Summer Training

at

HCG Cancer Hospital, Jaipur

From 17th May'2021- 15th July' 2021

A Report

Patient Satisfaction on TPA Services {Under the Guidance of **Ms. Sonam Chandak, Head Manager of Operations, HCG Hospital**}

By

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Under the Supervision and Guidance of

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MBA Hospital and Healthcare Management

{2020-22}

Indian Institute of Health Management Research Jaipur

IIHMR UNIVERSITY

Acknowledgement

When there is the impact of synergy-the idea that two plus two equals four-any endeavor becomes effective. Without prejudice to my own contributions, this paper has a synergistic impact.

Honesty and physical fitness are the foundations of all successful activities. During my two-month career, I was able to learn many details, both applied and theoretical. My training time would not have been possible without much guidance and the help of reputable professionals and professional staff.

I must use this occasion to convey my heartfelt sincere gratitude to the COO., **Chief Operating Officer Mr. Manish Sinha of HCG Hospital, Jaipur** which, despite being extremely busy with his tasks, made the patience to listen, guide, and keep me on the right course, as well as allowing me to carry out my thesis at their renowned organization over the summer training.

I would like to extend my sincere appreciation to **Mr. Jeet Singh Chavan, Head of Human Resources** for participating in helpful decisions, providing essential counsel and assistance, and integrating all facilities to make life simpler. I have chosen this opportunity to gratefully appreciate his effort.

It is my ecstatic thought to offer my warmest compliments and heartfelt gratitude to **Dr. Monika Saxena {Clinical Superintendent}, Ms. Sonam Chandak {Head Manager of Operations}, Mrs. Ritu Rai Sharma {Senior Executive of Billing & Credit}** for their thorough and helpful assistance, which was incredibly beneficial to my studies both conceptually and practically. I would want to express my sincerest appreciation to my university mentor **Mr. Anoop Khanna {Professor IIHMR University}** who right from the outset, was eager to see the project to completion.

This chance is a significant step forward in my professional growth for me. To achieve desired professional objectives, I will endeavor to apply acquired skills and knowledge as effectively as possible, and I will strive to work on their improvement. I would also want to thank everyone who helped me make this report worthwhile. I want to continue working with you all in the future.

DR. SHAINA GUPTA

MBA in Hospital & Healthcare Management

Table of Contents

Acronyms/ Definitions

TPA – A third-party administrator is a person or entity contracted by an employer to handle insurance claims, pay providers, and manage other aspects of health insurance operations.

Accreditation - If a health care plan offered via the Global market is certified, this is the "stamp of approval" given to the plan by an independent agency demonstrating that it satisfies national quality criteria.

Claim - After receiving covered products or services, client or the healthcare practitioner files a payment request to your health insurance.

Pre - Authorization - Health insurance or a plan to determine whether a health care system, treatment plan, prescription, or long-term equipment is essential for medical care. Pre-authorization, prior approval, and clarification of all used names Except in the event of an emergency, your health insurance or plan may require further medical approval before you can receive it. Authorization does not guarantee that your insurance policy or program will cover the costs.

Benefits & Coverage Summary (SBC) - The Affordable Care Act requires plans to provide this easy-to-read summary, which allows potential costs and coverage between health care plans on an apples-to-apples basis. If you want to cover yourself or your work, renovate or change the cover, or ask SBC from a health insurance provider, you will get a "Summary of Benefits and Availability."

IRDA - It is an Insurance Regulatory and Development Authority that functions as the healthcare sector's supervisor in India and regulates the operations of the country's Life Insurance and General Insurance firms.

INTRODUCTION

Overview of the Health Care Sector

The healthcare system is one of the largest in the world and has a significant effect on people's quality of life in each country. A healthcare sector, also known as a health department, is a company that delivers products or services to people in need, healing and healing, term or in the intensive care unit. The health department is made of businesses that are dedicated to the detection, evaluation, management, and restoration of medical problems. A medical business that includes everything from your own small town with doctors ' offices, where the doctor is a citizen and is in the heart of the city, to a hospital with thousands of different items. As an enterprise that demands continual innovation under increasing restrictions, the healthcare business is riddled with dangers and obstacles.

About HCG

With Mission, “To be an acclaimed healthcare institution in pursuit of medical excellence through value-based medicine,” **HCG** has become the hallmark for cancer treatment in India.

Established in the year 1989 as Bangalore Institute of Oncology by Dr. B.S Ajay Kumar and a group of fellow oncologists, HCG today has over 27 centers across Indian and the world. In the year 2005, the name of the company has been changed to HealthCare Global Enterprises Pvt. Ltd. and got itself listed on NSE and BSE in the year 2016.

Cancer Treatment in the Future

Over decades, HCG has shaping the world of cancer care in India by developing, establishing, and operating specialty clinics with a single goal in mind: to revolutionize the cancer treatment environment by centralizing key clinical services.

Our goal is to help patients live longer, healthier lives, and improve their treatment of heart cancer at the same time. Each of the HCG procedures is a model of excellence, a place where doctors were able to achieve professional performance, as well as achieve success in the field of healthcare.

Focused on Growth.

We strive to create a corporate culture that supports the professional and personal development of everyone who enters our doors. And with the spread of this success in the network, the efficiency of each center, doctor, hospital, should be strengthened. Eventually, patients benefit from these accomplishments; each one puts us one step closer to our objective of providing cancer patients and their families with longer, better lives.

HCG have expanded swiftly, and cancer care is currently the market head in India, using a network of 27 global cancer centers. Every heart is given to the business structure, management skills, financial assets, and financial assets, as well as contributions to patient-centered, advanced cancer care in new areas.

Ethics

- **Excellence**
  Making it possible for people to enjoy longer and healthier lives.
- **Credibility**
  Being honest and straightforward in all interactions, as well as being responsible corporate citizens in the community.
- **Advancement**
  To discover new approaches to improve patient treatment and provide importance to them.
- **Joint venture**
  Investigate seemingly unlimited possibilities for shared strength and collaboration.
- **Competence**
  To be the largest, both units as well as companies.

Aspiration

Increasing the number of years lived through reinventing healthcare via global innovation.

Quest

To be a renowned healthcare institution dedicated to medical excellence via real worth medicine.

HONORS

- Won the Asian Healthcare Leadership Awards 2014 for Best Marketing Campaign for SelfV Survivor Stories.
- 2014 Asian Healthcare Leadership Awards, Dr. BS Ajay Kumar was named CEO of the Year.
- India's first hospital to win the Golden Peacock Award for innovative management.
- Hosmac and People Strong named us 'The Best Place to Work.'
- VCCIRCLE named us "The Most Innovative Single Specialty Healthcare Entity."
- The Limca Awards for building the biggest human ribbon and the largest to-scale lung model.

About Hospital

HEALTHCARE GLOBAL ENTERPRISES LTD, Jaipur is Rajasthan's only complete cancer care center, having all amenities under one roof. The facility is equipped with cutting-edge equipment, and patients have access to the most recent advances in cancer therapy, research, and technology. HCG Jaipur takes a comprehensive approach to cancer care delivery. It is the blend of a competent and experienced team of professionals, as well as sophisticated technology, that ensures patients receive the best cancer medical care.

The HCG Cancer Centre is a 100-bed hospital amid Jaipur, Rajasthan. Over the last nine years, we have continuously provided exceptional and ensured comfort to over 350,000 patients, including people from Kenya, Tanzania, Uganda, Nigeria, and Congo.

HCG Jaipur's diagnostic unit is outfitted with cutting-edge imaging equipment known as PET-CT (Positron Emission Tomography-Computed Tomography), a unique nuclear imaging method for metabolic and functional images (PET component) and structural information (CT component).

PET-CT scan helps in early detection of tumor cells with utmost sensitivity and accuracy. A PET-CT scan is needed at every step of cancer care treatment, starting from early diagnosis to staging, treatment response,

evaluation and assessment of early recurrence.

Medical, surgical, and radiation oncology are the oncology techniques available at HCG Jaipur.

Adjuvant Chemotherapy, Neo-Adjuvant Chemotherapy, Conservative Chemotherapy, and Focused Chemotherapy are all part of the medical oncology department.

The Surgery Team is fully equipped to handle surgeries such as major Head and Neck Surgery, Micro-Vascular Surgery with Reconstruction, Laser Surgery, Gynae Cancer Surgery, Colon Surgery, Laparoscopic Cancer Surgery, Stomach Cancer Surgery & Cancer Surgery & Surgery / Prostrate.

