

OPTIMIZING HOMECARE SERVICES IN A SUPERSPECIALTY MATERNITY HOSPITAL: CURRENT PRACTICES AND FUTURE RECOMMENDATIONS

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

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Under the Supervision and Guidance of

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2025

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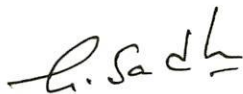


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This is to certify that dissertation titled is a record of the research **Optimizing Homecare Services in a Super speciality Maternity Hospital: Current Practices and Future Recommendations** work undertaken by Siddhartha Kale in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

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Appendix D: Declaration by Student

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Optimizing Homecare Services in A Superspecialty Maternity Hospital: Current Practices and Future Recommendations" is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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Abstract

Title:

Optimizing Homecare Services in a Superspecialty Maternity Hospital: Current Practices and Future Recommendations

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Keywords:

Homecare services, Home Lab collection, Ear piercing, maternity hospital, vaccination, Home Pharmacy, Home Nursing, Customer Conversion

Background:

In the evolving landscape of maternal and neonatal care, homecare services have emerged as a pivotal extension of hospital-based care. For new mothers, these services offer convenience and continuity, especially in urban superspecialty settings. However, ensuring consistent follow-ups and maximizing service uptake remains a challenge.

Objective:

This study aims to assess current practices in homecare services—specifically lab, vaccination, nursing, pharmacy, and ear piercing—at a superspecialty maternity hospital. It also seeks to introduce data-driven interventions for improving service delivery and patient follow-up.

Methodology:

A mixed-methods approach was adopted. Quantitative data was drawn from Management Information System (MIS) reports, newborn registries, and a newly introduced pitch and follow-up tracking sheet. Qualitative insights were obtained through structured observations

and informal interviews with key stakeholders including Customer Relationship Executives (CREs), homecare coordinators, and clinical leads.

Results/Findings:

The study revealed that while home vaccination and lab services had the highest uptake, home nursing and ear-piercing services lagged, mainly due to cost sensitivity and delayed decision-making. Follow-up gaps significantly affected conversion rates, with only 40–50% of initial pitches converting into service delivery. Most conversions occurred around the 6th and 10th weeks post-delivery, aligning with key vaccination schedules. Qualitative insights highlighted operational challenges, caregiver hesitation, and the need for better engagement strategies at the ground level.

Conclusions:

Optimizing homecare services in a maternity setting requires a blend of structured follow-up, targeted outreach, and enhanced communication. Data-backed tracking tools and staff involvement proved effective in identifying service gaps. While cost and timing continue to influence caregiver decisions, consistent follow-up and clear value communication can drive higher conversions. Strengthening service delivery protocols and adapting to caregiver behaviour patterns will be key to improving homecare performance in the coming months.

Acknowledgement

I would like to take this opportunity to sincerely thank all those who supported and guided me throughout the journey of completing this dissertation.

First and foremost, I am truly grateful to Dr. Sneha Anna Kuruvilla, Business Head at Cloudnine Hospital, Sahakarnagar Unit, Bangalore. Her constant support, insightful inputs, and practical guidance were instrumental in helping me navigate the operational aspects of this study and in gaining access to valuable data and resources.

I am also deeply thankful to my mentor, Dr. Goutam Sadhu, at IIHMR University, Jaipur. His consistent encouragement, expert guidance, and thoughtful feedback helped shape this research from the very beginning and added great value to the final outcome.

I extend my sincere appreciation to the entire team at Cloudnine Hospital, Sahakarnagar Unit, for their warm cooperation and for granting me access to conduct this study on-site. I also thank the Placement Committee of IIHMR University for their timely support and motivation during my internship.

Lastly, I would like to express heartfelt thanks to my family and friends, whose encouragement, patience, and emotional support carried me through the demanding phases of this project. Their belief in me was a source of constant strength and reassurance.

To everyone who has helped me along this journey thank you for your trust, guidance, and support.

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Abbreviations

S.No.	Abbreviations	Description
1.	CRE	Customer Relation Executive
2.	MIS	Management Information System
3.	MPI ID	Master Patient Index Identification Number

Chapter 1: Introduction

Maternity healthcare plays a vital role in supporting women through one of the most important phases of life which are: - pregnancy, childbirth, and the days that follow. As medical care continues to advance and awareness grows, the focus has shifted from just ensuring safe deliveries to offering well-rounded care for both mothers and their newborns. Superspecialty maternity hospitals are at the heart of this change, providing expert care designed specifically for the needs of mothers and babies. And as families look for comfort and convenience, especially after childbirth, many of these services are now reaching beyond the hospital walls—right into the homes of patients where they feel safest and most supported.

1.1 Background of the Study

Homecare services are an integral extension of modern healthcare systems, aiming to provide medical and supportive care at the patient's doorstep. These services range from clinical interventions such as nursing and diagnostics to non-clinical assistance, tailored to meet patients' needs without requiring hospitalization. In maternal and newborn healthcare, homecare plays an essential role by offering continued support during pregnancy, postpartum recovery, and neonatal care.

For mothers, especially those in the postpartum period, at-home healthcare services can significantly reduce physical strain, mental stress, and logistical challenges associated with repeated hospital visits. The growing preference for personalized, convenient, and cost-effective healthcare has led to increased demand for home-based services like lab testing, nursing care, vaccination, and pharmacy delivery.

1.2 Relevance to Superspecialty Maternity Hospitals

Superspecialty maternity hospitals are designed to offer expert care for mothers and newborns, but their role does not have to end when the patient leaves the hospital. By extending care into the home, these hospitals can continue to support families during one of the most delicate and important times—right after childbirth. Services like newborn vaccinations, collecting lab samples, or delivering essential medications can all be done safely and easily at home, saving families from unnecessary hospital visits.

For many new mothers, traveling to the hospital isn't always easy—especially while recovering or caring for a newborn. Add to that the worry of exposing their baby to crowded waiting rooms or infections, and it's clear why homecare is becoming such an

important part of maternity services. By bringing care directly to the patient, hospitals can offer a smoother, more reassuring experience while making sure no important follow-up is missed.

1.3 Current Scenario in India

Homecare is becoming an increasingly important part of India's healthcare system. Over the past few years, especially after the COVID-19 pandemic, more hospitals and private providers have started offering healthcare services right at patients' homes. In cities, this shift is even more visible—people now expect the same level of care at home as they would receive inside a hospital.

However, while the demand for homecare is rising, the delivery is not always smooth. Delays in service, last-minute cancellations, and uneven quality are still common. Many patients are not even aware that such services are available, or they do not get the follow-up support needed to make the most of them. These challenges highlight the need to take a closer look at how homecare services are currently being managed—both from the hospital's side and the patient's experience.

1.4 Need for the Study

It is crucial to assess how well homecare services are currently performing to ensure both the quality of care and the safety of patients. By looking closely at past data and observing current processes, the hospital can uncover any obstacles, delays, or inefficiencies that might be affecting patient experience and overall outcomes.

Addressing these issues not only helps make homecare more accessible and timelier but also boosts the overall usage of these services. This study will provide valuable insights for making smarter decisions about improving workflows, allocating resources more effectively, and planning for future improvements.

1.5 Scope of the Study

This study will focus on the homecare services provided by a Superspecialty maternity hospital which are mainly: - home lab sample collection, home nursing care, home vaccinations, home pharmacy deliveries, and infant ear piercing. Analysis of past data from the hospital's Management Information System (MIS) over the last six months, along with closely observing current processes through month of May will be done

The goal of this research is to understand how these services are currently being delivered, pinpoint areas where improvements are needed, and offer practical recommendations to enhance service quality, operational efficiency, and overall patient satisfaction.

1.6 Expected Impact

The results of this study will help the hospital enhance the way it designs and delivers homecare services. By gaining a deeper understanding of operational processes, the hospital can create more efficient, timely, and patient-focused care models.

For patients, especially new mothers, and their infants, improving homecare services means they can receive safe, accessible, and convenient care without the added stress of frequent hospital visits. On a larger scale, this research can provide valuable insights for the healthcare industry, offering a practical approach to improving homecare in maternity settings and supporting better health outcomes and decision-making.

1.7 Aim of the study

- To analyze service-wise trends and operational gaps in homecare services offered by Cloudnine Hospital and to recommend actionable strategies for improving service uptake, patient retention, and overall revenue performance.

1.8 Objectives of the study

- To evaluate the impact of structured follow-up tools such as pitch tracking sheets and lead logs on improving conversion rates and operational efficiency in homecare services.
- To identify key behavioural and operational barriers affecting the uptake of home nursing and ear-piercing services, and to assess the effectiveness of targeted staff training and improved communication strategies in overcoming these gaps.
- To examine the role of clinical alignment—specifically using newborn registry data and vaccination timelines—in enhancing service relevance, patient targeting, and overall homecare service utilization.

Chapter 2: Literature Review

The existing body of literature on home-based maternal and neonatal care reflects an evolving emphasis on accessibility, continuity, and customization of services within both public and private healthcare frameworks in India. This section synthesizes key empirical findings from recent studies that have explored various dimensions of homecare service delivery, including maternal preferences, quality assessment, provider competency, and service uptake.

