IIHMR UNIVERSITY

Summer Training on Operation management

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MBA in Hospital and Healthcare Management

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Roll No-1177

Contents

Observational Training

Introduction

- **OVERVIEW-**

➢ As the leading healthcare provider, the hospital provides patients with the latest technological innovations for diagnosis and treatment of the most acute clinical conditions, highly skilled Medical and Nursing Expertise, round the clock personalized care promoting faster recovery of the patient.

➢ Aster Prime Hospital is a private, full-fledged 204-bed multi-speciality hospital situated in the strategic location of Ameerpet at Hyderabad.

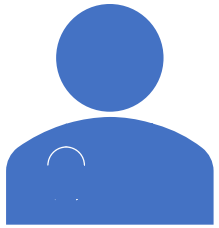
- **MISSION AND VISSION-**

➢ A compassionate mission with a worldwide goal to provide the world with accessible and affordable high-quality healthcare. Hospitals provide quaternary medical treatment with best-in-class technology and facilities that meet global standards, ensuring that all patients receive world-class care.

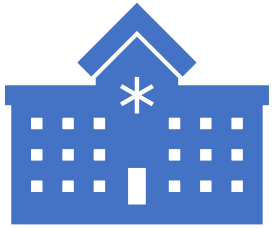
- **Values-**

➢ We'll Treat you Well- We live up to this commitment, which encapsulates all we do and why we exist. In our relationships with patients, doctors, workers, and society at large, this is our guiding principle. At Aster DM Healthcare, abide by a core set of values that guide our organizational behavior and decision making, and that create the unique ethos that is imbibed in every Asterian.

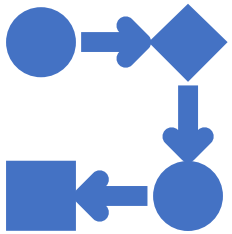
Objective



To gain knowledge of the hospital's many services and to watch how work is done in various areas.



To have a better understanding of the many departments of a hospital.



To identify problems in various departments and provide suitable recommendations for change.

Mode Of Data Collection

- Discussions with administrative employees, HODs on managerial concerns, talking with other workers, and going through documents were all part of the data collecting process.

➢ **Primary**

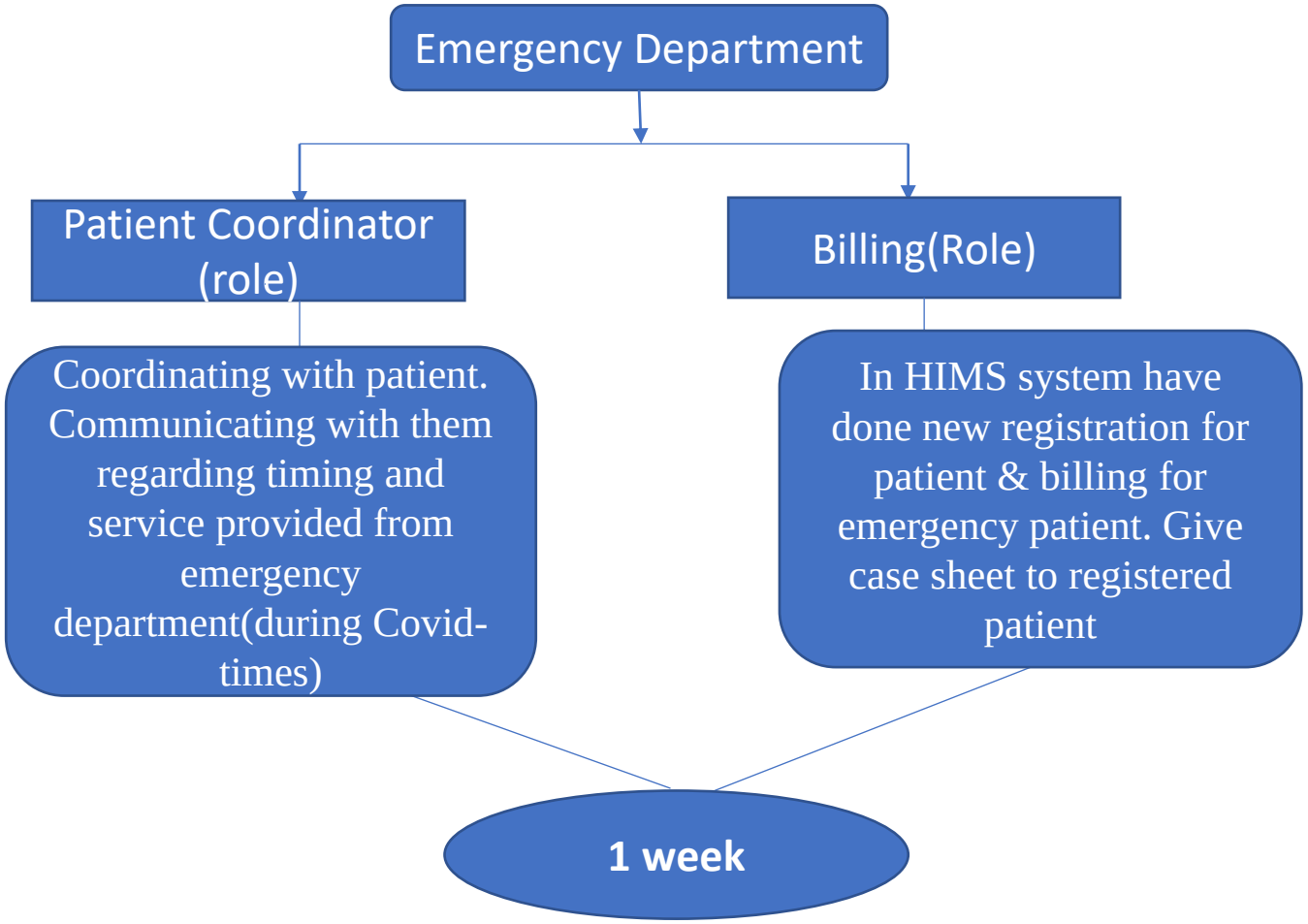
- Interacting with the hospital's HODs, executives, physicians, nursing staff, and other important personnel.
- Through direct observation.
- Conducted a patient satisfaction survey to gather vital information about patients' opinions and experiences with quality services, which will, of course, aid service providers in improving processes and service delivery.

➢ **Secondary**

- Through hospital webpages.
- Through registration records.
- Magazines, booklets, brochures, CDs, and written materials regarding the hospital are available.

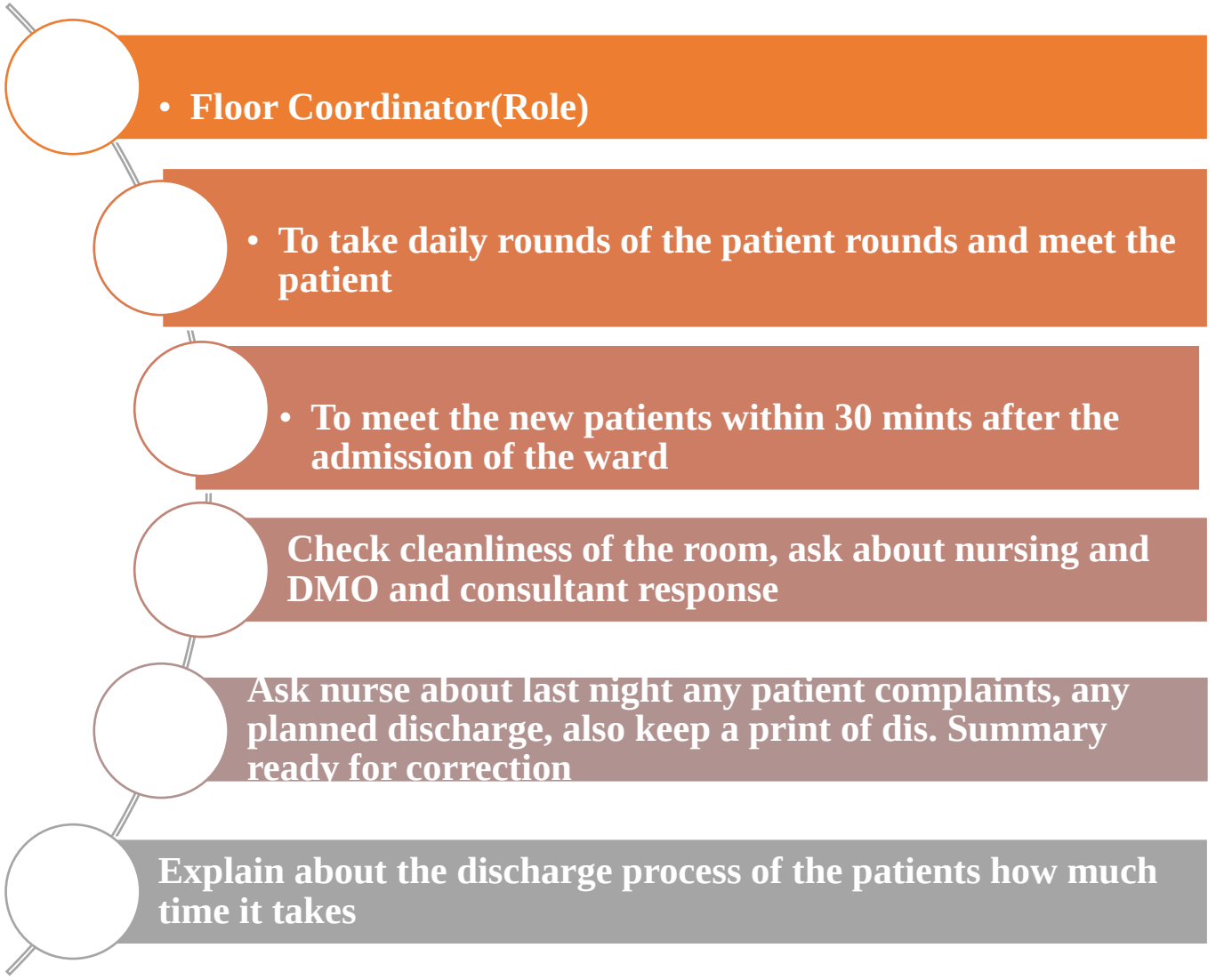
Flowchart illustration of 1-week (Out of 8 weeks) training

