Summer Training at

(April 1–May 31, 2014)

Operational Excellence in PHC (Preventive Health Check Up) Centre

By
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Under the guidance of
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MBA- Hospital & Health Management (MBA-HM)
2013-2015

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CERTIFICATE

This is to certify that Ms.Kanika Kothyari has undergone her summer training in Paras hospital, Gurgaon from 1st April, 2014 to 1st June, 2014.The candidate herself carried out all the studies related to her summer training. Her approach to the study has been scientific and analytical. This summer training is partial fulfilment of course requirement is recommended for the award of post graduate diploma in health management.

I wish her success in all her future endeavours.

Dr. Ashok Kaushik
Dean(Academic & Student Affairs)
IIHMR Jaipur

Jagajeet Prasad Singh
Dr. J.P. Singh
Associate Professor
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PARAS HOSPITALS
Partners In Health

PHPL/HR – Comm./2014/210

May 31, 2014

WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms Kanika Kothyari** has successfully completed her two months training in Operations Department with our organization from **April 1st 2014 to May 31st 2014.**

During her training period, she was found to be sincere and efficient.

We wish her all the best for future endeavors.

For Paras Hospitals

Vikas Chawla
Manager – Human Resource

Vikas Chawla
Manager - HR
Paras Hospitals, Gurgaon

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ACKNOWLEDGEMENT

The successful completion of the internship and final outcome of this project required a lot of guidance and assistance from different people and I consider myself fortunate to have so many people around to guide me.

Firstly, I would like to thank **Col. (Dr.) Ashok Kaushik** (Dean Academics and Student Affairs, IIHMR, Jaipur) to provide such a great learning opportunity. I am also thankful to our alumnus **Dr. Kapil Garg** (Zonal Director, Paras Hospitals) for his consent and help in further nurturing our understanding about the hospital and its working.

I respect and thank **Dr. Neeraj Bishnoi** (General Manager- Operations, Paras Hospitals, Gurgaon) for his invaluable support. I own my profound gratitude to **Mr. Neetu Maltiyar** (Head of Training, Paras Hospitals, Gurgaon) for guiding us and always adding value to our understanding of different departments in the hospitals. The entire project would not have been possible without the important inputs from **Dr. Ranvir Singh Saluja** (Asst. Medical Superintendent, IPD) and **Mrs. Jyoti Singh** (Head Of Quality Department)

I am also thankful to each and every staff at Paras Hospital, Gurgaon for sharing their experiences and knowledge and providing their precious time to add value to my knowledge. Without their cooperation, the internship and the project work would not have been possible.

Finally, I would like to extend my sincere regards to my mentor **Mr. J.P.Singh** (Asst. Professor, IIHMR Jaipur) for his support.

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1.0 **Overview Of The Hospital**

Paras Hospital Gurgaon is a NABH Accredited 250 bedded super specialty hospital. It was the first hospital in Gurgaon region to get NABH accreditation. Since its inception it has aimed to be a preferred health care provider for all. Its expertise in advanced medical and surgical treatments helped thousands of patients receive world class quality treatment of affordable cost. Paras is equipped with one of the leading Neuro Sciences centres. In the region which boost of all facilities needed for research and surgery in the field of NEURO Sciences. Besides this it has 55 specialty departments which include medicine, minimal invasive surgery, gynecology, oncology, ophthalmology, dermatology, cosmetic surgery, plastic surgery etc. in its mission to provide affordable health care services to all people, it has taken a step ahead to start two major projects in state of Bihar, Paras HMRI hospital, Patna has a capacity of 350 beds while Paras global hospital Darbanga has a capacity of 100 beds. The multi disciplinary facilities provided by Paras hospital at its Patna and Darbanga hospitals make it one of the largest health care providers in Bihar. Paras hospital is also renowned globally for its specialized international patient services. Patient from all across the globe visit Paras frequently for health checkups. Customized treatments and surgery are designed to benefit international patients.

1.1 **Vision**

- To become preferred healthcare provider for all.
- Partnership in caring and curing.
- Providing excellent medical care to customers through faith in values, integrity, respect, teamwork and innovation to achieve complete patient satisfaction.

