Nursing updates

- Overview
- Talent development
- New initiatives
- Attrition

Nursing Overview (All locations)

Nursing Details	Total	Locations				
		Gurgaon	Patna	Indore	Ranchi	Lucknow
Total Head count	**4408**	**2248**	**615**	**234**	**223**	**1088**
Male	**965**	**501 (22%)**	**139 (23%)**	**94 (40%)**	**19 (9%)**	**212 (19%)**
Female	**3443**	**1747 (78%)**	**476 (77%)**	**140 (60%)**	**204 (91%)**	**876 (81%)**
Education :						
ANM	115	57	47	0	10	1
GNM	3110	1287	451	145	195	1032
B.sc. Nursing	1191	928	112	88	13	50
M.sc. Nursing	30	23	3	1	0	3
Post.Bsc. Nursing	50	43	2	0	5	0

Talent Development

How we train…

1. Induction training (30 days)

Each nurse has to undergo mandatory 30 days induction training followed by an OSCE (**Objective structured clinical examination**)

1. Mandatory Theory training (Topics covered during 30 days of induction)

- Admission process
- Transfer & Handover Process
- Discharge Process
- eHis/EMR/MyHub/Spandan
- Documentation
- Pediatric Assessment
- Assessment of Patient
- Soft skills & Communication
- Biomedical equipment
- Crash Cart & Emergency Medicine
- Emergency Codes
- Care of Care of Patients
- Nutrition & Diet
- Infection Control Practice
- Blood Transfusion Protocol
- NABH/JCI/ Nursing Excellence
- Fire safety

2. Hands on practice

- Common Emergencies
- Patient assessment & History Collection
- Diagnostics
- Medication Administration
- Basic Nursing Procedure
- ECG
- Care of Lines & Tubes
- PPE/Infection Control Practice
- Hands on Practice

