Internship

at

Wockhardt Superspeciality Hospital, Nagpur

By

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MBA Health and Hospital Management

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BACKGROUND

- Wockhardt hospital, the 1st super specialty and NABH accredited hospital of the region with over 20 medical & surgical disciplines within 168 bedded hi-tech infrastructures.
- Wockhardt hospital is a complete setup with all Emergency Care and Advance trauma centre ensuring in-time patient operation:

i) By offering 5 State-of-the-art Modular OT.
ii) A fully dedicated OT for transplant cases.
iii) 52 Bedded Critical Care Units.

- Doctor, State-of-the-art equipment's and expert team of doctors offering clinical services in the fields of Cardiology, Neurosciences, URO & Nephrology, Orthopaedics & Joint Replacement, Kidney transplant, Rheumatology, General Laparoscopic and Colorectal Surgery, Haematology & Haemato – Oncology, Gynaecology & Critical Care

ACHIEVEMENTS

i. 1st kidney transplant done in the region. Successfully performed 150+ KTPs.

ii. World's smallest leadless pacemaker implanted in 82 years old patient. Again 1st ever done in the region.

iii. Broken vertebra being successfully fixated by percutaneous spine surgery.

iv. Successful removal of 20 cm long clotted blood thread, giving a normal life to the patient.

ABOUT THE TRAINING

In my tenure of three months training at Wockhardt Superspeciality Hospital, Nagpur.

I have covered 5 departments, each department of 15 days training.

