To Analyze the Admission, Turn-Around Time and Find the Ways to Reduce the Patient Waiting Time

By

Isharjot Kaur

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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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

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This is to certify that Ms. Isharjot Kaur of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Max Smart super specialty hospital, Saket from 13th Feburary, 2017 to 10th May, 2017.

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

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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From 10th February 2017 to 10th May 2017

At

Max Smart Super Specialty Hospital, Saket, New Delhi

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

We wish him/her all the best for future endeavors.

Vice President- Operations **Head-Human Resources** **Department Head**

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&

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Strong drive and zeal for learning

We wish her all the best for future endeavors

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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 **"To analyze the admission turn – around time and find the ways to reduce the patient waiting time."**

Signature of student

ABSTRACT

- **BACKGROUND**

The inpatient services are very important services for the hospital and healthcare system. The patients get admitted in the hospital for number of days depending on severity of their disease. Inpatient facility occupies about 30-35% of hospitals functional area and their capital investment and operational cost is high. The patients getting admitted to the hospital require the highest possible quality of medical and nursing care facilities.

This study is done to reduce the waiting time for the patients coming for admissions to the hospital. The admission process has different stages and delay in admission can be due to many reasons like non-availability of beds or incomplete documents etc.

Managing long waiting lines creates a great dilemma for managers, seeking to improve the quality of their operations. Not only managers but customers also dislike long waiting in a queue. If customers feel that they are waiting long in a hospital they will either prefer to leave the queue or will not come to the hospital for the next time when they are in need of seeking service. This can further reduce customer demand and eventually revenue and profit. Overcrowding in the IPD for admission creates burden for staff and dissatisfaction for customers.

- **OBJECTIVES**

1. To understand the inpatient admission process.
2. To analyze the admissions, turn-around time.
3. To identify the major reasons for the increase in TAT in admission process.
4. To recommend different measures for reducing the patient waiting time during admission process.

➢ METHODOLOGY

1. Type and study design – Descriptive study done at the IP admissions.

Turn-around time for admission process will be studied with respect to the time at which the admission request form has been received and at what time the whole admission process was completed.

2. Data collection method – Primary data will be collected by observation.

3.Sample size – All the inpatients coming for admissions, which will include admissions from OPD and emergency.

4. Sampling technique – Systematic random sampling

5. Sampling size – 200 patients that were admitted in the hospital.

Primary data will be collected to analyze the Turn-around time for admission process from In-patient department. The time was noted at which the patient gets the admission request form from the emergency or OPD till the admission process gets completed and the patient was sent to the allocated room.

➢ RESULTS

Data was collected for 200 patients coming for IP-admissions. Each patient was traced step by step and the time was noted for each step in a proper line with the process map developed. Data was divided into planned and unplanned admissions.

Out of 200 patients, **104 patients** were having planned admissions and **96 patients** were having unplanned admissions.

According to the study **70% admissions** were delayed due to one or the other reason. Maximum delays were due to the non – availability of beds. Hospital is mostly under high occupancy, because of which it becomes very difficult to take new admissions, in that case new admissions can be done when the patients getting discharged will vacant the beds. Out of 140 patients 60 patient's admission was delayed due to non – availability of beds.

There were many other reasons for the delay in admission process such as incomplete documents with the patient, TPA processing, patient has not taken the estimated for the line of treatment and less working counters due to which long queue was formed and admissions were delayed.

We should work on all these situations to reduce the waiting time by proper management of staff, improving communication with other departments, making discharges more faster and providing beds for the patients who require on urgent basis. In the situation of high occupancy either priority should be given on first come first basis or in some urgent situation priority can be given to the patient requiring immediate treatment.

Delay in admission leads to patient dissatisfaction which will further effect the quality of the organization reducing customers and hence effecting revenue and profit.

ACKNOWLEDGEMENT

*I would like to express my special thanks to **Mrs. Sonam Singh** (Head of the department – Front office, Max Smart Super Specialty Hospital, Saket) for giving me the golden opportunity to pursue my internship at **Max Smart Super Specialty Hospital, Saket, New Delhi**.*

*I am using this opportunity to express my gratitude to everyone who supported me throughout the course of my Internship at **Max Smart Super Specialty Hospital, Saket, New Delhi**.*

Also, my successful completion of the projects would not have been possible without the helping deeds of the department heads.

*I am also thankful to **the entire Max hospital employees** for helping me settle down and to get aligned with the work environment also could find time for my project and impart knowledge necessary for its completion instead of his busy schedule and workload. The knowledge gained herein and the practical experiences learnt will be invaluable in the end.*

*I would also like to thank my project **guide Dr C Ramesh, The IIHMR University, Jaipur**, for his help, cooperation and wholehearted encouragement. His assistance enabled me, to overcome many obstacles during my project study.*

Last but not the least, I must express my sage sense of gratitude to my parents and my colleague for providing me with unfailing support and continuous encouragement throughout. This accomplishment would not have been possible without them.

TABLE OF CONTENTS

ABBREVIATIONS

IPD	In-patient department
OPD	Out-patient department
OT	Operation theatre
DM	Duty manager
HIS	Hospital information system
TPA	Third – party administrator
CGHS	Central government health scheme
SOP	Standard operating procedures
EWS	Economically weaker section
BPL	Below poverty line
PCC	Patient care coordinator
PCE	Patient care executive

.

ABSTRACT

- **In – patient department**

The inpatient services are very important services for the hospital and healthcare system. The patients get admitted in the hospital for number of days depending on severity of their disease. Inpatient facility occupies about 30-35% of hospitals functional area and their capital investment and operational cost is high. The patients getting admitted to the hospital require the highest possible quality of medical and nursing care facilities.

The first step in IPD is admitting the patient as early as possible but there are many issues which are faced by the hospitals related to admission process. Admitting a patient is a complex process that unless carefully managed can lead to poor patient experience. One of the major issue is long waiting time during the admission process. This is considered as an indicator of poor quality of services. Long waiting time creates frustration for patients and attains lower satisfaction score.

- **Importance of the study**

This study is done to reduce the waiting time for the patients coming for admissions to the hospital. The admission process has different stages and delay in admission can be due to many reasons like non-availability of beds or incomplete documents etc.

Managing long waiting lines creates a great dilemma for managers, seeking to improve the quality of their operations. Not only managers but customers also dislike long waiting in a queue. If customers feel that they are waiting long in a hospital they will either prefer to leave the queue or will not come to the hospital for the next time when they are in need of seeking service. This can further reduce customer demand and eventually revenue and profit. Overcrowding in the IPD for admission creates burden for staff and dissatisfaction for customers.

Unlike other organization healthcare scenario is very different because your customers are seeking help from you to save life of their loved ones. They are always in a hurry to get the services as it is always a matter of someone's life. Customers coming to hospitals are not in a state of understanding any reason for the delay in services, they only want their patient to get admitted and get treatment as early as possible. It can be frustrating for anyone to wait for the paper work or get a bed for the treatment to get started. Long waiting time for admission sometimes make doctors also dissatisfied as they are waiting for their patient to get admitted so that they can start with the treatment.

- **IPD – admission process**

Direct admission in a hospital are either planned or unplanned. Patient coming to the emergency or OPD may get admitted to the hospital depending on their condition. These are referred as unplanned admissions. Patients getting admitted for a planned surgery or treatment are referred to as planned admission. In both cases, none of them will prefer to wait for the admission process and get the treatment started.

Max hospital is a 250+ bedded hospital, where 60-70 patients get admitted daily. Bed occupancy lies between 95-99%. In this case, we can only admit the patients after the admitted patients get discharged and vacant the bed.

Admission process is a long process including paper work that is to be done systematically. Before admitting the patient, it requires lots of documentation on the HIS which usually takes 15-20 min per patient. Admission process for any patient which took more than 20 min are causing delay in the process.

Delay in the admission process does not gives a good image for the hospital, and makes patients dissatisfied. Patients are our customers and for a hospital industry achieving 100% customer satisfaction is very difficult but on other hand it is equally very important. Hospital deals with the life of the patient and admission to the hospital is the first step patient goes through even before the medical treatment required by the patient. It is very important to improve the admission process and reduce the waiting time for patients.

CHAPTER – 2

LITERATURE REVIEWS

- ✓ **Dr. Sarkar.N and Ms. Nath.T** have studied that in hospitals waiting time for admission process and discharge process is the common problem.The main objective of the study was to identify the gaps, highlight those areas where delay can be eliminated and recommend accordingly, so that the hospital admission and discharge process can be managed smoothly. This paper has explained both the hospital admission and discharge process in a simple way and has tried to find out the root causes for the delay in discharge process. This study was done at Apollo hospitals, Chennai.

  According to this study long waiting time in a hospital was considered as an indicator of poor quality and so it needs improvement. Managing waiting lines creates a great dilemma for managers, seeking to improve the return on investment of their operations. On the other hand, customers dislike waiting intensely. If they feel they are waiting too long at hospital for receiving service, they will either leave the line prematurely or not return to the hospital for the next time when they are in need of seeking service. This will reduce customer demand and eventually revenue & profit. Long waiting time creates frustration for patients and attains lower satisfaction scores**.** In this studydata was divided into Cash and Non-Cash Patients (involves TPA and Credit Companies) and under each type, the patients were further classified into Walk-in and Booked Patient. The minimum time taken to complete the entire process was considered as the "ideal time" and any deviation from the ideal time was considered to be a delay in the process.

- ✓ **Patel. P etal,** did a study on reducing the waiting time for admissions from emergency department. According to this study prolonged admit waiting time in the emergency department (ED) for patients who require hospitalization lead to increased boarding time in the ED, a significant cause of ED congestion. This further leads to decreased quality of care, higher morbidity and mortality, decreased patient satisfaction, increased costs for care, ambulance diversion, higher numbers of patients who leave without being treated, and delayed care with longer lengths of stay (LOS) for other ED patients. The objective was to assess the effect of a leadership-based program to expedite hospital admissions from the ED. It was before and after observational study. The goal of the team was to admit the patients from emergency within 60min after the doctor gives the patients

request for admission. The primary outcome was the percentage of emergency patients getting admission within 60 min.

It was a leadership – based program to reduce admission waiting time which was associated with a significant increase in the percentage of patients admitted to the hospital within 60 min. This study further also lead to decrease in ED length of stay and increase in patient satisfaction.

