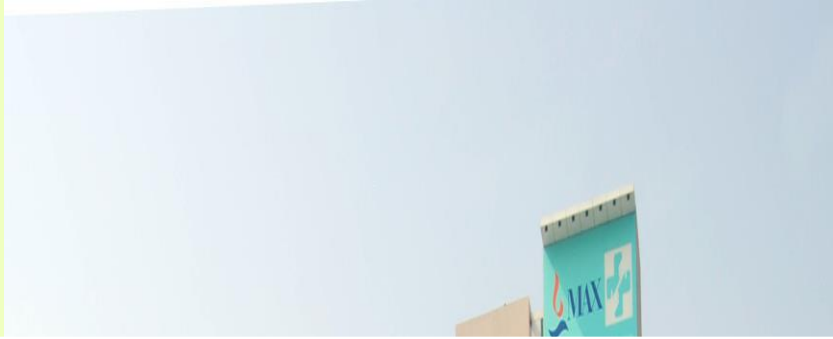




2015

PROJECT REPORT



kamlesh sharma
MAX SUPER SPECIALITY
HOSPITAL, SHALIMAR
BAGH

**Summer Placement
in
MAX SUPER SPECIALITY HOSPITAL, SHALIMAR BAGH**

(April 1 to May 31st, 2015)

**A Report
On
Discharge process
&
Communication skills of Front office staff**

**By
Dr. Sakshi**

**MBA Hospital and Health Management
2014-2016**



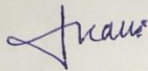
Institute of Health Management Research, Jaipur

CERTIFICATE

This is to certify that **Sakshi** has undergone her Summer Training in **MAX Super speciality Hospital, Shalimar Bagh, New Delhi** from 1st April 2015 to 9th June 2015. The candidate herself carried out all the studies related to her Summer Training. Her approach to the study has been scientific and analytical.

The summer training is in partial fulfilment of the course requirement recommended for the award of Master of Business Administration-Hospital & Health Management.

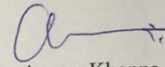
I wish her success in all her future endeavours.



Col.(Dr) Ashok Kaushik

Dean (Academic and Student Affairs)

IIHMR University, Jaipur



Dr. Anoop Khanna

Associate Professor

IIHMR University, Jaipur

June 09, 2015

Ms. Sakshi
New Delhi

TO WHOMSOEVER IT MAY CONCERN

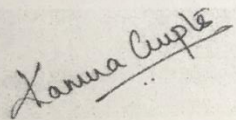
This is to certify that **Ms. Sakshi** student of Institute of Health management Research, Jaipur has completed her Internship from **Max Super Specialty Hospital, Shalimar Bagh** in "**Hospital Operations**" on the following topics from 1st April 2015 to 9th June 2015.

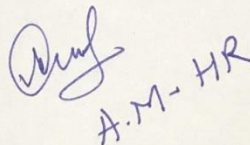
1. Turnaround time to analyze the Discharge process and to identify various factors that lead to increase turnaround time of discharge
2. Soft skill of Front office staff during admission process

During her period of attachment with us, we found her to be sincere and hardworking person.

We wish her very best in all future.

Yours sincerely,




A.M. - HR

Kamna Gupta
Senior Manager - Human Resources

Max Healthcare Institute Limited

(CIN: U72200DL2001PLC111313)

Regd. Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi-110020

Phone: 91-11-41612123, Fax: 91-11-41612155, E-mail: secretarial@maxhealthcare.com

www.maxhealthcare.in



ACKNOWLEDGEMENT

At first I would like to thank Dr. Amardeep Kohli (Vice president, operations, MAX Shalimar bagh) who was munificent enough to allow me to carry out my summer training. My sincere gratitude to Dr. Archana bajaj (Medical Superintendent), Mr. Ravi Kant Gupta (Asst. Medical Superintendent), my mentor here at MAX , Mrs. Pratima Chhabra (Assistant manager, Operations).

My sincere thanks are also due to my guide, Mr. Anoop Khanna and Mr. Vijay Pratap Raghuvanshi and teachers at IIHMR, Jaipur to their immense support and guidance. I am really thankful to the placement cell for all their efforts to place the MBAHM students to organization of such repute, for summer internship.

I am also grateful to all the coworkers participated in this study who facilitated me in data collection, otherwise this study could not have been possible.

Finally, an Hon'ble mention goes to my family and friends, without whose support, inspiration nothing would have been possible.

PURPOSE AND OBJECTIVE OF SUMMER TRAINING

Summer training is the integral part of MBA (Hospital and Health Management) course. As part of the curriculum students of first year are required to undergo summer training at any reputed organization to get an in depth exposure to the functioning of various departments in an organization

OBJECTIVES

1. To get exposure to functioning of the organization.
2. To undergo an observational training in various departments to understand their basic functioning.
3. To understand the application of managerial tools and techniques involved in the organization.
4. To get involved in the ongoing project assigned by the organization and provide voluntary services.
5. Report writing and presentation.

METHODS OF DATA COLLECTION

Data collection involved discussion with HOD's on managerial issues and talking to other staff and going through various records

SOURCES OF DATA

1. PRIMARY SOURCE OF DATA

- By interaction with head of the departments, managers, executives and other members of the hospital
- Through direct observation of functioning of various departments

2. SECONDARY SOURCE OF DATA

- By going through various records of the hospital
- Through website of the hospital www.maxhealthcare.in
- Through the internet
- By going through the literature available about the hospital for example:- information booklets, pamphlets and other various written documents

INTRODUCTION

Max Super speciality hospital, Shalimar bagh, Delhi is another milestone towards realizing the dream of a great visionary Bhai Analjit Singh, chairman and managing director of Max healthcare limited.

With over 1900 beds and 12 top hospitals in Delhi-NCR, Punjab and Uttarakhand, 2100 world-class doctors and 9300 support staff, Max Healthcare is one of the leading chain of hospitals in India.

With 525 ICU beds & the most advanced technology, Max healthcare's state-of-the-art infrastructure is rated the best in North India thereby making Max Healthcare one of the best hospitals in India.

Max healthcare is committed in meeting all healthcare needs of customers, starting from the maintenance of good health to providing global standards in diagnostics, therapeutics and surgical requirements at the time of need. It aims to exceed customer's expectations in terms of quality, service, safety and value for money through constant innovation and better product delivery.

HOSPITAL OBJECTIVES

1. To facilitate hospital dissemination about MAX.
2. To give a broader outlook about the infrastructure, functioning of various departments.
3. To serve as a basic document defining the facility.

To achieve the above objectives, the hospital plans to setup a hub and spoke delivery system starting from Northern India. It consists of following levels for total healthcare management.

LEVEL 1

A hub hospital, a super speciality unit equipped with all OPD and IPD facilities

LEVEL 2

Medical centres as stand alone units for providing ambulatory and daycare surgery along with high level diagnostics

LEVEL 3

Health maintenance clinics for providing preventive health management, wellness programmes and basic diagnostics

PASSION:

Build Trust

VISION:

Deliver international class healthcare with a total service focus, by creating an institution committed to the highest standards of medical & service excellence, patient care, scientific knowledge, research & medical education.

MISSION:

- Create exceptional standards of Medical & Service Excellence
- Care provider of FIRST CHOICE
- Principal Choice for Physicians
- Ethical Practices
- Create international Centre of Excellence for
select Super Specialties.
- Safety – Patient, Customer, Staff

DESIGN PHILOSOPHY

- Max healthcare is now a Leed (Leadership in energy and environmental design) Certified Green hospital-4 out of 6 such hospitals in Delhi.
- To design development for maximizing the accessibility and operational efficiency to deliver improved patient care by appointing the world renowned architect Mr. Richard Wood.

This international architecture award winning facility has a remarkable design feature-all rooms have soothing views, natural light and facilities for attendants.

MAX SUPER SPECIALITY HOSPITAL, SHALIMAR BAGH

A 300-bedded Super Speciality Hospital, covering over 2 lakh 98 sq. ft. area and standing 12 floors tall.

Max Super Speciality Hospital, Shalimar Bagh is a leading multi-super Speciality Hospital providing the highest level of professional expertise and world-class care across all specialities.

ACCREDITATIONS

Certifications assuring the highest level of medical and service quality.



- NABH- NATIONAL ACCREDITATION BOARD FOR HOSPITALS : The accreditation is a recognition of Max Healthcare's commitment to provide the highest quality of care to its patients.



- NABL- NATIONAL ACCREDITATION BOARD FOR TESTING AND CALIBRATION LABORATORIES : Max Healthcare laboratories have successfully obtained NABL accreditation in the field of medical testing.
- ISO : 9001, ISO : 14001, ISO : 18001
- LEED Certified

SERVICE PROFILE

- Anesthesia
- Aesthetic & Reconstructive Surgery
- Blood Bank
- CTVS
- Cardiology
- Critical Care
- Dermatology
- Dentistry
- Dietetics
- Endocrinology
- Emergency Medicine
- ENT
- General Surgery
- Gastroenterology
- Gynaecology
- Internal Medicine
- Mental Health & Behavioral Sciences
- Minimal Access, Metabolic & Bariatric Surgery

- Medical & Surgical Oncology
- Neuro- sciences
- Neonatology
- Nephrology
- Nuclear Medicine
- Obstetrics & Gynecology
- Orthopedics & Joint Replacement
- Ophthalmology
- Pediatrics
- Pediatric Surgery
- Podiatry
- Physiotherapy
- Respiratory Medicine
- Radiology
- Renal transplant
- Surgical Oncology
- Urology

SERVICES & AMENITIES

We believe that services and amenities play a highly significant role in healthcare industry, which is why we have only the BEST. Listing the services and amenities that we provide:

- 24*7 Blood Bank Services
- 24*7 Max Pharmacy
- Regional Translators - French, Persian, Arabic (On Call)
- Waiting Lounge - On Ground Floor & Second Floor
- Cafeteria - Whole Foods, Cafe Coffee Day & Sagar Ratna
- Pathology and In House Radiology Lab Services
- Dedicated TPA Desk
- Dialysis Services

DIAGNOSTICS

Pathology/Lab Services

- Biochemistry
- Hematology
- Immunology
- Microbiology
- Cytology
- Frozen Section
- Clinical Pathology

Radiology & Imaging

- MRI
- Fluoroscopy
- Ultrasound
- CT
- X-Ray
- Mammography

Nuclear Medicine

- Bone Scan
- Thyroid Scan
- Renal (DTPA/DMSA) Scan
- Stress Thallium
- RBC Scan
- Meckal Scan
- HYDA Scan

