PREFACE

In the curricular structure introduced by this University of students for various programmes, the opportunity to pursue Post Graduate Diploma course in a subject introduced by this University is equally available to all learners. Instead of being guided by any presumption about ability level, it would perhaps stand to reason if receptivity of a learner is judged in the course of the learning process. That would be entirely in keeping with the objectives of open education which does not believe in artificial differentiation.

Keeping this in view, study materials of the Post Graduate Diploma level in different subjects are being prepared on the basis of a well laid-out syllabus. The course structure combines the best elements in the approved syllabi of Central and State Universities in respective subjects. It has been so designed as to be upgradable with the addition of new information as well as results of fresh thinking and analysis.

The accepted methodology of distance education has been followed in the preparation of these study materials. Co-operation in every form of experienced scholars is indispensable for a work of this kind. We, therefore, owe an enormous debt of gratitude to everyone whose tireless efforts went into the writing, editing and devising of a proper lay-out of the materials. Practically speaking, their role amounts to an involvement in invisible teaching. For, whoever makes use of these study materials would virtually derive the benefit of learning under their collective care without each being seen by the other.

The more a learner would seriously pursue these study materials the easier it will be for him or her to reach out to larger horizons of a subject. Care has also been taken to make the language lucid and presentation attractive so that they may be rated as quality self-learning materials. If anything remains still obscure or difficult to follow, arrangements are there to come to terms with them through the counselling sessions regularly available at the network of study centres set up by the University.

Needless to add, a great part of these efforts is still experimental-in fact, pioneering in certain areas. Naturally, there is every possibility of some lapse or deficiency here and there. However, these do admit of rectification and further improvement in due course. On the whole, therefore, these study materials are expected to evoke wider appreciation the more they receive serious attention of all concerned.

Professor (Dr.) Subha Sankar Sarkar
Vice-Chancellor

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Advanced Diploma in

Hospital Front Office Management

PAPER-IV

CONCEPT OF HOSPITAL SUPPORT SERVICES

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NETAJI SUBHAS
OPEN UNIVERSITY

Advanced Diploma in
Hospital Front Office Management

Paper-IV

CONCEPT OF HOSPITAL SUPPORT SERVICES

Unit 1	- Diet Service	9-13
Unit 2	- Laundry	14-18
Unit 3	- House Keeping Services	19-22
Unit 4	- Central Sterile Supply Department	23-27
Unit 5	- Hospital Infection Control	28-33
Unit 6	- Hospital Waste Management	34-39
Unit 7	- Transportation Service	40-44
Unit 8	- Hospital Security Service	45-50
Unit 9	- Hospital Maintanance Service	51-56
Unit 10	- Office Management	57-59
Model Questions		60-62

Paper-V

FRONT OFFICE MANAGEMENT

Unit 1 - Front Office	65-83
Unit 2 - Sections of Front Office	84-114
Unit 3 - Hospital Organization	115-125
Unit 4 - Reception Activities	126-132
Unit 5 - Front Office & Personnel Department	133-149
Unit 6 - Teamwork in Hospitals	150-170
Model Questions A	171-174
Model Questions B	175-180

Paper-VI

SPECIALIZED SERVICES

Unit 1 - Admission Department	183-189
Unit 2 - Front office and Patient visitor handling	190-196
Unit 3 - Sections with which front office communicates	197-206
Unit 4 - Management of medical records	207-220
Unit 5 - Medical Transcriptions	221-229
Model Questions	230-231

Paper-IV

CONCEPT OF HOSPITAL SUPPORT SERVICES

Unit 1 □ DIET SERVICE

Structure

1.1 Introduction

1.2 Components of dietary services

1.3 Location and space requirement

1.4 Organizational structure

1.5 Working hours

1.6 Functional activities

1.7 Maintenance

1.8 Procurement and storage

1.9 Planning

1.10 Quality control of food

1.11 Quality control of area

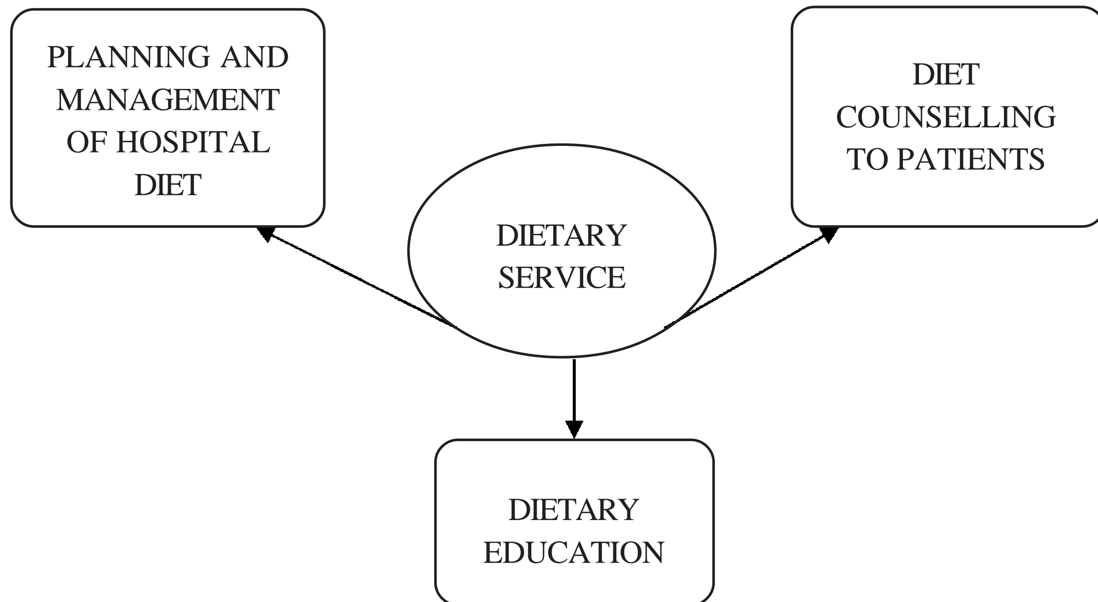
1.1 Importance of Dietary Services in a Hospital

- The Dietary Service is one of the important supporting services of the hospital unlike any other supporting services.

- The objective of the diet services is to make provision for clean, hygienic and nutritious diet for the indoor patient as per their caloric requirement.

- The dietary service can be provided either by in house provision or by out sourcing.

1.2 Components of Dietary Services



1.3 Location and Space Requirement

Location of kitchen — criterion for determining location

- Centrally located and close to the ward
- Convenient for delivery of raw supplies
- Large enough for orderly sequence of work/designed according to work flow
- Premises used for food preparation should be adequately lit and ventilated

SPACE REQUIREMENT – The area requirement for kitchen varies as per the type and size of the hospital.

- Up to 200 beds - 20 sq ft/bed
- 200-400 beds - 16 sq ft/bed
- 500 and above - 15 sq ft/bed

1.4 Organisational Structure

- Trained dietician
- Cooks (at least 2, more if hospital is large)
- Helpers
- Supervisors- reporting to medical officer in charge

The kitchen staff should be trained for—

- Diet calculation
- Demand calculation
- Placing order to supplier
- Checking items received for quality
- Proper storage

Staff engaged in handling food should have

- Proper personal hygiene
- Training for proper food handling while cooking and distribution
- Personal medical check up at regular interval

1.5 Working Hours

14 hours in two equal shifts

Can be altered according to the need of hospital

1.6 Functional Activities

IMPORTANT FUNCTIONS OF KITCHEN STAFF ARE

- Menu planning
- Procurement of perishable and non perishable items and equipments
- Receiving and storing supplies
- Establishment and maintenance of safe food storage practices
- Preparation of quality food according to dietary need of patient and its distribution
- Control and supervision

1.7 Maintenance

- ➢ Daily inspection of kitchen utensils and premises
- ➢ Maintenance of equipment –responsibility of user
- ➢ Repair and rate contract for equipment –should be through store.

1.8 Procurement & Storage

- Procurement is done through approved contractors.
- Dry ration on monthly basis and perishable items like vegetables, fruits, milk, egg and breads buffer on daily basis.
- Non perishable items are kept in racks, poly packs, in ventilated room.
- The perishable items like milk, cheese, butter, egg, milk, vegetables, fruits are kept in cold room.
- Adequate buffer stock of dry ration is maintained.
- Daily ration is issued on indent to the kitchen.

1.9 Planning

Planning Considerations

Good dietary service based on the application of optimum nutritional requirements contributes significantly to the care and recovery of patients and to the well-being of personnel. In addition to the obvious function of providing for the nutritional needs, such a dietary service program is an adjunct to therapy. Further, it is an element in the hospital's public relations program which may influence morale and patient and staff attitudes. Coordination of the dietary service with the total hospital operations is the dual responsibility of the hospital administrator and the dietitian. To assure that the dietary service program conforms to the framework of the overall program, the administrator and dietitian must provide guidelines.

The first step in planning the dietary service is to prepare a written program listing the major elements to be considered in setting up the department, provides it, and where and

how the service is performed. The cooperation of the planning committee is essential to the development of an effective written program. Items to be included are :

1. Goal of the dietary service.
2. Types and number of persons to be served.
3. Type of menu to be served and equipment required to prepare it.
4. Systems selected for serving patients.
5. Systems to be used for tray preparation and distribution.
6. Method to be used for infant feeding formula preparation.
7. Kinds of dining facilities to be provided for inpatients, personnel, and visitors.
8. Dishwashing system.
9. Handling and storage of food purchases.
10. Staffing and facility requirements for the dietary service operation.

1.10 Quality Control of Food

- It is very important to maintain quality of food.
- Standardization of cooking methods.
- Regular Health Check –up of Kitchen Staff.
- Regular training in handling food.
- Surprise testing of cooked food by senior officials.

1.11 Quality Control of Area

- Schedule of cleaning of kitchen.
- Maintenance and calibration of equipments.
- Monitoring of cold room temperature, deep freezers.
- Method of disposal of waste.
- Proper ventilation and smoke exhaust.

Unit 2 □ LAUNDRY

Structure

2.1 The objective of hospital linen and laundry service

2.2 Types of linen in hospital

2.3 Work load of laundry

2.4 Workflow

2.5 Location and space requirement

2.6 Organizational structure

2.7 Fnctional activities

2.8 Method

2.9 Maintenance

2.10 Storage

2.11 Norms for calculation of linen per bed

2.12 Conclusion

2.1 The objective of hospital linen and laundry service

1. Clean and adequate quantity of washed linen.
2. Supply to be made on regular basis.
3. In an acceptable quality and within a reasonable cost to the hospital.
4. Steps to be taken to prevent cross infection.
5. Supply of good, clean and fresh linen to patients, is a method of great satisfaction for patient and increases the public image of the hospital.
6. Mechanized laundry is the best service method of linen supply.

2.2 Types of Linen in Hospital

i) Soiled linen – used by patient/Ordinary dirty (without urine etc.)

collection ——washing——pressing

No sorting at source Minimum storage at source

ii) Infected linen -pus, blood, and body discharges

Minimum storage at source

Minimum handling process : sluicing, soaking in disinfectant solution then washing, conditioning and pressing

iii) Foul linen : Faeces, excretions and blood stain, collected in water proof containers process : Central sluicing then normal process of washing in laundry

iv) Radioactive linen : Segregated by suitable detector then put in special washer, confirm radiation free status

v) Then normal washing

2.3 Work Load of Laundry

On an average 5 kg of linen/bed/day

Each patient = 6 pieces of linen

2.4 Workflow

Separation must start at collection point.

Contaminated items collected in polythene bag secured by red ribbon and handled the least Sluicing, overnight soakage in disinfectant solution.

Washing, conditioning and pressing.

If linen is sent to contractor foul linen must first be sterilized in hospital.

Radioactive linen is segregated & monitored with suitable radiation detector.

2.5 Location

Conveniently located preferably away from ward & OT

SPACE

Minimum 4 rooms

—1 for dirty cloth receiving

—1 for sorting and pre cleaning

—1 for washing, drying, ironing

1 for clean clothes storage area

2.6 Organisational Structure

Laundry should be under the supervision and control of nursing superintendent (matron) who would report to the designated medical officer.

2.7 Functional Activities

Collection of dirty linen from the individual department/areas.

Transportation to central dirty linen collection room.

Sorting of linen into—

— dirty or soiled

—— infected or foul

——linen soiled with blood or body fluid

Removal of blood stains/sluicing

Disinfection/autoclaving

Washing/hydro extraction

Drying in natural way/drying tumbler

Repair of linen

Pressing/hand ironing

Distribution to individual department where it is stored.

Maintenance of record for receipt and distribution.

There should be strict barrier separating infected and non infected linen.

All foul linen should be bagged or put into carts at the location where it is used. it should not be sorted or pre rinsed in patient care area.

Linen soiled with blood or body fluid should be transported in leakage proof bags.

2.8 Method

Mechanical laundering for all hospitals is preferred because—

It is more methodical

It reduces risk of infection for persons handling the linen

Size of machine & no to be estimated according average total load/per day & allowing for future increase.

2.9 Maintenance

By rate contract through hospital stores.

2.10 Storage

Cleaned and ironed linen should be stored in almirah.

2.11 Norms for Calculation of Linen Per Bed

6 sets of linen/bed

1 in use

1 ready for use

1 being processed

1 in transit

2 sets for weekends and holidays

2.12 Conclusion

The importance of a clean environment and linen for optimal patient care has been stressed upon since the very inception of hospitals. It goes without saying that "supportive" services are indispensable for a hospital to perform in the true perspective and deliver good patient care; besides going a long way in developing good public relation of the hospital. A sick person coming to the alien environment of the hospital gets tremendously influenced and soothed by the aesthetics or cleanliness of the surroundings and the linen. On the contrary, dirty linen tends to result in psychological dissatisfaction like a chain reaction, which creates a negative image of the entire hospital [1]. Studies have proved beyond doubt, that hospital acquired infections show an increase whenever laundry and linen services are inadequate.

Unit 3 □ HOUSE KEEPING SERVICES

Structure

3.1 Introduction

3.2 Objectives

3.3 Organizational pattern

3.4 Responsibilities of staffs

3.5 Housekeeping general store

3.6 Linen & Laundry

3.7 Responsibilities of Linen supervisor

3.8 Waste Disposal

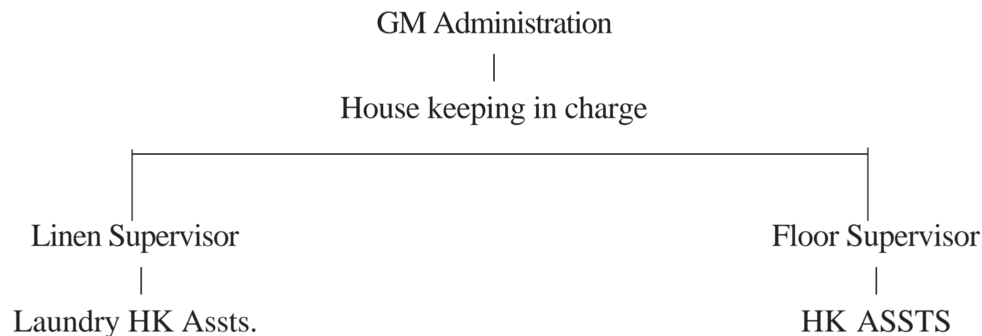
3.1 Introduction

It is said that first impression, prolongs till the end. A patient entering first time to the hospital when welcomed by a neat and clean environment as well as aesthetic feelings, takes away half of his misery and increases his confidence on the hospital. The hospital house keeping services comprises of activities related to cleanliness, maintenance of a healthy environment and good sanitation services, keeping the hospital premises free from pollution. In short it is the service directed towards a clean, safe and mentally comfortable environment.

3.2 Objective of HKS

- General Sanitation, cleanliness and comfortable environment.
- Developing courteous, reliable and congenial atmosphere.
- Adequate support of motivated staff.
- Good interdepartmental cordial relation.
- Ensuring safety of staff, patient and relatives.
- Quality control of sanitary equipments and cleaning agents.
- Proper record keeping and feed back.

3.3 Organizational Pattern



REPORTING AND OPERATIONAL PROCEDURES

Supervisors report to the HK desk. They take hand over from previous shift supervisors. They also take charge of the departmental keys and the mobile.

HK Assistant report to the HK desk for area allocation. They then go to their respective work location and take hand over from the previous shift assistants.

Briefing at the end of the day all the supervisors along with the in charge sheet and discuss the happenings of the day and take a mutual decision.

3.4 Responsibilities of HK Staffs

WORK/RESPONSIBILITIES OF HK ASSTS

1. Cleaning of area; which includes dusting, sweeping, mopping.
2. Shifting of patients.
3. Help in linen transactions.
4. Miscellaneous work.

WORK/RESPONSIBILITY OF HK SUPERVISORS (GENL.) nursing

1. Supervision of HK assts. work by going on regular rounds.
2. Reporting on maintenance work.
3. HK general store handling.
4. Staff training.
5. Roster making.

6. Co-ordination with other departments like nursing.

7. Updating of departmental records.

WORK/RESPONSIBILITY OF LINEN SUPERVISORS

1.Daily linen transaction.

2. Linen inventory.

3. Distribution of stock, indenting.

4. Updating of linen and laundry documents.

5. Apron transaction and distribution.

WORK/RESPONSIBILITIES OF HK INCHARGE

1. Staff training and welfare.

2. Supervision on general cleanliness.

3. Supervision on stores/indent/purchase.

4. Supervision on co-ordination with other departments.

5. Laundry/linen supervision.

6. Linen inventory and control.

7. Linen indenting and stock fixation.

3.5 House keeping general store

It consists of three categories of items.

1. Cleaning agents.

2. Cleaning equipments.

3. Miscellaneous items.

Cleaning agents mostly consists of reagents like phenyl, harpic, lysol cleaning equipment mainly consists of mops, brooms, and brushes. Miscellaneous mainly includes drums, bins etc.

Housekeeping department generally goes for fortnightly indent making not only for inside and outside area of the hospital as well as for the nurse's hostel also.

Delivery of newspaper also falls under the responsibility of HK dept. besides the above the department earns a miscellaneous income from selling of empty containers and

old newspapers. It caters to the request of other departments like transferring of documents, supply of drinking water.

Training of the OT/Cathlab assistants are also taken by the in charge as well as the supervisors. All the supervisors go inside these areas at least once in their night shift to check the hygiene standard and report back on the same.

Besides the general rounds the HK supervisors have to look into the economy of the organization too. They constantly train the assts. To use right amount of HK consumables to get the best result.

3.6 Linen & laundry

It is equipped with machines like the industrial washing machine, hydro extractor, and tumble dryer, flat press. The laundry is run on steam produced by the boiler. The manpower in laundry includes supervisors and laundry staff.

3.7 Work/Responsibility of Linen Supervisor

1. Responsible for the standard of linen.
2. Supervises the transaction of linen between the hospital and the laundry.
3. Maintains account of linen, updates computerized documents like due linen, rewash linen etc.
4. Compiling of inventory records and discardation reports
5. Redistribution of linen after inventory to assure sufficient no of linen sets with the wards.
6. Indenting of linen with explanatory report and cost estimate report.

3.8 Waste Disposal

Black : all general waste such as food, paper etc.

Blue : all infected plastics.

Puncture proof : all glass, bottles, blades, sharps.

Yellow : all swabs, dressings, tissues, cottons etc.

Unit 4 □ CENTRAL STERILE SUPPLY DEPARTMENT

Structure

4.1 Introduction
4.2 Location
4.3 Organizational structure
4.4 Functional activities
4.5 Timing
4.6 Maintenance
4.7 Sterilization
4.8 Shelf life
4.9 Job responsibilities
4.10 Conclusion

4.1 Introduction

The central sterile supply department (CSSD) becomes responsible for processing, sterilizing and dispensing of almost all items of sterile equipment, sets and dressing in the hospital.

Functions of CSSD.

Broadly, the functions of the department are as follows :

1. To receive and process used and unsterile supplies and sets from nursing units, OPD, operation theatres, labour rooms, etc.
2. To sterile and dispense sterile articles to user units.
3. To participate in hospital infection control programme.

4.2 Location

It should be centralized to all other user department preferably near the OT.

Location should be sanitary, reasonably dust free with good lighting ventilation and easy access to lift and staircase.

The functional areas should be so arranged that the equipments and materials follow a logical sequence from use of contaminated and used equipment to storage of sterile and contaminated articles.

There should no mixing of sterile and contaminated articles.

The workflow should be suitably arranged to meet the basic principles.

4.3 Organizational Structure

CSSD should be under technical supervision of a responsible officer who is concerned with hospital infection control—i.e the matron or microbiologist/pathologist –assisted by sister in charge of OT and operating room assistants. They are responsible for :

4.4 Activities

Rinsing-articles used should be rinsed immediately after use thorough rinsing should be done at CSSD.

Cleaning- by means of brush and detergent.

Drying-rubber goods drip dried by hanging.

Packing-preferably packed in porous material. Dating the package is essential.

Labelling-each pack should be marked with—

Nomenclature of article

Contents of pack

Initials of person who packed.

Initial & date of person who sterilised it.

Sterilization-autoclaving to be done by.

Responsible and trained person. autoclaves should be maintained properly.

Storage- sterile and non sterile to be stored separately.

Distribution- fixed timing for distribution and deposit of sterile and unsterile goods.

Record keeping– proper record of inventory ,equipment maintenance receipt & issue to be maintained.

4.5 Timings

CSSD may function for one shift in the routine working hours of the hospital. Spare linen to be kept in the OT for use beyond working hours.

4.6 Maintenance

It should be the responsibility of the user.

Store assistant would extend all cooperation for repair.

4.7 Method of Sterilization

Instructions & procedure to carry out each process is clearly laid down in the form of a manual.

It should list the content of each tray & set.

The manual should be centrally placed in the department where it is easily accessible for all.

STERILIZATION

Steam sterilization is the most commonly used method of sterilization.

Suited for instruments wrapped in cotton or paper.

Large hospitals use autoclaves for steam sterilization. All the sterilization is done centrally.

Time taken for each load-20-30 min.

Temperature-240-260 degree Fahrenheit.

Pressure - 15-20 lbs/sq inch.

For hot air oven sterilization-temp—160 degree centigrade,

Time - 1 hr.

For delicate instruments like cystoscope endoscope etc ethylene oxide gas sterilizers are used.

The highest temperature and the length of time should be should be checked and monitored.

Heat & steam sensitive indicators are used for monitoring they are placed outside the pack.

Indicators do not indicate successful sterilization but they show whether a particular item has bypassed the process.

Microbiological monitoring of steam sterilizer should be done once a week with commercial preparation of spores.

4.8 Shelf Life

Sterility can be maintained in store depending on the type of wrapping material, condition of storage &integrity of package.

Frequently used articles should be re sterilized every 2 wks.

Disposable single use items

These require a large storing place in the ward.

These items should be procured from reliable sources to avoid use of recycled products.

Adequate arrangements to be made for the disposal of these items.

4.9 Job Responsibilities of CSSD Personnel

Picks up and delivers equipment from all areas of the hospital.

Disassembles, cleans and checks for proper function of equipment, such as suction machines, feeding pumps, i.v. infusion pumps, etc.

Performs minor repairs on equipment, replaces worn hoses and installs spare parts as needed.

Installs equipment, such as side rails, trapeze assembly and Stryker frames, at bedsides as needed.

May provide functional guidance to personnel operating equipment on units.

Operates gas and steam sterilizers following authorized procedures.

Stocks shelves with clean and sterile supplies.

Washes and disinfects items, such as bedpans, scissors, glass syringes and tubing, with prepared antiseptic solutions and detergents.

Dries, wraps, bags and seals item in preparation for sterilization.

Cleans and disinfects the work area.

4.10 Conclusion

A well organized CSSD becomes the hub of an effective hospital infection control team (HICT) without the sterile supplies the whole focus of the (HICT) is likely to be erroneous.

To provide supplies of sterile instruments, linen packs, dressing and other sterile items used in patient care.

To maintain a record of the effectiveness of the procedures used in cleaning, disinfection and sterilization.

To monitor and enforce controls necessary to prevent nosocomial infection according to infection control policies.

To provide a safe hospital environment for the patients and staff, in terms of handling patient care equipment.

Unit 5 □ HOSPITAL INFECTION CONTROL

Hospital infection, also called nosocomial infection, is the single largest factor that adversely affects both the patient and the hospital. Patients are forced to stay long in the hospital because of hospital infection.

The resultant increase in the length of stay and number of laboratory tests in turn result in increased hospital costs for the patient.

The hospital suffers because of the loss of its effectiveness in terms of qualitative utilization of hospital beds.

The hospital suffers because of the loss of its effectiveness in terms of qualitative utilization of hospital beds.

Nosocomial infection is the infection that develops in patients after more than 48 hours of hospitalization. Bacterial infections which appear within 48 hours of admission are considered as community acquired.

Extent of the problem

Hospital infection is one of the most important factors that adversely affects the image of hospital.

One per cent of nosocomial infections results directly in the death of the patient, and indirectly contributes to mortality in additional 3 per cent of the cases. Although not all such infections can be prevented, data accumulated so far indicate that under favorable conditions almost half of all nosocomial infections are preventable.

How infection perpetuates

The factors which contribute to the development of hospital infection are the relationship between the agent, the host (patient), and the environment.

Routes of spread of infection

- Droplets
- Contact route
- Environmental route
- Intravenous route
- Through contaminated food water etc.
- Instrumentation

Manifestations of hospital infection

In the wards, hospital infections may manifest in the form of bacteraemia, respiratory infection, gastroenteritis, meningitis, and skin infections. however, surgical wound infections and urinary tract infections are found of nosocomial infection occurs amongst patients subjected to invasive technology, the vulnerable areas being critical care and premature nurseries.

High-risk areas in hospital

In every hospital, some areas carry a greater risk of hospital-acquired infection than others. Such areas are as follows :

- Nurseries
- Intensive care unit
- Dialysis unit
- Organ transplant unit
- Burn unit
- Isolation ward
- Cancer ward
- Operation theatres
- Delivery rooms
- Post-operative ward

Hospital Infection Control Programme

The three thrust areas for the infection control programme are as follows :

Development of an effective surveillance system.

Development of policies and procedures to reduce the risk of hospital-acquired infection.

Maintenance of a continuing education programme for hospital personnel.

Basic elements of a control programme

Providing a system of identification and repotting of infections, and providing a system for keeping records of infection in patients and personnel.

Providing for good hospital hygiene.

Providing for personnel orientation.

Providing for coordination with all departments and with medical audit committee in infection prevention and control.

Infection Control Committee (ICC)

The planning and implementation of the hospital's infection control and programme is best affected through a committee made up of the representative of various clinical and other disciplines.

MEMBERS

Chairman

Medical administrator

Microbiologist

Epidemiologist

Infection control nurse

One representative, each from medical and surgical field

House keeping supervisor

Infection control officer

Quality assurance officer

One senior clinician representing paediatrics, medicine, surgery, Obstetrics & Gynaecology etc.

A senior clinician representing adult ICU, Paediatric ICU, Neonatal ICU & A & E Dept.

Role and function of ICC

Determine the method of surveillance and reporting.

Lay down criteria for reporting all types of infections.

Review occurrence of clusters of infection, infection due to unusual pathogens.

Review of records of all infected cases.

Approve proposals and protocols of special studies to be conducted throughout the hospital.

Review with medical audit committee the use antibiotics.

Recommendations in relations to selection of equipment used for sterilization.

Review of cleaning agents and cleaning procedure.

Prepare and periodically update procedure manuals of aseptic techniques used in hospital.

Determine the policy on immunization of personnel working in high-risk areas.

Determine the policy on isolation of patients with communicable diseases and those vulnerable to infection.

Determine the content and methodology of training programme for training and retraining of personnel.

The committee should meet once every 2-3 months and review the following :

Review hospital infection related statistics, prepared on a monthly basis and recommended specific action to be taken by infection control team, various dept. & wards, and specific staff

Educate through lectures symposia, workshop and seminar, medical nursing & ancillary staff, patients and their attendants regarding nosocomial infection, their prevention and control

Ensure that notifiable diseases are adequately reported and communicated to appropriate authorities

Ensure regular supply of appropriate treatment and consumable and drugs to effectively control infection.

To ensure the various hospital contractors abide by the terms of their contracts in aspects related to control of infection, use of detergent and disinfectant and general hygiene of hospital

Surveillance

The most important aspect of the infection control programme is to provide systematic and continuous observations on the occurrence and distribution of infection within the hospital.

Outcome surveillance

Process surveillance

Effective control measures

people

aseptic techniques

segregation of contaminated instruments

disinfection practices

sterilization practices

isolation facilities

antibiotic policy

Precaution for staff

Outpatient department

Dietary

Careful handling of soiled linen

Good housekeeping

Terminal disinfection

Air hygiene in operation theatre

Developing a sense of awareness

Prevention

Conscientious washing of hands between patient contacts effectively prevents most of the cross infections which tend to occur between patients.

Disinfection of the environment and provision of properly sterilized materials

Strict aseptic technique while performing surgical and instrumentation procedure

Segregate contaminated instruments

Isolation facilities and procedures

Precautions with staff

Surveillance

Infection control in relation to HIV and AIDS

AIDS and disinfection

Disinfection of hands

Disinfection of instruments

Summary of precautions for prevention of spread of HIV / AIDS infection

test specimens-dispatched in sealed container

Gowns—to be worn in risk areas

Facemask-for coughing patients

Goggles-

Hands-should be disinfected before and after contact

Surface-to be treated with disinfectant

Syringes and needles-use of disposables, and final incineration

Resuscitation-mouth to mouth resuscitation avoidable

Disposables-to be disposed by incineration

Accommodation-patients with possible communicable patients should not share room with aids patients

Problems of infection control program in a developing country

1. Lack of quality control of sterilization and disinfection procedure
2. Quality of water and food made available to hospital
3. Hospital environment itself
4. Lack of trained staff
5. Lack of knowledge of hospital infection control practice among staff
6. The general misuse of antibiotic both in community and in hospital.

Unit 6 □ HOSPITAL WASTE MANAGEMENT

Definition

Biomedical waste means any waste which is generated during the diagnosis, treatment or immunization of human or animals or in research activities pertaining thereto or in the production or testing of biologicals, including categories mentioned in schedule i of biomedical waste management rules, 1998.

Introduction

Hospital is one of the complex institutions which is frequented by people from every walk of life in the society without any distinction between age, sex, race and religion. This is over and above the normal inhabitants of hospital i.e patients and staff. all of them produce waste which is increasing in its amount and type due to advances in scientific knowledge and is creating its impact [1]. The hospital waste, in addition to the risk for patients and personnel who handle these wastes poses a threat to public health and environment [2]. Keeping in view inappropriate biomedical waste management, the ministry of environment and forests notified the "biomedical waste (management and handling) rules, 1998" in July 1998. in accordance with these rules (rule 4), it is the duty of every "occupier" i.e a person who has the control over the institution and or its premises, to take all steps to ensure that waste generated is handled without any adverse effect to human health and environment. The hospitals, nursing homes, clinic, dispensary, animal house, pathological lab etc., are therefore required to set in place the biological waste treatment facilities. it is however not incumbent that every institution has to have its own waste treatment facility. The rules also envisage that common facility or any other facilities can be used for waste treatment. However it is incumbent on the occupier to ensure that the waste is treated within a period of 48 hours.

Categories of biomedical waste

Hazardous toxic & biomedical waste should be segregated into the following categories for their transportation to a specific site for specific treatment.

Categories

Category 1 - human anatomical waste

Category 2 - animal waste

Category 3 - microbiological and biotechnological waste

Category 4 - waste sharps-

Category 5 - discarded medicines and cytotoxic waste

Category 6 - soiled waste-items contaminated with blood , body fluid

Category 7 - solid waste

Category 8 - liquid waste

Category 9 - incineration waste

Category 10 - chemical waste

General waste like garbage, garden refuse etc. should join the stream of domestic refuse. sharps should be

collected in puncture proof containers. Bags and containers for infectious waste should be marked with

biohazard symbol. highly infectious waste should be sterilised by autoclaving. Cytotoxic wastes are to be collected in leak proof containers clearly labelled as cytotoxic waste [3]. needles and syringes should be destroyed with the help of needle destroyer and syringe cutters provided at the point of generation. infusion sets, bottles and gloves should be cut with curved scissors. Disinfection of sharps, soiled linen, plastic and rubber goods is to be achieved at point of generation by usage of sodium hypochlorite with minimum contact of 1 hour. Fresh solution should be made in each shift. On site collection requires staff to close the waste bags when they are three quarters full either by tying the neck or by sealing the bag. Kerb side-storage area needs to be impermeable and hard standing with good drainage. It should provide an easy access to waste collection vehicle [4]. biomedical waste should be transported within the hospital by means of wheeled trolleys, containers or carts that are not used for any other purpose. The trolleys have to be cleaned daily. Off site transportation vehicle should be marked with the name and address of carrier. Biohazard symbol should be painted. A suitable system for securing the load during transport should be ensured. Such a vehicle should be easily cleanable with rounded corners. All disposable plastic should be subjected to shredding before disposing off to vendor. Final treatment of biomedical waste can be done by technologies like incineration, autoclave, hydroclave or microwave

Segregation

Should be done at the source of generation ie at—

All patient care areas

Diagnostic areas

Labour room,

Treatment room etc.

Responsibility should be with the generator

BMW should be segregated as per categories

Collection of biomedical waste

Should be done as per BMW management rules 1998

Separate container to be kept for general waste

No infectious waste should be put into this container

Trolleys used for collection of BMW should be leakage and spillage proof

All the items to be sent for incineration/deep burial ie categories 1,2,3,6.should be placed in yellow colored bag

All the items to be sent for microwave/autoclave/chemical treatment should be placed in red colored bags.

Any waste which is sent to shredder after treatment is to be packed in blue/white translucent bag.

Location

All containers to be located at the point of generation.

The colors of the bags should be identifiable

Labeling

All bags must be labelled according to the rules.

Bags-waste bags should be filled upto ¾ th of capacity, tied securely and removed from site of generation.

Collection should be documented in a register.

Garbage bins should be cleaned regularly.

Storage

No untreated BMW shall be kept or stored beyond a period of 48 hours.

Transportation

Transportation within the hospital

- waste routes must be designed to avoid the passage of waste through patient-care areas as far as possible.
- separate time should be fixed for transportation of biomedical waste.

Trolleys or carts should be thoroughly cleaned.

Transportation of clinical waste to treatment or disposal site outside the hospital

- untreated biomedical waste shall be transported only in such vehicles as may be authorized for the purpose by the competent authority.
- the containers for transportation must be labeled as given in schedule iii and iv of bmw rules, 1998.

Treatment of hospital waste : the safe disposal of this waste should be ensured by the occupier through local municipal authority.

Monitoring of incinerator/autoclave/microwave shall be carried out once in a month to check the performance of the equipment.

Proper record book shall be maintained for the incinerator/autoclave/microwave/shredder. Such record book shall make the entries of period of operation, treatment/pressure attained while treating the waste, quantity for waste treated, etc.

The scavengers shall not be allowed to sort the waste.

Proper hygiene shall be maintained at the waste treatment plant site.

Incineration :

Specific requirement regarding the incinerator and norms of combustion efficiency and emission levels, etc. have been defined in the rules. in case of small hospital, joint facilities for incineration can be developed depending upon the local policies of the hospital and feasibility

Deep burial

The biomedical waste under category 1 and 2 can be accorded deep burial only in cities having less than 5 lakh population

Secured landfill

the incinerator ash, discarded medicines, cytotoxic substances and solid chemical waste should be treated by this option.

Radioactive and chemical waste

The management of the radioactive waste should be undertaken as per the guidelines of Bhaba Atomic Research Centre (BARC)

Liquid and chemical waste

Liquid and chemical waste may be elaborated as :

Chemical and liquid waste from laboratory: suitable treatment, as required shall be given before disposal

Sewerage waste: the effluents generated from the hospital should confirm as down in the biomedical waste (management and handling) rules, 1998.

The liquid and chemical waste should not be used for any other purpose.

Non hazardous waste :

Non hazardous waste disposal of biodegradable waste kitchen waste can be utilized in different ways according to the quantity of waste. In large hospitals technologies like biodegradation can be installed. In smaller establishments, kitchen waste can be composed kitchen waste or ward waste is collected in green colored container and put in bio culture pit. the biodegradable waste is comparatively easy to handle. it should be disposed after its biodegradation which can be accomplished by bio digestion (using bacteria or earthworms or by pit . after complete decomposition it can be used as bio-fertilizer.)

Safety measures

01. personal protection: hospital and health care facilities have to ensure that the following personal protective equipments are provided

- gloves
- masks
- protection glasses
- special footwear

02. Immunization against tetanus and hepatitis-b

03. Reporting accidents and spillages

Training

Each and every hospital must have well-planned awareness and training programme for all categories of personnel including administrators.

Primary steps to effective health care waste management :

Primary steps to effective health care waste management are

Evaluate the present scenario this entails pre-audit and auditing of hospital wastes.

Preparation of job charts for hospital waste management.

Asses all cost associated with waste management

Define management policies for waste management

Train the trainees and employers

Evaluate technical procedures, costs and policies yearly

Steps in waste management–waste survey, waste minimization, waste segregation and safe storage and waste treatment and waste handling, waste transportation, waste disposal.

Unit 7 □ TRANSPORTATION SERVICE

An ambulance is a vehicle for transporting sick or injured people to, from or between places of treatment for an **illness** or **injury**. The term ambulance is used to describe a vehicle used to bring medical care to patients outside of the hospital or to transport the patient to hospital for follow-up care and further testing. the word is most commonly associated with the land-based, **emergency** motor vehicles that administer **emergency care** to those with acute illnesses or injuries, these are usually fitted with flashing **warning lights** and **sirens** to facilitate their movement through traffic. Other vehicles used as ambulances include trucks, vans, **buses**, **helicopters**, **fixed-wing aircraft**, **boats**, and even **hospital ships**.

The term ambulance comes from the Latin word ambulare, meaning to walk or move about which is a reference to early medical care where **patients** were moved by lifting or wheeling.

There are other types of ambulance, with the most common being the patient transport ambulance. These vehicles are not usually (although there are exceptions) equipped with life-support equipment, and are usually crewed by staff with fewer qualifications than the crew of **emergency** ambulances. Their purpose is simply to transport patients to, from or between places of treatment. In most countries, these are not equipped with flashing lights or sirens.

History

The history of the ambulance begins in ancient times, with the use of carts to transport incurable patients by force. Ambulances were first used for emergency transport in 1487 by the Spanish, and civilian variants were put into operation during the 1830s advances in technology throughout the 19th and 20th centuries led to the modern self-powered ambulances.

Functional types

Ambulances can be grouped into types depending on whether or not they transport patients, and under what conditions. in some cases, ambulances may fulfil more than one function (such as combining emergency ambulance care with patient transport).

Emergency ambulance – the most common type of ambulance, which provide care to patients with an acute illness or injury. these can be road-going **vans**, **boats**, **helicopters**,

fixed-wing aircraft.

Patient transport ambulance–a vehicle which has the job of transporting patients to, from or between places of medical treatment, such as hospital or **dialysis** center, for non-urgent care. these can be **vans**, **buses** or other vehicles.

