

MIDNAPORE CITY COLLEGE

AFFILIATED TO VIDYASAGAR UNIVERSITY



A PROJECT REPORT ON THE OVERVIEW OF

KOTHARI MEDICAL CENTRE

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18.04.2023

To Whom It May Concern

This is to certify that Ms. Sumana Paul, D/O Mr. Lakshminarayan Paul, pursuing Masters in Hospital Administration, has undergone an internship in this hospital and has successfully completed her training in Quality Department for a period of two (2) months from 15th February, 2023 to 16th April, 2023.

We wish her all the best for her future endeavors.

For Kothari Medical Centre


Rajendra Singh
General Manager-HR



DECLARATION

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

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

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

DATE:

PLACE:

SUMANA PAUL

MHA, 4TH SEM

MIDNAPORE CITY COLLEGE

ACKNOWLEDGEMENT

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

At the very onset special thanks should be conferred to Mr. Rajendra Singh (General Manager, HR), Dr. Sameer Sital Raj (Medical Superintendent), Ms. Mita Rani Bera (Q.A Manager) and other employees of the hospital as well.

Last but most importantly would like to thank Dr. Pradip Ghosh (Director, Midnapore City College), Dr. Kuntal Ghosh (Teacher-in-charge, Midnapore City College), Mr. Sisir Ghorai (Coordinator, Department of Allied Health Science, Midnapore City College) and Ms. Ananya Paul (Assistant Professor) and Ms. Shruti Sengupta (Assistant Professor) for the valuable guidance provide to me, our placement in-charge for giving me the opportunity for training and our librarian for providing me with the required books.

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PREFACE

A hospital is an organization to serve society. I have observed some of the departments of **Kothari Medical Centre** became interacted with the employees. I have tried to analyse the full set-up and present scenario of the hospital very closely. The main part of my study is to understand the departmental workflow and working process of the Quality Assurance Department. I have done my basic training mainly in Quality Assurance Department as well as on the overview of the hospital. I have collected data from the managers and other employees of the hospital and they have helped me as much as possible.



INTRODUCTION

Kothari Medical Centre, a 365 bedded multispecialty tertiary healthcare centre located at New Alipore, Kolkata. It has started its journey from 1988 with a glorious aim to serve society with best kind of medical facilities and promising healthcare.

It has a strong foundation and advanced medical facilities such as Ambulance service for 24*7, Intensive care and critical care unit, diagnostic centre, OPD & IPD service laboratory and a pharmacy.

The core values are completely patient centric and each doctors of Kothari Medical Centre are expert in handling all types of diseases and disorders of all aged patients. Each life is priceless; all the efforts of the hospital are directed to keep one safe, healthy, and active. Whatever be the circumstances the medical and non-medical staffs never give up, put their entire experience, knowledge and expertise to treat their patients.

The hospital aims to deliver superior and exceed the expectation of patients with quality care by continually enhancing their skills and medical equipment. They are committed to deliver the best results with the top quality services and the focused effort of the medical team. We greet innovation, inspire change, and constantly explore more dependable, effective and easily approachable ways to reach goals.

OBJECTIVES OF THE PROJECT

I had some objectives during my internship in Kothari Medical Centre. They are as follows-

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

METHODOLOGY

- **Study Area:** Kothari Medical Centre, New Alipore, Kolkata.
- **Project Name:** An Overview of Kothari Medical Centre.
- **Time duration:** Two months.
- **Training Hour:** Monday-Saturday (9AM-5PM).
- **Used tool:** Laptop.
- **Source of data:**

1. Primary Data:

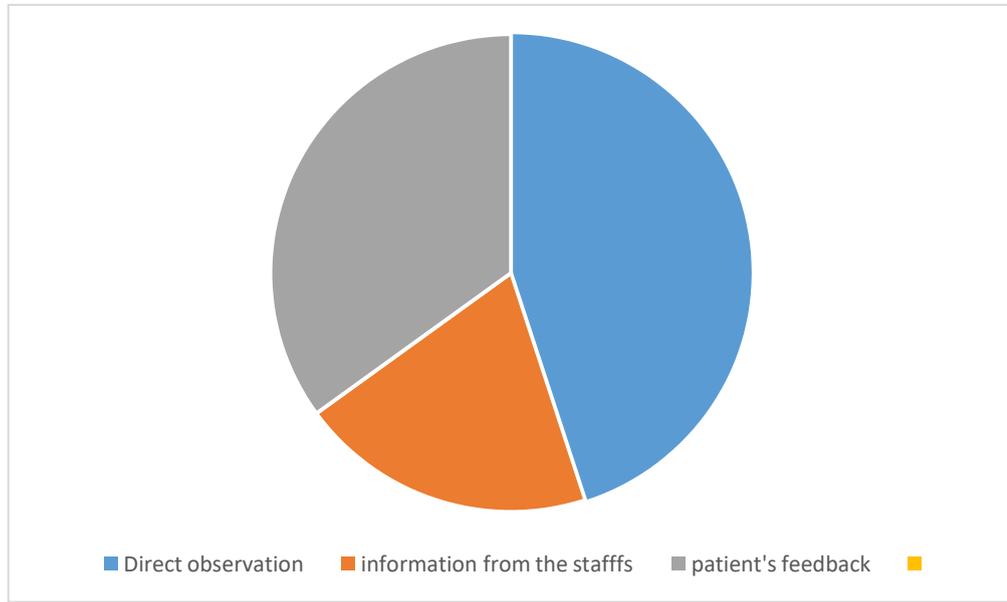
- ❖ The direct observation of the hospital's various departments,
- ❖ The informations which are provided by the hospital's staffs,
- ❖ The data collected from the feedbacks of the patients.

2. Secondary Data:

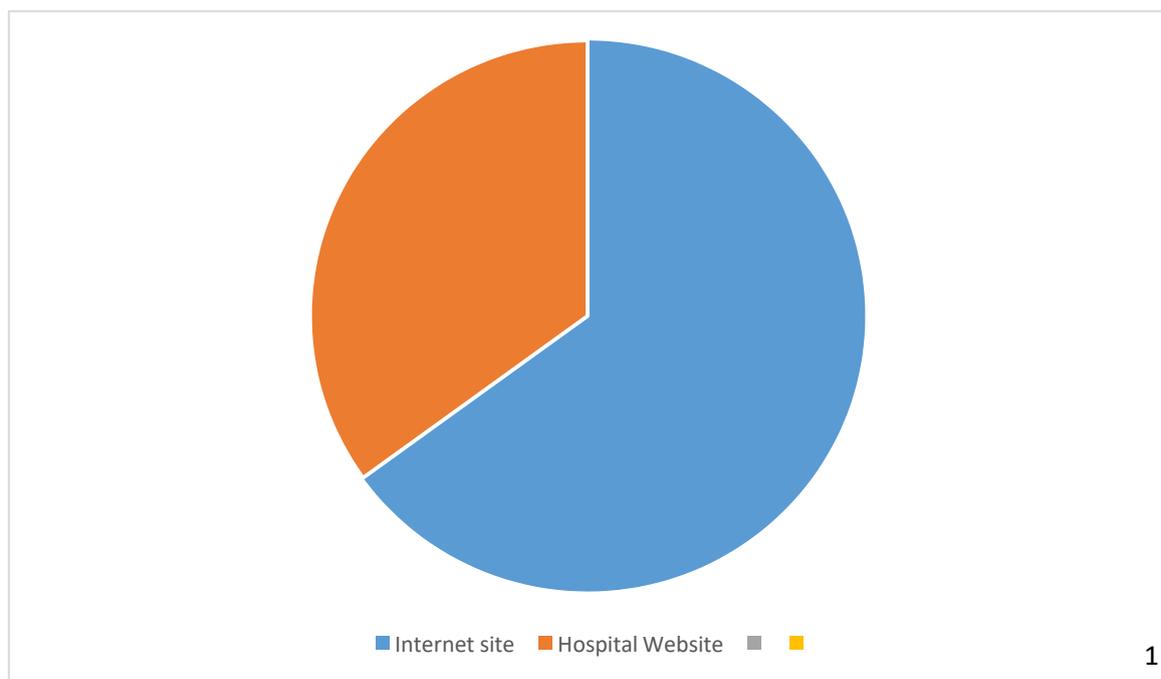
- ❖ The website of the hospital,

❖ The internet site

PRIMARY DATA



SECONDARY DATA



HOSPITAL PROFILE



ADDRESS: 8/3 Alipore Road (opposite to Alipore Zoo)

