Dissertation Title

"Transport Department - Issues and Challenges in Medica Superspecialty Hospital"

A Dissertation Proposal for

Post Graduate Diploma in Health and Hospital Management

by

Rohan Paschal
Roll No.PG/08/045

under the guidance of

Mr.Sudip Bhattacharjee
Designation:Emergency Administrator
Organisation:Medica Superspecialty Hospital

Mr.K.J.Singh
Designation:Professor
Organisation:IIHMR,Delhi



International Institute of Health Management Research
New Delhi

May, 2010

Certificate of Internship Completion

11 May 2010

TO WHOM IT MAY CONCERN

This is to certify that Mr. Paschal has successfully completed his 3 months internship in our organization, Medica Hospital Pvt.Ltd from February 1, 2010 to April 30, 2010. During his intern he has worked as team leader of the hospital's transportation system. Mr. Paschal was instrumental in setting up and streamlining the process of co-ordinated patient movement within the hospital system under the guidance of myself, Mr.Sudeep Bhattacharjee at Medica Hospitals Pvt.Ltd. Mr. Paschal will be dearly missed for hard work and dedication to his duties performed during his internship and I wish him the best of luck in his future endeavours. He will be a tremendous asset to any and all organizations which he chooses to be employed by.
Once again we wish Mr.Paschal good luck for his future assignments.

Mr.Sudeep Bhattacharjee
Emergency Room Administrator

Certificate of Approval

The following dissertation titled "**Issues and Challenges of Transport Department**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory 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

Mr.Sudeep Bhattacharjee
Emergency Adminintrator
Medica Superspecialty Hospital
Mukundpur
Kolkata – 700099

Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Rohan Paschal** a student of the **Post- Graduate Diploma in Health and Hospital Management** from **IIHMR New Delhi**, has worked under my guidance and supervision. He is submitting this dissertation titled "**Transport Department-Issues and challenges**" 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.

Mr.Sudeep Bhattacharjee
Emergency Adminintrator
Medica Superspecialty Hospital
Mukundpur
Kolkata - 700099

Dr.K.J.Singh
Dean Academics & Students Affairs
International Institute of Health Management Research
Dwarka, New Delhi

ABSTRACT ON THE TRANSPORT DEPARTMENT

The topic of Dissertation in Medica Superspecialty Hospital was on transportation. By transportation we mean the transfer of patients from and to various wards or OPD's or operation theatre or for certain tests and treatment. This department was started by me along with two GRE's (Guest Relation Executives). The study was made to be undertaken by us by the hospital authorities.

Being a new hospital (started functioning from 13th Jan) , it faced with initial hiccups in its various systems and processes and one of the recurring hazard it had to tackle with was the transportation part. It was often seen that whenever a request for a wheelchair or stretcher was made from the floor or wards or any other location in the hospital, the time when the mode of transport reached was getting quite delayed. As a result the OT timings were getting delayed, patients who had to go for CT SCAN or X-ray or any other tests were all getting on hold. But there was no written document which the management could view later and devise the solutions to address the issue. So it was decided that a separate department by the name of "TRANSPORT DEPARTMENT" would be set up not only to rectify the issues but also smoothen the functioning wheels of the hospital.

We at the Transport Department were entrusted with the responsibility of dispatching the stretchers and wheelchairs when the need arose from any respective location of the hospital. Then we recorded the

1) Time of Call
2) Time of Need
3) Transport staff departure time
4) Transport staff arrival time
5) And lastly where the transport was required.

After recording these details we used to authenticate the transport and give a *token number* with each movement. Token number is a number that is generated by the department against each transportation made from one department to another. This is a system of codification which is being implemented for future references with a degree of convenience at a later date.

There were a total of 9 wheelchairs, 2 stretchers and 3 emergency trolleys which carried out the transportation in the entire hospital. Initially when the department started, the work was carried out quite smoothly but as the number of patients started to increase in the hospital and especially during the peak OPD hours, it was seen that the available mode of transport was not enough. Very often wheelchairs and stretchers would go on hold when they carried patients who were unable to walk. As a result when the new calls would come for such similar requests, the respective patients would get on hold. So as a department a solution was thought of.

The transport staff were trained by us to use walky-talky. Now what happened was that they carried those with them at the time of patient movement. This helped us to communicate with them whenever the need arose to and also instruct them to take any other patient if we had received the call and they were not in the department. By adopting this procedure, the holding time of patients were reduced. An example would highlight the matter in a crystal clear way. Suppose there was a patient on the stretcher who has to be shifted from Physiotherapy to the floor. But when my staff arrive at the place they probably inform that the patient is not ready or the doctor is viewing the records or the sister has not yet turned up from the floor. So they have to wait over there unnecessarily. In the mean time if there is any requirement of a stretcher to transfer a patient (say from dialysis to CCU), we inform the staff over the walkies. They then carry out the latter assignment and in the mean time the former patient gets ready to get transferred to the floor. So therefore the patient hold scenario is dealt with and at the same time both patients are successfully transferred.

In conclusion I can say that as the load of the patients would increase in the hospital in the days to come, they have to make few changes which was given to them by me as a part of the recommendation. Firstly the number of stretchers and wheelchairs have to be increased by a considerable extent. Secondly the manpower also have to be thought about. 6 transport girls would not suffice the need at a later date when the hospital would be on a full-swing. And lastly in each floor, ward , lobby , OPD’s , the radiology

area (CT SCAN,X-RAY) and the OT there should at least be a few wheelchairs and stretchers, such that if by chance the transport staff are not available then the staff of the respective location can at least co-ordinate in the patient movement.

ACKNOWLEDGEMENT

I consider myself to be very lucky and honoured to have got an opportunity to complete my internship from a reputed hospital like Medica.

I would like to thank Mr.Sudeep Bhattacharjee for providing me with the support and direction , on the basis of which I had a successful completion of my training at the organization.

I would also like to take the opportunity to thank Dr. Alok Roy, the chairman of the Hospital, Mr Sudhanshu Roy, HR head, Madam Mousumi, the Head GRE (Guest Relation Executive)

Finally I would love to thank Dr.K.J.Singh, my college advisor who was a stone of inspiration and guided me properly to complete my report and training on a good and high note.

ROHAN PASCHAL

TABLE OF CONTENTS

	PAGE NO.
(1) INTERNSHIP COMPLETION CERTIFICATE	1
(2) CERTIFICATE OF APPROVAL	2
(3) APPROVAL OF DAC	3
(4) ABSTRACT	4-6
(5) ACKNOWLEDGEMENT	7

(A) INTERNSHIP REPORT

(1) INTRODUCTION TO MEDICA HOSPITAL	9-16
(2) ROLE IN THE ORGANISATION	17-20
(3) MANAGERIAL TASKS PERFORMED	21-22

(B) DISSERTATION REPORT

(1) CHAPTER 1- INTRODUCTION	24-27
OBJECTIVES	28
LITERATURE SURVEY	29-30
(2) CHAPTER 2 – RESEARCH METHODOLOGY	31

DATA COLLECTION 32

DATE ANALYSIS 33

RESULTS OF DATA ANALYSIS 34

(3) CHAPTER 3 – RESULTS AND FINDINGS

FIG 1.1 36

FIG 1.2 37

FIG 1.3 38

FIG 1.4 39

FIG 1.5 40

FIG 1.6 41

FIG 1.7 42

FIG 1.8 43

FIG 1.9 44

FIG 1.10 45

FIG 1.11 46

(4) CHAPTER 4- RECOMMENDATION & CONCLUSION

RECOMMENDATION 47

CONCLUSION 48

INTERNSHIP REPORT

MEDICA SUPERSPECIALITY HOSPITAL

Medica Synergie is a team of dedicated professionals working towards a common vision to "promote excellence in healthcare management through innovation"

The Team, under the guidance of the Chairman, Dr Alok Roy, is focused on realizing his vision of delivering quality and affordable healthcare to every individual.