Response unit – also known as a **fly-car**, which is a vehicle which is used to reach an acutely ill patient quickly, and provide on scene care, but lacks the capacity to transport the patient from the scene. response units may be backed up by an emergency ambulance which can transport the patient, or may deal with the problem on scene, with no requirement for a transport ambulance

Objectives of ambulance service

- Provide service within 5 km.
- Reach within 10 minutes.
- Provide life support during transportation.
- Communicate with control station to receive guidance.
- To act as per guidance.
- To cut down the errors in communication.

Equipments- medical

Defibrillator/monitor

Syringe driver

Suction unit

High flow CPAP

Syringes and needles

Drugs

Additional equipment (infusions, intubation equipment etc.)

Additional equipment (cpap-helmet, immobilization equipment etc.)

Medical gloves

Stretcher

Oxylog 3000 ventilator

Emergency suitcase and backpack

In addition to the equipment directly used for the treatment of patients, ambulances may be fitted with a range of additional equipment which is used in order to facilitate patient care. this could include :

Two way radio – one of the most important pieces of equipment in modern emergency medical services as it allows for the issuing of jobs to the ambulance, and can allow the crew to pass information back to control or to the hospital. more recently many services world wide have moved, to more secure systems, such as those working on a **gsm** system, or a global positioning system.

Mobile Data Terminal – some ambulances are fitted with mobile data terminals (or mdts), which are connected wirelessly to a central computer, usually at the control center. these terminals can function instead of or alongside the two way radio and can be used to pass details of jobs to the crew, and can log the time the crew was mobile to a patient, arrived, and left scene, or fulfill any other computer based function

Evidence gathering CCTV – some ambulances are now being fitted with video cameras used to record activity either inside or outside the vehicle. they may also be fitted with sound recording facilities. this can be used as a form of protection from violence against ambulance crews, or in some cases (dependent on local laws) to prove or disprove cases.

Tail Lift or ramp – ambulances can be fitted with a tail lift or ramp in order to facilitate loading a patient without having to undertake any lifting. this is especially important where the patient might be **obese** or specialty care transports that require large, bulky equipment such as an neonatal incubator.

Trauma lighting – in addition to normal working lighting, ambulances can be fitted with special lighting (often blue or red) which is used when the patient becomes **photosensitive**.

Air Conditioning – ambulances are often fitted with a separate air conditioning system to serve the working area from that which serves the cab. this helps to maintain an appropriate temperature for any patients being treated, but may also feature additional features such as **filtering** against airborne pathogens.

Appearance and markings

Emergency ambulances are highly likely to be involved in hazardous situations, including incidents such as a **road traffic collision**, as these emergencies create people who are likely to be in need of treatment. they are required to gain access to patients as quickly as possible, and in many countries, are given dispensation from obeying certain traffic laws (for instance, they may be able to treat a red **traffic light** or stop sign as a yield (‘give way’) sign, or be permitted to break the speed limit).

For these reasons, emergency ambulances are often fitted with visual and/or audible warnings to alert road users.

Crewing/staffing

There are differing levels of qualification that the ambulance crew may hold, from holding no formal qualification to having a fully qualified **doctor** on board. most ambulance services require at least two crew members to be on every ambulance (one to drive, and one to attend the patient), although response cars may have a sole crew member, possibly backed up by another double-crewed ambulance. It may be the case that only the attendant need be qualified, and the driver might have no medical training.

Common ambulance crew qualifications are :

First Responder – a person who arrives first at the scene of an incident and whose job is to provide early critical care such as **CPR** or using an **AED**. first responders may be dispatched by the ambulance service, may be passers-by, or may be dispatched to the scene from other agencies, such as the **police** or **fire departments**.

Ambulance driver – some services employ staff with no medical qualification (or just a first aid certificate) whose job is to simply drive the patients from place to place. in some emergency ambulance contexts this term is a pejorative toward qualified providers implying that they perform no function but driving, although it may be acceptable for patient transport or community operations.

Ambulance Care Assistant – have varying levels of training across the world, but these staff are usually only required to perform patient transport duties (which can include stretcher or wheelchair cases), rather than acute care. dependent on provider, they may be trained in first aid or extended stills such as use of an **AED**, oxygen therapy and other life saving or **palliative** skills. they may provide emergency cover when other units are not available, or when accompanied by a fully qualified technician or paramedic.

Emergency Medical Technician – also known as ambulance technician. technicians are usually able to perform a wide range of emergency care skills, such as **defibrillation**, spinal care, and **oxygen therapy**. some countries split this term in to levels (such as in the us, where there is **emt-basic** and **emt-intermediate**).

Paramedic – this is a high level of medical training and usually involves key skills not permissible for technicians, such as **cannulation** (and with it the ability to administer a range of drugs such as morphine), **intubation** and other skills such as performing a **cricothyrotomy**. dependent on jurisdiction, paramedic can be a protected title, and use of it without the relevant qualification may result in criminal prosecution.

Emergency Care Practitioner – this position, sometimes called 'super paramedic' in the media, is designed to bridge the link between ambulance care and the care of a **general practitioner**. ecps are already qualified paramedics who have undergone further training, and are trained to prescribe medicines (from a limited list) for longer term care, such as antibiotics, as well as being trained in a range of additional diagnostic techniques.

Registered Nurse (RN) – nurses can be involved in ambulance work, and as with doctors, this is mostly as air-medical rescuers or critical care transport providers, often in conjunction with a technician or paramedic. they may bring extra skills to the care of the patient, especially those who may be critically ill or injured in locations that do not enjoy close proximity to a high level of definitive care such as trauma, cardiac, or stroke centers.

Doctor – doctors are present on ambulances – most notably air ambulances– will employ physicians to attend on the ambulances, bringing a full range of additional skills such as use of prescription medicines.

Access to ambulance service

In India telephone no 102 is alloted for ambulance service

The calls land in control station

For life threatning conditions the nearest ambulance manned with paramedics is despatched.

For less priority cases advice given telephonicaly by doctors manning the control room, till an ambulance arrives.

Unit 8 □ HOSPITAL SECURITY SERVICES

Structure

8.1 Introduction

8.2 Functions of Hospital Security Services

8.3 Objectives of Hospital security services

8.1 Introduction

It is important for hospitals to develop a comprehensive security management program (SMP) to effectively support and maintain physical protection for patients, staff and visitors. Central to that development is the completion of a comprehensive threat assessment and an evaluation of the security protocols, policies, and procedures underlying the SMP. These vitally important elements of the SMP should be well- defined, unambiguous and reinforced with periodic staff education and training.

8.2 Functions of Hospital Security Services

Security system in the hospital is a must because hospital is a people intensive place.

1. Provide services to sick people round the clock.

2. Any body has an access to any part of the hospital any time for advice and treatment.

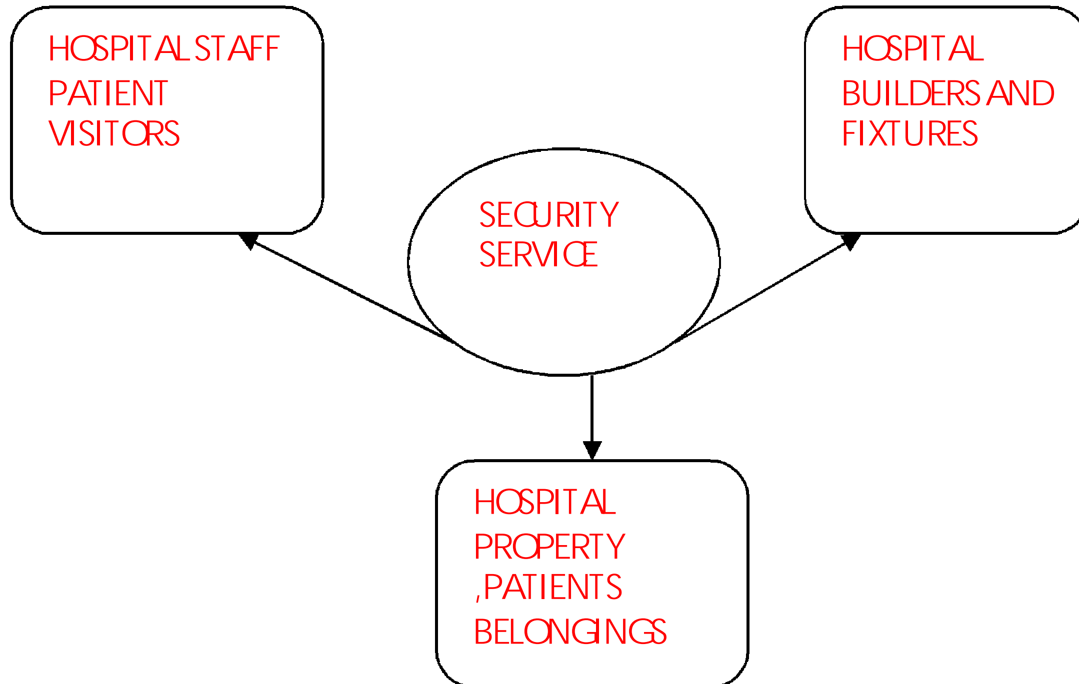
3. The hospital atmosphere is always filled with emotions, excitements care and happiness, death and sorrow.

4. The hospital staff operates in a tense atmosphere resulting in irritation, conformation, conflicts and aggression, threatening life of hospital staff.

5. Hospital uses very costly equipments, fixtures and machines whose safety is essential.

6. Not only hospital but also safety of patients, attendants and their property is the moral duty of the hospital.

8.3 Objectives of Hospital Security Services



Security threats and vulnerabilities

1. Thefts-internal or external
2. Patient property loss
3. Employees property loss
4. Destruction or damage of property
5. Information loss
6. Assaults or robbery of employees, staff, visitors
7. Fire & arson
8. Violation of work safety norms
9. anti national activities
10. threats to executives or their families
11. drug theft &drug abuse
12. internal/external disaster medical imposters

Threat groups

- Criminals
- Disgruntled patients
- Relatives
- Employees
- Members of public

Security sensitive areas

- Pharmacy
- Cash handling areas
- Medical records office
- Emergency department
- Computer center
- Infant and pediatric unit
- Parking areas

Functions of hospital security

- Analysis of security threats
- Preparation of strategic security plans
- Implementation of security plans
- Advising management on security
- Conduct enquiries/investigation
- Security training of all staff
- Surveillance and patrolling
- Access control
- Control vehicular traffic
- Perception and conduct of visitors
- Fire control and emergency plan
- Liaison with police
- Vigilance and intelligence

Organization

Chief security officer

Security supervisor

Security guards

All of them comprise of the security department which reports to the hospital administrator

Security agency—

A) Departmental

B) Contractual

C) Mixed

It is better to have a mixed security system.

- In certain sensitive area guards should be physically deployed to take immediate action like emergency and wards, gates.
- Other areas can have electronic screening and close circuit T.V.
- The mixed system will be cost effective as well as more efficient and can avoid immediate security risks like man handling and protection of staff.
- What ever be the system objective is to safety of man, material and infrastructure.

Access control concept

Access control means controlling movement of people

It means permission or denial

Means and components

- ➢ Identification of staff
- ➢ Temporary i-badges
- ➢ Card access system
- ➢ Lock and key

Security technologies

- ➢ security based only on human system is expensive
- ➢ efficacy of only human system is restricted
- ➢ a balanced mix of manpower with technology is desirable

Equipments

- CCTV
- Access control device
- Intrusion detection devices
- Guard watch equipment
- Alarms
- Augmentation of security lighting
- Security communication
- Metal/explosive

Security management in hospital

Hospital managers base their security decisions on law, costs, fear of litigation, and to protect their facility's reputation. but the critical assets of a hospital - its people, property, information and reputation - must be protected with good security.

The main threats in a hospital environment as insider/employee theft, outsider gang members, visitor thefts, threats against patients or staff, and crimes of opportunity.

To analyze security needs, begin by listing the departments, reviewing the business culture of the hospital, determining the threat levels in each department, interviewing department heads about threats and crime, and planning possible countermeasures for each department.

Then develop a master plan and review it against a "reality check" on the basis for the plan and the tools that will be needed : Do not forget, options in security - high-tech, low-tech, even no-tech.

Among the no-tech options, policies and procedures can be developed to enhance security. Training and supervision keep those policies and procedures at the forefront. programs help promote security awareness in the staff. Norman suggests having an anonymous 800 number for reporting crimes and slips in security.

Low-tech options include locks, barriers, good lighting and landscaping), says Norman.

High-tech choices include alarm systems, access control systems, photo identification, CCTV, two-way voice communications and weapons screening systems. But new tools such as patient locators, video pursuit software, delayed egress hardware, active asset control systems, enterprise-wide systems, digital video and pager alarms can enhance security even more.

The steps in security management are :

Preparation of strategic security plans

Stipulation of security policy, procedure and standing orders

Effective screening of all employees

Contingency plans/crisis plans

Elements of criminal act

- Motive
- Opportunity
- Means
- Only opportunity can be controlled
- Motives can be curled by moral building
- Means to steal can checked to someextent by limiting access

Who has the most opportunity :

- Supervisors and other authority figures
- Guards
- Night and weekend employees
- People with keys
- Long trusted employees
- Clerks handling money
- Service department personnel
- Terminating employees
- Store keepers and receivers

Types of internal dishonesty

Embezzlement and fraud

—— most costly white collar crime

——success because they are respected employees

Unit 9 □ HOSPITAL MAINTENANCE SERVICE

Definition

The hospital maintenance department, a member of the university community, maintains the physical environment and provides related services to support the hospital in reaching its goal of excellence in healthcare and public service. hospital maintenance includes electrical services, HVAC services, plumbing services, and general building maintenance services.

Objectives

- To preserve capital investment
- To prolong life of physical facilities and equipment
- To ensure safety
- To maintain supportive and congenial environment

Basic infrastructural criterion maintained by the maintenance department for a hospital is :

There should be at least dual source of water supply

150ltrs of water/bed/day should be reserved for fire fighting water supply should be there extra plumbing and sewage system require cont routine maintenance.

Electrical supply lines

Usually 3KVA electricity/bed

High tension lines should be there

The supply may increase to 11kva

Plants—cssd, laundry, a.c

Hvac-heating, ventilation and ac system

A.C machines-

HEPA filters can only be placed in central a.c

Laminar air flow is possible for only central a.c

Maintenance of filters is important and this is job of housekeeping staff

Principles of maintenance

Maintenance management program has a very definite and clear objective. This is

meant to minimise repairs allowing for maximum uptime/use of the system, at minimum maintenance cost. it is essential to maintain a detailed history of the system with the objective of improving maintenance and cost performance and to maintain records enabling evaluation of the efficiency of the system, cost of maintenance, cost of repairs/replacements. One must aim to reduce the probabilities of sudden breakdowns and unplanned writing off of the asset.

All maintenance has a cost comprising spares and manpower forming the direct cost, followed by additional costs and penalty costs. it is required of every maintenance engineer to optimize these costs. if a systematic and logical approach is adopted in hospital planning, with equipment in mind, a method can be devised whereby foreseeable maintenance problems can be eliminated at the very inception. This way a maintenance prevention program is incorporated in the hospital project.

In addition, hospital planners have to formulate systems whereby minimum effort would be required in maintenance/repairs in terms of tools, manpower and time. Amongst other things, this requires standardisation, safety, location, standby units, etc.

Standardisation improves maintainability and reliability of the equipment besides reducing cost of spares inventory. the expertise required from both in-house and vendor engineers is more focused and levels of interaction is reduced to limited persons.

Planned preventive maintenance

Proper maintenance is essential to obtain sustained benefits and preserve capital investment

Medical equipment must be maintained in working condition

Periodic calibration of the equipment to be done for effectiveness and accuracy

Preventive maintenance

Planned preventive maintenance is regular repetitive work done to keep equipment in good working order

This optimizes equipment efficiency and accuracy

Activities involve

Regular routine cleaning, lubricating, testing, calibrating and adjusting, checking for weir and tear, replacing component to avoid breakdown

Productive preventive maintenance

This refers to proper selection and equipment to be included in preventive planned maintenance

The main consideration is cost effectiveness

Important aspects

Participation and commitments are very important

Preventive maintenance to start with users the task must be performed daily

Joint involvement of technician weekly

Highly technical repairs done by engineers every 6 years

Breakdown maintenance

Breakdown maintenance takes place whenever equipment breaks down. It is very essential to go through the pm records to understand the overall performance of the equipment till the time of the breakdown. Merely setting the equipment right alone is not important, but tracking down the cause of the breakdown is equally important as precautions could be taken to prevent the fault from recurring. Just as doctors recommend annual health check-ups for individuals past a certain age, equipment too require such check-ups to obviate unexpected failures which could prove detrimental to patient care, the functioning of the concerned department and would be expensive. Such predictive maintenance detects trouble indicators in equipment, revealing any unexpected deterioration taking place. Following this procedure would definitely reduce the probability of breakdowns and extend the life of the equipment

Setting up of the system

To establish an effective system a registry filling system is needed.

A computer package or manual file is set up.

Following are required

Equipment inventory

All equipments in the hospital that are in the care of service workshop should be recorded on cards.

All relevant information is entered including location, records of repair and maintenance and the manufacturer

Establishing intervals of maintenance

After defining maintenance tasks, the frequency of the task must be decided.

A heavily used item must be cleaned and checked more frequently than one used less often

Frequency suggested in manufacturer's manual can be used as guide.

Actual usage should determine the maintenance procedure required.

Personnel

Individuals who are qualified and available must be identified.

Specific responsibilities should be assigned in the form of work order identifying the tasks

Each person should have clear knowledge of his/her responsibility.

Reminder system

It may be necessary to develop a reminder system so that appropriate personnel are notified when certain tasks are to be performed.

Whatever a card index system or a computer programmed is used, the date of next maintenance to be recorded

Special test equipment

People responsible should have a range of test equipment.

A variety of test equipment is available

It may not be appropriate for every maintenance dept. to be fully equipped with complete range of equipment.

Some may be located at egger control workshop

Annual maintenance contract

For sophisticated and costly instrument which cannot be repaired in house, maintenance contract with the supplier /third party is done.

Usual contract specifies 3 quarterly preventive maintenance visits.

Breakdown calls are attended by them as and when necessary

The supplier must give an uptime guarantee

A penalty clause should be incorporated if the contractor does not fulfill the uptime guarantee

Role of computers in maintenance

Computers play an important role in the maintenance of hospital equipment and keeping record of their breakdown and repair history. advanced biomedical test, calibra-

tion and analysis equipment are available that greatly assist in the maintenance of a wide spectrum of medical devices.

Amongst the various tests that they perform this equipment has the capability of downloading pertinent information from the medical devices that can then be transferred to the main computer system. This way the biomedical engineering department can log and keep track of the performance levels of the medical devices during their lifetime. These computers can be interfaced with similar systems in the hospital, wherever required, for easy access to maintenance data from different locations. a proper control over maintenance schedules, performance levels, maintenance costs and other related data etc. is available through this information

In conclusion it is inevitable to state that hospital engineers will continue to form an important arm of the hospital staff and team. With the adaptation of proper maintenance techniques and management systems one can utilize resources optimally and reduce the breakdown and related maintenance workload. the role of engineers in hospitals as well as those coming from representative vendors of equipment supplies needs to be appreciated and the hospital management should encourage them and give them maximum support.

Surveillance and safety

Safety is another important factor, both for the equipment operators/technicians and maintenance personnel. This would mean providing exact power supplies, perfect grounding/ earthing at every electrical point, proper location of equipment, avoiding high voltage/ frequency areas and facilities. Very often hospital planners and project engineers overlook these factors with the result that subsequent modifications and rectification have to be carried out, adding to costs and disturbing other preconceived designs. hence it is important to involve maintenance personnel in the project right at the planning stage.

Periodic surveillance must be carried out to ensure that records are legible and all entries are made

It must be seen that all safety precautions are taken

The hazards rise from the use and presence of

Radiation

Electricity

Biological hazards

National and international safety guidelines to be followed

Mains powered units must have a good earth.

A 3 pin plug must be used on the appliance lead

Adapters , extension cords and extension leads should not be used

Conclusion

In conclusion it is inevitable to state that hospital engineers will continue to form an important arm of the hospital staff and team. With the adaptation of proper maintenance techniques and management systems one can utilise resources optimally and reduce the breakdown and related maintenance workload. the role of engineers in hospitals as well as those coming from representative vendors of equipment supplies needs to be appreciated and the hospital management should encourage them and give them maximum support.

Unit 10 □ OFFICE MANAGEMENT

Structure

10.1 Introduction

10.2 Office managers

10.3 Main functions

10.4 Conclusion

10.1 Introduction

Management has been defined in many ways by many authorities, but the original definition by Henri Fayol,considered the father of modern management, over eighty years ago still holds good, "To manage is to forecast and plan, to organize, to command, to coordinate and to control".

The task of the management of any hospital incorporates :

i. Determining the goal and objectives of the hospital

ii. Acquisition and utilization of resources

iii. Instituting communication systems

iv. Determining control procedures, and

v. Evaluating the performance of the hospital

10.2 Office Managers

An office manager is an employee charged with the general administrative responsibilities of any given **office** of a corporation. in small and medium sized companies the task is often given to the corporation's **accountant**. in large companies there will often be several offices in several geographical areas, and each one will have an office manager.

10.3 Main Functions

The office manager is the coordinator of the work system. an office manager is responsible for planning, organization, and controlling the clerical aspect of the organization,

including the preparation, communication, coordination and storage of data to support production and other important operations of an industrial establishment. often he also engages in marketing. her tasks are to monitor the work processes and to evaluate the outcome. the outcomes of work are intended for what can be called the final receiving system, as for instance, client, customer, and other departments.

Her role is to coordinate on the front and by giving assignment. an office manager usually leads or manages a team of secretaries or administrative clerks. She/he takes care of the assignment of tasks inside the department whereby the more complex tasks come to his account.

Positions allocated to usual classification perform a combination of the following office management functions :

- budget development and implementation
- purchasing
- human resources
- accounting
- printing
- records management
- forms management
- payroll
- facilities management
- space management
- affirmative action and equal employment opportunity
- information technology and telecommunications
- monitoring the management of health and safety in the company office
- assisting senior managers in identifying health and safety needs in their departments
- responsibility for the day to day running of the office
- liaising with senior managers to ensure that staff in the division have appropriate **information technology equipment**
- managing a range of **budgets** including accommodation, health & safety for company

- **plan**, **consult** and **manage office** moves for the **division** and other units within the **department**

Considering the diversity of functions, someone holding an office manager position is expected to have many talents. Some of the competencies which he or she is expected to possess are problem solving and decision making abilities, integrity, assertivity, flexibility, accuracy and the ability to cope with pressure.

The medical office administration includes :

Maintaining patient charts and medical information

Performing patient reception and scheduling

Demonstrating proper telephone etiquette

Providing patient referrals

Verifying patient insurance information

Exhibiting a working knowledge of medical terminology

Demonstrating basic principles of medical office administration

10.4 Conclusion

Medical office administrators keep healthcare offices running efficiently. they perform highly specialized work requiring knowledge of medical terminology and procedures. administrators assist physicians and medical scientists with reports, record simple medical histories, arrange for patients to be hospitalized, and order supplies. they must also be familiar with insurance rules, billing practices, and hospital or laboratory procedures.

While entry-level administrative positions may be filled by those possessing a high school diploma, medical office administrators require specialized medical administration training. Training may include courses in medical terminology, medical office procedures, records and database management, or medical coding.

Medical administrators should be proficient in keyboarding with good spelling, punctuation and grammar. in addition, they should be organized, with good communication and customer service skills. Increasing office automation and organizational restructuring will continue to make medical administrators more productive in coming years. Computers, e-mail, scanners and voice message systems are now standard workplace tools necessary to medical administration.

Model Questions

Paper IV : Concept of Hospital Support Services

Time : 3 hours **Total Marks : 100**

Section A

Answer any two of the following: (20 × 2 = 40 marks)

1. Define CSSD? Mention the aim of CSSD services? Enumerate the functions of CSSD service? Give the location of CSSD service? [2+6+8+4]
2. What does nosocomial infection mean? State the high risk uses in a hospital? What are the routes of spread of infection in a hospital? Enumerate the functions of infection control committees? [4+6+4+6]
3. Role of computers in maintenance? What do you understand by [8+12]
   a. Planned preventive maintenance
   b. Productive preventive maintenance
   c. Breakdown maintenance
4. Define security services? Objectives of security service? Enlist the security threats and vulnerabities? What are the functions of hospital security? [2+4+6+8]

Section B

Answer any three of the following: (3 × 12 = 36 marks)

1. What is the organizational pattern of housekeeping service? State the work responsibility of housekeeping supervisors & housekeeping in charge? What are the objectives of HK services? [2+6+4]
2. Define biomedical waste? State the different categories of biomedical wastes? How should the BMW transported within the hospital and from the hospital to the disposal site? [3+5+4]

3. Define ambulance? Name the different functional types of ambulance? What do you understand by first responder and paramedic? [2+6+4]
4. What is meant by office management? Who is an office manager & his functions? What functions are involved in medical office administration? [2+6+4]
5. What are the objectives of laundry services and its types? [6+6]
6. What are the components of dietary services? What do you understand by quality control of food and area?
7. Fill in the blanks : [12 × 1]
   a. Space requirement by dietary department for a 100 bedded hospital is ……………….
   b. The supervisors in a dietary department reports to …………
   c. ………… food holding units offer flexibility in serving areas.
   d. ………… kg of linen / bed / day.
   e. Laundry should be under the supervision and control of …………..
   f. Pressure in autoclave ……………lbs/sq/inch
   g. ……………. Sterilization is the most commonly used method of sterilization.
   h. Untreated BMW cannot be kept or stood beyond …………. Hours.
   i. Cytotoxic wastes should be collected in ……………… containers.
   j. The term ambulance is derived from the word ……………
   k. Ambulances were first used in the year …………….
   l. …………….. is a person who arrives first at the scene of an incident.

Section C

Answer any four of the followings: (4 × 6 = 24 marks)

1. What procurement and storage principles are followed in the kitchen? Enumerate the important functions of kitchen staff? [3+3]
2. Define laundry service? Function of laundry service? [2+4]
3. What are the objectives of maintenance service? [2+4]

4. Enlighten on the steps taken for infection control in relation to HIV and AIDS? [6]
5. Explain the primary steps for effective health care management? [6]
6. Explain the terms [3 × 2]
   a. Incineration
   b. Deep burial
   c. Secured landfill
7. How do you equip an ambulance? [6]
8. Define two way ratio and CCTV? [2 × 3]

Paper-V

FRONT OFFICE MANAGEMENT

Unit 1 □ FRONT OFFICE

Structure

1.1 Introduction

1.2 What is Front Office?

1.2.1 Importance of Front Office

1.2.2 Front Office Organizational Structure

1.2.3 Customer Service

1.2.4 Responsibilities of the Front Office

1.2.5 Functions of Front Office In Hospitals

1.3 Planning & Designing of Front Office

1.4 Mission & Vision Statement

1.1 Introduction

Front Office of any hospital, small or big is the hub of all the hospital activities. This is the department which interacts with the patients, visitors, patient relatives, doctors, hospital's own personnel round the clock practically without closing functioning. It is therefore also known as the heart of the hospital. It is therefore also called the hospital Front Office. Some hospitals which do not have the specific departments like housekeeping, cash and billing, enquiry, personnel, etc. it works as a general office in small hospitals.

The traditional functioning of the of the hospital front office due to many modern and international procedures and introduction of various gadgets particularly the computers and useful software. Resulted into time saving and accuracy in the cashiering jobs and in the processing of all the required information regarding the patients.

1.2 What is Front Office?

- Front office is the Heart of the hospital.
- Front office is the first interaction point and face of the hospital.
- Front office is the first point of contact between the hospital and community and, which in many instances can make or mar the reputation of the hospital.
- Front office is the 'SHOP WINDOW' of the hospital.

Front office refers to that part or department of an organization that involves interaction with customers.

Basically a hospital front office includes all the departments that serve and provide for the hospital patients. In a hospital the patients may encounter the front office staff throughout the stay in the various stages of treatment.

It is during this interaction that a patient forms his impression about the hospital and takes a decision about his further treatment.

OBJECTIVE OF FRONT OFFICE

A hospital Front Office provides the main linkage between the hospital and the community. It interacts with the community to produce a favorable public image. A good hospital would build its services on the knowledge and understanding of the community it is to serve, t success will depend upon the involvement of many groups, both professional and non-professional within and outside the hospital.

Its main objectives are :

1. Provision of general medical services to the outpatients on scheduled/unscheduled basis :
   - Preventive and promotive services (screening, immunization, antenatal clinics, preventive health checkup programs)
   - Curative (Consultation, investigations, therapeutic procedures, speciality services)
   - Follow-up of discharged patients, chronic illness, post –natal clinics
   - Rehabilitative (physiotherapy, occupational therapy,orthotics)
2. Family Welfare Service, counselling
3. Health education
4. Medical, nursing & paramedical education.
5. Development of adequate communication in rural areas.

As a component part of health system,the first task of the hospital is to reach people all the time at a cost the community can afford. The scope of services in growing realization between health and disease is the important relationship between social and material environment, its effects on the individual's physical and mental well-being, the increasing demands for a better standard of living and health awareness of the people have all had a significant effect on hospital system and the scope of services provided by hospitals which are as follows :

1. Front office should be near and close to the main hospital entrance with sufficient Space to prevent noise and dust pollution.
2. Seperate from In-patients and other departments but connected with them.
   - Can function more efficiently in terms of scheduling and communications
   - Easier for patients to find their way around,
   - Less patient and attendant traSffic through central hospital,
   - Easier to expand, should a need arise.
3. Should be adjacent to casualty.
4. Preferable to have a provision of all facilities in same building to facilitate cross-References between various specialization.
5. Making liaso with doctors for appointment and visits of in-patients and out-Patients.
6. Effective services to reduce overcrowding and minimize patient waiting time.

1.2.1 Importance of Front Office

1. It is the patient's first point of contact with the hospital and the entry point into the healthcare delivery system.
2. It is an inseparable link in the hierarchical chain of healthcare delivery system.
3. It contributes to the reduction in morbidity and mortality.
4. It is a stepping stone for health promotions and disease prevention.
5. It helps reduce the number of admission to inpatient wards thus conserving scarce beds.
6. It acts as a filter for inpatient admissions ensuring that only those patients are admitted who are most likely to get benefit from such care.
7. It act as a dynamic equilibrium with the wider social system.
8. It produce enough outputs through use of inputs,which is not clearly measureable.
9. It tends towards elaboration and differentiation.
10. It is the shop window of the hospitals.

1.2.2 Front Office Organisational Structure

The department of the front office performs quite a few functions/operations. It becomes necessary to

have a well-defined organisational structure for smooth operations. The organisational structure of the

front office depends on many factors :

Size of the Hospital : Bigger the hospital, the more specialized the staff is required to be.

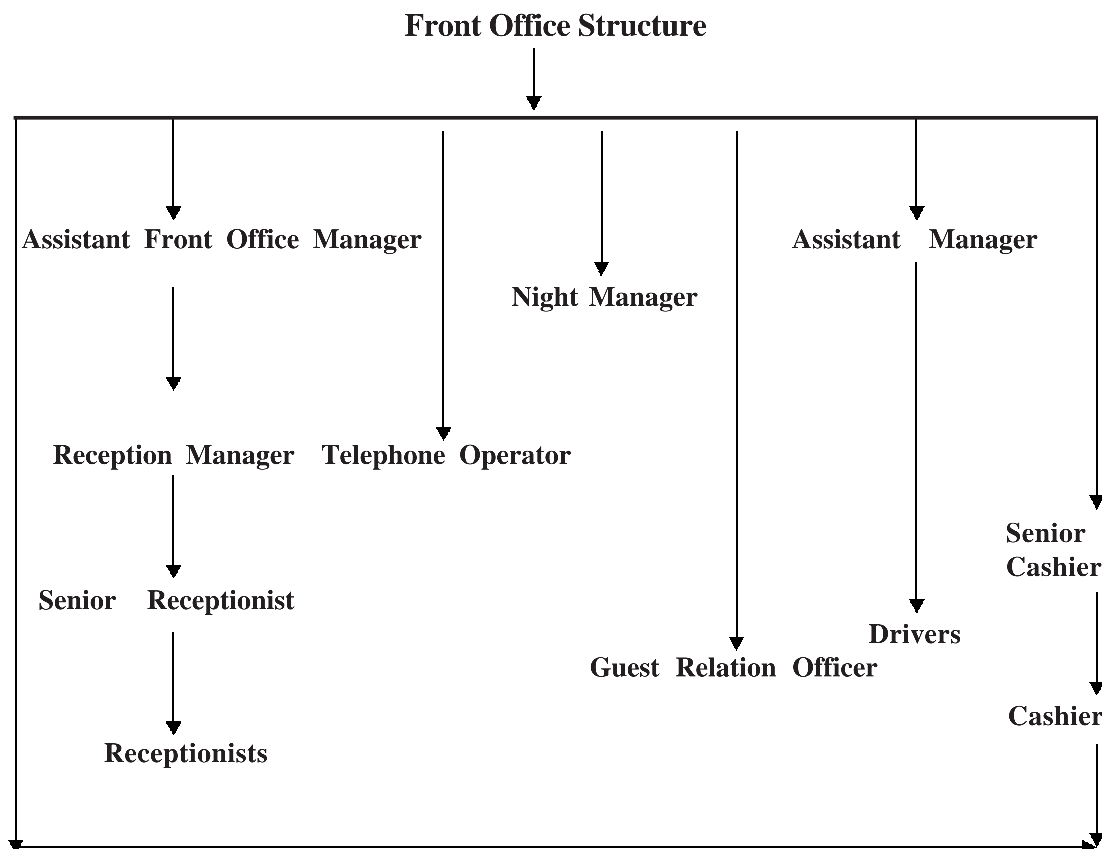
Standard of Service: High-class hospitals usually provide more personal services for guests and,

therefore, they expect greater specialization from their staff.

Type of Patients : The needs of Patients usually differ on the basis of their purpose of visit.

Type of Hospital : A hospital situated in densely populated area knows that a patient may come or go at any time during the 24 hours of a day.

Front Office Structure



1.2.3 Customer Service

Who is a customer ?

A customer refers to individuals or households that purchase goods and services generated within the economy. The word historically derives from “custom,” meaning “habit”; a customer was someone who frequented a particular shop, who made it a habit to purchase goods there, and with whom the shopkeeper had to maintain a relationship to keep his or her “custom,” meaning expected purchases in the future. With context of a hospital the patients and their relatives are our customers and what they buy are the services provided by the hospital, be it consultation, investigations, surgical or non surgical procedures etc.

Customer expectations are influenced by cultural values, advertising, marketing, and other communications, both with the hospital and with other sources.

Customer service

It is the provision of service to customers before, during and after the purchase is made here in the way of services being provided.

According to Turban et al, 2002

“Customer service is a series of activities designed to enhance the level of customer satisfaction – that is, the feeling that a product or service has met the customer expectation.”

The importance of customer service may vary by product or service, industry and customer. The perception of success of such interactions will be dependent on employees “who can adjust themselves to the personality of the guest.” From the point of view of an overall effort, customer service plays an important role in an organization’s ability to generate income and and revenue. From that perspective, customer service should be included as part of an overall approach to systematic improvement. A customer service experience can change the entire perception a customer has of the organization.

Automated customer service

Customer service may be provided by a person (e.g., sales and service representative), or by automated means called self-service. An advantage with automated means is an increased ability to provide service 24-hours a day, which can, at least, be a complement to customer service by persons

MOMENT OF TRUTH *'A moment of Truth is an episode in which a customer comes into contact with any aspect of the company, however remote, & thereby has an opportunity to form an impression.'*- Jans Carlson

Good customer service is all about bringing customers back. And about sending them away happy - happy enough to pass positive feedback about your organization along to others, who may then try the service you offer for themselves and in their turn become repeat customers.

If you truly want to have good customer service, all you have to do is ensure that your organization consistently does these things :

Answer your phone.

Don't make promises unless you will keep them.

Listen to your customers.

Deal with complaints.

Be helpful - even if there's no immediate profit in it.

Train your staff (if you have any) to be always helpful, courteous, and knowledgeable.

Take the extra step.

Throw in something extra.

Feedback

We have to train the staff to hear patient feedbacks .This is the only way in which the patient and their carriers can communicate with the hospital. The way we think our customers feel about our services is not always the same as what our patients really think about us. Many people would rather live in ignorant bliss than accept the true reality about their services. The fact is, even if the true reality may be harsh, in most cases it is manageable.

Technology has made it increasingly easier for organization to obtain feedback from their customers. Community blogs and forums give customers the ability to give detailed explanations of both negative as well as positive experiences with an organization.

A challenge in working with customer service, is to ensure that you have focused your attention on the right key areas, measured by the right **Key Performance Indicator**. which will deliver the most value to the overall objective, e.g. cost saving, service improving etc. It must also be done in such a way that staff sincerely believe that they can make a difference with the effort. The most important aspects of a customer service KPI is that of what is often referred to as the "Feel Good Factor." Several key points are listed as follows :

Front office operations — Direct interaction with customers, e.g. face to face meetings, phone calls, e-mail, online services etc, make sure that you know what service you are offering back to front and always be followed up by "let me find out", don't leave your customer with an unanswered questions.

Back office operations — Operations that ultimately affect the activities of the front office (e.g., billing, maintenance, planning, marketing, advertising, finance, manufacturing) etc. helps them to know that you care them with a "Feel Good Factor" that we are searching for.

Business relationships — Interaction with other organizations and partners, such as suppliers/vendors and retail outlets/distributors etc helps to know that you always look for ways to go above and beyond the expectations of your customer/services.

What does the Feedback Do ?

- ☑ To identify and analyze customer needs and problems.
- ☑ Enables to evaluate the effectiveness of message
- ☑ Recognize the most common reasons for customer complaints.
- ☑ Discover technique and ideas to cultivate and maintain special customer relationships.
- ☑ Good basis for planning on what next to be done especially statistical report.
- ☑ Identify specific problems in your customer service program and apply treatment
- ☑ Assess your communication style and use two-way communication skills to level with people, to accept feedback from them, and to discuss problems.

1.2.4 Responsibilities of the Front Office

The front office personnel have numerous duties and it is the responsibility of the management to see that they are fully aware, trained and equipped to handle their duties.

Communication with the patients, patient carriers & visitors

The front office staff is the most important first contact with the patients communicating volumes about the hospital. Their main duty is to deal with patients, their families and their visitors by offering all the assistance they might need. This means that they have to face constant questioning coming from people who are highly stressed and anxious. The pressure on these front office staff increases if they are not given the desired information in definite time fame. If the management can make sure that they have access to all the necessary information, they will be able to focus on their primary job –making the hospital experience pleasant thereby increasing the satisfaction level of the patients thereby enhance the hospital reputation.

Telephonic communication

The communication need not necessarily be verbal or face to face. The communication with the hospital begins from the time a patient decides on his visit – even as an out-patient and makes an appointment. His actual visit to the hospital depends on how the operator talks to him, reacts and answers his queries. The use of the voice, the ideal pitch and tone has to be in a manner to convey empathy and caring to patients to put them at ease.

