BLK-MAX SUPERSPECIALITY HOSPITAL, NEW DELHI

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1 ABOUT BLK MAX SUPERSPECIALITY HOSPITAL

BLK MAX Super Specialty Hospital is part of the largest healthcare networks in Indian offering a wide range of services, making it a force to reckon within the field of super tertiary hospital. The hospital has a capacity of 650 beds with dedicated 125 critical care beds, 20 operation theatres and specialty specific dedicated OPD blocks.

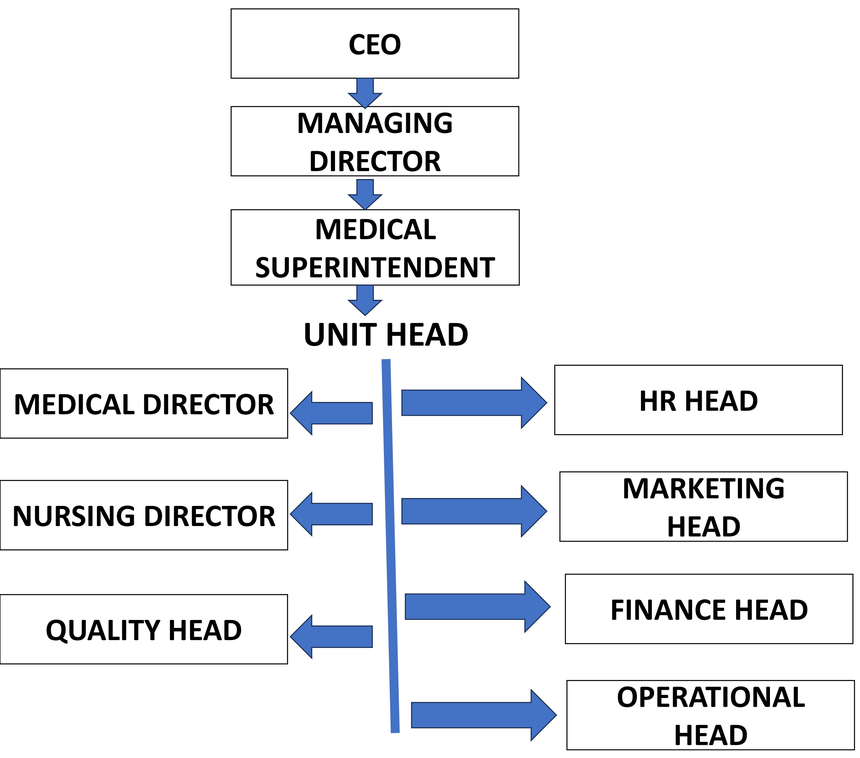
2 VISION AND MISSION

VISION- MORE CARE AT EVERY STEP OF THE WAY. To be the most well regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care supported by the largest technology and cutting edge research.

MISSION-

- To achieve professional excellence in delivery quality care.
- Ensure care with integrity and ethics
- Push frontiers of care through research and education
- Adhere to national and global standards in healthcare
- Provides quality healthcare to all sections of society

3 ORGANISATION STRUCTURE



4 DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

THEORETICAL	PRACTICAL
❑ Theoretical understanding gave us the overview of the concept of feedback.	❑ Practical work gave us the exposure on how to solve the the real time problems based on patient's feedback by doing RCA AND CAPA.
❑ Negative pressure to be maintained in the decontamination zone in the CSSD department to prevent the contaminated air from coming out.	❑ Decontamination zone in BLK-MAX donot have airtight windows to maintain negative pressure.
❑ 3. Theoretical knowledge focuses more on patient centric care.	❑ Practically they focuses on revenue generation approach.

5 SWOT OF OPERATION THEATRE

STRENGTHS

- ❑ Robotics and organ transplant latest equipment.
- ❑ Guinness world record of 41 total knee replacements in 12 hours.
- ❑ Dedicated orthodontics and oncology department with maximum OT utilisation.
- ❑ OT scheduling is done using block strategy which leads to efficient use of operation theatre.

WEAKNESS

- ❑ Long waiting time in pre-operative area
- ❑ Over exertion of doctors due to long surgery schedule.
- ❑ Maintenance of electronic records not done yet.
- ❑ 22% cancelation rate of surgeries leading to increase in unplanned cases decreasing the OT utilisation.

