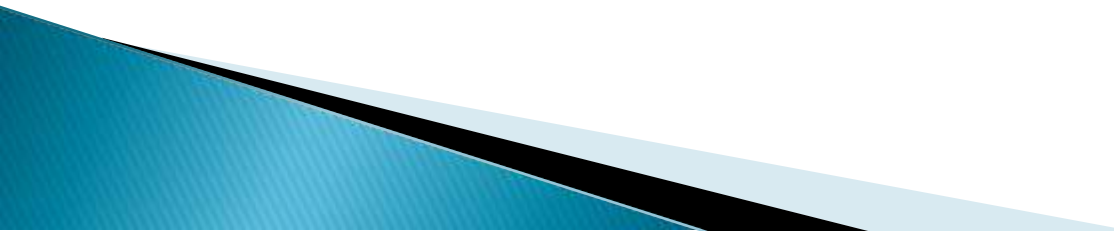




INDUCTION TRAINING PROGRAMME

- Institute of Nephro-Urology
- A government of Karnataka owned autonomous institute
- Started from April 2007
- Dedicated to the nation on 7th October 2007 by the chief minister of Karnataka

Vision

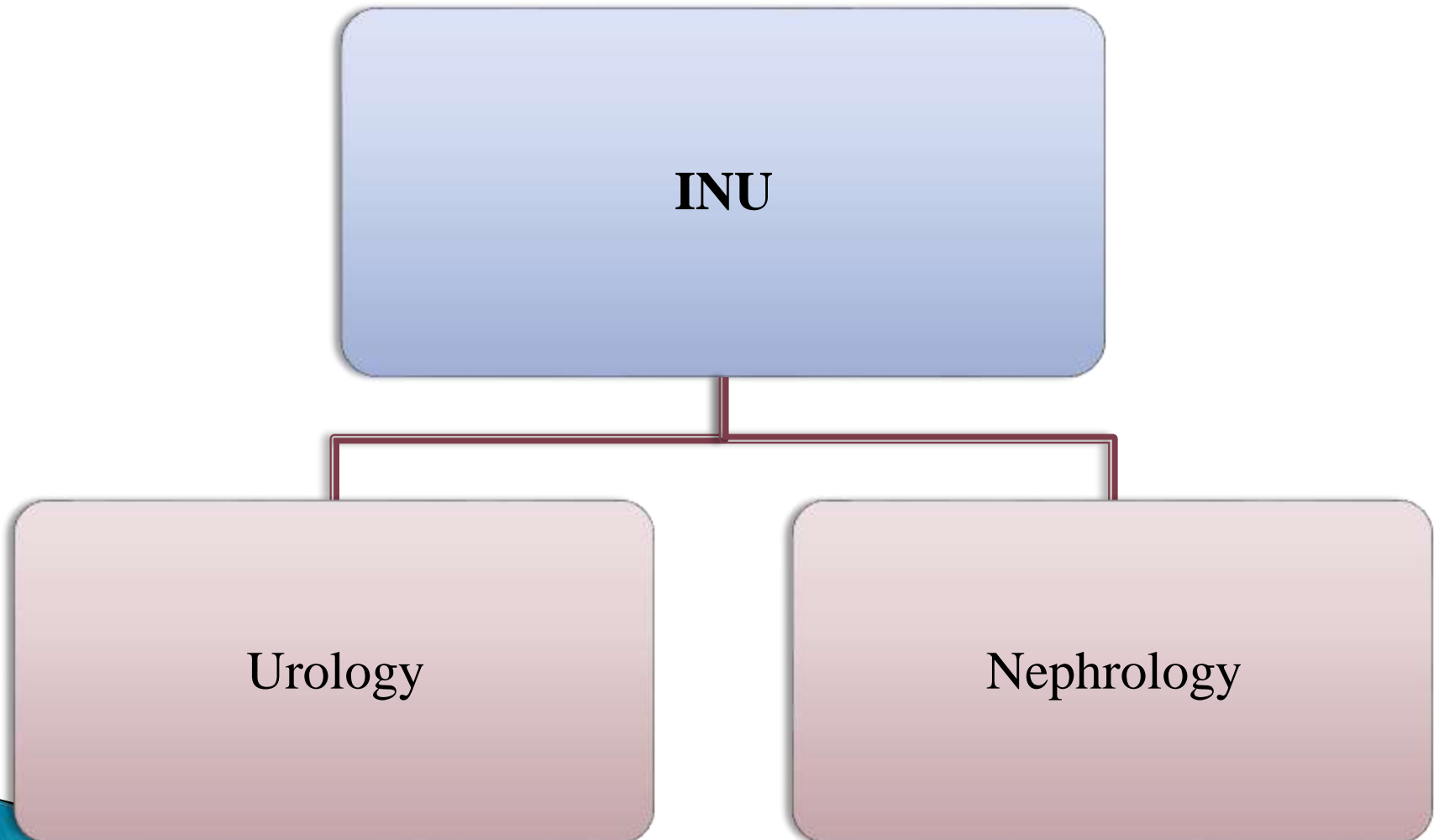
- To develop an institute of international standards in Nephro-Urology patient care and research
 - To develop indigenous technology and resources in the field of Nephro-Urology
 - To develop the institute as a nodal centre for all activities in relation to Nephro-Urology care
- 

