‘ Manpower Planning for Sterling Hospital , Bhavnagar’

A dissertation submitted in partial fulfillment of the requirements

for the award of

Post Graduate Diploma in Health and Hospital Management

by

Neeti Gupta

International Institute of Health Management Research

New Delhi -110075

(Feb 1,2010 – May 1,2010)

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under the guidance of

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International Institute of Health Management Research

New Delhi -110075

(Feb 1,2010 – May 1,2010)

Certificate of Internship Completion

Date : May 14 ,2010

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Neeti Gupta** has successfully completed her 3 months internship in our organization from February 1, 2010 to May 1, 2010. During this internship she has worked on **Manpower Planning of Sterling Hospital Bhavnagar** under the guidance of me and my team at Sterling Hospital Ahmedabad.

We wish her good luck for her future assignments

(Signature)
Mr. Jignesh Parmar
Corporate Head Human Resources
Sterling Hospital Ahmedabad.

Certificate of Approval

The following dissertation titled "**Manpower Planning of Sterling Hospital ,Bhavnagar"** 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

Name	**Signature**
Mr.Jignesh Parmar	_____
Dr.Dharmesh Lal	_____

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Neeti Gupta** , a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**Manpower Planning Of Sterling Hospital , Bhavnagar**" 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.

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WORD OF THANKS

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Neeti Gupta

May 14 ,2010

TABLE OF ABBREVIATIONS

SR.NO.	ABBREVIATIONS	EXPANDED FORM
1	GI MEDICINE	Gastro Intestinal Medicine
2	ICU	Intensive Care Unit
3	NSE	National Stock Exchange
4	ENT	Ear Nose Throat
5	IPD	Inpatient Department
6	OPD	Outpatient Department
8	TPA	Third Party Administration
9	GM	General Manager
10	HMIS	Hospital Management Information System
11	MRD	Medical Record Department
12	OP	Out Patient
13	WHO	World Health Organization
14	MTP	Medical Termination Of Pregnancy
15	USG	Ultrasonography
16	PNDT	Post Natal Diagnostic Test
17	MLC	Medico Legal Case
18	OT	Operation Theatre
19	AC	Air Conditioner
20	F&B	Food & Beverages
21	CSSD	Central Sterile Supplies Department
22	PR	Public Relations
23	PSU	Public Sector Units
24	CME	Continuing Medical Education
25	HOD	Head Of the Department
26	HR	Human Resources
27	NABH	National Accreditation Board For Hospitals and Healthcare Providers
28	CV	Curriculum Vitae

ABSTRACT

Human resources are an asset for effective and efficient functioning of a hospital. Planning is making about decisions in advance what is to be done.

Manpower Planning involves the estimation of how many qualified people are necessary to carry out the assigned activities, how many people will be available, and what, if anything, must be done to ensure that personnel supply equals personnel demand at the appropriate point of time in the hospital set up.[2]

The goal of manpower planning is to acquire, provide, retain and maintain competent people in right number to meet the need of the patients and community served by the organization. Also to acquire the staff medical, paramedical and non paramedical judiciously is a tough task.[4]

Sterling Hospital Bhavnagar is a 155 bedded hospital out of which only 78 beds are to be made functional in the initial phase for which manpower plan is to be made. It is to based on the number of beds which are to be made functional in the hospital set up.

METHODOLOGY ADOPTED

- This Planning is for the initial phase i.e. Phase 1 to plan the manpower requirements in the Bhavnagar Hospital.

- Method adopted for the study is 'FORECASTING DEMAND'. It is the process of estimating the future quantity and quality of manpower required in various specialties of the hospital

- Also keeping in consideration the specialities to made available, the budgetary constraints and the workload projection on the basis of market mapping done at the place by Sterling Project Team the planning is to be done.
- Various other factors are responsible for the planning of manpower in the hospital like environmental scanning, understanding of organizational objectives and goals etc.

4.

INTERNSHIP REPORT.

4.1 ABOUT STERLING

Sterling Hospital was originally known as Addlife Medical Institute Limited. However, now known as 'Sterling Hospitals'. The company is promoted by Paras Pharmaceuticals Limited. Sterling Hospital, owned and managed by Sterling AddLife India Ltd., is the leading hospital chain in Gujarat. It is engaged in providing high quality medical and surgical care in a host of critical specialties such as Cardiology surgeries, Neurology and Neuro- surgeries, Nephrology and Kidney Transplant, GI Medicine and Surgeries, Hematology, Oncology and Onco-surgery, Critical and Emergency Care, Trauma and Orthopaedic, Neonatology as well as General Medicine and Surgeries.

In October 2001, the first hospital of the company, Sterling Hospital-Ahmedabad was opened to public a multi-super speciality hospital in Ahmedabad – with 310 beds, 7 major operation theatres and 84 ICU beds.

Today, Sterling is known as the most preferred and trustworthy Healthcare option in the state of Gujarat. With its presence in Ahmedabad, Baroda, Rajkot , Mundra SEZ. Himmatnagar, Kalol and soon to be in, Surat, Bhavnagar. Sterling Hospital is growing rapidly and provides wonderful career opportunity for healthcare and support professionals and of course multiplying its optimum and patient centric service to all patients. Sterling's high quality services attract patients from Gujarat, Rajasthan, Madhya Pradesh, Maharashtra and even from outside the country.

VISION

To be the **"Preferred Choice"** provider for '**Ethical, Superior, Holistic'** healthcare solutions. To be **'Humane', 'Viable' and 'Patient centric'**

MISSION

- Excel and above all '**Be ethical and honest'**-never violate your conscious.

- We make a difference in everything we do.
- We do everything on or before time.
- We deliver quality-do more than what the clients expect.

STERLING's LOGO

Our logo does not have symbolic image but the name itself,

QUALITY of HEALTHCARE **and service to humanity.**

'STERLING' means 'Optimum Quality'. Our endeavour is to achieve prime quality standard and not only be a centre of cure but awareness and service. The 'bold' stance of the name Sterling represents strong ethics always in interest of the patrons and the employees.

The color of the brand, '**STERLING**' is blue which signifies love, peace, and happiness. **Blue color** produces calm, cool and soothing effects. Thus signifying the same emotions and message for the community and the valued employees.

The '+' representing **'t'** in Sterling is a green cross, which symbolizes tranquility, health and happiness and is suggestive of the brand being associated to healthcare. The same stands for the term 'hospitals' underlining the service type.

"Because life matters" is the tag line and one of the prime value of the hospital. The value of one's life, Health, Care and Cure is what the three precious words in this expression denote.

SPECIALITIES OFFERED-

Core specialities include: Cardiac Science, Gastroenterology, Neuro Science,

Orthopaedics,CriticalCare,Nephrology&Oncology

Other specialities include

Anaesthesiology, Dentistry, Dermatology, Endocrinology, ENT, General Surgery, Gynaecology & Obstretrics, Haematology & Bone Marrow Transplant, Internal Medicine, Neonatology, Onco Surgery, Opthalmology, Paediatrics, Psychiatry

SERVICES OFFERED

- 24 x 7 Emergency services
- Specialized services like Pain clinic, Stroke clinic, Diabetes clinic, Wellness clinic, etc.
- Basic services like Health Check up & its packages that suit people's requirements
    - Special services also provided for Corporate patients like medical holidays, health checks and Corporate health talks.

.

4.2 DEPARTMENTAL BRIEF

After getting through with our Induction training in Sterling Hospitals for three days after joining we were exposed to the brief visits to different departments so as to be aware about and learn their working patterns.

1. BILLING SERVICES :

POINT OF CONTACT :	Mr. Shreepal Shah, Corporate Head Billing
AREAS OBSERVED :	Credit Patient Desk IPD Billing Counter OPD Billing Counter
PROCESS OBSERVED :	The workflow of these three different areas was seen and observed i.e. TPA,OPD and IPD Billing.
REMARKS :	Staff at TPA and OPD Billing were specially supportive and also were able to handle the changing situations time to time in a mature manner.

2. INFORMATION TECHNOLOGY :

POINT OF CONTACT :	Mr. P. R. Narayanan(GM)
AREAS OBSERVED :	Overview of the department.
PROCESS OBSERVED **:**	Management of database Intranet facility available. HMIS used is Careworks.
REMARKS :	Daily comparison of statistics between Baroda and Ahmedabad is an appreciable step so as to keep upto the mark.

3 **MEDICAL RECORDS DEPARTMENT :**

POINT OF CONTACT :	Dr. Nimesh Parikh
AREAS OBSERVED :	IP MRD,OP MRD

PROCESS OBSERVED **:**

FUNCTIONS -

- Storing of medical records
- Record checking for completion with the help of record indicators.
- Weekly reporting to WHO regarding notifiable diseases .
- Monthly report on MTP and obstetrics – gynaecology USG, sent to district magistrate office, Ahmedabad, under PNDT act.
- Twice weekly reports on births and deaths, sent to Municipal corporation, Ahmedabad.
- Medical record officer helps in medical audit, by sending 20% random files and all death files
- Helps in coordinating medico-legal cases
- Essential patient data maintained for creating medical record database.

INDICATORS

Clinical indicators are compared with standards set by Indradhanush team (Corporate quality team) and colour coding regarding its comparison with indicators is done as Red,Yellow and Green.

Red – much below the desired standards.

Yellow – below desired standards.

Green- above desired standards.

