



OPTIMIZING DIAGNOSTIC SERVICES

SUPER SPECIALITY HOSPITAL, PBM, BIKANER, RJ

ROLL NO 1973 (MBA HM 29)
CREATED BY: KEERTI SINGH

ORGANISATION MENTOR: DR. REKHA ACHARYA
UNIVERSITY MENTOR: DR. SEEMA MEHTA



BRIEF HISTORY

Prince Bijay Memorial Hospital was founded by Maharaja Ganga Singh in 1935, under which in 2019, SSH is established by the central government project. The hospital has neuro, gastro, pediatric surgery & neurology, gastroenterology, endocrinology, nephrology specialist.

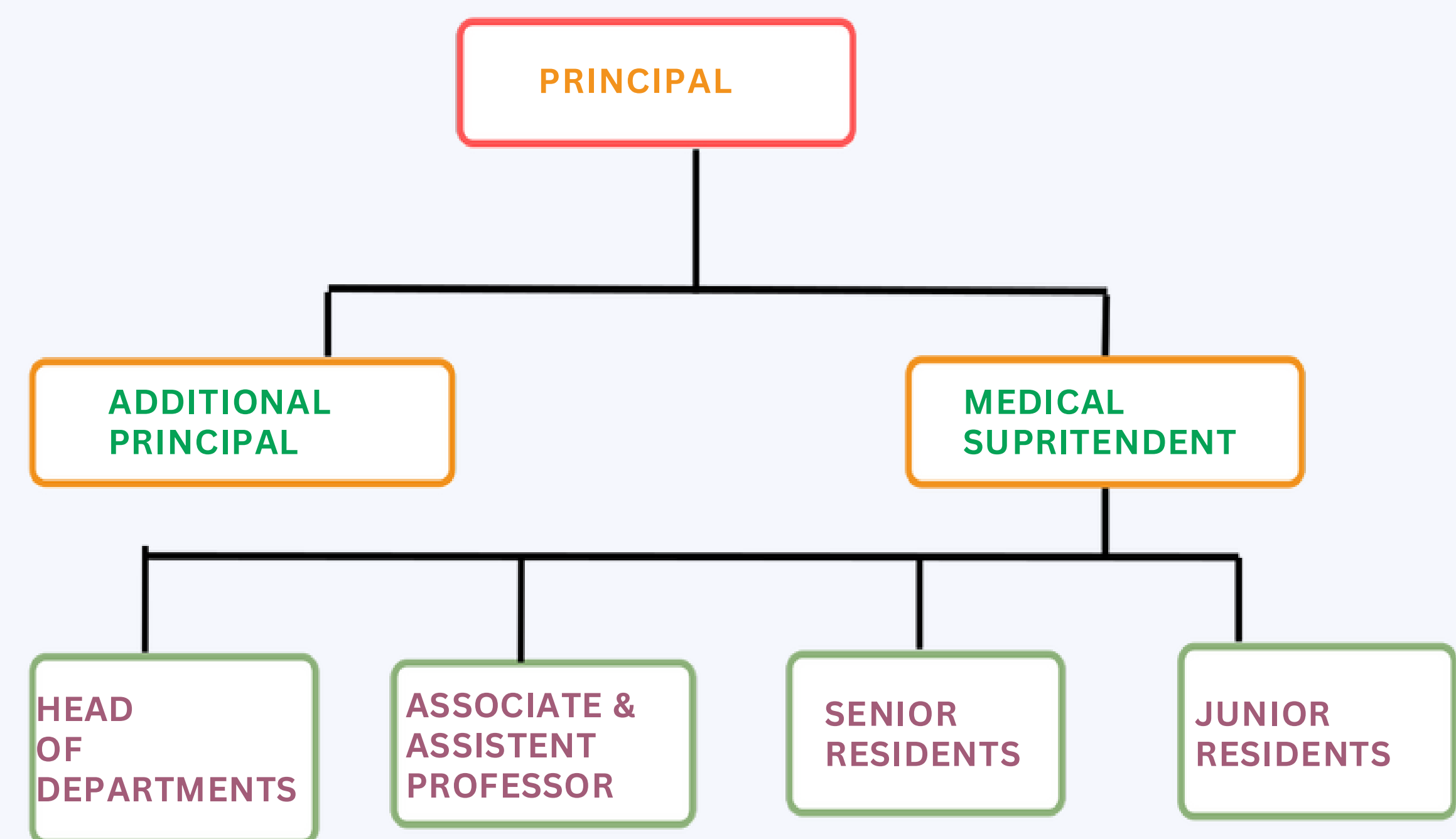
VISION

To provide accessible, high-quality health care to all with a focus on community engagement and Patient care.

MISSION

To serve the community through quality healthcare and medical services.