- **Rajasulochana et al. (2016)** conducted a Discrete Choice Experiment among 500 expectant mothers in Tamil Nadu to investigate service preferences in maternity care. The study revealed a pronounced inclination toward personalized, home-based models of care. Respondents emphasized the importance of provider communication and service localization, underlining that these aspects significantly influenced maternal satisfaction and healthcare-seeking behavior. The findings underscored the need for public systems to adopt more responsive and family-centered delivery mechanisms.
- **Tripathi et al. (2019)** evaluated the quality of maternity services in 150 private health facilities across Uttar Pradesh, Madhya Pradesh, and Odisha through a cross-sectional assessment using stratified purposive sampling. Their analysis identified critical discontinuities in postnatal care delivery and highlighted the potential of home-based follow-up as an effective adjunct to institutional deliveries. The study advocated for integrated care pathways that bridge facility-based and community-level interventions to enhance maternal outcomes.
- **Kumar et al. (2020)** examined the utilization patterns and effectiveness of home-based postnatal care among 120 households in the urban slums of Delhi. Using a systematic random sampling design, the researchers found that while awareness of homecare services was moderate, actual utilization remained low—primarily due to logistical barriers and lack of structured follow-up. The study recommended strengthening frontline health worker involvement and ensuring timely engagement to optimize postnatal service reach in vulnerable urban populations.
- **Basu et al. (2017)** implemented a community-based survey of 300 mothers in West Bengal using simple random sampling to assess satisfaction with government-

supported homecare services. Although respondents valued the concept of home visits, the study revealed widespread dissatisfaction stemming from inconsistencies in delivery and inadequate provider training. The authors called for the standardization of service protocols and capacity-building initiatives targeting community health workers to improve both reach and quality.

- **Chatterjee et al. (2021)** explored the postnatal care preferences of 210 new mothers in Kolkata through a convenience sampling framework. The study demonstrated growing acceptance of home-based postnatal interventions, particularly in relation to neonatal care and emotional support. However, limited awareness and the informal structure of service delivery emerged as key barriers to broader adoption. The findings supported the structured promotion of homecare models, ideally through public-private partnerships, to increase coverage and reliability.
- **Pathak et al. (2022)** evaluated the effectiveness of home-delivered neonatal vaccination across 400 households in Maharashtra using a cluster sampling method. The study provided compelling evidence that timely home-based outreach improved immunization coverage during the neonatal window. The authors advocated for strategic investments in mobile health teams and emphasized the role of granular micro-planning to enhance last-mile service delivery in underserved areas.
- **Sharma and Gupta (2018)** assessed the impact of structured home-visit nursing care on early breastfeeding initiation and maternal psychological well-being among 250 mothers in Jaipur. Employing simple random sampling, their study demonstrated that timely postnatal visits by trained nurses contributed to improved breastfeeding practices, reduced maternal anxiety, and stronger early mother-infant bonding. The findings support the integration of nursing-led homecare visits into standardized postnatal care protocols to promote holistic maternal and neonatal health outcomes.

➤ **Research Gap**

Despite the growing body of literature advocating for home-based maternal and neonatal healthcare, several operational and structural gaps remain unaddressed—particularly in translating research insights into practical, scalable interventions within

hospital-driven homecare models. The present study identifies and addresses the following key research gaps:

1. Absence of Structured Pitch Tracking Mechanisms

Existing studies largely overlook the role of systematic lead monitoring and pitch-to-conversion tracking in homecare outreach. There is little evidence on how tools like *Pitch Follow-Up Sheets* can support real-time documentation of CRE activity, identify drop-off points, and facilitate accountability-based performance monitoring—essential components for sustaining service uptake and improving revenue.

2. Lack of Lead-Level Insights for Low-Conversion Services

Services such as ear piercing and home nursing remain underutilized, yet literature offers limited investigation into service-specific follow-up mechanisms or targeted lead tracking. The need for a centralized *Ear Piercing Lead Sheet*, integrated with sales data and consumable inventory, remains an unexplored avenue for optimizing niche service management and ensuring no potential lead is missed.

3. Underutilization of Cross-Service Promotion Strategies

Although bundled service delivery (e.g., coupling home vaccination with ear piercing) shows operational promise, few studies analyze how such integration influences caregiver decision-making. There is a clear gap in understanding how structured pitch strategies and cross-promotional scripting, especially when informed by newborn vaccination timelines, can increase overall service conversion and retention.

4. Inadequate Training Protocols for Allied Homecare Services

While some research emphasizes frontline worker skill development, there is limited exploration into training programs for auxiliary offerings like *TENS therapy*. The absence of nurse-focused training modules—both in clinical usage and customer communication—leads to service under-promotion and inconsistent delivery, pointing to the need for structured capacity-building interventions.

5. Limited Integration of Clinical Data into Outreach Strategy

Current literature does not sufficiently address the operational value of linking internal clinical records (e.g., newborn registries and vaccination schedules) with marketing follow-ups. The development and use of a Newborn Due-Service Sheet to identify timely opportunities for outreach remain largely undocumented, despite their critical role in aligning eligibility with targeted conversion efforts.

Author(s)	Year	Study Location	Sample Size	Sampling Technique	Salient Features
S. Rajasulochana et al.	2016	Tamil Nadu, India	500	Discrete Choice Experiment	Studied expectant mothers' preferences for maternity services; emphasized need for personalized and home-based care.
Tripathi et al.	2019	India (UP, MP, Odisha)	150 facilities	Stratified purposive sampling	Assessed quality of maternity services in private facilities; identified areas for strengthening continuity of care.

Kumar et al.	2020	Delhi, India	120 households	Systematic random sampling	Evaluated effectiveness and utilization of home-based postnatal care services in urban slums.
Basu et al.	2017	West Bengal, India	300 mothers	Simple random sampling	Analyzed satisfaction levels and service gaps in government-provided maternal homecare interventions.
Chatterjee et al.	2021	Kolkata, India	210 new mothers	Convenience sampling	Explored postnatal challenges and preferred modes of care, showing increasing acceptance of homecare models.
Pathak et al.	2022	Maharashtra, India	400 households	Cluster sampling	Focused on utilization and timeliness of neonatal vaccinations through

					outreach/home visits.
Sharma & Gupta	2018	Jaipur, India	250 mothers	Simple random sampling	Studied impact of home visit-based nursing care on early breastfeeding and maternal well-being.

Chapter 3: Methodology

3.1 Research Design

This study employs a retrospective observational design, combining both quantitative data analysis and qualitative insights to evaluate and improve homecare services in a superspecialty maternity hospital. The approach is deliberately chosen to gain a balanced understanding—grounded in numbers, but informed by the real-world, human-centered experiences of staff and patients alike.

The quantitative component of the study focuses on analyzing Management Information System (MIS) data from the past six months. The aim is to evaluate the performance and utilization of five homecare services:

- Home Nursing
- Home Lab Collection
- Home Vaccination
- Home Pharmacy Delivery
- Infant Ear Piercing

Metrics such as the number of bookings, cancellations, turnaround time, and service utilization rates are tracked. These data points help identify trends and inefficiencies, and form the evidence base for proposing future improvements.

The qualitative component involves daily on-ground observation at the hospital unit. This includes observing how Customer Relationship Executives (CREs) pitch services, how patients respond, and how service delivery workflows function across different floors. By shadowing these interactions, the study captures context that raw numbers alone might miss such as communication gaps, time delays, or lack of follow-up.

Follow-up calls by executives play a vital role in this study, as they help track conversion efforts for homecare services that rely heavily on human interaction. These calls target patients who were pitched services but haven't yet availed them, aiming to understand the effectiveness of reminders, reasons for non-conversion, and customer preferences. By analyzing this data alongside MIS records, the study identifies key drop-off points in the service journey and highlights areas for improving engagement and conversion.

3.2 Key Research questions

The primary research questions guiding this study are:

- How can structured follow-up tools such as pitch tracking sheets and lead logs enhance conversion efficiency and reduce service drop-offs in hospital-based homecare offerings?
- What behavioural, operational, and communication barriers hinder the uptake of services like home nursing and ear piercing, and how can targeted training and data-linked follow-up address these challenges?
- To what extent does aligning follow-up strategies with clinical timelines (e.g., vaccination schedules) and using newborn registry data improve the relevance and success of homecare service delivery?

3.3 Study Setting

The study is conducted at a Superspecialty maternity hospital (Cloudnine Hospital - Sahakarnagar, Bangalore), renowned for offering specialized care in obstetrics and neonatal services. This hospital provides a range of homecare services, including home nursing, home lab collection, home vaccination, pharmacy delivery, and ear piercing. The setting is conducive to the study of homecare services in a maternity context, allowing an in-depth analysis of both operational processes and patient experiences.

The selection criteria for the study setting include:

- Hospitals with a high volume of maternal care services to ensure an adequate sample size.
- Hospital with diverse patient demographic profiles to capture a greater range of perspective, preferences, and experiences.
- Hospital providing allied services and post discharge care for mother and baby.

