Summer Training at
Eternal Hospital, Jaipur
(April 3 to June 2, 2017)

Retrospective Study on Financial Variation Between Estimation and Final Bill of The Surgical Procedures

By
Kusum Kumari

Under the guidance of
Dr. Suresh Joshi

MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Dr. Kusum Kumari has undergone summer training in Eternal Hospital from 3rd April to 2nd June 2017.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

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ETERNAL HOSPITAL

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CIN No. U85110RJ2007PTC023653

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Kusum Kumari** student of **IIHMR, Jaipur** has completed her internship at **"Eternal Hospital, Jaipur"** from **03rd April 2017 to 02nd June 2017**.

During this period, she has successfully completed her projects on:

1. A Retrospective Study on Financial Variation Between Estimation and Final Bill of Surgical Procedures.
2. A Study on Turn Around Time of Wellness Lounge.
3. A Study on Gap Analysis of F & B and Dietetics Department

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavours.

For **ETERNAL HEART CARE CENTRE AND RESEARCH INSTITUTE, JAIPUR**

Heart Care Centre & Research Institute JAIPUR

Ashok K Jeenwal
Manager - HR

ACKNOWLEDGEMENT

Apart from the efforts of me, the success of any project depends largely on the encouragement and guidelines of many others. I take this opportunity to express my gratitude to the people who have been instrumental in the successful completion of this summer training project.

I would like to show my greatest appreciation to Mr. Subhrato Das (Vice President – Human Resources). I can't say thank you enough for his tremendous support and help.

I am heartily thankful to KirtiHemkar (Quality Head) whose encouragement, guidance and support from the initial to the final level enabled me to develop an understanding of the subject , feel motivated and encouraged every time. Without her encouragement and guidance this project would not have materialized.

I would like to thank the staff of eternal hospital for sparing their precious time and providing me full cooperation in completing my task.

My sincere thanks to my mentor, Dr. Suresh Joshi (Professor) and also to Dr. Ashok Kaushik (Dean Academics), and respected faculties for their guidance. Lastly, I offer my regards and blessings to all those who supported me in any respect during the completion of the project.

Sinecerely
Dr. Kusum Kumari
MBA HM – 21 (2016-2018)
ROLL NO: 0437

ACRONYMS

Cath- catheterization

CT-Computed tomography

CTVS-cardiovascular and thoracic surgery

ENT-Ear nose throat

HR- Human Resource Department

HDU- High Definition Unit

ICU-Intensive Care Unit

IPD-In Patient Department

MRI- Magnetic Resonance Department

MICU- Medical Intensive Care Unit

SICU – Surgical Intensive Care Unit

Mrkt- Marketing

NICU-Non-Invasive Cardiac Unit

OT- Operation Theatre

TABLE OF CONTENTS

1. INTRODUCTION

Eternal Hospital, Jaipur is the state of the art tertiary care hospital in Rajasthan embarking on the mission of redefining patient care with international clinical excellence and advanced technology. Eternal hospital is one of the most advanced tertiary care facilities under the visionary of Dr. Samin K Sharma and his wife Mrs. Manju Sharma boosted with great expertise in healthcare by leading clinician, astute management team supported by highly trained clinical and non-clinical staff.

Eternal Hospital states newest addition of tertiary care hospital which brings together the state-of the-art medical infrastructure, cutting edge technology and highly integrated and comprehensive information system along with quest for exploring and developing newer therapies. To serve the community at large we have energetic, enthusiastic, forward looking, devoted and able technical expertise of consultants from within and outside the country.

Eternal Hospital is backed up by the trained supportive staff, efficient system procedures in affiliation with Mount Sinai Medical Centre, New York with an aim to cater the needs of Rajasthan and people across the globe promoting the international medical tourism.

1.1 GOALS OF SUMMER TRAINING

As an integral part of the curriculum, a student of MBA HM is required to undergo 2 months of practical exposure in a reputed organization by way of summer training. For the MBA HM 21st batch, this period was from 3rd April 2017 to 2nd June 2017, officially.
The student is expected to carry out the following major activities during the period:

- To assist the Administrator / Manager in day to day operations and during this process gain practical knowledge and skills to handle various managerial issues related to major departments in the organizations. He / She may be allocated some specific project or responsibilities by the manager.

- The student is also required to identify a specific problem area or department for summer training. The topic for this study will be decided in consultation with the administrator and according to the need of the organization .

