conduct such an exercise was observatory study while working on the floors and analysing each and every movement in detail about the work happening on the floor.

After conducting the observatory study, a new approach for ward maintenance was introduced and tested over the time period of internship using the checklists. Thereby, some recommendations have been suggested to the management of the organization which are listed below –

- Checklist should be followed for keeping a track of status
- Streamlining of process followed for IP room maintenance
- A White board having a visual presentation of status on the floor
- Provision of pin boards in OPD consultation where required
- Briefing of F&B,HK staff to reduce causes of damage

Chapter -2

INTRODUCTION

It is often argued that health care institutes are not expected to be efficient, however given the amount of resources that go into funding these institutions it becomes increasingly valuable for us as administrators to monitor efficiency indicators. Quality orientation is an integral part of patient care. Best possible care at the institutional level is not considered adequate in the present competitive environment. It should be visible, appreciated and comparable. Total Quality Management therefore, is essential to judge the appropriateness and effectiveness of medical care. Quality of service offered, result of intervention and treatment, undesirable outcomes, and other managerial and treatment related processes can be analyzed to define the scope of improvement. Health care is becoming transparent and customer focused. Patients and their relatives have the right to know the standard of care and its cost. It is therefore becoming more and more mandatory for the institution to monitor quality indicators/parameters and compare their performance level with the national standard or international bench marks.

2.1 Importance for Medanta – The Medicity

- It creates a sense of ownership among everyone on the floor
- It directly affects quality of support services
- It affects overall patient satisfaction
- It changes overall look and feel of the floor
- Increased reliability & trust of the patient
- Customer loyalty

2.2 Importance for the patients

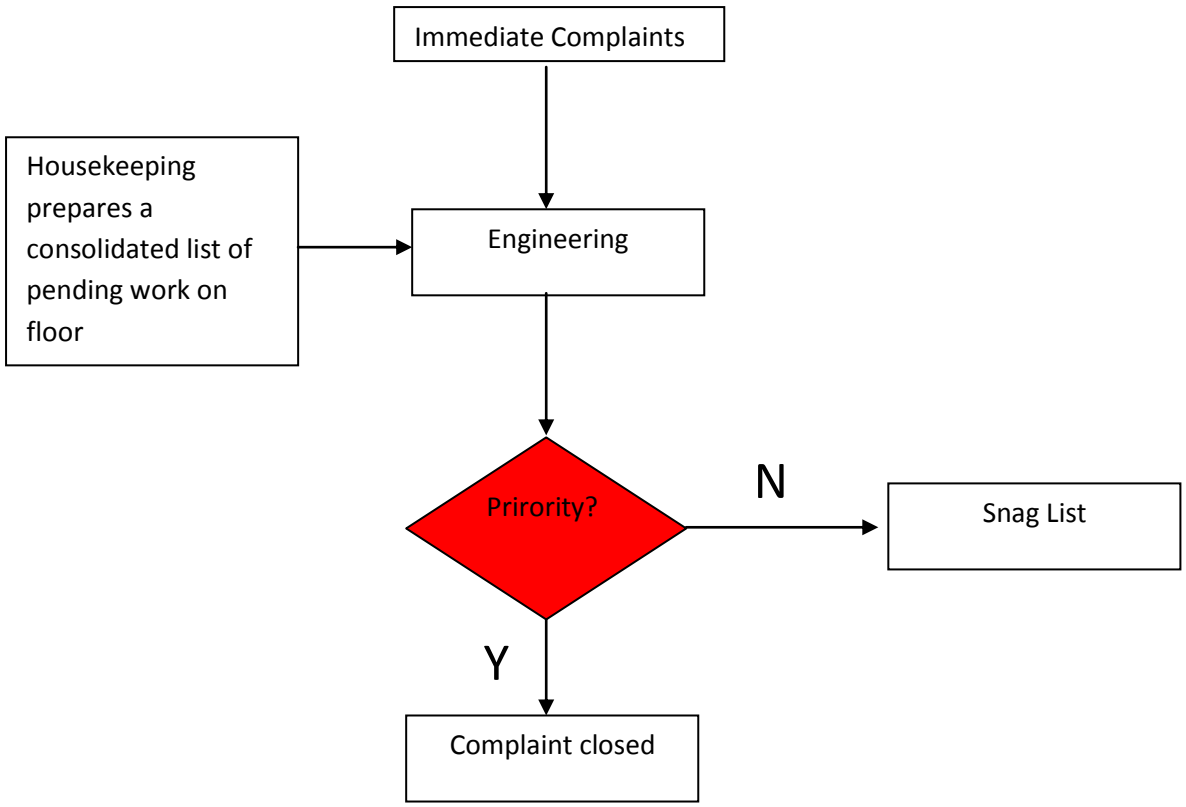
- They feel secured and reliable
- They tend to develop a trust in the brand
- They feel more relaxed

This can be achieved but this is only possible with the consistent efforts of everyone on the floor.

Chapter -3

CURRENT APPROACH OF WARD MAINTENANCE

3. Current Approach



Chapter -4

CHALLENGES

4. Challenges in current approach

- No system to attend the required maintenances
- Lack of sense of ownership
- Lack of coordination
- Lack of clarity of who does what and escalation for a particular job
- Piling up of snag list of complaints with engineering
- No system for maintenance of IP rooms
- No system of getting a signage

Chapter -5

OBJECTIVE OF THE PROJECT

5.1 Main Objective

To set a benchmark for maintaining the wards in order to attain patient delight

5.2 Sub – Objectives

- To set standards for every aspect covering all the areas on the floor
- To make a clear demarcation of who does what?
- To set a process flow for dealing with any complaint, any information required
- To prepare a guide to maintain the floor

Chapter -6

METHODOLOGY

PLACE OF STUDY:

All the floors of Medanta

TIME FRAME:

The time frame of the study was two months (11/4/2012 to 05/6/2012)

STUDY DESIGN:

Study type used was descriptive study.

DATA TYPE:

Primary data has been collected for the study

METHOD OF DATA COLLECTION:

Tools

- Analyzing Snag List of Engineering department
- Various escalation matrices

Techniques

- Observations by clicking the photographs
- Observation (DAY TO DAY)

RESOURCES USED:

- Various manuals & performance sheets of housekeeping department
- Manpower from contractors to achieve the housekeeping standards

PLAN:

The current approach of resolving a problem or performing a job is compared with the new approach developed during the time period of internship