Kolkata- 700027, West Bengal, India

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

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

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

Kothari Medical Centre is a magnificent 10 storied, 365 bedded, centrally air-conditioned hospital and is a city landmark at 8/3, Alipore Road, Kolkata where ancient medical heritage and values met modern and contemporary medical techniques.

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

VISION, MISSION AND VALUES

❖ VISION:

To be recognized as the institution of choice for healthcare services, Education and Employment in India.

❖ MISSION:

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

❖ VALUES:

- **Compassion:** Our paramount concern is the welfare and well-being of the sick.
- **Collegiality:** We nurture success by promoting collaboration, participation and trust between individualism within environment of sharing and mutual respect.
- **Respect:** We treat everyone with honesty, decency and fairness.
- **Integrity:** We are committed to the highest standards of ethical conduct.
- **Social Responsibility:** We contribute positively to the well-being and welfare of the community.
- **Professionalism:** We are committed to being the best in what we do, and achieving the best possible outcomes for our patients.

DEPARTMENTS' DIRECTORY

<u>SL. NO.</u>	<u>FLOOR</u>	<u>DEPARTMENTS</u>
1.	1 st floor	Emergency, Pharmacy, Help Desk, TPA Desk, Admission Counter, HRD, GM Office, MS Office, DMS Office, Marketing, Maintenance, General Office, Waiting area, Cafeteria.
2.	2 nd floor	OPD, Speciality Clinic, Billing Department, USG, ECHO, ECG, Blood Bank, Laboratory, Cafeteria.
3.	3 rd floor	Spine Department, Dialysis Department, Physiotherapy, Gastro Department, Quality Assurance Department, Infection Control Department, Dietitian Room.
4.	4 th floor	ICU 1, ICU 2, HDU, OT, Doctor's Room, OT Waiting area.
5.	5 th floor	Nursing College, Seminar Room, CSSD, Laundry.
6.	6 th floor	General Ward, Floor Co-coordinator area, Nursing Station.
7.	7 th floor	Semi private ward, NICU, Labor OT, Pediatric, Nursing Station.
8.	8 th floor	Medical Records Department, Nursing Hostel.
9.	9 th floor	Private Cabin, Floor co-coordinator area.
10.	10 th floor	Kitchen, Dining area, Food store.

SCOPE OF SERVICES

- Anesthesiology
- Dermatology & Venereology
- Emergency Medicine
- General Medicine
- General Surgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic surgery
- Otorhinolaryngology
- Pediatrics
- Psychiatry (only OPD)
- Respiratory Medicine
- ❖ **Super Speciality:**
 - Cardiology (Excluding Interventional Cardiology)
 - Clinical Haematology
 - Critical Care
 - Endocrinology
 - Medical Gastroenterology
 - Neonatology
 - Nephrology
 - Neurology
 - Neurosurgery

- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology

❖ **Clinical Support Services:**

- Ambulance
- Dietetics
- Physical Medicine and Rehabilitation Services
- Dialysis Services

❖ **Diagnostics Services:**

- Ultra Sound
- X-Ray
- 2D Echo
- EEG
- EMG/EP
- Halter Monitoring
- Spirometry
- Tread Mill Testing

❖ **Laboratory Services:**

- Clinical Biochemistry
- Clinical Microbiology & Serology
- Clinical Pathology
- Histopathology & Cytopathology
- Hematology

❖ **Non Clinical and Administrative Services:**

- Biomedical Engineering
- Catering and Kitchen Services
- CSSD
- General Administration
- Housekeeping
- Human Resources
- Information Technology
- Laundry
- Maintenance
- Mortuary
- Pharmacy
- Security
- Material Management

❖ **Services Not Available In The Hospital:**

- Patients with deep burns
- Patient with Psychotic illness requiring admission
- Radiation Oncology
- Nuclear Medicine
- Organ Transplant
- Cath Lab
- Isolation Facility

EMERGENCY DEPARTMENT

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



some women's hospitals and some eye or ear hospitals. Most EDs, however, accept all emergencies. Emergency department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. Emergency department personnel may also respond to certain situations within the hospital such cardiac arrests. The emergency department is also called the emergency room or ER. A full-fledged emergency department has the following areas of care:

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

❖ **LOCATION:**

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

❖ **TYPES:**

There are 4 types of emergency services-

a. **MAJOR EMERGENCY:**

In this type of emergency services a separate specialty department is created with all specialized facilities and it is called as ER department. It provided round the clock in large teaching and tertiary hospitals. This department can make use of diagnostic and therapeutic services available in different departments.

b. **BASIC EMERGENCY:**

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

services is available in medium sized general hospital.