Mission

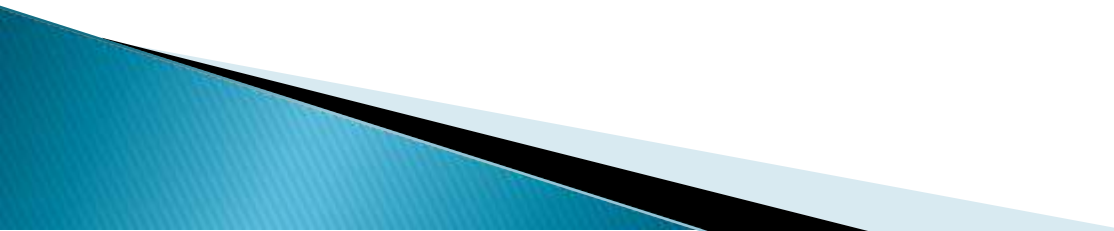
To provide quality treatment to all patients,
Irrespective of their socio economic status.



Scope of Service



Facilities available

- Outpatient Department
 - Inpatient Services
 - Operation Theatres
 - Intensive Care Units
 - Radiology and Imaging
 - C T Scan
 - Dialysis
 - Urodynamics
 - ESWL
 - Kidney Transplant Services
- 

Facilities available

- Laboratory
 - a. Biochemistry
 - b. Microbiology
 - c. Pathology
- Telemedicine
- Library
- Uro -oncology
 - Surgery for genito-urinary tumors
- Pediatric urology
 - Urologic surgery for children

