# Internship at
# Max Smart Super Specialty Hospital, Saket, New Delhi

***By***

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# INTERNSHIP REPORT

## ❖ INTRODUCTION

I have done my Internship from Max Smart Super Specialty Hospital, Saket, New Delhi. The internship period lasted from 10th February 2017 to 10th March 2017. During this duration, I was taught about the Brand Vision, Mission, Values and Brand promise. I was in the front office department as Deputy duty manager, so I worked in 3 major departments – IPD, OPD and emergency. There was a rotation in all these departments to understand the process flow, staffing, layout and managerial roles. During this period, I was made to understand all the process flow of admission from OPD and emergency, financial counselling of patients, bed management in the hospitals etc.

The internship and dissertation were guided by Dr. Sahar Qureshi (AGM) and Mrs. Sonam Singh (Head of the department).

## ❖ GOALS OF INTERNSHIP

1. To become familiar with all the Departments of the hospital.
2. To observe various protocols and understand different policies in the organizations.
3. To understand the functioning of the hospital by understanding the department wise process flow.
4. To observe the good and the bad practices in the hospital.
5. To identify the problem areas, collect data, analyze it and suggest appropriate solutions to the problems identified.
6. To build a relationship with the staff and to understand their key roles and responsibilities.
7. To assist the selected department managers in their routine work
8. To assist them to carry out any small project(s) feasible to be completed in the time available.

## ❖ ORGANIZATIONAL PROFILE

Max Smart Super Specialty Hospital- a premium tertiary care brings to you the best in class medical expertise with highly experienced doctors, caring nurses and qualified technicians, who are available 24 hours a day.

Max Smart Super Specialty Hospital provides a perfect combination of highest quality of health acre and complete peace of mind during times of concern.

## ❖ MAX HEALTHCARE CREDO

**Vision:**

- Deliver international class healthcare with a total service focus.
- Creating an institution committed to the highest standards of medical and service excellence, patient care, scientific knowledge, research and medical education.

**Mission:**

- Create exceptional standards of Medical and Service Excellence.
- Care provider of FIRST CHOICE.
- Principal Choice for Physicians.
- Ethical Practice.
- Create International Centre of Excellence for select Super Specialties.
- Safety – Patient, Customer and Staff.

## ❖ BRAND PROMISE

**Expert caregiver – A caring expert who you can rely on and trust with your own and loved ones 'lives.**

## ❖ OUR VALUES:

- ✓ **SEVABHAV -** The intent to serve. With warmth and willingness, understanding and thought. The intent that works behind every smile and every touch. An emotion called Sevabhav that we hold close to our heart.
- ✓ **CREDIBILITY -** Our promise means everything. It unites us, connects us, directs us and guides us, in our deeds and our spirit. Our CREDIBILITY is our legacy, our word, our commitment to good health.
- ✓ **EXCELLENCE -** The pursuit of the best in every action and in every deed. Getting it right every time with talent, technology and thought, till it becomes a habit. For us that is EXCELLENCE.

## ❖ INFRASTRUCTURE

- 250+ bedded hospital
- 8 high end modular operation theaters
- 67 critical care beds
- Emergency resuscitation and observation unit
- High end dialysis unit
- Dedicated endoscopy suit

## ❖ SERVICES PROVIDED BY THE HOSPITAL

- **Diagnostics**
  - 256 slice CT angio
  - 3 Tesla MRI
  - TMT
  - NCV, EMG
  - X – Ray
  - ECG
  - Laboratory services
  - Mammography
  - Holter
  - EEG
  - ECHO

- **Cutting edge technology**
  - Phillips Alluraclarity Biplane Neuro DSA system: First of its kind in North India
  - Cath lab: First cath lab with electrophysiology navigation facility in India
  - MRI Phillips Ingenia 3.0: T-4D multi transmit 3.0 Tesla digital broad band wide bore MRI
  - CT scan: More than 256 slices/ second with dual energy
  - C-Arm: 1st flat panel detector C-arm in North India

- **Specialties**
  - Gastroenterology
  - Nephrology
  - Mental Health and behavioral Sciences
  - Dental, ENT, Ophthalmology, Dermatology
  - Rheumatology, Oncology
  - GI Endoscopy & Bronchoscopy
  - Endocrinology/ diabetes
  - Internal Medicine, Dietetics,
  - Preventive health packages

