Internship

at

Wockhardt Hospital Ltd. Mumbai

By

Sonali Singla

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Health and Hospital Management

Academic year, 2017-2019

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

<u>NEW AGE HEALTHCARE WOCKHARDT HOSPITAL, MUMBAI</u> CENTRAL (SOUTH MUMBAI).

When new age technologies take healthcare to the next level, when expertise reinforces trust, when hope turns to a promise, Life Wins.

Life Wins at the New Age Wockhardt Hospitals, Mumbai Central – it is the hospital's philosophy, its way of approaching healthcare. Situated in the heart of South Mumbai's business district – Mumbai Central, the 20-storeyed, 350 bed, state-of-the-art, tertiary care hospital is the Wockhardt Group's latest and largest flagship hospital.

To give meaning to its mission of making life win, the hospital has strengthened its clinical expertise by involving some of the topmost clinicians across specialties. Whether it is Heart, Brain, Spine, Joints, Kidney, Digestive, Oncology or Critical Care, the doctors at Wockhardt have a collective experience of more than 10,000 interventional procedures and surgeries in each specialty. They are also experienced in performing the least invasive surgeries in all specialties.

The hospital boasts of two highly advanced cath labs with ultra-modern technologies to perform high risk coronary procedures and neurological surgeries. The Operation Theater (OT) suites at the hospital are some of the most advanced suites available today. There are a total of 8 OTs dedicated to Cardiac, Joint Replacement, Neurology, Oncology, MASand

organ transplantation. These OTs are modular and integrated that match international health and safety norms.

The 100 beds dedicated to Critical Care are connected to the *IntelliSpace Critical Care &Anaesthesia* (ICCA) system, which is an advanced concept of patient monitoring,wherein doctors can get a 24x7 errorless auto charting, which proves crucial in detecting and treating a patient's condition.

The hospital has the largest Paediatric Cardiac Unit in South Mumbai. It is a multi-disciplinary unit equipped with state-of-the-art diagnostic, recovery and monitoring techniques specifically for children recovering from a heart surgery. The unit is equipped to provide the highest level of excellence in paediatric cardiac care.

The New Age Wockhardt Hospitals, Mumbai Central is a promise to do everything that can be done to make a Life Win.

At Wockhardt Hospitals, we believe that the chances of the patient's survival rely on the quality of emergency care provided. It's not just the speed but also the quality of care that helps the patient recover. Therefore, we provide excellent primary care sufficiently backed by our expertise in advanced critical care. Be it strokes, cardiac arrests, accidents or any other emergency, our staff is equipped to provide the right kind of medical care.

Here are a few things that make our emergency care stand out:

- Code Blue: Acute Liver Disease (Acute Hepatitis) is those which are of recent onset, with rapidly intensifying symptoms, and ending into either recovery or death of the patient.
- Simulated Training :A contingency plan against emergencies such as respiratory failure and cardiac arrest. This code signals the immediate need for resuscitation or medical attention for the affected patient.
- Rapid Response Team: These teams of healthcare providers respond to hospitalized patients with signs of clinical deterioration in non-intensive care units to prevent respiratory, cardiac or any other emergencies.
- Intensive Care Unit: This unit is built keeping in mind every detail that could be critical in saving a patient's life. The use of cutting-edge technology and highly qualified intensives' helps bring the patient out of a critical stage.

The Wockhardt edge that creates possibilities

- The first fully wireless hospital in Asia
- The first wireless ECG management system in India
- The first paperless ICU in Mumbai
- The first anytime, anywhere patient data retrieval by doctors, in Mumbai.