c. **STAND BY EMERGENCY:**

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

d. **REFERRAL EMERGENCY:**

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

❖ **FUNCTION:**

• **MAJOR FUNCTIONS:**

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

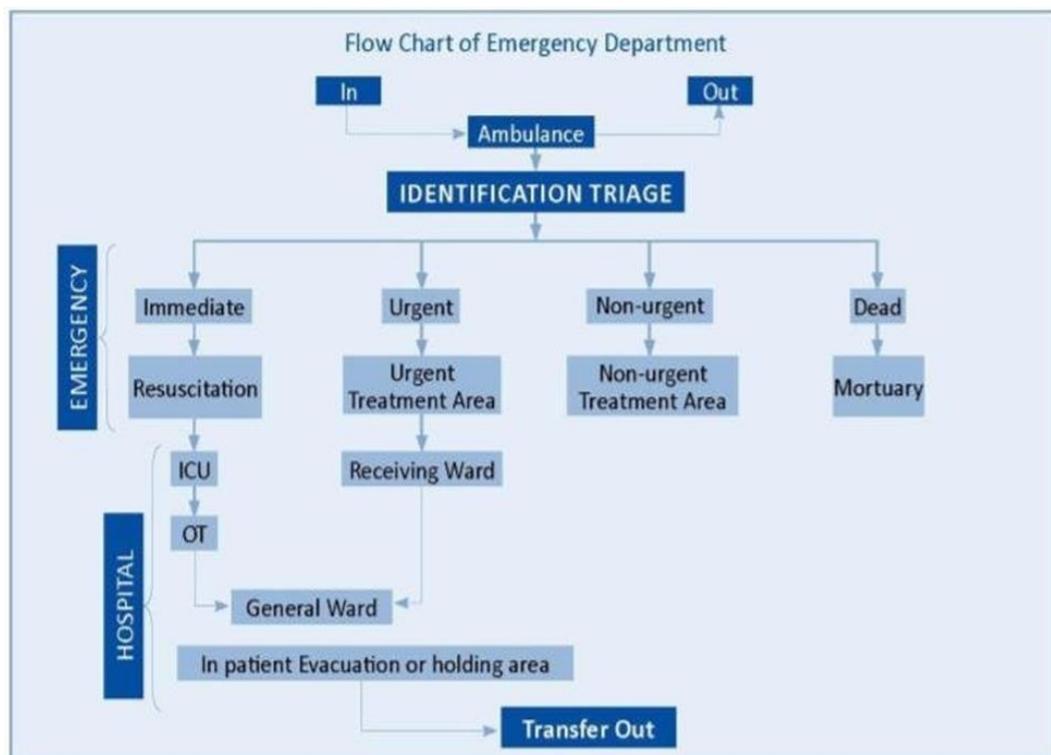
• **SUBSIDIARY FUNCTIONS:**

- a. Providing ambulance service.
- b. Provide porter service.
- c. Information and Communication.
- d. Research, Training and Research.

❖ **STAFFING:**

- a. Specialists- Physicians, Surgeons, Ortho Surgeons, Anaesthetists, Resident staff and GMOsOs.
- b. Nurses
- c. Technicians: Radiographers, Lab technicians, ECG technicians, OT technicians, Ambulance drivers, and Ambulance attendants.
- d. Administrative Staff: Record clerk, Registration Clerk, Admission Clerk.

❖ **Flow Chart of Emergency:**



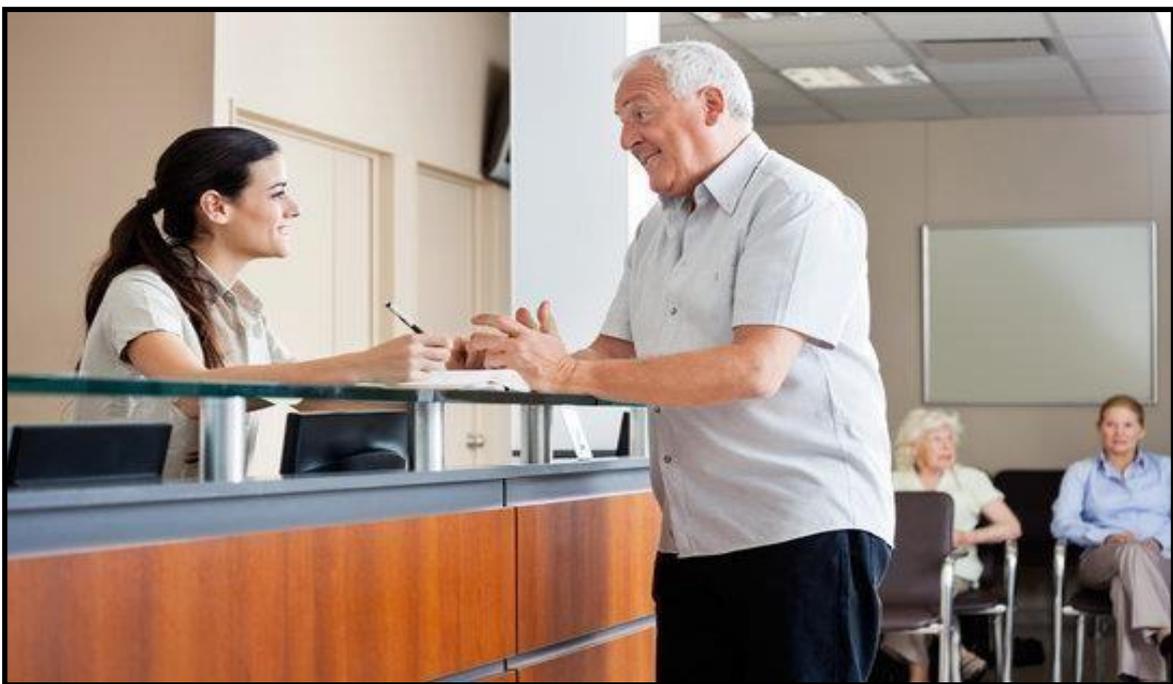
❖ EMERGENCY EQUIPMENTS:

- Ventilator,
- Defibrillators,
- Monitors,
- OT facility,
- X-ray, Ultra-sound, Computed Tomography, Path labs, ECG Machines etc.
- Central Gas Pipeline,
- Plenty and Fluid,
- IV lines,
- Catheters etc.
- Vital essential medicines,
- Nebulizer.
- Dressing materials,
- Plasters,
- Dressing trolleys,
- Minor operating tray



FRONT OFFICE

The Front Office is a department of the hospital which directly interacts with the patients when they first arrive. The staffs of this department are very visible to the patients or their family members. It functions as a central point of contact across the organization. The department keeps information and records of all the patients of the hospital. It also plays a key role in forming overall impressions of the services provided by the



organization.

❖ FUNCTIONS AND IMPORTANCE:

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

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

❖ **FRONT OFFICE EXECUTIVES:**

- A Front Office Executive is a crucial member of the administrative staff. They are the first point of contact in the office and provide administrative support to the entire organization.
- They also introduce clients and guests to the organization's upper management. They control the flow of people through the organization and ensure that all receptionists are performing their task in a timely manner. Their works includes answering the calls, attending to the guest, overseeing the front office operation and maintain the contact list of clients.

❖ **ROLES AND RESONSIBILITIES OF FRONT OFFICE EXECUTIVES:**

- Copying, faxing and emailing documents between clinics, hospitals, and patients.
- There is a whole lot more that goes into making a hospital a great place to work, and even better place for clients to visit, and ensuring things

run.

- A front office executive is responsible for attending all the incoming calls, responding to them and transferring the call to the appropriate department.
- A front office executive is responsible for greeting the customer/ guest at the office.
- A front office executive is responsible for maintenance of important documents, files and records in an organized manner.
- A front office executive is responsible for providing assistance to the heads in the administration department.
- A front office executive is responsible for keeping all the stationary items in the organization up to date and order for fresh stock.
- A front office executive is responsible for supervising the housekeeping department and ensuring that all the items are there in the stock.
- A front office executive is responsible for attending to a visitor or customer present physically at office.
- A front office executive is sometimes responsible for providing information about the services and products of the organization.

❖ **ADMISSION:**

Hospital admission involves staying at a hospital for at least one night or more. Staying in the hospital overnight is done because the individual is too sick to stay at home, requires 24-hour nursing care, and/or is receiving medications and undergoing tests and/or surgery that can only be performed in the hospital setting. An individual may be admitted to the hospital for a positive experience, such as

having a baby, or because they are undergoing an elective surgery or procedure, or because they are being admitted through the emergency department. Being admitted through the emergency department is the most stressful of these circumstances because the event is unexpected and may be a major life crisis.

❖ **ADMISSION TO DISCHARGE PROCEDURE:**

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

❖ **PREPARATION OF ADMITTING PATIENTS:**

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

❖ **PERFORM ADMISSION PROCEDURE:**

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

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

❖ **EMERGENCY ADMISSION:**

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

❖ **PURPOSES:**

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

❖ **ROUTINE ADMISSION:**

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

hypertension, bronchitis etc.

❖ **TRANSFER IN (WITHIN THE HOSPITAL):**

Referral to another department within the hospital.

