Summer Training at
HealthCare at Home Pvt. Ltd. Noida
(April 3 to June 2, 2017)

Designing and Testifying the Training Programme and Parameters of an Audit for Pre-Policy Health Checkup at HealthCare at Home

By
Baby Rani

Under the guidance of
Dr. Chetan Choithani

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. Baby Rani** has undergone summer training in **HealthCare at Home, Noida** 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

for **Mentor**
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HealthCare at HOME
By your side

02 June 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Baby Rani, student of **The IIHMR University, Jaipur** has successfully completed her summer training from 03rd April 2017 to 02 June 2017, **at HealthCare at Home Private Limited.**

Apart from the general understanding of the company, she has undertaken following project:

1. Strengthening the organization performance by designing & testifying training program and parameters of an audit for pre- policy health check-up at HealthCare at Home.
2. Designing the training program for Peritoneal Dialysis, a joint project between Baxter & HealthCare at Home.

Dr. Baby was found to be hardworking, pleasant and sincere student. She has completed her project entirely to the satisfaction of the organization.

We wish her all the best for her future endeavour.

For **HealthCare at Home Private Limited**

Rolli Saxena

Rolli Saxena Awasthi

General Manager – Human Resources

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DECLARATION

I do hereby declare that I am a student of 1st year (batch 2016-2017), pursuing MBA in Hospital and Healthcare Management, at IIHMR University, Jaipur, Rajasthan.

I would like to state that I have done the Project on "Designing and Testifying the training programme and Parameters of an audit for Pre-Policy Health Check-up at HEALTHCARE AT HOME" Noida ,Under the guidance of Barkha Arya (Assistant Manager- Operations) for the partial fulfilment for the degree of MBA in Hospital and Healthcare Administration.

This Project Work is my own and has not been submitted to any of the other institute or university for the purpose of award of any degree or diploma.

Dr. Baby Rani

IIHMR University

2016-2018

ACKNOWLEDGMENT

I take this opportunity to express my Profound sense of gratitude and indebtness to all those to help me throughout the duration of project.

I would like to Acknowledge First and foremost Dr. Gaurav Thukral (Vice-president) for showing confidence in me and giving me such a wonderful topic to do and guiding me throughout this project and I would like to thank my mentor Barkha Arya (Assistant Manager-Operations) whose support was very essential in the completion of my project.

I would like to thank Ujjwal Abhishek (Training Manager) for his Guidance throughout my internship period.

I would also like to thank my faculty at IIHMR-Jaipur and especially my Mentor Chetan choithani (Assistant professor) for guiding me through the internship.

I would also whole heartedly thank the entire Staff at HealthCare at Home, Noida for being so supportive and helpful and taking out some time from their hectic schedules and giving me all the required information.

At the end, I am thankful to God and my heartfelt gratitude to my parents.

THANK YOU ALL

Dr. Baby Rani

IIHMR University

(2016-2018)

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BACKGROUND

Health Care at Home is India's largest home healthcare provider, It was founded in partnership with the Burman family, the promoters of Dabur and the founder of HealthCare at Home, UK. While Dabur is a household name in India, HealthCare at home UK is the country's largest home healthcare provider. The billion pound UK based company has a legacy of 20 years of operations, treating over 1,50,000 patients per year. In India, they look to bring significant value to the healthcare industry and the home health service sector by drawing synergies and lending support to the existing organizations. Above all HCAH aim to bring quality healthcare, offering comfort and convenience to the patient right at their door step.

Vision

HealthCare at HOME will strive to be the most people-centric, credible and comprehensive home healthcare solution provider in India.

Mission

Creating a service delivery model with 'people-centricity' at the core of it. Delivering credible clinical outcomes, for every patient, every time. Evolving a scalable and self-sustaining business model.

SERVICES PROVIDED BY HEALTHCARE AT HOME:

Major business verticals Healthcare at Home carries with it are:

Acute

Chronic

Pharma services

Pharma distribution

Diagnostics

Business to business

Medical equipment'

Lab sample

Benefits with HealthCare at Home

 Cost effective with better outcomes.

 Personalized care by expert professionals guided by customized care plan prescribed by the doctor.

 Faster recovery in the safe home environment.

 Professional procedure led healthcare with reduced scope of hospital acquired infections.

 Comfort and convenience of getting hospital like care at a time comfortable to you and your family.

Efficient through technology

 Tablet app used for data collection during Home visit with real time reports to doctors.

 Automated updates sent to patient's family.

 Simulation based training for nurses and specialists.

 GPS tracking for timely arrival and employee safety.

Healthcare at Home ensures a Quality affirmation cycle which consists of:


On site audit


Documentation audit


Periodic competency assessments

Designing and Testifying
The Training Programme and Parameters of an Audit
For Pre-Policy Health Check up at HEALTHCARE AT HOME

INTRODUCTION

My internship at HealthCare at Home, Noida began on 3rd of April 2017 from where I started learning about basics of organisational behaviour – Work place Etiquettes, Dos and don'ts of workplace and net etiquettes.

During my entire eight weeks of learning at HealthCare at Home I got an opportunity to work on major Project of the organisation like Designing and testifying the training programme and parameters of an audit for Pre-Policy Check up at HealthCare at Home.

PPHC- pre-policy health check-up: Insurance companies do conduct health checkups for their clients before issuing insurance policy. This is called pre-policy health check-up.

Training Programme is designed for training employees in specific skills. Employee training is a necessary tool for quality improvement and to get new hires up to speed as quickly as Possible so they can become productive members of your team.

Auditing is the onsite verification activity such as inspection or examination, of a process or quality system, to ensure compliance to requirements. An audit can apply to an entire organization or might be specific to a function, process, or Production step. Audits are of different types depending upon their key focus area. However, broadly audits are divided into two main groups which are internal and external. Internal auditors are appointed by the management of the organization, whereas statuary auditors are appointed by different authorities like shareholders, etc. external auditor is also known as statutory auditor. Internal audit report findings are only submitted to the management of the organization, whereas statutory audit report is shared with the shareholders.

