Mission Statement

"Department of Hospital Administration strives to impart the highest quality education, training, and research in the field of healthcare administration and health facility planning. The department also endeavours to be the nodal point for healthcare quality and accreditation in Armed Forces Medical Services."

Message from Head of the Department, Hospital Administration

"It is with humility & happiness, I pen down my thoughts for this inaugural issue of Neeti. There has been a felt need from many quarters, for the Department to bring out some resource material. The matter was deliberated in-house, where we came to a conclusion that many new books and publications on the subject, are already available. However, their reference or utilization is limited to the HA specialists. So it was decided to bring out a periodical, which would present a bouquet of contemporary topics, which are of use to the medical officers practicing Hospital Administration, as Commanding Officers and Registrars. It would also provide opportunity for such practicing administrators to publish their observations, problems, and solutions, which in turn could be used by others. Every edition of this newsletter would have a legal corner, discuss a patient safety issue, publish a departmental case study, explain a management tool, cover a works concept, and introduce a subject book through a book review. However, no 'shubh karya' from the Dept can start without invoking blessings of Lord Ganesha, who besides being a God is also a Model Administrator. His administrative attributes as given in the figure above, were first explained to me by my first HoD, the greatly respected, Late Col SKP Matwankar."

-Air Cmde Ashutosh Sharma

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Consumer Protection Act: Sneak Peak

<table>
<thead>
<tr>
<th>Consumer Protection Act</th>
<th>1986</th>
<th>PROVISIONS</th>
<th>Consumer Protection Act</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>No separate regulator</td>
<td>Regulator</td>
<td>Central Consumer Protection Authority (CCPA) to be formed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaint could be filed in a consumer court where the seller’s (defendant) office is located</td>
<td>Consumer Court</td>
<td>Complaint can be filed in a consumer court where the complainant resides or works</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No provision under CPA. Consumer could approach a civil court but not consumer court</td>
<td>Product liability</td>
<td>Consumer can seek compensation for harm caused by a product or service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District forum: upto Rs. 20 lakh State forum: Rs. 20 lakh to Rs. 1 cr National forum: above Rs. 1 cr</td>
<td>Pecuniary jurisdiction</td>
<td>District forum: upto Rs. 1 Cr State forum: Rs. 1 Cr to Rs. 10 Cr National forum: above Rs. 10 Cr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-commerce</td>
<td></td>
<td>All rules of direct selling extended to e-commerce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No provision</td>
<td>Mediation cells</td>
<td>Court can refer settlement through mediation cell</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medication Safety

Medication safety is defined as freedom from preventable harm caused by medications. Medication safety issues can impact health, length of stay in hospital, readmission rates, reputation of the profession, and cost of care.

Errors which can compromise Medication Safety could be
1. Prescription errors
2. Dispensing errors
3. Dosage errors
4. Administration errors
5. Monitoring failure

Medication safety is a global issue. A study conducted in UK found that 12% of all primary care patients may be affected by a Prescribing or Monitoring error over the course of a year, increasing to 38% in those 75 years and older and 30% in patients receiving five or more drugs during a 12 month period. An Indian study revealed that medication error in India at 6.4%, a figure questioned and often reasoned on grounds of under reporting.

Aim of Medication Safety is 6 Rights (6Rs)

Other important aspects to be kept in mind for medication safety:
- Precautions for LASA medicine (Labeling & Storage)
- Separate storage for dangerous drug
- Communicate clearly to the patients & staff writing instructions
- Check & recheck
- Encourage patients to be actively involved

- Use Generic names and CAPITAL letters in prescriptions
- Rethink dosage for paediatric & high risk patients
- Know your patient (High risk patient):
  - Polypharmacy (co-morbidity)
  - Allergic patient
  - Pregnancy (ANC)
  - Comatose patient

SOME EXAMPLES OF LASA

**LOOK ALIKE DRUGS**

<table>
<thead>
<tr>
<th>Injection</th>
<th>Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gentamicin</td>
<td>Amikacin/Dexamethasone</td>
</tr>
<tr>
<td>Avil</td>
<td>Phenergan</td>
</tr>
<tr>
<td>Atropine</td>
<td>Adrenaline</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>Flagyl</td>
</tr>
<tr>
<td>Cefotaxime</td>
<td>Ceftriaxone</td>
</tr>
<tr>
<td>Cloxacillin</td>
<td>Ampicillin</td>
</tr>
<tr>
<td>KCl</td>
<td>Sodium Bicarbonate</td>
</tr>
<tr>
<td>Thiamine</td>
<td>Haloperidol</td>
</tr>
<tr>
<td>Perinorm</td>
<td>PCM</td>
</tr>
</tbody>
</table>

**SOUND ALIKE DRUGS**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envas</td>
<td>Atorvas</td>
</tr>
<tr>
<td>Quinine</td>
<td>Quinidine</td>
</tr>
<tr>
<td>Digoxin</td>
<td>Digene</td>
</tr>
<tr>
<td>Cefirzine</td>
<td>Sertraline</td>
</tr>
<tr>
<td>Piracetam</td>
<td>Paracetamol</td>
</tr>
<tr>
<td>Calciferol</td>
<td>Calcitriol</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>Dextromethorphan</td>
</tr>
<tr>
<td>Pitocin (Oxytocin)</td>
<td>Pitrescin (Vasopressin)</td>
</tr>
<tr>
<td>Zolmitriptan</td>
<td>Zolpidem</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Trazodone</td>
</tr>
</tbody>
</table>

"The best way to predict the future is... to create it" — Peter Drucker
In a study conducted by a resident of the Dept of Hosp Adm, 1000 OPD cases were followed to check what other services the OPD patients use after consultation.

