Reducing Turn-Around Time of Patients in Admission Process

By

Himanshi Choudhary

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr.Himanshi Choudhary student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Eternal Hospital, Jaipur, from 6st February, 2017 to 5th May, 2017.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Himanshi Choudhary** student of **IIHMR, Jaipur** has completed her internship at **"Eternal Hospital, Jaipur"** from **06th Feb 2017 to 05th May 2017**.

During this period, she has successfully completed her project on **"Reducing Turn Around Time in Admission Process"** in the **Department of Quality.**

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavours.

For **ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE, JAIPUR**

Subrata Das

Subrata Das
Vice President – HR & TRaining

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Reducing Turn-Around Time of patient in Admission Process** and submitted by **Dr. Himanshi Choudhary** Enrollment No. **IIHMR-U/01/2015-17/0287** under the supervision of **(Brig) Dr. S.K. Puri ,Advisor ,**the IIHMR University, for award of **MBA in Hospital and Health Management** of the University carried out during the period from **6th of February to 5th of May 2017** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

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MBA HM

BATCH-20

Enrollment number- **IIHMR-U/01/2015-17/0287**

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CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **Reducing Turn-Around Time in Admission Process, At Eternal Hospital, Jaipur.**

Signature

Dr. Himanshi Choudhary

MBA HM

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Enrollment number- **IIHMR-U/01/2015-17/0287**

Abstract

Reducing Turn-Around Time of Patients in Admission Process

Dr. Himanshi Choudhary, MBA Hospital and Health Management, IIHMR, Jaipur, Rajasthan, India

Key words: Turn-Around time, Admission process, health services

Background

Turn-Around Time is considered as one of the quality indicator for the services provided in the hospital. This is a tangible aspect of patient who judges the care for services being provided to them more than the skills of the health professionals. Turn-Around Time has been defined as "the length of time from when the patient entered the clinic to the time the patient actually leaves the hospital" and prolonged Turnaround Time (TAT) affects patient care as well as their satisfaction adversely.

Eternal Hospital is a tertiary care hospital that experiences the increasing load of patient, greater than their expectations, and many complicated patients, who requires multitude of services. This increase in demand and with limited resources resulted in long waiting time and thus the increased Turn-around time during the Admission process. This results in low satisfaction and patient experience.

Research questions

1. What is the turnaround time(TAT) of patients in admissions?
2. What are the activities which directly or indirectly causes delay in the admission process?

Methodology-

a) **Place of Study**-Eternal Hospital.

b) **Study Area-** Admission desk at in-patient department.

c) **Sampling Method**-Non-probability convenience sampling.

d) **Sample Size –**The sample size of 315 admissions were taken which constitutes the 10% of the total admissions (800-850 per month) were taken as sample.

f) **Study Type-**Cross-sectional Descriptive study

Results-

The various gaps have been identified in the admission process. After observing the admission process, it was found that the average TAT for the process is around 58 minutes, which is not a good indicator for multispecialty hospital. There are several reasons has been identified for the delay which varies from room unavailability to patient side delay.

Conclusion-

This project clearly proves that TAT for any the process is important for a healthcare organization. The study of TAT and defining the various problems in the process helps in the organization to improve with the overall time of their service delivery.

This is the quality improvement project which continues tracking, improving, and implementing the changes needed to improve the turn-around time, which is on longer run has good patient experience at hospital.

Acknowledgment

“Sometimes the greatest contribution you can make is to give regards”-Brahama Kumari

Apart from the efforts of me, the success of any project depends largely on the encouragement and guidelines of many others. I take this opportunity to express my gratitude to the people who have been instrumental in the successful completion of this dissertation project.

I would like to show my greatest appreciation to Mr. Subrato Das(HR-Head). I can’t say enough for his tremendous support and help.

I am heartily thankful to Kirti Hemkar (Quality Head) whose encouragement, guidance, and support from the initial to the final level enabled me to develop an understanding of the subject, feel motivated and encouraged every time. Without her encouragement and guidance this project would not have materialized.

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My sincere thanks to my mentor, (Brig) Professor.S.K. Puri (Advisor) and other faculties for their guidance. Lastly, I offer my regards and blessings to all of those who supported me in any respect during the completion of the project.

My chain of gratitude would be incomplete without thanking the IIHMR for providing me the opportunity for the dissertation.

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List of Acronyms/Abbreviations

S.No	Abbreviations	Meaning
1.	NABH	National Accreditation Board For Hospitals
2.	IPD	In-patient Department
3.	Cath lab	Catheterization laboratory
4.	PCS	Patient Care Services
5.	OPD	Out-Patient Department
6.	PHC	Physical Health Check Up
7.	HEPA	High Efficiency Particulate Air
8.	GDA	Ground Duty Assistant

1.0 Introduction

1.1 Background

Among the multitude of daily administrative problems which are faced by the modern hospitals today, prolonged Turnaround Time (TAT) is a crucial one, which affects patient care as well as patient satisfaction adversely. Because so much is still done manually in the chaotic, urgent, and ever-changing environment of healthcare delivery, time can be wasted at virtually every step of the patient experience, from check-in to discharge.

Waiting time in the healthcare system contributes to overcrowding and anxious patients waiting in hallways for beds. It adds to the underlying reasons patients may be turned away from the optimal care they need. It is important to improve the efficiency of process flow but due to the high complexity of structures and processes in health care making it complex and difficult to handle.

Waiting times for elective care have been considered a serious problem in many health care systems since it acts as a barrier to efficient patient flows. It is an important indicator of quality of services offered by the hospital. The amount of patient waits to be one of the factor affect utilization of healthcare services, causes of stress for patient and creates a stigma for the hospital brand.

Turn-Around Time has been defined as "the length of time from when the patient entered the clinic to the time the patient actually leaves the hospital". Whether it's a time used for registration of patient, routine doctor's appointment, emergency room treatment, laboratory/diagnostic test, procedures, receiving the results of various tests, to getting admitted, waiting happens to just about everyone seeking medical care, which is the most frustrating parts about healthcare delivery system.

Waiting time is tangible aspect of the patient used to judge the skills and efficacy of the hospital even more than knowledge and skill.

The admission process where patient must get admitted in-house to seek further medical care, is similar to the phenomena of waiting and wasting time in hospital for getting care. The turn-around time in admission is important for hospital as inpatient department is the most important and strongest pillar for any hospital, and to sustain it, hospital must do each effort to sustain its one of the most important stakeholder i.e. patient, their satisfaction from the services and thus their loyalty.

1.2 Justification

The Eternal hospital, Jaipur is a multidisciplinary tertiary care hospital, aims to provide an integrated one stop service for all health care. As with many tertiary health care center, Eternal hospital also encounters an expanding patient load, greater patient expectations and complicated patient who require multitude services. With the increase in demand and limited resources causes long waiting time during the admissions to the hospital, causes low patient satisfaction and clinical experience.

Due to increasing patient load and their expectations, and ongoing research activities with clinical services, the hospital operations getting complicated and inefficient. This resulting in increasing negative experiences from patients, encountering long period waiting period even after the completion the pre-admission formalities. This situation gets worsened when there is lack of coordinated workflows between stakeholders of the hospital in providing admission and care.

IPDs is considered as the window to hospital services and a patient's impression for inside of hospital begins at the IPD. This impression often influences the patient's sensitivity to the hospital and therefore it is essential to ensure that IPD services provide an excellent experience for customers. It is also well established that 8-10 per cent of OPD patients need hospitalization, so it is important so reduce the waiting time and to standardize the admission process.

