Revisiting and mapping unit operation of Health Care At Home

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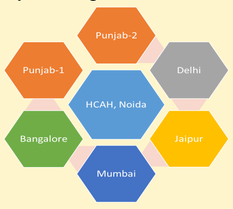
About Health Care At Home (HCAH)

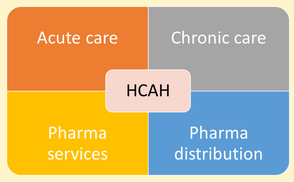
- HCAH works on **hub and spoke model**
- **Hub**– Head Office or Business support center - Noida
- **Spoke**– All the units (6)
- Currently working in more than 20 cities.



Inception of HCAH, India

- Started in India at 27, September 2012.

Verticals of Health Care At Home



Healthcare at Home is India's 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. While Dabur is a household name in India, Healthcare at Home, UK is the country's largest home healthcare provider.

Project details

- Objectives-
- Revisit and map every operation process of Delhi Unit
- Challenges Identification in operation process
- Recommendations for improvement.

- Study design:- Observational Descriptive study
- Methodology:- Observation of Operations unit: Delhi, For identification of different operations
  Interviewed different persons related with operations at Delhi Unit.

Different operations run by Operation Unit: Delhi

Coordination and monitoring-

- Nurse
- Nurse assistant
- Health care assistant
- Physiotherapist
- Phlebotomist
- Runner

Bag preparation, delivery and Pick-up from home

It is an important function of Ops Unit.

Bag carries emergency care Kit .

- Bags for nursing
- Bags for physiotherapist
- Bags for Phlebotomist
- Bags for Novartis
- Home visit bag

PCS Management

- Visit creation
- Visit assigning
- PCS cleaning (completed /cancelled package)

Miscellaneous Task

- Vendor management
- Inventory management (on ODOO)
- Medical Equipment management
- Reimbursement
- Consumable , Store management
- Provision report to finance
- Provision

Flow chart : Coordination of different Team with Operations Unit (Delhi)

Lead generated through online and offline sources

Tele Sales (TS)

TeleSales (TS) calls the customer | TS books the assessment

Tele Sales (TS)

Registration in ODOO (A software) | email sent to Customer Support, TS, Operations Team (Ops)

Tele Sales (TS)

Coordination with unit clinical team for preferences

Operations Team (Ops)

Assign a Nurse/Physiotherapist for initial assessment | On the basis of physical examination, Initial report prepared

Tele Sales (TS)

Initial report shared with Patient Care SYstem | Patient is called on the Basis of initial assessment

Tele Sales (TS)

If patient agree for service, Staff availability check with Ops | TS sends an email to CS for Financial Consent Form

Customer Supprt

Welcome call by CS to patient or Next to kin (NOK) | FCF done by CS, patient registered, Service package created in PCS

Operations Team (Ops)

Coordination with Ops unit and vendor

Package

Nursing Package | Physiotherapist Package, | HCA package | Other packages

Patient Onbording

Senior nurse does hospital onboarding

If Package is CRCC(critical Care)

Equipment get checked one day before onboarding of patient

Audit

Physical audit-Once in a week | Nursing Audit –thrice in a month

monitoring

Clinical Evaluation Team monitor the entire package

Home Visit Report preparation

Per week (2 per day) fourteen assessment forms submitted by nurse

Home Visit Report (HVR) sharing

CET shares HVR at the end of treatment (with NOK/ Patient/ treating Doctor)

Major Challenges with Operations Unit (Delhi)

- **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.

Visit of staff and PCS oprations

Once **Financial Consebt Form filling** done by CS (Customer service)

CS emails detail to respective Operations Unit (Ops)

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 an email related with the visit to Nursing/ nursing assistant/ HCA supervisor

Supervisor assign the visit of required staff according to availability and location of staff.

Only after reaching at home staff starts the visit through 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

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 App for detail (Patient address and other detail regarding to visit)

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

Challenges and Recommendations cont..

Payment challenges

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 to reduce this time lag.

Challenges of payment collection by Runner from physiotherapist

- Physiotherapist (Physio) sometime leave early before reaching the runner.
- Ops perspective: Physio don't think that payment collection is their responsibility.

