SUMMER INTERNSHIP

MANIPAL HOSPITAL, JAIPUR

May 12 to July 4th, 2021

Under the guidance of Dr. Piyusha Majumdar

Sushil Kumar

HHM (2020-22)

1221`

IIHMR UNIVERSITY

Manipal Hospital, Jaipur

Manipal Hospitals is a chain of multi-specialty hospitals in India. Its network is spread across 15 locations in India.

Manipal Hospital, Jaipur, Rajasthan (A unit of Manipal Health Enterprises Pvt Ltd.), which is a 225 bedded Multi specialty Hospital in Jaipur which is NABH & NABL accredited.

Vision : LIFE'S ON

Mission : Global leadership in human development, excellence in education and healt

ManipalHospitals
LIFE'S ON

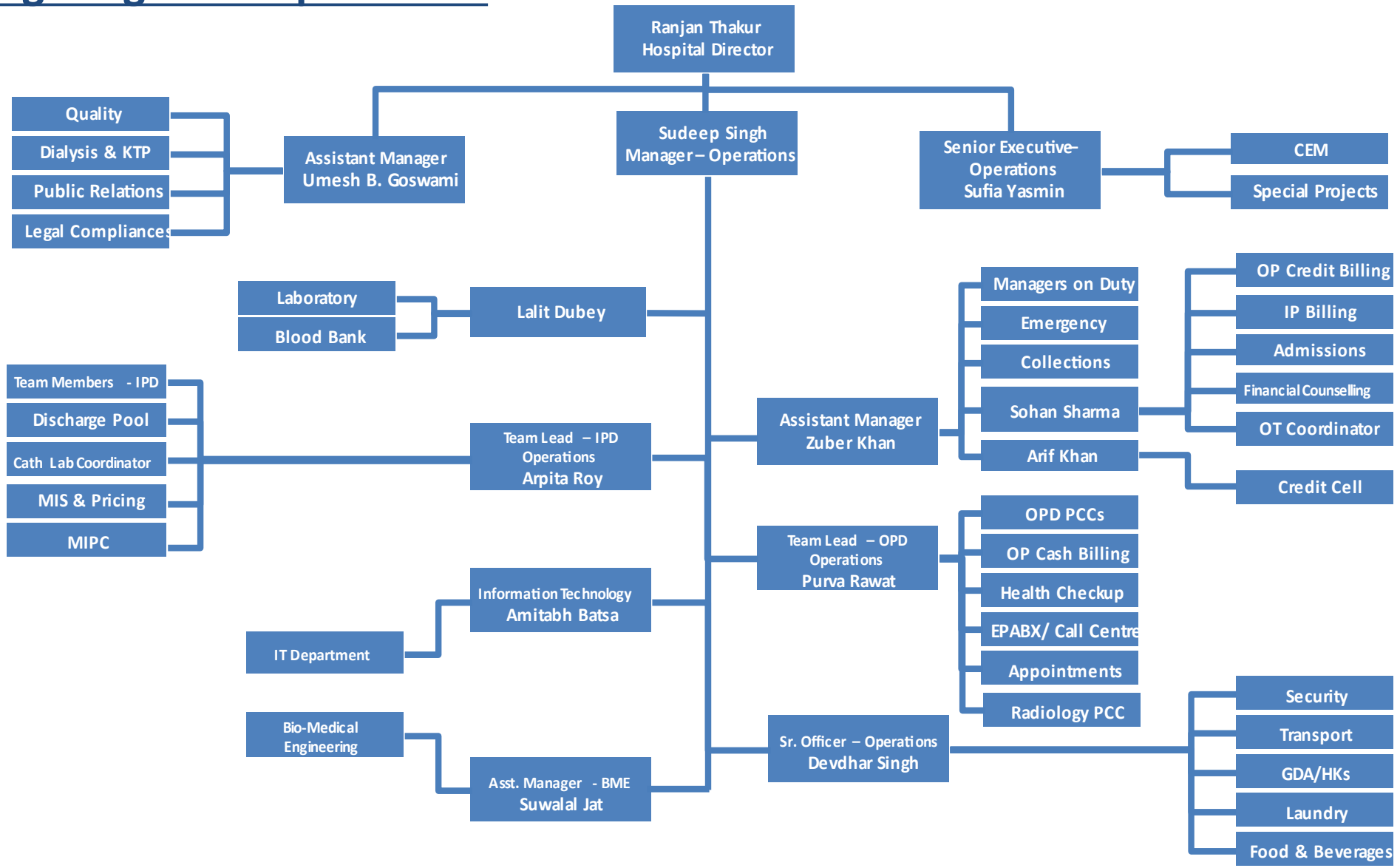
24 HOURS SERVICE

- Ambulance
- Blood Bank
- Dialysis
- Emergency
- Intensive Care Unit
- Laboratory
- Pharmacy
- Radio Diagnosis & Imaging

ROLE OF HOSPITAL ADMINISTRATOR

- Role towards patients
- Role towards organization
- Role towards personal management
- Role towards hospital information system.

Organogram - Operations



WEEK	ACTIVITY	OBJECTIVE	KEY LEARNING
WEEK 1 (MAY 12 – 19 ,2021)	• Observe the working of Cath lab. • Observe the discharge process.	• To understand the process flow of the Cath lab & understand the discharge process. • To understand the gaps in the process of discharge and factors affecting the discharge process in cash & TPA patients.	• Learnt about the various procedure done in the Cath labs; learnt about the process flow of patient in Cath lab. • Learnt the use of HIS system to track the discharge process and delay.
WEEK 2 – 5 (MAY 20 – 23, 2021)	• Patient flow management • Patient ID's verification. • Assisting patient in consent form filling • Patient details verification on Co-WiN application.	• How a vaccination drive conducted in a hospital. • Crowd management in a hospital. • Vaccine storage.	• Learnt about how to host a vaccination drive in a hospital. • Learnt about how different department coordinates/ work together. • Learnt about patient flow management in a hospital. • Learnt how to verify a document for a vaccination.
