

WORKLOAD BASED WARD CATEGORIZATION FOR
TRANSFER POLICY OF NURSING OFFICERS IN JIPMER

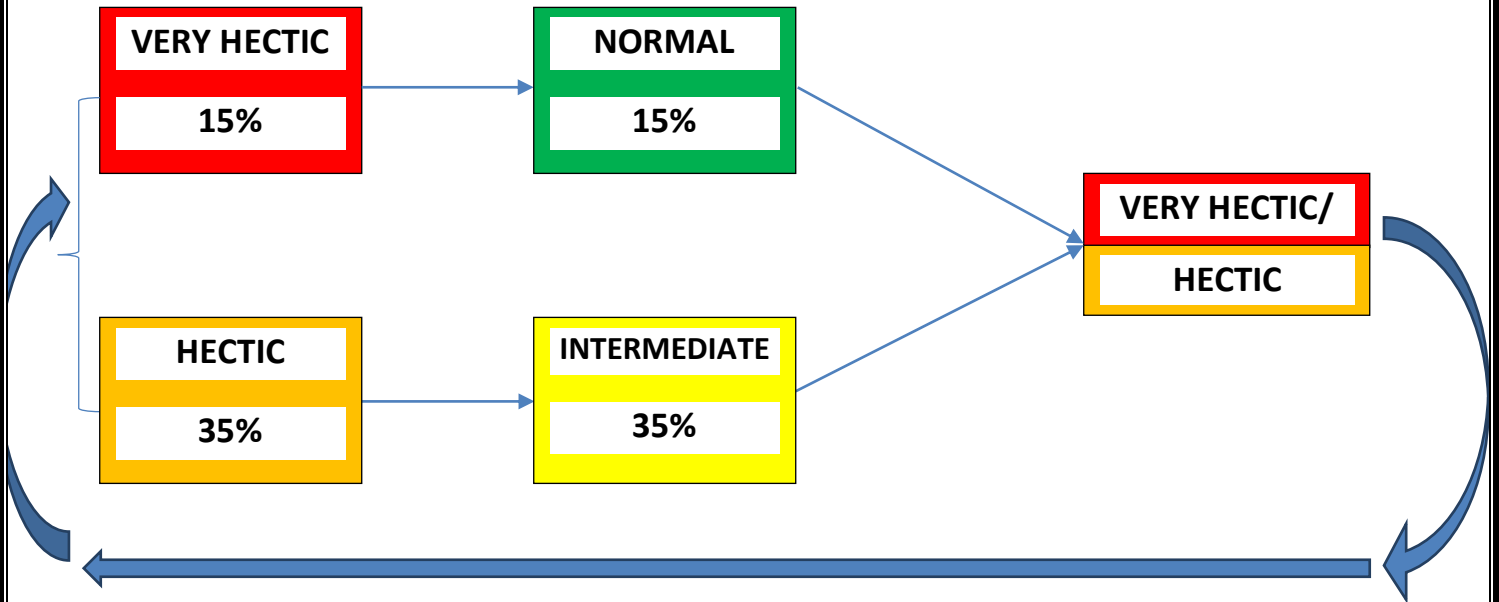
In accordance with the current ward classification system, the total facility area has been segregated into four distinct areas, each categorized based on the acuity level of the workload.

1. **VERY HECTIC**
2. **HECTIC**
3. **INTERMEDIATE**
4. **NORMAL**

Number of areas in each block based on the list;

Sl. No.	Area	IB	EMS	SSB	WCH	RCC	TOTAL
1.	VERY HECTIC	2	2	1	2	-	7
2.	HECTIC	10	3	3	3	2	21
3.	INTERMEDIATE	7	5	13	9	1	35
4.	NORMAL	6	-	10	5	4	25
TOTAL		25	10	27	19	7	88

PROPOSED POSSIBLE ROTATION PLAN



VERY HECTIC AREAS

Sl. No.	AREA	BLOCK
1	Ward 21	Institute Block
2	Ward 41	
3	EMS Ground Floor	EMSD
4	EMS First FLOOR	
5	147-A CTVS ICU	SSB
6	Neonatal ICU	WCH
7	466 Paediatric WARD	
8	PICU	

HECTIC AREA

Sl. No.	AREA	BLOCK
1.	42 Medicine Ward	INSTITUTE BLOCK
2.	44 Medicine Ward	
3.	45 Medicine Ward	
4.	46 Medicine Ward	
5.	34 Surgery Ward	
6.	31 Surgery Ward	
7.	37 Surgery Ward	
8.	36 Surgery Ward	
9.	35 Surgery Icu	
10.	20 Medicine Ward	
11.	43 ICU	
12.	Trauma Care ICU	EMSD
13.	4 th Floor Male Trauma Ward	
14.	21A (CCU 2)	
15.	16 Ward EMS Extn	SSB
16.	149-A Neuro Surgery ICU	
17.	145-A Plastic Surg ICU	
18.	146-A SGE ICU	RCC
19.	120A RCC ICU	
20.	RCC Day Care	WCH
21.	OG ICU	
22.	CLR	
21.	Pediatric Casualty	

