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

# Report on Revisiting and Mapping Unit Operations Process at Health Care at Home, India

**By**
**Ashish Kumar Gupta**

**Under the guidance of**
**Dr. C. Ramesh**

**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. Ashish Kumar Gupta** has undergone summer training in **Health Care At Home, Noida** 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. C. Ramesh**
**Professor and Dean**
**School of Pharmaceutical Management**
**The IIHMR University, Jaipur**

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

HealthCare at HOME
By your side

**02 June 2017**

## TO WHOMSOEVER IT MAY CONCERN

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

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

1. Revisiting and Mapping of Unit Operations for Delhi Unit
2. Organogram for HCAH
3. Training content development and evaluation for Operations team
4. Devising of training plan for Finance department
5. Presentation on Home visit bag & PCS training

Dr. Ashish was found to be hardworking, pleasant and sincere student. He has completed his project entirely to the satisfaction of the organization.

We wish him all the best for his future endeavour.

For **HealthCare at Home Private Limited**

Rolli Saxena

**Rolli Saxena Awasthi**

**General Manager – Human Resources**

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. Ashish Kumar Gupta** has undergone summer training in **Health Care At Home, Noida** 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. C. Ramesh**
**Professor and Dean**
**School of Pharmaceutical Management**
**The IIHMR University, Jaipur**

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in


Unit operations:

REVISITING AND MAPPING UNIT OPERATION PROCESS: Delhi Unit HEALTH CARE AT HOME, INDIA

DR. ASHISH KUMAR GUPTA | MBA-HM 21 | JUNE 3 2017

# Acknowledgements

Preparing a report of project on any subject is really a challenging task for any researcher. Start-up is altogether a new field; not enough literature is available on

Start-up in health care is a small but interesting field. Flat organization or hierarchy less organization whatever we can call it. I also had the opportunity to talk to many persons directly related my work. I am thankful to Health Care at Home family, for providing me opportunity to work with them and providing me all the help my project was needed.

First of all, I would like to pay thanks to Dr. Gaurav Thukral sir for briefing about this new field in healthcare at the time of conference at IIHMR, Jaipur. In that conference, I started thinking about working in this new field. He remained supportive across the project, his periodic review, encouragement, suggestions and very constructive criticism was helpful to shaping project and remain on right track.

My project would have never been completed without the help of Delhi unit teams.

I would like to pay thanks to Mr. Abhishek Malik sir, Mr. Tika Ram (Bunty) sir and all member of Delhi Unit, in their very busy schedule they were spared time for me.

I would like to thank finance team specially Mr. Sachin sir, just because of him, I was able to get the whole idea of working style of HCAH. He Told me that if you want to know finance, you should have a idea of Telesales, customer support and all the concerned departments.

I would like to pay thanks to Telesales team for describing process of customer service patiently. I was with them in the first week of internship, they were very busy in talking to customer but they explained everything.

I would like to pay thanks to Customer support team for proving me the information of customer line, customer support knowledge was very important for me, It paved the way of my Project, information they share with me remained relevant to me for completion my

Project on operation unit.

I would like to thanks to HR team, specifically to Mr. Ujjwal Abhishek sir for introducing me to HCAH, and providing help whenever needed.

Last but not least, Thanks to my college mentor Dr. C. Ramesh sir for helping me in choosing Health Care At Home, as an internship institute, providing all the necessary help before, during and after the internship.

This project has indeed helped me to explored new horizon of health start-up. I am quite sure it will help me in my future carrier.

**Dr. Ashish Gupta**

Index

Acronyms/Abbreviations

- ALOS- average length of stay
- BRD- Burman retail distribution
- BD- business development
- BSC- business support center (head office)
- CET- clinical evaluation team
- CRCC- critical care
- CS- customer support
- FCF- financial consent form
- HVR- home visit report
- HRBP- HR Business Partners
- HIPL- health impetus Pvt. Ltd. (Now HCAH)
- HCAH- Health Care at Home
- KAM- Key a/c manager
- NOK- Next to kin
- Ops- Operation Team
- PPHC- Pre-policy health checkup
- PSP – Patient Support program (in pharma services)
- PDS- Pharma distribution services
- QOL- Quality of life
- TAT-Turnaround time (in emergency)
- TS – Tele Sales (in HCAH -Business acquisition executive)
- UH- Unit Head

## Preface

- The objective of the project was "to Revisit and map every operation process of Delhi operation Unit" for **Health care at home, India Pvt. Ltd**., for that we have to understand the Operation process (executive), work of different person working under Delhi Unit.
- So, gaps and challenges of different operation processes can be identified and proper corrective measure can be taken, recommendation can be given
- Internship started at 3rd. April and The project was started on 21st of April, after knowing all the relevant information regarding the project, under the guidance of Dr. Gaurav Thukral (Vice president).
- **First part** of my internship was the observe, understand and study of coordination with all the department related with Unit operations. Understand the Operations category, their mechanism of action and use of different software and their place in operation process. For this I sat with Tale-sales, Customer support, Clinical evaluation team as a primary source of information for study, also attended three days induction with different department heads.
- **Second part** of it was focused on mapping of Delhi unit operations. Initially, for one week I observed different Operations process, after that on daily basis I mapped different operations.
- I also made a presentation on challenges faced by Delhi unit and advised recommendation to improve the Operation process.

## Project details

### Objectives-

METHODOLOGY

Keeping in mind the achievement of the aim and objectives of the present study methodology has been designed, consisting of several sequential steps as follows:

1. STUDY SETTING
   Health Care at Home – Delhi Unit

2. STUDY DESIGN
   Descriptive observational & record base study

3. STUDY AREA
   Delhi unit –Chattarpur, NEW DELHI

4. STUDY SPAN
   - Review of literature:
   - Observational study duration: April 20, 2017 to May 20, 2017
   - Power point presentation: May 25, 2017
   - Report writing:

5. STUDY POPULATION
   Person related with Delhi Operation Unit

6. PREPRATION OF STUDY
   This observational study was carried out to identify different operation performed at Delhi Unit
   Previous literature was also reviewed.
7. METHOD FOR UNDERSTANDING PROCESS
   Interview and Questionnaire

**Methodology: -**

- Observation of Operations unit: Delhi, For identification of different operations
- Interviewed different persons related with operations at Delhi Unit.

**Abstract**

I revisited different operations running by Delhi Unit, and mapped in some type of process, and find out various challenges faced in the operations in unit (Delhi unit). I advised recommendation and advise to measure these challenges and take correcting measure according to the same.

- First major challenge is delay in reimbursement, As I observed in Delhi Unit, staff and employee were mostly coming to Delhi unit for knowing hereabouts / miscalculation of their reimbursement or/and salary.
- Reimbursement process also is a complicated process, it can be make simpler.
- For making HR work easy a self-managing online portal can be made, where employee own self upload all the required document, after verification of HR team permanent change be made.
- Second major challenge faced by operation unit is repeated query/call for same type of problem by different people related with Delhi unit.
- Third major challenge is Coordination with different department of Business Support Center (as Head office called in HCAH) with Delhi Unit is not up to mark, people are relying more on oral communication than written (email) communications.
- BSC/ head office teams should look the problem by Unit perspective, sometime at unit level things required urgent attention but these things are being taken lightly/normally by concerned team of BSC.

## INTRODUCTION AND LITERATURE REVIEW

Home care is a phrase commonly used to refer to a wide range of health and social services. These services are delivered at home to recovering, chronically or terminally ill persons or people with disabilities in need of medical, nursing, social or therapeutic treatment, and/or assistance with the essential activities of daily living.[1]

Home care and home health are distinct types of care which are both provided in a home setting, but most people aren't aware of the differences and use these terms interchangeably. The key difference is that "home care" is non-clinical care and "home health" is clinical care.[2]

## HOME CARE + HOME HEALTH = HOME HEALTH CARE

Home health care is clinical medical care provided by a registered nurse, occupational therapist, physiotherapist or other skilled medical professionals, and is often prescribed as part of a care plan following a hospitalization. [3]

Home health agencies provide services to beneficiaries who are homebound and need skilled nursing or therapy. In 2014, about 3.4 million Medicare beneficiaries received care, and the program spent about $17.7 billion on home health care services. Over 12,400 agencies participated in Medicare in 2014.[4]

### Patient Safety and Quality in Home Health Care

Quality home care is critical to ensuring patients continue to receive treatment after a hospital stay for medical conditions that may require it. Effective communication and compassionate care from home health providers ensures patients and families understand how to manage their health condition, which can help to prevent a hospital readmission. [6]

### Home Health Operations

It is feasible to integrate the programmatic, data collection, data transmission, and outcome enhancement components of Outcome-Based Quality Improvement (OBQI) into the day-to-day operations of home health agencies. The aggregate findings and the agency-level evidence available from site-specific communications suggest that OBQI had a pervasive effect on outcome improvement for home health patients. OBQI appears to warrant expansion and refinement in Home Health Care and experimentation in other healthcare settings.[7]

**Types of Home Care Providers**- Home care providers in California can be classified into four broad categories: (1) home health agencies that provide home health care, (2) home care or referral agencies that provide nonmedical personal home care, (3) IHSS providers of personal care services to Medicaid (Medi- Cal in California) beneficiaries, and (4) individuals who provide home health and personal care in private arrangements. [8]

**What is operation management?**

Operations management is an area of management concerned with designing and controlling the process of production and redesigning business operations in the production of goods or services.

**What is operation mapping?**

Operation mapping is a part of operation management.

Operations Mapping is a process-oriented technique. It's a step-by-step method for revisiting and mapping operation process and procedure.

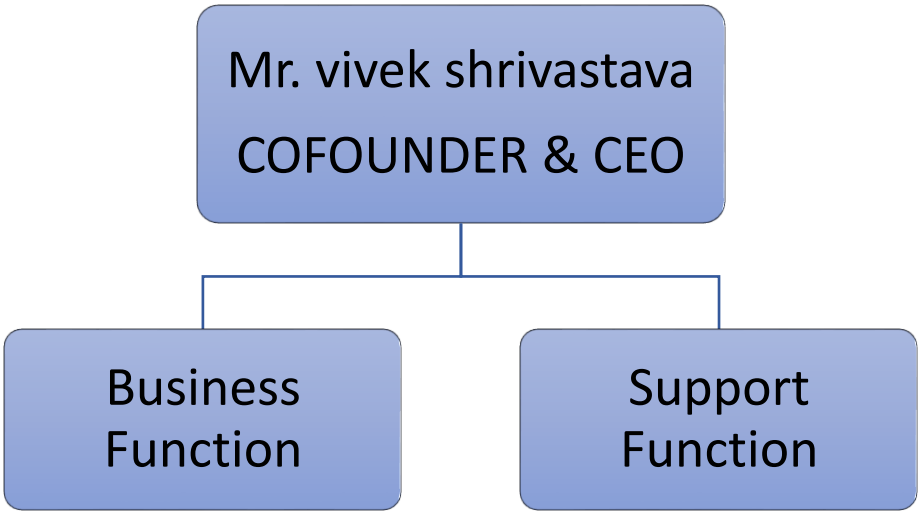
It also includes prepare standard operating procedures (SOP) of systems that are mapped to business goals. It works for any kind of process, any industry.