➢ **ER Department**



Flowchart illustration of 1-week (Out of 8 weeks) training

- **IP department**



Flowchart illustration of 1-week (Out of 8 weeks) training

OPD

Front office executive(role)

Give Consultation for specialist doctor

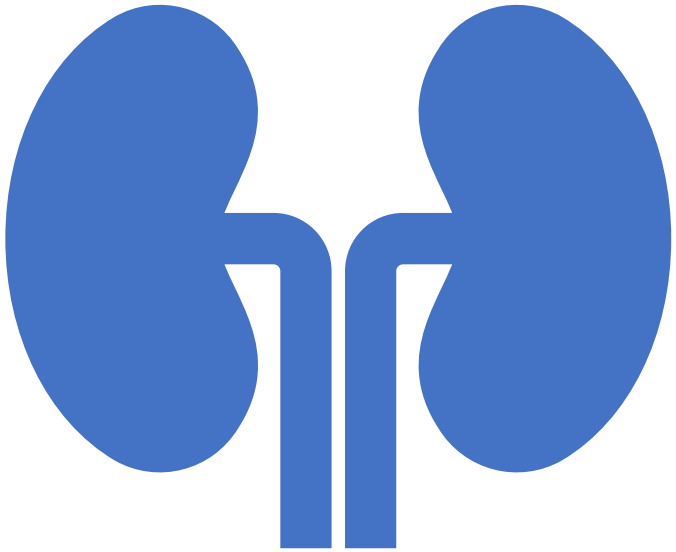
Do billing for new and old patient and received payment by cash/credit. Debit/UPI

Coordinate with the patient if any consultation delay

Coordinate with the doctors for day-to-day consultation

Suggestion for Improvement

- ✓ Increasing nursing, cleaning, and general duty assistant personnel, as well as modifying their staffing patterns to match patient numbers.
- ✓ Minimizing the time patients spend in intensive care units (ICUs), particularly MICU patients, who experience the most delays owing to a lack of beds or personnel.
- ✓ In OPD one big screen TV should be available each floor for displaying which doctor is available every day and their consultation time. It will be easy to understand for patients no need to ask staffs.
- ✓ More manpower needs in OPD.
- ✓ The nursing staff should notify the patient of their discharge as soon as the doctor says so.
- ✓ Patients are counselled before to their scheduled discharge date on home healthcare, discharge procedures, payment, and clearance.
- ✓ Dieticians should provide timely counselling, with priority given to patients who are about to be released.
- ✓ To prevent delays in the discharge summary, just one typewriter should be employed.



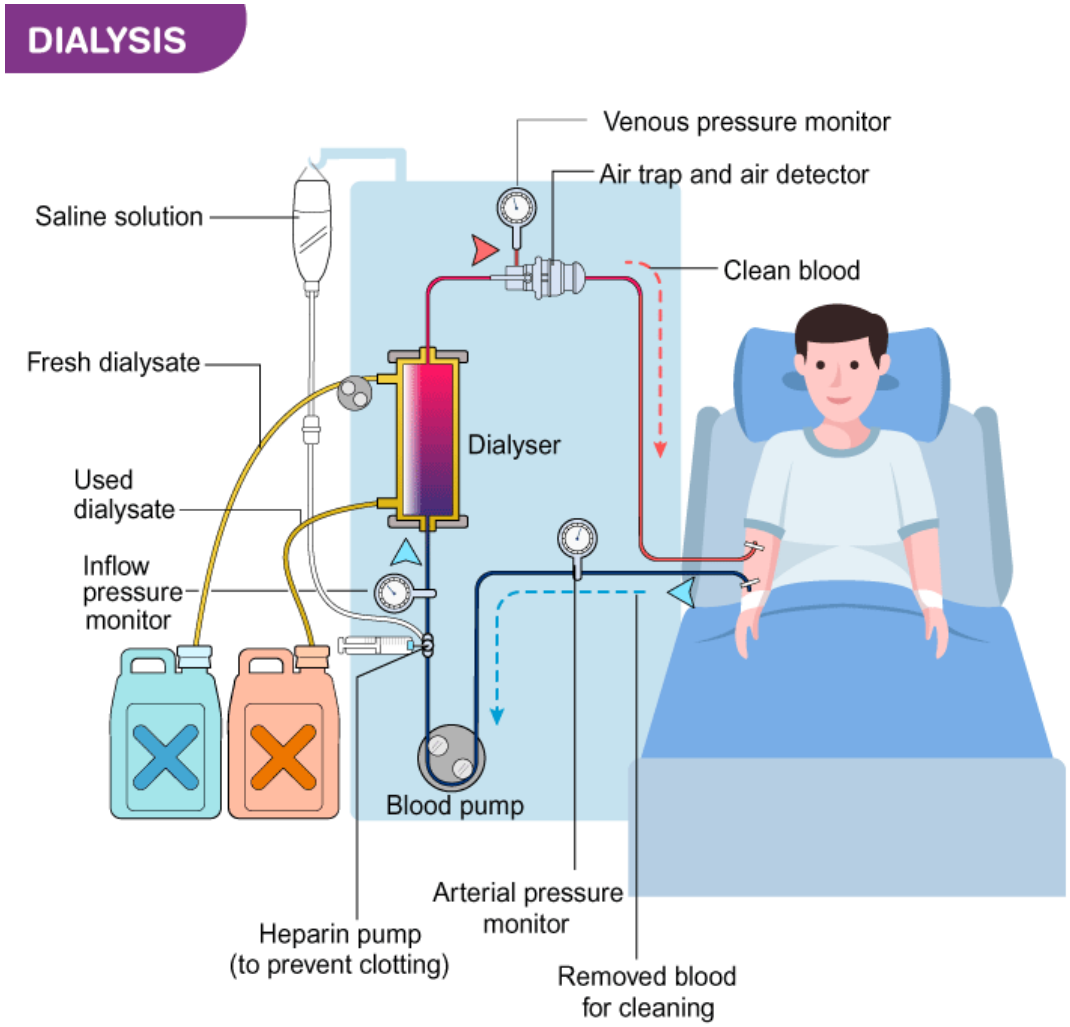
Project-1

- **Satisfaction Survey of Dialysis patients regarding service delivery process in the Dialysis department of Aster Prime Hospital**

Introduction

Every day, a kidney can filter 100-150 quarts of blood. When the kidneys aren't working correctly, waste builds up in the bloodstream. This can lead to a coma or possibly death. Dialysis is used to help the patient recover. Dialysis helps to keep the body in balance by doing the following:

- It keeps your blood pressure in check.
- It flushes the body of extra water and metabolic waste.
- Prevents dangerous amounts of substances like potassium, bicarbonate, and sodium from accumulating.
- Haemodialysis is the most prevalent dialysis technique. Using this procedure, the doctor will surgically construct a vascular entry into the body. This will allow more blood to pass through the dialyzer and back into the body after it has been purified. The vascular access is a blood vessel's entry.



Introduction

- **Staffing Pattern-**
- Nephrologist – 1, Technician – 9, Nursing Staff – 6, Dialysis Unit In-Charge – 2, Medical officer – 2, Housekeeping staff – 2, Trainees – 4
-
- **Shift timings** – 08:00 to 12:00 PM
- 12:00 PM to 04:00 PM
- 04:00 PM to 08:00 PM
- **Procedure Time** – Generally, one cycle of haemodialysis takes 4 hours to complete a procedure.
- **Infrastructure-** The facility has 14 dialysis machines, including 5 for patients who are seropositive. Patients who are seropositive and those who are seronegative have their own facilities.
-

SPONSORS	PACKAGE		PER DIALYSIS CHARGE
		Single use dialyzer	Reuse dialyzer
Cash	25000/-	3600	2000
Govt scheme (Arogya Shree)	13500/-	1000	1000
EHS	25000/-	1450	1450

Research Methodology

Study Area- Dialysis department at the Aster Prime hospital.

Study design- Descriptive- Cross Sectional study.

Research tool- Semi structured questionnaire.

Study population- All patients undergoing dialysis on a day care basis(n=107).