Reimbursement challenges

- Challenge-
- Calculation of reimbursement is complex process, employees are not able to understand it fully, so at the time of reimbursement this problem occurs and employee and Unit both have to waste there time for resolving reimbursement.
- Payment reimbursement by finance department is delayed or sometimes part of the payment done by finance without acknowledgement of Ops team at the time of releasing the reimbursement

Recommendation-

- For HCAH - At the end of month reimbursement report can be shared with employee and finance should share or acknowledgement of reimbursement with Ops team, so that when employee comes to Ops will have a proper and quick answer. Finance should set a timeline for every problem related with reimbursement.
- For employee - if any problem employee should send an email (instead of di-

Challenges of nurse

- Punctuality : According to the data only 57% nurses are on the time (Data is being given by Mr. Bunty sir for April, 2017)
- Reasons: Unknown
- Recommendation : A survey can be done for knowing the reason of, late on duty and then take correcting measure accordingly.
- Challenge- Sometimes Nurse denied do just before the time of visit
- Recommendation : Some guideline can be framed to overcome this problem, if nurse will deny His/her duty within 1hour before scheduled visit, then some negative rating or penalty should be there .
- Challenge- Out of zone visit assigning to the nurse, so nurses are sometime declined for visit.
- Recommendation : Zone wise at least 10 nurses should be there.
- Challenge– High attrition rate for nurses.
- Recommendation - A survey can be done, to figure out why nurses either are not joining or leaving HCAH.
- Challenge- Sometimes patient/NOK complains customer support about nurse replacement done without confirming with them and with out informing customer support about replacement by Nursing supervisor . so solution becomes lengthy for customer support.
- Recommendation- Whenever Nursing supervisor replace the nurse they should send an email to customer support and also to ops team.
- Challenge- 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
- Sometimes reasons are genuine (e.g. Patient are not providing

Patient care system (PCS) software 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, so these package 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 package will not appear daily in PCS
- All the staff detail should be sent to Ops team so that.

Human resource retention challenges

- Challenge– Low retention of Clinical staff
- Recommendation-
- a survey can be done on the nurse satisfaction.
- Exit interview can be taken in proper format by BSC (not by Delhi Unit) to know the proper reasons of leaving HCAH.
- Challenge- Coordination between HR (Delhi Unit) and HR BSC want some major change.
- Recommendation- Training of the HR person coordinating with Delhi unit, should also be done at Delhi unit, so that he/she will be familiar with requirements.

Inventory/Store management

- Challenge-
- Expiry date management (no mechanism to locate expiry medicine).
- Discard process (no clarity)
- Recommendation-A software can be purchased, so that any person can easi-

Vendor Management

Searching & Filtering of venders

Google, PRO(Public Relations) , Just Dial, news paper | Ops only choose a vendor who will provide instrument on Rent

Meeting ***

Ops then schedules a meeting with vendor | Discuss different aspect in detail

Finalizing the Vendor

If vendor agree on HCAH terms and Condition

Agreement

Agreement on ₹100 stamp

Other formalities

Registration form filling, NEFT form filling

Checking of details

If correct, then signed by Finance controller

Registered

Vendor registeration done

Vendor Payment Management

Ops Sends PO (soft copy) to Vendor by email

Vendor attach PO + prepare Bill (both Hard copy)

Vendor send these hard copy receipts to Ops (by courier)

Ops Prepare GRN {Goods receive note} (hard copy)

Ops then sends OP + Bill +GRN (all hard copy) to finance unit by runner

Finance unit, paid the amount as per the agreement

After payment, finance shared the payment-invoice to respective unit.

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 vendor 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 Turn around time will be less, and package will be

Payment process smoothening Recommendations

- Payment can be paid either lump sum or in parts/installments
- Patient can pay in lump sum (some discount can be given) or in different type of installments.
- In Physiotherapist /Nursing /Health Care Attendant –
- Initial two or three visits (only if required) can be provided pay per visit basis (it will create trust)
- The rest of the visits will be provided only after advance payment.
- **NOTE**– 1. Late fee provision should be there. 2. Runner charge should be

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