SUMMER TRAINING

AT

RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE, NEW DELHI

(10th May To 10th July)

REPORT ON

TO STUDY THE TURN AROUND TIME OF NEW OPD PATIENTS

BY

DR. GARVIT GUPTA

MBA IN HOSPITAL AND HEALTHCARE MANAGEMENT

(2020-2022)

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10/07/2021

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Garvit Gupta, from IIHMR Jaipur, has completed his internship in this Institute, in the department of Patient Care Services from 10th May' 2021 to 10th July' 2021.

During the above period, his behavior was good.

We wish him all the best for his future endeavor.

Jeevan Singh
Manager -HR

10/7/21

Dr. Sushma Bhat
Sr. Manager Operations

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION…….……06

VISION MISSION VALUE …….08

GENERAL WORKING OF DEPARTMENTS IN RGCIRC……...09

DEPARTMENT WISE OBSERVATION……11

CHAPTER 2

PROJECT INTRODUCTION……15

RESEARCH METHODOLOGY……...17

METHOD DATA COLLECTION…….18

OPD PROCESS FLOW ……..…19

RESULTS AND FINDING …… …….....22

RECOMMEDATION AND CONCLUSION…….……. ……....24

REFRENCES……. 25

ANNEXURES……26

ACKNOWLEDGEMENET

A Summer Training Programme Is A Fantastic Opportunity For Self-Development And Learning. I Feel Myself Fortunate To Have Had The Opportunity To Complete My Summer Training At The Dr. Rajiv Gandhi Cancer Institute And Research Centre In Rohini, New Delhi.

In This Institute, I've Had The Opportunity To Meet Numerous People Who Have Graciously Shared Their Experiences And Knowledge With Me.

I Would Like To Express My Heartfelt Appreciation To Dr Sushma Bhat (Senior Operations Manager) And Dr Pinky Yadav (Chief Of Operations And Medical Supritendent) In The Operations Department For Their Continuous Guidance, Who, Despite Their Busy Schedules, Took The Time To Hear And Guide Me, And Provided Helpful Advice And Constructive Comments Throughout The Project . This Project Would Not Have Been Possible Without Their Invaluable Contributions.

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I feel highly elated to keep on records of my sincere gratitude to my mentor PRASHANT SHARMA

, associate professor , IIHMR university , Jaipur for his constant encouragement , sagacious guidance , and inspiration

DR. GARVIT GUPTA

ABBREVATION USED

IPD	IN PATIENT DEPARTMENT
OPD	OUT PATIENT DEPARTMENT
OT	OPERATION THEATRE
ICU	INTENSIVE CARE UNIT
AOD	Administrator on Duty
MRD	Medical Record Department
RGCIRC	Rajiv Gandhi Cancer Institute

PART- 01

OBSERVATIONAL LEARNING

CHARTER 1

Rajiv Gandhi Cancer Institute And Research Centre

- The Rajiv Gandhi Cancer Institute & Research Centre is today recognised as one of Asia's premier exclusive cancer treatment centres, with the distinct advantage of cutting-edge technology used by renowned super-specialists. This potent combination of man and machine provides world-class cancer care to patients not just from India, but also from SAARC and other nations. Since our inception in 1996, we have had the honour of caring for over 2 lakh patients.

- The Institute offers highly specialised tertiary care services in Medical, Surgical, and Radiation Oncology through dedicated Site-Specific teams. The Super Specialists at RGCI&RC use a multidisciplinary approach to cancer diagnosis and therapy that is organ-specific .Tumor Board serves as a second opinion clinic for more serious instances.