The radiation department is equipped with mitigation technologies such as Vital Beam (Varian) Modern Linear Accelerator, Linear Accelerator with 3D-CRT), Image Guided Radio Therapy (IGRT), Rapid Arc Therapy, Stereotactic Body Therapy (SBRT), Stereotactic Radiotherapy and Radiosurgery (SRS, and SRT), HDR Brachytherapy, Interstitial Implants, Digitized Care Plan, and RPM GATING.

Pathology services include comprehensive biochemistry, pathology, histopathology, and cytology services, as well as internal CT scan and day care unit.

Some of the Highlights include: -

- Multidisciplinary Cancer Unit, including the most advanced Radiation Oncology Center, with cancer care as a multi-specialty coordinated approach.
- A 10-bed specialized unit with strict infection control measures.
- Emergency care unit provided, as well as well-equipped risk and trauma care.
- Motivated, well-trained, and polite staff that ensures patient satisfaction.

Scope of Services

Clinical Services

- Anesthesiology
- Sports Surgery & Arthroscopy
- Emergency Medical Services
- Internal Medicine & Surgery
- Medical Oncology
- Nuclear Therapy
- Orthopedics Including {Joint Replacement Surgery}
- Radiation Oncology
- Surgical Oncology
- Urology

Diagnostics Services

- 2 D Echo
- CT Scan
- Mammography
- MRI
- PET-CT
- Ultrasonography
- X-Ray

Laboratory Services

- Clinical Biochemistry & Immunology
- Clinical Pathology
- Cytology
- Hematology
- Histopathology & Frozen Section
- Serology

Others

Endoscopy

Allied Services {In-House}

- Blood Transfusion Services
- Clinical Psychology
- Dietetics
- Pharmacy
- Canteen

Allied Services {Outsourced}

- Ambulance
- Blood Bank
- Dentistry
- Physiotherapy

FLOOR DIRECTORY OF HCG CANCER HOSPITAL, JAIPUR

5TH FLOOR	**Medical Surgical Ward**
4TH GROUND	**Surgical Medical Ward**
3RD GROUND	**Surgical Medical Ward**
2ND FLOOR	**Day Care Ward**
1ST FLOOR	**Operation Theatres** **Intensive Care Unit {ICU}** **Endoscopy** **Clinical Laboratory**
GROUND FLOOR	**OPD Room 1-24** **Reception Area** **Pharmacy** **Patient Admin Area** **Admission Desk** **Billing Area** **Cafeteria** **Sample Collection Room** **Radiology Department** **Emergency Department** **Dialysis** **Training Room** **Dental Department**

UPPER BASEMENT	**PET CT scan** **Mould Room, TPS Room** **Main Store, CIOD** **Staff Entrance** **Canteen** **MRD**
LOWER BASEMENT	**Radiotherapy {LINAC}** **Staff Parking**

OBSERVATIONAL LEARNINGS IN VARIOUS DEPARTMENTS

MEDICAL RECORD DEPARTMENT {MRD} –

Medicinal Records (MRs) are an arrangement of archive comprising clinical, paraclinical, and financial information on the patient. The Medical Records Division (MRD) oversees gathering, and securing patient data, and for dispersing it to the correct individuals and organizations, with the end goal to advance the nature of patient safety and care.

MRD in HCG Hospital, Jaipur incorporates four major tasks, every one of which embraces exceptional capacities:

1. **Enrollment**: Patients and outpatient documents submitted to hospital wards and the A&E Department.

2. **Repository**: Ensure that a complete summary of the release and all other important notes and reports are available for MRs; compiling and editing MR and documenting it in an orderly manner; recovery of these records for various clients, treatment, and provision of other services in accordance with UHID.

3. **Data and Statistics**: Data collection management, hospital wards, and external organizations such as the Department of Health. MRD also provides health information for doctors, nurses, and students for the purpose of medical research. It also monitors death and full birth over a period of time and co-operates with the Municipality in 15 days.

4. **Coding**: The MRD evaluates the MRs of all patients after discharge and provides numerical codes for diagnostic data according to the International Classification of Diseases according to NABH and Cancer Registry standards, which are submitted daily, along with the Procedure Code System, which is also distributed. in accordance with NABH guidelines at the time of patient discharge.

Procedure:

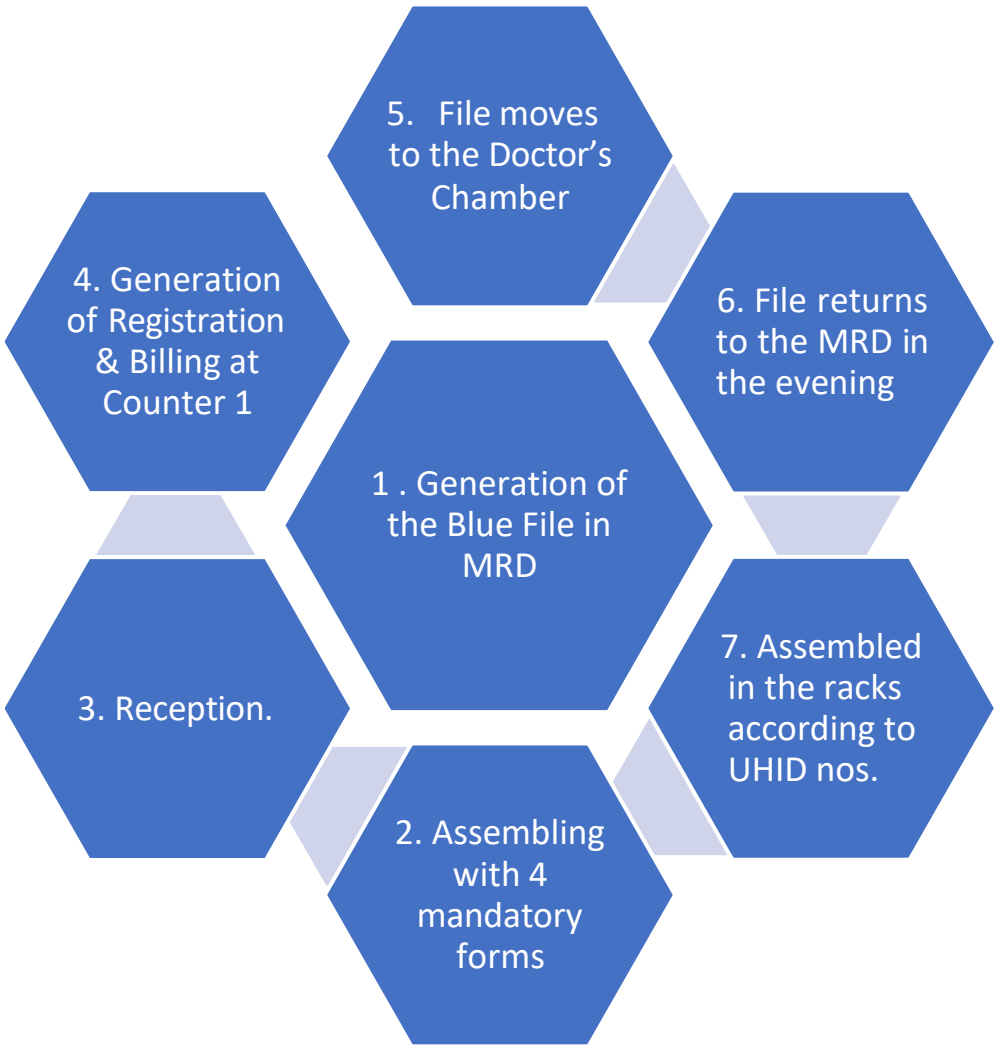
The procedure of documentation and record keeping in MRD is performed according to the type of patient. Once the Patient gets itself registered at the front desk, the file is prepared. There are two types of files which are prepared according to the nature of admission, and these are **Blue file** **and** **Pink file**.

Blue file is a mandatory file created for all patients irrespective of the type of admissions and **the Pink file** is created once the OPD patient is converted into IPD patient.

Blue File	Pink File
It comprises of 4 mandatory forms (H&P Sheet i.e., history & Physical Examination, C.T.P i.e., Cancer Treatment Plan, O.P.D Assessment sheet and OP Progress notes.	All the other forms apart from the 4 mandatory forms are added to the blue file first. Once the Blue file reaches the MRD, all the other forms are separated and a Pink file is formed
It includes all types of investigation reports	No lags are permitted

The process is different for both OPD and IPD patients. This is elaborated in the following flowchart.

