

**Summer Training at
Max Super Specialty Hospital, Saket, New Delhi**

Compliance to TAT for Initial Assessment of Inpatient

**By
Ritika Chaudhary**

**Under the guidance of
Dr. Sandesh Kumar Sharma**

**MBA Hospital & Health Management
2017-2019**


Institute of Health Management Research
The IIHMR University, Jaipur
2018

CERTIFICATE

This is to certify that **Ritika Chaudhary** has undergone summer training in Max Superspeciality Hospital, Saket, Delhi from 2nd April 2018 to 2nd June 2018.

The candidate herself completed the project assigned 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.


20/6/18
Dr. Sandesh Sharma

Associate Professor

IIHMR University, Jaipur


(w/ (Dr.) Praveen Kumar)
for **Col. (Dr.) Ashok Kaushik** 21.6.18.

Dean (Academic & Student Affairs)

IIHMR University, Jaipur

CERTIFICATE OF COMPLETION



This is to certify that
Ritika Chaudhary

has been associated as an

INTERN

with the department of

HOSPITAL MANAGEMENT

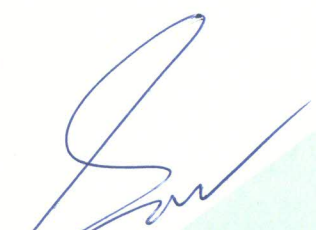
from

2nd April 2018 to 2nd June 2018

at

Max Super Specialty Hospital
Saket

"The Internship/Observership course is a Max certified course not
affiliated to any National/International society".


Head of the Department


Dr. Shubnum Singh

Director Medical Education,
Medical Research & Advisor Healthcare Framework Max Healthcare


Ms. Brigitte Wuethrich
General Manager
Max Institute of Medical Excellence
Max Healthcare

ACKNOWLEDGEMENT

I take this opportunity to express my profound sense of gratitude to all those who helped me throughout the duration of project.

The internship opportunity with Max Super Specialty Hospital, Saket was a great chance for learning and professional development. I am also grateful for having a chance to meet so many wonderful people and professionals who led me through this internship period.

I am highly grateful and would like to express my deepest gratitude and special thanks to my mentor, Dr. Sandeep Mor, Deputy Medical Superintendent at Max Super Specialty Hospital, Saket, who in spite of being extraordinarily busy with his duties, took time out to hear, guide and keep me on the correct path and arranging all facilities to make life easier and allowing me to carry out my project at their esteemed organization during my internship time. I choose this moment to acknowledge his contribution gratefully.

I would also like to thank my guide and my senior, Dr. Monica Deo, floor manager, Max super speciality hospital, saket, who helped me at every step during the internship period.

Besides, I am thankful to all other staffs who helped me to learn and conduct my project work successfully. Special thanks to my senior Dr. Barkha, for her guidance and motivation.

And a special thanks to my friend Manjari for her constant support in completing the project and accompanying me throughout this learning phase.

I perceive this internship project as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way.

Sincerely,

Ritika Chaudhary

IIHMR University Jaipur

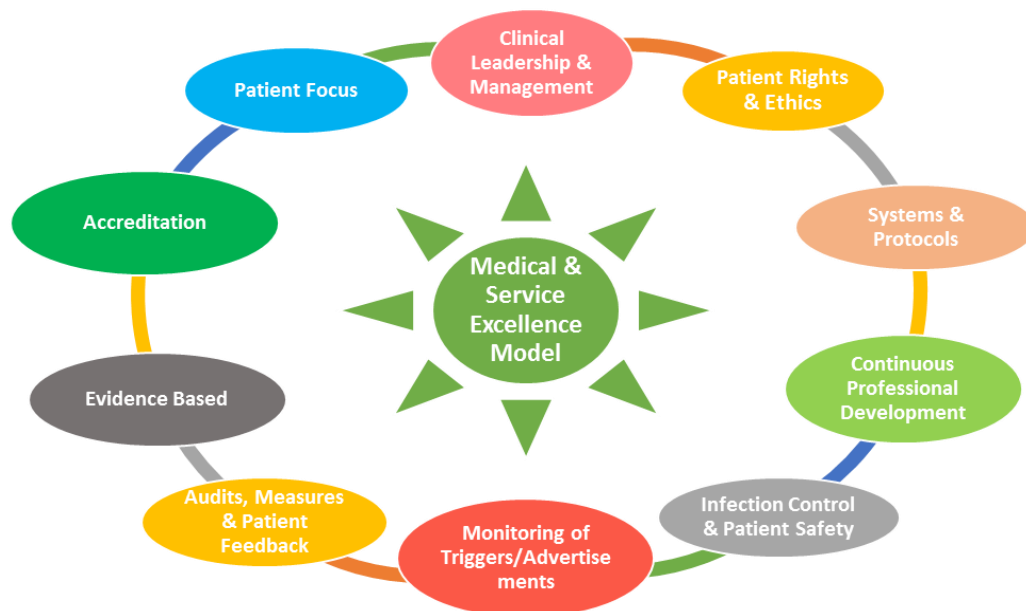
Table of content

S.no.	Topics	
I. Observational learning		
1	Introduction	
2	Hospital profile	
3	General findings	
4	Vision, Mission and Values	
5	Mode of data collection	
6	Front office	
7	Emergency	
8	CSSD	
9	Medical record department	
II. Project report		
10	Introduction	
11	Max policy for initial assessment	
12	Literature review	
13	Research methodology	
14	Data analysis and presentation	
15	Interpretation	
16	Findings	
17	Discussion	
18	Causes	
19	Recommendation	

OBSERVATIONAL LEARNING

INTRODUCTION

Max healthcare is committed to the highest standards of medical and service excellence, ‘patient centered care’, scientific knowledge and medical education. The country’s leading comprehensive provider of standardized, seamless and international class healthcare services. Our JCI, NABH and ISO accredited hospitals offer best in class services to our patients.



Max has successfully implemented the “Medical Excellence Model” through its clinical team of expert physicians and nurses who work together in an integrated manner, assessing patient needs, ordering tests, planning treatments, scheduling surgeries, monitoring progress and planning for early discharge to home.

The pillars of this model include:

- Clinical governance
- Credentialing and clinical privileging of physicians & nurses
- Use of standardizes, evidence based protocols
- Patient and staff safety
- Infection control
- A culture of audit and continuous professional development

HOSPITAL PROFILE



**Inaugurated on
JANUARY 1, 2006**

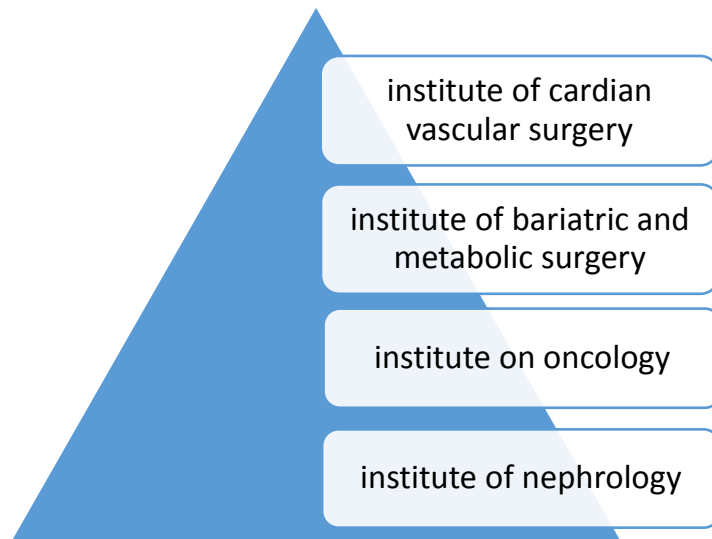
Max super specialty hospital, Saket (a unit of Devki Devi foundation) is one of the premier names in the healthcare world. There are two blocks in this hospital- East block and west block. In October 2015, Max Healthcare acquired the Saket City Hospital.

A 500+ bedded facility offers treatment across all medical disciplines of cardiac, oncology, neurosciences, metabolic and bariatric surgery, bone marrow transplant, urology, nephrology, kidney transplant, aesthetics and reconstructive surgery, and other ancillary services.

Additionally, Max also has the Asia's first Brain SUITE- an advanced Neurosurgical operation theatre, which allows MRI to be taken while surgery. Max has also won a prestigious award by the "Association of healthcare providers of India (AHPI)".

Every department of the hospital was observed carefully for its working, staff, hierarchy, physical set up and major challenges by them and suggestions were made to overcome those challenges.