3. BLS (Basic life support) – American heart association

- Basic life support provider course

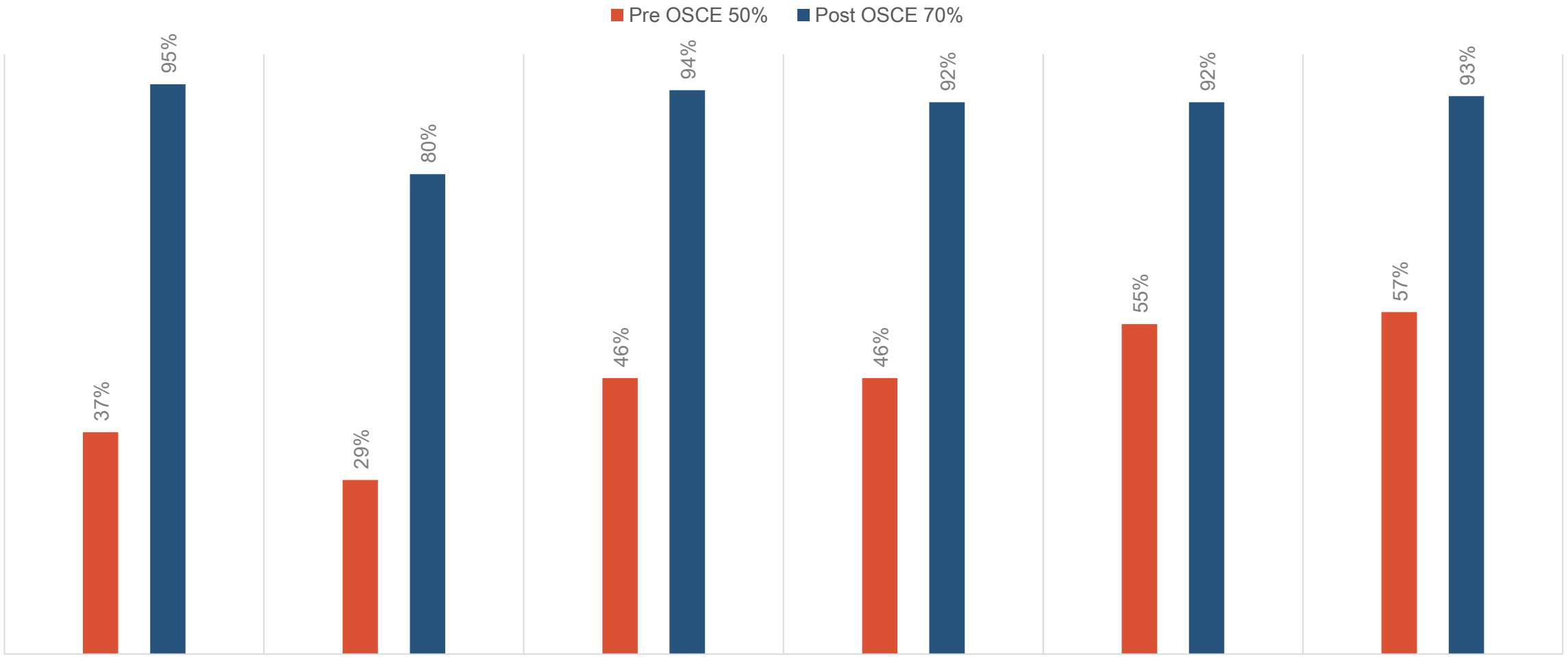
4. Departmental Specific

- Top 10 modules (Top 10 Diagnosis, Top 10 Procedure, Top 10 Drugs, Top 10 Investigation & Equipment
- Return demonstration - RBS Monitoring/Medication Administration, ET/TT Suctioning & Care, Vitals Signs Monitoring, CVP/PICC Line Care/Catheter Care

Impact

OSCE & Return demonstration (GGN)

Pre & Post OSCE passing percentage (Jan'23 – Jun'23)



Total Joinings	66	117	86	138	132	60

2. On the job training (OJT)

Each nurse has to undergo mandatory 8 hours/ month on the job training to ensure continuity of competency

1. Two JCI/NABH topic

For all the staff/senior staff nurses 4 topics per month from JCI/NABH e.g. FMS,IPSG

2. Process/procedure related training

For all the staff/senior staff nurses 4 trainings per month e.g. NSI, sample collection etc.

3. Bed side training

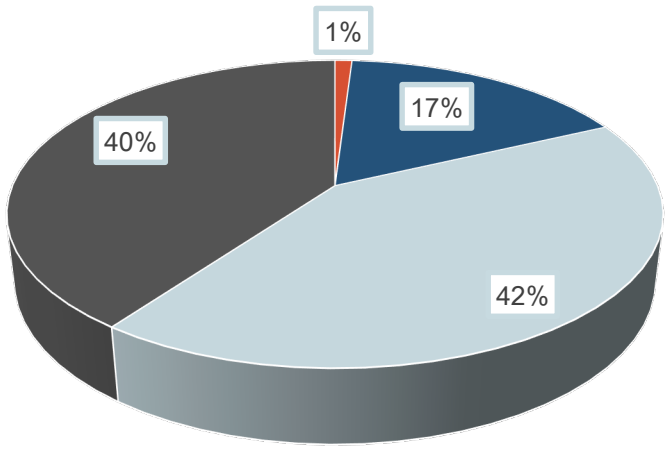
For all the staff/senior staff nurses 2 trainings per month e.g. Medication, suctioning etc