OPD Procedure:



IPD Procedure:

Recommendation:

The MRD department in HCG Hospital, Jaipur is working exceptionally well in a systematic and synchronized manner. There are a few keen observations which I made and a few suggestions which can improve the functioning of the department even better.

1. **Traceability** – When a new OPD file is submitted in the MRD, proper entry and signature of the receiving staff is not taken by the attendants. This can result in the file going missing. This can be overcome

by maintaining an **Entry Register** which should be signed by the MRD staff when the new OPD file reaches the MRD for the first time.

2. **Space** – The MRD is situated in the basement of the HCG building. The room is a little small since the hospital is growing tremendously. Within a short period of time, it will reach its full capacity and the current MRD room will not be sufficient, hence, the current room should be reconsidered for the optimal working of the MRD.

3. **Storage Racks** – The MRD uses Racks to store the files. The storage racks placed in the MRD are of two either wooden or made up of Iron. The wooden racks take a lot of space and do not have ample storage space. While the iron racks have ample storage space it is prone to Occupational Hazard. Hence, these racks can be replaced by cheaper options such as wall mounted planks which will be both economical and will provide much more storage options along with safety.

4. **Color Coding** – According to NABH there is a specified Color Code guideline should be followed, however, currently, only 2 types of colors are used (Blue and Pink) which should be broadened by changing the color in case of death of a patient, etc.

5. **HIV Positive Sticker** – The Department is lacking specified HIV Positive Stickers which should be attached to the patient's general file.

GAP ANALYSIS				
Existing Structure	**Expected Goals**	**Audience**	**Benefits**	**Barriers**
The storage space in the MRD is not sufficient. Proper Entry register for 'Receiving file' from OPD is not maintained.	To effectively increase the storage capacity. To promote practices for easy traceability of records.	This will be helpful for the Management and the Doctors.	Increase in the storage space will reduce the chances of loss and damage of records. This will increase efficiency and effectiveness.	Lack of infrastructure. For Solutions, kindly see recommendations

CLINICAL ADMINISTRATION –

Clinical Administrative is the department in charge of managing the day-to-day operations of a healthcare setting to deliver better health care at a hospital. The department collaborates closely with medical professionals to plan, direct, and organize the delivery of high-quality health services, including assuring optimal patient care, employing, and managing workers, and interacting with patients.

HCG Hospital's Emergency Preparedness

Hospital emergency codes are used in hospitals all around the globe to notify personnel to a variety of crises. The utilization of codes is designed to deliver sensitive data to employees promptly and misunderstood, while avoiding pressure and fear among hospital visitors. These codes might be displayed on signs around the hospital or put on personnel identification badges for easy reference.

Disaster codes are shown on the back of a hospital ID badge.

An emergency code is a signal that an incident has occurred that necessitates quick action.

Types of Emergency Codes

1. **HOSPITAL CAUTION CODE**: Evacuation, Fire Alarm, and Harmful Spill
2. **MEDICAL CAUTION CODE**: Patient influx/mass causality incident, medical emergency (e.g., cardiac arrest, rapid response, etc.)
3. **SECURITY CAUTION CODE**: Lost Person, Bomber Threatening
4. **FACILITY CAUTION CODE**: Fire, Flood, and Dangerous Spill

Different Kinds of Emergency Codes

CODE BLUE – Pulmonary Cardiac Arrest

CODE RED – Fire

CODE YELLOW – Activation of the Risk Assessment {Earthquake, extreme weather, etc.}

CODE PURPLE – Violent Patient

CODE GREY – Violent Relatives/ Mob

CODE BLACK – Bomb Threat/ Terrorist Attack/ Hostage Crisis

CODE ORANGE – Release/ Spillage of Hazardous Materials

CODE PINK – Abduction/ Missing of a Child/ Infant/ Visitor

CODE GREEN – Abduction of Patient

- Codes must be spoken three times over the PA system and repeated every 30 seconds for two minutes.
- Mock drills are conducted at least every 6 months in all shifts and in certain areas, particularly in sensitive areas such as OT, ICU' S, Dialysis, and so on.

CODE BLUE

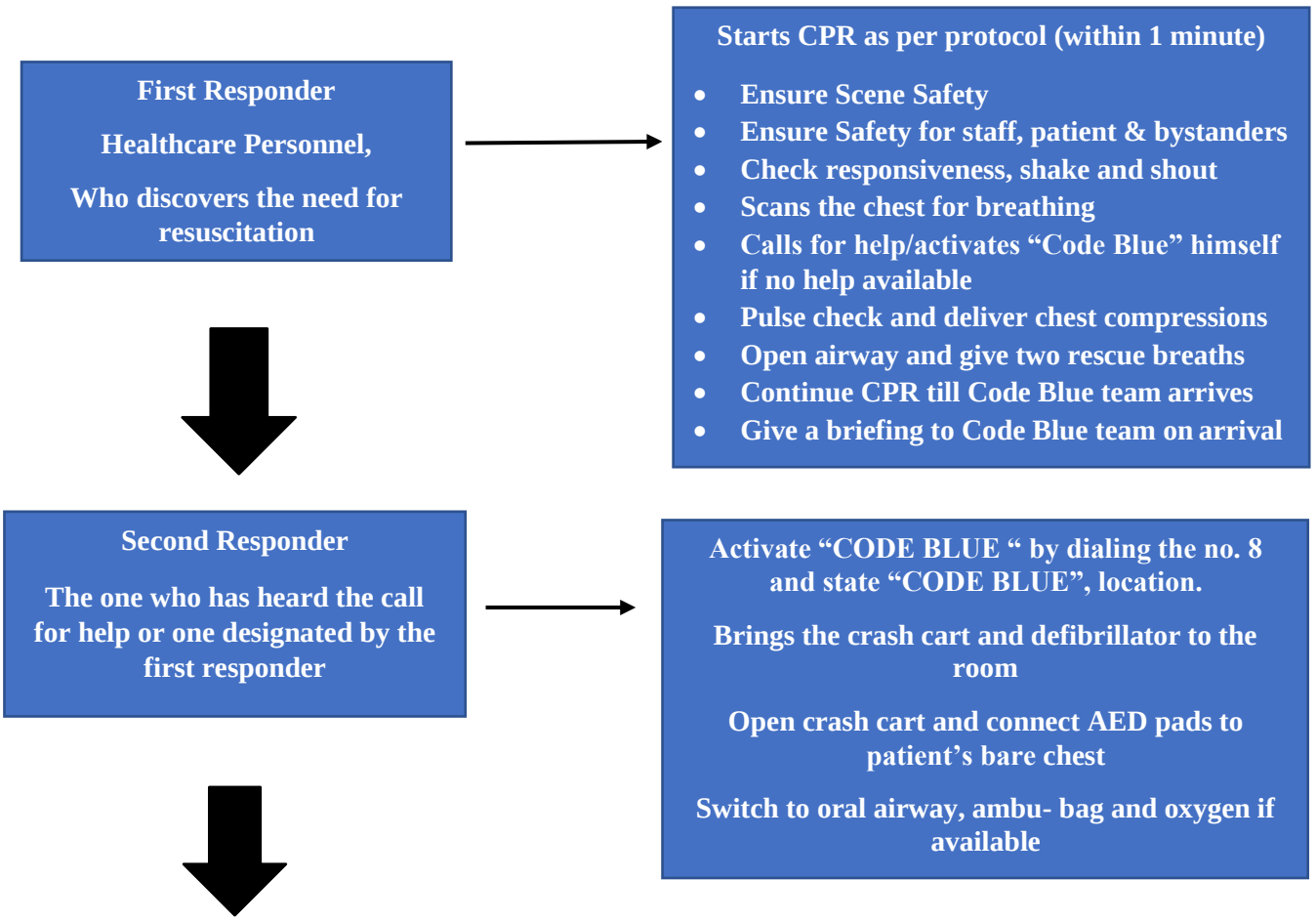
The term "Code Blue" means a patient in need of resuscitation or other emergency treatment, usually due to a respiratory or heart attack. As part of the disaster risk plan, each hospital establishes a code of conduct to identify which units provide employees with access to the code. Basically, any doctor can respond to the code, but only those with advanced heart health support or other similar training are allowed to join the team. The director of the emergency response team or physician presides over the recovery effort and is called "using the code."

