Summer Training at
Aditya Birla Memorial Hospital,
Pune

Process Flow of Patient Services Department, Aditya Birla Memorial Hospital

By
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Under the guidance of
Col (Dr.) Ashok Kaushik

MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Shubham Painoli** student of **MBA Hospital and Health Management** from the IIHMR University; Jaipur has undergone summer training at **Aditya Birla Memorial Hospital, Pune** from 1st April to 31st May, 2016.

The candidate has successfully carried out the study designated to him during summer training and his approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish him all success in all him future endeavours.

Col. (Dr.) Ashok Kaushik
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ADITYA BIRLA
MEMORIAL HOSPITAL
HOPE • HEAL • HEALTH • HAPPINESS

Ref. No. : ABMH/HR/Internship/2098

4th Jun'16

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Shubham Painoli** has completed his **Internship project "Process flow of Patient Services Department"** in **Patient Services Department** at Aditya Birla Memorial Hospital, Pune from **1st April 2016 to 31st May 2016.**

We wish him "All the Best" in his future endeavor.

for Aditya Birla Health Services Limited,

Shilpi Prasad
Patient Services Department

Dr. Shilpa Bhalgat
HR Department

DECLARATION

I hereby declare that the Project Report entitled **"Process flow of Patient Services Department"** submitted by me to Department of Patient service, Aditya Birla Memorial Hospital, Pune, is a bonafide work carried out by me and is original and not submitted to any other University or Institution for the award of any internship Certificate or published any time before.

***PLACE*:** Pune ***Name*:**Dr Shubham Painoli

DATE: 31/05/2016

ACKNOWLEDGEMENT

The success and final outcome of this project required a lot of guidance and assistance from many people and I am fortunate to have got this all along the completion of my project work. Whatever I have done is only due to such guidance and assistance and I would not forget to thank them.

I respect and thank **Dr.Rekha Dubey (C.E.O)** for giving me an opportunity to do the project work and I am also thankful to the hospital staff for providing me the support and guidance which made me complete the project on time.

I would also like to thank my Principal **Dr. Col. Ashok Kaushik** without whom the project would have been a distant reality.

I owe my profound gratitude to my project guide **Ms.Shilpi Prasad (Manager Patient Services Department),** and my internal guide **Dr. Shrikant Suryawanshi (Sr. Executive-Patient Services)**who took keen interest in my project work and guide all along, till the completion of my project work by providing the necessary information.

I also wish to thank specially my family members and well-wishers who has always been supportive in successful completion of my project.

Table of content

CONTENTS

CONTENTS

CONTENTS

CONTENTS PAGE NO.

CONTENTS

CONTENTS

PAGE NO.

CONTENTS

CONTENTS PAGE NO.

INTRODUCTION

OF

HOSPITAL

ABMH (Aditya Birla Memorial Hospital)

Aditya Birla Memorial Hospital (ABMH) is a multi-specialty medical center located at Pimpri-Chinchwad, Pune in the West Indian state of Maharashtra. Easily accessible by road, rail and air the hospital is close to the Mumbai – Pune and Mumbai – Bangalore express highway. The quaternary healthcare center provides high quality and cost-effective medical services. The centrally air-conditioned hospital with a 500-bed facility and 13 operation theatres is equipped with state-of-the-art technology, sprawled over 16 acres of land functions in a filmless and paperless digital environment and backed by cutting edge medical technology and IT resources.

Location Guide

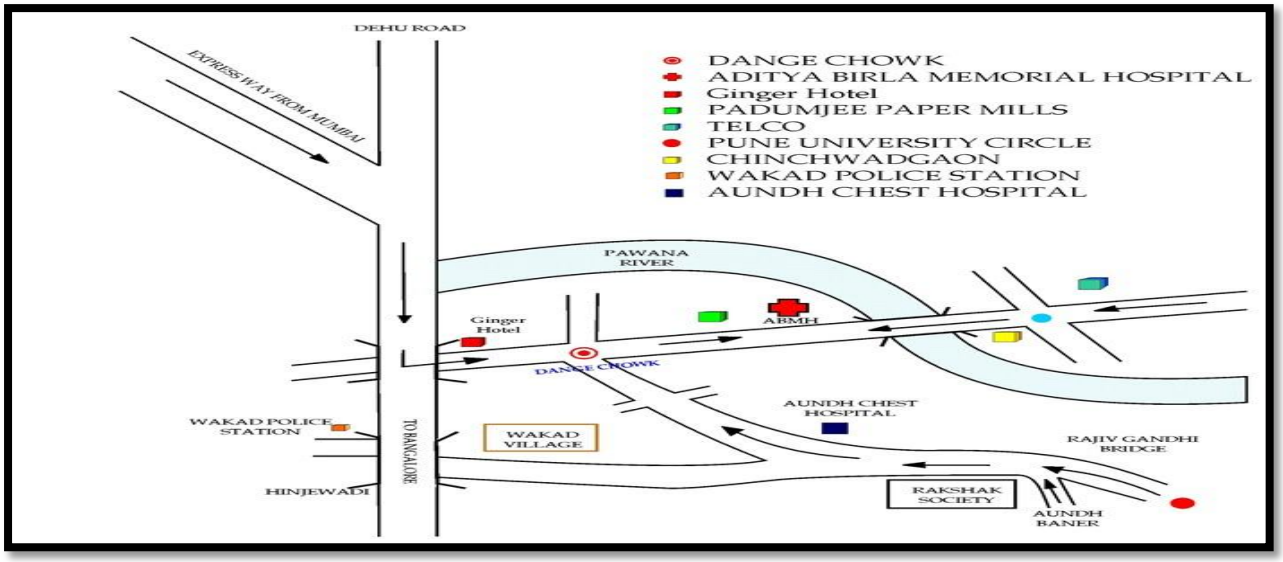


Figure 1: guide map to hospital

Aditya Birla Foundation:

TYPE OF HOSPITAL AND YEAR OF INCORPORATION:

The Aditya Birla Foundation, chaired by Mrs. Rajashree Birla, is a public charitable trust established in 1995 in memory of the late Mr. Aditya Vikram Birla. The Aditya Birla Group, a US$ 24 billion conglomerate, believes in the trusteeship concept of management. A part of the Group's profits is ploughed back into welfare-driven initiatives through the Aditya Birla Foundation.

The foundation focuses on education, balwadis / schools, healthcare centers, infrastructure development such as community centers, houses, providing electricity, water channels, etc. Aditya Birla Memorial Hospital is being funded by the Aditya Birla Foundation.

The foundation also runs 15 hospitals in various industrial units. It organizes mobile clinics, medical camps and conducts health training and awareness workshops in rural communities. Efforts are now being made through the foundation to facilitate widow / dowry less mass marriages and women empowerment. As part of community service, the foundation is reaching out to two million people in about 3,000 villages

NUMBER OF BEDS- There are a total of 500 beds in the hospital with around 350 functional beds

OUT SOURCED DEPARTMENTS: housekeeping, food and beverage deprtment

WHAT IS SO UNIQUE ABOUT THE HOSPITAL?

(Features, services, facilities available at ABMH)

Figure 2: Emergency center

Spread across 16 acres, Aditya Birla Memorial Hospital has 500 Beds, 152 ICU Beds, 13 Operation Theatres and a flat panel Cath Lab. The hospital employs the finest talent in the medical industry as ***full time consultants*** using ultramodern medical technology to provide high quality cost-effective medical services. It lays special emphasis on ***preventive care*** towards which is hosts a complete **Wellness Assessment Centre** under one roof. Operating in a paperless and filmless environment, the hospital is committed to maintain the highest standards of healthcare at an affordable cost.

The hospital's sophisticated **Medical Emergency Centre** is equipped with 10 beds - 4 red zone, 6 yellow - fortified with most advanced life-saving facilities such as cardiac,

trauma, Â paediatric bays, a special room for infectious diseases, and mini operation theatres within the department to manage all major life saving procedures.

Figure 3:Main Reception Area

The **Mother & Child unit** is having modern neonatal intensive care and paediatric surgical care facilities. It is equipped with four independent and fully furnished labour suites connected to a dedicated Gynaecology operation theatre where patients receive individual pre and post pregnancy care. Its experienced gynaecologists are trained to detect cancer in the OPD itself, offering Gyne-Oncology and Urogynecology services for highly specialized care to patients with cancer and urinary problems. The Mother & Child unit also provides Assisted Reproductive Technologies (ART) services, offering In-Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI) and Intrauterine Insemination (IUI) in a separate test tube baby clinic.

AIM:

The hospital's aim is to create a center of life where elements of nature augment the healing environment and offer holistic healthcare under one roof.

Aditya Birla Memorial Hospital has transformed itself into one of India's finest Medicity with facilities including luxury accommodation ranging from standard rooms to service apartments for patients and their relatives, 24-hour pharmacy, in-house utility store, world class state-of-art rehabilitation center and a team dedicated to ensure that all its patients receive utmost care and comfort.

The Medicity is located in the city of Pune, a 2.5-hour drive from Mumbai International Airport. With a serene environment and pleasant weather all-round the year, the hospital provides the choicest destination for patients traveling from across the globe.

Aditya Birla Medicity has a dedicated International Patient Division to provide its services and ensure the care and comfort of all International Patients visiting the hospital for their required treatments. With airport pick-ups and transfers to round the clock concierge services and assistance with accommodation, food, foreign currency exchange, local travel and sightseeing, the International Patient Division offers a one-stop destination for all International patients.

Figure 4: founder and CEO

BOARD OF DIRECTORS:

•CHAIRPERSON: Smt. Rajshree Birla
•DIRECTOR: Shree Biharilal Shah
•DIRECTOR: Shree Ashwin Kumar Kothari
•DIRECTOR: Shree Ashkaran Agrawal

Mission:

- To provide state-of-the-art, high quality and cost-effective healthcare services and latest information to improve and maintain health for the well-being of the community.

- To unrelentingly pursue the creation of value for our customers, shareholders, employees and society at large.

- To foster a therapeutic relationship based on compassion that is felt, quality that is measurable and cost that is affordable.
- To become partners in health promotion with every section of society.

QUALITY POLICY:

We, at Aditya Birla Memorial Hospital, a multi super speciality institute, are committed to serve our users and society at large

Our endeavour is to achieve utmost satisfaction of our users by delivering compassionate, affordable quality services on a sustainable basis. Our focus is on continuous improved patient care, aligning ourselves with technological advances in medical field

All efforts are made, and will continue to be made, to put medical practices in place to comply with National and International Standards like ISO, NABH, NABL, JCI to maintain excellence

We are committed to abide by ethical codes of practices and are responsive to the safety, welfare and needs of all our stakeholders.

ACCREDITATIONS AND AWARDS

Aditya Birla Memorial Hospital is the **first hospital in India** to be accredited the ISO 22000:2005 & HACCP and the **first in Maharashtra** to be accredited JCI & NABH. Committed to compassionate, quality healthcare at an affordable cost, the hospital has been certified and awarded by several industrial bodies.

College of American Pathologists (CAP) the leading organization of board-certified pathologists

Joint Commission International (JCI), the global leader in accrediting Health Care

JCI

National Accreditation Board for Hospitals & Healthcare Providers (NABH)

NABH

ISO 22000 & 2005: HACCP (Hazard Analysis and Critical Control Point) by BSI

HACCP

National Accreditation Board for Testing & Calibration Laboratories (NABL)

ISO 9001:2008 Certification for Hospital Quality Management Systems, by DNV(Norway)

Awards tribute to team work and commitment:

1. Performance Excellence Award - IMC Ramakrishna Bajaj National Award

2. Global Award - Quality excellence for consumer protection (Patient Safety)

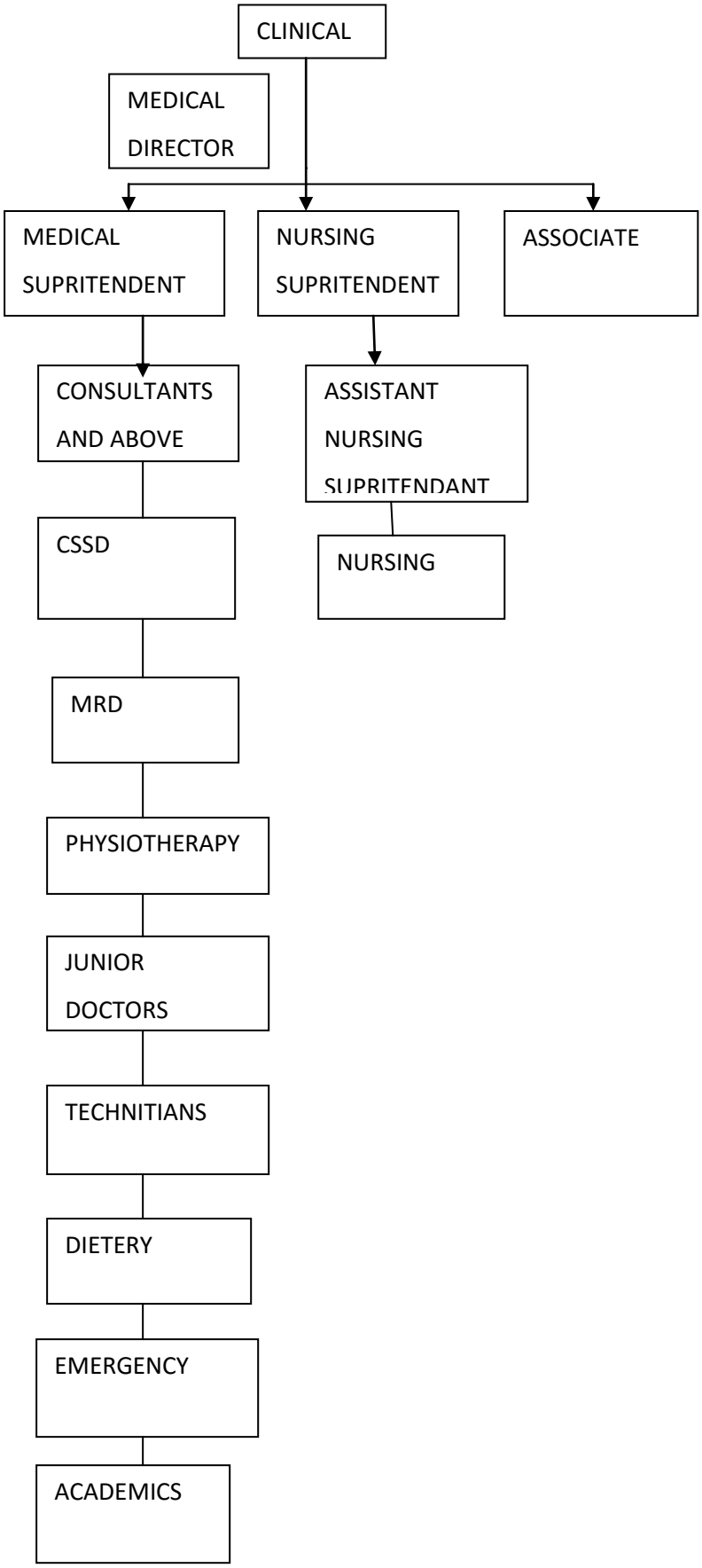
3. National Quality Excellence Award - Quality excellence for consumer protection (Patient Safety)

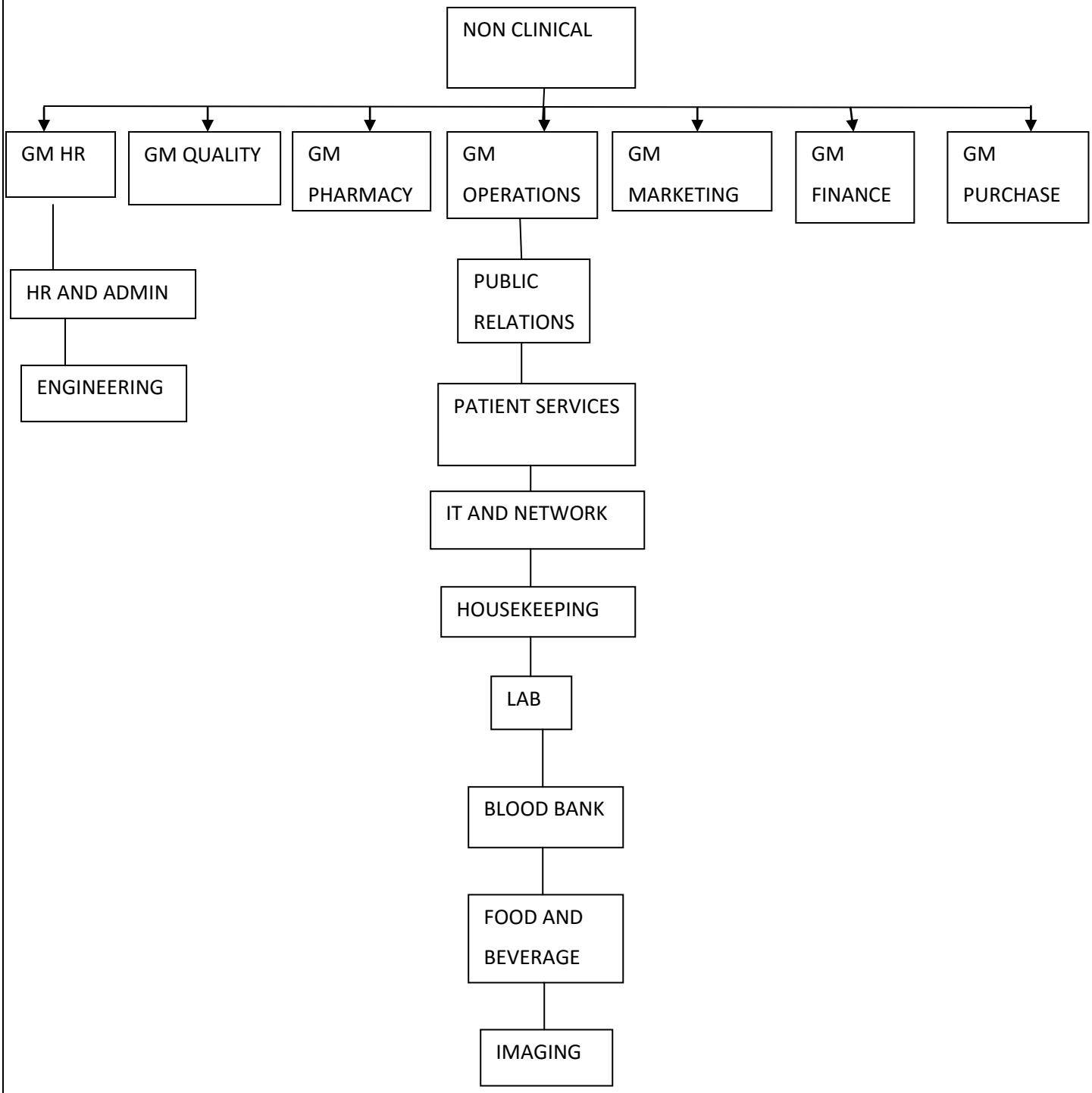
4. Garden & Plantation Award - Best Garden and Plantation in PCMC area

5. Quality Management System - Det Norske Veritas Management System Certificate

At Aditya Birla Memorial Hospital, we have adopted a philosophy of management that stimulates **Continuous Quality Improvement**. This is done through the establishment of uniform quality measures, daily quality rounds, implementation of a quality assurance program that include internal audits, training of personnel, creation of annual quality improvement goals, and the identification and use of clinical "best practices" in an effort to achieve the desired results. The team works together by focusing on continuous monitoring of organizational structure, process and outcome in order to maintain international standards.

ORGANOGRAM OF ABMH:




NON CLINICAL
GM HR
GM QUALITY
GM PHARMACY
GM OPERATIONS
GM MARKETING
GM FINANCE
GM PURCHASE
HR AND ADMIN
ENGINEERING
PUBLIC RELATIONS
PATIENT SERVICES
IT AND NETWORK
HOUSEKEEPING
LAB
BLOOD BANK
FOOD AND BEVERAGE
IMAGING

ORGANISATION BUILDING:

PLOT SIZE - 53000 square kilometers

COVERED AREA - 35,820 square kilometers

ROUGH DESIGN AND NUMBER OF BUILDINGS - There are two buildings in the hospital one for OPD and one for IPD which are joined by atrium in the centre. one building constructs recently as cancer wing on the backside of the hospital

NUMBER OF FLOORS - In the OPD building there is ground plus 2 floors where as in IPD building there is basement plus ground plus 4 floors.

BASEMENT - There is a single basement which is having non-clinical departments like laundry, finance, HR, CSSD, Mortuary, Store and purchase etc in the IPD building.

PARKING - Parking space is well organized with staff parking at the basement with a space of 4,000 square meters and a separate paid parking, with a space of 6,000 square meters is provided for patients with in the hospital premises.

LIFTS - There are 14 lifts in the hospital with a capacity of 26 people in each lift.

STAIR CASES - Number of stair cases are 4 and there is one ramp for material access.

OTHER AMINITIES - cafeteria, coffee vending shop, stationary shop, garment shop, photocopy shop; ATM and Idol of Lord Ganesha are present in the atrium.

Departments and locations:

OPD BUILDING			
BASEMENT	GROUND FLOOR	FIRST FLOOR	SECOND FLOOR
Staff parking	Outpatient pharmacy	Dermatology	Training room
	Help desk sample collection	Plastic surgery	Auditorium
	Internal medicine	Cosmetology	Library
	Diabetology	Gen surgery	
	Endocrinology	Gastro	
	Paediatrics	Neurosurgery	
	Obs. & gyn.	Cardiology	
	Registration	Pulmonologist	
	Call centre	Paediatrics	
	Orthopaedic	Dental	
	Medical social service	Urology	
	Obesity clinic	Nephrology	
	Physiotherapy and hydrotherapy	Ophthalmology	
	Wellness assessment centre		

IPD BUILDING				
BASEMENT	GROUND FLOOR	FIRST FLOOR	SECOND FLOOR	THIRD FLOOR
Finance and account	Blood bank	Cath. Lab	SICU	Gold ward (male)
Procurement	IVF	Interventional Cardiology	River view lounge	Gold ward (female)
Staff dining hall	NICU	Cardiac care unit	IT Dept.	Gold ward (paediatric)
Store central pharmacy	LDRP	SICU	Platinum ward	Gold plus ward
MRD	Mother and	OT	Dialysis	Platinum

	child care			ward
Biomedical engineering	Labour room	PICU	Sapire ward	Emerald ward
HR& Admin	Ruby and gold ward	Day care	Diamond ward	Pathology laboratory
Housekeeping and Laundry		Procedure room	Transplant suit	
CSSD		HDU		

ATRIUM
May I help you machine
Ganesh temple
Axis bank
Cafeteria
Book store
Fashion Fanatics
Small coffee Shop

Figure 5 departments and location

Facilities at ABMH:


तब्बल १० तासांच्या शस्त्रक्रियेनंतर चिमुकल्याने घेतला मोकळा श्वास

बिर्ला रुग्णालयात अवघड शस्त्रक्रिया यशस्वी

चिंचवड : दहा वर्षांच्या मुलाच्या नाकात झालेल्या गाठीमुळे त्याला श्वास घेणेही कठीण झाले होते. अनेक रुग्णालयांत हेलपाटे मारूनही त्यावर कोठेच उपचार होईनात, अशा परिस्थितीत त्याला येरगावमधील आदित्य बिर्ला रुग्णालयात उपचारासाठी दाखल करण्यात आले. डॉक्टर रवींद्र सरदेसाई, डॉ. शोनम सुळे, डॉ. राकेश रंजन, डॉ. संभाजी पवळ, डॉ. प्रिया मानकरे, डॉ. पी. एस. गर्जा आदी या वेळी उपस्थित होते.

