GREETINGS..
FROM GENERAL HOSPITAL-ERNAKULAM
4/29/2019
Challenges

- Administrative Support
- HR issues
- Gap analysis
- Infrastructural Design
- Financial constraints
- Statutory mandates
- Documentation
Administration

Policy Decisions

Government | Local self Government

State

Directorate of Health services

District

District medical office | Institution

4/29/2019
HR issues

Motivation

Work
load

incentives

Commitment

Rights

Duties

Awareness

Training

Owning
Gap Analysis

- Only Gaps
- Demotivation
- Herculian task
Financial

Shortage of Funds
- Budget

Availability
- Not in Time

Flexibility
- Government norms
- Audits
statutory

Building

Fire

Pollution control board
Documentation

- Manuals
  - consultancy

- Case sheets
  - Patient load

- Events reports
  - Fear of reporting

- Data capturing
Documentation

- Computerisation

Audits

• Computer savy
GENERAL HOSPITAL
ERNAKULAM

THE FIRST HOSPITAL IN GOVT. SECTOR IN THE STATE AND FOURTH IN THE COUNTRY TO RECEIVE NABH ACCREDITATION
Hospital Profile..

Multispecialty Hospital started 170 years back.

Bed strength is 783, is the highest among the hospitals under Kerala Health Services.

Apart from Ernakulum District the hospital caters to neighbouring districts like Trichur, Kottayam, Alleppey and Idukki.
<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Average OP Per day</td>
<td>1000-1500</td>
</tr>
<tr>
<td>Average Admission Per day</td>
<td>40-50</td>
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<tr>
<td>Bed occupancy rate</td>
<td>55%</td>
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<tr>
<td>Delivery Per Day</td>
<td>7-8</td>
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<tr>
<td>Bed strength</td>
<td>783</td>
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</table>
Administrative Office- 2008
Our journey to quality..

1. Developed signage and display for public information
   - Mission, vision and quality Policy
   - Services available
   - Patient’s rights and responsibilities
   - Organization chart
   - Layout
   - Hazard signage
   - Suggestion/complaint box
   - Patient information
   - Time frame for diagnostic and imaging services
   - Floor Plans

2. Crowd management
   - OP waiting area
   - Evening OP
   - Strengthening of security
3. Basic amenities
   - Waiting chairs, fan and proper lighting
   - Drinking water
   - Cafétaria
   - Television

4. Ensuring patient privacy
   - Curtains in high dependency areas, Casualty, labour room.

5. Patient information
   - Reception counter
   - RSBY counter
   - PA system
6. Pharmacy and stores
   - Medicines are properly arranged
   - Counters increased and relocation of counters.
   - 24 hours pharmacy
   - Hospital Formulary

7. Ward management
   - Rearrangement of wards
   - Emergency medicines made available
   - Crash cart in all wards
   - Daily sanitary rounds.
   - Periodic Auditing
Our journey to quality...

8. Hospital Computerization
   • With the help of NIC

9. Staff motivation and cooperation/ Team Work
   • Training
   • Health Checkup
   • Vaccinations
   • Provide better working environment
   • Staff welfare committee
Awareness and Training
Ventilator Training
FIRE SAFETY TRAINING
CPR TRAINING
Mock Drills conducted

- Code Blue
- Code Pink
- Code Orange
- Code Red
- Code Black
Mock Drills conducted
Employees are given health check up on yearly basis, Vaccinations and personal file maintained for all staffs
Transformation of Quality care...

Absence of written policies and procedures for health care delivery

Quality manual, policies and procedures for all procedures

Staff shortage in various categories

Recruitment of additional staff by NRHM and HDC

Poor sanitation and cleanliness in the hospital

Sanitation made effective and checklist for all cleaning procedures

Poor signage system

Layout, Direction board, instructions board for patients
Transformation of Quality care ..... 

October 2008

- Absence of audit on medical records, clinical practices, infection control practices, absence of survey on patient and employee satisfaction.

- Lack of awareness about patients' rights and responsibilities.

18th November 2012

- Corrective and preventive actions taken based on audit and survey.

- Signage on patient's rights and responsibilities, citizen charter updated.
Inadequate calibration for the equipments

Inadequate monitoring and reporting of adverse events, needle stick injury, sentinel events etc.

Slackened Security systems

No parameter for patient safety

Calibration of all equipments done

Audit and root cause analysis

Security system strengthened

Training and Mock drill for code blue, code orange and code pink.

Transformation of Quality care.....