The hospital has four key areas of specialties:



Location

1 Press Enclave road,

Saket, New Delhi- 110017

Medical services

A wide range of medical services is available at Max super Specialty Hospital, Saket including:

- Cardiac sciences
- General surgery
- Oncology
- Neurosciences
- Interventional radiology
- Dermatology
- Nutrition and dietetics
- Orthopedics & joint Replacement
- Kidney transplant
- Liver transplant and Biliary sciences
- Dental care
- Ear Nose Throat
- Internal medicine
- Health and wellness
- Aesthetics & reconstructive surgery
- Diabetes and endocrinology
- Minimal access, laparoscopic surgery & bariatric surgery
- Pulmonology and respiratory medicine
- Urology
- Physiotherapy
- Eye care
- Mental health & behavioral science
- Gastroenterology & endoscopy
- Aesthetic & reconstructive surgery

Support Services & Utility services

- Blood bank
- Radiology
- Medical record department
- Pharmacy
- Laboratory
- Central sterile supply department
- Mortuary
- Hospital engineering services
- Transport services
- Medical store
- Fire safety
- Security services
- Food and Beverages
- Laundry services

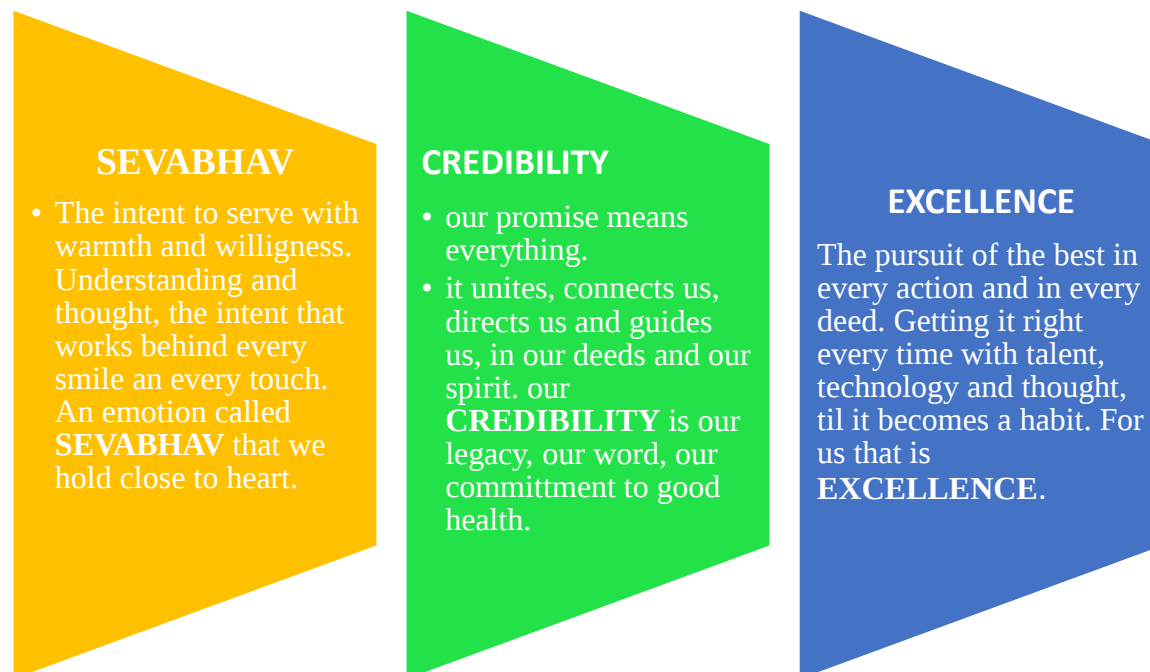
VISION

To deliver world-class healthcare with a service focus, by creating an institution committed to the highest standards of medical & service excellence, patient care, scientific knowledge and medical education.

MISSION

- Create unparalleled standards of medical & service excellence
- Care provider of first choice
- Principal choice for physicians
- Ethical practices
- Create national Centre of excellence for select super specialties
- Safety-patients, customers, staff.

Values



MODE OF DATA COLLECTION

Data collection involved discussions with the Administrative staff, the HODs on the managerial issues, communicating with the other staff and going through the records.

Sources of Data

➤ **Primary**

- By interacting with the HODs, executives, Doctors, Nursing staff and other valuable employees of the hospital.
- Through direct observations.

➤ **Secondary**

- Through CPRS
- Through website of the hospital
- Literature available about the hospital like magazines, pamphlets, brochures, CDs, written documents

Front office

Introduction

Front office is a critical function in the overall Patient Experience. Front office is the face of the hospital and is the first point of contact for the patient. It works towards achieving Service excellence by creating a Service Oriented Culture.

Scope of Services

The department provides services in Out-patient department & Inpatient department.

OPD:

Following services are provided

- Appointments
- Registration & Billing
- Preventive Health Check-up
- Report collection
- Guiding patients/attendants to respective services (as defined in Hospital's scope)

OUT-PATIENT DEPARTMENT

- Each INSTITUTE of Max hospital, Saket has its own OPD area as well as IPD area / day-care area wherever applicable with doctor's chambers and procedure rooms.
- Every OPD has a procedure room and its own Front Desk.
- Appointments are centralized and are recorded on the Hospital Information Management System. As soon as appointments are fixed, a text message is sent to the patient confirming the appointment, and a reminder message is sent on the day before the appointment. No walk-in patient is turned away, and the staffs try to accommodate these patients between the appointments already scheduled for the day.
- Each OPD waiting area has the capacity to handle 70-100 patients waiting.
- In case of a new patient, registration is done which is valid pan-Max and for life time of the patient and a UHID is created which becomes a unique identification for all his health related information.

Name of the OPD	Location
Cardiology	East Block / Ground floor
Nephrology	West Block / Ground floor
ENT	South Block / Ground floor
IAMS	East Block / B1
Dialysis	East Block / B1
Minimal Access metabolic Bariatric Surgery	East Block / 5th Floor
Orthopedics	West Block / Ground floor
Neurosurgery	West Block / Ground floor
Preventive Health Check up	West Block / Service Floor
Physiotherapy	West Block / Service Floor
Oncology	South Block/ 1st Floor
Urology	East block / B1
Internal medicine	East block / B1

IPD services:

- Registration
- Patient Admission
- Bed Management
- IPD Support processes: TPA, Interim billing
- Patient Discharge

Organizational Structure of Front Office



Emergency

Introduction of the Department

The Emergency Department at Max Super Specialty Hospital, Saket is designed to meet the needs of a high-volume tertiary-care patient population. It serves urgent care to critically ill patients 365 days a year and 24 hours a day.

The goals of ED are:

- To provide the best possible care for each and every patient.
- To be a center for innovation and excellence in emergency medicine.
- To create an educational environment that promotes compassionate care and academic excellence.

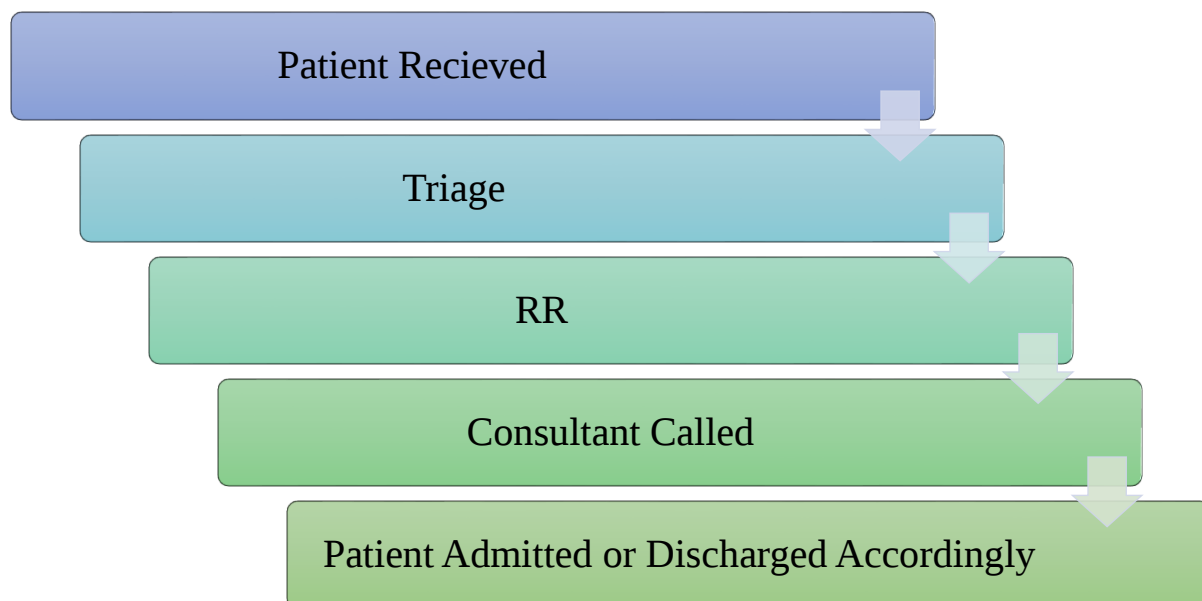
Scope of Services

The Emergency Department provides 24 X 7 Emergency Care. It is subdivided into:

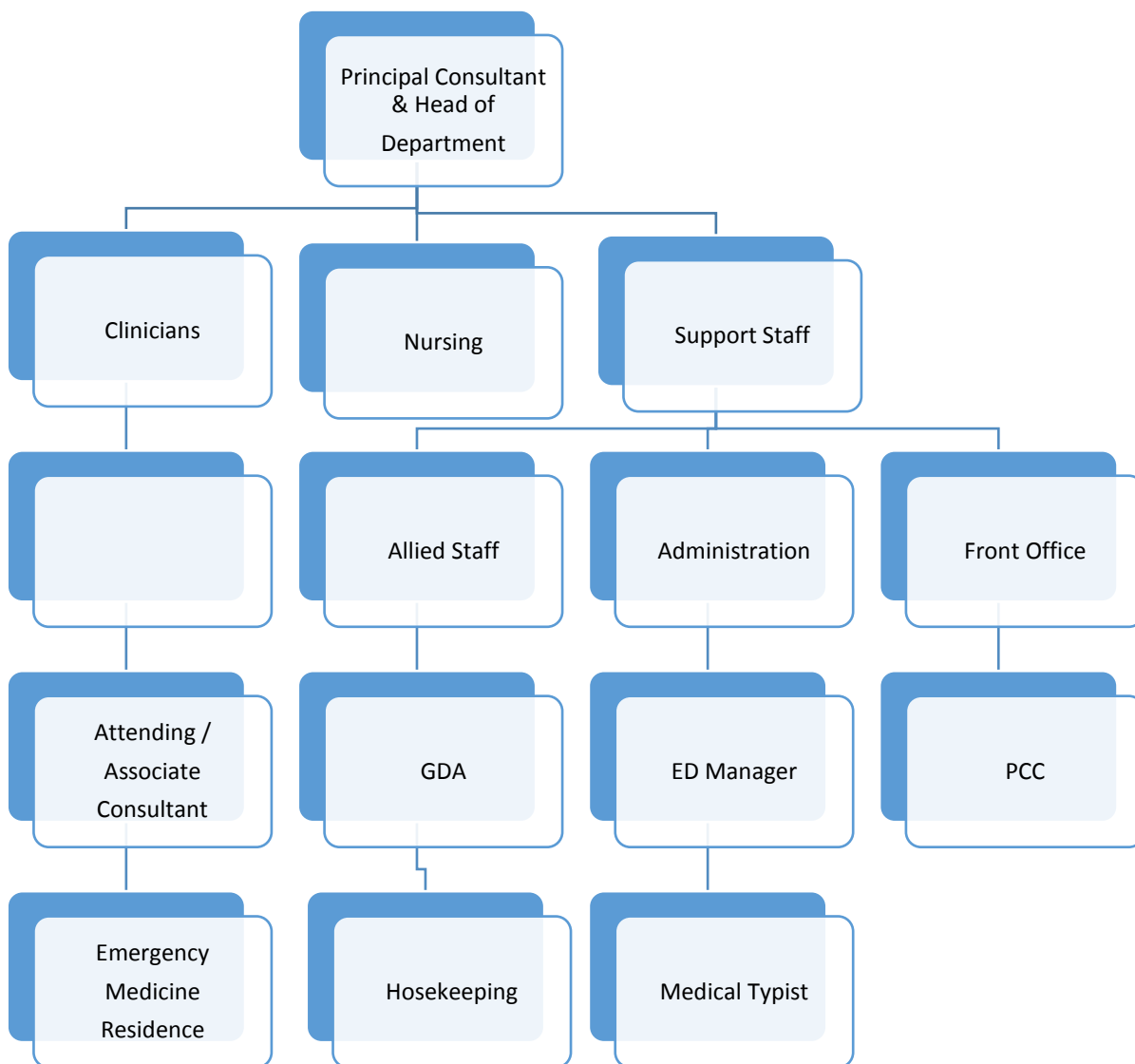
- **Pre Hospital care** (provided by Max Centralized Ambulance services)
- **The Emergency department care** (provided by ED Team ancillary services & supporting specialties)

Emergency Access Number – Max Centralized Ambulance services is **01140554055**

Process flow



Organizational Structure of Emergency department



Central sterile supply department

Introduction

The main function of CSSD is to prepare and sterile articles and equipment to be used on patient for surgery and procedure. The procurement, storage and distribution of supplies also come under CSSD functions.

The recognized advantages of centralization are efficiency, economy and safety. The problems of standardization, uniformity and co-ordination of materials and procedures are more easily controlled because work is under constant supervision. Thus duplication of equipment frequently used, is avoided

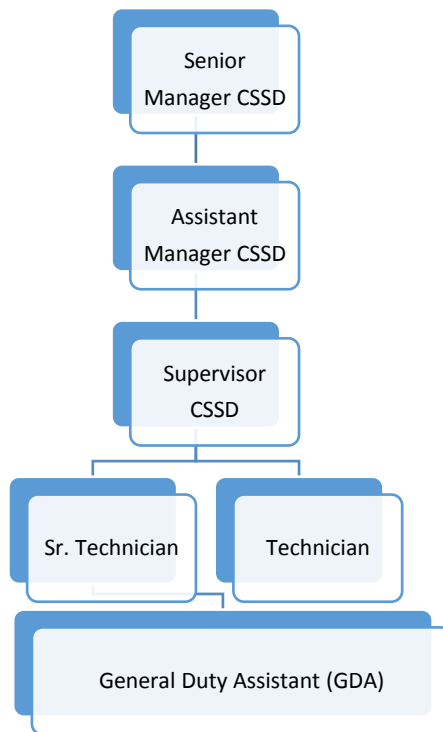
The department is broadly divided into 3 zones:

- **Decontamination Zone:** The soiled instruments and medical devices are received from departments for initial or gross cleaning. The instruments are cleaned and disinfected by means of manual / mechanical processes. The medical devices are cleaned by means of manual process. It includes Cleaning, Sorting, Dismantling and counting of surgical instruments.
- **Clean Zone:** After the instruments have been cleaned and disinfected. The instruments are subjected to inspection; they are assembled into sets and trays. The tray is wrapped for terminal steam sterilization in this zone. The clean and disinfected Linen is sorted, inspected, folded, and assembled into packs and is subjected to terminal steam sterilization. The heat liable medical devices are packed in medical grade paper/ infection control pouches and are subjected to ETO/Plasma sterilization.
- **Sterile Storage and Distribution Zone:** Sterilized instruments are stored in sterile storage area or sent to the appropriate departments.

Scope of Services

Departments serviced by CSSD	Items catered by the CSSD department
• OPD • Wards • ICU • Operation theatre • Radiology • Dialysis • Cath lab • Emergency • Endoscopic	• Surgical instrument • Laparoscopic instrument • Power instruments • Dressing items • Operation theatre drapes • Heat sensitive device

Organization Structure



Medical record department

Introduction of the Department

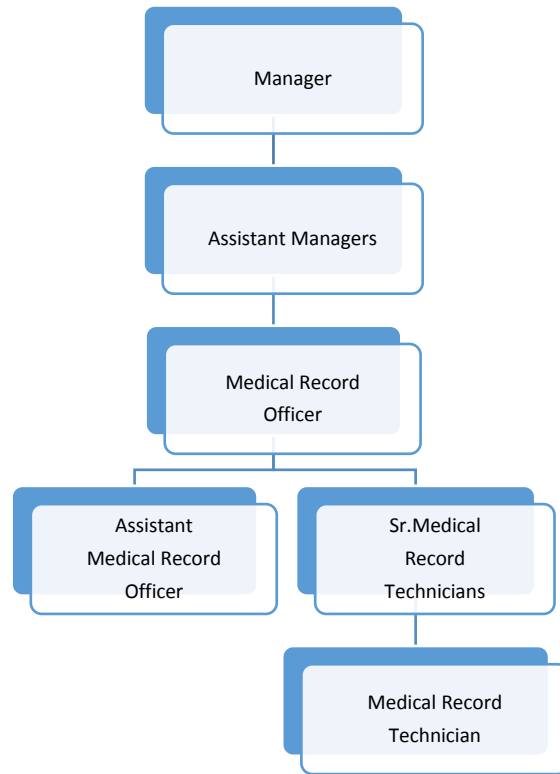
Medical Record department is situated at service floor, east block and ensure the effective management of medical records at Max Hospital, Saket. The medical records department functions for both east & west block.

Medical Records are an essential component in modern health care management. It is the only reliable proof of treatment given to patient and is the basic indicators in accessing health status of the community. Health information of different nature at various levels can be generated from Medical Records. Accurate and reliable information is needed for comparison of health status of the community and basic data for planning health care activities and health budgeting could be obtained only from Medical Records

Goals

- To develop, implement and continually improve the safe, confidential, systematic & effective method of maintaining CPRS and receiving physical files, storing, retrieving & discarding the medical record of the patients admitted for the treatment in accordance to the legal requirements.
- To protect the privilege of Patients, Doctors, Hospital staff and Administrators.
- To Help Health care authorities / health care providers in formulating health policies and planning preventive measures
- To ensure systematic preservation and storage of health records for future use.
- To ensure systematic maintenance and preservation of Medico-legal documents.
- To help Judicial authorities, Insurance authorities, Investigating Officials, Enquiry officials etc. by providing the required documents / information in time.

Organogram





Study on
“Compliance to TAT for Initial medical assessment of
inpatient”

Introduction

Initial medical assessment: Initial medical assessment is the first evaluation of a patient after admission in the ward, by the primary doctor to identify the present complaint and condition of the patient and all aspects of the medical history to facilitate formulation of the diagnosis and treatment plan.

When and by whom assessment is carried out?

Initial medical assessment is done after arrival of the patient in the ward and is carried out by the primary doctor within sixty minutes of admission of the patient.

What are the major components of an assessment?

- Patient details
- Name of the attending doctor
- Chief complaints of the patient
- Past medical history
- Social history
- Significant family history
- Allergy assessment
- Nutritional assessment
- Vitals of the patient
- Provisional diagnosis
- Investigations
- Plan of care

What possible sources of information does the doctor use to complete an assessment?

