STREAMLINING THE PROCESS OF ADMISSIONS AND COUNSELING THROUGH THE CONCEPT OF ONE STOP SHOP

Internship Training
at
Fortis Escorts, Heart Institute, New Delhi

By
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MBA Hospital & Health Management
2013–15

Institute of Health Management Research
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Internship Training at Fortis Escorts Heart Institute
NEW DELHI

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Namita Bhat** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **Fortis Escorts,Heart Institute, New Delhi.**

The Candidate 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 success in all her future endeavors.

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This is to certify that **Dr. Namita Bhat**, student of IIHMR Jaipur has successfully completed her dissertation at **Fortis Escorts Heart Institute, New Delhi,** during the period from February 09, 2015 to April 30, 2015, while being employed in **Patient Care Department.**

The topic covered by her during the dissertation is "**Streamlining the admission process through one stop shop"**

For **FORTIS ESCORTS HEART INSTITUTE**

Mallika

AUTHORISED SIGNATORY

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Streamlining the process of admissios and counseling through one stop shop** and submitted by **Dr. Namita bhat** Enrollment No 1466 under the supervision of **Dr. Vinod kumar** for award of MBA Hospital and Health Management of the university carried out during the period from **2013 to 2015** 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.

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ABSTRACT

INTRODUCTION

The concept of one stop shop in itself is a new and has been first time introduced in India by **Fortis Escorts Heart Institute Okhla New Delhi**. This concept mingles the hospitality of the hotels with the healthcare services provided by the hospitals, there in bringing out a unique and beautiful combination of **HOSPOTEL**.

The study was carried out to compare the process functionality of the admissions and counseling carried out in two different set ups. The older set up is the old lobby which was used earlier for doing the admissions and counseling and the newer set up is the new lobby which is based on the concept of one stop shop.

OBJECTIVE

The objective of the study is to find out the new service excellence features the new concept of one stop shop would be bringing to the hospital and to find out the gaps in the processes of admissions and counseling the older system was having.

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RESULTS

The study shows various gaps which were identified in the older system for processing the admissions and counseling of the patients, it also comes out with various new features the new concept of one stop shop was providing to the hospital.

ACKNOWLEDGEMENT

I sincerely extend my appreciation and thanks to all who have directly or indirectly helped me in bringing up this dissertation to its present form.

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I am fortunate to get this opportunity to convey my heartfelt thanks to my guide Mrs. Neeru Raina (FEHI) for her guidance throughout the course of study.

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IPD-IN PATIENT DEPARTMENT

OPD-OUT PATIENT DEPARTMENT

TAT-TURN AROUND TIME

ER- EMERGENCY

OT- OPERATION THEATRE

TPA-THIRD PARTY ADMINISTRATOR

STREAMLINING THE PROCESS OF AMISSIONS AND COUNCELLING THROUGH ONE STOP SHOP

1. INTRODUCTION

The concept of one stop shop in itself is a new and has been first time introduced in India by **Fortis Escorts Heart Institute Okhla New Delhi**. This concept mingles the hospitality of the hotels with the healthcare services provided by the hospitals, there in bringing out a unique and beautiful combination of **HOSPOTEL**.

It not only improves the service quality of the organization giving it a new added value but is very helpful and comforting to the patients. It's just giving that something extra to the patients in return to their money to get that wow! effect. This in turn contributes to the service excellence for the organization. This new concept also helps in cutting the costs incurred to the hospital as the hospital goes to become the paperless organization. .The concept not only helps in streamlining the processes in the patient care service department but also in other departments related to it. It is just about delighting the customers to enhance patient satisfaction and in turn creating word of mouth publicity which is the best marketing tool to retain your customers and making them brand loyal. It too eliminates the patients fatigue in form of non value added services to run from pillar to post.

Earlier the patients or the attendants had to move from one place to another to get the paper work done, but now under this concept all the work for the patients is done in one cubicle only.

The patients and the attendants are made to sit comfortably in the cubicle until everything is done for them .Patients as well as attendants are served with beverages to keep them busy till their turn. There is also night lounge facility upstairs in new lobby for the attendants to stay overnight if their near and dear ones are in critical area at minimal amount of 400 rupees per night.

Fortis had also came up with new concept of conversions. It is a dedicated six months project and Fortis has incorporated a conversion team which looks after the outpatients which comes in OPD and counsel them for various procedures and convince them to go for the procedures and at last in the month end conversion rate is calculated i.e. how many outpatients are converted into inpatients. From this physicians performance can also be calculated and vice versa.

Services coming under one stop shop include-

- Getting registered for the first time.(one time registration).
- Taking approval from corporate billing desk in case of corporate patients.
- Submitting the documents for the medical insurance at the TPA desk.

- Allocation of rooms for the patients from the bed manager.
- Financial counseling for the patients for the procedure patient would undergo.
- Admission of the patient.
- Money deposition for the admission and the procedure.
- Discharge of the patient.

The new dimensions coming up with this concept would be-

- Paperless organization.
- Centralization.
- Reducing patient waiting time
- Providing comfort to the patients.
- Addressing to their concerns.
- Handholding of the patients by the facilitators
- Accepting hospitality as part of the culture of the organization.
- Cutting down the costs incurred
- Achieving the turnaround time of various processes.
- Issuing passes to the attendant to create smooth patient flow
- Avoid overcrowding to minimize infection rate

Since the concept is new it would require a lot of effort, energy, time devotion and dedication by the staff and administration. The staff would initially be reluctant to accept it as they have to move out from their comfort zone and thus requires a robust training and motivation from the administration. On the other hand the patients would acknowledge and appreciate the services instantly.