With over 250 man years of experience in planning over 20 million sqft of medical facilities worth well over Rs.530 crores, the team provides comprehensive turnkey consultancy across the healthcare spectrum
The Rs100 crore Medica Superspeciality Hospital has dedicated specialty institutes in the domains of cardiac sciences, neuro sciences, kidney diseases, orthopaedic sciences (including spine and joints) and gastroenterology. In addition it has an advanced emergency unit with the resources to provide 100% pre-hospital trauma and cardiac care to patients. The rooftop Healing Garden , use of Heligography, the study of the sun's movement on the site while positioning the hospital building and a pneumatic chute for quick and efficient movement of path lab samples are among the many firsts in the city.

SPECIALITIES&SERVICES :-

- Cardiac Sciences.
- Endocrinology.
- Dermatology.
- Neuro Sciences.
- General Surgery.
- Imaging Services.
- Orthopaedic Sciences.
- Key Hole Surgery.
- General Medicine.
- Gastroenterology.
- Gastro Intestinal Surgery.
- Head and Neck Surgery.

- Bariatric Surgery.
- Maxillofacial Surgery.
- Cancer Medicine.
- Nephrology.
- Gynaecology and Obstetrics.
- Paediatrics.
- Rheumatology.
- Laboratory Medicine.
- Blood Bank.
- Urology.
- Psychiatry.
- Transfusion Medicine.
- Respiratory Medicine.
- Plastic Surgery.
- Emergency Services.
- Trauma Surgery.
- Intensive Care.
- ENT.
- Dentistry.
- Rehab Services.
- Nutrition and Dietetics.
- Telemedicine.
- Pharmacy.
- Gift cum book shop.
- Cafeteria.

MEDICA makes a difference in patient care :

- Prevention and Wellness.
- Environment Friendly.
- Access and choice.
- Convenience.
- Privacy.
- Quality.
- Cost effective.
- Healthy and vibrant ambience.
- High tech

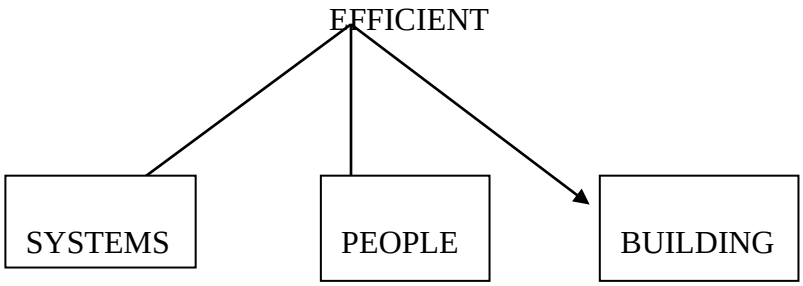
PATIENT FRIENDLY :

- Large patient rooms to provide separate zones for patient, care provider and staff.
- Sized and equipped to handle all but most critical and intensive care.
- Minimizes patient transfers which reduces errors and injuries.

HEALING ENVIRONMENT :

- Landscape and architectural design integration.,
- Healing Garden soothing environment to enable faster recovery.
- A place for rejuvenation.

KEY ATTRIBUTES THAT MAKE MEDICA EFFECTIVE :



ACCOMPLISHMENTS :

The Team is proud to have been associated in the creation of some of the finest hospitals in India.

- Rabindranath Tagore International Institute of Cardiac Sciences, Kolkata
- Narayana Hrudayalaya, Bangalore
- Rajeev Gandhi Hospital, Amethi
- Manipal Heart Foundation, Bangalore
- Fortis, Noida
- RC Agarwal Hospital, Tinsukia
- Maharaj Agrasen Hospital, Bangalore…….to name a few.

The Team was actively involved in setting up the pioneering Integrated Telemedicine & Telehealth Project (ITTP) in India providing over 14 telemed links in various districts in Karnataka.

Currently, the Team is involved in building, restructuring or managing these institutions:

- Medica Synergy Hospital, Kolkata
- Medica North Bengal Hospital, Siliguri
- Park Clinic, Dhanbad

.

GROUND FLOOR

At the ground floor there are the following :-

- Admission Counter.
- Reception.
- Help Desk.
- The Outpatient Departments.
- Emergency Department.
- Telephone operator room.
- Transport department.
- Linen and laundry.
- Kitchen.
- Security office.
- Mortuary.
- Radiology Department including the CT-SCAN, MRI and X-RAY.

HELP DESK – At this counter there are girls who were known as hostess and boys Who were known as hosts. Their prime duty is to accompany the patient as an escort during tests and treatment.

RECEPTION – This department is manned by the hospital GRE's (Guest Relation Executives). The duty hours of these GRE's are 8 hours shift duty. The registration of patients are done here if patients visit hospital for the first time.

OUTPATIENT DEPARTMENT – The OPD at this hospital are divided into 4 outpatient bays Here is a table with consultants and specialties as under :-

CONSULTANT NAME	DEPT NAME	OPD BAY
Dr.J.Naik	Cardiology	3
Dr.Sunip Banerjee	Cardiology	3
Dr.Sanjiv Garg	Cardiology	3
Dr.A.K.Tripati	Cardiology	2
Dr.Raja Roy	Cardiology	3
Dr.Dilip Kumar	Cardiology	3
Dr.Ratan Kr.Das	Cardiac Surgery	2
Dr.T.Roychowdhury	Cardiac Surgery	2
Dr.D.K.Pahari	Nephrology	3
Dr.P.K.Mishra	Urology	2
Dr.Amitava Dey	Urology	2
Dr.Sutanu Hazra	Orthopaedic	4
Dr.Anirban Chatterjee	Orthopaedic	4
Dr.Vivek Sharma	Orthopaedic	4
Dr.Abhijit Chandra	Endocrinology	2
Dr.Arindam Kar	Intensive Care	3
Dr.Bikash Bhattacharya	Paediatrics	2
Dr.Dipankar Mukherjee	Gastro	2
Dr.Pratik Dasgupta	Internal Medicine	3
Dr.Tapas Kumar	Internal Medicine	3
Dr.R.N.Das	Internal Medicine	3
Dr.Abir Mukherjee	Psychiatry	2
Dr.Sujata Dutta	Gynaecology&Obstetrics	2
Dr.Susmita Chatterjee	Gynaecology&Obstetrics	2
Dr.Debashish Dutta	Gastroenterology	2
Dr.Kaushik Sil	Neurology	1
Dr.L.N.Tripathy	Neurology	1
Dr.Sunandan Basu	Neurology	1

DIALYSIS UNIT – Is on the 1st floor which has a total of 22 beds along with 15 nurses and 8 Brothers.

OPERATION THEATRE - This department is located on the 2nd floor and there are mainly two OT's namely MAJOR OT and MINOR OT. Just at the entrance of the operation theatre there is a recovery room where patients are kept for observation after the operation procedures.

There is a data entry room and records room for maintenance and up gradation of records. A staff lounge is there with drinking water facilities, toilet and eating space for the OT staff.

PHYSIOTHERAPY UNIT – This unit is situated on the 1st floor with all modern equipments And machines to foster rehabilitation and exercise for the patients to speed up the recovery processes of the patient.

CRITICAL CARE UNITS – There are total 3 CCU's in the hospital each with 15 beds Located on the 3rd floor. There were total 30 nurses who manned the 3 CCUs together at the same time. Their duty hours were 8 hours shift.

PRE POST CATH LABS – Located on the 1st floor of the hospital Building. Has 20 beds and 15 nurses allotted to this department.

- *ROOM CHARGES*

SL NO.	ROOM TYPE	CHARGES
1	MULTI 6	850
2	MULTI 4	1350
3	TWIN SHARE	2350
4	PRIVATE	3300
5	DELUXE	4500
6	ICU	3800

The doctor visit charges are given below. The rates below are for single visit. There are 2 visits per day made by the doctor to the respective patient.

SL NO.	ROOM TYPE	CHARGES
1	MULTI 6	200
2	MULTI 4	300
3	TWIN SHARE	400
4	PRIVATE	500
5	DELUXE	600

At the 1st floor the hospital had the following :-

- Physiotherapy.
- Dialysis.
- Pre post Cath labs.
- Department of Cardiology.

At the 2nd floor departments that were present :-

- Operation theatre.
- Department of neuro sciences.
- Dentistry.
- Blood bank.
- Gynaecology and Obstetrics.