1.2 ORGANIZATION PROFILE

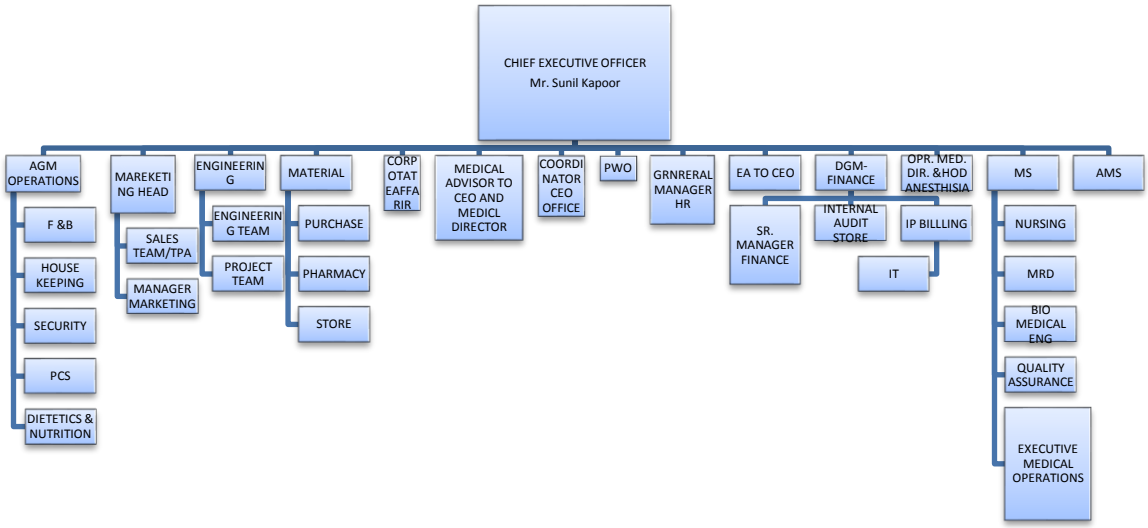
1.2.1. Vision

A Centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

1.2.2 Mission

To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic and rehabilitation services.

1.2.3. EHCC – LEADERSHIP TEAM



2 SERVICES OFFERED BY THE HOSPITAL

- **SEPCIALITIES**
    - Anesthesia
    - Dentistry
    - Dermatology and Venerology
    - Ear, Nose and Throat
    - General Surgery
    - Gynecology and Obstetrics
    - Internal Medicine
    - Orthopedics & Joint Replacement
    - Pediatrics
    - Pulmonology

- **SUPER SPECIALITIES**
    - Cardio Thoracic & Vascular Surgeries
    - Cardiac Anesthesia
    - Clinical Psychiatry
    - Diabetes and Endocrinology
    - Gastro-Intestinal Surgery
    - Interventional Cardiology
    - Noninvasive Cardiology
    - Nephrology
    - Nuclear Medicine
    - Neuro and Spine Surgery
    - Pediatric Cardiology
    - Plastic Surgery
    - Urology

- **SUPPORTIVE SERVICES**
    - Department of Dietetics
    - Physiotherapy

- **DIAGNOSTIC AND IMAGING SERVICES**
    - Blood Bank
    - Pathology
    - Critical Care
    - Emergency and Ambulance Services

- **24 X 7 SERVICES**
    - Ambulance
    - Pharmacy
    - Emergency
    - Laboratory
    - Radio diagnosis

3 A QUICK TOUR

- 225 Bedded Super Speciality Hospital (Operational Beds – 130)
- Modular “class 100” Operational Theatre
- 24X 7cath lab
- 24 X7 emergency with fully equipped ALS/BLS Ambulances
- Blood storage bank
- Nuclear medicine (gamma camera with stress thallium)
- Radio- diagnosis & Imaging sciences (MRI, CT scan, CT Angiography, bone densitometry, x-ray)
- Clinical Pathology-Biochemistry & Microbiology
- Pneumatic chute for quick sample transportation
- Transfusion medicine
- Non-invasive cardiology

- Environment friendly: use of solar energy, green building &recycled water
- Café lounge
- Library
- Seminar hall and conference roof

4 SALIENT FEATURES

- Largest Cardiologist Team in Private Sector in the State to perform Complex Cases.
- Contribution of 80 Critical Care Beds to the State – Rajasthan is having scarcity of critical care beds and people are dying without availability of critical care beds at the emergency and when it is required. EHCC is giving 80 critical care beds including Medical, Surgical, Cardiac Care, CT Recovery etc.
- Cath lab - EHCC consists of 2 Cath Labs that consists of the most advanced technology which also includes bi-plane flat panel imaging,
- Treatment in Golden Hours - EHCC believes in Rapid Action and focused care to give best results for heart attack, brain attack and trauma because we believe that needle time is important.
- Modular/Laminar Flow "Class 100" Operation theatres with HEPA filter and zero infection level.
- Availability of Gama Imaging, Nuclear medicine for cardiac treatment.
- Pneumatic Chutes – first time introducing Pneumatic Chutes. It is a system placed at sample collection counter and nursing stations. It is a suction operated system and supports to send collected samples directly to laboratory. The system reduces man power, infection possibilities.

- Separate in and out system for sterile and non-sterile items is also an infection controlling measure.

- Steam disinfection system for infection free instruments.
- Minimum involvement of attendants and patients. Video briefing for attendant's information and counselling.
- EHCC is establishing a Research Department to evaluate delayed recovery of admitted patients, patients in Critical Areas, infection cases after surgery etc. A team of senior doctors will audit the surgery and treatment results. Team of Mount Sinai Hospital, USA will be available for live Audio/Video advises. Eternal Heart Care Centre & Research Institute being a truly International Standard hospital has procured the latest equipment's and technology for better results and patient outcomes. EHCC has recently procured its 2nd Cath lab which is the latest one "Phillips FD20" which can perform a full spectrum of cardiac and vascular interventions. It combines a large field of view and high resolution flat detector with advanced diagnostic and 3D interventional tools – all seamlessly integrated in the clinical workflow of a mixed lab.
- Dose Wise offers low X-ray dose and excellent image quality as compared to conventional Cath labs which is an advantage to both for a performing cardiologist and patient.

