Summer Training at
C K Birla, Hospital (RBH), Jaipur
(April 3 to June 2, 2017)

- **To Find Out the Current Flow of Patient from OPD to IPD.**
- **To Find Out Convertibility from OPD to Radiology & Laboratory.**
- **To Find Out Medical Management, Surgical & PHC from OPD.**
- **To Find Out Effective Preventive Health Packages.**

By
Irfan Mohammad

Under the guidance of
Dr. Seema Mehta

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. Irfan Mohammad** has undergone summer training in **C K Birla hospital (RBH), Jaipur** from 3rd April to 2nd June 2017.

The candidate himself completed the project assign to him during summer training. His 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 him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

Dr.Seema Mehta

Associate Professor

The IIHMR University, Jaipur

CK BIRLA HOSPITALS | RBH

Date:- 2nd June 2017

To whom so ever it may concern

This is to certify that Dr. Irfan Mohammad has successfully completed his summer internship in OPD department from 3rd April 2017 to 2nd June 2017.

We found him sincere, punctual & hardworking. We wish him every success in his future and career.

Ashwin Divakaran

Head – HR & Training

Rukmani Birla Hospital - A unit of The Calcutta Medical Research Institute
Gopalpura Bypass Road, Gopalpura, Jaipur 302018 +91 141 3090309

ACKNOWLEDGEMENT:

First of all I extend my profound gratitude to the almighty, which helped me to accomplish all my tasks well on time. I would like to extend my sincerest gratitude to all who contributed their valuable time and incomparable and everlasting support without which my study and learning would have been incomplete.

My special gratitude to **Mr.Ashwin Diwanakaran** (HR head, RBH) and **Ms.Bhawana Hemrajani** (assistant manager –learning & development, RBH) who has given me the opportunity to execute my summer training in Rukmani Birla Hospital (Jaipur).I cannot forget to mention the name of **Ms.MeenalPatni** (Head Patient Care Services) & **Mrs. Farah Nasir Khan** (OPD incharge) for her enormous encouragement and support. They extended valuable guidance and support during my study.

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Most importantly I would like to thank my mentor Dr. **Seema Mehta** for her guidance and motivation throughout the study.

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PROJECTS UNDERTAKEN:

1. To find out the current flow of patient from OPD to IPD.
2. To find out convertibility from OPD to Radiology & Laboratory.
3. To find out medical management, surgical & PHC from OPD.
4. To find out effective preventive health packages.

1.0 ABBREVIATIONS:

PUKR - Patient unique key registered

PANR - Patient admission number registered

LOS - length of stay

LAMA - leave against medical advice

DOR - Discharge on request

CAG - Coronary angiography

CABG - Coronary artery bypass grafting

GDA – Ground duty assistant

IPD - In patient department

OPD - Out patient department

MRD - Medical record department

NICU - Neonatal intensive care unit

HDU- High dependency unit

CSSD - Central sterile and supply management

GRE - Guest relation executive

DOT- Discharge order time

TPA - Third party assistance

HIS - Hospital information system

LA - local anaesthesia

GA - General anaesthesia

SA - Spinal anaesthesia

CSEA - Combined spinal & epidural anaesthesia

ACC: Access & Continuity of Care

COP: Care of Patients

CQI: Continuous Quality Improvement

HIRA: Hazard Investigating and Risk Taking

HR: Human Resource

HIC: Human Infection Control

HRM: Human Resource Management

MSDS: Material Safety Data Sheet

MOM: Management Of Medication

MRD: Medical Record Department

MIS: Medical Imaging Services

NABH: National Accreditation Board of Hospitals and Healthcare Providers

OT: Operation Theatre

QA: Quality Assurance

SOP: Standard Operating Procedures

2.0 INTRODUCTION:

Summer training is an integral part of Post graduate course on Hospital Management. As a part of the curriculum, students are required to undergo 2 months training with reputed organization to learn management related issues and areas. The main purpose of the training is to get exposure to functioning of organization.

Rukmani Birla Hospital is a recognized centre of excellence for providing medical care, and research facilities of high order in field of medicine. RBH is a 230 bed multi-specialty hospital offering comprehensive inpatient and outpatient services in Jaipur. It is founded on three key principles — Clinical Excellence, Ethical and Patient Centric approach, this multi-specialty facility caters to patient needs and makes sure that the patients and their families are being well looked after by a team of efficient doctors, caring and vigilant nurses, organized housekeeping and back office management.

Due to these distinguishing features I did my summer training in RBH Jaipur with reference to **outpatient department**.

3.0 HOSPITAL PROFILE:

Rukmani Birla Hospital is a state of art multi super speciality hospital providing depth of expertise in advanced Medical and Surgical intervention with a comprehensive mix of inpatient and outpatients services. The hospital provides world class health care services in an affordable and accessible way.

The hospital is renowned as a centre of excellence for Neurosciences, Joint Replacement and Urology.

The hospital is soon going to get NABH accreditation from Quality Council of India thus ensuring high quality services and patient safety.

Location:

Rukmani Birla Hospital (RBH),

Gopalpura Bypass Road, Near Triveni Bridge,
Gopalpura, Jaipur – 302018

The hospital states its Vision and Mission in the following way.

3.1 VISION:

PATIENT AT THE CORE

3.2 MISSION:

The mission of RBH is continuously creating benchmarks towards providing unmatched patient experience through clinical and service excellence amidst an inclusive environment that embraces innovation and quality combined with compassion, commitment, accountability and transparency.

3.3 COMMITMENT TOWARDS QUALITY:

To constantly upgrade our human and technological resources in order to keep pace with the best global developments in medical science.

3.4 QUALITY POLICY STATEMENT:

To maintain highest standard of quality service delivery provided at the hospital.

3.5 RUKMANI BIRLA HOSPITAL AT GLANCE:

CK Birla Hospitals, comprises three Hospitals,

1. CMRI (The Calcutta Medical Research Institute),

2. BMB (BM Birla Heart Research Centre) and,

3. RBH (Rukmani Birla Hospital).

- It has set milestones in the healthcare Industry for over four decades.
- The hospitals are intrinsically bound by three integrated philosophies — Clinical Excellence, Ethical Conduct and Patient Centricity.
- These operating philosophies have been pivotal in making the hospitals grow and serve people who are in need of quality healthcare.
- The three units of CK Birla Hospitals having established themselves in Kolkata and Jaipur, offer 800 plus beds with comprehensive outpatient and inpatient services.
- Working on a mission to providing quality healthcare for all, the hospitals so far have performed over 5.5 lakh successful surgeries, 1.9 lakh Cathlab procedures and 22,000 critical cardiac surgeries.
- Supported by the latest technology and modern infrastructure, these hospitals continue to set new standards of Cure and Care.
- RBH, Jaipur is the latest venture of CK Birla group started in July 2016.

- Total build up area is 2, 00000 sq.ft.
- It is 230 bedded specialties with 115 operational beds.
- The hospital provides space and comfort to patients as well as staff.

3.6 LIST OF DEPARTMENTS IN HOSPITAL:

- Accident & Trauma Centre
- Neurology
- Nephrology
- Urology
- Ophthalmology
- Orthopaedics
- Bone & joint
- Cardiothoracic and vascular surgery
- Cardiology
- Dental
- Preventive health check-up's
- Dietetics & Nutrition
- Pulmonology
- Physiotherapy
- Skin & cosmetics
- Endocrinology
- Gastroenterology
- General and minimally invasive surgery
- Internal medicine and infectious diseases
- Invasive &non invasive cardiology
- Obstetrics & gynaecology
- Osteopathy
- Paediatrics & neonatology

3.7 SERVICES PROVIDE BY HOSPITAL:

- Ambulance service
- Anaesthesiology
- Cardiac pulmonary rehab & lifestyle guidance clinic
- Critical care
- Day care
- Cathlab
- Dietetics
- Emergency (24*7) and trauma care
- Emergency medicine

- IPD
- Lab diagnostic
- OPD
- pharmacy
- Radiology

4.0 SWOT ANALYSIS OF HOSPITAL

STRENGTH	WEAKNESS
Care for the patient. Diligent staffs. Free ambulance facility. Competent doctors. Nursing facility Financial counseling. Ambience. Cleaning. Prayer room. Infrastructure. Multiple OT rooms. Cozy semi private & private rooms. Latest & modern technology.	Delays in discharge. Least number of TPA Pathway to general ward Lack of attendant room no display of doctors in main lobby. Lack of low budget cafeteria. No benches for sitting in garden area. Lack of porter in IPD pharmacy.
THREATS	**OPPURTUNITIES**
Delayed discharge. Open area to general ward. Consent form. Least TPA.	Sitting arrangement in garden area Patient satisfaction. Attractive health packages. Publicity.

