

Study on Conversion of Patients from Out-Patient Department to In-Patient Department

By

Roma Agarwal

*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

Academic year, 2016-2018



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TO WHOMSOEVER MAY CONCERN

This is to certify that **Roma Agarwal** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Wockhardt Hospitals, Nagpur from 5th February 2018 to 5th May 2018.

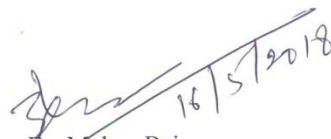
She has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific, and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.



Col. (Dr.) Ashok Kaushik
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Assistant Professor
The IIHMR University, Jaipur

May 5, 2018

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms Roma Agarwal** (Student of Indian Institute of Health Management Research University, Jaipur) has successfully completed her Summer Training from 05/02/2018 to 05/05/2018.

She has done project on

1. A study on conversion of patients from out-patient department to in-patient department at Wockhardt Hospitals, Nagpur.

During her aforesaid tenure, she has been found to be extremely honest, regular and sincere.

For Wockhardt Hospitals Ltd.

P. Santosh
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “**A study on conversion of patients from Out-patient department to In-patient department**” and submitted by **Roma Agarwal, MBA-HM(21); 0484** under the supervision of Dr. Mohan Bairwa for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 5th February 2018 to 5th May 2018 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.

Roma Agarwal -
Signature

ABSTRACT

A STUDY ON CONVERSION OF PATIENTS FROM OUT-PATIENT DEPARTMENT TO IN-PATIENT DEPARTMENT

- Roma Agarwal

1. BACKGROUND

The OPD is considered as the landing place in a hospital. Patients from various areas, locations, as well as seeking different services come to the hospital. There are various touchpoints, or service touch points as we call them, where patients seek services offered by the hospital. The conversion data from the out-patient department to the in-patient department, will provide us with the idea of number of patients (out of the total advised for admissions) that are converted to in-patient department (admission to wards) giving the number actually getting converted. The next step would be to calculate the number of non-conversions, i.e. the patients not getting admitted even after advice for admissions, their reasons for the same.

2. RESEARCH QUESTION:

- What is the percentage of conversions of patients (from those advised) from out-patient department to in-patient department?
- What are the reasons for non-conversions?
- What is the profile of admissions in the hospital?

3. OBJECTIVES

- To calculate the conversion of out-patients to the in-patient department
- To determine the reasons for non-conversions
- To describe the profile of the admissions

4. METHODS

4.1. STUDY DESIGN- The study design is a Cross-sectional study with descriptive design. The data of converted patients was recorded daily and at the end of study duration it was analyzed based on the reasons for non-conversion and the details of the ones getting converted.

4.2. DURATION OF STUDY-The study duration was from 1-Mar-18 to 30-Apr-18

4.3. SAMPLE SIZE-The sample size is 280, including all patients advised for admission.

4.4. SAMPLING TECHNIQUE-Purposive Sampling, including patients advised for admission into in-patient department.

4.5. SAMPLE SELECTION- Inclusion Criteria- Patients coming to out-patients department and further advised for admission by consultants.

Exclusion Criteria- Emergency cases converted to in-patient department.

4.6. DATA COLLECTION PROCEDURE-Primary data would be gathered, analyzing the consultant's prescription copies to collect the data of the ones advised for admission.

4.7 DATA ANALYSIS PROCEDURE-The data would be analyzed using MS-Excel. Firstly, the total number of patients visiting opd and those that are advised for admission would be calculated. Out of the total advised, the ones getting converted would be recorded and the reasons for non-conversion analyzed.

5. RESULTS

The following were the results of the total sample data-analysis:

☐ Conversion of OP patients to IP Admissions-

a) **Admitted**- 81%

b) **Not-Admitted** – 19%

☐ Doctor's Category-wise admissions-

a) Physician's- **Admitted**- 78%; **Not-Admitted**- 22%

b) Surgeon's- **Admitted**-86%; **Not-Admitted**- 14%

☐ Reasons for non-admissions:

a) Follow-up after children's exams

b) Awaiting approval from respective credit authorities

c) Not willing

d) Financial reasons

e) Location constraints (outskirts of Nagpur)

☐ Analysis of Admitted Patients

a) First-consultations/Follow-up based admissions- **C**- 63%; **F**- 37%

b) Medical/Surgical based admissions- **M**- 74%; **S**- 26%

c) Cash/ Credit based admissions- **Cash**- 69%; **Credit**- 37%

d) Length of stay- **(1-5)days-64%; (6-10)days-27%; (11-16)days- 8%; (17-22) days-1%**

6. CONCLUSION:

In my study, conversion of OP patients to IP admissions was 81%.

Major reason for non-conversions- patients were not-willing for admissions; other reason cited were financial reasons, location constraints (outside of Nagpur), following later after children's exams and awaiting approval from respective credit authorities.

Of the total admitted, 63% were first-consultations; rest were follow ups .

74% were medical, and rest were surgical admissions.

Cash-based admissions were 69% and credit-based were 31%.

Majority of the admitted patients had a length of stay for (1-5)days-64%; (6-10)days-27% and the rest 9% had a length of stay greater than 10 days.

ACKNOWLEDGEMENT

It has been a privilege to undergo my Internship at Wockhardt Hospitals, Nagpur. These two months of training have gotten me with an extensive knowledge on medical as well as non-medical departments in a hospital and the various duties involved within. Each day in this period, was filled with various experiences and learnings and till the end of the day I was so grateful for the entire day's experiences and lessons it got with it.

Firstly, I would sincerely like to thank Dr. Clive Fernandes, Clinical-Director, Wockhardt Hospitals and Mr. Amiya Sahoo, Lead- Human Resources, Wockhardt Hospitals, for giving me the opportunity to be a part of this reputed organization.

I would like to convey my gratitude to K. Sujatha, Centre-Head, Wockhardt Hospital, Nagpur(N2) and Mr. P. Santosh, Lead-Human Resources, Nagpur, for always being so agreeable and helpful in all my endeavors. I would also like to express my sincere greetings and thank Mr. Pankaj Vaishampaiyan, H.O.D- Marketing, for being my mentor and for showing keen interest, encouraging appreciation and solemn advice throughout the project.