The 3rd floor is the Administration Block with the offices of :-

- Mr.Sudhanshu Roy (Head Human Resource Manager).
- Dr.Alex Kuruvilla (Medical Director).
- Mr.Udayan Lahiri (Vice President).
- Mrs.Aruna Nair (President).
- Dr.Alok Roy (Chairman).

Also there is the medical store and NIPSO store.

ROLE IN THE ORGANISATION

EMERGENCY TRANSPORT

This department encompasses with the total transport of patients (new and old) from one department of a hospital to another for the purpose of tests , treatment , admission , discharge or as the case may be. The smooth functioning of the departmental wheels mainly encircles around the following key points:-

- To start with, there are two phone lines which are in operation in this department with the extension numbers of 400 and 401 respectively for the purpose of communicating with the departments of the hospital.

- After the call has been received by the department staff we record the following information before dispatching the wheelchairs or stretchers accompanied by the H&K Staff:

1) Mode of transport (Wheelchair-W, Stretcher-S)
2) Any special requirement (Oxygen, Cardiac monitor, etc)
3) Patient Name.
4) Patient Registration Number (PRN).
5) Nurse’s name.
6) Transport (From Department).
7) Transport (To Department).

8) Time of call.

9) Time when transport required.

10) H&K staff departure time.

11) H&K staff arrival time.

12) Name of H&K staff.

13) Token Number.

- In case the patient requires a wheelchair, one H&K staff is required. When a trolley or stretcher is needed then 2 H&K staff is sent to the concerned department.
- The staff are handed with notebooks and pens where they can note down the:

1) Patient name.

2) Patient PRN.

3) Transportation required to which department.

4) Time of arrival of H&K Staff in the concerned dept (to be signed by sister-in-charge).

5) Signature of sister-in-charge of the department.

The H&K staff are also handed over walky-talkies and the frequency is adjusted to Channel-4 to communicate with the department to get detailed information about their present locations

- After the transportation is complete, the H&K staff report back to the department and the department records the arrival time of the H&K staff to evaluate the total time taken by the staff to complete the given assignment.
- A token number is generated by our department against each transportation done for future reference

TOKEN NUMBER: Token number is a number that is generated by the department against each transportation made from one department to another by our. This is like a system of codification which is being implemented for future references with a degree of convenience at a later date. The code we are using starts with the initial letters of the day of the week followed by the patient number for the day.

Example: On Monday, if a patient is transported from one department to another, and he or she is the 1st patient, then the token number we generate for that assignment is M1. For the following patient, token number M2 is generated.

In case for days like Tuesdays and Thursdays we use the codes of T and THU, and for Saturdays and Sundays S and SUN are in use. Then as and when the patients are transported the numbers are allotted to these codes (day codes) on a chronological basis

MANAGERIAL TASKS PERFORMED IN THE DEPARTMENT

PROBLEM 1 : At the inception of this department, there were certain problems in its functioning. It was often noticed that when the stretchers were taking patients to the Operation Theatre, the handover of the patients were getting late as the concerned stretcher was not being prepared at the theatre to receive them.

SOLUTION : After receiving the request for the requirement of the stretcher from the floors , the stretcher is dispatched from the stretcher bay after proper notification of the required details (Name of patient, PRN, Nurse/Brother name). The transport staff after reaching the required floor or unit informs through their walky-talky to the department. Then through the departmental extension we inform the OT personnel at least 5 minutes in advance. In the mean time they get ready with the OT stretchers to receive the patient immediately. So when the patient finally arrives in the OT the handover time is greatly reduced and the transport staff can bring back the stretcher for other patient movements. Previously approximately 45 minutes were being required for transferring patients to the OT and thereby patients were also getting on hold. After the start of this system, the same task is now completed in 15-20mins.

PROBLEM 2 : One of the Standard Operating Procedures of the transport department is that once the transport staff is through with one patient movement, they come and report back to our department whereby we note the arrival time. This method is followed to calculate the approximate time required for the transportation. An example to highlight the problem :

Suppose a patient needs to be transferred from 4th floor to dialysis. And then there is another patient who needs to be transferred from physio to CCU. In normal circumstances the staff would shift the first patient ,come to the department, report to us and then carry on with the next patient. By practicing this, the would go on a hold for about a while and as a result consequent patients would slowly come on hold.

SOLUTION : This scenario was addressed and tackled efficiently. The walkies are given to the staff during patient movement. After transferring the 1st patient from 4th floor to dialysis, they inform us over the walky. This time was recorded. And then through the walky we instruct them to take the next patient from physio to CCU. The time recorded thereby becomes the arrival time of the 1st patient and departure time of the 2nd patient. And since dialysis and physio are on the same floor the staff can quickly transport the patient thereby eliminating any chance of patients going on hold.

DISSERTATION REPORT

INTRODUCTION

INTRODUCTION

Medica Synergie is a team of dedicated professionals working towards a common vision to "promote excellence in healthcare management through innovation"

The Team, under the guidance of the Chairman, Dr Alok Roy, is focused on realizing his vision of delivering quality and affordable healthcare to every individual.

With over 250 man years of experience in planning over 20 million sqft of medical facilities worth well over Rs.530 crores, the team provides comprehensive turnkey consultancy across the healthcare spectrum
The Rs100 crore Medica Superspeciality Hospital has dedicated specialty institutes in the domains of cardiac sciences, neuro sciences, kidney diseases, orthopaedic sciences (including spine and joints) and gastroenterology. In addition it has an advanced emergency unit with the resources to provide 100% pre-hospital trauma and cardiac care to patients. The rooftop Healing Garden , use of Heligography, the study of the sun’s movement on the site while positioning the hospital building and a pneumatic chute for quick and efficient movement of path lab samples are among the many firsts in the city.

The Transport Department is one of the most important departments in a hospital which receives marginal attention. This department should be given focus and attention as it gets involved with the transfer of patients who might be critical and delays may cause the criticality to harm or hamper them. This department was initially not set up by the hospital. It was in due course of time when the decision of setting up such a department originated against the background of a few loopholes and problems which started to crop up.

MANAGERIAL OR SECTORAL PROBLEM : The problem encountered

With were the delays in dispatching the mode of transport (stretcher, wheelchair) to the required location in the hospital for patient movement. This lag created a confusion and often a delay in the treatment or test or even the operation of the patient.

BACKGROUND TO THE PROBLEM : The background of this problem was mainly due to the fact that the transportation department was neither formed nor it got the importance that it should have. Initially request for stretchers and wheelchairs were made by calling the telephone operator. They took a bit time to convey the information to the transport staff as they had to handle all the calls both from within and outside the hospital. Overburdening them with these transport duties only added to the misery of the department and its functioning got hindered. So the management finally came up with the idea of setting up a separate transport department to deal with the patient movements in an autonomous manner.

IMPORTANCE OF THE STUDY : Once the transport department was set Up by the management, 2 GRE's (Guest Relation Executives) and myself were entrusted with the responsibility of running it smoothly. The importance of this particular study can be enumerated as under :-

- To evaluate at which times of the day, the demand for wheelchairs and stretchers are at a maximum.
- To find out as to how many wheelchairs or stretchers would be totally required for running the departmental wheels.
- To determine the frequency of equipments like Cardiac Monitor, Ventilator and Oxygen required such that these machines are always ready, maintained and available.
- To calculate the number of staff required such that there is no shortage at any time of the day even when the rush is high.
- To find out at which locations of the hospital, the stretchers and wheelchairs are engaged for a considerable duration of time which might lead to patient getting on hold.

- To identify the key areas in the hospital to set up stretcher and wheelchair bays such that they are kept over there in sufficient

numbers from beforehand to assist patient movement and also reduce a bit of the Transport Department burden.

BENEFITS OF THE STUDY :-

1) KNOWLEDGE-WISE : Time is very valuable in this industry and Should be honored and respected always. So when I was given the department I started developing the knowledge as to how to function in the most optimum way to minimize patient hold and maximize the utilization levels of both the staff and modes of transport. Also gathered knowledge of running a transport department which was completely new to me as I have never been exposed to such a department in the past.