Code Blue's General Principles

After assuring the patient's, staff's, and onlookers' safety, the collapsed patient's care entails the following:

- Avoiding further injuries
- Assessing reactions to verbal and physical processes.
- Flight maintenance, respiration, and blood circulation.
- Requesting assistance.
- Bleeding control.
- Protection against the surroundings.
- Maintain a normal body temperature.
- Protecting the skin and nerves by preventing bone resorption in hard objects.
- Ongoing reassurance and monitoring of a broken patient

Process flow during Code Blue



Control Room

Top priority to Code blue calls

Arrival of CODE BLUE team

Duties of CODE BLUE team

- The unit will be led by a doctor from the department of anesthesia
- Assigns Duties to colleagues and leads their efforts
- Determines appropriate treatment according to ACLS standards and compliance instructions for group members
- Determines the patient's optimal condition once established.
- Notify the patient's staff after the rehab and ensure that information is passed on to the patient's family members.
- Ensures that one team member (nursing) is selected to record the events on the Code Blue flow sheet and have them verified by the team leader.
- Complete the Code Blue report and submit it to the Code Blue committee.

Anesthesiologist

- Contains air and blood circulation.

One Nurse

- Physician assists in controlling the airway
- Helps in getting intravenous access and medication administration following the team leader's orders
- Help in code management as needed

Other Nurse

- Automated external defibrillator (AED)/defibrillator turned on
- Rhythms monitored through AED pads/ECG leads/paddles
- Rhythm analysis and shock management as directed by the leader of the Code Blue team
- Complete the Code Blue flowsheet and link it to the patient record after showing it to the group leader.

Security Personnel

- He must check the area/scene is safe before proceeding with their reaction before directing team members to the code location.
- Ensures that the Code Blue site is not overcrowded.

Attendant in a Hospital

Post resuscitation

Team Leader to ensure appropriate post resuscitation care protocols are followed.

Disposition of patient

Documentation

Debriefing

Code Blue – Mock Drill June 2021

Scenario:

The dummy patient was injected fdg, while waiting for the scan collapsed. Was found with feeble pulse and disoriented.

Time: 13:09 PM
Location: Basement Pet- CT

Response time:

First Responder: PET CT Nurse

Second Responder: CT technician & RSO Nuclear Medicine

Sequence of events:

First Responder

Attending of the comatose patient Time: 13:09 PM

a. COWS
b. Carotid pulse felt.
c. Shout for help
d. Starts CPR

Second Responder:

a. Call 8 specifies Location Code and identifies 3 times.
b. Ask GDA to bring crash cart.
c. Starts CPR
d. Establishes IV line

- **Arrival of ICU Team time: 13:10**
  a. Intubation
  b. Defibrillation
  c. Patient revives.
  d. Shifts to ICU.

Code Blue Deactivated at 13:16

- All Clear

MOCK DRILL REPORT

HCG

CODE BLUE
MOCK DRILL (Concise) REPORT
HCG/RJHMC/SO/R0/02

Date: 15/6/21	**Location** – PET-CT Floor Basement	Start Time: 1:09
Code/s: BLUE		End Time: 1:16.
Scenario (given/ created): PET-CT patient after injected for Bdg, collapsed.		

S N	Action	Y/N/ NA	Time	Individual involved	Remarks
1	Incident occurred (created)	Created	1:09	Sachin Dini Vishali	
2	First Responder calls for help	✓	1:09	Dini	
3	Calls 8	✓	1:09	Sachin	
4	8 call goes through/ call picked up in 3 rings	✓	1:09	Kuldeepak.	
5	Information given appropriately	✓	1:09	"	
6	Repeats the information	✓	1:09	"	
7	Code announced	✓	1:09	"	
8	Immediate action by the staff close by (✓ appropriate action) - Pushes the crash trolley - Brings the oxygen - Starts IV line -	✓ ✓ ✓	1:09 1:09 1:09	dini Vishali dini	→ Cable for ECG leads
9	Code Blue Team arrives	✓	1:10		
10	CPR Started	✓	1:09	Dini + Vishali	
11	Patient shifted to ICU	✓	1:16		
12	After Code Blue team arrived, close call for the Code	✓	1:16	Sachin	
13	CPR Checklist filled up	✓	1:16	Dr Sivakiran	
14	Announcement heard on closure of the Code	✓	1:16.		

Reported By (Name): Mamta Saxena. D

Signature (Patient Safety Officer): Leena Nair.

CPR CHARTS

HCG Hospitals adding life to years

HCG/RJHMC/FORM/MS/04/R0/E

Dummy

CODE BLUE/CPR CHART/CPR RECORD

(To be filled by treating team member)

Patient name: Age: Sex: UHID No: IP No: Patient Diagnosis:

Consultant: Date: 15/6/24 Time event recognized: Location: PCN CT Time of Announcement:

Was Code Blue Announced : Yes ☐ No ☐ Pre Arrest Status : Conscious Yes ☑ No ☐ Inotropic Support : Yes ☐ No ☑

On Ventilator : Yes ☐ No ☑ Pre-Arrest Diagnosis:

Illness Category:

☑ Medical Cardiac ☐ Medical Noncardiac ☐ Trauma

☐ Surgical Cardiac ☐ Surgical Noncardiac ☐ Other

Intial Condition:

Witnessed Yes ☑ No ☐ Monitored Yes ☐ No ☐

Breathing Yes ☐ No ☐ Pulse Yes ☐ No ☐ Conscious : Yes ☐ No ☐

Immediate cause:

Lethal Arrhythmia ☐ Hypotension/Hypovolumia ☐ Respiratory depression ☐ Metabolic ☐

MI or Ischemia ☐ Unknown ☑ Other ☐

Designation	Name (BLOCK LETTERS)	Signature	ID
Anesthetist	Dr. SISHRAM.		
(SR MICU)-on duty			
NSG Supervisor			
Floor Doctor			
Area Nurse			
ICU Shift Incharge			
Security Officer			

ACLS Interventions at time of event (check all that apply)

None

☑ IV Access ☑ Peripheral ☐ Central ☐ Intraosseous

☑ Defibrillation /Cardioversion

☐ ECG Monitor Not available

☑ Intubation

☐ Mechanical Ventilation —

☐ Defibrillation /Cardioversion —

☐ Pacemaker ☐ Transcutaneous —

☐ Transvenous

Airway Management

Endotracheal Tube/LMA ☐ Cricothyrotomy ☐ Tracheostomy ☐

Tube Size : 7.0

Time : 1.12

Done By: Dr. Rahman

Event Times

Collapse/onset	1.09
CPR Team called	1:09
CPR Team arrived	1:09
Arrest confirmed	1.09
CPR Started	1.10.
Ist Defib shock	—
Ist Assisted Ventillation	1.11
1st Dose EPI NEPHRINE	1.12

1:16 female

Time	Breathing	Pulse	BP	Rhythm	Defibrillator (AED/ Manual)	Joules	Epinephrine Dose/Route	Amiodarone dose/IV	Lidocaine Dose/Route	Atropine Dose/Route	Vasopress or Infusion-1	Vasopress or Infusion-2	Other Drug
	Spontaneous/ Assisted	Spontaneous/ Compressor											
2 min	-		NR	-	-	-	1 mg						
4 min	-												
6 min	-						1 mg						
8 min													
10 min	+	90	84/60	NSR	-	-	-						
12 min													
14 min													
16 min													
18 min													
20 min													
22 min													
24 min													
26 min													
28 min													
30 min													

Use separate sheet if required

Family informed about CPR	☑ Yes	☐ No	Relation:
Family Present during CPR	☐ Yes	☑ No	Relation:
Family wished /Desired to be present	☐ Yes	☑ No	Relation:

Compression Stopped Time: 1 : 16 pm **Why ?** ☑ (a) ROSC (>20 min) ☐ (b) Death **Shifted to** ICU. AM/PM

Time Resuscitation Event Ended : 1 : 16 pm **Neuro Status :** ☑ Responsive ☐ Nonresponsive

Underlying cause/cause of death : To be evaluated.

Remarks : Delayed response of code blue team : Yes / (No)

Other Drugs : A —

Comment /Suggestions:
- Timely initiation done
- ECG cable of defibrillator missing.