I would also thank all the staff of the hospital for being co-operative and helpful throughout my time here without which my project wouldn't have been successful.

I am highly obliged to my mentor at The IIHMR University, Dr. Mohan Bairwa for helping me from the beginning of this project throughout and till its completion, guiding me at every step.

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LIST OF ABBREVIATIONS

OPD- Out-patient department

IPD- In-patient department

C- First-time consultations

F- Follow-up visits

M- Medical

S- Surgical

TPA- Third-party administrator

INS- Insurance

NA- Not applicable

LOS- Length of stay

A STUDY ON CONVERSION OF PATIENTS FROM OUT-PATIENT DEPARTMENT TO IN-PATIENT DEPARTMENT

1. BACKGROUND

The OPD is considered as the landing place in a hospital. Patients from various areas, locations, as well as seeking different services come to the hospital. There are various touchpoints, or service touch points as we call them, where patients seek services offered by the hospital. The conversion data from the out-patient department to the in-patient department, will provide us with the idea of number of patients (out of the total advised for admissions) that are converted to in-patient department (admission to wards) giving the number actually getting converted. The next step would be to calculate the number of non-conversions, i.e. the patients not getting admitted even after advice for admissions, their reasons for the same.

2. RESEARCH QUESTION:

- What are the number of patients those are advised for admissions in the out-patient department?
- What is the number of conversions to in-patient department from those advised?
- What are the reasons for non-conversions?
- What are the parameters for different medical and surgical-bases admissions?

3. OBJECTIVES

- To identify the patients who are advised for admission from the out-patient department.
- To calculate the conversion of out-patients to the in-patient department.
- To determine the reasons for non-conversions
- To assess the results of conversion on different parameters

4. LITERATURE REVIEW

Hospitals come across two big challenges for having to stay profitable. Firstly, they must be continuously working to get new patients to discover their hospital, and secondly, most one of the important aspect, is to get as much revenue from each patient visit in their premises. The second one is significant but is also the least understood process due to characteristic limitations. For multi-specialty or super-specialty hospitals, OPD is like a landing place somewhere patients first land. Based on the treatment advised on OPD records, mostly prescriptions, patients can either use diagnosis, pharmacy, or IP services in the hospital or from others who provide similar services outside.[\(1\)](#)

Every effective marketing campaign works persistently toward lead conversions. Our primary objective is to let our patients know, what we offer. They also need to be aware of “why” it is important to them and why they ought to take the next step. Lead conversions aren’t a onetime event. It is a sequence of steps purposefully intended to move the prospect closer to becoming a patient.

Each and every lead is a potential new customer. Our duty as a healthcare marketer is necessarily to turn those leads into satisfied, loyal patients. The patient’s journey starts with the very first instance he/she meets the practice and ends with turning into a pleased patient. All of these involves three steps- (1) Awareness. In this step, the patient tries to identify a need. The marketing content should primarily focus on educating the patient on the problem. (2) Consideration. The patient now undergoes understanding of the problem after which, he/she moves to the step of seeing his or her options. At this moment, we are to present detailed information about the various solutions that are available and an in-depth content like guides or videos featuring physicians and other services we offer. (3) Decision. This step, the patient reflects which practice could meet his/her requirements founded on specific propositions and assistances.[\(2\)](#)

5. METHODS & METHODOLOGY

The OPD is considered as the landing place in a hospital. Patients from various areas, locations, as well as seeking different services come to the hospital. There are various touchpoints, or service touch points as we call them, where patients seek services offered by the hospital. The primary service touchpoint as considered in the hospital is the out-patient departments. There is the reception desk where patients solve the queries related to the services that they seek. At the reception desk, the queries of the patient's profile areas are solved, then he/she moves on to the out-patient areas, the department asking for services which are to be offered, consultations, be it first-time consultations or follow-up visits. There is a certain waiting time, which varies with the customer has to go-through, depending on the flow of patient's ease which would vary from one organisations to another. Then, what follows is a series of consultations, diagnostics as well as laboratory tests which would vary with the patient's conditions as well as the specialty consultation the patient is seeking. After this, the patient goes through the diagnostics or the various laboratory tests, according to which further consultation would depend. This entirely varies with the patient's conditions and the consultant-in-charge. After this, the follow-up is continued, in any form, whether that same date or the following days, depending on the will of the customer, the consultant's availability and the time for report generation as well.

What a marketing department works on is to calculate the conversions of the opd patients. What this means is that to see how many, out of a certain number of patients who come for consultations to specific consultants, are advised for admissions to the in-patient department and are then further admitted. The conversions numbers consist of the number of patients advised, out of which we calculate the numbers who are converted and then the ones that are not converted. Analysis is done on the factors for non-conversions and then the numbers for various reasons for non-conversion reasoned, to find out which reason contributed to majority of the reason for non-conversion, and if we get a reason which would amount to the majority percentage then further steps would be taken to mitigate that point. In this way, the concerned personnel get the data for which the organization is losing patients, and further steps ought to be taken so that the hospital does not lose potential patients due to reasons which could be easily mitigated, found out and increase our revenue.

The conversion parameters were further subdivided into various categories, including whether the patients coming for consultations were those coming for the first time or follow-up patients, the patients admitted were further those for medical management or surgical

admissions; these were cash or credit patients, and if credit, then to which company type they belonged to, i.e. TPA, insurance, govt or corporate and further corporate type, whether those of private corporate, government or semi-government. The conversion parameters tell a lot about our patient-base, their corporate types and their medical or surgical cases for which they are being admitted. The above-mentioned data us those of the patients who were admitted, for the patients those were not admitted a different analysis and data collection was done. For this first, a total of the patients those who would come for consultation in the out-patient department is collected. After keeping a record of all those who come for consultations, the next step was to find out the number of them, out of the total number those were advised. This would give us the total number of advice for admissions on a daily basis. Entering these, and then tallying them with the number of admissions would give us the number of those converted, from the total number being advised. The next step is to see the ones those were not converted, the number would give us the percentage of non-conversions, the reasons and percentage of each reason. Thus, helping us identify the reasons which could be eliminated and further helping in increasing the number of conversions from out-patient department to the in-patient department.