गोविंदला रुग्णालयात भरती केल्यापासून रुग्णालयाने एक रुपयाही घेतला नाही. शस्त्रक्रियेआधी

Figure 6 facilities

- Consulting rooms-60 and procedure room-30
- ICU beds-60
- Day care beds-14
- 24-hour emergency room and pharmacy service
- Transplant unit
- Hemodialysis service
- Cardiac Cath room
- Specially designed mother and child wing
- Minimal invasive surgery & endoscopy suite
- Neuro and cardiac and pulmonary labs
- Pathology, radiology and lab service
- Physiotherapy and rehabilitation Centre
- Wellness assessment Centre
- Equipped cardiac and non-cardiac ambulance services
- IVF
- Eye diagnostic & laser services
- Fluoroscopy, 64 slice CT scan and 1.5 tesla MRI
- Centre for telemedicine and tele radiology service
- A spacious 18000 sq ft. atrium
- 
- **Figure 7 facilities at ABMH**

SUPER SPECIALITIES:

Figure 8: super specialities

- Accident & Emergency
- Anaesthesiology
- Blood Bank
- Cardiology / CVT Surgery
- Dental
- Dermatology
- Dietetics
- EMS & Academics
- Endocrinology
- ENT
- Fertility Centre
- Gastroenterology
- Internal Medicine
- Intensive Care Services
- Interventional Neurology
- Interventional Radiology
- Maxillofacial Surgery
- Minimal Invasive Surgery
- Nephrology
- Neurosciences & Surgery
- Obstetrics & Gynaecology
- Oncology & Surgery
- Ophthalmology
- Orthopaedics
- Paediatrics / Neonatology & Surgery

- Pain Management
- Pathology
- Plastic & Cosmetic Surgery
- Physiotherapy
- Pulmonary Sciences
- Radiology & Imaging
- Rheumatology and Immunology
- Sexual Medicine
- Urology

Figure 9: super specialities

Supportive department:

- Dietetics
- Rehabilitation –occupational, physiotherapy and speech and language therapy
- Diagnostic services

Figure 10: supportive departments

Non-clinical administrative services:

- Ambulance services
- Biomedical engineering
- Blood bank
- CSSD
- F & B

- General administration
- House keeping
- Biomedical waste management
- HRM
- IT
- Mortuary
- Pharmacy
- Security
- Social service
- Purchase & stores, material management
- Finance
- Patient services
- Medical record department

Figure 11: non-clinical services

INTRODUCTION TO OUTPATIENT DEPARTMENT

Figure 12: OPD

OUTPATIENT DEPARTMENT:

Outpatient department is "A part of the hospital with allotted facilities and medical and other staff in sufficient numbers, with regularly scheduled hours, to provide care to patients who are not registered as in patients".

A well-managed OPD services ensures not only a good relation, but also enhances the patient flow to the hospital. It also results in cost reduction and helps the hospital to become more economical.

Patient coming to OPD are –

1. General Outpatients.	***2. Emergency Outpatients***	***3. Referred Outpatients***
➢ Appointment Patients. ➢ Walk-in Patients	Patient come with severe illness/injury needs emergency treatment.	Patient referred by other doctor/Hospital for specific diagnostic or treatment procedures or opinion to be done as outpatient

The importance of OPD lies in the following:

- An OPD is the patient`s first point of contact with the hospital and the entry point in to the health care delivery system.
- It is an inseparable link in the hierarchical chain of health care facilities.
- It contributes to reduction in morbidity and mortality.
- It is a stepping stone for health promotion and disease prevention.
- It helps reduce the number of admission to in patient wards, thus, conserving scarce beds.
- It acts as a filter for inpatient admission ensuring that only those patients are admitted who are the most likely to benefit from such care.
- It is the "shop window" of the hospital.

‘*Guidelines for effective planning and management of outpatient services:*

Outpatient department of a hospital has functional and administrative links with the hospital of which it is a part. It may also be linked with health centers, satellite clinics and dispensaries dependent on it. Expected demand will have to be determined based on the hospital`s catchment area and the population to be served. As a matter of fact, preventive and curative care should be provided.

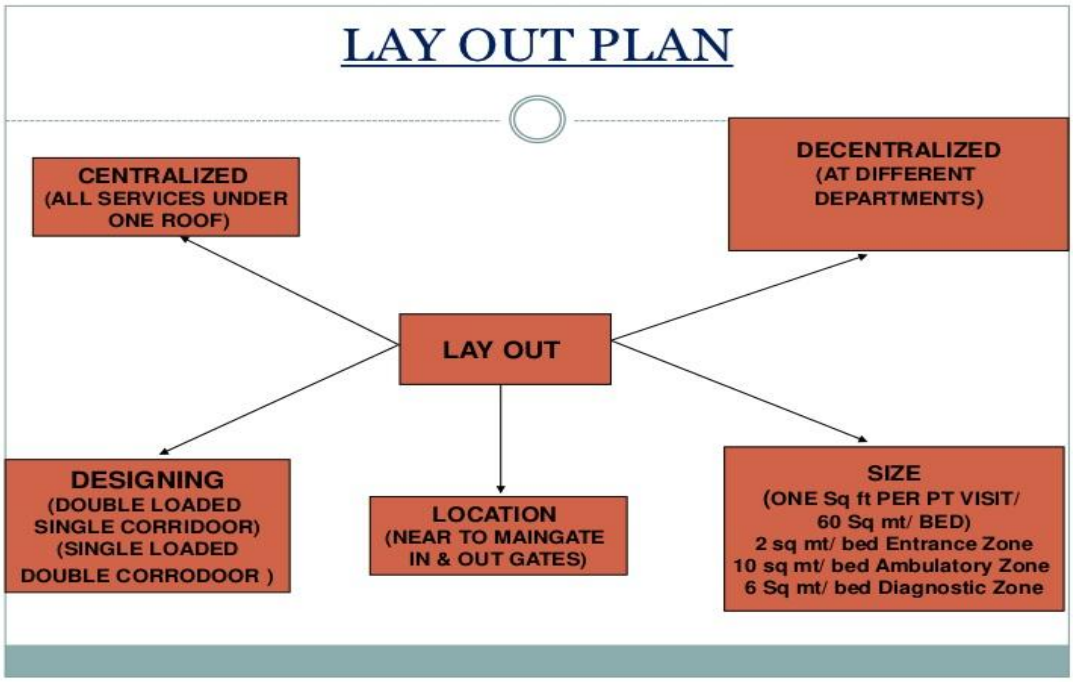


Figure13: OPD layout

Location of OPD:

The outpatient department should be conveniently located close to vital adjunct services such as registration and medical records, admitting, emergency and social service. It should also be easily accessible to the laboratories, radiology and pharmacy and physical therapy departments since outpatients use practically all of the diagnostic and therapeutic departments during every visit. Attention should be paid to circulation, which should result in the smooth flow of the various traffic lines traversing the department. The outpatient department should be on the ground level preferably with a separate entrance and adequate parking facilities. It should be so designed as to handle wheelchairs and stretchers.

OPD Design: Special attention should be given to the design following areas of the department.

- Wheelchairs and stretchers, away from the stream of traffic but conveniently accessible.
- Lobby and lounge to provide seating for the largest foreseeable number of persons who will occupy it at one time.
- Elevators easily accessible to the lobby are especially important for cardiac and obstetric patients who require immediate care.
- Doctor`s offices, rooms should be numbered.
- In large hospitals if the laboratory is located at a distance or on another floor, it is recommended that a laboratory substation be located in the outpatient clinic area.
- Directional signs freely used throughout the department.
- Outpatient billing and cahier`s booth conveniently accessible to the main flow of lobby traffic.

Waiting space:

There should be a main entrance hall where people first arrive and get registered. On entering an outpatient department, the patient should find himself in the entrance hall faced by the reception and enquiry counter. Waiting space should be well equipped with furniture, benches, chairs, depending upon the economic position of the hospital and there should be some reading material, newspaper, magazines. There should be wheelchair for physically disabled patients. A/c, fans, cooler should be present. There should be bathroom, wash basin, telephone facilities, drinking water, dust bins.

Layout of OPD at ABMH

Figure 14: paediatric, oncology

Figure 15: orthopaedic

Figure 16: neurology, general surgery, gastroenterology

ENT, Nephrology, Urology:

Figure 17: cardiology, pulmonology

Figure 18: atrium

(includes centrally Ganesh temple, wellness 'Centre, casualty, radiology dept. MAT I HELP YOU MACHINE, BLOOD BANK, ATM, Coin box for call, canteen, cafeteria, books stall, Xerox Centre, proactive technical orthopedics, sufficient waiting area with sitting arrangements.)

Staffing:

The staffing of the outpatient department depends upon the size of the hospital and upon the specialties it is offering. The medical staff working in a hospital should be same in both the inpatient and outpatient departments. The nursing staff has to be headed by senior sister in charge who will exercise supervision over the work of nurses and paramedical workers employed in OPD.

Figure 19: staffing

Registration counter:

The registration counter and outpatient medical record room should be conveniently located at one end of the main waiting hall.

All patients have to register at the outpatient registration counter. Each new patient is given a registration number in the form of a ticket, and an outpatient card is made for him/her which is sent to the physician to whose clinic the is directed. On subsequent visits, when the patient presents his ticket at registration counter, his folder is taken out from the record room and sent to the appropriate physician. The folder is deposited back in the medical record room by the clinic staff at the end of the day and is restored to their appropriate place by the medical records clerk. Considerable time can be wasted sorting unfiled papers and chasing missing reports. There should be a clear distinction between the work of medical records department and the clinic staff.

Consulting and examination rooms:

In busy outpatient clinics, combined examination rooms permit all activities associated with patient examination. It eliminates the use of dressing cubicles, with minimization of

movement around the clinic. A series of intercommunicating consulting cum examination rooms offers an efficient as well as economical arrangement. Each doctor uses two or more such rooms according to the nature of the work, his speed of operation and number of assistants with him. While the patient is dressing, the doctor can write his notes, and then move on to adjoining room to deal with the next patient who would be ready on examination table.

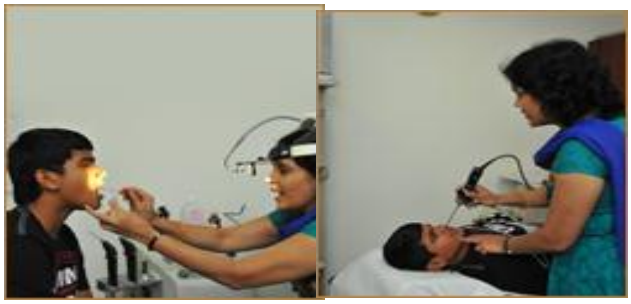
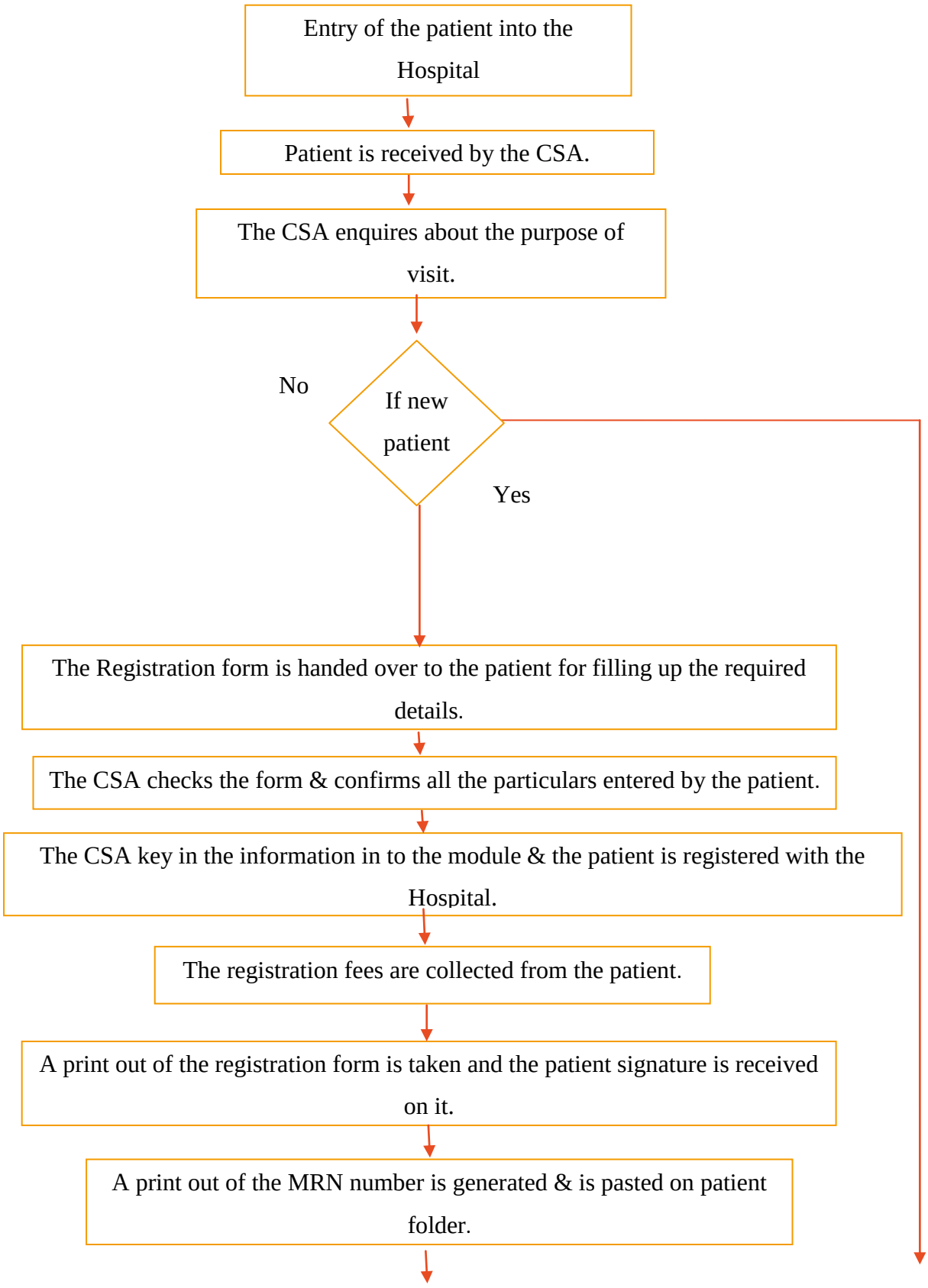


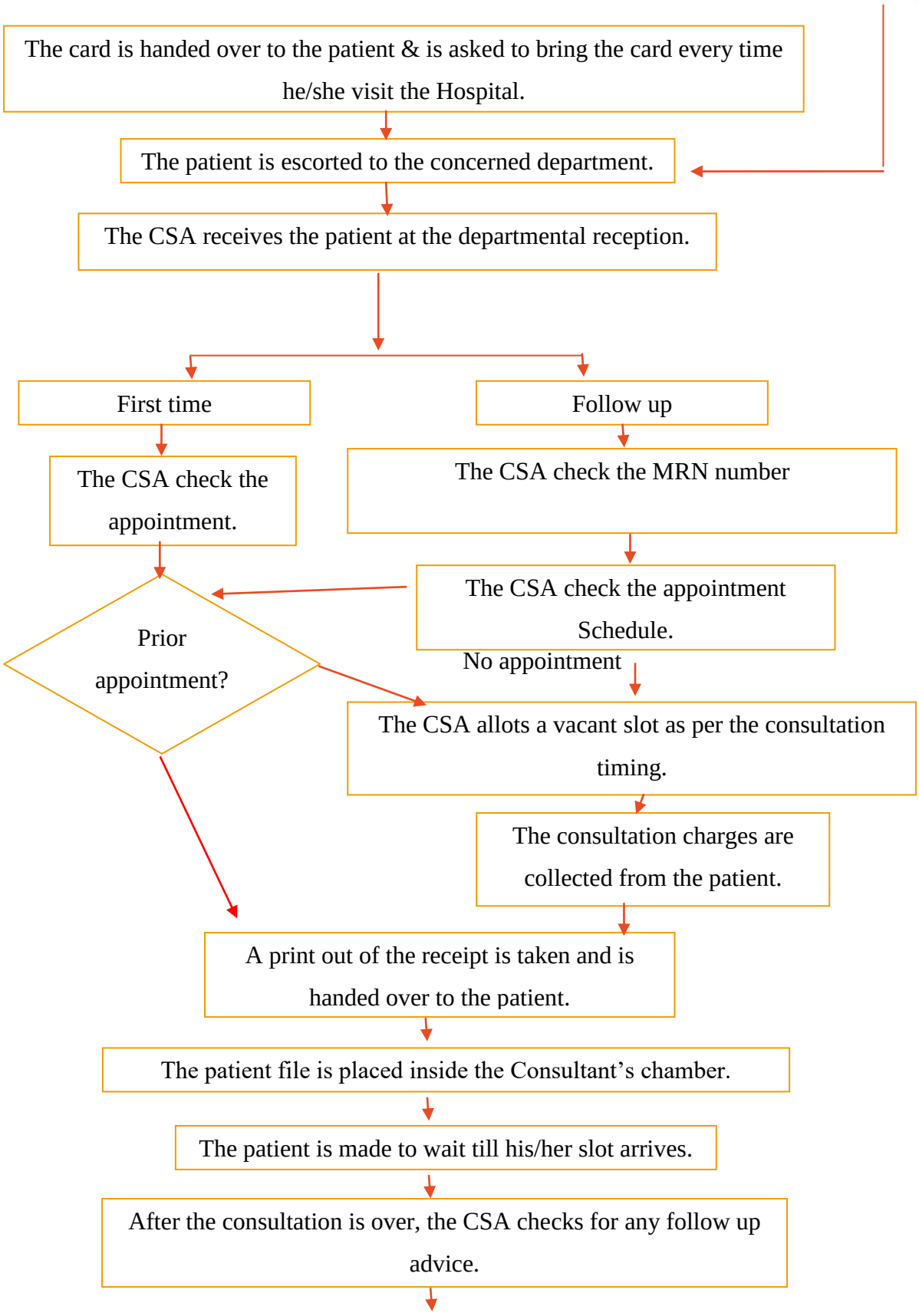
Figure 20: consulting and examination room

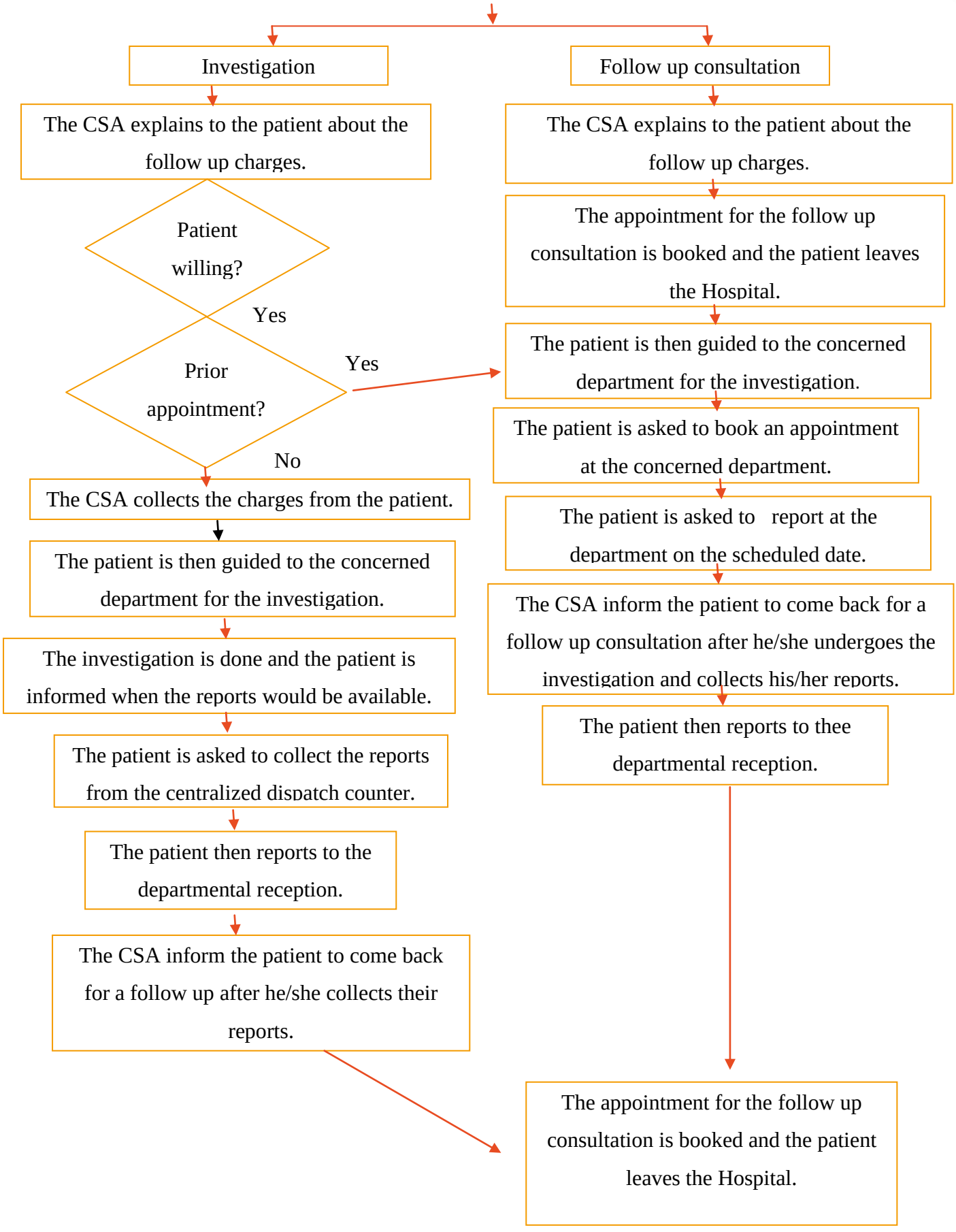
Days and Hours of operations at ABMH:

1	Reception and Registration	24hrs.
2	OPD Reception	8am to 8pm.
3	Admission	24 hrs.

PROCESS FLOW CHART OF OPD:




The card is handed over to the patient & is asked to bring the card every time he/she visit the Hospital.
The patient is escorted to the concerned department.
The CSA receives the patient at the departmental reception.
First time
Follow up
The CSA check the appointment.
The CSA check the MRN number
The CSA check the appointment Schedule.
Prior appointment?
No appointment
The CSA allots a vacant slot as per the consultation timing.
The consultation charges are collected from the patient.
A print out of the receipt is taken and is handed over to the patient.
The patient file is placed inside the Consultant's chamber.
The patient is made to wait till his/her slot arrives.
After the consultation is over, the CSA checks for any follow up advice.