5.0 OUTPATIENT DEPARTMENT (OPD)

An outpatient is one who receives medical attention at hospital without getting admitted to indoor patient department (IPD); he /she does not spend a night in the hospital. Designated place where these services are provided in hospital is called Out Patient Department (OPD).

It caters for all those ambulatory patients who come to hospital for diagnosis, treatment & follow-up. Routine health check-ups are also done at OPD.

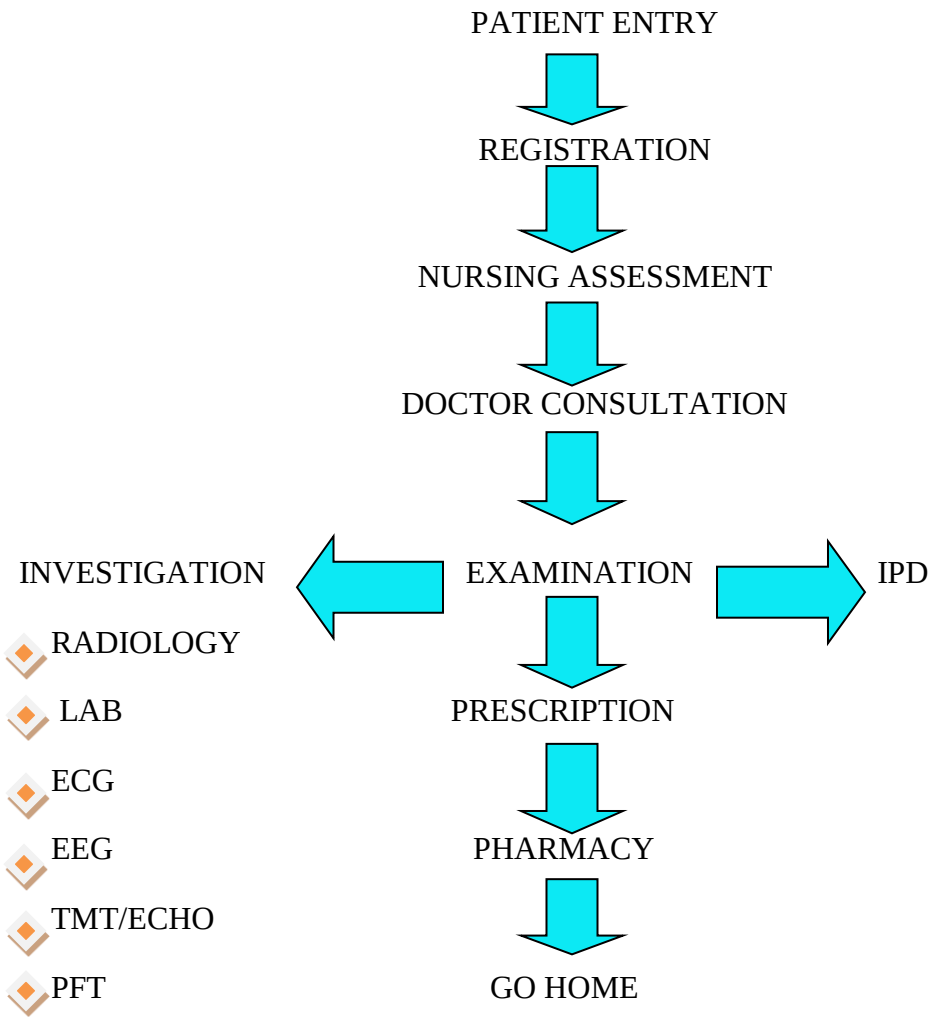
It is an important wing of hospital serving as mirror.OPD is visited by large section of community. As OPD is a first point of contact between patients& hospital staffs. The human relation skill /public relation function are of utmost importance.

- OPD acts a window shop for the hospital.
- It is a place for the implementing, preventive & primitive health.
- OPD is a stepping stone for health promotion & disease prevention.
- It also acts as a filter for inpatient admissions, ensuring that only those patients are admitted who are most likely to benefit from such care.
- It contributes to the reduction in morbidity & mortality.
- In OPD, medical team work in coordination such as doctors, nurse, cleaner, technician, social worker, etc for patients.

The importance of OPD is such that it is considered one of the most valuable departments of hospital.

- It provides 30% to 35% of hospital revenue by way of consultation fees, diagnostic test etc.
- IT IS POINT OF ENTRY FOR MORE THAN 50% OF IPD PATIENTS.
- It is a screening of point (triage) for patients according to treatment need.
- It is reflection of popularity of hospital as more popular hospitals would have more patients coming to OPD by choice.
- Patients also get the first impression of hospital by visiting OPD

5.1 OPD FLOW


PATIENT ENTRY
REGISTRATION
NURSING ASSESSMENT
DOCTOR CONSULTATION
INVESTIGATION
EXAMINATION
IPD
RADIOLOGY
LAB
ECG
EEG
TMT/ECHO
PFT
PRESCRIPTION
PHARMACY
GO HOME

6.0 INPATIENT DEPARTMENT (IPD)

The inpatient services are very important services of the health care system and hospital. Most of the function of the hospital revolves around inpatient services.

Inpatient care generally refers to any medical service that requires admission into a hospital. Inpatient care tends to be directed towards more serious ailments and trauma that require one or more days of overnight stay at a hospital. For the purposes of healthcare coverage, health insurance plans require you to be formally admitted into a hospital for a stay for a service to be considered inpatient.

Inpatient care is broken into two parts: the facility fee and those related to the surgeon/physician.

7.0 RADIOLOGY:

Radiology department in RBH is situated at ground floor. Radiology department always give revenue to hospital because patient need for investigation is required for further treatment. Radiology is now, more than ever, essential to healthcare

Radiology is the cornerstone of any hospital. An efficient, high-quality, well-run radiology department increases patient satisfaction as a result of its ability to improve patient care.

Radiology is a specialty that uses medical imaging to diagnose and treat diseases seen within the body. A variety of imaging techniques such as

- X-ray radiography,
- Ultrasound,
- Computed tomography (CT), and
- Magnetic Resonance Imaging (MRI) is used to diagnose and/or treat diseases.

Radiology is central to the clinical practice of medicine across a wide range of disciplines. It is the best practical way to diagnose, monitor treatment and detect progression or relapse of many **important** and common diseases in a minimally invasive and anatomically precise manner.

In health economies that use Diagnostic Related Groups (DRG) for payment purposes, it is of utmost **importance** that patients admitted for an interventional procedure create income for the **radiology** department in due proportion to the gain provided to the hospital by the intervention and the hospital stay.

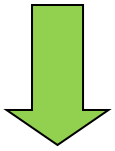
Potential **benefits** of **imaging** studies include: Diagnosis of illness, and the severity or benign nature of that process, is made quickly and accurately. Invasive **diagnostic** procedures such as exploratory surgery or angiography or cardiac catheterization may not be necessary.