- ✓ According to the study done by **Thibodaux regional medical center,** admitting a patient to inpatient care is a complex process that, unless carefully managed, can lead to long delays in service and a poor patient experience. Waiting for admission paperwork, or for a bed to be assigned can be frustrating for anyone. But for patients who are sick, or for an exhausted mother with a crying baby who needs to be admitted, wait times can become emotionally and physically difficult as well.

CHAPTER – 3

OBJECTIVE AND METHODOLOGY OF THE STUDY

AIM –

"To analyze the admission Turn-around time and find the ways to reduce the patient waiting time."

OBJECTIVES –

5. To understand the inpatient admission process.
6. To analyze the admissions, turn-around time.
7. To identify the major reasons for the increase in TAT in admission process.
8. To recommend different measures for reducing the patient waiting time during admission process.

METHODOLOGY –

1. Type and study design – Descriptive study done at the IP admissions.

Turn-around time for admission process will be studied with respect to the time at which the admission request form has been received and at what time the whole admission process was completed.

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4. Sampling technique – Random sampling

5. Sampling size – 200 patients that were admitted in the hospital.

Primary data will be collected to analyze the Turn-around time for admission process from In-patient department. The time was noted at which the patient gets the admission request formto the IPD from the emergency or OPD till the admission process gets completed and the patient was sent to the allocated room.

Basis of estimating Turn – around time–

I. STAGE 1 **(S1)** – The time at which the patient / attendant comes to the admission counter for admission.
II. STAGE 2 **(S2)** – The request given to the bed manager for the allotment of the beds
III. STAGE 3 **(S3)** – The time at which bed manager allots the bed for the patient
IV. STAGE 4 **(S4) -** The time at which the staff completes the admission formalities in HIS
V. STAGE 5 **(S5) –** The time at which the patient moves towards the allotted room.

SETTING – Max smart super specialty hospital, Saket

DURATION OF STUDY – February 2017 to April 2017

CHAPTER – 4

OBSERVATION AND DATA COLLECTION

IP department –

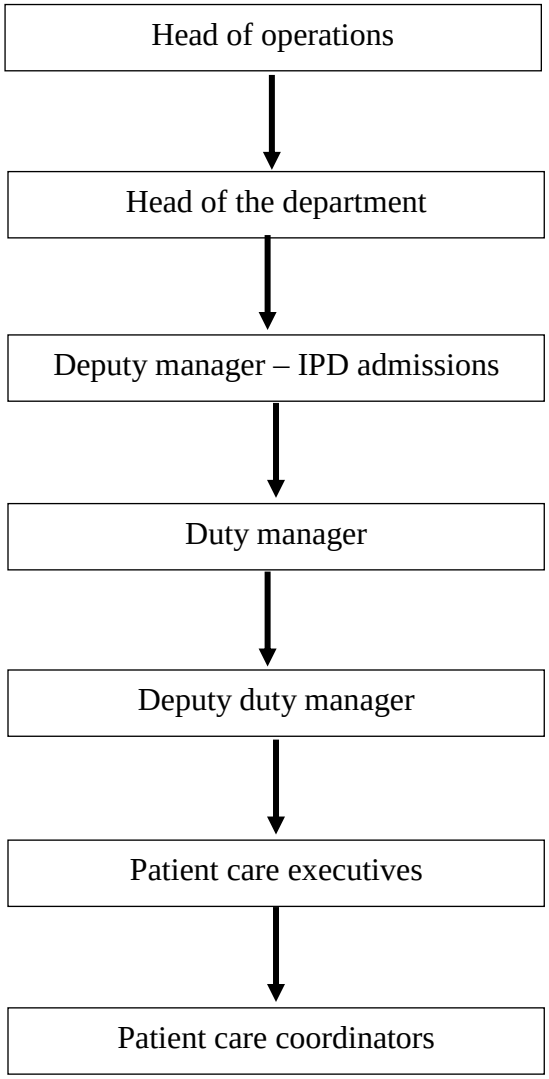
In – patient department is located on the ground – floor of the hospital. There are three counters for admission, two for cash admissions and one for admissions for patients going for treatment using cashless facility. The working hours for the counters are from 8:00 am to 8:00 pm. There are three shifts in which the staff handles the counters.

Patients come for admission either from OPD or emergency department. Admissions can be planned or unplanned. There are set policies and SOPs for the admission process in the hospital. Doctors advise the patient for the admission as per their health condition. Before getting admitted to the hospital all the patients/attendants go for financial counselling in which they are told about the approx. expenses for their line of treatment as suggested by the doctor.

Patients treatment only starts after the patients get admitted in the hospital and if there is any emergency the patient gets admitted through admitted through emergency department and gets a treatment there. But the patient can only stay up to 8 hours in the emergency. Within 8 hours' patients need to get discharged or admitted to the hospital to continue its treatment.

Admission process being is very first step for the patient to go through is likely always remembered by the patient, and unsatisfied with this step the patient moves further with the negative mindset for the further treatment and services to be provided by the hospital. This will affect the patient experience in the hospital and leave a negative feedback about the organization.

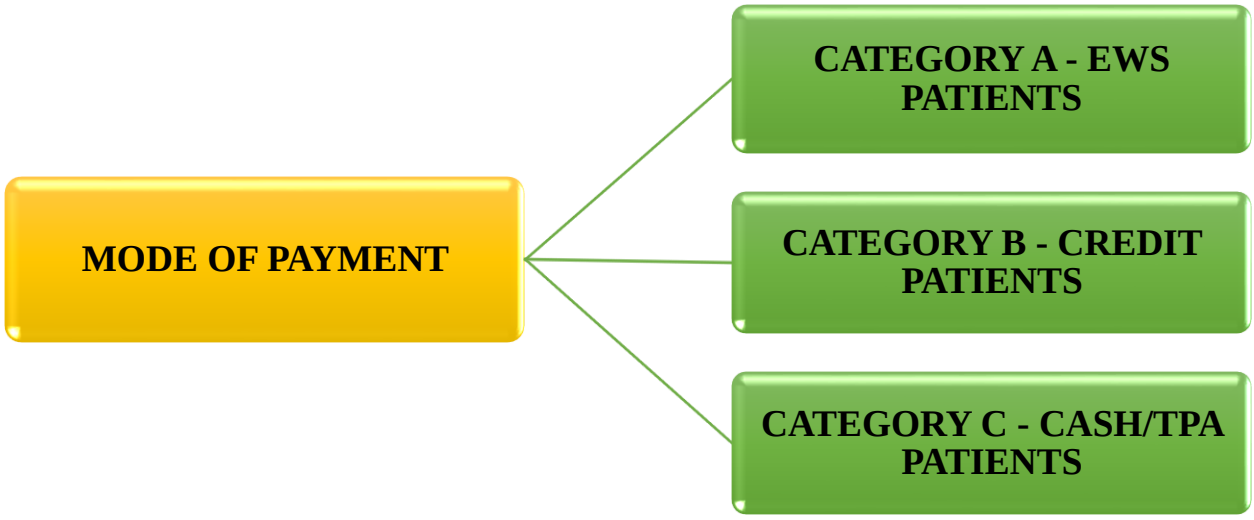
Departmental structure of IPD admissions –



Patient care coordinators are the staff members that do the admission process for the patients. Bed managing and financial counselling are handled by the patient care executives or duty managers.

Patients getting admitted to the hospital are defined into different categories as per there desired mode of payment for the treatment.

There are 3 different categories –



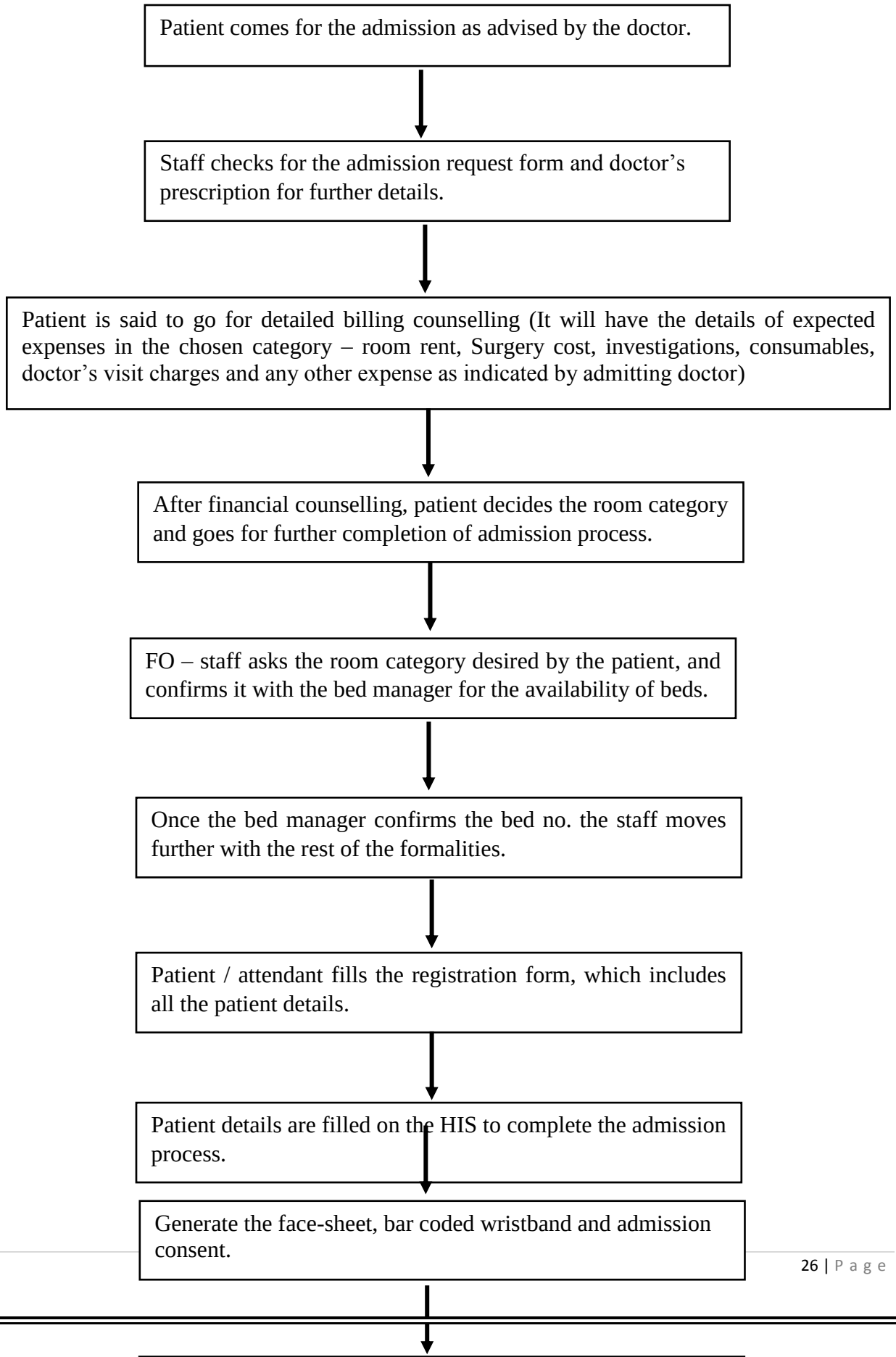
Category A – Patients that belong to category A are Economically weaker, they get totally free treatment from the hospital. According to the policies 10% of the total beds belong to EWS patients. These patients should have a BPL card to get the free treatment from the hospital.