Debriefing Done: ☑ Yes ☐ No

Doctor's Name Dr. Sahra **Signature with ID**

Signature of the Code Blue Chairman

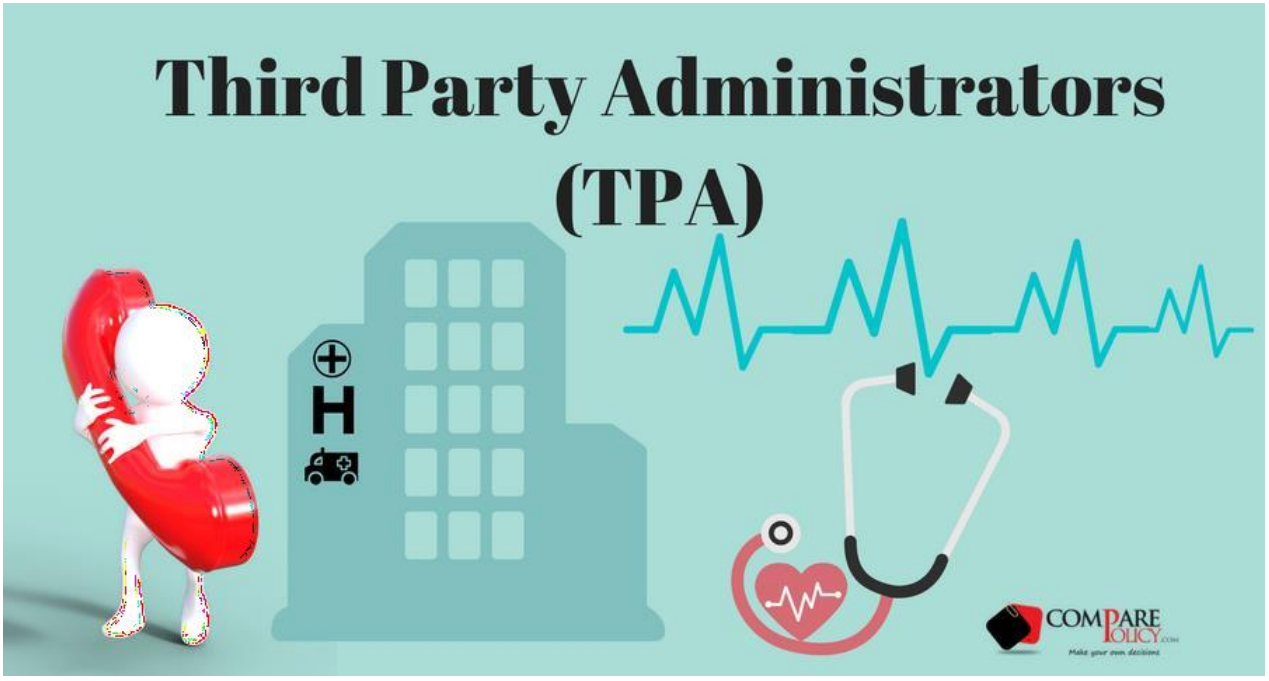
Recommendations:

Periodic training is necessary for all hospital personnel i.e., doctor, nurses, paramedics, grade IV, security to qualify the Code Blue policy for all. Regular courses and mock drills would be used for training. Information will be raised by placing placards in Hindi, English, and the local language that clearly shows the number around it.

PROJECT REPORT

“PATIENT SATISFACTION ON TPA SERVICES”

INTRODUCTION



TPA (Third Party) are service providers mandated by the IRDA (regulatory and insurance development authority) to provide health-related claims for the benefit of both the insurer and the insurer. While the benefits of faster and better service insurance, insurers benefit from reduced administrative costs, fraud claims, and claims management.

Because it performs a function that was previously administered by the insurance company or the company itself, the TPA could be seen as issuing claims management services.

KEY ROLES OF THIRD-PARTY ADMINISTRATOR

TPA's services include:

- **Id card-** The TPA's first responsibility is to sanction an identity card with a unique identifying number and offer an insurance policyholder with a handbook on the claim's procedure as well as a list of networked hospitals.

- **Pre-Authorization Application-** The Pre-Authorization Appeal for Planned Treatment must be completed. The doctor who is proposing hospitalization or the TPA manager must fill out this form. The doctor's identity, registration number, and contact details must all be included on the form. If the TPA's medical officer has any questions, he can call the consulting doctor.

- **Claims process-** TPA's major responsibility is to handle both cashless and reimbursement claims.

1. **Cashless claims-** The insured must provide a TPA-issued identity card or policy number to the network hospital. Preauthorization is sent by the hospital. If the claim is deemed to be valid, the TPA sends a letter permitting the hospital to proceed, along with the maximum coverage limit.
2. **Claim reimbursement-** TPA should be contacted as soon as possible to inform them of the claim. TPA should receive official papers such as claim forms, hospitalization data, diagnostic tests, treatment invoices, and policy duplicates. TPA will pay the claim if it is proven to be valid.
3. **Enlist healthcare provider -** TPA also collaborates with hospitals to offer the insured with more complete coverage. The parameters for selection are determined by the location, infrastructure, and amenities offered.

4. **Customer services 24x7-** The TPA aids through a 24x7 contact center that gives information on policyholder data, provider networks, claim status, and benefits accessible to current cardholders, among other things. Upon request, all this information will be provided.

5. At the time of release, all invoices will be submitted to the TPA, who will follow the insured's case at the hospital.

6. The hospital receives money from TPA. TPA gives the insurance company all the documentation required for claim consideration, as well as the bills.

7. The TPA is subsequently reimbursed by the insurance company.

What kind of people are Mediclaim patients?

Patients with a Mediclaim policy are individuals who have their own insurance coverage.

The following TPAs are affiliated with HCG Hospital:

Mediclaim Admissions Procedure

Planned Admission:

Before being admitted, the patient must obtain prior approval from the appropriate TPA. They should contact the hospital's TPA assistance desk to complete the relevant procedures so that the approval may be obtained prior to admission. The admission counter personnel validate this permission from the hospital's TPA desk throughout the admittance process.

- The request must be received by the TPA office at least 2-4 days before to being admitted to the hospital.
- Any variation on day of hospitalization, hospitalization, type of ailment, or physician makes the operation invalid and no longer valid. A new permit is required.
- Authorization is only applicable for hospitals in the network.
- The authorization is sent to the hospital after being addressed to it.
- At the time of discharge, the patient must pay the consumables cost, as well as any discrepancy in the bed charge amount or any other payment due under the policy terms and conditions.

Unplanned Admission:

- Upon arrival, patients must present valid insurance policy paperwork and are encouraged to call the hospital's TPA assistance desk to begin the approval procedure.
- The patient must clear the applicable fee and any difference in bed costs or other charges in accordance with the terms and conditions of the policy at the time of discharge.

Emergency Admission:

- Policyholders are recommended for seeking admission.

Documents Required for Cashless Facility in TPA

1. MEDCLAIM CARD/ POLICY CARD
2. PAN CARD
3. PATIENT ID
4. PHOTO POLICY HOLDER
5. PAN CARD POLICY HOLDER
6. ADHAAR CARD POLICY HOLDER

7. INVESTIGATION REPORT
8. X-RAY FILM AND REPORT
9. DR. PRECRIPTION CURRENT AND FIRST

If the TPA rejects the claim

If the TPA determines that the claim is not legitimate, it will reject it. When a claim is rejected by a TPA, the reason for the denial is also provided. If the policyholder believes that the rejection of the TPA is unreasonable, he or she should contact the insurer within a few days following the refusal to express his or her concerns.

Billing and Discharge

As soon as the patient is released, a clam form is signed by the patient, and his/her original papers, together with the bill, are forwarded to TPA for processing. The following documents are supplied to patient at the time of discharge:

- A covering letter outlining the patient's specifics and claimed amount.
- Authorization letter duplicate.
- Admit report copy.
- Signed Original Claim form
- Breakdown of hospital bill printed on hospital letterhead.
- Patient's initial bill.
- Separation bill includes vouchers for medicine, consumables, and investigations.
- The patient's initial hospital file, which includes the discharge summary, procedure report, report for which amount claimed, such as blood report, x-ray plate, and x-ray reports.
- Reports from the other hospital of patient stay are included individually in the bill, as are any invoices and reports associated with the same. According to the agreement, payment is made at least one month after the claim is made.

