

MIDNAPORE CITY COLLEGE

Affiliated to: **VIDYASAGAR UNIVERSITY**



PROJECT REPORT ON AN OVERVIEW OF KOTHARI MEDICAL CENTRE

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To Whom It May Concern

This is to certify that Mr. Indranil Chatterjee, S/O Mr. Sankar Chatterjee, pursuing Masters in Hospital Administration, has undergone an internship in this hospital and has successfully completed his training in Medical Records Department for a period of two (2) months from 15th February, 2023 to 15th April, 2023.

We wish him all the best for his future endeavors.

For Kothari Medical Centre

Rajendra Singh
General Manager-HR



DECLARATION

I do here by declare that project work entitled “**AN OVERVIEW OF KOTHARI MEDICAL CENTRE**” submitted by me for the partial fulfillment of the requirement for the award of Masters in Hospital Administration (MHA) is record of my own research work. The report embodies the finding based on my study and observation and has not been submittedearlier for the award of any degree or diploma to any Institute or University.

I assert the statements made and conclusions are drawn are an outcome of my research work.I further certify that:

- The work contained in the report is original and has been done by me under the general supervision of my supervisor.
- The work has not been submitted to any other Institution for any other degree/diploma/certificate in this University or any other University of India or abroad.
- I have followed the guidelines provided by the university in writing the report.

DATE :

PLACE :

INDRANIL CHATTERJEE

MHA, 4th SEM

MIDNAPORE CITY COLLEGE

ACKNOWLEDGEMENT

Throughout this project a number of people have provided a lot of support, encouragement, and constructive criticism. Sincere thanks and heartfelt gratitude to them all for their long support. At first, I see out a great deal of thanks that I owed to **KOTHARI MEDICAL CENTRE** for giving me a chance to do a project on such topic “**AN OVERVIEW OF KOTHARI MEDICAL CENTRE**”.

At the very onset, special thanks should be conferred to Mr. Rajendra Singh (General Manager - HR) for giving me the opportunity to complete my 2 months internship. I am also very grateful to Mr. Subhas Mahata (senior MRD executive), Ms. Sayani Mitra (junior MRD executive) & Mr. Prasad Mondal (junior MRD executive) for their immense support and constant supervision during this entire training & project.

I want to express my gratitude to Dr. Pradip Ghosh (Director, MCC) and Dr. Kuntal Ghosh (Teacher-in-charge, MCC) and Mr. Sisir Ghorai (Coordinator, Assistant Professor in Hospital management, Department of Allied Health Science, MCC) and Ms. Ananya Paul (Assistant Professor in Hospital Management, Department of Allied Health Science, MCC) and Ms. Shruti Sengupta (Assistant Professor in Hospital Management, Department of Allied Health Science, MCC).

Last but not the least, I would like to forward my gratitude to my faculty members and friends who always endured me and stood by me and without whom I could not have envisaged the completion of my project.

Indranil Chatterjee

Name of the Student

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PREFACE

Hospital is an organization that serves our society. I have observed some of the departments of KOTHARI MEDICAL CENTRE and became interacted with the employees. I have tried my best to analyze the full set-up and present scenario of the hospital very closely. The main part of my study is to understand the departmental workflow and working process of the MRD department. I have done my basic training mainly in MRD department as well as on the overview of the hospital. I have collected data from the managers and other employees of the hospital and they have helped me as much as possible.



OBJECTIVES OF THE PROJECT

I had some objectives during my internship at KOTHARI MEDICAL CENTRE. They are as followed-

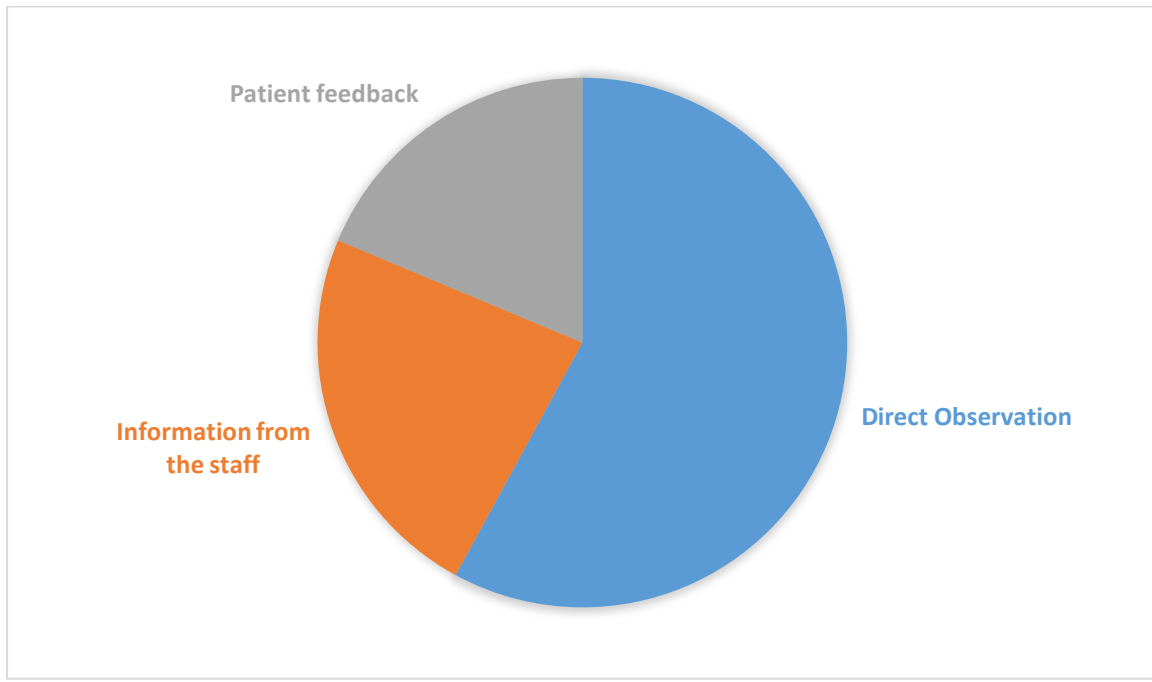
- ❖ Knowing the structure of the whole hospital.
- ❖ Observing the role of every department.
- ❖ Knowing the detailed functioning of all departments.
- ❖ Knowing the patient satisfaction level regarding the service of the hospital.
- ❖ Getting knowledge about the working procedures of various administrative staffs.
- ❖ Implementing the principles of the management in the practical field.
- ❖ Finding problems or difficulties in providing quality of services.
- ❖ Adoption of the solutions by which the service quality can be improved.



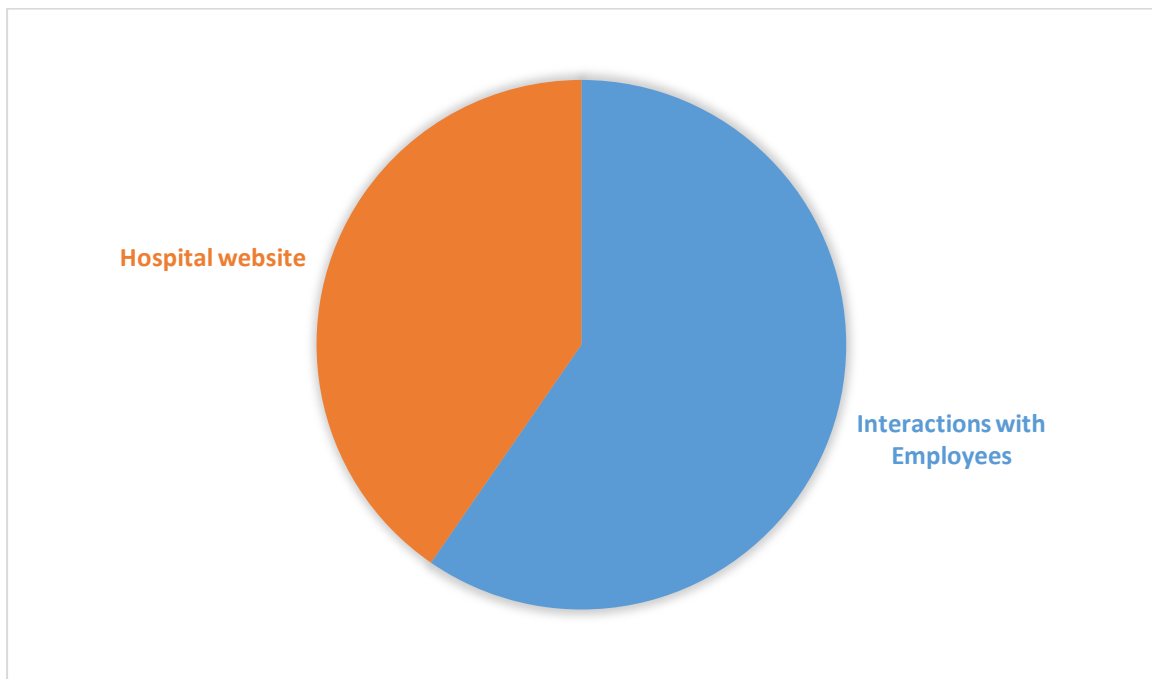
METHODOLOGY

- **Study area:** Kothari Medical Centre
- **Project name:** An overview of Kothari Medical Centre
- **Time duration:** Two months (15th February – 15th April)
- **Training hours:** Monday to Saturday (10AM – 6PM)
- **Used tool:** Laptop & Desktop
- **Source of data:**
 - **Primary data:**
 - ❖ The direct observation of the hospital's various departments,
 - ❖ The information which are provided by the hospital's staffs,
 - ❖ The data collected from the feedbacks of the patients.
 - **Secondary data:**
 - ❖ The website of the hospital.
 - ❖ Interactions with employees.

PRIMARY DATA



SECONDARY DATA



HOSPITAL PROFILE



Kothari Medical Centre is positioned as Eastern India's premier tertiary care hospital based in the capital city of Kolkata. The facility is recognized nationally and internationally for its improved patient environment and delivery of high-quality, affordable healthcare.

The Centre was founded by Shri G.D Kothari - a philanthropist of stature and foresight, who wanted to bring together the finest medical & surgical talents and techniques and the best diagnostic and surgical facilities in one place.

In 1971 the Kothari Centre for Gastroenterology became a reality and it laid the foundation stone of one of the most high-performing medical facilities in Kolkata – Kothari Medical Centre.

Kothari Medical Centre is a magnificent 10 storied, 360 bedded centrally air-conditioned Hospital and is a city landmark at 8/3, Alipore Road, Kolkata, where ancient medical heritage and values meet modern and contemporary medical techniques.

Kothari Medical Centre's motto "Dedicated to specialized Medical Care" bears long-standing tradition of excellence in service and commitment to provide the best possible patient care and comfort to patients during their stay in the Hospital by comprehensive medical services from diagnostics and investigations to various therapies, surgeries, post-operative care.

MISSION

We are a Health Care System dedicated to providing access to real quality services and education that improve the well-being of our rural urban segment of our country and to assimilate the finest medical & surgical talents technique in form of latest medical care crowned with finest diagnostic and surgical facilities.

VISION

To be recognized as the institution of choice for Health Care Services, Education and Employment in India.

VALUES

- ❖ **COMPASSION** - Our paramount concern is the welfare and well-being of the sick.
- ❖ **COLLEGIALITY** - We nurture success by promoting collaboration, participation and trust between individuals within an environment of sharing and mutual respect.
- ❖ **RESPECT** - We treat everyone with honesty, decency and fairness.
- ❖ **INTEGRITY** - We are committed to the highest standards of ethical conduct.
- ❖ **SOCIAL RESPONSIBILITY** - We contribute positively to the wellbeing and welfare of the community.
- ❖ **PROFESSIONALISM** - We are committed to being the best in what we do, and achieving the best possible outcomes for our patients.

ACCREDITATION

- ✓ Kothari Medical Centre is NABH accredited.



SERVICES AVAILABLE

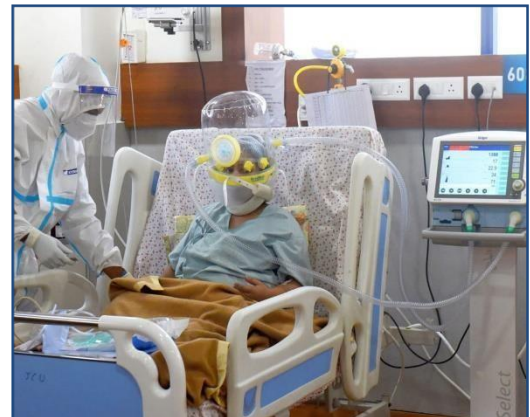
DIAGNOSTIC SERVICES

- MRI, ECG, CT scan, USG, EEG, TMT
- Special Imaging
- Color Doppler
- Mammography
- Halter Monitoring
- Pulmonary Function Test



LABORATORY SERVICES

- Clinical Pathology
- Microbiology
- Hematology
- Immunohistochemistry
- Histopathology
- Hormonal Studies



SPECIAL CARE UNITS

- ICU
- HDU

CLINICS

- Diabetic & Endocrinology Clinic
- Liver Clinic
- Pancreatic Clinic
- Child Guidance Clinic

- Stone Clinic
- Pacemaker Check-up Clinic
- ENT
- Bone & Joint Clinic
- Well Baby Clinic
- Stone Clinic
- Infertility Clinic
- Sexual Dysfunction Clinic
- Menopause Clinic
- Specialty & OPD Clinic



24-HOURS SERVICES

- Admissions
- Pathology
- Emergency
- Pharmacy
- Radiology / Imaging
- Ambulance



HEALTH SCREENING

- Executive Health Check Up
- Health Screening Schemes I, II & III
- Nutritional Screening

SURGERIES

- All major & minor Surgeries

HOSPITAL LAYOUT

BASEMENT	MORTUARY, LAUNDRY
1 ST FLOOR	EMERGENCY, TPA DESK, HELP DESK, ADMISSION COUNTER, PHARMACY, HRD, GM OFFICE, MS OFFICE, DMS OFFICE, MARKETING, MAINTENANCE, CAFETETIA, WAITING AREA
2 ND FLOOR	OPD, SPECIALITY CLINIC, BILLING DEPARTMENT, INVESTIGATION HELP DESK, USG, ECHO, ECG, BLOOD, LABORATORY, CAFETERIA
3 RD FLOOR	SPINE DEPARTMENT, DIALYSIS DEPARTMENT, PHYSIOTHERAPY, GASTRO DEPARTMENT, QUALITY DEPARTMENT, INFECTION CONTROL ROOM, DIETITION ROOM
4 TH FLOOR	ICU 1,ICU 2, HDU, OT, DOCTOR'S ROOM, WAITING AREA
5 TH FLOOR	NURSING COLLEGE, SEMINAR ROOM, CSSD
6 TH FLOOR	GENERAL WARD, FLOOR CO-ORDINATOR AREA
7 TH FLOOR	SEMI PRIVATE WARD, NICU, LABOUR OT, PEDIATRIC, NURSING STATION
8 TH FLOOR	MEDICAL RECORD DEPARTMENT, NURSING HOSTEL
9 TH FLOOR	PRIVATE CABIN, FLOOR CO-ODINATOR AREA

FACILITIES OF KOTHARI MEDICAL CENTRE

- ❖ Full Range Pediatric & Gynecology specialty clinic.
- ❖ 24*7 Qualified Specialist Doctor.
- ❖ Premium Quality House Staff.
- ❖ Advanced Pediatric Unit, Adult Dialysis Unit.
- ❖ Round-the-clock support of qualified doctors for high-risk pregnancies.
- ❖ Easy Transit- Geographical Location.
- ❖ Boutique Ambiance.
- ❖ Super deluxe category rooms with lawn terrace.
- ❖ Basement parking.
- ❖ Many insurance services.



