Summer Training at
Fortis Hospital,
Noida

Time Motion Study to Find in the Reasons for Delay in Discharge Process of the Patient

By
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Under the guidance of
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MBA Hospital and Health Management
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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 WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Garima Maheshwari**, student of MBA in Hospital and Health Management from The IIHMR University, Jaipur has undergone summer training at **Fortis Hospital, Noida** from **1st April 2016** to **31st May 2016.**

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

The summer training is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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Manpower Development Programme

This certificate is awarded to

Dr. Garima Maheshwari

In recognition of having successfully completed her Internship in the department of

Medical Administration
&
Sales & Marketing

From

1st April 2016 – 31st May 2016

At Fortis Hospital, NOIDA

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavors.

Smita Angrish
Manager –Human Resources
Fortis Hospital, Noida

Acknowledgement

Any attempt of any level cannot be a success without the support and direction of learned people. A heartfelt gratitude to Mr. GaganSeghal (Zonal Director) and Dr. Mehar Kumar Bedi(Medical Director), at Fortis Hospital, Noida, for giving us the opportunity to work with the India's Leading Healthcare Provider. We would like to express our immense gratitude to our mentors (Dr. Shanu Sharma, Ms Preeti Goswami, Ms.Ajitha Nair and Ms. Joyshree Saikia) for providing support and guidance for our learning the in the hospital and for directing our goals and objectives towards the attitude that derives to achieve excellence.

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We are glad to acknowledge Dr. S.D. Gupta (Director IIHMR Jaipur), Dr. (Brig) S.K Puri, Dr (Col.)Ashok Kaushik and Mentor Dr. P R Sodani (Dean Training) for incorporating the right attitude in us towards learning and also for supporting us whenever required. We are thankful to them for giving us an opportunity to learn administrative so that we come to know how a hospital functions and provides quality care to its patients.

Table of Content

Abbreviation

FOS – Fortis operating system

GRN – Goods receiving number

PCS – Patient care services

ROL – Reorder level

UHID – Unique hospital identity

ICU – Intensive care unit

HDU – High density unit

TPA – Third party administrator

PHC – Preventive health checkup

OT – Operation theatre

CSSD – Central sterile supply department

SICU – Surgical ICU

MICU – Medical ICU

NICU- Neonatal ICU

LR – Labor room

HOD – Head of department

HIS – Hospital information system

IVF – Intravenous fluid

In vitro fertilization

CTVS – Cardiothoracic vascular surgery

CCU – Cardiac care unit

OPD – Out patient department

TAT – Turnaround time

CBC – Complete blood count

ECG – Electrocardiography

TMT – Tread mill test

CXR – chest x ray

PFT – Pulmonary function test

KFT –kidney function test

LFT – liver function test

BUN – Blood urea nitrogen

USG – Ultrasonography

AEC – Acute eosinophilic count

IPD – Inpatient department

IT – Information technology

MRD – Medical record department

STEMI-ST elevated myocardial infarction

Observational Learning

1.0 Introduction

Summer training is an integral part of MBA in Health and Hospital Management. We have completed our first year and as part of the curriculum, the students are required to undergo a two months training in a hospital. The main purpose is to get oriented to the layout, operations and workflow of the hospital.

We got the golden opportunity to work in Asia's leading Healthcare provider, Fortis Group of Hospitals. We started our summer internship from 1st April in Fortis Hospital, Noida.

Objectives

1. To get an overview and develop understanding of the hospital functioning
2. To gather knowledge about the process flow of major clinical and non clinical departments in a hospital.
3. To help the management study and address some issues/problems associated with some specific operations.

1.1 Background

Fortis healthcare limited is a frontrunner healthcare service provider in India. The healthcare verticals of the company include Hospitals, Diagnostics and Daycare specialty facility.

The company has multinational presence in 54 countries like India, Sri Lanka, and Dubai and Mauritius with 10000 potential beds and 260 diagnostic centers.

Its flagship Fortis memorial research institute (FMRI) was ranked no-2 by 'Top master healthcare.com'

Fortis Healthcare Limited was established in 1996 by its founder Late Dr.ParvinderSingh. His vision of medical care was

"*To create a world class Integrated Health Care delivery system in India, entailing the finest medical skills combined with compassionate patient care*"

Fortis Hospital Noida was inaugurated on 7th November 2004, which is centre of excellence in Neuroscience, Orthopedics, bariatric, cardiac sciences, minimally access surgery, and oncology. The Hospital is built over an area of 5.53 acres. Total Build up areas is 220,000 sq. ftwith patient centric design by Kaplan Mc Laughlin Diaz (KMD), USA. This allows far flexibility to adapt and accommodate future trends of patient care.

Fortis Hospital, Noida is the Hub where some of the best medical professionals provide quality medical treatment catering to the special needs of patients and their families. The Hospital has been designed and developed to deliver patient care with maximum ease warmth and effectiveness.

Fortis Hospital Noida has also achieved many first to its name:

1. NABH Accredited Hospital In U.P
2. NABH Accredited Blood Bank in U.P
3. NABH Accredited Lab Services in U.P

Mission

- To become an integrated Healthcare delivering organization guided by quality, excellence, technology, and compassionate care.
- Toestablish Fortis Hospital Noida as a major corporate hospital, in healthcare delivery system in the region.

Vision

Globally Respected Health care organization recognized for clinical excellence and distinctive patient care

Values

They serve as guideline for routine conduct of each Fortisian. The core value of Fortis Healthcare are:

1. Patient Centricity
2. Integrity
3. Ownership
4. Teamwork
5. Innovation

Fortis Logo

Brand logo is a synthesis of human values of trust, ethics, service and quality healthcare.