Category B – Category B are those patients that take the treatment on credit basis, the hospital gets the amount from the patient's company. These are generally those patients that belong to government organizations or are pensioners with CGHS. (Admission of these patients is decided by the head of the corporate team. The cost of treatment for these patients is according to the government rates.)

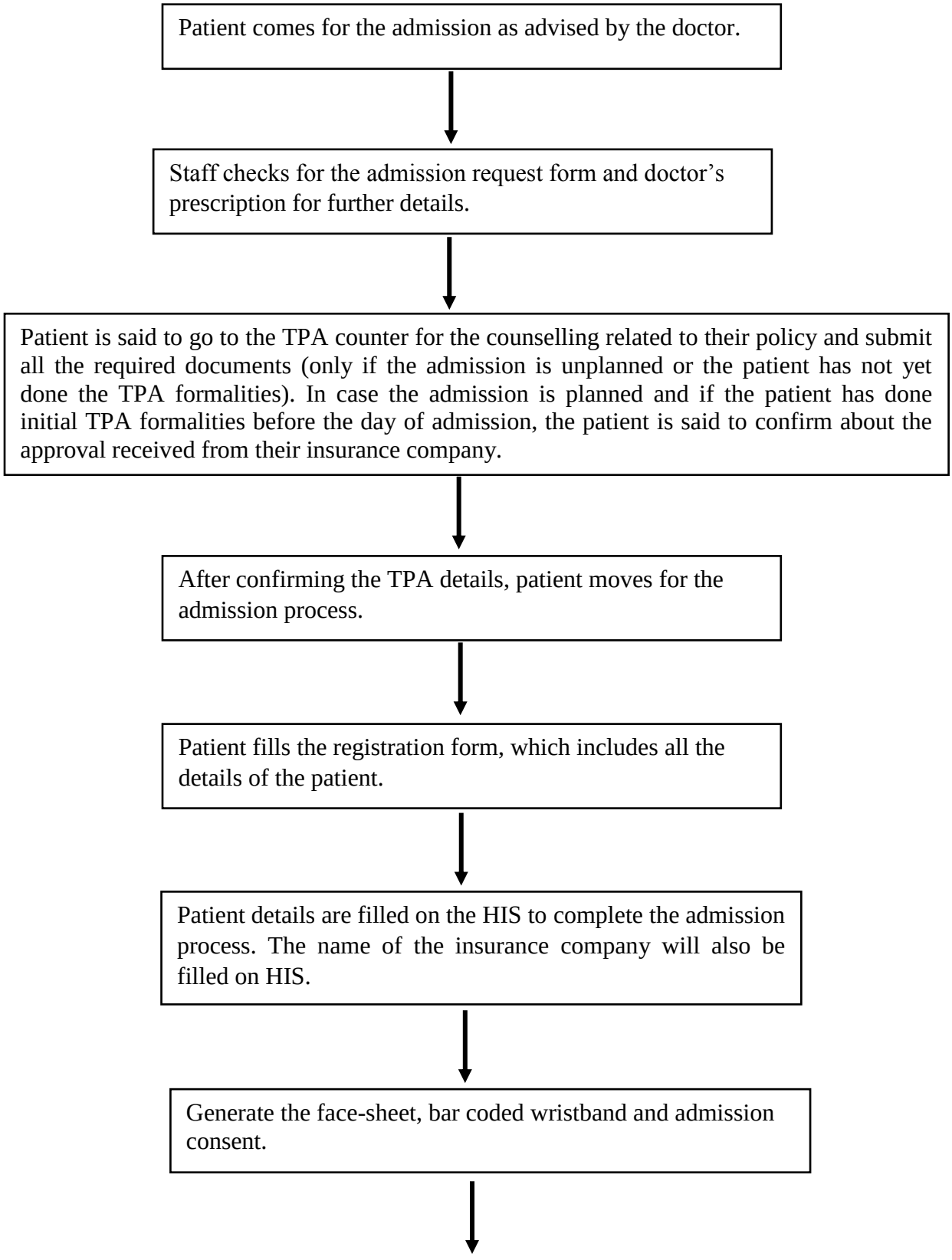
Category C - Patients that pay the cost of the treatment by cash belong to this category. Their estimate of treatment is different from cat - B patients as their cost of treatment is according to hospital tariff.

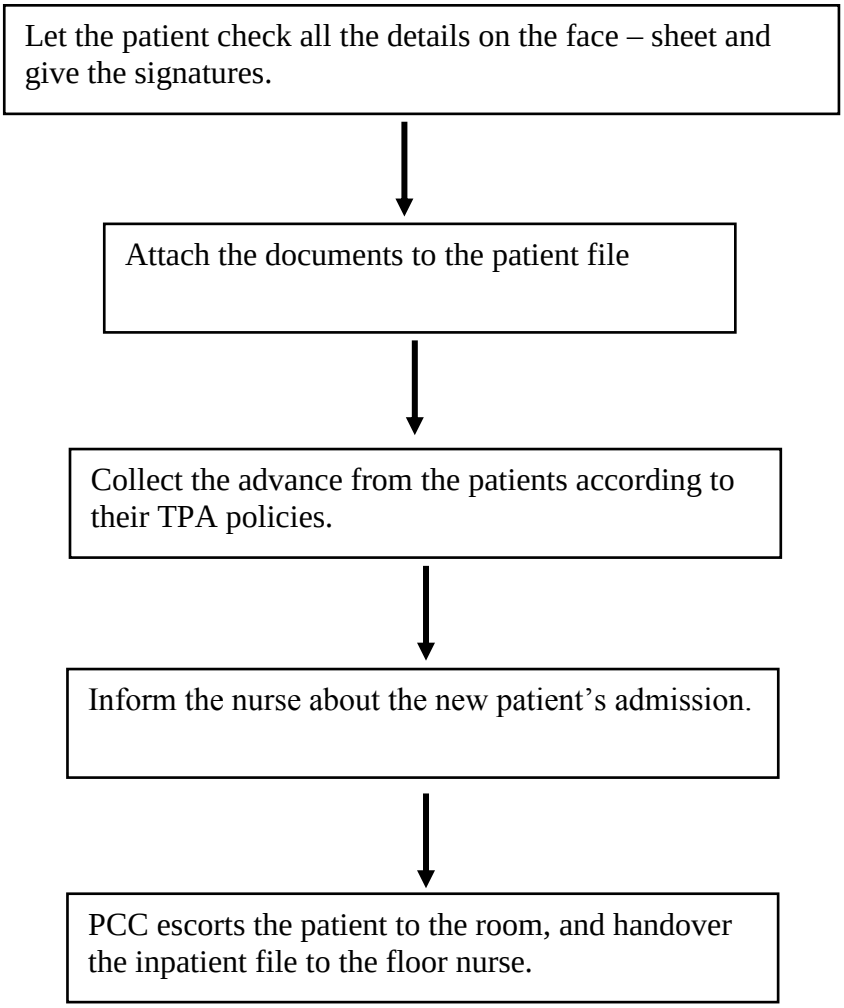
Patients getting treatment using medical insurance policies also come under cat – C.

Process flow for admission in the hospital (CASH patients) –


Patient comes for the admission as advised by the doctor.
Staff checks for the admission request form and doctor's prescription for further details.
Patient is said to go for detailed billing counselling (It will have the details of expected expenses in the chosen category – room rent, Surgery cost, investigations, consumables, doctor's visit charges and any other expense as indicated by admitting doctor)
After financial counselling, patient decides the room category and goes for further completion of admission process.
FO – staff asks the room category desired by the patient, and confirms it with the bed manager for the availability of beds.
Once the bed manager confirms the bed no. the staff moves further with the rest of the formalities.
Patient / attendant fills the registration form, which includes all the patient details.
Patient details are filled on the HIS to complete the admission process.
Generate the face-sheet, bar coded wristband and admission consent.

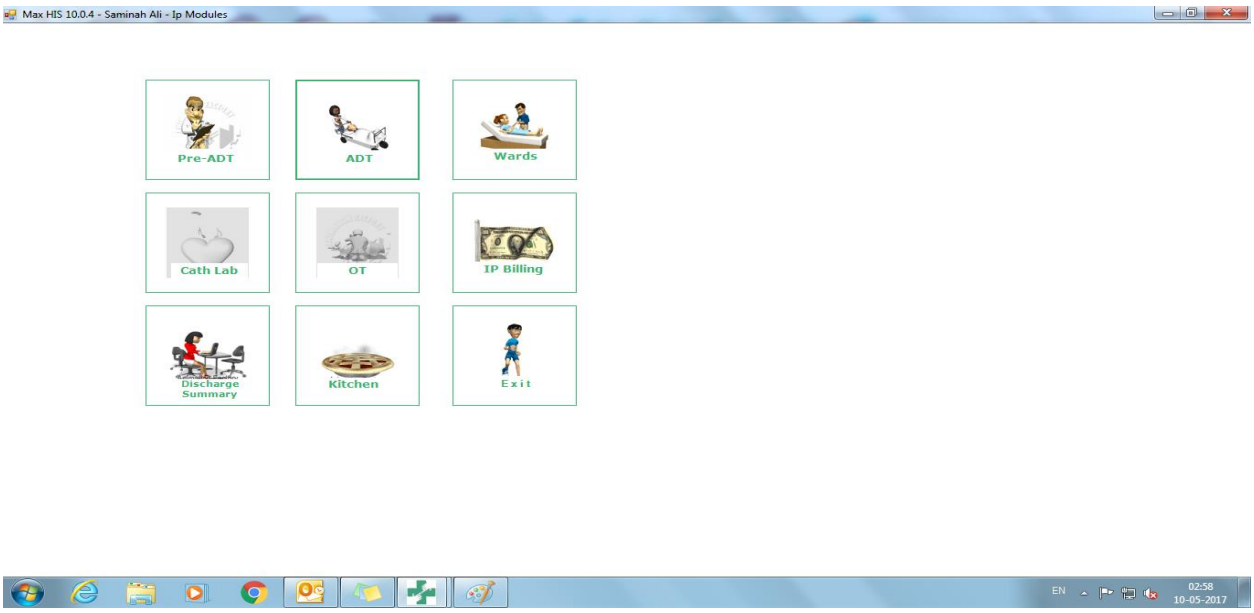
Process flow for admission in the hospital (TPA patients) –




Let the patient check all the details on the face – sheet and give the signatures.
Attach the documents to the patient file
Collect the advance from the patients according to their TPA policies.
Inform the nurse about the new patient's admission.
PCC escorts the patient to the room, and handover the inpatient file to the floor nurse.

