CHAPTER-4

WARD ADMINISTRATION

INTRODUCTION

Nehru Hospital attached to the Post-Graduate Institute of Medical Education and Research, Chandigarh is fostering the health needs of the people not only of Chandigarh and surrounding areas of Punjab, Haryana, H.P, J&K, Rajasthan and U.P, but of the people from far off places including Bihar, Assam, West Bengal and Tamil Nadu. It provides services to the consumers through indoor as well as outdoor departments.

The Nehru Hospital is divided into different blocks which harbour both outdoor patient departments as well as indoor departments called wards as shown in the figure 4.1.

WARD

A ward is that unit of the hospital where all the amenities for medical or surgical care as well as physical, social and psychological are made available to make the patients feel at home
LOCATION OF WARDS / O.P.D.'s

FLOOR

EAST

WEST

5th

PVT. W.
M. E.N.T.
M.S.W.
M.M.W.
PVT. WARD

4th

PVT. W.
SP. M.S.W.
F.S.W.
C.T.U.
PVT. WARD

3rd

PVT.W.
N.S.W.
PAED. W.
MED/_SURG.
MED. WARD

2nd

EMG. OPD.
I.C.U.
SURG. OPD
MED/ SURG.
MED. OPD.
ICU

Gnd.

LABS
NSG. OFF.
PSYCH.
ORTH.

A.P.C.

DE - ADDC.

TRAUMA - C

COBALT

X-RAY ROOM

G.Y.N.AE.

S.L.R.

R.E.N.

T.

S.C.

E.NET.

O.P.D.

X.RAY DEPT.

R.T. OPD.
during their stay in the hospital from the moment of admission till they are discharged. In other words a ward is a temporary home for the patients who are admitted in the ward. Evidently, there is a need to ensure a therapeutic environment which is conducive to early recovery of the patients and to help win their confidence. In each ward, there is a Nursing unit which is directly responsible for providing nursing care to all the patients in the ward for 24 hours a day. Though the overall responsibility of planning, implementation and supervision of nursing personnel vests in the Chief Nursing Officer or Nursing Superintendent (in the absence of Chief Nursing Officer) who is assisted by Deputy Nursing Superintendent and Assistant Nursing Superintendents, the functions of Nursing unit are carried out by Nursing Sister Grade I (Ward Sister), Nursing Sister Grade II (staff Nurses) and Ward Aide as well as Class IV employees including ward servants and safaiwals. So the main responsibility of administering a ward or nursing unit has been delegated to the Nursing Sister Grade I or Ward Sister. She looks after some particular ward which is assigned to her and is responsible for carrying out the administrative functions of the ward which enable the Nursing Sister Grade II (staff nurses) of the Nursing Unit to provide effective, well organised, and comprehensive nursing care to the patients admitted in that ward.

OBJECTIVES OF NURSING UNIT/WARD

1. "Assisting the patient with those physical services necessary for his well being and comfort which he cannot do for himself or cannot do unaided and planning such services
to meet his individual needs as they are affected by his physical condition and his emotional reaction.

2. "Observing, recording, and reporting to the physician for the 24 hour period, the physical, emotional, and mental symptoms which may have significance in diagnosis and in the direction of therapy.

3. "Preparing the necessary equipment for, and assisting the physician with, diagnostic tests and therapeutic measures.

4. "Giving medications and carrying out treatment prescribed by the physician.

5. "Observing the patient for reactions which may follow treatments, and taking the necessary measures to combat them, should they occur.

6. "Assisting in providing a clean, orderly, well ventilated environment for the patient and protecting him from infections, accidents, and fire hazards."

7. "Helping the patient to feel secure in his new environment and to adjust himself to his condition and to any limitations, he may have as a result of his illness."

8. "Teaching the patient how to maintain and improve his health and to carry out his treatment when he goes home."

9. "Establishing good rapport with the patient's family and his friends."
10. "Meeting emergency situations and unforeseen situations with promptness and good judgement.

11. "Making contacts for the patient with others concerned with his care, such as the medical social worker, the dietitian, the occupational therapist, or the clergy, or nursing agencies when he leave the hospital."1

The Nursing Service Administration of Nehru Hospital attached to the P.G.I.M.E.R., Chandigarh believes that its supreme objective, the best possible patient care, can be achieved only by the full co-operation of all who are privileged to take part in that care.

**PLANNING OF WARD**

The efficient advance planning of the unit ensures patient care of the best quality. Planning is preparation for action.

Dimock defines planning as: "The use of rational design as contrasted with chance, the reaching of a decision before a line of action is taken instead of improving after action has started."2

The aspects of planning a ward include- Space planning, location of Nursing Unit, materials planning, personnel planning, etc. The planning here must be practical and operational and not theoretical. In the words of Millet, "Planning is the process of determining the objectives of administrative effort and of devising the means calculated to achieve them."3 Hudson succinctly defines it as: "The process of devising a basis for a course of future action."4
In each nursing unit, planning is done to provide the following basic facilities:

(a) Patient rooms with attached or separate toilet and bathing facilities.
(b) Nurses Duty Room.
(c) Treatment Room.
(d) Waiting Room for the relatives.
(e) Storage of linen and other supplies and equipment.