The following clinical indicators are measured :

- Consultant notes
- Restraint form
- MLC form
- Nursing admission assessment
- Admission history and physical assessment
- Complete nursing assessment
- Nutritional screening
- Time taken for initial assessment
- Doctor assessment form for ambulatory file
- Time taken for initial assessment of emergency patients.
- Post-operative complications.
- Informed consent.
- Anesthesia complications.
- Pre-anesthesia evaluation and documentation.
- Timing of pre-anesthesia evaluation.
- Adverse blood transfusion events.

Other monthly indicators measured :

1. Number of deliveries.
2. Number of DAMA (Discharge Against Medical Advice) discharges.
3. Number of absconding patients.
4. Number of medical records missing or tampered.
5. Incidence of death or disability due to surgical error.
6. Incidence of death or disability due to anaesthesia error.

7. Incidence of death or disability due to other causes.
8. Number of deaths.
9. Number of infant deaths.
10. Number of maternal deaths.
11. Number of deaths in ICU patients.
12. Number of medical records screened by MRD.
13. Number of screened records with regular reassessments documented.
14. Number of screened records with sign, name, date and time documented.
15. Number of screened records with complete informed consent documented.
16. Number of medical records audited.
17. Incidence of cardio-pulmonary resuscitation.
18. Number of audited records having appropriate end result of treatment.
19. Number of audited records having incidence of unjustifiable post-operative complications.
20. Number of audited records having incidence of inordinate delay in length of stay wards.
21. Number of audited records having incidence of inordinate delay in length of stay ICUs.

IP MRD : The sorting, segregation, coding,verification and recording of MLC as well as general files (discharge files) is done.

Usage of HMIS in storing/keeping the data done.

Epidemic reporting also done here.

OP MRD Patient OPD feedback form and Patient information form also available.

REMARKS Brighter lighting could be present specially in IP MRD Storage Area in order to sort out the different files successfully.

4. RADIOLOGY :

POINT OF CONTACT Dr.Priyank, Raksha (Technician)

AREAS OBSERVED X-Ray Unit,

CT-Scan Unit

Mammography Unit

REMARKS Usage of HMIS is a step towards becoming technologically advanced.

The following services are not available in house :

- MRI.
- Nuclear scan.
- PET scan (Positron emission tomography).

5 INFECTION CONTROL :

POINT OF CONTACT Mitesh, Jinal, Heena

AREAS OBSERVED Microbiology Lab, Record Room.

High risk areas –

- All OT complexes
- All ICUs

- Cath Lab
- Dialysis unit
- Isolation ward
- Renal Transplant unit
- BMT – bone marrow transplant unit

Samples collected: Environmental swab – mattress, monitor, BP cuff, ventilator, suction apparatus, AC air count taken.

PROCESS OBSERVED

Surveillance is the main job done.

Swab culture taken from ICU once a month, OT once a week, ER once a month.

Vaccination Records maintained.

Recording of Hospital Acquired Infection(HAI).

Calculation of Surgical Site Infections(SSI), Urinary Tract Infections(UTI),Ventilator Associated Pneumonia(VAP),Blood Stream Infections(BSI) by using formulas.

Weekly Infection Control Plan for surveillance -

1. Every Monday and Tuesday culture swabs should be taken from designated patient care areas.
2. Wednesday and Thursday report should be given.
3. Friday and Saturday follow up should be taken.
4. For Operation theatre plan for surveillance remain same (EveryMonday/Sunday). If procedure in any OT is in progress, the same OT will be undertaken for surveillance either after the procedure over or on next day.

6. BIOMEDICAL WASTE DEPARTMENT :

POINT OF CONTACT	Ms. Heena K. Panchal (Supervisor)
AREAS & PROCESS OBSERVED :	Segregation process of wastes Maintenance of records in Registers. Audit Process. Process for sending to final disposal.
REMARKS	Training for proper protection and safety of items/materials used in the process to the housekeeping personnels can be encouraged.

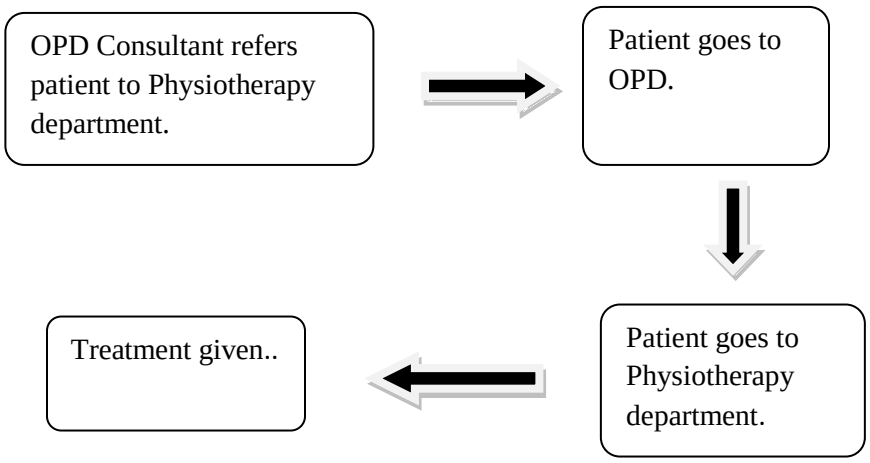
7. SUPPLY CHAIN

POINT OF CONTACT :	Mr.Bharat Vyas
AREAS OBSERVED	CIOD(Central Inwards Outwards Department) F&B Store
PROCESS OBSERVED	How to receive and dispatch materials. Inventory management (Pharmacy ,F&B) Placing the order for different items. Goods Received Note Register. Verification of stock physically through sudden inspections/checks.

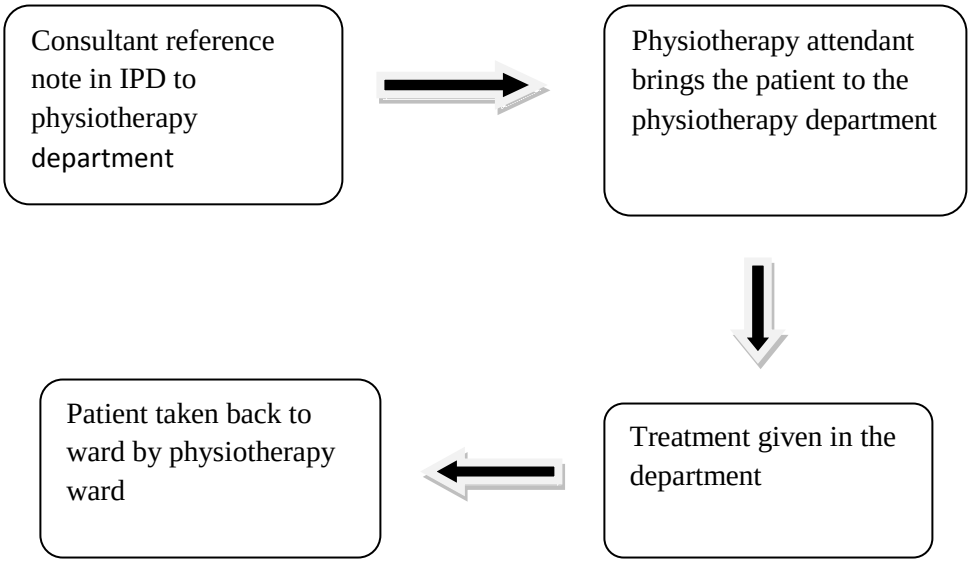
8 PHYSIOTHERAPY

POINT OF CONTACT	Mr. Divyang Patel (HOD), Mr. Vishal Patel
AREAS OBSERVED	Equipments available in the department Basic Work flow followed.

WORK FLOW -



WORK FLOW OF IPD PATIENTS –



9. OPERATION THEATRE

POINT OF CONTACT	Mr. Surindra Trivedi (Co-ordinator)
AREAS OBSERVED	Different OTs dedicated to specific specialities. Work flow performed in the department.
PROCESS OBSERVED	Planning, Booking and Scheduling of the surgeries. In CSSD, observed the process of receiving,sterilizing,packing,labeling,and dispatch of sterilised materials for use in OTs. Different quality indicators used n CSSD like TST Strip(Temperature Steam Time),Bowie Dick Test,Biological indicators like Bacillus etropheus and G.esterothermophilus.

10. EMERGENCY :

POINT OF CONTACT :	Mr.Mukesh Kumar(Nurse Supervisor)
AREAS/PROCESS OBSERVED	In all 6 beds serve the department purpose 18 Specialities are seen here.

11. AMBULANCE DEPARTMENT

POINT OF CONTACT :	Mr.Ajay B.Patel
AREAS OBSERVED :	Facilities available for the patients.

In total the functions or the wrk process of the department.

PROCESS OBSERVED : Have the following vehicles to serve :

2 ICU on wheels (1 is not functional as yet)

1 Maruti Van

1 Tempo

Each floor nurse fills a request form for demanding any of the above type vehicles as asked by patient.

Transfer of patients is accompanied by the personnels skilled In PTM(Patient Transfer Movement)

Nursing Staff checks the vital essential equipments in the ICU on wheels after every visit.

REMARKS Overall the services provided as explained are highly satisfactory.Moreover to begin with the provision of 24 hrs Ambulance services for people will be more rewarding.

12. PHARMACY

AREAS OBSERVED : Pharmacy Store

PROCESS OBSERVED : Segregation of medicines

Dispatch procedure of medicines

Storage of temperature sensitive medicines.

