



HOSPITAL BED ALLOTMENT TURNAROUND TIME

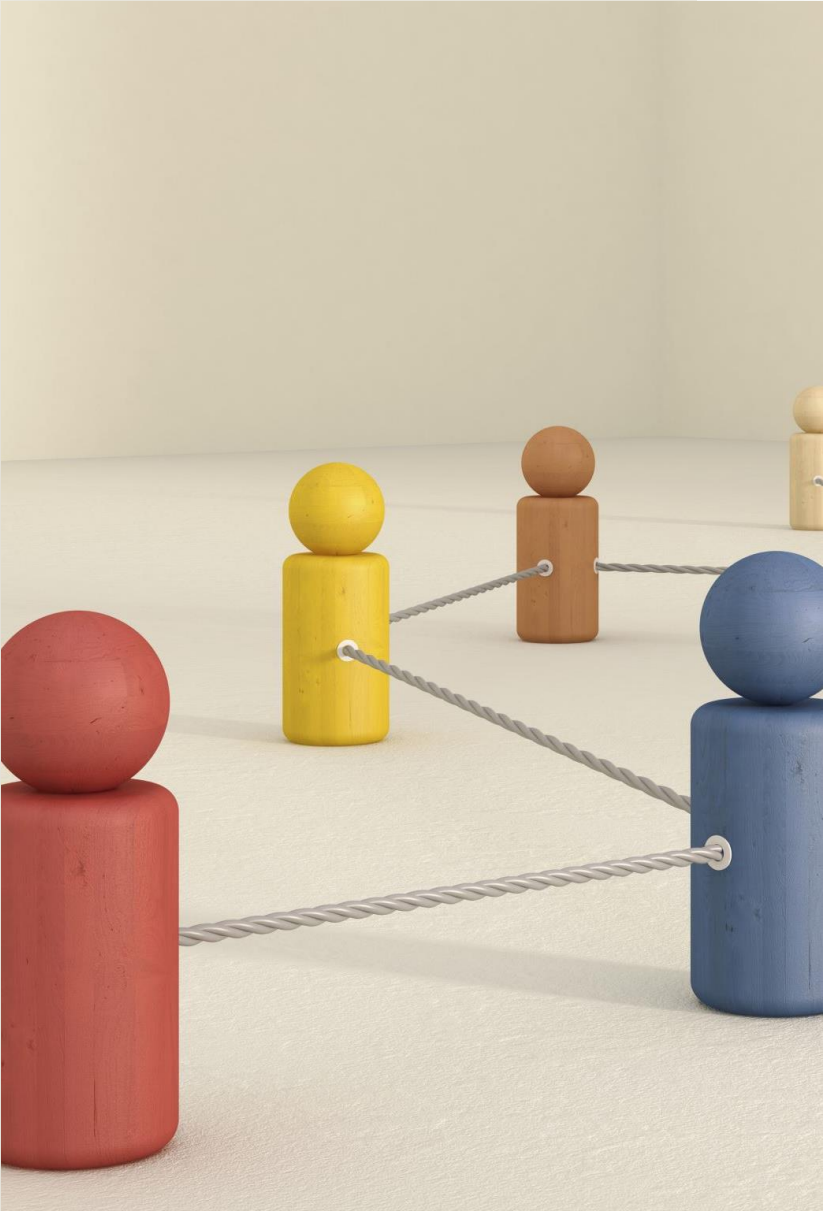
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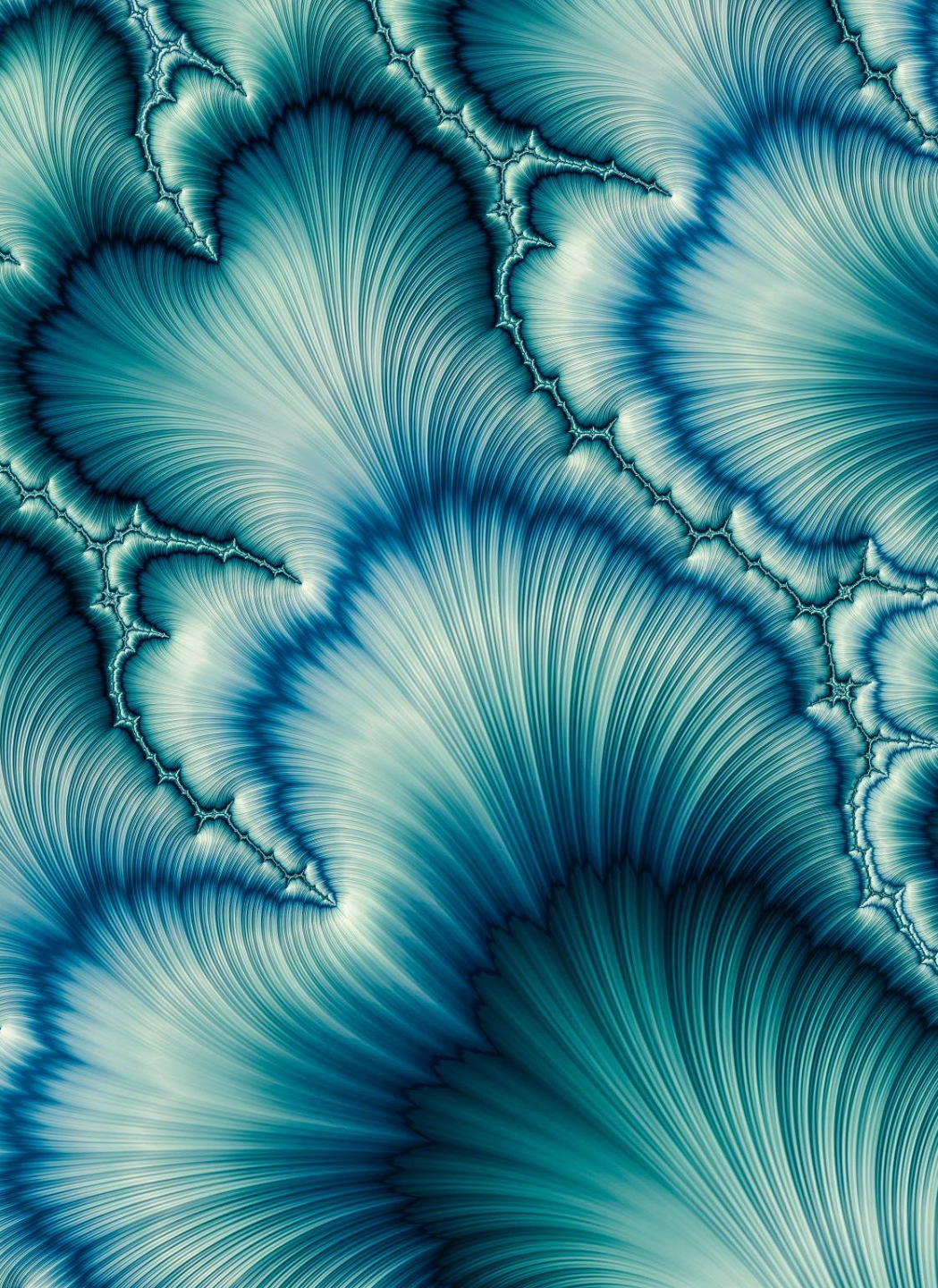
ORGANIZATION PROFILE