A project was thus initiated at the Eternal hospital to improve the TAT of the patient during admission process, engage better communication and workflow between the various healthcare providers, and improve the overall experience both for patient and staff. By systematically breaking the process and identifying the problem areas, changes are suggested. The primary aim of this project was to improve the patient turn-around time and to identify the reasons of delay at IPD desk.

2.0 Review of Literature-

According to the American Hospital Association, each year American hospitals conduct 35.4 million admissions, of those, 16 million occur through the emergency department (ED), suggesting that more than 19 million are direct admits. A direct admit may be either planned or unplanned. However, admitting a patient to inpatient care, whether planned or unplanned, is a complex process that requires careful coordination among physician's nurses, registration staff, and others within the organization. Ineffective admission processes can lead to long wait times for patients, staff frustration, and a negative patient experience, as well as communication and handoff problems that can impact patient safety and quality. (1)

A key aspect of the patient's encounter at a hospital or clinic is how long he or she must wait. Patients wait about 22 minutes on average in doctors' offices, and more than four hours in emergency departments (2) A key aspect of the patient's encounter at a hospital or clinic is how long he or she must wait. As wait time increases, patient satisfaction drops.In fact, the difference between a five-minute wait and a 30-minute wait is a significant 15 percent drop in patient satisfaction. The tight correlation between wait time and patient satisfaction is important to maintain customer loyalty (2).

This is, however, not the case in most developing countries, as the patient spend more than 2 hours before getting bed and escorted to the ward. The duration of waiting time varies from country to country and even within the country. Long waiting time have been reported in both developed and developing countries.

According to a study, the primary bottlenecks as more than expected patients arrived in the hospital, resulting in building of queue at the reception center.

A study was conducted to capture end to end process for all services, it was found that the idle waiting time constituted around forty to fifty minutes. The patients are ready to wait for said waiting but beyond that increases their frustration and thus the satisfaction the services provided (2).

According to the hospital SOP, following procedure for admissions are followed by the PCS staff.

Hospital Standard Operating procedure for Admission Procedure

POLICY-

Every medical facility tries to provide best services to their patients. Standard operating procedures(SOP) for various department together constitute the hospital manual which significantly determines the performance of the hospital. Thus, every hospital must have a SOP that ensures consistency in working and enables to obtain the best results in a cost-effective manner.

The policy of admission at Eternal Hospital -The purpose of the policy is to have a process of admission for different categories of patient. The patients would be admitted only for the services available in the hospital. All the patients requiring admission whether through OPD or Emergency

PROCESS-

The patients coming to the hospital with a compliant which is under the scope of the hospital will be admitted for the treatment.

After the recommendation from the treating doctor, the patient get admitted according to the level of treatment required and as per the choice of patient for bed category in the ward.

All the pre-admission had to be noted by the Head of patient care services with all the related formalities for the admission.

The patient and relatives had to be informed about the availability of the room t the time of admission and when they are being shifted from ICU to ward on their choice and subject to availability.

Type of admissions-

a) Planned admissions- The admission which are pre-planned in advance before the day of procedure. All required admission paper shall be submitted prior to the date of admission being advised. On the day of admission, the admission sheet shall be printed and patient should be escorted to the ward.

b) Admission from IPD- Patients which are directly admitted by the consultants from their offices to the IPD. The admission form should be filled by the doctor and submitted to

the IPD reception. The IPD reception personnel should complete all the necessary formalities and then escort the patient to their respected wards.

c) Admission from the emergency- the emergency room requires inpatient admission should have the request for admission form and other required information from the emergency reception.

For all admission, the patient attendant is counselled about the estimated expenditure during the day and re-counselled in case the bill exceeds the estimated amount. The counselling is documented on the counselling form and signed by the attendant. A hospital identification band will be placed on wrist for the IPD patients at the time of admission. At the time of admission, the patient is required to undergo certain formalities in order to render the treatment facility. It includes-

Registration form- It includes basic information about the patient like name, age, sex, address.

Admission form-It includes the information about the reason of being admitted to the hospital.

Financial counselling-it facilities the patient about the approximate expense for which the admission is suggested and other charges which are being included like bed charge, dietician charge etc.

General consent form-it should be explained and signed by the patient or patient representative after they agreed about the charges.

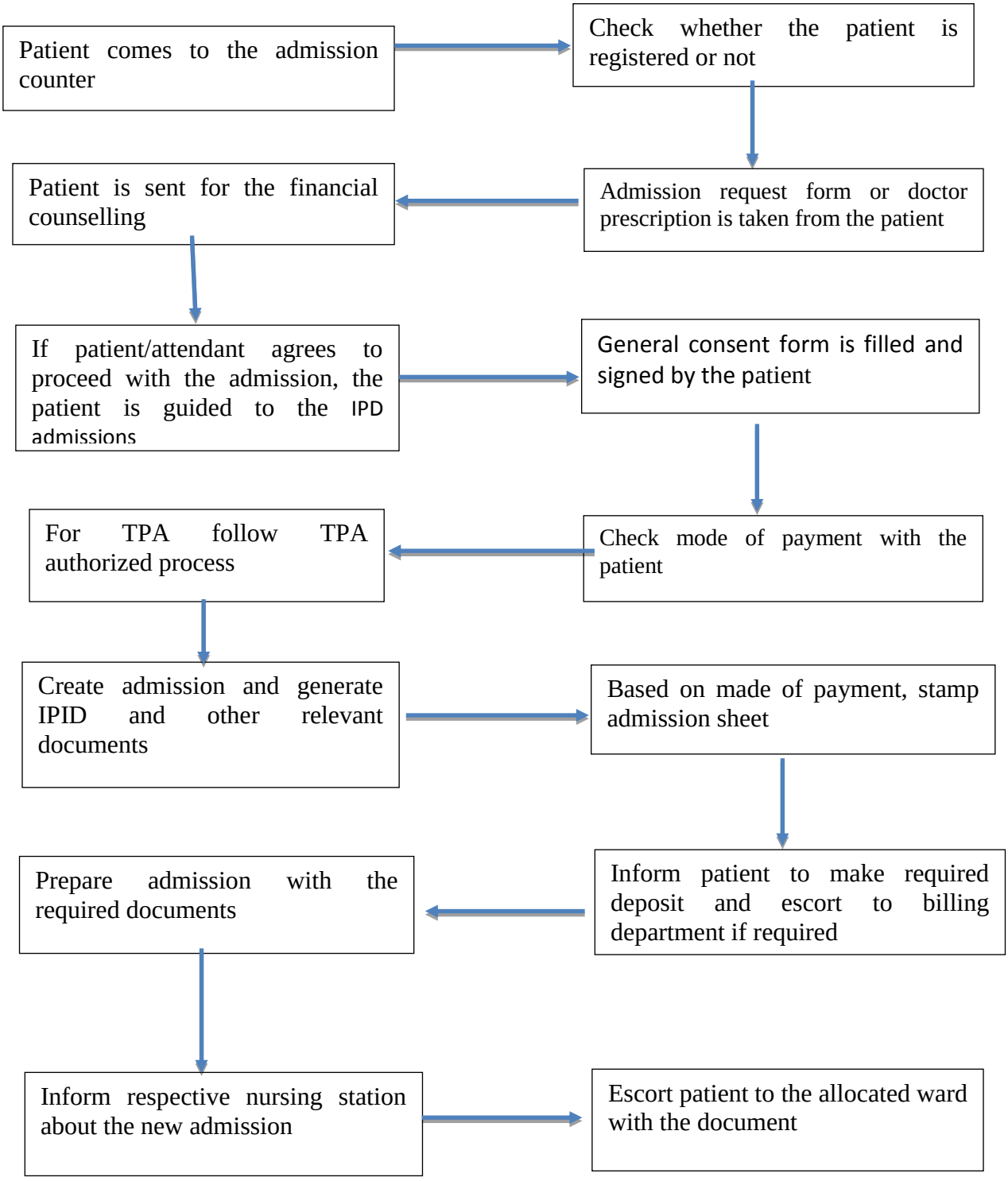
TPA counselling- It is done for the patient who has any kind of insurance or cashless facility, which is done by the TPA department.