**What is the need of mapping operations?**

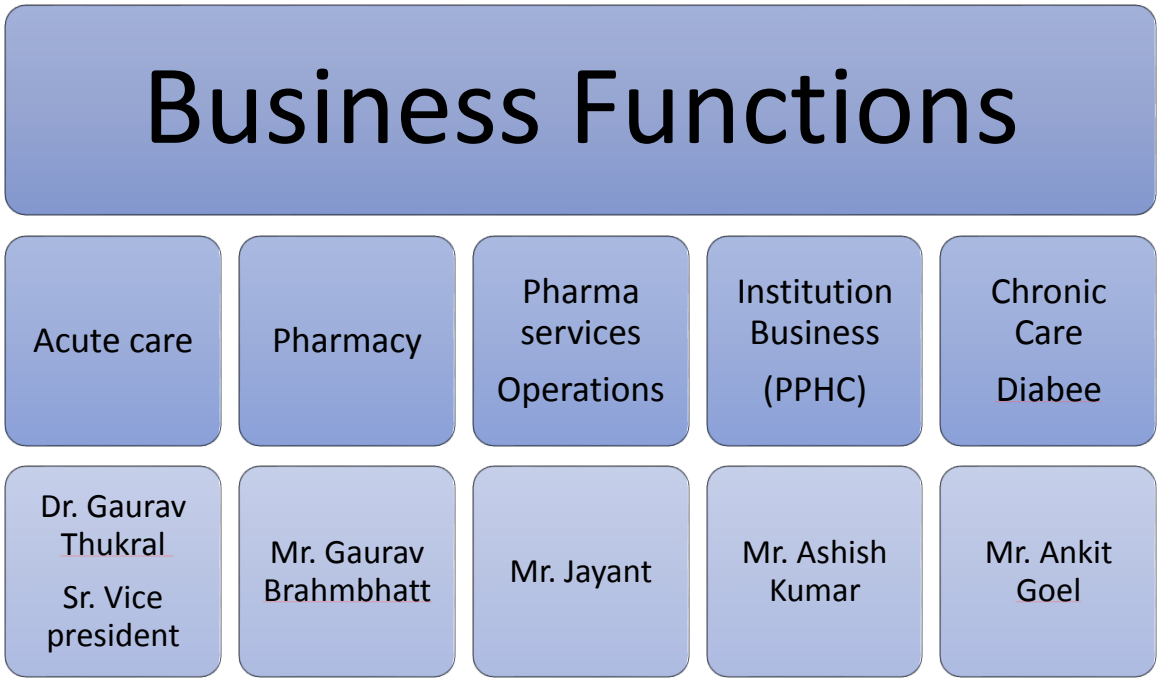
Revisiting and mapping of different operations are necessary to find out –

- Number of different operations
- Loopholes in operation process
- Redundancy/repetition of distinct roles
- Challenges of operations
- Connection between different department
- To know shortest possible route of operations
- Shortcoming of process
- Standardization of operations (SOP making) [9]