This setting offers a unique opportunity to assess homecare service delivery in a specialized maternal and neonatal care environment, where patient needs are both time-sensitive and deeply personal. By focusing on a super speciality maternity hospital with an existing

homecare framework, the study can draw meaningful insights into real-world challenges and opportunities. The findings from this setting are expected to be not only relevant for internal improvements but also valuable for similar institutions looking to strengthen their home-based care services.

3.4 Study population

The study population consists of customers (patients and their families) who have engaged with the homecare services of the selected superspeciality maternity hospital. This includes those who have availed services such as home nursing, home laboratory collection, home vaccination, pharmacy delivery, and infant ear piercing, as well as those who were pitched but did not convert.

The population primarily covers:

- **Newborns and infants** requiring scheduled vaccinations, sample collection, or ear piercing.
- **Postnatal mothers** in need of nursing support, follow-up care, or medication delivery.
- **Family members or caregivers** who interacted with hospital executives during pitching or follow-up calls.
- **Sample size for whole homecare service availed: 583**
- **Sample Size: 520-** Home vaccination, 218- Home ear piercing (From new born sheet)

Both retrospective and prospective data were used to map the population. Retrospective data includes the last six months of service reports from the hospital's Management Information System (MIS), while prospective data involves real-time follow-ups and observations up to the end of the study period.

This population provides a diverse and practical sample to evaluate service uptake, conversion barriers, and areas of operational improvement in the context of maternity homecare.

3.5 Research Procedures

To comprehensively evaluate the performance and delivery of homecare services, this study utilized both **quantitative** and **qualitative** research approaches. The combination allowed for a data-driven yet context-sensitive understanding of service operations.

➤ Quantitative Procedures

These methods focused on measurable data points and trends derived from hospital records and structured tracking systems:

- **MIS Data Analysis:**

Retrospective data from the hospital's Management Information System (MIS) over the past six months was analyzed. Key metrics included the number of service requests, turnaround times, cancellations, and service completion rates.

- **Newborn & Package Data Cross-Matching:**

An Excel-based comparison was made between newborn reports and vaccination package records to identify which infants were part of prepaid plans and which were not. This helped prioritize follow-ups and identify untapped leads.

- **Pitch & Follow-Up Sheet Documentation:**

A new tracking sheet was introduced to log every service pitch made by CREs. It captured the MPI ID, patient name, service pitched, and the current status (converted, pending, or declined). This sheet supported weekly lead monitoring and conversion tracking.

- **Follow-Up Call Records:**

Details from follow-up calls—such as patient responses, interest level, and reasons for rejection or delay—were documented to identify recurring trends and potential areas for service improvement.

➤ Qualitative Procedures

These methods were designed to explore the lived experiences, challenges, and insights of those involved in homecare delivery:

- **Observation of Ongoing Processes:**

Real-time observation of how homecare services are coordinated across

departments helped understand day-to-day challenges in execution, patient interaction, and coordination among staff.

- **Stakeholder Interactions:**

Informal discussions and periodic feedback sessions were held with:

- Customer Relationship Executives (CREs)
- Homecare coordinators
- Nursing supervisors
- Pediatricians and consultants
- Operations and quality managers

These conversations helped gather perspectives on workload, patient behavior, system limitations, and potential solutions.

3.6 Sampling techniques

To ensure a comprehensive understanding of homecare service performance, this study used a **mixed-method sampling strategy**, combining both quantitative and qualitative approaches. The sampling was designed to capture data across stakeholders—hospital staff, operational teams, and end users (patients and caregivers)—who contribute to or are impacted by the homecare service workflow.

➤ Quantitative Sampling Techniques

- **Purposive Sampling (for MIS Data):** Retrospective data was extracted from the hospital's Management Information System (MIS) for a defined six-month period. The data included details of patients who availed homecare services—such as lab tests, vaccinations, pharmacy deliveries, nursing, and ear piercing. The dataset was constrained to service records between November and April to ensure recency and relevance. For patients who were pitched homecare services during this time but did not immediately convert, call records and status updates were included to assess patterns in uptake or rejection.

➤ Qualitative Sampling Techniques

- **Convenience Sampling (Staff Interviews):** Informal interviews and discussions were conducted with hospital personnel who are directly involved in the pitching, delivery, and coordination of homecare services. These included:

- Customer Relationship Executives (CREs)
- Homecare coordinators
- Nursing leads
- Operations managers
- Paediatricians involved in home-based care

3.7 Study instruments

To collect and analyze both quantitative and qualitative data, a variety of tools and instruments were used throughout the study. These instruments were selected to ensure accurate data capture, meaningful insights, and practical application in the hospital’s operational context.

➤ Management Information System (MIS) Reports

- Used to extract retrospective data on homecare services—such as number of services pitched, delivered, or declined.
- Helped track key performance indicators like service-wise volumes, turnaround time, and follow-up status.
- Enabled filtering based on service type (Lab, Nursing, Vaccination, etc.) and timeline (six-month period).

➤ 2. Pitch & Follow-Up Tracking Sheet

- A newly introduced Excel-based tool to capture customer interaction at all touchpoints.
- Fields included MPI ID, customer name, service pitched, status of pitch (converted, declined, follow-up pending), and remarks.
- Helped improve accountability among CREs and provided real-time visibility into pitch-to-conversion performance.

➤ 3. Newborn Due-Service Sheet

- Created to identify newborns whose lab tests, vaccinations, or ear piercings were due in the current month.
- Integrated data from the newborn registry and vaccine package records to segment into “Package” and “Non-Package” groups.

- Served as a lead generation sheet for targeted outreach by the executive team.

➤ 4. Observation Checklist

- Used during shadowing of CREs and homecare coordinators to assess service delivery flow, bottlenecks, and patient handling.
- Included parameters like time taken per service, quality of communication, and responsiveness to patient queries.

➤ 5. Informal Interview Guide

- A flexible guide used to steer conversations with internal stakeholders like CREs, paediatricians, and nursing leads.
- Focused on understanding ground-level challenges, patient behaviour, team coordination, and suggestions for improvement.

3.8 Ethical Considerations

Ethical integrity was maintained throughout the study to ensure the protection, dignity, and confidentiality of all individuals involved.

- **Patient Privacy:** All patient-related data, including MPI IDs and service details, were accessed strictly for research purposes and anonymized where necessary. No personally identifiable information was disclosed or used in any external reports.
- **Internal Stakeholder Consent:** Verbal consent was obtained from Customer Relationship Executives (CREs), homecare coordinators, nursing staff, and consultants before conducting informal interviews or shadowing their workflow. Participation was entirely voluntary, and no opinions were recorded without their knowledge.
- **Data Confidentiality:** All MIS data and internal documents were handled in accordance with the hospital's data protection protocols. The research findings are presented in aggregate form without singling out individual employees or patients.
- **Purpose of Study:** The intent of the study was clearly communicated to all stakeholders—as a quality improvement initiative to enhance service delivery and patient satisfaction, not as an evaluative audit of individual performance.

- **Non-Intrusiveness:** Qualitative observations and interactions were conducted in a non-disruptive manner, ensuring that routine workflows and patient interactions were not affected or delayed due to research activities.

In conclusion, ethical compliance remained a foundational element throughout the research process. By prioritizing confidentiality, transparency, and respect for all participants—both patients and hospital staff—the study not only adhered to institutional standards but also fostered trust and cooperation. This ethical groundwork was essential in obtaining genuine insights and actionable data that can meaningfully inform future improvements in homecare service delivery.

Chapter 4: Results

This chapter presents the findings gathered through the tools and methods outlined in the previous chapters. The aim was to assess how homecare services—specifically vaccination, lab collection, nursing, pharmacy delivery, and ear piercing—are currently functioning within the hospital’s maternity care framework. The results have been organized in a way that reflects the flow of service delivery, beginning from the pitch made by CREs, to follow-up, and final conversion.

Both quantitative data (collected through MIS reports and follow-up tracking sheets) and qualitative insights (gathered through observation and informal interviews) have been analyzed to understand patterns in service uptake, bottlenecks in operations, and areas for improvement. The findings are presented service-wise, with relevant charts, tables, and summaries included to highlight the key trends and outcomes. These results will help build a practical foundation for improving service reach, increasing revenue, and enhancing patient experience through timely and efficient homecare delivery.

