

SCHOOL OF SCIENCE AND TECHNOLOGY

**PRACTICAL NURSING ADMINISTRATION
AND MANAGEMENT**

BSN 6324P



BANGLADESH OPEN UNIVERSITY

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Course Development Team

Writers

Md. Abdul Mojid Mondol

Mosammat Rabia Khatun

Mahmuda Khatun

Editors

Professor A.K. Azad

Mrs. Rabeya Khatun

Program Co-ordinator

Md. Abdul Mojid Mondol
School of Science and Technology
Bangladesh Open University

Over All Supervision

Professor Khawja Jakaria Ahmad Chisty
Dean
School of Science and Technology
Bangladesh Open University



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Unit 1: Observation and Report on Organizational Facilities

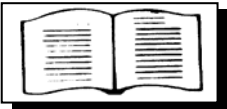
Assignment 1: Observation Setup (Physical)

1.1. Learning Objectives



On completion of this assignment you will be able to-

- recognize actual meaning of administration
- identify the physical setup of the organization



1.2. Administration

It has been defined as an enabling process; it covers the whole art of carrying into effect any policy, plan or undertaking whether conceived by government, public or private agency.

Management: Is the process of getting things done through and with people operating in organized groups. It is a universal activity, and practice on one group, or another by almost everyone every day.

Nursing administration and management demand not only knowledge of the principles of administration, but also to know how to put these principles into actions. An administrator and manager must have the ability and skill to work in a team and s/he should have the team spirit.

To be successful, the administrator must have good judgment, a good background in the various aspects of institutional operation and patient care, the ability to motivate others and a degree of flexibility.

The greatest challenge of all rests in making life more meaningful for the chronically ill, the incapacitated and the aged. This change can be met when the dignity of each individual is respected. It can be met when we appreciate the right of each patient to the benefits of modern therapeutic and restorative measures.

1.3. Physical Facilities

Physical set-up of the organization, which will include:

- Location, building site (surrounding situation)
- Number and structure of building
- Features of the building

Observation and Report on Organizational Facilities

- Fire resistant
- Adequate light and ventilation in all patient and employee areas
- Arrangement of patients rooms
- Bedroom
- Corridor
- Bathroom- patient: toilet ratio of 5:1 for each sex
- Dining room.

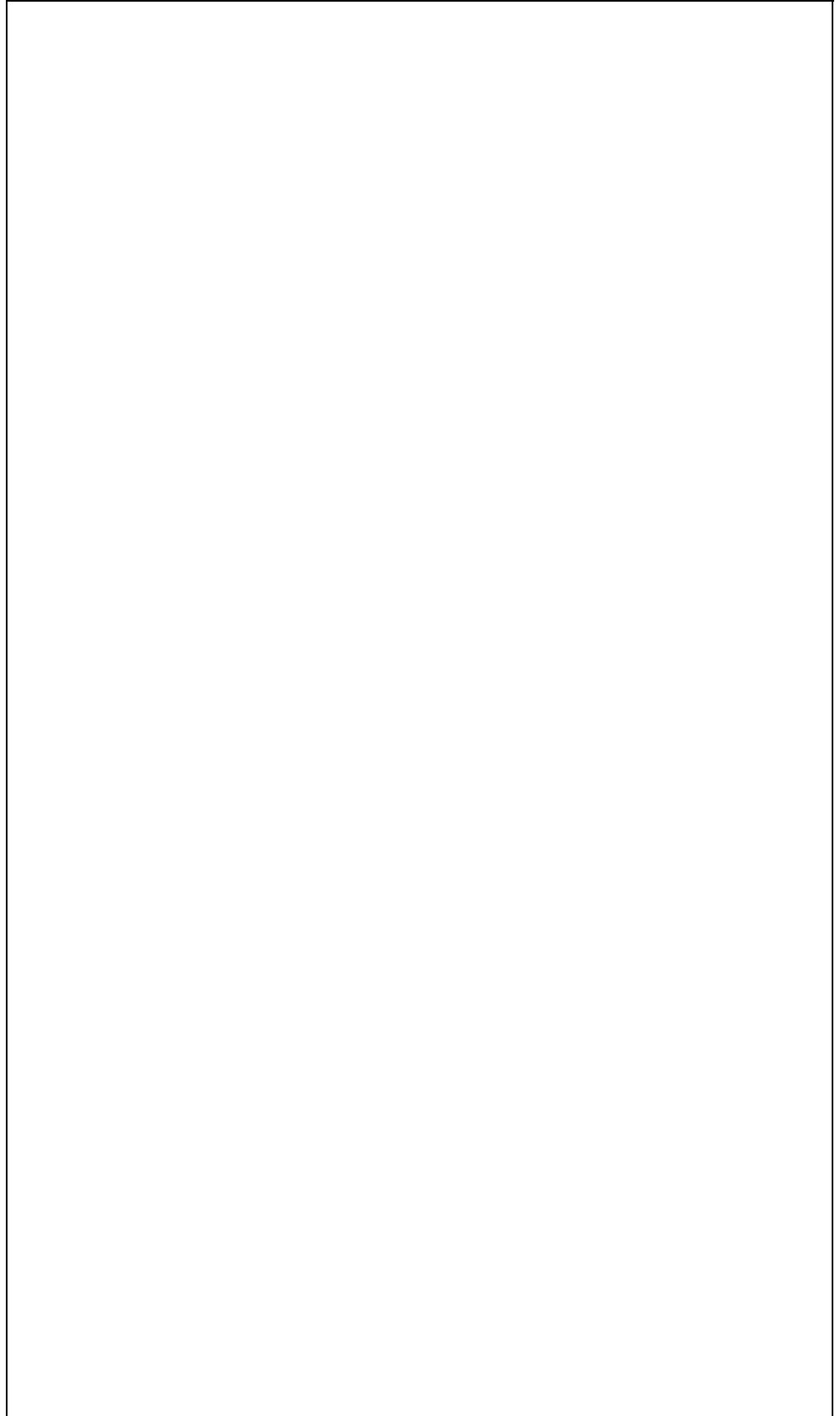
Safety Measures

- No. of bed
- Water supply
- Sewages system
- Garbage system
- Separate areas for the storage of clean and soiled utility room
- Utility room- supplies and equipment are stored in utility room
- Additional storage space- narcotics and some dangerous drugs are kept under lock and key
- Laundry facilities
- Housekeeping
- Transportation facilities- adequate area for parking to meet the needs of doctors, nurses, other staff and visitors.



1.4. Exercise

- a. Prepare a list of physical facilities of your organization and give comment.



Assignment 2: Observational Setup (Functional)

2.1. Learning Objectives



On completion of this assignment you will be able to-

- explain the terms concerning functional setup
- identify the functional setup of the organization
- recognize the extent to which patients' needs are met/satisfied.



2.2. Organizational Philosophy

Any organization, in order to survive and achieve success, must have a sound set of beliefs on which it bases its policies and actions. It may be a reflection of an organization's traditions or of the character, experiences and convictions of a single person.

The basic philosophy, spirit and drive of an organization have far more to do with the relative achievements than do technological or economic resources, organizational structure, innovation, and timing.

A. Hospital Philosophy

The hospital administrator recognizes the need for a set of principles that provide personnel with a common and consistent sense of direction; he applies a certain philosophy to achieve the purposes of the hospital. Even as conditions change, he strives to accommodate to them within the context of the hospital's beliefs. Top management and all personnel must understand hospital philosophy and its application.

B. Nursing Service Philosophy

Departmental philosophies of nursing service can and do vary because of the people, places and time involved. The manner in which a nurse director performs is determined by her personal philosophy, which directs her activities. Her patterns of beliefs, attitudes and values set the tone for a nursing department and for the hospital in all its relationships, and patients, personnel, physicians, co-workers and the committee. Because philosophy can play a major role in shaping the character of a hospital nursing department, the director should strive to examine her own basic beliefs critically, shedding old and inadequate attitude as necessary.

In current thinking and writing, the starting point for either a philosophy or the practice of management seems to be the predetermined objectives. The entire management process concerns itself with ways and means to

realize predetermined aims and with the intelligent use of people whose efforts must be properly motivated and guided.

Through its objectives, management attempts to create a climate conducive to achievement motivations, management by objectives to be effective, the use of participatory management is essential. Participatory management involves a relationship between superior and subordinate in which both share in goal setting and decision-making.

Objectives are useful as they provide a course of action to follow in order to achieve desired goals. They determine what is to be done in the future. Deciding in advance what is to be done, how and by whom, where it is to be done and when, makes for purposeful and orderly activities.

Objectives may be general or specific and may relate to a wide or narrow segment of an organization. They may concern the hospital as a whole, a department, a unit of a department or an individual.

General objectives are more manageable if translated into specific goals that are meaningful to people in their daily work. As they are divided into sub-objectives, they are more tangible measures of progress. Subdividing the objectives among different departments and units creates a hierarchy of objectives. This system promotes cooperation and coordination among the staff.

As a frame of reference for nursing service operational purposes, objectives may be classified as follows:

1. Ideals or permanent objectives are guiding statements that provide inspiration and values. With the hope of ultimate accomplishment there will continue as basic aims.
2. Long-range objectives flow from ideals; they advocate what is to be accomplished, but fulfillment may require for an extended period of years.
3. Short-range objectives are steps toward long-range goals and make the later more tangible and meaningful. They are attainable within a 12-months period and can be further divided into intermediate objectives.

Policy

A policy is a guide that clearly spells out responsibilities and prescribes actions to be taken under a given set of circumstances. Policies provide general direction for decision making so that action can be taken within the framework of the organization's beliefs and principles. Policy needs interpretation when applied to a specific situation. Policies and procedures

Observation and Report on Organizational Facilities

seek to avoid the chaos of random activity by directing, coordinating and articulating the operation of an organization.



2.3. Exercise

Activity II

The learner will identify and state the philosophy, objectives and policy including functional setup of the organization/hospital, which are outline below:

- Philosophy
- Objectives
- Policy and procedures
- Average number of patients in the outpatient department.
- Average number of patients in the inpatient department/day
- Types/categories of patients attending hospital
- Local rules and regulation related to:
 - Building regulation
 - The sanitation code
 - Fire prevention
 - Licensing regulations
- Source of personnel
- Transfer of personnel
- Service of physics
- Nursing service
- Pharmacy service
- Provision of dietary arrangements
- Emergency medicine tray
- Cooperation and coordination with other agencies/organizations/ departments
- Interpersonal and interdepartmental relationship.

Activity III

The learner will identify and describe the facilities available to meet the needs of the patients.

While hospitals strive to accommodate and adjust to rapid changes to complex care programs and to outside pressure for expanding their role, they must still furnish a proper environment in which the needs of patients can be met. The operation of a hospital must be directed toward providing for a patient's needs viz. physical, diagnostic, therapeutic, emotional, spiritual and those connected with continuing care.

Administration

The hospital is held together systematically and holistically by a group of people, the board of directors, the hospital administrators and the departmental heads responsible for major patient services. The administrators give cohesiveness, coherence and order to the great mission of providing health care. Administration encourages effectiveness, efficiency, comprehensiveness and economy in carrying forward the philosophy, purposes and objectives of the hospital.

Medical Care

The patients need to be assured of adequate medical care while in the hospital. The medical staff is in the key position in the hospital, and the degree to which the physicians are organized determines the quality of patient care. The medical staff should be organized into essential committees that assume the responsibility of advising, disciplining and evaluating performances of the member of the staff.

Emergency Care

The hospital as the medical center of the community stands for service, in any time of need. It has a moral obligation to provide a special unit for emergencies. The emergency service should furnish care and treatment for people requiring emergency measures. It should also be available as an information center for emergency questions from the community. The service may be used as a receiving area for the evaluation of acute trauma accident cases, intoxication and poisoning. Good medical coverage is necessary for good emergency services.

Outpatient Care

This should include multiphase screening, preventive services, diagnostic and treatment services, home care programmes, health-related social services and a net-work of relationships with other health care programmes.

Hospital Admission

Patients need to be provided without delay with an effective and efficient admission process into the hospital. Their first impression of the hospital depends upon members of the admitting staff and their performance. Patients in all stages of physical and emotional pain must be dealt with expeditiously and yet tactfully.

Diagnostic Services

Pathological, radiological and other diagnostic services of adequate quality and quantity are available for the patients' diagnostic and therapeutic needs to be met.

Drug Therapy

As a result of progress in the physical and medical sciences, numerous new drugs are available to treat the sick. These new drugs are extremely potent and widely used and have profound physiological and toxic effects upon patients. A wide variety of therapeutic agents are prescribed by physicians for patient care and a knowledgeable pharmacist can be of immense help to hospital physicians in suggesting the best possible agents.

Patient Protection

The hospital assumes a heavy responsibility to the people who commit themselves to its care. It accepts the obligation to protect the patient, his property, and his regulation. This physical body must be guarded from injury, both physical and mental. He must be safe from exposure to known or suspected infectious disease and from known, suspected unforeseeable hazards. Confidentiality, privacy, safety and security of the patients must be protected. In addition the hospital must protect the patient from doing injury to himself or from being injured by others.

Nursing Services

The central focus of all nursing activities is to provide service for the patients. This requires taking into account each patient's needs such as movement and exercise, spiritual well-being, hygiene, comfort, nutrition, safety, communication and the plan of care based on these needs. While nurses cannot furnish everything the patient requires, nurses have the coordinating responsibility of working with members of allied disciplines.

Spiritual Care

The spiritual needs of patients are often apparent during illness and the hospital should provide pastoral care. To offer a patient spiritual counseling is in keeping with treating the whole person. Many personal questions became urgent at a time of illness; the patient finds time to think about himself and the world around him. The concerned religious leaders, hospital chaplains and the clergy of the community contribute significantly to meeting patient's spiritual concerns.

Dietary Requirements

Goals of the hospital service with regard to dietary needs of patients are: 1) Optimum nutrition of the patient, 2) Maintenance of morale, 3) Dietetic education of patients and 4) Achievement of these goals with maximum efficiency and resulting economy. Proper nutrition requires knowledgeable purchasing of equipment and foods, professional planning of standard and therapeutic diets, scientific food production and a well-planned system of food distribution from kitchen to patient. The morale function calls for consideration of the aesthetics of food service including color, consistency and temperature. The timing of meals is also important.

Social Services

The social factors that have helped to make the patient ill, the social problems that his illness creates for him and the obstacles that may limit his capacity to make use of what medicine has to offer are of importance to his physician and the health team.

The physician and the hospital personnel are concerned with understanding the patient's social setting, his relationship with the family group and his socio-economic as well emotional resources. This type of understanding helps ensure integrated help for the patient.

To enhance the usefulness of medical care and to help the hospital achieve its purpose in medical treatment, a social service programme should be provided.

Recreational Services

Recreation is generally recognized as a basic human need because it contributes to well being and is therefore therapeutic. A recreational service for hospitalized patients does contribute to the therapeutic environment through refreshment and renewal of mind, body and spirit. Program must be adapted to the needs and interests of the patient and they require approval of his physician. Recreational program may include such

Observation and Report on Organizational Facilities

activities as art, crafts, dancing, dramatics, hobbies, music, entertainment, nature and outing activities and various kinds of social activities.

Therapeutic Environment

A therapeutic environment helps a patient grow, learn and resume to health. It is an atmosphere in which the patient is supported in his perception of himself as a person of worth. The therapeutic environment is oriented to the patient's needs and to his importance as a person capable of solving problems and making decisions. In such an environment patients are encouraged to participate as much as they are able.

Psychological independence is promoted by:

1. Encouraging the patient to participate in his-own plan of care.
2. Encouraging him to assume responsibility and make life decisions for himself, within his limitation.
3. Helping him to develop patterns of response to stressful stimuli that are compatible with physical and psychological growth.
4. Helping him to function in his sociologically define roles within his family and the community and
5. Helping him to make realistic plans for the future.

Medical Records

The medical record is a written account of all significant clinical information pertaining to a patient; it is sufficiently detailed to enable the practitioner to give effective continuing care to the patient as well as to determine at a future date what the patient's condition was at a specific time and what procedures were carried out. It also enables a consultant to give an opinion after his examination of the patient. A written medical record is maintained on every patient admitted to the hospital as an inpatient, outpatient or emergency patient.

Patient's need to be assured that their care is being properly documented and that their medical record is treated as highly confidential. The fundamental reason for maintaining an adequate medical record is the contribution to high-quality individual care.

Education and Training

Both education and teaching are legitimate spheres of activity for hospitals. In order to meet the growing needs of patients and their families for information and knowledge regarding health, the hospital can provide learning experiences for consumers. In addition, the hospital maintains a

climate and an environment that are supportive of the continuing development of health care providers. By sharing its educational programs and resources with the community, the hospital strengthens its ties between the providers and the public.

Discharge Service

Because hospitals provide a protective environment for their patients, the community outside sometimes becomes remote and threatening. At discharge, happiness, being united with one's family and being restored to a state of good health, is often mixed with anxiety and fear about the future.

A patient may be anxious about becoming a burden to his/her family or making an adjustment to life as a result of physical limitations. The patient and his/her family with support of health team at discharge can often meet the psychological and physical needs. When the patient requires the services of another agency, the referrals are made prior to discharge. If a patient is without a family or anyone nearby, members of the health team must assume the responsibility to plan with him/her, if s/he is able for his discharge.