The integration of hands (in a distinctive green with a red dot) and the human figure is representation of “Fortis” responsive approach to healthcare

1.2 Committees in the Hospital:

1. Quality steering Committee
2. Hospital Infection Control Committee
3. Safety Committee
4. Sentinel Event Committee
5. Blood Transfusion Committee
6. Code blue Committee
7. Pharmacy and therapeutic Committee
8. Medical Audit Committee
9. Research and Ethics Committee
10. OT Committee
11. MRD Committee
12. CME Committee
13. Purchase Committee
14. Condemnation Committee
15. Morbidity and Mortality Committee
16. Credentialing and Privileging Committee

2.0 Infrastructure

2.1 Super-Specialty

Anesthesia	Nephrology and Dialysis
Blood Bank	Neurology
Cardiology	Neuro Surgery
Critical Care	Oncology
Dentistry	Ophthalmology
Dermatology	Pediatrics
Emergency Medicine	Physiotherapy
ENT	Plastic Surgery
Endocrinology	Psychiatry
Gastroenterology	Psychology
General Surgery	Pulmonology
Gynecology and Obstetrics	Radiology
Internal Medicine	Rheumatology
IVF /Bloom Fertility centre	Thoracic surgery
Music Therapy	Urology
Neonatology	Transplant surgery

2.2 Hospital Layout

S.NO.	LOCATION	AREA
1	Atrium area	Main Reception, Billing, Cashier, Travel Desk,Counselor Office, TPA cell, Telemedicine
2	Basement	Administration, Blood Bank, IP pharmacy, SRL lab, IVF Centre, Staff Cafeteria, CSSD, Purchase, Nutrition, Mortuary, Security, I.T, Engineering, Kitchen, Housekeeping, Store.
3	IPD Block- Ground Floor	International patient services, Diagnostic Appointment Desk, Radiology (MRI, 64 Slice CT, PET CT, X-Ray, Ultrasound, Mammography, Dexa Bone Densitometry), Report Collection Room
4	IPD- First Floor	Chief of Nursing, Patient rooms,HDU,Sleep Lab, Video EEG
5	IPD- Second Floor	Intensive Care Unit-NSICU, MICU, Liver Transplant ICU, CTVS ICU
6	IPD- Third Floor	Patient Rooms, Labor Room, Neonatal ICU,SICU, Pediatric ICU
7	IPD- Fourth Floor	Patient Rooms, Cardiac Care Unit (CCU), Cardiac Cath Lab
8	IPD- Fifth Floor	Presidential suite, deluxe suite, Patient Rooms, Liver Transplant ICU, Bone Marrow Transplant UNIT
9	OPD Block- Ground Floor	Patient Care Services, OPD Billing, Pharmacy, New Ward, CCD, Sample collection Room, GeneralSurgery,Cardiology,CardiacProcedure,Physiotherapy,Preventive Health Check up desk
10	OPD Block- First Floor	Dialysis, EMG,EEG,TCD,Endoscopy Room, Patient Welfare Department,Audiometry, ECHS help desk, oncology day care ward
11	OPD Block- Second Floor	PAC Room, Operation Theatres, Neuro Cath Lab, Library, Human Resource Department, Auditorium

3.0 Data Collection

Data collection method involves 2 types of sources –

a. Primary source
b. Secondary source

Primary sources of data –

1. Through interaction with HOD, Incharge, Executives and other members of the staff.
2. Through direct observation.

Secondary sources of data –

1. Through various records of hospital.
2. Through online website "www.fortishealthcare.com
3. Through various written documents of hospital like pamphlets, booklets and other documents.
4. Through internet.

4.0 Bed Layout

Breakup of Beds-

1. Single Room
2. Twin Sharing
3. Deluxe Suite
4. Ward

- **Census Bed**

An official count of patients admitted to the hospital facility by midnight

Number of Census Bed-191

- **Non Census Bed**

Beds which are not counted in the census

- New Ward-4
- Neonatal ICU
- Oncology-Day Care-17
- Dialysis-12
- Cath lab
- Labor Room
- CSICU-9
- Neurosurgical ICU-15
- Medical ICU-17

- Surgical ICU-6
- CCU-4
- Paediatric ICU-4

5.0 Good Practices followed in Fortis

1. Lakshya Tracker
    - ICU and OT communication Records
    - Patient Satisfaction Score Sheet
    - Multi-Disciplinary Team Meetings
2. Patient Centricity
3. Clinical Excellence
4. Community Participation
   Through various Outreach programmes like Traffic, Anti-Tobacco day, Preventive Health Check-ups for Women etc.
5. Investigation Compliance

5.1 Monthly Data For performance evaluation

- CPR analysis
- FOS Data (Fortis Operating System)
  Performance Evaluated in Various Department using certain parameter for efficient functioning
- MOS (Medical Operating System)
- NSI(Needle Stick Indicator) Reporting
- Quality Indicators
- Code STEMI/Code Fast (Clinical pathway)

6.0 Department Profile:

6.1 Operation Theatre

Functions

- To perform surgery in a sterilized environment
- To Take care of the patient pre and post surgery.
- Follows WHO Checklist to ensure patient safety
- Operation Theatre Booking
- Scheduling of booked cases

Location:- 2nd Floor (Near to ICUs and Triage area)

Number of OTs-8 (7 Major + 1 Minor)

Types of OTs

- Orthopedics
- Cardiac
- Neurology
- Transplant
- General surgery
- Obstetrics and gynecology

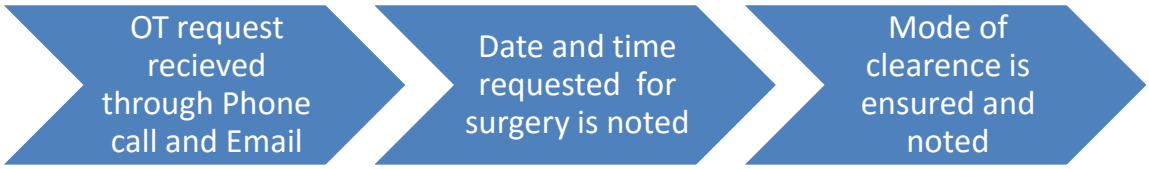
Zoning

- Protective Zone- Pantry, Transfer Corridor
- Clean Zone- Reception, Recovery
- Sterile Zone-Scrubbing and Gowning, Operating Room, Store, Sterilizer
- Disposable Zone-Disposal of waste, washing o equipments