2) SKILL-WISE : Started acquiring the skills of manipulating with the Patient movement staff when they were on the floors through the walky talky such that when one patient was requiring more time to be shifted , they would be through with another patient and then come back to the former one to be shifted. This reduced the patients from getting into hold.

3) PRACTICE-WISE : Practice makes a man perfect. As days went by I got the hang of things and quickly learnt the trick of the trade. Patient hold got reduced, but not eliminated. And soon the department was functioning smoothly and effectively.

4) SYSTEM-WISE : The positive thing that was brought about was that A system was put into implementation which was developed for the sole purpose of transport and the department got its importance which it should have received. Once there is a system and the department has its own SOP's and protocols, it becomes much more easier for anyone to fit into the departmental groove and contribute towards its efficiency and effectiveness.

OBJECTIVES

The main **objectives** of undergoing the dissertation in the Transport Department were as under :-

- Design and set up a system for effective transportation of patients to and from various departments of the hospital.
- To have the adequate number of wheelchairs and stretchers and trolleys for patient movement.
- To calculate the number of staff that would be required per shift for such movements.
- Develop the departmental SOP's and protocols to be adhered with during the daily functioning of the department.
- To determine an approximate time that would be required by the transport staff to complete a movement and to set that time as a benchmark.
- To keep a check on the regular maintenance of the wheelchairs and stretchers and trolleys such that they are always in a workable condition.
- Should be made sure that the equipments like the Cardiac Monitor, Oxygen or the Ventilator which may be required during the transfer of critical patients are always in a state of readiness and sufficiency.

To ascertain the fact that with the transport staff there should always be a nurse/brother escorting the patient irrespective of the gravity of his/her illness or ailment.

LITERATURE SURVEY IN VIEW WITH THE TOPIC

In very few hospitals , it has been noticed that a separate department is set up to overview and co-ordinate the patient movement. As a practice, it is usually the housekeeping staff who are given the responsibility for patient transport. They stand in different service areas of the hospital with wheelchairs and stretchers to do the same.
So after going through the Internet I have not been able to acquire much Literature in close relation with my dissertation topic which directly encircles with the transport of a patient.
But I can just put down certain policies and practices in use which I have downloaded from the net as in use at the "JAMES COOK UNIVERSITY HOSPITAL" under the group "SOUTH TEES HOSPITAL" which falls under the NHS TRUST.

CONVEYING PATIENTS BY WHEELCHAIR

The safety and welfare of the patient is of paramount importance.
Some patients are not at ease while being conveyed by wheelchair and reassurance by the porter/nurse is an important factor.

It is important that the porter should be conversant with the various types of wheelchairs that are in use and any features which may be special to them. It is important that the wheelchair should be pushed at all times, and not pulled. Pulling the chair whilst occupied could result in the patient being `Tipped Out`. Pushing the wheelchair is more dignified for the patient as they can see where they are going!

The porter/nurse must be able to assist the patient in/out of a wheelchair, for example on or off a chair, bed or lavatory and in/out of a car. The porter/nurse must also know the correct methods of pushing a wheelchair down or up a kerbed or step, and special care must be taken when entering lift areas. For instance, make sure the level of the floor and lift floor coincides.

Patients should be covered appropriately with a blanket, both to keep them warm and maintain their dignity. In order to preserve dignity, care should be taken to conceal catheter bags, stomas etc.

It is important that the wheelchair brakes are applied when assisting

the patient into and out of the wheelchair. When `parking` an occupied wheelchair, the porter/nurse should be careful not to leave the patient next to a hot radiator, in a draught or facing a wall.

CONVEYING PATIENTS BY TROLLEY/BED

The suggestions outlined above for wheelchair patients apply equally to patients on trolleys or in beds, except that more staff would be employed in movements of this kind. Particular care should be exercised when moving patients to whom IV infusion line or other life support equipment is attached. Any wheelchair, trolley or bed should have its brakes applied while travelling in the lift. Every consideration should be given to the patient's' safety, comfort and welfare,

CLEANLINESS

On a rolling program, wheelchairs are cleaned by the Portering staff at weekends. Responsibility for monitoring and recording this lies with the Portering Supervisor.

All staff should ensure that prior to using a wheelchair to transport a patient that not only is it in working order but that it is clean.

Defects are reported to the Operations and Maintenance Department. All wheelchairs and trolley's are maintained by SHS Estates Department. On a planned preventative maintenance programme are each six months.

All defects and faults outside of this process must be reported to Sovereign Hospital Services help desk ext 3111. Under no circumstances should a defective wheelchair or trolley be used to transport patients.

RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

- RESEARCH PROBLEM : To determine the areas and causes of Patients getting on hold during patient movement and recommendations for improvement.

- RESEARCH DESIGN : This study was conducted on a survey from Data of 2 months.

  1) Place – At the Transport Department of Medica Superspecialty Hospital.

  2) Sample size – On 300 patient movements.

  3) Source – The data collected and maintained is the Transportation Register.

- The METHOD for **data collection** and results of **analysis** are as under:-

DATA COLLECTION AND ANALYSIS

At the Transport Department, the data which was collected by me was on a regular basis. The data that has been used in my project is the data for a period of 10-15 days. The sample size on which I have worked is roughly around 300. Based on this sample size I have performed the survey and an in-depth analysis to the problem formulation and recommendations to follow. The source of this data collection was the register that was maintained by us in the transport department. Data was collected by not asking questions (open-ended or close-ended), or distributing any sort of questionnaire or using reference of any past records. Rather whatever information was received over the extension in the form of requests during patient movement became the primary source of data for my project work.

DATA COLLECTION : The data was collected in the following format in The transport registers in a tabular form.

1	2	3	4	5	6	7	8	9	10	11	12	13

1 – Date.
2 – Mode of transport (Stretcher or Wheelchair).
3 – Any special requirement (Cardiac monitor, Ventilator, Oxygen).
4 – Patient Name.
5 – Patient Registration Number.
6 – Nurse/Brother Name.
7 - Transport from.
8 – Transport to.
9 – Time of call.
10 – Time of need.
11 – H&K staff departure.
12 – H&K staff arrival.
13 – H&K staff name.
14 – Token.

DATA ANALYSIS : The data analysis was done on a day to day basis to Overview the general functioning of the department. Initially it was not known as to how long (approximate time) would a staff require to transfer a patient from 1 location to the desired location. There were two separate timings that were needed to be calculated. One timing when the patient movement was executed on a wheelchair and the 2nd timing would be calculated when the patient movements were on stretchers. Based on the observations made for the initial days, certain timings were computed which were set as bench-marks against which the performance and time taken for movements could be actually measured. Now if there was any minor or major deviation from the set figure, the situation was immediately addressed by the departmental staff and the HOD to undertake corrective actions.

RESULTS OF DATA ANALYSIS IN THE TRANSPORT DEPARTMENT

The analysis was done with the foremost aim of calculating the approximate and optimum timings required for patient transfers and movements throughout the hospital. The table is as under depicting the results of such analysis :-

MODE OF TRANSPORT	PATIENT MOVEMENT FROM	PATIENT MOVEMENT TO	APPROXIMATE TIME (MINS)
WHEELCHAIR	DIALYSIS	LOBBY	7
STRETCHER	PHYSIO	FLOOR	10
STRETCHER	OT	FLOOR	15
STRETCHER	FLOOR	OT	15
STRETCHER	LOBBY	EMERGENCY	4
WHEELCHAIR	LOBBY	OPD	10
WHEELCHAIR	FLOOR	CT/MRI	15
WHEELCHAIR	CT	FLOOR	7
STRETCHER	FLOOR	X-RAY	10
STRETCHER	CCU	4^{TH} FLOOR	15
WHEELCHAIR	4^{TH} FLOOR	CCU	8
WHEELCHAIR	PREPOST CATH LAB	DISCHARGE	7
WHEELCHAIR	FLOOR	DISCHARGE	7

There were many more movements but this table has been given just to indicate as to the approximate timings of some of the patient movements whose value we set as the benchmark to measure the departmental functioning and take any corrective or necessary actions if required or demanded based on the criticality of the situation.

