

Internship Training at Bensups Hospital, Dwarka, New Delhi

By

Col Sundeep Chugh

PGDHM

2012-2014



International Institute of Health Management Research

Internship Training

At

Bensups Hospital

“Ensuring Room Readiness at Admission”

By

Col Sundeep Chugh

Under the guidance of

Prof (Dr) A K Khokhar, Professor at IIHMR

Post Graduate Diploma in Hospital and Health Management

Year 2012-14



**International Institute of Health Management Research
New Delhi**

TO WHOSOEVER MAY CONCERN

This is to certify that Col Sundeep Chugh, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Bensus Hospital, Dwarka, New Delhi, from 01 Feb 14 to 30 Apr 14.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements. I wish him all success in all his future endeavours.



Dr. A.K. Agarwal
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BENSUPS Hospital

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PATIENT CARE WITH UTMOST CARE

The certificate is awarded to

Col Sundeep Chugh

In recognition of having successfully completed his
Internship in the department of

Operations

and has successfully completed her Project on

“Ensuring Room Readiness at the time of Admission”

From 01 Feb 14 to 30 Apr 14

at

Bensups Hospital

He comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning

We wish him all the best for future endeavors

Jsh
Dr Himanshu Shekhar
Director, Medical Services
Bensups Hospital

5/5/14
Dr. HIMANSHU SHEKHAR
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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Ensuring Room Readiness at Admission submitted by Col Sundeeep Chugh, Enrolment No PGDHM/12-14/93 under the supervision of Prof (Dr) A K Khokhar for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 01 Feb 14 to 30 Apr 14, embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


Signature

col S Chugh

Certificate Of Approval

The following dissertation titled **"Ensuring Room Readiness at Admission"** at **"Bensups Hospital"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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Certificate from Dissertation Advisory Committee

This is to certify that **Col Sundeeep Chugh**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled **"Ensuring Room Readiness at the Time of Admission"** at **"Bensups Hospital"** in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.


This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



Prof (Dr) A K Khokhar,

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BCH-HR-13/01.05.2014


TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Col. Sandeep Chugh** a student at international institute for Health Management Research, has undergone an 12 week learning and dissertation placement in the Operations department, commencing from 1st Feb.'2014 to 30th April'2014.

During his training, **Col. Sandeep Chugh** exhibited a high level of professionalism and a tremendous enthusiasm for learning.

We wish him good luck in his future career.

With Best Wishes,


Puneet Khanna
Head HR





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FEED BACK FORM

Name of Student : Col Sundeep Chugh

Dissertation Organisation : Bensups Multi Speciality Hospital.

Area of Dissertation : Operations Dept and Housekeeping.

Attendance : 90%

Objectives Achieved : Analyse and suggest improvements in admission process with special emphasis on room readiness during admission.

Deliverables : Analysis of admission process and housekeeping functions to find gaps in preparation of room on admission, suggest measures for improvement.

Strengths : Administrative experience, maturity, good communication skills, team building and leadership.

Suggestion for Improvement : Should try and obtain some more experience on clinical aspects.

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date : 5 May 2014

Place : Dwarka, New Delhi

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ABSTRACT

A STUDY ON ROOM READINESS AT ADMISSION TO IMPROVE PATIENT SATISFACTION

1. **Introduction.** Getting admitted in a hospital can be very stressful for the patient and the attendant. It is very important that they feel the professionalism competence of the hospital staff and administration during the process of admission, which finally culminates in checking into a comfortable, clean and hygienic room. The initial impression of the standards of the hospital is ascertained by the housekeeping of the hospital and standards of maintenance of the room. A good impression will soothe the nerves of the patient and his attendant and help the patient to gain trust on the hospital. This can even help him/ her in recovering faster. Besides it serves as a good publicity for the hospital when the patient's visitors also carry a good impression of the institution. Bensups hospital was facing the problem of frequent complaints regarding poor state of readiness of the room at the time of admission. The aim of this study is to ascertain the reasons for non compliance of processes resulting in poor preparedness of the room and suggest remedial measures for the same.

2. **Method.** The study has been carried out by observing over 230 admissions. The process of admission from the time IPD Reception Clerk informs Floor Mgr about the admission in a particular category of room up to the time House Keeping Supervisor confirms room readiness after his inspection was observed and various timings noted on a Time Tracking Sheet. A pattern of admissions in the hospital was ascertained by taking secondary data from Hospital HIS to determine the time when maximum admissions take place. This information was correlated with availability of HK Supervisor and his various responsibilities. His daily routine was tracked to discover gaps if any. Complaints were also noted in the time tracking sheet, however a certain

amount of subjectivity was exercised when accepting a complaint so as not include those complaints, which were made on arrival in the room, were not pertaining to readiness standards of the room.

3. **Results.** The findings have revealed that higher percentage of complaints are in case of Semi Private category of rooms (13%), followed by Deluxe Category (11.5%) and Private Category (6.6%). Economy category had only 2.3% of complaints. The hospital has a policy for keeping certain number of rooms ready in advance for occupation, but due to random nature of selection of room for this preparation by HK Supervisor and random allotment of room by Floor Mgr, this effort is wasted to quite an extent. It has been observed that a higher percentage of complaints (28% of delays) occurred when room was not kept ready in advance, as compared to 18% of delays resulting in complaints. Some complaints were also reported even when Supervisor carried out his inspection and approved it for occupation, which reflected requirement of training in quality of room preparation. It was also observed that a large number of complaints were related to non availability of proper bed sheets. Inventory management of housekeeping articles was also found wanting.

4. **Conclusion.** Ensuring a clean, hygienic and well laid out room having fresh bed sheet and towels gives assurance to the patient and the attendants of selecting a administratively strong hospital with good processes. On the other hand if the room is not properly prepared for occupation it will cause loss of faith which may adversely affect the trust a patient should have on medical procedures of the hospital.

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I also wish to express my sincere thanks to Dr Sudhir Gupta , CEO and Dr Himanshu Shekhar, Director, Medical Services at Bensus Hospital at Dwarka , New Delhi for giving me this wonderful opportunity to have an insight on functioning of their State of the Art Multi Speciality Hospital and for their kind gesture and generous support without which I wouldn't have been able to carry out my project. I would also like to express my heartfelt gratitude to the staff of all concerned departments who were extremely helpful in elucidating in detail, the nuances of the tasks and duties performed by them. Their cooperation assisted me to complete my project on time in their esteemed hospital

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ACRONYMS / ABBREVIATIONS

1. EWS - Economic Weaker Section.
2. ENT – Ear Nose Throat.
3. Floor Mgr- Floor Manager.
4. HIS - Hospital Information System.
5. OPD - Out Patient Dept.
6. HK - House Keeping.
7. HK I/C - House Keeping In Charge.
8. ICU - Intensive Care Unit.

PART I
INTERNSHIP REPORT

ORGANISATION PROFILE

Bensups Hospital

1. Bensups is a multi speciality hospital which is located in Sector 12, Dwarka, New Delhi. The hospital is conveniently situated in near vicinity of Metro Station of Sector 12, in a clean and fresh ambience. It is part of Cygnus Medicare which has a significant presence in North India with ten hospitals including Bensups.
2. The hospital has 138 beds including 14 beds reserved for EWS section, which consists of nine non critical and five critical beds. Special attention has been given to the design and aesthetics of different categories of rooms for the patient with each spacious room being naturally well ventilated and well illuminated.
3. **Services.** The hospital provides following medical services:-
 - 3.1. Cardiology.
 - 3.2. Obstetrics and Gynaecology.
 - 3.3. Neurology and spine.
 - 3.4. ENT.
 - 3.5. Eye.
 - 3.6. Gastroenterology and endoscopy.
 - 3.7. General Surgery.
 - 3.8. IVF.
 - 3.9. Internal Medicine.
 - 3.10. Orthopaedics.
 - 3.11. Pathology.

- 3.12. Physiotherapy.
- 3.13. Dermatology.
- 3.14. Dental.
- 3.15. Cosmetic Surgery.
- 3.16. Radiology.
- 3.17. Urology.
- 3.18. Surgical Oncology.