Investigation
Follow up consultation
The CSA explains to the patient about the follow up charges.
The CSA explains to the patient about the follow up charges.
Patient willing?
Yes
Prior appointment?
Yes
No
The appointment for the follow up consultation is booked and the patient leaves the Hospital.
The patient is then guided to the concerned department for the investigation.
The patient is asked to book an appointment at the concerned department.
The patient is asked to report at the department on the scheduled date.
The CSA inform the patient to come back for a follow up consultation after he/she undergoes the investigation and collects his/her reports.
The patient then reports to thee departmental reception.
The CSA collects the charges from the patient.
The patient is then guided to the concerned department for the investigation.
The investigation is done and the patient is informed when the reports would be available.
The patient is asked to collect the reports from the centralized dispatch counter.
The patient then reports to the departmental reception.
The CSA inform the patient to come back for a follow up after he/she collects their reports.
The appointment for the follow up consultation is booked and the patient leaves the Hospital.

Number of consultant chamber: 53 in number

number of procedure rooms: 15 in number

refraction room: one on the first floor

number of front desk: 22 front desk with one help desk

appointment system: appointment taken by patients through telephone and registration through site.

manpower: 46 in number

duty roaster:

- M1 7 am to 3:30 pm
- M2 8 am to 4:30 pm
- M3 9 am to 5:30 pm
- M4 10:30 am to 7 pm
- M5 8 am to 8 pm

tariff: it depends on consultant specialty and experience. Usually ranges from 300 to 900 rupees

OPD record keeping: there is a carbon copy attach to the prescription letter which is separated after the consultation and through housekeeping, it is send to MRD department where the carbon copy is scanned and updated in the computer.

retrieval and follow up of records: there is a unique code which is given to the every patient. when the patient comes for follow up this MRN unique number code fed in the computer to retrieve the records of the patients.

average number of OPD per day: average number of patients including new and follow up patients comes on daily basis are approximately ranges from 300 to 500.

Example of few Equipments at the OPD:

scissor	Sprit	Stethoscope	Doctors tape	Xylocaine jelly	swabs
Foreceps	Beta dine	Weighing machine	xylocaine	micropore	surgipad
Suture	Sphygnomanometer	Thrombophob ointment	Neosporin powder	Face mask	Gauge piece
Sterile bandages	Ganzi roll	Dressing set	Sterile gloves	Stapler remover	Sterile G culture bottle

quality indicators:

registration time: 7 minutes

OPD waiting area time: 25 minutes

MIS: there is a centralized software MAGNUM which is connecting every department of the hospital and for easy retrieval of the records of the patients.

EPBAX: patient appointment system which opens 24 hours a day located at the basement.

MOU signed: Aditya Birla hospital signed MOU with various corporate e.g. TCS, INFOSYS, WIPRO and also referred patients from ECHS, dhanvantari etc.

health check up rooms: these are 8 in numbers located approximate to every OPD departments.

PROCESS FLOW IN RADIOLOGY:

- patients come either from OPD or the general walk in patients.
- price of all the tests are explained to the patients.
- registration form is filled by the new patients which later updated into the computer.
- hospital patient is identified by the MRN number.
- cash is taken from the patient and handing them the cash bill.
- patient is asked to wait for their turn.
- registered patient is called by the technician/nurse and the desire test is done

DAY CARE:

	TURN AROUND TIME(minutes)	NUMBER OF PROCEDURE PER DAY	CONSCENT FORM
ENDOSCOPY	10-15	7-8	Do
DIALYSIS	30-45	40-50	Do

PATHOLOGY

- histopathology
- biochemistry
- haematology
- microbiology
- serology
- immunoessay

EQUIPMENTS:

Vacutainer tube	Band aid	Betadine
Cotton	Syringe	Flash back needle
Sprit	Tunicate	

MANPOWER WITH QUALIFICATION:

BMLT lab technicians

phlebotomist

CSA

housekeeping

PROCESS FLOW IN PATHOLOGY:

- patients come either from OPD or the general walk in patients.
- price of all the tests are explained to the patients.
- registration form is filled by the new patients which later updated into the computer.
- hospital patient is identified by the MRN number.
- cash is taken from the patient and handing them the cash bill.
- patient is asked to wait for their turn.
- registered patient is called by the technician and HIV consent is signed by them.
- patient blood is taken into the tube and barcode sticker attached to it
- now both the sample and the lab requisition form is send to the main laboratory through pneumatic machine.

sample collection room: 5 in number

STUDY ON OPD PROCESS FLOW

RESEARCH PROBLEM:

The research problem is to study the patient flow management in outpatient department.

NEED FOR STUDY:

As the patient flow increases there may be increase in bottlenecks, which gives a poor overall impression for the patient. So to avoid this, reasons for increase in waiting time is analysed to enhance patient satisfaction.

SIGNIFICANCE OF THE PROJECT:

Significance of the project is to analyse the inefficiencies and bottlenecks to improve patient care delivery.

OBJECTIVES:

To understand the problems which the outdoor patients encounter OPD is divided in two parts:

OBJECTIVES OF REGISTRATION COUNTER-

- To identify the various steps in the process flow of the registration counter during registration.
- To identify the time taken at each step and also the total registration time.
- To identify the causes of delay at the registration counter.

OBJECTIVES OF THE OPD AREA-

- To identify the various steps in the process flow during the OPD waiting area.
- To identify the time taken at each step of registration and the total time taken by in the OPD waiting area.
- To identify the causes of delay in the OPD waiting area.

METHODOLOGY:

- Observational prospective study type of study.
- Simple Random sampling technique is followed.

- Duration of study is 15 days.
- The details of patients and time of his/her entry, the time for which the patient moves through various departments till either exit of the patient is noted.
- After the data collection is done the data is analyzed for any delays in patient flow process and they are resolved.

SAMPLE DESIGN:

The total monthly new OPD is 1600-1650 between 9 am to 1 pm. A sample of 157 patients is selected which is 10% of the whole population. The sample is selected by simple random sampling technique. The sample represents the whole population.

SCOPE OF THE REPORT:

The project includes patient flow regarding only out-patient department and the patient management in various departments in out-patient departments.

SOURCES OF INFORMATION:

Secondary sources:

- Internet used as a source of theoretical information.

TOOLS AND TECHNIQUES OF ANALYSIS:

For data collection:

- Personal observation

For data analysis: Mean.

STRUCTURE OF THE STUDY: Current study includes the literature review of other studies done on patient flow management, historical aspect of the organisation in which project is done and outpatient department is selected, data is collected, analysed and inferences are given.

LITERATURE REVIEW

CASE STUDY 1:

Patient Flow in Hospitals:

Understanding and Controlling It Better

Carolharaden, PhD and Androgerresar, M.D.

Summary: Because waits, delays, and cancellations are so common in Healthcare, patients and providers assume that waiting is an inevitable, but regrettable, part of the care process or years, hospitals responded to delays by adding resources more beds and buildings or more staff as the only way to deal with an increasingly needy population. Furthermore, as long as payment for services covered the costs, more construction and more staff allowed for continued inefficiencies in the system. Today, few organizations can afford this solution. Moreover, recent work on assessing the reasons for delays suggests that adding resources is not the answer. In many cases, delays are not a resource problem they are a flow problem. The Institute for Healthcare Improvement has worked with more than 60 hospitals in the United States and the United Kingdom to evaluate what influences the smooth and timely flow of patients through hospital departments and to develop and implement methods for improving flow. Specific areas of focus include smoothing the flow of elective surgery, reducing waits for inpatient admission through emergency departments, achieving timely and efficient transfer of patients from the intensive care unit to medical/surgical units, and improving flow from the inpatient setting to long-term-care facilities.

CASE STUDY 2:

Analysis of patient flow in the emergency department and the effect of an extensive reorganisation:

Emergency Department, Hospital Clinic, Barcelona, Catalonia, Spain Correspondence to: Dr Ò Miró, Emergency Department, Hospital Clinic, Villarreal 170, 08036 Barcelona, Catalonia, Spain.

Abstract:

Objectives: To evaluate the different internal factors influencing patient flow, effectiveness, and overcrowding in the emergency department (ED), as well as the effects of ED reorganisation on these indicators.

Methods: The study compared measurements at regular intervals of three hours of patient arrivals and patient flow between two comparable periods (from 10 February to 2 March) of 1999 and 2000. In between, a structural and staff reorganisation of ED was undertaken. The main reason for each patient remaining in ED was recorded and allocated to one of four groups: (1) factors related to ED itself; (2) factors related to ED-hospital interrelation; (3) factors related to hospital itself; and (4) factors related to neither ED nor hospital. The study measured the number of patients waiting to be seen and the waiting time to be seen as effectiveness markers, as well as the percentage of time that ED was overcrowded, as judged by numerical and functional criteria.

Results: Effectiveness of ED was closely related with some ED related and hospital related factors. After the reorganisation, patients who remained in ED because of hospital related or non-ED-non-hospital related factors decreased. ED reorganisation reduced the number of patients waiting to be seen from 5.8 to 2.5 ($p<0.001$) and waiting time from 87 to 24 minutes ($p<0.001$). Before the reorganisation, 31% and 48% of the time was considered to be overcrowded in numerical and functional terms respectively. After the reorganisation, these figures were reduced to 8% and 15% respectively ($p<0.001$ for both).

Conclusions: ED effectiveness and overcrowding are not only determined by external pressure, but also by internal factors. Measurement of patient flow across ED has proved useful in detecting these factors and in being used to plan an ED reorganisation.

CASE STUDY 3:

Use of patient flow analysis to improve patient visit efficiency by decreasing wait time in a primary care-based disease management programs for anticoagulation and chronic pain: a quality improvement study

Nicholas M Potisek, Robb M Malone, Betsy Bryant Shilliday, Timothy J Ives, Paul R Chelminski, Darren A DeWalt and Michael P Pignone.

Abstract:

Background:

Patients with chronic conditions require frequent care visits. Problems can arise during several parts of the patient visit that decrease efficiency, making it difficult to effectively care for high volumes of patients. The purpose of the study is to test a method to improve patient visit efficiency.

Methods:

We used Patient Flow Analysis to identify inefficiencies in the patient visit, suggest areas for improvement, and test the effectiveness of clinic interventions.

Results:

At baseline, the mean visit time for 93 anticoagulation clinic patient visits was 84 minutes (+/- 50 minutes) and the mean visit time for 25 chronic pain clinic patient visits was 65 minutes (+/- 21 minutes). Based on these data, we identified specific areas of inefficiency and developed interventions to decrease the mean time of the patient visit. After interventions, follow-up data found the mean visit time was reduced to 59 minutes (+/-25 minutes) for the anticoagulation clinic, a time decrease of 25 minutes (t-test 39%; $p < 0.001$). Mean visit time for the chronic pain clinic was reduced to 43 minutes (+/- 14 minutes) a time decrease of 22 minutes (t-test 34 %; $p < 0.001$).

Conclusion:

Patient Flow Analysis is an effective technique to identify inefficiencies in the patient visit and efficiently collect patient flow data. Once inefficiencies are identified they can be improved through brief interventions.

CASE STUDY 4:

Work pressure and patient flow management in the emergency department: findings from an ethnographic study.

Nugus P, Holdgate A, Fry M, Forero R, McCarthy S, Braithwaite J.

Author information: Centre for Clinical Governance Research in Health, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales, Sydney, Australia.

Abstract:

Objectives:

In this hypothesis-generating study, we observe, identify, and analyses how emergency clinicians seek to manage work pressure to maximize patient flow in an environment characterized by delayed patient admissions (access block) and emergency department (ED) crowding.

Methods:

An ethnographic approach was used, which involved direct observation of on-the-ground behaviors, when and where they happened. More than 1,600 hours over a 12-month period were spent observing approximately 4,500 interactions across approximately 260 emergency physicians and nurses, emergency clinicians, and clinicians from other hospital departments. The author’s content analyzed and thematically analyzed more than 800 pages of field notes to identify indicators of and responses to pressure in the day-to-day ED work environment.

Results:

In response to the inability to control inflow, and the reactions of inpatient departments to whom patients might be transferred, emergency clinicians: reconciled urgency and acuity of conditions; negotiated and determined patients' admission-discharge status early in their trajectories; pursued predetermined but coevolving pathways in response to micro- and macro flow problems; and exercised flexibility to reduce work pressure by managing scarce time and space in the ED.

Conclusions:

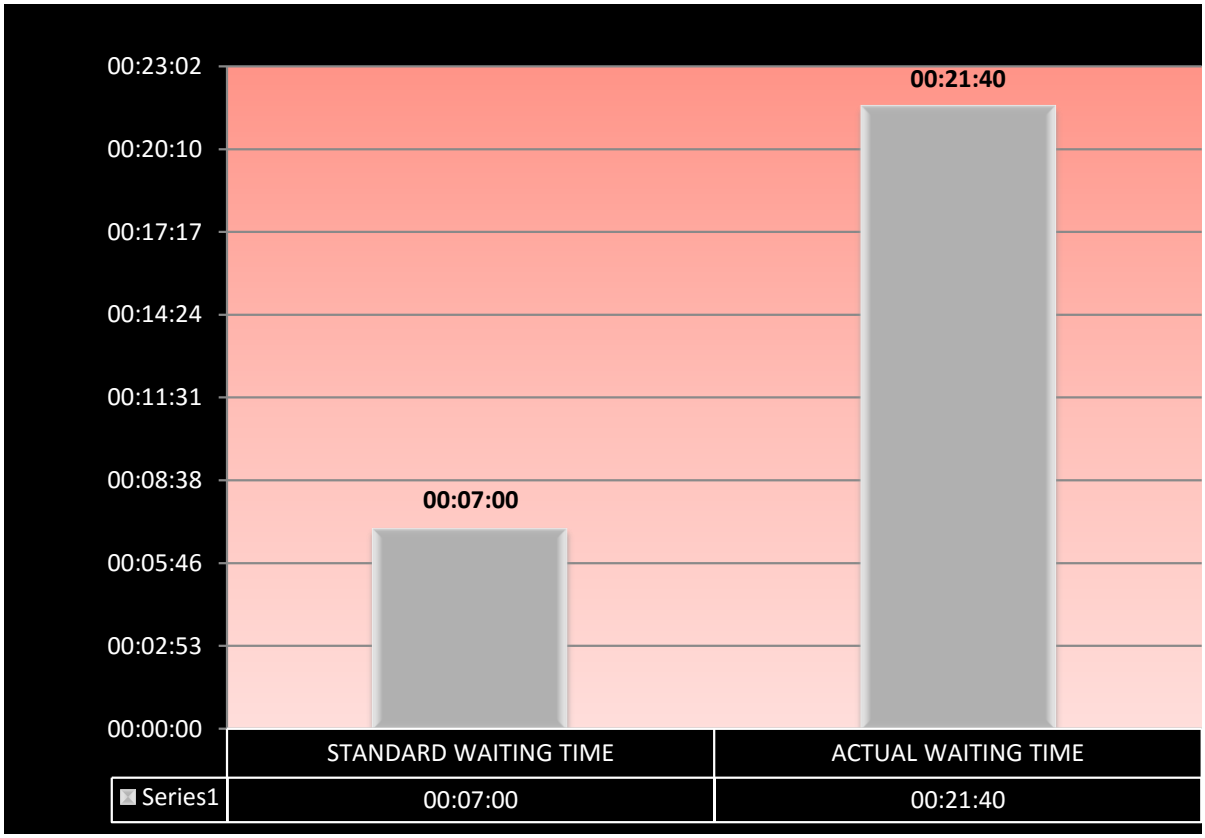
To redress the linearity of most literature on patient flow, this study adopts a systems perspective and ethnographic methods to bring to light the dynamic role that individuals play, interacting with their work contexts, to maintain patient flow. The study provides an empirical foundation, uniquely discernible through qualitative research, about aspects of ED work that previously have been the subject only of discussion or commentary articles. This study provides empirical documentation of the moment-to-moment responses of emergency clinicians to work pressure brought about by factors outside much of their control, establishing the relationship between patient flow and work pressure. We conceptualize the ED as a dynamic system, combining socioprofessional influences to reduce and control work pressure in the ED. Interventions in education, practice, policy, and organizational performance evaluations will be supported by this systematic documentation of the complexity of emergency clinical work. Future research involves testing the five findings using systems dynamic modelling techniques.

DATA ANALYSIS AND INTERPRETATION

A sample of 157 patients is selected for data collection.

Sample represents the whole population.

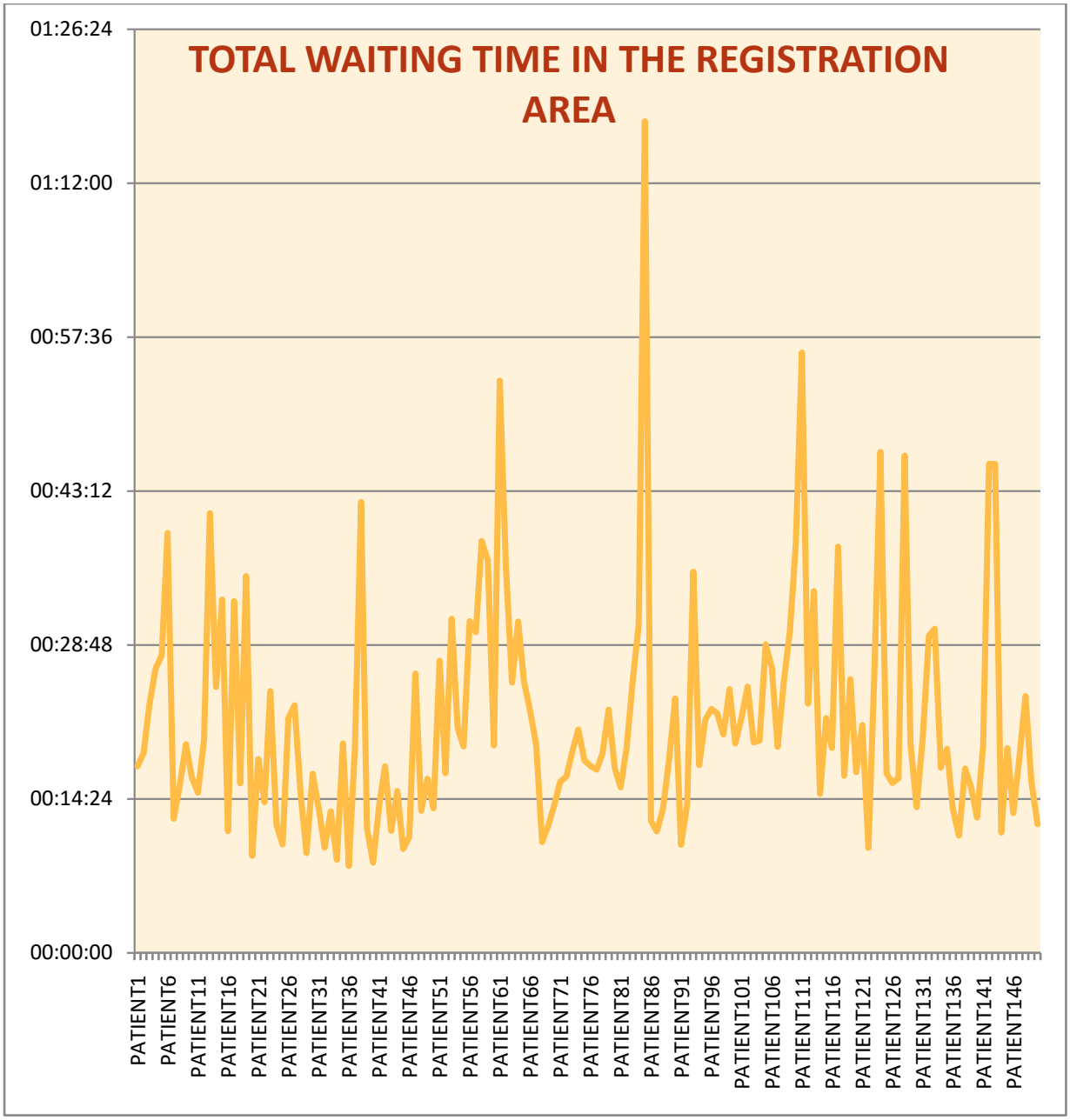
The OP registration waiting time is represented graphically:



Graph showing comparison between standard waiting time and actual waiting time(chart1.1)

INFERENCE:

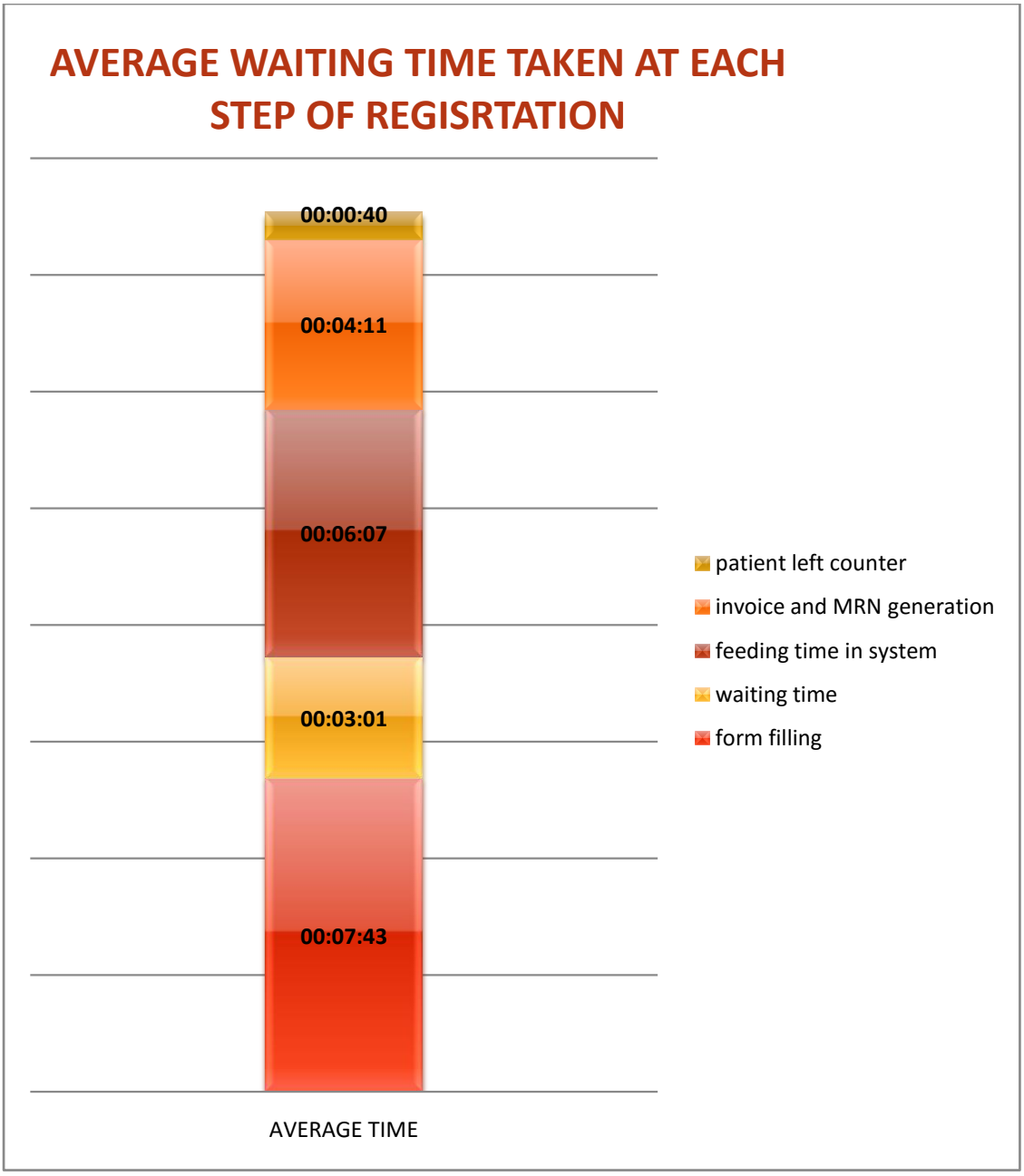
The average waiting time of the registration counter comes out to be 21.40 minutes as compared to the standard waiting time which is 7 minutes



GRAPH SHOWING TOTAL WAITING TIME IN THE REGISTRATION AREA(CHART1.2)

INFERENCE:

The minimum waiting time is around 9 minutes and maximum waiting time is more than one hour.

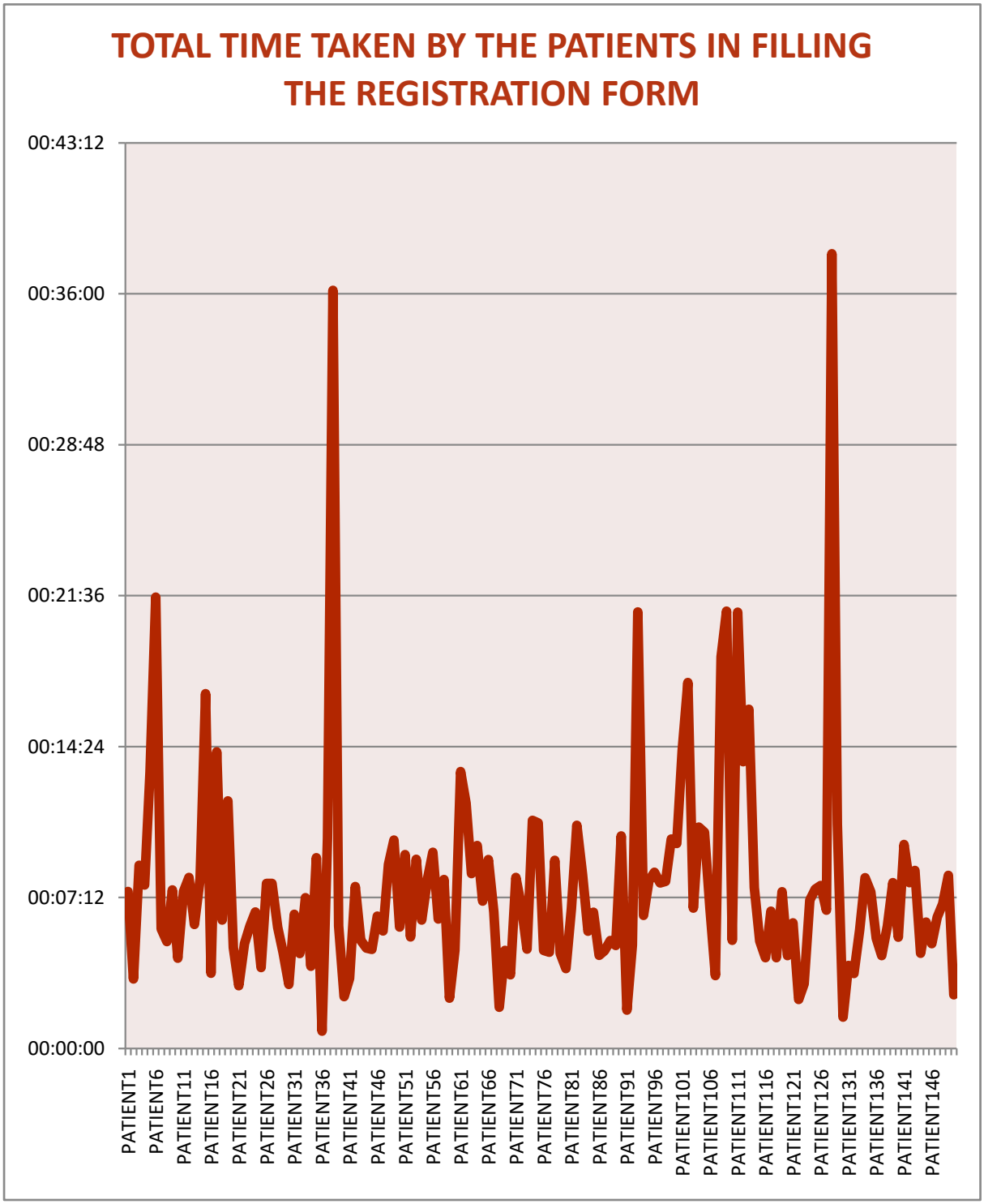


Graph showing average waiting time at each step in the registration process (chart 1.3)

INFERENCE:

The average waiting time is more for form filling, updating registration form in the computer and invoice and MRN generation.

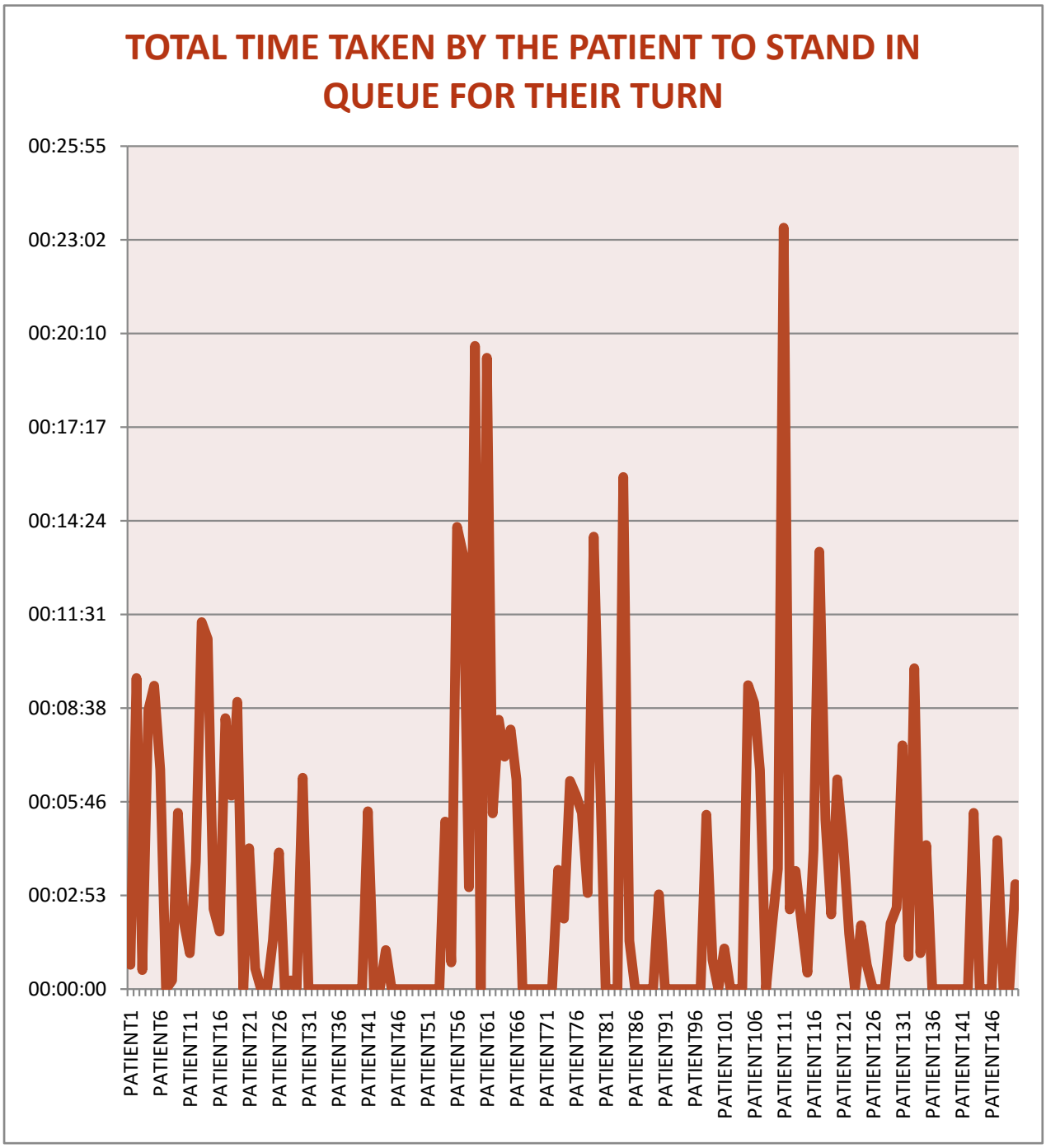
Waiting time of 3.01 minutes is there after filling the registration form by the patient.



Graph showing time taken in filling the form by the patients(chart1.4)

INFERENCE:

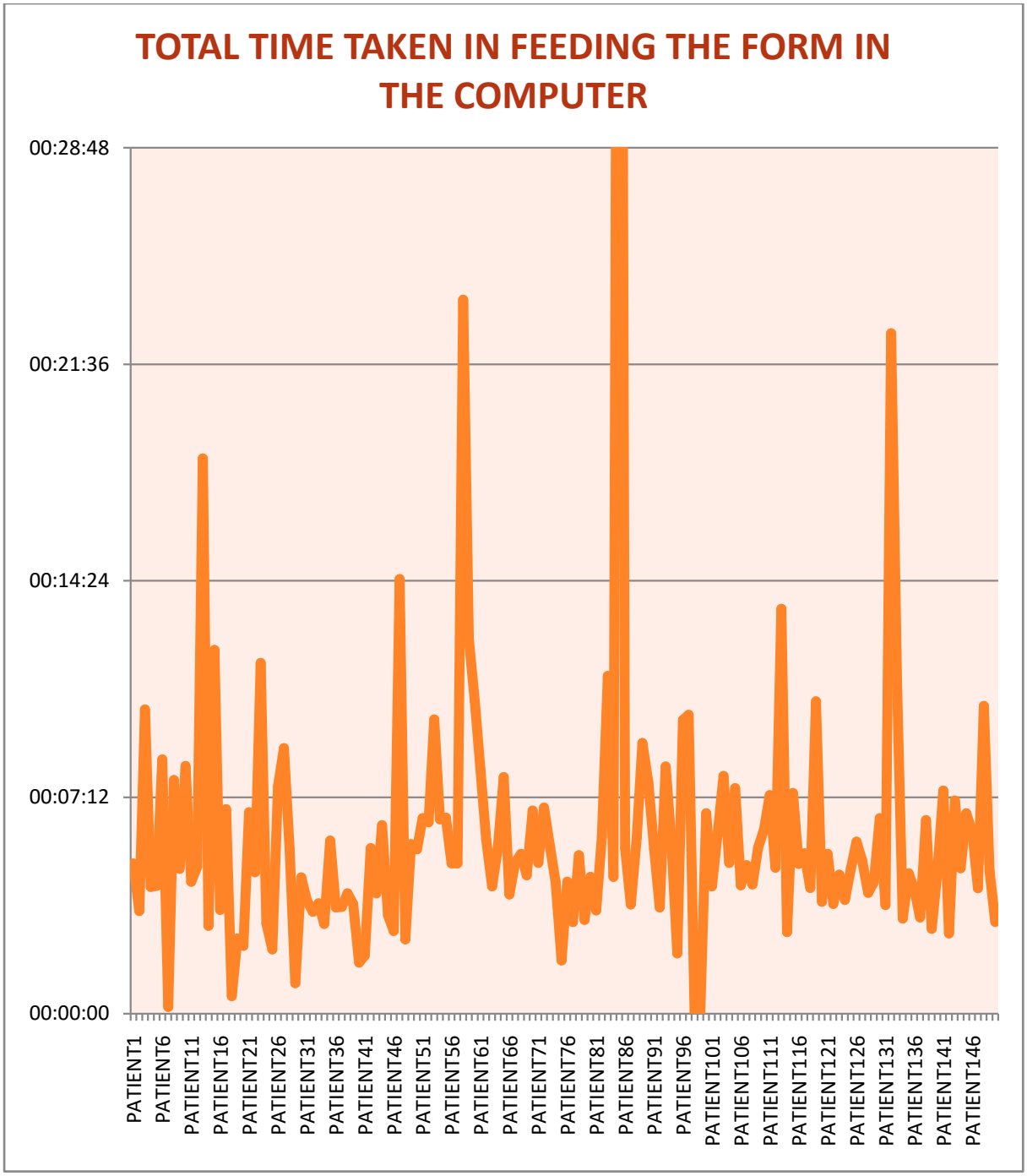
The time taken in filling the registration form ranges from 2 minutes to approximately 40 minutes



Graph showing the time taken in waiting in queue (chart 1.5)

INFERENCE:

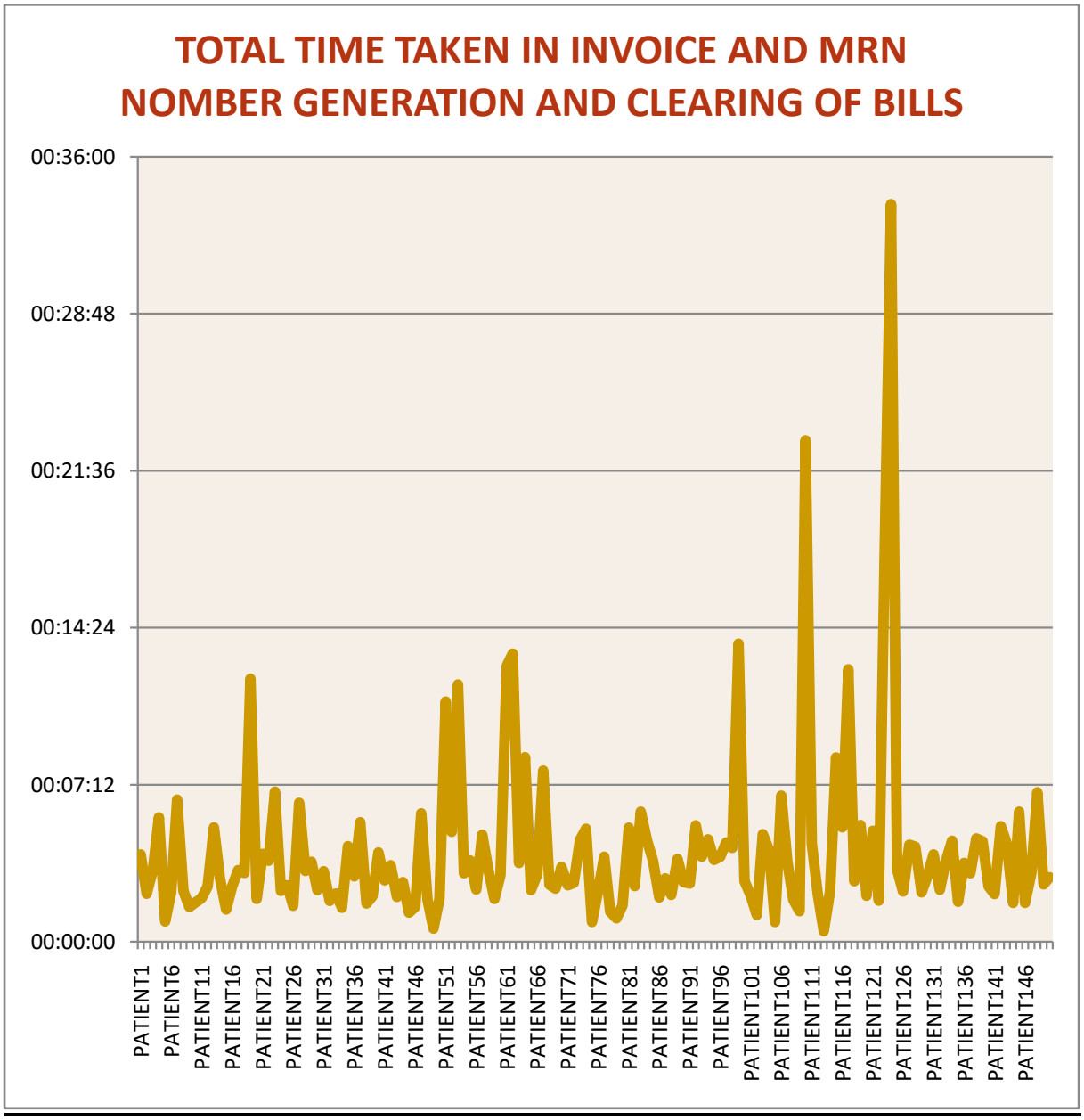
the waiting time after filling the form by the patient ranges from 0 to approximately 24 minutes.