Discard procedure for expired drugs.

13. PIPED MEDICAL GASES :

POINT OF CONTACT : Mr.Hansmukh

AREA OBSERVED : Different coloured storage cylinders for medical gases like oxygen,Vaccum,and Nitrogen.

Preventive maintenance of all biomedical equipments

is done monthly.

MCP (Manifold Control Panel) is the main supply of gases to the hospital located in the parking area.

Total staff strength is 6.

14. HUMAN RESOURCES & TRAINING & DEVELOPMENT :

POINT OF CONTACT :	Mrs Falguni Desai , Mr.Dev Vyas.
AREA & PROCESS	File management
OBSERVED :	Performance Appraisal System
	Resume Database Maintenance
	Training & Development
	Recruitment Procedure.
	HR Calender
	Assessment forms.

15. MARKETING :

POINT OF CONTACT :	Mr.Veer Singh
AREA & PROCESS	Marketing verticals
OBSERVED	1. Branding (PR,Advertising)
	2. Corporate(PSUs,TPA)
	3. Trade (CME,Doctor Referral

16. LAUNDRY :

POINT OF CONTACT	Mr.Gulab Singh
AREA OBSERVED :	Equipments present
	Workflow of the department.

PROCESS OBSERVED Different equipments and their usage like washing machine,hydroextractor,calendering machine.

Washing powders used for the process.

Linen store.

LAUNDRY SUB STORE :

POINT OF CONTACT : Mr. Kamal Vasu

AREA OBSERVED : Different services provided to the rooms.

Services kit available for deluxe,special deluxe and Suite room..

17. BIO MEDICAL ENGINEERING

POINT OF CONTACT Mr.Mukesh Patel (HOD)

AREA & PROCESS : Department handles all the equipment maintenance.

OBSERVED Complaint form is present in every department.

Proper schedule is prepared by the staff to have preventive maintenance of equipments.

18. FOOD AND BEVERAGES

POINT OF CONTACT Ms.Sadhna (Dietician)

AREA OBSERVED Structural layout

Work process

Facilities available

Manpower available.

PROCESS OBSERVED Different sectors were allotted to perform different tasks like Chapati section, Dish wash Area, Diet Area, Packing Area etc.

	Had staff capacity of 75 total which works in shifts.
REMARKS	Proper level of hygiene maintained as seen was commendable.

19. HOUSE KEEPING SERVICES

POINT OF CONTACT	Mr.Girish (Desk Controller)
AREAS & PROCESS OBSERVED :	Workflow of the department Staffing patterns Reagents used for washing. Maintenance of Attendance record.

20. SECURITY SERVICES

POINT OF CONTACT	Mr.Shiv Kumar Saxena (Unit Incharge), Mr.Rajesh Pandey (Security Supervisor)
AREA & PROCESS OBSERVED	Main duty is to accept ,process and trace out the orders mainly received from HR,Support services etc. Flow chart of duty supervisor. Mispunching form available. Mock drill for Code Black at after 2-3 months takes place. Metal detectors also present. CCTV Monitoring is also done from here.

21. FRONT OFFICE

POINT OF CONTACT	Ms. Nepa & Kinjal
PROCESS OBSERVED	Admission module

Help desk Management

Admission system

Visitor Passes.

22.PATHOLOGY

POINT OF CONTACT	Dr.Sanjeev Shah (Director)
	Dr. Kamlesh Patel (Microbiologist)
AREAS & PROCESS	Reception Area
OBSERVED	HMIS Utilised
	Sample collection
	Biochemistry
	Immunoassay
	Various equipments seen like Blood gas analyser,Centrifuge,5 part Differential count.
	Blood Storage Area
	Biochemical Analysis
	Immunoassay Analysis.

23. DIALYSIS

POINT OF CONTACT	Mr.Sabu (Chief Technician)
AREA& PROCESS OBSERVED	In all equipments present and their functioning in detail.
	Preventive maintenance done in every 3 months.
	Staff is 12 (min 4 per shift)

24. CLINICAL RESEARCH

POINT OF CONTACT	Mr. Dhirendra Chudasama

PROCESS OBSERVED

All major specialities are available like Nephrology,Urology,Diabetes,Cardiology.

Total 58 trials out of which 32 are ongoing.

In total three phases are there –

1.Pre Phase(Animal Study)

2.Study of controlled /healthy animal/patients.

3. Target oriented Animals.

For conducting trials, Ethics Committee has to give permission.

Composition of Ethics Committee :

1. Chairperson(Pharmacologist).
2. Clinicians(2)
3. Lawyer.
4. Social Worker.

Sterling hospital has 13 members in the Ethics Committee.

25. FINANCE

POINT OF CONTACT — Mr. Praveen Dayama (Chief Finance Officer)

PROCESS OBSERVED — Major share holders are Actis and Paras Pharmaceuticals.

26. REVENUE ASSURANCE

POINT OF CONTACT — Ms.Nimisha Gandhi

PROCESS OBSERVED — Total pricing of all services done by this department only.

Routine Audit of Inpatient Services and Outpatient Services.

Market Analysis also done.

Handling Consultants Relationships.

Discount Policy for patients.

27.NEONATAL ICU,PAEDIATRIC WARD

POINT OF CONTACT	Ms.Divya N.Patel (Nurse Supervisor)
PROCESS OBSERVED	Paediatric ICU (PICU) is 6 bedded. Neonatal ICU(NICU) is 14 bedded. All referral cases are here. 1:1 ratio is for the staff.

28. NURSING

POINT OF CONTACT	Ms.Hitharthi C.Vyas(Nurse Supervisor)
PROCESS OBSERVED	Night duty by each nurse in a month (Min.7). Within 15 min.of patients admission in ward,the nurse has to fill the initial assessment. Each floor has 3 Nursing Assistants. Verbal order policy functional..

4.3 BRIEF REPORT ON TASKS HANDLED.

The purpose of this report is to explain the work done by me during the period of my internship at Sterling Hospital Ahmedabad. This report is mainly focusing on the tasks handled, the different departments / areas involved, successes and failures encountered during this period while handling them.

The work assigned to me was varied in its kind. I interacted with a variety of people from different backgrounds which made me understand their point of view also. I was able to practically understand the functioning of the hospital apart from the theoretical concepts which have been acquired back in the class.

My internship work included as mentioned above also a variety of tasks and assignments. Broadly I would like to categorise them into two kinds of tasks related to HR and Training & Development and the other included the core Hospital Operations.

As my first interaction with Sterling I went through the Induction Programme in which all the required details of the hospital were shared. Briefing was done for the policies and procedures, guidelines to be adhered to during the period of internship and thereafter also. We were also made aware of the hospital hierarchy or organogram. In the induction programme different important things like fire safety, evacuation plan, infection control measures being followed in the hospital were explained and taught to us.

After finishing up with the Induction Programme for three days , it was scheduled to have our Departmental Orientation done for approximately One Month in which we observed what all process, procedures and policies are followed by the departments . Then I was asked to begin my work from the HR Department by observing the work flow, process followed and the kind of work accomplished in the department.

I was engaged in different tasks related to HR and Training & Development like preparation of Training passport, Job description of employees, Checking the different documents required in joining formalities of employees. As the hospital was also trying for JCI Accreditation so I was also involved in attending the JCI Orientation lectures in within the hospital premises taken by the Corporate Medical Director of the Sterling Group.

As the time for the internal assessment of NABH was approaching I was involved in the core hospital operations by the Head of Support Services to monitor and improvise the services provided by the housekeeping and security staff in the hospital. Also I have to look at the grooming aspect of these personnels. For this I used to take rounds of the hospital and the different facilities and noted my observations. Later raise these issues in the task force meeting related with different departments in order to improve and correct them. By undertaking such assignment I learnt a lot like to interact with people of different calibers and qualifications, how to make them work what according to is considered correct according to standards.

I was involved in the continuous process mapping of the Admission, Discharge and Transfer (ADT) of patients in the hospital as asked by the Corporate Medical Services.

I was also asked to collect CVs of the candidates interested to join the new venture of Sterling Hospital at Bhavnagar for different specialities .

The main part of my dissertation Manpower Planning of Sterling Hospital, Bhavnagar is discussed in the next section..

5.

DISSERTATION REPORT

PLANNING

Planning is one of the most important aspects of any project and must be started much before the actual implementation. The aim of planning is to conceptualize a programme before it exists and to envision the type of facility required to meet the needs of the programme.

For any hospital and health care system the planning of manpower(human resources) is very vital. Without an equally effective manpower and the equipments it has to use,all other inputs of the hospital like finances, technology, infrastructure are not able to alone sail any project ship successfully.

Specifically, manpower planning is the process by which an organization ensures that it has the right number and kind of people at he right place , at right time, capable of effectively and efficiently capable of effectively and efficiently completing those task that will help the organization achieve its overall objective. Manpower planning translate the organization's objective and plans into a number of workers needed to meet those objective . Identifying and recruiting Medical Staff and Para-medical personnel is also crucial since this process is time consuming. The success of the hospital greatly depends upon how effectively Specialist Doctors, Surgeons, Consultants, Radiologists, Pathologists, and Technicians for imaging; Laboratory, etc. are associated with their respective departments. Similarly, appointment of Matrons, Nurses for OT and Critical Care Wards, needs to be done in time. Detailed planning of Human Resources and a plan of action for their selection, training and deployment is very important factors right through the project planning and implementation and will be undertaken at the inception of the Project.[1]

Planning is making a decision in advance what is to be done. It is the willpower of course of action to achieve the desired results. It is a kind of future picture where events are sketched. It can be defined as a mental process requiring the use of intellectual faculty, imagination, foresight and sound judgment. . Man power planning in Human Resource Management is a

core factor. Here the penalties for not being correctly staffed are costly. Understaffing loses the business economies of scale and specialization, orders, customers and profits. Overstaffing is wasteful and expensive, if sustained, and it is costly to eliminate because of modern legislation in respect of redundancy payments, consultation, minimum periods of notice, etc. Very importantly, overstaffing reduces the competitive efficiency of the business.

