ASSESSMENT OF TURNAROUND TIME (TAT) COMPLIANCE IN PATIENT TRANSFERS FROM EMERGENCY DEPARTMENT TO IPD/ICU.

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Roll no: 2012
Stream: Hospital and Health management
Organization Mentor: Dr. Nimi Thadeshwar

HISTORY OF ORGANISATION

- The late B M Birla and Y B Chavan, India's defense minister at the time, laid the foundation stone for CMRI in Kolkata in 1969.
- In 1989 it was the opening of the BMB Heart Hospital in Kolkata, which was the first hospital in India to receive NABH accreditation.
- The Group opened the 230-bed Rukmani Birla Hospital in Jaipur, Rajasthan, in 2016.

VISION

To provide best of Patient Service & Clinical Excellence.

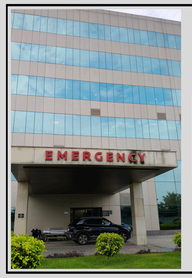
MISSION

To create Clinical Centres of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome.

ORGANIZATIONAL CHART

INTRODUCTION

"The Emergency Department (ED) is the face of the hospital"
The first point of contact for hospital care is the Emergency Department (ED), where patients with urgent medical requirements come in.



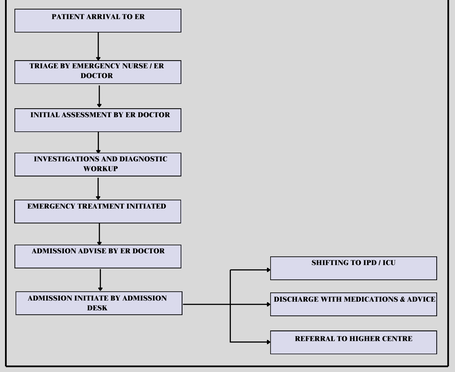
AIM

Reduced congestion in the emergency room → Optimal workflow at the hospital to accomodate OPD patients requiring attention → Prompt medical attention - timely indenting of drugs from floors → Improved clinical outcomes for patients → Higher patient satisfaction

OBJECTIVE

- To evaluate adherence to SOP requiring patient transfer within 30 minutes from ER to IPD/ICU after the admission being initiated.
- To track real-time challenges, monitor TAT and identify root causes of delay.

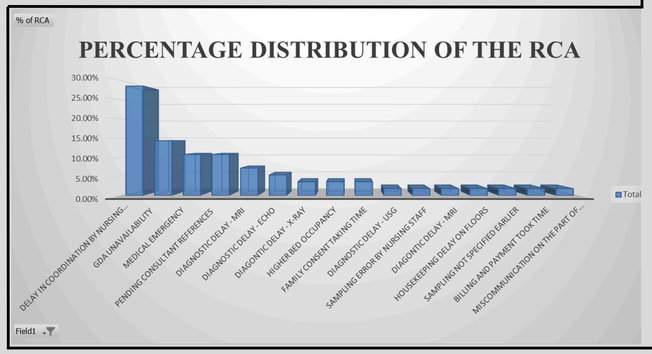
WORKFLOW OF ER



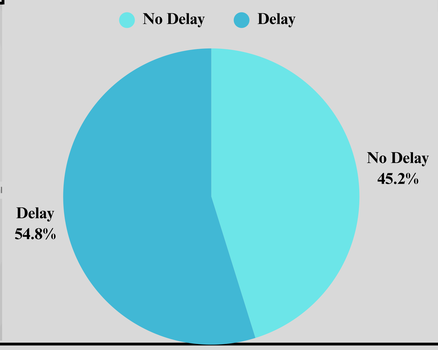
METHODOLOGY

- Study design- Observational
- Study Type- Descriptive
- Study method - Real time observation
- Sampling Technique - Convenience Sampling
- Sample size - 104 patients
- Study duration - 19th May till 24th June (37 days)
- Data collection type - Primary data

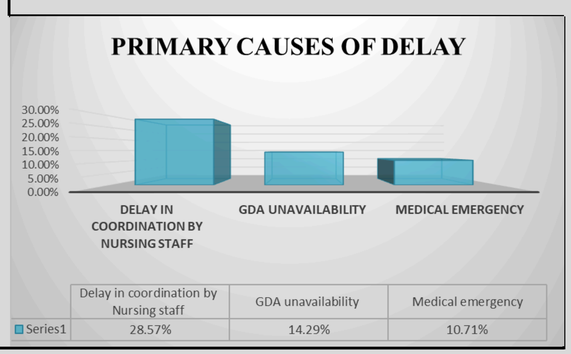
PERCENTAGE DISTRIBUTION OF THE RCA



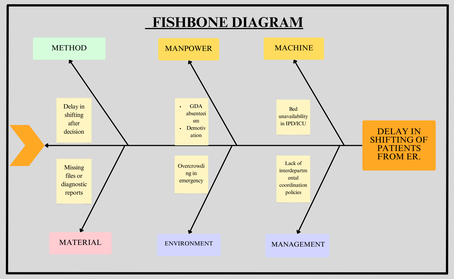
KEY FINDINGS



PRIMARY CAUSES OF DELAY



FISHBONE DIAGRAM



SWOT ANALYSIS

STRENGTHS

- 24x7 service availability
- Trained ER doctors and triage nurses
- Structured admission protocols

WEAKNESSES

- GDA absenteeism
- Nursing staff demotivation
- Delay in consultant rounds

OPPORTUNITIES

- Digital attendance & communication tools
- Training on TAT & KPI awareness
- Improved floor coordination

THREATS

- Patient dissatisfaction
- Loss of trust in emergency care
- Overcrowding & delayed treatment outcomes

THEORETICAL UNDERSTANDING	PRACTICAL EXPOSURE	MAJOR LEARNINGS
It is expected that all departments adhere to SOPs.	Human factors such as staff motivation, coordination delays, and GDA availability frequently cause SOP deviations.	Human factors such as motivation, responsibility impact operations.
Textbooks place a strong emphasis on effective departmental communication.	Poor communication between the consultants, diagnostics, admission desk, and emergency room resulted in delays.	Importance of SOP compliance in emergency workflow & Observational data tracking & real-time auditing
Management models presume leadership intervention and ongoing oversight.	In reality, shift changes frequently occurred without formal handovers or briefings, which affected continuity of care.	Root cause analysis and process redesign experience

CHALLENGES OBSERVED → SUGGESTIONS

CHALLENGES OBSERVED	SUGGESTIONS
GDA absenteeism & unclear role responsibilities.	Onboarding checklists and app-based attendance tracking.
Low motivation among nursing staff despite adequate manpower.	Peer-led recognition programs.
Coordination issues between departments.	Weekly coordination huddles among departments