7.1 PROCESS FLOW IN RADOLOGY DEPARTMENT

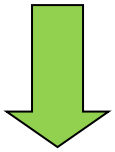
BILLING AT RADIOLOGY STATION

BILL RECIEVED

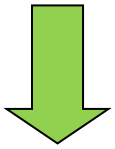
PREPRATION OF PATIENT



PROCEDURE EXPLAINED

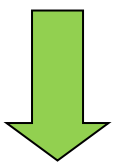


CONSENT FORM FILLED



AREA OF INTREST MADE FREE FROM METAL OBJECT

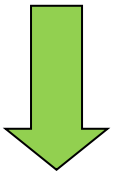
PREPRATION OF MACHINE



REQUIRED ASSECCEROIES ARE MADE READY

MACHINE IS KEPT READY WITH APPROPRIATE TECHNICAL EXPOSURE

EXPOSURE DONE



FILM IS AUTOMATICALLY EXPOSED

FILM IS OBTAINED

NOTE: - A FOETAL FORM IF FILLED IN CASE OF PREGNANCY

8.0 RATIONALE:

OPD is first point to meet patient with doctor for betterment of life. Patients convert into IPD from OPD. It's generated more income for hospital and fulfils then bed occupancy of hospital. If bed occupancy is less its means hospital working not well. The convertibility of various departments from OPD to IPD in medical, surgical l& PHC

Radiology and laboratory generate revenue for hospital. These are specific department for income and increased IPD because when patient comes for treatment doctor give suggestion's for admit if condition of patient not well.

9.0 ABSTRACT:

This analysis is carried out at RUKMANI BIRLA HOSPITAL (RBH) Jaipur, with the aim of OPD to IPD patient convertibility with help of tracking patients. Quantitative analysis focuses on the Clinical services component & health promotion component of community health services. OPD to IPD convertibility is less because number of patient is less. Total convertibility of IPD is 13.35%. Radiology& Laboratory is valuable department in hospital. It is most important pillar of hospital to produces revenue, it provide 50% revenue in hospital but in RBH now days 31.03% convertibility. Laboratory is also provides 26.79% convertibility.

To drive the appropriate, proper and safe use of radiological and radiation medical services for optimum health outcomes by leading, training and sustaining our professionals.

10. OBJECTIVES:

1. To find out the current flow of patient from OPD to IPD.
2. To find out convertibility from OPD to Radiology & Laboratory.
3. To find out medical management, surgical & PHC from OPD.
4. To find out effective preventive health packages.

11.0 METHOD & DATA COLLECTION:

11.1 Study design:

- It was a Quantitative study in which for 2 month (3rdApril to 2nd June 2017), we visited various department of RBH Jaipur.

11.2 Sample Method:

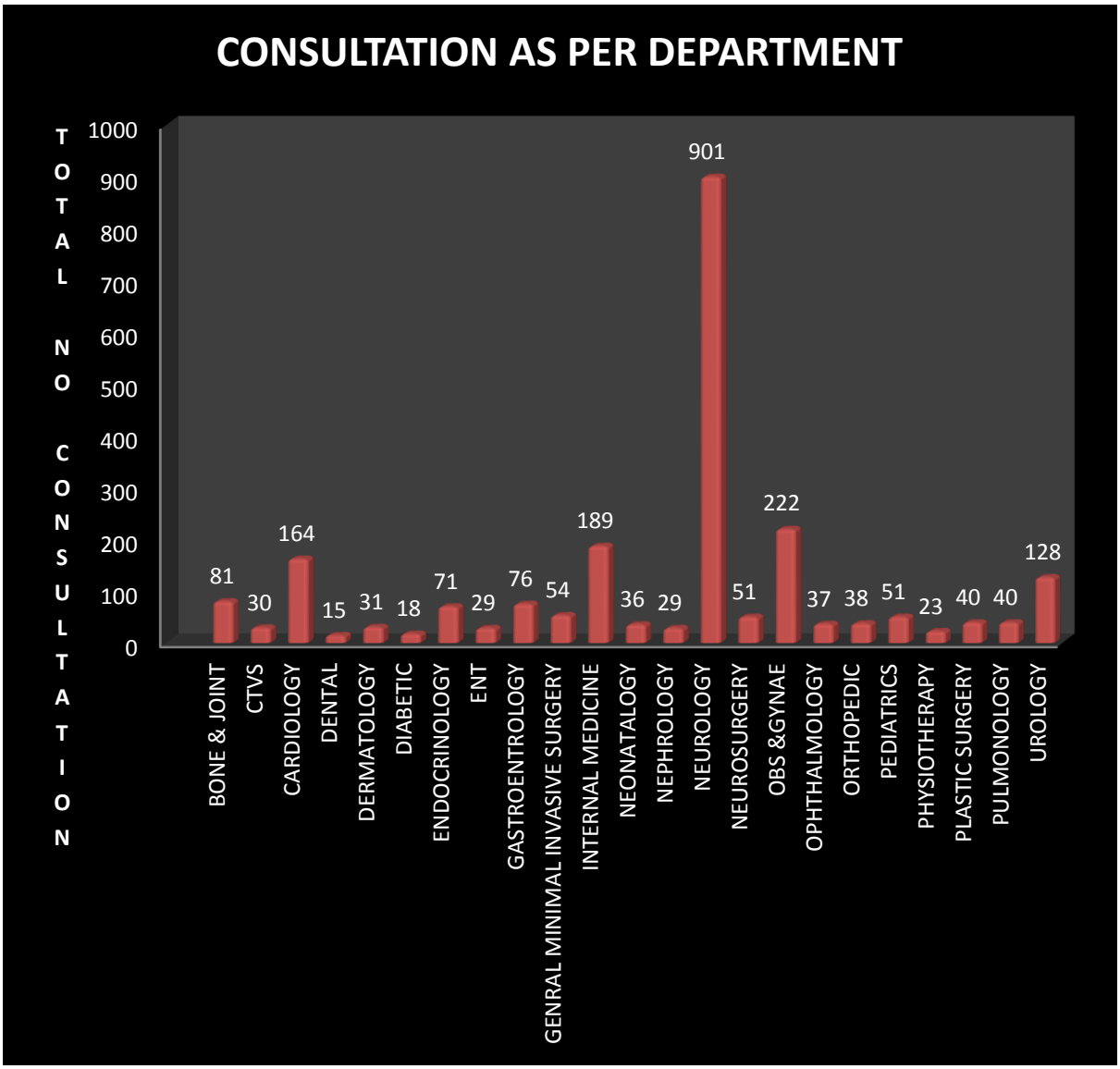
- Non probability purposive sampling method was used.