An External audit defined as a company audit which is performed by a party which is not a department or employed by business to be audited, are very commonly performed. The external audit approach has 2 main purposes: The company believes an outside party will be more efficient at the work or because a governmental entity is auditing the business. An External auditor performs an audit, in accordance with specific laws or rules, of the financial statements of a company, government entity or other legal entity or organization, and is independent of the entity being audits. Users of these entities' financial information, such as investors, government agencies, and the general public, rely on the external auditor to present an unbiased and independent audit report.

Internal audit is also known as the operational audit, it is a voluntary appraisal activity undertaken by an organization to provide assurance over the effectiveness of internal controls, risk management and governance to facilitate the achievement of organizational objectives. The scope of work of an internal audit is very broad and can recognise any matters which can affect the achievement of organizational objectives.

Internal audit is mainly centred on certain key activities which include:

- Monitoring the effectiveness of internal controls and proposing improvements.
- Investigating instances of fraud and theft.
- Monitoring compliance with laws and regulations.
- Reviewing and verifying where necessary the financial and operating information.
- Evaluating risk management policies and procedures of the company.
- Examining the effectiveness, efficiency and economy of operations and processes.

My study is basically focusing on operational (internal) audit, which attempts to determine training programme and auditing which is very important part of any organisation which helps us to analyse the loop holes of an organisation as well as we can also improve or check the quality of work done by the respective staff which can help us to know about the knowledge of the staff that he/she is capable for that work or not.

Over all my entire experience at HealthCare at Home had been quite fruitful as I gained a lot of knowledge on how a training programme strengthen those skills that each employee needs to improve, how auditing parameters are bought into action and how we can improve the quality of work by doing Auditing.

LITERATURE REVIEW

1. Pre-Policy Medical Check-up in Health Insurance: The moment some people hear that to buy a health insurance plan they need to undergo a pre entrance medical check-up, they become wary. The need to buy a health plan for financial security goes down the drain and an unexplainable fear of medical check-ups takes the forefront.In most cases, it is observed that people avoid medical check-up out of a lack of awareness. We know the medical tests may be required while buying the policy but do we know what this requirement entails? What are the processes and outcomes of such examination? For those unaware of pre-policy or pre-entrance medical examinations, here's a short guide.

   With the rising cost of medical care and a higher susceptibility to disease, today's professionals are looking at investing in health insurance as a way to ensure quality medical care without the heavy cost. With a slew of insurance companies offering various types of health insurance schemes to suit every budget and need, there is no dearth of options when it comes to picking a health insurance policy[1].

2. Developing an Effective Employee Training Program: Developing an effective employee training is important for the long term success of any business. Training programs provides multiple benefits for employees and the company, but only if they are carefully planned and properly implemented. Clear understanding of policies, job functions, goals and company philosophy lead to increased motivation, morale and productivity for employees, and higher profits for your business. Training is a means to a specific end, so keeping goals in mind during the development and implementation stages of your training program will assist in creating a clearly defined and effective program.

3. Need and importance of training: It is important to understand what is involved in the implementation of any employee training and development program. Understand that workforce training&developemnet means change. Be sure that your organization is ready for the improvements that your workforce will want to execute after their training is complete. They must have the authority and resources to use their new skills. Qualified trainers must be available to perform the required training. And these trainers need to understand what your company's objectives are.

The main purpose of training is to produce a positive change in the functioning of the organization. As applied to the individual, are amounts to an upgrade to that person's knowledge or skills. As it applies to a team, training incorporates organizational and communication elements that can multiply your team's productivity dramatically.

Training of employees takes place after orientation takes place. Training is the process of enhancing the skills, capabilities and knowledge of employees for doing a particular job. Training process moulds the thinking of employees and leads to quality performance of employees. It is a continuous and never ending in nature.[2]

4. How to Audit: Dealing with auditors can be a pain because it does require tedious work on the part of those being audited. That might seem unfair, but in actually, the auditor has just about as much work to do. The difference is that the auditor has a lot of pre-work research and the audited has a lot of work to do during the audit. Being an auditor is a productive career, although the process might be the same, the job itself is always changing and there is something new and different every day. You of course have to know how to audit to be an auditor, but once you learn the basics, actually performing audit work as an auditor is fairly simple but very rewarding.

Four parts: Planning the audit

Conducting the audit

Auditing the financial statements and records

Completing the audit and making recommendations

5. The Importance of an Audit System to Companies: Auditing is a means of evaluating the effectiveness of a company's internal controls. Maintaining an effective system of internal controls is vital for achieving a company's business objectives, obtaining reliable financial reporting on its operations, preventing fraud and misappropriation of its assets, and minimizing its cost of capital. Both internal and independent auditors contribute to a company's audit system in different but important ways.

6. How to write an Audit Report: An audit report is the formal opinion of audit findings. The audit report is the end result of an audit and can be used by the recipient person or organization as a tool for financial reporting, investing, altering operations, enforcing accountability, or making decisions. An effective audit report is essential to making sure the results of your audit are presented in a way that is useful to the party receiving the audit.

RATIONALE

This Study is intended to find out the loop holes and check the quality of work done by the respective staff of Pre-policy Health check up of HealthCare at Home which can help us to know about the knowledge of the staff that he/she is capable for that work.

OBJECTIVE

- To Document the process of training program for the new staff of Pre Policy Health Check-up Staff.
- To develop parameters to audit the Pre-Policy Health Check up.
- To perform audit of pre policy health check up in place at HealthCare at Home.