Non Invasive Cardiology

- Echocardiology
- Stress Echo cardiology
- ECG
- TMT
- Holter

Neurology

- EEG
- EMG
- NCV

Gastroenterology

- Endoscopy
- ERCP

Pulmonology

- Bronchoscopy
- Sleep Study
- Video Thoracoscopy
- PFT etc

Urology

- Uroflowmetry

FACILITY LAYOUT

Floor	
Lower Basement	Engineering Office & WorkShop
	ETP & STP
	F&B Cold Store
	HK Linen Store
	LSS
	Oncology OPD and Day care
Upper Basement	BME Office & Workshop
	Call Center
	I.T and Server Room
	Staff Change Room
	Uniform Issue room
	Security Control Room
	Material Store
	Central Sterilization Services Department
	IP Pharmacy
	Gas Manifold
	BMW Central Collection room
	Medical Record Department
Ground Floor	Front Office – In-Patient Billing & TPA counter
	Duty Manager's Room
	OPD Chambers- A and B
	Preventive Health Programme

		ECG, ECHO, PFT, TMT Rooms
		Radiology Services – X Ray, C.T Scan, MRI, Ultrasound, and Mammography.
		Nuclear Medicine
		ACCU
		Observation
		Emergency OT
		Resuscitation room
		Waiting Lounge
		Visitors Cafeteria
First Floor		OPD-C
		Day Care
		Endoscopy
		Labour Room
		Cath Labs-2
		OT 1-6
		CTVS ICU
		Observation Post op
Second Floor		Blood Bank
		Dialysis
		HDU
		Neo Natal ICU
		PICU
		Neuro ICU
		SICU
		MICU
		Waiting Lounge
Third Floor		Pathology
		Kitchen

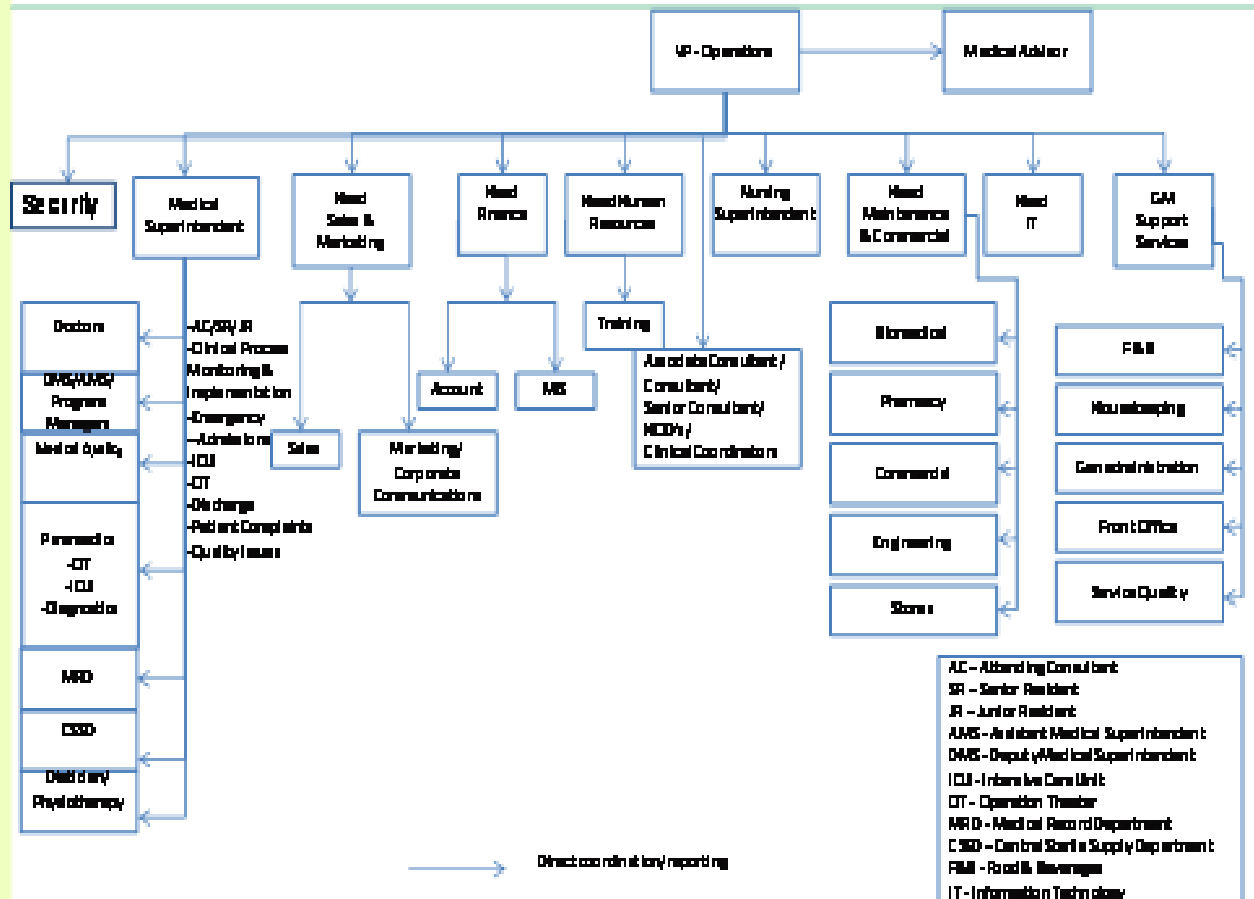
Fourth Floor	Staff Cafeteria
	OPD-D
	Doctors Lounge
	Administration Office
	Seminar Room
	HDU

ABBREVIATIONS

HIS	:	Hospital Information System
EMG	:	Electro MyoGraphy
EEG	:	Electro EncephaloGrphy
ECG	:	ElectroCardioGraph
HOD	:	Head Of Department
CCD	:	Customer Care Department
PCE	:	Patient Care Executive
PCC	:	Patient Care Coordinator
ICU	:	Intensive Care Unit
CT	:	Computerized Tomography
MRI	:	Magnetic Resonance Imaging
HR	:	Human Resource
CSSD	:	Central Sterile Supply Department
H/K	:	House Keeping
SICU	:	Surgical Intensive Care Unit
MICU	:	Medical Intensive Care Unit
GI	:	Gastro Intestinal
F&B	:	Food and Beverage
CPR	:	Cardio Pulmonary Resuscitation
CT	:	Computed Tomography
BME	:	Bio Medical Engineering
MRD	:	Medical Records Department
CPRS	:	Computerized Patient Record System
GDA	:	General Duty Assistant

ORGANIZATIONAL CHART

MSSH – SHBG Organogram



INFRASTRUCTURE

Building	Plot Area	10,000 sq meters
	Height	37 meters
	Number of Floors	12 (2 Basement + Ground + 9)
Bed Capacity	Number of Beds	300
	IP Beds	196
	Critical Care Beds	80
	Day Care Beds	12
	Others	12
Cath Labs	Number of Cath Labs	2

OPD
Chambers

OPD Chambers

28

Operati
on
Theatres

Number of Operation
Theaters

9

Major

6

C Sec

1

Day Care

1

Emergency

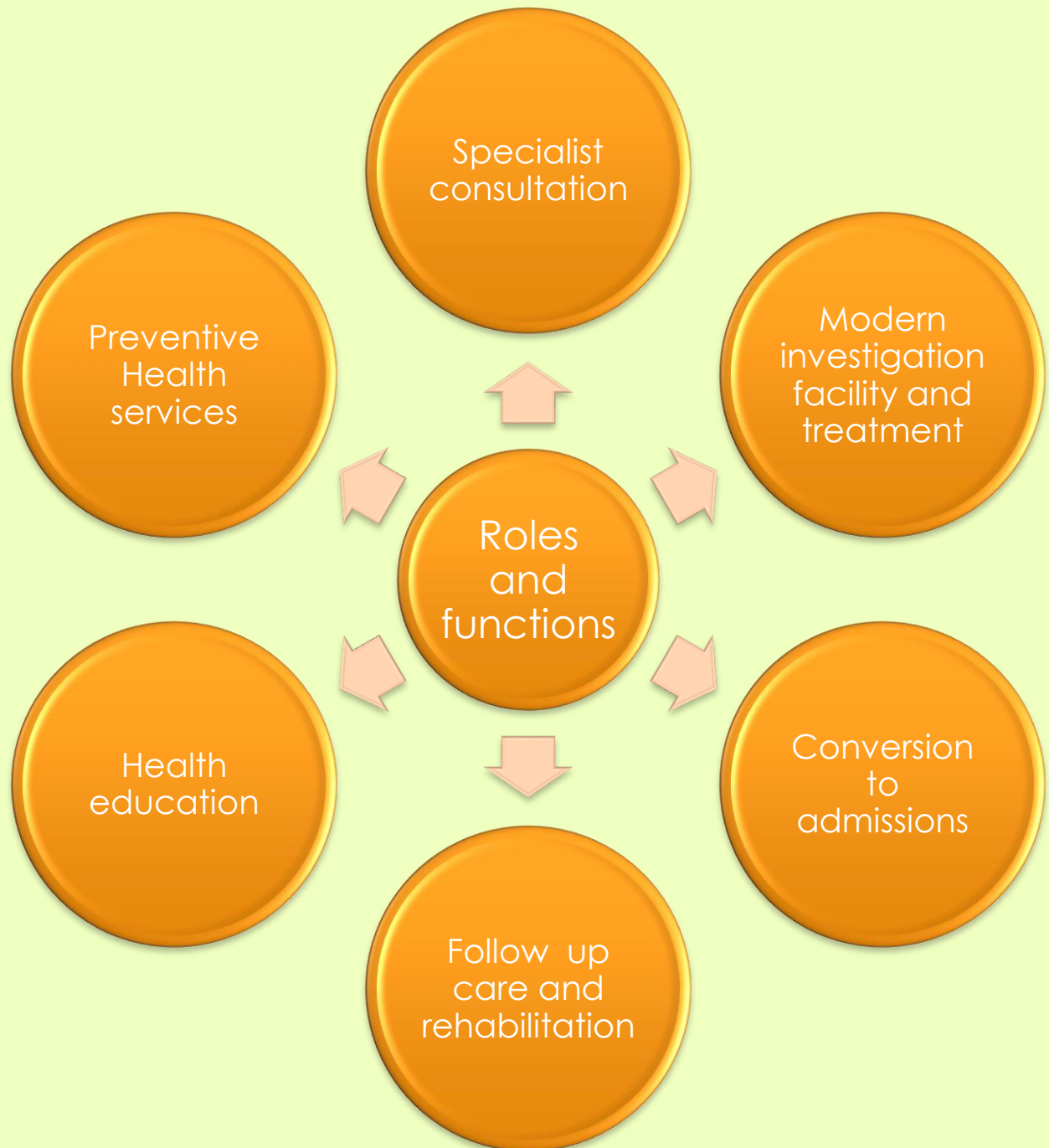
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OUT PATIENT SERVICES:

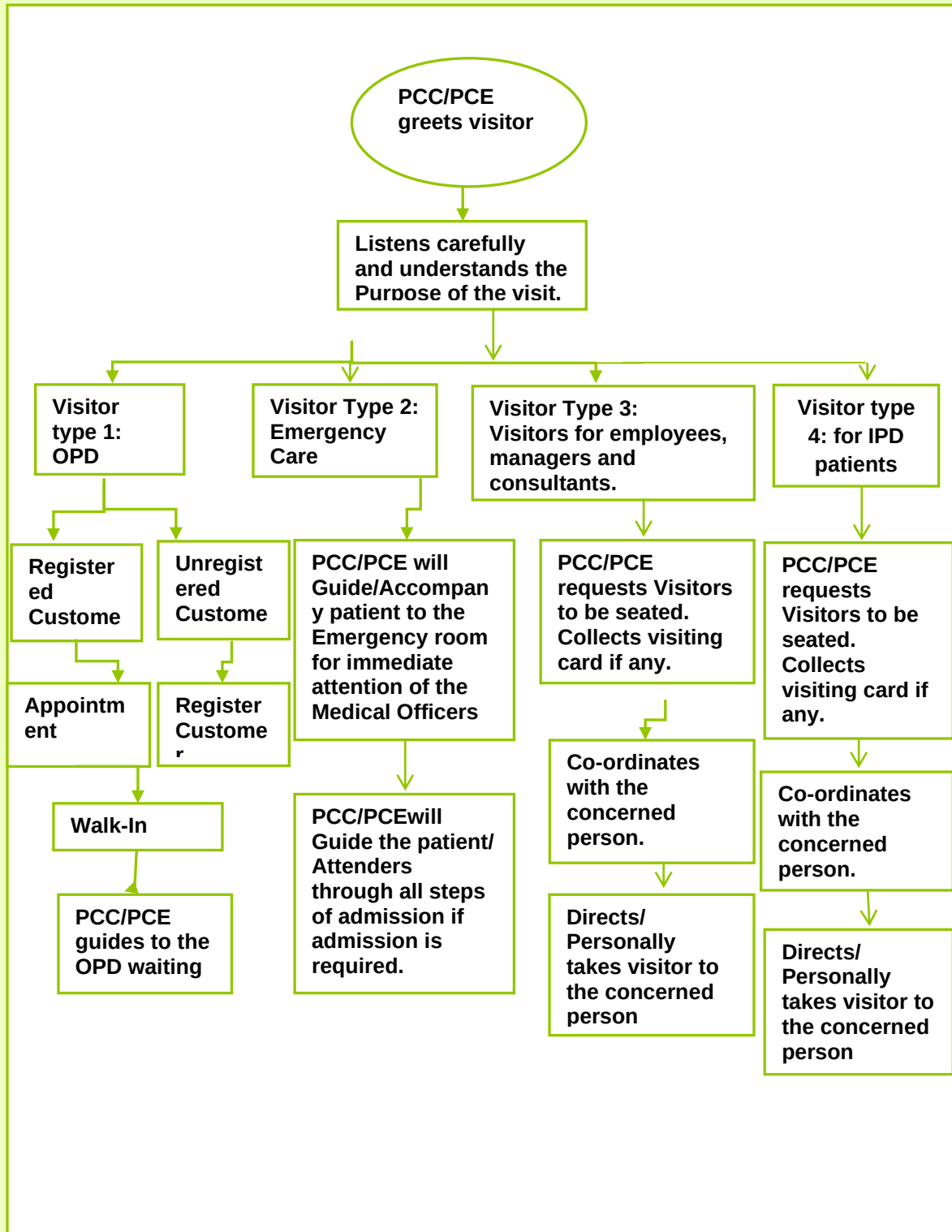
- Ambulatory patient care services.
- One of the first point of contact between hospital staff and patient.
- Reflects the human relation skills and public relation functions of the hospital for the patients, relatives and visitors.

OBJECTIVES:

- To provide adequate quality of care.
- All modern technique for investigation and treatment.
- Creating facilities for total patient satisfaction.
- Good public relation.



FLOW OF VISITOR



LOCATION OF OPDs

- Ground floor: A and B
- First floor- C
- Third floor- D
- Number of consult chambers- 28

OPD timings- 8am-8pm

Appointment system- Call centre (outsourced) and direct call to hospital

OPD record keeping- OPD slip

No. of OPD Consultation/day- 250 (approx.)

INPATIENT SERVICES

- **ORGANIZATION AND MANAGEMENT OF INPATIENT SERVICES**

- In patient services includes the ward and nursing station and all other facilities necessary for good patient care.
- To provide care under direct supervision for a patient at the point of illness when dependence on others is at its height by admitting in a hospital bed.

OBJECTIVE:

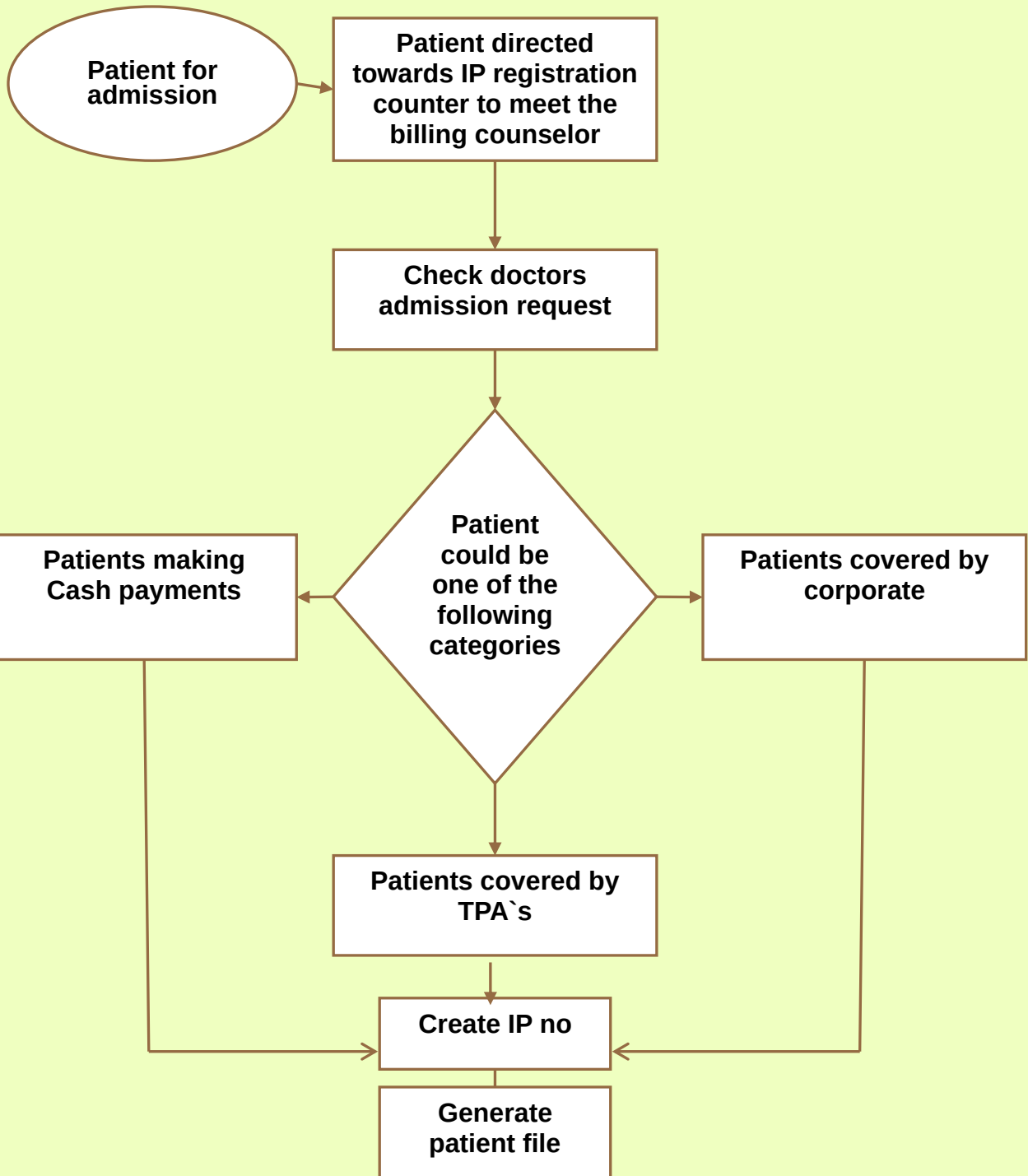
- To provide the highest possible quality of medical and nursing care for an admitted patient.
- To make provision for essential equipments, drugs and all other items required for patient care in an organized manner.
- To provide most comfortable and desirable environment on temporary substitution for home.
- To fulfill all the basic needs in the hospital like eating, toiletry, sleeping, entertainment etc.
- To facilitate the visit of attendants and visitors.
- To provide the atmosphere and facilities for highest degree of job satisfaction of nursing and medical staff and high levels of patient satisfaction.