Graph showing time taken in feeding the form in the computer by the receptionist (chart 1.6)

INFERENCE:

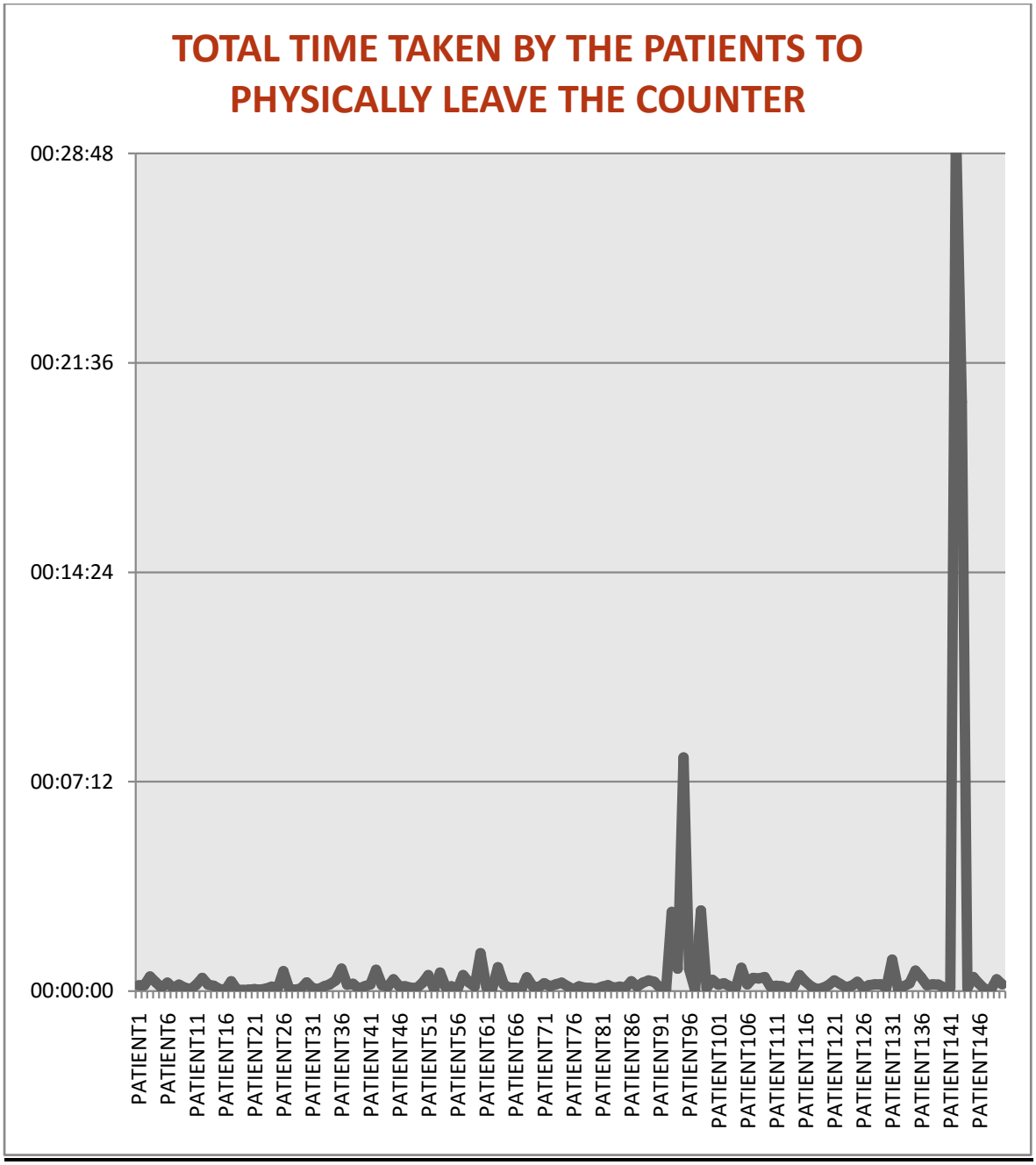
Total time taken in updating registration form in computer is from 2 minutes to 10 minutes



Graph showing the time taken in invoice and MRN number generation and clearing of OPD billing (chart 1.7)

INFERENCE:

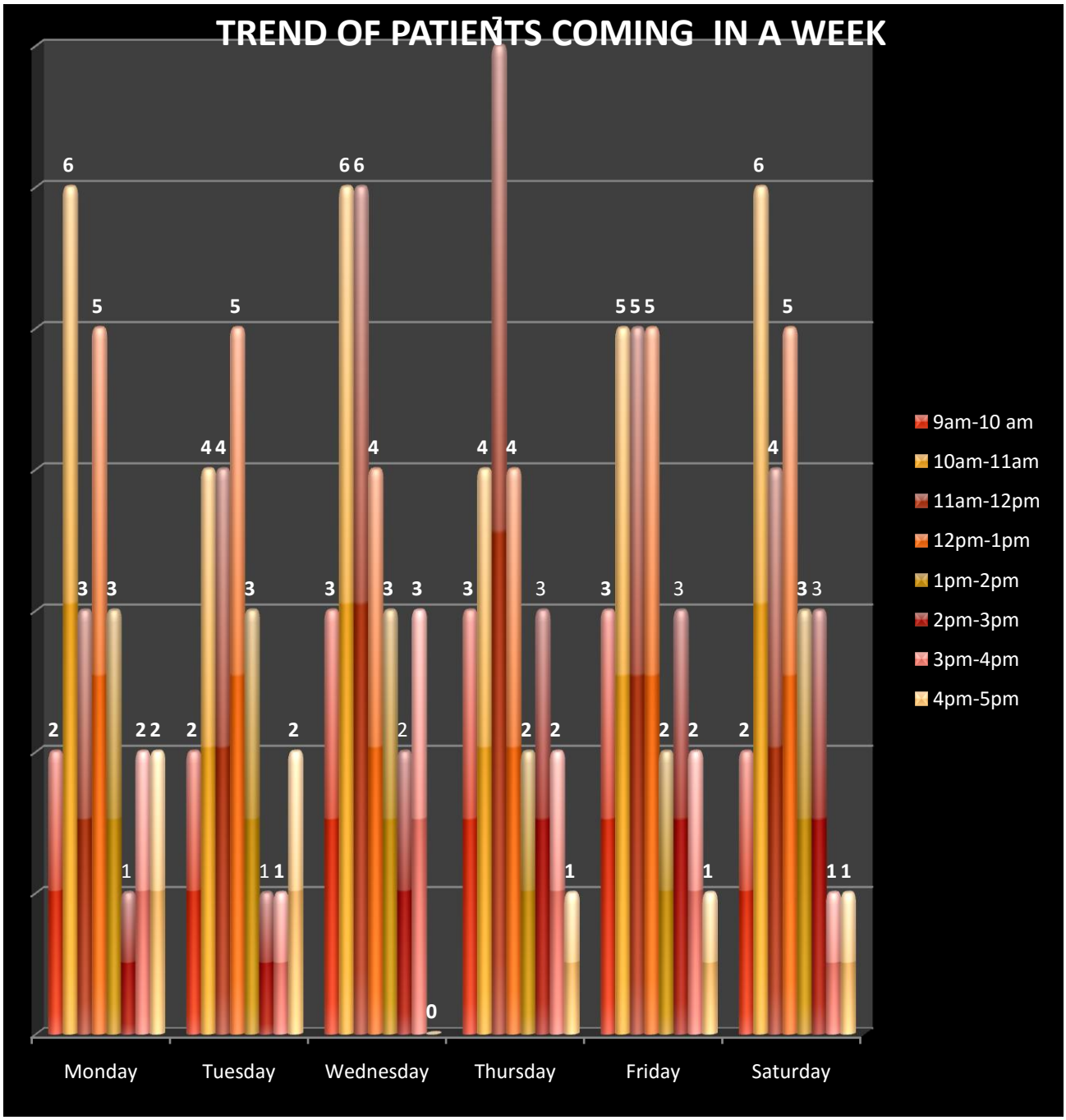
Time taken in MRN and invoice generation ranges from approximately from 2 minutes to 34 minutes.



Graph showing the time taken by the patient to physically leave the counter (chart 1.8)

INFERENCE:

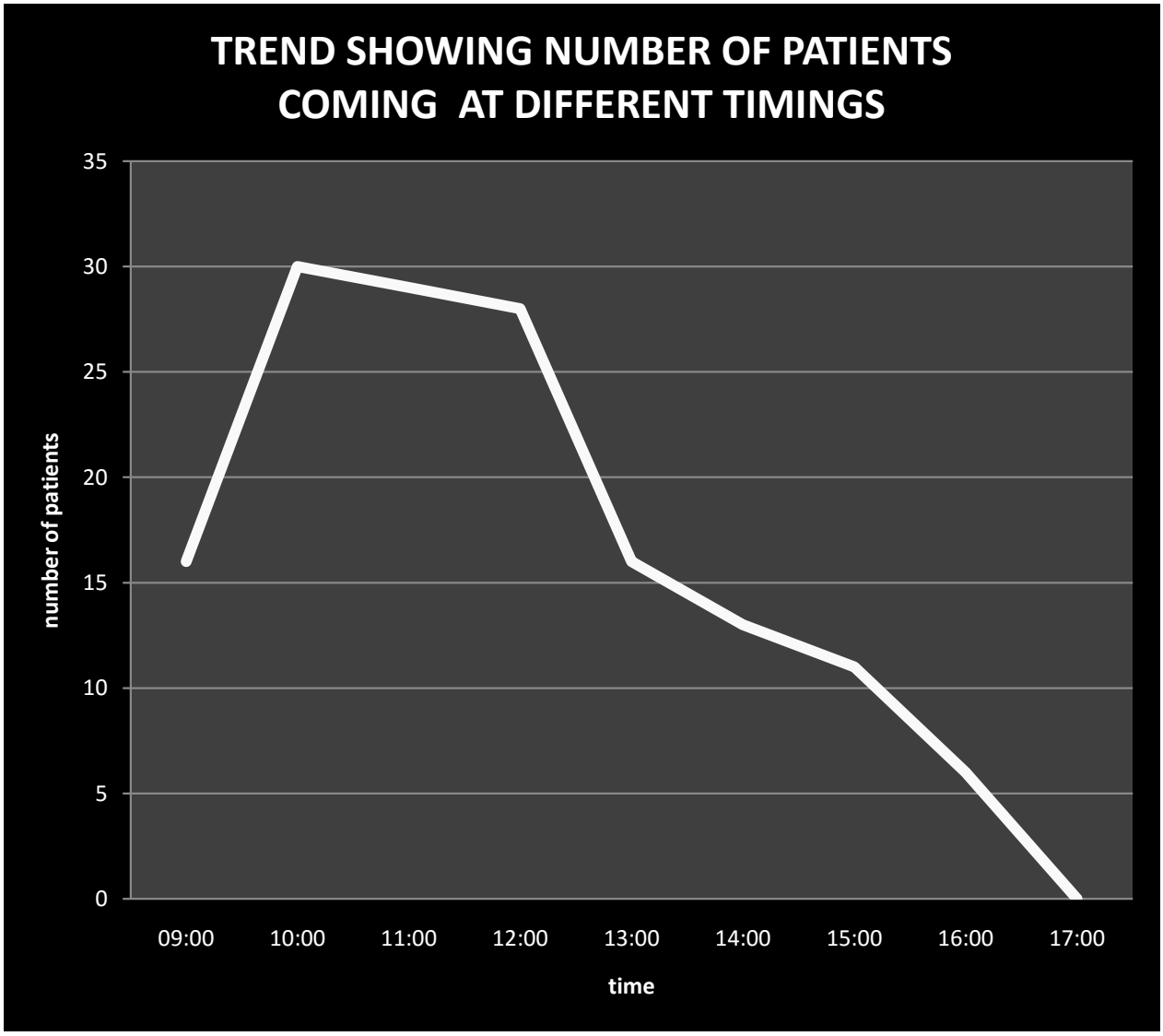
Time taken by the patients to leave the counter is approximately 0 to 28 minutes



Graph showing the trend of patients coming in the OPD as per sample (chart 1.9)

INFERENCE:

Maximum number of patients comes between 10 to 1 pm and more patients comes on Monday, Thursday and Saturday.

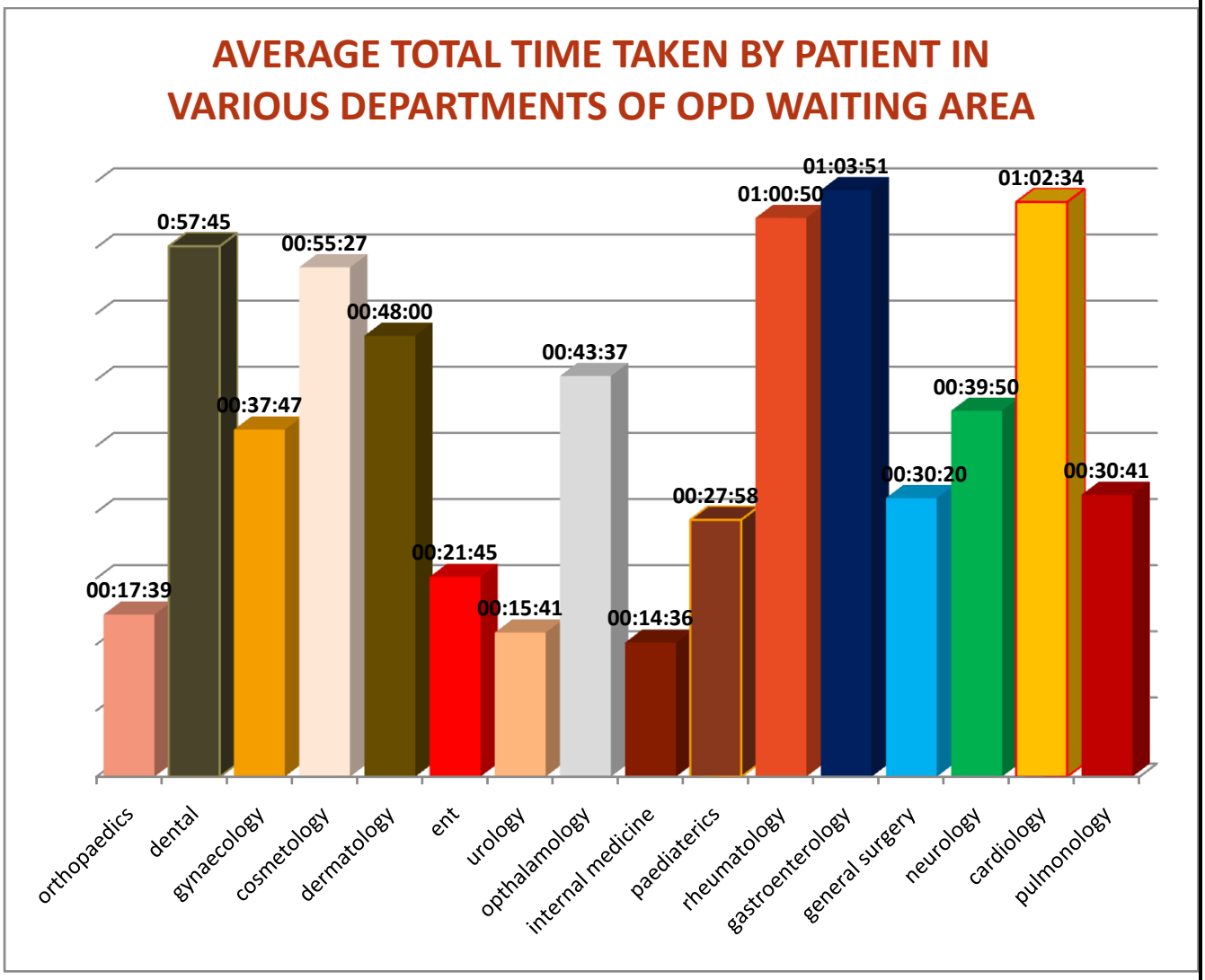


Graph showing the trend of the patients coming to OPD at different timings (chart 2.0)

INFERENCE:

Maximum number of patients comes between 10 to 1 pm

The OP waiting area waiting time is represented graphically:



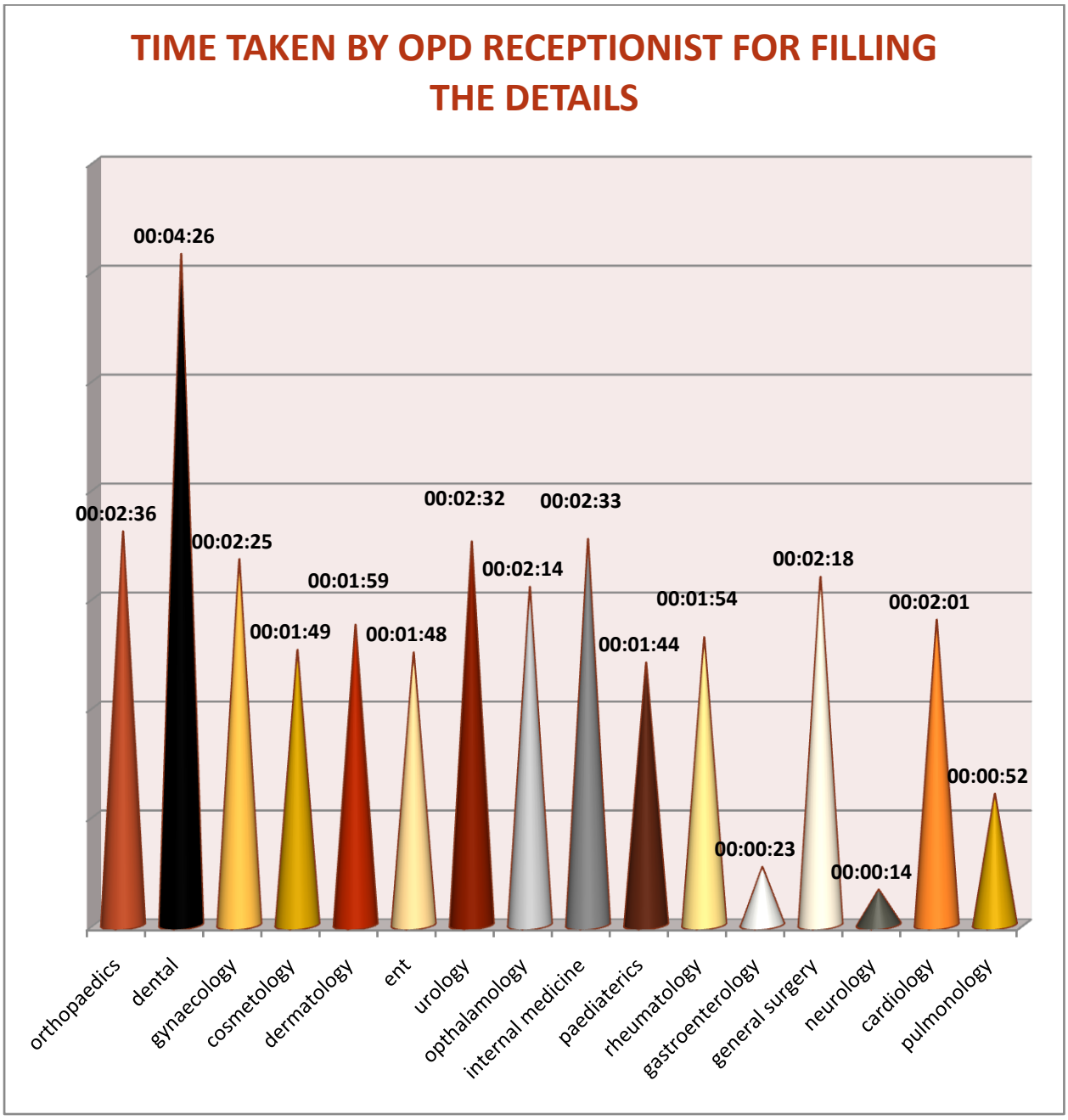
Graph showing the total time taken by the patient in OPD waiting area(chart2.1)

INFERENCE:

Waiting time is more in the hospital waiting area in cardiology, gastroenterology and rheumatology.

Waiting time is slightly more in dental, cosmetology and dermatology department.

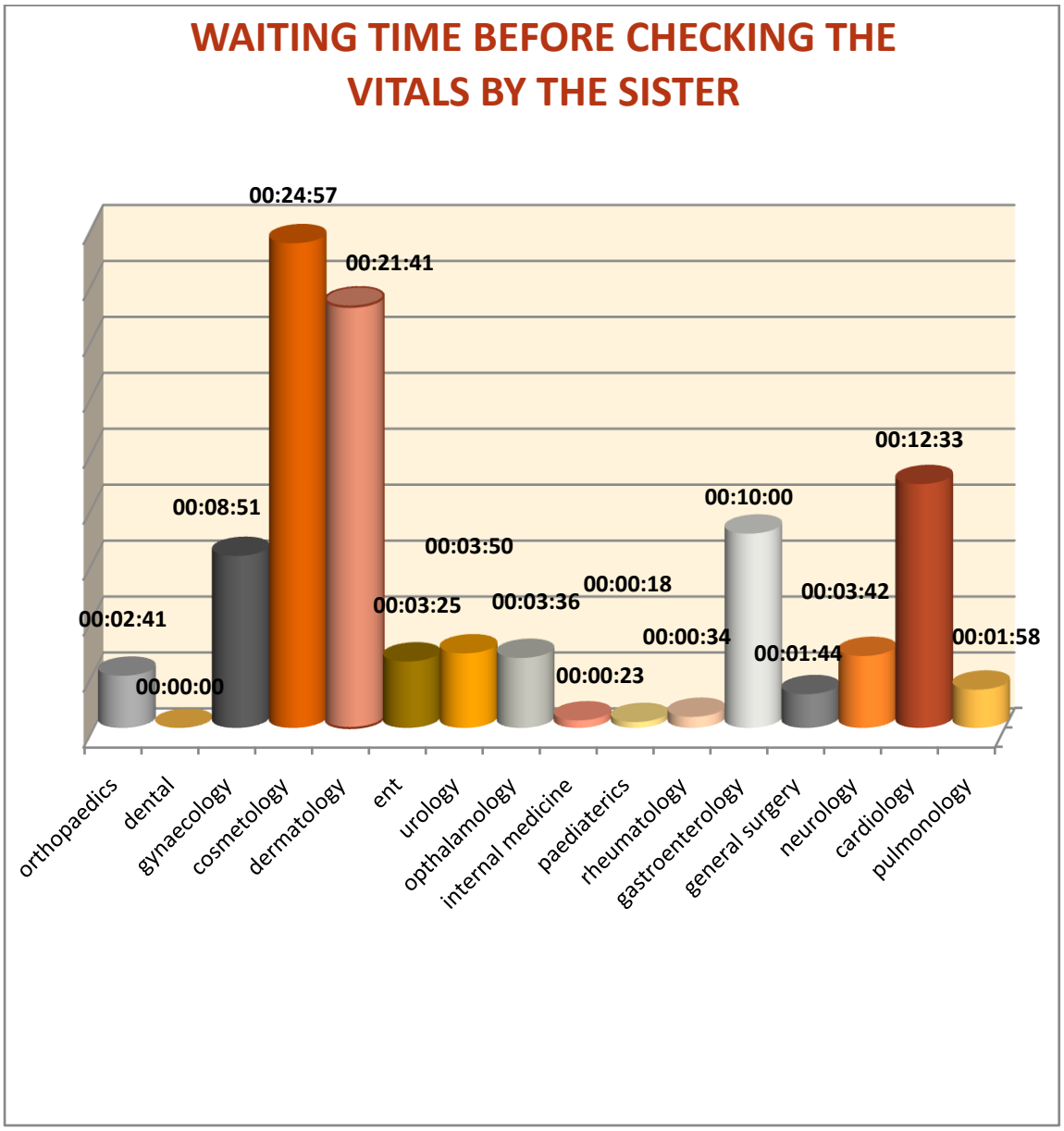
Waiting time in other departments are maintaining their standards or slightly above them.