DEPARTMENT 1- MEDICAL ADMINISTRATION, OUTPATIENT DEPARTMENT AND DIAGNOSTIC

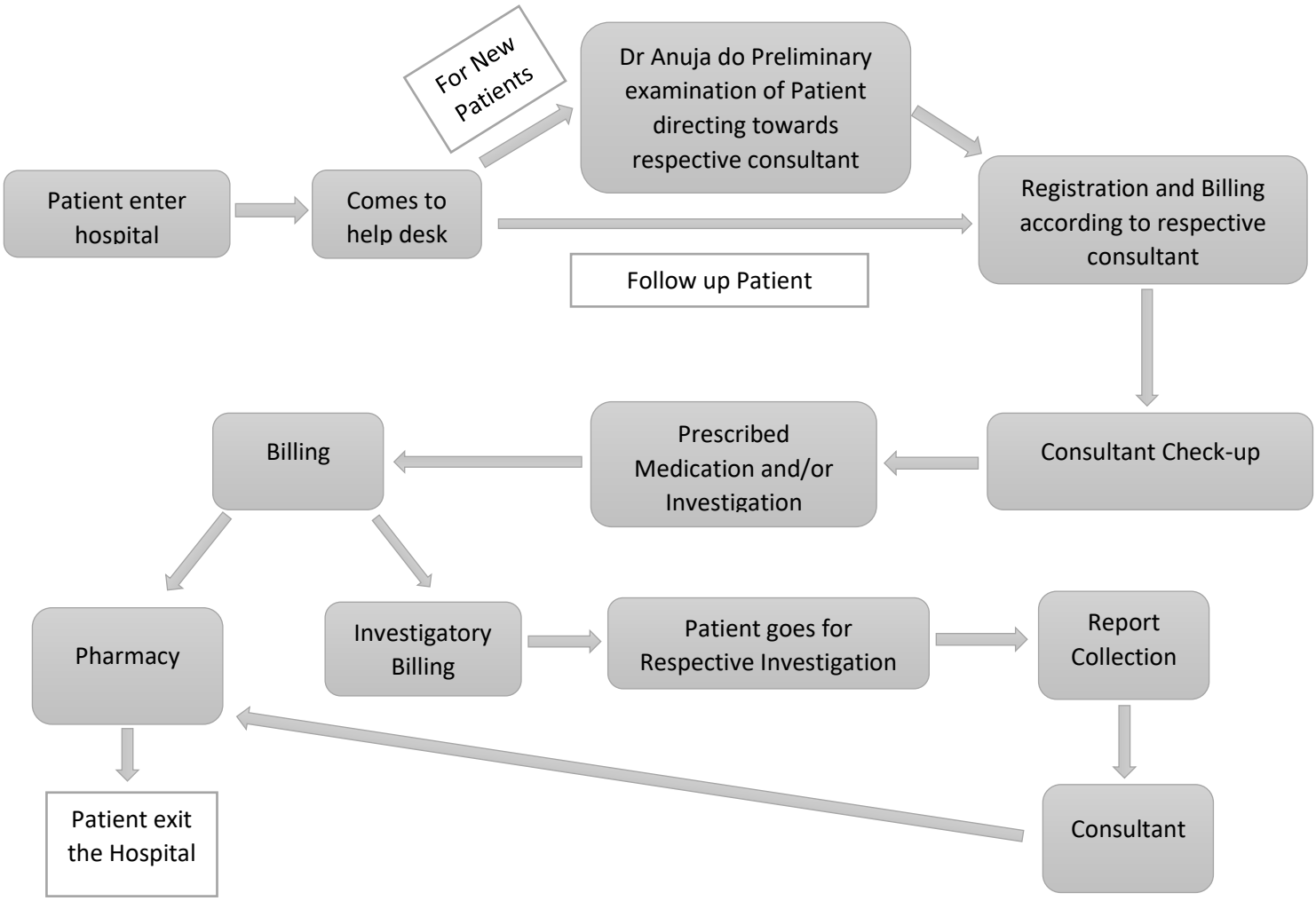
Medical Administration-

This department covers variety of hospital management like- IPD, OPD, Billing, Medical records, OT, medico-legal cases, assessment of clinical areas, reviews/audits.

Diagnostic: Scope of Services-

TMT, ECHO, ECG, Phlebotomy(sample collection), X-Ray, MRI (outsourced), CT Scan (outsourced), Sonography

Out-Patient Flow-



Problem Statements-

1) Low OPD footfall.
   Reasons- Low patient satisfaction- Unhygienic Entrance curtain
   Poor Customer care behaviour
   Extended waiting time- late arrival of consultant

   Recommendations-
   - ✓ Reuse the automatic glass door to manual glass door.
   - ✓ Time to time Training of customer care employees for service excellence (how to greet, attain patients/relative's etiquette, telephone etiquette phraseology, how to guide patient throughout the process).
   - ✓ Streamlining proper time slots for consultant and should strictly follow them.

2) Unmanageable crowding in Billing area in peak hours (11am- 02pm)
   Reasons- Relatives accompanying per patient is high.
   No Queuing system/token system.

3) Extended waiting time in diagnostic procedures.
Reasons- Unavailability of manpower during peak hours.
Single dedicated diagnostic equipment allotted which sometimes used in OT during OPD hours. For e.g., Sonography machine.

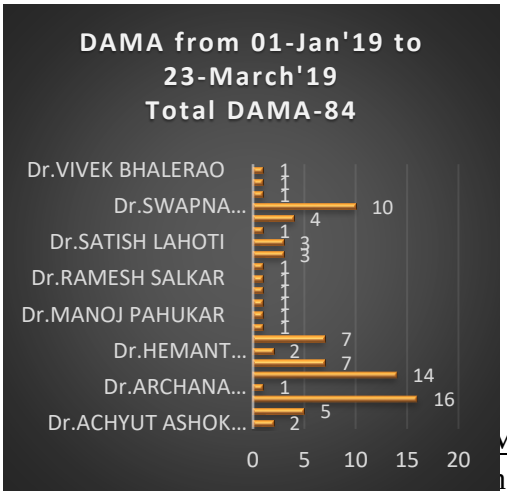
4) Less number of feedbacks in OPD.
Reasons- Too long feedback form for OPD patient.
Customer care don't deliver the feedback forms to every patient/relative.