About: One of the biggest corporate healthcare groups in India, Krishna Institute of Medical Sciences (KIMS) Hospitals offers primary, secondary, tertiary, and quaternary healthcare at a reasonable price through its branches in Telangana, Andhra Pradesh, and Maharashtra. It was established in the city of Nellore in 2000 by heart surgeon Dr. Bhaskar Rao Bollineni. He opened a new hospital in Rajahmundry in 2002. It provides a wide range of specialties, such as bariatric surgery, neurosciences, organ transplantation, pediatrics, dentistry, fertility treatments, oncology, orthopedics, and gastroenterology.

KIMS Secunderabad has received NABH and NABL accreditation. With 1000 beds right now, it has been in existence since 2004 and is the KIMS group's flagship hospital. In 2015, KIMS Hospital received the first Green Operation Theatre accreditation in Andhra Pradesh and Telangana. The "Association of Health Care Providers India (AHPI) Award 2017" was given to KIMS Hospital in the field of "Patient Friendly Hospitals" in 2017. Abhinay Bollineni, the son of Dr. Bhaskar Rao, is currently the CEO of KIMS Hospitals.

Our Mission: Providing affordable quality care to our patients with patient-centric systems and processes. Enable clinical outcome-driven excellence by engaging modern medical technology & provide a strong impetus for doctors to pursue academics and medical research.

Our Vision: To be the most preferred healthcare services brand by providing affordable care and the best clinical outcomes to patients. And to be the best place to work for doctors and employees.

An abstract, fractal-like pattern in shades of teal and blue, resembling a microscopic view of a mineral or a complex biological structure, occupies the left side of the slide.

INTRODUCTION

- Hospital bed management, which includes the strategically allocating, coordinating, and utilizing of beds to guarantee effective patient flow, optimal resource utilization, and high-quality service delivery, is a crucial job within healthcare institutions. It is important in resolving the difficult problem of balancing the need for patients with the supply of beds and resources. Admissions, transfers, discharges, and bed turnover are a few of the interconnected procedures that go into managing hospital beds.
- Hospital bed management is important because it has a direct bearing on patient outcomes, healthcare effectiveness, and cost-effectiveness. Reduced wait times, better patient access to care, and increased patient satisfaction are all benefits of effective bed management techniques. Hospitals can efficiently handle capacity issues, reduce congestion, and allocate resources effectively by optimizing bed utilization. However, managing hospital beds is not without its difficulties.
- In recent years, the integration of technology has revolutionized hospital bed management. Advanced bed management systems, electronic health records, and data analytics provide real-time insights into bed availability, patient acuity, and resource utilization. These technological advancements enable healthcare professionals to make data-driven decisions, optimize bed allocation, and facilitate effective coordination among different departments.