RESEARCH METHODOLOGY

- Study Type : Observational Study
- Study Area : HealthCare at Home, Noida
- Duration of Study : 2 Months
- Study Population : Pre-Policy Health Check up Caregivers
- Sample Size:
    - For training process Module: 8 phlebotomist and 2 PPHC ops team member
    - For PPHC ops Team Module : 233 cases
    - For Ground Field Module: 4 phlebotomist
- Research Approach: Qualitative and Quantitative both
- Sampling Technique: Convenient Sampling

- Data analysis Plan: To analyse this process I have designed questionnaire for each Module that comprises of Training process , PPHC ops team and ground field (Phlebotomist) and while doing auditing of training process module I have done telephonic conversation with number Of phlebotomists, face to face conversation with PPHC ops team Member as well as PPHC ops team Onsite verification is done and at last I had done the verification regarding the each field which is performed by PPHC ops team like Monitoring, Registration and scheduling, Documentation (ECG, Medical Examination Report, Test requisition Form and Consent form), Reporting and Data saving. And for ground field, Audit visit done by me along with the phlebotomist during patient examination
- Data Collection:
    - Primary data collection: through questionnaire
    - Secondary data collection: through journals, articles.

RESULTS

Training programme of Pre-Policy Health Checkup:

PPHC- pre policy health check up: Insurance companies do conduct health checkups for their clients before issuing insurance policy. This is called pre policy health check-up.

- **Health Care At Home conduct these health check-up on behalf of following insurance companies:**

  Religare Health Insurance

  ICICI Lombard

  HDFC Ergo General Insurance

  Apollo Munich Health Insurance

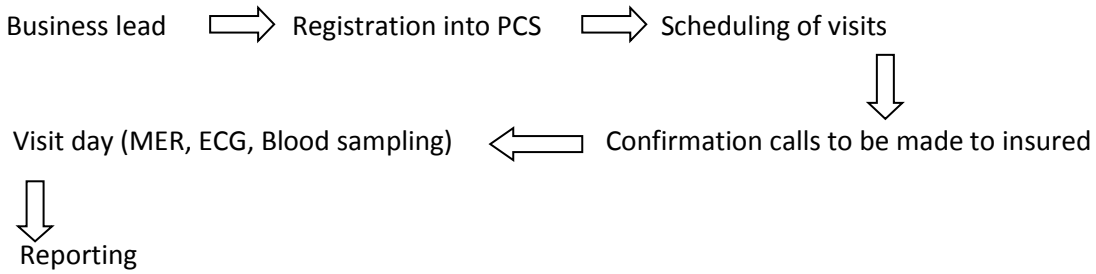
- Some companies do conduct post policy health check-up also so we are doing the same for ICICI LOMBARD.

- **HCAH marked its presence in below locations for PPHC :**

  Delhi/NCR, Mumbai, Kolkata, Chandigarh, Ludhiana, Jaipur, Bangalore, Hyderabad, Indore

- **Upcoming locations:** Ahmedabad, Surat

- **PROCESS FLOW:**



1. PPHC Operations team receives the business lead from the insurance companies through various sources.

2. PPHC team register the patient and create service package in PCS.

(PCS is patient care system software used by the PPHC operations team for registration and service package creation of patient.)

3. PPHC team schedule the visit according to phlebotomist availability and their location with the help of Google map.

4. Confirmation calls to be made to Insured to inform their final appointment time by using XLITE software. Take their confirmation on the same.

If appointment gets confirmed then visit assigned to all phlebotomist & if doesn't confirmed then visit stand cancelled or reschedule.

5. On visit day, Blood sampling, Electrocardiogram and Medical examination form filling in Zoho creator software is done by phlebotomist and after finish the visit, move to the sample for deposit the samples.

6. Reporting

Steps to be followed by PPHC Operations team

- Download all the documents uploaded by phlebotomist in the zoho creator.
- Check the MER and verify all the documents.
- ECG and MER get it checked by physician (as per client's requirement).
- Download the lab reports from the portal of SRL and ONCQUEST.
- After the verification of all documents ECG, MER and LAB REPORTS needs to be shared with all respective clients within 24 hours of the medical done.

For Auditing:

1. Training process Module

Process: I have designed the questionnaire to audit the training content and training process for phlebotomist and PPHC ops team with the help of expert feedback.

Then a survey was conducted with phlebotomist and ops team.

Sampling: survey was conducted with 8 (sample size) phlebotomist out of 16 in Delhi region and with 2 members of PPHC ops team out of 3.

Survey mode: Telephonic with phlebotomist

On site with PPHC ops team member

A. Fundamental: Training content

Questions	Barkha Arya	Percentage
1 . Is the training content maintained and in good working order?	yes	100%
2. Is training content verified and does it include all the topics?	yes	100%
3. Are training tasks on training checklist/schedule assigned & verified by person Incharge?	NA	
4. Can the person incharge explain and verify the training process in use?	NA	

Note: Prior to this audit there is no training content verification. So question 3 & 4 is not applicable.

B. Fundamental: Training Process for Phlebotomist

Questions	Kanchan	Kavita	Kaleem	Manisha	Bhuvan	Jyoti	Sangeeta	Pankaj	Adherence Percentage*
(i) IT	**Overall adherence percentage for IT**								**100%**
(i) a. Was the Zoho creator properly explained?	**yes**	**yes**	**yes**	**Yes**	**Yes**	**yes**	**Yes**	**Yes**	100%
(ii) b. Has the PCS been properly explained (visit assignment and completion)?	**yes**	**yes**	**yes**	**Yes**	**Yes**	**yes**	**Yes**	**Yes**	100%
(ii) MEDICAL EXAMINATION REPORT	**Overall adherence percentage for MER**								**83.9%**
(ii)a. Is the MER properly explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**Yes**	**Yes**	100%
(ii)b. Are the different MER of different insurance companies explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(ii)c. Is the documentation for each MER explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(ii)d. Are the Do's and Don'ts of MER explained?	**yes**	**yes**	**No**	**Yes**	**yes**	**no**	**yes**	**yes**	75%

