

## NAAC Criterion 6: Governance, Leadership and Management

### 6.1 Institutional Vision and Leadership

**6.1.2 : Effective leadership is reflected in various institutional practices such as decentralization and participative management.**





# PES Institute of Medical Sciences & Research

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## Additional information





# PES

Institute of Medical  
Sciences & Research

# EMPLOYEE HANDBOOK

## VERSION 3

(Date of Release 1<sup>st</sup> January 2022)



**Perseverance**



**Excellence**



**Service**

## Foreward

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PES Institute of Medical sciences and Research (PESIMSR) is very glad to place this handbook in your hands. PESIMSR has been making a steady progress over the years and today, it has occupied the top slot in the state in the field of Medical education. PES IMSR ranked 3rd best college/Hospital in the Dr. NTR University of Health Sciences, AP. When other institutions are making efforts to catch up with our place, we need to make a paradigm shift to maintain and increase the distance from the runners up. We all have to know that retaining this top position is as difficult as attaining it. In order to keep this position, it is necessary that we work in a more guided way. This hand book provides the necessary guidelines so that all of us can follow and work in tandem to achieve the PESIMSR dream of being among the Top Ten Medical Colleges in the country.

These rules/regulations/policies/procedures will surely to provide transparency to the policies that are framed in tune with the philosophy of the institute. These rules give us better focus and allow us a greater freedom in our decision making, most of the time without waiting for directions from the top. Although quite an amount of effort has gone into framing these rules, they offer scope for improvements. Our experiences with these rules, I am sure, would result in an accumulation of newer thoughts from all of us, which can be incorporated through amendments to this handbook over time.

**Dr. SURESH KRISHNAMURTHY**  
**MEDICAL DIRECTOR**  
**PESIMSR, KUPPAM**

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## **1. VISION**

To emerge as the preferred healthcare provider in the tristate region through quality, safety and reliability.

## **2. MISSION**

To provide, affordable, scientific, ethical and high–quality, tertiary health care services to all.

To assist the medical and nursing colleges with their educational and research goals.

## **3. VALUES**

- Care, Compassion and Courtesy
- Quality, Safety and Affordability
- Ethical, Legal and Environment friendly
- Continuous Quality Improvement
- Effective Communication and Team Work

## **4. QUALITY POLICY:**

To provide optimal, timely, and cost efficient care to all our patients through continues quality improvement.

## **5. SERVICE STANDARDS OF PES HOSPITAL**

- Courtesy
- Compassion
- Sympathy
- Empathy

## **6. SAFETY POLICY**

PES Hospital is fully committed to provide a medical care that is safe and free from well known harms associated with medical care delivery. It is the goal of PES Hospital to provide patients, their families, visitors and staff with an environment and workplace free from recognized and well known hazards.

Towards this goal, PES Hospital shall

- Comply with all legal and statutory requirements relating to air, water, sound, food, and electricity, alternate sources of power generation, engineering equipment, biomedical equipment, biomedical waste management, hazardous material management and radiation.
- Establish structures and processes that will ensure safe medical care to its patients.
- Appoint a safety committee which shall plan and document a hospital wide safety programme which shall consist of
  - ♦ Patient safety programme
  - ♦ Facility safety programme
  - ♦ Laboratory safety programme
  - ♦ Radiology safety programme.
- Appoint
  - ♦ Patient safety officer
  - ♦ Facility safety officer
  - ♦ Laboratory safety officer
  - ♦ Radiology safety officer
- who shall implement, monitor and improve the hospital wide safety programme.
- Ensure that all its employees are aware of the hospital wide safety policies, their interpretation and implementation through induction and in-service training.
- Ensure that all its employees follow safe work practices and report all unsafe conditions to their immediate supervisor. Ensure that this policy is documented, reviewed periodically, Communicated to all employees and made available to public.

## 7. LIST OF GOVERNING BODY

S.NO	NAME	DESIGNATION
1	Prof.M.R.Doreswamy, Ex.MLC, Founder, PES Institutions & Chancellor, PES University	Chairman
2	Prof.D.Jawahar, CEO, PES Institutions	Member
3	Prof.Ajoy Kumar, COO, PES Institutions	Member
4	Dr. Suresh.K, Medical Director PESIMSR	Member
5	Dr.Roopasuresh, Assoc.Medical Director, PESIMSR	Member
6	Dr. H.R.Krishna Rao, Dean & Principal, PESIMSR	Member-Secretary Convener
7	Dr. Channabasava Patil Superintendent, PESIMSR	Member
8	Dr. Chitra Nagaraj, HOD of Community Medicine	Member
9	Registrar, Dr. NTR University of Health Sciences, Vijayawada, AP.	Dr.N.T.R. U.H.S Representative
10	The secretary Health & Family welfare, Govt. of AP	Ex-Officio Member
11	The Director of Medical Education, Govt. of AP	Ex -officio Member

## 9. NABH COMMITTEES:

<b>S.NO</b>	<b>Name of the Committee</b>	<b>Chairperson</b>
01	Research Committee	Dr. Suresh Krishnamurthy Medical Director
02	Pharmacy Committee	Dr. Pundarikasha HOD of Pharmacology
03	Quality Committee	Dr. Suresh Krishnamurthy Medical Director
04	Infection Control Committee	Dr. Y.J. Visweswara Reddy Emiritis Professor-General Medicine
05	Clinical Audit Committee	Dr. Y.J. Visweswara Reddy Emiritis Professor -General Medicine
06	Safety Committee	Dr. Roopa Suresh, Associate Medical Director
07	Ethics Committee	Dr. H.R.Krishna Rao, Dean & Principal
09	Committee against Sexual Harassment(CASH)	Dr. L. Mohana Rupa Prof. of Pharmacology
09	Blood Transfusion Committee	Dr. Ramaswamy Prof. & HOD of Pathology
10	Ex-Officio Member	Dr. Sangeeta.Kamatchi, Head - QMS

The HEAD- QMS is an ex officio member for all the NABH committees and will guide and monitor the functioning of all the committees. Copy of minutes of meeting shall be sent to Head - QMS through email.

## **10. SCOPE OF SERVICES:**

### **I. SPECIALITIES**

- Emergency Medicine
- General Medicine
- General Surgery
- Obstetrics & Gynecology
- Pediatrics
- Orthopedics
- Ophthalmology
- E.N.T (Ear, Nose & Throat)
- Psychiatry
- Chest Diseases
- Dermatology & cosmetology
- Dentistry
- TBCD (Tuberculosis Chest Diseases)
- Anaesthesiology
- Radio Diagnosis

### **II. SUPER SPECIALITIES**

- Cardiology
- Nephrology
- Neonatology
- Urology
- Neurology
- Plastic Surgery
- Dermato Surgery
- Pediatric Surgery

- Vascular Surgery
- Faciomaxillary Surgery
- Pulmonology
- Diabetology
- Rheumatology
- Oncology
- Neurosurgery

### **III. EMERGENCY (24 X 7) SERVICES**

- Emergency Care
- ICU Care
- CCU
- Angioplasty
- Dialysis
- Labour & Delivery services
- Blood Bank services
- Computerized Lab
- Pharmacy
- Ambulance Services
- CT Scan & MRI
- High –end Operation Theaters

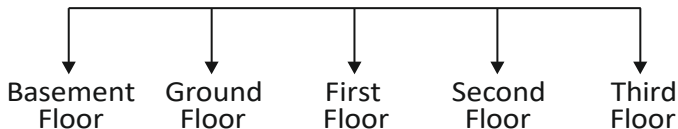
## **11. HOSPITAL LAYOUT:**

### **ABOUT HOSPITAL BUILDING**

Hospital building is divided into two parts

1. Main hospital Building
2. Super specialty Hospital Building

# 1. MAIN BUILDING



<b>Basement Floor</b>	
Laundry	Laundry including mattress, pillows. Blankets, sheets, towels, cotton are the most frequently used material, as it is cheap and comfortable. Among man- made fibers, rayon, nylon, terylene or contributions are used for dress material for the staff.
Doctors Canteen	Canteen facility services for all Doctors
Hospital General canteen	Canteen facility for patient Attenders and others.
<b>Ground Floor</b>	
Reception/Front Office	To receive the patients and registration, patient guidance, carting of patients, enquiries.
Waiting area	To provide the place for patient attenders and outsiders to seek religious solace the hospital also has small Lord Ganesh statue for offering prayers.
Central Pharmacy	All essential drugs, store and dispatch, from there, related and required for the Out Patients & IP Ward Patients.
PRO Office and Transport Office	The PRO office co-ordinates between the Hospital and Public to maintain an effective & cordial relationship and communication. To control & monitor internal transport and ambulances.
ER registration, IP Registration, Cashless Services OPD /Arockishree OPD, Transport Manager, Patient transport, PROs and Pharmacy	

Billing Section	Hospital Billing services for outpatients and inpatient services
OPDs	They give the ambulatory services to the patients. Cashless services, Medicine Male & Female, DVL, Ortho, Paediatrics, Gynecology, Obstetrics, Psychiatric, TB & CD,
General Wards	Paediatrics, Post maternity ward, OBG ward,
ER & ER ICU	A miniature hospital by itself, the Casualty Unit is equipped to cater to extreme emergencies.
Radiology	X-ray examinations contribute vitally in facilitating diagnosis effective medication and treatment. It is an important link in the research programme of the institution.
CT scan and USG room, Magnetic, Resonance, Imaging (MRI)	The new diagnostic imaging modalities give a minute structural detail of the human body, which is not obtainable by other imaging method.
Central Laboratories	It is the basic source of analytical information concerning the patients various clinical tests and include sample collection, Blood Bank & Issue of Reports. Microbiology, Biochemistry, FNAC, Pathology, Hematology, Sample collection,
Physiotherapy	It gives physical therapy like heat, cold and various properties of electricity and exercises to gain maximum functional independence following physical illness.
Orthotics- prosthetics	Orthotics and Prosthetics. Provide tailor-made appliances and limb parts & footwear.
Skill Lab	Provide hands on skill development training on clinical and physiological aspects to the students/staff.