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

❖ **DISCHARGE:**

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

❖ **PURPOSES:**

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

❖ **TYPES OF DISCHARGE:**

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

❖ **DUTIES AND RESONSIBILITIES:**

- Welcome patients during check-in and giving a fond farewell to guest while check-out.

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



OUT PATIENT DEPARTMENT

- 1) An Out-Patient Department provides primary as well as comprehensive health care for the patient who comes for diagnosis treatments or follow up care.
- 2) It is the point of first contact between a hospital and a patient.
- 3) OPD is therefore called the “Shop Window” of hospital.

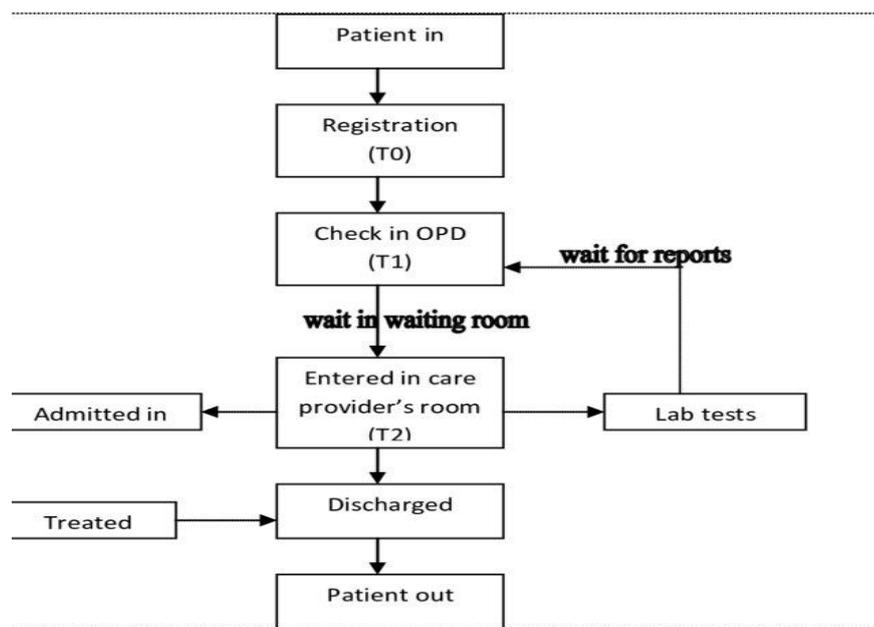
❖ FUNCTIONS:

1. Control disease by early diagnosis and also for timely treatment.
2. Investigation and screening of cases to confirm whether or not hospitalization is required.
3. Provide follow-up care to discharge patient and their rehabilitation.
4. Provide a facility for training for medical, paramedical and nursing students.
5. Provide revenue for epidemiological and social research.
6. Control and surveillance of communicable diseases to prevent an outbreak of epidemic.
7. About 4-5 of total admission in IPD is admitted through OPD.
8. Specific preventive care followed by OPD-
 - a. Well baby clinics and obstructive consultation including marriage counseling and planned parent good.
 - b. Early diagnosis and detection of non-communicable disease like diabetes, leprosy, cancer and heart disease etc.
 - c. Health education and advice on nutrition and live long disease.
 - d. Rehabilitation and prevention of handicapped and disabilities.

❖ OBJECTIVES:

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

❖ **OPD FLOW CHART:**



❖ **PROBLEMS FACED IN OPD:**

1. Long waiting time for consultation.
2. Display screens are not be utilized by the patients for monitoring their turn for

consultation.

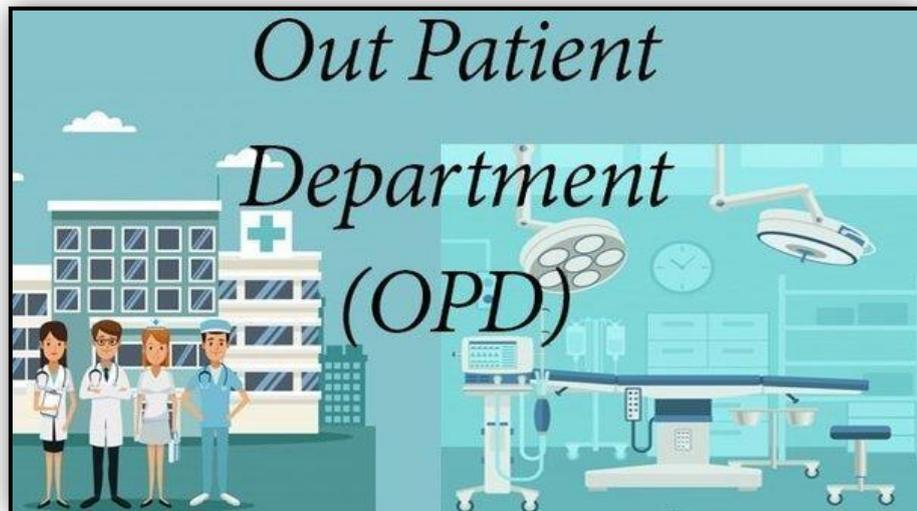
3. Long process for billing.
4. Lack of proper guidance faced by patients in OPD. The patients become confused with the various departments of the hospital.
5. Miscommunication between the patients and the staff creates a major problem in OPD.
6. Heavy patient flow results in improper diagnosis and wrong treatment.
7. The unavailability of transport in OPD creates problems regarding transfer surgery patients due to their illness.



❖ **SOLUTIONS:**

- a. Provide proper information about the function of OPD to the security staff as they first meet the patients at the entrance.
- b. Clearly an indication of the location of OPD.
- c. Good public relations should be maintained in OPD.

- d. The staff should have courteous behavior with patience to answer the questions of the patients.
- e. The queue should be managed properly, especially in a crowd.
- f. Use of relatable language with the patients and visitors to communicate effectively and smoothly.
- g. Maintaining of proper housekeeping facilities is very much important to maintain hygiene.



IN PATIENT DEPARTMENT

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

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

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

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

❖ **OBJECTIVES:**

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

❖ **FUNCTION:**

In hospital based health care delivery system, inpatient services or ward area is the most important and largest single component of the hospital, forming approximately 35-50% of whole hospital complex. The prime objective of inpatient areas is to provide accommodation for patients at the point in an illness when dependence on others is at its highest, because of this, they are, with the emergency department the only areas in continuous day and night operation for patient related activities. The inpatient care area, ward or nursing unit would thus include a nursing station, the beds it serves and the necessary ancillary and auxiliary accommodation needed for patients care. Every inpatient nursing unit should be designed in such a way that it can be built and operated at the lowest possible cost and at the same time, it can achieve the functional goals of the unit which are as follows:

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

❖ **DEPARTMENTS:**

- Medicine Ward
- Cardiac Ward
- Surgery ward
- Chest Medicine Ward
- Obstetric Ward
- Gynaecology Ward
- Dermatology Ward
- ENT Ward
- Eye Ward
- Pre Op Ward
- Post Op Ward
- Emergency Room
- Injection Room
- Dental Ward
- Neurology Ward
- Nephrology Ward
- Isolation
- Paediatric Ward



- Burn ward
- Private ward
- Medicine ward
- MR ward

❖ **PROBLEMS AND SOLUTIONS:**

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

1. POOR COMMUNICATION AND CO-ORDINATION:

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

➤ **SOLUTION:**

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

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 salaries according to qualification and experience and performance.

In interview process assessing their level and duration of commitment is also necessary to know the retention.

