TO ANALYZE THE ADMISSION, TURN-AROUND TIME AND FIND THE WAYS TO REDUCE THE PATIENT WAITING TIME.

By

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INTRODUCTION

➢ IN – PATIENT SERVICES

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. The patients getting admitted to the hospital require the highest possible quality of medical and nursing care facilities. IPD admissions are either planned i.e., planned for some surgery or procedure or unplanned admission direct from OPD or emergency.

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.

➢ SCOPE OF THE STUDY

This study is done to analyze the various reasons for the delay in admission process and 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.

AIM –

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

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.

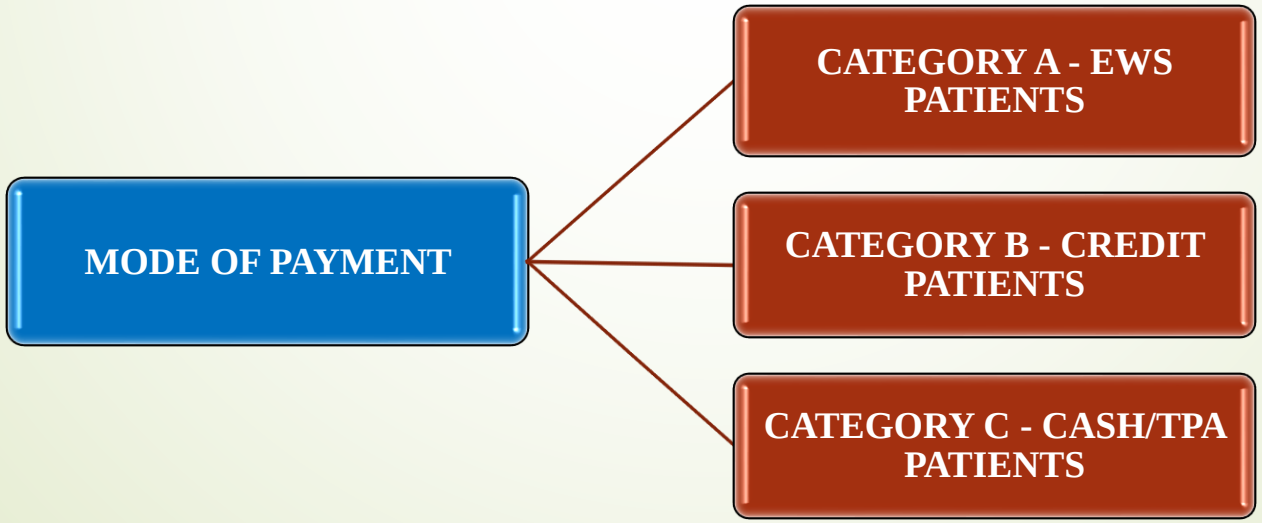
I. STAGE 1 (S1) – The time at which the patient / attendant comes to the admission counter for admission.
II. STAGE 2 (S2) – The request given to the bed manager for the allotment of the beds
III. STAGE 3 (S3) – The time at which bed manager allots the bed for the patient
IV. STAGE 4 (S4) - The time 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

OBSERVATION & DATA COLLECTION

- 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 getting admitted to the hospital are defined under 3 different categories on the basis of the mode of payment desired by the patient.



Patient comes for the admission as advised by the doctor.

Staff checks for the admission request form and doctors prescription for further details.

Patient goes for the financial counselling (if not taken before) and gets the estimate for the planned line of treatment.

Patient confirms the room category to the PCC.

FO – staff confirms the bed manager for the availability of the desired bed category.

Once the bed manager confirms the bed no. and informs the same on the floor patient is said to fill the registration form for the admission to be done on HIS.

patient is escorted to the room and file is given at the nursing station.

Patients file is prepared including all the necessary documents.

Patient details are filled on the HIS and face sheet is generated which is further checked by the patients and signed.

- **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

Max HIS 10.0.4 - Saminah Ali - Ip Modules

Pre-ADT

ADT

Wards

Cath Lab

OT

IP Billing

Discharge Summary

Kitchen

Exit

EN

02:58
10-05-2017

Max HIS 10.0.4 - Saminah Ali - Max Smart-MSSSH - IPD Registration Desk (SKTcty) - In-Patients - ADT - (Version 10.0.4) - [Admit]

Admissions | Reports | Procedures | Tools | Masters | Estimation | Staff Dependent

Max ID: SKCT.462 | Fin | SSN: 210000462 | IPNO: 21894

Title	First Name	Middle Name	Last Name	Sex
Mrs.	DIVYA		GARG	Female

Marital Status: Married | Father | Husband: MR. SUMIT GARG | Note | VIP | DOB: 22-Mar-1985 | Age: 32 | Age Type: Year(s)