RESULTS AND FINDINGS

TIME REQUIRED FOR TRANSPORTATION

DURING DISCHARGES

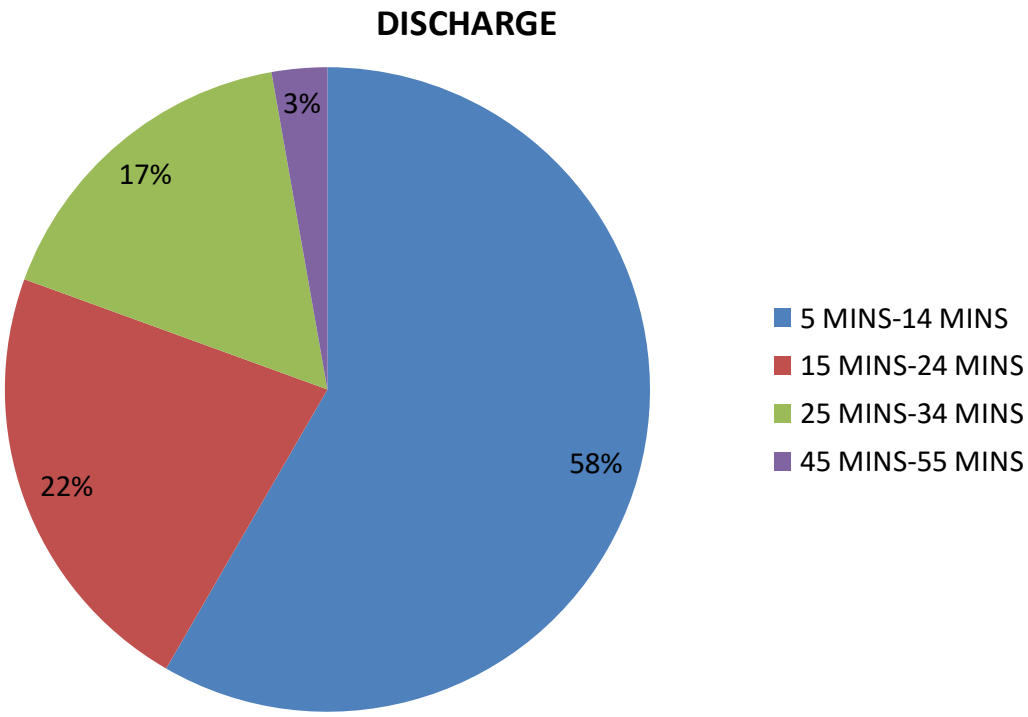


Fig 1.1

58% of the patients were discharged within 5 mins-14 mins.

22% of the patients were discharged within 15mins-24mins.

17% of the patients were discharged within 25mins-34mins.

3% of the patients were discharged within 35mins – 44mins.

TIME REQUIRED FOR TRANSPORTATION

DURING DIALYSIS

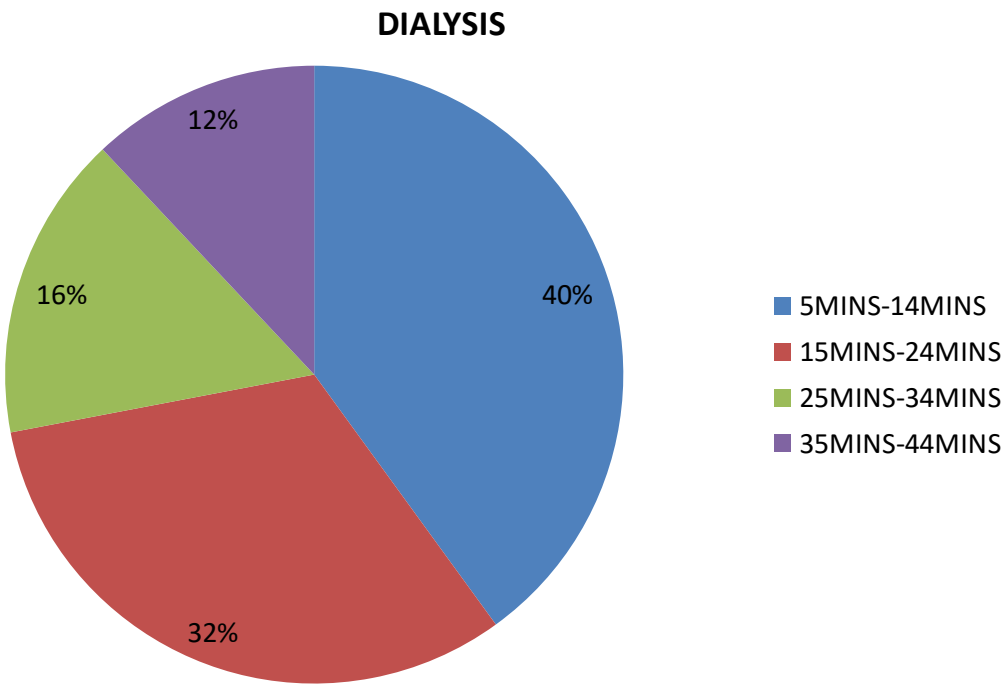


Fig 1.2

40% of the patients were transferred from and to dialysis within 5-14mins.

32% of the patients were transferred from and to dialysis within 15-24mins.

16% of the patients were transferred from and to dialysis within 25-34mins.

12% of the patients were transferred from and to dialysis within 35-44mins.

TIME REQUIRED FOR TRANSPORTATION

DURING PHYSIOTHERAPY

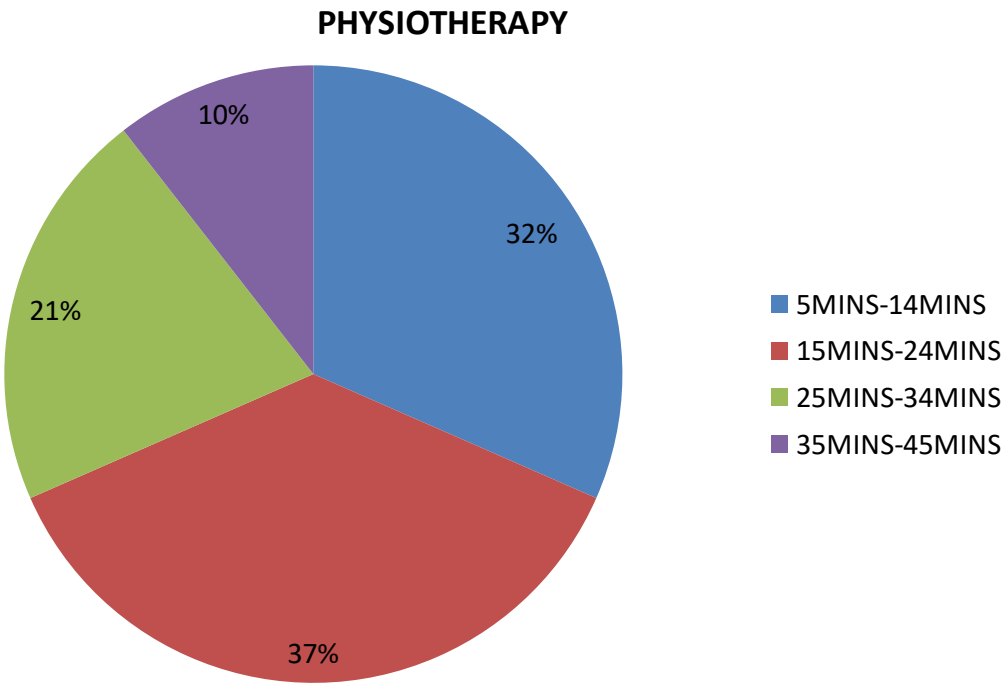


Fig 1.3

37% of the patients were transferred from and to physiotherapy within 5-14mins.

32% of the patients were transferred from and to physiotherapy within 15-24mins.

21% of the patients were transferred from and to physiotherapy within 25-34mins.

10% of the patients were transferred from and to physiotherapy within 35-44mins.