STUDY RATIONALE

The project aims to improve the efficiency of hospital bed allocation turnaround time, which refers to the process of promptly assigning beds to patients based on their medical condition and urgency of care. The objective is to enhance patient care management within the healthcare system.

The project focuses on several key aspects:

1. Medical Attention Given To Patients Timely.
2. Limited Resources to be used optimally and efficiently.
3. Smooth Patient Flow and Improved Capacity Management.
4. Enhanced access of Health Services have positive patient outcomes.
5. Importance of positive patient experience.
6. Efficient bed allotment systems allocate resources effectively during emergency situations.

Rationale: To determine the patient is allotted to specific hospital beds as per preferred room within given Turnaround Time.



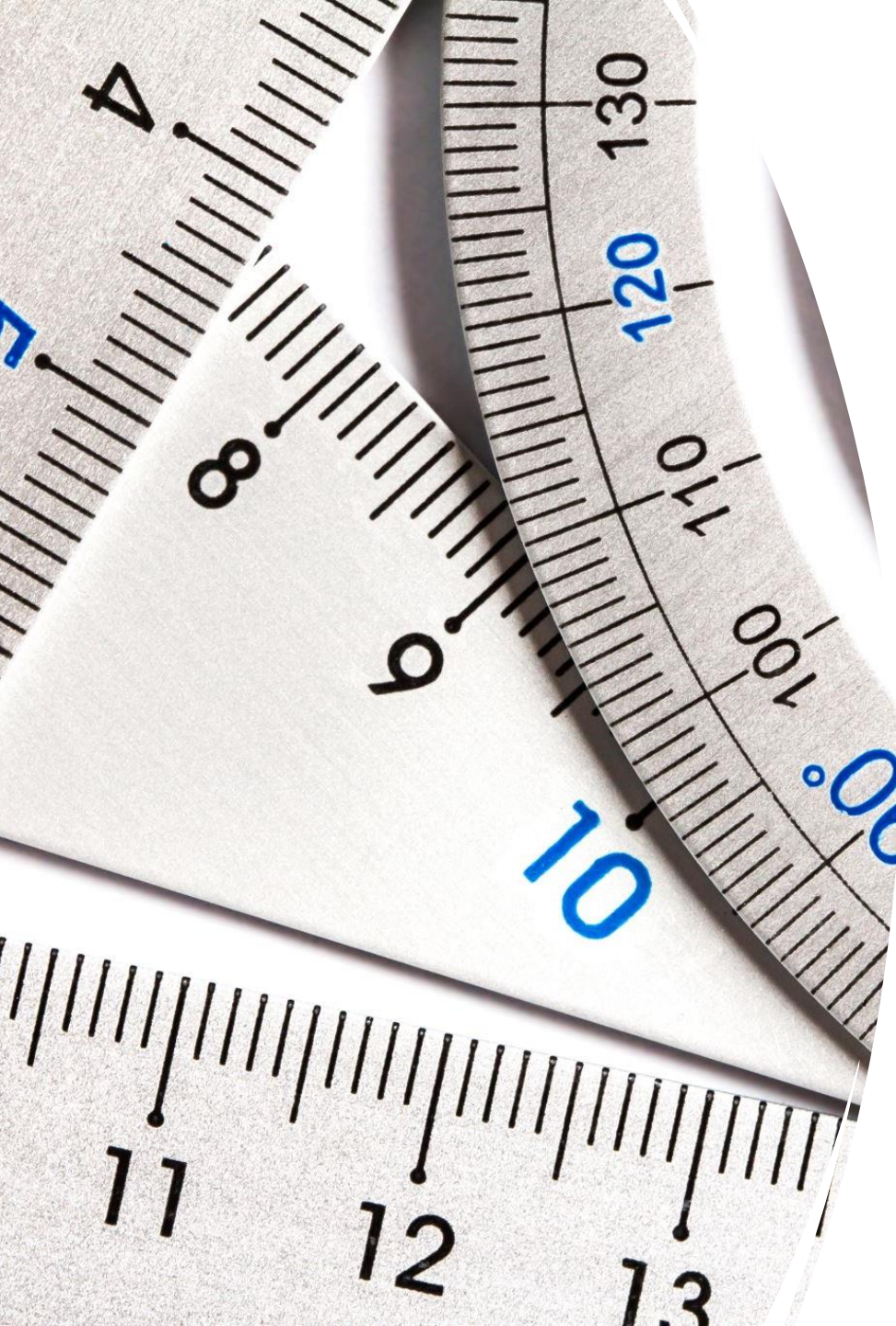
RESEARCH QUESTIONS AND OBJECTIVES

RESEARCH QUESTIONS:

- What is the current duration of the hospital bed assignment process for patients?
- What is the effect of delayed bed allocation on the flow of patients in the hospital?
- In what ways does delay bed allocation affect the efficiency of hospital?
- What factors contribute to longer bed allotment turnaround times in hospitals?
- What strategies can hospitals implement to reduce bed allotment turnaround times?