Besides, there is a need of manpower planning i.e. identification of actions which personnel have to take in order to perform activities, and identification of positions by which personnel requirements may be grouped to determine types, number and qualifications.

WARD ADMINISTRATION

The American Hospital Association and National League of Nursing Education indicates the following steps to administer the ward:

(1) "Assisting the patient with those physical services necessary for his well-being and comfort which he cannot do for himself or cannot do unaided, and planning such services to meet his individual needs as they are affected by his physical condition and his emotional reaction.

(2) Observing, recording, and reporting to the physician for the 24-hour period the physical, emotional, and mental symptoms which may have significance in diagnosis and in the direction of therapy.
(3) Preparing the necessary equipment for and assisting the physician with diagnostic tests and therapeutic measures.

(4) Giving medications and carrying out treatments prescribed by the physician.

(5) Observing the patient for reactions which may follow treatments, and taking the necessary measures to combat them, should they occur.

(6) Assisting in providing a clean, orderly, well-ventilated environment for the patient, and protecting him from infections, accidents, and fire hazards.

(7) Helping the patient to feel secure in his new environment and to adjust himself to his condition and to any limitations he may have as a result of his illness.

(8) Teaching the patient how to maintain and improve his health and to carry out his treatment when he goes home.

(9) Establishing good rapport with the patient's family and his friends.

(10) Meeting emergency situations and unforeseen situations with promptness and good judgment.

(11) Making contacts for the patients with others concerned with his care, such as the medical social worker, the dietician, the occupational therapist, or the clergy, or nursing agencies when he leaves the hospital."

A CASE STUDY

To understand the dynamics of Ward administration, a case study of Male Medical Ward has been undertaken.
Location

It is located on the 5th floor, C-Block of the Nehru Hospital, P.G.I., Chandigarh. A view of the entrance to the ward is shown in photograph. The map of the ward is depicted in figure 4.2.

Physical set up

The ward is in rectangular shape with corridor in the centre and cubicles on both sides. It consists of 12 cubicles for the patients. A view of the cubicle is shown in photograph. Distribution of beds in different cubicles is shown in table 4.1.

Each cubicle has a provision for 6 beds. Out of these cubicles one cubicle which is right in front of Doctor's and Nurse's duty room (shown in photograph) is a Recovery Room in which serious patients are kept for continuous observation.

Besides these cubicles there are three small isolation cubicles for the patients suffering from Tuberculosis who are infectious. They are kept separate so that other patients do not catch infection from them. Besides the provision for patients beds, it also has a Nurse's Room, Doctor's Room (with attached toilet), treatment room, inventory room etc.

There is also a provision for five bath rooms, six W.C. for patients and their attendants, besides one separate bathroom and W.C for isolation patients, broom store and sluice room at the posterior end of the ward. All the beds are allotted to different departments/units. The distribution of beds to different units is shown in table 4.2.
MAP OF WARD

FIGURE: 4-2

LEV. - IN
BLOK - C
Entrance: Male-Medical Ward

Cubicle: Male-Medical Ward
TABLE-4.1

Showing Distribution of beds in Cubicles

<table>
<thead>
<tr>
<th>Cubicles</th>
<th>Bed No.</th>
<th>Cubicles</th>
<th>Bed No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1-6</td>
<td>9</td>
<td>45-50</td>
</tr>
<tr>
<td>2.</td>
<td>7-12</td>
<td>10</td>
<td>51-56</td>
</tr>
<tr>
<td>3.</td>
<td>12A-14 (Recovery Room)</td>
<td>11</td>
<td>Treatment Room</td>
</tr>
<tr>
<td>4.</td>
<td>15-20</td>
<td>12</td>
<td>57-62</td>
</tr>
<tr>
<td>5.</td>
<td>21-26</td>
<td>13</td>
<td>63-68</td>
</tr>
<tr>
<td>6.</td>
<td>27-32</td>
<td>Isolation</td>
<td>69-71</td>
</tr>
<tr>
<td>7.</td>
<td>33-38</td>
<td>Laboratory</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>39-44</td>
<td>Class Room</td>
<td></td>
</tr>
</tbody>
</table>
Doctor's and Nurse's Duty Room
TABLE-4.2

Showing distribution of Beds to Different Departments

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Unit</th>
<th>Bed No.</th>
<th>Consultant</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Endocrinology</td>
<td>58-68</td>
<td>Dr.R.J.Dash</td>
<td>11</td>
</tr>
<tr>
<td>2.</td>
<td>Nephrology</td>
<td>1-11</td>
<td>Dr. V.K.Sukuja</td>
<td>11</td>
</tr>
<tr>
<td>3.</td>
<td>Internal Medicine I</td>
<td>45-56</td>
<td>Prof.B.K.Sharma</td>
<td>12</td>
</tr>
<tr>
<td>4.</td>
<td>Hepatology</td>
<td>24-32</td>
<td>Dr. Dilawari</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Internal Medicine II</td>
<td>12-12-A</td>
<td>Dr.S.D.Deodhar</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15-23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Dermatology</td>
<td>39-44</td>
<td>Dr. Bhushan</td>
<td>6</td>
</tr>
<tr>
<td>7.</td>
<td>Chest</td>
<td>33-38</td>
<td>Dr. S.K. Jindal</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>69-71</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td><strong>71</strong></td>
<td></td>
</tr>
</tbody>
</table>

