"Organization of Patient Care in the Ward"

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"THE PATIENT is the centre of the Medical Universe, around which all our works revolve and towards which all our efforts tend." This quotation by John B. Murphy holds good for years to come and everywhere there is a trend how well the patient care can be improved and with all scientific improvements it is really astonishing to see that the patient care has improved a lot when compared to olden days. Any hospital is measured in terms of patient care, efficiency and service. To achieve this it is the responsibility of all who have anything whatsoever to do with care of the patient to make every effort to ensure that all patients receive the best possible care with minimum delay with the utmost of skill and efficiency and with the greatest of personal consideration and tenderness.

The two important categories of personnel who involve directly with patient care are doctors and nurses who in turn require the collaboration, assistance and service of many other professional and non-professional personnel of various departments such as administratory, dietary, pharmacy. C.S.S.D., Medical Records, Workshop, X-ray and other laboratory investigation. Because of this extensive division of labour and accompanying specialization of work, practically every person working in the hospital depends upon some persons or other for bringing out effective patient care. Consequently the hospital has developed a rather intricate and elaborate system of internal co-ordination. It is also interesting and important to note that unlike industrial and other large scale organizations, the hospital patient care relies very heavily on the skills, motivations and behaviours of its members for the attainment and maintenance of adequate co-ordination.

The flow of work is too variable and irregular to permit co-ordination through mechanical standardisation. The product of the organisation-patient care—is itself individualized rather than uniform or invariant. Because the work is neither mechanized nor uniform or standardized, and because it cannot be planned in advance with the automatic precision of an assembly line, the organization must depend a good deal upon its various members to make the day to day adjustments which the situation may demand, but which cannot possibly be completely detailed or prescribed by formal organizational rules and regulations. This is all the more essential, moreover, if one takes into account the fact that the patient who is the centre of all activity in the hospital, is a transient rather than a stable element in the system. So the hospital is a human rather than a machine system. The patient is not a chunk of raw material that passively goes through an ordered progression of machines and assembly line operators.

Nursing service provides safe, effective and well planned nursing care for patients and as a result of the development of nursing as a science, it has become a highly complex function that demands much training and skill. This department has constant with patients and naturally it requires the co-ordination of all other services for best patient care. Control and co-ordination will be possible only when there is proper organizational structure and adequate supervision. Activities to be performed and personnel needed must be grouped in such a way as to achieve smooth functioning. Lines of authority should be clearly marked and above all everyone should know for what, to whom and for whom the nurse is responsible. The best way to achieve this is through construction of an organization chart. All of the activities involved in the personnel administration of the hospital as a whole and particularly in ward are duplicated to a considerable extent in the department of nursing and therefore it is advisable that each category of nursing personnel should have job description and manuals of procedures and standards should be developed and departmental policies consistent with those of the entire hospital should be determined. In good personnel administration the two most important factors are adequate In-service training and effective supervision.

Since one of the objectives of good nursing service is to provide nursing care economically and safely to utilize each worker at her maximum degree of skill, it is important that provision be made for In-service training for all categories of personnel. An In-service training programme for all employees should serve three purposes :

1. Introduction of the new worker to the hospital and the department which she/he is assigned.
2. On the job training for specific activities she/he has to perform at any given time.
3. Continuing development for improved services and for greater responsibility according to the worker's interests and potentialities.

Supervision deals with those functions which are designed to help personnel perform the assigned tasks in such a way that the combined efforts of all achieve the purposes and standards of the organization. Obviously, the functions of supervision are found at all levels of managements. They do not change except in degree and in the proportion of time which is spent in performing them.

The following factors are to be considered for better patient care and smooth functioning of Nursing Department.

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(1) Adequacy of material facilities ; (2) Financial consideration ; (3) Size related to features of hospital; (4) Composition and distribution of therapeutic staff ; (5) Absenteeism and turn over among nursing personnel ; (6) Organizational Co-ordination ; (7) Intra-Organizational strain ; (8) Hospital Committee and (9) The performance of para-medical departments.

RECORDS IN THE WARDS

Records and reports are an important means of controlling the nursing service. The ward sister is usually responsible for the following types of records :

1. Records relating to the care and treatment of patients.

(a) Admission record ; (b) Discharge summary ; (c) History and physical examination ; (d) Labour record ; (e) Consultation record ; (f) Laboratory and X-ray master sheet ; (g) Anaesthesia record ; (h) Operation record ; (i) Progress record ; (j) Doctor's order ; (k) Nurses record ; (l) In-take and Out-put record ; (m) T.P.R. chart ; (n) Admission and discharge order etc.

2. Maintenance of stock books.

(a) Drugs ; (b) Tablets ; (c) Injections ; (d) Linen ; (e) Diet ; (f) Stationeries ; (g) Instruments ; (h) Furniture ; (i) Crockeries and glasswares etc.

3. Hospital Administrative Records.

(a) Census report (Admission and Discharge Register) ; (b) Paying wards records ; (c) Permission for surgical operation ; (d) Notification of seriously ill patients ; (e) Emergency Operations ; (f) Deaths and discharges ; (g) Medico-legal cases.

4. Ward Maintenance Register.

(a) Ward Maintenance ; (b) Sanitary ; (c) Pantry ; (d) Equipments etc.

