

“Process Mapping in Dialysis Department for Improving Patient Satisfaction in KIMS
Hospitals, Secunderabad.”

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree
of Master of Business Administration (MBA)

in

Hospital and Health Management

by

Mayuri Dhande

Under the Supervision and Guidance of

Monika Chaudhary

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled “Process Mapping in Dialysis Department for Improving Patient Satisfaction in KIMS Hospitals, Secunderabad.” is the bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

Name of Student: Mayuri Dhande

Date:



Dt: 26-05-2023

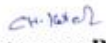
TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Mayuri Dhande, ID No: 90402950** has undergone the **Internship** in the department of **Corporate Projects** at **Krishna Institute of Medical Sciences** from **27-02-2023** to **26-05-2023**. During the course of her work, found to be good.

We wish her all the best for her future endeavors.

KIMS is 750 bedded, Multi-Specialty hospital. This is accredited with NABH, NABL & ISO 9001:2015 certified.

For Krishna Institute of Medical Sciences Ltd.


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CERTIFICATE

This is to certify that dissertation titled Process Mapping in Dialysis Department for Improving Patient Satisfaction is a record of the research.

work undertaken by Mayuri Dhande in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide: Monika Chaudhary
IIHMR University, Jaipur

Date

School Dean:
IIHMR University, Jaipur

Date

ABSTRACT:

This study focuses on process mapping in a dialysis department, aiming to improve the efficiency and effectiveness of its operations. The background highlights the importance of optimizing processes in healthcare settings to enhance patient care and resource utilization. The research question guiding this investigation is: How can process mapping contribute to identifying areas for improvement in the department?

This study's goal is to analyze comments collected using a structured feedback form to pinpoint the process's advantages and chances for improvement. By combining quantitative analysis of the feedback data with qualitative interpretation through semi-structured interviews, a mixed-methods approach is used.

A standardized feedback form is given to patients, employees, and other dialysis department stakeholders in order to gather primary data. To analyse the data and provide a high-level summary of the comments obtained, descriptive statistics are used.

A selection of respondents will be the subject of semi-structured interviews during the qualitative phase. To learn more about the procedures and the underlying causes of the feedback, open-ended inquiries are used. In order to find recurring themes and patterns in the interview, thematic analysis is used.

The integration of the qualitative results permits a thorough study of the feedback, which yields a full picture of the operations of the dialysis department. The study's conclusions help inform recommendations for process enhancements, better patient care, resource allocation, and ultimately, increased operational effectiveness.

This study's result emphasises the value of process mapping in the dialysis department. The research identifies critical areas for development and offers practical suggestions for improving the department's procedures by utilizing feedback data and a mixed-methods methodology. The outcomes of this study's findings might help dialysis patients receive higher-quality therapy and achieve better results.

KEYWORDS- Process mapping, streamlining processes, bottlenecks, feedback form, patient satisfaction.

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I would like to sincerely thank everyone who helped make this research on process mapping in the dialysis department at KIMS Hospital, Secunderabad, possible and contributed to its successful conclusion. This work would not have been accomplished without their support, direction, and collaboration.

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I also want to express my appreciation to the medical staff, particularly the doctors, nurses, technicians, and administrators, who generously offered their time and expertise to offer me insightful guidance. Their aptitude and information have been vital in deciding this concentrate's course. I need to offer my earnest thanks to the review colleagues who put their significant investment into social affair and breaking down the information. Their dedication and attention to detail have been crucial in ensuring that the results are reliable and accurate.

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ABBREVIATIONS	
CKD	Chronic kidney disease
ESKD	End stage kidney disease
DM	Diabetes mellitus
HD	Haemodialysis
PD	Peritoneal Dialysis
GFR	Glomerular filtration rate
KRT	Kidney replacement therapy
DPSS	Dialysis Patient Satisfaction Survey
QI	Quality Improvement
Hgb	Haemoglobin
CBC	Complete Blood Count
AVF	Arteriovenous fistula
IP	In Patient
OP	Out-Patient
HDF	Hemodiafiltration

Chapter 1: Introduction

The dialysis department plays a crucial role in providing life-saving treatment to renal disease patients typically in the end-stage of the disease. The treatment is a complex process that involves various steps, including check-in, treatment, billing, and discharge. The slant needed to aptly approach each step must be unique. The overall patient experience in the dialysis department greatly influences their perception of both objective and subjective evaluation of the care received.

The importance of the overall patient experience has resulted in an increased emphasis on improving patient satisfaction in healthcare settings. To enhance patient satisfaction in the Dialysis department, healthcare organizations have started implementing process improvement initiatives. Process mapping, a valuable tool in quality improvement, allows for a comprehensive understanding of the patient care journey and helps identify areas of inefficiency and opportunities for improvement.

This study aimed to conduct process mapping in the dialysis department at KIMS Hospital, Secunderabad to potentially improve patient satisfaction. By systematically analyzing the various steps involved in the patient care process, we identified bottlenecks, delays, and areas of improvement to further enhance the overall patient experience.

The study's goal was to improve patient satisfaction by streamlining processes, reducing wait times, improving communication, and ensuring that patients received high-quality care throughout the treatment. By implementing changes that positively impact patient satisfaction, the hospital can improve its reputation, attract more patients, and ultimately, provide better care for its patients.

This research paper provides valuable insights into the patient care journey, highlights areas of improvement, and proposes recommendations for enhancing patient satisfaction. By implementing the suggested improvements, major positive changes were observed within the organization, and we envision a positive impact on patient experiences and outcomes in the long run, ultimately contributing to the overall quality of care provided in the dialysis department.

1.1 Purpose:

The purpose of conducting a three-month study on process mapping in the dialysis department of a hospital is to identify areas for improvement to enhance patient satisfaction.

The process mapping technique will allow the hospital to visually map out the current processes involved in delivering dialysis treatment to patients, from the moment they arrive to the time they leave.

The hospital is able to identify any inefficiencies, bottlenecks, or opportunities for improvement that may be affecting patient satisfaction by analyzing these processes. The hospital can implement changes and evaluate their efficacy over the three-month study period once these areas have been identified.

1.2 Problem:

This thesis focuses on the identification of inefficiencies in the hospital dialysis patient care process and the impact of process mapping on patient contentment. Even though most of them were pleased with the treatment they received at the dialysis unit, there may be room for improvement in the treatment process. Process planning can be utilized to distinguish these areas of failure and foster an improvement plan, at last upgrading patient fulfillment.

The key examination questions incorporate recognizing the means in the patient consideration process for dialysis, investigating how cycle planning can be utilized to work on the interaction, deciding patient fulfillment levels with care at the dialysis unit, and fostering an arrangement to upgrade patient fulfillment through process improvement.

1.3 Objective: The study's goal is to use process mapping to find and fix areas of inefficiency in a dialysis department so that patient satisfaction can rise.

1.4 Importance of the problem:

Patients on dialysis often need to be treated for a long time, and any delays or inconsistencies can cause patients and their families to be dissatisfied and frustrated.

This can influence the hospital's reputation by decreasing patient retention and generating negative feedback.

Not only is it important for the health and financial viability of the hospital to increase patient satisfaction in the dialysis unit. Fulfilled patients are bound to proceed with treatment at the medical clinic and prescribe it to other people, which can prompt expanded income for the emergency clinic. Additionally, as resources can be utilized more effectively, increasing process efficiency in the Dialysis Department may result in cost savings for the hospital.

Therefore, process mapping is of the utmost importance for the hospital to address the issue of inefficiencies in the dialysis department and increase patient satisfaction. The bits of knowledge acquired from this study cannot just upgrade the nature of care gave to patients yet in addition add to the general achievement and maintainability of the clinic.



FIGURE 1.1: Dialysis Department



FIGURE 1.2: Waiting area.

1.5 Process Mapping:

A crucial component of improving healthcare quality is process mapping. It is a graphical portrayal of the means of a cycle that changes inputs into yields. The interaction map outwardly addresses the whole cycle from beginning to end, giving a typical comprehension of the interaction and the particular jobs and commitments of the interaction members. Moreover, process maps assist with recognizing pain points and open doors for process improvement, making them incredible critical thinking apparatuses. There are three key components of a process: inputs, processes, and outputs. An output of a process can later become the input of the next process.

Utilizing diagramming, process mapping seeks to comprehend the current process and inquire about what is expected of us to provide improved customer focus and satisfaction. It will identify the necessary best practices and appropriate benchmarks for measuring our progress toward improved service communication.

The process to be mapped and its boundaries must be identified in the first step of process mapping. This involves determining where the process begins and ends. Use a verb to begin the task description as you list the steps in the process. The flowchart can either detail each discrete action and decision point or provide sufficient information to comprehend the overall process flow.

The next step is to order the steps of the process in the right order, locate the steps in the right order, and record the activities, including the amount of time spent. The excursion ought to be made, recalling that a few exercises occur in equal.

The process map's appropriate symbols must be drawn. Ovals, boxes or rectangles, arrows, diamonds, and feedback arrows are the fundamental symbols needed to map hospital processes. There are a variety of process mapping symbols available. Each box or diamond's output is shown as an appropriately labelled arrow that leads to the subsequent process step, and each box is numbered for easy reference.

When conducting process mapping, it is essential to identify the bottlenecks. There are two types of traffic jams: process and functional bottlenecks. Process bottlenecks occur when a step is the process's limiting rate because it takes a long time and slows the entire process. Functional bottlenecks occur when a single functional resource is needed for multiple processes, such as the lab services required by the operating room, labor room, wards, and ICU.

In conclusion, process mapping is an important tool for raising the quality of healthcare. Understanding the process and recognizing potential areas for process improvement are helpful. To improve customer focus and satisfaction, hospitals should incorporate process mapping into their quality improvement process.

1.6 PROCESS MAP FOR DIALYSIS DEPARTMENT:

1. The patient after arriving at the hospital, proceeds to the registration desk.
 - Registration details of the patient are recorded, including their personal information, contact details, and medical records.
2. The registered patient goes to the Doctor's Consultation area on the 3rd floor.
 - The patient waits for their turn to see the doctor.
 - The doctor examines the patient, discusses symptoms, diagnoses, and prescribes necessary treatments or procedures.
3. After the doctor's consultation, the patient is directed to the Dialysis Department on the 4th floor.
 - The patient proceeds directly to the dialysis department without returning to the registration area.
4. In the Dialysis Department:
 - The patient reports to the Head of Dialysis (HOD) to schedule an appointment for the procedure.
 - The HOD checks the availability of the dialysis unit and assigns a suitable appointment slot to the patient.
 - If any investigations or day-care billing are required, an executive in the dialysis department performs them using the Hospital Information Management System (HIMS).
 - Cash billing for services related to dialysis is conducted on the 3rd floor.
 - Credit billing for services related to dialysis is conducted on the 1st floor.
5. The Dialysis HOD provides the patient with the appointed date and time for the procedure.
 - The appointment is scheduled based on availability and may also consider the patient's priority (e.g., emergency cases or first-come, first-served basis).
6. On the day of the appointment:
 - The patient arrives at the Dialysis Department at the given time.

- The patient's details and services provided are updated in the hospital system via i-porter, an internal system used for managing patient information.

7. After the dialysis procedure is completed:

- If there are pending bills, the patient pays them at the designated billing counter.
- Cash billing is done on the 3rd floor.
- Credit billing is done on the 1st floor.
- If the patient is an inpatient (IP), they are then transferred to the respective department for further care.
- If the patient is an outpatient (OP), they are discharged after the procedure.

This process flow shown in Figure 1.3 outlines the steps from the patient's arrival at the hospital to their discharge after the dialysis procedure. It ensures efficient management of appointments, billing, and patient information across different departments involved in the process.