ORGANISATION STRUCTURE



SWOT ANALYSIS

STRENGTH	WEAKNESS
-Existing Diagnostic infrastructure -Public trust -Public health scheme benefits -Potential for government support/funding -Dedicated and experienced staff	-Inefficient workflow -Lack of human resource management -Lack of training of new Joines.
OPPORTUNITIES	THREAT
-Staff training & skill development programs. -Government initiatives& policy -Support for healthcare PPPs for overflow/specialized tests	-Increasing patient Load. -Negative Public perception due to delays -Maintenance and supply chain issues -Resistance to change

THEORITICAL LEARNING

Principles of Management
Focus on quality and patient satisfaction

Data driven decision making

Structured system & processes

Compliance & regulations

PRACTICAL EXPOSURE

Crisis management

Procedural hurdles

Optimal resource allocation

Human elements & stakeholder dynamics

Ad hoc influenced bureaucracy and individual efforts

OBJECTIVE

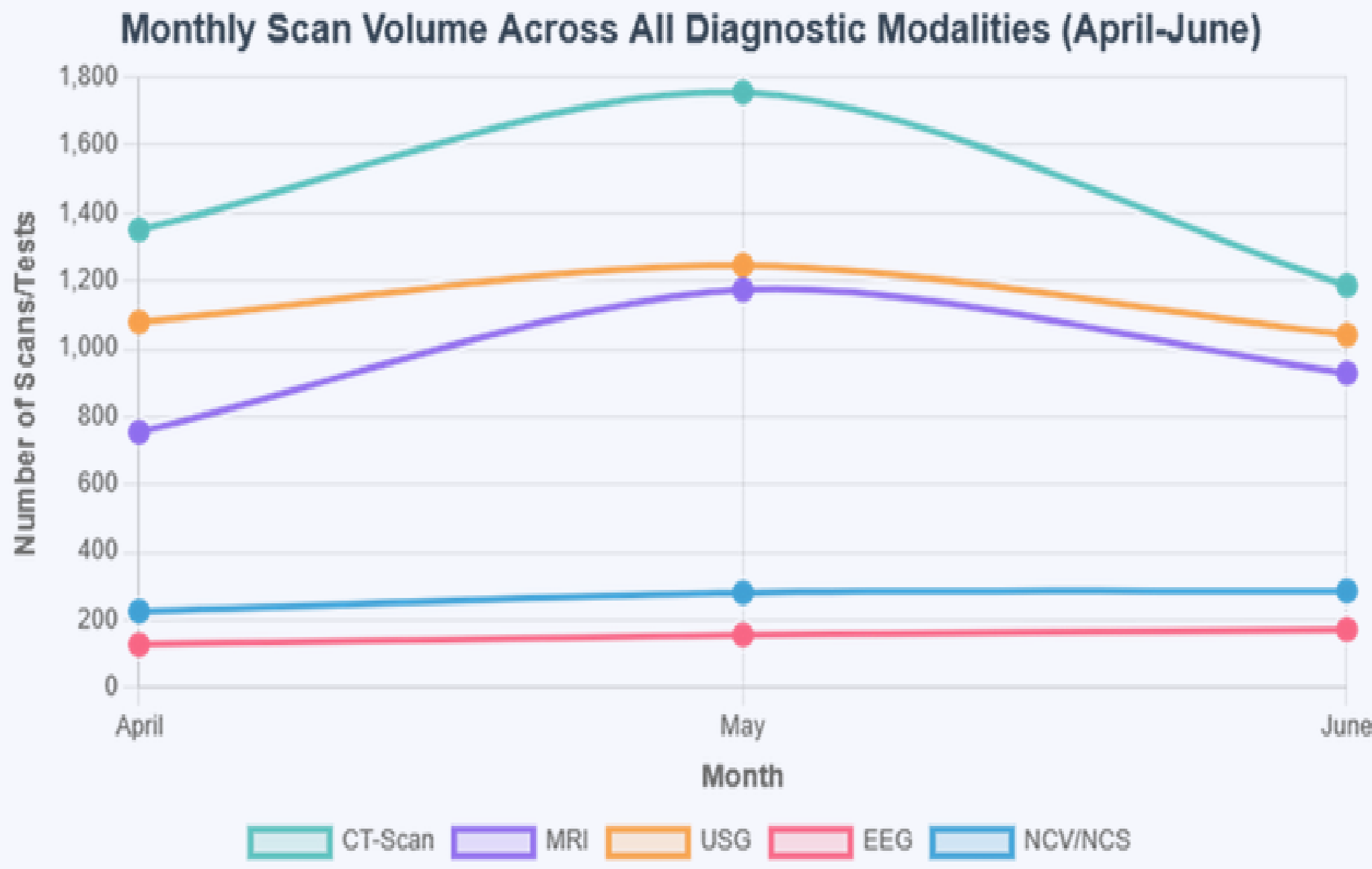
- To study the reasons of prolonged waiting time given to the patients for critical neurophysiological investigations like EEG, NCV/NCS & MRI,USG, CT-Scan.

