MIDNAPORE CITY COLLEGE

AFFILIATED BY VIDYASAGAR UNIVERSITY

PROJECT REPORT ON

AN OVERVIEW OF SANJIBAN HOSPITAL AT HOWRAH

SUBMITTED BY: ABHIJIT DALAPATI

Registration No: 01334 of year: 2021 - 2022

ROLL NO: PG/VUWGP29/MHA-IVS NO-001OF YEAR: 2021-22

DEPARTMENT: MASTERS IN HOSPITAL ADMINISTRATION

SEMESTER: 4th

PAPER CODE: MHA-491

SANJIBAN
CLASS 1 SUPER SPECIALITY HOSPITAL
FULESWAR | HOWRAH | WEST BENGAL

SANJIBAN HOSPITAL
Fuleswar, Howrah
Contact No. - 6290410760, 8420053501/e-mail : info@sanjibanhospital.org
website : www.sanjibanhospital.org

PEH-2020-1192

SH/HR/Cert/23-24/0151

Date: 15.05.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Abhijit Dalapati from Midnapore City College has completed his 2 months internship at Sanjiban Hospital, Fuleswar, Howrah in the department of IPD commencing from 13.03.2023 and ending on 13.05.2023.

During his tenure as intern, he was found to be diligent, hard-working and committed.

We wish him all the best in his future endeavours.

For Sanjiban Hospital
(A unit of Chikitsabrati Udyog)

Fuleswar
Howrah

Authorized Signatory
Sanjiban Hospital

ABSTRACT

Our project Hospital Management system includes registration of patients, storing their details into the system, and also computerized billing in the pharmacy, and labs. Our software has the facility to give a unique id for every patient and stores the details of every patient and the staff automatically.

It includes a search facility to know the current status of each room. User can search availability of a doctor and the details of a patient using the id. The Hospital Management System can be entered using a username and password. It is accessible either by an administrator or receptionist. Only they can add data into the database. The data can be retrieved easily. The interface is very user-friendly. The data are well protected for personal use and makes the data processing very fast.

DECLARATION

I do here by declare that project work entitled **AN OVERVIEW OF SANJIBAN HOSPITAL** submitted by me for the partial fulfilment 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 submitted earlier for the award of any degree or diploma to any Institute or University.

Project Duration:

This project has been done between 13th March 2023 to 13th May 2023.

Name: Abhijit Dalapati
Registration No: 01334 of year: 2021 -2022
Roll: PG/VUWGP29/MHA-IVS No: 001
Course: Masters in Hospital Administration (4th semester)

ACKNOWLEDGEMENT

Throughout this project a number of people have provided a lot of support, encouragement, and constructive criticism. Since thanks and heartfelt gratitude to them all foe their long support. At first, I see out a great deal of thanks that I owed to **SANJIBAN HOSPITAL** for giving me a chance to do a project on such topic "**AN OVER VIEW OF SANJIBAN HOSPITAL**".

At the very onset special thanks should be conferred to Mr. Nirmal Saha (Head HR), Mr. Sovan Deb Bera (HOD of Operations), Mr. Tanmay Ghosh (Senior Executive) and other employees of Sanjiban Hospital (Howrah) as well.

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

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.

CONTENT

CONTENT

INTRODUCTION

The word hospital has been derived from the Greek word ‘hospice’. In fact, the world hospital, hostel and hotel all drive from the common Latin root hospice. The place or establishment where a guest is received was called the ‘hospitium’ or ‘hospital’.

Hospitals are the institution providing medical & surgical treatment and nursing care for any ill or injured people. Hospital is the integral part of social and medical organization the function of which is to provide complete healthcare viz. preventive, primitive, curative and rehabilitative and hospital is also a Centre for training and research of medical and paramedical stuff. The end of the 19^{th} cent, Hospital care was revolutionized by the discovery of anaesthesia; improvement in sanitation, establishment of hospital, nursing schools, and other advances.

Hospitals are focal point of delivery of healthcare service to entire community irrespective of age, cast, and creed colour. The diversity of stuff contributes towards patient care from highly skilled physicians, nurses, technicians, administration and unskilled stuff.

The modern hospitals also conduct investigation studies and researching biomedical science. The universal of the hospital is patient care.

OBJECTIVES OF THE PROJECT

MY OBJECTIVE IS:

- To earn practical Knowledge from the Training that is taught at our college.
- To get the overview of the Super Speciality Hospital.
- To study the location, staffing pattern, work flow of the department.
- To elaborate the theoretical knowledge into practical experience.
- To know the management issue of the dept.
- To know the working principle and functioning of the hospital.
- To get the practical experience from the training.

METHODOLOGY

There are four simple methods here been used to carry out the project and to do the survey.

1. Observational study

2. Primary data

3. Secondary data

4. Data analysis

1. **Observational Study:** An observational study is the best technique to find out any problem and preparation the problem statement. At last find out a solution through this observation. I have observed the total procedure of work flow of the HR department.
2. **Primary Data:** The data which is observed or collected directly from first-hand experience. Primary data is original research data in its raw form, without any analysis or processing. This data provides a wealth of information for researchers. Depending on the nature of a study, the primary data may be provided along with reports and analysis so readers can look at it directly, or it may be kept confidential. Primary data records may be digital or hardcopy, depending on the nature of the study. E.g. - Log books of birth report of new born.
3. **Secondary Data:** The data which is published and the data collected in the past are called secondary data. Secondary data is data collected by someone other than the user common sources of secondary data for social science include censuses, organizational records and data collected through qualitative methodologies or qualitative research. E.g.-Books & Internet.
4. **Data Analysis:** Data analysis method has been used to collect the sample data an interpreted those data which are gives us an obvious measure through the data analysis. I have used statistical tool like Bar chart for analysing the data.

DATA COLLECTIONS

Primary data: The role of few departments and organizational structure are taken from the Sanjiban Hospital. The methodology of my project was purely based on personal observations, direct interaction with patient as well as patient party and a thorough discussion with the executives and various other staffs. Patient survey is very important as it helps to know how satisfied patients are with the quality of catering and physical amenities provided for inpatients or the accessibility of health care facilities.

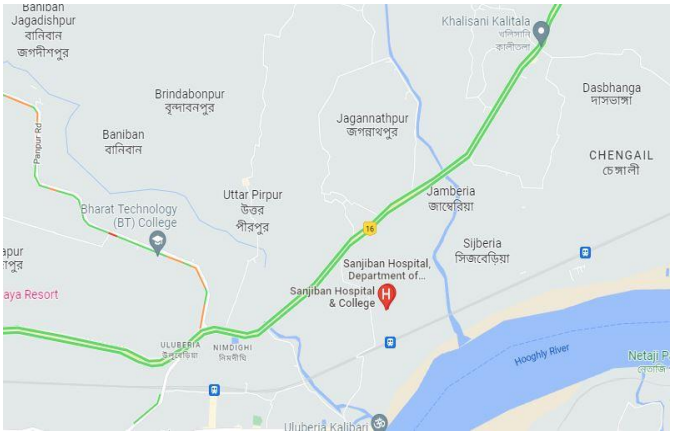
Secondary data:

- The company profile, sector analysis is taken from the website.
- Discussions with the executives and various other staffs of the hospital regarding my area of project.
- Information gathered from hospital leaflets and brochures.
- From various books of Hospital Administration etc.

ABOUT THE SANJIBAN HOSPITAL

The Sanjiban Hospital is a 512 bedded hospital in Fuleswar, Howrah,WestBengal.ConceptualizedandsetupbyDr.SubhasisMitra,anOncosurgeonwith30years of experience and 16 years of practice in the UK, Sanjiban draws its strength from a dedicated team of expert doctors from UK and India, supported by a group of highlyskillednursesandotherclinicalandnon-clinicalstaff.SanjibanHospital pursues mission of establishing a scientific, modern, new technical healthcare delivery system which is not only affordable but accountable and sustainable also. The surplus generated by the institution is used for the development of health of the common man and not for any personal profit. These professionals have joined hands for the well-being of the common people to establish an international standard multispecialty hospital. An overall capacity of 512 beds Sanjiban Hospital has proved to be one of the most effective hospitals in north eastern zone of India. Sanjiban Institute of Health Science (SIHS), an educational initiative by Sanjiban Hospital helps students to explore their inner strength and achieve excellence. Sanjiban is not a hospital, it is a college where studies MBBS, nursing, paramedical and physiotherapist.

HOSPITALPROFILE



ADDRESS:

Baikunthapur Road, Fuleswar, Uluberia, Howrah, West Bengal – 711316.

PHONE: -913326612430/64502906

ACCREDITATION:

- NABL Accreditation
- NABH Accreditation

MISSION:

Sanjiban hospital believes in providing world – class health care at an affordable cost with accountability while building a high-quality health education system, which will produce expert doctors and allied clinical and paramedical professionals.

VISION:

To be a globally acclaimed institution recognised as a centre of excellence in medical education.

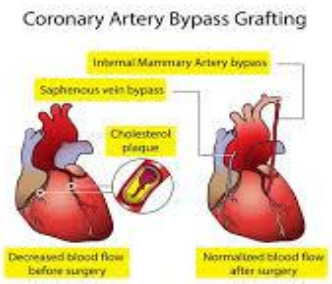
SANJIBAN HOSPITAL FLOOR PLAN

- **GROUND FLOOR:**
  - Reception
  - Administrative Department
  - Director Room
  - Cash Counter
  - Eye OPD
  - OPD 1
  - OPD 2
  - Pathology Laboratory
  - Cardiology
  - Radiology
  - Blood Bank
  - Admission & TPA
  - Billing & Discharge
  - Outdoor Pharmacy
  - Indoor Pharmacy
  - Medical Ward (Male & Female)
  - Emergency
  - Administrative Block of GNM Nursing College
  - Mortuary
  - Maintenance Office
  - Housekeeping Office
  - Canteen
  - Power Plant
- **1st FLOOR:**
  - OT 1
  - OT 2
  - OT 3 (GYNAE)
  - CCU 8 (NEURO MEDICINE)
  - CCU 9 (GYNAECOLOGY)
  - CCU 10 (MEDICINE)
  - CCU 11 (MEDICINE + ONCOLOGY)
  - CCU 12 (ORTHOPAEDICS)
  - NICU
  - PICU
  - Doctor's Room
  - IT Room
  - Nursing Staff Room
  - Pantry

- **2nd FLOOR:**
  - CCU 1(NEURO SURGERY)
  - CCU 2(CARDIOLOGY)
  - CCU 3(MEDICINE)
  - CCU 4(MEDICINE)
  - CCU 5(GENERAL SURGERY)
  - CCU 6(CARDIO+MEDICINE)
  - CCU 7(GENERAL SURGERY)
  - Dialysis Unit
  - GENERAL WARD (1, 2 & 3)
  - GNM Nursing Student Hostel
  - Nursing Staff Room
- **3rd FLOOR:**
  - Utkarsha Bangla Office
  - GNM Class Room
  - Paramedical Class Room
  - Nursing Staff Room
- **4th FLOOR:**
  - CSSD
  - Pathology Laboratory
  - Histology Laboratory
  - Physiology Laboratory
  - Microbiology Laboratory
  - Anatomy & Microbiology Lab
  - Anatomy Dissection Hall &Museum
  - MBBS Class Room
- **5th FLOOR:**
  - Laundry
  - MRD Department

FACILITIES

- 24X7 Emergency Medical Service with critical care ambulance
- 6 World class operation theatres
- 94 bedded critical care unit
- Performed more than 1’10’000 complicated surgical procedures
- 275 consultant of international &national repute
- Competent & committed nursing care
- CT scanner
- Steel OT
- Ventilated ICU
- 510 Bed
- MRI
- Cost Effective Surgery for heart
- Fully Digital Radiology Department with CR & PACS System
- Treated over 5 lack Inpatient
- Treated over 3’000 International patient’s
- Treated over 1 million Outdoor patient’s
- Attractive Cost Effective Treatment Packages Including Health Check Up
- High Specialized Trauma Care Unit



HOSPITAL DEPARTMENTS

The hospital has several departments:

- Cardiac Sciences Department
- Dentistry Department
- Dermatology Department
- Onco Care Department
- ENT Department
- Endocrinology & Diabetology Department
- Gastroenterology Department
- General & Laparoscopic Surgery Department
- Haematology Department
- Nephrology Department
- Neurology Department
- Neuro Psychiatry Department
- Obstetrics Department
- Oral & Maxillofacial Surgery Department
- Orthopaedics & Gynaecology Department
- Ophthalmology Department
- Paediatrics Department
- Paediatric Surgery Department
- Plastic & Reconstructive Surgery Department
- Psychiatry Department
- Physiotherapy Department
- Rheumatology Department
- Urology Department
- Vertigo & Deafness Department

HUMAN RESOURCE DEPARTMENT

Human Resource Department is a critical component of employee well-being in any business, no matter how small. HR responsibilities include payroll, benefits, hiring, firing, and keeping up to date with state and federal tax laws.

Any mix-up concerning these issues can major legal problems for your business, as well as major employee dissatisfaction. But small business often doesn't have the staff or the budget to properly handle the nitty-gritty details of HR. Because of this, more and more small businesses are beginning to outsource their HR needs.

Payroll administration, including produce checks, handling taxes, and dealing with sick time and vacation time.

- **Employee benefits**, including health, medical and life insurance, 401(k) plans and cafeteria plans.
- **HR management**, including recruiting, hiring and firing. This also includes background interviews, exit interviews and wage reviews.
- **Risk management**, including workers' compensation, dispute resolution, safety inspection, office policies and handbooks.

Some services are full-service and will provide these as well as additional services like on-call consultants, who will come in to train or even settle a dispute.

What are the biggest advantages to outsourcing your HR needs? Does your business allow you the time to personally deal with federal and state employment laws? A big reason business turn to HR services is that they don't have the time, or expertise, to deal with this. And if you choose to go with a PEO, you can pass the legal responsibility of your employees onto them.

You may also save money. You can usually count on a reduced benefits rate when outsourcing to HR services. Because they buy so often from vendors, they usually get a discounted rate that they pass on to you.

Also in the case of using a PEO, giving up the right to hire and fire your particular business. Most PEOs insist that they have the final right to hire, fire, and discipline employees. While having the extra time and not having to deal with the stress of this may be appealing, you may not want this responsibility out of our hands.

And if you decide to use an e-service, the same issues you'd have with any ASP remain. When everything is stored and handled online, there are concerns about security as well as potential crashes, both of which can be detrimental to your business.

Common complaints about HR outsourcing range from payroll mix-ups to payroll not being deposited on time to denied medical claims.

So should you consider outsourcing? If you have fewer than 100 employees, it might not be a bad idea. At this size, you often don't have a resource for an in-house HR staff, so outsourcing is just right for you. You don't have to worry about managing all the details that are so critical to HR in your business. And most small-business owners just don't have the skills and experience to do so. Remember, HR functions must be handled correctly as close to 100% of the time as possible; slip-ups can cause your business major problems.

If you're even smaller, online services are the way to go. These services are tailored to work with all sizes if businesses, even the smallest. You don't have to give up legal responsibility just yet, and you'll be able to easily access your information online. And since the charge is usually by user, you won't be overpaying.

If you're uncertain about outsourcing everything but know you don't have the staff or experience to keep it in-house, try outsourcing only certain parts, such as payroll and benefits. You can also purchase HR software right off the shelf to support any in-house efforts.

1. WHAT IS THE IMPORTANCE OF HUMAN RESOURCE?

Behind production of every product or service there is a human mind, effort and man hours (working hours). No product or service can be produced without help of human being. Human being is fundamental resource for making or construction of anything. Every organisation desire is to have skilled and component people to make their organisation and best.

The Sanjiban Hospital conceders that success depends on the collective effort of entire work force.

The major purpose of human resources division is to introduce organisational policy and related to employees of the hospital. It gives specific guidelines of operation of human resource department with a vision to maintain the expected standards that are specified by the management.

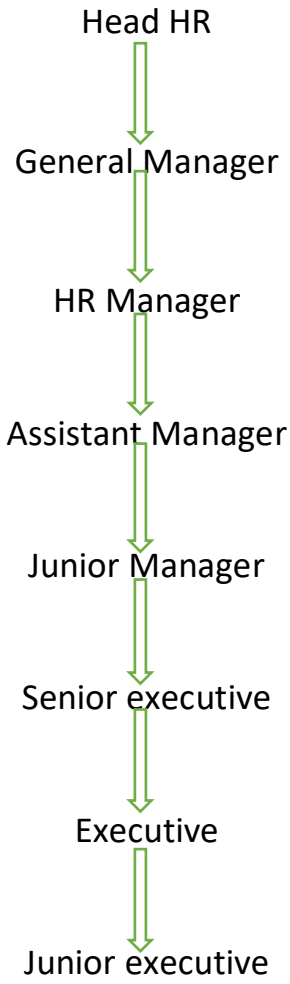
The human resource division is a central reference of employee relation and policies. Each policy is a guideline to be used with discretion, understanding and management in the spirit in which the policy is written.