3. ORGANIZATION AND MANAGEMENT SKILLS:

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

➤ SOLUTION:

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

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 nurses to learn. Nursing education service can play an important role in building confidence level for learning and practicing..

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.

6. WORKLOAD:

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

➤ **SOLUTION:**

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

7. LACK OF SKILLS AND TRAINING:

Lack of skills and training of nursing staffs can lead to poor patient care and outcome. Such as improper administration of medication, improper technique of Nasogastric tube insertion, feeding or foley catheterization etc.

➤ **SOLUTION:**

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

8. ATTITUDE PROBLEM:

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

➤ SOLUTION:

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



OPERATION THEATRE (O.T)

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

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



❖ LOCATION:

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

❖ **EQUIPMENTS:**

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

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

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

Oxygen Concentrators



C-Arm Machine



Smoke Evacuator



Electrosurgical Unit



❖ **ZONING IN O.T:**

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

❖ **AIMS OF ZONING:**

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

A. STERILE ZONE:

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

B. CLEAN ZONE:

- The clean zone is designed around the aseptic zone. This zone is only accessible to staff having changed their outer clothing in the protective zone and prepared patients transferred from the word trolley to O.T stretcher and clean supplies.

Patient holding and preparation area is marked in the clean zone.

- This zone contains storage space for clean surgical supplies, medical stores including potential solutions and instruments. Anesthesia induction rooms, anesthesia stores and anaesthetize room are located in this area. A frozen section laboratory, if provided and any darkroom facility should be located in the clean zone.

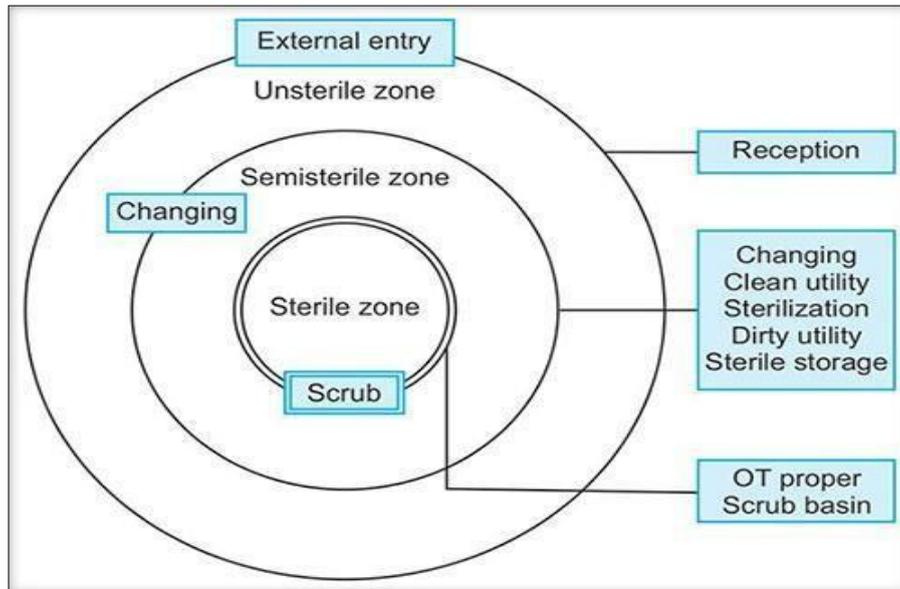
C. PROTECTIVE ZONE:

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

D. DISPOSAL ZONE:

- Disposal zone is the corridor from where used instruments and used linen and operating room debris is taken out. This zone must have an independent access to the outside corridor.

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



RADIOLOGY DEPARTMENT

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

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



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

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

A. DIAGNOSTIC RADIOLOGY:

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

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

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

- **ULTRASOUND:**

An ultrasound is an imaging test that uses sound waves to create a picture (also known as a sonogram) of organs, tissues and other structures inside the body. Unlike x-rays, ultrasound doesn't use any radiation. An ultrasound can also show parts of the body in motion, such as a heart beating or blood flowing through blood vessels.

- **CT SCAN:**

A CT Scan is a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce images of the inside of body. It shows detailed images of any part of the body, including the bones, muscles, fat, organs and blood vessels. CT scans are more detailed than standard X-rays. It is also used for a tissue or fluid biopsy.

- **MRI:**

Magnetic Resonance Imaging is a medical imaging technique that uses a magnetic field and computer generated radio waves to create detailed images of the organs and tissues in a body. Most MRI machines are large, tube-shaped magnets.

B. THERAPEUTIC RADIOLOGY:

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

C. NUCLEAR RADIOLOGY:

This branch utilizes radio pharmaceutical for the diagnosis of certain disease, their follow

up and detecting recurrences. It also treats certain disease.

❖ **EQUIPMENTS:**

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



❖ **SECTIONS:**

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

I. WAITING ROOM:

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

II. RADIOLOGIST'S OFFICE AND VIEWING ROOM:

- Reception and dismissal operation.
- Keeping of records.

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

III. RADIOLOGY ROOM:

- Walls made of wood or fiber board are not suitable.
- Brick and concrete have a protection capacity equivalent to that of 0.25 mm lead.
- If X-Ray; room has windows, they should be 2m from the outside ground.
- X-Ray room floor should be strong to support the weight of the column and the X-Ray generator.
- Floor should be completely leveled to allow patient trolley.
- Ceiling height should be 5.4m (minimum).
- Ceiling should support any weight.
- Walls are painted with semi blast paint is a light colour almost cream.
- Ceiling should be white.
- Subdued indirect light is desirable, when supine patients are X-Rayed.
- Door should be wide (120cm.) to allow stretcher and bed.
- There should be no step or threshold steel door are differed from the waiting

room to X-Ray room.

- Generator is placed behind the panel inside the control room.
- Panel must permit full protection of the operator and cassettes with unexposed film.
- Power supply to X-Ray room should be separate to avoid voltage fluctuation.

IV. DARK ROOM:

- There is separation of dry and wet areas.
- The room must be entirely light proof however bright is the outside sunlight.
- There should be light tightness of door, windows and ventilation ducts and the locked doors with cast at edge to seal out light.
- A film transfer cabinet to minimize X-Ray films damage by light to be provided.
- Floor should be watered proof and washable.
- Ceiling and walls are painted with semi-gloss chromes yellow colour without any white pigment as it will not reflect any blue light.
- All light source should have separate switches so that confusion is avoided.

- The room should have a dry sight with a dry bench for unloading of cassettes and a wet sight with processing tanks.
- The dark room should have a stainless steel sink.
- Developing tanks should be suitable size so that 15*12 films can be washed easily.
- Layout of the dark room should be finalized after discussion with radiologist and supplier.
- The room temperature should be 72°C with humidity of 50%.
- Air flow ventilation at 10feet/second.
- Automatic developers with driers can speed up the work.

❖ **PHYSICAL FACILITIES:**

- Working temperature of 68°C should be maintained for the staff.
- Window is desirable to the room for natural light and ventilation.
- Dark room must have a good natural and artificial ventilation.

- Any ventilating grids, fans, shafts etc. must be light-tight.

❖ **FUNCTION:**

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

LABORATORY

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



carried out on clinical 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.

❖ **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.

❖ **DESIGN:**

- Adequate floor, bench and storage space.