2. LITERATURE REVIEW

Hospitals and health care institutions are facing the challenge of improving the quality of their services while reducing their costs. The current study presents the application of operations management practices in a dermatology oncology outpatient clinic specialized in skin cancer treatment. [1]An interesting alternative considered by the clinic is the implementation of a one-stop-shop concept for the treatment of new patients diagnosed with basal cell carcinoma. This alternative proposes a significant improvement in the average waiting time that a patient spends between the diagnosis and treatment. This study is focused on the identification of factors that influence the average throughput time of patients treated in the clinic from the logistic perspective. A two-phase approach was followed to achieve the goals stated in this study. The first phase included an integrated approach for the deterministic analysis of the capacity using a demand-supply model for the hospital processes, while the second phase involved the development of a simulation model to include variability to the activities involved in the process and to evaluate different scenarios. Results showed that by managing three factors: the admission rule, resources allocation and capacity planning in the dermato-oncology unit throughput times for treatments of new patients can be decreased with more than 90 %, even with the same resource level. Finally, a pilot study with 16 patients was also conducted to evaluate the impact of implementing the

one stop shop concept from a clinical perspective. Patients turned out to be satisfied with the fast diagnosis and treatment.

[2]Dr. Rich Zane arrived last year at the University of Colorado Hospital to become chair of its newly formed **emergency medicine** department, he found an emergency room built to handle patients facing long wait times, satisfaction plummeted and many simply left without treatment. The ER was constantly on diversion. Like most hospitals, Zane said, it was operating under "a process that's predicated on 1960s medicine. .

The Aurora-based hospital is the latest example of medical centers confronting the central paradox of today's emergency-room care: more and more patients—and their primary-care doctors—are taking advantage of the emergency department's ability to offer a 24/7, one-stop shop for all their ailments. And as they do, hospitals are seeing new opportunities.

The change is being driven by a fundamental shift in how people inside the healthcare system are beginning to see the emergency department. An increasing number of office-based primary-care providers are concentrating solely on wellness and chronic-disease management. When they see patients with more urgent complaints, often requiring more sophisticated tests and procedures, they send them to the hospital.

Hospitals were considered a one stop shop for patients providing shorter wait times, a range of healthcare services and easier access than a doctors office.

RESEARCH QUESTION

How is the newer concept of one stop shop going to impact the service excellence of the hospital than the traditional concept for admissions and counseling ?

3. OBJECTIVES OF THE STUDY

.Identify the gaps in the processes of admissions and counseling in the traditional (older) system till now.

2.Assess the service excellence, the concept of one stop shop would provide to the hospital in near future.

4. STUDY DESIGN

The concept has been recently introduced in the hospital .It has been two months now the concept is running successfully in the hospital.

An initial study was done by collecting the previous data (THE TRADITIONAL CONCEPT) and then comparing it with the new data collected for one stop shop.

SOP'S for the traditional and the new concept were compare.

The study presents the customer perception of healthcare service quality on a sample population.

Sample size was 200 patients.

The respondents were patients themselves

Convenient & Random sampling was used, location was Delhi NCR

5.METHODOLOGY

The methodology and tools adopted to achieve the study objectives was

The study area was the patient care service department of Fortis hospital Delhi(okhla). An analytic study design was adopted. Study period was from 20th feb to 30th april.Microsoft excel was used as the study tool.Sampling technique was random sampling. Study population was inpatients of Fortis escorts.Sample size was 200 inpatients

- **Data collection method:**
  - **Primary data**-DIRECT OBSERVATION
  - **Secondary data**- THROUGH HMIS

6. STANDARD OPERATING PROCEDURES

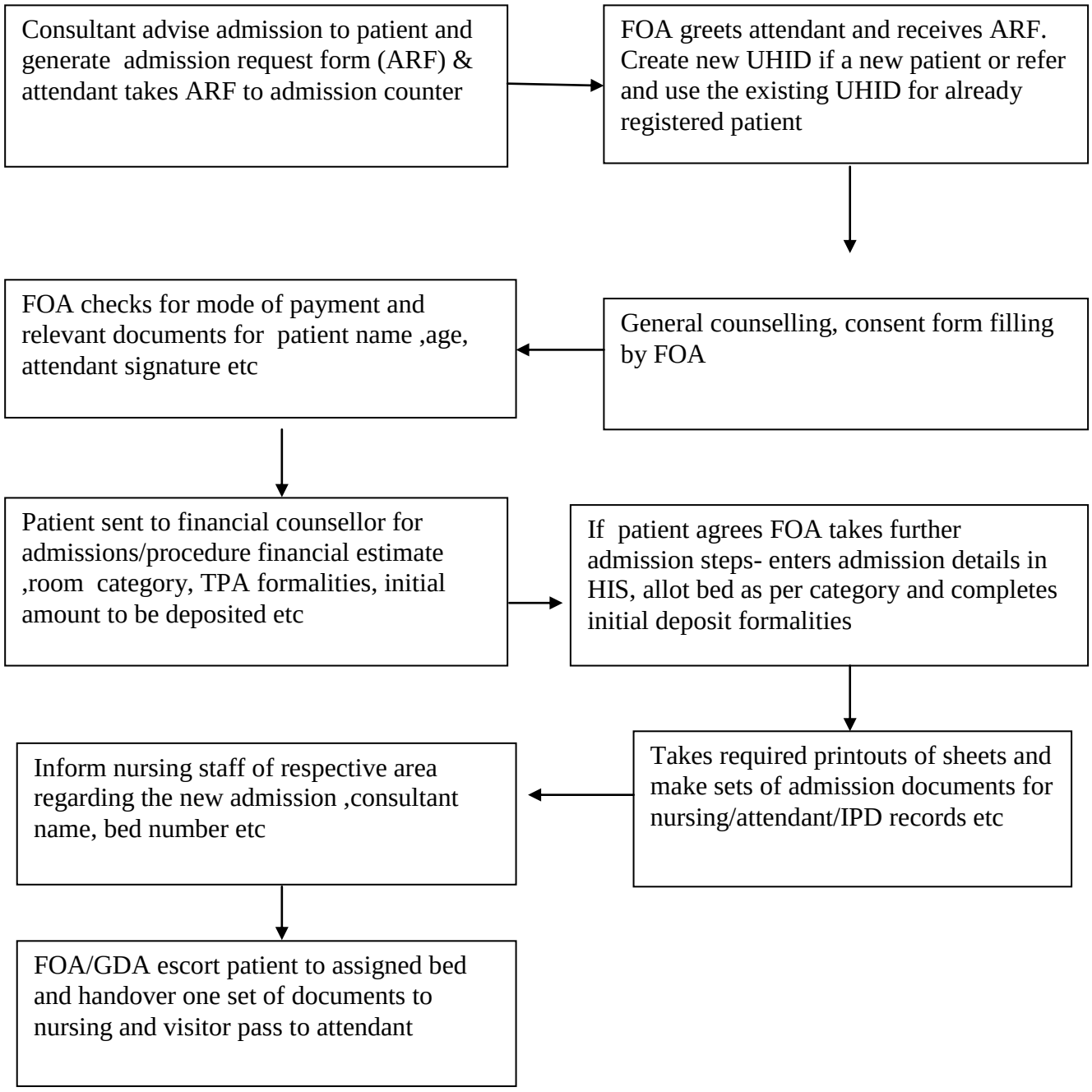
Every medical facility tries to provide best possible services to its customers. Standard Operating Procedures (Sop) of various departments together constitute a hospital manual which significantly determines the performance of a hospital in practical terms. Thus, every Hospital must prepare Sop in a way that it ensures consistency in working of various departments on the one hand and enables to obtain best results in a cost-effective manner on the other. It is written keeping in mind the problems usually faced by middle and small size hospitals during the first few years of their operation. It not only lays down the basic duties and responsibilities of staff members, procedures and policies but also provides many sample stationery formats applicable to various departments. The Standards laid down here are most common and easy to adopt by hospitals owing to their flexibility which enables their modification so as to suit ones needs, be it any department Opd, Ipd, Emergency, Investigation, Administrative, Accounts,