TIME REQUIRED FOR TRANSPORTATION

DURING X-RAY

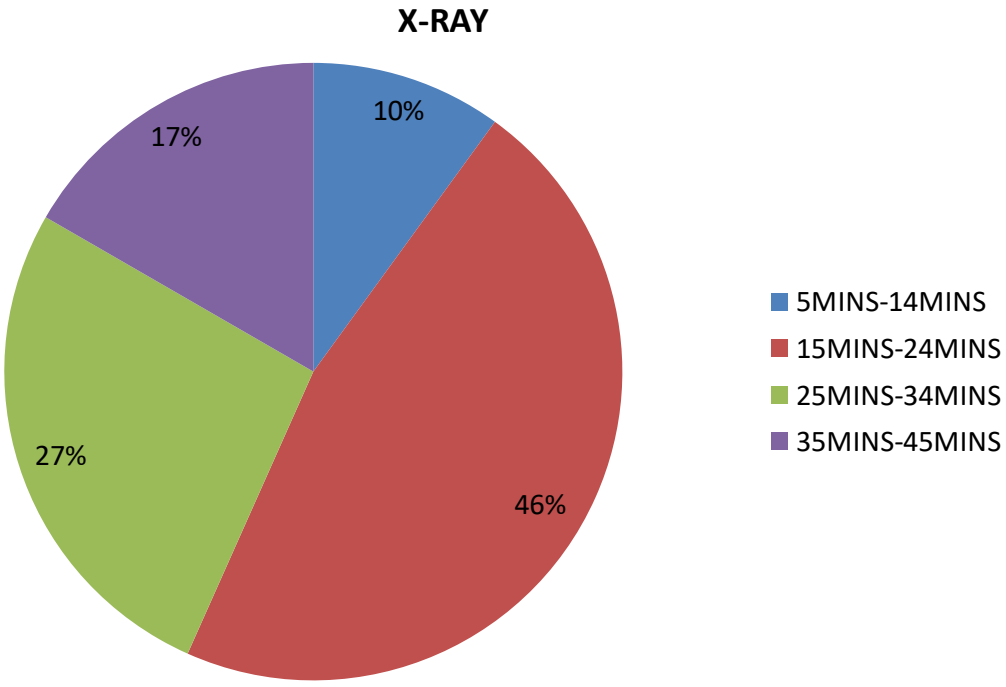


Fig 1.4

46% of the patients were transferred from and to X-Ray within 5-14mins.

27% of the patients were transferred from and to X-Ray within 15-24mins.

17% of the patients were transferred from and to X-Ray within 25-34mins.

10% of the patients were transferred from and to X-Ray within 35-44mins.

TIME REQUIRED FOR TRANSPORTATION

DURING CT-SCAN

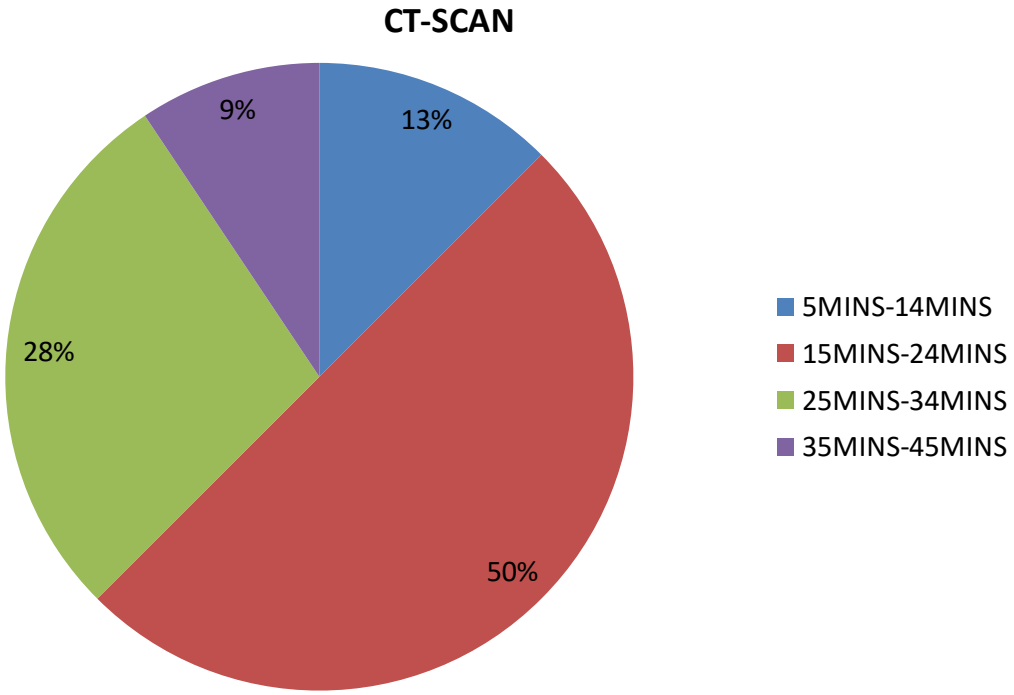


Fig 1.5

50% of the patients were transferred from and to CT-SCAN within 5-14mins

28% of the patients were transferred from and to X-Ray within 15-24mins

13% of the patients were transferred from and to X-Ray within 25-34mins

9% of the patients were transferred from and to X-Ray within 35-44mins

TIME TAKEN FOR TRANSPORTATION

FROM/TO CCU

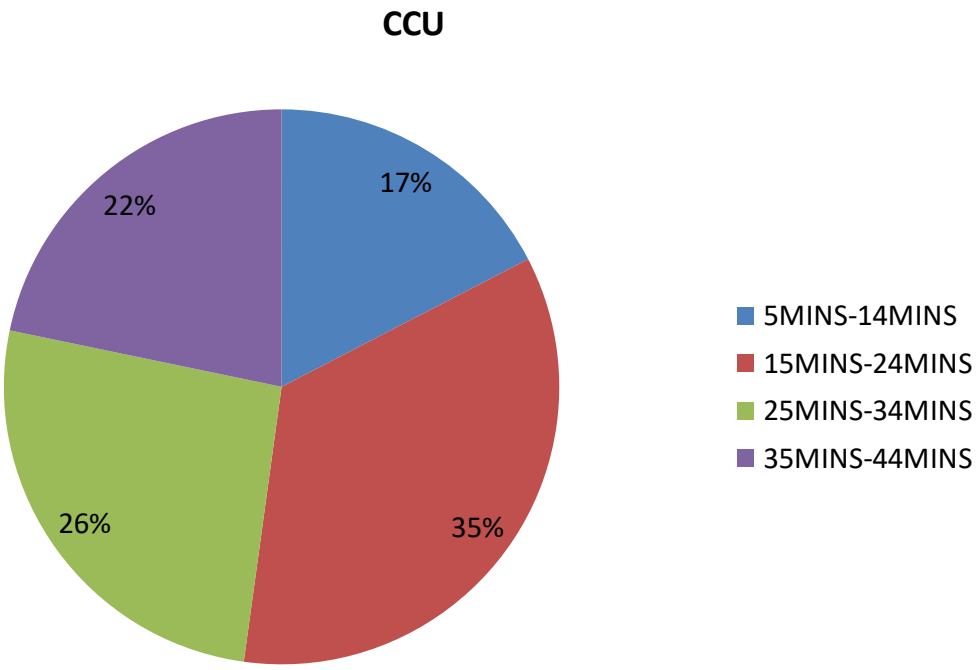


Fig 1.6

35% of the patients were transferred from and to CCU within 5-14mins.

26% of the patients were transferred from and to CCU within 15-24mins.

22% of the patients were transferred from and to CCU within 25-34mins.

17% of the patients were transferred from and to CCU within 35-44mins.

