IDENTIFYING KEY OBSTACLES FOR NON CONVERSION OF PATIENTS IN TERTIARY CARE HOSPITAL

FORTIS ESCORTS

Fortis Healthcare was founded by brothers Shivinder Mohan Singh and Malvinder Mohan Singh. Fortis started its health care operations in Mohali, Punjab and later it expanded to various cities of India.
Fortis Escorts Hospital, Jaipur, is a 275-bed NABH accredited multi-super specialty hospital in Rajasthan. This hospital has established itself as one of the best tertiary care centers in the region.

Vision: To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care
Mission : To be a globally respected healthcare organization known for Clinical Excellence and Distinctive Patient Care.

Objective: To calculate the rate of conversion and identify the reasons for non conversion of patients from OPD to IPD.

ORGANIZATION STRUCTURE

Name- Dr. Arunima Tah
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Mentor- Dr. Sandesh Sharma, Associate Professor.

THEORETICAL LEARNING

- Learnt about various areas in OPD such as billing, waiting area etc.
- Learnt about hospitals using management system technology to ease up registrations and other process.
- Learnt about medication and prescription errors.
- Importance of organized filing system in MRD.

PRACTICAL EXPOSURE

- Implementation of dedicated OPDs as well for government panels.
- Practically observed and used HMIS for data collection.
- Done audit for medication error and prescription error while preparing for NABH audit.
- The files in MRD are arranged as per practical needs of the hospital such as neonatal, death, medico-legal cases, etc.

CHALLENGES FACED

- Irregularity in collection of data on daily basis.
- Staffs are not transparent about the process flow, neither they follow any SOPs.
- Patient encounters; asking about various departments and related stuffs.
- Language barrier while talking to few patients over call.

LEARNINGS DURING INTERNSHIP

- Developed teamwork, problem solving abilities.
- Enhanced verbal and non verbal communication skills via thorough interactions with co-workers.
- Improved efficacy in using HMIS and data analysis.
- Participated in audits and learned about various pre-requisites for NABH compliance.
- Learned strategies to improve patient satisfaction.

STRENGTH

- Dedicated counters for government and cash patients.
- Financial counselling before admissions.
- Already established reputation.

WEAKNESS

- Mismanagement during peak hours.
- Incoordination among staffs and departments.
- Patient dissatisfaction due to longer waiting time.

OPPORTUNITIES

- Focuses on cash patients mainly; hospital can be financially stable.
- Growing healthcare industry.

THREATS

- High price compared to nearby private hospitals.
- Staffs not motivated to work; may switch jobs.
- Non availability of HER for prescription

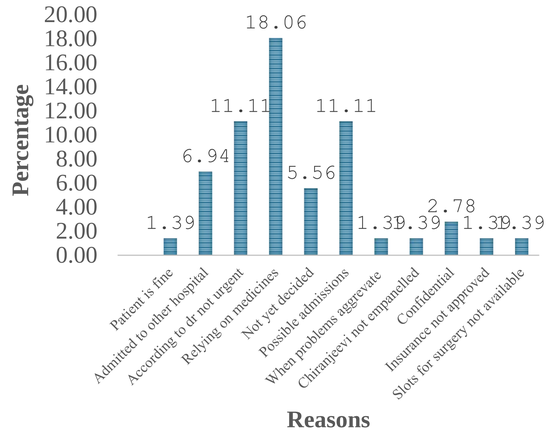
ABOUT PROJECT

WHAT IS PATIENT CONVERSION?

The process of transforming patients from OPD to IPD via admissions, typically known as Patient Conversion, contributing to improved patient care and financial stability to a hospital.

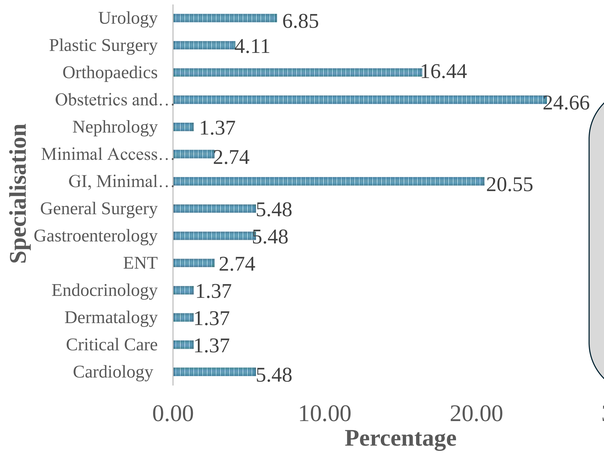
243 patients were taken into the study out of which 171 got admitted who were either paying the whole bill as out of pocket or via third party insurance in hospital rates and have been advised for admissions.
The patients were called to know the reason behind their non-admissions.

FINDINGS



The rate of non- conversion of patients from OPD to IPD is 70.37%.

- Most of the non-admitted patients are relying on medications i.e., 18.06%.
- Followed by patients who were being advised but was not urgent as per doctor are 11.11%.
- Admissions to other hospital were mainly due to high charges..



- The department of obstetrics and gynaecology has highest percentage of non-conversion i.e., 24.66%.
- Followed by GI, minimal access, and bariatric surgery (20.55%), orthopaedics (16.44%), urology (6.85%).

GAPS

- Staffs not updated with latest information of the hospitals.
- Doctors not writing demographic details completely.
- OPD coordinators are unable to understand medical languages; less capturing of data.
- Illegible writing of doctors, not mentioning generic names.
- Lack of coordination among departments.
- Longer waiting time; has to go through various check points to ensure admissions.
- Lack of staff in cash counters even though the hospital mainly focuses on cash patients.

SUGGESTIONS

- Printed prescriptions for all doctors, making compulsory for doctors to fill the necessary details such as age, UHID, date, sex.
- Regular meetings to stay updated with new changes and information and mail the same.
- Training of OPD coordinators; getting accustomed with the medical terminologies.
- Hiring staffs for the dedicated cash counter to ease up the process and reduce delay during peak hours.
- Adopting EHR would bridge the gap in flow process, reduce human error increase sustainability.