

Summer Training at
Motherhood Hospital Indore

From Date **3rd May 2021** to **2nd July 2021**

A Report by

Dr. Apeksha Nannore

Identification of work flow and assessing bottlenecks in the OPD that cause higher Turn Around Time

MBA Health and Hospital Management

2020-22



7th July 2021,

Ms. Apeksha Nannore,

Internship Letter

This letter is to certify that Ms. Apeksha Nannore of Institute of Health Management Research, has successfully completed her internship in Operations Department at Rhea Healthcare Pvt Ltd.

Her internship tenure was from 03rd May 2021 to 03rd Jul 2021, at Indore Unit.

Please note that this period of internship, can in no way be construed as an offer of Employment.

Wishing you all the best in your future endeavours.

For Rhea Healthcare Pvt Ltd,



Address : 34, 35, 38 and 39, Scheme No. 54, Mechanic Nagar, MR-9, A.B. Road Indore 452001, Call : 0731 4800800

E-3rd Floor, East Wing Raheja Tower, M.G. Road Bangalore, Kanotka 56001. T - 080 2519 0000

CIN No - U85110KA2008PTC108146

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Acknowledgment

The internship with Motherhood Hospital in Indore provided an excellent opportunity for learning and professional development. I'm also happy for the opportunity to meet so many lovely people and professionals who helped me get through my dissertation.

I am extremely grateful and would like to express my heartfelt gratitude and special thanks to Mr. Nitin Bamania, Facility Director, Motherhood Indore, and Dr. Laxmi Koranga, GRM, who, despite their busy schedules, took the time to guide and keep me on track while arranging all of the necessary facilities to make the project a success and allowing me to work at this prestigious organization.

I'd like to thank Mrs. Khushboo Chandel, HR, and Ms. Lalita Pathak (SLM), Ms. Preeti, and Ms. Amrita for being my project buddies and offering their help to the fullest extent possible.

I'd want to express my gratitude to the entire medical administration and operations team for their efforts in making this project a success. This opportunity represents a significant step forward in my professional development. I will make every effort to put my newly acquired skills and knowledge to the greatest possible use.

I would also like to thank Mr. S.D Gupta, IIHMR University for his constant supervision and support in completing the project.

Above all, I want to thank God for giving me the strength to overcome the challenges I encountered throughout this time.

Sincerely,

Dr. Apeksha Nannore

IPD	Inpatient Department
SLM	Service line manager
GRM	Guest relation manager
GRE	Guest relation executive
NICU	New Born Intensive Care Unit
Paedia	Pediatrics
Gynae	Gynecology
Obg	Obstetrics
OT	Operation Theatre
LDR	Labor Delivery Room
IVF	In Vitro Fertilization
IPD	Inpatient Department
OPD	Outpatient Department

Acronyms/Abbreviations

About the hospital

Motherhood Hospital Indore



Rhea Healthcare's Motherhood Hospitals is a speciality hospital chain that specializes in maternity, children's, and fertility treatment. Motherhood has 12 hospitals and clinics across Bengaluru, Chennai, Coimbatore, Pune, Mumbai, Indore, and Noida, and was founded by Dr Mohammed Rehan Sayeed, a cardiothoracic surgeon. It offers gynecologist and pediatric care, among other things.

Motherhood Hospital Indore is a 50 bedded Women & Child care hospital located at one of the prime locations in Indore. The hospital aims to provide comprehensive, seamless and integrated excellent maternity services. Motherhood is a chain of speciality hospitals that offers complete women's and children's care in a home-like setting. They're known for offering compassionate and effective care that improves all element of a woman's life. They are a prominent integrated brand that provides children with holistic care..

Their extensive variety of women's health services is designed to care for women from puberty to old age. They specialize in the treatment and diagnosis of all gynecology and reproductive health disorders, as well as all common and advanced gynecological surgeries, such as fibroids, ectopic pregnancy, ovarian cysts, and hysterectomy, for women of all ages. They are located in Bengaluru, Chennai, Pune, Mumbai, Coimbatore, Indore and Kolkata.