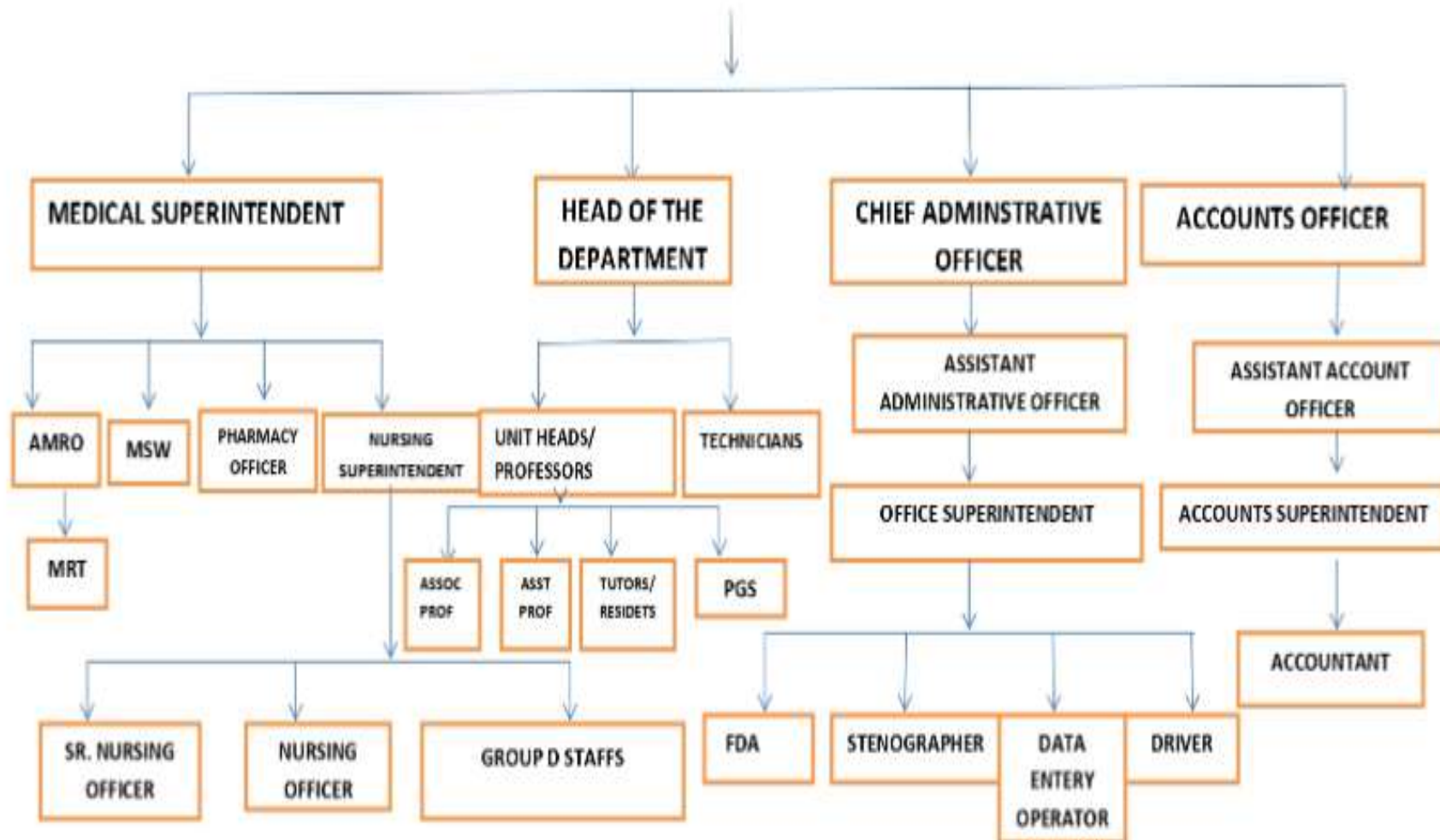
❖ 24 HOURS EMERGENCY CARE

❖ AMBULANCE SERVICES



Organisation Chart

DIRECTOR




Hospital layout

Ground Floor

- Front Office
- OPD
- Administrative office
- Microbiology
- Pathology
- Biochemistry
- CT Scan
- USG
- Urodynamic
- X-Ray
- Sample collection area
- Manifold area
- Store
- MRD
- Screening Area
- Female General Ward
- Major OT
- Minor OT