SERVICES PROVIDED

MEDICAL SERVICES :

- ❖ 24 hours Ambulance services (Dedicated Critical Care Ambulance for Adults/ Neonates & Pediatric Patients) with retrieval facility
- ❖ CO2 Laser Therapy
- ❖ 24 hrs. Frank Ross Pharmacy inside the Hospital
- ❖ 24x7 Path Laboratory & Imaging Services
- ❖ Comprehensive Health Check Up Services
- ❖ Advanced Neonatal & Pediatric Surgery provision
- ❖ Highly developed Nursery
- ❖ NICU & PICU of International Standard
- ❖ Epidural Painless Delivery
- ❖ Modernized LDRP suits (Labor, Delivery, and Recovery & Postpartum)
- ❖ Anesthesiology
- ❖ Cardiac services non-invasive cardiology, Interventional cardiology (Cath lab)
- ❖ Clinical hematology, Hemato-oncology and Bone-marrow transplant
- ❖ Critical care

- ❖ Dermatology
- ❖ Dentistry and Maxillofacial surgery
- ❖ Diabetology and Endocrinology
- ❖ ENT and Head Neck surgery
- ❖ General medicine or Internal medicine
- ❖ Gastroenterology and Gastrointestinal surgery
- ❖ Gynecology and Obstetrics
- ❖ High risk pregnancy unit
- ❖ Interventional radiology
- ❖ Nephrology (dialysis)
- ❖ Neuro sciences: Neuro medicine, Neuro surgery, Neuro intervention, Neuro rehabilitation, Neuro psychiatry
- ❖ Nutrition and diabetes
- ❖ Oncology: medical and surgical
- ❖ Ophthalmology
- ❖ Orthopedics and Replacement surgery
- ❖ Level 3 NICU, PICU

- ❖ Pediatric cardiology, Gastroenterology, Endocrinology, Enuresis clinic, Growth and obesity, Neonatal dialysis psychiatry.
- ❖ Uro-dynamics, Neurology, Nephrology, Urology, Pulmonology, Surgery, ENT and Audiology, Immunization
- ❖ Plastic reconstructive and cosmetic surgery
- ❖ Psychiatry

EMERGENCY SERVICES :

- ❖ Ambulance (ALS) 24 Hours
- ❖ Emergency medicine and trauma care
- ❖ Laboratory services
- ❖ X-ray
- ❖ 128 slice CT scan
- ❖ Pharmacy

OTHER SERVICES :

- MRI (1.5 Tesla, D-stream)
- Mammography
- Ultrasonography
- 2D Echocardiography
- TMT & 24 Hours Halter

- Ambulatory blood pressure monitor

- PFT

- Video EEG, EMG & NCV, BERA, VEP

- Trans Cranial Doppler

- Audiometry, Stroboscope (voice clinic), Speech therapy.

SCOPE OF SERVICES: OBSTETRICS AND GYNECOLOGY :

- ❖ High-risk pregnancy care

- ❖ Endocrine (Diabetes, Thyroid disorders)

- ❖ Recurrent abortion clinic

- ❖ 24-hour facility for Antenatal CTG, USG, Doppler

- ❖ Level 3 NICU support

- ❖ Labor room

- ❖ Nutritional advice for pregnant and lactating mothers

- ❖ Painless labor with Epidural Analgesia

- ❖ Uro-gynecology with Urodynamics

- ❖ Gynecology with Colposcopy clinic

- ❖ Laparoscopy gynecology
- ❖ Infertility clinic services like CO2 Laser Therapy and Bariatric Surgery for child obesity

MEDICAL RECORDS DEPARTMENT

INTRODUCTION -

Medical records is the systematic documentation of the patient's personal and social data, history of his or her ailment, clinical findings, investigations, diagnosis, treatment given, account of following up and outcome. Medical records through which hospital statistics are generated serves as eyes and ears to the hospital administrators. Medical records are important to the hospital for the evaluation of its services for better patient care. They also serve as a resource for education and training of physicians and others, also being a basis for clinical research. Effective research requires scientifically recorded observations as reflected in the medical records, and the importance of medical records for legal purpose is well established. Over the years Medical Records Department has become a vital part of any health care organization or a hospital. The dictum is "People forget, but Records remember". Medical Records has become a specialty in its own right, and the Medical Record Officers and Medical Record Technicians have earned the right to be considered as specialist of their own field. This is so because patient care requires a chronological record of patient care and treatment, and it enables the clinical team, as well as the hospital administrator, to evaluate the quality of medical care, and the effectiveness of the hospital services. This study is based on some objectives, to evaluate the existing medical record keeping system and evaluate the effectiveness of the current medical record system.



(An image of stored medical records in a dedicated store room)



(Medical Records Department)

Each MRD of a hospital includes the following four units, each of which undertakes special functions-

- **ADMISSION** - Registration of inpatients and outpatients who are admitted to Hospital wards and the Emergency Department.
- **ARCHIVE** - Checking to ensure that a complete discharge summary and all other necessary notes and reports are present in the MRs; assembling and internally organizing the MR and filing them in an orderly and timely manner; retrieving these records for various users, for treatment and the provision of other services.
- **STATISTICS** - Preparing statistics for administration, hospital wards, and external agencies such as the Ministry of Health, providing health information for physicians, nurses and students for medical research purposes.
- **CODING** - Analyzing the medical records of all inpatient's following discharge and assigning a set of numeric codes to the diagnostic data based on the International Classification of Diseases-10 and the International Classification of Procedures in Medicine.

ICD CODING -

ICD or International Classification of Diseases is produced by WHO (World Health Organization) & is accepted for national and international use. In this department ICD 10 is used.

DEFINITION OF MEDICAL RECORDS -

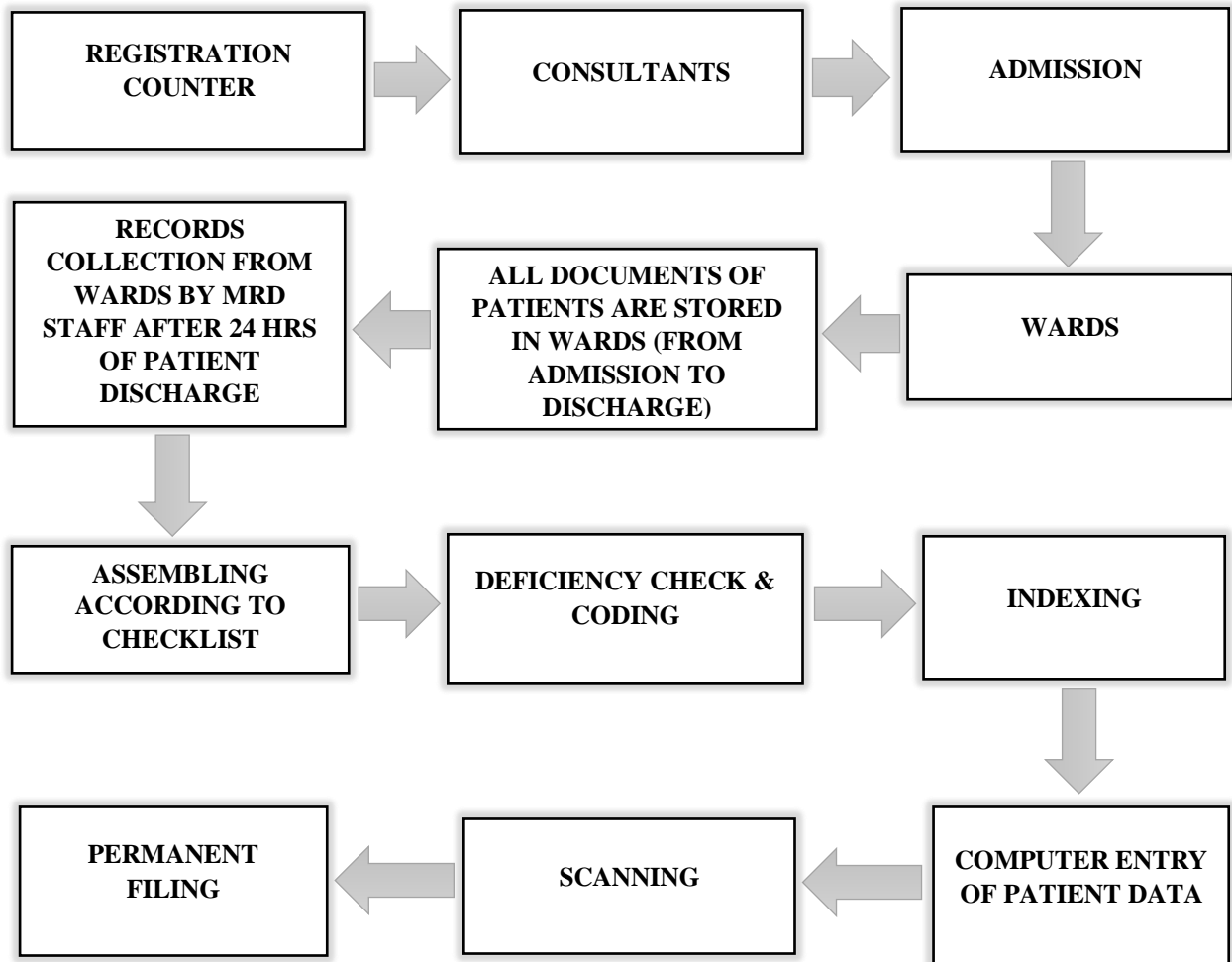
Medical record can be defined as an orderly written document encompassing the patient identification data, health history, lab report, diagnosis, treatment, surgical procedures etc. It acts as a legal paper of a patient which is related to the hospital.

Medical Record is checked by the Medical Record officers as per the checklist. It starts with patient's name, MRN number and discharge date.

The checklist contains the following-

DAMA/DORB consent (If applicable)	Transfer Form
No Dues/Discharge Slip	Medicine Card
Discharge Checklist	Graphic (TRP) Chart
Admission Case Sheet	Intake Output Record
Medico Legal Case Report (MLC) Form (If applicable)	Diabetic Follow-Up Chart
Discharge Summary/Death Summary/Death or Birth Certificate	Patient handover sheet(Nurse)
Emergency Nursing Assessment	Nursing Initial Assessment
Emergency Case History	Daily Nursing Assessment
Case History & Assessment on Admission	Nurses Progress Notes
In Patient Record/ Doctor's Note	Bed Sore Record
Nutritional Assessment Form & Diet chart	Check List for Infection Control
All Consent Forms	All requisition Form
Pre-Operative Check List	Blood transfusion Record
Anesthesia Record	Investigation Report
Surgeon's Note/ Operation Note	Others
Surgical safety checklist	Critical Care Chart

WORKFLOW OF MRD



PURPOSE OF MRD AND USES OF MEDICAL RECORDS

❖ PURPOSE OF MRD -

- It is governed by the Medical Record Committee.
- It bridges the gap between medical and non-medical department.
- It provides care in the hospital which is documented properly.
- It provides information to authorize organization and third party payers.
- It maintains patient`s medical records as per the indicators laid down by NABH.
- It serves as a basis for planning future patient care.

❖ USES OF MEDICAL RECORDS -

- Medical record is useful to patient for follow up treatment.
- It is useful for research purpose.
- It is useful to administrators for controlling the hospital.
- It is used to assist the quality review of patient care.
- It helps doctors and nurses to minutely assess & give the best of medical facilities to the patient.
- It is used to protect the patients, physician and institution in case of litigation.

❖ LOCATION OF MRD -

Medical Records Department of Kothari Medical Centre is located on the 8th floor.

**PROCEDURES OF RECEIVING, CHECKING & STORING OF MEDICAL
RECORD FILES**

RECEIVING THE INPATIENT DEPARTMENT(IPD) FILES -

- Every inpatient medical record has two unique identifies which are the inpatient number for that admission and the registration number which is unique to the patient. Every patient medical record can be identified with the inpatient & registration number.
- Representative floor manager of ward prepares a list of IPD Medical Records and then brings to the Medical Records Department (MRD) within 2:00 PM to 4:00pm. MRD personnel receives the medical records after verifying their register. Floor manager are requested to sign the receiving register at MRD. All files should be brought to MRD within 48 hours after discharging / death of the patient.
- OPD (outpatient department) prescriptions are sent from OPD month wise after completion of the respective months.