WEEK 6 – 8 (MAY 24 – JUNE 6, 2021)	• Monitor the TAT for admission & discharge time in Cath lab. • Observation of patient flow in CCU & pre Cath wards.	• To understand the process flow of the allied department. • To understand the reasons for delay in the discharge summary. • To understand the gaps in the process of discharge and factors affecting the discharge process in cash & TPA patients.	• Learnt about the various procedure done in the Cath labs; learnt about the process flow of patient in Cath lab. • Learnt about the admission procedure. • Learn the reasons for delay in the process of discharge in cash and TPA patients. • Learn the process of indent for discharge medicine .

SARS-CoV-2 Vaccination

- **Coronavirus disease 2019** (**COVID-19**) is a **contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)** .
- India began administration of **COVID-19 vaccines** on 16 January 2021
- 3 vaccines received approval for emergency use in India at the onset of the program:
    1. Covishield—a brand of the Oxford–AstraZeneca vaccine manufactured by the Serum Institute of India,
    2. Covaxin, which was developed by Bharat Biotech.
    3. Russian Sputnik V vaccine (which is distributed locally by Dr. Reddy's Laboratories) as a third vaccine.

Initial approvals, launch of vaccination program

1. First Phase : The first phase of the rollout involved health workers and frontline workers including police, paramilitary forces, sanitation workers, and disaster management volunteers.

2. Second Phase: The next phase of the vaccine rollout covered all residents over the age of 60, residents between the ages of 45 and 60 with one or more qualifying comorbidities.