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INTRODUCTION

Planning is done smoothly by using the Planning Cycle effectively.

Planning using this cycle help to plan the projects smoothly and easily without any complexity as clarity is there for each and every step of planning.

Planning cycle is the process which enumerates the different steps involved in the planning process which simplifies the overall idea of planning in the mind of Planner. It includes in all 8 steps.

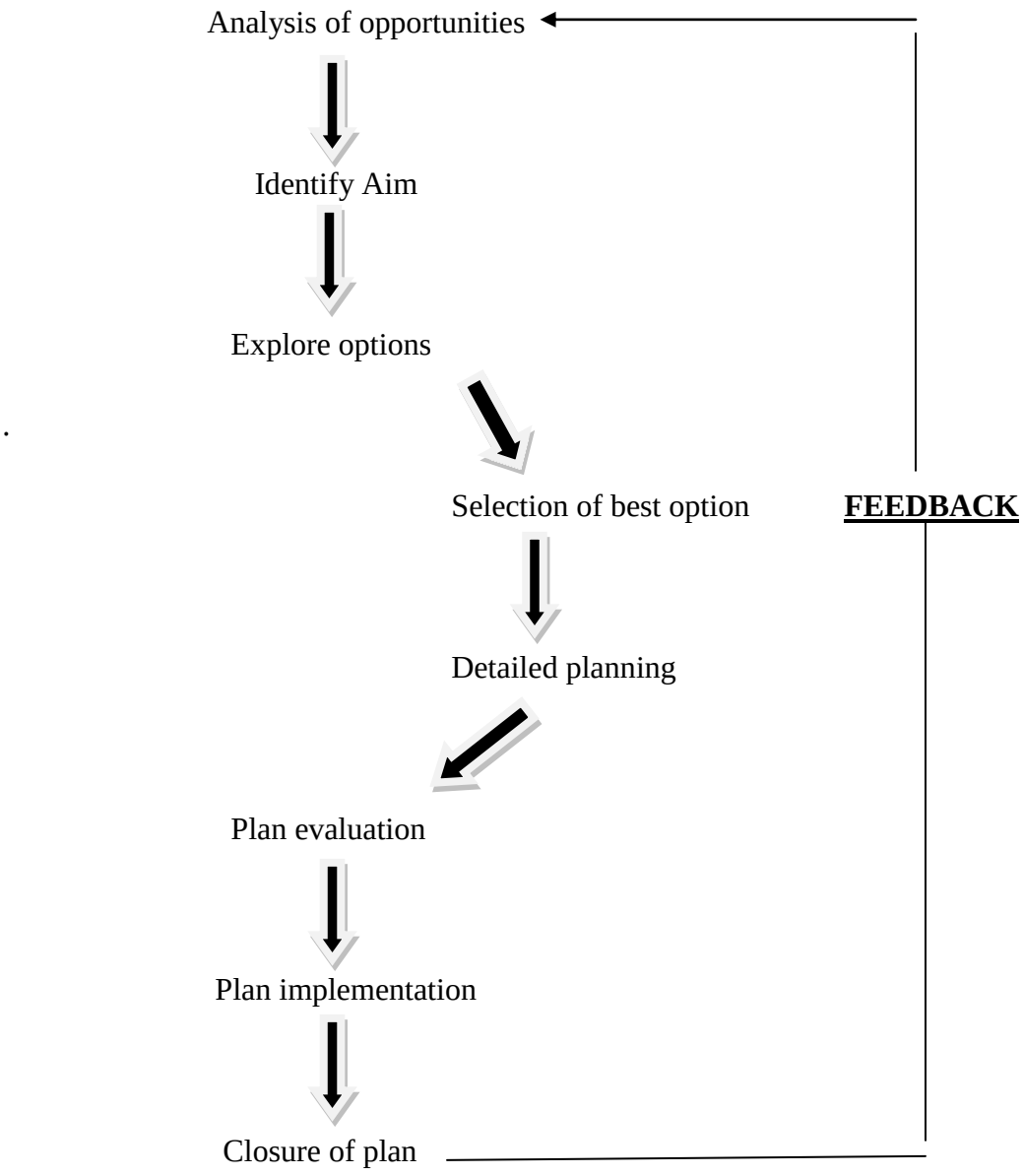


Figure 1. Planning Cycle

METHODOLOGY

Human Resources are the most valuable asset of any organization. In hospital scenario manpower of varied skills and calibers are required Human Resources which is to be taken in the hospital is considered to be a mix of the following managerial skills,to be successful in their respective objectives.[3]

1.**Technical**

Those who belong to this category are highly specialized people ,who deal with procedures,are analytical,conceptual,touch me nots.Could be doctors and nurses.

2. **Human**

Those who belong to this category are those who implement to achieve the goals of the organization through the help of their sub ordinates and are efficient in handling man and materials.They are expected to have a highlevel of motivation and a positive attitude.They are available always and for them customer satisfaction is paramount.

3.**Conceptual**

Those who belong to this category are those who understand the nitty-gritty's of patient care delivery system(PCDS),have the ability to co-ordinate and can bring changes. These people are expected to visualize the larger picture of things to come.These are the top level decision makers of the hospital

HR DEMAND FORECAST :

Demand forecasting is the process of estimating the future quantity and quality of people required. The basis of the forecast must be the annual budget and long term corporate plan. translated into activity levels for each function and department.

Demand forecasting must consider several factors both external as well as internal.

Among the external factors are competition (foreign and domestic) economic climate,

laws and regulatory bodies, changes in technology, and social factors, Internal factors include budget constraints, production levels, new products and services, organizational structure, and employee separations, demand forecasting is common among organizations, though they may not do personnel supply forecasting.

Forecasting can be done because

(i) quantify the jobs necessary for producing a given number of goods, or offering a given amount of services:
(ii) determine what staff mix is desirable in the future;
(iii) assess appropriate staffing levels in different parts of the organization so as to avoid unnecessary costs;
(iv) prevent shortages of people where and when they are needed most; and

FORECASTING TECHNIQUES:

Forecasting techniques very from simple to sophisticated ones. It may be stated that organization generally follow more than one technique[5]. The techniques are :

1. Managerial judgment
2. Ratio trend analysis
3. Regression analysis
4. Work study techniques
5. Flow models

Sterling hospital ,Bhavnagar shall have well defined and cordial relation with atleast one of the other hospitals in the region , for purposes of casualty evacuation, cross consultations and specialized therapies.

CATCHMENT AREAS

PRIMARY

1. Shihor
2. Talaja
3. Mahuva
4. Gadhda
5. Ghogha
6. Valabhipur

SECONDARY

1. Dhandhuka
2. Botad
3. Palitana
4. Alang

REQUIREMENTS FOR SUCCESSFUL MANPOWER PLANNING :

1. Support from higher management is absolutely essential.
2. Such planning is an integral part of Corporate planning so the Planner should be well aware of Corporate objectives.
3. The time horizon of the plan must be long enough to permit any remedial action.
4. The techniques of planning should be those best suited to the area it will be going to serve and the degree of accuracy is absolutely required.

DEPARTMENT WISE BED AVAILABLE IN STERLING BHAVNAGAR

DEPARTMENTS	BEDS
Emergency (No) beds	5
Dialysis (No) beds	5
Cardiac CU beds	6
Medical ICU beds	9
Cath Pre/Recovery	8
Neo-Netal ICU beds	10
Pre OP (No) Beds	4
Post OP (NO) Beds	6
Neuro ICU beds	8
Sergical ICU beds	13
Single Rooms beds	51
Double Rooms beds	36
General Wards beds	10
Deluxe Rooms beds	6
TOTAL BEDS	177

FLOOR WISE FACILITIES AVAILABLE

FLOORS	FACILITIES
Ground	Emergency
First	Dialysis
Second	Cardiac ICU,Medical ICU,Neonatal ICU,Cath Pre &Recovery Room
Third	Neuro ICU,Surgical ICU,Pre &Post operative room
Fourth	Single,Double & General Rooms
Fifth	Single,Double & Deluxe Rooms
Sixth	Single ,Double & Deluxe Rooms

DETAILED FLOOR WISE PLAN OF THE FACILITIES AVAILABLE IN PHASE 1 STERLING HOSPITAL BHAVNAGAR

SR.NO.	FLOOR	FACILITIES
1	**BASEMENT**	Laundry & CSSD
		Fan Room
		House keeping ,Laundry Dpt.
		Dietician Office
		Linen Sorting Area
		Clean Room
		Contract Dining Area
		Staff Dining Area
		Kitchen - Ovens, Cookers, Beverage, Preparations
		Kitchen Store
		Medical Stores
		Storage Area
		Blood Storage
		Sterile Area
		Space for cold room
		Decontamination Area
		Engineering Room
		Security Room
		Mortuary
		IPD Pharmacy
		Lockers Area
		Parking Area
		Drain Area
		Gas pump Room
		Drain Sump pit
		Boilers Room
		A/C Plant Room
		Fire Pump Room
		Plumbing Pump Room
		LT Panel Room
		Engg.. Room