CHECKING IPD FILES -

While receiving the discharged or death patient files, medical records assistants check whether the file is complete or not, the complete file means Discharge / Death / LAMA records, Death / Birth certificate, Treatment sheets, Operation / Procedure (if any), Consent forms, Medicine card, Nursing records, Investigation reports, and all the other records pertaining to the treatment of the patient. (if any file is found incomplete / missing some records, then the sister in-charge / floor manager of the ward is to be informed.)

POLICY FOR OPD RECORDS -

OPD staffs collect carbon copy of every OPD prescription form of MRD.

TREATMENT FOR RECEIVING OF MLC FILES -

MLC forms are stored in Emergency department for 3 months. After that they are sent to MRD. File containing MLC form will be stored for 15 years in MRD, hereafter that would be destroyed.

STORING THE FILES -

- Medical records assistants separate the discharged, expired, LAMA & MLC patient files and does the numbering. Then the MR files are filed according to serial number & date of Discharge / LAMA / Death.
- Death patient files are marked by black marker pen on the MR check list.
- Medico legal(MLC) files are kept under lock and key.
- IPD medical records as well as carbon copies of OPDprescriptions are stored in Medical Records Department for 3 months.
- After in House Retention period is over, the original files are listed, indexed, packed and sent to the IRC limited; they storethe Medical Record files of the patient of our hospital till the retention period.

PROCEDURES OF SHARING ACCESS OF PATIENT INFORMATION FROM

MRD

- The medical records can be accessed by the patients, their authorities, research department of our hospital or employees of our hospital.
- For Medclaim / Insurance company to access medical records, prior authorization from the patient/their next of kin must be obtained. Authorization from the company is also obtained with an identity proof of the Medicine / Insurance company representative.
- When a medical record or information is to be given:-

- Patient (his or her identification)
- N.O.K (Authorization is required from the patient with an identification of patient & N.O.K)
- Any other person (Authorization is required from the patient / next of kin in case of patient is minor / deceased / unable to write), an authorization letter from the Insurance company and an identification of either patient or N.O.K as the case may be & authorized person.
- Medclaim / insurance companies (Authorization is required from the patient/ next of kin in case of patient is minor/deceased/ unable to write) an authorization letter from the insurance company and an identification means any of the following identity proof- (Voter's identity card, Pan card, Driving license, Passport, Ration card, 10th admit card or certificate, Birth certificate.)

PROCEDURES OF MAINTAINING THE CONFIDENTIALITY, INTEGRITY & SECURITY OF THE MEDICAL RECORDS

- This hospital maintains the integrity of the medical records and guards against damage and tampering while in the wards, or in the Medical Records Department or in its outsourced storage facility.
- It maintains the security of medical records and guards against theft and misplacement. In the wards the medical records are under the custody of the nurse-in-charge on duty. In the MRD, it is under the custody of the executive, Medical records.
- Always lock the room before leaving MRD.
- Ensure closing of the electric equipment's like light, fan, AC, before leaving.

MEDICAL RECORDS RETENTION POLICY -

The medical record retention policies are as followed-

- | | |
|-------------------------|---------------------|
| ➤ IPD Records | 10 years |
| ➤ OPD Records | 5 years |
| ➤ MLC Records | 15 years |
| ➤ Birth / Death Records | Not to be destroyed |
| ➤ MLC Registers | Not to be destroyed |
| ➤ PNDT / Death files | Not to be destroyed |
| ➤ All register | 5 years |

PROCEDURE & PROTOCOL OF MAINTAINING INTEGRITY & SECURITY OF MEDICAL RECORDS

- The medical records are good quality paper and kept in secure place in the wards in Medical Record File.
- In the wards the medical records files are kept in a secure place under the supervision of the nurses, dieticians, laboratory and imaging personnel and any other employee authorized by the hospital authority. The abovementioned persons are only authorized to make entries in the medical records files except the laboratory or imaging personnel unless authorized by the hospital authority to do so.
- After the discharge or death of patient, the medical records are handed over to the custody of the respective floor manager. Then the MR files are checked for sequence of arrangement & pages are numbered by the floor manager. Floor manager of the respective ward prepares the list of Medical Records files and brings them to MRD along with Medical

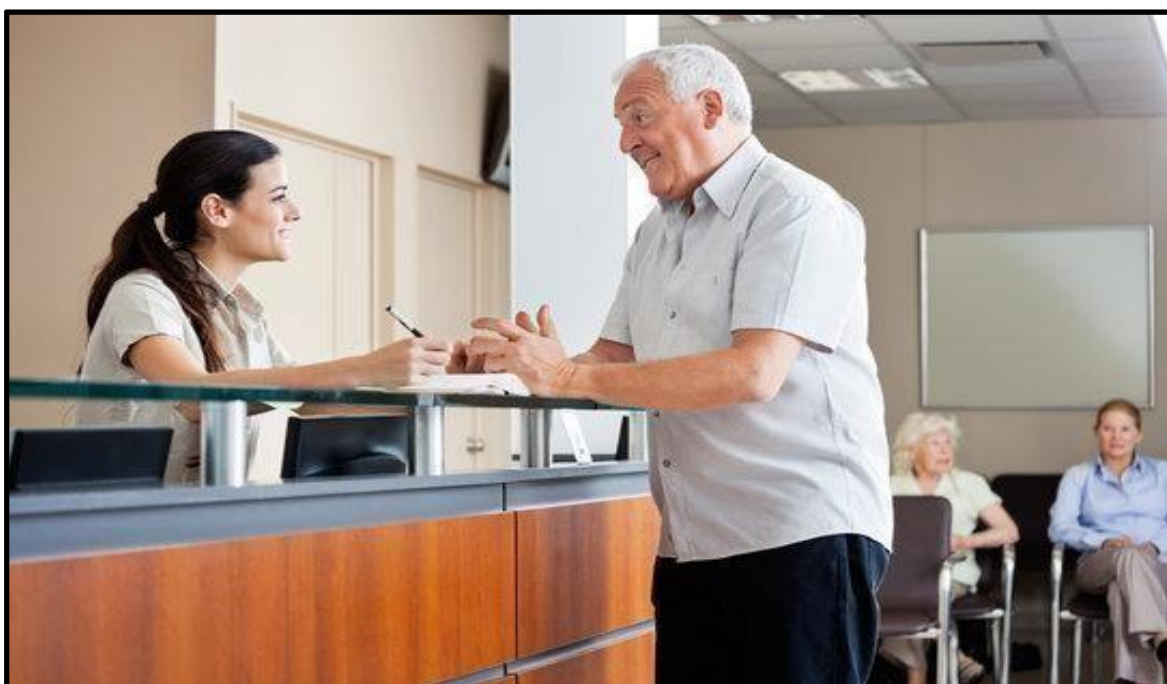
Record files from 2:00PM to 4:00PM except Sunday & hospital holidays.

- In the MRD the medical records files are checked according to MR checklist, numbered according to the date of discharge / death and then the files are kept in good quality with identification on the outside.
- In the MRD the Zip plastic packets containing medical record files are filed in sequence in steel racks.
- In the MRD the medical records are checked weekly to look for signs of pest infestation & insecticide / pesticide spray are done on weekly basis.

The Medical Records Department has adequate and proper firefighting system & fire extinguishers.

FRONT OFFICE

The Front Office is a department of the hospital which directly interacts with the patients when they first arrive. The staffs of this department are very visible to the patients or their family members. It functions as a central point of contact across the organization. The department



keeps information and records of all the patients of the hospital. It also plays a key role in forming overall impressions of the services provided by the organization.

FUNCTIONS AND IMPORTANCE :

The people working at the front desk can truly be deal breakers in a clinic or hospital. And it's not just about making clientele and patients feel warm and welcome. It's about:

- Scheduling the appointments at the correct time and with the correct doctor.
- Listening to clients well and communicating in a positive and confident manner with those over the phone or clients in the reception area.
- Handling billing errors and detailing client invoices.
- Collecting payments to ensure the practice turns a profit. So everyone can get paid.
- Being on the frontlines of many complaints.
- Pulling up medical records for the doctors.
- Copying, faxing and e-mailing documents between clinics, hospitals and clientele.
- Keeping the reception area clean.

FRONT OFFICE EXECUTIVES :

A Front Office Executive is a crucial member of the administrative staff. They are the first point of contact in the office and provide administrative support to the entire organization.

They also introduce clients and guests to the organization's upper management. They control the flow of people through the organization and ensure that all receptionists are performing their task in a timely manner. Their work includes answering the calls, attending to the guest, overseeing the front office operation and maintain the contact list of clients.

ROLES & RESPONSIBILITIES OF FRONT OFFICE EXECUTIVES :

- Copying, faxing and emailing documents between clinics, hospitals, and patients.
- There is a whole lot more that goes into making a hospital a great place to work, and even better place for clients to visit, and ensuring things run smoothly and efficiently from the moment the doors open.
- A front office executive is responsible for attending all the incoming calls, responding to them and transferring the call to the appropriate department.
- A front office executive is responsible for greeting the customer / guest at the office.
- A front office executive is responsible for maintenance of important documents, files and records in an organized manner.
- A front office executive is responsible for providing assistance to the heads in the administration department.
- A front office executive is responsible for keeping all the stationary items in the organization up to date and order for fresh stock.
- A front office executive is responsible for supervising the housekeeping department and ensuring that all the items are there in the stock.
- A front office executive is responsible for attending to a visitor or customer present physically at office.
- A front office executive is sometimes responsible for providing information about the services and products of the organization.

ADMISSION :

Hospital admission involves staying at a hospital for at least one night or more. Staying in the hospital overnight is done because the individual is too sick to stay at home, requires 24-hour nursing care, and/or is receiving medications and undergoing tests and/or surgery that can only be performed in the hospital setting. An individual may be admitted to the hospital for a positive experience, such as having a baby, or because they are undergoing an elective surgery or procedure, or because they are being admitted through the emergency department. Being admitted through the emergency department is the most stressful of these circumstances because the event is unexpected and may be a major life crisis.

ADMISSION TO DISCHARGE PROCEDURE :

Hospital Admission Procedure includes preparation of admitting patient; perform admission procedure, emergency admission, Routine admission, transfer-in and discharge. Nurses need to follow strict protocol regarding admission and discharge in the hospital.

PREPARATION OF ADMITTING PATIENTS :

Entrance of a patient into the ward or unit for evaluation or treatment is called admission.

PERFORM ADMISSION PROCEDURE :

- At the time of admission, the registered nurse performs complete assessment of the patient.
- Enter patient name, date and time of admission, chief complaints, medical diagnosis in the admission file or patient file.
- Document: the source of information (family, patient, care giver or healthcare person or significant person).
- Check the document if patient has previous hospitalization and past major illness.

- Indicate if the patient was admitted from emergency room, home, and clinic and accompanied by whom.
- Take patient vital signs (pulse, temperature, respiratory rate, height and weight).
- Document if patient and family have valuables brought to the hospital. If yes, hand it over to the relatives with their signatures.
- At the time of arrival to the unit or ward patient and family will be given orientation regarding the unit, visiting rooms, patients' rights and responsibilities.

EMERGENCY ADMISSION :

- The patient is admitted on emergency basis for critical care monitoring.
- It is unplanned.
- Stabilize in emergency room (chest pain or accidents).

PURPOSES :

- Prepare the patient both physically and mentally for his stay in the hospital.
- To help the patient to be comfortable and to provide him with a clear and safe environment for preventing infection.
- To give a good impression of the hospital and its service so that the patient will fully co-operate with the treatment and nursing care.

ROUTINE ADMISSION :

Admission of a patient is planned and gets admitted in the hospital on routine basis for treatment, diagnostic test and recovery. E.g. fever, fracture, diabetes, hypertension, bronchitis etc.

TRANSFER IN (WITHIN THE HOSPITAL) :

Referral to another department within the hospital.

- When the patient has to be shifted from medical to surgical department, the patient is discharged and readmitted. The procedure is the same as for “discharging the patient” and “admitting the patient”.
- The procedure of discharge and readmission is not usually necessary for the patient who is to be shifted from one medical or surgical ward to another.

DISCHARGE :

- It is the preparation of the patient and discharge records to leave to hospital.

PURPOSES :

- To ensure continuity of care to the patient after discharge.
- To assist the patient in discharge process.

TYPES OF DISCHARGE :

- Cured and discharged.
- Discharged against medical advice (DAMA).
- Discharged on request.
- Absconded.
- Transferred to other hospital.
- Death.

DUTIES AND RESPONSIBILITIES :

- Welcome patients during check-in and giving a fond farewell to guest while check-out.
- Handling patients’ complaints and concerns in an efficient and timely manner.

- Overseeing VIP patients' arrival and departures.
- Co-ordinating and multi-tasking job duties in a busy environment.
- Providing excellent patient service as per hospital standards.
- Check on VIP reservations, complete their pre-registration formalities.
- Anticipate patient needs and build rapport with customers.
- Offer assistance with certain tasks.

EMERGENCY DEPARTMENT

EDs have highly trained doctors and other health professionals on site to deal with emergencies. They assess, treat, stabilize and start the health management of people who have come to the ED with a serious illness or injury. Some emergency departments specialize. For example, there are emergency department attached to children's hospitals, some women's hospitals and some eye or ear hospitals. Most EDs, however, accept all emergencies.

Emergency department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. Emergency department personnel may also respond to certain situations within the hospital such cardiac arrests. The emergency department is also called the emergency room or ER. A full-fledged emergency department has the following areas of care:

EMS (Ambulance) Coordination Centre, Triage, Resuscitation Area, Major Trauma /Medical Areas, Consultation Rooms, Patient Waiting Area, Minor Procedure Rooms, Major Operating Room, Observation Units, Injection Room, 24-hour Pharmacy, Prayer Room, Library and Reading Rooms, Doctors Rest room, Cafeteria, 24-hour internet access to online journals and medical information.



LOCATION :

Emergency and casualty department must be located at the entrance of the hospital with eminent space to accommodate the ambulance parking and unloading the patient to the stretcher and moving the stretcher into the casualty ward with cross circulation. The patient is immediately attended by the Resident Medical Officer (RMO). The patient may be admitted to the casualty department for observation and may sometimes need immediate minor operations either in the mini theatre of the casualty department or shifted to the main theatre. The patient admitted in the casualties department is then transfer to in wards sent to the department. The casualty ward has a room which is also used for police enquired in case of MLC cases. It should have a reception to receive emergency phone calls and arrange for ambulance transportation and receiving the patient emergency. There should be sufficient stretcher, wheel chair and the stretcher boy will available on duty.