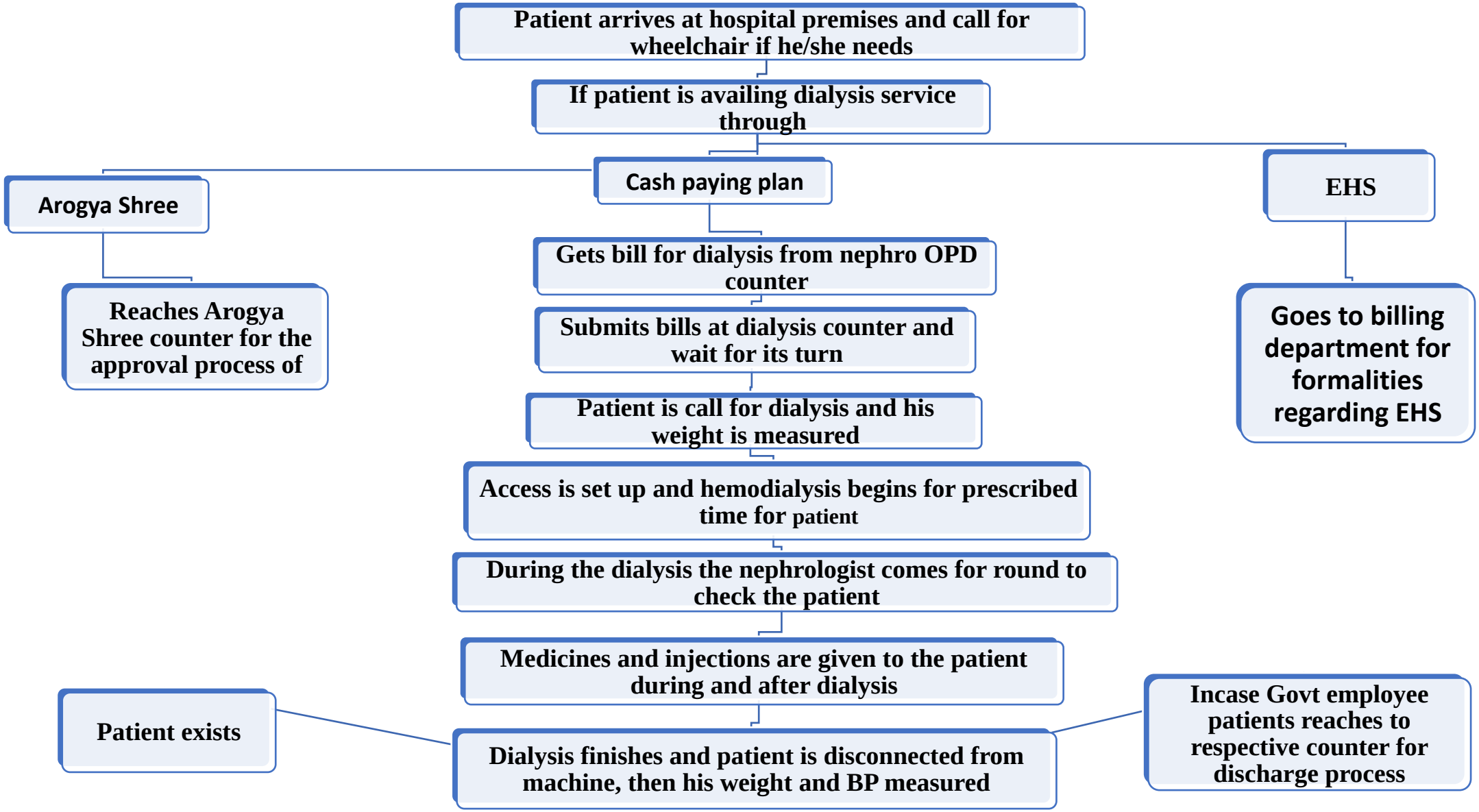
Study duration- 3 weeks

Sampling method- Convenient sampling

Data collection- Personal interview.

MODE OF DATA COLLECTION- The information was gathered using a standardized questionnaire and a personal interview with the patients.

Process Flow Of Dialysis Unit



Flowchart illustration of 3-weeks (Out of 8 weeks) training

Patient Coordinator(Role)

Do daily billing of dialysis patient

Take photo of Arogya Shree and EHS patient during dialysis send it to billing department

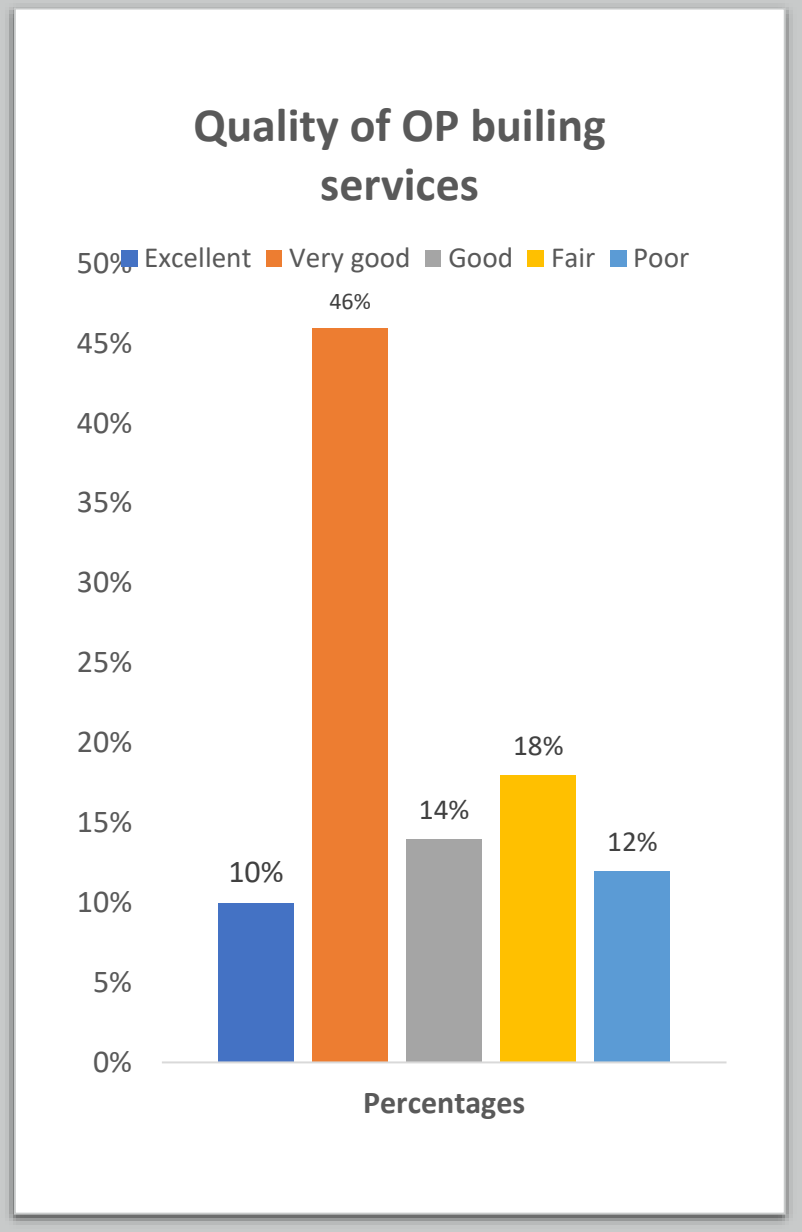
Give appointment to every patient for upcoming dialysis

Ask every patient when they want to do next dialysis

Follow discharge process

For EHS/insurance patient check in billing department

Findings and Analysis



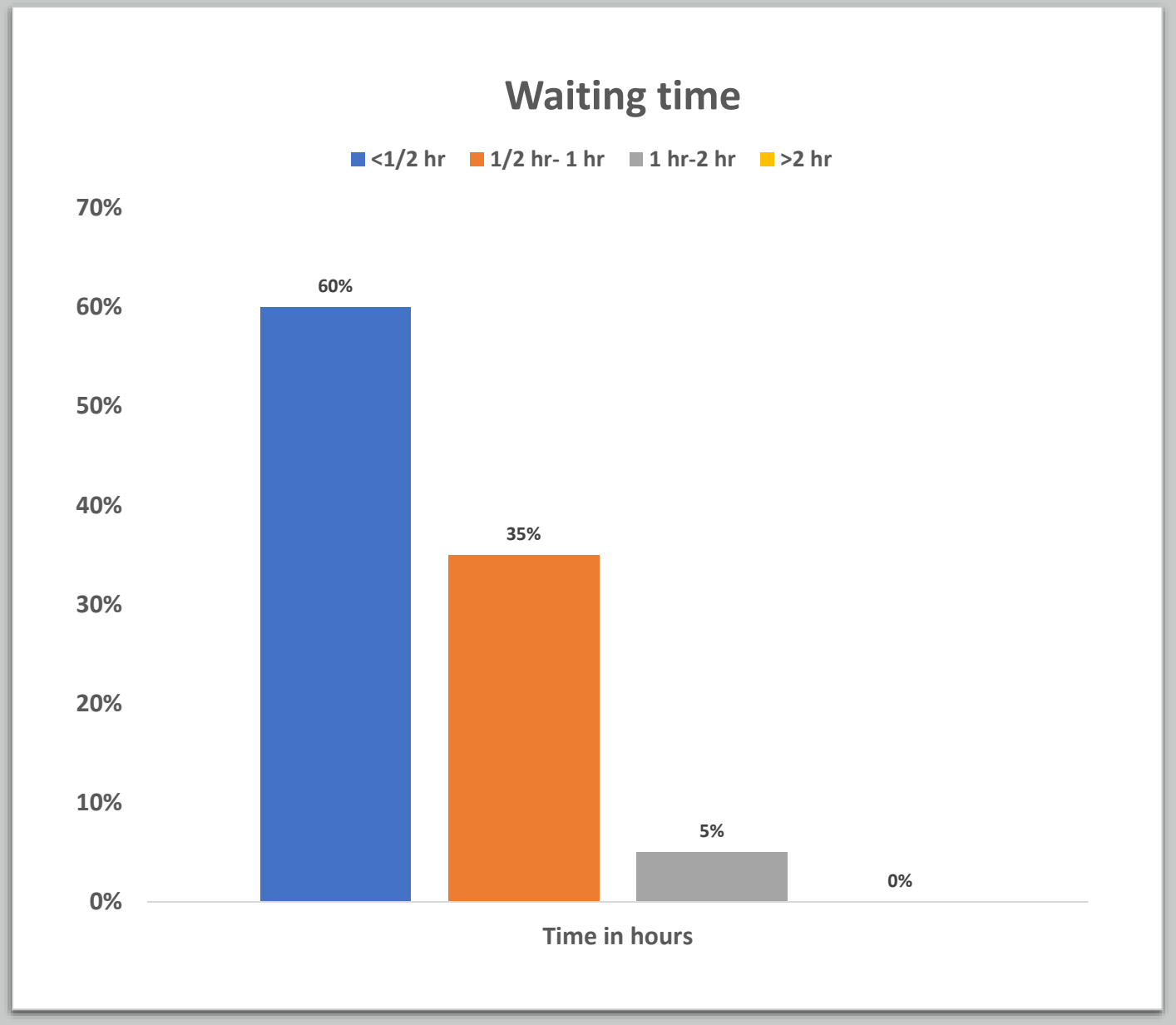
Excellent	5
Very good	4
Good	3
Fair	2
Poor	1

OPD Billing

- **INTERPRETATION-**
- According to the graph, around 46% of patients were happy with OPD billing services, while just 12% were dissatisfied

