



medanta
THE MEDICITY

Medanta is a conglomeration of multi-super specialty institute which are led by exceptional medical practitioners .Medanta brings together state of art infrastructure, cutting edge technology, a highly integrated and comprehensive information system, with quest for exploring and developing newer therapies in medicine

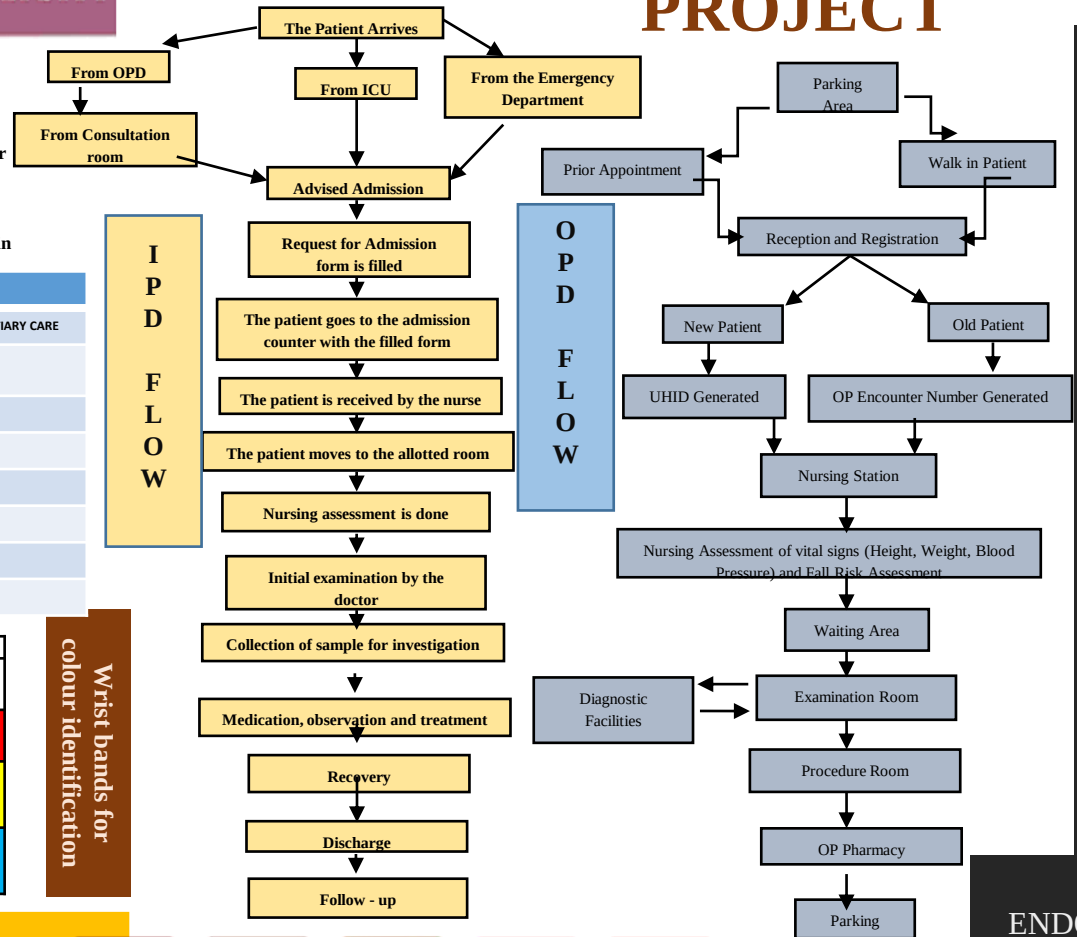
ABOUT THE ORGANIZATION	
TYPE	MULTI SPECIALITY TERTIARY CARE
CHAIRMAN AND MANAGING DIRECTOR	DR NARESH TREHAN
NO.OF SPECIALITIES	20
ACCREDITATION	NABH AND JCI
NO.OF BEDS	1250
OPERATION THEATERS	45
PLOT SIZE	43 ACRES
YEARS OF INCORPORATION	6years