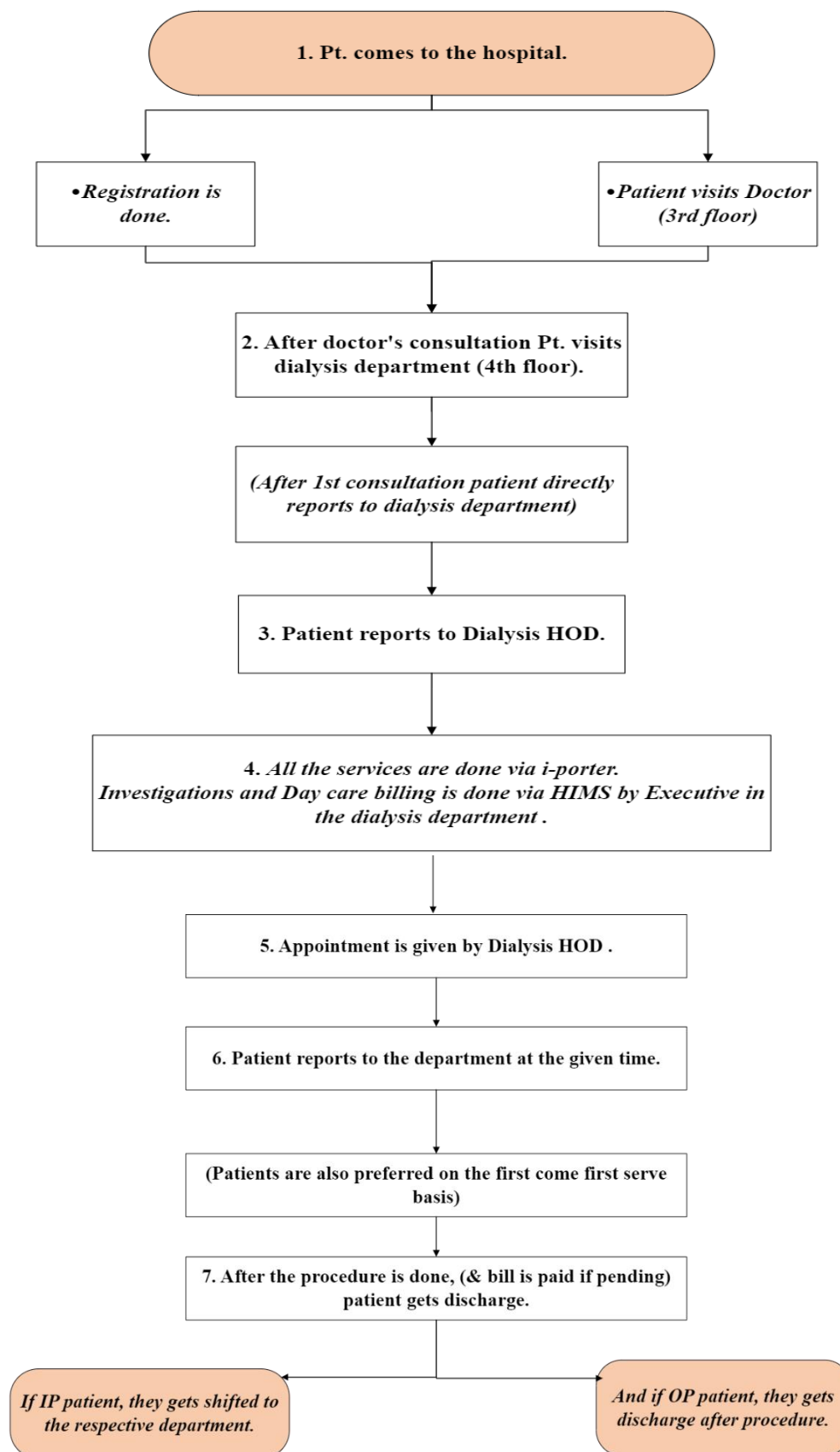


Figure1.3: Process Mapping in Dialysis Department

1.7 Dialysis procedure:

1. The patient arrives at the designated time at the dialysis unit
 - The patient, who goes by the name "X pt.," arrives at the dialysis unit at 10:35 in the morning.
2. The bed is cleaned immediately by Housekeeping (HK) following X pt. leaves, around 1-2 minutes after the method (at 10:37 am).
 - HK makes certain that the bed is tidy and prepared for the subsequent patient.
3. The following patient, alluded to as "Y," shows up at 10:45 am.
 - Y's weight is checked upon appearance, and they are relegated a bed.
4. The dialyzer that will be used is determined by examining patient Y's UMR number.
 - Y's medical records are uniquely identified by the UMR number.
5. The Dialysis Head of Division (HOD) visits at 10:47 am.
 - The HOD plays out the preparing methodology, which requires roughly 5-10 minutes.
 - Priming entails getting the dialyzer and tubing ready for dialysis.
6. At 10:54 a.m., the HOD departs.
 - The HOD leaves the dialysis unit after the priming procedure is finished.
7. The dialysis pharmacist (if necessary) receives the replacement catheter list and bill number.
 - The pharmacist is informed and provided with the necessary information if additional drugs or medications are required for the procedure.
8. Every 15 minutes, blood pressure (BP) is checked.

- Understudies or collaborators in the dialysis division observe the patients' circulatory strain readings, beginning at 11:00 am.
- Normal observing of circulatory strain is fundamental during the dialysis technique.

9. Between meals, the patients are offered tea or coffee.

- Patients get food and drinks to guarantee their solace during the dialysis meeting.

10. Following 4 hours, patient Y is moved to a wheelchair by HK at 3:15 pm.

- HK assists Y in transitioning from the bed to a wheelchair following the conclusion of the dialysis session.

11. At 3:18 p.m., patient Y's weight is checked once more.

- During the dialysis session, the patient's weight is measured to determine any fluid loss or gain.

12. At 3:22 p.m., patient Y settles the payment if there are any outstanding bills following the procedure.

- Prior to being discharged, Y pays any outstanding bills.
- At 3:22 p.m., Patient Y is discharged.

13. Y is transferred to the appropriate department if they are an inpatient (IP) and require additional care.

- In the event that Y is a short term (OP), they are released after the dialysis methodology is finished.
- Considering the timing of events and various activities such as bed cleaning, weight checks, the presence of the Dialysis HOD, medication requirements, blood pressure monitoring, and meals provided to the patients, this comprehensive process flow outlines the steps involved from the patient's arrival at the dialysis department to their discharge.

This detailed process flow in FIGURE 1.4 outlines the steps involved from the patient's arrival at the dialysis department until their discharge, considering the timing of events and various activities such as bed cleaning, weight checks, the presence of the Dialysis HOD, medication requirements, blood pressure monitoring, and meals provided to the patients.

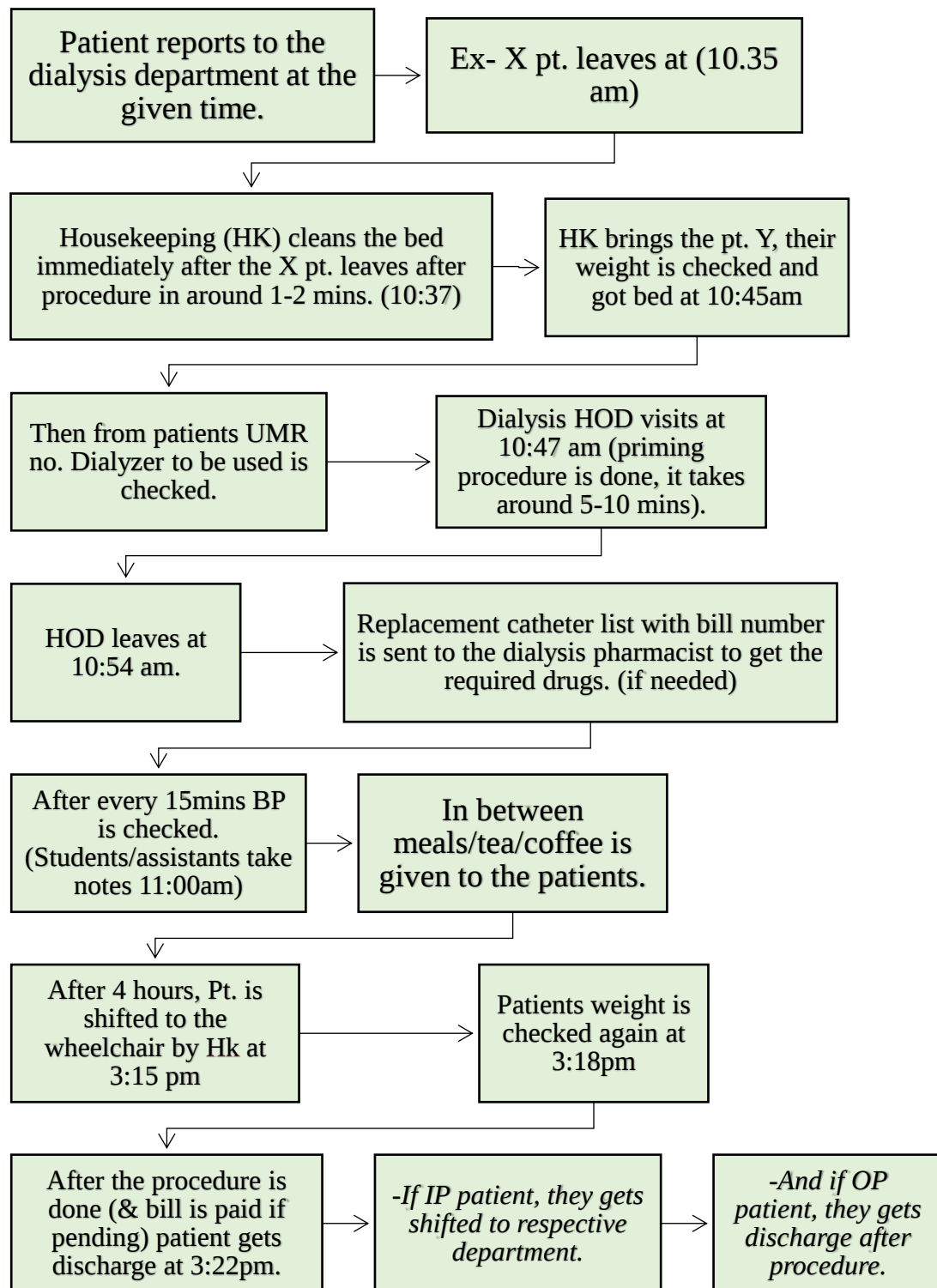


FIGURE 1.4: Dialysis Procedure

1.8 Cash billing procedure for Dialysis

1. HIMS (Hospital Information Management System):

- HIMS is the software system used by the hospital to manage patient information, appointments, billing, and other administrative tasks.
- Patient details, including personal information and medical history, are entered into the HIMS during the registration process.
- The HIMS is integrated with other departments, such as the Dialysis Department, to facilitate seamless information flow.

2. MEDINEED:

- The HIMS system's MEDINEED module or feature likely focuses on managing patients' medication-related requirements.
- Prescription management, medication dispensing, and medication usage tracking may be included.

3. OP BILLING (Outpatient Billing):

- The process of creating bills for outpatient (OP) patients' services is referred to as "OP Billing."
- The billing department creates a bill for the patient's specific services received during the visit after the dialysis procedure is finished.
- The bill incorporates subtleties of the administrations gave, their expenses, and any appropriate assessments or limits.
- The instalment mode, like money, card, or UPI (Bound together Instalment Point of interaction), is recorded.

4. New:

- The usage of the term "new" in the given context is unclear. It could allude to another patient, another help, or another part of the cycle. If you need more clarification, please provide additional details.

5. PATIENTS DETAILS:

- Information about the patient is gathered during the registration process.
- The patient's name, address, phone number, and unique identification numbers, such as the UMR (Unique Medical Record) number, are typically included in these details.
- A unique identifier for each patient's medical records in the hospital system is the UMR number, which is assigned to each patient.
- The patient's information, including the UMR number, is used to keep track of their appointments, billing, and medical history.

