



Summer internship in Medical Administration Department of Fortis Hospital, kolkata



By- Dr. Rupali Maheshwari
Roll No. – 1377
MBA- Hospital and Health Management
Under guidance of-
University Mentor: Dr. Piyusha Majumdar,
Assistant Professor, IIHMR University, Jaipur

About the organization



- Fortis Hospital, Kolkata, founded in 2011, is NABH and NABL accredited. The hospital spans across 7 acres of land in Anandapur, Kolkata.
- The 10-storied, 400-bedded establishment (238 operational), is home to the most advanced, state-of-the-art medical facilities in Cardiology, Pulmonology, Orthopaedics, Brain and Spine care, Mother and Child- care, and Nephrology to name a few.
- It has best-in-class radio-diagnostic facilities, a certified Green OT, emergency room, OPD, IPD, OT and Physiotherapy, and a high-tech Nephrology department with over 28 advanced dialysis units.
- Fortis Kolkata is equally renowned for its services offered in Oncology, Maxillofacial Surgery, Dentistry, Psychiatry, Diabetology, Dermatology, ENT Specializations and Internal Medicine
- It provides a monthly discharge of approximately 1000 patients.

Mission –
Globally accepted healthcare organisation recognised for clinical excellence and distinctive patient care.

Vision –
Saving and enriching lives

STRENGTH

- Established brand in market
- All specialities, diagnostics and laboratory under one roof
- Renowned doctors

WEAKNESS

- Long waiting time in radiology department
- Using housekeeping staff for internal logistics
- Spending less on maintenance

SWOT ANALYSIS

OPPORTUNITY

- Better quality care with electronic medical record system
- Fortis hospitals to become brand of IHH healthcare

THREAT

- Staff dissatisfaction
- Competition from other private hospitals providing similar services

LEARNINGS

- Studied current patient medical record system in hospital and developed strategy for Electronic Medical Record (EMR) implementation.
- Studied about pneumatic tube system (PTS) in hospital and compared it with human based transport (HBT) system for internal logistics.
- Studied turn around time (TAT) in radiology department and reasons for delay in reporting.
- Conducted clinical audit for laboratory critical values.

METHODS AND MATERIALS

For EMR implantation strategy

Data was primarily collected for the study by survey using questionnaire (70 samples), which was filled by doctors, transcriptionists, nursing staff, patient care, administration staff and other staff like lab technicians, billing assistant and infection control and prevention team. Qualitative and quantitative data was collected by live file audits (100 samples) taking into consideration NABH standards and informal conversation with hospital staff.

For clinical audit of laboratory critical values

Patients with laboratory critical value in all departments except OPD and emergency department were tracked for 1 month. Only 3 critical values parameters were included – Haematology, Biochemistry & Microbiology