TYPES :

There are 4 types of emergency services-

❖ **MAJOR EMERGENCY**

In this type of emergency services a separate specialty department is created with all specialized facilities and it is called as ER department. It provided round the clock in

large teaching and tertiary hospitals. This department can make use of diagnostic and therapeutic services available in different departments.

❖ **BASIC EMERGENCY**

In this type of services, basic emergency facilities and the services are provided by a general duty medical officer round the clock. Specialists are available on call. This type of services is available in medium sized general hospital.

❖ **STAND BY EMERGENCY**

In this type of services are provided by trained nurses round the clock and medical officers are on call. This type of emergency service is available in primary health centre and community health centre, which is the first referral centre.

❖ **REFERRAL EMERGENCY**

In this type of services, only first aid given by first aid centres and the patient is then referred to a health centre hospital according to the security and need of the case.

FUNCTIONS :

• **MAJOR FUNCTIONS:**

- a. To treat unannounced patients' life-threatening and routine.
- b. To function 24hrs into 7 days per 365 days.
- c. Providing immediate appropriate lifesaving care.
- d. Service both efficient and effective.
- e. Sensitive to emotional needs.

• **SUBSIDIARY FUNCTIONS:**

- a. Providing ambulance service.
- b. Provide porter service.

c. Information and Communication.

d. Research, Training and Research

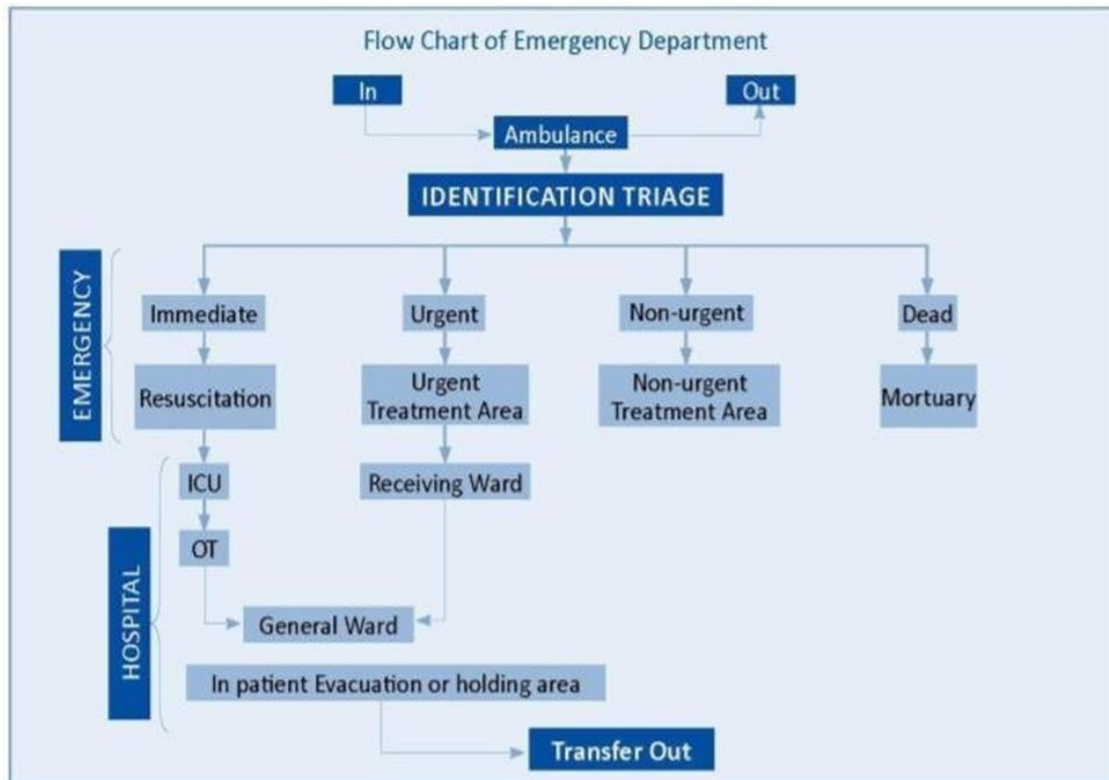
STAFFING :

- Specialists- Physicians, Surgeons, Ortho Surgeons, Anesthetists, Resident staff and GMOs.



- Nurses
- Technicians: Radiographers, Lab technicians, ECG technicians, OT technicians, Ambulance drivers, and Ambulance attendants.
- Administrative Staff: Record clerk, Registration Clerk, Admission Clerk.

FLOW CHART OF EMERGENCY :



EMERGENCY EQUIPMENTS :

- Ventilator,
- Defibrillators,
- Monitors,
- OT facility,
- X-ray, Ultra-sound, Computed Tomography, Path labs, ECG Machines etc.
- Central Gas Pipeline,

- Plenty and Fluid,
- IV lines,
- Catheters,
- Vital essential medicines,
- Nebulizer,
- Dressing materials,
- Plasters,
- Dressing trolleys,
- Minor operating tray.



OUT-PATIENT DEPARTMENT

OPD is the short form of the Outpatient Department. It is the section of any hospital where the patients that require medical attention are treated. People need to pay consultation charges, and the doctor will visit the patient to conduct the necessary check-up. The doctor examines the patient, conducts necessary tests, and prescribes medication and treatment on the basis of the health condition of the patient.

Hospitals have OPD wards for providing attention to the patients and conducting medical treatment. The minor surgeries and treatments can be easily conducted in the OPDs. It is not necessary to admit a patient to the hospital for surgeries and treatment. Moreover, modern OPDs have the necessary equipment and facilities to conduct surgeries, medical tests, and diagnoses.

SERVICES PROVIDED BY THE OPD :

OPDs provide all general services and facilities which are necessary for any hospital. OPDs act as the first step for consulting the doctor and getting the tests done to proceed with treatment. Through the services provided in OPD, the hospital works for the smooth functioning of the healthcare system.

These services are classified as -

- **PREVENTION AND WELLNESS :**



OPDs provide guidance to the patients for overall wellness and prevention of health issues.

Doctors guide patients to maintain a healthy weight, improve sleep, balance sugar levels, etc.

- **DIAGNOSIS :**

OPD is the first place where the patient and doctor meet and discuss the patient's health condition. After discussing the issue, the doctor suggests the necessary tests for the patient. The lab tests and MRI scans are conducted in the OPD.

- **TREATMENT:**

Treatment and minor surgeries can be done in the outpatient department. Modern OPD has all the necessary equipment to treat a patient. Surgeries such as cuts, wounds, etc., can be easily handled in the modern OPD.

LOCATION :

The outpatient department & specialty clinic of Kothari Medical Centre is situated on second floor of the hospital.

FUNCTIONS :

- ❖ Control disease by early diagnosis and also for timely treatment.
- ❖ Investigation and screening of cases to confirm whether or not hospitalization is required.
- ❖ Provide follow-up care to discharge patient and their rehabilitation.
- ❖ Provide a facility for training for medical, paramedical and nursing students.
- ❖ Provide revenue for epidemiological and social research.
- ❖ Control and surveillance of communicable diseases to prevent an outbreak of epidemic.
- ❖ About 4-5 of total admission in IPD is admitted through OPD.

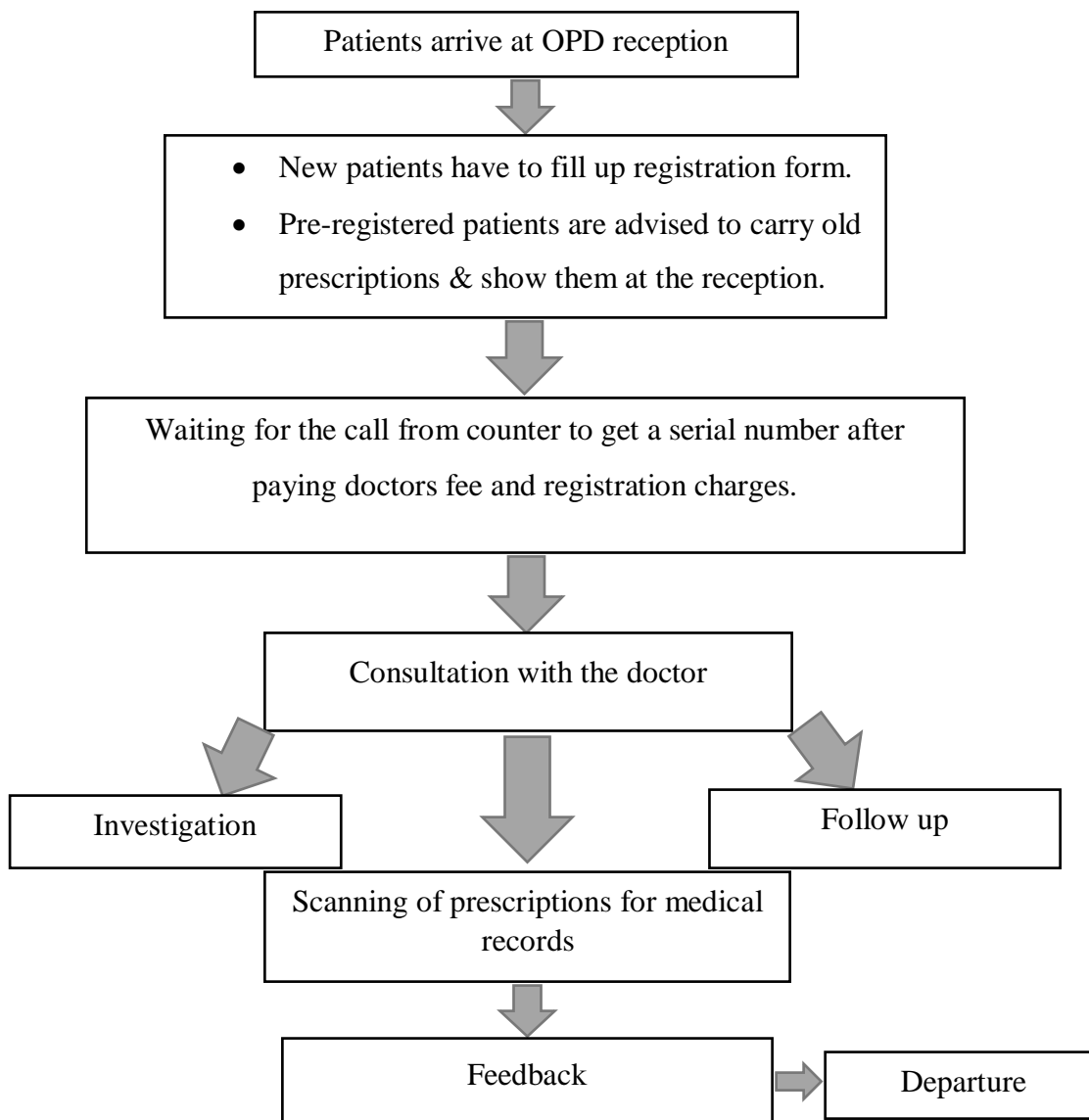
Specific preventive care followed by OPD-

- Well baby clinics and obstructive consultation including marriage counselling and planned parent good.
- Early diagnosis and detection of non-communicable disease like diabetes, leprosy, cancer and heart disease etc.
- Health education and advice on nutrition and live long disease.
- Rehabilitation and prevention of handicapped and disabilities.

OBJECTIVES :

- ❖ To provide adequate quality of care.
- ❖ All modern technique for investigation and treatment.
- ❖ Creating facilities for total patient satisfaction.
- ❖ Good public relation.
- ❖ To identify patient oriented problems.
- ❖ To provide medical treatment by less expensive in comparison to inpatient hospitalization.

FLOW CHART OF OPD AT KOTHARI MEDICAL CENTRE :



PROBLEMS FACED IN OPD :

- Long waiting time for consultation.
- Display screens are not being utilized by the patients for their turn of consultation.
- Long process for billing.
- Lack of proper guidance faced by patients in OPD. The patients become confused with the various departments of the hospital.
- Miscommunication between the patients and the staff creates a major problem inOPD.
- Heavy patient flow results in improper diagnosis and wrong treatment.
- The unavailability of transport in OPD creates problems regarding transfer surgerypatients due to their illness.



SOLUTIONS :

- Provide proper information about the function of OPD to the security staff as they first meet the patients at the entrance.
- Clearly an indication of the location of OPD.
- Good public relations should be maintained in OPD.
- The staff should have courteous behavior with patience to answer the questions of the patients.
- The queue should be managed properly, especially in a crowd.
- Use of relatable language with the patients and visitors to communicate effectively and smoothly.
- Maintaining of proper housekeeping facilities is very much important to maintain hygiene.



IN-PATIENT DEPARTMENT

An inpatient department or IPD is a unit of a hospital or a healthcare facility where patients are admitted for medical conditions that require appropriate care and attention. An Inpatient Department of the hospital is equipped with beds, medical equipment, round clock availability of doctors and nurses.

Like there are different types of wards in a hospital, there are different types of departments too. IPD is a department in a hospital that takes care of patients admitted to the hospital for at least a night. An Inpatient Ward or Department is fully equipped with medical equipment and beds. The patient admitted to an Inpatient Ward is taken care of by the nurses and doctors for appropriate treatment.

The followings are some types of in-patient care offered in a hospital's In-Patient Department:

- Severe burn injuries.
- A serious illness like stroke, or cardiac attack.
- Traumatic head injuries.
- Treatment for serious mental illness or disorder.
- Treatment for chronic diseases like COPD and cancer.
- Few cosmetic surgeries.

OBJECTIVES :

- To provide the highest possible quality of medical and nursing care for an admitted patient.
- To make provisions for essential equipment, drugs and all other items required for

patient care in an organizational manner.