6. SERVICES:

- The Dialysis Division offers different types of assistance connected with haemodialysis.
- Regular haemodialysis: This help is performed for patients who require customary dialysis meetings, normally three times each week.
- New dialyzer: Ordinary patients get one dialyzer pack that can be reused for three dialysis meetings. Notwithstanding, now, and again, it could be utilized for up to 10 meetings.
- The kit includes a hemodialyzer: A dialyzer kit that is only meant for one use is required for this service.
- Hemodiafiltration (HDF) with the kit: This help alludes to a particular sort of dialysis method called hemodiafiltration, which is performed utilizing a web-based filtration framework. Additionally, a dialyzer kit is needed.

7. Receipt details:

- When the bill is paid, the billing department makes a receipt for the patient.
- The services provided, their prices, the method of payment (cash, credit card, or UPI), and any applicable taxes or discounts are all included in the receipt.
- The receipt can be used for reimbursement or record-keeping as proof of payment.

8. After receiving the receipt, the patient reports to the Dialysis Department:

- As evidence of payment, the patient presents the receipt to the Dialysis Department.
- The department checks the receipt and gets ready for the dialysis procedure for the patient.
- The patient is coordinated to the assigned region where the dialysis technique will occur.

This detailed process in Figure 1.5 incorporates the given points related to HIMS, MEDINEED, OP Billing, patient details, services offered by the Dialysis Department, and the generation of receipts before the patient reports to the dialysis department.

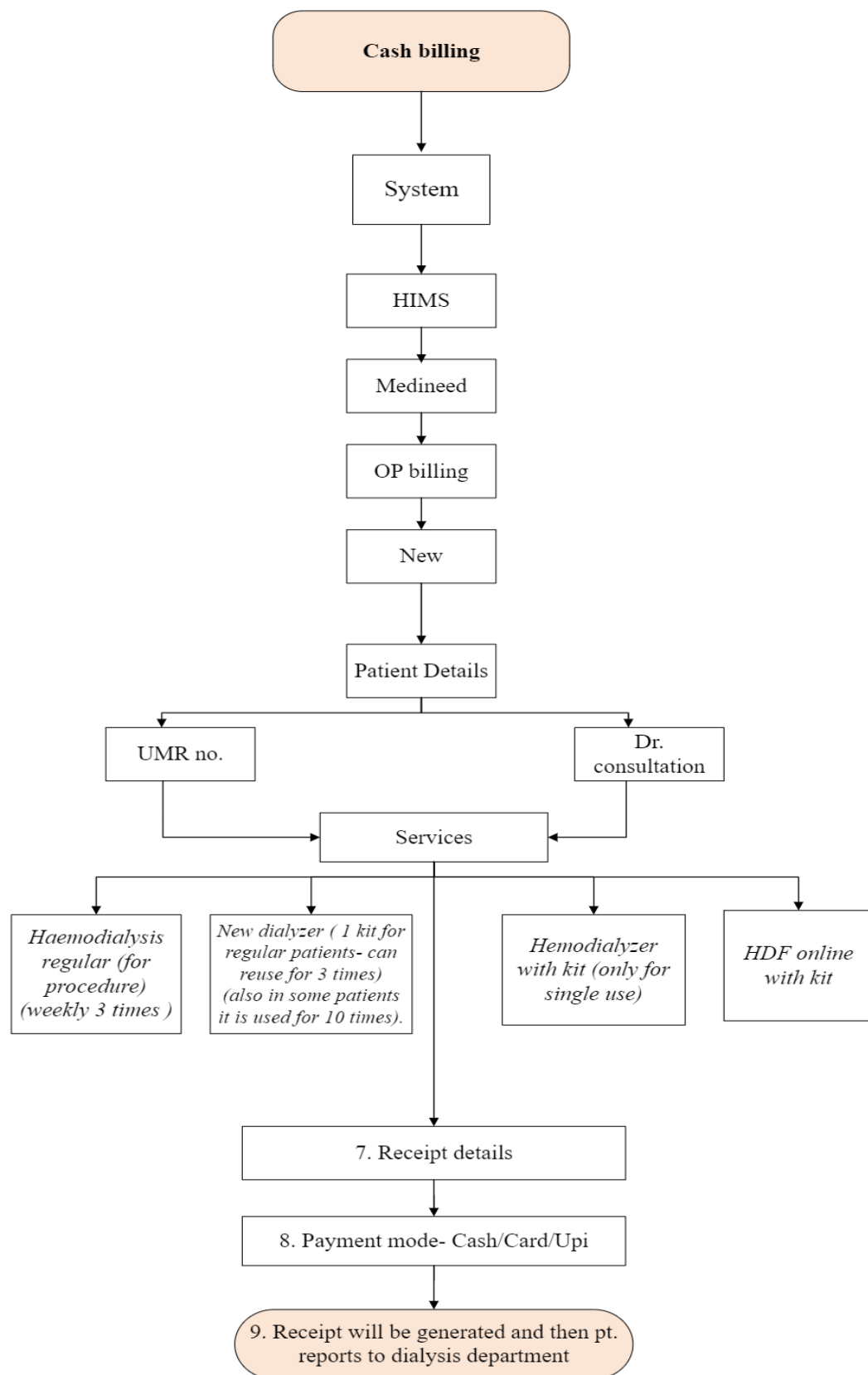


Figure 1.5: Cash Billing Process

1.9 CREDIT BILLING:

1. Case Sheet File Maintenance:

- For both inpatient (IP) and outpatient (OP) patients, a case sheet file is maintained in the dialysis department.
- The case sheet file contains relevant medical information, treatment details, and billing records.
- The case sheet file serves as a comprehensive record of the patient's dialysis-related activities during their stay at the hospital.

2. In-patient Credit Billing Process:

- An executive in the dialysis department is in charge of handling the credit billing procedure for inpatient dialysis services.
- When an IP patient receives dialysis, the assigned executive records the specifics of the procedure, such as the date, time, and services provided.
- For billing purposes, the patient's appointment schedule is used to guarantee that all services are properly accounted for.
- The executive records the amount billed for each dialysis session in the patient's case sheet file which is maintained for a month.

3. Billing on an appointment basis:

- Credit billing is determined by the scheduled dialysis sessions of IP patients.
- At each dialysis appointment, the executive records the patient's services and generates the bill.

4. Case Sheet File Closure:

- A month-long record of the case sheet file for each IP and OP patient is maintained in the department.
- At the end of the month, the file is closed and sent to the submission team.
- The closure of the case sheet file ensures that a green signal has been received for further processing of the billing records.

The IP credit billing process is overseen by the executive in the dialysis department on the fourth floor. They ensure that the billing records are accurate and complete, keep track of the specifics of dialysis procedures, generate bills based on appointment

schedules, and keep case sheet files for both IP and OP patients. The billing process for that month is finished when the case sheet file is closed at the end of the month.

1. Out-patient Credit Billing Cycle:

- A letter from the appropriate dispensary on the first floor is sent to the patient following the completion of their doctor consultation.
- Important information is included in the letter, such as the required type of dialysis and the duration of the treatment.
- The letter is used as a reference for the patient's billing and dialysis sessions.

2. Billing at Each Visit:

- The procedure for billing takes place each time the patient comes in for a dialysis session.
- At the billing counter on the first floor, the patient presents the letter they received from the dispensary.
- The charging staff involves the data in the letter to decide the charges for the dialysis meeting.
- The services rendered, and the fees associated with them are outlined in detail on the bill.

3. Session Completion:

- The number of dialysis sessions required for the patient's treatment is specified in the letter from the dispensary.
- A procedure for submission is required after the patient has finished the sessions outlined in the letter.

4. OP submission team:

- The patient must provide the necessary documents to the OP submission team on the 8th floor after completing all the sessions outlined in the letter.
- The accommodation group checks the fulfillment of the recommended dialysis meetings and updates the patient's records in a similar manner.
- This submission procedure ensures that the recommended treatment has been

completed with the necessary documentation.

- The OP credit billing process on the first floor includes the patient getting a letter from the dispensary after the specialist discussion, which contains insights concerning the sort and span of dialysis required. Billing is based on the information in the letter at each dialysis visit. When the meetings referenced in the letter are finished, the patient presents the fundamental archives to the OP accommodation group on the eighth floor for the record check. Outpatient dialysis services are accurately documented and billed because of this procedure.

After the doctor's consultation, the patient receives a letter from the dispensary outlining the type and length of dialysis required as part of the OP credit billing process on the first floor. During each visit for dialysis, charging is done in light of the data in the letter. When the meetings referenced in the letter are finished, the patient presents the important reports to the OP accommodation group on the eighth floor for record check. Outpatient dialysis services are accurately documented and billed because of this procedure.

1.10 The following schemes are covered by credit billing:

1. The CGHS Plan:

- For eligible individuals, the CGHS program typically includes between eight and twelve dialysis sessions per month.
- Patients signed up for the CGHS plot get a letter from the individual dispensary indicating the sort and length of dialysis required.
- The legitimacy of the letter is regularly one month, and patients need to bring another letter consistently for their dialysis meetings.
- Examinations connected with dialysis are for the most part remembered for the CGHS conspire, guaranteeing extensive inclusion for patients.

2. The ECHS Plan:

- Ex-servicemen and their surviving spouses are eligible for healthcare benefits through the ECHS program.
- The ECHS program covers approximately 72 sessions of dialysis.
- The span of the plan can shift, going from 1, 3, to a half year, contingent upon the

particular ECHS plan.

- The ECHS scheme covers doctor-recommended injections in addition to dialysis sessions, ensuring that patients receive comprehensive care.

3. Scheme for the ODF (Other Defense Forces):

- The ODF plot gives medical care advantages to faculty serving in guard powers other than the military, for example, the Naval force or flying corps.
- Under the ODF conspire, examinations connected with dialysis are incorporated, guaranteeing careful assessment and checking of patients' well-being.
- The plan covers all the necessary investigations for dialysis treatment and provides comprehensive medical assistance.

4. The National Fertilizers Corporation's (NFC) Scheme:

- National Fertilizers Corporation employees benefit from the NFC plan's health insurance coverage.
- Under the NFC plot, patients get one month of examinations connected with dialysis.
- The scheme also includes medicines that have been recommended by a doctor, ensuring that dialysis patients can get the medicines they need.
- The purpose of these plans is to provide individuals with comprehensive healthcare coverage through various government programs and organizations. Depending on the plan, the number of dialysis sessions, the length of coverage, and any additional benefits may vary. These plans ensure that patients receive comprehensive care for their dialysis treatment requirements by including investigations, injections recommended by their doctors, and medications.

