

Hospital Administration: Key to Effective Healthcare: A Report

Pratibha Thakur¹, Dr Somendra Singh Kashyap²

¹Nursing Tutor, Holy Family College of Nursing

²MD CHA, Resident, National Institute of Health and Family Welfare

Abstract

Executive Summary:

Hospital administration plays a critical role in ensuring the smooth operation of healthcare facilities, enhancing patient care, and maintaining efficient management systems. This report delves into the key aspects of hospital administration, examining its vital functions, such as staffing, budgeting, policy development, patient care management, and the integration of advanced healthcare technologies.

Effective hospital administration ensures that healthcare services are delivered in a timely, cost-effective, and high-quality manner, focusing on improving patient outcomes and satisfaction. This report also explores the challenges faced by hospital administrators, including resource allocation, regulatory compliance, and the ever-evolving landscape of healthcare demands.

By examining best practices, innovative strategies, and the importance of leadership, the report emphasizes the significance of skilled administrators in fostering a healthy, patient-centric environment. Ultimately, strong hospital administration is crucial for meeting the growing demands of modern healthcare systems and improving overall service delivery in hospitals.

Keywords: Hospital Administration, Healthcare Facilities, Patient Care, Efficient Management Systems, Staffing, Budgeting, Policy Development

1. INTRODUCTION

Akal Charitable Hospital, Baru Sahib, HP, it is 180 bedded hospital providing patient treatment with specialized medical and nursing staff. It is a general hospital treat urgently health problem. Currently the hospitals declare DCHC (Dedicated Covid Health Center) for Covid patient and they provide health care services to them.

Geographical Location: The hospital is located in the backward district of Sirmour, Himachal Pradesh.

Background of the hospital: The organization has established fully functional Akal Charitable Hospital at Baru Sahib, Himachal Pradesh in the year of 1994. The hospital provide medical care to the underprivileged part of the rural area. The charitable hospital established by Kalgidhar Society. The hospital has primary health care for 39,000 plus OPD. The Hospital organized various camps for the poor and downtrodden.

2. WARD MANAGEMENT

General Objectives: -

This ward administration posting is designed to develop a broad understanding of principles, concepts, trends and issues related to nursing management. Further, it would provide opportunity to understand, appreciate and acquire skills in planning, supervision and management of nursing services at different levels to provide quality nursing services.

Objectives:

1. Tell the Vision, Mission & philosophy of the Hospital
2. Draw the Organizational structure of hospital and Nursing service
3. To discuss the physical layout of the respective ward
4. Tell about the budgeting process of Hospital
5. Job description of various nursing personnel
6. Plan duty roaster for Nursing Personnel
7. Importance of inventory in the respective specialty.
8. Developing standards for Patient Care
9. Discuss the various registers maintained.
10. Preparation of Assessment tool for evaluating Nursing standards / Personnel.
11. Enlist the functions of CSSD (with regard to material management)
12. Organize Continuing Nursing Education.

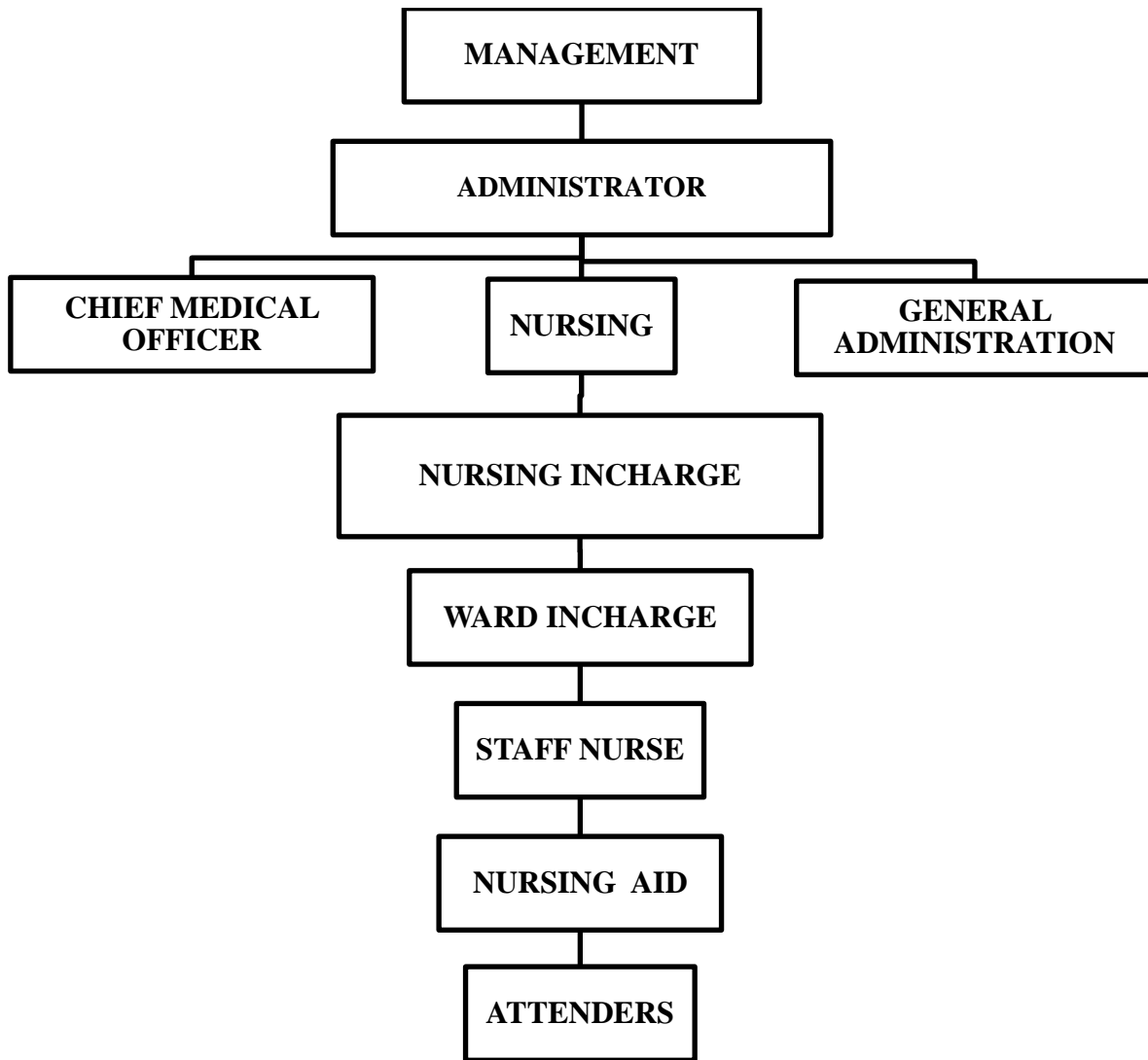
3. VISION, MISSION & PHILOSOPHY OF THE HOSPITAL

VISION: Vision of the hospital includes, affordable firm which aim to deliver health care services to the poor and downtrodden

MISSION:

- Community free of gender inequality
- Reduction of female feticide

ORGANIZATIONAL STRUCTURE



4. DEVELOPING BUDGET PROPOSAL OF THE HOSPITAL

DEFINITION: According to H.M. Donovan budgeting is an operational plan, for a definite period usually a year. Expressed in financial terms and based on the expected income and expenditure.

PURPOSE OF BUDGETING

- Clearly recognizes controllable and uncontrollable cost areas
- Enhances fiscal planning and decision making.
- Mechanism for translating fiscal objectives into projected monthly spending pattern.
- Provides means for measuring and recording financial success with objectives of organization.
- Helps to identify problem areas and facilitates effective solution.
- Allows feedback of utilization of budget.

PERQUISITES OF BUDGETING:

- **Organizational Structure:** Need a sound organizational structure with clear line of authority and responsibility.
- **Non-Monetary Statistical Data:** Such as number of admissions, average length of stay, percentage of occupancy and number of patient’s days. Used for planning and budgetary process.