The several function of HR department of the hospital is as follow:

- Manpower planning
- Job analysis and job description
- Recruitment and selection
- Training and development
- Salary determination
- Performance appraisal
- Implementing organizational policy

2. OBJECTIVES OF HR DEPARTMENT

The purpose of Human Resources Management lies in successful utilization of people to attain specific as well as organizational goals. This includes both the personnel (i.e., hiring employee information); and payroll function (retaining the employee payment). Human Resources Management typically means to engage, improve and preserve sufficiently capable employees, to implement the activities essential to achieve organizational aims.



3. MAIN OBJECTIVES OF HRM

1. Defining organization structure and driving productivity:

Human Resource Management is a method to realize competence and drive efficiency in organizational work. Therefore, its chief determination remains in accomplishing organizational goals. It has to benefit organizations by outlining clearly defined aims and achieving them. Apart from meeting the organizational goals, Human Resource management also describes the key problems to be taken care of and governs rules and urgencies. It engenders organizational efficacy, by hiring efficient people, training them and effectively employing the workers.

2. Building Coordinator Between Organizational Departments:

Human Resource Management is responsible for coordination and harmonious functionally within, and between different departments. The resources are organized to achieve business objectives. Also, it is to be made certain that there is functional utilization and all-out growth of human resources.

Human Resources Management is responsible should aim at making effective use of the workforce through proper direction of the organizational sectors. This includes refining the conditions for successful outcomes, by making appropriate decisions about human resource planning, recruitment, evaluation, rewards, training and improvement and staff association that are reliable and sustain the business strategy.

3. Office Employee Satisfaction:

It has become harder than ever for companies to hire and sustain capable people because of the rising global competition. Add to it, the lack of sufficiently skilled personnel. It should gratify individual objectives of employees so that personal and organizational objectives can be aligned, conductive to reaching maximum productivity and establishing a certain competitive edge.

4. Keeping Up with The Societal and Ethical Models:

It must be the responsibility of Human Resource Management to ensure that legal, ethical, and social environmental issues are suitable dealt with. It must make sure that the Human Resources are officially and compliantly coped with and their requirements are recognized and fulfilled. It should also consider the societal ethics and undertake social responsibility.

WORK OF HR DEPARTMENT

- Employee personal file maintenance as an employee's information.
- This department verified criminal cases of any employee by the police station.
- Check the references of the employees.
- Institute is verified with his/her educational certificate/documents.
- Council is verified with His/her educational certificate/documents.
- Different types of training (coordinating training, employee awareness training) are provided by this department.
- File records are maintained by this department.
- Assist in various audits (NABH, NABL).
- Licensing is assisted in further work (shop establishment).
- (Clinical establishment, drug licensing, PNDT licensing, minimum wages act).
- Employee performance management and rewarding.

NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS (NABH)

NABH (National Accreditation Board for Hospitals & Healthcare providers) is a constituent board of quality council of India Certificate, set up to establish and operate accreditation programme for healthcare organizations. NABH was established in 2006.

Organisations like the (QCI) and its National Accreditation Board for Hospitals & Healthcare Providers have designed an exhaustive healthcare standard for hospitals and healthcare providers. This standard consists of stringent 600 plus objective elements for the hospital to achieve in order to get the NABH accreditation. These standards are divided between patient cantered standards and organization centred standards.

To comply with these standard elements, the hospital will need to have a process-driven approach in all aspects of hospital activities- from registration, admission, pre-surgery, peri-surgery and post-surgery protocols, discharge from the hospital to follow up with the hospital after discharge. Not only the clinical aspects are to process driven based on clear and transparent policies and protocols. In a nutshell, NABH aims at streamlining the entire operations of a hospital.

NABH is equivalent to JCI and other International standards including has: Haute Authorite de Sante, Australian Council on Healthcare Standards, the Japan Council for Quality in Health Care, and the National Committee for Quality Assurance in the United States. Its standards have been accreditors hence making NABH accreditation at par with the world's most leading hospital accreditation.

NABH accreditation system was established in 2006 as a constituent of Quality Council of India (QCI). The first edition of standards was released in 2006 and after that the standards has been revised every 3 years. Currently the 4th edition of NABH standards, released in December 2015 is in use.

The first hospital to be accredited by NABH is 'Malabar Institute of Medical Sciences (MIMS), Kerala' which is a 650-bed multispecialty hospital and was accredited in 2007 and till date more than 350 hospitals in India has achieved accreditation by NABH. In public hospitals, Gandhinagar General Hospital was the first to get NABH accreditation in 2009.

ADMINISTRATIVE OFFICE

The 1998 edition of Hospital Statistics published by the American Hospital Association reported that 6,021 hospitals existed in the United States. These included acute care general hospitals; federal, state, and local hospitals; psychiatric hospitals; and specialty hospitals such as children's hospitals, rehabilitation hospitals, and chronic disease hospitals. There were 5,015 short-term, acute care general facilities. Short-term, general hospitals are defined as those for which a patient stay is thirty days or shorter and which provide general medical and surgical care. General hospitals often provide additional services including prevention, treatment, rehabilitation, obstetrics, substance abuse, health education, and screening for cancers and other diseases.

HOSPITAL ADMINISTRATOR:

A hospital administrator is a professional who oversees the daily operations of a hospital by planning, directing, and coordinating health services. While other health care professionals like physicians and registered nurses (RNs) provide care directly to patients, hospital administrators ensure that the health facility itself functions smoothly and that the medical staff is properly supported and trained.

HOSPITAL ADMINISTRATOR DUTIES:

Hospital administrators play an important role in the delivery and functioning of health services within a hospital. While the exact duties they perform vary from role to role, here are some of the most common duties that you can expect from the job:

- Directing and supervising the work of medical staff
- Establishing organizational goals
- Planning and implementing programs, such as human resources (HR) administration
- Overseeing finances and related operations, such as budget planning, authorizing expenses, and creating financial reports
- Communicating with staff, departments, and board members
- Hiring and training staff
- Monitoring resource use and allocation
- Ensuring that facilities are up to standard and meet current regulatory requirements

HOSPITAL ADMINISTRATOR RESPONSIBILITIES:

- Serve as a liaison among governing boards, medical staff, and department managers.
- Organize, control, and coordinate services as per the hospital board regulations.
- Perform all duties within HIPAA regulations.
- Oversee the development and implementation of programs and policies for patient services, quality assurance, public relations, and department activities.
- Evaluate personnel and prepare daily reports.
- Assist with recruitment, consenting, screening, and enrolment of personnel.
- Practice financial acumen in managing budgets.
- Authorize admissions/treatment as per agreed protocols.
- Ensure that stock levels are adequate and orders are made on time.
- Communicate medical results to patients under clinical supervision.
- Sterilize instruments in accordance with OSHA requirements.
- Complete timely and accurate documentation of patient visits.

HOSPITAL ADMINISTRATOR REQUIREMENTS:

- Bachelor's degree in healthcare administration or related (essential).
- Current CPR certification (essential).
- 2 years of experience at a healthcare facility in a hospital administrator role (essential).
- Good knowledge of medical terminology, HIPAA regulations, ICD, and CPT coding (highly advantageous).
- Critical thinker with strong conceptual and problem-solving skills.
- Great attention to detail with the ability to multi-task.
- Superb organizational, administrative, and planning skills.
- Ability to work under pressure and react effectively to emergency situations.
- Ability to work independently and as part of a team.
- Excellent documentation, communication, and IT skills.
- Passionate about clinical excellence.

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.

FRONT OFFICE DEPARTMENT INCLUDES:

- Front desk
- Uniformed services
- Front Office Accounting System
- Private Branch Exchange (PBX), a private telephone network used within an organization.

FUNCTIONS & 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. 28
- 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 EXECUTIVE:

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 works includes answering the calls, attending to the guest, overseeing the front office operation and maintain the contact list of clients.

ROLES AND RESPONSIBILITIES OF A FRONT OFFICE EXECUTIVE:

- A front office executive is responsible for attending the incoming calls, responding to them and transferring the call to the appropriate department.
- Scheduling the appointments at the correct time and with the correct doctor.
- Listening to clients and communicating in a positive and confident manner with those over the phone or clients in the reception area.
- Handling billing and detailing client invoices.
- Collecting payment to ensure the practice turns a profit so everyone gets paid.
- 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 DEPARTMENT

1. ADMISSION PROCEDURES IN SANJIBAN HOSPITAL: -

A patient is referred for an admission in the IPD wing of the hospital either from the outpatient department, emergency or a referral doctor for a planned procedure. A patient seeking consultation with a specialist for a medical problem can be referred for admission in the IPD for further treatment. A patient who arrives at an emergency unit of the hospital is shifted to an IPD for further treatment if required. Patients who have a procedure or a surgery advised in the hospital may get admitted for the same for a preoperative check-up and preparation for the procedure.

ROLES AND RESPONSIBILITIES OF ADMISSION EXECUTIVE:

- Provide patient and their relatives with information by explaining hospital admission policies, time of admission, restrictions, and answering queries.
- Prepare admission folders by collecting and scanning proper documents for scheduled patients and emergency patients
- Some important documents to be collected for admission under specific types of specialty-
  - For Chemo patients –
    - Biopsy report is must.
  - For Orthopaedic patients-
    - Pre-operative and post-operative X-ray reports & plates are very important.
  - For Neuro patients-
    - CT plates & reports is required.
  - For General Surgery-
    - USG reports & plates, blood reports are mandatory.
- First to check whether the patient was admitted in hospital before or not
- Registration of patients if it is First time for him/her in the hospital.
- Registration of patients by putting their demographically records.
- If the patients were registered before then find out his/her hospital ID number.
- Assign doctor according to the disease or speciality
- Software used for admission in SANJIBAN HOSPITAL IS “G- HEALTH “
- After finishing admission carefully hand over admission sheets with doctor advice to the attending nurse of the patient.

TYPES OF PATIENTS

PAYMENT BASIS TYPES THIS INCLUDES:

- Swasthyasathi Patients
- TPA Patients
- Cash Patients
- WBHS Patients

REFERRED BASIS TYPES THIS INCLUDES:

- By Other Hospital
- By Doctor
- By Marketing
- By Staff
- By Other Person

MODE BASIS TYPES THIS INCLUDES:

- Day-care Patient
- Planned Patient
- Dialysis Patient
- Emergency Patient

2. ADMISSION DESK WILL REQUIRE THE FOLLOWING DOCUMENTS FROM PATIENT OR PATIENT RELATIVE FOR COMPLETING ADMISSION FORMALITIES: -

FOR CASH PATIENTS:

- Prescription with admission advice,
- ID proof of patient,
- ID proof of guardian, photo identity proof

For corporate patients:

- Prescription with admission advice.
- Authorization letter or organizational ID proof.
- Pan card of patient guardian.
- Reports and prescription of referral patients.

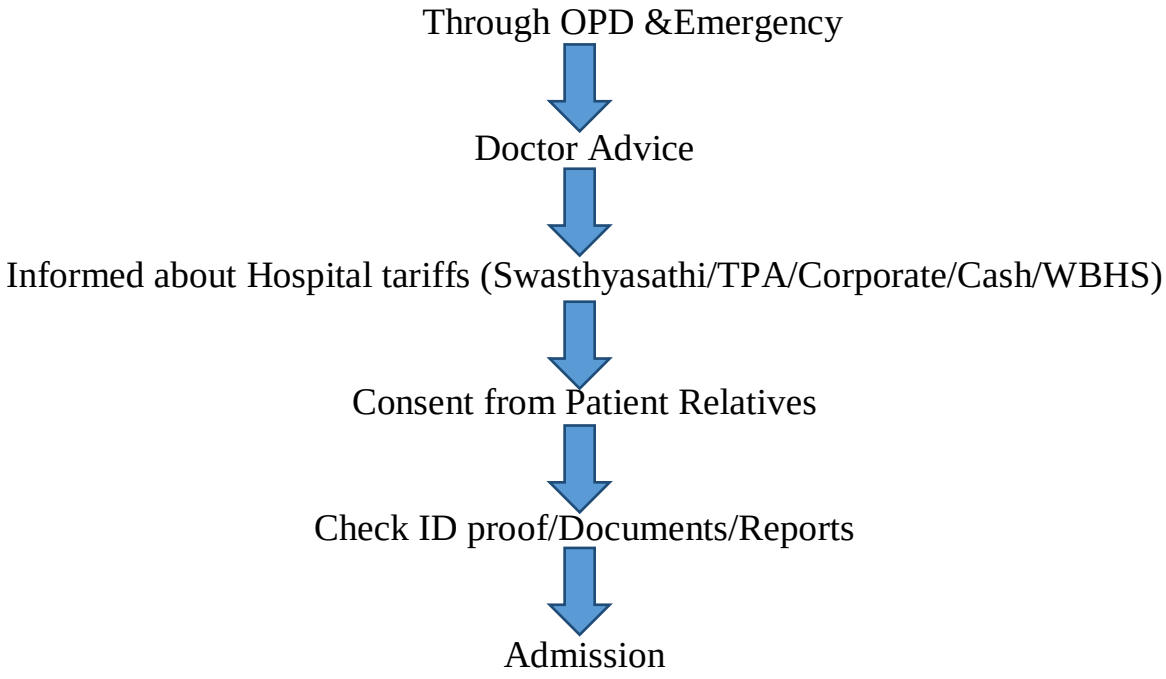
FOR MEDICLAIM PATIENTS:

- Prescription with admission advice
- TPA card
- Photo identification card
- Most recent policy papers
- Reports and prescription of referral patients.

FOR SWASTHYA SATHI PATIENTS:

- Prescription with admission advice
- Swasthyasathi card
- ID proof (Adhaar card) of patient and beneficiary
- Reports and prescription of referral patients.

HOSPITAL ADMISSION PROCEDURE



ADMISSION PROCESS IN SWASTHYASATHI PORTAL:

After being admitted in the hospital software (G-HEALTH) next process is to admit the patients under Swasthyasathi medical scheme this includes-

Card Checking

↓

Update Policy

↓

Transaction

↓

Registration (Patient name select > Select patient age > Select patient phone no > Select patient adhaar No> Fingerprint of patient / patient party).

↓

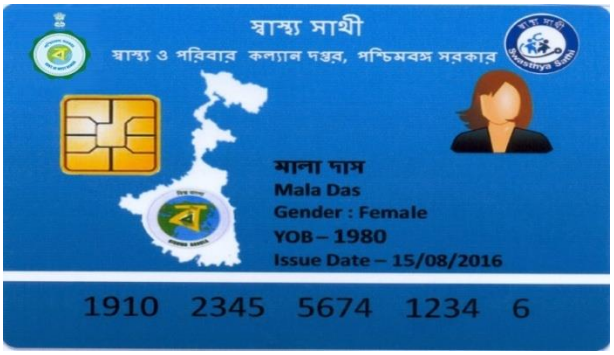
Blocking (Patient name select > Package choose / non-surgical> Shift to ICU/ General ward > Blocking slip save into file).

↓

Pre-auth upload (when admitted a patient then upload them Doctor Advice, reports, id proof).

When a Swasthyasathi card is identified that it has a problem, the hospital manager sends to the patient relatives to the patient's own DM office, for solve the problem.

After these process patients are send to the Emergency Department or Ward for further treatment.



ADMISSION PROCESS IN TPA PORTAL:

After being admitted in the hospital software (G-HEALTH) next process is to admit the patients under TPA medical scheme this includes-

OPD/Emergency Doctor Advice

↓

Admitted in portal with beneficiary id.

↓

Then handover the TPA team and continue for the further process up to discharge.

After these process patients are send to the Emergency Department or Ward for further treatment.

ADMISSION PROCESS IN CASH:

OPD/Emergency Doctor Advice

Inform about Hospital tariff (Bed charge, Doctor visits, Pathology, Medicine, Radiology, OT charge, etc).

Consent

Admission

After these process patients are send to the Emergency Department or Ward for further treatment.

