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

Internship Training
at
Fortis Escorts Heart Institute, Okhla, New Delhi

By
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Under the guidance of
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MBA Hospital & Health Management
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr.Urvi Singh** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **Fortis Escorts Heart Institute** from **9th Feb,2015** to **30th April, 2015**

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 all success in all her future endeavors.

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Urvi Singh**, 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**

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"Streamlining the Admission Process through One Stop Shop"** and submitted by **Dr. Urvi Singh** Enrollment No. **1519** under the supervision of Col.(**Dr.**) **Ashok Kaushik** for award of MBA Hospital and Health Management of the university carried out during the period from **9th Feb,2015 to 30th April,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

To streamline the admissions and counseling process through one stop shop
Specific objectives:

- Identify the gaps in the processes of admissions and counseling in the traditional (older) system till now.
- Assess the service excellence, the concept of one stop shop would provide to the hospital in near future.

The study was undertaken at Fortis Escorts Heart Institute, New Delhi, to streamline the admissions and counseling process through one stop shop other than traditional concept.

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**.

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 was compared.

The study presents the customer perception of healthcare service quality on a sample population. The respondents will be either patients themselves or their attendants.

On comparing data of the two processes (traditional with one stop shop), The processing time is the major subset of the total time. The "new lobby" processing time was markedly low compared to the "old lobby" process structure, the total time required for the "new lobby" process structure was reduced significantly compared to the "old lobby". Thus the graph clearly validates the improvement achieved by incorporating the "new lobby" process structure compared to the "old lobby" process structure. By comparing 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.It was suggested that there should be 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. 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. FID, 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

1. INTRODUCTION TO ONE STOP SHOP

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 him .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 in collaboration with BCG and they had 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. RESEARCH QUESTION

How is the newer concept of one stop shop going to impact the service excellence of the hospital **(Fortis Escorts Heart Institute New Delhi)** than the traditional concept for admissions and counseling?

3. OBJECTIVES OF THE STUDY

1. To 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.

3. To Implement and provide recommendation for smoothen the Admission and counseling processes.

4. STUDY DESIGN

The concept has been recently introduced in the hospital; it's 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 was compared.

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

Sample size of 200 patients were taken from which 100 were from old lobby (Traditional Lobby) and 100 from new lobby.

The respondents would be either patients themselves or their attendants.

Convenient & Random sampling would be used, location would be Delhi NCR.

Tracking sheet was prepared in excel in which proper entry, processing, waiting and exit time was noted using stop watch. From the data entered, daily average waiting time and processing time is calculated using Microsoft excel.

4. METHODOLOGY

The methodology and tools adopted to achieve the study objectives was:

- **Study area:** Patient Care Services Department
- **Study design:** Analytic Study Design
- **Study period:** 20th Feb to 30th April – 3 months
- **Study tool:** Microsoft Excel
- **Sampling Technique:** Random Sampling
- **Study population:** In-patients
- **Sample size:** 200 randomly selected Inpatients for cardiac procedures
- **Data collection method:**
  - **Primary data**- Observation, Checklist
  - **Secondary data**- Medical Records, Literature review , through HMIS

6. IN PATIENT GUIDELINES FOR BETTER PATIENT CARE

- Only one attendant is allowed to stay with the patient in the room .No attendant is allowed to stay in the ICU and general ward category. While the patient is in the intensive care unit (ICU)/ operation theatre (OT) the room will have to be vacated by the attendant.
- In case the patient has to undergo the surgery/procedure, the clearance will be provided subject to the deposit off full amount (100%) for the package surgery specified in counseling including outstanding if any.
- For payment only cash, demand draft ,pay order ,credit/debit cards(all major credit debit cards) are accepted, cheques are not accepted.
- Demand draft shall be made in the favor of E.H.I.R.C ltd
- Please visit the IPD reception once a day to take stock of your bill and deposit the required amount accordingly. Outstanding amount more than 10000 has to be cleared on daily basis.
- Room up gradation- In case one wants to upgrade the room type, intimation has to be given to the bed manager.
- The changes of the higher room category shall be charged with retrospective effect in case of packages. The investigation/doctor/surgery procedure will be charged with respect to the desired room category.
- The entire discharge process takes about 3 hours from the time the doctor writes discharge orders. As soon as the bill is ready the intimation will be given in the room over the telephone.
- **Billing cycle-**12 pm -11 am ,11 am -6pm half day after 6 pm will be charged as full day
- Please come to the lobby manager desk at main lobby to collect and make final settlement of your bill.
- Refund below 20000 would b made in cash and above 20000 would be made in the form of the cheque and in the patients name only. In case the cheque has to be made in some other name the same has to be done after declaration has been given.
- **Pass protocol –**One permanent pass that is 24 hrs attendant pass and one visitors pass for visitors in visiting hours only will be issued at the time of the admission.
- On transfer of patient from one bed to another bed, kindly exchange your pass from the assistance desk.
- No permanent attendant pass would be issued to the patients in the ICU.

- One attendant is allowed to stay in the waiting lobby **(emerald lounge**) during the night when the patient is in the ICU subject to the health condition of the patient, after we receive ICU lobby critical patient list in the evening from the ICU.
- Attendant can also avail the **night lounge** facility which is a paid service. A bed in the night lounge can be booked after paying Rs 400 from 8am to 8pm and RS 300 from 10am-6pm..
- Children below 12 years would not be allowed in the patients area. This is a precautionary measure as children are more prone to the infections.
- For reasons of the dietary restrictions and infection control please do not bring any eatable items to the hospital from outside.
- All dietary requirements of the patients are taken care by the hospital only.
- Attendants shall have their meals at the cafeteria or may order from the kitchen and pay separately.
- The entire hospital premise is a **NO SMOKING ZONE .**Consumption of alcohol is strictly prohibited in the hospital.
- Please avoid bringing costly items to the hospital. there might be a chance of losing/misplacing these items.
- Use of candles, dhoop, lighters, matchbox etc. Is not allowed as they are potential hazards in the hospital and can activate the smoke detector.
- No discount policy in the hospital.
- For reasons of infection flowers are not entertained in the hospital.
- Once the admission formalities are done the patient cannot leave the hospital till discharge. Except LAMA

7. ADMISSION CHECKLIST

- One visitor pass
- One permanent pass
- Stamp of ECHS/CREDIT
- Deposit
- Surgery clearance
- TPA undertaking
- Documents of TPA, corporate, echs