## ❖ DEPARTMENTS VISITED

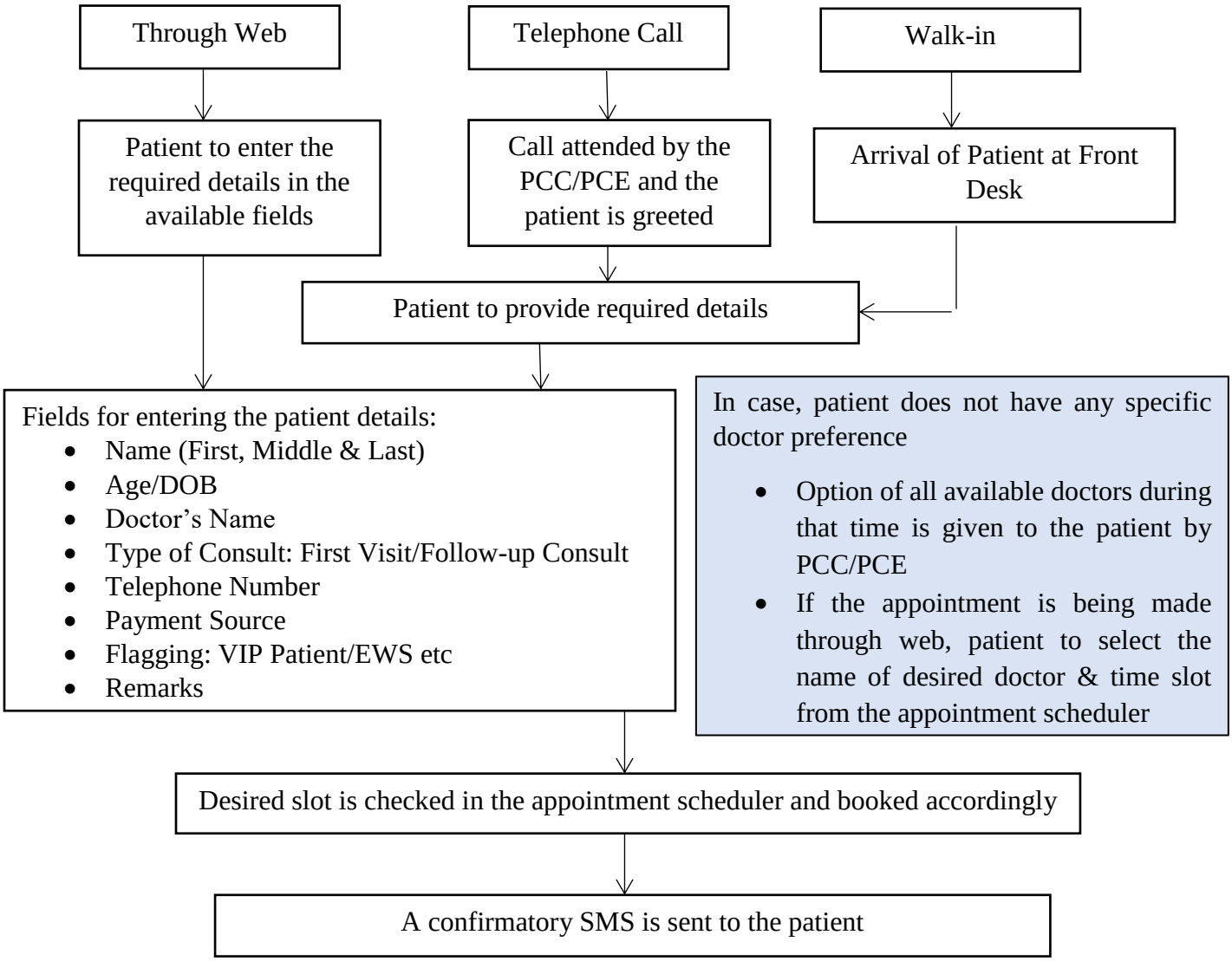
### ➢ OUT-PATIENT DEPARTMENT

An outpatient department is one in which patient receives medical attention without getting admitted to the hospital. It provides all the services to patients who come to the hospital for diagnosis, treatment or follow-up. It also includes routine health checkups.

OPD services –

1. OPD services in max healthcare are available 6 days a week from Monday to Saturday.

2. There are 3 different ways patients can book the appointments for consultations and any kind of investigations like laboratory, radiology and endoscopy.



System Requirements:

- Drag & Drop option for changing date & time
- Provision for multiple appointments from single screen without having to enter details of the patient again
- Continuation to Registration/Billing Screen from the Appointment Module
- Option for marking appointment as confirmed/tentative
- Provision of sending confirmatory SMS to patient & doctor as soon as appointment is booked and on the day of appointment (3 hours prior to the appointment)
- Option for having wait list
- At the time of booking appointment, schedule should open doctor wise & speciality wise.
- Option of sending SMS to doctor about 3 hrs prior to his OPD, having total number of patients & his/her time slot
- In case patient preparation is required for the procedure, the instructions to appear automatically on the screen and same to be emailed to the patient automatically by the system
- Option of Auto-release of the booked slot 24 hours prior to the scheduled time to be there if advance booking is done online and payment is not made.