ADMISSION PROCESS IN WBHS PORTAL:

After being admitted in the hospital software (G-HEALTH) next process is to admit the patients under WBHS medical scheme this includes-

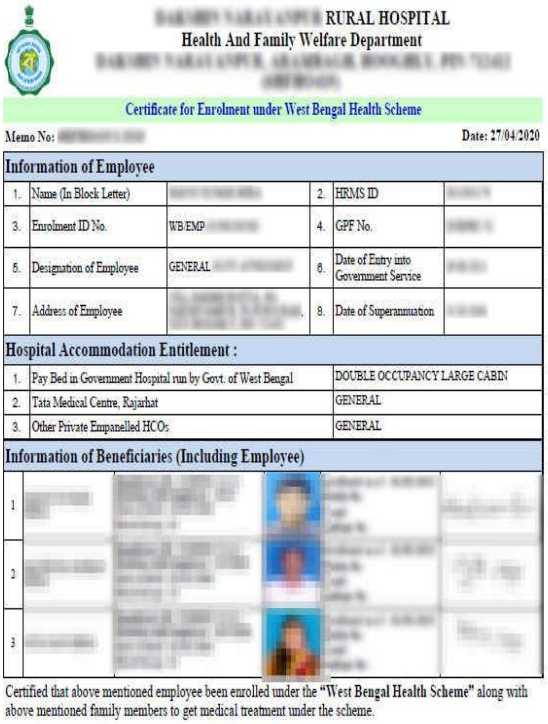
OPD/Emergency Doctor Advice

↓

Admitted in portal with beneficiary id.

↓

Then handover the WBHS team and continue for the further process up to discharge.



[redacted] RURAL HOSPITAL
Health And Family Welfare Department
[redacted]

Certificate for Enrolment under West Bengal Health Scheme

Memo No: [redacted] Date: 27/04/2020

Information of Employee					
1.	Name (In Block Letter)	[redacted]	2.	HRMS ID	[redacted]
3.	Enrolment ID No.	WB/EMP [redacted]	4.	GPF No.	[redacted]
5.	Designation of Employee	GENERAL [redacted]	6.	Date of Entry into Government Service	[redacted]
7.	Address of Employee	[redacted]	8.	Date of Superannuation	[redacted]

Hospital Accommodation Entitlement :		
1.	Pay Bed in Government Hospital run by Govt. of West Bengal	DOUBLE OCCUPANCY LARGE CABIN
2.	Tata Medical Centre, Rajarhat	GENERAL
3.	Other Private Empanelled HCOs	GENERAL

Information of Beneficiaries (Including Employee)

1	[redacted]		[redacted]
2	[redacted]		[redacted]
3	[redacted]		[redacted]

Certified that above mentioned employee been enrolled under the "West Bengal Health Scheme" along with above mentioned family members to get medical treatment under the scheme.

DISCHARGE DEPARTMENT

1. DISCHARGE PROCEDURES IN SANJIBAN HOSPITAL:

1) At first doctors are planned for patients discharge/refer.
2) Then we are updated patients billing card.
3) We are scanned the patient's file for MRD purpose.
4) After that we are send the all relevant documents of the patient treatment paper is send to the Corporate office (for Corporate patients), TPA office (for TPA patients) and Swasthyasathi office (for Swasthyasathi patients).
5) After that the Corporate/TPA/Swasthyasathi office seen these documents and they are replied as 'documents required, provisionally approved, rejected or approved'.
6) Then we are resending this documents/send a declaration for treatment of the patient to the office.
7) At last they are approved for this case.
8) And then we are discharged the patient from our hospital.

2. DISCHARGE DESK WILL REQUIRE THE FOLLOWING DOCUMENTS FOR COMPLETING DISCHARGE FORMALITIES: -

FOR CASH PATIENTS:

- Doctor's advice for discharge.
- Patient's discharge summary,
- Patient's bill,
- After payment of this bill patients are discharged from our hospital.

FOR CORPORATE PATIENTS:

- Doctor's advice for discharge.
- Patient's discharge summary,
- Patient's bill,
- Then we are send the bill, discharge summary and all relevant medical documents of patient treatment through mail to the corporate office.
- After that they give approved for the patient discharge, and we are discharged the patients from our hospital.

FOR MEDICLAIM/TPA PATIENTS:

- Doctor's advice for discharge.
- Patient's discharge summary,
- Patient's bill,
- Then we are send the bill, discharge summary and all relevant medical documents of patient treatment through mail to the Mediclaim/TPA office.
- After that they give approved for the patient discharge, and we are discharged the patients from our hospital.

FOR SWASTHYA SATHI PATIENTS:

- Doctor's advice for discharge.
- Patient's discharge summary,
- Patient's bill,
- Then we are send the bill, discharge summary and all relevant medical documents of patient treatment through mail to the Swasthyasathioffice.
- After that they give approved for the patient discharge, and we are discharged the patients from our hospital.

BILLING DEPARTMENT

Billing is the process of generating an invoice to recover service price from the patients. Billing is the final step in hospital, which is directly proportional to patient satisfaction. Billing plays a vital role in discharge process, which involves much of clerical work in the billing office and demands time. Billing documents are important for any hospital, its operations enclose clinical aspect, financial aspect and administration for better functioning and decision making. Billing documents are even legally important. The billing department plays an important role, as liaison office between the management and patient.

❖ FUNCTIONS:

- To study the existing works flow of inpatient billing process in the hospital.
- To study the inpatient bill submission process for the patient.
- Tosuggestthewaysforoptimizinginpatientbillingprocessinthehospital.
- To update and check all billing card with in right time in the hospital.
- To serious and sensitive for billing time.

❖ PHYSICAL FACILITIES:

- Staffroom.
- Billing area.
- Drinking water facility.
- Waiting area.

❖ SERVICES PROVIDED BY BILLING DEPARTMENT:

- Provide tentative treatment cost to patient relative on daily basis
- Provide cashless facility through Health Insurance
- Provide tentative budget for package / non packages treatment on admission.

❖ EQUIPMENTS:

- Computer.
- Printer.
- File cabinet/rack.

PROCESSOF SWASTHYASATHI BILLING

Daily basis billing card update as per treatment file

↓

Discharge advice by the Doctor

↓

Check and update the billing card in ward as per treatment file

↓

Send the billing card to billing department

↓

Re-check and prepare the final Bill

↓

Send/upload to Swasthyasathi portal for final approval

PROCESS OF CASH BILLING

Daily Basis billing card update as per treatment file

↓

Discharge advice by the Doctor

↓

Check and update the billing card in ward as per treatment file

↓

Send the billing card to billing department

↓

Re-check and prepare the final bill

↓

Produce final bill to patient relatives for final settlement

↓

Provide final bill after final settlement

↓

Discharge

↓

Then the patient is completely discharged

PROCESSOFTPABILLING

Daily basis billing card update as per treatment file

↓

Discharge advice by the Doctor

↓

Check and update the billing card in ward as per treatment

↓

Send the billing card to billing department

↓

Re-check and prepare the final bill

↓

Send Bill to the respective TPA with all others documents for final approval

↓

Final approval from TPA

↓

Final settlement

↓

Then the patient is completely discharged

ACCOUNTS DEPARTMENT

Today, most finance departments continue to fulfil general book keeping 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 of financial records that enables senior executives to make data-driven decisions about a company.

OUTPATIENT DEPARTMENT(OPD)

DEFINATION:

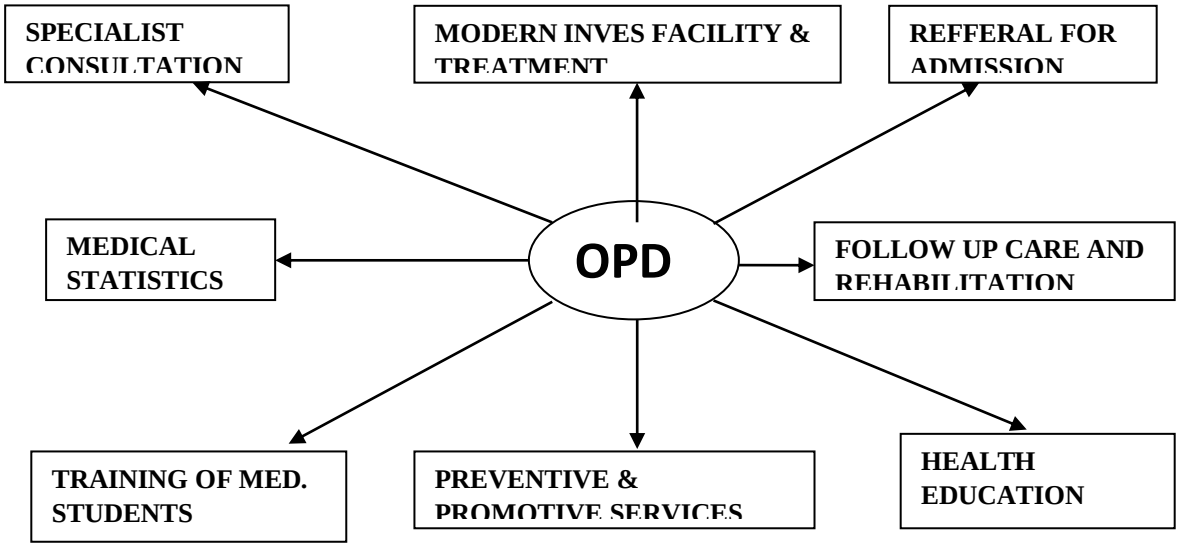
OPD define as part of the hospital with allotted physical facilities and medical and other staffs, with regularly scheduled hours, to provide care for patients who are not registered as inpatients.

HISTORY:

Originated in mid-17th century by George Clark.

Modern OPD service emerged in 1850 in USA from framework of dispensaries.

ROLE AND FUNCTIONS OF OPD:



STAFFING PATTERN OF OPD:

Staffing is one of the essential requirements in hospital outpatient department. OPD is a congested area of a hospitals and the hospital's major percentage of income comes from this department. This department provides healthcare for plenty of people every day. So, staffs are required in a big number at this place. The staffs of OPD departments are:

- MEDICAL STAFF: Doctors specialist in various sections, Compounders.
- NURSING STAFF: Well qualified nurses posted on shifting basis. One nursing staff is required for each specialist.
- PARAMEDICAL STAFF: They are required to explain the given tests to the patient. To collect the samples, explain the timing, procedures of the tests.
- TECHNICIANS: Technicians are needed to perform the medical tests and guide the patient as per the guidelines. They must be expert in modern medical devices.
- SECURITY STAFF: Security staffs are one of the important employees af any organization including hospital. They watch out the interference in the OPD are and control any kind of dispute.
- HOUSEKEEPING PERSONNEL: They serve the clean cloths, tray, cotton, bandages and the sterile stuffs at the OPD as per requirements.
- RECEPION EXECUTIVES: The people with great computer knowledge and communicative power are most required in OPD reception. They help the outpatients to identify the doctor's chamber, timing and place. • BILLING STAFF: People with multitasking skill and computer knowledge are needed to run the billing counter of OPD.
- OTHRES: Some more individuals are needed to scan the prescriptions.

IMPORTANCE OF OPD:

- An OPD is a hospital department that serves as a first point of contact for patients and medical employees.
- OPD is organized into many sections, such as a Neurology department, Orthopaedics department, Gynaecology department, General Medicine department, and so on.
- It provides immediate and preventive care to patients who come in contact of hospital.
- It is the shop window of the hospital.
- Patients who attend the hospital for OPD consultations on a regular basis may be able to cover their costs.
- Diagnostic costs are also covered under the OPD plan, so patients don't have to put off treatment because of financial condition.
- The OPD provides a treatment that can be completed within a few hours, and there is no requirement for patient admission.
- Treatment and minor surgeries can be done in the Outpatient department.
- Modern OPD has all the necessary equipment to treat a patient.
- It evaluates the patients, and only those who require a bed or special care are shifted to the inpatient ward.

INPATIENT DEPRTMENT(IPD)

INTRODUCTION:

Inpatient Care is the care of patients whose condition requires admission to a hospital. Progress in modern medicine and the advent of comprehensive outpatient clinics ensure that patients are only admitted to a hospital when they are extremely ill or have severe physical trauma.

FUNCTION: -

- 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 sub situation of home.
- To provide facilities for visitors.
- To provide suitable atmosphere for highest possible degree of job satisfaction among health care personal and high level of patient satisfaction.

WORK PROCESS: -

- At first Patient comes to IPD. Then going to the ticket counter of IPD and receive the short ticket.
- Then patient is going to the emergency and consult with physician who refers the patients to the ward for admission.
- After consultation, patient come to the Emergency ticket counter to receive the big ticket as follows Ward.
- Then patient admission on Ward as follows big ticket format.

OBJECTIVES OF IPD:

- To provide the highest possible quality of medical and nursing care for an admitted patient.
- To make provision for essential equipment, drugs and all other items required for patient care in an organization manner.
- To provide most comfortable and desirable environment on temporary substitution for home.
- To fulfil 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 highest degree of job satisfaction of nursing and medical staff and high levels of patient's satisfaction.
- Constant care of doctors and nurses
- Proper diagnosis of your medical condition through lab tests
- Treatments related to cardiology, neurology, oncology, orthopaedics, and general surgery
- After-care due to surgery, childbirth, or traumatic injury
- Pre-planned inpatient care for a knee transplant or bypass heart surgery
- Emergency healthcare for serious conditions like heart attack, accidental injuries

PROCESSES OF IPD:

Step 1: - When we get confirmation that a patient has arrived with an emergency to our hospital campus, the first thing we do is give a call to ward boys and patient attendants to shift the patient from ambulance to stretcher.

Step 2: - Give a call to principal medical officer.

Step 3: -After the principal medical officer examines the patient, ask him where we have to shift a patient.

Step 4: -Generally we shift the patient to recovery ward or ICU and after patient becomes stable, only then we shift the patient to the relevant ward.

Step 5: - After counselling with the PMO/RMO/SMO and permission of the same we have to do registration of patient in IPD register and in our software too.

Step 6: -Make a file and fill the details of patient.

- Name of Patient
- Residence address
- Care taker of patient
- Mobile Digits (As a mandatory element)

Step7: - Fill the patient's consent form and after telling them the purpose and meaning of the form, get it signed by the patient's relatives. (We have to tell the complete description that why we have to fill and take sign on the form)

Step 8: - Send the file of patient to the corresponding ward where the Medical Officer has asked the patient to be shifted. 49

Step 9: -We have to confirm that the file of patient is received by RMO of the corresponding ward by telephonic conversation.

WARDS:

Hospital wards can be defined as "a block forming a division of the hospital (or a suite of rooms) shared by patients who need a similar kind of care." The care provided to patients admitted in a hospital ward can be termed as the inpatient care or in-patient services.

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

WARD MANAGEMENT:

Hospital wards can be defined as "a block forming a division of the hospital (or a suite of rooms) shared by patients who need a similar kind of care." The care provided to patients admitted in a hospital ward can be termed as the in-patient care or in-patient services. Hospital in patient services basically covers 1/3rd of the total hospital complex.

OBJECTIVE OF WARD MANAGEMENT:

- To provide highest quality nursing care for patient.
- To provide a clean, well ventilated environment for patient and protect him from infection, accidents and hazards.
- To help the staff in achieving highest degree of job satisfaction.
- To provide facilities to meet the needs of patient and their attendants.

DUTIES AND RESPONSIBILITIES OF PERSONNELS IN WARDS:

(i) NURSING PERSONNEL:

- Endorse patients and give attention to patients' comfort and safety
- Delivers clean medical supplies to patient care units and collect used
- Makes general assessment of patients in the recovery room and
- Assigns duties to professional and ancillary nursing personnel based on
- Visit clinical nursing divisions to oversee nursing care and to ascertain
- Supervises and coordinates activities of nursing personnel engaged in

(ii) MEDICARE AND BILLING SECTION:

Admits, classifies Pay and 30 Medicare Patients, orients patient with regard to privileges, obligations, Responsibilities during the course of confinement. Prepares statement of account on service and bills rendered to patient. File records, bills and statement of account.

(iii) DIETARY SERVICE:

Maintain or enhances the health of the patients and Personnel by providing them with high quality and nutritious food through an efficient Dietary Service; Provides or serves safe, nutritious and attractive food through careful planning, wise procurement and proper preparation of balanced and satisfying meals within budgetary limits; implements diet prescription in coordination with physician and nurse; provides nutrition consultation and education services to patients as well as in- service training to both dietary personnel and other related fields; promotes and maintains cooperation with other department in the hospital towards total patient care.

(iv) SECURITY FORCE: Ensure safety of hospital patients, facilities and personnel, maintain peace and order, and enforce hospital rules and regulations.

(v) PERSONNEL SECTION: Development and administration of a comprehensive manpower development program which includes recruitment and selection, promotion, training, employee welfare and benefits, manpower planning and research.

(vi) HOUSEKEEPING SECTION:

Develop and maintain clean, safe and sanitary environment for patients and hospital personnel.

(vii)LINEN AND LAUNDRY SECTION:

Ensure adequate supply of clean linens for patients and hospital units.

(viii) ENGINEERING AND MAINTENANCE SECTION:

Installation, operation and maintenance of electrical, mechanical and communication equipment and allied facilities including buildings and vehicles.