Continuity of Care

Patients who are severely disabled or have long-term illnesses must be provided with physical medicine and rehabilitation services. Special evaluation is concerned with the degree of disability and how it affects the patient, his family, his work and his community.

The basic elements of a department of physical medicine and rehabilitation are the medical section and physical therapy. Other elements are occupational therapy, speech therapy, social service, vocational counseling, and prevocational laboratory, psychological services and rehabilitation nursing.

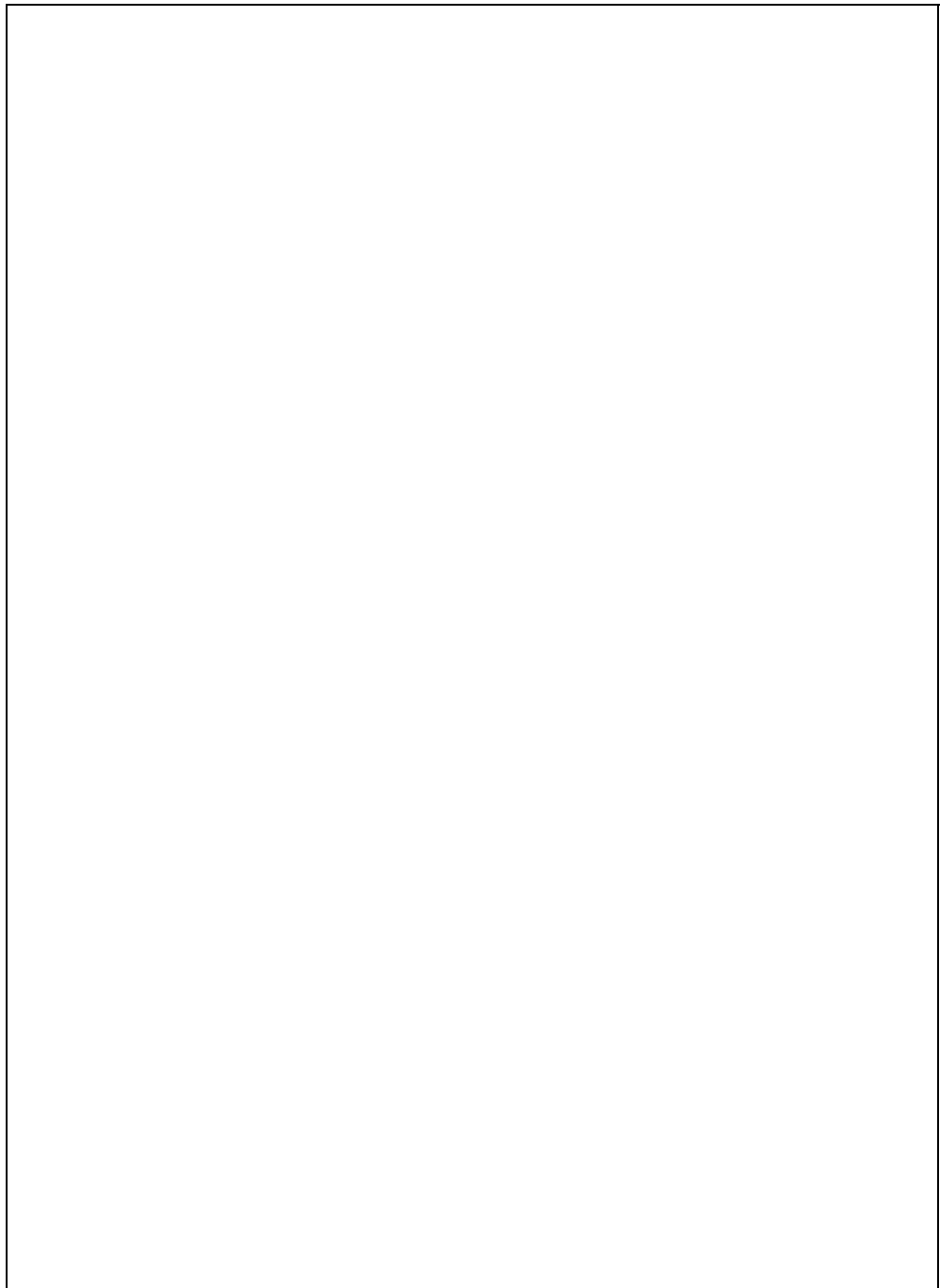
Patient Expectations

A majority of patients remain interested in personalized medical and hospital care provide, with competence and kindness and at a reasonable fee. There will continue to be a need for personal efficiency, promptness and gentleness.

Health service cannot be effectively organized and provided without a clear understanding of the health needs of the people to be served, nor will the health services provided be properly utilized unless they are reasonably consistent with the expectations and demands of the users.

Observation and Report on Organizational Facilities

Accordingly, there must be active and responsible participation and the decision making process by the recipients served including planning, financing program implementation and evaluation of health services. There must be a realistic accommodation between what people think their own needs are not what professional health personnel believe their needs to be, as well as an understanding of established needs and the available facilities, manpower and financial resources.



Unit 2: Management of the Hospital/ Organization

Assignment 1: Organizational Chart and Structure

1.1. Learning Objectives



On completion of this assignment you will be able to-

- draw the organizational structure of the hospital/organizational services
- draw the organizational structure of the nursing services
- identify lines of authority



1.2. Organizational Chart

The usual expression of responsibility relationships among people and jobs is the organizational chart. An organizational chart is a management tool, a pattern to show how parts are put together to accomplish a particular purpose. It is effective only to the extent it is used and it will be used only to the extent it carries out the aims and function of the department.

The chart indicates areas of responsibility, to whom and for whom each person is accountable and the major channels of formal communication. It is interwoven with the organizational plan of the hospital, indicating interdepartmental as well as intradepartmental relationships.

The organization of a nursing department varies with the size of the institution/organization. Every nursing department regardless of size, demands some form of organizational pattern.

In drawing up an organizational chart, a nurse director and the administrative nursing staff should:

1. Determine the purpose of the plan. There are at least three elements to be considered a) Administrative control, b) Planning and policy making and c) Relationships with other departments and related agencies.
2. Draw a chart of the present departmental plan, the actual working one, not the formal one. Sometimes there is a hidden organizational plan that differs from the formal plan and is quite effective. It is helpful to know what is happening in actual practice.

Management of the Hospital/Organization

3. Review the departmental functions and determine what activities are needed in order to carry them out. It may be found that certain activities are duplicated; some may belong to other departments; important ones may have been left out of the pattern.
4. Review relationship with other hospital departments. Determine what activities involve other areas, what working relationships are necessary and at what levels they are to be established in order to attain the objectives of the nursing department.

1.3. Organizational Structures

The traditional pyramidal concept has been a popular organizational structure. Some believe that the pyramidal structure has outlined its usefulness; others believe pyramidal concepts are still valid. The needs for accountability is still are inescapable fact of organizational life.

The pyramid structure for many years has been an ideal means for the persons at the top to pass the order to the subordinates under him. However, with the new knowledge that behavioral scientists have provided, people in organization are now asking for some opportunity to share their voices and opinions about their place of work. The move toward participatory management concepts offers, in theory, an opportunity for all levels of personnel to participate. Associated with this person-centered concept of management is its tool, managing by objectives (MBO) an approach that allow everyone to join improving the life of a work setting one hopes, to achieve hospital goals as well as the individual's goals.

Organizational structure is not static and stationary. The personnel of the organization may change, the organization grows and adopts new technology; the social, political and economic setting in which a hospital operates is continuously in flex. One task of a nurse director/nursing superintendent is to keep his/her part of the organization adjusted to these changes.

The pattern for administrative control should indicate an orderly chain of command, with lines of authority and responsibility clearly drawn. In that chain each person has an immediate superior and must not be expected to take directions from any other persons.

The administrator's most effective means of maintaining control over personnel is through carefully defined lines of authority. When we have this type of organizational structure, it is called a line organization. In the line organization, there is a chain of command, with a straight line from the administrator to each worker. Clearly defined lines of authority are essential to a smoothly functioning organization.



1.4. Exercise

Activity

The learner will collect all related information and draw the chart and structure of organization/hospital and the chart and structure of nursing services exhibiting lines of authority.

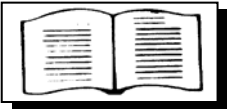
Assignment 2: Nursing Service Management

2.1. Learning Objectives



On completion of this assignment you will be able to-

- recognize the system of nursing service management
- state the communication system in the nursing department
- identify the administrative roles and functions of the manager
- explain the quality assurance mechanism for patients care in the hospital.



2.2. Responsibility of the Nursing Superintendent

Nursing superintendent should have the ability and professional competence. She is entitled to sufficient freedom to develop her department according to her professional capabilities.

Formulating Job Function Analysis

As an expert in nursing, she has the responsibility to evaluate the staffing needs of nursing service and to work with the administrator in meeting these needs. She should be capable of formulating job function analysis. This includes making decisions with respect to the functions assigned to aids, orderlies, practical nurses and professional nurses.

Setting up Lines of Authority

The sound approach in directing a staff is the willingness to delegate responsibility as well as the authority that goes with it. This policy requires that each employee understands that he is responsible to his immediate superior for the quality of his work. He should also be aware that all matters related to his job, including his time schedule and salary adjustments are subject to the approval of his immediate superior.

If an employee has a grievance about his job which cannot be resolved satisfactorily, he is entitled to know what measures are open to him for a review of his grievance.

Promoting Opportunity for Building Interdepartmental Relations

By forming different committee consisting members from various departments, doctors, nurses and physical therapists might work together in developing a planned in-service education program. Interdepartmental conferences, led by the administrator, are an other means of stimulating a cooperative working relationship between departments.

Promoting two-way Communication

Staff of an organization has a need to be kept informed concerning objectives of the organization, policies and specific directives, it is equally important for the administrator to be kept informed of the thing of the action of people on his staff. Only in this way can major difficulties and misunderstandings be avoided.

There is certain feature of a well-planned communication system that should be adopted by every organization. These features include policy manuals, procedure manuals, order books, reports, requisition forms, bulletin boards, committee activities and staff meetings. Some organizations introduce employee suggestion box and a staff newsletter.

Establishing Controls

What can an effective system of controls do? In the area of personnel, it enables management to know the background and the capabilities of people joining the staff? It provides insight into the individual's potential and on the job development. This type of information is basic for making intelligent assignments and for delegating responsibility wisely.

Staff members benefit from a system of controls because it lessens confusion. Each employee, regardless of his/her job classification, knows precisely what his/her duties are.

Through a system of controls, administration is able to keep a firm grip on the finance operation of the organization/hospital. He/she accomplishes this through departmental budgets, purchasing procedures and periodic inventories. Ultimately, all controls relate to patient service. The administration is charged with a duty to know whether the services provided meet acceptable standards from a standpoint of quality and quantity. He must also be satisfied that the supervision provided is adequate and effective.

Establishing a sound system of controls requires variety of tools. These are:

Establishing a personnel system of controls requires variety of tools. These are:

- Clearly defined lines of authority
- A program of screening and evaluating applicants for employment
- Job description
- Job qualification

Management of the Hospital/Organization

- Job function analysis
- In-service education program
- Departmental reports
- Special reports
- Policy manuals
- Procedure manuals
- Inventory records
- Budgets
- Periodic review of patient records.

Administrative Roles

Other main functions of a nurse manager (Nursing superintendent) are:

- Hiring personnel for nursing service
- Assigning staff members to various services
- Promoting or dismissing staff members
- Keeping personal records and time schedules of members of the nursing service
- Supervision and evaluation of work standard of the personnel
- Handling personal problems and complaints concerning nursing service with fairness and tact
- Assist administrator in establishing personnel policies
- Develop an effective communication system in order to relay administrative directives to her staff promptly and clearly
- Prepare a budget for her department
- Co-ordinate the work of nursing service with other departments.

Providing Supervision for each Shift of Duty

The fact that nursing service must be provided on a 24-hour basis. It requires that consideration be given to such matters as the delegation of responsibilities and supervision for each shift.

Good management requires that she has assistants to take charge of each shift. These assistants should assume the responsibility for-

- Making assignments

- Evaluating patient care
- Preparing reports
- Managing their respective shift.

In a well-managed nursing service, the nurse manager delegates responsibilities and establishes lines of authority.

Nursing Service Policy and Procedure Manuals

For efficient management it is essential to co-ordinate activities and to standardize practices on the three shifts. A departmental policy manual and a procedure manual are excellent tools in realizing these objectives.

The Policy Manual

To be effective, a policy manual cannot be a carbon copy of material prepared for another agency. It must reflect the organizational structure and particular needs of that organization in which it is being used.

The Procedure Manual

The procedure manual should be review periodically to make certain that changes, practices and equipment that affect the various procedures have been properly noted.

It is important to keep in mind that if the general staff is expected to be familiar with the contents of these manuals, they should be available in every patient area.

Tools of Communication

Good organization of a department is also dependent upon effective communication skills. Regular meetings are vital to exchanging ideas and to keeping the staff informed of departmental developments and administrative directives. As far as meetings are concerned, it is advisable that they be planned and that provision be made for employees on all shifts to attend a session.

Other communication tools that can be utilized by the nursing department are shift reports and bulletin boards; in fact, the policy manual and procedure manual can also be regarded as important communication tools.

A good organization should have harmonious relationships between staff members and provision for free flow of information among nurses working on shifts and standardization of policies and procedures. Co-ordination meeting to be held regular with specific terms of reference.

Professional Nurses

The professional nursing staff can be considered to be responsible for administering medications and injections, making staff assignments, evaluating the quality of patient care, carrying out involved nursing procedures and establishing nursing policies. They also have a duty to supervise nonprofessional workers.

Personal Qualifications

Ideally nurses should have specific qualifications to function effectively:

- Proficiency in teaching skills
- Good organizational skills
- Leadership qualities
- Pleasing personality and a good understanding of psychological principles
- Flexibility
- Proficiency in nursing skills
- A sincere interest in the problems of patients
- Good ethical standards.

Recommended Checklist for Assessing Nursing Service

1. Have firm lines of authority been stabilized?
2. Is a procedure manual available on each service?
3. Is a nursing service policy manual available on each service?
4. Have job descriptions been prepared for all nursing service personnel?
5. Are patient records accurately kept and up-to-date?
6. Are departmental conferences held to review the various aspects of patient care?
7. Are regular monthly meetings called by the nursing superintendent?
8. Are records, shifting reports and reports to the administrative office complete and accurate?
9. Are numbers of registered nurses adequate?
10. Is the bed linen of incontinent patients being changed promptly?
11. Is sufficient attention given to the personal hygiene of patients?
12. Are nurses carrying out outpatient teaching?

13. Are nurses participating in rehabilitation, works with therapists?
14. Are bedridden patients turned frequently?
15. Are physicians being notified promptly of changes in patients conditions?



2.3. Exercise

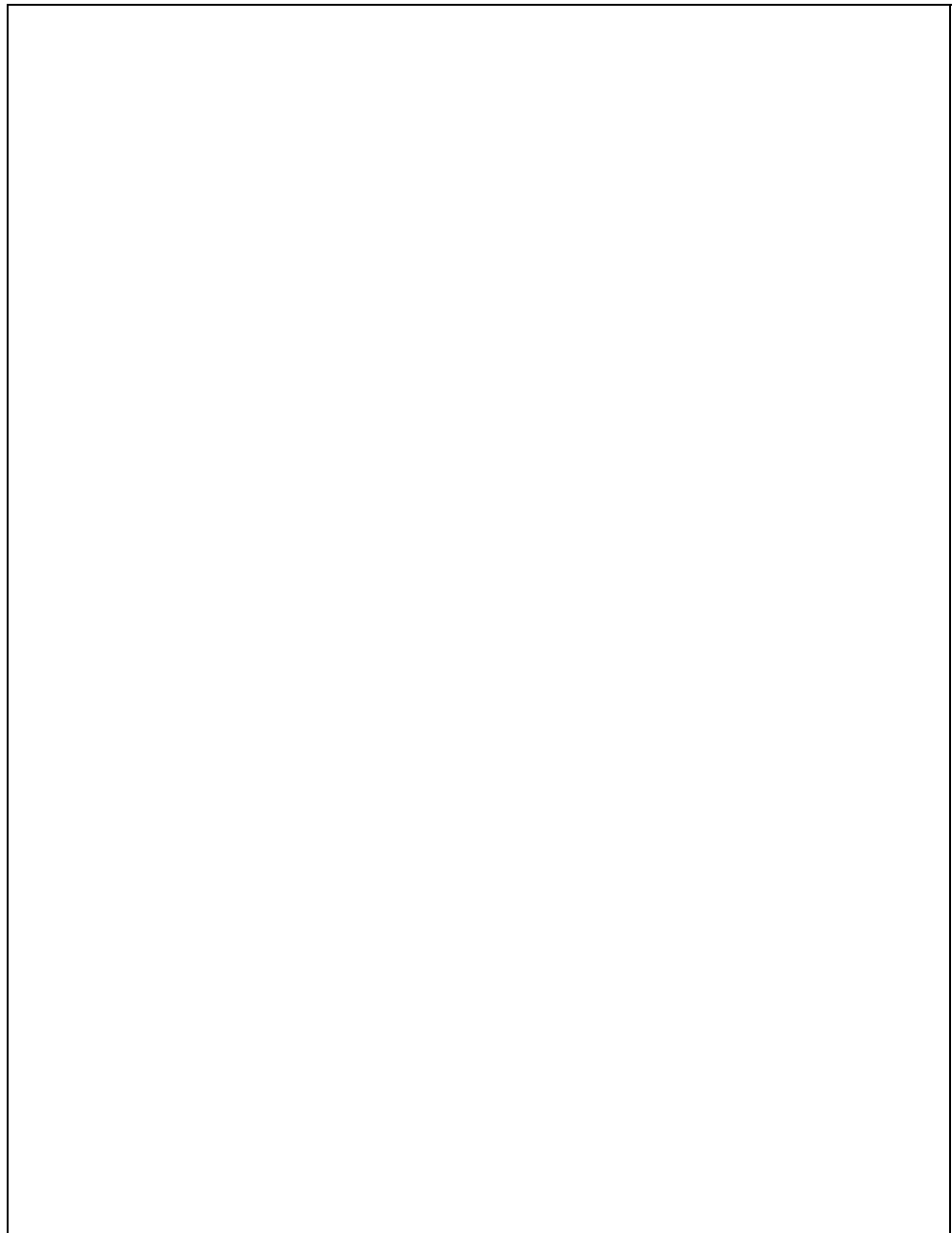
Activity I

The learner will interview the nurse managers and other concerned and will observe the situation and patient care activities to obtain related information for writing the report.