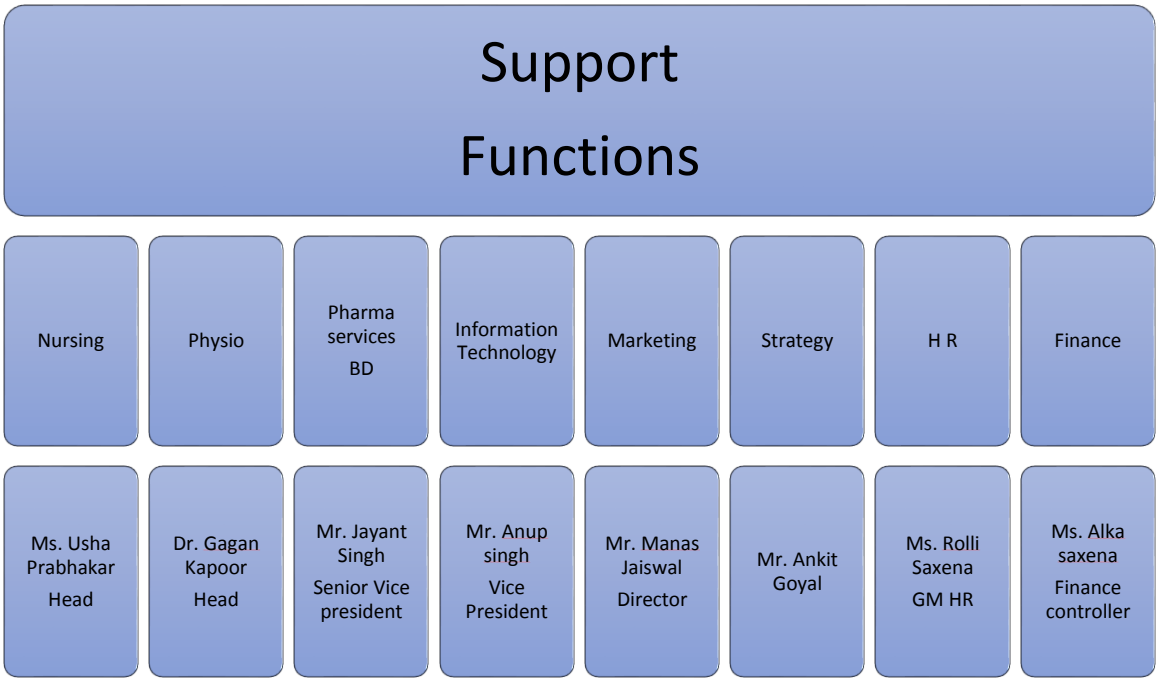
# Organogram of Health Care at Home



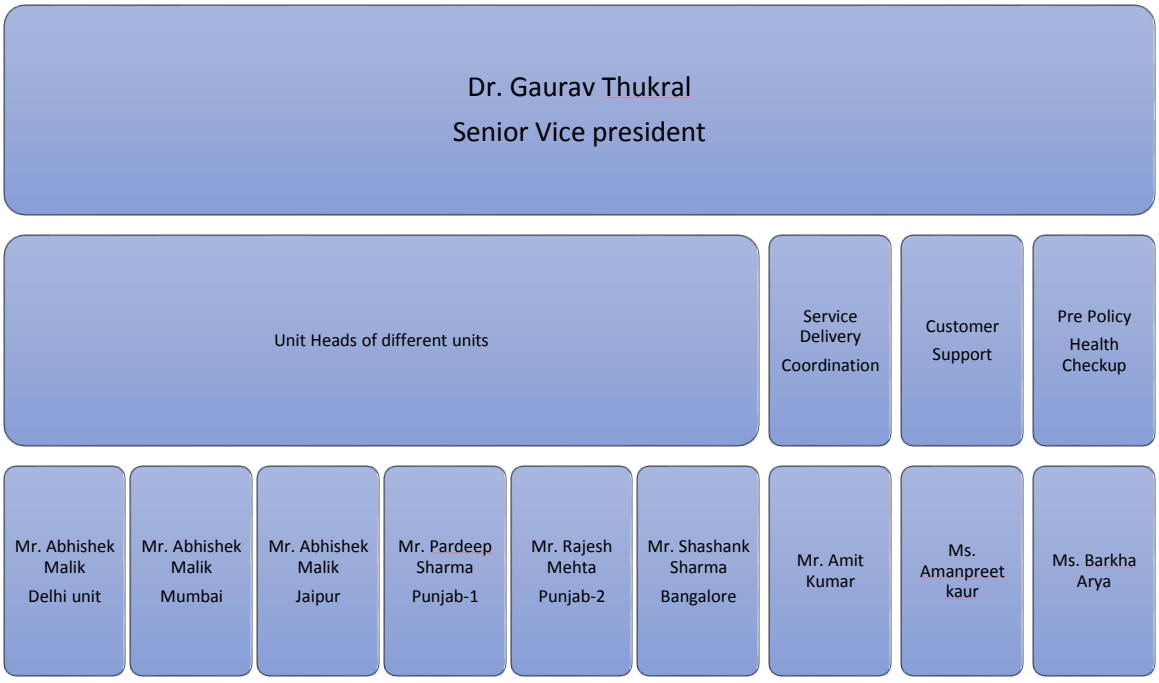

## Business Functions



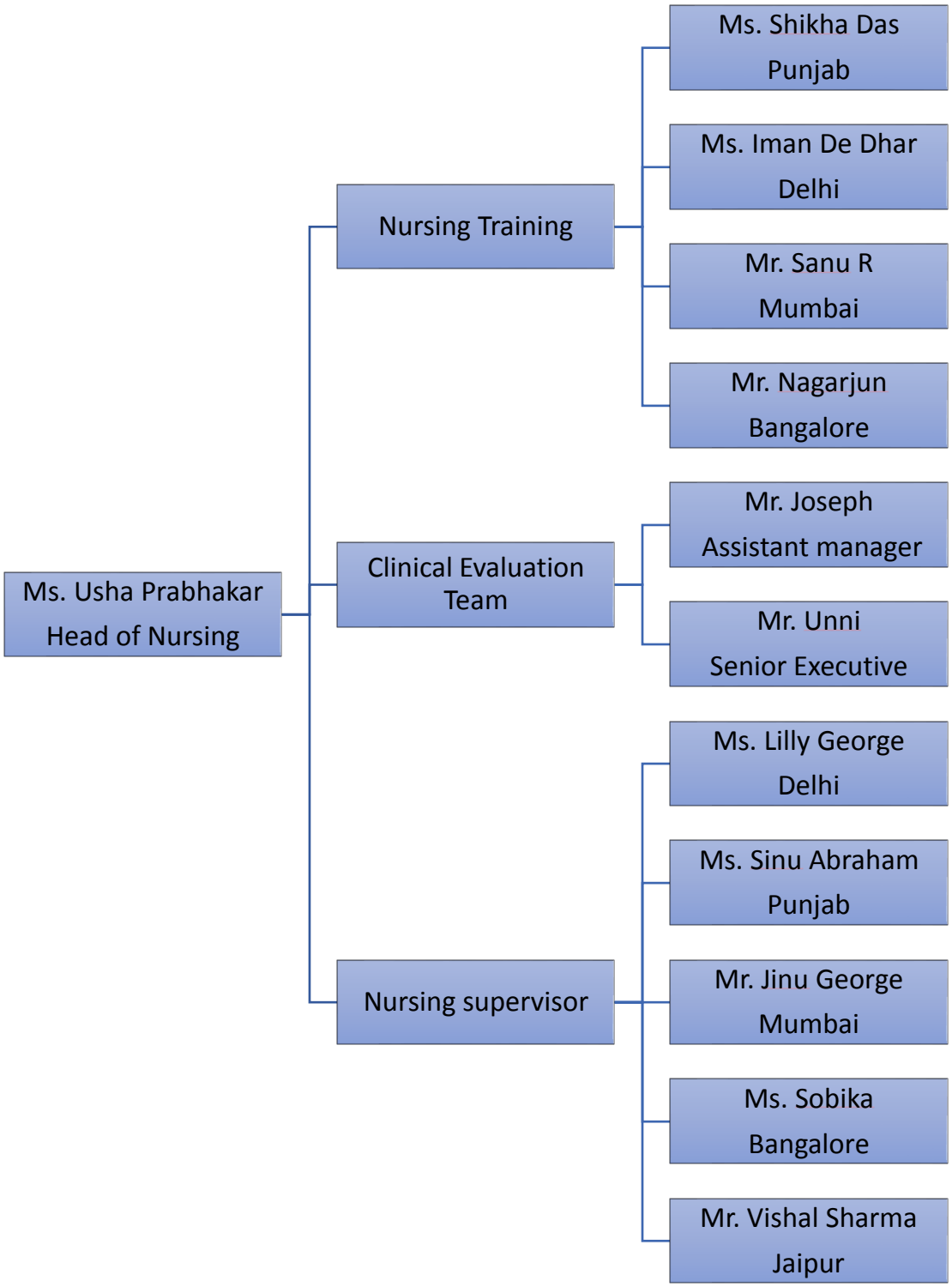
# Support Functions



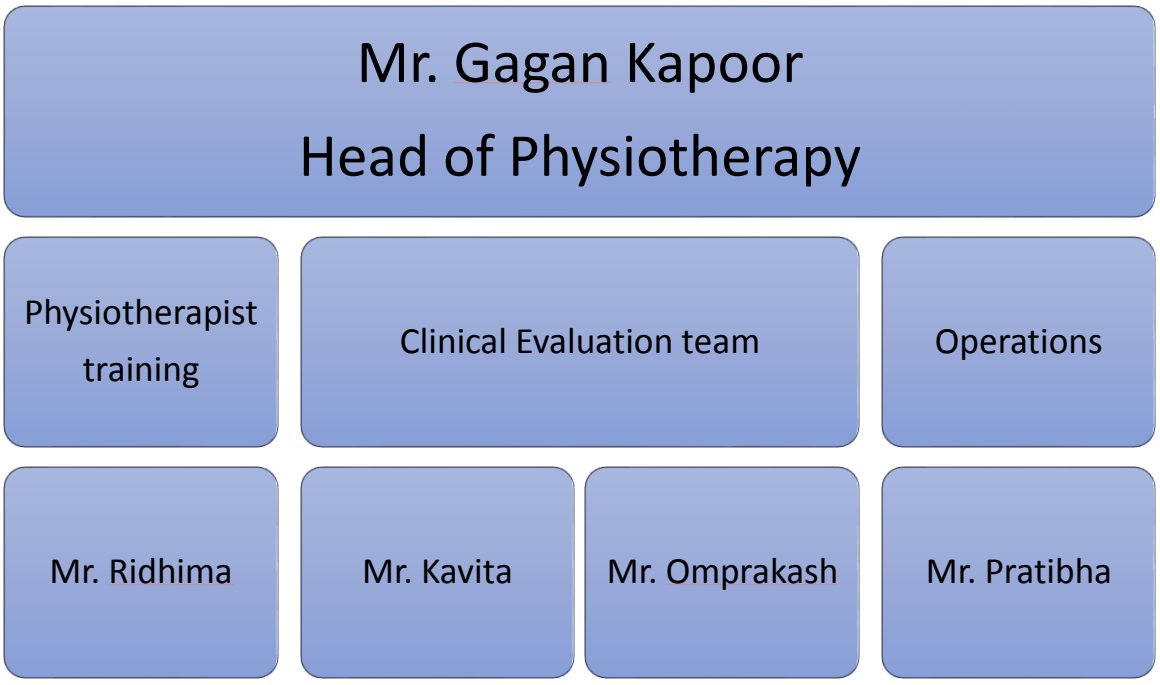

# Support Functions: Physiotherapy



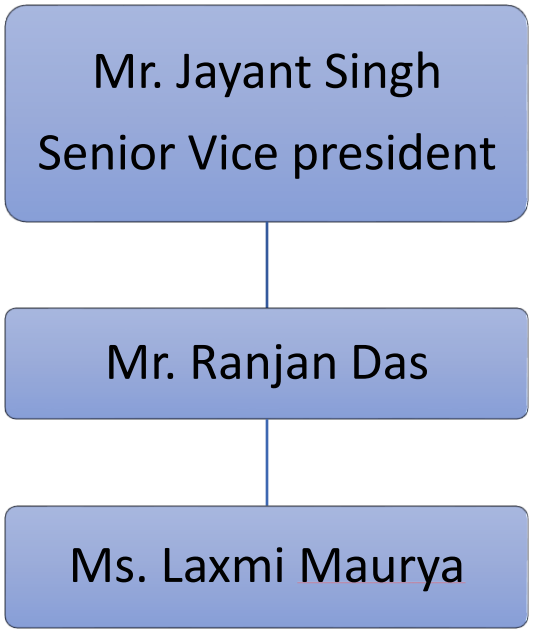
# Support Functions: Nursing



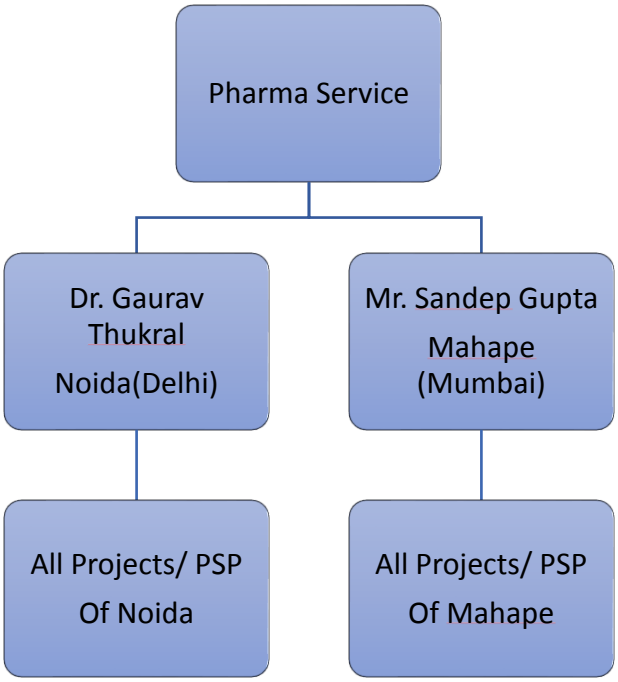
## Support Functions: Physiotherapy



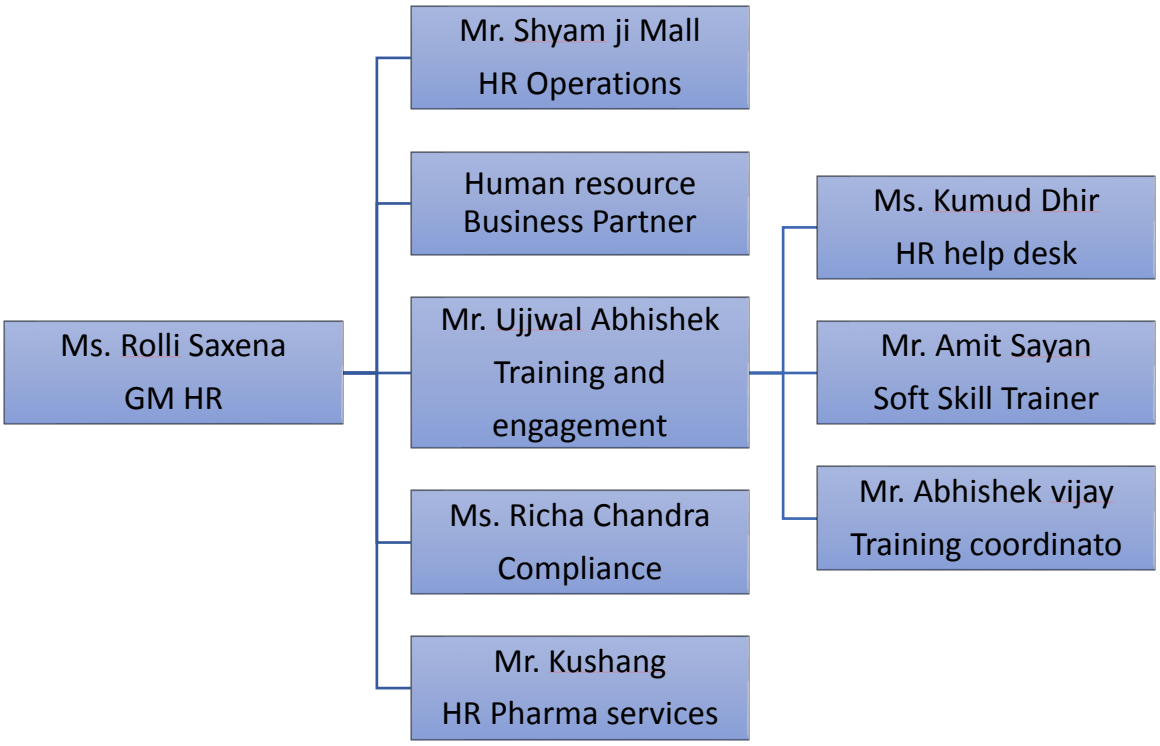

## Support Functions: Pharma services (Business development)



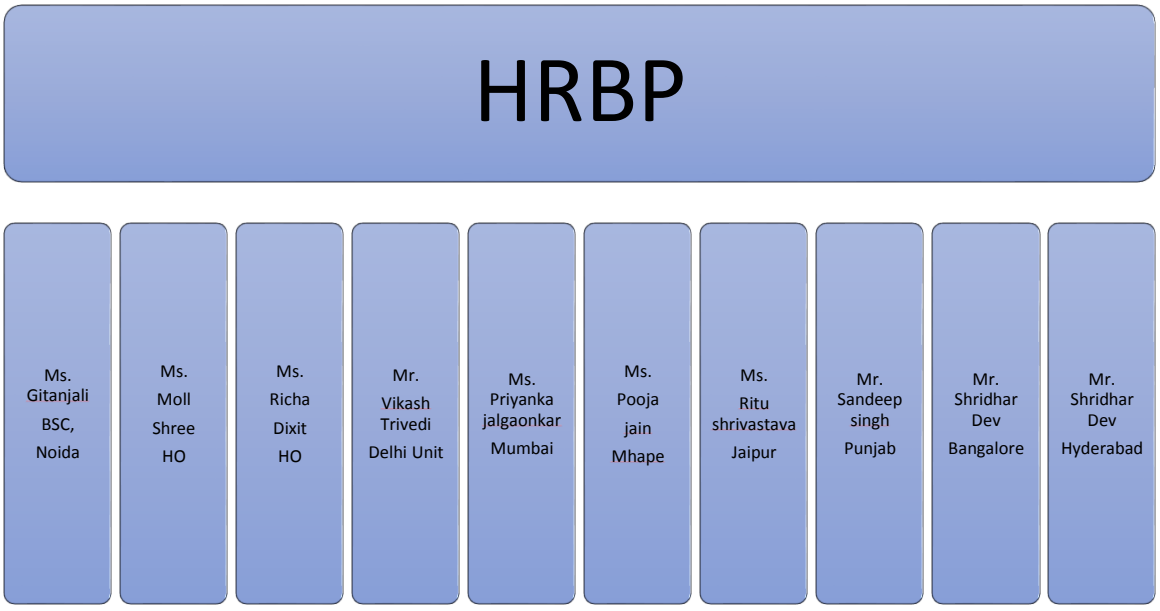
# Support Functions: Pharma services Operations



