To Analyze the Gaps in Conversion Process of Various Departments

By

Nimish Tomar

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

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

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Nimish Tomar student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Fortis Escorts, Jaipur from 6th February to 5th May, 2017.

The Candidate has successfully carried out the study designated to him 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.

Col. (Dr.) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Prof. Arindam Das
Associate Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

FORTIS ESCORTS HOSPITAL
Jawahar Lal Nehru Marg, Malviya Nagar,
Jaipur - 302 017 Rajasthan
Tel : +91 141 254 7000
Appointment : +91 141 409 7109
Fax : +91 141 254 7002
Ambulance : +91 141 254 7009
E-mail : contactus.jaipur@fortishealthcare.com
Website : www.fortishealthcare.com

Ref./FEHJ/HR-Comm./TRN/003

15th May , 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr.Nimish Tomar** worked as a **Trainee** with us in the **Dept. of Business Analyst** from 6th February , 2017 to 5th May , 2017 .

His performance during the period in the department was good. He comes across as a willing, sincere and intelligent person who has a strong drive and zeal for learning.

We wish him the best for all his future endeavors.

Authorized Signatory

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**To Analyze The Gaps In Conversion Process Of Various Departments**" and submitted by **Nimish Tomar** Enrollment No. **IIHMR-U/01/2015-17/0311** under the supervision of **Prof. Arindam Das** for award of MBA in Health and Hospitals of the University carried out during the period from **6st February' 2017 to 5th 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.

Nimish

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **"To Analyze The Gaps In Conversion Process Of Various Departments"**

Nimish

Signature of student

1.1.2 ABSTRACT:-

A gap analysis is a method of assessing the differences in what is expected and the actual performance on the set parameters.

To determine whether business requirements are being met and, if not, what steps should be taken to ensure they are met successfully.

Gap refers to the space between “where we are” (the present state) and “where we want to be” (the target state).

Generally speaking the hospital is doing well.

However, giving a closer look at the previous business record in hospital care and comparing it with present situation, there is a significant fall in the number of patients availing the services at the hospital, which is a point of concern to the hospital.

The Objective of the study is to observe and analyze the gaps in conversion process of:-

i. Out Patient Department (General)
ii. Pediatrics Department (OPD)
iii. Preventive health check-up department
iv. Patient help desk
v. Patient counseling center, and
vi. Billing department (Indoor patients)

Hence the main aim of the study is:

i. To indicate the gaps in terms of structure, process and outcome.
ii. To suggest alterations in structural designs, process of the facilities to meet the requirement.
iii. To give corrective and preventive action to bridge the gaps identified.

1.1.4 ACKNOWLEDGEMENTS:

This research was supported by Fortis Escorts Hospital, Jaipur.

I am thankful to the following:-

- **Mr Rajeev Tuteja – Business Analyst, Department Administration,**
- **Ms. Patricia Salvadore – Head Patient Welfare Department**

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I would like to share my gratitude to the patient coordinators for sharing their pearls of wisdom with me during the course of this research.

Thanks To One and All

Dr Nimish Tomar

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e. **How Did You Select This Fortis Facility?,**

f. **Would You Recommend Us To Others?**

1.1.8 LIST OF SYMBOLS AND ABBREVIATIONS :-

i. O. P. D. – Out Patient Department
ii. I.P. D. – In Patient Department
iii. N.W. Railway – North Western Railway
iv. T.P.A. Corporate – Third Party Agent
v. C.G.H.S. – Central Government Health Scheme
vi. E. S. I. C. – Employee's State Insurance Corporation
vii. E. C. H. S. Cell – Ex-servicemen Contributory Health Scheme
viii. E. M. I.- Easy Monthly Installments
ix. S. R. L.- Religare Diagnostic Lab
x. T. M. T. – Tread Mill Test
xi. B. P. ambulatory test – Blood Pressure
xii. E .E .G. lab – Electroencephalogram
xiii. N. C. S. – Nerve Conduction Studies
xiv. C. T. V. S. – Cardio Thoracic and Vascular Surgery
xv. P. H. C. - Preventive Health Check
xvi. I. C. U. – Intensive Care Unit

1.1.9 LIST OF APPENDICES :-

i. Patient Questionnaires

ii. O.P.D. Patient Satisfaction Score Sheet

iii. Gap Analysis Tool Kit

1.2 TEXT:-

1.2.1 INTRODUCTION TO THE HOSPITAL:-

THE BRAND - OUR JOURNEY:-

Brand Fortis was established in 1996, by our Founder Chairman Late Dr. Parvinder Singh, who instituted it with the vision *'to create a world class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.'*

Fortis Healthcare is the country's 'fastest' growing healthcare group. We have grown from first hospital at Mohali (Chandigarh) which opened in 2001 to over 55 facilities today. These include the world famous Escorts Heart Institute and the erstwhile Wockhardt facilities. From North to South, East to West, Fortis truly has India covered - the frontier city of Amritsar, to Ludhiana, Mohali, the National Capital region, Mumbai, Bangalore, Mysore, Chennai, Kolkata and many more destinations are all home to Fortis facilities.
Fortis occupies a place of pride in India's healthcare delivery system.

BRAND AND LOGO:-

The Fortis brand with its distinctive logo is a synthesis of human values of trust, ethics and service and quality healthcare. We project clinical excellence, distinctive patient care, transparency in actions & high level of integrity and excellence is all that we do.
Our logo projects these very values. The integration of the hands (in a distinctive 'green' with a 'red dot') and the human figure is completely seamless and is representative of 'Fortis' responsive approach to healthcare. The green colour of hands is representative of health, wellbeing, compassion, nurturing and generosity while the red dot gives an immediate

association to our Indian roots, while it is also represents energy, spirituality, courage and symbol of good luck.

At Fortis we intrinsically believe that excellence is a not a destination – but a journey.

i. **VISION: –** Globally respected healthcare organization recognized for Clinical Excellence and distinctive Patient Care.

ii. **MISSION: –** To be preferred Super Specialty Healthcare provider of International standards known for patient's centric care and Clinical Excellence through Continual Improvement of processes and outcomes.

iii. **QUALITY POLICY: –** To create a world class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

iv. **VALUES: –**

a. PATIENT CENTRICITY: - Commit to 'best outcomes and experience' for our patients. Treat patients and their caregivers with compassion, care and understanding. Our patients' needs will come first.

b. INTEGRITY: - Be principled, open and honest. Model and live our 'Values'. Demonstrate moral courage to speak up and do the right things.

c. TEAMWORK: - Proactively support each other and operate as one team. Respect and value people at all levels with different opinions, experiences and backgrounds. Put organization needs' before department / self interest.

d. OWNERSHIP: - Be responsible and take pride in our actions. Take initiative and go beyond the call of duty. Deliver commitment and agreement made.

e. <u>INNOVATION: -</u> Continuously improve and innovate to exceed expectations. Adopt a 'can-do' attitude. Challenge ourselves to do things differently.

1.2.2 INTRODUCTION TO GAP ANALYSIS:-

INTRODUCTION:-

A gap analysis is a method of assessing the differences in performance and what is expected, to determine whether business requirements are being met and, if not, what steps should be taken to ensure they are met successfully. Gap refers to the space between "where we are" (the present state) and "where we want to be" (the target state). A gap analysis may also be referred to as a needs analysis, needs assessment or need-gap analysis.

OBJECTIVES:-

The Patient after receiving the Consultation from Various Doctors Present in O. P. D. is being provided with Prescription consisting of various Parameters Including the following :-

- **i.** Admission
- **ii.** Investigations
- **iii.** Diagnosis
- **iv.** Medicines And Dosages

In case of Patient advised with only Medicines, the Patient Purchases the Medicines and leaves the Hospital.

But in cases of Patients advised with Admission, Investigations and Diagnosis, the Patient should Normally opt for the Services being provided by the Hospital. As per the Hospitals Past One Year Record there has been Significant Drop in the Patients Availing the Services at the Hospital.

Hence the Main Aim is as follows: -

- **i.** To indicate the gaps in terms of structure, process and outcome.

ii. To suggest alterations in structural designs, process of the facilities to meet the requirement.

iii. To give corrective and preventive action of the gaps identified.

In this Document we will be Identifying the Reasons why the Patients are not opting for further Services as Prescribed by the Doctors in the Hospital and after Analyzing the Gaps In Normal Functioning of the following:-

i. O. P. D. – I, II, III, Pediatric,

ii. Preventive Health Check,

iii. Patient Help Desk,

iv. Patient Counseling,

v. I. P. D. Billing Departments will try to provide '**Advice For Bringing In Efficiency Of The System.**

1.2.3 OBSERVATIONAL LEARNING: –

OBJECTIVES OF THE OBSERVATIONAL LEARNING: –

To understand the workflow of the following Departments which are as: -

i. O. P. D. – I, II, III, Pediatric,
ii. Preventive Health Check
iii. Patient Help Desk
iv. Patient Counseling
v. I. P. D. Billing Department

RESEARCH QUESTIONS:-

i. What is there in the Department?
ii. What is the normal flow chart of a Department?