- With a current capacity of 302 beds and a footprint of almost 2 lakh square feet, RGCI&RC is one of the continent's largest tertiary cancer care centres. Outpatient services at the Institute are extended across three levels, with 57 consultation rooms and well-designed Radiation Therapy facilities. RGCI&RC features 9 modern, well-equipped modular operating rooms with three-stage air filtration and gas scavenging systems, as well as two minor operating rooms for day care surgeries. The Institute has a Surgical ICU with 27 beds and a Medical ICU with 11 beds. RGCI&RC has a Leukemia ward as well as a separate Thyroid Ward. The Institute also has its own bone marrow transplant programme, which is recognised with pioneering unrelated donor transplants, MUD transplants, and stem cell transplants.

- RGCI is committed to providing its patients with cutting-edge technologies. The Institute provides best-in-class techniques such as whole-body robotic surgery, intra-operative brachytherapy, True Beam (the next generation Image Guided Radiation Therapy), PET-MRI fusion, High Frequency Ultrasound, and others. Tomosynthesis (a breakthrough 3D mammography machine that is the first of its type), Nucleic Acid Testing (for the safest blood possible), and modern diagnostic and imaging techniques such as PET CT, Circulating Tumor Cell testing, and Next Generation Sequencing are all available. RGCI&RC has formed key partnerships with internationally renowned institutions such as Thomas Jefferson University. This has catapulted RGCI&RC into a global league of elite hospitals that are forerunners in new cancer treatment procedures.

- RGCI&RC has continuously been named among India's Best Oncology Hospitals (Week – Nielsen Survey 2014, 2015, 2016) and has received important honours for its services, including Best Oncology Hospital in India (2014), Healthcare Leader Award (2014), and India's Most Trusted Cancer Hospital (2014). (2016).

VISION MISSION AND VALUES

VISION

To Provide Affordable Oncological Care Of International Standard And Help To Eliminate Cancer From India Through Research, Education, Prevention & Patient Care.

MISSION

To be the premier cancer care provider in India and be the preferred choice of Patients, Care Givers, Faculty and Students

- By Offering comprehensive services at an affordable price
- And excellence of our personnel leveraging best technology

VALUES

We hold our patients in high esteem and work with ethics and compassion

We care and function with mutual respect, trust and transparency

We deliver accurate diagnosis, correct advice and effective treatment.

GENERAL WORKING OF DEPARTMENTS

DEPARTMENT	GENERAL WORKING
Administration	To improve the hospital staff's abilities to manage and organise the hospital in an effective and professional manner.
HRD	HR managers are in charge of the organization's employee administrative concerns. Set up training sessions for your employees.
Finance Dept.	This department oversees and regulates the hospital's finances, as well as the annual budgeting process.
In-patient reception	Following a consultation with a physician, the patient or their proxy must complete an admission form at this reception, as recommended by the physician.
CSSD	CSSD operates on a 24-hour shift basis 365 days a year. All cleaning, disinfection, and sterilisation processes are carried out in-house under strict aseptic conditions.
Medical Records	Documentation of a single patient's medical history and care across time while being cared for by a single health care practitioner.
Staff canteen/F&B	This includes the hospital's meals and beverages. The hospital kitchen produces patients' meals based on dietician recommendations, while also constantly calculating material requisitions for the cafeteria, quick food centre, kitchen, and so on. It properly tracks essential inventory such as utensils and cutlery.
Medical coordinators	Coordination of patient discharge planning and after-care services following notification from the physician that the patient is ready for discharge.
Admission centre	Before booking your doctor's appointment, gather basic information, provide crucial information about your hospital stay, and answer your questions..