3. When the patient comes to the out-patient department, the patient is registered in HIS and a UHID no. is generated for the patient. The is a unique no. for every patient coming to the hospital. Details of the patient to be filled in HIS for registration are-

1. Name (First, Middle, Last)
2. Age/ DOB
3. Address- Present and Permanent, locality, city, state, country, Pin code
4. Flagging – VIP / Vulnerable/EWS etc.
5. Next to kin, telephone no., relationship with patient.
6. Father / Husband Name
7. Passport No. (In case of an International Patient)
8. Emergency contact person details
9. Email
10. Telephone – Residence, Office, Mobile
11. Name of company

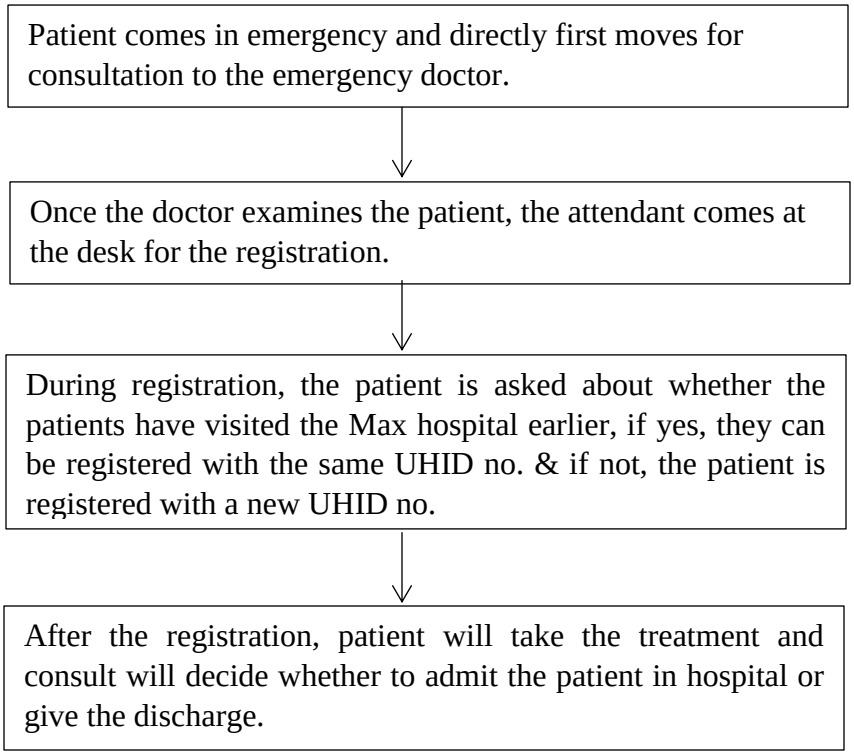
4. After generating the UHID no. and printing the registration card, further billing is done according to the services required by the patient.

**Note –** In case of old patients that have visited earlier to the hospital are already registered. They can continue with the same UHID no. and patients can be identified with UHID, name, date of birth and telephone no.

## ➢ EMERGENCY SERVICES

An emergency is sudden illness or injury requiring immediate physician's attention to prevent the danger of disability or death

PROCESS FLOW IN EMERGENCY-




**TRIAGE POLICY** –

- Triage bed charges: Triage stay (emergency) charges @ 500/- per hour (first hour free) up to maximum of eight hours. Beyond 8 hours if the patient stays in the hospital, charges will be applicable as per opted room category.
- During registration in emergency every patient is charged Rs. 5000. The amount will be refunded as according to the usage of the patient.
- If the patient from the emergency gets admitted to the hospital, the amount deposited by the patient will get transferred to the inpatient account of the patient.
- Ambulance is outsourced for the hospital.

## ➢ INPATIENT DEPARTMENT

In – patient department is the most

PROCESS FLOW-

1. Patient comes to front office for admission. The details are checked from the doctor's prescription, whether patient is for –
    a) Surgery
    b) Medical management
2. Registration details are cross checked on HIS whether patient has visited earlier or not.
3. Check whether the patient is Cash/TPA/Credit/CGHS. (Check for the TPA card or credit letter)
4. Detailed financial counseling is done and estimate is given for the surgery/procedure/as per line of treatment. This is countersigned by patient/attendant. (Briefing sheet/ counselling sheet should both be given to the patient also).
5. Admission formalities are completed as per the applicable category (Cash/Credit/ TPA). Face sheet is generated through HIS. Advance amount collected/Credit Letter/TPA documents {ID proof, TPA card and doctor prescription, Visitor / Attendant pass.
6. Patient is allotted a bed in the desired room category. In case of non-availability of desired room category, the best possible option is given to patient after discussing with Duty Manager.
7. Patient is escorted to the designated room.