- **Charts of Accounts:** Designed to be consistent with the organizational plans. Revenues and expenses are reported by responsibilities areas, thus providing historical data that are valuable for planning and providing budgetary control for evaluation as performance can be compared to plans
- **Managerial Support:** Essential for the budgetary programme. Budgeting is done at the departmental level, it must be valued by top administration. Managers must be willing to devote their time and energy to the budgeting process.
- **Formal Budgeting Process and Procedures:** Should be available in budget manual, in which objectives are clarified and instructions for budget development are discussed. Calendar of budgeting activities with the schedule for each stage of programme is presented.

5. BUDGET PROPOSAL OF THE HOSPITAL

TOTAL OBLIGATION AMOUNT: 1000000.00

A. CASH EXPENDITURE		
Capability planning amount	Description	Amount
1. Healthcare System Preparedness	Training	50,000
2. Recovery	Assessment, Development of SOP	50,000
3. Emergency Operation Coordination	Command Center Equipment	1,000,00
4. Mass Fatality	Body Bags	50,000
5. Information System	IT Department	1,000,00
6. Medical Surge	Bed capacity equipment, Decontamination Tent	1,000,00
7. Responder Safety	PPE, Pharmaceutical Cache	50,000
8. Volunteer Management	Training Modules	50,000
9. Medical Equipments	OPD, IPD, Ward, ICU, Operation Theater	1,000,00
10. Services Department	Pharmacy, Diagnostic and radiology, Biomedical and Nursing	1,000,00
11. Admission Department	Purchase, HR, Maintenance, Marketing	50,000
12. Revenue	Fees For Services, Room Rent, Investigation and Procedure, Pharmacy, Food and beverages	1,000,00
13. Continuing education programme		50,000
TOTAL CASH EXPENDITURE: 900000.00		

B. Non Cash Kind	
1. Meeting Space	25,000
2. Storage/Rental Space	25,000
3. Mileage Reimbursement	25,000
TOTAL NON CASH KIND:75000.00	

TOTAL AMOUNT PROPOSED: TOTAL CASH EXPENDITURE+ TOTAL NON CASH KIND

900000+75000=975000.00

OVERAGE (Total Amount Proposed - Total Obligation Amount) 975000 - 1000000=25000.00

6. JOB DESCRIPTION OF NURSING PERSONNEL IN HOSPITAL

A job description is the statement of the basic purpose of the job, the significant tasks to be carried out, the extent of authority vested in the post, and the upward downward and horizontal relationships necessary for the performance of the job.

1. NURSING SUPERINTENDENT:

- The topmost nursing officers are nursing directors.
- Giving general supervision, delegation, coordinating interdepartmental functions, collaboration with the hospital administration and the staff nurses.

Role and responsibilities:

- Formation of the aims and the objectives policies of the new nursing services.
- Staffing based on the nursing requirement according to the accepted standards of the medical standards.
- Planning and directing the nursing care.
- Coordinating the intradepartmental activities.
- Maintaining the supplies and the equipment.
- Budgeting.
- Keeping records and reports.

2. DEPUTY NURSING SUPERINTENDENT

Role and responsibilities:

- Chief Officer for all the staff nurses in the hospital. She does planning, coordination, supervision, controlling, reporting to higher medical officer and delegating the work schedules to other nurses.
- Follow and adapts PCS, which helps to recruit, assign and allocate the required staff at the right place and time.
- Explains the job description, supervision and delegating responsibilities to each staff nurse.
- Report to CEO, conduct round in the hospital regularly to check out functioning, cleanliness of the hospital.
- Takes attendance, plan and implement the duty roster for the staff nurses.
- Recruits the staff needed, coordinates work with the entire department.
- Conduct in-service education, encourages continuing education.
- Conduct nursing audit, does anecdotal reporting to evaluate nursing care
- Make all staff observe and follow code of ethics and regulation of the hospitals.
- Has authority to terminate any nurse if she misbehaves or violates hospital regulations.
- Encourages and participates in all round development of nurses, especially in nursing research activities.

3. ASSISTANT NURSING SUPERINTENDENT

Role and responsibilities:

- To plan the duty roster specific to ward, implement PCS and allocate ward in charge to specific wards.
- To control and coordinate the activities of the specific wards.
- To plan all the activities done by ward in charge in advance, delegate responsibilities and supervise the activities in the wards.
- To supervise the nursing care being rendered for all patients and take frequent status updates.
- To conduct nursing rounds with ward in charge to assess the problem, plan care, clarify issue, fulfill the requirements and guide the ward in charge.
- To maintain the enrolment register of all the staff and ward in charge, and ensure that all the staff reported duty in time.
- To allocate the alternative staff in case of absenteeism.
- To conduct meeting with the subordinate staff and provide guidance, and teaching to improve her nursing care.

4. WARD IN CHARGE**Role and responsibilities:**

- Report to the head nurse for any issue.
- Plan control and supervise the activity of the subordinates and also ensure that the staff are allocated at required areas and provide good care to the patients.
- Ensure ward cleanliness, safety and security for all the patients in the ward.
- Oversee the patient's condition regularly and take care for the concerns of doctors who take care of the patients.
- Conduct ward rounds with staff nurse and plan her daily activities accordingly.
- Coordinate the shift schedule, day/night off in the coordination with the head nurse.
- Meet the health care needs of all patients in the ward.

5. STAFF NURSE**Role and responsibilities:**

- Senior nurse work under the ward in charge. They have to report to the duty in the time and sign in the register.
- They provide individual care to patients who are seriously ill and are assisted by the junior nurses.
- They report the patient care to ward in charge regularly.
- They write and record the patient details on the nurse's record.
- They maintain the patient care sheet, which has patient identification data, doctor sheet, diagnostic sheet, etc.
- They oversee the work of sweepers and attendants, and coordinate and help the student nurse to learn and practice nursing care.
- They keep the units neat and tidy, check linen, drugs and other supplies required in the ward.
- They identify and order the needed supplies with approval ward in charge.
- They allocate duties to the junior and student nurses.

6. NURSING ASSISTANT

Nursing assistants, also called nurse aides or CNAs (Certified Nursing Assistants), assist patients with basic daily tasks. Their responsibilities may include helping patients with their personal hygiene and with eating, repositioning bedridden patients, and taking a patient's vital signs.

Role and responsibilities:

- Learns the policies of the hospital and ward, and works according to the standards of care.
- Feed, bathe, and dress patients.
- Take patient vital signs.
- Serve meals, make beds, and keep rooms clean.
- Set up medical equipment and assist with some medical procedures.
- Answer calls for help and observe changes in a patient's condition or behavior.

7. DUTYROSTER

A roster system allows allocation of various shifts and duties by head nurses as well as a flexible option for staff to alter, view details of roster and allocate shifts. A duty roster is a time plan for distributing work among staff members in turn. Duty rosters are common in all types of health work.