FUNCTIONS OF IPD

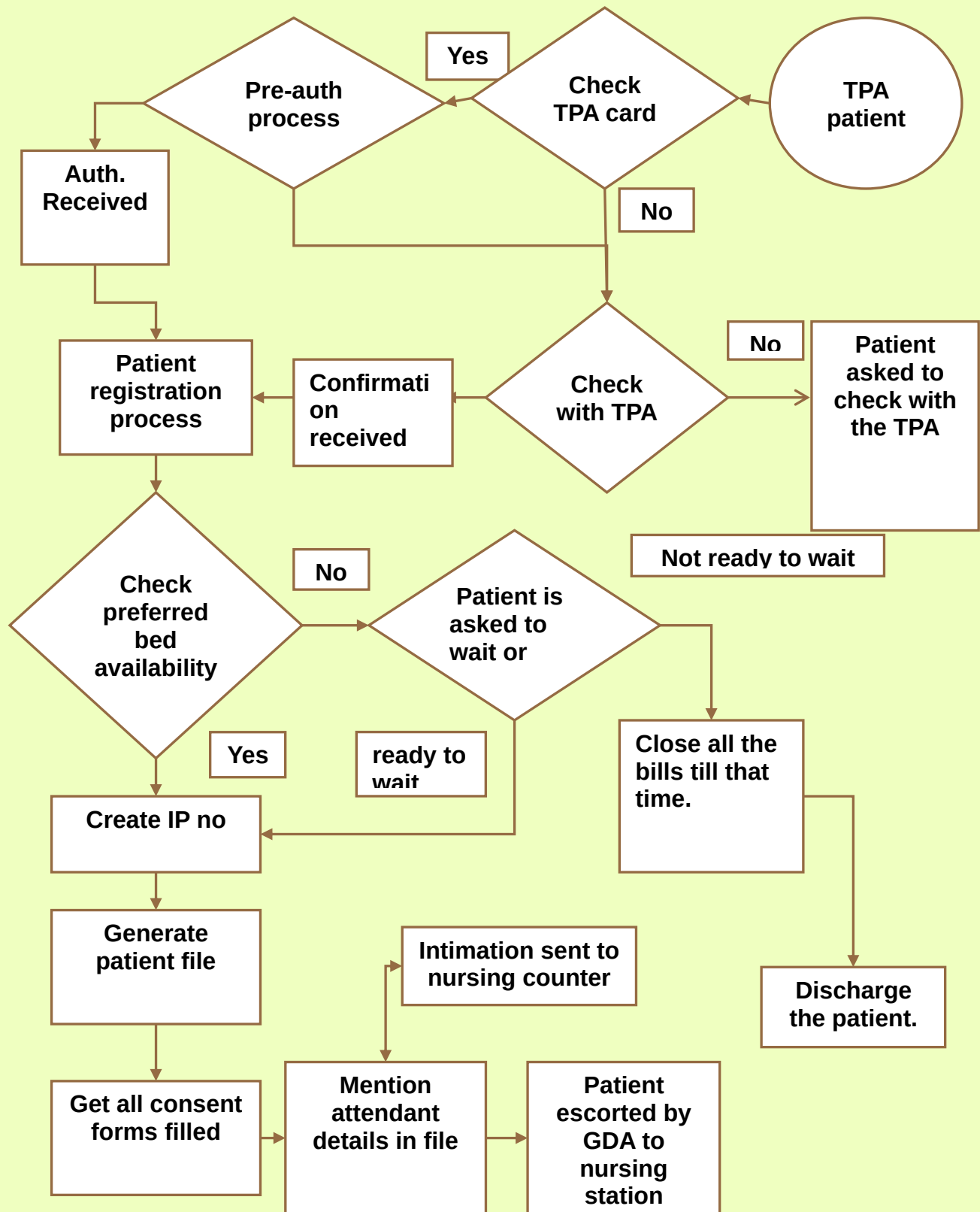
- To provide highest possible quality of medical and nursing care.
- To make a provision of essential equipment, drugs, and other material required for patient care.
- To provide comfortable and desirable environment to patient on temporary substitution of home.
- To provide facilities for visitors.
- To provide suitable atmosphere for highest possible degree of job satisfaction among healthcare personnel and high level of patient satisfaction.
- To provide opportunity for education, training and research.

PATIENT ADMISSION PROCESS

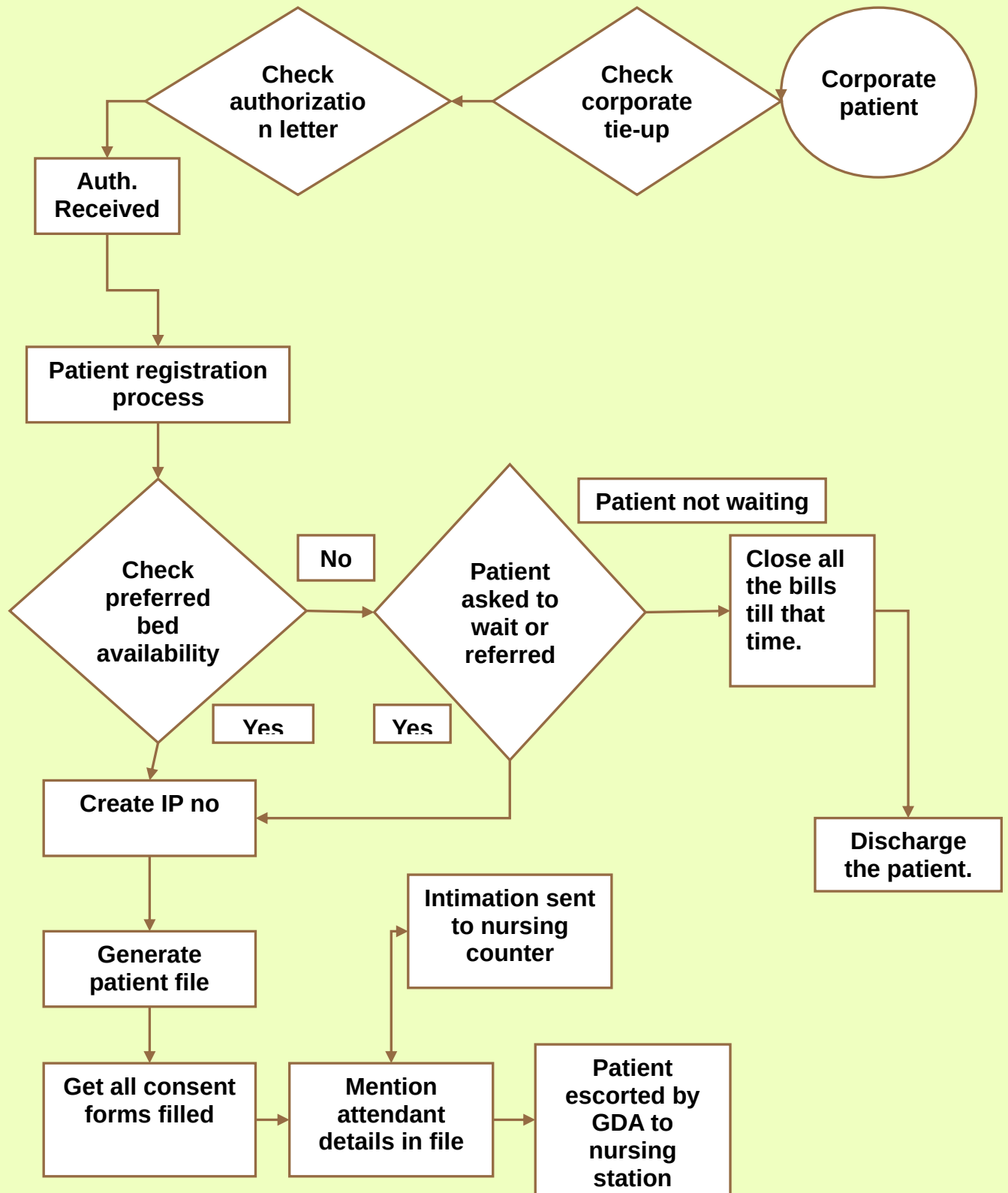
- Patient informed about the charges and other essential details like Estimated Expense , inpatient Information, etc required during the stay.
- Availability of room is checked by HIS.
- Patient/ attendant are being explained about of categories of room required and available and its tariff.
- Patient is given a registration form to be filled.
- Patient details entered in HIS and face sheet generated as per the details filled in registration form.
- Advance amount deposited as per the requirement.
- For TPA patient pre authorization form is given to the patient party for completing by patient as well as by the doctor and make it ready by filling other information for TPA.
- Passes are issued to the patient as per visitor policy and entry made on Face Sheet (Office Copy)
- Patient folder is created & sent to the wards along with a GDA
- For any International patient International Patient Services are informed.



PROCESS FLOW OF TPA PATIENT



PROCESS FLOW OF CORPORATE PATIENT



MULTISPECIALITY OPERATION THEATRES

Total number of OTs : 9 OT rooms

Location : 1st floor

Pre operative room-here patient is prepared before operation takes place like fixing IV lines,ECG,BP check,pre medication etc.

- The patient is kept here for around 15-20 minutes.
- It is attached with clean utility room & work stations

EQUIPMENTS

OT table

Anesthetic kit

Monitors

Cautery

Laproscope systems

C-arm

Microscopes –Neuro & ophthalmology

Ortho drills

Brain lab system-In ortho OT

OT lights

Heart lung machine

IABP (INTRA AORTIC BALOON PUMP)

ECO machine

HEAT&COLD UNIT

ORTHO OT lights-LED

Normal OT's-Halogen

Ventilators

INTENSIVE CARE UNIT / CRITICAL CARE UNITS

Medical intensive care unit	(MICU)
Surgical intensive care unit	(SICU)
Neonatal intensive care unit	(NICU)
Neuro intensive care unit	(NeICU)
Pediatric intensive care unit	(PICU)
Cardiothoracic and vascular surgery	(CTVS ICU)
Acute Coronary Care unit	(ACCU)

MEDICAL ICU

Location-2nd floor

Number of beds- 10

ACLS (Advanced Cardiac Life Support) protocol is being followed on each patient.

- Daily volume- 10 patients per day
- computerization-HIS&CPRS
- Processes-admission
 1. Direct admission
 2. Through triage
 3. Internal transfer from IPD/OT.
- Medicines-three cupboards
 1. Narcotics-double lock &key(red sticker)1 key is with team leader n another with shift inchargeUnused narcotics after opening are discarded in running water to prevent misuse

2.High risk(orange sticker)-single lock,unused medicine discarded after 24 hrs

3.Normal antibiotics

- Reports-through HIS system
- Bed side x-rays-done through portable x-ray machines

EQUIPMENTS

- Ventilator(s)
- ECG machine
- Echo machine
- ABG machine
- Dialysis

NEONATAL ICU

- Location-1st floor
- Beds- 12 ,isolation beds- 1

EQUIPMENTS

- Nebulizers,
- Resuscitator-1,
- Incubators-2(1 is mobile which can be taken to other hospitals for taking baby)
- Disinfection-By sodium hypochlorite & Bacillol

