

SUMMER INTERNSHIP MANIPAL HOSPITALS GOA



INTRODUCTION

Manipal Hospital Goa is a unit of the renowned Manipal health enterprises that is known for quality and patient care. Manipal Hospital Goa was established in 1994. It is a 206 beds multi-speciality hospital offering world-class services amidst serene Indian beaches. It covers the complete range of preventive, Curative and rehabilitative care.



VISION

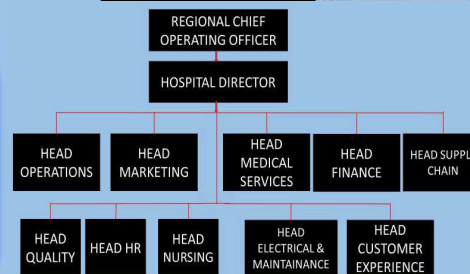
To be the destination of choice to the communities we serve, to be the most preferred and respected healthcare organization in every location that we operate

MISSION

To Enhance "GROWTH, DIFFERENTIATION & PEOPLE" and to serve our patients with smile
GROWTH:To augment patient volumes in existing and new locations through current and new engines of growth
DIFFERENTIATION-By innovation in delivering clinical experience and enhancing patient experience.
PEOPLE-Constantly endeavor to uphold and improve the organizational values
Clinical Excellence | Patient centricity | Ethical Practices |



ORGANOGRAM OF MHG



Manipal Hospitals was started by Dr. T.M.A. Pai in 1953
 Manipal Goa: Established in 1994
 Primary Industry: Hospitals/Inpatient Services
 Other Industries: Clinics/Outpatient Services
 Number of beds-206
 Chairman (MEMG)-Mr. Ranjan Pai
 Financing Status: Private Equity-Backed

SWOT ANALYSIS



Difference between Theoretical Concept and Practical Experience

- Theory helped in understanding various concepts and terminologies about hospital industry, which in-turn made it easy to understand day to day processes in reality
- Lectures on formal communication, organizational work culture were useful to observe their work culture and hence communicate effectively
- MS Excel was taught as a Basic Course, but working practically with hospital records, segregating, and analysing the data was a bit challenging in the beginning.

LEARNING AND VALUE ADDITIONS:PROJECT ON DISCHARGE PROCESSES

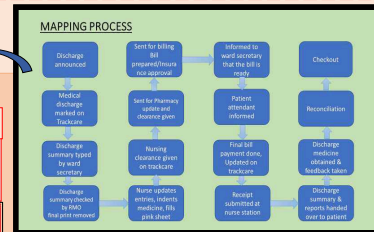
AIM: To study the process of discharging the patients and to recommend changes in the administrative process if any

OBJECTIVES

- To Document the discharge process
- To evaluate the discharge processes against the assigned benchmarks
- To suggest measures to improve- based on observations

METHODOLOGY

- An Observational time and motion study was conducted
- Data was collected for discharges between 9:00am-4:00pm from 1ST & 2ND floor wards (12th April 2022-30th April 2022)
- Each discharge file was followed, and time taken was noted at each department Total sample size-102 Patients



DISCHARGE PROCESS ANALYSIS

- Percentage of planned discharges observed- 65%
- Percentage of discharge Summaries authorized the previous day-2%

CATEGORY	TIME TAKEN AT EACH STATION		
	Average	Highest	Least
Nursing station	00:58:00	03:33:00	00:05:00
Pharmacy Clearance	00:29:00	02:40:00	00:05:00
Bill clearance	01:11:00	05:25:00	00:10:00
Bill Payment time			
Cash patient	00:54:00	03:25:00	00:05:00
TPA/Approval time	03:14:00	08:42:00	00:10:00

CASH OBSERVED: 2.35 h BENCHMARK: 2.00h	CORPORATE OBSERVED: 5:45h BENCHMARK: 2h
INSURANCE OBSERVED: 5.46h BENCHMARK: 5.00h	GOVERNMENT OBSERVED: 3.3h BENCHMARK: 5.00h

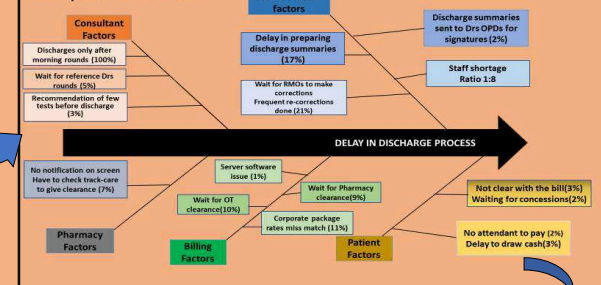
LEGEND

- Observed Time less than or within 10% of Benchmark
- Observed not more than 30% above Benchmark
- Observed more than 50% above Benchmark

Assigned benchmarks

- Planned discharges should be-70%
- Discharge summary readiness-70%
- TAT for Cash/Corporate-2 hours
- Insurance/Government-5 hours

Analyze the cause



USEFULNESS OF INTERNSHIP

- Got Practical Exposure of the Hospitals day-to-day administrative processes.
- Got to Interact with Industry experts with vivid work experience.
- Got to Closely observe work culture of the organization and was able to improve my Communication skills

Challenges Faced During Internship

- Working with Excel was difficult initially to analyze data
- It was difficult to access the required data and had to wait for the concerned department to give it as there was no access given to the hospital management system

SUGGESTIONS TO MHG

- Night RMOs on duty to check provisional discharge summaries and make corrections of all planned discharges
- Consultant/RMO to be encouraged to use the HMS and do the necessary changes on "Trackcare" in place of printing multiple rough summaries
- Need of software augmentation in terms of pharmacy, to receive notifications regarding pharmacy clearance
- Each Department should get time targets to dispatch to the next Department, also notification alerts if that time limit exceeds

By Dr Maya Kubal