Waiting time

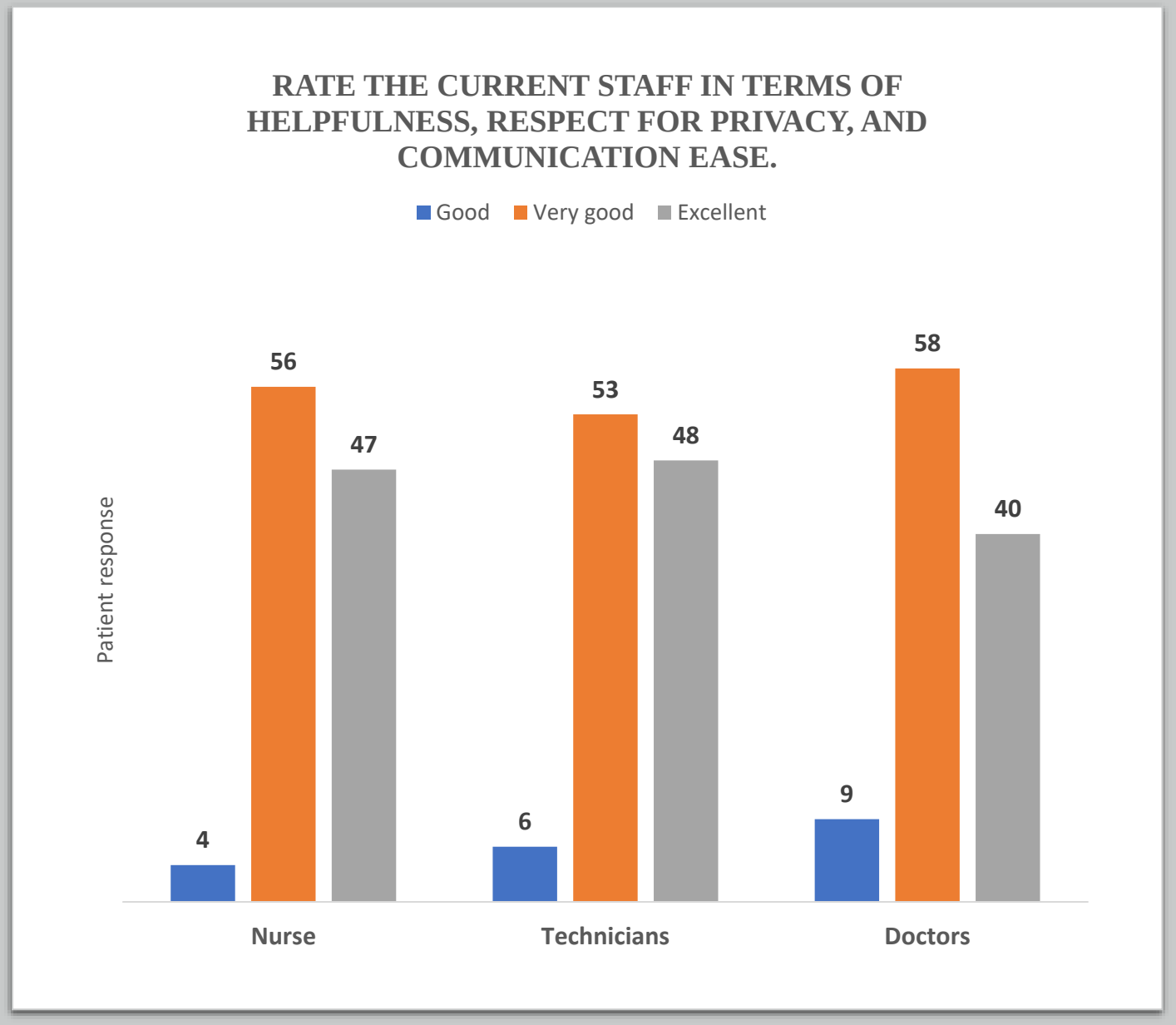
- **INTERPRETATION-**
- The graph above reveals that 60 percent of patients waited between one and half an hour and one hour from the time they were billed until dialysis began, while just a few individuals waited between one hour and two hours.



Staff Behavior

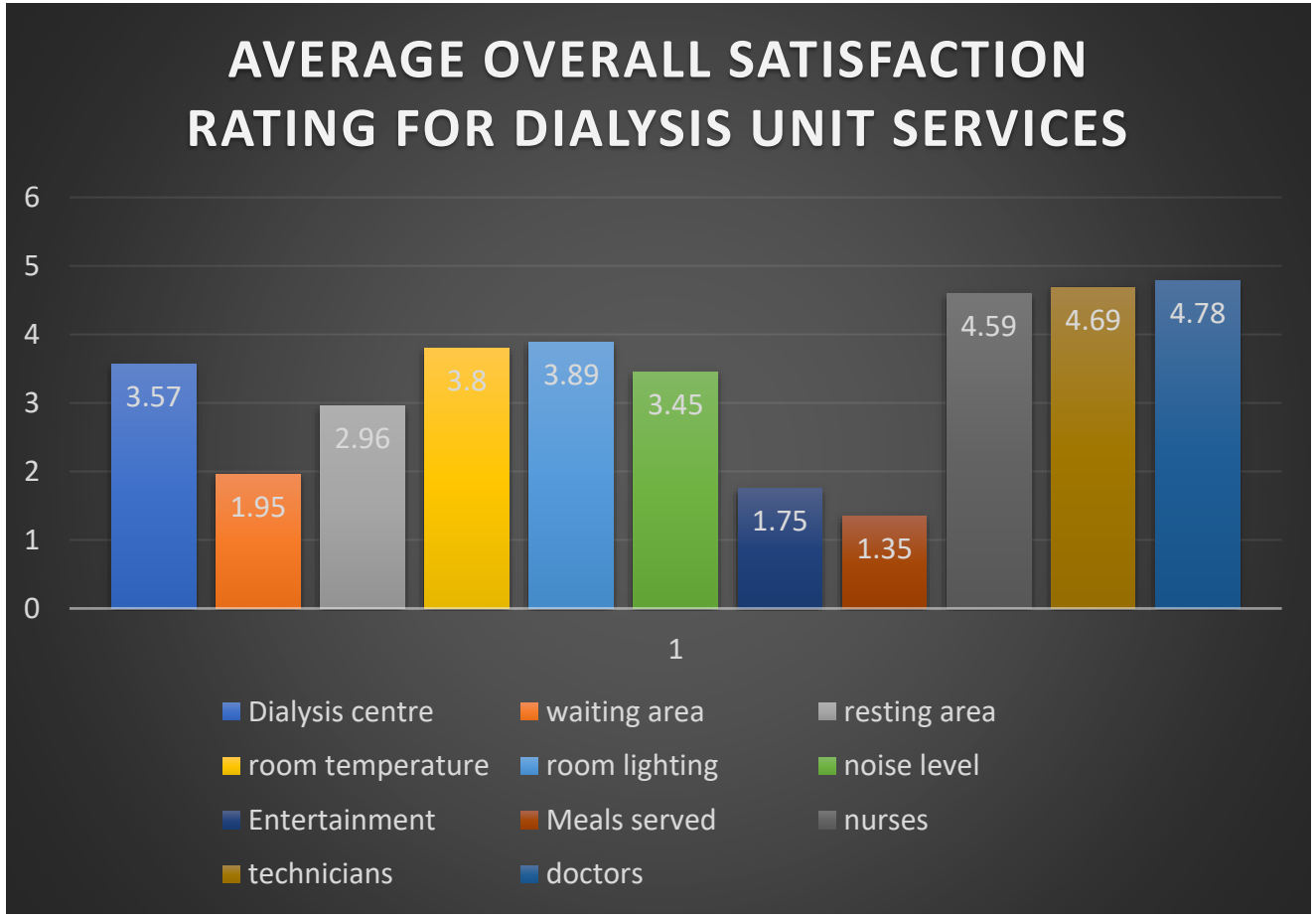
- **INTERPRETATION-**

This demonstrates that most dialysis patients were quite pleased with the treatment they received.



