INPATIENT DEPARTMENT & WARD MANAGEMENT

INPATIENT DEPARTMENT

- In IPD patients are admitted for medical condition require care and attention
- The main difference between IPD and OPD patient is that an OPD patient does not stay overnight in the hospital
- Who is admitted in an inpatient department (IPD)? outpatient department, emergency or a referral patient for a planned procedure.

Functions

•Quality medical and nursing care
•Provision of essential equipment, drugs and other material required for patient care
•To provide comfortable and desirable environment
•To provide facilities for visitors
•To provide job satisfaction among healthcare professional
•High level of patient satisfaction
•To provide opportunity for Education, Training and Research

FACTORS AFFECTING PLANNING OF THE WARD

HOSPITAL POLICY & PLANS

FUNCTION & LOCATION

RESLATIONSHIP WITH OTHER DEPARTMENTS

STAFFING PATTERN

WORKFLOW

COMMUNICATION

SAFETY ISSUE

BED PLANNING

Policy of the hospital

- Type of specialty
- Horizontal/Vertical

Location

- Should be Located Away from General Traffic
- On the Side or Backside of Hospital
- Direct Access from OPD. Emergency and OT
- Ward Should have Single Entry
- Wide Corridors, Lifts, Ramps, Staircases

Physical Facilities

•Space required per:- 1) bed-70 sq ft
2) ICU bed-140 sq ft

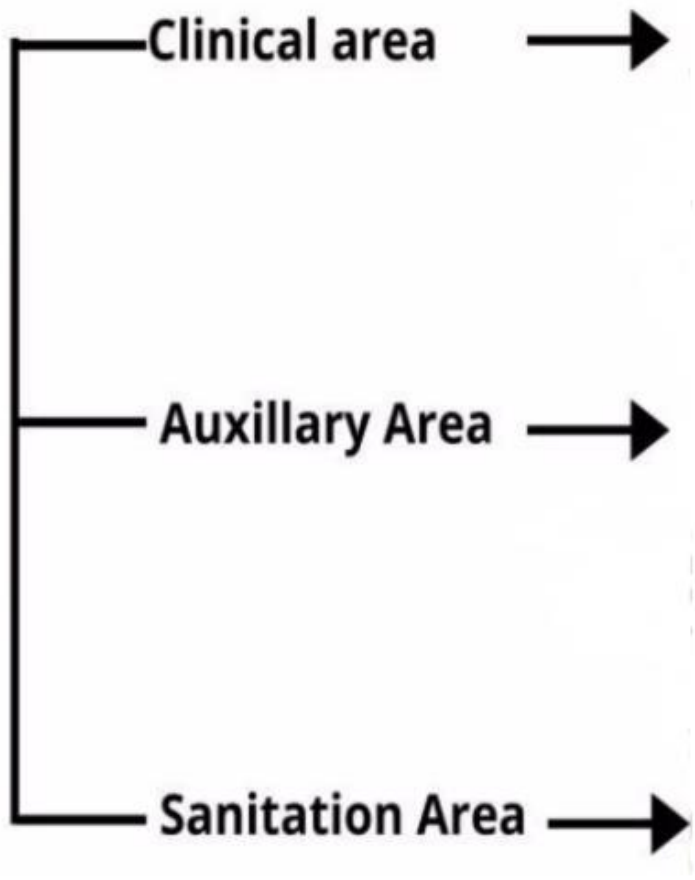
•Room with:- 1) Single bed-140 sq ft
2) Two beds-210 sq ft

•Distance between:- 1) Two beds-5 ft
2) head & wall-1 ft
3) two rows of bed-4 ft

•Ceiling Height-2.6 meters from floor to Fan/Beams
•Width of corridor-2.4 meters to permit Stretchers
•Windows-20 percent of the floor area
•Doors-1.2 meters in width
•Dado-1.2 meters height

$$\text{BED} = \frac{A \times S \times 100}{365 \times PO}$$

NURSING UNIT AREA

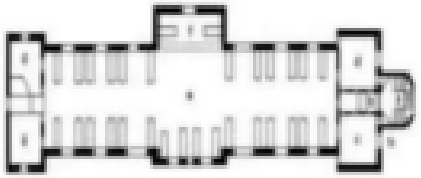


- Open wards
- Rig wards
- Private room
- Nursing station
- Treatment room

- Day Room
- Pantry
- Dirty utillity room
- Store room
- Isolation room
- Water electricity supply and air conditioning