For pneumatic tube system

2312 Samples (blood and urine) from MICU, CCU, ER and 9th floor OPD were tracked for 1 month.

For TAT in radiology department

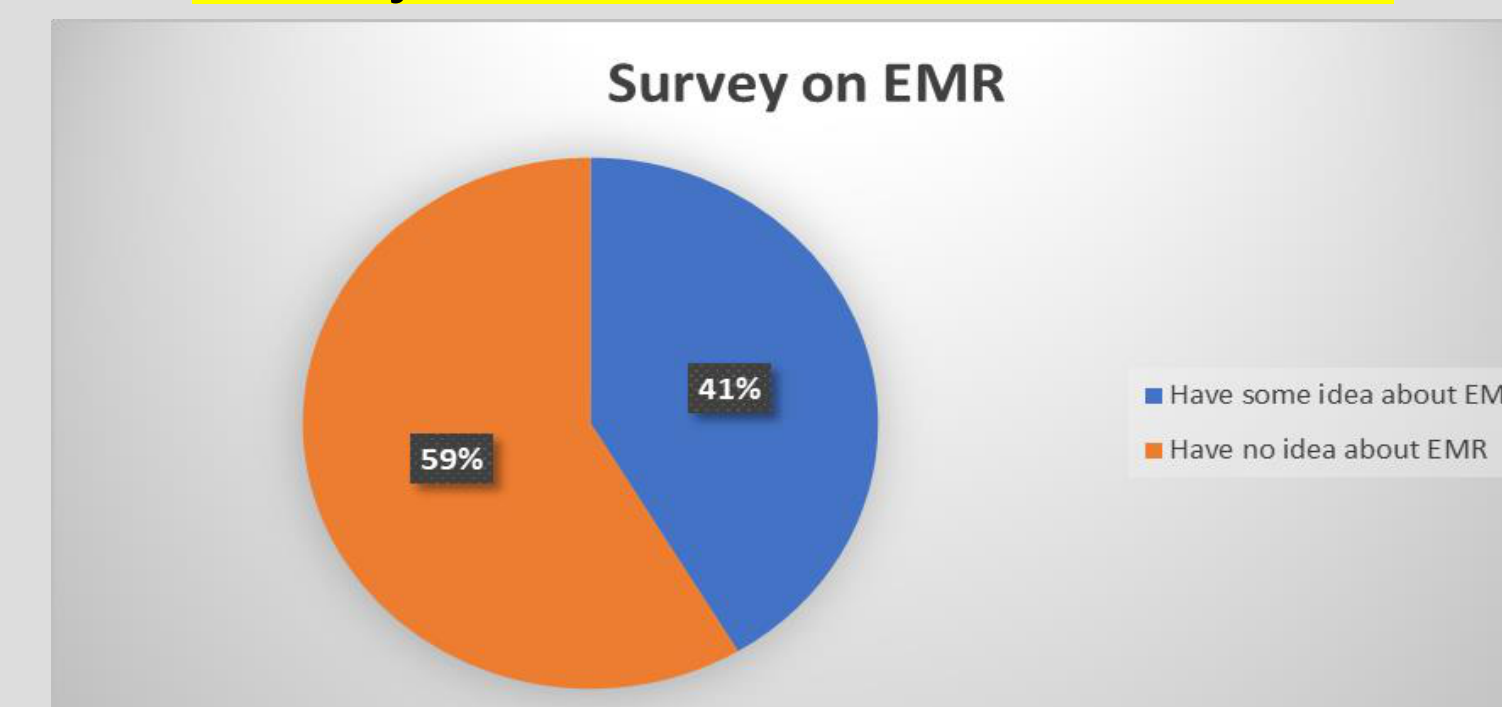
Data was collected by direct observation of OPD patients and from hospital information system for 1 month.
X-ray – 2262, USG – 741, MRI – 381 & CT scan – 582

CHALLENGES FACED DURING INTERNSHIP

- My major challenge was language barrier which I faced while interacting with housekeeping staff.
- Secondly, I faced challenge while doing survey for EMR because people were not much interested in adopting new system.