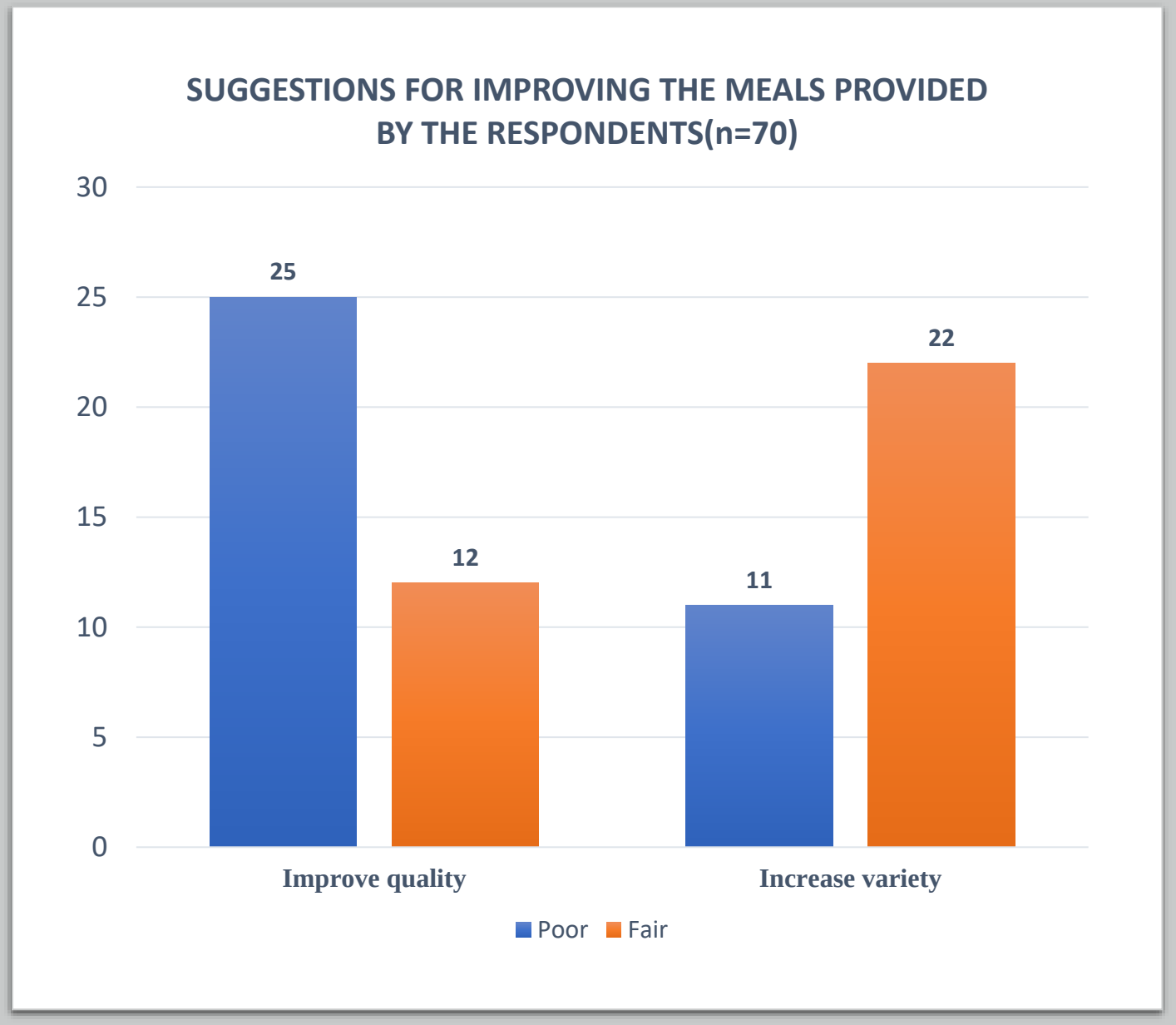
AVERAGE OVERALL SATISFACTION RATING

- **INTERPRETATION-**
- The concerned areas in this graph are the waiting area, resting area, and food services.



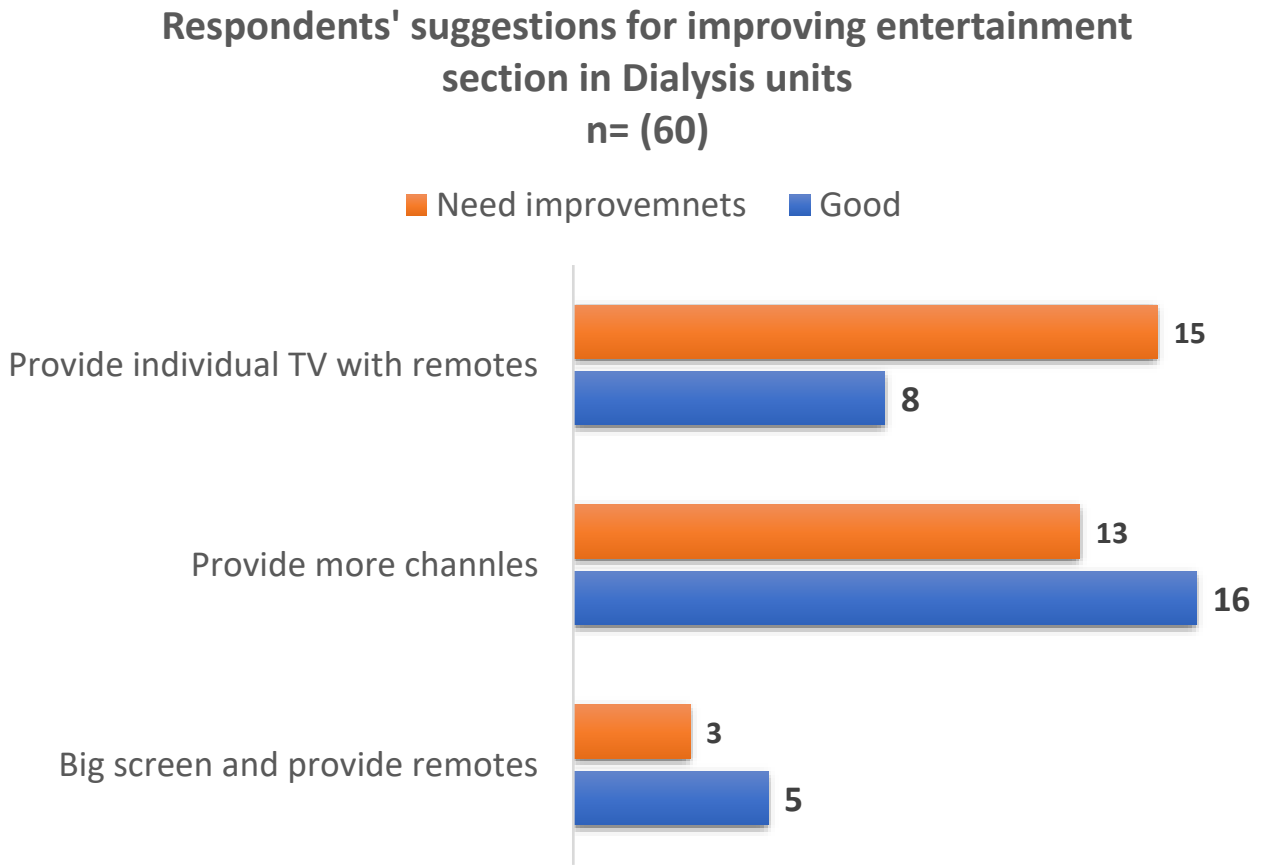
Food services

- **INTERPRETATION-**
- More than half of the patients are dissatisfied with the meal service, according to the data. Patient wants food quality to be enhanced and greater variety of meals to be supplied on a regular basis, as seen in the graph.



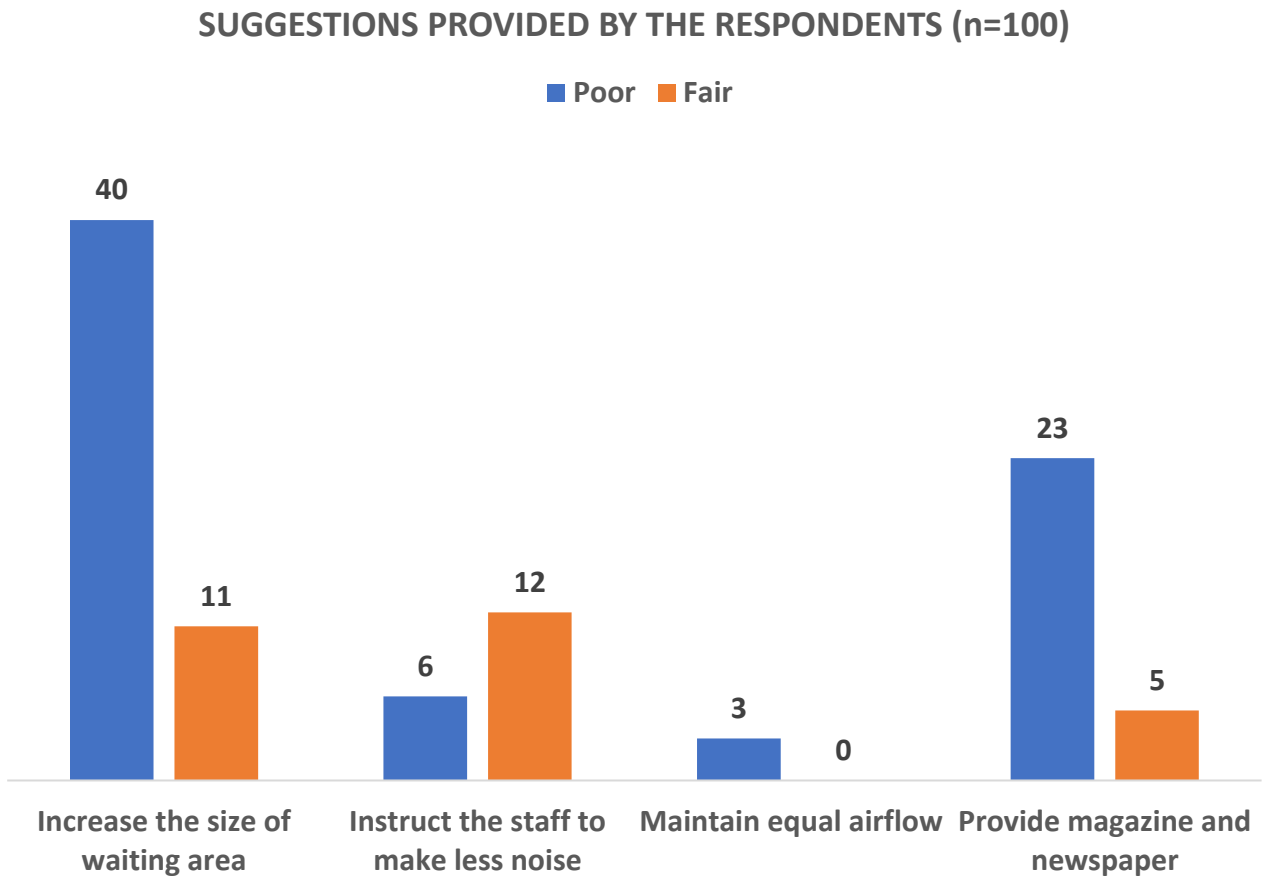
Entertainment section of dialysis unit

- **INTERPRETATION-**
- Many patients believe that the dialysis unit's entertainment section should be enhanced.