		Fire Tank-1,2

SR.NO.	FLOOR	FACILITIES
2	**GROUND**	Meeting Room
		Reception/ Waiting Area
		Emergency/Casualty (5 beds)
		Utility Room
		CMO Room
		Minor OT
		Plaster Room
		Dressing Room
		Treatment Room
		11 Consultants Room
		Sample Collection Room
		OPD Pharmacy,Waiting Area
		Visitors Café
		Shop
		Information Centre
		IPD Registration
		Reception
		TPA
		Radio Diagnostics(X-Ray,US,Mammo,CT Scan)
		Waiting Area
		Reception
		Equipment Room
		Janitors Room
3	**FIRST**	Laboratory (Patho,Biochem,Histopath,Sero.,Microbio.,)Include.sample collect, & storage.
		Chief pathologist Room
		Corporate Office(CEO,COO,MS,NS,FM)
		Cardiac OPD (ECG,ECHO,TMT)

		Neuro Diagnostics(EEG,EMG)Area

		Speciality OPDs (Gynae,Uro,Nephro,Gastro.)
		Endoscopy,& Recovery Area
		Speciality OPD waiting Room
		Visitors Waiting Room
		Dialysis Dept.
		Physiotherapist Room
4	**SECOND**	ICUs (SICU,MICU,CCU,Neuro,NICU)
		Obs-Gynae Complex(labour holding,OT C-section,Delivery Room etc.)
		Nurses Lounge
		Doctors Lounge
		Consultant Office
		ICU Incharge Room
		Waiting Area
5	**THIRD**	Cath Prep./Recovery Room
		Pre-Op & Post Op Area
		6 Operation Theatres(4 major, 2 minor)
		Instrument Process
		Sterile supply
		Doctors Lounge
		Nurses lounge
		Waiting Area
		Reception

6	**SERVICE**	Service/Stores
		Computer Lab
		Auditorium
		Admin Reception
		Meeting Room
		Marketing Dept
		Purchases Dept
		Personnel Dept
		HR Dept
		Medical records Dept.
7	**FOURTH**	Single room-(9 Rooms operational out of 17)
		Deluxe Room (2)
		Double Room (4)
		General Ward (10)
		Duty Doctor Lounge
		Nurses Lounge
		Medical Linen Area
		Bio Medical Waste Dept.
		Equipment Room
		Visitor Waiting Room

The norms for various hospital manpower are:

Junior Residents:- 8 residents per 100 Beds

Nursing Staff:-

In General Ward:-

Nursing staff:- Ratio of 1:5

Nursing Supervisor:- Ratio: 1:25

In ICU:- Nursing Staff:- Ratio:- 1:1

Nursing Supervisor:- Ratio: 1 in each shift

In CCU:- Nursing Staff:- Ratio:- 1:1

Nursing Supervisor:- Ratio: 1 in each shift

OT(Major):- Ratio:- 3 nurses/table/shift

Nursing Supervisor:- 1 in each shift, shifts = 2

OPD,s:- Ratio:- 1 nurse/OPD, 1 shift

Nursing Supervisor: 1 NS for all OPD,s

NICU:- Ratio:- 1:1/shift

Nursing Supervisors: 1 in each shift

Obs.& Gynae Recovery Area:- 2 beds Ratio:- 1:1/shift

Dialysis:- Ratio:- 2:1/shift

Nursing Supervisors:- 1 in each shift

Pre & Post operative Room:- Ideal Ratio:- 2:1

Nursing Supervisors: 1 in each shift,

Emergency:- Ratio:- 1:3 or upto 100 patients – 3 nurses/shift

and with every additional 35 patients 1 nurse is added.

Nursing Supervisors:- 1 in each shift

Deluxe Rooms:- Ratio:- 4:1/shift

Nursing Supervisors:- 1 in each shift

Ideally for 100 Beds:-

1 Nursing Superintendent

1 Deputy Nursing Superintendent

2 Assistant Nursing Superintendent

Technicians:-

X-ray Department:- 1 Technician/machine/shift

CT Scan:- 1 Technician/machine/shift

MRI:- 1 Technician/machine/shift

Ultrasonography:- 1 Technician/machine/shift

ECG Technician:- 1 Technician/machine/shift

Pathology lab:- 2 Technician/morning shift and 1 lab assistant/morning shift ,1 Technician/night shift and 1 lab assistant/night shift

Microbiology Lab: 2 Technician/morning shift and 1lab assistant/morning shift1 Technician/night shift and 1 lab assistant/night shift

Hematology Lab:- 2 Technician/morning shift and 1lab assistant/morning shift1 Technician/night shift and 1 lab assistant/night shift

OT Technicians:- 1 Technician/Table/shift

Dialysis:- Ratio:- 1:2,

Table 1. Depicting the standard Norms of the Hospital Manpower as per study:-

	DOCTORS	NURSES	TECHNICIANS	NURS.SUPERVISORS	LAB.ASST.
General Ward	8 residents /100 beds	1:5		1:25	
ICU	1 in each shift	1:1		1 in each shift	
CCU	1 in each shift	1:1		1 in each shift	
Emergency	1 in each shift	1:3		1 in each shift	
OT (major)		3/table/shift	1/table/shift	1 in each shift	
OT(minor)		1/table/shift			
Pre & Post op.		2:1		1 in each shift	
OPD,s		1 in each OPD		1 over-all	

NICU	1 in each shift	1:1		1 in each shift	
Obs.& Gynae Recovery Area		1:1		1 in each shift	
Deluxe Room		2:1		1 in each shift	
Dialysis		2:1	1:2	1 in each shuft	
Radiology			1 technician/machine/shift	1/shift	
Lab			2 technician/mrning &1/night shift	1/shift	1/shift
Infection control					

NOTE :

No data was collected.Norms were found for various departments for the hospital manpower from different reference books and on basis of same the requirements for the Sterling Hospital Bhavnagar for the respective departments are made.

FINDINGS:-

Doctors as estimated department wise:-

1) Internal Medicine:

HOD:- 1

Consultant:- 1

SR:- 3

2) Surgery:-

HOD:- 1

Consultant:- 1

SR:- 3

3) Obs and Gynae:-

HOD:- 1

Consultant:- 1

SR:- 3

4) Orthopaedics:-

HOD:- 1

Consultant:- 1

SR:- 3

5) Paediatrics:-

HOD:- 1

Consultants:- 1,

SR:- 3

6) Pathology:-

Consultant:- 1

7) Microbiology:-

Consultant:- 1

14) Radiology:-

Consultant:- 1

8) MRI & CT:-

Consultant:- 1

9) Sonologist:-

Consultant:- 1

10) Critical Care:-

Consultant:- 3

11) Cardiology:-

Consultant:- 1

12) CTVS:-

Consultant:- 1

13) Gastroenterology:-

Consultant:- 1

14) GE Surgery:-

Consultant:- 1

15) Neurology:-

Consultant:- 1

16) Neurosurgery:-

Consultant:- 1

17) Reconstructive Surgery:-

Consultant:- 1

18) For: Multi beds+Single+Double =29Beds

8 residents on 100 Beds

1 Resident covers 100/8 = 12.5 beds

Therefore for 29 Beds = 2-3 Residents/shift

For 3 shifts 3*3 = 9 residents

19. For MICU = 13 beds

1 resident/ shift

1*3 = 3 residents

20. For CCU = 8 beds

1 resident/ shift

1*3 = 3 residents

21. For Emergency =5 beds

1 Resident /shift

1*3 = 3 residents

Nursing Staff Estimated Department wise :-

1.General Ward (Multi Beds+Single+Double) = 27 beds

Ratio 1:5

Therefore 27/5=5.4 or 5 / shift,

for 3 shifts= 5*3 =15 nurses

Reserve Leave:- 25% of 15 =3.75 or 4

Total = 15+ 4 = 19

Nursing Supervisors:

Ratio: 1:25

Therefore 1NS/shift ,for 3 shifts 1*3 = 3 NS

Reserve Leave: 25% of 3 = 1 approx.

Total = 3+1 = 4 NS

2.In MICU:- 13 Beds

Ratio:- 1:1

Therefore 13*1 = 13/shift,

for 3 shifts = 13*3 = 39 nurses

Reserve leave:- 25% of 39 = 10 app.

Total = 39+10 = 49 nurses

Nursing Supervisors:-

Ratio: 1 in each shift,

for 3 shifts = 1*3 = 3 NS

Leave Reserve ;- 1

Total 1+3 = 4 NS

3.In CCU:- 8 Beds

Ratio:- 1:1

Therefore 8*1 = 8/shift,

for 3 shifts =8*3 = 24

Reserve Leave:- 25% of 24 = 6 app.