- To provide most comfortable and desirable environment on temporary substitution for home.
- To fulfill all the basic needs in the hospital like eating, toiletry, sleeping, entertainment, etc.
- To facilitate the visit of attendants and visitors.
- To provide the atmosphere and facilities for the highest degree of job satisfaction of nursing and medical staff and high levels of patient satisfaction.
- Constant care of doctors and nurses.
- Proper diagnosis of your medical condition through lab tests.
- Treatments related to cardiology, neurology, oncology, orthopedics, and general surgery.
- After-care due to surgery, childbirth, or traumatic injury.
- Pre-planned inpatient cares for a knee transplant or bypass heart surgery.
- Emergency healthcare for serious conditions like heart attack, and accidental injuries.

FUNCTIONS:

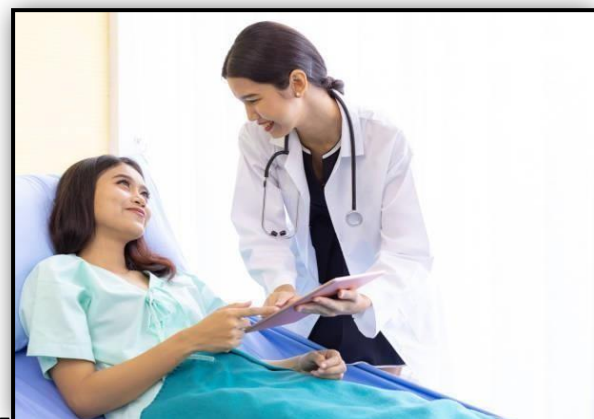
In hospital based health care delivery system, inpatient services or ward area is the most important and largest single component of the hospital, forming approximately 35-50% of whole hospital complex. The prime objective of inpatient areas is to provide accommodation for patients at the point in an illness when dependence on others is at its highest, because of this, they are, with the emergency department the only areas in continuous day and night operation for patient related activities. The inpatient care area, ward or nursing unit would thus include a nursing station, the beds it serves and the necessary ancillary and auxiliary

accommodation needed for patient care. Every inpatient nursing unit should be designed in such a way that it can be built and operated at the lowest possible cost and at the same time, it can achieve the functional goals of the unit which are as follows:

- To provide highest possible quality of medical and nursing care.
- To make a provision of essential equipment, drugs, and other material required for patient care.
- To provide comfortable and desirable environment to patient on temporary substitution of home.
- To provide facilities for visitors.
- To provide suitable atmosphere for highest possible degree of job satisfaction among healthcare personal and high level of patient satisfaction.
- To provide opportunity for education, training and research.

DEPARTMENTS :

- Medicine Ward
- Cardiac Ward
- Surgery ward
- Chest Medicine Ward
- Obstetric Ward
- Gynecology Ward
- Dermatology Ward
- ENT Ward
- Eye Ward



- Pre Op Ward
- Post Op Ward
- Emergency Room
- Injection Room
- Dental Ward
- Neurology Ward
- Nephrology Ward
- Isolation
- Pediatric Ward
- Burn ward
- Private ward
- Medicine ward
- MR ward



PROBLEMS AND SOLUTIONS :

Every health care setting and its nursing force goes through ups and downs, success and failure, and face issues in delivering in patient care and interaction with each other.

- **POOR COMMUNICATION AND CO-ORDINATION:**

It can be an important issue among nursing staffs' coordination and communication issue with other departments. It includes poor handling taking over practices, Lack of response towards patients, poor listening skills and lack of empathy.

➤ **SOLUTION:**

Tips can be given and sessions can be arranged for nursing staff in order to improve communication, internal coordination and departmental coordination.

• **NURSING STAFF SHORTAGE:**

Nursing staff shortage could be a significant problem. Staff can leave jobs in search of new attractive job opportunities, workload or low salary etc.

➤ **SOLUTION:**

This problem can be overcome by announcing vacancies and improving hiring process, offering handsome salaries according to qualification and experience and performance. In interview process assessing their level and duration of commitment is also necessary to know the retention.

• **ORGANIZATION AND MANAGEMENT SKILLS:**

Nursing staff shortage, poor attendance of staffs on regular basis and on special occasions, poor response to patients, compromised nursing care, and workload can be a result of poor organization and management skills.

➤ **SOLUTION:**

Evaluating and giving feedback to of head nurses, clinical integrators nursing staff, and nursing assistants regarding their organization and management skills could help them improve and improve overall nursing care as well. Moreover, brainstorming sessions on leadership and management in addition with mentorship at all levels will help in progress of staff.

• **LACK OF MENTORSHIP:**

This can be an issue found by new employees in case when they are not experienced enough in patient area. Head nurses would also need mentorship if they lack

management experience.

➤ **SOLUTION:**

Guidance by higher authorities and managers may help head nurses to manage ward effectively. Moreover, mentorship by nursing education service and clinical instructors and head nurses may help new nurses to learn. Nursing education service can play an important role in building confidence level for learning and practicing.

• **CONFLICTS:**

Conflicts occur when there is a difference in people's thinking and opinion. They may occur among nursing staff, among head nurses and nursing staff, among head nurses and managers and even among head nurses and other departments.

➤ **SOLUTION:**

Resolution of conflicts can be done through empathy, communication, teamwork and problem solving skills, learning soft skills through knowledge and experience can be beneficial for nursing staff for patient care and patient dealing.

• **WORKLOAD:**

Workload is another important issue in a nursing unit. Inappropriate patient to nurse ration can lead to workload and missing important to do tasks. For example, forgetting to administer of sigh medications, or missing to change patients' dressing.

➤ **SOLUTION:**

Dividing work and assigning staff according to proper patient to nurse ratio and competency of staff would help in workload management. Mindfulness is also important to focus on work and completing task on time.

• **LACK OF SKILLS AND TRAINING:**

Lack of skills and training of nursing staff can lead to poor patient care and outcome. Such as, improper administration of medication, improper technique of Nasogastric

tube insertion, feeding or Foley catheterization etc.

➤ **SOLUTION:**

Nursing education service can play a vital role in enhancing knowledge and polishing skills of nursing staffs. Moreover, they can be directed to self-learning through Watching videos on You-Tube by themselves and creating a spirit of learning as learning is a lifelong process.

● **ATTITUDE PROBLEM:**

Lack of positive attitude, absenteeism, conflicts, harassment, lack of insight and inability to understand your job responsibility can be some of the attitude problems.

➤ **SOLUTION:**

Arranging sessions on soft skills, teamwork, positive attitude, and sense of responsibility can be beneficial in development of insight among staff which would lead to improvement in their attitude.



OPERATION THEATRE (O.T)

Operation Theatre is a facility within a hospital where surgical operations are carried out in a sterile environment.

It is that specialized facility of the hospital where life saving or life improving procedures are carried out on the human body by invasive methods under strict aseptic personnel to promote healing and cure with maximum safety, control and economy.






LOCATION:

- The location must ensure that patients can be moved to and from surgery with a minimum of travel through other hospital areas.
- The location of O.T should not only be considered in relation to surgical ward but also to the outpatient department.

EQUIPMENTS:

Some of the O.T equipments and their images:-

<p>Anesthesia Machine</p>	 A photograph of an anesthesia machine in an operating room. It is a large, white, wheeled unit with multiple monitors and a bright green oxygen mask attached to the front. The machine is positioned in a clinical setting with other medical equipment visible in the background.
<p>Anesthesia Cart</p>	 A photograph of an anesthesia cart. It is a white, wheeled cart with a teal-colored top and sides. The top drawer is open, revealing a tray filled with various anesthesia supplies, including syringes and vials. The cart has a sturdy frame and a single large wheel at the front.
<p>O.T Light</p>	 A photograph of an operating room light fixture. It consists of two large, circular light heads mounted on a white, adjustable arm. Each light head contains several smaller, circular light sources. The fixture is designed to provide bright, focused illumination for surgical procedures.

<p>O.T Table</p>	
<p>Suction Machine</p>	
<p>Sterilizer</p>	
<p>Defibrillators</p>	

Oxygen Concentrators



C-Arm Machine



Smoke Evacuator



Electrosurgical Unit



OPERATING ROOM:

Contemporary operating rooms are devoid of a theatre setting, (though some in teaching hospitals may have small galleries) making the term "operating theatre" a misnomer for the modern facility. Operating rooms are spacious, easy to clean, and well-lit, typically with overhead surgical, and may have viewing screens and monitors.

Operating rooms are generally windowless and feature controlled temperature and humidity. Special air handlers filter the air and maintain a slightly elevated pressure. Electricity support has backup systems in case of a black-out. Rooms are supplied with wall suction, oxygen, and possibly other, anesthetic gases. Key equipment consists of the operating table and the anesthesia cart. In addition, there are tables to set up instruments.

There is storage space for common surgical supplies. There are containers for disposables. Outside the operating room is a dedicated scrubbing area that is used by surgeons, anesthesiologists, ODPs (operating department practitioners), and nurses prior to surgery.

An operating room will have a map to enable the terminal cleaner to realign the operating table and equipment to the desired layout during cleaning. Several operating rooms are part of the operating suite that forms a distinct section within a health-care facility. Besides the operating rooms and their wash rooms, it contains rooms for personnel to change, wash, and rest, preparation and recovery rooms(s), storage and cleaning facilities, offices, dedicated corridors, and possibly other supportive units.

In larger facilities, the operating suite is climate and air-controlled and separated from other departments so that only authorized personnel have access.

ZONING IN O.T:

The O.T suite is a potential source of hospital infection in general and woundinfection in particular. The suite has to be designed with the aim of minimizing the risk of hospital infection being brought into the suite. Therefore, the whole O.T. suite is planned on the concepts of four zones, predicated on the types of activities, patterns of circulation, and degree of sterility to be maintained. These zones are the Sterile, Clean, Protective & Disposal zone.

AIMS OF ZONING:

The aim of zoning is that when staff members, patients, or supplies enter the O.T. suite, the risk factors of carrying the chances of infection with them get lesser and lesser as they pass from the protective through clean to the aseptic zone.

❖ STERILE ZONE

- The O.T suite organization revolves around the central aseptic work area which is the actual room. Activities take place in this zone that requires full aseptic conditions, such as exposure of living tissues and handling sterile instruments.
- Here, the highest level of cleanliness and aseptic conditions are maintained.

❖ CLEAN ZONE

- The clean zone is designed around the aseptic zone. This zone is only accessible to staff having changed their outer clothing in the protective zone and prepared patients transferred from the word trolley to O.T stretcher and clean supplies.
- Patient holding and preparation area is marked in the clean zone.
- This zone contains storage space for clean surgical supplies, medical stores including potential solutions and instruments. Anesthesia induction rooms, anesthesia stores and anaesthetize room are located in this area. A frozen section laboratory, if provided and

any darkroom facility should be located in the clean zone.

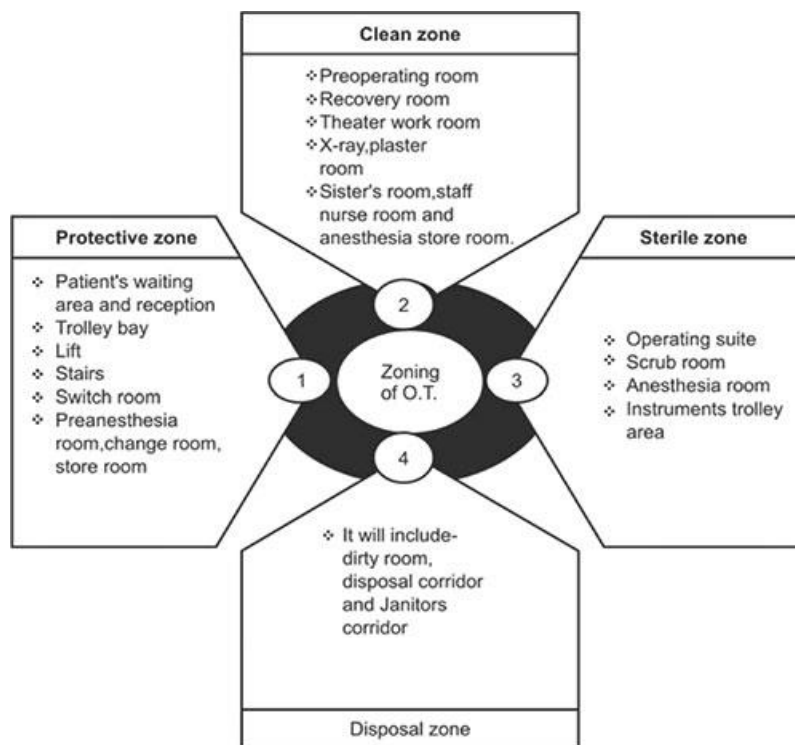
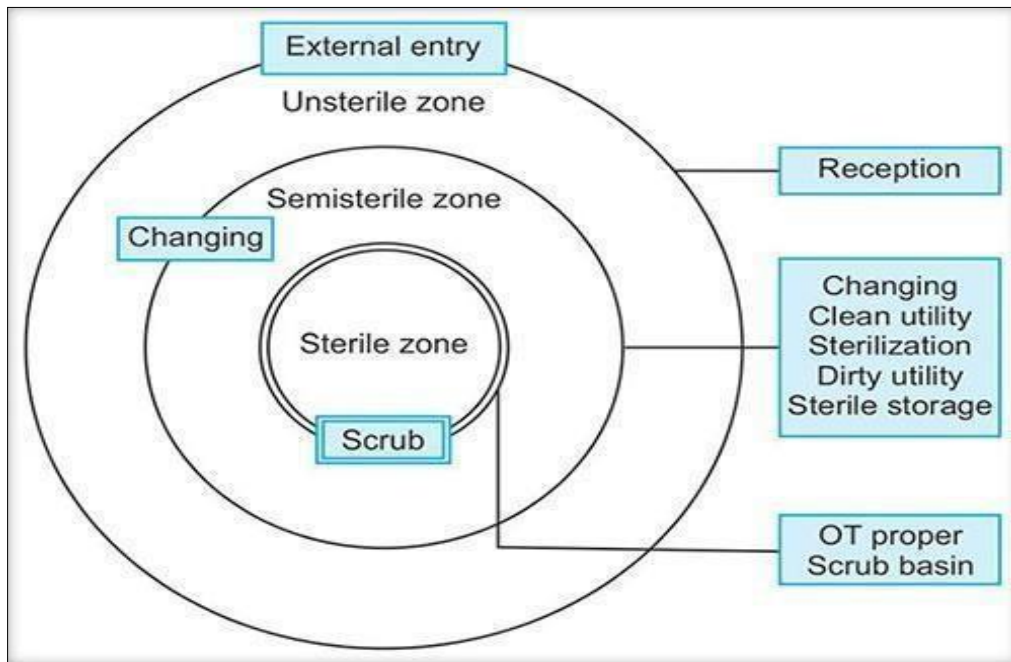
❖ **PROTECTIVE ZONE**

- Outside the clean zone is the protective zone forming a barrier between the clean area of the suite and the less clean rest of the hospital area. This zone contains the administrative elements including theatre nurse supervisor's office, where stores are received, personnel enter the department, where locker and change rooms are located, and patients are received and held. Patients wait here on trolleys, if the operating room for which he or she scheduled is not ready.
- We all know of surgical corridors of large hospitals lined with occupied trolleys for want of adequate holding, preparation or induction area. Access to this area is entirely separate, as people enter and leave in their street clothes and should not penetrate into inner zones until after changing into O.T shoes and clothing. Recovery room is located in this zone.