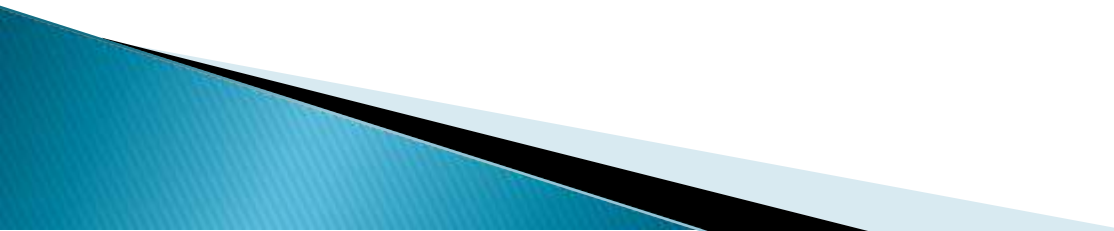
Hospital layout

First Floor

- Library
 - Scheme
 - Seminar Hall
 - Urology Male ward
 - RTPCR LAB
 - CSSD
 - Intensive Care Unit
 - Post of Ward
 - Major OT
 - Billing Counter
- 

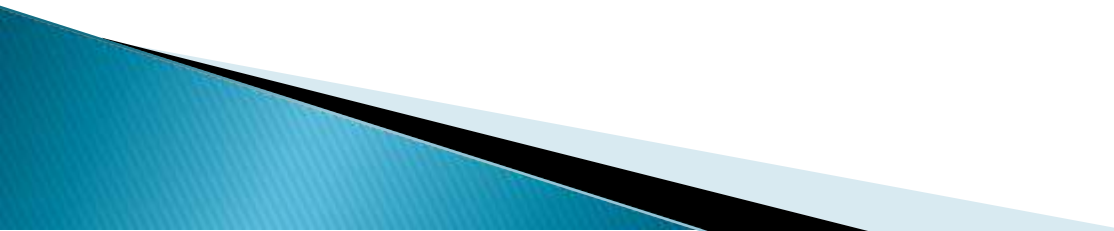
Hospital layout

Second Floor

- Female Urology ward
 - Male Nephrology general ward
 - PD (peritoneal dialysis)
 - Isolation ICU
 - Isolation Ward
 - Telemedicine
 - Dialysis Unit
 - Special Ward
- 

Hospital layout

Terrace

- R.O.Plant
 - Stationary Room
 - MRD Room
 - Lift Room
- 

The Emergency codes

Emergency No – 101

S No.	Code Name	Threat Indicated
1	Code Blue	Imminent/ Established Cardio Respiratory Arrest
2	Code Red	Fire
3	Code Yellow	Missing Patient
4	Code Black	Bomb Threat
5	Code White	Internal Fight (Violent/ Behavioral Situation/Personal Attacks)
6	Code Grey	External Disasters Tornado/Hurricane/Earthquake/Flood
7	Code Orange	Hazardous Spill
8	Code Pink	Child Abduction
9	Code Purple	Internal Disaster Eg-Building Collapse

Code Blue

- Code Blue is generally used to indicate a patient requiring resuscitation, most often as the result of a Respiratory Arrest or Cardiac Arrest.
- Start following the basic life support guidelines until the code blue team arrive.

Code Red

Smoke or Fire Situation – Follow the RACE and PASS Technique

RACE:

R = Rescue anyone in Immediate danger

A = Alarm activate the alarm, notify appr

C = Confine and contain by closing doors

E = Extinguish small fire, if trained

(PASS):

P = Pull the pin

A = Aim nozzle at base of the fire

S = Squeeze the handle

S = Sweep the nozzle from side to side at the base of the fire



Code Yellow

Code yellow is for a missing patient

- On delivery of this code in your area that requires a search & sweep in other areas, call and report
- On notification of this code, complete a search & sweep with someone familiar with the area
- Call and report negative or positive findings
- Remain on alert until the “All clear” is announced.

Code Pink

Code Pink for an infant or child abduction in the hospital

To protect infants/children from removal by unauthorized persons. Initiated when an infant/child are missing or is known to have been kidnapped.

- Action: Notify Security immediately
- Give as much information as possible
- Secure all exits. A search of the building and grounds will be conducted by designated individuals.