DETAILS OF HOSPITAL DEPARTMENTS

House Keeping

4. **General Introduction.** Unlike many other hospitals, housekeeping in Bensups Hospital is not outsourced. A total staff of 50 including Ward boys (WB), Ayahs, and House keepers (HK) have been employed, which work in two shifts of 12 hours each (8 am to 8 pm and 8 pm to 8 am). The House Keeping In-Charge has three supervisors under him who supervise the functioning of above mentioned housekeeping staff. The House Keeping In-Charge in turn reports to the Medical Director.
5. **Employment of Staff.** The housekeeping staff is employed in following manner:-

	<u>WB</u>	<u>Ayah</u>	<u>HK</u>	<u>Total</u>
5.1.1. <u>Morning Shift</u>	9	9	10	28
5.1.2. <u>Evening Shift</u>	5	6	6	17
5.1.3. <u>Relievers</u>	5 including all trades			

6. **Functions.** The role of housekeeping dept in a hospital is to create a clean, infection free and pleasant, homely atmosphere in the hospital to ensure speedy recovery of the patient. The functions are as follows:-

- 6.1. Cleaning of hospital, including infection control, sanitation.
- 6.2. Linen management including laundry.

6.3. Waste management and pest control.

6.4. Inventory management of items entrusted with housekeeping.

6.5. Assisting engineering dept in maintenance of the wards by timely intimation of any breakdowns/ repair requirements.

6.6. Administration of housekeeping staff.

7. **Observations.**

7.1. Twelve hour shift with minimum relievers leads to some housekeeping staff doing two or at times three shifts continuously. This leads to fatigue and inefficiency in the staff.

7.1.1. Training of the staff gets overlooked which is a very important aspect especially when there is attrition of staff and sometimes raw hands get employed in emergency.

7.1.2. A strong administration and good man management has enabled the hospital to manage housekeeping with minimal staff and save on expenditure.

Human Resource Dept

8. **General Introduction.** The HR Dept comprises of an HR Head and two HR Executives. However, for quite some duration the dept has only one executive after resignation by one of them. The HR Head is also entrusted with additional responsibility of looking after the general administration of the hospital, which includes engineering aspects, security, purchases etc.

9. **Functions.** The main role of HR Dept is to provide the organisation with structure and the ability to meet business needs through managing the hospital's most valuable resources -- its employees. Keeping this in view the main functions of the HR Dept are as follows:-

- 9.1. Determining the Job Description and Job Analysis for all the designation in the hospital.
- 9.2. Determining wages and salaries of the employees.
- 9.3. Selection and recruitment.
- 9.4. Training and development.
- 9.5. Performance Appraisal.
- 9.6. Employees' welfare and motivation.
- 9.7. Addressing employees' grievances.
- 9.8. Implementing organisational policies.
- 9.9. Dismissal and redundancy.

Additional Responsibilities

- 9.10. Maintenance of Hospital building, assets and infrastructure including engineering aspects.
- 9.11. Purchases.
- 9.12. Security.

10. Observations.

- 10.1. The HR Dept is entrusted with additional responsibilities which are being undertaken in a professional manner.
- 10.2. Being a small hospital with comparatively less number of staff (about 225) it is prudent to assign additional responsibility to HR Dept.

IT Dept

11. **General Introduction.** IT Dept of Bensups Hospital comprises of two IT Executives. However, as the hospital is upgrading to a better IT software (Shivam HIS) four software engineers from the IT Company are also working in the for the implementation of the new software. The new software is Cloud based and can work on/off line. The hospital has about 30 desktop employed at various important work

stations and four laptops are being used by the top management. The IT Dept is also responsible for maintaining internal communication and CCTV network for security.

12. Functions.

- 12.1. Implement and manage health information management system.
- 12.2. Ensuring safety, security and confidentiality of all medical records are maintained.
- 12.3. Ensuring back up of the data.
- 12.4. Formulate policies in consultation with higher management regarding storage, retrieval and sharing of medical data in the hospital and implementation of the same.
- 12.5. Maintaining internal communications.
- 12.6. Maintaining CCTV network in the hospital.

13. Observations.

- 13.1. The full potential of the HIS is still not likely to be exploited as some important features like 'bed management' by HK staff is still not being utilized since there is no dedicated system for them.
- 13.2. The hospital can improve its efficiency manifold if an automatic SMS system can also be incorporated with the new IT software giving instant alerts to all concerned whenever an important event takes place eg, admission/ discharge of a patient.

Inpatient Department

14. **General.** The patients admitted in the hospital for more than 24 hours are referred to as IPD patients. The hospital has 138 beds including 14 beds for EWS. The ICU, NICU and CCU are located on first floor and have a total of 30 beds. Other IPD patients are housed on second, third and fourth floors. The hospital has deluxe rooms,

single rooms, twin-sharing, semi-private and rooms with four and six patients. This department works under the Director, Medical Services and is supported by all departments, consultants, residents and Nursing staff.

15. **Functions.** The IPD is the most important department of the hospital as the treatment of patients is undertaken in wards under the physicians, ably supported by the Nursing staff. The primary functions of IPD include:-

- 15.1. Accommodate the patients in rooms/wards for treatment as per his needs.
- 15.2. Provide treatment till his full recovery or transfer to another facility.
- 15.3. Provide all life saving treatment and support systems to include monitors, bed, piped gases and diagnostic procedures.
- 15.4. Provide safe, secure and infection-free environment to the patient and attendants.
- 15.5. Low cost of treatment.

16. **Staffing.** Each patient is treated by a consultant and his team as per the diagnosis. Each ward has adequate number of nurses as per protocol. The wards other than ICU, NICU and CCU have a nursing station suitably located on each floor and all ultra-modern facilities have been provided to carry out nursing care. During day, there are four nurses on duty at each ward/floor to look after a maximum of 19 patients. In addition, housekeeping staff is provided for support. Consultants visit their patients twice or more as per the need and are available on call. Five RMOs are available in the hospital 24x7 to provide the necessary medical care and attend to emergency situations in IPD.

17. **Ward Facilities.** All facilities to include Nursing station, treatment room, doctors room, ward pantry, ward store, male and female staff changing room are provided.

18. **Observations.** The bed occupancy rate in the hospital is about 70% which is good. Following points were observed during the training :-

18.1. The nurses were allotted to patients and were responsible for all aspects of nursing care. However, it was noticed that all nurses were involved in administrative duties in case there were a number of discharges. Discharge coordinator can be nominated to carry this duty to relieve the nurses for their primary role.

18.2. Majority of the discharges are ordered during morning leading to extra load on the system which can be streamlined by ordering discharge in the evenings.

18.3. It was observed that all types of patients are admitted on each floor except Maternity cases (third floor) which may not be economical. The floors can be specifically allotted to departments/ specialties leading to economy in manpower, equipment and stores.

Outpatient Department(OPD)

19. **General.** The OPD is the first impression of the hospital. It provides primary as well as comprehensive healthcare for patients who come for diagnostic, treatment or follow-up care. Hospital OPD is located on the ground floor. There is a well lit comfortable lobby/waiting area which is used to accommodate patients, their family and friends.

20. **Functions.** The main functions of the OPD include:-

20.1. Ideal for early diagnosis.

20.2. Provides ambulatory care.

20.3. Route to inpatient admission.

20.4. Care & rehabilitation after discharge.

20.5. Preventive activities, Health promotion activities and epidemiological research.

21. **Layout and Staffing.** The OPD is located on the ground floor which is easily accessible from outside. There are eight consultant rooms and a nurse room for basic parameters to be recorded. The helpdesk, reception and billing are ideally located near the entrance with easy view of the complete lobby and all consultant rooms. Each consultation room is self contained with all facilities needed for examinations. The pharmacy is conveniently located near the OPD. The helpdesk and reception/registration is manned by two/three executives to cater for the load and assist the patients. Wheelchairs, stretchers and adequate staff are available to help the patients and attendants.

22. **Facilities Available.** The OPD provides following facilities for the convenience of patients and attendants:-

- 22.1. Seating arrangements, drinking water and toilets.
- 22.2. Guidance to diagnostics, specialists, lab and TPA office.
- 22.3. Reception and information desk, Registration counter.
- 22.4. Health checkup room, health education room.
- 22.5. Display racks for promotion and educational materials.
- 22.6. It shares Emergency, Diagnostic services, Medical Imaging, Laboratory, and Pharmacy with all other departments.