OBJECTIVES:

- To determine the current turnaround time for hospital bed allocation.
- To study the impact of delayed bed allocation on the efficiency and efficacy of patient flow within the hospital.
- To examine the effects of delayed bed allotment on the productivity and effectiveness of hospital operations.
- To recommend approaches for increasing the efficiency of bed allotment and streamlining patient flow in the hospital.



METHODOLOGY AND DESIGN SAMPLING

STUDY DESIGN: The methodology of this study is cross sectional observation design.

SETTINGS: The study will be carried out in hospital with multiple super specialty departments located in metropolitan area.

STUDY POPULATION: No exclusion criteria will be employed, and the study will encompass all patients who require hospital admission.

STUDY TOOLS: Data collection for the study will be carried out using HIMS software, Excel Files of Bed allotment for each day to gather information on bed allotment TAT, patient flow, and hospital efficiency.

DURATION OF THE STUDY: This study will take place for a period of three months from March to May within the due of internship.

SAMPLE SIZE: All patients who require hospital admission during the study period will be included in the sample size for the study.

SAMPLING TECHNIQUES: Non-probability convenience sampling will be employed to select patients who fulfil the inclusion criteria.

DATA COLLECTION PROCEDURE: This study will collect data using two methods: observations and record reviews. Observations will be used to evaluate bed allotment TAT and patient flow in different hospital settings, while record reviews will be carried out to obtain information on hospital efficiency metrics such as length of stay and bed occupancy rates.



PROCESS MAP OF HOSPITAL BED ALLOTMENT TURNAROUND TIME

There are certain steps by which the bed is allocated to patients within specific interval of time and for smoothening the allotment procedure:

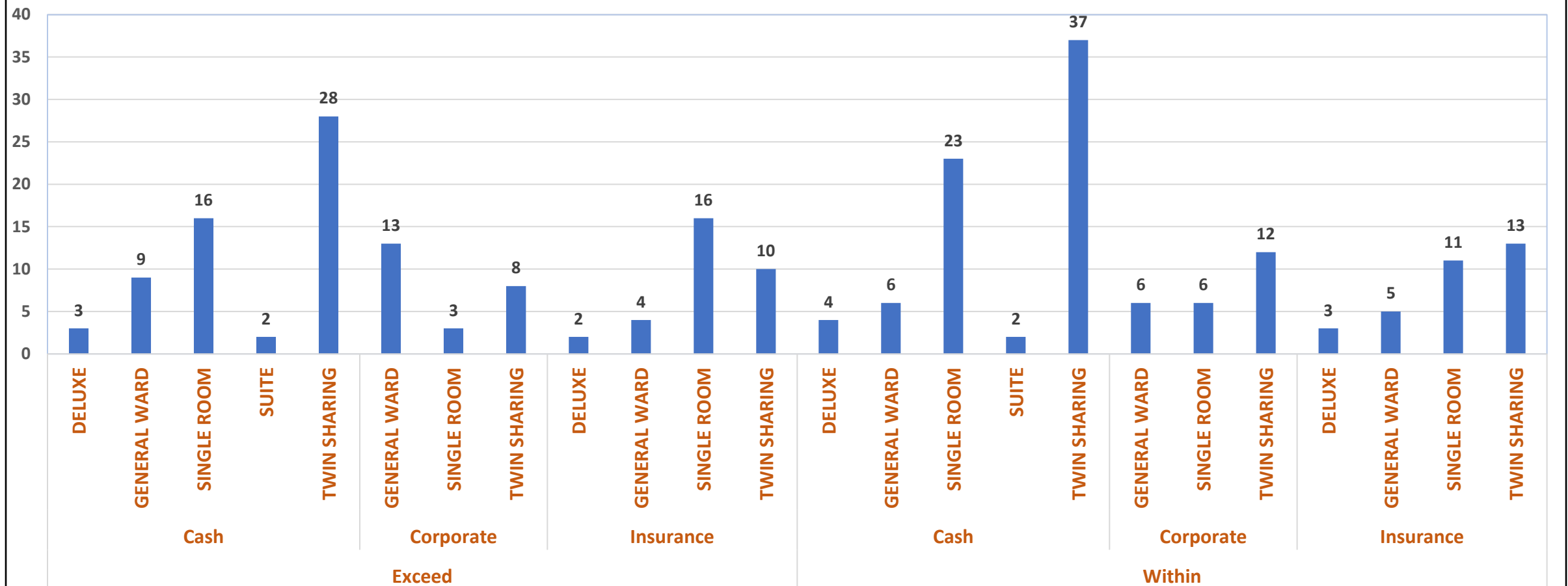
- **Patient Admission:** The patient checks in at the hospital and completes the registration process. The triage team evaluates the patient's state and determines the patient's priority level.
- **Bed Request and Availability Check:** Accepting a request for a bed made by a medical practitioner. The bed request is received and examined by the bed management team. The bed management team investigates the availability of beds in the specified specialty or unit.
- **Bed Allocation:** Bed management team assesses the patient's clinical needs, specialty requirements, and bed availability. Suitable bed is assigned to the patient. If the requested bed is not available, alternative options are considered. Bed allocation is communicated to the nursing unit or care team.
- **Bed Turnover Process:** Patient is taken out of the designated bed. The bed discharge is communicated to the housekeeping personnel. Cleaning and bed preparation are started by housekeeping workers. The preparation and cleaning of the bed are finished. When a bed is made, housekeeping personnel alerts the bed management team ready for allocation.
- **Patient Transfer (if applicable):** Coordinating is done between the appropriate teams when a patient needs to be transferred to a different unit or specialty. A patient transfer has been planned, guaranteeing a seamless transition.
- **Continuous Monitoring and Reporting:** The bed management staff keeps track of how long it takes for beds to be discharged. Performance indicators are monitored and kept track of, including average bed turnover time. Data analysis is used to find the causes of long turnaround times.
- **Process Improvement and Optimization:** Identified bottlenecks and challenges in the bed turnover process are addressed. Different strategies are executed to streamline bed cleaning and preparation activities. Communication and coordination among stakeholders are enhanced to expedite the process. Ongoing monitoring and feedback loops are established to track the impact of process improvements.