- If babies number exceed, baby cradles are used-it has all facilities

CATH LAB

- Location-1ST floor
- For intervention procedures only
- Number- 2 labs

DIALYSIS

- Location- 2ND FLOOR
- Number of dialysis machines-12
- Dialysis/day-30-35

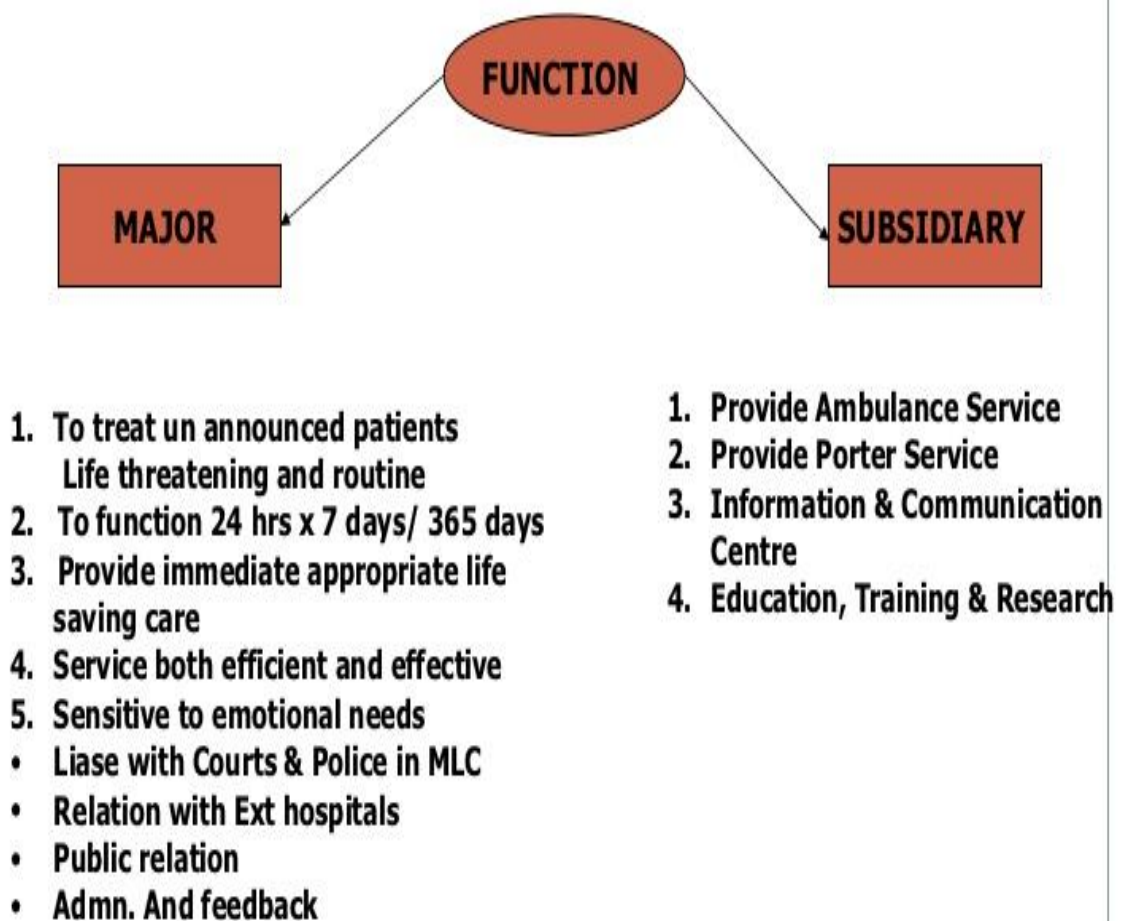
BLOOD BANK

- Location-2nd floor
- Equipments- Amicus cell separator,
Gel cards-used for cross matching, non-reactive blood bags
- Blood stored at 4 degree Celsius.so must be transfused within 30 minutes

EMERGENCY SERVICES

- Location-ground floor
- Department provides 24*7 emergency & trauma care

FUNCTIONS OF EMERGENCY



MEDICAL RECORDS

- Type of medical record system-Electronic Health record (EHR)
- Record keeping period:
 - Pediatric file has to be kept till child is 18 years of age
 - Medico legal cases, death cases-files have to be kept forever
- Retrieval-Doctor can see on CPRS system
- Arrangement of MR-Ideally should be according to SSN#
- Destroying files-1 month prior notice is given in newspapers before destroying files

HUMAN RESOURCE DEPARTMENT

HEADCOUNTS

MAX SUPER SPECIALITY HOSPITAL	
Category	No: Employees
Front Office	56
Nursing	397
Paramedics	96
Physician	195
Support	122
Grand Total	866

PHARMACY

- Centralized purchase from Delhi (Okhla).
- Outpatient & Inpatient pharmacy is separate.
- Drugs are stored at 2-8 degree Celsius in refrigerator
- Sound alike drugs-blue coding
- Look alike drugs-pink coding
- High alert drugs(diabetic chemo only)-Orange

HOUSEKEEPING

Location- Basement 1

Housekeeping staff is outsourced

Laundry-Outsourced

DIETETICS

- Nutritional assessment of patient is done within 24 hrs
- Reassessment is done after 7days
- ICU notes are put daily
- Small coupons are prepared for tea to nursing staff.

MAINTENANCE

- Location-basement 2
- Manpower is outsourced
- Engineers are in house
- 2 Generators- 750 KVA each
- RO water is being used.

MEDICAL ENGINEERING

- Manifold room-In this room medical gases are stored
- Medical gases-O₂-(Identification)-Yellow pipe, white bend(pressure-4.5 kg)
- Air-4 kg(pressure) air is used(black& white bend)
- 7 kg(pressure) air-used in pneumatic drills in CSSD(Identification)(Black white black)
- Nitrous oxide-used in anesthesia(Identification)(yellow pipe, French blue bend)
- Co₂-Yellow pipe, grey bend(identification) (used in laproscopy system in OT)
- Medical air(99.5% O₂+0.5% other gases)

CSSD(Central sterile supplies department)

Location-basement 1

OBJECTIVE

To provide all hospital departments adequate supply of sterilized goods conforming to highest standards of sterilization from a central place thus reducing the overall cost and contributing towards reduction in hospital acquired infection

EQUIPMENTS

1. Steam sterilizers: 2 in number (capacity 16&32 cu f)
2. Ethylene oxide gas sterilizer: 1 no.(capacity 4 cu f)
3. Automatic water disinfectant- 1 no.
- 4.Ultrasonic cleaner- 1 no.

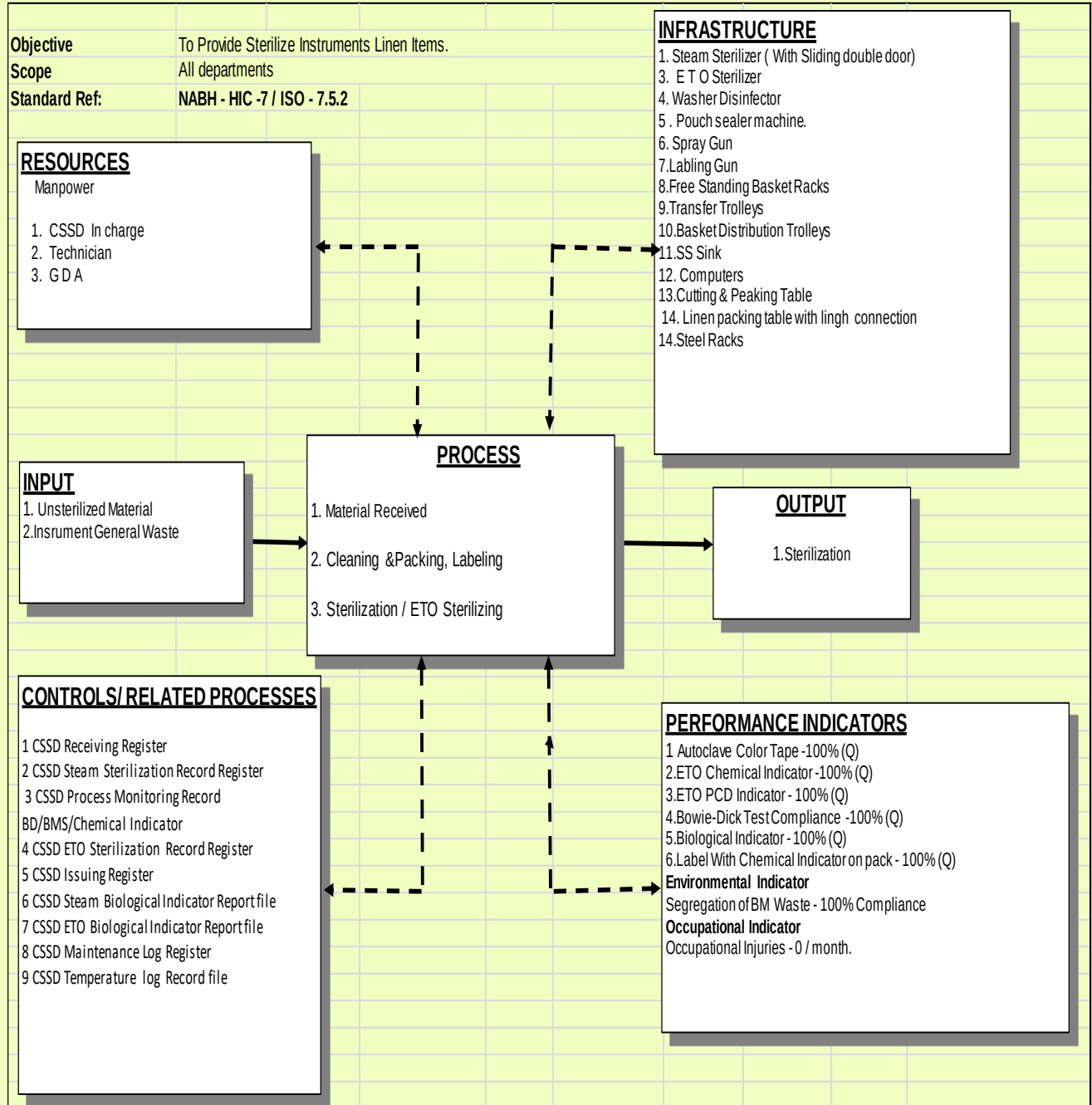
THREE METHODS

1. Steam sterilization-(for linen) at 134 C for 4 minutes,
121 C for 16 minutes
2. Ethylene oxide sterilization-(only plastic items) at 55 C(hot cycle) for 12 hrs,at 37 C(cold cycle) for 24 hrs
3. Glutaraldehyde

Ethylene oxide treated items-6 months storage life

Steam sterilization treated items-7 days life

PROCESS FLOW OF CSSD



Prepared by : Head of Department
(Process owner/ team member)

Approved by : General Manager Operation
(Process Champion)

PART II

PROJECT REPORT

ON

A time motion study to analyze the current turnaround time for discharge process and to Identify the various factors that leads to increase the turnaround time of discharges.

PROCESS: PATIENT DISCHARGE

Among various factors affecting the health care system, discharge process is one of the important factors related to patient satisfaction. It is the process that occurs when the patient leaves the facility. It implies that the patient has previously been admitted to the facility. As the final step in the hospital experience, the discharge process is likely to be well remembered by the patient.

Mogli defines “discharge as the release of a hospitalized patient from the hospital by the admitting physician after providing necessary medical care for a period deemed necessary” [1]. Sakarkar defines “discharge as the release of an admitted patient from the hospital” [2]. Discharge process is defined as the process of activities that involves the patient and the team of individuals from various discipline working together to facilitate the transfer of patient from one environment to another [3]

Discharge planning is essential to the concurrent patient care review system conducted as part of the hospital’s utilization management effort. If discharge planning is delayed, patient’s stay can be unnecessarily extended. Discharge planning is centralized, coordinated effort, to ensure that each patient has a

planned program for needed continuing care and follow-ups. When it comes to the discharge subject, it's the moment where the patient pays for the services enjoyed in the hospital and the management receives for the same. This we call Billing, which plays a vital role in the discharge process, which involves much of clerical work to be done in the billing office and demands time. But for the satisfaction of the patient, minimizing the time consumption in billing is again an important factor. Billing and discharge process documents are vital for any hospital. Its importance encompasses the Clinical aspect, Financial aspect, Scientific database for research purpose, Administration both retrospective and prospective, help to improve the functioning of the hospital as well as to make many administrative decisions and these documents are also legally important. Therefore this time management study on discharge and billing process is undertaken with the aim of giving better services for the patient satisfaction within the minimum time. This can be done only with the help of thorough study of time taken for the whole discharge process beginning from Discharge order time till the patient leaves the Hospital.

