

PROJECT TOPIC:- STREAMLINING THE PROCESSES IN CARDIAC OPD BY IDENTIFYING THE BOTTLENECKS



INTRODUCTION

- Cardiac OPD in Medanta caters to more than 250 patients everyday
- The department is further divided into clinical, interventional, pediatric and electrophysiology
- The layout of the department is such that there is evident crowding been seen during the peak days and times
- Frequent complaints and dissatisfied patients.



OBJECTIVES

- To map the OPD processes for non- value added activities.
- To identify the wastes and improvement areas in these processes.
- To redesign these processes for maximum efficiency.
- To monitor and evaluate the benefits of the redesigned processes.
- To design a training for empowering the staff for this change management.

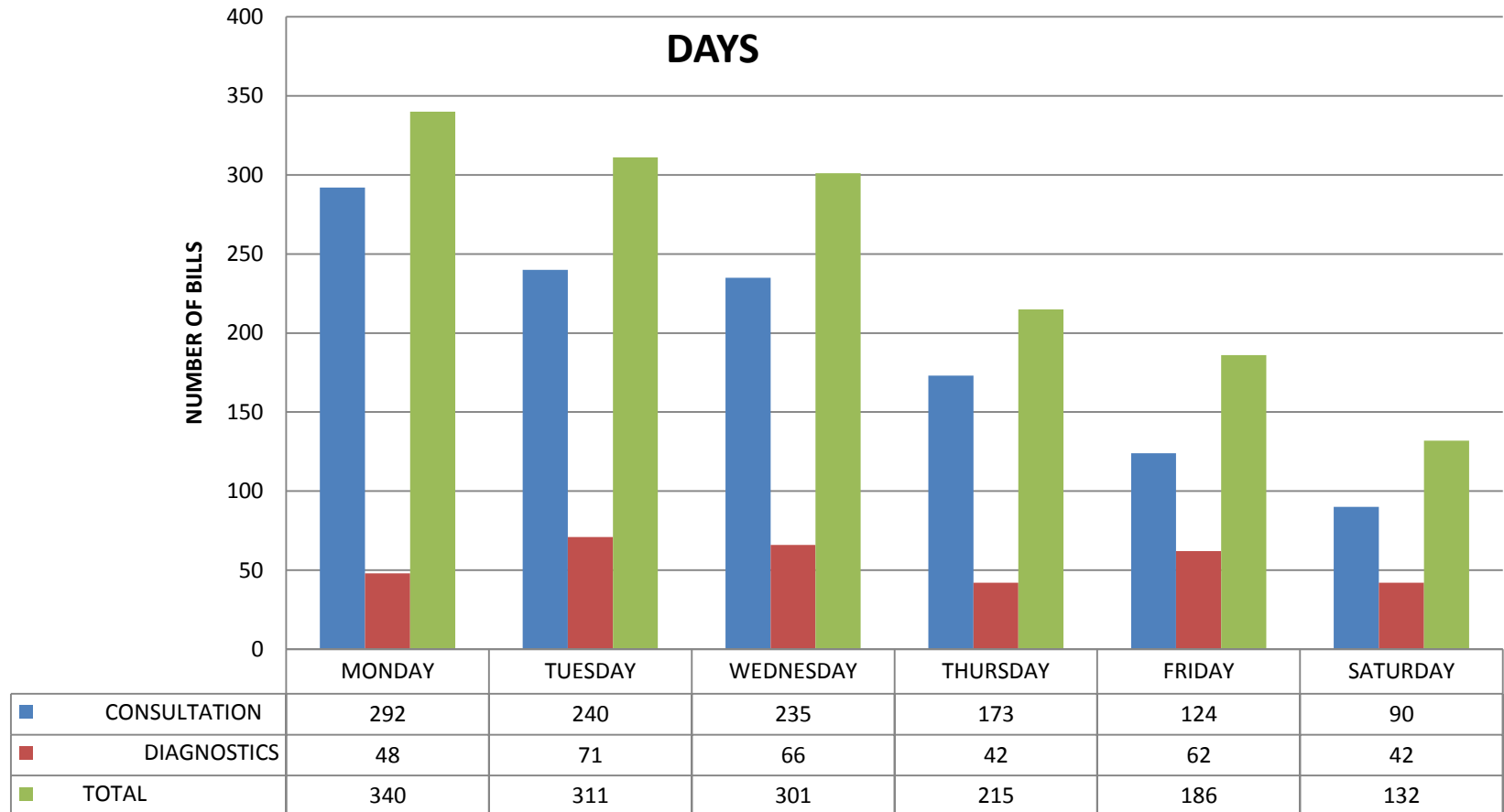


CHALLENGES.....

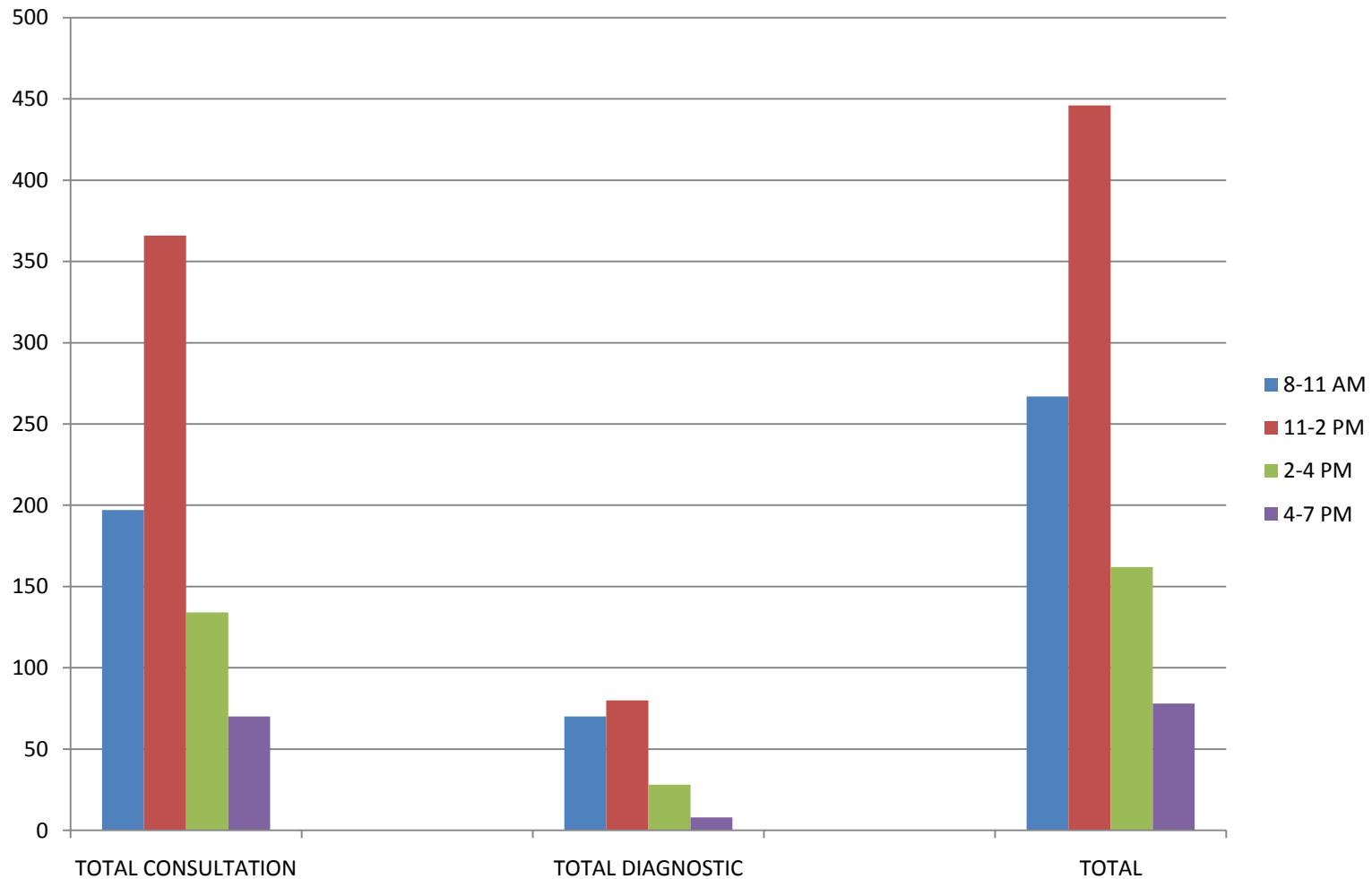
- Variation in patient load throughout the week/day
- Over crowding at Nursing Counters both 1 and 2
- Over utilized rooms of the doctors
- Over Crowding in Echo Rooms



