Motion Study of Preventive Health Check Patients and Gap Analysis

By rachana kashyap
The IIHMR University, Jaipur

About the hospital:

PARAS HMRI Hospital is a 350 bedded state-of-the-art multispeciality private limited organizaton. It spreads over 3,25,000 square feet.

Mission:

• To provide competitive, innovative and accessible medical care to the patients.

• To facilitate improving the health of the patient by providing quality service through professionals that is affordable and delivered:

(i). Compassionately

(ii). Appropriately

(iii). Responsibility

(iv). Efficiently

• To exhibit stewardship and creativity in the management of all available resources for patient care.

• To ensure the delivery of our services enabling patient, families, guests, healthcare professional, associates to make the best use of facilities and environment consistent with philosophy and commitment of the patient care, health education and strategic initiative.

• To provide excellent family centre healthcare to the entire family and children.

Vision:

• To become preferred healthcare provider for all.

• Partnership in caring and curing.

• Providing excellent medical care to our customers through faith in values, integrity, respect, teamwork and innovation to achieve complete patient satisfaction.

Patient safety goals 2014-2015:

•Identify patients correctly.

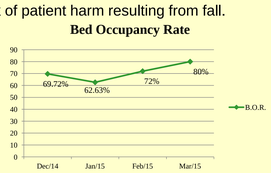
•Improve effective communication.

•Improve the safety of high alert medications.

•Ensure Correct-sight, Correct-procedure and Correct-patient.

•Reduce the risk of health care associated infections.

•Reduce the risk of patient harm resulting from fall.



Introduction:

In India, Non – communicable diseases accounts nearly 53 % of deaths and based on available evidence cardio vascular diseases (24%), chronic respiratory diseases (11%), cancer (6%) and diabetes (2%) are the leading cause of mortality in India. Preventive health check up helps us to identify any disease if present and thus means preventive care.

Aim :

To study movement of Preventive Health Check patients and gap analysis.

Objectives:

- To study the movement of patients in preventive health check up process.
- To analyse the gaps found.
- To give appropriate recommendations.

Methods:

Study - Descriptive analytical study

Target population - Patients

Sample Size - 300

Study duration - one month

Tools and techniques - Observational study, questionnaire for patients

Findings:

SWOT Analysis of PHC

Strengths
Expertise consultations, well versed and active employees, Infrastructure

Weaknesses
Decentralization, more time consuming, time constraints for doctors

Opportunities
Can raise level of patient satisfaction by efficient time management.

Threats
Other commercial hospitals providing PHC check in lesser time and thus achieving more patient satisfaction.

Types of PHC checks and tariff

Name of check	Tariff
• Premium check	Rs.9,099/-
• Whole body check	Rs.8,099/-
• Master check	Rs.3,099/-
• Executive check	Rs.4,099/-
• Diabetic check	Rs.2,499/-
• Cancer check	Rs.3,099/-
• Well women check	Rs.2,099/-
• Heart check	Rs.4,099/-
• Corporate check	As per company's policy
• Pre-employment check	As per hospital's policy

FLOW OF PATIENTS IN PHC

PATIENT

Do's and Dont's | Registration

↓

LAB INVESTIGATION

↓

RADIOLOGY INVESTIGATION

↓

BREAKFAST

↓

COUNSELLING

↓

CARDIOLOGY INVESTIGATION

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POST PRANDIAL TEST

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REVIEW

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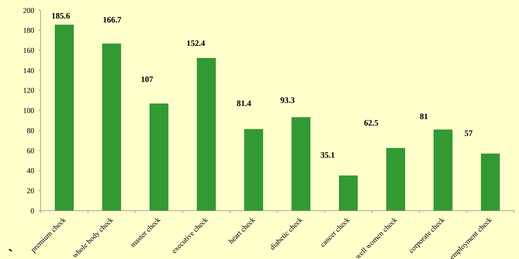
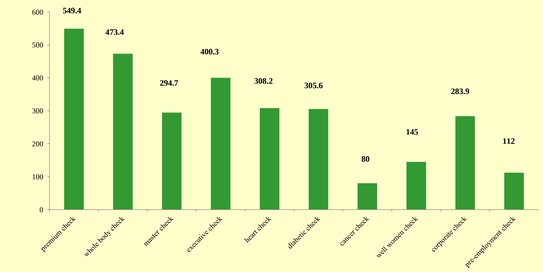
REPORT DISPATCH

Conclusions:

According to hospital's policy, ideal turn around time for PHC check :
Day 1 - 4 hours
Day 2 - 2 hours
But after study:



GRAPHICAL REPRESENTATION OF AVERAGE WAITING TIME IN PHC (in minutes)



GRAPHICAL REPRESENTATION OF AVERAGE TURN AROUND TIME OF PHC (in minutes)

Patient satisfaction in PHC:

•61.8% said that doctor's consultation was more time taking.
•28% said that radiology procedure was more time taking.
•10.2% were satisfied from all services.

Recommendations:

•PHC should be centralized. Due to decentralization, problem occurs.

•There is one running computer system at PHC front desk. If possible one more system set up. Because billing person and executive use same system. Thus, more time is consumed.

•There should be change in few doctors' duty rosters. Doctors involved in PHC patients check (basically radiology doctors) can manage to come at 8 am. Because PHC patients come at 8 am.

•One of the main reason for increased TAT is parallel rush of OPD and PHC patients in consultation. When asked from one OPD sister, responsible to fix patient's appointment with doctor serial wise, she said that there is no such privilege to PHC patients, especially old patients that they can consult doctors at earliest. There should be such privilege. PHC check is done on prior appointment system basis, then why they again need to take appointment for consultation? Why they wait so long for consultation?

•Premium check is the main source of revenue generation in PHC. In findings, waiting time and TAT for premium check is highest. It is a matter of concern.