1) Patients come for the admission either from the OPD, emergency or direct admission. Admission can be planned or unplanned. Patient should have a admission request form filled by the doctor or else patient is said to get the form from the doctor.
2) Patients form is checked for whether the patient is getting admitted for any surgery or medical management.
3) Confirming whether the patient is cash or TPA.
4) If the patient is a cash patient, detailed financial counselling is done which includes estimate for any surgery or procedure to be done. Room category is confirmed from the patient (general ward, twin sharing, single, classic deluxe or presidential suit). This is countersigned by the patient / attendant.

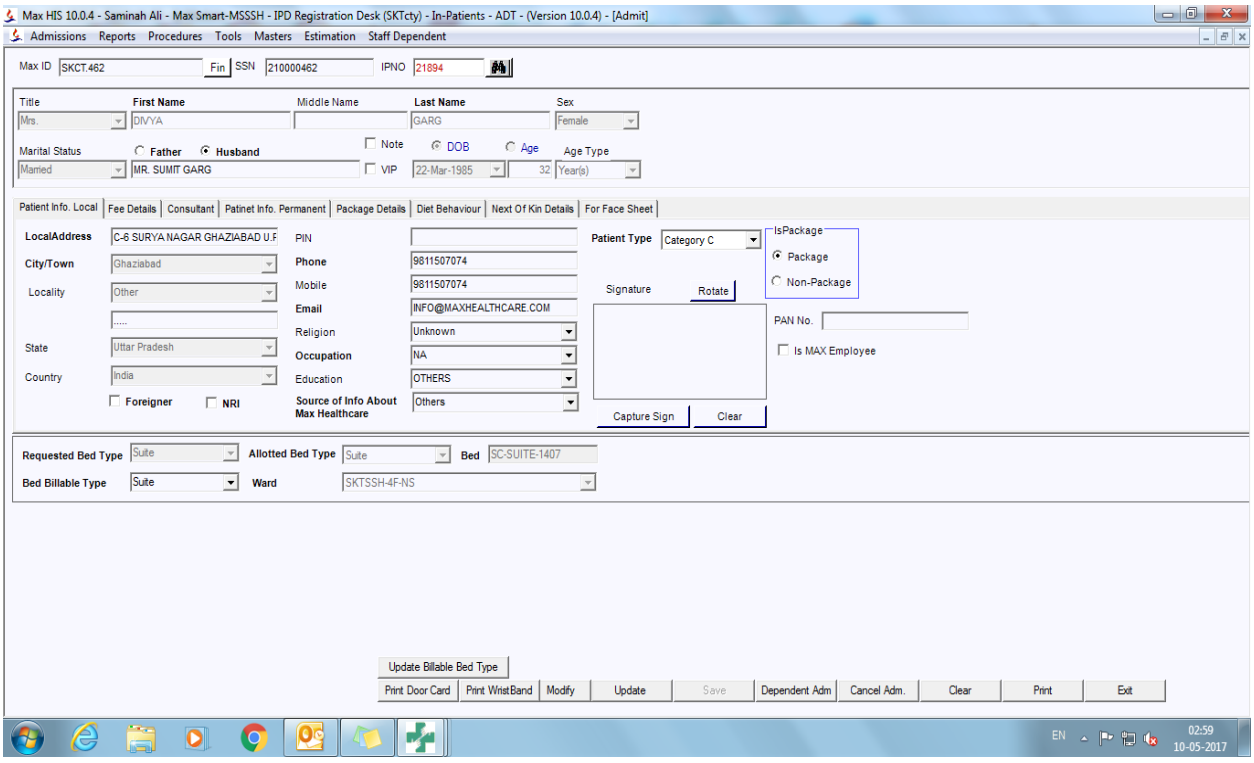
   In case of a TPA patient, the patient moves to the TPA counter and completes all its TPA formalities. If the patient has done all the formalities earlier (in case of planned admission) then the patient confirms for his initial approval and patient counselling is done for how much advance payment is to be made by the patient.
5) PCC confirms the availability of room as per the desired category from the bed manager Once the bed manager confirms the room no. according to the availability the admission process is completed on the HIS.
6) All the patient details are filled in HIS according to the applicable category of the patient.



7) Face – sheet is generated from the HIS, which includes all the details of the patient.
8) Patient cross – checks the details on the face – sheet and countersigns it.
9) Patient's file is prepared with all the necessary documents and given two passes (attendant and visitor pass).
10) Patient is escorted to the room, and file is given to the nurse.

➢ **Important documents for in patient file –**

1. Face – sheet generated from HIS.
2. Registration form filled by the patient.
3. Patient's admission request form.
4. Patient's ID proof
5. Sticker generated from HIS.
6. Estimate given to the patient



ADVANCE – IP ADMISSIONS

Patient will not get admission without making initial deposit or presenting necessary documents for availing credit/cashless facility

- **For Planned Admission (Booking):** Rs. 10000/- deposit in case of all patients including (TPA, Corporate etc.), which may be more depending upon line of treatment or procedure cost.

- **IP Admissions through ER/OP/Direct**

- Cash admissions: Initial deposit will be taken which may vary according to patient conditions/ line of treatment/procedure cost/ room category
- Credit Admissions
    - TPA: Rs. 5000/- will be initial deposit, which may be refunded at the time of discharge.
    - Others: In case of other credit patient deposit is not required.
    - If the patient/attendant is unable to produce the required documents, deposit is taken from him that is later refunded.

- Tariff as per opted Room Category's Tariff.
- Bed Charges and other orders will be as per opted room category's tariff but will be applied from the time when patient arrived at ER
- Opted category will be charged, in case of Non-availability of the same.

- **Variance Analysis:** From billing point of view a report can be made to cross check the counseled amount and its variance with actual amount for discharged Patients
- **Re counseling:** When patients cost of treatment goes up and crosses the deposited amount in case of cash patient financial counselor re counsels the patient. Or in case of TPA/Corporate cost of treatment crosses the approved limit patient will be asked to take further approval.

- System should allow to capture all the quoted cost and later it should be available for variance analysis with actual cost of treatment.

- **Data collection** –

Admission process is a long procedure as it includes all the important paper work and documentation regarding patient getting admitted to the hospital. This is not a part of the treatment which is most required by the patient but it is equally important to getting a treatment in the hospital. This process should be completed on time as only after the completion of admission process the patient will get the required treatment. Long waiting time in the admission process makes the patient dissatisfied with the services provided by the hospital.

Turn – around time for an IPD – admission process is defined as the total time taken to complete the admission process for the patient or getting the patient reach to its allocated bed no. admission process as many steps, delay in any step can further lead to delay in whole admission process which increases the waiting time for the patients. This study is done to find the reasons for the delay in admission process and provide remedial measures to reduce the waiting time due to delay in admission process.

Data was collected on daily basis in the month of March and April by self-observation of the admission process. The step by step observation was done to find the cause of delay in the admission process. There can be different reasons for the delay in admission process.

Data was collected for 200 patients coming for admission in the hospital. It included both unplanned and planned admissions.

The following details were collected for data analysis –

1. Name of the patient
2. Age / Sex of the patient
3. Category of the patient
4. Whether admission is planned or unplanned
5. Time taken at different stages of the admission process
6. Reasons for the delay

The data was collected in the form of time which was noted at starting and ending of the different stages of the admission process.

VI. STAGE 1 **(S1)** – The time at which the patient / attendant comes to the admission counter for admission.

VII. STAGE 2 **(S2)** – The request given to the bed manager for the allotment of the beds

VIII. STAGE 3 **(S3)** – The time at which bed manager allots the bed for the patient

IX. STAGE 4 **(S4) -** The time at which the staff completes the admission formalities in HIS

X. STAGE 5 **(S5) –** The time at which the patient moves towards the allotted room.

Total time taken for completion of the admission process was calculated by –

T1 (S1)	Time at which the patient came for admission
T2 (S2 - S3)	Time taken by the bed manager to allot the bed
T3 (S4 – S5)	Time taken for the registration for the admission in HIS
T4 (S1 – S5)	Total time taken to complete the admission process

The data collected was collected at different stages of the admission process and the reasons for the delay in the process were noted in the tabular form.