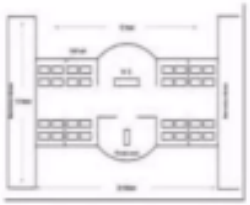
- Toilets
- Bathrooms
- Uninals
- Janitor's closets

OPEN WARDS



- Nurses have view of all the patients
- Economic to construct and maintain
- Lack of privacy
- Traffic causing disturbance
- Fatigue factor
- Cross Infection
- Serious patients closer to nursesation exprience more disturbance

RIG WARDS



- No direct observation of some patients
- Costly to build and maintain
- More nurses are required
- More privacy
- Less chance of cross infection
- Less fatigue

PRIVATE ROOM

- 1/2/4 bed rooms
- Costly for patients
- Maximum privacy to patients and attendants
- Lack of observational monitoring

AUXILLARY ARE A-DAY ROOM

- Room in a hospital where patient can go to read, watch television, etc.
- Innovation to avoid loneliness, bed sores, early ambulatory.
- Ypsilanti State Hospital- introduced in 1931
- Create atmosphere for healthful stimulating effect on sick minded patient- case study proven.
- Forbes mentioned day room as a necessary area for patient in hospital.

AUXILLARY AREA-PANTRY

- New normal is outsourcing & partnership with food banks of private hospitals for food delivery to patients.
- Cost effective Outsourcing company follow guidelines for quality control.
- Culture of Food pharmacies trending
- Complimentary meal for attendants too
- Prescription for healthy food after discharge

AUXILLARY AREA-DIRTY UTILITY

- critical function regarding infection control
- Creating a clear workflow between stations
- USES: Softeners & rinse agents Detergents, Suction lance system
- prevents cross-contamination between areas where medical supplies are used.
- effective infection control strategy
- CLEAN utility room also present storage purpose
- Machines: Macerators & bedpan washer disinfectors & ha nds-free operation, anti-microbial coatings and auto-disinfect cycles.

AUXILLARY AREA- STORAGE AREA

- FOR STORAGE PURPOSE
- frequency of use of supplies in your facility, the number of users, cost of the materials that move through the closets, and the impact to patients, use & locale.
- Japanese 5S approach used:
- Sort,
- Set in order
- Shine
- Standardize
- Sustain
- Safety.
- Innovation: Mobile shelving units, eliminating aisles and compacting cabinets or shelving.

AUXILLARY AREA- ISOLATION ROOM

- Prevent airborne diseases
- PRE-REQUISITES IN ISOLATION ROOM:
- Thorough Hand washing before & after entering
- hospital workers must wear masks, gowns, and gloves
- Children prohibited. People who have colds, the flu, or other illnesses won't be allowed.
- ANATOMY of isolation room
- Personal Protective Equipment (PPE),
- Engineered Environments-Air, Water and Waste, Advanced technology can be deployed to help destroy germs inside isolation rooms(copper alloys and EOS, an engineered hard surface containing coger oxide.)
- A minimum of 12 air-flow changes
- Recirculation of air through HEPA filters

WATER, ELECTRICITY & AIR CONDITIONING

- Less than 100 beds-350 litre & more than 100=400 litre
- KAYAKALP SCHEME FOR HEALTHCARE- Maintenance following periodic maintenance plan of the hospital (leakage & water conservation)
- Follow Emergency Water Supply Planning Guide for Hospitals and Healthcare Facilities –CDC
- Hazards associated like explosion of flammable, Breakdown of electrical equipment, Micro shock & macro shock(CARDIAC RELATION)
- Classification of medical devices
- Innovations= Monitoring transformer, Remote alarm indication, insulation fault locator