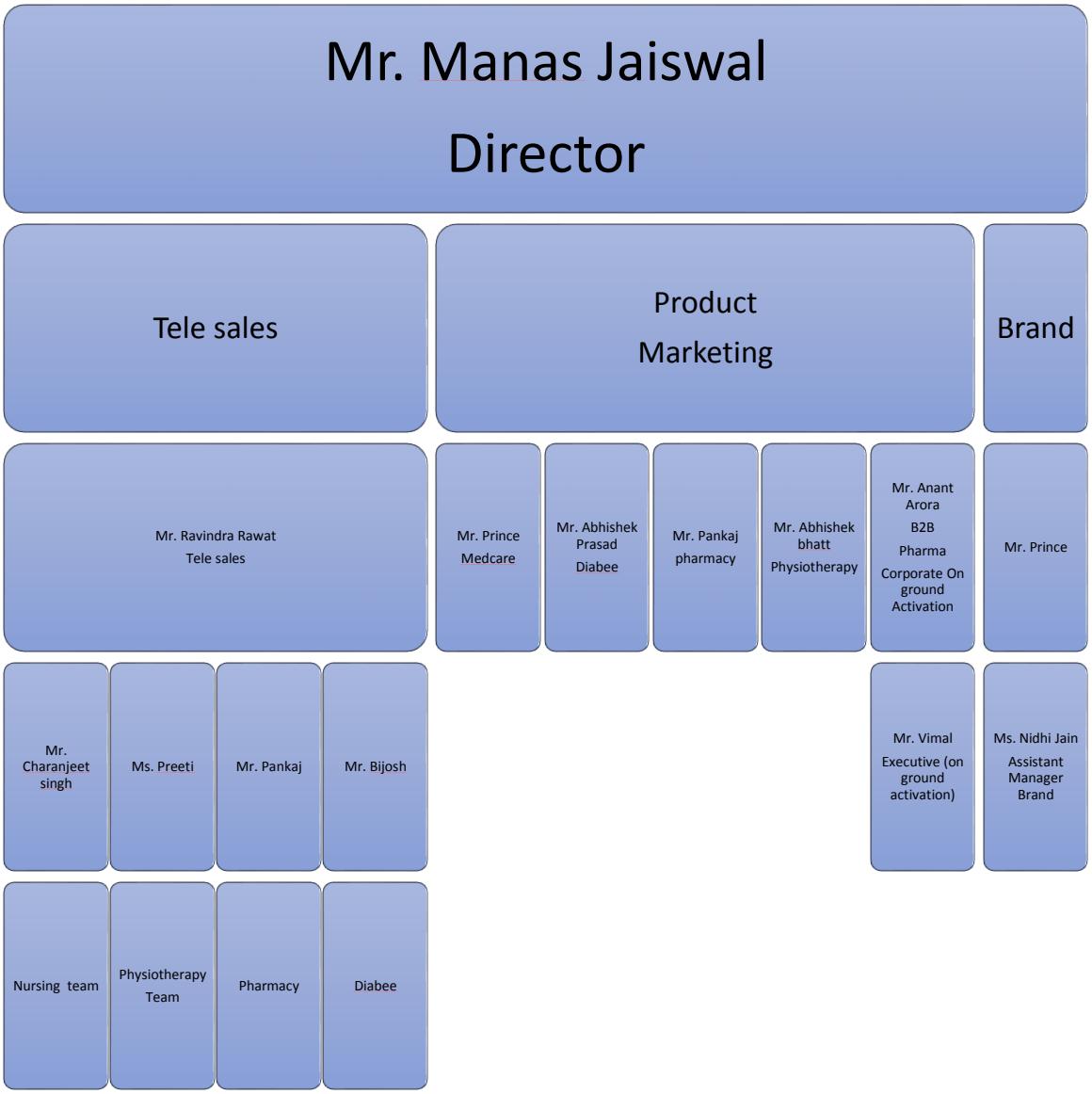
# Support Functions: HR



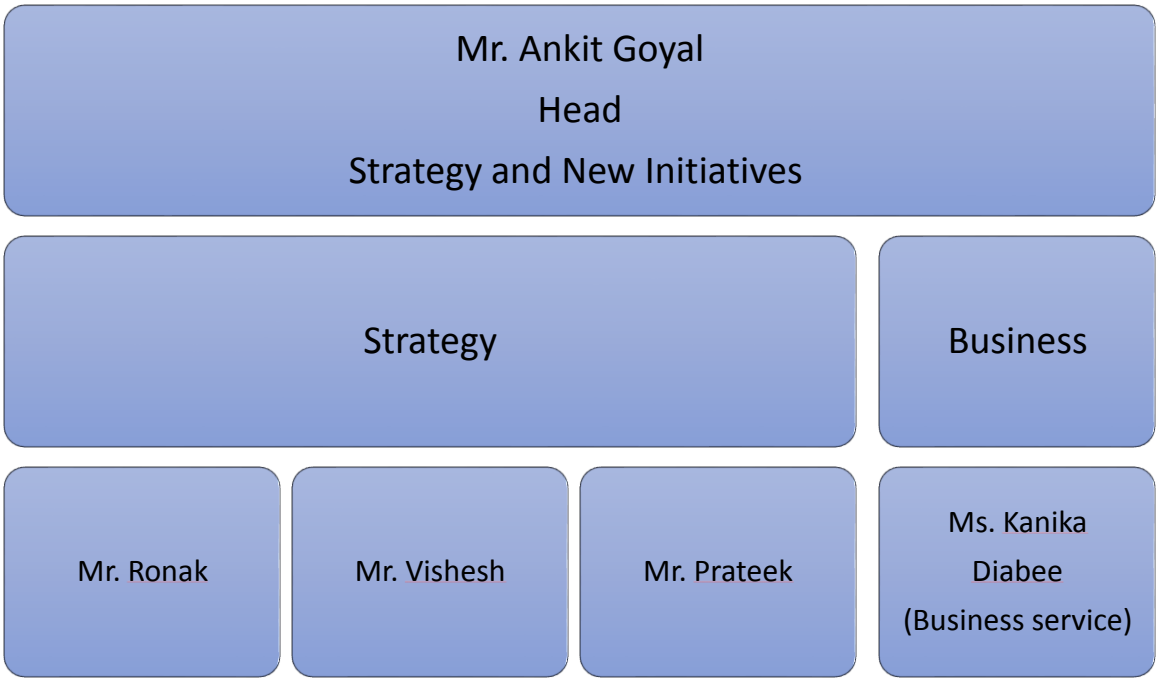

## Human resources business partner at different unit at HCAH



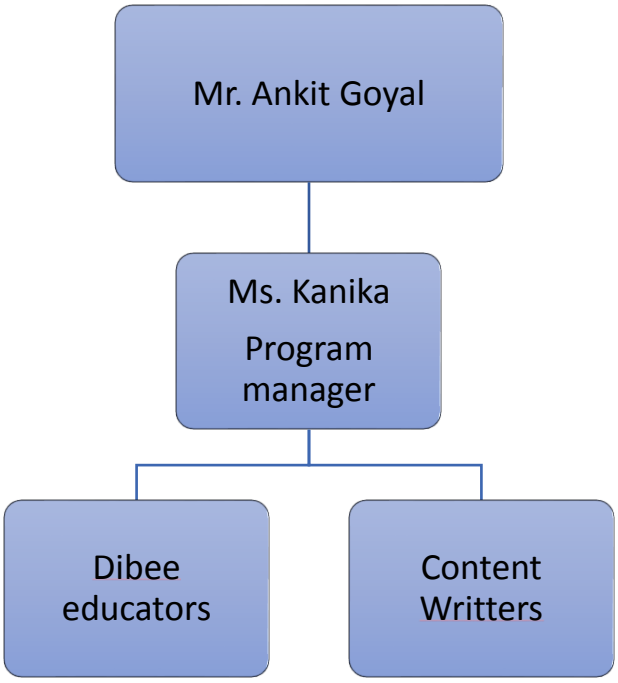
# Support Functions: Marketing Support



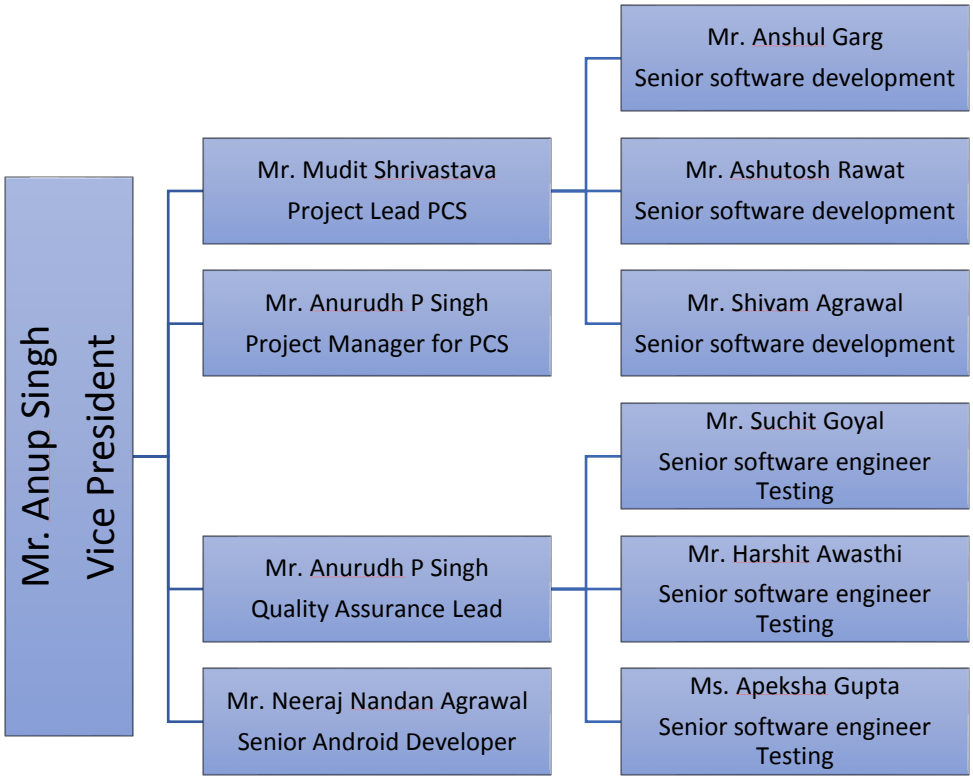
## Support Functions: Strategy Support



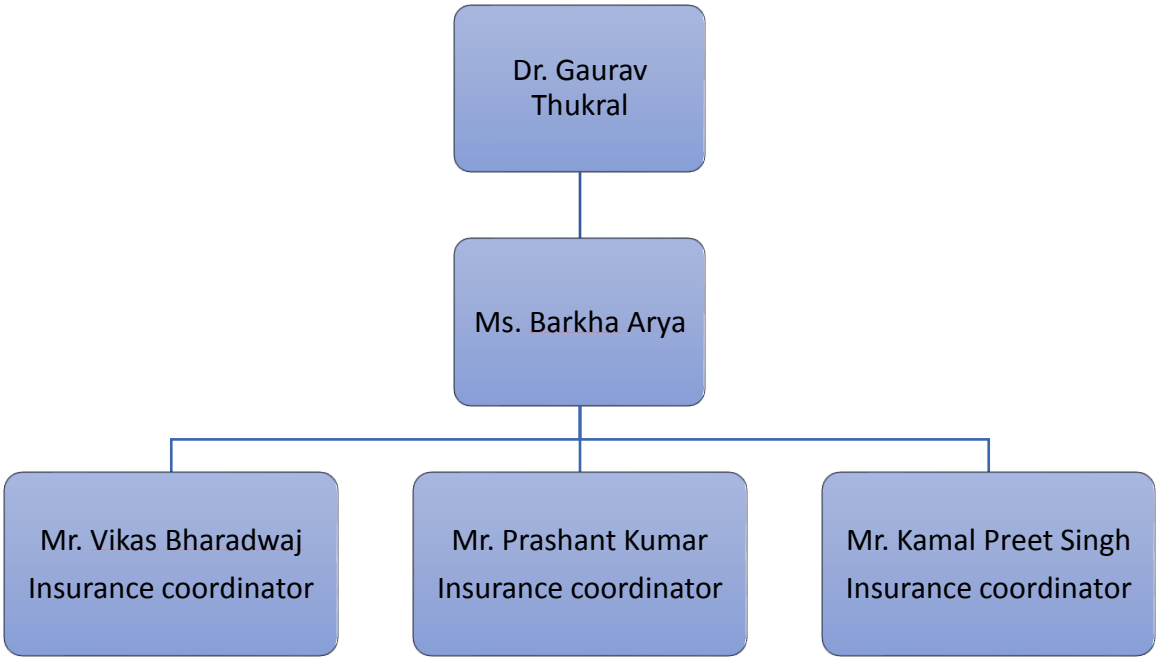

## Support Functions: Diabee (diabetes treatment)



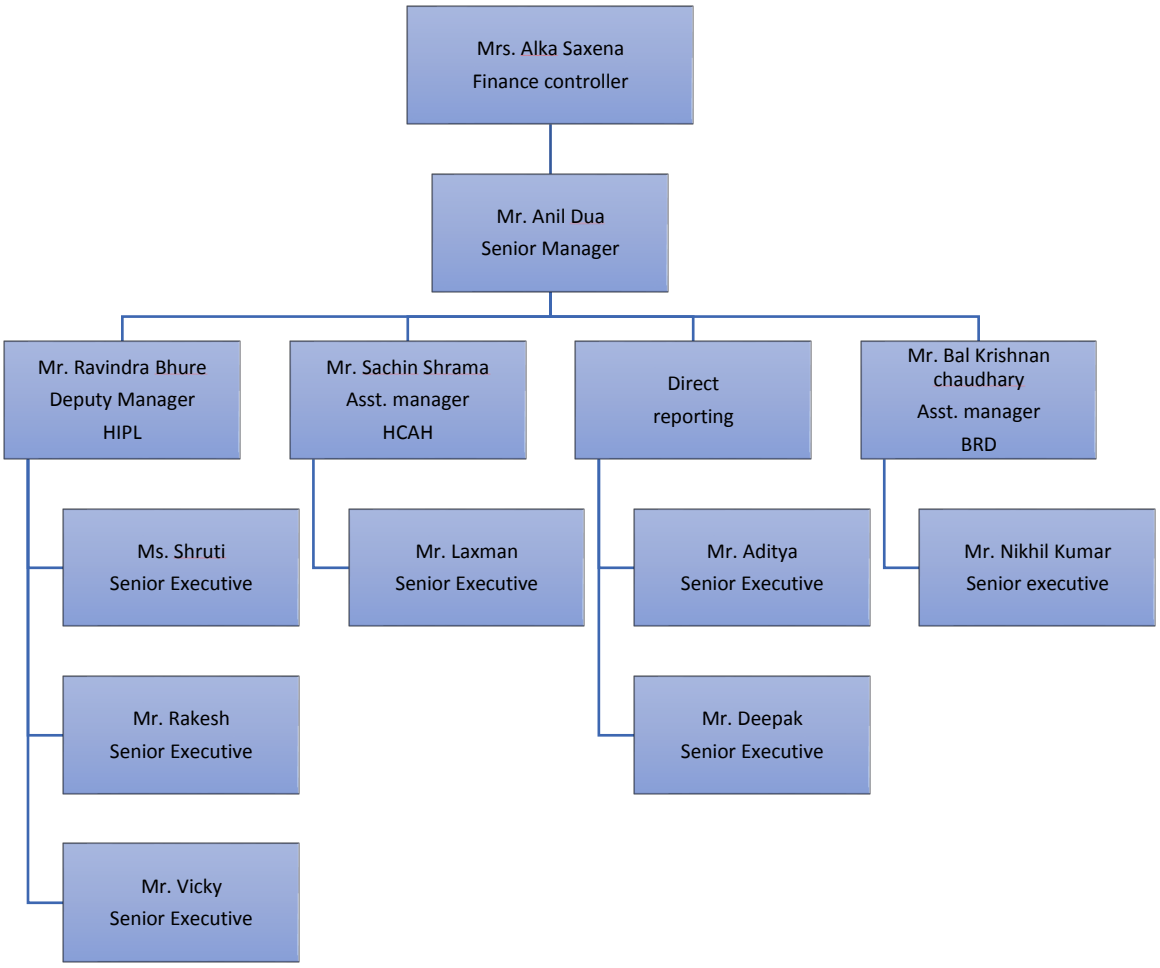
# Support Functions: Information Technology