1.2 **Mission**

- To provide competitive, innovative and accessible medical care to the patients.
- To facilitate improving the health of patient by providing quality service through professionals that is affordable and delivered-

➢ **C**ompassionately

➢ **A**ppropriately

➢ **R**esponsibly

➢ **E**fficiently

1.3 Quality Policy

Paras Hospitals believe in partnership with the communities they serve.

- Paras Hospitals provide uniform patient treatment and care, use of evidence based medicine and excellence in clinical outcomes.
- Knowledge enhancement for staff, clinicians and patients.

Delivering superior customer service and complying with statutory regulations.

1.4 Accreditations

National accreditation board for hospital and healthcare providers (NABH) accreditation-

Paras is the first multispecialty hospital in Gurgaon to receive this accreditation. Primarily focusing on patient care, safety, continuous quality improvement and innovation, NABH (Accredited by ISQ, International Society for Quality in Health Care) has been set up to bring the world's best Health care quality standards to India. This accreditation is testimony to the fact that Paras care pathways are protocol driven, reflect global practices and ensure that patients consistently receive Quality care.

Paras diagnostics is accredited by NABL , India's leading accreditation body pathology services. This reiterates Paras diagnostics position as a premier provider of pathology services in India. With a team of highly experienced and efficient staff, it provides services strictly adhering to International Quality standards. Its well organized sample management practices and state of the art automated equipments ensure that patients receive quick and accurate results.

1.5 Paras Hospitals, Gurgaon

- 250 - bedded Multi super specialty hospital, spread over 3 Acres with covered area approx 2.1 Lac sq. ft. spread over 7 stories
- 6 State of the art Operation Theaters
- 70 critical care beds
- Region's most Advanced Neurosciences & Trauma Center
- Flat Panel Cath Lab
- 24 Hr ER forms backbone of the hospital services
- Round the Clock three Cardiac ambulances with all the life-saving equipment.
- Advanced Mother & Child Care Unit with Level III Neo – Natal ICU
- Fully automated Blood Bank with component facilities and advanced facilities for collection & processing

1.6 Floor wise Facility Distribution

Fourth Floor

- Nurse Stations
- 4A = Neurosurgery Ward (All Room Categories)
- 4B = Surgery Ward (All Room Categories)
- Dormitory – 9 beds
- 4C = General Ward
- PICU

Third Floor

- Patients' Rooms & Wards
- Labour Room (The Bliss), NICU
- Nursing Stations A, B, C and D.
- VIP Suite
- Deluxe Rooms
- LDR Suites
- Single bedded Rooms
- Double bedded Rooms
- Four bedded Rooms

First Floor

- Operation Theaters
- Neuro I C U
- Medical I C U
- Surgical ICU
- CCU
- CTVSICU
- Post Operative Recovery Room
- Cath Lab

Ground Floor

- Emergency Room with Minor OT
- Radiology & Imaging
- Pharmacy
- Dialysis Room
- Endoscopy Suite
- Doctors' Consultation Rooms
- OPD

1st Basement

- Kitchen
- Staff Cafeteria
- Visitors' Cafeteria
- Physiotherapy
- IT
- Marketing
- Office- Administration
- Laboratory
- Blood Bank
- Dermatology
- Dentistry
- PHP
- Attendance M/C

2nd Basement

- Attendance Swiping Machine
- CSSD
- MRD
- Engineering
- Purchase & Commercial
- BME
- Morgue
- Parking
- Store

1.7 Services At Paras Hospital

- Anesthesiology
- Cardiac sciences
- Dental Surgery
- Dermatology
- Dietetics and Nutrition
- Emergency and Trauma centre
- Endocrinology
- Geriatrics
- Gynecology
- Hematology
- Head and Neck Onco'surgery
- Internal Medicine
- Laparoscopic, Gastrointestinal and Bariatric Surgery
- Mother and Child
- Neuro Sciences
- Neuro, Vascular and Non vascular intervention
- Obstetrics
- Ophthalmology
- Orthopedics and Joint Replacement
- Pediatrics
- Physiotherapy and Rehabilitation
- Plastic and Reconstructive Surgery
- Preventive Health Checkups
- Psychiatry and Psychology
- Pulmonary and Critical care
- Radiology
- Renal sciences and Urology
- Rheumatology

PROJECT

“ OPERATIONAL EXCELLENCE”

IN

PHC (PREVENTIVE HEALTH CHECKUP) CENTRE

2.1 INTRODUCTION:

Good health is the foundation of a productive and rewarding life. Today's lifestyle has brought with it stress, unwholesome eating habits and inadequate rest. Coupled with elevated levels of pollution and lack of exercise, these factors are bound to gradually take their toll on us. Yet, most of us tend to ignore these facts until we are compelled to confront a medical condition.