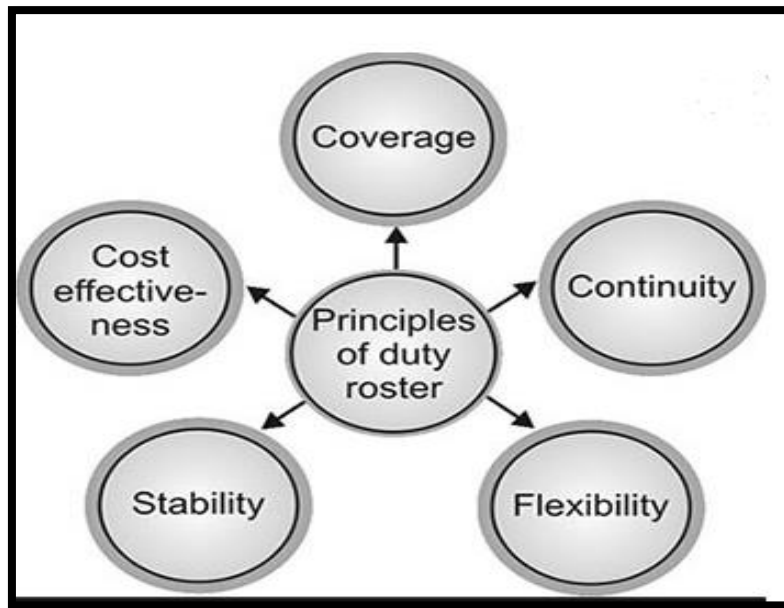
PURPOSES:

- To divide extra duties among the whole staff *Fair duties must be traced in duty roster. Rules of duty roster When rotating several people (or groups) through several types of duty, there are two important rules:
- The length of time of each duty period must be the same as for all other types of duty period.
- To distribute work fairly and evenly
- To distribute uninteresting or difficult work, and interesting or varied work for instance, midwives could rotate among the mobile team, the delivery unit and the clinic

BEFORE PLANNING THE DUTY ROSTER:

- Consider the amount of cover required.
- Consider the types of shifts.
- Make sure that all duties are covered.
- Sufficient cover of all grades of staff-each shift.
- Fair allocation of weekend work.
- Take into account break periods.

PRINCIPLES OF DUTY ROSTER



DIFFERENT TYPES OF SHIFT:

- **Straight shift** -Staff work a specified number of hours continuously
- **Split shift** -Staff normally work a specified number of hours-then have a few hours off duty and return to work
- **Rotating shift** -Three shifts of 8 hours rotate-8-4,4-12,12-8
- **Alternating Shift** -Staff work either a specified number of early and late shifts each week or one week early and one week late.

BENEFITS OF STAFF ROSTER

- Cost Savings:
- Higher staff retention as well as better and viable recruiting aids and procedures
- Reduction in tardiness as well as absenteeism
- Personal Preferences:
- Increased Quality of Service

Akal College of Nursing

Eternal University, Baru Sahib

M.Sc. Nursing 2nd year (2019-2021)

Clinical Rotation plan (Akal Charitable Hospital) w.e.f. 17 June 2021 to 26 June 2021

DATE	MORNING SHIFT	EVENING SHIFT	NIGHT SHIFT
17/6/21-19/6/21	MR.GURSHARAN Ms.Diksha Ms.Palkin	MS.POOJA Ms.Parika	MS. RAMAN Ms.Pratibha
19/6/21-22/6/21	MR.GURSHARAN SINGH Ms.Palkin Ms.Parika	MS.POOJA Ms.Pratibha	MS. RAMAN Ms.Diksha
23/6/21-25/6/21	MR.GURSHARAN SINGH	MS.POOJA Ms.Palkin	MS. RAMAN

	Ms.Parika Ms.Pratibha		Ms.Palkin
26/6/21	MR.GURSHARAN SINGH Ms.Pratibha Ms.Diksha	MS.POOJA Ms.Diksha	MS. RAMAN Ms.Parika

STAFF TIMING

- Mr.Gursharan Singh(8 am to 4 pm)
- Ms.Pooja(4 pm to 12 am)
- Ms. Raman(12am to 8 am)

STUDENT’S TIMING

- Morning(8am to 2pm)
- Afternoon(2pm to 8pm)
- Night (8 pm to 2 am)(2 am to 8am)

8. INVENTORY

An inventory is a detailed list of all articles on the ward their specification and standard number or quantity. It means stocking adequate number and kind of stores, so that the materials are available whenever required and wherever required

OBJECTIVES:

- To avoid obsolescence of inventor
- To improve quality of care with lesser inventory
- To minimize the losses
- To minimize idle time by avoiding stock outs and shortages
- To keep the investment on inventories to the minimum
- The right drugs, supplies and equipment must be at the right place, at the right time, and in the right quantity in order that health personnel deliver health services.

STEPS:

1. Procurement of inventories
2. Receiving and inspection of inventories
3. Storing and issuing the inventories,
4. Recording the receipt and issues of inventories
5. Physical verification of inventories
6. Follow-up function
7. Material standardization and substitution.

TECHNIQUE:

- ABC Analysis (Always Better Control)
- VED Analysis (Vital, Essential, Desirable)
- HML Analysis (High, Medium, Low)
- FSN Analysis (Fast, Slow moving and Non-moving)
- SDE Analysis (Scarce, Difficult, Easy)

INVENTORY
1. EMERGENCY MEDICINE

S. NO	ITEMS	QUANTITY	EXPIRY DATE	STOCK ON 26/06/21
1	Inj-Atropin	06	17/08/2022	06
2	Inj-Adrenaline	10	15/04/2022	10
3	Inj-Dobutamine	05	15/01/2022	05
4	Inj-Sodium Bicarbonate	04	01/05/2022	04
5	Inj- Aldopam	02	01/08/2022	02
6	Inj-Calcium Gluconate	06	01/12/2022	06
7	Inj-Tramadol	06	01/12/2021	06
8	Inj-Amiodarone	04	01/12/2021	04
9	Inj-Nitroglycerine	04	02/12/2021	04
10	Inj-Perinorm	06	01/05/2022	06
11	Inj-Diclofenac	10	22/06/2022	10
12	Inj-Frusemide	16	01/12/2021	16
13	Inj-Hyosine	04	04/02/2022	04
14	Inj-Streptokinase	01	05/06/2022	01
15	Inj-Deriphylline	10	01/05/2022	10
16	Inj-Hydrocort	05	05/06/2022	05
17	Inj-Phenergan	06	06/08/2022	06
18	Inj-Perinorm	06	01/05/2022	06
19	Inj-Metoprolol	04	02/06/2022	04
20	Inj-Amikacin	04	01/12/2021	04
21	Inj-Dexamethasone	02	01/06/2022	02
22	Inj-PCM	04	06/05/2022	04
23	Inj-Vit K	02	06/06/2022	02
24	Inj-Rantac	06	09/08/2022	06
25	Inj-Stemetil	02	10/05/2022	02
26	Inj-Avil	06	01/04/2022	06
27	Inj-Haloperidol	04	06/08/2022	04
28	Inj-Hydrocort	04	08/11/2022	04
29	Inj-Sodium Bicarbonate	4	06/12/2022	4
30	Inj-Dopamine	4	01/07/2022	4
31	Inj-Mannitol	6	06/05/2022	6
32	Inj-Heparine	4	04/06/2022	4
33	Inj-Diazepam	2	06/05/2022	2
34	Inj-Metaclopramide	4	05/06/2022	4
35	Inj-Potassium	5	12/05/2022	5
FLUIDS				
36	Ringer Lactate	6	06/12/2022	6

S. NO	ITEMS	QUANTITY	EXPIRY DATE	STOCK ON 26/06/21
37	DNS	6	01/06/2022	6
38	NS (500ml, 100ml)	10	02/05/2022	10
39	Inj–Mannitol	4	06/12/2021	4
40	Inj-Metronidazole	6	04/05/2022	6
41	Inj-Ofloxacin	6	06/06/2022	6
42	Inj-Dextrose 5%	10	06/05/2022	10
43	Inj-Dextrose 25%	6	12/06/2022	6
44	Inj-Dextrose 10%	4	11/05/2022	4

CURRENT STOCK: 240

PURCHASE STOCK: Nil

2. GENERAL STOCK INVENTORY

S. NO	ITEMS	QUANTITY	CURRENT STOCK on 26/06/21
1	Almira	2	2
2	Bed	35	35
3	Bi-pap Machine	2	2
4	Boiler	1	1
5	B.P Apparatus	10	2
6	Cardiac Table	35	35
7	Code wire	6	4
8	Chair	6	6
9	Cardiac Monitor	1	1
10	Extension Board	15	15
11	Fridge	2	2
12	Hand Sanitizer	10 liter	10 liter
13	Humidifier	14	14
14	IV Stand	15	15
14	Kidney Tray	2	2
16	Nebulizer	10	10
17	Needle Cutter	1	1
18	O2 Cylinder	50	10
19	O2 Concentrator	20	20
20	Pulse oximetry	10	10
21	Spirometer	5	5
22	Stool	4	4
23	Steamer	40	10
24	Suction machine	2	2
25	Scale	4	4