8. STANDARD OPERATING PROCEDURES

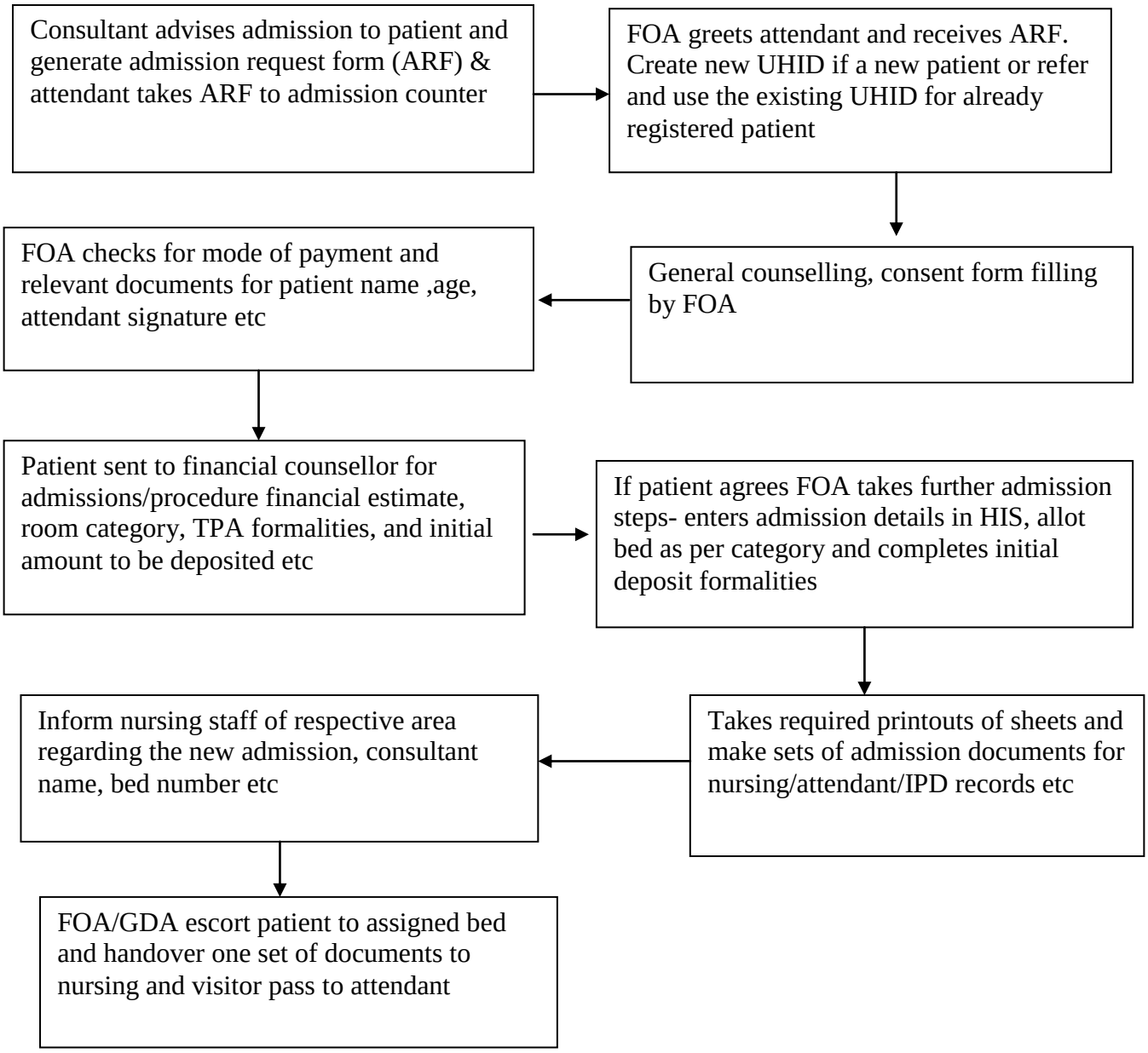
Every medical facility tries to provide best possible services to its customers. Standard Operating Procedures (Sop) of various departments together constitute a hospital manual which significantly determines the performance of a hospital in practical terms. Thus, every Hospital must prepare Sop in a 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. It is mandatory to prepare full admission docket during admission with proper identification and name tag with IP number of patients which is not carried out in new lobby.

9. STANDARD OPERATING PROCEDURES – ADMISSION PROCESS

SCOPE AND OBJECTIVES OF PROCESS

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

FLOWCHART



PROCESS ACTIVITIES /STEPS

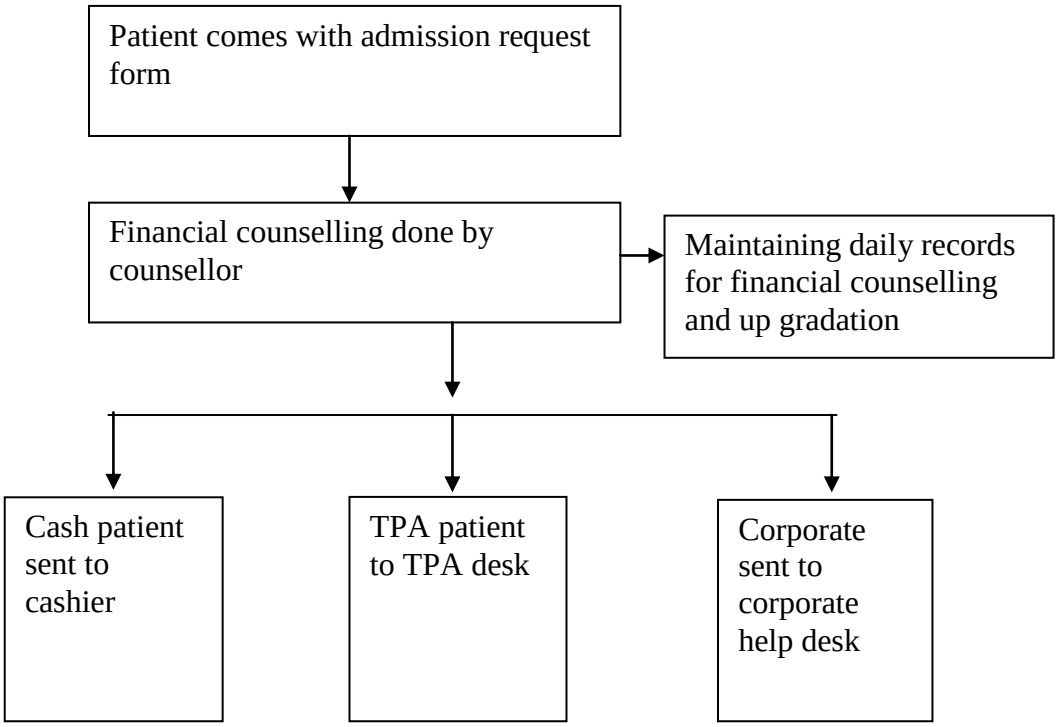
S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Patient arrival & checking registration	FOA'S	Ongoing
2	General counseling, consent form filling by FOA with all the relevant details	FOA	For all patients
3	Completing admission formalities, creation of IP ID with consent form and financial estimate sheet	FOA	For all patients
4	Check mode of payment with patients cash/credit/debit card/TPA/CGHS/ECHS/BPL/PSU	FOA	For all patients
5	A refund declaration form obtained from patient/attendant at the time of admission and to be integral part of admission form related documents	FOA	For each patient
6	Collection of initial deposit advance amount to be collected as per unit specific practice	FOA	For all patients
7	Preparing admission dockets and documents for nursing, billing etc	FOA	For all patients
8	Moving patient to designated room with documents for nursing	FOA	For all patients
9	FOA capture the data related to FOS and monitor the FOS metrics pertaining to admission on daily basis and submit the same to unit FOS coordinator on weekly basis	IPD Head	Weekly

10. 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



PROCESS ACTIVITIES/STEPS

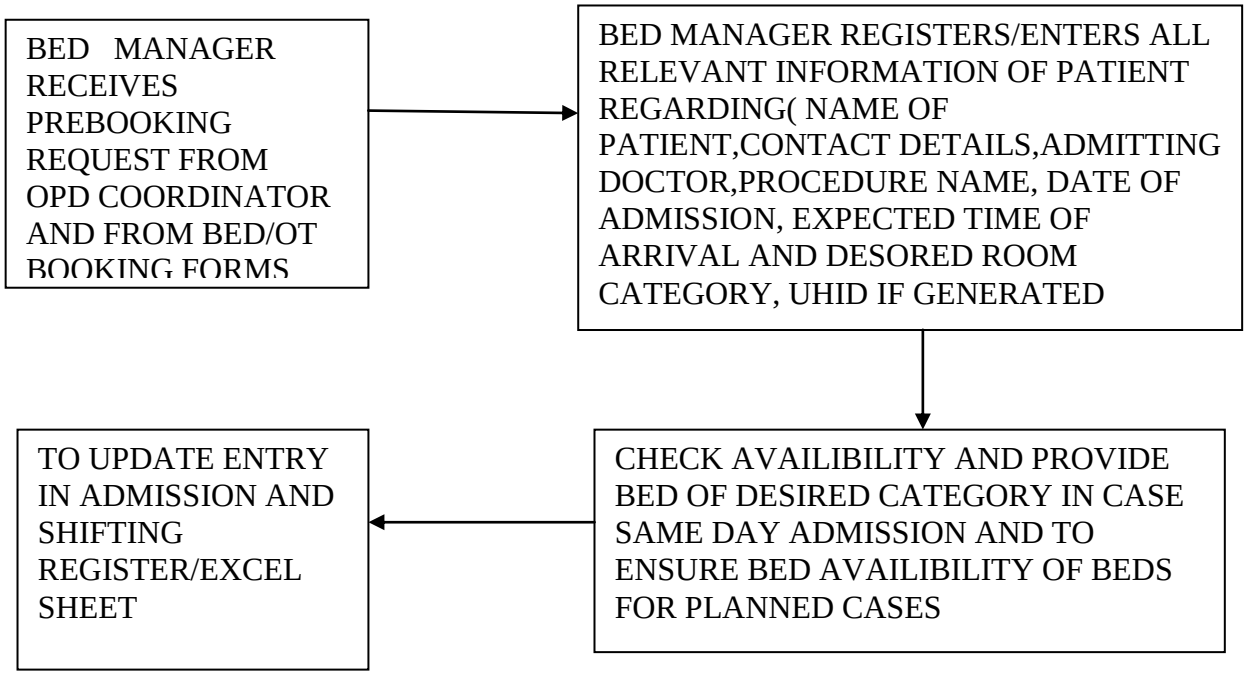
S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Admission related counseling	Counselor	For all patients
2	Ask for mode of payment & room category	Counselor	For every patient
3	Prepare estimate on financial counseling form	Counselor	For every patient
4	Re-counseling where required	Counselor	For every patient
5	Monitoring controls/MIS	IPD Head	Weekly
6	Check the counseling forms for completeness and signatures by patient/attendant, daily on daily basis and submit the same to unit FOS coordinator	IPD Head	Weekly