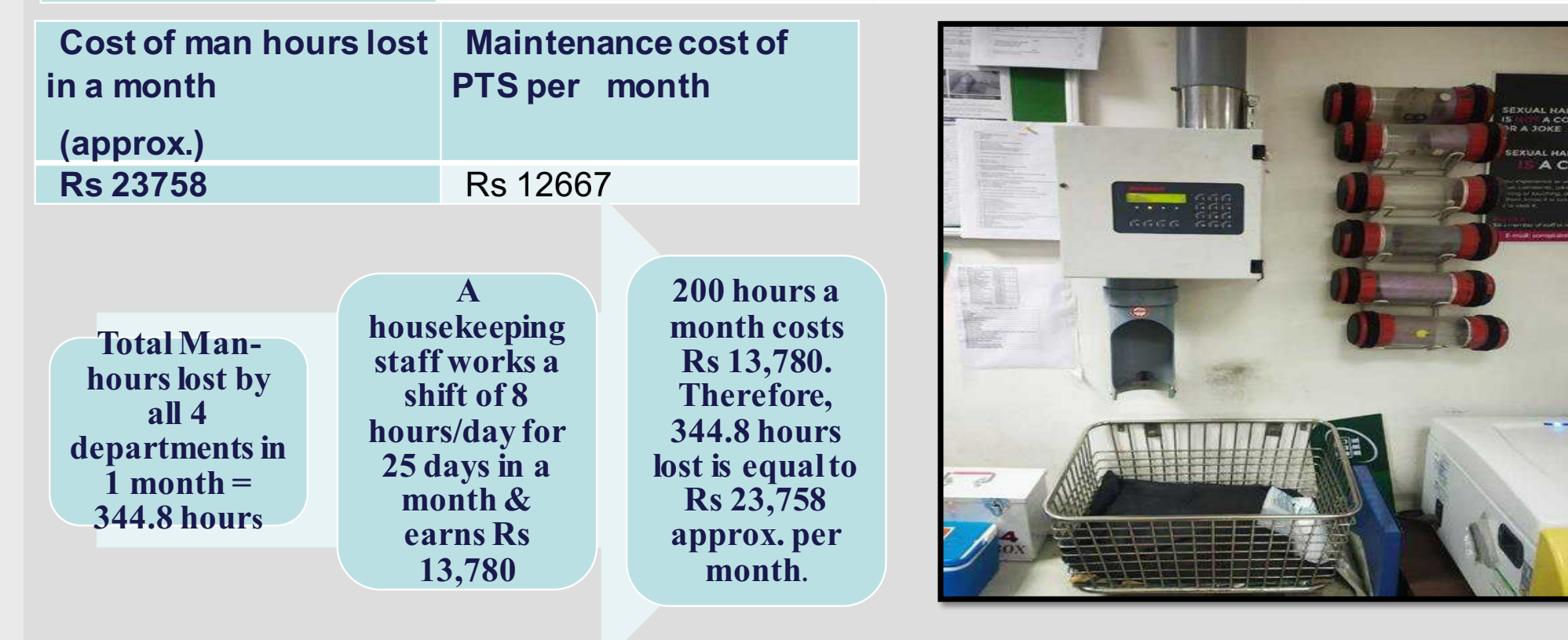
RESULTS

Survey on electronic medical record

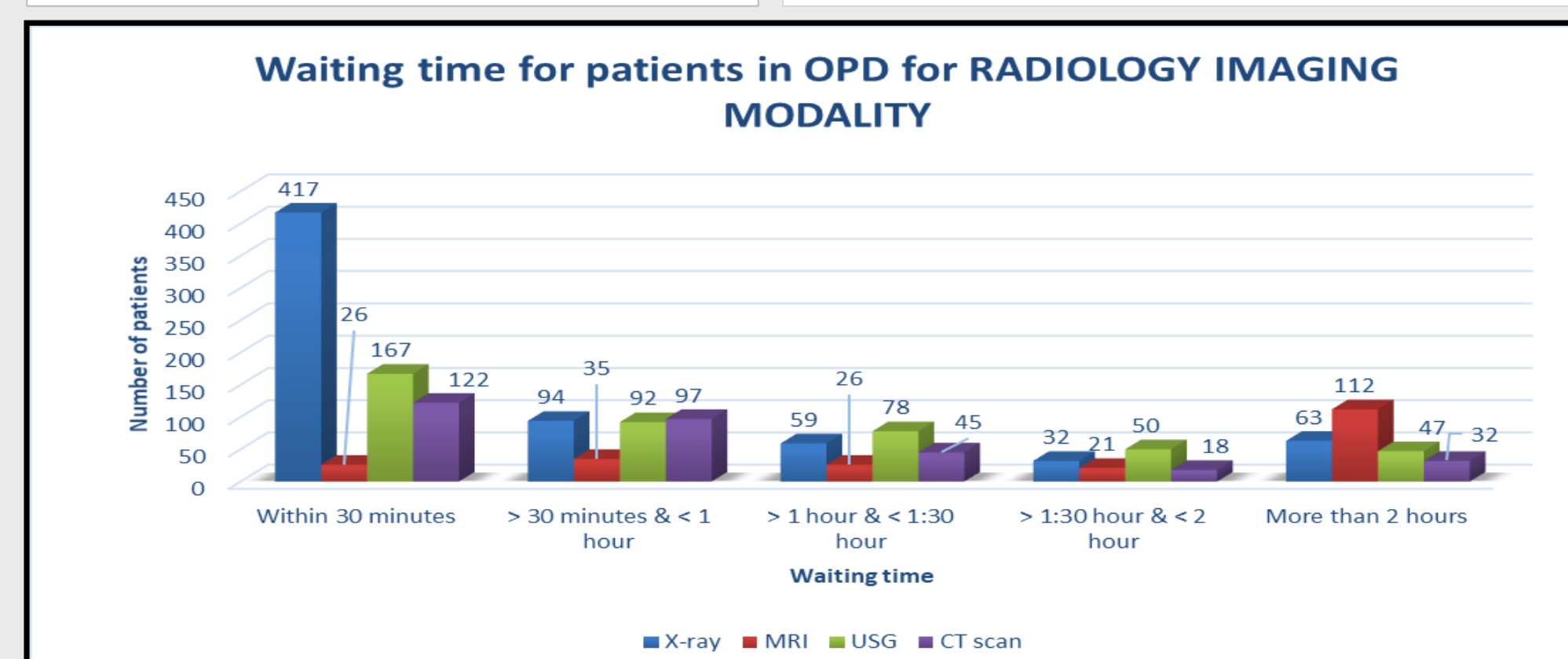
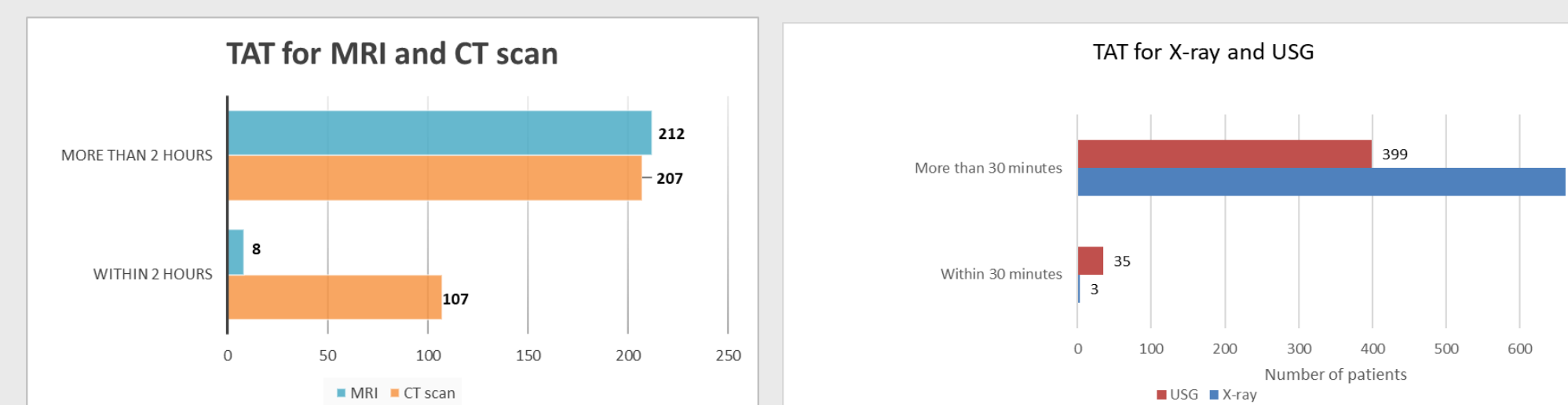