MANAGERIAL ISSUES

- Managerial issues in Inpatient services can usually at 3 levels
- Doctors level
- Nursing level
- Other hospital staff to maintain continuous effective and efficient care through personal experience, training and advancements

Factors of managerial issues are

LAYOUT OF HOSPITAL (only IPD)

- **SECOND FLOOR**
- OPERATING ROOM 1
- NLCU
- H.D.U
- CLINICS:7-10
- CATH LAB
- RECOVERY
- CHILDREN'S PLAY AREA
- **FORTH FLOOR-**
- CLINIC:11(OPTHALMOLOGY)
- PHYSIOTHERAPY
- Twin-Sharing Room
- SINGEL ROOM
- **Sixth Floor-**
- Dialysis Room
- Twin-Sharing Room
- Single Room
- Single Room

THIRD FLOOR-

OPERATING ROOM-2,3 & 4
LCU(Intensive care unit)
C.C.U (Critical care unit

•Fifth Floor-

•TWIN ROOM
• SHARING Room
• SINGEL ROOM
•Gastroenterology

•Seventh Floor-

•Single room
•Superior Single room

Eighth Floor-

•Nurse Manager
•Superior Single room
•Single Room
•Suite room

1. **Pneumatic Transport System -**(PTS) Pneumatic tubes also known as Pneumatic Tube Transport (PTT) are systems in which cylindrical containers are propelled through a network of tubes by compressed air or by partial vacuum.

- **Helps to-**
- Safe money and time, increase staff efficiency
- Space saving Station in Modern Design
- In India, this process can be seen in **Seven Hills Hospital, Andheri**

2. **Playing Areas for Children-** Nowadays Paediatric Hospitals Keeping children playing area in IPD also

   That helps to keep children engage, and playful, many hospitals provides fabdities like library too.

   NH SRCC Childrens Hospital have a large space as playing area.

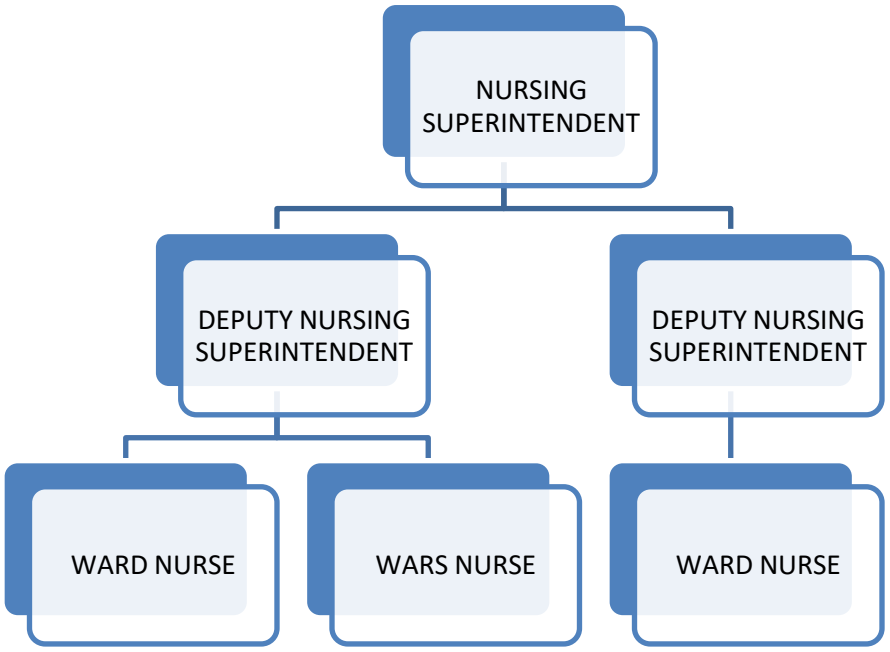
NURSING SERVICES

- **INTRODUCTION**
- WHO experts committee on nursing defines the nursing services as the part of the total health organization which aims to satisfy major objective of the nursing services is to provide all round care, disease prevention, and promotion of health.
- **OBJECTIVES OF NURSING SERVICES IN HOSPITAL**
- 1. Management of nursing services and care
- 2. Education, training, and staff development
- 3. Research

