RECORD REVIEW OF OUTPATIENT TO INPATIENT NON-CONVERSION IN TERTIARY CARE HOSPITAL

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ABOUT THE ORGANISATION

Apollo Speciality Hospital is a multi-speciality tertiary care hospital in South Bangalore with 150 beds.It provides vast inpatient and outpatient services in specialities like orthopedics, neurosciences, cardiology, pulmonology, gastrology, critical care, and many more.It is also equipped with modern diagnostic tools like MRI,CT,Endoscopy, sleep lab all accredited by the NABL.

HISTORY

With inception in 2007 ,Apollo Jayanagar is a part of the AHEL (Apollo Hospitals Enterprise Limited)1983 founded by Chairman and Founder Dr Prathap C Reddy .It is backed by Apollo Group's legacy of clinical innovation, NABL accredited labs and highest standards of care .

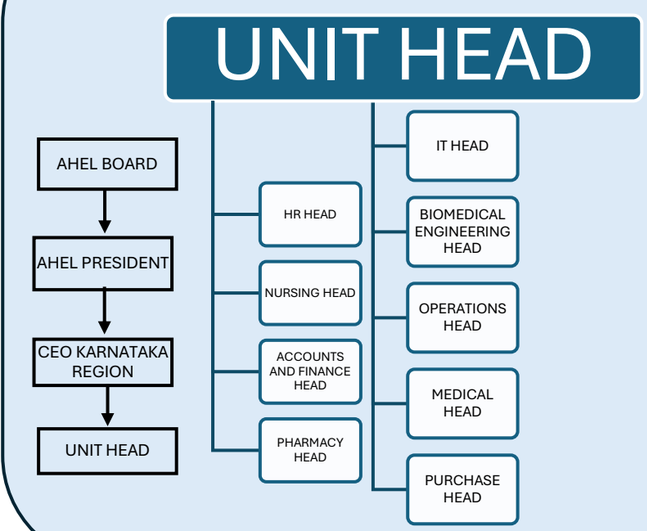
VISION

'Touch a billion lives'
The long term goal of Apollo Hospitals is to expand its reach and provide the highest standards of healthcare services that impacts one billion individuals .

MISSION

To bring healthcare of international standards within reach of every individual. They are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity .

ORGANISATIONAL STRUCTURE



OBJECTIVES

1.To analyse the OPD to IPD non-conversion rates

2.To find out and understand reasons of non admissions

3 .To suggest ways to improve conversion rates .

METHODOLOGY

- Design of study –Descriptive cross sectional
- Study Type – Record review
- Sample size used -99(Total non admissions from Jan to jun)
- Inclusion criteria – Patients visiting to OPDs of pulmonology, gastro-surgery, neurology,neurosurgery .
- Exclusion criteria- Patients who visit OPDs other than mentioned above .
- DATA COLLECTION
- Quantitative data -1.In-patient admission advices
  2. In-patient admission cancellation
- Qualitative Data –

1. Interviewed SLMs to understand reasons of non conversions and IP Billing staffs to understand reasons of insurance rejection .
2. Designed and administered questionnaire to patients advised for admission but didn't get admitted

SWOT ANALYSIS OF OPD

STRENGTHS	WEAKNESS	OPPORTUNITIES	THREATS
1.Highly specialised and experienced senior consultants – many with over 20 years of experience .	1.Very high costs	1.Streamline patient flow to senior consultants to reduce OPD waiting time	1.Multiple competitors in near vicinity
2.Strategic location –in middle of the city with ample transport services – road and metro	2.Alleged prescriptions of Unnecessary diagnostic tests	2. Enhance transparency in price tariffs for outpatient services ,diagnostic tests ,health checks – helps build more trust among patients.	2.Negative public and social media sentiments about corporate medical ethics – negatively impacting brand reputation
3. All-rounded care – OPD/IPD/ICU/OT/Lab/Pharmacy /digital health (Apollo 24/7 app)	3.Long OPD waiting time for some doctors –especially senior consultants	3.Expand preventive care and long term management of chronic /lifestyle associated diseases via OPD- can potentially increase footfall and increase perceived long-term value	
4.Availability of ultra modern diagnostic and lab services	4.Lack of attention by staff – Senior doctors,other admin staffs		

THEORETICAL LEARNING

1.Studied hospital services like PRM, OPD, ICU, OT, Supportive services.