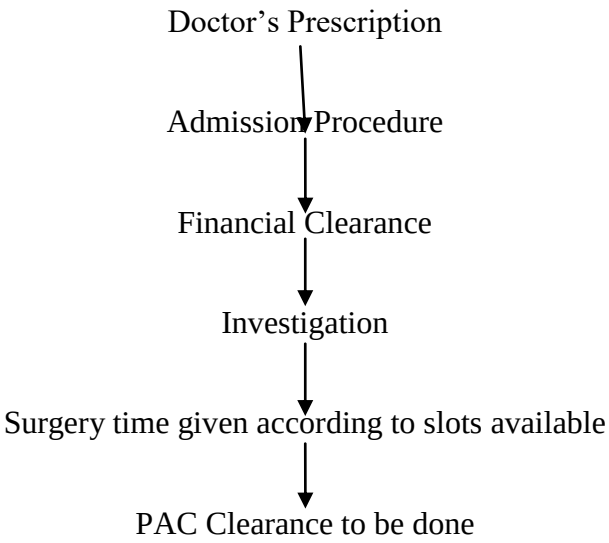
Daily and weekly volumes of special equipment

- C-arm
- Laser

OT Booking(First come First Basis)



OT Process for OPD



6.2 Intensive Care Unit

- Close observation and monitoring of critically ill patients.
- Specialized care for specialized cases round the clock
- Advanced respiratory support alone or basic respiratory support together with support of at least two organ systems.
- Administration of Life saving and High risk drugs under close monitoring.
- Multi Disciplinary treatment for Critical cases

Location- 2nd Floor

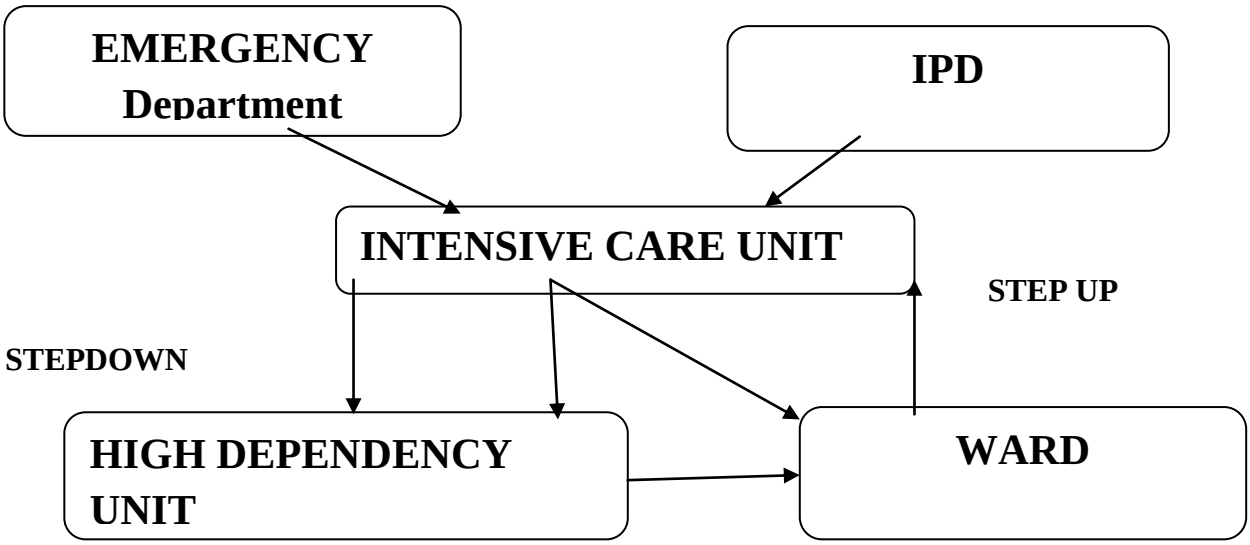
Types of ICUs

1. Cardiac Care Unit
2. Neurosurgical ICU
3. Medical ICU
4. Transplant ICU
5. Pediatric ICU
6. Cardiothoracic ICU
7. Neonatal ICU
8. Surgical ICU

Quality Indicators

- **CLEBSI**(Central line blood stream infection**)**
- **CAUTI**(Catheter associated UTI)
- **VAP**(Ventilator associated pneumonia)

Patient flow in ICU



6.3 Marketing Department

- Branding and promotion of the Hospital
- Online Marketing through Website
- Corporate Liasoning
- Preparing Brochures and pamphlets
- Conducting health awareness programmes in the Hospital
- Interview and Press Conferences of Experts

6.4 Dietary and Nutrition

- Following Food and Beverages standards
- Outpatient diet counseling
- Customizing patient diet
- Checking the quality of grocery items as per standard specification
- Procuring food items lasting 3 weeks
- Providing Room service to attendants
- To educate all inpatients during Hospitalization and at time of discharge for therapeutic diet.
- Extending Service during guest visit, workshop, and important meeting

Kitchen

Area-4000 sqft

- Chamber for management
- Separate washing Area
- Main Kitchen Area
    1. Bulk Area- preparation of food in large amount
    2. Patient Meal preparation Area
    3. Baking Area
    4. Packing Area- food is packed and assembled in trolley
- Vegetable Cutting Area
- Refrigerator (4-8 c)
- Store- Daily stock of fresh fruits and vegetable
  10-15 days storage of perishable items

6.5 Housekeeping

- Undertakes following departments
- Consumables
- Housekeeping manpower
- Horticulture
- Patient linen
- Laundry
- Cleaning and Biomedical Waste Management

6.6 CSSD

- To make sterilized articles available throughout the patient care areas
- Ensure proper functioning of sterilizers using various quality indicators
- Processing and Sterilizing syringes, rubber goods, surgical instruments, trays, sets and dressings etc.
- Temperature for Sterilization
  ETO (37,55) C
  Steam (134,121) F

Quality Indicators

1. **Biological Indicator Test**

Spores are kept in:

ETO- each load

Steam sterilizer-each week

In every implant

2. **Physical**

   134 F, Dry sterilization

3. **Chemical**

Autoclaving

Steam 1. Linen(7 days shelf life)

2. Surgical instruments(1 month)
3. Medical grade paper (3 months)

ETO items(1 year)

6.7 TPA

- Gets pre authorization from the insurance companies for approval of the estimate given for client specific treatment.
- Facilitates the insurance claims for the client.