Pregnancy care, fertility care, gynecologist, advanced laparoscopic surgery, neonatology, pediatrics, foetal medicine, cosmetology, and radiography are just a few of their primary specialties.

Floor Plan:

Ground Floor- Lift, lobby and welcome area

1st floor- Front desk, pharmacy, Pediatric OPD, treatment room, nebulization room, feeding room, obg/gynae OPD, ultrasound, 9 divine lounge, mammography

2nd floor- NICU, OT complex, LDR complex, counselling room, recovery room, CSSD, indication room, feeding room

3rd floor- Admin department, TPA, Facility director's cabin, sample collection, IVF complex, laboratory, Lamaze room

4th floor- Executive rooms, Deluxe rooms, Twin sharing rooms, triple sharing rooms, MICU, baby bath, nurse station

5th floor- Executive rooms, Deluxe rooms, Twin sharing rooms, Suite rooms, baby bath, Nurse station

6th floor- Cafeteria

Vision

Their goal is to become India's premier network of women's and children's hospitals and clinics..

Mission

They want to provide women, children, and their families with an extraordinary healthcare experience. The greatest standards of competence, caring, and service excellence guide our decisions.

Values

Positivity: They're motivated by a can-do mentality and energized by the chance to help others. They choose to be upbeat and confident, and their best self emerges in the most difficult conditions.

Going Beyond: They are self-motivated and will always go the extra mile to provide exceptional service. The never-ending search of perfection allows them to push themselves further and set new benchmarks in everything they do. WOW is their goal!

Passionate: The services they provide to women, children, and their families are very important to them. They encourage a listening, engaging, and compassionate atmosphere.

Leadership: They show initiative, determination, and honesty. Individual efforts are transformed into high-performance teams that embrace and lead change. They acknowledge that change and success are the consequence of nimble leadership.

Specialties at Motherhood Indore

- Pregnancy care
- Fertility
- Neonatology
- General surgery
- Cosmetology
- Laboratory
- Gynecology
- Pediatrics
- Foetal medicine
- Internal medicine
- Nutrition

SWOT Analysis

Strengths

Location
Brand Name-Professional and strong brand recognition
Highly qualified & experienced doctors
Attractive packages-multiple options to choose from
Quality accreditations

Weakness

High cost
Not available in suburban areas
Not equipped to handle critical case (MICU/Covid)
Heterogenous markets

