An observational study to analyze & develop a tool to track general unfit surgery patients in counselling department at Sankara Eye Hospital, Coimbatore

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Manish Kumar

Under the Supervision and Guidance of

Dr. Anoop Khanna

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DECLARATION BY STUDENT

By signing below, I certify that this dissertation, "An observational study to analyze & develop a tool to track general unfit surgery patient at Sankara Eye Hospital, Coimbatore" is an accurate account of my original research work. I hereby state that it has not been submitted to any other university or organization for the purpose of conferring my degree. In the text, information obtained from other people's published or unpublished works has been properly recognized.

Name of student – Manish Kumar

Date –

CERTIFICATE

This is to confirm that Manish Kumar successfully completed his internship at the Sankara Eye Foundation, Coimbatore from April 1 to June 30, 2022 in partial fulfilment of the prerequisites for the IIHMR university in Jaipur to award the degree of MBA (Hospital and Health Management).

Place- Coimbatore
Date-

CERTIFICATE FROM FACULTY GUIDE

This is to certify that Manish Kumar's dissertation, "An observational study to analyze & develop a tool to track general unfit surgery patient at Sankara Eye Hospital, Coimbatore" was written under my guidance and supervision and that Manish Kumar's study's methodology was serious, scientific, and analytical. The dissertation is a requirement in part for the MBA (Hospital and Health Management) degree granted by IIHMR University, Jaipur.

Faculty Guide – Dr. Anoop Khanna

Dean – Dr. P.R. Sodani

IIHMR University, Jaipur

Date-

Abstract: -

The goal of the counselling department is to guide, assist, and present choices to patients based on their needs and limits. It is also critical in the ophthalmic healthcare system to educate people about the current healthcare options. facilities, as well as the need for prompt care of the body's most neglected organ, a.k.a. an eye So, at the Sankara Eye Foundation in Coimbatore, a study was undertaken with an eye on Increasing surgery conversion rates with counselling interventions is the goal. department. The research approach was retrospective and observational, and the sample size was small. Counselors and patients that visited the counselling Centre were purposefully selected. From January through March 2022, the department will be in charge. The important factors that came into play Incomplete patient records were one of the major factors that contributed to patients not being converted for surgery. (Phone numbers), sporadic follow-ups, erroneous package guidance, and insufficient Unfit patients are given advice. As a result, some of the important SOPs are not being followed by the company. Patients' key decision-making and learning experiences were influenced by counsellors.

Acknowledgements

This report is the end product of twelve weeks during which several coworkers from various departments mentored me. It's a nice chance to let them all know how grateful I am.

I like to offer my sincere thanks to President **Mr. Bharath Balasubramanian** for allowing me the chance to further my training at the Coimbatore-based Sankara Eye Hospital

I'd want to express my gratitude to my role models, **Mr. Kowsik Krishnamoorthy** (Manager of Operations and Partner Relations) for their time and assistance at different points during my training term.

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He has given me advice, which I have appreciated.

Without expressing my sincere gratitude to my friends for their support, the list would be lacking.

Manish Kumar

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Introduction

In an ophthalmic setting of care, the counselling department is quite important and plays a significant role. In terms of interacting with and providing services to a sizable, disadvantaged population, this department serves as an important pillar for the organization and the beneficiaries to make sure they recognize the value of the human eye and the need for its care by receiving the necessary treatment on schedule. Several elements of the department, including the structure and organisation, the flow of necessary information, the counselor's abilities and conduct and so on, may have a significant impact on the patient's decision making and, as a result, the conversion rates, i.e., the percentage of patients who are advised to have surgery actually have it done after proper counselling. The statistics of the conversion rate are essential in determining the organization's revenue generation numbers. And, for an organization like SEFI, where the 20 percent contribution of beneficiaries serves as one of the supporting pillars for the 80 percent of beneficiaries, one's attention is naturally drawn to converting those 20 percent for the corresponding treatment to the largest feasible numbers.

The organization recently ran into issues tracking general unfit patients at SEFI. To examine the causes for this, there is research done on the organization's key department that generates income, namely the counselling department.

Literature review

- Haripriya et al. (2015) investigated the impact of counselling on patients' understanding about cataracts, deciding factors, and satisfaction levels. The counselling increases associated information and lessens the elements that make choosing cataract surgery possible, according to the result reached. The worldwide burden of cataract and its dangers might be further decreased with increased use of appropriate counselling.