Lecture Hall(A/C)	Advance and Central a/c lecture/seminer hall, to accommodate more than 100 people provided with audio visual equipment.
Labour Room & OBG ward	Labour room for first stage and post natal ward.

<b>FIRST FLOOR</b>	
MD/AMD Chamber & office	Central A/C and chamber Office
Medical Superintendent	Central A/C and chamber Office
Administration, HR, Finance, IT, Facility	All functioning offices in first floor
Hospital council Hall & Conference Room	Conference hall with all central A/C, facilities for video conferring PPT fully furnished to accommodate more than 50 members. All meetings are being held by the Director with staff of hospital.
MRD( Annexe)	For maintaining all Medical records and big racks for safe record keeping
OPDs	Surgical OPDs , i.e. Surgery, ENT, Ophthalmic & Dental
Ophthalmic OT	It is a modern OT equipped with the latest facilities to reduce the risk of surgery, the theatre performs and other types of general surgeries.
Modular OT Complex-I	It is equipped with the latest facilities to reduce the risk of surgery, the theatre performs, orthopedic, surgery, neurosurgery, Neurology etc.
Modular OT Complex-II	It is equipped with the latest facilities to reduce the risk of surgery, the theatre performs other types of general surgeries etc.

ICU Complex and Post operative wards	PICU, NICU and Male post operative ward.
Biomedical Dept.	The Biomedical Engineering workshop For repairs and maintenance of equipment.
Demonstration Room	Central a/c lecture/seminar hall, to accommodate more than 50 people.
CSSD	This Central Sterile Supply Department (a) supplies total sterile dressing material and instruments to the wards and theatre,
Cath Lab , CCU and general ward.	Cath Lab for cardiac surgery, ICU and general ward.
Housekeeping store	Area for materials related to housekeeping department.
Waiting area	Waiting area for patient's attenders
General Wards	Peadiatric ward, Ophthalmic ward.
Staff rest room	Lockers and change room facilities for staff are provided.
<b>SECOND FLOOR</b>	
General Wards and Isolation ward	Surgery, Diabetic, Ortho Male & Female.
Patients waiting area	Waiting area for patient's attenders. QMS office, BURNS ICU
<b>THIRD FLOOR</b>	
Patient waiting area	Waiting area for patient's attenders.
General Medicine Office	Medicine office
Wards	TB & CD ward, DVL, Psychiatry
Hospital Central store & Purchase	All the necessary materials required in the pharmacy and hospital in the store.
Patient waiting area	Waiting area for patient's attender
<b>FOURTH FLOOR</b>	Adult ICU Complex

**12. LIST OF DOCTORS**  
**SPECIALTIES DOCTORS**

	<b>Department</b>	<b>Name of the HOD</b>
01	Emergency medicine	Dr. Prakash Babu.S
02	General Medicine	Dr. Uma M.A
03	General Surgery	Dr. Shivananda
04	Obstetrics & Gynacology	Dr. Pradeep.S
05	Peadiatrics	Dr. Rajendra Naidu
06	Orthopedics	Dr. Balakrishna Gadiyar
07	Ophthalmology	Dr. Narayan. M
08	E.N.T	Dr. Byra Reddy
09	Psychiatry	Dr. V.S. Subba Rao Ryali
10	Chest Diseases	Dr. Dharshini
11	Dermatology & Cosmetic Surgery	Dr. Shivakumar
12	Dentistry	Dr. Sridhara.A
13	Anaesthesiology	Dr. Mohan.K
14	Radiology	Dr. Ramesh Kumar.R
<b>SUPER SPECIALITIES DOCTORS</b>		
13	Cardiology	Dr. Sambashiva Reddy
14	Nephrology	Dr. K.Krishna

15	Neonatology	Dr. Harsha .P.J
16	Urology	Dr. Thambidurai.G
17	Neuro Surgery	Dr. V.A. Kiran Kumar
18	Plastic Surgery	Dr. Pramod
19	Dermato Surgery	Dr. Siva kumar
20	Pediatric Surgery	Dr. Kesavamurthy
21	Faciomaxillary Surgery	Dr. Sumanth
<b>24 HOURS SERVICES</b>		
23	Emergency Care	Dr. Prakash Babu
24	ICU Care	Dr. Jagannath
25	Angioplasty	Dr. Sambashiva Reddy
26	Labour & Delivery Services	Dr. Pradeep.S
27	Blood Bank Services	Dr. Reshma Anagundi
28	Computerized Lab	Lab Coordinator
29	Central Pharmacy	Mr. Kishor Kumar
30	Ambulance Services	Mr. Rajasekhar
31	High-End Operation Theaters	Dr. Mohan.K
32	CCU Care	Dr. Sambashiva Reddy

### **13. PATIENTS' RIGHTS & RESPONSIBILITIES**

#### **I. PATIENT'S RIGHTS**

- Respect for any spiritual preferences, spiritual and cultural needs.
- Respect for personal dignity and privacy during examination, procedures and treatment.
- Protection from physical abuse and neglect.
- Treating patient information as confidential.

- Refusal of treatment.
- Informed consent before transfusion of blood and blood products, anesthesia, surgery, HIV testing, initiations of any research protocol and any other invasive / high risk procedure / treatment.
- Right to complaint and to receive information on how to voice a complaint. (Please see patient complaint process)
- Information on the expected cost of the treatment.
- Access to his / her clinical records.
- Information on plan of care, progress and information on their health care needs.

## **II. PATIENT'S RESPONSIBILITIES**

- To provide complete and accurate information about his/ her health, including present condition, past illnesses, hospitalizations, intake of medications, natural products and vitamins, and any other matters that pertain to his / her health.
- To provide complete and accurate information including full name, address and other information.
- To ask questions when he / she does not understand what the doctor or other member of the health care team tells about diagnosis or treatment. He / she should also inform the doctor if he / she anticipates problems in following prescribed treatment or considers alternative therapies.
- To abide by all hospital rules and regulations.
- Comply with the NO SMOKING / ALCOHOL / SPITING policy.
- Comply with the visitor policies to ensure the rights and comfort of all patients. Be considerate of noise levels,

privacy and safety. Weapons are prohibited on premises.

- Treat hospital staff, other patients and visitors with courtesy and respect.
- To be on time for appointments. To cancel or reschedule, as far in advance as possible if needed.
- Not to give medication prescribed for him / her to others.
- To provide complete and accurate information for insurance claims and work with the hospital and physician billing offices to make payments.
- To communicate with the health care provider if his / her condition worsens or does not follow the expected course.
- To pay for services billed for in a timely manner as per the hospital policies.
- To respect that some other patients' medical condition may be more urgent than yours and accept that your Doctor may need to attend to them first.
- To respect that admitted patient and patients requiring emergency care take priority for your Doctor.
- To follow the prescribed treatment plan and carefully comply with the instructions given.
- To accept, where applicable, adaptations to the environment to ensure a safe and secure stay in Hospital.
- To accept the measures taken by the Hospital to ensure personal privacy and confidentiality of medical records.
- To attend follow up appointment as requested.
- Not to take any medications without the knowledge of the doctor and health care professionals.

- To provide correct and truthful history.
- To understand the charter of rights and seek clarification if any.
- To understand and follow rules about visitors and attendants.
- To understand and follow rules regarding hospital infection control.

## **14. EMPLOYEES' RIGHTS & RESPONSIBILITIES**

### **I. EMPLOYEES RIGHTS**

- To ask for safe and secure work environment
- To give suggestions or feedback for the betterment of the Organization
- To receive salary as per Minimum Wages Act
- To avail the benefits being extended by the organization
- To address his/ her grievances to the HR Department
- To be treated considerately and respectfully, and not discriminated on the basis of caste, religion, sex or socio-economic background
- To be entitled to the terms and conditions as specified in the appointment letter
- To seek clarity on the targets to be achieved/job to be performed and the roles/responsibilities associated with the task to be performed.

### **II. EMPLOYEE RESPONSIBILITIES:**

- To come to duty on time and work overtime when there is necessity
- Strictly adhere to the duty roster as prepared and

submitted to the HR Department. Leave should be planned well in advance and prior sanction taken before proceeding on leave.

- To be in proper grooming (Neat Uniform with shoes) while at work
- Wear Identity card in the hospital premises
- Be aware and adhere to the hospital policies, procedures and the changes accordingly.
- To use email and internet access that is provided in a manner that is ethical and lawful
- To maintain proper discipline and follow professional ethics.
- To maintain complete confidentiality of hospital and patient information they handle
- Keep the work place clean and tidy
- To safe guard the properties of the hospital.
- To promptly notify their supervisor and HR department of any changes in their personnel data.
- Follow the Departmental Policies & Procedures.
- Instructions from the superiors are to be strictly followed and follow the job description given, complete the assigned task on time
- Guide the patients properly, accurately and with courtesy and ensure that they have understood instructions.
- Ensure that we provide reasonable safe and secured environment to the patients.
- Smoking, chewing tobacco and smelling alcohol is strictly prohibited in hospital premises.

- At the time of relieving, the staff should provide one month notice or one month salary in lieu (including hand over) as per appointment letter term.
- Receive patients complaint as per patient complaint process.