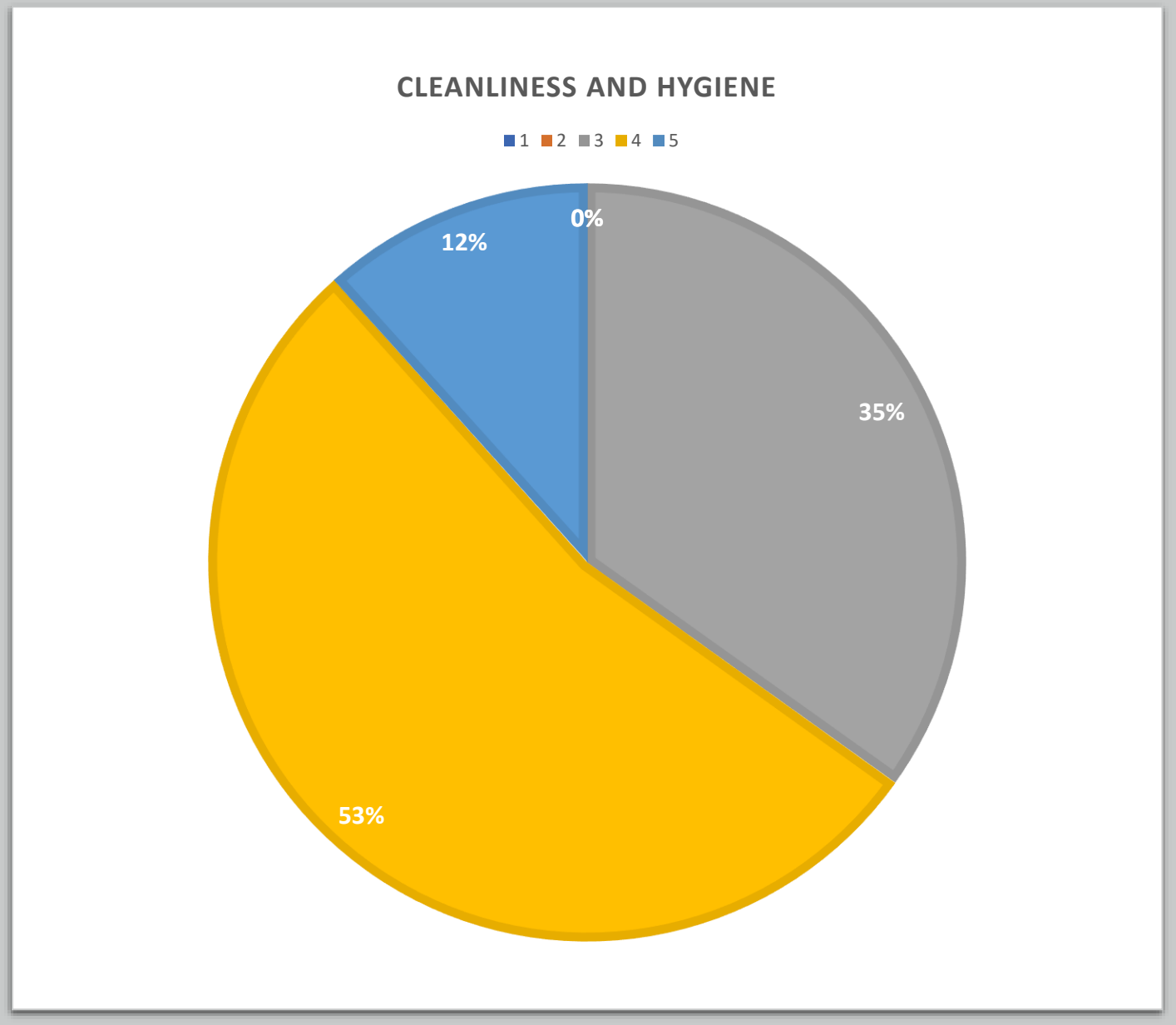
Suggestion Provided by respondents

- **INTERPRETATION-**
- Respondents provided suggestion regarding increase the waiting area and also to provide magazines and newspaper.



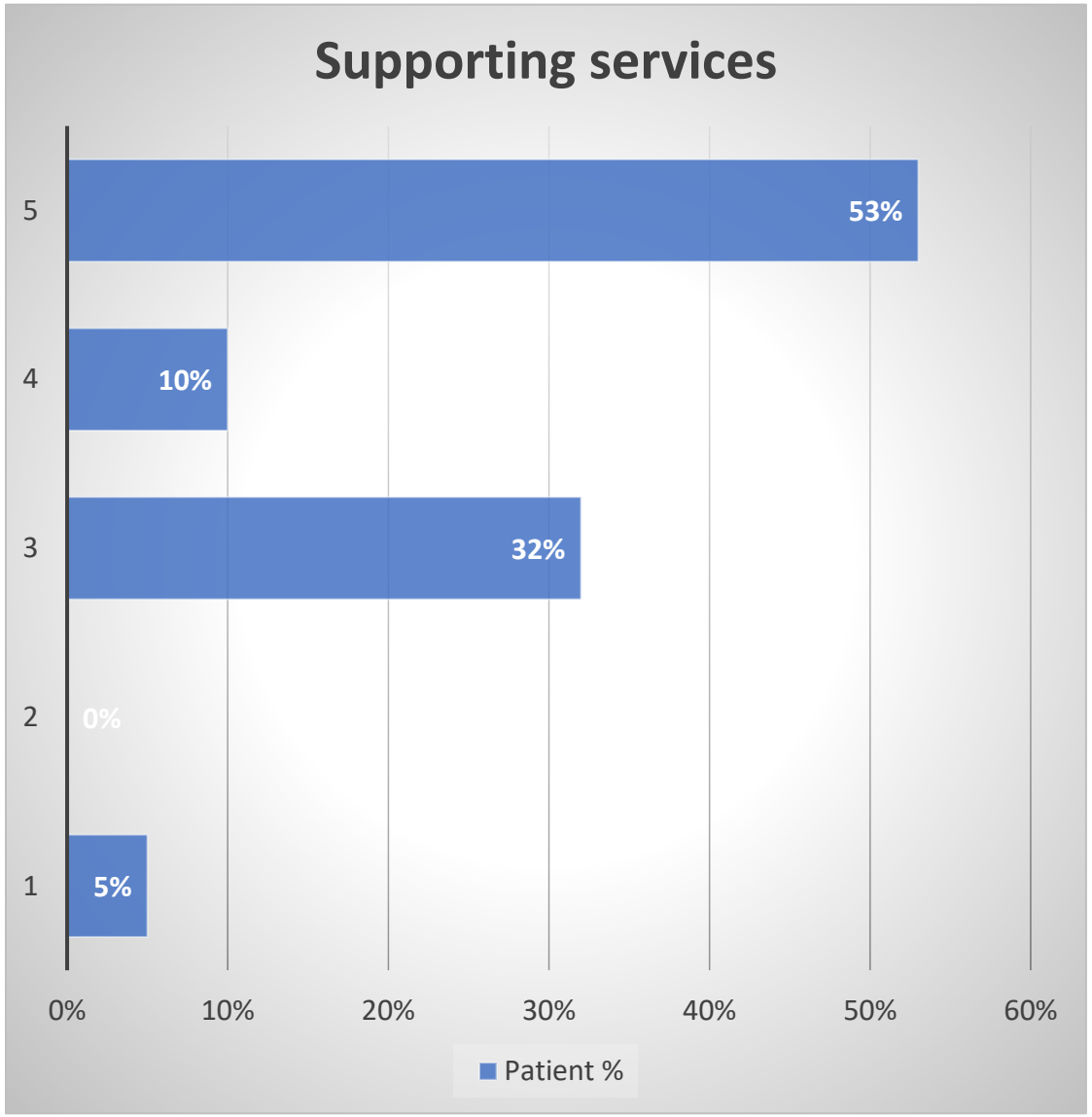
Cleaning and Hygiene

- **INTERPRETATION-**
- According to the graph above, most patients were happy with the cleanliness of the dialysis unit and the support services they received.



Supporting Services

- **INTERPRETATION-**
- According to the graph above, most patients were happy with the cleanliness of the dialysis unit and the support services they received.



RESULT AND OBSERVATION-

- ✓ Due to billing delays, about 1/3 of the patients were dissatisfied with the OPD billing services (specifically in morning shift).
- ✓ Due to rising wait times, around 35% of patients had to wait longer than one and half an hours.
- ✓ Due to the late arrival of morning shift patients, the scheduling of non-shift patients is delayed.
- ✓ During morning shifts, dialysis staff allows patients to get dialysis without having to pay a fee (as their dialysis gets started but their bills comes after that).
- ✓ Between the dietician and the patient, there is a communication gap.
- ✓ More than half of the patients were dissatisfied with the food and beverage services due to poor food quality and long wait times for meals.
- ✓ Patient must wait for dialysis due to the failure of some equipment.

CONCLUSIONS-

- Assessing patient satisfaction is a straightforward and cost-effective method of evaluating hospital services, and it aids the business in maintaining and enhancing its service quality for the goal of customer satisfaction and retention. With the results of the study, we can infer that the hospital's extra services, such as entertainment, waiting areas, and food, were the source of the majority of the difficulties. To summaries, more effort may be made to improve the patient experience.

Recommendations

At the dialysis OPD counter, a system (PC) is required.

Patients on the early shifts should have their own billing services.

To entertain patients and attendants, more facilities should be given in the waiting room.

Another suggestion may be to provide magazines and newspapers, as many of the responders are educated and so more likely to accept them.

The dietician on duty can give patients one-on-one counselling to help them understand the benefits of the food offered here against the dangers of store-bought food.

To combat patients' perceptions of a lack of diversity, the menu for the following session can be posted ahead of time so that the patient can check out the variety offered and, over time, learn that hospital-provided food is superior to store-bought food.

In a dialysis unit, one doctor should be always on call.

Inside the dialysis unit and waiting room, a visual display should be available.

Machines should be inspected and maintained on a regular basis.

Because the TAT is less than 20 minutes, the patients are taken to the dialysis session right away, but patients' relatives must adhere to a strict rule of sitting in the adjacent wing's waiting area while the patient is being dialyzed and only being allowed to assist the patient during the lunch/food session.

Provide remote controls for each patient's television.

The lack of diversity in the menu given is the primary issue of the meal service. To combat this, the dietician on duty can give one-on-one counselling to patients, educating them on the benefits of the food supplied here as well as the dangers of store-bought food.