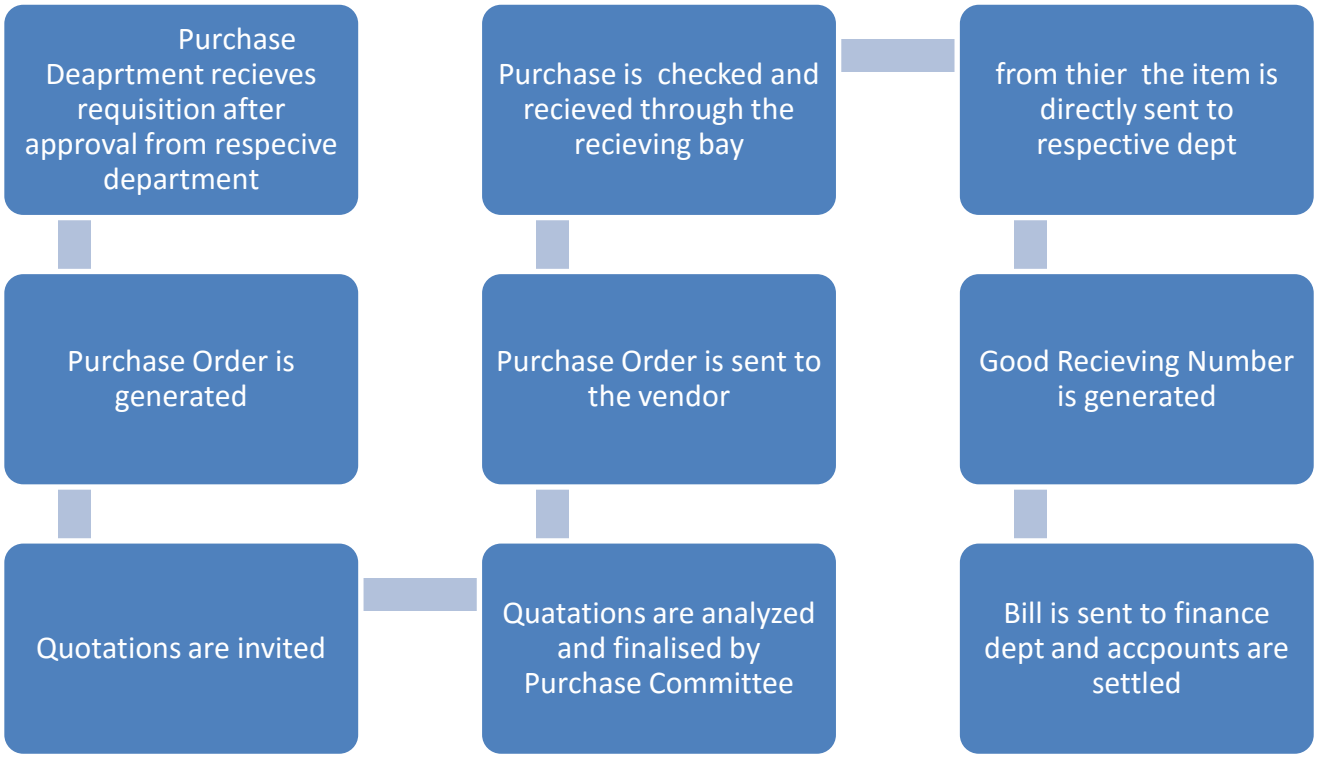
6.8 Store and Purchase

Functions

- Store receives all equipments, instruments, and raw materials, consumable, stationary, medicines, and other essential goods required by the hospital.
- Movement of store through ABC AND FIFO
- Procurement of stores through vendors
- Negotiating contracts from vendors
- Issuing purchase order
- Quotation for new purchase
- Repairing of faulty equipments
- Serving as an information centre for material management

3 Purchase Heads:

1. Drugs
2. Consumables
3. Others(Including all machinery)



6.9 Engineering and Maintenance

Functions-

- Maintaining electrical and water supply
- Air Conditioning
- Storage and supply of Medical Gases
- Treatment of waste water.
- 3 monthly checking of pipelines

- **<u>Medical Gases are stored in cylinders color coded as</u>-**

  O2- White

  N2- Black

  CO2- Silver

- **<u>Manifold Room</u>**
  Pipelines are also color coded according to the gases-

Nitrous oxide-French Blue

Medical Air-White

Yellow-Vacuum

Daily Oxygen Consumption- 1200 Liters

- **Compressor Room**

  Air compressors-3

  Vaccum Compressors-3

- **Water Treatment Plant**

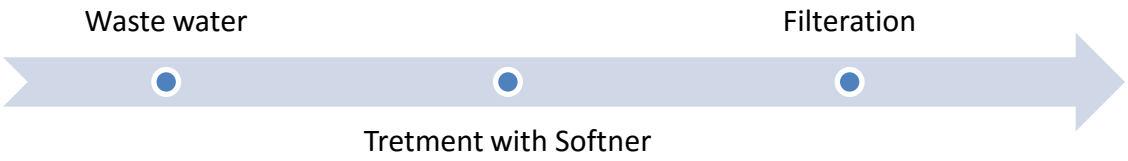
  There are:-

  - 6 tanks with 1 lac litre and 2 with 5 lac litre capacity
  - Two tanks for Raw water supplied from Noida Authority
  - Two tanks for soft water

  - **Filters used:**

❖ MGF(Multigrade Filter)
❖ ACF(Activated Carbon Filter)
❖ Softeners

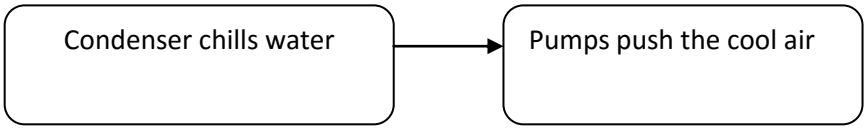
  - **Waste water Treatment**



- **Electricity Supply**

- Electricity Backup- Generator (750 kv)
- Each department has its own UPS supply

- **High Ventilation Air-conditioning**
  3 Chillers- 300 TR, 200 TR, 400 TR(Capacity)



Maintenance:

- Electricity Panels are checked every month
- Pumps, motors, Ups are checked quarterly

6.10 MedicalRecord Department

- Storage and Maintenance of medical records by following standard SOPs
- Obtaining missing patient files
- Maintaining integrity and confidentiality of medical records
- Classifying the medical files as per ICD-10 and arranging and storing them according to IPID
- Submitting required data (Notifiable disease, death, birth etc.) to government.