7.STANDARD OPERATING PROCEDURES – ADMISSION PROCESS ,IPD

SCOPE AND OBJECTIVES OF PROCESS

To cover all new admissions in the hospital and guiding them to their respective bed.

FLOWCHART (figure 1 showing standard operating procedure in admissions)



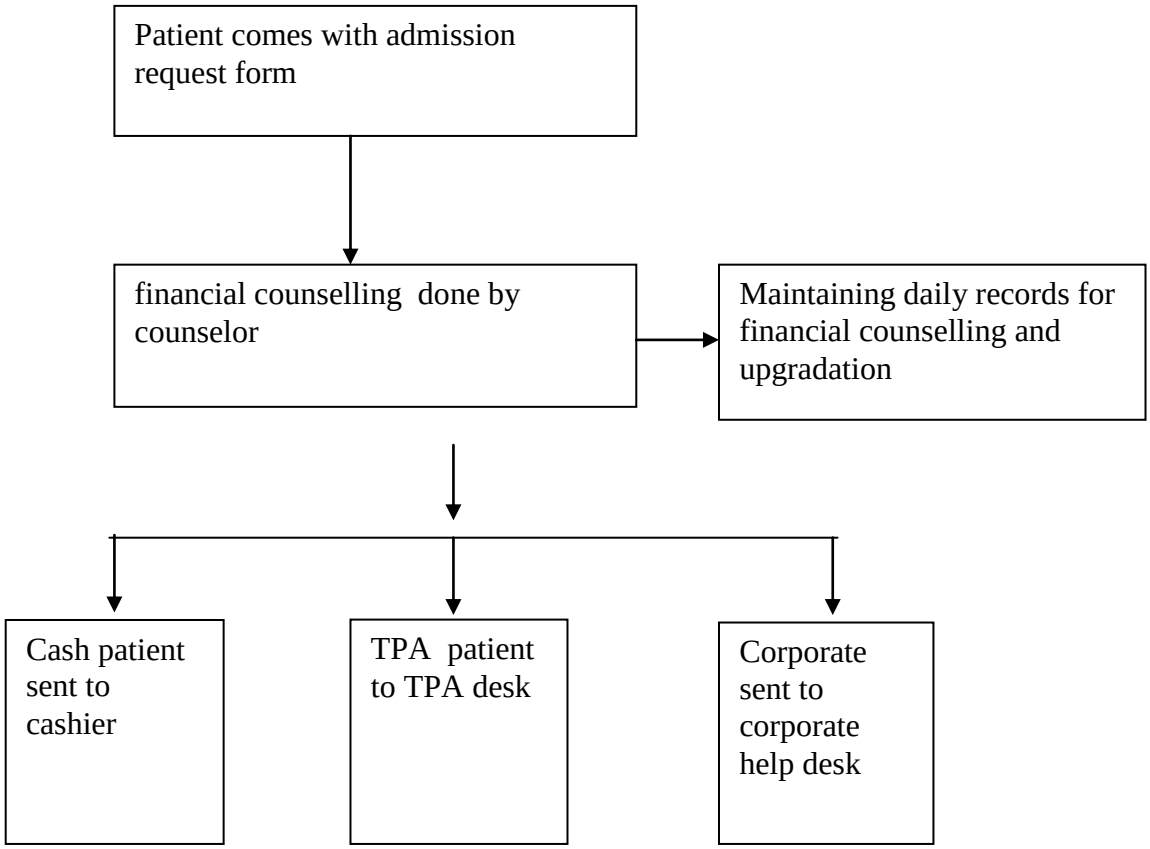
8.STANDARD OPERATING PROCEDURE- COUNSELING

SCOPE AND OBJECTIVES OF PROCESS

To make the patients /attendants understand the various financial aspects and general counseling of the packages/procedures

To track the daily outstanding amount of all patients and follow up with patients to ensure the outstanding amount remains within the acceptable .limits

FLOWCHART (figure 2 showing standard operating procedure in counseling**)**



9.ANALYSIS

The data was collected for 100 patients (in patients) from the old lobby I .e the area were the admissions and counseling used to take place earlier .The in time i.e the time the patient enters to the admission desk was noted, their waiting time and exit time was also noted.