WORK SCHEDULE/FUNCTIONS OF WARD SECRETARY:

- To coordinate the whole admission process and to ensure smooth hassle-free admission.
- To properly guide the patient party for admission.
- To provide information and answer question/queries of the patient parties.
- To file properly all the paper, sheet and forms in the medical record file.
- To supervise that the room is ready to receive the patient or not.
- To check whether the house-keeping staff has cleaned the room and bathroom.
- Whether the patient is provided with all toiletries and tektite.
- To do a patient survey whether they have any complaints or problems regarding facilities and service of the hospital and its staffs during their stay.
- To coordinate the whole ward. To look after patient satisfaction, to solve patient problems, to assure patient comfort.
- Assist doctors by sending TRQs and directing other staffs.

IPD FLOW CHART

Patient comes to the IPD

↓

Receive the small ticket

↓

Consult with Physician on Emergency

↓

Physician refers to Ward for admission

↓

Receive the big ticket from emergency ticket counter

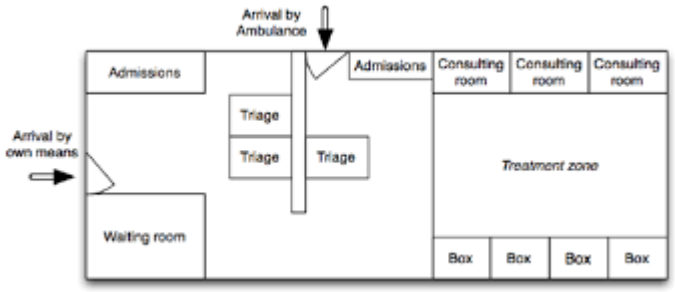
↓

Admission in Ward

EMERGENCY DEPARTMENT

The emergency Department is the first point of contact for any critically ill patient, needing immediate medical attention. Modern Emergency Departments are managed by qualified Emergency Physicians and nurses, trained specifically for providing emergent care to save a life or limb.

- LOCATION: In this hospital the emergency department located at the side of the hospital which is in the ground floor.
- Maximum receiving patient no. of per day is -80.
- Minimum receiving patient no. of the patient is -35 above.



- The EMO are also available in 24x 7 hours as no. persons.

STAFFING:

- Specialists- Physicians, Surgeons, Ortho Surgeon, Anaesthetist, Resident staff and GDMOs.
- Nurses
- Technicians: Radiographer, Lab technicians, ECG technicians, OT technicians, Ambulance Driver, Ambulance attendants.
- Administrative Staff: Record clerk, Registration Clerk, Admission clerk.

EQUIPMENT:

- All essential and functioning equipment, Ventilator, Defrillators, Monitors, OT facility, X-ray, Ultra-sound, Computed Tomography, Path labs, ECG Machines etc.
- Central Gas Pipeline, Plenty and Fluid, IV lines, Catheters etc.
- Vital essential medicines, nebulizer.
- Dressing materials, Plasters, Dressing trolleys, minor operating tray.
- Air Conditioning, Stand by Generator.
- Water Supply, Fire safety.

EMERGENCY CARE

All patients presenting to ER must be assessed by ER physician. Patients to be prioritized as per triage;

TRIAGE COLOURS:

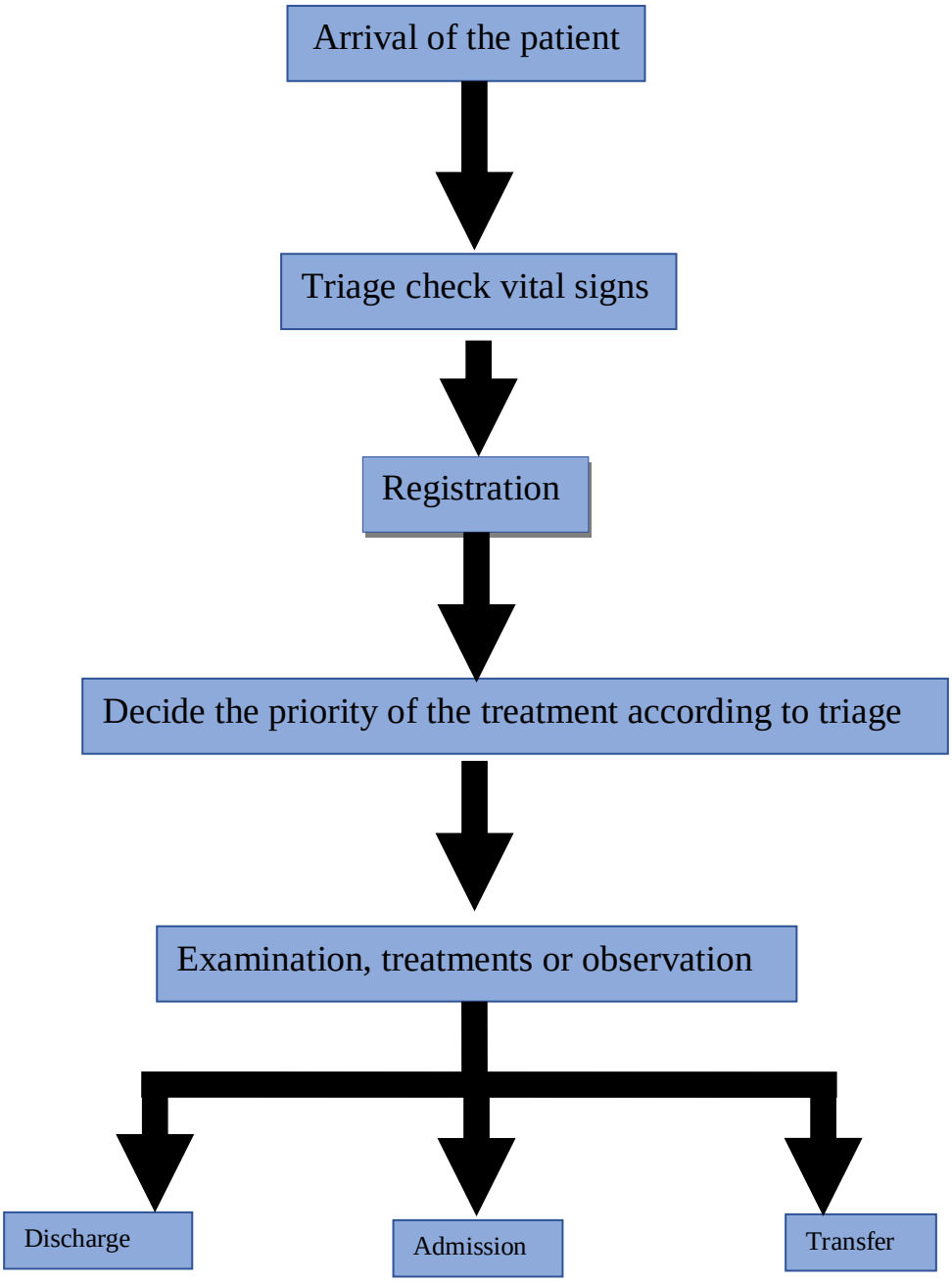
Red: Critical patient in need of immediate lifesaving care

Yellow: Relatively stable patient needing prompt medical attention

Green: Minor injuries that can wait for appropriate treatment

Black: Deceased and those with no chance of survival

EMERGENCY WORK FLOW



CRITICAL CARE UNIT (CCU)

The critical care unit is one of the best – designed acute care facilities in the state, combining intensive and High- dependency care. Consisting of 18 centrally monitored beds, the CCU provides care for patients with a broad range of medical and surgical conditions. The medical and nursing staff within the unit provide care for patients undergoing major surgery such as cardiothoracic and robotic procedures or those requiring high level medical care.

OBJECTIVE:

- Multi-disciplinary flied concerned with patients who have sustained.
- To provide the needs of the patients through immediate.
- To continuous observation
- To prevent complications

EQUIPMENT:

- CPMs
- DVT Therapy
- Patient Transfer Mattresses
- Pumps
- Suction devices
- Temperature management Devices

INTENSIVE CARE UNIT (ICU)

ICU (Intensive care unit) is a special department of a hospital or health care facility that provides intensive treatment medicine.

TYPES OF ICU OF PRESENT IN HOSPITAL

GENERAL:

- Medical intensive care unit (MICU)
- Surgical intensive care unit (SICU)

SPECIALIZED:

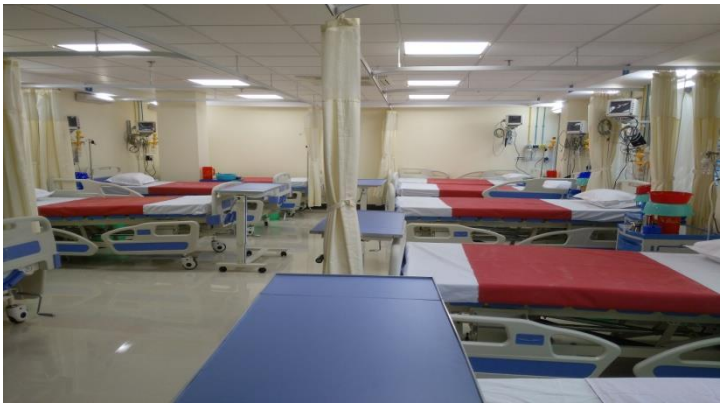
- Neonatal intensive care unit (NICU)
- Paediatric intensive care unit (PICU)
- Intensive coronary care unit (ICCU)
- Neuro intensive care unit (NICU)
- High dependency unit (HDU)

EQUIPMENTS:

- Cardiac monitor
- Ventilators
- C-pap/ R-pap
- Radiant warmer
- Body warmer
- Infusion pump
- Manual BP apparatus

HIGH-DEPENDENCY UNIT(HDU)

A **high-dependency unit** is an area in a hospital, usually located close to the intensive care unit, where patients can be cared for more extensively than on a normal ward, but not to the point of intensive care. It is appropriate for patients who have had major surgery and for those with single-organ failure. Many of these units were set up in the 1990s when hospitals found that a proportion of patients was requiring a level of care that could not be delivered in a normal ward setting. This is thought to be associated with a reduction in mortality. Patients may be admitted to an HDU bed because they are at risk of requiring intensive care admission, or as a step-down between intensive care and ward-based care.



In 2000 the UK Department of Health issued the Comprehensive Critical Care report, which set out the number of high dependency ("level 2") beds a hospital should have to deliver care appropriately. By this time, two thirds of UK hospitals had beds identified as "high dependency". The report defines level 2 care as "more detailed observations or intervention including support for a single failing organ system or postoperative care and those 'stepping down' from higher levels of care".

If positive airway pressure ventilation is used to treat respiratory failure, this may be administered in a high dependency unit or equivalent area.

IMPORTANCE OF HDU:

- In India, most of the public health facilities do not have a separate special care unit for high risk pregnancies and postpartum mothers with complications. Such women are being managed in the labour room, without dedicated team(s) of competent providers and appropriately equipped facilities.
- To further bring down the MMR, facility of skill based services in dedicated critical care set up, with state-of-the-art equipment and technology and a team of appropriately trained professionals are the need of the hour.
- Any pregnancy can develop life threatening complications at any time with or without any warning.
- Out of the total complications, incidence of high risk pregnancy is approximately 7 to 8%.
- Care of critically ill patients is a unique challenge in obstetrics.
- When things go wrong in obstetrics, they go wrong fast – "they fall off a cliff".
- Medical conditions might present a risk to the pregnancy, and pregnancy may also modify the disease state.
- Drug therapy may be affected by altered pharmacokinetics during pregnancy, and may have an impact on the fetus.

THE HDU CONCEPT:

- HDU is an area for management of high risk pregnancies requiring vigilant monitoring and interventions by specially trained teams.
- Obstetric HDU is a part of the maternity wing and located near the labour room and operation theatre, for easy and prompt shifting of the patient whenever required.
- It is recommended that all pregnancies with complications be managed in obstetric HDU. HDU is a step-down/step-up & intermediate care unit between labour room and ICU.

GENERAL WARD

People are transferred from the intensive care unit to a general ward when medical staff decide that they no longer need such close observation and one-to-one care. For many people, this move is an important step in their progress from being critically ill to recovering. In the UK National Health Service (NHS), general hospital wards are very different from ICU, the biggest difference being fewer nurses to look after many more patients. Nurses can be called with a buzzer by the bed but may not come straight away and some people who have become used to intensive care find this difficult. Here people talk about what it was like for them when they left ICU and went onto a general ward. Their experiences range from those who found this move the most difficult aspect of being in hospital, to those who were happy to be out of intensive care and on to the next stage of their recovery.

PREPARING FOR THE MOVE FROM ICU TO A GENERAL WARD:
Many people we interviewed felt they were unprepared for the kind of care and busy atmosphere of a general ward and said that the move had made them feel anxious and insecure. Some people wished they hadn't been moved to a ward until they felt better able to cope and look after themselves. Many were worried because they were extremely weak physically, relatively immobile and often completely dependent on nurses for all their care. Some said that it sometimes seemed to them that nurses in the ward didn't understand how insecure they felt when they left ICU, and some nurses had unrealistic expectations about how much they could do for themselves (see 'Physical and emotional experiences'). Many also said that there were too few nurses to patients, one man saying he felt 'forgotten'. Some carers said they were shocked when they needed to help with aspects of personal care and hygiene on the general ward.

MEDICINE WARD

Medicine ward is one of the units under nursing department. This is where both adult male and female patient suffering from all medical conditions are admitted from age 12 years. The ward is subdivided into two sides those are FMW (Female Medicine Ward) and MMW (Male Medicine Ward). This included care of all adult patients suffering from medical conditions such as; diabetes, hypertension, malaria, pulmonary tuberculosis, meningitis, HIV, poisoning, diarrheal diseases, alcohol intoxication among others. This is a 60th bedded medical ward admitting male patient with different conditions and female patient admitted as follow MMW.

OBJECTIVE:

To maintain affective communication with patient and ensure all staff have been updating their knowledge, etc.

SURGICAL WARD

The ward caters for patients undergoing a wide range of general and complex surgical procedures. The surgical ward staff are experienced in caring for patients with post-operative complications including pain management, wound care and nutritional needs. Single rooms are allocated according to clinical need. This ward is subdivided into 4 sides those are FS UP, FS DOWN for female and MS UP, MS DOWN for male. This included care of all adult patients suffering from various surgical conditions such as; vascular surgery, general surgery, neurosurgery etc.

OBJECTIVE:

To recognize, evaluate and describe the management of traumatic and non-traumatic surgical. To develop and perfect the art of history taking, physical examination.

OBSTETRICS AND GYNAECOLOGYWARD

Gynaecology is the branch of medical science which deals with woman's diseases and medical conditions. This branch of medicine that specializes in the care of women during pregnancy and child birth and in the diagnosis and treatment of diseases of the female reproductive organs. It also specializes in other women's health issues.

OBJECTIVE:

- To acquire the necessary knowledge, skills and attitudes for appropriate and competent management of women presenting with a wide range of oncologic conditions.
- To develop the trusting and effective partnership with female patients necessary to achieve successful outcomes.
- Patient satisfaction and treatment outcomes.

RISK FACTOR:

- Increasing age
- Identified gene mutations
- Viral infection such as- HPV (Human Papilloma virus)
- Reproductive history, such as – child bearing

NEONATAL INTENSIVE CARE UNIT(NICU)

New-born babies make several adjustments (physically) once they leave the mother's womb. While they are inside the womb, they rely on the mother's blood supply from placenta (a temporary organ that connects the developing fetus and provides oxygen & nutrients to the fetus). However, that's no longer the case once they are delivered out.

Thus, the babies that need intensive medical care are put in the dedicated neonatal ICU units. Each of these specialized NICU units is equipped with advanced technology and have trained and well-experienced professional doctors to assist and provide special care to these little ones. NICUs are designed not only to take care of the sick babies but even those that require specialized nursing care.

It's always better to get your child get delivered at the hospital with any NICU facility in case of any complications in a delivery you can rest assured of proper medical care in case something goes wrong with your new-born child. Moving them out of the hospital is always riskier and must be done with extreme caution.

Every new-born is different from each other, and hence, the healthcare professionals must assess their symptoms, physical health, etc. to determine if the baby needs NICU care or not. The following factors (listed below) can place your baby at a higher risk and increase their chances of being admitted to the NICU.

THE FACTORS INCLUDE:

- Drug or Alcohol abuse
- You have multiple pregnancies (twins, triplets, etc.)
- Excess or lack of amniotic fluid (a protective fluid that safeguards the fetus)
- Premature rupture of membranes (amniotic sac)
- Emergency Cesarean delivery
- Lack of oxygen changed baby's organ systems (a condition called as birth asphyxia)
- Premature baby
- Anamolies defected during pregnancy scans
- Elderly mother
- Mother with associated medical complications like thyroid, diabetes, etc
- Any high risk pregnancy

DIFFERENT CARE PROVIDES BY NICU:

Getting your child admitted to a hospital can be a scary experience for every parent especially if it's the case of new-borns. As most of the hospitals provide only basic care to the babies, you must run a background check on each hospital before admission.