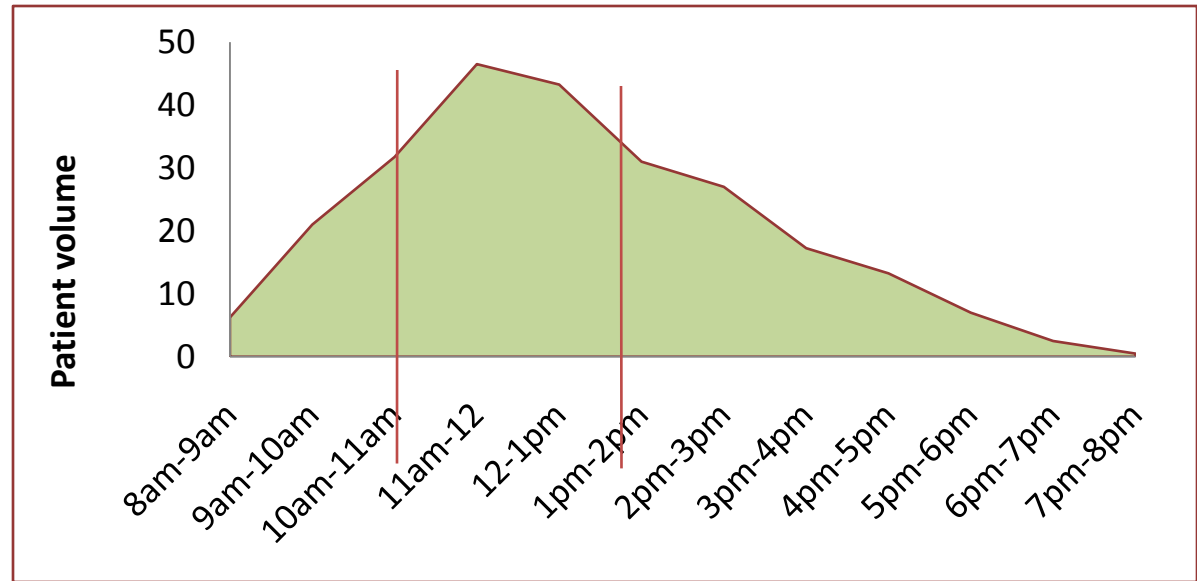
VARIATION IN PATIENT LOAD THROUGHOUT THE WEEK/DAY



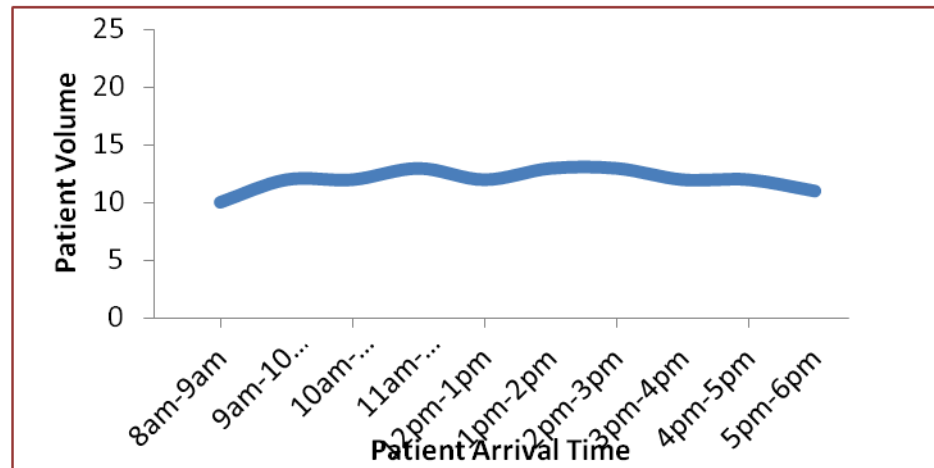
UNEVEN HOURLY DISTRIBUTION OF PATIENT LOAD