Chapter -7

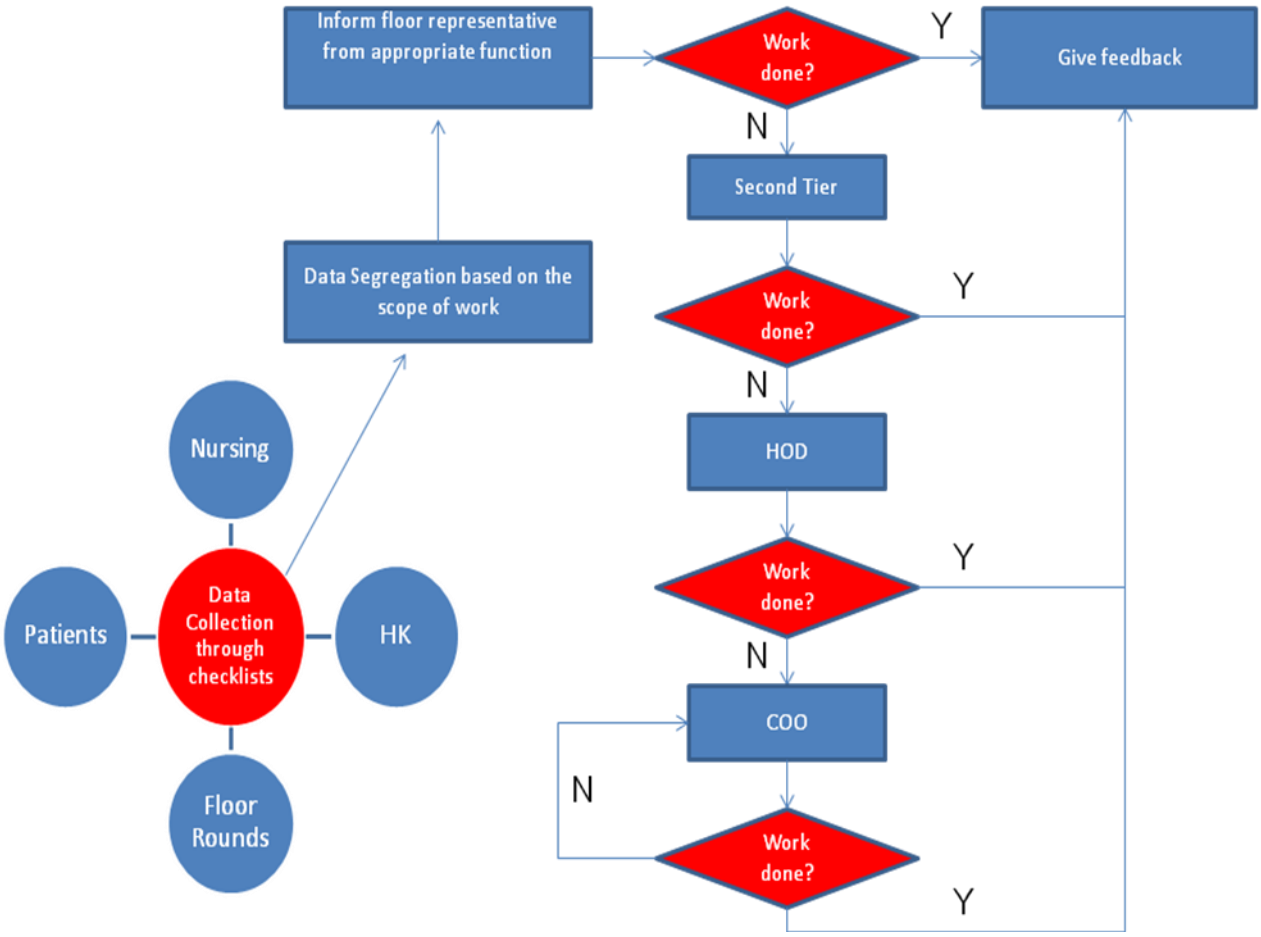
NEW APPROACH FOR WARD MAINTENANCE

The New approach for ward maintenance is explained as below:

- Floor wise Preventive maintenance along with attending current complaints
- One floor is taken up and all preventive maintenance of the floor needs to be attended

To start working on a floor there are certain steps which are to be followed in order to obtain these objectives –

i. What to look for and where?
ii. Who does what?
iii. How to get the job done?
iv. Results
v. Maintaining consistency of work



7.1 Who does what?

7.1.1 Maintenance

- Replacement of broken mirrors and window blinds
- Restoring walls, wall guards and doors
- Repairing of air-conditioners and vents
- Repairing of upholstery and couches
- Repairing of any furniture
- Repairing of flooring and carpets
- Cleaning of electrical appliances
- Fixing of signage

7.1.2 Housekeeping

- Cleaning of all areas including pantry
- Deep cleaning of rooms after discharge
- Report maintenances required
- Cleaning of window blinds
- Providing clean and filled water jugs and glasses of IPD rooms
- Pest control and beehive clearance
- Transfer damaged couches and upholstery to the engineering
- Maintain DU room & HK room
- Keeping all areas clear of litter
- Provision of all kinds of toiletries

7.1.3 Graphics

- Design of signage
- Quality check of delivered signage

7.1.4 Food & Beverages

- Maintaining pantry
- Timely delivery and clearance of food trays
- Keeping trolleys in proper manner and at proper place

- Maintain pantry and cleaning of glasses at pantry in OPD

7.1.5 Nursing

- Maintaining records and files and sending files to MRD
- Upkeep of nursing counters and drawers
- Follow up of work completed by housekeeping and maintenance

7.1.6 Security

- Ensure discipline on the floor by GDAs, HK, F&B and maintenance workmen
- Ensure no damage to hospital property by staff or patients
- Locking of all doors and shafts
- Ensure adequate lighting of corridors
- Restrict entry of unauthorized people

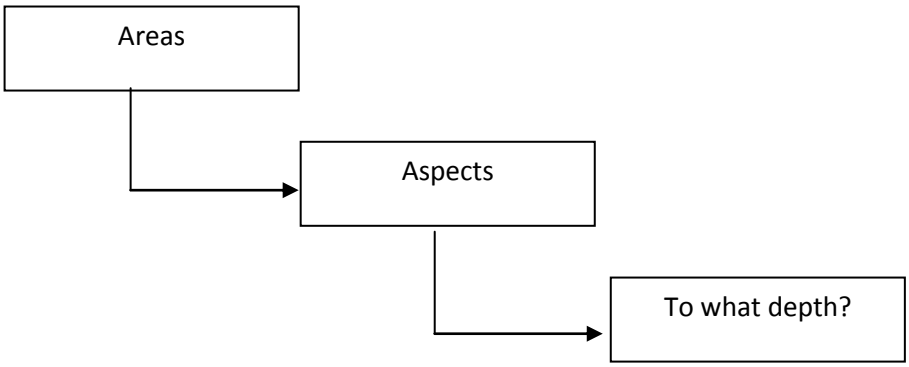
7.1.7 Biomedical Engineering

- Maintenance of IPD beds along with calling bell and bed headlights
- Maintenance of pneumatic pipeline & nurse call system
- Maintenance of all diagnostic equipments

7.1.8 IT

- Maintenance of computer systems, telephones, LCD's, photocopiers and printers
- Cleaning of photocopiers and printers

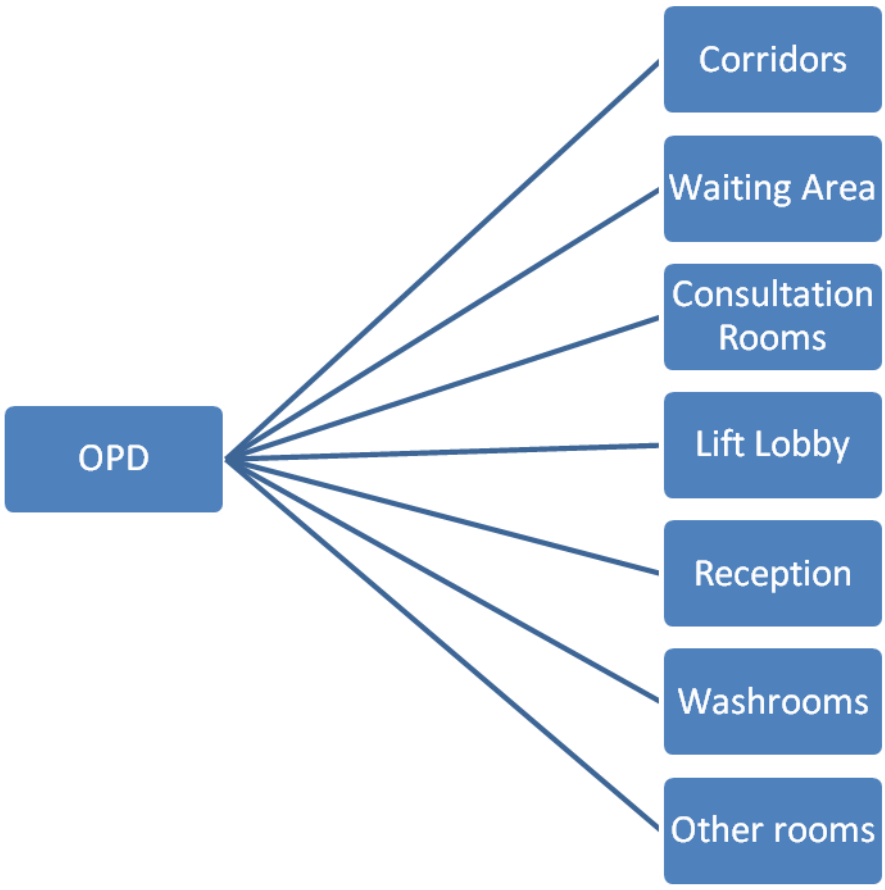
7.2 What to look for and where? (Eye to Detail)