Shelf Life of Medical Records

Normal Cases-6years

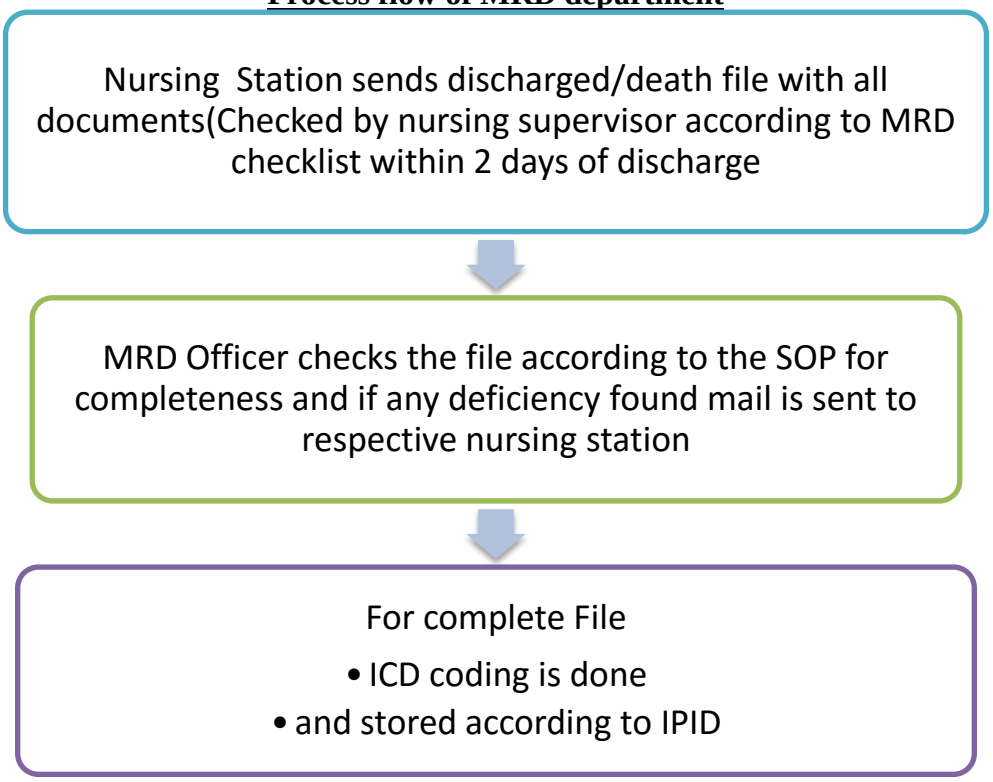
MLC/Death-10 years

Pediatric-Up to 21years of age

Transplant cases- 15 years

Court case-Until the Case is settled in court + 3 years

Process flow of MRD department



Retrieval Policy

- **Proper Requisition format is to be filled**
- **Requisition should be signed by MS/MRD officer**
- **File to be returned within 7 days**

ORGANOGRAM

MEDICAL SUPERINTENDENT

↓

MEDICAL RECORD OFFICER

↓

MEDICAL RECORD EXECUTIVES

↓

GDA

6.11 Blood Bank

- Functions under licenses given by the Locality (Noida) and State(Lucknow)
- Conducts counseling and Physical examination for Donors.
- Collection, Processing and Storage of Blood and Blood Products.
- Issuing and Transportation of Blood

6.12 Pharmacy

- Controlling and dispensing of drugs
- Communication with physician, nurses, and other clinical staff
- Quality and stock out management of drugs
- Storage of drugs and expiry management
- Procurement and Inventory management
- Ensuring rational and safe drug use.

Quality indicators of pharmacy –

1. Indent delays
2. Stock out
3. Cash purchase

Fortis pharmacy workflow-

Doctor prescribes medicine on IPD notes sheet → Nurses note down the same on requisition slip

↓

Computer operator makes entry of medicine through software (INDENT)

↓

Indent shows on pharmacy computer

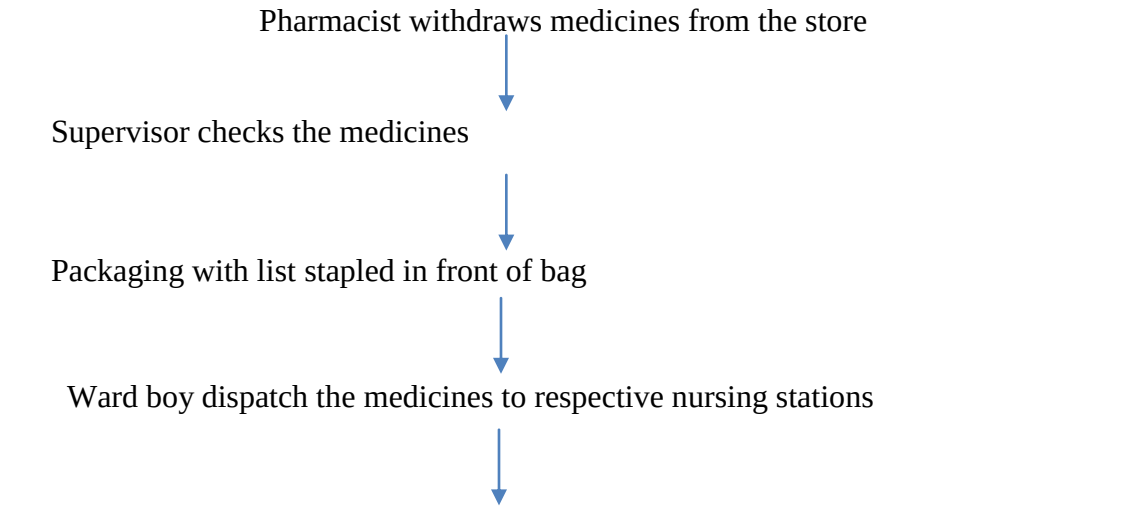
↓

Pharmacist approves it on the availability of medicines

↓

Takes print out of approved list

↓



4.

