A Study to Develop Risk Reduction Strategies of the Operational Risks Identified at Out Patients Department of Thumbay Hospital Day Care - Rolla, Sharjah

Guide : Dr. Ashok Kaushik
Proctor & Dean
IIHMR University

Presenter : Anuja Deb
Enrollment Number: 0538
Batch : MBA-HM22

Thumbay Hospital Day Care – Rolla, Sharjah

Day Care
Surgery
Hospital

3 bedded
Day Care
Unit

OPD

16 * 6
19 Clinics
15 Physicians

Internal Medicine
Ophthalmology
Orthopaedics
ENT

Gynaecology
General Surgery
Paediatrics

Radiology
Anesthesiology
Dental
GP Services

Insurance
Pharmacy
Support Services

INTRODUCTION

What is a Risk?

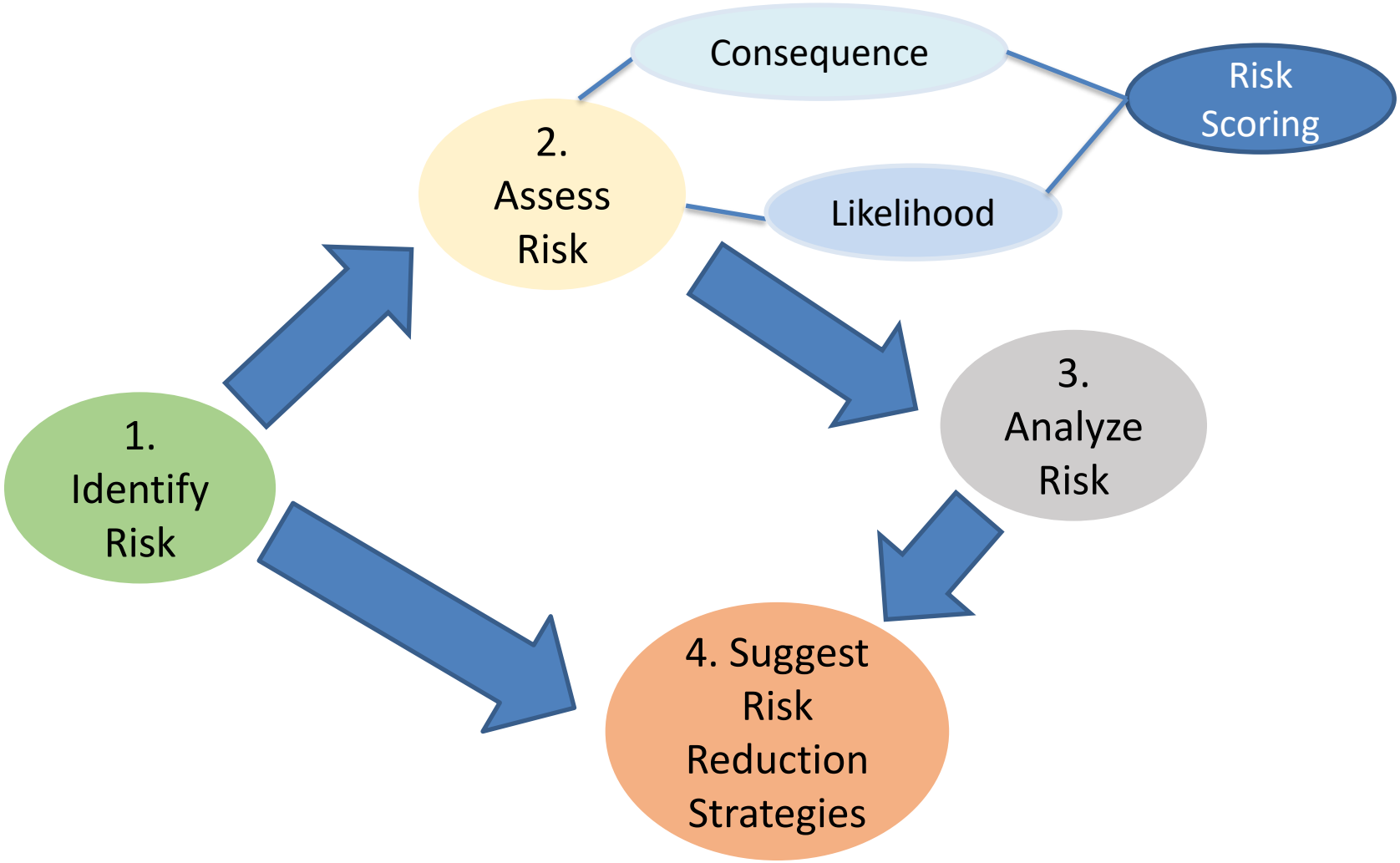
What is an Operational Risk ?

What is a Risk Register ?

RISK ASSESSMENT

S. No.	Risk Owner	Risk type	Risk description	Actual or Potential risk?	Consequences	Likelihood	Risk Rating
R1	Manager (Operations)	Operational Risk	Risk of increased waiting time and decrease in work efficiency due to no shows	Actual	3	4	12 (High Risk)
R2	Manager (Operations)	Operational Risk	Risk of insurance rejection due to errors in medical claim	Actual	4	3	12 (Extreme Risk)
R3	Manager (Operations)	Operational Risk	Risk of losing patients due to lack of certain medical specialties	Actual	4	5	20 (Extreme Risk)

RISK ASSESSMENT



Research Question

What actions should the Operations team of Thumbay Hospital Day Care – Rolla, Sharjah take to reduce and control the identified operational risks of its OPD?