PROCESS FLOW



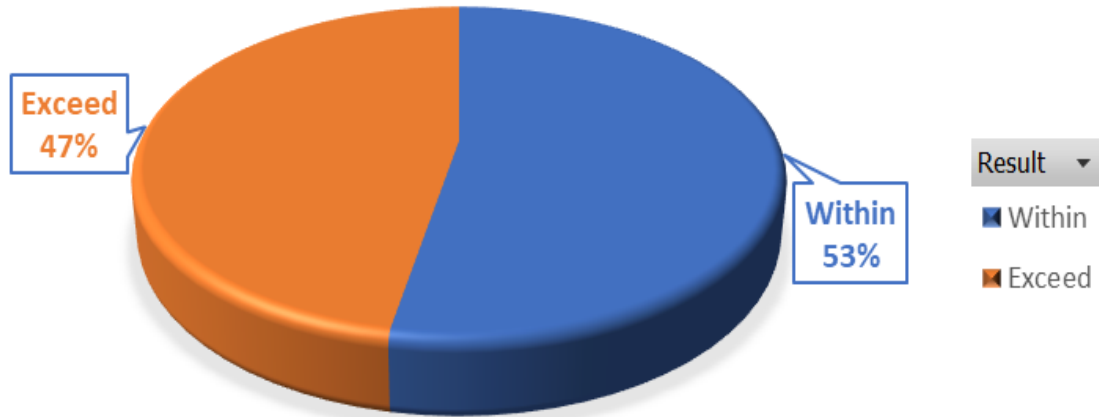
RESULTS AND DISCUSSION

ANALYSIS OF TAT IN ACCORDANCE TO PAYER TYPE AND ROOM

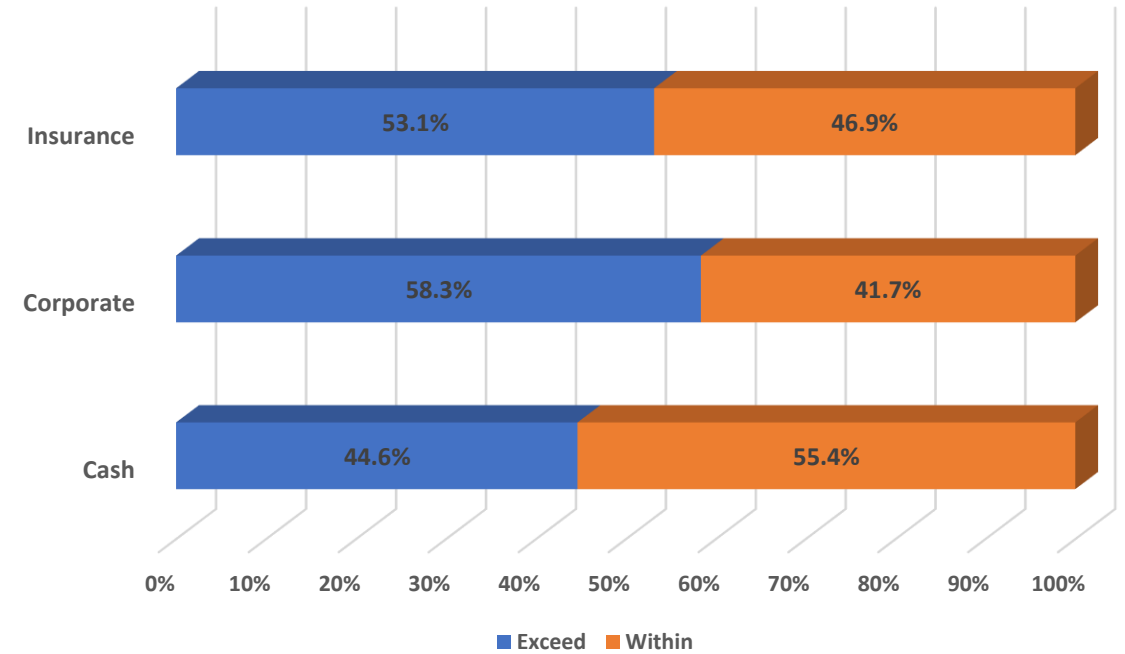


Count of IP/UMR No.