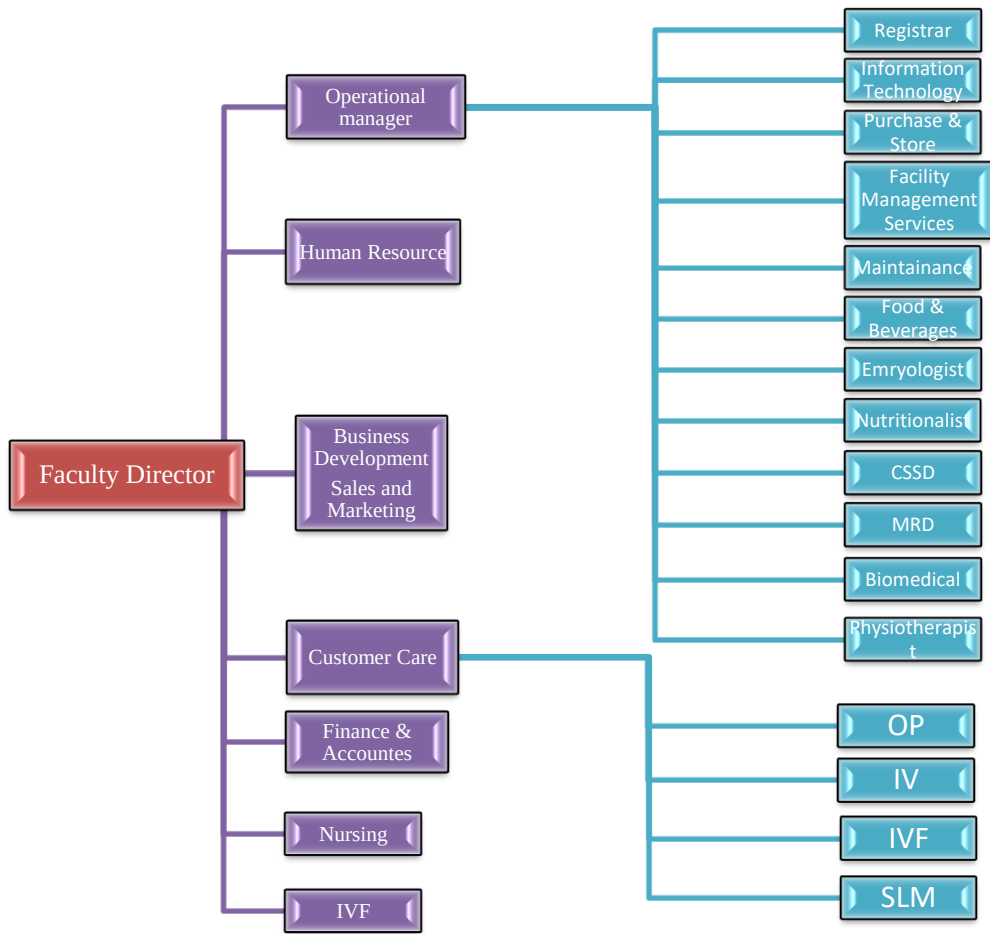
Opportunities

Non Covid-Safer maternity hospital
Patient's preference as high-end super specialty
Corporate tie-ups

Threats

Competition-coral, dolphine & newer evolving hospitals
Stress of salaries and operating costs
Discontinuation of leases

Organization Organogram



Title

Identification of work flow and bottlenecks in the OPD that cause higher Turn Around Time

Introduction

An outpatient department (OPD) is a section of a hospital dedicated to the treatment of outpatients who come to the hospital for diagnosis and treatment but do not require a bed or need to be admitted for overnight care. OPD at Motherhood provides a wide range of obstetrics, gynecology, and paediatric treatment options as well as diagnostic (lab and radiology) examinations. In terms of monetary support and successes, the outpatient department is the most important support system. As a result, the hospital OPD should remove non-value adding services, over-processing, and maintain optimum patient happiness and revenue in order to gain a competitive edge, differentiate itself, and provide an amazing patient experience.

The OPD is an integral aspect of the hospital's overall operation. It's part of the in-patient services, and it's staffed by consulting physicians and surgeons who also work in the wards.

Many patients are seen as outpatients and treated before being admitted to the hospital at a later time. They may return to the outpatient clinic for follow-up treatment after being discharged.

The OPD of Motherhood Hospital Indore has a registration and billing desk. For registration, they use software 'Insta' which is helpful in admissions, billing, discharges, patient records, etc. For appointments, they use Docpulse which is patient-friendly as well. The OP coordinator makes a daily report and sends it to GRM which in turn goes to the corporate office every day.

The OP coordinator and other OPD staff is efficient but usually, during peak hours waiting time is way too much for few patients.

This study was given to me as a summer training project by the organization itself. The OPD is streamlined to certain extent and the necessary recommendations are given to make the process flow smoother.

Business needs

-Improved customer satisfaction

-More business generated by reducing turnaround time

It is commonly known that a satisfied customer brings ten new customers; the same is true in the service industry; word of mouth is the most effective marketing strategy in any industry, especially where the product is a service. As a result, a small decrease in client satisfaction can have a large impact on the number of business we receive.

As a result, it is critical to pay close attention to those variables that can effect client satisfaction right from the start.

Goals of the department

1. To improve the effectiveness and efficiency of quarry management.
2. To welcome, direct, and guide the patient.
3. Consultation with the doctor
4. Create an appropriate medical record for the patient and register them.