149
STATISTICAL FACTS

The statistical facts about the ward are as follows:

- Bed Strength: 71
- Number of units: 7
- Number of patients in each unit: 6-12
- Number of consultants: 7
- Number of senior residents: 7
- Number of junior residents: 14
- Total number of medical personnel: 28
- Assistant Nursing Superintendent: 1
- Nursing Sister Grade - I: 3
- Nursing Sister Grade - II: 16
- Ward Aide: 1
- Ward Servant: 5
- Safaiwala: 5

NURSE-PATIENT RATIO

As per recommendation given by Indian Nursing Council (Annexure 4) regarding the strength of nursing personnel in different areas of the hospital, a Male Medical Ward should have one staff nurse (Nursing Sister Grade-II) for three patients (1:3). In addition to this, 30% leave reserve is required. In this ward under study, the bed strength is 71, number of staff nurses (Nursing Sister Grade-II) are 16, nurse patient ratio is 1:4.4, so the ratio is much more than the requirement given by Indian Nursing Council. In addition, 30% leave reserve is required, so the required strength of Nursing Sister Grade-II is 31. So, the requirement is double
the actual staff. Hence, there is a need to post 15 more Nursing Sister Grade-II in this ward to meet the required standards.

Regarding the number of nursing sister, the Indian Nursing Council has recommended the ratio of Nursing Sister to bed strength as 1:25 (each shift) i.e. for every 25 patients there should be one Nursing Sister in each shift. It means that for three shifts there should be 3 Nursing Sisters for 25 patients. In Male Medical Ward, there are 71 patients. Hence, there is a need of 3 Nursing Sisters Grade-I in each shift and for all the three shifts there is a requirement of 9 Nursing Sisters Grade-I. But, since the Nursing Sisters are working in the morning shift only, hence three Nursing Sisters are meeting the requirement of the ward. There is a provision of one Nursing Sister Grade-I in evening and night shift in rotation in each block from the wards in that block. So, when a Nursing Sister Grade-I from Male Medical Ward goes for evening or night shift in the block then there is shortage of Nursing Sisters Grade-I in the morning shift in the ward. So, there can be a provision of one reliever Nursing Sister Grade-I or one more Nursing Sister Grade-I needs to be increased. Indian Nursing Council has recommended 1 Assistant Nursing Superintendent for 3-4 wards where as in Male Medical Ward alone there is one Assistant Nursing Superintendent besides one Senior Assistant Nursing Superintendent for the 3 wards in the block.

So, according to requirement, the post of Assistant Nursing Superintendent exclusively for the Male Medical Ward is not required. But actually as given in the job description, she holds
the charge of the ward and is the over-all manager of the unit hence her posting is justified.

The working of the ward has been examined on the basis of personal observation, interview and discussion with the staff in the ward and the patients and their relatives.

**NURSING PERSONNEL**

**Working Hours**

<table>
<thead>
<tr>
<th>Shift</th>
<th>Time</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>8 a.m. to 2.30 p.m.</td>
<td>6 1/2 hrs.</td>
</tr>
<tr>
<td>Evening</td>
<td>2 p.m. to 8 p.m.</td>
<td>6 hrs.</td>
</tr>
<tr>
<td>Night</td>
<td>8 p.m. to 8 a.m.</td>
<td>12 hrs.</td>
</tr>
</tbody>
</table>

However during summer vacations of 2 months i.e. from 16th May to 15th July, the duty timings are changed for the Nursing Personnel in accordance with the hospital functioning. The changed timings are as follows:

<table>
<thead>
<tr>
<th>Shift</th>
<th>Time</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>7 a.m to 1.30 p.m.</td>
<td>6 1/2 hrs.</td>
</tr>
<tr>
<td>Evening</td>
<td>1.15 p.m to 8 p.m.</td>
<td>6 3/4 hrs.</td>
</tr>
<tr>
<td>Night</td>
<td>8 p.m. to 7 a.m.</td>
<td>11 hrs.</td>
</tr>
</tbody>
</table>

The number of Nursing Personnel in each shift are as follows:

- The number of Nursing Sister Grade-II on morning duty = 5
- " " " " " " " " evening duty = 3
- " " " " " " " " night duty = 3
- " " " " " " " " daily duty = 11
- " " " " " " " " off duty = 5

On the average, the number of Nursing Sister Grade-II on morning, evening, and night duty are 5, 3, 3 respectively. It means that 11 Nursing Sister Grade-II are on duty daily and the
2. **Record of Vital Signs**

She checks and records the vital signs i.e., temperature, blood pressure, pulse rate, respiratory rate etc. Normally, vital signs are recorded twice a day for all patients. But for patients with specific problems, these are recorded more frequently. A Sister Grade II recording Blood Pressure is shown in photograph.

3. **Report**

If there is some abnormality or the vital signs are not within normal range, then, she immediately informs the concerned doctor and also mentions in the report book and takes necessary steps to combat the abnormality. These may be nursing steps which she initiates at her own till the doctor arrives or the following of S.O.S. instructions given by him. Report of all serious patients is written in the report book in each shift.