Other Equipment's are as follows:

- 3-D Mapping system for EP Study
- Philips MP-20 patient meter
- Arjohuntleigh E – 8000 fully automated patient beds

5 FACILITIES

- Total environmental control with proper treatment of air and water, well provided waiting space, sophisticated and well stocked pharmacy and facilities for communication and refreshment enhances the patient comfort. EHCC is supported by state-of-the art medical gas system, central sterile supply, laundry and full backup power generation.
- Supporting most modern healthcare, we adhere to stringent infection control, environment protection, biomedical waste disposal, sewage treatment and rain water harvesting. Currently the hospital is having 225 beds devoted for the patient comfort which includes ICU's, Economy Wards, Semi-private Rooms, Private/Deluxe Rooms and Super-Deluxe/Suite Rooms
- Eternal Heart Care Centre & Research Institute, Jaipur continues creating a world class integrated health care delivery system, entailing finest medical skills combined with compassionate patient care.

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6 FLOOR PLAN

- **Basement 2**
  - Parking
  - Medical record department
  - Bio medical plan
- **Basement 1**
  - Dialysis Department
  - Dietician
  - Kitchen
  - Staff cafeteria
  - Laundry

- IPD pharmacy
- Mortuary

➢ **Ground Floor**

- OPD
- Reception
- OPD pharmacy
- Billing and discharge
- TPA
- Radiology
- Emergency department
- Nuclear medicine

➢ **M Floor**

- HR Department
- CEO
- Finance department
- Library
- Auditorium
- IT department
- Quality Assurance Department
- Wellness lounge
- Blood bank
- Reception
- Plastic surgery
- Physiotherapy
- Pathology department

➢ **First Floor**

- ICU

- **Service Floor**
    - CSSD

- **Second Floor**
    - OT Area
    - Pre-operative Ward
    - CTVS ICU
    - Surgical ICU
    - MICU
    - 6 OT
    - 2 Cath Lab

- **Third And Fourth Floor**
    - Wards

- **Fifth Floor**
    - Marketing Department

7 CLINICAL SERVICES

Those services are which are directly related to medical practice. These include

1. Outpatient department
2. Inpatient department
3. Accident and emergency department
4. OT
5. Dialysis unit
6. Pathology department
7. Physiotherapy department
8. CSSD

8 NON- CLINICAL SERVICES

Those services are which are related to administrative and non-medical side of the hospital. These include

1. Admission and Billing
2. Medical Record Department
3. Information and Technology
4. Engineering Department
5. Quality Assurance Department
6. Human Resource Department
7. House Keeping
8. Marketing
9. Dietician
10. Patient welfare department
11. Security
12. Finance
13. Biomedical engineering
14. Laundry
15. CSSD

CLINICAL SERVICES

7.1 Out Patient Department

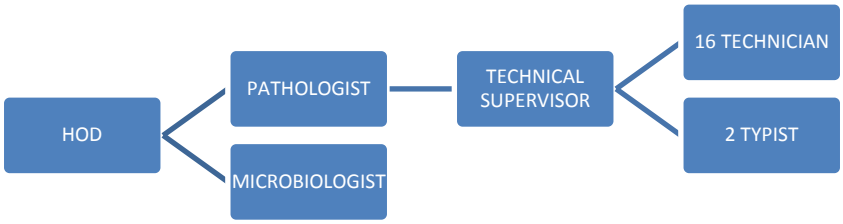
Patient who in the considered view of a competent professional do not immediately require hospital admission and who can satisfactorily have treated on a domiciliary basis a reclassified as ambulatory patient and commonly called as out patients. Hence the department of ambulatory care is also known as outpatient department.

7.2 Inpatient Department

Inpatient department deals with inpatient care of patients whose condition requires admission to a hospital.

7.3 Pathology Department: -

All types of diagnostic test are performed here under the guidance of pathologist. There are fully automatic machines with provide the specific results. Some services are outsourced from different companies.



7.4 Operation theatre

All type of surgeries is performed here. There are SICU, MICU, NICU, HDU, CTVS and General ward. The services include invasive monitoring, patient assessment (physician, nursing, dietary and physiotherapy).

7.5 Dialysis unit

It deals with the artificial replacement of the lost kidney function in patient with renal failure to remove excess water and waste products from the blood

7.6 Physiotherapy: -

The department provides facilities such as Electrotherapy, Diagnostic, Manual, Mechanical mobilization Therapy, Exercise therapy etc.

7.7 CSSD

The department provides clean and sterile supplies which help in reduction of infection and improving the quality of care. The department provided infection control by educating staff on different topics

NON-CLINICAL SERVICES

8.1 Quality Assurance Department

Headed to maintain and perk up the standards. Quality assurance (QA), the activity of providing evidence needed to establish quality in work and the activities that require good quality is being performed effectively

8.2 Human Resource Department

The department helps to ensure the availability and retention of quality talent to meet organization goals and objectives and to provide overall growth and development of employee's orientation and functional training. The department looks into the matter like attendance and leave management, appraisal and promotion process, medical benefits, employee welfare programs, payroll management , grievance handling.

8.3 Medical record department

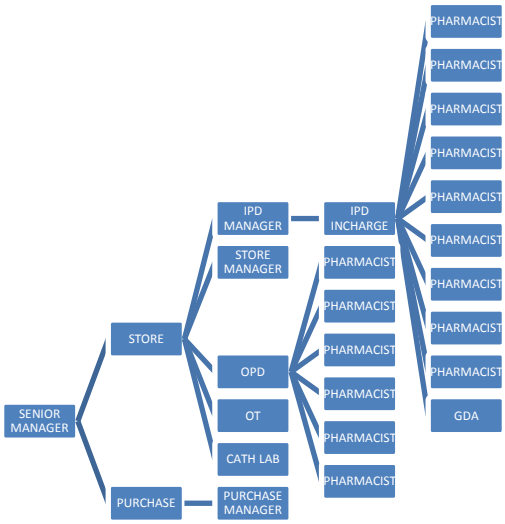
MRD is the custodian of all the discharged/expired health records documents. The MRD staff ensures the confidentiality, preservation, storage and retention of the documents.