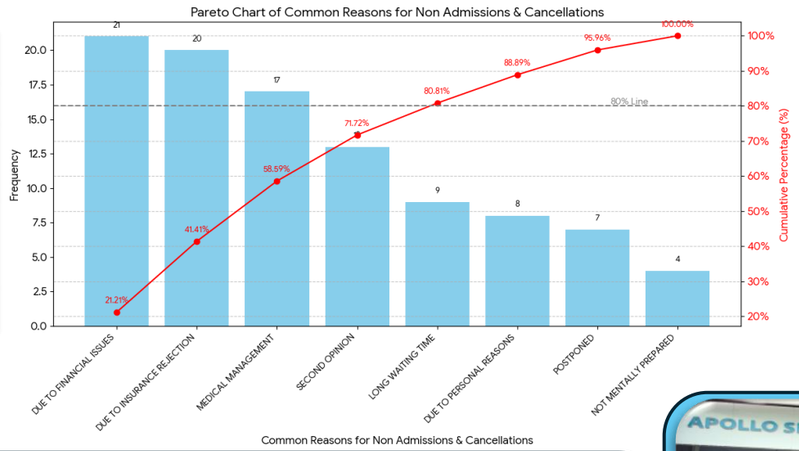
2.People management through effective Communication, professionalism and Body language

3.Studied concepts of financial management, Research and study designs .

PRACTICAL UNDERSTANDING

1.Observing the departments practically showed how all these departments have their own workflow and still work inter-dependently to provide quality healthcare services .
2.Practical observation and execution of people management at OPD,IPD,Health check camps through effective communication and query resolution.
3.Got to see how financial counselling is done in corporate hospital setting, understood revenue cycle management and implementing study design
in the project .

DEPARTMENT	CONVERSION RATE (%) APRIL	MAY	JUNE
GIMAS TEAM(GASTRO INTESTINAL MINIMAL ACCESS SURGERY)	91.58	90	95.29
NEUROSURGERY and NEUROLOGY	84.93	84.91	83.93
PULMONOLOGY	75	80	84.85



RESULTS

1.Elective surgeries with shorter length of stays were having higher conversion percentages ,eg GIMAS team at Apollo Jayanagar

2.Neurosurgery and neurology usually has high budgeted which are generally difficult to convince even after financial counselling,reassurance and discount

3. Non admission in pulmo dept are usually because of longer hospital stay because of medical management hence higher budget as well.

4.Insurance rejections were mostly because of non –coverage ,immature policy ,non disclosure of comorbidities .

SUGGESTIONS

1.Better,complete and prior financial counselling,Reassurance, educating and enquiring about their insurance policy coverage and maturity

2. Complimentary Basic/mid-level health check packages for the attenders (one /two)

3. Educate about EMI/ 0% Interest loans/crowdfunding options especially for high budget surgeries (neurosurgery/cardiac surgical cases)

4. Flexibility of charges

5 .Better marketing strategies - brand campaigns /medical checkup camps and referrals ,visiting consultants .

6.Display video testimonies of successful cases .

7. Only OT admissions for procedures - care post surgery at outside hospital ,so less room rent is incurred

8.Pre-admission diagnostic tests can be done on OP basis rather than IP basis .

CHALLENGES FACED

1.Patients were sometimes reluctant to reveal reasons for not getting admitted upon interviewing
2. Hospital MIS (MEDMANTRA) data is kept confidential hence accessing the admission data required many prior permissions - Operations head ,OPD head,IPD head
3. Only the departments which had an SLM could retrieve the data for the number of advised cases for admission