Objectives

Primary Objective: To develop the risk reduction strategies of the identified risks.

Secondary Objectives

1. To study the incidents of no shows in the OPD
2. To identify the errors in medical claims submission
3. To identify the required, additional medical specialties for the OPD

Methodology

Study Area: Out Patients Department, Thumbay Hospital Day Care, Rolla, Sharjah

Study Method: Cross Sectional study based on secondary data analysis

Data Source : HIMS, Thumbay Hospitals

Study Duration: 1st March – 30th April

Methodology

NO SHOWS AT THE OPD

All the patients who booked appointments through website/call centre/direct contact but did not show up at the OPD were identified. Each patient was identified and no-show calls were made to the patients to assess the cause and for another appointment later. The improvement in no show after the no show calls was analyzed by calculating the percentage improvement and effectiveness of no-show calls was interpreted.

Inclusion Criteria: All the patients who booked appointments for Outpatient Services of the Hospital

Exclusion Criteria: Patients who booked appointments for one department on the same day more than once.

Methodology

ERRORS IN MEDICAL CLAIMS SUBMISSIONS

All the medical claims were scanned on the next day of claim and thoroughly scanned for identification of error. The errors were identified by comparing the entered data with the scanned insurance cards or the billing details. A checklist was prepared to identify and analyze the errors.

Inclusion Criteria: All the medical claim forms which had potential/actual errors

Exclusion Criteria: Error caused due to technical breakdown of the card scanning machines

Methodology

NEED OF ADDITIONAL MEDICAL SERVICES

All the patients who were referred to any other Thumbay Hospital were identified. The referral hospital, the referring doctor and the referred department where the patients were referred were identified. Analysis of the data was done to identify the specialty which was the most required by patients visiting THDCR.

Inclusion Criteria: All the referrals to other Thumbay Hospitals due to lack of medical specialties.

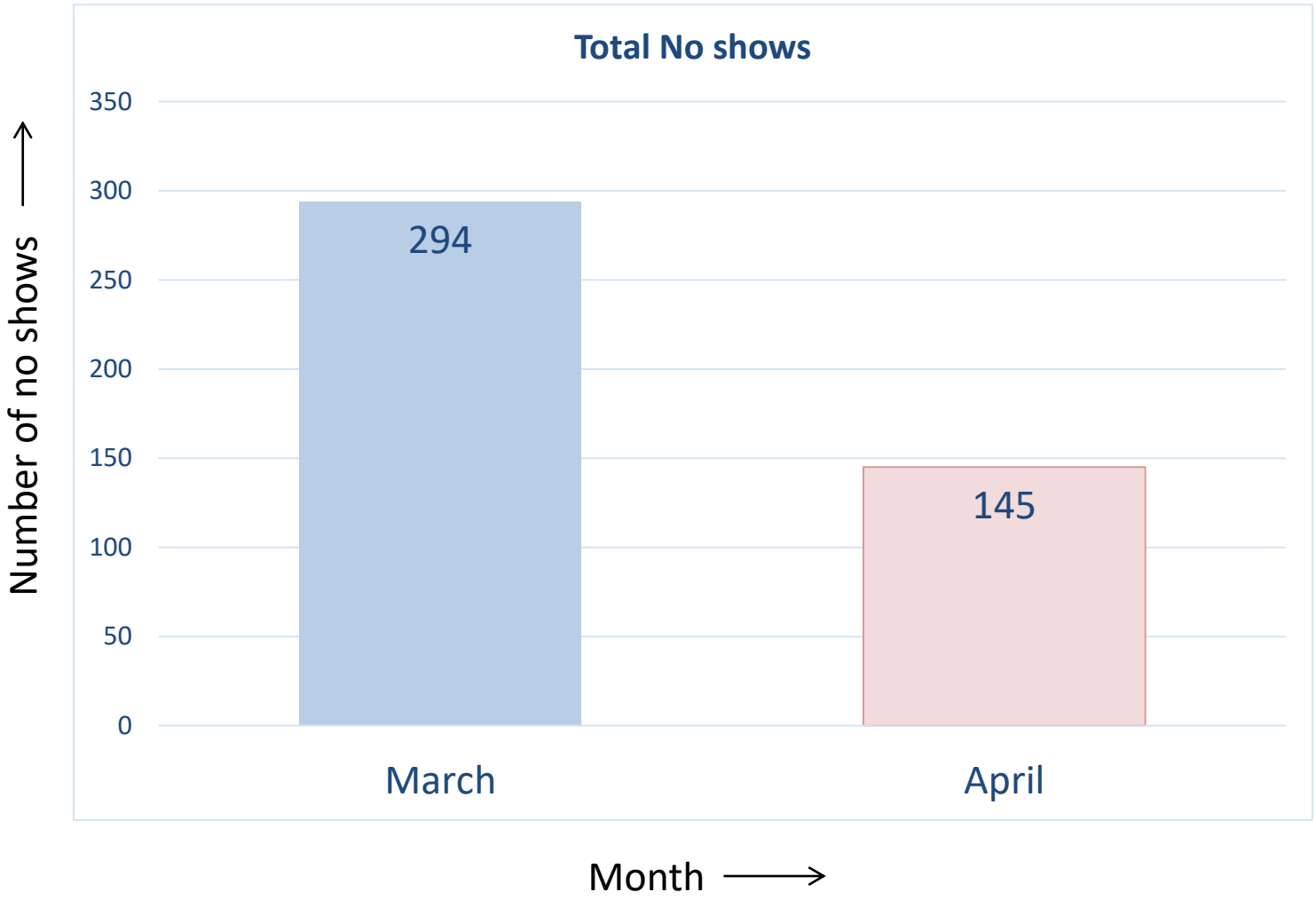
Exclusion Criteria: Referrals to already existing departments of the hospital and the referrals to accident and emergency department.