In my method of collecting the data, firstly I had an entire overview of the functioning of the out-patient department of the hospital. In this, there were a few consultants those were there, in the entire department, but in my study, I was required to study only a few among them. After studying the entire departmental flows, for several days, I started taking note of the consultant's daily opd numbers. For keeping a record of the number of consultations that the consultants took, a record of the sheet, i.e. "Daily number of consultations and follow-up" sheet generated at the end of each day, was taken. This would give an idea of the total consultations done by each of the consultants in my study (physicians and surgeons). After this, I had to investigate the "pink slips" (the carbon copies of the prescriptions, of patients for each consultation by the concerned doctor). The pink slips, for each consultant, be it a physician or surgeon, was analyzed daily, to find the number of advised cases, i.e. the patients those were advised for admission, was recorded.

An "Inpatient Register List" was the source of data verification and data collection for the admitted patients. The register contains the list of all the patients those are admitted on a daily basis, with the record of the patient id-sticker, the room number, the type of choice of the room, whether, a multi-bed, twin-sharing, or a deluxe room. Further details included in

the register with the room number, the room type, is the type of bill generated, whether the patient is a cash patient, or a credit-one, if credit then the type of credit, (TPA, Insurance, Corporate etc.) then, the source of admission, whether the patient is coming from Emergency department, or is an OPD admission. Further entries in the register would be of the signatures of the concerned person who is taking the entry of the in-patient details and the signature of the relative of the patient. The column for the entry, whether the patient was from the casualty or the OPD was the place for checking the source as well as the patient's details, the concerned doctor, the date of admission as well as the UHID and IPID of the patient to get into the records of the file-details. The UHID was a help to get the bill-details of the patient from the OP registration desk, using the OP-Billing module of the HMIS of our organization. In it, with the help of the UHID of the patient, the entire bill-details of the patient is generated, which would further help in cross-verification as well as getting the entire bill-details of the particular patient coming to the hospital. This point was also the source of getting the details of whether the patient had come for first-time consultation or was a follow-up patient. The data entered was of the patient's name, the IPID, UHID, the date for OPD consultation as well as the date for IPD admission. The advice for admission was recorded, the concerned doctor, with the specialty as well as dividing the entire data by bifurcating the consultants into physicians and surgeons was recorded. The data had another list of various parameters that would be recorded after the details of the advised patients were converted into admitted patient's category. The ones advised, but not converted were grouped under non-admitted patients. Another, completely different parameters list was generated to analyze the data of the patients those were not-converted.

The samples collected were from the month of march till the end of April. The data was collected and entered into the file, after completion of which the analysis was carried out, dividing the sample into mainly admitted and not-admitted patients. The consultants were mainly divided into physicians and surgeon. The analysis of the admitted patients was mainly under the physicians and surgeon categories.

The entire primary method of data collection was overall divided into following steps of collecting number of advised cases of respective consultants, from the pink slips, and then follow-ups from the patients those were admitted and those who were not-admitted. The admitted ones were further analyzed into a number of parameters and the non-advised one's data was further collected from the out-patient department, and then were called to find out

the reasons for non-admission. The reasons were noted and analyzed.. A separate department under marketing, the direct-to-customer relationship team took the charge of follow-ups for the non-admitted patient. The pink slips too were sometimes quite helpful for the above-mentioned cases, i.e. sometimes when the consultants advised patients for admission, but these were not converted, then they themselves used to mention it in the prescriptions as advisee section- “Hospitalisation” and further- “not willing” which would give a clearer picture of the efforts put into conversions as well as the end result achieved and recorded.

5.1. STUDY DESIGN- The study design is a Cross-sectional study with descriptive design. The data of converted patients was recorded daily and at the end of study duration it was analyzed based on the reasons for non-conversion and the details of the ones getting converted.

5.2. DURATION OF STUDY-The study duration was from 1-Mar-18 to 30-Apr-18

5.3. SAMPLE SIZE-The sample size is 280, including all patients advised for admission.

5.4. SAMPLING TECHNIQUE-Purposive Sampling, including patients advised for admission into in-patient department.

5.5. SAMPLE SELECTION-Inclusion Criteria- Patients coming to out-patients department and further advised for admission by consultants.

Exclusion Criteria- Emergency cases converted to in-patient department.

5.6. DATA COLLECTION PROCEDURE-Primary data would be gathered, analyzing the consultant’s prescription copies to collect the data of the ones advised for admission.

5.7 DATA ANALYSIS PROCEDURE- The data would be analyzed using MS-Excel. Firstly, the total number of patients visiting opd and those that are advised for admission would be calculated. Out of the total advised, the ones getting converted would be recorded and the reasons for non-conversion analyzed.

6. ANALYSIS AND RESULTS:

Analysis of data under the following heads:

- i. Total Sample Analysis- (i)conversion number of OPD patients into IPD admissions; (ii) Not Admitted patient's data analysis
- ii. Conversion of patients from the following doctor's category (physicians/ surgeons)
- iii. Specialty-wise Conversions
- iv. Category of patients admitted(First consultations/ Follow-up)
- v. Type of admissions (medical/surgical)
- vi. Cash/Credit based admissions
- vii. Credit- Type of company
- viii. Length of stay of admitted patients

6.1. TOTAL SAMPLE ANALYSIS

The following analysis is the first step to the entire process, where the entire sample's first analysis is done. The total patients advised for admission are recorded. The advised for admission patients are then bifurcated into admitted patients and not-admitted patients.

The not-admitted patients are then categorized firstly, into physicians and surgeons non-admissions and then the reasons for non-admissions are further analyzed.