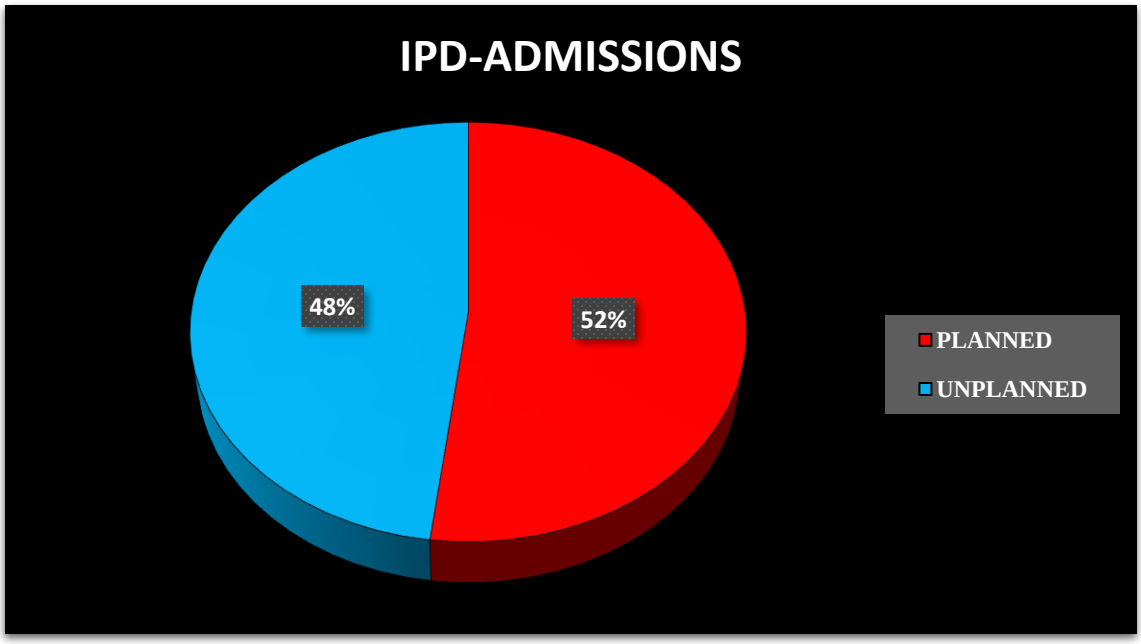
S.No.	Patients	Planned or unplanned	T1	T2 (in min)	T3 (in min)	T4 (in min)
1	P1	P	10:25	3	15	18
2	P2	P	13:05	5	12	17
3	P3	UN	10:06	3	20	23
4	P4	UN	16:30	5	20	25

CHAPTER – 4

RESULTS AND CONCLUSION

Data was collected for 200 patients coming for IP-admissions.Each patient was traced step by step and the time was noted for each step in a proper line with the process map developed. Data was divided into planned and unplanned admissions.

Out of 200 patients, **104 patients** were having planned admissions and **96 patients** were having unplanned admissions. Planned admissions are patients who met the doctor earlier in the OPD and line of treatment or any surgery was explained and date of admission was given, so that the patient can come on the given date and get admitted to the hospital. Unplanned admission come direct from emergency or OPD which are not planned but according to the patient's condition the doctor suggest for an immediate admission in the hospital.

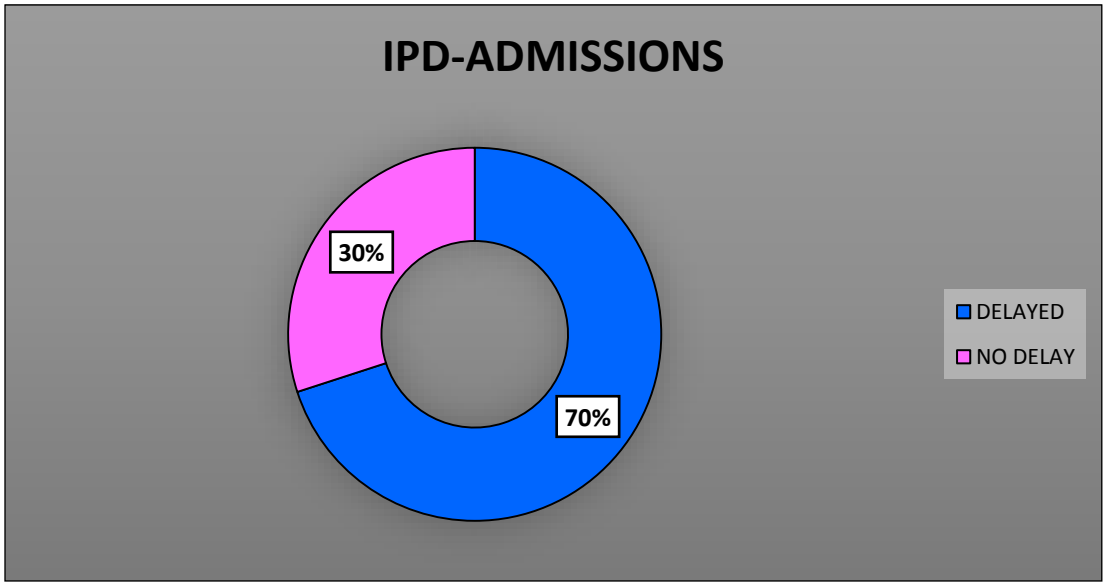


According to the results **52%** admissions were planned admissions. In both cases, there were delay in admission process.

For planned cases, the beds are blocked prior but if the hospital is under high occupancy then the rooms are not blocked and admissions are done on first come first basis.

- **Delay in admissions**

According to the results out of 200 patients for IP – admissions 140 patient's admission process was delayed because of many reasons. As per data analysis 70% patients were delayed during the admission process.



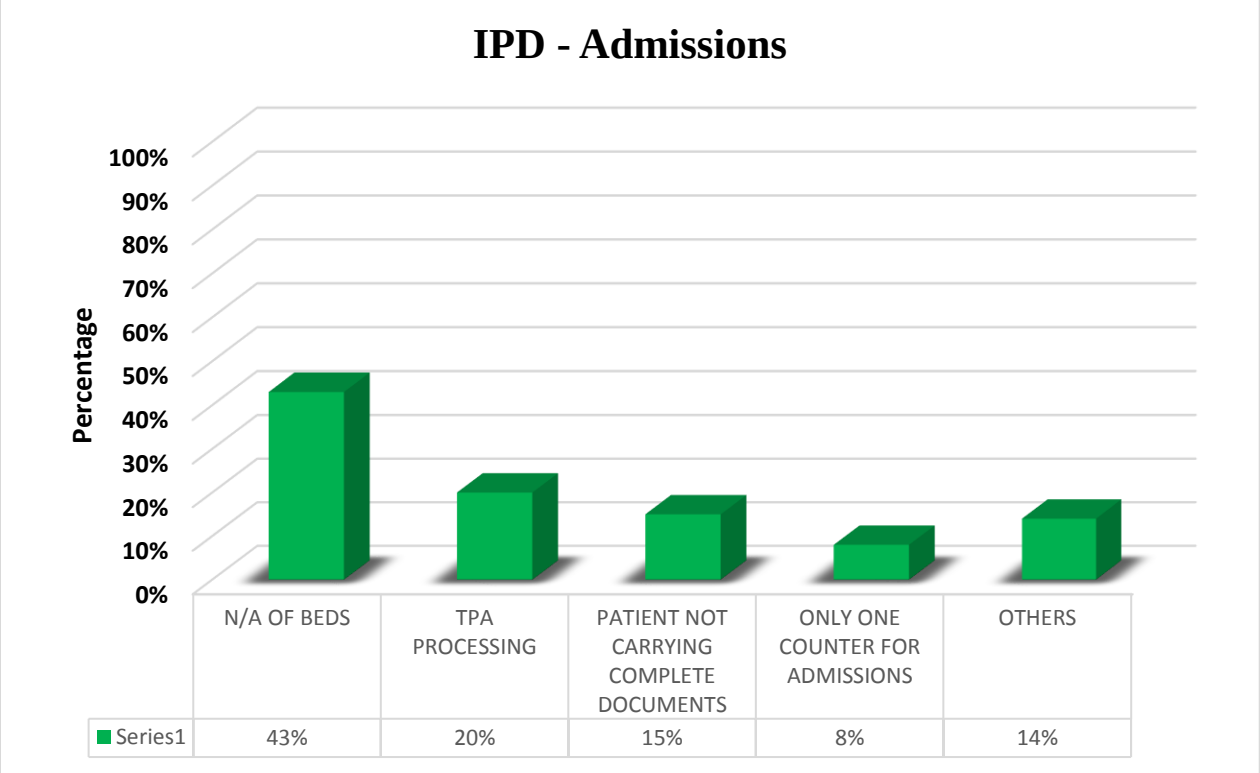
There were many different reasons for the delay in the admission process. Delays were either from the patient side or from the hospital side.

The maximum time taken to complete the entire admission process should be **15-20 min**. any admission process that took time above 20 min was considered under delay in the process.

- **Reasons for the delay in admission process –**

According to the results out of 200 patients for IP – admissions 140 patient's admission process was delayed because of many reasons. As per data analysis 70% patients were delayed during the admission process.

Reasons for the delay	No. of admissions delayed
1. N/a of beds	60
2. TPA processing	28
3. Incomplete documents	11
4. Less counters for admission	21
5. Others	20



- **Average time for delay at each step –**

Average time taken was calculated for each reason of delay to know, due to which step in the admission process the delay was the maximum. According to the study maximum time in delay was due to n/a of beds in the hospital.

On an average delay for 1 patient due to n/a of beds was almost **1hour**, which creates problems for the patients who require immediate treatment and due to delay in process the treatment also gets delayed.

Reasons for the delay in admission process	**Average time taken for the completion of process due to delays**
1. N/a of beds	1 hour (almost)
2. TPA processing	44 min
3. Incomplete documents	47 min
4. Improper management of staff	39 min

Incomplete documents was the another reason which cause the delay in the admission process. During the consultation, doctor must make sure that if the patient is coming for admission, he/she should have the admission request form so that the patient need not to go back to get the request form.

I. **Non – availability of beds –** Maximum delay in admission process was due to n/a of beds. Hospital undergoes very high occupancy which further leads to n/a of beds for the patients coming for admissions. In that case patients need to wait till the already admitted patients gets discharged and vacant the bed. Discharges also get delay due to many reasons like discharge summary not prepared, waiting for approval from insurance company, pharmacy bill not cleared, patient arranging for money etc. These all reasons further delay the admission process which leads to dissatisfaction among patients related to the quality of services. once the patient vacant the room, housekeeping must clean the room and ready the room which takes another half an hour.

II. **TPA processing –** In case the admission is not planned or the patient has not done the TPA formalities earlier, then before the admission process the patient / attendant goes to the TPA counter where he / she undergoes TPA processing i.e., get the TPA from filled from the doctor, submit all the TPA documents which takes time and delays the admission process. Without counselling admission cannot be done because in many cases patient is not aware about the room category covered under their insurance policy.