## **15. PATIENT CARE SAFETY**

### **I. PATIENT IDENTIFICATION**

On admission an identification band is placed on the patient's wrist. The band has the patient's name and UHID (Unique Hospital ID) written on it. This identification band remains throughout the stay of the patient and is removed by the nurse at the time of discharge

### **II. VULNERABLE PATIENT**

Vulnerable patient are those patients who are prone to injury & diseases by virtue of their age, sex, physical, mental & immunological status. e.g. infants, elderly, physically & mentally challenged and those on immunosuppressive and/or chemotherapeutic agents, pregnant women & patients with suicidal tendencies.

#### **Care to be taken for vulnerable patients:**

- Hospital staff should possess basic knowledge of supporting the needs of the disabled including learning or developmental disabilities.
- Appropriate facilities and equipment such as the wheel chair, seats, side rails for cots, ambulatory aids and incontinence protection for the disabled are made available in the hospital.

### **III. END OF LIFE CARE**

Care at the End of Life aims at activities to improve the quality of care and quality of life at the end of life.

The end of life care includes helping patients and family with the experience of dying by:

- Providing psychological support
- Providing physical support such as respiration, nutrition, elimination, mobility, etc.
- Promoting hope
- Caring for body after death

### **IV. SENTINEL EVENTS**

- A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major & enduring loss of function for a recipient of health care services. Major and enduring loss of function refers to sensory, motor physiological or psychological impairment NOT present at the time services were sought or begun. The impairments last for a minimum period of TWO WEEKS and is not related to underlying condition.

Following are the few sentinel events:

- Wrong Patient
- Wrong Side or Site
- Adverse drug reaction resulting in impairment for more than 2 weeks
- Medication errors resulting in death or serious injury
- Infant abduction or discharge to the wrong family
- Rape or attempted rape of a patient
- Sexual harassment (Visual / Physical)

- Patient suicide or attempt to suicide
- Fall from bed leading to impairment for more than 2 weeks
- Mismatched blood transfusion
- Baby charring in NICU
- Gangrene of the limb of the baby
- Aspiration pneumonia occurring in the hospital
- Displacement of joint due to mal-positioning by the staff
- Occupational hazards
- Any instance of care ordered by or provided by an individual impersonating a member of clinical staff.
- Accidents and sentinel events are to be reported to Head of QMS at the earliest

## **V. CONSENT**

General consent is taken at the time of patient's admission itself. Specific consent is needed if a patient is going for certain investigations, procedures and surgeries.

## **VI RIGHTS OF MEDICATION ADMINISTRATION**

1. Right Patient
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Documentation
7. Right Patient Education
8. Right to Evaluation

9. Right Assessment

10.Right to Refuse

## VII. EMERGENCY CODES

All the codes are usually announced over the hospital's public address system (three times), along with the exact location (floor/unit) where emergency has been taken place.

The codes can be announced by dialing 2110 and 2288 over any internal telephone in the hospital.

CODE	DETAILS	TELEPHONE
BLUE	Patient in Cardiac Respiratory Arrest	7777 (Adult) 9391833749 (Paeds)
RED	Fire	2288, 2110, 9701342723
YELLOW	Hazardous/Chemical Spills	2110, 2288
PINK	Child Abduction	2288, 2110
BROWN	External Disaster	2110, 2288
PURPLE	Internal Crisis	6666, 2288
BLACK	Bomb Threat	2110, 2288
WHITE	Clear	2110, 2288

## VIII. DISCHARGE PLANNING

The discharge policy is that the doctor will intimate the nurse at least 24 hours before he/she plans to discharge the patient. Nurse will get all the paper work done( completion of case sheets, preparing the billing chart and inform the office assistants about the pending bills. The office assistants will follow up with the patient for payment of pending bill.PG will communicate with the concerned doctor and prepare the discharge summary. The consultant will let the patient

know the next day, that he can be discharged. This will ensure that completion of billing and paper work.

## **IX. TIMEOUT**

Prior to the commencement of any surgical or invasive procedure conduct a final verification process such as a 'Time Out' to confirm the correct patient, procedure and site using active communication techniques.

Time out must verify

- Correct patient
- Correct side and site marked
- Agreement on the procedure (consent)
- Presence of implants and/or special equipment

## **16. PATIENT COMPLAINT PROCESS:**

The QMS team has formulated this policy as per the requirement of the NABH standard PRE 7

- a. At the time of registration all patients shall be given information about the complaint process.
- b. They will also tell about the availability of the complaint forms and the suggestion boxes.
- c. There shall also be a display of the information near the reception desk about the same.

There shall be four types of complaints that the patient shall be informed about.

- 1. Verbal:** The patient or attendant shall be allowed to make a verbal complaint to any staff in the Hospital. The staff who receives the complaint can bring it to the information of infection control Nurses (ICN). ICN shall transfer the complaint into a written form to the Head QMS who shall in

turn sort and send the complaint to the respective department for appropriate action.

2. **Telephone:** There shall be a dedicated telephone number for patient to call and talk about their grievances. This will be recorded by the telephone exchange/front office and then informed to the Head QMS for further action. The telephonic number allotted for this purpose is 4444(intercom)
3. **Written:** Complaint form in bilingual format is available near the suggestion boxes and also near the reception desk in the morning and near the emergency reception at night. The complaints will be collected from the complaint boxes every day by the QMS staff and attended to.
4. **Email:** Specific email ID(complaints@pesimsr.pes.edu) is created for sending complaints. These will be viewed by the QMS department and Head QMS will take further action as necessitated.

## 17. COMPLAINT PROCESSING AND ACTION.

- All complaints will be gone through by the Head QMS, who, when necessary will send the same to the respective department for appropriate action.
- On receiving the complaints from the Head QMS, the department Heads have to take necessary corrective and preventive actions and send the report to QMS department in one week time.
- On resolution of the complaints depending on the nature of the complaint, the patient may be contacted in person whenever the resolution happens while the complainant is still present in the Hospital or an email or letter shall be sent intimating them on the resolution of the complaint,

so as to enhance the patient satisfaction and patient engagement.

**18. COMMITTEE AGAINST SEXUAL HARASSMENT:**

- Committee against Sexual Harassment, under the Chairperson of Dr. L.Mohana Rupa, with the Appellate Authority of Management can be approached for any related issues.

**I. COMMITTEE MEMBERS:**

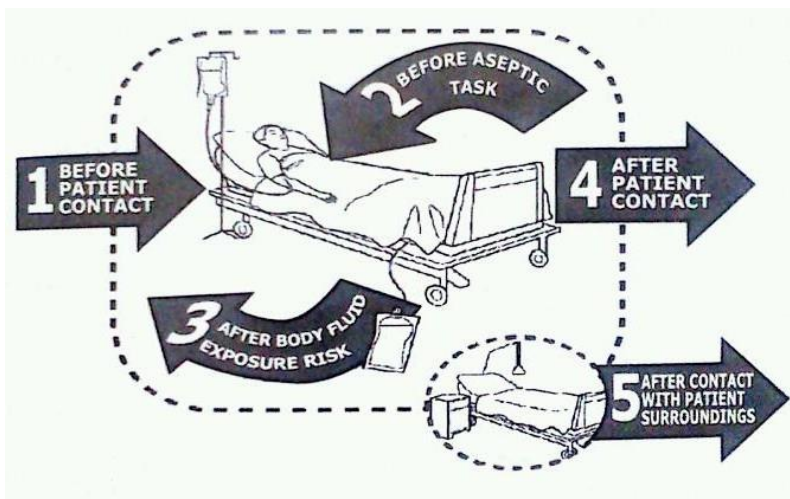
<b>S.No.</b>	<b>Name</b>	<b>Designation</b>
01	Dr. L.Mohana Rupa Prof. & HOD of Microbiology	Chairperson
02	Dr. H.R. Krishna Rao Dean &Principal, PESIMSR	Convenor
03	Dr. Channabasava Patil(MS) Medical Superintendent	Member
04	Dr. V.S.S.R. Ryali Vice Principal	Counselor/Member
05	Dr.Pawar Gurudatta Sadasiv Prof. & HoD Forn.Medicine	Member
06	Dr.Chitra Nagaraj Prof. & HoD Com.Medicine	Member
07	Dr. Jayashree G. Pawar Prof.of Pathology	Member
08	Dr. Sabitha U.S Assoc.Prof.of OBG	Member

09	Dr.Uma.M.A. Prof.& HoD of General Med.	Member
10	Dr.Sangeetha Head –QMS	Ex. Officio Member
11	Dr.Balalakshmi Principal –CON	Member
12	Ms. Metilda Assoc.NS	Member
13	Mr.Bijish Kumar Principal College of Physiotherapy	Member
14	Mr. Brahma Kumari Sarojini Brahma Kumari Foundation	Member

## 19. INFECTION CONTROL

Everyone in the hospital has the responsibility to prevent infection.

Hand washing is necessary before & after, coming in contact with a patient



### Vaccination policy :

As part of employee and patient safety, vaccination for Hep B is mandatory for all new joiners involved in direct patient care.

Only after starting the dose, staff will be allowed to render patient care and the first month salary will be released.

Similarly, failure to take the follow up doses will lead to withholding the salary.


In case the member of the medical fraternity has taken the vaccination outside, he shall provide the details for the same.