TOTAL TAT OF BED ALLOTMENT



PAYER TYPE WISE

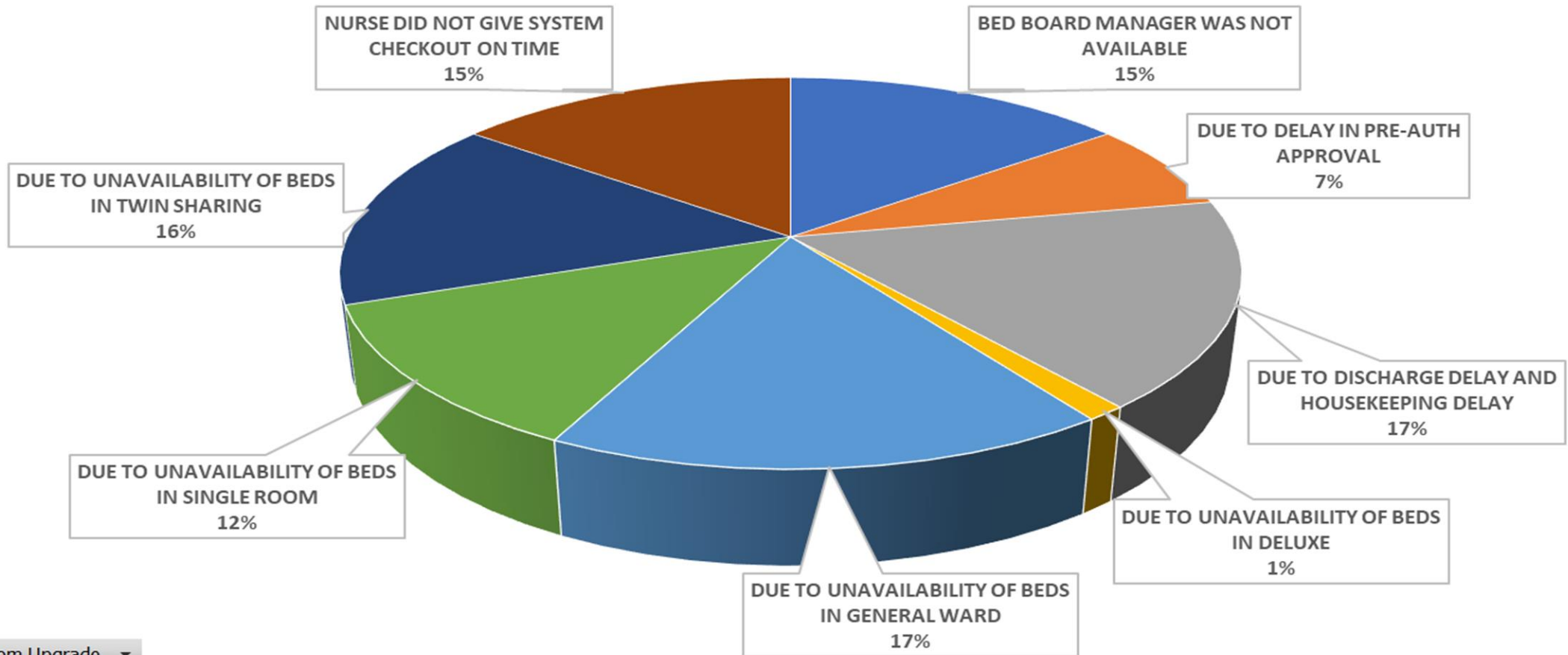


RESULTS AND DISCUSSION

RESULTS AND DISCUSSION

Count of IP/UMR No.