23. **Observations.** The OPD is controlled by the Operations Manager through OPD manager. There is crowding at the Reception desk during peak time in the morning when more than five patients are waiting in the queue as is next to the entrance of the OPD. More and better signage will help patients to guide them to various places in the hospital. IPD billing and IPD reception are located at different places and hence certain resources have to be duplicated.

Emergency Department

24. **General.** The Emergency department is located on the ground floor of the building and has good access from outside. The entry to emergency is controlled and the ward has good connectivity to all important facilities.

25. **Functions.** The Emergency department is one of the most important links in the healthcare. The main functions are as follows:-

- 25.1. Prompt receptions for all emergency cases and assessment of their clinical conditions.
- 25.2. Immediate resuscitation and other life support treatment.
- 25.3. Investigations and treatment.
- 25.4. Admitting the patient.
- 25.5. Providing Ambulance services.
- 25.6. Filing FIR and calling the police in Medico-legal cases.
- 25.7. Briefing the patient/relatives.
- 25.8. Maintaining records.
- 25.9. Research, education and training of the medical and paramedical staff.
- 25.10. Management of Mass Casualties.

26. **Layout and Staffing.** The Emergency department is manned by one MO (24X7), two/three nurses and other HK staff for efficient functioning. There are six beds for treatment and examination with all life support equipment. Security staff is posted at the entrance for crowd control and maintenance of peace. All requisites medical instruments, monitors and facilities have been provided. All specialists and anaesthetist are on call to attend to emergency cases.

27. **Facilities Available.** The hospital provides all facilities which are required for smooth functioning of Emergency department. These include Ambulatory services,

beds, diagnostics, lab services, life saving and support services and drugs, medication and communications. Adequate privacy is ensured for the patients.

28. **Observations.** Major observations are as given below:-

28.1. The entry to emergency room is through a narrow corridor and is common with OPD. There is less space for attendants near the emergency room.

28.2. The reception desk/billing department cannot see the emergency department and hence have to be notified by Emergency. There are chances of patients leaving the premises without paying bills.

PART II

DISSERTATION REPORT

ENSURING ROOM
READINESS ON ADMISSION

CHAPTER I

INTRODUCTION

BACKGROUND

29. 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 in emergency through the Casualty Department. In any case, being admitted in the hospital could be quite stressful, because the result is unexpected to a certain extent and may lead to a major life crisis. It is thus necessary that the patient's journey through the admission and subsequent hospital stay, transfer and discharge are as smooth and trouble free as possible.

30. The core business of hospitals is delivering care. Efficient, effective patient flow is important for optimal care delivery and supports achievement of strategic goals, such as financial performance, high quality care, patient satisfaction and operational excellence.

31. It is said that the 'first impression is the last impression', and any negative experience during admission may form a lasting impact on the patient/attendant. This could even adversely affect the patient's faith on clinical procedures of the hospital, besides bringing negative publicity for the hospital. Therefore it is imperative that admission process should be effortless and stress free. After going through the documentation, the patient and the attendant is expecting a clean, hygienic room having functional fixtures and facilities. Especially so, since he/she may have finished paying a hefty advance for the treatment and is expecting a comparable standard of arrangements for the stay. Therefore it is imperative for the hospital administration to ensure that the

assigned room/bed is ready in all respect and should give a welcoming sight at the time of occupation by a new patient and attendant.

Problem Statement

32. Bensups Hospital experiences approximately 450 to 500 admissions per month. The hospital occupancy rate is about 70%. It has been observed that admissions are increasing day by day but the resources of the hospital on the other hand are static. In the ongoing season/ months (feb to apr) of the study and the present growth stage of the hospital, it has been observed, that it does not have any problem regarding non availability of room/bed for new admissions/ transfers from ICU/Emergency, however on number of occasions patients have complained that their room/bed are not ready in a desirable standard, at the time of occupation. The hospital authorities are concerned on the following issues:-

32.1. The room/bed is not ready in all respect at the time of admission.

32.2. The housekeeping staff is not able to ensure that the room is ready for occupation in the assigned 15 minutes from the time HK Supervisor is informed about the new admission and bed allotment by the Floor Manager to such time that the patient actually reaches the room.

32.3. The process for the same needs to be observed for faults of compliance/ understanding/implementation and if required be rectified.

Review of Literature

33. Extensive literature exists on admission process in a hospital. Several project studies are available to suggest measures on improvement of bed management which is one of the main reasons for non availability of bed for admission. Procedural delays and bottlenecks in admission process have been identified and recommendations are available to improve the processes. However, several hospitals do not have problem of

bed availability, since their bed occupancy is seldom above 90%. This study will help to contribute towards knowledge in the area of improving patient satisfaction with the room readiness at the time of admission, which is equally important as it is the first impression for the patient about the organisational capability and housekeeping standards of the hospital.

34. A study by Christobal Young in 2011 at Stanford University assesses that ‘Raising the quality of Medical Care by 10% leads to only 1.1% increase in patient satisfaction. In contrast patients are more sensitive to “room and board” aspects of care: having a quite room matters just as much for patient satisfaction as technical medical quality, and positive interaction with nurses has an effect size many times larger than medical quality’.

35. The same study also comments ‘A large body of research shows there is a “halo effect” of beauty, in which physically attractive people are regarded as more intelligent, competent and trustworthy.

36. With this research framework the objectives of the present study are given in following paragraphs.

Objective

37. **General Objective.** To streamline the process so as to ensure room readiness on patient admission.

38. **Specific Objectives.**

38.1. To study the existing process for preparation of room for patient on admission/transfer.

38.2. To identify reasons for non-compliance of laid down processes and problems in ensuring a well prepared room on admission.

38.3. To suggest remedial measures in processes and procedures for ensuring room readiness.

CHAPTER 2

METHODOLOGY

39. **Study Design.** The study was prospective and descriptive in nature.

40. **Study Period.**

40.1. **From 01 Feb 14 to 30 Mar 14.** Following activities were undertaken in this period:-

40.1.1. Observing processes.

40.1.2. Collecting data

40.1.3. Discussion with focus group consisting of Floor Manager, Housekeeping in Charge, staff and reception clerks.

40.2. **From 01 Apr to 30 Apr 14.**

40.2.1. Discussion on proposals to improve processes.

40.2.2. Presentation on study findings and recommendations to the hospital authorities.

41. **Study Population.** All patients getting admitted or being transferred from emergency/ICU to ward in the months of Feb and Mar 14.

42. **Sample Size.** There are approximately 450 to 500 admissions/ transfers in a month in Bensups Hospital. A total of about 230 admissions were observed in the months of Feb and Mar 14. Admissions were observed only on working days from 9am to 5.30 pm.

43. **Type of Sampling.** Convenience sampling.

44. **Type of Data.**

44.1. **Primary Data.** This has been collected on a Tracking Sheet. A sample of the Time Tracking Sheet used is attached as Annexure.

44.2. **Secondary Data.** Through HIS.

45. **Data Collection Tools.**

45.1. Direct Observation.

45.2. Time tracking sheet.

46. **Variables in the Study.** The time at which the following events occurred have been recorded in the Time Tracking Sheet:-

46.1. Patient arrived at IPD reception for admission and reception informs Floor Manager and requests for Room and Bed number for allotment.

46.2. Floor Manager informs HK Supervisor about admission and room allotment for preparation

46.3. HK Supervisor informs his staff to prepare the assigned room if not prepared in advance and carries out his inspection to confirm room readiness.

46.4. Arrival of patient in the room.

47. **Data Analysis.**

47.1. The admission process has been analysed using time tracking of various events to identify where and how the delay occurred and identify genesis of complaint.

47.2. The data so collected was fed into Microsoft Excel 2007, for analysis.

47.3. For analysing timing of admissions data for Jan 14 was also obtained from HIS (secondary data). Besides Jan 14, data of admissions observed in Feb and Mar 14 were also considered. The timings were analysed taking number of admissions in two hours intervals for better assessment.

47.4. **Delay in Inspection.** This was assessed by calculating the time difference between time HK Supervisor was informed about room allotment and the time when he finished his inspection of the room. If the time taken was more than 15mins then it was considered as a 'delay'.

47.5. Filters in excel software was used to ascertain delays and complaints when room was prepared in advance and when NOT prepared in advance. Chart was made to depict these statistics.