LITERATURE REVIEW

(Kelly 1951): Insurance exemplifies men's interdependence more than any other field of human endeavor. Each family did its best to look for its own. Men realized the need for a mechanism through which they might support one other in times of difficulty as community living got more complex. The earliest insurance policies arose from the desire to have the guarantee of assistance in the case of disaster.

Faisal Talib, Zilur Rehman 24 Aug'2015: Throughout last two spans, Indian healthcare institutions (HCEs) have incorporated service quality (SQ) and SQ dimensions into their operations to increase patient satisfaction. A recent survey, however, found scant evidence of prominent Indian scholars focusing on healthcare quality and related issues the healthcare industry.

Furthermore, view is whatever study that has been undertaken has been fragmented, extremely particular in character, and specialized. Given this, the goal of this study is to conduct a thorough and comprehensive literature search on healthcare quality, SQ, the creation and use of SERVQUAL, and the relationship between SQ and patient satisfaction. The study goes on to identify healthcare quality dimensions and models for HCEs. Finally, it was determined that more study is required to establish conceptual underpinnings and analytical models based on quantitative investigations. The findings of this study will assist Indian healthcare practitioners and quality specialists in leading by example to adopt hospital SQ dimensions in their companies, as well as offer a framework/model for improved performance.

Shivani Naiyar May 2013: Since advent of private engagement in the insurance business in India, there have been a sea change. Health insurance is a means for financing people's health-care requirements. To deal with the issues that have arisen because of escalating health-care expenditures, the health-insurance sector has taken on a new level of professionalism with TPA. A TPA's primary function to provide better benefits to policyholders. Their primary purpose is to act as a go-between between the insurer and the insured, facilitating cashless services during hospitalization.

Vincent Drucker, Bob Karen 2005: Using various databases and advanced mathematical modelling, the technique generates a payment suggestion that contains one or more of the following: the real cost of providing medical services by a medical service provider; that provider's typical profit margin

the average profitability of comparable health care providers in a region.

The project's main goal:

- Investigate the impact of third-party administration (TPA) on patient satisfaction, which have emerged as a progressively significant health consequence.
- Having a clear understanding of what requirements are met at the TPA table when an insured patient seeks admission.
- How effectively does the TPA service meet the demands of patients?
- What exactly are they doing and giving in terms of patient satisfaction?

STUDY OBJECTIVES

An initiative has been taken in this project to analyze the degree of satisfaction of policyholders with the services supplied by TPA.

Throughout the course of this project, the workflow of several departments that are interconnected with HCG's TPA desk has been analyzed. Many comments, testimonies, and concerns from patients/patient families about TPA treatments have been addressed. If these concerns are taken seriously, it will be highly beneficial for service providers to fully please their consumers.

RESEARCH METHODOLOGY

PLACE OF STUDY:

HCG CANCER HOSPITAL, JAIPUR

DURATION OF STUDY: -

17TH MAY- 15TH JULY

SPECIALISED DEPARTMENT:

- OPERATIONS

SOURCES OF DATA: -

PRIMARY OBSERVATION

SAMPLING PROCEDURE: -

It was an online survey study carried out between 17th may – 15th July. A Total of 52 patients were approached for their feedbacks regarding the TPA services in HCG Hospital, Jaipur. A Questionnaire was made for collection of feedbacks from the patients. As per the responses calculated, analysis was made, and recommendations were suggested.

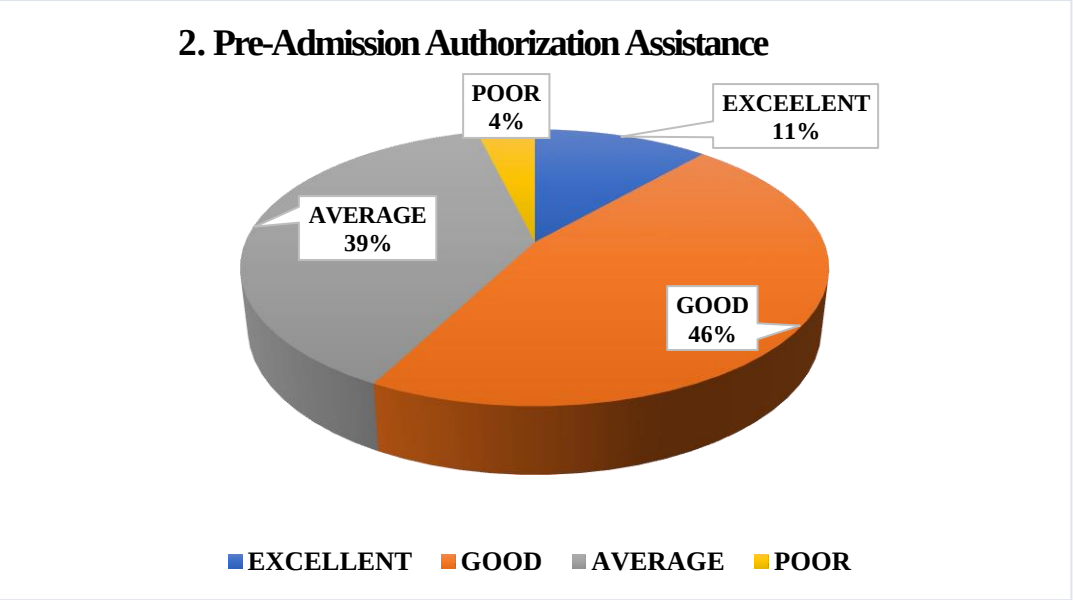
ANALYSIS OF DATA

1. SATISFACTION LEVEL BY TPA HELP DESK ASSISTANCE:

OBSERVATION:

Most TPA service providers are considered overly responsive and work well with clients. The majority (46 percent) of policyholders were happy with the services.

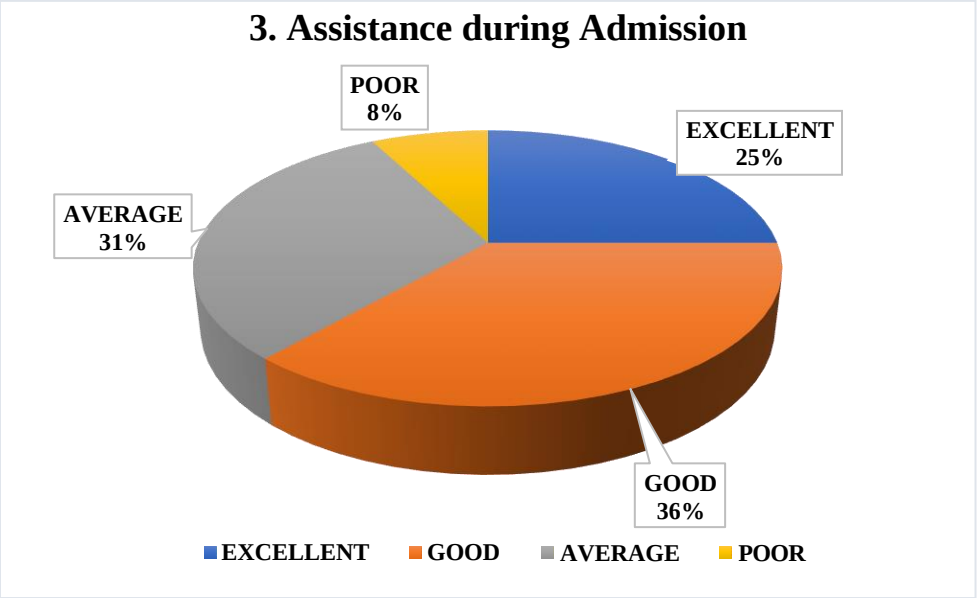
2. HELP WITH PRE-ADMISSION AUTHORIZATION:



OBSERVATION:

All guidelines about the Pre-Admission Authorization were appropriately delivered to the patients as well as patient families by the hospital's TPA desk. They were given the hospital protocol's recommendations. Majority were reported to be satisfied.