1.2.4 METHODOLOGY:-

i. **LOCATION: –** Fortis Multispecialty Hospital, Jaipur.

ii. **DURATION: –** 3 months (Feb 6 to May 5, 2017)

iii. **STUDY TYPE: –** Analytical Studies

iv. **STUDY AREAS: –**

- **a.** O. P. D. – I, II, III, Pediatric,
- **b.** Preventive Health Check
- **c.** Patient Help Desk
- **d.** Patient Counseling
- **e.** I. P. D. Billing Department

v. **SAMPLE SIZE: –** Seven Department's Patients Coordinators, One Department's General Duty Assistants.

vi. **PRIMARY DATA ACCUMULATION: –**

a. SOURCES OF DATA: - Interpersonal interviews of seven department's patient coordinators, managerial staff including nurse, doctors, patients, one department's general duty assistants and observation of processes carried out over during the study period.

b. FOCUSSED DISCUSSIONS: – A good amount of quality data was collected by discussions with patient coordinators and supporting staff.

vii. **DATA COLLECTION TOOLS & TECHNIQUES: –** Questionnaires

1.2.5 GENERAL FINDINGS: -

GENERAL FINDINGS ON LEARNING:-

On ground floor in main lobby in the front entry to the hospital we can find the following:-

i. **Billing / Registrations Counters**,

ii. **Corporate Desk**: - It caters to the following:-

- N.W. Railway
- International Patient Facilitation Cell
- Credit Cell
- T.P.A. Corporate
- C.G.H.S.
- E. S. I. C.
- P. C. U.
- E. C. H. S. Cell –
    1. I. P. D.
    2. O. P. D.
    3. Counselor (Financial)
    4. Bed Manager
    5. Counseling 2- Chambers (Financial)
    6. May I help You Desk Form (Registration card)
    7. O.P.D. Token Kiosk
    8. Patient Visitor Pass Token Kiosk - 2 Units

The Hospital also accepts cashless online modes of payment including: -

a. E. M. I. on Credit Card,

b. Payment Wallets,

c. Pay Zapp,

d. Travelers Cheque,

e. Cards,

f. Wire Transfer.

iii. The Credit Cell: -

It has the following: -

a. Front Office – It receives the Insurance Papers & Important Documents like Prime Minister Relief Fund.

b. Back Office – Processing of the Documents received in the Front Office like Verification Of Documents.

c. Patient waiting chairs, T.V. for entertainment and Prayer Room, are provided for the patients and relatives to wait for their appointment with various doctors.

On ground floor in the lobby on the left lateral entry to the hospital, we can find the following:-

i. **Billing / Registrations Counters**.

ii. **Patient waiting chairs** are provided for the patients and relatives to wait for their appointment with various doctors.

On ground floor in the lobby on the right lateral entry to the hospital, we can find the following:-

i. **Billing / Registrations Counters.**

ii. **Patient waiting chairs** are provided for the patients and relatives to wait for their appointment with various doctors.

GENERAL FINDINGS ON SPECIFIED LEARNING:

I. P. D. BILLING DEPARTMENT:-

This department is solely dedicated for the purpose of I. P.D. billing. The I. P. D. billing department is located behind the emergency department. Billing counter consists of the following: -

i. **Work stations** for general duty assistants,
ii. **Computer systems** to:-
    a. **Receive information** in electronic format mainly of two types: -
        1. Discharge of patient initiation form.
        2. Clearance from pharmacy.
    b. **Process information** in electronic format mainly by the following pertaining to patients in case of discharge:-
        1. Compilation of all the billing activity sheets
        2. Cross checking
        3. Locking of final bill
iii. **Wall cabinets** to store the billing activity sheets on daily basis which are received from the nursing department**.**
iv. The **billing activity sheets** are the sheets containing the following data of the admitted patients on day to day basis from **morning 9 am till 9 pm** which comprises of the following parameters :-
    a. Usages
    b. Investigations
    c. Procedures
    d. Ventilators
    e. Consultation Visit
    f. Physiotherapy

On each day fresh sheet containing all the above details is submitted to the department late in the evening. In case of discharge the sheets are submitted in the morning time.

v. Index file containing the final bills of all the patients discharged on day to day basis.

PREVENTIVE HEALTH CHECK DEPARTMENT: -

We can find the following in the department which are as:-

i. Sonography Room

ii. Radiology Room – X Ray

iii. Mammography room

iv. Echocardiography room

v. Treadmill test room – 2 numbers

vi. Suggestion box – For complaints

vii. Consultation rooms – Dr Manisha Kaushal

viii. Consultant room – Dr Manjari Sharma

ix. Sample collection room – Managed by S .R .L . laboratories

x. Central lobby with sofas as seating arrangement.

xi. Partitions between the dining table and central lobby.

xii. Television with cable connection for entertainment.

xiii. Dining hall for patients.

xiv. Working desk for coordinator consisting of a computer system for coordinator to enter details regarding patients on day to day basis consisting of software's of both hospital TrakCare as well as S . R. L. diagnostic and bar chair for seating arrangements.

xv. Changing Rooms – two.

xvi. Toilets – 2, one for male, one for female.

xvii. X - Ray Developer Room, X- Rays obtained is digital in nature hence the

developer room consists of digital developing unit from Agfa in which digital image loaded cassettes are loaded in machine from which image is retrieved on to the computers and subsequently prints are taken on X – ray sheets.

xviii. T. M. T. back office rooms where parameters in patient's generated by T. M. T. machines are entered in to the templates of various packages present on computer and reports are printed on to the paper.

xix. Working table cum cabinet is provided in gallery with various square shaped shelves in which new files, pre-employment forms and writing instruments are stacked.

xx. Side wall cabinet for stacking the files of patients.

xxi. Pantry: - It consists of the following: -

- **a.** Fridge,
- **b.** Microwave,
- **c.** Mineral Water,
- **d.** Breakfast supplied from main kitchen,
- **e.** Plates, cups and saucers, spoon, knife, tea and coffee, preparation kits including milk flasks,
- **f.** Shelves for stacking plates, cutleries, cups and saucers,
- **g.** Cornflakes.

It has two types of breakfast menu:-

- **a.** For diabetic patients,
- **b.** For non diabetic patients.

It has waste and used utensils trolley parked outside the room in which the used cutleries and plates, cups and saucers are stacked which are sent to the food and beverage department where the separate unit is there for washing and cleaning of

utensils. In the same trolley the cleaned plates, cups, saucers, milk filled flasks, cutleries are brought back to the pantry room.

NON INVASIVE CARDIAC DEPARTMENT: -

It consists of following consulting chambers:-

i. T. M. T.,
ii. Echocardiography,
iii. Heart failure clinic,
iv. Stress echocardiography,
v. B. P. ambulatory test,
vi. Holter monitoring,
vii. Blood sample collection unit,
viii. Neurology department consisting of:-
    a. E .E .G. lab,
    b. N. C. S. nerve conduction studies,

OUT PATIENT DEPARTMENTS IN THE HOSPITAL:-

PEDIATRICS DEPARTMENT: –

It consists of the following areas:-

i. Pediatrics surgeon,
ii. Pediatrics neonatology
iii. Feeding area

iv. Patient's coordinator desk with:-

a) Weighing machine for: - babies and grown – ups separately.

b) Height measuring scale.

O. P. D. – I :–

It consists of the following areas:-

i. Orthopedics,

ii. Sports medicine,

iii. E. N. T.,

iv. Skin,

v. Patient coordinator desk.

O. P. D. – II :–

It consists of the following areas:-

i. Gynecology,

ii. Internal medicine,

iii. Urology,

iv. Gastro intestinal department,

v. Procedure room,

vi. Patient coordinator desk,

vii. B. P. monitoring machine,

viii. Dressings and swab cultures.