Same was done for 100 patients in the new lobby that is the area were cubicles were made and everything was done within one cubicle .

Then the two data sets were compared with each other and a final analysis was done based on the same.

10.DATA INTERPRETATION

OLD LOBBY DATA

TABLE-1 Cases taken from 20th feb to 20th march

TOTAL NO. OF PATIENTS TAKEN	100
NO . OF PATEINTS WHOSE ADMISSION IS DONE WITHIN TAT(TURN AROUND TIME)	5
AVERAGE WAITING TIME OUTSIDE THE CUBICLE	95
AVERAGE WAITING TIME	34 MINUTES
AVERAGE PROCESSING TIME	15 MINUTES

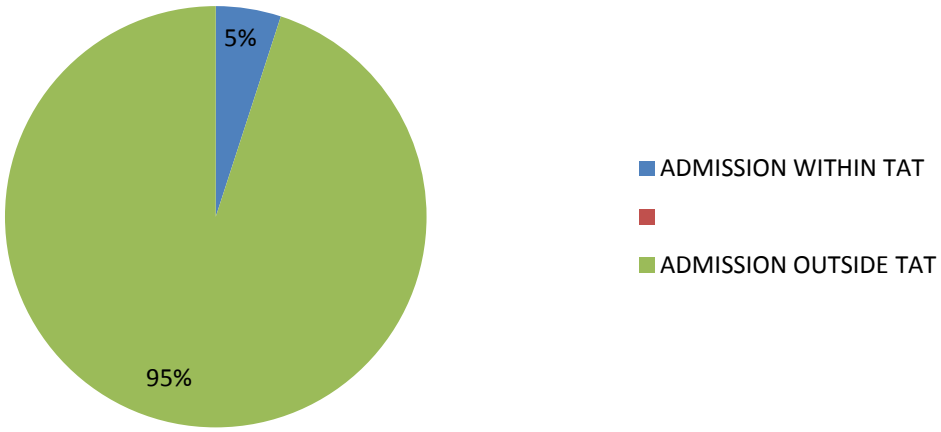


Figure 3

Pie chart showing percentage distribution in old lobby

NEW LOBBY DATA

Table-2 cases taken from 25th march to 30th april

TOTAL NO. OF PATIENTS TAKEN	100
NO . OF PATIENTS WHOSE ADMISSION IS DONE WITHIN TAT	14
NO. OF PATIENTS WAITING TIME OUTSIDE THE CUBICLE	86
AVERAGE WAITING TIME	21MINUTES
AVERAGE PROCESSING TIME	16 MINUTES

Figure-4

PIE CHART SHOWING PERCENTAGE DISTIBUTION IN NEW LOBBY

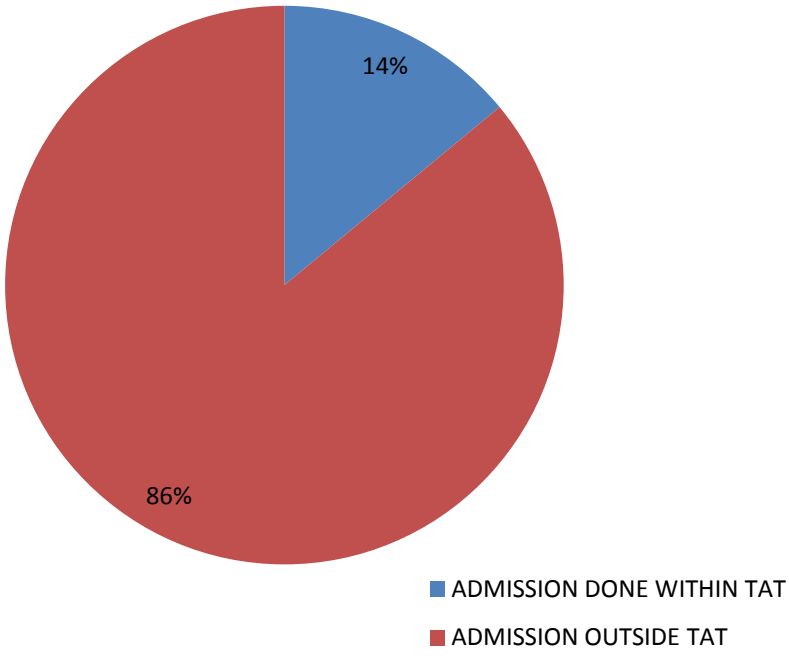
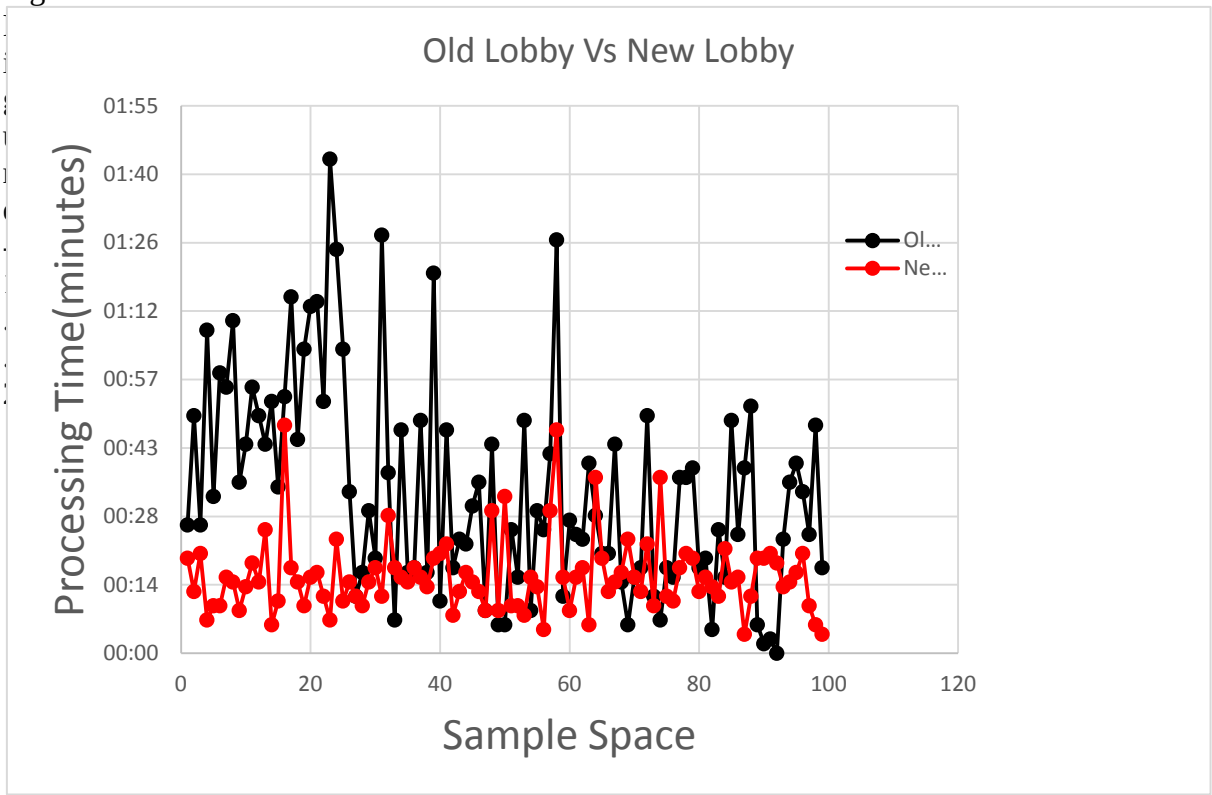