Methodology

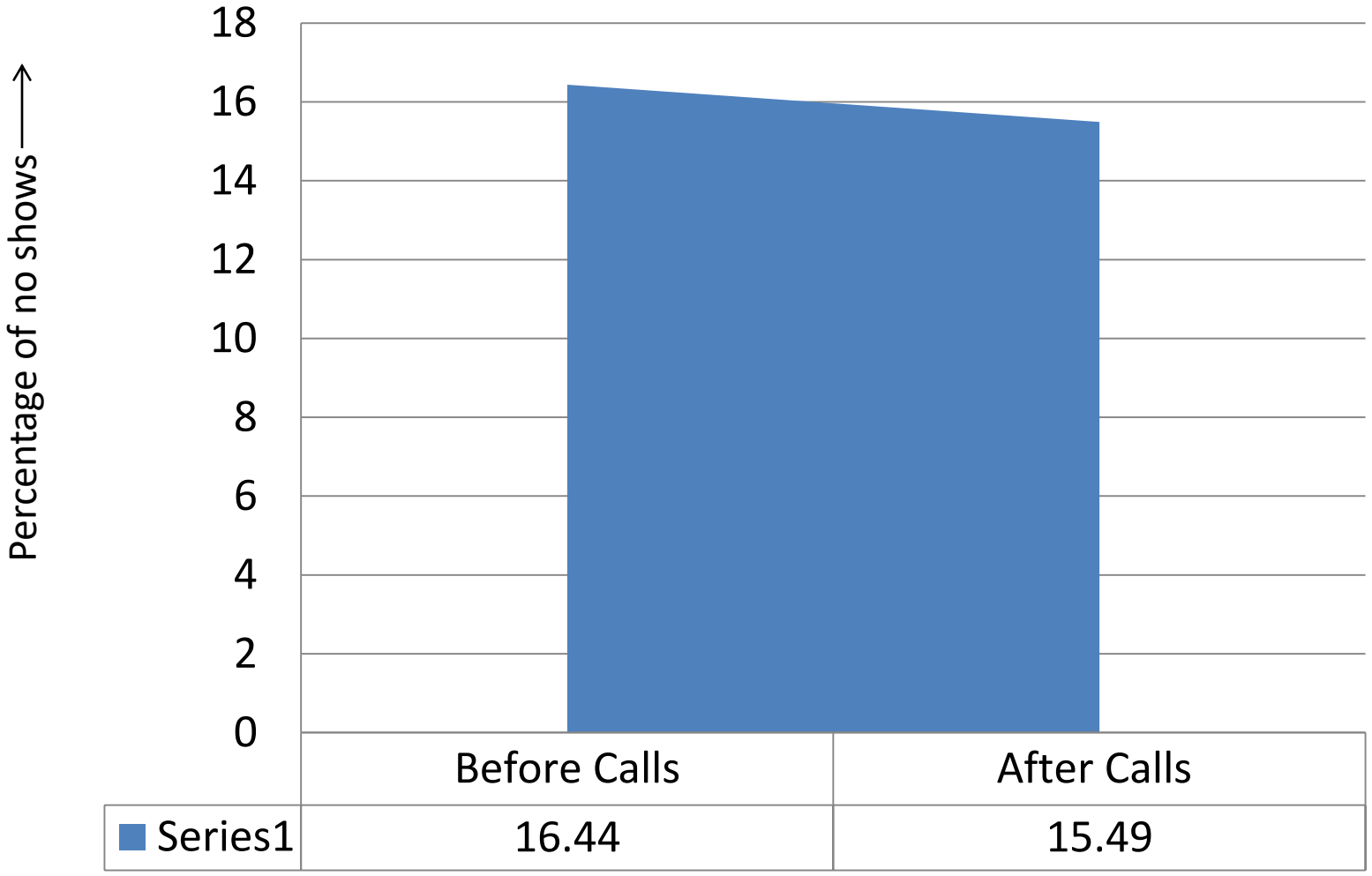
DEVELOPMENT OF RISK REDUCTION STRATEGIES

The three identified risks were analyzed systematically and risk reduction strategies were developed based on the findings.