III. **Incomplete documents with the patient –** One of the reasons for the delay in admission process is due to incomplete documents with the patient. Patient comes for admission but does not have the admission request form written by the doctor, so patient is said to bring the admission request form from the doctor to get the admission done. This is a reason for the delay in admission process.

Not only the admission request form but sometimes patient does not have the ID proof (Aadhar card, Driving license etc.). In case of international patients, it is important to have passport without which the admission cannot be done.

During the admission for TPA patients, who have already received the approval, they require approval copy during the admission so that the staff should know the deposit to be made by the patient. Sometimes this also causes delay as TPA staff is not aware of the documents of the patient and finding the document delays the process.

IV. **Only one counter for admission –** This delay in admission is from the staff side. There are in total 2 counters for admission in IPD. But during shift change timings it happens

that only one counter is functioning, and there is queue for admissions and this delays the admissions for the patients waiting in the queue.

V. **Other reasons –** There were many other reasons due to which delay was caused in the admission process. The reasons are –

a) Patient not taken the estimate earlier for the surgery or any procedure. Before the admission process in case of surgery or any procedure patient needs to take the estimate for the procedure or surgery as per the desired room category so that the patient is aware about the deposit to be made during admission. But sometimes in case of unplanned admission patient first goes for the financial counselling which delays the admission process.

b) In case there is an ICU admission for which the bed manager needs to talk to the ICU doctor for the availability of the bed in ICU. Once the bed manager talks to ICU doctor, the doctor confirms from the treating doctor about the patient's conditions and then confirms to the bed manager for the availability of beds.

c) Delay can also be caused in case the patient does not have the estimated amount to pay for the surgery.

d) Wrong information from the nursing staff (miscommunication between the staff on floors and front office staff) -Many it happened that the information provided through nurses regarding room vacant or not on the system was wrong. If in the system, the room was vacant but by confirming on the floors the patient was still in the room and has not yet vacant the room after the completion of the discharge process.

e) Room not ready through housekeeping.

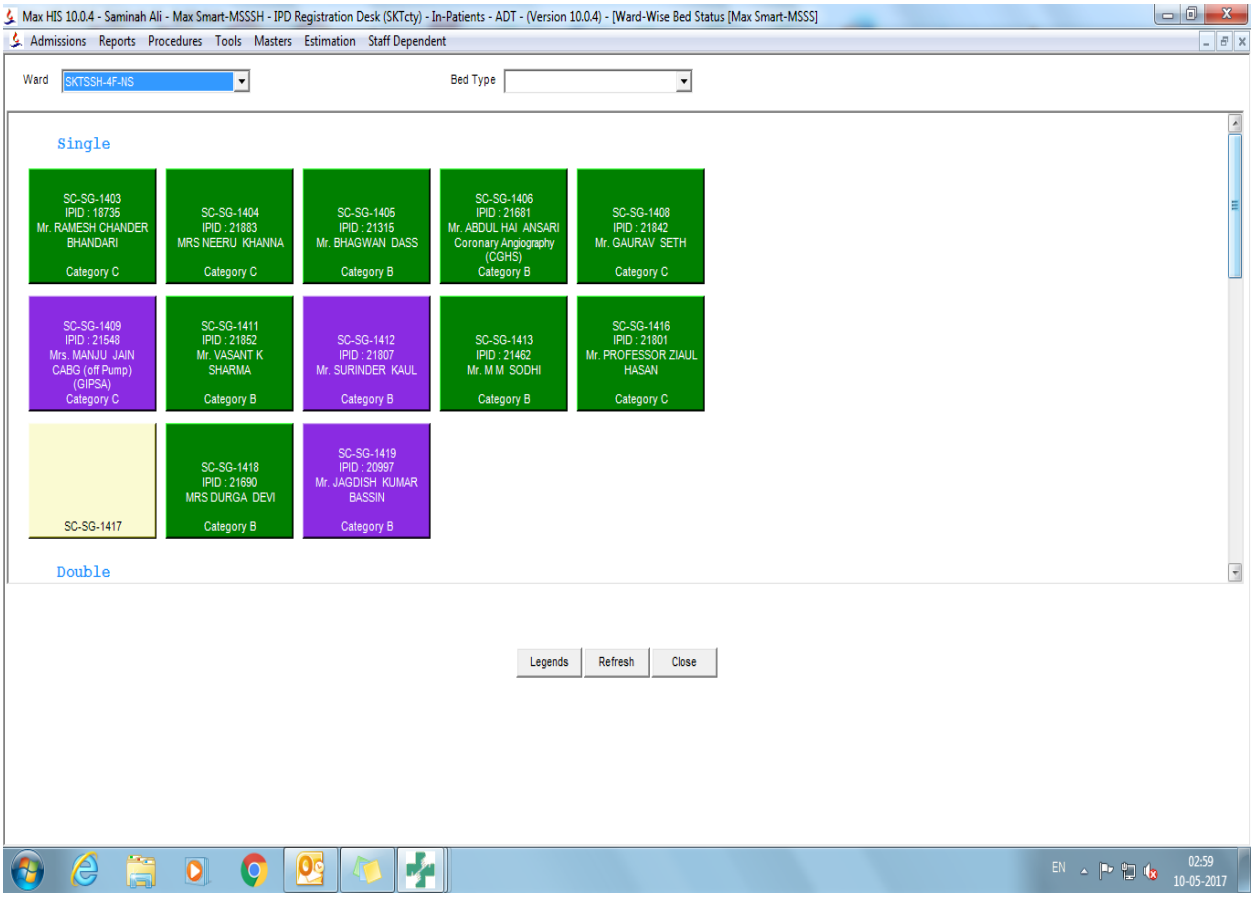
The managers should focus on all these reasons for delay in admission process, the delay from the staff side should be decreased to minimum so that the patient coming for the treatment to the hospital should not suffer and get the required treatment on time.

CHAPTER – 5

SUGGESTIONS

The entire admission process was according to the standard operating procedures, this assures that the staff follows the documented process but the reasons in delay was due to the problem in coordination and management.

Since the maximum delay in admission process was due to the non – availability of beds. It should be given special attention and this requires an equal focus on the discharge process. the patients got discharged and are stable but are waiting due to TPA approval or any other reason, there should be a discharge lounge so that the patients can wait there and the rooms can be made available to the patients need treatment. As according to the SOP once the bill is cleared the patient is out from the system and the bed should be made available for the new admissions. There should be a manager who should be taking care of discharge process and expedite the discharges and make the rooms available for admissions.



To reduce the waiting time for patients, no. of counters for in-patient admission should be increased or staff should be managed as such that at least 2 counters are working at the same time so that the work can be shared. This requires proper human resource management.

The space for IPD admission is less, more area should be provided for IP admissions or else they should provide with a proper waiting area in front of IP admissions. there should be a waiting lounge where patients can wait during n/a of beds and feel comfortable till get the bed and admission process can be done.

The communication between all the departments should be properly managed. Nurses should be given strict instructions for giving the actual status of bed availability. There should be a floor manager taking rounds and helping the rooms to vacant faster.

If the rooms are vacant and admission are not done due to long queue, the patient should be send to the room first and the admission for the patient can be done in the room itself. In case the patient has already submitted all the documents earlier via pre-admission process, once the room is available the patient should be send to the room and admission process can be done in the room itself.

For planned surgical cases every patient should get the pre – admission process done 1-2 days prior their planned admission so that the delay can be less and the planned surgery or treatment can be performed on time.

Admission process being is very first step for the patient to go through is likely always remembered by the patient, and unsatisfied with this step the patient moves further with the negative mindset for the further treatment and services to be provided by the hospital. This will affect the patient experience in the hospital and leave a negative feedback about the organization.

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APPENDIX – 1

- **Patients with no – delay in admission process**

S.No.	Patients	Planned or unplanned	T1	T2 (in min)	T3 (in min)	T4 (TOTAL TIME TAKEN)
1	P1	P	10:25	3	15	18
2	P2	P	13:05	5	12	17
3	P3	UN	10:06	3	20	23
4	P4	UN	16:30	5	20	25
5	P5	P	12:40	5	15	20
6	P6	UN	10:00	5	12	17
7	P7	UN	15:40	5	13	18
8	P8	P	17:05	4	15	19
9	P9	UN	11:35	3	15	18
10	P10	P	12:27	5	20	25
11	P11	UN	14:16	3	15	18
12	P12	P	9:05	3	15	18
13	P13	UN	11:30	3	15	18
14	P14	P	14:10	2	20	22
15	P15	P	14:16	3	14	17
16	P16	UN	9:15	5	12	17
17	P17	P	12:40	5	15	20
18	P18	P	12:50	2	15	17
19	P19	UN	15:15	5	17	22
20	P20	UN	10:20	3	15	18
21	P21	UN	11:35	2	20	22
22	P22	P	14:20	5	15	20
23	P23	P	14:16	2	15	17
24	P24	UN	12:25	5	20	25

25	P25	UN	13:10	3	14	17
26	P26	P	10:22	3	12	15
27	P27	P	9:45	5	11	16
28	P28	P	11:20	2	15	17
29	P29	UN	9:35	2	20	22
30	P30	UN	9:50	5	12	17
31	P31	P	13:10	2	13	15
32	P32	P	10:27	2	15	17
33	P33	UN	9:45	3	15	18
34	P34	UN	11:20	5	20	25
35	P35	P	9:30	4	15	19
36	P36	UN	9:56	3	15	18
37	P37	P	12:49	2	15	17
38	P38	P	10:00	3	20	23
39	P39	UN	11:10	4	14	18
40	P40	P	13:20	5	12	17
41	P41	P	17:00	2	15	17
42	P42	P	17:05	2	15	17
43	P43	P	16:20	4	17	21
44	P44	P	11:35	5	15	20
45	P45	UN	9:50	3	14	17
46	P46	P	9:53	2	12	14
47	P47	P	10:20	3	11	14
48	P48	P	11:38	4	15	19
49	P49	P	15:15	2	20	22
50	P50	P	10:20	5	12	17
51	P51	P	11:35	3	13	16
52	P52	P	14:20	5	15	20
53	P53	P	14:16	4	15	19

54	P54	P	12:25	3	20	23
55	P55	P	13:10	2	15	17
56	P56	P	10:22	4	15	19
57	P57	P	13:20	3	15	18
58	P58	P	17:00	5	20	25
59	P59	P	14:05	4	15	19
60	P60	P	16:05	3	20	23