Identification

Everyone including the medical staff should be wearing proper identity cards with name and designations at all times when they are on duty. It makes it easier for the patients to know whom they are interacting with and whom they are addressing their problems to.

Nonverbal communication

In the front office the body language and gestures made by the staffs are being watched by the people sitting in the lobby and also the ones interacting with them all the time. An aggressive tone, voice or even body posture can undo all the efforts being made to relax the patients. All the personnel working in these areas should remain calm, collected even in the face of aggressive or aggravated patients and/or patient families.

Smiling is another gesture which all the front office staffs have to wear at all times; by smiling they send a message of friendship, acceptance, warmth and that “we are here to take care of you”.

Lack or courtesy is one of the main aspects for which patients get upset. We should never forget that they are the reason for that hospital exists. One does get involved in doing the day to day activities and lose focus on what and who is vital for the hospital to run. We need to understand that their time is also valuable and to be treated with respect. As the patients are now getting more aware of the "patient rights" as well as the power of the consumer, they are becoming intolerant to disrespectful behavior.

1.2.5 Function of Front Office in Hospital

The Front Office department of serves as a vital link and interface between our patients and the hospital services. The main responsibilities of this service area include, ensuring proper and complete information by the receptionist on duty at the main counter and explaining the admission procedure and choices available to the patient for getting admission to the hospital. In addition, the telephone operating function also forms an essential part of this department.

In essence, the Front Office service provides a platform for the exchange of information and communication.

Patient related enquiries (space required) Doctor related enquiries

Patient related enquiries	Doctor related enquiries
❖ Bed Allotment	❖ Bed Allotment
❖ Admission Details	❖ OPD Clinic Details
❖ Demographic Details	❖ Appointment Schedules
❖ Payment Details	❖ Operation Schedules
❖ Discharge Details	❖ Charge Details

1. Registration in the Out Patient Department

The Patient/Guest coming for treatment or willing to show a Consultant Registering guests

Data required for registration

- Personal data

Any information relating to an identified or identifiable natural person eg. Name, address, Phone No., age, sex.

- Personal data that reveals race or ethnic origin, political opinions, religious or philosophical beliefs, health, or

- Next of kin/person to contact/responsible person
- Telecommunication numbers/addresses (e.g. mobile phone, e-mail)
- Sensitive personal data/UID number

2. Information to the Guest

Provide any other related information :

- Doctors and their specialties
- Rates/Packages
- Schemes regarding various special packages e.g. preventive health check-up packages, Senior Citizen Club, Diabetic Packages.
- Investigation – Laboratory/Diagnostic
- Emergency/In-Patients

3. Cash Collection :

The registered amount to be collected from the guest and will be deposit to the cash at the end of the day/before closing the counter/handover to other person.

4. Information/Enquiry Handling
5. Report Making

- Census report
- Other reports

6. The hospital is required to keep a complete register of guests essential for other departments also :

- Medical Record
- Admission
- Billing
- Ward/Diagnostic
- Others

Few Front Office Challenges in Healthcare service

- Customer interfaces to enable high flow
- Introduce new services and service bundles quickly
- Perform various checking to reduce error rate
- Handle pending patients/guests efficiently
- Handle and synchronize customer and product data
- Proper communication with minimum time.
- Balancing systems-based solutions and accountability in a safety culture
- Identifying and responding to patient safety problems
- Training physician and nursing leaders for performance improvement
- Engaging patients in patient safety
- Ensuring safe, effective, and efficient use of health information technology
- Improving management of chronic disease
- Implementing, sustaining, and spreading improvement

1.3 Planning & Designing of Front Office

Overview

The Front Office of a Hospital is the public area of a hospital .It serves as an important reference point in the context of space and traffic in the facility. On outpatient visits, patient flow usually progress from Enquiry and Registration to Waiting, then to Examination rooms, and thereafter to investigation facilities and lastly the pharmacy. So, one must be reaalise in the very beginning that hospital planning and designing is likely to be a difficult and frustrating task. Projectin of Front offce in a given area depends on :

- Unmet needs of population for general medical and surgical care.
- Potential of cases being referred by consultants

- Alternative services available in the area, and
- Reputation of the hospital.
- Daily and hourly capacity required
- “Holding capacity” and “lifting capacity”
- Number of staffs needed by category

A considerable volume of services of other departments of the hospital is consumed by the Front Office which mainly comprises of the out-patient department in any Hospital. The area required for the outpatient department should be adequate to accommodate the reception and waiting hall, waiting rooms, registration and outpatient medical records, clinics, toilet facilities, dressing/treatment room, pharmacy etc.

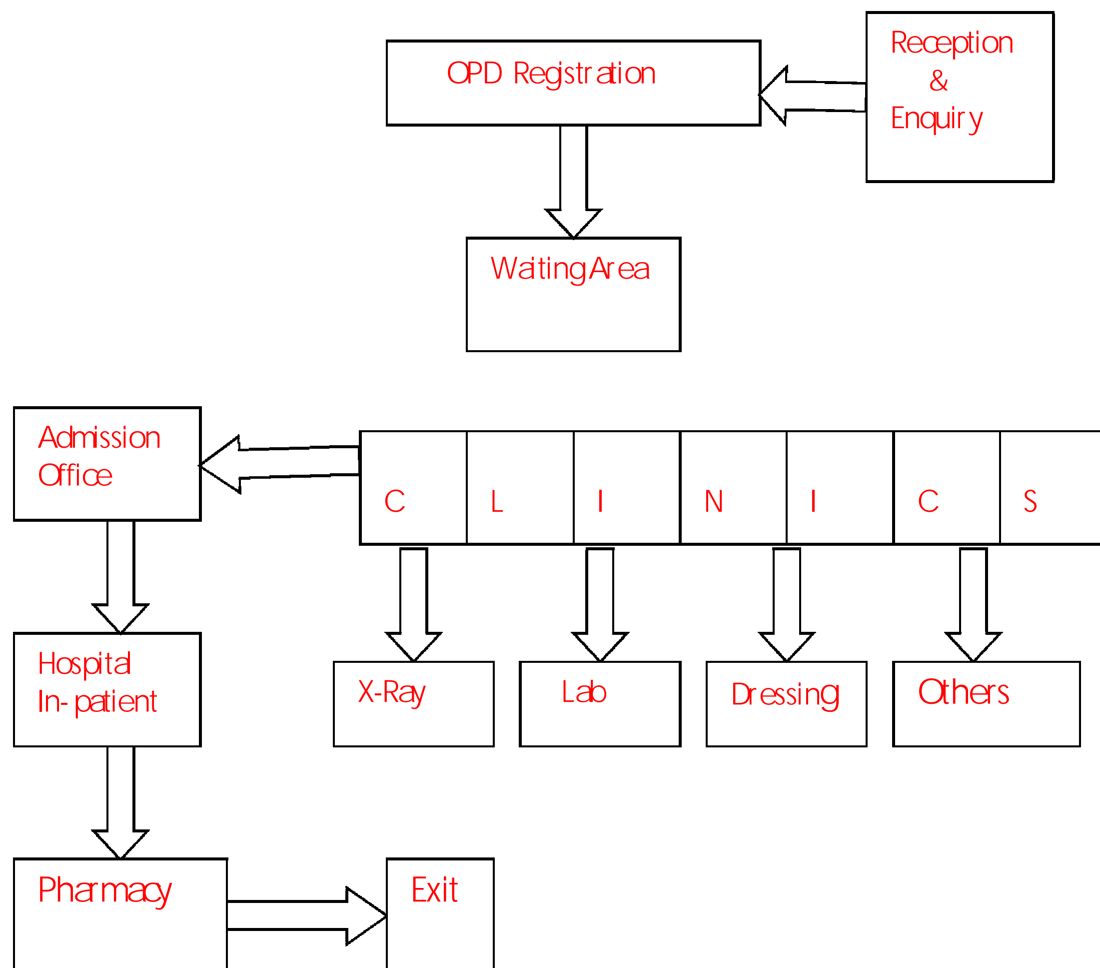
“**Design**- It can promote skill, economy, convenience, and comforts : a non-functional design can impede activities of all types, detract from quality of care, and raise costs to intolerable levels.”... Hardy and Lammers.

FLOW PATTERN

In comparison to the area occupied by other departments of the hospital, viz. wards, diagnostic and therapeutic services and administrative and service departments combined, the percentage of space occupied by the out-patient department of most existing hospitals varies from 12 to 18 percent. As evident from overcrowding in out-patient departments in hospitals, this space seems to be grossly inadequate. A hospital expecting 500 outpatients per day over 300 working days in a year would thus require up to 75000 sq. ft. (6975 sqm) for OPD department.

LOBBY/WAITING AREA

The lobby/waiting area is used primarily to accommodate patients, their family and friends. The fact that patients re usually accompanied by one o two relatives or attendants should be taken account. The design and service in the lobby set the overall impression of the hospital and fulfil the purpose of relaxing, caring and inviting atmosphere. Many places that offer public services, such as a doctor’s office, use their lobbies as more of a waiting room for the people waiting for a certain service. In these types of lobbies it is common for there to be comfortable furniture, such as couches and lounge chairs, so that the customer will be able to wait in comfort. Also, there may be television sets, books, and/ or magazines to help the customer pass time as they wait to be served.



SIZE OF THE LOBBY/WAITING AREA

In every hospital there is a main entrance hall where people first arrive and get registered.

On entering an out-patient department, the patient/patient attendant should find himself or herself in the entrance hall faced by the reception and enquiry counter. There are various scales suggested for the waiting areas by various authorities, from 1 sq. foot per out-patient attendance per day to 8-10 sq. feet per daily patient visit in Western countries. In many countries, the large waiting hall where hundreds of patients waited for attention has become a thing of the past by introduction of the appointment system.

In our country and especially in large hospitals, it will perhaps take a long time to do away with centralized large waiting area where the hall also serves as a waiting place for the relatives or friends accompanying patients. It should be remembered that in our country each patient is usually accompanied by minimum 1 or 2 relatives or friends.

Apart from the main waiting area, subsidiary waiting areas for a small number of patients will be needed at each clinic and at the diagnostic and therapy rooms. With the present volume and complexity of outpatient work in large hospitals, it becomes essential to provide subsidiary waiting areas for clinics to expedite patient flow, to prevent corridors outside the clinics and consulting rooms from becoming overcrowded with waiting patients and impending the circulation of traffic.Space provided in subsidiary waiting areas is 8 sq. ft. per patient for one third of the attendance at each department.

With a large number of people continuously passing through it (3000 to 4000 out-patients per day in All India Institute of Medical Sciences and Safdarjang Hospital, New Delhi, and up to 2000 patients in many medical college hospitals) over a period of about 4-5 hours, the main lobby should be large enough and well equipped to accommodate the huge crowd.

For a doctor session of up to 30patients in NRS hospitals in UK, waiting area for one-third of the patients is considered adequate.

For pediatric clinic, the waiting space should be approximately for 14 patients with clinical attendance of 25-30.

LOCATION & DESIGN

A new outpatient usually a frightened person who needs reassurance and guidance in what, for him, is a strange place. so it is necessary that lobby should be located at prominent place at the entrance of outpatient department. And also enclose proximity to the emergency and casualty department. The arrangement enables the patients to see the person managing the reception and enquiry from a distance as well as enabling this person to watch the activity all around. Besides it lobby should be favoured by an experienced and

competent person who has complete knowledge of the location of every single facility and activity of the outpatient department during working hours.

A well illustrated, easily understandable guide map showing location of all clinics and adjunct services units can be prominently displayed in this location.

Size of the main waiting area/lobby determines the "holding capacity" of the outpatient. This should be anticipated and planned in advance to avoid gross overcrowding at future date. Preferably it should be at the ground floor, sheltered from weather. noise levels in the reception/lobby area has been found to be very high.

A acoustical ceiling is desirable in the main reception/lobby hall to absorb the high level of noise that prevails there.

Waiting hall/ lobby should be furnished with **comfortable chairs and benches**.

It can used for health education, lectures and screening of health education films, thus utilizing the patients waiting period for **health education** through diversionary audio-visual entertainment.

Well ventilated and easy to clean.

Conveniently located reception , information desk,lost and found desk.

Doorman's station and securitypost.

Adequate number of **toilet facilities** should be provided separately for males and females.

Arrangement for **drinking water** in the form of water cooler and dispenser should be made.

Alcoved space for **wheel chairs and stretchers.**

Elevators should be conveniently accessible from the lobby.

Easy to follow **signage system**

Programme board announcing seminars, conferences and other special events with proper location so that it is easily visible to the guests as they enter the lobby.

Senior **doctors name boards** and their OPD schedule should be displayed.

Directory and floor plans of the building

Admitting department should be **close** to the lobby/waiting area.

Adequate parking area for patients,visitors and staff.

Coffee shop/Cafeteria should be located **close** to lobby.

Some hospitals have meditation rooms, craft shop,book shop and flrist's shop.

Staff Facility-The staff facility usually include

-locker rooms

-toilets

-lounges & library

-recreational and fitness facility

-bank extension counters

1.4 Mission Vission Statement

Every organization has to discuss and agree on what business they are in and who are their customers. In the Healthcare Industry –patients, physicians, family members, each other, employers, insurance companies, and/or members of the community are our customers. We have to come up with a set of responsible responses that reflects consensus, attitudes and beliefs. After the discussion with all the levels of the organization we have to come to a consensus or an opinion statement that reflects the view of majority of the group and is supported by all. This consensus will be the basis for developing the mission statement of the Hospital.

"Mission : Defines the present state or purpose of an organizations and answers these questions about why an organization exists."

How to develop a Mission :

Let us look at developing a mission statement from the perspective of Health Care. The answers to these questions reflect the consensus values and opinion of the staff.

- What business are we in?

  To provide best possible medical care to our patients.

- Why are we in this business?

  To serve our community through preventive medicine and education

- Who are our customers?

People who have health related problems or patients, doctors, corporate, insurance companies, insured patients, third party payers and each other.

- What are the expectations of our customers?

  To have their needs as they define or perceive them., met.

- What image do you want? (i.e. what do we want our customers to think of when they think of us).

  A practice made up compassionate, skilled professionals who have the most current technical knowledge and who go out of their way to satisfy the patients. We want not only to provide the highest quality of clinical care but also to give our customers more than they want ,need or expect whenever we can. We must always try to look at our practice, our actions and our words through the eyes and ears of our customer.

  This consensus will be the basis for developing the mission statement of the hospital

Rabindranath Tagore International Institute of Cardiac Sciences

Mission Statement

'We dream to make sophisticated healthcare facilities available to the masses, irrespective of status, class, creed or community with the sole aim of care, compassion and service to the sick and unhealthy.'

Vision Statement

'We desire to emerge as a health care destination and training hub for everyone all over the world and reach to the masses in the remotest corner of the country and outside.'

APOLLO HOSPITALS

MISSION STATEMENT

"Our Mission is to bring healthcare of international standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity"

Dr. Prathap C Reddy

Founder Chairman

Apollo Hospital Group - India

Objectives :

The mission statement serves as the foundation to achieve the organizational objectives. Objectives form a more specific expression of what you intend to accomplish thus help remove uncertainty about the focus of the practice or your intended purpose. Whereas the mission statement says "That is what we are about ", the objectives say "Here is how we intend to go about it." Objectives are goals, specific, achievable and measurable and preferably with a time frame or date attached. To be effective, objectives should be stretch the practice and get employees and physicians out of their normal routines to thinking & behaving.

Defining objectives is not very easy. It takes time, commitment and planning, just developing a mission statement does. Many organizations work without any commonly accepted objectives or with conflicting objectives.

Example the objective of the nurse is to satisfy customers while that of the marketing executive is to increase the growth of services. Now it has to be clear to the various categories of the staff as to what objective they have to work towards.

VISION STATEMENT

While a mission is a statement of what is, a vision is a statement of what or how you would like things to be. A picture of the future you're working to create, what you want to be when you grow up, what you want your business to become. Nothing was ever created without a vision. It guides us, gives us direction and

purpose, and can serve as a powerful motivator for those around us and ourselves.

"Vision : It defines the outlines what the organization wants to be, or how it wants the world in which it operates to be."

What is a Vision Statement?

A Vision Statement :

- Defines the optimal desired future state - the mental picture - of what an organization wants to achieve over time;
- Provides guidance and inspiration as to what an organization is focused on achieving in five, ten, or more years;
- Functions as the "north star" - it is what all employees understand their work every day ultimately contributes towards accomplishing over the long term; and,
- Is written succinctly in an inspirational manner that makes it easy for all employees to repeat it at any given time.

Objectives

Mission and vision, although frequently short statements, are broad, encompassing and far-reaching. They can often seem overwhelming and perhaps even impossible to achieve "A journey of a thousand miles begins with the first step", fit well in regard to achieving a mission and vision

To be effective goals and objectives must be written. If they aren't in writing they're merely ideas with no real power or conviction behind them. Written goals and objectives provide motivation to achieve them and can then be used as a reminder to you and others

Having well developed goals and objectives also helps :

- Maintain focus and perspective
- Establish priorities
- Lead to greater job satisfaction
- Improve employee performance

Many people mistake the vision statement for the mission statement, and sometimes one is simply used as a longer term version of the other. However they are distinct; with the vision being a descriptive picture of a desired future state; and the mission being a statement of a rationale, applicable now as well as in the future.The mission is therefore the means of successfully achieving the vision.

Unit 2 □ SECTIONS OF FRONT OFFICE

Structure

2.1 Information & Enquiry

2.2 Out Patient Department

2.3 Cash & Billing

- **2.3.1 Cash Counter**
- **2.3.2 Billing**

2.4 Patient Admission

- **2.4.1 Introduction**
- **2.4.2 Objectives & Scope**
- **2.4.3 Admission Process**

2.5 Telephones

- **2.5.1 Tele conversation**
- **2.5.2 Telephone Etiquettes**

2.1 Information & Enquiry

An Information Desk is a place located in the Main Lobby where hospital volunteers are ready and willing to assist the patient and their carers during their visit or appointment. They can provide with information such as visiting hours, finding patient room numbers, directions, accompaniment to destination etc. They facilitate the meeting of the patent with their relatives and answer all the queries regarding the patient and the doctors.

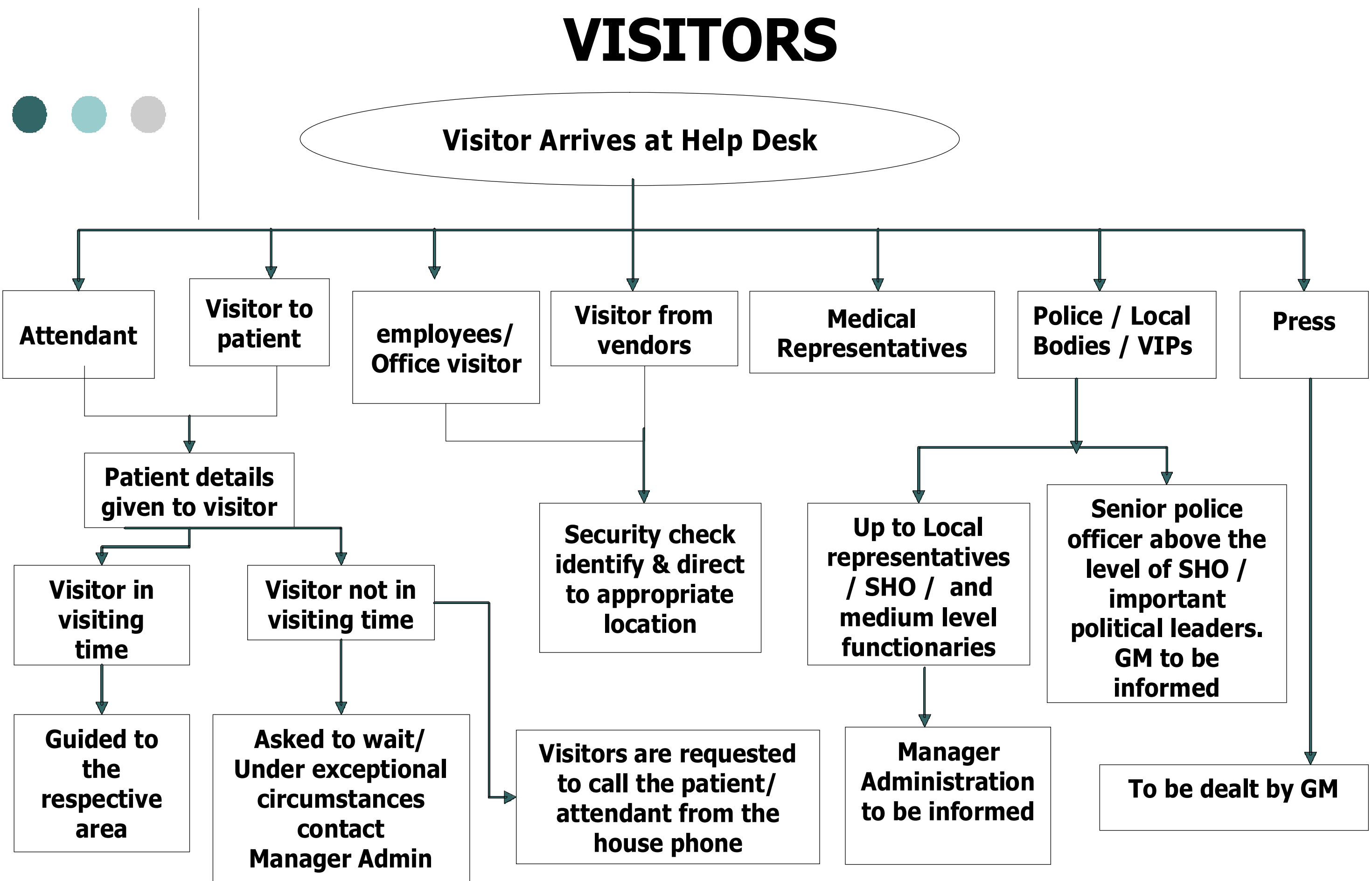
- Directions to any location within the hospital, on campus.

- Maps, hospital directories, parking information, unit visiting hours, doctors availability etc.
- Patient Condition Report - Family and friends can call for information about your patients' condition. The staff respects your right to privacy and will not release a diagnosis or other medical information about your patient.
- Lost and Found

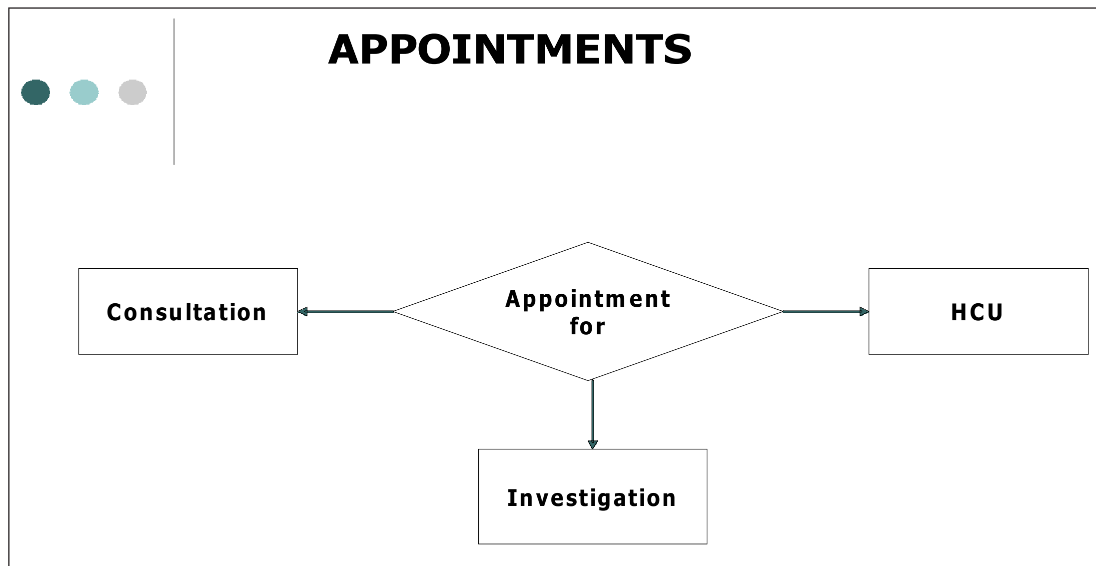
INFORMATION/ VISITORS

Visitor for information

HCU	HCU leaflet provided and details explained
Admitted patients	Patient details searched &given to visitor
Services available	Brochures provided and Enquires answered. / Guide to appropriate section for help
Surgeries and Admission process	Information / Rough Estimate of procedure given
Blood Bank	Blood Bank brochure provided and guided to Blood Bank for further details
Pharmacy	Guided to pharmacy counter



House Phones are provided for visitor to call patient/ attendant from waiting area
One 24 hour attendant pass is given by the IPD billing counter at the time of admission .
One visitor's pass is given by IPD counter at the time of admission.
Attendant's/ visitor's pass is to be returned to the IPD counter on discharge.

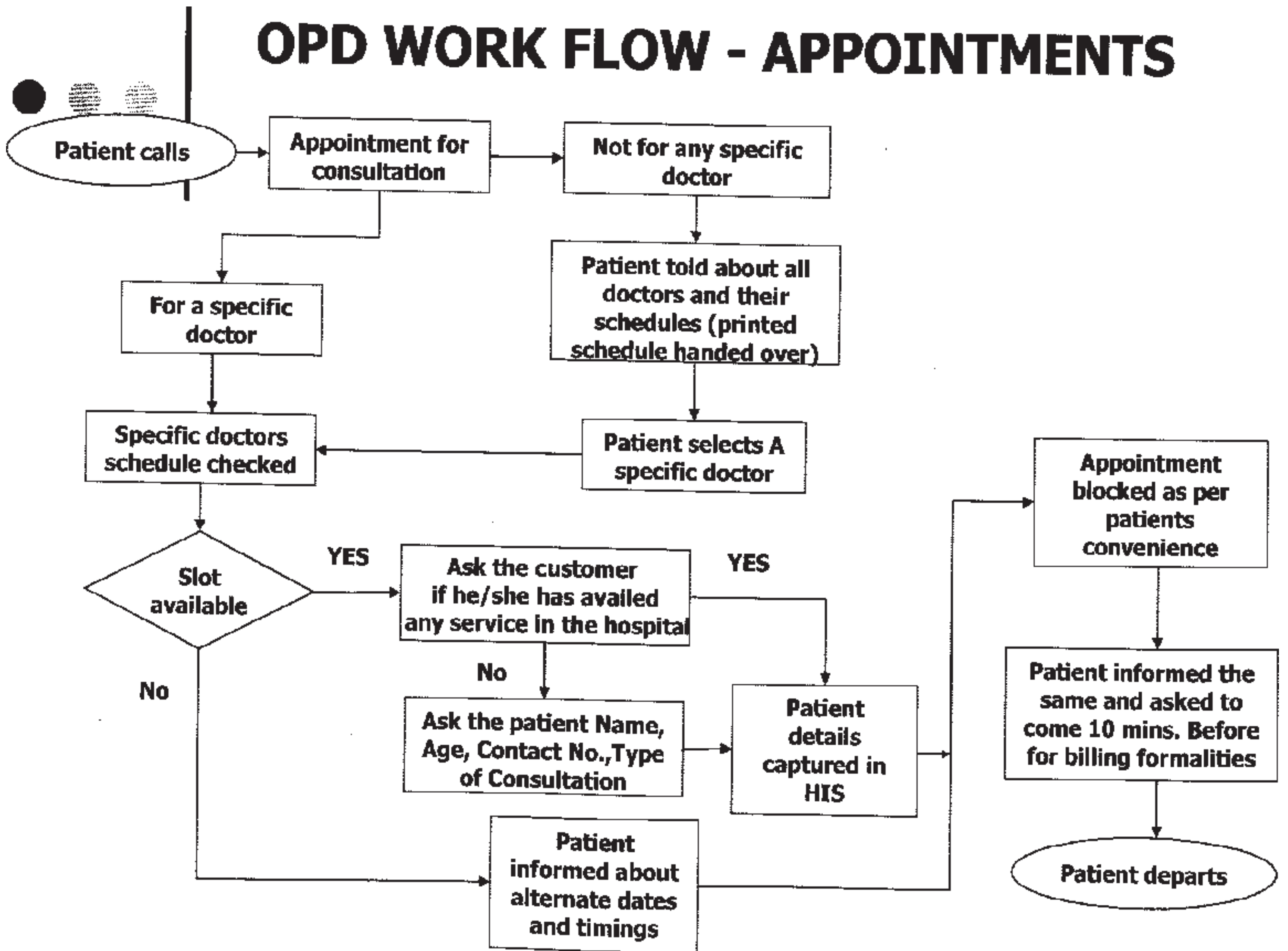


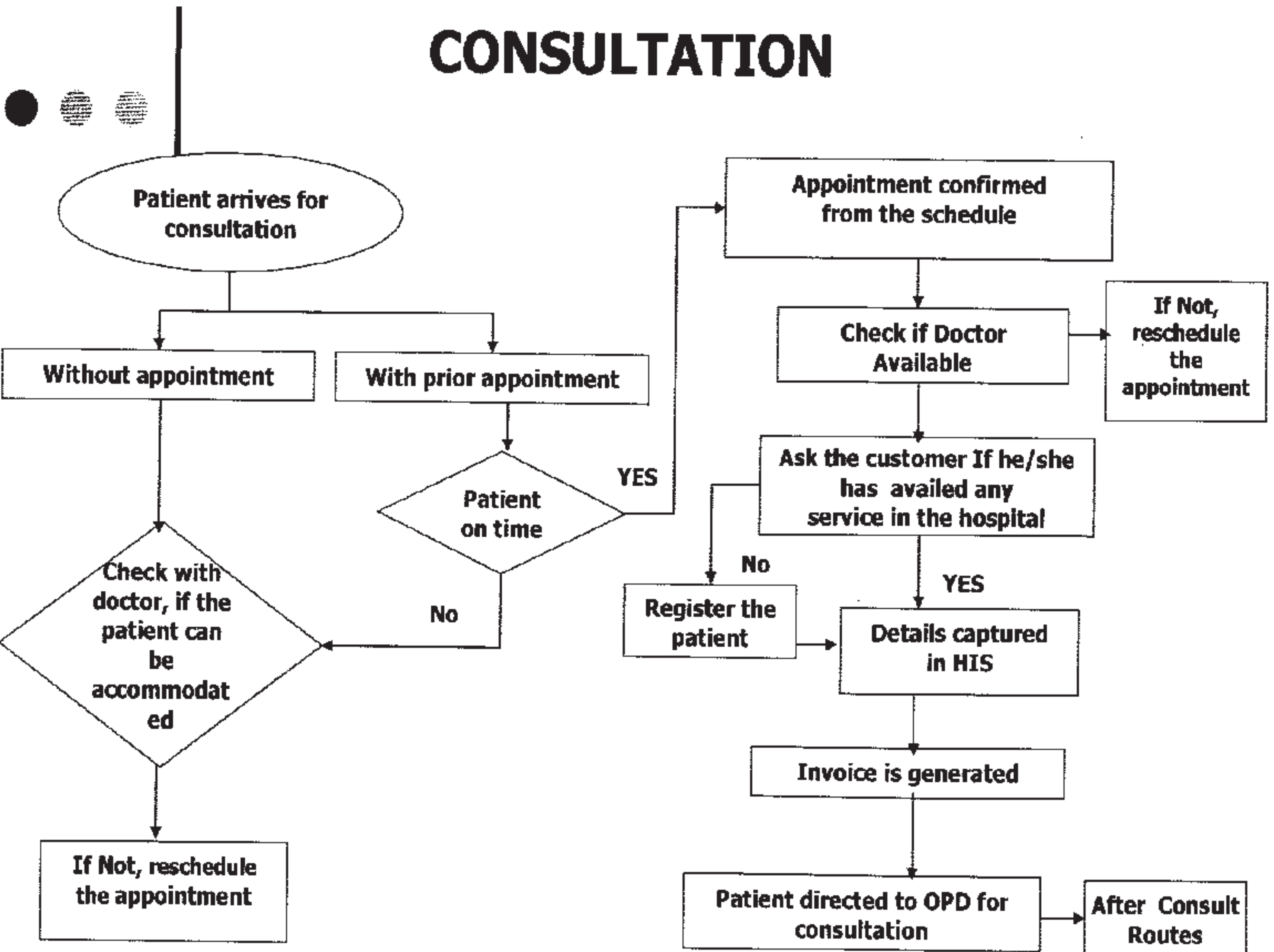
2.2 Out Patient Department

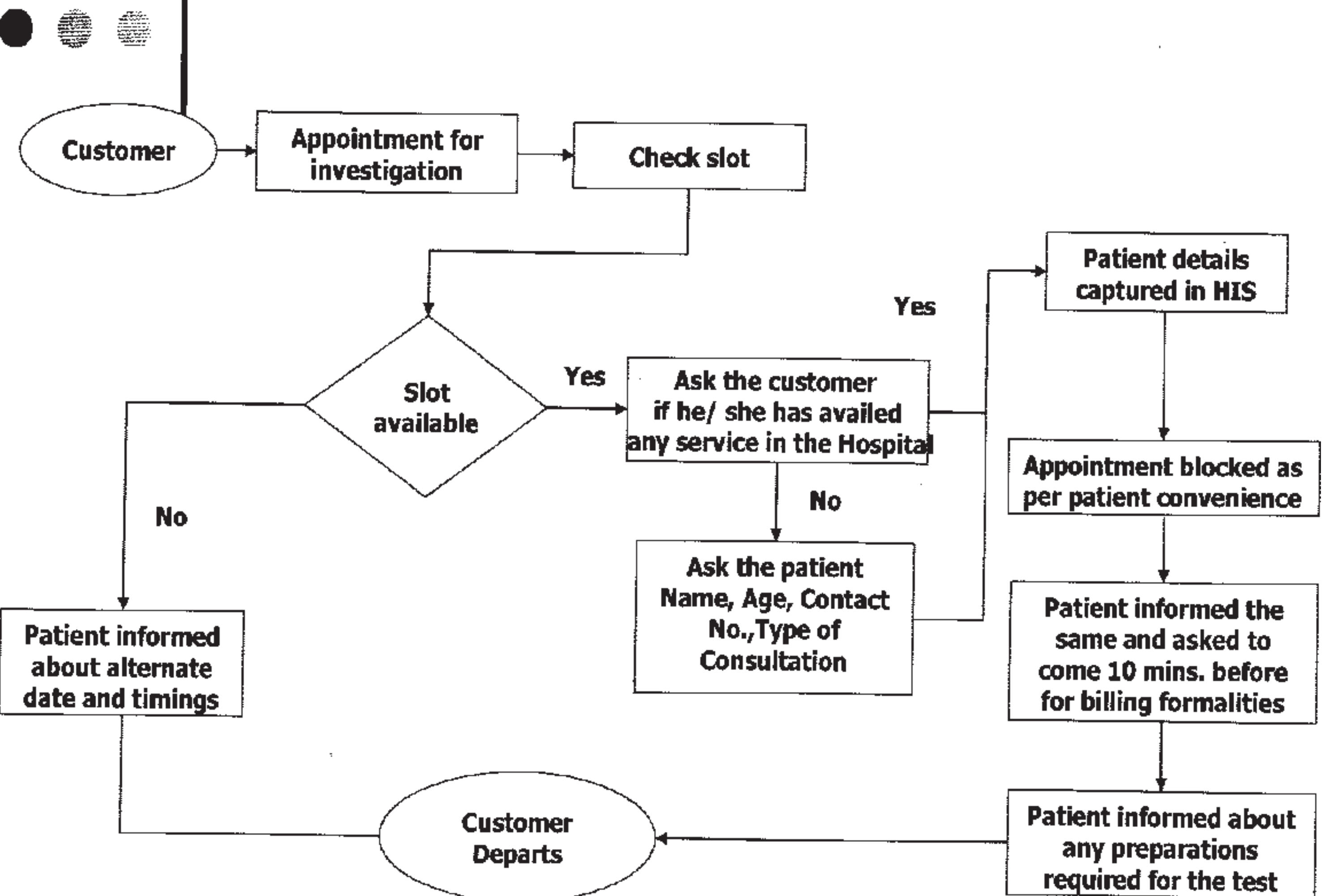
An Out Patient Department is usually considered as the Front Office in a hospital.