O. P. D. – III: –

It consists of the following departments:-

i. Cardiac,

ii. C. T. V. S.

iii. Neurology ward,

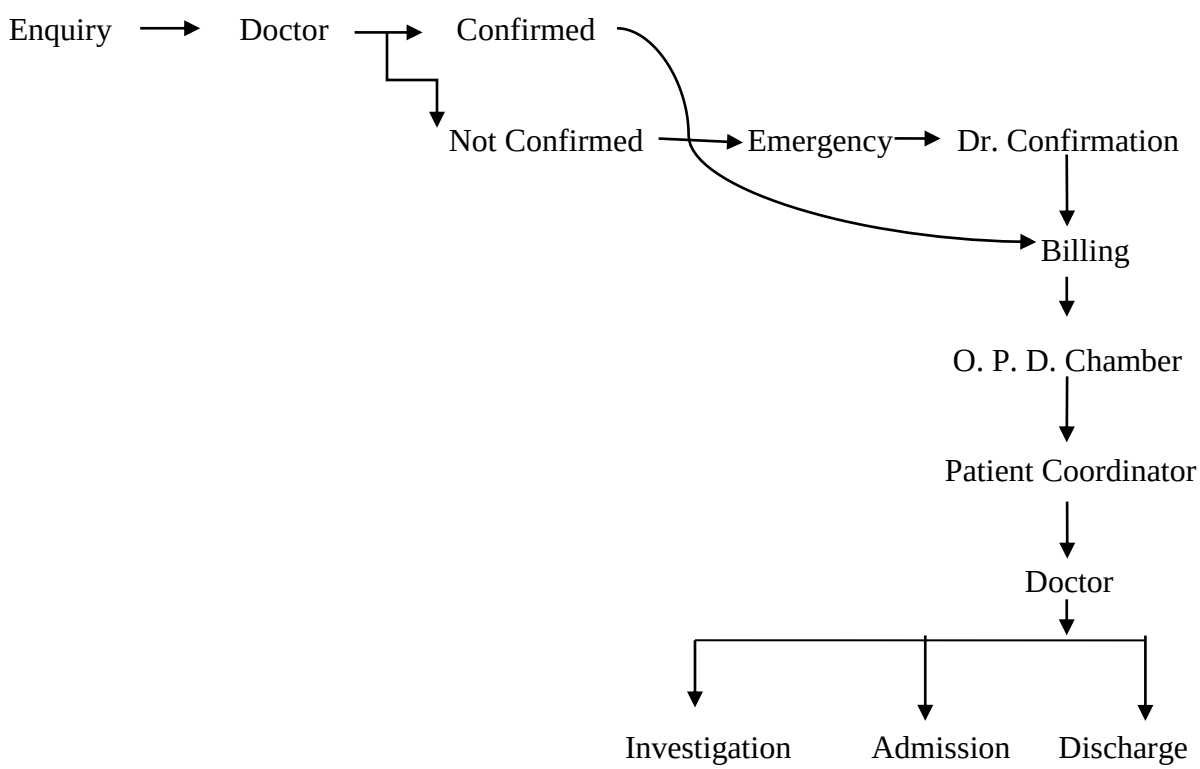
iv. Patient coordinator desk.

WORK FLOW OF VARIOUS DEPARTMENTS: -

OUT PATIENT DEPARTMENT GENERAL WORK FLOW PROCESS:–

The following is the general work flow process followed in O. P. D.

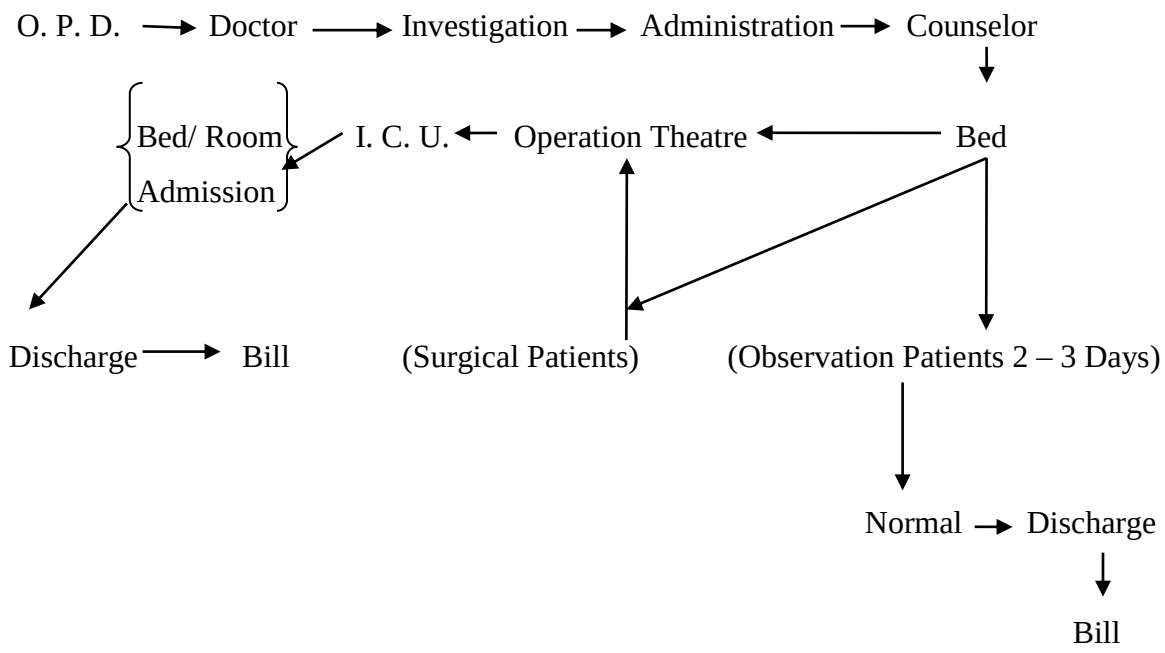
TABLE 5.1 – General Work Flow Process Followed In O. P. D.



IN PATIENT DEPARTMENT GENERAL WORK FLOW PROCESS:–

The following is the general work flow process followed in I. P. D.

TABLE 5.2 – General Work Flow Process Followed In I. P. D.



EMERGENCY DEPARTMENT GENERAL WORK FLOW PROCESS:–

The following is the general work flow process followed in the Emergency Department:-

TABLE 5.3 – General Work Flow Process Followed In Emergency Department

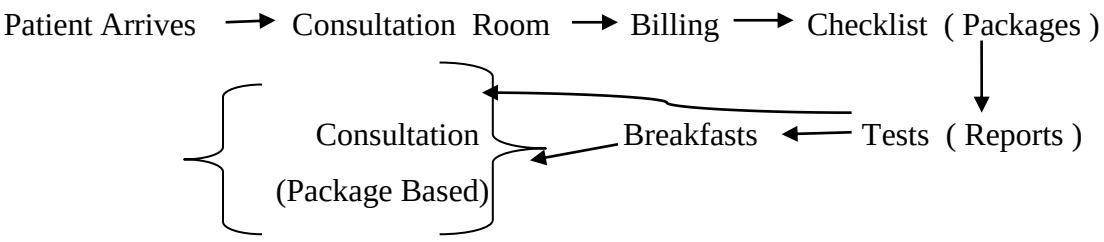
No Formality → Rx First → Formalities → Register → Admission (Final Bill)

PREVENTIVE HEALTH CHECK DEPARTMENT GENERAL WORK FLOW PROCESS :–

The part of Preventive Health Check Department is outsourced to Vardhaman Imaging Malviya Nagar.

The following is the general work flow process followed in the P. H. C. Department :-

TABLE 5.4 – General Work Flow Process Followed In Preventive Health Check Department



PATIENT COUNSELLING DEPARTMENT GENERAL WORK FLOW PROCESS :–

The following is the general work flow process followed in the patient counseling department:-

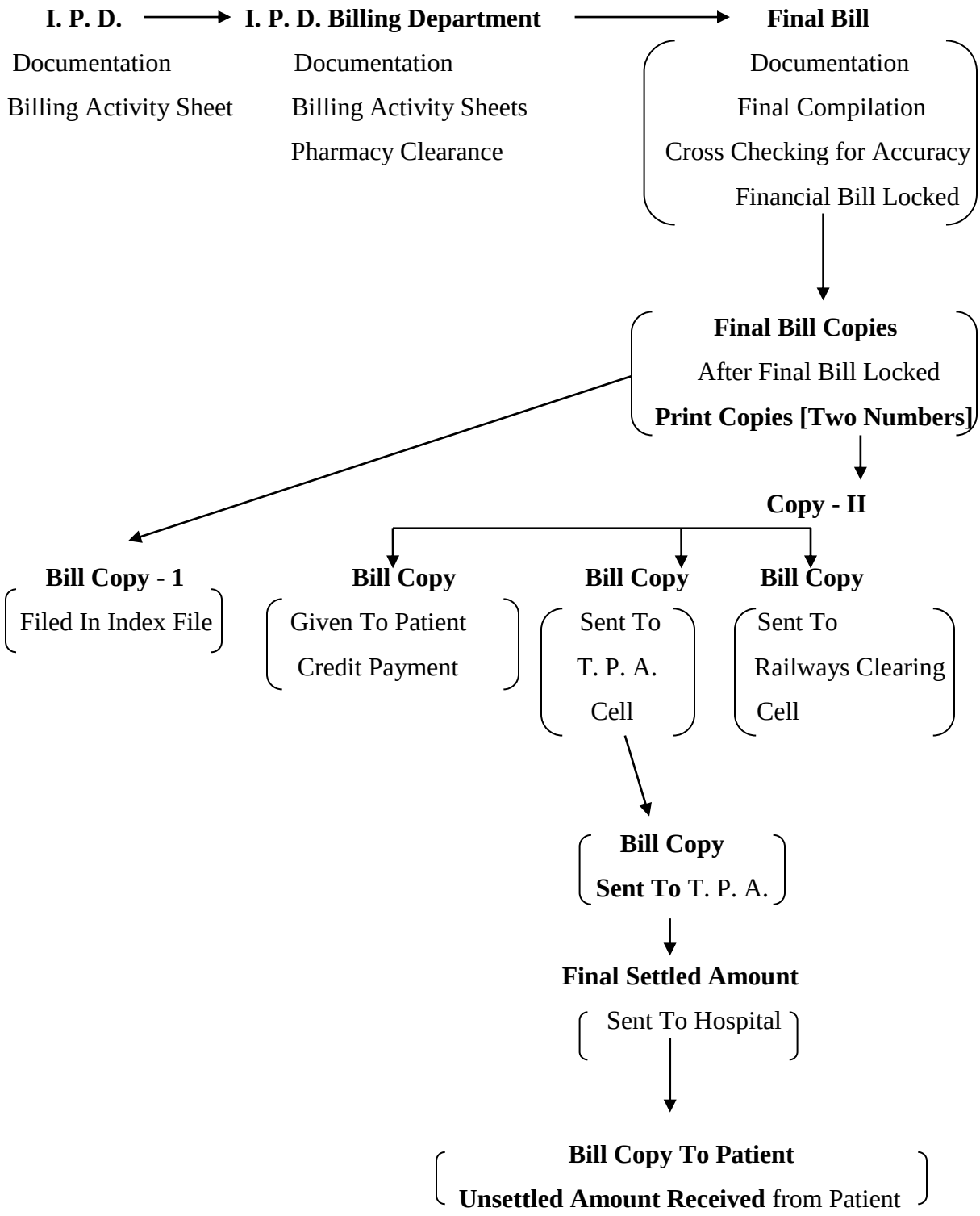
TABLE 5.5 – General Work Flow Process Followed In Patient Counseling Department