**IN-PATIENT POLICY** -

- Billing cycle will start from 11AM to 11PM. Therefore, 11AM is the checking time for discharge.
- Up to 8 hours of stay, it will be billed as half day stay.
- Daycare room charges are only for 12 hours. If the stay of patient is more than 12hrs then the charges of economy room will be charged.
- Bed – transfer: In the event of bed transfer during course of treatment, the higher category of bed charges will be charged from the billing cycle applicable at the time of transfer.

- **BED MANAGEMENT IN IN-PATIENT DEPARTMENT –**

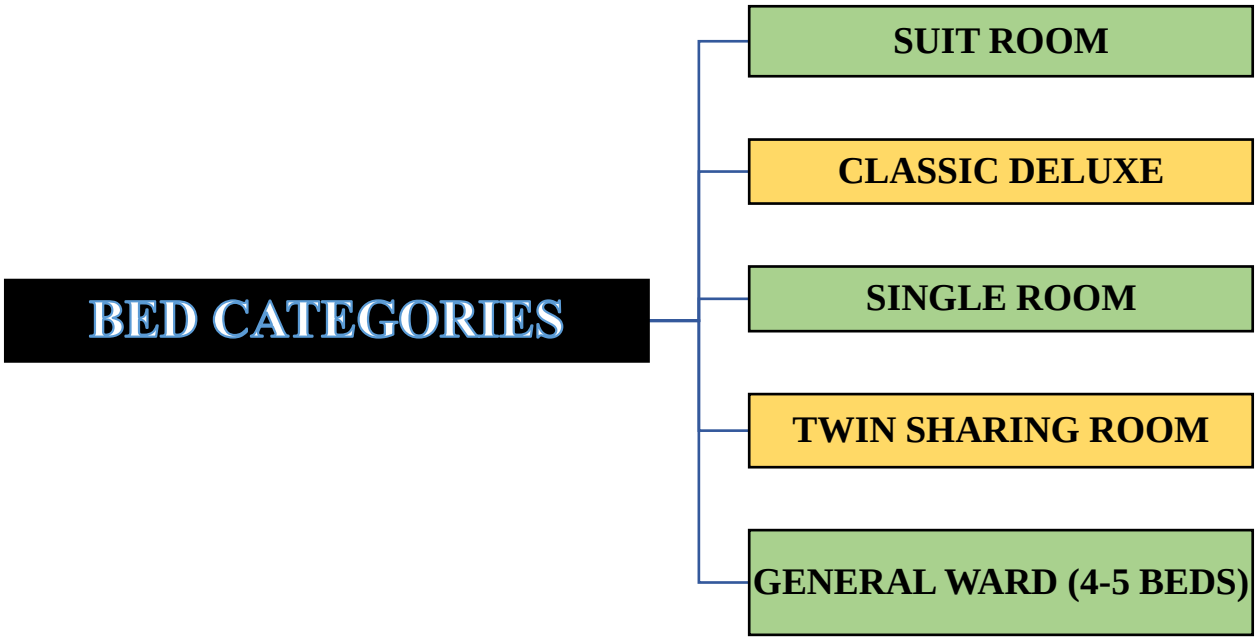
The objective of bed management is to provide beds to all those patients who seek admission in the hospital as per their preference and applicable room category. The management of patient volume is essential to minimize delay and/or diversion of patients. The Bed Manager in conjunction with Floor Manager notifies all services of census levels to initiate the appropriate census management activity.

Beds are assigned according to the following guidelines-

a) When beds are available, these are routinely allocated on first cum first serve basis, keeping the patient request as well as medical condition in view.
b) Standby beds are kept to receive surgical patients undergoing surgery (Day Care, Observation, Pre & Post-op beds).

The priority for bed allocation includes the following:

a) Patients who are already admitted in the Hospital are given first priority for bed allocation based on the patients' medical needs and request.
b) Patients external to the hospital are placed in queue to receive a bed, with medical condition being the factor for priority consideration.
c) Emergency and critical patients will be given first priority in allocation of beds.
d) Routine admissions will be allocated a fresh date for admission, and the rescheduled patients will get priority bed allocation over fresh admission requests.
e) For patients being transferred from another hospital, the external facility may be asked to hold the transfer until the room is available.