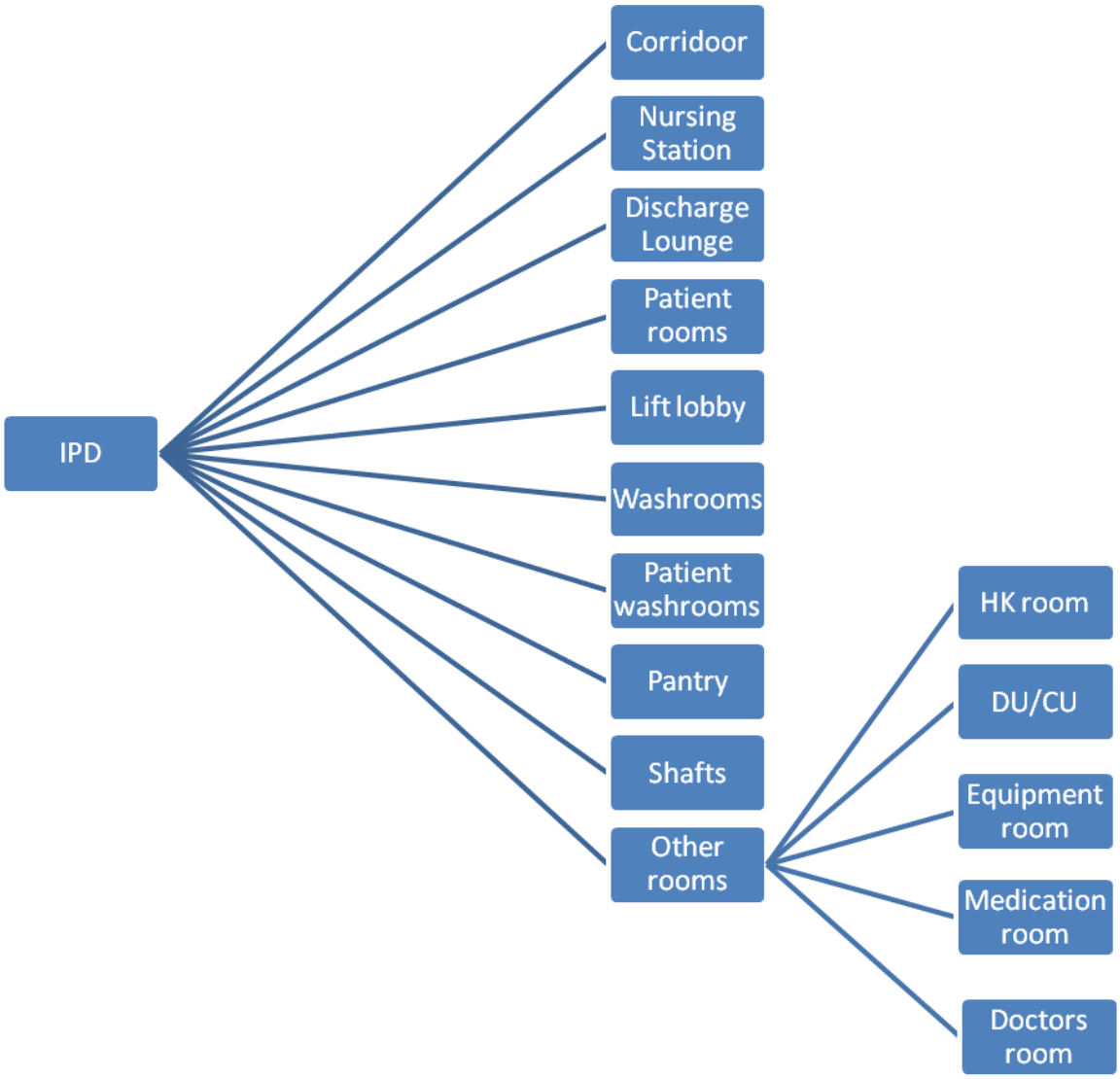
7.3 Areas on the floor –

1. OPD – Out Patient Department
2. Inter Connected Area
3. IPD – In Patient Department

7.3.1 OPD – Out Patient Department



7.3.2 IPD – In Patient Department



7.4 Aspects to be looked at in particular areas –

7.4.1 Corridors –

a) Vinyl flooring should be properly fixed, clean, unstained, not torn from anywhere

b) Skirting above vinyl flooring should be properly fixed, clean unstained, from anywhere

c) All walls should be free of stains, cracks, discoloration, seepage and gaps
d) All wall guards should be properly fixed, clean and not torn from anywhere
e) All door frames should be clean, free of stains and dust
f) All call bells outside rooms should be clean, properly fixed and working
g) All shaft doors should be properly closed
h) All number plates outside rooms should be properly fixed, free of dust, stains having proper sliders with patient labels
i) No key numbers should be written on walls, doors or door frames
j) All doors should be clean, free of scratches and discoloration, door handles should be properly fixed and clean. Also, they should have proper bidding and should not be noisy
k) All fire exit doors should be clean, free of discoloration and properly closed with a proper signage
l) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
m) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
n) All switches, switch boards and thermostats should be properly fixed, clean and working
o) All AC vents should be clean, working and properly fixed
p) All signage should be uniform with standard font and font size, properly placed, clean. No paper signage to be placed anywhere
q) All glass doors should be clean, stainless and must have proper handles and bidding
r) Fire exit doors should not have any gap from the floor so as to prevent entry of flies and mosquitoes
s) All emergency lights should be clean, properly fixed and working
t) Corner guards should be fixed on both the columns

7.4.2 Washrooms

a) Washroom should be clean, well maintained, free from seepage and dust
b) All walls should be free of stains, cracks, discoloration, seepage and gaps
c) All doors should be clean, free of scratches and discoloration. Also, they should have proper bidding and should not be noisy
d) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
e) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.

f) All switches, switch boards and thermostats should be properly fixed, clean and working
g) All AC vents should be clean, working and properly fixed
h) All glass doors should be clean, stainless and must have proper handles and bidding
i) All emergency lights should be clean, properly fixed and working
j) Towel holder, soap holder should be properly fixed and clean
k) Curtains should be properly fixed and clean
l) Shower, taps, flush should be clean, properly fixed and working
m) Toilet roll holders should be properly fixed, clean and should have toilet roll at all times
n) Mirror lights should be properly working and clean
o) Mirrors of washroom should be properly fixed, clean and free of cracks and stains
p) Washbasins and W/C silicon should be clean, free of black stains and properly fixed
q) Chair in the washroom should be in proper condition
r) Dust-bin in the washroom should be clean, properly covered and half empty at all times
s) W/C seat cover should be properly fixed and clean
t) All toiletries should be properly provided in the washroom
u) Hand dryers and soap dispensers should be properly fixed, clean and working
v) Floor tiles should be proper, dry, clean and free of any stains
w) Bucket, mug and stool should be provided and should be clean and dry
x) Washrooms other than patient washrooms should have a properly fixed and standard signage

7.4.3 Patient Rooms

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All doors should be clean, free of scratches and discoloration, door handles should be properly fixed and clean. Also, they should have proper bidding and should not be noisy
c) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
d) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
e) All switches, switch boards and thermostats should be properly fixed, clean and working
f) All AC vents should be clean, working and properly fixed
g) All signage should be uniform with standard font and font size, properly placed, clean. No paper signage to be placed anywhere
h) Patient beds should be clean, properly working having properly fixed side rails

i) Bed headlight should be clean, free of dust and properly working with all the equipments
j) Calling bell should be properly fixed, working and clean
k) Window blinds should be properly fixed without any gaps, clean and working
l) Window glasses should be clean, free of dust and properly fixed with proper silicon
m) Couch should be clean, free of dust, not torn and should be placed in proper position
n) Upholstery should be proper, clean, not torn and should have the proper colour as of room design
o) Chair should be clean and should be in a proper condition
p) Medication table and other table should be clean and in proper working condition
q) T.V., telephone, AC, T.V. remote should be clean and in a proper working condition
r) Linen hamper should be properly fixed, clean and free of dust
s) Pin board should be clean properly fixed and free of stains
t) Slab should be clean and proper
u) Water glass and jugs provided in the room should be clean and covered
v) Wardrobe should be properly aligned, clean, free of discoloration and handles should be proper
w) Dust-bin should be clean, properly covered and half empty at all times
x) All emergency lights should be clean, properly fixed and working
y) Door and door handle should be clean, properly working and should not make any noise. Also, the handles should not be loose
z) Air curtain should be clean and properly fixed
aa) Corner guards should be fixed on both the columns