- Patient
- Family
- Friends
- patient record
- Results of diagnostic tests and relevant literature.

Max policy for initial assessment

Purpose:

- To ensure that all the patients of the hospital undergo an appropriate “initial assessment (IA)
- Initial assessment is conducted by qualified individuals (Doctors, nurses, dieticians, physiotherapist- as required)
- Based on the IA, a ‘plan of care’ is established.
- IA to include identified information and be documented in the patient medical record within defined time frames.

Scope:

- Emergency
- OPD, IPD & ICU settings

Responsibility:

- All doctors attending – outpatient and inpatients setting including emergency.
- All nursing staffs
- All dieticians
- Physiotherapist (as needed)

Policy:

- Every patient (OPD, IPD and emergency services) of the hospital shall be initially assessed for his/her clinical condition based on their and physical examination.
- The initial assessment helps in establishing a provisional diagnosis and documenting a plan of care.
- An individualized initial assessment is done for all patients for all the disciplines and specialties present in the organization and is documented in the patient’s medical records in a separate initial assessment format.
- The IA along with the plan of care is documented with name, date, time, and signature endorsed by the person conducting the assessment.

- In CPRS (computerized patient record system), initial assessments notes are to be documented in the respective “Initial assessment note templates”.
- The minimum content for ‘initial assessment’ is defined in the “initial assessment note templates”.

TIME PERIOD FOR COMPLETION OF INITIAL ASSESSMENT FOR INDOOR PATIENTS IN WARDS

Initial medical assessment:

- The initial medical assessment for in-patients is to be completed and documented by the floor doctor within 1 hour of arrival in the in-patient ward in the CPRS.
- In CPRS, the clinical findings, provisional diagnosis and plan of care documented by the floor doctor, should be endorsed by the primary consultant within 24 hours from the time of admission.

Initial nursing assessment:

- Should be completed as soon as possible and immediately, on arrival of the patient in the ward but not later than 60 minutes.
- This should include the plan of care including preventive aspects.

Initial Nutritional assessment:

- Should be completed by the dieticians within 24 hours of arrival of the patient in the ward or earlier

Components of initial assessment:

- Medical assessment
- Physical examination
- Initial psychological assessment as indicated by his or her needs
- Initial socioeconomic assessment as indicated by his or her needs
- Provisional diagnosis

SPECIAL ASSESSMENT:

The hospital should conduct individualized and special assessment for below mentioned population group. The assessment process shall reflect the needs and requirements of special population:

- Geriatric patient's assessment shall be done for patients more than 65 years.
- Women in labor or women experiencing termination of pregnancy.
- Patients with emotional, psychological and psychological disorders.
- Patients suspected of drug and/or alcohol dependency.
- Victims of neglect and/or abuse.
- Infection risk assessment for patients with infectious/communicable disease/immune-compromised patients.
- Patients receiving chemotherapy or radiation therapy.
- Patients with intense or chronic pain.
- Adolescent
- For terminally ill patients care shall be planned as per their needs.
- Need for additional specialized assessments such as dental, hearing, eye etc. shall be determined.
- Patient whose immune systems are compromised

REVIEW OF LITERATURE

1. As per the manual of operations published in 2008 by Dr Ram Manohar Lohia Hospital, Lucknow,

Purpose of initial assessment: To assure care provided to each patient is based on an assessment of the patient's relevant physical, psychological, and social status needs.

Assessment after Admission: Each patient upon admission shall be assessed by qualified individuals for appropriate care or treatment needs / need for further assessment. The physical and psychological status of each inpatient shall be assessed.

The scope and intensity of the assessment shall be determined by:

- The patient's condition/diagnosis
- The care setting
- The patient's response to any previous care and the patient's consent to treatment.
- The patient shall be assessed and the records shall be documented.

Documented plan of care is drawn on the basis of initial assessment.

2. The First Call: The Importance of an Initial Assessment.

Stephen homsey and Kallie Webb

May 6, 2016

An initial assessment is the clinician's chance to learn about the client's past history, both medically and socially. Through the lens of cancer, it may include how the cancer was discovered, the treatment course, family support, and financial stressors. The initial assessment also allows patients to see if their needs will be met by CancerCare, and sometimes also by the clinician.

3. Importance of taking initial assessment on patient.

Karen Stanley

It is important to take an initial assessment on each and every patient every time they enter the room. This includes taking their blood pressure, temperature, pulse, heart rate, and level of consciousness. The importance in doing this is to prioritize the patients according to their needs and also to track the patient's progress during their stay in the hospital. It is very important to get an accurate assessment of the patient, not only to keep the doctors up to date on the patient, but to ensure that the patient is getting accurate treatment.

4. Mapping turnaround times (TAT) to a generic timeline: A systematic review of TAT definitions in clinical Domains

Bernhard Breil, et al:

This study presents a systematic review of literature concerning different turnaround time definitions. The objectives were to collect relevant literature with respect to this kind of process times in hospitals and their respective domains. Using Turnaround times to benchmark clinical workflows is still difficult, because even within the same clinical domain many different definitions exist. Mapping of turnaround time definitions to a generic timeline is feasible.

OBJECTIVES

- To check the compliance of Turnaround time for initial medical assessment
- To understand the cause of deviation in TAT from the established benchmark

RESEARCH METHODOLOGY

- **Study Area :** IPD of ENT, Urology and General Surgery of Max Superspeciality Hospital, Saket, Delhi.
- **Study Design :** Retrospective Descriptive Study
- **Sources of data :** Secondary Data (Computerized patient records)
- **Sampling Technique :** Systematic random sampling
- **Sample size :** 150
- **Inclusion:** Patients who were directly admitted to inpatient ward of ENT, Urology, and General Surgery after consultation.
- **Exclusion:**
 - Patients who were admitted in specialties other than ENT, Urology, and General Surgery.
 - Patients who were transferred from the emergency department.

Data analysis and presentation

ENT

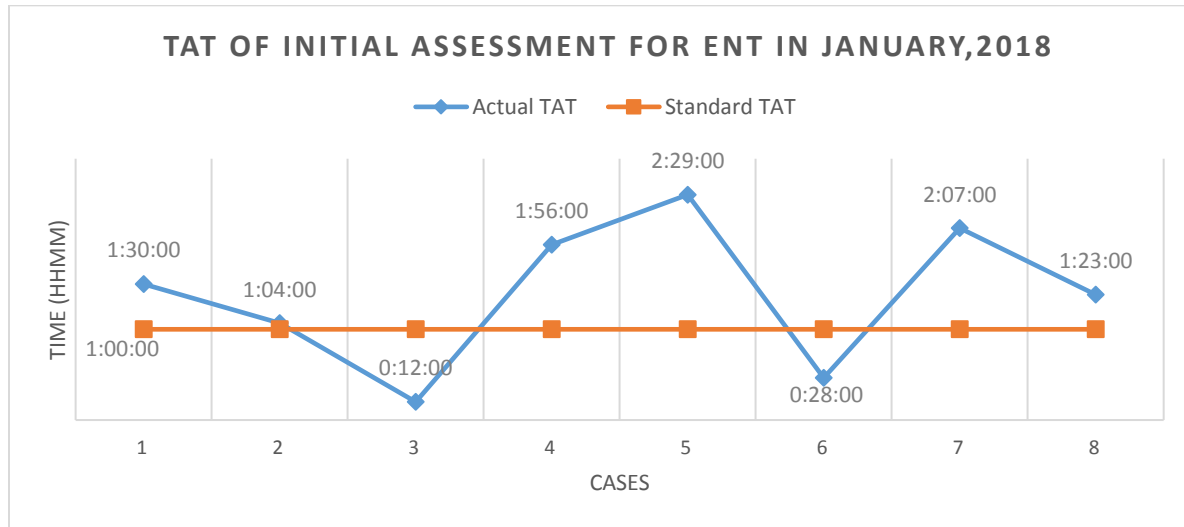


Figure 1: TAT of Initial assessment for ENT in January, 2018.

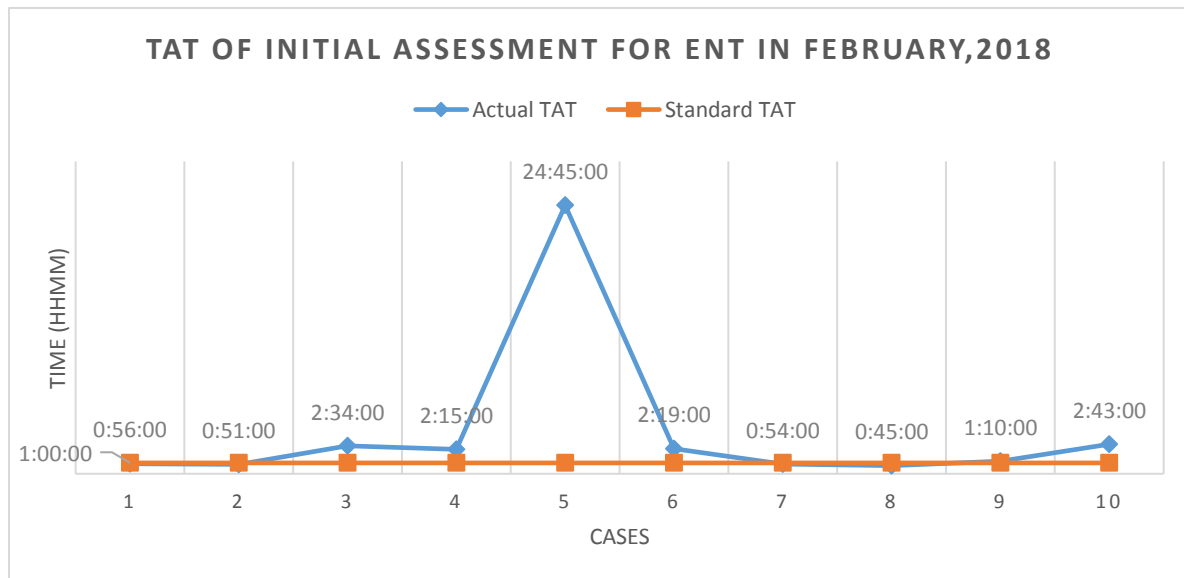


Figure 2: TAT of initial assessment for ENT in February, 2018.