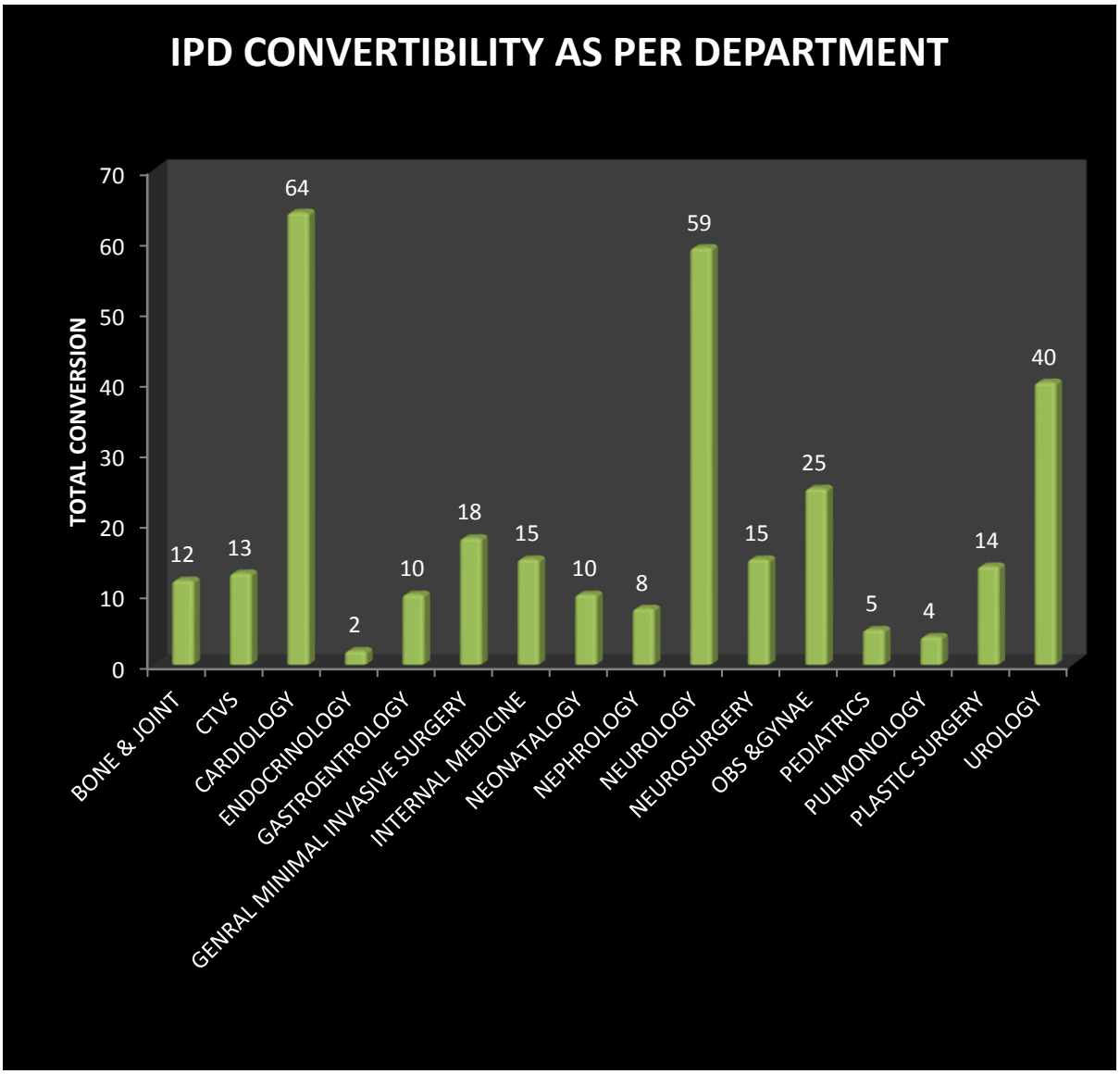
11.3 Sample size:

- Total consultation of the month of March was 2359 patient.

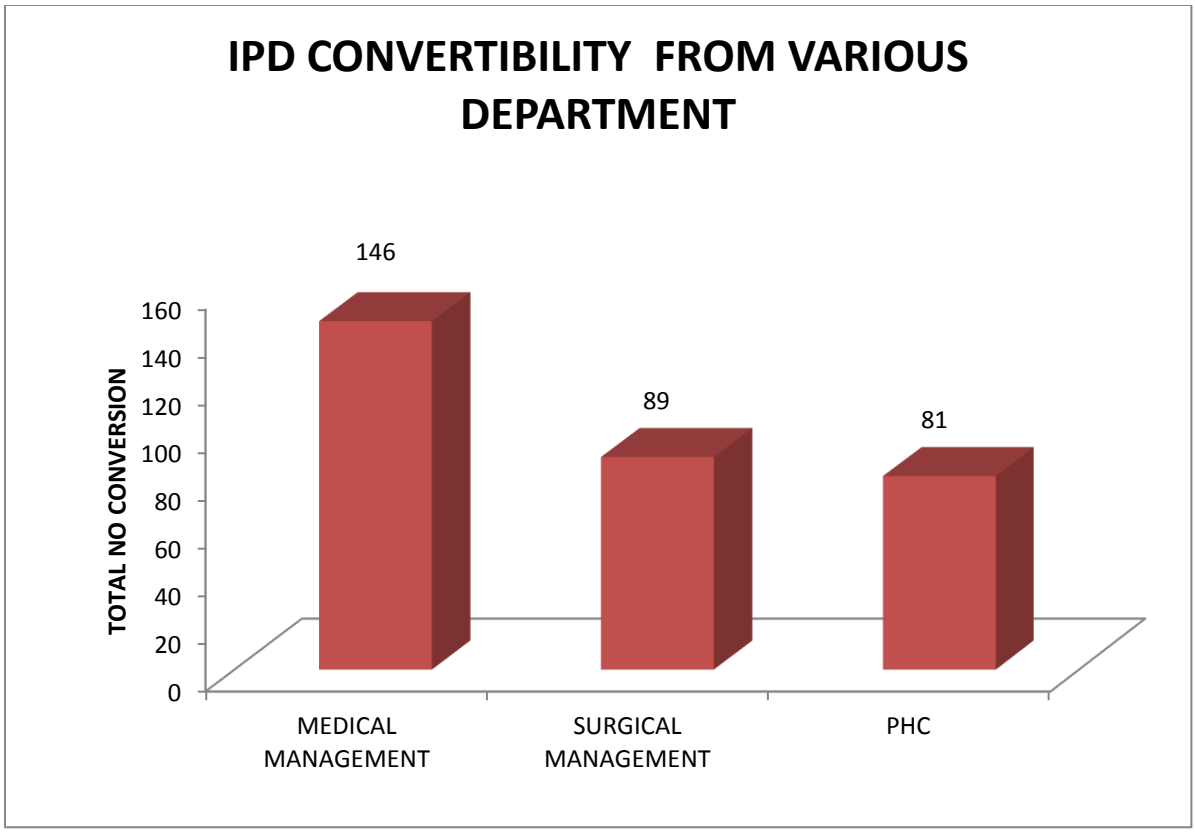
11.4 Type of data collection:

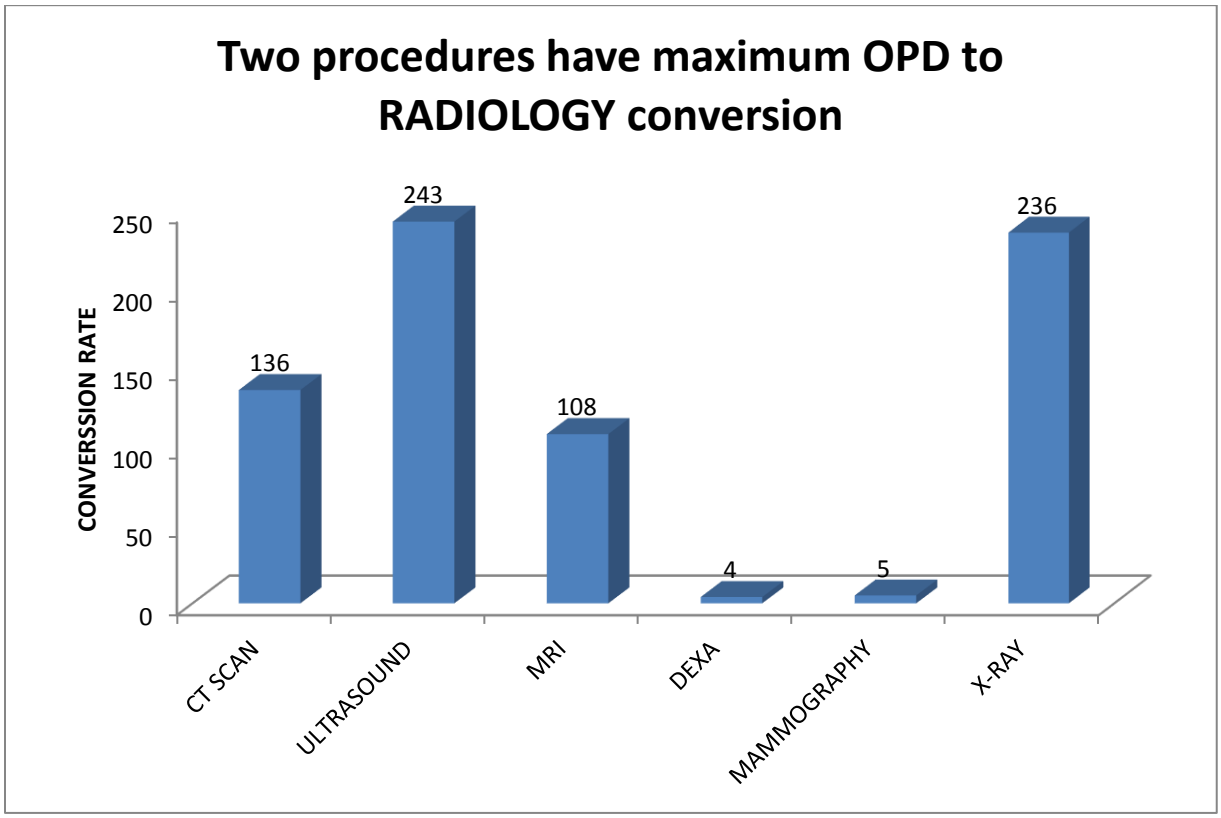
- **Secondary data of March 2017**was collected from the various department of Hospital with the help of staff.