47.6. Similarly, room wise details were filtered to ascertain number of delays, complaints, room preparation in advance. These have also been converted into charts for ease of analysis. A percentage of these details against number of admissions in that category of room were calculated for ease of comparison.

48. **Limitations.** The study has following limitations:-

48.1. Observations were made for admissions occurring between 9am and 5.30 pm only.

48.2. No observation was made on Sundays and holidays.

48.3. Transfers and admissions in ICU or emergency were not considered as there was no complaint on admission in these categories.

49. **Definitions.**

49.1. **Complaint.** Reports of following nature were accepted as complaint against room readiness:-

49.1.1. Bed sheet stained / torn/ not spread properly. Bed sheet not available for attendant's bed.

49.1.2. Cleanliness of the room / toilet not up to the standard. Waste bucket not cleared of old garbage.

49.1.3. Water glass or jug not cleaned properly.

49.1.4. Furniture not dusted properly or not laid out as per instructions.

49.1.5. Any foul smell in the room/ toilet.

49.1.6. **Not a Complaint.** Poor behavior of staff, chipping of furniture or wall paint. Colour pattern of the wall/ furnishing not as per liking of patient/ attendant. Subjectivity was exercised in determining a valid complaint.

49.2. **Delays.** HK Supervisor must check room preparedness and correct any mistake within 15 mins of room allotment to patient by Floor Manager. It includes the time taken by Floor Manager to intimate HK Supervisor. Time taken in excess of 15 min is a delay.

CHAPTER 3

RESULTS AND FINDINGS

50. **Admission Process (for preparation of room).** The admission process with emphasis on allotment and preparation of room is as follows:-

50.1. Patient arrives at IPD reception with Doctor's advice on admission. The IPD clerk inquires the desired room category of the patient and confirms availability from HIS.

50.2. IPD Reception Clerk then re-confirms the availability of room from Floor Mgr.

50.3. Floor Mgr confirms the room, and also intimates HK Supervisor about the room allotment.

50.4. HK Supervisor checks from his record/ visits the allotted room and checks if it has been prepared in advance or not. If not he orders the HK Staff to prepare the same.

50.5. As per the guide lines by the Hospital authorities, HK Supervisor must ensure room ready within 15 minutes of allotment by Floor Mgr, and confirm the same to Floor Mgr.

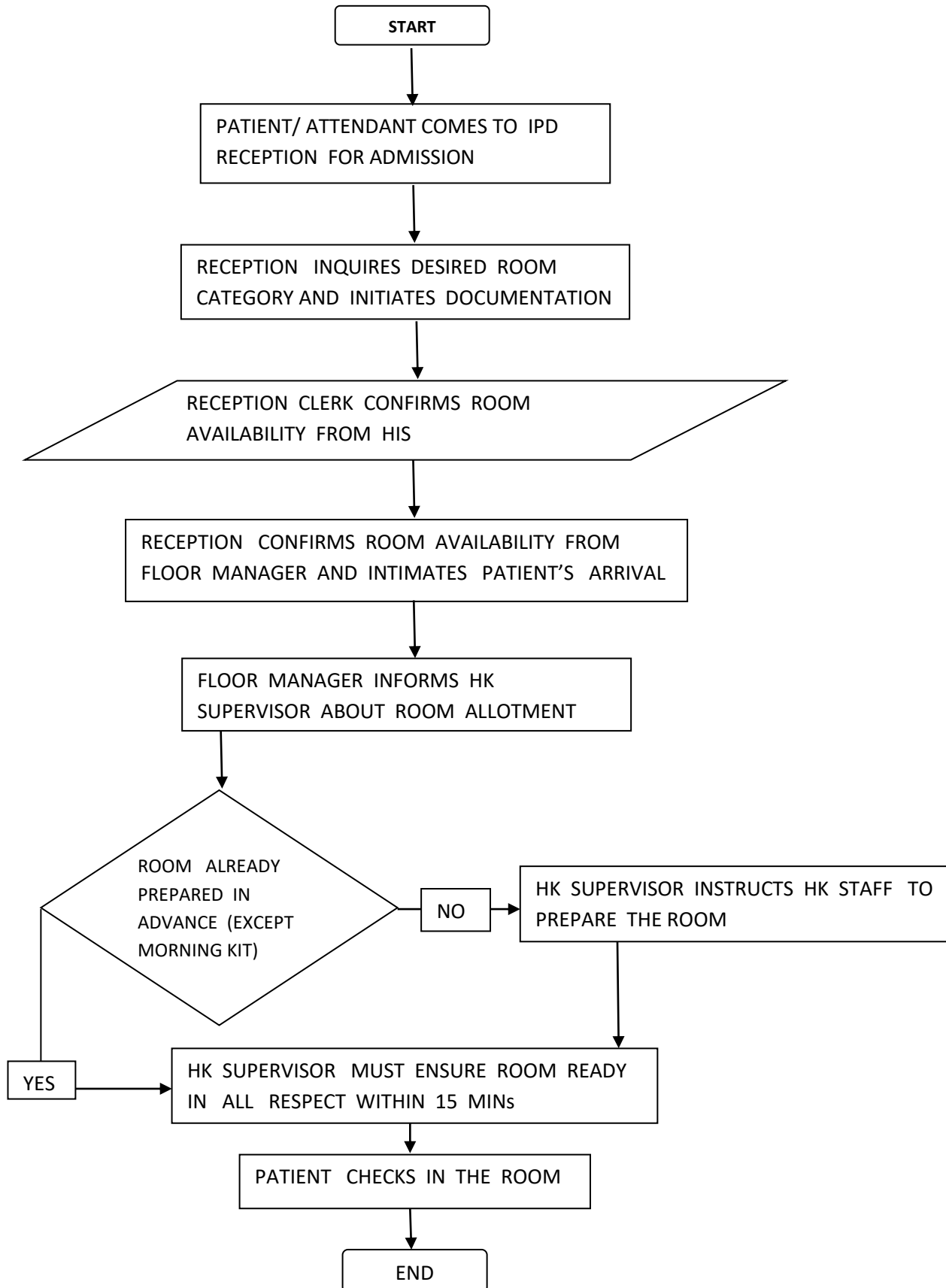


FIGURE 3.1 : PROCESS FLOW : PREPARATION OF ROOM ON PATIENT ADMISSION

51. The Patient Admission Pattern.

51.1. Timings of Admission. The pattern of admission timings of patients were observed taking data for three months, ie, Jan, Feb and Mar 2014. The data reveals the pattern as depicted in graph given below:-