Graph showing the total time taken by OPD registration counter for feeding the form in the computer (chart 2.2)

INFERENCE:

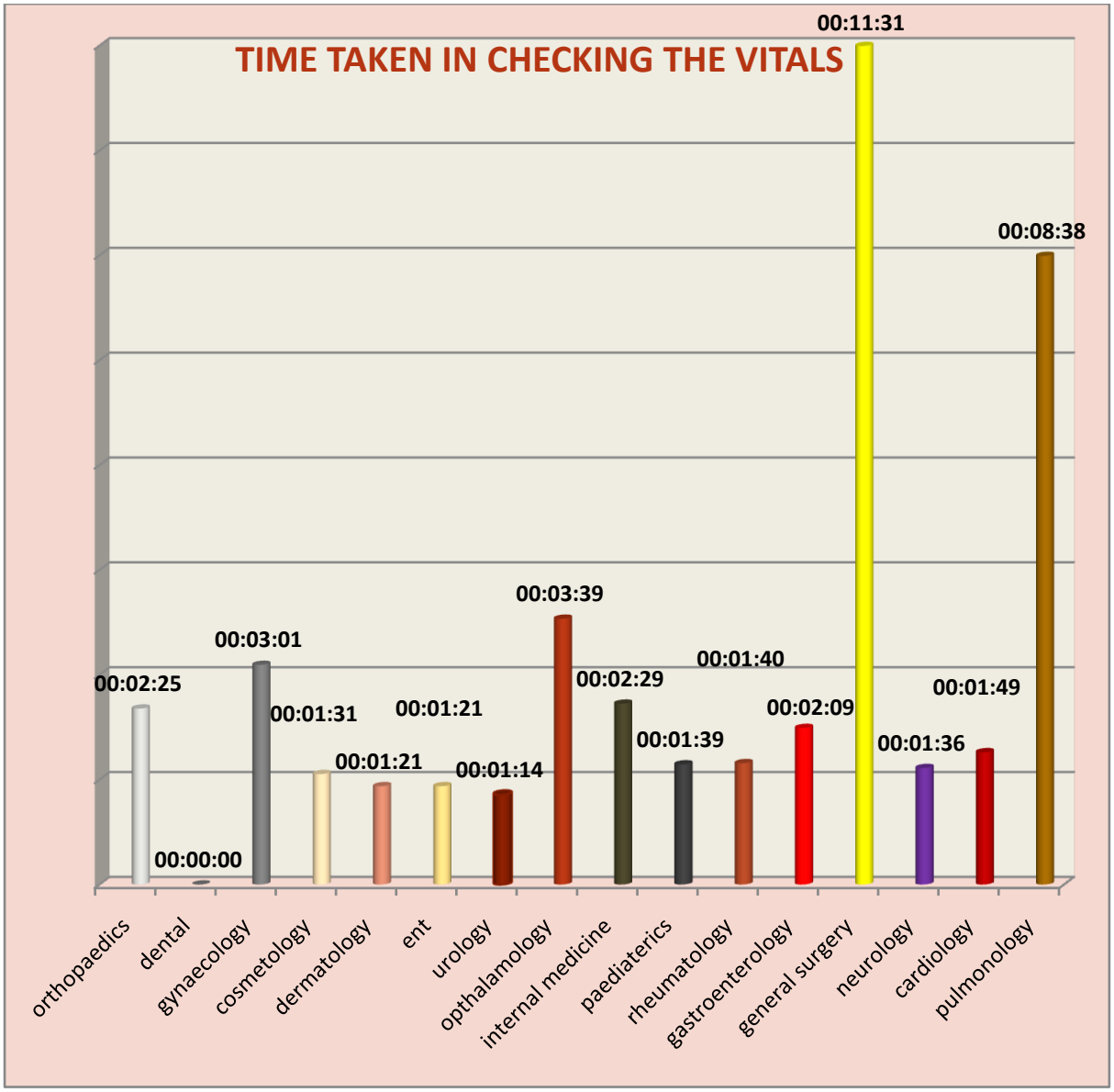
Average time in filling the form by the reception is approximately 2 minutes.



Graph showing the time taken in waiting for checking the vitals by the sister (chart 2.3)

INFERENCE:

Waiting time for vitals check-up is more in gynaecology, cosmetology, dermatology, gastroenterology and cardiology.

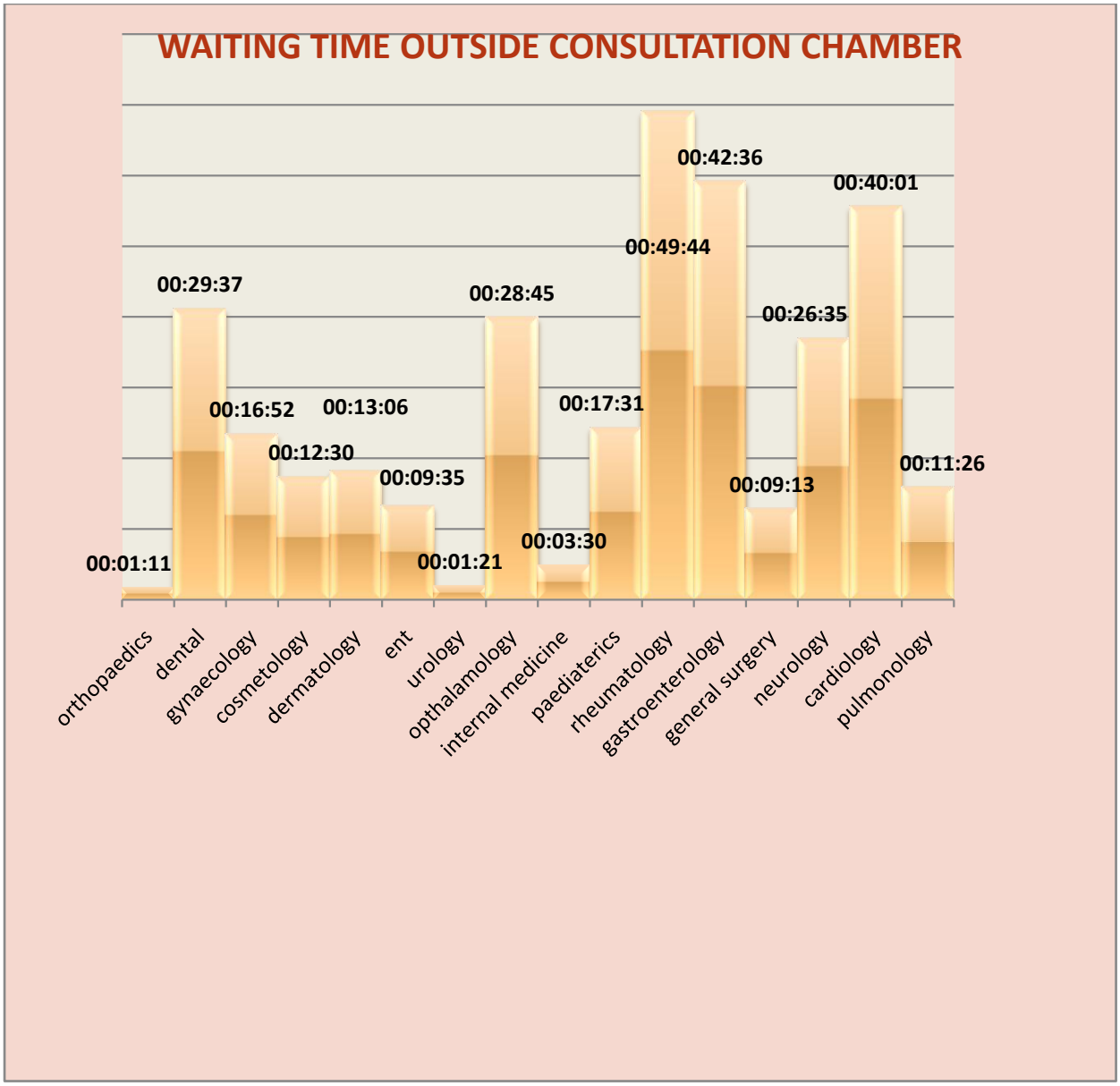


Graph showing the time taken by different departments sisters in checking the vitals (chart 2.4)

INFERENCES

Time taken in checking the vitals by the sister is approximately 3 to 5 minutes.

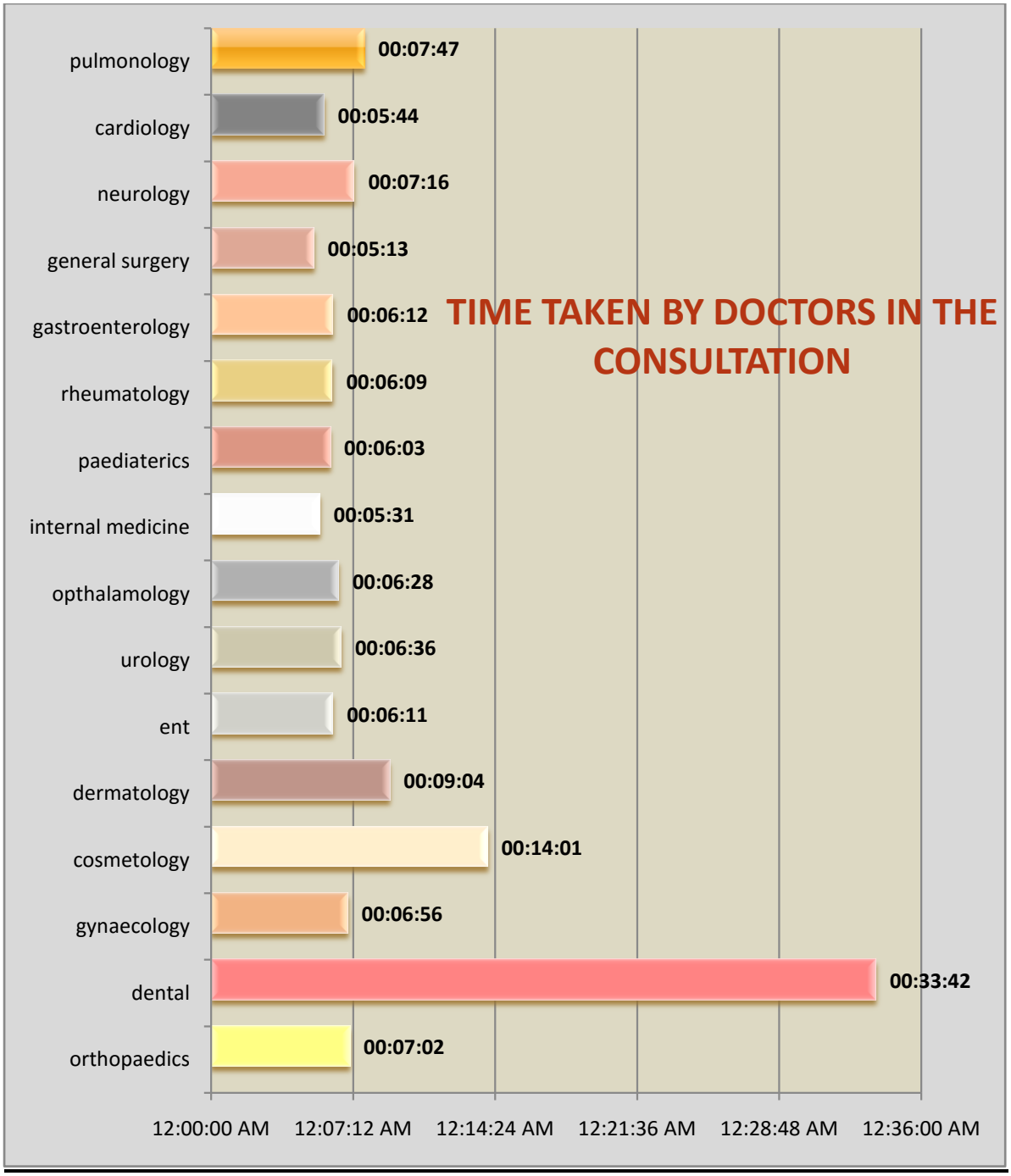
Time at general surgery and pulmonology is more about 8 to 11 minutes.



Graph showing the waiting time outside the consultation room(chart2.5)

INFERENCE:

Waiting time is less in orthopaedics, internal medicine and urology. Moderate in pulmonology general surgery, ENT, dermatology, cosmetology and gynaecology. High in rest other departments.



GRAPH SHOWING THE TIME TAKEN BY DOCTOR IN CONSULTATION (CHART 2.6)

INFERENCE:

Consultation time is more in the case of dermatology, dental and cosmetology departments as it is based on procedures.

Average consultation time is around 5 to 6 minutes.

MAJOR CAUSES OF DELAY

FOR REGISTRATION COUNTER: -

Major causes of delay in the registration counter are due to many bottlenecks during the registration which are as under: -

- Registration form filling by the patient.
- Outpatient assessment form filled by patient during registration.
- Asking for the pen by the patient to fill the form.
- Patient waits for their turn after filling the registration form.
- Receptionist read and then feed the form in the computer.
- Different queries which receptionist have to answer during feeding the form in the computer which takes lots of time.
- Poor handwriting of the patient which cannot be understood by the receptionist.
- Correction in the printed registration form for which receptionist is not authorized.
- Problem related to the server of the computer which goes slow many times.
- Defaulter printers, MRN number generating machine, card swipe machine.
- Position of MRN number machine, printers away from receptionist reach.
- Non availability of change at the counter.
- More rush comes at one point of time (between 10am to 1pm) on the OPD registration counter

- New joined manpower cannot do work efficiently.

FOR PATIENT WAITING AREA: -

- More rush comes at some points of time on the OPD registration counter due to improper scheduling.

- Waiting time more before checking the vitals by the nurse because of shortage of nurses as they do many things like check the vitals, assist the doctors, do some lengthy procedures, call the patients inside the consultation chamber etc.

- Waiting time is more for waiting by the patient outside the consultation chamber due to improper scheduling of the timing of visiting the IPD and OT.

SUGGESTIONS: -

For the registration counter: -

- ✓ There should be facility of second computer screen in front of patient where all information asked by receptionist feed directly into the computer which can eliminate the problem of filling form by the patient, delay due to searching for pen, bad handwriting by the patient, wait in queue after completing the registration form, faulty printed registration form and it also save the cost of paper incur in the form of various forms.

- ✓ Outpatient assessment form should be filled in outpatient area after the assessment of health done by nurse after completing the check-up.

- ✓ The habit of patients is to come at the place where they can easily reach, that is, in the center of the registration counter. Help desk is less accessible for the new patients because it is far as compared to registration counter and for old patients this place is more familiar. So a big help desk should be made at the center of the registration counter with separating glasses which separate registration counter from help desk.

- ✓ Registration counter should have glasses extended towards patient side which acts as a barrier for the other people to do the queries and they straight away go to help desk.

- ✓ We have to ask the reason of slow server from the IT department whether the problem lies in computer or the internet or the computer software and then act according to the situation.

- ✓ Position of machines with respect to the receptionist should be kept in such a way which can reduce the fatigue of the receptionist and reduce waste motion done by them. For example, position of MRN card machine is inverted and at a lower position with respect to the position of staff so put it straight in front of their hand.

- ✓ There should be duty of concerning department to provide a good amount of change at 8:00 am to avoid time waste during billing.

- ✓ Hospital should do time series analysis of the OPD which tells how many patients will come each month, each week, each day and rush timings according to day to make the OPD efficient and can do manpower planning which can reduce rush at the counter and proper scheduling of the OPD appointments.

- ✓ New person recruited should be given live hand on training by the experienced person at the reception so that he can understood what to be done and do not ask the other person while he is doing independent registration which causes delay.

- ✓ There should be a video made by the experienced receptionist which should be shown to the new employees so that they can understand how to do the work quickly.

- ✓ IT department should ask the reason of not integrating the current software with the hospital site where patient can easily fill the form and easy payment made by him.

- ✓ Hospital should think about making their own app which can make the registration procedure very easy.

- ✓ All the calls coming for the appointments should be strictly limited to call center only and people in call center should know the timings of the doctor when he is coming and going from the OPD. This will reduce burden of calls from the registration counter.

- ✓ Envelope at the registration should be kept at help desk area and also assign a duty to any floor staff when he saw no envelope there. This makes it easy for the receptionist to do his work. Put a board over there so that patient will reach only there.

- ✓ Hospital should follow the hub and spoke model to reduce the burden on reception as well as to increase their number of patients.

For OPD waiting area: -

- ✓ There are less number of staff in the gynecology, cosmetology, dermatology, gastroenterology and cardiology department due to which patient faces waiting time before going for vital assessment and proper guidance in the OPD. So either the number of nurses should be increased or patient is asked to check their blood pressure and weight by themselves just like the model of Mc Donald's.

- ✓ There should be a research conducted on the scheduling of the IPD and OT and efficient utilization of OT so that OPD timings should not clash with them.

- ✓ Doctor in cardiology has to do many tasks at the limited time like ECHO, angioplasty, angiography, surgery and OPD. So consultant should take the help of resident doctors in performing these procedures by using principles of telecommuting which enables the doctor to give their guidance at multiple place while being physically present at the same place.

- ✓ same principle of telecommuting is also applied in case of wards visit by the consultants as they can guide the resident doctor and can talk to the patients even sitting at the OPD.

- ✓ Principles of telecommuting also applied in the case of diagnosing emergency patients.

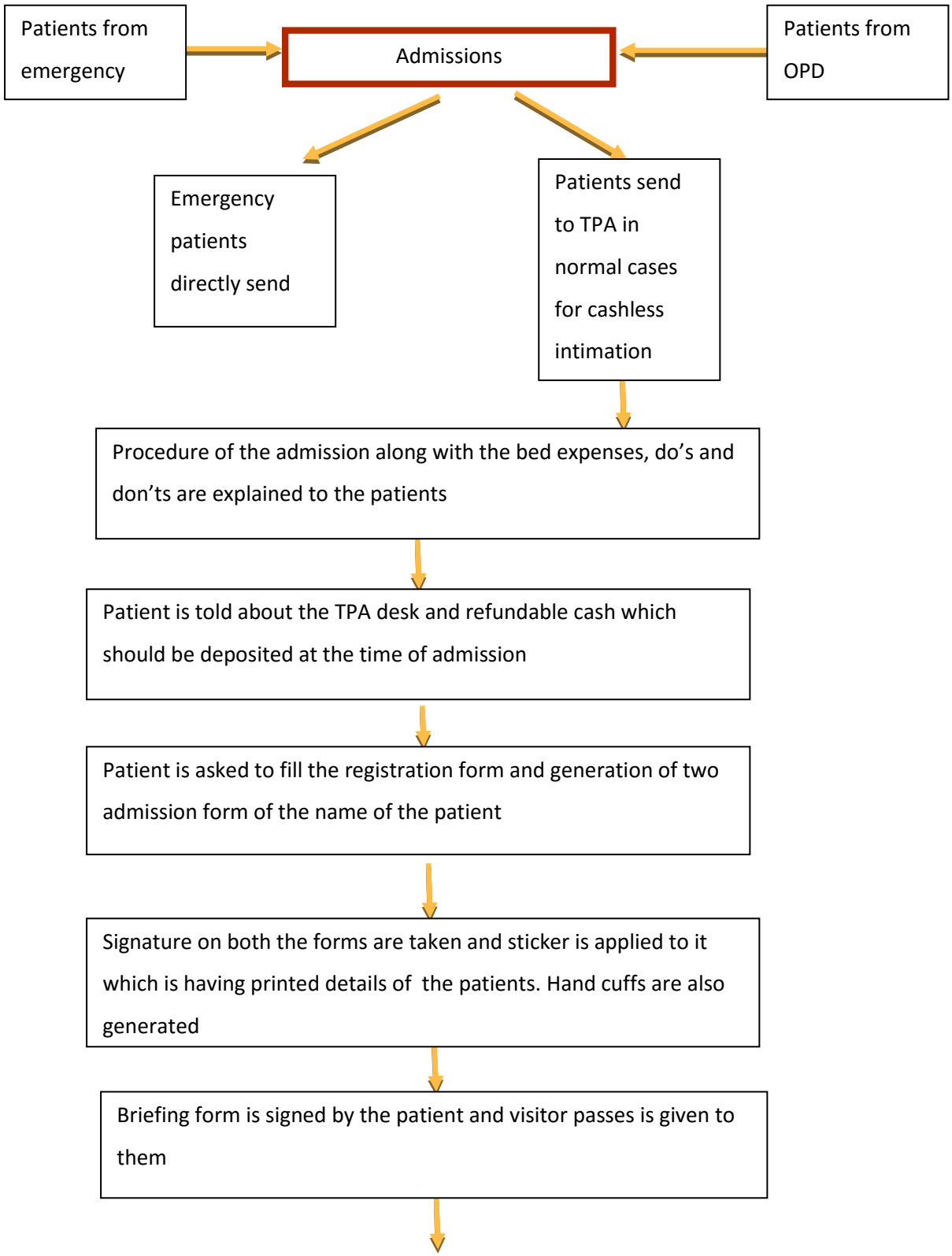
LIMITATIONS OF THE STUDY:

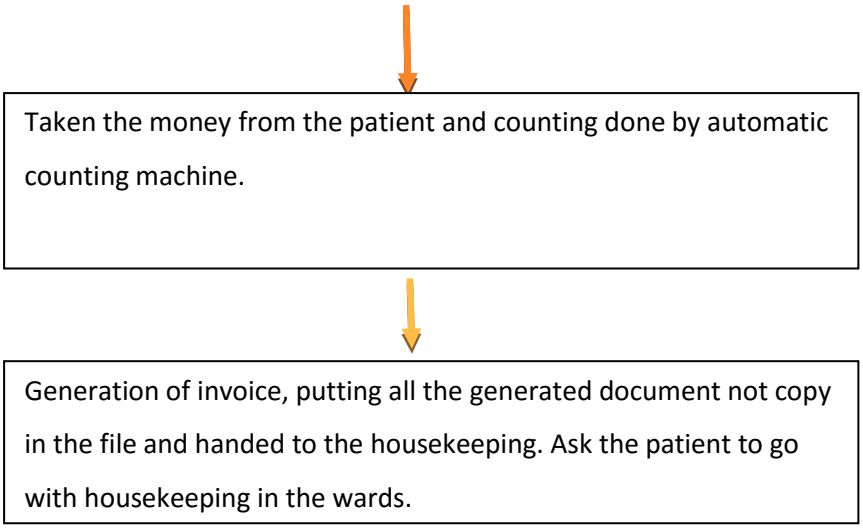
- ➢ Project work does not include diagnostics.
- ➢ Sample size may be insufficient.
- ➢ The study was concerned with only outpatient department, so it does not include the details of other department.
- ➢ Study was done for short duration.
- ➢ Do not get the chance to communicate with the doctors in the OPD.
- ➢ Secondary data of the hospital cannot be utilized for study in this project.

ADMISSION COUNTER

Figure 21: admissions

PROCESS FLOW DURING THE ADMISSION PROCESS:





Location of admission counter:

It is located in between accident and emergency department and the radiology department it is also attached with the atrium from one side.

Number of staff:

Admission facility are always available 24 hrs. There are always 3 staff between 9 am to 5:30 pm and then 2 staff after that all the time. All staff works for 8 hours 30 minutes shift.

Patient referred from:

- Accident and emergency department
- OPD

Duties assigned to admission counter:

- Admission
- Admission billing
- Billing of interim billing generated by IP billing on daily basis
- Giving the discharge intimation to patient attendant.

Causes of delays at Admission counter:

- Mostly delay occurs due to sudden rush on the counter at one point of time at the admission counter. It happens because they have to perform many tasks at the same counter.
- Delay occurs sometimes due to non-availability of the patients bed.
- Delay in admission due to the complex form format.

Recommendations for admission procedure:

- Two sided computer screen which facilitate easy filling of the information of the patient by the receptionist as recommended for the OPD above.

- Study should be carried out to bed occupancy ratio, average length of stay, bed turnover rate so that IPD beds can be utilized efficiently.

- Admission counter is burdened with lots of work apart from admission so that work should be distributed on that OPD counters in the afternoon time where the rush is usually less. Later that money should be deposited to the admission counter after they finish their work. This will reduce patient rush on the admission counter.