Activity II

At the end of collecting all related information, the learner will:

1. Analyze the data
2. Identify the needs of the organization and of the management compared to ideal features
3. Develop a plan of action, which is feasible and practicable in terms of man, material, and money of that specific organization/hospital.

A large, empty rectangular box with a thin black border, occupying the lower half of the page. It is intended for the student to write their analysis, identify needs, and develop a plan of action as described in the activity instructions.

Unit 3: Health Care and Nursing Service Planning

Assignment 1: Health Care Planning

1.1. Learning Objectives



On completion of this assignment you will be able to-

- define planning
- know purposes of planning
- describe elements of planning and
- discuss health planning constraints.



1.2. Introduction

Over the past 100 years, the expectation of life in nearly all parts of the world has been transformed. The developing countries which have secured marked health improvement have achieved by a decline in infectious diseases.

Concerns for the efficient use of health resources are growing throughout the developed and developing world. The importance of planning in the health sector becomes widely recognized in recent years. Planning involves deciding how resources should be allocated and determining how to implement these decisions. For developing countries, which are attempting to improve their poor levels of health with extremely scarce resources, judicious health planning may be critical.

1.3. Definition of Planning

Planning involves a method of trying to ensure that the resources available now and in the future are used in the most efficient way to obtain explicit objectives.

1.4. Purposes of Planning

The purposes of planning are:

- to match the limited resources with the existing problems.
- to eliminate wasteful expenditure or duplication of expenses.
- to develop the best course of action for accomplishing a defined objective.

1.5. Resources

The term resource implies the manpower, money, materials, skills, knowledge, techniques and time needed or available for the performance or support of action directed towards the specified objectives. Without proper planning and management, resources will be wasted.

1.6. Plan

Planning results in the formulation of a plan. A plan is a blue print for taking action. Plan consists of six major elements.

- objectives
- policies
- procedures
- programmes
- schedules and
- budget

Objectives: This is the statement of desired changes in behavior or state of excellence, expected as a result of particular program or activity.

Policies: Policies define an area or provide limits within which decisions are to be made and ensure that the decision will be consistent with and contribute to, an objective. It is a plan of action, statement of ideals, etc. is proposed or adopted by a government, or political party or an organization.

Procedure: Procedures are set of rules for carrying out work, which when observed by all, helps to ensure maximum use of resources and efforts. Policies are the guiding principles.

Programmes: Programmes are plan of action followed in proper sequence according to objectives, policies and procedures. Thus, a programme lays down the major steps to be taken to achieve an objective and sets an approximate time frame for its fulfillment. Programmes are usually supported by budgets. A programme may be a major or a minor one or long, medium or short term one.

Budget: A budget is a statement of expected results expressed in numerical terms. It is sometimes called numberized programme and most commonly expressed in terms of money, i.e., taka, dollar, etc. They may also be expressed in terms of any measurable units like hours, metric tons,

etc. It covers a particular period of time, and once the period is over, a new budget comes into being.

Schedule: A schedule is a time sequence for the work to be done.

1.7. Steps in Planning

The essential aspects of planning include the need for planning to be systemic and to follow a clear sequence of logically ordered activities (to provide a framework for clear decision making), and planning deals with issues of power, so that analysis of power-relations is a necessary component of any planner's toolkit.

Realistic rational planning (a planning cycle) consists of:

1. Situation analysis
 2. Establishment of objectives or goals
 3. Assessment of resources
 4. Fixing priorities
 5. Write up of formulated plans
 6. Programming and implementation
 7. Monitoring
 8. Evaluation
 9. Feedback.
1. **Situation Analysis:** The first step in health planning is analysis of the health situation, which
- Involves an assessment of the present situation;
 - Examines the current and projected health situation, the demographic pattern, and present and future health needs;
 - Looks at general soci-economy and provision of non-health services and infrastructure;
 - Analyses the infrastructure of the health sector and the pattern of services provided;
 - Examines the current and future resources of the health sector in terms of both financial resources and real resources (e.g., personnel, equipment, building), and
 - Analyses the efficiency and effectiveness within which the health sector operates.

2. **Establishment of Objectives and Goals:** Objectives and goals are needed to guide efforts. If the objectives are not established, it may lead to haphazard activity, uneconomical use of funds, and poor performance. Objectives guides to action and also a yard-stick to measure work after it is done.
3. **Assessment of Resources:** Resources include manpower, money and materials, skills, knowledge and techniques needed or available for the implementation of the health programme. The resources are assessed and the balance is calculated between what is required and what is available or likely to be available.
4. **Fixing Priorities:** The next important step in planning is establishment of priorities in order of importance. As there is always a shortage of resources with the total requirement. In fixing priorities, attention is paid to financial constraints, mortality and morbidity data, diseases which can be prevented at low cost, saving the lives of younger people, and also political and community interests and pressures.

Once priorities have been set, alternate plans for achieving them are also formulated and assessed to determine whether they are practical and feasible. Alternate plans with great effectiveness are chosen.

5. **Write up to Formulated Plan:** Next step in the planning process is the preparation of the detailed plans. The plan must be completed in all aspects for the execution of a project. For a health programme, the resources (input) required are related of the results (outputs) expected. Each stage of the plan is defined and coated, and the time needed to implement is specified. The plan provide guidance to all those responsible for execution.
6. **Programming and Implementation:** Once the health plan has been selected and approved by the policy making authorities, programming and implementation begins. Plan execution depends upon the existence of effective organization. The organizational structure must incorporate well-defined procedures to be followed and sufficient delegation of authority and fixation of responsibility of different workers for achieving the predetermined objectives during the period prescribed. The major considerations at the implementation stage include-
 - a. Definition of roles and tasks.
 - b. The selection, training, motivation and supervision the manpower involved.
 - c. Organization and communications.

- d. Efficiency of the individuals such as hospitals or health centers in implementing the plan.
- 7. **Monitoring:** It is the day-to-day follow up of activities during their implementation to ensure that they are proceeding in a planned and scheduled manner. Monitoring is a continuous process of observing, recording and reporting on the activities of the organization or projects. Thus monitoring consists of keeping tract of the course of activities and identifying deviations and taking corrective action if excessive deviations occur.
- 8. **Evaluation:** The purpose of evaluation is to assess the achievement of the stated objectives of programmes, its adequacy, efficiency and acceptance of all parties involved. Evaluation is mostly concerned with the final outcome and factors associated with it. Good planning will have evaluation procedure to measure the effectiveness, and to detect deficiencies.

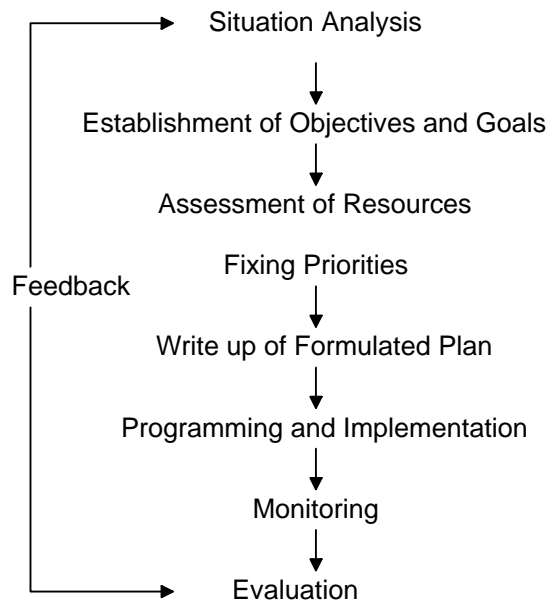


Fig: The planning cycle

- 9. **Feedback:** The information from the above stage may be used for further development.

1.8. Constraints of Health Planning

There is large number of factors which stands in the way of effective health planning:

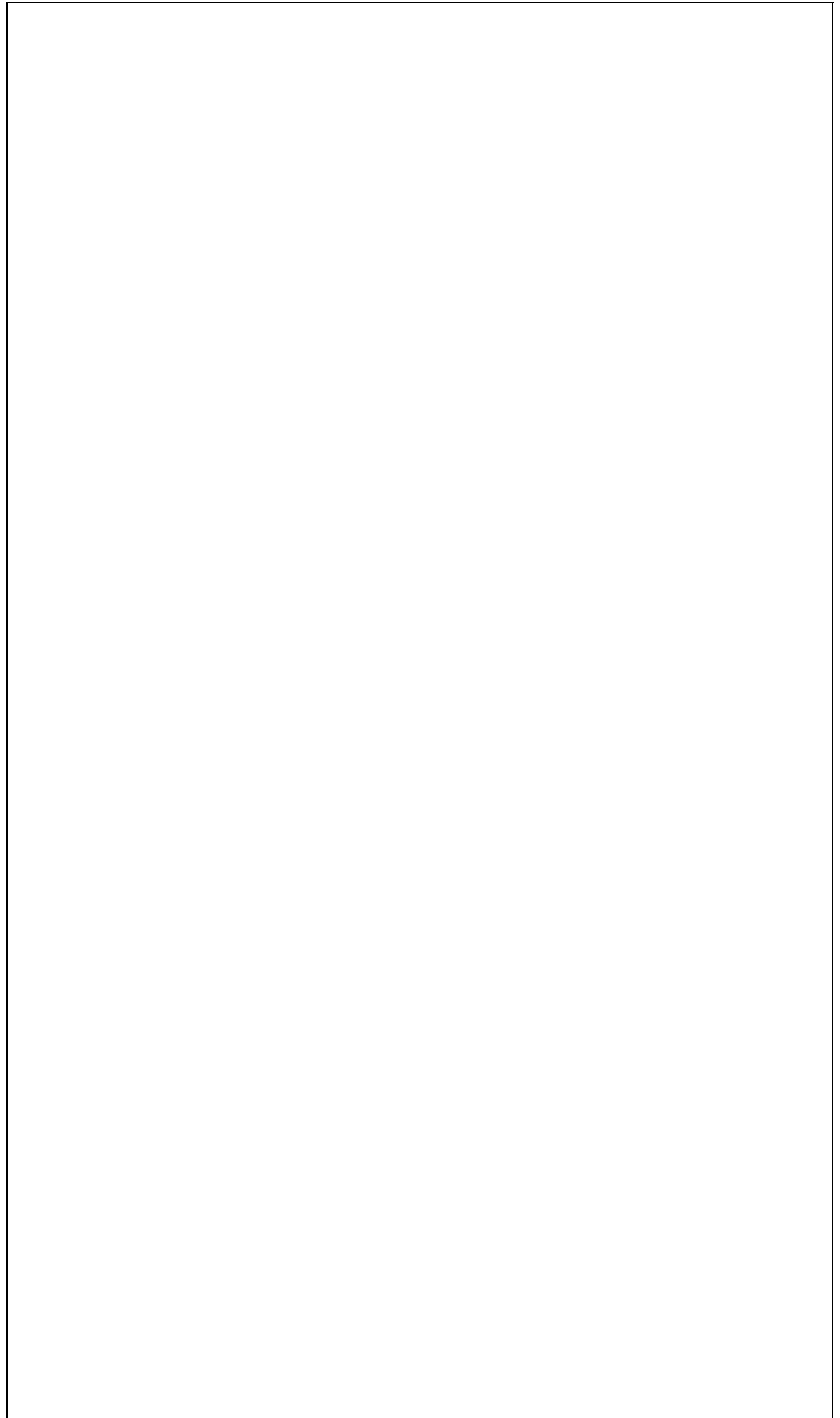
Health Care and Nursing Service Planning

1. Lack of adequate health information system for planning, monitoring and evaluation.
2. Natural resistance to change.
3. The relatively low priority often accorded to health by the political decision makers and the public.
4. The frequency of governmental, political and administrative changes with concurrent changes in commitment to support the plan.
5. The imperfect state of the art planning, i.e., the absence of trained health administrators and planners and particularly the lack of precise tools to measure need, demand, cost and benefit.
6. The long time gap between planning and implementation particularly regarding the supply of additional health manpower and enactment of necessary legislation.
7. The division of health professionals into compartments and resultant lack of adequate inter-professional communication.
8. The inflexibility of the educational system.
9. Inefficient administrative practices that limit the flexibility of the budgets promote fragmented programmes and result in inappropriate personnel system.
10. Inadequate co-ordinations of planning between the various ministries and departments concerned with socio-economic development.



1.9. Exercises

1. Define planning. Write down the purposes of planning.
2. What is plan? Describe the elements of plan.
3. Discuss the steps in planning.
4. What are the constraints of health planning of the concerned organization/institute/hospital you have been assigned?



Assignment 2: Organization of Nursing Service

2.1. Learning Objectives



On completion of this assignment you will be able to-

- know organizational structure
- define principles of organization
- describe the types of organization and
- define delegation.



2.2. Introduction

A WHO expert committee on nursing defines the nursing service and that part of the total health organization which aims to satisfy the nursing needs of the community. As nursing is only one part of the total care of the patient, nursing activities must be coordinated with those carried on by workers such as the doctor, the social worker, and others. A distinction is sometimes made between the term 'care' and 'nursing services'. Nursing care refers to the care of the patient with specific regard to nursing, while the term nursing service refers to the coordinating responsibility of the nurse, in addition to giving nursing care also work with members of allied disciplines such as dietetics, medical social service, pharmacy and various others in supplying a comprehensive programme of hospital care.

2.3. Organizational Structure

Organizing involves establishing a formal structure organgram to provide for the co-ordination of resources in order to accomplish the objectives. The organizational structure should provide effective work system, a system of communications, identity with individuals and organization, and should consequently foster job satisfaction.

An organizational structure shows the relationships between people and their positions. It describes positions, responsibilities and relationship.

A hierarchy or bureaucracy is an organizational design to facilitate large scale administration by coordinating the work of many personnel. In bureaucratic hierarchy, the supervisor is responsible to the assistant nursing superintendent. She in turn must answer to the deputy nursing superintendent, who is accountable to the nursing superintendent. Nursing superintendent is accountable to the hospital administrator, who is accountable to the board of directors. The supervisor has authority over those below her, and they are accountable to her.

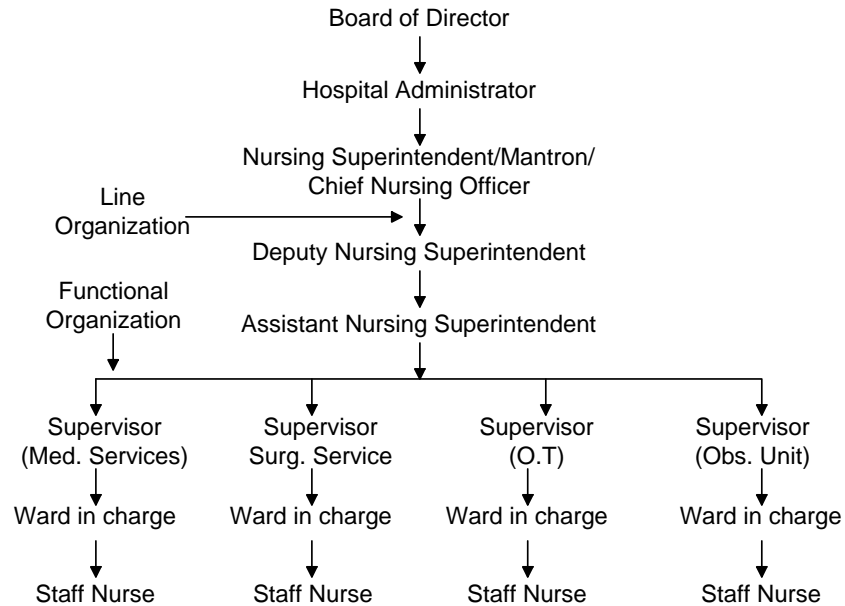


Fig: Organizational Structure

2.4. Principles of Organization

Certain principles of organization help to maximize the efficiency of bureaucratic structure.

