

Post Employability Skill Consciousness of Safety and Security for Overall Well-Being in Protected & Tenable Environment with Special Reference to Healthcare Sectors- ‘A Pro Experience Economy Study for Multi-Specialty Hospital on Awareness of Safety and security’

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Abstract

Post employability awareness and skill development of safety & security is an earned aptitude with copious enthusiasm at the workstation. Exhibiting skills during the day to day operations with combination and permutation of hard and soft skills can be easily defined as performing uninterrupted employability. Edification of skills elates the performance of an employee in safety and security arena. The ongoing research is an extending a step further to outstanding study and practices suggested by National Accreditation Board for Hospitals & Healthcare Providers (NABH), on safety and security aspects. By considering major recommendations, present cram wholly focuses on four important dimensions of skills such as safety and security, post employability skills, fire safety, and service standards. The worldwide trade body NASSCOM strongly recommends that employability skills are the key element to conquer and uphold the advanced aspirations of the ever-changing corporate world. The gentle blend of the service standards and service excellence can be a way out to answer the umpteen questions pertaining to experience economies in health care sectors i.e. for Multi-Specialty Hospitals intended for signs of Hospitality.

Keywords: Post Employability Skills, Safety and Security, Health Care, Experience Economy, Service Standards and Service Experiences.

Introduction^[18]

Experience Economy has gone forth a solid impact on service industries like hospitals and healthcare suppliers. Patients are now treated and termed as guests at corporate hospitals ailment treating has been keyed out and coined as personal wellbeing. In addition to enriching experiences of patients as guest terms called service standards and service experiences are put together in the hospitality industry. Experience

economy now leads to new dimensions called post employability skills development among employers and employees to perform new demand vs. supply chains.

Attaining proactive environment of emotional safety by Incorporation of safety & security norms encompasses secured feeling for all the patient guests who suffer during healing period of hospitalisation. Post-discharge experiences of patients express the quality of stay within a safe and secure environment for oneself and caretakers. Latest innovative technological incorporation in hospital safety and security gives special privilege to charge premium costs for services rendered. The Ego of subconscious emotional intelligence can be satisfied only by implementing Servicescape.

Post Employability Skills can be defined as the transferable skills developed by an individual during employment to sustain jobs and perform their daily responsibilities in the workplace. In addition protrusion of good technical expertise and subject knowledge of employees often helps to elevate the journey towards career advancement. Thus post employability skills are those skills necessary for nourishing and being successful in a profession. A post employability skill helps to identify and acculturate job-specific skills that permit an employee for sustaining employment and to excel in a fussy task. Whilst training and retraining employers will normally include the skill set required to be able to do the chore in the job posting to attain vision-mission statements of corporate companies.^[18]

Review of Literature

Ease of Use - Why Safety & Security?

Individual safety and security are important because both *safety and security affect an individual's emotional well-being*. Safety is freedom from physical or emotional harm. Security is freedom from the threat or fear of harm or danger. Threats to safety and security come in many forms, ranging from deliberate violence to accidental injury. Violence and injury, at their most extreme, threaten life itself. In other cases, they reduce the quality of life of the victim and, often, of those close to them.^[01]

The safety culture in most hospitals has not fully developed and there is considerable room for improvement. The psychometric properties of the five SAQ-C dimensions were examined, including teamwork climate, safety climate, job satisfaction, perception of management, and working conditions. *Additional safety measures were asked to assess health care workers' attitudes toward their collaboration with nurses, physicians, and pharmacists, respectively, and perceptions of hospitals' encouragement of safety reporting, safety training, and delivery delays due to communication breakdowns* in clinical and non-clinical areas. Analytical results verified the psychometric properties of the Self-Assessment Questionnaire-C (SAQ-C) at Taiwanese hospitals.^[02]

The results clearly show that the patient *safety culture scores of nursing homes are considerably lower than those of hospitals*. Residents of nursing homes may be at risk of harm as a result of patient safety errors. *Few accounts of patient safety initiatives in nursing homes exist which is not adequate enough*. Determine safety culture scores for nursing homes and compare these results with existing data from hospitals. ^[03]

To determine the effectiveness of patient safety culture strategies to improve hospital patient safety climate. Despite the strong face validity for a variety of patient safety culture strategies, there is **limited evidence to support definitive impacts on patient safety climate outcomes**. Organisations are advised to consider robust evaluation designs when implementing these potentially resource intensive strategies. ^[04]

The Hospital Survey on Patient Safety Culture (HSOPS) is used to assess safety culture in many countries. Accordingly, the questionnaire has been translated into Turkish for the study of patient safety culture in Turkish hospitals. The aim of this study is threefold: to determine the validity and reliability of the translated form of HSOPS, to evaluate physicians' and nurses' *perceptions of patient safety in Turkish public hospitals*, and to compare finding with U.S. hospital settings. Most of the scores related to dimensions, and the *overall patient safety score (44%) was lower than the benchmark score*. "Teamwork within hospital units" received the highest score (70%), and the lowest score belonged to the "frequency of events reported" (15%). The study revealed that more than three quarters of the physicians and nurses were not reporting errors. The Turkish version of HSOPS was found to be valid and reliable in determining patient safety culture. This tool will be helpful in tracking improvements and in heightening awareness of patient safety culture in Turkey. ^[05]