5. Attendance Registers of working staff in the ward.

6. Nurses treatment register (day and night report of the condition of patient.)

1. **Records relating to the care and treatment of patients.** From the time, a patient is admitted into the ward and till the case papers are handed over to census clerk after discharge of the patient the sister-in-charge of the ward will hold full responsibility for the safe custody of the case papers. She is also responsible for seeing to it that the previleged nature of the medical record is guarded. She must make certain that no one has access to the medical records during hospitalization of patient, except persons concerned with the patient care. She must likewise see to it that all medical records of patients are kept in a designated place in the ward, that they are not removed except when a patient is taken to another department for treatment, examination, or study, that no sheets are removed for any reason and that all laboratory, X-ray and other reports coming to the wards are at once attached to proper medical record. The sister should ensure for the completion of records day to day and especially the bed-side nurses record should be recorded as and when the treatment is rendered. Regarding bed side nurses record in most hospitals the value is not felt and moreover even if they maintain, it is not upto the standard and it neither reveals any information about patient care nor does it become part and parcel of the patient's record. As a matter of fact it should give a vivid picture of observation, treatment and services rendered by them to patient in the absence of the physician and thus serving as a means of communication between the doctor and the nurse as the nurses change shifts and do not always see the doctor. The nurses record serves 4 major purposes.

(*a*) **As a record of the patient's condition during the physician's absence.** It is a record of pertinent facts supplied by the nurses and gives the physician a clear perspective of his Patient's progress during his absence from the hospital. The entire plan of treatment may depend upon the information recorded. It is not an over statement to say that accurate results of treatment cannot be determined without correct and complete nurses' notes. With the help of intelligently recorded bed-side notes, the physician should be able to watch his patient's progress even though he visits the hospital but once a day.

(*b*) **As a time saver for the physician and an eliminator of errors.** If no written record of the patient's hour-to-hour progress were available each person attending the patient would have to be told individually the details of the case. Thus, not only much time would be lost, but more unfortunately, such verbal instructions would tend to inaccuracies which might result in errors in medication or other treatment.

(*c*) **As proof of work done.** It is essential for the nurse to record work done as instructed by the physician so that he may note the results and determine the future course of treatment. If used as evidence in a legal case, the nurses notes would serve as protection for her and the physician.

(*d*) **To complete the medical record.** Nurse's notes serve also to round out and complete the information in the medical record. After being filed following discharge of the patient, they may be used for group studies, for reference in the interest of the patient in subsequent illness and for similar purposes. They are lacking in usefulness if they do not give a complete day-to day report of progress.

Similarly other two important records pertaining to nursing section are the T.P.R. and Intake and Output records which are essential for better patient care.

2. **Maintenance of stock books.** The maintenance of stock books for drugs, tablets, injections, linen, diet, furniture, equipments etc. have become essential from the administrative point of view as well as a better management of patient care in the wards.

3. **Hospital Administrative Records** which includes census report, paying wards to the account section for settlement of bills and intimation regarding patient's condition to the hospital authorities for onward transmission to relatives or police officials in case of Medico-legal case have become a part of nursing duty as they deal directly with the patients all the times.

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Patient Case *(Contd. from page 294)*

4. **Ward Maintenance Register.** This is being maintained by the sister-in-charge for various repairs which have to be undertaken with the help of workshop and other departments for smooth functioning of the ward.

5. **Attendance Register.** This is essential for posting staff in the ward and for giving off and for administrative use.

6. **Nurses Treatment Register.** This register includes day and night report where special instructions regarding treatment to patients are noted to serve as a guide for doing duty.

Besides these major functions performed by the nursing sister in the ward there are various types of minor works which she attends from time to time either by supervising or by direct contact which are not mentioned as it is not possible to pinpoint them as these works differ daily. After reviewing all the works done by the sister in the ward, it is found that increasingly nurses are being drawn into a variety of tasks many of which have little or no direct or immediate connection with care of patients. Out of 8 hours of duty the ward sister spends 6 hours on administrative and supervisory works whereas the staff nurses spend 5 to 6 hours on patient care and 2 to 3 hours on administrative and supervising work. As someone has said : *"the present functions of a nurse is not to nurse the patient but to see that he is nursed"*.

While summing up all the factors involved in the functioning of the ward by the nursing sisters for better patient care is it necessary that the nursing sister should look after all those diverse duties besides treating patients ? This is a problem which the nursing department faces everywhere and is there any solution to redress the work load so as to allow them to nurse the patient better ? But at the same time it should be borne in mind that the above work cannot completely be removed as too many persons cannot be made responsible for day-to-day care of the patient.

Since all the hospitals are not same and even differ from one hospital to another, for example teaching, non-teaching, general, special, government and private etc. and even within the hospitals the type of work and work load differs very much like paediatrics, medicine, Surgery, Obstetrics etc. Keeping all these points in view the following suggestions can be made to improve in organizing the patient care in the wards.

1, By training Auxiliary Nurses to suit the type of hospitals by giving special course to assist the sister in the wards and thereby reducing the work load.

2. By providing ward clerks or ward nursing assistants, ward secretary, or house keepers to work under supervision of ward sisters and should work on par with the nursing staff.

3. Para-medical departments like Pharmacy, Dietary, Linen, C.S.S.D., Laundry, Medical Records, Laboratories, X-ray Department etc. should take the recording work from the nursing staff by maintaining the ward registers by the individual department.

4. By increasing nursing staff according to type of hospital/ward and bed strength if the work of the ward is to be done only by nursing staff.

5. Administration should see that doctors, technicians and other staff on duty should be available at a moment's notice in times of emergency calls.

6. Doctors and nurses are expected to see that the para-medical and non-medical departments function effectively and work on par with the nursing staff round the clock, throughout the year.

7. Administration should see that supply of minor items which are essential for day to day work should be provided without delay for efficient functioning.

While putting forth the above suggestions, the Nursing Council Indian can take up the study and try to find out some suitable methods to reduce the work load and increase the quality of the patient care.

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