DELAY REASONS



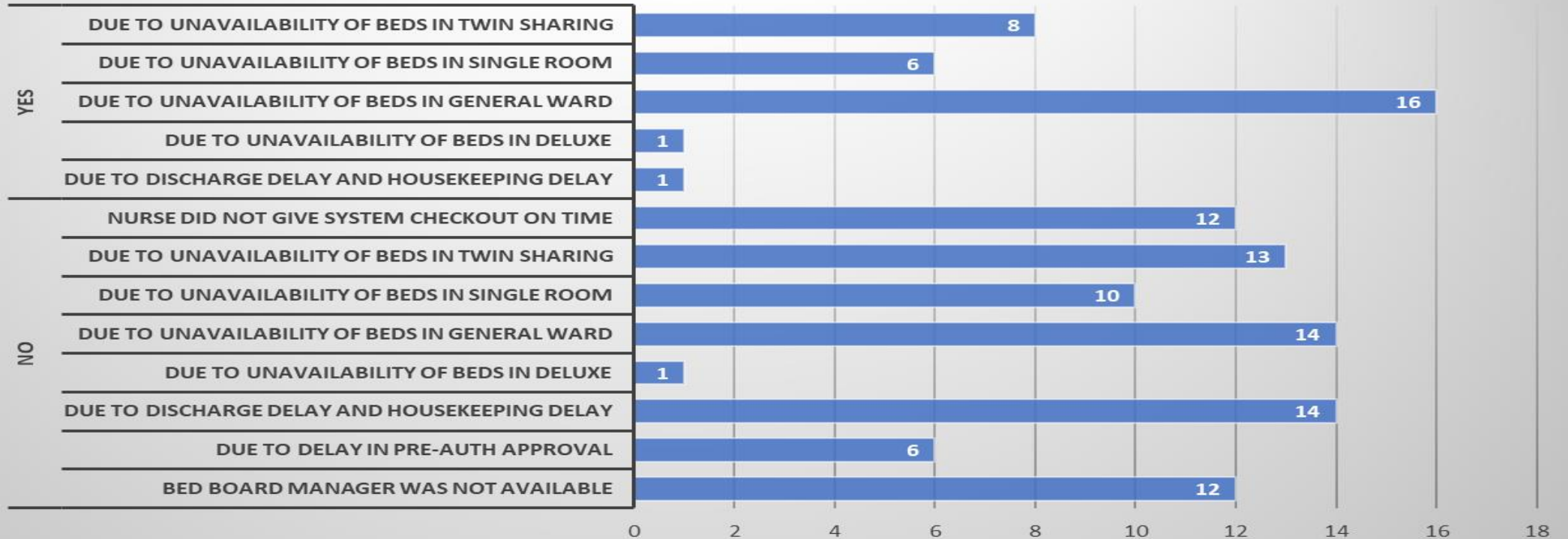
Room Upgrade ▾

RESULTS AND DISCUSSION

Count of IP/UMR No.