7.4.4 Shafts

a) All shafts in the corridor should be properly locked
b) All shafts on the floor should be cleaned after regular interval of time by relevant people
c) All doors of shafts should be proper, not clipped off, clean and free of dust and stains
d) All AHUs should be properly closed, clean with fixed door handles and with a proper signage

7.4.5 Nursing Station Area/Reception

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition

c) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
d) All switches, switch boards and thermostats should be properly fixed, clean and working
e) All AC vents should be clean, working and properly fixed
f) Nursing station (glass plus wooden part) should be properly fixed, clean, not broken from anywhere. There should be no paper pastings.
g) Cupboards should be properly fixed, free of dust and any stain
h) Computer terminals should be properly placed, working and neat and clean
i) CPUs should be properly placed on a stand and clean with it wires managed properly
j) Pin boards should be properly fixed
k) Telephones should be properly placed, working
l) Photocopier and printers should be properly arranged and working
m) Bar code machine should be properly placed and working
n) Vinyl flooring should be properly fixed, clean, unstained, not torn from anywhere
o) Nursing call system, pneumatic shoot system should be properly fixed and working
p) Notice board should be properly arranged and round table should be properly placed and clean
q) Patient record files and other papers should be properly arranged and kept in proper drawers
r) Suggestion box should be clean, locked and placed properly
s) Washbasin behind nursing station should be clean, well managed with hand dryer and soap dispenser
t) Dust bins on nursing station should be clean, properly covered and half empty at all times
u) Crash cart machine should be properly placed, always ready, clean and properly working

7.4.6 Discharge Lounge/Waiting Area

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
c) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
d) All switches, switch boards and thermostats should be properly fixed, clean and working
e) All AC vents should be clean, working and properly fixed
f) Window blinds should be properly fixed without any gaps, clean and working
g) Window glasses should be clean, free of dust and properly fixed with proper silicon
h) Dust-bin should be clean, properly covered and half empty at all times

i) All chairs, recliners, tables should be properly placed, clean and dust free and not torn
j) Newspaper stands, metal cupboards and racks should be properly placed, rust free and clean

7.4.7 Lift Lobby

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
c) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
d) All switches, switch boards and thermostats should be properly fixed, clean and working
e) All AC vents should be clean, working and properly fixed
f) Window blinds should be properly fixed without any gaps, clean and working
g) Window glasses should be clean, free of dust and properly fixed with proper silicon
h) Lift doors, wooden boards, lift buttons and their frame work should be properly fixed, clean and stain free

7.4.8 Consultation rooms

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
c) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
d) All switches, switch boards and thermostats should be properly fixed, clean and working
e) All AC vents should be clean, working and properly fixed
f) Window blinds should be properly fixed without any gaps, clean and working
g) Window glasses should be clean, free of dust and properly fixed with proper silicon
h) Hands washing area along with hand dryer/tissue box, sanitizers and taps should be properly placed, rust free and stain free
i) Examination table and examination stool should be properly placed

j) Table, chairs along with drawers with all the documents should be properly arranged and placed properly
k) View box, telephone, computer terminals should be properly placed and arranged
l) Door and door handle along with hangers behind doors should be clean, properly working and should not make any noise. Also, the handles should not be loose
m) Signage of doctors' name should be properly pasted with standard font and font size
n) No paper pastings in the room and if needed should be pasted neatly
o) Dust-bin should be clean, properly covered and half empty at all times

7.4.9 Pantry Area

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
c) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
d) All switches, switch boards and thermostats should be properly fixed, clean and working
e) All AC vents should be clean, working and properly fixed
f) Door and door handle along with hangers behind doors should be clean, properly working and should not make any noise. Also, the handles should not be loose
g) No paper pastings in the room and if needed should be pasted neatly
h) Cupboards and drawers should be properly fixed, neat and clean and dry
i) Washbasin and drinking water area should be clean, stain free and without any seepages
j) Refrigerator, microwave and F&B trolleys should be clean, dust free and stain free
k) Corner guards should be fixed on both the columns

7.4.10 Other Rooms

7.4.10.1 HK/DU/CU

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition

c) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
d) All switches, switch boards and thermostats should be properly fixed, clean and working
e) All AC vents should be clean, working and properly fixed
f) Door and door handle along with hangers behind doors should be clean, properly working and should not make any noise. Also, the handles should not be loose
g) Washbasin behind nursing station should be clean, well managed with hand dryer and soap dispenser
h) No paper pastings in the room and if needed should be pasted neatly
i) Metal Racks should be properly placed, clean and rust free
j) All materials, linen should be arranged in a proper fashion.
k) In DU, biomedical waste is to be put in respective dust bins and should be kept properly and clean
l) HK trolleys, equipments should be clean and properly placed

7.4.10.2 Doctor room/Equipment room/Medication room

a) All walls should be free of stains, cracks, discoloration, seepage and gaps
b) All ceilings should have sensors, speakers, sprinklers properly placed, cleaned and should be in working condition
c) All ceiling lights should be working, clean, having proper covers and there should be no gaps between the lights and the ceilings.
d) All switches, switch boards and thermostats should be properly fixed, clean and working
e) All AC vents should be clean, working and properly fixed
f) Door and door handle along with hangers behind doors should be clean, properly working, have proper bidding and should not make any noise. Also, the handles should not be loose
g) Washbasin behind nursing station should be clean, well managed with hand dryer and soap dispenser
h) Window blinds should be properly fixed without any gaps, clean and working
i) Window glasses should be clean, free of dust and properly fixed with proper silicon
j) Cupboards and drawers should be properly fixed, neat and clean and dry
k) Metal Racks should be properly placed, clean and rust free
l) Refrigerator and F&B trolleys should be clean, dust free and stain free
m) Racks, beds in doctors room should be properly placed and clean
n) Syringe dispensing box and other medication in medication room should be properly placed, arranged and clean.

7.5 How to get the job done? – Escalation Matrix

7.5.1 Engineering

Engineering Helpline – 24 Hours Speed Dial:1200	FLOOR MANAGER Speed Dial Mobile
CALL THIS NUMBER	
Mobile:965-089-0489	Shift engineer
Mobile:965-089-0488	General Manager(Mr. Paul Jackob, Mr. Ashok)
Mobile:997 –169– 8195	HOD(Mr. Mukesh Gaur)
Mobile: 999 – 901 – 6684	Mr. Pankaj Sahni – C.O.O. (Medanta)

7.5.2 Housekeeping

7.5.2.1 In-Patient Department (IPD)

Housekeeping Helpline – 24 Hours **88101** **Mobile: 956- 039- 8926**	**FLOOR MANAGER** **Speed Dial** **Mobile**
CALL THIS NUMBER	
	Supervisor
Speed Dial:88101 Mobile:956 – 039 – 8926	Medanta – Sr. Exec. / Supervisor
Speed Dial:88713 Mobile:981 – 897 – 5803	Vinay Tiwari – Deputy Mngr.
Speed Dial:88496 Mobile: 965 – 089 - 8443	Vivek Krishna – Sr. Mngr. H.K. (Medanta)
Speed Dial:88494 Mobile: 965 – 089 – 8223	Ms. Madhu Dubey – Exec. Housekeeper. (Medanta)
Mobile: 999 – 901 – 6684	Mr. Pankaj Sahni – C.O.O. (Medanta)

7.5.2.2 Out-Patient Department (OPD)

Housekeeping Helpline – 24 Hours **Speed Dial: 88101** **Mobile: 956- 039- 8926**	**ANS– Saleen Jose** **Speed Dial: NIL** **Mobile: 965-042-9780**
CALL THIS NUMBER	
	Supervisor
Speed Dial:88101 Mobile:956 – 039 – 8926	Medanta – Sr. Exec. / Supervisor
Speed Dial:88713 Mobile:981 – 897 – 5803	Vinay Tiwari – Deputy Mngr.
Speed Dial:88496 Mobile: 965 – 089 - 8443	Vivek Krishna – Sr. Mngr. H.K. (Medanta)
Speed Dial:88494 Mobile: 965 – 089 – 8223	Ms. Madhu Dubey – Exec. Housekeeper. (Medanta)
Mobile: 999 – 901 – 6684	Mr. Pankaj Sahni – C.O.O. (Medanta)