❖ **PROJECTS –**

1. **Understanding OT scheduling and basis of providing financial clearance for the patients planned for the surgeries.**

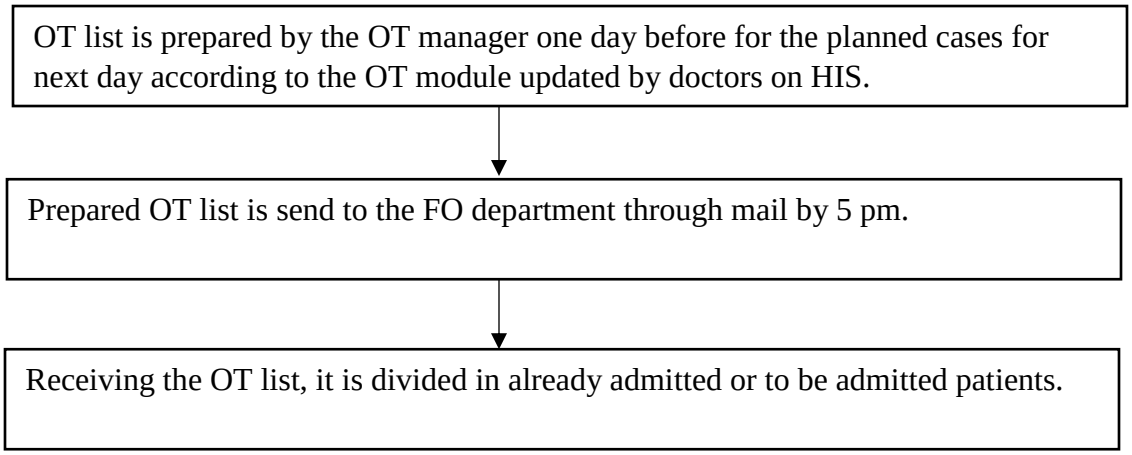
**Background –** An Operation theatre is the room in the hospital whose function is the carrying of the major surgical procedures. Such OTs are mainly used for surgical procedures and not for other medical interventions. In other words, OT suit of the hospital is a complex workshop and the most important facility of the surgical department. OT represents significant amount of expenditure in the hospital budget considering the cost incurred in OT, the hospital administrator should be more concern about the efficient utilization of OT.

Enhancing the efficiency of OT has been always a challenging process especially in a quick changing healthcare sector with increased patient care complexity. Managing the OT, however is hard due to the conflicting priorities and the preferences of stakeholders. Moreover, health managers have to anticipate the increasing demand for surgical services caused by the aging population. These factors clearly stress the need for efficiency and necessitate the development of adequate planning and scheduling procedures.

**Introduction –** Operation theatre in Max smart hospital is located on the 1st floor of the hospital. The surgeries are planned from Monday to Saturday, from 8:00 am to 8:00 pm. There is a OT module in HIS. The doctor upload the patient details with the date and time of surgery at least 1-2 days before the date of surgery. OT slot for a specific patient can only be booked if patients id proof and contact details are provided correctly.

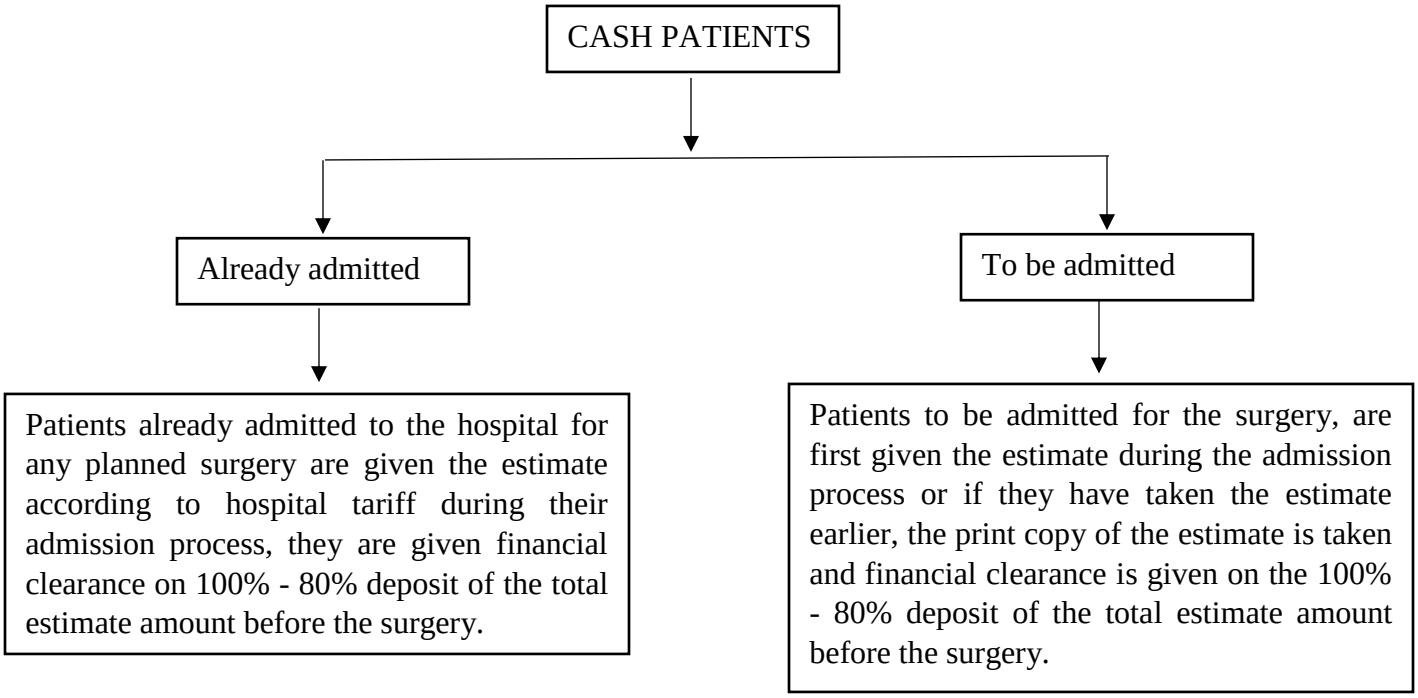
For the surgery to take place the patient should be both financially and clinically cleared. Providing financial clearance for the patient is the duty of the front office department. There is a proper procedure for giving the financial clearance to the patients.