Current Scenario -

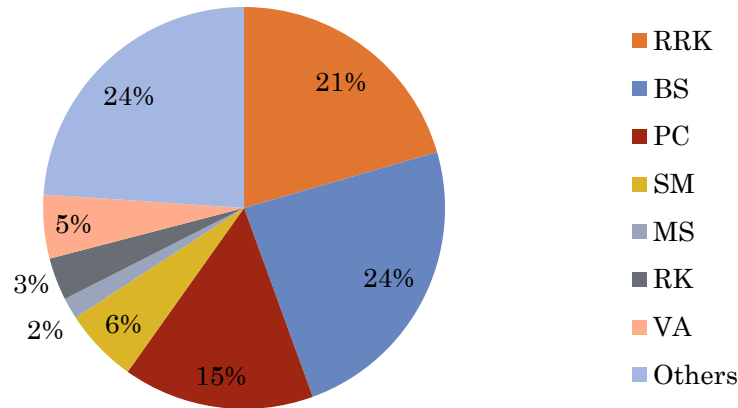


Target -

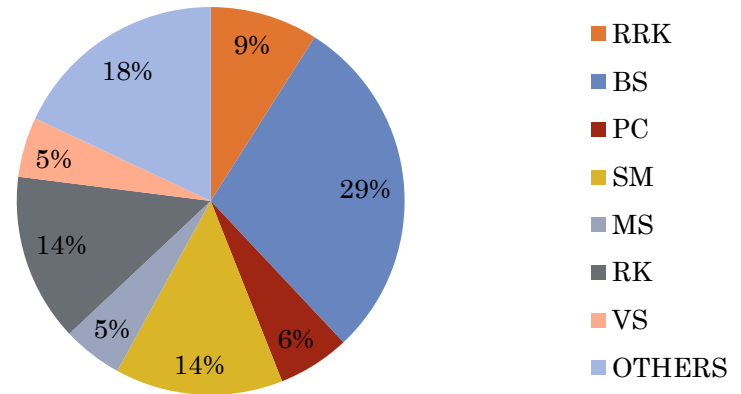


DOCTOR WISE DISTRIBUTION THROUGHOUT THE DAY

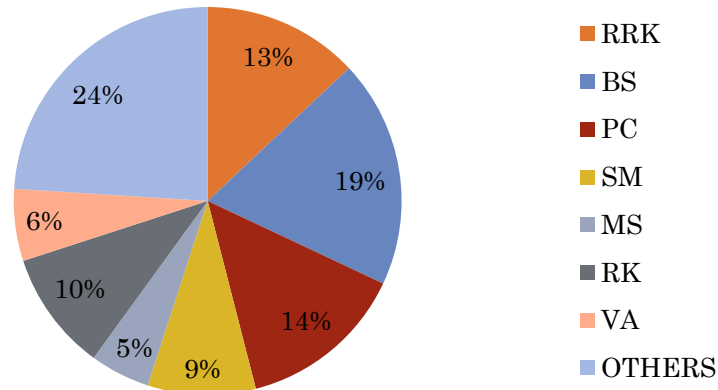
8-11 am Patient Percentage



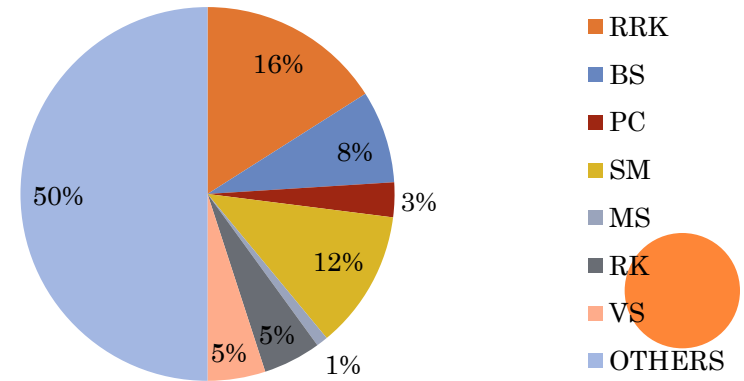
2-4 pm Patient Percentage



11-2 pm Patient Percentage



4-7 PM Patient percentage



CURRENT SCENERIO

Most patients arrive between 11:00 am & 2:00 pm for both Consultations and Diagnostics