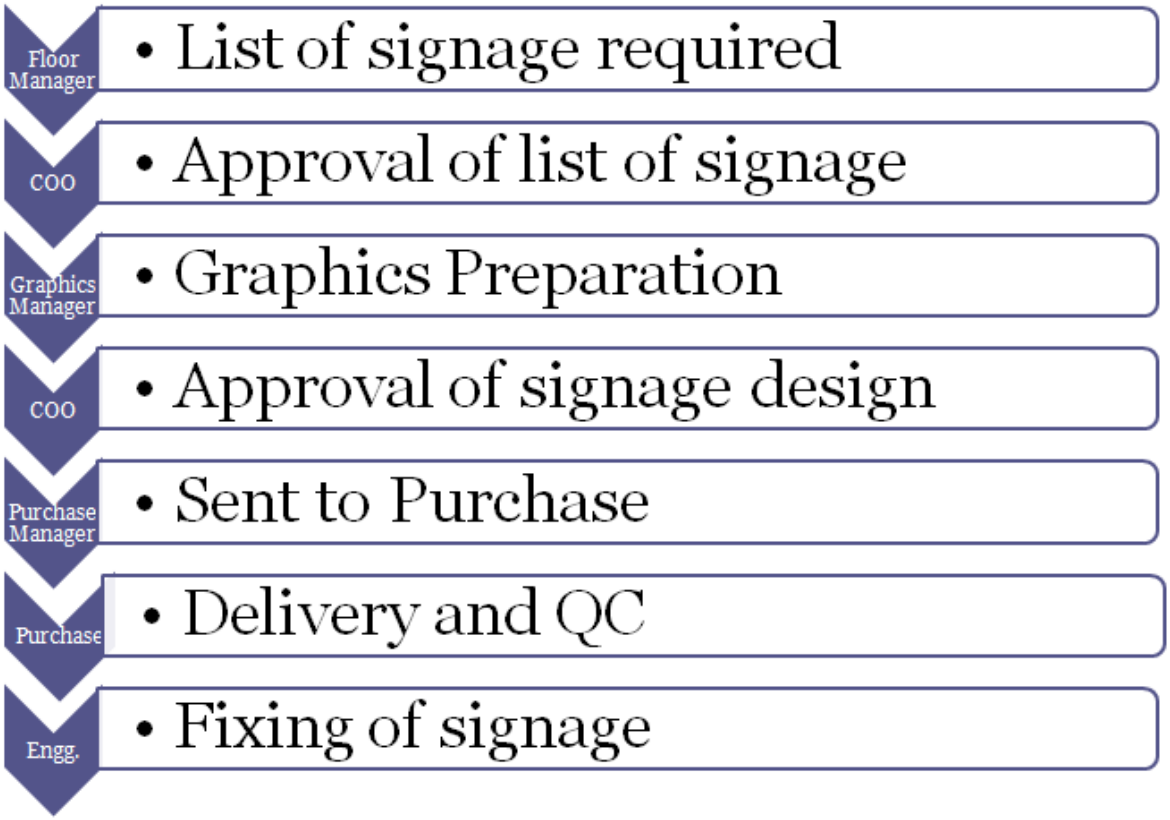
7.5.3 Bio Medical Engineering

Biomedical Engineering Helpline – 24 Hours **Speed Dial: 1157, 1192** **Mobile:880-049-4219, 965-089-8561**	**FLOOR MANAGER** **Speed Dial** **Mobile**
CALL THIS NUMBER	
Mobile:880-049-4219	Jr. Biomedical Engineering
Mobile:997-169-8156	Manager- R. Raghav
Mobile:997-169-8140	AGM-M. Pinto
Mobile: 965 – 089 - 8443	Mr. B. Kaul (V.P. supply chain)
Mobile: 999 – 901 – 6684	Mr. Pankaj Sahni – C.O.O. (Medanta)

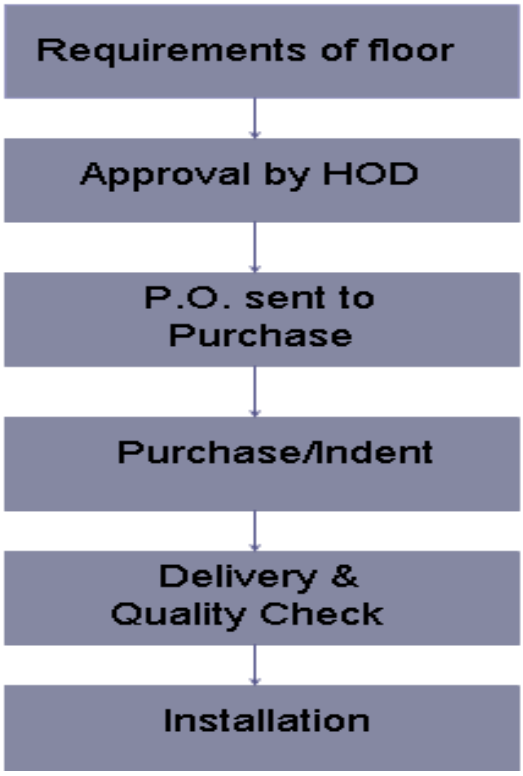
7.5.4 Food & Beverage

F$B Helpline – 24 Hours **Speed Dial: 88527** **Mobile:880-049-4256**	**FLOOR MANAGER** **Speed Dial** **Mobile**
CALL THIS NUMBER	
Written on Pantry White Board	F$B Duty Manager(24 hours)
Mobile:997-169-8202	Sr. Manager- Surjan Sen
Speed Dial: 88127 Mobile:965-069-2802	HOD- Vivek Sinha
Mobile: 999 – 901 – 6684	Mr. Pankaj Sahni – C.O.O. (Medanta)

7.5.5 Process to be followed for getting new Signage



7.5.6 Purchase process



Chapter -8

RESULTS

On various floors all the issues which were present in snag list as well as observed issues were covered and audits were done for every floor after a specified period of time (one week for one floor).

All the issues related to all the departments of support services were resolved. Departments included:

- Housekeeping
- Engineering
- Maintenance
- IT
- Biomedical Engineering
- Graphics
- F&B
- Purchase

Following were the floors covered along with inpatient rooms:

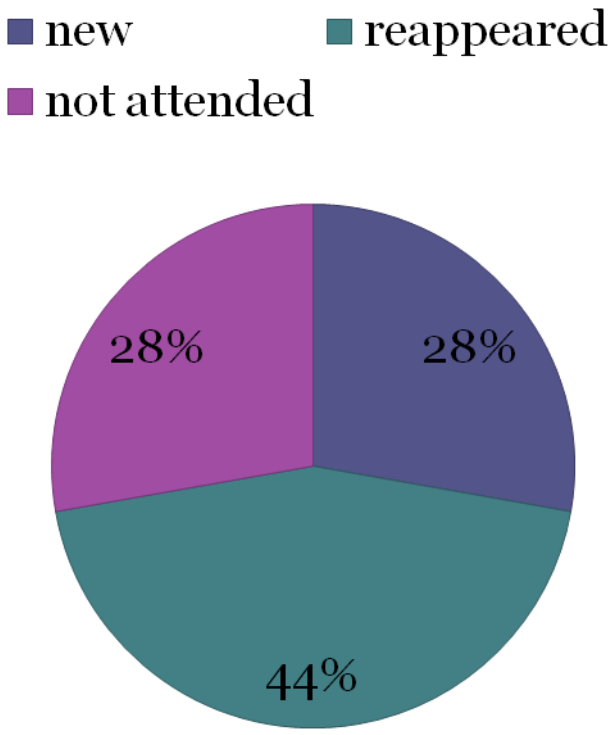
Floors Covered	Areas	No. of IP rooms done
5th	OPD+IPD	5
7th	IPD	9
8th	IPD	6
9th	IPD	11
11th	OPD+IPD	6
12th	OPD+IPD	7
14th	OPD+IPD	10
15th	IPD	11

Chapter – 9

CASE STUDY

According to process explained above work has been done on various floors. But for such a project to be successful there needs to be a consistency in the work and and the issues which are in large numbers needs to be controlled. The first floor taken up was 5th floor and after three week there was an audit on 5th floor and again there were some issues on that floor. On 14th April no. of issues were 383 and during an audit on 3rd may no. of issues were 36. The analysis of these issues which have come up again:

- 10 issues were overlooked
- 9 have reappeared
- 17 are new



9.1 Types of Issues

IDENTIFIED ISSUES	TYPE	POSSIBLE CAUSES
Door Handle Loose	**Repeat**	**Workmanship**
Ceiling light pop chipped off	**Repeat**	**Workmanship**
Seepage	**New**	**Engg.**
Wall Corners and wall guards broken	**New**	**Discipline**
Signage torn	**New**	**Discipline**
Ceiling light gap	**Not attended**	

9.2 Inference of Case Study

The case study explained above reveals that 44% issues have reappeared which has workmanship problem which has to be improved and 28% are new means issues are coming at a faster rate and all of these seem to be discipline issues which can be controlled by consistent effort. If all these issues can be controlled then the rate at which issues appear on a floor will be reduced to a much higher extent.