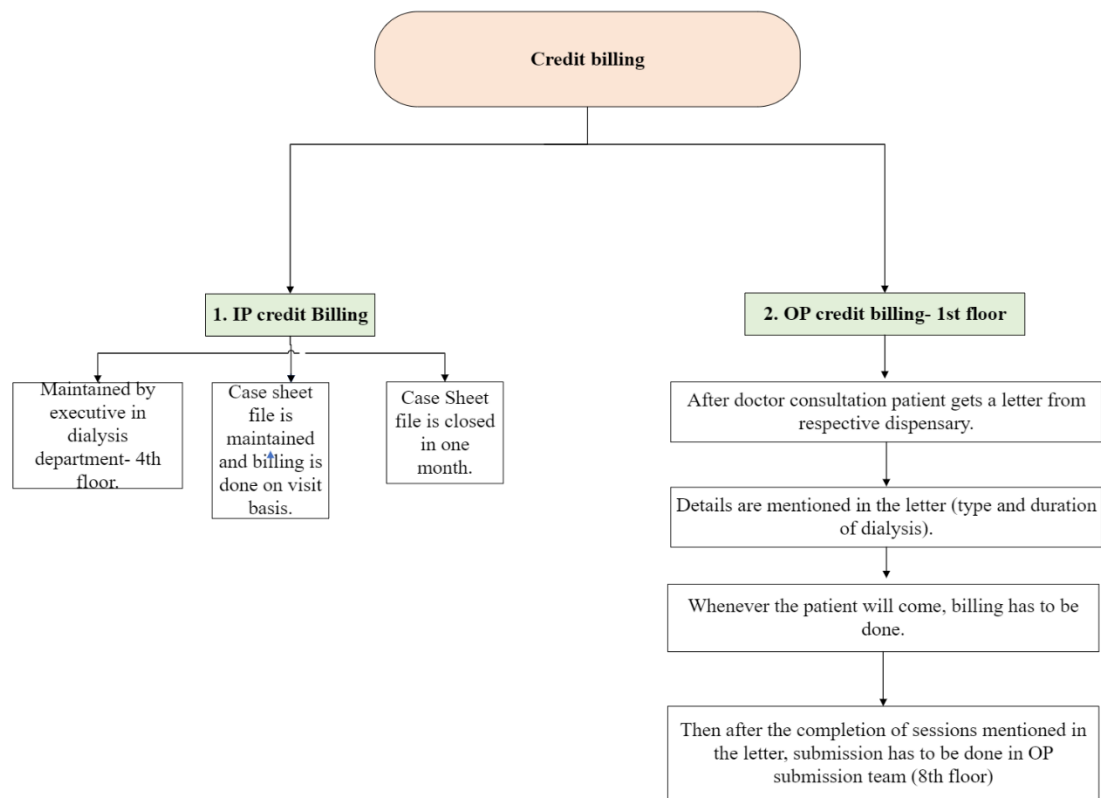


Figure: 1.6: Credit Billing Process

1.11 Dialysis Department Resources:

- DMO- 3
- Dialysis Technician- 25
- Nurses- 9
- Housekeeping Staff- 12 to 15
- Executive- 1
- Students- 12 to 13
- Total Manpower- 62 to 66
- Dialysis Machines including HDF- 60 to 75
- Beds- 56 [3 Compartments- 21 beds-, 18beds & 1 isolation room, 16beds (including 4 C+ patient beds)]
- Ip pharmacy.
- Waiting area for patients and relatives.

1.12. Key Statistics:

- Three batches - 7 am to 11 am, 11 am to 3 pm, 4 pm to 8 pm.
- Early morning shift- 3 am -7 am
- Avg patients- 140 to160
- Patient flow is more in the morning time. Peak time- 11 am-2 pm (2nd shift)
- Pt. flow is more on Monday, Friday, and Saturday.

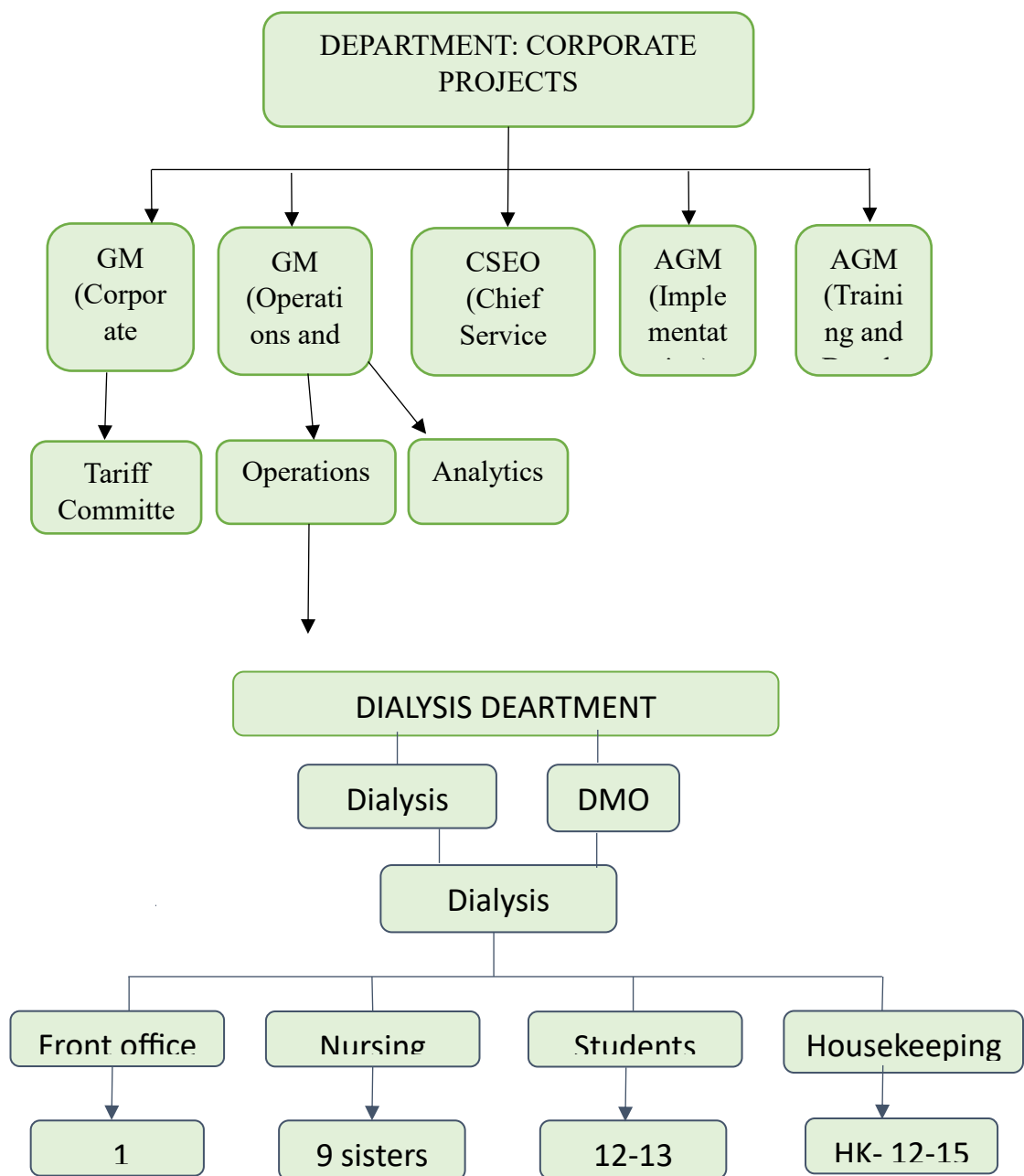


FIGURE 1.7: Dialysis Organogram

Chapter 2: Review of literature

S.N O.	AUTHOR NAME	TITLE	OBJECTIV E	METHODOLOGY	RESULT
1.	“Maryam Sadat Hashemi, ¹ * Alireza Irajpour, ² and Parvaneh Abazari ³ ”	“Improving Quality of Care in Haemodialysis: a Content Analysis”	“This research sought to understand the needs and demands of in-patients receiving hemodialysis care in Iran.”	From June to November 2016, this subjective review investigated how patients, their families, and medical services experts had an outlook on upgrading the norm of care in dialysis units. The sample's initial approach was carefully planned. In total, 35 people, including patients, their families, and medical professionals, were interviewed. Graneheim & Lundman conducted a qualitative content analysis on the interviews.	The modification of physical stressors, the requirement for support, the improvement of healthcare service quality, and the requirement for better facilities and equipment are the four main categories of the 700 primary codes, 54 subcategories, and 27 secondary categories that were produced through data analysis.
2.	“Magda Bayoumi ¹ , Hoda A. El Guindy ² , Abeer Ahmed ³ ”	“Patients Satisfaction with Care at Dialysis Unit”	“The objective of this study was to assess patients' satisfaction with care in the dialysis unit at Beni-Suef University Hospital, Egypt.”	Using a questionnaire called PSQ-18, 79 patients who had been receiving hemodialysis treatment there for at least three months were surveyed to find out how satisfied they were in seven different areas. At the dialysis unit, personal interviews	A study of 79 hemodialysis patients found that in general, they were moderately satisfied with their care, with technical quality receiving the highest level of satisfaction and financial aspects receiving the lowest. In dialysis units, the

				were used to gather the data.	study suggests that patient satisfaction can be a useful indicator of the success of the healthcare team.
3.	“Noha H. Helmy, Amal Hussein, Marwa Kamal, Osama El Minshawy & Engy A. Wahsh”	“Hemodialysis patients’ satisfaction with dialysis care: a cross-sectional prospective study conducted in a non-profitable care facility, Minia Egypt”	“To assess patient satisfaction with hemodialysis care in El-Minia governorate, Egypt, and identify areas for improvement to enhance patient experience and outcomes in chronic kidney disease and end-stage kidney disease management.”	Interviews were used to gather demographic information, and patients were given questionnaires to fill out to find out how satisfied they were with the interactions and care they received from medical staff before, during, and after dialysis. An observational checklist of the dialysis unit's healthcare staff and equipment was also given to patients. The study was carried out at a single location.	A study with 119 dialysis patients found that patients were generally satisfied with the care they received (mean=2.64). They were dissatisfied with nutritional care, neutral about physicians, and most pleased with nurses.
4.	“Rosie Fleming, Mmath, ¹ Daniel Gartner, Ph.D., ^{1,2} Reema Padman, Ph.D., ³ and Dafydd James, SPhT ⁴ ”	“An Analytical Approach for Improving Patient-centric Delivery of Dialysis Services”	“To develop an analytical approach to deliver a patient-centric scheduling platform for dialysis patients, considering individual patients' characteristics and scarce resource	The paper figures out the planning issue as a numerical program that incorporates booking choices around the patients' accessibility time windows. Microsoft Succeed is utilized to determine boundaries, and the Open Source solver back-end is executed to get possible arrangements in light of the goal	The developed platform makes it possible to schedule patients effectively and efficiently, taking into account the characteristics of each patient and the limited resources available, and reducing patient wait times. The ideal timetables can be imparted to patients, guardians, clinicians, and

			availability.”	capability and limitations.	transport administrations.
5.	“Muhammad Sajid Iqbal, ¹ Quratulain Iqbal, ² Shahreen Iqbal, ³ and Sania Ashraf ⁴ ”	“Hemodialysis as a long-term treatment: Patients satisfaction and its impact on quality of life”	“To assess patients with End Stage Kidney Disease (ESKD) who are receiving hemodialysis as a long-term treatment for their condition's quality of life.”	After receiving informed consent, a cross-sectional study with a self-designed questionnaire was conducted on 141 ESKD patients in the hemodialysis unit of Lahore General Hospital from January to April 2019.	Except for the time spent with the doctor, the majority of participants were pleased with the dialysis center's care. 89.9% were pleased with the self-care information provided. Transportation was the only area of financial difficulty, but 54.1% of people couldn't work because of their disease. Family support satisfied 97.9% of respondents.
6.	“Ho Suk Ku, MD, MS, ¹ Sungho Kim, BS, ^{2,3} Hyeon Kim, MS, ^{2,3} Hee-Joon Chung, MS, ^{2,3} Yurang Park, Ph.D., ⁴ and Ju Han Kim,”	“DialysisNet: Application for Integrating and Managing Data Sources of Hemodialysis Information by Continuity of Care Record”	“End-stage renal disease (ESRD) and chronic kidney disease were managed with Health Avatar Beans. The DialysisNet system in Health Avatar Beans is discussed in this article for the efficient management of ESRD based on	Using ASTM CCR and ISO/IEC 11179, we created metadata and identified common data elements (CDEHI) for hemodialysis information. DialysisNet was developed as an iPad app, and CarePlatform exchanged the metadata using semantic interoperability..	The CDEHI created a consultation and transfer form, a content list for individual patient data, a content list for hemodialysis center data, and a content list for clinical decision support data. After being compared to the CCR, the CDEHI was converted to metadata, converted to XML, and verified in accordance with the ASTM CCR/XSD.