- **Delay due to non – availability of beds**

S.No.	Patients	Planned or unplanned	T1 (in min)	T2 (in min)	T3 (in min)	T4
1	P61	P	11:30	20	20	40
2	P62	P	9:15	35	14	49
3	P63	P	15:05	60	12	72
4	P64	P	10:10	75	15	90
5	P65	P	14:10	20	15	35
6	P66	P	9:10	67	17	84
7	P67	P	12:40	25	15	40
8	P68	P	12:50	50	14	64
9	P69	P	15:15	20	12	32
10	P70	UN	14:20	35	11	46
11	P71	P	14:16	40	20	60
12	P72	P	9:45	20	15	35
13	P73	UN	9:50	35	13	48
14	P74	P	11:10	70	15	85
15	P75	P	13:20	25	12	37
16	P76	P	17:00	20	20	40
17	P77	UN	11:35	75	20	95
18	P78	P	10:20	110	15	125
19	P79	P	13:10	35	12	47
20	P80	UN	13:10	25	13	38
21	P81	P	11:35	22	15	37
22	P82	UN	14:20	20	15	35
23	P83	P	14:16	35	20	55
24	P84	P	9:10	20	15	35
25	P85	P	16:25	35	15	50
26	P86	UN	9:50	40	15	55

27	P87	UN	13:10	35	20	55
28	P88	P	9:45	70	12	82
29	P89	P	15:20	25	15	40
30	P90	P	9:30	20	15	35
31	P91	UN	11:56	75	17	92
32	P92	P	12:49	125	15	140
33	P93	P	10:00	70	20	90
34	P94	P	10:10	10	15	25
35	P95	P	13:20	65	15	80
36	P96	P	10:00	35	20	55
37	P97	P	17:05	40	14	54
38	P98	UN	16:20	20	12	32
39	P99	UN	11:35	35	11	46
40	P100	P	9:50	20	15	35
41	P101	P	9:53	67	20	87
42	P102	UN	10:20	25	12	37
43	P103	P	11:40	50	13	63
44	P104	P	15:15	20	15	35
45	P105	UN	10:20	35	15	50
46	P106	P	11:35	40	20	60
47	P107	UN	14:22	20	15	35
48	P108	P	15:16	35	15	50
49	P109	UN	10:25	70	17	87
50	P110	UN	13:10	25	15	40
51	P111	P	15:15	20	14	34
52	P112	P	14:20	75	12	87
53	P113	P	14:16	90	11	101
54	P114	P	9:45	70	15	85
55	P115	UN	9:50	42	20	62

56	P116	UN	11:10	65	12	77
57	P117	UN	13:20	20	15	35
58	P118	P	17:00	35	12	47
59	P119	P	11:35	70	12	82
60	P120	P	13:15	65	17	79

- **Delay due to TPA processing –**

S.No.	Patients	Planned or unplanned	T1 (in min)	T2 (in min)	T3 (in min)	T4
1	P121	P	16:30	5	22	27
2	P122	UN	10:40	5	50	55
3	P123	UN	10:00	3	25	28
4	P124	UN	12:10	2	40	42
5	P125	UN	13:20	5	25	30
6	P126	P	15:00	5	50	55
7	P127	UN	09:05	10	20	30
8	P128	UN	16:05	15	45	60
9	P129	UN	16:40	4	30	34
10	P130	UN	17:05	8	43	51
11	P131	UN	16:20	5	20	25
12	P132	UN	12:35	10	45	55
13	P133	UN	9:50	5	60	65
14	P134	UN	11:53	12	20	32
15	P135	P	10:20	20	24	44
16	P136	UN	11:35	5	20	25
17	P137	UN	14:20	20	37	57
18	P138	UN	15:16	5	50	55
19	P139	UN	10:05	2	28	30
20	P140	UN	13:10	5	45	50
21	P141	UN	12:27	12	65	77
22	P142	UN	14:16	3	20	23
23	P143	UN	10:30	2	50	52
24	P144	UN	11:35	5	46	51
25	P145	UN	09:40	5	20	25

26	P146	P	12:36	10	35	45
27	P147	UN	14:10	15	32	47
28	P148	UN	10:25	18	45	63

- **Delay due to incomplete documents –**

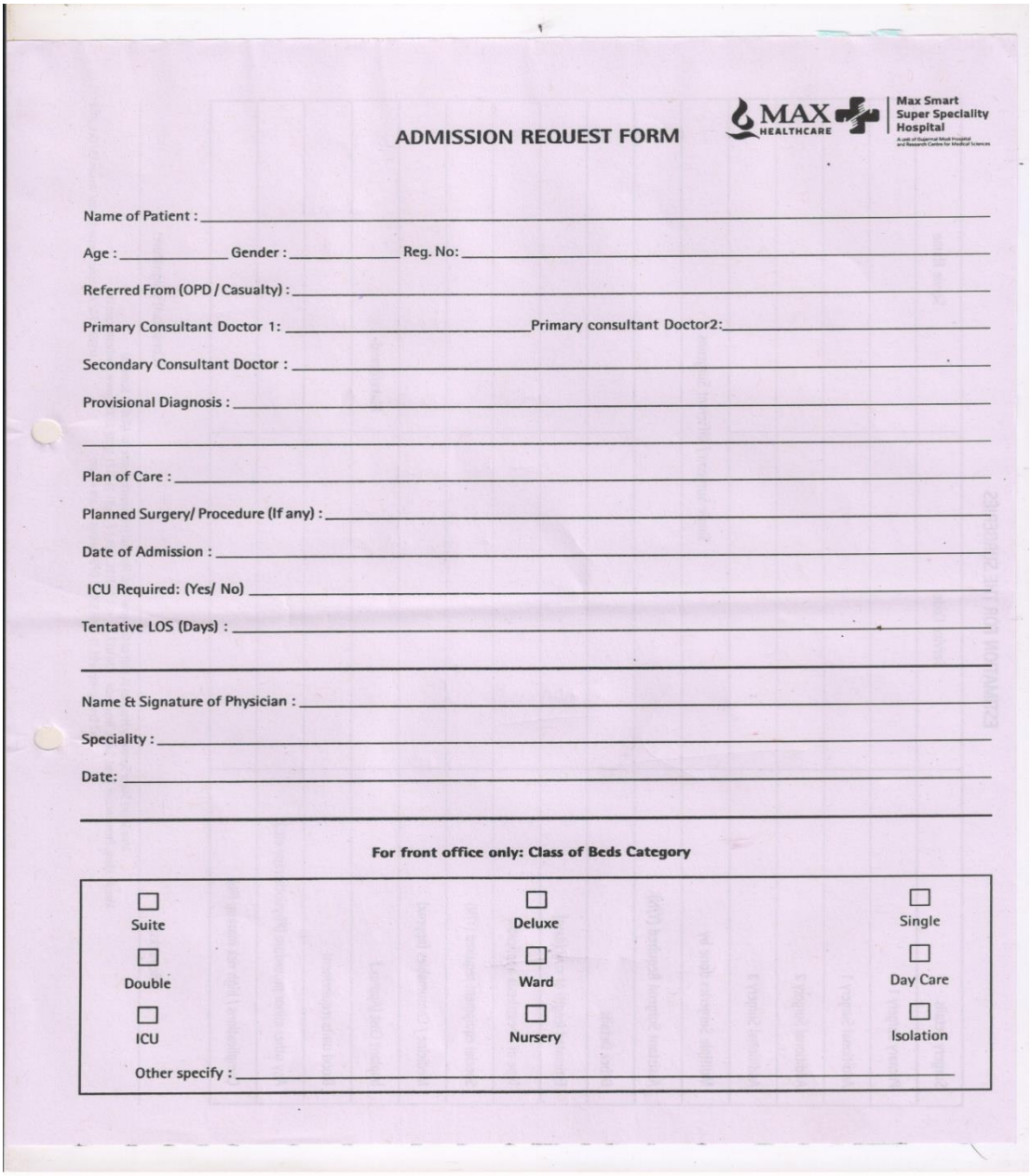
S.No.	Patients	Planned or unplanned	T1 (in min)	T2 (in min)	T3 (in min)	T4
1	P149	P	9:45	2	48	50
2	P150	UN	11:20	5	50	55
3	P151	P	9:30	5	35	40
4	P152	UN	9:56	10	43	53
5	P153	UN	12:49	15	20	35
6	P154	UN	10:00	4	54	58
7	P155	UN	11:10	8	20	28
8	P156	P	13:20	5	30	35
9	P157	UN	17:00	10	35	45
10	P158	UN	17:05	5	60	65
11	P159	UN	16:20	12	47	59

- **Delay due to insufficient staff (less no. of working counters)**

S.No.	Patients	Planned or unplanned	T1 (in min)	T2 (in min)	T3 (in min)	T4
1	P160	P	9:30	8	35	43
2	P161	P	11:56	10	27	37
3	P162	UN	12:49	4	20	24
4	P163	P	10:00	2	42	44
5	P164	P	10:10	5	40	45
6	P165	P	13:20	20	35	55
7	P166	UN	10:00	5	32	37
8	P167	UN	17:05	2	25	27
9	P168	P	16:20	4	30	34
10	P169	UN	11:35	5	57	62
11	P170	UN	9:50	7	35	42
12	P171	UN	9:53	20	40	60
13	P172	P	10:20	5	22	27
14	P173	UN	11:40	4	25	29
15	P174	UN	15:15	10	28	38
16	P175	P	10:20	10	29	39
17	P176	UN	11:35	2	25	27
18	P177	UN	14:22	2	30	32
19	P178	P	15:16	5	25	27
20	P179	UN	10:25	7	35	42
21	P180	P	13:10	10	37	47