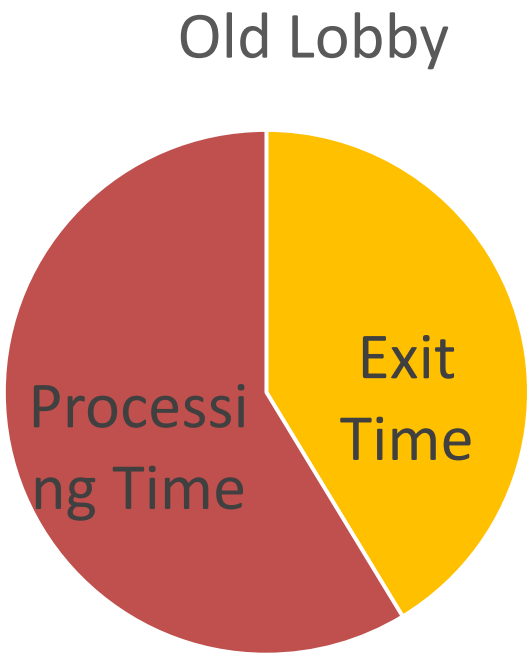
Figure-5



Graph 1:

The plot depicts comparison between processing times for two processes structures named "Old lobby" and "new lobby" . The X axis comprises of data entries collected both for the old and the new lobby. While the Y axis comprises of processing time for each entry point. The graph clearly indicates that the amount of time required for each data entry point is significantly high for the old lobby compared to the new lobby. The processes incorporated for the new lobby has reduced the processing time by a significant amount clearly indicating that the new lobby structure is more efficient compared to the old lobby. The graph has been plotted for all the sample space points to clearly indicate the difference for each sample space point.

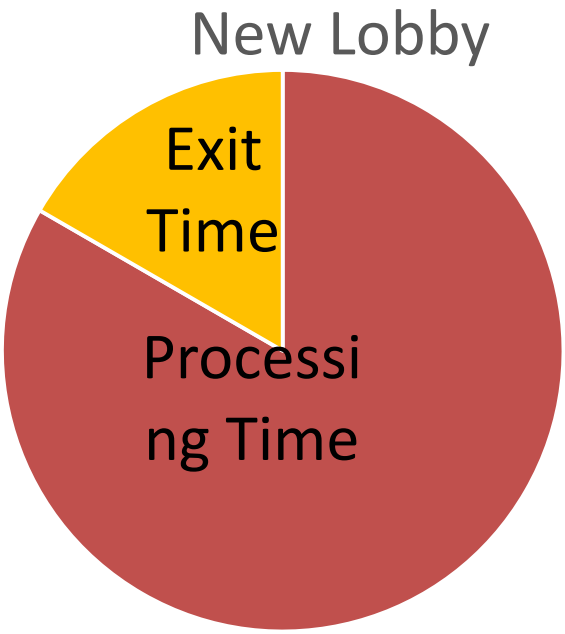
Figure 6- PIE CHART SHOWING PERCENTAGE DISTRIBUTION OF PROCESSING AND EXIT TIME FOR OLD LOBBY



Graph4:

This graph depicts the percentage of processing time and the queue exit times in the total exit time. It clearly indicates that the majority of time spend is in the processing times rather than the exit times.