WARDS

Category of Rooms

Figure 22: wards types

- **Gold:** A cubicle style layout with 6 beds. With sharing toilet tonicity bedside trolley and common bathroom. Separate wards for males and females
- **Gold plus:** A room with 4 beds with an attached common toilet, bedside trolley and one sofa cum bed for an attendant
- **Platinum:** A room with 2 beds and an attached common toilet, bedside trolley, one common television set, telephone extension and with each a sofa cum bed for an attendant
- **Emerald:** Single room accommodation with a bed, telephone, television, bedside trolley, cupboard, couch for an attendant and an attached bathroom
- **Ruby deluxe (mother and child):**Single room accommodation with a bed, telephone, television, bedside trolley, cupboard, relative couch and an attached bathroom
- **Sapphire:** Single room accommodation with a bed, telephone, television, Refrigerator, bedside trolley, cupboard, Sofa-cum Bed for an attendant and an attached bathroom
- **LDRP (mother and child):**Labour, Delivery, Recovery and Postpartum Beds especially designed keeping in mind an expectant mother ’s needs, throughout her stay at the hospital
- **Diamond suite:** Double room accommodation (one for patient and the other for relative) with a patient bed, two sofas cum beds, telephone, bedside trolley, cupboard, microwave oven, Television, refrigerator, dining table with an attached bathroom.
- **MICU/SICU/CCU/PICU/NICU (Critical care):**Cubicles with all the essential life support equipment necessary critical care.

MANPOWER PLANNING

WARDS	NURSES	GRO	RMO	CLINICAL ASSISTANT	CPS STUDENT	HOUSEKEEPING
GOLD AND GOLD PLUS	27	1	2	0	0	7
PLATINUM	10	1	2	0	0	10
EMELRALD	5	1	1	0	0	5
SAPPHIRE	5	1	1	0	0	6
DIAMOND	5	1	1	0	0	6
GYNE WARD	16	1	0	4	2	9

NURSING STATION: nursing station is present outside every ward type having all the necessary documents, equipments and consumables and nursing staff

RECORD KEEPING: record of every procedure is maintained by the nurses and there is a separate form for each and every procedure. At the time of discharge all the files sent to MRD department who scan the documents and update it on the computer.

MIS: there is a centralised system of operation called MAGNUM which connects all the departments to each other.

PROCESS IN WARDS

- admission note is handed to the nursing staff along with the file of the patient.
- all the necessary drugs are indent by the nurse which are written on the admission note along with the provisional diagnosis of the patient.

- initial nursing assessment is done by the nursing staff like height, weight and blood pressure.
- patient is send to the wards and start giving the medicines from time to time.
- then after one hour RMO comes and he take the brief medical history in initial assessment chart and plan of care.
- then the duty of nurse to assess the patient three times a day.
- special attention on diet has also been take care of and all the information regarding diet is written on the diet chart.
- if the patient has to undergo some procedure, consent form is signed by the patient or the relative.

EQUIPMENTS

EQUIPMENTS		*DRUGS*	*FLUID*	*RESPULES*	*CONSUMABLES*		*OTHERS*
sphygnomanometer	Tunning fork	Avil	DNS	Asthelin	Blood administration set	Foley's catheter	Syringe
Stethoscope	Hammer	Dexona	RL	doulin	IV set	venflow	Gloves
Torch	Safter first logo	Lasix	NS		Pedia drip set		Spatula
Tongue depresser		Effcorlin			Nabuliser mask		Clipper
Weight machine		Voveron			Oxygen mask		Clipper blade
Thermometer		Buscopan			Ryle's tube		
Inch tape		febrinil					

VISITORS POLICY:

wards: 4 pm to 6 pm

ICU: 5 pm to 6pm

mother and child wing: can meet only by the permission of the mother.

special care nursery: during visiting hours only

critical care unit: 5 pm to 6 pm

SHIFT OF PATIENTS IN WARD: patient can opt for higher category of ward bu vice versa is not possible.

ROOM RETENTION: while the patient is in ICU, relatives can retain the room on extra payment.

PHARMACY MEDICINE ISSUE AND RETURN POLICY: all the medicines are issued by placing the requirement in the MIS and sending those medicines to the nursing station.

at the time of discharge, all the unused medicines are returned to the pharmacy department by marking the medicines at the MIS and then return it through housekeeping.

FOOD AND BEVERAGES:

bed tea: 6 am to 6:30 am

breakfast: 7 am to 8 am

midmorning meal: 11 am to 11:30 am

lunch: 12:30 pm to 1 pm

evening tea: 4 pm to 4:30 pm

evening soup: 6 pm to 6:30 pm

dinner: 7:30 pm to 8 pm

milk: 9 pm to 9:30 pm

DISCHARGE PROCESS AT WARDS

Figure 23: discharge at wards

PROCESS FLOW IN THE WARDS DURING DISCHARGE

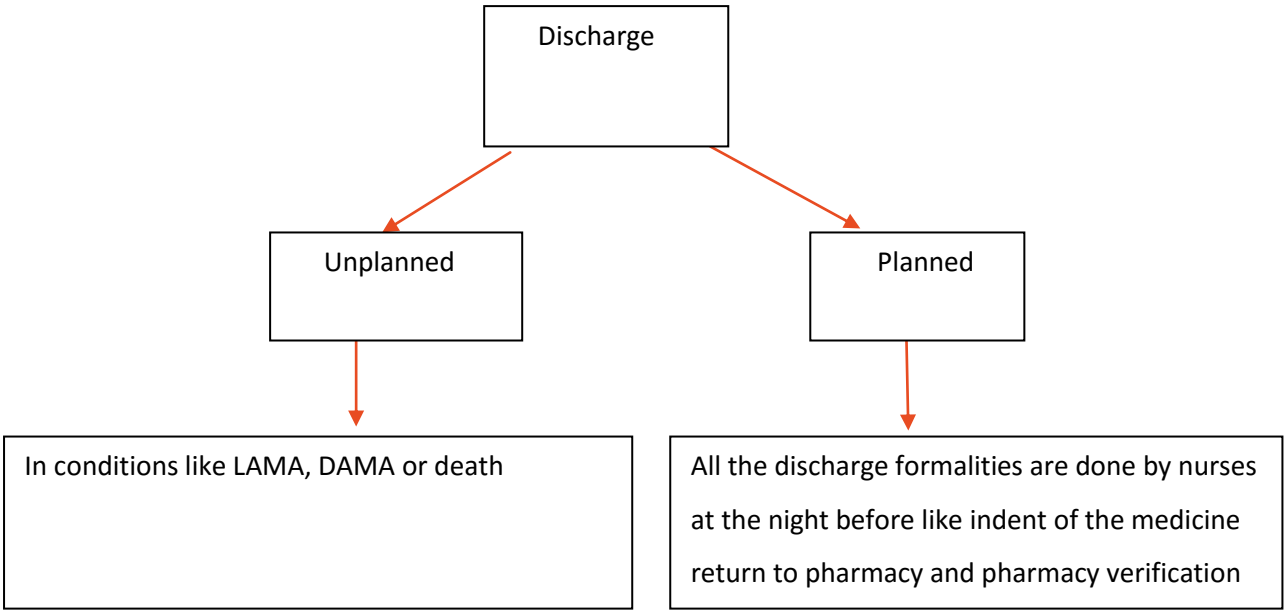
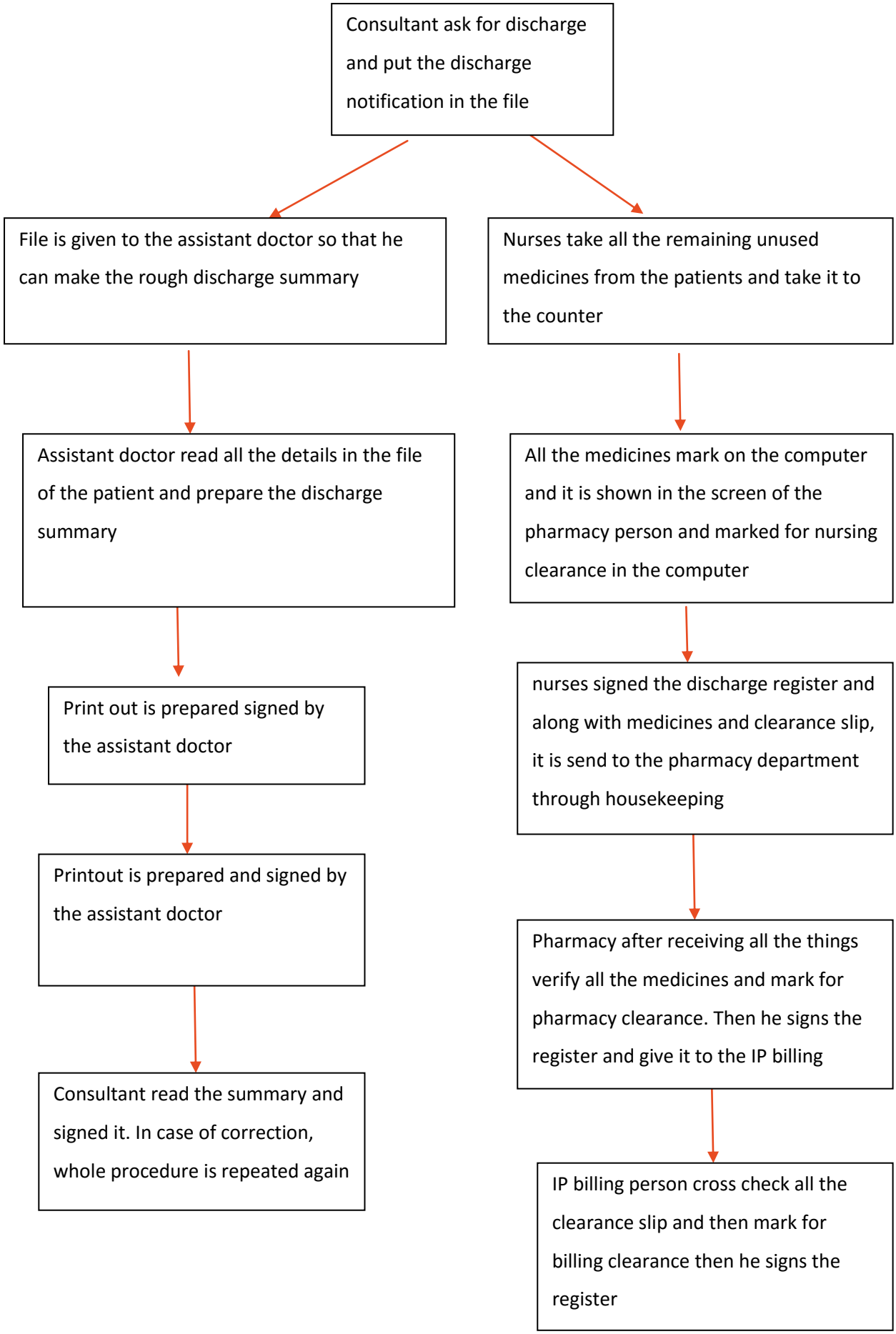
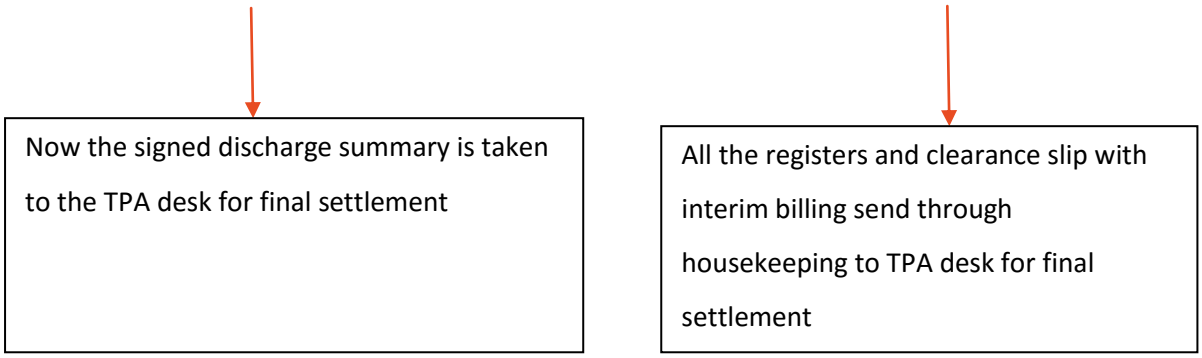


Figure 24: patient at discharge time


Consultant ask for discharge and put the discharge notification in the file
File is given to the assistant doctor so that he can make the rough discharge summary
Nurses take all the remaining unused medicines from the patients and take it to the counter
Assistant doctor read all the details in the file of the patient and prepare the discharge summary
All the medicines mark on the computer and it is shown in the screen of the pharmacy person and marked for nursing clearance in the computer
Print out is prepared signed by the assistant doctor
nurses signed the discharge register and along with medicines and clearance slip, it is send to the pharmacy department through housekeeping
Printout is prepared and signed by the assistant doctor
Pharmacy after receiving all the things verify all the medicines and mark for pharmacy clearance. Then he signs the register and give it to the IP billing
Consultant read the summary and signed it. In case of correction, whole procedure is repeated again
IP billing person cross check all the clearance slip and then mark for billing clearance then he signs the register

.



IMPORTANT INSTRUCTIONS AT THE TIME OF DISCHARGE:

- discharge process is only initiated by the consultant.
- discharge timing is before 12 pm
- patient vacating room in between 12 - 4 pm are charged 50% and after 6 pm, full day room tariff.
- patients advised to collect their discharge summary before leaving the hospital.
- patient can also ask for discharge against medical advise(DAMA)
- before leaving, patient need to check his room carefully for any personal belongings
- to avail transport/ambulance facility, patient has to request in on admission counter.

Causes of delay in discharge at the wards:

- During the preparation of discharge summary, there is non-availability of registrar due to his other assigned works.

- System takes a lot of time in opening the particular page in the software which helps doctor in preparing the discharge summary.

- Delays occurs due to non-availability of the housekeeping at the time when the rough discharge summary is prepared completely.

- Delay occurs when the housekeeping person goes to doctor to get it signed and doctor is not available due to some reason. This causes delay in discharge summary reaching to TPA counter.

- Delay occurs at the time when the nurse indent medicines and prepare all the charge slips along with track sheet and medicines and they do not find housekeeping to carry it to the pharmacy.

- There is delay occurs in the pharmacy as well as in the IP billing department because of many medicine indent rushes at same time.

- Delays occurs as there is no one to forward that interim billing to the TPA desk.

- There is a lot of paperwork which is there in the department which causes the major delay in the work.

- Nurses are burdened with lots of work which causes delays in the discharge procedure.

Recommendations for delay in discharge at the wards:

- RMO or registrar should prepare a rough discharge summary in advance one day before or when the patient recovers 80-90%. It would save the time as when the

consultant come and ask for discharge, he will directly see the discharge summary in the computer and tell the correction then and there.

- There should be a glass covered escalator system installed all around the wards so that there is no need for the housekeeping to send the form to the pharmacy and billing and it also prevents the bulk of forms reaching at one time. Forms directly send through that glass covered escalator by nurse along with medicines, register and all papers.

- When the IP billing procedure completed, IP billing person should call the TPA personnel who is concerned with discharge to print the copy of corrected interim billing themselves which will save the time of the housekeeping.

- Patient should be guided by the TPA counter since the time of admission to get in touch with their HR in the case of corporate and with insurance company personnel in case of some insurance so that the external formalities can be speed up for both admission and discharge.

TPA DESK

Figure 25: TPA desk

Layout of TPA Department

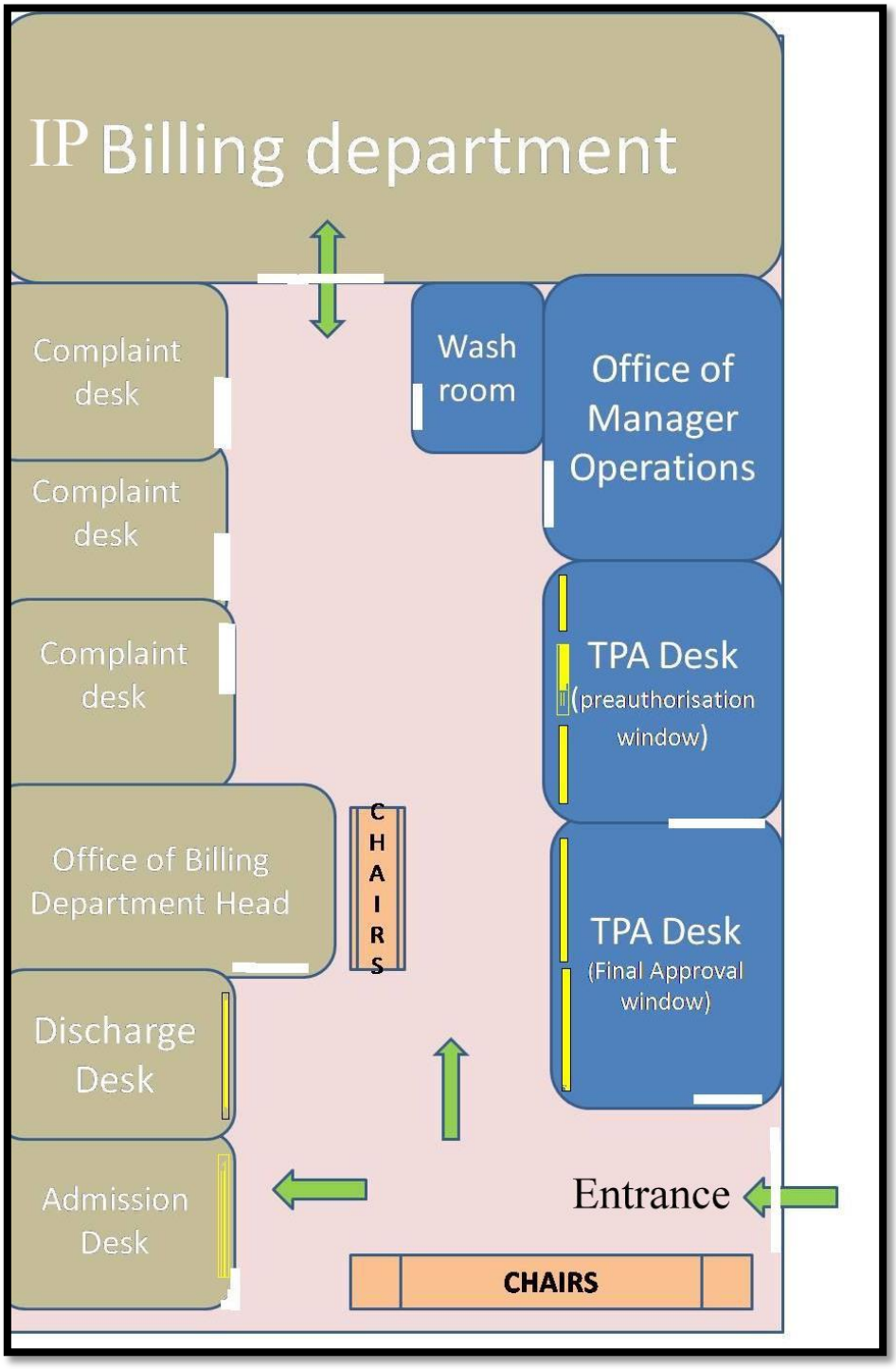


Figure 26: layout of TPA desk

DESIGN OF TPA DEPARTMENT:

TPA department is divided into two sections

1) Front office
2) Back office

1) FRONT OFFICE:

Functions:

1) Handling overall TPA desk activities
2) Communicating with TPA & corporate officials.
3) Communicating patients queries regarding cashless hospitalization.
4) Handling all TPA discharge files to TPA back office
5) Fax all TPA forms & bills to TPA companies.
6) Attending patients/relatives, grievances receiving TPA forms
7) Handling preauthorization forms & bricking TPA process to patients
8) Follow up with TPA for approvals.
9) Responsibility for change of eligibility.

2) Back Office:

Functions:

1) Follow up to TPA companies for outstanding TPA payments
2) Maintain all TPA data (bills & payments) & sent file details
3) dispatching TPA files
4) Sorting TPA data as per requirement.
5) Send weekly, monthly TPA outstanding reports to HOD of hospital

PROCESS	STANDERD TAT
Pre-authorization request to be send to TPA	Within 24hrs after admission of patient
Get reply of Pre-authorization form	4hrs
Follow up for final approval	3-4hrs
Required documents send to TPA after patient is discharge	Within 7 days from discharge date

MAN POWER PLANNING:

- Head: **1**
- Front office: **5**
- Back office: **4**

TPAs EMPANELLED WITH THE HOSPITAL

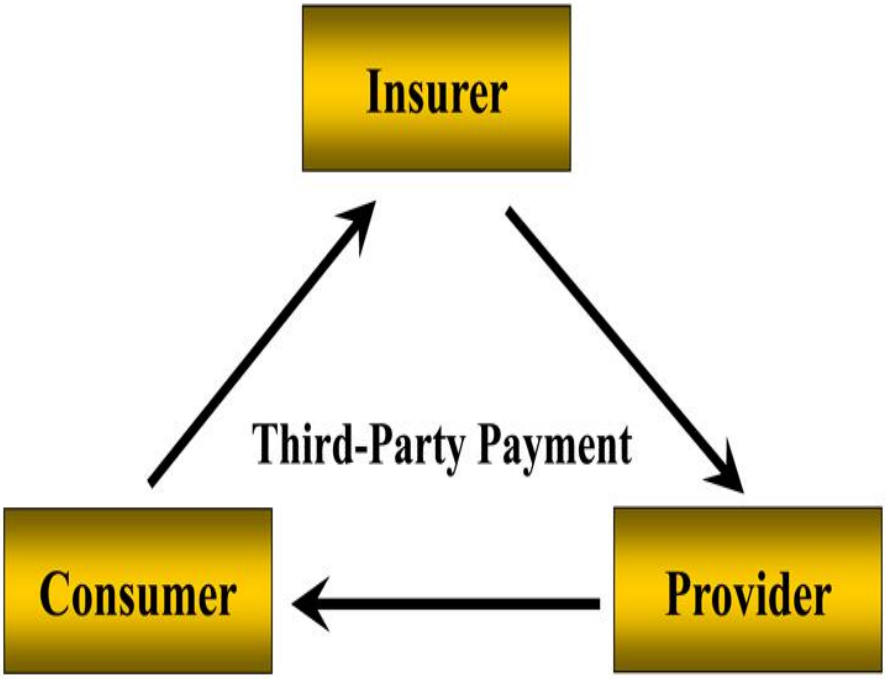


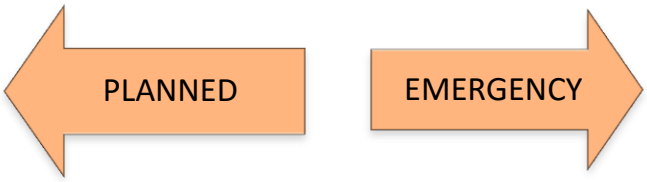
Figure 27: TPA empanelment

List of TPA

ALANKIT HEALTH CARE LIMITED	BAJAJ ALLIANZ INSURANCE CO. LTD	CHOLAMANDALAM MS
DHS - DEDICATED HEALTH SERVICES	E-MEDITEK SOLUTIONS LTD	FAMILY HEALTH PLAN LTD.
FUTURE GENERALI INSURANCE	GENINS INDIA LTD.	HEALTH INDIA
I - Care	ICICI LOMBARD	ICICI PRUDENTIAL

Max Bupa	MDINDIA HEALTHCARE SERVICES	MEDSAVE HEALTHCARE
MEDICARE SERVICE PVT. LTD.	PARAMOUNT HEALTH SERVICES PVT. LTD.	PARK MEDICLAIM TPA PVT LTD
RAKSHA TPA	ROTHSHIELD HEALTHCARE SERVICES LTD	STAR HEALTH AND ALLIED INSURANCE
TTK HEALTHCARE SERVICES	UNITED HEALTHCARE INDIA (PVT.) LTD.	VIPUL MEDCORP LTD

ADMISSION PROCESS:



REQUIREMENTS DURING THE TIME OF ADMISSION:

TPA ID card is produces at hospital reception - photo ID proof / previous h/o details/ investigation reports

Hospital fills up pre-authorization form

Part 1 deals with:

- Name
-Card Number
-Name of Insurance company

Part 3 deals with:

-Previous policy/claim details
-Signatures

Hospital fills Part 2 which includes details like:

-Presenting chief complaints
-Clinical findings
-Line of treatment

-Past ailment history

-Date of admission

-Approximate duration of hospitalization

-Approximate cost

-Signature of treating doctor.