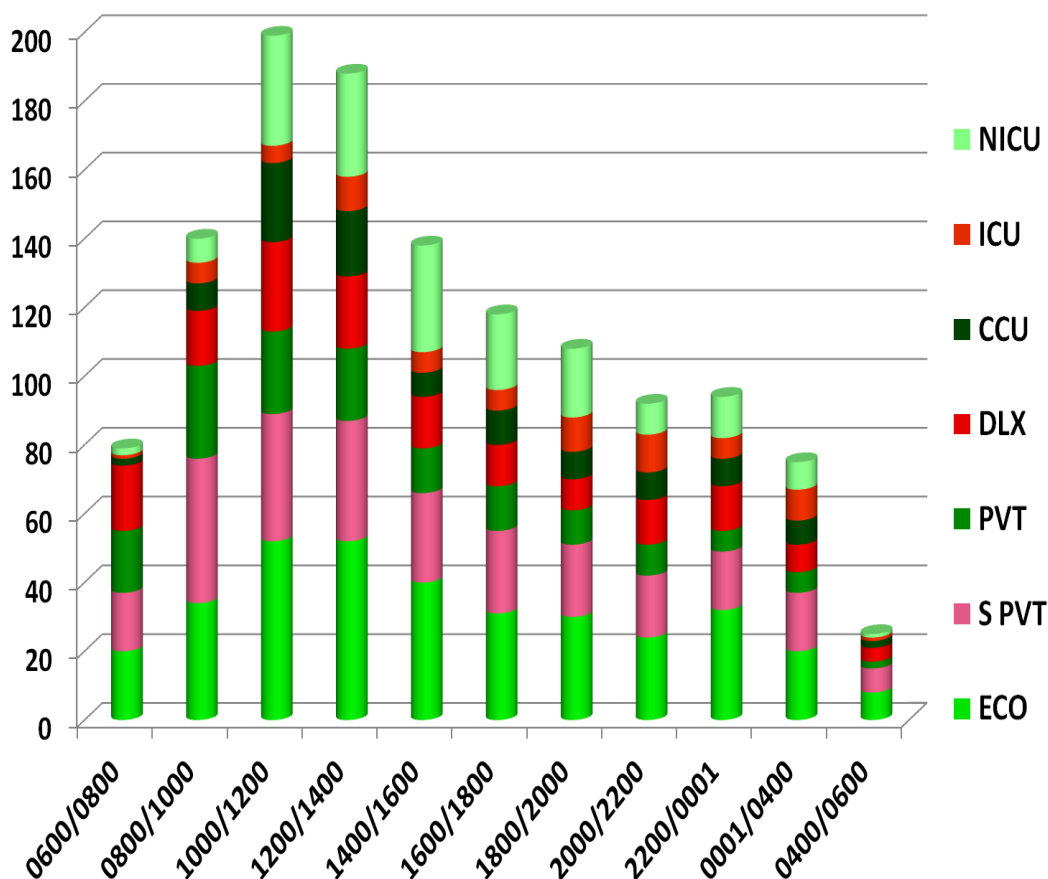


FIGURE 3.2 : NUMBER OF ADMISSIONS IN DIFFERENT TIME INTERVALS IN VARIOUS CATEGORIES

52. **Responsibilities of HK Supervisor.** The Supervisor has to play a very vital role in preparation of room through HK staff at the time of admission. Supervisors are on three shift duties as follows:-

52.1. **Morning Shift.** 8am to 4.30pm.

52.2. **Evening Shift.** 11.30am to 8pm.

52.3. **Night Shift.** 8pm to 8am.

53. The HK Supervisor is responsible for handling HK Staff who are on 12 hr duty extending to 24hr or even 36 hr in certain cases. It requires a high degree of leadership, communication and motivational skill to draw out quality work from HK staff to do a monotonous, menial job in an extended duration. There are certain other responsibilities for Supervisor to be physically present at the location of deputed task, these are:-

53.1. HK staff shift change over timing have to be supervised at the entrance gate from 8am to 9am in the morning and 8pm to 9pm in the evening.

53.2. Half an hour to 45 mins were required for handing/ taking over of laundry at the ground floor anytime after 10am.

53.3. Preparation of OPD area in the evening from 3pm to 4pm. However, there would be other Supervisor on duty to ensure room readiness.

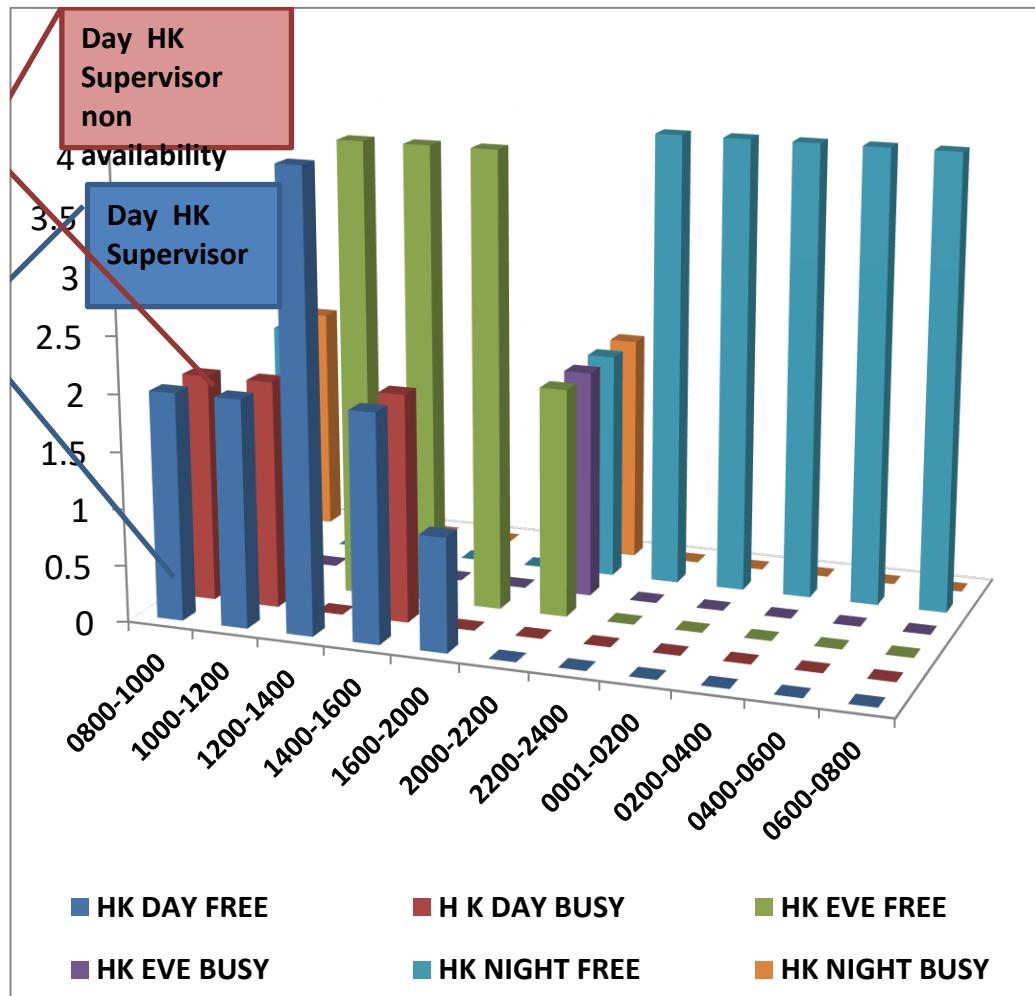


FIGURE 3.3 : AVAILABILITY PATTERN OF HK SUPERVISOR

54. Procedure for Intimation to HK Supervisor about Room Allotment.

54.1. HK Supervisors have to be contacted on their personal mobiles as there is no provision of ‘Duty Mobile’ of Supervisor-on-duty, which facilitates as a permanent contact number for Supervisor.

54.2. HK Supervisor is on three shift basis and the duty roster changes every fortnight, as also in case of leave or emergency the supervisor on duty may be changed at short notice.

54.3. Floor Manager or Reception Clerk is not informed of any changes in duty schedule of HK Supervisor.

54.4. In absence of this information, precious time is again wasted to contact HK Supervisor resulting in delay of room preparation and inspection.

55. **Preparation of Room in Advance.** A procedure of maintaining certain number of room/ bed in each category partially ready to be occupied at short notice is being followed. This is being ensured to cater for non-availability of HK Supervisor or Staff at the time of admission. The room is kept partially ready and requires few minutes only to get it completely ready for occupation. The cleanliness of the room/ bed area, waste bin, and furniture is ensured, and a fresh bed sheet is spread. As the intimation for room allotment is received, water jug and water glasses are kept along with morning kit comprising of hand towel, soap, toilet paper etc is handed over to the patient attendant, the room/ bed, furniture and bed sheet is again checked for cleanliness and proper layout. This procedure is followed in for all unoccupied rooms of Private and Deluxe category, however in case of semi private and economy rooms, it cannot be done for all the unoccupied beds as it is likely to be misused by visitors/ attendants of other patients of the room. It was found that the selection of unoccupied room/ bed for advance preparation is carried out in a random manner by the HK Supervisor and the details are not shared with Floor Mgr. Consequently, Floor Mgr does not check if the room/bed being allotted to a patient in economy/ semi private category is the one prepared in advance or not. The allotment is done in a random manner. This results in wastage of effort by HK Staff and also leads to disgruntlement.

