ASSESSMENT OF INPATIENT ADMISSION TURNAROUND TIME (TAT)

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BATCH - HM 29

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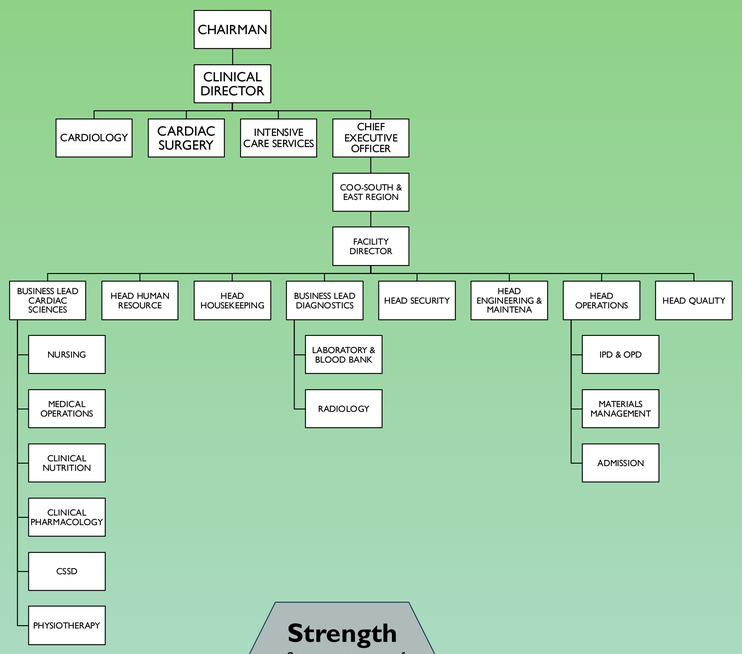
HISTORY

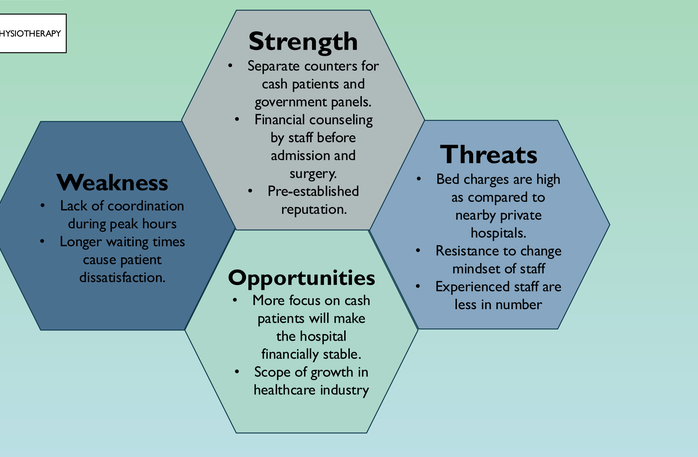
Narayana Hrudalaya was founded by Dr. Devi Shetty in the year 2000 with bed capacity of 280 in Bangalore. Presently it has 28 centers in India and 1 center in cayman islands. Brahmananda Narayana Multispecialty Hospital, Jamshedpur is 150 bedded tertiary care hospital accredited by NABH.

Vision- BNMH has a vision of providing world-class quality healthcare services with compassion and care on a large scale at a affordable cost.

MISSION- I-CARE which denotes Innovation and Efficiency, Compassionate care, Accountability, Respect for all and Excellence as a culture.