"PREVENTION IS BETTER THAN CURE"

Preventive health checkup consist of various packages, the packages in the programs are designed to give a complete check –up within their limitations, detect any latent health problems.

2.2 PURPOSE:

To conduct a comprehensive set of preventive health program tests based on disease risk profile, age and gender to identify any diseases in proactive manner and suggest the style changes and treatment plan.

2.3 SCOPE:

Preventive health programs

DEPARTMENT TIMINGS:

Morning 8 to Evening 4:30

RESP: Manager-Operations

PROCESS INPUT/ SUPPLIER:

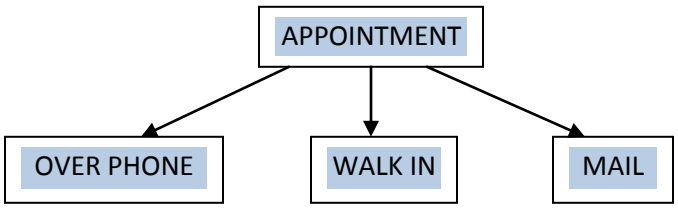
INPUT	SUPPLIER
Appointment schedule/invoice/patient	PHP coordinator

PROCESS OUTPUT-RECORDS/CUSTOMER:

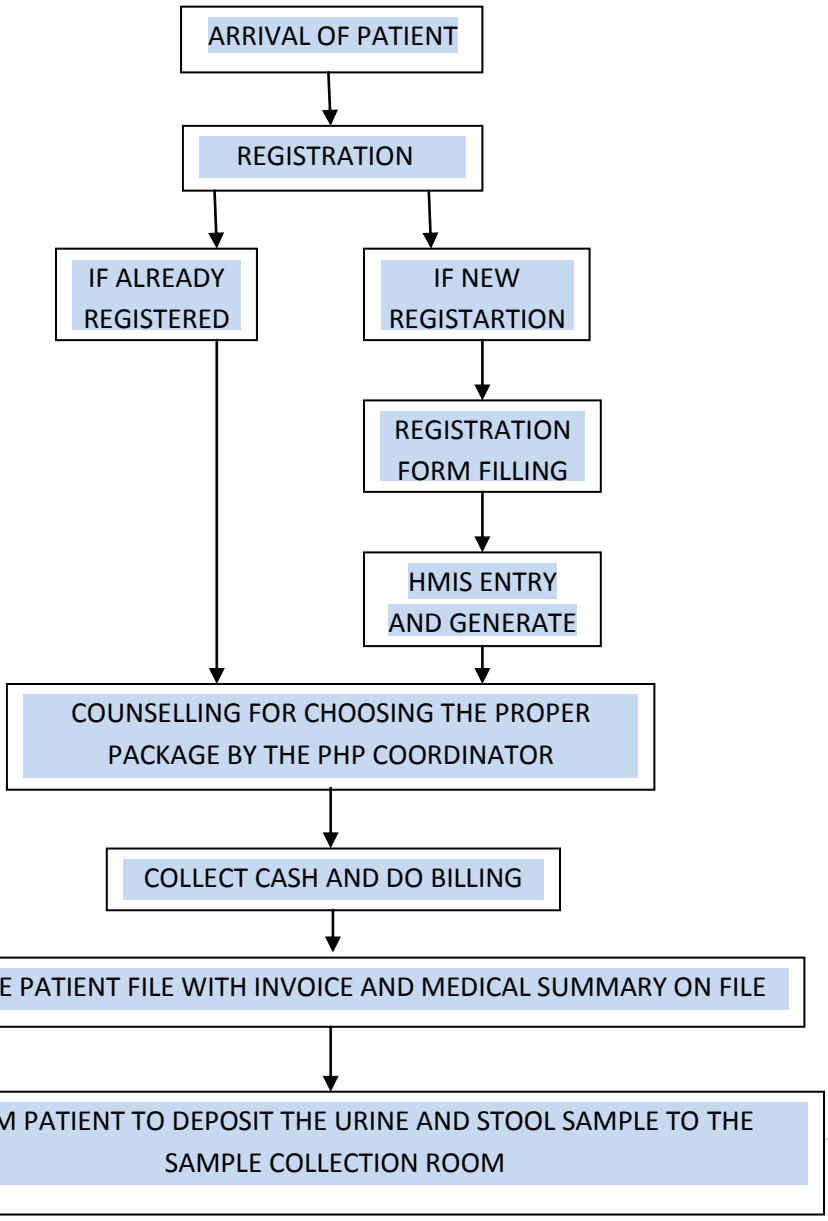
OUTPUT-RECORD	CUSTOMER
PHP Conducted / PHP reports	User Function