- Population-based research on genetic counselling uptake and its effects on breast cancer outcomes was conducted by Ayme et al. in 2014. The study's findings were that patients with hereditary risk factors for breast cancer received genetic counselling more frequently than patients with moderate family risk throughout the course of a lengthy period of time. A more detailed analysis of sociodemographic and clinical risk factors for developing cancer might increase the population's usage of genetic counselling services for those who are at high risk.

- In Maharashtra, India, Rao et al. (2014) conducted a research on the challenges to follow-up after paediatric cataract surgery and the value of frequent follow-up for successful outcomes. They discovered that a more aggressive follow-up is required following juvenile cataract surgery. This might be accomplished by educating patients, paying for follow-up appointments, and collaborating with other eye care professionals. The eventual consequence of juvenile cataract surgery would be a youngster with improved visual acuity.

- Jin et al. (2012) conducted research on a randomised, controlled trial of an intervention to increase the acceptability of cataract surgery in rural China. They came to the conclusion that spreading the awareness that cataracts can only be surgically corrected can assist to increase uptake in this environment.

Aim:

To develop a tool to track general unfit patient by interventions in the counseling department.

Objectives:

- To check general unfit patient in duration period Jan 2022 to March 2022.
- To analyze revenue loss.
- To suggest and implement a tool to track general unfit patient at SEFI.

Methodology:

Study design: Observational study

Study setting: Sankara Eye Foundation, Coimbatore

Duration of the study: January 2022 – March 2022

Sample size: 3 counselors, 43 non-converted general unfit patients

Inclusion criteria:

- 3 Counselors
- Patients who came to the counselling department between January and March 2022

Exclusion criteria:

- Patients who declined to participate in the research and who were not referred to the counselling department.

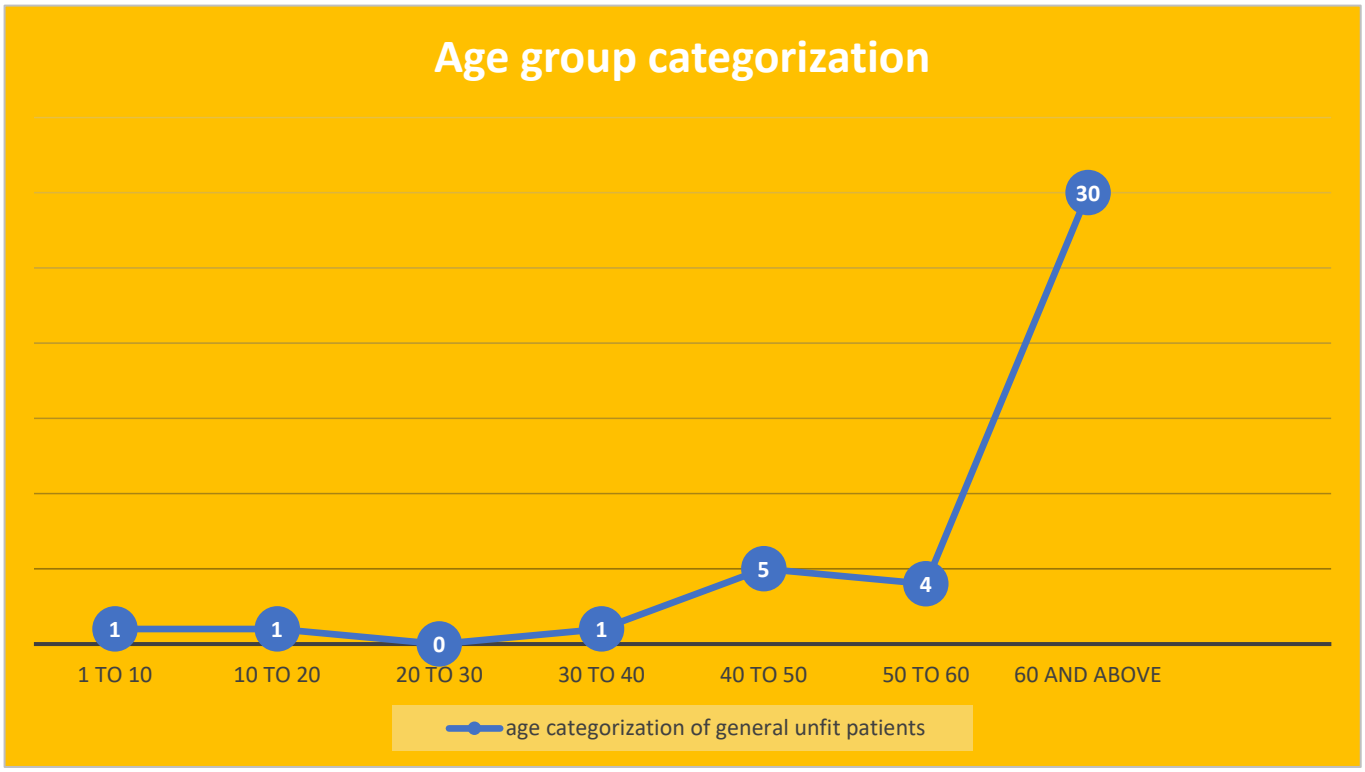
Data collection procedure:

- Observational research
- Informal conversation with counsellors in person.

Findings of study: -

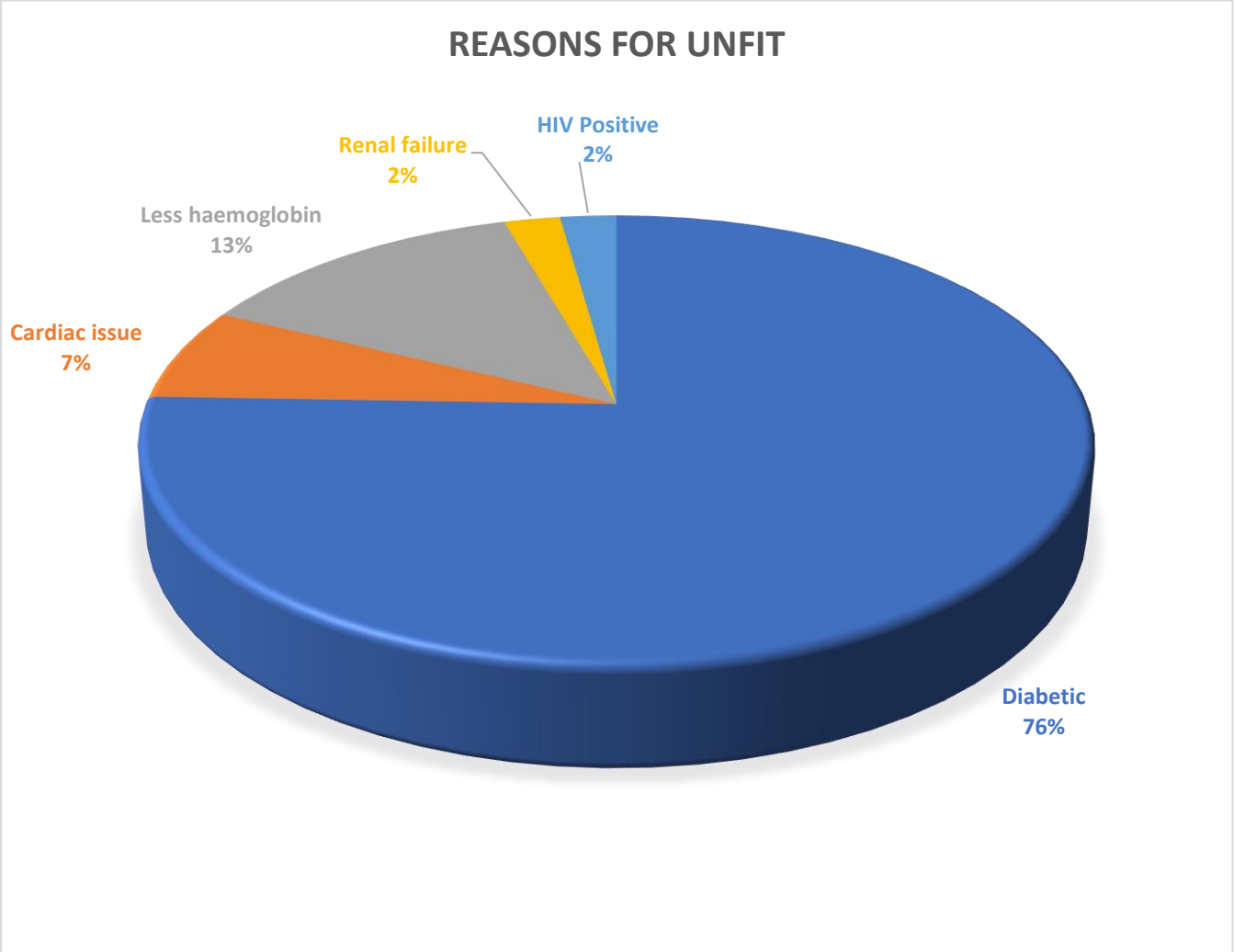
- Age group categorization
- Reason behind unfit patients
- Types of surgery advised
- Loss of revenue during January to march