4. **Administration of Medication**

Most of the time nurses are busy in administering medication to the patients, oral or by injection, may be intramuscular, intravenous or subcutaneous (shown in photograph). The timings for medications or injections are usually fixed according to the frequency of the administration of that medicine or injection, such as:

- **OD medicines** 10 a.m.
- **BD** " 10 a.m. and 10 p.m. or 6 p.m.
- **TDS** " 10 a.m., 2 p.m., 6 p.m.
- **QID** " 10 a.m., 4 p.m., 10 p.m., 4 a.m.
- **4 hourly** " 10 a.m., 2 p.m., 6 p.m., 10 p.m., 2 a.m., 6 a.m.
- **Before meals** 8 a.m., 12 m.d., 7 p.m.
Nursing Sister Grade II recording Blood Pressure

Nursing Sister Grade II giving medicine
Yet, there are some medicines which are administered S.O.S., which means, according to the requirement or need of the patient e.g. if patient has pain or fever or vomiting, then such drugs are to be administered immediately and this is not an uncommon affair.

5. **Carrying out instructions or stat orders**

When any problem arise in the patient, doctors also write instructions in the instructions book or on the chart, i.e. stat orders which have to be carried out immediately. It may be regarding administration of some medicine or starting of intravenous fluid or some other procedure.

6. **Administration of Intravenous fluids**

Patients who can not take orally, they need parenteral fluid therapy. Starting of intravenous drip line and administration of intravenous fluids is done by Nursing Sister Grade-II (shown in photograph), though it is the responsibility of the doctors as reported by nurses. Nursing Sister Grade-I also change the bottles as instructed and maintain the record.

7. **Administration of blood Transfusion**

Some patients need transfusion of blood. Nurses start blood transfusion after matching the label on blood bag with reaction form and observe the patient for any reaction during the transfusion and check vital signs inbetween. If the patient shows any adverse reaction like shivering etc., then it is immediately stopped and doctor is informed. It is also marked on the chart.

8. **Ryles tube feeding**

At times when patient is not able to take orally but there is
Nursing Sister Grade II giving injection

Nursing Sister Grade II giving intravenous fluid
nothing wrong with the digestive system then patient is fed through Ryles tube i.e. nasogastric tube is put in and fluids are given through it. It is done by nurses (shown in photograph). They give feed to the patient through this tube every 2-3 hourly. It is also recorded on the chart. At times, patient's relatives themselves were seen giving feed through Ryles tube.

9. **Intake output record**

For most of the patients an account of intake i.e. taken orally or through Ryles tube or intravenous fluid as well as an account of output i.e. urine passed, amount of vomiting or any fluid drained out is maintained. It is done by nurses on the intake output chart. Balance is calculated for 24 hours.

10. **Collection of samples**

Nurses also collect samples of blood, sputum, urine, stool etc. which ever is required for the establishment or confirmation of the diagnosis or to see the progress. They label it and send it to the respective laboratories.

11. **Testing of urine or blood sugar**

The diabetic patients' urine is checked for sugar level regularly and record is maintained on the chart. For some patients blood sugar is also checked every four hourly and injection is given according to the sliding scale i.e. dose of insulin is adjusted according to the level of sugar in the blood. Nurses check blood sugar before giving insulin injection.

12. **Naso-gastric aspiration/lavage**

If patient has bleeding in the stomach then naso-gastric tube
is put and it is aspirated and washed with cold normal saline by
the nurses or sometimes naso gastric tube is inserted for
aspirating the contents of stomach. The record of the aspirate is
also maintained. Sometimes patient's attendants were also seen
doing aspiration.

13. Administration of oxygen

The patients who have difficulty in breathing, they are started
humidified oxygen from the cylinder through a polymask or
ventimask. It is also done by Sister Grade II (shown in photograph).
For some patients medicine is also put in that.

14. Suction

An unconscious patient is unable to spit out the secretions
from the respiratory tract or saliva from the oral cavity. It is
hazardous to the patient if these are retained or aspirated in the
respiratory tract. So these secretions are aspirated with the help
of suction machine frequently by the nurses. At times, attendents
were seen doing suction.

15. Steam Inhalation

The patients who have thick secretions in their respiratory
tract are given steam inhalation to the patient with the help of
Nelson's inhalor or steamer (for 10-15 minutes) three or four times
a day so that it loosen the secretions and patient can cough out
the secretions

16. Enema/Bowel wash

Those patients who have constipation which is not relieved
Nursing Sister Grade II giving Ryles Tube Feeding

Nursing Sister Grade II starting Oxygen administration
by medication, are given enema and some patients are given bowel wash to clean the bowel.

17. Resuscitation of the patient

When a patient gets cardio-pulmonary arrest, it creates an acute emergency and nurses immediately send information/call to the doctor concerned and start resuscitative measures i.e., oxygen administration, cardiac massage, artificial respiration with the help of ambu bag. Start intravenous fluids and administer emergency drugs as advised by the doctor and also assist the doctors in giving intracardiac injection, putting in endotracheal tube and at times giving cardiac shock also. The whole record of resuscitation is written in the record book which may be required for legal purposes.

18. Bed Making

After taking charge in the morning shift, the first procedure nurses do is bed-making of all the patients. Side by side the unit is made tidy by giving instructions to the patients' attendants to keep the things in order.