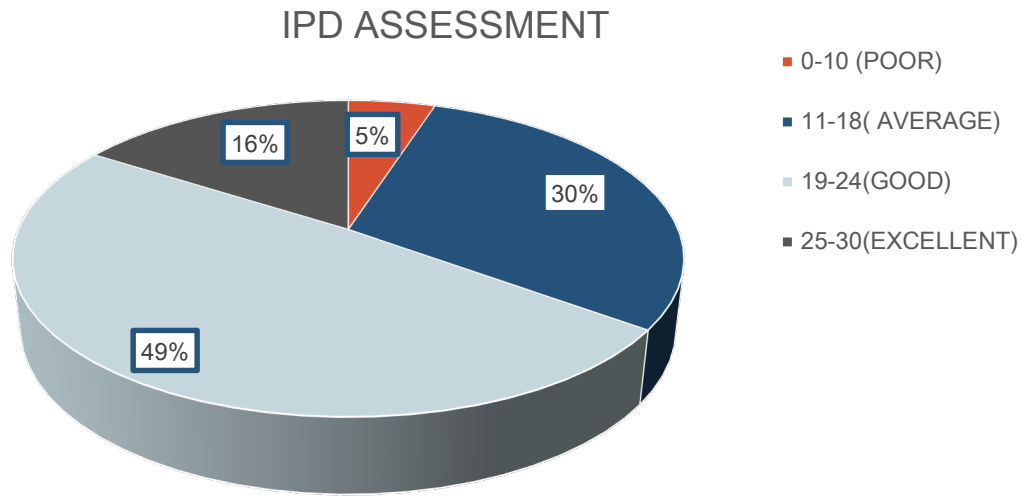
4. Incident/Scenario based training

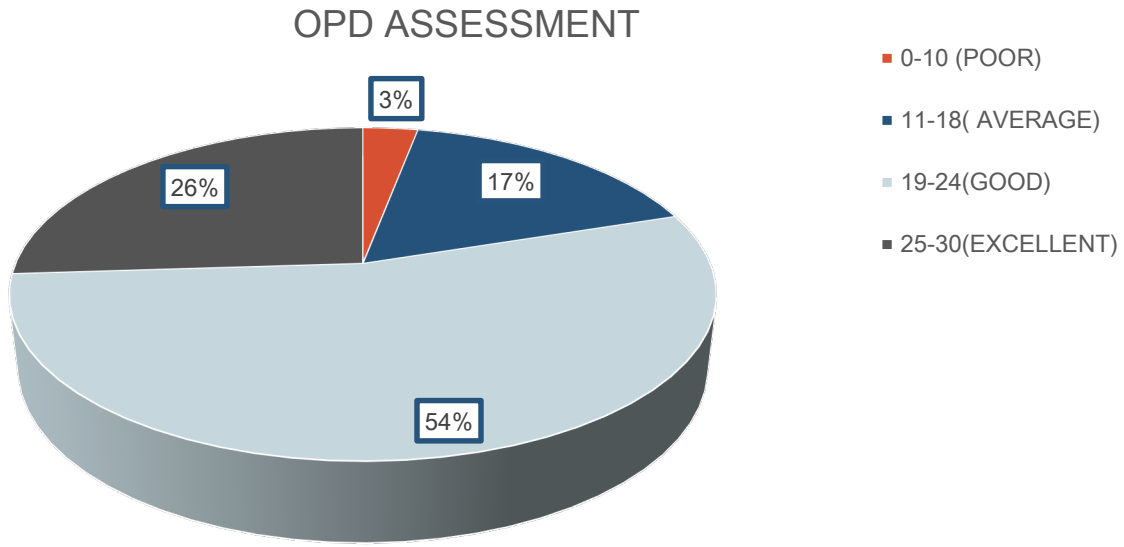
For all the staff/senior staff nurses 2 per month according to the incidents in respective areas

Quarterly Staff Competency Assessment (GGN) - April 2023

To evaluate the On job trainings







3. Specialty trainings

Introduction & Objectives

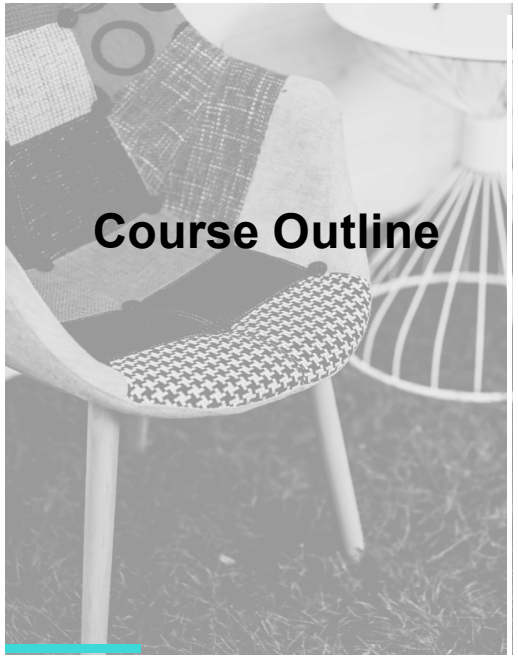
- **Introduced to create opportunities and to ensure specialized care to the patients with the following objectives :**

1. To provide autonomy and increase responsibility of nurses and have a pool of nurses trained in the respective specialty.
2. To improve the critical thinking
3. To empower the nurses for clinical decision making
4. To increase the competency and skills of nurses on specialized nursing fields
5. To ensure patient safety

Purest form of wisdom

Pre requisites & Course outline

Create a pool of specialized nurses trained in key specialties



Classes

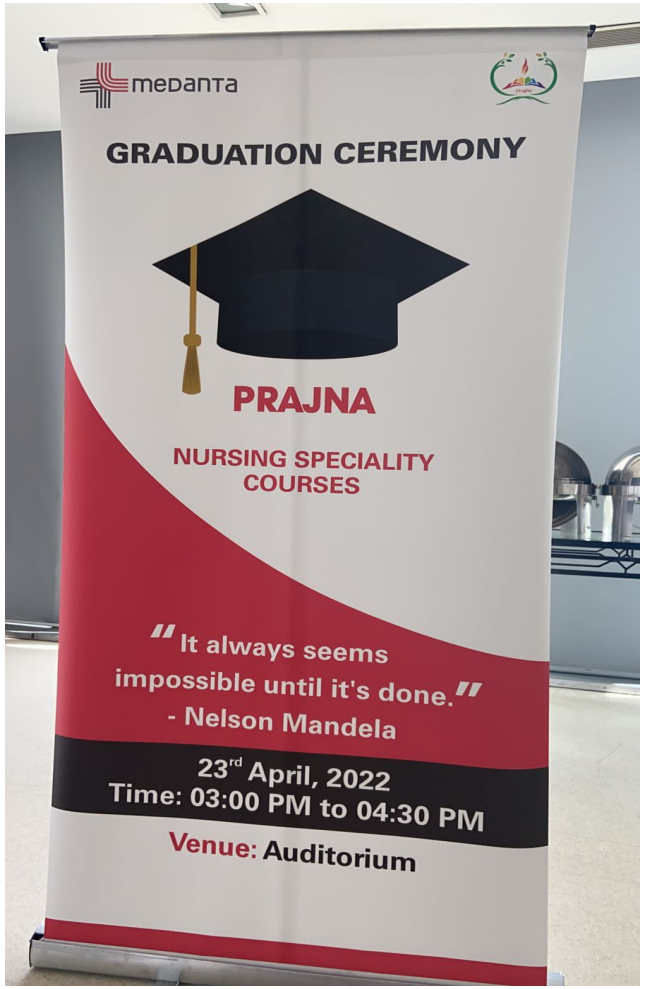
- Theory (192 hrs)- covers all basic theoretical knowledge/topic
- Practical (2496 hrs) - bedside trainings & demonstration