As stated earlier, transferring the babies to other hospitals (with basic facilities and dedicated NICU departments) post-birth can be trickier and risks making them prone to myriad forms of infections. Your baby gets the best possible and near-equal care and attention in the NICU, yet each of them offers different levels of care.

Let's check out the levels of care for each in this segment.

NICU LEVELS:

Similarly, like PICU, even NICU levels of care are split into 3 different categories depending on the type of care needed by the infants. The levels are as follows:

- Level 1
- Level 2
- Level 3

- Level 1: This level of care gets applicable to the new-born if its weight is more than 1800 grams or has a gestational maturity (no of weeks of the pregnancy) of 34 weeks or more.
- Level 2: In this level, the weight of the new-born should fall in the range of 1200 – 1800 grams and should have a gestational maturity of at least 30 weeks, with it not being more than 34 weeks.
- Level 3: It's the highest level of NICU care and caters to those new-borns who weigh less than 1200 grams and have their gestational maturity less than 30 weeks.

PAEDIATRIC INTENSIVE CARE UNIT (PICU)

It is a section of the hospital that provides sick children with the highest level of medical care. The unit differs from other sections of the hospital, like the general medical floors. A PICU comes with intensive nursing care and continuous monitoring of aspects like breathing, heart rate, and blood pressure of the child.

The Paediatric Intensive Care Unit also allows the medical staff to provide medical therapies that might not be available in other sections of the hospital. Some of these intensive therapies include ventilators (breathing machines) and certain medicines that can be offered only under close supervision.

Any critically ill patient, from new-borns to young adults, can be admitted into the PICU, although, infants that have just been born are sent to the NICU (Neonatal Intensive Care Unit). Most patients are under the age of eighteen. Some, with rare diseases, might be a tad bit older.

SPECIAL THINGS IN A PAEDIATRIC INTENSIVE CARE UNIT:

At this unit, the physicians, nurses and specialists have considerable knowledge and skill sets to assess, diagnose and treat your child well to have the best possible outcome. The primary objective is to enhance survival, augment recovery, minimise pain and mitigate any risk of disability. Some PICUs may also come with the latest technology and infrastructure to enable superlative treatment plans rooted in globally aligned innovations.

PAEDIATRIC INTENSIVE CARE UNIT NEEDED ON THESE TIMES:

It is usually needed to handle post-operative care or treat serious injuries and illnesses that include:

1. Congenital abnormalities
2. Autoimmune disorders
3. Complex surgery
4. Severe infection
5. Physical trauma
6. Medication overdose
7. Food poisoning

DIALYSIS WARD

Dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. It often involves diverting blood to a machine to be cleaned. Normally, the kidneys filter the blood, removing harmful waste products and excess fluid and turning these into urines to be passed out of the body. When your kidneys fail, dialysis keeps your body in balance by:

- removing waste, salt and extra water to prevent them from building up in the body
- keeping a safe level of certain chemicals in your blood, such as potassium, sodium and bicarbonate
- helping to control blood pressure

BENEFITS:

One of the main advantages of PD over hemodialysis is that the procedure can be carried out in the comfort of the patients' home. For most, all that is required is a washroom with fresh running water, a sterile area of the house for the procedure to take place, and space to store the fluid for dialysis. This also allows patients to travel. For elderly patients who may be unable to administer the procedure themselves, assistance may be given by a trained career or community nurse.

OPERATION THEATRE (OT)

An Operation theatre is also known as an operating room, operating suite, which is a facility within a hospital where surgical operations are carried out in a sterile environment. The term "Operating Theatre" referred to a non-sterile, tiered theatre or amphitheatre in which students and other spectators could watch surgeons perform surgery. Contemporary operating rooms are devoid of the theatre setting, making the term "operating theatre" a misnomer for the modern facility. There are only two operating theatres left, but are both use as museums, open to the public.

OBEJECTIVE:

- To provide knowledge on common surgical position of patient in during surgery.
- To identify and develop awareness of potential complication of patient in during service.
- To promote safety and safeguarding patient well-being during intra-operative period.

OPERATING ROOM EQUIPMENT

- The operating table in the Centre of the room can be raised, lowered, and tilted in any direction.
- The operating room lights are over the table to provide bright light, without shadows, during surgery.
- The anesthesia machine is at the head of the operating table. This machine has tubes that connect to the patient to assist him or her in breathing during surgery, and built-in monitors that help control the mixture of gases in the breathing circuit.
- The anesthesia cart is next to the anesthesia machine. It contains the medications, equipment, and other supplies that the anesthesiologist may need.
- Sterile instruments to be used during surgery are arranged on a stainless-steel table.
- An electronic monitor (which records the heart rate and respiratory rate by adhesive patches) is placed on patient's chest.
- The pulse-oximeter machine attaches to the patient's finger with an elastic band aid. It measures the amount of oxygen contained in the blood.
- Automated blood pressure measuring machine that automatically inflates the blood pressure cuff on patient's arm.

EQUIPMENTS:

- Channel monitor
- Flash sterilizer
- Heart lung machine
- Operating tables
- Suction apparatus
- Defibrillator
- Operating microscope communication system
- Anesthesia machine Deep freezer (for frozen section)

SURGEON AND ASSISTANTS EQUIPMENT:

People in the operating room wear surgical clothes to help prevent germs from infecting the surgical incision. The surgical clothing includes the following:

- A protective cap covering their hair.
- Masks over their lower face, covering their mouths and noses.
- Shades or glasses over their eyes.
- Vinyl gloves on their hands.
- Long gowns.
- Protective covers on their shoes.
- The surgeon may also wear special glasses that help him/her to see more clearly.

OT ZONING

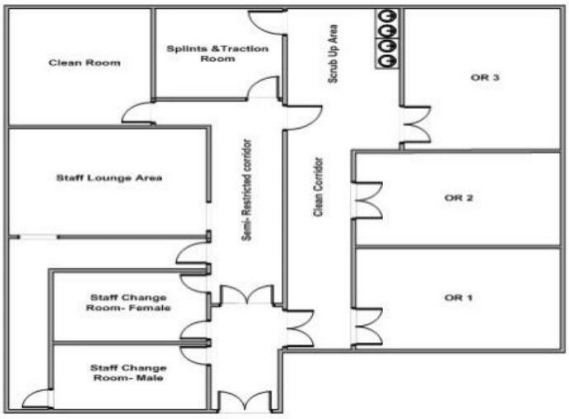
OT zoning is a process where the whole OT suit is planned on the concept of four zones, predicted on the types of activities, pattern of circulation and degree of sterility to be maintained. These zones are disposal zone, protective zone, clean zone and sterile zone.

1. 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.
- Disposal zone has only one way traffic viz. from inside the operating room to the outside and never vice versa.
- This is achieved by a door or a hatch from operating room opening into the disposal corridor.

2. 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 administration elements including theatre nurse supervisors' office, where stores are received, and personnel enter the department, where locker and change rooms are located, patients are received and held.



3. 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 ward trolley to OT stretcher, and clean suppliers. 'Patient-Holding and Preparation Area' is earmarked in the clean zone.

This zone contains storage space for clean surgical suppliers, medical stores including parental solution, and instruments. Anaesthesia induction rooms, anaesthesia stores and anaesthetist's room are located in this zone.

- A frozen section laboratory, if provided and any dark room facility should be located in the clean zone.

4. Sterile Zone: The OT suit organization revolves around the central aseptic work area, i.e. the actual operating rooms. Activities take place in these zones that require full aseptic conditions, such as exposure of living tissues and handling sterile instruments.

CARDIAC CATHETERIZATION LABORATORY (CATH LAB)

A cardiac catheterization lab, also known as a "cardiac cath lab," is a specialized area in the hospital where doctors perform minimally invasive tests and advanced cardiac procedures to diagnose and treat cardiovascular disease. The cardiac cath lab is equipped with state-of-the-art imaging technology used to view the arteries and check how well blood is flowing to and from the heart. This provides the care team with information to help diagnose and treat blockages and other problems in the arteries often without patients needing to undergo surgery.

CARDIAC CATHETERIZATION/ANGIOGRAM (CAG):

A cardiac catheterization or angiogram, is a medical procedure that provides detailed x-ray images of your heart and its blood vessels and is used to diagnose the presence of coronary artery disease. During the angiogram, a small, flexible tube known as a catheter is inserted into a large vessel in your upper thigh or arm, and then guided through the arteries to the heart. A special contrast dye is injected into the catheter which flows to the coronary arteries and heart. The dye shows blood flow through the arteries of the heart and the location of any blockages. An angiogram will show doctors whether blood flow is or is not being restricted to your heart. If the cardiac catheterization does show that the arteries to your heart are narrowed or blocked, the cardiac catheterization will pinpoint exactly where the blockages are located and their size -- information that will enable the cardiologist to develop the best plan to treat each blockage.

INTERVENTIONAL PROCEDURES:

Interventional procedures are non-surgical cardiac interventions that are performed in the cardiac catheterization laboratory by a specialized cardiologist and a cardiovascular team of nurses and technologists. The procedures utilize special catheters that are used to "open" blocked arteries that supply blood to the heart.

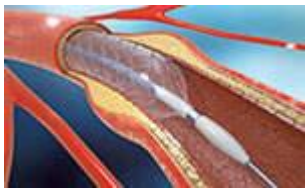
BALLOON ANGIOPLASTY:

During angioplasty in the cardiac catheterization lab, the interventional cardiologist will use a special catheter with a small angioplasty balloon attached at the end. The balloon is at one end and can be inflated from the other end outside the body. A physician trained in interventional cardiology then threads the balloon catheter over a guide wire to the area of the artery that has become blocked with the fatty substance called plaque.

Plaque is what prevents your blood from flowing as it should. The balloon is inflated and deflated several times to compress the plaque or fatty matter in the artery wall and stretch the artery open to increase blood flow in the artery in the heart.

STENT:

A stent is used along with balloon angioplasty in the cardiac catheterization laboratory. A stent is a small, metal mesh tube that is delivered through a catheter to the site of a blocked artery and then permanently embedded within the artery. A stent acts as a tiny scaffold to prop an artery open and prevent it from collapsing or becoming re-blocked with plaque.



The stent is mounted on a balloon-tipped catheter, threaded through an artery, and positioned at the blockage. The balloon is then inflated, opening the stent. Then, the catheter and deflated balloon are removed, leaving the stent in place permanently. Depending on the number of blockages, more than one stent may be used.

ROTOBLATION:

A rotoblation procedure is performed in the cardiac catheterization lab. During rotoblation, a special catheter, with an acorn-shaped diamond-coated tip, is guided to the point of narrowing in the coronary artery. The tip spins around at a high rate of speed and grinds away the plaque that has built up on your artery walls and narrowed your artery. The microscopic particles are washed safely away in your blood stream and filtered out by your liver and spleen.

CUTTING BALLOON:

The cutting balloon catheter has a special balloon tip with small blades. When the balloon is inflated, the blades are activated. The small blades score the plaque and the balloon compresses the fatty matter into the artery wall, opening the narrowed artery during the cardiac catheterization procedure.

PACEMAKER:

Pacemaker procedures can also be done in cardiac cath labs. A pacemaker is a small device that is powered by a battery. It helps the heart beat in a regular rhythm. Pacemakers are needed for those who have a slow and irregular heart rhythm. A pacemaker is about the size of a small matchbox. The pacemaker "can" or container has two parts inside:

- A pulse generator, which includes the battery and several electronic circuits.
- Wires, called leads, which are attached to the heart wall. Depending on the type of pacemaker you need, there may be one or two leads.

The pacemaker is implanted under the skin and fatty tissue near the collarbone. If only one lead is needed, it is placed in the lower-right chamber (the right ventricle). If two leads are needed, the other lead is placed in the upper-right chamber (the right atrium). The leads are then attached to the pacemaker (pulse generator).

Once the pacemaker is implanted, the leads carry signals back from the heart. The pulse generator "reads" these signals. When the heart rate is too slow, it sends an impulse to the heart to help beat in a regular rhythm.

PAD TREATMENT:

Vascular diseases such as Peripheral Artery Disease (PAD) may also be treated in the San Antonio Regional Hospital Cardiac Catheterization Lab by interventional cardiologists. Using imaging for guidance, the cardiologists thread a catheter through the femoral artery in the groin, to the blocked artery in the legs. Then a balloon is inflated to open the blood vessel where it is narrowed or blocked. In some cases, this is then held open with a stent, a tiny metal cylinder. This is a minimally invasive treatment that does not require surgery, just a small opening in the skin about the size of a pencil tip.

Balloon angioplasty and stenting have generally replaced invasive surgery as the first-line treatment for PAD. Studies have shown interventional therapy for PAD to be as effective as surgery for many arterial occlusions.

PATHOLOGY

Pathology has been defined “that branch of the essential nature of disease”. It involves the examination of tissues, organs, bodily fluids and autopsies in order to study and diagnose disease.

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, haematology, genetics, microbiology, phlebotomy, and the blood bank. A medical laboratory or clinical laboratory is a laboratory where tests are carried out on clinical specimens 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.

Location: second floor: Ground floor of the hospital

Type:

Name	EQUIPMENTS
• Histopathology	Automatic tissue process IHC(Immuno history chemistry)
• Hematology	Complete blood count HPLC
• Bio-chemistry	Electrophoresis Marks instruments
• Cytogenetic	FISH method
• Molecular biology	PCR
• Serology and micro logy	

FUNCTION:

- 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 checks for antibodies.
- To type and cross match blood samples for transfusions.
- To analyse DNA.

STAFFING:

The staff of clinical laboratories may include:

- Pathologist;
- Clinical biochemist;
- Biomedical Scientist (BMS) in the UK, Medical laboratory scientist(MT, MLS or CLS) in the US or Medical Laboratory Technologist in Canada;
- Medical laboratory technician/clinical laboratory technician (MLT or CLT in US);
- Medical Laboratory Assistant (MLA);
- Phlebotomist (PBT);
- Histology technician.

EQUIPMENTS:

- Colorimeter/ photoelectric colorimeter
- Centrifuge
- Water bath
- Microscope
- Hot air oven
- Autoclave
- PH-meter
- Incubator
- Automated biochemistry analyser
- ELISA reader
- Microtome
- Wax melting bath
- Hot plate etc.

RADIOLOGY

Radiology (commonly referred to 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.

LOCATION OF RADIOLOGY DEPARTMENT:

It requires dense shielding as a protection against radiation so; it has to be located very carefully. It located in ground floor near OPD.

THIS FIELD CAN BE DIVIDED INTO TWO BROAD AREAS:

1. Diagnostic Radiology
2. Interventional Radiology

1. DIAGNOSTIC RADIOLOGY

Diagnostic Radiology is a group of various modalities of medical imaging by using X-rays. Information Related to Regulations of Radiology Facilities:

i) X-RAY:

X-rays are a type of radiation called electromagnetic waves. X-ray imaging creates pictures of the inside of your body. The images show the parts of your body in different shades of black and white. This

is because different tissues absorb different amounts 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. The most familiar use of x-rays is checking for fractures (broken bones), but x-rays are also used in other ways. For example, chest x-rays can spot pneumonia. Mammograms use x-rays to look for breast cancer.

ii) ULTRASOUND:

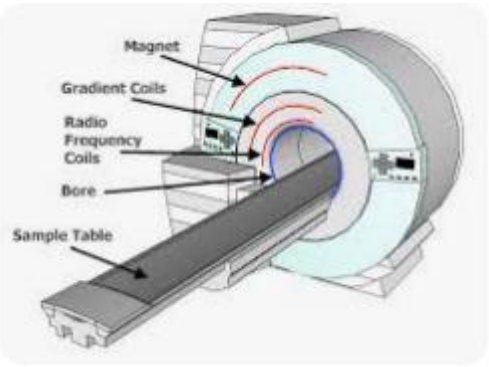
An ultrasound is an imaging test that uses sound waves to create a picture (also known as a sonogram) of organs, tissues, and other structures inside the body. Unlike x-rays, ultrasounds don't use any radiation. An ultrasound can also show parts of the body in motion, such as a heart beating or blood flowing through blood vessels. An ultrasound can be used in different ways- Confirm that you are pregnant, Check the size and position of the unborn baby, look for blockages in the gallbladder, check for abnormalities in the abdomen and kidneys, Help find the cause of pelvic pain, Help find the cause of abnormal menstrual bleeding.

iii) 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 the body. It shows detailed images of any part of the body, including the bones, muscles, fat, organ and blood vessels. CT scans are more detailed than standard X-rays. CT scans may be performed to help diagnose tumours, investigate internal bleeding, or check for other internal injuries or damage. It is used for a tissue or fluid biopsy.

iv) MRI:

Magnetic resonance imaging (MRI) 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 your body. Most MRI machines are large, tube-shaped magnets.



This is used to observe brain structures and determine which areas of the brain "activate" (consume more oxygen) during various cognitive asks. It is used to advance the understanding of brain organization and offers a potential new standard for assessing neurological status and neurosurgical risk.