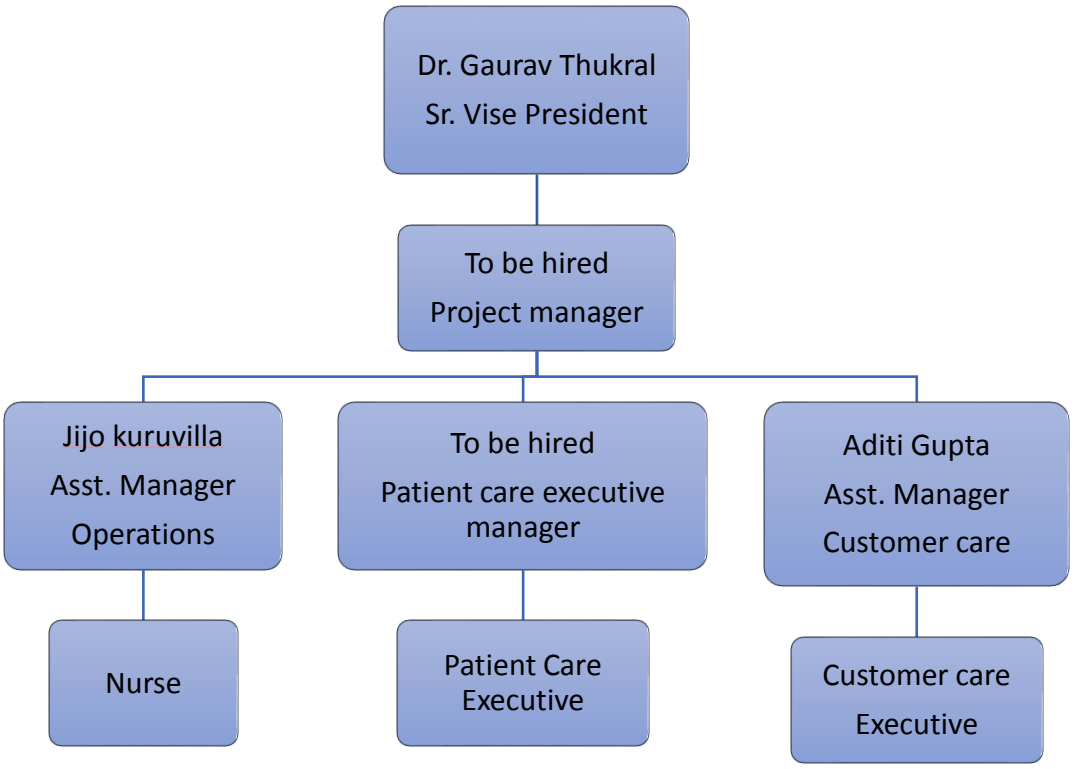

# Support Functions: Pre-Policy Health Check-up



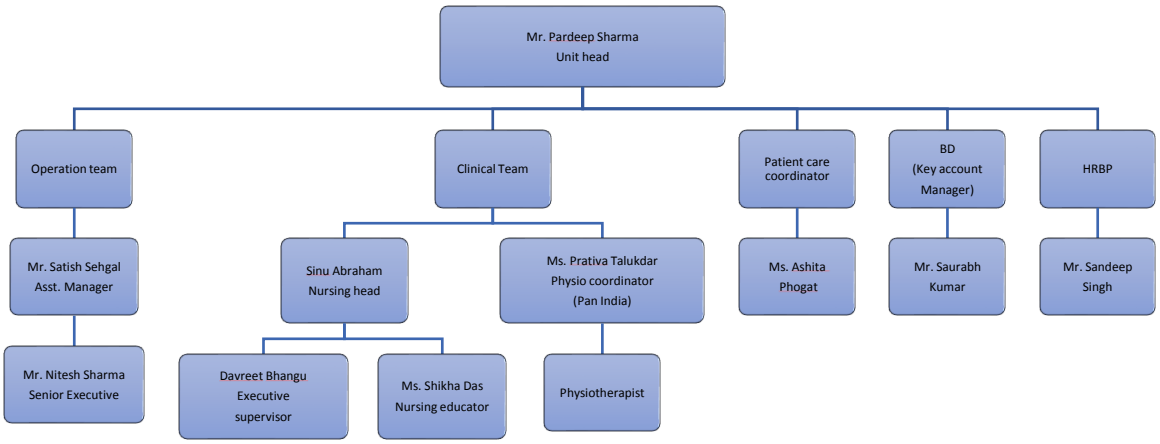
# Support Functions: Finance department



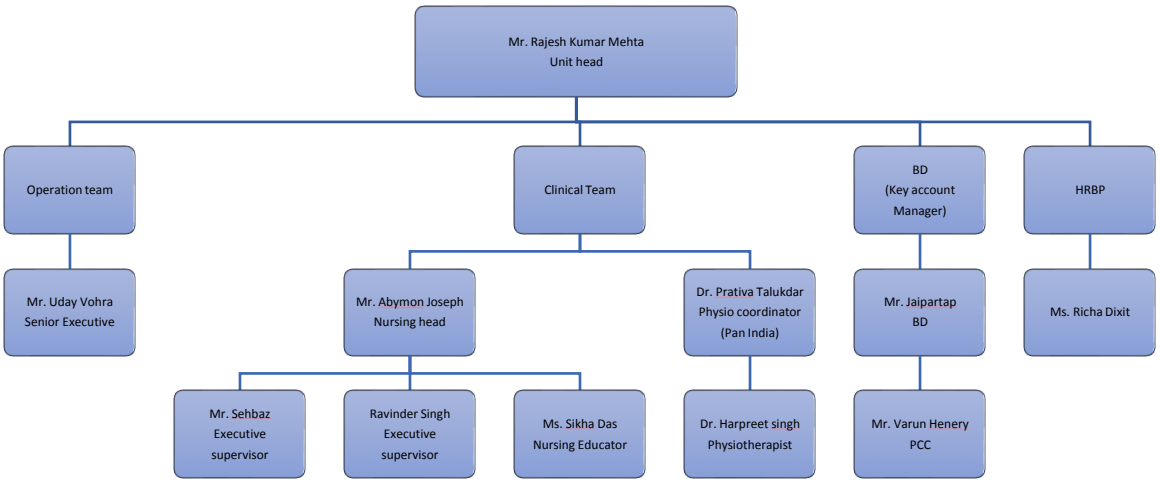
# Support Functions: Novartis



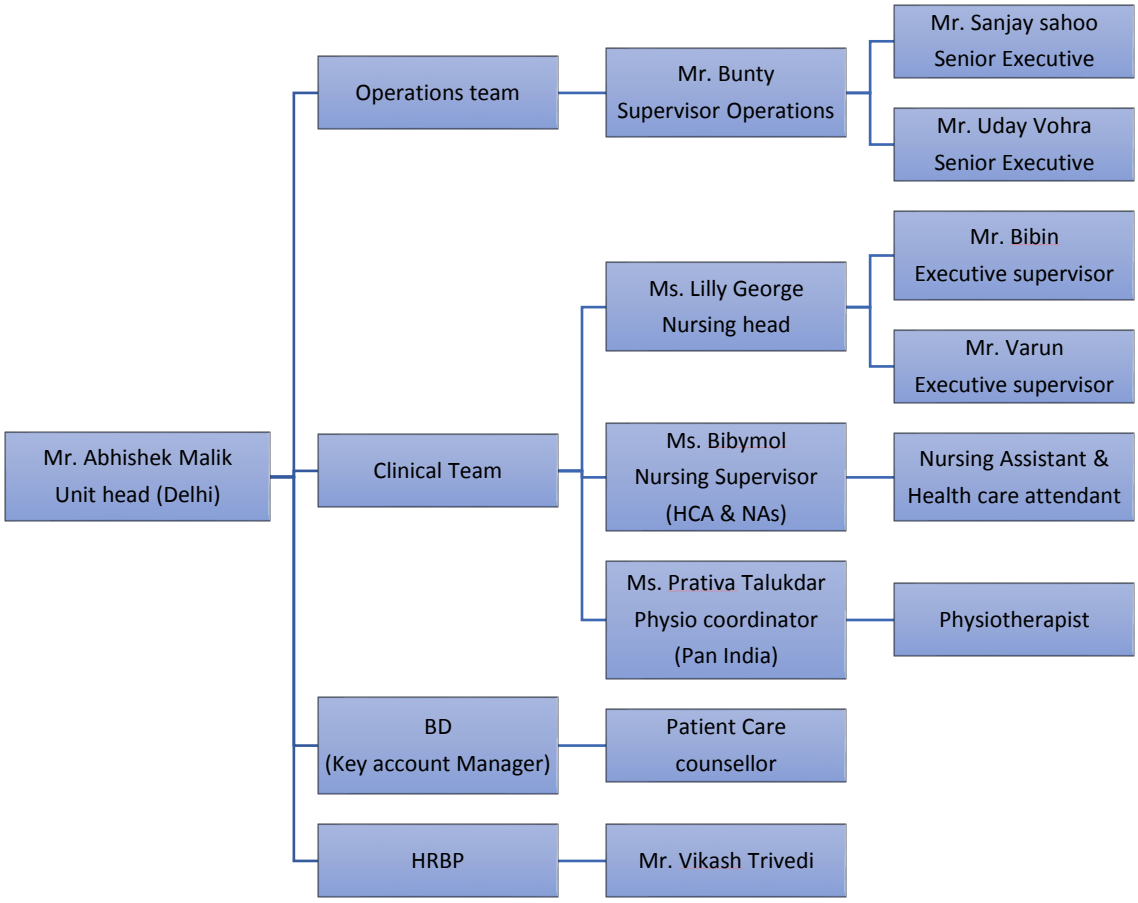
# Support Functions: Punjab 1



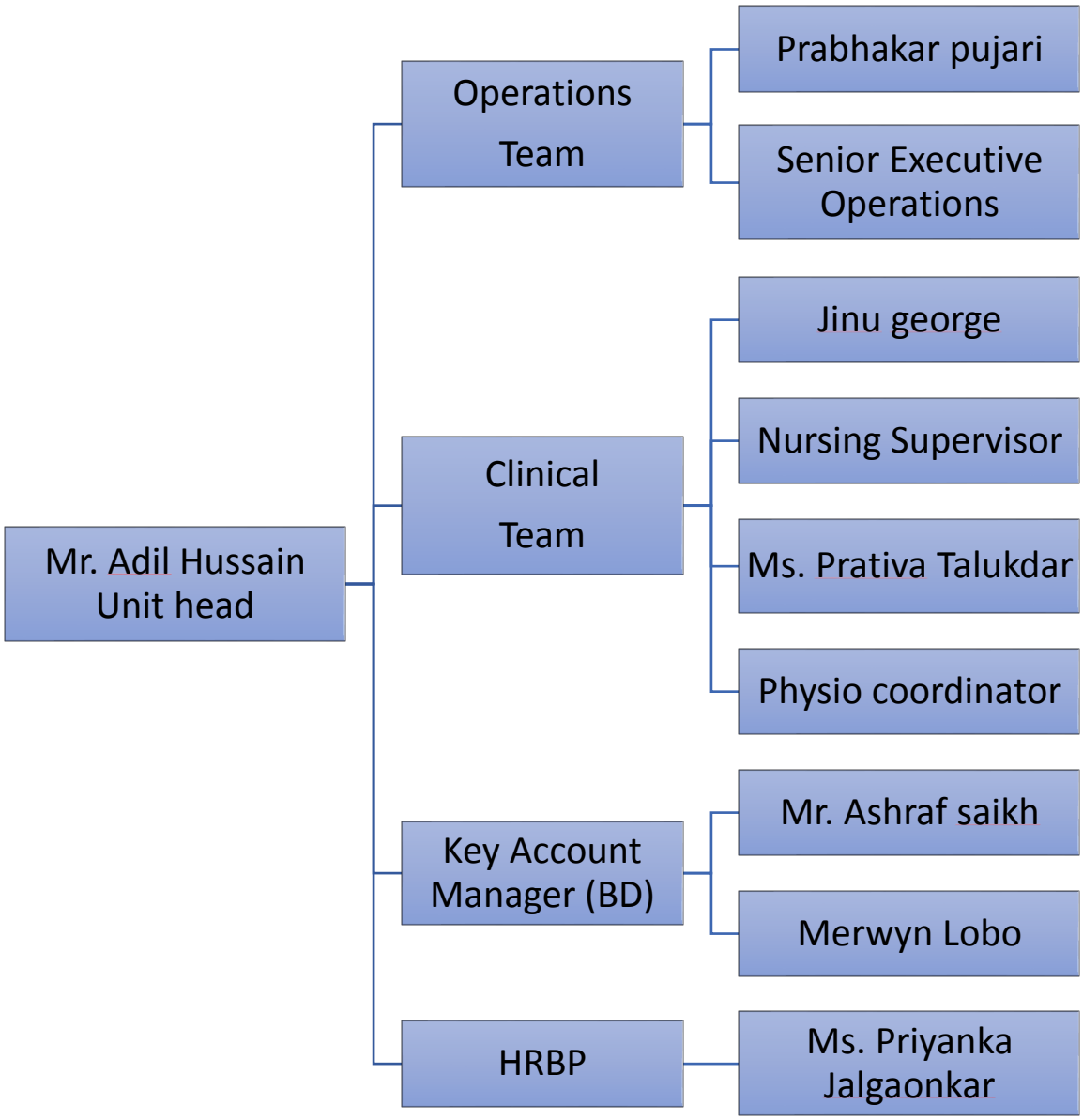

# Support Functions: Punjab 2



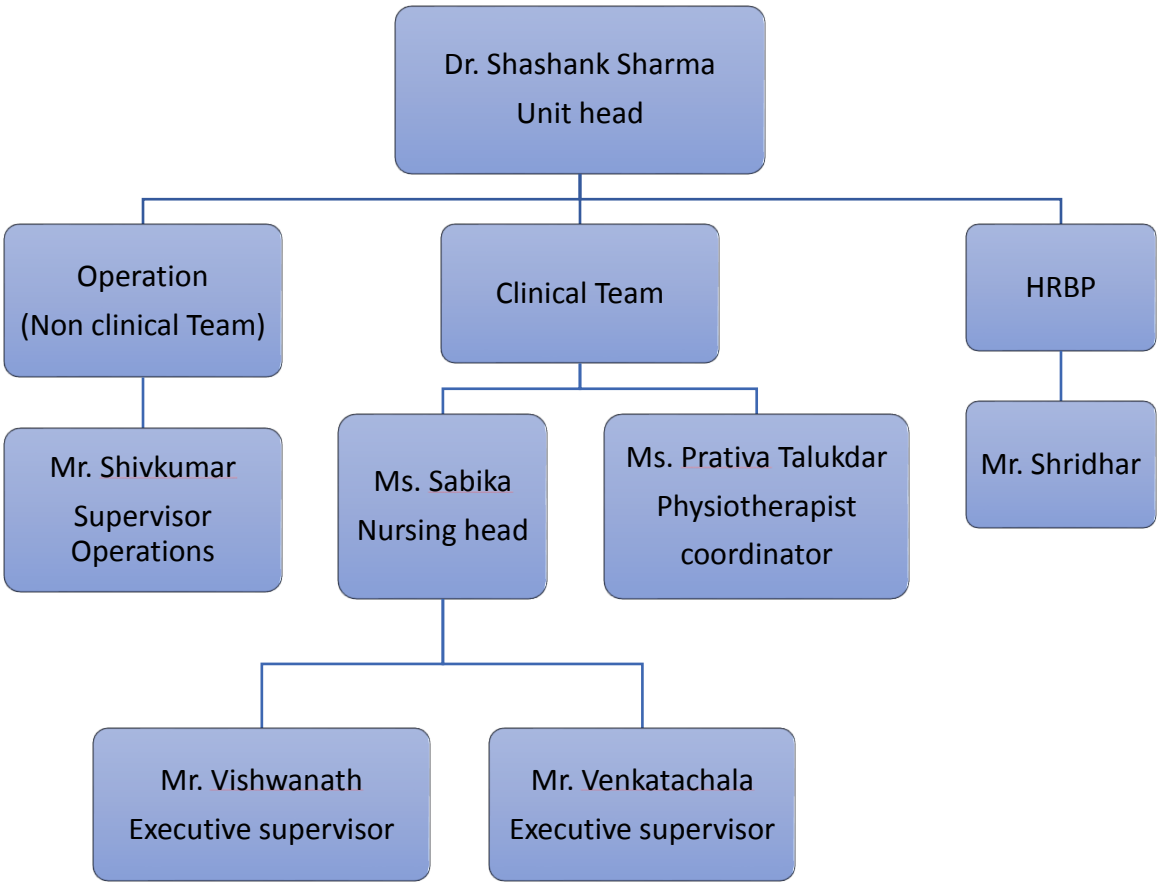
# Support Functions: Delhi Unit



# Support Functions: Mumbai Unit



# Support Functions: Bangalore Unit



## HEALTH CARE AT HOME: AN INTRODUCTUTION

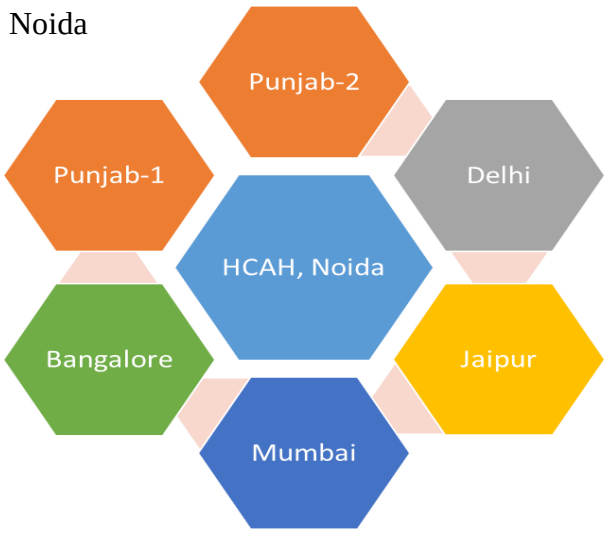
- Healthcare at Home is India's one of the largest home healthcare provider. It was founded in partnership with the Burman family, the promoters of Dabur and the founders of Healthcare at Home, UK. Dabur is a household name in India, Healthcare at Home.
- While Dabur is a household name in India, Healthcare at Home, UK is the country's largest home healthcare provider. The billion pound UK based company has a legacy of over 20 years of operations, treating over 1,50,000 patients per year.
- HCAH has well-equipped infrastructure, trained resources and technology platforms, we ensure patient care in the comfort of your home.
- Started in India at 27, September 2012
- Started operation from April 2013

HCAH works on **hub and spoke model**

**Hub**– Head Office or Business support center, Noida

**Spoke**– All the units (6)

- Delhi
- Punjab
- Mumbai
- Jaipur
- Bangalore
- Hyderabad




Note- Currently working in more than 20 cities

Vision of HCAH

Will strive to be the most people-centric, credible and comprehensive home healthcare solution provider in India.

Mission of HCAH

**Health Care at Home India is committed to:**

- Creating a service delivery model with 'people centricity' at the core of it.

- Delivering clinical outcome for every patient, every time.
- Evolving an affordable, scalable, self-sustainable business model

## The promoters

## The founder of health Care At Home UK

- Charles Walsh: Founder of Healthcare At Home UK – (HaH)
