

Hospital Operation Chapter 1

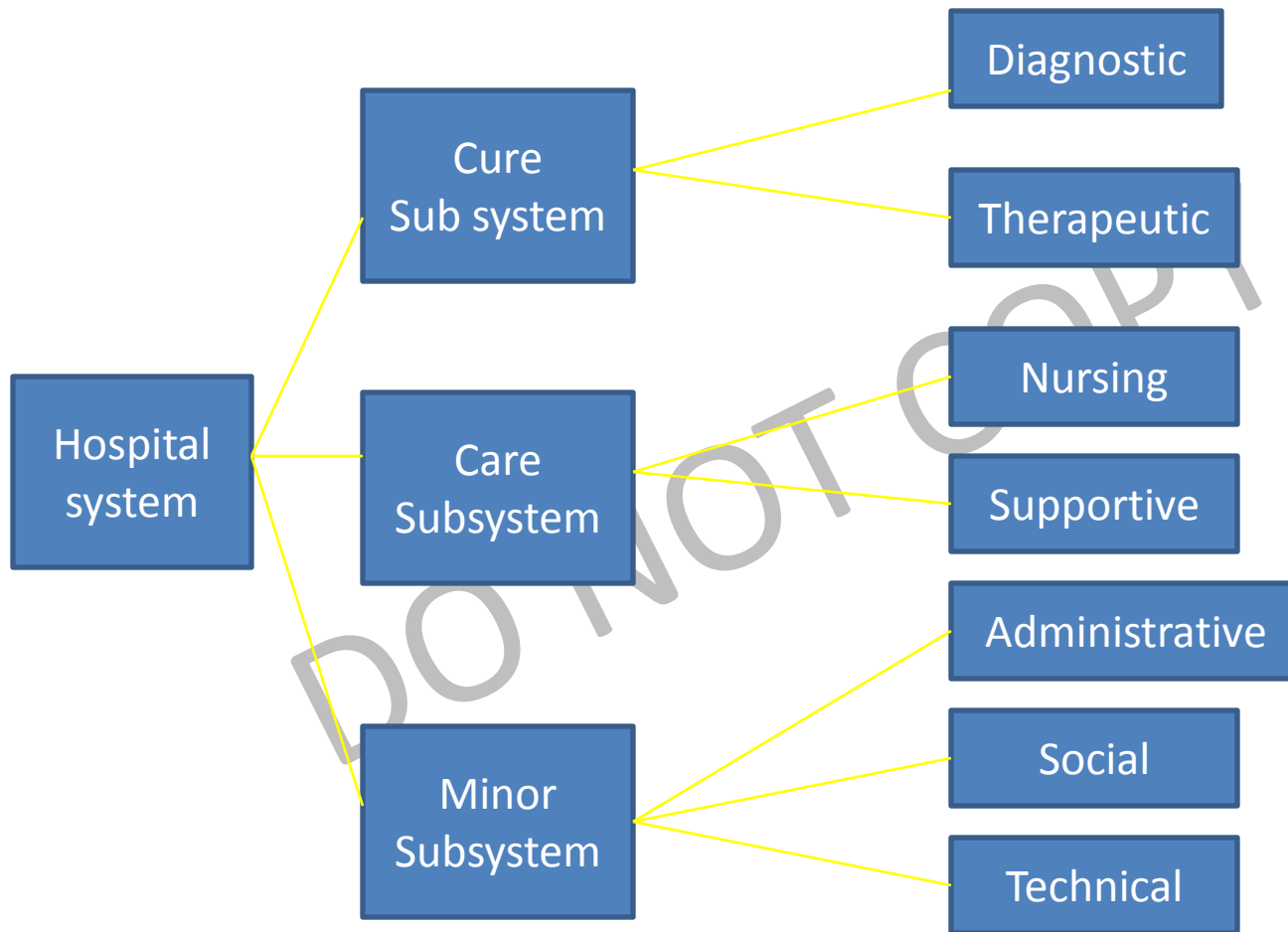
Learning Objectives

- Meaning of Hospital Operations
- Functions of a Hospital
- Management board and various committees in Hospital administration
- District Hospital and referral system
- Summary