- The intelligent ICCA system
- The highest number of beds in an ICU – 100
- The largest state-of-the-art Accident & Emergency unit in South Mumbai
- Hi-tech GPS-enabled ambulances'

Super-Specialties at Wockhardt hospital, Mumbai Central:

- Cardiology & Cardiothoracic Surgery
- Peadiatric Cardiology & Pead. Cardiothoracic Surgery
- Critical Care Medicine
- Thoracic Surgery
- Orthopedics', Rheumatology & Joint Replacement Surgery
- Neurology, Neuro Surgery & Spine Surgery
- Gastroenterology & Gastro-Intestinal Surgery
- Medical & surgical Oncology
- General Surgery
- Arthroscopic Procedures & Sports Medicine
- Dermatology
- Pulmonology
- Internal Medicine
- Nephrology
- ENT Procedures & Surgery
- Vascular Surgery
- Urology
- Emergency Medicine
- Endocrinology
- Minimal Access Surgery
- Gynecology & Gynecological Surgery
- Bariatric Surgery
- Aesthetic , Plastic & Reconstructive Surgery
- Kidney & Liver Transplant

Accreditations:

- NABH (National Accreditation Board for Hospitals & Healthcare Providers)
- NABL (National Accreditation Board for Testing and Calibration Laboratories)
- LEED Building (U.S Green Building)
- Green OT
- COEMBS (Centre of Excellence of Metabolic & Bariatric Surgery)
- SOEMBS (Surgeon of Excellence of Metabolic & Bariatric Surgery)
- JCI (Joint Commission International)

- PROCESS DRIVENQUALITY SYSTEMS

  The Wockhardt Group hospitals follow process driven quality systems and adhere to international standards of clinical care, safe environment, medication safety, respect for rights and privacy and international infection control standards. With latest technology, multi-disciplinary capability, state of the art facilities, world class infrastructure and excellent patient care ambience and processes. Wockhardt Hospitals Group is poised to become the most advanced and progressive healthcare institution in India.

- NEW-AGEMEDICAL FACILITIES

  In pursuance of our vision to establish new-age medical facilities and centres of clinical excellence in India, Wockhardt Hospitals, entered into a strategic alliance with Partners Medical International in Boston, USA. This exclusive association enables access to Harvard's expertise and clinical acumen in the areas of medical innovation and training.

- CLINICAL EXPERTISE

  As an associate hospital of Partners Medical International in India, Wockhardt Hospitals derive knowledge and acumen from various associated Hospitals in the world and bring to its patients, the global standards in technology and clinical expertise related to the management of diseases and tertiary care.

TITLE : Study on Key Operational Parameters of Wockhardt Hospital, South Mumbai Unit

Objectives :

- To study the key operational parameters of different departments of hospital
- To analyse gaps in the hospital operational processes
- To suggest recommendations to fill the gaps in operations of the hospital

BACKGROUND :

Key operational parameters not only include elements of hospital performance improvement areas, but it goes beyond them because of the emphasis it places on improving care delivery and patient satisfaction. A variety of process improvement and change management concepts and approaches are used to increase operational

efficiency and reduce clinical variability; the ultimate objective is to drive down the total cost of care while maintaining or improving care quality. However, hospitals are still lagging behind to use key operational parameters as a strategic tool to optimize its performance within the limited resources. Wockhardt hospital, Rajkot is one of the leading sources of healthcare delivery in the catchment area.

METHODOLOGY:

Study Location: The study was carried out in Medical Admin, Diagnostics, OPD, Billing, Marketing, Housekeeping, Security, CSSD, OT, Cathlab, and material departments of the hospital. Referring to the standard operating procedures of different departments, processes were observed for fifteen days and the gaps in them were analyzed. Study limitations: This study is only being carried out in Medical Admin, Diagnostics, OPD, Billing, Marketing, Housekeeping, Security, CSSD, OT, Cathlab, Laundry and material departments of the hospital as suggested by Corporate office of Wockhardt Hospital, Mumbai. No data is collected in any of the department as limited time was provided in each department. Standard operating procedure is used to find out the gaps.

A. MEDICAL ADMINISTRATION

Overview:

The role of medical administration in hospital is to supervise, in order to ensure smooth functioning in all the clinical departments. Compliance to Operational parameters of medical admin department can be checked by calculating the average length of stay of patients ,open audits ,number of trainings and CME programmes , patient grievance rounds ,number of discharges ,number of inpatient , number of international patients .