Service scope and complexity

1. Welcoming patient/visitors
2. Handling patient appointments
3. Handling registration activities
4. Handling OPD feedback
5. Providing IP related information

Background

It is widely known that the majority of OPD patients in Obs & Gyne require hospitalization, therefore it is fair to say that the OPD serves as a window to the hospital's services, and that a patient's image of the hospital begins there. A patient's sensitivity to the hospital is typically influenced by their first impression.

As a result, it's critical to make sure that OPD services create a positive experience for the consumer, i.e. the patient.

Study

The goal of this research is to better understand and evaluate the present patient flow in the emergency department, as well as to determine the reasons behind the increase in patient wait times. A quantitative analysis of TAT time for consultation and getting scan done in the outpatient department of Motherhood Hospital Indore

Methods for gathering information about a patient's needs in order to tailor the services offered

1. By analyzing feedback(litmus, google)
2. Holding inter-departmental meetings

Purpose of study

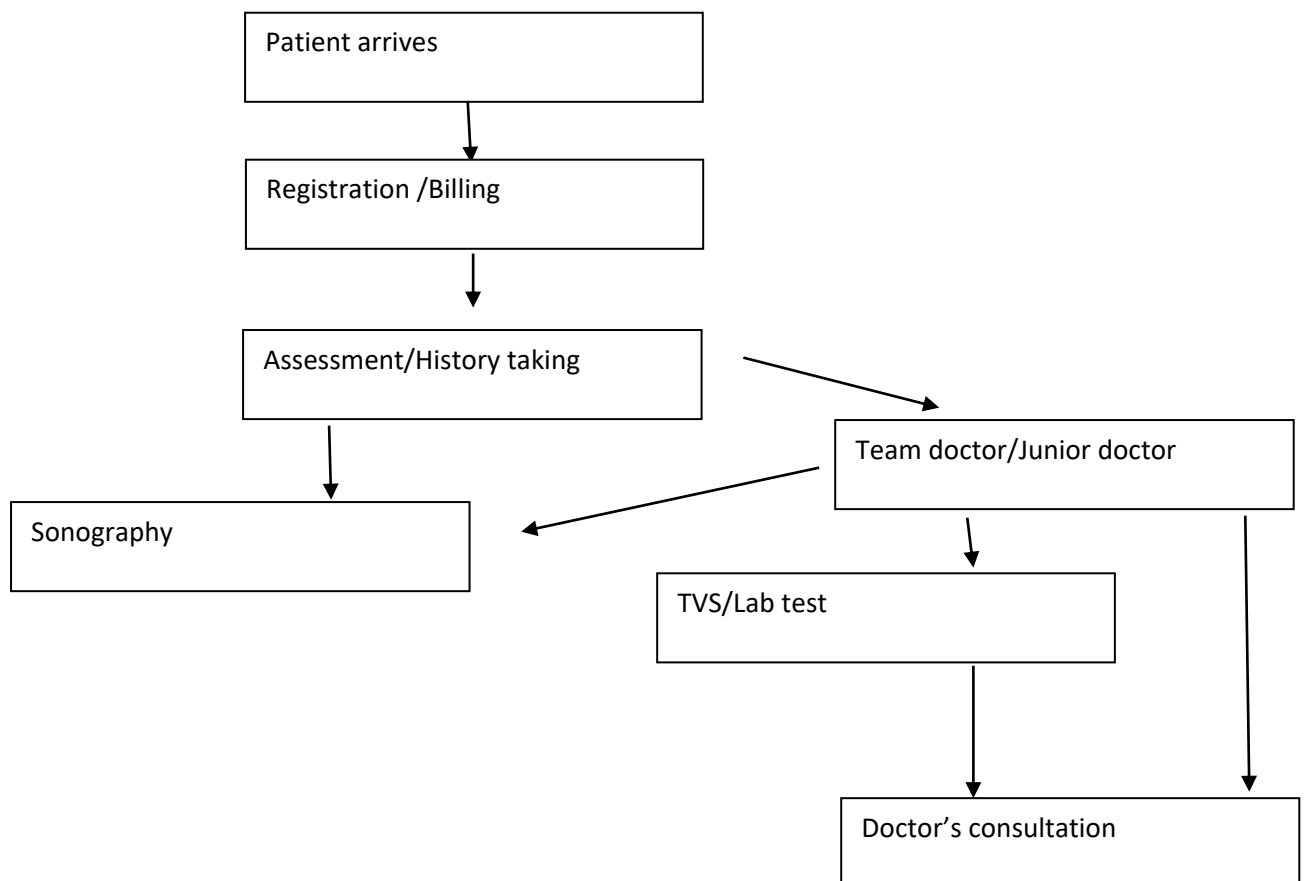
The study's goal was to figure out what the potential explanations are for low OPD utilization, as well as the impact of long wait times on the entire operation, competitive advantage, and reputation of the company.