FACTORS TO BE CONSIDERED IN PLANNING HOSPITAL NURSING SERVICES

- Number and type of patients
- Number of beds and type of wards
- The services required
- Procedures and techniques necessary for care
- Number and type of personnel needed to perform care effectively
- Physical facilities
- Provision of equipment and supplies

HIERARCY OF NURSING



JOB RESPONSIBILITY

- Restores and promotes patient's health
- Collaborates with physicians and multidisciplinary team members
- Provides physical and psychological support to patients, friends, and families.
- Documents patient care services by charting in patient and department records.
- Ensures operation of equipment
- Maintains nursing supplies inventory by checking stock to determine inventory level.

PROBLEMS IN NURSING

- Shortage of nurses
- Lack of motivation
- Negative attitude
- Lack of team approach
- Lack of interpersonal relationship
- Lack of supervision
- Lack of involvement of nursing supervisors
- Low remuneration
- Long working hours

NURSE TO PATIENT RATIO NORMS

•AS PER NABH STANDARDS 2005 THE NURSE TO PATIENT RATIO IN VARIOUS DEPARTMENTS IS AS FOLLOWS:

•ICU-1:1

•HDU(High Dependency Unit)- 1:3

•OT- Two Nurses Per Table

•Inpatient Beds- 1:6

•Emergency- 1:1, 1:4 For Non-Ventilator Beds Labour Table- One nurse per table per shift

•OPD- as per workload

WARD MANAGEMENT

- **Objectives of ward management**
- Optimum utilization of ward resources to produce maximum output.
- Better patient care, correct treatment and early recovery.
- Personal training and advancement of Patient care services.
- To help the staff in achieving highest degree of job satisfaction.
- To provide clean, well ventilated environment for patient and protect him from infection, accidents and hazards.

STAFFING AND SHIFT PATTERN

- A random nationwide sample of 4,320 members of the American Nurses Association (ANA) during the winter of 2002 was collected.
- Data collected revealed that hospital staff nurses worked longer than scheduled daily, and generally worked more than forty hours per week. Half of the shifts worked exceeded ten and a half hours.
- Although 31 percent of the scheduled shifts were scheduled for durations greater than or equal to 12.5 hours, there were 39 percent consecutive hours. nurse who worked at least 12.5 consecutive hours
- 30% of the nurses reported making at least one error, and 32 percent reported at least one near error.
- The analysis showed that work duration, overtime, and number of hours worked per week had significant effects on errors.
- The likelihood of making an error increased with longer work hours and was three times higher when nurses worked shifts lasting of 12.5 hours or more here.
- There were hints that the fatigue associated with working twelve-hour shifts was contributing to absenteeism and job dissatisfaction

- **There are certain strategies adopted by the Beckers hospital, Chicago, US for the shifting and staff management:**
- Limiting the number of consecutive shifts and voluntary overtime.
- If rotating shifts, rotating them in a forward pattern
- **Strategies for nurse managers include:**
- Monitoring schedules for excessive numbers of shifts/flips between days/night
- Using technology solutions to help manage schedules and staffing
- Creating a culture of safety where staff can say "no" to overtime.
- Providing professional development on sleep hygiene, managing shift work, and shift work sleep disorder
- Partnering with physicians to educate staff on effective collaboration.