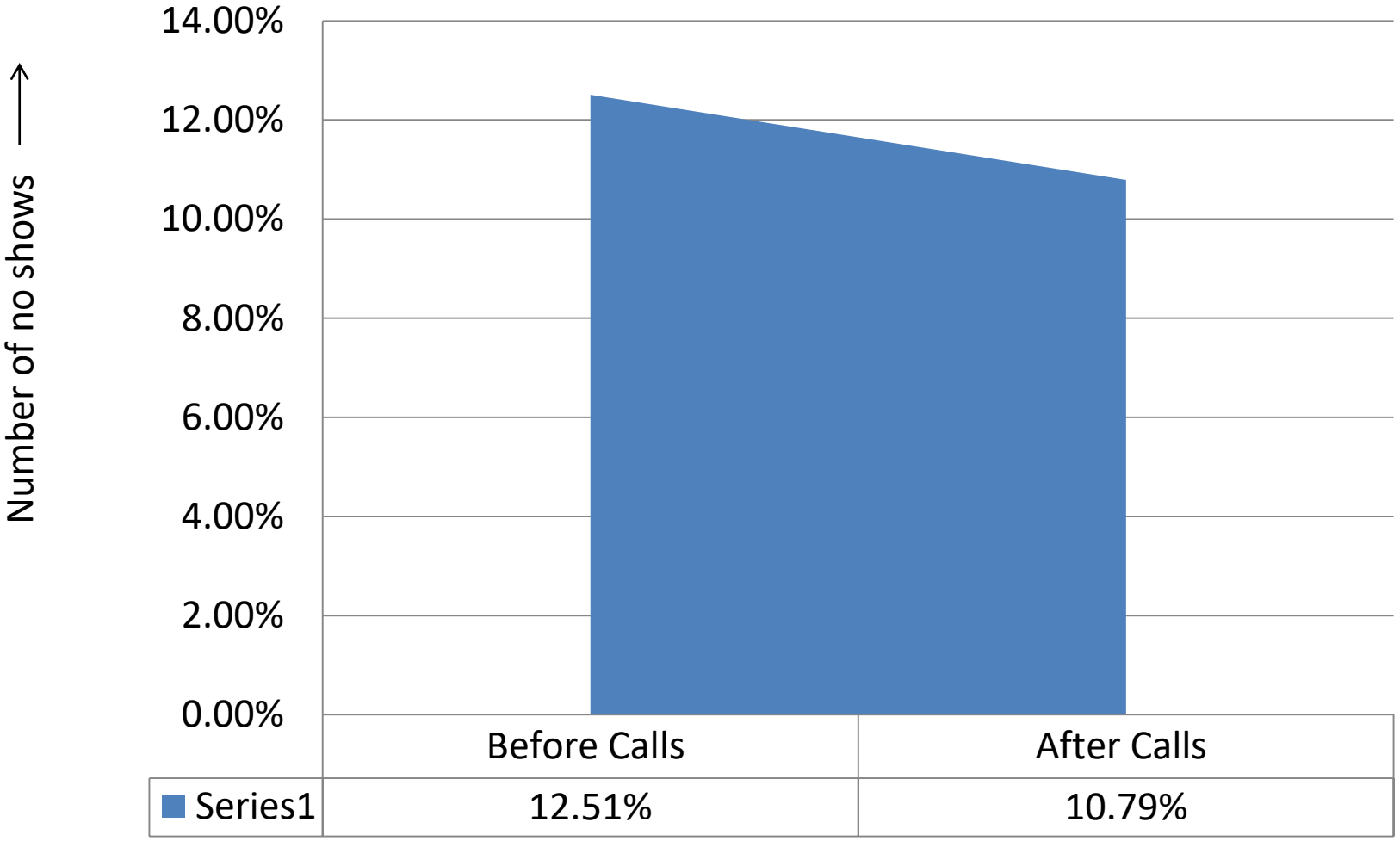
RESULTS


Total No shows
350
300
250
200
150
100
50
0
294
145
March
April
Number of no shows
Month

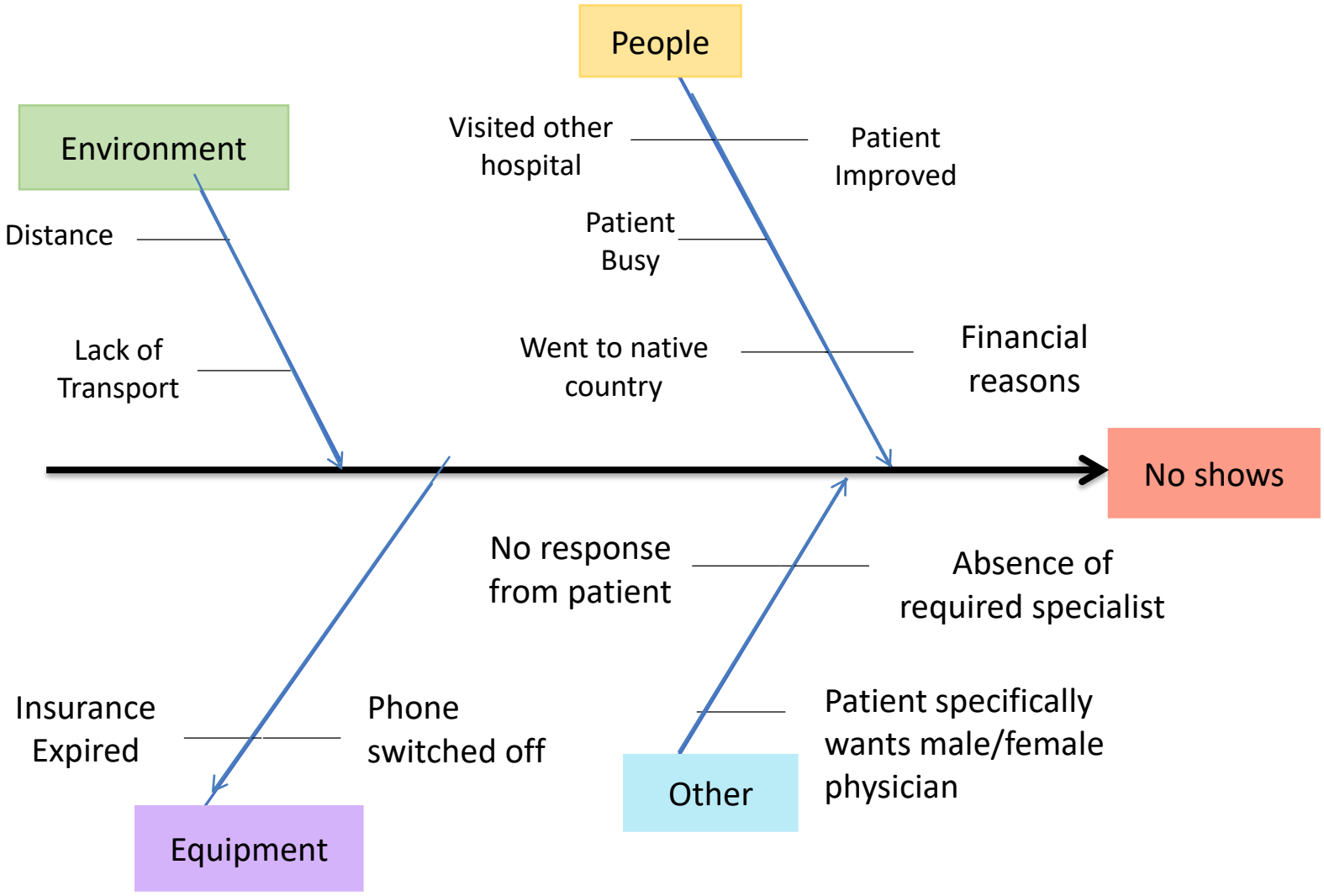
Improvement in no shows after no show calls in March