Patient Info. Local | Fee Details | Consultant | Patinet Info. Permanent | Package Details | Diet Behaviour | Next Of Kin Details | For Face Sheet

LocalAddress	C-6 SURYA NAGAR GHAZIABAD U.F	PIN	
City/Town	Ghaziabad	Phone	9811507074
Locality	Other	Mobile	9811507074
	.....	Email	INFO@MAXHEALTHCARE.COM
State	Uttar Pradesh	Religion	Unknown
Country	India	Occupation	NA
Foreigner / NRI		Education	OTHERS
		Source of Info About Max Healthcare	Others

Patient Type: Category C

IsPackage: Package / Non-Package

Signature | Rotate | Capture Sign | Clear

PAN No.

Is MAX Employee

Requested Bed Type	Suite	Allotted Bed Type	Suite	Bed	SC-SUITE-1407
Bed Billable Type	Suite	Ward	SKTSSH-4F-NS		

Update Billable Bed Type

Print Door Card | Print WristBand | Modify | Update | Save | Dependent Adm | Cancel Adm. | Clear | Print | Exit

EN 02:59 10-05-2017

Max HIS 10.0.4 - Saminah Ali - Max Smart-MSSSH - IPD Registration Desk (SKTcty) - In-Patients - ADT - (Version 10.0.4) - [Ward-Wise Bed Status [Max Smart-MSSS]

Admissions Reports Procedures Tools Masters Estimation Staff Dependent

Ward: SKTSSH-4F-NS

Bed Type:

Single

SC-SG-1403 IPID : 18735 Mr. RAMESH CHANDER BHANDARI Category C	SC-SG-1404 IPID : 21883 MRS NEERU KHANNA Category C	SC-SG-1405 IPID : 21315 Mr. BHAGWAN DASS Category B	SC-SG-1406 IPID : 21681 Mr. ABDUL HAI ANSARI Coronary Angiography (CGHS) Category B	SC-SG-1408 IPID : 21842 Mr. GAURAV SETH Category C
SC-SG-1409 IPID : 21548 Mrs. MANJU JAIN CABG (off Pump) (GIPSA) Category C	SC-SG-1411 IPID : 21852 Mr. VASANT K SHARMA Category B	SC-SG-1412 IPID : 21807 Mr. SURINDER KAUL Category B	SC-SG-1413 IPID : 21462 Mr. M M SODHI Category B	SC-SG-1416 IPID : 21801 Mr. PROFESSOR ZIAUL HASAN Category C
SC-SG-1417	SC-SG-1418 IPID : 21690 MRS DURGA DEVI Category B	SC-SG-1419 IPID : 20997 Mr. JAGDISH KUMAR BASSIN Category B		

Double

Legends | Refresh | Close

EN 02:59 10-05-2017

- 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 has 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.
- The time was noted as the patient moves from one step to another.
- Data was collected for 200 patients coming for admission in the hospital. It included both unplanned and planned admissions.

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

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.