Linen/Laundry	Linen management has a significant impact on patient satisfaction, infection rates, and operating expenses, as well as physician satisfaction.
CT Scan	The personnel is critical in personalising each exam to the unique needs of the patient and reducing radiation exposure.
Quality Department	Assure departmental responsibility and team expertise.
Information& Technology	Using the most advanced and relevant information technology available to help us provide you with the highest and most complex level of care possible.
Reception	The reception serves as the initial point of contact for patients and their attendants, providing assistance through the reception counter and ‘MAY I HELP YOU' desks.
Registration	A patient registration specialist collects patient information and handles administrative tasks such as insurance verification, admissions, transfers, and discharges.
Cash counter	The cash counter module will provide centralised control and settlement of all hospital cash and credit invoices. It enhances financial discipline by introducing effective checks and balances to handle all cash activities connected to receipts and payments, hence reducing avenues for hospital finance manipulation.
OPD	An outpatient department is largely in charge of permitting consultants and members of their teams to visit outpatients at consultant clinics. It has one or more consulting rooms as well as ancillary support facilities such a nurses' station, treatment rooms, and waiting lounges.
ECHO/ECG/TMT	An electrocardiogram (ECG) is a test that looks for abnormalities with your heart's electrical activity.

X-ray	The Radiology Department uses X-rays and ultrasound scans to deliver high-quality diagnostic services to inpatients, outpatients, day care, and emergency patients. These radiological services provide images to help with patient diagnosis and treatment.
Specimen collection	The process of gathering tissue or fluids for laboratory analysis or near-patient examination is known as specimen collection. It is frequently used as a first step in identifying diagnosis and treatment.
CCU	A CCU, also known as a cardiac intensive care unit (CICU), is a hospital ward dedicated to the treatment of patients suffering from heart attacks, unstable angina, cardiac dysrhythmia, and (in practise) a variety of other cardiac diseases requiring continual monitoring and treatment.
Cath lab	A catheterization laboratory, often known as a Cath lab, is a room in a hospital or clinic that is equipped with diagnostic imaging technologies used to evaluate the arteries of the heart and the chambers of the heart and treat any stenosis or abnormalities that are discovered.
Emergency	An emergency department (ED), also known as an accident and emergency department (A&E), emergency room (ER), or casualty department, is a medical treatment facility that specialises in emergency medicine and provides acute care to patients who arrive without an appointment, either by themselves or by ambulance.
OT	An operating theatre, also known as an operating room (OR) or operating suite, is a sterile location where surgical procedures are performed.

DEPARTMENT WISE OBSERVATION

1) MEDICAL RECORD DEPARTMENT

- The Medical Records Department (MRD) is a vital element of any hospital or healthcare facility that primarily preserves records of patients treated in the hospital's OPD (Out Patient Department), IPD (Inpatient Patient Department), or Emergency Unit.
- A medical records department is primarily needed by patients in the event of damage or loss, or for future treatment/opinion, as well as by medical practitioners to research various diseases and their recovery.
- A medical records department is the central repository for all information pertaining to a patient who has been released from the hospital following treatment. A medical records department usually keeps the medical records or treatment files of patients who have been treated in the inpatient or emergency department.
- Outpatient department records can be stored in the medical records department or independently, and the medical records department also transmits information to the government on the number of births and deaths in the hospital for census registration.
- Medical records can sometimes be used as proof of treatment in legal procedures.

OBSERVATIONL DONE

- Location - At the basement-1 of B block.
- Concerned with Documentation
- Data collected from CPRS, Paras Portal in which all the information related to patient is available**.**
- Time period for preserving the records:
- Discharge: 5 years
- Death: 10 years
- Medico Legal cases: 3 files, one to the police, second to patient's attendant and third file remain in the MRD for minimum of 30years.

2) FRONT DESK

The front desk (office) is a medical facility's reception area, and its workers (receptionists) are one of the unsung heroes of multitasking and keeping everyone pleased. Because this is the first and last location that customers see, it is on the front lines of keeping customers pleased and things operating smoothly. The front desk appears to handle everything from booking appointments to collecting payments.

ITS ABOUT:-

- Scheduling appointments at the appropriate time and with the appropriate doctor
- Listening attentively to clients and speaking in a pleasant and confident manner with individuals on the phone or in the reception area
- Collecting payment to guarantee the practise makes a profit so that everyone can benefit
- Being on the front lines of several complaints Obtaining medical records for doctors
- Documents are copied, faxed, and e-mailed between clinics, hospitals, and clients.
- Maintaining the cleanliness of the reception area.