11. STANDARD OPERATING PROCEDURE- BED MANAGEMENT

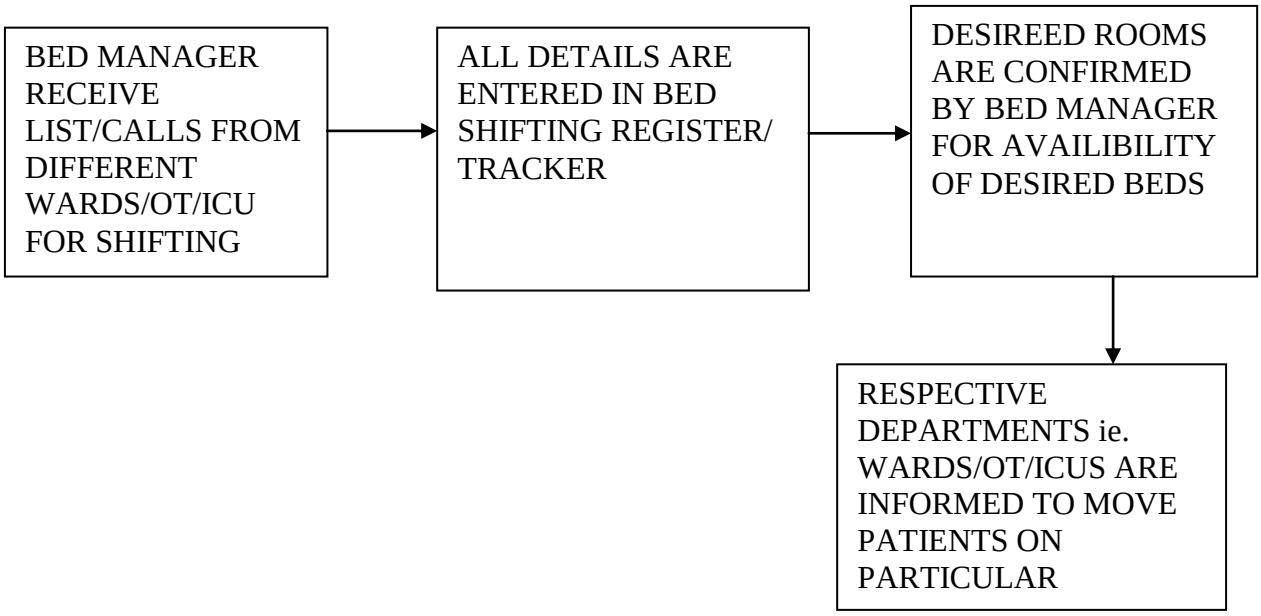
SCOPE AND OBJECTIVES OF PROCESS

- To ensure proper room booking and bed allocation, transfer, up gradation and related aspects for smooth admission process and facilitating stay.

FLOW CHART (BED ALLOCATION)



BED SHIFTING

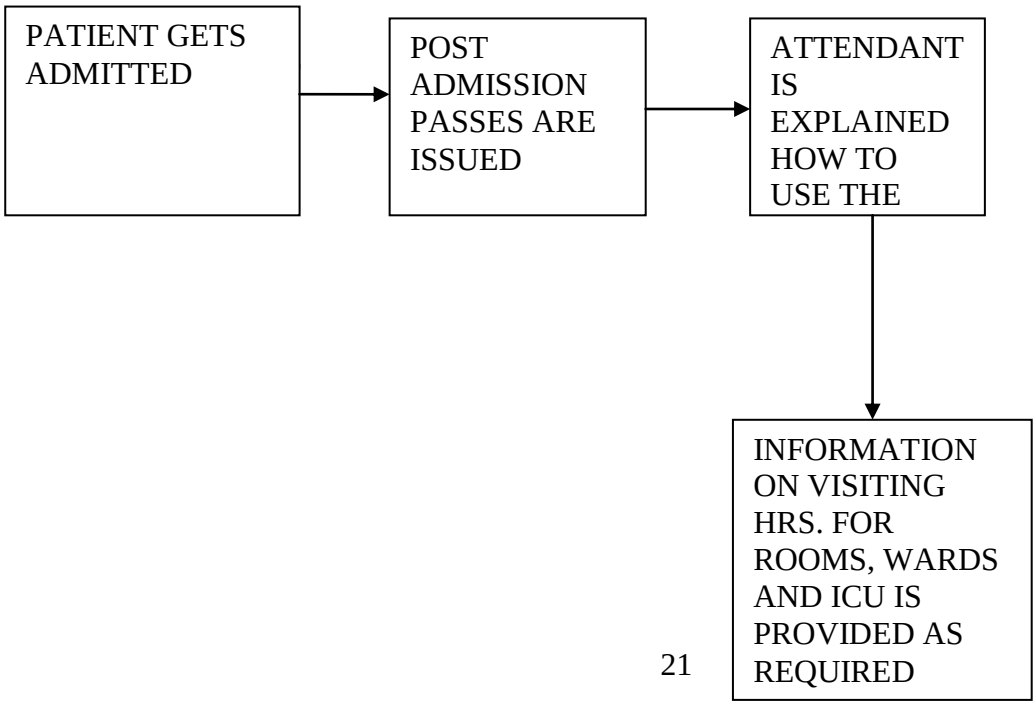


12. STANDARD OPERATING PROCEDURE- ISSUING OF PASSES TO INPATIENTS

SCOPE AND OBJECTIVES OF PROCESS

- To issue required passes to the attendants and family of patients admitted in wards and ICUS.

FLOW CHART



PROCESS ACTIVITIES /STEPS

S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Bed manager receives request for pre booking from OPD coordinator through mail and cashier through bed booking/ OT booking	BED MANAGER	For every patient /bed request
2	Bed manager to ask the requester for: • Name of patient • Contact details of patient • Doctor • Procedure • Date of admission • Expected Time of arrival • Desired room category UHID	BED MANAGER	For every patient /bed request
3	Check in bed management tracking sheet for availability of desired room category on desired date .The bed status to be checked in system also before the new bed allocation.	BED MANAGER	. For every patient /bed request
4	If not available, inform the requestor and provide options (different date room category)	BED MANAGER	For every patient /bed request
5	Make entry in bed management tracking sheet	BED MANAGER	For every patient /bed request
6	If possible an advance payment should be taken for booking the bed to ensure the patient turns up. This advance payment may or may not be refundable .The terms and conditions should be explained to patient at time of pre booking including the deposit % to be fortified in case patient does not turn up on the stipulated date.	BED MANAGER	For every patient /bed request
7	Inform the requestor: Request for booking has been not noted	BED MANAGER	For every patient /bed request

8	Call patient/attendant to confirm arrival on the booking date	BED MANAGER	ONE DAY PRIOR TO BOOKING DATE
9	In case of pre bookings for which advance payment has been made the patient/attendant may change the date of booking at any time.	BED MANAGER	FOR EACH BOOKING
10	Pre bookings without advance payment the booking will lapse on date of booking in case patient does not arrive.	BED MANAGER	FOR EACH BOOKING