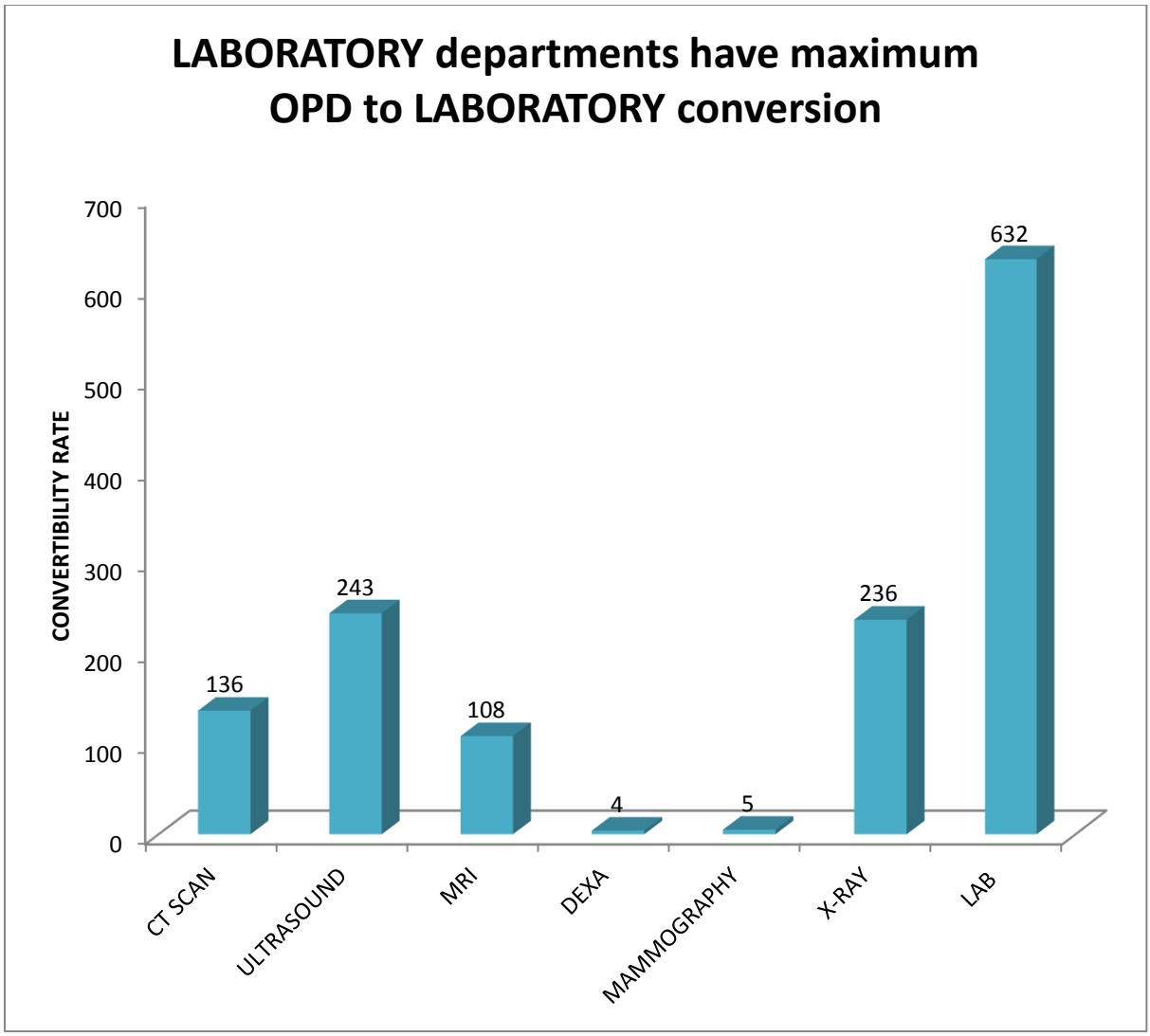

CONSULTATION AS PER DEPARTMENT
TOTAL NO CONSULTATION
1000
900
800
700
600
500
400
300
200
100
0
81
30
164
15
31
18
71
29
76
54
189
36
29
901
51
222
37
38
51
23
40
40
128
BONE & JOINT
CTVS
CARDIOLOGY
DENTAL
DERMATOLOGY
DIABETIC
ENDOCRINOLOGY
ENT
GASTROENTROLOGY
GENRAL MINIMAL INVASIVE SURGERY
INTERNAL MEDICINE
NEONATALOGY
NEPHROLOGY
NEUROLOGY
NEUROSURGERY
OBS &GYNAE
OPHTHALMOLOGY
ORTHOPEDIC
PEDIATRICS
PHYSIOTHERAPY
PLASTIC SURGERY
PULMONOLOGY
UROLOGY



The graph reveals that three of the departments have maximum OPD to IPD conversion


IPD CONVERTIBILITY FROM VARIOUS DEPARTMENT
TOTAL NO CONVERSION
160
140
120
100
80
60
40
20
0
146
89
81
MEDICAL MANAGEMENT
SURGICAL MANAGEMENT
PHC


Two procedures have maximum OPD to RADIOLOGY conversion
CONVERSSION RATE
250
200
150
100
50
0
136
243
108
4
5
236
CT SCAN
ULTRASOUND
MRI
DEXA
MAMMOGRAPHY
X-RAY



Total no consultation	2359	Conversion rate
Total IPD	315	13.35%
Total radiology	732	31.03%
Total laboratory	632	26.79%
Total revisit	442	18.76%

12.0 OBSERVATIONS:

- Follow up patient are less.
- No path founder in OPD.
- Non availability of faculty chart.
- In OPD department no path founder.
- In OPD, there is no specific department sign board.
- Maximum time use lifts for patient it is extra financial burden for organization because hospital have separate entry for OPD but they are not using this entry.
- No OPD investigation tracker available.
- RBH is not attached with any government health scheme like,

BHAMASHAH
JSSY
JSY
JSY
PENSIONERS
HEALTH POLICY

- Billing is done from RADIOLOGY/ OPD station.
- Lack of manpower on radiology station.
- Lack of transport pool.
- Latest MRI machine 3.0 tesla with silent feature is used.
- RBH have portable x-ray & portable USG for IPD or emergency patient
- At radiology station we also dispatch laboratory investigation report
- Conversion rate OPD to radiology is less
- Radiology generates more revenue for hospital but currently radiology patients are less.
- In radiology no path founder or sign board available
- Here flow of patient less but waiting time continues to remain same.

13.0 CONCLUSION:

The analysis report based on observation which I made during my stay of two month in RBH Jaipur as summer training of course. For this I went through various hospital policies lying down the standards to be followed by doctors and nursing staff or front office staff while doing various procedures. I also tried to many interactions as possible with the consultants, management people, nurses, and other staff of the hospital to understand the hospital functioning.