Responsibilities of Medical Administration :

1. Maintaining credentialing and privileging records of the all the new doctors joining in and old doctors of the hospital, Managing Registrar and RMO-to ensure all the standards are met.
2. Generating SMCON (South Mumbai Consultant Code Number) for consultants
3. Handling patient grievances by taking patient feedback on daily basis regarding the services provided by the hospital via anti disciplinary rounds on all wards
4. Taking daily feed backs of consultants and resolving consultant related issues
5. Reporting any issue related to HIS to IT department.
6. Making rota of RMO doctors and mapping RMO’s under consultants in HIS system
7. Mapping the quality indicators for MRD and send it to the quality department.
8. Organising meeting’s of advisory boards

9. Continuous monitoring and auditing of medication errors, incident reporting, code blue and RRT analysis.
10. Conducting and coordinating continuing medical education (CME) programmes for consultants.
11. Review on TAT of discharge process, long stay of any patient, OPD management, managing VIP patients.
12. Maintain licensure and perform open audits in wards, emergency, ICU, cath lab
13. Coordinating with international consultants regarding the status of admitted international patients
14. Daily reporting to senior medical administrator and monthly reporting to BKC for review

Problem areas observed during the study:

1. According to the Standard Operating Procedure for Assessments carried out in clinical areas, all manual records entered in the patient file will be signed, dated and timed but during open auditing of files in the wards I came across non-compliance to medical record keeping

- Seniors consultants are irregular in signing patient's history form
- Documentation error on treatment sheet ,out of which most common is in-appropriateness of omit orders
- Relative's/guardian signature is absent in many of the patient files on admission profile consent , history and physical examination form
- Patient files are getting delayed in medical record department due to incompletion a of medical record files of patient's

2. Shortage of Male PC (patient care provider) on wards of the 18th floor due which male patients are suffering and are dissatisfied
3. Many Patients are dissatisfied with the quantity of food being served although the quality of food is appreciated
4. No appropriate timing of consultants visiting the wards which leads to patient dissatisfaction.
5. Patient's relatives ask for sitting area near lift lobby due to long waiting time.

Solution to Problem 1:

ROM's and Consultants forget to sign manually and doesn't complete forms properly moreover many RMO's and consultants are not aware of the standards so in order to help them we can paste checklist of the prerequisites in medical record files of patient's in all the wards on the desks , so as to remind them to complete and cross check the prerequisites

in patients files .It will reduce delays to medical record department and will help in maintaining proper records for JCI audits .

Alternative solution is making consultant and RMO signature digital or automatic computerised signature in HIS system, as all the columns in patient history form are already being filled digitally through HIS system by RMOS .Only signature of RMO and Consultant are left to be done manually rather than keeping it manual we can make a policy to keep it digital so that it will reduce the unnecessary pressure to collect consultants signature and will reduce the problem.

Solution to Problem 3:

Quantity of food can be increased to a little amount; it will help in increasing patient satisfaction

B. BILLING DEPARTMENT

Overview:

The role of billing department is to handles every patient being admitted to any inpatient area(wards, intensive care units, or ambulatory services and to Handle all admissions and booking for any invasive procedure.

Responsibilities:

1. Providing information regarding tariff structure along with general administrative instructions to patients.
2. Getting authorization letter for other CGHS corporate patients for cashless admission ,IP billing and discharge process.
3. Getting authorization letter for TPA (Mediclaim) patients for cashless admission (planned and emergency
4. Managing discharges should be take place within 60-90 for cash and corporate patients with complete and accurate billing . The TPA discharges will subject to approval from the TPA company
5. Ensuring that patients avail the medical benefits
6. The responsibility of collecting the security deposit lies on billing staff at the time of discharge
7. Doing cancellation of the bills done at in inpatient
8. Providing visiting pass facility to the relative's,whoes patient admitted in ward ,ICU for treatment