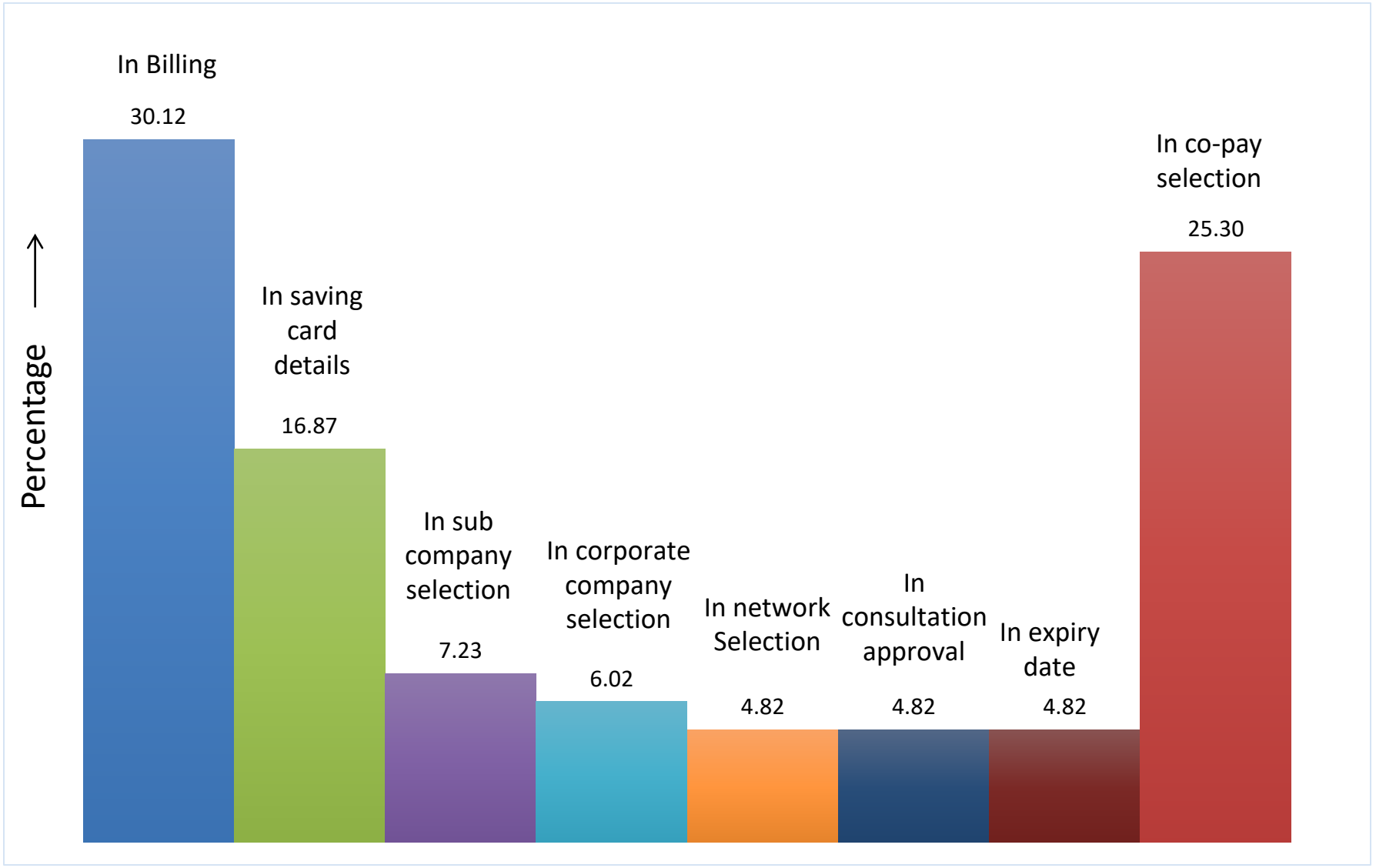
Improvement in no shows after no show calls in April