O. P. D. ⟶ Doctor ⟶ Investigation ⟶ Administration ⟶ Counsellor

I. P. D. BILLING DEPARTMENT GENERAL WORK FLOW PROCESS :–

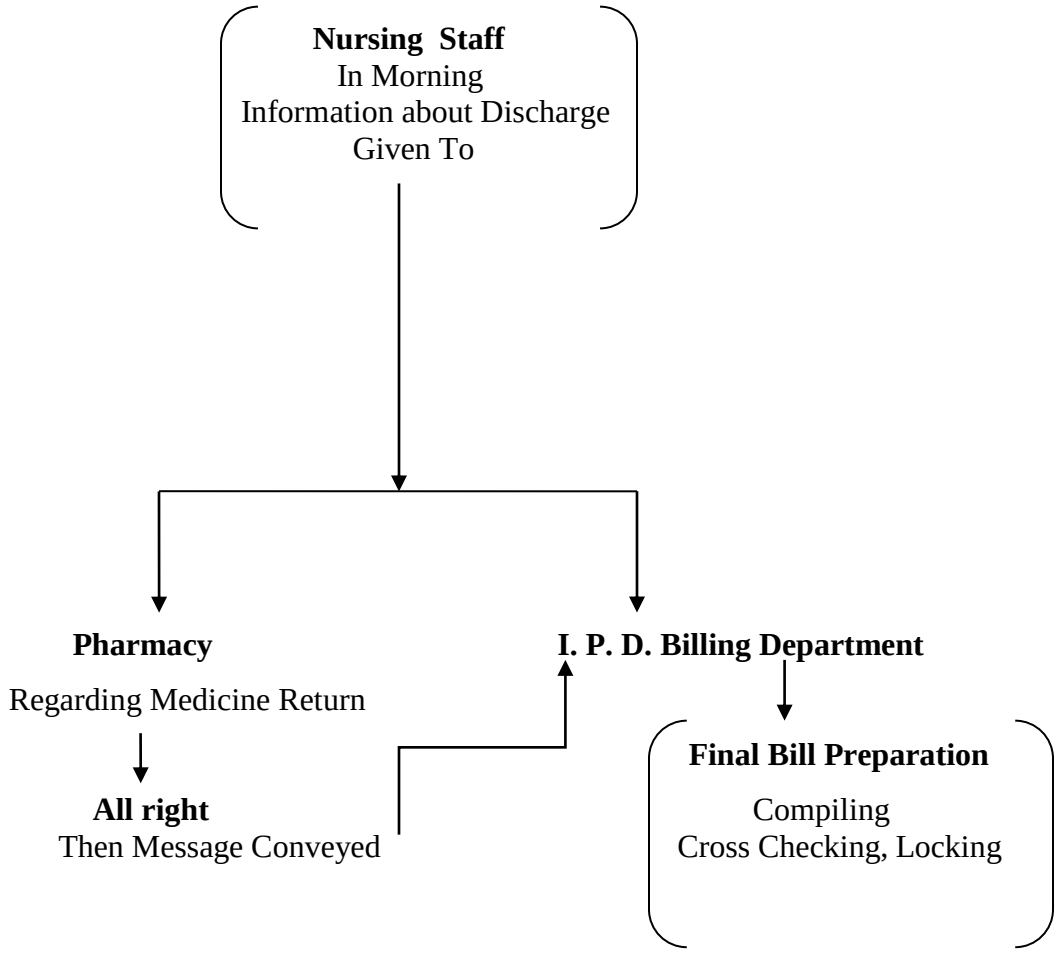
The following is the general work flow process followed in the **I. P. D. Billing Department:-**

TABLE 5.6 – General Work Flow Process Followed In I. P. D. Billing Department



The following is the general work flow process followed in the **I. P. D. Billing Department** on the **Day Of Discharge** of the patients**.**

TABLE 5.7 – General Work Flow Process Followed In I. P. D. Billing Department On The Day Of Discharge



OBSERVATION IN VARIOUS DEPARTMENTS:-

CARDIAC O. P. D.:-

There are three desks dedicated for the purpose in Cardiac O. P. D. department.

i. **DESK 1:-**

It caters to the following specialty of doctors sitting in their respective O. P. D. chambers:-

- **a.** Cardiac Surgeons,
- **b.** Neurosurgeons,
- **c.** Physicians

ii. **DESK 2:-**

It caters to nursing staff who monitors blood pressure, pulse, height, weight, Body Mass Index of patients.

iii. **DESK 3:-**

It caters to the cardio thoracic vascular doctors.

NON INVASIVE CARDIAC and NEPHROLOGY DEPARTMENT:-

There are 2 **desks** dedicated for the purpose. To ease the patient management, they have adopted **token system** for selected services which are as follows:-

i.Electrocardiography,
ii. Stress Echocardiography,
iii. Tread Mill Test,
iv. Echocardiography,
v.Pediatrics Echocardiography.

PEDIATRICS, INTERNAL MEDICINE and GYNECOLOGY O. P. D. DEPARTMENTS:-

There is only one desk for the purpose. These desks in various O. P. D.s are being managed by patient coordinators and helping nurse. Their main role is to receive the patients, check the appointment status, billing information, check the availability of doctors and guide the patients accordingly.

I. P. D. BILLING DEPARTMENT:-

The Department consists of the following: -

i. Work stations for general duty assistants, which are four in number.
ii. Computer systems

1.2.6 INTERACTIONAL LEARNING:-

OBJECTIVES OF INTERACTIONAL LEARNING:-

To understand the functioning of the following departments which are as: -

- **i.** O. P. D. – I, II, III, Pediatric,
- **ii.** Preventive Health Check
- **iii.** Patient Help Desk
- **iv.** Patient Counseling
- **v.** I. P. D. Billing Department

RESEARCH QUESTIONS:-

It includes the following questions:-

- **i.** What do you feel regarding the various services offered at the Hospital related to admission, investigation and diagnosis?
- **ii.** Do you feel that the various services being offered at the hospital can be improved?
- **iii.** Why do the patients get agitated?
- **iv.** Why do the patients get dissatisfied by the services offered at the hospital?
- **v.** What are the various causes of increased waiting time?
- **vi.** What is the cause of delays in patient discharge from the hospital?
- **vii.** How was your registration experience?
- **viii.** Was our team efficient and courteous?
- **ix.** How well were you guided through all required processes?
- **x.** Was the Registration desk / lounge well organized and clean?
- **xi.** How efficiency did our team retrieve your information?
- **xii.** How well were the required procedures and process explained?

1.2.7 METHODOLOGY:-

i. **LOCATION: –** Fortis Multispecialty Hospital, Jaipur.

ii. **DURATION: –** 3 months (February 6 to May 5, 2017)

iii. **STUDY TYPE: –** Analytical Studies

iv. **STUDY AREAS :–**

- **a.** O. P. D. – I, II, III, Pediatric,
- **b.** Preventive Health Check,
- **c.** Patient Help Desk,
- **d.** Patient Counseling,
- **e.** I.P. D. Billing Department.

v. **SAMPLE SIZE: –** Seven departments, Patients Coordinators and one department General Duty Assistants.

vi. **PRIMARY DATA:–** They are as follows:-

a. **SOURCES OF DATA:-**

Interpersonal interviews of seven departments patient coordinators, managerial staff including nurse, doctors, patients, one departments general duty assistants and observation of processes carried out over during the study period.

b. **FOCUSED DISCUSSIONS: –**

A good amount of quality data was collected with focused discussion with seven departments, patients coordinators and one department general duty assistants, managerial staff including nurse, doctors, patients and observation of processes carried out over during the study period.