Process Flow for Cashless Planned / Emergency Hospitalization

Admission Process

- Patient / Attendant Reports to Corporate Desk
- Analysis of the Details of Insurance Company / TPA
- Provision of Documents of Relevant TPA /Insurance Company made by Patient/ Attendant
    - Pre Authorization Form
    - Copy of TPA / Insurance Company ID Card
    - Copy of Health Insurance Policy Papers
    - Copy of Photo ID Proof (If Required by TPA / Insurance Company)
    - Copy of letter of Undertaking

- Receiving of the Pre Authorization form filled by Treating Consultant.
    - Checking & Completion of blank fields of Pre Authorization Form
    - Enclosure of Doctor Prescriptions / OPD Card / Previous Discharge Summary
    - Enclosure of relevant Investigation Reports
    - Enclosure of relevant papers of treatment taken prior to hospitalization (if required by TPA / Insurance Company)

- After Final Check of TPA /Insurance Documents & interaction with Insured / Patient/ Relative, fax all the documents to TPA/ Insurance Company.

- Confirmation of Faxed papers from concerned TPA / insurance Company.

- Intimation of reply received from TPA / Insurance Company
    - Intimation of Approval of cashless to Patient and Billing
    - Intimation of Query of cashless to Patient / Consultant / Hospital
    - Intimation of Denial of cashless to Patient / Billing

Approval Process

Intimation to Patient/ Relative about the approved amount with applicable capping or eligibilities (as pre Insurance / TPA Policy)

Query Process

Inform and Collect the documents relevant to the query raised by the TPA / Insurance Company.

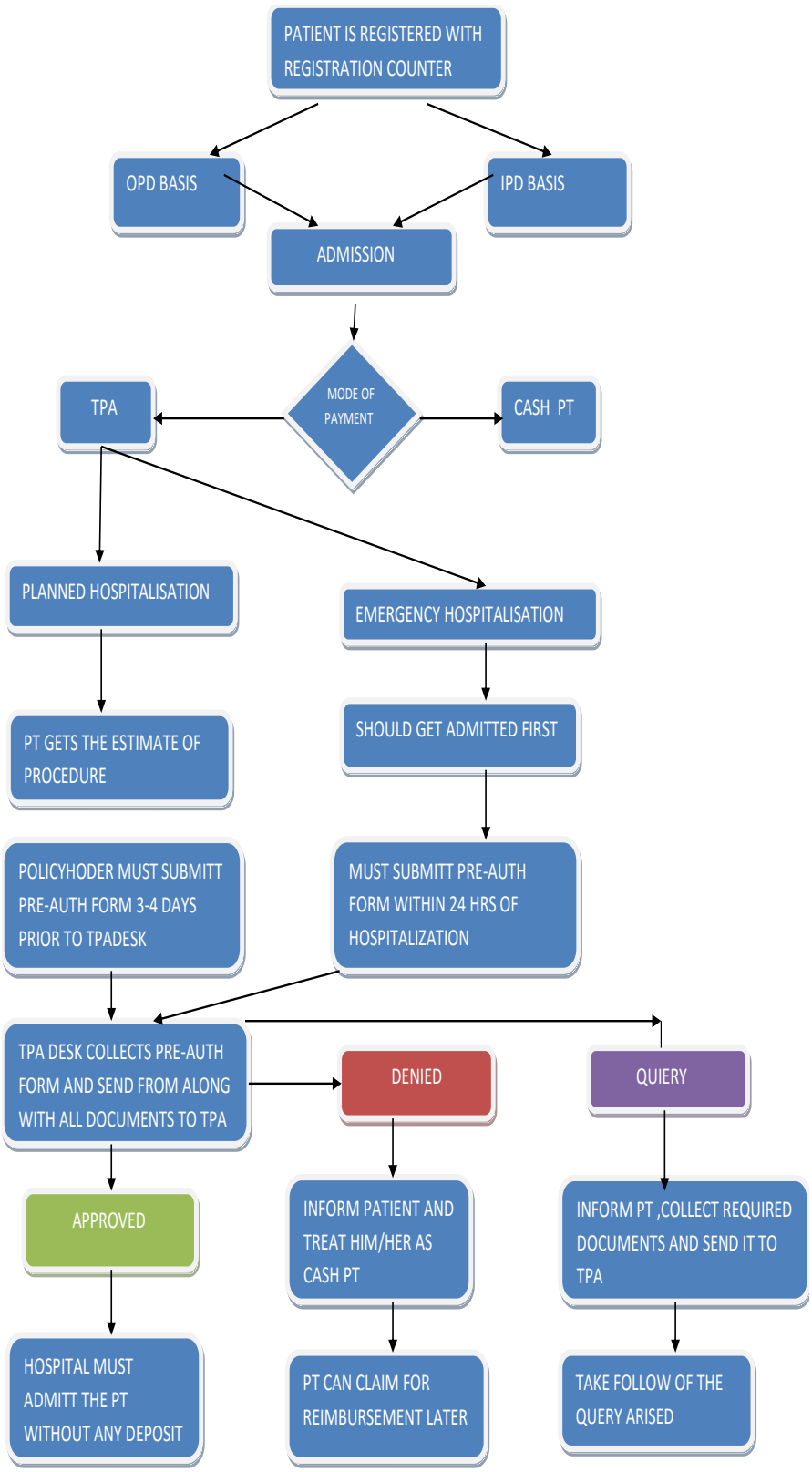
- Information & Collection of Query Papers / Information if related to consultant / hospital.
- Intimation of query related to Patient / Attendant.
- Faxing the complete query reply to TPA / Insurance Company.
- Confirmation of Faxed papers from concerned TPA / insurance Company.

Denial Process:

Denial: Repudiation of a Pre-Authorization request / Admission liability / cashless facility and or settlement of a claim under the insurance contract.

- Intimation to Patient/ Relative/ Finance about the Denial
- Copy of Denial letter hand over to Patient/Relative/billing

Process flow of the TPA patient



Causes of delays at TPA counter at the time of TPA admissions:

- There are no labels or nameplate mentioning the name of the concerned person and so patients queried with the non-concerned person about it which causes delay in the procedure of TPA.

- One person is burdened with many work which is responsible for giving the form. That person solves the queries of patient, then telling the procedure of approval and which policy is covering the patient, proper guidance throughout the whole procedure of TPA, estimate filling, feeding the pre authorization form on the computer, sending the query. This create delay in the first step of the TPA admission.

- Patient has to go for printing out for the ID cards, also filling the complex form which they fill incompletely, and also go to the resident doctor to fill it in case patient coming from the OPD which is causing delay in the procedure.

- If the query comes, it takes more time to resolve as when housekeeping go to doctor for query, he don't find him/her immediately. Sometimes due to presence of only one housekeeping, he would not be available at the time when TPA wants to send the query to the consultants.

Recommendations for TPA admission procedure:

- All the counters should be labelled with the concerned person designation so as patient see the designation and directly reached to the concerned person.

- There should be a virtual tour for the TPA patient for admission and discharge queries in which there is a television having all the possible queries recorded and procedure of the whole TPA is explained to patient through that tour. So we just have to collect the most frequent FAQ along with the briefing of the TPA procedure and patient should be guided to see it from the previous counter.

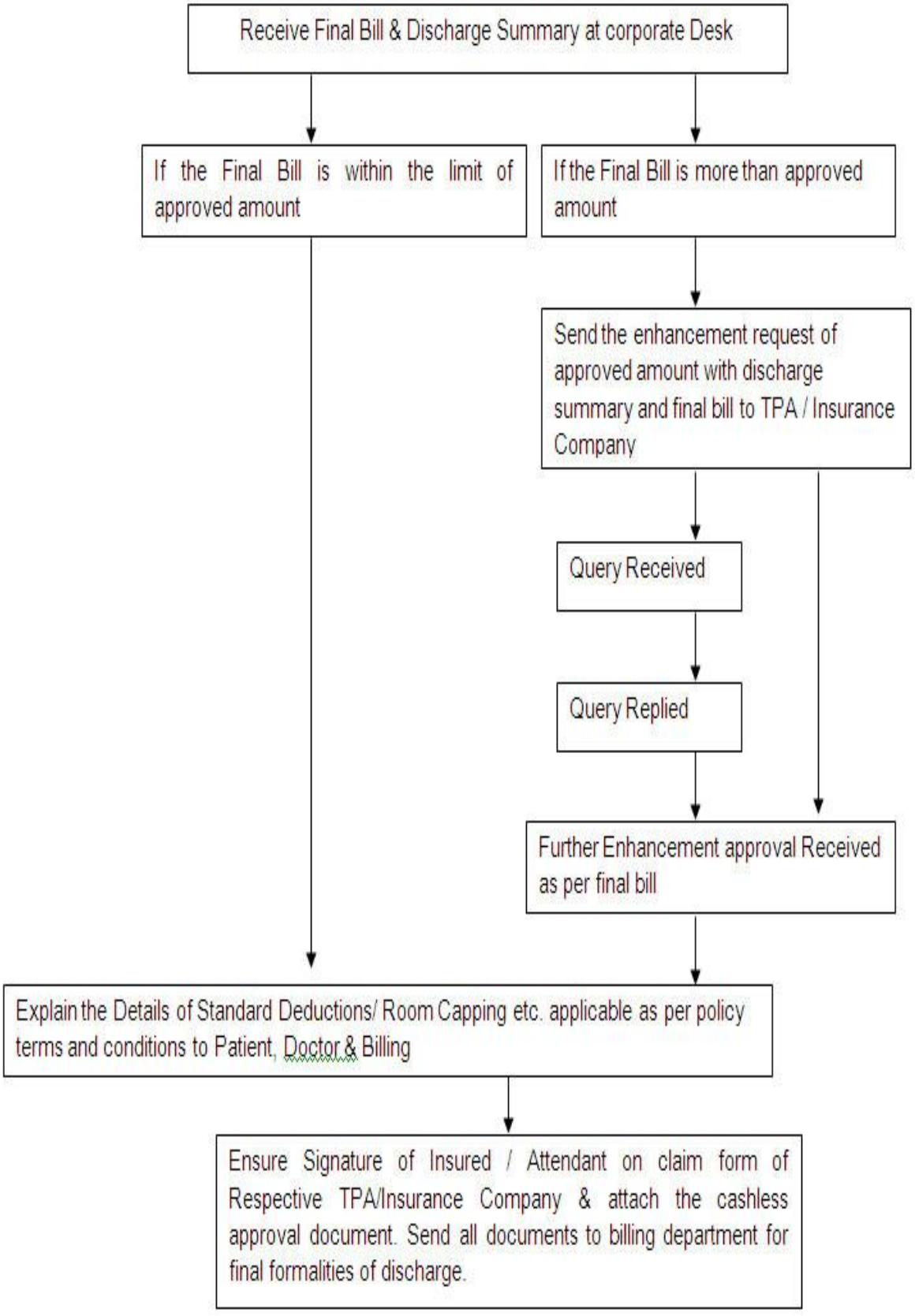
- We can simplify the form by highlighting the headings in the form which has to be filled and signed by the patient or attendant so patient find it easy what information he has to fill in the TPA form.

- All the printer and scanning machine should be kept near to TPA admission counter to make it easy for the patient as well as the TPA personnel to find the form easily as well as it is also helpful during the discharge process when the TPA personnel has to go inside for getting the copies scanned.

DISCHARGE PROCESS AT TPA DESK

Figure 28: discharge at TPA

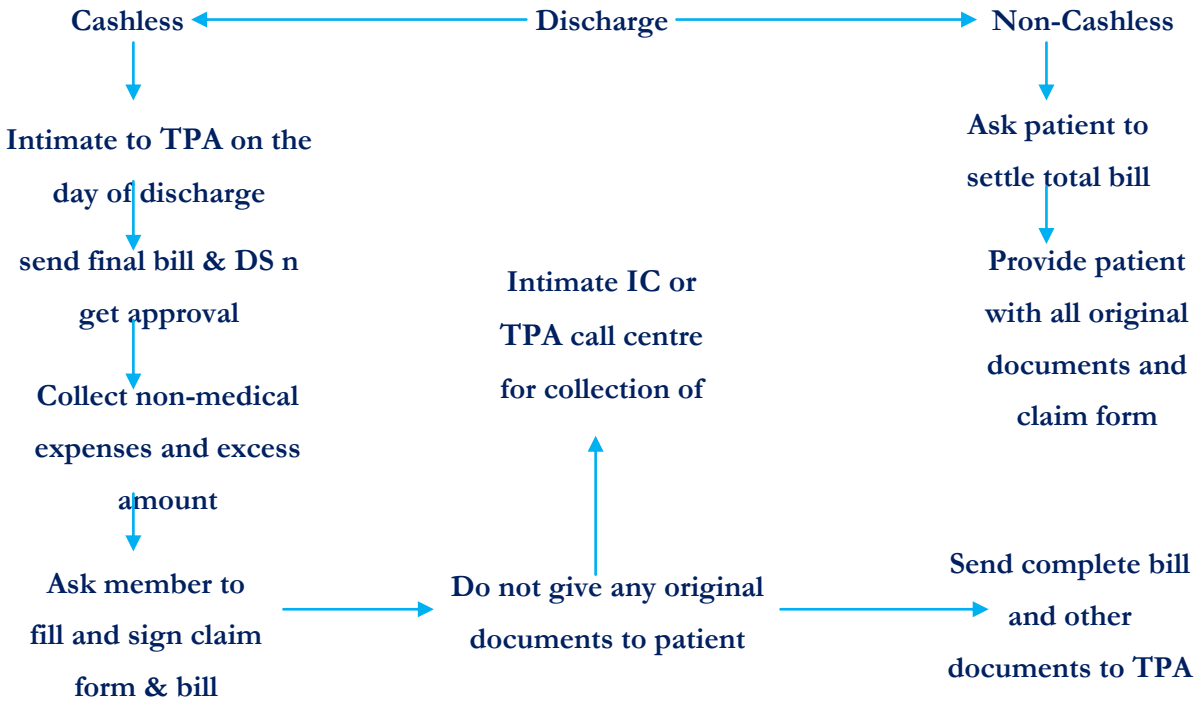
PROCESS FLOW OF DISCHARGE PROCESS AT TPA DESK



Process flow for TPA/Corporate Bills of Discharged Patients

- Bills received from billing department
- Keep office copy of documents
- Make TPA copy as per check list
  - Original Final bill with break up
  - Copy of Approval
  - Copy of Pre authorization form
  - Copy of Insurance ID Card / Policy Copy
  - Original Claim Form
  - Original Discharge Summary
  - All original investigation reports

DISCHARGE PROCESS AFTER THE APPROVAL COMES FROM INSURANCE COMPANY



Causes of delays at TPA counter at the time of discharge:

- Time in checking the non-medical expense takes a lot of time in calculation which causes delay.

- Scanner is available inside the IP billing and the TPA personnel has to go again and again inside to get the documents done which is causing delay and difficulty for the TPA personnel.

- TPA desk get the interim billing and the discharge summary very late.

Recommendations for TPA discharge procedure:

- All the counters should be labelled with the concerned person designation so as patient see the designation and directly reached to the concerned person.

- All the printer and scanning machine should be kept near to TPA admission counter to make it easy for the patient as well as the TPA personnel to find the form easily as well as it is also helpful during the discharge process when the TPA personnel has to go inside for getting the copies scanned.

- Computer with excel in which there should be a proper column which should contain all the list of all non-medical items with the excel formula feed on it so along with ticking the non-medical they just have to feed the number of medical expense items and results comes out automatically. There would be no need to see the price of the item and calculate it manually in the computer.

General recommendation:

- It is seen that most of the consultants are not computer friendly and because of it the preparation of final discharge summary got delayed. Hospital have all the facilities to get it done it quickly for example, they have a very good software which can directly show the rough discharge summary at the screen of the consultants and they also have the digital sign which they can easily put to make the final summary. Managers have to make an attempt to modify this behavior by arranging the discussions in between all the doctors and tell them the importance of using the technology in their daily life. We can also motivate them by emphasizing to save the mother nature by not using papers etc.

  There must be some ad or video showing the harm of not using technology during discharge and tell the importance of the bed ratio and the number of patients before starting the regular seminar or classes which can help to change the behavior.

SWOT ANALYSIS OF ABMH:

Strength:

- 16 acres of land functions in a filmless and paperless digital environment and backed by cutting edge medical technology and IT resources.
- Facilities like public utilities for male and female, drinking water, ventilation, sceneries at all OPD, centralized registration at main reception
- Systematically arranged OPD layout. E.g.:
  - ophthalmology OPD connected to day care of IPD building via bridge
  - Cardiology department to Cathlab via bridge.
  - Ortho OPD near to Physiotherapy department and casualty and radiology department
  - Separate receptions for OPD's
  - for easy availability of doctors in emergency.
- In rainy season introduce special machine for wet umbrella to prevent surface from wetting.
- Open to feedback for providing high quality services to people/patients.

ADITYA BIRLA MEMORIAL HOSPITAL

OUT-PATIENT FEEDBACK FORM

Dear Sir/Madam,

Thank you for giving us the opportunity to serve you. We value your opinion. We appreciate you for taking time to complete this feedback form which will help us to serve you better.

Excel. Gd. Avr. Pr.

FRONT OFFICE
Helpfulness & Courtesy of Staff
Ease of Getting an Appointment
Information Provided

DOCTOR CONSULTATION (Specialty: _____)
Helpfulness & Courtesy
Explanation about Diagnosis & Treatment
Maintained Privacy during Consultation
Time Spent by the Doctor

DIAGNOSTIC SERVICES
Ease of Getting an Appointment
Helpfulness & Courtesy of Staff
Guidance about the investigation

PHARMACY
Helpfulness & Courtesy of Staff
Availability of Medicines

FACILITIES
Cleanliness
Signages
Sitting Arrangement
Cafeteria Service
Courtesy of Security Staff
Any Other (_____)

WAITING TIME FOR
Registration
OPD- Reception
Sample Collection
Doctor Clinic
Diagnostic Procedure

Excel. Gd. Avr. Pr.

OVERALL EXPERIENCE
Response to your special/ Personal Needs
Overall Satisfaction with the care you Received at Aditya Birla Memorial Hospital

Would you nominate any employee for his/her "Excellent Service."

Name :
Area of Work :
Reason :

Need your suggestion for improvement of services

Date:

Would you Like to recommend this Hospital to your Relative and Friend for Treatment: Yes No

Name :
Address :
Phone No.: E-mail :
MRN NO. Date of Visit :

Thank you for your time & co-operation

Signature

Aditya Birla Hospital Marg, Chinchwad, Pune- 411 033.
Helpline : 020-30717000/1/2/3 ; 020-40707000/1/2/3, Emergency : 020-30717777.
E-mail : healthcare@adityabirla.com Website : www.adityabirlahospital.com

Revision 1/ PS / Form 323

Confide

Figure 29: feedback form

- Educating patients/visitors about the different facilities at OPD through brochure provided at respective receptions of OPD.

Figure 30: patient education Boucher's

- Re-launched the gynecology OPD block of 3000 square feet separately from pediatric block.
- All specialty doctors available on prior appointment.
- An extension of OPD pharmacy (approximately 250square feet)separately for easy flow of vaccines, medicines & consumables by keeping in mind the need of expecting mother, new born &growing kids.

- Management committed towards patient centric approach to attract and maintain customers in a highly competitive market.
- Hiring qualified and trained staff for providing standard services to patients.

Weakness:

- Staff shortage can create problem in providing healthcare services to a large pool of members (patients).
- Training and recruiting new staff can be high in cost.
- Walk-in patients are more than appointment patients at most of the OPD's.

Opportunity:

- Healthcare industry is rapidly growing with growing population.
- Increasing diseases causing people more importance towards their health and treatment.
- Increasing literacy rate making people health conscious.
- Globalization helps in adopting new technology in healthcare services with people.

Threats:

- Offering same facilities of ABMH in low cost from well-established competitors like Dinanath Mangeshkar Hospital, Sahyadri Hospital etc. in Pune city.
- Adopting new technology in Healthcare services for patient by competitive Hospitals in Pune.
- Recession and economic downturn can slow down the growth of health.

References:

http://www.adityabirlahospital.com