1. The organization should have a clear line of authority running from the highest executive to the employees having the least responsibility and no authority over others.
2. There should be only unity of command with each person having only one boss. Each person should know whom to report and also who are accountable to him/her.
3. The authority and responsibility of every individual should be clearly defined in writing. One should be aware of what is expected of him/her and what his/her limitations are. This prevents gaps between responsibilities and avoids overlapping of authority.
4. Supervisors should delegate responsibility to the lowest level within the organization where there is enough competence and information for effective performance and appropriate decision making. Increased delegation and general supervision rather than close supervision helps to increase effective performance, production and employee satisfaction.
5. The employee should be given formal authority to commensurate with responsibility delegated.

6. The delegation of responsibility should be accompanied with accountability

2.5. Types of Organization in Nursing Services

There are two accepted types of organization in nursing services, both running parallel. They are-

1. Line organization and
 2. Functional organization.
1. **Line Organization:** In the line organization, the chief of nursing, normally called the nursing superintendent, is responsible for training and allotment of nurses to various areas, and for overall supervision of their activities. S/he is in charge of the whole department and its personnel complement.
 2. **Functional Organization:** In the functional organization, the nurse takes orders from the clinician so far as the medical care of the patient concerned. The clinician, however, is not authorized to act in the line organizational manner. If a nurse does not perform her duties, the clinician should refer the matter to the nursing superintendent.

Effective co-ordination and co-operation should be ensured for proper functioning of this dual authority. Normally there is no conflict; but controversy exists whether the nurse should be counted upon as an assistant to the clinician or from her background and training should plan nursing care independently within the frame work of the clinician's policy. More and more emphasis is laid on the coordinating member of the team, coordinating the orders of the clinicians and the work of the other services to achieve efficient patient care. In case of a teaching hospital, there may be a principal who may be functioning independently with the same status, depending on the size of the institution.

2.6. Delegation

Delegation is the process of assigning work from one organizational level to another or from the superior to the subordinates. Delegation maximizes the utilization of the talents of subordinates.

Advantages of delegation: Keynotes for time-effective delegation are:

1. Selecting and training of qualified subordinates;
2. Mutually determined tasks and outcomes;
3. Establishing time tables for progress reports and results; and

4. Delegating responsibilities.

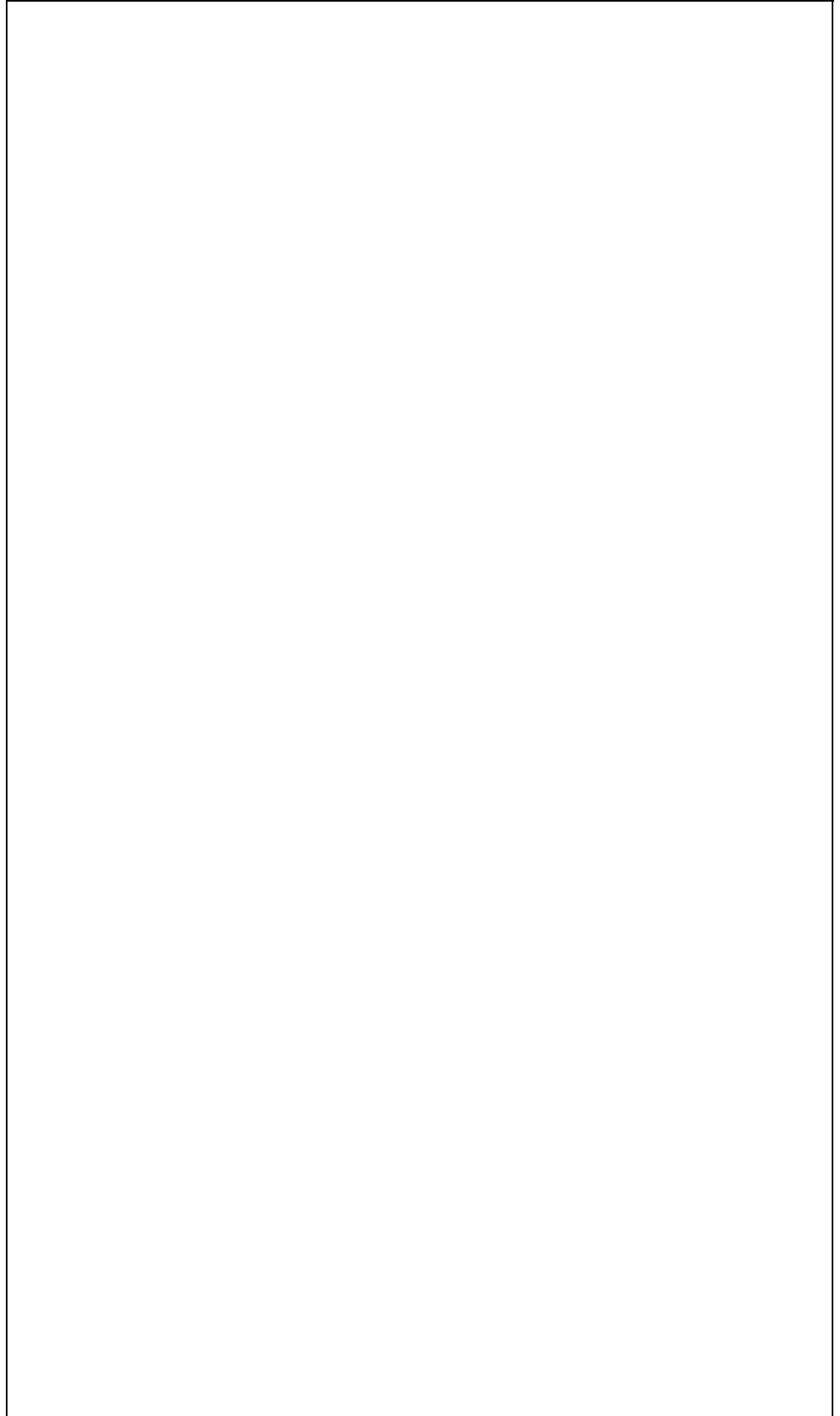
Disadvantages of Delegation: Barriers which impede delegation are:

1. Preference for doing, instead of managing;
2. Uncertainty regarding the how, what, or when of task; and
3. Unwillingness to develop subordinates for fear that they may surpass the supervisor in certain skill areas.



2.7. Exercise

1. Write down the organizational structure in nursing services of the concerned organization you have been assigned.
2. Describe the principles of organization.
3. Discuss the types of organization in nursing service of the institute.
4. What is delegation? Is there adequate delegation in nursing in context of the organization you have been in services? Discuss its advantages and disadvantages.



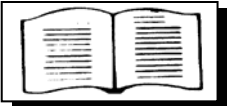
Assignment 3: Staffing

3.1. Learning Objectives



On completion of this assignment you will be able to-

- know master staffing pattern
- describe human resources planning factors
- interpret staffing norms and
- calculate staff requirement.



3.2. Introduction

The nursing care of patients in a hospital depends on the number and quality of nursing personnel on duty at all time of the day and night. The number of nurse required to nursing services in a hospital depends on many factors, some of which are:

- Number of beds in a hospital.
- The type of hospital and the prevailing medical practice, including kinds of treatment and medications given and tests and services required for the patients.
- The design and layout of the hospital compact or spread out, and the type of physical facilities provided (single layout beds or multiple beds.)
- Pattern of assignment of nurses.
- The type and number of emergency cases coming into hospital.
- Available labour-saving devices: automation, mechanization, centralization.

3.3. The Master Staffing Pattern

Making the staffing pattern for the nursing service of the whole hospital is relatively a simple task once the staffing patterns for each ward have been provided. The selection of category and the number of personnel needed for each category are decisions made by the chief of nursing service with the help of her assistants, supervisors and ward in changes.

The development of master staffing pattern based upon a study of the needs of patients and availability of personnel should result in a sound, realistic, reasonable and under stable plan.

3.4. Factors Affecting Human Resource Planning

- Physical layout of the hospital.
- The size of the hospital and its bed capacity.
- Size and plan of each clinical unit.
- Type of hospital, whether teaching or non-teaching.
- Amount and kind of labour-saving equipment and devices.
- Physical facilities, supplies, equipment and ability of hospital to understand nursing needs of the patient and to meet their needs.
- Unpredictable turnover of nursing personnel.
- Personnel policies, such as number of working hours per day, earned leave, sick leave and annual holidays, etc.

3.5. Staffing Norms for Nursing Personnel

The staffing depends on the time spent by nurses on the patient. The workload to be undertaken in caring for patients may be considered from 3 points of view; the quality of nursing, the characteristics of the patients, and the schedule of nursing care.

Extensive research has been done to ascertain the average number of hours a patient needs nursing care in a hospital. It has been worked that the average number of bedside nursing hours required per patient in 24 hours is as under:

	Hours of care
a. Medical/surgical and mixed ward	3.2
b. Maternity ward	2.3
c. Neonatal ward	5.5.
d. Children's ward	4.3
e. Communicable disease ward	4.7
f. Mixed	5.4
g. Maternity	6.5

These figures do not include teaching and administrative staff and staff for special departments, which are to be provided in addition.

Academy of hospital administration has formulated staffing norms for nursing personnel on the basis of "Nursing Care Hours" required for patient care. Depending upon nature of illness following four categories is identified.

Table 1: Nursing hours and required staff.

Category of patients	Nature of illness	Direct nursing hours per patients per day (24 hrs)	Nurse-patient ratio	Nursing personnel	Staffing norms
A	Critically ill patients needing intensive care	8-10 hrs	1:1	1. Nursing superintendent 2. Dy. nursing superintendent	1. 1 per hospital 2. 1 up to 400 beds and 1 additional for every 200 beds
B	Moderately ill patients needing intermediate care	3.5 hrs	1:3 (teaching hosp.) 1.5 (Non-teaching hosp.)	3. Assistant nursing supdt. 4. Ward sisters 5. Staff nurse	3. 1 for 100-150 beds or 3-4 wards 4. 1 for 100-150 beds or 3-4 wards 5. 1 for 25-30 beds or 1 per ward
C	Chronically ill patients requiring prolonged med. and nursing care	30 min. to 1 hrs	1:12 (teaching) 1:18 (Non-teaching)	6. Extra nursing staff to be provided for department and research functions. 7. It is suggested that for each 250 beds there should be one infection control nurse.	

Indian nursing council has recommended norms for nursing personnel, which are based on functional analysis of job.

	Nurse/patient ratio
1. For teaching hospital	1:3
2. For non-teaching hospital	1:5 for each shift
3. For I.C.U	1:3 for each shift
4. Ward in charge	One nurse for 30-40 patient
5. Ward nursing supervisor	1:25
6. Evening nursing supervisor	1:15 to 1:100
7. Night nursing supervisor	1:15 to 1:150
8. Day nursing supervisor	1:400
9. Nursing superintendent	1:200

3.6. Indices of Hospital Nurses

The nursing time provided per patient per day is the most useful and realistic index. Since it takes into account occupancy rates, working hours, and days absent from work. It is also easier to interpret, since it provides a picture of the amount of care each patient receives.

Step 1: Find out the average number of working days per year by a nurse:

Suppose

Earned leave 30 days + sick leave 10 days + casual leave 14 days + 85 (weekly + festival) day off	139 days
Total days in year	365 days
Non-working days	139 days
Total working days	226 days

Step 2: Find out the average number of hours per year by a nurse, multiplying the average number of days worked by the number of hours per working day.

Average number of working days per year × average number of working hours = 226×8=1808 nursing hours.

Step 3: Multiply the hours worked per year by a nurse by the total number of nurses to obtain the total numbers of nursing per year.

Example-

Total bed capacity of hospital = 500 divided by
 Required number of nurses = 217 nurses

Number of nursing hours × number of nurses=
 1808 × 217 = 361736 (Total nursing hours available)

Step 4: Divide the total number of nursing hours per year by 365 to obtain the number of nursing hours per day.

$$\frac{361736}{365} = 991.21 \text{ nursing hours per day}$$

Step 5: Divide the total number of nursing hours per day by the total beds to obtain the number of nursing hours per patient.

$$\text{Nursing hours} = \frac{991}{500} = 1.98 \text{ nursing hours per patient per day (approx.)}$$

Specific example:

Suppose, Discipline = Medical ward
Allotted beds = 30

Bed occupancy rate = Full occupancy

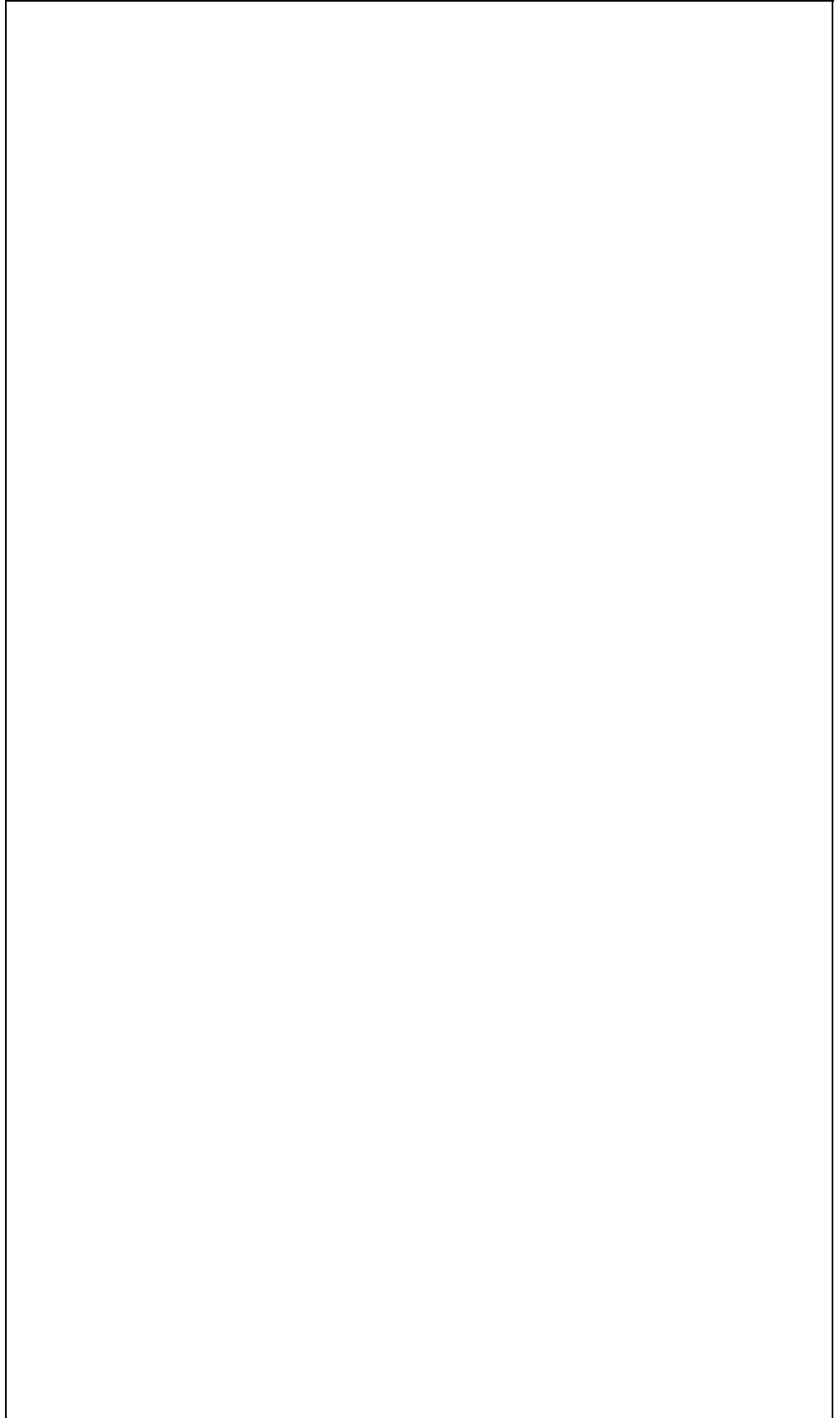
Nurse/ patient ratio = 1:3 per shift or 1:9 per day