9. Ensure stock are kept to minimum level and the indent is raised at the proper time for efficient working of the department
10. To do registration and admission of unidentified patients request came from emergency department with coordination with police or CMO or hospital administrator and making primary doctors phone call at the time of admission and enters it into the HMIS system
11. To transfer patient to other authorized hospitals when there is shortage of beds.
12. All patients discharges/transfers out of hospital
13. Allot vacant beds when required for admission , tracking and activating interim bed transfers ,with respect to expected patient list /emergency patient /request from the patients for up gradation and down gradation.
14. Package or tariff /master creation as per MOU terms and conditions to be entered in HIS
15. OT bed booking, admission department ,in patient billing as we as TPA /corporate co- ordination cell .
16. Duties :
    CGHS admission and billing
    Admission
    Discharge
    TPA doctor
    Estimation
    TPA discharge

Problem areas observed during the study:

6. Due to non-availability of change at Out-patient pharmacy billing , patient has to arrange the change which leads to their time wastage and it causes lots of unnecessary discomfort to patients.
7. Non- formulary drug form is filled at the rate of 1 per day and average is 7 per week which leads to increase in inventory and makes it less possible to keep all the non-formulary drugs in pharmacy.
8. Hundred per cent of bar coding is not there and moreover many times bar coding stickers are placed on the labels due which essential information about the drug is not visible to nurses and doctors.
9. HMIS system response time is more which leads to delay in dispensing and intending of medicines and delay in printing after dispatching of medicine.

Solution to Problem 1:

Change can be made available at OPD pharmacy billing counter and online payment applications like Google pay can be made available to the patient's.

C. MARKETING DEPARTMENT

Overview:

The role of this department is to Marketing of a hospital enables promotion of hospital services that are meant to provide high quality services to the community and satisfying their needs.

There are six verticals in marketing department :

Branding team focuses on building a strong hospital image by generating awareness among the consumers about Hospital's state of the art facilities and excellent consultants on board.

Direct to Customer activities involve directly reaching out to the community without the involvement of general physician or any third party, to educate the consumers with the correct and healthy information and to promote hospital image. The various promotional activities include Tie ups with several samaj's residing around the hospital.

Patient conversions:

There is a team who focuses on handling patient conversions in the hospitals. Potential patients are identified who need specialized treatment by getting admitted in the hospital. Data source used for identification comes from Health check-up reports of OPD patients, various camps organized by the marketing team in societies, corporates etc.

Corporate team:

Hospitals has tie-ups with several corporate companies

Referral marketing:

The most challenging of all, referral marketing helps in establishing a connection between the hospital and the general physicians for referral of patients to the hospital for various treatment.

HMIS : one employee is deployed for this. She maintains each and every data in HMIS system . Prepares revenue reports and keep records of all the camps and activity did my marketing department.

Problem areas observed during the study:

- 1).Lack of Coordination between billing and marketing department which leads to clashes and delays in carrying out day-to day activities.

2).They do not conduct dental camps.

3). Marketing people should themselves interact more with consultants regarding promotional activities. {Eg}There was a task given to marketing department to collect data /write-ups from consultants for website updation by BKC but they further transfer this task to medical admin department for collecting write ups for website. It would have been better if marketing people would have asked data from consultants regarding the updation of website . As there were certain questions asked by the consultants regarding promotional activities and website which we were unable to explain them and which would have been better addressed by the marketing people.

4). Billing department sometimes unable to take follow up from TPA's so marketing department has to do the follow up.

General problem faced in all departments :

5).Mail box full so fast that many times employee did not receive the mails and they may be able to miss out important things.

Solution to Problem 2:

They should start conducting dental camps also .It will help in increasing awareness and help in bring more patients.

Solution to Problem 5:

Data storage space should be increased for top management people and doctors so they can receive and are able to send mails.