19. Physical Care of the patients

The patients who are serious and bed ridden i.e. those who can not move out of the bed, may be conscious or unconscious, are unable to take care of their personal hygiene and meet their needs. It is done by the nurses. They give them sponge bath, hair wash, mouth care, eye, hair and nail care etc. or assist them in doing so. Those who are unable to change side, their side is changed every two hourly so that they do not develop bed sores.
Those who develop bed sore, their bed sore dressing is done by nurses. But all this personal care of the patient is done rarely by nurses. Most of the time it is done by either student nurses or the patients attendants assisted or guided by nurses.

20. Care of the dead body

If the resuscitative measures are not successful and the patient is declared dead, then attendants are informed about the sad event and all attachments/tubings like intravenous line, endotracheal tube, nasogastric tube, urinary catheter etc. are immediately removed. The body is cleaned, openings are plugged and the body is packed in the sheet. A label is put on the body specifying name, age, sex, C.R. number, bed no., name of ward, the time and date of death. Then, the body is sent to the mortuary along with a copy of the death certificate. Attendants are asked to clear the hospital dues and then they are given a copy of the certificate to get the body from the mortuary. But, at times, the body is not sent to the mortuary and is directly handed over to the attendants/relatives. The death is recorded in the census book and report is written in the report book and file is kept in safe custody to be handed over to the central registration department. All articles used, are either disposed off, if disposable, or are send for autoclaving, to be reused. The bed is cleaned and made ready to receive another patient.

21. Handing over/Taking over

At the change of each shift i.e. morning evening and night shift, the nurses going off duty hand over charge to the nurses
coming on duty, in which they tell what specific care has been given to a particular patient and what needs to be done during the next shift. Ideally they are expected to go from bed to bed to hand over charge, but this procedure is not followed and handing taking over is being done in the duty room only.

22. Assisting in Procedures

Certain procedures are required to be done for diagnostic or therapeutic purpose e.g. lumbar puncture, sternal puncture, thoracentasis, bone -marrow aspiration, kidney biopsy, cut-down etc. These procedures are done by doctors but nurses provide them the necessary articles and assist them.

23. Maintenance of Census

All patients who are admitted, or transferred from other wards to this ward or are discharged or transferred to other wards from this ward or those who expire, their record is maintained in the census book. At midnight (12 m.n.) this record of the previous 24 hours is filled in the census form which shows the number of occupied beds and vacant beds. On the basis of this record, new patients are admitted or transferred from emergency ward to this ward.

24. Indent of medicines and Maintenance of drug record

Certain medicines are supplied to the patients from the hospital. The indent for these medicines, according to the requirement of the patients is sent to the dispensary by the nurses and then received. The record of costly medicines is maintained daily in the drug book. Drugs which are not supplied by the hospital dispensary
have to be brought by the patients/attendants and nurses give them slip to get those medicines.

25. **Exchange of sterilized material**

For doing diagnostic or therapeutic procedures, certain material, like sets containing instruments, gloves, dressing material, vials, culture tubes etc. are required which should be sterilized to prevent cross-infection from one patient to another or from patient to the doctor/nurse or vice versa. In the morning at 7a.m. used material is sent to the central sterile supply department and in exchange, sterilized material is received. Similarly, it is again exchanged at 12.00 m.d. and at 6 p.m.

26. **Sending patients to other departments**

Patients have to be sent to other departments for certain diagnostic tests or for consultation. Nurses make arrangements for sending them with ward servants on wheal chair or trolley.

27. **Health Education**

Patients also need guidance and advice regarding health and related matters. This need of patients is met by nurses by giving incidental health teaching regarding prevention of disease and promotion of health to the patients and their attendants during their stay in the hospital as well as at the time of discharge. However, very little time is spent on this. Formal planned health teachings are given by nursing students.

28. **Discharge of Patients**

When the patients are discharged from the hospital, the discharge card is written by the doctor, but to get the payment of
hospital charges done by the patients/attendants and clearance of hospital dues is the responsibility of the nurses. Nurses send the ward servant along with patient/attendants to the accounts counter at the reception and get clearance of dues for which a stamp is put on the patient's file. Then nurses hand over the discharge card to the patients and explain them about the instructions regarding medications/diet or follow-up etc. Then discharge of the patient is entered in the census book and file is kept in safe custody and it is handed over to a person from central registration department who comes to collect files.

**Functions of Nursing Sister Grade-II**

Different functions of the Nursing Sister Grade-I as observed in the Male Medical Ward of Nehru Hospital, P.G.I.M.E.R., Chandigarh are as follows:

1. **Making Duty Roster**

   The distribution of Nursing Sister Grade-II of the ward into different shifts i.e., Morning, Evening and Night shifts as well as arrangement of day off or leave is done by the Nursing Sister Garde-I. It is planned before the start of each month on monthly basis but changes are made off and on to make adjustments due to emergency such as medical leave or casual leave etc.

2. **Assignment of duties**

   The distribution of work among the Nursing Sister Grade-II in each shift is done by the Nursing Sister Grade-I. Different methods of distribution of work are:

   i) Functional assignment i.e. different functions are assigned
to each Nursing Sister Grade-II.

ii) Patient assignment i.e. different patients are assigned to each Nursing Sister Grade-II.