Outpatient Procedure

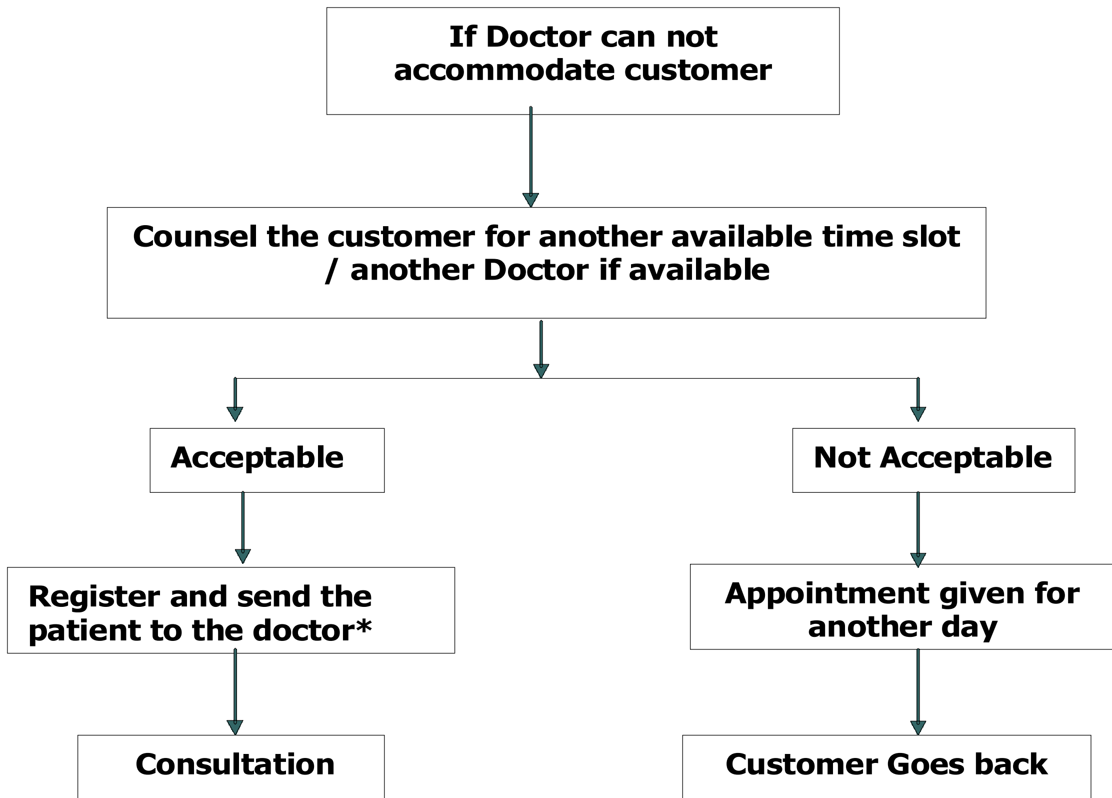
- Patient is asked whether he/she is coming for the first time or not
- If it is a patient who is coming for the first time-he/she is asked to fill one form with all details of the patient and asked to pay the consultant charges.
- Files are sent to particular doctor's OPD and patients are requested to wait for serial. The serial is maintained as first come first service basis
- After consulting doctor the patient comes to the reception for prescribed test
- Before billing Front office staff has to check whether the patient can undergo the particular test/not. After confirmation reception has to do the billing
- After doing the billing the patient has to be guided properly to the concern diagnostic rooms
- Any dispute in bill or rectification has to be done from reception only
- For any emergency then patient is taken to emergency for admission/directed to admission room for information


OPD WORK FLOW - APPOINTMENTS
Patient calls
Appointment for consultation
Not for any specific doctor
For a specific doctor
Patient told about all doctors and their schedules (printed schedule handed over)
Specific doctors schedule checked
Patient selects A specific doctor
Slot available
YES
No
Ask the customer if he/she has availed any service in the hospital
YES
No
Ask the patient Name, Age, Contact No.,Type of Consultation
Patient details captured in HIS
Patient informed about alternate dates and timings
Appointment blocked as per patients convenience
Patient informed the same and asked to come 10 mins. Before for billing formalities
Patient departs


CONSULTATION
Patient arrives for consultation
Without appointment
With prior appointment
Patient on time
YES
No
Check with doctor, if the patient can be accommodat ed
If Not, reschedule the appointment
Appointment confirmed from the schedule
Check if Doctor Available
If Not, reschedule the appointment
Ask the customer If he/she has availed any service in the hospital
No
YES
Register the patient
Details captured in HIS
Invoice is generated
Patient directed to OPD for consultation
After Consult Routes


OPD WORK FLOW - INVESTIGATIONS
Customer
Appointment for investigation
Check slot
Slot available
Yes
Ask the customer if he/ she has availed any service in the Hospital
Yes
No
Ask the patient Name, Age, Contact No.,Type of Consultation
Patient details captured in HIS
Appointment blocked as per patient convenience
Patient informed the same and asked to come 10 mins. before for billing formalities
Patient informed about any preparations required for the test
No
Patient informed about alternate date and timings
Customer Departs

RESCHEDULING APPOINTMENT



* Follows as per billing process shown in the previous slide

DOCTOR NOT AVAILABLE

FRONT DESK CHECKS THE AVAILABILITY OF DOCTOR

Doctor coming late

Doctor not contactable / not coming

Counsel and Advice

Wait for the expected Doctor

Appointment with an available doctor

NO

YES

NO

YES

Registration for Consultation/make bill

Apologize & Appointment for another day

AFTER CONSULTATION

Patient reports to OPD after Consultation

- Patient is directed to the exit if no further activity is required
- Admission → Direct patient to admission counter.
- Patient is directed to pharmacy for purchasing drugs
- Appointment → Schedule appointment
- Patient is taken to treatment room for any treatment activity
- Investigation → Prepare invoice and direct to concerned dept.
- Requires any information for services / prices → Provide the necessary information

CORPORATE CUSTOMER

Corporate patient

Check corporate tie-up

Check Credit letter

No

Check with marketing

For Credit Letter Mktg will talk to the concern person in the company

Credit letter received

Yes

Ask the customer if he/she has availed any service in Wockhardt

YES

Details captured in HIS

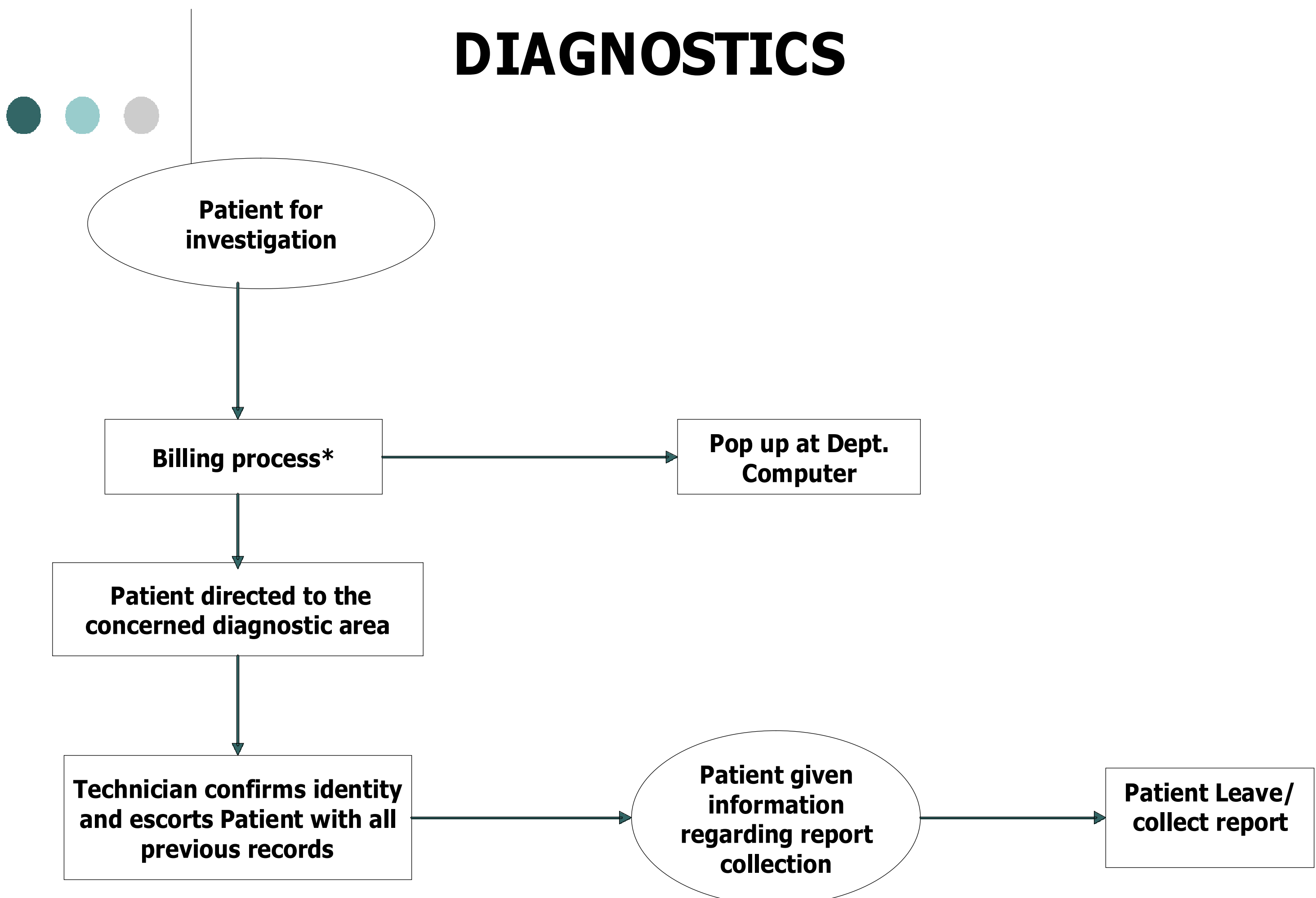
NO

Register the patient

Invoice is generated

Patient directed to avail the appropriate services

DIAGNOSTICS



*Billing process done as explained in billing slide

2.3 Cash & Billing

2.3.1 Cash Counter

The Cash Counter receives and refunds money to inpatients during admission, stay and discharge. The staff in the cash counter should be like any other front office executive in a service industry. They should be polite, well-behaved and helpful, with right attitude and presentability while dealing with the patient/relatives.

They receive money before and during admission and stay, against approximate and final bills, for procedure. They refund excess balance if any also as and when applicable. They explain to the patient the breakup of the charges and the reason for such payment, answer their queries. They record the transaction in hospital management software and give printed receipts. Refund, when made is done by taking the patient/relative signature on the payment voucher to validate such entries. They have to check whether all the advances have been properly shown in the bill and verify it with system while handing over the same. They also check if there is any error in the calculation of the bill and payable or refundable amount.

The staff in cash counter has to count and check the currency note's authenticity before completing the transaction. They bundle the currency notes of various denominations and tally the cash at the change or end of every shift. They receive cash collected from both the OPDs twice a day, Pharmacy collection, collection made at the different floors and any other receipts before tallying and merging with their cash before depositing in the bank. They deposit cash in the bank twice a day. Apart from cash, they also receive cheques, demand drafts, credit and debit cards, foreign currency (only USD). They have to settle the batch in the swipe machine at the end of the day and file the slips alongwith it for further reference and audit.

The payment vouchers are filed and get it authorized by designated authority on a daily basis. The day to day Cash Book is to be printed, verified and authorized before filing. Money for any medicines bought from outside due to unavailability in the hospital during and after working hours is handled by them and subsequently the bills along with the vouchers are authorized and file here.

The various forms and brochures of different educational courses are sold from this counter, money for uniform given to staff is collected from the here and the proceeds are handed over to the deputed person.

On the whole the cash counter is a place which requires high levels of concentration, dedication and attention. It also requires the staff to be on high alert and totally honest.

2.3.2 Billing Department

The In patient billing department is one of the most important department in the hospital industry since it decides the hospital's financial performance and reputation. The billing department should be 24 × 7 in a big setup especially dealing with multi-specialty treatment and emergency care.

The most important work of the billing department is to produce accurate and timely bills so that the patients do not face any difficulty during the discharge process. The staff should be knowledgeable about the policies and procedures followed in the department. They should also be well conversant with the different package rates, their duration.

The Billing department goes for physical verification of patients allocated to them and notes down the various investigations, procedures, consultation, transfers from wards. They check these details in the hospital software to find out any discrepancy. Then they confirm whether those investigations and procedures have been done or not by verifying it with the reports and speaking to the concerned department.

They prepare the draft/approximate bill which are to give the patient/relative as to what is being charged under what account head and its reason. They generate the final bills after thoroughly checking all the transactions. They record all the transactions in two different software. Such transactions are verified by the in-charge and tallied on a daily basis. Bills of patients whose discharge has been cancelled due to some reason has to be cancelled and their charge sheets returned back to the ward. They also prepare an outstanding list which is a comprehensive list having all details such as patient's name, age, sex, date of admission, date of procedures, admitting doctor/s, procedure name, total bill amount with breakup of package, implants, stay charges, amount paid, concession if any, its reason, whether patient is corporate or not, if so, the sanction amount, fund details, net due payable or refundable. This list gives all the possible transaction details of a staying patient. The outstanding list of patients having a considerable amount is also prepared separately and follow-up is done. A comprehensive list of all cardiac surgery patients with all the details is prepared separately to facilitate the finance clearance of such patients. The in-charge is also responsible for creation and modification of all package/procedure masters in the software under hospital as well as various corporate schemes. The in-charge coordinates with the software representative for any billing related software issues. She also generates MIS reports as per the requirement of the HOD and Management. They also have to clarify any queries related to bills during internal and external audit process.

They also coordinate with the admission room for any clarifications on the admission time, procedure admitted for, and the level which they have opted for. They also provide information about packages, implants and any other query that the admission room might have. They also give finance clearance i.e. whether a patient who is going to undergo any procedure has cleared all his pending dues, if any, before such procedures.

The billing personnel is also to liaison with the floor coordinators, nursing staff for various issues like transfer timings, due investigation reports, procedures undergone while the patient stay and discharge.

They interact on a regular basis with the cash counter staff to give them the final bills, explain if there are any queries.

The billing team works with the Corporate team to analyze, comprehend the various rules and regulations about each corporate while preparing the draft/final bill, estimates etc.

They also coordinate with the inventory department to verify details as and when required regarding chargeable items, implants, errors in rates, quantity etc.

They also handle telephonic queries regarding billing if any.

Training of new staff and project trainees are also handled by them parallel.

The authorities and management of the hospital might seek clarification or give instructions to the billing team regarding the bill which they have to do from time to time.

One of the most important activities is to clarify the bill to the patient/relative if they have any doubt and explain them the charges and their justification if required. They also follow up for due collection of the outstanding amount from the patient relatives by calling up or meeting them during visiting hours. The credit recovery of discharged patients is also handled by them.

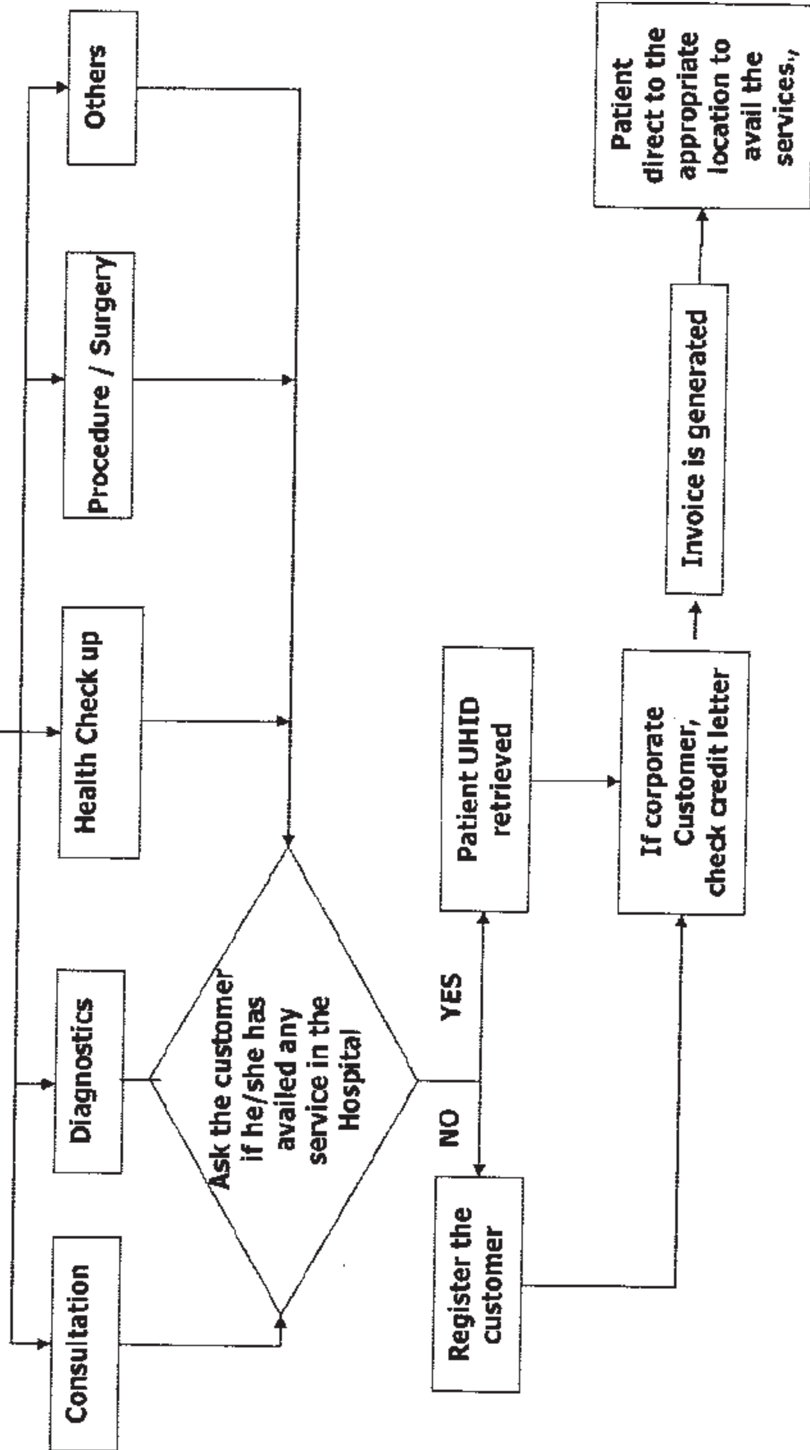
They also get the final bills authorized by the person sanctioning the concession after discharge. They file up the duplicate copies of the final bills along with the charge sheet which has all the details entered by the nursing staff as supporting.

The final bill, before presented to the patient/relative is checked thoroughly by a senior staff so that errors if any can be detected and rectified. Further details of the bill if required are also provided by this department. Any queries relating to old bills, their details, no due certificates are also provided by them on demand.

The billing staff also takes care of the Cash Counter activities like collecting money, generating receipts and refunds after the counter people leave since billing department functions 24 × 7. They also generate OPD and Casualty department bills and collect money against it.

On the whole the department is a multi-tasking complex department requiring high level of concentration, skill and dedication by the staff.

BILLING



2.4 Patient Admission

2.4.1 Indroduction

The very purpose of existence of the hospital is to take care of the sick and injured. In addition these institutions also cater to the research in the fields of medicine and nursing, besides teaching and training of medical, nursing and other paramedical personnel.

Admission department is one of the most important department in front office. Majority of the functions of the hospital is carried out in the ward or dependent on the personnel manning admission department and ward.

2.4.2 Objectives and Scope

- To admit patients both on scheduled and unscheduled basis.
- Provide welfare services and counseling.
- Health Education.
- Medical, Paramedic and Nursing education.
- Counseling patients and patient relatives about the financial implications.
- Keeping relatives updated about the patients condition.
- Being a good listener to the patient/patient relatives problem and accordingly formulate proper solution.

2.4.3 The Admission Process

DEFINITION

Hospital admission involves staying at a hospital for one night or more. While admitting the patient in the hospital one keep in mind what facilities are covered by the patient's insurance plan, completing pre-admission testing, giving all pre-admission instructions, registering the patient upon arrival and completing formalities on discharges.

PURPOSE

Patients are admitted to the hospital for various reasons such as scheduled tests & investigations, procedures or surgery, emergency medical treatment or for monitoring of existing clinical conditions. So various conditions for admitting patients are as follows :

a) **Planned Admission**

Planned admission refers to scheduled in-hospital stay, after you and your doctor decide that you need hospital-based treatment.

b) **Direct Admission**

Direct admission patients are sent to the hospital directly by their physician or primary care provider when their health condition requires it.

c) **Emergency Admission**

Emergency admission occurs when life-threatening illness or injury requires an immediate hospital care.

Planning and Preparation for admission

Before admission Calendars and appointment are booked earlier for

- Cath lab procedures
- Surgeries
- Other Surgeries/Procedures
- Various diagnostic tests and its reports
- make appointments, write down commitments, identify deadlines
- may keep information on computer or network or Hand over copies
- may provide information in case of date change due to sudden circumstances

PROCEDURE

Before a patient is taken to the system some admission procedure have to be fulfilled. The data includes the followings :

- Patient file is being checked whether the patient has an hospital ID/not
- A new ID is created for the patient in the patient does not have ID
- Patient personal data is entered in the system which includes

Name of the patient

Next of kin address (father/husband's name)

Date of birth

Mother tongue

Sex

Marital status

Occupation

Nationality

Religion

Permanent address & contact number/e-mail ID

- If patient is Indian citizen and his age is 60+then admission room tell them about the senior citizen membership details which the hospital has for senior members Admission room tell them to make the membership within 24hrs with the age proof and by paying 500/- for the same
- After all the above entries an ID is created
- Doctor prescription is checked to know whether the patient will be admitted under package/treatment
- Category of ward is selected
- It is confirmed whether patient is covered under insurance CORP/TPA
- If covered under any insurance then he is registered under the respective corporate heads
- Patient is sent to corporate desk to get informed about the complete insurance details
- The doctor name is entered
- After all entries an admission report is generated
- It is duly signed by the next of kin/patient himself/herself
- All basic information are given to the patient and relative
- An in-patient guide line is provided where the basic information and rules are written
- Visiting cards are issued
- Meal specification whether patient is(veg/non-veg)is attached with the admission paper
- A consultant form is attached with the admission paper

Admitting Procedure For Emergency Patients :

- Patient coming with critical problems is first taken. in emergency
- Patient is first treated in emergency by emergency medical doctor
- After proper assessment doctor decide whether patient requires admission/not
- All formalities of admission is done in emergency department

- Doctors availability is checked for specialties
- Relatives are informed about the expenditure during the patient stay in emergency/ ward
- Admission fees are deposited in cash counter
- The Manager on Duty in emergency arrange for the required bed for the patient
- If there is no vacant bed available the patient is kept in emergency with all medical support
- When bed is available, patient is shifted to the allocated bed
- Before shifting relatives are informed

Types of cases reporting for admission

- Referred from OPD
- Referred from Emergency
- Medico-Legal Cases (MLC)
- Foreign patients
- Corporate patients

Problems encountering in functioning IP department

- Complaints of patient
- Prolonged waiting time
- Complaints regarding the services quality
- Complaints from Doctor
- Complaints for food
- Complaints for linen & laundry
- Complaints for staff behavior

Remedial Measure

- Reduce over Crowding and minimize patient waiting time
- Adopting admission by appointment/online booking method
- Improvisation of discharge procedure
- Synchronize functioning of various ancillary services

Steps For Providing Estimate

- Estimate of procedure/surgery is provided to be clear and complete
- Refer the Pricing and Policy Document at all times
- Explain the basic charges according to the bed/patient category
- Explain the breakup of extra on actual
- Provide a duly signed estimate to the customer

2.5 Telephones

Telephone is one of the most important medium of communication. it is part of us. What would we do without it? It is very common. As much a part of our lives as learning to walk and talk. Perhaps that is why we hardly, give it a little thought and most probably never take thought of the times we have shown our bad manners while speaking on the telephone.

2.5.1 Tele Conversation

Every time you make or receive a telephone call at work, you are representing yourself, your department and company-to both external and internal customers. The impression you create will be a lasting one. Make sure your voice and mannerism reflect that you are alert and at your best!

Answering Calls

- Answer your calls within three rings (if possible).
- Always identify yourself when you answer the phone :

  "This is ______."
- Speak in a pleasant tone of voice - the caller will appreciate it.
- Learn to listen actively and listen to others without interrupting.
- When you are out of the office or away from your desk for more than a few minutes, forward your phone to a voicemail.
- Use the hold button when leaving a line so that the caller does not accidentally overhear conversations being held nearby.
- If the caller has reached a wrong number, be courteous. Sometimes a caller is transferred all over campus with a simple question and the caller gets frustrated.

If possible, take the time to find out where they should be calling/to whom they should be speaking to.

Making Calls

- When you call someone and they answer the phone, do not say "Who am I speaking with?" without first identifying yourself: "This is _______. To whom am I speaking?"
- Always know and state the purpose of the communication.
- When you reach a wrong number, don't argue with the person Say: "I'm sorry, I must have the wrong number. Please excuse the interruption." And then hang up.
- If you told a person you would call at a certain time, call them as you promised. If you need to delay the conversation, call to postpone it, but do not make the other person wait around for your call.
- If you don't leave a number/message for someone to call you back, don't become angry if they are not available when you call again.

Screening Calls

- Answer the phone by saying: "[Department name], how may I help you?"
- If the caller asks to speak to the Manager (for example), ask "May I tell him/her who is calling?"

– Ask the caller "What is this in regard to?" (if appropriate)
– Press transfer and the extension.
– Wait for the Manager to answer.
– Announce the name of the caller.
– Wait for a response as to whether the call will be taken.

- If the called party wishes to take the call, press the transfer button again.
- If the calling party does not wish to take the call, press the RELEASE button and then the button where the caller is. SAY: "________ is out of the office, may I take a message or would you like his/her voicemail?"
- **Taking Messages**
- Be prepared with pen and message slip when you answer the phone.
- When taking messages be sure to ask for :

– Caller's name (asking the caller for correct spelling.)

– Caller’s phone number and/or extension (including area code)

– If the caller is a customer, ask for the Customer ID# (if appropriate) and ask what the call is in regard to.

- Repeat the message to the caller.
- Be sure to fill in the date, time, and your initials.
- Don’t forget that you can transfer them to voicemail instead of taking a paper message, but don’t forget to ask,

“Would you like me to transfer you to ______’s voicemail?”

- Do not assume that the caller would rather go to voicemail. Always ask first.

Checking Messages and Returning Calls

- Check your messages daily and return messages within 24 hours. If it will take longer than 24 hours, call the person and advise him/her.
- Callers should feel comfortable that you are checking your voicemail daily.
- Reply, forward, or delete messages immediately. Keep your mailbox clean.
- Saved messages kept longer than a week take up needless space in your mailbox.
- If you forward a message, be sure to explain to the person to whom you are forwarding the message and why you are sending it to them.

Transferring calls

- If the caller needs to speak to another person or department.
- Let the caller know where you are transferring them.

Please transfer the caller directly to the desired person’s extension, not to the operator.

- Press transfer.
- Dial the extension where you are transferring them.
- Press transfer again. You’re done

Putting the caller on hold properly

- When putting a caller on hold, always ask permission. If they ask why, provide them with the answer.
- Examples :

  “Would you mind holding while I get your file?”

  “Can you hold briefly while I see if Mr. Jones is available?”

- When taking a caller off of hold, always thank them for holding.

Extended absences

- Better known as "Dead air"
- Don't leave the caller on hold for a long time
- Ask him if he/she would like to know any other detail while you process the earlier request
- Keep a continuous conversation so as to make the caller feel comfortable

Ending Conversation

- There are several ways that you can end a long phone call without making up a story or sounding rude :
- Before hanging up, be sure that you have answered all the caller's questions.
- Promise to finish your discussion at another time.
- Tell the person how much you've enjoyed speaking with him/her.
- Let the caller hang up first. This shows the caller that you weren't in a hurry to get off the phone with them. Leave the conversation open.
- Always end with a pleasantry: "Have a nice day" or "It was nice speaking with you."
- End on an "up" note.

Watch Your Language

Don't use words and phrases such as :

- "Huh?
- "Yeah.
- "I don't know where he is.
- "She's at lunch. Call back later.
- "He's not here.
- "I don't know where he is or when he'll be back."

Words You Use

"I'm sorry."

"Thank you."

"Please."

"May I take a message?"

"Would you like to leave your number?"

"May I put you on hold?"

"I'm sorry to keep you waiting."

"He's away from his desk. May I have him return your call?"

Use greetings, respectful and considerate words and phrases, such as :

Use a greeting that is going to give the caller the impression that we are in fact professional and pleasant such as :

- "I'm sorry.
- "Thank you.
- "Please.
- "May I help you?"
- "Good Morning"….
- "May I take a message?
- "Would you like to leave your number?
- "May I put you on hold?
- "I'm sorry to keep you waiting.

"He's away from his desk. May I have him return your call?"

Words and Phrases that Keep callers Cool

- Hello!
- Good morning!
- May I help you?
- I'm sorry to keep you waiting.
- Please./Excuse me./Sorry/I'm very sorry.
- Thank you./Thank you for waiting
- I'd be happy to do that for you
- It was nice talking with you.
- Is there anything else I can do for you?
- It's been a pleasure to serve you.
- You're welcome.
- Thank you for coming in (or calling).

Guidelines

- Always answer with a greeting (example : good morning/good afternoon/good evening).
- Always identify your company (example : thank you for calling RTIICS)
- Identify yourself (example : this is the Manager speaking or Seema speaking)
- Question the caller's need (example : can I help you sir/madam)
- Keep a courteous and audible tone.
- Listen to the guest carefully and note down the points, if needed.
- Don't interrupt the guest or break his conversation.
- *The way you will answer all calls will therefore follow the pattern :*

  "Good morning Sir/Madam, Thank you for calling RTIICS. This is Amit speaking, Can I help you sir/madam".

Are You Sure You're Understood?

"You didn't tell me there was a deadline to get this done!"

Those words from a caller will send any one reaching for the aspirin –

especially when the receiver knows she/he conveyed the right information.

But before you blame the caller, keep this in mind :

Real communication occurs only when the other person thinks you said the same thing you think you said. If a caller doesn't understand something you said, you have not communicated effectively with them.

Handling the emotional caller

- Demonstrate sympathy and understanding.
- Say something like, "I am sorry this has happened and I understand why you are upset."
- Express a willingness to help.
- Listen. Take notes to help you remember important details.
- Use the person's name in conversation; the sweetest sound to anyone is their own name.
- Make a commitment to help, and then keep your promise.
- If a person is getting upset I always try to remember that it's probably not me that they are mad at……

Handling the complainer

- Act quickly once the complainant has hung up the phone
- Get their details and let the complainant have their say
- Write down what they said and tell them you are recording their complaint
- Stay calm even if the complainant gets angry and take the complainant seriously
- Speak to the individual in person and do not rely solely on any written complaints or records of conversations
- Treat the complainant with genuine empathy, courtesy, patience, honesty and fairness
- Demonstrate to the customer that you clearly understand the full nature of their problem……
- Do not jump to conclusions ,avoid blame or become defensive
- Asking questions to clarify the situation and understand the problem
- Thank the complainant for raising their problems and ask them to complain in writing or in person or call back later
- End the phone conversation, with the lines of communication open.
- Accept abuse from a complainant (e.g. swearing) and use jargon when writing back to the complainant
- Agree or disagree, accept or deny—simply record and repeat what they are saying and summarize considering it as personal criticism.

Voicemail manners

- Be sure to record your own personal greeting
- Include in your greeting your name and department so that people know they have reached the correct person.
- Check your mail box twice every day
- Return messages or calls to messages received.
- Always make notes of complicated messages
- Always delete messages after they have been attended to.
- Whenever you leave a message for someone, try to keep it to the point.
- Keep it short and simple

Cell Phone Etiquettes

- Switching it Off : Know when to turn it off or vibrate it. Eg. meetings, movies, worship, seminars, etc.
- Vibrate mode when in places where you can take a call, but don't want to disturb others.
- Be Brief : When you get a call and you're with friends, keep the call short.
- Permission : Often, inform others at the beginning of the meeting that you are expecting an important call and get their permission.
- Be Polite : Don't scream : speak in a lower-than-normal voice, you will be heard by the caller, and not others in the room
- Don't Distract : Avoid talking where you may be distracting to others.
- Driving : It is not only very dangerous, but also unlawful in most countries (even India) to drive & talk on your cell Phone

Make callers feel comfortable, confident in you…..

2.5.2 Telephone Etiquettes

Also known as decorum is the code that governs the expectations of social behavior, the conventional norm. It is an unwritten code, but it may evolve from or into a written code.

- **Listen to the caller**

  Taking the time to hear and understand what your callers are saying is a critical component regarding telephone etiquette. When callers know you are listening to what they are saying, they feel important and respected, and the call has a higher chance for overall success.
- **Do be aware of the tone of your voice**

  Be enthusiastic and upbeat. Callers can hear a frown in your voice just as easily as they can hear a smile. They'll react in a more positive manner to your voice if it sounds happy and inviting.
- **Do drop everything else you're doing and give your undivided attention to the caller**

  That means not being on your computer, having a side conversation or reading your favorite magazine when you're supposed to be taking calls. Callers can

immediately detect by your tone and speech if they are not your first priority. To provide superior customer service, callers must be the only thing you're focused on when you're working.

- **Do ask questions and show you care about the caller's needs**
- Asking questions also helps avoid dead air (a gap in your conversation) when you're typing or taking a message by writing or looking up information for the customer
- **Do speak clearly and annunciate your words**
- Speaking through a telephone headset microphone can muffle and distort your voice. Nothing is more annoying to callers than speaking with telephone operators and not being able to understand them. Take extra care in speaking slowly to ensure your callers hear every word.
- **Do be aware of the position of your headset's mouthpiece**
- Again, headset microphones can muffle and distort your voice, but this is one hundred times worse when it's paired with a mouthpiece that is either too close or too far away from the speaker's mouth. When the microphone is too close to your mouth, not only will your voice be uncomfortably loud to the caller on the other end of the line, but it will also be garbled and incomprehensible. If your microphone is too far away from your mouth, the caller won't be able to hear you. Check your mouthpiece often while you're working to ensure it's positioned properly based on the instructions in your headset manual (the recommended placement for the microphone on most headset models is two fingers' width from your mouth).
- **Do ask permission before putting your customer on hold**
- Not only is it very confusing for callers to be speaking with you one second and the next second they hear music or silence, but it is also extremely rude. It's the equivalent of hanging up on a caller. What happens when someone hangs up on you? It makes you angry. The same thing happens when you put customers on hold without asking permission first
- **Do check back with your caller periodically if you need to keep him or her on hold for an extended period of time.**
- This is particularly important if the company you're working for doesn't provide music on hold. If customers are on hold for longer than a few minutes without music, they begin to wonder if they were disconnected. If they're on hold for more

than a few minutes with music, they begin to get impatient and wonder what you're doing. Did you go on a break? Did you fall asleep? Where are you? Check back in to let them know you're still working on the issue and will be back with them shortly.

- **Do ask permission before transferring callers to another person or department**
- Put yourself in the caller's shoes. One second they're talking to you and the next second they hear another voice. What happened to you? They're left to start from the beginning again with a different person attending, which is incredibly frustrating for callers.
- **Do ensure you are well trained and knowledgeable enough to handle calls successfully**
- Take your training seriously and keep handy documents and message sheets nearby to help you get through your more difficult calls. Review your training materials periodically to refresh your memory and ensure you're not only following company policies but also able to handle any call that comes your way.

Unit 3 □ HOSPITAL ORGANIZATION

Structure

3.1 Organization Structure

3.1.1 Is Hospital Like Any Other Organization

3.1.2 Types Of Organization Chart

3.2 Hospital Organizational Principle

3.3 Hospital Organization - Structure & Function

3.3.1 Different Types Of Organizational Structure

3.3.2 Hospital Organizational Functions

3.1 Organisation Chart

An organizational chart is a diagram that depicts the structure of an organization in terms of relationships among personnel or departments. An organizational chart also represents lines of authority and responsibility. Generally, an organizational chart is a horizontal or vertical tree that contains geometric shapes to represent staff or divisions. The lines that connect the shapes indicate relationships between the positions. An organizational chart indicates the formal structure of a business or company.

Most often, a rectangle represents a person, position, or department. In a hierarchical organizational chart, the Chairman or President is the top rectangle. The level underneath the chief officer contains high-level managers or executives, and each succeeding level includes the subordinates of the line above.

In standard organizational charts, the shape is similar to a pyramid. Often, box size is relative to the authority level of the position; for example, an executive position may have a larger rectangle than a subordinate position. Peers generally have boxes of similar size on an organizational chart. Lateral positions on an organizational chart indicate a relationship between departments on the same level of hierarchy in the organization.

In a standard organizational chart, solid lines depict a formal and direct relationship between positions. A double linked rectangle might indicate a situation with co-supervisors. A dashed line indicates an advisory or indirect relationship between positions, while arrows indicate the flow of communication. To indicate job sharing or dual responsibilities, a divided box might be used. An open position is sometimes represented by a dashed border surrounding a rectangle.

Because in a large company, the organizational chart can be space-intensive and complex, smaller charts may be utilized to represent individual departments. Other common space-saving techniques used in organizational charts include a staggered tree method, a columnar stack, or a list style which provides names or job titles rather than boxes. To avoid the frequent need to update an organizational chart, you might use position titles rather than the names of individual staff. Due to the changes in organizational structure, an organizational chart is not always up-to-date.

3.1.1 Is Hospital like any other Organisation?

Like very few other service organizations a hospital has relationships that are external – concern for patients, consumers, community, client environment. But let us also consider the internal relationships in the organizational model in hospitals. The following different tiates the hospital as an organization. In comparison to other service organizations.

1. In a hospital, there are number of people who consider themselves as heads. So in every organization thereshould be a clear line of authority fr every individuals.
2. The hospital organization besieged with absence of single line of authority and with two chain of commands. On one hand there is chief executive or medical superintendent as on other hand, there is hierarchy of the doctors and consultants.
3. The hospital organization is characterized by high interdependence, because of extensive and specialization of work, particularly every person working in hospital depends upon other persons for achievement of his own organizational goal. For example, a surgeon cannot operate without diagnosis reports
4. The timing of the movement of patients through the system is largely controlled by chance or by a set of uncoordinated, individual decisions.

5. Rather than hospital in other industry, the levels oh authority, width of the span of control, ratio of managerial to total staff and indirect to direct labour can be easily determined. So the hospital has been described as a "wildest kind of jobbing shop".
6. In hospital organization, the individual goals of staff coincide more with hospital goals, and most of the hospital staff will "identify" themselves with hospital goals.
7. Hospitals organization is both authoritative and permissive, because it is peculiarly dependent for effectiveness on people.The reason is the very special nature of hospital work.
8. To the sick hospital is a place where they receive treatment, for staff is a special kind of hotel, To all the staff, a place for employment, and to doctor and nurses is a temporary home. But to the hospital administrator, it is an organization, consciously designed arrangement for management of people, services and things for a purpose.

3.1.2 Types of Organisational Chart

The organizational structure is generally depicted in a diagrammatic form the conventional organization chart is a line or scalar chart, showing each layer of the organization in sequence. Generally, line authority and line relationships are indicated by solid line and staff and advisory positions by broken or dotted lines.

There are two major kinds of Organisational Chart-

The Master Chart

Depicts the entire organization, showing all departments and major positions of authority.

The Supplement Chart

Gives specific details for the organizational pattern for that unit, and the linkage of authority in the direct chain of command from highest authority to that derived by the department chief. An organization will have as many supplementary charts as there are departments or units. The supplementary charts depict each individual job title and the number of positions in each section.