AIM

To examine the current discharge process, time taken at different points and gaps in order to make recommendations to reduce the discharge time.

OBJECTIVE:

- To analyze the current turnaround time for discharge process.
- Identify the various factors that leads to increase the turnaround time of discharges.
- To suggest the solutions and methods that could be adopted to reduce the turnaround time.

LITERATURE REVIEW

Delayed discharge sometimes called delayed transfer or bed blocking) refers to the situation where a patient is deemed to be medically well enough for discharge but where they are unable to leave hospital because arrangements for continuing care have not been finalized.

In 2000 the national audit office estimated that in 1998/99, 2.2 million bed days could be attributed to delays in discharge in this group, with a cost to the UK national health service (NHS) of about \$170 million a year. The house of commons health committee concluded that delayed transfers affected 6% of all acute beds and cost the NHS \$720 million in 2001/2. These are also significant health reasons for preventing delayed transfers.

Bryan et al. undertook a project to examine the causes of delayed discharges in 2001-2002 in one area of southern England. With the full co-operation of primary health care trust and local social services departments, the researchers accessed jointly, compiled weekly lists of the individuals who had been declared medically fit for discharges but who remain hospitalized pending agreement from all parties regarding their transfer. These records were analysed over a 12 month period. The analysis confirmed that delayed transfers were a continuing problem, but gave no information about the causes.

A lengthy, inefficient process for discharging in-patients is a common concern for the hospitals in India. It not only causes

frustration to the patients and family 170 S.A.Vijay members, but also leads to delays for incoming patients from admitting (Udayai and Kumar, 2012).

METHODOLOGY:

- STUDY TYPE:
OBSERVATIONAL STUDY.
- SAMPLE TYPE:
SELECTIVE SAMPLING
- STUDY POPULATION:
PATIENTS OF V,VI,VII,VIII AND IX FLOOR
OF MAX SHBG.
- SAMPLE SIZE:
50 PATIENTS (INCL ONLY CASES WHERE
DELAY WAS SEEN)
- SOURCES OF DATA
PRIMARY DATA: DIRECT OBSERVATION
SECONDARY DATA: FROM HIS.
- METHODS OF DATA COLLECTION :
DIRECT OBSERVATION

METHODS:

This observational study was carried out in tertiary care 300 bedded hospital in MAX Super speciality hospital, Shalimar bagh, Delhi. The time taken for discharge from physician writing orders on the case sheet to completion of billing process in all the departments was observed and measured using a stop watch. The data was collected for patients from 3rd april-19th april .

Total 50 discharges of inpatient patients were included during this period.

A survey of the internal layout of the hospital was also done to assess the transit time for discharge procedures according to locations of concerned departments.

The data collected was analyzed using fish bone ananlysis.

DISCUSSION:

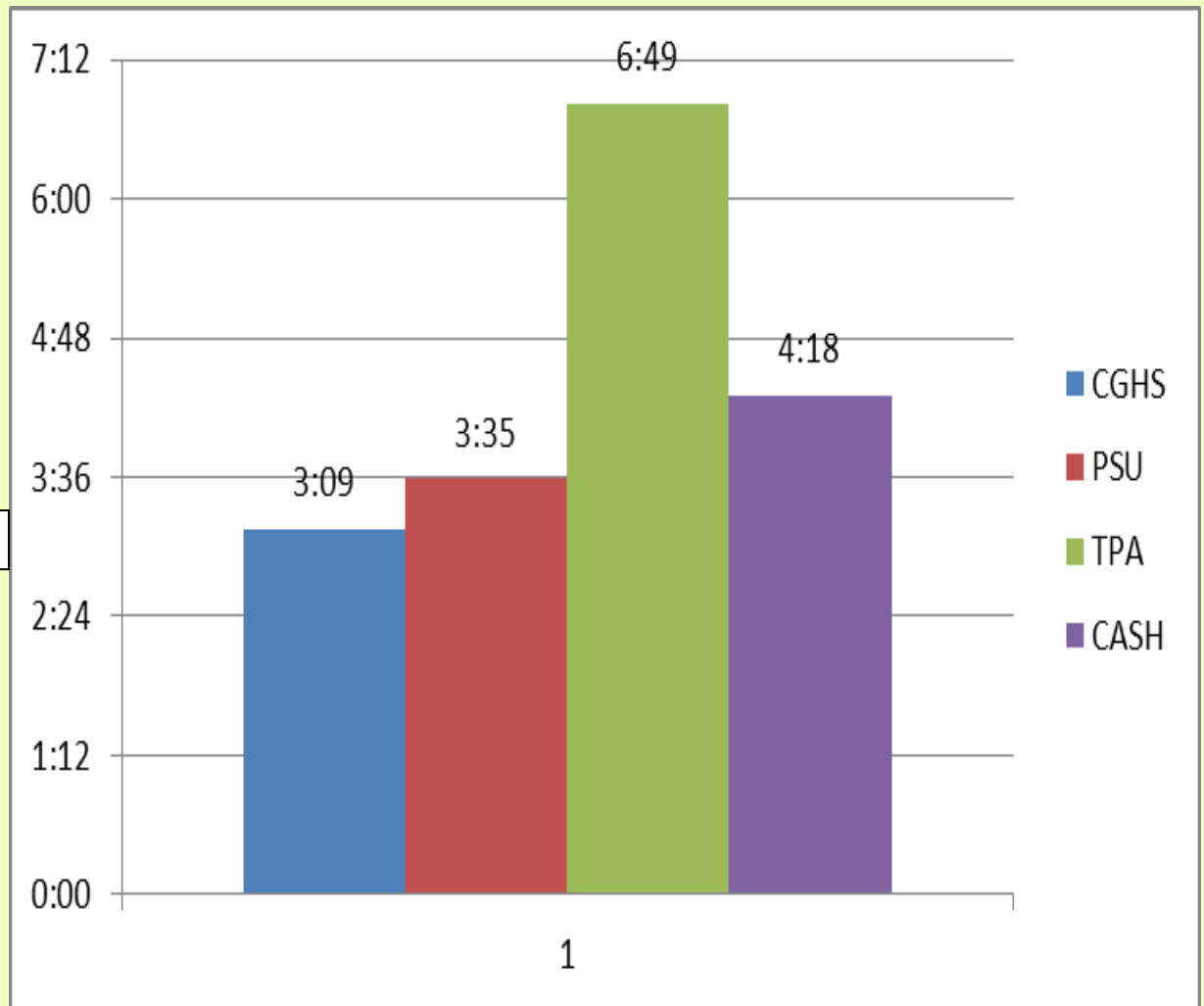
The result shows that there is a delay in all types of patient discharges in the hospital

Average time taken according to

- Type of discharges (CASH, TPA, CORPORATE)
- Steps in discharge procedure
- Floor wise

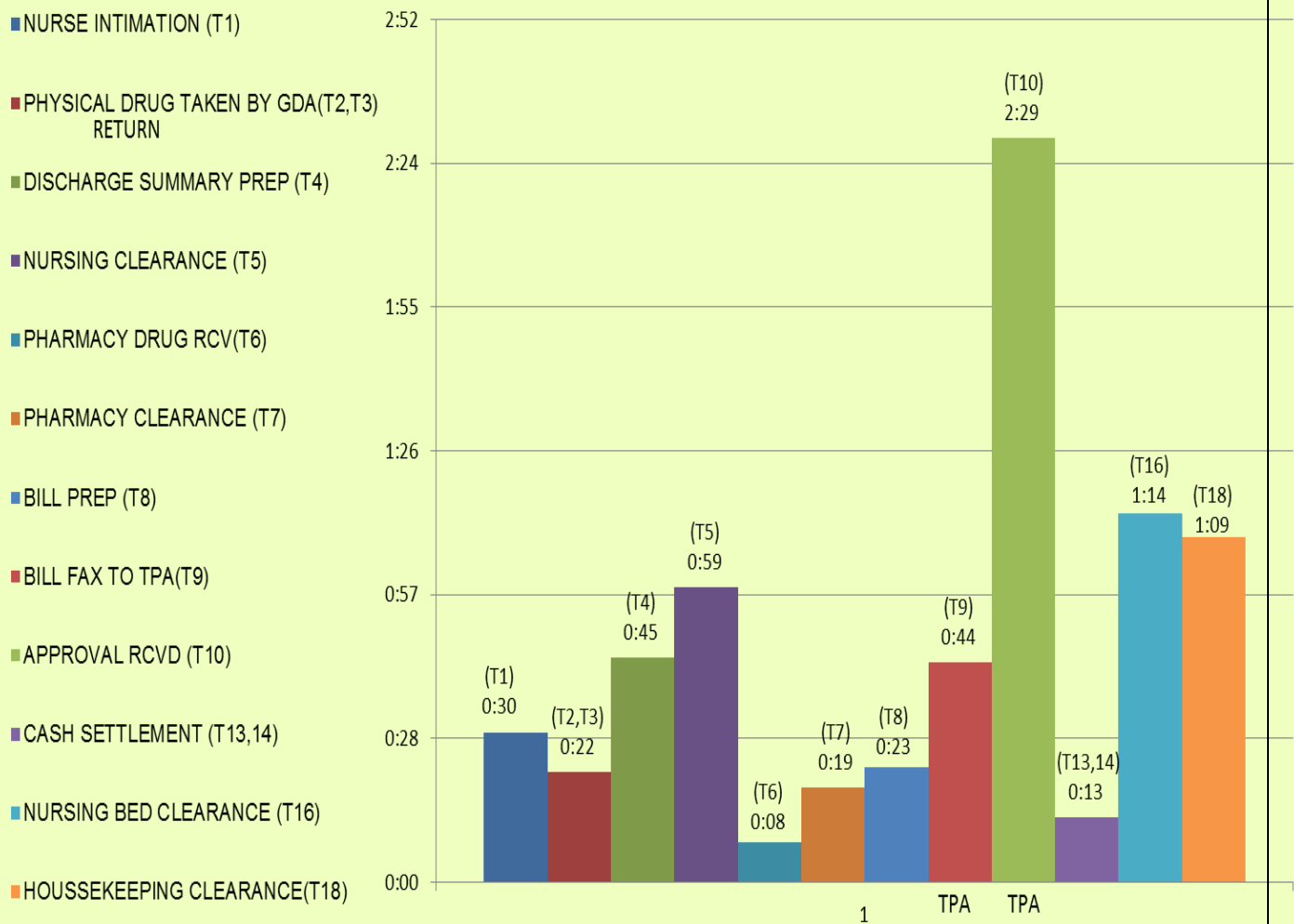
DATA ANALYSIS:

A. DISCHARGE TIME (IN HRS) BY TYPE OF DISCHARGES:



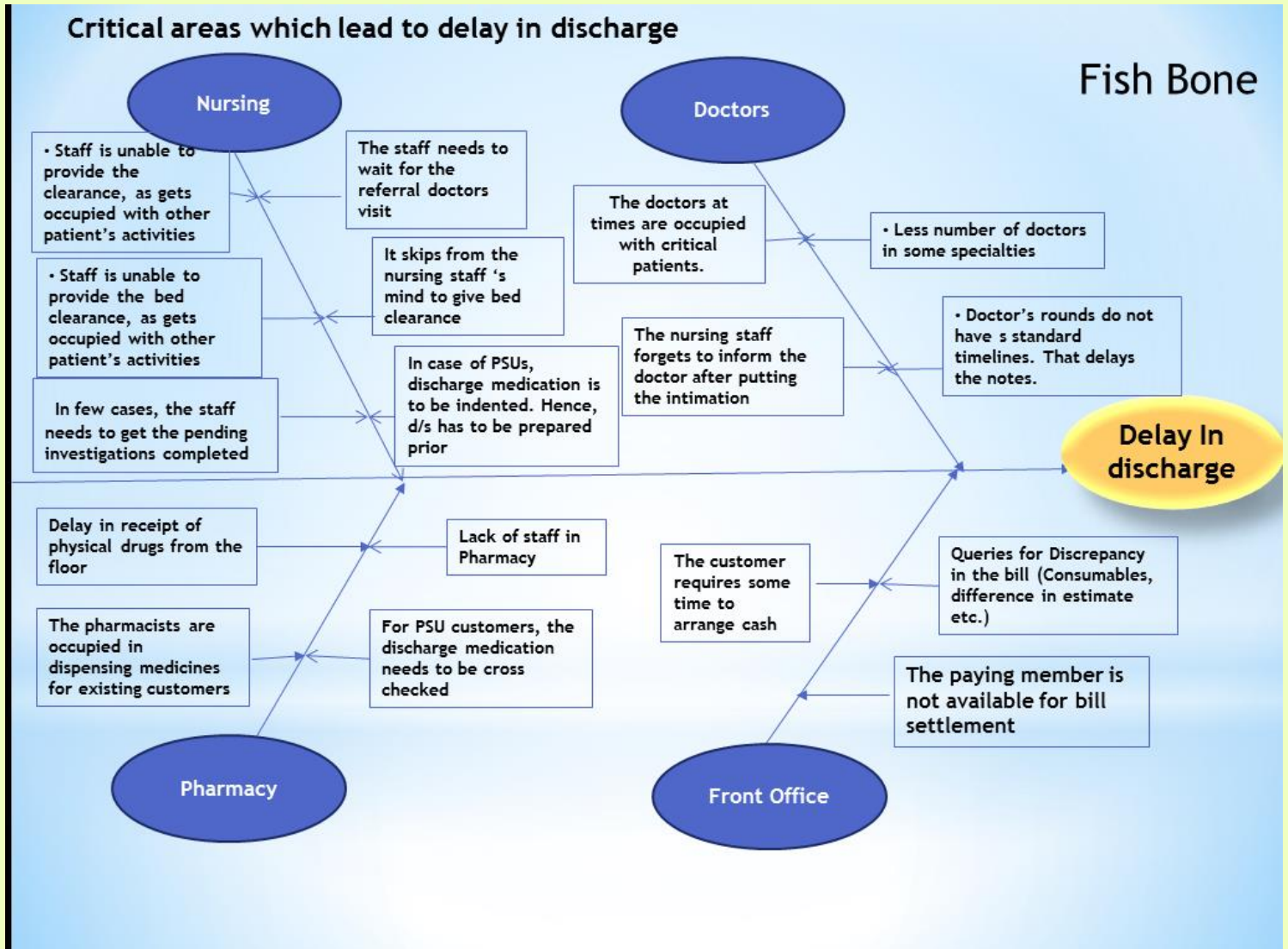
This graph shows the actual time taken(in hours) from the time doctor advise discharge till the patient leaves the room, and the bed clearance is given from the system; for different categories of patient.

B. STEPS IN DISCHARGE PROCESS



This graph depicts the average time taken in each steps during the discharge process.

FISH BONE ANALYSIS:



Department	Cause/Suggestions	Number of Cases
Nursing	Staff is unable to provide the nursing clearance, as gets occupied with other patient's activities.	19
	Staff is unable to provide the bed clearance, as gets occupied with other patient's activities	15
	In few cases, the staff needs to get the pending investigations completed	5
	The staff needs to wait for the cross referral visit	12
	Nursing staff sometime missed to put bed clearance	14
	In case of PSUs, discharge medication is to be indented. Hence, d/s has to be prepared prior	3
Doctors	The doctors at times are occupied with critical patients.	6
	The nursing staff forgets to inform the doctor after putting the discharge intimation	12
	Lack of manpower (clinical) in some specialties	
	Doctor's rounds do not have standard timelines. That caused delays in the discharge notes.	11
Pharmacy Clearance	Delay in receipt of physical drugs from the floor	1
	The pharmacists are occupied in dispensing medicines for existing patients	4
	For PSU customers, the discharge medication needs to be cross checked	6
	Lack of staff in Pharmacy	
Front Office	Queries for Discrepancy in the bill (Consumables, difference in estimate etc.)	4
	The customer requires some time to arrange cash	11
	The paying member is not available for bill settlement	1

Total number of concerns are 124 because there were many patients having more than one concerns.

RECOMMENDATIONS:

A. RECOMMENDATIONS PERTAINING TO NURSING:

Cause	Number of Cases	Recommendations
Staff is unable to provide the clearance, as gets occupied with other patient's activities	19/50	A nodal person should be deployed on the floor to coordinate among various departments regarding various activities involved in the discharge process.
Staff is unable to provide the bed clearance, as gets occupied with other patient's activities	15/50	Front office staff should give a call to the nursing supervisor once the bill is settled, so that, the supervisor can follow up with the bed clearance.
nursing staff sometimes miss to put bed clearance.	14/50	Nurses can stick a hard copy of the ongoing activities per patient getting discharged at their work station, and keep striking off all the activities completed.

B. RECOMMENDATIONS PERTAINING TO DOCTORS:

Cause	Number of Cases	Recommendations
The nursing staff forgets to inform the doctor after putting the discharge intimation.	12/50	The nursing supervisor has to keep monitoring the activities listed in the hard copy and ensure the doctors are timely informed.
Doctor's rounds do not have standard timelines that caused delays in the discharge notes.	11/50	Doctors are to be reminded in each HMEC meeting and be requested to adhere to the timelines.(morning round should be completed before 11 am)

C.RECOMMENDATIONS PERTAINING TO PHARMACY:

Cause	Number of Cases	Recommendations
The pharmacists are occupied in dispensing medicines for existing patients.	4/50	Appropriate staffing and work distribution should be there.

D.RECOMMENDATIONS PERTAINING TO FRONT OFFICE:

Cause	Number of Cases	Recommendations
The customer requires some time to arrange cash	22%	The attendant should be proactively informed about the outstanding amount on the daily basis by the front office executive.

- Design a system where the user departments gets a pop-up on their screens, regarding any activities in discharge process entered by other departments and then prioritizes processing these orders over other daily work.
- Train and utilize same Ward secretary/technical staff at each department so that the discharge summary could be prepared parallel to the ongoing process, and any delays could be reduced (if any), because of the same.
- Increase the number of Planned discharges, and to be seen in the system. (Planned discharges: these are the discharges that are pre planned a night before the discharge. It includes discharge summary preparation, doctor's notes to be put in system, and the physical drugs are returned to the pharmacy, financial counselling regarding the final bill a day prior to the discharge.)
- At least one Housekeeping supervisor/ staff should be present at each nursing station so that current status of the discharge should be taken care of and housekeeping service can be provided immediately after bed clearance.

RESULTS:

	Time achieved	Target time	Time saved
Doctors clearance	54 mins	30 mins	24 mins
Nursing clearance	59 mins	30 mins	29 mins
Pharmacy clearance	19 mins	30 mins	-
Front office clearance	1 hr 42 mins	30 mins	1 hr 12 mins
House keeping clearance	1 hr 9 mins	30 mins	39 mins
Total time saved			2 hrs 44 mins

NOTE:

Doctors clearance includes time taken to sign the discharge summary preparation.

PART III

A STUDY
ON
SOFT SKILLS OF FRONT OFFICE STAFF
OF MAX SHALIMAR BAGH
DURING THE ADMISSION PROCESS.

INTRODUCTION:

Value of staff behaviour in delivery of medical care is well established to lessen patient anxiety, reduce his drug requirement, hospital stay and cost treatment, and, improve patient satisfaction. Hospital resources utilized for medical care are physical facilities, technical equipment's and plants; materials; specialized knowledge and technical skills of different staff members; and hospital staff behaviour towards patients. The staff behaviour is the unique resource through which all other resources are channelized. It is the vital link in the process of medical care and therefore the main factor which structures hospital image, a cause of anxiety and concern for hospital administration.

Human behaviour is a set of action and reactions of one man toward other men. It reflects one's personality, social conditioning and acculturation.

AIM:

To improve customer satisfaction by improving good communication by entire staff of MAX Hospital Shalimar bagh during admission process.

OBJECTIVES:

- To improve productivity.
- To ensure safe and effective patient care by staff.
- To ensure job satisfaction.
- To help employee cope with new practice.
- To increase overall customer satisfaction.

METHODOLOGY:

- STUDY TYPE:
OBSERVATIONAL STUDY.
- SAMPLE TYPE:
SELECTIVE SAMPLING
- SAMPLE:
STAFF COVERING ADMISSION DESK.
(FRONT OFFICE, GDAs, SECURITY)
- SAMPLE SIZE:
40 STAFF MEMBERS (20 FRONT OFFICE. 10
GDAs, 10 SECURITY)
- SOURCES OF DATA
PRIMARY DATA: DIRECT OBSERVATION
- METHODS OF DATA COLLECTION :
DIRECT OBSERVATION

METHODS:

This observational study is carried out in Max super speciality hospital Shalimar bagh, on ground floor at admission desk. The time taken to record the staff behaviour during 9am to 1pm in IPD and Emergency admissions.