- Types of Pharmacy Indents
  1. Stat Indent(to be dispensed within 30 mins)
  2. IP Indent

6.13 Preventive Health Check Up

- Reception of patient and counseling regarding various health packages.
- Billing of health check up package
- Guidance and coordination of patient to various departments
- Collection and assembling of all investigation reports
- Facilitation of physician consultation for discussion on findings of report.
- Addressing Grievances regarding PHC department

6.14 IT Department

Deal with hardware, software, network and telecom

- Hardware-CCTV cameras, TV, telephone, Computers, printers.etc
- Software-HIS (Hospital Information System-25 Modules/applications)
- Network-Intranet
- Telecom-Intercom
-

6.15 Admission Department

Functions

- Counseling before admission.
- Admission of patient
- Coordination with bed manager
- Coordination with doctors about allocation of code of surgeries and other queries.
- Running bill counseling and top up payments.
- Coordination with TPA departments

Types of Admission:

1. TPA
2. CASH
3. ECHS/CGHS/NTPC
4. Credit

6.16 Dialysis

- OPD and IPD facility for dialysis
- OPD Timings- 6:30am to 8pm
- IPD Timings- From 8pm or Whenever required

Infrastructure

1. RO room/Water Treatment room
2. Training room
3. Wash room
4. Store

Number of Dialysis Units- 15

Number of Beds-16

Average number of dialysis per day (OPD) - 45

PROJECT- A Time Motion Study to Find in the Reasons for Delay in Discharge Process of the Patient .

Introduction

Discharge is defined as "a release of a hospitalized patient from the hospital by the admitting physician after providing necessary medical care for a period deemed necessary."

The process comprises of clinical, financial, legal and administrative and record keeping starts right from writing of discharge orders to settlements of all kinds of hospital bills. It is a time consuming process and may take few hours for completion. Although it is a difficult task to exactly be in an organized standards as per the global standards or those prescribed by hospital accreditation boards like NABH at national level .

The discharges can be varied as

1. **Planned discharges –** the planning is done a night prior of the discharge after evening round by doctor(either verbal/written) and activities related to finances , pharmacy are started in the night itself and then the next morning patient is discharged .In planned discharges the patient should ideally be wheeled out before 11 am the next day .
2. **Unplanned discharges** – in unplanned discharges the discharge process is started spontaneously after the doctors round and all the activities are started.

The time limits vary according to the patients mode of payment :

1. ECHS
2. CREDIT- PSU
3. TPA
4. CASH
5. International patients

FORTIS HOSPITAL DISCHARGE PROCESS FLOW FOR PLANNED (CASH / CREDIT AND ECHS)

A DAY BEFORE DICHARGE PLANING DONE

⇩

WRITTEN /VERBAL ORDER BY DOCTOR

⇩

INFORMATION SENT TO VARIOUS DEPARTMENTS THROUGH MAIL
(ALL STAKE HOLDERS)

⇩

PHARMACY NO DUES

⇩

DICSHARGE SUMMARY PREPARATION

⇩

REPORTS COLLECTION

⇩

FINAL FINANCIAL COUNCELLING

⇩

INTIMATION OF DISCHARGE IS DONE

⇩

BILL GENERATION IN BILLING DEPARTMENT

⇩

PATIENT GETS THE DISCHARGE CLEARANCE FROM THE BILLING DEPARTMENT

⇩

DISCHARGE CLEARANCE PRESENTED TO NURSE

⇩

PATIENT DOCKETS HANDED OVER TO PATIENT ATTENDANTS

⇩

PATIENT WHEELED OUT

⇩

MEDICAL AMBULANCE FOR DROPPING FACILITY PROVIDED ON REQUEST

FORTIS HOSPITAL PROCESS FLOW FOR PLANNED TPA PATIENTS

A DAY BEFORE DICHARGE PLANING DONE

⇩

WRITTEN /VERBAL ORDER BY DOCTOR

⇩

INFORMATION SENT TO VARIOUS DEPARTMENTS THROUGH MAIL
(ALL STAKE HOLDERS)

⇩

PHARMACY NO DUES

⇩

DICSHARGE SUMMARY PREPARATION

⇩

REPORTS COLLECTION

⇩

FINAL FINANCIAL COUNCELLING

⇩

INTIMATION OF DISCHARGE IS DONE

⇩

BILL GENERATION IN BILLING DEPARTMENT

⇩

DISCHARGE SUMMARY AND FINAL BILL SEND TO INSURANCE COMPANY FOR FINAL APPROVAL

⇩

FINAL APPROVAL MAIL FROM INSURANCE TO TPA DESK AT FORTIS

CLEARANCE TO BILLING

FINAL BILL GENERATION

REVIEW OF LITERATURE

The research literature on hospital discharge goes back at least thirty years and there is remarkable consistency in the research findings, which continue to report on the breakdowns in routine discharge arrangements

RATIONALE

Discharge process is an important step for efficient functioning ,patient satisfaction ,turnover of patients in the hospital.

A time motion study is important to find the possible bottlenecks and delays in discharge process. To figure out the solutions for the problems faced causing the delay and providing solutions for improving it .

OBJECTIVE

The time motion study was to observe and record the time needed for completion of discharge process for all type of discharge process.

To propose suggestions based on study findings.

METHODOLOGY –

Location - First floor

Study area – Fortis hospital, Noida

Study population – The IPD patients of first floor (ward , twin sharing , single room)

Sample size – 87

Study method - The observational study was carried out on the

Data collection tools – Printed format for recording various timings.

