

P.D. HINDUJA HOSPITAL

The healthcare journey commenced in 1951 by the late Shri P. D. Hinduja, with a vision to provide quality healthcare for all. It is a 400 bedded hospital with 55 specialties. It is known for its rich legacy and proven expertise and has been a pioneer in medical excellence.

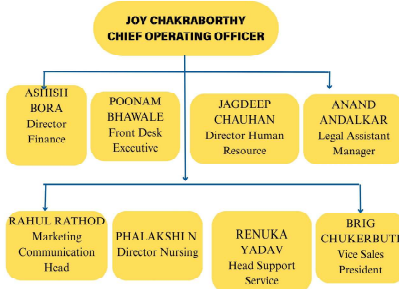
MISSION

To Grow PDHH Into a Self-Sustaining, state-of-the-art Medical Institution with Latest Technology, leading In Clinical Excellence, Education and Research providing 360-degree patient care at affordable prices by ensuring steady growth in Reputation, Revenues and Surplus while fulfilling our purpose of serving the needy by continued growth in charity.

VISION

Quality Health Care for All Healthcare that is Affordable, Value based Ethical, Transparent, Outcome based, Backed by Technology & Innovation

ORGANIZATIONAL STRUCTURE



PRACTICAL vs THEREOTICAL LEARNING

Thereotical

- Learned about Time-Motion Study and delay analysis concepts
- Understood basics of patient flow and scheduling efficiency.

Practical

- Analyzing data using MS Excel
- Primary Data Collection.
- collected clinical feedback through surveys and face-to-face conversations with patients
- Applied methods to interpret clinical feedback and suggest data-backed improvements to minimize service gaps.

AIM & OBJECTIVES

AIM:

- To assess and reduce patient waiting time before dialysis in the AKD Unit.

OBJECTIVES:

1. Calculate average waiting times across one month.
2. Categorize waiting times into meaningful buckets.
3. Identify root causes for delays.
4. Recommend actionable process improvements.

METHODOLOGY

Type of Study: Prospective Observational Study

Target Population: Patient scheduled for Dialysis

Approach: Review of departmental records alongside in-person observation

Data Sources: Direct Observation, Nursing Register, Dialysis Technician Logbook.

Study Duration: Data Collected for 1 month (20th May to 20th June 2025).

Sample Size: 107 Patients observed during the study period
1478 dialysis session records collected

Key Data Points Collected

- Patient Arrival Time
- Scheduled vs. Actual Dialysis Start Time
- Reason for Delay

Tools & Methods:

- Microsoft Excel used for data compilation and analysis
- Manual verification and cross-checking across all three sources

CHALLENGES FACED DURING INTERNSHIP

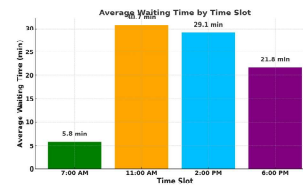
- Difficulty verifying data from multiple manual sources
- Limited staff cooperation during peak hours
- Patient arrival time inconsistencies affected observations

LEARNING'S DURING INTERNSHIP

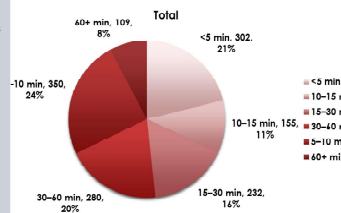
- Learned how to collect and analyze real hospital data
- Understood how patient timing affects service flow
- Improved my skills in using Excel for healthcare data analysis
- Learned to communicate with staff and understand on-ground challenges

KEY OPERATIONAL FINDINGS

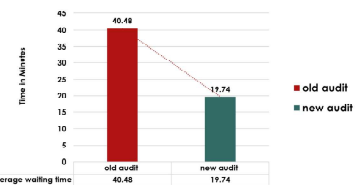
- Shifting twice-a-week patients to the 7th floor improved bed allocation and flow
- Technician shortages during vacation period affected scheduling
- Limited nursing staff during some shifts reduced support in the dialysis unit
- Patient preferences for specific beds created challenges in smooth scheduling



Average Waiting Time in AKD



Delay Distribution by Time Bucket



Comparison with Previous Audit

Arrival Time Before Appointment	No. of Patients	% of Total
< 30 min	61	21%
30-59 min	89	30%
60-90 min	64	22%
> 90 min	79	27%
Total	293	100%

Impact of Early Arrival on Waiting Time

KEY FINDINGS

- Average waiting time was 19.74 minutes – a 51% improvement from the previous audit
- First batch had the shortest delays, while second and third batches faced the longest waiting times
- 45% of sessions started within 10 minutes; 28% experienced over 30 minutes delay
- 49% of patients arrived more than an hour early, leading to crowding and perceived delays
- Late arrivals in the early morning slots caused disruptions in the day's schedule

RECOMMENDATIONS

- Counsel patients on ideal arrival time (15–20 minutes before session)
- Send SMS reminders to reduce early and late arrivals
- Use digital check-in tools to replace manual logbooks
- Pre-plan bed allocation based on patient schedule patterns
- Include buffer time (15–20 mins) between dialysis sessions for cleaning and handover

- Well-defined dialysis scheduling system
- Availability of accurate logbooks and records
- Supportive clinical staff for data collection
- Shift to 7th floor improved patient flow

- Inconsistent patient arrival times (early/late)
- Manual entry of session data (non-digital)
- Limited buffer time between sessions
- Bed preference conflicts among patients

- Staff shortages or technician leaves
- Patient non-compliance with time slots
- Resistance to change from long-term patients
- Dependence on manual coordination between units

- Introduce digital check-in and tracking tools
- Patient counseling on ideal arrival time
- Weekly pre-planning of dialysis beds
- Use of SMS reminders for scheduling