BED ALLOCATION

S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Bed manager receives request for allocation of bed for admission by mail/verbal from concerned department.	FROM RELEVANT DEPARTMENT	For every patient /bed request
2	Check on availability of desired room category in bed management tracking sheet and on the HIS system.	BED MANAGER	For every patient /bed request
3	If room available, inform requestor and ask for confirmation.	BED MANAGER	For every patient /bed request
4	Once requestor confirms the booking requirement, bed manager to ask patient name doctor	BED MANAGER	For every patient /bed request
5	Allocate/block room and inform requestor of allocated room number. At the end of shift, bed manager to handover the vacant bed status and the new allocations/shifting status etc to FOA. In case of night admission, bed booking is done by the FOA and status updated in system and informed to bed manager the net day.	BED MANAGER	For every patient /bed request

S.NO	ACTIVITY/STEPS	RESPONSIBILITY	FREQUENCY
1	Once patient is admitted, the patient / attendant are explained about visitor policy.	FOA	For each patient
2	At the time of admission the attendant and the patient is counseled about various areas, where the patient is getting admitted and accordingly whether the attendant is allowed to stay with him	FOA	For every admission
3	If the patient is getting in the room 1 permanent attendant pass and two visitor passes are issued and the timings are explained However the general ward patients will be given only two visitor passes and no attendant will be allowed to stay overnight. In case pass vending machine is available, the passes to be collected by visitors from kiosk in visiting hours.	FOA	. For each patient
4	For critical care unit/Heart commands/HDUS only 1 critical care pass is issued daily/ at the admission time by the FOA as per the visiting hours and ticked on the occupancy report.	FOA	For each patient
5	Through the day whenever FOA receives a request for extra passes from the respective areas, temporary passes should be issued to visit particular area. These passes are retained by the security after allowing the attendant. Passes to be issued only after approval from the ICU/ respective doctor	FOA	For each patient

13. 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. 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.

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.

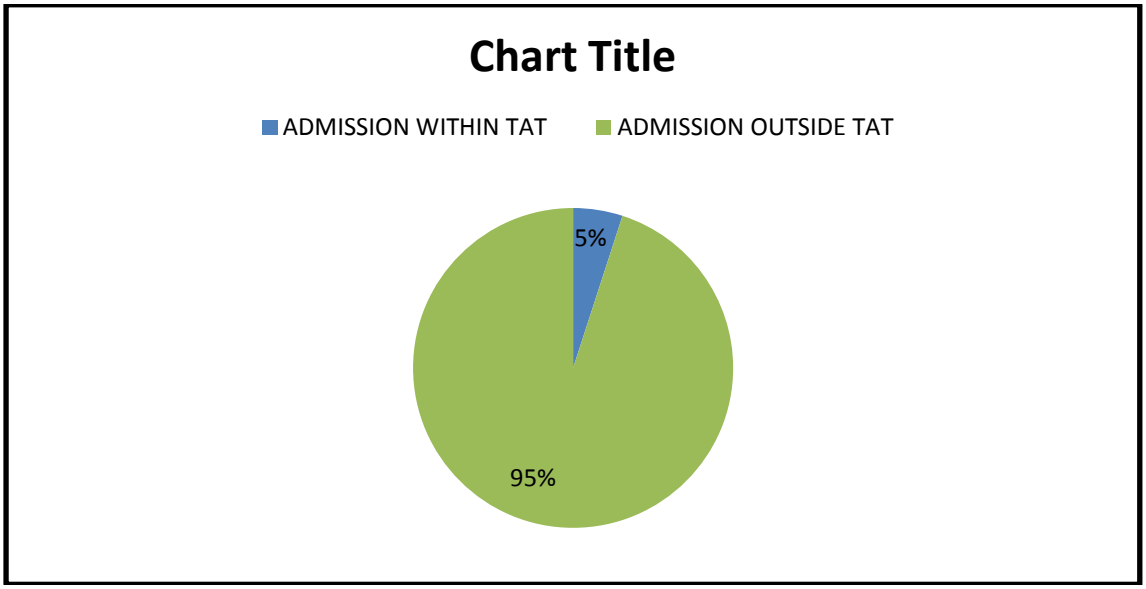
Hospitals were considered a one stop shop for patients providing shorter wait times, a range of healthcare services and easier access than a doctor’s office.