Deliver hand hygiene education to staff working in all inpatient care areas; Align education with the Ministry's Just Clean Your Hands program, and focus training on proper hand hygiene technique. *Establish a team for each inpatient unit responsible for conducting compliance audits and providing support*; Report results monthly at all levels of the organization. Establish staff, physicians and volunteers as the "face" of a promotional campaign, and disseminate campaign widely across many channels; Build staff buy-in through the use of innovative vehicles and events. *The foundation for hand hygiene compliance is education*. Staff needs to be aware of the required practice and how it should be performed. At Rouge Valley, multiple channels were offered for staff to receive information and training; Putting education into action on a sustained basis requires a defined level of accountability. *At Rouge Valley, this was achieved by putting in place a system that ensured accountability for each inpatient unit*. Culture plays a significant part in hand hygiene compliance. It establishes what the expected practice is, and reinforces this behaviour over time. *Rouge Valley has been able to develop a rich hand hygiene culture by fostering it at the grassroots level*. RVHS hand hygiene rates have vastly improved since the launch of the Hands Up strategy. For fiscal 2011-12 and 2012-13, RVHS has surpassed the provincial average achieving target compliance

with rates at or above 90% for both the first and fourth moments. The Hands up Strategy has helped to achieve and sustain breakthrough hand hygiene performance at RVHS. - *(Concept Outcome: Ward as a Unit)* [06]

Approximately two-thirds of *Patient Safety* (PS) questions asked were answered affirmatively approximately 60% of the questions had a positive response. Specific findings include: 1. Multidisciplinary IPC hospital team, but no doctor or nurse assigned full time to activities 2. Occupational medicine service conducts health worker IPC training 3. Adequate reliable supply of soap and alcohol based hand rub 4. Hospital posters on hand hygiene and *Infection Prevention & Control* IPC 5. Microbiology service with capacity for microscopy and aerobic culture 6. ***Lack of training and the isolation policy of patient's acts as a source for high risk of transmission of infections.*** In other areas, PS knowledge & learning, as well as PS & systems development had 90% positive responses. In medication safety, health worker protection and PS research & surveillance, affirmative responses averaged 80%. Health care waste management, linked with national policies, PS funding and partnerships for PS revealed affirmative answers to questions posed of 60%, 50%, 40% and 25% respectively. Self-reported data quality is subject to bias. However, self-assessment can catalyses internally driven hospital improvement. This first analysis serves as a robust PS baseline to plan hospital action to address shortcomings. Repeat PS situational analysis can track progress. The approach can also be replicated across hospitals in Angola to guide national action. Further, the areas of strength at *AméricoBoavida Hospital* HAB (identified through the PS analysis) can serve as a resource for hospitals in Angola. [07]

Measure level of patients' safety culture among healthcare professionals in order to improve strategies of health care quality and safety in our hospital. Our study has allowed us to conclude that ***all dimensions of patients' safety culture need to be improved among our establishment's professionals.*** Therefore, more efforts are necessary in order to develop a security culture based on confidence, learning, communication and teamwork and rejecting sanction, blame, criminalization and punitive reporting. The participation rate was 90.5%. In total, ***44.9 % of respondents felt that security level of their services is low.*** An overall score of different dimensions varies between 32.7% and 68.8%. Dimension having most developed score (68.8%) was the perception of "Frequency and reporting adverse events". ***Dimension with the lowest score, 32.7 % were "Management support, for safety car".*** [08]

Quality Management in A Healthcare Organisation: A case of the South Indian hospital - The purpose of this article is to provide an analysis of quality management using the U.S -*Malcolm Baldrige National Quality Award Criteria* (MBNQA) in a 300-bedded hospital in South India. The outcome of this paper clearly indicates that ***MBNQA criteria act as a powerful tool to analyse the quality performance of the hospital.*** The health care organisations can use MBNQA as a self-assessment tool to evaluate and to improve the health of the hospitals. ***MBNQA as self-assessment tool help the hospitals to lay the road map for world-class performance.*** The paper illustrates the measurement of quality performance through

MBNQA to the healthcare administrators that is the first step in managing and improving quality in health care organisations. It provides lessons for those hospitals that have already started quality initiatives. ^[09] This paper seeks to deal with an effective design with waiting areas (Servicescape) and has twofold aims. The first is to explore affective values for waiting areas. The second is to identify interactions between physical design attributes and affective values. This study included a free association method for data collection, applying *Kansei* engineering methodology to extract design solutions relating to specific feelings. The study was undertaken at six primary health centres in Östergötland County, Sweden. In total, 88 participants (60 patients and 28 staff) were interviewed. The selected waiting areas show significant differences in their perceived affective qualities. ***The most desired feeling for creating affective values is found to be “calm”.*** The core design attributes contributing to this feeling are privacy, colours, child play-areas and green plants. Good design of lighting, seating arrangements and a low sound level are also important design attributes to give a more complete design solution. ***The study provides useful insights for understanding affective needs in Servicescapes, and it provides design suggestions.*** The results have not been analysed separately for gender or different age groups. The paper proposes a framework model to be applied when dealing with affective values in Servicescapes. This paper makes an original contribution to understanding affective values towards the physical environment in Servicescape design. It offers a methodology to study complex environments with many alternative design solutions using limited resources. Moreover, this study uses a combination of a free association method and Rough Set theory in affective design. ^[10]