2.4 PROCESS DESCRIPTION:

1) Appointment Process:



2) Patient Registration and Invoice Generation:



3) **FOLLOW UP PATIENTS:**

Patient arrives at the PHC department as per their appointment time and date. PHP coordinator will check the file of the patient to ensure whether all he tests are performed or not, if in case any test is pending the coordinator will make sure that those test will get completed. After that patient's consultation is done , then PHP coordinator will get the review done with the consultant. After the completion of review sign of the patient is taken on dispatch register (in case of Cash patient ony) and the patient is asked to fill the feedback form.

** The feedback forms that are in PHC are not always filled by every patient. Sometimes PHP coordinator forgot to ask patient to fill the feedback form.

4) **WALK-IN PATIENT**:

In case of walk in patient PHP coordinator check the availability in the PHP current day schedule and brief the patient about the packages and the coordinator will make sre that the patient is on overnight fasting or not.

2.5 PARAS HEALTH CHECK UP PACKAGES:

There are 9 packages for the patients coming to the Paras for Preventive Health checkups and 1 is for child above 4yrs of age.

The packages are as follows:

1) Master Health Check Up
2) Executive Health Check Up
3) Well Women Check
4) Diabetic Check
5) Cancer Check
6) Heart Check
7) Whole Body Check
8) Premium Package
9) Breast Check
10) Child Health Check

Two packages are there for International Patients:

1) Paras International Platinum Health Package
2) Paras International Comprehensive Medical Check

2.6 AIM OF STUDY: Quality improvement in the PHC department.

2.7 OBJECTIVES:

1) To ensure the process improvement in the PHC department.
2) To study the quality of services delivered to the patients.

2.8 REVIEW OF LITERATURE:

- ✓ Preventive care isn't working well today. Some preventive services, such as vaccinations and cancer screening, can save lives. But many people, especially the poor and ethnic or racial minorities, aren't getting the services they need. At the same time, other people get services that have no benefit or even cause harm. Getting the right preventive care to the right people is difficult in routine primary care because of time constraints, conflicting priorities, communication problems, and lack of systems to facilitate delivery.

  To achieve excellence certain factors needs to be considered like: Health equity, Reducing patient harms, Health care implementation, Educational Resources, Support and Evaluation team.^[1]

- ✓ Preventive Health Behavior is "any activity undertaken by a person believing himself to be healthy, for the purpose of preventing disease or detecting disease in an asymptomatic stage. There may be two kinds of behavior – those that serve to detect disease (health examinations) and those that reduce the probability of future illness(immunization, prenatal care and so forth).

  Adequate conceptualization and measurement of preventive health behavior would seem to be a necessary prior step to attempts.

2.9 RESEARCH METHDOLOGY:

- Area: Preventive Health Check Centre (Location- -1 floor)
- Duration: 7 days (14th may 2014 – 22nd may 2014)
- Sampling Technique:
- Sample Size : 50
- Study Type: Qualitative study
- Study subject: Observations of the patients who visit PHC for their health checkups.

2.10 DATA COLLECTION METHOD:

- Primary- By observation of patients.
- Secondary- Review of records.