Sampling method – simple random sampling

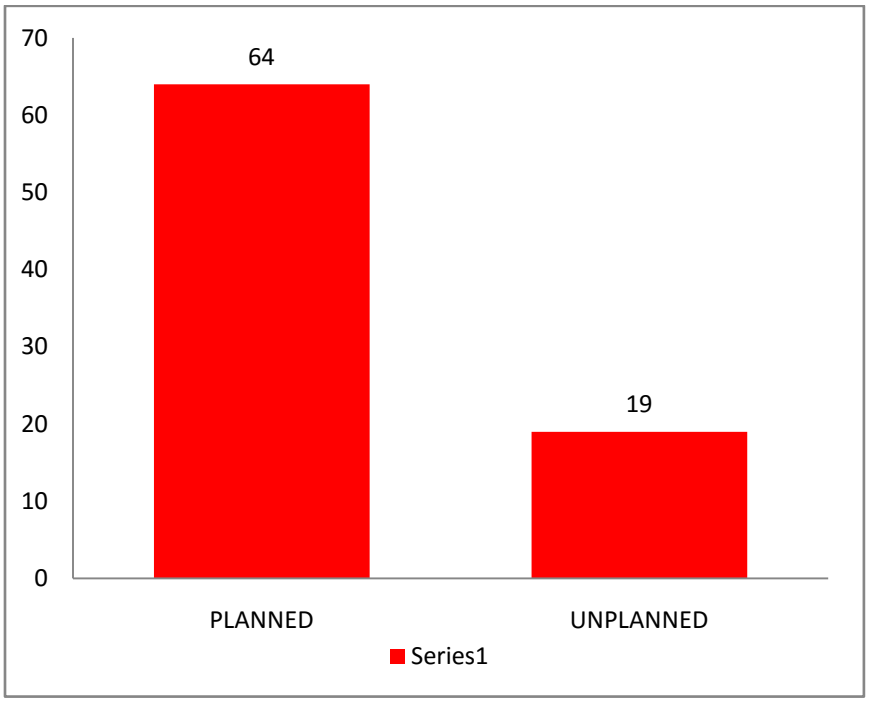
Time period - 8th April to 25th April

Study type – Descriptive

Ratio of Planned and Unplanned Discharges

Planned – 64

Unplanned- 15



TAT According to SOP Standards

TPA – 180 minutes

CASH- 90 minutes

ECHS AND CREDIT- 120 minutes

Result and Discussion

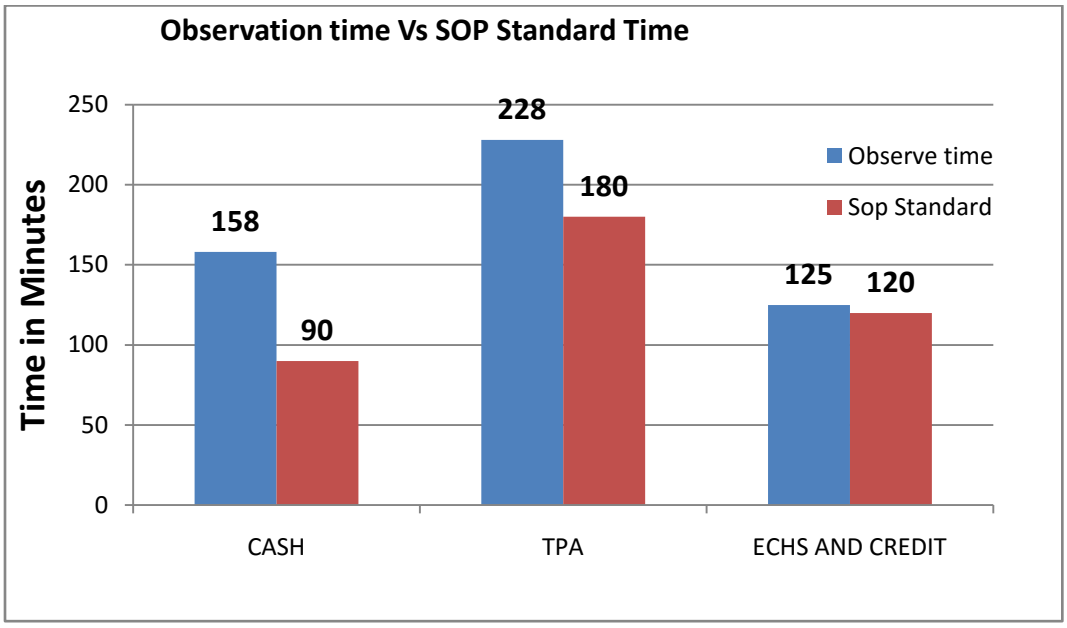
According to the Analysis total time taken for the Discharge in different categories (OUTLIER EXCLUDED- THOSE PATIENTS PAID HALF DAY)

TPA – 228 minutes

CASH- 158 minutes

ECHS and CREDIT- 128 minutes

1. Most of the patients in all type of discharges felt that the delay in discharge process .
2. Cash patients had a greater delay in comparison to others.
3. TPA patients were also delayed because of the approval process and re approval of the cases with queries .
4. Echs and credit patients were only 1% who were delayed according to the analysis .



Findings

1. The doctors take the final round in the morning then the discharge summary is prepared ,most of the time there is a delay in doctors round the patient has to wait for the discharge summary .

2. Due to miscoordination between the departments the physical form of discharge summary sent to TPA/billing departments gets delayed.

3. The pharmacy does delay in sending the discharge medication of ECHS patients due to lack of time management and coordination .

4. Delay occurs in TPA as queries arise then they are sent for re approval.

OBSERVATION

1. Proper patient counseling on discharge should be done a day before .

2. Discharge summary final corrections should be made online .

3. After introducing the LOD module (software) the discharge TAT has decreased in all the categories .

Conclusion

The results clearly indicates that there is a delay in all types of discharges in this hospital in all the steps except for the time needed to return unused medicines to the pharmacy, when compared with prescribed standards for the same. Time and tedious discharge procedure, also eventually contributes to patient dissatisfaction and thus reflects on future business of such hospitals

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Project 2

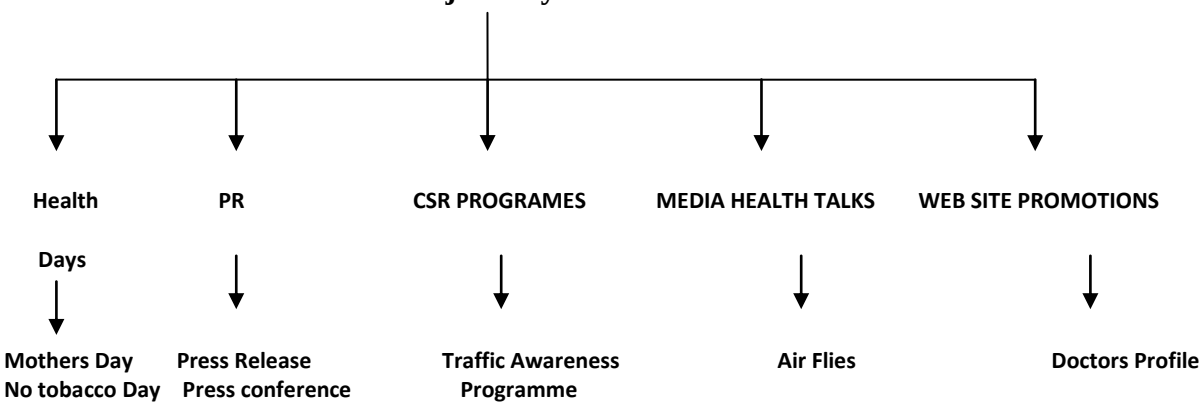
Hospital Promotions Through Marketing Communications

Introduction

Marketing communication is a fundamental and complex part of a company's marketing efforts. Loosely defined, can be described as all the messages and media you deploy to communicate with the market.