Faculty

- Physicians- Chairman, Director & other attending Doctors
- Dietician,
- Clinical Instructors
- External lecturers- faculty from outside for lectures

Evaluation

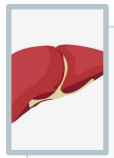
- Assignment - theory assignments, case & drug presentations
- Theory and practical exam – 60 % & 75% passing respectively

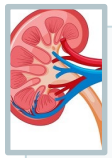


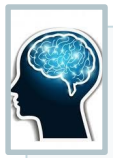
- Pre-requisites:-
  - Pass a mandatory entrance exam & counselling
  - RNRM (HNRC)
  - 6 months working experience in Medanta
  - Diploma or Degree in Nursing from recognized university
  - Sign an undertaking to work at Medanta hospital for at least 2 years after completion of course

Specialties Introduced

Launch year specialties 2021- 2022


Liver transplant Nursing


Kidney transplant nursing


Neuroscience Nursing


Cardiology and CTVS Nursing


Oncology Nursing


Dialysis Nursing

Additional specialties introduced 2022-23

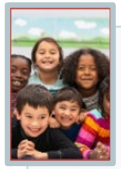
Pediatric Nursing

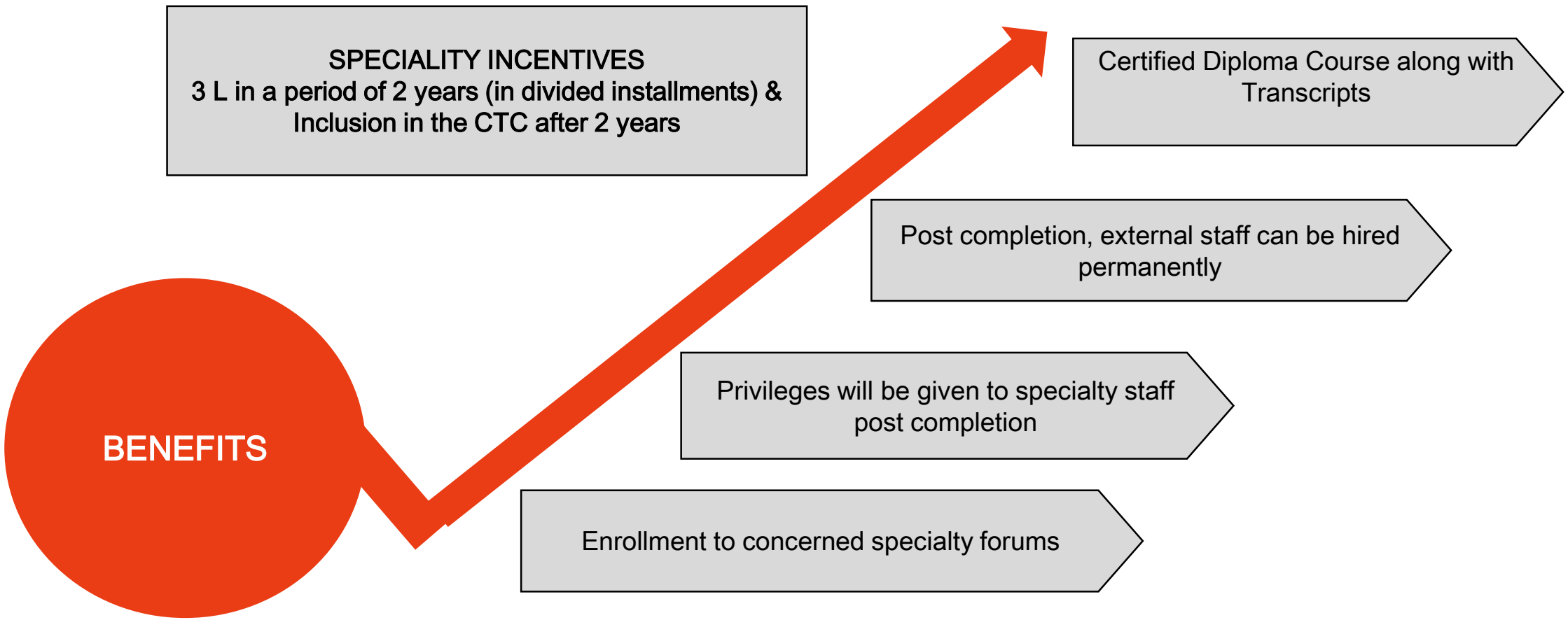

Emergency & Trauma Nursing


Anesthesia Nursing


Operation Theatre Nursing


Orthopedic


Bone marrow transplant


SPECIALITY INCENTIVES
3 L in a period of 2 years (in divided installments) &
Inclusion in the CTC after 2 years
Certified Diploma Course along with Transcripts
Post completion, external staff can be hired permanently
BENEFITS
Privileges will be given to specialty staff post completion
Enrollment to concerned specialty forums

Retention after an year (1st & 2nd Batch) (GGN unit)

First Batch			
Specialties	**No. of candidates passed**	**No. of staff retained**	**% Retention**
Cardiology	9	7	77%
Neuroscience	6	6	100%
Kidney Transplant	7	7	100%
Liver Transplant	5	3	60%
Dialysis	7	3	43%
Oncology	10	4	40%
Total	**44**	**30**	**75%**

Second Batch			
Specialties	**No. of candidates passed**	**No. of staff retained**	**% Retention**
Cardiology	9	8	88%
Neuroscience	7	7	100%
Kidney Transplant	6	6	100%
Liver Transplant	6	5	83%
Dialysis	7	6	85%
Oncology	9	9	100%
Anesthesia	5	4	80%
ER	8	7	87%
OT	10	10	100%
Pediatric	4	4	100%
Total	**71**	**66**	**93%**

4. Advance Skill Training

01	IV Cannulation Training	Total – 14 hrs Theory – 03 hrs Return/Practical demonstration – 11 hrs
02	Stoma Care Course	Total – 14 hrs Theory – 10 hrs Return/Practical demonstration – 04 hrs