- 73.8% patients were advised Laboratory investigations, hence, went to the laboratory or its sample collection area
- 71.9% of patients went to the dispensary
- 26.5% of patients were advised Radiological investigations
- 14.3% patients were advised physiotherapy
- 9% were advised special investigations

This study highlights the need for proximity and functional interrelationship for Outpatient Department and could be used by planners when siting departments in a Hospital.

### Classification of Work

**For the purpose of budgeting & control the operation of defence works are divided into two categories:**

- Original works
- Repairs

#### ORIGINAL WORKS
- Construction of building, workshop storage depot, internal fixing & fixture
- Roads, runways, marine works, E & M services, water supply
- Reconstruction of building, static tank

#### REPAIRS
- Maintenance and periodical services, renewal & replacement
- Works required for existing building/road as decided by Board of Officers

- Petty repairs
- Replacement of furniture of value upto 50% of annual allotment of maintenance of furniture on station basis. Ceiling of Rs 4 lakh.
- Periodic repair as per MES regulations
- Replacement & renewal costing upto 1.5 lakh for each item
- Repairs, renewals & replacements of E/M installations costing upto Rs 2 lakh in each case.
Failure Mode & Effects Analysis (FMEA)

Failure Mode and Effects Analysis (FMEA) is a methodology to identify ways that a product or process may fail (failure mode), the effect of such failure, and possible causes, before occurrence of failure. It is a failure prevention tool that is used by product manufacturers and can be used in hospitals to predict failure points in any process such as medication administration, transfer of patients or monitoring in ICU.

It is different from Root Cause Analysis (RCA), in that, RCA is retrospective for events that have occurred but FMEA is proactive to predict where failure may occur. However, FMEA may be used after RCA to identify actions for improvements.

Example: FMEA in a Lab Test

<table>
<thead>
<tr>
<th>Order</th>
<th>Centrifuge Specimen</th>
<th>Verify Calibration</th>
<th>Run QC</th>
<th>Run Sample</th>
<th>Report Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Equip. broken</td>
<td>Instruction not calibrated</td>
<td>QC results unacceptable</td>
<td>Mechanical error</td>
<td>System crash</td>
</tr>
<tr>
<td></td>
<td>Wrong speed</td>
<td>Specimen not clotted</td>
<td>Tech error</td>
<td>Result entered for wrong patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specimen not clotted</td>
<td>No power</td>
<td></td>
<td>Result not entered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wrong test tube</td>
<td>Bad calibration stored</td>
<td></td>
<td>Result misread by tech</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Order not received</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Steps of FMEA in a Healthcare Settings

1. Identify the Process
2. Brainstorm potential failure points
3. List potential effects of each failure
4. Assign Severity ranking for each failure
5. Assign Occurrence ranking
6. Assign Detection ranking
7. Calculate RPN (Risk Priority Number)
8. Develop action plan
9. Take action
10. Re-calculate resulting RPN

FMEA: Terminology

- **Failure Mode**: The way in which a process can fail
- **Effect**: The impact on the process or customer requirements as a result of the failure
- **Severity**: The impact of Effect on the customer or process
- **Root Cause**: The initiating Source of failure mode
- **Occurrence (or frequency)**: How often the failure is likely to occur
- **Detection**: Likelihood that the failure will be discovered in a timely manner, or before it can reach the customer.

It is different from Root Cause Analysis (RCA), in that, RCA is retrospective for events that have occurred but FMEA is proactive to predict where failure may occur. However, FMEA may be used after RCA to identify actions for improvements.

**Organisation Behavior**: Robbins, Timothy, Vohra

The book Organisation Behaviour by Dr. Robbins et al is an authority in the area of organizational behavior. The 18th Edition reflects the most recent research and business events within the field of Organizational Behavior (OB), while maintaining its hallmark features - a clear writing style, cutting-edge content and intuitive pedagogy. Features a lively, conversational style, with extensive examples, case applications, skill-building modules, ethical, dilemma exercises and myth or science boxes for better understanding of the subject.

This textbook covers several themes and topics that are particular to organizational behavior in the Indian Scenario. The writing style, level of English and pedagogy have been carefully considered to meet the needs of readers in Indian Subcontinent. Besides covering the issue of Motivation, Leadership, Conflict & Change Management, it also covers various other facets of OB like Values, Attitudes and Job Satisfaction, Work design and Organisational Development.

Career Objectives in every chapter provide advice, in a question-and-answer format to help readers think through issues they may face in the workforce today. The Point/Counterpoint feature presents opposing positions on hot topics in OB to help readers learn to think critically.

An icing on the cake is a New - An Employability Skills Matrix, at the beginning of each chapter which provides readers with a visual guide to features that support the development of skills employers are looking for in today’s business graduates.

This book is for anyone interested in organizational behavior, organizational psychology, or human relations and is committed in providing or utilizing engaging, cutting-edge material that helps administrators and managers understand and connect with organizational behavior.