Age categorization of general unfit patients: - [Fig: 1]



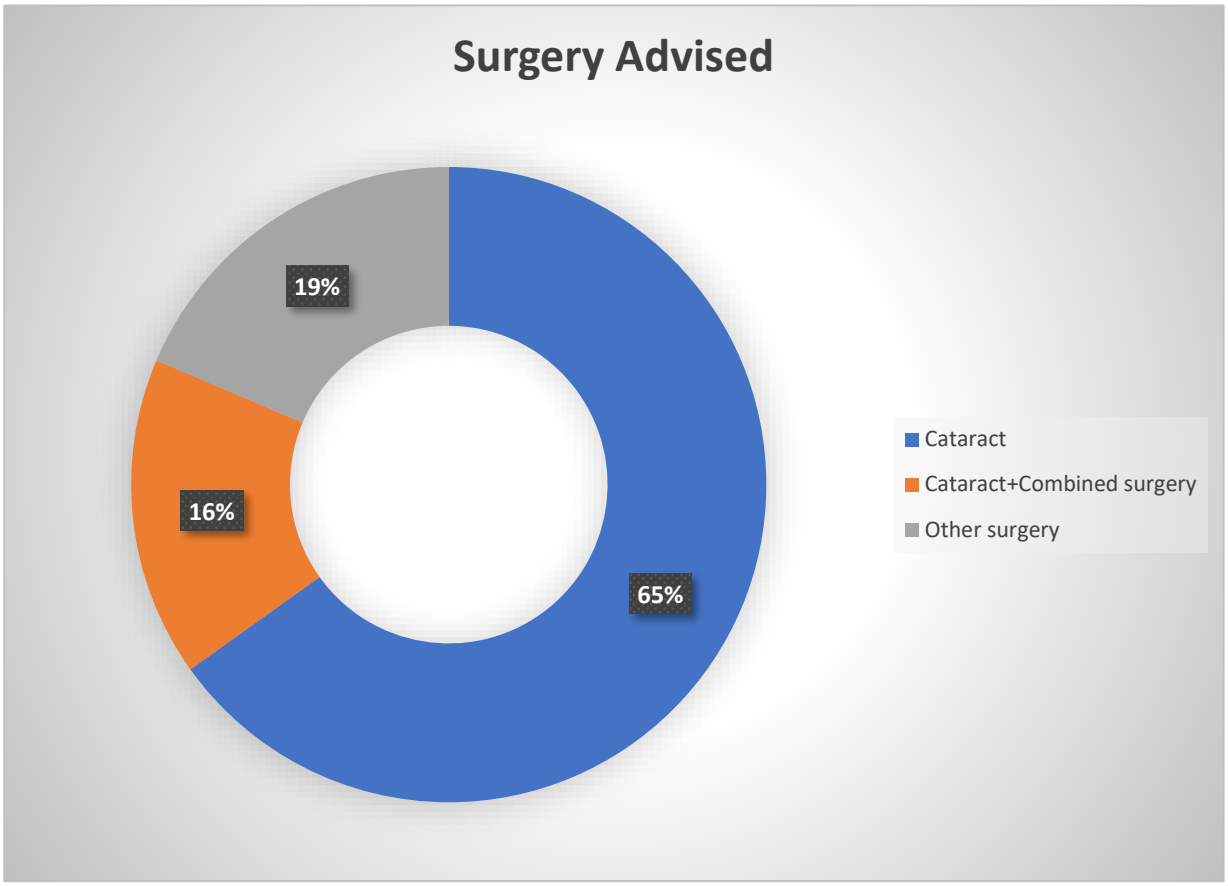
- Median age of study people was 65 years
- As we can see from the graph most general unfit patients are there in the age bracket of 60 & above.