Figure 7 PIE CHART SHOWING PERCENTAGE DISTRIBUTION OF PROCESSING AND EXIT TIME FOR NEW LOBBY



Graph5:

This graph depicts the percentage of processing time and the queue exit times in the total exit time. It also clearly indicates that the majority of time spend is in the processing times rather than the exit times. However the exit times included in the "new lobby " process structure is at a slightly higher end compared to the "old lobby" process structure.

11.RECCOMENDATIONS

- The admission request form should be complete ,legible and self explanatory
- Proper signage's indicating directions and name in new lobby so that patients need not run here and there
- Token system with digital display outside the cubical for the convenience of patients in order of queue management
- TPA formalities to be processed prior to admissions
- Speedy, complete and accurate process within the cubicles
- Complete admission ,counseling and TPA docket to be made itself in cubicles.
- Proper estimated amount to be prepared by the counselors while giving the estimates
- Proper channel of communication between the counselors, TPA and corporate desk
- Bed should be allotted prior to admissions & counseling
- Proper communication and transparency measures to be adopted to avoid restlessness in patients for eg cubicles could be made transparent so that patient waiting outside do not panic and he is aware of the admission process inside the cubical.
- Proper identification tag and docket for proper tracking of patients till he reaches his room and final destination
- Proper feedback from each patient after his process is completed so to enhance the process with appropriate suggestions

12.ETHICAL CONSIDERATIONS

Clearance of conducting the study by ethical committee of the organization (hospital) was taken. Also the respondent (patient , patient relatives) were well informed about the purpose of the study their due permission was taken. Study was explained to the authority also to avoid inconvenience and misunderstanding of the purpose. The information collected was kept highly confidential.