03	Wound Care Nursing	Total – 08 hrs Theory – 03 hrs Return/Practical demonstration – 05 hrs
04	Diabetic Educator	Modules - 04
05	Biomedical training	Modules – 02 (Basic & Advanced)

New initiatives (Competency based Nurse-Patient allocation)

TISS (Therapeutic intervention scoring system)

NDRS (Nurses Duty Roster System)

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Introduction of TISS (Therapeutic intervention scoring system)

Introduction

- **A scoring system based on therapeutic intervention on critically ill patients. It is used to assess the quantity of care provided in a patient unit.**
- **TISS for each patient is recorded in the same shift (2 hours before handover) each day by a nurse.**

Objectives

To observe the appropriate utilization of Intensive care facilities

To observe the unit census

Evaluation of nursing workload & patient condition in a unit

To observe the severity of illness

To observe the nurse – patient ratio in a unit

Scoring criteria

ICUs

S No.	4 Points	Score
1	Cardiac Arrest and/or countershock within past 48 hours	4
2	Controlled ventilation with or without PEEP	4
3	Pulmonary Artery Catheter	4
4	Atrial and/or ventricular pacing	4
5	Hemodialysis in unstable patient	4
6	Intracranial Pressure monitoring	4
7	IABP(Intra Aortic Balloon Pressure)	4

S No.	3 Points	Score
1	Central iv hyper alimentation(Includes renal,cardiac and Hepatic failure fluid)	3
2	Pacemaker on standby	3
3	Chest tubes	3
4	IMV or assisted ventilation	3
5	CPAP	3
6	Concentrated K+ infusion via central catheter	3
7	Frequent infusion of blood products(>5 units/24 hours)	3
8	Vaso active drug infusion(1 drug)	3
9	Continuous antiarrhythmic infusions	3

S No.	2 Points	Score
1	Hemodialysis stable patient	2
2	Fresh Tracheostomy within 48 hours	2
3	Spontaneous respiration by endotracheal tube or tracheostomy	2
4	Gastro intestinal feeding	2
5	Parenteral chemotherapy	2

S No.	1 Points	Score
1	Hourly vital signs	1
2	stat blood tests	1
3	Intermittent scheduled iv medications	1
4	standard orthopedic traction	1
5	tracheostomy care	1
6	Peripheral Nutritional/Intralipid	1
	Total	71

Scoring criteria

Wards

S No.	4 Points	Score
1	Atrial and/or ventricular pacing	4
2	Peritoneal Dialysis	4
3	Platelet infusion	4
4	Lavage of acute GI Bleeding	4