Because the patient is heavily involved with the service provider while getting services, it is critical to design every aspect of such services around the customer's needs. As a result, the operation is positioned, developed, controlled, and managed with a focus on quality services.

1. To identify the various methods used in the OPD, as well as to look into any potential operational issues that may be causing poor OPD use.

2. To determine where delays occur by measuring and assessing the average time taken by an out-of-door patient during each visit to distinct OPDs.
3. The goal of this research was to find out how patients felt about the hospital's services and how long they had to wait.
4. Make recommendations for reducing OPD waiting time.

Work flow of OPD



Objectives

- To map the OPD flow and identify inefficient pathways
- To identify factors causing increase in TAT and delay in consultation & radiology scans
- To provide suggestions for a smooth OPD flow with lesser waiting time

Problem justification

- Inappropriate time scheduling of consultations.
- Off record patients get separately appointed by doctors.
- 10 mins slot for sonography isn't enough, it takes longer than that.
- Video consultation- often delayed which increases patient's apprehension
- Patients who are aware of waiting time, deliberately come late
- Patients' confusion regarding their time.
- Patient arriving early or late for their appointment.
- No demarcation between walkin and appointed patients.

Methodology

Method of data collection:

The information was gathered from both primary and secondary sources.

Primary sources- Observing the patient flow

-interviewing the patients

Secondary sources- Docpulse (software used for appointments)

-Insta (internal software)

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Research Design

This study's research design is both descriptive and exploratory.

Sampling Technique

The convenience sampling technique will be utilized to conduct the study, since a sample of respondents will be chosen based on their convenience.

Sample size- 150 patients

Sample tools- MS EXCEL, MS-WORD

Research question

What are the variables that are causing the OPD turnaround time to increase?

Rationale

Any hospital's outpatient department is regarded as a shop window. The most crucial service is an OPD. It acts as a point of contact between a hospital and the community, and it provides services to a large number of patients at a reasonable cost. Successful and efficient hospital management can reduce the load on patients' words.

Analysis & Interpretation

The surveys were conducted with the study's aims in mind, and the following conclusions were drawn:

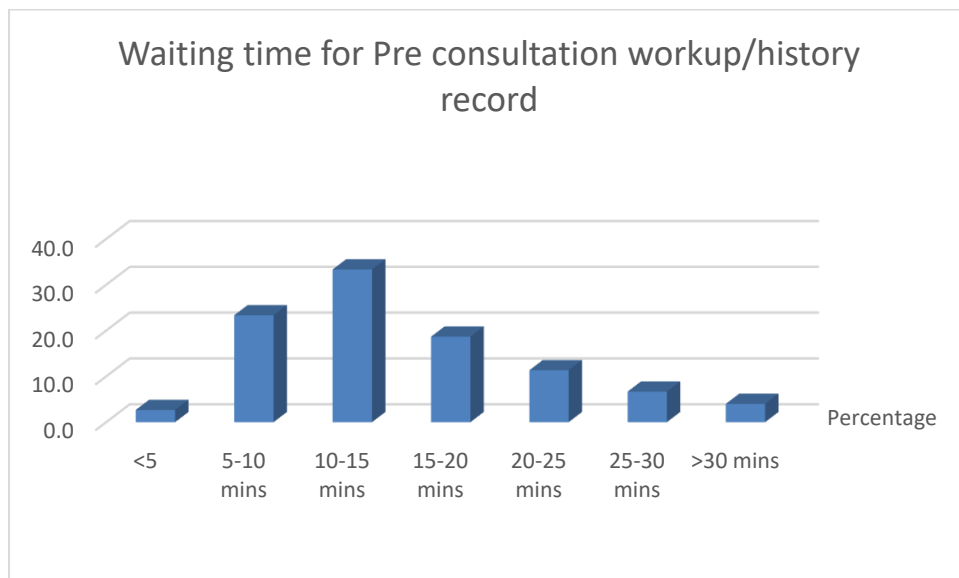
1) Time spent waiting for registration at reception.