UTILISATION, CARE AND MAINTENANCE OF EQUIPMENTS

- EZ Office Inventory is a medical equipment management sytem that makes maintaining hospital equipment a which provides its services to organizations like the Health Solutions in the US
- Choosing such a program enables us to gather accurate information and increase overall operational efficiency. In addition to this, the software allows one to track critical records and improve task delegation.
- It start off by documenting all assets in stock so one can plan maintenance activities around them. Tag different pieces of medical equipment by type and enter them into an online management system.
- This way, each device has its own unique ID and can be tracked easily. In addition to this, use barcode labels to record relevant details against each asset.
- To avoid the spread of bacteria and infections, hospitals must proactively plan service schedules.
- This equipment management system employs a software to generate service tickets for equipment maintenance as soon as you purchase the assets. Such a solution enables you to implement preventive maintenance so you can eliminate chances of sudden breakdowns.
- It helps to Set up a compliance program at the hospital by studying current industry guidelines.
- An equipment maintenance system enables to conduct regular audits so one can always verify the status of their entire inventory and ensure medical equipment safety.
- Automating lifecycle management with a software program and tracing out usage history for all types of equipment can easily access complete service data for each individual asset, from the moment of procurement to retirement. Lifecycle management also makes timely disposal possible for all the machines.
- In this manner, one can avoid breakdowns that occurs in the middle of daily operations. Moreover, one can also save money by retiring old machinery or selling it at salvage value

PATIENT ADMISSION AND DISCHARGE PROCEDURES

- There should be a single window system for admission
- A friendly and cooperative behavior by the hospital staff is much needed.
- Let's take an example of the admission and discharge procedure at the Tata Main Hospital.
- **ADMISSION PROCEDURE**
- Patients are admitted to the concerned ward on the advice of the treating doctor.
- The ward is designated by the inquiry staff at the admission desk and entered in the case sheet.
- The categories mentioned as per the doctor's advice include SIL (seriously ill) category, medico legal category or the IOW/IOD/ex gratia category.
- Visitor's Pass is issued at the time of admission.
- A minimum deposit amount is advised by the admission desk staff to be deposited at the accounts cash counter.
- **DISCHARGE PROCEDURE**
- When patients are discharged from the respective wards the discharge paper is prepared in the ward and handed over to the patient
- This process takes approximately 1 hour from verbal instruction of discharge to hand over of discharge paper.
- In paying cases discharge is handed over to the party of the patient in ward after hospital dues are settled in accounts cash counter.

EFFECTIVE WARD MANAGEMENT

- AGgcil Infotech limited uses Electra HMIS which has a wide range of modules integrated to get rid of redundancies in the system
- There ward management module provides the windows to nursing staff by facilitating them to monitor all their wards on the same floor
- Special wards like OT and ICU are practically managed that tracks all the services given to the patients connecting their defined wards. This ensures better patient care
- Their online ward management system provides integration to the doctor's workbench to make sure the departmental functions of the hospital works properly
- Some of the features of the application include:
- Ability to link in with the order of communication
- Ordering management of medication, real time test and to the concerned departments
- Ensures excellent communication with departments lika maintenance, housekeeping etc
- Capable of recording admissions, transfers, discharge at the wards

PROBLEM AREAS IN THE WARD MANAGEMENT

- **PLANNED DISCHARGE:**
- Availability of RMOS to write the pink sheet
- 1 RMO responsible for 7 and 8th floor GW & HDU
- Delayed summary as adult ECHOs done after 2pm till evening
- CATH reports delayed due to consultant's unavailability
- Discharge printing department has to clarify many things with the nursing staffs & RMO’s
- **CLINICAL:**
- RMOs unavailable to attend to patient's relatives queries
- Consultants do not intimate the time of discharge.
- **NURSING:**
- Less nursing staffs
- Nursing students release the discharges who are not aware about the procedures
- If a coordinator is unavailable. file is not sent for printing & billing quickly
- Medicines left unreturned in the cupboard
- Junior staff unable to explain the discharge summary

PROBLEMS in the WARD MANAGEMENT

HOUSEKEEPING:

- Bad behaviour
- Less staff makes it difficult for patients to undergo required tests and discharges

- **ARRANGING WHEELS:**
- Delayed arrangement

BILLING:

- Final bill settlement takes a long time

THANKYOU!