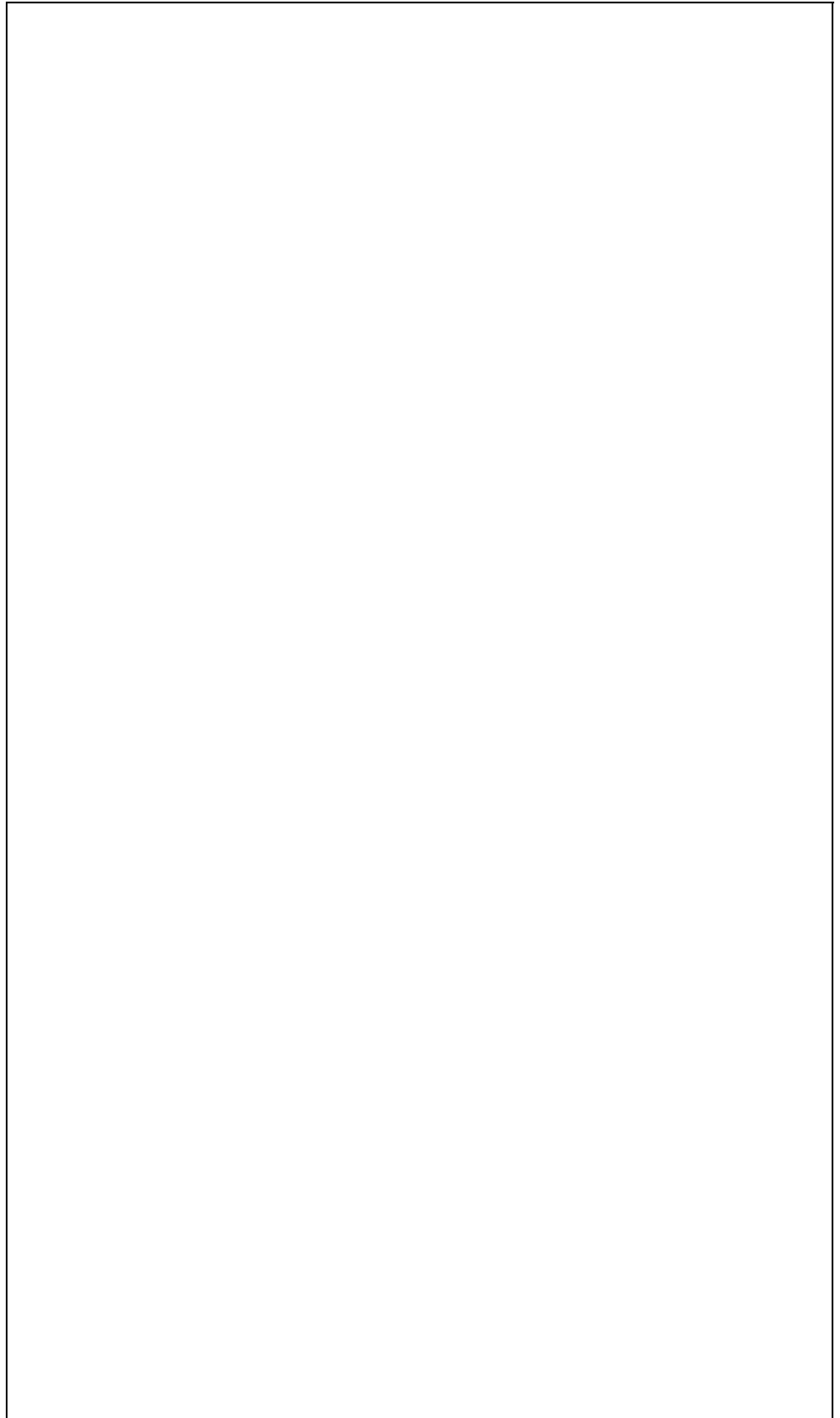
- a. Required number of nurses as per allotted beds per shift= $\frac{30}{3} = 10$ nurses
- b. Required number of nurses as per allotted beds per day = $10 \times 3 = 30$ nurses.
- c. Required number of nursing hours per patient per day= $3.2 \times 30 = 96$ nursing hours.
- d. Required number of nurses for medical ward per day= $\frac{96}{8} = 12$ nurses



3.7. Exercise

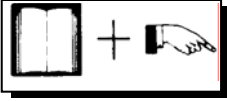
1. Define master staffing pattern.
2. What are the factors affecting human resource planning?
3. Write down the staffing norms for nursing personnel.
4. How would you calculate required number of nursing personnel of a hospital?





Assignment 4: Staffing Classification System

4.1. Learning Objectives



On completion of this assignment you will be able to-

- understand model classification
- calculate required nursing hours and
- develop staffing tables.



4.2. Introduction

Professional staffs are all registered nurses (RNS). Non-professional staff includes licensed practical nurses (LPNs), aides, technicians and unit secretaries (if available). Pro-rate 51 percent for the day shift; 34 percent for the evening shift; 15 percent for the night shift.

Standard	= 4.3 hours per patient per day	
Professional	= 1.9	44 per cent
Non-professional	$\frac{2.4}{4.3}$	$\frac{56 \text{ per cent}}{100 \text{ percent}}$

Establish 'permanent nursing' staff by unit at a number sufficient to serve an occupancy level of approximately 70 percent. Establish a format whereby the prediction of the number of patients by category and required nursing hours for the coming shift should be done by the ward in charge. The most valuable feature of this categorization procedure is that it provides for more help when there is a genuine increase in highly demanding patients. Similarly it indicates where and how much staff can be reduced when less acute conditions occur.

4.3. A Model Classification System

Another example of a classification system appears in table-2. This is only an example. Each institution should develop its own criteria and definitions that suit its particular purpose.

Table 1: Criteria for classification according to nursing care requirements

<p>1. A Patient who requires only minimal amount of nursing care (An average of 2.8 nursing hours per 24 hours)</p> <p>Examples</p> <ul style="list-style-type: none"> ▪ A patient who is mildly ill (generally termed covalent) ▪ A patient who requires little treatment and/or observation and/ or instruction. ▪ A patient who is up and about as desired; takes his/her bath or shower. ▪ A patient who does not exhibit any unusual behavior patterns. ▪ A patient without intravenous therapy or many medications. <p>2. A patient who requires an average amount of nursing care (An average of 4.3 nursing hours per 24 hours).</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ A patient whose extreme symptoms have subsided or not yet appeared. ▪ A patient who requires periodic treatment and/or observation and/ or instruction. ▪ A patient who is up and about with help for limited periods; partial bed rest required. ▪ A patient with intravenous therapy with medications such as IV piggy backs every six hours. ▪ A newly admitted patient, either surgical or medical, who is a routine admission and not necessarily acutely ill. 	<p>3. A patient who requires above average nursing care (An average of 5.8 nursing hrs per 24 hrs)</p> <p>Examples</p> <ul style="list-style-type: none"> ▪ A moderately ill patient ▪ A patient who requires treatments or observations as frequently as every 2 or 4 hours. ▪ A patient with significant changes in treatment or medication orders more than four times a day. ▪ An uncomplicated patient with IV medications every four hours and/or hyperalimentation. ▪ A patient on complete bed rest. <p>4. A patient who requires maximum nursing care (An average of 8.6 nursing hours per 24 hours).</p> <p>Examples</p> <ul style="list-style-type: none"> ▪ A patient who exhibits extreme symptoms (acutely ill) ▪ A patient whose activity must be rigidly controlled. ▪ A patient who requires continuous treatment and/or observation and/or instructions. ▪ A patient with many medications, IV piggy backs, and vital signs every hour and/or hourly output.
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Source: E.A Schmied, Nursing Staff after Hospital Merge; Nursing Administration Quarterly, Fall 1977.

4.4. How to Calculate Required Nursing Hours

The workload sheet (see table-2) is used to calculate the mean number of nursing hours required in the unit.

Table 2: Workload sheet

1. Unit: -----
2. Find the daily average number of patient types 1-4 on the unit. Enter the number of each type in column A.

	A	B	C
Average number	Type- 1	01	
	Type- 2	03	
	Type- 3	07	
	Type-4	14	

3. Multiple each number in column A by the number in column B. Write the product in column C. (Column B is the mean hours required for each patient type, based on previous study; C is the number of nursing hours required per type in 24 hours).
4. Add the four numbers in column C.
5. Divide the total of column C by the sum of the daily average number of patients on the unit. This figure tells you the numbers of hours per patient day required.

Example: Patient unit 3 East

Average patient mix:

	A	B	C
(Step 2-4) T ₁ -	08	01	08
T ₂ -	10	03	30
T ₃ -	15	07	105
T ₄ -	<u>02</u>	14	<u>28</u>
	35		171 hours

(Step-5) $\frac{171}{35} = 4.9$ hours per patient per day required

Source: Haussman, hegyvary, and Newman (1976). Monitoring Quality of Nursing Care, part III, DHEW, July, Pub. No. HRA 76-7.

4.5. How to Calculate Available Staff Hours

This worksheet (see table-3) is the companion of the workload worksheet. It is used to calculate the mean number of hours available from each

nursing category. It should be completed each month for each unit being monitored.

Table -3 Available staff hours' worksheet

1. Unit: -----
2. Obtain a list of all nursing staff on the unit. Include the ward in charge, RNs, aides/ assistant nurses and any other category you may include in giving nursing care, such as medication technicians. Do not include clerks or unit managers, and do not include nursing supervisory staff that covers more than one unit.

Make separate worksheet for each category: (1) RN, (2) Aide/assistant nurse and orderly, and (4) other.

3. Starting with the RN category, calculate the total number of hours worked by each nurse on the unit month, use time cards or staffing roster to ascertain information. -----
4. Add the hours worked by each person in the category to find the total number of hours worked by that category on the unit that month. -----

5. Divide the total number found in step 4 by the number of days in the month. Do not divide by the number of days worked. If for December, divide by 31. -----
6. Divide the answer from step 5 by the number of beds on the unit. This number is the mean number of nursing hours of this category available per patient day on that unit. -----
7. Repeat 3-6 for aide staff/assistant nurse. -----
8. Repeat step 3-6 for 'other' category if applicable. -----

Example

	RN staff	Hours worked this month
Steps: 2 & 3:	1. Name	168 hours
	2. Name	164 hours
	3.	156 hours
	etc.	etc.
Step 4:		Total=1720 hrs (for 10 RNs)

Step 5: $1720 \text{ hours} \div 31 \text{ days} = 55.5 \text{ hours per day}$

Step 6: $55.5 \text{ hours} \div 35 \text{ patient} = 1.59 \text{ RN hrs per patient day}$

Aides and orderlies Hours worked this month

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Step 2 & 3:	1. Name	166 hours
	2. Name	156 hours
	etc.	etc.
Step 4:		Total = 675 hrs (for 4 aides)

Step 5: $675 \text{ hours} \div 31 \text{ days} = 21.8 \text{ aide hours per day}$

Total nursing hours available per patient day

RN	-	1.56
Aide	-	<u>0.62</u>
		2.18 hours

Source: Haussman, Hegyvary, and Newman (1976). Monitoring Quality of Nursing Care, Part III, DHEW, July, Pub. No. (HRA), 76-7.

4.6. How to Develop Staffing Tables

Staffing tables can be developed so that when the number of patient per classification are known, the number of staff needed can be obtained directly from the table.

Suppose that each staff member provides 3 hours of direct patient care while category 1, 2, 3 and 4 patients require 20, 45, 60 and 180 minutes of direct care respectively. A staffing table such as table-4 will enable a user to estimate staff needs as follows:

If there are 15 categories 1 patients, 10 categories of 2 patients, 5 categories 3 patients and 1 categories 4 patients, than under 1 for 15 patients, 1.7 staff members are needed. Under 2 for 10 patients, 2.5 staff members are needed and under 4 for 1 patient, 1.0 staff member is needed. Then total staff needed will be $1.7+2.5+1.7+1.0=6.9$ or 7.

The entries in table-4 were prepared as follows:

Multiply a selected numbers of patients (1 through 4 in this case) by the number of minutes of care determined for a given category: convert this to hours dividing by 60. Divide the result by the number of hours of direct care a staff member provided (3 in this case). The resulting quotient is the entry in the table for the given number of patients.

For example, 10 patients in category 2 require: $(10 \times 45) / 60 = 7.5$ hours of care. Then $7.5 / 3 = 2.5 \cong 3$ staff members.

It is important to note that corresponding tables should be prepared for each unit for each shift, since the entries depend upon the hours of direct

patient care given by each staff member in that unit, as well as the minutes of care required by the different classes of patients in that unit.

Staffing tables developed as a result of studies conducted on specific units will reflect the staffing conditions in existence at the time of study. If the unit was operating in an under staffed condition during the study, the staffing table will under estimate staff needs. Conversely, if the staff was observed to have excessive personnel during the study, the staffing tables will overestimate staff needs. The head/charge nurses perception of adequacy is the key to the development of proper staffing patterns. If the unit were overstaffed during the study, staffing estimates from the table could be rounded down or decreased. Additional perception of adequacy data could then be taken and comparison direct care given per staff could be made with similar units.

Tables 4: Table for calculating number of staff personnel needed (based upon patient class and staffing during study period, excluding work clerk).

Direct patient care sampling

Hospital _____ unit _____ date of study _____
 Shift _____ Type of Unit _____

Number of Patient	Number of staff member needed for category			
	Cat. 1	Cat. 2	Cat. 3	Cat. 4
1	0.1	0.3	0.3	1.0
2	0.2	0.5	0.7	2.0
3	0.3	0.8	1.0	3.0
4	0.4	1.0	1.3	4.0
5	0.6	1.3	1.7	5.0
6	0.7	1.5	2.0	6.0
7	0.8	1.8	2.3	7.0
8	0.9	2.0	2.7	8.0
9	1.0	2.3	3.0	9.0
10	1.1	2.5	3.3	10.0
11	1.2	2.8	3.7	11.0
12	1.3	3.0	4.0	12.0
13	1.4	3.3	4.3	13.0
14	4.6	3.5	4.7	14.0
15	1.7	3.8	5.0	15.0
16	1.8	4.0	5.3	16.0
17	1.9	4.3	6.7	
18	2.0	4.5	6.0	
19	2.1	4.8	6.3	
20	2.2	5.0	6.7	

Health Care and Nursing Service Planning

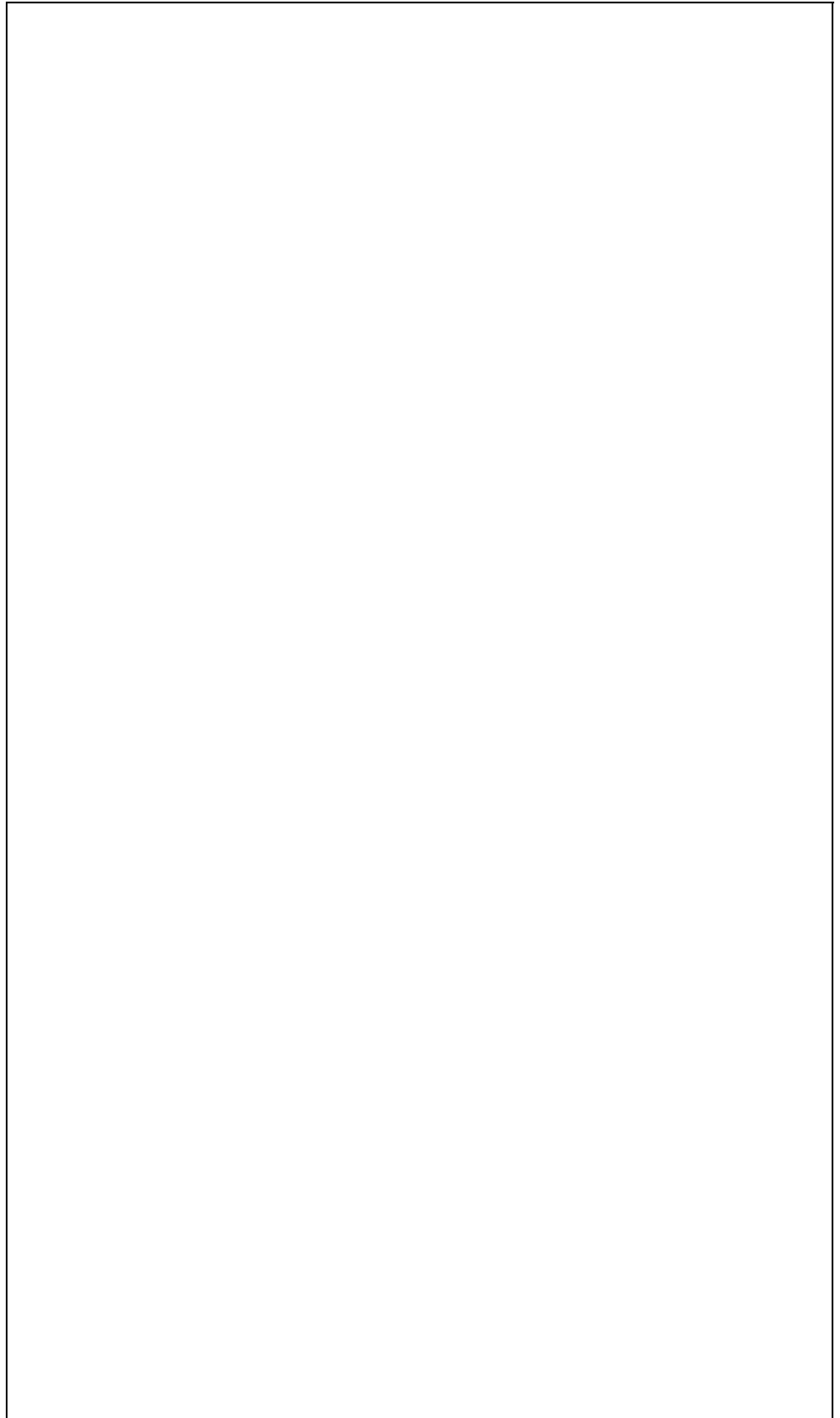
21	2.3	5.3	7.0	
22	2.4	5.5	7.3	
23	2.6	5.8	7.7	
24	2.7	6.0	8.0	

