



ANALYSIS OF TURN AROUND TIME FOR EMERGENCY DEPARTMENT



BRIEF HISTORY

Fortis Healthcare Limited (FHL) is an Indian multinational chain of private hospitals Headquartered in India. Fortis started its health care operations from Mohali where first Fortis Hospital was started. Later on, the hospital chain Purchased the healthcare branch of Escorts group And increased its strength in various parts of the Country. Shivinder Mohan Singh & Malvinder Mohan Singh are the founder of Fortis .

Organization vision and mission

Vision- "save and enriching lives"
Mission- "to be a globally respected healthcare Organization known for clinical excellence and Distinctive patient care .

Learning during Internship

- Learned work ethics
- Learned how to manage hospital
- Time management
- Time punctuality
- Handling stress

Challenges faced

- Data is not disclosed
- Staff not cooperative
- No proper guidelines

Usefulness of internship

- Learnt to be ready to deal with emerging, life-Threatening situations.
- Learnt to deal with stressful and critical area of the Hospital to work in.
- Using the combination of technology, strategy and Improvement
- ED management is essential in creating a smooth Patient experience .

ORGANIZATION STRUCTURE



SWOT Analysis



BRIEF DESCRIPTION

Fortis Escorts Hospital, Jaipur is the 275 bedded , First NABH accredited multisuper specialty hospital at Rajasthan . This hospital has established itself As one of the best tertiary care hospitals in the region . In last 14 years , Fortis Escorts Hospital, Jaipur has successfully managed to develop world class facilities. Fortis Jaipur is a pioneer in high end Procedures like kidney transplant , total knee & hip Replacement with Robotics & computer navigation, Adult and Paediatric cardiac surgery including congenital heart disease , Rajasthan's first next generation cathlab for cardiac procedures , GI & bariatric surgery , complex neuro intervention, Procedures with minimal invasive through computer navigation, brain & spine surgery by neuro microscope, surgical & medical management of brain stroke, comprehensive & advance cardiac care, laser surgery, single incision laparoscopic surgery (SILS), along with trauma and critical care .

SUGGESTIONS

- Improve triage workflow
- Provide earlier access to provider using a Triage advanced practitioner
- Revise staffing patterns
- support for a data-driven Systems approach to improving emergency care
- To collect weekly feedback forms

Differences between Practical Exposure and Theoretical Work

In ED department- According to the hospital SOP's
+ The sudden and unexpected nature of the Emergency produces panic and psychological Disturbance of relatives which must be appreciated and born in mind in organization

Although the ED dept is able to successfully adhere to the SOP's but there are times when it is not possible due to circumstances such as-

- Service engineers are not available sometimes
- Shortage of staff like GDA
- Equipments such as IV stands , wheelchairs, trolleys and are less in number as per the SOP further burden to the staff.

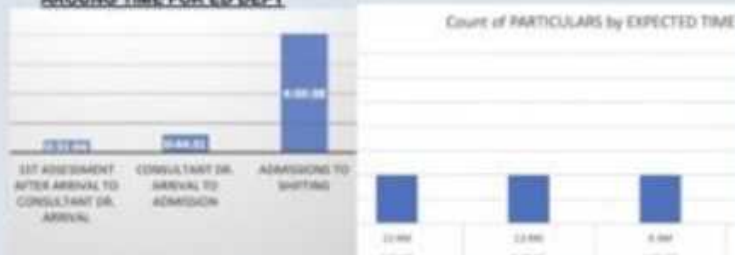
DATA COLLECTED IN EMERGENCY DEPARTMENT

PARTICULARS	21st to 28th April
Time of arrival to SIT assessment after arrival	00:01:35
Time of arrival to Emergency Dr. arrival	00:02
SIT Assessment after arrival to Consultant Dr. arrival	00:01:04
Consultant Dr. Arrival to Admission	00:45:31
Admission to Triage	04:50:38
Shifting to SIT Assessment after Triage	00:06:36

TOWS ANALYSIS

	EXTERNAL OPPORTUNITIES. (O)		EXTERNAL THREATS (T)	
	SO MAXI-MAXI STRATEGY	ST MAXI-MINI STRATEGY	WO MINI-MAXI STRATEGY	WT MINI-MINI STRATEGY
INTERNAL STRENGTHS (S)	• All medical tourism will get quality Health care services • Having government tie ups like RGHS, CGHS , TPA and also cash patients	• To provide better services to the patients as compared to other hospitals • Reduce the healthcare cost		
INTERNAL WEAKNESSES (W)	• To separate lines for registered and Non- registered patients • To take admission on time • Tie up with government services		• Have less competition, insurance plan changes adverse govt policies, economic slow downs, etc	

FIG. 1.1 GRAPH SHOWING TURN AROUND TIME FOR ED DEPT



OBSERVATION:-

Patients ECG monitoring was done by GDA staff

Arrival of the consultant Doctor to attend the patient after the first response was always delayed

Number of beds available are less as compared to the demand. The condition of beds should be updated to higher standard

Emergency codes are not heard clearly

- Successful observations only include the availability of services that contribute to patient care and disposition
- Written policies and procedures for the ED observation area should be approved by appropriate ED and hospital medical staff and nurse
- ED observation group should have adequate space, staffing, equipment, and supplies appropriate for the conditions being managed
- A description of how observation and relevant quality measures will be monitored and reported



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