In case details of when the last vaccination was taken is not clear, then they should submit the titre values to the HIC team, who will advise accordingly

Those who do not remember the last date of vaccination and are not willing to take the titre test, must then mandatorily take the vaccination

# I. HAND RUB TECHNIQUE

## RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

# WHO - Seven steps of Handwashing



**1**  
Rub palms together.



**2**  
Rub the back of both hands.



**3**  
Interlace fingers and rub hands together.



**4**  
Interlock fingers and rub the back of fingers of both hands.



**5**  
Rub thumb in a rotating manner followed by the area between index finger and thumb for both hands.



**6**  
Rub fingertips on palm for both hands.

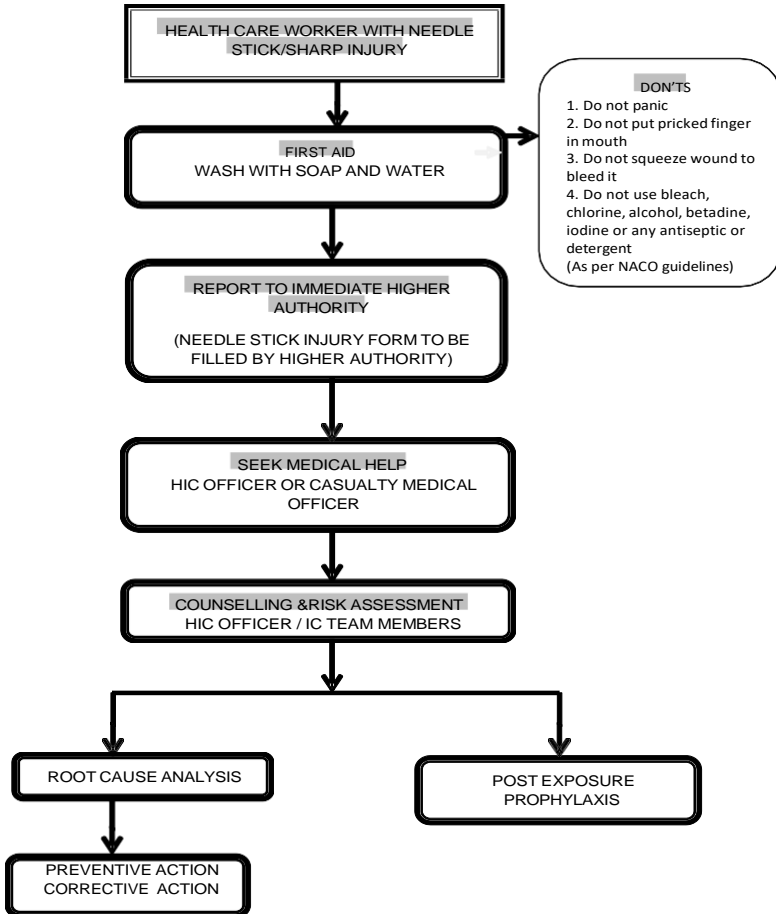


**7**  
Rub both wrists in a rotating manner.  
Rinse and dry thoroughly.

## **II. SAFE HANDLING AND DISPOSAL OF SHARPS**

- Do not recap needles
- Avoid pass of sharps from hand to hand
- Ensure that the needles are not broken and bent before disposal.
- Ensure that sharps are discarded in puncture proof container.
- Ensure that not more then 2/3 rd of the sharps container are filled before it is disposed by Biomedical waste department.
- Follow the needle stick injury protocol incase of accidental needle stick injury.
- Needle Stick Injury to be reported to Chief Infection Control officer and ICNs

### PROTOCOL FOR NEEDLE STICK/SHARPS INJURY



### **III. BIO-MEDICAL WASTE MANAGEMENT**

Bio-Medical waste management involves

- Generation
- Segregation
- Collection
- Transportation
- Temporary storage
- Final disposal
- Always follow the colour coding as given by the infection control committee.

The Colour codes for BMW is displayed in all Clinical and Para clinical areas and this has to be strictly adhered.

## **Treatment and Disposal**

1. Disinfect all infected waste at source.
2. Segregate all waste and dispose in color coded bags.
3. Handover all waste including infected waste to the Biomedical waste department of the Hospital.
4. The infected waste related to the Hospital are quantified and handed over to AMW representative.
5. Ensure that no infected waste is stored in the Hospital for more than 48 hours.
6. AMW will dispose the infected wastes as per the directions of the Govt. of A.P.

## **IV. Handling infected linen**

Linen contaminated with blood and body fluids may carry disease causing germs. There is little risk if the correct procedure is followed:

- Infected linen must be placed in a bag and then placed in the red bin.
- Infected linen is taken to pre-wash area and soaked in a disinfectant with 0.5% of sodium hypo chlorite for 10 minutes.
- It is then washed with fresh water and then laundered.
- This linen is then washed in the washing machine; this minimizes contact with the laundry staff thus preventing transmission of infection or contamination of the environment.

## 20. SPILLAGES

### I. MERCURY SPILLAGE

- Push small mercury beads together with a card or stiff paper, and then collect them using a plastic dustpan in a leak-tight plastic or glass container.
- Work from the outside of the spill area toward the centre. Mercury's high density and smoothness cause it to roll fast.
- Use a flashlight to look all around the areas of the spill. The light will reflect off the shiny mercury beads and make it easier to see them.
- Sprinkle sulphur powder on the spill area after cleaning up beads of mercury; a colour change from yellow to brown indicates that mercury is still present and more clean-up is needed.
- Gloves to be worn for personal protection while collecting mercury.
- The collected mercury should be handed over to store for further action.

#### **What to do after cleaning a spill?**

- Wash your hands. Shower or bathe if other parts of the body have contacted mercury.  
In case of a mercury spill you should NEVER do this:
- Never use a vacuum cleaner to clean up the mercury – may result in mercury fumes, which is toxic.
- Never use household cleaning products to clean the spill.
- Never use a broom or a paint brush to clean up mercury.
- Never pour or allow mercury to go down a drain.

## II. Blood Spillage/Infectious body fluid

- Minor spills of blood or infectious body fluid are to be disinfected by pouring freshly prepared 1% Sodium hypochlorite solution over the spilled area and leaving it for 10 minutes.
- To get 1% sodium hypochlorite solution, mix 10 ml of the readily available Sodium hypochlorite solution (12%) in 100 ml of water.
- Cover the spillage with tissue paper/cloth piece to absorb the fluid from the area.
- Collect the waste and put it in the yellow colour coded bag.
- The area of the spill should be cleaned with soap and water.
- For major spills, disinfect as mentioned above, and clean the whole room with soap solution and 1% sodium hypochlorite water.

## 21. FIRE SAFETY & EMERGENCY

### Classification of Fire:

- **Class A:** Solid Fire
  - Paper, cardboard, trash etc.

**Extinguish with water/sand etc.**
- **Class B:** Liquid Fire
  - Petroleum products viz., diesel, oil, paints etc.

**Extinguish with Sand/ Dry Chemical Powder/ Foam/ Co<sub>2</sub>,**

**Do not use water.**

- **Class C:** Gas Fire
  - Cooking gas, Propane, Acetylene etc.
  - Extinguish in the dry powder extinguisher
- **Class D:** Metal Fire -potassium, Magnesium, Phosphorus.
  - Welding sparks etc.
  - Special dry powder extinguisher
- **I. Preventive and Safety Issues**
  - Housekeeping Issues
    - ✓ Keep your worksite clean and free of trash and debris.
    - ✓ Follow proper storage guidelines.
  - Inflammable and Combustible Liquids
    - ✓ Use and store the minimum amounts necessary.
- II. Electrical Fire Safety**
  - Electrical Fire Hazards
    - ✓ Don't use unapproved electrical devices.
    - ✓ Avoid improper uses of multi-plugs.
    - ✓ Avoid inserting naked wires into sockets.      Use proper plugs.
    - ✓ Avoid electrical maintenance on wet surfaces.
    - ✓ In case of electrical/fire use CO2 type fire extinguisher.
- III. Fire Extinguishers**
  - It is an active fire protection device used to extinguish or control small fires.

#### IV. TYPES OF FIRE EXTINGUISHERS ARE:

						
Old Colour BS 5406	New Colour BS EN3	Class A Paper or Wood etc.	Class B Flammable Liquids	Class C Flammable Gas Fires	Class D Metal Fires	Electrical Fires
		✓	Do Not Use ✗			Do Not Use ✗
		✓	Do Not Use ✗			Do Not Use ✗
		Note: Multi-Purpose Foams may be used. ✓	Note: Specialist Foams required for industrial alcohol. ✓			Do Not Use ✗
			Secondary ✓			Primary ✓
		✓	Note: Specialist DP required for Solvents & Esters. ✓	✓	Note: Specialist Dry Powders may be required ✓	✓
			Primary ✓	General Note - May be used in conjunction with other extinguishing agents / or fire extinguishing techniques.		

#### VI FIRE PROTECTION SYSTEM (CONTACT NUMBER – 2100 OR 2110)

- The first levels of protection are Fire Extinguishers. These are available in different types according to the category of fire. The categories are A. wood, paper, textiles, B. petrol, diesel, solvents, lubricants, spirits, C. electrical equipment, such as appliances, wiring, circuit breakers and outlets. This should

be used by persons who find the fire first to put out small and medium fires.

- If the fire cannot be extinguished with the first level the second level of protection are the fire hose in the fire Hose Box and the sand stored next to the diesel. Water should not be used in case of electric fire.
- ABC Type of extinguisher can be used in any type of fires.
- Co2 type fire extinguisher to be used only in electrical equipment.
- The automated sprinkler system which get activated when the room temp crosses approx. 68 °C.

## **VII. MEDICAL GASES**

- Any gas leakage, alarms or shortage of pressure in O2, N2O, Air, Vac, please call 2110 /2100 immediately.

## **VIII. Accident prevention**

- Hospital strives to provide the environment free of recognizable hazards and to reduce the risk of injuries. Hospital assures a safe environment for patients, personnel and visitors by establishing a safety management programme.
- Hospital policy also includes compliance with all safety and health standards and regulations in accordance with legal and contractual requirements.
- Preventing accidents is largely a matter of individual responsibility. Employees should keep the following in mind which will help the hospital a safe place to work.
- Follow all hospital and department safety policies and practices.