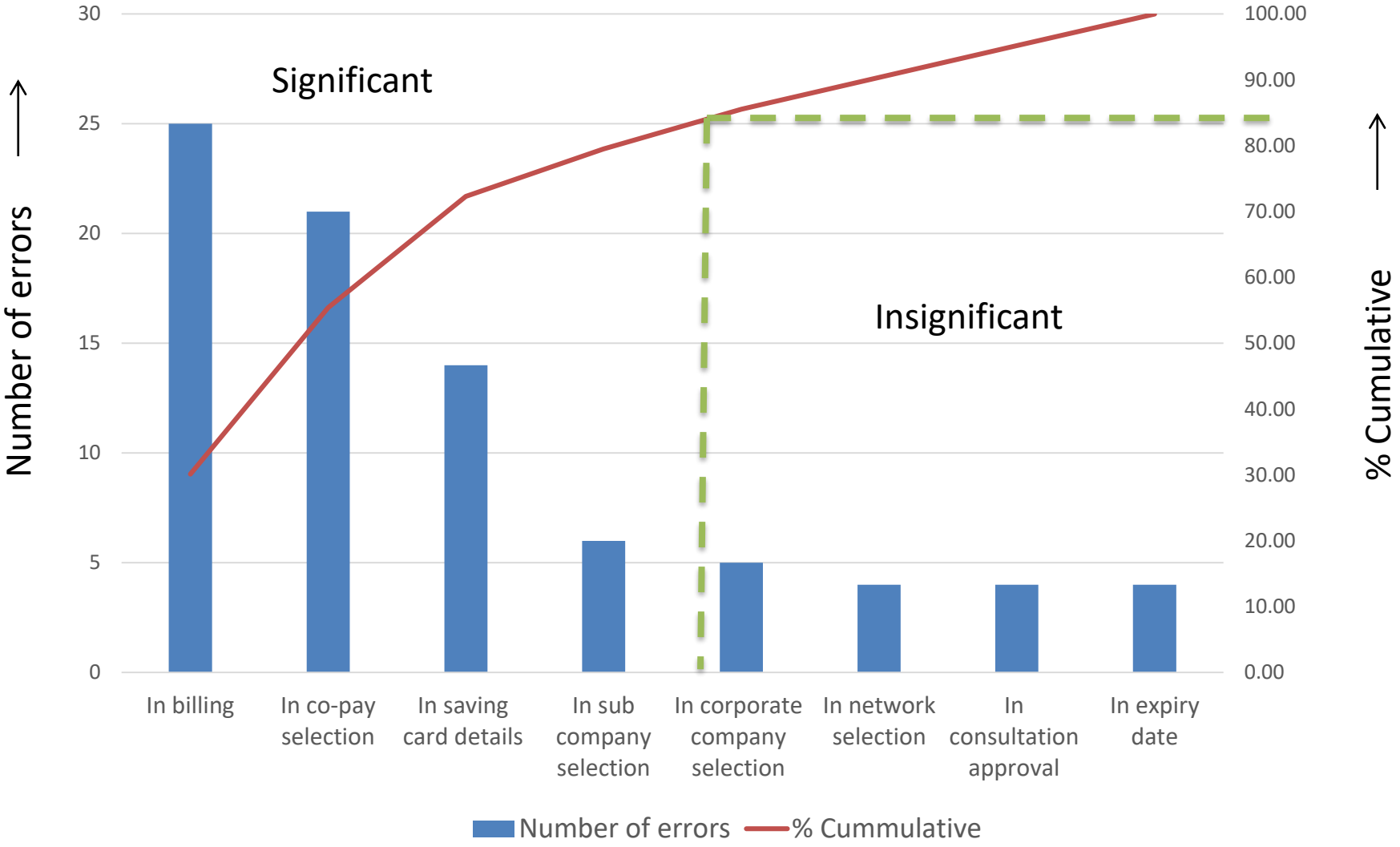
No shows – Cause and Effect Diagram



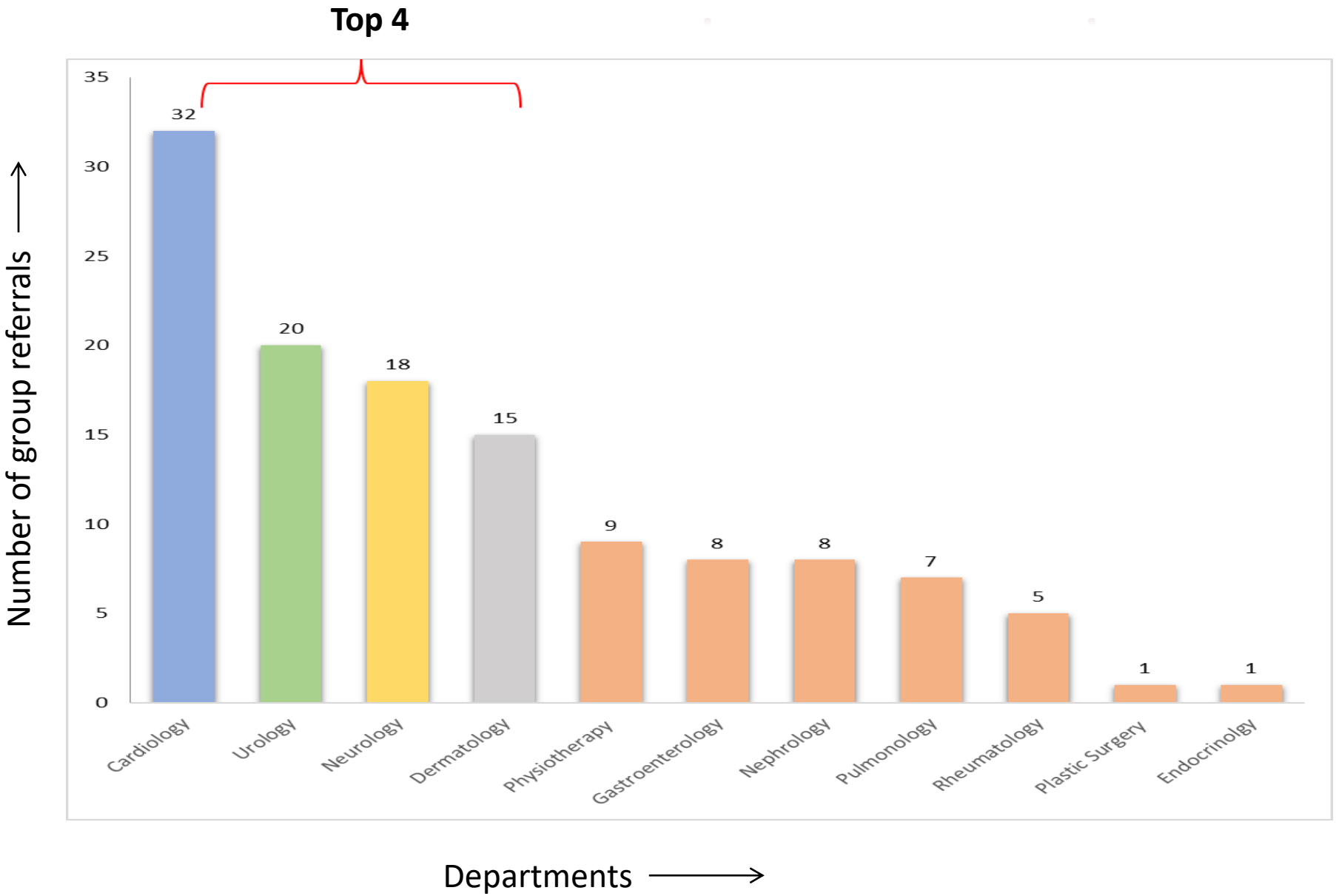
Errors in Medical Claims Submission



Errors in Medical Claims Submission – Pareto Principal 80/20 Rule