Chapter – 10

CONCLUSION

The new process above explained for the has been useful and more systematic in approach to maintain the floors and also to make a clear demarcation of who does what and the detailed attention which is required to maintain the floor. Also the case study shows that consistent effort on every one on the floor is required to make this project a success. Although the floors which were taken up after 5th floor (all other floors) had daily briefing sessions of all the staff members to maintain discipline and to reduce causes of damage .Also the acceptable standards were inculcated in the grass root employees so that to avoid repeat issues.

The maintenance of the rooms on the floors were done according to the availability of the rooms during the discharge time and a system has been proposed for maintaining all the rooms on the floors so that no room remains unmaintained. Overall the project was a successful initiative to set a process for overall maintenance of the floors.

Chapter – 11

IMPROVEMENTS

8. Improvements after adopting the new approach

- Streamlining maintenance work on the floor
- Clarity of processes among floor managers
- Sense of ownership
- Security key nos.
- Discipline
- Clarity of acceptable standards to grass root employees
- No unnecessary paper pastings
- The employees know whom to approach for any floor related issue

Chapter – 12

RECOMMENDATIONS

- Checklist should be followed for keeping a track of status(refer to Annexure – B)
- Streamlining of process followed for IP room maintenance
- A White board having a visual presentation of status on the floor
- Provision of pin boards in OPD consultation where required
- Briefing of F&B, HK staff to reduce causes of damage and to maintain discipline
- Process to be followed for remaining rooms (refer to Annexure – A)

SUMMER TRAINING LEARNING

The overall training was very valuable.

The main aim of the training that is to get exposure to the functioning of the organization by visiting all permissible departments, programs in addition to assist the organization howsoever required and do intensive study on the assigned task was all fulfilled .the summer training equipped me with proficient techniques ,exposure to professional world and loads of knowledge and wisdom.

The visit to all the clinical and non clinical departments was very good experience of learning functioning of hospital. It helped me to get familiar, adapted and habituated to hospital working.

The summer training provided me incompatible experience. Due to support and guideline of my mentor and hospital staff, I could acquire skills and exposure.

Few of the learning are as follows:

Hospital policies, standards and protocols

Working of hospital

Functioning of patient care system

Department knowledge

Patient safety, rights and responsibilities

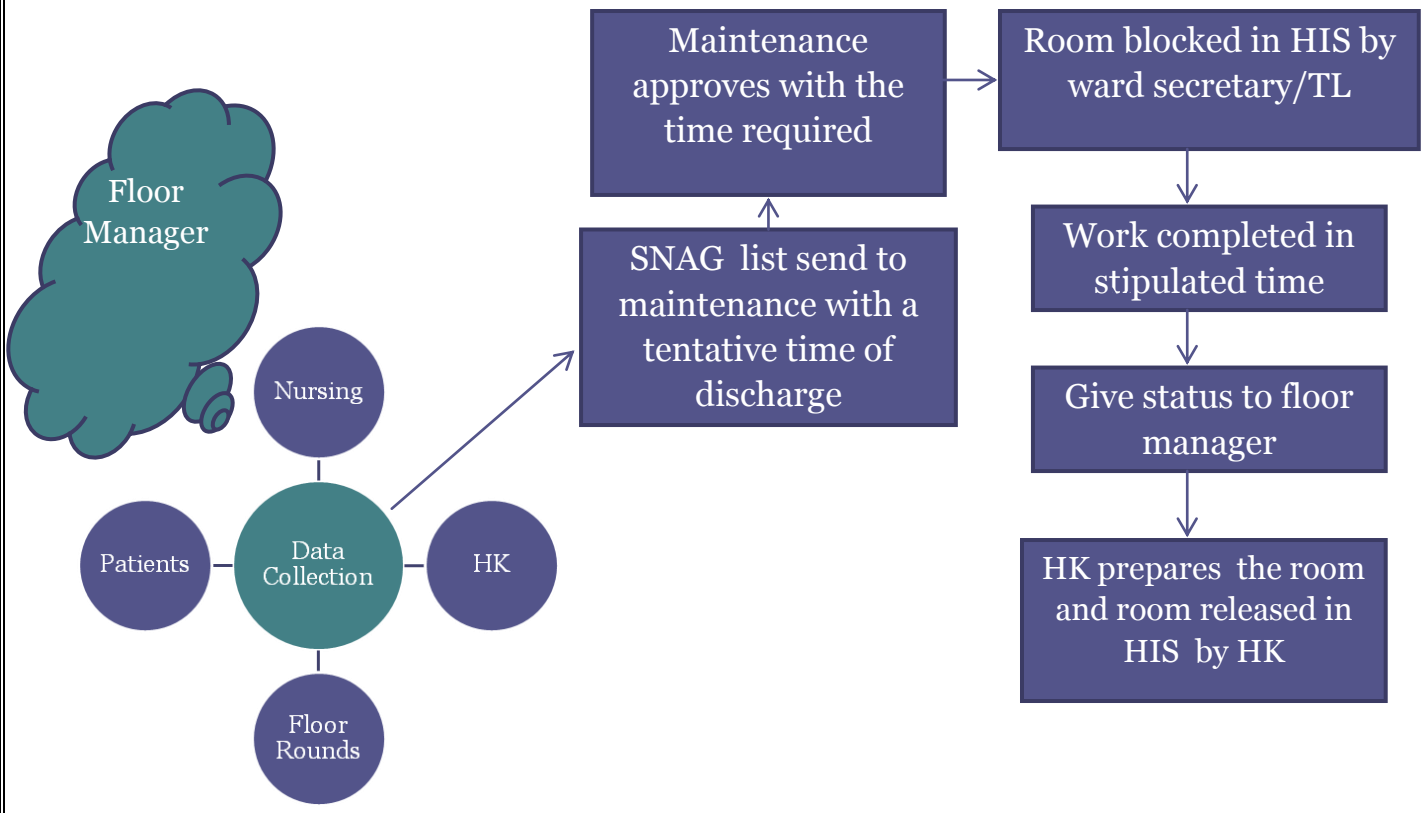
Clinical and non clinical terms to be used on work

Coordination of activities-recruitment, selection, performance appraisals etc.

Chapter -13

ANNEXURES

Annexure - A



Annexure – B

Checklists

IPD Maintenance Checklist

S.No.	Corridor Area	Status
1	Walls *Free from cracks, discoloration& dust*	
2	Ceiling *Free from cracks, discoloration& dust*	
3	A/C grill, louvers *Properly fixed, working & clean*	
4	Wall Guards *Free from cracks, properly fixed,clean*	
5	Vinyl Flooring *Properly fixed, clean&stain free*	
6	Switches *Properly covered,fixed, working & clean*	
7	Skirting *Properly fixed, clean & stainless*	
8	Corner guards *Properly fixed, clean & stainless*	
9	Signages *Properly fixed, uniform & clean*	
10	Fire exits & shafts *Properly fixed, closed & clean*	
11	Number plates *Properly placed, fixed with sliders& clean*	
12	Door and Door frames *Properly placed, fixed ,stainfree clean*	
13	Call Bells *Properly placed, fixed ,working & clean*	
14	Glass doors *Properly placed, fixed with handles & clean*	
15	Ceiling lights,sprinklers, cameras *Properly placed, fixed ,working & clean*	
	Nursing Station	
16	Walls *Free from cracks, discoloration& dust*	
17	Ceiling *Free from cracks, discoloration& dust*	
18	A/C grill, louvers *Properly fixed, working & clean*	