- Dr. Gareth Jones: International director of HaH - He expanded HaH uk services in Switzerland, Germany, Australia and Ireland.

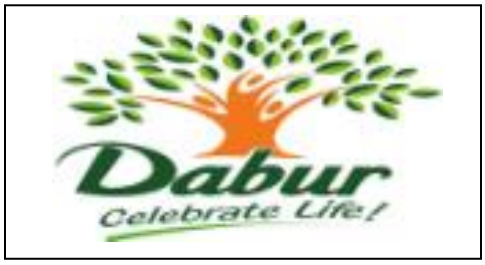
## The Track Record

- HaH UK is a - USD 2 Billion (revenue, 2014) firm
- 85% market share in Europe. Worked with 170+ NHS Trusts, 250+ hospitals and 40+ pharma companies
- HaH's quality standards were adopted by Care Quality Commission UK
- HaH provides "Marsden at Home" services for "The Royal Marsden Trust"
- End of life care program and supported recovery at home program with "The Birmingham NHS Trust"

### Burmans - 130 years of successful business legacy

- HCAH - backed by Dr Anand Burman, Chairman - Dabur and Gaurav Burman, Director – Dabur International
- Pioneers in separating ownership and management of family businesses (Professional Management Team)
- Excellent track record on ethics and corporate governance
- Seasoned investors with long term investment horizon
- Clear healthcare focus

Burman family owned business








Logo of HCAH

**Tagline**: By your side

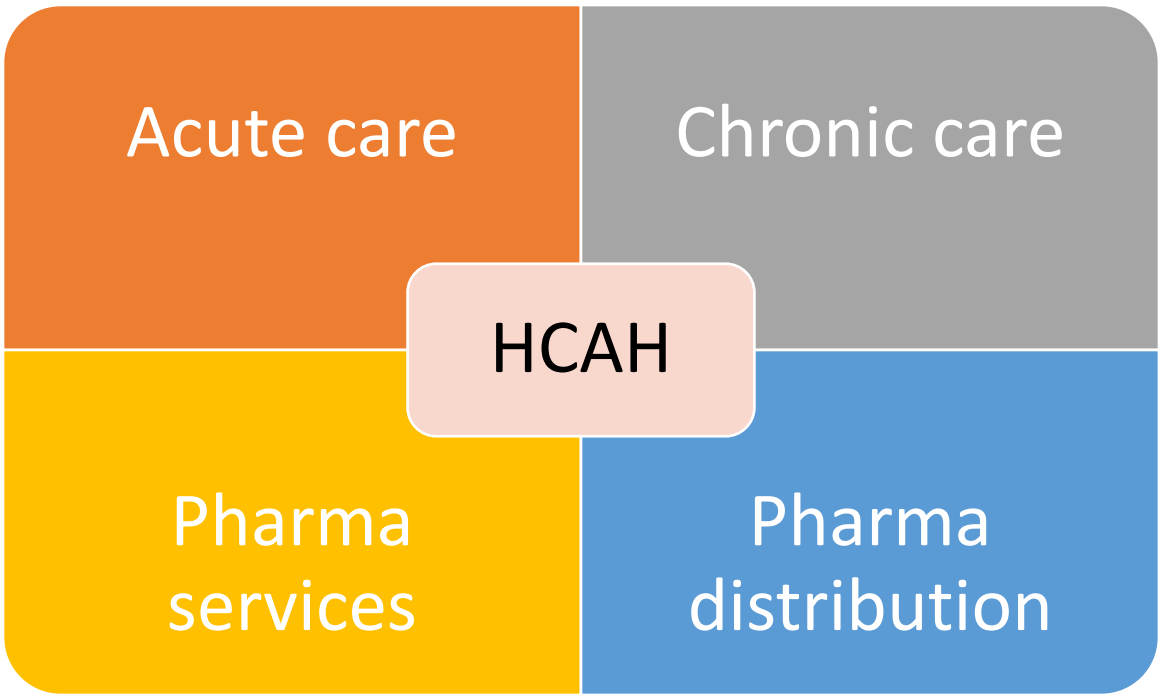
"It is more than a tagline, it's a promise, a pledge, HCAH takes collectively, that no matter what HCAH will stand by side of their patients, patients relatives, customers, doctors, nurses and HCAH themselves."

## Leadership team

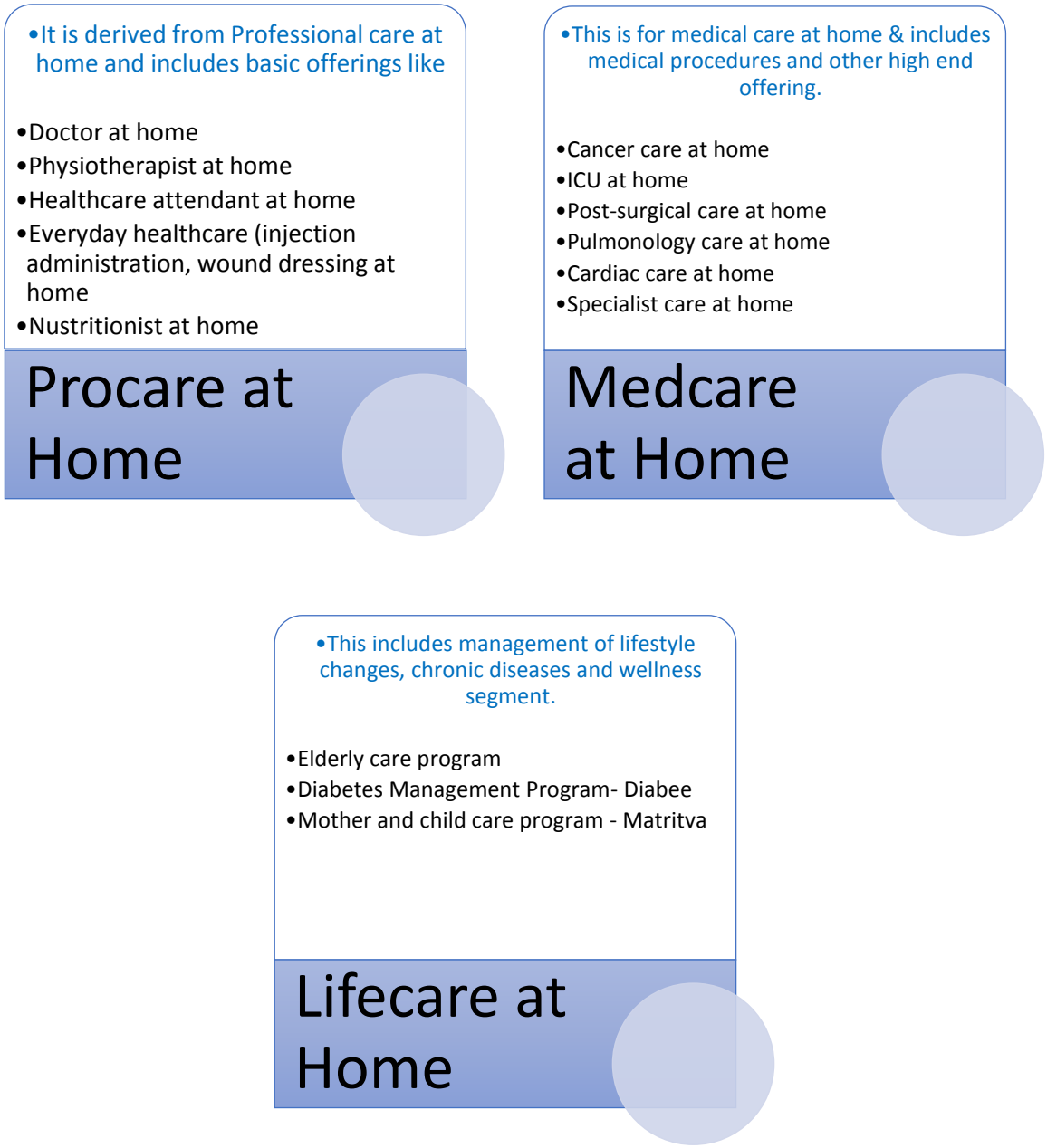
| | | |
|---|---|---|
| Mr. Vivek Shrivastava | - | Cofounder and CEO |
| Dr. Gaurav Thukral | | Sr. Vice President and Business Unit Director |
| Ms. Usha Prabhakar | | Head Nursing |
| Mr. Gaurav Brahmbhatt | | Head Distribution & Pharma |
| Ms. Bridget Harrison | | Head of Clinical Excellence |
| Mr. Gagan Kapoor | | Head Physiotherapy |
| Mr. Ankit Goyal | | Head Strategy |
| Ms. Rolly Saxena | | GM (Human Resources) |
| Ms. Alka Saxena | | Finance controller |
| Mr. Manas Jaiswal | | Director Marketing |
| Mr. Ashish A Kumar | | Head Institutional Business |
| Mr. Jayant Sinha | | Sr. Vice President (Pharma Services) |