This research paper was written in order to present ***research undertaken in several hospital units in Greece, in order to explore: nurses’ knowledge on health risk factors associated with their work responsibilities***, the ways that these factors interfere with their general condition of health (physically and psychologically) and their views on future training interventions on health and safety (H&S) issues. ***The most frequent hazard identified by nurses was hepatitis*** (Biohazard), latex gloves and antiseptics (chemical hazards). ***The respondents declared that they consistently apply self-protection measures.*** They also acknowledged the importance of having a support mechanism among colleagues, which would provide them help when needed. They also appeared very keen on attending regularly H&S training programs, especially if these programs were administered during working hours. The research has explored all types of health (physical, chemical, biological and psychological) faced by nurses. The results of this study could be useful to hospital managers H&S professionals who wish to take active measures in order to provide a safer working environment. ^[11]

Research Methodology & Approach

The researchers suggest naturalistic (or) participant observation method and descriptive research designs (based on interview method - non parametric study is applicable) of survey type. ^[12] It is a participant

observation method (sixty three actively participated employees from the various multi specialty hospitals located in and around Chennai involved in this diagnostic method) no manipulation of variables took place, but a survey of independent factors influencing (or) affecting post employability skills among employees in Indian corporate companies with limited extension to experience economy and its standards can be assessed as easily. Suggested population for the survey should consist of employees from several departments of the governing body and respective HR trainers (or) coach. [13]

Questionnaire and content for enhancing awareness on safety & security were constructed. The instrument being used in this research is questionnaires relevant to post employability skills the instruments were subjected to face contents and construct validity on research outputs.

Mixed Methods Research is a combination of Causal, Exploratory and Descriptive type of research used as a methodology for taking research that involves gathering, analysing and integrating quantitative (e.g., experiments, studies) and qualitative data gathered out of observational studies (e.g., focus groups, interviews) respondents.

Purpose

The prime motive and purpose of this study is to create awareness and educate employees on the importance of safety and security with special reference to health care workers in India.

A Statement of the Problem

What successful characteristics and skill sets will transform a new joiner into a super employee? Or else ensure success at the workstation? Do three characteristics considered in this study, i.e. post employability skills, HR trainers' teaching ability and experience economy help organisations to enhance customer satisfaction and money multiplication at business centres.

Research Model

Research focuses on the three-step ladder, i.e. Up-Skilling Post Employability Skill (PES) and enhancing awareness on safety & security hooked on experience economy - (service standards & service experience).

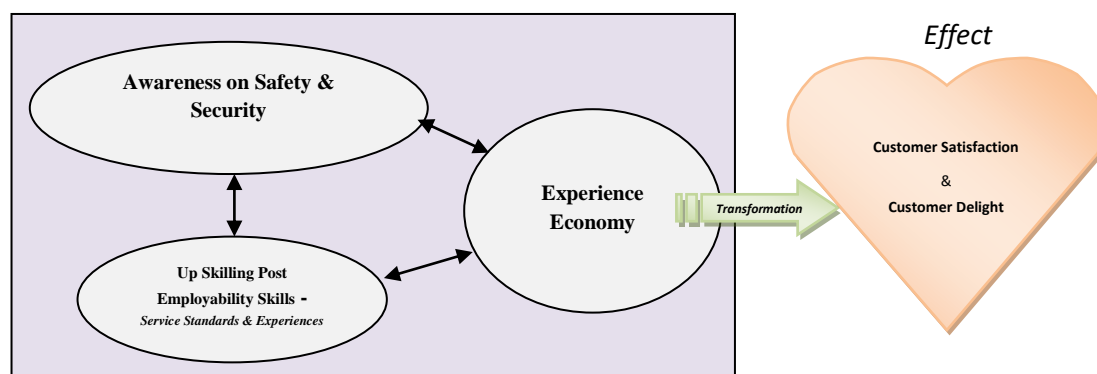


Fig 1: Customer Delight & Satisfaction

As outcome effectual Up-Skilling post employability skills in service standards and service experience help corporate to attain maximum customer satisfaction. Employees' awareness of safety & security can also fetch reputation as an add-on value towards developing customer perceptions in the experience economy. In fact, the real transformation of business lies in attaining and sustaining delightful customers or consumers.

Objectives

To establish a safety culture and protection gain for best hospitality: By analysing HR's trainers and new joiner's skill set. This empirical study helps to identify the poster employability quotient among new joiners and existing employees. In addition, nurture attentiveness among human resource management of current and future human capital requirements. A minor review on professional skill sets expected from employers in the epoch of the experience economy.

Suggested Hypothesis

Based on current research these hypotheses are drawn: - Theoretical Opinion only

H1: There is no significant relationship between HR trainers and new employee's employability skills.

H2: Post employability skills, HR trainers, and corporate training do not significantly contribute to service standards and service excellence.

H3: There is no significant relationship between HR trainers and experience economy.

Research Design

The present work is founded out of observational information derived from descriptive study which extends to survey the research strategies and methods referred to data collection and analysis is based on the same.

Research design incorporated to know the present status is exploratory research, according to this researcher explore only Safety and Security aspects required in general aspects of the research area is healthcare segment. Exploratory research does not aspire to provide final and conclusive answers to research questions and formulated hypothesis. The research results may even alter the focal point of the work to a certain extent. Data collection and analysis is strongly recommended in level to explore more according to new evidences gained during the research process.