4.1 Service wise process flows

Fig 4.1 Home Service Process Flows

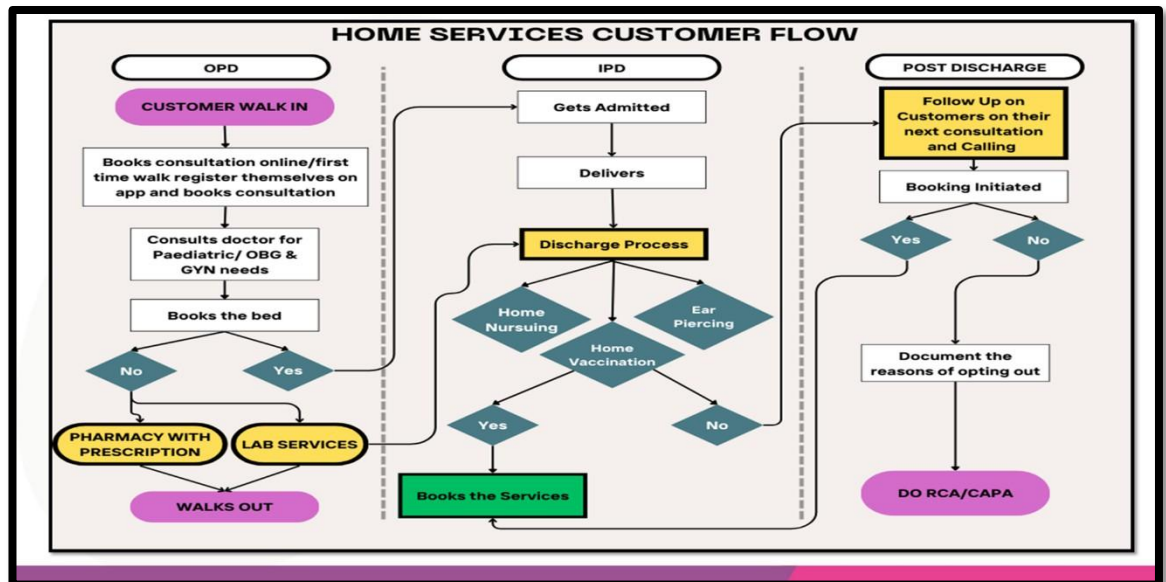


Fig 4.2 Home Vaccination Process Flow

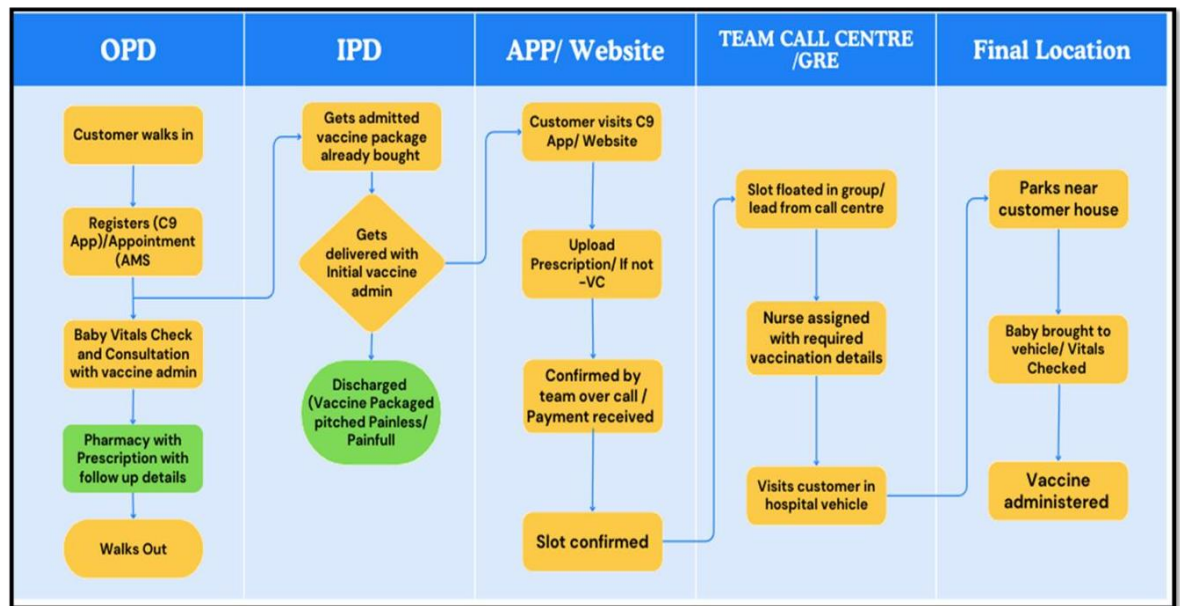


Fig 4.3 Home Nursing Process Flow

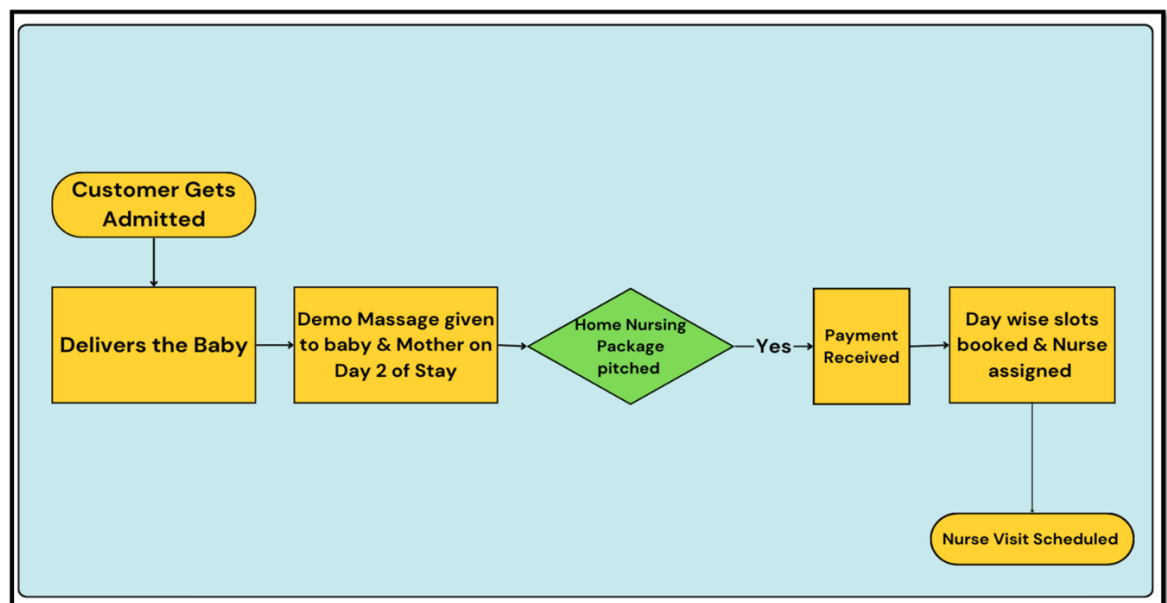


Fig 4.4 Home Ear Piercing Process Flow

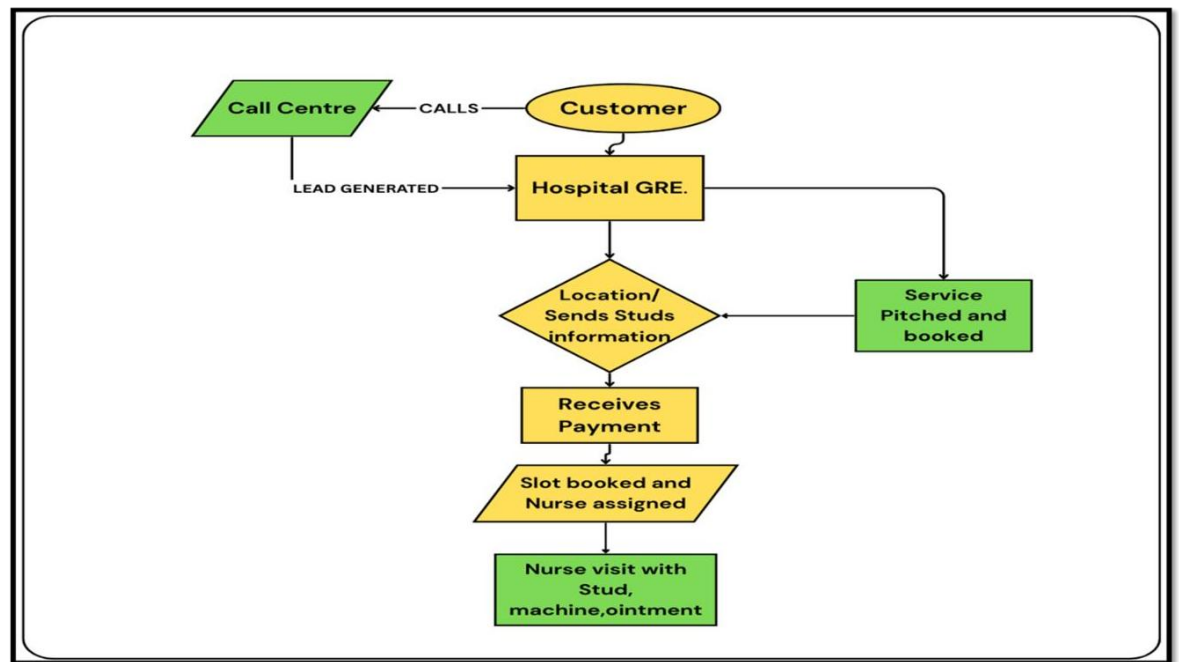


Fig 4.5 Home Pharmacy Process Flow

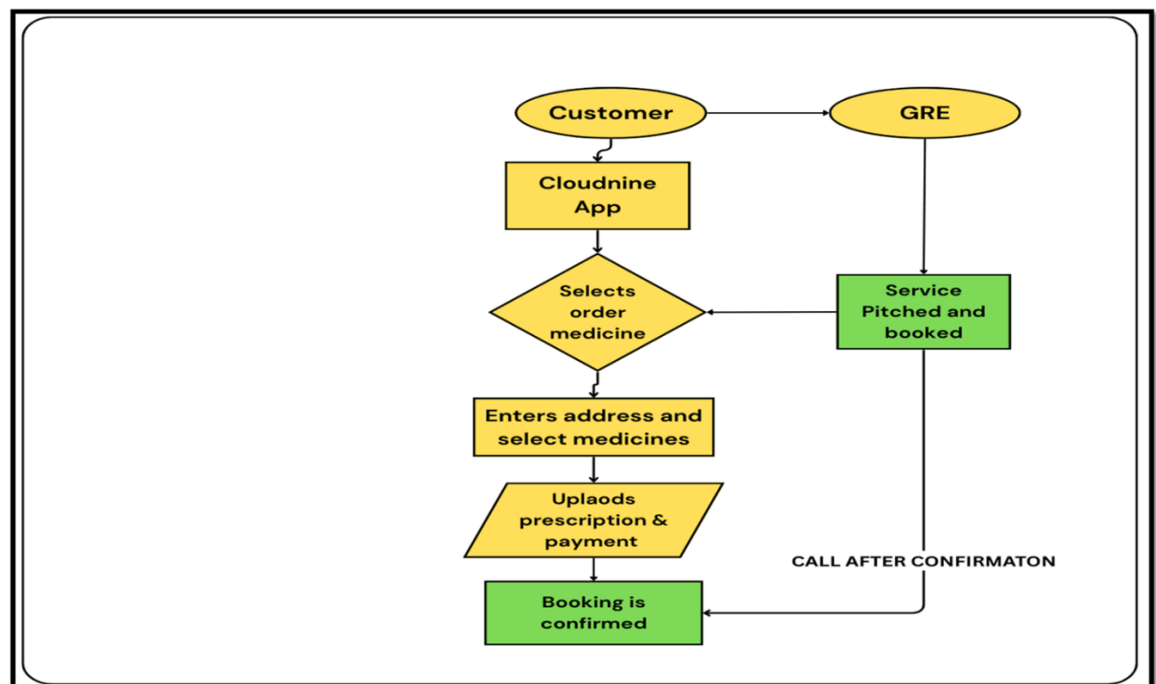
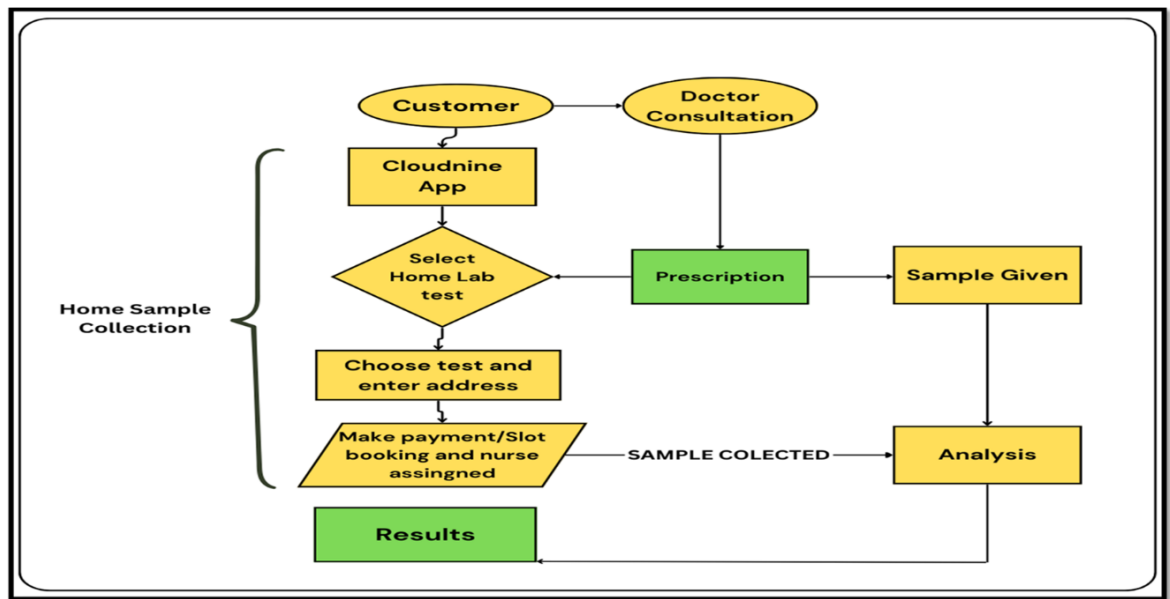


Fig 4.6 Home Lab Process Flow



4.1 Service wise trends

To better understand the performance of each homecare service, monthly data from **December 2024 to May 2025** was reviewed. This analysis provides a comparative view of service uptake trends across vaccination, lab collection, nursing, ear piercing, and pharmacy delivery. By tracking fluctuations in service volume over time, the section aims to highlight which services consistently performed well, where seasonal or operational changes may have influenced demand, and how pitch-to-conversion efforts evolved across the six-month period.

Table 4.1 Month-wise Achievement vs Target Across Homecare Services (Dec 2024 – May 2025)

MONTHS	Services	Home Vaccination	Home Lab Collection	Ear Piercing	Home Pharmacy	Home Nursing