The department deals with record collection, codification, storage, analytical evaluation and retrieval of record if needed.

8.4 Pharmacy

The goal of the pharmacy is to procure and provide medicines and surgical items to the patients. The pharmacy serves various areas of the hospital like customs, special wards .The Department services include procurement and providing medicines to the patients.

The department also provides medicines to the wards if needed and give details to the billing department at the time of discharge of patients.

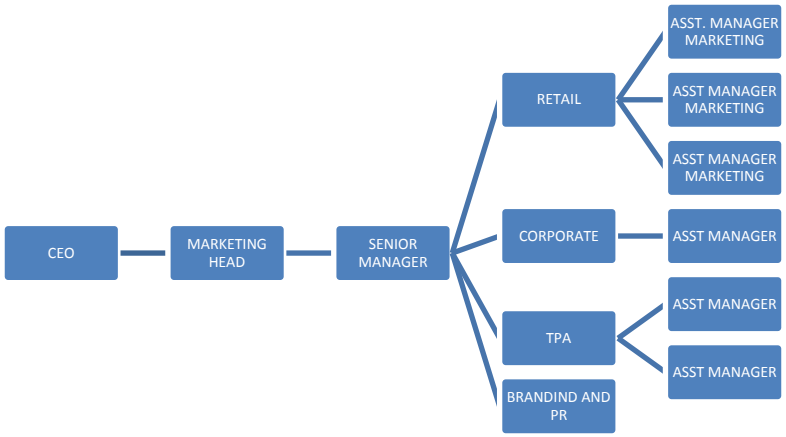


8.5 Housekeeping

The aim of the department is to achieve defect free room with 100% hygiene and cleanliness to maximize patient's satisfaction along with minimum cost. The department performs activities like cleaning providing room amenities, pest controlling and waste disposal.

8.6 Marketing

The department is responsible for the revenue generation through brand building, retail sales, cooperate marketing, PR and media communications and liaison with the government. Some activities of the department are brand awareness, events management, cooperate social responsibility and ensure business and growth in line with organizational objectives.



8.7 Finance

The department provides information which helps in making decisions. The finance department looks into the business building insight, areas for lowering cost and improving profitability, updating of bills on daily basis for IPD patients. The billing staff has overall responsibility for coordination of various functions and daily basis report for the admission and provide the necessary solution to daily problems as deemed proper and reasonable.

8.8 Information technology

It department provides it values to the end users with respect to their day to day function. The department serves various departments for IT infrastructure, hardware and network, anti-virus services, internet services, upgradation of software, telecommunication between various departments, auditorium functioning.

8.9 Dietician

The department provides the food and beverages to the esteemed customers. The department performs daily audits of the store and kitchen areas, take round of the entire service area with and after the service timings, monitoring of services.

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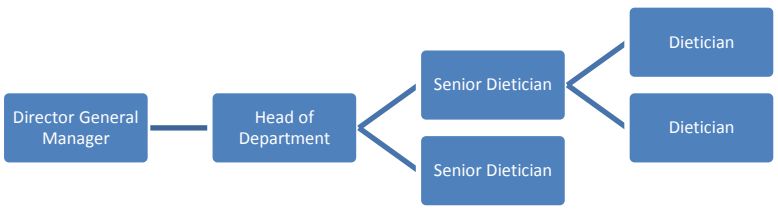

8.10 Engineering

The department manages all the engineering and machines, supervising day to day hospital maintenance work and ensuring smooth functioning of facilities of the hospital. The department coordinates with various department non-medical so that there is no hindrance in day to day work of all facilities. The department is responsible for managing plant engineering equipment, utilizes spares and consumables like diesels generators, plumbing, pipelines, ventilation, air conditioner, water treatment plants etc.

8.11 Patient welfare department

The departmental goal is to make and position the hospital as a center of excellence by ensuring customer satisfaction through personalized customer care. The department manages patient's attendants expectations as well as keeping the interests of organization alive, improves the quality of the services for the patients through feedback given by the, networking within the organization for the benefit of the patient and attendant.

8.12 Bio medical engineering

The department installs commission and maintains all the medical equipment in an efficient and cost-effective way and makes technical appraisal and recommendation for purchase of new equipment. The department provided inputs to commercial department about new/renew of contract with equipment supplier including annual maintenance contracts

8.13Security

The department provides proactive, competent services, to protect the life and property of every individual present in the primases, to prevent any action or situation that might result in an injury or death when a patient/attendant/visitor/employee are lawfully on the hospital premises.

8.14 Laundry

The department delivers spotlessly clean and hygiene linen and uniforms to the users of different departments. The department maintains records for issued linen, received linen, new linen and alteration if needed. The department treats infected/contaminated linen, treats heat labile linen.

9 ADDITIONAL PROJECTS UNDERTAKEN

- Gap Analysis of F&B and dietetics department
- Turnaround time of wellness lounge

INTRODUCTION

To avoid conflicts and to make patients aware of the approximate expenditure for hospitalization, private hospitals have started financial counselling for all the patients. In financial counselling, patients are informed about the treatment procedure, medical condition of patient, the number of days of admission and the cost involved in the procedure. Records of similar health conditions of patients are considered to obtain the average medical cost. Although counselling is given prior to admission, there are certain exceptions. All public and private hospitals are required to give financial counselling to their patients prior to or upon admission. Counselling includes information on the estimated total bill for patients, average bill size per day at the various hospitals and hospital's deposit requirements.