(ii)e. Is the importance of signature explained?	**yes**	**yes**	**No**	**Yes**	**yes**	**yes**	**yes**	**yes**	87.5%
(ii)f. Is the importance and relevance of consent form explained?	**No**	**No**	**No**	**No**	**yes**	**no**	**yes**	**yes**	37.5%
(ii)g. Is the test requisition form properly defined including its importance and relevance?	**yes**	**yes**	**yes**	**Yes**	**yes**	**no**	**yes**	**yes**	87.5%
(iii). GROOMING	**Overall adherence percentage for Grooming**								**100%**
(iii)a. Is the personal grooming explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(iii)b. Are the calling etiquettes explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(iii)c. Are the do's and don'ts of professional behaviour explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(iv). CLINICAL PRACTICES	**Overall adherence percentage for clinical practices**								**83.9%**
(iv)a. Is the importance of hand rubbing and hand washing explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(iv)b. Is the frequency of hand washing explained?	**yes**	**no**	**no**	**No**	**yes**	**yes**	**yes**	**yes**	62.5%
(iv)c. Is ECG lead placement explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(iv)d. Is the importance of cleanliness of leads explained?	**yes**	**no**	**yes**	**No**	**yes**	**No**	**yes**	**yes**	62.5%
(iv)e. Is the personal protective equipment is properly Explained?	**yes**	**no**	**yes**	**No**	**yes**	**No**	**yes**	**yes**	62.5%
(iv)f. Is the Venipuncture procedure explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%
(iv)g. Is the sample handling from home visit till lab explained?	**yes**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**yes**	100%

Note :(Total no. of yes respondents/ total no. Of respondents) 100

C. Fundamental: Training process for PPHC ops team

Questions	Vikas Bhardwaj	Prashant Bhardwaj	Adherence Percentage
Overall adherence percentage	**100%**	**100%**	
1. Is the PPHC process properly explained?	Yes	yes	100%
2. Is the verification of MER explained?	Yes	yes	100%
3. Are all the documents required for MER explained?	Yes	yes	100%
4. Is registration and service package creation in PCS explained?	Yes	yes	100%
5. Is the process of reporting been explained?	Yes	yes	100%
6. Is the calling software Xlite explained?	Yes	yes	100%
7. Are the calling etiquettes explained?	Yes	yes	100%

OBSERVATIONS AND RECOMENDATIONS

For Training process Module:

From the results I observed that adherence percentage is good for IT and personal grooming areas (100%) which is really appreciable, but there are some areas like documentation and Clinical practices (83.9%) where adherence percentage is not upto the mark so these areas are need to be improved.

- **In documentation**: Most critical point are the importance and relevance of consent form , its adherence percentage is(37.5%), the less critical point is Do's and Don'ts of MER(75%) , & the least critical point is importance of TRF & Signature (87.5%). These 3 are the critical points in documentation which needs to be improved.

- **In Clinical practices**: Critical points like frequency of hand washing, importance of cleanliness of leads, personal protective equipment for which Phlebotomist were not much aware & adherence percentage for these points is 62.5%. These 3 points are needs to be improved.

  These 6 points are the critical points in documentation and clinical practice which needs to be improved **by giving proper training** so that **phlebotomist becomes more aware about the process and by this quality of work is not compromised.**

- I observed that PPHC ops team are well aware about the PPHC process fields (Software Xlite for calling, Medical examination form, registration & Service package creation in Patient care system, scheduling of visits, reporting).

- It is my observation during the telephonic session with all phlebotomist that there is no proper training session for them so **I recommend there should be proper training session for all phlebotomist on quarterly basis** so that they stay updated with the PPHC process.

- And **Pre and Post assessment** should be there for their evaluation after every training session.

2. PRE-POLICY HEALTH CHECKUP OPERATIONS TEAM:

Process:

I have designed the questionnaire to audit the quality of work which is done by PPHC ops team on floor.

For this purpose, Onsite verification is done, I verified the data from 28th April 2017 to 4th May 2017.

I verified each field which is performed by PPHC ops team like Monitoring, Registration and scheduling, Documentation (ECG, MER, TRF and Consent form), Reporting and Data saving.

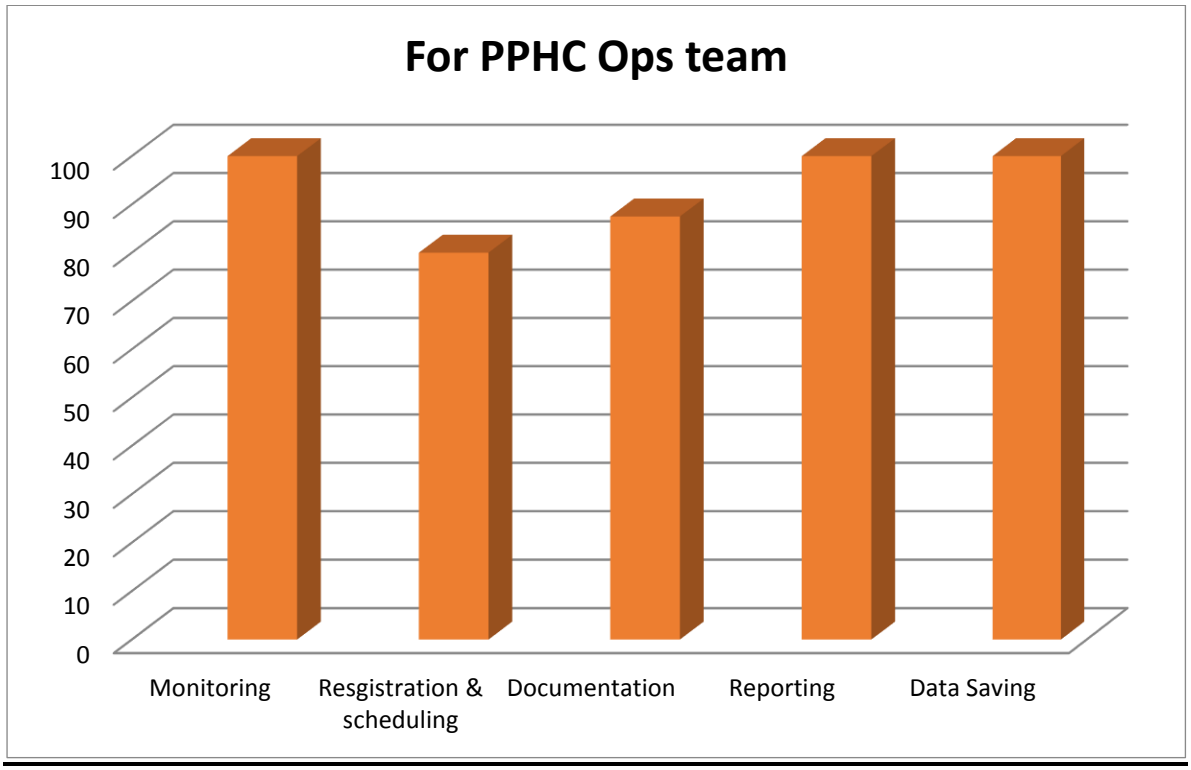
Sample Size:

Name of insurance company	No. Of cases
Apollo Munich Health Insurance	73
Religare health insurance	96
ICICI Lombard	64
HDFC Ergo General Insurance	0
Total no. of cases	233

Results:-

1. Attribute: Monitoring		Adherence Percentage
Overall adherence percentage for monitoring		**100%**
1. Does the each and every phlebotomist track by PPHC ops team?	**Yes**	
2. Does the staff was capable enough to resolve phlebotomist problem?	Yes	
3. Does the staff manage to handle the insured's query and let the medical done smoothly?	Yes	
4. Does the staff able to take the corrective action against the incident happened to staff during the visit?	Yes	
2. Attribute: Registration & Scheduling		
Overall adherence percentage for Registration & scheduling		**80%**
1. Is the insured registered properly in the Patient care system (PCS)?	Yes	
2. Does the relevant service package of insured created?	Yes	
3. Does the relevant financial consent form (FCF) uploaded or not?	No	
4. Does the visit assigned with relevant details?	Yes	
5. Does the scheduling done within the range that is 30 kms of the phlebotomist location?	Yes	
3. Attribute: Documentation		
Overall adherence percentage for Documentation		**87.5%**
(i) Medical Examination Report		
1. Does all the MER fields verified and checked with relevant details by the staff?	Yes	
2. Does the all documents checked by staff submitted by phlebotomist?	Yes	
3. Does the personal details verified with document submitted?	Yes	
4. Does the signature of medical examiner captured?	Yes	
5. Does the past medical history verified with insured?	Yes	
(ii) Test requisition form / Consent form		
1. Does the relevant TRF verified?	Yes	
2. Does the relevant consent form Used and verified?	No	

3. Does the correct details of insured properly verified?	Yes	
4. Attribute: Reporting		
Overall adherence percentage for Reporting		**100%**
1. Does the reports save with proper name and application no.?	Yes	
2. Does uniformity is maintained for saving reports?	Yes	
3. Does the MER, ECG and lab reports verified by physician?	Yes	
4. Does all the documents (MER, ECG, TRF, Consent form, photograph, ID proof, lab reports) checked before sharing with the client?	Yes	
5. Does reports shared with clients within TAT?	Yes	
5. Attribute: Data saving		
Overall adherence percentage for Data Saving		**100%**
1. Does the data maintained in well mannered on all system?	Yes	
1. Does data backup saved on quarterly basis?	Yes	
2. Does data security is maintained on all systems?	Yes	



For Monitoring The overall adherence percentage is 100%**.**

- I observed that each and every phlebotomist tracked by PPHC ops team.
- I observed that staff was capable to resolve phlebotomist problem, at the time of visit ECG was not coming properly and the phlebotomist tried thrice to do the same, by changing the room location and also cleaning the leads. Then with the help of PPHC monitoring staff phlebotomist got the resolution. She asked the insured that ECG will get checked by doctor & if there will be any problem, we'll again come to do the same and insured was fine with that.
- I observed that staff managed the insured query, at the time of visit the insured did not pass the urine and she wants the medical test to be done on the same day so monitoring team gave the resolution that visiting staff will come again after completing the another visit & collect the urine sample.
- Yes the staff able to take the corrective action against the incident happened to staff during the visit as mentioned in the above 2 cases.

  The PPHC monitoring team doing their work very well, they able to solve the problem which happens at ground field which is really appreciable.

For Registration & scheduling The overall adherence percentage is 80%.

I observed the insured was registered properly in the PCS but as it is a manual intervention I found there was a mistake in putting the city however it was corrected afterwards. So in case this kind of issue comes up again then there is an option to edit.

Relevant service package of insured created.

But there was issue with Financial consent form (FCF), Relevant FCF was not uploaded, though it is a blank form but somebody's name was there (which should not be) so corrective action should be taken.

I have observed that entire work of PPHC is done manually and it is very time consuming so i recommend it should be digitalised.

For Documentation The overall adherence percentage is 87.5%.

I observed that Documentation is well used and maintained by PPHC ops team.

But there was an issue with consent form. The PPHC ops team doesn't verify the consent form. There are 2 types of consent form one is of SRL and another is of HCAH but the PPHC ops team used and verify only the consent form by SRL. The team even not used the HCAH consent form which should be used by team for safety purpose. Reason behind the same is phlebotomist not informed about HCAH consent form to be filled.

I recommend it should be initiate to informed the phlebotomist regarding the importance of consent form so that it should be filled by phlebotomist because consent form is necessary in all aspects for the safety purpose.

For Reporting Overall adherence percentage is 100%

I observed that reporting is done in well mannered by PPHC ops team.

- Reports (MER, ECG, TRF, consent form, photograph, ID proof, lab reports) save in a folder with Proper Name and application number of insured.

- Uniformity is maintained for saving reports. For each insurance company there is a proper folder With name and application number of each insured in which all reports are saved.