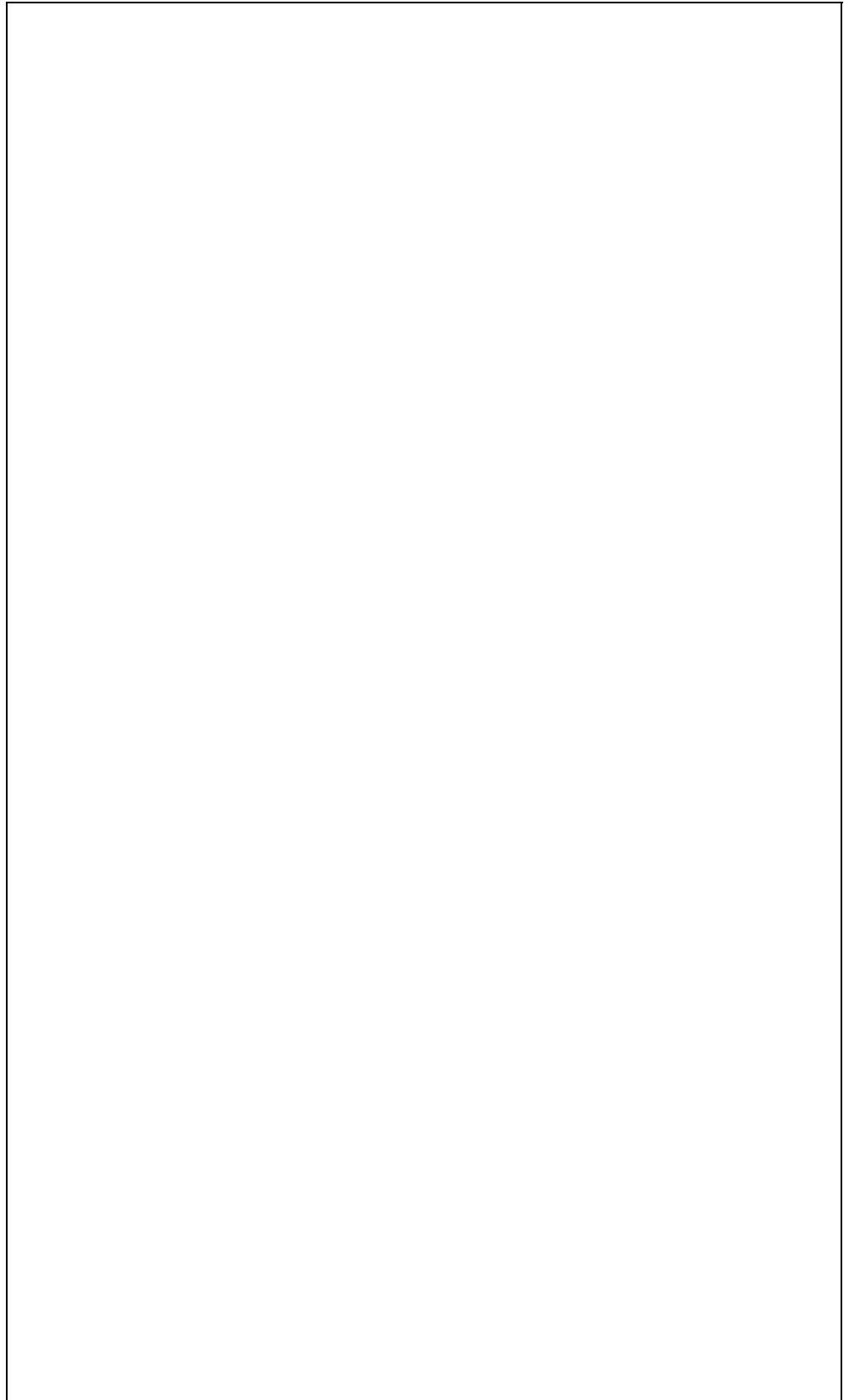
Source: Analysis and Planning for improved distribution of nursing personnel and services. Western Interstate commission for higher education, DHEW, Pub. No (HRA) 79-116.



4.7. Exercise

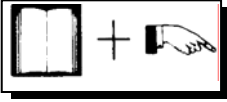
1. Prepare a workload sheet of your ward.
2. Calculate the number of nursing personnel needed for your ward. When your ward have 10, 20, 27 & 33 patients of category 1, 2, 20, 27 & 4 respectively (according to table 1).





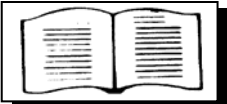
Assignment 5: Management of the Nursing Unit

5.1. Learning Objectives



On completion of this assignment you will be able to-

- know about physical facilities
- describe organization and staffing
- classify patients and
- define supervision, record and evaluation.



5.2. Introduction

A nurse's main domain is the ward unit or nursing unit. Since the patients are lodged and looked after in the ward after admission, it should have adequate physical facilities, human and material resources. A nurse being present for 24 hours of the day is required to coordinate all activities with the ward as well as pool all other resources available in the other departments of the hospital therefore; the nurse automatically assumes the responsibility for its management.

The plan for the care of a patient in the hospital begins with the plan made by the clinician for medical care. The plan for nursing care begins when the patient is admitted to the ward. An analysis of the nursing needs of the patient necessarily includes consideration of the plan for medical care and the facilities for the patient care provided by the hospital.

The patient being the central figure, his/her needs are paramount. These need will include:

- a. An accurate assessment of his/her illness in as short a time as possible with least disturbance to him/her.
- b. An appropriate and effective action in accordance with the assessment of his/her condition.
- c. To provide him/her the maximum degree of comfort and happiness by way of pleasant surrounding and service by people attending on him/her.
- d. To prepare him/her for return to the society, completely cured or with such supportive therapy as needed.

To satisfy the above needs, the nurse should be an organizer, manager and health educator with high professional skills.

5.3. Physical Facilities

The nursing unit should provide a safe, comfortable and pleasant environment for the patients and staff. Design of the ward should follow the patient needs and functions. For example, special provisions must be made for the safety and comfort of the infants, disabled and psychiatric patients. Secondly, facilities should be available for all the activities undertaken in the ward. Generally speaking, a ward unit is designed to cater for 20-30 patients. There are three main functional areas, in a ward- the nursing station, patients' area and ancillary rooms.

5.4. Organization and Staffing

Shortage of staff is a problem in most hospital. It follows that time and skills of the staff available must be used to the best advantage.

Organization of ward and work assignment of staff need careful consideration of certain points for planning:

- Does every task performed by the nursing staff appear to serve a useful purpose?
- Are the skills of the staff being used approximately?
- Are the tasks being performed at the most appropriate time?
- Is work being performed in the right place?
- Are staffs on duty in accordance with the need of the ward?
- Is there a well-organized plan of work?

It is important to plan the work of each member of the ward team to form part of an organization as a whole.

The work of the nursing unit team will be organized in accordance with the ward routine. The aim of the routine work should be to ensure that activities are planned so that patients received the best possible care under existing circumstances. Ward routine may be defined as a regular sequence of activities which take place within fixed period of time. Hence there is a daily, weekly, two-weekly or four-weekly routines in each ward.

The executive chief of the ward is the ward in-charge nurse. If she is to make the best use of her resources, the first step is obviously to list all the activities to be performed; it is suggested that it will be of great assistance of her if she does this according to the functional area of work. These are three in number, and may be defined as follows:

1. **Nursing Care:** This embraces all activities necessary to supply total nursing care. These may be considered under two main groups:

- i. Those which are concerned with the comfort and well-being of every patient, irrespective of the disease from which s/he is suffering.
 - ii. Those which are concerned with education, which, must form an integral part of the other two groups that is, education of the personnel giving the nursing care, and education of the patient for positive health and his/her return to his/her place in the community.
2. **Organization:** These are the activities concerned with management of the ward work and the personnel involved.
3. **Domestic:** These are the activities concerned with the cleanliness of the ward as a unit of the hospital. This work may be the function of another department.

This is an important factor in assessing the work-load. It has been estimated that nearly half the total work of a ward consists of looking after the physical needs of the patient and it is therefore a major factor which justifies close investigation.

A number of research projects have studied these needs and it has been found that patients can be classified under the following headings:

5.5. Physical Dependency of Patients

a. Totally ambulant:

- Require bed made when unoccupied
- Can wash and dress self
- Move about ward independently or in chair
- Can get up to meals
- Use sanitary annex, e.g., lavatory

b. Partially bedfast:

- Require bed made when either occupied or unoccupied
- Can wash self in sanitary annex (if near bed) or in bed
- May partly dress self
- Can feed self either at table or in bed
- Can use lavatory chair if available or lavatory if near bed, but may use bedpan or urinal.

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c. Bedfast but not helpless:

- Require bed made when occupied
- Can wash self
- Can move in bed
- Can feed self
- Require use of bedpan and urinal.

d. Partially helpless:

- Either in bed or chair
- Have to be washed and dressed
- Require bed made when occupied
- Require some lifting and moving
- Can feed self
- Require use of bedpan and urinal.

e. Totally helpless:

- Either in bed or up in chair
- Require bed made when occupied
- Have to be washed and dressed
- Require all lifting and moving
- Have to be bed fed
- Require pipe or cigarette to be lit and even put in mouth
- Require use of bedpan and urinal.

It is obvious that the workload of the ward can vary enormously according to the number of patients each category. A ward of, say, 30 patients, all totally helpless, would make a demand different from those of a ward of totally ambulant patient. As for example, all medical or all surgical wards do not show the same pattern.

If sufficient trouble is taken to record and classify patients over a period of time, the average dependency can be ascertained; from this number of nursing hours needed can be calculated. The later, in turn, can be used as basis for determining the number and qualification of staff required.

5.6. Supervision

The function of supervision must enter into the plan, since it is by that means alone that the objective can be successfully attained. Supervision is an administrative technique through which the care of the patient can be safe guarded and personnel can be helped to improve the quality of their work, through teaching and guidance. Thus, the control necessary to good administration can be exercised.

5.7. Record

A good of event pertaining to the patients is must, and, it is the responsibility to maintain the nursing records correctly. She is also required to keep non-medical records like store-ledger, breakage book, drug ledger, ward maintenance register and so on. Whatever the records, they should be accurate and up-to-date to be of any use.

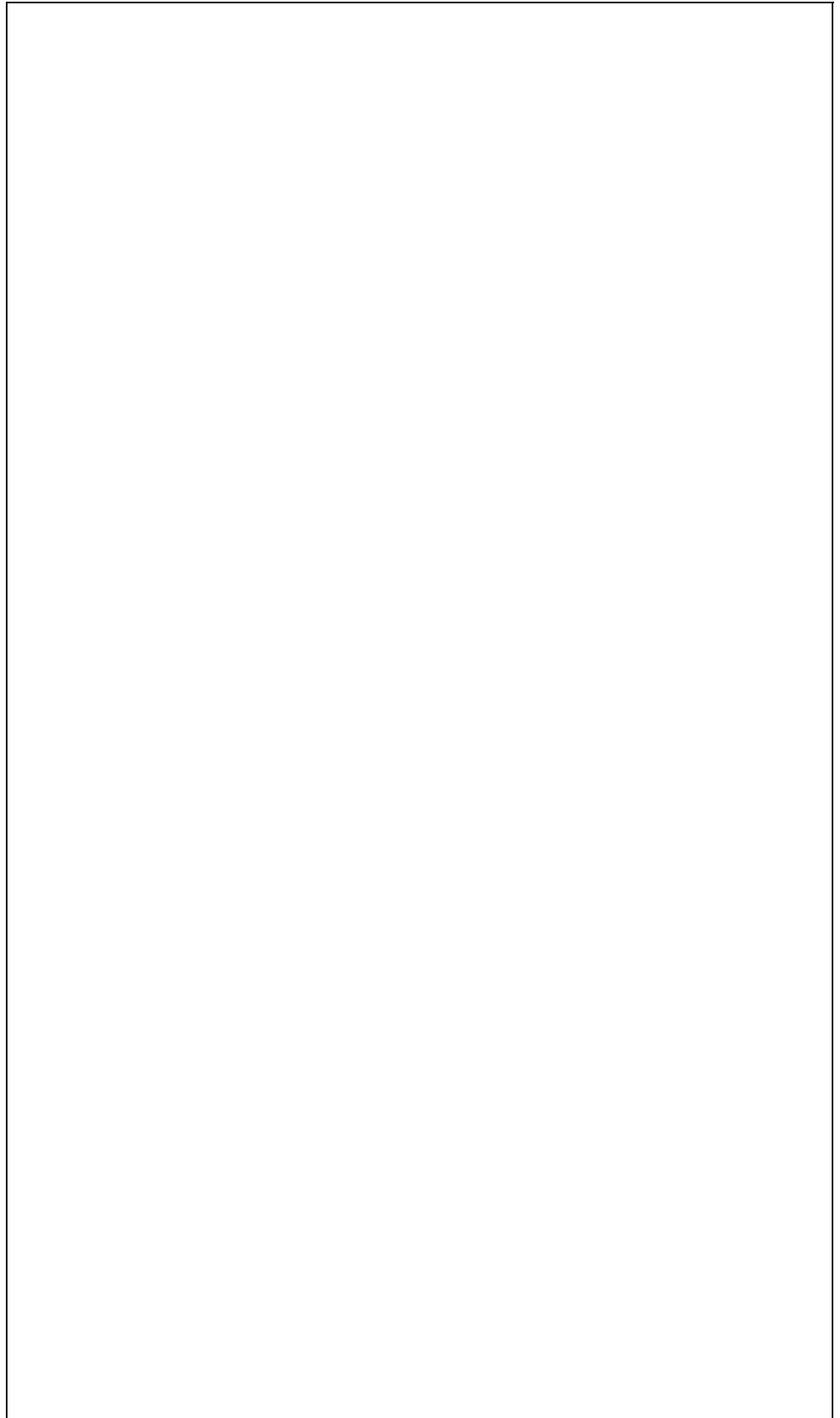
5.8. Evaluation

For proper functioning of the nursing services periodical evaluation is necessary. The qualification and practical skills of the nursing personnel, the turnover of the patient and their satisfaction, the promptness and correctness of execution of doctor's orders, and the sanitation and cleanliness of the wards are some of the indices on which to base the evaluation.



5.9. Exercise

1. What are the factors to be considered during staffing?
2. Discuss the functional area of nursing.
3. Classify patients depending on physical dependency.
4. Write down the supervision, recording and evaluation system of the hospital/organization.
5. Briefly discuss whether the nurse in-charge considers the appropriate points during planning the organization of ward and work assignment of staff in the hospital.



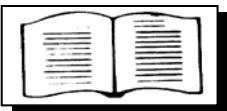
Assignment 6: Ward Nursing Plan, Work Allocation, Accommodation and Job Responsibilities



6.1. Learning Objectives

On completion of this assignment you will be able to-

- write steps of nursing plan
- distribute work among staff
- accommodate ancillary and auxiliary and
- know about job responsibilities.



6.2. Introduction

The nursing unit remains one of the most important elements in a hospital. The basic reason for hospital existence is the patient and his/her human needs. The personnel's environment should be balanced with those of the patient.

6.3. Steps of Ward Nursing Plan

Objective:	To give the highest possible care in terms of total patient needs	Administrative principles involved
	a. Functional area of work of the implications of the above will result in a:	Investigation forecasting
	b. Programme of work: <ul style="list-style-type: none"> ▪ Personnel: Objective- to assign activities in such a manner that the purpose of plan will be effectively, efficiently, and economically accomplished. ▪ Material: Objective to secure and maintain the necessary supplies and equipment. ▪ In planning the above programme, use can be made of: 	Organization and co-ordination
	c. Administrative techniques: <ul style="list-style-type: none"> ▪ Personnel: Job analysis, job specification, time schedules, work schedules, training programmes, procedures, routines. 	

	<ul style="list-style-type: none"> ▪ Material: Maintenance of in venires, requisition for (a) supplies and (b) services Direction of the plan involves:	
	d. Supervision: Orientation and guidance, orders and directives, evaluation of work, records and reports, promotion of good human relations.	Command and control

6.4. Work Allocation

Having determined the amount of work to be done and assessed the staff available to do it, there is the problem of how to allocate the work. This must be done carefully and methodically so that each member of the ward team knows exactly what her responsibilities are.

Patterns of Assignment: The tasks of the nursing unit are carried out by three accepted patterns of assignment, depending on the training, experience and rules of a particular institution.

- i. **Function Method:** The tasks are divided among staff. For example, one person is responsible for administering, giving injections while another is to give medications and the third looks after feeding. The advantage of this method is that each one becomes skilled in that routine and ward work becomes easier. However, nurses become bored performing same routines and patient have to depend on more than one nurse, there by losing identification. The sister has to be vigilant to coordinate the efforts.
- ii. **Case Method:** Each nurse is assigned one or more cases and she is responsible for all that is required to be done for that case. This method requires large number of nurses.
- iii. **Team Method:** Under this system the nursing staff is divided into teams each of which is led by an experienced nurse such as senior staff nurse or a senior student nurse. Each undertakes the total nursing care for a group of patients allocated to her by the ward in charge and she organizes the nursing care for her group of patients. This system has the advantage of providing patient centered nursing, for work can be more easily organized to meet the individual needs of patients.