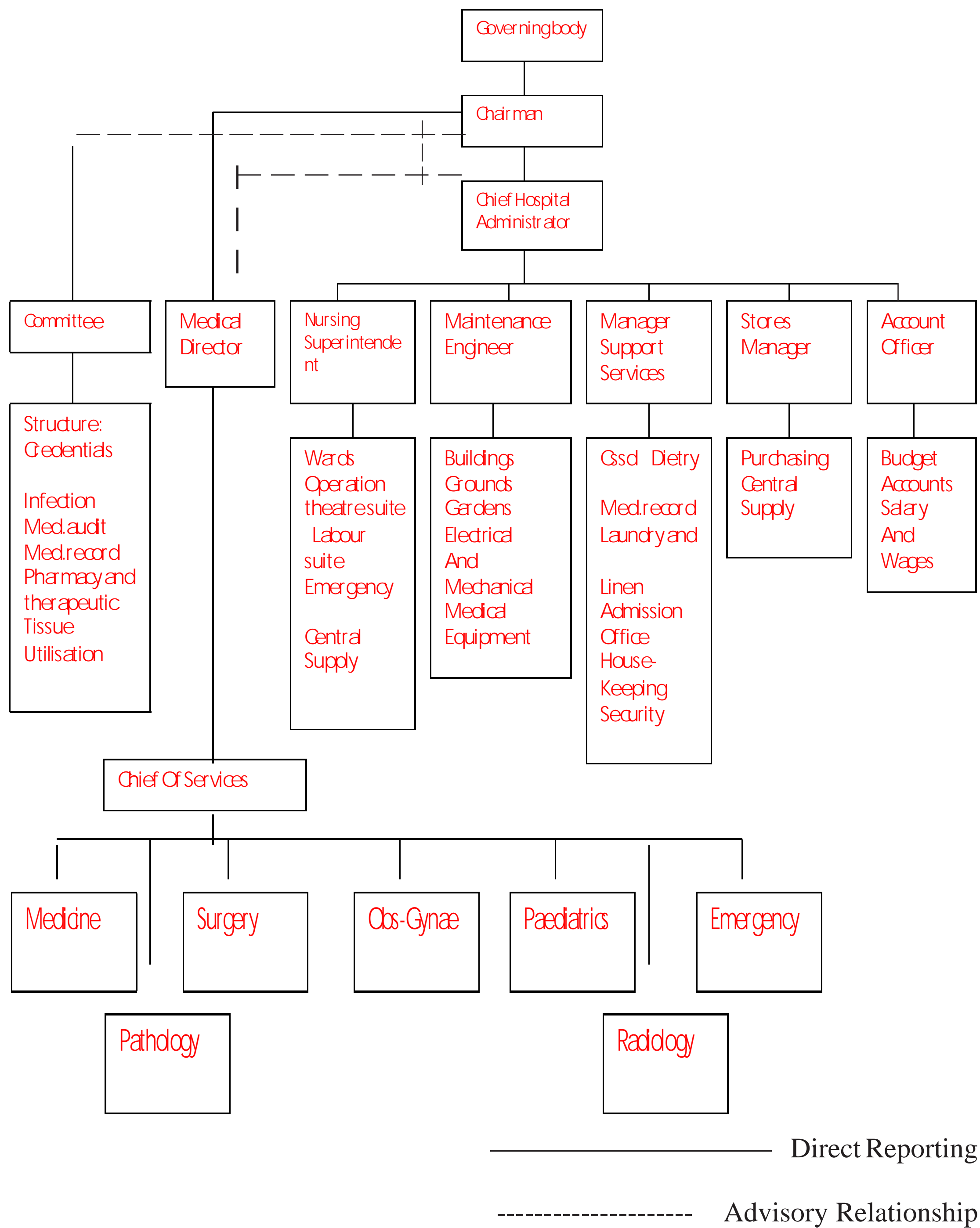


Fig : Organisational Chart

Advantages and Limitation of Organisational Charts

- **ADVANTAGES :**

❖ Managers can review it to determine any inconsistencies and complexities in organizational structure, as it depicts major lines of decision-making and authority.

❖ Chart can be used to orient employees, as to where they fits into the organization.

❖ Useful tool in management audit; managers can review such factors as the span of control, crossed lines of authority.

❖ Chart conveys information about the the chain of command, supervisory relationship, channels of communication, and lines of decision making.

- **LIMITATIONS :**

❖ Besides the formal line of authority, important lines of informal communication and significant informal relationships cannot be shown

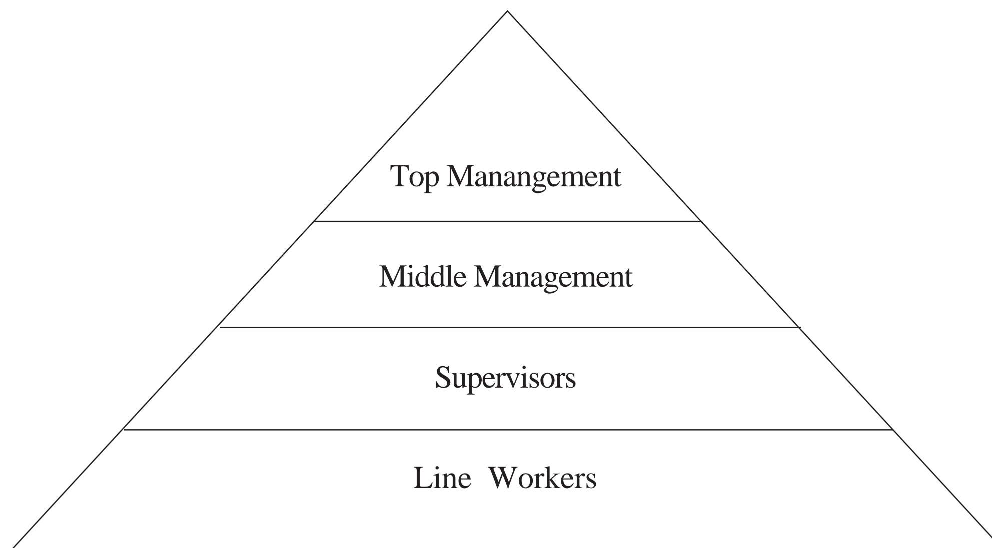
❖ Chart needs periodical updation on occurrence of change in organizational plan

3.2 Hospital Organizational Principles

It is important to know that various organizational principles, which is not adhered to result in efficient organizations and organizational conflicts

- MULTIPLE PYRAMID OF HOSPITAL ORGANIZATION :

  Characteristic of hospital organization is that authority does not flow along a single line of command as it does in most formal organization. Because of the relationship of medical component to administrative component in hospitals, the organizational structure takes the structure of dual and that times Multiple Pyramid which is a peculiar characteristic of hospital organization.The ultimate authority is vested in the policy making body – the governing board- which provides leadership and direction to the organization. Thus a typical pyramidal organization, with a unified chain of command results within the administrative component.



3.3 Hospital Organisation - Structure & Function

According to William H Newman-

" *Organisation structure is like the architectural plan of a building and larger and more complicated the building, the more important it is to have a central architectural plan*"

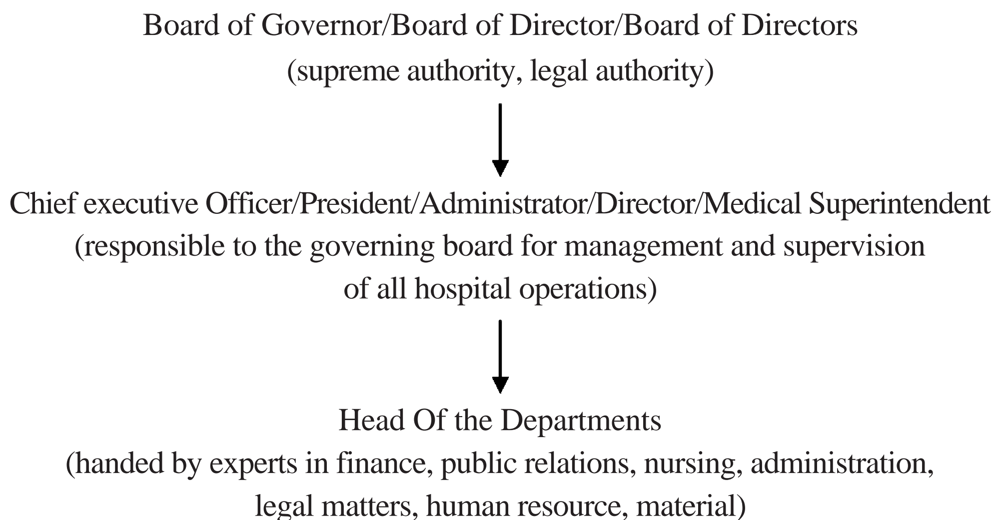
In a broader sense organization is a rational combination of activities of a number of people for the achievement of common purpose or goal, by division of labour and function and through a hierarchy of authority and responsibility.

- ✓ Organization hierarchy refers to the arrangement of individuals into a series of superiors and subordinates.
- ✓ Flow of authority constitutes a chain of constitutes a chain of command, a chain of direct authority from superior to subordinates.
- ✓ The uninterrupted line of authority from superior to subordinate results in units of command so that each individual reports to one, and only one superior.
- ✓ The chain of command shows who reports to whom, who is responsible for the action of an individual, who has authority over others, and results in a **Pyramidal Organizational Structure.**

Organisation Chart is required :

- For the efficient and effective operation of the hospital, or any institution for that matter, its organization is of paramount importance.
- An organization chart is a mechanism, the executive structure of business, which enables people to work together most effectively.
- It is the framework by means of which the work of an institution is performed.
- It is also the establishment of authority relationships that provide for structural coordination both vertically and horizontally.

- **ORGANISATIONAL STRUCTURE** :



3.3.1 Different Types of Organizational Structure

There are different types of organization structure. They can be created on the basis of arrangement of activities in the organization. There are three types of structural forms in the organization and they are :

1. Functional Structure
2. Divisional Structure
3. Adaptive Structure

1. **Functional Structure :** It is the organizational structure that is based on the functions of the units and sub-units of activities. Every organization has specialized functions and they constitute as separate units of the organization. The entire activities that are

connected with such functions are placed in the same unit. The increase in volume of activity results in addition of number of persons under each manager at various levels. It also results in the increase of sub-units that are created at lower levels in each unit. It finally results in the inter-related positions taking the shape of a pyramid. Its major significance is that there is functional specialization in each unit. It leads to operational efficiency of the persons engaged in the organization. The organization also gets the benefit of specialized operations. This type of arrangement is well suited for small and medium size organization. It becomes incompetent while handling problems of an organization as it grows in size and complexity. When there are diverse trends of activities performed in large number of sub-units, it become difficult to manage. In such type of arrangements, the probability of lack of communication and coordination and control arises that leads to problems in the organization.

2. **Divisional Structure :** This type of structure is well suited for large enterprise. It works effectively to those large enterprises that deal in multiple products serving many distinct markets. The division of organization takes place into small business units that are entrusted with business related to difficult products or different market territories. All the divisional managers are given authority and autonomy to run all function relating to their respective products or marketing segments or regional markets. Each division contributes planned profits to the organization but works as independent business. Managers head the functional units while divisional managers take the final authority. In this type of arrangement, top management determines the organizational goals and formulates policies. This type of structure is characterized by the decentralization of authority. It enables managers to take decision promptly and helps them resolve problems that are related to their respective divisions. Divisional managers are provided with opportunities to take initiative in matters that are within their jurisdiction. Its demerits are that it involves heavy financial costs due to the duplication of supporting functional u nits for the divisions. It also demands adequate number of potential managers taking charge of their respective divisions and their respective functional units.

3. **Adaptive Structure :** This type of structure is designed as to cope with the unique nature of undertaking and the situations in the organization. There are two types of adaptive structure they are :

a) Project organization

b) Matrix organization

a) **Project organization :** This type of organization is suitable when an organization undertakes specialized work for a particular period as one time operation. In order to deal with such situations organizations develops a unit which is specially designed to accomplish such project works without disturbing the routine jobs of the organization. The organizations engage their existing employees on deputation basis to deal with a particular project and then that particular executive resumes to his parent department after the completion of the project. The advantage of such organizations is that it does not disturb the regular work of the organization. It enables the better control over the project activities because the managers enjoy the authority to function the projects effectively. But at times these organizations spoil the stability of the various departments as the personnel are shifted for the sake of the project and thus disrupt the basic functioning of the parent department.

b) **Matrix Organization :** It aims to combine the advantages of autonomous project organization and functional specialization. In this structure functional departments are having full time specialized workers to accommodate and are capable of handling more than one project at a time. This is found suitable as the organization is most of the time engaged in the project activities and the managers are also more in number and can accomplish the project work effectively. It provides for the flexible system of working as it adapts the changes quickly. The demerit of such organizations is that the employees are engaged in dual jobs and are burdened with more work which affects the unity of command at times in the organization.

3.3.2 Hospital Organizational Functions

There are two basic sets of functions that hospital performs :

- Provision of medical care or the technical component :
  a. Diagnostic and treatment procedures
  b. Nursing care
  c. Technical/ancillary services (investigations, medications, rehabilitation, medical records and patient documentation, etc.)
- Provision of hospital services or the hospital component:
  a. Place to rest (bed, room)
  b. Physical amenities (food, water, linen, lighting, toilet, comfort)
  c. Hygiene (cleanliness, pest control, infection control)
  d. Security (personal, of belongings)

e. Administration (front office management, efficiency, a fair charge, value for money).

The type of hospital and its objectives,and the various organization priniciples and functions highlighted above determine a hospital's organizational structure. A typical organizational chart is displayed in the appendix to this chapter. However, this model may very depending on :

a. Whether the CEO has a medical or nonmedical background,

c. The presence and job description of senior management executives,

d. Convictions/belief of the top management,

e. Examples of other similar (especially successful) hospital,

f. Local /regional trends, custom and practice.

Functionally, the organizational structure of a hospital provides for the following distinct groups of services :

- Clinical and diagnostic services (Anaesthesia, internal medicine, Cardiology, Clinical Haematology, Dermatology, Endocrinology, Gastroenterology, Nephrology, Neurology, Oncology, Respiratory Medicine, General Surgery, Cardiothoracic surgery, Dental Surgery, Neuro-Surgery, Ophthalmology, Orthopaedics, Otorhinolaryngology or ENT surgery, Paediatric surgery, Plastic Surgery, Urology or Genitouninary Surgery, General Paediatrics and associated super-specialities, Neonatology, Obstetrics and Gynaecology and associated super-specialities, Blood Bank, Clinical Biochemistry or Chemical Pathology, Haematology, Histopathology, Microbiology, Immunology, Radiology, Nuclear Medicine, Radiotherapy, Staff Health, Community Health, etc.)
- Ancillary services (Physiotherapy, occupational Therapy, Prosthetics and Orthotics, Respiratory Therapy, Pharmacy and Medical Store, Infection Control, Medical Records and Computerized Clinical information System, Medico- Social Work, Medical Library etc) In some hospitals, Radiology, clinical Laboratory and Anaesthesia are grouped with the Ancillary services, but since these department include doctors, it is preferred to group them with the clinical and diagnostic services.
- Nursing and specialized services areas (Casualty or Accident and Emergency department, outpatient department, wards, operation Theatres, Intensive Care

Unit, Coronary care unit, Daycare unit, Dialysis unit, Central sterile Supply Department, etc.).

- Support services (Reception and Telephone, Dietary and Catering, Housekeeping and Environment, Linen and Laundary, Securiy, Engineering and Maintenance, Ambulence and Transport, etc.).
- Business and fiscal services (Administration, Admission, Finance, Billing, and Cash, Human Resources or personal and Industrail Relation, General and Medical Purchase, General store, Internal Audit, Computer and Hospital Information system, Patient and Public Relation, etc.).
- Teaching/training services (In-service Education, attached Medical College, Nursing school/College, Institute of Paramedical studies, etc.).

Unit 4 □ RECEPTION ACTIVITIES

Structure

4.1 Reception

4.1.1 Features Of Reception & Enquiry

4.1.2 Problems & Solution - In Functioning At Reception

4.1.3 Importance of a Reception

4.1.4 Attribute of a good Reception

4.1.5 Role of the Reception

4.2 Front Office staff

4.2.1 Qualities of good Front Office Staff

4.2.2 Duties of a Front Office Staff

4.2.3 Job description of front office staff

4.1 Reception

An area from scheduling patient appointments, explaining clinic policy to patients, receiving and delivering messages, processing incoming and outgoing mail, receiving calls from hospital labs and x-ray, taking prescription refill messages, scheduling patient hospital admissions, filing medical reports and insurance forms, pulling patient charts, completing insurance and other forms, coding of diagnoses and procedures etc are done efficiently is termed as reception.

4.1.1 Features of Reception and Enquiry

- Counter should be located close to the main entrance from where patients seek information about the locations of various clinics, registration procedures and so on.
- Close proximity to the emergency and casualty department.
- To isolate it from the noise that usually prevails in such a place, reception and enquiry can be enclosed in a see-through cubicle.
- Reception and enquiry should be well connected through telephones and intercom sets with all clinics and other important areas of the hospital.

- A well-illustrated, easily understandable guide map showing locations of all clinics and adjunct service units should be prominently displayed in the location.

4.1.2 Problems and Solution - At Reception

A. Patient Complaints

- **Prolonged waiting time**
  - Delays for registration, payment, system failure, laboratory results
  - delayed/misplaced
  - Too many patients in relation of particular doctor and non avail ability of consultant
- **Dissatisfaction with quality of service:**
  - Multiple service points (instead of a single-window concept) often located distantly from each other
  - Doctors do not spend sufficient time with patient, possibly due to heavy workload
- **Dissatisfaction with amenities :**
  - Insufficient/unclean toilets
  - Lack of seating accommodation
  - Poor security/theft

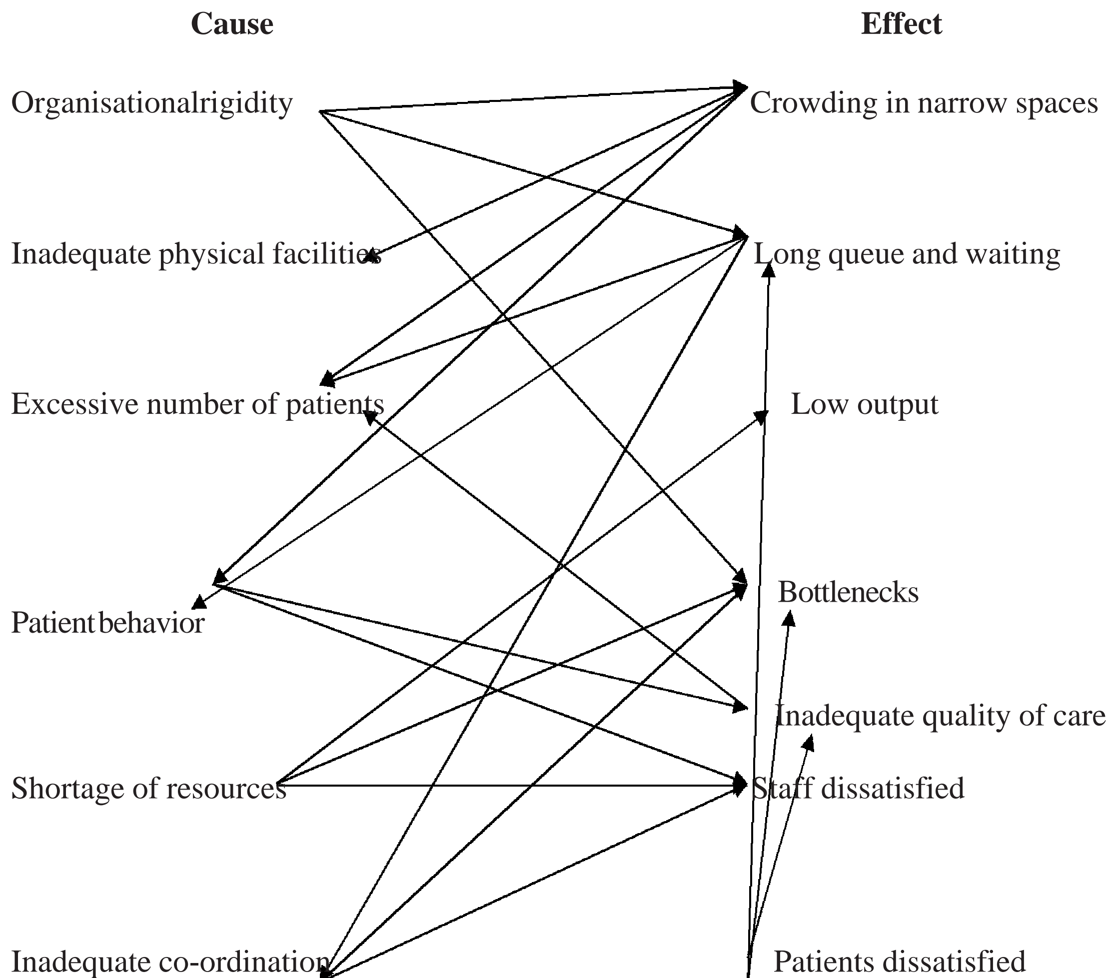
B. Solution or Effective Functioning

- Reduce overcrowding and minimize patient waiting time.
  - Special clinics at different timings, especially during afternoon hours- e.g. well baby clinic, diabetes, leprosy/T.B. etc.
  - Screening and disposal onf minor illness patients by general duty doctors to reduce load on special clinics
- Proper guidance of patients and facilities easy understanding hospital procedures and routines
  - Helpful hospital volunteers, securities and guides and effective may I help you desk.

    Proper co-ordination/distribution of staffs at reception counters for clinics/ diagnosis/report delivery new repeat visit patients as monthly and yearly basis

Sometimes, it is difficult to distinguish between cause and effect, but the distinction is important. Remedil measures must be directed to rot of the problem. Palliative measures are seldom effective or lasting.

Many problems have several causes, and one cause may have many effects (Fig. 3.12.)



4.1.2 Importance of Reception

The reception desk is the first point of contact that patients have with your clinic. Their first impression will influence their attitude to the clinic and their appointment.

It is located at the hub of the hospital is the reception desk where most guest transactions take place. It is here that the guest is received, registered and assigned to a doctor/ward etc. Information, mail, messages, complaints and bills are all dealt with here. Therefore, to a large extent, the reception team is the key to an enjoyable and problem-free stay for the hospital guest.

Combined with dealing efficiently with all customer needs, the receptionist's welcome can change an impersonal hospital building into a friendly place. To say that the receptionist gives personality to the hospital is not overstating the case.

Just as a face represents a person, the reception area represents an office or a business. And just as we form an opinion by looking at the person (usually the face), most visitors similarly form an opinion about the business and how it is doing by looking at the reception area.

4.1.3 Attributes of Good Reception

The reception area is responsible for carrying out all the front-of-the-house functions and serves as a liaison between management and guests. Regardless of how the hospital is constructed or organized, the reception area or front office, is always an essential focal point.

The reception desk is the most obviously visible part of the front office departments and is strategically located in the high traffic, lobby area. It is the major source of guest information and is responsible for the maintenance of guest records. It is the first point of call when checking in and the last when checking out. Therefore, due to the guests' familiarity with the desk, it tends to serve as both a sounding board for guest complaints and a co-ordinator of guest services. It becomes, therefore, the logical connecting link between other departments of the hospitals.

It is easy to see from the above, just how teamwork and communication within the reception area are of vital importance to ensure the smooth running of the whole hospital.

4.1.4 Role of Reception

- To reduce patients' apprehension, there should always be a friendly and efficient person available to greet them, to give them information and attend to any needs they may have.
- To ensure that someone is available to greet patients properly, it may help to separate the tasks and the areas used for welcoming patients and for booking appointments.
- If separating the areas is impossible and reception staff are too busy to provide a more personal system, perhaps a volunteer could help with greeting patients and providing basic information. Sources of volunteers include support groups.
- It may be useful for reception staff to attend a clinical induction course where the various procedures are explained to them, so that they will have a good understanding of patients' needs.

- Staff should ask patients how they wish to be addressed, and should not assume, for example, that first names are acceptable.
- Each patient's demographic data should be checked on every visit to outpatients, no matter how often the patient has attended.

4.2 Front Office Staff

A **Front Office staff** is a person in an office/administrative support position. The work is usually performed in a waiting area such as a lobby or front office desk of an organization. The title "receptionist" or Guest Relation Executive is attributed to the person who is specifically employed by an organization to greet any visitors, patients, or clients.

A Front Office staff is often the first business contact a person will meet at any organization. It is an expectation of most organizations that the front office staff maintain a calm, courteous and professional demeanor at all times regardless of the visitor's behavior. Some personal qualities that a Front Office staff is expected to have in order to do the job successfully include: attentiveness, a well groomed appearance, initiative, loyalty, maturity, respect for confidentiality and discretion, a positive attitude and dependability. At times, the job may be stressful due to interaction with many different people with different types of personalities, and being expected to perform multiple tasks quickly.

A good Front Office staff will build on the first impression by employing good interpersonal skills at all times. Skills of listening and responding positively to a guest's queries, and working as a reliable member of the organization are a few amongst the many important skills.

4.2.1 Qualities of Good Front Office Staff

- An experienced, competent, problem solver and knowledgeable person.
- The person has complete knowledge of location of every facility and activity of the department.
- The staff should be well-mannered and cool-tempered with infinite patience to hear patients' innumerable queries.
- Be considerate, friendly & affable.
- Practice courtesy. Say - please.
- Tell the truth by all means, but with tact & kindness.

- Explain. Do it patiently.
- Accommodate the other viewpoints.
- Allow criticism.

4.2.2 Duties

Duties vary from one position to another but, in general, receptionists :

- Greet people entering offices, hospitals and other establishments, answer questions, direct visitors to appropriate people or services
- Screen and forward telephone calls and take messages and provide information
- Schedule appointments and co-ordination with other departments
- Perform other clerical duties such as word processing, compiling and recording data, maintaining files and inventories, operating office equipment, sorting mail, stuffing envelopes or proofreading.

In hospitals Front Office staff also obtains information from patient's direct people to the appropriate treatment areas, and keep admission records

4.2.3 Characteristic

Attitude & commitment

- Understands and appreciates the organization.
- Displays a helpful, cooperative attitude toward Superiors and Peers.
- Feels good about self and is open to giving and receiving praise.
- Sets and meets high personal standards of excellence.
- Has a positive attitude toward work responsibilities, co-workers, and customers, and serves as a role model for others.

Is consistently dependable and punctual in reporting for duty, completing assignments on time, and participating in additional responsibilities

4.2.4 Professionalism

We have already established that the first impression of a Hospital is that given by the Front Office staff, and one of the most important impacts on first impressions is that of appearance.

Dress

The Front Office staff should endeavor to stay neat and well-groomed, no matter how busy and hectic the day. A neat well-groomed appearance does not come about by mere chance, it must be planned for. The appearance you are trying to give is one of professionalism and it can only be achieved by dressing in a smart, business-like manner.

Dress should be clean and immaculate in appearance - no drooping hems or missing buttons.

Footwear should always be well-fitting, clean and well-maintained. High fashion shoes with high heels may look good but how will they make your feet feel after a seven-hour shift in a busy Front office?

Communication

How often have your first impressions of someone changed the moment they started speaking? So importance is the manner in which the Front Office staff communicates with visitors and colleagues

A strident voice with bossy overtones or a quiet, breathy whisper punctuated by a nervous giggle can irritate. As can a cold, uncaring attitude or the intimation that the visitor is interrupting something more important and is actually not welcome.

Speech

Whether on the telephone or in direct conversation with a caller, the Front Office staff voice is a vital part of good communication. It will be obvious at the first word whether the GRE is happy, tired, well content in the role, or careless about the effect made by the spoken word.

The following pointers will help improve all oral communications :

- Clarity is the prime objective in oral communication – all messages, introductions and explanations must be clearly understood.
- It is important that the voice is pitched fairly low – strident tones are unwelcome – and that the receptionist does not speak too quickly
- Control breathing so that there is sufficient for each sentence, pause between sentences as this adds effect and importance to the words and their meaning.

Unit 5 □ FRONT OFFICE LIASON WITH THE PERSONNEL DEPARTMENT

Structure

5.1 Manpower Planning

5.1.1 Definition

5.1.2 Need for manpower planning

5.2 Selection of the staff

5.2.1 Steps in selection of the staff

5.3 Job Analysis

5.3.1 Definition

5.3.2 Steps in Job Analysis

5.3.3 Uses

5.3.4 Purpose

5.3.5 Process

5.4 Job Description

5.5 Job Specification

5.1 Manpower Planning

5.1.1 Definition

Manpower planning may be defined as a technique for procurement, development, allocation and utilization of human resources in an organization.

It views employees as scarce and costly resources, whose contribution must be developed to the fullest by the management.

It is also concerned with the interaction between an organization and its total environment.

Manpower planning, which at times described as manpower management basically concerned with having the

* **RIGHT TYPE OF PERSONNEL**

* FOR THE RIGHT JOB
* AT THE RIGHT TIME

5.1.2 Need Fro Manpower Planning

- ❖ Shortage of certain categories of employees.
- ❖ Advancement of medical science and technology resulting in need for new skills and new categories of employees.
- ❖ Changes in organisational design or structure affecting manpower demand.
- ❖ Government policies in respect of reservation of seats for certain category of population.
- ❖ Labour laws affecting demand and supply of labour.
- ❖ International scenario of employment, e.g. employment of nurses, doctors, paramedic personnel in USA, UK, Ireland, Gulf countries, etc.
- ❖ Introduction of computers.

BENEFIT OF AMNPOWER PLANNING

- ❖ Enables an organization to have the right person, at the right place and at the right time.
- ❖ Provides scope for advancement and development of employees through training, development, etc.
- ❖ Plans for better working conditions, training needs.
- ❖ Helps improve service to patients and contributions of working personnel.

OBJECTIVES OF MANPOWER PLANNING

- ❖ Ensuring maximum utilization of personnel.
- ❖ Assessing future requirement of the organization.
- ❖ Determining the recruitment sources.
- ❖ Determining training requirement for management development and organizational development.

STEPS OF MANPOWER PLANNING

- ❖ Scrutiny of present strength of personnel.
- ❖ Anticipation of manpower needs.
- ❖ Investigation of turnover of personnel.
- ❖ Planning job requirements and job descriptions.

5.2 Selection of Staff

Recruitment and Selection of right man, for the right job, at the right time is the most important function of human resource department of the hospital.

Recruitment :-Once the manpower requirement has been determined, recruitment is the next step in staffing process.

Selection :-The selection process starts when application are received and screened in the human resource department.

5.2.1 Steps Of Selection

❶ Interview by human resource department

❷ Pre-employment tests-written/oral/practical

❸ Interview by department head/Decision of administrator to accept or reject

❹ Medical examination

❺ Check o references

❻ Issue of appointment letter

❶ Interview

Interview is the main method of appraising an applicant's suitability for a post.

The main objective of an interview is :

- to obtain all the information about the candidate to decide about his suitability for the post.
- to give the candidate a complete picture of the job as well as the organization.
- to demonstrate fairness to all the candidates.

❷ Pre-employment tests

To ensure selection of the most suitable candidate interviews should be conducted carefully and pre-employment tests should be held in a systematic manner.For certain categories of post, there is need for testing the professional competence of the candidate.

These tests are :-

* Tests of general ability-intelligence tests.
* Tests of specific ability-aptitude tests.

* Tests of achievements-trade tests.
* Personality tests-tests of emotional stability, values

❸ Interview by department head/head of the hospital

In some hospitals, the selection committee consists of one person each from HR department, the department head/supervisor of the concerned department and representative of the hospital.

After interviewing all the candidates, the selection committee submits its recommendations for approval to the head of the hospital, which is generally the hiring or firing authority.

In some hospitals, the head of the institute may prefer to interview all the candidates for the key jobs and leave it to the selection committee for the less vital jobs.

❹ Medical Examination

The medical examination of the prospective employee is an aid both to the employee and to the management.

The right type of employee who can give his best and be most happy requires a through knowledge of his physical capacities and handicaps.

❺ Reference Check

The reference provided by the applicant should be cross-checked to ascertain his past performance and to obtain relevant information from his past employer and others who have knowledge of the prospective employees professional competence.

❻ Issue of Appointment Letter

The next step is to issue a offer letter that is a letter of offer of joining a particular post in the organization with a particular remuneration

Appointment letter is given only when a new employee reports for joining.

5.3 Job Analysis

5.3.1 Definition

Job analysis is the process of studying and collecting information relating to the operations and responsibilities of a specific job. The immediate products of this analysis are job description and job specification.

Or

A job is a collection of tasks that can be performed by single employee to contribute to the production of some products or services provided by the organization. Each job has certain ability requirement (as well as certain rewards) associated with it. Job analysis is the process used to identify these requirements.

5.3.2 Three Steps of Job Analysis

The process of Job Analysis results in three sets of data :

1. **JOB DESCRIPTION (JD)**

   It is a written document that describes the Purpose, Duties, Responsibilities, Tasks, and relationships of a particular job & lists of the general tasks, or functions, and responsibilities of a position. They also include to whom the position reports specifications such as the qualifications needed by the person in the job, salary range for the position, etc.

2. **JOB SPECIFICATION (JS)**

   It is a specification of the Skills, Knowledge and Attitude required effectively to perform job. It is usually expressed in behavioral terms.

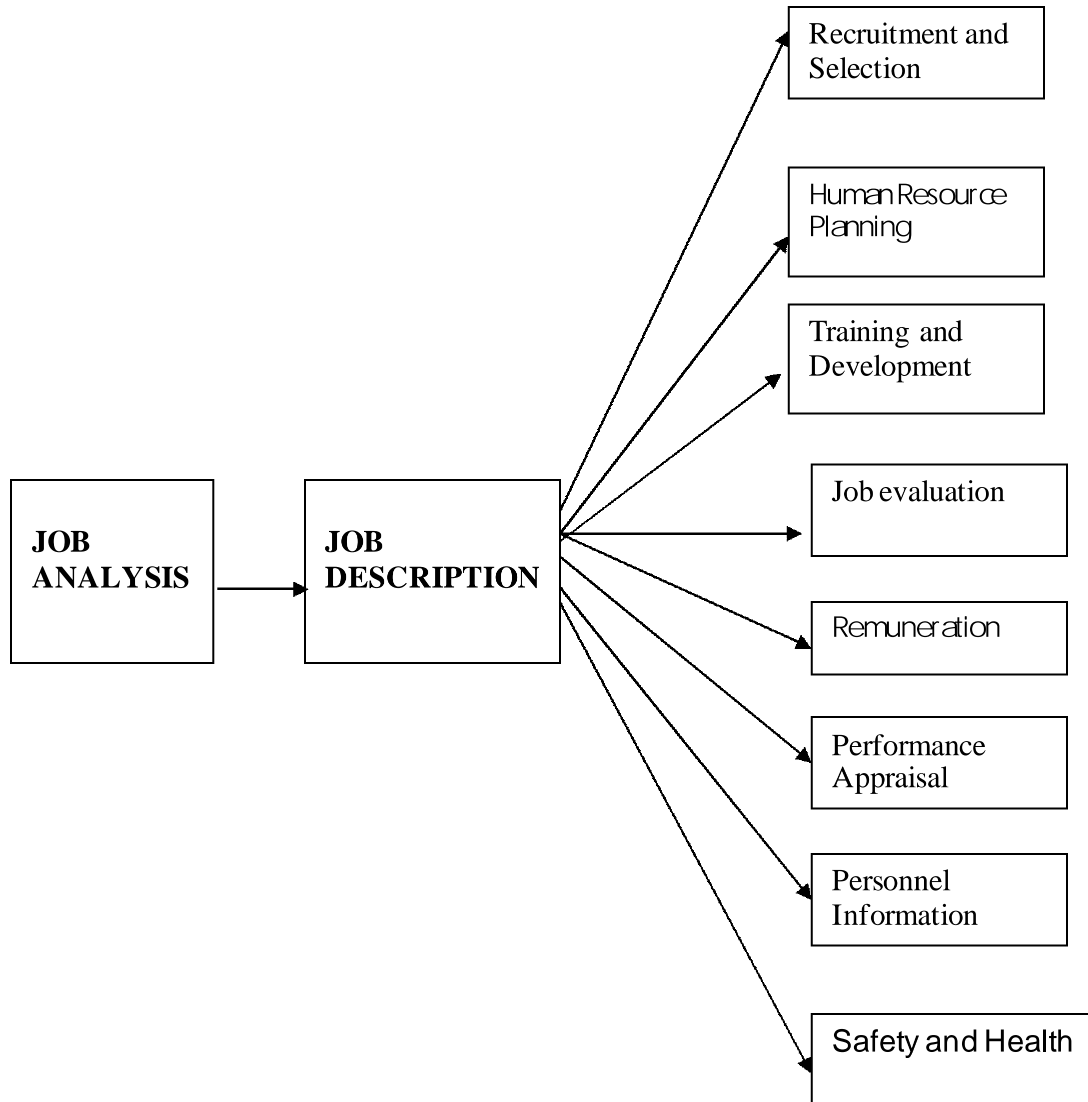
3. **PERSON SPECIFICATION (PS)**

   It is an interpretation of the job specification in terms of the kind of person needed effectively to perform a job. Its main use is in personnel selection.

JOB ANALYSIS IS CONDUCTED WHEN

1. An organization is newly established and the job analysis is initiated for the first time
2. A new job is created in an established company
3. A job is changed significantly due to change in technology, methods, procedures and systems.
4. The organization is contemplating a new remuneration plan.
5. The employees or mangers feel that there exist certain inequities between job demands and remuneration it carries.

5.3.3 Uses of Job Analysis



What Aspects of a Job Are Analyzed?

Job Analysis should collect information on the following areas :

- **Duties and Tasks** The basic unit of a job is the performance of specific tasks and duties. Information to be collected about these items may include : frequency, duration, effort, skill, complexity, equipment, standards, etc.
- **Environment** This may have a significant impact on the physical requirements to be able to perform a job. The work environment may include unpleasant

conditions such as offensive odors and temperature extremes. There may also be definite risks to the incumbent such as noxious fumes, radioactive substances, hostile and aggressive people, and dangerous explosives.

- **Tools and Equipment** Some duties and tasks are performed using specific equipment and tools. Equipment may include protective clothing. These items need to be specified in a Job Analysis.
- **Relationships** Supervision given and received. Relationships with internal or external people.
- **Requirements** The knowledge's, skills, and abilities (KSA's) required to perform the job. While an incumbent may have higher KSA's than those required for the job, a Job Analysis typically only states the minimum requirements to perform the job.

5.3.4 Purpose of Job Analysis

Job analysis is useful for overall personnel activities.

Job related data obtained from a job analysis programs are useful in HRP, employee hiring, training, job evaluation, compensation, performance appraisal, computerized personnel information systems and safety and health.

1. **HUMAN RESOURCE PLANNING**

   The number and the type of personnel are determined by the jobs, which need to be staffed. Job – related information's, therefore, necessary for HRP.

2. **RECRUITMENT AND SELECTION**

   Recruitment needs to be preceded by job analysis. Job analysis helps the HR manger to locate place to obtain employees for openings anticipated in the future. An understanding of the types of the skills needed and type of job that may be open for future, enable managers to have a better continuity and planning in staffing their organization.

Job Analysis can be used in selection procedures to identify or develop :

- Job duties that should be included in advertisements of vacant positions;
- Appropriate salary level for the position to help determine what salary should be offered to a candidate;
- Minimum requirements (education and/or experience) for screening applicants;
- Interview questions;
- Selection tests/instruments (e.g., written tests; oral tests; job simulations);
- Applicant appraisal/evaluation forms;

Similarly the selecting a qualified person to fill a job require knowing clearly the work to be done and the qualification needed for someone to perform the work satisfactorily. Without a clear and precise understanding of what a job entails, the HR manager cannot effectively select someone to do job.

The objective of employee hiring is to match the right people with the right jobs. The objective is too difficult to achieve without having adequate job information.

2. COMPENSATION

Job Analysis can be used in compensation to identify or determine :

- Skill levels
- Compensable job factors
- Work environment (e.g., hazards; attention; physical effort)
- Responsibilities (e.g., fiscal; supervisory)
- Required level of education (indirectly related to salary level)

3. TRAINING AND DEVELOPMENT

Job analysis is useful for an HRD Manager as it help to know what a given job demands from the incumbent in terms of knowledge and skills. Training a development program's can be designed depending on the job requirements. Selection of trainees is also facilitated by job analysis.

4. JOB EVALUATION

Job evaluation involves determination of relative worth of each job for the purpose of establishing wage and salary differentials. Relative worth is determined mainly on the basis of job description and job specification.

5. REMUNERATION

Remuneration also involves fringe benefits, bonus and other benefits.

6. PERFORMANCE APPRAISAL

Performance appraisal involves assessment of the actual performance of an employee against what is expected of persons. Such assessment is the basis for awarding promotions, effecting transfers or assessing training needs.