Criteria	Frequency	Percentage
<2mins	28	18.7
2-5 mins	93	62.0
5-8 mins	10	6.7
8-10 mins	12	8.0
>10 mins	7	4.7



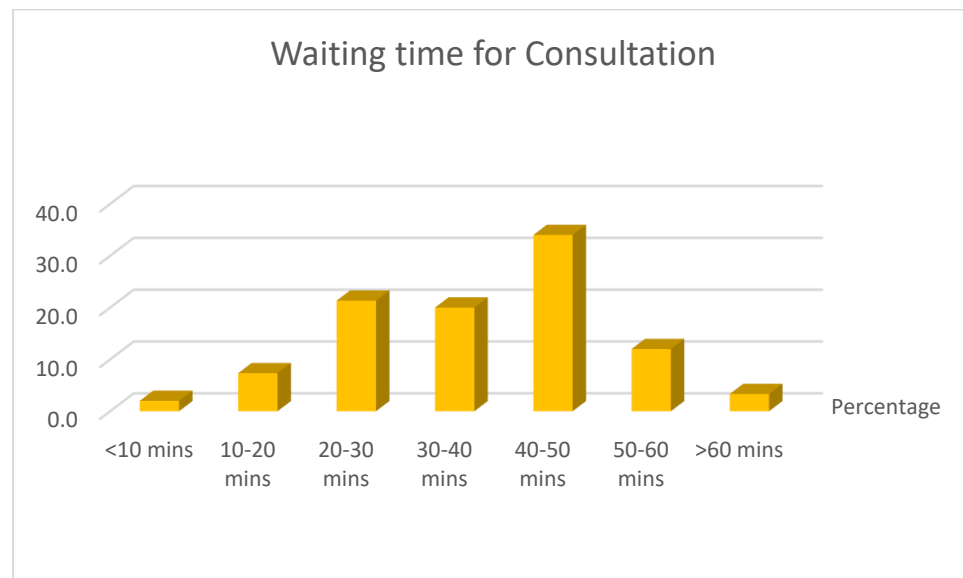
2) Waiting time for Pre consultation workup/history record.

Criteria	Frequency	Percentage
<5	4	2.7
5-10 mins	35	23.3
10-15 mins	50	33.3
15-20 mins	28	18.7
20-25 mins	17	11.3
25-30 mins	10	6.7
>30 mins	6	4.0



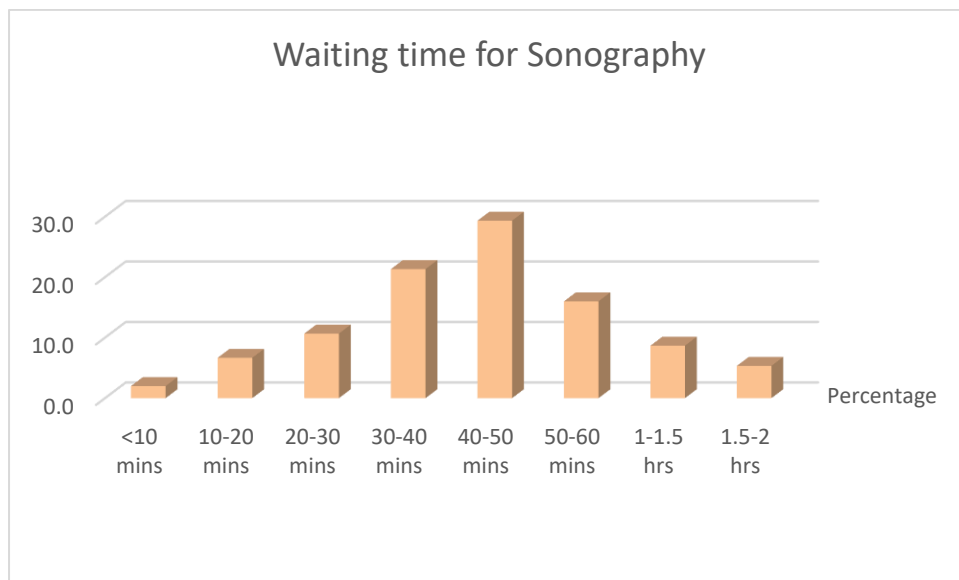
3) Waiting time for Consultation (from Pre consultation workup/history record)