Importance of the Study

Up-Skilling post employability skills have been identified as a distressing process to employers of the 21st C. The majorities of employees do not develop job readiness and post employability skills at the appropriate time. This results in exhibiting low-quality job readiness and showed poor performance year in year out in managing day to day labours, which is an indication that all is not well inside the HR and learning system integrations.

Research Limitations or Implications

The study provides useful insights for understanding and creating awareness of safety and security at some crucial stages of incorporating experience economy. The impact of Servicescapes and its proved design and suggestions need enhancements. The effects and combination of the experience economy and service standards needs extensive study; the outcomes of these have not been analysed separately by using statistical paraphernalia.

Pragmatic Implications of Cognitive Theories

The present research suggests a framework model to be used while dealing with training and learning pedagogy on safety and security with limited reference to hospitals.

Background

Few or limited aspects of staff& patient safety initiatives exist in Multi Specialty Hospitals.

Originality/value

This report constitutes an original contribution to understanding affective values towards the importance of awareness of safety and protection. The research provides a methodology to study complex environments with many alternative solutions using special resources. Moreover, this work uses a combination of an observational method and oral opinion surveys to produce this pattern.

Structural & Functional Analysis

Mixed Methods Research is a combination of three research types used as a methodology for conducting research that involves collecting, analysing and integrating quantitative and qualitative theoretical data gained out of observational studies from respondents.

Research Questionnaire Method or Survey Method is recommended under scope for future research. Hence the data collection, analysis and interpretation outcomes are based on observation method of Research Methodology. Proposed model suggested under appendix I.e.

Appendix - 1

Pre Test & Post Test by Self Assessments Questionnaire

Post Employability Skill Check on - Safety Plans & Procedures @ MY HOSPITAL

Appendix - 2

Suggested Content for Training and Discussions to Enhance Awareness of Safety and Security for Overall Well-Being

Discussion of Results

- Creating awareness of safety and security among corporate employees helps the organisation to create a safe and secure environment at the workplace which in turn provides emotional safety.
- Post employability skill development among employees leads to create and develop a positive reputation towards work life balance.
- Introducing service standards and service excellence in and around all the touch points of organisation can help us to attain needs and requirements of experience economy.
- Safeguarding organisational property and employees in case of disasters can be more successful only after creating awareness among employees on safety and security concerns.
- Creating awareness on experience economy among employees can help organisations to attain their vision and mission on a fast track mode.
- Identification of touch points and developing service standards can help us to improve service quality (Servqual) and Servicescape.
- Digital feedback systems and manual feedback forms collection can help us to know and understand the voice of customers for services rendered by us.
- Voice of customers – VOC is a proven process to improve the quality of services and new business foot falls.
- Retention of existing customers is very tougher than attaining new customers in the case of service industries.
- An internal compliance system for both internal and external customers can help management to sustain quality and safety in and around organisational functions.

Findings based on Observational Research

1. Awareness of safety and security is essential among corporate employees
2. Digital instant feedback systems are essential
3. Signage's and appropriate views for safe and secured stay leads to optimum performance
4. Fulfilling VOC– voice of customers leads to business improvement directly
5. Fire escape route plans and fire exit are two important aspects to be highlighted in all means for safeguarding ourselves
6. The Questionnaire developed can help management to know the current knowledge levels of our employees on safety and security

7. Continuations and frequent training programs are the only ways for incorporating safety
8. Customer Delight can be attained by transparent billing and adhering prior commitments
9. Proper communication throughout the course of stay particularly towards billing and discharge process can commit to customer delight
10. Quick and instant discharge process can help all the healthcare vendors attain good will and transform the same towards the reputation management
11. Evidence based treatment will lead OP patient converting to IP patient – attaining customer delight in OP services alone can transform him/her towards availing IP services
12. Last but not the least – the pest control measures has not been bothered as an important safety threat by most of our Indian hospitals. Pest and pets as the threat at workplace can be visibly seen in and around many hospitals.

Self Check:

Check for common and mostly seen insects and animals in and around the hospital premises those are dogs, bedbugs, cockroaches, rats, mosquitoes, food fly's, fungus, bacteria, cats, bugs & termites, German cockroach, warms, fly's and snakes in the hospital garden area.

By fulfilling all the above findings & incorporating awareness on safety and security leads to up skilling of post employability skills in addition to this topping knowledge on service standards and experiences lead to footfalls towards the journey of the experience economy, which in turn helps to gain customer satisfaction on first level and travel towards customer delight which is the ultimate for all business models.

Suggestions & Recommendations

“**Service Differentiator**” to be a market leader you have to be a service differentiator – Pioneering Attitude has become Adoptive Attitude – adopting world's best practices. Adoptive or imitating entrepreneur attains heights with minimal risk and maximum gains. **Originality insidious value Practical implications** I.e., training content for awareness & knowledge on safety and security aspects in and around health care systems has been bifurcated and recommended below for developing post employability skills:

As per global standard hazard has been bifurcated into 6 segments those are (1) Mechanical (2) Physical (3) Chemical (4) Biological (5) Environmental and (6) Organisational hazards. As a continual research on these

recommendations; safety as a solution has been inferred as a subset of the above six major quadrants the essentials has been penned down in detail to goad awareness among health care service providers.