Values of HCAH


**Verticals of HCAH**


Acute care
Chronic care
HCAH
Pharma services
Pharma distribution

# Acute care


•It is derived from Professional care at home and includes basic offerings like
•Doctor at home
•Physiotherapist at home
•Healthcare attendant at home
•Everyday healthcare (injection administration, wound dressing at home
•Nustritionist at home
Procare at Home
•This is for medical care at home & includes medical procedures and other high end offering.
•Cancer care at home
•ICU at home
•Post-surgical care at home
•Pulmonology care at home
•Cardiac care at home
•Specialist care at home
Medcare at Home
•This includes management of lifestyle changes, chronic diseases and wellness segment.
•Elderly care program
•Diabetes Management Program- Diabee
•Mother and child care program - Matritva
Lifecare at Home

## Pharma services

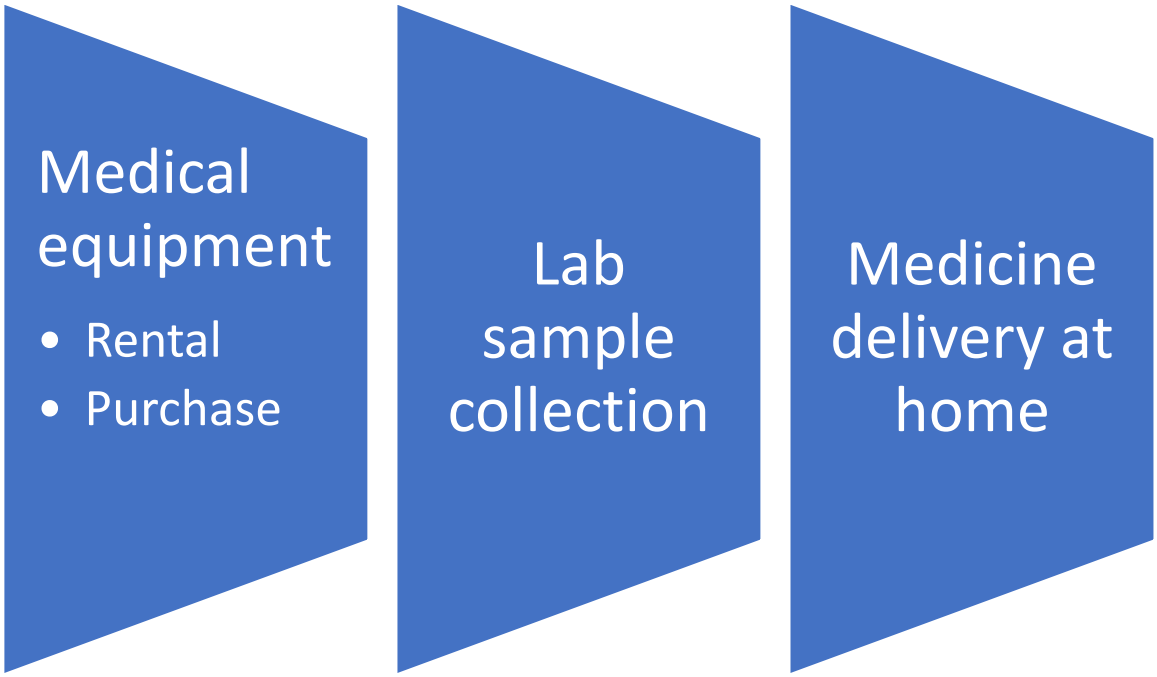
- One stop solution: Offering solutions across customer journey

| Disease detection and Treatment initiation | Desease lifestyle management | Drug distribution |
|---|---|---|
| • Awareness and diagnosis on-bording<br>• Patient access programs<br>• Financial access solution | • Drug administration improvement solution outcomes analysis | • Direct to patient delivery model<br>• supply chain optimization solutions |

## Pharma Distribution services

- HCAH has BRD outlet in different city in India, where HCAH is dealing with B2B and B2C distribution of medicines
- Services are present in 11 cities across India which are Kolkata, Delhi, Mohali, Jaipur, Cochin, Bangalore, Hyderabad, Lucknow, Mumbai, indore and Ahmedabad

# Add-on services



## Coordination Process between different department

- Lead generated through online and offline sources
- Online-Just dial, Google, Faceboooo6B  Offline- B D, Hospitals, Docters,refferel.
- TS — TS calls the customer
- TS — Assessment booking done by TS
- TS — Auto Registration in PCS & email sent to CS, TS, Ops teams
- TS — Scheduled an initial assessment visit
- TS — Enter the proposed visit Scheduled in PCS
- TS — Call the operations unit head Nurse / Nursing supervisor
- Ops — Assign a Nurse for initial assessment
- Ops — Based on examination Initial report prepared
- TS — Initial report emails to TS
- TS — TS calls to the customer again
- TS — If patient agree
- TS — Staff availability check with Ops
- TS — If available, Then TS sends an email to CS for FCF

## Coordination Process between different department cont..

- CS • Welcome call by CS and FCF done by CS
- • Note: FCS also include what will be the mode of payment collection
- CS • Service package created by CS
- CS • CS send it ops for further process
- Ops • FCF is checked by Ops
- Opss • If correct, then create the required number of visits in PCS
- Ops • Unit Ops add the required number of visits
- Ops • Coordination with staff and vendor
- OPs • Visit assigned by local nursing manager / Supervisor
- OPs • If patient/ NOK wants report
- CET • CET will make HVR
- CET • HVR send it to NOK/ Pt/ Dr. (depend on id availability)
- • CET by compiling daily submit report by respective staff
- CET • CET by compiling assessment reports prepare HVR
- CET • sometimes CET also call to the respective staff directly
- CET • HVR report prepared, and submit
- CET • HVR will automatically get updated in PCS
- CET • Final HVR always submitted at the end of the treatment
- Fin • Invoice generated by finance
- CS • CS sends it to the patient by PCS

## Different operations Run by Ops team

- Coordination with Head office/ Business support centre (BSC)
- Support Function- Supporting to other units
- Coordination with out-Station (Amritsar, Assam, Meerut)
- Coordination and monitoring-
  - Nurse
  - Physiotherapist
  - Phlebotomist
  - Health care assistant
  - Runner
- PCS related works-
  - Visit Creation
  - Visit assigning
  - PCS cleaning (completed /cancelled package)
- Bag preparation, delivery and recovery
  - Bags for nursing
  - Bags for physio
  - Bags for Phlebotomist
  - Bags for Novartis
  - Home visit bag
- Instrument and consumable delivery
- Inventory management
  - Inventory management in ODOO.
  - Store management

## Miscellaneous tasks

- Provision
- Full report to finance – (at the end of the month)
- Cash in hand certificate
- No pendency certificates
- Ezetap recko (To make account of)
- ODOO report

- Payment collection and Payment monitoring
- Runner aligning for payment collection
- Cash or cheque deposit in bank
- Daily collection report compiled & shared it to Finance team daily.
- Finance team manage it in PCS & in Tally by tally team.

## Payment monitoring

What is payment monitoring-

Payment monitoring is a process of monitoring or mapping, a payment received from a customer from different channels and in the end deposited in company's account and the different inter-mediatory process in between them.

Mode of payment collection

1. Online mode – by PayU money
2. By Paytm
3. Offline-
   ➢ by Runner (Cash, cheque, post-dated cheque, mSwipe) ➢ by staff

Payment collection process starts after the FCF (Financial consent form) is done by Customer service (CS).

Patient/Next of kin (NOK) tells CS when will she/he be depositing the payment

CS informs operations (Ops) team about for the payment collection by patient via Runner

Ops team align a runner for payment collection

Ops team provides the Contact detail of patient to runner

Payment collection

done

| Yes |
|---|

If yes, then Runner generate mSwipe receipt for patient and receipt of payment send automatically by SMS, email.

Runner then comes to Ops unit and register entry manually in the register

Receiver and runner both sign on the register

Ops team then reports the payment in collection report

And send an email to Finance team by attaching deposit slip.

Note: If Payment done by **PayUmoney** normally it takes 3 days to reflect in the bank account

## Payment collection by Physiotherapist (Physio)

Ops team call the physio for payment collection

Normally Payment collected by Physio at the end of first visit session

Physio then generate Mswipe receipt for patient

Note: Ideally After collection of payment by patient physio should call the Ops team for aligning of Runner

But, normally ops team call the physio, regarding physio have received payment or not, if payment has been received by physio then Ops team align a runner for payment collection

## Challenges of payment collection by Runner from physio

Attitude problem: Physio sometime leave early before reaching the runner Ops

perspective: Behaviour change /sensitization toward runner should be done

Physio don't think that payment collection is their responsibility.

Online payment challenges

Payment reflects after 3 days delay in bank account

So, finance show this payment as Ops outstanding

## Other Challenges

Finance either does not manage the Payment Deposited by Ops team

So, in Ops accounts it shows as outstanding

In these cases, sometimes they manage these types of payment but do neither acknowledge nor give the reason of pending to Ops team

## PPC operations

### Pre/Post Policy health check-up

PPHC team of Health care at home on behalf of different Insurance company do Prepolicy and/or post policy health check-ups and prepare report of the same.

E.g.  Apollo, ICICI, Religare, HDFC

For Apollo and Religare we do **pan India** pre-policy health check-ups For ICICI

and HDFC we do check-ups only at Delhi NCR.

For ICICI we do both pre-and post-policy health check-ups

For HDFC we do only Post-Policy Health check-ups

## Operation process of Religare

**Role of Religare**

Religare representative send an excel file of customer/Insured persons with detail and type of test with the appointment detail.

Until 2pm Religare representative share the detail of next day check-ups via email

(Urgent cases are exceptional)

**Role of PPHC-**

After extracting detail, PPHC team register the patient in PCS and

PPHC team call the patient and fix the appointments for next day

Then PPHC team schedule a Phlebotomist visit and time detail in excel and send detail to related Ops unit and respected insurance company as well.

**Role of unit Ops team-**

Ops team then create the visits on PCS and

Ops team then assign the visit to a Phlebotomist

Ops team send a SMS patient/insured and Phlebotomist

**Phlebotomist visit- Name of**

**test- Set -3 test**

Phlebotomist goes to customer home for Pre-policy health check-up

MER are done (online in Zoho creator) by Phlebotomist

(Phlebotomist check patient history, patient's vital and record ECG)

**Lab sample deposition** -

Phlebotomist then deposit the collected blood in SRL diagnostic laboratory

PPHC team compile the folder (Insured Id proof, photo (clicked in tablet), MER, ECG with Lab report) of insured and email it to Religare.

## Operation process of Apollo

**Role of Apollo**

Apollo representative send a raw excel file of to be insured persons with detail and type of test, without the appointment detail.

**Type of Test-**

MER, ECG, Blood test (package code)

**Role of PPHC-**

PPHC team then call to every person and fix the appointment date and time

PPHC team register the patient in PCS

Then PPHC team schedule a Phlebotomist visit and time detail in excel and send detail via email to related Ops unit and respected insurance company as well.

**Role of Ops team-**

Ops team then create the visits on PCS and

Ops team then assign the visit to a Phlebotomist

Ops team send a SMS patient/insured and Phlebotomist

**Phlebotomist visit-**

Phlebotomist goes to customer home for Pre-policy health check-up

MER are done (online in Zoho creator) by Phlebotomist

(Phlebotomist check patient history, patient's vital and record ECG)

**Lab sample deposition** -

Phlebotomist then deposit the collected blood in Oncquest Laboratories Ltd.

PPHC team compile the folder (Insured Id proof, photo (clicked in tablet), MER, ECG and lab report) of insured and email it to Apollo.

## Operation process of ICICI

Pre-and Post-policy health check-ups

**Role of ICICI**

Representatives of ICICI send all individual email per customer detail and appointment detail (Date and time) to PPHC team representative.