PART-02

PROJECT REPORT

CHARTER 2

TO STUDY THE TURN AROUND TIME OF NEW OPD PATIENTS

INTRODUCTION

Outpatient services are the most important service provided by the hospital since they serve a large number of patients at a low cost. Many of the hospital's extra treatments are typically contingent on the patient's happiness with the outpatient services given. It is also well acknowledged that 8-10% of OPD patients require hospitalisation. When well-organized and managed, such outpatient departments can not only aid to reduce confusion, annoyance, and expenditures by concerned patients, but they can also serve to regulate the flow of inpatients to hospitals.

The period between when a patient joins the outpatient department and when the patient actually quits the OPD has been described as "the time between when the patient enters the outpatient department and when the patient actually exits the OPD."

Patients in hospital outpatient departments typically have to wait an abnormally long period before receiving medical treatment or advice from trained healthcare personnel. Patients are disappointed with how long they have to wait in the hospital. In a well-managed healthcare facility, long patient wait times in an OPD have a detrimental influence on a hospital's ability to recruit patients . new and growing business Individuals who are dissatisfied with the slower process and increased waiting time make it tough to give marketing services. Because of the high number of ambulant patients in most areas, a well-functioning outpatient department (OPD) of a hospital is unquestionably essential. This is because outpatient services are less expensive than inpatient services.

In hospitals, there are numerous quality assurance indicators. "Waiting time" is one of the most critical quality assurance measures for patients in outpatient departments. As a result, excessive OPD wait times are damaging to a hospital's overall effectiveness.

Aim:

To investigate the impact of emergency department wait time on patient satisfaction.

Objectives:

1 Determine the average length of stay in the emergency department for the patient.

2. To identify the factors that contribute to long emergency room wait times.

3. Look into the causes of the delays and give suggestions for fixes.

4. Determine the patient's degree of satisfaction with the outpatient department services provided.

Scope:

1. The immediate and primary reason of the prolonged wait can be recognised and rectified.

2. OPD idle time can be calculated, and strategies for scheduling OPDs to reduce peak burden can be applied.

3. It is possible to gauge patient satisfaction with OPD treatments.

Limitations:

1. Corporate patients and patients who saw multiple doctors were ineligible.

RESEARCH METHODOLOGY

The project Reduction of Turnaround Time of Out Patient Department, as well as its aims, objectives, and scope, are defined in the following project charter:

- **The Organization's Name**- RGCIRC
- **Name of the Project**-to study the TAT of new OPD patients.
- **Problem Statement**- There is a delay in services to out-patients, which delays the turnaround time of OPDs.
- **Sample size:** Total 70 Patients was evaluated step by step for this study to observe every single aspect for the need of improvement and development in management.
- **Data analysis:** At the completion of the data collection method, the data from 70 patients entered into an excel sheet are analysed by computing the average TAT of each step. Finally, a graph was produced so that we could quickly see where we needed to improve the management's work flow. Recommendations are made based on the findings of this analysis.

METHOD DATA COLLECTION

- **Measurement Method:** The data collecting sheet was used to record the physical entry time and OPD completion time of out-patients. Data collection was delegated to one of the team members.

- **Measurement System Analysis**: The use of a standard data collection sheet by a single operator/data collector reduces the possibility of repeatability error.

- **Sampling Method**: For data gathering, a basic random sample method is used. Patients are selected at random as they enter the hospital grounds. The patient or the attender who accompanies the patient is given a Registration form to fill out with information such as Patient Name, Address, Aadhar number, and so on. Following that info,

  The collector will accompany the patient and record the time spent in each step as well as the timings.

- **Sample time:** May 10th 2021- July 10th 2021

- **Sample Size:** 70 Patients sample were collected.

OPD PROCESS FLOW

May I Assist You?