S. NO	ITEMS	QUANTITY	CURRENT STOCK on 26/06/21
26	Stethoscope	2	2
27	Thermometer	20	20
28	Torch	4	4
29	Tray	5	5
30	X – Ray View	1	1
31	Weighing Machine	1	1
32	Watch	1	1
33	Fire Extinguisher	2	2
34	Dust bin	10	10
35	Privacy Screen	2	2

TOTAL:300CURRENT STOCK: 277PURCHASE STOCK: Nil

3. LINEN STOCK INVENTORY

S. NO	ITEMS	QUANTITY	CURRENT STOCK on 26/06/2021
1	Doctor Coat	02	01
2	Staff Dress	04	02
3	Drape Sheet	20	10
4	Bed Sheet	20	10
5	Pillow Cover	15	10
6	Blanket	20	10
7	Towel	20	10
8	Patent Dress	20	10
9	Diet Cloth	20	10
10	Mortuary Sheet	05	05
11	Pillow	20	10
12	Pillow Cover	20	10
13	Quilt	20	10

TOTAL: 206

CURRENT STOCK: 118

PURCHASE STOCK: Nil

4. VARIOUS REGISTER MAINTAINED AT THE WARD

S.NO	REGISTER NAME	DESCRIPTION
1	Admission/Discharge Register	This register is mainly for the admission and discharge record for the patient mention about, date, registration number, name address, age, sex, phone no, DOA, DOD, no of days in ward, charges, total payment and signature of the staff present at that

		time.
2	DCHC (Distt. Covid Health Center) Register	DCHC register is mainly for Covid patient registration includes date, registration number, name address, age, sex, phone no, DOA, DOD, no of days in ward, charges, total payment and signature of the staff present at that time.
3	Death Register	Death Register mainly mention about patient name, address, date of admission, time of death, cause of death signature of the staff present at that time.
4	General Inventory Register	General inventory register includes items, quantity, current stock, stock on, morning, evening and night signature of the staff present at that time..
5	Medicine Register	This register mainly includes items, quantity, current stock, date of expiry stock on, morning, evening and night signature of the staff present at that time.
6	CSSD Register	This register includes items, date of sending, date off receivingsignature of the staff present at that time.
7	Shift Handover Register	In shift handover register includes morning evening and night shift records given by staff.
9	LAMA Register	Left against medical advised register is for a patient leave hospital without any information or without medical advised date, registration number, name address, age, sex, phone no, DOA, Date of LAMA, no of days in ward, charges, total payment and signature of the staff present at that time.
S.NO	REGISTER NAME	DESCRIPTION
11	Stock Register	This register is for maintenance for Covid ward mention about items, quantity, current stock, stock on and signature of nursing in charge.
12	Emergency Register	Emergency register mainly includes cases like poisoning, and snack bite.
13	MLC Register	It mentions all medico-legal cases.
14	High Alert Medicine Register	It involves all high alert medicines.
15	Bio-Medical Register	It mentions bio-medical records.
16	Dressing Room Register	It mentions all dressing stock.
17	Laundry Register	Laundry register maintain record for all linens.
18	Quarantine register	It maintains records of all quarantine patients.

8.DEVELOPING STANDARDS FOR PATIENT CARE

WARD ROUTINE ACTIVITIES

S. no	Ward Activities	Timing	Remarks
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S. no	Ward Activities	Timing	Remarks
1	Waking time	6.30am-7.00am	Patient wakeup around 6.30am, freshen up, take bath etc
2	Yoga activity	7.00am-7.30am	Yoga activities are performed by the staff to maintain the physical and mental peace of the patients
3	Meditation/prayer	7.30am-8.00am	Meditation and prayers are done by the patients according to their rituals
4	Endorsement	8.00am-8.15am	Changing of the staff shift
5	Check on inventory	8.15am-8.30am	Inventory is checked by the staff so that necessary items are to be intended if required
6	Breakfast	8.30am-9.00am	Breakfast is done by patients
7	Vital signs monitoring, Medication, bed side care and health teaching	9.00am-10.00am	Vital signs are monitored by the staff. If required, any assistance to the patient staff help in performing daily activities. Medication is provided by the staff as per the treatment schedule of each patient
8	Doctors round	10.00am-11.00am	Done by physician and check the prognosis of the patient and provide treatment accordingly.
9	Rest time	11.00am-12.00pm	Patient take rest
10	Lunch	12.00pm.1.00pm	Lunch is taken by the patients
11	Vital signs taking and plotting. Preparing due medications	1.00pm-1.30pm	Vital signs are checked and due medication is given by staff
12	Compilation of reports and requirements:	1.30pm-2.00pm	Entry of nurses notes, recording and reporting are done by the nursing staff
13	Endorsement for next shift	2.00pm-2.15pm	Changing of the staff shift
14	Visiting hours	2.15pm-3.00pm	In visiting hours, patient is allowed to meet their family members and relatives
15	Tea time	3.00pm-3.30pm	Tea is taken by the patients
16	Bed side care and health teaching	3.30pm-4.30pm	Bed side care and health teaching is given to the patient by the staff according to the requirement and health status of the patient
17	Rest time	4.30pm-6.00pm	Patient taking rest
18	Meditation/prayers	6.00pm-7.00pm	Meditation and prayers are done by

S. no	Ward Activities	Timing	Remarks
			the patients according to their rituals
19	Dinner	7.00pm-8.00pm	Dinner is taken by the patient
20	Vital signs monitoring, Medication, bed side care	8.00pm-9.00pm	Vital signs are monitored by the staff. Medication is given as per the treatment chat of the patient
21	Doctors round	9.00pm-10.00pm	Done by physician and check the prognosis of the patient and provide treatment accordingly.
22	Patients sleeping time	10.00pm-6.00am	Patient is going to sleep
23	Compilation of reports and requirements	10.00pm-11.00pm	Nurse staff compile all the file reports of the patient, maintain input-output chat
24	Inventory management	11.00pm-12.00am	Inventory is checked by the staff as per the list maintained and intend is prepared accordingly

9.DAY, NIGHT AND HANDING OVER REPORT

INTRODUCTION: The nursing change of shift report or handover is a communication that occurs between two shifts of nurses whereby the specific purpose is to communicate information about patients under the care of nurses. Day and night report is the record of admissions and discharges which includes name of the client, general medical condition and symptoms, medication and treatment given and also includes instructions to nursing staff.

REPORT: It is oral, written or computer based communication intended to convey information to others

RECORDS: Is the written or computer based, the process of making an entry on a client’s REPORT is called record ting and documenting. A clinical REPORT, also called a chart or client report is a formal, legal document that provides evidence of a client’s care.

ACH, Baru Sahib Day and Night Report. (COVID-19 ward)

I Pratibha Thakur student of M.Sc Nursing 2nd was posted in COVID-19 ward on 17 June 2021; there were seven Covid active case. During posting timing i observed practices regarding recording and reporting followed by hospital staff includes day, night and handing over report prepare by staff posted over there. They enlist the date and time, name of the patient, serial number, diagnosis and ongoing treatment.