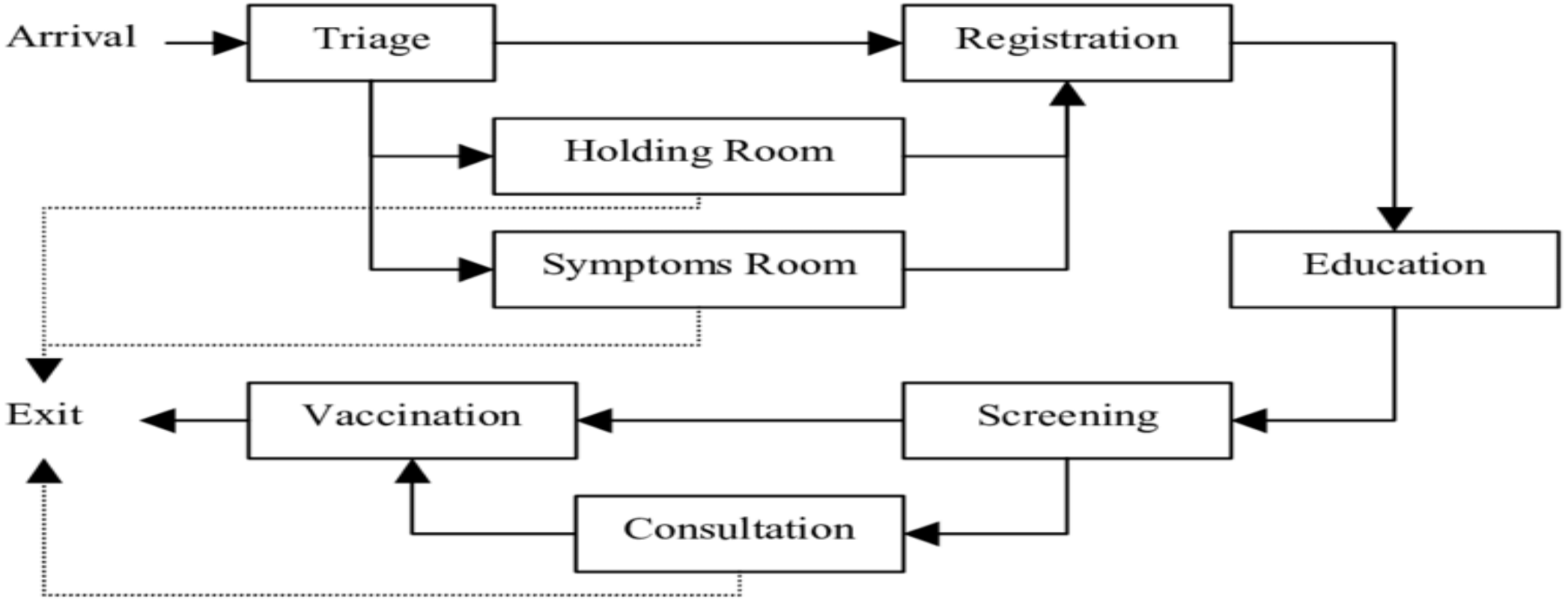
3. Third Phase: The vaccine program begin on 1 May, extending eligibility to all residents over the age of 18.

Here is a step-by-step breakdown of our preparations to date:

1. Finding Space
2. Developing Plan
3. Ordering supplies
4. Storage capacity
5. Booking
6. Updating our website
7. Assessing the layout of the clinic space
8. IT connectivity
9. Staffing
10. Rostering
11. Booking