The May I Assist You Patient Helpdesk is located in the centre of the reception area and is staffed by front office executives who are ready to educate the patient on the procedures.

During the main Reception, they are executives who have been assigned to advise you, answer your questions, and assist you in any way they can. If you have any questions, please call the Front Office Coordinator at +91 9319089903.

Registration

Please fill out your information at the main reception/registration counter on your first visit to the Institute. To register, you must provide picture identity and address verification, as well as a Pan Card/Aadhar Card and a registration cost of INR 150/=.

International patients must bring a copy of their passport with them (First page, Last page and Visa page).

From cash count, you will receive a Smart/cash card with a Central Registration Number (CR No.)

Initial Assessment

All new patients will be directed to the Ground Floor's Initial Assessment Unit following registration, where our doctors and nursing staff will gather a medical history, do a physical examination, and check weight, height, and vitals, among other things.

OPD Consultation

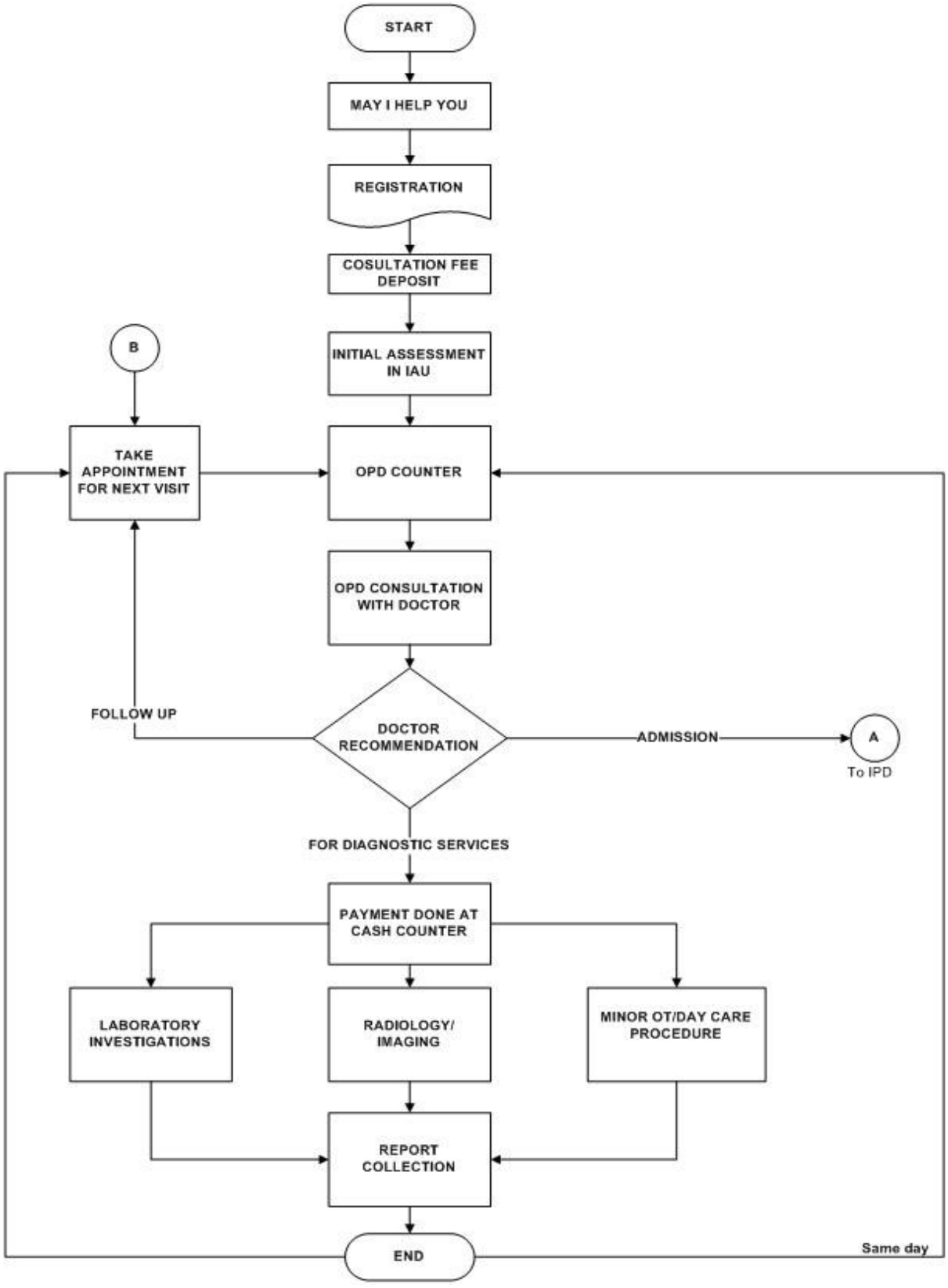
Following the initial examination, you will be directed to the appropriate OPD where a Super specialist doctor will do a further evaluation of your problem and advise you on further investigation and treatment in the OPD or IPD, as required . . It is advisable to schedule an OPD consultation ahead of time, which can be done at Main Reception, via phone at +91-1 1-47022071, or online at our website (www.rgcirc.org).