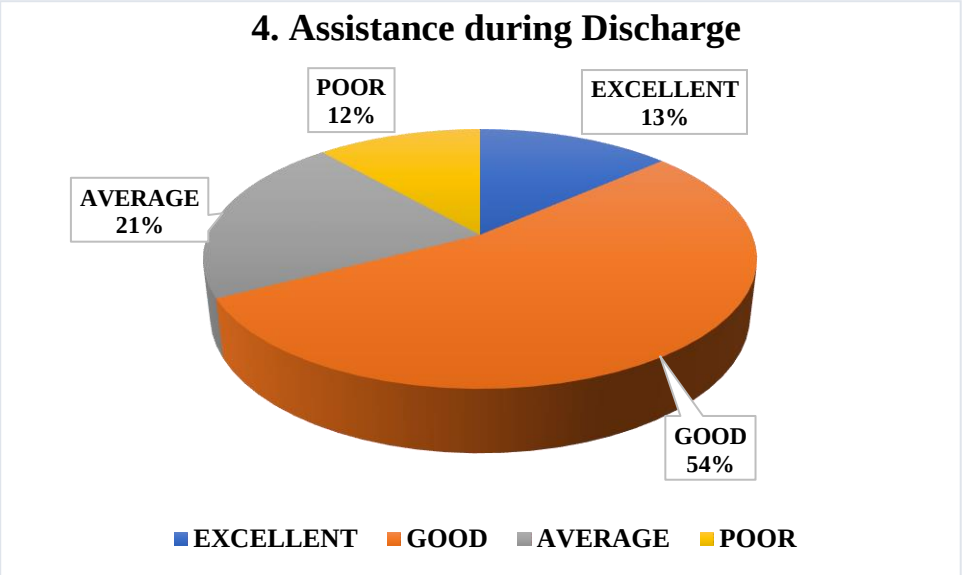
3. RATE OF ASSISTANCE DURING ADMISSION:



OBSERVATION:

Because they were not accompanied by any TPA employees during their hospitalization, just a small percentage of the patients were pleased.

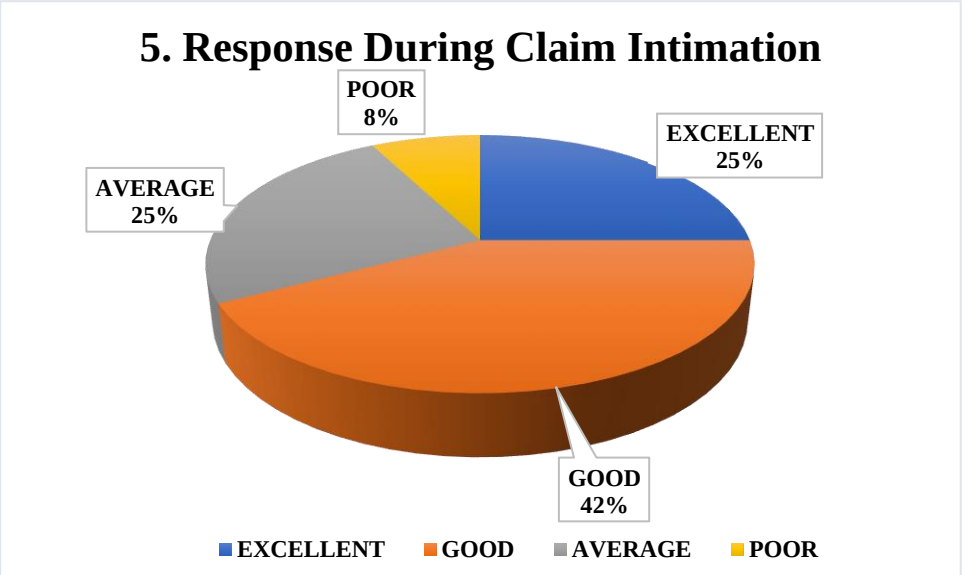
4. ASSISTANCE DURING DISCHARGE SATISFACTION LEVEL:



OBSERVATION:

Patients were found to be happy in most situations since TPA personnel were spotted visiting patients following release to help them and obtain feedback on any complaints they had in the course of their stay in the hospital.

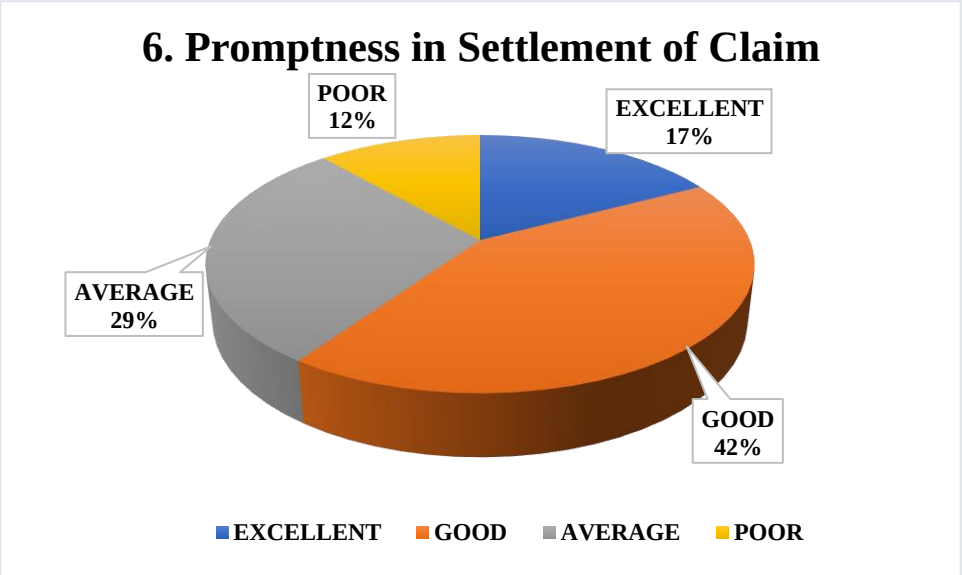
5. INITIAL REACTION TO CLAIM INFORMATION:



OBSERVATION:

The policyholders were pleased with the response they received during the claim notification process. Most of them were grateful for the prompt answer.

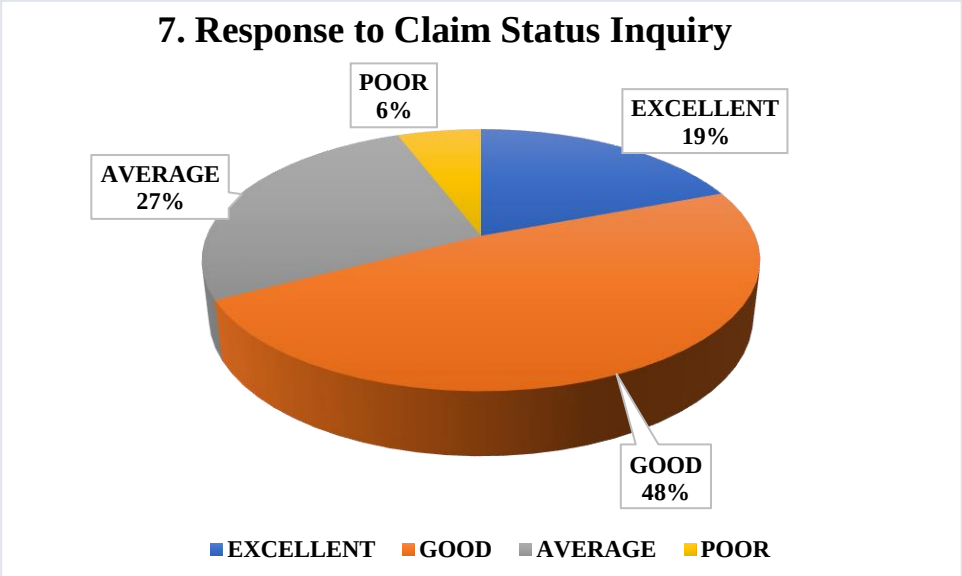
6. RESPONSE TO CLAIM SETTLEMENT IN A TIMELY MANNER:



OBSERVATION:

A mixed response was achieved using this option. Patients were satisfied in some situations, while they were disappointed in others.