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

❖ **STAFFING:**

The staff of clinical laboratory may include:

- Pathologist,

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

❖ **EQUIPMENTS:**

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

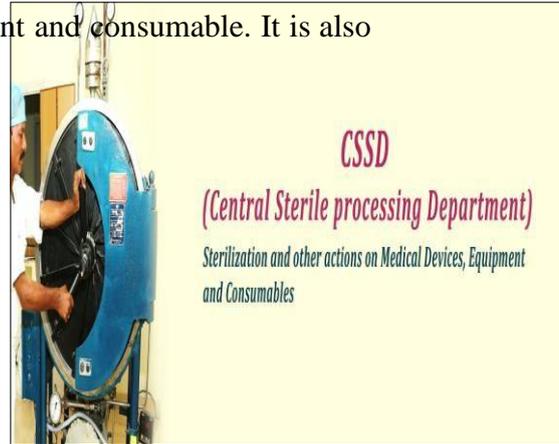


- Incubator
- Automated biochemistry analyser
- ELISA reader
- Microtome
- Wax melting bath
- Hot plate etc.
- Cover slips
- Blood cell count pipette
- Glass ware
- Syringes and needles



CENTRAL STERILE SUPPLY DEPARTMENT (CSSD)

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 paediatric ward.

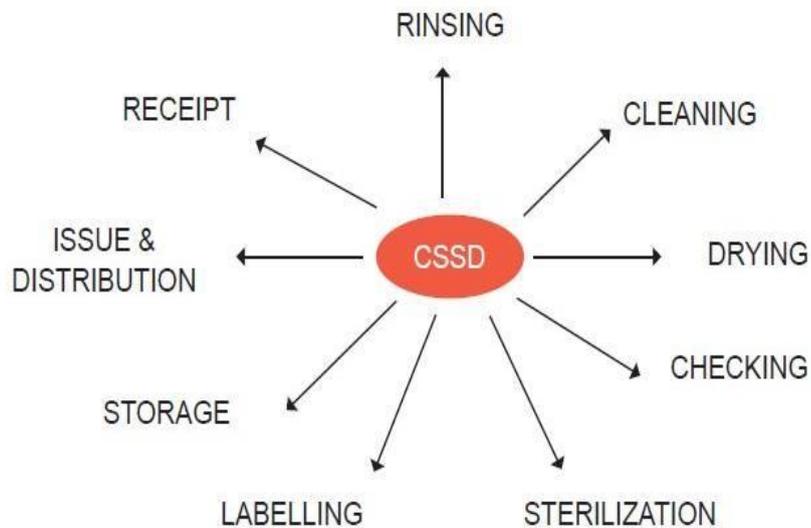


CSSD as that service, with in the hospital catering for the sterile supplies to all departments both to specialized units as well as generalwards in OPDS.

❖ AIMS OF CSSD:

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

❖ **FUNCTION & ACTIVITIES:**

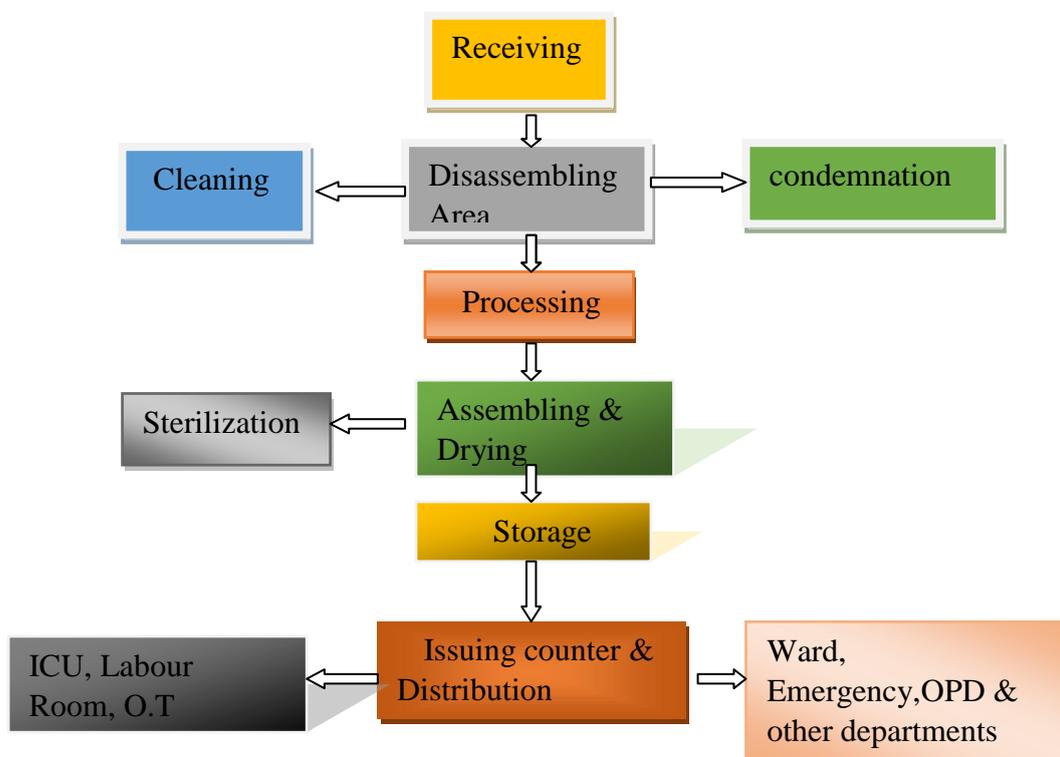


- To provide supplies of sterile linen packs basins, instruments other sterile items.
 - To maintain an accurate record of the effectiveness of the cleaning, disinfecting and sterilizing process.
 - To monitor and enforce control necessary to prevent cross infection according to infection control policies.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

❖ **LOCATION:**

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

❖ **CSSD WORK FLOW:**



❖ **METHODS OF STERILIZATION:**

1. STEAM STERILIZATION:

- a. The main instrument used in steam sterilization is Auto-Clave and it is the

commonest method of sterilization.

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

2. SUB-ATMOSPHERIC PRESSURE STERILIZATION:

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

3. GAS STERILIZATION:

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

4. GAMA RADIATION STERILIZATION:

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

5. CHEMICAL STERILIZATION:

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



❖ CSSD DISTRIBUTION SYSTEM:

1) RECEIVING AREA:

- Used items from various departments of the hospital are shifted to CSSD for cleaning and sterilization.
- Ideally, the items that get soiled with blood or body fluid should be decontaminated with Sodium Hypochlorite solution in the user department itself before sending to CSSD. The receiving area of CSSD should have access to the outside through a window with the counter.
- The items are counted and recorded.
- Thereafter the instruments are inspected and unsuitable instruments are

segregated.

- Necessary entries are made for the record
- Thereafter the items are shifted to the cleaning area.

2) CLEANING AREA:

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

3) PACKING AREA:

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

4) STORING AREA:

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

5) DISTRIBUTING AREA:

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

❖ STAFFING:

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

HUMAN RESOURCE DEPARTMENT

A company's human resource department is tasked with the training and development of its workers, who are considered some of the company's most important resources. Also known as human resources (HR), the human resource department's mission is to make sure the company's



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



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

1. Recruitment & selection
2. Performance management
3. Learning & development
4. Succession planning
5. Compensation and benefits
6. Human Resources Information Systems

❖ **OBJECTIVES:**

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



impact of such demands upon the organization to use their resources for society's benefits in ethical ways may lead to restriction.

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

❖ **FUNCTIONS:**

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

- **JOB DESIGN AND JOB ANALYSIS:**

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

- **EMPLOYEE HIRING AND SELECTION:**

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

process is one of the main objectives of management.