Reason behind unfit patients: - **[Fig: 2]**



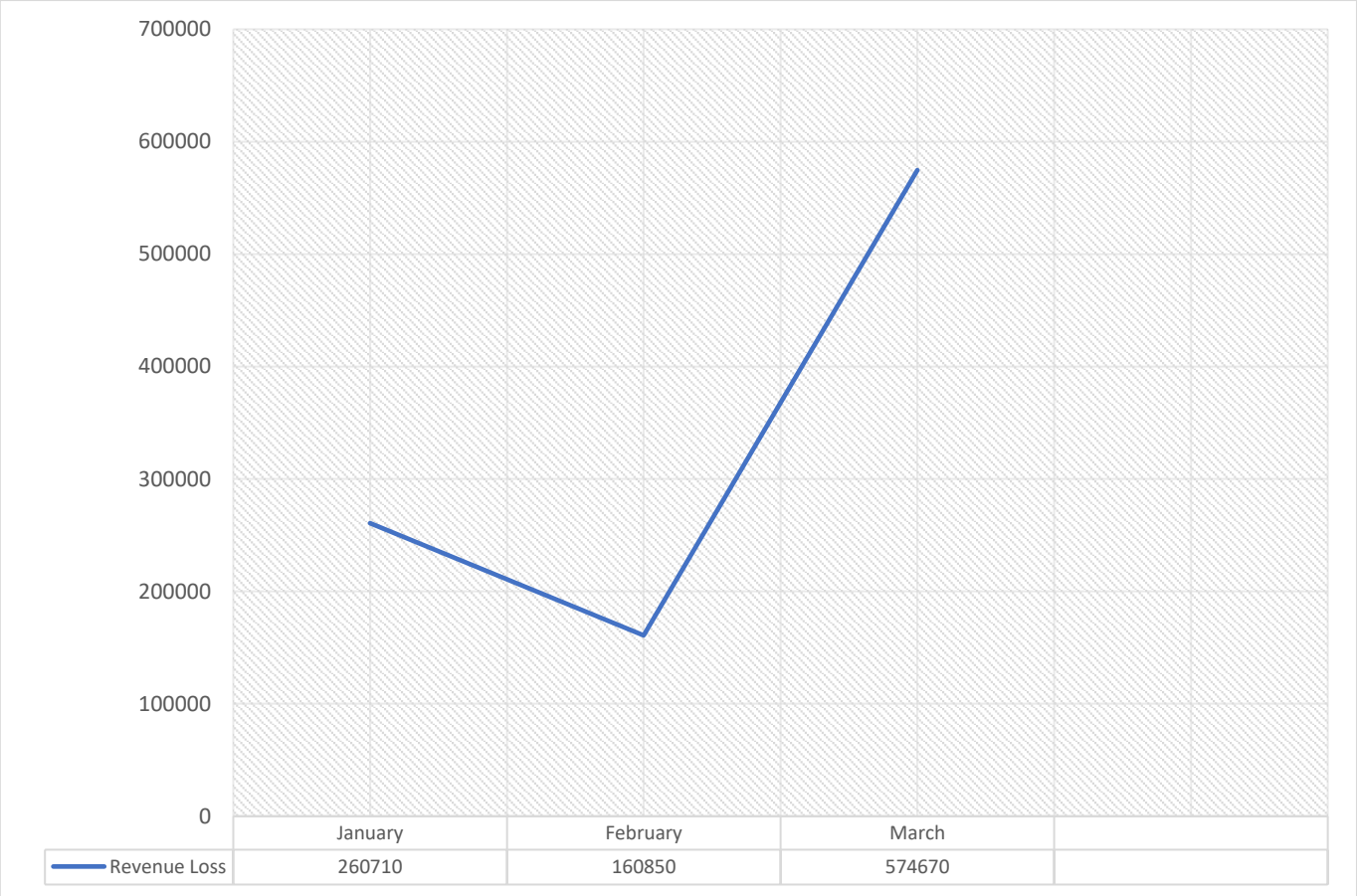
- A total of 43 patient was there in the study
- As we can see from the chart most of the reason for unfit was diabetes

Types of surgery advised: - **[Fig: 3]**



- As we can see from the chart there are more no. of patient in section of cataract surgery