Most commonly used method of assignment in this ward is patient assignment i.e., All patients are distributed among the Nursing Sisters Grade-II on duty and each one is made responsible for giving total patient care to her assigned patients.

3. Conducting routine ward rounds

In the morning while taking charge from the Nursing Sister Grade-II on night shift, she goes bed to bed to know about the patient's condition. Most of the times it is not strictly followed and only serious patients are seen at that time and ward round is conducted afterwards to see that every thing is in order.

4. Conducting rounds with Hospital Administrator or Nursing Administrator

She conducts rounds with Medical Superintendent, Chief Nursing Officer, Nursing Superintendent, Deputy Nursing Superintendent, Assistant Nursing Superintendent and confers with them about the patients and gives report of any general or specific ward condition or administrative problem in the Unit.

5. Conducting clinical rounds with doctors

She accompanies the consultants on the visits to patients or rounds giving routine reports of the condition of patients, and transmits specific instructions to the nursing personnel. It is not always strictly followed because sometimes two consultants start rounds simultaneously.
6. Supervision of Patient Care

She ensures that ward routine is carried out and patients are provided with best possible comprehensive nursing care including meals, medication and other facilities.

7. Maintenance of cleanliness

She ensures that the ward is kept neat and clean by instructing the ward servants and safaiwala for dusting and cleaning of floor and provides the material for the same. She also guides the patients' attendants to keep their belongings in order and keep surroundings clean.

8. Equipment and supplies

She indents the required equipment from the stores and inspects the maintenance of cleanliness and general condition of materials. She keeps the linen and inventory adequately supplied and is kept in stock and distributes according to need.

9. Holding stock

She is a stock holder of all the equipments, articles, linen etc. and maintains a stock book and takes care of its upkeep.

10. Condemnation

She disposes off torn linen, broken or out of order equipment by condemnation off and on.

11. Maintenance of ward/equipment

She sees that every thing is in proper order and if anything needs repair, she gets it done timely so that safety of the patient is not jeopardised and nursing care does not suffer.
12. Sending wash

The used linen is sent by Nursing Sister Grade-I after counting through a collecting personnel appointed from laundry.

13. Enforcement of hospital policies

She enforces hospital policies regarding patient care as well as personnel policies by giving instructions from time to time to the staff, patients and their attendants.

14. Maintenance of discipline

She obtains information of any irregularities in the ward before it is taken up to higher authorities. She secures cooperation between the staff and instructs them time to time to maintain discipline and tries to solve problems at her own level.

Coordination/liaison between different departments

To carry out the smooth functioning of the ward and for the welfare of the patients, nursing personnel have to maintain good working relationship and liaison with almost every department of the hospital. These are as follows:

1. Emergency and other wards/units

The liaison with these departments is maintained for transferring patients to or transferring patients from these departments to Male Medical Ward.

2. Central Registration Department (C.R.D)

Daily census, which is maintained in the ward on a census form is taken by this department. All files of discharged or dead patients are also deposited in this department and then kept in the medical records library.
3. **Central Sterile Supply Department (C.S.S.D.)**

Nursing Personnel have very close and frequent liaison with this department to maintain regular supply of sterilized material in the ward like syringes, gloves, procedure sets, dressing material etc.

4. **Central Stores**

The items routinely used in patient care such as chemicals, glassware, surgical equipment, furniture, stationary and linen etc, are available in different sub-sections of the central stores and it is indented by the Nursing Sister Grade-I according to the requirement and is received in the ward.

5. **Dietatics Department**

To maintain the nutritional status of the indoor patients, normal or therapeutic diet according to the individual requirement is indented daily on a diet requisition form. Diet is sent on trolley and is distributed by the personnel of dietatics department. Nursing personnel make sure that each patient receives therapeutic diet according to his personal need.

6. **Dispensary and Central Drug Store**

The medicines for the patients and other chemicals are indented on fixed days from the Central Drug Stores and received back. There is also a provision for indenting medicines required in emergency which is available from evening or night dispensary.

7. **Laundry and Linen Bank**

The dirty linen from the ward is taken up daily by a Laundry
personnel in the morning and washed linen is received back in the afternoon.

8. **Laboratories/ Central Sample Collection Room**
   After collecting and labelling different samples of patients such as blood, urine, stool, sputum, or any other material is sent to either central sample collection room or to respective laboratories/ departments e.g Biochemistry, Haematology, Histopathology, Immunopathology, Microbiology, Parasitology, Virology, Endocrinology etc.

9. **Pharmacology**
   Intravenous fluids such as Dextrose or Normal Saline for parenteral infusion of patients is indented from the pharmacology department daily in the morning hours.

10. **Radio-diagnosis**
    Patients are sent to radio-diagnosis department for diagnostic tests such as X-rays, ultrasound, C.T. Scan etc. Serious patients who can not be transported to the department, urgent call is sent to this department for them and their personnel come with machine and take X-rays on bed.

11. **Blood Bank**
    For those patients, who need transfusion of blood, plasma or packed cell, requisition is sent along with a blood sample for cross matching and blood/plasma/packed cells are received back along with reaction form for transfusion.

12. **Physio-therapy Department**
    Most of the patients need physiotherapy. Those who can be
transported, they are sent to this department on wheel chair or trolley but those who can not be transported, consultation call is sent to the department for them and personnel from that department provide physiotherapy services in the ward.

