TAT FOR INITIAL RE-ASSESSMENT OF INPATIENT & TAT IN DIAGNOSTIC(IN-OUT) AND CORRECTIVE ACTIONS

PRESENTED BY : AMAN KUMAR SAH
ROLL NO :- 1248

MENTOR : MR. MUKESH SARKAR, OPERATIONS MANAGER, ORCHID HOSPITAL
DR. P.R. SODANI, PRESIDENT, IIHMR, JAIPUR

HISTORY

Orchid Medical Centre is NABH accredited, 135 bedded super-specialty hospital established in 4th Aril 2011. Orchid Medical Centre is the first and only hospital lab in Ranchi to have NABL (National Accreditation Board for Testing and Calibration Laboratories) certification. The Critical Care Units at Orchid Medical Centre are ISCCM (Indian Society for Critical Care Medicine) accredited. We are the first and only hospital in Ranchi to have this accreditation which certifies that the ICUs in our facility are the best available in terms of equipment, patient care and medical faculty. There are 40+ Experienced Doctors in this hospital with 8 Super specialities and 16 Specialities. Orchid Ranchi is working day-night for patient satisfaction. We have a process-driven approach in all aspects of hospital activities – from registration, admission, pre-surgery, peri-surgery and post-surgery protocols, discharge from the hospital to follow up with the hospital after discharge. Not only the clinical aspects but the governance aspects are processed based on clear and transparent policies and protocols.

VISION AND MISSION

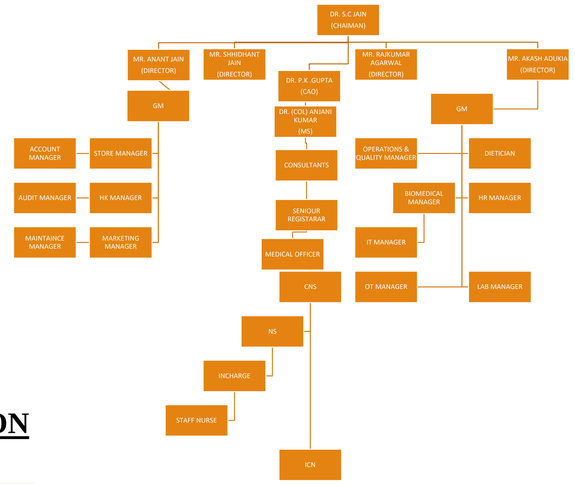
VISION STATEMENT

Orchid medial centre is a state of the art, multi-speciality hospital Located in H.B Road, Ranchi. The hospital aims to provide quality patient care with unrelenting attention to clinical excellence and patient comfort at an affordable cost.

MISSION STATEMENT

1. To be an ethical healthcare centre and a technology leader in healthcare in the state.
2. To provide high quality health services in a cost-effective manner.
3. To be the hospital of choice for both patient and doctors.

ORGANISATIONAL STRUCTURE



LEARNING AND VALUE ADDITION

- Learned the work of floor manager
- Learned the coordination of OPD.
- Learned the work flow of facility manager.
- Learned the work of diagnosis coordinator.
- Learned to check the quality indicator, checking registers of quality etc.
- Learned to calculate the TAT for quality indicator and diagnosis.

USEFULNESS OF INTERNSHIP

- Got to know about new sector.
- Can apply theory and gain more skills.
- Improvement of CV.
- Building network with professionals and doctors.
- Exploring more to for my job specification.
- Gaining confidence and getting ready for the flexible job requirement.
- Getting practical knowledge by working in real scenario.

CHALLENGES FACED DURING INTERNSHIP

- Difficulties in understanding biological terms.
- Difficulties in understanding doctors' language and gestures.
- Due to over work sometimes, I have to work overtime
- .Convincing patient parties if there is any delay in process.
- In some department less time is given by supervisor as guidance.

SWOT ANALYSIS OF ORGANISATION

STRENGTH

Location benefits

Filled with all advanced technology and upgrading timely.

Apart from NABH, labs and ICU of hospital is also accredited NABL (National accreditation board for testing and calibration laboratories) and ISCCM (Indian society for Critical care Medicine)

High success rate.

Weakness

Limited number of consultants.

Longer patient wait time.