Dec-24	Achieved	7	25	21	24	180600
	Target	10	50	35	40	300000
	Percentage	70	50	60	60	60
Jan-25	Achieved	8	36	21	24	251950
	Target	10	50	35	40	300000
	Percentage	80	72	60	60	84
Feb-25	Achieved	13	33	33	43	148878
	Target	10	50	35	40	300000
	Percentage	130	66	94	108	50
Mar-25	Achieved	1	41	18	45	269520
	Target	10	50	35	40	300000
	Percentage	10	82	51	113	90
Apr-25	Achieved	3	35	14	37	278575
	Target	10	50	35	40	300000
	Percentage	30	70	40	93	93
May-25	Achieved	2	26	15	19	280000
	Target	10	50	35	40	300000
	Percentage	20	52	43	48	93

4.1.1 Home Vaccination Trends (Dec '24 – May '25):

Fig 4.7 Home vaccination trends (Dec '24 – May '25)

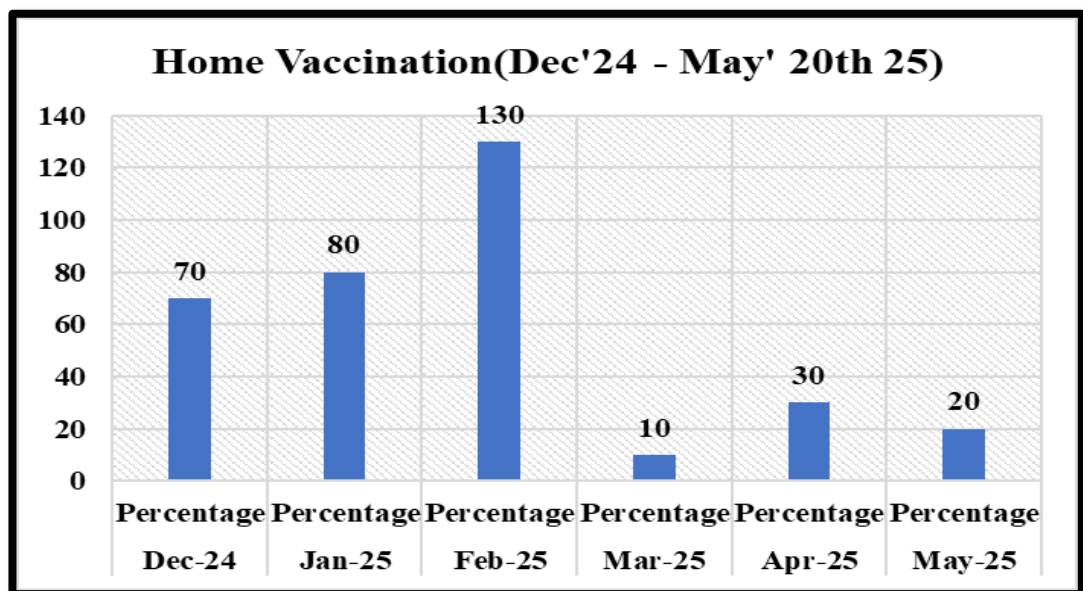


Fig 4.7 depicts that home vaccination performance showed a strong start, with nearly three-fourths (70%) achievement in December, peaking at over full capacity (130%) in February indicating high alignment with early immunization schedules. However, the service witnessed a sharp drop to just one-tenth (10%) in March, with only about one-

third (30%) recovery in April and one-fifth (20%) in May. This pattern suggests a need for improved continuity in follow-up, better demand forecasting, and operational readiness post-peak months.