13. Sanitation Department

Safaiwalas and ward servants who are responsible for the cleaning of floors, glasspanes cobwebs etc are under the charge of sanitation department and they are deputed to the wards from there. Whenever, in any shift, any regular safaiwala or ward servant does not report on duty, then supervisor in that department is informed and they send relievers. Requisition is also sent to this department, time to time, for fumigation of rooms, control of pests and rodents and also for thorough scrubbing of floor with electric machine.

14. Security and Fire Prevention Department

To control the crowd of patients' attendants, which interferes with ward functioning and patient care, security personnel come and check persons without pass and send them out from the ward. Whenever there is any theft or quarrel etc., then also they are called on phone. There is also provision of calling fire prevention personnel if fire breaks out in the ward.

15. Sarai

There is provision for accommodation of patients or their attendants from distant places in the sarai complex. Patients and their attendants are referred to for the purpose.
16. Voluntary Organisations

Poor patients who are unable to purchase medicines or need financial aid for other investigations or treatment are referred to voluntary organizations like Red Cross or Sewa Bharti which have their offices in the hospital campus.

PROBLEMS AND SUGGESTIONS

Though Patients and their attendants, administrators as well as workers have indicated satisfaction as far as overall administration of the ward is concerned but still there is scope for improvement. Some of the facts or problems which need the attention of hospital authorities for efficient functioning and better patient care are:

1. Defective Construction of the Ward

The rectangular shape of the ward with corridor in the centre and cubicles on both sides of the corridor (as shown in the map) separated from each other with a brick wall hampers continuous observation of the patients by the nursing personnel. Therefore it is suggested that:

- Hospital Engineering Department must involve nursing personnel while planning for the hospital construction or alterations of existing structures so that it could be evaluated and analysed from nursing point of view to facilitate patient care.
- The inter cubicle walls should not be more than 4 ft. high and rest may be covered with glass.
- The recovery room for serious patients should be on both sides of the nurse's duty room as in Neurosurgical ward of this hospital.
- The number of latrines and bathrooms should also be doubled to ensure at least one latrine for eight patients.

2. **Big Size of the Ward**

This ward is big in size having 71 patients. It is difficult to control such a big ward. This also creates the problem of span of control. It is difficult to supervise large number of subordinates effectively. If number of supervisors is increased it causes the problem of overlapping. Besides, She has to supervise and coordinate the activities of doctors, nurses, ward servants, safaiwalas and other functionaries.

This can be improved if size of the ward is reduced having about 40-45 patients. This will also control over-crowding as number of patients' attendants will also reduce proportionately.

3. **Scattered Location of the Wards**

Male Medical Ward, Female Medical Ward and Private Wards for medical ailments on different floors and blocks.

Therefore, it is suggested that:
- All medical wards should be located nearby so that the number of doctors can be reduced.
- The private ward for medical patients should also be nearby.
- There can be one junior resident in each medical ward with one senior resident at central place for all medical
wards, to be called when needed.

4. Lack of Sufficient Supervision

Nursing Sisters Grade-II, ward servant, safaiwala, all are supervised by Nursing Sisters Grade-I. All the three Nursing Sisters Grade-I of the ward are on morning duty except when they are on evening and night duty in the block. So, Nursing Sisters Grade-II are being supervised only in the morning shift i.e. for only 6 hours, out of 24 hours which is only 1/4th of the day. During this time also she is supposed to do other administrative jobs besides supervision which involves teaching, guiding, helping, counselling and evaluating. So, she is unable to provide sufficient supervision. In the evening and night shift there is no supervision at all because the Nursing Sister Grade-I on evening and night duty in the block comes just for a round and can not supervise at a glance.

So, it is suggested that one Nursing Sister Grade-I should be on evening duty and one on night duty in each ward. So, for that matter, more Nursing Sister Grade-I are needed in each ward. This will help to improve patient care through efficient and sufficient round the clock supervision.

5. Improper Handing over/Taking over

The handing/taking over of the charge at the time of change of shift is not always done from bed to bed. It is usually done in the duty room and even sometimes in the changing room too. While changing, a person is unable to listen attentively and when patient is not seen, then many things are liable to be forgotten by the person handing over.
Therefore, it is suggested that there should be 15-30 minutes overlapping period at each change of shift so that sufficient time is spent in proper handing/taking over from bed to bed which will help to clear the doubts of the person taking over and thus it will avoid negligence and blunders in patient care.

6. Defective Materials Management

Men, money and materials are pillars of efficient administration. The efficiency of the ward depends upon timely supply of quality equipment and materials from the stores, central sterile supply department and the laundry and linen bank. Even many machines, trolleys, wheel chairs and other equipment need repairs. Some of the equipments e.g mixi which can be used for patients on nasogastric feed is not brought out of store because of the fear of loss or breakage etc.

- There is also shortage of washed linen from the laundry and no supply at all on holidays, thereby patients' sheets are not changed for many days and remain dirty and are a source of infection. Even lack of sterilized material delays diagnostic or therapeutic procedure which delays recovery of the patients.