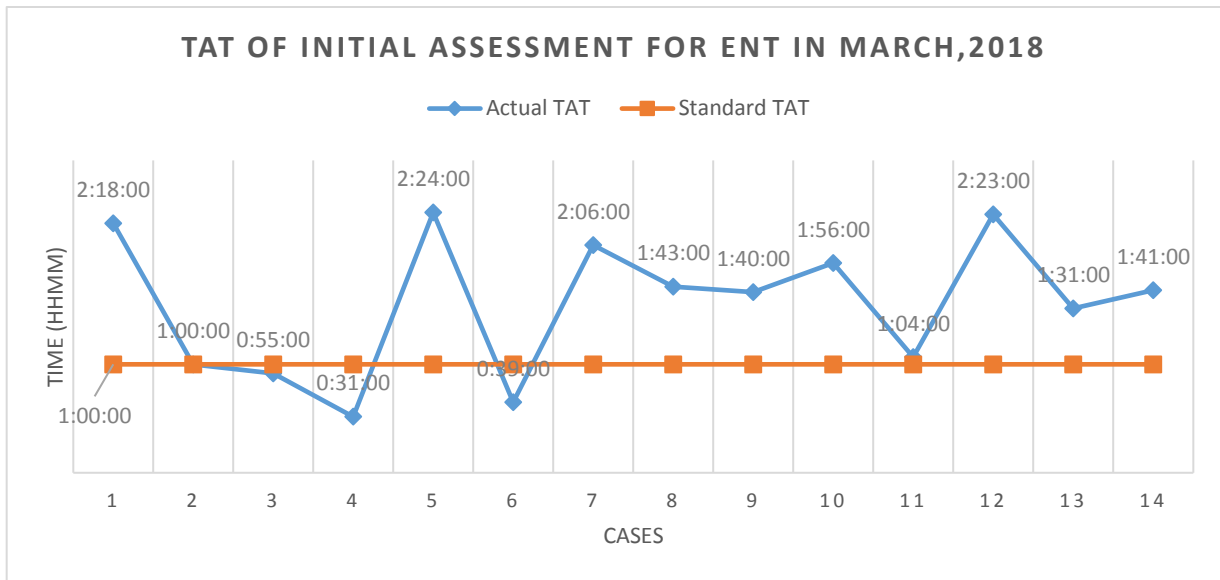


Figure 3: TAT of initial assessment for ENT in March, 2018

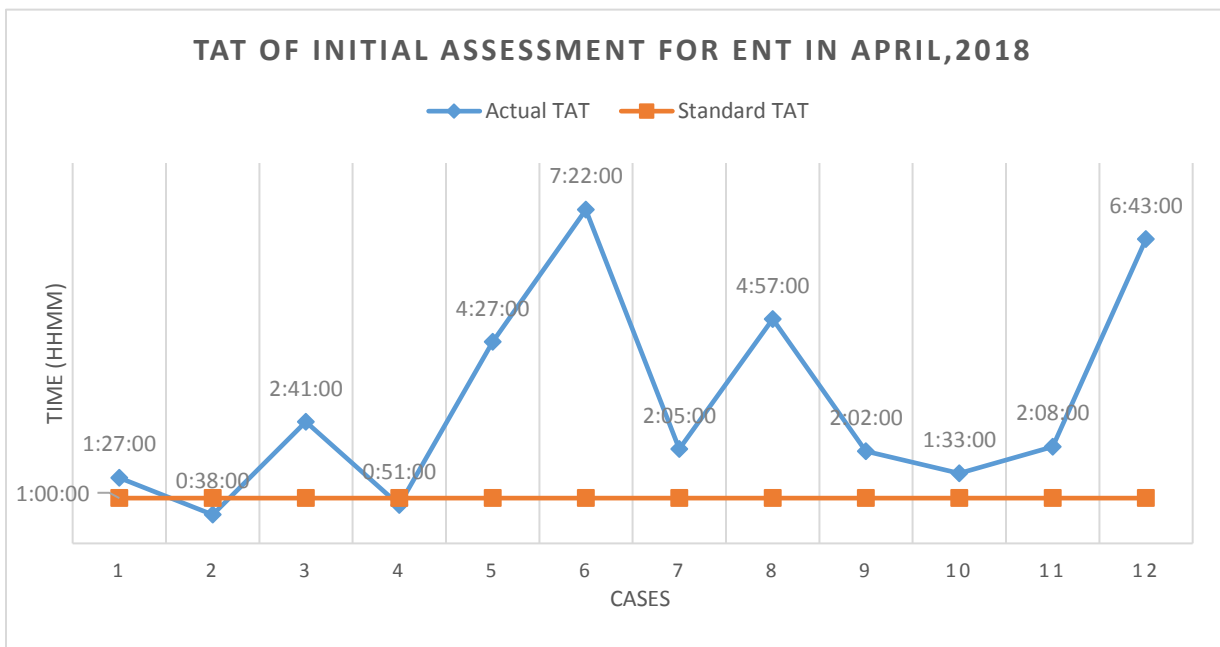


Figure 4: TAT of initial assessment for ENT in April, 2018.

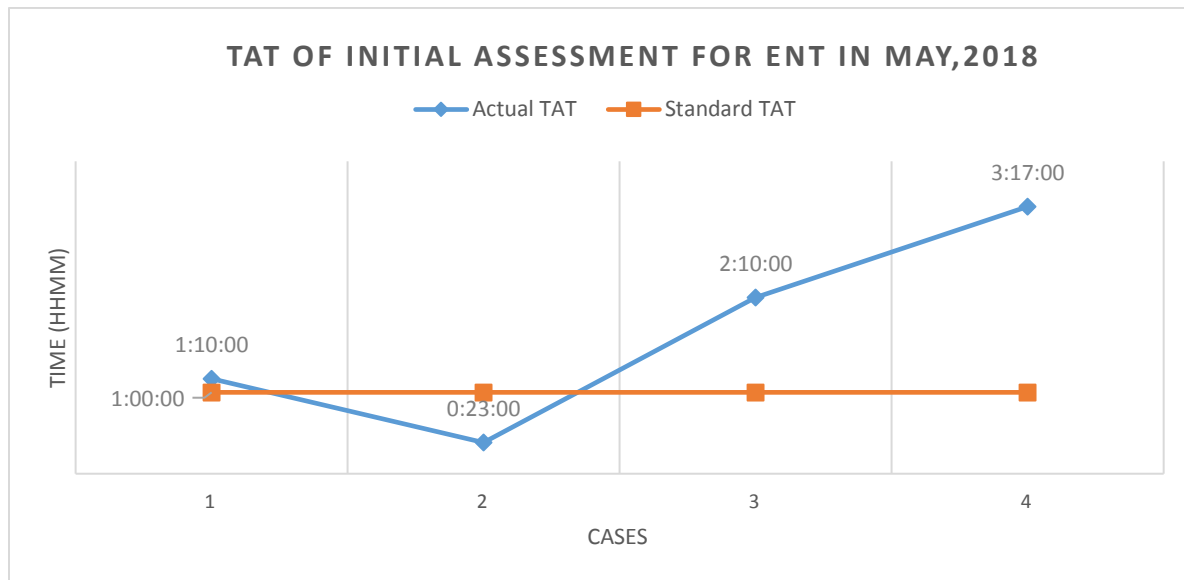


Figure 5: TAT of initial assessment for ENT in May, 2018

Interpretation and findings

Interpretation:

- The above graphs represent the turnaround time of initial assessment from January 2018 to May 2018 of ENT.
- The x-axis represents the ‘number of cases’ and y-axis represents the ‘time taken’ to complete the initial medical assessment of patients admitted in the ward.
- The standard TAT for initial medical assessment is one hour which is represented in the form of orange line in the graph.
- The line graphs represent the deviation of actual time taken from the standard time.

Findings:

I.

Months	Number of Cases (total= 48)	Min time taken for assessment	Max time taken for assessment	Median time
January	8	12 minutes	2 hours 29 minutes	1 hour 26 minutes
February	10	45 minutes	24 hours 45 minutes	1 hour 42 minutes
March	14	31 minutes	2 hours 24 minutes	1 hour 40 minutes
April	12	38 minutes	7 hours 22 minutes	2 hours 6 minutes
May	4	23 minutes	3 hours 17 minutes	1 hour 40 minutes
Overall median = 1 hour 41 minutes				

II.