PATIENT FLOW MANAGEMENT

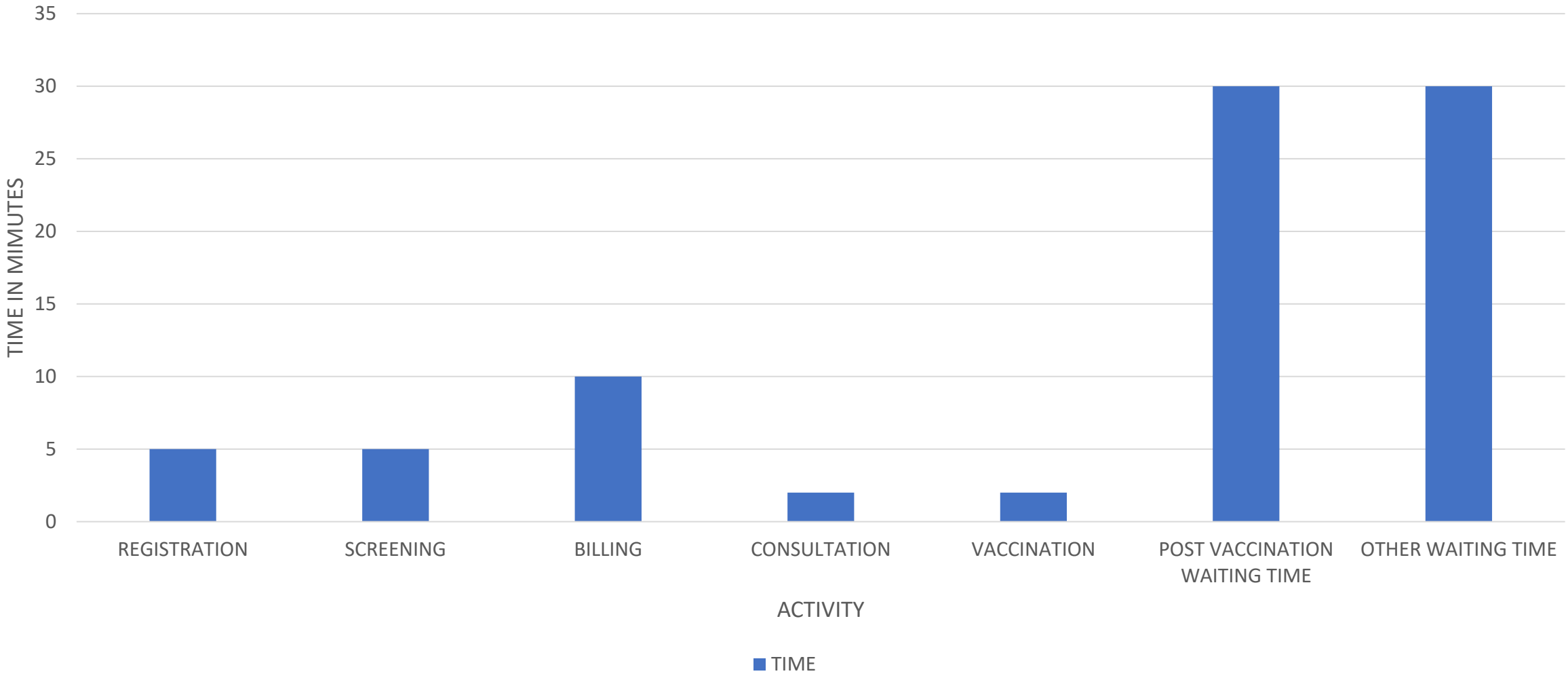
A. Smart appointment scheduling.
B. Arrival & Registration management : The key to efficient patient flow management.
    1. Clear information & update
    2. Manage registration efficiently
        A. Consent form filling
        B. On site registration



Flowchart of Patient flow

Data Collection

The first step in data analysis was to collected time stamp data. This yielded data about how long each patient spent at each station and the total time in the clinic.



CATH LAB TAT ANALYSIS

Catheterization laboratory, commonly referred to as a cath lab, is an examination room in a hospital room in a hospital or clinic with diagnostic imagining equipment used to visualize the arteries and other veins of the heart and the chambers of the heart and treat.

Procedure done at Cath lab

- Balloon Angioplasty
- Coronary and left ventricular digital angiography
- Coronary Intravascular ultrasound
- Right and left heart catheterization
- Rotational Atherectomy
- Stent implantation
- Thrombectomy

STUDY OBJECTIVS

- To study the steps involves in the admission for cash and TPA patients.
- To study the steps involves in the discharge for cash and TPA patients.
- To calculate the TAT for cash and TPA patients.
- To identify hindering factors for to delay discharge and admission in cash and TPA patients.

METHODOLOGY

Study Area: The Cath lab on first floor is consider for the study.

Study type: Descriptive Study

Study duration: 3 Week

Sample Size: A convenient sample of 100 patients files was taken and the process flow of each patient was tracked.