➢ **Procedure for providing financial clearance to the patients –**



**Basis of providing financial clearance to the patients –** The basis of providing financial clearance depends upon the different categories of the patients.

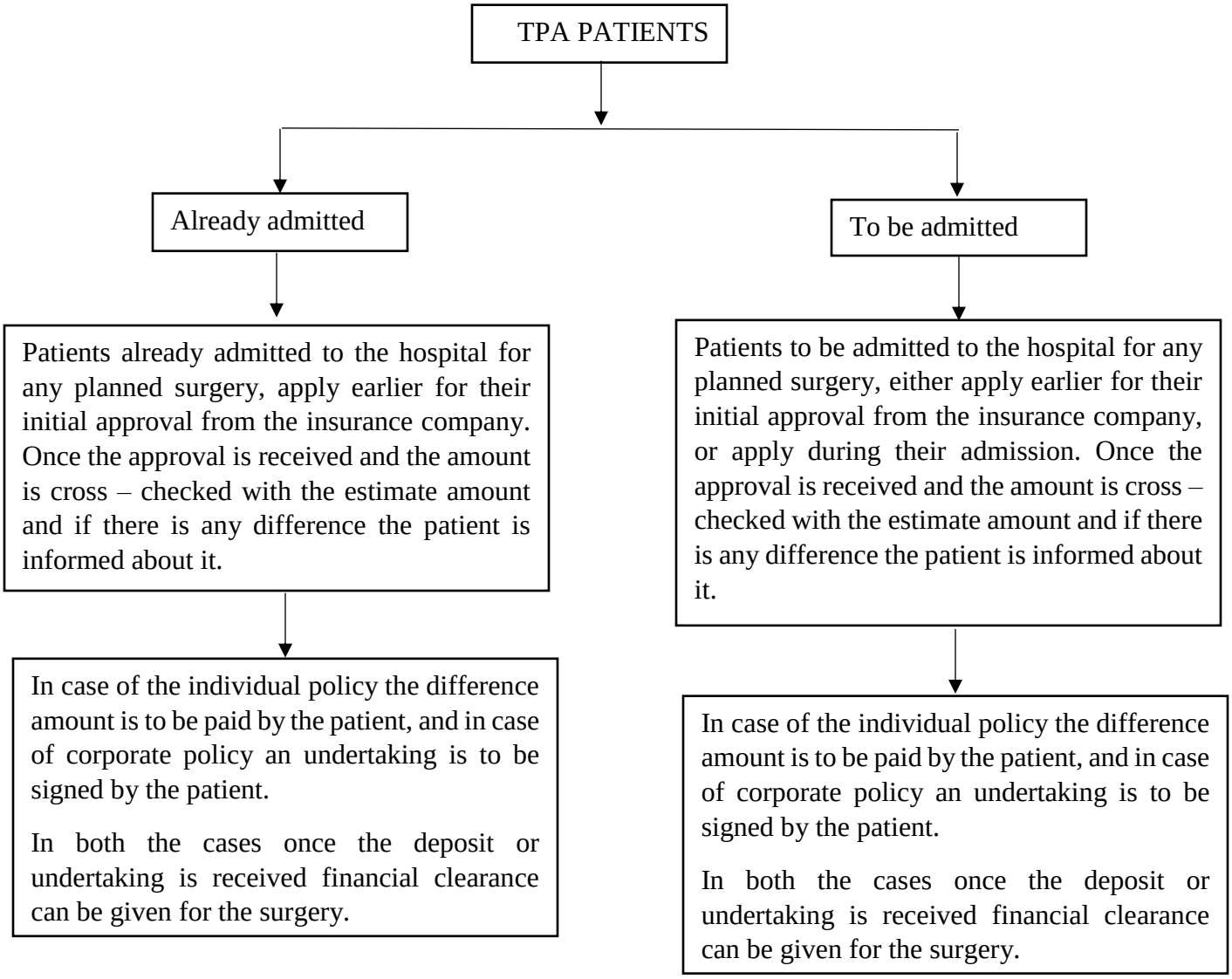
I. **Providing financial clearance to the Cash patients –**