Limited control over arrival patterns of patients with no recording of the appointments given on phone

Walk- in patients are 2-3 times of appointment patients

73% of follow up patients Vs 27% of New patients

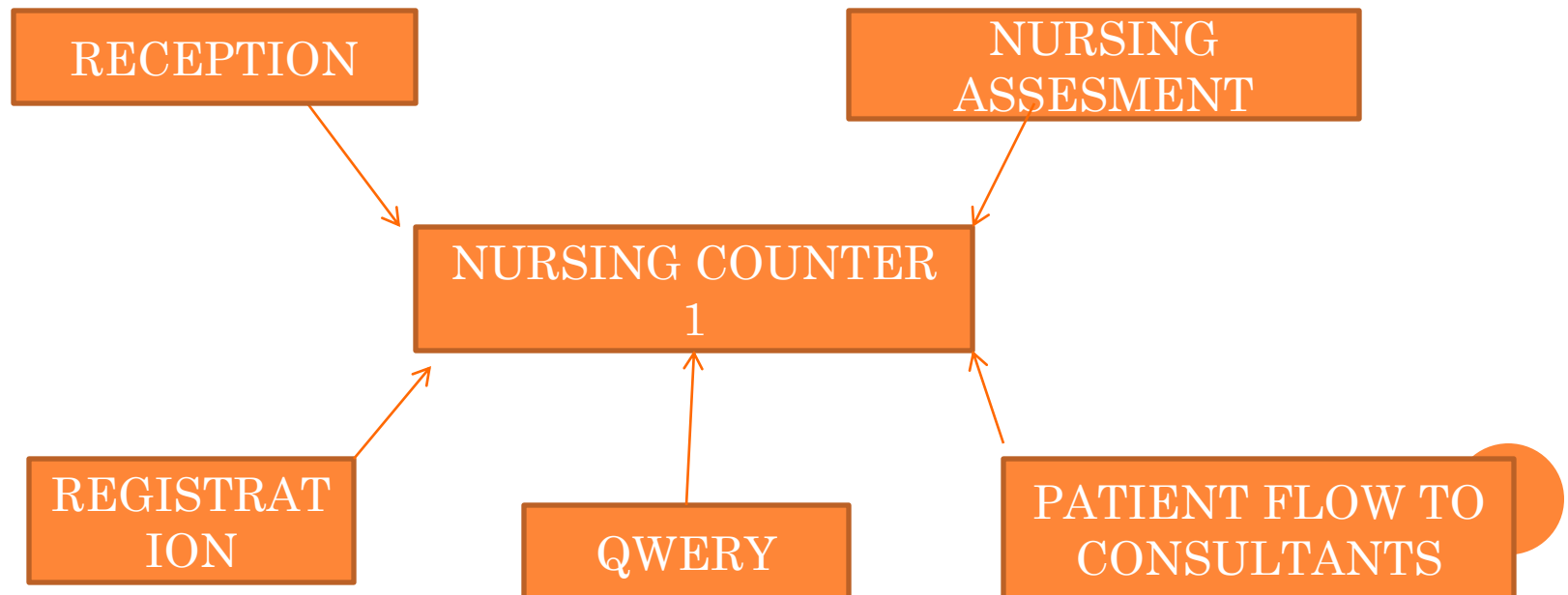
SUGGESTIONS

- Converting follow up walk-ins to appointments
- Utilization of lean period for appointment patients
- Redesigning of appointment slots
- Increased number of slots
- less appointments in peak hours
- Provision for walk-in/ referrals/ emergencies
- Recording of the Appointments given on Phone.