Marketing communication includes advertising, direct marketing, branding, packaging, your online presence, printed materials, PR activities, sales presentations, sponsorships, trade show appearances and more.

Project Layout



Mother's Day Health Talk (7/may/2016)

Objective : Spreading Health Awareness among the new mother's and women's at different ages of their life span.

A Health Talk was Organized on behalf of Mother's day in which all the old patients and the OPD patients were invited. The talk contained information regarding the new mothers as well as maintaining health at different ages . It was an ongoing interactive session between the

women's and the doctors .The new mothers and ladies at late 60's were more of responsive to the talk and availed full benefits of the talk.

Story For Press Release on Behalf of Mother's Day

Objective :To spread awareness among the society as well as the health facilities provided by the hospital

Story of a successfully treated patient who not only showed bravery and courage but also proved to be a successful mother and wife. The women delt with a heart attack of his husband undergoing surgery while she was pregnant and few days later delivered a premature baby of 7 months .with no help from elsewhere she courageously handled the care of her husband and her baby . This is what we address a strong women , a mother . A women with responsibilities on shoulder and a pride and inspiration for others.

NEUROSCIENCES CONFERENCE

Objective : Knowledge Exchange Among The Doctors

A Third western UP Neurosciences Update was organized at Fortis Hospital Noida .The Theme was based on "clinical approach meet" which turned out a successful event. It gave a view into neurosciences from the best of Experts. The experts were invited from the valued hospital of western UP and Delhi .

Eight clinical cases in neurology and neurosurgery were discussed, Cases based discussion including clinical presentation, investigation,treatment offered an outcome. It was a gathering for about 100 doctors. It was an interactive as well as knowledgeable session.

Organizing the conference was a challenging job .There were four pharma companies who supported the conference financially. Then invites to the neurosurgeons were been sent.

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Organizing the **Process Of Conference**

Subject Is Chosen First By Analysing the Upcoming Trends in Hospital

⇩

Meeting and Discussing the Idea with the Respective Doctors

⇩

Organizing the funding from various Resourses (Pharma Companies)

⇩

Finalizing the dates of the conference

⇩

Invites to the respective doctors

TRAFFIC AWARENESS PROGRAMME

Objective : An knowledge exchange programme as a corporate social responsibility for welfare of the society as well as a branding promotion .

Fortis Hospital Noida initiated an exemplary community connect service by extending a helping hand to the Noida Traffic police to make traffic smoother for commuters at peak hours at various points at Noida . The volunteers were given a

training programme by the traffic police and as a help to the community the traffic police volunteers were also given the BLS training by the team of doctors as a social service to the society

BLS Training to the Traffic Police Staff by Professionals in Fortis Hospital

Traffic Mangement Training Given to The Volunteers of Fortis Noida

BUSSINESS WORLD MAGAZINE HEALTH AWARDS

An invite for the health awards 2016 was given to Fortis Hospital Noida for the following categories .

Best hospital stand alone - This award recognises the significant contribution of an independent hospital to provide expert medical assistance in diverse medical departments for the diagnosis, treatment and disease prevention at its best by bringing best of the doctors, scientists and clinical researcher together.

Patient safety - This award recognizes initiatives taken by the organization to prevent harm to patients with measurable results while emphasizing on prevention of errors and promoting a culture of safety that involves healthcare professionals, organizations and patients. Participant should be able to demonstrate above with project / initiative details and measurable impact on relevant parameters.

Best multispecialty /superspeciality hospital 126This award recognises the continuous efforts put together by the hospital to provide cutting-edge medical assistance in diverse medical departments via expert services in diagnosis, treatment and disease prevention – all under one roof by bringing best of the doctors, scientists and clinical researchers together.

MEDIA TALKS BY THE DOCTORS ON HEALTH ISSUES

A health talk by CNBC channel was organized on the topic environment related diseases. The subject was on "AIR FLIES"

Objective: To spread awareness regarding the harmful effects of air flies on lungs causing various diseases and its preventive measures

Process of Organising The Media Health Talk

Selection of the Health Topic by Media

⇩

Invitation Received by Media

⇩

Approval of Invitation

⇩

Discussion with the doctor regarding the subject

⇩

Finalizing the dates with media

⇩

Recording of the health talk

WEBSITE PROMOTIONAL ACTIVITIES

Objective - Promotion and Branding of the Hospital by Creating Doctor's profile

In the hospital website we have a page of Doctors Profile for Public Aawareness and branding of the hospital.

The Doctors profile is created in a set format which is then given for designing to the outsourced designers. After designing the final approval from doctors are taken which is then sent for website display .The specialities of hospital are given preference.

PRESS CONFERENCE

Press Conference is an important part of marketing communication. In hospital press conferences the difficult cases that got successfully treated are discussed. It emphasises on general awareness and knowledge among the public sector.

Process flow of press conference

Identification of cases (if possible correlating to the health day)

⇩

Discussion with the concerned doctor regarding the case

⇩

Taking consent from the patient

⇩

Finalizing the Dates

⇩

Inviting the media for conference

⇩

Organizing the conference

⇩

Press coverage on News Paper And News channels

On 30th may a press conference was organized on the topic "successfully tobacco induced cancer treated patients" the conference was done by Dr. Gagan Saini (Radiation Oncologist), Mr.Gagan Sehgal (Zonal Director), and survivors of tobacco induced cancer patients.The conference was based to spread the awareness regarding the treatment as well as patients sharing there experiences with media. The media coverage was then displayed on the news papers and news channels the next day on behalf of No Tobacco Day .

NO TOBACCO DAY (31ST MAY)

On the occasion of no tobacco day a Support Group Programme was organized. Tobacco Induced Cancer Patients and the team of doctors of Cancer ,ENT ,Pulmonology and Dental were involved .The patients were invited through SMS a day before.

The programme included the information regarding the diseases caused by use of tobacco as well as medical methods /counselling on how to quit cigarette smoking and gutkha chewing .It was an interactive session between the doctors and the patients .

Observations and recommendations

1. Health check up plans can be made as a gift option in the website and the payment of it should be made online which could increase the promotion of health check up plans.
2. These health check up plans and other various services can have a tie up which could increase the branding and promotion as well as the revenue generation.
3. Online mode of payment through the website should be facilitated.