Billing- The patient makes the initial payment to avail the admission in the hospital.

STANDARD OPERATING PROCEDURE -ADMISSIONS PROCESS, In-Patient

THE ADMISSION PROCESS FLOW-To cover all the new admissions in the hospital the process flow has been followed-

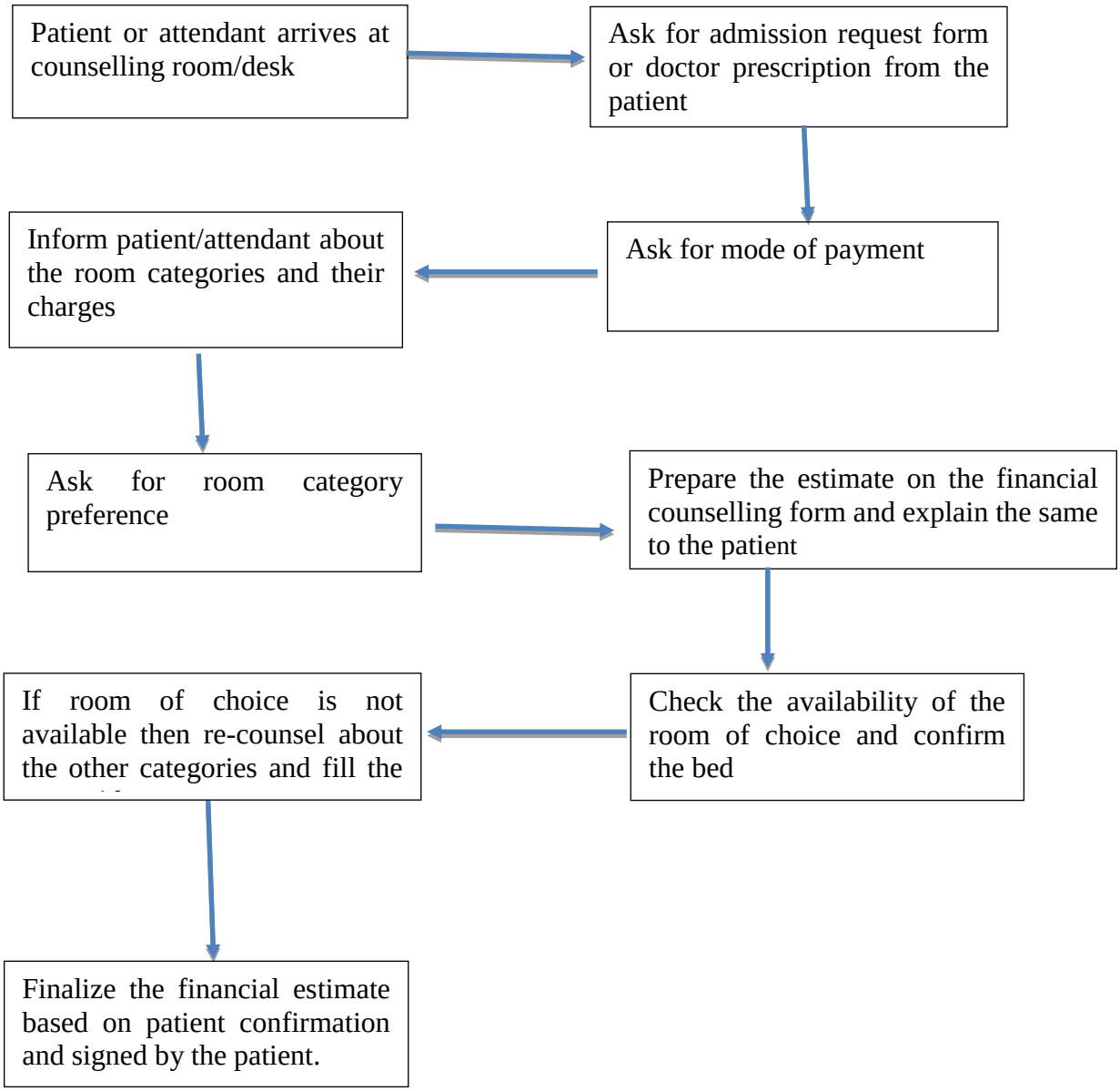
Figure-1.1 -Showing the Standard Operating Procedure in Admissions



STANDARD OPERATING PROCEDURE-COUNSELLING

To make patients/attendants aware of the various financial aspects and general packages/procedure, the patient must meet the financial counsellor

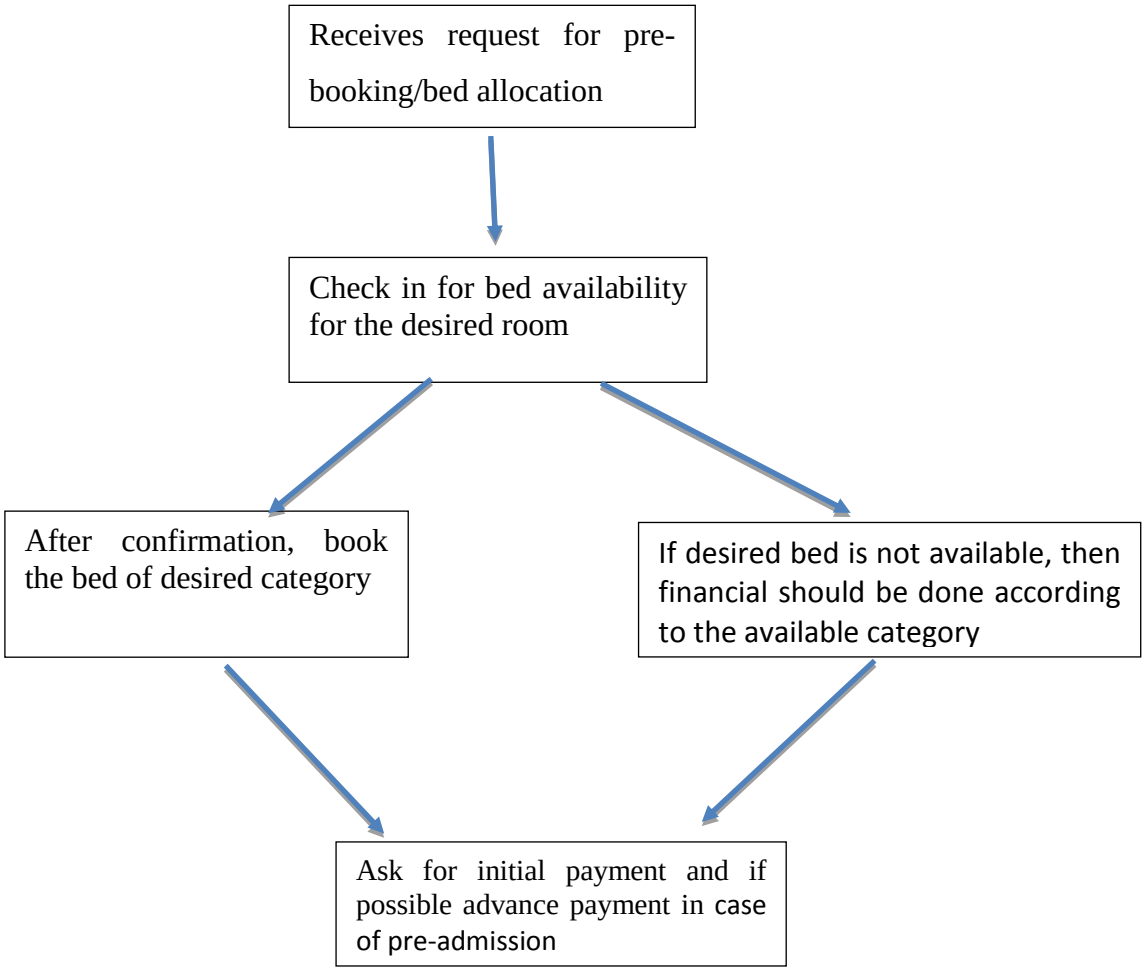
Figure1.2-Showing the standard operating procedure in counselling