7. PERSONNEL INFORMATION

Organizations generally maintain computerized personnel information systems.

Performance Review

Job Analysis can be used in performance review to identify or develop :

- Goals and objectives
- Performance standards
- Evaluation criteria
- Length of probationary periods
- Duties to be evaluated

8. SAFETY AND HEALTH

The process of conducing a detailed job analysis provides an excellent opportunity to uncover and identify hazardous conditions and unhealthy environmental factors (heat, noise, fumes, and dust) so that corrective measures can be taken minimize and avoid the possibility of human injury.

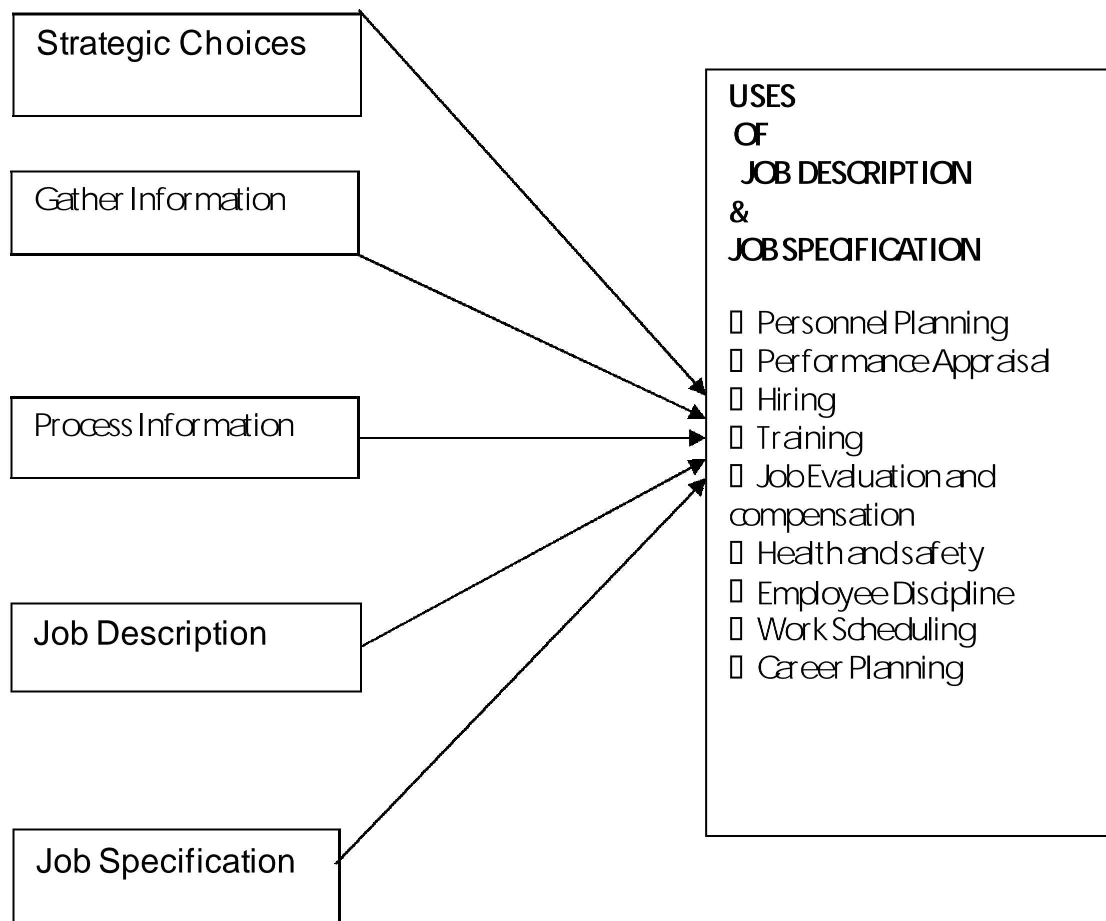
5.3.5 The Process

Job analysis is useful for several purpose, such as personnel planning, performance appraisal

Job analysis an organization is required to make at least four choices :

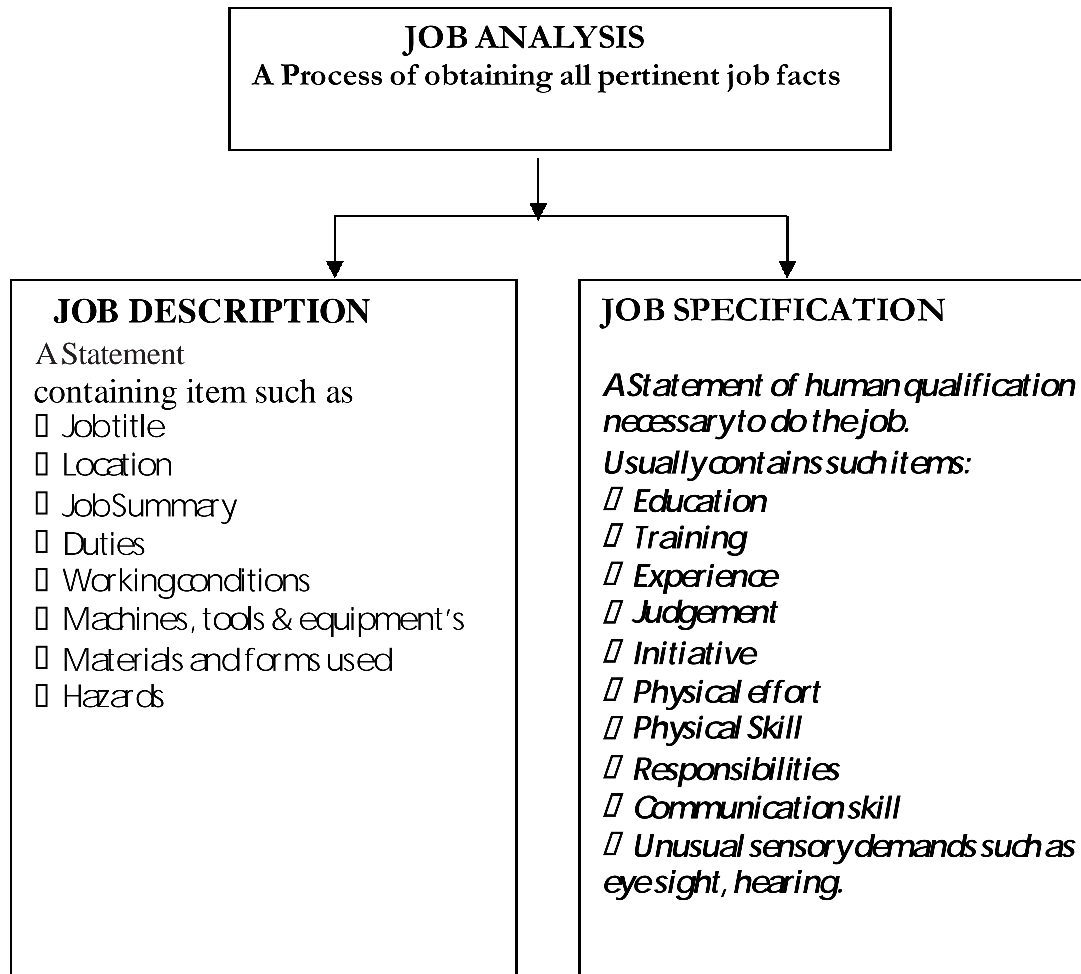
1. The extent of employee involvement in job analysis.
2. The level of details of the analysis.
3. Timings and frequency of analysis.
4. Past- oriented versus future –oriented job analysis.

5.3.5 Process of Job Analysis



JOB DESCRIPTION AND JOB SPECIFICATION

IN JOB ANALYSIS



5.4 Job Description (JD)

It is a written document that describes the

- Purpose
- Duties
- Responsibilities
- Tasks

- lists of the general tasks
- Functions
- responsibilities of a position

It is important to have a Job description in hand before hiring people.

We need to know that whether the person fits into the criteria which we have in mind.

Job description make it easier to put the

- right kind of people
- with the right kind of skill
- in the right job

JOB DESCRIPTION IS CONDUCTED WHEN?

- An organization is newly established and the job analysis is initiated for the first time
- A new job is created in an established company
- A job is changed significantly due to change in technology, methods, procedures and systems.
- The organization is contemplating a new remuneration plan.
- The employees or mangers feel that there exist certain inequities between job demands and remuneration it carries.

WHY DO WE NEED JOB DESCRIPTIONS?

Job descriptions for staff positions are necessary for a variety of reasons.

Job descriptions are used to :

- Guide supervisors when evaluating work distribution and departmental organization.
- Analyze jobs to determine appropriate pay ranges & classifications.
- Establish a basis for recruitment, selection, and hiring.
- Help incumbents understand their jobs better.
- Allows performance reviews to be clear and accurate.

PURPOSE OF JOB DESCRIPTION

- Job description is useful for overall personnel activities.
- Job related data obtained from a job analysis programs are useful in HRP, employee hiring, training, job evaluation, compensation, performance appraisal, computerized personnel information systems and safety and health.

CONTENTS OF JOB DESCRIPTION

A job description consists of two major components :

JOB CONTENT

The **Job Content** section describes the duties and responsibilities of a position. They explain **what is done** on the job, **how it is done**, and **why it is done**. Each job description typically lists the job's three to five most important responsibilities, and each responsibility statement usually begins with action verbs.

JOB FACTORS

The **job factors** section outlines the knowledge and skills required to successfully functioning in a position. Some questions answered in this section, for example, pertain to the job's level of education/experience required, supervision received, analytical skills required, budget responsibilities, and human resources impact.

JOB DESCRIPTION

A statement containing items such as

- Job title
- Location
- Job Summary
- Duties
- Working conditions
- Machines, tools & equipment's
- Materials and forms used
- Hazards

JOB DESCRIPTION OF FRONT OFFICE STAFF

POSITION : **FRONT OFFICE MANAGER**

DEPARTMENT : Front Office

REPORTS TO : General Manager

Duties and responsibilities

- Reports directly to the General Manager.
- Supervises all Front Office sections and lobby area.
- Maintains cooperative relationships between the Front Office and other departments by encouraging communication between all areas of responsibility.

- Daily checks on staffs and consultant availability status
- Reviews on availability and special appointments.
- Reviews and respond to the incoming correspondence.

Communication & co-ordination

- Supervises and carries out training for all staff to achieve desired results.
- Liaises with Housekeeping, security, Food & Beverage, linen & laundry and Engineering Departments on daily operations involving OPD area

Administration

- Maintain job descriptions for all positions and keep them updated.
- Enforces standard of dress, grooming and personal appearance as defined by hospital policy.
- Responds to incoming correspondences which are related to front office activities

Planning, organizing and controlling

- Prepare schedules for facilities and services together with Executive.
- Monitor and control various department requirements
- Plan and monitor staff vacation schedule.

5.5 Job Specification

The job specification describes the knowledge, skills and attitudes required performing the job effectively.

The most systematic format consists of four columns.

The first column is a list of the component tasks of the job, based on the job description, followed by the **THREE headings as Knowledge, Skill and Attitude.**

1. **KNOWLEDGE**

   The knowledge column required no particular elaboration. It contain all various kinds of knowledge needed for each task, e.g., technical, professional, administrative, etc.

2. **SKILL**

   A skill column presents rather more difficulties because of the problems of identifying and defining skills. As skills are form of behavior which are essential for

the effective performance of tasks. They develop on the regular practice and depend on innate mental and physical attributes. These vary from person to person, the level of skills attainable by individuals will vary. Skill may be intellectual, manual and social (interpersonal).

3. **ATTITUDE**

   The attitude column creates similar problems of identification and definition and especially of measurement, because of the psychological complexity and general lack of knowledge of the subject. The need constantly to attach great importance to safety at work is an example of the kind of item that might be included.

PERSON SPECIFICATION

A person specification covers the main areas of requirement for effective performance of the job, namely

1. Physical Health, Physique, Age, Appearance, Bearing, Speech.
2. Attainments academic attainments, Training received, Experience and Skill and Knowledge already acquired.
3. Intelligence the general intelligence, specific abilities and means for assessing these.
4. Special aptitudes special aptitudes(mechanical, manual, verbal etc).
5. Interests personal interests as possible indicators of aptitudes, ability or personality traits.
6. Disposition personality characteristics needed (e.g.) equability, dependability, self-reliance, assertiveness, drive, motivation.
7. A circumstance personal and domestic circumstances (e.g. mobility, commitments, family circumstances and occupations).

Examples of Job Specification

GRE's (ADMISSION)

JOB TITILE : GRE's (ADMISSION)

DEPARTMENT : IN-PATIENTS DEPARTMENT

EDUCATION : GRADUATE (ANY STREAM)

PRIMARY ROLE AND RESPONSIBILITIES

Enlist future reservation of admissions.

Arrange for admission of patients to the Hospital.

Coordinate activities of hospital admission office personnel.

Records information that identifies physicians and patients, type of accommodation desired, date of admission, type and date of surgery if case of surgery.

Reviews list of unoccupied beds and make Pre-admission reservation according to type of case and accommodation desired.

Interviews patients, relatives/other responsible individuals to obtain identification and biographical information.

Interpret hospital regulation to patients concerning visitors, visiting hours, and disposition of clothing and values (packages), other articles.

Explain rates, charges, services, discounts and hospital policies regarding payment of bills.

Prepare estimate card for various packages, all diagnostic tests, and lab charges.

Patients brought into emergency room, secure necessary information from patients or relative or person accompanying patients.

Explain emergency charges and speak for payment.

Enter information on record book.

OTHER ROLES AND RESPONSIBILITIES

Explain differences in rates and charges to patients or relative or accompanying patient desiring changes of accommodation and arrange for charges.

Attend meetings of changes in admitting office policies and procedures

Coordinate admission procedure with activities of other department

Distribute information booklets or brochure, take consent at time of admission

Maintain concession package patient's records.

TELEPHONE-OPERATOR

JOB TITLE : TELEPHONE OPERATOR

DEPARTMENT : TELEPHONES

EDUCATION : GRADUATE (ANY STREAM)

PRIMARY ROLES AND RESPONSIBILITIES

Receive calls for all administrative and medical service.

Determine priority of calls for service and assign to appropriate units.

Maintain current status of active units.

Receive and transmit radio traffic between the Emergency Communication Center, police and security units, and other University radio system users.

Update departmental databases in accordance with established procedures.

Provide information about the hospital, staff to the general public.

Relay a variety of departmental information to appropriate personnel.

Perform inquiries databases and provide information to authorized personnel.

Perform other related duties incidental to the work described herein.

ECG TECHNICIANS

JOB TITLE : ECG TECHNICIANS

DEPARTMENT : OPD/IPD

EDUCATION : GRADUATE with Technical Training

PRIMARY ROLES AND RESPONSIBILITIES

Operate data processing equipment to enter and retrieve a variety of patient information and physician's reports; edit data to ensure consistency and accuracy; abstract, classify and code data and place in patient's chart as directed.

Perform routine equipment checks and make minor repairs to correct malfunction; report systems breakdown to appropriate service personnel.

Assist in the compilation, distribution and delivery of reports and other data as required; relay messages to technical staff and assist in the resolution of problems.

Prepare and type a variety of clinical and research information; operate office machines to include Xerox and microfilm equipment.

Perform the duties in Pacemaker Follow-up as required.

Assist in the training of new personnel.

Perform other related duties incidental to the work described herein.

Unit 6 □ TEAMWORK IN HOSPITALS

Structure

6.1 Introduction

6.2 Team Building

- **6.2.1 Essential conditions of team building**
- **6.2.3 Stages of Team Development**

6.3 Importance of Team Work in Hospitals

6.4 Benefits of teamwork

- **6.4.1 Difference between a Team and a Group**

6.5 Effective Team

- **6.5.1 Characteristics**
- **6.5.2 Trust**
- **6.5.3 Test of Good Teamwork**
- **6.5.4 Essentials of good team work**
- **6.5.5 Why Teams matter ?**
- **6.5.6 Healthcare Teams**
- **6.5.7 Communication within teams**

6.6 Leadership

- **6.6.1 Leading a team**
- **6.6.2 Leadership styles**
- **6.6.3 Attributes of a Good leader**

6.7 Conflict

- **6.7.1 Reasons for problems in teams**
- **6.7.2 Conflict within teams**
- **6.7.3 Do’s & don’ts while dealing with conflicts**
- **6.7.4 Summary**

6.1 Introduction

TEAMS & TEAMSWORK

"*A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.*"

A team is a small number of people with complementary skills who are committed to a common purpose, a set of performance goals, and an approach for which they hold themselves mutually accountable. To become a powerful unit, all the team members should have a common commitment. The way they shape their purpose is contingent upon the demands and opportunities placed by the top management. The top management determines the character, rationale, and performance challenges for teams.

Successful teams invest significant time and effort to determine collective and individual purpose. Unsuccessful teams fail to create a collective and challenging aspiration due to various reasons such as lack of emphasis on performance, lack of effort, and poor leadership. Successful teams convert their common purpose into specific performance goals. When purposes and goals of the teams are consistent, and are backed by team commitment, they lead to improved performance.

Teamwork plays an important role in the success of any organization. Teamwork characterizes values that encourage listening and responding constructively to others' views, providing support, and recognizing the interests and achievements of others. These values ensure team performance, individual performance, and organizational performance.

6.2 Team Building

Team Building is essential to improve organizational effectiveness by diagnosing barriers to team performance and improving inter team relationships and task accomplishment. Team Building analyses the activities and relationships of the team members.

Purpose of Team Building

- Analyse the way the work is performed
- Examine the way a group is working
- Examine the relationships among team members
- Improve relationships of members
- Improve service
- Set goals

5.2.1 Essential Conditions of Team Building

Team work needs collaboration among its members. The synergetic effect should be evident in the team work. Each team is the linking pin to another team and to the total organization. Teams do wonders .They make the impossible things possible.

The essential conditions of Team building are :

1. Every member should have a clearly assigned role.
2. Team must take the collective responsibility for the action of each of its members.
3. The team must speak with one voice.
4. Each member should be able to handle responsibilities of other members of his team, if the need arises.

INGREDIENTS OF TEAM BUILDING

Team building aims at diagnosing barriers to effective team performance, improving task accomplishment and improving relationships among members.

The major ingredients of team building are :

1. Get the right people together.
2. Deal with high priority problem first.
3. Study the problems in depth and not superficially.
4. Develop realistic solutions.
5. Follow up the assess results.

HINTS OF TEAM BUILDING

Team building is not everybody's job. It is a job of capable persons who are dynamic, have clear vision, clean hearted, and are objective and committed to organizational goals. The essential hints to the manager whose job is to build the team successfully are :

1. hold small and informal meetings for minor problems and longer meetings for major problems
2. create cooperative atmosphere
3. pick up easy problem to be solved first
4. have an open mind
5. compliment the participants to encourage their morale
6. encourage the participants to formulate their goal
7. provide the members all necessary material finance etc.
8. remember honesty and democracy are best policies in team building

When a group of people are first formed into a team, their roles and interactions are not established. Some individuals may merely act as observers while they try to determine what is expected from them while others may engage the process immediately. There are many models that describe team developmental progression. They are similar and suggest that the process occurs in four predictable stages. Each stage is characteristically different and builds on the preceding one. The implication is that all teams must develop through this predetermined sequence if they are to be fully functioning teams.

6.2.2 Stages Of Team Development

Four Stages of Team Development

Stage 1 : Forming

Stage 2 : Storming

Stage 3 : Norming

Stage 4 : Performing

Stage 1 : Forming

The Forming stage of team development is an exploration period. Team members are often cautious and guarded in their interactions not really knowing. What to expect from other team members.

Some questions raised during this stage of development are :

Do I want to be part of this team?

Will I be accepted as a member?

Who is the leader?

Is the leader competent?

Steps taken in this stage

- Team writes its own charter or mission statement and clarifies goals.
- They establish boundaries and determine what is expected.
- Team members get to know each other doing non conflict laden tasks.

Stage 2 : Storming

The Storming stage of development is characterized by competition and strained relationships among team members. There are various degrees of conflict that teams experience but basically the Storming stage deals with issues of power, leadership, and decision making.

- Conflict cannot be avoided during this stage
- It is the most crucial stage the team must work through.

Some questions raised during this stage of development are :

- How will I seek my autonomy?
- How much control will I have over others?
- Who do I support?
- Who supports me?
- How much influence do I have?

Stage 3 : Norming

The Norming stage of team development is characterized by cohesiveness among team members. After working through the storming stage, team members discover that they in fact do have common interests with each other.

- They learn to appreciate their differences.
- They work better together.
- They problem solve together.

Some questions raised during this stage of development are :

- What kind of relationships can we develop?

- Will we be successful as a team?
- How do we measure up to other teams?
- What is my relationship to the team leader?

Stage 4 : Performing

The Performing stage of team development is the result of working through the first three stages. By this time, team members have learned how to work together as a fully functioning team-

- They can define tasks.
- They can work out their relationships successfully.
- They can manage their conflicts.
- The can work together to accomplish their mission.

6.3 Importance of Team Work in Hospitals

All over the world the most successful managements always develop a team for efficient organization of their work.In Healthcare patients are better served and more satisfied when they are cared for by the people who are a part of a cohesive team. In a team, there are others with whom to share frustrations, burdens, successes and ideas. Most important Team work is one of the most significant factors in ensuring quality service to the patients, day in and day out. Working together the members of the team get things done efficiently and effectively conveying confidence and competence to the patients.

WHAT IS A TEAM?

In a hospital, the whole team comprises of everyone –the doctors, front office, back office nursing, paramedical staff etc – pooling their skills and knowledge to satisfy the patients. There are the functional teams –the billing team, the clinical team, the business office team the house keeping team etc.Some teams form and dissolve when their task or assignment is completed, while others endure "Special purpose" teams are created to solve a particular problem.

NATURE AND SCOPE OF TEAM BUILDING

A quality team knows, understands and believes in the mission and the vision statement of the organization. The values of the organization may be framed and hung on the wall,

printed in the policy manual and even read aloud each day, but unless these values burn within each individual and until each individual is an apostle of the hospital, creed sharing it with others and demonstrating it in action there is no team.

Forming a team from a diverse group of individuals with distinct personalities, values, abilities experiences, likes and dislikes can be a complex and sometimes a frustrating process .But when great teams come together it results in success ,professional fulfillment and patient satisfaction.

Team work is coordinated action by co-operative group whose members contribute responsibly and enthusiastically towards task achievement .It works best in supportive environment .The essentials of teamwork are :

- A small group
- A leader
- A common goal
- Regular interaction
- Each member contributing responsibly
- Coordination
- Team –spirit

In a hospital set-up there is no other job that needs to be organized as carefully and systematically as that of the Chief Executive of a hospital. The priorities of the assignments of the Chief Executive should be arranged systematically, but even his job cannot be properly organized as the job of one man. It must be a job of a team of several persons working together. Teamwork is essential at all levels of management in a hospital.

6.4 Benefits of Teamwork

- Problems solving: A single brain can’t bounce different ideas off of each other. Teamwork can lead to better decisions, products, or services. The quality of teamwork may be measured by analyzing the following six components of **collaboration** among team members :
- communication, coordination, balance of member contributions, mutual support, effort, and cohesion

- **Accomplish tasks faster :** A single person taking on multiple tasks will not be able to perform at a same pace as a team can. When people work together they can complete tasks faster by dividing the work to people of different abilities and knowledge.
- **Healthy competition :** A healthy competition in groups can be used to motivate individuals and help the team excel.
- **Developing Relationships :** A team that continues to work together will eventually develop an increased level of bonding. This can help people avoid unnecessary conflicts since they have become well acquainted with each other through team work.
- **Everyone has unique qualities :** Every team member can offer their unique knowledge and ability to help improve other team members. Through teamwork the sharing of these qualities will allow team members to be more productive in the future.
- **In healthcare :** teamwork is associated with increased patient safety.

6.4.1 Difference Between a Team and a Group

Many people used the words team and group interchangeably, but there are actually a number of differences between a team and a group in real world applications. A team's strength depends on the commonality of purpose and interconnectivity between individual members, whereas a group's strength may come from sheer volume or willingness to carry out a single leader's commands. It is often much easier to form a group than a team. If you had a room filled with professional accountants, for example, they could be grouped according to gender, experience, fields of expertise, age, or other common factors.

A team, on the other hand, can be much more difficult to form. Members of a team may be selected for their complementary skills, not a single commonality. A business team may consist of an accountant, a salesman, a company executive and a secretary, for example. Each member of the team has a purpose and a function within that team, so the overall success depends on a functional interpersonal dynamic. There is usually not as much room for conflict when working as a team. The success of a group is often measured by its final results, not necessarily the process used to arrive at those results. A group may use equal parts discussion, argumentation and peer pressure to guide individual members towards a consensus. A trial jury would be a good example of a group in action, not a team. A team, by comparison, does not rely on "groupthink" to arrive at its conclusions. An accident investigation team would be a good example of a real world team dynamic.

Each member of the team is assigned to evaluate one aspect of the accident. The team's expert on crash scene reconstruction does not have to consult with the team's expert on forensic evidence, for example. The members of a team use their individual abilities to arrive at a cohesive result. There may be a team member working as a facilitator for the process, but not necessarily a specific leader. Group building can literally take only a few minutes, but team building can take years. Individual members of a group often have the ability to walk away from the group when their services or input become unnecessary.

6.5 Effective Team

5.5.1 Characteristics

An effective can be identified by the following few characteristics :

1. The working atmosphere is informal, comfortable and relaxed. There are no obvious tensions. People are involved and interested.
2. There is a lot of discussion in which everyone participates, but it remains pertinent to the task of the group. If the discussion gets off the subject someone will bring it back on track shortly.
3. The task of the objective of the group is well understood and accepted by the members after free discussion of the objectives followed by commitment of the members.
4. The members listen to each other. Every idea is given a hearing. Members are not scared to give extreme views.
5. There is disagreement .The group is comfortable with this and doesn't have to avoid conflict or keep everything on the plane of 'sweetness and light'. Disagreements are not suppressed or overridden. Options are clearly examined and the group works for resolution.
6. Most decisions are reached to a consensus in which everybody is in general agreement and willing to go along. Members are honest concerning their position. Voting is kept to a minimum.
7. Criticism is healthy, frank and relatively comfortable. There is little evidence of personal attack either openly or in a hidden fashion. The criticism is constructive and directed towards problem solving.
8. People are free in expressing 'feelings' and 'thoughts'. There are very few hidden agendas. Everybody knows how everybody else feels about any matter being discussed.

9. When action is taken, clear assignments are made and accepted.
10. The chairperson of the group does not dominate, nor does the group show undue difference to him or her. The leadership shifts as circumstances dictate. There is little evidence of a struggle for power; the issue is not who controls, but how to get the job done.
11. The group is aware of its own operation and examines how well it is doing. Maintenance of the group is priority that gets regular attention.

6.5.2 Trust

In teamwork trust plays the main role. By trusting another person we become dependent on them.

Trust is :

1. A central issue in all human relationships.
2. at the heart of collaboration
3. Essential for organizational effectiveness.

The level of trust governs subsequent behaviour :

High Trust leads to openness about feelings, self disclosure, greater clarity about goals, problems etc.more searching for alternatives instead of jumping to conclusions, greater levels of mutual influence, increased motivation, closeness, increased comfort with each other, tolerance of differing viewpoints, better utilization of expertise and abilities.

Low Trust leads to the following conditions controlling the environment, self protective behaviour, facts, ideas, conclusions and feelings ignored, disguised and distorted, people becoming suspicious, unreceptive and perceive manipulation, attempts to be truly open being rejected, effort to build trust being sabotaged, misinterpretation and misunderstanding.

Deepening a relationship requires taking the first step in trusting another person despite uncertainty about consequences. If neither person takes the risk of trusting at least a little, the relationship remains stalled at a low level of caution and suspicion. The foundation of trusting is believing that the other person has integrity.

HOW TO BUILD TRUST

- Do what you say you are going to do. When you create predictability, you are seen as trustworthy, which promotes trusting behaviour from others.
- Trust develops when people feel safe and secure so that they can risk being vulnerable.

Reduce defensiveness by :

a) Providing descriptive rather than evaluative feedback
b) Avoid game-playing and secrecy
c) Expressing genuine feelings of caring and involvement
d) Being sensitive to the needs and interests of others
e) Seeking out, listening to and understanding the perspectives of others and
f) Utilizing and recognizing the contributions of others.

- Be true risk taker. Let people know where you stand even if it differs from their view. Acknowledge your own mistakes and vulnerability. Be human.

Most developed activity is centered upon the improvement of individual skills, knowledge and experience but organizations are increasingly finding that this is not enough. The real key to success is the way in which individuals behave towards each other and the way in which groups of people relate to work with each other.

6.5.3 Test of Good Team Work

How do we recognize good or bad Team Work?

Symptoms of Bad Team work –

- **Frustration** is the first symptom of bad Team work because as the organization becomes larger, the opportunities for personal expression and satisfaction often become less. This happens because they can no longer see a clear way of meeting their own needs and aspirations. People lose inspiration and lack the commitment and motivation which are essential ingredients of effective team work.
- Symptoms of **grumbling and retaliation** are evident. If people cannot express themselves through the system; they do it through private discussions. The organizations that have a poor output of work also spend a lot of time on retaliation. They do not use mistakes as opportunities for increased learning and improvement but an excuse for punishing those who made the mistakes leading to ill will.
- **Unhealthy competition** is another indicator of poor teamwork.Competetion is the life and blood of many organizations, but there is a great difference between the healthy competition where people can enjoy the just reward of their work and others can accept that the best man, system or policy succeeded, and the kind of organization where backbiting, dirty tricks and politics are the everyday pastime of the managers.

- **Expression of the employees on their faces** is another sure indicator of poor teamwork. Effective team-work breeds happiness and a visitor gets an immediate impression of whether the work-place is a happy one or not. The workplace does not have to be a dull and unenjoyable place. It can so easily be a rewarding place where people love to be.
- **Openness and honesty** are the key indicators of organizational health. Unfortunately some people seem to try honesty only when everything else has failed. Many managers go to any length to avoid telling the truth .There are occasions when openness is not feasible, but there good teamwork exists.
- **Meetings** are another key indicator of teamwork. The main reason for having meetings is to utilize the collective skills of a group of people while working on common problems or opportunities. The quality of the meeting can usually be determined by the way in which individuals either look forward or dread the meetings.

6.5.4 Essentials of Good Teamwork

Though there are no guaranteed approaches to improve team performance, yet some approaches mentioned below can help in ensuring higher performance levels.

Recruit for skill and skill potential

In general the management starts thinking about the skills required in a team only after the team has been created. This seems to be a wrong approach. People should be selected based on their existing skills and their ability to learn new skills in the future, and not on the basis of personalities.

Be concerned about first impressions

Initial impressions matter a lot. Members of potential team look for signals in the first meeting to confirm, suspend, or dispel their assumptions and concerns. They observe people in authority (team leaders; executives who setup, oversee, or influence team formation) very carefully. A leader has to reflect on what he is doing and what he is saying and realize that he is being observed critically.

Spend time together

Team members have to spend a lot time (both scheduled and unscheduled) together at least at the beginning. Such collective spending of time can bring in creative insights and personal bonding. A leader has to ensure that the members of the team interact. He needs to understand that when they are interacting, higher intelligence, which is far superior to that

of any single member in the team, is at work. Unfortunately executives and managers are not used to deliberately spending time with their subordinates. They need to change this behavior. Successful teams have always spent lot of time together learning how to be coherent teams. Spending time together does not just mean time spent physically together. It also includes time spent interacting through electronic means, fax, or phone.

Frame necessary guidelines to govern team behavior

Guidelines help teams to bring about predictability in their behavior. Guidelines help teams to fulfill their purpose and achieve organizational goals. A leader can setup guidelines on issues such as attendance for meetings, matters to be discussed, the level of secrecy to be maintained, the analytic approach that is going to be followed, and the contribution of members to team's performance etc.

Promote a culture of urgency and high standards

A leader must make his team members believe that the team is there to accomplish an urgent and worthwhile purpose. The more urgent and meaningful the team's purpose is, the better will be the team's performance. Teams generally perform better while they experience demanding and compelling situations. This is the reason why organizations with high performance ethics can form successful teams easily at short notice.

Value contribution and positive feedback

Teams, like individuals need positive reinforcement. So a leader has to give positive feedback to his team members. Giving recognition is also important because it creates, and affirms desirable and new behaviors that improve team performance. A leader can give recognition and rewards in different ways. He can, for example, address the team directly about the urgency and importance of its mission. He can also offer direct compensation for contribution to the team.

Identify tasks that can be accomplished immediately

Effective teams trace their cohesiveness and optimism to key performance oriented events. A leader has to set some challenging goals for his team in the initial stages. These goals should be such that they can be accomplished in the early stages.

Let the team redefine purpose and goals

A team can commit the mistake of assuming that all the information it needs is available in the collective experience and knowledge of its members. A leader must ensure that his team always has access to the latest information because this information can help the team

to understand its performance challenges better. This understanding can further motivate the team to reinvent and redefine its common purposes, goals, and approaches.

Team Learning

We all know that the real work in organizations is done by teams and not lone individuals. So for organizations to be effective, they need effective teams. Teams need to constantly operate at a higher level of intelligence than that of individual members. Thus, teams need to be continually learning. The cost of neglected learning can be high.

6.5.5 Why Teams Matter

A team is a group of individuals who interact together in an interdependent way to achieve a shared objective to produce or deliver services. The team members have more or less defined roles, some of which are differentiated from each other, and the team itself has an organizational function and is recognized as a team by those outside it.

Teams come in all varieties. If you consider sports teams, for example, the way they work together differs enormously: think about football teams, cricket teams, swimming teams. But there also are teams which work together to put on a play, or to build a house, as well as those in mountain rescue or aviation or the police. It is worth thinking about healthcare teams and which of these other types they most closely resemble.

6.5.6 Healthcare Teams

Staff has traditionally thought of themselves as being part of their own professional group – the nursing team, or the medical firm, or the physiotherapy department. Now that we take a clearer patient focus, a team is better seen as the group of people who come together to provide care in a particular situation, such as the theatre or primary care, or for a particular condition, such as cancer or diabetes. While people still belong to their professional group and get support and knowledge through that route, the multidisciplinary team is the focus for patient-centered care. If you've already started to think about the team or teams you are in, you will probably have found that it is not always clear where a healthcare team begins and ends. Often teams overlap, or a large team contains smaller ones, whether of a particular professional group or one reflecting service delivery. For example an operating theatre team may include the following groups :

- Surgical Team

- Anesthetic Team

These in turn interact with and require support from other teams :

- Sterile services
- Housekeeping
- Laboratories
- Radiology
- Ward staff

Considering who is in your team(s) and how it/ they relate to other teams is a useful exercise in itself. Think about the principal team you work with and how far it extends. You should note the contributions to the team made by other health workers reflecting the needs of patients.

Your Healthcare Team

Think about the principal healthcare team within which you work and decide to what extent it meets the criteria for a real team. Clearly defined team role Clear shared objectives. Members work together to achieve objectives Members have different roles Recognized by outsiders as having a specific function Your team may need to work together on how it can meet the criteria for being a team.

What Makes a Good Team?

Human beings have always worked together in groups – sometimes well and sometimes badly. The characteristics of successful teams are :

1. A meaningful, clearly defined task
2. Clear team objectives and individual targets
3. Regular meetings
4. Regular feedback to individuals and the team's success in achieving objectives
5. The right balance of people
6. Reflexivity – the ability to reflect on team performance and adapt and change
7. The experience of full participation, which reduces stress and may lead to better are
8. Good leadership

6.5.7 Communication within Teams

A good team shows excellent internal and external communication. External communication means keeping the team in touch with what is happening in the wider

organisation, and letting the organisation know about the team - how it's meeting its goals, what resources it needs, how it is innovating, etc. Internal communication is naturally less formal and more constant than external. It involves making sure everyone has a voice - even the silent members of the team - so that risks can be appreciated, problems aired, and the best care given. Sometimes this will involve including the patient or the carer in the team as an honorary member so that they are given the same chance to contribute to any decisions made. It is seen that good teams show higher innovation than poor teams, and communication is a part of this. Where innovation is needed, brainstorming can be a useful way for a team to begin to tackle the problem.

Purpose of Communication

The purpose of communication is to influence action towards the welfare of the organization. The assimilation of information and actions in response to it becomes more and more difficult as the operations enlarge.

Communication is essential for efficient internal functioning of organization because it needed :

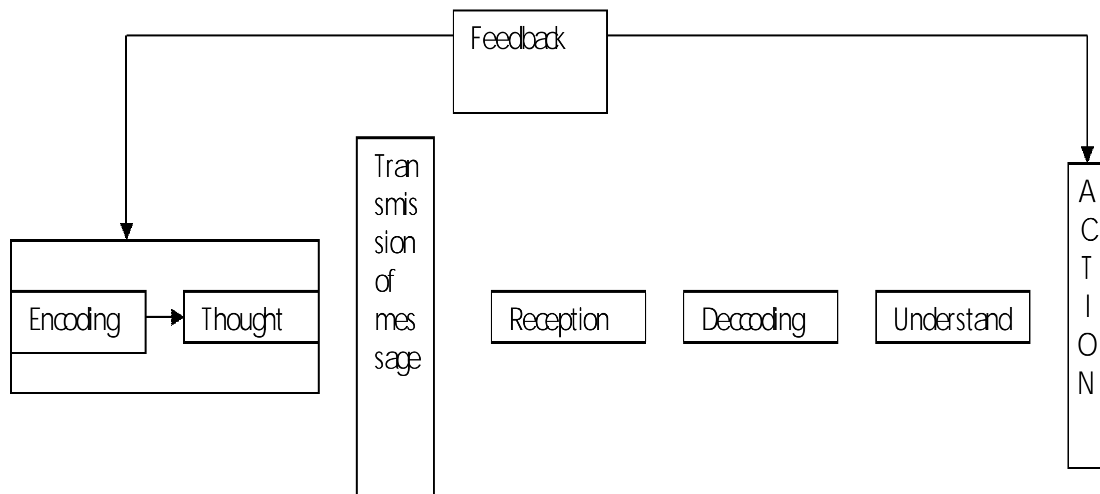
- to disseminate goals and develop plans for their achievement
- to organize resources in the most in the most effective and efficient manner
- to appraise and develop members of the organization
- to lead ,direct, motivate and create a climate in which people want to contribute.

Communication is also essential for dealing with the external environment. Informational exchange permits health care organizations to become aware of the needs of patients and the concern of the community

Communication Process

Communication is a two way process in which every one is both originator and receiver of communication, thus components of the communication process are as follows :

- Sender of the message
- Transmission of message
- Receiver of the message
- Feedback



Communication Flow

In any organization communication flows downward, upward and crosswise.

6.6 Leadership

6.6.1 Leading a Team

Most teams, if they are to function well, will have a leader. Occasionally this person may change for different functions, or it may be a shared role, but generally it has been found that where members are clear about who is the team leader, better teamwork takes place. Leadership is a combination of three things :

1. **Managing the day to day process of the task** – setting the objectives; ensuring that roles are designed to meet them and clear to the individual team members; and evaluating and feeding back on the task, both regarding individuals and the team as a whole.
2. **Developing team members and yourself** – agreeing goals; encouraging active participation and valuing opinions; and giving feedback.
3. **Leading** – representing the team to the rest of the organization; making external links that allow the team to work better; ensuring resources; settling conflicts; and looking to the future.