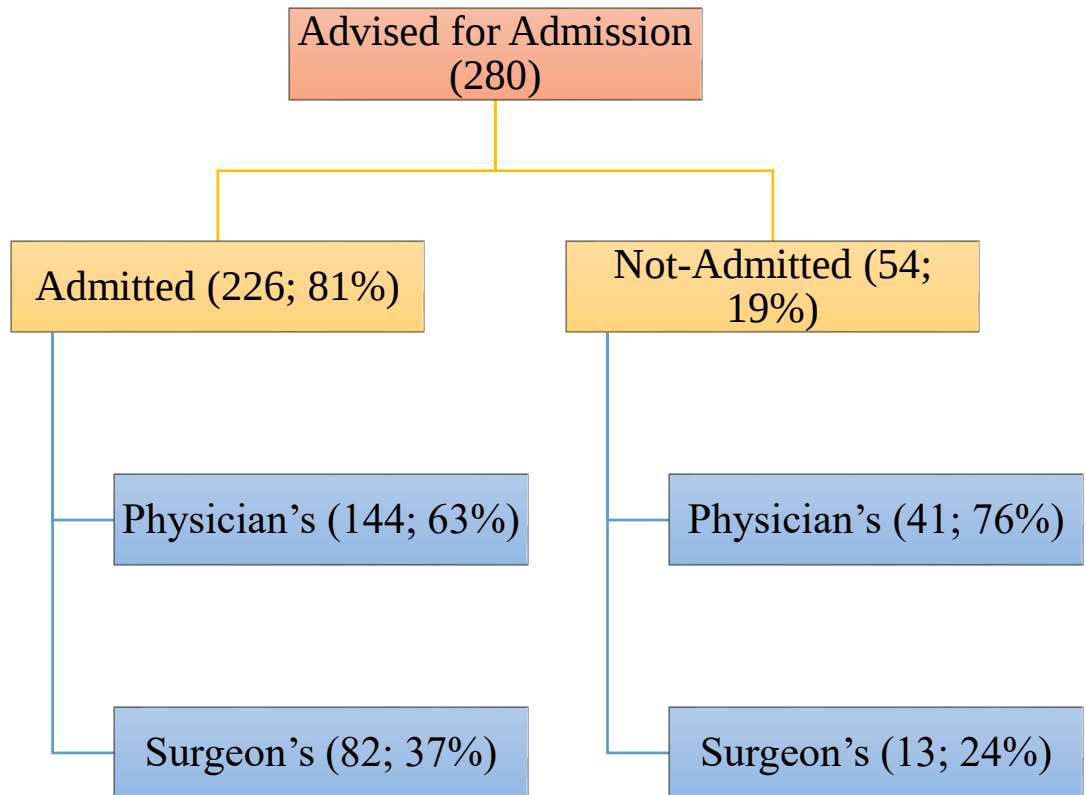


Fig (6.1) Total Sample Analysis

Out of a total of 280 sample collected, 54 of them i.e. 19% were not further admitted. 226 out of 280, i.e. 81% conversion percentage was achieved.

(ii) NOT ADMITTED PATIENTS

The sub-step to the above analytical step was analyzing the not-admitted patients.

Out of a total of 54 out of 280, those were not-admitted, 13 were surgeon's and 41 were of physicians.

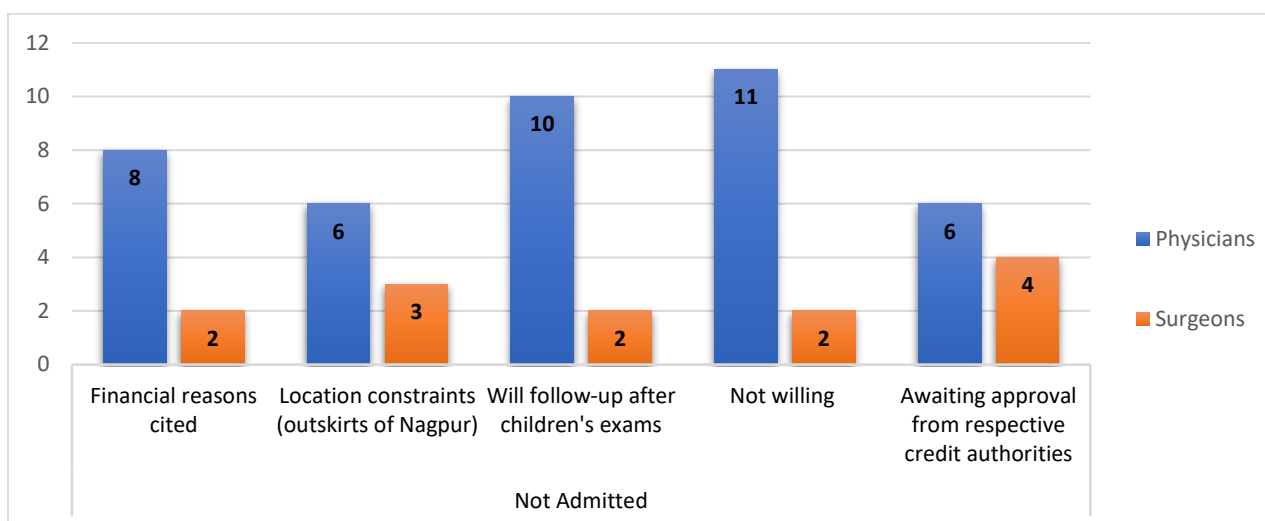


Fig 6.1.3. Reasons-Physician's/Surgeon's Non-admissions

The above graph explains the reasons for non-conversions. The above-mentioned reasons were primarily based on follow-up calls results. The reasons give us an account of the factors which lead to decrease of the number of conversion percentage of the organization. The following figure depicts the percentage of each cause responsible for non-conversion of OPD patients after advice for admissions.