2. INTERVENTIONAL RADIOLOGY

Interventional radiology is a medical sub-specialty of radiology utilizing minimally-invasive image-guided procedures to diagnose and treat diseases in nearly every organ system.
The concept behind interventional radiology is to diagnose and treat patients using the least invasive techniques currently available in order to minimize risk to the patient and improve health outcomes. These procedures have less risk, less pain and less recovery time in comparison to open surgery. These include biopsy, angioplasty, and cardiac catheterization.

i) BIOPSY: A biopsy is a sample of tissue taken from the body in order to examine it more closely. A doctor should recommend a biopsy when an initial test suggests an area of tissue in the body isn't normal. Biopsies are most often done to look for cancer. But biopsies can help identify many other conditions.

ii) ANGIOPLASTY: Angioplasty is a procedure to open narrowed or blocked blood vessels that supply blood to the heart. These blood vessels are called the coronary arteries. A coronary artery stent is a small, metalmesh tube that expands inside a coronary artery. A stent is often placed during or immediately after angioplasty. It helps prevent the artery from closing up again. A drug-eluting stent has medicine embedded in it that helps prevent the artery from closing in the long term.

iii) CARDIAC CATHETERIZATION: Cardiac catheterization is a procedure in which a thin, flexible tube (catheter) is guided through a blood vessel to the heart to diagnose or treat certain heart conditions, such as clogged arteries or irregular heartbeats. Cardiac catheterization gives doctors important information about the heart muscle, heart valves and blood vessels in the heart.

EQUIPMENT USED IN RADIOLOGYDEPARTMENT:

- X-ray machines
- MRI
- Ultrasound
- CT scan machine
- Mammography

Nuclear Imaging System

- Doppler Machine
- Computer Assisted Tomography

FUNCTION:

- 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.

NUCLEAR MEDICINE

Nuclear medicine uses radioactive material inside the body to see how organs or tissue are functioning (for diagnosis) or to target and destroy damaged or diseased organs or tissue (for treatment). Nuclear Medicine imaging uses small amounts of radioactive materials to diagnose, evaluate or treat a variety of diseases.

These include many types of cancers, heart disease, gastrointestinal, endocrine or neurological disorders and other abnormalities. Because nuclear medicine exam can pinpoint molecular activity, they have the potential to identify disease in its earliest stages. They can also show whether a patient is responding to treatment.

Common uses of Nuclear Medicine: Physicians use nuclear medicine imaging procedures to visualize the structure and function or an organ, tissue, bone or system within the body.

IN ADULTS, NUCLEAR MEDICINE IS USED TO: **Heart:**

- Visualize heart blood flow and function.
- Detect coronary artery disease and the extent of coronary stenosis.

Lungs:

- Scan lungs for respiratory and blood flow problems.
- Detect lung transplant rejection

Bones:

- Evaluate bones for fractures, infection and arthritis.
- Evaluate bone tumour.

Brain:

- Evaluate for abnormalities in a chemical in the brain involved in controlling movement in patients with suspected park in son's disease or related movement disorder.
- Evaluate for suspected brain tumour recurrence, surgical or radiation planning or localization for biopsy.

BENEFITS OF NEUCLEAR MEDICINE:

- Provides information on how organs, tissues, and cells are working.(Other common imaging procedures only show the structures.)
- Can be used also in targeted treatments to kill or damage harmful or cancerous cells, reduce the size of tumours, or reduce pain.
- Nuclear medicine scans provide the most useful diagnostic or treatment information for many diseases.
- A nuclear medicine scans is less expensive and may yield more precise information than exploratory surgery.

RISKS OF NEUCLEAR MEDICINE:

- Radiation doses are usually higher than in common imaging like x-rays. This means these procedures are slightly more likely to increase the possibility you may get cancer later in life.
- Some nuclear medicine procedures are longer and use more radiation than others. These could cause skin reddening and hair loss.
- You may give off small amounts of radiation right after your procedure and need to take steps to protect others from exposure.
- Because nuclear medicine exams use only a small dose of radiotracer, they have a relatively low radiation exposure. This is acceptable for diagnostic exams. Thus, the potential benefits of an exam outweigh the very low radiation risk.
- Doctors have been using nuclear medicine diagnostic procedures for more than six decades. There are no known long-term adverse effects from such low-dose exposure.
- Your doctor always weighs the benefits of nuclear medicine treatment against any risks. Your doctor will discuss the significant risks prior to treatment and give you an opportunity to ask questions.
- Allergic reactions to radiotracers are extremely rare and usually mild. Always tell the nuclear medicine personnel about any allergies you may have. Describe any problems you may have had during previous nuclear medicine exams.

CARDIOLOGY DEPARTMENT

Cardiology is a branch of medicine dealing with disorders of the heart as well as parts of the circulatory system. The field includes medical diagnosis and treatment of congenital heart defects, coronary artery disease, heart failure, valvar heart disease and electrophysiology. Physicians who specialize in this field of medicine are called cardiologist, a specialty of internal medicine. Paediatric cardiologists are paediatricians who specialize in cardiology. Cardiology is concerned in the normal functionality of the heart and the deviation from the healthy heart. Treatment may involve the use of medication, diet adjustment and specialized chest pain centre which is a collaboration between cardiology and the emergency department to deal with patients presenting in an emergency in a rapid manner.

FUNCTION:

- To prevent, diagnose and treat conditions of the cardiovascular system.
- To attend cardiac rehabilitation to help with their recovery.
- To help the patient to adopt healthier lifestyles.
- To treat chronic diseases holistically.
- To improve patient's quality of life.

EQUIPMENT:

- Cardiac Monitors
- Cardiac Ultra Sound Machines
- Vascular Ultra Sound Machines
- EKG Machines
- Defibrillators
- Heart Lung Bypass Machines
- Fluoroscopy
- Stress Test System

PHYSIOTHERAPY DEPARTMENT

Physical therapy (PT), also known as physiotherapy, is one of the allied health professions. It is provided by physical therapists who promote, maintain, or restore health through physical examination, diagnosis, management, prognosis, patient education, physical intervention, rehabilitation, disease prevention, and health promotion. Physical therapists are known as physiotherapists in many countries.

In addition to clinical practice, other aspects of physical therapist practice include research, education, consultation, and health administration. Physical therapy is provided as a primary care treatment or alongside, or in conjunction with, other medical services. In some jurisdictions, such as the United Kingdom, physical therapists have the authority to prescribe medication.

HOSPITAL DIETARY SERVICE

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 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.

OBJECTIVE:

- 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 machine and mixing machine.

STAFFING:

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

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 on their safe, effective and efficient use. Hospital pharmacy is a specialised field of pharmacy which forms an integrated part of patient healthcare 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.
- Manufacturing sterile & non sterile products.
- Expecting and knowing the hospital demands.

STAFFING:

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

ROLE OF CHIEF PHARMACIST:

- Leadership and development of a transformative vision for the pharmacy and medicines optimisation services.
- Work collaboratively with local health and social care commissioners, providing strategic direction for the development of innovative medicines optimisation that improves patient outcomes and maximise value for the trust.

DRUG & THERAPEUTIC COMMITTEE

This committee deals with all matters pertaining to pharmacy, medicines and medical consumable used in the hospital for patient care. There are many issues related to safety, quality and ethics under use of drugs and this committee resolve those issues.

ROLES AND RESPONSIBILITY:

- Develop and approve policies related to medication management.
- Establish safe medication practices in the organization.
- Develop and approve hospital formulary.
- Issue guidelines for rational prescription of medication.
- Develop mechanism for reporting and tracking of medication errors and adverse events related to medication.
- Review indicators related to medication safety and take necessary decisions.
- Monitor medication practices through audits such as prescription audit, pharmacy audit etc.
- Help Infection Control Committee in formulating antibiotic policy.
- Other similar matters related to medication management.

SUGGESTED MEMBERS:

i) Chairperson – A senior member such as HOD of medicine or vice-president or general manager.

ii) Convenor/Co-ordinator – Chief pharmacist.

iii) Clinical members – One representative each from all clinical specialities and super-specialities, Representatives from nursing department, OPD, IPD, ICU, OT and Emergency.

iv) Non-clinical members – Purchase Manager, Pharmacy store in-charge.

CSSD 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 wards. 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.

CSSD IS DIVIDED INTO FIVE MAJOR AREAS:

- Decontamination
- Assembly & Processing
- Sterilizing
- Sterile storage
- Storage

AIM 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.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.

STERILIZATION

Sterilization is a broad term that refers to any process that removes or kills all forms of microorganisms. This includes bacteria, fungi, viruses and proto zoans including their spore forms which are usually very resistant. This refers to life forms that are on the surface, within a fluid, medications, or compounds such as buffers and culture media. Proper sterilization is easily achieved with combinations of heat, high pressure, filtration, chemicals and irradiation.

TYPES OF STERILIZATION:

1. Heat Sterilization-

i) Dry Heat Sterilization

ii) Steam Sterilization

2. ETO (Ethylene Oxide Sterilization)
3. Chemical Sterilization
4. Radiation Sterilization (Gamma)

1. HEATSTERILIZATION

i) DRY HEAT STERILIZATION:

Dry heat sterilization is one of the most practical and preferable forms of sterilization, using blown hot air to eliminate or deactivate all forms of life inside the chamber of an industrial oven. Dry heat sterilization uses high temperatures to kill microorganisms and bacterial spores. Another type of sterilization by heat uses moist heat. Both are acceptable and used to sterilize different types of equipment. Dry heat sterilization requires higher temperature sand longer exposure times than moist heat sterilization. In conventional hot air oven, sterilization is carried out at 160 degrees centigrade for 1hour.

EXAMPLE OF DRY HEAT STERILIZATION:

There is a wide range of materials that can handle dry heat well, and that is why this method is so popular and widely used. Examples include metals of all kinds, powders that can't become promised by moisture or chemical agents, anhydrous oils and fats, and glassware. Moreover, and because dry heat can penetrate objects so well, paper-wrapped items can be sterilized effectively, as can medical instruments of intricate geometry such as syringes (metal and glass) or surgical tools.

ADVANTAGES OF DRY HEAT STERILIZATION:

- Dry heat ovens are generally cheap to buy.
- The cost of operation and heating cycles is generally low.
- The heat can go deeply into thick objects, achieving an in-depth sterilization effect. Even objects inside packaging can be sterilized this way.
- The process involves no toxic agents, so there are no harmful substances that will be discarded in the environment.
- Requires no human attendance or intervention during operation. Someone has to set the oven and leave it to complete the cycle.

DISADVANTAGES OF DRY HEAT STERILIZATION:

- The dry heat can take much more time to achieve sterilization than what is required with steam, flaming, chemical sterilization, or radiation.
- The heat can cause warping to sensitive materials or thin sheets.
- The high temperatures can irreversibly damage plastics, rubber, so these are not suitable for dry heat.

ii) STEAM STERILIZATION:

Steam sterilization (autoclaving) is the most dependable and economical process. It is the most widely used method for wrapped and unwrapped critical and semi-critical items that are not heat and/or moisture sensitive. To kill microorganisms, steam sterilization requires exposure of each item to direct steam contact at a specified temperature and pressure for a defined period of time. There are two basic types of steam sterilizers: gravity displacement and high-speed pre vacuum. Moist heat sterilization takes at least three minutes at 134 °C and a pressure of 3 BAR, or at least 15 minutes at 121 °C and a pressure of 2 BAR.

EXAMPLE OF STEAM STERILIZATION:

The utilization of saturated steam to sterilize pharmaceutical equipment, products, and reagents is also a widely used sterilization technique. Objects which are sterilized using moist heat are usually non heat-sensitive items, e.g. reusable medical equipment, dental instruments, simple surgical instruments, textiles or surgical equipment with cavities.

ADVANTAGES STEAM STERILIZATION:

- Nontoxic to patient, staff, environment
- Cycle easy to control and monitor
- Rapidly micro bedal
- Least affected by organic/inorganic soils among sterilization processes listed
- Rapid cycle time
- Penetrates medical packing, device lumens

DISADVANTAGES STEAM STERILIZATION:

- Deleterious for heat-sensitive instruments
- Microsurgical instruments damaged by repeated exposure
- May leave instruments wet, causing them to rust
- Potential for burns

2. **ETO STERILIZATION**

ETO Sterilization is a low-temperature process (typically between 37 and 63°C) that uses Ethylene Oxide gas to reduce the level of infectious agents. ETO is used in gas form and is usually mixed with other substances, such as CO2 or steam.

EXAMPLE:

The types of devices that are sterilized with ethylene oxide range from devices used in general health care practices (for example, wound dressings) to more specialized devices used to treat specific areas of the body (for example, stents).

ADVANTAGES:

- Low temperature
- High efficiency – destroys microorganisms
- Large sterilizing volume/ chamber capacity
- Non corrosive to: plastic, metal and rubber materials

DISADVANTAGES:

- Excessively Long cycle
- Safety concerns - carcinogenic to humans
- Toxicity issues - toxic residues on surgical instruments and tubing

3. CHEMICAL STERILIZATION

Nowadays, there are a lot of modern hospital and laboratory instruments and tools such as a custom tray that are susceptible to heat. This means they have some components that should not be exposed to high temperature. These components are rubber, plastic, glass, and other similar elements. To sterilize them without using heat, the recommended alternative is through chemical sterilization. Chemical sterilization is the process of using low temperature chemicals to kill, eliminate, and remove all germs, viruses, and bacteria. This can be in the form of gas or liquid chemicals.

CHEMICAL STERILIZATION USES THE FOLLOWING ELEMENTS AND COMPOUNDS:

- Silver
- Peracetic Acid
- Hydrogen Peroxide
- Phthalal dehyde
- Glutaral dehyde and Formaldehyde
- Bleach
- Ozone

The above chemicals are used in many different ways and processes. Some can be mixed with other chemicals. Others are directly applied. There are also cases that some of them can be used along with steam sterilization. Hospital and laboratory instruments don't have to get heated only to sterilize them. Chemical sterilization can do the job without heating them. However, not all instruments and equipment can be sterilized in this method. This is because there is some equipment or devices that contain some elements that may react violently with the above chemicals.

4. RADIATION STERILIZATION

Radiation sterilization relies on ionizing radiation, primarily gamma, X ray or electron radiation, to deactivate micro organisms such as bacteria, fungi, viruses and spores. Due to numerous advantages over heat or chemical based sterilization techniques, this method is particularly attractive in medicine and healthcare-related fields.

EXAMPLE:

Radiation sterilization is readily applied during tissue allograft preparation, pharmaceutical packaging and medical device manufacturing. The gamma irradiation process can effectively treat a wide variety of products composed of different materials, with varying densities, configurations and orientations. Some examples of products process edinclude:

- Medical devices
- Pharmaceuticals
- Animal retail products
- Archives
- Cosmetics and toiletries
- Horticultural supplies
- Packaging materials
- Combination drug/device products
- Tissue-based and biological products

STAFFING AND EQUIPMENTS OF CSSD

CSSD IS USUALLY MANNED BY FOLLOWING STAFFS:

- CSSD in Charge/ Manager- Supervises 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

EQUIPMENT:

Cleaning Area-

- High capacity passes through washer disinfector at 80 degree centigrade to 90 degree centigrade.
- Cold and Hot water steam
- Hot air Oven
- Detergent Solution
- Autoclaves
- EOS (Ethylene Oxide Sterilizers)

BLOOD BANK

A blood bank collects, separates, tests and stores blood until a patient needs it. If you've donated blood before, you've been part of the blood banking process.
The first blood bank in the United States was established in 1937 by Dr. Bernard Fantus at Cook County Hospital in Chicago. At the time, it was not possible to store blood for more than a few days. Most transfusions were person-to-person, a dangerous process which made it hard to find donors.
Hoping to solve this problem, Dr. Fantus began experimenting with ways to safely store blood. Initially called the Blood Preservation Laboratory, he changed the name to "blood bank" which was less likely to scare away potential donors. The ability to collect and store blood for an extended period of time revolutionized how doctors treated patients. Donating blood was no longer a high-risk process and patients in need had access to blood they needed for survival.

ROLE OF THE HOSPITAL BLOOD BANK:

Quality in transfusion practice must apply to the hospital blood bank or equivalent, because it plays a vital role in ensuring that the correct blood component is supplied for the patient.
The laboratory aspect of the transfusion process is carried out in different ways across the countries of the EU. In some settings a local hospital blood bank manages the blood component inventory and the clinical blood transfusion laboratory services. Elsewhere, the blood establishment provides compatible blood directly to hospitals.

EU Directives require that hospital blood banks implement a quality management system. To maintain a high level of performance in the laboratory, it is essential to monitor the functioning of reagents, equipment, techniques and procedures. Good record keeping and documentation, use of standard operating procedures and laboratory worksheets, and implementation of safety guidelines further improve the quality of performance.