STANDARD OPERATING PROCEDURE -BED MANAGER

The following steps being followed by bed manager.

Figure1.3-standard operating procedure for Bed Manager



The objective of this study to find the bottlenecks areas which increases the process time and thus causes delay in the admission process.

3.0 Methodology-

3.1 Research Question-

1.What is the turnaround time(TAT) of patients in admission?

2.What are the activities which directly or indirectly causes delay in the admission process?

3.2 Objectives-

To study the admission process.

To determine TAT in admission process.

To assess the bottlenecks in the process.

3.3 Study Setting- Admission desk at Eternal hospital.

3.4Study Design-A descriptive cross-sectional study will be carried out to understand the admission process and to find out the bottlenecks related to the process.

3.5 Type of study- A combination of qualitative and quantitative data collected through self-structured format of time motion study

3.6Type of data- A primary data is collected by following the number of patients who seek admission.

3.7 Data collection method- By observation of the admission process at the IPD admission desk. The time motion study starts from the point where patient reached the admission desk till the patient escorted to the ward.

3.8 Sample Size- The sample size of 350 admissions were taken which constitutes the 10% of the total admissions (800-850 per month) were taken as sample.

3.9**Sampling Technique-**Non-probability convenience sampling technique will be used.

3.10**Sample Selection-**

- Inclusion criteria:
  - Only those patients were included whose consultation and investigations are done on the same day.

- Exclusion criteria:
    - The out- patient department patient.
    - The patients who came for investigation purpose only.
    - Those who avail health packages only.

3.11 Data Analysis Procedure-

a) Observational study was used to understand the admission process.
b) Time motion study was used to collect data for time taken for each activity in admission process.
c) MS Excel for software analysis.

4.0 ANALYSIS & INTERPRETATION-

After observing the admission process, the analysis was done to know about the admissions which were according to the SOP time (30 min)

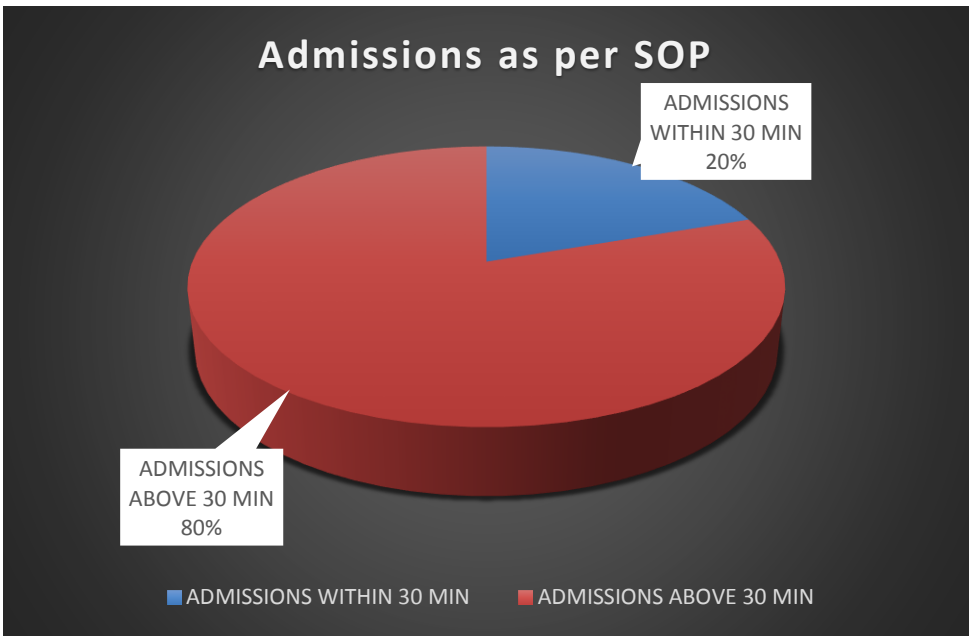


Figure-4.1- Compliance level of admission according to SOP

This figure shows that only 30 % of admissions were within the set period. The main concern was to know about the reasons for the increased time in the remaining 80% cases.

Further analysis was done to find out the TAT in which maximum admissions happened.

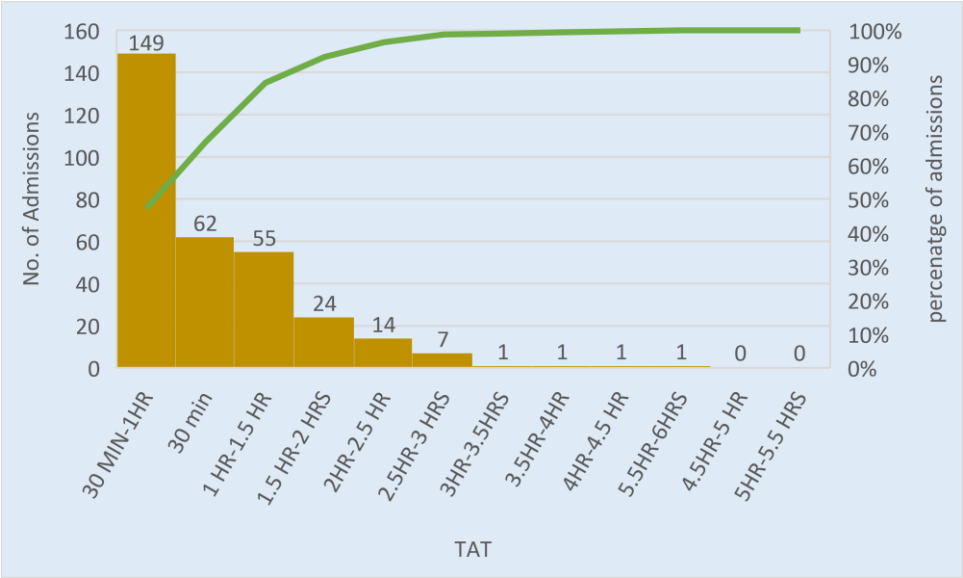


Figure-4.2-Number of admissions against TAT

The Pareto chart shows around 92% of the admissions taking 30minutes to 1 hour to complete the admission process. From the graph, it is also cleared that only 62 admissions were under the protocol i.e. 30 minutes' admission which constitutes only 40% of the total admissions.

The admission process consists of steps and to calculate overall average TAT, the process time for each activity was analysed.

The time- motion study had been conducted to calculate time for each activity in the admission process which is then averaged.