D. GENERAL ADMINISTRATION DEPARTMENT AND OT

Overview:

The role of general administration department is to control and coordinate support and utility services of the hospital. It includes various departments like housekeeping, security, food and beverages, linen and laundry, customer care, ambulatory services, CSSD, biomedical waste management and other responsibilities of this department is to check proper functioning and availability of set top box of Videocon in patients room**,** providing Wi-Fi services to international patients, arranging on call phone registration and technician

services, hotel reservation for guests, providing barber facility to patients, handling utility bills, Lower Parel and nursing kitchen ,providing courier services, providing pick and drop services to the patient, tie ups with local police station and fire stations, managing nurse bus services, handling parking services ,keeping record of maintenance ,fitness ,licencing of vehicle's.

Operation Theatre: Wockhardt Hospital's SOBO unit have eight operating rooms designed according to the specific surgery.
OT 1 for small surgeries
OT 2and 8 for cardiac cases
OT 4 and 3 for transplant, laparoscopy, urology cases
OT5 for neuro cases
OT6 and 7 for orthopaedic cases

Problem areas observed during the study:

1. Automated door of OT 7and OT3 were not working properly .Since 5 days no body from Maintenance department came correct it for 5 days. It causes a lot of inconvenience to consultants and staff as they have to keep the door opened during the surgery so that after washing they can go directly without touching the door.
2. There is an issue regarding the record of attendance of general shift housekeeping and other staff at back gate security as the person holding the responsibility of attendance take register's along with them from the security to their departments, thereby staff are unable to mark their attendance on time .
3. Linen is not reaching on time to the Operation theatre which leads to delay in surgeries as gowns are not available for doctors. Most of time the delay is due to the lift not reaching the basement on time and there is no separate service lift for linen and CSSD.
4. Many patients complaint about the delay in getting food and water from Sodexo kitchen.
5. Consultants and female staff working in OT feels uncomfortable while changing clothes in changing area as there is no extra closed space to change the clothes .

Solution to Problem 5:

There is a need of extra curtain to make it a close space in changing room to change the cloth

E. MATERIAL DEPARTMENT

Overview:

The role material department is to control and coordinate those activities which are concerned with materials and inventory requirement. They supplies to In patient department, out-patient dispensing, Cath lab and OT. Storing of paper work, purchasing and delivering of supplies and material done at basement where-as main store is on 15th floor meeting FDA guidelines.

Responsibilities:

1. Procurement of medicines as per the requirement guided by central procurement unit and the drug formulary.
2. Receiving and checking the supplies as per the Purchase order
3. Physical stock verification to control variance, identify non –moving and items near expiry
4. Manage medicine supply to IP and OP based indent or prescription
5. Inventory control by implementing techniques ABC, FSN,VED and Fixing EOQ
6. Coordination between purchase and stores to maintain optimum inventory
7. Return medicine to supplies two months before expiry and maintain manual and system record as per FDA guidelines.
8. Ensure timely payments
9. Monthly submission of HIS reports
10. To identify and arrange for the condemn of breakage and expired items on quarterly basis
11. Compliance with FDA rules, regulations and pharmacy act and shop and establishment act.

Problem areas observed during the study:

1. Due to non-availability of change at Out-patient pharmacy billing , patient has to arrange the change which leads to their time wastage and it causes lots of unnecessary discomfort to patients.
2. Non- formulary drug form is filled at the rate of 1 per day and average is 7 per week which leads to increase in inventory and makes it less possible to keep all the non-formulary drugs in pharmacy.
3. Hundred per cent of bar coding is not there and moreover many times bar coding stickers are placed on the labels due which essential information about the drug is not visible to nurses and doctors.
4. HMIS system response time is more which leads to delay in dispensing and intending of medicines and delay in printing after dispatching of medicine.

Solution to Problem 1:

Change can be made available at OPD pharmacy billing counter and online payment applications like Google pay can be made available to the patient's.