S No.	3 Points	Score
1	Central iv hyper nutritional therapy(Includes renal,cardiac and Hepatic failure fluid)	3
2	Chest tubes	3
3	Concentrated K+ infusion via central catheter	3
4	Active diuresis for fluid overload or cerebral edema	3
5	Emergency Thora,para and pericardiocentesis	3
6	Coverage with more than 2 iv antibiotics	3
7	Treatment of seizures or metabolic encephalopathy(within 48 hours or onset)	3
8	Complicated orthopedic traction	3

S No.	2 Points	Score
1	2-Peripheral IV Catheters	2
2	Hemodialysis stable patient	2
3	Fresh Tracheostomy within 48 hours	2
4	Spontaneous respiration by endotracheal tube or tracheostomy	2
5	Gastro intestinal feeding	2
6	Replacement of excess fluid loss	2
7	Parenteral chemotherapy	2
8	Hourly neuro vital sign	2
9	Multiple dressing changes	2

S No.	1 Points	Score
1	1 Peripheral iv catheter	1
2	Routine dressing changes	1
3	standard orthopedic traction	1
4	tracheostomy care	1
5	Decubitus ulcer	1
6	urinary catheter	1
7	supplemental oxygen(Nasal or Mask)	1
8	Antibiotics iv(2 or less)	1
9	Chest physiotherapy	1
10	Extensive irrigations packings or debridement of wound fistula or colostomy	1
11	Gastro intestinal decompression	1
12	Peripheral Nutritional Therapy/Intralipid	1
	Total	73

Criteria definition

Criteria - Patient Severity Scale						
Modified TISS Score			ICU		Ward	
Level	Score of ICU	Score of Ward	Maximum Acceptable ratio	Minimum Acceptable ratio	Maximum Acceptable ratio	Minimum Acceptable ratio
High Risk Patient	14-71	9-73	1:1	1:1	1:3	1:1
Moderate Risk Patient	8-13	6-8	1:2	1:1	1:6	1:1
Stable Patient	1- 7	1- 5	1:2	1:1	1:8	1:1

For ICU **	
Score	Ratio
If Score >13	01:01
If Score <13	01:02

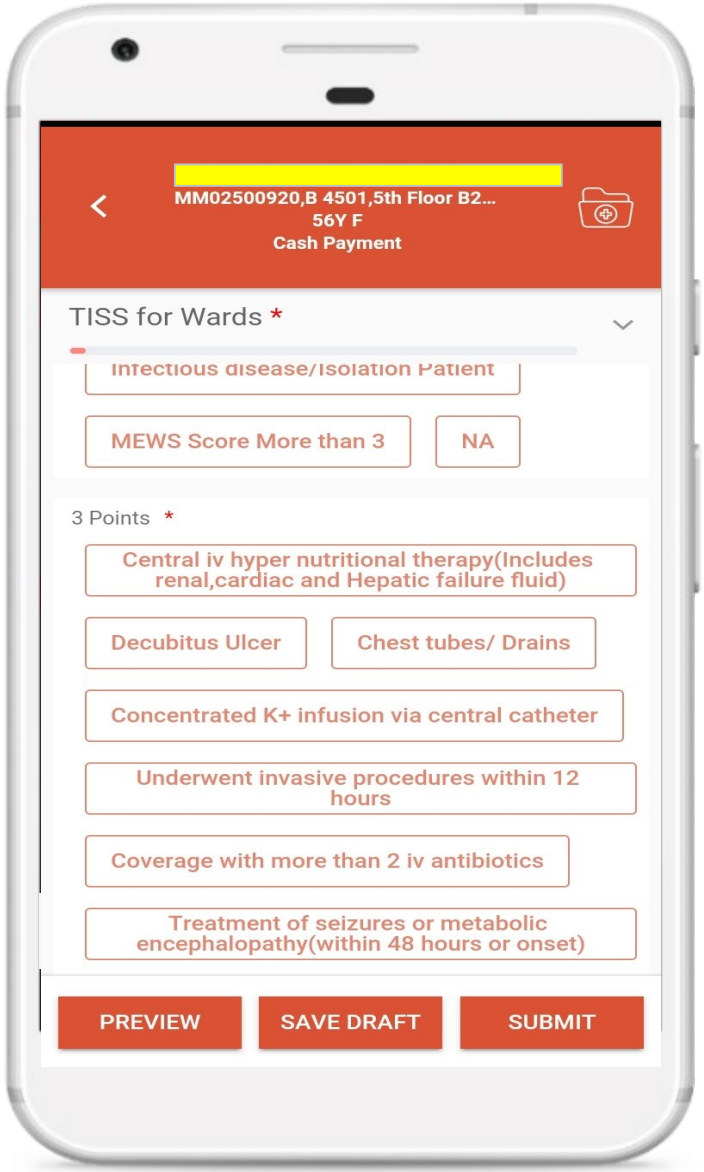
For Wards **	
IF Score > 16	01:01
If Score in between 10-15	01:03
If Score is <10	01:05
Pediatric (Age <12)	01:03