			individual health records.”		DialysisNet specifically considers visualization, graphics, photos, statistics, and databases..
7.	“Julie A Kovac ¹ , Samir S Patel, Rolf A Peterson, Paul L Kimmel”	“Patient satisfaction with care and behavioral compliance in end-stage renal disease patients treated with hemodialysis”	“The objective was to examine the relationship between patient satisfaction with medical personnel and depressive affect, social support levels, and behavioral compliance with prescribed hemodialysis (HD) treatment.”	The study conducted interviews with 79 HD patients to inquire about their feelings of depression, social support, and satisfaction with the dialysis staff. Clinical and treatment information, Karnofsky working and seriousness of disease scores, and conduct and lab consistence measures not entirely set in stone.	Patients' satisfaction with their nephrologist was found to be linked to survival-related factors like attendance at dialysis sessions, social support, protein catabolic rate, and serum albumin concentration. Patient adjustment and survival may be enhanced by interventions that enhance patient perceptions of physician support.
8.	“C E Ferrans ¹ , M J Powers, C R Kasch”	“Satisfaction with the health care of hemodialysis patients”	“To assess the satisfaction with the care of hemodialysis patients and explore the relationship between satisfaction with care, quality of life, and background variables.”	An example of 416 grown-up in-unit hemodialysis patients from a north-focal state was haphazardly chosen. The study measured patient satisfaction with care, quality of life, and background variables with a survey questionnaire. The data were analyzed through the use of ANOVA and correlation analysis.	Patients were least satisfied with the financial and transportation aspects of their care, followed by the nursing and dialysis treatment aspects. Medical and nursing care, quality of life, health and functioning, socioeconomic factors, psychological/spiritual factors, and family were all positively correlated with

					satisfaction with care. Patients who had less education or had been on dialysis for a shorter period of time were more satisfied..
9.	“Himani N. Murdeshwar; Fatima Anjum”	. “Hemodialysis”	“The objective is to provide an overview of hemodialysis as a form of renal replacement therapy globally, covering its history, equipment, process, and staff requirements.”	In order to facilitate planned renal replacement therapy (RRT), the article emphasizes the significance of systematic identification of patients with declining eGFR, heavy proteinuria, and a history of acute kidney injury. High level readiness is expected to keep away from complexities and schooling is given about future treatment choices.	In 2010, 2.5 million people all over the world received chronic renal replacement therapy (RRT). North America had the highest absolute rates, while Taiwan and Japan had the highest prevalence. The decision to undergo dialysis is influenced by sociocultural and socioeconomic factors, and African Americans have ESRD at a higher rate than the general population. There are three expansive kinds of dialysis: hemodialysis, peritoneal dialysis, and persistent renal substitution treatment (CRRT). Cardiovascular and infectious diseases account for the higher mortality rates among dialysis patients in

					younger age groups.
10.	“Suetonia C Palmer¹, Giorgia de Berardis², Jonathan C Craig³, Allison Tong³, Marcello Tonelli⁴, Fabio Pellegrini^{2, 5}, Marinella Ruospo⁶, Jörgen Hegbrant⁶, Charlotta Wollheim⁶, Eduardo Celia⁶, Ruben Gelfman⁶, Juan Nin Ferrari⁶, Marietta Török⁶, Marco Murgio⁶, Miguel Leal⁶, Anna Bednarek-Skublewska⁶, Jan Dulawa⁶, Giovanni F M Strippoli^{2,3, 6,7,8}”	“Patient satisfaction with in-center hemodialysis care: an international survey”	“To assess patient experiences with some facets of hemodialysis therapy internationally.”	This study used a cross-sectional overview plan and involved the Decisions for Sound Results in Focusing on End-Stage Renal Illness (Decision) poll to survey the results of interest. The review was directed in hemodialysis centers inside a solitary supplier in Europe and South America. 2748 adults who were currently receiving hemodialysis were included in the study.	The attention to dialysis vascular access, caring nurses, responsiveness to pain or discomfort, helpfulness and sensitivity of dialysis staff, and ease of telephone contact were all rated as excellent by 2145 adults. Information provided when selecting a dialysis method, accessibility to a social worker, and the precision of nephrologists' instructions are less frequently rated as excellent.

Chapter 3: Methodology

Research question:

- What are the key steps in the patient care process for dialysis in the hospital?
- How can process mapping be used to identify areas of inefficiency in a dialysis department, and what impact will this have on patient satisfaction?
- What is level of satisfaction with Care at the dialysis unit?
- How can the process be improved to enhance patient satisfaction?

Materials and Methods:

Study Design:

In Secunderabad's KIMS hospitals, prospective descriptive survey research was conducted. A mixed research design will be used in this study, and patient satisfaction will be measured before and after the intervention.

Phase 1: Planning and Preparation

We were organized and prepared for the review at this point. We selected the study design, developed a comprehensive research plan, and identified the research questions. In addition, we obtained the participants' informed consent and any necessary authorizations from the hospital's Operation Head.

Phase 2: Data Collection

During this stage, we assembled data in the dialysis unit. As a feature of this, staff and patients were evaluated, patient records were seen, and patient consideration process perceptions were made. With the help of the data that was gathered, process maps that showed the steps in the admission, patient care, and billing processes were made.

Phase 3: Process Mapping

We created process maps that outlined the steps in the patient consideration process using the information gathered in Stage 2. The process maps revealed inefficiencies in the process, allowing us to identify potential areas for improvement.

Phase 4: Analysis and Interpretation of Data

In this stage, we examined and deciphered the information gathered in Stage 2 and Stage 3. This required using statistical techniques to analyze quantitative data and locating patterns and themes in the data. We were able to identify the most important issues and areas for improvement thanks to the data's analysis and interpretation.

Phase 5: Recommendations

In this phase, we used the information from Phases 3 and 4 to make suggestions for making the Dialysis Department's patient care process better. These suggestions were made with the intention of improving patient satisfaction and were based on evidence from observations, feedback forms, and interviews with dialysis staff.

Phase 6: Implementation of Recommendations

We collaborated with hospital staff in this final phase to put the recommendations from Phase 5 into action. This elaborate preparation staff on the new interaction, checking the execution of the cycle changes and gathering information to evaluate the viability of the changes. We also looked at how the changes to the process affected how satisfied patients were.

Method:

This qualitative research was directed from Feb 27th to May 27th, to research the perspectives of the patients, their families, and medical services suppliers about working on the nature of care in the dialysis unit.

The review was led in KIMS medical clinic in Secunderabad which furnished dialysis administrations to patients with CKD/ESKD

The review was endorsed by the senior supervisor and activities head and all members gave informed agreement preceding taking part in the review.

Convenience sampling was used to select participants, with a focus on selecting those who had first-hand experience with dialysis. This included patients who had gotten dialysis treatment, relatives who had gone with patients during dialysis medicines, and medical care suppliers who worked in the dialysis unit.

The considered sample size was 100 participants, including patients, attendants with the patients, and medical professionals, were chosen.

Information assortment included leading inside and out interviews with the members. During the interviews, field notes were also taken to record nonverbal communication and observations.

Our mentor, who is a highly qualified Operations Head at the KIMS hospital in Secunderabad, oversaw the interviews.

Expressive Information examination was led utilizing a topical investigation approach, which included distinguishing process guides and examples in the information connected with working on the nature of care in the dialysis unit.

Using MS Excel, the analysis looked at every process's specifics, including root cause analyses that were recorded between February 27 and May 27.

The results of the data analysis were used to create process maps that showed the steps in the dialysis unit's admission, care, and billing processes for patients. The process maps assisted in identifying potential enhancements that could be made to increase patient satisfaction and identified areas of the process that were inefficient.

The results shed light on how patients, their loved ones, and healthcare professionals evaluate current quality of care and ways to improve it in the dialysis unit. To improve patient satisfaction in dialysis units, the study's process maps can be used to guide future quality improvement initiatives.

Study Setting: The study approach was adopted to investigate the patient care process for the dialysis department at KIMS Hospital Secunderabad.

Study Population: The study population will include all attendants, patients receiving dialysis treatment, and healthcare providers at the department.

Inclusion criteria: Attendants and patients receiving dialysis treatment at the department during the study period. Patients aged between 20-80 years were taken into consideration. Male, as well as female patients, were included. The treatment undergone period ranged from 6 months to 10 years.

Exclusion criteria: Patients incapable of providing informed consent. Also the Patients who were receiving treatment for conditions other than kidney disease. Patients below 20 years of age were excluded.

Sample Size: 100 including patients as well attendants.

Sampling Technique: Convenience Sampling will be used to recruit patients/attendants for the study.

Data Collection Procedure: The data were collected through open-ended and close-ended questions with a rating method (rating scale: 1 being worst and 5 being best) to know the patient satisfaction rate. It also included process maps, patient flowcharts, interviews with staff & attendants, and patient feedback surveys.

Operational Definitions:

Process mapping: A visual representation of the steps in a process, used to identify areas of inefficiency.

Patient satisfaction: The degree to which patients are satisfied with their dialysis treatment, measured using a validated survey tool.

Implementation of process improvements: Changes made to the dialysis department based on the findings of the process mapping exercise.

Ethical Consideration:

It is important to ensure ethical considerations are addressed, such as protecting patient confidentiality and obtaining informed consent from patients participating in the surveys and focus groups, which was followed and maintained throughout the study.

Informed Consent: informed consent was obtained from patients, staff, and other stakeholders who were involved in the study.

Confidentiality and Privacy: Patient privacy and confidentiality were protected throughout the study. Any personal or health-related information collected during the study was kept confidential and shared with authorized personnel. Data was stored securely and destroyed or de-identified when no longer needed.

Respect for Participants: Throughout the process dignity and autonomy of participants, including patients, staff, and others were respected and protected.

Use of Data: The data collected during the study was used solely for the purpose of this research and was not used in any shape or form for any other purpose without the explicit consent of the participants.

Institutional Review: Operations team approval was sought prior to conducting the study to ensure that the study was conducted in accordance with ethical principles and regulatory requirements.

CHAPTER 4: RESULTS

In this study, patient satisfaction in a healthcare context was evaluated, and the findings are presented in this research report. The study makes use of a feedback form created expressly to collect insightful information from patients about their experiences and satisfaction with the care they received.

Patient satisfaction is a critical component of healthcare delivery since it represents both the standard of care and the patient experience. Healthcare organisations must comprehend and handle patient satisfaction if they are to consistently enhance their services and fulfil patient expectations.

Our goal in examining the information gathered from these feedback forms is to get a thorough picture of patient satisfaction levels and pinpoint areas that need improvement. This study offers insightful suggestions for improving patient-centered care and raising the standard of healthcare services. The findings from this study support continuing initiatives to give patient satisfaction top priority and promote a patient-centric mindset throughout healthcare organisations. The format of the feedback form is detailed in more detail below.

FEEDBACK FORM:

It was divided into five sections:

1. Appointment
2. Staff
3. Treatment
4. Facility
5. Overall experience

4.1. Appointment:

- a. Was it easy to get the appointment scheduled?
- b. Were you informed of the date and time of the appointment in advance?

- c. Did you get the bed at the informed time?
- d. Were you attended to on time by a technician/doctor?
- e. Rate your check-in process (1 being the worst and 5 being the best)
- f. Will it be comfortable for you to book appointments/schedule online?

4.2. Staff:

- a. On a scale of 1-5, how courteous, friendly, and respectful were the staff members?
- b. Did the staff members explain the treatment and procedure to you clearly? (For new patients)
- c. Were the staff members attentive to your needs during the treatment?
- d. Did you ever feel that the staff was rude or impolite to you? If yes, please elaborate.
- e. Was the consent explained to you clearly?

4.3. Treatment:

- a. Did you experience any discomfort during the treatment?
- b. If yes, then what was the discomfort that you have experienced?
- c. Were you provided with adequate information on how to care for yourself after the treatment?