Almost all patients face financial stresses during the medical treatment. When patients are not insured or cannot afford the cost of medical treatments, they may deplete their savings and abandon treatment.All such issues faced by the patients can be reduced by consulting a financial counsellors.

The primary responsibility of a financial counsellor is to make patients aware about insurance benefits, annual payments, difference between co-payments and coinsurance, and any benefit caps in place. Counsellor also explains the total cost of the planned medical treatment, the patient's expense, and the payment policies.

Arriving at the patient's financial needs is a continuous process. The financial counsellor have to remain in constant touch with the patient and family to make them aware of any changes in job status or insurance coverage, explaining benefits, answering the queries of medical bills and re-valuating financial resources. Patients may have misconception that the price of a treatment is directly related to the quality of care and services. They may resist to reveal their financial position and resources.

The financial counsellor must maintain rapport with the patient to communicate about medical treatment costs and payment policies. Counsellor must have sensitivity and skill to open discussions with patients. Counsellor need to be personal with people so that counsellor can understand their proper financial status and make appropriate decisions on treatment costs. A staff member dedicated to solely financial advocacy to the patients is an added advantage due to the experience gained by familiarizing with the rules and regulations of several available programs.

Appointing a financial counsellor to the patients is very important because it contributes to the well-being of patients. Patients will get help from counsellors while facing the stress of a disease by having access to an expert who explains insurance terms and will find payment assistance if needed. Financial counsellor practices will give benefits by generating revenue for the services used by patients in stress via eliminating the need of discussions between patients and physician, front desks and billing office regarding treatment costs.

LITERATURE REVIEW

Mondal Swadhan, Kanjilal Barun, Peters David H, Lucas Henry (June 2010) according to them, the huge spending on health is the primary problem for the people in West Bengal, which suggests that a lot of work is required to develop methods of financial protection. Rather than concentrating on hospitalization and acute conditions, effects of poverty on regular payments for minor ailments needs more attention. These issues must be addressed in policy formulations to ensure better access and high degree of financial protection against the impact of illness. Providing free health care to the poorest does not work effectively due to limitations imposed by occupation or community-based schemes. Household amenities, food consumption, children's education, medical treatment of the other member, social recreation etc. are impacted intensively by regular payments to minor ailments. In a nutshell, frequent treatment of minor ailments has been observed exerting a greater impact on household, as compared to the OOPE related to hospitalization care or birth delivery.

Morgan A. Muir, Stephanie A. Alessi, and Jaime S. King (2013) according to them price transparency is very important counter attack the rising healthcare prices. The first solution is to evaluate all insurance companies which has premium increase of 5% or more. Second solution is educating the consumers by driving certain programs, whichwill provide the latest information about the new price and the quality of the products to employers and consumers. Problem here is that without understanding how this information can help in making decisions and save on healthcare costs, simply making the information available to consumers on prices and quality will not have the desired effect of lowering the cost of healthcare. But, by providing meaningful and transparent information about the choices in healthcare imbibing a well-crafted price transparency initiative can make healthcare more affordable.

Duke Christopher C, Smith Brad, Lynch Wendy and Solver Michael (2014), according to them the Hospital Safety Score indicator has an impact on the hospital choice in a consistent and logical manner. Safety and differences in safety are important factors perceived by consumers.In a hypothetical situation, with greater safety being top choice in 29 scenarios

out of 30 scenarios, a very few respondents would sacrifice large differences in safety for money.

American hospital association, (July 2014) states that the need for transparency in healthcare sector is likely to stay for a long time. Hospitals and other service providers have realized the need to work with governments, insurance companies, employers and vendors to increase the access and usefulness of price information for consumers. With the increasing engagement in health care services by consumers, greater transparency in prices and quality with certainly help in the making decisions but it also calls the need of supervising the potential unintended consequences by the increased transparency.

BaralSushil C, AryalYeshoda, BhattraiRekha, King Rebecca and Newell James N (2014) according to them DOTS-plus treatment causes serious problems to financial and social structure. Patients have valued counselling alone and combined counselling with financial support, which appeared to improve MDR-TB treatment outcomes. To confirm the effectiveness of these strategies and estimate their cost-effectiveness, larger studies, and preferably randomized controlled trials (RCTs), are required to confirm preliminary findings.

Martin Stephen, Street Andrew, Han Lu, Hutton John (October 2014), according to them the clinical factors, such as patient characteristics and the specialism of hospitals, rather than financial arrangements influence the outcomes of decisions made by consumers in health care. For example, in acute conditions such as stroke, admissions are mostly emergencies, and hospitals have little control over demand for the service. Similar results were obtained for conditions which require elective admissions such as hip replacement and hernia repair.

RESEARCH QUESTION

Is there any deviation present in the financial counseling statement and the actual bill?

