GAP ANALYSIS & TOTAL TURN AROUND TIME OF OUT PATIENT DEPARTMENT AT RAJIV GANDHI CANCER INSTITUTE & RESEARCH CENTRE

VISION

To provide affordable oncological care of international standards & 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 & students by offering comprehensive services at an affordable price & 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 & ADDED VALUES AT INTERNSHIP

- Getting accustomed to workflow of various depts of the hospital including OPD pharmacy & radiology.
- Dealing with cancer patients on regular basis.
- Enhancement of communication skills.
- Managing the work load & completing the task within stipulated timeframe
- Importance of networking.

DIFFERENCE : THEORETICAL WORK & PRACTICAL EXPOSURE

THEORETICS

- Working on the data collected & analyzing it.
- Theoretically things seem easier until its done.

PRACTICAL EXPOSURE

- Real time patient interaction.
- Analyzing the gaps & putting forth suggestions.
- Dealing with the staff & Doctors on ground.
- Patient-staff interaction assessment.
- Enhanced communication skills.
- Getting to know about the process flow & its workbility.

USEFULNESS OF INTERNSHIP

- Exposure of the hospital system & it's workflow on ground level.
- Patient experience especially dealing with cancer patients.
- Teamwork & dealing with higher authorities in the management.
- Exposure for selecting my choice of stream for further studies.

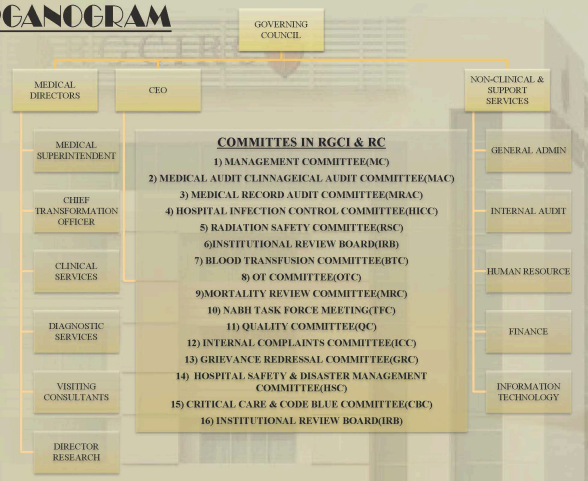
CHALLENGES FACED DURING INTERNSHIP

- Initial miscommunication with the staff due to unawareness about the undergoing project.
- Clashes between the team members
- Unwillingness of the patient to cooperate at times.
- Difficulty in acquiring data from pharmacy & TPA.
- Inadequate sitting arrangement leading to long standing hours in OPD.
- Time constraints leading to collection of inadequate information in departments.

BRIEF HISTORY

Indraprastha Cancer Society and Research Centre, is a "not for profit organization", formed under the Societies Registration Act 1860 and it had set up Rajiv Gandhi Cancer Institute and Research Centre, a standalone oncology care centers, in Delhi, in 1996. Spread over nearly 2 Lakh square feet area, with a current capacity of 500 beds ,RGCIRC is one of the largest tertiary cancer care centers in the continent.. The Institute has 51 bedded Surgical ICU and 21 bedded Medical ICU,dedicated Leukemia ward, separate Thyroid Ward, and an independent 22 bedded Bone Marrow Transplant Unit. It has one more branch at NITI BAGH.

ORGANOGRAM



SWOT

Strengths

- More than 26yrs of market strength
- Renowned Doctors
- Patient Satisfaction
- International Patients
- Good Treatment Results

Weakness

- Lack of Staff Training
- Complicated Navigation System
- No Online Appointment System
- High Prices.

Oppurtunities

- Cooperation with both private and public insurance companies
- New treatment & diagnostic services like ROBOTIC surgery.
- Wider coverage of insurance medicine

Threats

- Competing other private hospitals.
- High cost of medical equipment & supplies.
- Logistics (transportation, taxes).

SUGGESTIONS TO THE ORGANISATION

- Proper sitting arrangement in the hospital premises.
- Simplifying the directional maps on each floor.
- There should be an online admission system to avoid unnecessary waiting of the patients.
- The staff should be trained & made pro-active for reaching out to the patients beforehand.

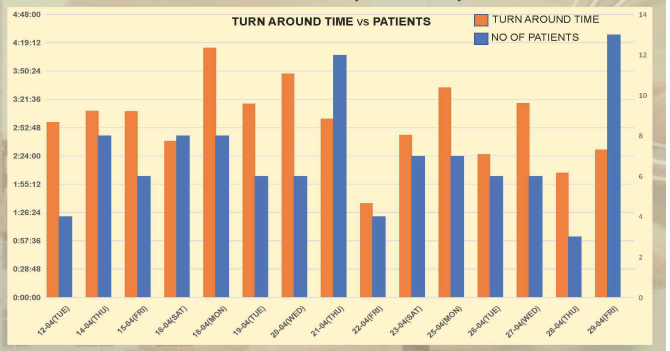
IIHMR UNIVERSITY

OBJECTIVE

To find gaps in the process of OPD and give suggestions and to reduce the turn around time of the OPD processes.

METHODOLOGY

- Using a random sampling technique, about 104 patients were selected for the time–motion study (TMS)
- Then they are accompanied using checklist to collect data regarding the processes at different levels.
- Data entry and analysis were done using Microsoft Excel 2010.
- Percentages and proportions were calculated for descriptive statistics
- For TMS, 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.
- The time difference was calculated and analyzed for every station.



- TAT & Week days are taken on primary axis & No of Patients on secondary axis.
- The average time taken in the OPD process is 3hr:01min:06sec.
- Due to high patient load on mondays the total TAT is around 4hr:14min.
- Some patients took more than avg waiting time because:

1. Patient condition was Critical, Admitted to Emergency
2. Patient made to wait for 2 hours after 3:05 pm at the ECG/PFT UNIT to perform TMT test on empty stomach. The test had to be done on empty stomach this was not informed to the patient in advance and hence resulted in excessive waiting time.

- Some patients took more than avg waiting time: Patients just come for second opinion.

GAPS IN OUT-PATIENT DEPARTMENT

- Long waiting hours at the OPD for consultation.
- Lack of manpower at the help desk.
- Registration process is time consuming & the patients are made to wait at the OPD waiting area.
- The waiting time is more for ECG, EBUS & 2D-Echo.
- There is no provision for cost estimation for patients prior to treatment

SUGGESTIONS TO OUT-PATIENT DEPARTMENT

- Visibility & clarity of the signages should be improvised.
- Temperature modulation needs to be done.
- Enhancement of manpower for patient's navigation and enquiry.
- Cost estimation should be provided to the patients post consultation.

PRESENTED BY- Dr. AMRITA SINGH (123)
STREAM- MBA (HM) 2021-2023
GUIDED BY- Dr. VINOD KUMAR SIR
ORGANISATION- RAJIV GANDHI CANCER HOSPITAL & RESEARCH CENTRE, DELHI