THE HOSPITAL BLOOD BANK IS RESPONSIBLE FOR:

- Rapid response to urgent requests for blood components
- Checking pre-transfusion samples and requests
- Assessing of immunological compatibility between donor and patient
- Selecting of suitable blood component for each clinical condition
- Safe delivery and handling of blood components
- Inventory and stock management
- Interactions with the blood establishment.

URGENT REQUESTS:

All urgent requests for blood components and blood products should be notified to the laboratory by telephone. Blood bank staff should be given as much notice as possible to organise the work and assign appropriate priority to requests. The handling of any emergency situation benefits from clear and frequent communication with the hospital blood bank about the blood component requirements. A full cross match will take approximately 40-45 minutes from receiving the patient sample and request. In very urgent cases the time can be reduced to 20 minutes. This allows tests to exclude ABO incompatibility. In extremely urgent critical situations where blood is needed in less than 20 minutes, non-cross matched group O blood should generally be made available for immediate use. Females of childbearing age should receive group O RHD negative red cells if the patient's RHD type is not known.

BLOOD SAMPLING AND CLERICAL CHECKING:

In pre-transfusion testing, careful checking is essential. Correctly identified and correctly labelled blood samples from the correct patient are fundamental to the provision of blood that is safe for transfusion. When a sample is received in the blood bank, a member of the staff must confirm that the information on the label and on the transfusion request is identical. The patient's serological and transfusion history must also be checked and the results of current testing compared with those of previous tests. Any discrepancies must be resolved before any blood component can be released for transfusion.

PRE-TRANSFUSION TESTING:

This involves testing the blood of the intended recipient to determine the ABO group and RHD type and to detect any clinically significant red cell antibodies (this procedure may be called "group and screen" or "type and screen"). If the screening test is positive further tests may be needed to identify the red cell antibodies so that compatible donor units can be selected. The patient's serum is directly tested in the blood bank for compatibility with the donor red cells before transfusing RBC components (cross match). Some countries also require a further blood group check immediately before the blood is transfused.

ELECTRONIC ISSUE (COMPUTER CROSSMATCH):

Red cell units that are ABO and RHD compatible can be quickly issued for a patient on the basis of information in the blood bank information system, with no further testing, provided there are procedures in place to ensure that:

The patient's ABO and RHD type have been tested and also confirmed on a second sample, retested on the first sample, or the patient has been found to be group O in the first instance.

- The patient has no irregular red cell antibodies
- The grouping of the blood units is fully reliable
- The identification of the patient and his/her sample is fully reliable
- The patient's previous results can be correctly identified and retrieved

Electronic issue can take as little as 10 minutes. Hospitals using electronic issue must comply with any applicable national guidelines.

SELECTION OF BLOOD COMPONENT:

The hospital blood bank will use the test results together with the information provided on the request form to select and label the correct blood component for the patient.

SAFE DELIVERY AND HANDLING OF BLOOD COMPONENTS:

Errors at this stage of the clinical transfusion process are an important source of adverse reactions and events. Hospitals should have a policy that ensures that correct units are withdrawn from the storage location. Blood must only be stored in designated blood storage refrigerators with temperature monitoring charts and an alarm system.

TRACEABILITY:

EU Commission Directives 2005/61/EC and 2002/98/EC (2005), require full traceability of blood and blood components, from donor to recipient and vice versa. Blood establishments and hospitals must have a system that permits identification of each unit of blood component and its final destination. A system that has proved effective in the UK is the so-called 'bag & tag' label system. (Fig 6.3) When a unit of blood component is prepared for a patient, a paper tag is printed from the laboratory computerised system. This includes patient identifying information and two traceability labels bearing the donation number.

The tag is attached to the unit of blood component until it is transfused (or returned to the laboratory if unused). If transfused, one label from the tag is placed in the patient's notes and the other returned to the hospital transfusion laboratory. The data from the returned labels is entered into the computerised system that records the fate of each component. Instances of non returned labels are monitored and corrective action taken. Many hospitals report 95% or greater traceability using this system.

INVENTORY AND STOCK MANAGEMENT:

The hospital blood bank is responsible for management of the hospital's blood stock. This includes maintaining an inventory for each blood group, ensuring an average age of blood at time of issue, and monitoring the amount of blood that becomes out dated or is not used for other reasons. Stock levels should be set in conjunction with weekly use and activity in order to avoid overstocking and wastage. Where possible an information technology (IT) system should be in place that supports blood stock management and provides a full audit trail of all blood stock electronically scanned onto the system.

The hospital blood bank should develop a partnership working agreement with their Blood Establishment provider on how to deal with shortages of blood.

INFORMATION TECHNOLOGY DEPARTMENT (IT)

Information technology (IT) is the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. HIT, technology represents computers and communications attributes that can be networked to build systems for moving health information. Let's have a brief glimpse at the background of the information technology in medicine.

Worldwide use of computer technology in medicine began in the early 1950s with the rise of the computers. In 1949, Gustav Wagner established the first professional organization for health informatics in Germany. Health informatics also called Health Information Systems is a discipline at the intersection of information science, computer science, and health care. It concerns with the resources, devices, and methods required for optimizing the acquisition, storage, retrieval, and use of information in health and biomedicine.

THE ROLE OF INFORMATION TECHNOLOGY SERVICES IN HEALTHCARE:

New and emerging technologies have transformed healthcare in recent years. Hospitals and physician offices large and small have implemented new technologies to respond to a changing regulatory environment and to improve the overall quality of care for patients. Today's medical facilities are high-tech operations that put cutting-edge technologies into the hands of talented professionals. Even still, significant opportunities remain for hospitals and healthcare settings to streamline their implementation and usage of new technologies.

IT services for healthcare have never been more vital. The right IT partner can help your medical facility fully realize the extraordinary benefits of information technology in healthcare. Our IT services can help your medical facility operate with fewer errors, comply with today's regulations, and recover quickly from unexpected disasters. Our electronic health records (EHR) systems can help your staff reliably record crucial patient health data and seamlessly share that data with other healthcare providers. Most importantly, the healthcare IT support provided here at Worldwide Services will help to improve the quality of care that patients receive from your staff.

THE ROLE OF IT IN HEALTHCARE:

At its core, healthcare information technology is all about communication — communication between devices, between team members, between patients and their medical providers, between separate medical facilities. These communication channels are enabled by carefully-selected and installed hardware solutions, and maintained with prompt and effective repair services. These components should be scalable and flexible so that your network can grow along with your facility.

Information technology's role in communications also puts it on the frontlines of your facility's security team. Healthcare IT standards, patient privacy rights and patient well-being all require a trustworthy, secure network that is transparent and easy for your staff to use but opaque and secure against unauthorized users. A healthcare IT services provider can help your facility initiate best practices for network security. Today's patients expect their data to be secure, and we can help establish your reputation as a trustworthy steward of patient data.

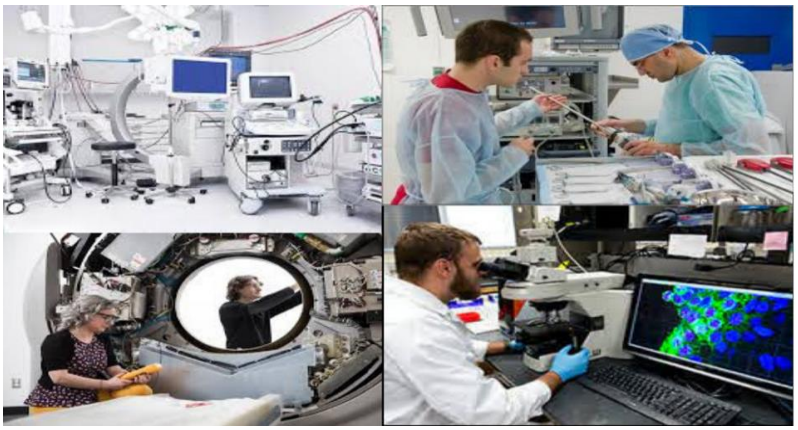
THE BENEFITS OF IT IN A HEALTHCARE:

EHRs are central to today's discussions about the integration of health information technology into healthcare because IT services connect and support almost every function of a medical facility. Worldwide Services helps healthcare providers with staff management, ensuring that they are always staffing their facilities with people trained with the necessary skills and competencies. We help providers implement cutting-edge technologies like hybrid operating rooms, which use the latest assistive technologies to empower the next generation of surgery. We help facilities integrate recorded video into EHRs, patient visits and operations.

There are many exciting healthcare technologies on the horizon, and we're always looking for opportunities to help facilities make these technologies a valued part of their practice.

BIO-MEDICAL DEPARTMENT

Biomedical Engineering is a discipline that advances knowledge in engineering, biology and medicine, and improves human health through cross-disciplinary activities that integrate the engineering sciences with the biomedical sciences and clinical practice. It includes:



1. The acquisition of new knowledge and understanding of living systems through the innovative and substantive application of experimental and analytical techniques based on the engineering sciences.

2. The development of new devices, algorithms, processes and systems that advance biology and medicine and improve medical practice and health care delivery.

The term "biomedical engineering research" is thus defined in a broad sense: It includes not only the relevant applications of engineering to medicine but also to the basic life sciences.

AIM OF BIO-MEDICAL DEPARTMENT:

To provide technical expertise and management support to hospital administration, engineering department, medical and paramedical staff.

FUNCTIONS OF BIO-MEDICAL DEPARTMENT:

- Analyze and compare technical specifications of equipments.
- Evaluate initial cost and operating cost of equipments before procurement.
- Inspect incoming equipments and perform pre–acceptance checks before equipment is officially accepted and payment is done to the vendor.
- Set standard operating and regular maintenance guidelines and ensure their compliance.
- Provide training for user department to ensure proper use of equipment.
- Evaluate the need for new equipment or replacement of existing equipment.
- Provide technical advice and expertise to administration, medical and paramedical staff.
- Organizing a planned maintenance program for all equipment and attend to regular or emergency breakdown and repair of equipments.
- Instituting an effective equipment control system.
- Maintain work record and maintenance history record.
- Establish an inventory of all existing and incoming equipment.
- Active involvement in the hospital's safety committee and checking safety hazards.
- Oncology OT, Labour OT and Burns ICU were renovated and equipped in the year 2014-15.
- Around 1200 equipments, including BP Apparatus are calibrated as a part of NABH accreditation process.
- Around 200 lab equipments and 40 Micropipettes are calibrated as a part of NABL requirement.
- 198 equipments are under AMC and 5 equipments are under Reagent Rental contract with the vendors.
- Preventive maintenance schedule was introduced from January 2014 and preventive maintenance is being performed for the equipments.

Besides this, the Department is also responsible for the operation, maintenance and repair of electronic equipments like Intercom, TV, VCR, VCD, Sound System, Overhead Projectors, etc. Mr Vincent D'Sa and Mr Praveen are responsible for the maintenance of these electronic items.

QUALITY DEPARTMENT

Quality assurance is a process for planned activities based on performance review and enhancement with the aim of continually improving standards of patient care. This is engaged in traditional quality assurance managerial activities including hospital accreditation, risk management assessment, Patient satisfaction measurement, planning for quality improvement, Incidence reporting, Enforcement of QA policy, Leading QA initiative, Staff training in quality control, Utilization data and measurement, Supervision of quality staff, Program evaluation, Health and safety reg. compliance, Infection control etc

THE GOALS OF A QUALITY ASSURANCE PROGRAM ARE TO:

- Prevent problems from occurring
- Detect and correct issues when they occur
- Encourage higher standards of care
- Eliminate or educate poor practitioners and providers
- Improve the average level of practice
- Reward excellence

INFECTION CONTROL DEPARTMENT:

Infection control refers to policies and procedures used to minimize the risk of spreading infections, especially in hospitals and human or animal health care facilities. The main focus of the Infection Control Department is the prevention, management, promotion of patient safety by reducing the risk of acquiring and transmitting infections and control of communicable diseases.

Infection control and prevention (IC) in a healthcare setting requires a comprehensive, coordinated program designed to prevent and control nosocomial or healthcare-associated infections (HAIs).

THE GOALS OF INFECTION CONTROL DEPARTMENT ARE TO:

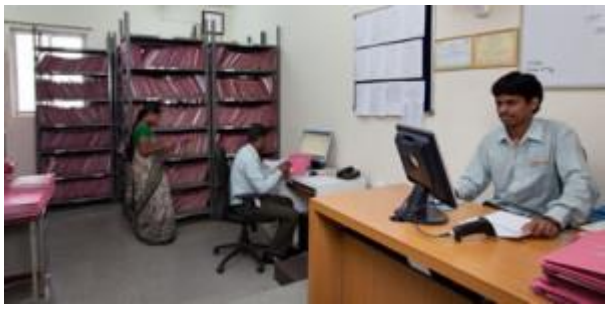
- Perform comprehensive surveillance for healthcare-associated infections and epidemiologically significant organisms
- Identify and investigate clusters or outbreaks of infection
- Analyze procedure and device-associated infections
- Create evidence-based interventions to prevent healthcare-associated infections
- Evaluate methods and technologies to reduce transmission of pathogens within the institution
- Create maintain and update appropriate infection control policies
- Develop and maintain educational programs regarding infection control for all hospital employees, physicians, and trainees
- Provide consultation to health care providers in the assessment and management of patients and employees with communicable diseases
- Provide input for the content and scope of occupational health and safety programs related to infection control and prevention
- Advise senior leadership on issues related to reduction of infection risks and regulatory requirements
- Administer ongoing programs and initiatives for continuous quality assessment, quality improvement, and infection risk reduction (e.g. hand hygiene promotion and monitoring)

MEDICAL RECORD DEPARTMENT

A chronological written account of a patient's examination and treatment that includes the patient's medical history and complaints, the physician's physical findings, the resultsof diagnostic tests and p rocedures, and medications and therapeutic procedures.

USE OF MEDICAL RECORDS:

- To documented the course of the patient illness & treatments.
- Collection of health statistics.
- Legal matters & court cases, insurances cases.



COMPONENT OF MEDICAL RECORD:

- Front sheet and identification summary sheet.
- Consent for treatment.
- Legal documents like referral letter, request for information etc.
- Discharge summary, referral slip.
- Admission notes, clinical progress notes, nurses progress note.
- Operation report if operation has been performed etc.
- Investigation report like x- ray, pathology etc.
- Orders for treatments and medication from listing daily medications order and given with signatures of the doctors prescribing the treatments and the nurse administering.

FUNCTION:

- Retrieval of MRD
- Coding diseases and operations of patients discharged or having died
- Annual statistical
- Medico legal issues
- Completion of medical records after an inpatient discharged or having died

RETENTION PERIODS OF MEDICAL RECORD:

- OPD- 5YEARS
- IPD-10YEARS
- MLC cases-30 YEAR

BIOMEDICAL WASTE

It is defined as "any solid, fluid or liquid waste including its container and any intermediate product, which is generated during the diagnosis, treatment or immunization of the patient".

Objective:

- 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 the biomedical waste according to the statutory regulations is a mandatory legal obligation on the part of the hospital.

CATEGORY	TYPE OF WASTE
1	Human Anatomical Waste
	Animal Anatomical Waste
	Placenta
	Plaster cost
	Contaminated Cotton Swabs
	Contaminated Dressing
	Cytotoxic waste
	Expired Medicines
	Mask
	Blood Bag
2	Syringe
	IV set
	Catheters
	Gloves
	Urine Bag
	Dialysis Kit
	IV Bottles
	Vacutainers
3	Needles
	Syringe with fixed needles
	Blades
	Scalpels
4	Ampoules
	Vials
	lab Slides
	Metallic body implants
	Scissors

GENERAL WASTE

- Kitchen waste
- Wrapping paper
- Disposable glass/plates
- Plastic bags
- Office waste
- Cans

INFECTIOUS NON SHARP

- SYRINGE
- TUBINGS
- BLOOD BAGS
- GLOVES
- IV TUBE

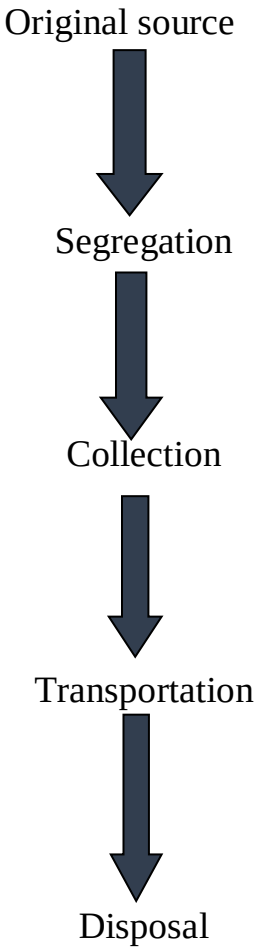
ORGAN AND TISSUE WASTE

- PLASTER CASTS
- DRESSING
- SPILLAGE
- MICROBIOLOGY & BIOTECHNOLOGY

PLASTICS

- LAB SLIDES
- VIALS
- SCISSORS

WORK FLOW PROCESS OF BIOMEDICAL WASTE



GENERAL STORE

Materials management in any health-care institution is that part of the entire hospital activity which deals with procurement, storage, transportation, distribution, maintenance etc.