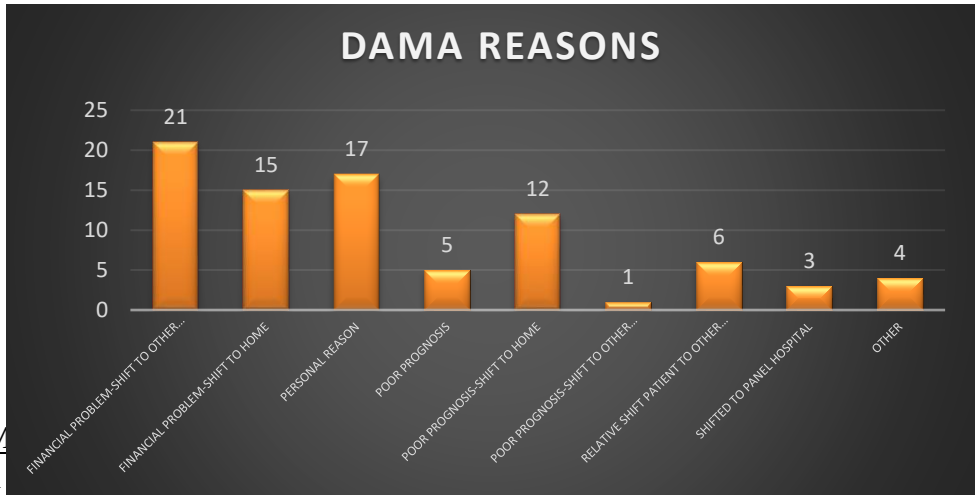
DEPARTMENT 2- BILLING/ALTIUS

Problem Statements-

1. High number of in-patients leaving DAMA because of various reasons leading to loss of business.

Reasons- i) Low patients satisfaction index, shifting to other hospitals.
ii) Financial issues.
iii) Absence of conventional patients and relatives counselling.
iv) Poor prognosis.





- Enhancement of patient's satisfaction and delight.

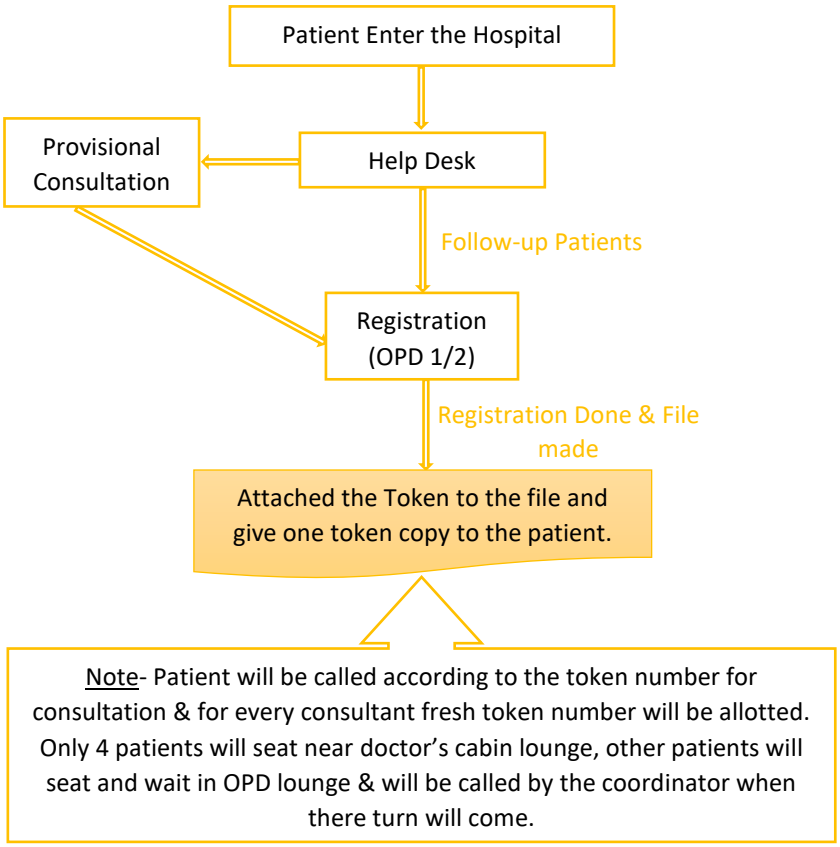
2. Unmanageable crowding in Billing area in peak hours (11am- 02pm)

Reasons- Relatives accompanying per patient is high.
No Queuing system/token system.