19	Ceiling lights,sprinklers, cameras *Properly placed, fixed ,working & clean*	
20	Suggestion Box *Properly fixed, clean*	
21	Floor *Free from cracks, discoloration& dust*	
22	Switches *Properly covered,fixed, working & clean*	
23	Nursing station glass/wooden *Properly covered,fixed, working & clean*	
24	Cupboards & drawers *Properly fixed, arranged & clean*	
25	Computer Terminals *Properly fixed & working*	
26	Pin boards *Properly fixed & clean*	
27	Telephone *Properly placed, working & clean*	
28	Printer, Xerox machine & Bar code machine *Properly fixed working & clean*	
29	Nursing call system/pneumatic shoot system *Properly fixed & working*	
30	Notice board & round Table *Properly placed and arranged mannerly*	
31	Suggestion Box *Properly placed, fixed & clean*	
32	Files and patient records *Properly arranged, in place & clean*	
33	Washbasin,soap dispenser &hand dryers *Properly fixed, working and clean*	
34	Crash cart machine *Properly placed, always ready, working & clean*	
35	Dust bin *Properly covered,in place & clean*	
	Discharge Lounge	
36	Walls *Free from cracks, discoloration& dust*	
37	Ceiling *Free from cracks, discoloration& dust*	
38	A/C grill, louvers *Properly fixed, working & clean*	

39	Ceiling lights,sprinklers, cameras *Properly placed, fixed ,working & clean*	
40	Glass/ Glazing: *Properly fixed, clean & stainless*	
41	Floor *Free from cracks, discoloration& dust*	
42	Switches *Properly covered,fixed, working & clean*	
43	Window blinds *Properly fixed, working & clean*	
44	Window Glasses *Properly fixed, clean & stainless*	
45	Dust bin *Properly covered,in place & clean*	
46	Chairs/recliners/tables *Properly placed, clea, dust free & not torn*	
47	Newspaper stands/metal cupboards/racks *Properly placed, clean& rust free*	
	Patient rooms	
48	Walls *Free from cracks, discoloration& dust*	
49	Ceiling *Free from cracks, discoloration& dust*	
50	A/C grill, louvers *Properly fixed, working & clean*	
51	Ceiling lights,sprinklers, cameras *Properly placed, fixed ,working & clean*	
52	Glass/ Glazing: *Properly fixed, clean & stainless*	
53	Floor *Free from cracks, discoloration& dust*	
54	Switches *Properly covered,fixed, working & clean*	
55	Window blinds *Properly fixed, working & clean*	
56	Signages *Properly fixed, uniform & clean*	
57	Patient beds *Properly fixed side rails, working & clean*	
58	Patient bed headlight *Properly fixed, clean & working with all equipments*	
59	Calling Bell *Properly fixed, working & clean*	

60	Fittings/ Furniture/Railings/Seating *Properly fixed ,working ,not torn & clean*	
61	Medication table *Properly working & clean*	
62	TV/Remotes/Telephone *Properly working & clean*	
63	Linen Hamper *Properly fixed & clean*	
64	Pin boards *Properly fixed & clean*	
65	Slab *Properly clean& stainfree*	
66	Water glasses/jug *Properly clean & covered*	
67	Wardrobe *Properly aligned, clean, free of discoloration & have proper handles*	
68	Dust bin *Properly covered,in place & clean*	
69	Couch,Upholetsry,Chairs *Properly fixed, clean & not torn*	
70	Doors & door handles *Properly fixed with bidding, not loose and not noisy*	
71	Corner guards *Properly fixed on both columns*	
72	Air curtain *Properly clean & fixed*	
73	Curtains(in twin sharing rooms) *Properly fixed,working &clean*	
	Lift Lobby Area	
74	Walls *Free from cracks, discoloration & dust*	
75	Ceiling *Free from cracks, discoloration& dust*	
76	A/C grill, louvers *Properly fixed, working & clean*	
77	Ceiling lights *Properly fixed ,working & clean*	
78	Glass/ Glazing: *Properly fixed, clean & stainless*	
79	Floor *Free from cracks, discoloration& dust*	
80	Fittings/ Furniture/Railings/Seating *Properly fixed ,working ,not torn & clean*	

81	Signages *Properly fixed, uniform & clean*	
82	Lift doors & buttons *Properly fixed, clean & stainless*	
Washrooms		
83	Walls *Free from cracks, discoloration& dust*	
84	Ceiling *Free from cracks, discoloration& dust*	
85	A/C grill, louvers *Properly fixed, working & clean*	
86	Ceiling lights *Properly fixed ,working & clean*	
87	Floor *Free from cracks, discoloration& dust*	
88	Signages *Properly fixed, uniform & clean*	
89	Doors & door frames *Properly fixed, clean & stainless*	
90	Dust bin *Properly covered,in place & clean*	
91	Tap, flush, washbasin, Seatcover *Properly fixed, working & clean*	
92	Hand dryer, soap dispenser, toilet roll holder *Properly fixed, working & clean*	
93	Wasbasin and W/c seatcover silicon *Properly fixed, clean and unstained*	
94	Switches *Properly covered,fixed, working & clean*	
95	Mirrors *Properly fixed, clean and unstained*	
Patient washrooms		
96	Walls *Free from cracks, discoloration& dust*	
97	Ceiling *Free from cracks, discoloration& dust*	
98	A/C grill, louvers *Properly fixed, working & clean*	
99	Ceiling lights *Properly fixed ,working & clean*	
100	Floor *Free from cracks, discoloration& dust*	
101	Signages *Properly fixed, uniform & clean*	

102	Doors & door frames *Properly fixed, clean & stainless*	
103	Dust bin *Properly covered,in place & clean*	
104	Tap, flush, washbasin, Seatcover *Properly fixed, working & clean*	
105	Hand dryer, soap dispenser, toilet roll holder *Properly fixed, working & clean*	
106	Wasbasin and W/c seatcover silicon *Properly fixed, clean and unstained*	
107	Mirrors *Properly fixed, clean and unstained*	
108	Curtains *Properly fixed,placed & clean*	
109	Switches *Properly covered,fixed, working & clean*	
110	Toiletories *Properly placed working & clean*	
111	Chair,bucket,mug *Properly fixed,placed & clean*	
112	Towel holder and soap holder *Properly fixed, clean and unstained*	
Pantry		
113	Walls *Free from cracks, discoloration& dust*	
114	Ceiling *Free from cracks, discoloration& dust*	
115	A/C grill, louvers *Properly fixed, working & clean*	
116	Ceiling lights *Properly fixed ,working & clean*	
117	Floor *Free from cracks, discoloration& dust*	
118	Signages *Properly fixed, uniform & clean*	
119	Doors & door frames *Properly fixed, clean & stainless*	
120	Switches *Properly covered,fixed, working & clean*	
121	Dust bin *Properly covered,in place & clean*	
122	Refrigerator & microwave *Properly fixed, working & clean*	

123	Cupboards & drawers *Properly fixed, arranged & clean*	
124	F&B Trolleys *Properly fixed, clean & not noisy*	
125	Water dispensing Area *Properly fixed, clean & seepage free*	

Shafts

126	All shafts in corridor area & floor *Properly locked & regularly cleaned*	
127	Shaft doors *Properly clean, stainfree & not clipped off*	
128	AHUs *Properly closed, clean, have fixed door handles & proper signage*	
Other rooms (DU/CU/HK)		
129	Walls *Free from cracks, discoloration& dust*	
130	Ceiling *Free from cracks, discoloration& dust*	
131	A/C grill, louvers *Properly fixed, working & clean*	
132	Ceiling lights *Properly fixed ,working & clean*	
133	Floor *Free from cracks, discoloration& dust*	
134	Signages *Properly fixed, uniform & clean*	
135	Doors & door frames *Properly fixed, clean & stainless*	
136	Dust bin *Properly covered,in place & clean*	
137	Switches *Properly covered,fixed, working & clean*	
138	Racks *Properly fixed,rust free and clean*	
139	Materials and Equipments *Neat and clean, properly arranged and clean and labellling done*	
140	Washbasin,soap dispenser &hand dryers *Properly fixed, working and clean*	
141	BMW bins *Clean bins with color coded bags & appropriatiate stickers, bags 2/3 filled and tied with stickers*	

Other rooms (Doctor/Equipment/Medication)