Table-4.1-Table showing activity wise average TAT

STEPS	AVERAGE TIME (hh:mm)
Filling of Financial counselling form	**00.03**
Explanation of details	**00.07**
Consent form by patient	**00.00**
Coordinate with bed management	**00.00**
Entry of details in the HIS	**00.02**
Print of admission sheet and labels	**00.00**
Initial payment by patient	**00.02**
Completion of admission documents	**00.03**
Escort to ward	**00.07**
Average TAT	**00:24**
Average total TAT	00.58

After comparing the total activity TAT (24 minutes) and overall TAT (58 minutes), it was found that on an average 34 minutes were lost in waiting for admissions by patients.

On further analysis, the reasons of delay are recognized with their frequency.

The various delays are observed with their frequency of occurrence and the time in delay are averaged, to know about reasons who causes most of the time.

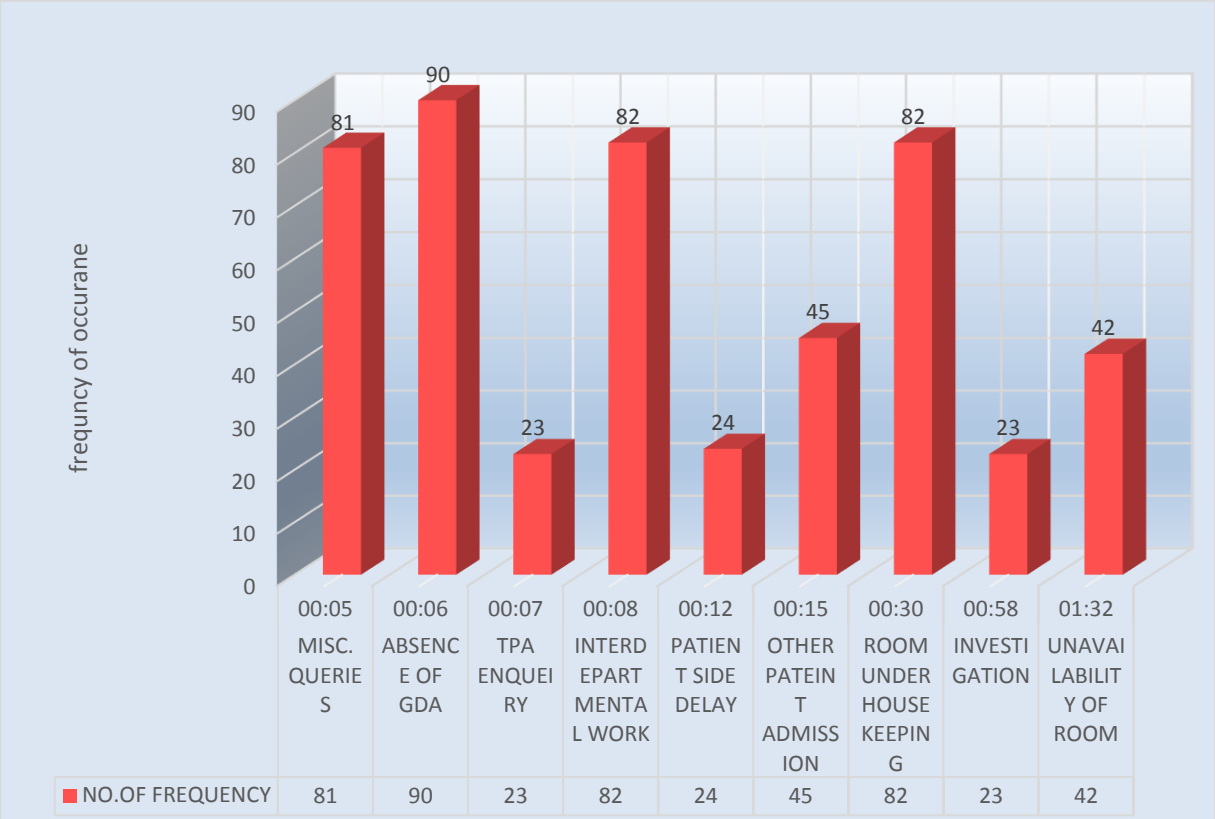


Figure4.3- The average time of delays and their frequency of occurrence.

From the above figure, it was found that the maximum delay in admissions is due to the unavailability of bed followed by investigation time.

But the frequency of delay which occurred the most is absence of GDA staff at the time of escorting patients to wards as compared to room under housekeeping.

The admission with 30 minutes or less is excluded in above analysis.

5.0 FINDINGS-

Delay occurs in between the admission process

- **Unavailability of bed- Most of the admissions are delayed to an unexpected time because of the unavailability of the room as desired by the patient.**
- **Rooms under housekeeping- Another major reason for delay is due to the housekeeping activity, and due to their recklessness in making bed on time leads to unnecessary delay for the next patient.**
- **Absence of GDA staff- This reason of delay occurred most of the time because the staff is busy in helping OPD patients**
- **Investigations-This reason is unavoidable but the time can be reduced when the investigations are done after got admitted and send request for investigation as in-patient rather before admission.**
- **Miscellaneous queries at the admission desk- The different type of queries come to IPD desk either regarding financial packages or the information about or any other query other than assigned area leads to delay in the ongoing admission process.**
- **TPA enquiry**
- **Interdepartmental work-This is one of the most occurred reasons of during admission process as the staff get involved in other things like attending and coordinating shifting of patients to other ward, call and receiving call about outstanding payment for patients, sometimes generate reports and billing of OPD patients.**
- **Other admission – This reason occurs because of rush at the admission desk, the staff had to do multiple admission at a time, which leads to delay and wait time for the previous patients.**
- **Patient side delay- This is another reason occur due to patient itself, which includes waiting for relative to come and such.**

6.0 RECOMMENDATION/SUGGESTIONS-

- There should be an enquiry counter for patient other than who seek admissions and thus reduces the load from the IPD counter.
- There should be proper display of signage's, which should be easily visible from distance, helps patient to reach their destination without any assistance.
- The admission process can be improved if the Admission desk is away from the hospital waiting area.
- There should to be display of admission formalities.
- Introduction of "one stop shop" for admissions by bringing all the counter related to admission at one place, to prevent the unnecessary movement of patients.
- The financial counseling should be done in keep and calm place for better two-way communication between care provider and seeker.
- The number of GDA's should be according to the admission load and provided with a wireless pager-system.
- A separate module in HMIS should be incorporated for all interdepartmental work as a dashboard system to prevent miscommunication between them and to smoothen the admission process.
- All the documents related to admission should be prepared pre-hand to fasten the admission process and within reach of PCS staff.

7.0 CONCLUSION

After the study, it was found that there are many areas which needs improvement to streamline the admission process. The study revealed that the avg. TAT for admission process is around 58 minutes which is much more than hospital SOP of 30 minutes. The management should take measures to improve the process as it is directly related to patient satisfaction and loyalty.