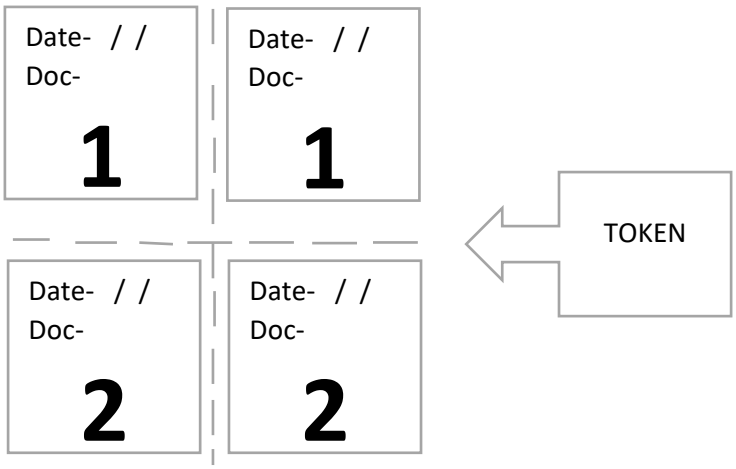
RECOMMEDATIONS-

- Implementation of Queue Management and Token System.

Token System



To be attached to File **To be given to the patient**



3. Increase in customer care employee attrition rate due to high pay offers and better opportunities from competitive hospitals.

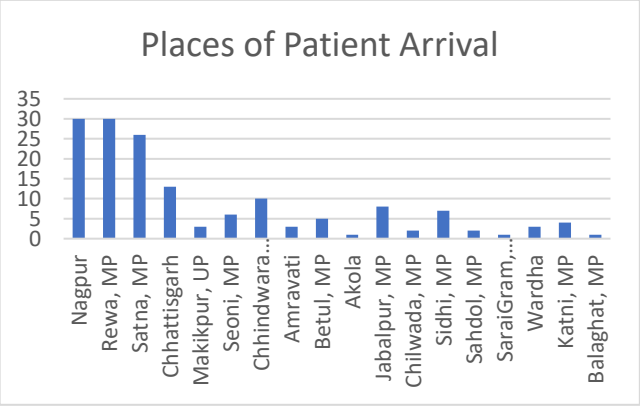
RECOMMEDATIONS-

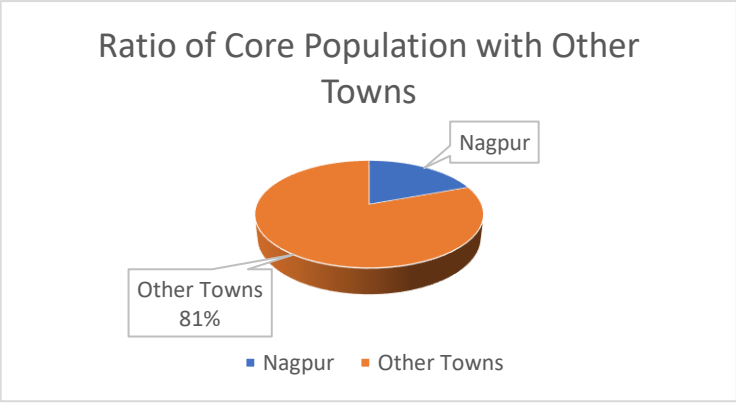
- Offer Competitive pay and benefits.
- Give Praise- encouragement & recognition.
- Show the career path/growth.
- Conducting survey about employee satisfaction and work upon the it.

4. Increase in TAT of Health check-up Packages patients due to long waiting time for consultation.

DEPARTMENT 3- MARKETING

Problem 1- Core population of Nagpur is minimal, hospital catering buffer population of other various towns of M.P., Chhattisgarh. There is no strategic plans to increase the trading patient (localities of Nagpur).