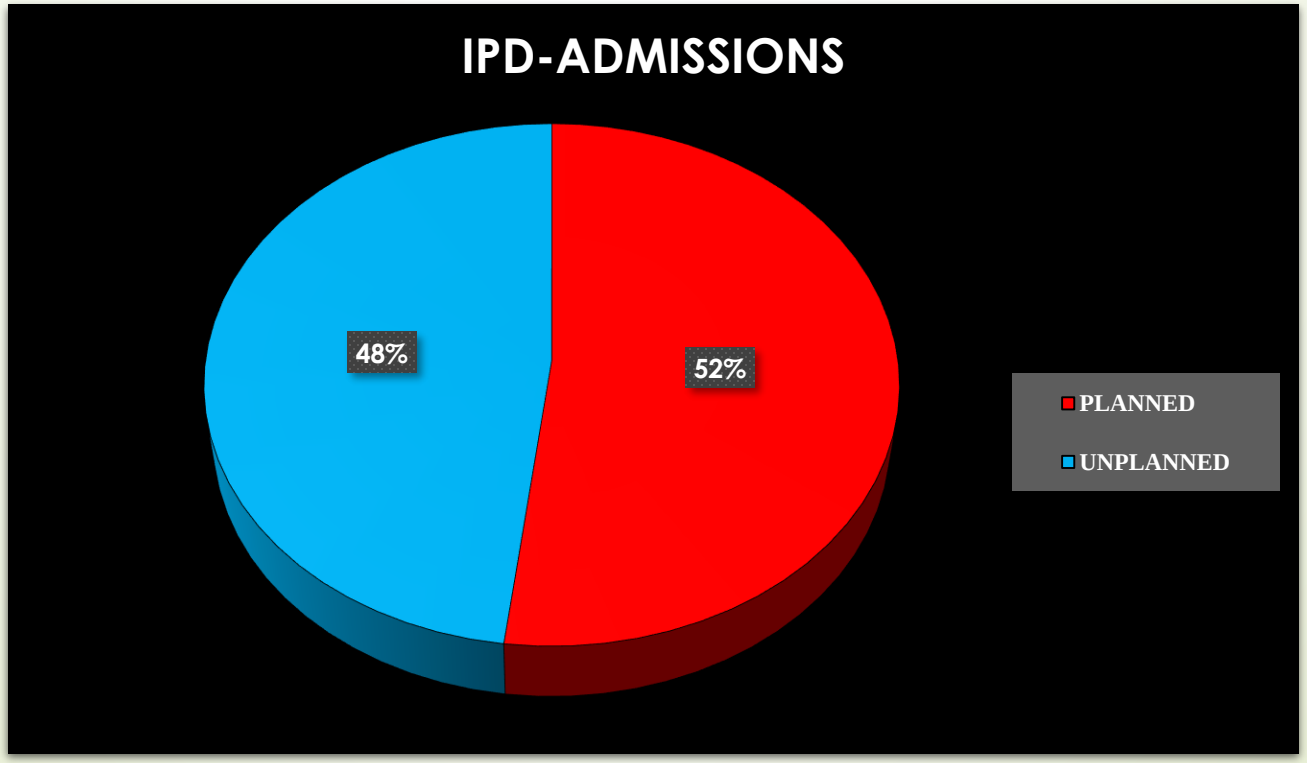
T1 (S1)	Time at which the patient came for admission
T2 (S2 - S3)	Time taken by the bed manager to allot the bed
T3 (S4 – S5)	Time taken for the registration for the admission in HIS
T4 (S1 – S5)	Total time taken to complete the admission process

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

RESULTS AND CONCLUSION

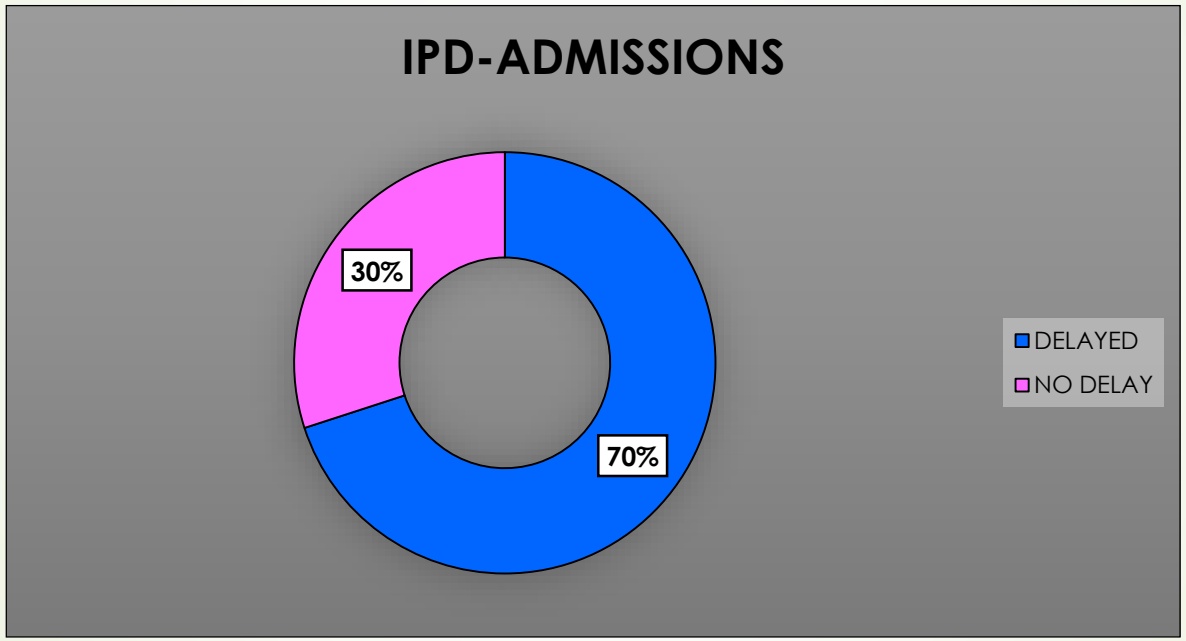
Out of 200 patients, **104 patients** were having planned admissions and **96 patients** were having unplanned admissions. According to the results **52%** admissions were planned admissions. In both cases, there were delay in admission process.

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.