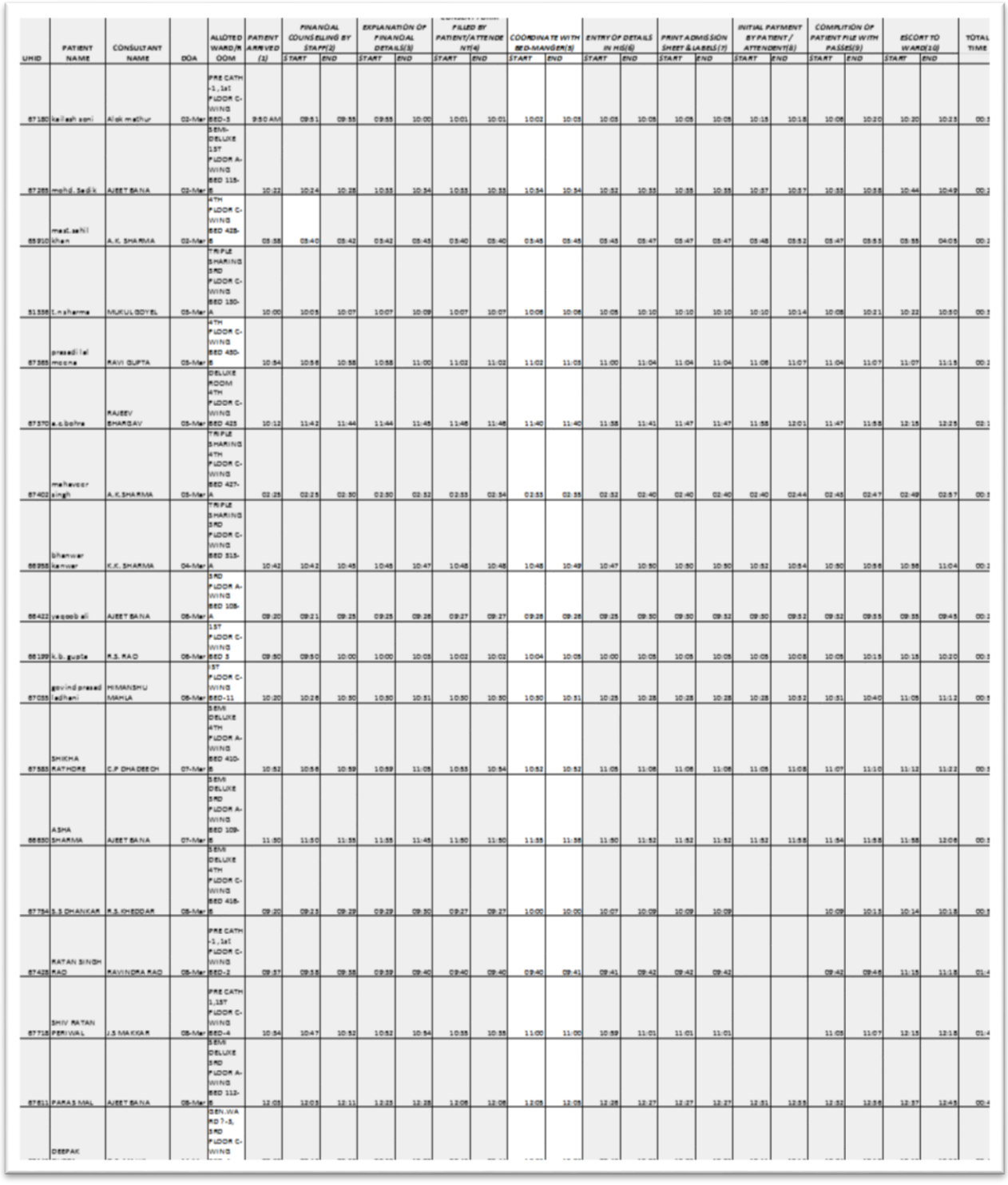
The process involves many stakeholders and their responsibility to reduce the wait from patient side by keeping them as minimum as possible.

8.0 Annexure-

TIME MOTION STUDY FORMAT

UHID	PATIENT NAME	CONSULTANT NAME	DOA	ALLOTED WARD/ROOM	admission process																					
					PATIENT ARRIVED	FILLING OF ADMISSION FORM		FILLING OF FINANCIAL COUNSELLING BY STAFF		EXPLANATION OF FINANCIAL DETAILS		CONSENT FORM FILLED BY PATIENT/ATTE		COORDINATE WITH BED-MANGER		ENTRY OF DETAILS IN HIS		PRINT ADMISSION SHEET &LABELS		INITIAL PAYMENT BY PATIENT / ATTENDENT		COMPLITION OF PATIENT FILE WITH PASSES		ESCORT TO WARD		TOTAL TIME
						START	END	START	END	START	END	START	END	START	END	START	END	START	END	START	END	START	END	START	END	