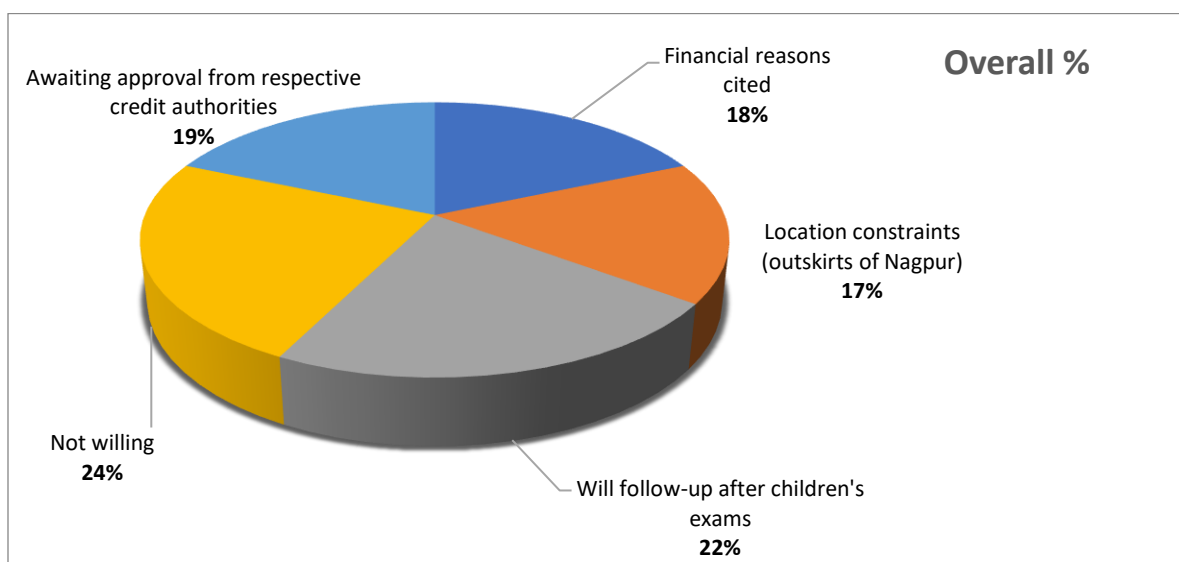


Fig 6.1.4. Overall % Reasons for Non-admission

6.2. CONVERSION OF PATIENTS FOLLOWING DOCTOR'S CATEGORY (PHYSICIANS/ SURGEONS)

The next category of analysis was based on conversions from physicians and surgeons:

Row Labels	Count of Patient's Name
Physicians	185
Admitted	144
Not Admitted	41
Surgeons	95
Admitted	82
Not Admitted	13
Grand Total	280

Table 6.2. Total number of Admitted/Not-Admitted (Doctor's Category)

6.3 SPECIALTY-WISE CONVERSIONS

The entire analysis on specialty-wise conversions is based on the following parts:

One is where we take an analysis of the overall cases of admissions advised per specialty. Then we look into the admissions, i.e. conversions in each specialty. The last graph depicts the total non-admissions, i.e. the number of patients not-converted to in-patient from the out-patient department from each specialty.

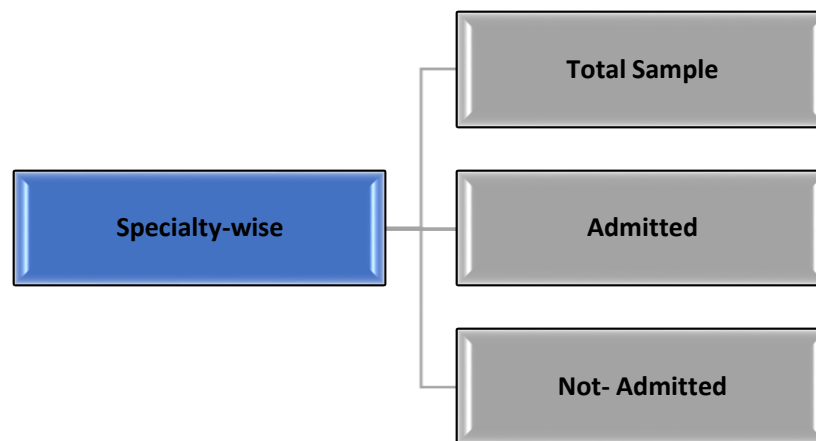


Fig 6.3. Specialty-wise Analysis

Category	Count of Patient's Name
ENT Specialty	7
General & Laproscopic Surgery	27

General Physician	169
Hematology	9
Nephrology	37
Orthopedic Surgery	5
Spine Surgery	6
Urology	20
Grand Total	280

Table 6.3.2. Specialty-wise (a) Overall Sample

The majority of patients from the sample of those who were advised for admissions was from the General category, i.e. the patients coming for consultations from the general physicians.

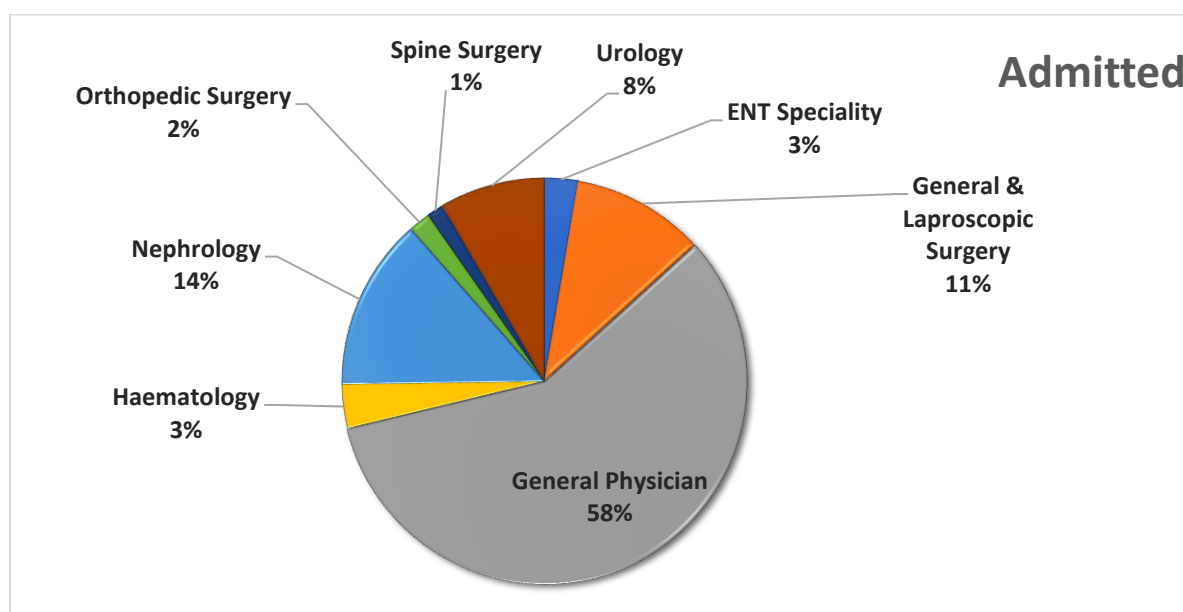


Fig 6.3.3 Specialty-wise (b) admitted categories

Out of the entire sample those were advised, the majority of conversions were from the general physician's category. Nephrology as well as general and laparoscopic surgeries had a good number of conversion percentages. This was followed by Urology specialty, including medical management as well as surgical cases.