56. **Problem of Bed Sheets.** It was observed that a large number of complaints were due to non- availability of bed sheets for attendant's bed or poor standard of bed sheet. The reason for these complaints were found to be as follows:-

56.1. The bed sheets were available at the scale of 4:1, which is woefully less since it has to cater for the following:-

56.1.1. Reserve for cover laundry duration.

56.1.2. Attendant's bed.

56.1.3. Medical examination bed in each OPD Chamber.

56.1.4. ICU and Emergency.

56.1.5. Frequent soiling of bed sheet by few patients.

56.2. Proper inventory control of bed sheets was not carried out by HK Staff.

56.3. HK Staff were not accountable for bed sheets.

57. However, the problem was manageable to quite an extent since average occupancy of the hospital was about 70%

Graphical Representation of Observations

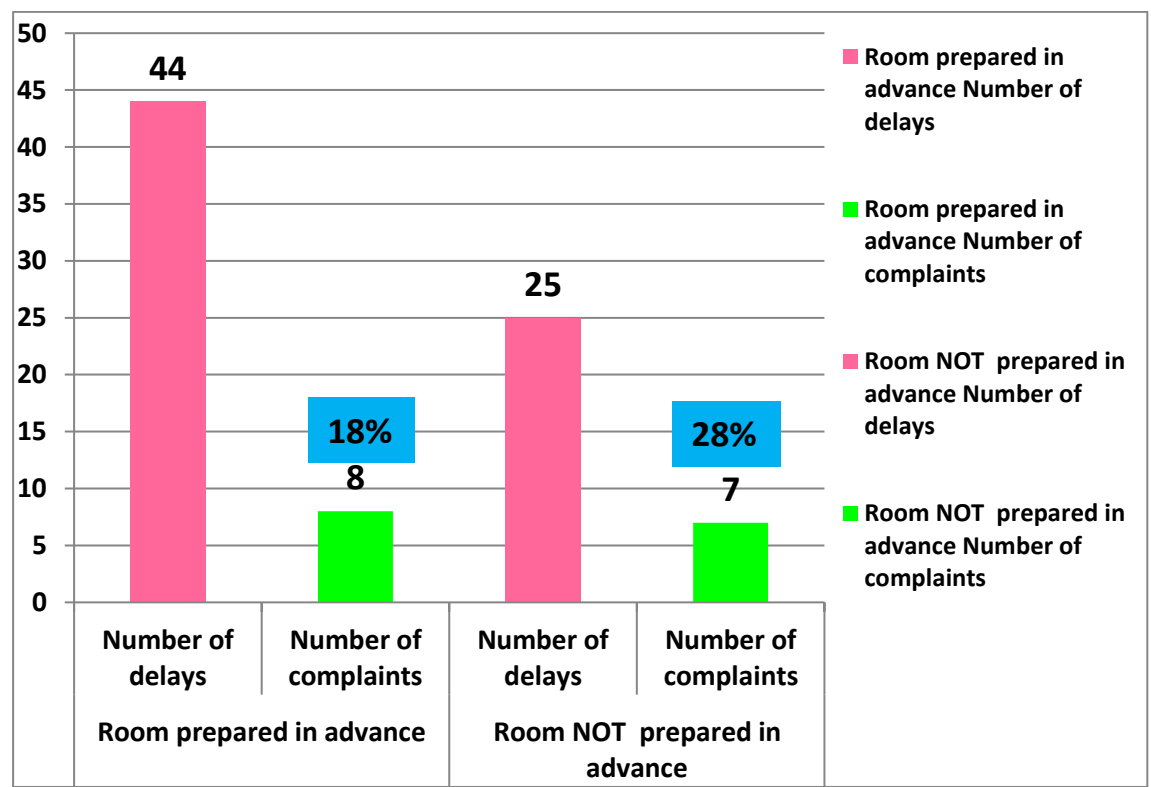


FIGURE 3.4 : DELAYS AND COMPLAINTS IN CASE OF ROOM PREPARED OR NOT PREPARED IN ADVANCE

58. The above figure clearly indicates that room preparation in advance helps in reducing the number of complaints. The number of delays appears to be more in case of room prepared in advance, which may be resulting due to misplaced confidence of room

already being ready. The supervisors must be made to understand that final inspection in time before occupation is very important.

59. **Category wise Graphical Representation.** Observation were made for admissions in each category of room in the months of Feb and Mar 14. Number of admissions, delays, complaints and status of room readiness in advance was recorded. The same is presented in a graphical manner for better assimilation :-

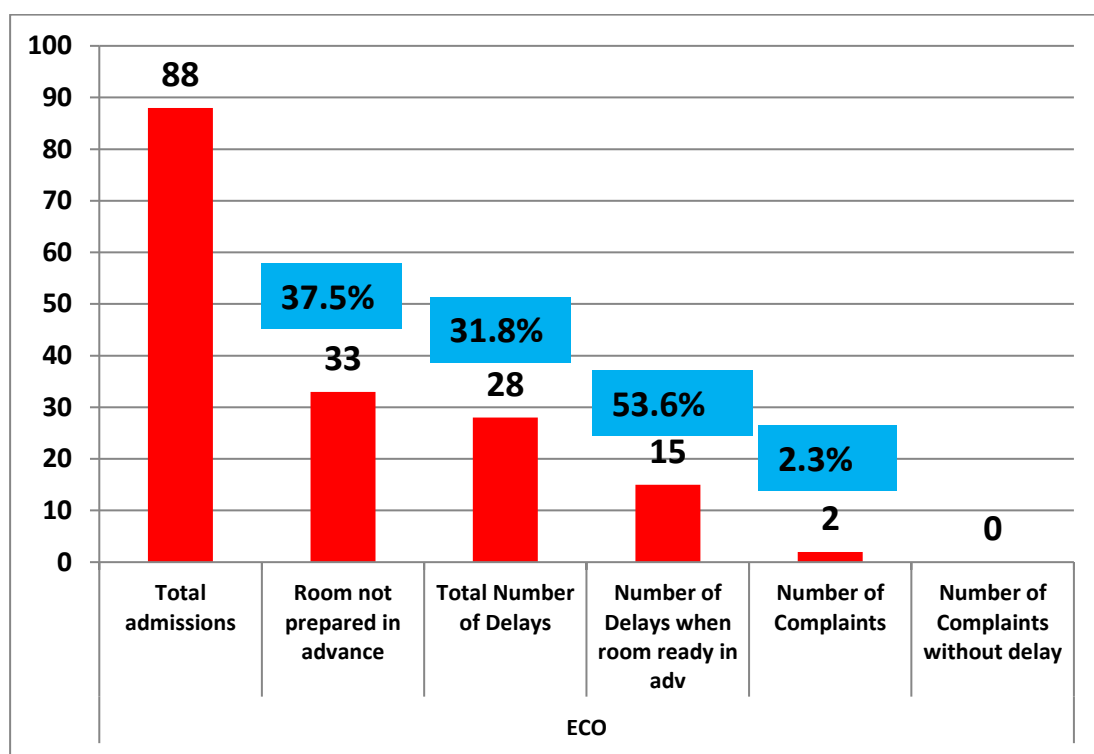


FIGURE 3.5 : DELAYS AND COMPLAINTS IN ECONOMY

CATEGORY

60. Economy category of rooms has the highest number of admissions. It was observed that almost 37.5% of times room was not ready in advance. Higher percentage of delays took place when room was ready in advance than when it was not ready in advance. It was observed that probably the HK Supervisor is not giving due importance to this category, as the patients/ attendant seldom complaint. However, still there are

two complaints in this category. The HK staff must give due importance to all categories.