Need of Additional Medical Specialties – Group Referrals



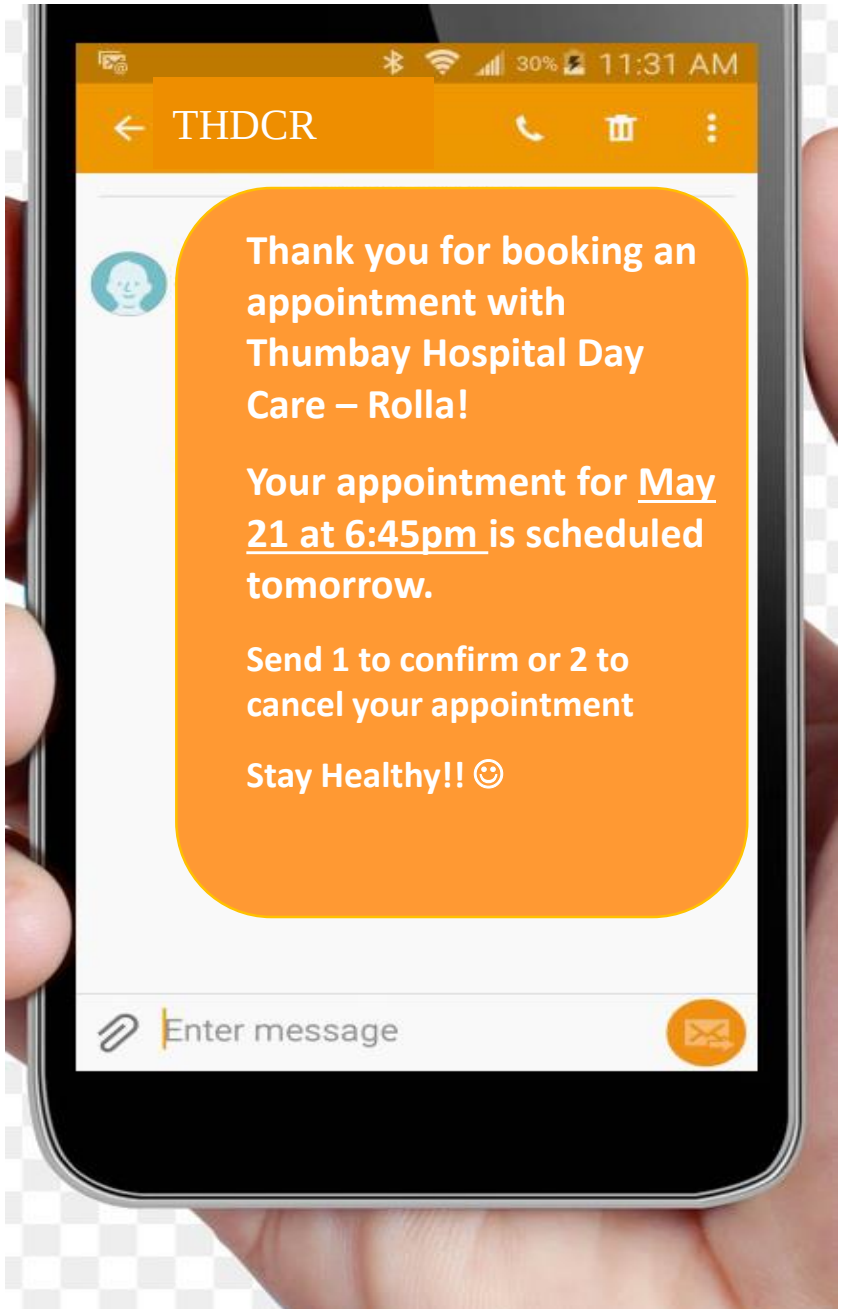
Suggested Risk Reduction Strategies

R1: Risk of increased waiting time and decrease in work efficiency due to no shows