Months	Number of compliant cases	Number of non-compliant cases	Ratio (compliant: non-compliant)
January	2	6	1:3
February	4	6	2:3
March	4	10	2:5
April	2	10	1:5
May	1	3	1:3
Total	13	35	

Urology

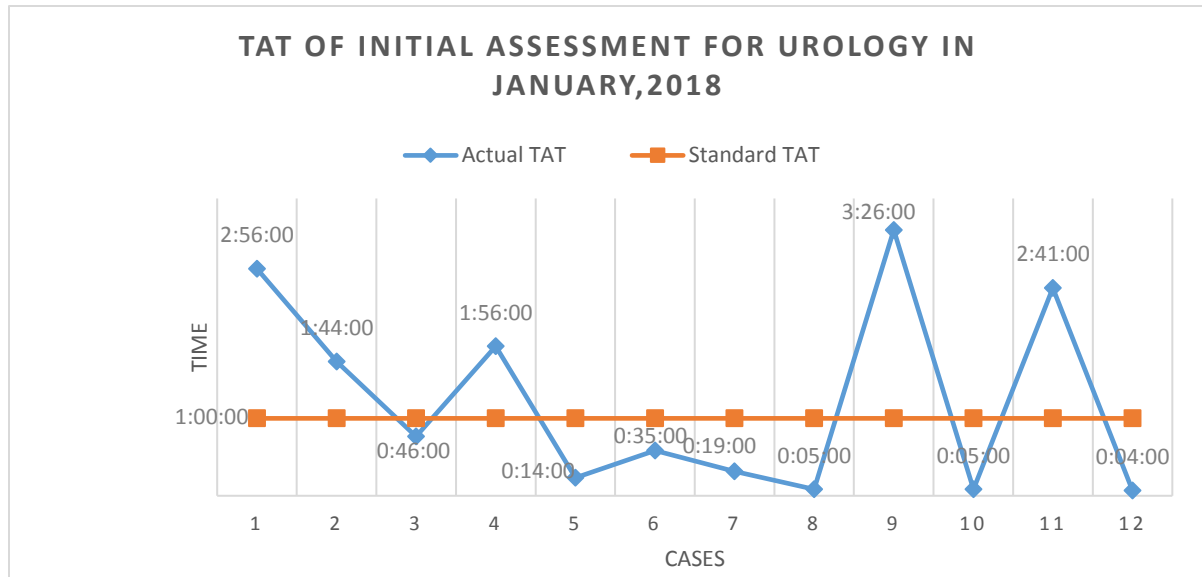


Figure 6: TAT of initial assessment for urology in January, 2018

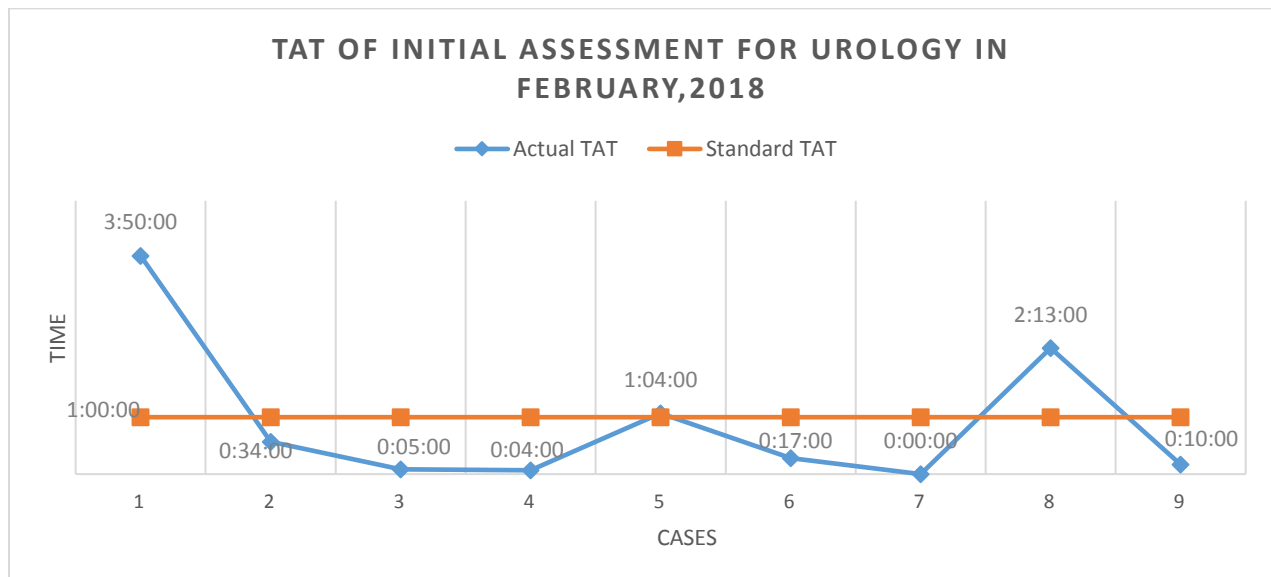


Figure 7: TAT of initial assessment for urology in February, 2018

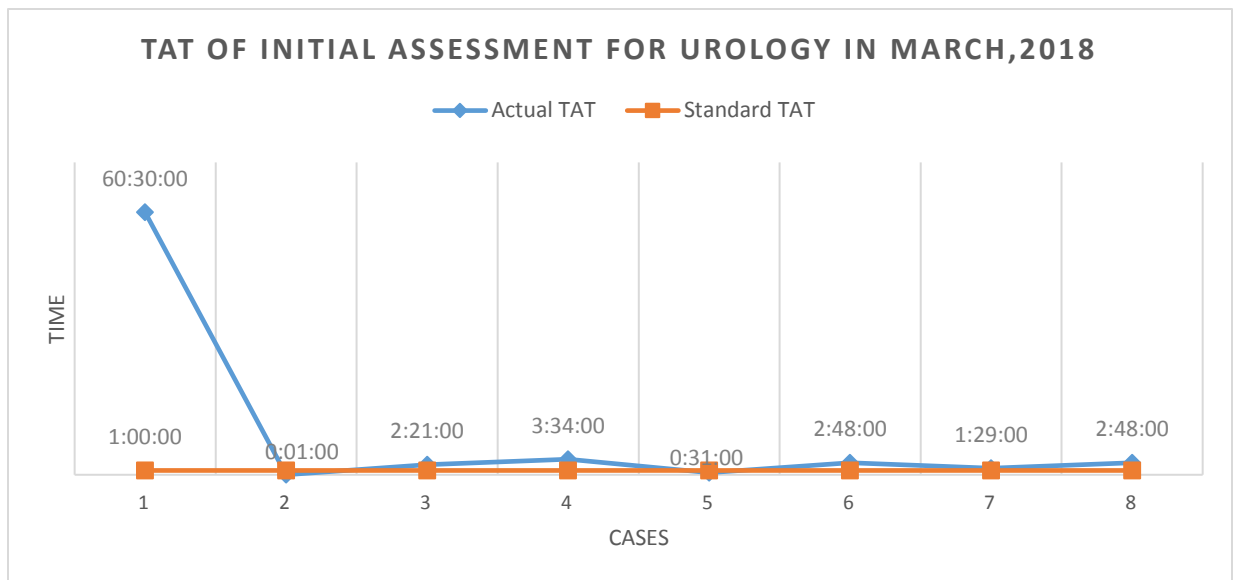


Figure 8: TAT of initial assessment for urology in March, 2018

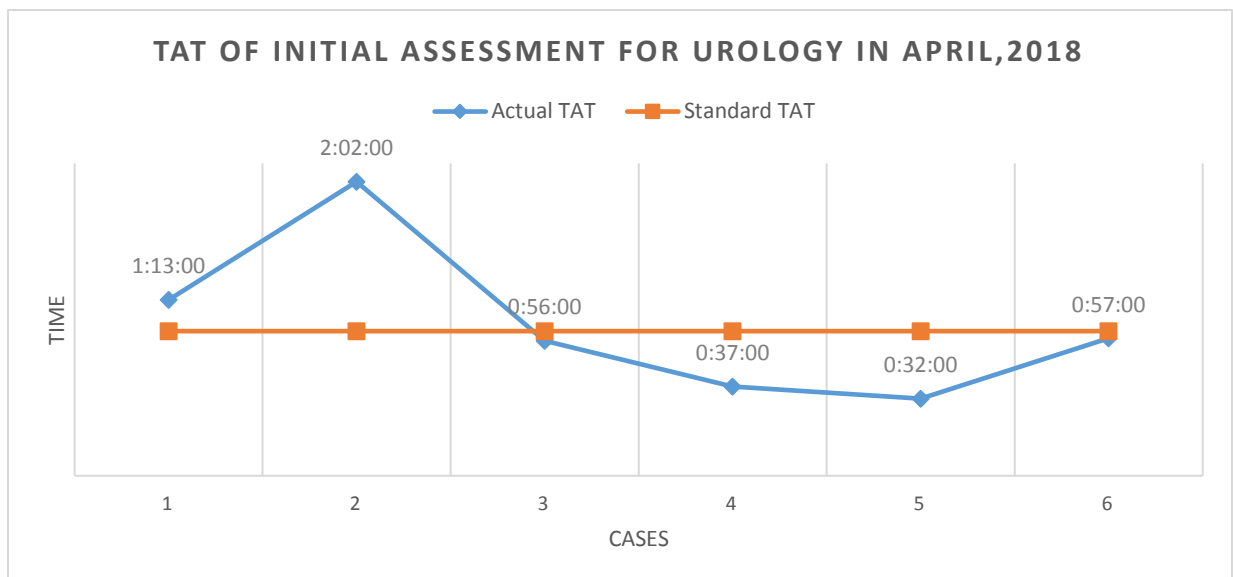


Figure 9: TAT of initial assessment for urology in April, 2018

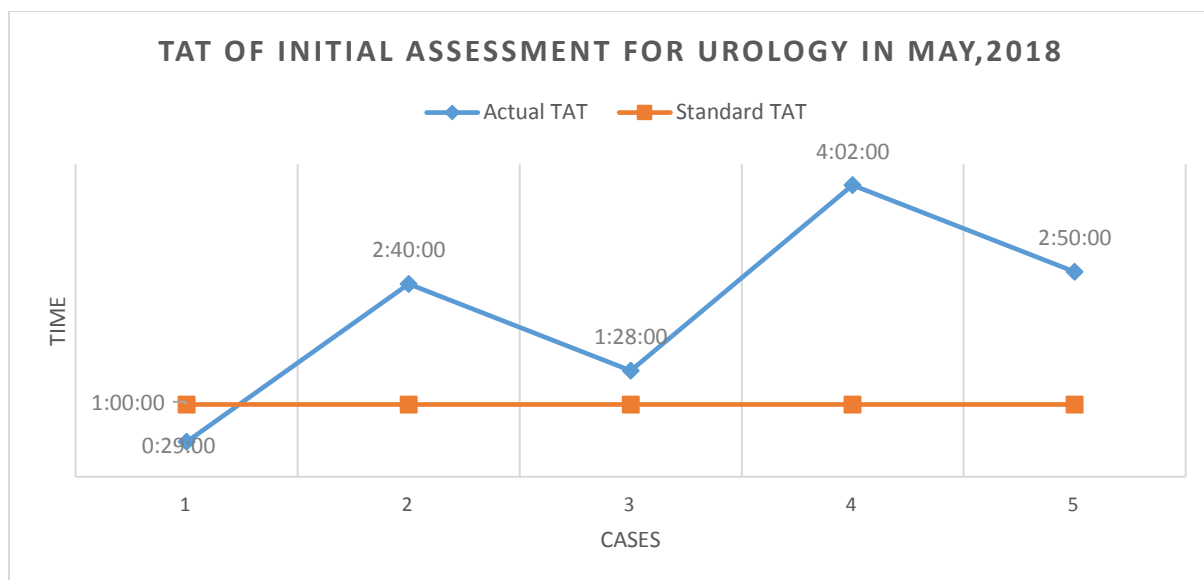


Figure 10: TAT of initial assessment for urology in May, 2018

Findings:

I.

Months	Number of Cases (total= 40)	Minimum time taken for assessment	Maximum time taken for assessment	Median time
January	12	4 minutes	3 hours 26 minutes	40 minutes
February	9	0 minute	3 hours 50 minutes	17 minutes
March	8	1 minute	60 hours 30 minutes	2 hours 34 min
April	6	32 minutes	2 hours 2 minutes	56 minutes
May	5	29 minutes	4 hours 2 minutes	2 hours 40 min
Overall median = 56 minutes				

II.

Months	Number of compliant cases	Number of non-compliant cases	Ratio (compliant: non-compliant)
January	7	5	7:5
February	6	3	2:1
March	2	6	1:3
April	4	2	2:1
May	1	4	1:4
Total	20	20	