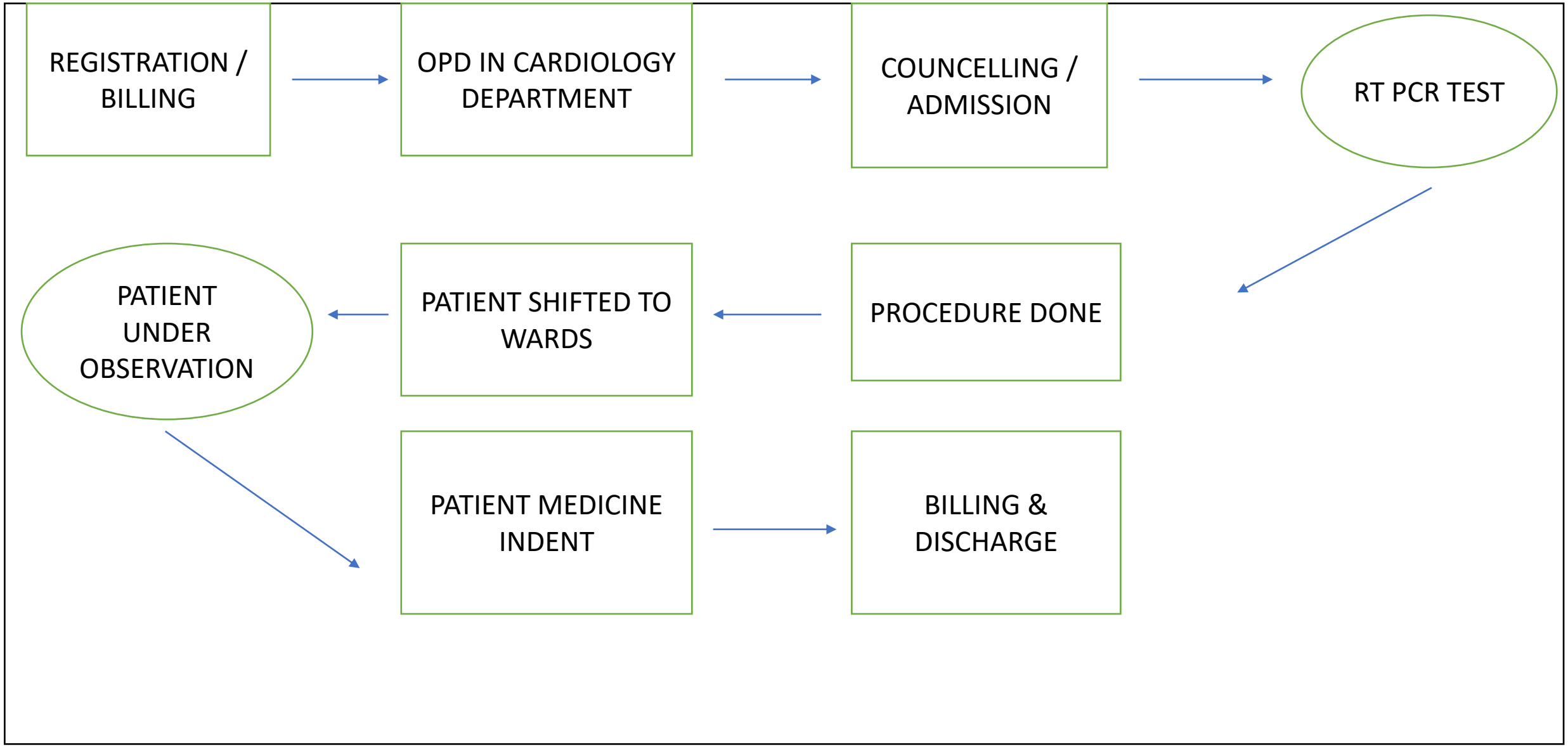
Inclusion criteria: Only cash and TPA/ ECHSpatients were included in the study.

Exclusion criteria: Time take for the discharge of corporate patients were not recorded, Discharge that took place after 6 PM were not recorded