142	Walls *Free from cracks, discoloration& dust*	
143	Ceiling *Free from cracks, discoloration& dust*	
144	A/C grill, louvers *Properly fixed, working & clean*	
145	Ceiling lights *Properly fixed ,working & clean*	
146	Floor *Free from cracks, discoloration& dust*	
147	Signages *Properly fixed, uniform & clean*	
148	Doors & door frames *Properly fixed, clean & stainless*	
149	Dust bin *Properly covered,in place & clean*	
150	Switches *Properly covered,fixed, working & clean*	
151	Racks *Properly fixed,rust free and clean*	
152	Materials and Equipments *Neat and clean, properly arranged and clean and labellling done*	
153	Washbasin,soap dispenser &hand dryers *Properly fixed, working and clean*	
154	Window Blinds *Properly working,fixed, working & clean*	
155	Glass Windows *Properly fixed,rust free and clean*	
156	Refrigerator in Medication room *properly fixed, arranged and clean*	
157	Beds in Doctor room *Properly fixed , placed and clean*	

OPD Maintenance Checklist

S.No.	OPD reception area	Status
1	Walls *Free from cracks, discoloration& dust*	
2	Ceiling *Free from cracks, discoloration& dust*	
3	A/C grill, louvers Properly fixed, working & clean	
4	Ceiling lights *Properly fixed ,working & clean*	
5	Glass/ Glazing *Properly fixed, clean & stainless*	
6	Floor- *Free from cracks, discoloration& dust*	
7	Switches *Properly covered,fixed, working & clean*	
8	Service desk & counters *Properly fixed, arranged & clean*	
9	Exhibit display and FIDS Displays *Properly fixed ,working & clean*	
10	Fittings/ Furniture/Railings/Seating *Properly fixed ,working ,not torn & clean*	
11	Public phone/help phone *Properly working & clean*	
12	Leather sofas/chairs *Properly placed, not torn and clean*	
13	Computer Terminals *Properly fixed & working*	
14	Wires Properly arranged & clean	
15	Printer & Bar code machine *Properly fixed working & clean*	
16	Cupboards & drawers *Properly fixed, arranged & clean*	
17	Pin boards *Properly fixed & clean*	
18	Files and patient records *Properly arranged, in place & clean*	
19	Dust bin *Properly covered,in place & clean*	
Corridor Area		
20	Walls *Free from cracks, discoloration& dust*	

21	Ceiling *Free from cracks, discoloration& dust*	
22	A/C grill, louvers *Properly fixed, working & clean*	
23	Ceiling lights *Properly fixed ,working & clean*	
24	Glass/ Glazing: *Properly fixed, clean & stainless*	
25	Floor- *Free from cracks, discoloration& dust*	
26	Switches *Properly covered,fixed, working & clean*	
27	Skirting *Properly fixed, clean & stainless*	
28	Corner guards *Properly fixed, clean & stainless*	
29	Doors & door frames *Properly fixed, clean & stainless*	
30	Signages *Properly fixed, uniform & clean*	
31	Fire exits & shafts *Properly fixed, closed & clean*	
32	Suggestion Box *Properly placed, fixed & clean*	
Waiting Area		
33	Walls *Free from cracks, discoloration& dust*	
34	Ceiling *Free from cracks, discoloration& dust*	
35	A/C grill, louvers *Properly fixed, working & clean*	
36	Ceiling lights *Properly fixed ,working & clean*	
37	Glass/ Glazing: *Properly fixed, clean & stainless*	
38	Floor- *Free from cracks, discoloration& dust*	
39	Switches*Properly covered,fixed, working & clean*	
40	LCD *Properly fixed, working & clean*	
41	Fittings/ Furniture/Railings/Seating *Properly fixed ,working ,not torn & clean*	
42	Leather sofas/chairs *Properly placed, not torn and clean*	

43	Signages *Properly fixed, uniform & clean*	
44	Dust bin *Properly covered,in place & clean*	
OPD consultation room		
45	Walls *Free from cracks, discoloration& dust*	
46	Ceiling *Free from cracks, discoloration& dust*	
47	A/C grill, louvers *Properly fixed, working & clean*	
48	Ceiling lights *Properly fixed ,working & clean*	
49	Glass/ Glazing: *Properly fixed, clean & stainless*	
50	Floor- *Free from cracks, discoloration& dust*	
51	Switches *Properly covered,fixed, working & clean*	
52	Fittings/ Furniture/Railings/Seating *Properly fixed ,working ,not torn & clean*	
53	Leather sofas/chairs *Properly placed, not torn and clean*	
54	Signages *Properly fixed, uniform & clean*	
55	Doors & door frames *Properly fixed, clean & stainless*	
56	Window blinds *Properly fixed, working & clean*	
57	Hands washing area *Properly fixed, clean & seepage free*	
58	Hands washing area *Properly fixed, clean & seepage free*	
59	Files and patient records *Properly arranged, in place & clean*	
60	Cupboards & drawers *Properly fixed, arranged & clean*	
61	Viewbox & pinboards *Properly fixed, working & clean*	
62	Computer Terminals *Properly fixed & working*	
63	Dust bin *Properly covered,in place & clean*	
OPD stair cases		

64	Walls *Free from cracks, discoloration& dust*	
65	Railings *Free from cracks, discoloration& dust*	
66	Steps: *Free from cracks, discoloration& dust*	
	Lift Lobby Area	
67	Walls *Free from cracks, discoloration& dust*	
68	Ceiling *Free from cracks, discoloration& dust*	
69	A/C grill, louvers *Properly fixed, working & clean*	
70	Ceiling lights *Properly fixed ,working & clean*	
71	Glass/ Glazing: *Properly fixed, clean & stainless*	
72	Floor- *Free from cracks, discoloration& dust*	
73	Fittings/ Furniture/Railings/Seating *Properly fixed ,working ,not torn & clean*	
74	Signages *Properly fixed, uniform & clean*	
75	Lift doors & buttons *Properly fixed, clean & stainless*	
	Washrooms	
76	Walls *Free from cracks, discoloration& dust*	
77	Ceiling *Free from cracks, discoloration& dust*	
78	A/C grill, louvers *Properly fixed, working & clean*	
79	Ceiling lights *Properly fixed ,working & clean*	
80	Floor- *Free from cracks, discoloration& dust*	
81	Signages *Properly fixed, uniform & clean*	
82	Doors & door frames *Properly fixed, clean & stainless*	
83	Dust bin *Properly covered,in place & clean*	
84	Tap, flush, washbasin, Seatcover *Properly fixed, working & clean*	

85	Hand dryer, soap dispenser, toilet roll holder *Properly fixed, working & clean*	
86	Wasbasin and W/c seatcover silicon *Properly fixed, clean and unstained*	
87	Switches *Properly covered,fixed, working & clean*	
88	Mirrors *Properly fixed, clean and unstained*	
Other rooms (DU/CU/HK)		
89	Walls *Free from cracks, discoloration& dust*	
90	Ceiling *Free from cracks, discoloration& dust*	
91	A/C grill, louvers *Properly fixed, working & clean*	
92	Ceiling lights *Properly fixed ,working & clean*	
93	Floor- *Free from cracks, discoloration& dust*	
94	Signages *Properly fixed, uniform & clean*	
95	Doors & door frames *Properly fixed, clean & stainless*	
96	Dust bin *Properly covered,in place & clean*	
97	Switches *Properly covered,fixed, working & clean*	
98	Racks *Properly fixed,rust free and clean*	
99	Materials and Equipments *Neat and clean, properly arranged and clean and labellling done*	
100	Washbasin,soap dispenser &hand dryers *Properly fixed, working and clean*	
101	BMW bins *Clean bins with color coded bags & appropriatiate stickers, bags 2/3 filled and tied with stickers*	
Pantry		
102	Walls *Free from cracks, discoloration& dust*	
103	Ceiling *Free from cracks, discoloration& dust*	

104	A/C grill, louvers *Properly fixed, working & clean*	
105	Ceiling lights *Properly fixed ,working & clean*	
106	Floor- *Free from cracks, discoloration& dust*	
107	Signages *Properly fixed, uniform & clean*	
108	Doors & door frames *Properly fixed, clean & stainless*	
109	Switches *Properly covered,fixed, working & clean*	
110	Dust bin *Properly covered,in place & clean*	
111	Refrigerator & microwave *Properly fixed, working & clean*	
112	Cupboards & drawers *Properly fixed, arranged & clean*	
113	F&B Trolleys *Properly fixed, clean & not noisy*	
114	Water dispensing Area *Properly fixed, clean & seepage free*	