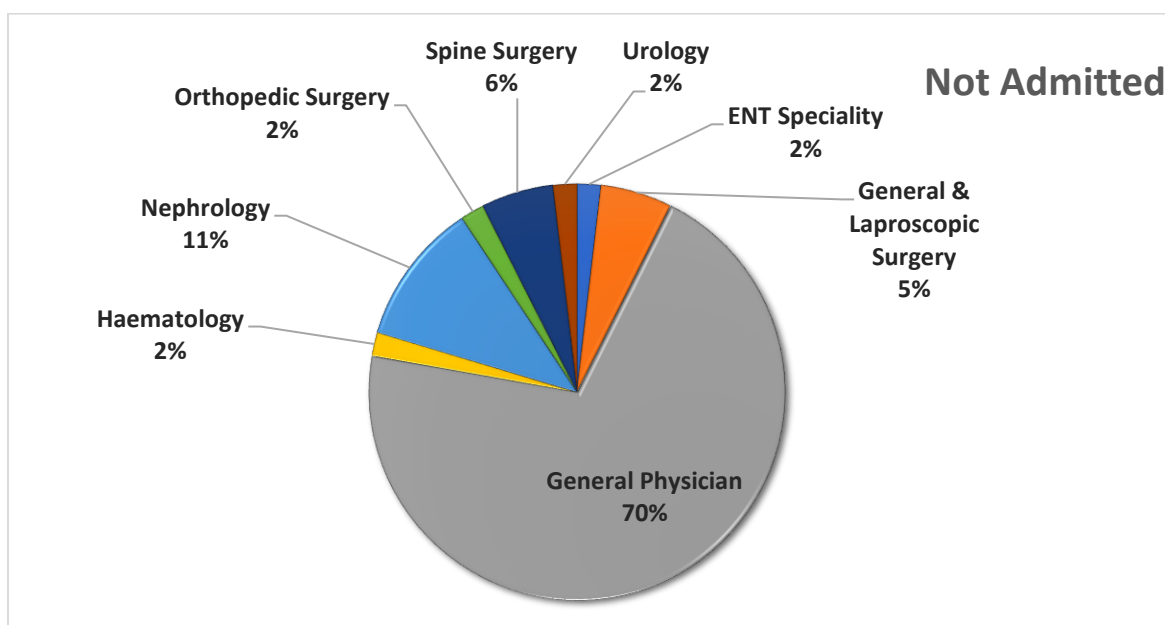


Fig 6.3.4 Specialty-wise (c)Not-admitted categories

Out of the entire sample those were advised, the majority of non-conversions were from the general physician's category. Nephrology as well as general and laparoscopic surgeries had a good number of conversion percentages. This was followed by Urology specialty, including medical management as well as surgical cases.

6.4. CATEGORY OF PATIENTS ADMITTED (FIRST CONSULTATIONS/ FOLLOW-UP)

The entire fourth category of analysis is of the admitted patients. There are different parameters of analysis of the admitted patients. The following parameters were analysed of the admitted patients:

- (i) Number of first-consultations conversions and follow-up conversions
- (ii) Number of medical management cases and surgical admissions
- (iii) Number of cash-based admissions and credit-based admissions
- (iv) The type of credit-based organisations
- (v) Length of stay of admitted patients

All the above-mentioned analysis was further bifurcated into those of physicians and surgeons.