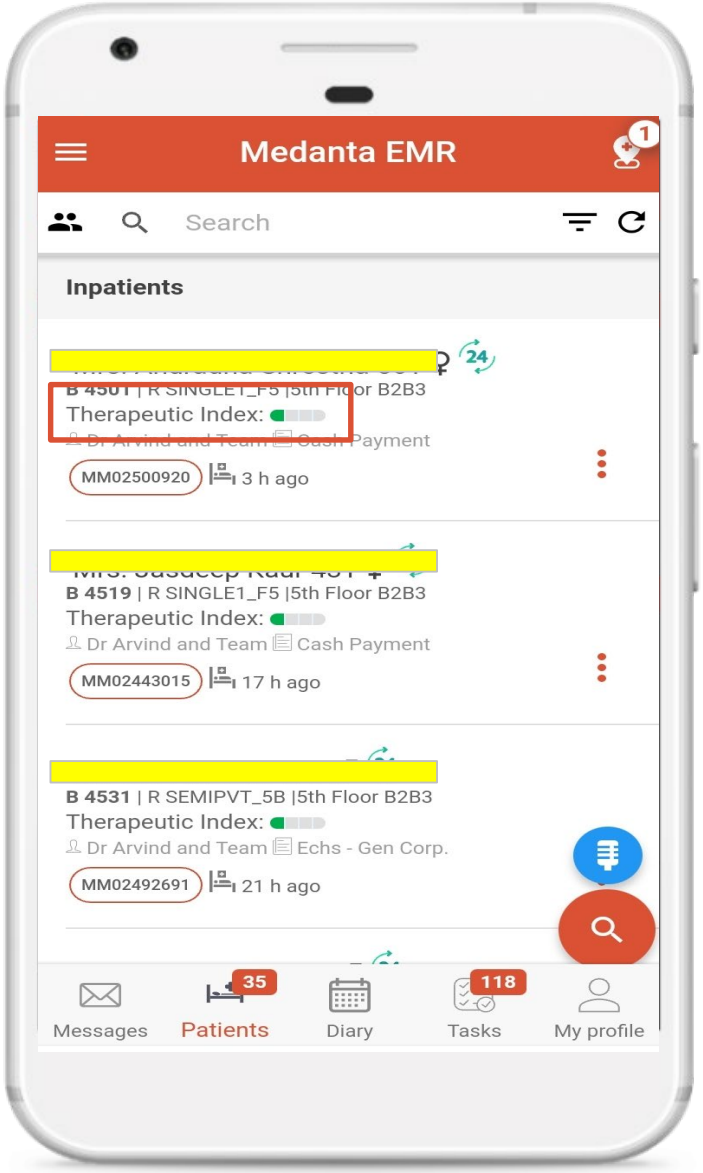
Key advantages

- Simplifying & organizing activities related to patient care
- An indicator of nurse's workload
- Information on nurse staffing ratios
- Analyzes the cost of intensive care relative to extent of care offered
- Quantitative validation of a clinical classification of patients

** Score is calculated according to scoring criterias given in EMR & HIS for Wards & ICUs.

EMR implementation of TISS





Nursing competency allocation as per patient criticality

Shift wise data (GGN unit)

Sample daily Dashboard (28.03.2023)

Patient/Nurse distribution (Morning)	Grade A	Grade B	Grade C	Grade D	Team Leader	Grand Total
High Risk	26	35	63	4	11	139
Low Risk	48	159	217	12	50	486
Moderate Risk	17	56	81	1	7	162
TISS not done	6	10	21		4	41
Grand Total	97	260	382	17	72	828

Patient/Nurse distribution (Evening)	Grade A	Grade B	Grade C	Grade D	Team Leader	Grand Total
High Risk	13	44	52	3	8	120
Low Risk	61	142	266	13	56	538
Moderate Risk	16	54	74		12	156
TISS not done	7	30	26		11	74
Grand Total	97	270	418	16	87	888

Patient/Nurse distribution (Night)	Grade A	Grade B	Grade C	Grade D	Team Leader	Grand Total
High Risk	23	34	47	2	11	117
Low Risk	39	147	246	8	21	461
Moderate Risk	22	49	69		10	150
TISS not done	9	12	17		8	46
Grand Total	93	242	379	10	50	774

High risk patient gets competency assessment based experienced nursing staff

Nurses Duty Roster System (NDRS)

- NDRS is an application to ensure acuity based assignments for nurses and patients. Nurse-patient assignment is a very complex process which reoccurs every day at the start of the each shift. If it is not well defined it may create dissatisfaction among nurses and poor quality of care in patients. Creating well-balanced, high quality assignments is crucial to ensuring patient safety, quality of care, and job satisfaction for nurses.