14. ANALYSIS

OLD LOBBY DATA

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

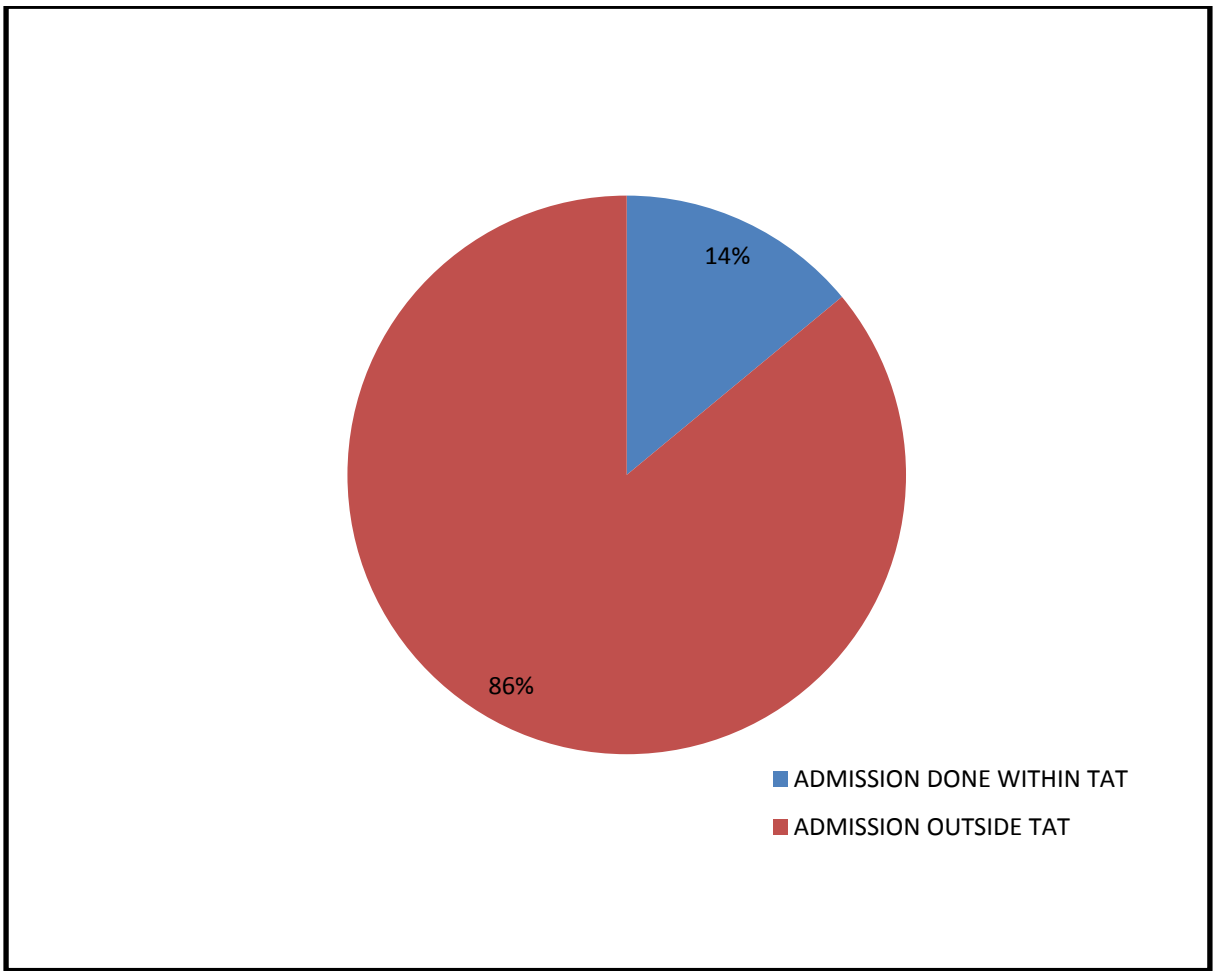
GRAPH 1: PIE CHART SHOWING PERCENTAGE DISTRIBUTION IN OLD LOBBY



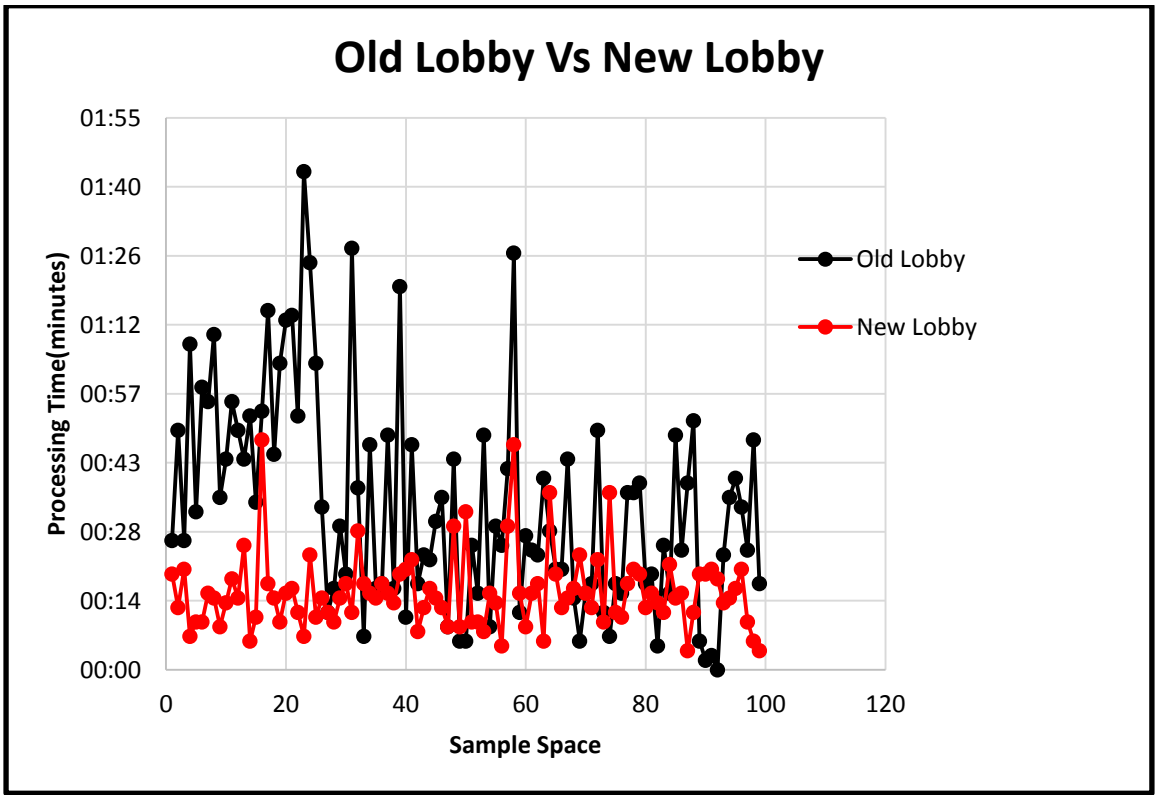
NEW LOBBY DATA

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

GRAPH 2: PIE CHART SHOWING PERCENTAGE DISTIBUTION IN NEW LOBBY

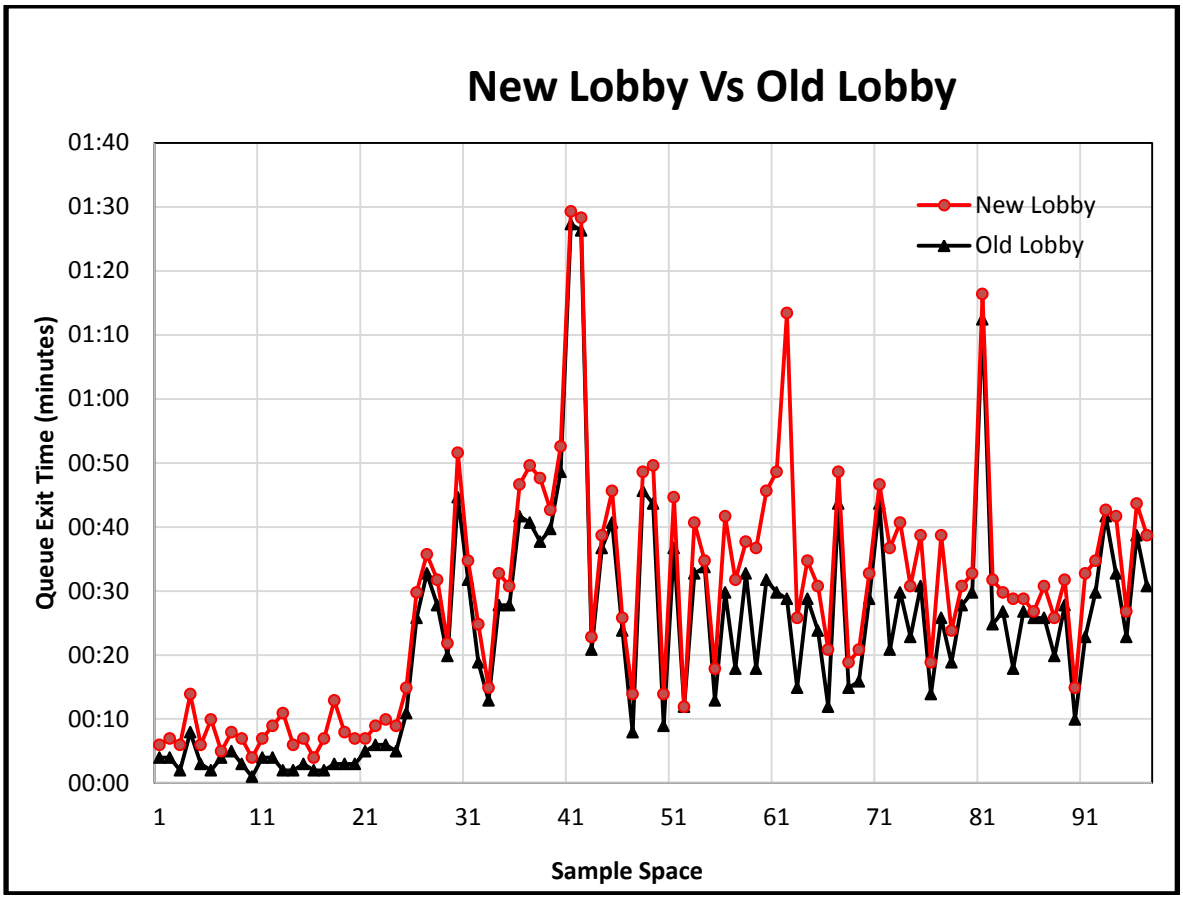


GRAPH 3: Cumulative Chart Showing Process time between Old Lobby and New Lobby



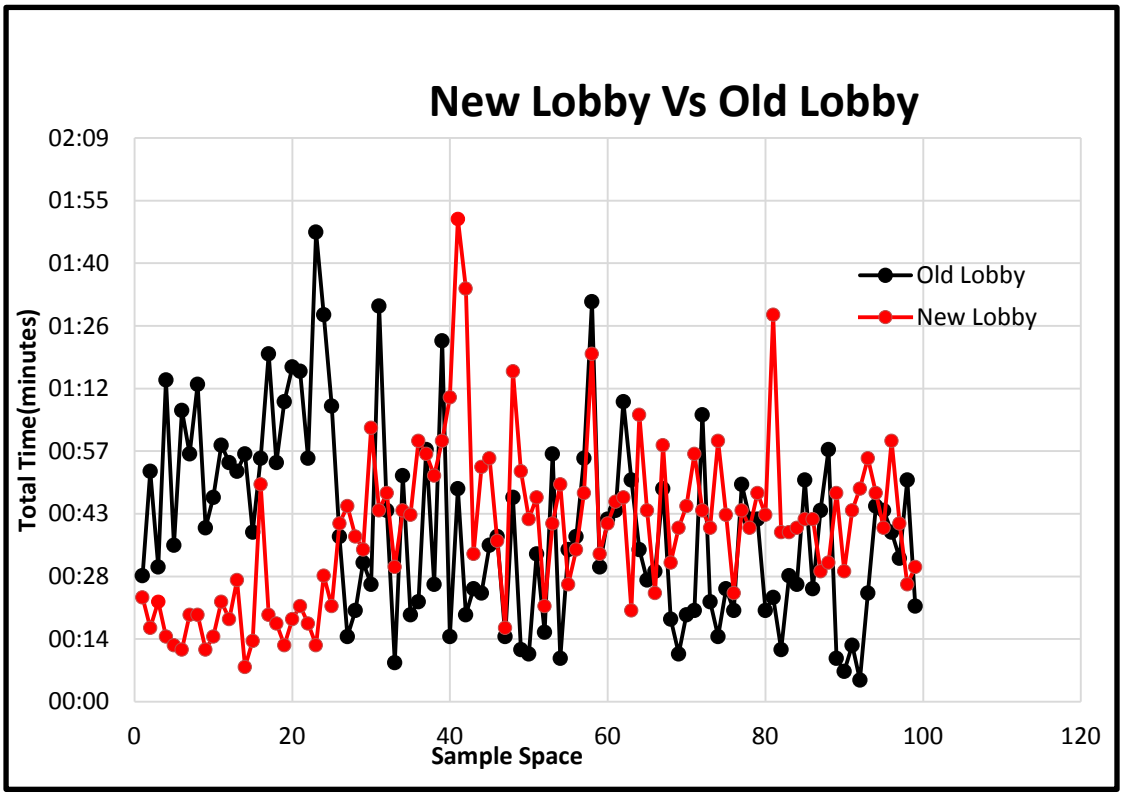
The plot depicts comparison between processing times for two processes structures named "Old lobby" and "new lobby". The X axis comprises of data entries collected both for the old and the new lobby. While the Y axis comprises of processing time for each entry point. The graph clearly indicates that 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.