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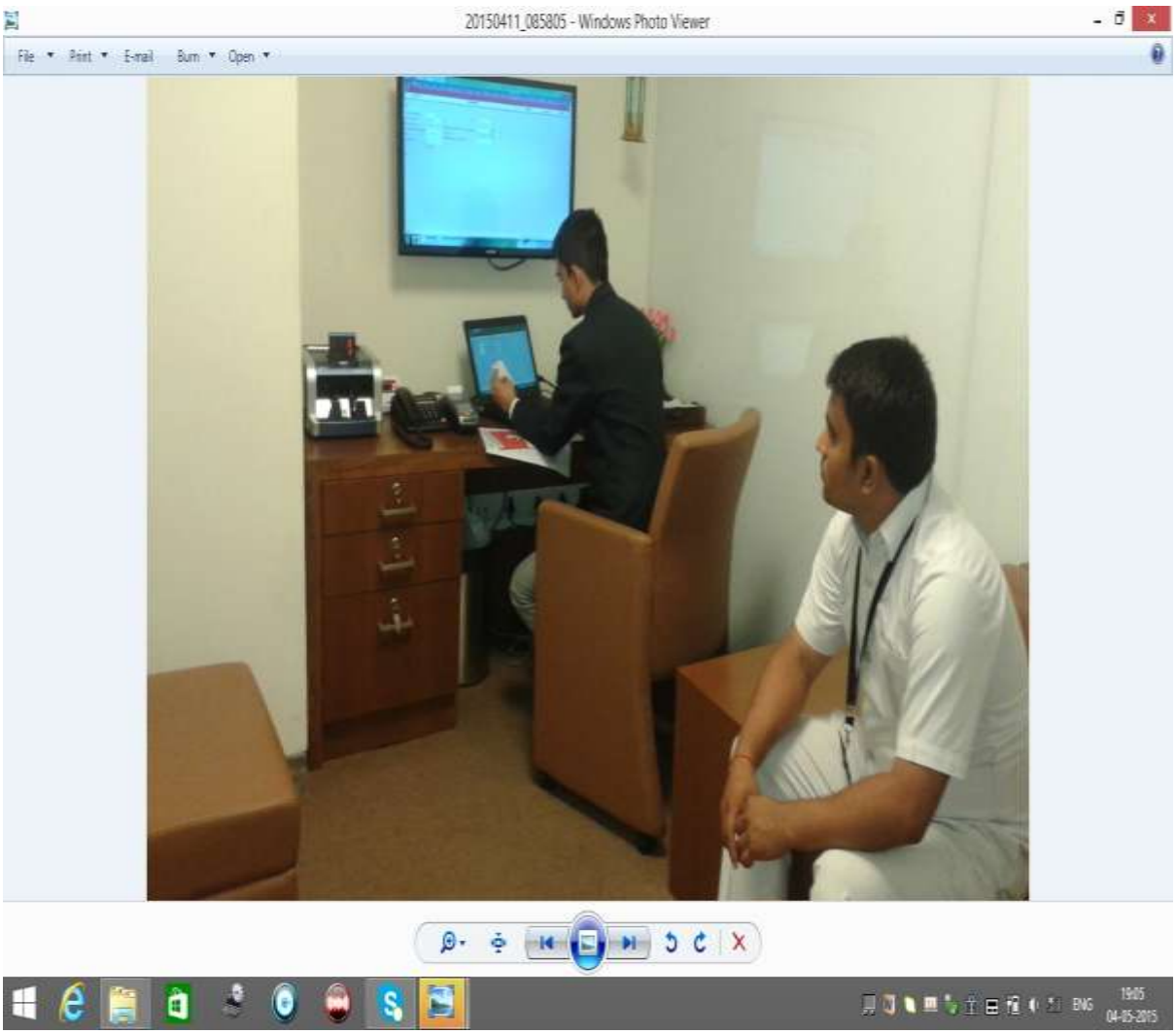
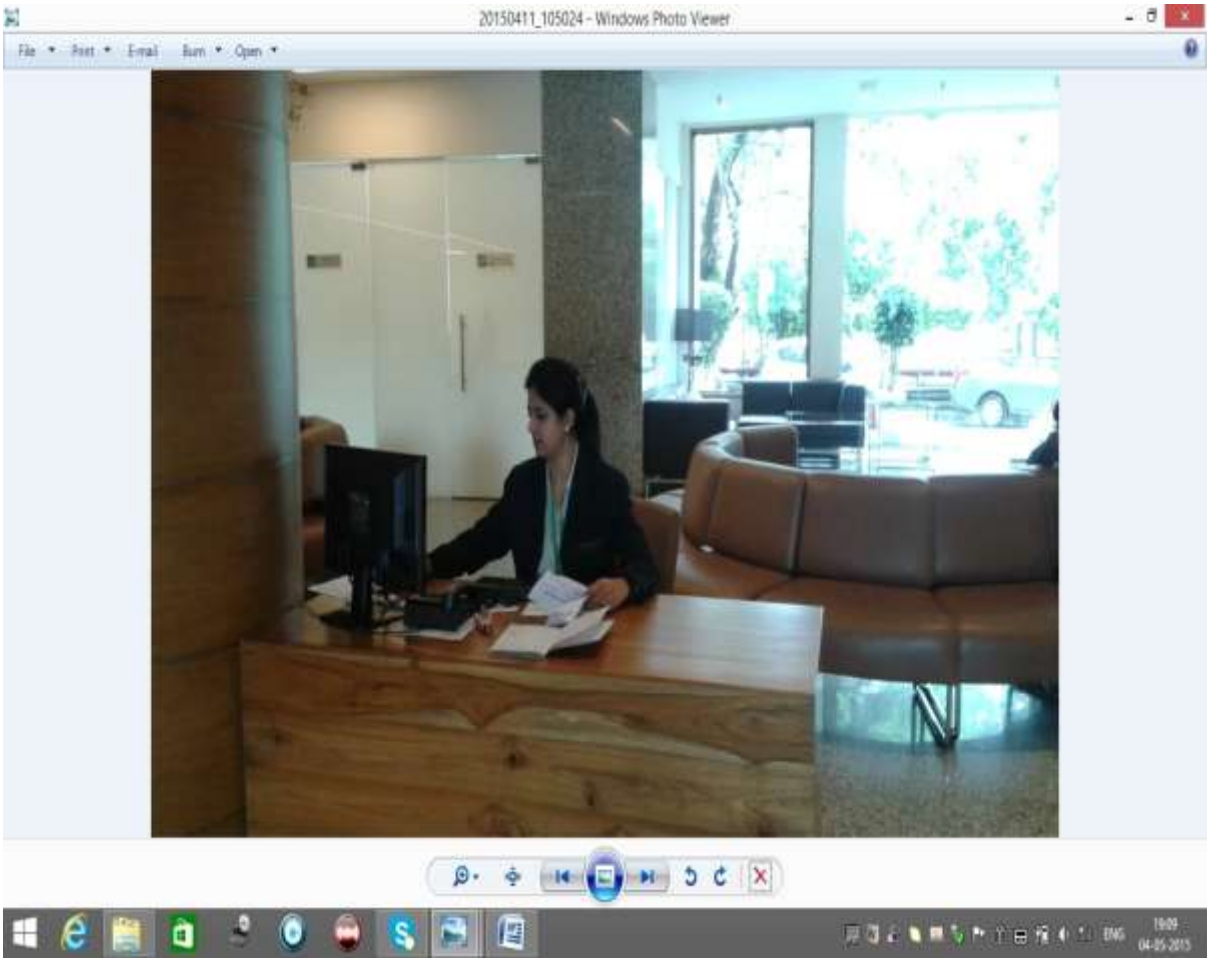
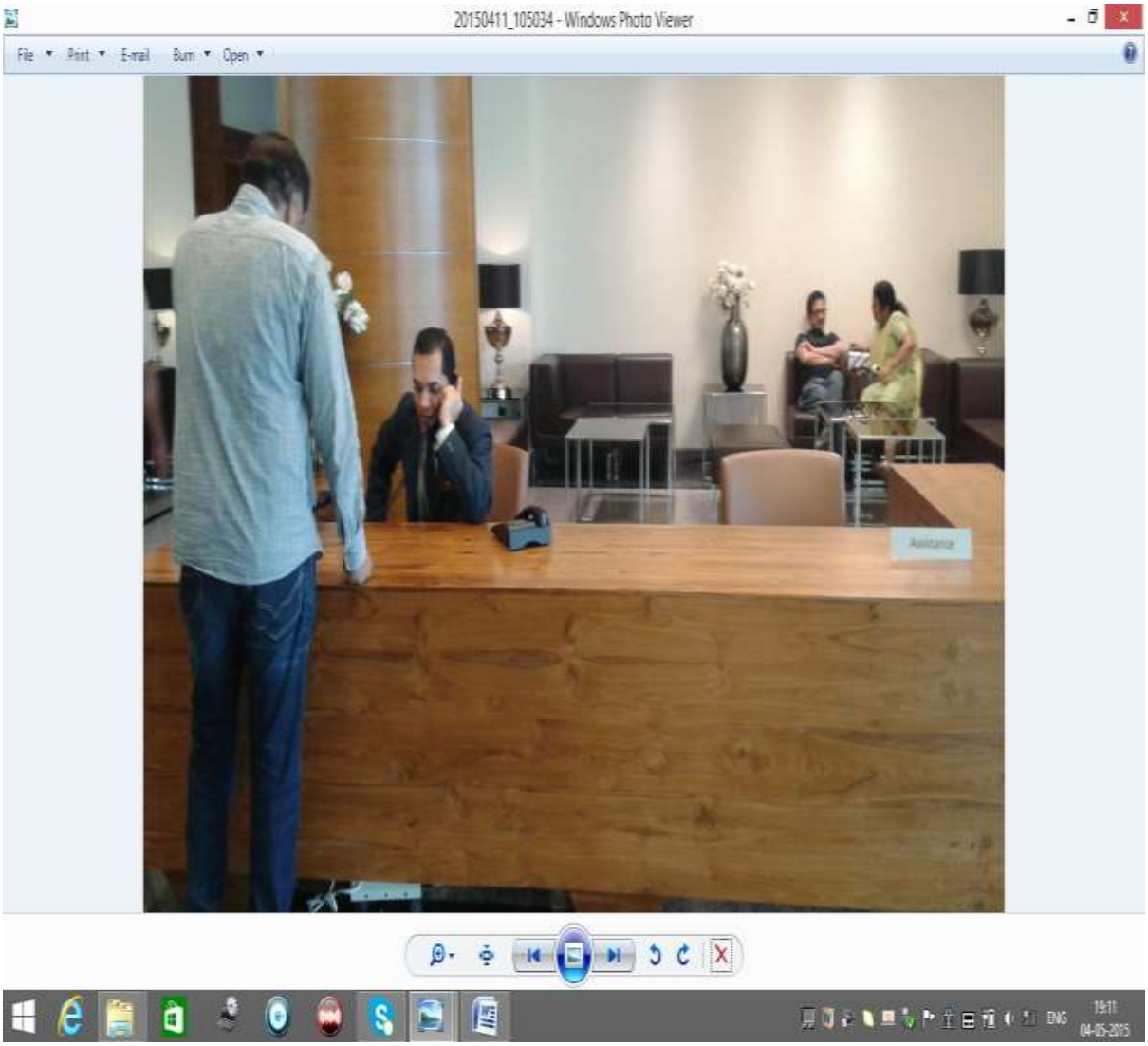
COUNSELLOR WITHIN THE CUBICLE IN NEW LOBBY