The excel sheet of data



UHID	PATIENT NAME	CONSULTANT NAME	DOA	ALLOTED WARD/ROOM	PATIENT ARRIVED (1)	FINANCIAL COUNSELLING BY STAFF(2) START	FINANCIAL COUNSELLING BY STAFF(2) END	EXPLANATION OF FINANCIAL DETAILS(3) START	EXPLANATION OF FINANCIAL DETAILS(3) END	FORMALITIES FILLED BY PATIENT/ATTENDENT(4) START	FORMALITIES FILLED BY PATIENT/ATTENDENT(4) END	COORDINATE WITH BED-MANGER(5) START	COORDINATE WITH BED-MANGER(5) END	ENTRY OF DETAILS IN HIS(6) START	ENTRY OF DETAILS IN HIS(6) END	PRINT ADMISSION SHEET & LABELS(7) START	PRINT ADMISSION SHEET & LABELS(7) END	INITIAL PAYMENT BY PATIENT / ATTENDENT(8) START	INITIAL PAYMENT BY PATIENT / ATTENDENT(8) END	COMPLITION OF PATIENT FILE WITH PASSES(9) START	COMPLITION OF PATIENT FILE WITH PASSES(9) END	ESCORT TO WARD(10) START	ESCORT TO WARD(10) END	TOTAL TIME
87180	kailash soni	Alok mathur	02-Mar	PRE CATH -1 ,1st FLOOR C-WING BED-3	9:50 AM	09:51	09:55	09:55	10:00	10:01	10:01	10:02	10:05	10:05	10:05	10:05	10:05	10:15	10:18	10:08	10:20	10:20	10:25	00:3
87285	mohd. sadik	AJEET BANA	02-Mar	SEMI-DELUXE 1ST FLOOR A-WING BED 115-B		10:22	10:24	10:28	10:33	10:34	10:33	10:33	10:34	10:32	10:33	10:35	10:35	10:37	10:37	10:33	10:38	10:44	10:49	00:2
85910	mst..sahil khan	A.K. SHARMA	02-Mar	4TH FLOOR C-WING BED 428-B		05:38	05:40	05:42	05:42	05:43	05:40	05:40	05:45	05:45	05:47	05:47	05:47	05:48	05:52	05:47	05:53	05:55	04:05	00:2
81558	t.n.sharma	MUKUL GOYEL	05-Mar	TRIPLE SHARING 3RD FLOOR C-WING BED 130-A		10:00	10:05	10:07	10:07	10:09	10:07	10:07	10:08	10:08	10:05	10:10	10:10	10:10	10:14	10:08	10:21	10:22	10:30	00:3
87385	prasadi lal meena	RAVI GUPTA	05-Mar	4TH FLOOR C-WING BED 480-B		10:54	10:56	10:58	10:58	11:00	11:02	11:02	11:02	11:03	11:00	11:04	11:04	11:04	11:06	11:07	11:04	11:07	11:15	00:2
87370	a.o.bohra	RAJEEV BHARGAV	05-Mar	DELUXE ROOM 4TH FLOOR C-WING BED 423		10:12	11:42	11:44	11:44	11:45	11:48	11:48	11:40	11:40	11:38	11:41	11:47	11:47	11:58	12:01	11:47	11:58	12:15	12:25	02:1
87402	mahaveer singh	A.K.SHARMA	05-Mar	TRIPLE SHARING 4TH FLOOR C-WING BED 427-A		02:25	02:25	02:30	02:30	02:32	02:33	02:34	02:33	02:35	02:32	02:40	02:40	02:40	02:40	02:44	02:45	02:47	02:49	02:57	00:3
86958	bhanwar kanwar	K.K. SHARMA	04-Mar	TRIPLE SHARING 3RD FLOOR C-WING BED 315-A		10:42	10:42	10:45	10:45	10:47	10:48	10:48	10:48	10:49	10:47	10:50	10:50	10:50	10:52	10:54	10:50	10:58	10:58	11:04	00:2
86422	yaqoob ali	AJEET BANA	06-Mar	3RD FLOOR A-WING BED 108-A		09:20	09:21	09:25	09:25	09:28	09:27	09:27	09:28	09:28	09:25	09:30	09:30	09:32	09:32	09:32	09:35	09:35	09:45	00:2
86199	k.b. gupta	K.S. RAO	06-Mar	1ST FLOOR C-WING BED 3		09:50	09:50	10:00	10:00	10:05	10:02	10:02	10:04	10:05	10:00	10:05	10:05	10:05	10:08	10:05	10:15	10:15	10:20	00:3
87055	govind prasad sadhani	HIMANSHU MAHLA	06-Mar	1ST FLOOR C-WING BED-11		10:20	10:28	10:30	10:30	10:31	10:30	10:30	10:30	10:31	10:25	10:28	10:28	10:28	10:32	10:31	10:40	11:05	11:12	00:5
87385	SHIKHA RATHORE	C.P DHADEECH	07-Mar	SEMI DELUXE 4TH FLOOR A-WING BED 410-B		10:52	10:56	10:59	10:59	11:05	10:55	10:54	10:52	10:52	11:05	11:06	11:06	11:06	11:05	11:05	11:07	11:10	11:12	11:22	00:3
86650	ASHA SHARMA	AJEET BANA	07-Mar	SEMI DELUXE 3RD FLOOR A-WING BED 109-B		11:50	11:50	11:55	11:55	11:45	11:50	11:50	11:55	11:56	11:50	11:52	11:52	11:52	11:52	11:58	11:54	11:58	11:58	12:06	00:3
87754	S.S DHANKAR	K.S. KHEDDAR	08-Mar	SEMI DELUXE 4TH FLOOR C-WING BED 416-B		09:20	09:23	09:29	09:29	09:30	09:27	09:27	10:00	10:00	10:07	10:09	10:09	10:09			10:09	10:13	10:14	10:18	00:5
87428	RATAN SINGH RAO	RAVINDRA RAO	08-Mar	PRE CATH -1 ,1st FLOOR C-WING BED-2		09:37	09:38	09:38	09:39	09:40	09:40	09:40	09:40	09:41	09:41	09:42	09:42	09:42			09:42	09:48	11:18	11:18	01:4
87718	SHIV RATAN PERIWAL	J.S MAKWAR	08-Mar	PRE CATH 1,1ST FLOOR C-WING BED-4		10:54	10:47	10:52	10:52	10:54	10:55	10:55	11:00	11:00	10:59	11:01	11:01	11:01			11:05	11:07	12:15	12:18	01:4
87811	PARAS MAL	AJEET BANA	08-Mar	SEMI DELUXE 3RD FLOOR A-WING BED 113-B		12:08	12:08	12:11	12:23	12:28	12:08	12:08	12:08	12:08	12:28	12:27	12:27	12:27	12:31	12:33	12:32	12:38	12:57	12:45	00:4
	DEEPAK			SEMI DELUXE 3RD FLOOR C-WING																					

Format used in admission process-

ETERNAL HOSPITAL

REGISTRATION REQUEST FORM

Name: _____ Date of Birth: _____

Son/Daughter/Wife of: _____ Mother's Name: _____

Age : _____ Sex: M ☐ F ☐ Marital Status: ☐ Single ☐ Married

Blood Group : _____ Allergies : _____

Present Address : _____

_____

Pin Code: _____ State: _____ Country: _____

Phone No: _____ Mobile: _____

Email ID: _____ Nationality: _____

Name of Consultant _____

Emergency Contact Person and Phone no.: _____

_____

Payment Mode : (Please tick the relevant information):

Cash ☐ **Credit** ☐ **TPA / Empaneiled** ☐ **BPL** ☐ **Free** ☐

General Consent: I, _____ (Patient and / or responsible relative) in a State of conscious mind here by consent to and authorizes the consultants and paramedical personnel of Eternal Hospital, Jaipur to perform medical examination, investigations both pathological and Radiological and administer treatment or any kind of Surgical procedure as advised during the course of patient care in OPD / IPD along with documentation of papers for administrative / insurance purpose and disclosure of information for clinical research management under confidentiality.