From the quantitative analysis it was found that there are various areas of concern in the hospital which may affect the overall outcome of the Hospital's performance and the main reason was found to be the less number OPD due to no renowned doctors and less conversion Ratio in IPD and Radiology area. The other factors were no government policies. Sometimes patient refused radiology and laboratory investigation due to much higher cost of investigations IPD admission also refused by patient or patient attenders due to costing of bed per day higher.

The world of radiology is changing rapidly and radiologists have to be proactive in this process to survive.

Training points

I have a better understanding of the hospital from managerial point of view.

I now realize some of various problem faced by management of the hospital and way to solve them in a timely manner.

This period of two month also gave me glimpses of my future work profile in the hospital.

During this period of two month I was able to relate what I learned in classroom.

It was my practical exposure.

14.0 RECOMMENDATION:

- RBH can start free bus services from various places to hospital for patients like pick & drop facilities.
- Today every hospital connected with government policies & providing health care facilities so our organization must need connect with government policy.
- Connected with health insurances Company like Bajaj Allianz insurance, HDFC Health insurance, TATA AIG Health insurance, CASHLESS insurance etc.
- They need referral patients from various places so we can start contact with other hospital.
- They need some renowned doctors.
- They can start various campaigns about health.
- RBH target to improve maternity services & institutional delivery but it is possible with contact with JSY & JSSY.
- RBH must call patients after 3 days to know his/her condition.
- RBH can inform to patient & their attendant about timing changes or about doctor availability.
- They can inform new health policy or regarding health services.
- RBH can start sub centre at periphery areas because we can convert OPD to IPD.
- Minimum convertibility OPD to IPD is 30% but our conversion is very less.
- In OPD patient always confuse about choice of name doctor because we don't have any doctor list display in anywhere of hospital.
- RBH have particular corridor for particular departments but we don't have any sign board of particular department.
- RBH must do numbering on doctors chamber so that it would be easier for the patients to reach to their respective doctors.

- They can add one more person at radiology station.
- RBH need one staff or separate station who keeps prescription Xerox copy and ask to patient for investigations.
- Sometimes patients haven't sufficient amount for investigation so RBH make calls to patient for investigation when follow up.
- Find out results by tracking patient those who have not done investigation in RBH.
- Radiology station needs one transport pool for transportation.
- They can stop dispatching report of pathology from this station; instead of this they can send the reports directly to either nursing station or OPD.
- The software must be enabling to download the report so that no man power require for getting the reports.
- RBH can improve radiology with the help outside sub centre.
- RBH can connect with other hospitals in Jaipur who do not have radiology facilities for patient and for this RBH need a PRO who exclusively takes care of radiology.
- RBH sometimes can provide discount on radiology investigation or lab investigation.
- RBH can reduce prices as per market we can improve because prices of investigation big role play

15.0 PREVENTIVE HEALTH CHECK UP (PHC)

Preventive health check-up: - Invest today for a healthy tomorrow.

Prevention is better than cure.

Just like investing in a retirement fund , it is extremely important to invest in yours health today in order to enjoy a healthy or protective life in yours later year's.

Most of these constitutional diseases start of very silently & the patient is unaware of their presence until it is too late or a catastrophic event occurs.

The treatment of disease has become very expensive; emphasis is on prevention &early detection.

Regular **health** exams and tests can help find problems before they start. They also can help find problems early, when your chances for treatment and cure are better. By getting the right **health** services, screenings, and treatments, you are taking steps that help your chances for living a longer, healthier life.

Preventive healthcare (alternately **preventive** medicine or prophylaxis) consists of measures taken for disease **prevention**, as opposed to disease treatment. ... Health, disease, and disability are dynamic processes which begin before individuals realize they are affected.

Health **screening** is **important** because it is a way to: Find medical conditions or disease: The main goal of health **screening** is to find diseases or medical conditions early while they are easier and less expensive to treat.

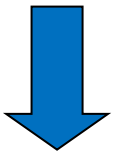
AIM of PHC

- To detect& prevent diseases at an early stage & institute appropriate life style changes with minimum medication.
- To offer comprehensive & through health check-up's package tailor made for corporate sector & specific common ailments (diabetic, HTN, obesity, cardiac problem, cancer etc.)

15.1 PHC PATIENT FLOW

Patient comes at PHC station

Billing with related health package

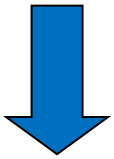


Coordination /guide by PHC staff

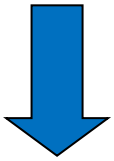
Nursing assessment

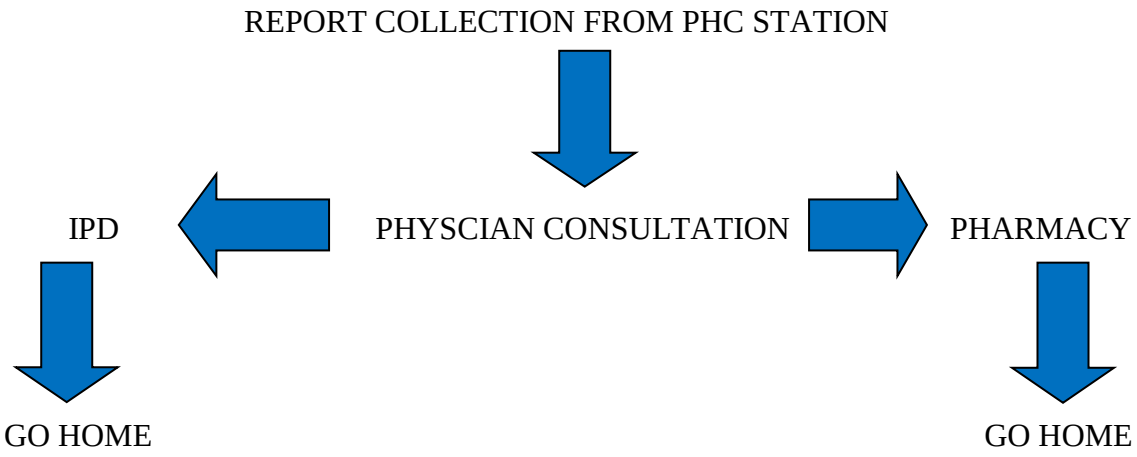
Blood sample collection

ECG



TMT /ECHO/ PFT (at ground floor) RADIOLOGY (at basement)




REPORT COLLECTION FROM PHC STATION
IPD
PHYSCIAN CONSULTATION
PHARMACY
GO HOME
GO HOME

16.0 ABSTRACT:

This analysis is carried out at RUKMANI BIRLA HOSPITAL (RBH) Jaipur, with the aim of to find out which preventive health package effective with help of tracking patients. The analysis focuses on the Clinical services component & health promotion component of community health services. PHC to IPD convertibility is less because number of patient is less. Here we took quantitative study deign. We took two month data march & April 2017.

We find out in March she & sehat package improve but cardiac package not effective. But further study in month of April cardiac gold & executive effective.

17.0 Method & Data collection

17.1 Study design:

- It was a Quantitative study in which for 2 month (3rd April to 2nd June 2017), we visited PHC department of RBH Jaipur.