OBJECTIVES

- To find the variation in the financial estimation to the final bill
- To find in which type of surgery maximum deviation is present

METHODOLOGY

- Research Design: Retrospective Descriptive Study
- Research Sample: All the Medical Records of the last 6 months
- Sample Size: 1559 Medical Records
- Sample Population: Surgeries of the last 6 months
- Sample Area: Eternal Hospital
- Study Duration: 3 weeks

RESULT AND ANALYSIS

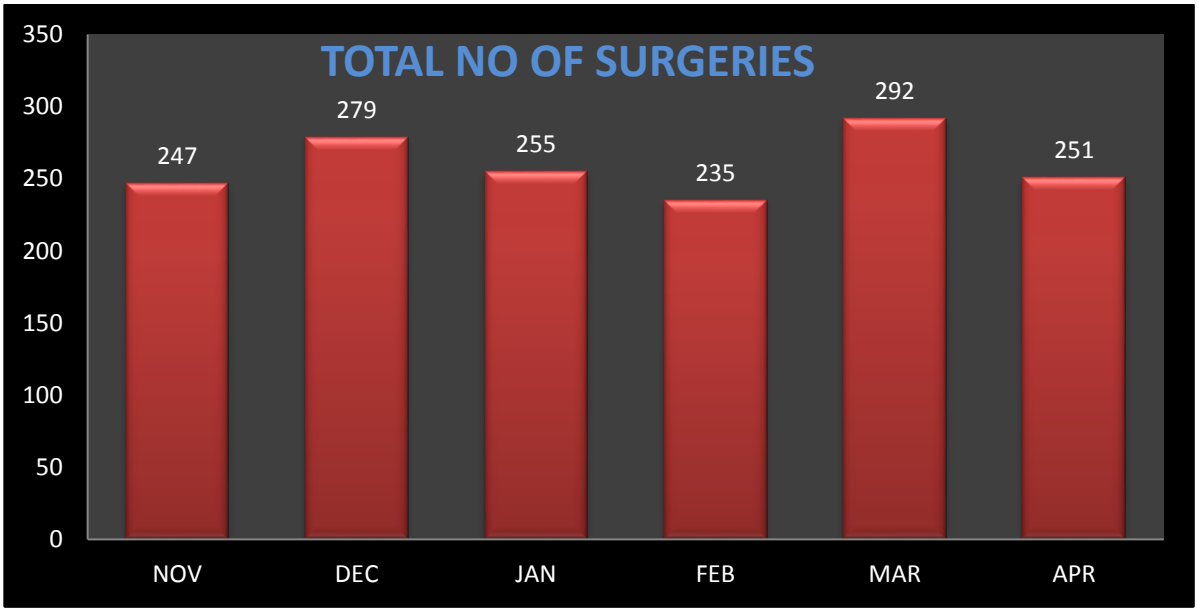

Figure1 shows total no of surgeries in the last 6 months i.e., 1559

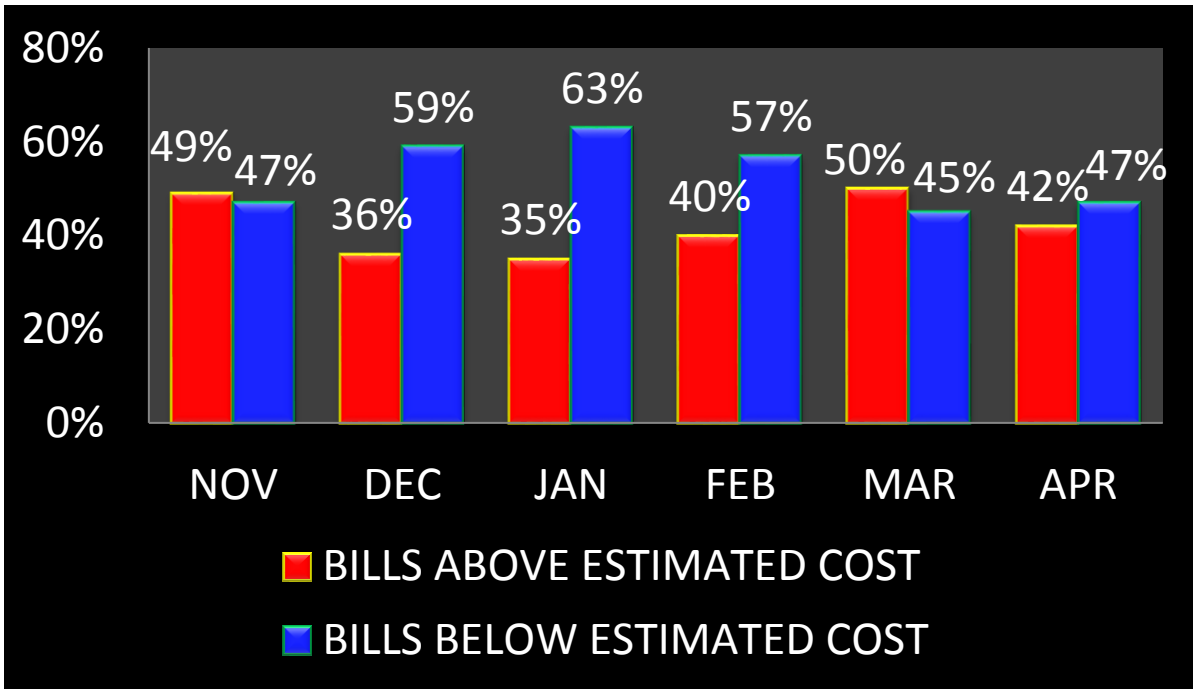

Figure2 shows percentage distribution of bills above & below the estimated cost

INFERENCE: Out of total 1559 surgeries 656 bills were having final bills above the estimated cost and remaining 787 were having final bills below the estimated cost. From the above graph it is clear that in the month of March (50%) maximum deviation is present and least in the month of January (35%).