- MER, ECG and lab reports verified by physician (Dr. Sidharth bawa). The PPHC ops team sent Reports via E-mail to physician and physician sent his remarks via email.

- All the documents(MER, ECG,TRF, Consent form, photograph, ID proof, lab reports) checked by PPHC ops team before sharing with the client.

- All reports are shared with clients within TAT (24-48 hrs).

For Data saving Overall adherence percentage is 100%

I observed that the data maintained in well mannered way like folder of each insurance company- month wise folder- date wise folder- name+ application no. of insured wise folder (saving all reports in this Folder) is maintained on all systems.

For data backup, Cross checked with the IT team, data back is available in the server.

Data security is maintained on all systems. There is no pen drive excess but as per my view there Should not be Gmail excess also.

So I Recommend for the same that Intranet should be used instead of internet so that we can Secure the Data more efficiently.

FOR GROUND FIELD (PHLEBOTOMIST):

Process: I have designed the questionnaire to check the quality of work done by phlebotomist. Audit visit done by me along with the phlebotomist during patient examination.

Sample size: (4 Phlebotomist)

Date and location	Name of phlebotomist
17th May 2017 Noida	Bhuvan
19th May 2017 Krishna nagar	Priya
20th May 2017 Shaadipur	Jyoti Raj
20th May 2017 Model town	Manisha

Results:

DAY 1: 17th May 2017, Noida (Bhuvan)

Attribute: Visit audit				
	Yes/ No	Adherence Percentage		
Visit status				
1. Does the staff informed to PPHC ops team when they stuck while going for any visit?	NA			
2. Does the staff informed to PPHC ops team when any insured not cooperative for any visit to get happened during the visit?	NA			
3. Does the staff report any incident happened to them during visit to PPHC ops team?	NA			
Appearance				
Overall adherence percentage for Appearance		100%		
1. Does staff was wearing the uniform?	yes			
2. Do they have their ID card with them?	yes			
3. Does their nails were short and free of varnish?	yes			
Sample collection				
Overall adherence percentage for Sample collection		100%		
1. Does staff cleaned the area before sampling ?	yes			
2. Does staff got blood sample in single prick?	yes			
3. Does the staff handle the sample in well manner?	yes			
Infection control				
Overall adherence percentage for Infection control		100%		
1. Does female/Male staff was wearing bangles or a wrist watch?	No			
2. Does gloves was available and used?	Yes			
3. Does alcohol hand rub was available and used?	Yes			
VITALS and MER				
Overall adherence percentage for VITALS and MER		100%		
1.Does the staff measured -				
Height	Yes			
Weight	Yes			

BP	Yes			
Pulse	Yes			
2. Does ECG was done properly?	Yes			
3. Does staff asked about past medical history?	Yes			
4. Does staff asked about family history?	Yes			
5. Does staff asked about the fasting condition?	Yes			
Waste disposal				
Overall adherence percentage for Waste disposal		100%		
1. Does staff was carrying sharp bin?	Yes			
2. Does biomedical waste was being safely disposed?	Yes			
Documentation				
Overall adherence percentage for Documentation		83.33%		
1. Does staff capture Insured's Photograph?	Yes			
2. Is the photograph of government valid ID proof captured (in case of adult)?	Yes			
3. Does the correct ID proof captured in case of minor?	NA			
4. Does proper undertaking taken and duly signed by insured In Absence of government valid ID proof?	NA			
5. Does signature was taken in the device?	yes			
6. Does the relevant TRF filled?	yes			
7. Does the relevant consent form filled?	No		**As it was ICICI Lombard visit, Staff was not informed to fill the HCAH consent form.**	
8. Does the correct details of insured properly filled?	Yes			

*Scoring out of 25 points, rest of 5 questions are not applicable because these points were not happen during this visit.

OVERALL ADHERENCE PERCENTAGE FOR BHUVAN IS 96%

Day 2: 19th May 2017, Krishna Nagar (Priya)

Attribute: Visit audit			
	Yes/ No	Adherence percentage	
Visit status			
Overall adherence percentage for Visit status		100%	

1. Does the staff informed to PPHC ops team when they stuck while going for any visit?	NA		
2. Does the staff informed to PPHC ops team when any insured not cooperative for any visit to get happened during the visit?	NA		
3. Does the staff report any incident happened to them during the visit to PPHC ops team?	yes		**At the time of visit, the insured did not pass the urine and she wants medical test to be done on the same day. Staff report to the PPHC ops team for the same.**
Appearance			
Overall adherence percentage for Appearance		0	
1. Does staff was wearing the uniform?	No		**She was not wearing the uniform.**
2. Do they have their ID card with them?	No		**She was not wearing their ID card.**
3. Does their nails were short and free of varnish?	No		**No, Nails were not short & nail paint was there.**
Sample collection			
Overall adherence percentage for Sample collection		100%	
1. Does staff cleaned the area before sampling?	yes		
2. Does staff got blood sample in single prick?	yes		
3. Does the staff handle the sample in well manner?	yes		
Infection control			
Overall adherence percentage for Infection Control		67%	
1. Does female/Male staff was wearing bangles or a wrist watch?	yes		**Yes female staff was wearing bangles.**

2. Does gloves was available and used?	no		**Gloves were not used while taking blood sample.**
3. Does alcohol hand rub was available and used?	yes		
VITALS and MER			
Overall adherence percentage for Vitals and MER		87.5%	
1.Does the staff measured -			
Height	Yes		
Weight	Yes		
BP	No		**As BP is required to be taken by 3 times, but she took only once**
Pulse	Yes		
2. Does ECG was done properly?	Yes		
3. Does staff asked about past medical history?	Yes		
4. Does staff asked about family history?	Yes		
5. Does staff asked about the fasting condition?	Yes		
Waste disposal			
Overall adherence percentage for Waste Disposal		100%	
1. Does staff was carrying sharp bin?	Yes		
2. Does biomedical waste was being safely disposed ?	Yes		
Documentation			
Overall adherence percentage for Waste Disposal		100%	
1. Does staff capture Insured's Photograph?	Yes		
2. Is the photograph of government valid ID proof captured (in case of adult)?	Yes		
3. Does the correct ID proof captured in case of minor?	NA		
4. Does proper undertaking taken and duly signed by insured In Absence of government valid ID proof?	NA		
5. Does signature was taken in the device?	yes		
6. Does the relevant TRF filled?	yes		
7. Does the relevant consent form filled?	yes		
8. Does the correct details of insured properly filled?	Yes		

*Scoring out of 26 points, rest of 4 questions are not applicable because these points were not happen during the visit.