❖ **DISPOSAL ZONE**

- Disposal zone is the corridor from where used instruments and used linen and operating room debris is taken out. This zone must have an independent access to the outside corridor.
- The disposal zone has only one-way traffic, from inside the operating room to the outside, and never vice versa. This is achieved by a door or a hatch from the operating room opening into the disposal corridor.

LAYOUTS OF O.T ZONING:



RADIOLOGY DEPARTMENT

Radiology (commonly referred as diagnostic imaging) is a sequence of multiple tests that captures the images of different body parts.

These tests enable doctors to screen the patient's body better. The radiology department in hospital offers doctors a wide range of tools and techniques for use in diagnosing and recommending the best treatment for their patients. In addition, the department enables doctors to gain a broad



perspective on each patient's disease. Radiology is a medical specialty that uses imaging to diagnose and treat diseases seen within the body. Radiologists use a variety of imaging techniques such as X-ray, ultrasound, computed tomography (CT), nuclear medicine including positron emission tomography (PET), and magnetic resonance imaging (MRI) to diagnose and/or treat diseases. Radiology represents a branch of medicine that deals with radiant energy in the diagnosis and treatment of diseases by using imaging technologies.

- In a large hospital radiological service may be organized as 3 departments: -

❖ DIAGNOSTIC RADIOLOGY

It is the interpretation of the images of human body to help in diagnosis and prognosis of diseases.

- **X-RAY:** X-rays are a type of radiation called electromagnetic waves. X-ray imaging creates picture of the inside of a body. The images show the parts of a human body in different shades of black and white. This is because different tissues absorb different

amount of radiation. Calcium in bones absorbs x-rays the most. So bones look white. Fat and other soft tissues absorb less and look grey. Air absorbs the least. So lungs look black.

- **ULTRASOUND:** An ultrasound is an imaging test that uses sound waves to create a picture (also known as a sonogram) of organs, tissues and other structures inside the body. Unlike x-rays, ultrasound doesn't use any radiation. An ultrasound can also show parts of the body in motion, such as a heart beating or blood flowing through blood vessels.
- **CT SCAN:** A CT Scan is a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce images of the inside of body. It shows detailed images of any part of the body, including the bones, muscles, fat, organs and blood vessels. CT scans are more detailed than standard X-rays. It is also used for a tissue or fluid biopsy.
- **MRI:** Magnetic Resonance Imaging is a medical imaging technique that uses a magnetic field and computer generated radio waves to create detailed images of the organs and tissues in a body. Most MRI machines are large, tube-shaped magnets.

❖ **THERAPEUTIC RADIOLOGY**

It utilizes radiation for the treatment of disease such as cancer.

❖ **NUCLEAR RADIOLOGY**

This branch utilizes radio pharmaceutical for the diagnosis of certain disease, their follow up and detecting recurrences. It also treats certain disease.

EQUIPMENTS

- Digital X-Ray Machine
- M.R.I Machine
- Ultrasound Machine
- CT Scan Machine
- Mammography Machine
- Nuclear Imaging System
- Doppler Machine
- Computer Assisted Tomography
- Echocardiography
- Lunar Accelerator
- Portable X-Ray Machine



SECTIONS

- Waiting room
- Radiologist's office and viewing room
- Radiography room
- Dark room

❖ WAITING ROOM

- Accommodation may be required for between 25-30 patients.
- Seats must be comfortable to the patients.
- The room must have good lighting and a cheerful atmosphere.
- Toilets and bathrooms are attached in the waiting room for patients.

❖ RADIOLOGIST'S OFFICE AND VIEWING ROOM

- Reception and dismissal operation.
- Keeping of records.
- Viewing of X-Ray films-different films by several people at the same time.
- The room will be viewing boxes with fluorescent lighting for viewing several films at the same time.
- The office clerk with type writer, telephone and shelves for films and records are provided.
- Strong space should be provided for unexposed X-Ray films and processing chemicals etc.
- Radiologist should sign all radiological reports.
- Exposed films remain the property of the hospital.
- Films are reserved not more than 5-7 years.
- Films for educational and research value can be preserved indefinitely.
- All films should clear the identification of the patient.
- Department employees should be subjected to routine physical blood count every 6 months.
- Bandage should be borne by the technician to monitor the degree of radiation exposure.

❖ RADIOLOGY ROOM

- Walls made of wood or fiber board are not suitable.
- Brick and concrete have a protection capacity equivalent to that of 0.25 mm lead.
- If X-Ray; room has windows, they should be 2m from the outside ground.
- X-Ray room floor should be strong to support the weight of the column and the X-Ray generator.
- Floor should be completely labeled to allow patient trolley.
- Ceiling height should be 5.4m (minimum).

- Ceiling should support any weight.
- Walls are painted with semi blast paint is a light colour almost cream.
- Ceiling should be white.
- Subdued indirect light is desirable, when supine patients are X-Rayed.
- Door should be wide (120cm.) to allow stretcher and bed.
- There should be no step or threshold steel door are differed from the waitingroom to X-Ray room.
- Generator is placed behind the panel inside the control room.
- Panel must permit full protection of the operator and cassettes with unexposed film.
- Power supply to X-Ray room should be separate to avoid voltage fluctuation.

❖ **DARK ROOM**

- There is separation of dry and wet areas.
- The room must be entirely light proof however bright is the outside sunlight.
- There should be light tightness of door, windows and ventilation ducts and the locked doors with cast at edge to seal out light.
- A film transfer cabinet to minimize X-Ray films damage by light to be provided.
- Floor should be watered proof and washable.
- Ceiling and walls are painted with semi-gloss chromes yellow colour without any white pigment as it will not reflect any blue light.
- All light source should have separate switches so that confusion is avoided.
- The room should have a dry sight with a dry bench for unloading of cassettes and a wet sight with processing tanks.
- The dark room should have a stainless steel sink.
- Developing tanks should be suitable size so that 15*12 films can be washed easily.

- Layout of the dark room should be finalized after discussion with radiologist and supplier.
- The room temperature should be 72°C with humidity of 50%.
- Air flow ventilation at 10 feet/second.
- Automatic developers with driers can speed up the work.

PHYSICAL FACILITIES:

- Working temperature of 68°C should be maintained for the staff.
- Window is desirable to the room for natural light and ventilation.
- Dark room must have a good natural and artificial ventilation.
- Any ventilating grids, fans, shafts etc. must be light-tight.

FUNCTIONS:

- To assist the physician in the diagnosis and treatment of a patient's disease through the use of radiography, fluoroscopy, high voltage acceleration etc.
- To provide reliable radiological services to the patients.
- To engage in essential research for medical advancement.
- Gives better views of the internal body of the patients to the doctors.
- Commitment to training and research.
- Establishment and confirmation of clinical diagnosis.

LABORATORY

The clinical laboratory of a hospital utilizes samples of fluids or tissues from patients to identify evidence of disease or medical conditions. The space is organized into divisions such as anatomic pathology, clinical chemistry, hematology, genetics, microbiology, phlebotomy, and the blood bank. A medical laboratory or clinical laboratory is a laboratory where tests are carried out on clinical

to obtain information about the health of a patient to aid in diagnosis, treatment, and prevention of disease. Clinical Medical laboratories are an example of applied science, as opposed to research laboratories that focus on basic science, such as found in some academic institutions.



FUNCTIONS:

- To perform diagnostic tests.
- To identify organisms, like E-Coli bacteria.
- To count and classify blood cells to identify infection or disease.
- To operate complex diagnostic equipment.
- To perform immunological tests to check for antibodies.
- To type and cross match blood samples for transfusions.
- To analyze DNA.

DESIGN:

- Adequate floor, bench and storage space.
- The floor should be well constructed with a surface that does not slip, will not absorb fluids and will not be damaged by the chemicals used in the laboratory.
- The entire floor should be easy to wash.
- The walls should be smooth will not absorb fluids and easy to wash.
- A door at each end of the laboratory so that, laboratory staff is not trapped in case of a fire. The doors should open outwards.
- Adequate ventilation with windows that can be opened.
- The laboratory should be sectioned into separate working areas with defined place for patients, visitors and reception of specimen. There should be a place for aid.
- Bench surfaces should be without cracks not affected by chemicals and disinfections.
- Suitable storage place which is well-ventilated, fireproof. Locked for keeping flammable chemicals.
- A gas supply from a cylinder that is stored in an outside locked store.
- A room that is separate from the working area where refreshments can be taken and personal food and other belongings stored safely.
- An adequate number of hand wash basins in the laboratory with running water.
- The taps should be wrist. Soap with boxes should be provided paper tissue should be used for drying hands. There should be a safety cabinet and fume cupboard.

STAFFING:

The staff of clinical laboratory may include-

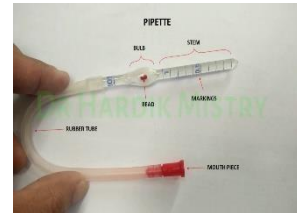
- Pathologists
- Clinical Biochemist
- Laboratory Assistant
- Biomedical Scientist (BMS) in the U.K Medical Laboratory scientist (MT,MLS or CLS) in the US or medical laboratory technologist in Canada
- Medical laboratory technician
- Medical Laboratory Assistant
- Phlebotomist
- Histology technician

EQUIPMENTS:

- Colorimeter/ Photoelectric Colorimeter
- Centrifuge
- Water Bath
- Microscope
- Hot Air Oven
- Autoclave
- PH-meter
- Incubator



- Automated biochemistry analyzer,
- ELISA reader,
- Microtome,
- Wax melting bath,
- Hot plate etc.
- Cover slips,
- Blood cell count pipette,
- Glass ware,
- Syringes and needles.



CENTRAL STERILE SUPPLY DEPARTMENT

CSSD is also called sterile processing; on central supply department is an integrated place in hospitals and health care facilities that performs sterilization and other actions on medical devices, equipment and consumable. It is also

For subsequent use by health workers in the operating theatre of the hospital and also for other aseptic procedures. E.g., Catheterization wound stitching, and bandaging. In a medical, surgical and maternity or pediatric ward.

CSSD as that service, with in the hospital

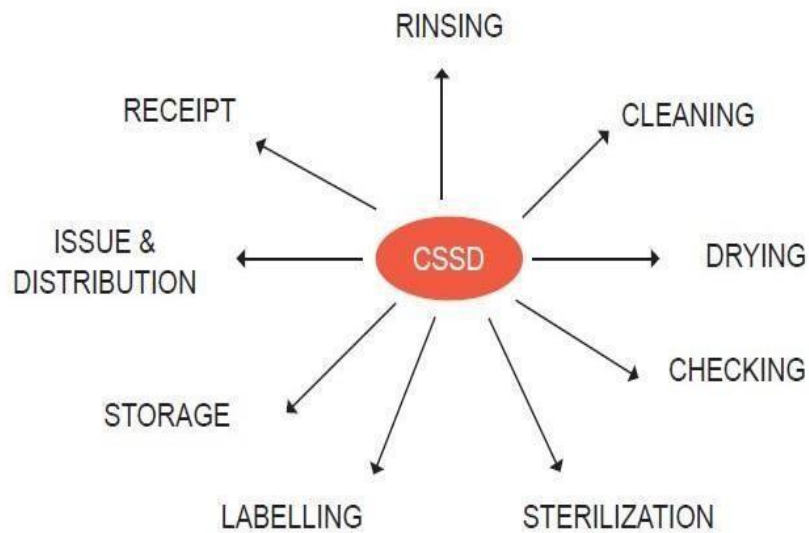
catering for the sterile supplies to all departments both to specialized units as well as general wards in OPDS.



AIMS OF CSSD:

- Centralizing the activities of receipt, cleaning, assembly, sterilization, storage and distribution of sterilized materials from a CSSD.
- Safe sterilization is done under controlled condition with technical supervision at an optimum cost.
- To provide an efficient, continuous and quality supply of sterilized material to hospital in various areas and infection free patient care.