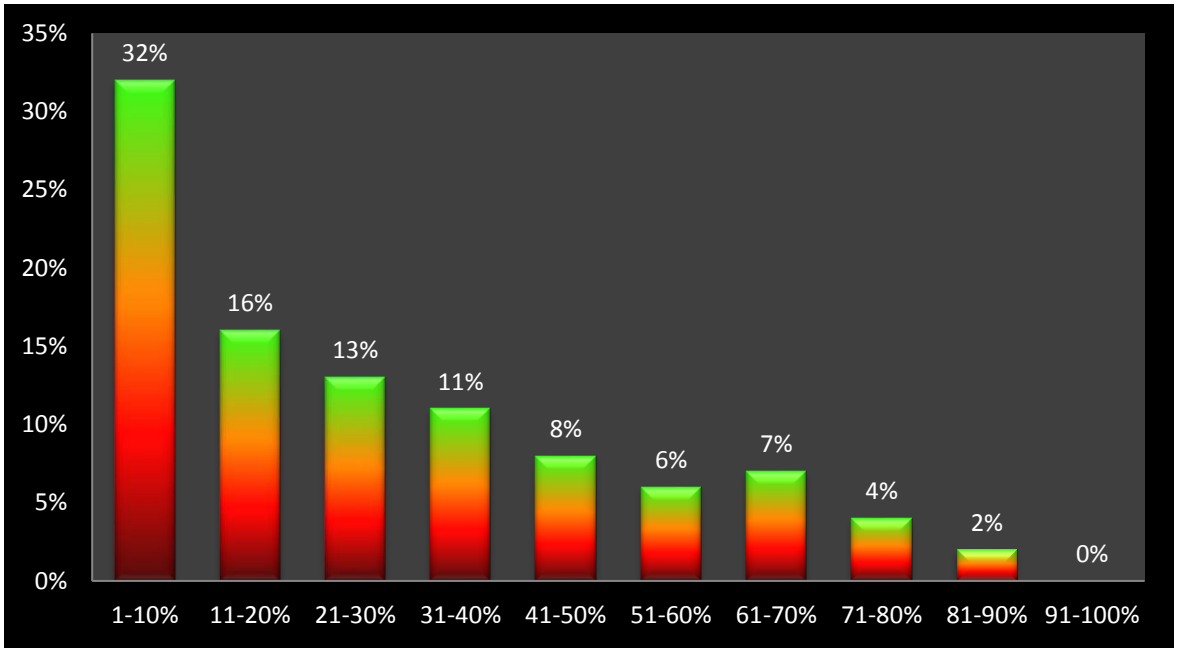

Figure 3: Graph showing percentage deviation in the bills of the surgical procedures

INFERENCE: Out of 656 above estimated bills 212 bills fall under the interval of 1-10% , 108 bills fall under the interval of 11-20% , 86 bills fall under the interval of 21-30%.Above graph depicts that maximum chunk falls (212) in the interval of 1-10% i.e., 32% and then it decreases gradually.

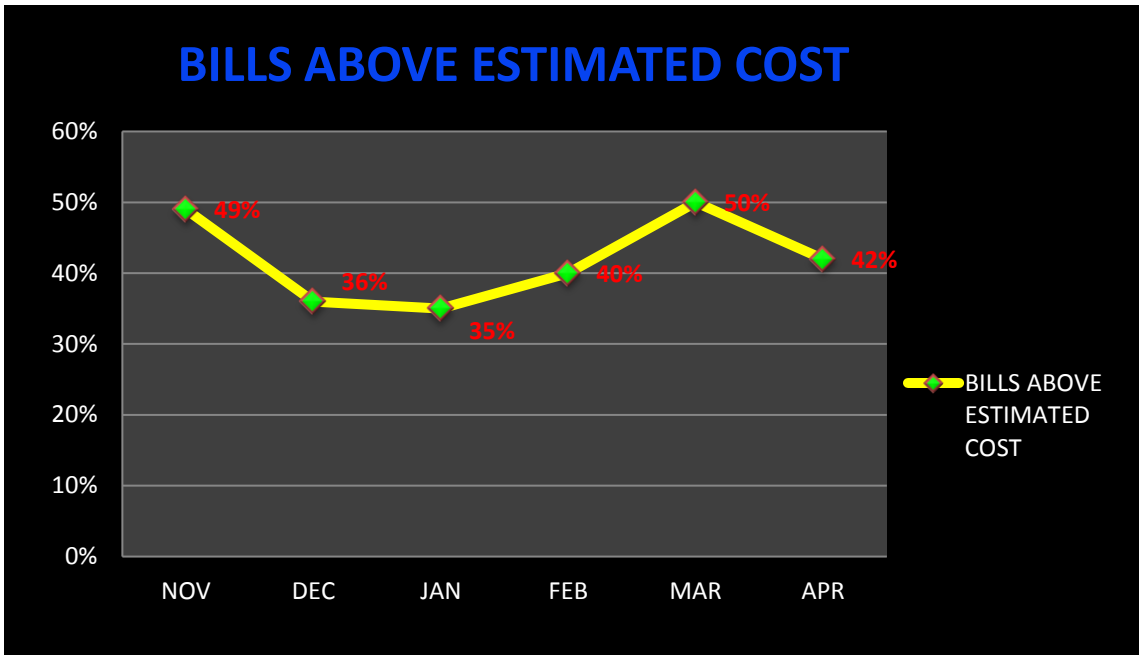

Fig 4: Graph showing percentage distribution of surgical bills above the estimated cost

INFERENCE: Above graph depicts that maximum deviation is seen in the month of march i.e,50%. March is the month in which maximum surgeries were held.