Table 1: Types of Hospital Safety

Air Safety	Road Safety	Fire Safety
Water Safety	Patient Safety	Lift Safety
Building Safety	Vehicles Safety	Kitchen Safety
Hospital Safety	Radiation Safety	Visitors Safety
Escalator Safety	Cryogenic Safety	Medication Safety
Fire Arm Safety	Contractors Safety	Occupational Safety
Corporate Safety	Workplace Safety	Environmental Safety
Pest Control Safety	Infrastructural Safety	VIP – Escort and Safety
HAZMAT & MSDS	Food & Hygiene Safety	Electrical Safety systems
Pediatrics & Child Safety	Gases & Cylinders Safety	Financial Safety & Security
Electronic Gadgets Safety	Staffs & Employee Safety	PPE - Personal Protective Equipment
Personal Hygiene & Safety	Asset and Property Safety	Floor Safety- Antiskid Measures
Safety at Stairs, Ramp and Corridors	Medical Equipment Calibration & Safety	Mechanical & Machineries - (Lift / Elevators)
Safety by Temperature control & Management	Pressure Management -(fresh air and return airflow)	Safety by Professional Confidentiality Management
Behavioural& Emotional Safety - (Physiological & Psychological Safety)	Cyber Safety - Information Technological Safety & Security - (Software's)	Personal Safety, Home / Residential Safety & Community Safety
Special Pathways and Safety for Differently Abled		

Table 2: Tools, Accessories & Equipments for Safety & Security at Hospitals

Dry Riser	Hooter Box
Wet Riser	Door Sensor
Hose Reel	Disaster Kit
PIR Sensor	Down comer
Fire Bucket	Sand Bucket

Beam Sensor	Patient Scoop
Heat Detector	Power Generators
Yard Hydrant	Fire Extinguishers
Smoke Detectors	Vibration Sensors
Nursing Call Bell	Fire Safety Manual
Glass Break Sensor	Buzzer & Siren Alarm
Safe Assembly Point	Electrical Rubber Mat
Emergency Stair Case	Intrusion Alarm – Panel
Ceiling Motion Sensor	MCP - Manual Call Point
LPG – Gas leak Sensor	Terrace tank – (water Storages)
Lost & Found Registry	Signage's & Display Boards
Emergency Command Centre	Hydrant Systems & Hydrant Points
One electric & one diesel pump	Fire Fighting & Evacuation Teams
Preventive maintenance schedule	Fire Pump House - pressure gauges
Automatic Water Sprinkler system	PA System - Public Addressing System
PPE - Personal Protective Equipments	Automatic Detection & Fire Alarm System
FAS - Fire Alarm Control Panel System	Surveillance Systems, CC- TV & Cameras
Traffic and Parking Cone & Safety Indicators	Biometrics, Swipe and Access Control Cards
Fire Tank - (Underground static water storage tank)	Hearing Protection, Earmuffs & Headphones
Manually Operated - Electric Fire Alarm System	Safety Gloves, Shoes, Apron, Gum Boots
Fire Door and Smoke Door with panic bars	Evacuation Plan - Boards & Guidelines
Patient Scoop, Wheel Chairs and Structure	Mosquito / Anti Insects Net and Mesh
Emergency Escape - Emergency Window	Emergency Disaster Management Kit
Double Frame Metal Detector – DFMD	Safety Tapes and Reflective Tapes
Anti Skid Mat and Anti Skid Tiles	Emergency Door Release – Key
Goggles and Eye Sight Protectors	Emergency Escape Route Plan
Respiratory Mask - Safety Mask	Fire Axe – Breaking Hammer
Safety Vest – Safety Jacket	Radio Frequencies Jammers
Emergency Assembly Point	Emergency Exit – Fire Exit
Emergency Response Team	Safety Harness & Belt
Bilingual Safety Signage's	Metal Detector
Module Alarm Incendies	Safety Helmet
Grab Bar - Panic bars	First Aid Box
Help Line Numbers	Fire Blanket

Emergency Cart	Fire Brigade
Ambulance	Ramps
Grab Bar	

Table 3: *Know - Types of Threats*

Bandh & Hartal	Code Red- Fire
Theft and Assault	Medication Error
Occupational Hazards	Code Pink- Child Abduction
Fear of Emotional Insecurity	Cross Infections as Threat
Code Green- Emergency Activation	Code Violet- Combative Individual
Code Blue- Cardiac - Respiratory Arrest	Code Brown- Severe Weather – Patient Missing
HAI – Hospital Acquired Infection	Vulnerable Areas – Black or Grey Areas
Code Black- Bomb Threat, Physical Security Threats	Code Grey- System Failure, Computer Security Threats
Threat via Non Evidence Based Treatments	Code Silver- Active Shooter, Mass Shooting, Gun Threat
Code White- Evacuation – Aggression - Behavioural Situation	
Code Yellow- Disaster or Mass Casualties, Floods, Earth Quake, Natural Disaster	
Code Clear: Announced when Emergency or Threat is resolved, over	
Non Compliance & Adherences of Quality Standards as Threat	
Code Amber(or)Orange- HAZMAT Spill – CBRN (Chemical, biological, radiological and nuclear defence) Disaster	

Table 4: *Supporters' of Safety*

- May I Help You
- Patient counselling
- Disaster Rescue Plan
- Fire Escape Route Plan
- Remote control of locks
- Critical Area Surveillances
- Entry to Exit Safety Measures
- Locked doors and barred windows
- Odour and Fragrance Management
- Clean and Green Hospital Premises
- Apex Bodies for Safeguarding Safety and Security