DATA FROM MANAGERIAL STAFF:–

There is huge workload and large queues of patients in the billing counter. Patients loose lot of time in queues resulting decreased efficiency. This is also one of the factors of patient's loss of interest in the treatment process. After the registration, paying required fees and collecting the required documents patient is not aware about the department where it is located and how to reach there. Not only this the patient is not aware about the necessity of the various parameters as prescribed by doctor hence avails only services related to the parameters which he can understand from the hospital.

The patient has to bear the queuing system twice:-

i. During registration
ii. Before investigations

During registration bearing queue is all right but again before investigation is intolerable.

Not only this, they also lose the appointment time with various doctors putting the system in to jeopardy.

Discharge summary of the patients to be discharge are delayed due to following reasons:-

i. Pharmacy – Implant return (Pending)
ii. Doctors – Rounds Delay, Cross Reference Doctors Delay
iii. Investigations – Pending, Add, Cancel

final bill settlement of the patients to be discharge are delayed due to following reasons resulting in additional imposition of half day room charge which has to be borne by patients:

i. Delay in receiving the final approval from T. P. A.
ii. Delay from the patients side due to misunderstanding of the extra charges being imposed as compared to initial charges as discussed by financial counselors.

DATA FROM PATIENTS :–

The following is the data procured from the patients which are as follows:-

i. 9 – 5 is O. P. D. time, but the patients have to wait due to non availability of doctors.
ii. Long queues for registration taking around 2 hrs to complete the process.
iii. Loss of appointment time with the doctor due to long queues.
iv. Standing in the same long queue for Investigations again.
v. The O.P.D. Patient Satisfaction of Fortis Escorts Hospital, for the month of March'2017 is as follows :-

The rating is done based on scores obtained against each questions which are four which is as follows: 4 – Very Good, 3 – Good, 2 – Fair , 1 – Poor.

The following are the graphical representations of various patients satisfaction, based on patients satisfaction score sheet of Fortis Escorts Hospital, Jaipur for the month of March 2017 .

i. **Registration And Help Desk,**
ii. **Medical And Nursing Process,**
iii. **Other Facilities,**
iv. **Behaviour Of The Fortis Team,**
v. **How Did You Select This Fortis Facility?,**
vi. **Would You Recommend Us To Others?**