Action Plan

- To begin, an additional billing counter with a dedicated PC must be established. To put this plan into action, we must first form a team to work on it. The members of the team will first study the problematic situation of the OPD billing counter and then create a PowerPoint presentation to present to the higher authorities for implementation. Once the presentation has been presented to the higher authorities for implementation.
- Then, at a subsequent meeting with higher authorities, we will discuss how we can implement this idea in our hospital by appointing more staff to the newly opened OPD billing centre with specialized computers for smooth and faster billing, resulting in less crowding and chaos in the morning, and thus our plan can be implemented in our hospital in this manner.
- For waiting area- Now, in order to overcome this problem, we must follow a few actions. First, we must form a team to oversee this problematic issue and prepare a power point presentation to submit it to the hospital's higher authorities. If they agree and appreciate our plan, we will discuss the method for putting it into action at a later meeting.
- To put this plan into action, we will need to hire some temporary workers for a few days to redesign the waiting and patient rooms to make them more appealing.
- For entertainment reasons, the room should be outfitted with LCD/LED displays. The hospital should then add speakers with calm music, which will provide a rich and relaxing experience for both the patient and the visitor, as well as internet, charging outlets, and wellness facilities. Visitors and patients are better amused when books, periodicals, and newspapers are available.
- We can make this space more entertaining in this way, and we all know that happiness is half the cure for any ailments, so this will make both the patient and their family members who are waiting outside in the waiting area happy.

Project-2

- **Study on Turnaround Time of diagnostic imaging procedure**

Introduction

- Radiology is being asked to be the medical six-million-dollar man in today's healthcare climate; this speciality is supposed to be better, stronger, and quicker than ever before. The fastest radiology report turnaround time is critical to achieving this goal. The pursuit of the quickest turnaround time is nothing new. For over a decade, it has been the holy grail in radiology in many respects. The suppliers, on the other hand, are grappling with the question of how fast is too fast. The turnaround time varies. Some exams take 15 minutes to complete, while others may take up to an hour. The goal of this research is to look at the many stages that go into improving TAT and provide solutions that can be implemented without compromising diagnostic accuracy or provider efficiency.

- We looked at four different diagnostic methods in this study-

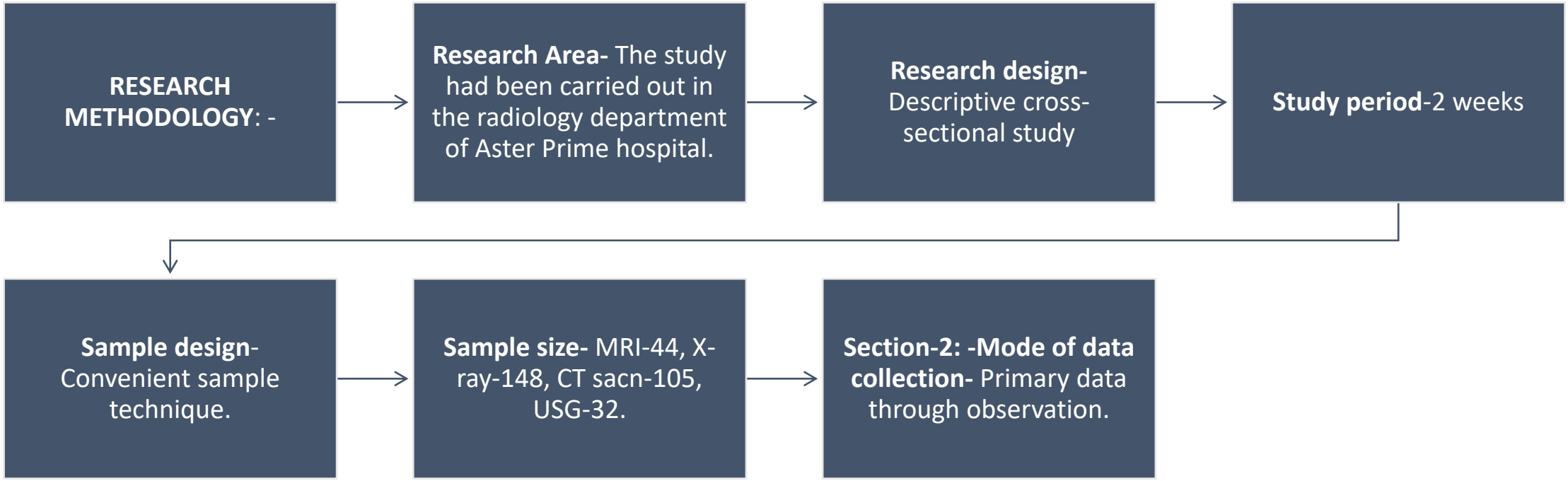
- X-Ray.
- Ultrasound.
- CT scan.
- MRI.

OBJECTIVES-

TO DO A ROOT CAUSE ANALYSIS OF THE CAUSES OF AN INCREASED TAT, IN THE RADIOLOGY DEPARTMENT OF ASTER PRIME HOSPITAL,

TO PROVIDE A VIABLE SOLUTION FOR REDUCING TAT IN THE RADIOLOGY DEPARTMENT OF ASTER PRIME HOSPITAL.

Research Methodology

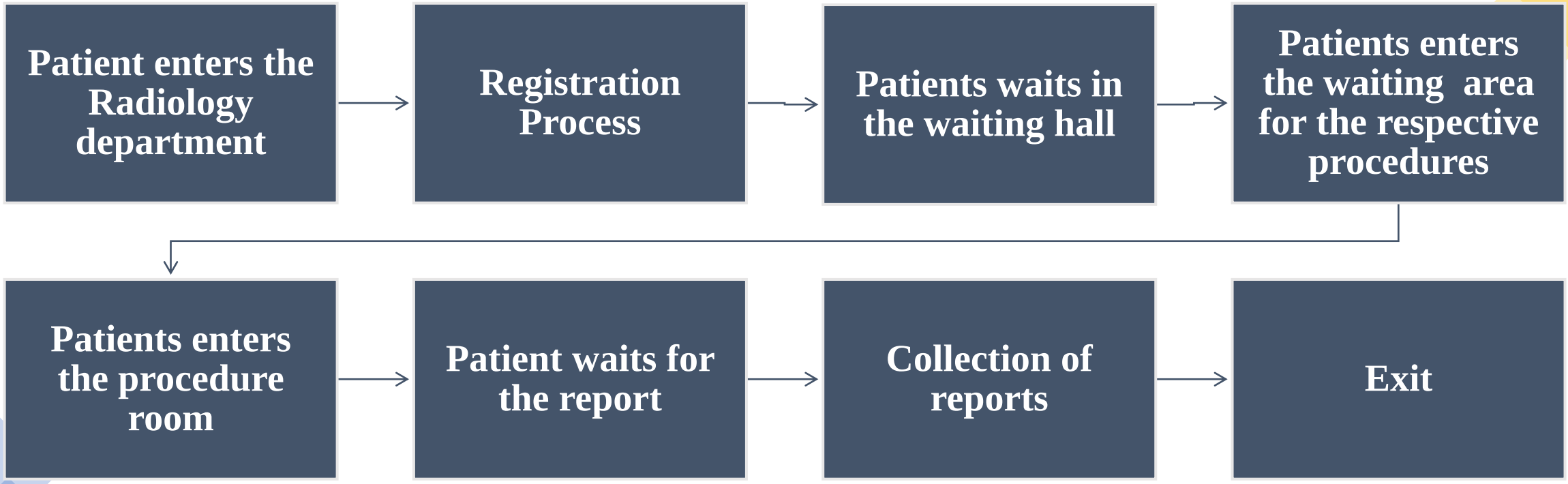


Process

- The hospital's standard TAT was compared to the average time spent in these operations, as well as a root cause analysis of the causes that caused the delay. It's the amount of time it takes for a diagnostic process to go from registration to report generation. For different procedures, the typical TAT at Aster Prime Hospital in Hyderabad is-

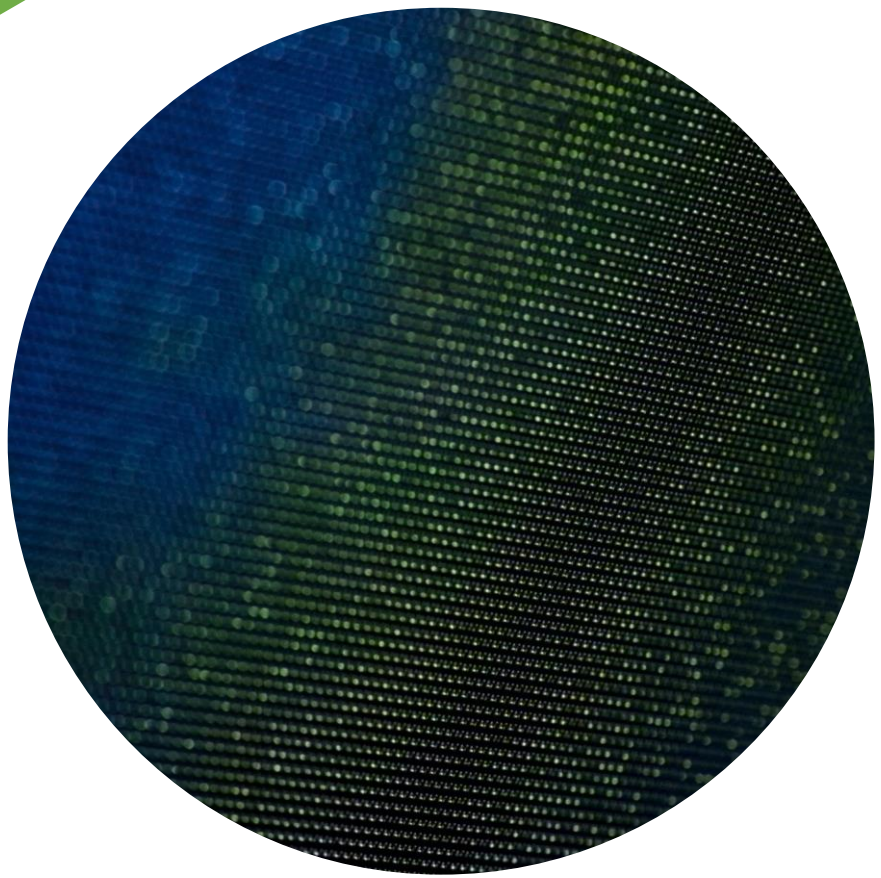
PROCEDURES	TURNAROUND TIME
X-RAY	3 HOURS
ULTRASOUND	1 HOUR
CT	3 HOURS
MRI	4 HOURS