INTERMEDIATE AREAS

Sl. No.	BLOCK	AREA
1.	A & C Ward	INSTITUTE BLOCK
2.	B & C Ward	
3.	27 Pulmonary Med Ward	
4.	28 Pulmonary Med ICU	
5.	23 ENT ICU	
6.	22 ENT Ward	
7.	PMRC Ward	
8.	TC 3 rd Floor Recovery Room	
9.	BURNS ICU	
10.	EMS CCCU	
11.	EMSD 2 nd Floor Recovery Room	
12.	144-A SSB CCCU	SSB
13.	148-A Neuro Medicine ICU	
14.	128 –A Paediatric Surgery ICU	
15.	126 –A Urology ICU	
16.	149 Neuro Surgery Ward	
17.	147 CTVS Ward	
18.	Dialysis	
19.	126 Urology Ward	
20.	128 Ped Surg Ward	
21.	141 Nephro Ward	
22.	144 Cardiology Ward	
23.	146 SGE Ward	
24.	145 Plastic Surg Ward	
25.	173 SLR	
26.	174 Post Natal Ward HDU	
27.	178 Eclampsia Room	
28.	Recovery Room	
29.	OG Casualty	
30.	301 Antenatal Ward	
31.	302 Postnatal Ward	
32.	401 Gynae Ward	
33.	552 LSCS Post Op Ward	RCC
34.	RCC Special Ward	

NORMAL WORKLOAD AREAS

Sl. No.	AREA	BLOCK
1.	26 Dermatology Ward	INSTITUTE BLOCK
2.	24 Ophthal Ward	
3.	18 Psychiatry Ward	
4.	O2 Dermatology Ward	
5.	Nuclear Medicine Ward	
6.	PMRC Post op Ward	
7.	151 Immunology Ward	SSB
8.	146-B LTP ICU	
9.	MGE Ward	
10.	Endocrine Ward	
11.	137 Surgical Onco Ward	
12.	148-B Stroke & Epilepsy Ward	
13.	148 Neuro Medicine Ward	
14.	Pain Ward/ Clinic	
15.	Kidney Transplant ICU	
16.	MGE/Nephrology ICU	
17.	554 Post Op PS	WCH
18.	553 Gynae Post Op Ward	
19.	KMC	
20.	270 Pediatric Ward	
21.	555 IOF/IVF	
22.	120 F RCC Female Ward	RCC
23.	120 M RCC Male Ward	
24.	RCC BMT	
25.	Palliative Care	

TRANSFER POLICY FOR ALL NURSING CADRE

1. Nursing Superintendent

1.1. Rotation once in **5 years**

2. Deputy Nursing Superintendent

2.1 Rotation once in **3 years**

3. Assistant Nursing Superintendent / Sister Tutor

3.1. Rotation once in **every six months**

3.2. **ANS posted in laundry** will be rotated for once in **every two years**

4. Senior Nursing Officers

4.1. Senior Nursing officers (Excluding OT's and Cath lab)

4.1.1 Must be rotated once in **every two years** in the order of

Ward/ICU/OPD or vice versa

4.1.2. One SNO can be posted in a **block for minimum of two years to maximum of four years.**

4.1.3 SNO posted in EMSD (Ground Floor, First Floor, Ward 16 and TC Ward) must be relieved from that block to other block after two years of posting.

4.1.4 SNOs in **NICU/KTP/LTP/BMT/IVF/Blood Bank/ JQC/ HICP/ BMW** must be rotated once in **every five years.**

4.1.5 SNOs in **JRTP/RCC OPD/Endoscopy/RT/RD/NMT** must be rotated once in **every two years.**

4.1.6 SNOs posted in **UHC and RHC** must be rotated once in **every two years**.

4.1.7 **Departmental PHN's (OG/Ophthal/pediatrics)** must be rotated once in **every two years**.

4.1.8 SNOs working as **Transplant Coordinators** must be rotated once in **every five years**.

4.2 Senior Nursing officers (OT's and Cath lab)

4.2.1 SNOs in **Cath Lab** must be rotated once in **every five years**. Within five years, when in need they can be rotated between SSB Cath lab, EMSD Cath lab and SSB Annexe DSA.

4.2.2 After completion of five years posting, they should be rotated to ward for one year and may be posted back to SSB Cath Lab and EMSD cath lab only in dire need.

4.2.3 **SNOs in OT** must be rotated once in **every five years**

4.2.4 **SNOs in Minor OT (SSB)** must be rotated **every five years and RCC Minor OT** must be rotated in **every two years**.