Code Orange

Hazardous Material Spill/Release

- Code orange indicates that a major chemical spill has occurred either internally to the hospitals or at an external location.
- A major chemical spill is defined as a release or spill of a large quantity of a chemical agent (solid, liquid, gas) in an uncontrolled state posing an immediate threat of fire, explosion, personnel exposure, or pollution of the general environment. An immediate threat spill is a that poses a clear and present the general area.



Code White

Aggressive, combative or abusive behavior can be displayed by anyone; a patient, a patient's family member, staff, staff family members.

To facilitate the management and de-escalation of an abusive or assaultive person.

Action: Do not attempt to intervene. Contact security giving your full name.

Provide as much information as possible about the incident; giving the location of the incident, number of persons involved, injuries and any weapons (if applicable).

Notify supervisor as soon as possible.



Code Black

Bomb threats may be received by mail, message or in person, they are usually made by telephone.

If a bomb threat is received, two options

*exist: to evacuate the building immediately and/or to search the premises.


If any one sees or found unusual or suspicious packages immediately call code black in the PA System.

Mock drill - Announcement

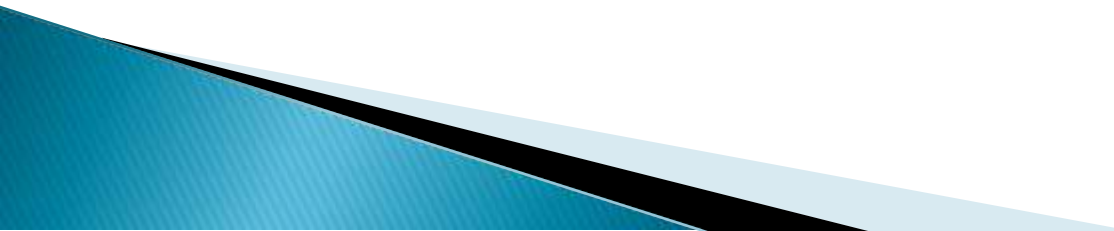
Your kind attention please - For mock drill purpose	1 time
" Code _____ (Red, White, Yellow, Pink) at _____ (Floor & Department)	3 times
Code _____ (Red, White, Yellow, Pink) Clear at _____ (Floor & Department)	3 times

Incident Reporting

Types

1. **Sentinel** - An unexpected incident, related to system or process deficiencies, which lead to death or major & enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun.
 2. **Near-miss** - Patient was about to fall from the bed was seen by staff and raised the side rail of the bed.
 3. **No harm** - the error is not recognized and the deed is done but fortunately the expected adverse event does not occur.
- 

Schemes Available

- **ABAKS** - Ayushman Bharath Arogya Karnataka Scheme
 - **CGHS** - Central Govt Health Scheme
 - **SCSP** - Scheduled Caste Sub Plan
 - **TSP** - Tribal Sub Plan
 - **CMMRF** - Chief Minister Medical Relief Fund
 - **LFF** - Lawrance Fernandis Fund
 - **KSY** - Kidney suraksha yojane
 - **HGM** - Hatti Gold Mine
 - **ESI** - Employee State Insurance
 - **CP** - Central Prison
- 


Patient Rights

- Right to access healthcare facilities available regardless of age, sex, religion, economic and social status to emergency services.
- Right to choose his/her own doctor.
- Right to be treated with care and dignity without any discrimination.
- Right to be treated in privacy during consultation and therapy.
- Right to expect that all the communications and records pertaining to his/her case to be kept confidential.
- Right to receive full information regarding diagnosis, treatment and investigations.
- Right to be informed about safety of procedures performed on him or her.
- Right to know about day to day progress, line of action, diagnosis and prognosis.
- Right to give informed consent after proper explanation.
- Right to get second opinion at any time.
- Right of access to his records and Right to demand summary.
- Right to receive continuous care for his/her illness.
- Right to be treated in comfort during illness and follow up.
- Right to complain, expect rectification of grievances, obtain compensation for medical injuries negligence.