Criteria	Frequency	Percentage
<10 mins	3	2.0
10-20 mins	11	7.3
20-30 mins	32	21.3
30-40 mins	30	20.0
40-50 mins	51	34.0
50-60 mins	18	12.0
>60 mins	5	3.3



4) Waiting time for Sonography/Scan

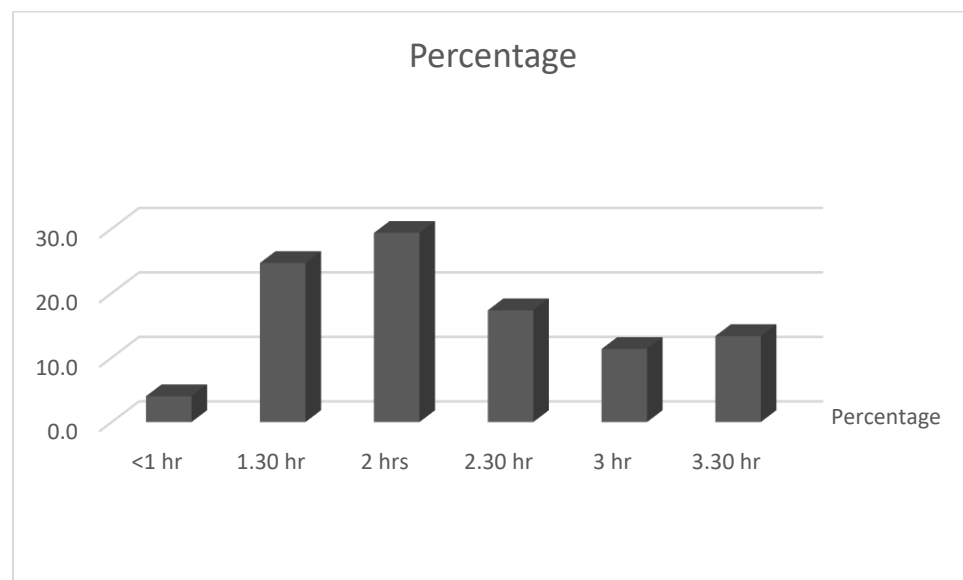
Criteria	Frequency	Percentage
<10 mins	3	2.0
10-20 mins	10	6.7
20-30 mins	16	10.7
30-40 mins	32	21.3
40-50 mins	44	29.3
50-60 mins	24	16.0
1-1.5 hrs	13	8.7
1.5-2 hrs	8	5.3



5) Cumulative waiting time for patients who come for consultation and scan the same

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Criteria	Frequency	Percentage
<1 hr	6	4.0
1.30 hr	37	24.7
2 hrs	44	29.3
2.30 hr	26	17.3
3 hr	17	11.3
3.30 hr	20	13.3





ROOT CAUSE ANALYSIS FOR WAITING TIME

Interpretation

The study, titled " Identification of work flow and bottlenecks in the OPD that cause higher Turn Around Time," was undertaken with the primary goals of determining patient flow and average time spent in the OPD, identifying the factors that contribute to long wait times, and making appropriate recommendations to reduce wait times in the OPD.