TIME TAKEN FOR TRANSPORTATION

DURING OPD TRANSFERS

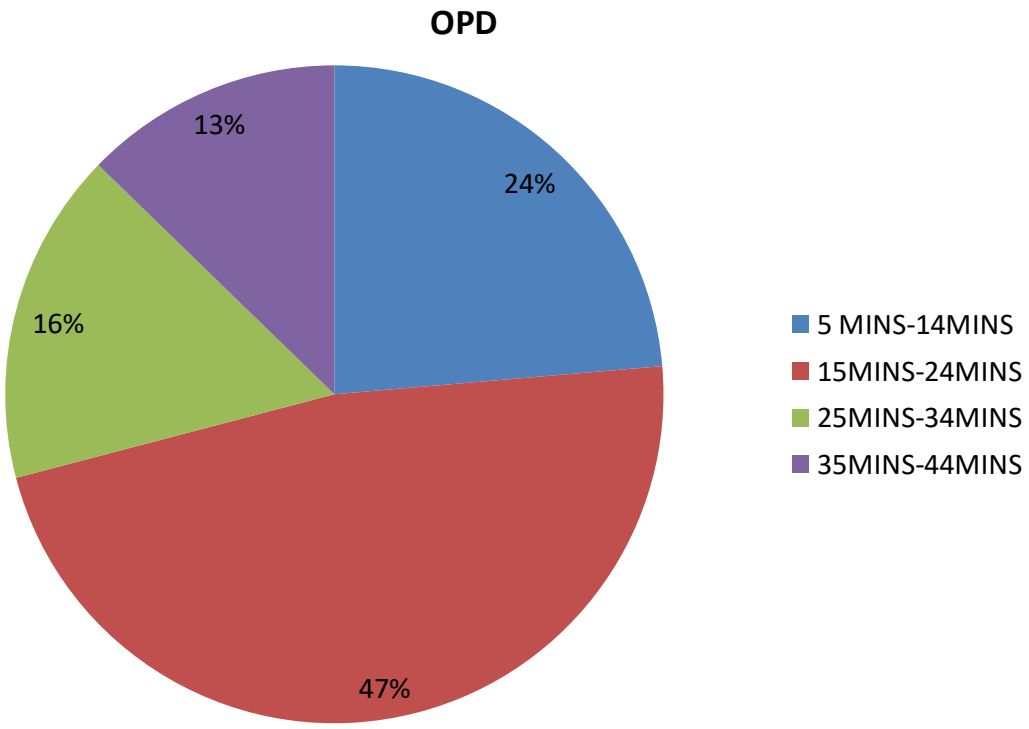


Fig 1.7

47% of the patients were transferred from and to OPD within 5-14mins.

24% of the patients were transferred from and to OPD within 15-24mins.

16% of the patients were transferred from and to OPD within 25-34mins.

13% of the patients were transferred from and to OPD within 35-44mins.

TIME TAKEN FOR TRANSPORTATION

FROM/TO 4TH FLOOR

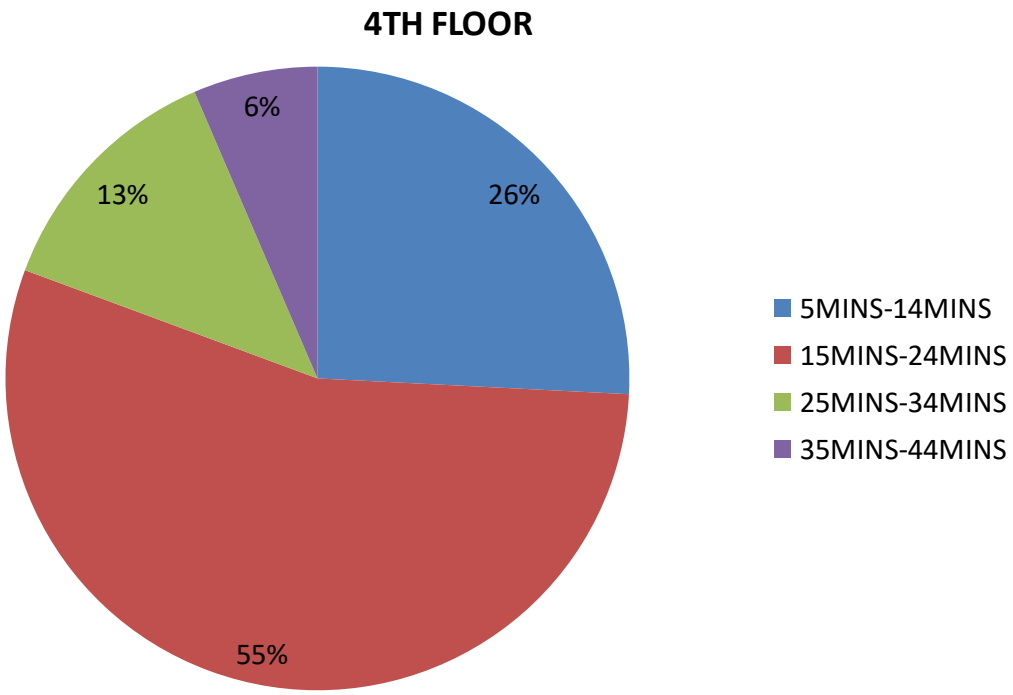


Fig 1.8

55% of the patients were transferred from and to 4th FLOOR within 5-14mins

26% of the patients were transferred from and to 4th FLOOR within 15-24mins

13% of the patients were transferred from and to 4th FLOOR within 25-34mins

6% of the patients were transferred from and to 4th FLOOR within 35-44mins

TIME TAKEN FOR TRANSPORTATION OF EMERGENCY PATIENTS

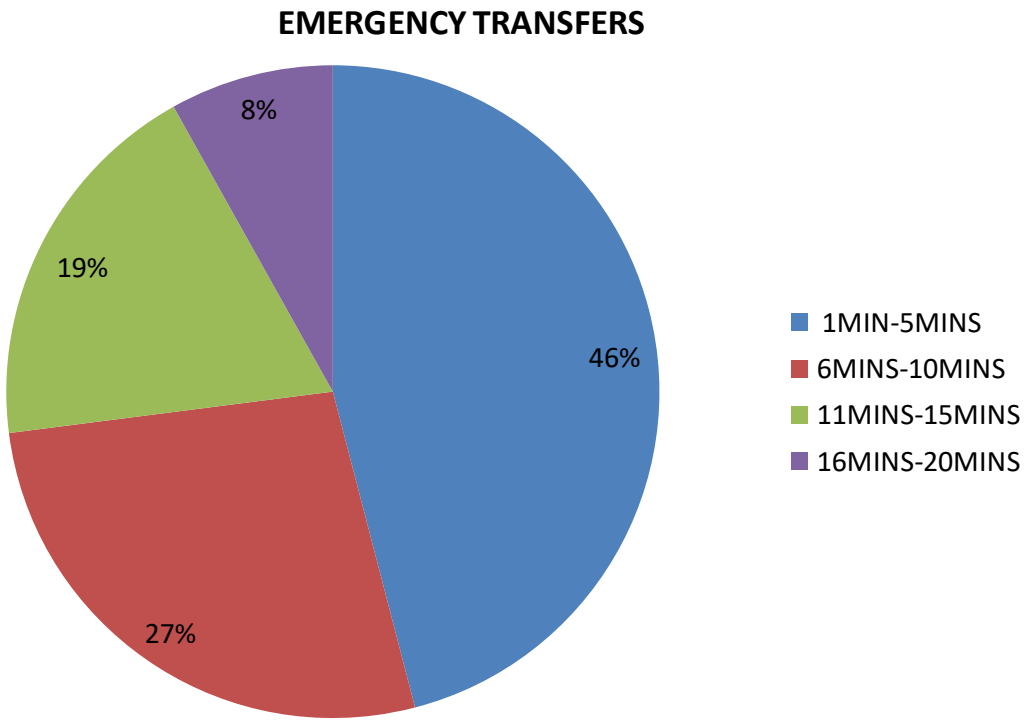


Fig 1.9

46% of the patients were transferred from and to EMERGENCY DEPARTMENT within 5-14mins.