6.5. Ancillary Accommodation

- 1. Nursing station is the nerve center of the ward unit.

In Riggs pattern, acute patients are placed on either side of the nursing station with provision of large glass windows for direct observation. Physical facilities include:

- Nurses' room with attached W.C.
 - A large counter in the open space outside sister's room.
 - A built-in-drug cup board for medicines.
2. Doctor's room.
 3. Clean utility room (for clean storage of IV fluids, sterilized items).
 4. Treatment room (minor procedures like L.P., minor dressing, etc. to avoid cross-infections).
 5. Ward pantry.
 6. Day care area/room (provided in the ward with comfortable chairs and reading material for ambulatory patients).
 7. Store room (for keeping linen and bulk supply).
 8. Dirty utility room (sluice room; for cleaning bedpans, urinals, sputum mugs, storage should have bedpan washer, large sinks).
 9. Bath and W.C.: are to be provided in adequate proportion:

Urinal	-	1 for 16 beds
W.C.	-	1 for 8 beds
Bath	-	1 for 12 beds
Washbasin	-	1 for 10 beds
 9. Janitor's room: For keeping cups, cleaning material and buckets. It should have a large sink for cleaning buckets.

6.6. Auxiliary Accommodation

- Doctor's rest room
- Nurse's rest room
- Class IV rest room
- Seminar room
- Laboratory (optional)
- Visitor's room

6.7. Job Responsibilities of Nursing Staff

- a. Responsibilities towards patient care:

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- Provide good nursing care
- Admission and discharge of patients
- Personal comfort and hygiene
- Administration of medicines, nursing procedures, observation of patients condition and recording
- Proper diet for patient
- Carrying out medical care delegated by the doctor
- Assistance to doctor's in examination and treatment
- Clinical investigations
- Rounds with doctors
- Maintenance of patient record
- Intimation/informing doctors of emergencies/ special conditions
- Report about any accident.

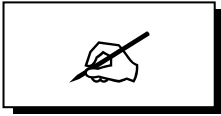
b. Responsibilities towards management of the unit. Maintenance of suitable environment by:

- Preventing noise
- Maintaining temperature
- Smoothing light
- Cleanliness
- Care in service area
 - Provision of supplies and equipment
 - Clear-cut doctors orders
 - Safe guard patients records
 - Record keeping: hospital and work policy book, procedure manual, etc.
 - Proper storage of dangerous drugs
 - Public relations
 - Starting work on time
 - Proper handover and takeover
 - Reporting to supervisors
 - Participating in professional activities
 - Orientation of new staff
 - A planned programme for each day's work.

c. Responsibilities as team leader:

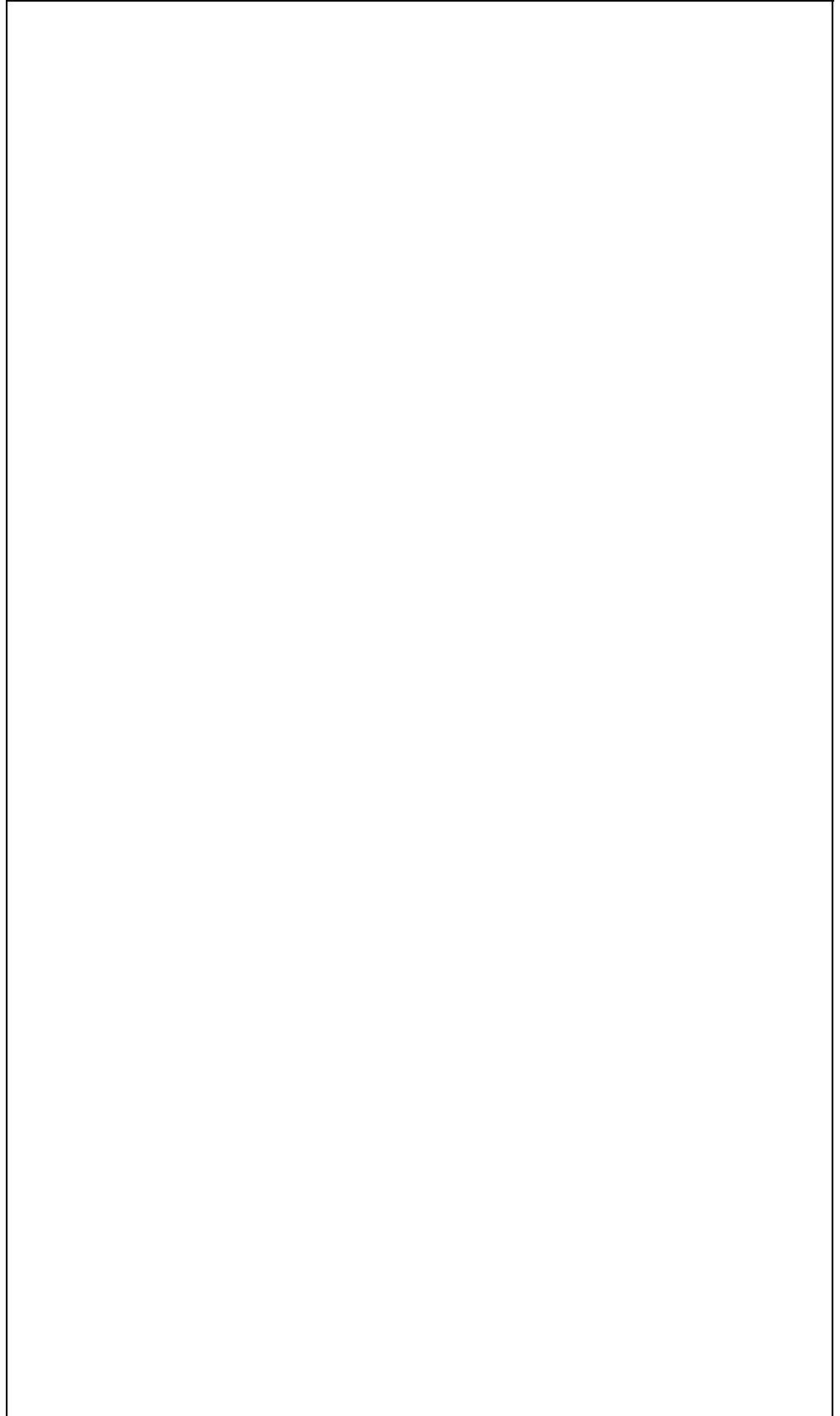
- Hospital policies and philosophy
- Individual patient's needs
- Nursing problems
- Staff performance.

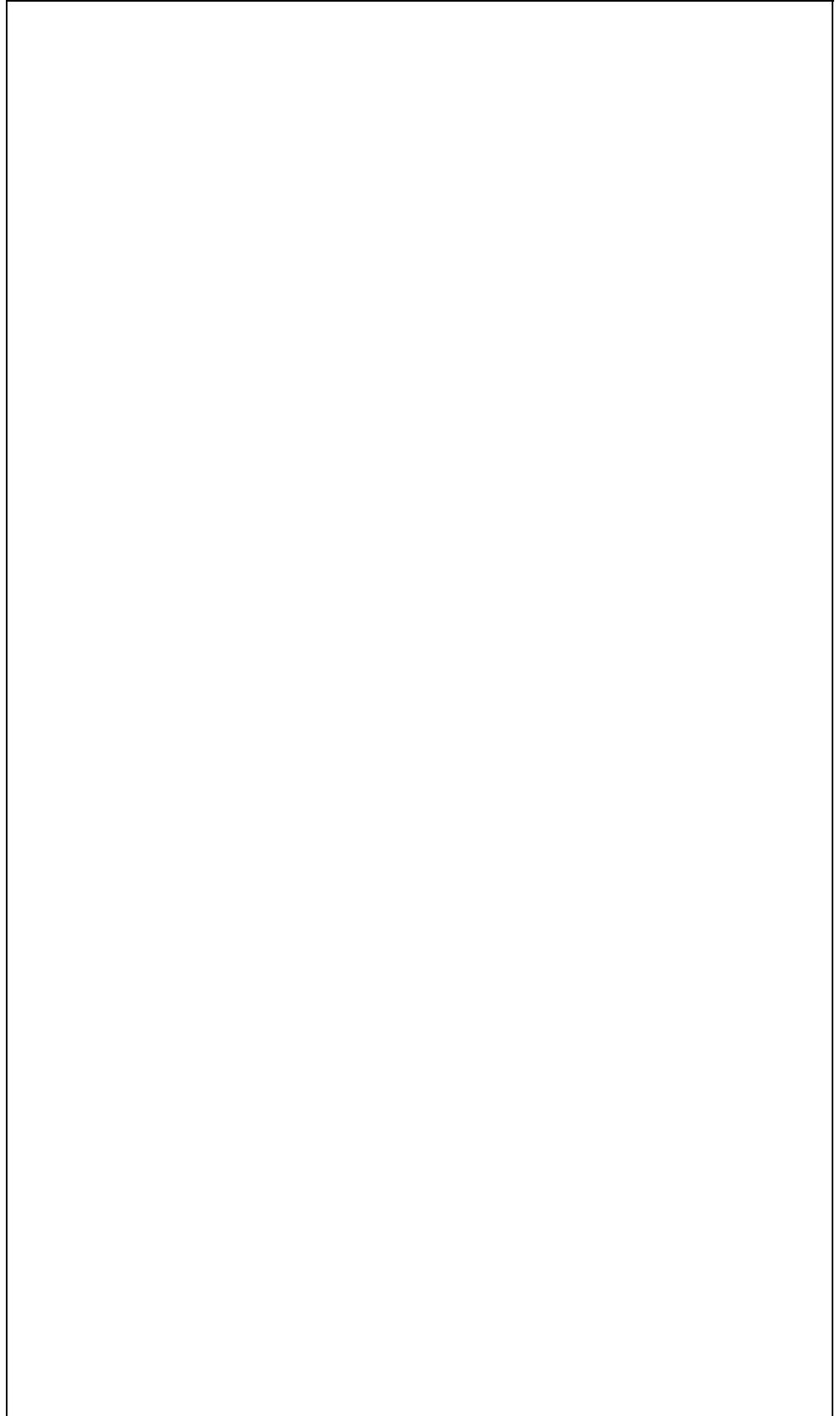
d. Teaching:

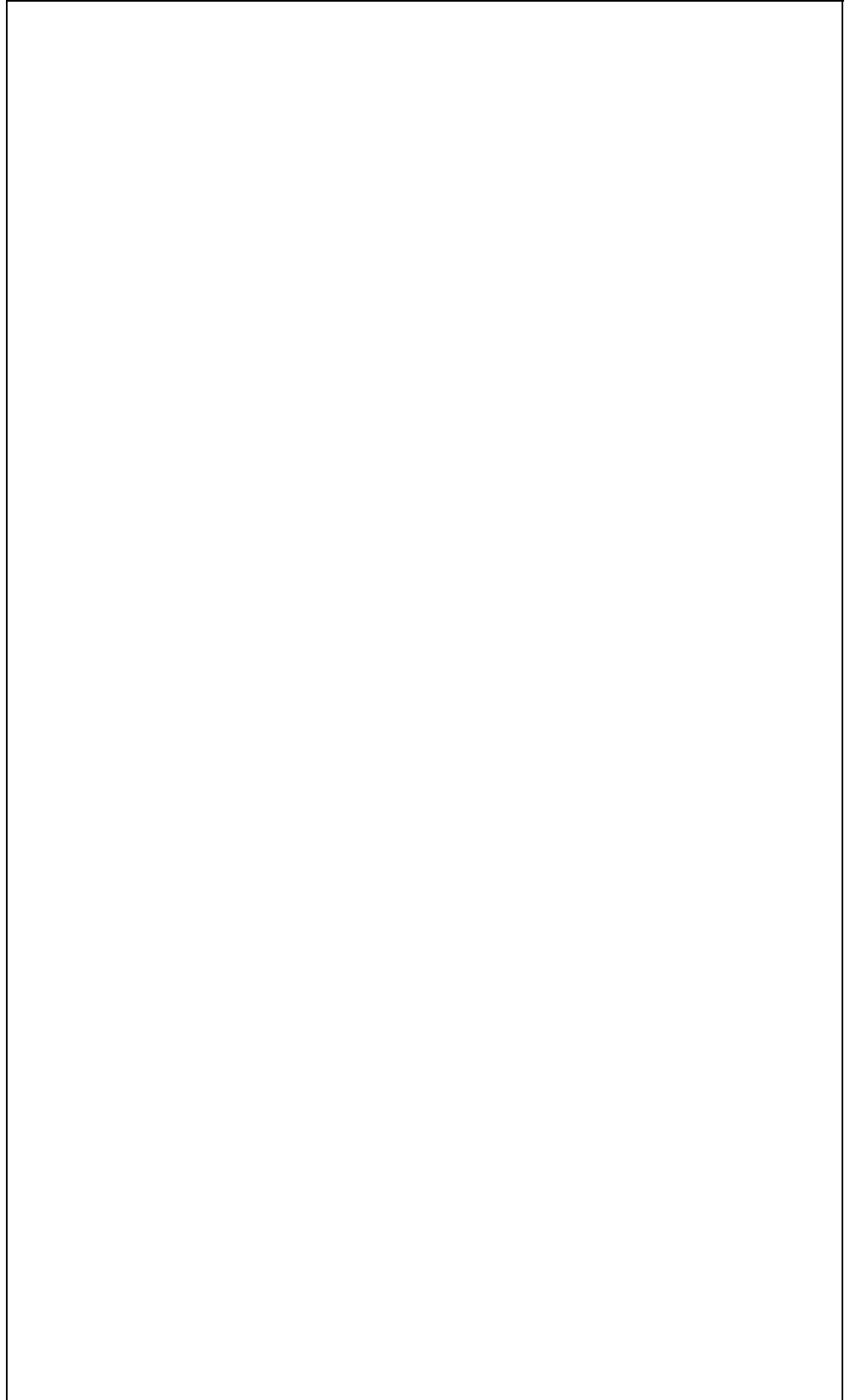


6.8. Exercise

1. Write down the steps of ward nursing plan.
2. Discuss about different work allocation methods and state the method is used in your hospital where you have been assigned.
3. Write down your job responsibilities where you have been assigned.







Unit 4: Records Maintained in Hospital Setting and Institute/College of Nursing

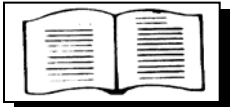
Assignment 1: Record



1.1. Learning Objectives

On completion of this assignment you will be able to-

- ◆ define record
- ◆ describe the purposes of record
- ◆ explain the principles of record
- ◆ indicate the types of record keeping in an institute/college of nursing.



1.2. Definition of Record

It is a written communication that permanently documents, information relevant to a client's health care management. It provides with the information of what has been done and what is being done and then after comparison the past with the present events help for future planning.

1.3. Purposes of Record Keeping

1. To present detailed picture of patients' medical treatment and nursing procedures for future reference.
2. To provide the line of treatment for medical care.
3. For all legal purposes.
4. To safeguard nurses, doctors and other paramedical workers in case of legal evidences.
5. For statistical purposes.
6. To provide clinical experiences to the trainees.
7. To provide material for research works.
8. To provide for proper communication among various workers.

1.4. Principles of Maintaining Record

1. Record should be very specific.
2. It should be easily understandable by all.
3. It should be self- explanatory and ambiguous word should be avoided.

Records Maintained in Hospital Setting and Institute/College of Nursing

4. Record should not be duplicated.
5. Record should permit some freedom of expression.
6. Record should be kept in very simple manner and simple system.
7. Items of various records should be grouped in record register for easy understanding.
8. Record should be kept up to date.
9. Adequate stationeries are required for proper maintenance of record.
10. Record book should be kept under lock and key.
11. It should not be spoiled by insects, dust and rainfalls.
12. Record should be kept in such a place that it can be adequately safe, fire and water proof.
13. Record should be revised periodically.
14. It should be brief, concise and accurate.

1.5. Records in Nursing Education

Records play an important part in nursing education programme. Apart from being necessary for the day to day administration of the institute/college of nursing, they provide continuity from the time the institute is established and facilitating evaluation of the programme.

Types of Records

The types of records usually kept in an institute/college office may be divided into three categories-

1. Those concerning students
2. Those concerning staff
3. General institute/college records.

A. Records Concerning Students

- a. Application forms and other reports called for at the time of recruitment, selection and appointment, such as references, medical report, institute/college records and results of any tests carried out at the time of selection.
- b. A record of each student's clinical experience.
- c. A progress report showing grades and other pertinent information.
- d. A final record/permanent record giving summary of instructing clinical experience, grades and other relevant materials.

- e. A health record.

B. Records Concerning Staff

In the personal file of each staff member there should be followings:-

- a. Application form.
- b. Copy of letter of appointment (or posting order) and any subsequent letter showing change in status.
- c. Job description.
- d. Record of the staff member's educational qualification, previous experience, any short term educational courses attended, membership in professional societies, of articles in journals, holding office in association or organization, participation in seminars, conferences, etc.

C. General Institute/College Records

These should be consists of:

- i. The philosophy, objectives and curriculum of the institute/college.
- ii. Written policies of the institute/college.
- iii. Statements of budget proposals and allotments.
- iv. Letter of agreement with affiliating agencies.
- v. Minutes of staff meeting.
- vi. Copy of institute/college brochure (prospectus).
- vii. Inventories of stock.