17.2 Sample Method:

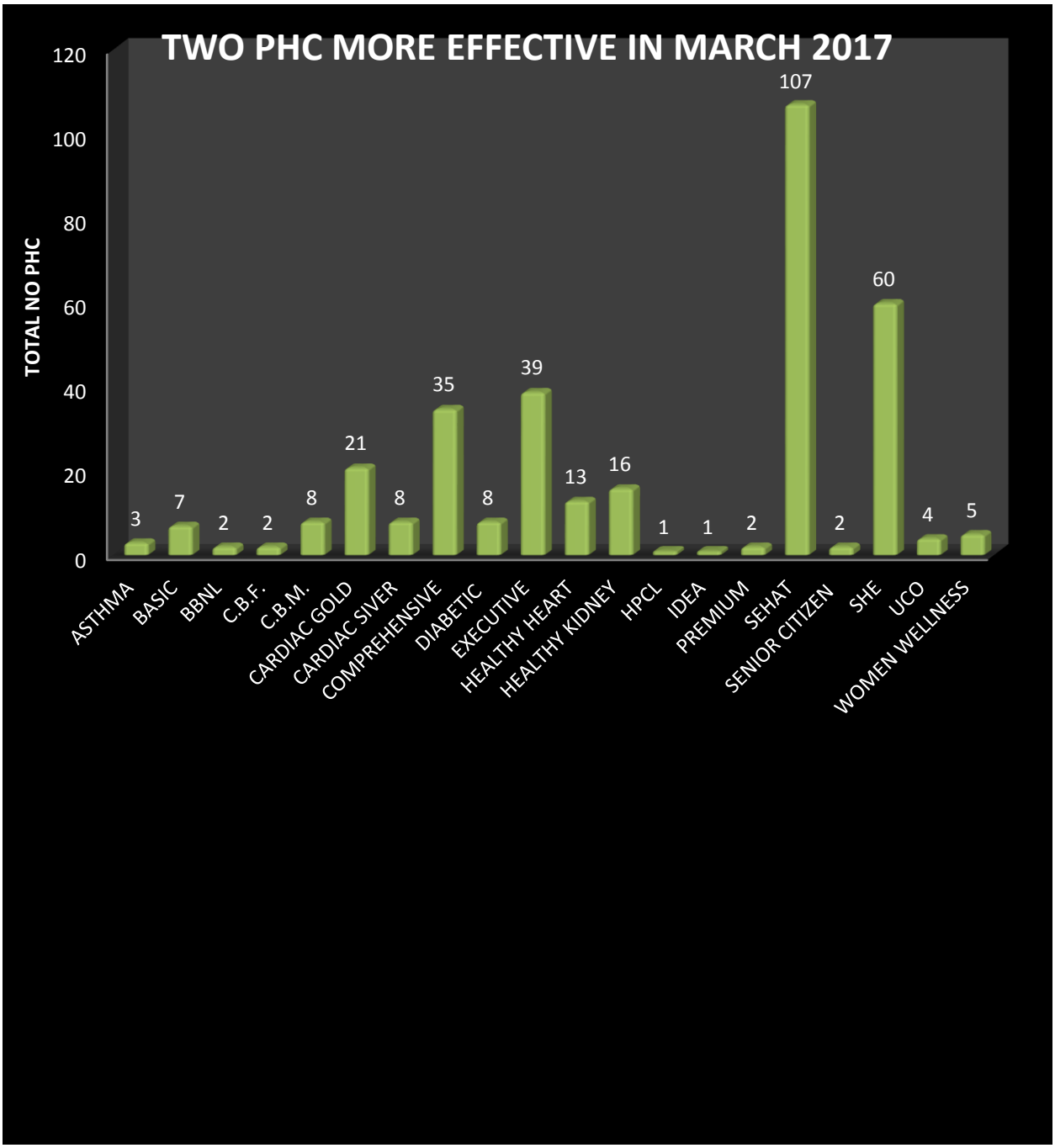
- Non probability purposive sampling method was used.

17.3 Sample size:

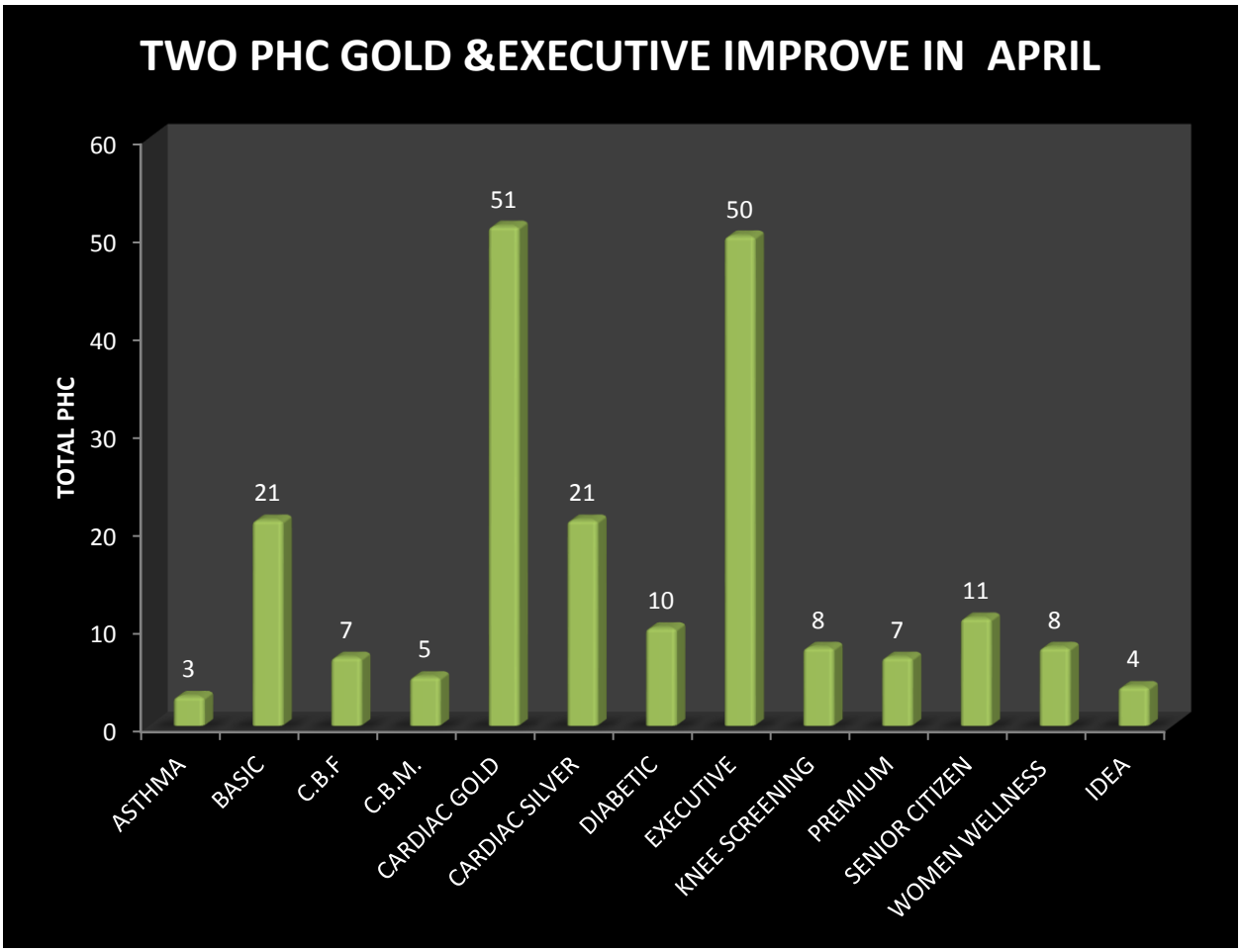
- Total PHC of the month of March & April was 550patients.