**Type of Test-**

T-1, T-2, T-3 (All post policy health check-ups), p1, p4(pre-policy health check-ups)

**Role of PPHC-**

PPHC team then call to every person and fix the appointment date and time

PPHC team register the patient in PCS

Then PPHC team schedule a Phlebotomist visit and time detail in excel and send detail via email to related Ops unit and respected insurance company as well.

**Role of Ops team-**

Ops team then create the visits on PCS and

Ops team then assign the visit to a Phlebotomist

Ops team send a SMS patient/insured and Phlebotomist

**Phlebotomist visit-**

Phlebotomist goes to customer home for Post-policy health check-up

MER are done (online in Zoho creator) by Phlebotomist

(Phlebotomist check patient history, patient's vital and record ECG)

**Lab sample deposition** -

Phlebotomist then deposit the collected blood in Oncquest Laboratories Ltd.

PPHC team compile the folder (Insured Id proof, photo (clicked in tablet), MER, ECG and lab report) of insured and email it ICICI and insured.

## Operation process of HDFC

Post policy health check-ups

**Role of HDFC**

Representatives of HDFC upload the details of insured on the Portal of HDFC

{customer detail and appointment detail (Date and time)}

**Type of Test-**

**HDFC PPC 1, PPC2, PPC3, Prime set 1, prime set2, classic 1, classic 2**

**Role of PPHC-**

PPHC fetch the insured person information from ……portal as an excel file

PPHC team then call to every person and fix the appointment date and time

PPHC team register the patient in PCS

Then PPHC team schedule a Phlebotomist visit and time detail in excel and send detail via email to related Ops unit and respected insurance company as well.

**Role of Ops team-**

Ops team then create the visits on PCS and

Ops team then assign the visit to a Phlebotomist

Ops team send a SMS patient/insured and Phlebotomist

**Phlebotomist visit-**

Phlebotomist goes to customer home for Post-policy health check-up

MER are done (online in Zoho creator) by Phlebotomist

(Phlebotomist check patient history, patient's vital and record ECG)

**Lab sample deposition** -

Phlebotomist then deposit the collected blood in Oncquest Laboratories Ltd.

PPHC team compile the folder (Insured Id proof, photo (clicked in tablet), MER, ECG and lab report) of insured and upload on the HDFC ergo portal.

## Creation and assigning of visit

Once FCF done by Customer service team(CS)

CS emails detail to respective Ops Unit

Ops team then check the FCS form if it needs any correction (date, visit type, amount)

Ops team send it back to CS for required correction

If FCS is correct, Ops team create required number of visit with additional remark in PCS

According to package Ops team create visit in PCS

Then Ops team send email related with the visit to Nursing/ nursing assistant/ HCA supervisor for assigning of visit of required staff according to availability and location of staff.

Supervisor assigns the visit in PCS

Supervisor then send a SMS (Patient name, date and time) by PCS to the respective staff and patient/NOK

Staff then check on PCS for detail (Patient address and other detail regarding to visit)

On the day of the visit respective staff visits to patient home,

Only after reaching at home staff starts the visit on PCS app

After completion of visits staff stops the visit on PCS app

At the end of visit staff prepare assessment report

In the end staff should Sync (synchronize) the PCS app

Note: If will be late for the visit then PCS app will ask the reason/s before starting the visit.

Note: Sometimes because of network problem start does not able to start and stop the visit, in this condition staff should call to the respective supervisor for starting and stopping the visit.

Note: Staff should be connected to internet at the time of starting, stopping and submission of assessment report

Note: HCA staff currently do not submit any assessment report.

## Consultant Model of Physiotherapist

In HCAH almost every clinical staff are on HCAH payroll.

But All Physiotherapist (Physio) are also on consultant model of HCAH

Two types of physiotherapist are on contract

BPT

MPT

Payment details- At HCAH we call it invoice

It has two components – Fixed and Variable

Fixed component- for 60 visits, it is

For MPT- □ xxx00

For BPT -□ yyy00

Variable component- for additional visit (more than 60 visits)

For MPT- □ xxx/visit

For BPT -□ yyy/visit

At the end of the month HRBP generates invoice on the basis of visits generated in PCS.

After deduction of 10% as TDS, invoiced amount provides to the Physio as payment.

## Campaign in HCAH

Normally Two type of camps organized by HCAH

1. Corporate camp
2. R W A camp (resident welfare association) Corporate camp

Lead generated by HCAH institutional business team

Location: Different corporate office

Type of camps

1. Physio office camps
2. Doctor's consultation
3. Patient's counselling
4. Basic health check-ups

Roles of HCAH

Unit provides all the necessary equipment and support

# Patient Care System (PCS) Software Management

## What is PCS management?

Removal of any pending, scheduled, in-process and created visit from PCS and marked as cancelled or completed.

## Why is it required?

Every package in PCS works on the bases of correct number of (true) visits. PCS cleaning is being done on the daily or weekly bases for different task.

**No pendency certificate** - At the end of the month on 25$^{th}$ day Operation unit has to send a **no pendency certificate** (No work is pending in PCS)

## Who does it?

It is normally done by a person who creates or assigns the visits in PCS

## How is it being done?

On daily bases, for

- Scheduled
- In process
- Created

On weekly bases, for

- Discount approval: Package service started but discount is not approved yet.
- Package modification: Package started but patient want some modification (increase and decrease the duration), but for modification, there will be a need for approval by Dr. Gaurav Thukral sir
- Reversal: Sometimes, due to various reason package either not starts et all or discontinued after starting,

## BMW (Biomedical waste management)

- Bio-medical wastes (BMW) are generated from health care activities and have the potential to spread diseases.

**Why BMW**

- Disposing of used sharps and syringes isn't simple, especially for patients at home. You can't simply toss them into the trash or recycling bin, even if they're inside a plastic bottle. That would endanger your municipality's waste handlers and pose potential hazards to children, pets, and others.

- Location- Lajpat nagar

- All type of bin available at Lajpat Nagar

- HCAH also have a tie-up with **Biotic Waste Solution Pvt. Ltd.**

- After weighing the waste, entered in the register

- □1000 per month for up 20 kg waste material

- If waste is >20 Kg then extra charge will be there

- Biotic has their own waste warehouse

- Biotic Waste Management will do further processing and treatment of contaminated material of contaminated material according to Government guideline.

# Challenges and Recommendations

## PayUmoney / PayTm payment challenges

- Payment reflects after 3 days delay in bank account
- So, finance show this payment as Ops outstanding till that period

Recommendation - tie-up can we done with other payment gateways

## Challenges of Pre-Policy Health Checkup**Challenges**

- If any complain occurs, then operation team will be responsible and have to take care of problem,
- Recommendation – Ideally it should be monitored by Head Office, Because Ops team do not have access to check different records.

### Wrong filling

- Medical Examination Report are either not filled, or not filled at patient home, or not filled et all
- Incorrect BMI report filling.
- Incorrect ECG recording.

Recommendations:

According to interview, sometime because of back to back appointment, or problem in address locating phlebotomists do not have much time, so while making appointment, these things should keep in mind.

- Regular training should be provided to the same.
- Scheduling should be done by PPHC team at BSC/Head Office
- PPC team are sending data of all units to every unit
- PPHC team should filter the data Unit wise, then only data should be send to the respective unit.
- Visit should be assigned by taking consideration of average time of visits (30 ±10 minutes)

- Problem- Sometime Incomplete address and contact detail of patient are being sent by BSC team.
- Solution- visit detail should be sent correctly.
- Problem- Sometimes PPHC team assign Phlebotomist without getting confirmation from Patient side (only 10% of unconfirm visit converts)**.**

➢ ***Although insurance company pay for visit but our phlebotomist's time are being wasted.***

➢ If in place of that, phlebotomist will do a confirm visit, we will be able to use our Phlebotomist and benefit will be more.

## Challenges of nurse

- **Punctuality:** According to the data only 57% nurse are on the time

(Data is being given by Mr. Bunty sir for April Month)

- **Possible Reasons**:
- **Recommendation**: A survey can be done for knowing the reason of, late on duty and then take correcting measure accordingly.
- **Problem**- Sometimes Nurse denied do just before the time of visit.
- **Recommendation**: there should be some provision if nurse will deny His/her duty in between 1hour of schedule then some negative rating should be there.
- **Problem**- Distant place visit assigning to the nurse, so nurses are sometime declined for visit.
- **Recommendation**: Zone wise at least 10 nurses should be there.
- **Problem** – Scarcity of nurse
- **Solution**- A survey can be done, to figure out why nurses either are not joining or leaving HCAH, so corrective measure can be taken.
- Problem- sometime patient/NOK complains customer service to nurse replacement
- And customer support doesn't aware of it, so solution will become lengthy
- Recommendation Whenever Nurse supervisor replace the nurse they should send an email to customer support and

- Problem- Many times nurses do not wear uniform of HCAH
- Possible reasons-
  - Nurse don't think that they are being monitored by doctor as in hospital
  - Do not want to wear uniform.
  - Sometimes reasons are genuine (e.g. Patient are not providing Changing place)
- Recommendation Apron can we provided to nurse, it is easy to wear and maintain.

## Patient care system (PCS) Cleaning:

- **Challenges**-
  - Network Problem, server problem (server respond very slowly)
  - Package delay, Package on hold and other problem of pcs
  - Some package converts (but for any reason) CS keeps these are on hold, and visit are not certain these packages appears in the PCS
  - No prior information of staff on leave- Sometimes detail of staff on leave (Physio on leave) are not being sent to Ops team by Physio coordinator.
  - Ops creates and assign the visit, and at the day of visit Ops have to cancel the visit because respective staff is not available.
- **Recommendation**:
- Hold package should have another category, so that these packages will not appear daily in PCS
- All the staff detail should be sent to Ops team so that at least Ops

## Bag Delivery and recovery

- **Challenges-**

- Home visit Bag- Recovery/pick-up (in some cases)

- **Recommendation** – In some exceptional cases (after discontinuing of treatment) bag recovery can be done by respective nurse.

- **Challenges** -Content Missing from home visit bag

- **Recommendation** -Last visiting nurse should be given responsibility to repack the bag according to the checklist.

- Problem: - If any nursing package starts in hospital, confusion starts for Ops, at these particular time Ops normally don't have clear information that nursing bag should be sent to patient home or not. If they should be sending bag at patient home then who will take the responsibility of bag.

- In above case Ops team do not have clarity when they should be sending the bag.

- **Problem**: - Consumable limit (per weekly or monthly) are not defined for any package

- **Solution**- Limit can be set for per package or per week, if additional consumable is being used then cost should be charged by patient

- **Problem**: - Consumable requirement normally are being sent by staff only after finishing.

- **Solution** – Requirement should be sent to Ops before finishing of consumable.

- **Problem**: -Missing of instruments / consumable

- Solution- At last day of visit, visiting staff should be given responsibility of bag repacking after matching with list provided with the bag. This will minimize missing and misplacing of equipment's.

## Payment management with vendor challenges

- **Challenges**-
- Delay in payment of vendor
- **Recommendation** - Time limit can we set for every vendor
- **Challenges** –
- Sometime Ops have to deal with many vendors for a single package, because different things are being provided by different vendors.
- **Recommendation**
- There is a need to search out reliable and one stop solution for all type of requirements, so that Turnaround time will be less, and package will be deliver in less time.
- **Challenges-** employee dissatisfaction
- Delay of payment
- It is a main reason of employee dissatisfaction
- Incorrect visit count
- By mistakenly sometime because of not starting and stopping of visit (Network problem).
- Cancelled visit counted (should not be counted)
- Finance & Operation -misunderstanding,
- **Recommendation**:
- At the time of reimbursement Ops team should be keep as CC so they can be able to resolve the complain of employees.

## Inventory management

- **Challenges**: -
- Expiry date management (no mechanism to locate expiry medicine)
- Discard process (no clarity)
- ODOO shows negative balance, should be corrected, ops are managed it offline
- So many software (PCS, ODOO) and manual entry in registers so repetition of process
- **Recommendation**-
- A software can be purchased, so that any person can easily manage inventory

# Reference


1. https://www.medicareinteractive.org/get-answers/medicare-covered-services/home-health-care-benefit-part-a-and-b/when-medicare-pays-for-home-health-care.
2. http://www.aplaceformom.com/senior-care-resources/articles/home-health-vs-home-care
3. Report to the Congress: Medicare Payment Policy | March 2016
4. http://www.hopkinsmedicine.org/patient_safety/patient_experience/hhcahps.html
5. http://www.hopkinsmedicine.org/patient_safety/patient_experience/hhcahps.html
6. Improving patient outcomes of home health care: findings from two demonstration trials of outcome-based quality improvement. J Am Geriatr Soc. 2002 Aug;50(8):1354-64
7. Home Care Quality and Safety: A Profile of Home Care Providers in California http://healthpolicy.ucla.edu/publications/Documents/PDF/homehealthreport-aug2013.pdf
8. http://www.comprose.com/operations-mapping/