Total = 24 + 6 = 30 nurses

Nursing Supervisors:-

Ratio: 1 in each shift, for 3 shifts = 1*3 = 3 NS

Leave Reserve ;- 1

Total 1+3 = 4 NS

4.OT Major:- 3 Tables

Ratio:- 3 nurses/table/shift, Total shifts- 2

Therefore 3*3 = 9 nurses/shift,

for 2 shifts = 9*2 = 24 nurses

Reserve Leave = 25% of 24 = 6

Total = 24+6 = 30 nurses

Nursing Supervisors:-

1 in each shift, shifts = 2

Therefore 2 NS for 2 shifts

Reserve Leave:- 1

Total = 1+2 = 3 NS

1. **OT Minor:- 1 Table**

Ratio:- 1 nurse/table/shift, Total shifts- 2

Therefore 1*1 = 1 nurse/shift,

for 2 shifts = 1*2= 2 nurses

Reserve Leave = 1 nurse

Total = 1+2 = 3 Nurses

6.OPDs :- 8

Ratio:- 1 nurse/OPD, 1 shift

Total = 1*8 = 8 nurses

Reserve Leave = 25% of 12 = 3 nurses

Total = 12+3 = 15 nurses

Nursing Supervisor:

1 NS for all OPD,s

5. NICU:- 4 Beds

Ratio:- 1:1/shift

Therefore 4 nurse/shift,

for 3 shifts = 4*3 = 12 nurses

Reserve Leave = 25% of 12 =3

Total = 12+3 = 15 nurses

Nursing Supervisors:

1 in each shift

For 3 shifts = 3*1 = 3 NS

Reserve Leave: 1 NS

Total = 3+1 = 4NS

6. Obs.& Gynae Recovery Area:- 2 beds

Ratio:- 1:1/shift

Therefore 2 nurse/shift,

for 3 shifts = 2*3 = 6

Reserve Leave = 25% of 6 = 2 app.

Total = 6+2 = 8 nurses

7. **Dialysis:- 5 Beds** Shifts-2

Ratio:- 2:1/shift

Therefore for 5 beds-3nurses/shift,

for 2 shifts = 3*2 = 6 nurses

Reserve Leave:- 25% of 6 = 2 app.

Total = 6+2 = 8 nurses

Nursing Supervisors:-

1 in each shift, shifts = 2

Therefore 2 NS for 2 shifts

Reserve Leave:- 1

Total = 1+2 = 3 NS

8. **Pre& Post operative Area:- 6 Beds** Shifts-2

(Considered together)

Ratio:- 1:1

Therefore 6 nurse/shift,

for 2 shifts = 6*2 = 12 nurses

Reserve Leave = 25% of 12 = 3

Total = 12+3 = 15 nurses

Nursing Supervisors:-

1 in each shift, shifts = 2

Therefore 2 NS for 2 shifts

Reserve Leave:- 1

Total = 1+2 = 3 NS

9. Emergency:- 5 Beds

Ratio 1:3 or upto 100 patients – 3 nurses/shift and with every additional 35 patients 1 nurse is added.

Therefore 3 nurses/shift, for 3 shifts = 3*3 = 9 nurses

Reserve Leave- 25% of 9 = 3 app.

Total = 9+3 = 12 nurses

Nursing Supervisors:-

1 in each shift, shifts = 3

Therefore 3 NS for 3 shifts

Reserve Leave:- 1

Total = 1+3 = 4 NS

10. <u>Deluxe Rooms:-2 beds</u>

4:1/shift

Therefore 2 nurses/shift ,

for 3 shift = 2*3 = 6 nurses

Reserve Leave = 25% of 6 = 2 app.

Total = 6+2 = 8 nurses

<u>Nursing Supervisors</u>:-

1 in each shift, shifts = 3

Therefore 3 NS for 3 shifts

Reserve Leave:- 1

Total = 1+3 = 4 NS

11. <u>Infection control :-</u>

2 nurses for 1 shift

12. **Radiology:-** 1 Nurse

For 100 Beds:-

1 Nursing Superintendent

1 Deputy Nursing Superintendent

2 Assistant Nursing Superintendent

Technicians estimated for the Hospital are:-

1. X-ray Department:- 2 Machines

Ideally 1 Technician/machine/shift

Therefore 2*3 = 6 Technicians

Reserve Leave:- 25% of 6 = 2 app.

Total = 2+6 = 8 Technicians

2. CT Scan:- 1 Machine

1 Technician/machine/shift

Therefore for 3 shifts, 1*3 = 3

Reserve Leave = 1

Total = 1+3 = 4

3. MRI:- 1 Machine

1 Technician/machine/shift

Therefore for 2 shifts, 1*2 = 2 , no night shift

Reserve Leave = 1

Total = 1+3 = 3

4. Ultrasonography:- 1 Machine

1 Technician/machine/shift

Therefore for 3 shifts, 1*3 = 3

Reserve Leave = 1

Total = 3+1 = 4

5. ECG Technician:-

1 Technician/machine/shift

Therefore for 3 shifts, 1*3 = 3

Reserve Leave = 1

Total = 3+1 = 4

6. Pathology lab:- Shifts:- 2

2 Technicians/morning shift and 1lab assistant/morning shift

1 Technician/night shift and 1 lab assistant/night shift

Reserve Leave = 1 Technician and 1 Assistant

Total = 4 Technician and 3 Assistant

7. Microbiology Lab:- Shifts-2

2 Technician/morning shift and 1lab assistant/morning shift

1 Technician/night shift and 1 lab assistant/night shift

Reserve Leave = 1 Technician and 1 Assistant

Total = 4 Technician and 3 Assistant

8. Hematology Lab:-

2 Technician/morning shift and 1lab assistant/morning shift

1 Technician/night shift and 1 lab assistant/night shift

Reserve Leave = 1 Technician and 1 Assistant

Total = 4 Technician and 3 Assistant

9. OT Technicians:- Shift-2

1 Technician/Table/shift

Therefore 1*3 = 3/shift,

for 2 shifts = 6

Reserve Leave:- 25% of 6 = 2 approx.

Total = 6+2 = 8 Technicians

10. **Dialysis:- 5 Beds** Shift-2

Ratio:- 1:2,

Therefore 3 Technicians/shift,

for 2 shifts 2*3 = 6 Technicians

Reserve Leave: 25% of 6 = 2 App.

Total = 6+2 = 8 Technicians

Dieticians:-

2 assistant dieticians (9am-5pm)

Pharmacist:- shift-2

2 Asst. Pharmacist/morning shift and 1/night shift ,

Total -3 including 1 senior pharmacist

Table 2.Summarization of the total requirement of manpower as per forecast:

Departments	Doctors	Nurses	Technicians	NS	Lab Asst.
All Clinical dept.	40				
General Ward	2	19		4	
MICU	3	49		4	
CCU	3	30		4	
Emergency	9	12		4	
OT (major)		30	8	3	
OT(minor)		3		0	
Pre & Post op Area		15		3	
OPD,s		15		1	
NICU	3	15		4	
Obs.& Gynae Area		8		0	
Dialysis		8	8	3	
Radiology			23		
Lab			12		9
Infection control		2			
Total					

	60	**207**	**51**	**26**	**9**

According to Sterling Hospital Bhavnagar.

TOTAL	DOCTORS	NURSES	TECH.	NS.	LAB ASST.
	42	136	36	5	6

FINDINGS

1. A significant difference is observed in the doctors.
2. Also observed is the difference in the number of nurses and nursing supervisors.
3. A small difference is observed in the number of lab assistants to be recruited .
4. Difference is also seen in the number of technicians which are to be recruited as per norms and as the hospital wants.