LOBBY MANAGER DESK IN NEW LOBBY

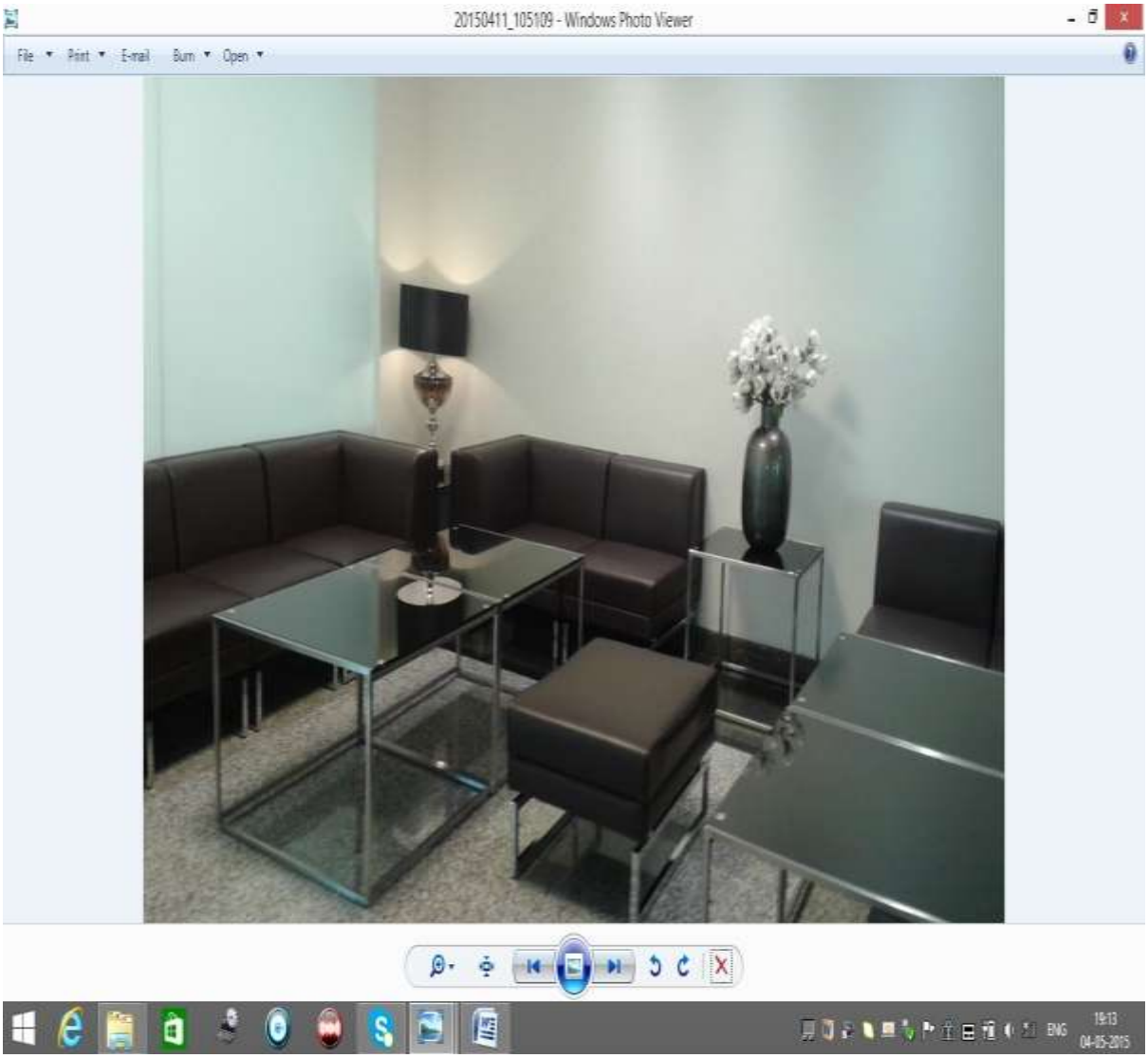


ASSISTANCE DESK IN NEW LOBBY



OUTSIDE VIEW OF CUBICLE

OLD LOBBY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