- Emergency Rescue Team – Plan and Preparedness
- Heating, Ventilation, and Air Conditioning – HVAC
- Continuous Hand Holding and Assistance and Support
- National and International - Codes and Standards of Safety
- Imbibing government norms while billing and cash handling
- Inspecting and Authorising Authorities from Govt Agencies
- Appropriate warning signs for flammables are to be displayed
- Safety for Patient Data's - Personally Identifiable Information – PII
- Guest relation officer or welcome executives can make patients ease
- Anti Damage and Protection Plans at Parking Lots for Vehicles Safety
- Checking and Double Verification of Blood Lab Results prior to treatments
- Ensuring Safety by sustaining Protected Health Information Protocols - PHIP
- Following Accreditation and Licensing Standards - (Local, National and International)
- Periodical awareness training on protocols for storing, dispensing & use of flammable materials
- PM- Preventive Maintenances and Inspection protocols for safety & Security installations
- Phone Call Recordings & Monitoring Missed Calls and Missed Aspects in Telecommunication
- Dedicated Fire Safety Officer in-charge of all concerns related to Fire Prevention & Safety has to recruit on board for safe guarding safety.
- As daily Process Maintenance Schedules/ SOPs for systems related to fire prevention & control has to be followed
- As Mandatory - There should be a proper training program for handling fire emergencies and training records for the same has to be maintained
- It is mandatory for all hospitals to obtain No Objection Certificate from the concerned Fire Department before the building can be occupied
- Ladies Only or Ladies Point a Special Relaxation Centre for Grooming and Personal Hygiene Management for the welfare and well being of females
- Safety Plans and Norms to be Considered at Pre Hospital Building Construction or during Blue Print Preparations
- Ramp, Emergency Stair Case and Construction relevant Safety can be attained only by planning the above during planning or pre construction period.

Thus to summarize - The vulnerable patient care, i.e. for patients above the age of 55, Pregnant women and children under the age of below the 10years. Risk management control of the Incident Reporting System and Risk assessment procedure and protocol for Security of Premises for Patients belongings inside the premises

by following Code Drills regarding Fire safety and Building safety; in addition Healthcare associated infections, Bed soar and Surgical site infection is also to be considered under risk on top priority.

Recommendations and Suggestions by NABH

Emergency escape and evacuation can be made possible by providing access to the below recommendations

1- The egress routes

- a) Doors leading directly to the outside exit of the building;
- b) Stairways;
- c) Ramps;
- d) Horizontal exits; and
- e) Fire tower.

2- Water Pump near underground static water storage tank with min pressure 3.5Kg/cm² at terrace level.

3- At the terrace tank water out level with min pressure 2 Kg/cm².

Validating Recommendations – ‘A Quality Check’^[17]

Quality Council of India has recommended all the Safety and Security aspects discussed in our research under various heads. OH&S is the latest version released and approved for Healthcare systems safety and Security.

Quality Council Recommendation^[14]

- Recommendations on Electronic Medical Records Standards in India – April 2013
- MHFW - Ministry of Health & Family Welfare – Government of India
- Clinical Establishments (Registration and Regulation) Act, 2010
- National Institute of Cancer Prevention and Research – (NICPR)
- National Vector Borne Disease Control Program – NVBDCP
- National Organ and Tissue Transplant Organisation – NOTTO
- Pre Conception and Pre Natal Diagnostic Techniques – PNDT
- EHR – Electronic Health Record Standards for India – 2016
- National Institute of Tuberculosis and Respiratory Diseases
- National Institute of Health and Family Welfare – NIHF
- Central Drugs Standard Control Organisation – (CDSCO)
- International Society for Quality in Health Care (ISQua)
- KAYA KALP, National Guidelines for Clean Hospitals
- Food Safety and Standards Authority of India – FSSAI

- Prada Mantri Swasthya SurakshaYogana – PMSSY
- National Program for Control of Blindness – NPCB
- MIS for National Health Policy Framework 2017
- Directorate General of Health Services - DGHS
- CBHI – Central Bureau of Health Intelligence
- National Aids Control Organisation – NACO
- NCDC-National Centre for Disease Control
- Tuberculosis Control – India (TBC – India)
- Guidelines for Dialysis Centre by MHFW
- Allied Health Care Professional Database
- National Medicinal Plants Board- NMPB
- The BCG Vaccine Laboratory, Chennai
- Nursing and Midwifery Council of India
- Indian Pharmacopoeia Commission- IPC
- Nursing Scheme Monitoring Software
- Transplant Authority Of Tamil Nadu
- Director of Medical Services – DMS
- National Institute of Biological
- Medical Store Organisation
- National Health Portal
- PCB- Pollution Control Board
- Medical Council of India - MCI
- Indian Medical Association - IMA
- Joint Commission International - JCI
- National Board for Quality Promotion
- The Indian Medical Council Act - 1956
- IPSTG - International Patient Safety Goals
- SAI 8000: Social Accountability International
- Legal Metrology Officer & Inspector of Labour
- Factories Act 1948 – (Safety and Security Standards)
- ISTP- International Standard Treatment Protocol
- International Organization for Standardization - ISO
- National Accreditation Board for Certification Bodies
- National Accreditation Board for Education and Training