1.6. Record Keeping Systems

- 1. Source records
- 2. Problem oriented records
- 3. Nursing carders
- 4. Computerized information systems.

- 1. **Source Records:** In source record, the information is grouped according to the sources or the information contributed by health care department.
- 2. **Problem Oriented Records:** In problem oriented records, the information is grouped depending on the type of problem.

Records Maintained in Hospital Setting and Institute/College of Nursing

3. **Nursing Carders:** In the carders system, the information needed for the doing care is accessible from the card and it is kept filed.
4. **Computerized Information Systems:** Computers provide several advantages over paper based record system. Information can be stored in smaller areas, search and analytical tasks can be done and information can be obtained in a faster and efficient manner.

In nursing, usage of computers can be divided into 3 major categories.

- a. Clinical systems
 - b. Management information system
 - c. Educational system.
- a. **Clinical System:** In clinical systems data about the patients can be entered; computer can sort and analyze data and facilitate communication about patients among health care providers.
 - b. **Management Information System:** Management information system can be used for patient classification, supplies and material management, staff scheduling policy, procedure changes, announcement, budget information and management, personnel records, statistical reports, administrative reports.
 - c. **Educational System:** In educational system computers can be used for giving instruction to the students.



1.7. Exercise

Please go to your nearest institute/college of nursing and enlist the types and purposes of records that are maintained in this institute.

SL No.	Type of Record	Purposes of Keeping	Comment

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Assignment 2: Records Maintained in the Hospital Ward

2.1. Learning Objectives



On completion of this assignment you will be able to-

- ◆ define the concept of recording in hospital
- ◆ describe types of record keeping in hospital.



2.2. Concept of Recording in Hospital

A patient's record file is a collection of documents which describes the patient's health history, current health condition, treatment and progress.

It is highly confidential document used by doctors, specialists, nurses, and other health workers to communicate about the patients.

Records are generally kept in folders, or on clip board and are continually updated during the patients stay in the hospital, when a patients enters or admitted to a hospital, record is usually started. When patients are discharged, their records are stored, while they may be useful in the future for reference.

2.3. Types of Records

The records maintained in hospital ward are-

1. Patient clinical records
2. Individual staff records
3. Ward records
4. Administrative records with educational value.

A. The Patient's Clinical Record: It is the knowledge of events in the patient's illness, progress in his recovery, and the type of care given by the hospital personnel:

- It is both scientific and legal.
- It gives evidence to the patient that his/her case is intelligently managed.
- Avoid duplication of work.
- Provides information for medical and nursing research.

- Aids in the promotion to the hospital, doctor and the nurse by making provision for the recording of symptoms and treatment of the patient at the time of need.

In order to make it more useful the patient's record should contain the following details-

- a. Information to clearly identify the patient
- b. The present complaints
- c. Past medical history
- d. Family history
- e. Physical examination finding
- f. Differential diagnosis
- g. Specific test or examination results
- h. Treatment given
- i. Progress notes
- j. Supportive care given
- k. Condition on discharge
- l. Final diagnosis
- m. Health teaching and follow up notes
- n. Any specific or special instructions.

It is the nursing administrator's responsibility to keep the records and take care of the following while maintaining them.

- i. **Protection from loss:** Responsibility to safeguard the patient's record from loss or destruction and to see that no individual sheet is separated from the complete record.
- ii. **Safe guarding its content:** Charts kept in a place should be made inaccessible to patients and visitors. No stranger should ever be permitted to read records. Doctors of insurance companies and lawyers should not read them without the permission of the patient. Only those individuals who have a legitimate purpose should be permitted to read the patient's history.
- iii. **Completeness:** Another responsibility of the head nurse is to compile records with complete identification data on each page in the form approved by the hospital.
- iv. **Responsibility for nurse's notes:** Head nurse should see that staff nurses and affiliating students may be accustomed to accept methods and those they understand and adhere to them. It is the responsibility

of the head nurse to see that the content of the nurse's notes be of legal, scientific and educational value.

- v. **Legal value of nurse's notes:** All entries should be signed by the person who writes them. It should be accurate, clearly stated and legible. The nurse protects both hospital and herself by recording accurate observations when symptoms develop.
- vi. **Admission record:** Especially important from both the legal and the diagnostic point of view is the careful recording of observations on the admission of a patient. The nurse admitting patient should include all descriptions of his symptoms, both related and unrelated to the condition for which he was admitted such as condition of skin, or bed sores, burns, sounds, bruise, rashes, etc.
- vii. **Scientific value of the nurses' notes:** From nurses notes it is possible to know physical and mental progress of the patient from day to day. The treatment and medications, reason for giving them, the results, and the general effects on the patient should be recorded.
- viii. **Record of orders carried out:** The medication and treatment administered by the nurse on doctor's orders must be recorded and it becomes part of the permanent record.

B. Individual Staff Records

A separate set of record is needed for staff, giving details of their sickness and absences, their career and development activities, a personal note on how things are going from their point of view. Usually the full personal file will be kept confidentially either in the personnel department or within the nursing personnel structure.

C. Ward Records

The administrator has to keep records of decisions affecting the ward such as reduction or increase is as:

- Change in medical staff and other non-nursing personnel for the ward.
- The introduction and pattern of support.

Services to the ward, e.g., ward pharmacy rounds. Other records include regular staff meeting (for day and night) and the records of these can also be kept in the general ward record system.

Other useful sections to be considered are:-

- a. Budgets
- b. Expenditure

- c. Complaints
- d. Incidents involving patients or relatives
- e. Ward placements for nurses in training and their movements.

D. Administrative Records with Educational Value

They include records of-

- i. Treatment
- ii. Admissions
- iii. Equipment losses and replacements
- iv. Personnel Performance
- v. Other administrative records.

- i. **Record of Treatment:** The purpose is to comprehend the volume of ward expected from nurses as a result of medical therapy. The number of treatment performed in a given time gives an indicator of the nursing load.

The second purpose is to indicate the type and the amount of experience which is available for nurses. It helps to know a number of procedures which each student nurse can be expected to perform while working in the ward records should list treatments which are performed by the doctor requiring the assistance of a nurse, treatments, typical of the service and treatments which require considerable time to perform.

Monthly and yearly summary pages tabulate the information in a usable form make comparisons that are easy to understand. The nurse in charge for the day may record the total procedure. Records must be simple and easy to keep.

- ii. **Record of admissions:** This record usually includes the patient's name, history, number, date of admission, diagnosis, date, and time of discharge and place to which the patient was discharged. A monthly or yearly summary of diagnosis is important if the record is of educational value. The purpose of admission record is to give a picture of nursing load, in order to understand the changing needs of the staff, and to indicate the type and volume of experience available for the student nurses.
- iii. Record of equipment losses and replacement. Preferably the record of equipment losses and replacement are kept in the central accounting office.



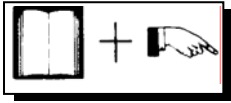
2.4. Exercise

In each month, enlist types of records, quantity, and purposes of its recording that have been maintained in your ward/work place.

Sl. No.	Types of Records	Quantity	Purposes	Comment

Assignment 3: Reports

3.1. Learning Objectives



On completion of this assignment you will be able to-

- define report
- characterize report and
- describe types of report.



3.2. Introduction

Ward and hospital management's care depend upon good reports from various departments. No organization can function efficiently without definite systems for communication. They save duplication of word and efforts, eliminate need for investigation and help to learn the facts, in a critical condition. They help in providing better student education.

3.3. Definition of Report

Reports are either written or verbal accounts of patient's conditions which are given from time to time by off going nurses to incoming nurses on duty. Reports may be presented to the nursing superintendent in their offices, so they will know the exact position.

3.4. Characteristics of Good Reporting

Accuracy: Information should be correct. All information should be correct to prevent serious mistakes in giving continued nursing care. Use of correct spelling and the institution's accepted abbreviation and symbols ensure accurate interpretation of information. Always complete a descriptive entry in the client's record with an accurate signature. Do not use nick names.

Conciseness: Use as few words as possible to give the necessary information.

Thoroughness: Even a concise report must contain complete information about a client.

Up-to-date: Reporting must be done on time. A definite time and routine for the reporting makes for more efficient management of the ward. Delay in reporting can result in serious omission and delay the needed care.

Organization: Communicate all information in a logical format or order.

Confidentiality: The nurse is legally and ethically obliged to keep information pertaining to client's illness and treatment as confidential.

Objectivity: Presentation of facts and not personal feeling to give a true picture.

3.5. Types of Reports

Reports may be classified as-

1. Oral reports
2. Written reports

A. Oral Reports

Oral reports are given when information is required for immediate use. An oral report is made by the nurse to another nurse who is supposed to relieve her. Staff nurses and students present oral reports to the in-charge nurse who in turn gives new orders, makes change in assignments and conveys any other information needed by them to carry out their work. A definite time and place needs to be arranged so that report can be given without interruptions. The head nurse must receive information of the condition of each patient, with changes noted, and reported, as soon as they occur. In-charge nurse will also inform the medical staff about the conditions of all patients and about the changes in administrative routine, procedures, and hospital policies.

Types of Oral Reports: Different types of oral reports are as follow-

- a. **Reports between the head nurse and her assistant:** The assistant head nurse is expected to take over the management of the ward in the absence of the head nurse.

It is advisable for the head nurse and her assistants to record memoranda of information on a note book or a note pad, which they plan to report. Prior to giving the report, time is taken to organize the material in a logical sequence. The notes are used as a reminder of making the report. It is necessary that each patient be discussed by going through different reports books.

A good report is properly written and it should be continuous except in case of emergency. A well-informed assistant head nurse knows the condition of all patients, the treatment they are receiving, observations which are to be made, problems of staffing and the plans for meeting them, questions related to equipment and supplies, expected admissions,

discharge and treatment, plans student experience, changes in hospital or ward routine.

When the head nurse returns to the ward after hours or days of absence, the assistant head nurse should report all changes in the situation including the condition of the patients and the happening during her absence.

- b. **Reports between nurses who are assigned to bed side care on change of shift:** Contents include condition of patients assigned to the nurses, treatments and medications, adaptations in methods required by each patient, information about a person and his/her diagnosis. The reports may be given to the relieving nurse by going through core plan so that questions are asked and answered immediately. Both the nurses should see the patients together to check their condition and status of their care.
- c. **Reports of staff members to the in-charge nurse:** When the nurse is ready to go off duty the head nurse receives a concise report on each patient and also on incomplete assignments. They have to give report regarding the changes in condition and results of treatments. It is better to give report to head nurse after going through her review notes for the day.
- d. **Nurse in-charge report to bed side nurses:** The information given to bedside nurses mainly includes the changes in the condition of the patient. She should also communicate the information on which she receives from superior administrators.
- e. **Report of the head nurse to the administrative supervisor:** The administrative supervisor needs to receive from the head nurse, overview of the ward detail, to understand its problems and needs. She is told about complaints of patients, visitors, doctors or members of the nursing staff as well as accidents and errors. She is also told of the head nurse's plans for changes in ward's practice for building a constructive program to improve nursing care.
- f. **Reports to clinical instructor:** As she is responsible for teaching the students, she needs information concerning new drugs as well as therapeutic and diagnostic measures which are being used. Staffing and equipment problems as they affect the student assignments and the quality of patient care are also concern to her. She is informed of problems pertaining to students and is given a report on the students programs and their quality of work.
- g. **Reports of the head nurse to the director of nursing or her assistant:** In small hospitals one of these individuals may assume

direct responsibility for supervision of the wards. But in a large hospital it is not possible. They should receive report regarding general picture of wards, difficulties in giving treatments, nursing care problems like staffing. She is also informed of accidents, mistakes or complaints and any other problems of administrative nature which involve patients, visitors or personnel.

- h. **Reports of the nursing in-charge to the physician:** This report includes information about the patient's condition, results of treatment, inability to carry out his orders or difficulties in doing so.
- i. **Reports on policy changes:** The doctor is also informed of changes in administrative routine affects the patient care.

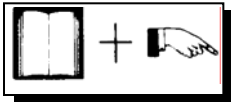


3.6. Exercise

1. Write down the advantages and disadvantages of oral reports.

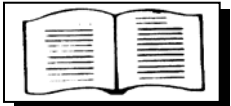
Assignment 4: Written Report

4.1. Learning Objectives



On completion of this assignment you will be able to-

- know about written report
- describe written report type and
- learn keeping records and reports.



4.2. Introduction

Reports are written when the information is to be used by several people or is more or less of permanent value. A written report should show awareness of time and thinking. It should concentrate on the past, present and future state of the patient or the event. Description and conclusion of action that influence further planning and decision making are necessary. Clear unbiased observation of persons, relationship and events is needed to write a meaningful report. Written reports are needed for information that will be used by a number of people or as a source of reference required for further consideration as for research and legal purposes.

4.3. Types of Written Reports

The number of reports will vary according to the size and type of the hospital. Different types of reports are-

- i. **Day, evening and night reports:** It is to provide means of transferring important information about the patients to the head nurses, the ward nurses, night nurses, nursing officer and the day and night supervisors. Only the information which is necessary to give a general picture of the ward needs to be included such as the census, the names, diagnoses and general condition of patients, the patients admitted or discharged.

It is also possible to use the same sheet to maintain day, evening and night reports, thus making it possible to write patients name only once for the 24 hour period. Multiple copies can be made if desired. Day and night reports should be simple and requires minimum writing.

- ii. **Census report:** The daily census or the number of patients in the hospital at midnight furnishes important source material for hospital statistics. It should be well understood by all that the census figures must be correct. All forms are collected by night supervisor. The report will show total number of admissions, discharges, transfers, births and deaths. The census reports help the hospital management in planning of many areas of the hospital.

- iii. **Interdepartmental reports:** Reports of patients to be discharged are sent to the admitting office, business office, information desk. Special charges for drugs, dressings or other equipment used by patients are reported to the business office, reports on the condition.
- iv. **Interagency reports:** In agency report is essential when patient is discharged. In some hospital this can be done through telephone, but written report is more satisfactory. The inter agency report should contain information about the treatment which the patient undergoes in the hospital and which is to be carried on at home or by some other agency.

Usually it is furnished by head nurse and there is space for doctor's orders and his signature.

- v. **24 hour Report:** Supervisory nursing administration personnel need to be kept informed of what is happening in and around all patient care areas. It should give a good general picture of the ward. Information should include the total number of patients, the name, diagnosis and condition of all seriously ill patients and all new admissions. The names of those discharged should be listed with brief identifying information, usually all those who underwent surgery or scheduled for surgery are mentioned. Sometimes additional information is required.
- vi. **Accident Report:** Accidents may occur to patients, visitors or personnel. Accident reports should be filed with office of the nursing superintendent or hospital administrator. The report should contain name and age of the person, the exact time and place, a description of how it occurred, any precautions that had been taken such as use of railing of the bed, etc.

To be accurate the report should be written by the persons directly involved or who were present at the time when the incident occurred. Preventive measures and treatments are fresh in their minds. A report of this nature includes complete identifying data like.

- Date of the report
- Name of the patient/visitor/personnel
- Diagnosis
- Date and the ward
- Description of the condition and under what circumstances it was noted.

- To whom it was reported, the names of all those involved and the signature of the person writing the report should also be included.

Reports of this type also aid the nursing service in evaluating the work for which they are responsible. The teachers and administrators help in evaluating the safety, effectiveness and the practicality of routines and routine nursing procedure by carefully studying the reports and giving feedback on mistakes.

- vii. **Departmental Reports:** A variety of reports produced periodically in every faculty can give the manager valuable departmental information. The information from reports enables a manager to evaluate performance of the unit and determine expenses compared to budget. In most cases, three monthly reports provide the manager with needed valuable information.
 - a. Labour hours report
 - b. Operating statement
 - c. Expenses report.

Nursing manager should have access and responsibility for interpreting and maintaining their department's budget activity reports.

4.4. Keeping Reports

It is an important responsibility of nurse administrator. The main points include-

- a. The reports should be kept under safe custody.
- b. No individual sheet is separated from the complete report.
- c. Reports should be kept in place, inaccessible to patients and visitors.
- d. No stranger is permitted to read the reports.
- e. All reports to be handled carefully.
- f. Protection from loss.
- g. Filing should be done according to hospital systems such as alphabetically, numerically with Index cards and geographically.
- h. Access periodically to determine the use of the report and re-examine for means of implication.



4.5. Exercise

Suppose the following report is filled in by a clinical nurse. Give your positive and negative comments on this report in the next box.

Rajshahi Medical College Hospital Patient's Admission Report Form		
Name of clinical nurse: Shanti Rani Dey		
Assistant: Ward No. 21 Admission date and time: 30-08-2006 at 9:30 am	Patient's Name: Jobber Ali Vill. Post Office P.S. Upa-Zilla Dist. News will be sent to whom (relative)	Age: 55 Male/Female: Married/Unmarried: Occupation:
Hospital Discharge related	Diagnosis	Result
	C/C: Weakness of left side of limb for 1 day H/O: Hypertension O/E: Pulse: 90/min BP: 170/115 m.m.Hg Invest: TC, DC Diag: CVA \bar{e} HD \bar{e} HTN	
Signature		