Meaning of Hospital Operations

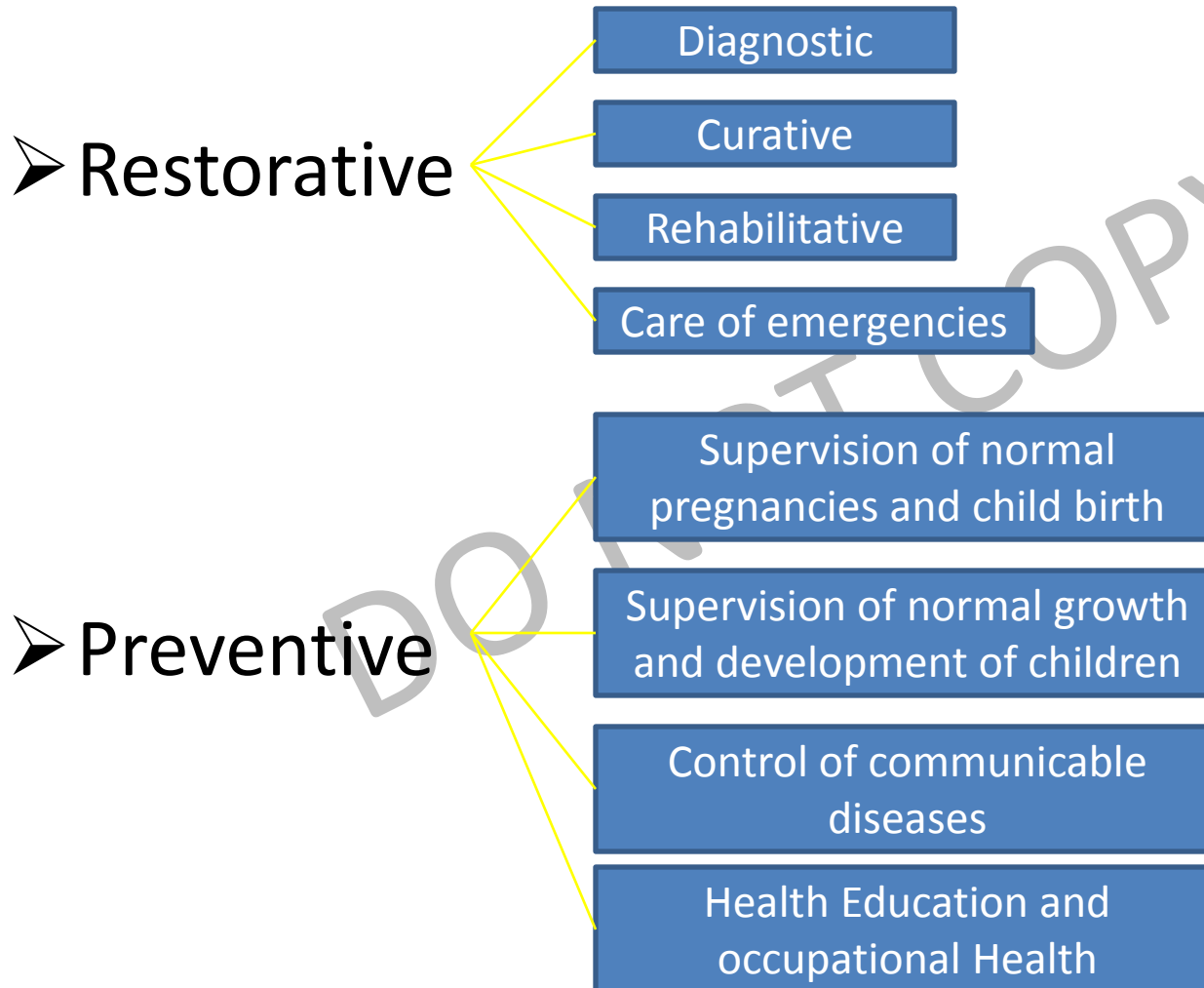
- WHO definition-
 - Integral part of social and medical organization
 - To provide complete health care for the population
 - Curative, preventive and outpatient care
 - Outpatient services reach out to family and its home environment
 - Training of health workers and bio-social research
- Goal- to provide best patient care