NOTES –

- ✓ For getting the estimate the patient should have prescription with the surgery name written by the max hospital doctors.
- ✓ For unplanned surgeries, whenever the doctor tells the patient for the surgery the attendant comes to the financial counselling department and gets the approx. estimate for the surgery, and during the counselling attendant is already made aware that surgery will only happen once you deposit the 100% -80% of the total estimate for the surgery.
- ✓ To be admitted patients get the estimate for the surgery once the consultant writes for the surgery on the prescription, which is prior the admission and patient can pay the amount during or before the admission date. Patients paying before the admission are provided with a pre-admission UHID no. and same amount is converted to the patients account once he/she gets admitted to the hospital.

II. **Providing financial clearance to the patients with any medical insurance (TPA)**



III. **Providing financial clearance to the patients belonging to CGHS –** Financial clearance to the patients belonging to CGHS are given by the corporate team in the hospital. It is given on the basis of the permission letter from the patient that he/she gets from the government organization or depending on the deposit made by the patient as per the estimate given by the corporate team.

NOTES –

- ✓ All the TBA patients are called by the team to confirm whether the patients are coming tomorrow for the surgery or not, and if yes at what time will they be reporting to the hospital.
- ✓ As per the hospital policy the patients need to get admitted at least 2.5 hours before the surgery timings.

**Conclusion –** The final and updated OT list including all the following details are send to the OT manager –

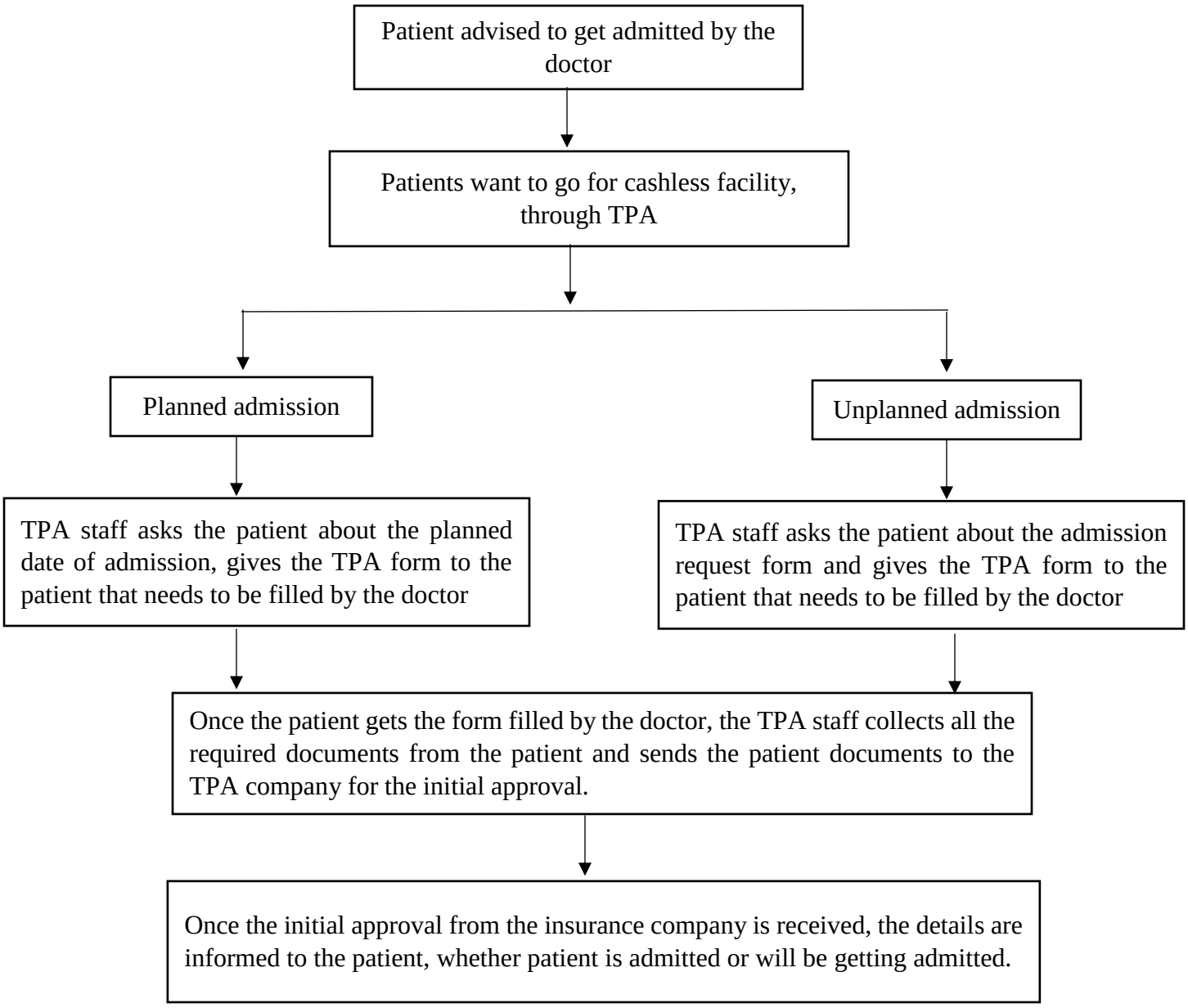
1. Name of the patient, contact no. UHID no.
2. Surgeon name
3. Room no. of the admitted patients
4. Clearance status with remarks