4.4. Facility:

- a. How clean and well-maintained was the facility? (1 being the worst and 5 being the best)
- b. If any, what were the parts you found were not clean?
- c. How seamless was the billing process? (1 being the worst and 5 being the best)

4.5. Overall experience:

- a. How would you rate your overall experience at our dialysis Department? (1 being the worst and 5 being the best)
- b. Do you have any suggestions for improving the quality of care we provide?
- c. What would you like to change to have better care services?

Appointment:

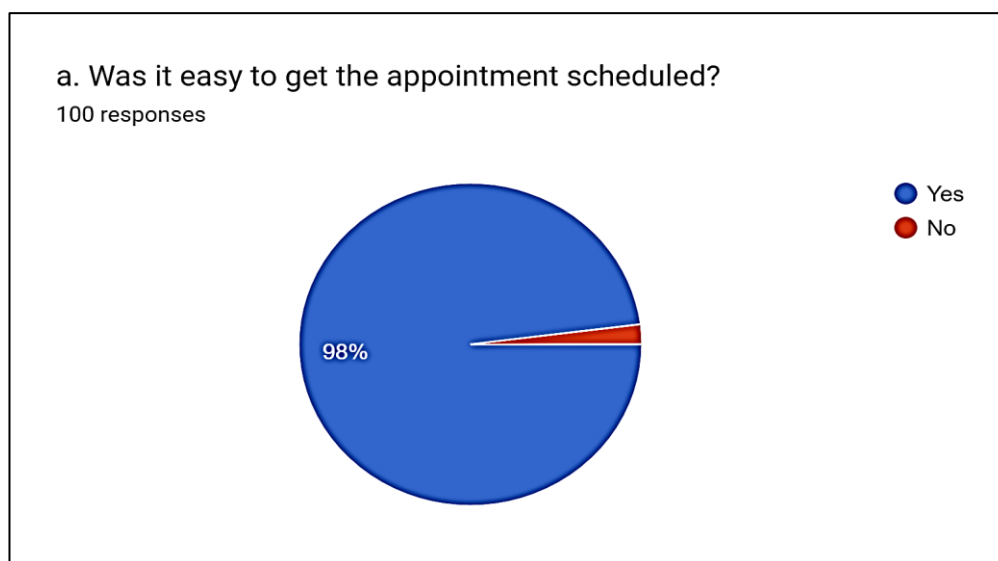


Figure 4.1: Appointment scheduling

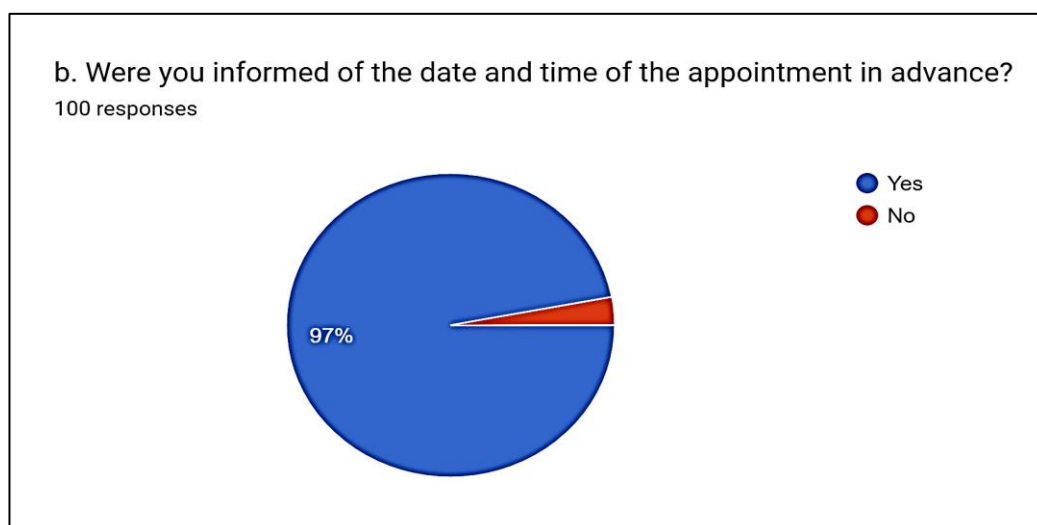


FIGURE 4.2: Appointment date and time cognizance

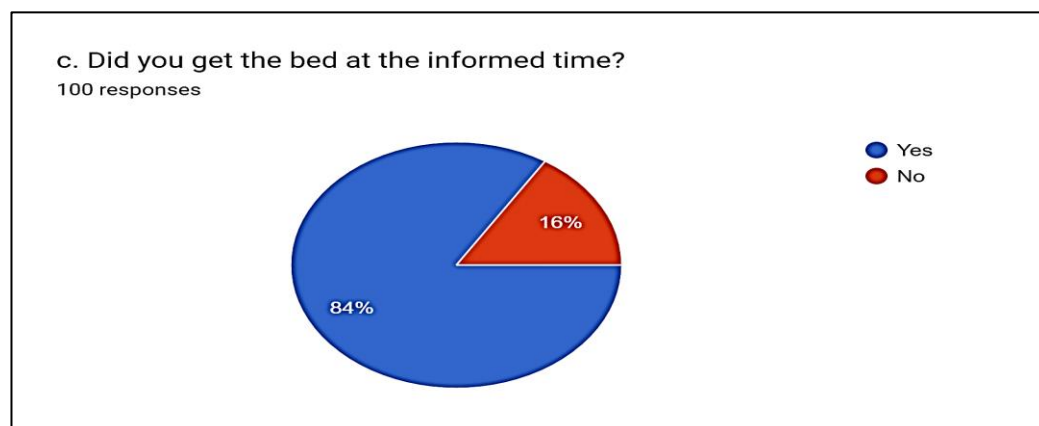


FIGURE 4.3: Bed allocation punctuality

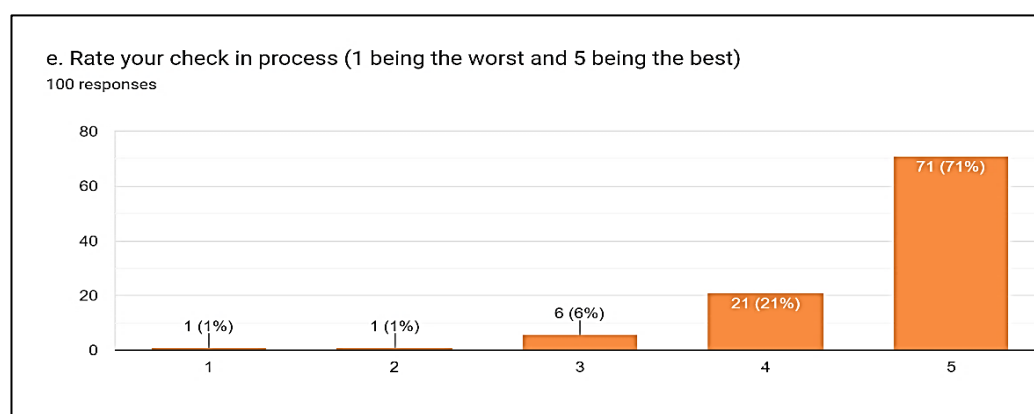


FIGURE 4.4: Check-in process

STAFF

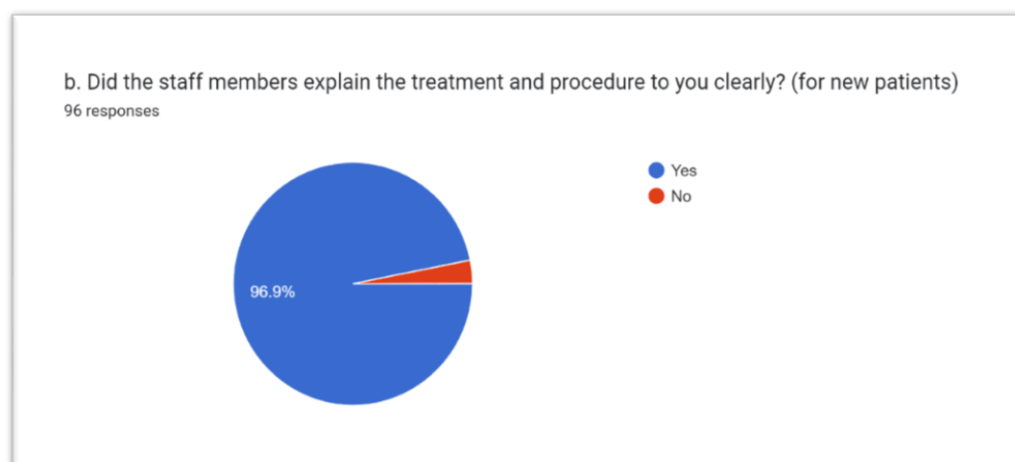


FIGURE 4.5: Treatment instructions

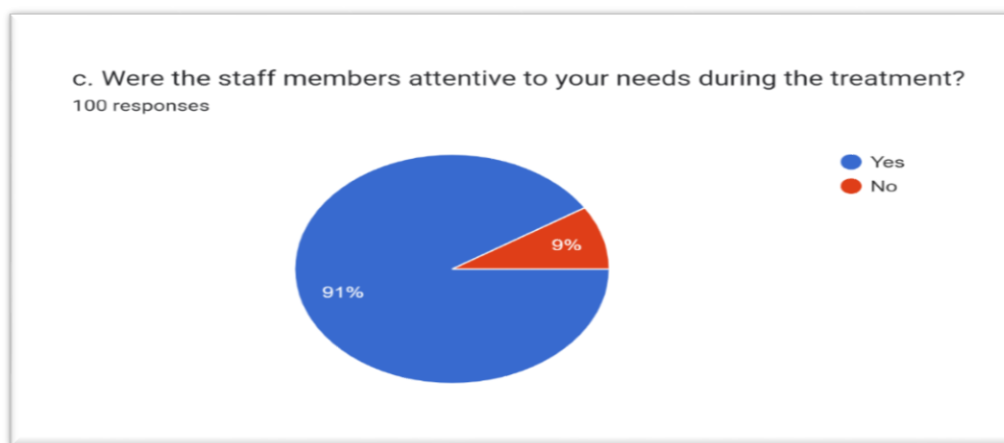


FIGURE 4.6: Staff Attention during treatment

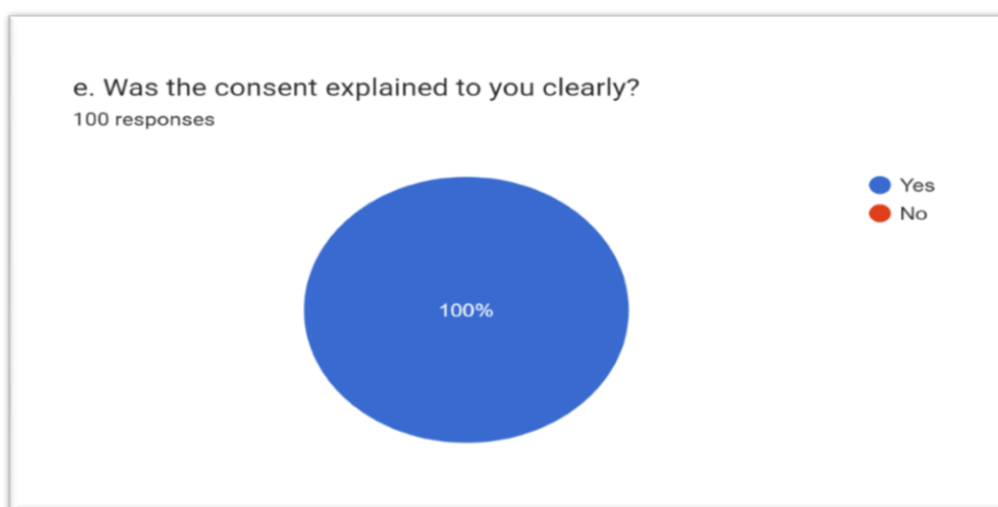


FIGURE 4.7: Consent clarity

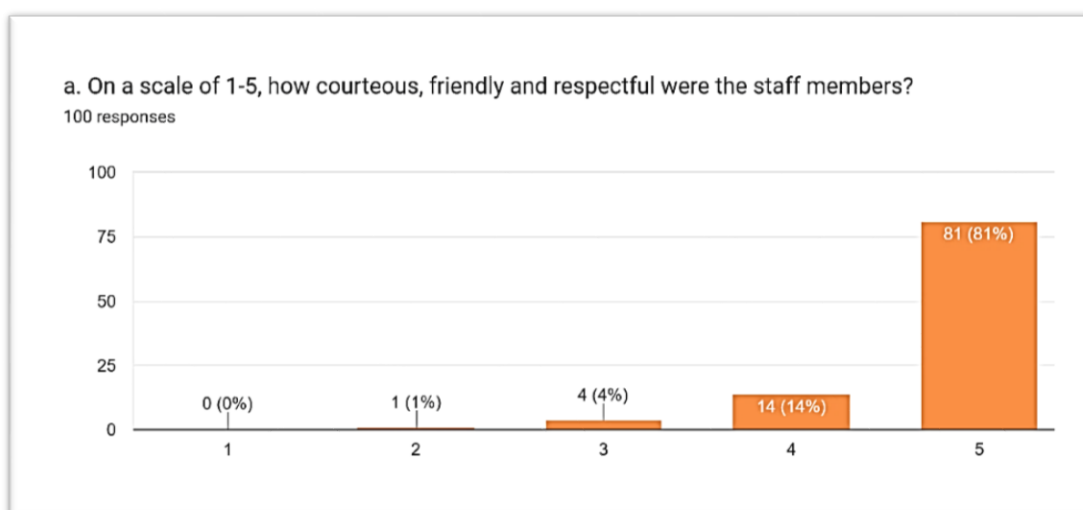


FIGURE 4.8: Staff behaviour

a. Did you experience any discomfort during the treatment?
100 responses

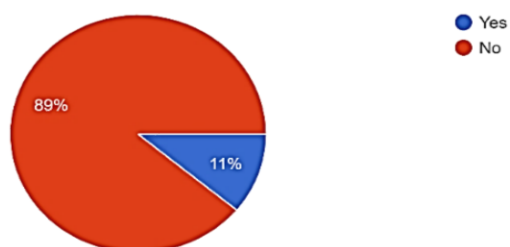


FIGURE 4.9: Treatment discomfort

c. Were you provided with adequate information on how to care for yourself after the treatment?
100 responses

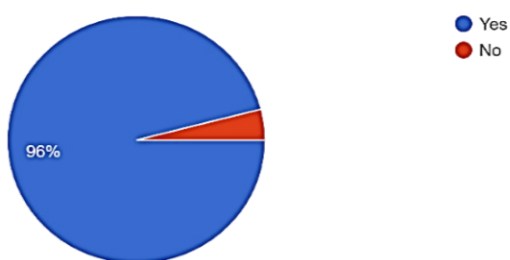


FIGURE 4.10: Post treatment care instructions

b. If any, what were the parts you found were not clean?
11 responses

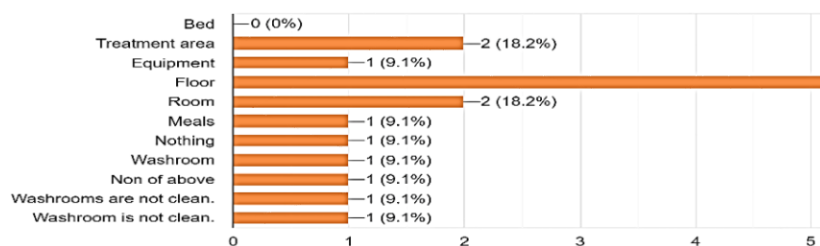


FIGURE 4.11: Cleanliness