APPENDIX – 2

ADMISSION REQUEST FORM



ADMISSION REQUEST FORM

MAX HEALTHCARE | Max Smart Super Speciality Hospital

Name of Patient : _____

Age : _____ Gender : _____ Reg. No: _____

Referred From (OPD / Casualty) : _____

Primary Consultant Doctor 1: _____ Primary consultant Doctor2: _____

Secondary Consultant Doctor : _____

Provisional Diagnosis : _____

_____

Plan of Care : _____

Planned Surgery/ Procedure (If any) : _____

Date of Admission : _____

ICU Required: (Yes/ No) _____

Tentative LOS (Days) : _____

_____

Name & Signature of Physician : _____

Speciality : _____

Date: _____

_____

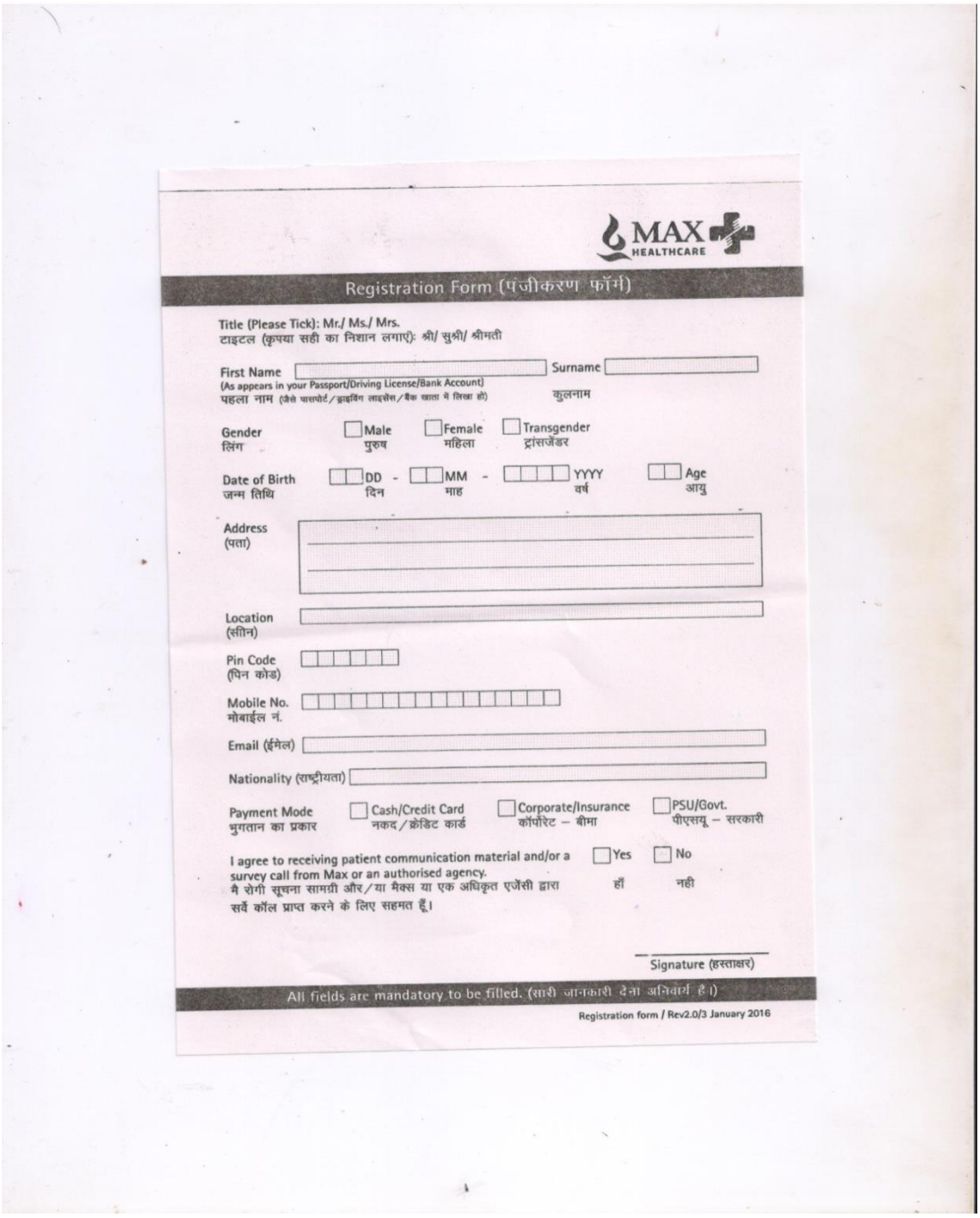
For front office only: Class of Beds Category

☐ Suite	☐ Deluxe	☐ Single
☐ Double	☐ Ward	☐ Day Care
☐ ICU	☐ Nursery	☐ Isolation

Other specify : _____

APPENDIX – 3

REGISTRATION FORM



MAX HEALTHCARE

Registration Form (पंजीकरण फॉर्म)

Title (Please Tick): Mr./ Ms./ Mrs.
टाइटल (कृपया सही का निशान लगाएं): श्री/ सुश्री/ श्रीमती

First Name (As appears in your Passport/Driving License/Bank Account) पहला नाम (जैसे पासपोर्ट/ड्राइविंग लाइसेंस/बैंक खाता में लिखा हो) _____ Surname कुलनाम _____

Gender लिंग ☐ Male पुरुष ☐ Female महिला ☐ Transgender ट्रांसजेंडर

Date of Birth जन्म तिथि ☐☐ DD दिन - ☐☐ MM माह - ☐☐☐☐ YYYY वर्ष ☐☐ Age आयु

Address (पता) _____

Location (लोकेशन) _____

Pin Code (पिन कोड) ☐☐☐☐☐☐

Mobile No. मोबाईल नं. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email (ईमेल) _____

Nationality (राष्ट्रीयता) _____

Payment Mode भुगतान का प्रकार ☐ Cash/Credit Card नकद/क्रेडिट कार्ड ☐ Corporate/Insurance कॉर्पोरेट – बीमा ☐ PSU/Govt. पीएसयू – सरकारी

I agree to receiving patient communication material and/or a survey call from Max or an authorised agency.
मै रोगी सूचना सामग्री और/या मैक्स या एक अधिकृत एजेंसी द्वारा सर्वे कॉल प्राप्त करने के लिए सहमत हूँ। ☐ Yes हाँ ☐ No नही

_____
Signature (हस्ताक्षर)

All fields are mandatory to be filled. (सारी जानकारी देना अनिवार्य है।)

Registration form / Rev2.0/3 January 2016

APPENDIX – 4

TARIFF BRIEFING SHEET

MAX HEALTHCARE
Care for life

Your hospital stay - a guide for patients

Patient Name		Date of Addmission		X	NOT AVAILABLE
IP NO					

Room Tariff

Bed category	Rent/Day	Doctor's fee / visit	Intensivist charges / Visit	Rmo Visit per Day	Diet Chagres during the stay /per day	Dietician Chagres every 4th day	Medical Supervision Fee
Suite Room	30000	2100	X	600/Visit	450	500/Visit	1500
Classic Deluxe	14500	1600	X	600/Visit	450	500/Visit	1500
Single Room	11750	1300	X	600/Visit	450	500/Visit	1500
Double Room	6500	1100	X	600/Visit	450	500/Visit	1500
Economy A/C	4500	950	X	600/Visit	450	500/Visit	1500
Day Care**	3000	1100	X	X	X	X	1500
Onco Daycare**	3000	1100	X	X	X	X	1500
NSICU	12750	1350	1050/Visit	X	450	500/Visit	1500
ICU	12250	1350	1050/Visit	X	450	500/Visit	1500
CCU/CTVS ICU	12250	1500	1050/Visit	X	450	500/Visit	1500
HDU (Orthopedics)	9500	1350	X	X	450	500/Visit	1500
HDU (Neurology)	9500	1350	X	X	450	500/Visit	1500
PICU LEVEL - 1	6000	1000	1050/Visit	X	450	500/Visit	1500
PICU LEVEL - 2	7500	1200	1050/Visit	X	450	500/Visit	1500
PICU LEVEL - 3	9000	1300	1050/Visit	X	450	500/Visit	1500
NICU LEVEL-1	4500	1000	1050/Visit	X	450	500/Visit	1500
NICU LEVEL-2	6000	1200	1050/Visit	X	450	500/Visit	1500
NICU LEVEL-3	8000	1300	1050/Visit	X	450	500/Visit	1500

* Medical Supervision charges @Rs.950 will be charged once during hospitalization
* MLC Charges for Rs 1000/- will be charged in all MLC cases.

*Emergency/-Triage Charges — Rs.500/- per hour upto maximum of 4 hours stay in Emergency.

IMPORTANT NOTE:-

FOR ALL CORPORATE PATIENTS THE TARIFF WILL BE APPLICABLE AS PER MOU

* The attendants can avail the facility of Premium Lounge (24X7) located in Basement - I for keeping their amenities with a serene environment & recliners to lie down, have tea/ cofee/ short meals etc. @ Rs.500/day
* If patient amount is exceeding Rs.2 lakhs during their treatment will attract TCS(Tax collection at source) @1% under section 206C from
Lactation Charges Rs 500/- for Delivery Patients.
* There will be 2 visits from the admitting consultant/unit consultant + 1 Emergency visit if required in 24 hrs cycle in Rooms/ all Critical Care Unit.
* Any consultants visit other than the admitting consultant will be charged extra. Two Intensivist Visit shall be billed additional in all Critical Care Units
* Please check the Name / Age / Sex / Address and other personal credentials of the patient before signing the face sheet
* Any change in personal credentials thereafter shall be entertained only after submitting of an affidavit along with a Valid Photo ID Proof.
* Patients address proof is mandatory for all admissions, in case of a minor patient - Dependant address proof will be valid.

VISITING HOURS AND ATTENDANT POLICY

* The attendant / visitor passes can be collected from admission desk at the time of admission/ internal transfer.
* One visitor is allowed to visit the patient 11:00 am to 1:00pm and 4:00pm to 7:00pm in Rooms & Sunday 11:00 to 1:00pm.
* One visitor is allowed to visit the patient 10:30 am to 11:30pm and 4:30pm to 5:30pm in ICU's.
* Visitors and attendants will carry the provided card at all times while visiting/attending the patient in the hospital premises.
* One attendant is allowed to stay with the patient & One Visitor will only stay for 15 mins. only.
* The attendants will have to vacate the room whenever the patient is shifted to any critical care area or for a surgery/ procedure.
* If room not vacated and retained by the attendant, then the patient will have to pay both Room and Critical Care charges. Double occupancy shall be allowed subject to availability of the Rooms.

NEED TO SUBMIT PAN CARD/ID PROOF OF THE PATIENT AT THE TIME OF ADMISSION

ASSISTANCE/HELP REQUIRED DAIL-2323 FROM YOUR ROOM/NEAREST NURSING STATION

I undertake that I have been briefed about all the details above stated and the print out of the same has been handed over to me for my reference.

(Signature of Patient/Relative)	
Name:	
Relation:	