- Done with an objective to improve patient assignment as per acuity and effective & efficient utilization of manpower & to promote & ensure patient safety.

Key advantages

- Equal distribution of workload.
- Efficient manpower utilization.
- Improve patient satisfaction in terms of skill of assigned staff.
- Improve Nurses satisfaction in terms of workload.
- Ensure safe patient care

Attrition

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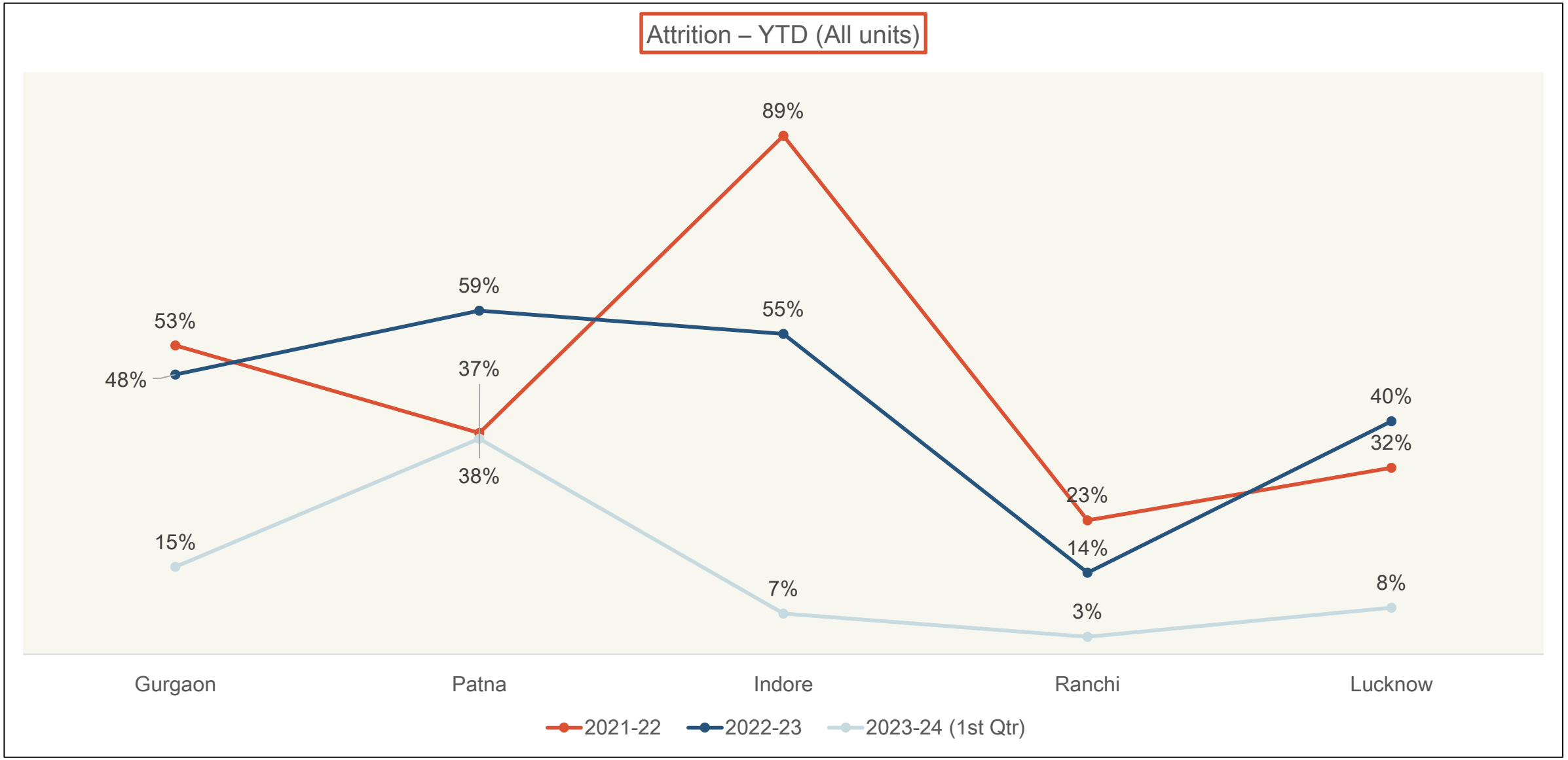
Attrition (All Unit)



Staff retention initiatives

5 days /week Implementation

Specialty Incentives

Mentor mentee- “Parinam” project

New Joinee feedback (Quarterly)

Recreational Activities

Health days celebrated

Staff satisfaction survey (half yearly)

Almost 350 nurses pledged their organs on the occasion of Nurses Day