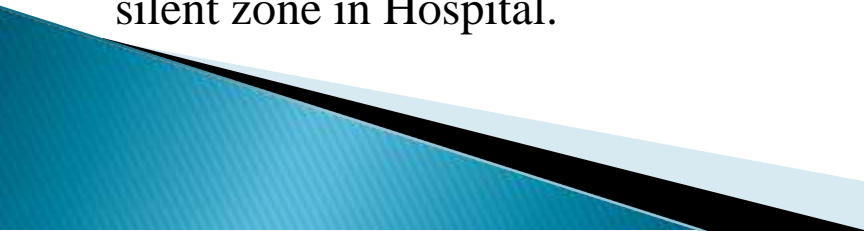
Patient Responsibility

- Give the treating doctor as much information as you can about your present health, past illness allergies and any other relevant details.
- Follow the prescribed and agreed treatment plan and comply with the instructions given.
- Show consideration for rights of other patients and hospital by following the hospital rules concerning patient conduct.
- Keep appointments that you make, or else notify the hospital as early as possible if you are unable to do so.
- Do not ask to provide incorrect information or certification.
- Do not litter the hospital. Use the garbage bins kept for the purpose.
- Keep the toilet clean after use.
- Do not smoke or spill inside the hospital premises.
- Support the hospital in keeping the environment clean.
- Wait patiently for your turn.
- Maintain silence in hospital premises.
- Do not bring children below 10 years as visitors to the hospital.

Employee rights

- To be aware of the Hospital wide policies.
 - To avail the benefits being extended by the Organization.
 - To be heard for any grievances and report any harassment.
 - To be treated with respect and dignity.
 - Not to be discriminated on the basis of caste, religion, sex or social-economic background.
 - To be aware of the terms and conditions of his/her employment before joining the organization.
 - Clarity on Role, Job Responsibility.
 - Right to safe work environment.
- 

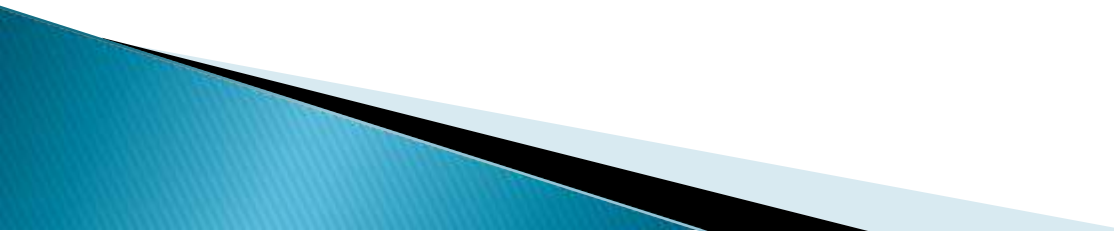
Employee Responsibilities

- Follow hospital policies and Code of Conduct.
 - Avail leaves in a planned way with prior information & approval of HOD.
 - Equipment allocated maintained and used in accordance with the standard operating guidelines.
 - To conduct themselves with the highest degree of professionalism.
 - To maintain complete integrity in his/ her action and work.
 - Submit all relevant documents within the given time frame to the HR Dept.
 - Maintain Confidentiality of Patient and Hospital Information.
 - To keep working stations and environment clean and tidy.
 - Expected to be in uniform or in business dress code while on duty.
 - Update the HR dept. with documents about any extra qualifications acquired during the course of Employment.
 - Update the personal contact details of HR Department in case of any changes.
 - Respond to all Official communications within the stipulated time.
 - Employee should keep their voice level low while talking or attending calls to maintain silent zone in Hospital.
- 