4.1.2 Home Lab Trends (Dec '24 – May '25):

Fig 4.8 Home lab collection trends (Dec '24 – May '25)

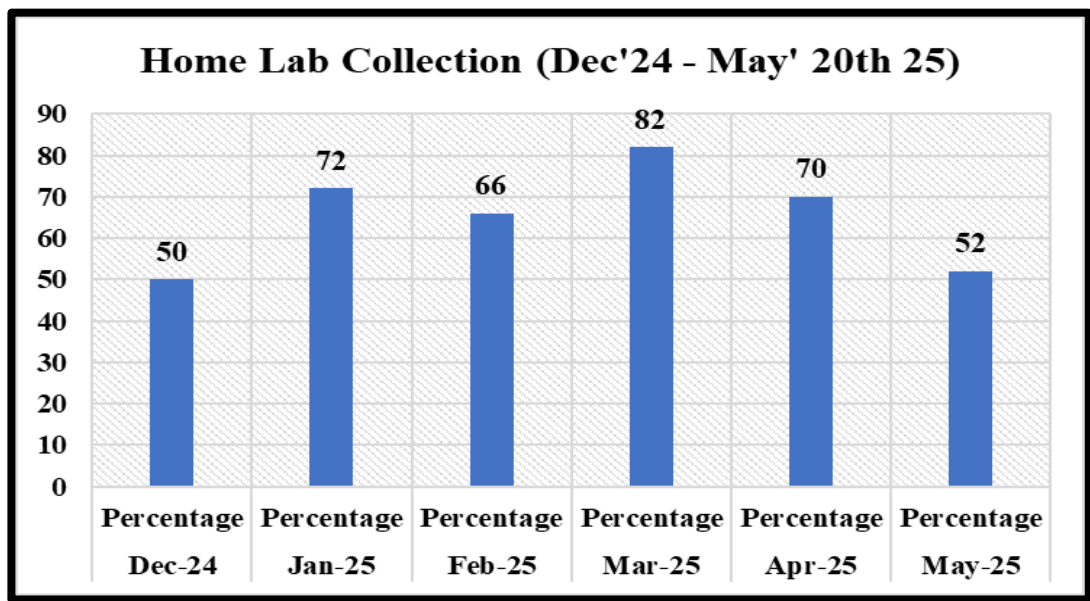


Fig 4.8 illustrates that Lab collection services maintained relatively steady uptake throughout the period. Beginning at half the target in December, the service improved to over three-fourths by March. Although it experienced a marginal decline in May, performance largely hovered around two-thirds of the target in the mid-months, indicating consistent demand and operational delivery.

4.1.3 Home Ear piercing Trends (Dec '24 – May '25):

Fig 4.9 Home Ear piercing trends (Dec '24 – May '25)

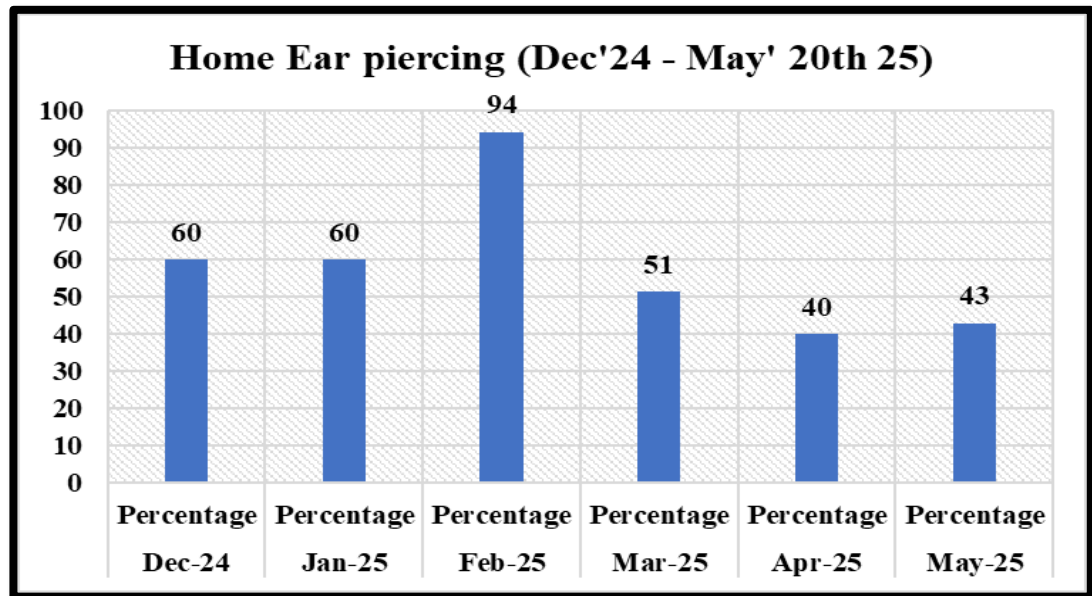


Fig 4.9 demonstrates Home Ear Piercing services showed a fluctuating trend. The service maintained two-third uptake (60%) in December and January, followed by a sharp rise to nearly full utilization (94%) in February. However, the rate dropped to around half (51%) in March, dipped further to two-fifths (40%) in April, and saw a slight recovery to just under half (43%) in May, indicating inconsistent demand and possible lapses in continuity.

4.1.4 Home Nursing Trends (Dec '24 – May '25):

Fig 4.10 Home nursing trends (Dec'24 – May'25)

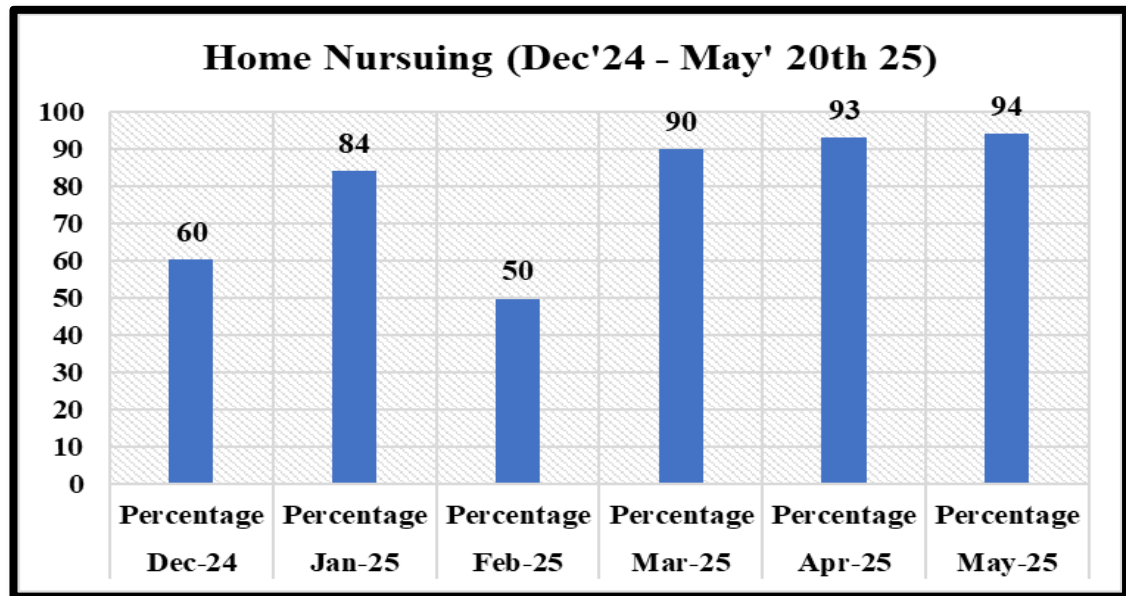


Fig 4.10 presents that Home Nursing services began with three-fifth uptake (60%) in December, followed by a rise to over four-fifth (84%) in January. A brief dip to half (50%) in February was succeeded by a consistent upward trend, reaching nine-tenth (90%) in March, slightly above nine-tenth (93%) in April, and peaking just below full achievement (94%) in May. The last quarter's strong performance indicates steady operational gains and increased service acceptance.