OVER CROWDING AT NURSING COUNTERS BOTH 1 AND 2

- Activities at Nursing Counter 1 includes patient flow for more than 200 patients for consultations of all the doctors
- Coordination and flow of around 100 patients for nursing assessment



CONTINUED....

- Activities in nursing counter 2 includes registration and maintaining flow of over 120 patients everyday which includes patients for ECHO, DSE,TMT,STEC,CD,PD.
- Desk is operational only from 9 to 6 pm.



Nursing Counters- 1 & 2 Before Intervention

Mon 12:42



SUGGESTIONS.....

- Installation of a larger counter in the centre
- Manning of the counter by 3 staff during the peak hours
- Introduction of Queue management display systems
- Provision of separate report desk instead of counter 2 thereby reducing a load of around 80 people in nursing counter 2
- Increasing the timings of the Nursing Counter 2 from 8 am to 8 pm in the evening



NURSING COUNTER 1 & 2 AFTER INTERVENTIONS



CONTINUED.....



CONTINUED.....



CONTINUED.....



OVER UTILIZED ROOMS OF THE DOCTORS

- Room number 16 & 17 are shared by 13 consultants with over 50 patients with overlapping consultation times resulting in high waiting time causing.....
 - Heart Station rooms getting utilized for consultations
 - Hampering privacy of patients
 - Unsatisfied doctors and patients.
 - Long waiting time for both patients and doctors
- **Suggestions.....**
 - Tests performed in Room-5 & 6 to be clubbed in Room-5
 - Room-6, 10 & 14 can be allotted as Consultation room

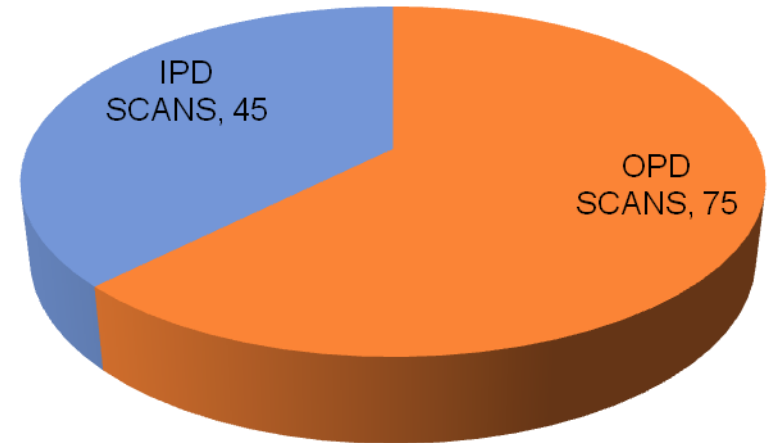


OVER CROWDING IN ECHO ROOMS

SUGGESTIONS

Scheduling for In patient scans before and after the OPD hours to be introduced

Current utilization of 9th IPD heart station to be increased



GOOD TO HAVE:-

- Queue Management and display systems
- Centralized report collection desk to decrease the congestion on the lifts and the floors
- Introducing Pass system for Cath Lab attendants to reduce overcrowding
- Concept of Patient service desk on the floor



CONCLUSION

- The bottlenecks identified were the improper appointment system, layouts, over and under utilized rooms, no standard protocol for operations
- On interventions on the above mentioned challenges there was drastic improvement on the entire operational efficiency of the hospital
- The interventions were designed keeping in mind, minimum possible requirement of any additional resources.



THANK YOU