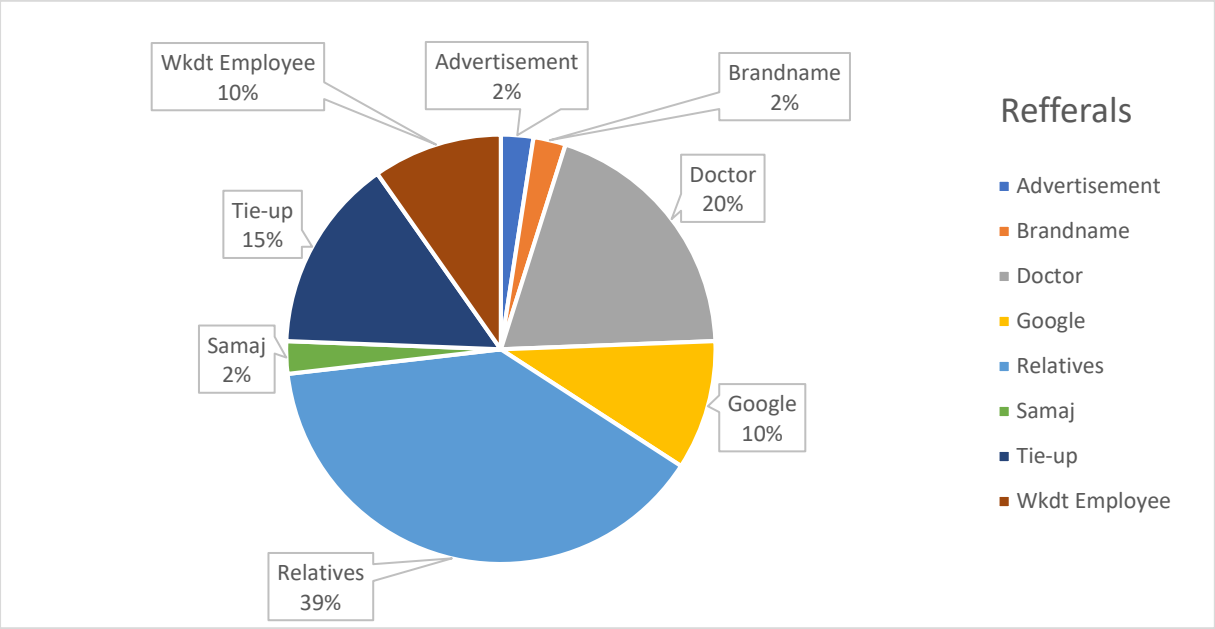




Recommendation-

1. Organizing awareness programs or events for creating in-house branding in Nagpur. E.g. Women's day function on women's health and disease awareness.
2. Targeting communities and samaj and offering special packages for them to attract.
3. Making new contacts with local doctors for referral and associations.

Problem 2- There is minimal referral from doctors/consultants of patients. Most of the patients are referred from there relatives, some came because of tie-ups and few from google search. There is negative response disclosed when one to one discussion done with local doctors.



Recommendation-

1. Combing activities to make new contacts with local doctors and to make Stronger connection with already linked doctors for referral of patients to our hospital.
2. Streamlining all the referral points of each patient so that we can fabricate good relationship with all the referral source so that we can get maximum patients' referral and consultant association.

Problem 3- Multiple number of tertiary care hospitals has been opened in Nagpur city, resulting in tough competition to our hospital to maintain our patient's footfall to the hospital.

Recommendation-

1. Increase in-house branding activities to reestablish the brand-name within the surrounding. E.g. Displaying hospital achievements in walls of hospital, in PR. Our paneled doctors doing health talk shows in FM radio, in events etc.
2. Highlighting the expertise and new technologies we have.

Problem 4- During interaction with the patients many if them complained about outdated website of the hospital.

Recommendation- Need to update the official website of the hospital and make it more user friendly.

DEPARTMENT 4- FACILITY

Problem Statements

1. Most of the time patient coming for dialysis have to wait in casualty department, dialysis housekeeping(outsourced) people take time to come and transport the patients to dialysis department. Many a time they don't come even for which casualty department resources get stuck in that (wheelchair, housekeeping person).

   Recommendation-
   Streamlining of dialysis department process of patient transportation.