The records that are in written form which is passed to the next shift staff are enlisted below:

- Shift report register
- Medication records

SHIFT REPORTS:

S.N	No. of patients	New admission	No of Discharge patient	LAMA
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1.	7	0	0	0
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MEDICATION RECORDS:

S.N.	Patient name	Diagnosis	Medication	Route/ Frequency	Patient Remarks
1.	Bheembhadur	COVID positive	Tab. Dexamethasone Tab PCM Tab. Vit. C Tab B complex	100 mg BD 250mg SOS 1 tablet BD 1 Tablet BD	Vital are stable.
2	Kanta Devi	COVID positive	Tab. Dexamethasone Tab PCM Tab. Vit. C Tab B complex	100 mg BD 250mg SOS 1 tablet BD 1 Tablet BD	Vital are stable.
3	Indradevi	COVID positive	Tab. Dexamethasone Tab PCM Tab. Vit. C Tab B complex	100 mg BD 250mg SOS 1 tablet BD 1 Tablet BD	SPO2: 85% 2L O ₂ is administered by O ₂ concentrator
4	Kewla Devi	COVID positive	Tab. Dexamethasone Tab PCM Tab. Vit. C Tab B complex	100 mg BD 250mg SOS 1 tablet BD 1 Tablet BD	SPO2: 75% 5L O ₂ is administered by O ₂ concentrator
5	Bimla	COVID positive + type 2 diabetes mellitus	Inj. Dexamethasone Inj. Ceftriaxone Tab PCM Tab. Vit. C Tab B complex Inj. Human actrapid	4 mg BD 2 mg BD 250mg SOS 1 tablet BD 1 Tablet BD 10 Units	SPO2: 75% 6L O ₂ is administered by O ₂ cylinder
6	Khyali ram	COVID positive + hypertension	Inj. Dexamethasone Inj. Ceftriaxone Tab Metoprolol Tab PCM Tab. Vit. C Tab B complex	4 mg BD 2 mg BD 50 Mg BD 250mg SOS 1 tablet BD 1 Tablet BD	SPO2: 75% 6L O ₂ is administered by O ₂ cylinder
7	Maltidevi	COVID positive + hypertension	Inj. Dexamethasone Inj. Ceftriaxone Tab Metoprolol Tab PCM	4 mg BD 2 mg BD 50 Mg BD 250mg SOS	SPO2: 70% Patient is on Bipap 8L O ₂ is administered

			Tab. Vit. C Tab B complex	1 tablet BD 1 Tablet BD	by O2 cylinder
--	--	--	------------------------------	----------------------------	----------------

DOCTOR ON DUTY: Dr H.P Singh NURSING STAFF ON DUTY: Miss Parika
HANDOVER GIVEN TO: Mrs. Pratibha Thakur

10. ANECDOTAL RECORD

Anecdotal records is a record of some significant item of conduct, a record of an episode in the life of students, a word picture of the student in action, a word snapshot at the moment of the incident, any narration of events in which may be significant about his personality. Informal device used by the teacher to record behavior of students as observed by him from time to time. It provides a lasting record of behavior which may be useful later in contributing to a judgment about a student.

PURPOSE:

- To furnish the multiplicity of evidence needed for good cumulative record
- To substitute for vague generalizations about students specific exact description of behaviour
- The teacher is able to understand her pupil in a realistic manner. • It provides an opportunity for healthy pupil- teacher relationship.

ANECDOTAL RECORD FORM

Observer: Mrs. X

Observation Date: 25/06/2021

Observation Time: 10:00am

Student Name: Miss Ruchi

Description of the Incident: Miss Ruchi, B.sc Nursing First Year student has performed vital sign procedure to the patient and follows all the steps mention checklist for vital sign procedure.

Description of the location /Setting: Akal Charitable Hospital, Female Covid ward

Recommendation Action: The student was appreciated and rewarded her with good marks for her procedure. And also advise her classmate to follow same and set a role model for all.

Signature: Mrs. Pratibha Thakur

11. EMPLOYEE GRIEVANCE

A **grievance** is a formal complaint that is raised by an employee towards an employer within the workplace. **Three Types of Grievances**

1. Individual **grievance**. One person grieves that a management action has violated their rights under the collective agreement.
2. Group **grievance**. A group **grievance** complains that management action has hurt a group of individuals in the same way.
3. Policy or Union **grievance**

EMPLOYEE GRIEVANCE FORM

GRIEVANCE INFORMATION	
EMPLOYEE NAME: Miss. x	DATE FORM SUBMITTED: 22/06/2021
JOB TITLE: Nursing Officer	EMPLOYEE ID: M05521
DETAILS OF EVENT LEADING TO GRIEVANCE	

S/N Miss Jyoti was late for duty on date 24/06/2021, and after giving warning to her but she repeat same and late for her shift in general Covidward.	Witness: Mr. Gursharan Sing Team Leader Covid Ward
ACCOUNT OF EEVENTS	VIOLATIONS
No other staff involves	Repeatedly late for shift duty.
PROPOSED SOLUTION	
Deduction of salary for the staff and also cancel off days of the staff nurse.	
SIGNATURE: Mr. Gursharan Sing, Team Leader, Covid Ward	
EMPLOYEE SIGNATUE: Miss Jyoti	DATE: 22/06/2021
RECEIVED BY: Mrs. Pratibha Thakur	DATE: 22/06/2021

12. INCIDENT REPORT

Introduction:-We all do our best to ensure a happy and healthy workforce. That’s why, in a perfect world, you would never have to create an incident report. But since incidents do happen, it’s never a bad idea to be prepared for any situation—especially the unexpected.

Definition:-An incident report is a form to document all workplace illnesses, injuries, near misses and accidents. An incident report should be completed at the time an incident occurs no matter how minor an injury is.

Characteristics:-

- An incident report is a formal recording of the facts related to an incident. The report usually relates to an accident or injury that has occurred on the worksite, but it can also pertain to any unusual worksite occurrences, especially near misses.
- Incident reports should be completed as soon as possible following the incident or injury.
- The report might only be used or circulated internally (within the company). If the incident is severe enough, however, it will likely need to be sent to insurers, regulatory bodies, or even the police.

To be filed within 2 hours of incident & submitted to Nurse Supervisor or/ TL within 24 hours.

Patient Name: Miss. X Devi

Age: 52yr

Sex: Female

UHID: ACH00123

Bed No: 5

IP No: 0000765

List of incidents to be reported (Please tick the desired option) <ul style="list-style-type: none"> • Patient fall • MEDICATION ERROR • Pressure sores • Hypoglycaemia associated infection • Infection out break • Needle stick injury • Readmission within 14 days of discharge • Return to OT within 7 days • Return to ICU within 7 days 	Incident Details: Patient Malti Devi, Age 52years, experience a incidence of medication error at 8:30 am in the morning		
	Inpatient She is admitted in the hospital at 08/6/2021	Out patient	Relatives
	Patient’s admission diagnosis: COVID-19		
	Admitting consultant/ consultant in charge: Dr. H.P Singh		
	Name of witness/ first person to attend: Pooja (staff nurse)		

<ul style="list-style-type: none"> Return to emergency within 7 days Mortality Adverse drug reaction Sentinel events Blood transfusion related errors Re intubation within 24 hours Hematoma formation at puncture side Sample related error <p>Other Adverse events</p> <ul style="list-style-type: none"> Patient identification error Acute limb ischemia Discrepancy in Sponge /gauge count Cautery Burns Needle left inside Porta Cath Other..... <p>Near Miss</p> <ul style="list-style-type: none"> Patient fall Medication error Patient identification error Any other kind of Near Miss <p>Please specify</p> <p>.....</p> <p>.....</p>	Ward/ Dept.:		Exact Location	
	COVID ward		Akal Charitable Hospital	
	Date & time of the incident:			
	21/6/2021 @ 1.35am			
	Describe what happened and kind of incident: Patient Ms Malti Devi age 52 years medication errors in morning at 8:30 am as the nurse not check the expiry date of the medication i.e. calcium gluconate and administered to the patient, patients feels anxious, heart rate decreases, chills this is a type of medication error.			
Impact on the patient (e.g. description of any injury, minor, major, near miss.				
Patients feel anxious, heart rate decreases, and chills.				
Sign & name of admitting consultant+ ICU in charge (if applicable)/ RMO/Floor doctor				
Dr. H.P Singh				
Sign and Name of the reporting staff		Pooja Sharma	Employee code ACH011	
			Date & time: 24/6/2021	
Sign Name of the nursing supervisor/ TL		T/L: Gursharan Singh	Employee code: ACH005	
			Date & time: 24/6/2021	

13.PREPARATION OF ASSESSMENT TOOL FOR EVALUATING NURSING STANDARDS/ PERSONNEL

STANDARDS FOR PATIENT CARE:

- Standard 1: Assessment:-** It is the initial step in the nursing process. The nurses assess the physical and psychological aspects of the client and systematically collect data that are accurate and comprehensive.
- Standard II: Diagnosis:-**The nurse analyses the assessment data in determining diagnosis.
- Standard III: Outcome identification:-**The staff identifies expected outcomes individualized to the child and family.
- Standard IV: Planning:-**The nurse develops a plan of care that prescribes interventions to obtain expected outcomes.
- Standard V: Implementation:-**The nurse implements the interventions identified in the plan of care.
- Standard VI: Evaluation:-**The nurse evaluates the clients progress toward attainment of outcomes and reassessment the client.