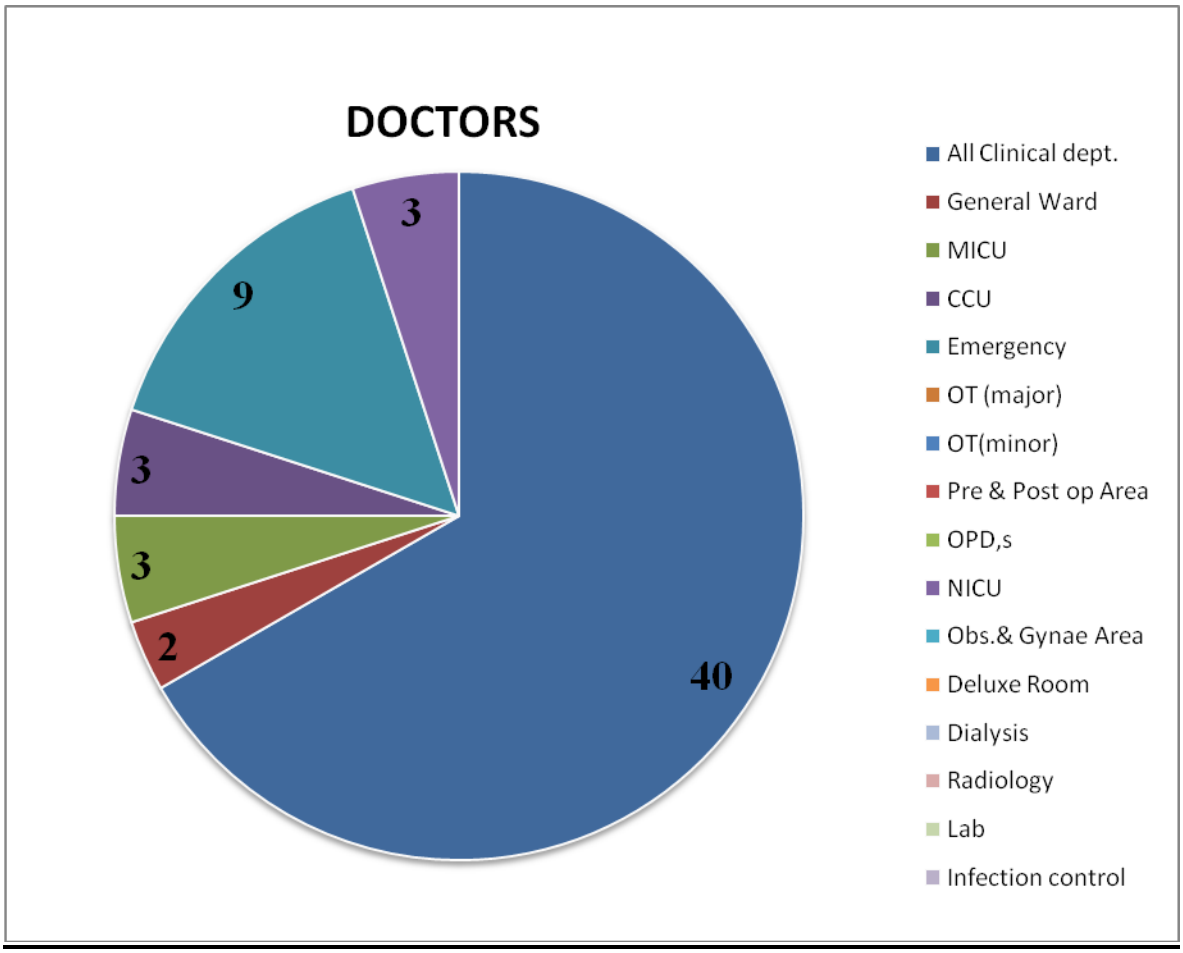


Figure 2–Depicting the distribution of doctors department wise

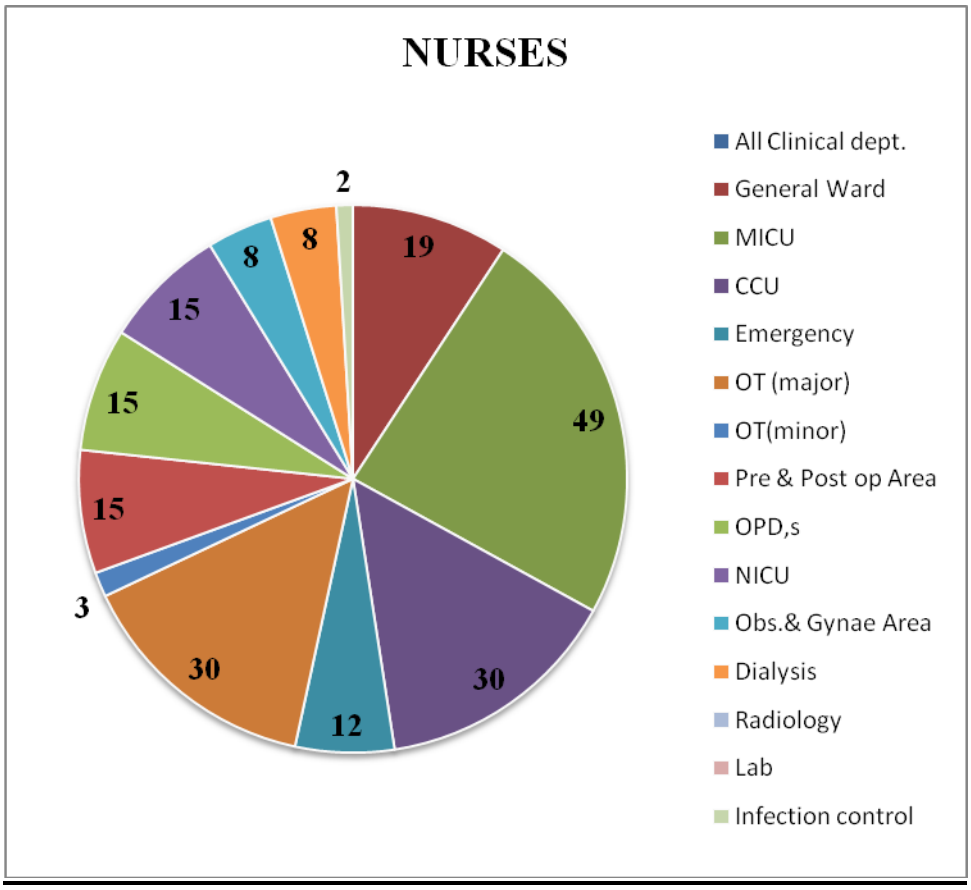


Figure 3–Depicting the distribution of nurses department wise

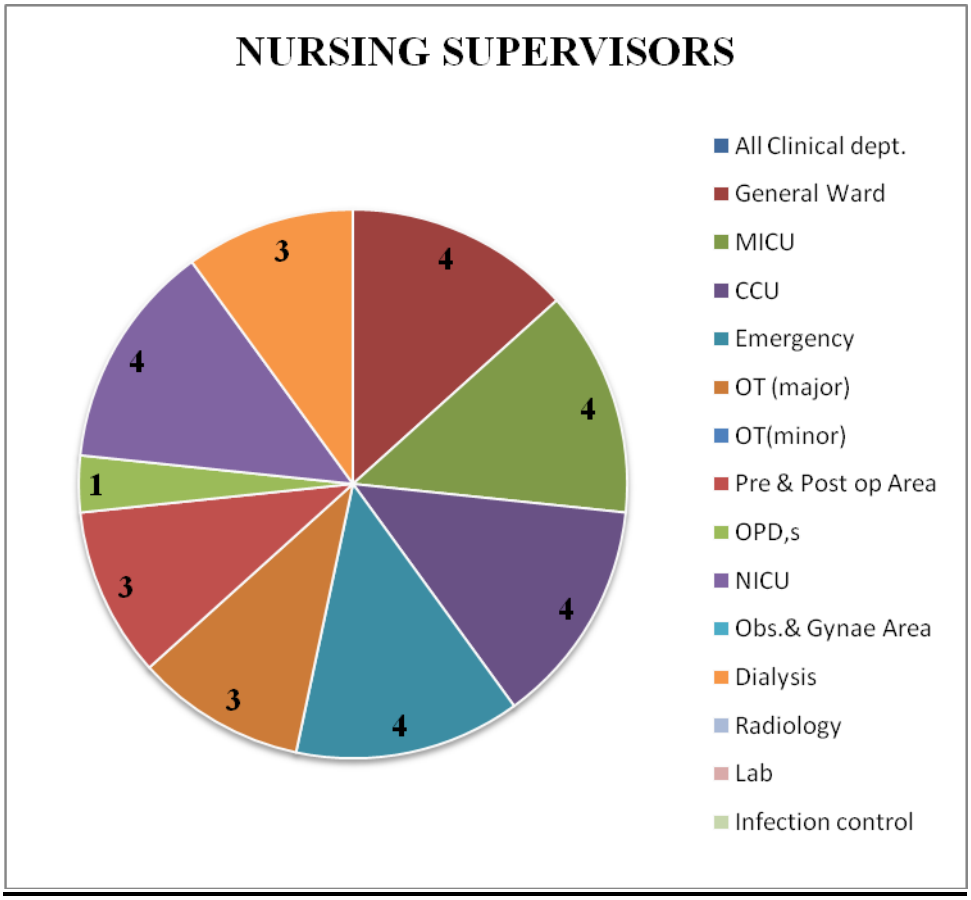


Figure 4 - Depicting the distribution of nursing supervisors

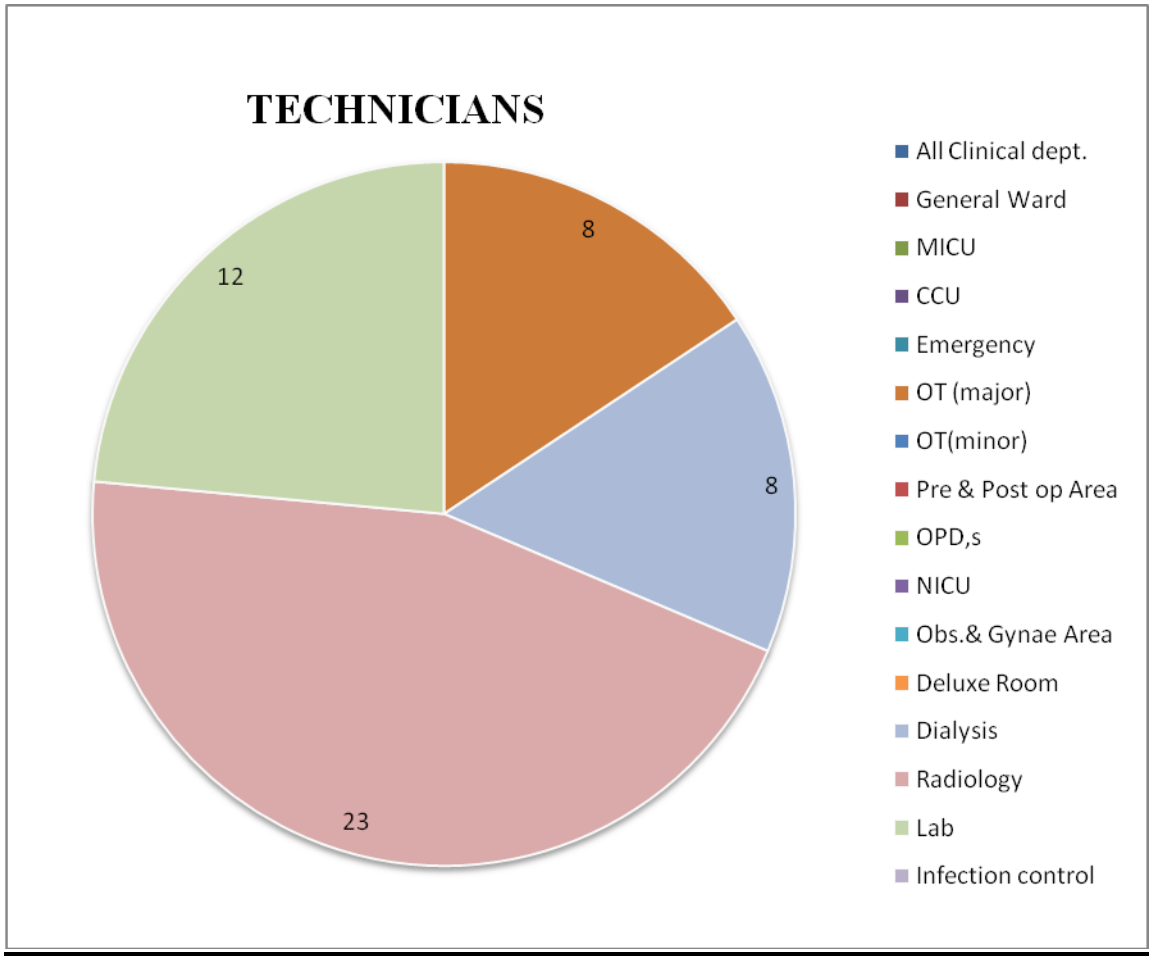


Figure 5–Depicting the distribution of technicians department wise

CONCLUSIONS

1. The manpower planning of Sterling Hospital Bhavnagar do not match the standard norms as per study.

2 The medical and nursing staff demonstrates a significant difference in numbers when compared with standards.

3 Technical manpower also shows a difference.

4 This mismatch in the number of manpower of the hospital will lead to more absenteeism due to greater workload and thereby affecting the quality of services rendered by the workforce and revenue of the hospital.

RECOMMENDATIONS

1.The hospital authorities must try to increase the number of medical as well as nursing staff as close as possible to the standards norms so as to have a quality of work and fulfilling the requirements of the department thereby increasing the quality of patient care.

2. Number of technicians should also be raised so as to have a quality and efficiency of work.

3. Also the number of nursing supervisors are to be increased in order to have proper supervision of the nursing staff .

4. Appropriate staffing will minimize the chances of absenteeism of employees and thus maintain a quality and smoother work flow in the hospital.

MANPOWER PLANNING AS PER STERLING HOSPITAL BHAVNAGAR

S.No.	Category	Phase 1 (78 beds) staff
1	**GENERAL ADMIN.**	
a.	Centre head	1
b.	Manager-Admin.	1
c.	Head – Marketing	1
d.	Head – Finance	1
e.	Head – HR	1
f.	Nursing Suprintendent	1
g.	ANS.	2
h.	Asst.Manager - Supply Chain/Stores	1
i.	Software Engg.	1
		10
II	**EXECUTIVE/SUPERVISORS - PATIENT CARE UNITS.**	
a.	Deputy Medical Administrator	0
b.	Asstt. Nursing Director	0
c.	Patient care - Sr. Executive	4
d.	PRO	1
e.	Central Reception / IP/ Billing	1
f.	OPD Registration & Billing	1
g.	Casualty Reception - Executives	1
h.	Pathology - Customer Care	0
i.	Radiology - Customer Care	0
j.	Ward Clerks - MT's	1
k.	Health Check up - Customer Care	0
l.	TPA Desk – Executive	1
		10
III	**Executives / supervsior's - Non - Patient care Units**	
A	Executive –Operations	1

b.	Executive- Support Services	1
c.	Marketing Executive	3
d.	Assistant – Stores	2
e.	IT Helpdesk	
f.	HR Assistant	2
G	Accounts Executive	1
h.	Payment Recovery - TPA/Corporates	0
I	Bio-Med Engineering Incharge	1