High employees turn over.

Less parking area.

Opportunities

Kidney Transplant centre is going to start.

Good growth opportunities for employees as it is growing hospital.

Successful referral program with other physicians.

New ideas are welcomed.

Threat

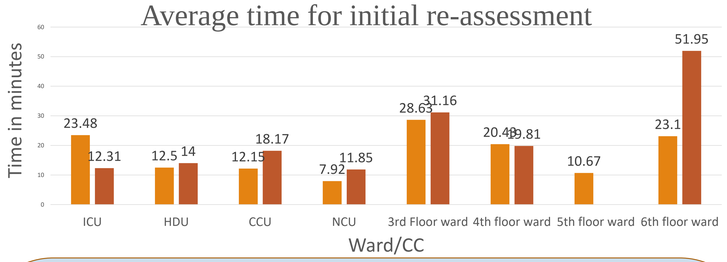
High level of competition with other hospitals.

Employee dissatisfaction.

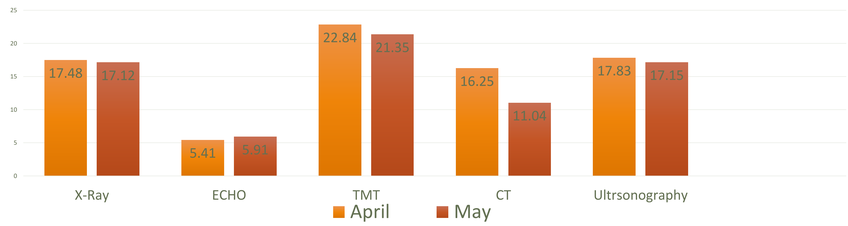
With expansion, patient may face challenges.

Lack of technicians for advanced machines.

Average time for initial re-assessment



Average time for diagnostic



ROOT CAUSE ANALYSIS:

- Doctor busy with some another serious patient.
- Doctors is not present in the Critical cares. Either they are preparing discharge summary or taking round in floors.
- Late in putting notes even after doctor visited patient.
- New Medical Officer not knowing about the policies of the hospital is the reason for delay.

CAPA (CORRECTIVE ACTIONS & PREVENTIVE ACTIONS)

- Training must be given to the newly joined Medical Officers about policies and service standard of hospital.
- Weekly meeting with medical officers by MS for better coordination.
- If allotted Medical officer is busy with another serious patient, then Medical officer or Consultant doctor if present can visit the patient.
- If ideal time has increased in critical care, then strict order should be given to the Medical Officer also ask for explanation.

SUGGESTIONS

- Small issue should be resolved by their own if possible.
- One chair should be given in waiting area for Diagnostic coordinator.
- Every manager must monitor the work of their department taking reports/handovers are not only solution sometime people give wrong information just to save themselves from punishments.
- Regular training should be given to concern department got better handling the work.
- TAT should be maintained by department, also manager should randomly check the register, if not found out updated then action should be taken,
- Staff should be increased for coordination in area like diagnosis coordinator and OPD coordinator.
- In floors sometimes nurses ignore the call bell, and they switch off directly; not by patient room, this should be avoided by setting up some other system in which they can't do it directly.
- Employee of month should be given to motivate them.

ROOT CAUSE ANALYSIS:

- Rush of both IP and OP patient at the same time leads to wait for OP patient for longer time because according to rule IP patient is given priority.
- Billing of OP patient too early even after doctors are not there make patient frustrated.
- Delay in test due to carelessness of nurses for pre-test preparation.
- Lack of better coordination between coordinator and nurses which lead to create anger in patient.
- Repeat test if report is not clear leads to delay in test and increase waiting time.

CAPA(CORRECTIVE ACTION & PREVENTIVE ACTION)

- The first and important thing is that doctors should stick to their time if busy or coming late then they should inform the concern person so that correct information should be given to the patient.
- Screen should be placed in waiting area with serial wise patient name and OMC number.
- One patient can have multiple test so if one test is busy, then coordinator should coordinate for another test if free.
- TMT, ECHO and USG should improve most of the time waiting area is crowded dur to these
- There should be separate rooms or different setup for IP and OP patient for reducing time gap.
- Right person at right time at right place will reduce the lack of coordination and things will get more appropriate.