Revisit

Make an appointment with the right doctor at the Appointment Desk or online to return. Please confirm your appointment time and arrive 10 minutes before it.

The general OPD hours are 2:00 p.m. to 5:00 p.m. (Tuesday and Friday) (The last card is made till 04:45 PM.)

Regular business hours are Monday through Friday, 9:00 a.m. to 5:00 p.m. (All weekdays)


START
MAY I HELP YOU
REGISTRATION
COSULTATION FEE DEPOSIT
INITIAL ASSESSMENT IN IAU
B
TAKE APPOINTMENT FOR NEXT VISIT
OPD COUNTER
OPD CONSULTATION WITH DOCTOR
FOLLOW UP
DOCTOR RECOMMENDATION
ADMISSION
A
To IPD
FOR DIAGNOSTIC SERVICES
PAYMENT DONE AT CASH COUNTER
LABORATORY INVESTIGATIONS
RADIOLOGY/ IMAGING
MINOR OT/DAY CARE PROCEDURE
REPORT COLLECTION
END
Same day

RESULT AND FINDINGS

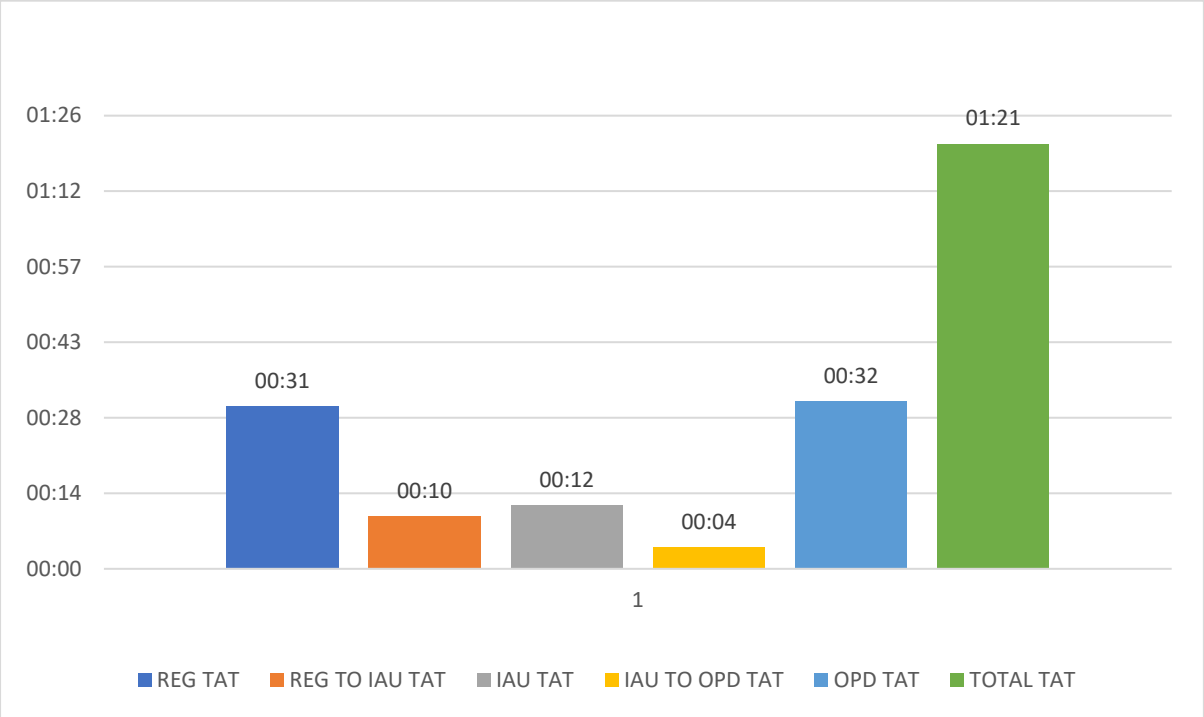


CHART 1 (TAT OF EVERY STEP OF PROCESS FLOW)

INTERPRETATION

- The average waiting time for registration process to be 31 minutes
- whereas the average waiting time between the registration process to IAU to be 10 minutes.
- The average waiting time for IAU where nurse takes the history from patient for 12 minutes.
- The mean waiting time for IAU to OPD (where the patient waited for the doctor) was 4 minutes
- However, the average time given by doctor to the patient i.e, OPD consultation was 32 minutes .

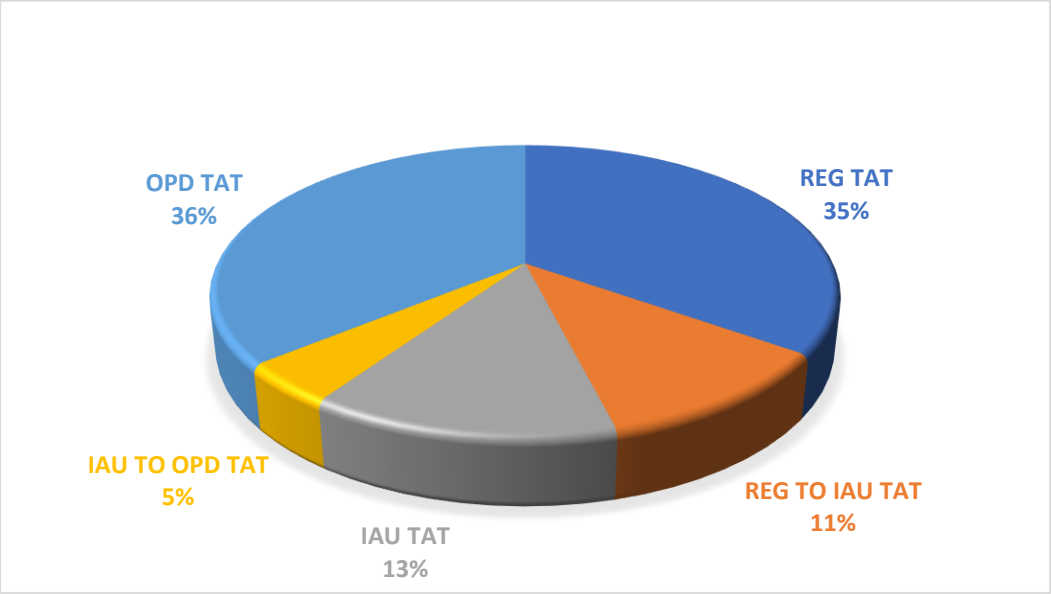


CHART 2 (AVERAGE PERCENTAGE OF EVERY STEP IN OPD PROCESS FLOW)