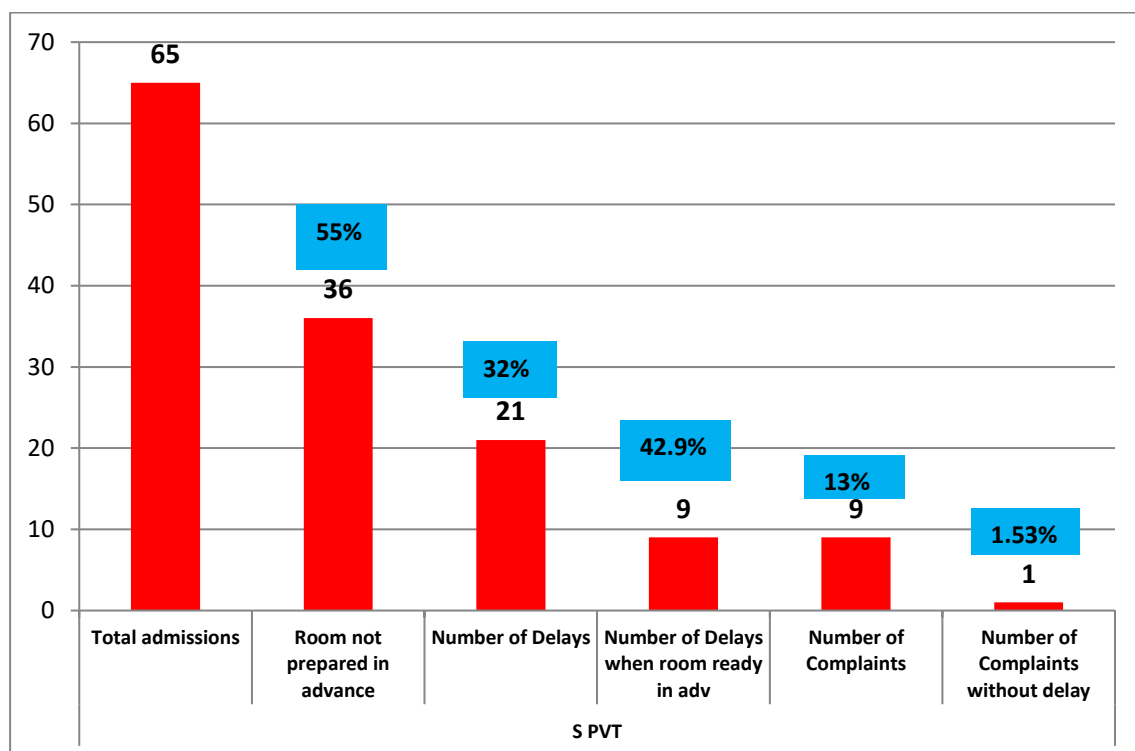


FIGURE 3.6 : DELAYS AND COMPLAINTS IN SEMI PRIVATE CATEGORY

61. Out of 65 admissions observed in this category, room was not ready in almost 55% of occasions. Main reason for this could be that this category is on twin sharing basis, and only one bed out of the two is prepared in advance. If one of the beds is already occupied then the second one is not prepared deliberately to avoid misuse by visitors of the first patient. The number of delays in this category is about 32% but still there are 9 complaints, out of which one was even when the supervisor had checked the room in time. This indicates that the patients/ attendants in this category demand better facilities and HK Supervisor and his staffs have to be trained accordingly.

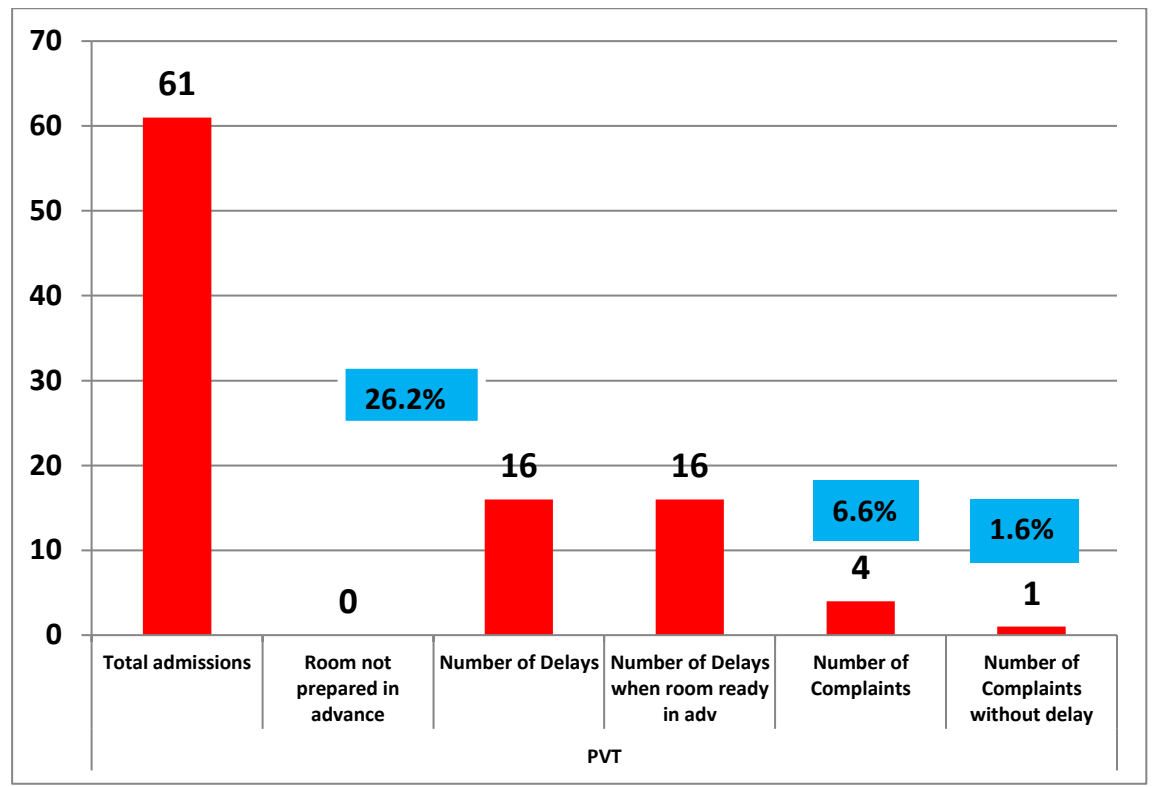


FIGURE 3.7 : DELAYS AND COMPLAINTS IN PRIVATE

CATEGORY

62. Out of 61 complaints, 16 (26.2%) delays in final inspection by Supervisor took place, which resulted in 3 complaints and there was one complaint even when inspection took place in time. It clearly indicates that HK Supervisor should be very thorough in preparation of this category of these rooms and he requires continuous training in this regard.

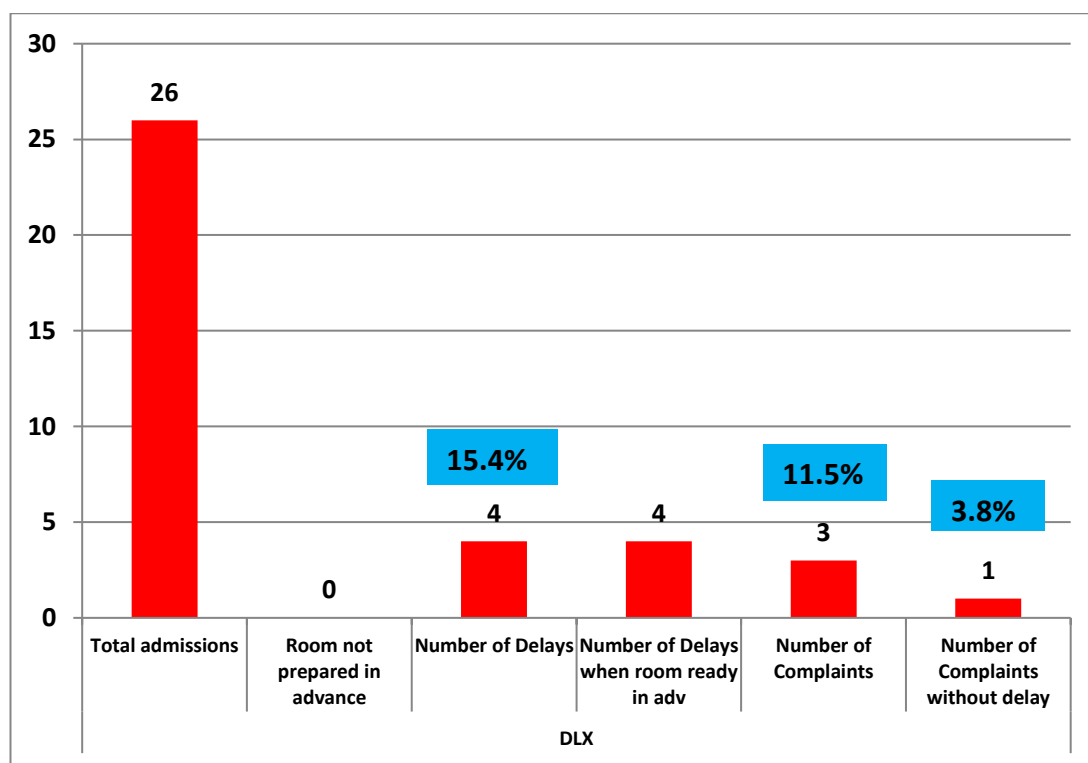


FIGURE 3.7 : DELAYS AND COMPLAINTS IN DELUXE CATEGORY

63. Out of 26 admissions there were only 4 delays i.e. about 15.4%. The supervisor did attempt to give better service to this category; however there were still 3 complaints, one of which was despite supervisor's inspection. This category of patients will have to be provided the best of facilities and a thorough inspection by all concerned should be ensured. The requirement of better training to all concerned is quite evident.