## 2. Understanding the Process Flow of patients getting admitted through insurance policies

**Introduction –** Many people now - a – days prefer going for one or the other sort of medical insurance which provides them a benefit of getting cashless treatments in the hospital. For providing this service there is a separate department in the hospital. This department deals with the patients going for treatment in the hospital using cashless facility.

There are two different types of policies – corporate (insurance provided by the company) and individual policy.

**Process flow of the patients opting for cashless facility –**



**Documents required from the patients to apply for cashless facility are –**

1) TPA form filled by the doctor and the patient which includes the details of the disease patient suffering from and the line of treatment required with the name of the surgery (if required)
2) ID proof of the patient (Aadhar card, driving license, Passport copy, Birth certificate etc.)
3) Doctor's prescription
4) Employee ID (in case of corporate policy)
5) Specific reports (Ultrasound, X-ray, ECG etc.)

**Process of getting a final approval from the insurance company after the completion of the treatment –**

i. Final approval from the insurance company is given on the day of discharge of the patient.
ii. Once the final bill is prepared, the billing department sends the summary and detailed bill of the patient to the TPA counter.
iii. The TPA staff calls the patient/ attendant to come and check the bill and gets the signature.
iv. Once the attendant checks the bill and gives the signature with contact details on the summary bill, the signed summary bill, detailed bill and the discharged summary of the patient is sent to the insurance company.
v. Once the final approval is received the patient is called to come to the billing counter after 15min as the bill has gone for the final settlement.
vi. Once the patient makes the pending payment (if any), clears his bill is issued with a discharge slip and can leave the hospital.

**SOME IMPORTANT POINTS –**

- ✓ A **Third-Party Administrator (TPA)** is an organization which processes claims or provides cashless facilities as a separate entity.
  Initial approval TAT from insurance company is 24hours and final approval TAT is 3-4 hours. Both are told to the patients during admissions so that waiting so much for approval does not make patients unsatisfied with the organization.
- ✓ Many times, it happens that the insurance companies send different queries before initial or final approval. TPA staff informs the doctor and the patient about the query received so that they can replay for the query and get the approval.
- ✓ In case the insurance companies denies the cashless facility, the patient is informed and told that they have to pay the bill in cash and in that case the new bill is prepared as per hospital cash tariff.
- ✓ Patients can get the money reimbursed from their insurance company after getting discharged from the hospital.
- ✓ For getting the cashless facility every patient need a 24-hour hospital stay. Only for some day care procedures, the cashless facility is approved for the stay in hospital less than 24-hours.
- ✓ Room category for TPA patients is decided according to the sum insured for their health insurance. (As per policy 1% of the sum insured is the amount for the room rent).
- ✓ If in case the patient wants to opt for higher category of the room then the category covered in their policy, then the difference amount is to be paid by the patient.