Non-availability of an item, when required by the user in a hospital, could lead to stock-out and adversely affect the treatment of a patient, or even create a life-threatening situation.

The main objectives of stores management are planning, acquisition, storage movement and control of materials so as to optimize personal physical facilities and capacity. It is a dynamic and systematic approach for the control of materials. It seeks to provide right materials of the right quality at the right time and of course from the right source.

GOALS AND OBJECTIVES:

- The primary goal is to obtain materials of the best quality and continuity of supply at the lowest possible price.
- The other goal is to maintain the minimum of inventory of materials so as to free the working capital for other useful purposes.
- Finally, all activities in this functional area of management process should be carried out at a minimum cost.
- Given the goals, let us now identify the objectives of logistics management, which can ensure the best performance, and use of materials in a hospital. These are as follows:

KEY RESULT AREAS:

- Number of GRN received in Stores.
- Number of PR raised for Purchase.
- Number of Indent Issued to User dept.
- Manage the Inventory Accuracy Level.
- Reduce complaints from user dept

RECEIPT OF MATERIALS(CONSUMABLES):

- Receive the DC/ Invoice from the supplier.
- Check the invoice, PO and the materials for the quantity, appropriateness of brand and batch number.
- Goods should be received only at the Store.
- Crosscheck the date of expiry.
- After accepting goods put the received seal with date & Sign.
- If any material is being returned, before generating GRN, make an entry on book.
- Keep the original invoice / DC copy and hand over duplicate to the vendor.
- If the material has come through courier, attest only with the stamp "number of boxes received, contents not confirmed.
- Make the entry in the system by way of GRN
- Before finally authorizing the GRN, check the invoice, PO and the GRN amount and if not tallying take the approval of GM-Purchase before authorizing.
- After making GRN move the material to the appropriate place / Rack in the store.
- In case if PO is not there in the system, receive the goods and mention Received Pending Approval on the bill/DC and send the copy of bill/DC to Purchase department for further action and don't move the goods in to store.
- If goods are emergency at the user end, send them through an acknowledgement.

THE PROCESS TAKES PLACE DURING THE RECEIPT OF GOODS:

REJECTION OF MATERIALS:

- Materials damaged/expired at the time of receipt of goods have to be returned to the suppliers at the same time. And the return goods have to be adjusted in the invoice/challan received and information should be given to the Purchase Head.
- Items supplied by the supplier without a purchase order and the same will be rejected to the company.
- At the time of the procedure or using to the patient if they find the sterile items like catheters, cannula, balloons are damaged the technician or the doctor who is using the item can reject the item by giving an explanation about the defect in the defect record form and handover the same to the respective Store. The same shall be informed to the accounts & Purchase Manager.
- Store incharge / Accounts & Purchase Manager will speak to the company person/suppliers and inform them about the defects and can ask the supplier to issue a credit note for the same or can replace the items.
- Rejected items register is maintained with remarks
- Rejected items will be issued by gate pass to the suppliers and copy of the same will be attested to the duplicate copy of the invoice for future reference.

RETURN OF GOODS:

- Make a list of goods that has to be returned.
- The returnable goods to be packed neatly and marked as 'RETURN GOODS)
- The same to be updated in system / Talley as well
- Verify whether it has to be sent to the respective company or can be used in the other areas.
- Check the batch no if any.
- The store should bring to the notice of the Purchase department that the goods are received are rejected and has to be sent back to the suppliers
- Gate pass shall be generated in duplicate and call the supplier and request him to take back the goods and give credit note for the same, which can be adjusted in his bills or payments.
- File the acknowledged copy of gate pass in appropriate files – returnable and non-returnable.

ACCOUNTING PROCESS:

- After checking the goods comparing with an invoice and physical stock the same has to be received through system i.e., through GRN (Goods Received Note) and GRN & PO should be attached to the invoice / Challan.
- Invoice and Goods Received Note should tally with the items received physically. The invoice should be sealed with received seal and signed by the Stores in charge.
- The invoice/challan are forwarded for entry in software. The invoice/challan entered in the system is verified by Stores Incharge (Accounts Head).
- Challan is filed separately. Once the invoice is received for that particular challan the GRN number is mentioned on the invoice and forwarded to Accounts for payment through purchase.
- Purchase verifies the payment terms and indicates the due date for the payment of particular bill verify.
- Account department will make cheques, as per the due dates mentioned in the invoice.

STORAGE OF MATERIALS:

STORING AREA:

- Materials are stored in the general store & cupboards on1st &2nd floor.
- The materials are stores in
- Open shelves
- Locked Cupboards
- All items received shall be stored in the appropriate racks/section.

EXPIRED AND NEAR-EXPIRY ITEMS:

- At the time of condemnation meeting discuss about expiry products at every 3rd Saturday of the month. store in charge assistant will check the expiry dates of all the items i.e., disposables and list out the same,
- Check the expiry date of items before 60 days of its expiry and list out the same and return the same to the suppliers and request them to give long expiry dated items or can request the suppliers to give credit note.

Indent and Issue process

- All materials should be issued only against the indent.
- Arrange the indented materials & pack the same in the appropriate boxes after counting.
- If indented material is not available, look for alternate and issue the same, physically and in the system.
- Enter issue details in the system; a copy of indent form is to be kept in the store the above-mentioned procedure is recorded in the software.

Condemnation of materials

- There is a Material Condemnation Committee which approves the condemnation of materials.
- The user departments will send the details of materials that cannot be used further.
- The Condemnation Committee looks at the details and physically checks the materials and confirms the suitability for disposal.
- The scrap value is estimated.

Inventory management system

- The Inventory Management System that is followed in the Stores is “First In First Out” (FIFO).
- Reorder levels are fixed for all the major categories of materials.
- The orders are placed considering the Reorder level and the lead time required by the supplier.

AMBULANCE

A vehicle used to transport sick or injured people to a treatment facility.

In SANJIBAN Hospital the management use the concept about it is a small setup of ICU.

Status of this brand is wherever the patient wants treatment on that particular they can start.

Emergency Ambulance number of913366236645 / 913366236646

STAFFING PATTERN:

- One driver
- One paramedics staff

EQUIPMENTS:

- O_2 cylinder all time
- Defibrillator
- Folding -Wheel chair
- Stretcher
- Sucker Machine
- O_2 probe
- Pulse oxymeter

HOUSKEEPING

Hospital housekeeping service refers to the cleaning and up keep 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.

OBJECTIVE:

- 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.

CHALLENGES:

Low priority activity, Overcrowding, Financial constraints, Manpower shortage, Unwilling supervision.

LAUNDRY DEPARTMENT

Linen and Laundry services are responsible for providing safe, clean, adequate and timely supplied linen to user of hospital at right time, right price, and right place. Cotton is most preferred and frequently used materials as it is cheaper and more comfortable linen is a general term used to denote clothing items including bed cover, pillow cover, bed sheet, towel, doctors' coat etc. Hospital

laundry receives all the linen material from different areas like ward, OT, OPD, and office area where they undergo process of sorting, washing extracting, drying, ironing, folding, mending and delivery.

FUNCTION:

1. Collection and receipt of soiled and infected Linen
2. Sorting, Sluicing, Disinfecting, Washing and Ironing o Linen.
3. Repair of damaged Linen
4. Assembling and packaging of specialty Items and Linen pack for sterilization.
5. Distribution to user departments.

EQUIPMENTS:

Boiler,

Washing machine,

Hydro-extractor,

Dryer

TYPES OF LAUNDRY:

- In-plant System: Here a hospital runs its own laundry. The system can only be justified for very large hospitals and teaching institution 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 arid 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 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 contract basis from outside. In some cases, however, it subsidized contract type is prevalent and in such case the hospitals provide water and washing area within the hospital premises.
- Co-operative System: A single laundry is run on co-operative system to cater for a number of hospitals. This system is very economical. It can ideally be adopted for government hospitals group of smaller hospitals.

STAFFING:

- Laundry Manager
- In charge of laundry
- Supervisor-

i. Laundry operation

ii. Store Keeper iii. Sweeper

CANTEEN

A cafeteria, sometimes called a canteen outside the U.S., is a type of food service location in which there is little or no waiting staff table service, whether a restaurant or within an institution such as a large office building or school; a school dining location is also referred to as a dining hall or lunchroom (in American English). Cafeterias are different from coffeehouses, although the English term came from the Spanish cafetería, same meaning.

DUTIES AND RESPONSIBILITY:

i) To prepare Tea/Coffee/Juice etc. for the users;
(ii) To serve Tea/Coffee/Biscuits etc. in the official meetings;
(iii) To provide regular room service to the Officers/Staff;
(iv) To collect the used cups/plates & utensil's etc. within the canteen premises, after concluding of official meetings and also from the rooms of Senior Officers.
(v) To clean crockery/cutlery/utensils etc. in three stage i.e. in running normal water; in hot detergent water and in potassium permanganate solution;
(vi) To sweep and wash the floor area;
(vii) Cleaning/dusting table, chair and other furniture in canteens.
(viii) Cleaning slabs and area where food is cooked.
(ix) Any other additional duty allotted by the in-charge of the Canteen.
The in-charge of the canteen is authorized to allocate the duties to the Canteen Attendants according to their capabilities and capacity for smooth functioning of the canteen.
As and when services of Safaiwala are outsourced the duties of point (vi), (vii) and (viii) would be performed by him/her.

CANTEEN STOREKEEPER:

(i) Procure and receive all raw materials;
(ii) Issue raw materials to the Assistant Halwai-cum-Cook/ Halwai-cum-Cook or kitchen staff as and when required for preparation of eatables;
(iii) in-charge of store items and raw materials;
(iv) Maintain account of the stock items in a proper manner;
(v) Responsible for keeping accurate holding of stocks as per ground balance of accounting records;
(vi) Responsible for loss/damage of store.
(vii) Any other additional duty allotted by the in-charge of the Canteen.

GENERAL MANAGER:

(i) Managing and supervising all functions of canteens so as to ensure clay today smooth running of Canteens;
(ii) Administration of canteen staff;
(iii) Maintenance of all accounts;
(iv) To complete and submit all accounts progressively prepared as on the last day of every month, within seven working days of the following month, after internal audit, to the Honorary Secretary for putting up to the Managing Committee;
(v) The following books and records are required to be maintained and checked by General Manager;
(i) Cash Book
(ii) Ledger
(iii) Raw Material Stock Register
(iv) Dead Stock Register
(v) Preparation Register(daily eatables items)
(vi) Coupon sales register etc;
(vii) Attendance Register
(viii) Bill/Cash Memo Register
(ix) Rate list of eatable items
(xi) To initiate ACR/Probation Report etc; in respect of all employees working in the canteens.
(vii) In cases of minor indiscipline, to issue non-recordable warning in respect of all employees working in the Canteens.
(viii) Any other additional duty allotted by the Competent Authority.

PANTRY

Simply put, a food pantry is different than a food bank in that it provides food directly to those who may not have enough food to eat. Food banks distribute food to food pantries.

Food pantries can be either permanent locations or mobile distributions. Food pantries are often the only source of free healthy and nutritious food in a neighborhood, and they often provide other critical resources such as nutrition education, health screenings, seasonal food baskets and back to school supplies. A community food pantry's mission is to directly serve local residents who suffer from hunger and food insecurity within a specified area.

MAINTAINANCE DEPARTMENT

The maintenance department is responsible and accountable for maintenance. It is responsible for the way equipment runs and looks and for the costs to achieve the required level of performance.

DUTIES OR FUNCTIONS OF MAINTENANCE DEPARTMENT:

(A) INSPECTION:
(1) Inspection is concerned with the routine schedule checks of the plant facilities to examine their condition and to check for needed repairs.
(2) Inspections ensure the safe and efficient operation of equipment and machinery.
(3) Frequency of inspections depends upon the intensity of the use of the equipment. For example, belts in a machine may be checked every week; furnace equipment every month; an over-head bridge crane every four months and so on.
(4) Inspection section makes certain that every working equipment receives proper attention.
(5) Items removed during maintenance and overhaul operations are inspected to determine the feasibility of repairs.
(6) Maintenance items received from vendors are inspected for their fitness.

(B) ENGINEERING:
(1) Engineering involves alterations and improvements in existing equipment and building to minimize breakdowns.
(2) Maintenance department also undertakes engineering and supervision of constructional projects that will eventually become part of the plant.
(3) Engineering and consulting services to production supervision are also the responsibilities of maintenance department.

(C) MAINTENANCE (INCLUDING PREVENTIVE MAINTENANCE):
(1) Maintenance of existing plant equipment.
(2) Maintenance of existing plant buildings, and other service facilities such as yards, central stores, roadways, sewers, etc.
(3) Engineering and execution of planned maintenance, minor installations of equipment, building and replacements.
(4) Preventive maintenance, i.e., preventing breakdown (before it occurs) by well-conceived plans of inspection, lubrication, adjustments, repair.

(D) REPAIR:
(1) Maintenance department carries out corrective repairs to alleviate unsatisfactory conditions found during preventive maintenance inspection.

MAINTENANCE DEPARTMENT KEEPS RECORDS:

i. Of costs,
ii. Of time progress on jobs,
iii. Pertaining to important features of buildings and production equipment; electrical installations; water, steam, air and oil lines; transportation facilities (such as elevators, conveyors, powered trucks, cranes, etc.), etc.

ORGANISATION OF MAINTENANCE DEPARTMENT:

(1) The buildings, plant and services are called by the accountant fixed assets and in many companies they form at least 50% of the money invested.
In any company, small or big, it is therefore essential that some part of the main organization should be responsible for maintaining these important assets.
(2) The section or department which preserves and looks after the upkeep of equipment, building etc., is called maintenance department.
(3) To work satisfactorily, the maintenance department has an organization structure.

SECURITY DEPARTMENT

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.

HOSPITAL SECURITY SERVICE IS MUST BE BECAUSE:

- 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:

I. Hospital buildings and fixtures security
II. Hospital property patients belongings security
III. Hospital staff patient visitors.

VISITING HOURS

We believe that family and friends are important to patient recovery.

Visiting hours for 2nd FLOOR ICU and HDU will be from 4:00PM to 5:00 PM with purple cards for 1 guest at a time restricted to maximum of 4 guests per day.

Paediatrics ward visiting hours is same and cards are also same and only mother can stay with patient.

Visiting hours for general ward in 2nd FLOOR from 10:00 AM to 11:00 AM and from 4:00PM to 5:00 PM with yellow cards for two persons.

Number of visiting card in single and suit room is three. One is 24 hours' card, for one person to stay with patient foe 24 hours and two black cards for 5:30 PM to 7:00 PM visiting hours.

Below 12 years' children's are not allowed in ward only on Sunday during visiting hours or SANJIBAN holidays.

Guests are requested to carry the visiting passes at the time of visiting hours. In case of bed transfer, new visitor passes to be collected after hand over the old pass from the reception desk. Guests are also requested to cooperate with the security guards and lift men. OT card is given by reception desk.

PROBLEM & SOLUTION

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

1. Poor communication and Coordination: It can be an important issue among nursing staff or nursing staff's coordination and communication issue with other departments. It includes poor handing taking over practices, Lack of response towards patients, poor listening skills, and lack of empathy.

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

2. 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 salary according to qualification experience and performance. In interview process assessing their level and duration of commitment is also necessary to know the retention.

3. Organization and Management Skills: Nursing staff shortage, poor attendance of staff 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.

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¬ Solution: Evaluating and giving feedback to of Head Nurses, Clinical Instructors, 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.

4. 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 nursing staff to learn. Nursing Education Service can play an important role in building confidence level for learning and practicing clinical and soft skills both.

5. 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.

7. Workload: Workload is another important issue in a nursing unit. Inappropriate, patient to nurse ratio can lead to workload and missing 56 important to do tasks. For example, forgetting to administer of sigh medications, or missing to change patient's 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.

8. 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 staff. Moreover, they can be directed to self-learning through watching videos on YouTube by themselves and creating a spirit of learning as learning is a lifelong process.

9. Attitude problems: 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.

CONCLUTION

After all the discussion I have come to the conclusion, I want to specify that my experience in the **SANJIBAN HOSPITAL** was just nice. During these 3 months I observed daily function of staff, their work responsibility, their efficiency and the importance to each decision. I also observed how on department is linked to the other and how they perform together in harmony.

Lastly I want to say that I really proud that I have undergone training from this hospital, it was improved my management skill to developed me as a better professional. Therefore once again I want to thanks all the people who has helped me in the whole curriculum.

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