2. No coordination between all floors and departments for housekeeping. When housekeeping person of one respective floor/dept. go to other floor/dept for report submission/collection or any other work, they get stuck their as other dept. people utilize them for their work taking approx. 15-30mins of the housekeeping person to get back to his respective department which results in unavailability of housekeeping for that time in that respective dept.

   Recommendation-
   Regular counseling of the nurse, RMO's and doctors to not give any other work to the housekeeping person coming from other departments and make sure they can get back as soon as possible to their respective departments.

3. The security guards (transporting patients to emergency department) and housekeeping supervisors are highly vulnerable to communicable diseases and infections as they are exposed to high touch points in daily basis.

   Recommendation-
   Vaccination of the security guards and the housekeeping supervisors.

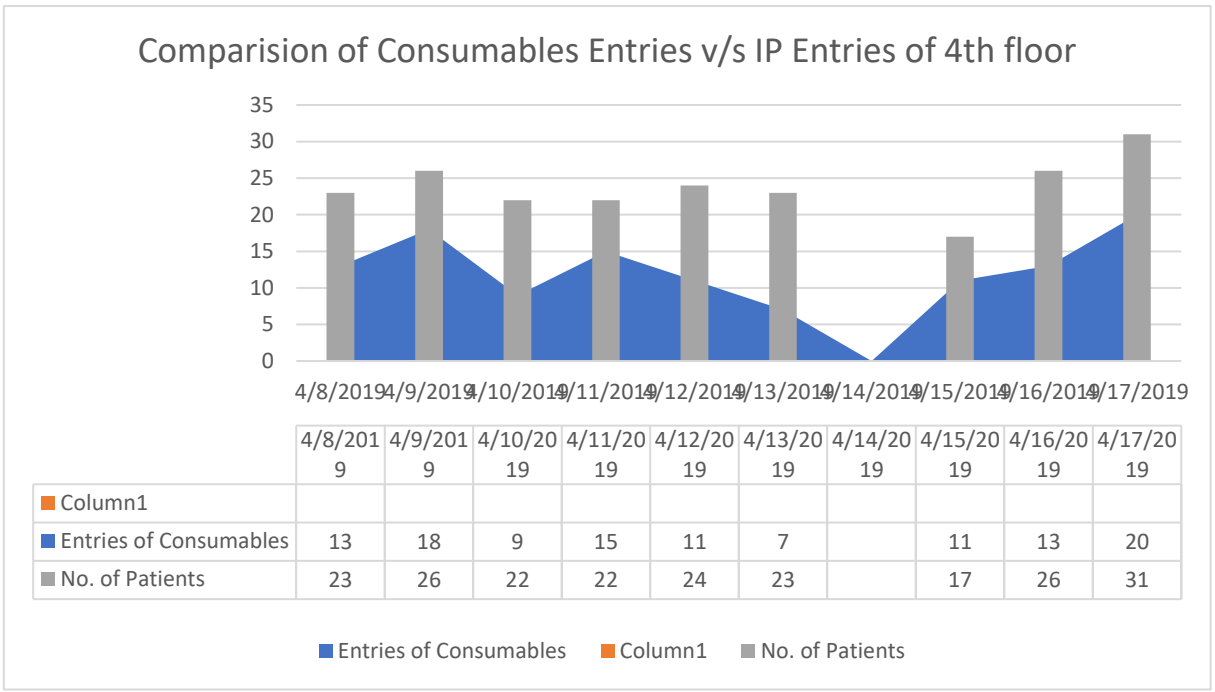
4. Housekeeping people face problem while need for wheelchair as all wheelchairs are not working properly.

   Recommendation-
   Repair of all the wheelchairs time to time when needed.