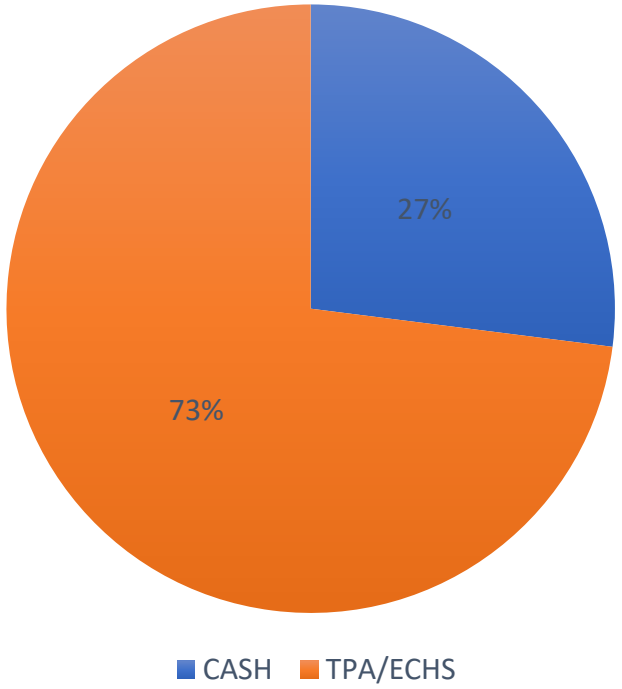
Mode of data collection: Observational

Data Analysis: A checklist was framed, and time taken for each process was recorded and analysed for both cash & TPA patients using simple percentage analysis, simple average analysis, TAT formula, process flow, percentage distribution and root cause analysis was done after analysing the data and identifying gaps.