Components of hospital system



Functions of a Hospital

- Intramural- within walls of a hospital



Functions of a Hospital

- Intramural- within walls of a hospital

➤ Education

Medical undergraduates

Specialists and postgraduates

Nurses and midwives

Medical social workers

Paramedical staff

Community Health Education

➤ Research

Physical, psychological, social aspect of health and disease

Clinical medicine

Hospital practices and administration

Functions of a Hospital

- Extramural-
activities radiate outside the hospital



Outpatient services

Homecare services

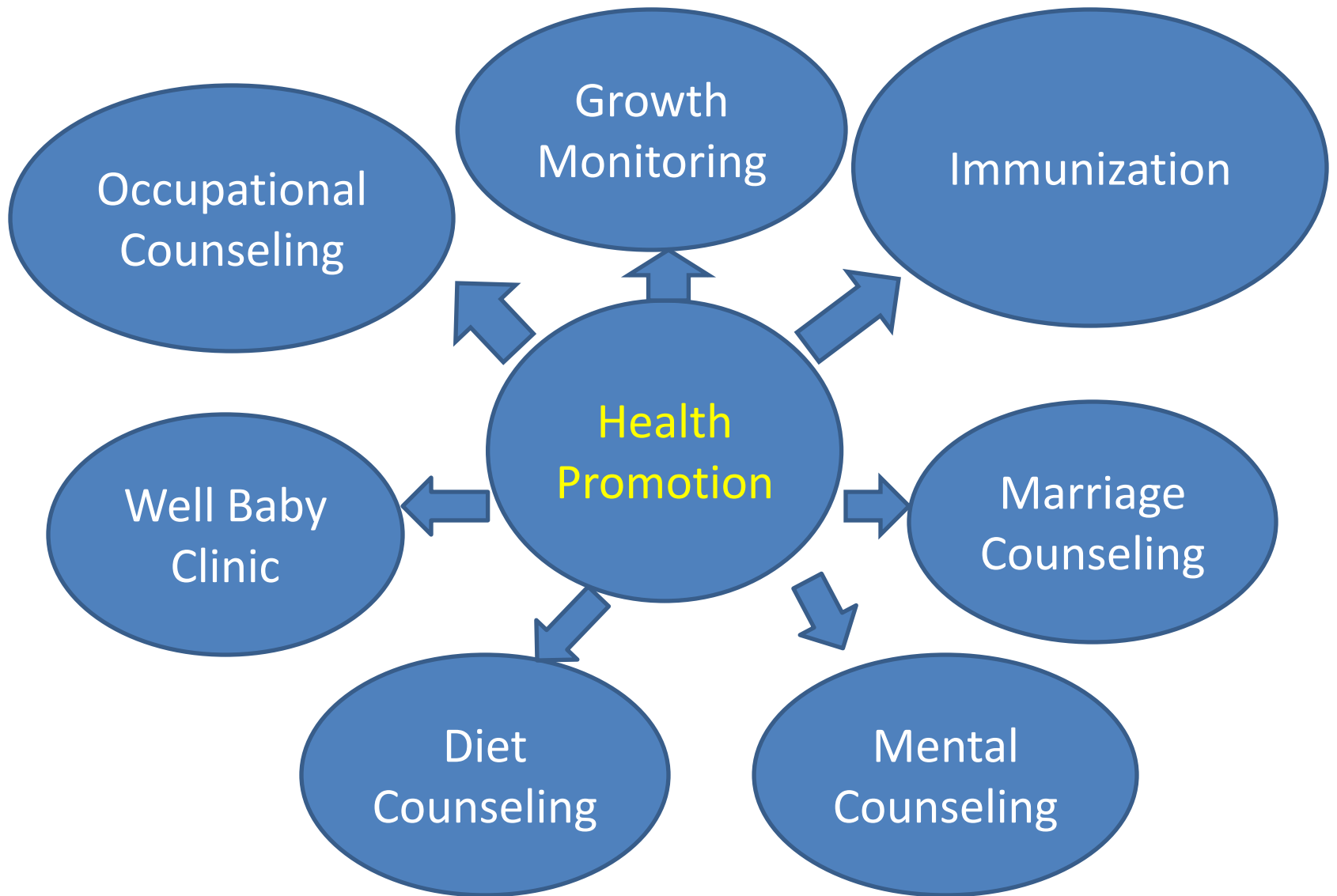
Outreach services

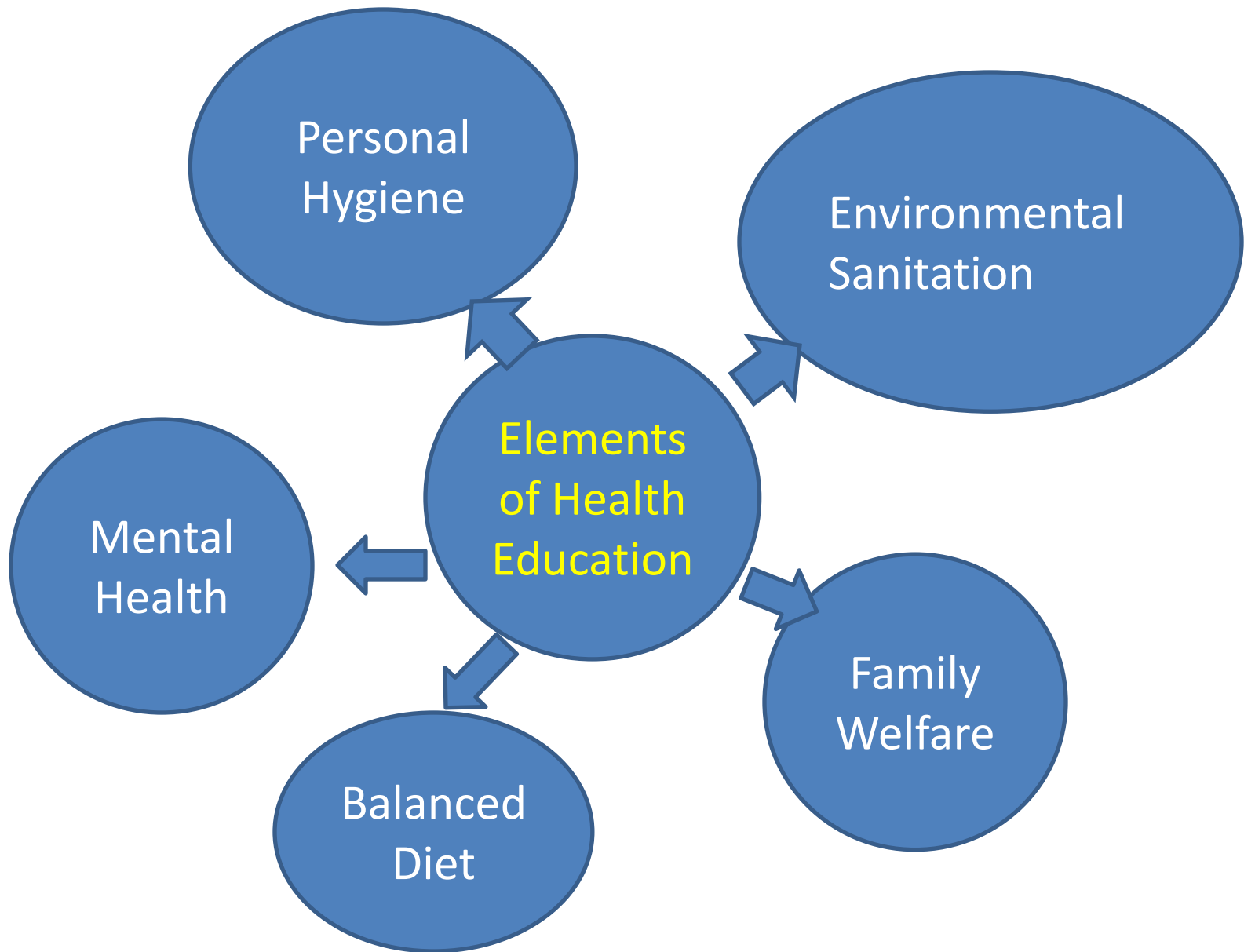
Mobile clinic

Day care centre

Prevention of disease

- Primary prevention-immunization, use of specific nutrients e.g. iron, iodized salt, protection against occupational hazards and accidents, health education
- Secondary prevention-health screening, annual medical examinations, surveillance of group of people for specific disease
- Elements of Preventive Health: communicable diseases, maternal health, child health, non-communicable disease, nutrition counseling, sentinel surveillance





Essential elements of Primary Health Centre

- Adequate nutrition
- Safe and adequate water supply
- Safe waste disposal
- Provision of adequate drugs and supplies
- MCH and FP services
- Prevention and control of locally endemic diseases
- Diagnosis and treatment of common diseases and injuries
- Health education

Committees and boards in Hospital Administration

- Management Board
- Administrative Committee
- Medical Committee
- Quality Council Committee
- Medical Records Committee
- Theatre Users Committee
- Infection Control Committee
- Purchase and Procurement Committee
- Budget Committee
- Professional enhancement Committee
- Pharmacy and Therapeutic Committee
- CPR Committee
- Blood Utilization Committee

Management Board

- 8-15 members-criteria: nomination, election, ex officio
- Ex officio members-CEO, sometimes Dean of medical college, Medical Superintendent, Finance director, Principal of Nursing College