Committees

1. Mortality & Morbidity Committee
2. Medical Records Committee
3. HR Committee
4. Internal Quality Assurance Committee
5. Clinical Audit Committee
6. Code Blue Committee
7. HICC & Antibiotic Committee
8. Lab Advisory Committee
9. Operation Theatre Users Committee
10. Core Committee
11. Blood Transfusion Committee
12. Radiation Committee
13. Drug Therapeutic Committee
14. Condemnation Committee
15. Safety Committee
16. Sexual Harassment Committee
17. Grievance Committee

Committees

1. HR Committee – *Mrs Asha Parveen, Administrative Officer*
 2. Code Blue Committee – *Dr. Pradeep M S, Medical Superintendent*
 3. Blood Transfusion Committee - *Dr. Vinay K.S, Assoc. Prof. of Pathology*
 4. Safety Committee – *Dr. Pradeep M S, Medical Superintendent*
 5. Sexual Harassment Committee – *Dr. Kowsalya, HOD of Biochemistry*
- 

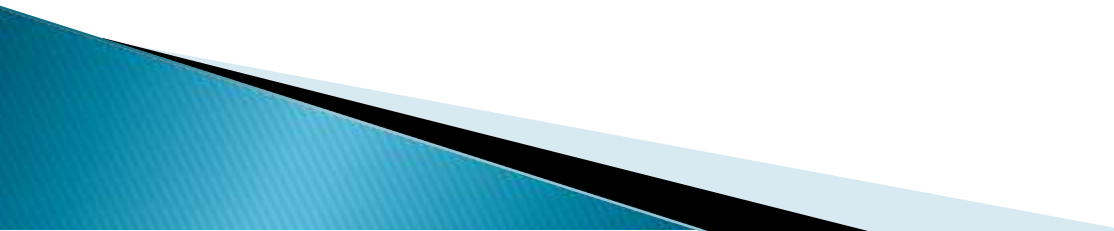
NABH Team Members

S. No	Designation	Designation
1	Dr. Shashikala .N	Associate Professor of Microbiology / NABH Coordinator
2	Ms.Ranjani N	Quality Manager
3	Mrs. Sharadamma T S	NABH Nursing Officer

