SUMMER INTERNSHIP AT RUKMANI BIRLA HOSPITAL, JAIPUR

IIHMR UNIVERSITY

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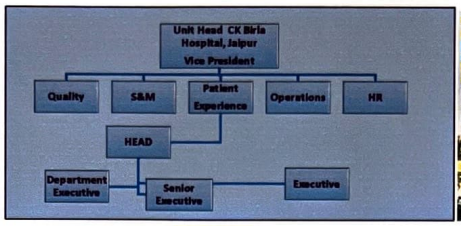
CK BIRLA HOSPITALS
RUKMANI BIRLA HOSPITAL

Brief History: Founded in 1969 by B M Birla and Y B Chavan, RBH, Kolkata's first private hospital, became renowned for its cardiac center and specialty expansions. In 2016, RBH launched a benchmark healthcare facility in Jaipur.

Introduction: The CK Birla Group, with over 52 years of healthcare expertise, brings its excellence to Jaipur with the 230-bedded Rukmani Birla Hospital.



Vision: To deliver exceptional patient care and achieve clinical excellence.

Mission: To establish top tier clinical centres, supported by robust research, education and evidence-based medicine, to ensure the best outcomes for our patients.

PROJECT

Outpatient Pharmacy Efficiency: Key Factors Influencing Turnaround Time (TAT) and Strategies for Improvement

How does the turnaround time of an Outpatient Pharmacy (OPD) impact medicine availability, and what are the primary factors contributing to delays in medication dispensing?

INTRODUCTION-Efficient Outpatient Pharmacy Operations

Efficient outpatient pharmacy operations ensure timely medication availability, crucial for patient care. Factors like prescription verification accuracy, inventory management, and efficient use of technology directly impact turnaround time (TAT), optimizing dispensing processes and patient satisfaction.

OBJECTIVES

- Identify and analyze key factors affecting Turnaround Time (TAT) in medication processes.
- Develop and implement strategies to reduce TAT, thereby improving patient satisfaction.

Methodology

Study Design	Prospective observational study
Sample Size	753 patients
Duration	15 days
Sampling Technique	Purposive sampling
Data Collection	Quantitative primary data collection through live monitoring of medication delivery processes

SWOT ANALYSIS

S
Established patient trust and loyalty.
Expert staff in prescription processing.
Streamlined Communication.
Strong relationships and outreach.

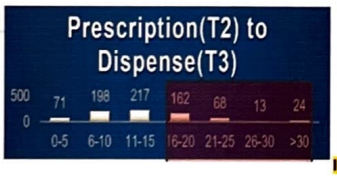
O
Implementing advanced automation for prescription filling.
Enhancing staff training programs for improved efficiency.

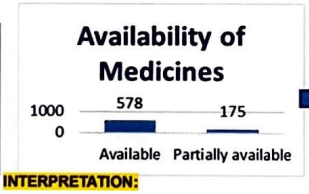
W
Potential for understaffing during peak periods.
Compliance challenges with evolving regulations.

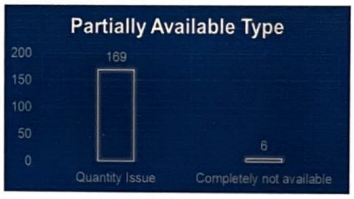
T
Regulatory changes impacting operations.
Consumer expectations for faster service and convenience.

Theoretical Application	Practical Application
1. Patient Centered care-patient satisfaction.	1. IPD and OPD Feedbacks
2. Quality improvement based on patient surveys, feedback systems and HIS system.	2. IPD and OPD Pharmacy Operations
3. Patient journey mapping for overall enhance ment of patient experience .	3. Call Bell System
	4. Dietary Services

Analysis



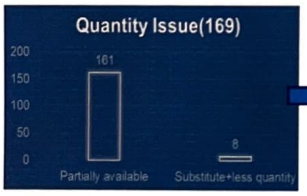




INTERPRETATION:

In **77%** cases medicines were made **completely available** to the patients while in about **23%** cases medicines were **partially available.**

Total no. of not available medicines were:175 Out of this **96%** medicines were **insufficient in quantity** while about **3%** were the ones which were **completely unavailable.**



INTERPRETATION:

Total no. of medicines which were insufficient in quantity were:169

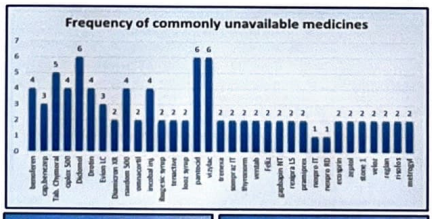
Out of this 95% medicines were partially available in no. while in about 5% cases substitutes were given or less quantity than required was given.

In about 79% cases 1 medicine was not available

In 16% cases 2 medicines were available

In 4% cases 3 medicines were not available.

And in about 1.2% cases 4 or more medicines were not available.



Cap.benexip
Tab. Chymoral
ciplox 500
Diclomol
Orstin
Evion LC
Diamicron XR
neudom 500
omnacortil
incobal inj.
-Dugesic syrup
tenactive
tase syrup
pantocid
ecylac
tranexa
zomprac IT(new)
thyronorm
ventab
Pelz
gapbapin NT
nexpro LS
pramipres
nexpro IT(new)
nexpro RD
ecosprin 325(new) rest all old
zepiol
stone 1
velox
rigion
rinofos(new)
metrogyl

Maximum unavailable medicines were:
Tab. Diclomol
Tab.Pantocid 40
Tab.Tranexa

Minimum unavailable medicines:
Tab.Nexpro IT
Tab.ecosprin 325mg

Out of Total unavailable medicines:116
About 84% medicines were found to be old and only 16% medicines were new.

Recommendations

Key Factors: Reduce waiting time by addressing number of medications, staff, intervention needs, and filling process.

Fast-Track Window: Automated System: prescriptions to enhance doctor-pharmacist communication.

Patient Categorization: special needs, low immunity, refill requests).

Pharmacy Layout & dedicated Staff Special Windows

Inventory Tracking: set appropriate ROLs to prevent stockouts.

Barcode Billing: Implement barcode system.

Other Learnings

Projects on OPD Pharmacy, Dietary and Call Bell.
Analysis, Patient Experience, operations, MS Office

Challenges

- Patient care processes are overwhelming initially, requiring dedicated effort to learn and adapt quickly.
- Data Sensitivity
- Limited Authority

Suggestions

1. Enhance Staff Networking & Streamline Processes.
2. Equip Nursing Stations with more Computers.
3. Introduce Paging & Differentiated Call Bell Systems
4. Comprehensive Training & Medication Counselling.
5. Barcode System & Separate Window for Medication Returns.

Usefulness

1. Exposure to healthcare operations, and skill development in communication, problem-solving
2. Professional networking, enhances resumes, and improves patient interaction. Analytical skills through data collection and analysis.
3. Provide project management experience and learning of the patient-centric approach.