27% of the patients were transferred from and to EMERGENCY DEPARTMENT within 15-24mins

19% of the patients were transferred from and to 4th EMERGENCY DEPARTMENT within 25-34mins

8% of the patients were transferred from and to 4th EMERGENCY DEPARTMENT within 35-44mins

PATIENT ON HOLD DUE TO LACK OF TRANSPORTATION

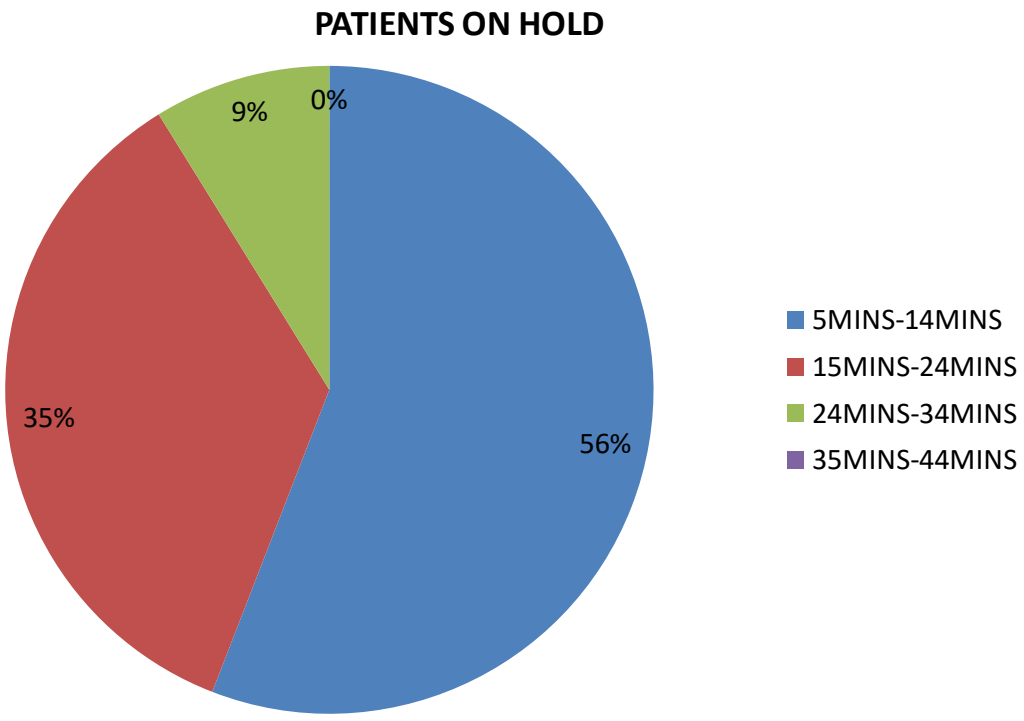


Fig 1.10

56% of the patients were on hold for 5mins-14mins.

35% of the patients were on hold for 15mins-24mins.

9% of the patients were on hold for 24mins-35mins.

No patients were on hold for more than 35 minutes.

TIME TAKEN FOR TRANSPORTATION

DURING MRI

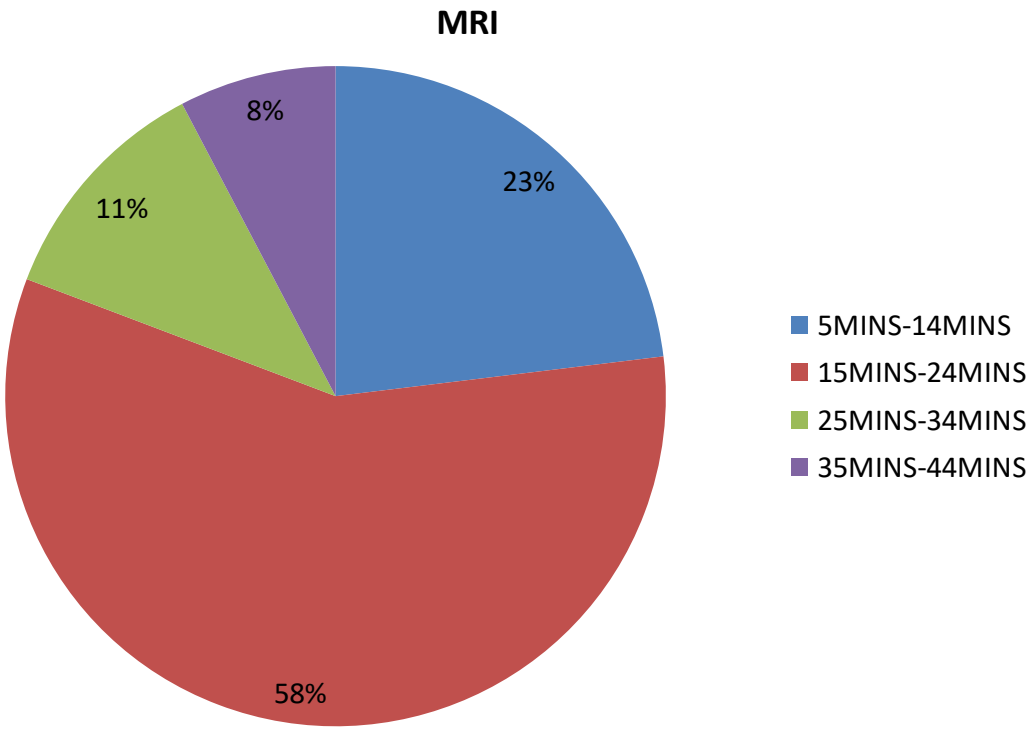


Fig 1.11

58% of the patients were transferred from and to MRI within 5-14mins.

23% of the patients were transferred from and to MRI within 15-24mins.

11% of the patients were transferred from and to MRI within 25-34mins.

8% of the patients were transferred from and to MRI within 35-44mins.

CONCLUSIONS AND RECOMMENDATIONS

RECOMMENDATIONS

During the two month period of my internship in the Transport Department, there were several ups and downs we as a department had to undergo. Being a new department in unfamiliar settings , certain hiccups were expected at the very onset. But it was our responsibility to pinpoint and detect certain hazards and thereby plug in the loopholes. At the time of my stay, since I was related to the departmental functions, I forwarded certain recommendations which later could be evaluated and used by them for much improved and smoother functioning of the transport department.

The main recommendations cited are as under :-

1) The total number of wheelchairs and stretchers has to be increased by a considerable number to keep in view the increased patient load.

2) Rather than keeping these modes of transport at 1 place, they should be distributed and kept at the high service and utility areas of the facility accompanied by staff so as to prevent delays through requests over the phone.

3) At present there are 6 patient movement girls but the number should be increased at least to 10 in regard to the busy patient movement schedule through out the day.

4) Within the department there should always be 2 staff. Many a times it was noticed and situation arose when two phones started ringing at the same time and as a result it became quite cumbersome to handle both the call and maintain the record.

5) Maintenance of patient wheelchairs and transportation trolleys is undertaken on a planned preventative maintenance program by the hospital maintenance authorities to prevent any breakdown of such modes during patient movement.

6) Once the request for stretcher or wheelchair is made from the floors, it Should be made sure that the patient is absolutely ready for being transferred to the desired location and the transport staff do not have to wait unnecessarily.

7) Many a times it has been recorded that wrong information is provided Phone. Maybe a stretcher is required but a wheelchair is called for. In such instances the transport staff unnecessarily have to do one work twice. They bring the wheelchair back, and again take the stretcher from the bay to the intended location at the facility. This is time consuming and should be prevented by providing with the right and proper information at the very first time

CONCLUSION

On the whole the training program has been rejuvenating, motivating and knowledge gaining. It has enabled me to be more versatile due to my exposure and association in the different levels of activity conducted by the hospital administration. I feel that this training program has equipped me well to face the challenges and issues that are often faced in the corporate life and have developed a rational and logical view in judging situations and circumstances as and when they come

ABBREVIATIONS USED

1) GRE – GUEST RELATION EXECUTIVE.
2) CCU – CRITICAL CARE UNIT.
3) MRI – MAGNETIC RESONANCE IMAGING.
4) OPD – OUTPATIENT DEPARTMENT.
5) DAC – DISSERTATION APPROVAL COMMITTEE
6) OT – OPERATION THEATRE.
7) H&K – HOUSE-KEEPING.
8) PRN – PATIENT REGISTRATION NUMBER.
9) NHS – NATIONAL HEALTH SERVICES.

REFERENCE :

CORPORATE NAME	CORPORATE BODY AND DATE	DOCUMENT DETAILS
THE CHIEF EXECUTIVE OF JAMES COOK UNIVERSITY HOSPITAL	SOUTH TEES HOSPITAL UNDER NHS TRUST, AUGUST 2010	GENERAL POLICY DOCUMENT NUMBER G12 APPROVED VIA GOVERNANCE COMMITTEE DATED 20/08/08