Standards of professional performance:-

- **Standard 1: Quality of care:-**The nurse systematically evaluates the quality and effectiveness of nursing practice.
- **Standard II: Appraisal:-**The nurse evaluates his or her own nursing practice in relation to professional practice standards and relevant statues and regulations.
- **Standard III: Education:-**The nurse acquires and maintains current knowledge and competency in nursing practice
- **Standard IV: Collegiality:-**The nurse interact with and contribution to the professional development of peers colleagues and other health careproviders
- **Standard V: Ethics:-**The nurse’s assessment, action and recommendations on clients and their families are determined in an ethical manner.
- **Standard VI: Collaboration:-**The nurse collaborates with the client, family and other health care providers in providing client care.
- **Standard VII: Research:-**The nurse contributes to nursing and health care through the use of research methods and findings
- **Standards VIII: resources utilization:-**The nurse considers factors relate to safety, effectiveness and cost in planning and delivering patient care.

SAMPLE ASSESSMENT SCALE FOR NURSING PERSONNEL

Hospital:-Ward:- COVID WardName of employee:- Miss x

	5	4	3	2	1
Patient care –does she:- <ul style="list-style-type: none"> ➤ Perform assignment skillfully? ➤ Show a genuine interest in comfort and progress of patients? ➤ Establish good rapport with patients? 		√			
Responsibility –does she:- <ul style="list-style-type: none"> ➤ Report on duty punctually ➤ See work to be done and show initiative in doing it? ➤ Follow directions intelligently and with judgment? ➤ Carry out assignments promptly? 		√			
Neatness <ul style="list-style-type: none"> ➤ In uniform- without Jewellery-hair off collar and tidy, etc. ➤ In work does she return articles to their proper place and aid in keeping units neat? 	√				
Health –does she: <ul style="list-style-type: none"> ➤ Observe good health habits-cleanliness, hand washing, good posture etc., ➤ Appear rested each morning? ➤ Perform her assignments without undue physical 		√			

and mental strain?					
Adaptability-does she:					
➤ Show understanding and courtesy to her co-workers?					
➤ Meet new situations calmly?					
➤ Accept suggestions for improvement graciously					
Loyalty- does she:		√			
➤ Avoid criticism or comments before patients?					
➤ Avoid destructive criticism or ideal gossip?					
➤ Observe rules and uphold standards?					
➤ Preserve her problems to the proper person?					

The reserve side of this form should contain for comments by the rarer and the following Record discussed with nurse

Date:

Signed

Rank or position

EVALUATION PERFORMA OF NURSING STAFFCENTERE

Name: Miss x

Age: 24 Yr

Date of appointment: 25/06/2021

Designation: Nursing Officer

Name of supervisor: Mr. Gursharan Singh

Date: 25/06/2021

S.NO	Contents	1	2	3	4	5
1	Attendance 1.Always prompt on duty 2.Occasionally late on duty 3.Usually late on duty 4.Very often late on duty				4	
2	Appearance 1.Always well groomed, neat and tidy in uniform or suitable dress. 2.Mostly well groomed and tidy 3.Usually well groomed 4. Occasionally untidy 5. Always untidy					5
3	Knowledge and application of nursing principles 1.Knows and applies knowledge in all nursing situations 2.Knows but does not apply in all nursing situations 3.Knows but applies only when directed				4	
4	Initiative					5

S.NO	Contents	1	2	3	4	5
	1. Seeks and sets up for her new additional tasks 2. resourceful alert to opportunities for improvement of work and solution of problems 3. Routine worker.					
5	Quality and quantity of work 1. Exceptionally of high quality 2. Quality is above average 3. Quality is quite satisfactory 4. Quality quite not up to standard but not Unsatisfactory				4	
6	Reliability 1. Exceptionally reliable 2. Reliable 3. Fairly reliable 4. Often not reliable					5
7	Responsibility 1. High sense of responsibility meets all of them without supervision 2. Takes responsibility well 3. Meets responsibility satisfactory 4. Meet responsibility well but needs supervision 5. Meets little or no responsibility					5
8	Nursing skills technique and procedures 1. Practices accurate nursing techniques and procedures 2. Does not practice accurate nursing technique and procedures					5
9	Planning 1. Adequate and complete (neat, concise legible, methodical, precise and to the point) 2. Average (occasionally incomplete, legible) 3. poor (incomplete, illegible)				4	
10	Records 1. Accurate and Complete (neat, concise, legible, methodical, precise and to the point) 2. Average (occasionally incomplete, legible) 3. Poor (incomplete, illegible)					5
11	Team work and personal relationship: 1. Co-operative exceptionally well and maintains					5

S.NO	Contents	1	2	3	4	5
	good 2.Cooperative good and maintains satisfactory relationships 3.Cooperative at time, not effective 4.Often fails to cooperate and maintain relationships					
12	Attitude towards supervision: 1.Seeks advise and guidance 2.Accepts and follows corrections always 3.Accepts corrections but does not always follows them 4.Argumentative and refuses corrections				4	
13	Leader ship interest and professional growth: 1.Avails opportunities for personal and professional growth 2.does not avail opportunities for improvement of self 3.Is able to get work done from others					5

Special remarks if any:-

SIGNATURE OF SUPERVISOR: -

SIGNATURE OF STAFF:-

DATE: -

DATE:-

ASSESSMENT TOOL FOR EVALUATING NURSING STANDARD IN NURSING EDUCATION

Name:

Date:

Audience:

Date:

Topic:

Sr.no.	Items to be evaluated during Presentation	Excellent	Very good	Average	Poor	Very poor
		5	4	3	2	1
1	Introduction a. Appropriate b. Interesting					
2	Content a. Relevant and adequate b. Organization c. Mastery of the subject					

	d. Recent trends					
3	Presentation a. Posture b. Confidence c. Voice audible d. Clarity and language					
4	Time management					
5	AV-aids (Blackboard, models, charts)					
6	Preparation of lesson plan					
7	Summarization					
8	Assignment to students					
9	Bibliography					
	Total					

GENERAL COMMENTS:-

Signature of the Student:

Signature of evaluator:

14. ENLIST THE FUNCTIONS OF CSSD (WITH REGARD TO MATERIAL MANAGEMENT)

The central sterile services department (CSSD) also called sterile processing department (SPD), sterile processing, central supply department (CSD), or central supply. CSSD is the Department which deals with receiving, cleaning, packing, disinfecting, sterilizing, storing and distributing all surgical instruments and equipments as per well-delineated protocols and standardized procedures.

Mission of CSSD:-Timely delivery of sterile goods, Quality (according to European Standards – EN) and Efficiency (line process)

Activities of the CSSD:-Cleaning, Disinfection of semi or non-critical items, Sterilization of critical items (high risk for infection), Supply of sterile materials.