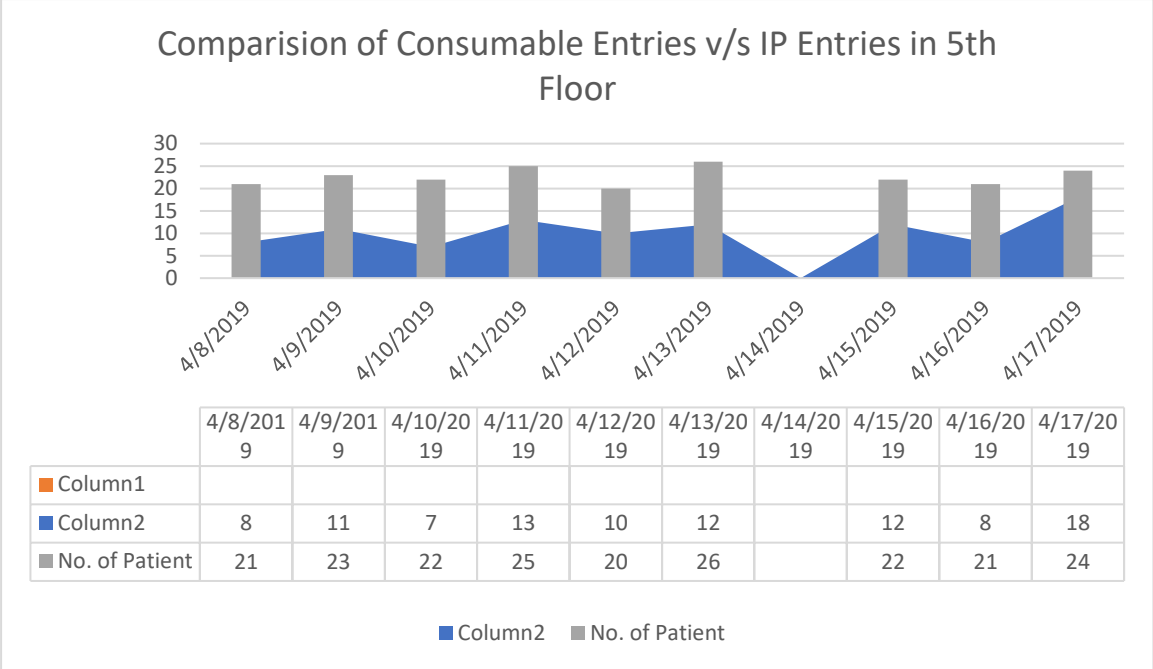
DEPARTMENT 5- MATERIALAS AND PHARMACY

PROBLEM STATEMENTS-

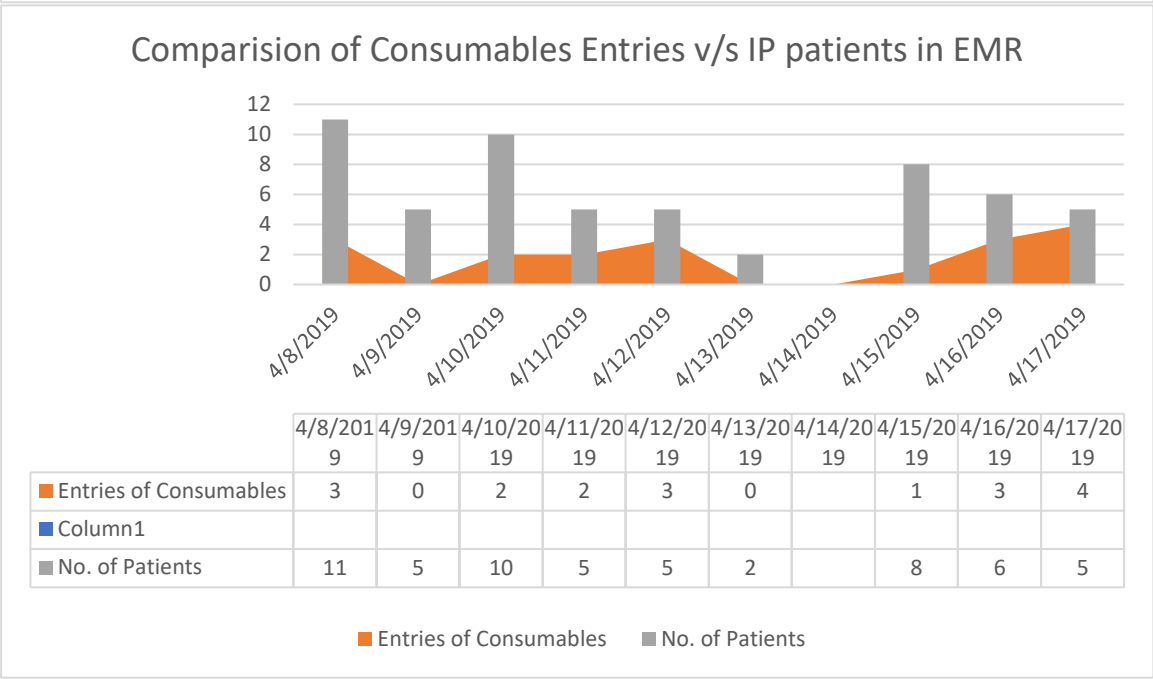
1. Entries of consumables on IP levels, Emergency and ICU's are not up to date. Even after doctors' round and bed side procedures no new entries are made in IP issue register. On asking nursing staff , it was been told that they make the entries post on duty hours.