OVERALL ADHERENCE PERCENTAGE FOR PRIYA IS 77%

Day 3: 20th May 2017, Shadipur (Jyoti Raj)

Attribute: Visit audit			
	Yes/ No	Adherence percentage	
Visit status			
Overall adherence percentage for Visit status		100%	
1. Does the staff informed to PPHC ops team when they stuck while going for any visit?	NA		
2. Does the staff informed to PPHC ops team when any insured not cooperative for any visit to get happened during the visit?	NA		
3. Does the staff report any incident happened to them during the visit to PPHC ops team?	Yes		**At the time of visit ECG was not coming properly and the phlebotomist tried thrice to do the same, by changing the room location and also cleaning the leads, Staff report to the PPHC ops team for the same.**
Appearance			
Overall adherence percentage for Appearance		67%	
1. Does staff was wearing the uniform?	No		**She was not wearing the uniform.**
2. Do they have their ID card with them?	yes		
3. Does their nails were short and free of varnish?	yes		
Sample collection			
Overall adherence percentage for Sample collection		100%	
1. Does staff cleaned the area before sampling?	yes		

2. Does staff got blood sample in single prick?	yes		
3. Does the staff handle the sample in well manner?	yes		
Infection control			
Overall adherence percentage for Infection Control		67%	
1. Does female/Male staff was wearing bangles or a wrist watch?		No	
2. Does gloves was available and used?		No	**Gloves were not used while taking blood Samples.**
3. Does alcohol hand rub was available and used?	Yes		
VITALS and MER			
Overall adherence percentage for Vitals and MER		87.5%	
1.Does the staff measured -			
Height	Yes		
Weight	Yes		
BP	No		**As BP is required to be taken by 3 times, but she took only once**
Pulse	Yes		
2. Does ECG was done properly?	Yes		
3. Does staff asked about past medical history?	Yes		
4. Does staff asked about family history?	Yes		
5. Does staff asked about the fasting condition?	Yes		
Waste disposal			
Overall adherence percentage for Waste disposal		100%	
1. Does staff was carrying sharp bin?	Yes		
2. Does biomedical waste was being safely disposed ?	Yes		
Documentation			
Overall adherence percentage for Documentation		83.33%	
1. Does staff capture Insured's Photograph?	Yes		
2. Is the photograph of government valid ID proof captured (in case of adult)?	Yes		
3. Does the correct ID proof captured in case of minor?	NA		
4. Does proper undertaking taken and duly signed by insured In Absence of government valid ID proof?	NA		
5. Does signature was taken in the device?	yes		
6. Does the relevant TRF filled?	yes		

7. Does the relevant consent form filled?	No		**As it was Apollo CAT 2 visit, Staff was not informed to fill the HCAH consent form.**
8. Does the correct details of insured properly filled?	Yes		

*Scoring out of 26 points, rest of 4 questions are not applicable because these points were not happen during the visit.

OVERALL ADHERENCE PERCENTAGE FOR JYOTI RAJ IS 84.61%

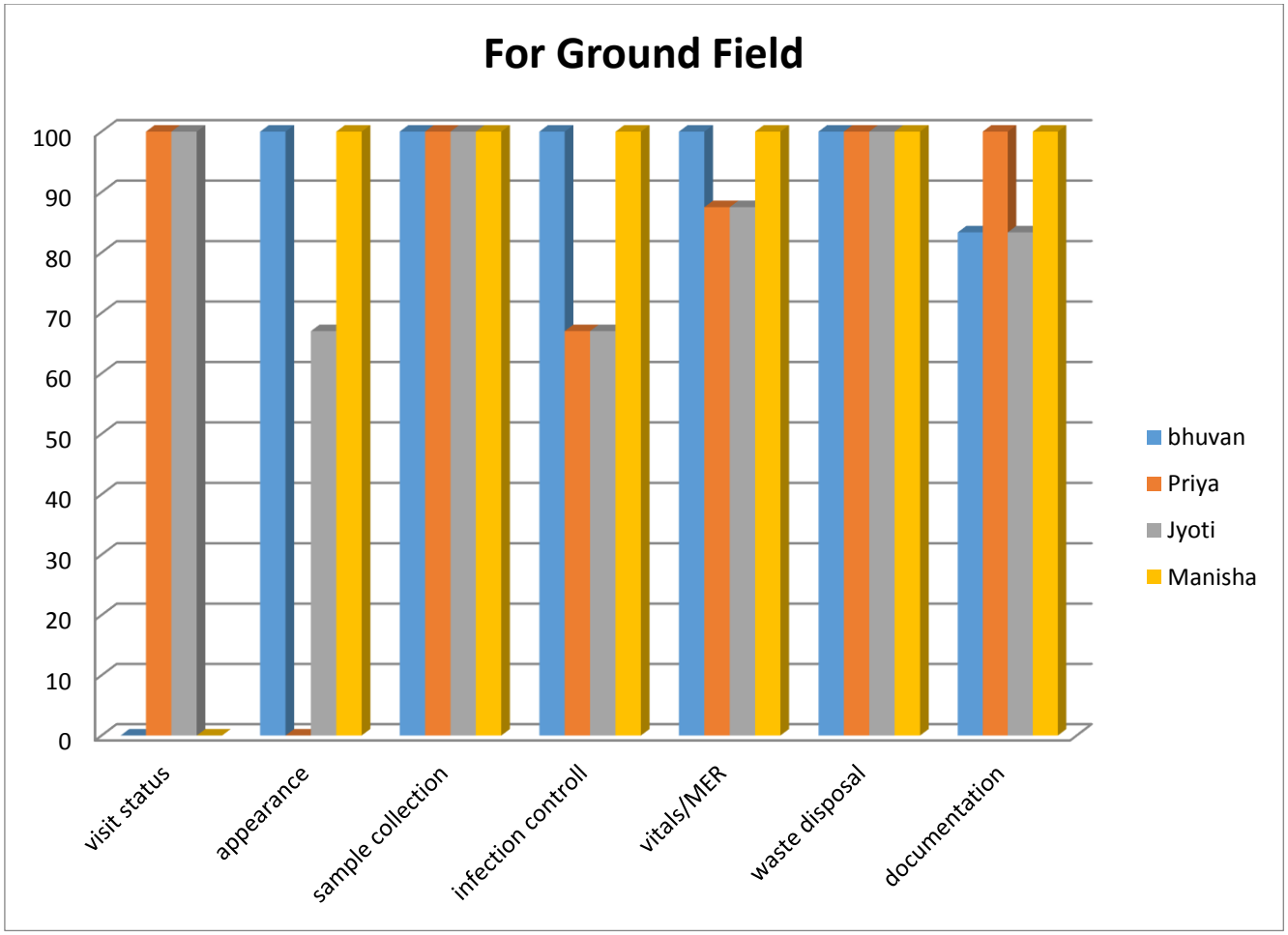
Day 3 (2nd visit): 20th May 2017, Model town (Manisha)