- ISBAR - technique for Effective and safe communication
- The Centers for Medicare and Medicaid Services – (CMS)
- Emergency Medical Treatment and Labour Act – (EMTALA)
- Fire Prevention and Life Safety Measures Act – Indian States
- Health Insurance Portability and Accountability Act – (HIPAA)
- National Accreditation Board for Hospitals & Healthcare Providers – (NABH)
- Modern Building Bye Laws - Ministry of Housing and Urban Affairs, Government of India
- MSME – Micro, Small and Medium Enterprise – ZED – Zero Effect, Zero Defects
- The ‘part 4’ of ‘National Building Code of India - 2005’ on ‘Fire & Life Safety ‘Hospitals have been classified as sub-division C-1 under Group C for Institutional Buildings.
- ISO 45001:2018 - Occupational Health and Safety Management Systems.^[15]
 - ISO 45001:2018 specifies requirements for an Occupational Health and Safety Management System (OH&S), and gives guidance for its use, to enable organisations to provide safe and healthy workplaces by preventing work-related injury and ill health, as well as by proactively improving its OH&S performance.
 - ISO 45001:2018 is applicable to any organisation that wishes to establish, implement and maintain an OH&S management system to improve occupational health and safety, eliminate hazards and minimize OH&S risks (including system deficiencies), take advantage of OH&S opportunities, and address OH&S management system nonconformities associated with its activities.
 - ISO 45001:2018 - ^[16] an organisation is responsible for the occupational health and safety of workers and others who can be affected by its activities. This responsibility includes promoting and protecting their physical and mental health. The adoption of an OH&S management system is intended to prevent work-related injury and ill health, and continually improve its OH&S.

Table 5: Safe Guarding Internal Committees

To incorporate and guard standard of safety and security, internal committees and safety, security groups were strongly recommended – few examples and tiles were listed below:

Hospital Safety Committee	Lab Safety Committee
Medical Records Committee	Credentials Committee
Infection Control Committee	Bio Ethics, Safety Committee
Blood Transfusion Committee	Behavioural Safety Committee
Radiological Safety Committee	Grievance Redressal Committee

Internal Compliance Committee	Disaster Management Committee
Safety Committee – Employee Health Committee	Medical Audit & Tissue Committee
Pharmacy and Therapeutic Safety Committee	Bio Hazard Management Safety Committee

Tips & Tricks

- ✓ Safety as Organisational Culture
- ✓ “Patient Safety is our First Priority”
- ✓ Free food or Welcome drink matters
- ✓ Check your IQ on Safety and Security
- ✓ CLV - Critical Lab Value Communication
- ✓ Apex Bodies & Suggestions Management
- ✓ Our Hospital is strictly a “No Smoking Zone”
- ✓ Safe Interpretation of Diagnostic & Lab Results
- ✓ No Lift - don't use lift in case of fire or disasters
- ✓ Approvals by Governing Bodies & Trade unions
- ✓ Hygiene and tasty food make more visitors to Walk in
- ✓ Try Best Look and Feel better aspects along with Safety
- ✓ Inspecting and Authorising Authorities & Legal Aspects Management
- ✓ Compliance of workplace safety can lead to Best and Qualitative Patient Care
- ✓ PDCA – Plan Do Check Act to be followed at all steps to ensure Safe practices
- ✓ Patient and Visitor safety is in the hands of Hospital staff from Entry Gate to Fond Farewell
- ✓ Discipline, time management and Discharging patients on time lead to more patient satisfaction
- ✓ Dress code and grooming standards as per Personal responsibilities I.e. Dr's Employees, Visitors and Patient
- ✓ Qualitative and Safe Out Patient care can be achieved by watching over four steps I, e Physical - Psychological - Diet - Socio Economic Assessment
- ✓ Lighting Management and Wall Colour Paintings to be considered as per clinical treatment facilities made available. I.e. aesthetics of location matters
- ✓ Basic Protection for Respiratory aspects, Face, Eye and vision, Safe Hand usage, Foot protection, Hazard communication, Hearing and Noise management has to be made available at all the essential areas of hospital premises.

Conclusions Derived

The increasing awareness and the importance of experience economy along with post employability skill development in up skilling individual and societal standard have awakened in people and corporations. The gentle blend of the two skills, i.e. Post employability skill enhancement and service standard incorporation can only be a way out to answer the umpteen questions pertaining to corporate workforce empowerment. Multiplying millions can't be a magic for industries that follow VOC & service standards as a success mantra.

To conclude: Strengthening education by insisting more on Employee Awareness Programs helps in building accountability and inculcate towards creating a culture shift to build and enhancing safe and secured work environment. Finally, following all the above leads to good will and international reputation management, this is an ultimate vision for all the business.

Limitations

Business Requirement Analysis and Study have to be strictly followed before incorporating the above suggestions.

Descriptive Research Methodology - reality, experience studies and observational analysis methods are used – survey method of recommended questionnaire in the appendix and statistical analysis can lead to value added corporate decision making.

Experience economy as customer satisfaction index can be attained only by incorporating service standards and service excellence. Acronyms of these are discussed; detailed research can be extended in clinical and non clinical corporate sectors to explore more outcomes.

Present Experiment Offers Scope for Further Research

For strong Instances comparisons with other similar research in other units like hospitals, health care systems in India are recommended, so as to experience exposure to risk factors and outcomes due to lack of adequate safety and security awareness. Finally, this study might be useful to train designers or knowledge providers, or coaching teams in learning and development team who need to obtain a better understanding on hospital employees and nurses' education or training needs when they organise and administer their various Health & Safety training interventions.