2.11 TOOL: For the study I have used a "SIX SIGMA" tool >> "**DMAIC**"

1) Improvement Opportunity
   The "DEFINE" Phase (D)

2) Performance
   The" MEASURE" Phase (M)

3) Analysis & Findings
   The "ANALYZE" Phase (A)

4) Recommendations
   The "IMPROVE" Phase (I)

5) Implementation (By management)
   The "CONTROL" Phase (C)

2.12 (D) DEFINE – PHASE

1) Process study
2) Problem Identification

NO. OF STAFF AND THEIR TIMINGS:

STAFF (DESIGNATION)	NUMBER	TIMINGS
PHP Coordinator	2	8:00 am to 4:30 pm
Lab Technician	2	8:00 am to 4:30 pm
ECG Technician	1	9:00 am to 5:30 pm
X-ray Technician	1	9:00 am to 5:30 pm
Nursing Assistant	1	8:00 am to 4:30 pm
GDA	1	8:00 am to 8:00 pm
Housekeeping	1	8:00 am to 8:00 pm

Table 1: No. of staff in PHC and their timings

LIST OF EQUIPMENTS:

S.NO	NAME OF MACHINE	SERIAL NO.	DATE OF INSTALLATION	PMS ON	PMS DUE
1	Ultrasound/ ECHO	CI70110210	14/09/2011	14/08/13	14/02/14
2	PFT(Model:Spirometer)	PFT	*	08/12/13	08/03/14
3	TMT	TMT/PHC-01	02/07/2011	20/01/14	20/07/14
4	ECG	SCT12317084PA	*	25/10/13	25/04/14
5	X-RAY	X-RAY 300 MA	*	10/11/13	10/05/14
6	MAMMOGRAPHY	ALPHA ST	*	20/11/13	12/07/14
7	BMD	LUNAR DPX	*	25/11/13	25/04/14
8	DEFIBRILLATOR	32MAB14	*	12/01/14	12/07/14

Table 2: List of equipments in PHC

- BME department maintains the service report also for all the above machines that are kept in PHC department.

- A "**complaint log**" is also maintained for monitoring and registering the breakdown of machines in the department and the complaint log register is kept in the Bio-medical department.

- From Table no. 2 it can be clearly observed that out of 8 machines available in the PHC, Preventive maintenance of 5 machines is still due. Frequent breakdown of PFT machine happened in the last week but then too no proper action has taken place, and its preventive maintenance is still due.

LIST OF DOCTORS FOR PHC CONSULTATION

CONSULTATION	DOCTOR'S NAME
PHC Physician Consultation	1) Dr. Rajeev Gaur 2) Dr. Rajesh Kumar 3) Dr. Indrajeet Agarwal
PHC cardiac Consultation	1) Dr. Tapan Ghose 2) Dr. Kudeep Arora
Gynae Consultation	1) Dr. Namrata Kachhara
Diet Consultation	1) Dr. Eti Bhalla
ENT Consultation	1) Dr. Sunil Agarwal 2) Dr. Amitabh Malik
Child Consultation	1) Dr. Manish Mannan
Whole Body Check (Women)	1) Dr. Pooja Mehta
PFT procedure	1) Dr. Neeraj Gupta
Referred Case	1) Dr. RR Dutta

Table 3: List of Doctors for PHC consultation

FOOD SUPPLEMENTS GIVEN TO THE PATIENTS VISITED PHC:

The food supplements that is given to the patients depends upon their packages , because only certain packages include breakfast/ lunch given to the patients and is mentioned on the checklist on the file of the patient.

For diabetic and non- diabetic patients they have different food itmes.

Diabetic patient:

- 1 bowl papaya(or any seasonal fruit/ beans)
- 1 bowl cornflakes
- 2 sugar free sachet
- 1 tea sachet (dip)
- 1 dairy creamer sachet (sugar free)
- 1 hot water bottle
- 1 hot milk bottle
- 1 plate vegetable sandwich
- 1 glass lemonade

Non- Diabetic patient:

- 1 bowl papaya(or any seasonal fruit/ beans)
- 1 bowl cornflakes
- 2 sugar sachet
- 1 tea sachet (dip)
- 1 dairy creamer sachet
- 1 hot water bottle
- 1 hot milk bottle
- 1 plate vegetable sandwich
- 1 refill pack fruit juice

Quality of food: Quality of food is okay but milk and water served to the patients is not always hot and the patients sometimes get angry because of that as they want hot milk with the cornflakes and hot water for tea.

>> Same food is given to the patients every day, only seasonal fruit sometimes get changed.