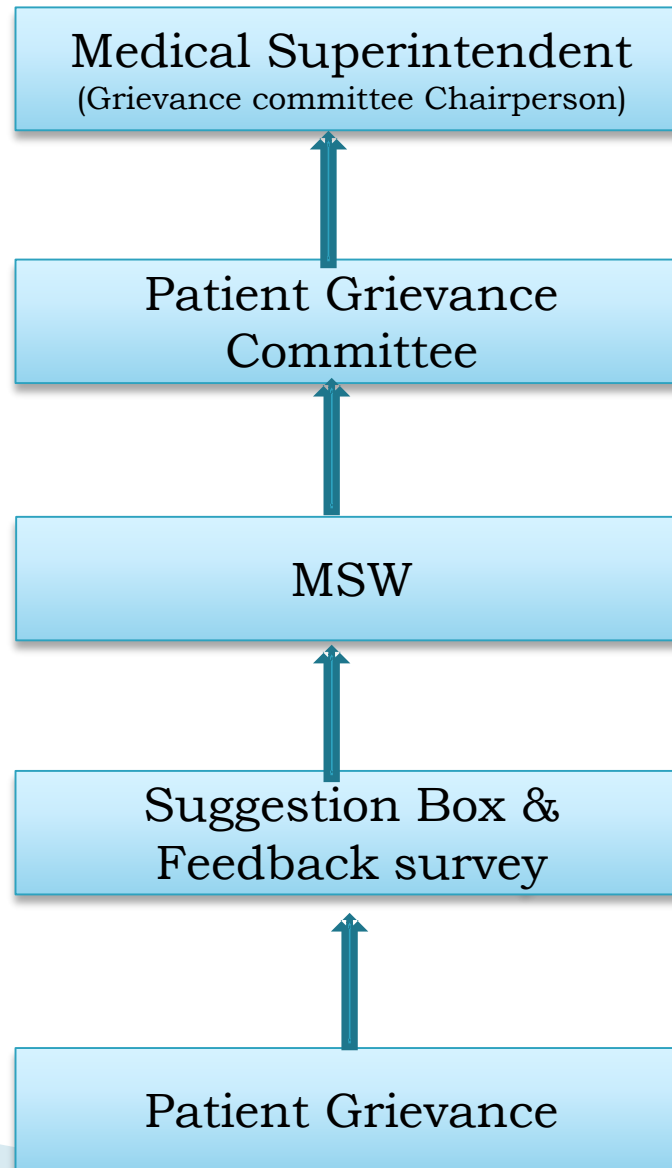
Hospital Infection Control Team Members

S.No	Designation	Designation
1	Dr. Mythri .K.M	Professor & HOD of Microbiology / Infection Control Officer
2	Mrs. Sugantha Priya	Senior Nursing officer
3	Mrs. Menaka Bhandari	Infection Control Nursing officer

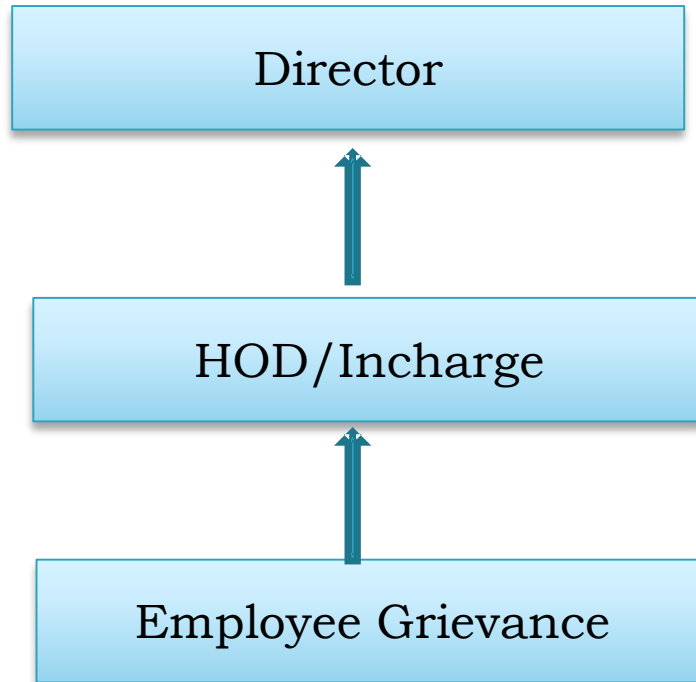
MOU

- PET scan & Nuclear Medicine service will be sending to Kidwai hospital
 - Transfer out /referral patients will be sending to BMCRI & PMSSY.
 - Non availability of bed (Victoria Hospital)
- 

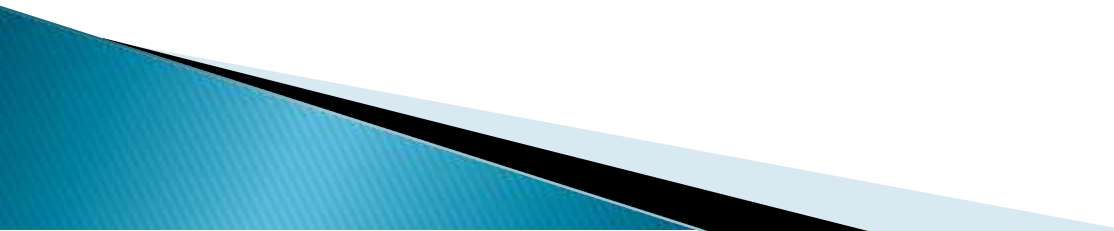
Patient Grievance Redressal Flow chart



Employee Grievance Redressal Flow chart



Employee Benefits

- Annual Health checkup
 - Pre-employee health check up
 - Post exposure prophylaxis for HIV
 - Hepatitis B immunization
 - Personal Protective Equipment
 - Cultural activities
- 

Thank you

