A Dissertation on

STUDY OF KEY OPERATIONAL PARAMETERS AT *N.M. Virani Wockhardt Hospital, Rajkot Unit*

Under the guidance of

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Hospital's Profile

- Wockhardt Hospitals are one of the leading tertiary care, super specialty healthcare networks in India offering high quality healthcare services.
- India's 5th largest Pharmaceutical and Healthcare company with a presence in 20 countries across the globe.
- Today the company has its presence across India with 8 multi specialty hospital networks.

Introduction

- Operations management refers to a emphasis on the practices designed to monitor and manage all of the processes within the production and the distribution of products and services.
- The largest activity that operations management focuses on is service development and its efficiency.
- Operations management often includes analyzing a company's internal processes, finding out the gaps and solutions to address the gaps in processes.

Research questions:

- What is the importance of analysing operational parameters?
- What impact does operational parameter have on patient satisfaction?

Objectives of the study:

- 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

Methodology:

Study design: Descriptive cross sectional and observational study.

Location of Study: N.M. Virani Wockhardt Hospital, Rajkot

Duration of Study: 3 months (6^{th} February 2017 to 5^{th} May 2017)

Study Material: Standard operating procedure of different departments

Study limitations:

- 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.

Findings of the study:

1) Medical admin, OPD & Diagnostic department :

Areas to focus:

- Medication errors are common like Transcription Errors, Error prone Abbreviations, Indent Errors, Dispense Errors, Reconciliation Errors, Prescription Errors, Documentation Errors & Audit for all discharge summaries are not done on regular basis
- Rush of follow-up patients(surgical & postoperative) in emergency department due to absence of procedure room in OPD
- Inpatient dissatisfaction due to exposure of external environment towards CT & MRI& Increased waiting time of Ultrasonography Reports
- Use of PPEs & practice of Hand Hygiene are not meeting to the standards in critical areas

Recommendations:

- Consultants should be requested again and again to write the prescription in capital letters to avoid the Error Prone Abbreviations until they follow the system.
- Preferably consultant should themselves prescribe medicine, dosage and frequency in drug chart with legible hand writing.
- If not, consultant should ensure that the Medical officer accompanying in rounds should note down the medicines properly and read back to consultant.
- The nurse attending doctors round should give proper handover and next duty nurse should take over. This transaction should be documented to avoid administration errors.

- Floor coordinator or any of administration staff should randomly audit the file, discharge summaries and medicine chart on routine basis, so that there are multiple levels of error identification.
- CNE (continuous Nursing Education programs) should be conducted on regular basis to avoid Reconciliation Errors, Documentation Errors, Wrong Root Administration Errors and Indent Errors
- Crucible practice can be used for drug administration by nurse. This practice would capture the attention of nurse who is preparing the unit dose.

2) Marketing department issues:

- Tracking of **conversions & Returns on investments** for camps , MMU visits & other activities are not up to the mark
- Unavailability of **Physician** at MMU during visits to potential areas
- Hospital assets are not utilised on **Sundays**
- Special days (women's day) celebrations are not external customer centric

Recommendations:

- For Tracking of conversions

  Create UHID for all patients in camps, MMU visits & other activities.
- Maintain a database of those patients with their UHID n umber.
- Extract list of OPD, IPD & Emergency patients from HIM S.
- Apply excel function such as VLOOKUP & HLOOKUP the n connect both sheets
- Calculate the total number of conversions
- Sunday PHCUs can be conducted for different corporate employees or other targeted population

3)Billing & Altius department issues

- Bedside procedures like RBS, catheterization etc are sometim es missed out to enter in yellow card as soon as the service is rendered
- Lack of coordination in-between Altius Nagpur & Customer c are Rajkot for appointment system
- Work overload on ward secretary which leads to inefficiency in completing billing audit on daily basis
- Inventory of consumables at nursing stations are kept open, t here is no use of lock and key to avoid pilferages.
- Huge amount of revenue is struck in outstanding accounts. M ajor outstanding account is ESIC (Western Railways is heavyw eight). The staff handling the Corporate & TPA queries are no t skilled enough in medical terminologies.

Recommendations:

- Yellow card should be updated on real time basis.
- Nursing supervisor can enter the rendered services in HIS
- Storage area must be secured for consumables in wards to avoid pilferages
- TPA team should have at least one medical graduate to address the queries

Housekeeping & Security Department Issues:

- Staff frisking is not practised
- There is no Security guard available to open the main entrance & the car door of the guests
- CCTV surveillance is lacking in major areas like surroundings and inside of Doshi Bhawan, DG area, CT/MRI, Lab, UPS Room/.
- The picture quality & effectiveness of most of the CCTV cameras is very poor, cameras are unable to detect the face
- Regular monitoring of CCTV footages is not done by security personnel
- There is no specific or separate area for security office
- Diesel storage tank remains unlocked always.

Recommendation:

- All major areas should be covered under CCTV surveillance.
- Security officer should monitor the CCTV cameras daily(to ensure they are up and working properly)
- Staff frisking and guest baggage checking should be must to avoid pilferage
- Assign a guard to open the main entrance & the car door of patients and guests

CSSD, OT, Cathlab, Laundry Department Issues:

- It is frequently observed that Operating rooms are used to take rest by OT staff when they are not in use
- Time out drill is not practiced before procedures
- Operation consents are not signed by surgeons.
- Sterile zone of CSSD is used as common entrance from OT
- PPEs compliance is not up to the mark in washing area of CSSD
- OT & Cathlab procedures scheduling is not practiced
- Radiation protective measures (usage of lead aprons etc) are ignored in OT during procedures.
- Frequent breakdown of washer in laundry

Recommendations:

- Door of sterile zone in CSSD can be converted into window so that the entry of OT staff is restricted and it can be used only to receive sterile materials from CSSD to OT
- Conduct awareness program to increase use of PPEs and other safety compliance
- Most of the issues in OT and CSSD departments are due to ignorant behavior and casual attitude of staff. Hence behavior change communication initiatives can be taken to realize the importance of compliance related to quality, safety etc.
- OT & Cathlab procedure scheduling should be practiced.
- OT manager should ensure that operation and anesthesia consents should be completely filled before the patient is sent back to ward with the file.

Materials Department Issues:

- Stock audit is not done on regular basis in sub stores of different wards. It could be the major scope of pilferage. Once items are received by main store to sub store, there is no check over them
- Security personnel are not involved during receiving and inspection of materials.
- Frisking of staff is not practiced in main store.
- Often staff in material department work till late evening (9 to 9.30pm), which is the major reason of dissatisfaction at workplace.
- Indent issuing TAT is about 30 minutes.

Recommendations:

- Stock audit could be done on regular basis and stock should be matched with item list.
- Frisking should be practiced.
- Digitisation of inventory control, stock out tracking etc can be helpful.
- IP store can be used as the centre for issuing of materials to the user departments.

Power Resources

THANK YOU

YOUR LOGO