REGISTERS MAINTAINED:

- Appointment register
- Dispatch register
- Sample receiving register
- TMT register
- ECHO register
- ECG register
- PFT register
- X-ray register

- With the help of all the above registers mentioned they are maintaining the data of all the patients.
- ** The hospital can have a system in HMIS so that these registers need not to be maintained and one can access the files of a patient for future reference using his UHID(unique hospital ID).
  ** The time that they mentioned in the register is not always correct, the technicians who do the entries usually take the tentative time for the process.

- The department is not having any "Duty Roaster"
  Reasons: The staff of PHC is fixed so they don't maintain duty roasters.

Problem Statement:

- The patients who visited the PHC often faces more waiting time as compared to their process time.
- This leads to patients dissatisfaction.
- The desired goal that is delivery of services on time is not getting achieved properly. .

The Following Problems Are To Be Addressed In The Project:

a) The identification of reasons for the delay in processes (if any).
b) Reasons for the patient's dissatisfaction.

2.13 (M) MEASURE – PHASE

1) Data Collection of 7 days (14th may 2014 – 22nd may 2014)

- Frequent breakdown of machines
- Waiting time of the patient is high

2) Performed Detailed Process Mapping

➢ Analysis Tool/Methods:

- CTQ (Critical to Quality)
- Data Collection Sheet

Critical To Quality (CTQ) Definition:

a) Patient are properly guided to PHC department

b) Time taken by processes performed in PHC (according to the packages)

c) Effective resource management at the PHC department

According to the SOP of Preventive Health Check Department :

CTQ(critical to quality)	Measure
TAT (patient walk in to PHP done)	<5 hrs
Patient feedback score	95%
Health check dispatch time	Within 2 working days

Table 4: SOP of Preventive health Check Department

PFT MACHINE:

In Paras hospital, there is only one PFT machine and only one technician who can perform the operation.
PFT for OPD, PHC, and IPD patients is performed in the PHC itself

According to the May 2014 data,
Total PFT done : 141
PHC patients: 87
OPD patients: 39
IPD patients: 15

On an average a PFT procedure takes 10 minutes to get over.

NOTE: If PFT technician will be on leave than no one is there to perform the operation as we have no backup plan for that.