- **EMPLOYEE TRAINING & DEVELOPMENT:**

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

- **EMPLOYEE PERFORMANCE MANAGEMENT:**

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

- **LABOUR RELATIONS:**

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

- ❖ **DUTIES:**

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

1. **RECRUIT CANDIDATES:**

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

2. **HIRE THE RIGHT EMPLOYEES:**

Human resources is in charge of arranging interviews, coordinating hiring

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

3. PROCESS PAYROLL:

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

4. CONDUCT DISCIPLINARY ACTIONS:

This responsibility may be why HR tends to get a bad rap. When navigated inappropriately, disciplinary actions can lead to the loss of a valuable employee and can even result in the success of an employee.

5. UPDATE POLICIES:

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



❖ **ACTIVITIES OF HUMAN RESOURCE MANAGE:**

A human resources manager has various functions in a company

- Determine the needs of the staffs.
- Determine whether to use temporary staff or hire employees to fill these needs.
- Determine do's & do not's.
- Recruit the best employees.
- Train employees and upgrade their learning knowledge.
- Supervise the work.
- Evaluate the work.
- Establish discipline work culture in the organization.
- Avoid politics in the office.
- Apply HR software for the ease of work in the organization.
- Manage employee's relations. If there are unions, perform collective bargaining.
- Prepare employees payroll, benefits, and compensation.
- Ensure equal oppo



QUALITY ASSURANCE 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, Enhancement 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 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.

FUNCTIONS OF QUALITY ASSURANCE DEPARTMENT

- To provide an environment which assures safety for patients/clients, staff and the public, within a framework of continuously improving quality of care.
- To improve a quality culture and place quality at the core of service delivery.
- To encourage attainment of best practice.
- To promote a patient/client organization and delivery of services.

- The primary goal of quality management system is to bear the competition. It does this by adding value at each stage of production.
- It defines long term plan for the company while at the same time providing framework for it.
- Quality management system makes every employee the owner of customer satisfaction.
- It improves customer satisfaction, increases sale and furthers the goodwill of the business.
- Quality management focuses on the quality of products and services offered by organizations as well as the means by which this quality is achieved.

ADVANTAGES OF QUALITY ASSURANCE DEPARTMENT

- To improve the quality of medical and behavioral health care and service provider.
- To identify, develop and/or enhance activities that promote member safety and encourage a reduction in medical errors.
- To communicate with doctors/care providers about quality activities, provide feedback on results of plan-wide and practice-specific performance assessments, and collaboratively develop improvement plans.
- To disseminate information on practitioner/ provider performance to promote member empowerment and informed decision making.
- To comply with all regulatory requirements, and to achieve and to maintain accreditation and necessary certification.
- To create better relationship with customers.
- To reduce cost and increase profit.

- To attend the patients physical and non-physical needs.
- To support delivery of nursing care with administrative and managerial service.
- To evaluate achievement of nursing care.

❖ **LIST OF HOSPITAL COMMITTEES**

SL. NO.	NAME	FREQUENCY	CHAIR PERSONS
1	Quality Improvement Committee	Quarterly	Medical Superintendent
2	Safety Committee	Monthly	Medical Superintendent
3	Hospital Infection Control Committee	Monthly	Medical Superintendent
4	Pharmacy and Therapeutic Committee	Alternate Month	Medical Superintendent
5	CPR Analysis Committee	Monthly	ICU In Charge
6	Medical Record Audit Committee	Monthly	Medical Superintendent
7	Blood Transfusion Committee	Quarterly	Medical Superintendent
8	Clinical Audit Committee	As & when required	Medical Superintendent
9	Internal Complaints Committee	As & when required	Senior GM

	(POSH)		Operations
10	Purchase and Condemnation Committee	As & when required	Senior GM Operations
11	Death Review Committee	Monthly	Medical Superintendent
12	Grievance Redressed Committee	As & when required	Medical Superintendent
13	Ethics Committee	As & when required	President

❖ **LIST OF NABH CHAPTER MANUALS**

SL. NO.	CHAPTER MANUAL NAME
1	Access, Assessment and Continuity of Care (AAC)
2	Care of Patients (COP)
3	Management of Medications (MOM)
4	Patients Rights and Education (PRE)
5	Hospital Infection Control (HIC)
6	Continuous Quality Improvement (CQI)
7	Responsibility of Management (ROM)
8	Facility Management and Safety (FMS)
9	Human Resource Management (HRM)
10	Information Management System (IMS)

❖ **LIST OF DEPARTMENTAL SOPs & MANUALS**

Support Service SOPs	Clinical SOPs	Manuals
Biomedical	Dialysis	Nursing
Blood Bank	Emergency	Apex
CSSD	Endoscopy	Infection Control
Dietetics	Neonatal	
House Keeping	Obs & Gynae	
Maintenance & Engineering	OT	
	Pediatrics	
	Radiology	
	OPD	

HOSPITAL ACCOUNTING

Today, most finance departments continue to fulfil general bookkeeping duties, such as fulfilling purchase orders for equipment or supplies, finalizing sales of merchandise and services, maintaining receipts from purchases for the business, and managing payments made by or to the healthcare organization. The finance department is also responsible for negotiating contracts with service providers and contractors, running payroll, and maintaining cash reserves for unexpected or planned expenses. Most finance departments maintain these records electronically with databases or specialized accounting software. Hospital accounting is a particular system of accounting which accumulates, communicates and interprets historical and projected economic data that are useful for the purpose of ascertaining the financial position and operating results of a hospital.



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 includes many types of cancers, heart disease, gastrointestinal, endocrine or neurological disorders and other abnormalities. Because nuclear medicines 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:

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

In adults, nuclear medicine is used to-

a) **HEART:-**

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

b) **LUNGS:**

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

c) BONES:

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

d) BRAIN:

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

❖ **BENEFITS:**

- Provides information on how organs, tissues, and cells are working.
- 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:**

- 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 procedures 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 doctors always weigh the benefits of nuclear medicine treatment against any risks. Your doctor will discuss the significant risks prior to treatment and give you 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.

DIALYSIS DEPARTMENT

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 urine 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 haemodialysis is that the procedure can be carried out in the comfort of the patient's homes. 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.

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 the nutritional supplement. Hospital catering services should be cost effective and flexible enough to provide a good choice of nutritious meals that can accommodate patients' specific dietary requirements and preference.