Loss of revenue during January to March: - **[Fig: 4]**



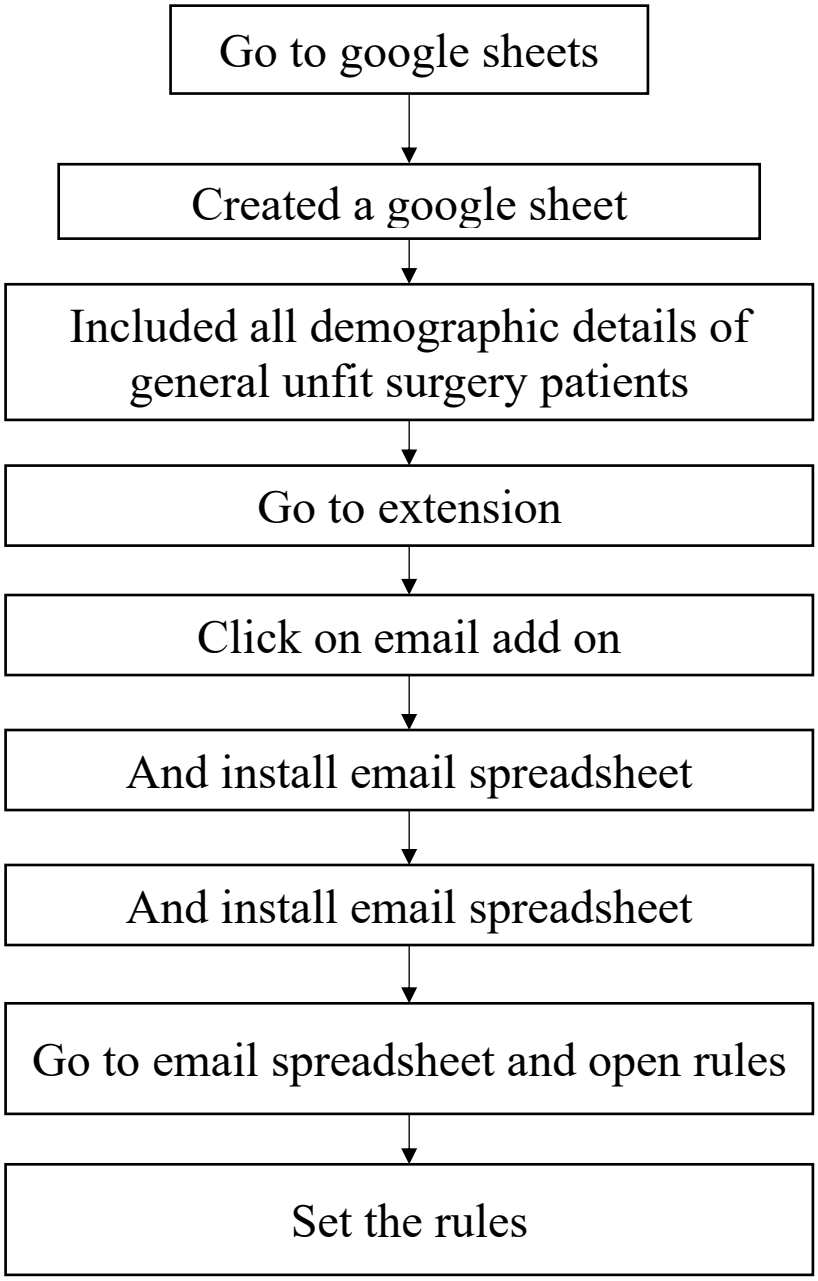
- The total revenue loss in three month is 10,71,490
- There are highest number of general unfit patient in the month of march and approximate loss of revenue in month of march is 5,74,670

Results:

For the objective 1, i.e., to track general unfit patient and provide a proper tool to maintain all records: -

- In a study population the median age of study population was 65 years and most of the patients were in the age group of 60 & above.
- A total of 43 general unfit surgery patients is there in a study in which 65% are from cataract surgery, 16% cataract + combined surgery & 19% are accounting of other surgery like Lasik etc.
- In all, there are 43 patients, and 76% of them have diabetes, 7% have heart problems, 13% have low hemoglobin, 2% have renal failure, and 2% are accounting for HIV.
- The total revenue loss in three month is 10,71,490 & there are highest number of general unfit patient in month of march which accounted of revenue loss of around 5,74,670.
- With the help of google sheet counselling team can track all general unfit patients.
- Included automatic reminder in google sheet with the help of add-on so that a daily mail can also help them remind of pending counselling cases.
- OP to IP Conversion rate will increase when counselors do regular follow up on time and proper suggestion to the patient whenever they need.

