NEURO-TAT: FAST TRACK TO EXCELLENCE IN PATIENT EXPERIENCE
MANIPAL HOSPITALS, BANGALORE

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BRIEF HISTORY:

Manipal Hospital Sarjapur, part of the Manipal Hospitals network, was founded to deliver advanced, multi-speciality healthcare to Bangalore's Sarjapur area. With a focus on clinical excellence and patient-centric care.

VISION:

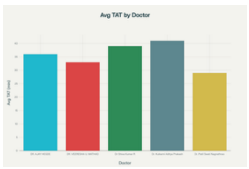
Manipal Hospitals envisions being the preferred and most trusted healthcare provider, recognized for clinical excellence, patient-centric care, and the highest ethical standards.

MISSION:

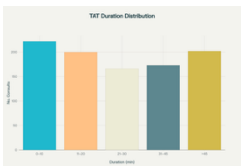
The mission of Manipal Hospitals is to deliver high-quality, affordable, and accessible healthcare through compassionate services, cutting-edge medical technologies, and continual staff development.

DATA ANALYSIS

Avg TAT by Doctor

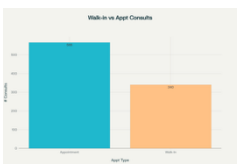


TAT Duration Distribution



Pay Status Breakdown

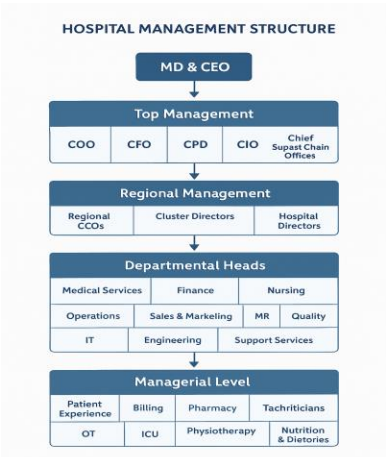
Walk in Vs Appointments



LEARNINGS

- Data guides change; people drive it.
- Empathy betters patient care.
- Communication is crucial.
- Problems mirror real life
- Importance of tracking TAT variations

ORGANISATION STRUCTURE



OBJECTIVE

- Pinpoint workflow issues during registration, billing, doctor visits, and pharmacy to shorten wait times.
- See how appointments versus walk-ins, payment styles change department speed and resource use.

METHODOLOGY

- **Study area:** Neurology OPD
- **Sample size:** 947 patients
- **Type of study:** Observational
- **Duration:** 1 month

SWOT ANALYSIS

S) Neurosurgery and Neurology departments have skilled doctors, which helps maintain quality patient care. The focus on patients also supports open communication and good teamwork.

W) Weaknesses: Patient flow can be disrupted by changes in turnaround times during busy times. Reliance on paper records may lead to errors and delays.

O) Patient tracking and queue systems could improve operations. Setting up standard turnaround methods could help with consistency and accountability.

T) Increased patient volume seems to stress staff, leading to burnout and drops in service quality. Limited budgets can restrict the hospital's access to new tech and training opportunities.

SUGGESTIONS

- **To improve outpatient department (OPD)** efficiency, introduce digital queues and monitor turnaround time (TAT) by automatically logging timestamps at arrival.
- **Set doctor- and complexity-specific TAT** standards. Analyze past TAT records to determine average times for each doctor.
- **Improve billing** by allowing pre-consultation payments and creating fast lanes

DIFFERENCE BETWEEN PRATICAL EXPOSURE & THEORETICAL LEARNING

Aspect	Theoretical Understanding	Practical Exposure
Conceptual Knowledge	Scheduling, workflow optimization, TAT reduction, and process maps from textbooks.	Identifying how micro-delays at each step impact overall patient flow. Actively experimenting with flow adjustments and seeing immediate effects.
Literature & Case Studies	Studying process improvement methods, analytics case studies, and efficiency tools.	Translating those strategies to daily OPD challenges—troubleshooting, improving, and tracking outcomes in real hospital situations.
Standard Protocols	Familiarity with SOPs, billing rules, electronic records, and patient safety checklists.	Adapting protocols to fit variable patient load, training team on new SOPs, and rapidly troubleshooting when real-life cases don't fit the handbook.
Interdepartmental Coordination	Theories on departmental alignment and communication between hospital units.	Navigating real-time handovers, resolving miscommunication, and leading impromptu discussions to maintain patient movement and reduce errors.

CONCLUSION

1. **Reduced Turnaround Times:** Process mapping and focused solutions led to a decrease in average OPD turnaround times.
2. **Improved Teamwork:** Better real-time communication between OPD, billing, and clinical staff improved patient flow.