j.	Bio-Med Engineering Executive	1
k.	MRD Incharge	1
kl.	Executive To Unit Head & Mgr (Op)	
M	Sr.Officer (IT)	1
N	Jr.Software Engg.	1
		15
IV	**Consultants - Full time**	
A	Radiologists	1
B	Radiologist - CT Scan	
C	Pathology	1
D	Microbiologist	
E	Intensive and Critical care (Intensivists)	2
f.	Anaesthetist	2
g.	OPD Consultants	8
		14
V	**RMOs…**	
	Incharge	3
	Casualty	4
	ICU	6
	Floors	6
		19
		-
	REGISTRARS	-
	SICU	-
	MICU(13)	3
	CCU(8)	3
	Neonatal & Paed.ICU.(4)	3

	Neuro ICU	-
		9
VI	**NURSING**	
	INCHARGES	-
	Casualty/Emergency	1
	ICU	1
	IV Floor	1
	OT	1
	Cath Lab	1
	V Floor	
	ICU (Remaining part)	
	IV Floor(Remaining part)	
	-	**5**
	-	
	STAFF NURSES	
	CASUALTY	6
	MICU	39
	CCU	24
	PICU	6
	IV FLOOR	12
	OT	6
	CATH LAB	4
	Dialysis	2
	OPD,ECO-TMT (GEN.SHIFT)	2
	INFECTION CONTROL NURSE	1
	RELIEVERS @ 33%	34
		136
VII	**PARAMEDICAL**	
A	Dietician	1
B	Physiotherapist	1
C	Perfusionist	1
D	Cath Lab Technician	2

E	OT Technician	3
F	Endoscopy Technicians	1
G	Lithotripsy Technician	1
H	Dialysis Technicians	2
I	Optometrist	0
J	Dental Technician	0
K	CT Scan Technician	2
L	Technicians (X Ray,US)	4
M	Lab Technician - Sr	3
N	Jr Lab Tech(Hemat., Biochem, Micro…)	4
O	Sr. CSSD technician	1
P	CSSD Technician	1
Q	Technicians - Health Check up (ECG, Echo, TMT, PFT, USG)	2
	Technician - EEG/EMG	2
R	Sr.Pharmacist	1
S	Pharmacist	4
		36
VIII	**CONTRACTUAL SERVICES(Approx.estimate)**	
a.	**F& B contract**	
	Supervisor	1
	Kitchen	8
	Service	15
		24
b.	**Security -Contract**	
	Security Officer	2
	Guards	13
		15
c.	**Housekeeping Contract**	
	Supervisor	3
	Housekeepers…	22
	General Duty Attendants(GDAs)	45
		70

d.	**Drivers**	**3**
e.	**Lift Operators…**	**4**
		116

TABLE 2 .

STAFF CATEGORY	78 BEDDED HOSPITAL
Regular	254
Contract	116

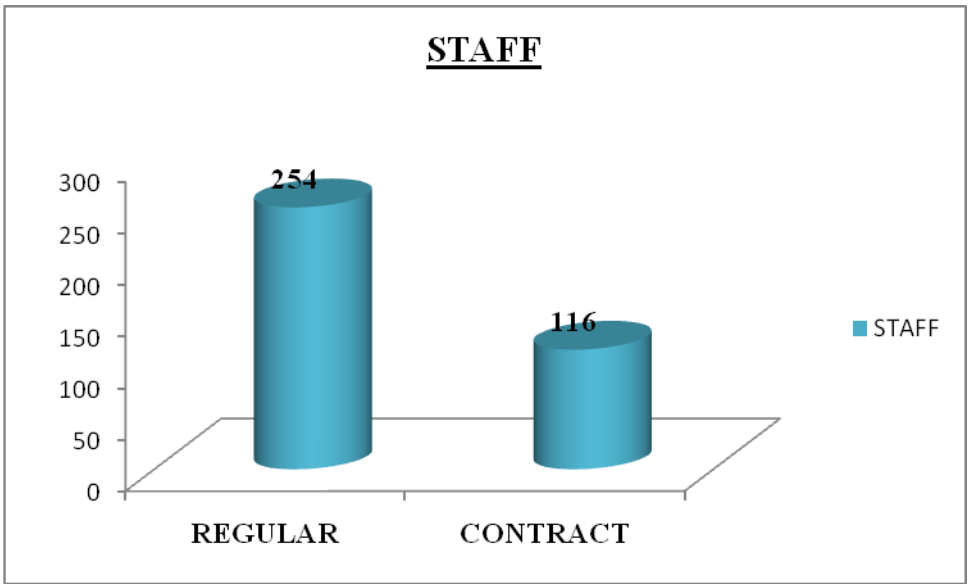


Figure 6. Graph depicting Category of staff in the hospital

LIMITATIONS OF THE STUDY

1. The data collected by the market mapping done by the Sterling Hospital Project Team is not been revealed in the project, rather only indicative findings are mentioned so as to explain my line of action for planning the manpower and workload projection for the initial phase.

REFERENCES

1. Kunders G. D. Hospitals – Planning, Design and Management, Tata Mc Graw-Hill Publishing Company Ltd., New Delhi, 1998
2. Sakharkar B. M. Principles of hospital Administration and Planning, Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, 1998
3. Hospital planning module of IIHMR Jaipur, By Dr .K. B. Sood
4. Clinical and Diagnostic Services IGNOU Modules Part 1-4
5. Sterling Hospital Bhavnagar Project Report,Sterling Hospitals Ahmedabad.