Key Findings / Observations

64. **HK Supervisor**. The following main observations in respect of Supervisor have been noticed:-

64.1. He plays a key role in ensuring room readiness at the time of admission.

64.2. There are three supervisors on duty, however, at certain times of the day only one supervisor is available on duty and is engaged in certain activities, that he

is unable to inspect room in assigned 15mins after allotment of the room. These specific activities are:-

64.2.1. HK Staff shift changeover timings- morning 8am to 9am, and evening 8pm to 9pm.

64.2.2. Laundry handing/ taking over timings between 10am and 11am.

64.2.3. To a certain extent during preparation of OPD area between 3pm and 4pm.

65. **Advance Preparation of Room.** A certain number of unoccupied rooms in Semi Private and Economy category are required to be prepared in advance to cater for admissions of the day. The following drawbacks were noticed in this procedure:-

65.1. HK Supervisor selects room in a random manner for advance preparation. Floor Mgr is not aware about details of these rooms.

65.2. Floor Mgr allots room randomly without consideration to allot rooms which are already prepared in advance.

65.3. HK Staff feels disgruntled about wastage of their efforts when they have to prepare another room for occupation, despite availability of prepared rooms.

65.4. Higher numbers of complaints (28%) are received when room is not prepared in advance, as compared to 18% when room is prepared in advance.

66. **Economy Category.** The observations in this category of admission were:-

66.1. In 37.5% of admissions, room was not ready in advance.

66.2. In 49% of admissions, Supervisor delayed the final inspection before occupation of the room.

66.3. There were more number of delays when room was ready in advance. Indicating misplaced confidence of Supervisor.

66.4. Two complaints were received in this category.

67. **Semi Private Category.** Following observations were made in this category:-

67.1. In 55% of admissions room was not ready in advance. It was being done deliberately to avoid misuse by visitors of other patient of the room.

67.2. This resulted in higher number of complaints (35%).

67.3. There was one complaint even when the supervisor had carried out his inspection and found the room to be ready.

68. **Private Category.** Four complaints were received out of 61 admissions observed, i.e. about 6.6%. There was one complaint even after HK Supervisor had inspected the room and found it to be ready as per his standards.

69. **Deluxe Category.** Three complaints were received out of 26 admissions (11.5%). There was one complaint even after HK Supervisor had inspected the room in time.

70. Highest numbers of complaints were received in case of semi private category (13%) as compared to total number of admissions in that category, followed by Deluxe Category (11.5%), and Private rooms (6.6%). Economy category had only 2.3% of complaints as against number of admissions in that category.

71. **HK Supervisor Competency.** Though most of the complaints occurred when the supervisor could not inspect the room before occupation, however some complaints were observed even after he had found the room to be ready as per his standards.

72. **Linen and Inventory Management.** Complaints regarding non availability/ poor standard of bed sheets needs to be addressed in holistic manner. Proper inventory management was found missing.

CHAPTER 4

DISCUSSION

73. The findings reveal that HK Supervisor plays an important role in ensuring room readiness at the time of admission. There is a policy of preparing room in advance for occupation, since there was no problem of room availability at any time during the duration of the study as the occupancy rate is about 70%. This helps in ensuring that a room is partially ready and requires minimum time and effort for the HK staff and supervisor to make it completely ready for occupation. However, due to certain gaps in processes the effort of the concerned staff is wasted out and complaints are still being received.

74. It has been indicated by analysis of the data during admissions, that maximum number of complaints are received when the room is not ready in advance or when the Supervisor failed to carry out his final inspection before occupation within stipulated 15 minutes. The Supervisor is assigned various other responsibilities which prevent him from being physically present for inspection of room in every admission. The solution lies in changing time of other responsibility wherever feasible such that the second supervisor is available to ensure room readiness, or ensure advance room readiness to a high degree.

75. It has been observed that higher percentage of complaints was received in Semi Private category (13%), followed by Deluxe category (11.5%) and Private category (6.6%). Economy category had the least of complaints (2.3%).

76. Some complaints were even received when room was prepared in advance and inspected by supervisor. It reveals that the HK Staff needs training in quality of room preparedness.

CHAPTER 5

RECOMMENDATIONS

77. **People.** Following is recommended to improve the manpower related aspects:-

77.1. Training of HK Supervisor and Staff in cleaning and preparation of the room, especially for Semi Private, Private and Deluxe category.

77.2. HK staff should be trained on management of inventory especially bed sheets.

77.3. HK Staff including HK I/C and all the supervisors should be sensitised about more number of complaints in Semi Private, Private and Deluxe category and hence the preparation and inspection of these rooms to be done in a more deliberate manner.

78. **Processes.** Following is recommended to improve processes as pertaining to preparation of room at the time of admission:-

78.1. Contact details of Supervisor on duty should be available at all work stations especially IPD Reception and Floor Mgr. HK I/C should ensure that any changes in duty roster should be informed to all concerned.

78.2. A sketch showing layout of room furnishing especially of higher category should be placed in each room. This would facilitate the HK Staff to refer to it and place furniture accordingly.

78.3. Unoccupied Private and Deluxe category of rooms should be prepared in all aspects except placing fresh drinking water in the jug and placing fresh towels and bathroom kit. These should be inspected in detail early in the morning in a deliberate manner by HK I/C and duty supervisor and latched thereafter.

78.4. **Process for Advance Preparation of the Room.** The following is suggested to improve this process:-

78.4.1. Selection of room/ bed for advance preparation and allotment in alphabetic/ numeric seniority.

78.4.2. E.g., if 406, 408 are occupied and 407 and 409 are vacant, then 407 be considered first for advance preparation by HK Staff and allotment by Floor Mgr.

78.4.3. Similarly, if Bed No 204 a, b, c in Economy category is occupied and 204 d, e, f is vacant; then 204 d should be considered first for the allotment.

Accordingly, HK should keep it ready for occupation.

78.5. **Problem Situation.** There could be a problem situation as follows:-

78.5.1. If in the example given above 204 b falls vacant later in the day, then reception & Floor Mgr will consider it first for allotment being first in alphanumeric seniority.

78.5.2. However, HK may not have prepared 204 b in advance , since 204 d is already prepared and available for occupation.

78.6. **Solution Recommended.**

78.6.1. HIS to show date and time of discharge on the ‘bed management’ screen.

78.6.2. Reception should not initiate allotment of room/bed vacated on the same day unless there is no other option available.

79. **Policy.** Following is recommended on policy issues:-

79.1. Number of bed sheets to be maintained in the hospital should be at least at the scale of 5:1.

79.2. **Laundry Timings.** Management should ask the laundry services to change their timing of delivery of fresh laundry at 12pm. This will ensure that at least one supervisor is available at that time to inspect rooms on occupation, since the second supervisor is on duty from 11.30am onwards.

CONCLUSION

73. Proper preparation of room at the time of admission seems to be a very insignificant aspect in the process of medical care. However, initial impression makes an important impact on the patient and his attendant, and restores his/her faith in the processes and standards of the hospital. This impression also consolidates his/ her trust on the medical procedures of the hospital. It also helps to spread positive image of the hospital as the visitors attending the patient do carry this impression. Well begun is half done as they say, the initial positive attitude of the patient and his attendants will help in early recovery to a certain extent, in any case if the cleanliness and ambience of the room is well maintained then it will control spread of infection and reduce length of stay in the hospital. Simple and effective changes in the processes, policy and result oriented training and sensitisation of the people will be able to make remarkable improvements in room preparedness.

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Annex

TIME TRACKING SHEET

Date	Pt ID No	Pt arrival at IPD reception	Cat of room allotted	HK Supervisor informed of room allotment	Room prepared in advance Yes/No	Time HK Supervisor approves room readiness	Time taken for room to be ready	Complaint received Yes/No