GRAPH 4: Cumulative Chart Showing queue exit time between Old Lobby and New Lobby



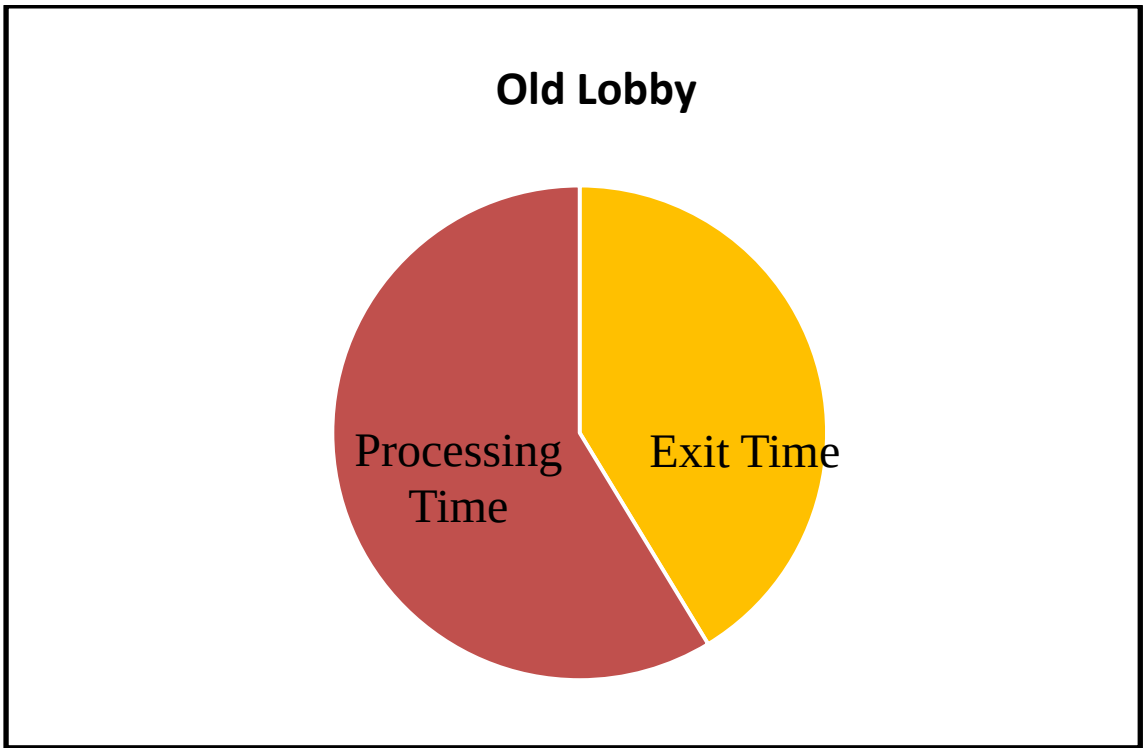
The plot depicts comparison between queue exit times for the two processes structures named "Old lobby" and "new lobby". The X axis comprises of data entries collected both for the old and the new lobby. While the Y axis comprises of queue exit time for each entry point. The graph clearly indicates that the amount of queue exit times for "new lobby" is higher compared to the "old lobby". The higher queue exit time was due to the fact in the "new lobby" processes structure is highly localized compared to the "old lobby" structure which is highly modularized with a separate processing unit for each sub processes. A further scope of the project can be extended towards reducing the queue exit time for "new lobby" processes structure in order to further increase the efficiency of the process structure.

GRAPH 5: Cumulative Chart Showing Total time between Old Lobby and New Lobby



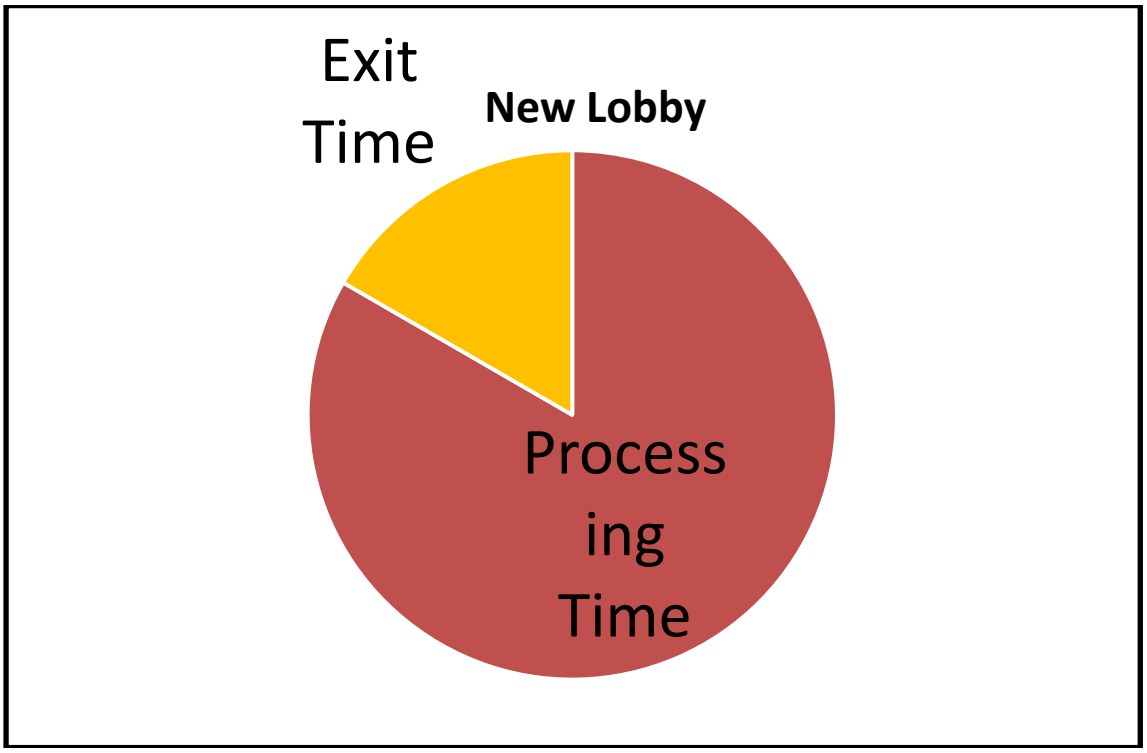
The plot depicts comparison between total time required for every data entry point for two processes structures named "Old lobby" and "new lobby". The X axis comprises of data entries collected both for the old and the new lobby. While the Y axis comprises of total time required for each entry point. The processing time is the major subset of the total time. Owing to the fact that the "new lobby" processing time was markedly low compared to the "old lobby" process structure, the total time required for the "new lobby" process structure was reduced significantly compared to the "old lobby". Thus the graph clearly validates the improvement achieved by incorporating the "new lobby" process structure compared to the "old lobby" process structure.

GRAPH 6: Processing and Exit Time for Old Lobby



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

GRAPH 7: Processing and Exit Time for New Lobby



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.