FUNCTIONS AND ACTIVITIES:

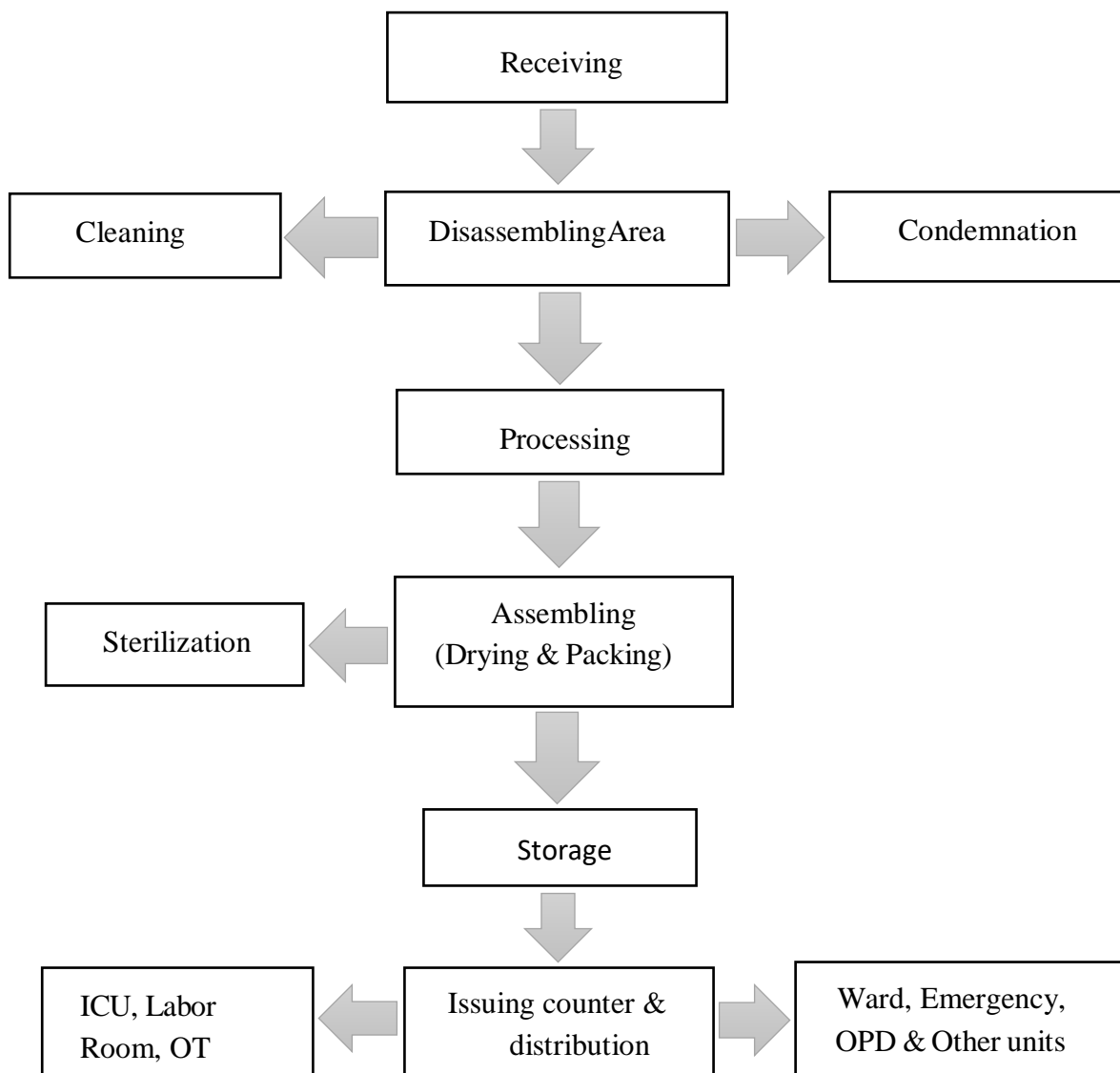


- To provide supplies of sterile linen packs basins, instruments other sterile items.
- To maintain an accurate record of the effectiveness of the cleaning, disinfecting and sterilizing process.
- To monitor and enforce control necessary to prevent cross infection according to infection control policies.
- To review current practice for possible improvement in quality or service provided.
- To provide consulting services to other departments in all areas of sterile processing.
- CSSD is the hospital central nervous system where the battle against infection takes place.

LOCATION:

- The location of CSSD should be such that it is as close as possible to the major under area such as casualty, OT, Wards.
- The OT and CSSD may be connected by means of two waiter-one utilized for transportation of sterile material and the other for soiled material.

CSSD WORKFLOW:



METHODS OF STERILIZATION:

STEAM - STERILIZATION:

- The main instrument used in steam sterilization is Auto-Clave and it is the commonest method of sterilization.
- The four parameters that is important for auto-clave are- steam, pressure, temperature and time (121°C for 15 minutes with 12 dl pressure, 184°C for 3 minutes with 15 dl pressure).
- Items are auto claved and soiled waste, gauge bandage, linen, left sample of laboratory etc.
- It is a method of disinfection of items and basic principle is that steam under pressure and required temperature is applicable for microbial and sporicidal.

SUB - ATMOSPHERIC PRESSURE STERILIZATION:

It is the method of sterilization where Formaline is used. Maintain 19°C temperature for 10-30 minutes. It is mainly used for an instrument like an endoscope and also used to disinfect a blanket and mattress.

GAS - STERILIZATION:

It is used for sharp and hit-sensitive instruments. It has the disadvantages of being explosive and it is poisonous, thus limited use. It maintains a low temperature (37°C-63°C for 1-6 hours).

GAMA RADIATION STERILIZATION:

This is commonly used for disposable goods and bulk items. Gama radiation sterilization is performed by exposing the product to a radiation source typically Cobalt60 for 10-20 hours.

CHEMICAL STERILIZATION:

It is to be done with activated glutaraldehyde Cidex for 12 minutes in room temperature. It is mainly used for heat-sensitive instruments.



CSSD DISTRIBUTION SYSTEM:

RECEIVING AREA:

Used items from various departments of the hospital are shifted to CSSD for cleaning and sterilization.

Ideally, the items that get soiled with blood or body fluid should be decontaminated with Sodium Hypochlorite solution in the user department itself before sending to CSSD. The receiving area of CSSD should have access to the outside through a window with the counter.

- The items are counted and recorded.
- Thereafter the instruments are inspected and unsuitable instruments are segregated.
- Necessary entries are made for the record
- Thereafter the items are shifted to the cleaning area.

CLEANING AREA:

- Here the instruments are washed either manually or in machines.
- For manual washing sinks with water supply and working counters are organized, detergent and brushes of various sizes and shapes are required in this area.
- Ultrasonic washer is a machine used for cleaning surgical instruments.
- A tunnel washer is a highly sophisticated and expensive machine that allows totally hand off processing. Instruments in perforate or mesh button trays coming from the operating room or other departments are placed into the tunnel washer without any further handling.
- After the instruments are washed they are dried in oven drier and shifted to packing area.

PACKING AREA:

- Clean and dry instruments are packed before sterilization. So that they are not contaminated while handling after they are sterilized. Most of the instruments are packed in trays that are wrapped with double layer of cotton cloth. Paper envelopes are also available for packing the item for ETO sterilization. The packs are labelled indicating date of sterilization and date of expiring.
- Sealing machine is used for the sealing plastic bags in which instruments are packed. After packing and sealing the instruments are shifted for sterilization.

STORING AREA:

After sterilization the items are temporarily stored in a clean store from where they are distributed to the user departments.

DISTRIBUTING AREA:

- It should be away from the receiving area and may comprise of a window with counter.
- In modern hospitals there may be the separate lift for transporting sterile materials to the user departments.

STAFFING:

- CSSD in charge/Manager –supervisors’ activities of CSSD.
- CSSD Technicians-Operate the autoclave and ETO machines.
- CSSD Assistants-Perform the cleaning and packing, gauge cutting, and cotton-ball making.
- Clerk or Storekeeper – To manage the inventory and sterile stores.
- Housekeeping staff.
- Messengers.

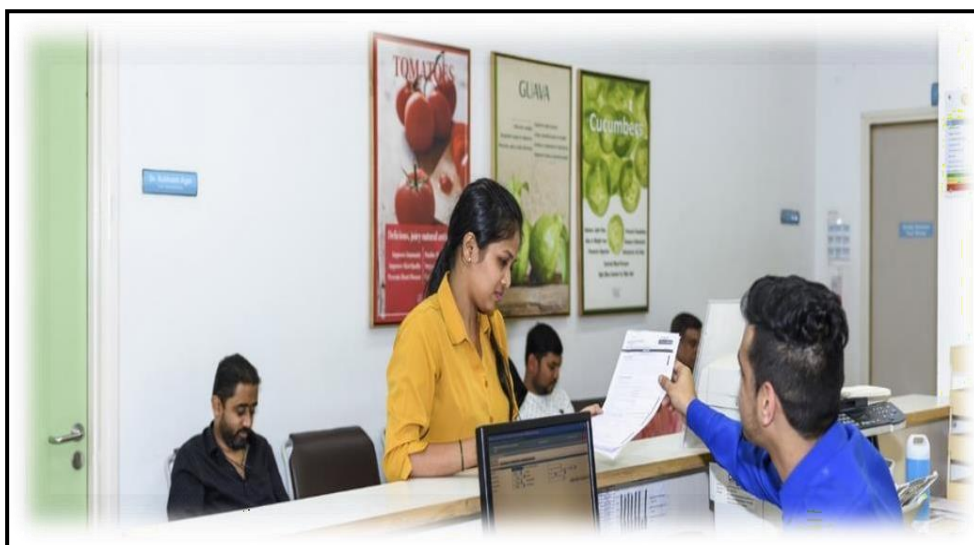


HUMAN RESOURCE DEPARTMENT

A company's human resource department is tasked with the training and development of its workers, who are considered some of the company's most important resources. Also known as human resources (HR), the human resource department's mission is to make sure the company's employees are adequately managed, appropriately compensated, and effectively trained. The department is also responsible for recruiting, hiring, firing and administering benefits.



A human resource department is involved with making sure the company has a solid roster of employees, who are trained to fulfill their roles and compensated appropriately for doing so. The human resource department provides effective policies, procedures and people friendly guidelines and support. Additionally, the human resource function serves to make sure that the company's mission, vision, and values are part of the company culture.



The 6 basics of HR- when we talk about Human Resource Management, several elements are considered cornerstones for effective HRM policies. These cornerstones are-

- Recruitment & selection,
- Performance management,
- Learning & development,
- Succession planning,
- Compensation and benefits,
- Human Resources Information Systems.



OBJECTIVES:

- To assist employees in achieving their personal goals enhance the individual's contribution to the organization. Personal objectives of employees must be maintained, retained and motivated.
- To maintain the contribution of department at an appropriate level organization should fulfil the needs. Resources are wasted when HRM is either more or less sophisticated to suit the organizations demands.
- To recognize the role of HRM in bringing about organizational effectiveness, HRM is not an end in itself but it is only a mean to assist the organization with its primary objectives.
- To be ethically & socially responsible for the needs and challenges of society while minimizing the negative impact of such demands upon the organization to use their resources for society's benefits in ethical ways may lead to restriction.

- Accomplish the basic organizational goals by creating and utilizing an able and motivational workforce.
- To establish and maintain organizational structure and desirable working relationships among all the members of the organization.
- Develop co-ordination among individual and group within organization to secure the integration of organization.
- To provide sufficient numbers of employees in the departments where needed.

FUNCTIONS:

HR has many important functions in the organization. These include recruitment, performance management, learning and development and many more. Human resource functions are-

- **JOB DESIGN AND JOB ANALYSIS:**

Job analysis investigates and identifies the duties, tasks, responsibilities, skills and knowledge, essential qualifications for a certain job profile. Job design focusses on integrating the requirements and needs of an employee with the objectives of the organization.

- **EMPLOYEE HIRING AND SELECTION:**

Recruitment and selection is the process of identifying the need for a job, defining the requirements of the position and the job holder, advertising the position and choosing the most appropriate person for the job. Undertaking this process is one of the main objectives of management.

- **EMPLOYEE TRAINING & DEVELOPMENT:**

Employee training and development is a program that helps to learn a particular skill as well as knowledge to improve employee productivity & performance in their current organization or job role. It develops future performance & helps focus on more employee growth.

- **EMPLOYEE PERFORMANCE MANAGEMENT:**

Employee performance management is a dynamic and strategic approach to sustain a high-performance culture within an organization. Its goal is to bring out the best in every employee and align it with the organization's long term vision and mission.

- **LABOUR RELATIONS:**

Labor relations are the term used to define the process between employers and employees, management and unions in order to make decisions in organizations.

DUTIES:

HR department primarily deals with the most uncomfortable aspects of work- HR violations, layoffs, and firing. But the truth is that human resources are there to support employees. It's quite literally a resource for humans. Some of the tasks of HR department are-

1. **RECRUITING CANDIDATES:**

HR needs to understand the organization's needs and make sure those needs are met when recruiting for new position.

2. **HIRE THE RIGHT EMPLOYEES:**

Human resources is in charge of arranging interviews, coordinating hiring efforts, and on boarding new employees. They're also in charge of making sure all paperwork involved with hiring someone is filled out and making sure that everything from the first day to each subsequent day is navigated successfully.

3. **PROCESS PAYROLL:**

Payroll is its own beast. Every payday must have taxes calculated and hours collected. Expenses need to be reimbursed and raises and bonuses need to be added in as well.

4. **CONDUCT DISCIPLINARY ACTIONS:**

This responsibility may be why HR tends to get a bad rap. When navigated

inappropriately, disciplinary actions can lead to the loss of a valuable employee and can even result in the success of an employee.

5. UPDATE POLICIES:

Policies need to be updated every year as the organization changes. It's HR's job to make official updates to policies when they no longer serve the company or the Employees. HR should always be included in and consulted with regarding these decisions.



ACTIVITIES OF HUMAN RESOUCE MANAGERS:

A human resources manager has various functions in a company. They are-

- Determine the needs of the staffs.
- Determine whether to use temporary staff or hire employees to fill these needs.
- Determine do's & do not's.
- Recruit the best employees.
- Train employees and upgrade their learning knowledge.
- Supervise the work.
- Evaluate the work.
- Establish discipline work culture in the organization.

- Avoid politics in the office.
- Apply HR software for the ease of work in the organization.
- Manage employee's relations. If there are unions, perform collective bargaining.
- Prepare employee's payroll, benefits, and compensation.
- Ensure equal opportunities.

HOSPITAL ACCOUNTING

Today, most finance departments continue to fulfil general bookkeeping duties, such as fulfilling purchase orders for equipment or supplies, finalizing sales of merchandise and services, maintaining receipts from purchases for the business, and managing payments made by or to the healthcare organization. The finance department is also responsible for negotiating



contracts with service providers and contractors, running payroll, and maintaining cash reserves for unexpected or planned expenses. Most finance departments maintain these records electronically with databases or specialized accounting software. Hospital accounting is a particular system of accounting which accumulates, communicates and interprets historical and projected economic data that are useful for the purpose of ascertaining the financial position and operating results of a hospital.