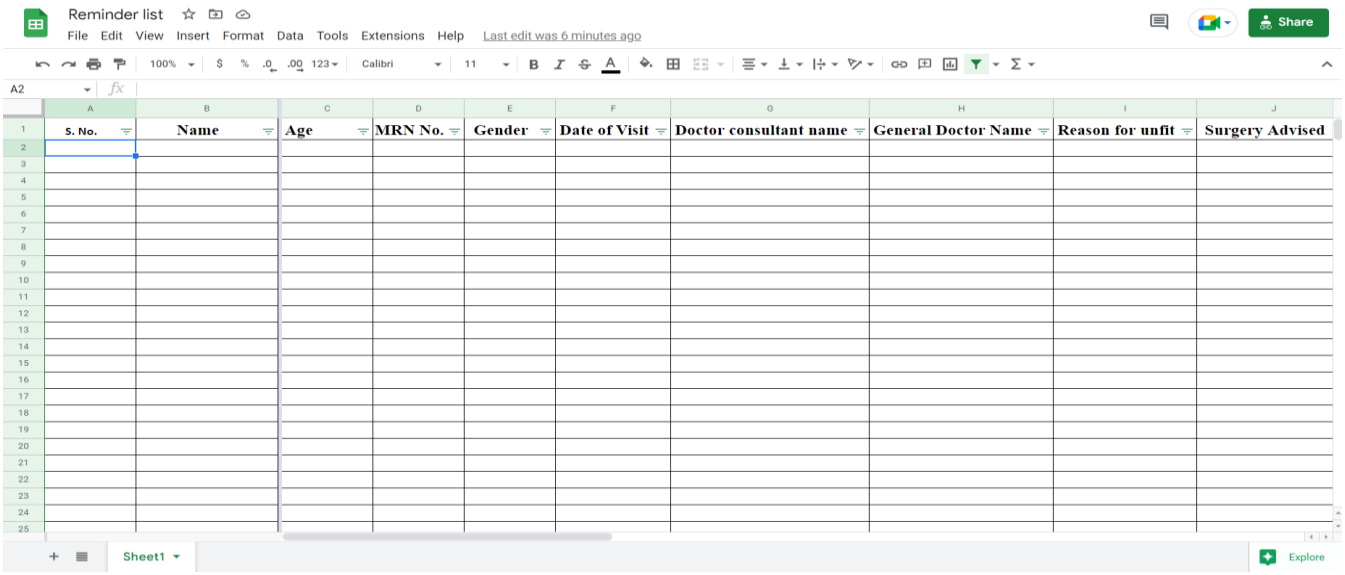
Steps for developing a tool to track general unfit surgery patient: -