- Be continuously informed about the fire rule of the hospital, the location of the fire extinguishers and fire alarms, Each employee should clearly understand his/her responsibilities in case of fire.
- Avoid accidents by eliminating hazards and developing safe work habits.

## **IX. FIRE SAFETY PROTOCOL**

- Call the operator at 2110 with the exact location and nature/gravity of fire. The operator will announce code RED.
- Also call Maintenance (2255) and Security (2288) giving similar information and stand by the phone.
- Depute a person to start initial fire fighting with the fire extinguishers on assessing the gravity/class of fire.
- Break fire alarm glass to set on the alarm.
- On hearing the alarm, all the staff working in the floor to report to the person in-charge of emergency.
- The person in-charge will assess the class (A,B or C) & the gravity of fire and accordingly proceed with the evacuation, if required
- Request all by standards and patients who can walk to move to safe areas, away from the fire. Constantly ask them to be calm & orderly.
- Arrange shifting of bed-ridden patients using trolleys or the sheet carry method seeking assistance from respective by standers, if available and staff members.
- If it is not identified as an electric or oil fire and the Fire Extinguisher is not effective, then use the A class fire/hose to fight the fire.

- If possible shift all fire supporting material away from the approaching fire.
- If the fire is of a large volume, GM/Manager/Supervisor will call for the Fire Brigade.
- Ask everyone to avoid lifts and use stairs or RAMS from the affected area.
- Assist the Fire fighting team on arrival.

## **22. TELEPHONE**

Call Forward    #(Extension No) followed by Extension No.

Call Back        Dial extension No followed by 8

Call Pick up    Dial 88 followed by extension No.

Call Transfer    Press Flash followed by extension No.

## **23. OCCUPATIONAL AND ACCIDENT POLICY**

1. Employee those who are covered under ESI scheme shall take benefit provided under the ESI scheme and rules there under.
2. All the employees/ workmen and carrying work at hazards operations and who have covered under ESI scheme shall get benefit under the ESI scheme and rules there under.
3. Employees who have employed and not covered under the ESI scheme are automatically covered under workmen compensation Act.
4. Any employee who meets the accidents during the course of employment shall be referred to ESI Hospital, if the employee covered under ESI scheme. If not covered under ESI scheme

Management shall make arrangements for his/her treatment at free of cost and compensation, if, any shall be in terms of WC Act.

5. Any employee who meets the accident during his/her employment shall be referred to ESI Hospital, if employee covered under the ESI scheme or employee not covered under the ESI scheme, the treatment shall be extended by the Management and, if any compensation shall be as per the WC Act only.
6. However, first Aid shall be carried out in the Hospital before referring to ESI or otherwise at free of cost.
7. Employees working in the canteen area shall be given Hepatitis B vaccination at free of cost.
8. Nursing staff dealing the patient care shall be given Hepatitis B vaccination free of cost.
9. If any of the employees reported with exposure to HIV/HbsAg infection on employment, post exposure prophylaxis treatment for HIV and HbsAg shall be made available with the control of employer.

**Procedure:**

1. If any accident during the employment shall be informed to Admin/HR office by the immediate supervisor or HoD.
2. Admin /HR department shall inform to the ESI authorities as per procedure lay down under the ESI scheme.
3. If accident happens during the course of employment, the employee or any person shall have to inform Admin /HR office by telephonically about the accident. The HR/Admin department shall take necessary action, i.e. refer to ESI Hospital if employees covered under the ESI scheme provide facility including treatment at the cost of employer or any benefit can be extended as provided under workmen Compensation Act.

4. If any accidental death during course of employment, the compensation and other benefit shall be extended through ESI scheme if covered or shall be treated under act.

#### **24. COMMANDMENTS FOR DOCTORS**

1. Assess and re-assess patient as per hospital policy
2. Document your visits with notes duly signed with the date time and name below the signature
3. Ensure informed consent for all procedures
4. Make patient and family education a habit as part of care
5. Use alcohol hand rub before and after each patient examination
6. Write medication order clearly and preferably in capital letters
7. Avoid verbal orders
8. Prescribe as per hospital formulary and follow the antibiotic policy
9. Have formal meetings/briefings with other specialists when more than one doctor is treating the patient.
10. Prepare/counter sign discharge summary and talk to patient regarding discharge instructions, follow up and care at home

#### **25. COMMANDMENTS FOR NURSES**

1. Take care of patient's needs; no other job shall come before this
2. Keep patients safe, secure and free from harm or injury at all times

3. Keep the patients clean and well groomed
4. Speak to patients, families and one another with respect and compassion
5. Act with kindness, gentleness and understanding
6. Attend to the patient and family's complaints and request
7. Provide privacy when delivering personal care, toileting and bathing
8. Help the patients to control agony by providing as much assistance as necessary
9. Give your utmost care to the patient and be blessed with love in return
10. Count each time you serve a patient as a blessing

## **26. EMPLOYMENT WITH PES HOSPITAL**

### **I. INTRODUCTION**

The purpose of this section is to give a brief on the Human Resources Policies and procedures applicable to the employees in their employment in PES Hospital. For further details, if so desired the employee may refer to the Human Resources Manual, One should read this section with the subsequent amendments/ modification carried out in the manual.

### **II. EMPLOYMENT POLICY**

The Management at PES HOSPITAL understands the critical role of the talent pool in its success and growth, and therefore ensures that the best person will be employed for the right job.

### **III. RECRUITMENT**

Based on the Manpower Planning conducted, requirements and the directions

from the Management & Heads of the Departments (HOD), Human Resources Department (HRD) will recruit the best person for the job. The search for the best employees is done either by HRD or through employee referrals. The recruitment policy is pre define criteria.

#### **IV. PRE-EMPLOYMENT VERIFICATION:**

It is mandatory for HRD to verify the character and antecedence of all the potential employees either from the previous employer or from any known source. The details of such reference check(s) will be kept in the personal file of the employee. A signed consent is collected from the employee to conduct reference checks. And the confirmation of the employment is based on the positive or satisfactory response from the previous employer.

#### **V. JOINING FORMALITIES As part of the joining formalities the employees shall: -**

- Fill the joining form.
- Submit copies of the academic, experience & registration (if applicable) certificate(s). Originals shall be produced for verification purpose only.
- Submit a copy of the Relieving Order and Salary Slip/ Certificate (optional) from the previous employer.
- 5 Passport size photographs.
- Provide Date of Birth and Address proof.
- Submit copy of the PAN card for TDS purpose.
- Submit Savings Bank Account Passbook copy of Indian Bank for transfer of salaries. HRD will provide assistance to open an account if the same is not available.

- Attend the Induction programme scheduled by HRD.

A Personal ID with FP+ RF card (attendance) will be provided with due training on how to use them. The Induction process concludes by presenting the employee to the respective HOD/ Group Head.

## **VI. DUTY HOURS & TIMINGS:**

As PES HOSPITAL works 24x7 the employees are expected to be flexible with regard to their timings and must be willing to work day or night and extra time considering the exigency of the situation. However, it is advised that the reporting-to-duty time should be strictly adhered to.

## **VII. DRESS CODE AND APPEARANCE:**

The employee should make sure that the attire worn reflects confidence and respect for the hospital and its employees. Attire should be appropriate to the duties performed and the health and safety of the patients. Considering the health care and specific business needs, the Management determines the appearance standards based on the prevailing safety and health regulations, where needed.

### **General guideline for appearance and dress code:**

- Exhibit & maintain a well groomed personal appearance, which includes cleanliness and proper hygiene.
- Personal ID card shall be visibly worn while on duty or in other cases produced when asked for.
- Cleanliness being most important in a Hospital, neat & clean hands and feet are to be maintained. Maintain short and

manicured finger nails to avoid injury to self, patients or co-workers.

- Maintain moderate use of perfumes and aftershave lotions.
- Maintain neat and well trimmed hair.
- Maintain clean, polished and good condition of footwear.
- Formal attire shall be worn by all who do not have prescribed uniforms.
- It is prohibited to wear attire showing the logo or the name of other establishments.

#### **VIII. UNIFORMS:**

The employee should understand the purpose of uniforms assigned to them. Uniform serves as a means of identification of the hospital employees. And the employees should keep it clean and well ironed and should be worn properly and uniformly by everybody and not according to personal styles or with any alterations.

#### **IX. PERSONAL IDENTITY CARDS:**

All employees are given personal identity card which contains employee's name, photo and employee code. Temporary cards, if issued at the time of joining should be replaced within 6 working days from HRD. In case of loss of ID card the employee should inform the HRD and get it replaced after paying due amount for the same. On separation or in the event the card(s) are damaged the employee should return the same to HRD. Whenever reporting for work all staff must carry their cards, or will risk prevention of entry into hospital by security.

## **X. SALARY PAYMENT:**

Employees will be paid their salary before the 5<sup>th</sup> working day of every month. Any dispute in the salary/ pay received should be discussed with the Manager, HRD, and the same will be addressed without undue delay.

## **XI. DEDUCTIONS:**

### **Due statutory deductions/ recoveries viz.:-**

- Employees Provident Fund (EPF) – Applicable to all probationers and permanent employees (for those with salaries less Rs. 15000/-pm) Employee & PES Management contribution 12% each of the monthly Salary.
- Employee State Insurance scheme (ESI) – Applicable only to employees with a salary of less than Rs. 21,000/- pm. Employee contribution 0.75% and PES Management Contribution is 3.25% of salary.
- Labour Welfare Fund (LWF) – Applicable to all probationers and permanent employees. Employee & PES Management contribution at the 30:70 respectively per year.
- Income Tax (TDS) – Varies based on the Annual Salary
- Professional Tax (PT) – Varies based on the employees' salaries.
- GST as per norms

Please note that other deductions, if any applicable/ enforced by the Government may be added to this list of deductions.