15. 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.
- RFID, 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

16. ETHICAL CONSIDERATIONS

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

17. CONCLUSION

From the study after comparing the data from both old as well as new lobby, it 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 higher queue exit time was due to the fact in the "new lobby" processes structure is highly localized compared to the "old lobby" structure which is highly modularized with a separate processing unit for each sub processes. . The processing time is the major subset of the total time. Owing to the fact that the "new lobby" processing time was markedly low compared to the "old lobby" process structure, the total time required for the "new lobby" process structure was reduced significantly compared to the "old lobby".

18. REFERENCES

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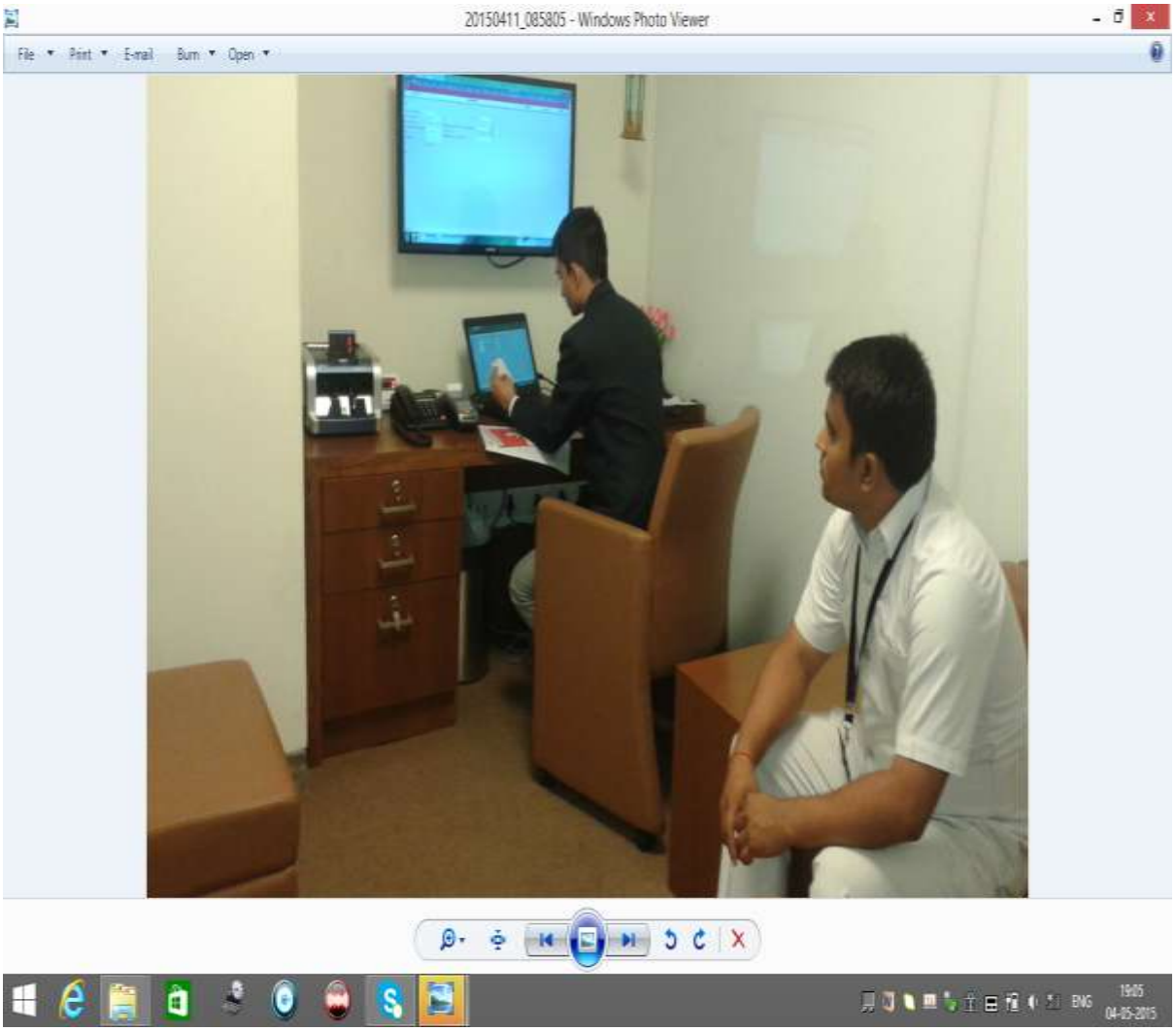
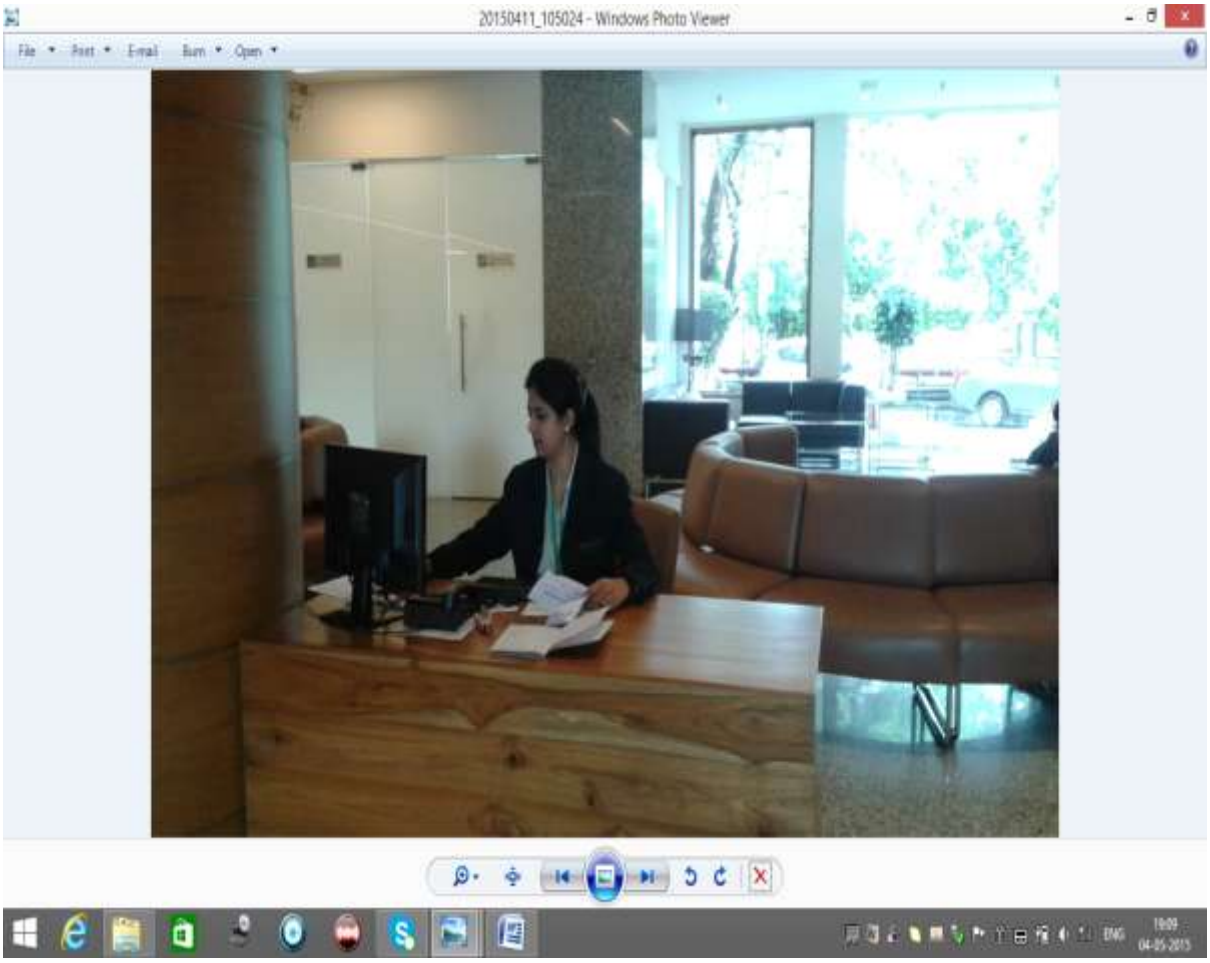
7. www.chsbuffalo.org/.../Rusk_-Employing_the_Concept_of_Lean_Flow.
    a. managedhealthcareexecutive.modernmedicine.com/.../streamlining-pre-a.
    b. www.healthmgttech.com/articles/.../streamline-your-front-end-processes....