17.4 Type of data collection:

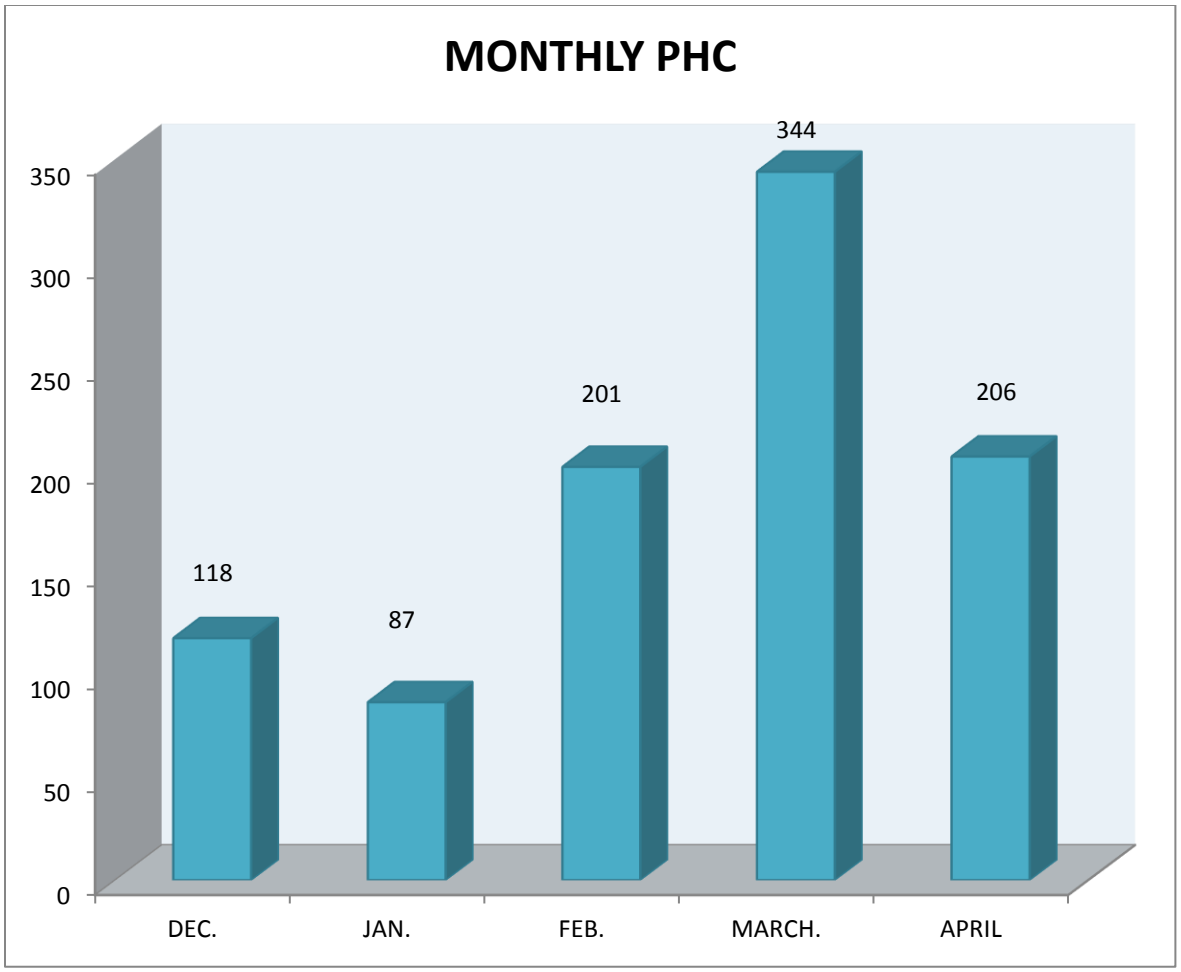
- **Secondary data of March & April 2017** was collected from the PHC department of Hospital with the help of staff.



The graph reveals that two promotional health package SEHAT & SHE took maximum time in month of March another package executive & comprehensive were effective in month of March.



The graph reveals that two health package CARDIAC GOLD & EXECUTIVE took maximum time in month of April another package BASIC & CARDIAC SILVER were effective in month of April. Another package like senior citizen, C.B.M & C.B.F were not effective.


MONTHLY PHC
350
300
250
200
150
100
50
0
118
87
201
344
206
DEC.
JAN.
FEB.
MARCH.
APRIL

18. OBSERVATION:

- Generally people for a health check-up and often get consultation with doctors for a suitable health package.
- Waiting time in PHC is too long.
- For children there is no health package available.
- PHC package all report collect from radiology department so it's also take more time.
- Like sehat or she package were effective in March because in sehat following test were performed BP, RBS, ECG, LIPID PROFILE, X-RAY CHEST, USG SCREENING, CONSULTATION by physician.

19. CONCLUSION:

From the quantitative analysis it was found that there are two promotional health package SEHAT & SHE took maximum time in month of March another package executive & comprehensive were effective in month of March.

Two health package CARDIAC GOLD & EXECUTIVE took maximum time in month of April another package BASIC & CARDIAC SILVER were effective in month of April. Cardiac gold were effective due to its cover basic test related to heart. Another package like senior citizen, C.B.M & C.B.F were not effective.

The other factors were no advertisement, promotion, no awareness, no suitable target, and no campaign for health

20. RECOMMANDATION:

- Give authority to PHC stations for download or to take direct print of laboratory investigation related packages, it will save more time of patients.

- RBH need good marketing at various occasions like AIDS day, ASTHMA day, DIABETIC day, CHILDRENS day, WOMENS day etc.

- More chance in female Brest cancer & cervical cancer, so RBH prepare campaign for awareness.

- Contact with school for children health for improves OPD.

- The promotion of health package or hospital at various malls with help of poster or images or activities.

A package for healthy family, this package includes four members in just only 10000 Rs.

1. Husband
2. Wife
3. Two children's

HAEMOGRAM

1. Hb+
2. PCV
3. MCHC,MCV,MCH
4. Total WBC
5. Differential count
6. ESR
7. Peripheral smear
8. Platelet count

LIVER FUNCTION TEST (LFT)

9. Total protein
10. Albumin
11. Globulin
12. SGOT
13. SGPT
14. GGTP
15. Bilirubin
16. Alkaline phosphate

LIPID PROFILE

17. Total cholesterol
18. HDL cholesterol
19. LDL cholesterol
20. Triglyceride
21. Total cholesterol & HDL ratio

ROUTINE BIOCHEMICAL PARAMETERS

22. Fasting blood sugar
23. PP blood sugar
24. HbA1C
25. Urea
26. Creatinine
27. Uric acid

GENERAL TEST

28. Blood group & Rh factor
29. Complete urine analysis
30. Stool test
31. ECG
32. X-ray chest
33. ECHO
34. TMT

THYROID PROFILE

35. T3
36. T4
37. TSH

TEST FOR CORONORY RISK FACTOR

38. HBsAg
39. S.CALCIUM
40. S. ELECTROLYTE
41. HbA1C
42. VITA MIN D3

FOR WOMEN ADD

43. PAP SMEAR
44. MAMMOGRAPHY ABOVE 40 IF REQUIRED
45. DEXA IF ADVISE
46. STOOL OCCULT BLOOOD IF ADVISE

FOR CHILDREN

47. HEAMOGRAM
48. RBC
49. TC& DC
50. ESR
51. BLOOD GROUP
52. Rh TYPE

53. URINE ANALYSIS
54. MONTOUX TST
55. X-RAY CHEST

COSULTATION

1. CARDIAC
2. GYNAECOLOGY
3. DIETICIAN
4. DENTAL
5. PAEDIATRICS
6. ENT
7. OPHTALOMOLOGY

A package for little champs health in just 1000 Rs.

AGE 5 TO 15 YEAR

INVESTIGATION	CBC BLOOD GROUP URINE ROUTINE STOOL ROUTINE
DIABETICS	FBS
LIPID PROFILE	TOTAL COLESTEROL TRIGYCERIDES
RENAL	S.CREATININE
LIVER PROFILE	SGPT
IMAGING	CHEST X-RAY
CARDIAC	ECG
CONSULTATION	PAEDIATRIC DENTAL

PACKAGE 2 in just 500 Rs.

1. CBC
2. BLOOD GROUP & Rh TYPING
3. MANTOUX
4. URINE ROUTINE
5. CHEST X-RAY
6. IMMUNIZATION ADVICE
7. DIETRY ADVISE
8. CONSULTATION PAEDIATRICIN
9. CONSULTATION OPHTHALMAOLOGIST

INSTRUCTION: Please be fasting from night & report to RBH at 8a.m

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