METHODOLOGY

- It is cross sectional descriptive study based on secondary data of patients who have taken diagnostics services from the last three months in the hospital.
- Setting goal for approximate numbers of scanning for NCV/NCS,EEG,MRI,CT & USG by calculating the approx. per day scans and deciding the goals which are achievable on regular basis.

DATA ANALYSIS

Investigations	Monthly scan	Per day scan	Time take for each scan	Waiting days	Range (min-max)
MRI	928	40-45	15- 45 min.	8-10	5-12
CT	1186	60-70	5-10 min.	7-8	5-12
USG	1041	45-50	5-7 min.	10-15	5-12
EEG	172	6-7	45min-1hr	5-6	5-12
NCV/NCS	286	10-12	10- 90min.	10-12	5-12

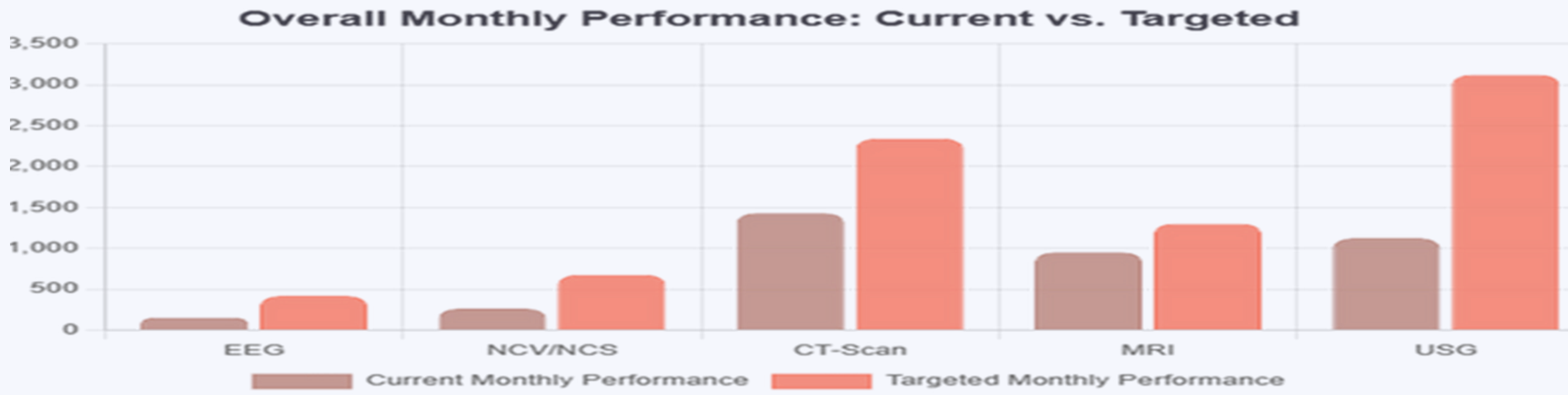


SHIFT DIVISION

Shift	Shift staff currently at EEG & NCV/NCS	PROPOSED General Staff for NCV/NCS & EEG	USG Staff at Desk for appointme nt & cannula	USG Performing Staff
1st Shift (8am-2pm)	8	4+1	2	2
2nd Shift (2pm-8pm)	--	4+1	1	2

PROPOSED SOLUTION

Investigations	On setting Goal	Waiting days	Range (min-max)
MRI	50	5-6	2-6
CT	90	3-4	2-6
USG	120	5-6	2-6
EEG	16	2-3	2-6
NCV/NCS	26	5-6	2-6



RESULTS OF ANALYSIS:

- USG (178%), >> EEG (63.5%) >>NCV/NCS (56.1%)
- MRI by 36.5% & CT-scan by 63.5%.

FACTORS FOR DELAYS

- More scanning in morning then evening of CT & MRI.
- 1 Shift working for USG & NCV/NCS
- Late arrivals of staff at USG.
- Inappropriate utilization of manpower resource with limited machines.
- Unplanned appointment vary per Day.

CHALLENGES

- Language barrier with patient communication.
- Data collection.
- Problem Adapting to new environment.

LEARNINGS

- Quality assurance & control
- Data Analysis:- analyzing the factor affecting.
- Implementation of these strategies is critical for optimizing resource utilization and improving patient care outcomes. Real world experience
- Understanding patient perspectives. Micromanagement- ground level understanding of general issue & resolutions
- Problem-solving

SUGGESTIONS

- Feedback System: Patient feedback for service & satisfaction.
- Biomedical waste management: Staff to assure the training on monthly basis.
- IHMS integrated QMS & Lab/investigation billing integration: IHMS integration for online reports for out of Rajasthan patient as well to provide automatic amount bill facility.
- Online payment: access to the patient from out of Rajasthan.
- Training & workshops