Attribute: Visit audit			
	Yes/No	Adherence percentage	
Visit status			
1. Does the staff informed to PPHC ops team when they stuck while going for any visit?	NA		
2. Does the staff informed to PPHC ops team when any insured not cooperative for any visit to get happened during the visit?	NA		
3. Does the staff report any incident happened to them during the visit to PPHC ops team?	NA		
Appearance			
Overall adherence percentage for Appearance		100%	
1. Does staff was wearing the uniform?	yes		
2. Do they have their ID card with them?	yes		
3. Does their nails were short and free of varnish?	yes		
Sample collection			
Overall adherence percentage for Sample Collection		100%	
1. Does staff cleaned the area before sampling ?	yes		
2. Does staff got blood sample in single prick?	yes		
3. Does the staff handle the sample in well manner?	yes		
Infection control			

Overall adherence percentage for Infection Control		100%	
1. Does female/Male staff was wearing bangles or a wrist watch?		No	
2. Does gloves was available and used?	Yes		
3. Does alcohol hand rub was available and used?	Yes		
VITALS and MER			
Overall adherence percentage for Vitals and MER		100%	
1.Does the staff measured -			
Height	Yes		
Weight	Yes		
BP	Yes		
Pulse	Yes		
2. Does ECG was done properly?	Yes		
3. Does staff asked about past medical history?	Yes		
4. Does staff asked about family history?	Yes		
5. Does staff asked about the fasting condition?	Yes		
Waste disposal			
Overall adherence percentage for Waste Disposal		100%	
1. Does staff was carrying sharp bin?	Yes		
2. Does biomedical waste was being safely disposed?	Yes		
Documentation			
Overall adherence percentage for Documentation		100%	
1. Does staff capture Insured's Photograph?	Yes		
2. Is the photograph of government valid ID proof captured (in case of adult)?	Yes		
3. Does the correct ID proof captured in case of minor?	NA		
4. Does proper undertaking taken and duly signed by insured In Absence of government valid ID proof?	NA		
5. Does signature was taken in the device?	yes		
6. Does the relevant TRF filled?	yes		
7. Does the relevant consent form filled?	yes		
8. Does the correct details of insured properly filled?	Yes		

*Scoring out of 25 points, rest of 5 questions are not applicable because these points were not happen during this visit.

OVERALL ADHERENCE PERCENTAGE FOR MANISHA IS 100%



During the Visit with Bhuvan, I observed he didn't fill the consent form reason behind the same is never informed about to fill the consent form.

Otherwise He was very nice with insured.
He was done medical smoothly.
He was courteous during the visit.
These all things are really appreciable.

During the visit with Jyoti, I observed she was not wearing the uniform. On asking about this she said she has not been received the Uniform from office.

Gloves were not used while taking Blood sample.
As BP is required to be taken by 3 times, she took only once.
She didn't fill the consent form reason behind the same is never informed about to fill the consent form.

- Otherwise; she was very nice with insured.
- She handles the situation in well mannered way.

During the visit with Priya, I observed she didn't wear uniform, ID card.
Her nails were not short & nail paint was there.
She was wearing bangles.

Gloves were not used while taking blood sample
As BP is required to be taken by 3 times but she took only once.

During the visit with Manisha, She was courteous during the visit.
She was very nice with the insured.
She did the medical smoothly in well mannered way.

Based on these observations; I Recommend Surprise and mystery audit should be conduct on Monthly basis. If it is not possible on monthly basis then atleast should be on quarterly basis.

Refresh training should be given to all phlebotomists on quarterly basis so that they remains update With new information of PPHC process

Conclusion

Insurance companies do conduct health checkups for their clients before issuing insurance policy. This is called pre policy health check-up. **Auditing** is the on-site verification activity, such as inspection or examination, of a process or quality system, to ensure compliance to requirements. An **audit** can apply to an entire organization or might be specific to a function, process, or production step. I have done the auditing of Pre-Policy health check-up department.

By the help of all these things I came to know about the areas of improvement such as Surprise and mystery audit should be conduct on monthly basis. If it is not possible on monthly basis then atleast should be on quarterly basis, Refresh training should be given to all phlebotomists on quarterly basis so that they remains update with new information of PPHC process. if we will follow these conditions we can improve the quality of work which makes the employees more professional towards their work and can easily suppresses the loophole.

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