5. Nursing officers

5.1. Nursing officers (Excluding OT's and Cath lab)

5.1.1 Must be rotated once in **every two years**.

5.1.2 One Nursing Officer can be posted in a **block for minimum two years to maximum four years**.

5.1.3 Among four years, one should **serve two years in very hectic or hectic areas and next two years in intermediate or normal workload areas**.

5.1.4 Rotation can be planned according to the Rotation plan. Nursing Officers voluntarily willing for working in very hectic / hectic areas can be accepted in written form. Such postings should not exceed not **more than five years**.

5.1.5 Nursing Officers posted in **NICU/KTP/LTP/BMT/IVF/Blood Bank/ JQC/HICP/BMWM** must be rotated once in **every five years**.

5.1.6 Nursing Officers posted in **JRTP/RCC/OPD/Endoscopy/RT/RD/NMT** must be rotated **once in every two years**. **Stoma Nurse, RCC (Palliative care)** Nursing Officers must be rotated once in every **two years**.

5.1.7 **Nursing Officers posted in RHC/UHC must be rotated once in every two years**.

5.1.8 Nursing Officers working as **Transplant Coordinators** must be rotated once in **every five years**.

5.2 Nursing officers (OT's and Cath lab)

5.2.1 **Cath Lab Nursing Officers** must be rotated once in **every five years**.

Within five years, when in need they can be rotated between SSB Cath lab, EMSD Cath lab and SSB Annexe DSA.

5.2.2 After completion of five years posting, they should be rotated to ward for one year and may be posted back to SSB Cath Lab and EMSD cath lab only in dire need.

5.2.3 **OT Nursing Officers** must be rotated once in **every five years** to different blocks.

5.2.4 Nursing officers posted in **EMS OT and WCH EOT** must be rotated once in **two years.**

5.2.5 Nursing Officers posted in **SSB Minor OT** must be rotated **every five years** and **RCC Minor OT** must be rotated in **every two years.**

6. EMPLOYEE TRANSFER GRIEVANCE COMMITTEE

This committee comprises of

- 6.1 Chief Nursing Officer (CNO) – Head
- 6.2 Senior Nursing Superintendent (one) – Member Secretary
- 6.3 Senior Deputy Nursing Superintendent (one from each block) – Member
- 6.4 ANS – 5 (Designated for the purpose of transfer process) - Member
- 6.5 SNO Representative- 2 (One each from ward and OT) - Member
- 6.6 NO Representative- 2 (One each from ward and OT) – Member

(This committee members will be changed once in every three years)

7. PERSONNEL DEPLOYMENT AND TRANSFER PROCEDURE

- 7.1 Authorized Personnel [ANS] tasked with transfers shall sort out and update **MONTHLY** list of employees to be relocated from their respective areas.
- 7.2 The updated list must be consistently maintained in the JNIMS (JIPMER Nurses Internal Management System) on a **MONTHLY** basis.
- 7.3 Transfers must be strategically planned with a minimum **30-day notice based on the prepared employee relocation list.**
- 7.4 A formal transfer proposal must be submitted for approval to the Transfer Committee, presided over by the Chief Nursing Officer (CNO).
- 7.5 Prior to submission for final approval, the proposal shall undergo verification by all Transfer Committee members.
- 7.6 Upon approval, the list of approved transfers shall be published in JNIMS, and employees must be notified at least 30 days prior to their relocation.

7.7 In the event of grievances, employees can approach the ANS responsible for transfers. If not satisfied, employees must formally submit their concerns in written form to the grievance committee within 10 days of intimation.

7.8 Employee Transfer Grievance committee should meet periodically or whenever it is necessary. **The Transfer Committee is responsible for addressing and resolving grievances at least within 10 days of receiving a complaint.**

7.9 Transfers should be strategically planned to minimize disruption to the normal functioning of the respective areas, maintaining appropriate gaps between transfers, and considering the number of staff members to be relocated.

7.10 Emergency requests can be considered depending on the seriousness of the illness and injury.

8. GENERAL RULES

8.1 Transfer to be done according to rotation plan.

8.2 SNO posting should be done in an orderly manner ICU to Ward or OPD or vice versa.

8.3 SNO should be ready to handover when completion of two years of posting.

8.4 Transfer intimation should be given to nursing personnel thirty days in prior.

8.5 Transfer to other block can be done even after completing two years if within the block is not possible.

8.6 For General Shift –

8.6.1 Chronic Health issues may be considered with proper medical certificate from treating consultant.

8.6.2 Nursing personnel who underwent surgery may be considered general shift, if Major Surgery – 6 months and Minor – 3 months.

8.7 Physically challenged Senior Nursing Officer and Nursing Officer may be considered while allotting postings.

Note:- The undersigned deserves all rights to revise / change all the said above periodically due to administrative reasons / in dire need.



CHIEF NURSING OFFICER

Chief Nursing Officer / मुख्य नर्सिंग अधिकारी

JIPMER, Puducherry / जिपमेर, पुदुच्चेरी