19. ANNEXURE

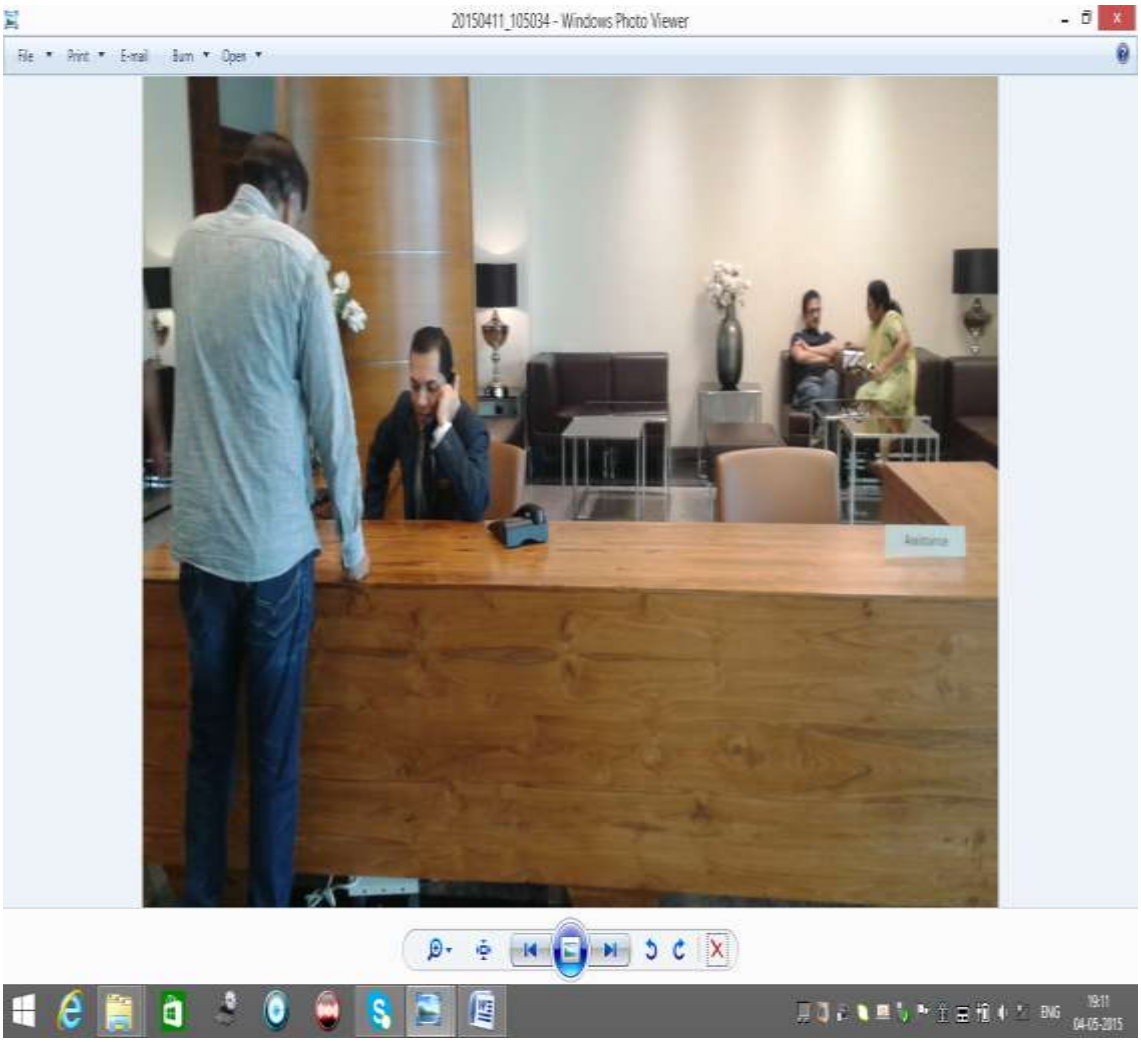
COUNSELLOR WITHIN THE CUBICLE IN NEW LOBBY



LOBBY MANAGER DESK IN NEW LOBBY

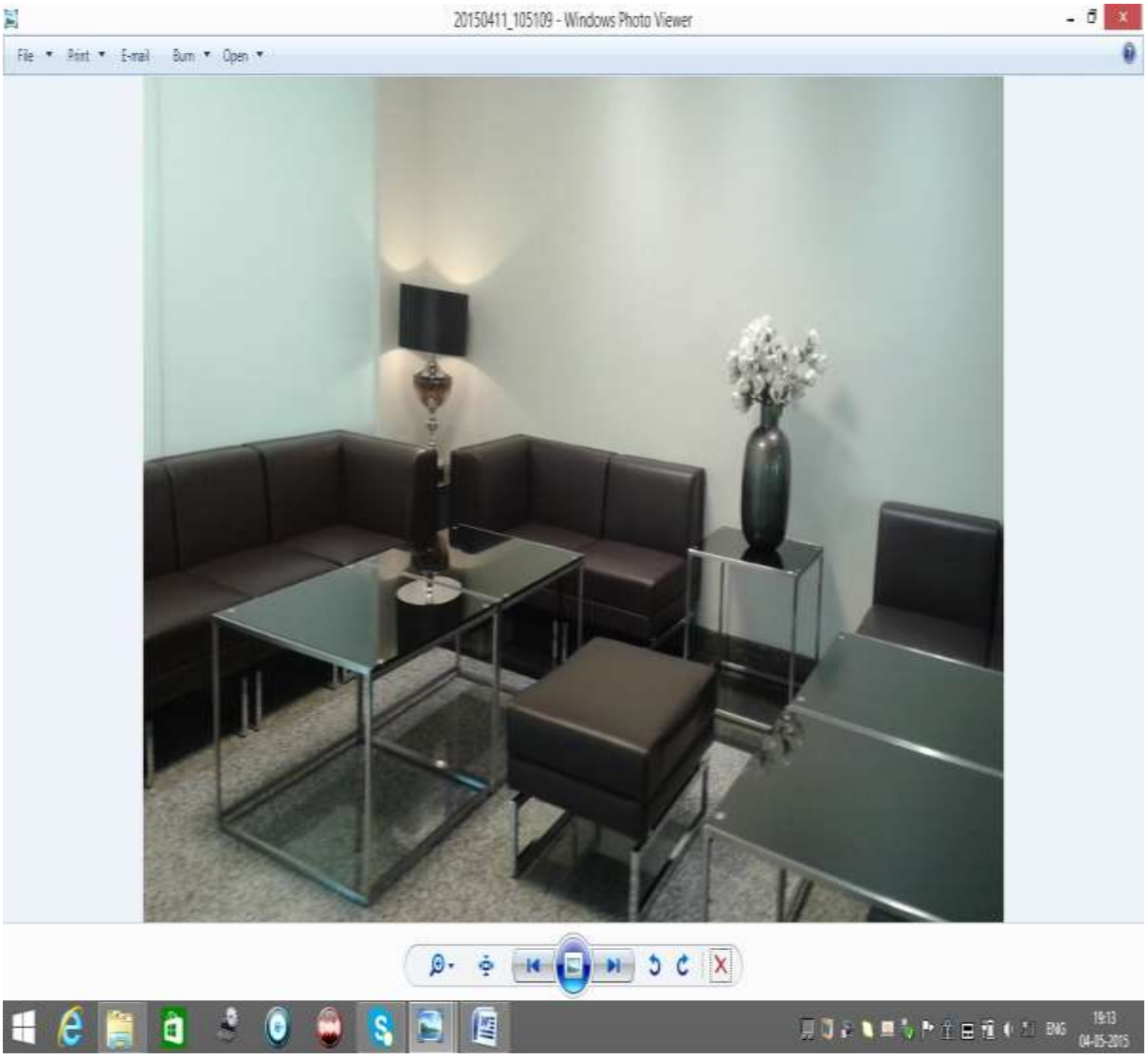


ASSISTANCE DESK IN NEW LOBBY



OUTSIDE VIEW OF CUBICLE

WAITING AREA OUTSIDE INTERNATIONAL LOUNGE



PHARMACY IN NEW LOBBY