All the respected corporate companies can identify indispensable safety and security requirements and list out them as per their business model and specialisations-henceforth after identifying specialists - essential safety and security requirements can be scrutinised and listed as per current research formats. Questionnaire and content available in the index can be utilised as base content. This survey is devoted exclusively to

health care organisations and hospitals. In addition to awareness of safety and security detailed research on the below mentioned acronyms can further broaden the actual core of experience economy in and around health care organisations.

Suggested Title: Impact of Safety and Security towards Emotional Safety with special consideration of Servicescape: Dedicated to Hospitality Sector in Experience Economy.

To ignite new dimensions of above *suggested title* essential keywords and important implications to be considered have been made available below:

Table 6: Abbreviation- Acronyms& Keyword Initialism for Future Research

Servicescape	JIT- just in Time
PC- Pest Control	TP- Touch Points
TAT- Turnaround Time	ES- Employability Skills
S&S- Safety and Security	GLC- Gentle Loving Care
IE- Industrial Ergonomics	SerStd- Service Standards
VOC- Voice of Customers	Cust De- Customer Delight
Ser Exec- Service Excellence	SerExp- Service Experience
SERVQUAL- Service Quality	CPC- Customized Patient Care
MFF- Manual Feedback Forms	PES- Post Employability Skills
WAS- Ward as a Separate Unit	SPOC- Single Point of Contact
Cust Sat- Customer Satisfaction	ZED - Zero Effect, Zero Defects
Exp Econ- Experience Economy	HAI- Hospital Acquired Infection
PC- Ping your Complaint (emails)	Rep Mgmt- Reputation Management
EES- Enhancing Employability Skills	DC- Dial your Complaint (voice calls)
ISST- Internal Safety and Security Team	CplCollCtr- Compliance Collection Centre
IntCustCpl- Internal Customer Compliance	
MSME- Micro, Small and Medium Enterprise	
CCRT- Customer Compliance Resolution Team	
PESM- Patient's Emotional Safety Management	
ISTP- International Standard Treatment Protocol	
MBNQA- Malcolm Baldrige National Quality Award	
IFS- Instant Feedback System – Digital, Application Based	
FRS- Feedback Retrieval System - (feedback calls and emails)	
LMS – Learning Management System - (training and development)	

OH&S- Occupational Health and Safety Management Systems
Quick Dial Services – Shot Dial - Intercom connected to call centre
Wow Moments- Surprising Events and Creating Moments of Delight
PDC- Post Discharge Compliance Booking – (feedback calls and emails)

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Footnotes

Competing interests: Yes. -(*Safety and Protection towards Servicescape during Stages of Pre Experience Economy on Hospitals*)

Appendix - 1

Pre Test& Post Test by Self Assessment Questionnaire

Post Employability Skill Check on - Safety Plans & Procedures @ MY HOSPITAL

*** Grievance Redressal Committee**

Call HR: Phone number

Email: grievance @ ourhospitals.com

*** Internal Compliance Committee or Anti Sexual Harassment Committee**

Call ICC: Phone number

Email: ICC @ yourhospitals.com

*** Remember Me**

Emergency Contact No's-

Security Threat-

In case of Fire-

*** Knowledge on Escape Content Available In our Premises - Counts**

No of Emergency Exits-

No of Hydrant Points-

No of Fire Extinguishers-

No of Sprinklers-

No of Smoke Detectors-

No of PA Speakers-

No of Safe Assembly Points-

No of Fire Tanks-

Water Storage Capacity in Ltrs-

*** Emergency Fire Contacts**

Phone No for - Security Threat:

Ambulance Phone No-

Safe Assembly Point: *Location?*

(P.T.O)

*** What are the Types of Pest Control Methods to be adhered at Hospitals?**

*** Public- Govt Contact Details:**

Ambulance: 108, Police: 100, Fire: 101

Nearest Fire Stations:

Nearest Police Stations:

Nearest Public Hospital:

RDO:

Thasildar:

RI:

VAO:

Insurance Company:

*** Fire Fighting Techniques**

PASS

P – Pull the pin, A – Aim the fire, S – Squeeze, S- Sweep Side by Side

RACE

R- Rescue, A-Alarm, C-Confine, E-Extinguish if Trained

*** List out Tools for Safety available at our Hospital Premises**

*** Recall & Write down all types of Emergency Contact Details**

*** Know - Protocols to be followed for Safety & Security in Our Premises**

*** What is the Service Standards for Safety & Security Department?**

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(P.T.O)

Appendix - 2

Suggested Content for Training and Discussions to Enhance

Awareness of Safety and Security for Overall Well-Being

Why Safety & Security?

Introduction to S&S (S&S-Safety & Security)

Introduction on Service Standards and Experience Economy

Global Situations and Research opinions on Safety and Security

Types of Safety&.Organisation Safe Guarding S&S

Types of Threats

Pest Control Techniques

SOP and Protocols

Safety Plans & Procedures @ our hospital

Tools, Accessories &Equipments for Safety & Security

Escape Content

Know Me – Important Contact No's

Safe Guarding Committees

Grievance Redressal Committee

Anti Sexual Harassment Committee

Tips & Tricks

Fire Fighting Techniques & Demo Mock Drills

Emergency Contacts & Govt. Offices

Question & Answer Session

Conclusion



***** THE END *****