Internship at
Wockhardt Hospital, Nagpur

By

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Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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THE PROBLEM AREAS OF VARIOUS DEPARTMENT OF WOCKHARDT HOSPITAL, NAGPUR

About Wockhardt Hospital, Nagpur:-

- It is 118 bedded hospitals offering super specialty care.
- The scope of services is orthopedic (trauma surgery, total knee replacement, total hip replacement) , neurology & neurosurgery(craniotomy, minimal invasive surgeries for brain & spine) cardiac surgeries(coronary artery bypass grafting, valve replacements) & transplant(liver, kidney).
- It provides Emergency, Outpatient department, Inpatient department, X-Ray, CT Scan, MRI, Laboratory , Echocardiography, Treadmill testing, Pulmonary function test, Dialysis, well equipped Intensive care unit ,Operation Theatre, Cath Lab & Rehabilitation Services.
- This hospital was established in 2008 in the heart of Nagpur City.

The Problem Areas of Various Department of Wockhardt Hospital, Nagpur:-

A) Marketing Department:-

Wockhardt Hospital Nagpur has corporate tie ups with a number of organizations which are private, Government, Semi- government etc. The MOU (agreement between Corporate and Wockhardt Hospital, that has to be followed by each department of hospital), is mailed to every concerned department, mentioning about patient service touch points; there arises situations where the provider is unable to handle FAQs of different credit agreement cases. As a result there are miscommunications and disappointment in expected services quality from the patients or customer point of view.

- The corporate relationship associate person has to repeatedly coordinate activities and involved.
- For example, it was observed on a corporate call at TATA MOTORS for recovery work.
- What it was observed, there were repeated calls to Corporate Associate from our Customer Care patient, Billing as well as Pharmacy Department at numerous occasions asking him how to handle the client in front of them. This is followed by a series of disappointments for,
    - ✓ The customer or patient
    - ✓ Service touch points and most importantly Wockhardt as well
    - ✓ The marketing department

Solutions:-

- For the above mentioned problem, the solution is like, the FAQ list for each department should developed by Customer Care In charge.
- In that every detail like the client we serve, depending on the agreement that is signed with the letter.
- Thus whenever any such situation would arise the hospital satff can go through the list.

B) Medical Administration Department:-

The process for discharge summary typing in Inpatient department is following,

1) Data entry operator started typing the discharge summary from the file (it contains final diagnosis, treatment drug names mainly, history, on examination findings, investigation, hospital stay, condition at the time of discharge, other investigation, further follow up), the RMOs are updating the files with notes, hospital stay, diagnosis done etc. in daily basis.

2) After typing, the discharge summary is checked by a medical officer. There is a medical officer assigned for checking the discharge summary for both the level.

3) After checking done by RMO the discharge summary is typed again by the data entry operator.

4) Then this discharge summary is going to respective consultants' chamber in OPD for final checking. It is then again corrected by the consultants and retyped again.

Problem/Observation:-

1. The RMOs are not updating the file in regular basis
2. The data entry operators started typing the discharge summary at the day of discharge.
3. In the file the notes wrote by RMOs as well as after corrections also are not legible.
4. In between typing of discharge summary the data entry operator is busy with diagnostics (CT scan, MRI for IP patients) reports.
5. During typing there were spelling mistakes, typing errors etc.
6. There is register to maintain the time of discharge summary typing, but that register is not maintained properly.

Solutions:-

1. The content of format can be improved to reduce the time

2. Discharge should be planned tentatively

3. The data entry should be started at least 2 to 3 days before discharge

4. Can train the data entry operator (medical terminology) to reduce the typing error as well as time

5. Can have a meeting with RMOs where we can tell them how to write notes

C) Billing Department:-

Health checkup is one key operational area in the billing department. There we have patients coming from outpatient department referred by doctor as well as appointment based mainly corporate clients & pre booked walk in patients. There are a number of procedures included in the health checkup packages which varies with each package requirement offer. Fasting blood sugar, ECG, XRAY, USG, TMT/ECHO are included in almost every package. In this health checkup almost it will take 6 to 7 hours including consultation, sometimes more than that, I collected 20 samples (appointment based).

Problem/Observations:-

1. In X-ray there are other walk in patients coming for consultation in OPD, Inpatients, other health checkup patients who are referred by consultants(emergency as well as OPD), so the waiting for X-ray is increased.
2. After 10am the OPD nurses are busy assisting consultants, TMT, ECHO etc. procedure.
   TMT technician came 10.45 am, then he came to the counter and started writing the patients name that are registered for TMT test
3. The physician consultation is also time consuming, as they have in patient round, OPD patients for consultation, lastly they attend health checkup patients.

Solution:-

1) We can schedule after giving fasting blood, then he/she will go for directly to X-ray.
2) We can schedule the whole process with time.
3) Consultants need to be on time.
4) TMT should start earlier

D) Nursing:-

Nursing Department includes nurses, their quality assurances practices, infection control personnel, and practices from patient medication administration to overall patient care.

OBSERVATIONS:-

I have observed the problem areas from Infection Control perspective.

I observed on certain parameters like,

- ✓ Bundle check list(Catheter associated Urinary Tract Infection, Ventilator Associated Pneumonia, Central Line Associate Blood Stream Infection)
- ✓ Vasofix (Tegaderm or Dynaplast)
- ✓ Medication sticker(hand written) present or not
- ✓ Bio medical waste segregation & cleared in time or not
- ✓ During medication administration procedure hand washing or rubbing done or not, catheter, central line procedure using of Personal Protective Equipment done or not.

I observed this parameter in Patient wise in level 4^{th}, 5^{th} & Medical ICU.

The things which are I observed,

- ✓ Bundle check list is not properly filled in wards.
- ✓ The notes which are written by nurses are not legible sometime, sometimes they continued with the same like one patient's catheter was removed but nurses are continued with the same note.
- ✓ Sometimes after catheter procedure not washing hands properly.
- ✓ During peripheral line procedure nurses are not wearing gloves in MICU.
- ✓ Central line medication administration not wearing gloves.
- ✓ Bio medical wastes are not cleaned properly.
- ✓ Hand washing practices is very poor in levels.
- ✓ The inventory management is not proper.
- ✓ The hand written medication sticker is absent, I asked them to do they said they'll do it later, but it is absent till 1 hour.
- ✓ The in charge nurses are not so strict enough

SOLUTIONS:-

- ✓ Conducting CME on Infection Control
- ✓ Conducting classes for nurses
- ✓ Weekly auditing for nurses