PROCEDURE FOR OPD PATIENTS



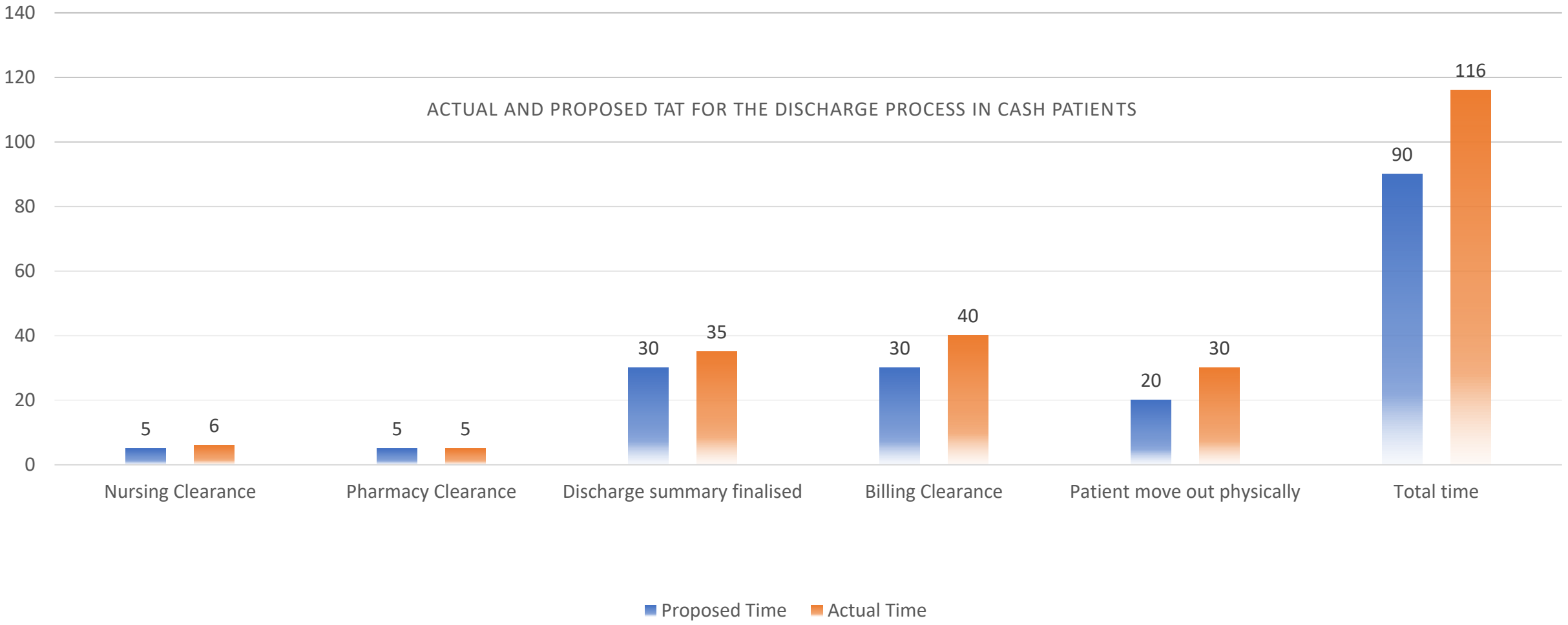
Distribution of Cash and TPA Patients

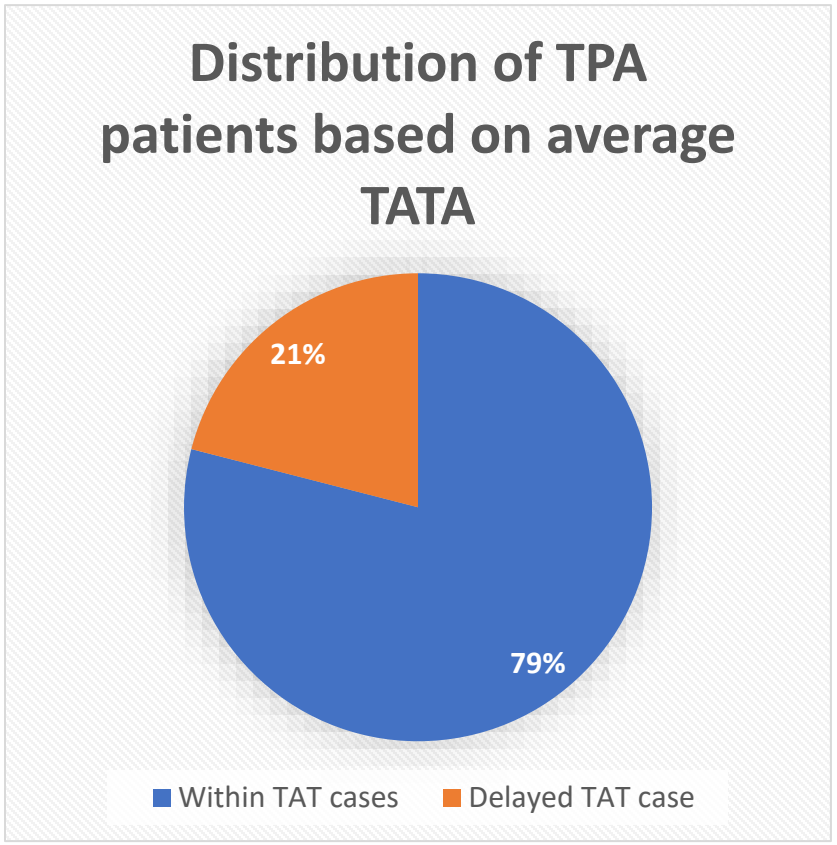


From the sample size of 100 patients, 27% patients were cash patients while 73% were TPA/ECHS patient