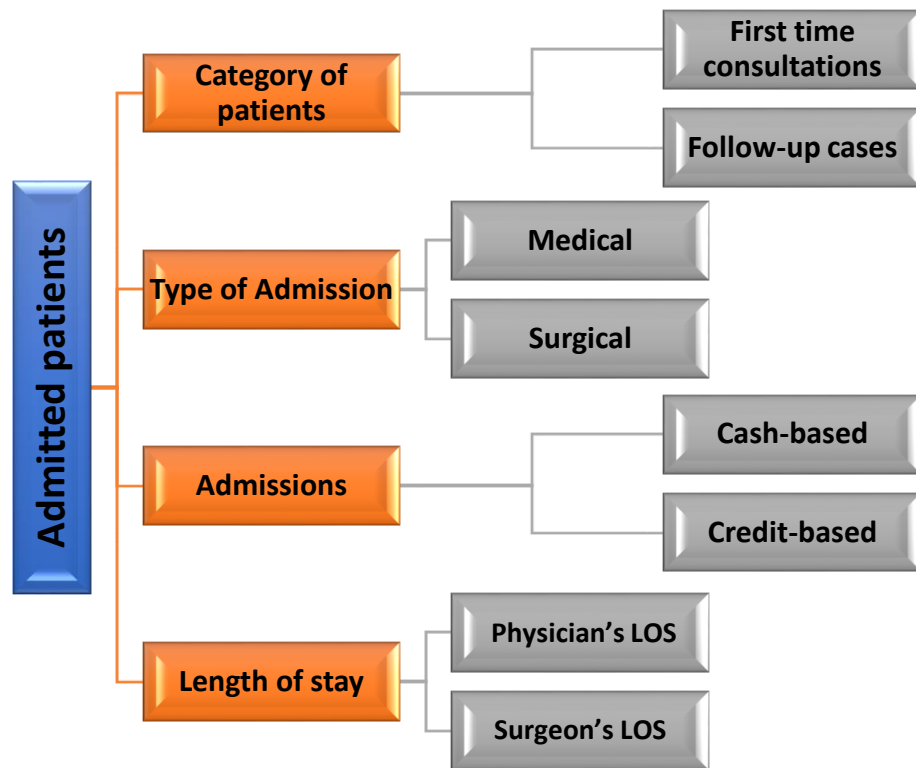


Fig 6.4. Parameters included in admitted patient's data analysis

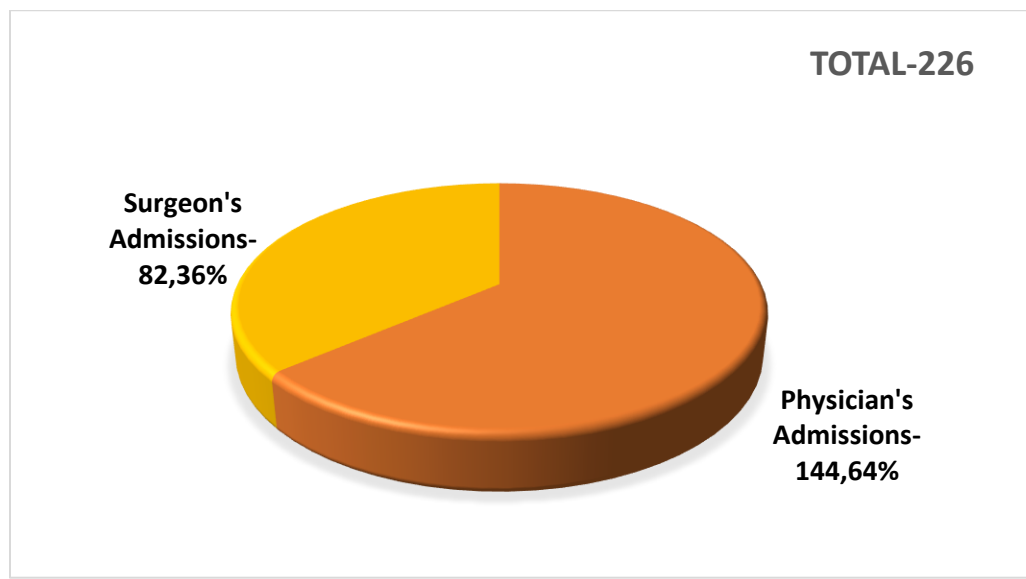


Fig 6.4.1 Admitted (a) Doctor's Category

Row Labels	Count of Patient's Name
Admitted	
C	142

Physicians	89
Surgeons	53
F	84
Physicians	55
Surgeons	29
Grand Total	226

Table 6.4.2 Admitted (b) Category of patients (C/F)

6.5. MEDICAL/SURGICAL ADMISSIONS

Row Labels	Count of Patient's Name
Admitted	
Medical	168
Physicians	132
Surgeons	36
Surgical	58
Physicians	12
Surgeons	46
Grand Total	226

Table 6.5. Admitted (C) Type of Admission (Medical/Surgical)

6.6 CASH/CREDIT BASED ADMISSIONS

Row Labels	Count of Patient's Name
Admitted	
Cash	156
Physicians	107
Surgeons	49
Credit	70
Physicians	37

Surgeons	33
Grand Total	226

Table 6.6. Admitted (d) Admissions (Cash/Credit)

6.7. ADMISSIONS CREDIT-BASED

Row Labels	Count of Patient's Name	%
TPA	37	53
Corporate- Govt	15	21
INSURANCE	14	20
Govt	4	6
Grand Total	70	100

Table 6.7. Admissions Credit-based

6.8.LENGTH OF STAY OF PATIENTS ADMITTED

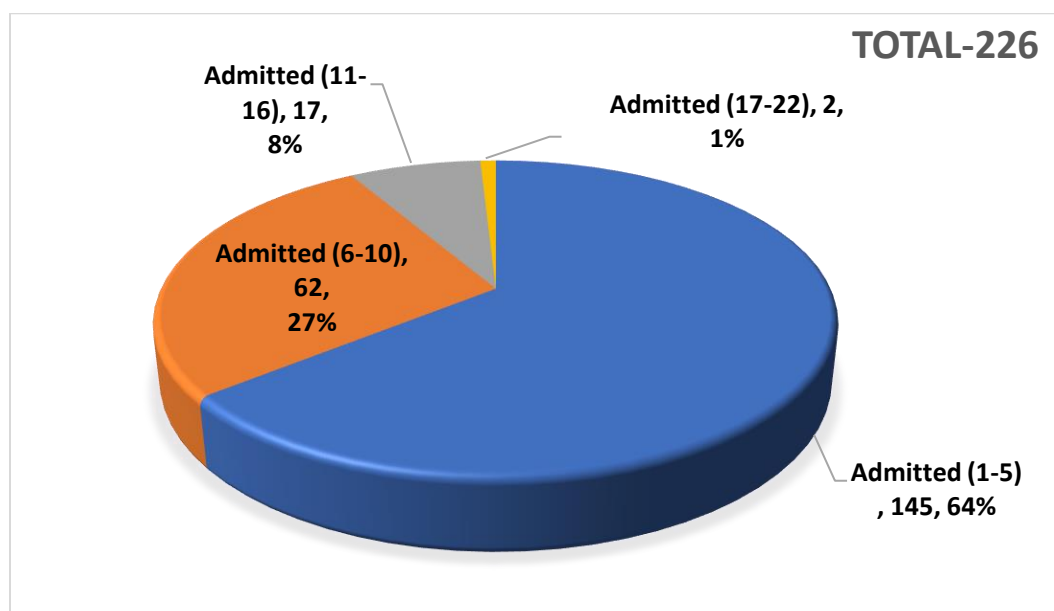


Fig 6.8. Admissions- Length of stay

PHYSICIANS	Count of Patient's Name	PHYSICIANS	Count of Patient's Name
Medical		Surgical	
(1-5)	80	(1-5)	3
(6-10)	38	(6-10)	6
(11-16)	13	(11-16)	2
(17-22)	1	(17-22)	1
Grand Total	132	Grand Total	12

Table6.8.1. Admissions- Physician's LOS

SURGEONS	Count of Patient's Name
Medical	
(1-5)	21
(6-10)	13
(11-16)	2
Grand Total	36

SURGEONS	Count of Patient's Name
Surgical	
(1-5)	41
(6-10)	5
Grand Total	46

Table 6.8.2. Admissions- Surgeon's LOS

7. RESULTS

The following were the results of the total sample data-analysis:

- ☐ Conversion of OP patients to IP Admissions-
 - c) **Admitted-** 81%
 - d) **Not-Admitted** – 19%
- ☐ Doctor's Category-wise admissions-
 - c) Physician's- **Admitted-** 78%; **Not-Admitted-** 22%

d) Surgeon's- **Admitted**-86%; **Not-Admitted**- 14%

☐ Reasons for non-admissions:

f) Follow-up after children's exams

g) Awaiting approval from respective credit authorities

h) Not willing

i) Financial reasons

j) Location constraints (outskirts of Nagpur)

☐ Analysis of Admitted Patients

e) First-consultations/Follow-up based admissions- **C**- 63%; **F**- 37%

f) Medical/Surgical based admissions- **M**- 74%; **S**- 26%

g) Cash/ Credit based admissions- **Cash**- 69%; **Credit**- 37%

h) Length of stay- **(1-5)days**-64%; **(6-10)days**-27%; **(11-16)days**- 8%; **(17-22) days**- 1%

8. DISCUSSION:

The total patients advised for admission are recorded. The advised for admission patients are then bifurcated into admitted patients and not-admitted patients. Out of a total of 280 sample collected, 54 of them i.e. 19% were not further admitted. 226 out of 280, i.e. 81% conversion percentage was achieved.