## **XII. ATTENDANCE:**

It is the responsibility of every employee to be punctual and present for duty. PES HOSPITAL has established and maintained a work schedule on a fair and consistent basis.

To mark the attendance of employees a Fingerprint based Biometric system of punching is in place to punch their IN time and OUT time. Employees are not allowed to roam around in the hospital during off duty hours.

### **XIII. UNAUTHORIZED ABSENCE:**

When an employee remains absent from work without any prior intimation or no application is given for the same, the same will be treated as unauthorized absence. Continual unauthorized absence is treated as misconduct and will attract disciplinary action viz., loss of pay, withholding the increments etc. Leave balance of an employee will not be sanctioned for unauthorized absence. The unauthorized absence will be treated as a serious lapse on the part of the employee.

### **XIV. SERVICE AGREEMENTS:**

Considering the academic qualification(s), professional aptitude and competencies the management offers employment. In return the Management expects the employees to demonstrate professionalism and sustained efforts in achieving the goal and objectives of the organization. At the inception of the employment the employee is asked to sign an appropriate agreement or accept an appointment signifying the category of his/her employment.

**Trainee:** Candidates who join the organization as Trainees will be under the trainee will be issued a trainee appointment letter giving the terms, conditions and the

period of training. However, the Management has the discretion to discontinue the training at any time. A Trainee cannot claim employment as a matter of right even though the training was completed successfully.

- **Probation:** All candidates who have successfully cleared the interview or have undergone the selection process will join as a “Probationer”. The probation shall be 2 years as the case may be. The probationers will be issued a letter of Appointment with terms and conditions at the time of joining. At the end of the probation, a performance appraisal or interview or both will be carried out to assess the job performance, aptitude, attitude, etc to consider for permanent employment. If the performance of the candidate during the probation period is found not satisfactory his/her services shall be extended for a further period as the case may be or terminated.
- **Permanent:** After the successful completion of the probation period and subsequent appraisals/ interviews management will issue a letter of confirmation to the employee with terms and conditions.

**Contract:** In the event, the management finds that the service of the person is needed for the institution and find it difficult to fit in the above mentioned categories, he/ she may be appointed on Contract or outsourcing.

#### **XV. BREACH OF AGREEMENT:**

Where in case of any breach of agreement by an employee, the hospital shall initiate legal proceedings against the concerned employee and make good the loss for the breach he has committed.

## **XVI. CONFIDENTIALITY:**

The employees shall not divulge any information, which will prejudice the interests of the establishment. No employee is to engage in any other work or employment(s) while he/she continue to serve as an employee at PES Hospital

## **XVII. CHANGE IN PERSONAL DETAILS:**

In case of any change in the personal details of the employee, he/she should inform the change to HRD. The responsibility is vested with the employee to update all necessary changes in their personal file.

## **27. PERFORMANCE APPRAISAL SYSTEM:**

Management will be conducting a performance appraisal on all the employees every year (March - April of every year) in order to evaluate the job performance of the employee. The purpose of the Appraisal system is to identify the lapses of the employee and to give appropriate training to improve the overall performance of the employee or to utilise the employees' skills/ knowledge for the overall improvement of the teams' performance. Job appraisal provides the basis for future promotions/increments identifies the strength and weakness of the employee and places him/ her accordingly.

## **28. WORKING DAYS, HOURS, ATTENDANCE**

### **28-01: WORKING HOURS, DAYS**

#### **I. WORKING HOURS:**

- a) Working hours will vary in different departments and areas throughout the Hospital. Since the hospital functions 24 hours of the day and on seven days a week, employees may be required to work regular hours, day or

night shifts. Besides, an employee may be required to work beyond his working hours if the exigencies of work so demand and such instructions shall be complied with.

- b) All employees shall be required to attend to emergencies or other urgent duties outside their regular hours of work including Sundays and Holidays if required. They shall not be entitled to any extra remuneration for such work except to compensatory time off which shall be sanctioned by the Chief Operating Officer depending upon exigencies of work of the Hospital.
- c) At any given time during their duty, entry into the Hospital staff shall wear/carry their ID card/Badges. Any staff without badges will not be permitted to enter the Hospital by security.
- d) At any given their duty entry into it hospitals staff shall wear / carry their ID card / Badges. Any staff without badges will not be permitted to enter the hospitals.
- e) An employee on shift duty shall leave his place of duty only after he is relieved by the respective employee on the next day/shift and after reporting to his Departmental Head. On being relieved, he shall communicate to the employee coming on duty any special instructions with regard to the patient and work in respective of Ward/Section/Department, which are necessary for smooth continuation of work and well being of the patients.

## **II. SUBSTITUTED WORKING DAYS**

If an employee fails to report for duties on any of the working days due to reasons like bundh, bus strikes etc., the employee will be marked absent for the same day. However, employees

staying far away from the hospital will stand exceptional.

**28-02: PENALTY FOR ABSENCE WITHOUT LEAVE OR PROPER CAUSE.**

If any employee acting individually or in concert with any others and without reasonable cause absents himself from work or not being present at the work spot and refuses to work, he and others doing so shall be liable to a deduction from the salary an amount equal to remuneration for the period of absence.

**28-03: PERSONAL PROPERTY:**

The management shall not be responsible in any way for any loss or damage to any personal property brought to the hospital by the employee.

**28-04: ATTENDANCE, ABSENCE FROM WORK, UNAUTHORISED PRESENCE.**

- a) Every employee shall report for work at the assigned place of work and at the notified time for the commencement of his duty. Any employee failing to report to record his attendance as above is liable to be marked absent. An employee who is found absent from his place of work during the working hours without permission of the person in-charge of the Department/Section shall be liable to be treated as absent for the period he is away from his place of work and will not be entitled to any salary for the period of absence. In addition, he will be liable for disciplinary action.
- b) **LATE COMING:** If any employee reports late for duty either at the commencement of his working hours or after recess, there will be proportionate deduction from his salary.

- c) Employee shall not entertain any visitor while on duty at his place of work without the required permission of the Department in charge.
- d) Employee shall not loiter around in the Hospital or enter another Department of the Hospital without the permission of the respective Departments' Head. If he has to visit the Hospital/OPD or Casualty for treatment, or to see a patient in the ward, outside his duty hours the Rules for Visitors of the hospital have to be followed by him.
- e) Employee when off duty shall not be allowed to enter his or any other Department without permission of the Head of the Department concerned.
- f) An employee who has been granted leave, laid off, suspended, discharged, dismissed or has resigned or is not working for any reason, shall leave the Hospital premises forthwith unless required to stay back by the Management. Employees suspended, discharged, dismissed or who have resigned shall not enter the Hospital premises without permission from the competent authority.

#### **28-05: SALARY ALLOWANCES & INCENTIVES**

The Basic Pay and D.A. together of an employee constitute 60% of his Gross Salary and 40% of his Gross Pay constitute H.R.A. and Conveyance Allowance. In specific cases Management may decide salary and perks at its discretion.

#### **28-06: WAGE MONTH; PAY DAY & MODE OF PAYMENT OF SALARY**

1. **Wage Month:** For the purpose of payment of salary/wages, a month will be calculated as From 1st to the last day of the month.
2. **Pay Day:** Payment of wages/salary to all employees will be

made on or before 10th of the following month.

- 3. Mode of Payment:** Salary/wages of employees are paid in cash/directly credited to the bank account of the employees. All payments for the doctors will be made by account payee Cheque/credited to their bank account only.

#### **28-07: FINAL SETTLEMENT OF ACCOUNTS**

1. When an employee's service is terminated/resigned for any reason whatsoever, final settlement of his accounts will be made promptly with due regard to statutory special obligations.
2. The first step towards final settlement of accounts of any person who has ceased to be an employee is to obtain No Due information by the HR Dept. from the concerned departments.
3. The heads of the concerned depts. should indicate whether there are any dues from the employee to his dept.
4. On receipt of the No Dues information from all the depts., the Final Pay statement is prepared by HRD and sent to the Accounts Dept. for payment.

#### **28-08: LEAVE AVAILMENT:**

- Can avail EL and CL if such leaves available in his/ her leave balance on the discretion of the Management.
- CL Leaves cannot be encashed
- Any compensatory off shall not be adjusted during the notice period.
- Compensatory off cannot be encashed.
- Compensatory of should be availed during the same month. On exigencies may be allowed to take subsequently at the

discretion of the Management.

- the resignation letter to Principal/MS/AMD

#### **28-09: COMPANY ASSETS OR PROPERTIES:-**

- All the department files and documents are to be properly handed over to the Reporting Authority of the concerned department.
- SIM card, Uniform(s), ID Card, Keys of the Drawer/ Locker and Visiting Cards (if any) are to be returned back to the HR departments and the No Dues Forms are to be signed by all the department Heads/ In-Charges and finally should get signature of the Principal/Medical Superintendent.

#### **28-10: OTHER DEDUCTIONS:**

- If any Repair is required on the asset returned by the employee, then cost of such Repair work balance of Advance taken by the employee.
- If housing facilities are provided to the employees and any damage caused shall be deducted.
- Any other dues payable to the Institutions.

#### **28-11: PROCEDURE FOR SEPARATIONS**

- Employees who wish to resign from the services of the hospital/Institution are required to give proper notice of one month or three months- it varies depend on the position as case may be as case may be for admin staff it is three months.
- The resignation letter should be addressed to the Principal/ MS and then forwarded to the HR Department.