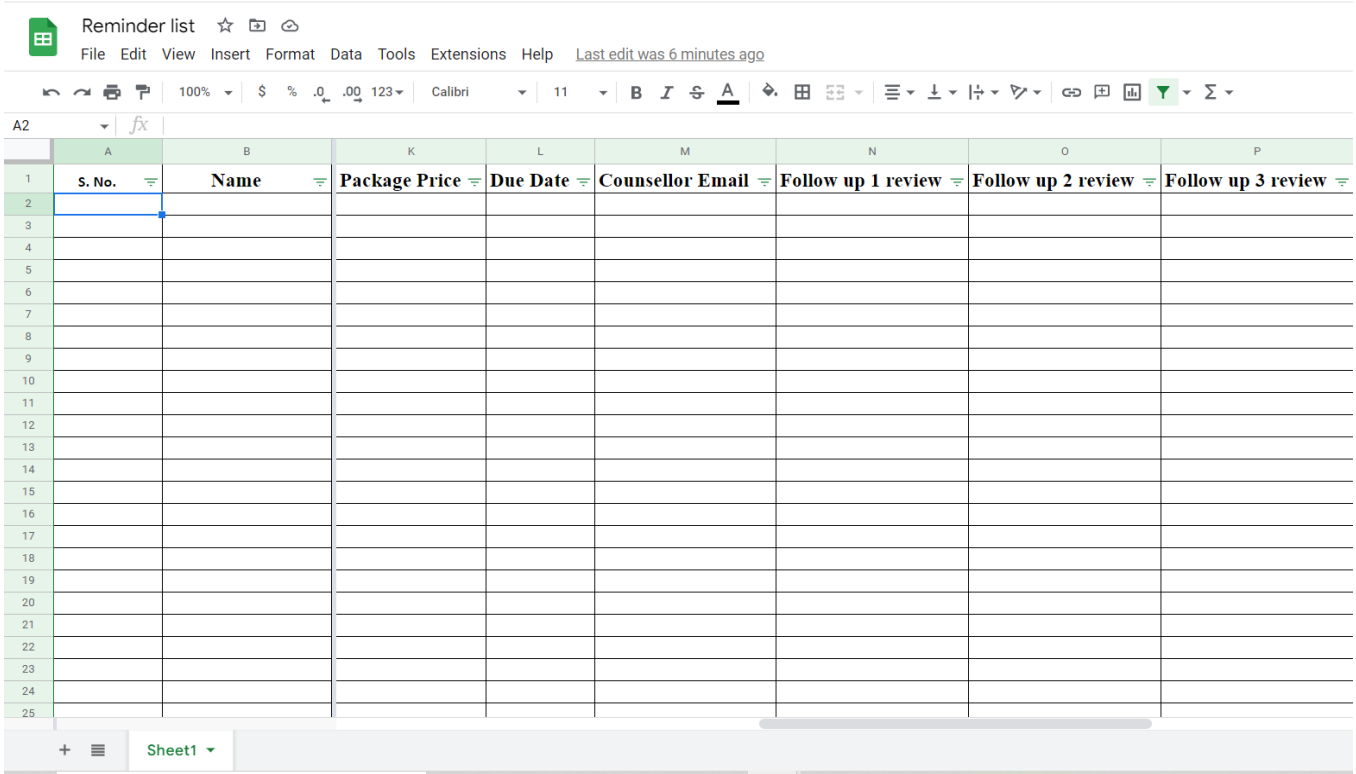


Tool for tracking the general unfit patients: -

They will be able to monitor general unfit surgery patients on a frequent basis with the use of a tool, for example: -

- First follow up after one week
- second follow-up after 10 days
- Third follow-up 20 days later





Conclusion: -

The results of the investigation led to the following conclusions

- The counsellor doesn't do routine follow-up, which might improve patients' ability to make decisions and learn.
- Individuals are not getting converted for surgery a number of important reasons behind this, including incomplete patient records (phone numbers), inconsistent follow-ups.
- Tool can help counselor to track general unfit patient easily on a regular basis and note down they have told on their follow-up.
- OP to IP Conversion rate will increase counselor do regular follow up on time and proper suggestion to the patient whenever they need.
- It will also help in increasing the revenue of a hospital.

References: -

• Le1 H., Ehrlich J. R., Venkatesh R., Srinivasan A., Kolli A., Haripriya A. et al (2016). A Sustainable Model for Delivering High-Quality, Efficient Cataract Surgery In Southern India. Insurance, The Aca, Care in India & More, 35(10). Retrieved from https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0562

• Ravilla S., Haripriya A., Palanichamy V., Pillai M., Balakrishnan V., Robin A. L. (2015). The Effect of Counseling on Cataract Patient Knowledge, Decisional Conflict, and Satisfaction.Ophthalmic Epidemiology, 22(6), 387-393. Retrieved from

https://www.tandfonline.com/doi/abs/10.3109/09286586.2015.1066016

• Ayme A., Viassolo V., Rapiti E., Fioretta G., Schubert H., Bouchardy C. et al (2014). Determinants of genetic counseling uptake and its impact on breast cancer outcome: a population-based study. Breast Cancer Research and Treatment, 144(2), 379–389. Retrieved from https://link.springer.com/article/10.1007/s10549-014-2864-3

• Kulkarni A., Mahadik A., Tamboli R., Mane R., Borah R., Rao G. V. et al (2014). Barriers to follow-up for pediatric cataract surgery in Maharashtra, India: How regular follow-up is important for good outcome. The Miraj Pediatric Cataract StudyII. Indian J Ophthalmol, 62(3), 327–332. Retrieved from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4061672/

• Congdon N., Yan X., Jin L., Wu Y., Friedman D., He M. et al (2012). A randomized,controlled trial of an intervention promoting cataract surgery acceptance in rural China: the Guangzhou Uptake of Surgery Trial (GUSTO).Invest Ophthalmol Vis Sci.,53(9), 5271-8. Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed/22789919?dopt=Abstract

• Lacey J., Cate H., Broadway D. C. (2009). Barriers to adherence with glaucoma medications: a qualitative research study. Eye

(London, England), 23(4), 924-32. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/18437182?dopt=Abstract

• Sapkota Y. D., Pokharel G. P., Dulal S., Byanju R. N., Maharjan I. M. (2004). Barriers to up take cataract surgery in Gandaki Zone, Nepal. Kathmandu University Medical Journal, 2(2), 103-112. Retrieved from

https://europepmc.org/abstract/med/15821375