Signature of Patient _____

Name of Patient _____

Date & Time _____

Signature of attendent (Relative) _____

Name of the attendent (Relative) _____

Relationship with the patient _____

Date & Time _____

Signature of OPD Staff _____

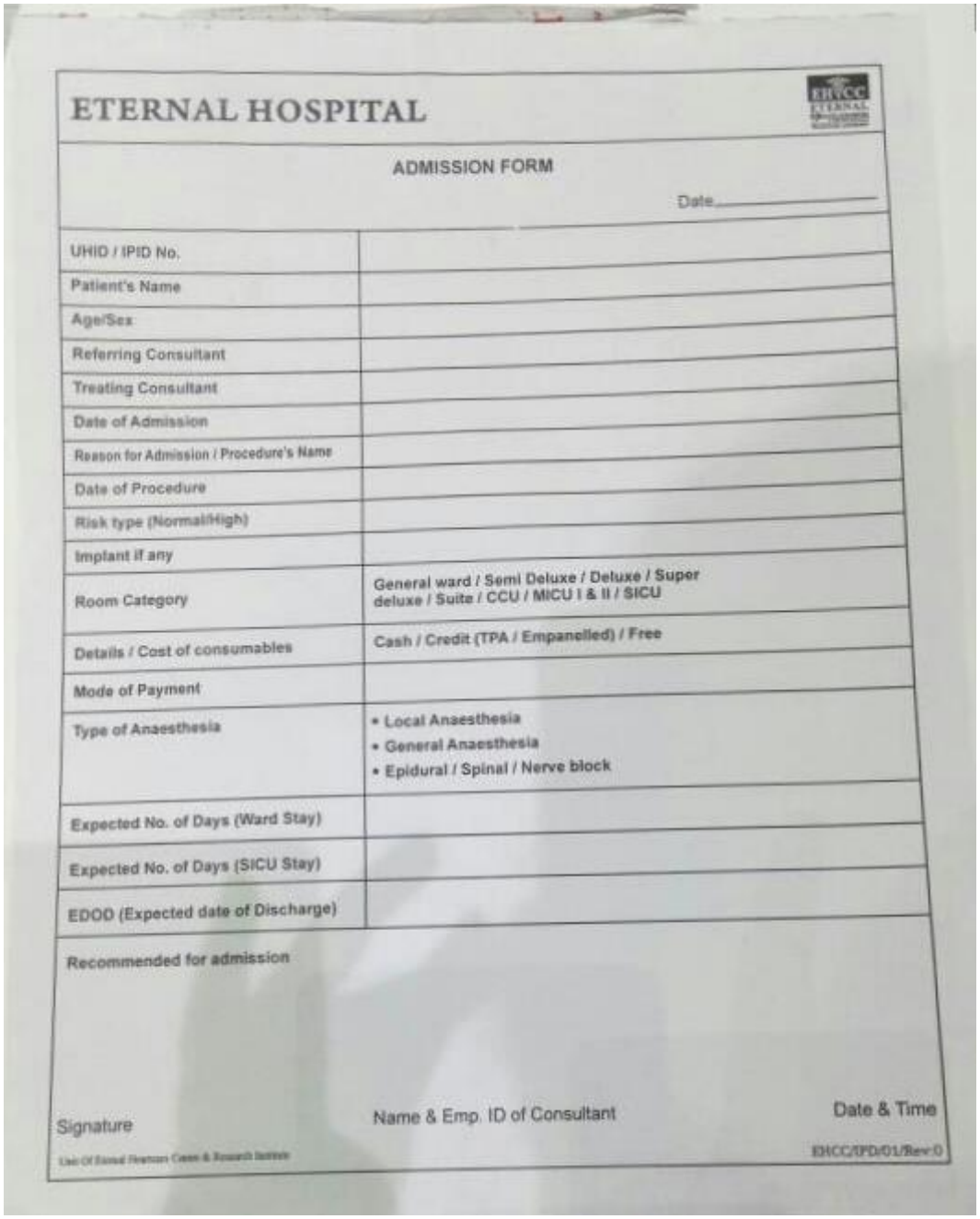
Name & Emp. ID _____

Date & Time _____

Unit Of Eternal Heartcare Centre & Research Institute

EHCC/REG/01/REV :01

Admission form



ETERNAL HOSPITAL

ADMISSION FORM

Date_____

UHID / IPID No.	
Patient's Name	
Age/Sex	
Referring Consultant	
Treating Consultant	
Date of Admission	
Reason for Admission / Procedure's Name	
Date of Procedure	
Risk type (Normal/High)	
Implant if any	
Room Category	General ward / Semi Deluxe / Deluxe / Super deluxe / Suite / CCU / MICU I & II / SICU
Details / Cost of consumables	Cash / Credit (TPA / Empanelled) / Free
Mode of Payment	
Type of Anaesthesia	• Local Anaesthesia • General Anaesthesia • Epidural / Spinal / Nerve block
Expected No. of Days (Ward Stay)	
Expected No. of Days (SICU Stay)	
EDOD (Expected date of Discharge)	

Recommended for admission

Signature | Name & Emp. ID of Consultant | Date & Time

Unit Of Eternal Heartcare Centre & Research Institute

EHCC/IPD/01/Rev:0

Financial Counseling form

ETERNAL HOSPITAL

FINANCIAL COUNSELLING & CONSENT FOR PAYMENT OF CHARGES

UHID No. _____ IPID No._____ Patient's Name_____

Age_____ Gender: Male/Female_____ D.O.A.:_____ W/B/R/No. _____

Admitting Doctor: _____ Admitted for: _____

EDoD:_____ Mode of Payment: _____ Name of Payer _____

EXPLANATION OF CHARGES/TARIFFS

Admission Charges: Rs. 250/-

1. Package / Procedure Charges:

Package/ Procedure Name:_____

Package/ Procedure Charges: _____

O.T. Charges :_____ Anesthesia & Anesthetist Charges _____

2. Room Rent & Doctor Fees :

Room Category:_____ Room Rent:_____

Doctor Fees (Per Visit): _____ Cross Consult: _____

3. Drugs, Consumable & Investigation:

Drugs & Consumable: _____ Investigation:_____

4. Implant/Stent/Device:_____

5. Equipment:

a) Ventilator (less than 12 hours) - Rs. Ventilator (12 hours to 24 hours) - Rs.

b) C-PAP/Bi-PAP (less than 12 hours) - Rs. C-PAP/ Bi-PAP (12 hours to 24 hours) - Rs.

C) Other equipment_____ & charges _____

_____

_____

High risk / emergency charges- _____

High risk + emergency charges- _____

In case of multiple procedures - Procedure cost, OT & anesthesia charges as per hospital policy.

Anesthesia charges - As per hospital schedule of charges & according to the type of anesthesia used.

Blood / blood component - Processing charges as per actual consumption. (All blood units consumed by the patient needs to be replaced by attendants of the patient through blood donation)

Cont..

TOTAL ESTIMATED EXPENSES:

GENERAL TERMS & CONDITIONS:

a) All the charges & expenses given above are approximate in nature. These charges & final bill may vary depending on the course of treatment in the hospital.

b) Advance deposit for all expenses need to be made including surgery or packages.

c) Differential pricing depends on the category of accommodation chosen and is applicable on all services except medicines & consumables.

d) Drugs & consumables are supplied by the Hospital and charged to patient at maximum retail price (MRP).

e) Full strip of medicine shall be issued and only those bottles, vials etc. will be returned that are in sealed condition & full strips of unused medicines.

f) Accommodation in desired room category is subject to the availability of bed in that category. Room Category once chosen will not be downgraded. In case of chosen category of room is not available, the patient will be offered other category of room for which applicable rent would be payable.

g) Refund amount more than Rs. 20,000/- will be made by cheque only.

h) If patient is shifted from the room to an intensive care unit (ICU) or Operation Theatre, attendants need to vacate the room and if room is required to be kept by the attendants it would be subject to availability of bed and on payment of room rent.

i) Applicable Tariff Schedule & policies governing application of the same are available with counsellors for reference & use. Management reserves the right to change tariffs without any notice.

j) A Positive Balance of Rs. 5000/- is to be maintained.

VAT / taxes as per existing laws.

UNDERTAKING

I undertake full responsibility of settling the total bill before leaving the hospital. It has been explained to me that I should not bring valuable items to the hospital & I will be completely responsible for all my belongings. I understand that no valuable are to be left in the hospital and I will not hold the hospital and its staff responsible for loss of any personal belongings of me/my patient. I further state that I have been given an opportunity to ask questions and all my questions and all my questions have been answered fully and up to my satisfaction.

I certify that I have been explained the contents of this consent in the language I understand.

Name of the Patient / Attendant	Relation with patient	Signature / Thumb Impression* of patient / Attendant	Signature of Counselor

Contact No.

*** Left for males & right for females**

References-

1. **How to Significantly Reduce Inpatient Admission Times and Improve Patient Satisfaction. Retrieved from** https://www.healthcatalyst.com/wp-content /uploads /2017 /Significantly-Reduce-Inpatient-Admission-Times-and-Improve-Patient-Satisfaction.pdf
2. **Stempniak, M. (2013). The push is on to eliminate hospital wait times. Hospitals and Health Networks. Retrieved from http://www.hhnmag.com/articles/6417-the-push-is-on-to-eliminate-hospital-wait-times**
3. **Vogelsmeier, A. & Despins, L. (2016). A room without orders. Patient Safety Network. Retrieved from https://psnet.ahrq.gov/webmm/case/365/a-room-without-orders**
4. **Hostetter, M. & Klein, S. (2013). In focus: Improving patient flow-in and out of hospitals and beyond. Quality Matters. Retrieved from** http://www**.commonwealthfund.org/publications/newsletters/quality-matters/in-focus-improving-patient-flow**
5. **ED Management. (1997). Switching to bedside registration increases patient satisfaction. 9(3), 25-30. Retrieved from** https://www.ahcmedia.com/articles/37366-switching-to-bedside-registration-increases-patient-satisfaction
6. **Dr. Niloy Sarkar,N and Ms. Tatini Nath.T (2016):analysis of patient waiting time for hospital admission and discharge process.**