General surgery

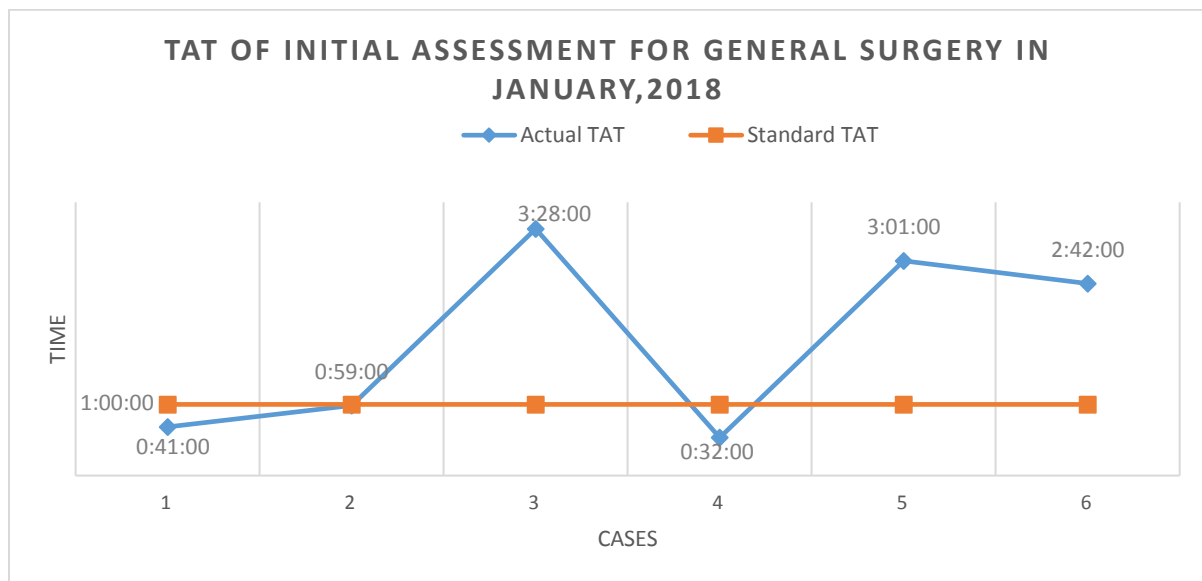


Figure 11: TAT of initial assessment for general surgery in January, 2018

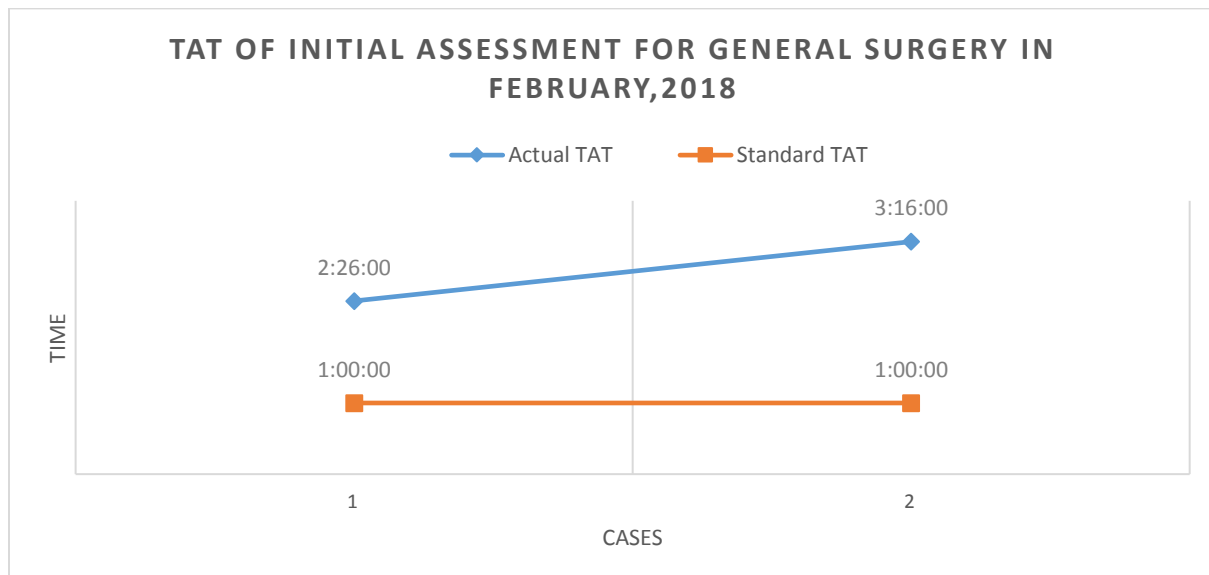


Figure 12: TAT of initial assessment for general surgery in February, 2018

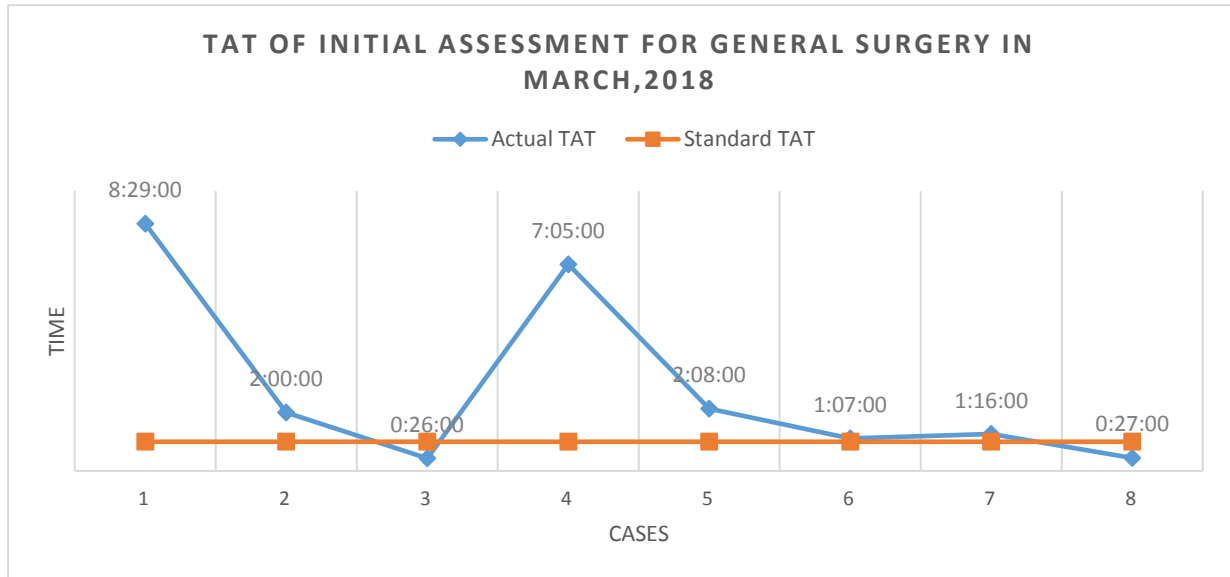


Figure 13: TAT of initial assessment for general surgery in March, 2018

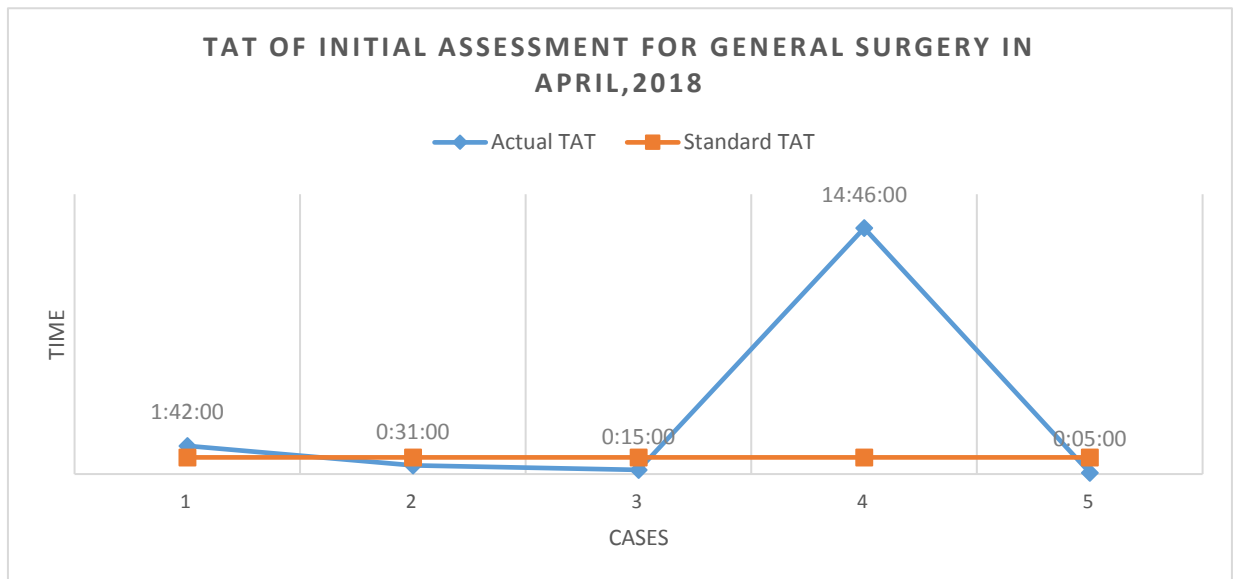


Figure 14: TAT of initial assessment for general surgery in April, 2018

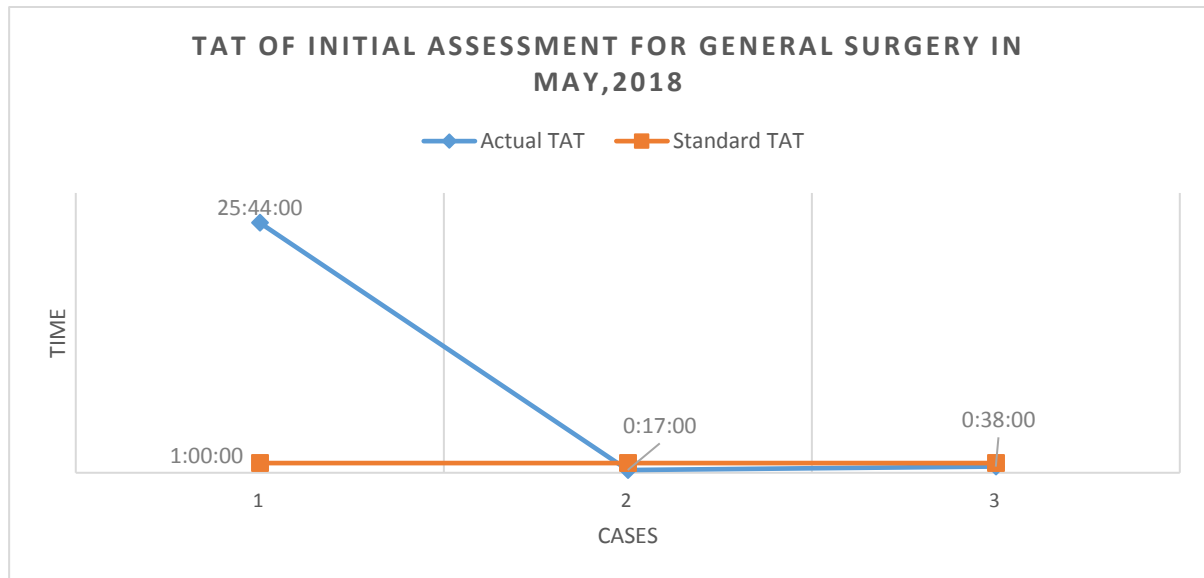


Figure 15: TAT of initial assessment for general surgery in May, 2018

Findings

I.

Months	Number of Cases (total= 24)	Minimum time taken for assessment	Maximum time taken for assessment	Median time
January	6	32 minutes	3 hours 28 minutes	1 hour 50 min
February	2	2 hours 26 minutes	3 hours 16 minutes	2 hours 51 min
March	8	26 minutes	8 hours 29 minutes	1 hour 38 min
April	5	5 minutes	14 hours 46 minutes	31 minutes
May	3	17 minutes	25 hours 44 minutes	38 minutes
Overall median = 1 hour 40 min				

II.

Months	Number of compliant cases	Number of non-compliant cases	Ratio (compliant: non-compliant)
January	3	3	1:1
February	0	2	0:2
March	2	6	1:3
April	3	2	3:2
May	2	1	2:1
total	10	14	

Discussion:

- Initial medical assessment is important as it helps in establishing a provisional diagnosis and documenting a plan of care. It depicts a clear picture of patient's illness history and the line of treatment. If such an important document is not prepared within the established time, it shows discrepancy in the quality of patient care.
- On comparing the median of all the three specialty, it is very well evident that the performance of Urology met the established benchmark, but the other two i.e. ENT and General surgery did not.
- While comparing the number of compliant cases among the three specialty, it was observed that ENT has only 27 percent compliant cases, whereas urology has 50 percent and general surgery has approximately 42 percent compliant cases.
- Since TAT is one of the most important quality indicator of the medical services and it also affects the patient satisfaction level, it should be given priority by focusing on the causes of long TAT or delay and taking measures to improve it.