Strategy R1.1: Advance reminders to patients who booked appointments, preferably one day prior

Strategy R1.2: Additional option to confirm the booked appointments

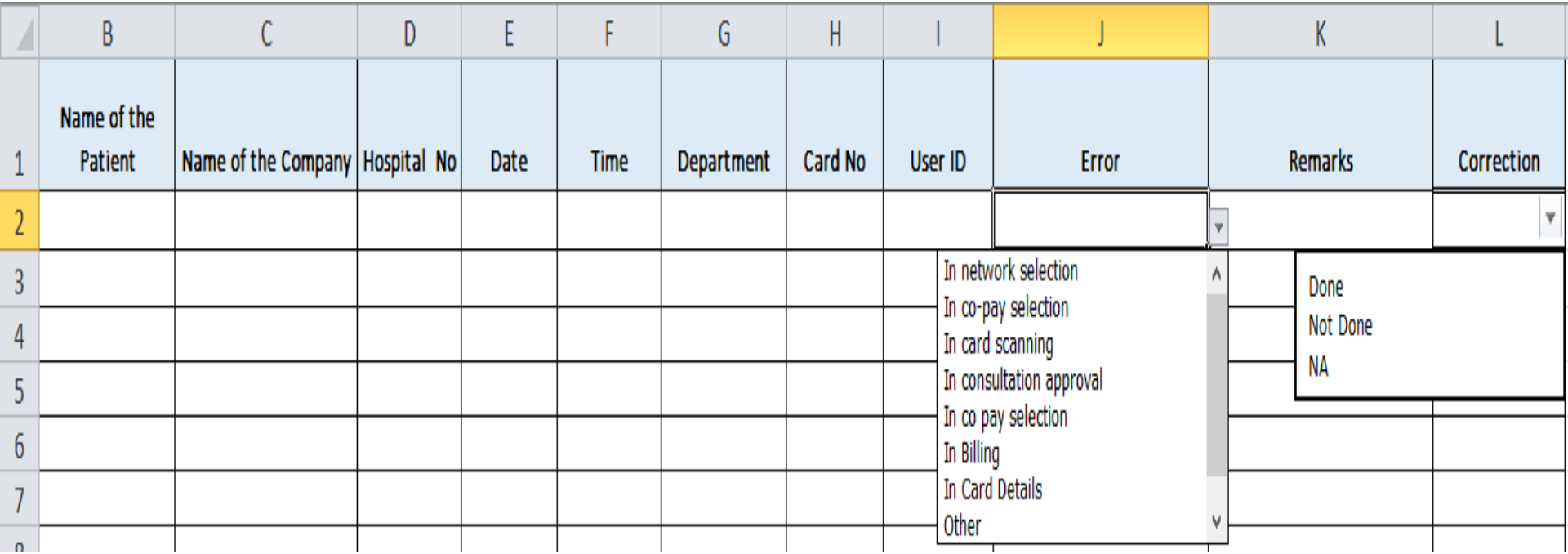
Strategy R1.3: Keeping a wait list


30% 11:31 AM
THDCR
Thank you for booking an appointment with Thumbay Hospital Day Care – Rolla!
Your appointment for May 21 at 6:45pm is scheduled tomorrow.
Send 1 to confirm or 2 to cancel your appointment
Stay Healthy!! ☺
Enter message

R2: Risk of errors in medical claim leading to Insurance Rejection

Strategy R2.1: Staff Education

Strategy R2.2: Daily audits of data with a checklist


B
C
D
E
F
G
H
I
J
K
L
1
Name of the Patient
Name of the Company
Hospital No
Date
Time
Department
Card No
User ID
Error
Remarks
Correction
2
3
4
5
6
7
In network selection
In co-pay selection
In card scanning
In consultation approval
In co pay selection
In Billing
In Card Details
Other
Done
Not Done
NA

R3:Risk of losing patients due to lack of certain medical specialties

R3.1: Addition of the top 4 departments identified

Proposed Risk Register

S. No.	Risk Owner	Risk type	Risk description	Actual or Potential risk?	Consequences	Likelihood	Risk Rating	Risk Reduction Strategies
R1	Manager (Operations)	Operational Risk	Risk of increased waiting time and decrease in work efficiency due to no shows	Actual	3	4	12 (High Risk)	R1.1 R1.2 R1.3
R2	Manager (Operations)	Operational Risk	Risk of insurance rejection due to errors in medical claim	Actual	4	3	12 (Extreme Risk)	R2.1 R2.2
R3	Manager (Operations)	Operational Risk	Risk of losing patients due to lack of certain medical specialties	Actual	4	5	20 (Extreme Risk)	R3.1

Conclusion

The total number of no shows for the month of March and April was 16.44% and 12.51% respectively which reduced to 15.49% and 10.79% which is more than the international benchmark i.e. 5-10%.

The significant errors identified from the study were In billing (30.12%), In co-pay selection (25.30%), In saving card details (16.87%) and in sub company selection (7.23%)

The top 4 medical specialties which could be added for the OPD services were cardiology, urology, neurology and dermatology depending on the feasibility of various factors of the hospital.

Implementation of the risk reduction strategies thus could reduce the identified risks.

Thank you

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