OPPORTUNITIES

- ❑ Covering international market.
- ❑ Technology update
- ❑ Increasing branding efforts
- ❑ Develop healthcare programs and initiative to drive more community outreach
- ❑ Increase funding for research

THREATS

- ❑ Increasing competition from closely related hospitals.
- ❑ Financial constrains lead to cancellation of surgeries.
- ❑ Adverse government policies that result in budget deficits

6 USEFULNESS OF INTERNSHIP

- ❑ It helped me learn the insight of the hospital and how the different departments work in collaboration with each other.
- ❑ It helped in expanding my connections in hospital and health industry.
- ❑ Helped in evaluating CUSTOMER RELATIONSHIP MANAGEMENT.

7 CHALLENGES FACED DURING INTERNSHIP

- ❑ Initial hesitation of interacting with patients and language barrier with international patients.
- ❑ Long waiting time in taking corrective and preventive action of the patient's feedback increasing their frustration level.
- ❑ Difficulty in tracking the non moving items leading to increase in costing.

8 LEARNINGS

❑ LEARNINGS IN OPERATION THEATRE

FLOWCHART OF OPERATION THEATRE

SURGERY SLOT BOOKED AT DAS PORTAL
↓
PATIENT ADMITTED
↓
CONSENT (SURGICAL,COVID,ANAESTHETIC)
↓
•PRE ANESTHETIC CHECKUP •FINANCIAL CLEARENCE
↓
PART PREPARATION IN WARD
↓
PRE-OPERATIVE AREA
↓
OT (SIGN-IN, TIME-OUT , SIGN-OUT)
↓
POST OPERATIVE AREA/RECOVERY
↓
WARD/ICU

- ❑ Observed the flow of OT.
- ❑ Got familiar with the tracker of OT which is maintained daily containing all the information about the surgeries occurring in a month.
- ❑ Collected the data for OT utilisation and reasons of cancellation of surgeries.
- ❑ Got familiar with the NABH quality index for OT.

❑ LEARNINGS IN OPERATIONS (IN PATIENT DEPARTMENT)

DISCHARGE PROCESS

COUNSELLING OF PATIENT
↓
DOCTOR'S ROUND
↓
DISCHARGE SUMMARY IS FINALISED
↓
MEDICATION INDENTED
↓
NURSING AND PHARMACY CLEARANCE
↓
BILL PREPARATION
↓
INSURANCE PATIENT SEND FOR APPROVAL

- ❑ Observing the process in IPD department , admission of the patient based on doctors advice.
- ❑ Got acquainted with the Hospital Information System. (HIS)
- ❑ Taking patient's feedback
- ❑ Prioritizing the process of making rooms available for admitting new patients by clearing the blocked beds.
- ❑ Root cause analysis (RCA) of feedbacks given by patients.

❑ LEARNINGS IN SUPPLY CHAIN DEPARTMENT

SUPPLY CHAIN PROCESS

DEMAND INDENTED BY DEPARTMENTS
↓
PROVIDED BY THE STORE IF PRESENT THERE
↓
OTHERWISE PURCHASE ORDER(PO) IS GENERATED
↓
ON RECEIVING THE PRODUCT GRN IS GENERATED
↓
BILL UPDATED IN THE SYSTEM
↓
ACCOUNTS OF THE HOSPITAL PAYS THE VENDOR

- ❑ Learnt the process of clearing the non-moving items
- ❑ Observed the process of returning a defective items.
- ❑ Evaluated the EOQ calculation and ABC analysis.
- ❑ Process of generating GRN and GDN.
- ❑ Collaborating with new vendors
- ❑ Got to know about vendor evaluation.

9 SUGGESTIONS

- ❑ Cancellation of surgeries can be reduced by ensuring availability of equipment and tools needed in surgery one day prior leading to improving the OT utilisation.
- ❑ Patients/Attendant to be counselled to apply for their respective TPA's well on time to avoid the delay.
- ❑ Regular audit should be done for non-moving stock in the purchase store avoiding its accumulation
- ❑ Increasing the recruitment of nursing and housekeeping staff.