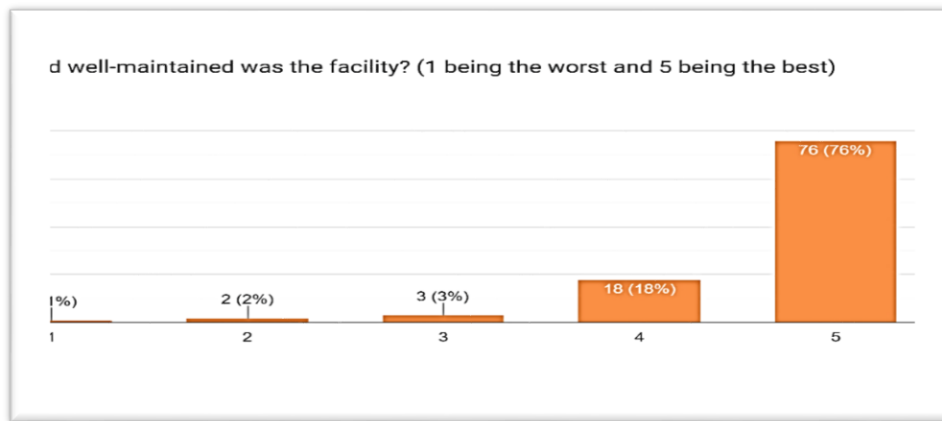


FIGURE 4.12: Facility maintenance

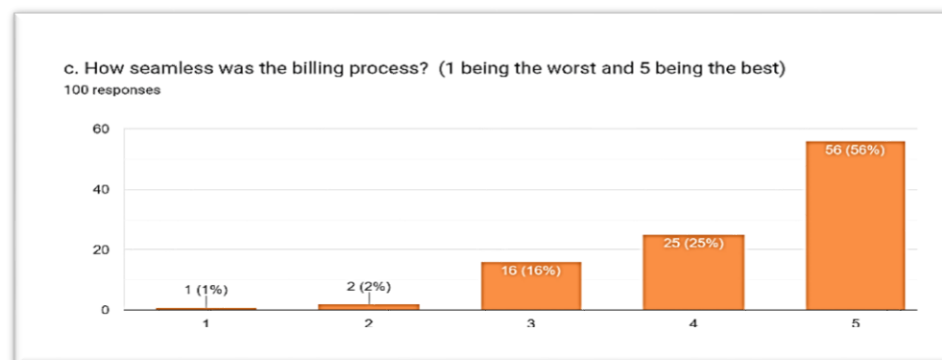


FIGURE 4.13: Billing process

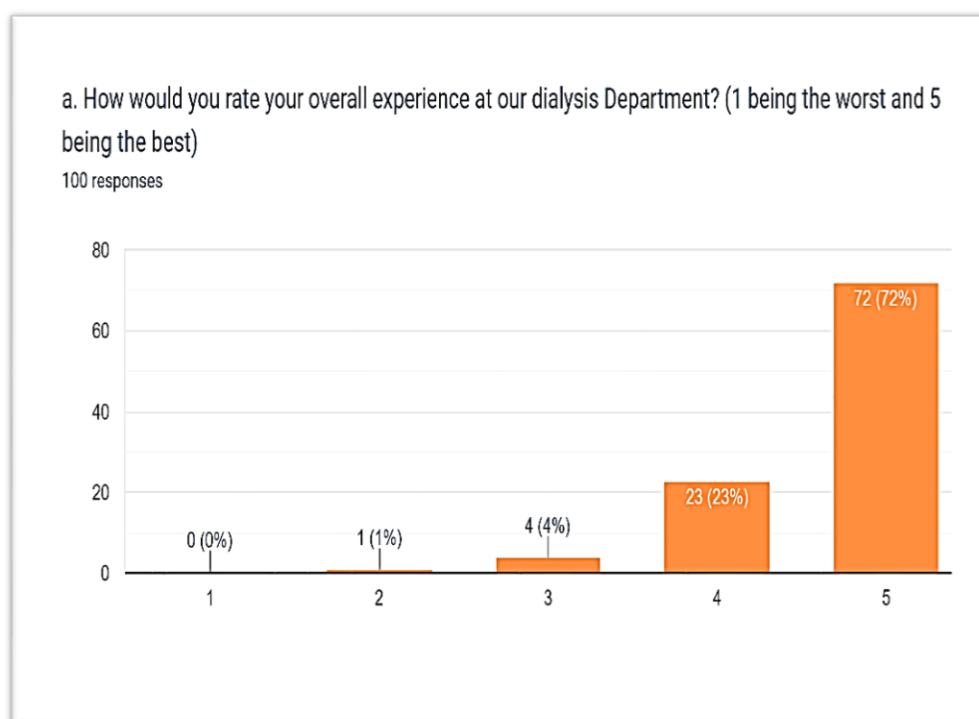


FIGURE 4.14: Overall Experience

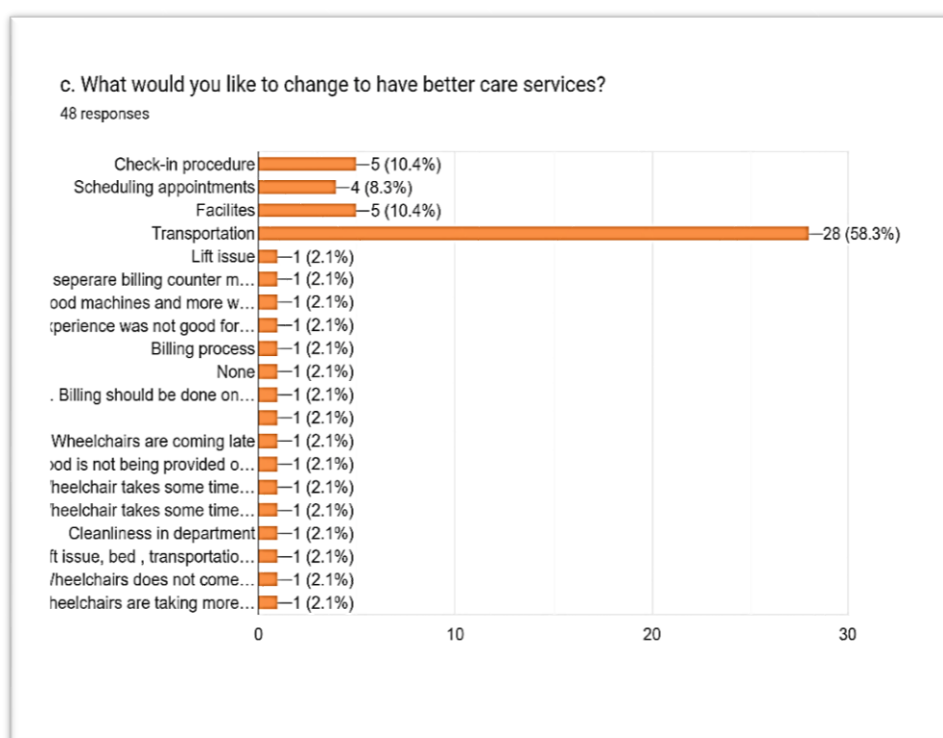


Figure 4.15: Suggestions for better care services

Based on feedback from patients, their families, and healthcare providers, the three-month study on process mapping in the dialysis department to increase patient

satisfaction was examined. Patient interviews and feedback forms were used to collect the data for the study, which ran from March 13 to May 27.

71% of patients were pleased with the check-in procedure, giving it a 5-star rating, while 21% were satisfied with a 4-star rating. This demonstrates that most of patients were content with the registration interaction.

With regards to staff conduct, 81% of patients were fulfilled. The patients and their caregivers said that the staff was kind, considerate, and attentive to their needs. This positive feedback demonstrates that the staff is providing high-quality care, which is a positive sign for the department.

Regarding treatment, a significant majority of patients, 89 percent, expressed satisfaction with the dialysis department's services. This suggests that patients are content with the quality of their treatment.

Nonetheless, with regards to the charging system, just 56% of patients communicated fulfillment, while the leftover 44% were disappointed because of significant delays, particularly for patients who come alone and find it challenging to remain in lines. Patients are dissatisfied with the current billing system, so this suggests that it needs to be improved.