PROCESS FLOW IN RADIOLOGY DEPARTMENT



Flowchart illustration of 2-weeks(out of 8 weeks) training

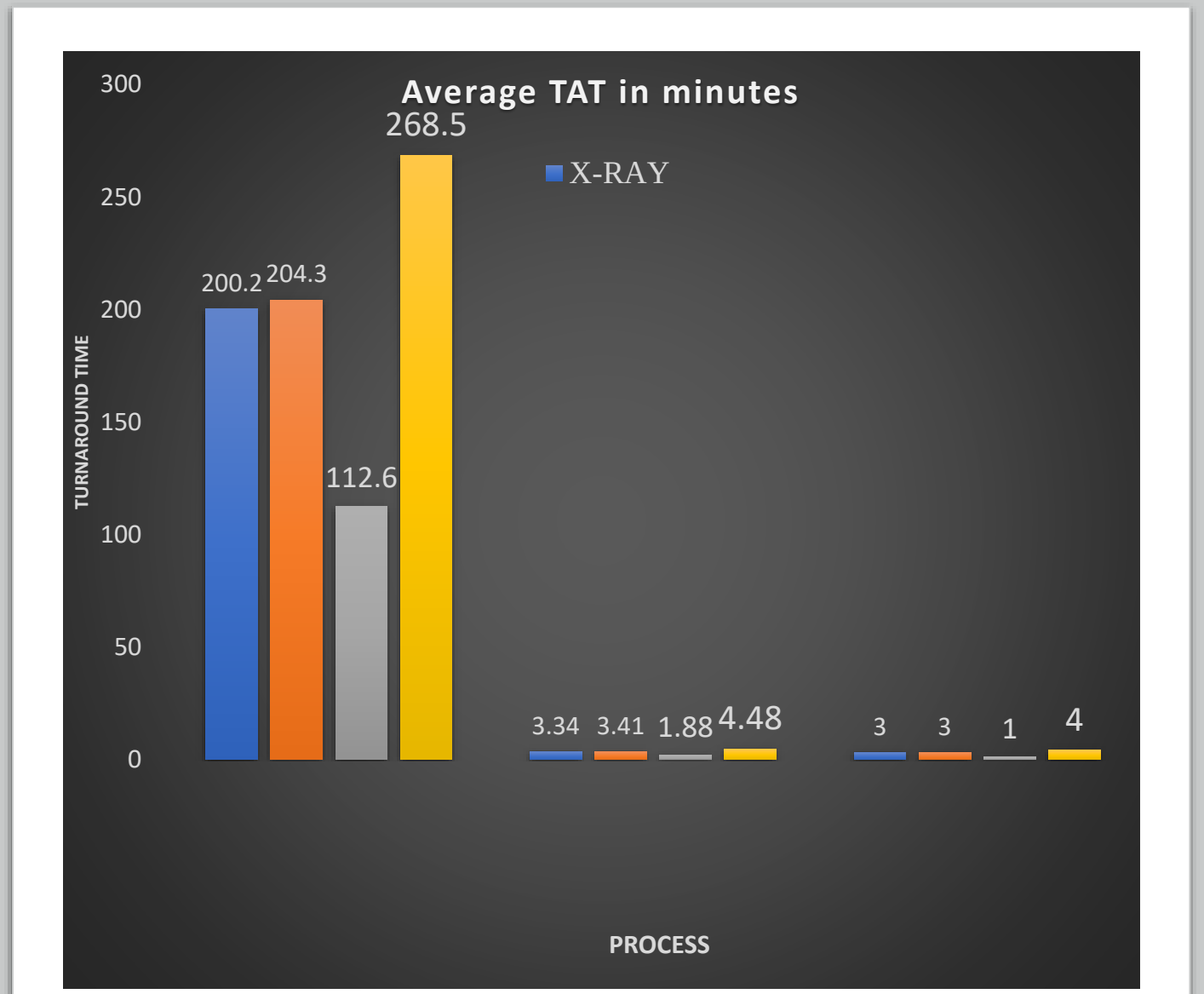
- Front office executive role
- Give diagnostic report to patients. E.g covid, blood reports
- Had done billing for diagnostic procedures for patients.
- Have done new registration for patient
- Coordinate with the patient to manage crowds.
- Communicate with patients and help them to reach in respective diagnostic procedure



FINDINGS and ANALYSIS

AVERAGE TAT

- The graph below depicts the average TAT for each of the four diagnostic procedures performed at Aster Prime Hospital.



- The table below displays the average TAT for various operations as well as the hospital's standard TAT.

PROCEDURES	AVERAGE IN MINUTES	IN HOURS	STANDARD TAT
X-RAY	200.2	3.34	3
CT	204.3	3.41	3
USG	112.6	1.88	1
MRI	268.5	4.48	4

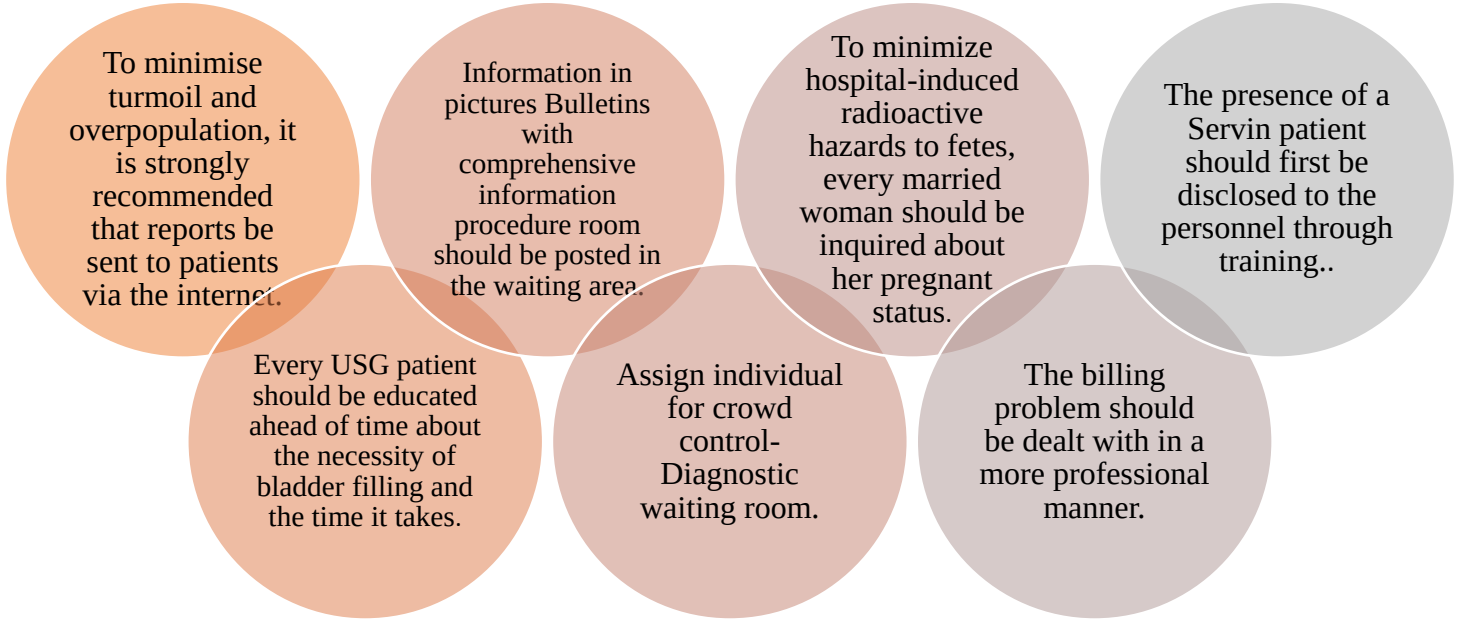
ROOT CAUSE ANALYSIS

- ✓ When just one registration staff member is present, there is a delay at the registration counter.
- ✓ Due to a lack of staff at the front office, there is an increase in waiting time when there is a rush in the department, resulting in a longer turnaround time.
- ✓ Only one X-ray and one MRI equipment are available, causing significant delays in the operations. The staff must manually call out the patient's name, causing chaos because the patient may not hear and miss his turn.
- ✓ To draw attention, the employees must also loudly announce many times.
- ✓ To assure patient counselling, x-ray staff should be trained.
- ✓ Emergency patients cause lengthier wait times between scheduled appointments. A trailing machine or piece of equipment causes a delay. There was no previous advice given to patients about bladder filling in the event of a USG procedure, which resulted in patients drinking less water and wasting time in the operation room.
- ✓ There was no previous notice given about the removal of metallic items for CT scan and MRI treatments, resulting in a delay within the operation room.
- ✓ There are not enough radiologists, especially when some of them are on vacation.
- ✓ Radiologists need time to diagnose and write a proper report

CONCLUSION

- Because the radiology department generates the majority of money, patient happiness in the area is more essential than appears on the surface. In today's society, when time is more valuable than money, failing to respect the patients' time is tantamount to gambling with the hospital's profits. As a result, it is strongly recommended that the hospital's standard TAT be reduced, therefore boosting patient happiness, and assisting in the improvement of the hospital's income.

RECOMMENDATIONS



Action Plan

Now to get a report after so many hours is a big issue in hospitals because it is important to maintain social distance during this epidemic, and a simple approach to keep it to a minimum is to create an online app or website where all test reports and papers can be shared with patients over the internet. Now, in order to address these problems, we must follow a few actions.

- Now, in order to implement this, we must first form a team with a specialized and experienced software developer, and with the help of the software developer and our team, we will create a PowerPoint presentation to present it to the hospital's higher authorities. If they agree and like our idea, we will meet again to discuss how to successfully run the app, and to implement this, we must first form a team with a specialized and experienced software developer.

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THANK
YOU !