❖ OBJECTIVES:

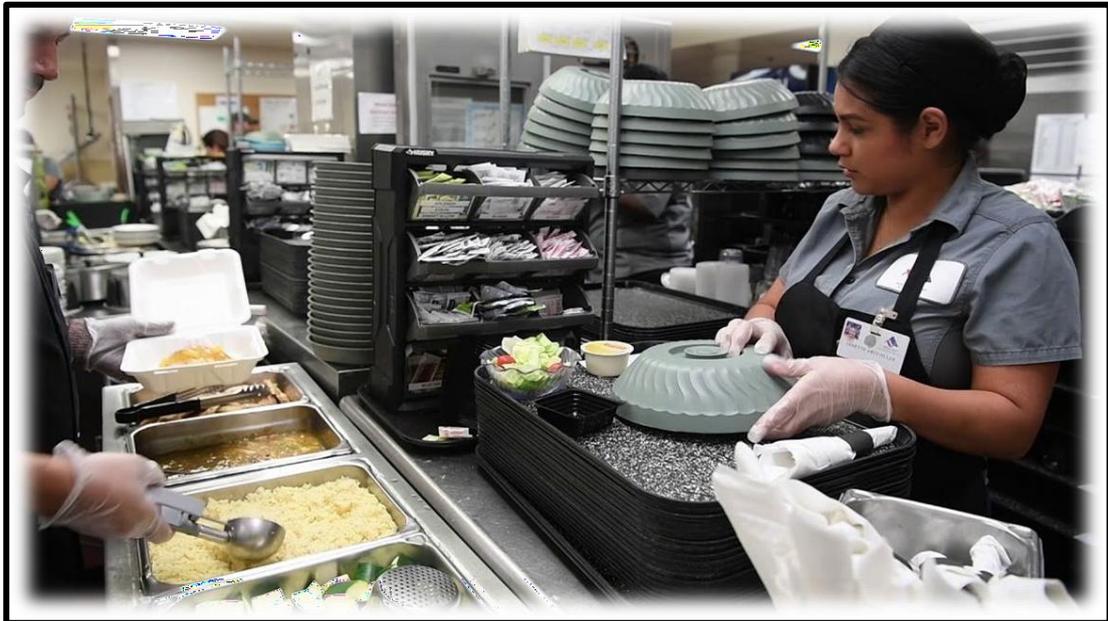
- Control catering budget and contract: food, beverages and snacks.
- Prepare food to quality approved standards.
- Deliver food to wards, patients and staff restaurants.
- Serve food to patients at ward level.
- Maintain and supervise food hygiene at all times.

❖ EQUIPMENT:

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

❖ STAFFING:

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



MEDICAL RECORD DEPARTMENT (MRD)

Medical Records Department is an integral part of patient care, which houses the medical records of all the patients who have utilized the services of the hospital.

Medical Record of the patient stores the knowledge concerning the patient and care given.

MRD is responsible for maintaining medical records in a standardized and professional manner in order to project patient confidentiality while allowing adequate access to providers in order to promote quality patient care.

MRD has become an essential department in every hospital, which provides multiple services not only to the patients but also to running a hospital efficiently and plays a key role in health promotion and patient care quality.

OBJECTIVES:

- Provides material for researchers.
- Provides an archival and legally acceptable record.
- Act as a source of information for health administrators.

DEFICIENCY CHECKLIST OF MRD

Patient Name:

SL No:

MRN No:

D.O.D:

➤ Name of Documents:

- DAMA/ DORB Consent

- No Dues/Discharge Slip
- Discharge Checklist
- Admission Case Sheet
- MLC Form
- Discharge Summary/Death Summary/ Death or Birth Certificate
- Emergency Nursing Assessment
- Emergency Case History
- Case History & Assessment on Admission
- In patient record /Doctor's Note
- Nutritional Assessment Form & Diet chart
- All Consent Forms
- Pre-Operative check List
- Anesthesia Record
- Surgeon's Note /Operation Note
- Surgical Safety Checklist
- Transfer From
- Medicine Card
- Graphic Chart
- Intake Output Record
- Diabetic Follow-Up Chart
- Patient handover sheet
- Nursing Initial Assessment
- Daily Nursing Assessment

- Nurses Progress Notes
- Bed Sore Record
- Check List for Infection Control
- All requisition Form
- Blood transfusion Record
- Investigation Report
- Others
- Critical Care Chart



LAUNDRY SERVICE

Linen and Laundry services are responsible for providing safe, clean, adequate and timely at right time, at the right price, and right place. Cotton is the most preferred and frequently used material as it is cheaper and more comfortable linen is a general term used to denote clothing item including bed covers, pillow covers, bed sheets, towels, doctors' coats etc. Hospital laundry receives all the linen material from different areas like the ward, OT, OPD, and office area where they undergo a process of sorting, washing extracting, drying, ironing, folding, mending and delivery.

❖ FUNCTION:

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

❖ EQUIPMENTS:

- Boiler
- Washing machine
- Hydro-extractor



❖ TYPES:

- IN PLANT SYSTEM:



Here a hospital runs its own laundry. The system can only be justified for

very large hospitals and teaching institutions as it is very expensive. In this system, the hospital has its own linen and laundry and all the activities of the hospital laundry service like washing, mending and replacement are done in the hospital premises.

- **RENTAL SYSTEM:**

In the system hospitals hire laundered linens from the contractor. The contractor is also responsible for the replacement as well as laundering of patients and staff linen. The main advantage of 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, a 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 hospital groups of smaller hospitals.

PHARMACY

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



❖ **FUNCTION:**

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

❖ **STAFFING:**

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



HOSPITAL SECURITY SERVICE

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

❖ **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:**

- Hospital buildings and fixtures security
- Hospital property patients' belongings security.

❖ **BIOMEDICAL WASTE:**

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

❖ **OBJECTIVES:**

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



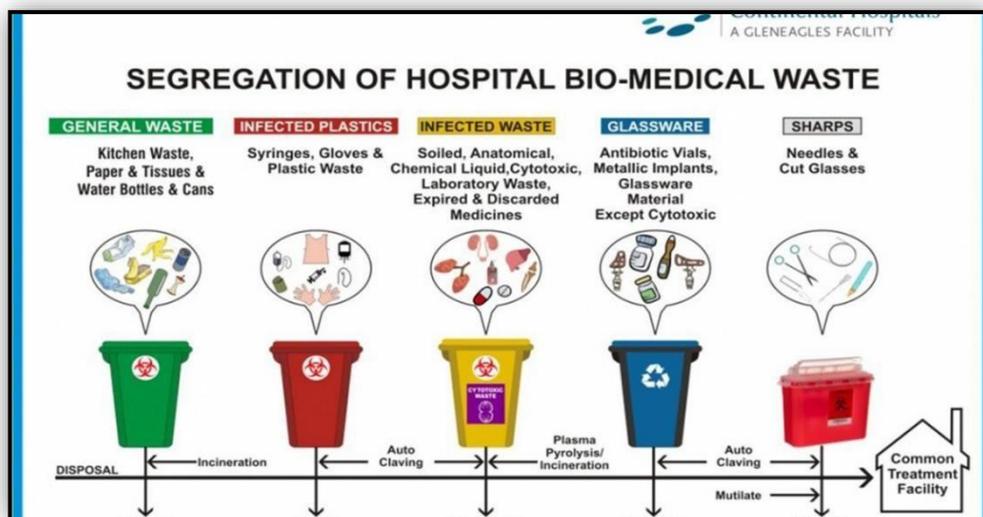
❖ **CATEGORIES OF BMW:**

Option	Waste category	Treatment & Disposal

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

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

❖ **COLOUR CODING SYSTEM:**



RECOMMENDATION

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

CONCLUSION

In conclusion, I can say that this was an important topic to research on. This project gives an overview of the hospital. The facilities and services given by each department are properly defined here. Hospital is the most important sector in our society. It holds the medical emergency treatment and trauma care in the required time. It has timing and many sections of medical treatment with expert consultants. It is the full package of medical performances under a single roof. The hospital provides health solutions, laboratory services, pharmacy services, OT, IPD, Nuclear Medicine, and other essential medical and non-medical services. The facilities provided in a hospital are always important and immediate. Hospital helps to perform preventive care, family planning, health requirements, and much more. All over it is a most effective place to visit when someone needs physical and mental medical treatment. Hospital is all about healthcare and patient care. So, through this project, I have learned acquired knowledge regarding a hospital and the services.

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