76% of patients gave the facility five stars because of its clean and well-kept conditions. However, 24 percent gave it three to four stars, citing occasionally dirty floors. This suggests that, even though many of the patients are pleased with the resources provided, it needs more efforts to ensure that it is always clean and well-kept.

With regards to the general insight, 72% of patients evaluated it 5 stars, with 23% giving it a 4-star rating. This suggests that most patients are satisfied with their dialysis experience as a whole.

	Satisfied	Unsatisfied
Check-in process	71%	29%
Staff behaviour	81%	19%
Treatment	89%	11%
Billing Process	56%	44%
Facility	76%	24%
Overall Experience	72%	28%

TABLE 4.1: INTERPRETATION OF FEEDBACK FORM

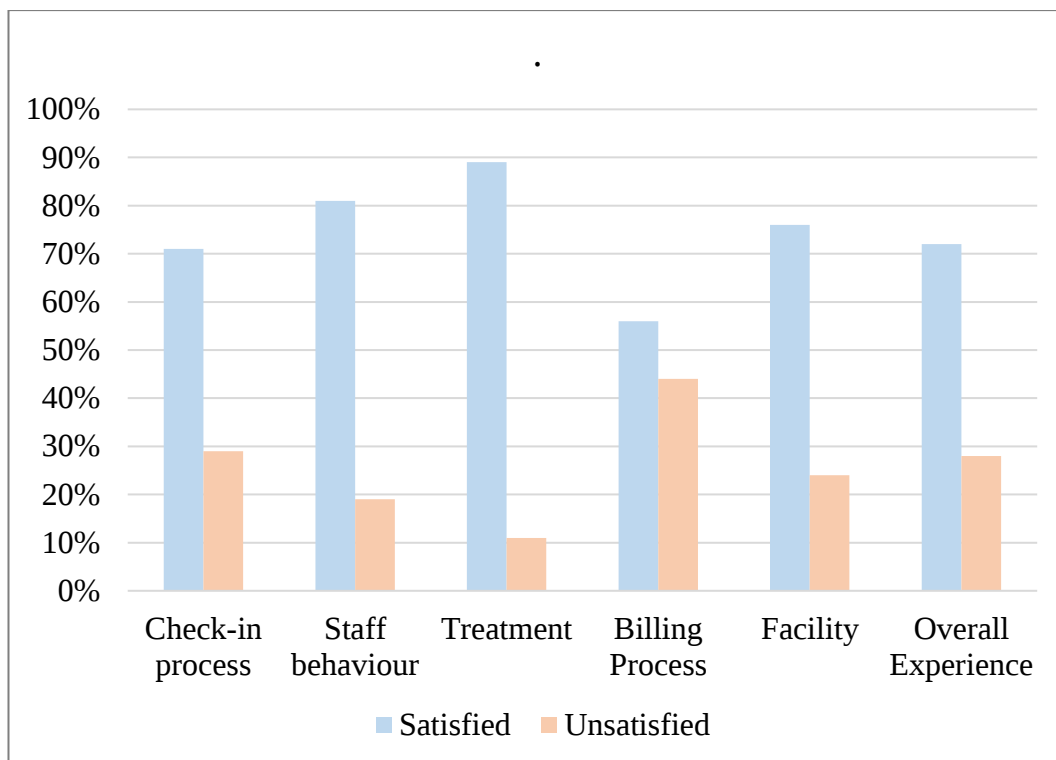


FIGURE 4.16: INTERPRETATION OF FEEDBACK FORM

	Percentage
Optimal conditions	46%
Transportation	28%
Billing	9%
Lift	8%
Check-in procedure	5%
Scheduling appointments	4%

TABLE 4.2: Major complaints

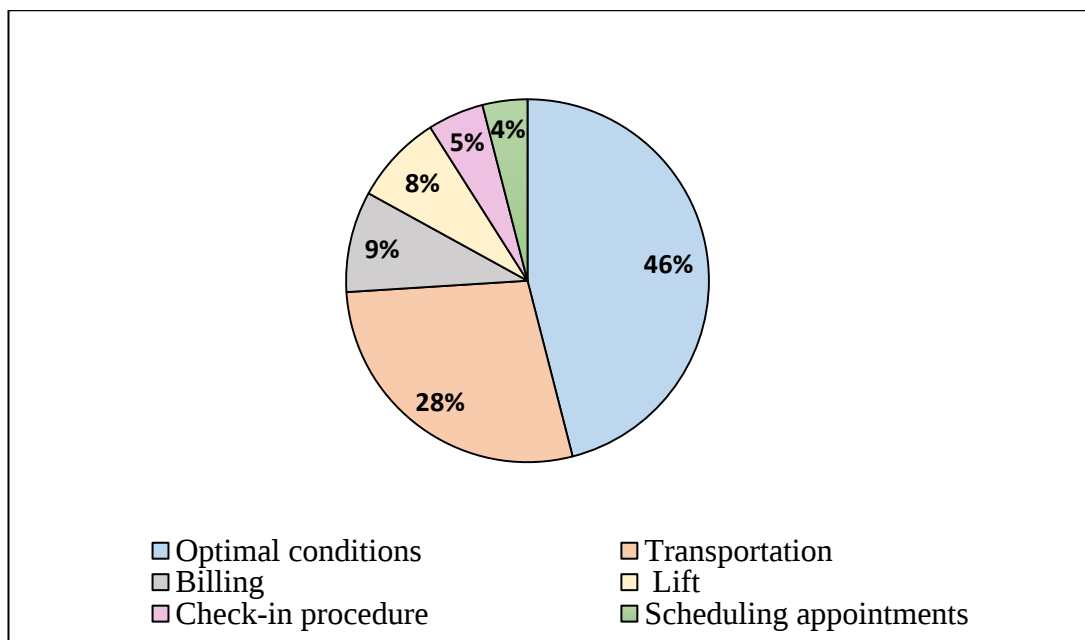


Figure 4.17: Major complaints

Major Problems:

1. Transportation: Patients must wait approximately 30 minutes for a wheelchair because porters do not arrive on time.

2. Billing: If billing could be done in the dialysis unit, it would be easier for patients. It's hard for some patients to wait in lines because they come alone. Regardless of whether orderlies go with patients, they actually need to hang tight in line for charging and afterward sit tight for a bed in the dialysis division.

3. Lifts: The time it takes to wait for lifts is longer.

Transportation, billing, and lift waiting times were the most frequently raised issues during the study. Patients have reported that porters don't show up on time, so they have to wait about 30 minutes for a wheelchair. Additionally, they suggested that lift facilities be enhanced and that dialysis patients should have access to a separate billing counter. Additionally, patients stated that well-trained staff or attendants should be present to assist them during treatment, or that attendants should be granted priority access to the dialysis room.

CHAPTER 5: DISCUSSION

Observations:

1. Lack of a Quality Management System (QMS):
 - The absence of a QMS demonstrates an expected hole in guaranteeing normalized cycles and quality control in the dialysis division.
 - Executing a QMS can smooth out tasks, further develop productivity, and improve patient fulfillment by laying out clear conventions and rules.
2. Manual Support of Bill and Passage Register:

- The risk of errors, information misfortune, and shortcomings can increase when manual record-saving is used for charging and transportation.
 - Moving to an electronic health record (EHR) or computerized framework can improve precision, openness, and ease regulatory processes.
3. Unclean Reprocessing Area:
 - To keep the environment clean and reduce the likelihood of cross-contamination, regular cleaning and strict hygiene practices are essential.
 4. Transportation Problem:
 - Patients, particularly those who require mobility assistance, can experience discomfort and inconvenience when wheelchairs arrive late.
 - Guaranteeing the ideal accessibility of wheelchairs and streamlining the transportation interaction can work on understanding experience and diminish stand by times.
 5. Waiting in Lines and Credit Billing Issues for Weak Patients:
 - Weak patients who come alone may find it difficult to wait in queue for credit billing.
 - You may ease patients' agony and guarantee effective billing operations by setting up a special support system or method for those who need assistance.
 6. Prolonged Lift Queues:
 - Prolonged lift queues can aggravate patient irritation and cause delays in receiving necessary treatments.
 - Improving patient flow and overall efficiency may be accomplished by determining and correcting the root causes of lengthy wait times, such as lift maintenance or insufficient capacity.

By recognizing these perceptions, medical care associations can focus on process enhancements and execute techniques to address the distinguished holes. These may incorporate executing a QMS, progressing to electronic record-keeping frameworks, further developing tidiness and disease control, streamlining transportation coordinated factors, upgrading credit charging systems, and tracking down answers for diminish

hanging tight times for lifts. The dialysis unit can improve patient satisfaction, operational efficiency, and overall patient experience by concentrating on these areas.

Suggestions:

1. Increase Staff and Wheelchairs for Transportation:

- Increase the number of staff members and wheelchairs devoted to patient transportation to address the issue of delayed wheelchair availability.
- Make sure that there is enough staff available to assist patients right away and help with transportation right away.

2. Separate Charging Line for Dialysis Credit Patients:

- Create a separate billing queue just for dialysis credit patients to cut down on waiting time and speed up the billing process.
- As a result, credit patients, particularly those who are weak, won't have to wait in long lines.

3. Segregation of Lifts:

- If you want to cut down on congestion and wait times, think about separating lifts for different uses, like transporting patients and staff or for other reasons.
- This can make use of lifts more efficiently and facilitate patient movement throughout the department.

4. Display for Attendees in the Waiting Room:

- Introduce shows in the holding up region to give continuous updates on line status, assessed holding up times, and some other significant data for participants.
- This will assist in keeping attendants informed and will lessen their anxiety while the patient is waiting for their procedure to be finished.

5. In the dialysis unit, OP Pharmacy is provided:

- Establish a short-term (overpowered) drug store in the dialysis unit to facilitate patient access to prescribed medications.

- This will improve the patient experience and make it easier to get essential medications without going to another pharmacy.

The dialysis centre can improve the patient experience, increase asset utilization, and work on overall functional proficiency by implementing these interaction improvement concepts. It is necessary to tailor each suggestion to the requirements and resources of the department and evaluate its viability and impact. In order to guarantee the viability of these upgrades and identify additional areas for improvement, regular criticism and continuous checking will be essential.

CHAPTER 7: Conclusion:

At conclusion, process mapping, which was carried out at the dialysis department at KIMS Hospital, Secunderabad, using observations, feedback forms, and interviews, has been extremely helpful in discovering and closing gaps that have already existed. The department's operations have significantly improved thanks to the thorough study of the obtained data and insights.

The input provided by patients, employees, and other stakeholders was carefully examined, and this provided important insights into the benefits and drawbacks of the current procedures. A better knowledge of the underlying causes of the feedback was further offered by the inclusion of qualitative interviews, allowing for targeted solutions.

The dialysis department at KIMS Hospital, Secunderabad, has been able to adopt required adjustments and improvements thanks to this research, and work is currently ongoing.

By concentrating on main issues that were found through feedback forms, which mostly concerned transportation and billing, there has been a noticeable improvement in patient satisfaction ratings. These flaws were closed, which resulted in improved workflow, shorter wait times, better employee relationships, increased sanitation, and efficient equipment use.

Process mapping's methodical methodology and the active participation of stakeholders have demonstrated to be crucial in fostering progress. The study's conclusions and suggestions have enhanced overall operational effectiveness while also assisting in providing dialysis patients with higher-quality treatment.

The accomplishment of this project is evidence of the worth of efforts for ongoing development and the significance of actively soliciting input from patients and employees. It demonstrates the dedication of KIMS Hospital, Secunderabad, to delivering top-notch medical treatment and guaranteeing patient satisfaction.

The insights gained from this study will be used in the future to improve the procedures used in the dialysis unit and form the foundation for on-going quality and operational improvement initiatives. The KIMS Hospital in Secunderabad can continue to provide high-quality treatment and uphold patient satisfaction in the long run by developing a culture of process review and adaptation

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