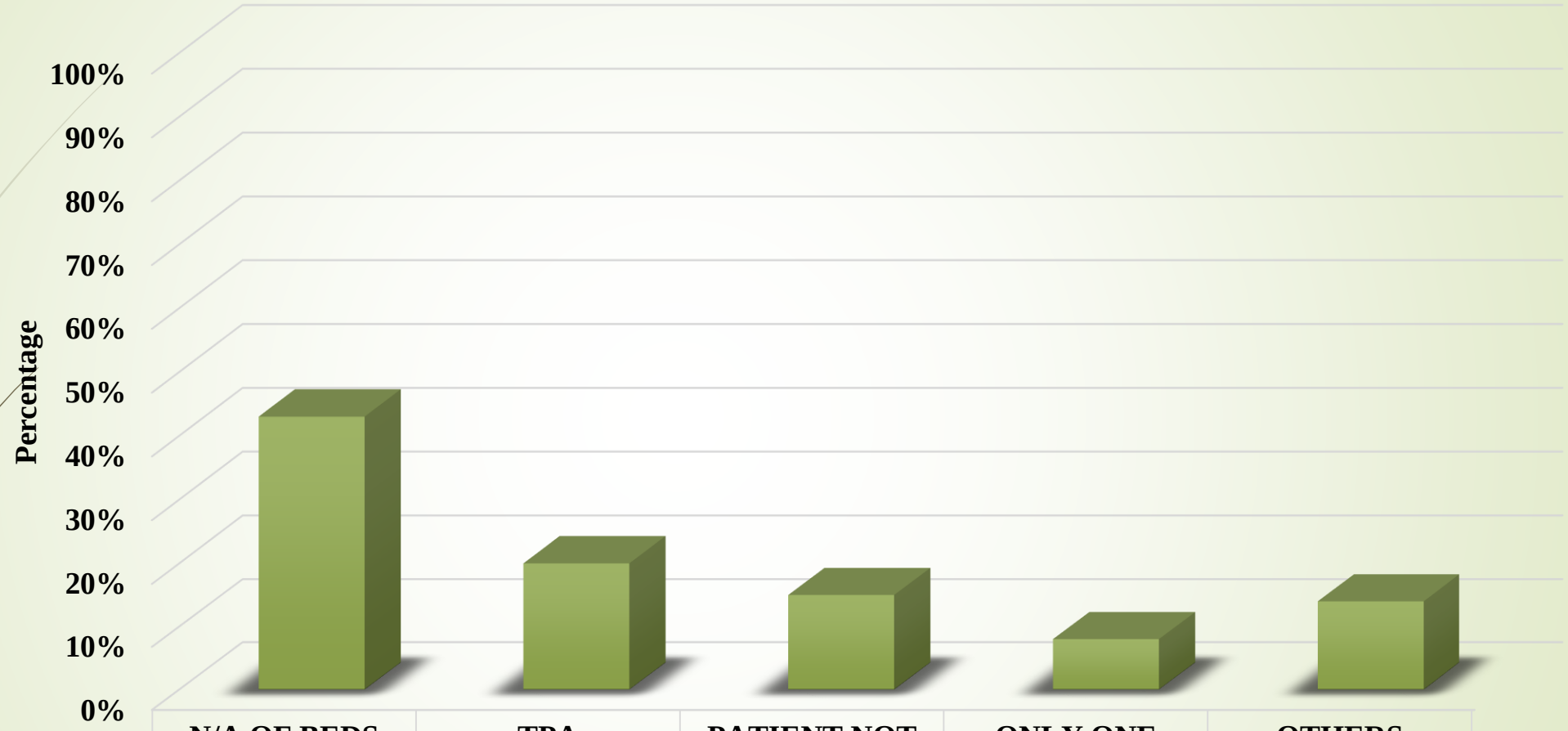
The maximum time taken to complete the entire admission process should be **15-20 min**. any admission process that took time above **20 min** was considered under delay in the process.

➢ Reasons for the delay in admission process –

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

These were the five major reasons for the delay in the admission process. Maximum no. of patients admission process got delayed due to non – availability of beds.

IPD - Admissions



	N/A OF BEDS	TPA PROCESSING	PATIENT NOT CARRYING COMPLETE DOCUMENTS	ONLY ONE COUNTER FOR ADMISSIONS	OTHERS
Series1	43%	20%	15%	8%	14%

- **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.

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

SUGGESTIONS

- 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.
- 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.
- Communication between different departments should be managed. Nurses should be given strict instructions for giving the actual status of bed availability.
- During admissions, patients not having estimate for the treatment and waiting for it, should be admitted first and a fixed deposit should be collected and estimate can be given later and patient will be informed about the total estimated cost.
- 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.
- 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.

THANK YOU