ORGANOGRAM

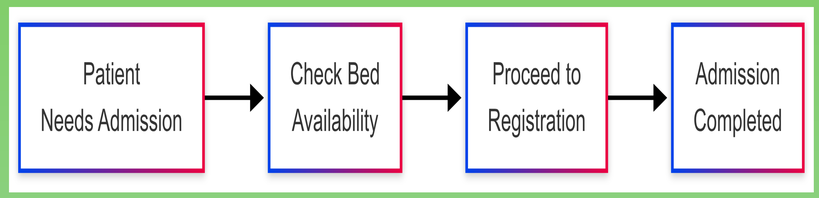


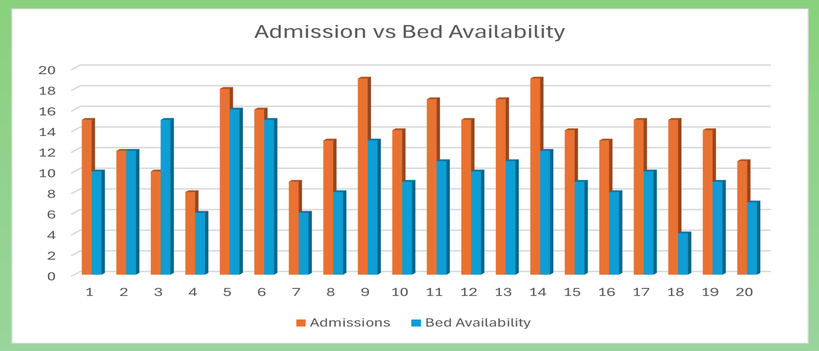


Admission TAT is the time duration starting from the arrival of the patient till their admission and bed allocation.

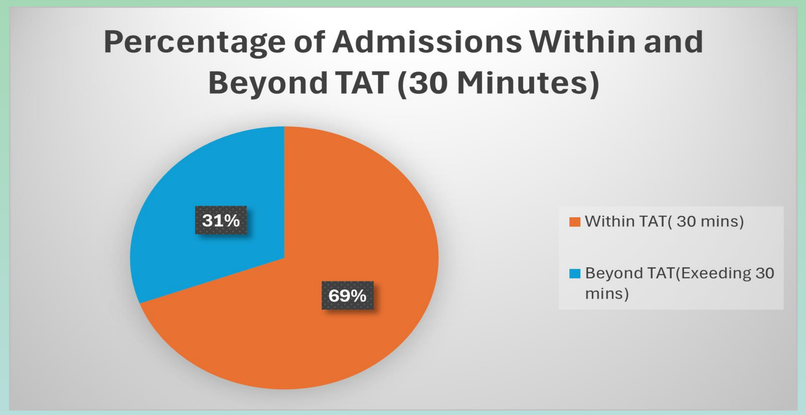
Objective
- To assess and identify delays in in-patient admission process of the hospital

Methodology-
Observed the number of admission in the time period June 1st 2025 to June 20th 2025 total of 284 patients.





On Observation we found that the median turn around time comes around 26 minutes. Out of 284 admitted patients, 197 admissions (69.36%) admissions were completed within the specified TAT of 30 minutes , while the remaining 87 admissions (30.63%) exceeded the turn around time



On analysis, it was observed that the delay in admission was primarily due to poor communication and time-consuming procedures for checking bed availability.

Theoretical Knowledge –
- Observing the OPD services are organization and their management across different departments.
- Understanding of healthcare billing procedures implemented to different patient categories (CGHS, ECHS TPA , cash etc.)
- Knowledge of medications and errors in prescription and their prevention strategies.
- Significance of organized Medical Records department systems. Understanding compliances with NABH guidelines and maintaining audit record

Practical Knowledge-
- Implementation of specialized OPDs and the challenges encountered in their day-to-day functioning.
- Practical exposure on billing operations across various counters and patient categories.
- Implementation of corrective actions for prescription errors in clinical settings.
- Management of files of MRD according to their need to ensure non-compliance
- Engaging in NABH assessments with more focus on corrective and preventive actions.

Challenges – 1)Adapting strategies to bridge communication gaps
2)Applying conflict resolution techniques to enhance teamwork.
3)Ensuring reliable and data management in a dynamic healthcare setting.
4)Identifying factors of patient dissatisfaction and applying solutions to enhance satisfaction.

Learnings 1)Gained experience in working as a team and solving challenges through collaborative efforts.
2)Enhanced communication skills, both verbal and non - verbal by interactions with colleagues.
3)Gained accuracy in data collection methods and knowledge of HMIS operations and other analytical skills.

Recommendations-1)All the counters of admission should be adequately staffed. Ensuring a centralized communication channel for proper bed management .
2)Patient counselling regarding room availability and payment policies. Implementation of training programs for Housekeeping staff' to enhance room turnaround time