FUNCTION OF CSSD:-

1. The CSSD provides support to all patient care services and responsible for :
 - Collection.
 - Decontamination.
 - Disinfection.
 - Inspection.
 - Assembly
 - Packaging.
 - Sterilization.
 - Storing.
 - Distribution of all instruments and medical devices.
2. Providing sterile supplies to all hospitals, clinics and polyclinics -ministry of Health.
3. Planning and approval for the design of any CSSD in the Ministry’s or private hospitals.
4. Providing policies / procedures and supervising the implementation of the same in MOH.
5. Technical Supervision on central sterile supply department (CSSD).
6. Communicate with the end users to improve the quality of the service.

7. Participating in committees to outline specifications of purchased equipment and raw materials.
8. Specifying criterion for quality control of all items produced by CSSD's.
9. Providing two years training program in the field of sterilization for the Public Authority for Applied Education.
10. Training technical staff prior to employment in private hospitals.
11. Providing consultancy and technical advice to enquiries related to sterilization from both Ministry of Health and private hospitals.
12. Providing on job training program, refreshment courses and continuous up-dating of technical staff

ITEMS HANDLED BY CSSD:-

S.N.	ITEMS
1	Cleaning of CSSD building
2	Water Quality
3	Collection of soiled/contaminated equipment
4	Collection known infectious instruments
5	Instrument segregation & loading the trays
6	Manual cleaning of medical devices
7	Assembling Trays
8	Packing and wrapping
9	Steam sterilizer
10	Ethylene Oxide Sterilization
11	Plasma sterilizer
12	Single use items
13	Sterile storage
14	textile
15	Shelf life
16	Tracking system

17	Waste management
18	Endoscope reprocessing

15. ORGANIZE CONTINUING NURSING EDUCATION

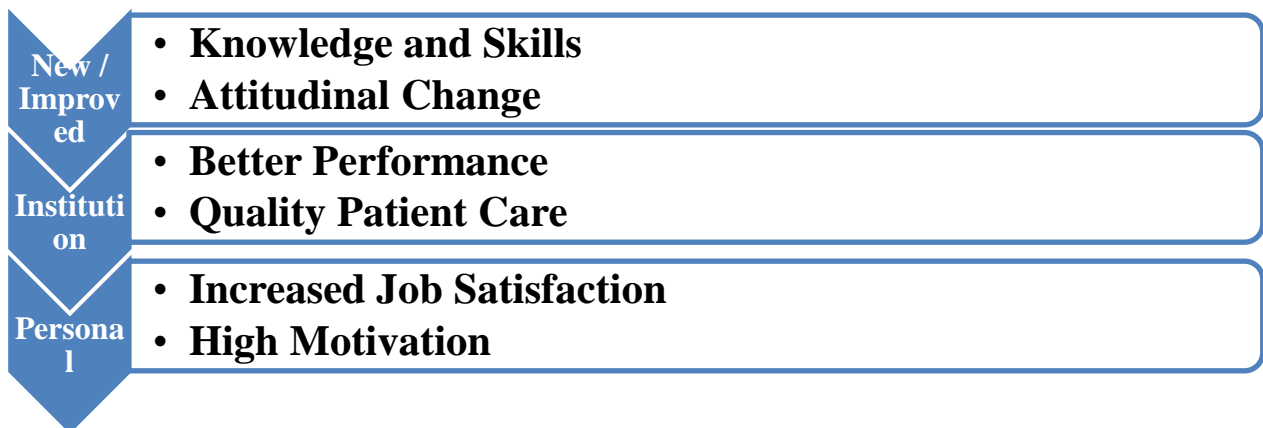
CONTINUING EDUCATION: Continuing education is any extension of opportunities for reading, study and training to young persons and adults following their completion of or withdrawal from full-time school and college programs.

“Educational activities primarily designed to keep registered nurses abreast of their particular field of interest and do not lead to any formal advanced standing in the profession”

PURPOSE & SCOPE:-

- Encourage the provision of high quality training programs.
- Assure participants of program compliance with standards.
- Aid in the utilization of Continuing Nursing Education for Registration/Renewal of registration purposes.

Benefits of CNE:-



CONTINUING NURSING EDUCATION CATEGORY:-

- **Category A:** includes open live activities targeting participants from different organizations. Examples include open courses, seminars, symposia, meetings conferences etc. State, national, international conferences.
- **Category B:** includes live internal activities limited to groups within a particular organization like practice based activities, case studies, grand rounds, journal clubs, internal teaching, consultation with peers and colleagues, etc.
- **Category C:** includes self-study activities (including, but not limited to the following): - Accredited distance-learning programs with verifiable self-assessment (e.g. Medscape /e-Medicine, e-learning modules of Indian Nursing Council and nursing and midwifery portal Govt. of India, TNAI.

GUIDELINES FOR CONTINUING NURSING:-

Education program approval: In order for a CNE activity to be accredited by Akal Charitable Hospital. It needs to meet the following requirements:

Activity design:

- Developed by qualified subject matter experts
- Well-structured and follow a logical format that promotes adult learning principles.

Aims and Objectives:

- Have clearly defined aims and objectives and the activity must appropriately reflect these objectives.
- The overall objective should be maintaining, improving and developing knowledge and skills of health care professionals.

Content:

- Activity titles should be reflective of the activity content.
- Content should be current, up-to-date and based on evidence.

Qualifications of the presenter/speaker/instructor:

- Possess the relevant level of academic and professional qualifications, and/or relevant teaching and working experience.
- Should have an appropriate experience and expertise relevant to the activity objectives.

Target Audience:

- The target audience should be clearly identified
- Has to be one or more of the followings: Practicing Nurses, Nurses Administrators Educators, ANM, MPH, Midwives.

Duration:

- Should not be less than one day.
- Time spent on welcomes, introductory remarks, breaks, assessments unstructured discussion will not be qualified for Akal Charitable Hospital credits.

Sponsorships:

- The Continuing Nursing Education provider is responsible to clearly and accurately disclose all sponsors names along with their influence on the content of the activity, format of the meeting and choice of speakers.
- The selection of educational topics, speakers, and course materials must be based upon the educational needs of professionals, and must not be influenced by commercial sponsors.
- All presenters/speakers/instructors participating in activities submitted for accreditation, should have no potential conflicts of interest or support that might cause a bias in their presentation.

FEES:-

All applications submitted for Akal Charitable Hospital Accreditation are subjected to the fees charges as followings:

Fee	Amount	Comments
Short program (duration one day)	Rs. 1500/- per program	Paid to process and consider the submitted accreditation request
Program (duration 1-3days)	Rs. 3000/- per program	Paid to process and consider the submitted accreditation request
3 days	Rs. 5000/-	

- All fees are non-refundable and non-transferable under any circumstances.

- Continuing Nursing Education providers are responsible for payment of all fees and submission of all required documents 2 to 4 weeks before the effective date of the program. Failure to do so will result in rejection of the accreditation request.
- Fees payment does not necessary indicate eligibility of receiving the Akal Charitable Hospital accreditation which is subjected to the assessment and evaluation according to Delhi Nursing Council guidelines.
- Payment has to be received in cash/Demand draft in favor of Registrar, Akal Charitable Hospital at the following address: Baru Sahib Road, Baru Sahib, Himachal Pradesh-173001.