Causes of delay:

By observing some cases and interviewing the medical and administrative staffs, following reasons were found to be the major causes of delay:

- Late arrival of patients in the ward when they have a planned surgery.

Example: An ENT patient was scheduled for the surgery at 4 pm, but he arrived in the ward just before the scheduled time of surgery. In that case, the formalities which are done by the nurses on arrival of patient were done and patient was immediately sent to the OT for surgery. In such case, the initial medical assessment was recorded after the surgery and thus exceeds the standard time limit.

- Re-scheduling of planned surgery due to some changes in the previous schedule leads to chaotic transfer of patient from ward to OT and thus the recording of initial assessment in CPRS remains pending.
- Non-availability of doctors in the ward on time.
- Due to overload of work and other reasons, doctors record the assessment manually for the timing and later the assessment is recorded in the CPRS and thus it shows delay in the system.
- In case of urgent call for doctors from the emergency department, priority is given to the patient who require urgent care and therefore the assessment of stable patient somewhere gets delayed.

Recommendations:

The study highlights the important role that both patients and doctors play in performing the important procedures of the medical care. Efforts to diminish future delays must focus on the causes of delays on the part of doctors, administration and the patients.

Based on the causes of delay and observations, following are the recommendations:

- Patient's counselling before admission.
- Evidence based guidelines should be framed for rescheduling of any procedure.
- An auto generated pop-up should be sent to the primary team if the assessment is not done.
- A column for recording reasons of delay in IP assessment should be mentioned to justify the long TAT.

References:

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