IMPORTANCE:

- The finance department of a healthcare organization collects revenue,
- pays bills,
- Provides an overview to executives to make data-driven decisions about a company.

HOSPITAL DIETARY SERVICES

Hospital catering or dietary services are an essential part of patient care. Good quality, nutritious meals play a vital part in patient rehabilitation and recovery and limit the unnecessary use of the nutritional supplement. Hospital catering services should be cost effective and flexible enough



to provide a good choice of nutritious meals that can accommodate patients' specific dietary requirements and preference.

OBJECTIVES:

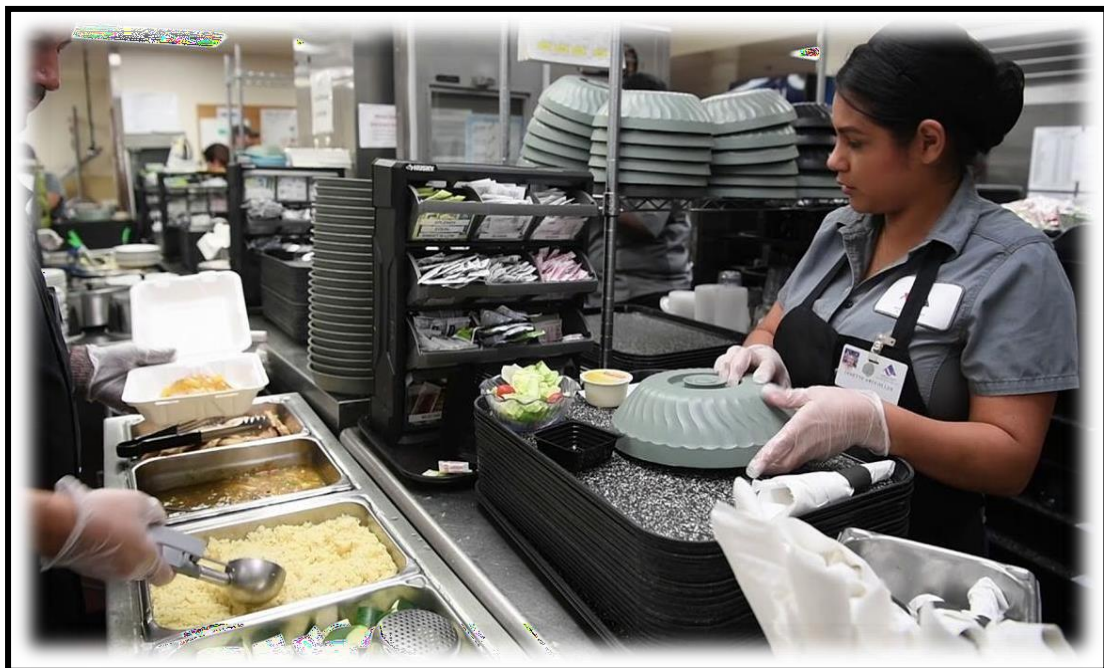
- Control catering budget and contract: food, beverages and snacks.
- Prepare food to quality approved standards.
- Deliver food to wards, patients and staff restaurants.
- Serve food to patients at ward level.
- Maintain and supervise food hygiene at all times.

EQUIPMENT:

- Cutting equipment,
- Dish cleaning
- Chapatti making machine
- Grinding machines
- Mixing machine

STAFFING:

- Chief and senior dieticians,
- Steward,
- Store keeper,
- Head cook,
- Assistant cook,
- Malachi,
- Cooks.



LAUNDRY SERVICES

Linens and Laundry services are responsible for providing safe, clean, adequate and timely supplied linens to users of the hospital at right time, at the right price, and right place. Cotton is the most preferred and frequently used material as it is cheaper and more comfortable. Linens is a general term used to denote clothing



items including bed covers, pillow covers, bed sheets, towels, doctors' coats etc. Hospital laundry receives all the linen material from different areas like the ward, OT, OPD, and office area where they undergo a process of sorting, washing extracting, drying, ironing, folding, mending and delivery.

FUNCTION:

- Collection and receipt of soiled and infected linen.
- Sorting, sluicing, disinfecting, washing, and ironing of linen.
- Repair of damaged linen.
- Assembling and packaging of specialty items and linen packs for sterilization.
- Distribution to user departments.

EQUIPMENTS:

- Boiler
- Washing machine



- Hydro-extractor
- Dryer



TYPES:

- **IN PLANT SYSTEM:**

Here a hospital runs its own laundry. The system can only be justified for very large hospitals and teaching institutions as it is very expensive. In this system, the hospital has its own linen and laundry and all the activities of the hospital laundry service like washing, mending and replacement are done in the hospital premises.

- **RENTAL SYSTEM:**

In the system hospitals hire laundered linens from the contractor. The contractor is also responsible for the replacement as well as laundering of patients and staff linen. The main advantage of the Rental Linen Supply System is that the hospital does not have to spend much for this vital service.

- **CONTRACT SYSTEM:**

Here, hospitals own their linen but have no means of laundering. Washing, conditioning and pressing are carried out on a contract basis from outside. In some cases, however, a subsidized contract type is prevalent and in such cases the hospitals provide water and washing area within the hospital premises.

- **CO-OPERATIVE SYSTEM:**

A single laundry is run on a co-operative system to cater for a number of hospitals. This system is very economical. It can ideally be adopted for government hospitals or a group of smaller hospitals.

PHARMACY

Hospital pharmacy is the health care service, which comprises the art, practice, and profession of choosing, preparing, storing, compounding and dispensing medicines and medical devices, advising healthcare professionals and patients in their safe, effective and efficient use. Hospital pharmacy is a specialized field of pharmacy which forms an integrated part of patient health care in a health facility. Hospital pharmacy is the profession that strives to continuously maintain and improve the medication management and pharmaceutical care of patients to the highest standards in a hospital setting.



FUNCTION:

- Selection of reliable suppliers.
- Storing and dispensing of drugs.
- Determining specifications of the required medicament.
- Maintenance of manufacturing records.
- Quality control of purchased and manufactured products
- Expecting and knowing the hospital demands.

STAFFING:

- There should be Drug & Therapeutic Committee for advice and decision making.
- A chief pharmacist in hospital of more than 200 beds.
- 2 pharmacists for 100 bedded hospitals.
- 3 pharmacists for 200 bedded hospitals.



HOUSEKEEPING SERVICES

Hospital housekeeping service refers to the cleaning and upkeep of the hospital premises which renders the environmental surfaces safe to handle by removing organic matter, salts, and visible soils. The department is responsible for cleaning and maintaining hospital which include all department of the hospital. It works for guest satisfaction through keeping the environment clean and hygienic.

OBJECTIVES:

- General Sanitation, cleanliness and comfortable environment.
- Developing courteous, reliable and congenial atmosphere.
- Adequate support of motivated staff.
- Good interdepartmental cordial relation.
- Ensuring safety of staff, patient and relatives.
- Quality control of sanitary equipment and cleaning agents.
- Proper record keeping and feedback.



HOSPITAL SECURITY SERVICE

Security service in a hospital is a service responsible for ensuring the security and safety of the hospital plant, personnel, patients and public as well as regulating the traffic within the hospital premises. A hospital is a busy public dealing place trying to provide care, comfort and cure to the patient.

WHY IT IS NEEDED:

- Hospital is a people intensive place.
- Anybody has an access to any part of the Hospital any time for advice and treatment.
- The hospital atmosphere is always filled With emotions, excitements, care and happiness, death, and sorrow.
- Hospital uses very costly equipment, fixtures, and machines whose safety is essential.
- Not only hospital but also safety of patients, attendants and their property is the moral duty of the hospital.

OBJECTIVES:

- Hospital buildings and fixtures security
- Hospital property patients' belongings security
- Hospital staff patient visitors.



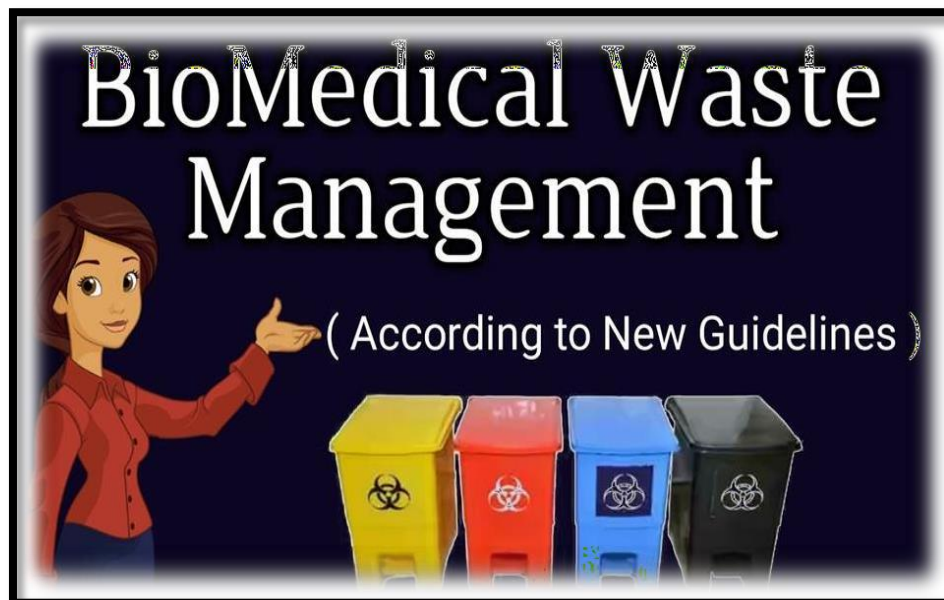
BIOMEDICAL WASTE MANAGEMENT

BIOMEDICAL WASTE:

Biomedical wastes are defined as “any solid, fluid or liquid waste including its container any intermediate product, which is generated during the diagnosis, treatment or immunization of the patient”.

OBJECTIVES:

- The main objective of this service is to keep the environment clean with the ultimate goal of reducing hospital-associated infections, thereby decreasing the average length of stay of the patient.
- Proper management of biomedical waste according to the statutory regulations is a mandatory legal obligation on the part of the hospital.

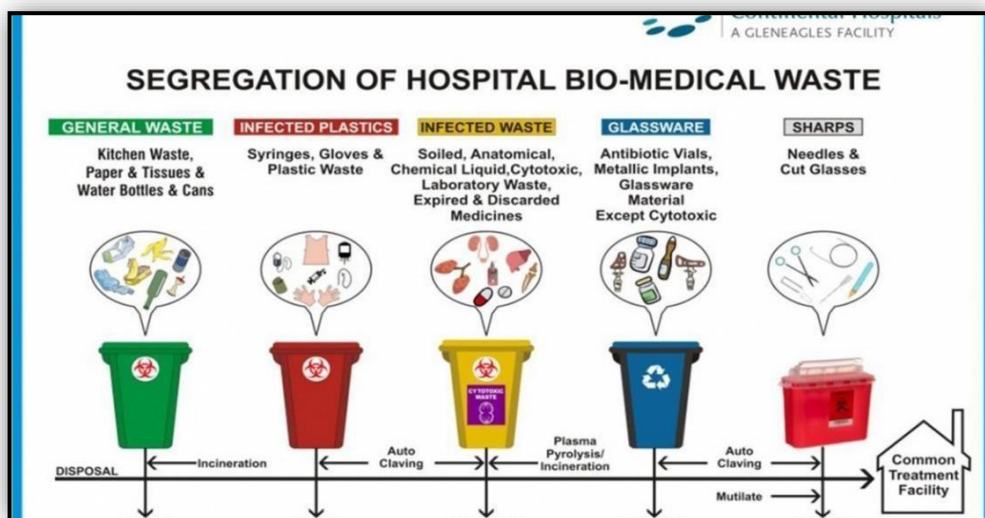


CATEGORIES OF BIO MEDICAL WASTE:

Options	Waste category	Treatment & Disposal
Category No. 1	Human anatomical waste	Incineration / deep burial
Category No. 2	Animal waste	Incineration / deep burial
Category No. 3	Microbiology and biotechnology waste	Local autoclaving/ microwaving/ incineration.
Category No. 4	Waste sharps	Disinfection by chemical treatment/ autoclaving/ microwaving and shredding.
Category No. 5	Discarded medicines and toxic drugs	Incineration/ destruction and drugs disposal in recurred landfill.
Category No. 6	Solid waste	Incineration/ autoclaving/ microwaving.

Category No. 7	Semi solid waste	Disinfection by chemical treatment/ autoclaving/ microwaving and shredding.
Category No. 8	Liquid waste	Disinfection by chemical treatment and discharge into drains.
Category No. 9	Incineration ash	Disposal in municipal landfill.
Category No. 10	Chemical waste	Chemical treatment & discharge into drains.

COLOUR CODING SYSTEM:



RECOMMENDATIONS

- At least two RMOs should be present during the morning & afternoon shifts to cope with the huge discharges.
- RMOs should be requested to write the summary properly on the pink sheet so that discharge printing is not delayed.
- More nursing staff should be appointed.
- Discharge files should be made ready before the discharge time.
- Nursing students must be well trained before giving them duties in the ward.
- Before returning medicines all cupboards should be checked so that medicines are left.
- Senior staff must explain the discharge summary as junior staff cannot do it properly.
- Final bill settlement time must be reduced.
- Housekeeping staff should be educated to behave properly with coordinators and the nursing staff.
- More HK staff should be appointed in the GW as it remains busy for the whole day.
- Need to focus on time management.
- Staff discipline should be improved.

CONCLUSION

After all the discussion I have come to the conclusion, I want to specify that my experience in the KOTHARI MEDICAL CENTRE was very nice.

During these days I observed daily functions of employees, their work responsibilities, their efficiency and the importance of their each and every decision.

Moreover, I also observed how one department is linked with the others and how they perform together in harmony.

Lastly, I want to say that I really learned some most important activities during this training period and it has improved my management skills and It will help me to develop as a better professional.

The experience I gained here is sure to be useful for me in future prospects.

Therefore, once again I want to offer my sincere gratitude to all the people who have helped me in this whole curriculum.

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