Therefore it is suggested that:

- There should be enough supply of sterilized material and linen on all days of the week.
- The equipment which needs repairs should be immediately repaired e.g. suction machines etc.
- The articles which are kept unused in the stores should
be put to use and if not required should be returned to the stores for their proper use somewhere else in the hospital.

7. **Lack of Cooperation and Coordination**

There is lack of adequate cooperation and coordination between different departments of the hospital. As mentioned earlier, different departments of the hospital e.g. C.S.S.D., linen bank, drug store, pharmacy, dietetics department, radio diagnosis, physiotherapy, laboratories, blood bank, E.C.G lab. etc. all play important role in the recovery of the patient.

So, these all departments should extend their whole heartedly help immediately so that patient care is not hampered, and their recovery is speeded up.

8. **Untidy look of the ward**

Ward appears comparatively clean and tidy only in the morning just before the rounds, especially on the day fixed for Medical Superintendent's round, but thorough cleanliness is desirable at all times. Bathrooms and toilets are most of the times stinking and often blocked. Even floors are not properly cleaned especially the corners and under the bedside lockers. Long stay patients have lot of luggage which is kept on the floor and it hinders cleaning.

Therefore, it is suggested that there should be enough sanitation material to be used by enough sanitation personnel under the supervision of sanitation supervisors in all shifts. Even beds and bedside lockers, though they have been painted afresh but
they need maintenance, so ward servants should clean them daily. Box type benches (like Children/Psychiatry ward) should be provided to the patients to keep their luggage. It will serve triple purpose of cleanliness tidyness and even security as it can be kept locked. Weekly/monthly scrubbing of the floors with electric machine and cleaning of walls should be undertaken by the relievers.

9. **Lack of interpersonal relationships**

Team spirit is the essence of comprehensive patient care. The over all efficiency of the hospital depends upon the team spirit among the doctors, nurses and other paramedical staff working in different ward/units. It needs to be improved.

10. **Dietary System**

Patients do not get the required diet according to their need as prescribed by the doctor. The diet form is filled by the ward aide/clerk who does not know the dietary needs of patients and even does not understand the terminology prescribed by the doctor. Therefore, it is suggested that diet form should be either sent by nurses or dieticians should come themselves for the purpose. And daily it should be renewed from bed to bed, as patient's dietary needs often change. A dietician should supervise the distribution of meals at all times, morning as well as evening. At present it is done only at lunch times. The quality of diet also needs improvement as most of the patients avoid taking hospital meals because of its poor quality especially of chapaati.
11. Pilferage/hoarding/improper use of goods

It was pointed out during the discussion that doctors do not take responsibility for the equipment which they use. They leave the used articles on bedside or wherever they use e.g. syringes or procedure sets or dressing material etc., resulting in great losses for which nurses are held responsible and they have to compensate the losses. Because of shortage of equipment/material, doctors and nurses store things in their lockers. Sometimes, the things are lost not only of hospital but personal also.

It is suggested that the doctors may be taught health economics and the proper use of equipment as we can not afford wastage. Improper utilization of hospital resources is the main reason for mounting hospital expenses.

To prevent pilferage or loss of things, a security personnel may be posted at the entry of the ward, round the clock. This will also check over crowding by attendants and will also help to maintain discipline. It will provide security to the night staff also.

12. Non-nursing jobs by nursing personnel

Nurses perform many non-nursing jobs which is a major cause of poor nursing care. There are many functions such as store-keeping, sending and receiving linen, indenting and receiving supply of sterilized material, maintaining census book, writing patient list, attending to phone calls, directing servant/safaiwalas for cleanliness sending patients to different departments, or replying to quiries by patient's attendants and reducing their crowd by sending them out etc. This results in wastage of manpower resources.
It is suggested that these jobs can be taken up by non-nursing personnel e.g. cleanliness of the ward can be supervised by sanitary supervisor, reduction of rush of patient's attendants can be done by security personnel and the rest of the work should be taken over by ward aide, so that nursing personnel can save their time for doing patient care. This will make proper utilization of manpower.

13. Indiscipline among class IV employees

Class IV employees such as ward servants and safaiwala do not care much for the orders of the nursing personnel. They are under the direct control of sanitary inspector, and their duty roster is prepared by the ward clerk. Therefore, Nursing Sister Grade-I has no effective control over them. This vitiates the principle of 'Parity of Responsibility and Authority.' We can not expect responsibility from the Nursing Sister Grade-I without granting her sufficient authority. Therefore, authority and responsibility should be in one person. There is need to inculcate discipline among the employees which would generate obedience, motivation and energy.

14. Unsatisfactory Nurse/Patient Ratio in different shifts

The Nurse/Patient Ratio is 1:4.4 which is much more than the recommended norms by I.C.N. i.e. 1:3+30% leave reserve. Moreover this ratio is further increased in the evening and night shift. It is a strange paradox as patients physically and psychologically feel more necessity of medical care during night hours. According to the Indian Council of Nursing requirement
there should be 31(71/3 +30%) Nursing Sister Grade-II in this ward

Ratio needs to be corrected by appointing 15 more Nursing Sister Grade-II to meet the required standards.

15. **Long hours during night shift**

At night, nurses are working for 12 hours. It is difficult to work for such a long period at a stretch. So, there should be rest period inbetween and adequate arrangement must be made for taking rest.
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