- The HRD has to check whether proper notice is being given. If not, on emergency situation if an individual wishes to relieve on 24 hrs notice or he/ she has to bear one month salary as penalty.
- During the notice period the employee cannot take leaves more than three days for Doctors and one day for Non teaching staff (Upon exigency can avail leave on the approval of the Management)
- If the Leaving employee is eligible for any Reimbursements then he/she must submit all the bills and necessary documents to the Finance Department before settling his/her account.
- If there is any Tax Liability, supporting documentary proofs has to submit to the Finance Department otherwise it will be deemed that there are no investments/documents and TDS will be calculated and deducted accordingly.
- The full and final payment will be processed by the HR department only after getting the approved No Dues form finally signed by the competent authority.
- The exit interview form is to be filled by the leaving employee before releasing the payment.
- The full and final payment will be made either by cheque or Bank deposit only and the employees have to sign the documents related to the full and final payment

## **29: LEAVE AND HOLIDAY**

### **29-01: LEAVE RULES**

#### **INTRODUCTION & SCOPE:**

Leave may be treated as a benefit extended by the management to the employees to be availed in terms of

need as per the policies of the organization and the statutes in force. The same may be used judiciously by the employees subject to the exigencies of work. This policy governs the routine guidelines applicable to all employees regarding their absence from the place of work.

### **29-02: TYPES OF LEAVES**

1. Casual Leave.
2. Earned/Privilege Leave
3. Maternity Leave.
4. ESI/Sick Leave
5. Compensatory Off / Leave.
6. Festival Holidays
7. National Holiday
8. Loss of Pay Leave.
9. Restricted Leave(As applicable)

### **29-03: ELIGIBILITY CRITERIA**

	<b>CL</b>	<b>EL</b>	<b>RH</b>	<b>FH</b>	<b>SCL</b>
Professors & Assoc. Prof	15	30	02	11	12
Assistant Professors	12	30	02	11	4
Non-Teaching staff	12	15	NIL	11	NIL
Probationary Employees	12	NIL	NIL	11	NIL
Trainees	-	-	-	11	-

## **29-04: EARNED LEAVE (EL)**

### **Eligibility:**

- After successful completion of one year of service, the staffs will get EL at one day for 20 working days and shall be credited on the 1st January of every year.(Non Teaching)
- For the employees joining in the middle of the year, earned leave will be pro-rated from the date of joining to December 31 of the next calendar year(Non Teaching)
- For Teaching staff 15 days shall be credited on 1st of January and 15 days on 1st of July

### **Entitlement:**

- EL cannot be combined with CL, Weekly Offs and National/ Festival Holidays
- Only EL in credit can be availed.

### **Accumulation:**

- Earned Leaves can be accumulated up to 180 days and excess leave shall be encash otherwise lapsed.

### **Encashment:**

- For encashment of EL the employee who have completed continues of minimum 3 years of service are eligible, maximum 30 days of EL can be encashed at a time.

## **29-05: CASUAL LEAVE (CL)**

### **Eligibility:**

- All the staff of the hospital are eligible for 12 days casual leave per calendar year.
- Casual Leave shall be credited to the employees account on month basis in calendar year. New employees are

eligible to use Casual Leave only after successful completion of observation of services in hospital.

- Since we are healthcare providers allowance of accumulation of CL can jeopardize the patient care. So CL may be exhausted every month which should be scheduled in the duty roster.

### **Accumulation:**

- CL cannot be accumulated
- If anybody volunteers to work on their CL scheduled in their duty roster the same will get lapsed even though that leave is not enjoyed by the staff. At the same if they are asked to work on the scheduled CL by the HOD/ In-Charge/ Management, then they are eligible for a Compensatory leave on another day which has to be availed in next 30 days or else it will be lapsed.

### **Encashment**

- No encashment of CL

## **29-06: WEEKLY OFF:**

### **1 Eligibility**

- Everyone will be given four offs in a month and it varies for the staffs having fixed weekly off. Though the staffs can avail fixed off it is the discretion of the Management to decide on their option of having a specific day as off.
- For the new joinees no of weekly off days will be calculated based on the date of joining for that month

### **Entitlement:**

- If the weekly off falls on a National Holiday / Festival Holiday than that will be considered as National Holidays

/ Festival Holidays separate or additional weekly off cannot be availed.

- Kindly be noted that the weekly offs will be taken into account only when the staffs adhere to the following:

<b>Working Days</b>	<b>Eligible Weekly Off(s)</b>
For 6 days	1 off
For 12 days	2 offs
For 18 days	3 offs
For 23 days	4 offs

- If the working days are less than the above specified days then the number of offs will be reduced proportionately.
- Weekly off can be accumulated and be taken at a stretch at the concurrence of the In-Charge which should be scheduled in the duty roster.

### **29-07: MATERNITY LEAVE**

Grant of maternity leave will be governed by the provisions of the Maternity Benefit Act and subsequent Amendments.

### **29-08: COMPENSATORY OFF**

An employee who works on any declared holiday or weekly off as per the duty roster, due to the exigencies of work and the directions of the head of the department, will be entitled to compensatory off for the corresponding number of days so worked, without claim for any overtime wages. The same shall be availed normally within one week from the date of such entitlement. However, the period may be extended depending

on exigencies of work with the written permission of MD/AMD/Principal/Medical Superintendent/GM-HRD/HOD. Compensatory off will not be accumulated unnecessarily and availed together resulting in long absences from duty.

#### **29-09: LOSS OF PAY LEAVE**

Leave may be availed on loss of pay basis only in unavoidable and exceptional circumstances with prior approval of the department head and the sanction of Human Resources Department. Loss of pay leave will not be considered as a matter of right by the employee and will be granted on a case to case basis only.

#### **29-10: PROCEDURE FOR APPLYING LEAVE**

An employee who wishes to apply for leave should make a written application in the prescribed leave form. On authorization by the department head, the application is forwarded to the Human Resources Department for sanction. The HR Department reserves the right to cancel any leave application depending on the exigencies of work and other related aspects. In case the employee is not in a position to apply leave in advance he shall intimate his leave to the department head concerned over phone / fax/email before the beginning of the shift without fail, who will inform the HR Department accordingly. The employee has to regularize the leave in writing within 24 hours of rejoining for duty, failing which the same will be treated as absence from duty and appropriate disciplinary action initiated. An employee who is on sanctioned leave and wishes to extend the same will intimate the same to the department head concerned in writing at least two days in advance, who will in turn forward the same to the HR Department with due recommendation. The HR Department

will inform the employee as to the outcome of the application. An employee who has overstayed his leave without permission will be allowed to rejoin duty only after the management is satisfied with the reasons in writing for such misconduct and appropriate disciplinary action will be initiated, if not satisfied.

An employee who is absent without proper leave sanction, will be treated as self abandoned the services of the organization and his name will be struck off from the muster rolls.

### **29-11: DISCRETION OF THE BOARD:**

The Board of Governors reserves the right to amend the provisions of the Leave Policy as warranted by situational factors from time to time. Also the Board may grant paid Special Leave to any employee if the reasons for the same are genuine and justified.

### **29-12: FESTIVAL HOLIDAYS**

As per the statute an employee will be eligible to avail 11 Festival Holidays in a calendar year as and when the holidays occur.

<b>S.No</b>	<b>Holidays</b>	<b>Type of Holiday</b>
1	Pongal	Festival Holiday
2	Republic Day	National Holiday
3	Ugadi	Festival Holiday
4	May Day	National Holiday
5	Ramzan	Festival Holiday
6	Independence Day	National Holiday
7	Vinayaka Chavithi	Festival Holiday
8	Gandhi Jayanthi	National Holiday
9	Vijayadasami	Festival Holiday
10	Deepavali	Festival Holiday
11	Christmas	Festival Holiday

Employees working on National holidays or Festival Holidays will be given Compensatory Off for that day worked.

### **29-13 : AS PART OF NABH STANDARDS**

HRM- 3 the staff have to attend ongoing in house trainings. These are mandatory for all concerned to attend. Some times staff may be sent outsidess for training for professional development. In cases who the management has sponsored the candidates, the candidates will give an undertaking working with the organization for the next one year at least.

## **30. GRIEVANCE REDRESSAL**

### **I. PROCEDURE**

- If an employee has grievance the primary step is to approach his/ her immediate supervisor to discuss about the problems encountered. This oral grievance will be written in the oral grievance register which is maintained in the HR Department. Then the HR will take steps to resolve the oral complaint.
- The employee can approach the Head of the Department if he/ she is not satisfied with the decision or the supervisor (2 days) fails to redress the problem. The head (7 days) will analyze the problem and attempt to redress the problem.
- If an aggrieved employee is unsatisfied with the decision of the Head he/she can appeal to the HR Department by filling the grievance form. The HR Department will attempt to redress the complaint within 14 days from failing which the grievance will be taken to the notice of Management which in turn redressed within 30 days

- A formal grievance procedure can be in the form of filling up relevant grievance forms or by presenting a written complaint. Following this, relevant steps will be taken by the Human Resource Department towards situation resolution. Human Resource Department will record a written statement of both the aggrieved employee and the involved individual. Mediation is offered to employees to help them reach a workable resolution to a particular situation, allowing employees the opportunity to discuss issues and clear up misunderstandings, determine fundamental causes of concern and find areas of agreement followed by formalizing a resolution in a written agreement.

Any subsequent violation of the resolution agreement will be viewed in a strict light by the management and will be followed by consequences that can range from a oral warning, three written warnings, suspension, dismissal/ termination from employment.

## **II: MANAGEMENT GRIEVANCES AGAINST AN EMPLOYEE(S)**

Sometimes the Management or Head of Department has grievance on an employee or employees. In that case the Head will call an employee(s) and will orally intimate the problem to bring in to the notice of the employee.