4.1.5 Home Pharmacy Trends (Dec '24 – May '25):

Fig 4.11 Home Pharmacy trends (Dec'24 – May'25)

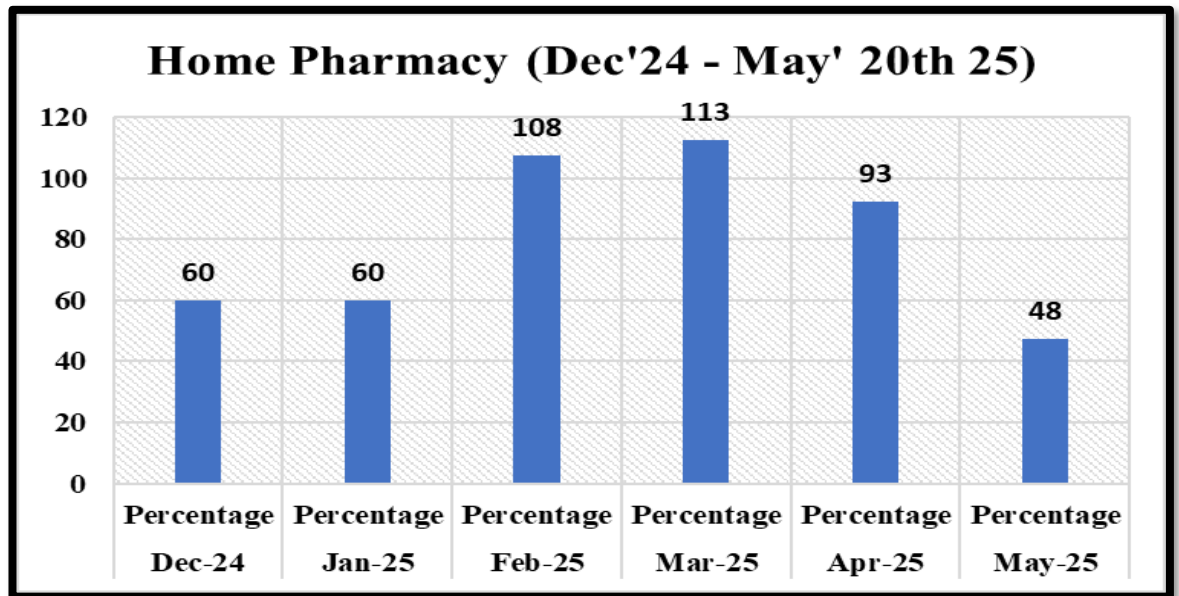


Fig 4.11 exhibits that Home Pharmacy services maintained three-fifth (60%) target achievement in December and January. The service then exceeded expectations, crossing full target with 108% in February and 113% in March. This was followed by a decline to slightly below full (93%) in April and further down to nearly half (48%) in May. While mid-period performance was strong, the latter months highlight a need for stabilizing efforts.

4.2 Qualitative Results

During this project, several qualitative insights were gathered through direct observation, informal discussions with Customer Relationship Executives (CREs), and feedback from on-ground staff across different service points.

➤ Interview findings

Following questions were asked to stakeholder and service providers of home care services to know the day-to-day challenges and outcomes.

Table 4.2 Area wise Interview questions

Inquiry Area	Questions
Pitching Consistency	Do CREs consistently pitch services to patients during discharge or consultation?
Patient Awareness	Are patients aware of all the available homecare services?
CRE Motivation	What factors influence CRE motivation and ownership of the process?
Lead Follow-Up and Tracking	Are there any common challenge CREs face in tracking homecare leads?
Operational Delays	What operational constraints lead to patient drop-offs?

Interviewed professionals were:

➤ Consultants:

- **Dr. Shashidhar Vishwanath** (MBBS, MRCPCH, Post grad DCH, FRCPCH, CCT (UK), PGPN (USA) Neonatologist & Paediatrician at Cloudnine Hospital- Cloudnine Hospital, Sahakarnagar.
- **Dr. Seema Gaonkar** (MBBS, MD – Paediatrics) at Cloudnine Hospital Cloudnine Hospital Sahakarnagar.

➤ Statements from the Consultants

➤ Dr. Shashidhar

- - “From my experience, parents are often interested in homecare services like vaccination or nursing at the time of discharge, but unless there is a timely reminder or structured follow-up, many of these leads do not convert.”

- - *“I have noticed that aligning home vaccination pitches with clinical milestones such as the 6th or 10th-week vaccinations significantly improves acceptance among families but family prefer to visit doctor in person for that trust and comfort level.”*

➤ **Dr. Seema**

- - *“In my interactions, I’ve found that caregivers often hesitate to opt for home ear piercing or nursing, not because of clinical concerns but due to psychological discomfort or a perception that such services are safer within the hospital.”*
- - *“If consultants like us proactively counsel families about the credibility and convenience of homecare services during consultations, it can greatly influence the parents but as their consultants we can only recommend them not force them.”*

➤ **Statements from the Customer Relation Executives (CRE’s)**

- - *“We often do not get enough time during discharge or OPD flow to explain all homecare services in detail, so patients leave unaware of many offerings.”- Shruthi (CRE)*
- - *“Follow-ups sometimes get delayed because we don’t have a proper digital reminder system. We track leads manually, and that can lead to missed conversions.” – Stephan (CRE)*
- - *“Some parents ask us to wait until their paediatrician confirms the need for the service—even if they were initially interested—so we’re dependent on the doctor’s reinforcement too.” – Shonu (CRE)*
- - *“When we used the newborn due-service sheet, it became easier to know whom to call and what exactly to pitch. Before that, we were working blind most of the time.” – Ranjitha (CRE)*

➤ **Statements from the Customers**

- *“We preferred the hospital setting for our baby’s first vaccination. It felt more reassuring to have the doctors around, even though the home option was convenient.” Mrs. Neha Sharma, opted for hospital-based vaccination*

- *“The home ear piercing service sounded good, but I wanted to check with my sister first she’s a doctor just to be sure it’s safe at home.”* **Mr. Ankit Jain, initially deferred ear piercing for his daughter**
- *“We used the home lab collection service for my baby’s tests. The technician was on time, and it saved us a lot of travel hassle.”*

Mrs. Kavita Rao, homecare lab collection service user

➤ **Findings: -**

➤ **Variability in Pitching Consistency Across Floors**

CREs stationed on different floors showed varying levels of consistency in pitching homecare services. While some CREs integrated service pitching seamlessly into discharge or consultation workflows, others were more reactive, depending on the patient’s inquiry. This inconsistency may have impacted overall service uptake, particularly for non-urgent services like Home Ear Piercing and Vaccination.

➤ **Patient Awareness and Interest Level**

In many cases, patients and attendants were not fully aware that homecare services were available beyond lab collection. Ear piercing, pharmacy delivery, and nursing services were often perceived as in-clinic-only options. When informed, a majority expressed appreciation for the convenience, but only a few converted into active leads, indicating a need for repeated reinforcement and visibility at multiple touchpoints.

➤ **CRE Motivation and Ownership**

Motivation levels among CREs varied month-to-month, often influenced by workload, staff changes, or alignment with in-house targets. CREs who received weekly updates or informal recognition from their reporting leads seemed more proactive in maintaining follow-up calls and completing daily tracking logs.

➤ **Challenges in Lead Follow-Up and Tracking**

CREs highlighted that tracking homecare leads post-discharge was difficult due to unstructured follow-up processes and lack of uniform MIS adoption. Many relied on personal notes or WhatsApp follow-ups, leading to gaps in data entry and lost leads. This affected accurate reflection of interest-to-conversion ratios

in the MIS reports.

➤ **Operational Dependencies and Delay Factors**

Feedback from staff suggested that patient decisions were sometimes delayed due to operational constraints—such as unavailability of slots for home nursing or delayed callback from service fulfilment teams. These delays led to service drop-offs, particularly in cases where patients had urgent but short-lived requirements.

➤ **Service Preference Trends**

Among all services, Home Lab Collection saw relatively stable demand, as it was already an established offering. Home Vaccination and Ear Piercing services were often chosen for infants or toddlers, but only when the availability and pricing were clearly explained. Home Nursing, though high-value, was more likely to be considered by attendants of elderly or post-operative patients after discharge counselling.

➤ **Need for Service Posters and Visibility Collaterals**

In several interactions, CREs and patients mentioned the lack of visibility materials for homecare services across floors. Where posters or info leaflets were present, it prompted spontaneous inquiries. CREs suggested that a standard flyer or a digital screen highlight could improve engagement, especially at billing and discharge counters.

4.3 Summary of Result

Over the six-month period (Dec'24–May'25), performance across the five homecare services showed varied trends. Home Nursing demonstrated steady growth, achieving 94% of the target in May after a low of 50% in February, indicating a positive recovery. Home Pharmacy peaked in March at 113% but declined to 48% by May, suggesting seasonal or operational variability. Home Ear Piercing saw its best performance in February (94%), followed by a decline, possibly due to decreased demand or follow-up inefficiencies. Home Lab Collection maintained moderate consistency, with March showing the highest achievement (82%). Home Vaccination, however, showed a downward trend post-February, dropping from 130% to just 20% in May, indicating a

need for revised outreach or awareness strategies. These fluctuations highlight key areas of strength and concern across services.

From an on-ground perspective, service performance was found to be influenced by multiple qualitative factors. Coordination gaps among CREs and limited patient conversion tracking mechanisms impacted follow-up efficiency. Service visibility remained low across some floors, leading to missed opportunities. While Home Nursing saw increased acceptance due to caregiver reliability, Home Vaccination and Pharmacy services were hindered by lower patient inquiry and communication gaps. Notably, staff awareness of targets and performance varied widely, impacting motivation and prioritization. These insights point toward the need for improved floor-level communication, consistent performance tracking, and enhanced patient-facing promotion of homecare services.

4.4 Barriers to Homecare Service Uptake

4.4.1 Home Vaccination

- **Limited Paediatric Leads:** CREs primarily received leads for adult services, while vaccinations require targeted paediatric leads.
- **Parental Hesitation:** Parents often prefer hospital-based vaccinations due to perceived safety for children.
- **Follow-Up Challenges:** Caregivers were unresponsive or hesitant during follow-up calls due to lack of awareness about home vaccination benefits.
- **Vaccine Availability Gaps:** Occasional delays in cold chain or availability of specific vaccines impacted conversions.