- **Functions**

Legal representative

Mission and Goals

Org. set up and direction

Policies, Rules, Regulations

Resources

Quality Assurance

Utilization, Health & Safety

Administrative Committee

- Hospital Administrator-Chairman
- Frequency: once a week
- Responsibilities:
 - to assist CEO in smooth running of hospital
 - To provide forum for executives to consult each other on issues for long term implications on other functional areas
 - To review utilization of resources
 - Help in preparation of annual report, budget, long and short term plans

Medical Committee

- Highest technical body
- Medical director chairman, assistant administrator- member secretary and others
- Frequency of meetings: Once a month
- Responsibilities:
 - To promote high standard of clinical care
 - Efficiency, effectiveness and economy in running the hospital
 - Growth and development of hospital
 - To advise hosp. administration on welfare of patients, community and staff

Quality Council

- CEO/ Hospital Director chairman, Quality assurance Officer - secretary and others
- Frequency of meetings: Once a fortnight
- Responsibilities:
 - To determine objectives, set priorities and approve plans for quality assurance activities in the hospital
 - To receive periodical reports from the quality assurance officer on activities
 - To advise policies/ rules to effect improvements in quality of patient care and safety of staff

Medical Records Committee

- Composition: Medical superintendent chairman, Medical Records Officer-secretary
- Frequency of meetings-once in 2-3 months
- Responsibilities:
 - To review medical records for timely completion, clinical pertinence, adequacy, education and research, administrative and legal
 - To approve the format of the complete medical record, color coding, forms to be retained and discarded
 - Retention policy
 - To review plans and policies with regard to staff, space, facilities, in-service training

Theatre user's Committee

- Composition: Head division of surgery/ Chief Surgeon-chairman, Operation Theatre Manager/ Nursing Officer-secretary, anesthesiologist, CSSD manager and others
- Frequency of meetings-once in a month
- Responsibilities:
 - To formulate policies for theatre utilization, prepare schedule for elective surgeies
 - To advise general staffing, training programs
 - to advise on equipment, rationalize use of sutures, dressing materials, surgical devices
 - To monitor critical incidence, records

Infection Control Committee

- Composition: microbiologist-secretary, nurse-in-charge OT, Staff of CSSD
- Frequency of meetings-once in a month
- Responsibilities:
 - Reduce incidence and spread of infection in patients and hosp. personnel
 - Develop rational policy for infection control
 - Educate all staff to prevent infection, dev. Mechanism to trace source of infection, investigate, dev. Policy of use of antibiotics, isolation facilities, disinfection procedures, handling of bio medical waste,
 - Enforce proper functioning of CSSD

Purchase and Procurement Committee

- Purchase decisions should be decentralized
- Composition: Hosp. Administrator-secretary, Head purchasing section-secretary, med. Superintendent, engineer
- Frequency of meetings-once in a month or 15 days
- Responsibilities:
 - To ensure all transactions are above-board and in the interests of the hospital
 - To oversee the tender process, to review
 - To maintain confidentiality

Pharmacy and therapeutic Committee

- Purchase decisions should be decentralized
- Composition: Medical Superintendent-chairman, Chief Pharmacist-secretary, nursing sup., quality assurance officer, microbiologist, clinical pharmacist
- Frequency of meetings-once in a month
- Responsibilities:
 - To serve as evaluative, educational and advisory capacity to medical staff-purchase, stocking, distribution, prescription and use of drugs
 - To develop hosp. formulary
 - To ensure proper system of prescribing and dispensing narcotics and controlled drugs
 - To develop guidelines for hosp. antibiotic policy
 - Rational prescription and cost effective drugs, monitor adverse drug reactions

District Hospital

- A hospital at the secondary referral level- defined geographical area containing a defined population
- Features:
 - Objective to provide curative, preventive and promotive health care services in district
 - Linked with public hospitals/ health centres
 - Bed strength 75-500
 - Telemedicine link with referral hospital (medical college) with video- conference, quality of secondary and limited tertiary care improved

District Hospital

- Functions:

- Provides effective, affordable health care services for a defined population
- Secondary level referral centre
- Technical, administrative support, education, training for PHC

- Constraints:

- Bldg. very old, no maintenance dept.; not keeping pace with up-gradation requirement
- Lack of modern diagnostic and therapeutic equipment
- Lack of trained and qualified staff for the mgt. of the ancillary and supportive services