	4/8/2019	4/9/2019	4/10/2019	4/11/2019	4/12/2019	4/13/2019	4/14/2019	4/15/2019	4/16/2019	4/17/2019
Column1										
Entries of Consumables	13	18	9	15	11	7		11	13	20
No. of Patients	23	26	22	22	24	23		17	26	31



	4/8/2019	4/9/2019	4/10/2019	4/11/2019	4/12/2019	4/13/2019	4/14/2019	4/15/2019	4/16/2019	4/17/2019
Column1										
Column2	8	11	7	13	10	12		12	8	18
No. of Patient	21	23	22	25	20	26		22	21	24



	4/8/2019	4/9/2019	4/10/2019	4/11/2019	4/12/2019	4/13/2019	4/14/2019	4/15/2019	4/16/2019	4/17/2019
Entries of Consumables	3	0	2	2	3	0		1	3	4
Column1										
No. of Patients	11	5	10	5	5	2		8	6	5

RECOMMENDATION- Instead of entering in IP issue book, one page should be given to each nurse to enter whatever consumables they are using with labelling for which the bed number and patient details. The nurse in charge of the respective levels, icu's & emergency should be exclusively assigned with the task of checking entries of the consumables in IP issue paper at the end. the nurse using the material/issuing the material should sign at the end of every shift in that paper, and in-charge sister should counter sign it after checking with the stock. After that only the sister assigned for charging the consumables should do the entry in HIMS.

CONSUMABLES ISSUES SHEET

Name of Nurse- Shift- Date-

Bed No. & UHID	Consumables	No. Used	Signature

In-charge Name- Sign-

Figure: Recommended Consumable sheet

2. In absence of OT store in charge ; OT technicians & OT nurses take away materials/ drugs without any information.
   RECOMMENDATION- There should be a separate record book maintained in the store apart from store in charge's log book and it should be instructed to the OT staff , that they should unexceptionally make an entry into the record book before taking the material or drug to the OT in absence of OT store in charge or when they are busy with other tasks like procurement, indent, paper entry of surgery consumables and drugs etc.

3. Entries in OT kit paper are random and improper. At times there are duplication of entries , other times there are incomplete entries. Also, entries are made below signature of Surgeons. Many a times the kit paper arrives with blood stains , contaminants, betadine spills etc.
   RECOMMENDATION- There should be strict instructions that all the entries should be done, cross checked & signed by minimum of two supportive clinical staff involved in the surgery prior to the counter signature of the surgeon. Also, if the kit paper has blood stains or any other type of contaminants which may lead to infection, it should be immediately destroyed and trashed ; subsequently a fresh kit paper should be made.

4. In OP pharmacy, there are numerous prescriptions bounces every day because of unavailability of brand name prescribed by the consultant, instead same drug molecule with alternative brand names are available. Also, multiple times, there are duplication of indent orders from IP Levels.

   RECOMMENDATION- The OP pharmacy staff should be trained in customer counselling. They should be able to convince the customers to purchase the alternative brand name having same drug molecule , along with this there should be support from consultants and nurses of OPD to create awareness among the patients with regards to prescription and alternative drugs with same composition.

   Before indenting drug orders, IP nursing staff should check the available drug stock at bed side of respective patient, in order to avoid duplication.