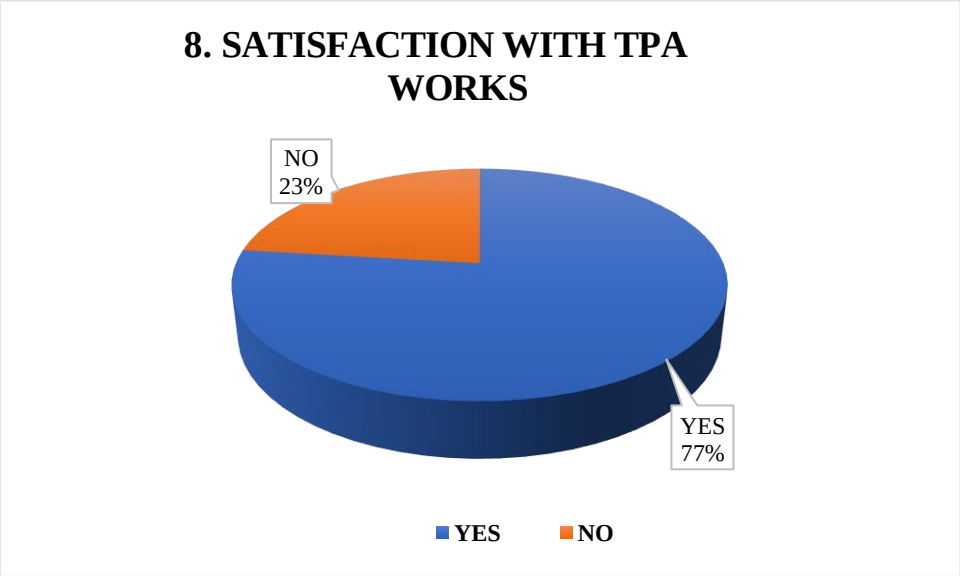
7. REPLY TO A QUESTION ABOUT THE STATUS OF THE CLAIM:



OBSERVATION:

TPA staff have been judged as effective in providing relatives of patients with information to continue the procedure with the hospital's helpdesk.

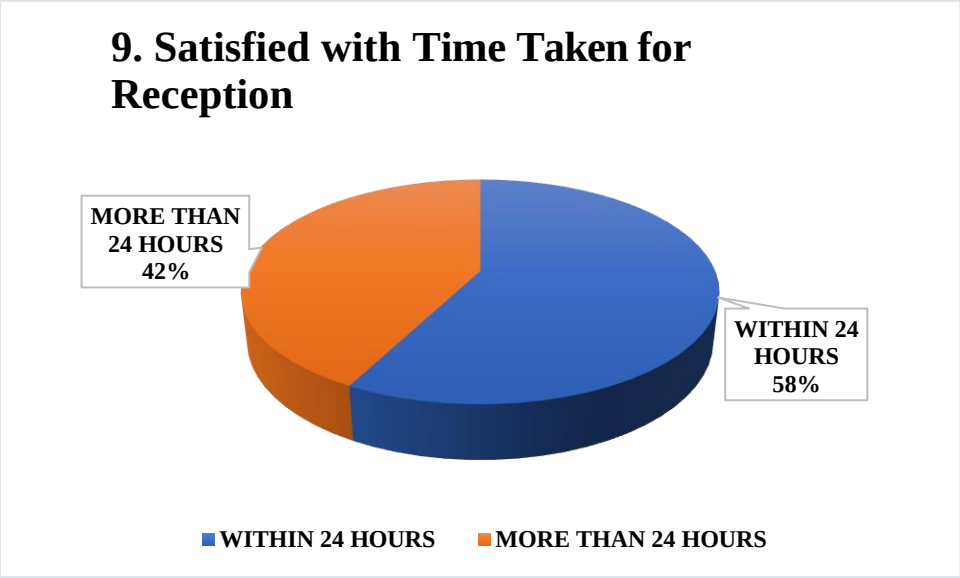
8. BENEFITS OF THE TPA:



OBSERVATION:

The TPA's overall services were deemed to be satisfactory by most policyholders.

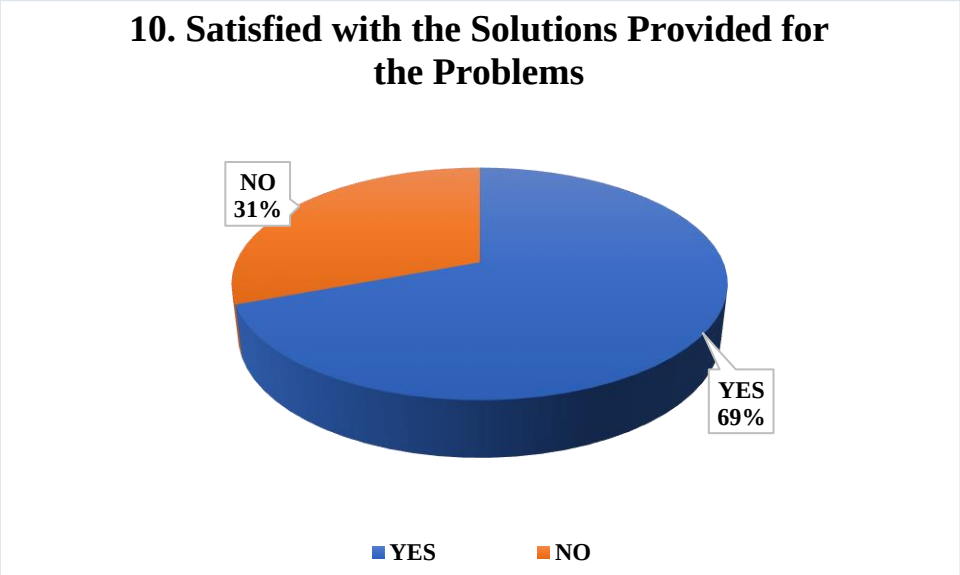
9. SATISFIED WITH THE TIME IT TOOK FOR APPROVAL RECEIPT:



OBSERVATION:

Almost always, the acceptance letter was obtained within 24 hours after preauthorization. Very few situations were discovered to be delayed due to insurance company inquiries.

10.SATISFIED WITH THE PROBLEM SOLUTIONS PROVIDED:



OBSERVATION:

69 percent of patients were found to be pleased with the answers offered by the TPA whenever they had an issue.

OVERVIEW

Third-party administrators (TPAs) are projected to portrait a significant role in the health insurance industry providing improved benefits to policyholders. In addition, their presence is likely to solve the expense and excellence concerns confronting India's huge private healthcare providers.

Current report summarizes findings of research conducted at HCG CANCER HOSPITAL with the goal of analyzing the effect of patient satisfaction on TPA services.

Primary figures were gathered in the form of a questionnaire, while secondary data was gathered from hospital records. The records then analyzed, and interpretations were provided based on the findings. An observation was made based on the data that was gathered. The findings were observed to emphasize the patient's/patient relatives' opinions, shortfalls, and assets of the TPA services, which eventually assist to enhance patient treatment.

Recommendations are made for process improvement, improved planning, and administration of service delivery.

SUGGESTIONS

- To enhance service TPAs must manage their empaneled hospitals/nursing homes/corporate accounts with the utmost efficiency and expertise.
- The TPA must keep the patient's needs in mind and sympathize with the patient to provide him approval at the appropriate moment for the hospitals, so that his/her treatment is not delayed.
- The hospital needs to send the bill on time. Delays transfer of credit result in delays in obtaining such funds from the relevant authority.
- The credit period for bill settling should be reduced. They must complete the bill processing within the credit time specified in the agreement.

CONCLUSION

Since the beginning of the private involvement in the insurance business in India, there has been a change at sea. Health insurance is a means for financing people's health-care requirements. To deal with the issues that have arisen because of escalating health-care expenditures, the health-insurance sector has taken on a new level of professionalism with TPA. **The main function of TPA is to provide better services to policymakers. Their main purpose is to act as a link between insurance and insurance, to facilitate nonprofit services during hospitalization.**

In the healthcare business, the initiation of TPA helps both the insured and the insurer. While insured benefits from 24-hour service, the insurer gains from lower administration costs.

- Faster and more targeted claims administration.
- Lower overhead and claim managing cost.
- Greater control over claim results.
- Providing cashless services.
- Customer relationship protection.
- Reputational safeguards for the brand.
- Containment of potential fraud by private healthcare providers

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- https://blog.investyadnya.in/what-is-third-party-administrator-tpa/

ANNEXURE

A. TIME SCHEDULE: -

Sr. No	Name of the Department	Date(s) of Visit	% Of Time Spent	Interacted with (Name and Designation)
1.	**MRD**	**1 WEEK**	**12.5%**	**MR. GOPAL CHAND (ASSISTANT MANAGER)**
2.	**CLINICAL ADMINISTRATION**	**1 WEEK**	**12.5%**	**DR. MONIKA SAXENA (HEAD CLINICAL ADMINISTRATION)**
3.	**OPERATIONS (TPA)**	**6 WEEKS**	**75%**	**MS. SONAM CHANDAK (HEAD MANAGER OPERATIONS)**