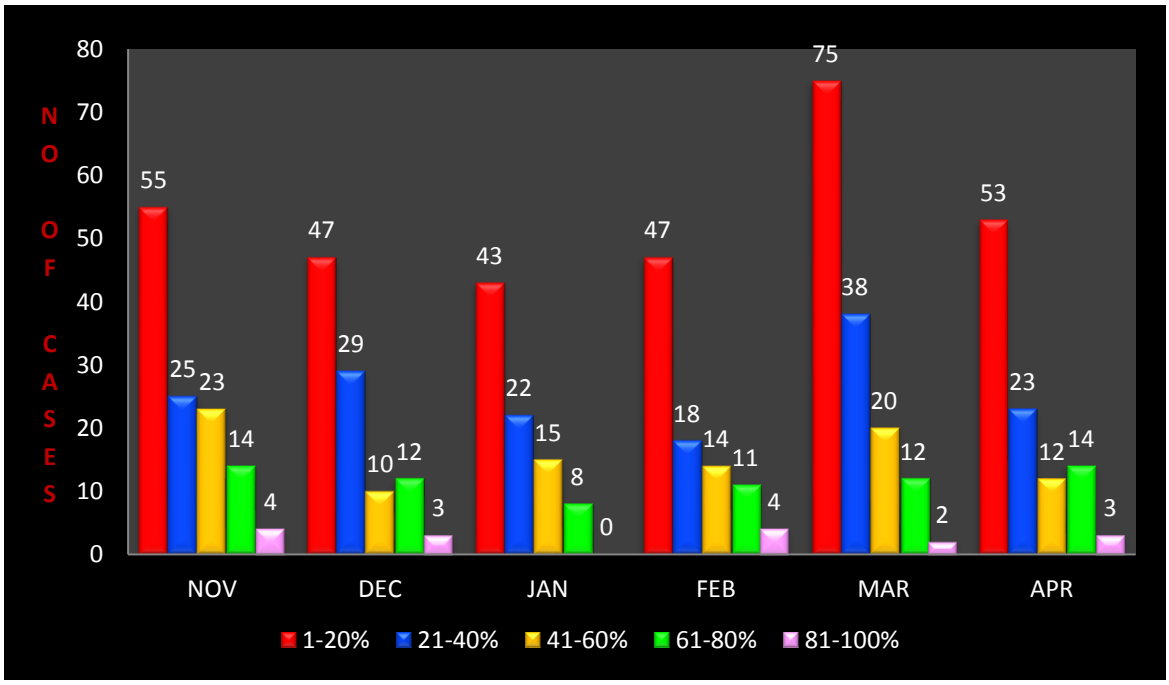

Fig 5: Graph showing percentage deviation in the surgical procedures of last 6months

INFERENCE: From above graph it is clear that maximum chunk of deviation is present in the interval of 1-20% in all the last 6 months then it decreases gradually.

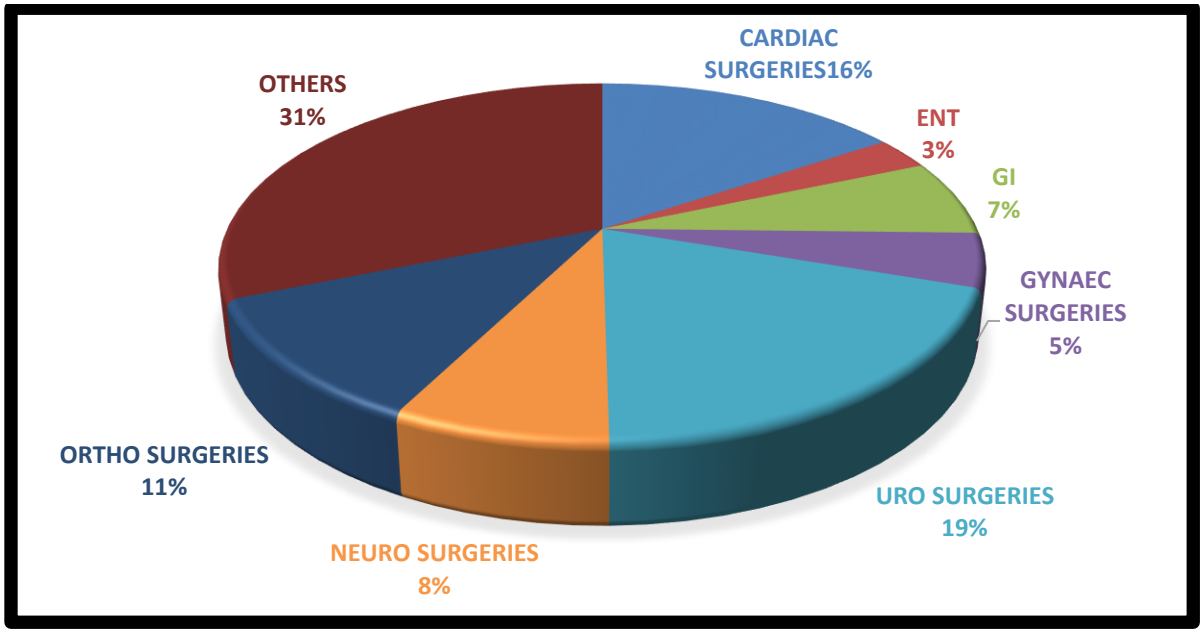

Figure 10: Graph showing percentage deviation in different types of surgeries

INFERENCE: Above graph depicts that maximum deviation is seen in the Uro surgeries (19%), Cardiac surgeries (16%), Ortho surgeries (11%).

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