Total time taken by HBT & PTS and time saved per sample-

Department	HBT [Total time]	PTS [Total time]	Time saved
9 th floor	28.51 min	9.1 min	19.41 min
CCU	24.83 min	7.60 min	17.23 min
Emergency dept.	29.67 min	7.30 min	22.37 min
MICU	23.41 min	7.30 min	16.11 min



Turn around time for CT, MRI, USG and X-ray



Observations for laboratory critical values

Average Reporting Time	Maximum Reporting Time	Minimum Reporting Time	Percentage of critical values	Action Taken
00:07	00:30	00:01	85.83 %	Action was taken
			14.17%	Action not taken

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL WORK

- Theoretical knowledge provided by professors in university gave me an insight about how hospitals should be planned and what are the services provided by hospitals.
- Practical exposure made my concepts more clear and helped me understand hospital as an organization in a better way

USEFULNESS OF INTERNSHIP

- Working in medical administration department gave me an opportunity to know about everyday challenges faced by the department and how these challenges are managed.
- It also gave me an opportunity to know about how patient medical record system is important and how it is maintained.
- I also got practical knowledge about how quality in patient care is important.

SUGGESTIONS

1. For EMR implementation strategy-

- Assess skills and needs of staff before implementation by surveys and informal conversations.
- Always look for feedback, suggestions and concerns.
- Orientation on EMR should be given before formal training sessions.
- Evaluate the current workflow pattern.
- Recovery and back up plan should be there in case of power failure or system failure.
- Learn from other organisations regarding their implementation strategy and challenges.

2. For pneumatic tube system which is not operation since last 2 years-

- With ever increasing need for improvement in quality services to patients, it is ideal for hospitals & healthcare settings to utilize PTS for better internal logistics.
- As observed by comparing PTS and human based transport system, PTS not only saves time but is also cost effective.

3. For TAT in radiology department-

- Doctors should report on time as it can reduce the waiting time.
- There should be a proper calling system for patients to streamline the workflow process.
- Doctors can use PACS to write the report as it will reduce the chances of error and will reduce the time for correcting and retyping.
- Patients should be encouraged to book tests online

4. For critical call out from laboratory-

- As observed during one month of study, action is taken in most of the cases for critical values. Only few cases were found with no proper documentation. There was lack in uniformity of documentation. A proper documentation process is needed for critical values for better monitoring of patients.