INTERPRETATION

- The average waiting time percentage from entry of the patient to registration completion is 35% of total TAT is the second highest of all .
- The average waiting time percentage from registration to file received in IAU ids 11% of total TAT..
- The average waiting time percentage of IAU completion is 13% of total TAT .
- The average waiting time percentage of file received in opd from IAU completion is 5% of total TAT, it is the least time consuming step from all the steps.
- The average waiting time percentage of the completion of opd consultation is 36% of the total TAT which is the highest of all .

RECOMMEDATION

- Create a standard operating procedure for the out-patient treatment process; train all employees and execute it throughout the out-patient department.
- Provide registration staff with training and orientation.
- Appoint new junior level workers to handle inquiries in order to lessen the pressure on admission staff and hence the registration time delay. Recruit new ward boys and train all the ward boys.
- Train the personnel in charge of updating patient status information on computer systems. Demand that patient status information on computer systems be updated on a regular basis.
- Provide an adequate number of wheel chairs and stretchers.
- Improve the operation theatre scheduling process to reduce the length of time patients wait in the OPD .
- While waiting in the opd block, patients may be guided about the preventive aspects of common diseases via videos.

CONCLUSION

The purpose was to identify the various causes of growing OPD wait times and undertake a root cause analysis, thereby decreasing bottlenecks in the overall process. The two most significant bottlenecks observed were waiting for the ward boy (hospital attendant) to transport the patient to the OPD and waiting for a wheelchair . Rescheduling the various OPDs would help to reduce wait time and, as a result, peak stress on personnel. The patient experience input was gathered in order to assess patient satisfaction and identify areas for improvement. This will improve patient happiness and the efficiency of healthcare delivery.

REFFERENCES

- Prof. Dinesh T.A, Prof. Dr. Sanjeev Singh, Prem Nair, Remya T R. Reducing Waiting Time in Outpatient Services of a large University Teaching Hospital. Management in health XVII/1/2013
- Mackey TA, Cole FL. Patient waiting time in Nursing Managed Clinic. The int. j. Adv.Nur. Practice. 1997
- Hoque MS. In: Hospital and Health Care Management, First edition. Dhaka.1994.
- Rondeau KV, Managing the clinic wait: An important quality of care challenge. J Nurseare Qual.1998
- Rossiter CE, Raynolds FA. Automatic monitoring of the time waited in an outpatient clinic.; Journal Storage: Med Care.19681
- Gibony Jr. MC., In: Principles of Health Administration, Second edition New York'; GP Putnam's Sons,1959.
- Singh H, Haqq ED, Mustapha N. Patients perception and satisfaction with healthcare professionals in Trinidad and Tobago. Bull World Health Organ.1999.
- Boyer L, Francois P, Doutre E, Weil G, Labarere J. Perception and use of results of patient satisfaction surveys by care providers in a French teaching hospital International Journal of Quality in Health Care.2006.

ANNEXURES 1ST

S.No.	CR.No.	DR	ENTRY	T.O.R(A)	T.O.I(B)	I.A.U(C)	OPD FILE RCVD.	CONS. DONE
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

ANNEXURE 2nd

REG TAT	REG TO IAU TAT (B-A)	IAU TAT (C-B)	IAU TO OPD TAT (D-C)	CONSULTATION TAT (E-D)	TOTAL TAT (E-A)	REMARKS

ANNEXURE 3rd

REG TAT (Average)	B-A (Average)	C-B (Average)	D-C (Average)	E-D (Average)	E-A (Average)
00:31	00:10	00:12	00:04	00:32	01:21

ANNEXURE 4th

REG TAT (Average %)	B-A (Average %)	C-B (Average %)	D-C (Average %)	E-D (Average %)	E-A (Average %)
18%	6%	7%	2%	19%	48%