6.6.2 Leadership Style

There are various ways of classifying and judging leaders. One of the most common division is :

Transactional leaders have power and authority over followers and use it to achieve goals and objectives. The principal components of this here and now' styles are rewards for performance and the management of specific problems and mistakes.

Transformational leaders are forward-looking and seek ways to motivate and develop followers so as to involve them more fully in the process of work. They can initiate change, are entrepreneurial, take risks and are often informal in their relations.

Both types of leadership style will fulfill the "development" role described on the previous screen, but they may do it in different ways. Transactional leadership is better suited to managing established situations, whereas transformational leadership, with its focus on change and improvement, is thought to be better suited to an evolving healthcare service. In fact, within healthcare, where the task of leaders is both to change and develop for the future as well as to ensure targets are met and everyday care provided, leaders probably need either to mix the styles or compensate for their own style by fostering the other style within the team.

6.6.3 The Attributes of Good Leaders

The way that someone leads a team can profoundly influence its performance. In healthcare teams this performance is ultimately about patient care. A number of studies show :

Teams led by authoritarian leaders have poorer functioning teams, yet report fewer errors, suggesting that perhaps lower reporting of errors goes on in poorer teams.

Arrogance, hostility, boastfulness, and being dictatorial in a leader have been shown to cause more team errors.

Teams led by people who promote their own solutions produce more 'group think', discuss fewer facts and reach decisions more quickly.

Leadership style has a strong influence on stress levels within a team.

6.7 Conflict

6.7.1 Reasons for Problems in Teams

Not all teams work well together, and leaders and other team members need to be aware of some of the reasons why things go wrong. Problems within teams may be due to :

'Group think': team members are so tightly knit they fail from misguided loyalty to question each other's assumptions and suggestions, ignoring outside communication and influence, despite individual doubts. These teams feel great to belong to, but this closed way of working has led to several disasters such as the sinking of the Titanic and the destruction of the Challenger space shuttle.

Rivalries: teams are like families and their emotional life can become fraught. Perceptions of unequal workload or unfair hierarchies or even simple dislike of another team member can all lead to conflicts.

Diversity: good teams should be diverse, but it is human nature to prefer to associate with one's peers or with like-minded people. If the advantages of diversity are overlooked, fragmentation and scapegoating may occur within the team. It is the role of everyone within the team, especially the team leader, to stay vigilant to this process, particularly during times when things are not going well.

Self-interest: those who see it to be to their political, economic or social advantage may fail to participate wholeheartedly in the team. Trying to ignore such problems rarely leads to better ways of working in the longer term. Use your reflective notes to think about the teams that you have been in and whether any of these problems occurred. Did anyone point them out so that they could be dealt with?

CONFLICT WITHIN THE TEAM

Conflict is an inevitable part of all relationships and is not in itself an indicator of a poor team; in fact it can lead to positive change. It causes a team to function badly only when it is not addressed. Conflict is a problem for the entire team and should be managed by the whole team, but ultimately by its leader. The conflict needs to be addressed at once. Often when the problem is pointed out early, and discussed, resolution follows. If this is not possible, then dispassionate fact-finding may be necessary, perhaps with the help of an external observer, but remember that some conflicts have nothing underlying them which

could actually be called “a fact”. The aim in solving conflict is to be tough on problems, not on people, so all team members should be treated with respect. Here are some possible aspects of the problem and one suggested leadership solution for each. If these issues occurred in your team what do you think the response could be?

Is one member being blamed for all the team’s problems?

This is often the sign of a dysfunctional team, so look at what else is going wrong before you act.

Is one individual behaving badly?

Think about what you could do differently and let the team know how things might change.

Has the team become divided?

Facing Under-Performance

A supportive team culture encourages members to bring their own difficulties to the team at an early stage where they can often be resolved.Ultimately, however, it is the role of the team leader to recognise individuals who are failing to meet their responsibilities, and to help them.The team leader should talk to the individual and consider these points :

Are they ill?

Is a referral to occupational health necessary?

Are things going wrong for them inside or outside work?

People who are experiencing various life events, like family illness, separation, or financial problems are unlikely to be working at their best, or their safest.

Are there other aspects of the system of working which might be contributing to the problem?

Think about a time when you or another member of your team experienced problems at work or under-performed in some way. Would any of these reasons have been possible causes for their behaviour or yours?

6.7.2 Do’s and don’ts of dealing with conflict

Try to select all the do’s and none of the don’ts for dealing with conflict within a team.

Dismiss difficult team members

Never call on outside help

Tackle problems immediately

Use the problem as a lever for change

Assume you're not part of the problem

6.7.3 Summary

There are various ways in which healthcare staff and patients can work successfully together as a team. We have seen how patient care is affected by the staff member whose well being and satisfaction is influenced by the team which in turn is affected by the style, personality and abilities of its leaders. Leaders at the top of organisations are affected in turn by outside influences such as government policy, the media, and the economic situation. The overriding goal of all teams and everyone within them is safe, high quality patient care. Good teamwork is one of the best ways to achieve this.

Model Question-A
Paper - V

Answer any 5 of the following : **1 × 5 = 5**

Multiple choice questions :

1. Team building can be made effective by :
   a. Understanding differences
   b. Developing trust
   c. Sharing information
   d. All of the above.
2. A 'Mission statement' is based on
   a. How the organization be financially benefited by it.
   b. What image we want in the market.
   c. Who our competitors are.
   d. The mind of the management.
3. A good Organisational Structure should not have :
   a. Simplicity
   b. Flexibility
   c. Maximum possible managerial levels
   d. Clear line of authority.
4. Job Title & Duties form the part of :
   a. Job Description
   b. Job Analysis
   c. Job Specification
   d. Job requirement
5. Which is not a function of the Admission Department
   a. Patient admission
   b. Counseling patients and patient relatives.

c. Making the approximate bills.

d. Keeping relatives updated about the patients conditions.

Answer any 5 of the following : **1 × 5 = 5**

1. Job Description is a written document that describes…………………………......
2. Two important components of Personal details of a patient
3. A difference between a ‘Team’ and a ‘group’.
4. Doctor’s name boards in the OPD should display ………………………………..
5. Name the stages of Team Development
6. Organizational Chart is needed because ………………………………………..
7. Customers come to the OPD for ……………………………………………...
8. Communication is ……………………………………………………………
9. According to William.H.Newman Organization structure is……………………….
10. Components of communication are………………………………………………

SHORT

1. What are major components of Job Description? Define.
2. State Vision & Mission of our Organization?
3. According to William H Newman organizational structure is…………………..
4. What are different types of organizational chart? Explain with diagram.
5. **What are the 6 steps of selection procedure?**
6. “To come together is the beginning. To keep together is progress and to work together is success.”Justify the above thought, emphasizing on how Team Building helps.
7. What are the constituents of an effective team?
8. “Teamwork” is very important in achieving your goals. How?
9. What are the qualities of a good team?
10. “Team Building” How to build winning teams, with example of any TEAM we know of.
11. Difference between a Team and a group.
12. What are the essentials of transforming a work group into a high performance team?

13. How to develop a good Team?
14. What are the barriers to Team Building?
15. What are the characteristics of a successful team leader?
16. What are the stages of Team Development?
17. How do we develop a good team?
18. How do we improve the performance of a Team?
19. Define the role of communication in a Team?
20. Define the following?
    a. Customer
    b. Front Office-Organizational Structure
    c. Customer Service
21. What are the functions of a Front Office in a Hospital?
22. What are the main causes of a customer leaving the hospital services?
23. What do you mean by hospital organizational principle?
24. What do you mean by hospital organizational function?
25. What is the importance of a Reception in a hospital? What are the attributes of a good reception?
26. Write short notes on :

a. Organisation structure
b. Leadership Skills
c. Team

27. Enumerate the role and function of OPD department of hospital?
28. Front Office is the face of any hospital –Prove the statement.
29. Discuss the admission and
30. Enumerate the role and functions of Out Patient Department (OPD) of a Hospital.
31. Describe the various planning considerations to set up an out patient department of a hospital.
32. Is hospital like any other organization? Illustrae.
33. What do you mean by an organization structure and how effective is it in hospitals?

34. What is a “mission & Vision ? How is it developed?
35. State the Mission and Vision statement of any Organization?
36. What is an ‘Organization Structure’? Why is it needed? Explain the features of a good organization structure?
37. .
38. What are the 6 steps of selection procedure? What is the need of a Job Description?
39. Write the Job Description of an OPD Facilitator?
40. Write short notes on
    - Function of front office in hospital
    - Customer Service
    - Front Office –the Face of the Hospital
41. Write short notes on
    - Patient Admission Process
    - Telephone Etiquettes
    - Feedback
    - Front office operation
42. Explain the Billing procedure in a Hospital? Draw the Billing flow chart.
43. Enlist the Barriers to Team Building? What are the characteristics of a successful Team Leader?
44. What are the main causes of a customer leaving the hospital services? What leads to dissatisfied customers?
45. What is the importance of a Reception in a hospital? What are the attributes of a good receptionist?
46. Describe the various planning considerations to set up an Out Patient Department of a hospital.
47. What is the importance of Team Work in Hospitals? Explain with example. What are the Characteristics of an Effective Team?

Model Question-B
Paper -V
Front Office Management

SECTION –A
PART-I

OBJECTIVE TYPE QUESTIONS

1. Fill in the blanks : (1 × 5 = 5)

a) Information desk is located in the ______________________________of the hospital.

b) ________________________has to be signed before a patient is taken into the hospital for any procedures.

c) ______________________letter is given only when a new employee reports for joining.

d) Job description is a written document that describes the ____________, _______________and ____________ of a person.

e) ____________________is essential to improve organizational effectiveness.

f) A good customer service enhances the level of _____________________________.

g) An organization chart represents lines of _____________________and ______________________.

PART - 2

2. Answer any 2 of the following : (20 × 2 = 40)

a) Define Organisation chart according to W.H.Newman? Explain different types of organization chart. (10 + 10 = 20)

Or

b) Enumerate the role and functions of an Out patient Department? Show the flow pattern of patients from reception & enquiry to hospital In-patient area. (10 + 10 = 20)

c) Discuss various planning, location & designing of front office? Illustrate it with diagram. (10 + 10 = 20)

Or

d) What is Job Analysis? Explain the purpose of Job Analysis. (4 + 16 = 20)

e) Discuss the attribute and role of reception. what are various problems arise at reception? (10 + 10 = 20)

Or

f) Write difference between team and Group? How do we test for good teamwork? (10 + 10 = 20)

SECTION - B

PART - 1

Write short notes on (6 × 4 = 24)

1. Hospital Organization –Structure and function
2. Communication In Teams
3. Customer Service
4. Feedback
5. Features Of Reception and Enquiry
6. Job Description
7. Benefits of teamwork
8. Function of Front Office in Hospital

PART - 2

Answer any 3 question: (12 × 3 = 36)

1. Explain what a "mission and a vision statement is with suitable examples is. How is it developed? (6 + 6 = 12)
2. Why is Team Building essential to an organization? Explain the stages of Team Development. (6 + 6 = 12)
3. What is Manpower Planning? Why is it needed? What is the process involved in the selection of staff? (6 + 6 = 12)
4. Enlist the 'Telephone Etiquettes' which a Telephone Operator should have. How should an operator 'Answer calls' and 'make calls' (6 + 6 = 12)
5. Is hospital like any other organization? Illustrate. Discuss about the organizational structure ? (6 + 6 = 12)

6. Discuss the admission procedure in hospital including emergency? (6 + 6 = 12)
7. Define Front Office. Explain with objective and its elements. (4 + 4 + 4 = 12)

SECTION - C

PART - 1

Answer any 5 of the following : **1 × 5 = 5**

Multiple choice questions :

1. Function of the Front Office include
   - ❖ Identify customer needs.
   - ❖ Recognise the reasons for customer complaints.
   - ❖ Maintain customer relationships
   - ❖ All of the above.
2. While registering the patient we require
   - ❖ Personal details
   - ❖ Professional details
   - ❖ History of the disease
   - ❖ Reference letter
3. Which is not a part of Front Office
   - ❖ Registration Counter
   - ❖ Enquiry Counter
   - ❖ Reports Delivery Counter
   - ❖ Medical Records
4. Customer's leane because
   - ❖ Competitive reasons
   - ❖ Rude or discourteous service
   - ❖ Both 1 & 2
   - ❖ None of the above
5. Proper communication leads to
   - ❖ Confusion

- Chaos
- Job satisfaction
- Misunderstanding

PART - 2

Answer any 4 question : (6 × 4 = 24)

1. Expalin the role of Leadership and its style in making team building.
2. Define term" Conflict" .How can conflict be overcome within the team?
3. Discuss and show the flow pattern of patients in OPD/IPD area of patients.
4. What are the various responsibilities of front office staff?
5. What are the essentials of good teamwork? Discuss?
6. Define trust .How do we develop trust in team?
7. Define reception. What do you understand by the professionalism in front office staff?
8. Discuss about various steps of Job Specification. Write Job Specification of GRE (Admission/Telephone Operator)

REFERENCE BOOKS

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Hospital Administration & Human Resource Management	*R.C. Goel*
Patient Satisfaction Pays-	*Stephen W Brown Anne Marie Nelson*

Paper-VI

SPECIALISED SERVICES

Unit 1 □ ADMISSION DEPARTMENT

Structure

1.1 Introduction
1.2 What is Hospital Admission?
1.3 Registration
1.4 Admission
1.5 Functions of admission department
1.6 Responsibilities
1.7 Discharge Process
1.8 Handing Expiry
1.9 Public address System

1.1 Introduction

"A hospital is an integral part of a social and medical organization, the function of which is to provide for the population complete health care, curative and preventive, and outpatient services reach out to the family and its home environment : the hospitals are also a centre for the training of health workers and biosocial research".

"WHO" Definition of Hospitals

All patients get their first impression of the hospitals from the outpatient department. **"It is the point of contact between the hospitals and community and which, in many instances, can make or mar the reputation of the hospitals."**

1.2 What is Hospital Admission?

A hospital admission is simply called full time stay of patient or .The formal acceptance by a hospital or other inpatient health care facility of a patient who is to be provided with room, board, and continuous nursing service in an area of the hospital or facility where patients generally reside at least overnight stay.

Patients are admitted to the hospital for various reasons such as for routine medical treatment, scheduled tests and investigations, procedures on surgery, emergency medical treatment and for better nursing care or for rehabilitative purpose.

Functions of admission department mainly include admission of patient. In some progressive hospitals the functions of this department is enlarged to include reception round the clock enqiry or information and what is called as centralized putting service. This department coordinates patient's arrival,registration,medical records and initial tests.It also makes pre admission reservation of beds and the follow-up of the patients well being and return visits after they are discharged. The efficiency of the department is measured by factors such as the length of time patients must wait during admitting,confidentiality of information, admitting process, system of escorting patients through service departments and to their rooms and finally the demonstrated concern and courtesy of the staff. In some cases,the admitting department may be the patient's first point of contact with the hospital.

Many of the patients who pass through the admitting process are ill and worried. Some of them are physically incapacitated. The patients and those accompanying them are in a state of mental stress. Delay in admission can cause them emotional trauma. It is imperative, therefore that there should be minimum delay between the patient's arrival at the hospitals and his being established in his room. The admission staff are expected to excercise the utmost care,consideration and courtesy in dealing with patients and their relatives, and in meeting their responsibilities with composure, grace and resourcefulness.

1.3 Registration

Before the patient is taken to then for admission procedures. Some information is mandatory to collect from the patient that is called Hospital Registration process. The person's data is recorded into the hospital Intermotion system. This data includes.

<table>
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<td>

- Name of the patient
- Guardians name(Father/ husband's name)
- Date of birth
- Sex

</td>
<td>This data is put into the computer system and an ID, number is created. This entire process is known as registration of the patient</td>
</tr>
</table>

• Marital status • Occupation • Nationality • Religion • Permanent address & Phone number • Name & Address of Next To Kin • Patient ID • Referral Details etc.	

Before registering the patient, it is seen whether the patient is convened under insurance policy or not. If he is covered insurance policy, then he is registered under respective corporate heading for example the patient has the Third Party AGENCY of **Genins India Pvt. Ltd.** then he is registered under TPA of Genins India Pvt. Ltd. for cashless facilities

1.4 Admission

After registration is completed, the process of admission of the patient actually begins. The procedure comprises of selecting the procedure (Reason) for which the patient is getting admitted, selecting a particular Bed and the admitting the patient under the respective doctor.

For all patients, the "next of kin" detail is duly filled up and taking local contact number is mandatory.

After entering the total data in the computer system of the hospital the admission report is-taken out and signed by the patient or his relative.

After the form is duly filled up the patient's relative is given the total information about the staying in the hospital and about the finances involved in it. Then he is asked to go to the Cash Counter with the documents and deposit the initial advance amount.

If the patient is covered by Insurance then he is sent to the corporate desk and informed about the corporate policy details.

After completing all these formalities the patient is taken to the Nursing Station in the respective ward.

Location

The admitting department should be strategically located. Since some of the patients seeking admission, are physically ill, confused or even disoriented, the department should be located in the ground floor of the main hospital building. Other Points to be considered are

a. Situated on the same level as the hospital's main entrance.
b. Be readily identifiable
c. Provided with a sign that can be seen without difficulty from the hospital's main entrance, reception area and the information desk.
d. It should be adjacent or close to emergency service, outpatient department, medical records, laboratory, radiology and the cash counter.
e. The department must have convenient access to or communication with the business office, operating rooms,and administration.Because of the physical condition of some patients like cardiac and obstetrical patients who require immediate care in areas quickly reached by elevators, the department should be located near the main vertical circulation of the hospitals.

Design

Admission and discharge should take place in a pleasant and comfortable environment where the patient is assured privacy and individual attention. Cubicles where in which, the hospital representative can interact with the patient on a one-on-one basis are highly recommended. Special consideration should given to decor, furniture, etc, which should be pleasing to eye.

1.5 Functions of admission department

Admit, transfer and discharge patients.

Interview the patient to collect information needed by the various hospital departments. Generate appropriate patient records. Coordinate admitting with other hospital functions.

Compute and arrange for payment of pre-admission deposit according to the poliy of the institute.

Accept reservation for scheduling future admission.

Manintain the bed index showing current occupancy status of all the patient rooms in order to schedule and assign beds for admission and transfer.

Prepare admission and discharge lists and mid night census.

1.6 Responsibilities

The task of the Admission department doesn't stop with the admission procedure only.

One of the major tasks of the Admission department is to keep the patient relatives updated with every information about the patient's condition. The department also answers to all enquiries about package details of the procedures or the surgeries to be done on the patient.

In case, any accident case comes to the hospital it is the responsibility of the Admission room to intimate the nearby police station about the patient. In case of deaths the Admission room takes care of the deceased patient's relatives. The admission room gives all the information about what to be done next.

1.4 Types of Cases Reporting To Admission

A. MEDICO-LEGAL CASES : Emergency medical officer sends a MLC report stating the detail incident properly signed by on-duty medical officer and the witness. This report is sent to the admission officer who in turn arranges for sending this report to Local Police station. A separate file is maintained for keeping the reports accordingly stamped by the police station (POLICE CASE) in RED COLOUR.

B. FOREIGN PATIENTS-Normally during admitting out station patients, the passport of the patient is checked.

C. CORPORATE PATIENTS : If the patient is a corporate patient (IP-CORPORATE) with the name of the corporate. The photocopy of ID card/insurer card is taken and patient is referred to CORPORATE DESK for formalities. Relatives are informed about the detailed formalities.

1.7 Discharge Process

Discharge is the release of an admitted patient from the hospital. Discharges also include deaths in hospital.

a) The doctor is the sole decider of discharge process when ever he feels that patients condition is stable,he can give discharge order and, he intimates to the discharge station (or personnel), one day prior to the day of discharge.

b) The second situation is also navigated by the doctor, himself. If he notices remarked improvement he takes the spot decision and the rest of the procedures follows.

c) The third situation is a mutual understanding between the patient relatives and the doctor : n commonly called DORB (i.e. Discharge on Risk Bond) and governed by the patient relatives request. The doctor then intimates n discharge station regarding the developments and the remaining processes follows, as usual.)

In the processes seem to be too simple only if carried out in a methodological way. The wider of each situation are described below :

1.8 Handing Expiry

Hospital Death : Hospital death is the Death of any admitted permitted during his or her stay in the hospital.

Policy to handle expiry.

Normally in case of any expiry patient relatives are explained about this by the medical officer and then relatives are sent to admission officer who explains about the formalities they have to undergo to take the handover of the dead body.

Relatives can arrange for the own vehicle to take the body or in need admission office can help them by providing the different phone numbers of dead body carriers

Meanwhile Handover over of original Death Certificate with relevant investigation papers are actually given to relatives when relatives comes with the vehicle and clears all dues bill amount there previous dues if any the Cash Counter.

Relatives have to sign on Expiry Record Register and on the carbon copy of the death certificate declaring relatives have received the original certificate and identified the body while receiving.

1.9 Public address System

or "PA" system is an electronic amplification system with a mixer amplifier and loudspeakers used to reinforce a given sound e.g. a person making a speech prerecorded music or message and distributing the sound throughout a venue.

Simple PA system are often used in small venues such as school auditoriums churches and small bars PA system with a large number of speakers are widely used in institutional and commercial buildings to read announcements or declare states of emergency.

In hospital announcement system is mainly used with certain defined purposes.

- To direct patients relatives who are present in hospital campus
- To direct a patients towards particular department as an when required.
- To call any hospital staff as and when required who is not accessible through mobile phones.
- Any important announcement made to the public as a whole (for example kindly maintain silence in the OPD area.

Unit 2 □ FRONT OFFICE AND PATIENT VISITOR HANDLING

Structure

2.1 Introduction

2.2 Stages of Contact with the Hospital

2.3 Reception/Enquiry

2.4 Staffing Qualities Required

2.5 Reasons For Customer Loss

2.6 Steps To Stay Close To Customer

2.7 Problem Areas

2.8 High Quality of Patient Care

2.9 Responding to customers quickly & efficiently

2.10 Patient Satisfaction

2.1 Introduction

Out paient care was once on the sidelines, and having been originally designed with a limited scope, it offered only basic, minor services. In a significant move all over the world, outpatient care has changed as a major services encompassing a wide range of treatment, diagnostics tests and minor surgeries, some of which required hospitalization earlier. It is a part of the hospital allotted with physical facilities & medicine. It is a high revenue generated area for the hospitals because OP also gets converted to Inpatient also.

2.2 Stages of Contact with the Hospital

An outpatient is the patient's first point of contact with the hospital & entry point into the health care delivery system. Stepping stone of health promotion & disease prevention.

Helps to reduce the number of admission to inpatient wards, thus, conserving scarce bed.

Acts as a filter for inpatient admissions, ensuring that only those patients are admitted who are most likely to benefit from such care. It is the "SHOP **WINDOW" of the hospital.**

✓ **Follows to 'GALPAC' principle in all the front office desk during hadling with the patient.**

G-Greet

A-Ask

L-Listen

P-Praise

A-Advise

C-Cheek

2.3 Reception/Enquiry

It is an essential part for the area of "Reception/Enquiry". First Point of contact between patient and service provider.

- ❖ Here mainly Process of exchange of information between patient and care giver takes place and try to give or clear all the required information and doubts of the patient at one point of contact
- ❖ Creates & maintains a good image of the business.
- ❖ "Reception/Enquiry" is based on verbal & gestural communication
- ❖ Here it is required to give very clear communication & understanding and to explain the patient in their own local language as well about the necessary information.
  - Place to seek information about the location of various departments/counters.
  - All the activities should be service oriented.

2.4 Staffing Qualities Required

GOOD KNOWLEDGE – General Knowledge

WELL EDUCATED–Should be a Graduate, fluent in English, Bengali & Hindi, knowledge of Computer.

PRESENTABLE–Neatly dressed, personal hygiene, self confidence,

Professionally training-Should have professional training on Guest relationship Management /Front office management

NO. OF STAFF & TIME (in General)-Generally front office desk should cover round the clock, but usually front office desk functions office hour timing like 9 am to 5 pm.

2.5 Reasons For Customer Lost

- Ignore the customer/patient relaives.
- Not given prior clear communication about the health status of the patient.
- Creating confusion.
- Fail to return calls or answer.
- Fail to deliver on promises.
- Be rude towards the customer.
- Not listening to them.
- Poor follow-up.
- Treating them as if they were in the wrong.
- Incompetent staff.
- Poor product quality.
- Fail to be available at the right time.

2.6 Steps To Stay Close To Customer

Tell them what's new/what you are offering.

Offer "value customer" discounts or value added service or some previlledges.

Compensate customer for lost time or money if they were caused by problems with your product or service.

Accept returns unconditionally.

Honour your customer's privacy.

Never, ever promises something that you cannot deliver.

Make the customer famous for 15 minutes writing about their success in a newsletter & send a copy to him/her.

Keep lines of communication open try to take follow up information and next visit as well.

Notifying customer of changes concerning their status.

2.7 Problem Areas

- **Prolonged waiting time**
- ✓ Too many patients in relation to doctors.
- ✓ Doctors busy elsewhere at the time of visit.
- ✓ Doctors come late or absent.
- **Prolonged duration**
- ➢ Delays for registration of payment, because–
- ✓ Procedure not streamlined for efficiency.
- ✓ Lack of sufficient staff especially during peak hours.
- ✓ Patient referred by registration staff to wrong consultant.
- **Dissatisfaction with quality of service**
- ✓ Doctors do not spend sufficient time with patient, possibly due to heavy work load.
- **Dissatisfaction with amenities**
- ✓ Insufficient/unclean toilets, drinking water, entry doors, desks.
- ✓ Insufficient sitting arrangement.
- ✓ Non-availability of note- counting machine, false note recognizing machine.

2.8 High Quality of Patient Care

- ❖ Appointing competent and adequate number of medical, nursing and other professional staff.

- ❖ Providing necessary facilities, equipment and support services.
- ❖ Establishing an organizational structure in which clearly defined responsibility and authority are assigned to each job, particularly jobs relating to patient care.
- ❖ Medical staff working as a team and in tandem, interacting with each other and with other health care professionals.
- ❖ Procedure for continuous review of patient care provided by physicians nurses and other professionals.
- ❖ Providing continuing medical and other educational programmes to all professionals.

2.9 Responding to customers quickly & efficiently

- There should be efficient telephone operators who can deliver basic / minor information regarding hospital or schedule of doctor's appointment and leave, without transferring the call to the Reception at the time of busy schedule.
- Monitor the advance booking and telephone booking system by any other staff in the reception
- Having a suggestion box beside the reception desk.
- No broken promises.
- Measure what important to the customer.
- Know exactly what customer want in their relationship with you.
- Divider must be placed, which will help in maintaining the line as well as discipline.
- There should be display of "ELECTRONIC BOARD" where the list of available doctors will be shown.
- Paperless procedure (by using computer).
- Neat & Clean, well decorated counter as it represents the hospital.
- Computerized booking should be there for two alternative days in a week, prove helpful for the distant patient party.
- The staff should be alert about the specialization of each doctor so that they can give proper suggestion/answer to the patient party.

2.10 Patient Satisfaction

A patient is any person who receives medical attention, care, or treatment. The person is most often ill or injured and in need of treatment by a physician or other medical professional, although one who is visiting a physician for a routine check-up may also be viewed as a patient.

Concept of Satisfaction

Satisfaction is an important element in the evaluation stage. It refers to the consumers' state of being adequately rewarded. Adequacy of satisfaction is a result of matching the actual past experience with the expected reward. Patients form certain expectations prior to the visit. Once patients come to the hospital and experience the facilities, they may then become either satisfied or dissatisfied. Satisfaction or dissatisfaction refers to emotional response to the evaluation of service, consumption, experience. It will have five key elements. They are :

1. **Expectations :** The seeds of patient satisfaction are sowed during the pre-purchase phase when consumers develop expectations or beliefs about what they expect to receive from the product. These expectations are carried forward and again activated at the time of reusing.
2. **Performance :** During the usage of services the patients experience the actual product in use and perceive its performance on the dimensions that are important to us.
3. **Comparison :** It will be done after usage with pre-usage expectations.
4. **Confirmation/Disconfirmation :** Comparison of expectations with actual performance results in satisfaction or dissatisfaction.
5. **Discrepancy :** If the performance levels are not equal, discrepancy results

Tips for Generating Patient Satisfaction and Compliance

1. Establish a sense of trust believe in customer delight
2. Uncover Patients' Actual Needs
3. Always follow up

Factors Influencing Patient Satisfaction

Every human being carries a particular set of thoughts, feelings and needs. The wishing list might be of value for those who want to know the real person within the patient. One must admit that there are a lot of things which could be altered. By getting to know the patients a little more to get their views on the care one ought to come closer to what the patients consider as a good care.

It can be said that there are five determinants of patient satisfaction, they are

1. **Reliability :** the ability to perform promised service dependably and accurately.
2. **Responsiveness :** the willingness to help the patients and provide prompt service.
3. **Assurance :** The knowledge and courtesy of employees and their ability to convey trust and confidence.
4. **Empathy :** the provision of caring and individualized attention to patients.
5. **Tangibles :** the appearance of physical facilities, equipment, personal and communication materials.

Unit 3 □ SECTIONS WITH WHICH FRONT OFFICE COMMUNICATES

Structure

3.1 Introduction

3.2 The Functions of inpatient services

3.3 Classification of Ward Accommodation

3.4 Important Consideration of Ward Accommodation

3.5 Ancillary Accommodation

3.6 Classification of ward accommodations

3.7 Public Relations

3.8 Public Relations Officer

3.1 Introduction

The inpatient service area forms approximately l/3rd of whole hospital complex.

3.2 The Functions of inpatient services are

- To provide the highest possible quality of medical and nursing care for an admitted patient.
- To provide necessary equipment, essential drugs and all other stores required for patient care in an organized manner in the ward.
- To provide most comfortable and desirable environment on temporary substitution for home.
- To fulfill all the basic needs in the hospitals like eating, toiletry, sleeping etc.
- To facilitate the visit of attendants and visitors.
- To provides opportunity for training medical, nursing and paramedical staff, besides conducting research work.

3.3 Classification of Ward Accommodation

The inpatient area can be :

- ***General ward***—where patients are admitted without any specific requirement.
- **Specialized** ***ward***—where patients are admitted with the specific objective either by nature of disease or social reasons e.g. ICU, IC CU, Pediatric ward, maternity ward, isolation word, etc.

3.4 Important Consideration of Ward Accommodation

Inpatient care area covers approximately one-third of total hospital area. However, it can be increased to one half in specialized hospitals where Residential accommodation is limited. Approximately 70 to 90 sq. ft. (about 7 sq. m) area is required per bed.

The inpatient area should be located away from main roads and from out-patients department area to avoid disturbance, noise infection. However, the inpatient area should be approachable from supportive services (imaging, laboratory, blood bank, CSSD. etc.) and a good intramural transportation like wide corridors, lifts etc should be planned for effective and efficient movement of patient and staff within the hospital.

The limiting factor in the size of the ward unit is the capacity of the head nurse to supervise and know intimately the nursing care of each patient. Besides that the size of the ward also depend on

1. Type of patient to be served

- Critical care units like ICU, CCU, Post op, burn have small wards where constant attention is required 20 to 30 beds.
- Patient requiring frequent attention, intermediate ward size 40-50 beds.
- For chronic long duration stay patients, the size may be 70-90 beds.

2. Availability of nursing and other staff.
3. Positioning of Nursing Station i.e central, lateral.
4. Close or open ward.

3.5 Ancillary Accommodation

Nursing station is the nerve centre of the ward area should be so located that the nurses can keep watch over as many patients as possible and the distant to the farthest patient should not be too much.

- Nurses room with attached toilet facility. The room should have a cupboard for medicine
- A counter in the open space outside the nurse's room carries out work
- A built-in drug cupboard for daily use medicine House physicians room : A suitable size room with examination couches and wash-hand basin is provided for the doctor on duty.

Clean work like setting up a trolley or a treatment tray for a minor procedure and so on. This is sometimes combined with treatment room.

3.6 Classification of ward accommodations

Primary

- Bed accommodation
- Nursing station
- Treatment room

Auxiliary

- Doctors Room
- Nurses room
- Stors
- Clean Utility

Sanitary

- Toilet block
- Dirty Utility
- House-keeping

Ancillary

- Ward pantry
- Day room
- Conference room
- Stretcher trolley

A. Treatment room

Including special examinations, minor dressings, lumber puncture, and intravenous injections and so on is carried out in this room. This reduces the risk of cross infection, the patient and the doctor receive better facilities and privacy and other patients are not disturbed.

B. Ward Kitchen/Pantry

The major function of the ward kitchen is temporary storage and distribution of meals and the preparation of beverages. The kitchen should be equipped with facilities for hot water, refrigerator, hot case and facilities for storage of crockery and cutlery. This room should have a large sink for washing various articles.

C. Day Room

A place congenial for sitting and relaxing is provided in the ward unit with comfortable chairs and reading material. This place can also be used as dining place and for meeting visitors. A common day room can be provided for two adjacent wards.

D. Stores

A small store room for keeping linen and bulk supply of cleaning material is also provided. Attached to the stores, a space may be provided for patient's lockers where they can keep their personal articles. Dirty utility or sluice room is provided in each ward for cleaning bed pans, urinals, sputum mugs and for storage of stool and urine specimens. It should be fitted with bedpans sink/washer.

E. Janitor's Room

A Janitor's room is provided in each ward for keeping cups, cleaning material and buckets. It should have a large sink for cleaning buckets and other equipment and adequate supply of hot and cold water.

F. Water and Electricity Supplies

Adequate round-the-clock water supply should be available for ward areas, approximately 300 liter of water is required per bed per day.

Light points for ward and ancillary accommodation should be carefully designed. There should not be any glare from the lights. Alternative source of sunlight should be planned. There should be one industry switch for portable X-ray and one each of 15 ampere and 5 ampere in each cubicle for any contingency.

G. Communication

Effective two-way communication should be planned and provided. If hospital is 500 bedded with teaching and research activities, an alternative communication system of paging could also be planned for effective and prompt patient care.

H. Air-conditioning

A centralized positive pressure air-conditioning of hospital inpatient area helps in patient comfort and reducing hospital infection rate.

I. Auxiliary Accommodation

This accommodation includes ward laboratory seminar room, Nurse's rest room, Visitor's room etc. This accommodation is usually, common between 2 and 3 wards or for each floor.

3.7 Public Relations

Due to a growing appreciation of human values coupled with improved socio-economic conditions, the community's expectations from hospitals have undergone a sea change. A hospital is a part of social system. Firstly, it has to deal with professions like doctors, nurses, technicians and other paramedical personnel. Secondly, it has to deal with personnel that are a part of the management services like dietary, laundry, supplies, housekeeping, accounts, watch and ward and so on. Thirdly, it has to deal with the patients, their relatives, visitors and the community at large. Therefore, the hospital must do more than to satisfy its actual customers. Apart from those who are attending as outpatients or are admitted as inpatients, there are all the potential customers in its catchments area who at some future time will need to call on its services.

Public relations are not only a summation of individual relations, but much more. These relations have their origin in the acts and attitudes of every worker and staff member who collectively mould the image of the hospital in the community. Current and ex-patients are the best (or worst) advertisement for a hospital. People cannot resist telling their friends and neighbours about a hospital experience, and from this emerges a series of pictures of the

hospital which together make up its local image. Public relations can be defined as the image of a hospital by the users and their peer groups. The image may be positive or negative, and is a combination of i. impressions of the users and public, ii. attitudes of the people working for the hospital, in. attitudes of hospital administration. The intrinsic needs of each of the above differ. Patients want effective services and satisfaction and a sympathetic approach. Workers (staff) want job satisfaction and recognition by their peers and people. Hospital administration wants efficiency and maximum satisfaction of staff as well as patients.

Complains Related To Patients and Community

- Indifferent care
- Low Quality of care
- Lack of human touch
- Lack of information (About facilities, services, patient's condition
- Lack of sign posting, boards, oral information, guidance, chairs, benches, drinking water
- Less no of toilet facilities
- Delay at almost every step
- Overcrowding and long queues
- Noise
- Poor sanitation
- Behavior of the staff
- Lack of guidance

Methods of promoting good public relation

A. Operative methods are essentially connected with almost every aspect of the hospital's operations, including those that are carried out by such workmen as telephone operators, inquiry office personnel and admission office clerks to mention a few. All those coming in contact with patients, as well as those operating behind the screen share the same burden. The three fundamental ingredients of a hospital's operations are :

(i) Cheerful and courteous behavior,

(ii) Prompt and efficient treatment, and

(iii) Clean surroundings and well-kept appearance of workers.

Some of the important aspects are enumerated below.

1. A high quality of patient care is the *sine quo non* of good public relations. No amount of smiles and propaganda can compensate for poor professional care.
2. Adequate physical facilities with a good functional layout. Adequate waiting areas, toilets, drinking water and refreshment facility in the outpatient department and such facilities which take care of the basic creature comforts of the patients and others.
3. To make others happy, one must be happy himself. Good morale of workers not only increases efficiency, but workers with high morale interact in a positive manner with one another and also with patients and the community. Frustrated doctors, nurses, technicians and paramedical personnel will bring the working of the hospital into disrepute. The least expensive way to improve public relations is to render the service with a smile and cheerful greeting.
4. By placing more emphasis on technology in dealing with the diagnosis and treatment, there must always be a continuous effort not be create other anxieties and concerns, as Florence Nightingale exhorted that the first concern of the hospital is to do patient no harm.
5. Operating efficiency with effective coordination among clinical departments and other supportive services stems from good administration. Organizational structure, policies and procedures, authority and accountability should be clearly understood by each worker.
6. Taking care of sensitive issues such as

a. Many misunderstandings by patients and public originate in the OPD. Efforts should be made to reduce high waiting time of the patients in OPD.

b. The nature of the admission process plays a major part in determining the humanity of the hospital. The procedure may be an administrative triumph, but if it reduces our patient to a barely significant case or number who is an imposition on the high technology medical shrine, the process is a failure.

c. Delay in receiving specimens at the laboratory counter and delay at the dispensary should be curtailed.

d. Casualty department must be organized to deal with any type of casualty, at the same time causing least confusion when a number of relations accompany the patient.

e. Importance of food served hot from the dietary department and of clean and well-pressed linen from the hospital laundry cannot be overemphasized.

7. Taking care of Other activities

The Hospital premises should be kept clean at all times and not only during the morning working hours. Hospital visitors should be dealt with courteously—their visit to a hospital inpatient is of great emotional value to the patient. A member of nursing or medical staff should be available in the ward during visiting hours to answer their queries.

Availability of medico-social workers in a hospital in very beneficial in respect of patients having social problems more than medical problems. Voluntary services by people from the community help to provide emotional support to patients. Such services can run libraries for patients, write letters on behalf of disabled patients and help the nursing staff in carrying out unskilled nursing chores. Perhaps the greatest benefit is that they soon develop an insight into the limitations of the hospital and, by discussing the same with other members of the community, cause a mutual understanding and goodwill between hospital and the community.