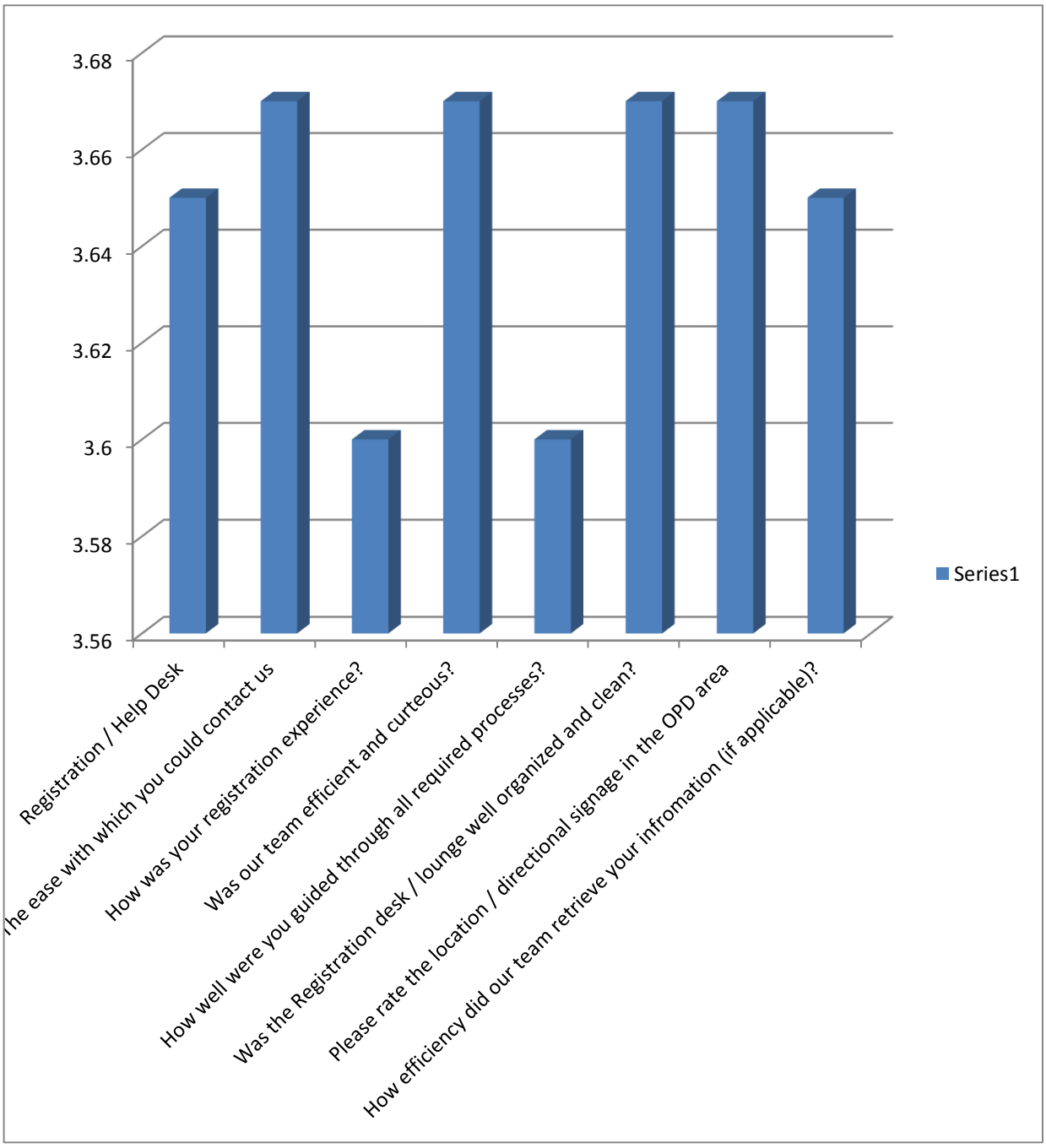


FIGURE 7.1 - Registration And Help Desk

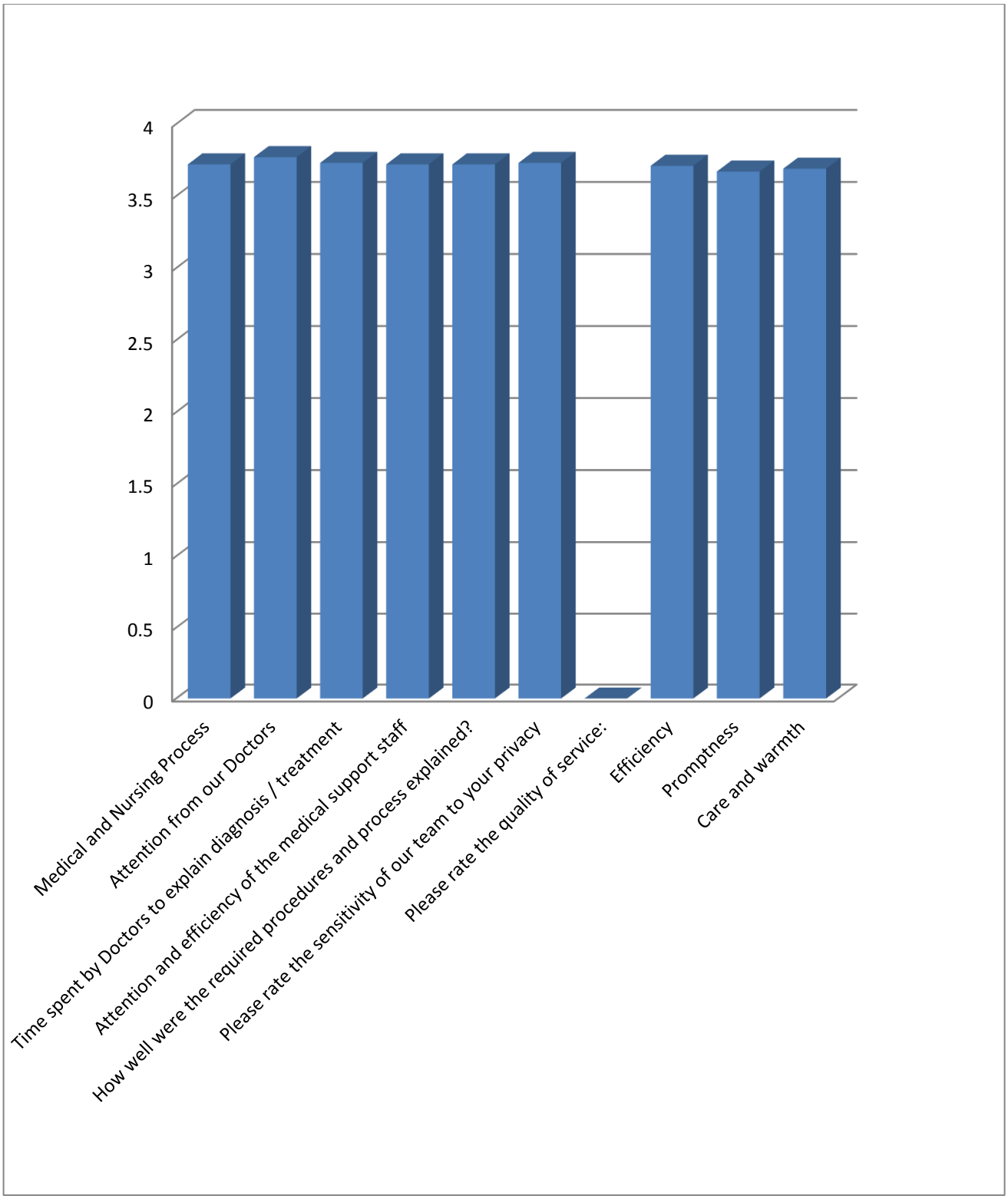


FIGURE 7.2 – Medical And Nursing Process

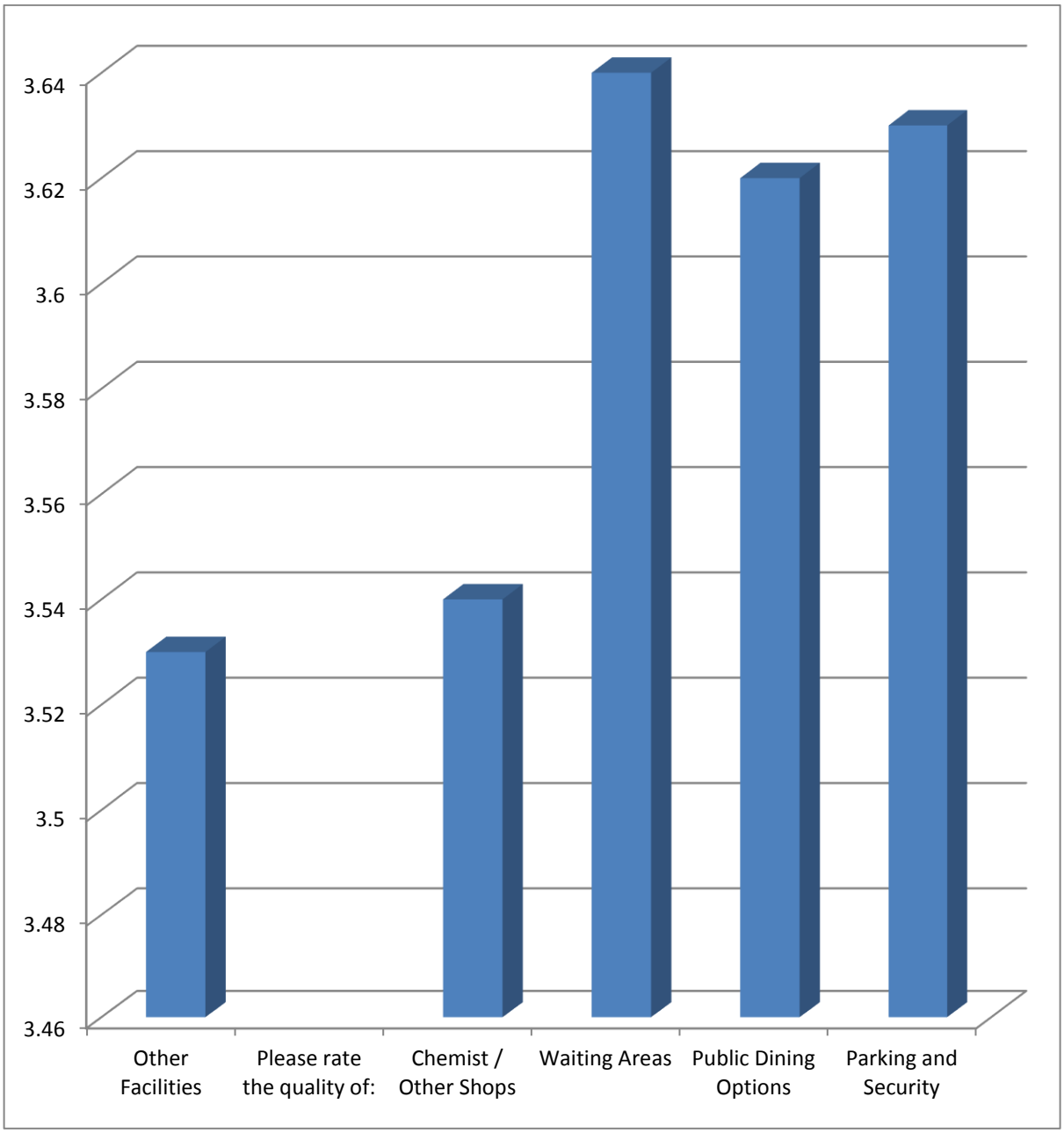


FIGURE 7.3 – Other Facilities

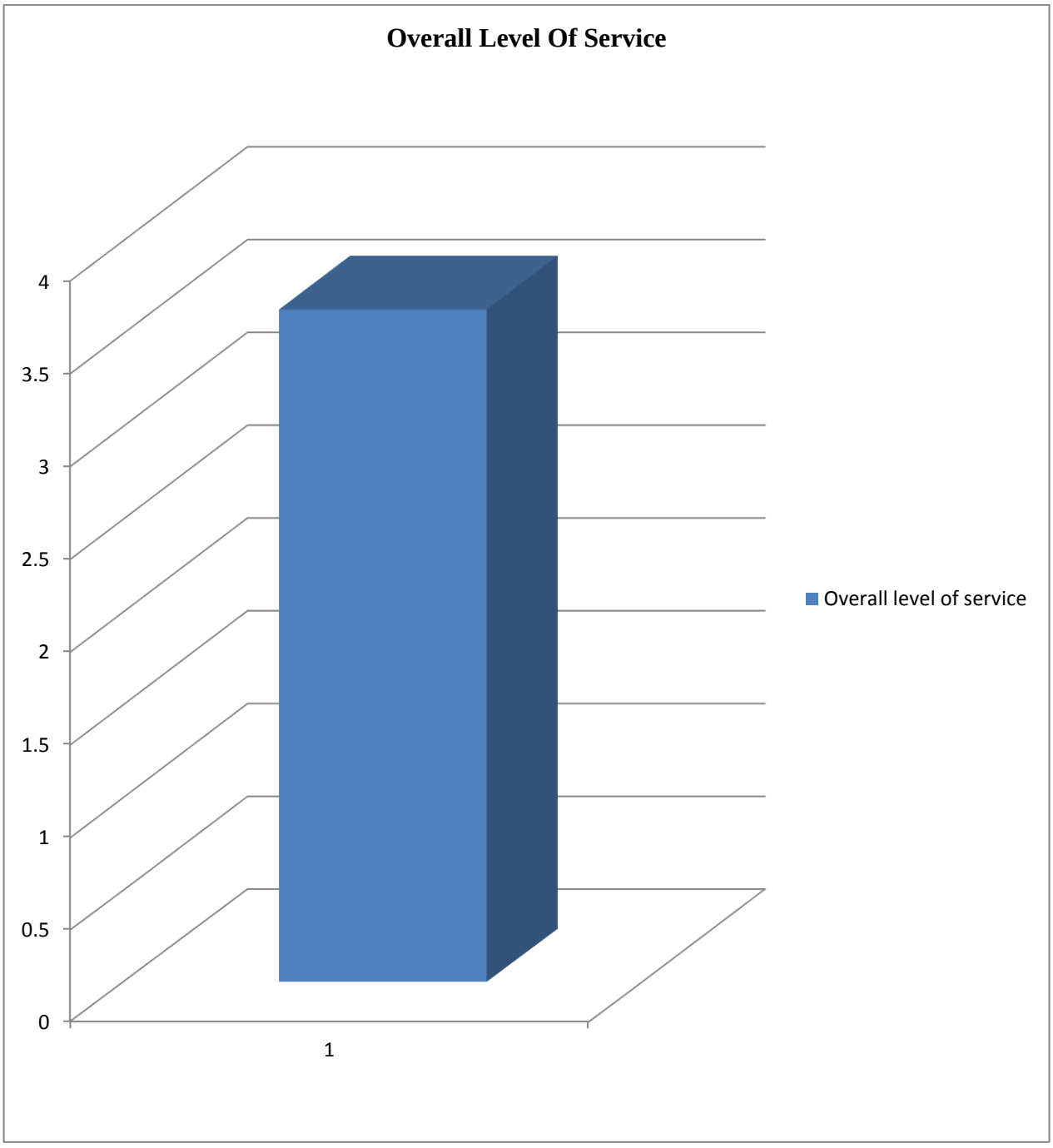


FIGURE 7.4 – Behaviour Of The Fortis Team

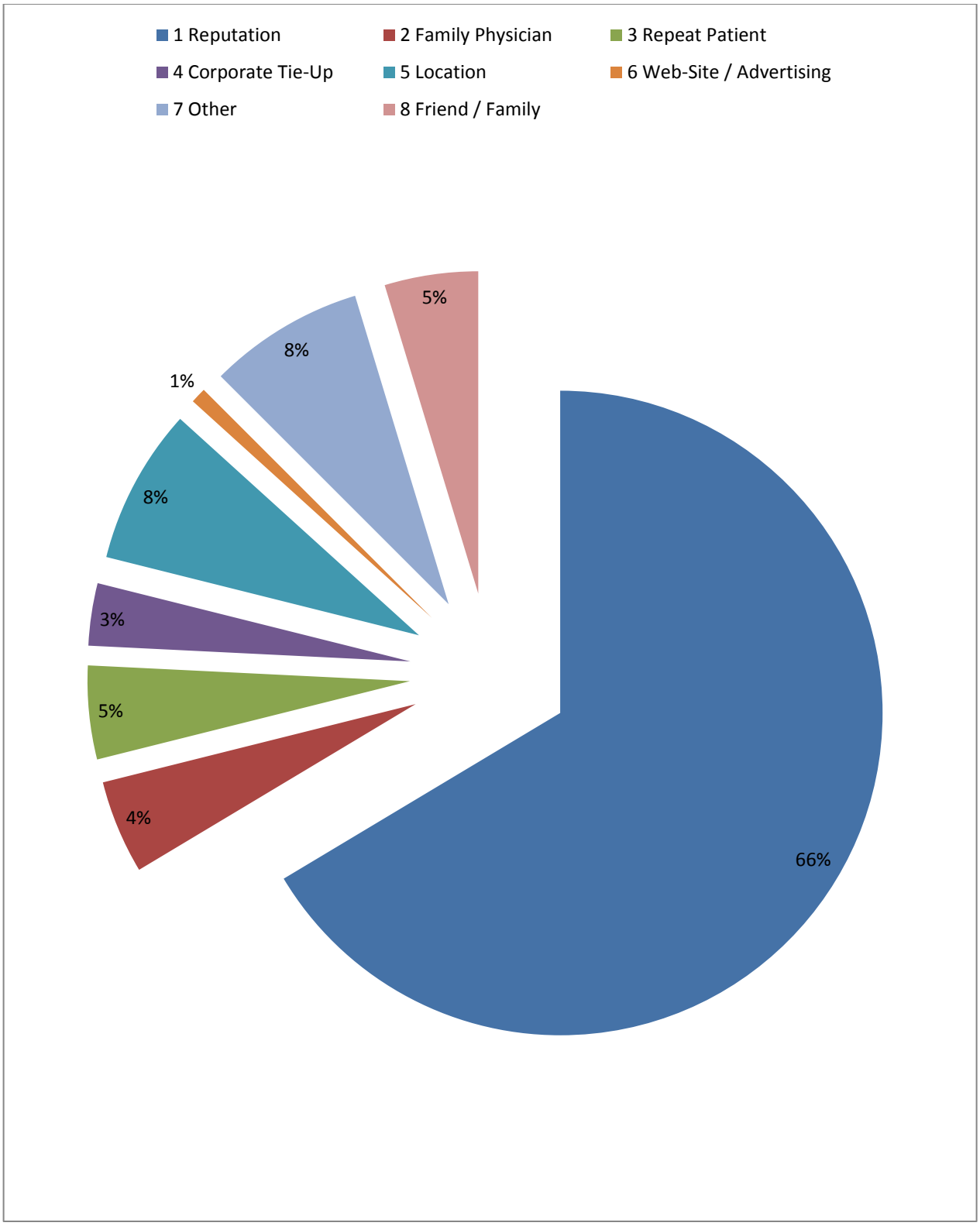


FIGURE 7.5 – How Did You Select This Fortis Facility?

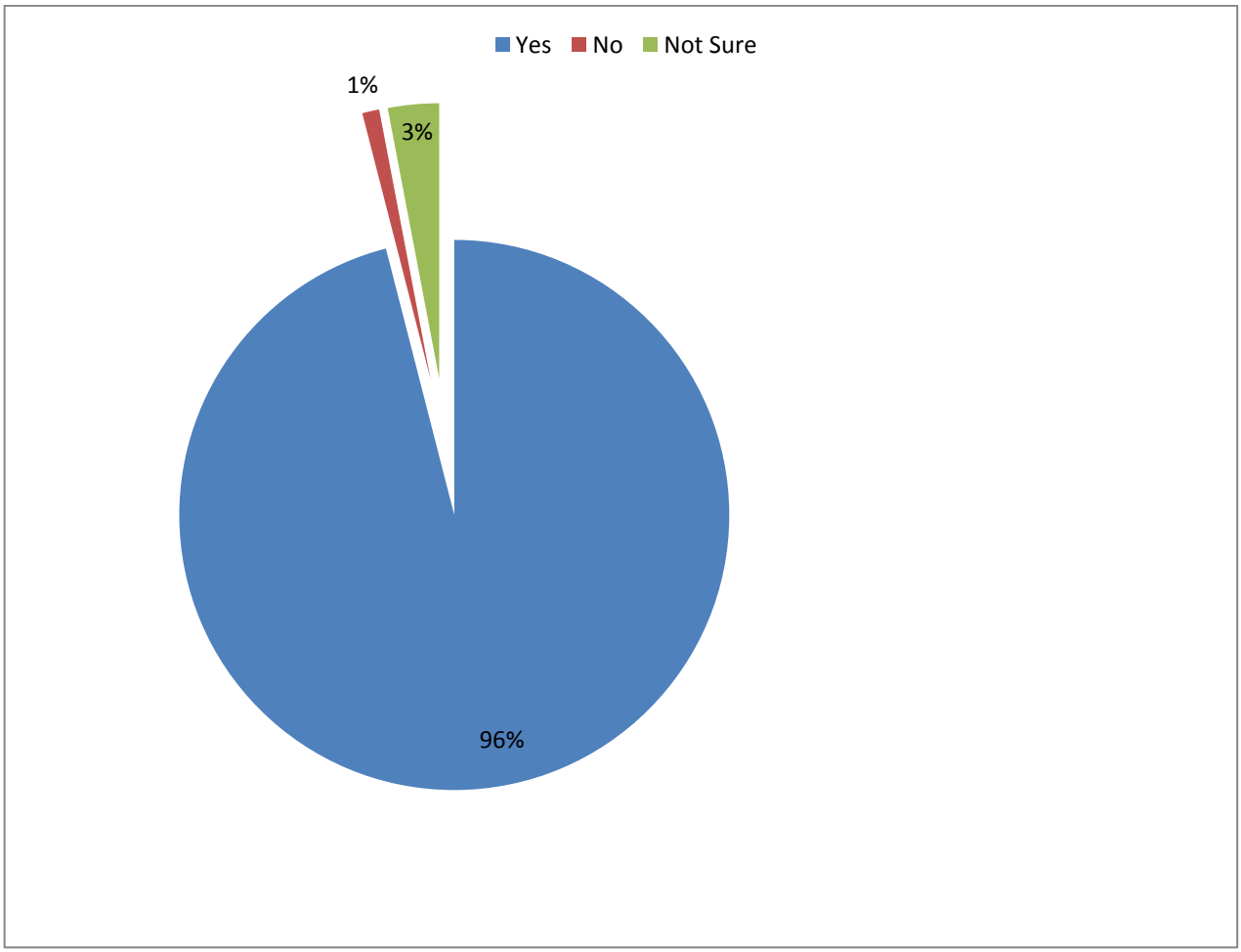


FIGURE 7.6 - Would You Recommend Us To Others?

1.2.8 CONCLUSION:-

From the above observations we can realize that the hospital is functioning good. We can further improve the patient satisfaction, if we manage the queuing systems, appointment with various doctors, reduce the waiting time at the time of discharge and explain various recommendation/ suggestions to patients we can decrease patient's dissatisfaction to a great extent and bring in efficiency.

1.2.9 ADVICE FOR BRINGING IN EFFICIENCY OF THE SYSTEM: –

From the above observations we can realize that if we manage the queuing systems, appointment with various doctors, decreased waiting time at the time of discharge, proper understanding about the various parameters prescribed by the doctors then we can decrease patient's dissatisfaction to a great extent and bring in efficiency.