Room Upgrade As Per Delay Reason

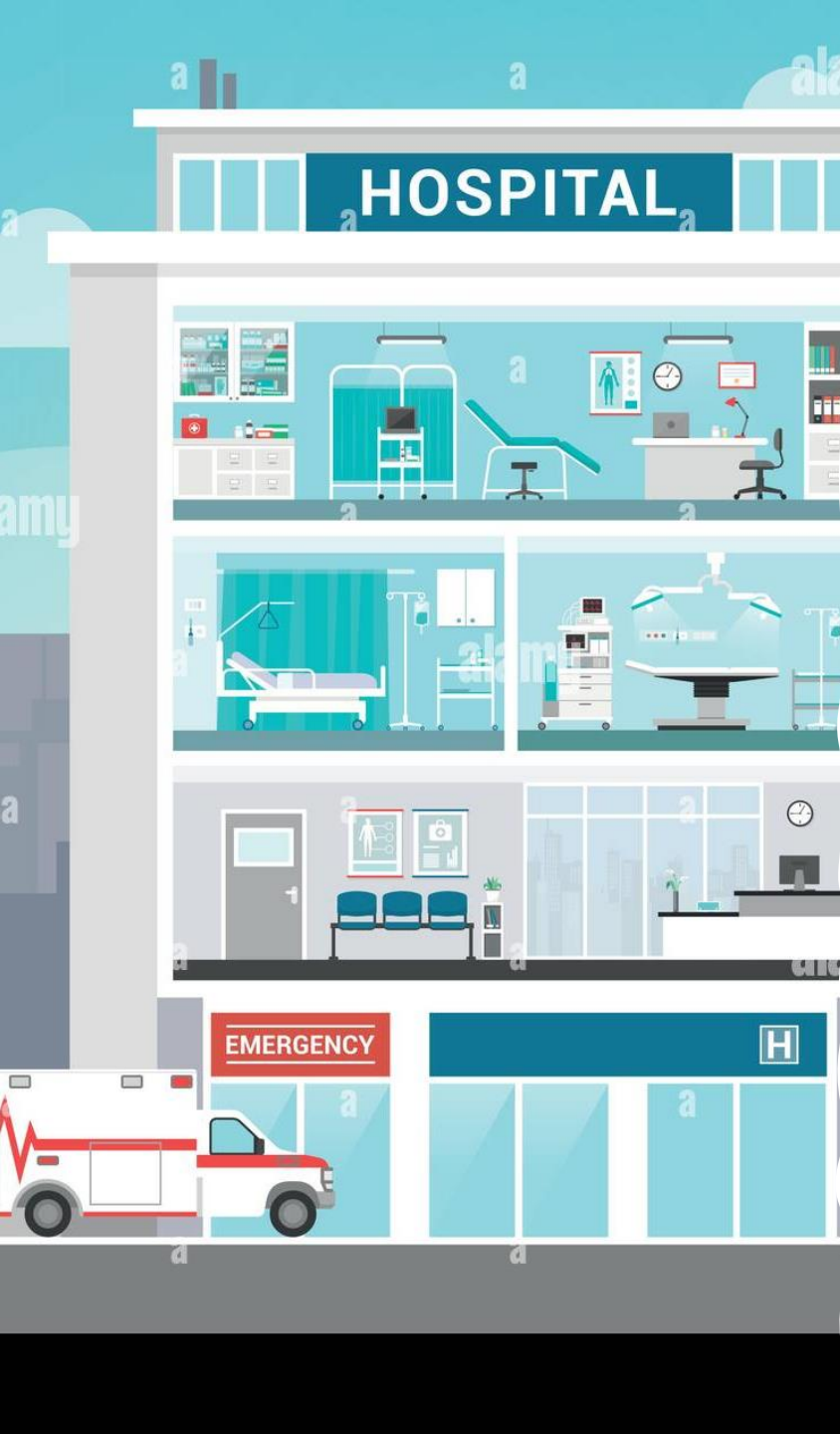
Room Upgrade
DELAY REASON



RESULTS AND DISCUSSION

- Turnaround Time generally exceeds for Single Room and Twin Sharing in Payer Type like Cash and Insurance Patients.
- Due to low count of General Ward Beds, the demand for Twin Sharing and Single Room rise dramatically.
- The Bed Allotment Turnaround Time exceeds in maximum cases regardless of room type and department wise.
- As per the payer type, Turnaround time increases in Corporate Patients and totally increase the overall TAT of Bed Allotment in Hospital.
- Due to absence of Bed Board Manager and late in housekeeping services leads to late in bed allocation of new patient and admission.





CONCLUSION

- A crucial part of healthcare operations is hospital bed management allocation turnaround, which has a direct bearing on patient flow, resource use, and overall treatment quality. In this paper, the subject of bed management turnaround was assessed, and important findings and feedback for enhancing these important procedures were provided.
- The research consists of a cross-sectional study approach that sequenced quantitative analysis with qualitative examination. This approach allowed for a full understanding of bed occupancy rates, patient admission, and discharge trends, as well as the perspectives of the medical staff. In order to give a thorough understanding of the difficulties and complexity in bed allocation turnaround time, these strategies were combined.
- The results led to the identification of several solutions for improving bed management allocation turnaround. Implementing automated bed tracking technologies, creating efficient communication procedures amongst healthcare teams, streamlining the discharge planning procedure, and encouraging a collaborative and accountable culture are a few of these. When put into practice, these solutions have the potential to improve overall healthcare delivery, decrease patient wait times, and streamline bed management allocation.
- The accomplishment of this project is evidence of the worth of initiatives for ongoing improvement and the significance of actively soliciting input from patients and employees. It demonstrates KIMS Hospital Secunderabad dedication to provide top-notch medical care and guaranteeing patient satisfaction.

OBSERVATION ON HOSPITAL BED ALLOTMENT TURNAROUND TIME



- Bed Variance Occurs Frequently like moving patients directly to beds without prior notice.
- Information on gender not present especially for Gynecology Ward Twin Sharing Room for bed allocation.
- After discharges, attender waiting in room for discharge summary or to meet Doctor or for transportation arrangements.
- Although bed allotment is based on payer type but still cash patient are waiting for their allocation of beds.
- Nursing station raising bed transfer request to transfer patients to different ward without notification.
- IT issues are frequent as system slowdown and sometimes approve button is not saving transfer request.
- During Shift change in evening, lack of personnel leads to system checkout delay from nursing station.
- In floors, sometime manual checkout is given due to which no information on room is available in system.
- Shortage of General Ward, leads to upgradation of rooms which fills up upper rooms much quicker.
- Patients, Floor Manager, financial counsellor, security, doctor, doctor secretary are directly coming to bed board room.

SUGGESTION ON HOSPITAL BED ALLOTMENT TURNAROUND TIME

- There can be a better communication between bed board manager and every floor manager and nursing station to reduce information gap.
- Proper information can be present in system and floor manager to confirm the gender of patient present in room before bed transfer for shared accommodation.
- Discharge Lounge must be present for non-critical patient and attender using the room after system checkout is given to patient.
- During busy hours, certain beds can be kept based on payer type for allotting the beds without delays.
- Some personnel may be present in evening to give system checkout and to provide correct information on vacant beds on floors.
- IT issues may be resolved in weekend and allot beds more efficiently and some IT changes can be made in Software to fasten process of allotment.
- Security can be provided with digital device to update the information on physical checkout directly to system for smoothening the process of allocation.
- More infrastructure needed for general ward, to lower the upgradation rate slow down the filling up of upper room faster.





THANK YOU