B. Communicative Methods

These methods employ means of communication in all possible forms to enable the hospital to convey its message to the public. Some of these are also intermixed with the intramural functions of the hospital and operative methods. The other deals with the media. The communicative methods may be used in the following ways.

1. Making available appropriate information to the patients, their relatives and visitors at enquiry and registration, and also on patients' discharge regarding his or her health status and follow-up. A discharge interview with the attending physician can serve this purpose well.
2. An open-house approach to the visitors without interfering in the routine medical care functions. Large number of visitors to patients cannot be avoided in our peculiar socio-cultural ethos.
3. The queries of the relatives and visitors can be satisfied if a doctor or senior nurse conversant with the ward is made available in the ward during the visiting hours for this purpose.
4. Administrative rounds by hospital administrators at different levels. However, they should be as informal as possible.
5. A provision to listen to verbal complaints instead of insisting or written ones.

6. Written communication : prompt replies to questions.
7. Provision of a suggestion box at an appropriate place.
8. Visual communication—film shows, exhibitions, hospital brochure.
9. Hospital tours by groups such as school teachers and students, housewives and members of women's organisations, peoples' representatives, religious leaders.
10. Holding of an annual "Hospital Day" or open-house day where public can be shown every aspect of the hospital's operations including some of the highly technical functions.
11. Advisory committee—its role should be to suggest to hospital administration the methods to overcome their shortcomings, and interpret the functioning of the hospital to the community.
12. Talks and interviews on radio and television.

In his discussion on the humanisation of the hospital, Lindell has advocated that firstly the misconceptions held by community towards the hospital should be dispelled by breaking down the "trauma", "crisis" and "high technology" associations and by developing the health maintenance and community support images. Secondly, the physical setting should be modified to respect the "human" in the patient by helping him or her to feel significant. The hospital will be humanised if the "human" in the patient is understood and respected. On entering hospitals, people do not cease to be. Individuals with no personalities and, needs and do not cease to interact of their own and become merely body if Indicators for Measuring Public Relations

The following are the means though which the extent of public relations can be gauged.

- Patient satisfaction surveys
- General opinion poll
- Number of complaints received
- Extent of voluntary effort by community
- Turnover of medical staff
- Consistency in attendance by patients
- Donations
- Letters to editors in local papers.
- Inpatients leaving against medical advice (*MA*).

3.8 Public Relations Officer

Few hospital authorities have regarded public relations as a special function calling for the services of an expert. In smaller hospitals, the chief hospitals administrator or his deputy usually assumes this responsibility in dealing with the external agencies, delegating certains functions to others at appropriate levels. However, larger hospital will require a full-time public relations officer.

Additional Important Considerations

A. Communication to the Press

A prudent administrator must get to know the local press. The local press can be the hospital's principle helper in this regard. A hostile press can do a lot of harm. If an editor understands the hospital's problems, he or she can help enormously. However sensational reporting cannot always be prevented. In such cases, it may be worthwhile to hold a press *conference* and be frank. When something has gone seriously wrong and consequences may be of legitimate public concern, to await questions and then provide patchy answers is to -court disaster. Legitimate information must be volunteered as early as possible

Clearance of all material intended for release must be controlled by the chief of public relations who would consult the concerned departmental chief. The material should be put on a format and released in a manner calculated to benefit the hospital. Information regarding the condition of hospital patients, especially VIP's and very serious patients, should be guarded and preferably governed by an approved code. Interviews of patients by the press or taking their photographs should only be permitted if the patient or his or her relatives consent and if it is in the hospital's interest.

B. Medical Information and Information Regarding Patients

Information concerning the medical staff for release for public consumption, except medical papers for professional publications, is required to be cleared by public relations. Needless to say, such information and medical facts should be within the ambit of medical ethics. No information regarding patients should be released without the consent of the patient (for which a consent form must be signed by the patient), and the consent should be "informed consent". All questions about the hospital, its operations and its patients which are likely to be publicly quoted or published must be cleared and replied only by the chief of public relations.

Unit 4 □ MANAGEMENT OF MEDICAL RECORDS

Structure

4.1 Introduction

4.2 Need of Medical Records

4.3 Major Functions of Medical Record

4.4 Planning, Designs

4.5. Job Description of Medical Record Officer (MRO)

4.6 Content of Medical Records

4.7 Completion of Records

4.8 Coding of Medical Records

4.9 Hospital Policy with Regard to Retention/Disposal of Records in the MRD

4.10 Handling of Contaminated Patients Record

4.11 Medical Record Commitee

4.12 Functions and Responsibilities

4.13 Quality Issues in Medical Record Department

4.1 Introduction

Medical Records Department is responsible for keeping patient's medical records safely at all times. It plays an important role in health care institutions as being a referral centre for patient's treatment and care. Success or failure of a health care institution somewhat or rather depends on how well the medical records are managed. More than that, Medical/health records form an essential part of a patient's present and future health care. As a written collection of information about a patient's health and treatment, they are used essentially for the present and continuing care of the patient. In addition, medical records are used in the management and planning of health care facilities and services, for medical research and the production of health care statistics. Doctors, nurses and other health care professionals write up medical/health records so that previous medical

information is available when the patient returns to the health care facility. The medical/ health record must therefore be available. This is the job of the medical record worker. If a medical record cannot be located, the patient may suffer because information, which could be vital for their continuing care, is not available. If the medical/health record cannot be produced when needed for patient care, the medical record system is not working properly and confidence in the overall work of the medical/health record service is affected.

4.2 Need of Medical Records

The need for appropriate, written documentation of patients' treatment in hospitals cannot be brushed aside, because failure to maintain words means failure of duty towards the patient. Medical records through which hospital statistics are generated serve as eyes and ears to the hospital administrator. Medical records are of importance to the hospital for evaluation of its services for better patient care. They also serve as a resource for education and training of physicians and others, also being the basis for clinical research. Research to be effective requires scientifically recorded observations are reflected in the medical record. And, the importance of accurate records for legal purpose is well established. In short, the necessity for maintaining proper medical records by a hospital can be broadly grouped as follows.

Patient's Need

Serves as a story of the patient's passage through hospital, maintaining continuity in that story. It saves time in avoidable investigations if patient is readmitted and may well influence the course of subsequent hospitalization. Physicians now do not always have the time to get acquainted with the family life of a patient. For this reason, a written report of the family history and personal history are necessary. From an economic standpoint, use of medical record by other agencies representing insurance claims, union benefits, unemployment and industrial compensation is of paramount importance to the patient. Information contained in the medical records is often the determining factor in providing the patient with financial support or subsequent medical care for the remainder of his or her life.

Physician's Need

Medical record meets the physicians' needs as :

1. Practice of scientific medicine based on recorded facts,
2. Continuity of medical care,

3. Evaluation of his or her own capabilities and shortcoming, and
4. Effective communication for the medical team.

If adequate in content, records when properly classified can be promptly retrieved for study and research. The progressive physician welcomes an opportunity to use such source material to survey the result of the treatment in a particular disease entity. Frequently a physician will wish to review all cases which he or she has had in the hospital during a given time. The doctor may have a patient, he forgot the details of a previous hospitalization, but by referring to the record of that hospitalization, he or she may ascertain what organ or organs were removed at the time of operation. Also, the physician or the hospital may need to refer to the record of medico legal purpose.

Institution's Need

The hospital benefits as the records help in : Generating hospital statistics.

Teaching and research. Admission control. Planning of service. Improving quality of care. Statistics gathered from medical record show to the hospital administrator whether or not the efforts of physicians supplemented by the hospital facilities are in accordance with reasonable expectations of modern scientific medicine. Liability suits involving hospitals have been on the increase. Therefore, the hospital should be able to bring before the court of law a complete, up-to-date medical record, fully documented, in regard to the patient's illness and treatment. Testimony based on record facts is given a greater consideration than testimony dependent on memory.

Health Authority's Need

The records are important to the public health authorities as they contain reliable information regarding morbidity and mortality patterns of dependent population. National and state health laws require that certain reports be made available regularly to them. Reports like births and deaths, infectious diseases, notifiable diseases, statistics regarding incidence of diseases, and types and number of family planning procedures are constantly required by the government. Without the aid of medical records, this is not possible.

4.3 Major Functions of Medical Record

The functions of the medical record department are :

1. To develop a good medical records system
2. To generate hospital statistics

3. Develop new record system in newer departments,
4. Reporting to state and health agencies,
5. Training, and Research assistance
6. Quality assurance Management

4.4 Planning

LOCATION :

It should be located within easy walking distance from the admitting or outpatient department to ensure that the staff can easily refer files and retrieve records on an emergency basis. Proximity to admitting emergency and OPD eliminates delay in procuring MRs(quick retrieval). Secure surveillance to safeguard medical record information and equipment during non-working hours should also be considered.

Design

Good functional design, logical placement of work areas and a good system of communication among the various sections of the dept. and other depts. are vital it contributes to the attractiveness and efficiency of MRD. Department is designed with the best possible means of transportation of MR through all stages of their use and processing.

Space allocation is determined by departmental services to be provided, equipment and systems to be used and daily workload. The following points should be considered for calculation of space :

1. MRO's room
2. Medical Record Filling room
3. Computing Section(coding and indexing)
4. Statistics Section
5. Asst. Medical Record Technician
6. Storage Area
   a) For forms and stationary
   b) For old records and Active records
   c) For Photostats and duplicates

7. Working area for MRD staff
8. Medical Record Certification
9. Medical Transcription

Temperature, colour and lighting

When designing an office layout, the medical record should also consider environmental factors such as temperature, humidity and ventilation..

SAFETY & SECURITY

Protection from fire :

The entire medical record department, especially the filing area of records and X-rays, should be protected from fire by installing fire extinguishers in key areas. Important documents such as medico legal cases should be preserved in "fire-proof " cabinets. All electrical cords should be covered to avoid short-circuiting.

Safety control :

Necessary safety measures should be taken for the welfare of both the departmental staff and visitors to the department. Filing shelves and other mechanical equipment devices should be well erected to avoid accidents.

Infection control :

Adequate measures should be taken to protect employees from infections and other diseases. Regular medical checkups and examinations should be available to the staff.

WORKING HOURS OF MEDICAL RECORDS DEPARTMENT :

- Medical Record Issue section : 24 Hours
- Office time : 8 AM to 5.30 PM
- After 5 :30 – For Emergency Patients 1 MR clerk would be available round the clock

4.5 Job Description of Medical Record Officer (MRO)

Qualification :-

One Yr. diploma in medical records after university graduation with 3 yrs. Experience in medical records.

University degree in medical records with at least four yrs. experience in medical records.

Duties and Responsibilities of MRO

- To establish, organize and manage a MRD with appropriate systems to provide an effective service in the hospital.
- To develop policies and procedures relating to the MRD in accordance with the Health Directorate/Ministry of Health.
- To assist the MR members in the design and development of different forms required for hospital use.
- To participate and assist in quality assurance, utilization review, infection control and To code & index diseases, surgical operations, and therapeutic procedures according to International Classification of Diseases and Operations or according to criteria set forth by the Health Directorate/Ministry of Health
- To feed the patient care information into the computer for processing, storage, and retrieval when required
- To protect medical records especially medicolegal cases from unauthorised disclosure so as to maintain confidentiality other committees program.
- To prepare monthly statistical reports concerning to the hospital activities carried out ,and to submit to concerned authorities any suggestions for improvements.
- To observe professional ethics and to protect the confidentiality of information from unauthorized persons and to keep medico legal records and under safe custody and to attend court whenever required.
- To select appropriate personnel for MRD and train them for performing their jobs efficiently.
- To prepare and carry out educational training programs.
- To prepare and maintain medical reports ,medical certificates and birth and death registers, and to notify concerned authorities in duly completing the required procedures.
- To effectively carry out registration systems and to control the movement of patient files in order to achieve a unit record.

4.6 Content of Medical Records

Some Important Points about Forms in the Medical Record :

- Forms should all be the same size, usually A4.
- The patient's name and medical record number, and the name of the form should be in the same place on EVERY form.
- Only official forms approved by the administration or Medical Record
- Committee (if there is one) should be included in the medical record
- The following is a sample medical record form. Sections A, B, C, D and E of the sample
- form (see below) remain the same on all forms. Section F is different for every form, as it is where the content of each form is written.

<table>
<tr><td rowspan="3">A

M
A
R
G
I
N

2 cm</td><td colspan="3">B Top margin 1 cm</td></tr>
<tr><td>C Name & logo of hospital

Patient Names
Other patient details</td><td>D
Medical Record Number.
Ward:</td><td rowspan="2">E

N
A
M
E

Of

F
O
R
M

2 cm</td></tr>
<tr><td colspan="2">F
Sections A, B, C, D and E remain the same for all forms.

Content of each different form recorded in this section.</td></tr>
</table>

Medical record folders should be filed on their spine so that the medical record number is clearly visible for filing purposes.

The following should be written on the medical record folder :

- Patient's name;
- Patient's medical record number; and
- Year of last attendance.

The medical record begins with the patient's first admission as an inpatient or attendance as an outpatient (if a combined medical record) to the health care facility. This begins with the collection of identification information, which is recorded on the FRONT SHEET.

4.7 Completion of Records

Physician should use the SOAP/POMR format for record writing

Physicians must complete records prior to the discharge of a patient wherever possible. Otherwise, they must have to visit the MRD periodically to review all these discharged records for completion. In any case ,patient file should not be kept incomplete for more than 30 days .The MRD should ensure that concurrent completion of records for effective coding ,indexing and completion of records.

4.8 Coding of Medical Records

All the patient records including outpatient, inpatient and day care cases have to coded as per the latest International Classification of Diseases and Operations. It shall be the responsibility of the MRD staff to do coding and Indexing of the diseases as per International classification of Disease 10th edition of WHO. Medical Records shall maintain the record of O.T. procedures. The main condition/principal diagnosis and procedure would be coded by the MRO or person given this responsibility. The diagnosis/procedure and code numbers are entered into each individual patient's admission record via a computer terminal.

4.9 Hospital Policy with Regard to Retention/Disposal of Records in the MRD

1. Out-patient records not linked with in-patient records to be preserved for 5 years.
2. Out-patient records linked with in-patient records to be preserved for 10 years.

POLICY REGARDING DESTRUCTION OF FILES :

On completion of the above time limit the Medical records shall be destroyed by shredding.

REPORTS TO GOVERNMENT AGENCIES :

Medical records department shall be responsible to coordinate with various departments of the hospital and sending the following reports to Government as per formats provide by Government.

ASSEMBLING OF FORMS IN THE MEDICAL RECORD FOLDER

The arrangements of the forms within the folder would be as follows :

1) **Outpatient :** Will Contain outpatient form and outpatient follow-up in chronological order, other forms added as required
2) **Correspondence :** Will Contain referral letter form ,admission request form, consultation form ,consent to operations and investigations ,preoperative checklist, birth notification, A/E report ,medical report ,infection control form and incident report.
3) **Investigations :** Will Contain laboratory mount sheets in which all laboratory reports would be mounted in chronological record ,X-ray mount sheets with all radiology reports mounted in chronological order,ECG,EEG and ultrasound examinations forms and any other diagnostic investigation reports (other than those stipulated above) which is to be kept in the following order : **1. Lab report 2. X-Ray 3. ECG 4. EEG**
4) **Inpatient :** Will contain admission and discharge sheets ,history and physical examination reports ,progress notes ,physicians orders ,anaesthesia records, operation report forms, recovery records, growth records, vital signs records and discharge summaries with the most remote admission filed on the bottom and the most recent admission filed on top.

POLICY REGARDING MEDICAL RECORDS TO OPD

- **Retrieval and Issue of files :** Only Out Patient Medical record shall be issued to OPD and Emergency for patient follow-up visit
- **Time limit :** Files shall be returned back to MRD within 03 days (Except where the patient get admitted)
- **Appointment files :** Every evening, the list of patients who have taken appointment for the next day shall be provided by OPD. Medical Records shall deliver the file in the morning between 8 AM to 8.15 AM to respective OPD.
- **Walk in patients :** Medical Records shall provide files within 30 Minutes of receiving call from OPD.
- **Receiving of files from OPD :** OPD shall send all the files in the evening between 5:00PM– 9:00 PM to Medical Records Department after entering patient details in dispatch register. Night duty staff at Medical Records shall receive the files and acknowledge the same Night duty staff shall number the files and replace them in their respective racks.
- Medical Records shall maintain the record of files issued to OPD. In case file is not returned to Medical Records, reminders shall be issued .If not next higher authority shall be informed.
- OPD staff shall return all new registration patient records to Medical Records within 03 days. No separate reminder shall be issued to OPD patient records for new registration.

POLICY REGARDING MEDICAL RECORDS TO IPD

Discharge files shall be returned to MRD within 72 hours of discharge/death of the patient. Medical records duly completed shall be sent to MRD by the ward secretaries between 9 AM to 4PM. including X-ray, MRI, and C.T reports for MLC and ICU charts for ICU cases. All the papers in the file i.e. Progress sheets Nurses sheets etc shall be placed date wise. At the time of discharge ward secretaries shall send IP and OP files together. OP file of a patient shall contain a copy of discharge summary and Investigation reports.

Reports of MLC cases : First X-ray, CT, MRI films with report for the MLC registered at our hospital shall be sent to MRD as it is needed by court at later date. However a copy of these reports shall be handed over to patient/ relatives. All other

reports shall be handed over to patient/attendant and a copy of all the reports shall be put in the files by concerned ward secretary.

Authority to make entries in the patient record : All care providers involved in the treatment of patients i.e. doctors, nurses, dieticians, physiotherapy; medical social worker, psychologist can make entries in his/her record during the course of his treatment. All entries shall have date and time and have signature with name mentioned clearly.

Emergency department : shall send all O.P., I.P., M.L.C and death cases record to MRD separately on a day-to-day basis so that completeness and security of file can be maintained.

ALL MEDICAL RECORDS FILES SHALL BE ASSEMBLED AND CHECKED AS PER FOLLOWING CHECKLIST

- ✓ Face sheet/registration record
- ✓ Authorisation form
- ✓ Content for release of information
- ✓ Special content
- ✓ Clinical data
- ✓ Face sheet or registration form
- ✓ History and physical examination chart
- ✓ Provisional diagnosis form
- ✓ Doctor's orders
- ✓ Progress notes
- ✓ Investigation chart
- ✓ Consultation request form
- ✓ Operation notes
- ✓ Anaesthesia report
- ✓ Post operative orders
- ✓ Discharge summery
- ✓ TPR or clinical chart
- ✓ Nurses' treatment chart
- ✓ Nurses' chart

- ✓ ICU notes
- ✓ Physiotherapy notes
- ✓ Medical laboratory reports
- ✓ Medico-legal registration form
- ✓ Misc.reports and autopsy report(if applicable)

VERIFICATION AND ISSUE OF RECORD BY TPA'S :

In case any patient record is required to be verified by Insurance company /TPA's. Medical Records shall coordinate with them for the same on submission of the following documents :

1) Consent of the patient/ attendant (Original/Photocopies)
2) Authority letter from Company for verification of record.
3) Payment of fee as prescribed.

ISSUE OF PHOTOCOPIES OF RECORD :

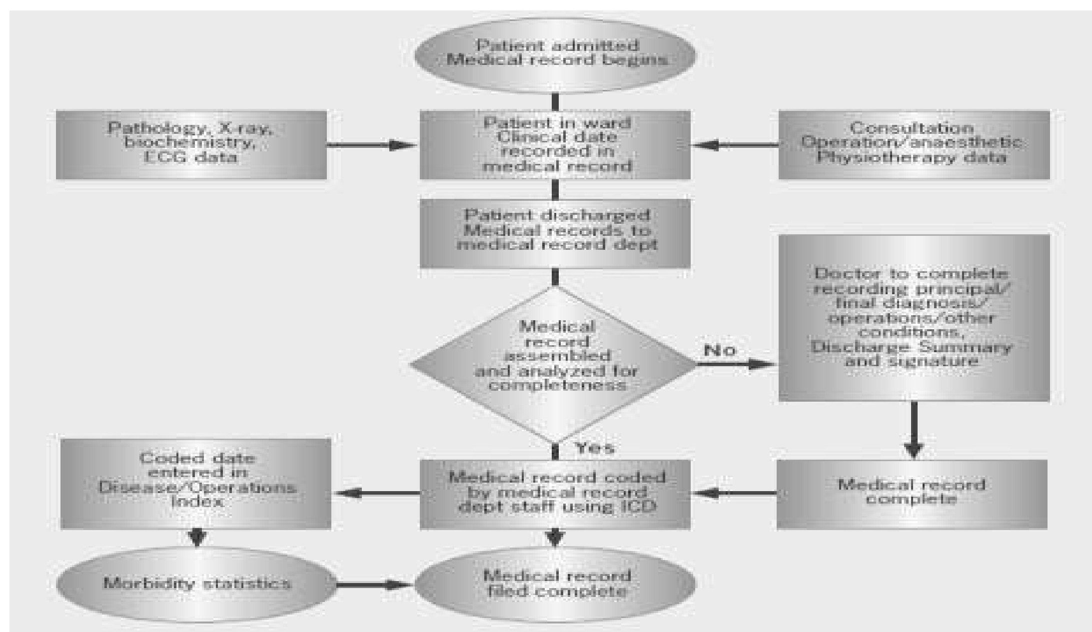
In case patient/attendant require a photocopy of patients record, Medical Records shall coordinate with Director Medical Services and make arrangement to provide the same on payment of prescribed hospital fee.

4.10 Handling Of Contaminated Patients Record

Any file or written record contaminated due to fall of blood or body fluid is to be handled in following manner :

1) File is to be handled after wearing gloves and mask.
2) It should be sealed in a plastic bag and sent to Medical Records along with an incident report
3) Photocopy of the affected record is to be done.
4) Photocopy machine should be clean with disinfectant.
5) Original shall be sent for disposal after it is certified by MRO.
6) The Photocopy machine should be cleaned with Isopropyl Alcohol/Ethyl Alcohol.
7) An intimation of such record should be communicated to MS.

The flow of data from the patients admission to the return of the medical record to file :



4.11 Medical Record Commitee

An active Medical Record Committee act as a liaison between the MRO. Such a Committee, with a strong Chairperson, can do much to stimulate interest in developing and maintaining a high standard of medical records and medical record services

4.12 Functions and Responsibilities

The Medical Record Committee cannot perform efficiently without rules and regulations. These need to be clearly defined and recorded and understood by all medical staff. Functions and responsibilities of the Medical Record Committee include :

- Review of medical records to ensure that they are accurate, clinically pertinent, complete and readily available for continuing patient care, medico-legal requirements, and medical research.

- Ensure that medical staff complete all the medical records of patients under their care by recording a discharge diagnosis and writing a discharge summary (where required) for each discharged patient within a specified period of time.
- Determine the standards and policies for the medical record and the medical record services of the health care facility.
- Recommend action when problems arise in relation to medical records and the medical record service.
- Determine the format of the medical record and approve and control the introduction of new medical record forms used in the health care facility (all forms should be cleared by the Medical Record Committee before being put into use).
- Assist and support the MRO in liaising with other staff/departments in the health care facility.

4.13 Quality Issues in Medical Record Department

As the Medical Record Department has a connection with most other departments within the facility, the medical record is the best place to check the medical care and treatment of the patient. It should be noted that quality checking of the medical record often results in action being required by staff outside the Medical Record Department. One approach to quality checking is for the MRO to ask staff from other departments to check the services of the Medical Record Department using a check-list. The results of these quality checks (or audits) are kept on a chart (or graph) in the Medical Record Department. The various Medical record indicators are being monitored and reviewed on regular basis like, Medical record completeness compliance, availability of medical records department wise within time frame etc. These should also be presented to the Medical Record Committee for review. As the results improve, the figures on the chart are a source of pride for the Medical Record Department staff. This process is often the beginning of a reciprocal quality-checking program with other departments, which could result in an improvement in the quality of procedures throughout the health care facility.

Unit 5 □ MEDICAL TRANSCRIPTIONS

Structure

5.1 Definition

5.2 Overview

5.3 Medical Transcription Process

5.4 Medical Transcription as a Profession

5.5 Curriculum Requirements, Skills and Abilities

5.6 Basic MT Knowledge, Skills and Abilities

5.7 Duties and Responsibilities

5.8 Future of Medical Transcription

5.1 Definition

Medical transcription, also known as MT, is an allied health profession, which deals in the process of transcription, or converting voice-recorded reports as dictated by physicians or other healthcare professionals, into text format. Very simply, medical transcription is the transcribing (typing) of doctor's reports from dictated audio files.

In the past, these medical reports consisted of very abbreviated handwritten notes that were added in the patient's file for interpretation by the primary physician who is responsible for the treatment. Ultimately, this mess of handwritten notes and typed reports was consolidated into a single patient file and physically stored along with thousands of other patient records in a wall of filing cabinets in the medical records department. Whenever the need arose to review the records of a specific patient, the patient's file would be retrieved from the filing cabinet and delivered to the requesting physician. To enhance this manual process, many medical record documents were produced in duplicate or triplicate by means of carbon copy.

In recent years, medical records have changed considerably. Although many physicians and hospitals still maintain paper records, there is a drive for electronic records. Filing cabinets are giving way to desktop computers connected to powerful

servers, where patient records are processed and archived digitally. This digital format allows for immediate remote access by any physician who is authorized to review the patient information. Reports are stored electronically and printed selectively as the need arises.

5.2 Overview

Pertinent, up-to-date, confidential patient information is converted to a written text document by a medical transcriptionist (MT). This text may be printed and placed in the patient's record and/or retained only in its electronic format. Medical transcription can be performed by MTs who are employees in a hospital or who work at home as telecommuting employees for the hospital; by MTs working as telecommuting employees or independent contractors for an outsourced service that performs the work offsite under contract to a hospital, clinic, physician group or other healthcare provider; or by MTs working directly for the providers of service (doctors or their group practices) either onsite or telecommuting as employees or contractors.

Hospital facilities often prefer electronic storage of medical records due to the sheer volume of hospital patients and the accompanying paperwork.

The electronic storage in their database gives immediate access to subsequent departments or providers regarding the patient's care to date, notation of previous or present medications, notification of allergies, and establishes a history on the patient to facilitate healthcare delivery regardless of geographical distance or location.

The term transcript or "report" as it is more commonly called, is used as the name of the document (electronic or physical hard copy) which results from the medical transcription process, normally in reference to the healthcare professional's specific encounter with a patient on a specific date of service. This report is referred to by many as a "medical record". Each specific transcribed record or report, with its own specific date of service, is then merged and becomes part of the larger patient record commonly known as the patient's medical history. This record is often called the patient's chart in a hospital setting.

Medical transcription encompasses the MT, performing document typing and formatting functions according to an established criteria or format, transcribing the spoken word of the patient's care information into a written, easily readable form. MT

requires correct spelling of all terms and words, (occasionally) correcting medical terminology or dictation errors. MTs also edit the transcribed documents, print or return the completed documents in a timely fashion. All transcription reports must comply with medico-legal concerns, policies and procedures, and laws under patient confidentiality.

Medical transcription is still the primary mechanism for a physician to clearly communicate with other healthcare providers who access the patient record, to advise them on the state of the patient's health and past/current treatment, and to assure continuity of care. More recently, following Federal and State Disability Act changes, a written report (IME) became a requirement for documentation of a medical bill or an application for Workers' Compensation (or continuation thereof) insurance benefits based on requirements of Federal and State agencies.

5.3 The Medical Transcription Process

- When the patient visits a doctor, the doctor spends time with the patient discussing his medical problems, including past history and/or problems.
- The doctor performs a physical examination and may request various laboratory or diagnostic studies; will make a diagnosis or differential diagnoses, then decides on a plan of treatment for the patient, which is discussed and explained to the patient, with instructions provided.
- After the patient leaves the office, the doctor uses a voice-recording device to record the information about the patient encounter. This information may be recorded into a hand-held cassette recorder or into a regular telephone, dialed into a central server located in the hospital or transcription service office, which will 'hold' the report for the transcriptionist.
- This report is then accessed by a medical transcriptionist, it clearly received as a voice file or cassette recording, who then listens to the dictation and transcribes it into the required format for the medical record, and of which this medical record is considered a legal document.
- The next time the patient visits the doctor, the doctor will call for the medical record or the patient's entire chart, which will contain all reports from previous encounters. The doctor can on occasion refill the patient's medications after seeing

only the medical record, although doctors prefer to not refill prescriptions without seeing the patient to establish if anything has changed.

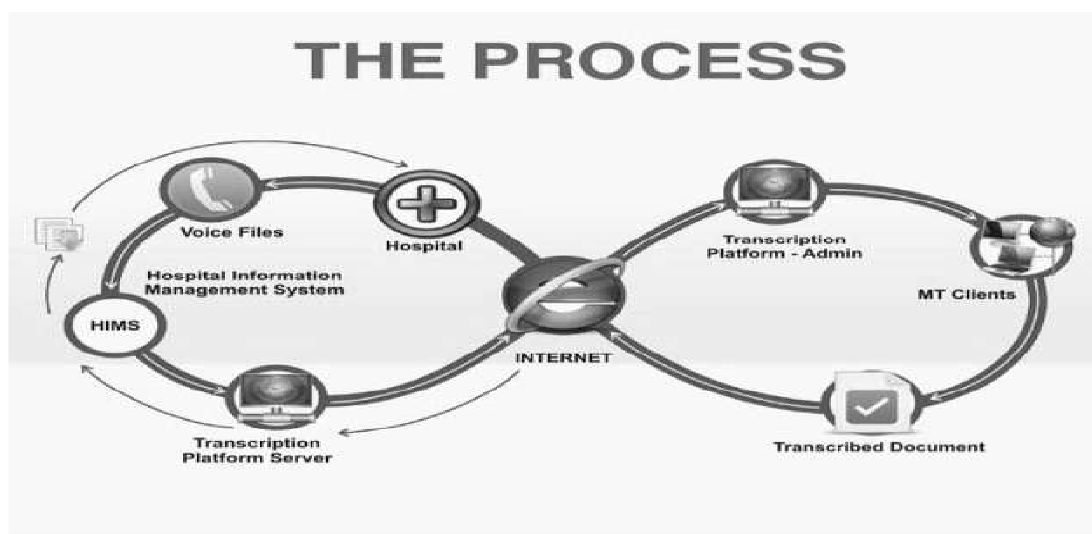
- It is very important to have a properly formatted, edited, and reviewed medical transcription document.
- If a medical transcriptionist accidentally typed a wrong medication or the wrong diagnosis, the patient could be at risk if the doctor (or his designee) did not review the document for accuracy.
- Both the Doctor and the medical transcriptionist play an important role to make sure the transcribed dictation is correct and accurate.

The Doctor should speak slowly and concisely, especially when dictating medications or details of diseases and conditions, and the medical transcriptionist must possess hearing acuity, medical knowledge, and good reading comprehension in addition to checking references when in doubt.

However, some doctors do not review their transcribed reports for accuracy, and the computer attaches an electronic signature with the disclaimer that a report is "dictated but not read". This electronic signature is readily acceptable in a legal sense. The Transcriptionist is bound to transcribe verbatim (exactly what is said) and make no changes, but has the option to flag any report inconsistencies. On some occasions, the doctors do not speak clearly, or voice files are garbled. Some doctors are, unfortunately, time-challenged and need to dictate their reports quickly (as in ER Reports). In addition, there are many regional or national accents and (mis)pronunciations of words the MT must contend with. It is imperative and a large part of the job of the Transcriptionist to look up the correct spelling of complex medical terms, medications, obvious dosage or dictation errors, and when in doubt should "flag" a report. A "flag" on a report requires the dictator (or his designee) to fill in a blank on a finished report, which has been returned to him, before it is considered complete. Transcriptionists are never, ever permitted to guess, or 'just put in anything' in a report transcription. Furthermore, medicine is constantly changing. New equipment, new medical devices, and new medications come on the market on a daily basis, and the Medical Transcriptionist needs to be creative and to tenaciously research (quickly) to find these new words. An MT needs to have access to, or keep on hand, an up-to-date library to quickly facilitate the insertion of a correctly spelled device.

The process in nutshell can be described as following

- Dictations are recorded via hand-held devices (recorder) or telephone connected to computer; the computer records the entire dictation.
- Dictations transferred via internet using file transfer protocol, email or any other suitable transfer method
- Reports are transcribed in suggested format (usually word/doc format)
- Transferred back via internet either through secured file transfer protocol system or any other suggested method.



There are three aspects to ensuring quality by client companies :

- Right people
- Right process
- Right infrastructure

However, there is a volatile controversy on whether medical transcription work should be outsourced, mainly due to three reasons :

5.4 Medical Transcription as a Profession

An individual who performs medical transcription is known as a *medical transcriptionist* or an *MT*. The equipment the MT uses is called a *medical transcriber*. A medical

transcriptionist is the person responsible for converting the patient's medical records into typewritten format rather than handwritten, the latter more prone to misinterpretation by other healthcare providers. The term *transcriber* describes the electronic equipment used in performing medical transcription, e.g., a cassette player with foot controls operated by the MT for report playback and transcription.

There are no "formal" educational requirements to be a medical transcriptionist. Education and training can be obtained through traditional schooling, certificate or diploma programs, distance learning, and/or on-the-job training offered in some hospitals, although there are countries currently employing transcriptionists that require 18 months to 2 years of specialized MT training. Working in medical transcription leads to a mastery in medical terminology and editing, MT ability to listen and type simultaneously, utilization of playback controls on the transcriber (machine), and use of foot pedal to play and adjust dictations - all while maintaining a steady rhythm of execution.

In nutshell, with some variations depending on work environment, there are the basic job duties included in the medical transcriptionist job description :

- Receiving Prerecorded Audio Notes from Physician Procedures
- Reviewing Audio Recordings for Content
- Transcribing Recordings to Type-Written Format using Keyboard, Computer, and Audio Control Equipment
- Submitting Transcribed Documents for Inclusion in Official Hospital Records
- Reviewing Transcribed Documents for Accuracy

Medical transcriptionists who work in doctors' offices may have other duties, such as answering phones or greeting patients.

5.5 Curricular Requirements, Skills and Abilities

- High school diploma or GED, plus range of 1 to 3 years experience that is directly related to the duties and responsibilities specified, and dependent on the employer (working directly for a physician or in hospital facility).
- Knowledge of medical terminology.
- Above-average spelling, grammar, communication and memory skills.
- Ability to sort, check, count, and verify numbers with accuracy.

- Skill in the use and operation of basic office equipment/computer; eye/hand/foot coordination.
- Ability to follow verbal and written instructions.
- Records maintenance skills or ability.
- Good to above-average typing skills.

5.6 Basic MT Knowledge, Skills and Abilities

- Knowledge of basic to advanced medical terminology is essential.
- Knowledge of Anatomy and Physiology.
- Knowledge of disease processes.
- Knowledge of Medical Style and Grammar.
- Average verbal communication skills.
- Above-average memory skills.
- Ability to sort, check, counts, and verify numbers with accuracy.
- Demonstrated skill in the use and operation of basic office equipment/computer.
- Ability to follow verbal and written instructions.
- Records maintenance skills or ability.
- Above-average typing skills.
- Knowledge and experience transcribing (from training or real report work) in the Basic Four work types : History and Physical Exam, Consultation, Operative Report, and Discharge Summary.
- Knowledge of and proper application of grammar.
- Knowledge of and use of correct punctuation and capitalization rules.
- Demonstrated MT proficiencies in multiple report types and multiple specialties.

5.7 Duties and Responsibilities

- Accurately transcribes the patient-identifying information such as name and Medical Records.

- Transcribes accurately, utilizing correct punctuation, grammar and spelling, and edits for inconsistencies.
- Maintains/consults references for medical procedures and terminology.
- Keeps a transcription log.
- In some countries, MTs may sort, copy, prepare, assemble, and file records and charts (though in the United States (US) the filing of charts and records are most often assigned to Medical Records Techs in Hospitals or Secretaries in Doctor offices).
- Distributes transcribed reports and collects dictation tapes.
- Follows up on physicians' missing and/or late dictation, returns printed or electronic report in a timely fashion.
- Performs quality assurance check.
- May maintain disk and disk backup system.
- May sometime order supplies and report equipment operational problems
- May sometime collect, tabulate, and generate reports on statistical data, as appropriate.

5.8 The Future of Medical Transcription

The medical transcription industry will continue to undergo metamorphosis based on many contributing factors like advancement in technology, practice workflow, regulations etc. The evolution toward the electronic patient record demonstrates that, over time, documentation habits will change either through standards and regulations or through personal preferences. Until recently, there were few standards and regulations that MTs and their employers had to meet. First, we had the Health Insurance Portability and Accountability Act (HIPAA). It wasn't long ago "experts" stated that HIPAA would not have any effect on the medical transcription industry. Either in a state of denial or ignorance of the law, many transcriptionists and companies has continued on their existing course of providing medical transcription. Many providers are concerned that the majority of the transcription industry will not be able to meet several specific requirements : namely, access

controls, policies and procedures, and audits of access to the patient information. Without the knowledge or resources to comply, many in the industry are claiming to comply and signing their Business Associates Agreements without taking the security measures required. Many are uninformed, and some are choosing to remain so, believing that the world of transcription cannot possibly be expected to make these adaptations. The fact is that the employers will demand HIPAA compliance and will change employees and contractors when they don't get it.

Model Questions
Paper-VI

Admission Department

1. What is the procedure of admitting a patient in a hospital? What are the various types of cases reporting to admission?

Front office and patient visitor handling

1. Define Front office in a hospital. What is the importance of a front office in a hospital? What are the problems commonly faced in a front office of a hospital?
2. What is patient satisfaction? How it is evaluated? How patient care can be improved continuously in a hospital?

Sections with which front office communicates

1. What is public relation? What are its aims and activities? What are the two important methods of promoting good public relations in a hospital?
2. What are the major functions of inpatient services of a hospital? Write down important parameters of its planning, designing and physical facilities.
3. What are the basic types of wards in a hospital? Explain in detail.

Concept of Medical Transcription

1. What is medical transcription? What are the curricular requirements, skills and abilities of a transcriptionist? Explain the medical transcription process.
2. What are the Basic MT knowledge, skills and abilities of a medical transcriptionist? Elaborate on Duties and responsibilities of a transcriptionist.

Management of Medical Records

1. Define medical record. What is its importance?
2. What are the major functions of a medical records department in a hospital?

Short Notes

A. Discharge procedure

B. Public address system

C. Data entered in a admission report

D. Steps in generation of loyal customer for the hospital

E. Communication with the press

F. Complains related to patients and community commonly handled by PRO

G. Outsourcing of medical transcription

H. MLC

I. Retention of medical records

References

1. B. M Sakharkar Principles of Hospital Administration and Planning
2. G.D. Kunders, Hospitals, Facility, Planning and Management
3. Shakti Gupta & Sunil Kant, Modern Trends of Hospital Management
4. Hospital Management, Mc.Gibony

Help has been taken from :

1. Internet
2. Associated Journals

NOTES