For the purpose of bringing in efficiency in the system, the following may be implemented:

i. Introduction of an executive responsible for helping patients fill up the registration forms thus removing the queuing.

ii. Classifying the bill counters in to two: -

1. General Registrations
2. Investigations & Diagnostics

iii. This will segregate the patients and reduce confusion amongst the patient which is also a factor in patient dissatisfaction.

iv. The patients at the billing desk at the time of registration are being provided with bill copy. The patients find problems in finding the respective department.

v. This problem can be rectified by mentioning the room number in the bill copy given to the patients.

vi. This will solve the confusion of the patients regarding finding respective department and will save their time.

vii. Introduction of digital prescription for the patients consisting of the following activities: admission, investigations, diagnostics and advising the patient to collect the physical copy from the counselor.

viii. This will bring counselor in to process and the patients would not omit the counselor as is observed in few cases.

ix. The data of the prescription can be filled by the assistant doctor or doctor.

x. The check – out time of the hospital is 11 a. m which is missed by the patients primarily due to late beginning of T. P. A. office, early in the morning which is10 a.m.

xi. The final bill along with discharge summary and necessary other documents including investigations reports should be forwarded to T. P. A. office in the late evening before 6 p. m.

xii. T. P. A. will scrutinize all documentations and will auto debit the hospital early morning by 10 a.m..

xiii. If any additions to the bills are there then they will be sent by note to T. P. A. which can be scrutinized additionally for settlement. This will help to save half day room rent by the patients which is sort of financial burden to them.

xiv. Introduction of billing in O. P. D. areas near to coordinator as it will further reduce confusion amongst patient and time wastage by revisiting the billing desk.

xv. By adopting the above methods patients frustrations, anxiety, can be converted to a pleasant one thereby increasing patients satisfaction.

xvi. On Friday and Saturday, it has been observed over a period of time that there is staff shortage on the billing desk leading to patients agitation and frustration and even cancellation of packages in preventive health check.

xvii. Hence on these days if the coordinator is given authority to do the billing in case of non availability of staff, will be appreciated and ease the working stress of the coordinator and stress of patients and even solve the cancellation of packages.

xviii. The software "TrakCare" used by the hospital for patient database management often hangs resulting in delays in registration leading to increased waiting time. This issue can be tackled by adopting following approach:-

Exclusive line dedicated only for the purpose of crucial services related to patient care: -

- **a.** Trak Care
- **b.** Pharmacy billing
- **c.** T. P. A. billing
- **d.** Diagnostic

For rest of the purpose other internet service provider can serve the purpose.

xix. The printers does not functions properly at times should be tackled by providing sufficient number of additional standby functional printers to take care of the problems.

xx. If we place the "May I Help You" desk in such a way that it is in direct visibility of patients entering the hospital, than the patients will directly access them and try to tackle their problems in first place which will eventually help in avoiding confusion and problems.

xxi. There is no "May I Help You" desk near to Pediatrics outdoor patients department's entrance, which should be placed.

xxii. In preventive health check department "tread mill test" equipment is damaged due to unknown cause. Hence restricted access is required to concerned personals only which will prevent misuse and normal functioning of expensive equipment.

xxiii. In preventive health check department "scrollers" should be introduced with small brief messages and statements regarding lifestyle modification and various preventive tips which will be a value addition to the already existing facilities and packages.

xxiv. As we are quoting "9 – 5 outdoor patient department time", we should see to it that patient should not wait due to non availability of doctors and should be attended to by associate doctors for the purpose.

xxv. This will reduce frustrations amongst patients caused due to non availability of doctors. This will improve patient's satisfaction.

xxvi. The check-out time of the hospital is 11 a. m. which is missed by the patients primarily due to late preparation of discharge summary.

xxvii. This problem can be rectified by initiating the discharge process in the late evening seeking clearances from all concerned departments in the hospital, compared to morning, as done in the present system.

xxviii. There should be two types of patients attended by the doctors in their chambers:-

1. New patients
2. Discharge patients alternatively.

xxix. By this method patients can be discharged before 11 a.m. thereby saving them half day room charge.

1.2.10 RECOMMENDATIONS: -

Compare the Advice for Bringing In Efficiency of the System with the processes currently in place in the organization.
Determine the "gaps" between the organization's practices and the identified best practices.
Select the best practices you will implement in your organization.

Who are the target audiences?

The project liaison will be the primary individual to prepare this written gap analysis, but the entire improvement project team should be engaged in performing the gap analysis.

How can the tool help?

Upon completion of the gap analysis, project teams will have the following:
An understanding of the differences between current practices and Advice for Bringing In Efficiency of the System
An assessment of the barriers that need to be addressed before successful implementation of best practices.

How does this tool relate to others?

Information from the Self-Assessment Tool about the readiness of the hospital to perform quality improvement for the Quality Indicators can be considered in the gap analysis as possible strengths or weaknesses (i.e., barriers) to be managed when implementing improvements. The best practice elements defined in the Advice for Bringing In Efficiency of the System are prefilled in the gap analysis tool. This provides the elements for the Implementation Plan.

INSTRUCTIONS :-

i. List the expected evidence-based Advice for Bringing In Efficiency of the System in Column 1.

ii. In Column 2, list all the steps associated with Advice for Bringing In Efficiency of the System.

iii. In Column 3, document your organization's practices and describe how they differ from each advice for bringing In efficiency of the system element. Be specific and include information such as policies, protocols, guidelines, and staffing.

iv. In Column 4, identify barriers that may hinder successful implementation of each advice for bringing In efficiency of the system strategy. Consider systems, procedures, policies, people, equipment, etc.

v. In Column 5, indicate whether the organization will implement the advice for bringing In efficiency of the system strategy. If not, explain why.

vi. Repeat steps 2-4 for each advice for bringing In efficiency of the system.

1.3 SUPPLEMENTARY:-

1.3.2 APPENDICES:-

The sample patient questionnaires are as follows:-

PATIENT QUESTIONNAIRES OF FORTIS ESCORTS HOSPITAL, JAIPUR.

REGISTRATION / HELP DESK

4. Very Good 3. Good 2. Average 1. Poor

The ease with which you could contact us	4 3 2 1
How was your registration experience?	4 3 2 1
Was our team efficient and courteous?	4 3 2 1
How well were you guided through all required processes ?	4 3 2 1
Was the Registration desk/lounge well organised and clean	4 3 2 1
Please rate the location/directional signage in the OPD area	4 3 2 1
How efficiently did our team retrieve your information (if applicable)?	4 3 2 1

MEDICAL AND NURSING PROCESS

4. Very Good 3. Good 2. Average 1. Poor

Attention from our Doctors	[4] [3] [2] [1]
Time spent by the Doctor in explaining diagnostics/treatment	[4] [3] [2] [1]
Attention and efficiency of the medical support staff	[4] [3] [2] [1]
How well were the required procedures and process explained ?	[4] [3] [2] [1]
Please rate the sensitivity of our team to your privacy	[4] [3] [2] [1]

Please rate the quality of service

- Efficiency	[4] [3] [2] [1]
- Promptness	[4] [3] [2] [1]
- Care and warmth	[4] [3] [2] [1]

OTHER FACILITIES

Please rate the quality of:

Chemist/Other Shops	[4] [3] [2] [1]
Waiting Areas	[4] [3] [2] [1]
Public Dining Options	[4] [3] [2] [1]
Parking adn Security	[4] [3] [2] [1]

BEHAVIOUR OF THE FORTIS TEAM

Overall level of Service	[4] [3] [2] [1]

O.P.D. PATIENT SATISFACTION SCORE SHEET :-

The O. P. D. Patient Satisfaction Score Sheet for the month of March'2017 is as follows:-.

The scores are obtained based on rating against each questions which are four which is as follows:-

4 – Very Good,

3 – Good,

2 – Fair,

1 – Poor.

O. P. D. Patient Satisfaction Score Sheet for the month of March'2017 of Fortis Escorts Hospital, Jaipur.

B	**Registration / Help Desk**	3.65
1	The ease with which you could contact us	3.67

O. P. D. Patient Satisfaction Score Sheet for the month of March'2017		
2	How was your registration experience?	3.60
3	Was our team efficient and courteous?	3.67
4	How well were you guided through all required processes?	3.60
5	Was the Registration desk / lounge well organized and clean?	3.67
6	Please rate the location / directional signage in the OPD area	3.67
7	How efficiency did our team retrieve your infromation (if applicable)?	3.65
C	**Medical and Nursing Process**	3.72
1	Attention from our Doctors	3.77

O. P. D. Patient Satisfaction Score Sheet for the month of March'2017		
3	Attention and efficiency of the medical support staff	3.72
4	How well were the required procedures and process explained?	3.72
5	Please rate the sensitivity of our team to your privacy	3.73
6	Please rate the quality of service:	
A	Efficiency	3.71
B	Promptness	3.67
C	Care and warmth	3.69
D	**Other Facilities**	3.53

O. P. D. Patient Satisfaction Score Sheet for the month of March'2017		
	Please rate the quality of:	
A	Chemist / Other Shops	3.54
B	Waiting Areas	3.64
C	Public Dining Options	3.62
D	Parking and Security	3.63
E	**Behaviour of the Fortis Team**	
1	Overall level of service	3.63
F	**How did you select this Fortis facility?**	
1	Reputation	85%
2	Family Physician	6%

3	Repeat Patient	6%
4	Corporate Tie-Up	4%
5	Location	10%
6	Web-Site / Advertising	1%
7	Other	10%
8	Friend / Family	6%
G	**Would you recommend us to others?**	
1	Yes	96%
2	No	1%
3	Not Sure	3%

GAP ANALYSIS TOOL KIT

Project: **Best Practice:**

Individual Completing This Form:

Column 1	Column 2	Column 3	Column 4	Column 5
Best Practice	**Best Practice Strategies**	**How Your Practices Differ From Best Practice?**	**Barriers to Best Practice Implementation**	**Will Implement Best Practice (Yes/No; why not?)**

1.3.3 BIBLIOGRAPHY:-

i. https://archive.ahrq.gov/professionals/systems/hospital/qitoolkit/d5-gapanalysis.pdf