- Tables and graphs depicting the number of patients, waiting time, and their respective percentages were utilized to analyze the data, and percentage bar diagrams were used to explain the results.
- The results suggest that the average number of walk-in patients visiting the OPD each day is lower than the number of appointment patients.
- The study found that when there are a large number of patients, the time spent waiting in reception for registration is substantially less than when there are a small number of patients who have to wait more than 30 minutes. This reflects the effectiveness of the OPD's registration process.
- According to the study, the average waiting time for a consultation in the OPD is 42 minutes, and the time spent in consultation is 20-30 minutes, indicating that the hospital's OPD is functioning satisfactorily..
- It has been discovered that the time spent on investigations, such as laboratory and radiology, is longer than the time spent on pharmacy. More patients are content with the time spent in the laboratory, but not with the radiology test, and the pharmacy's services are most popular. Patients had to wait a lengthy time in the sonography/scan queue.
- According to the study, billing and cash payment take 2-4 minutes, which provides patients with satisfaction.
- According to the report, the majority of patients are unsatisfied with the punctuality with which the personnel attends to their demands.
- The administrative staff is really attentive about the expectations of the patients. They welcome patient recommendations via numerous portals and make every effort to react to them satisfactorily. Internal feedback system used in Motherhood hospital is Litmus and patients often asked to put google reviews as well, which is open in public domain.

- To reduce waiting times at the OPD for consultations and diagnostics(radiology, lab etc), a queueing system is used.
- According to the study, the OPD always starts on time, and the majority of the doctors arrive on time. Patients may arrive at their given appointment time, but they may be late. Few patients arrive late on purpose, knowing that they will have to wait.
- Appointed patients are always given priority for consultations, and Docpulse (patient appointment software) keeps track of patient arrivals, departures, and waiting times..
- The hospital intends to update its outpatient department infrastructure in the future to give better services to its patients..

SUGGESTIONS (RECOMMENDATIONS)

- Number of staff should be increased in the radiology dept.
- Segregation of billing and registration counter should be there.
- The number of registration counters should be increased since during peak hours, patients may have a poor impression of the institution.
- In case patient wants to consult the doctor and get scans done the same day, there should be separate appointment system.
- Dedicated area for counseling / video counselling if required
- Measures should be taken to improve video consultations.
- Soft skill training for GREs
- Not changing the sequence of patient's file (not to disturb the queuing)
- Making the patient waiting sequencing more transparent, patient would be prepared for their turn for consultation. Live appointment display if possible.
- Separate information counters for answering queries
- List of FAQs in open domain
- Regular maintenance of the smart card machine and computer.
- Displaying testimonials and offering refreshments in OPD to make the waiting time fruitful.
- Biometric attendance for everyone, including doctors and senior staff to inculcate more punctuality.

- Organized and appropriate appointment slots for consultation and radiology. Target scan and doppler takes longer than other scans so the appointment slot should be adjusted accordingly.

Conclusion

Patients who visit a hospital are responsible for promoting the facility's positive image, hence patient happiness is equally vital to hospital management.

The OPD was monitored in order to have a better understanding of the process. The employees appeared to be dedicated to their work and to the patient, however there was a lack of coordination in the patient flow.

The personnel was not well-trained in dealing with patient complaints, and the OPD was disorganized.

In addition, new patients in the OPD were observed through each step of the process to determine their TAT, which averaged 42 minutes. Many patients have spent 3-4 minutes in the reception area.

OPD peak hours are 10.45am to 1.30pm. Maximum footfall was observed on Mondays and Saturdays.

Many a times doctor's take unexpected breaks which leads to increased waiting time and create a bottleneck.

Patients showing up before 10.30am and after 12.45pm had to face lesser waiting time compared to patients arriving in peak hours.

Many a times the patient is accompanied by more than 1 attendant, which gives a false impression of overcrowding.

The majority of patients had to wait more than an hour for a doctor visit, with an average consultation time of 20 minutes.

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THANK YOU