Employees are expected to be present at work both physically and mentally and ensure that their output is at an optimum level. Being distracted with matters especially ones not relevant to their work or tasks, is highly discouraged. If an employee(s) fail to maintain proper discipline at work like smoking and consuming alcohol while on duty, gambling inside the hospital premises, fighting with peers, subordinates and supervisors which directly cause disturbance to the customers.

The Management cannot compromise on patient care and so will take serious action without due consideration and the employee(s) will have to face strict consequences.

For mild grievances like sleeping while on duty, using mobile phones on duty, not present in allotted workplace, the Head of Department will call the employee to explain the complaint against him/ her and give oral warning to change bad behavior. The employee will be asked to give an explanation orally or in written format with a specified time frame. If the employee continues following the same behavior, he/ she will be given another oral warning. Based on the intensity of bad behavior, he/she will be issued a written warning and expected to give explanation. A written explanation can/will be sought by the Human Resource Department and a maximum of three written warnings/complaints lodged against the employee following which, the employee may face suspension/ termination from employment without verbal/ written notice.

### **III. LIST OF GRIEVANCES**

- Denial of Promotion, Increment though eligible
- Working Hours (forced overtime)
- Over work load
- Not adhering to hospital policy
- Lack of in service training
- Salary not provided as per law and not in proper time
- Disciplinary action
- Fines
- Refusal of leave for genuine reason
- Medical Benefits

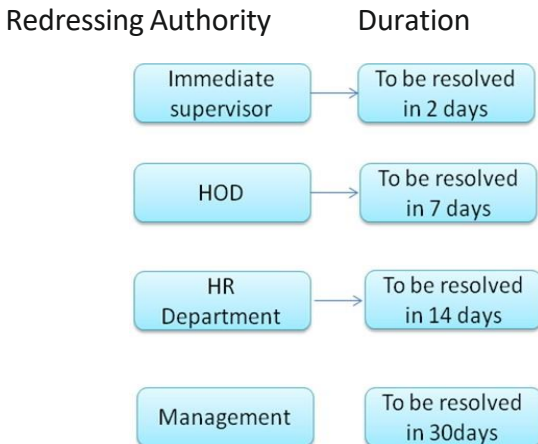
- Nature of job
- Recovery of dues
- Safety appliances
- Suppression
- Forced Transfer
- Victimization and
- Condition of work
- Sexual Harassment

**IV. GRIEVANCE REDRESSAL AUTHORITY**

Stage –I at Immediate Superior level	- within 2 days
Stage –II at HOD level	- within 7 days
Stage – III at HR Level	- within 14 days
Stage – IV at Management Level	- within 30 days

Grievance at Top Management levels will be redressed by the Board of Directors.

**V. STAGES IN GRIEVANCE HANDLING:**



## **31. DISCIPLINARY PROCEDURE:**

### **I. MISCONDUCT:**

Any act or omission on the part of an employee which is a breach of any duty, obligation or assignment arising under or flowing from any law or contract of employment or service rules or standing orders, settlements or awards or improper conduct or wrongful behavior is a misconduct.

### **II. Misconduct can be classified as:**

- Minor Misconduct
- Major Misconduct

### **III. MINOR MISCONDUCT:**

- Not wearing ID card
- Sleeping while on duty
- Late coming, Unauthorized absence
- Willful slowing down in performance in work
- Not present in allocated work spot while on duty
- Loitering, gossiping in department during working hours
- Breaching of groomed standards (Failure to wear specified uniform or shabbily dressed)
- Negligence of duties or neglect of work
- Engaging in trade within the premises of establishment
- Carrying on money lending or any other private business, lending or borrowing money to or from subordinate or superior employees
- Entering or leaving the premises of the establishment except

by the assigned gate(s)

- Behaving, acting, talking in an abusive manner
- Consuming food in unauthorized areas

When the above said misconducts are repeated it shall be considered as Major misconduct.

#### **IV. MAJOR MISCONDUCT:**

- Giving wrong information about self and producing fake certificates
- Theft, fraud or dishonesty
- Taking or giving bribes or any illegal gratification.
- Willful insubordination or disobedience of any lawful and reasonable order of a superior.
- Going on legal strike or abetting, inciting, instigation
- Assaulting or fighting inside the premises
- Receiving undeclared moneys or gifts from customers
- Habitual absenteeism or over staying the sanctioned leave without sufficient grounds
- Habitual breach of any standing order or any law applicable to the organization
- Consuming alcohol, tobacco, beetle leaves and supari inside the premises
- Causing damage to the organization properties
- Unwanted gathering and conducting meetings without prior permission
- Disclosing confidential information to any unauthorized person or competitor organization
- Gambling within the premises of establishment

- Smoking or spitting on the premises of the establishment, where it is prohibited
- Possessing of unauthorized drugs and weapon in the premises
- Carelessness and failure to conserve safety regulations and hygiene rules

## **V. FILING MISCONDUCT**

Petitioner will report to the Superior regarding the misconduct committed by the delinquent. The superior will in turn intimate to the HR Department. After receiving the complaint the HR Department will conduct preliminary enquiry with the delinquent along with the petitioner in an informal nature.

## **VI. PENALTIES AND PUNISHMENT OF MISCONDUCT:**

An employee found guilty of committing any misconduct is liable to face consequences, penalties, punishments ranging from mild to severe, depending on the violation of proper conduct and at the discretion of the management.

## **VII. PENALTIES FOR MINOR MISCONDUCTS ARE:**

- Warning (Oral or Written)
- Fine
- Passing adverse entry in service records
- Recovery of any amount for loss of goods
- Cancelling of increment/ other benefits

## **VIII. PUNISHMENTS FOR MAJOR MISCONDUCT ARE:**

- Stopping of promotion
- Demotion

- Suspension
- Discharge/ Dismissal any other punishment which the management may deem fit.

#### **IX. STEPS IN DISCIPLINARY PUNISHMENT:**

- Oral Warning
- Formal Written Warning
- Final Written Warning
- Suspension
- Dismissal

#### **X. SUSPENSION:**

- While alleged gross misconduct is being investigated, if establishes the misconduct employee may be suspended. During suspension period he will be paid 50% at his or her normal rate of pay. He will be entitled to submit written explanation/ reasons for the suspension within 3 working days of being suspended.
- Any employee from any classification who is adjudged by the Management on examination, as guilty of misconduct, is liable to be summarily dismissed after his / her charges are proven by the enquire commission/enquiry officer (Management, HRD and Department Heads)

#### **XI. APPEALS**

If an employee wishes to appeal against any disciplinary decision, he will be given a chance to tell his/her side against the charges in writing to the departmental head at first level.

Such appeals shall be submitted within 30 days from the date of disciplinary decision.

- First level – Departmental HOD
- Second Level – Principal/Medical Superintendent
- Third/Final level – MD/AMD

On hearing the appeal first level of authority will dispose of appeal within seven days. At second level appeal will be disposed by giving reasons accept/reject within ten days. At the third level the appeal will be disposed of within one month. The decision of the third level authority shall be final.

### **32. CHAPTERS IN NABH**

- I. Access assessment continuity of care (AAC)
- II. Care of patients (COP)
- III. Management of medication (MOM)
- IV. Patient rights and education (PRE)
- V. Hospital infection control (HIC)
- VI. Continuous quality improvement (CQI)
- VII. Responsibilities of management (ROM)
- VIII. Facility management and safety (FMS)
- IX. Human resource management (HRM)
- X. Information management system (IMS)

### 33. FREQUENTLY CALLED NUMBERS

Medical Superintendent	<b>2120, 9100064475</b>
Assistant Medical Superintendents	<b>8618746417, 9884760082 9100439253</b>
Ambulance Services	<b>18004259066</b>
Blood Bank	<b>2133,9391833741</b>
Canteen	<b>2111, 3324,3315 9573272233</b>
Cash counter/ Billing section	<b>2103</b>
Cashless Services	<b>3308,9390191611</b>
Central Pharmacy	<b>3309,9701342714</b>
Emergency Medicine	<b>2109, 9391833745</b>
Emergency reception	<b>2110,9701342718</b>
Female Reception	<b>2100</b>
Fire	<b>2110,2288</b>
Housekeeping	<b>3333,9701342711</b>
HRD	<b>2148,9701342724</b>
ICU	<b>2160,9391833746</b>
Chief Infection Control Officer	<b>9343979903</b>

IP Registration	<b>2272</b>
Male Reception	<b>2101</b>
Medical Superintendent	<b>2120</b>
Nursing	<b>3334, 9100773470</b>
Police Constable (Mr.Zilani)	<b>9491913957</b>
Public Relation	<b>2108, 9701342710</b>
Quality Management Services Head QMS	<b>3305/9959011615</b>
Committee Against Sexual Harassment (CASH) Dr.L.Mohana Rupa/ Dr.Sangeetha	<b>9884760082//9959011615</b>
Security	<b>2288,9701342723</b>
Speciality Hospital Reception	<b>5000</b>
Hospital Administrator	<b>5006, 9100773473</b>
GM Operations	<b>9000821259</b>
Facility Officer	<b>7093900314</b>

**For any queries and details related to the contents in this book, contact HRD, PESIMSR, Kuppam-517425, A.P.**

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## Vision

To emerge as the preferred healthcare provider in the tristate region through quality, safety and reliability.

## Mission

To provide, affordable, scientific, ethical and high-quality, tertiary health care services to all.

To assist the medical and nursing colleges with their educational and research goals.

## Quality Policy

To provide optimal, timely and cost-efficient care to all our patients through continuous quality improvement.

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