Table 4.3 Patient-Reported Reasons for Declining Home Vaccination

Reason for Decline	Percentage (%)
Prefer visiting paediatrician at hospital/clinic	28%
Cost higher than nearby clinics or independent providers	22%
Already got vaccinated during regular paediatric visit	14%
Missed the follow-up call or did not recall booking	12%
Doctor did not specifically recommend home vaccination	10%
Switched to government immunization centres	8%
Out of town during the vaccination due date	6%

4.4.2 Home Lab Collection

- **Preference for Walk-In Labs:** Many patients opted for in-clinic collections due to routine check-ups coinciding with hospital visits.
- **Lack of Awareness:** Patients often did not know lab services could be scheduled at home.
- **CRE Time Constraints:** CREs prioritized high-ticket services over lab collections during peak OPD hours.
- **Early Morning Slot Preference:** Demand was high for early morning slots, which were sometimes unavailable or overbooked.

4.4.3 Ear Piercing

- **Seasonal Fluctuation in Demand:** Ear piercing services are elective and saw a natural dip post-festive and school reopening periods.
- **Parental Caution:** Many parents preferred to delay the procedure or do it in presence of a known doctor at the hospital.
- **Awareness Gap:** Ear piercing was not actively pitched by all CREs, possibly due to it being a niche service.
- **Lead not followed up:** Many leads went unfollowed due to lack of structured follow up protocol and CRE's relied on WhatsApp communications.

4.4.4 Home Pharmacy – Low Achievement Reasons

- **Repeat Orders Not Captured:** Many patients bought medicines once and did not require frequent refills, limiting repeat follow-ups.
- **In-House Pharmacy Visits:** Patients visiting the hospital preferred to collect medicines directly.
- **Coordination Delay:** In a few cases, delivery turnaround time wasn't aligned with patient expectations, causing drop-offs.
- **Price Comparison by Patients:** Some patients compared prices online or with local pharmacies, which impacted conversion.

4.4.5 Home Nursing – Low Achievement Reasons

- **Short-Term Requirement:** Many inquiries were for one-time dressing or injection support, which didn't qualify under home nursing packages.
- **Caregiver Preferences:** Families preferred known local caregivers or attendants, especially for long-term services.
- **Budget Constraints:** Patients often found nursing services costlier than expected for home-based care.
- **Doctor Referral Dependency:** Uptake was low in absence of strong doctor recommendation or follow-through.

Chapter 5: Discussions

The findings from this hospital-level study align with and, in some aspects, expand upon the existing body of research related to home-based maternal and neonatal care in India. Notably, the service uptake trends, barriers to utilization, and operational insights echo themes established in prior studies while introducing context-specific observations that contribute uniquely to the field.

Several parallels emerge when comparing this study with existing literature. For instance, Rajasulochana et al. (2016) highlighted the importance of personalized and home-based maternity services, a sentiment reinforced by the consistent patient appreciation for convenience in services like home vaccination and lab collection observed in this study. Similarly, the work of Chatterjee et al. (2021), which identified rising acceptance of homecare among new mothers, is mirrored in the relatively strong uptake of home-based services when awareness was effectively created—particularly during critical postnatal weeks.

Kumar et al. (2020) and Basu et al. (2017) both noted gaps in service utilization due to logistical and systemic shortcomings. This study reinforces those findings through its observation of lead drop-offs linked to unstructured follow-up mechanisms and incomplete MIS documentation. Moreover, Pathak et al. (2022) emphasized the role of outreach in timely neonatal vaccination, which aligns with this report's identification of immunization timelines (6th and 10th week) as natural peaks for service conversion.

At the same time, the present study offers several novel contributions not extensively discussed in earlier works:

1. **Structured Operational Tools:** While prior literature focused primarily on service outcomes and community-level acceptance, this project introduced and evaluated internal operational tools such as newborn due-service sheets and MIS-integrated tracking sheets that enabled better segmentation and follow-up.
2. **Frontline Workforce Perspective:** Unlike most existing studies, which primarily drew insights from mothers or caregivers, this study integrated direct feedback from CREs and paediatric consultants. These perspectives uncovered process inefficiencies, motivational factors, and workflow dependencies that affect day-to-day performance and conversion outcomes.

3. **Data-Linked Behavioural Insights:** A notable advancement in this study was the triangulation of behavioural patterns (e.g., trust in hospital-based paediatricians, caregiver hesitancy) with real-time MIS data. This added depth to the understanding of why certain services lagged despite initial interest, offering actionable intelligence for targeted intervention.
4. **Intra-hospital Variation in Service Pitching:** The variability in pitching practices across different floors and CREs observed in this project has not been previously documented in comparable studies. This finding points toward a need for internal capacity-building and standardization—elements often absent in large-scale, externally focused studies.

5.1 Limitations

However, the study does have some limitations. Firstly, the data period was restricted to six months, which may not fully capture long-term behavioural or seasonal trends in service uptake. Secondly, patient feedback was collected indirectly through CRE inputs and not via direct interviews or surveys, which might have limited the scope of understanding patient-specific reasons for service decisions. The study was also limited to one hospital unit, making it difficult to generalize findings across other branches or regions. Lastly, variability in how data was recorded especially before the new tracking tools were introduced may have affected the completeness and consistency of some service metrics.

5.2 Strengths

One of the key strengths of this study lies in its practical grounding within a real-time hospital setting, supported by active involvement from various departments such as operations, paediatrics, and nursing. The use of mixed methods—quantitative tracking via MIS and qualitative insights through field observation and informal interviews—enhanced the depth and reliability of the findings. The development of tools like the pitch follow-up sheet and newborn due-service sheet demonstrated how simple operational interventions can lead to better patient engagement and service alignment. Additionally, the study was directly aligned with business objectives, making the findings immediately relevant for ongoing decision-making and strategy adjustment.

Chapter 6: Conclusion

This project set out to analyze and improve the performance of homecare services at a hospital unit level. Each of the three research objectives has been addressed through a mixed-method approach using both performance data and qualitative insights from stakeholders.

The goal of the study was **to evaluate the impact of structured follow-up tools such as pitch tracking sheets and lead logs on improving conversion rates and operational efficiency in homecare services**. Data analysis from December 2024 to May 2025 indicated consistent performance in vaccination and lab collection, with higher conversion and revenue generation. Conversely, nursing, and ear-piercing services showed underperformance, often related to caregiver hesitancy, or delayed decision-making. Month-wise fluctuations were observed, with operational peaks in February and March, underscoring the influence of structured engagement.

The study also focused on **identifying key behavioural and operational barriers affecting the uptake of home nursing and ear-piercing services, and to assess the effectiveness of targeted staff training and improved communication strategies in overcoming these gaps**. The study highlighted several behavioural and operational constraints. Families expressed trust in hospital-based services, and hesitation often stemmed from internal family dynamics or misinformation. Particularly in vaccination, timely follow-ups aligned with the baby's immunization schedule (e.g., 6th and 10th week) significantly increased conversion rates.

It also discussed **examining the role of clinical alignment specifically using newborn registry data and vaccination timelines in enhancing service relevance, patient targeting, and overall homecare service utilization**. Operational insights revealed weak follow-up documentation, lead leakage, lack of structured training, and misalignment between newborn registry data and package eligibility records. These insights formed the basis of targeted interventions proposed in the following section.

6.1 Recommendations

Based on six months of performance tracking and frontline feedback, the following interventions are proposed to improve the conversion, delivery, and monitoring of homecare services:

1. Pitch Follow-up Sheet

A structured sheet to be maintained by CREs to document:

- Each service pitched (vaccination, nursing, ear piercing)
- Outcome of the pitch (converted, declined, follow-up pending)
- Timeline of engagement

This tool will help track individual CRE efforts, assess pitch quality, and identify follow-up lapses. It also creates scope for performance-based incentives.

2. Ear Piercing Lead Sheet

To ensure no lead is missed, all leads (corporate or walk-in) will be:

- Entered and monitored centrally by the Assistant or OPD Manager
- Tracked for status (pending/converted) and assigned to specific CREs
- Used to monitor monthly sales and manage stud inventory

This will prevent revenue leakage and ensure service continuity.

3. Nurse Training on Allied Home Services

Nurses involved in homecare will undergo structured training in:

- TENS therapy: both operational handling and how to pitch it
- Patient communication for promoting home nursing services

This will address low awareness and improve the delivery of underused services.

4. Follow-up Based on Newborn Reports

To improve timely service delivery for vaccinations and ear piercing:

- Segregated data of newborns due for 6, 10, 14 weeks, and 6-month vaccinations will be extracted

- Pharmacy CREs will be assigned this data and trained to pitch both vaccination and ear piercing in tandem (especially for female infants)

This strategy aligns outreach with clinical milestones and improves lead targeting.

➤ **Implementation Timeline and Impact:**

If executed consistently, these interventions are expected to show visible improvement within 4–6 months. While tracking and pitch quality improvements may yield short-term wins, behavioural and system-based changes like better training and lead management will yield more sustainable results over the medium term.

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