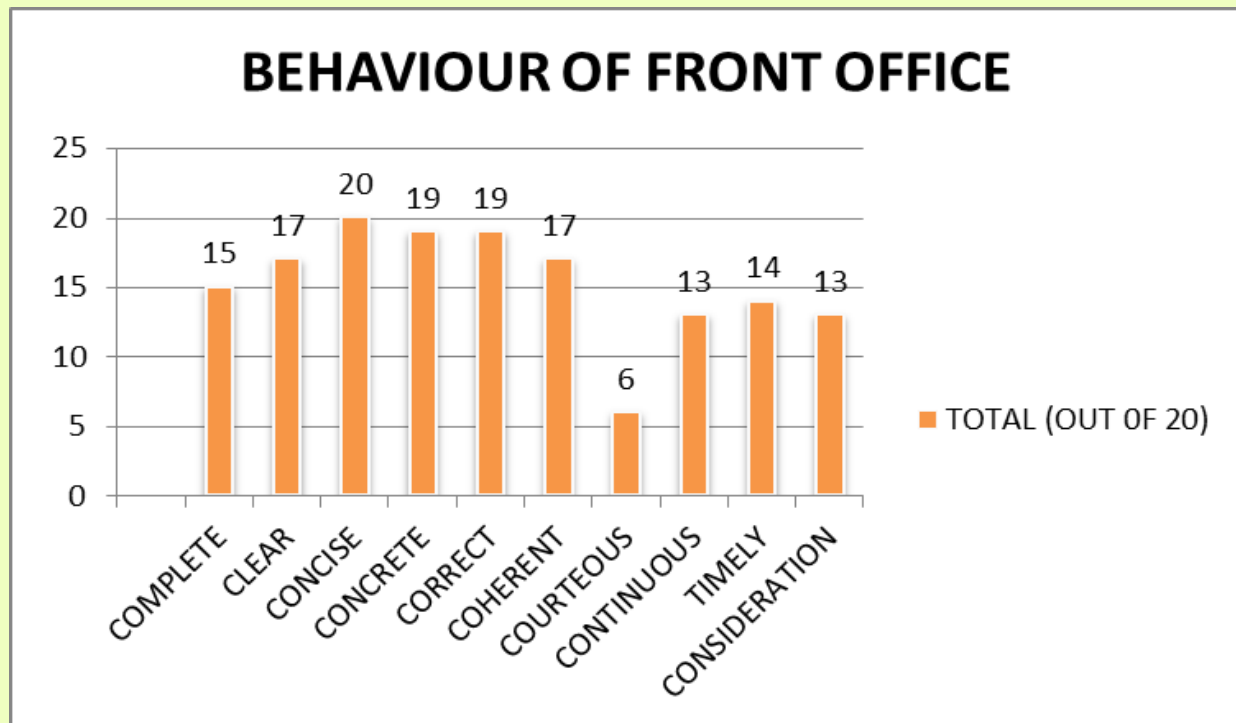
The behaviour of the staff was recorded on various characteristics to evaluate effective communication. These are:

- Completeness
- Clear
- Conciseness
- Concreteness
- Correctness
- Coherent
- Courteous
- Continuous
- Timely
- Consideration

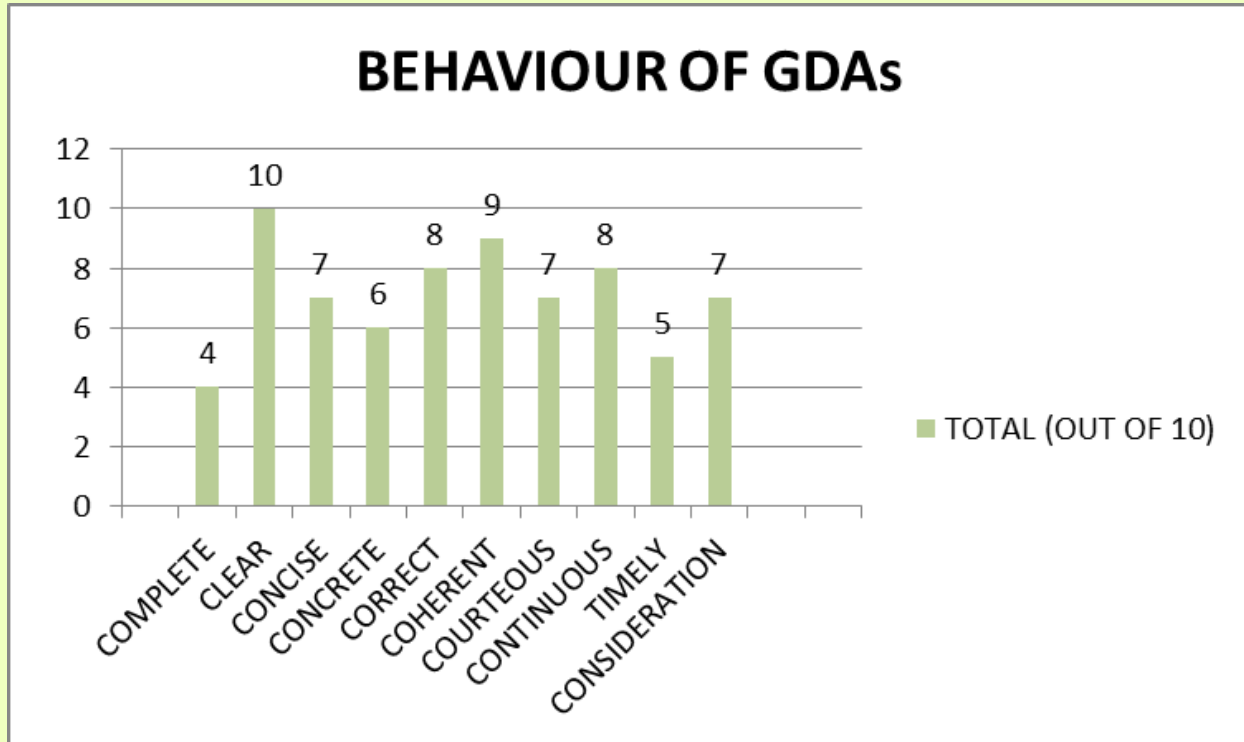
The data was collected from 12 may 2015 to 22 may 2015. Total 40 staff members were included during this period. Including 20 front office staff, 10 GDAs, and 10 security. The data collected was analysed.

DATA ANALYSIS:

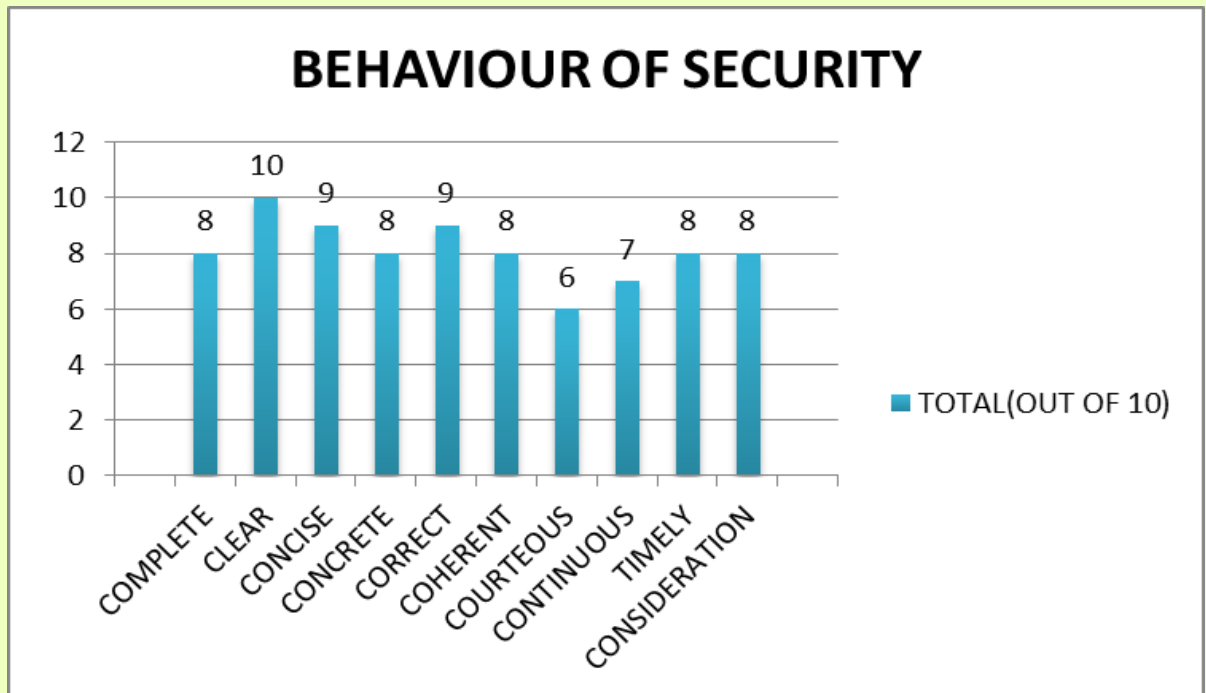
1.BEHAVIOUR OF FRONT OFFICE



2. BEHAVIOUR OF GDAs.



3.BEHAVIOUR OF SECURITY



	PARAMETERS	FRONT OFFICE	GDA	SECURITY		PERCE NTILE	
	SAMPLE SIZE TAKEN	20	10	10			
	SCORE ALLOTTED	10	10	10	SCORE (OUT OF 30)		
1	COMPLETE	7.5	4	8	19.5	6.5	2nd
2	CLEAR	8.5	10	10	28.5	9.5	
3	CONCISE	10	7	9	26	8.66	
4	CONCRETE	9.5	6	8	23.5	7.83	
5	CORRECT	9.5	8	9	26.5	8.83	
6	COHERENT	8.5	9	8	25.5	8.5	
7	COURTEOUS	3	7	6	16	5.33	1 st
8	CONTINUOUS	6.5	8	7	21.5	7.16	
9	TIMELY	7	5	8	20	6.66	3rd
10	CONSIDERATION	6.5	7	8	21.5	7.16	

RECOMMENDATIONS:

1. Skill training should be provided to the staff.

Need for skill training:

- Individual staff needs to have greater freedom to choose specific station of front office in which they would like to work.
- Good work to be recognized and rewarded.
- Avenues of advancements and promotion need to be for better development.
- To avoid fear of making mistake.

2. Behavioural classes should be conducted, and soft speaking skills should be encouraged for all new staff and it should be repeated at every quarter.

3. Regular OJT (on job training) should be performed by the reporting supervisor and soft skill trainer.

4. The way of dealing should be regularly/ randomly monitored by the supervisor.

5. Their availability at their work station should be monitored randomly by the supervisor.

6. Regular feedback should be collected from the peer group.

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Delayed transfers of older people from hospital: causes and policy implications. Health policy 2006; 76:194-201.
2. National Audit Office. Inpatient admissions and bed management in NHS acute hospitals. London : stationary office;2000.
3. Udayai, K., & Kumar, P. (2012). Implementing Six Sigma to Improve Hospital Discharge Process. International Journal of Pharmaceutical Sciences and Research, 3(11), 4528-4532.

ANNEXURES

..\DISCHARGE TRACKER\FLOOR WISE DD (2).xlsx

MAX SHB BEHAVIOUR.xlsx