Gap analysis in the Department of Radiology at RGCI and RC

Rajiv Gandhi Cancer Institute and Research Centre
A Unit of Indraprastha Cancer Society
Registered under "Societies Registration Act 1860"

History and overview of RGCIRC

Indraprastha Cancer Society and Research Centre is a not for profit public medical society. It was formed in the year 1994 under the society's registration act, 1860. The Institute started functioning on 1 July 1996 when a soft opening was done by Sonia Gandhi. However, it was formally inaugurated by the then, President of India, Shankar Dayal Sharma, in the presence of Sonia Gandhi and others on 20 August 1996. It started as a 152 bedded hospital, and currently it's a 500 bedded hospital. The institute diagnoses and treats around 60,000 patients per year. Since its establishment, the institute has provided services to over two hundred thousand patients from India, Nepal, Bangladesh, Sri Lanka, and other countries. The Institute is ISO:9001 and ISO:14001 certified. In February 2013, the institute introduced electrical technology as a service called 'Nano Knife', a minimally invasive cancer treatment. On 12 October 2016, a new cancer centre was established in Niti Bagh, South Delhi by the institute.

Vision

To Provide Affordable Oncological Care Of International Standard And Help To Eliminate Cancer From India Through Research, Education, Prevention & Patient Care.

Mission

To be the premier cancer care provider in India and be the preferred choice of Patients, Care Givers, Faculty and Students
By Offering comprehensive services at an affordable price
And excellence of our personnel leveraging best technology

Values

We hold our patients in high esteem and work with ethics and compassion
We care and function with mutual respect, trust and transparency
We deliver accurate diagnosis, correct advice and effective treatment.

Learning and Value addition done during Internship

- Learnt how the OPD system at RGCIRC works and recorded the TAT for OPD services at RGCIRC.
- Learnt how the department of radiology functions, observed various clinical procedures in radiology and recorded the TAT of the patient flow and reporting process.
- Learnt how the admission and discharge process works and calculated the TAT for the same.
- Learnt how the IPD system at RGCI works and detected Gaps in the IPD system at RGCIRC.
- Learnt how the pharmacy functions at RGCIRC, calculated TAT for the pharmacy and determined the Gaps in procurement of indented medications.

Practical Exposure is helpful because:

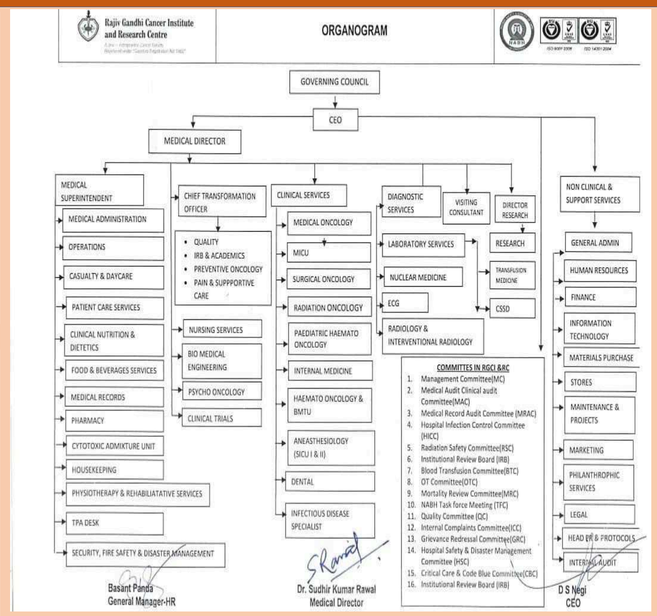
- Helps in the development of communication skills and handle our emotions in professional environment.
- Teaches us to work in groups.
- Teaches us to handle work pressure.
- Teaches us to do multitasking.
- Tells us our weaknesses
- teaches us the correct implementation of theoretical knowledge.

Challenges faced during internship

- Difficulty in coping up with high expectations of the management.
- Difficulty in drawing information from the ground staff and obtaining secondary data for the purpose of our study.
- Difficulty in gelling with the patients.
- Difficulty in working in group in the initial phase.
- Difficulty in dealing with internal politics among the departments.
- Difficulty in satisfying all the members of top management.

Usefulness of this internship

- Made new contacts with renowned personalities.
- Basic understanding of hospital management.
- Development of communications skills.



SWOT ANALYSIS

Strength

- Good reputation.
- Famous doctors.
- International patient load.
- Good treatment results.

Weakness

- High prices.
- Lack of motivation of staff.
- Absence of marketing plan.

Opportunity

- Implementation of public medical insurance system.
- Aging population.
- New treatment and diagnostic area.

Threats

- Competing private hospital.
- Hight cost of medical equipment and supplies.
- Limited financial resources.

Suggestions for the Organization

- Improvement Of IT services and proper time management of various processes.
- Nonclinical staff should be trained to improve on soft skills and improvement on signages and navigation system.

Objectives

Major objective: To detect gaps in the department of radiology and give suggestions for the betterment of the same

Minor Objectives: To reduce total TAT (Turn around Time) for the process of CT scan, MRI,USG, Mammography and Xray.

Methodology

- Type: Descriptive, cross-sectional & quantitative study
- Area: Radiology department of RGCI & RC
- Sample Size: total sample size of 112
- Sampling Technique: convenient sampling
- Duration: 10 working days (09/05/2022 to 18/05/2022)
- Tools and techniques: Checklist and MS-Excel.
- Data collection:- Using a convenient sampling technique, 112 patients were selected for the time–motion study (TMS).

-Then they were accompanied using checklist to collect data on their motion through out the process of Radiological investigation at different levels.

-Once the process of investigation is done the reporting time of the investigations and their dispatch from the department is noted.

-Time was noted with the help of a digital watch and detected at each station by an observer with the help of the same watch.

-Secondary data was collected for the purpose of analysis.

Data Analysis Plan

- Data entry and analysis were done using Microsoft Excel 2010.
- The collected data was then edited , coded and calculated into various frequency distribution and graphs.

Gaps and Challenges in the Department of Radiology

- Shortage of junior radiologist and need for effective utilization of the existing radiologist.
- Nursing staff is not dedicated towards the patients.
- Staff at the counter aren't following the required behavioral work ethics.
- No proper signages to show the direction for PET-CT.
- Missing reports due to tedious dispatch process.
- There is no list of instructions provided to the patient before coming for the procedure(e.g. fasting).
- Poor scheduling of various process such as biopsy guided CT and routine CT which are taken up in between the lengthy procedures.
- Usage of regional languages by the technician a matter of discomfort for patient.
- Long waiting time due to high patient load.
- Report collection time of 24hrs is too long for USG..

Suggestions for the Department of Radiology

- Recruitment of radiologist to reduce workload.
- Decentralization of dispatch counter is required.
- There should be a separate missing report desk for the convenience of patients.
- Staff should be trained well to improve on behavioral work ethics.
- Drinking water should be visible to everyone as it is at the backside of the waiting area.
- There should be a proper signage for PETCT which is visible to everyone.

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