October 2008

18th November 2012
Hospital committees

1. Core committee/ Quality Assurance Committee
2. House Keeping Committee
3. Infection Control Committee
4. Internal Audit Committee
5. Medical record audit committee
6. Biomedical Equipment Management
7. Safety Committee
8. Blood bank committee
9. Clinical risk management
10. Condemnation Committee
11. Diet Committee
12. Disaster Management/ Emergency preparedness
13. Drugs formulary committee
14. Ethics Committee
15. Office Management Committee
16. Purchase Committee
17. Safety Committee
18. Staff welfare Committee
PREPARATION AND DISTRIBUTION OF MANUALS AND SOP’S
31st December 2012
Mission & Vision

Mission

Vision
Admission/RSBY Counter
Hospital computerization
Registration counter
OP - Waiting Area
OP WAITING INSIDE AREA
Waiting Area – OP with Token system
CASUALTY
High dependency care area

- MICU
- ICCU
- Neonatal ICU
- Oncology ICU
- Surgical ICU
- Burns unit
High Dependency Care Area
Operation theatre

Main Theatre Complex
Family Planning theatre
Ophthalmology theatre

Five OT suites
Histopathology Department
External and Internal quality check

- External Quality Check
- Bio Chemistry - CMC Vellore
- Microbiology - Amala Medical College Trichur
- Hematology - AIIMS, New Delhi

- Internal Quality check:
  - Daily for biochemistry and haematology with 2 levels of quality control sample
  - Microbiology Internal QC done with pure culture organism
First time in Government Sector in the state - Digital X-ray
CT Scan
OPG Machine for Dental Dept
Tele cobalt therapy
TELEMEDICINE
Blood Bank
Power Laundry
Mortuary – Cold Room
Manavasveva Trust
ALS – Ambulance - 108
Palliative Care
Medicine arranged systematically
Gender Based Management Centre
POLICE AID POST
Hunger Free Project- Food for Bystanders
MUCH RELAXED AND SATISFIED RELATIVES
Beautification
LANDSCAPING
AWARDS

- NABH Accreditation, THE FIRST HOSPITAL IN GOVT.SECTOR IN THE STATE AND FOURTH IN THE COUNTRY TO RECEIVE NABH ACCREDITATION
- Certificate of compliance for QCI-Essential Standard Program for Medical laboratories
- Baby Friendly Hospital Initiative Certificate
- Award from Pollution Control Board
- Safe I Certification
- FICCI AWARD 2012 for Operational Excellence in the public sector
The Proud Moment The Award

PresenterMedia
The Proud Moment
The Award
Certificate of compliance for QCI-Essential Standard Program for Medical laboratories

CERTIFICATE OF COMPLIANCE
Quality Council of India

This is to certify that:
Medical Laboratory
Regional Diagnostic Centre: General Hospital: Ernakulam
Hospital Road, Ernakulam (P.O). Kochi, Kerala-682011

has demonstrated compliance with the
"Essential Standards for Medical Testing Laboratories"

For the tests being carried out and documented in Quality Manual

Date First Compiled : 12 August, 2010
Valid Until : 11 August, 2011
Certificate Issue Date : 12 August, 2010
Certificate No. : ML-0003

Dr. B. K. Rana
Quality Council of India

Quality Council of India
Reviving
Baby Friendly Hospital Initiative

Certificate

General Hospital, Elumalum
is recertified as
“Baby Friendly Hospital”
on 8th May 2010, in recognition of
fulfilling and practicing all the TEN steps of
successful breastfeeding laid down by WHO and UNICEF
and implemented by IAP, UNICEF and NRHM.

This certificate is valid for three years.

1. Have a written breastfeeding policy that is readily available and communicated to all health-care staff.
2. Train all health-care staff in skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Give newborns nothing but breast milk unless medically indicated.
6. Practice rooming-in, allowing mothers and infants to remain together on hospital wards.
7. Encourage breastfeeding on demand.
8. Give no artificial foods or pacifiers to breastfeeding infants.
9. Promote the establishment of breastfeeding support groups and refer mothers to them, on discharge from the hospital or earlier.
Pollution Control Board Award

4/29/2019

POLLUTION CONTROL AWARDS 2009
Safe I Certification
FICCI Award-2012
Awards Received
Projects completed after Accreditation

- NEW OP
- CHEMOTHERAPY WARD
- DIETARY DEPARTMENT
- COMFORT STATION
- HAEMODIALYSIS CENTRE
- MODEL INJECTION ROOM
NEW OP
CHEMOTHERAPY WARD
Dietary Services
PUBLIC CANTEEN
COMFORT STATION
HAEMODIALYSIS CENTRE
SAFE I MODEL INJECTION ROOM
ON GOING PROJECTS
MRI SCANNING CENTRE
SEWAGE TREATMENT PLANT
31st December 2012

- Bed strength: 783
- Average OP Per day: 2000 – 2500
- Average Admission Per day: 80 – 100
- Bed occupancy rate: 75%
- Delivery Per Day: 10-12
THANK YOU