For the not-admitted patients; out of a total of 54 out of 280, those were not-admitted, 13 were surgeon's and 41 were of physicians. The reasons mentioned for non-admission of patients were primarily based on follow-up calls results. The reasons give us an account of the factors which lead to decrease of the number of conversion percentage of the organization.

From the figure 6.4.1, it is clear that the major reason for which non-conversions were happening was because of unwillingness of the patients. The major part of which was of physician's patients. Another reason cited was delay of medical management cases, which were postponed because of personal reasons (including- children's exams). Awaiting

approval from respective credit authorities was another major reason, the patients would wait for approval from the credit authorities, be it C.G.H.S or so. Financial reasons also accounted to a major portion of the reasons for non-admissions. And the location of patients, being outside of the place where the hospital is, in the outskirts of the city was another factor contributing to non-admissions.

From table 6.2., results were that physicians accounted to 64% of the conversions and surgeons accounted for 36% of the conversions. Out of the total physicians advised for admissions, 78% of them were admitted and 22% of them were not-admitted. Out of the total surgeon's advised for admission, 86% of them were admitted whereas 14% of them were not-admitted.

The third step of analysis had the following results- The majority of patients from the sample of those who were advised for admissions was from the General category, i.e. the patients coming for consultations from the general physicians. In my sample, the general physicians those were taken into consideration were three in number. The next category having increased number of advised for admission patients was of nephrology. The nephrologist had 37 patients those were advised, which was followed by the specialty of general and laparoscopic surgery.

Out of the entire sample those were advised, the majority of conversions were from the general physician's category. Nephrology as well as general and laparoscopic surgeries had a good number of conversion percentages. This was followed by Urology specialty, including medical management as well as surgical cases.

58% conversions were of general physician's cases, followed by nephrology specialty cases accounting for 14% of the conversions. This was followed by general and laparoscopic surgical cases which accounted to 11% of the conversions. This was followed by Urology specialty cases, including both of medical management admissions as well as surgical admissions.

Out of the entire sample those were advised, the majority of non-conversions were from the general physician's category. Nephrology as well as general and laparoscopic surgeries had a good number of conversion percentages. This was followed by Urology specialty, including medical management as well as surgical cases. 70% non-conversions were of general physician's cases, followed by nephrology specialty cases accounting for 11% of the

non-conversions. This was followed by spine surgery cases which accounted to 6% of the non-conversions. This was followed by general and laparoscopic surgical specialty cases.

For the fourth part of the analysis the following results were obtained-

Out of the total admitted patients, first consultation cases were 63% of them. The number of follow-up cases were 37% of them. Dividing the results into those of physicians and surgeons, the first consultation cases were 89 in number for physicians and 53 in number for surgeons. The follow-up cases admissions were 55 in number for physicians and 29 in number for surgeons. Out of the entire analysis, we conclude majority of conversions were for patients coming for first-consultation based. And out of all conversions. Physicians had an upper-hand on conversions than surgeons.

Out of the total admitted patients, medical management cases were 74% of them. The number of surgical admission cases were 26% of them. Dividing the results into those of physicians and surgeons, the medical management cases were 132 in number for physicians and 36 in number for surgeons. The surgical admission cases admissions were 12 in number for physicians and 46 in number for surgeons. Out of the entire analysis, we conclude majority of conversions were for patients coming for medical management admissions based. And out of all conversions, physicians had an upper-hand on conversions than surgeons, and that medical management cases were more in number than surgical admission cases.

Out of the total admitted patients, cash-based admissions were 69% of total cases admitted. The number of credit-based admission cases were 31% of them. Dividing the results into those of physicians and surgeons, the cash-based cases were 107 in number for physicians and 49 in number for surgeons. The credit-based admission cases admissions were 37 in number for physicians and 33 in number for surgeons. Out of the entire analysis, we conclude majority of conversions were for patients cash-based admissions. And out of all conversions, cash-based admission cases were more in number than credit-based admission cases.

From all the credit-based admissions, TPA based were 53%, accounting for the majority of them. Followed by these, were Insurance based, government organisations and corporate government tie-ups of the organization.

9. LIMITATION:

The non-admitted patients, specifically their reasons for non-admissions proved to be a limitation for the process as when the reasons were found out, for the non-conversions, it resulted that a majority of them were not-willing for admissions. The study could not bring into account the reasons for unwillingness of the patients for admission, despite of medical management issues and a good number of surgical admissions advised. The reasons could not be accounted. The follow-ups were based on calls to the individuals, for which a number of limitations arose, from unavailability of the patients on-call to vague replies on questioning about the medical issue involved as well as extension of dates for follow-up from the patients to reply to the queries regarding admissions.

10. CONCLUSION:

In my study, conversion of OP patients to IP admissions was 81%.

Major reason for non-conversions- patients were not-willing for admissions; other reasons cited were financial reasons, location constraints (outside of Nagpur), and following later after children's exams and awaiting approval from respective credit authorities.

Of the total admitted, 63% were first-consultations; rest were follow ups .

74% were medical, and rest were surgical admissions.

Cash-based admissions were 69% and credit-based were 31%.

Majority of the admitted patients had a length of stay for (1-5)days-64%; (6-10)days-27% and the rest 9% had a length of stay greater than 10 days.

REFERENCES

- <https://www.mtatva.com/en/spl-health/reducing-leakage-in-admissions-diagnostics-and-pharmacy-at-hospitals-whitepaper/>
- <https://www.lyntonweb.com/healthcare-marketing-blog/7-things-boost-patient-lead-conversion>