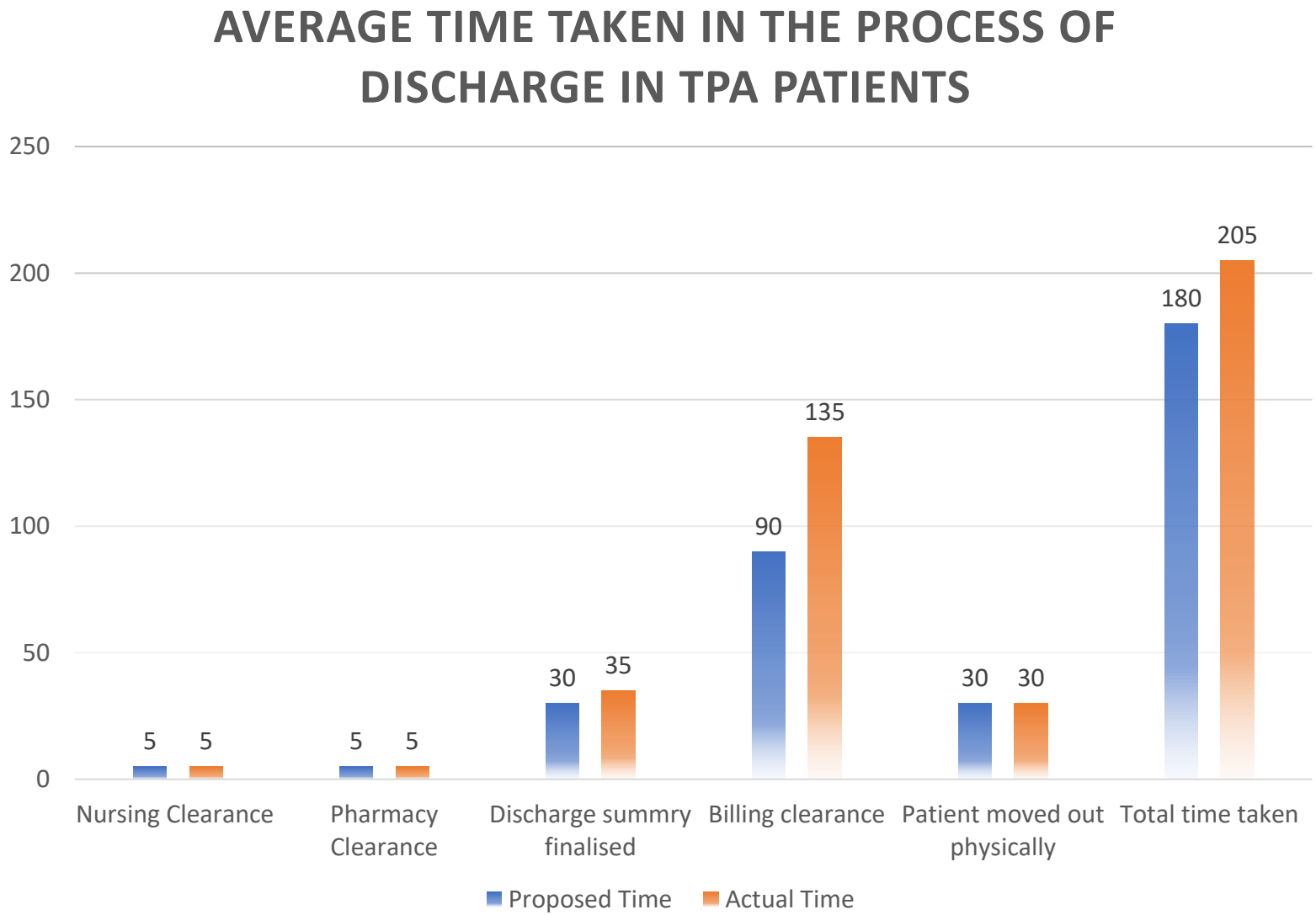
Distribution of average TAT for Cash patients (Average TAT – 100 Min)

DURATION (IN MINUTES)	PERCENTAGE
Below average 95	27.56 %
96- 105	16.58 %
Above 105	55.86 %


ACTUAL AND PROPOSED TAT FOR THE DISCHARGE PROCESS IN CASH PATIENTS
140
120
100
80
60
40
20
0
5
6
5
5
30
35
30
40
20
30
90
116
Nursing Clearance
Pharmacy Clearance
Discharge summary finalised
Billing Clearance
Patient move out physically
Total time
Proposed Time
Actual Time



Distribution of average TAT for TPA patients (Average TAT – 180 MINUTES)



Recommendations

- Billing is a major area in discharge process. Time taken for bill generation can be reduced by closing all the pending bills before discharge intimation to billing department and proper communication between departments to close the bills.
- Another area of delay is discharge summary preparation and signature by consultant. Discharge when preplanned, ward secretaries should ensure that all the summaries are ready by the next day for signature and correction by consultant.
- For Insurance patients discharge ,the approval time takes about 4-5 hrs. In order to optimize the delay ,the hospital can hire major TPA's and complete the approval process quicker for faster discharge of insurance patients.
- Cash patients are not informed about the bill amount in prior which causes delay in payment of cash. The ward secretory/cash counter should track the patients bill and ask their attenders to pay all the outstanding bills from time to time.
- Another reason for vacating delay is due to lack of central transport system in hospital which can be rectified by providing adequate wheelchairs in each floor and a ward boy to help the patients during vacating.

- Almost 75% of patients discharge time takes about more than 4hrs which is not according to prescribed NABH standards. All ward secretaries should be provided with guidelines in discharge procedures to reduce the delay in time taken for discharge process. Staffs should also be trained in proper communication skills to carry out the process.

CONCLUSION

Discharge of patients is one of the important area that needs improvement in hospital.

In order to reduce the delay in discharge ,the hospital needs proper cooperation and coordination of other department staffs.

Through this study the time taken for both cash and insurance patients were analyzed and compared with NABH standards.

The factors for delay were identified and recommendations were given which will decrease the time taken for the discharge and help improve the patient satisfaction and efficiency of the hospital services.

Thank you

Adapt it with your needs and it will capture all the audience attention.