A Study to Assess the Conversion Rate of Patient on Surgical Cost Estimation in Superspeciality Hospital, Raipur

Name: Koushik Roy, Roll No. 1531, Batch: HM-27; Guided by- Dr. Sandesh Kumar Sharma

Brief History & Description

Narayana Hrudyalaya was founded by Dr. Devi Shetty in the year of 2000 with a 280-bed heart hospital in Bangalore. In 2013, Narayana Hrudyalaya officially changed its identity to Narayana Health.

Narayana Health took over the management of MMI Hospitals in August 2011 to provide affordable, high quality healthcare to the people of Raipur and Chattisgarh. add extra care and nurture.

The MMI Narayana Superspeciality Hospital, Raipur came into existence when the earlier hospital was transformed by incorporating state-of-the-art equipment and facilities with modernized operation theatres as well as the best of clinical talent. Set amidst one of the most tranquil locations in Raipur, the hospital makes it an ideal place to recover and rejuvenate faster.

Vision & Mission

High Quality Health Care with care & Compassion at an affordable cost on a large scale.

ICARE -

- I : Innovation & Efficiency
- C : Compassionate Care
- A : Accountability
- R : Respect for all
- E : Excellence as a Culture

Organization Structure

SWOT Analysis

SWOT

STRENGTH	WEEKNESS	OPPORTUNITY	THREAT
1. Experienced Clinical Team. 2. Effective HIS facility. 3. Digitalized system. 4. Enhancement in Patient guidance.	1. Shorage of House keeping Staff. 2. Communication Gap healthcare professionals.	1. Increasing the Patient attraction rate through Patient Satisfaction. 2. Affordable and Various package	1. Corporate Cashless option is unavailable under payment mode. 2. Competition between healthcare providers.

Learning During Summer Training:

A Study to assess the conversion rate of Patient on surgical cost estimation in Superspeciality Hospital, Raipur.

Objective:

To Study about the conversion rate of the patients who have received the surgical cost estimation (after getting advice from consultant).

Methodology:

Data was collected from departments and by taking feedback from employees. The questions are about the surgical estimation, conversion rate, non-conversion reason etc. The data was collected of the patients who had received the surgical cost estimation within 2 months in NHMMI Superspeciality Hospital, Raipur and Total Sample size is 542.

Data Analysis:

Findings:

Total Estimation Issued: 542
Total Conversion: 394 (73%)
Total Non-Conversion: 148 (27%)

Total Estimation Issued (Indicative): 350
Total Conversion: 242(69%)
Total Non-Conversion: 108 (31%)

Total Estimation Issued (Package): 182
Total Conversion: 152 (80%)
Total Non-Conversion: 40 (20%)

Estimation Issued for Cash Patient: 327
Total Conversion: 223 (68%)
Total Non-Conversion: 104 (32%)

Estimation Issued for TPA: 105
Total Conversion: 86 (82%)
Total Non-Conversion: 19 (18%)

Estimation Issued for Corporate: 125
Total Conversion: 99 (79%)
Total Non-Conversion: 26 (21%)

Conclusion:

The conversion rate of 73% for surgical cost estimation indicates that this is a positive conversion rate, indicating a high level of interest and willingness among patients to proceed with the service. This suggests that the surgical cost estimation service is effective in meeting the needs and expectations of potential patients.

Challenges Faced During Internship

1. Faced problem to adop the process (at begining)
2. Language Barrier
3. Lack of guidance whenever it's required

Usefullness of the Internship

1. Gained the knoledge about the roles and responsibilities of Surgical Department.
2. Learnt about Estimation generation process.
3. Gained knowledge about the Estimation document.
4. Learning regarding the way of communication with different level of health care professionals.

Suggestions

1. According to my observation, the "Package" Estimation Type should be issued more than "Indicative" Type (Package type should be issued above 60% per month).
2. The Corporate Cashless System should be accessed.
3. The number of healthcare professionals should be increased.

Difference between Theoretical Exposure & Practical Exposure

1. Theoritical: Theoretical exposure at refers to the knowledge and understanding gained through study and learning about a particular subject or concept. It involves acquiring information and concepts through textbooks, lectures, online resources, or discussions.
2. Practical: On the other hand, practical exposure at hospital refers to the hands-on experience gained through real-life application of the knowledge and skills acquired through theoretical learning. It involves actual practice, implementation, and practical application of the concepts and theories learned.