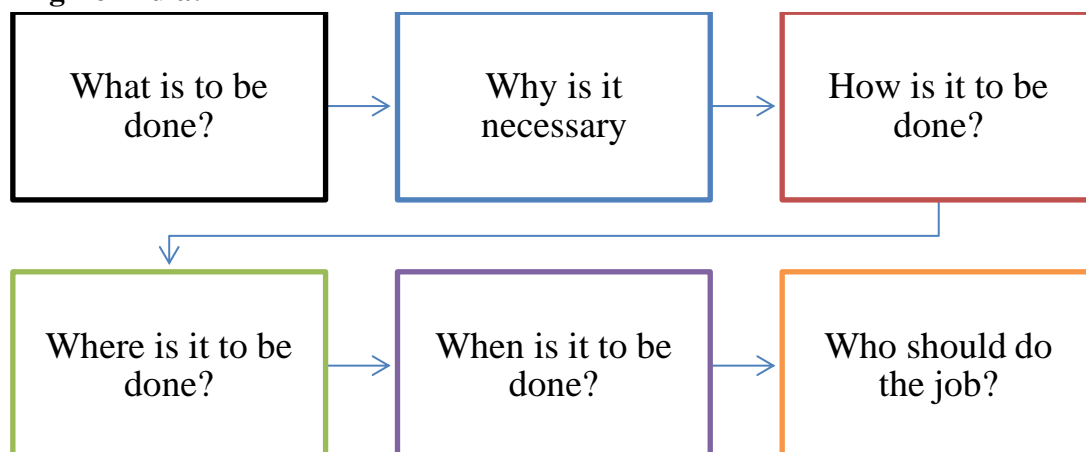
Certificates:-The Continuing Nursing Education Credits certificate should include:-

- Attendee's name
- Name of the provider
- Name of the program
- Date
- Time
- Location of the program
- Number of verifiable Continuing Nursing Education credits provided by Akal Charitable Hospital
- Signature of course director and/or supervisor representing the scientific organizing committee of the program.

TYPES:-

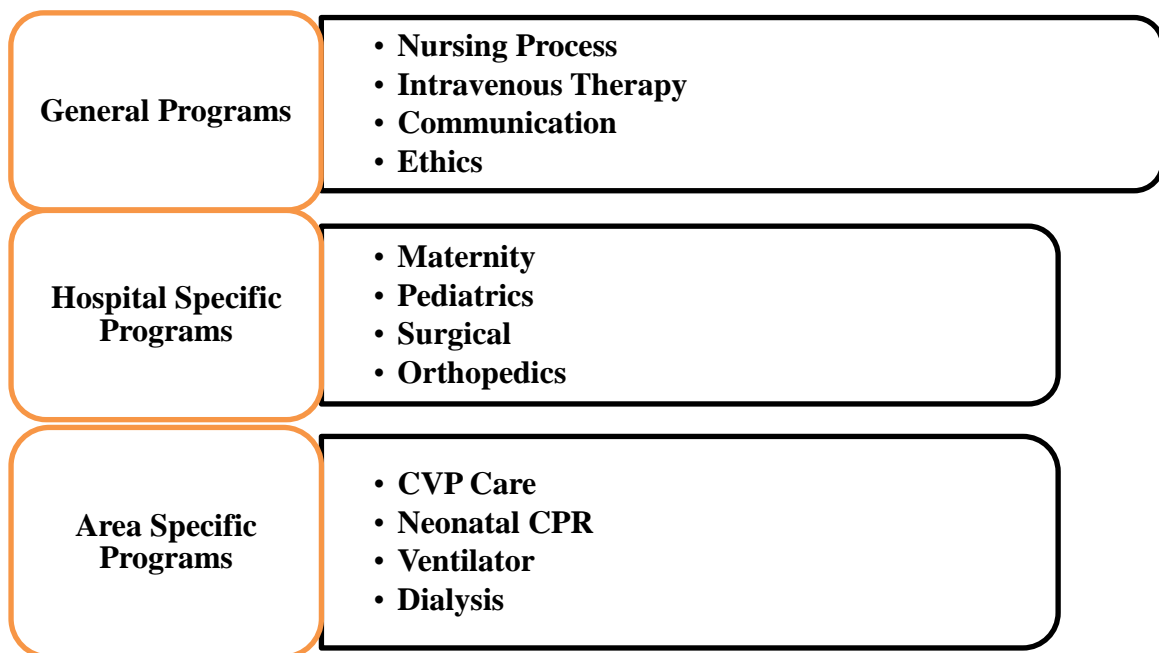
- **Orientation** to introduce new recruits to the basic aspects of the job so that they can perform their job effectively
- **Continuing education** for the improvement of knowledge, skills and attitudes
- **Management skills and leadership training**
- **Staff development program** is directed toward expanding to the fullest all the potentials of an individual
- **Individual Interest Promotion Programs**
- **Future Oriented Programs** to prepare learners for the future activities

The Planning Formula:-



Analyze needs:-	Design:-	Development:-	Implementation:-	Evaluation:-
<ul style="list-style-type: none"> • Goals • Priorities • Resources • Constraints and • Alternate delivery systems • Determine scope and sequence of training program (by task and job analysis) 	<p>Emphasizes what will be taught</p> <ul style="list-style-type: none"> • Determine training approach • Develop learning objectives • Performance measures • Training program specifications 	<p>Emphasizes on how the content will be taught</p> <ul style="list-style-type: none"> • Develop curriculum guide • Lesson plan • Supportive teaching aids • Revise material 	<ul style="list-style-type: none"> • Implement training plan • Conduct training • Formative evaluation • Document training results 	<ul style="list-style-type: none"> • Conduct summative evaluation • Analyze collected information • Initiate corrective action

CONTENT AREAS:-



Forms & Templates

- Continuing Nursing Education Program Accreditation Application form
- Sample Continuing Nursing Education Certificate for speakers
- Sample Evaluation form
- Attendance sheet spread-sheet template.

CNE (CONTINUING NURSING EDUCATION)

APPLICATION FORM FOR OF CNE

PROGRAM DETAIL:

PROGRAM TITLE:	WORKSHOP ON COVID-19
-----------------------	-----------------------------

Program Date:	27/06/2021	
Program Timings:	From: 8 am	To: 2pm
Program Venue & address:	Bhai Gurdas Hall, Baru Sahib, Himachal Pradesh	
Description of the Program: (Please tick all the relevant & attach copy of the program)		
<ul style="list-style-type: none"> ❖ Lecture ❖ Videos stations ❖ Online activities ➤ Workshops Others, Please Specify:_____ 		
Target Audience:		
<ul style="list-style-type: none"> ▪ ANM/MPH(W) ▪ Practicing Nurses ▪ Nurse Administrator ▪ Nursing Students ▪ Faculties 		
Field of specialty or subject area:		
Aim(s) and learning outcome(s) of the program: The main aim of the programme is to spread awareness regarding COVID-19.		
Applicants detail: Miss Tanisha		
Organization Name: ACN Baru Sahib		
Activity Contact Person: Mrs. Pratibha	Telephone :12345698	
	Mobile :	
Designation :M.Sc (N) 2 nd Yr	Email	

Certificate of Attendance

Presented to

Participant Name-----

**For attending the
Event Name**

Organized by-----

On Date-----

At Venue-----

**This activity was awarded (.....) CNE Credit hours
(Akai Charitable Hospital Accreditation No.....)**

Signature:-Name:-

Signature:-Name:-

Course Director: Course Coordinator:

Post/Organization: Post/Organization:

CONCLUSION

In conclusion, effective hospital administration is pivotal to the success of healthcare facilities. Skilled administrators are responsible for ensuring that hospitals operate efficiently while maintaining high standards of patient care. The core functions of hospital administration, including staffing, budgeting, policy development, and patient care management, contribute directly to the quality of healthcare services provided. Additionally, integrating advanced healthcare technologies and fostering a patient-centric environment further enhances patient outcomes and satisfaction. Despite facing numerous challenges, such as resource allocation and regulatory compliance, hospital administrators play an essential role in navigating these obstacles to deliver cost-effective and high-quality healthcare. Strong leadership and innovative strategies are key to overcoming these challenges and ensuring continuous improvement in healthcare delivery.

SUMMARY

This report highlights the critical role of hospital administration in managing healthcare facilities. It explores the primary functions of administration, such as efficient staffing, financial management, policy development, and patient care management. The report also examines the integration of advanced healthcare technologies and their impact on service delivery. Moreover, it discusses the challenges faced by hospital administrators, including resource allocation and regulatory compliance, while emphasizing the importance of leadership, innovation, and best practices in overcoming these obstacles. Ultimately, the report underscores the significance of strong hospital administration in providing high-quality, patient-centered care, and in adapting to the evolving demands of the healthcare sector.

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