COLOR	INDICATION
White Band	Inpatient
Red Band	Allergy
Yellow Band	Diabetes/Kidney disease No I/V prick No measurement of BP
Blue Band	Vulnerable/ High Risk patients

Wrist bands for colour identification

GOALS	PATIENT SAFETY GOALS:
1	Identify patients correctly using: - Name - UHID
1	Improve effective communication: use read back for verbal orders
3	Improve the safety of high alert medication; store them separately.
4	Ensure: - Correct site - Correct procedure - Correct patient surgery Use surgical safety checklist
5	Reduce the risk of healthcare associate infection (HAI): Perform hand hygiene
6	Reduce the risk of patient harm resulting from falls: perform fall assessment and intervention.

SUMMER TRAINING PROJECT



OPTIMIZING EFFICIENCY IN ENDOSCOPY

SPECIFIC PROJECT OBJECTIVE: The project aimed at recognizing the road blocks, developing and implementing an improvement strategy and finally to assess the effectiveness of improvement plan in endoscopy department.

METHODOLOGY:

Study type-
• Interventional

Data Collection-
• Observations and interviews
• Patients were shadowed
• Patient records to gather quantitative information.

Sampling method-
• Non probability convenience sampling

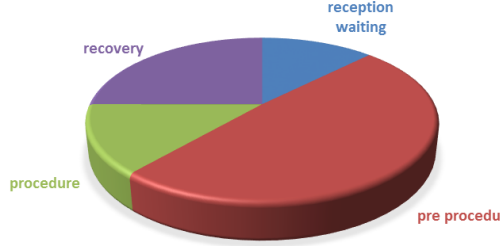
Road blocks observed:

- ❖ No slotting system for appointments
- ❖ Long length of stay of patient
- ❖ Lack of written communication regarding process and procedure.

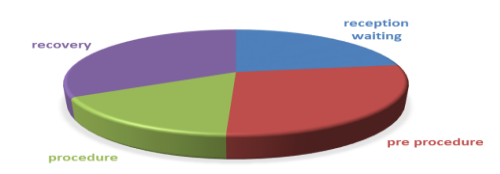
INTERVENTIONS APPLIED:

- Help desk leaflet made.
- eHIS system for appointment implemented for both out and in patients
- Restricting the number of patients and maintaining the inflow of patient in pre procedure.

TOTAL TIME SPENT BY PATIENT IN ENDOSCOPY: INITIALLY OBSERVED



TOTAL TIME SPENT BY PATIENT IN ENDOSCOPY: AFTER INTERVENTION



SPECIAL LEARNING

- ✓ Managing endoscopy department independently :From giving appointments to discharges.
- ✓ Managing the staff of endoscopy and training them for eHIS.
- ✓ Dealing with special cases in which patients refused to pay the bill or patient/attendant became anxious due to unforeseen delays.

WAITING TIME IN DIFFERENT ACTIVITY AREAS



NULL HYPOSTHESIS: no significant difference in total length of stay of patient pre and post intervention in endoscopy department.

	PRE	POST
MEAN	0.13	0.09
SD	0.05	0.04
SEM	0.0028	0.0022
N	330	330
CALCULATIONS		P value and statistical significance: The P value is less than 0.0001 By conventional criteria, this difference is considered to be extremely statistically significant. Confidence interval: The mean of pre minus post equals 0.0400 95% confidence interval of this difference: From 0.0331 to 0.0469
t	11.3481	
df	658	
Standard error of difference	0.004	

A p-value less than 0.01 mean that the null hypothesis is false.

ANALYSIS OF DATA COLLECTED VS STANDARD

STANDARD VS OBSERVED	STANDARD	OBSERVED	POST INTERVENTION
RECEPTION	N/A	0minutes -6 hours	0-2hours
PRE PROCEDURE	2-22.2 MINUTES	17minutes- 6.5hours	0-4hours 20minutes
PROCEDURE	3-42MINUTES	5minutes-2hours 5minutes	5minutes – 2hours7 minutes
RECOVERY	10-60MINUTES	10minutes-4hours	10minutes – 4hours10minutes
AVERAGE TOTAL		3 hours 05 minutes	2 hours 14 minutes