NO. OF TESTS CONDUCTED DURING THE STUDY

X-RAY	44
USG	40
ECG	27
TMT	23
PFT	16
ECHO	14
MAMMOGRAPHY	3
BMD	1

Table 5: No. of Tests conducted during the study

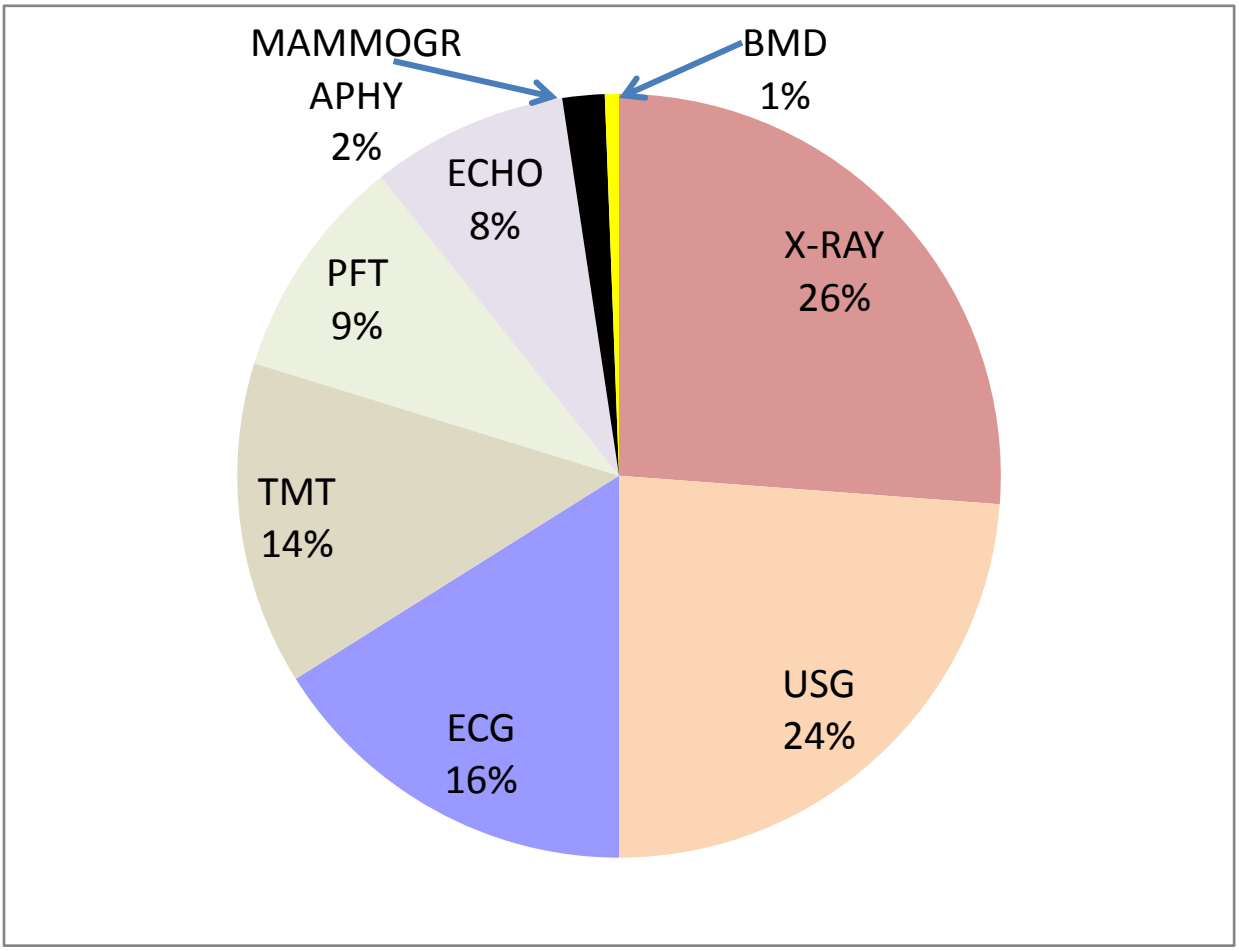


Figure 1.1: Total no of tests conducted during the study

WORK LOAD ACCORDING TO ARRIVAL TIME OF PATIENT:

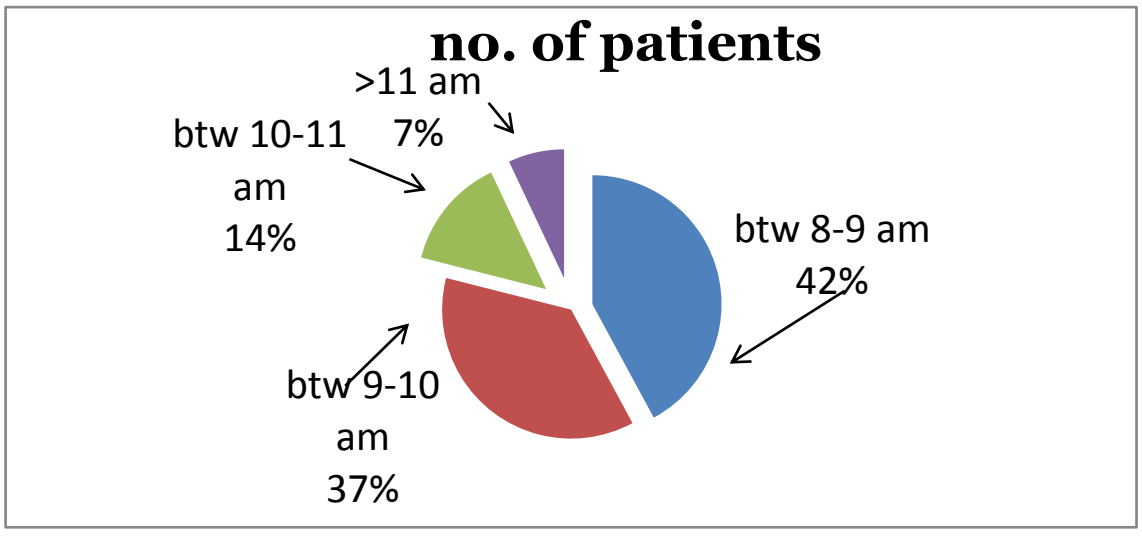


Figure 1.2 : no. of patients

2.14 (A) ANALYZE – PHASE:

Analysis of Data and Interpretation:

>> **PERCENTAGE OF PATIENTS DIVIDED INTO CASH AND CREDIT**

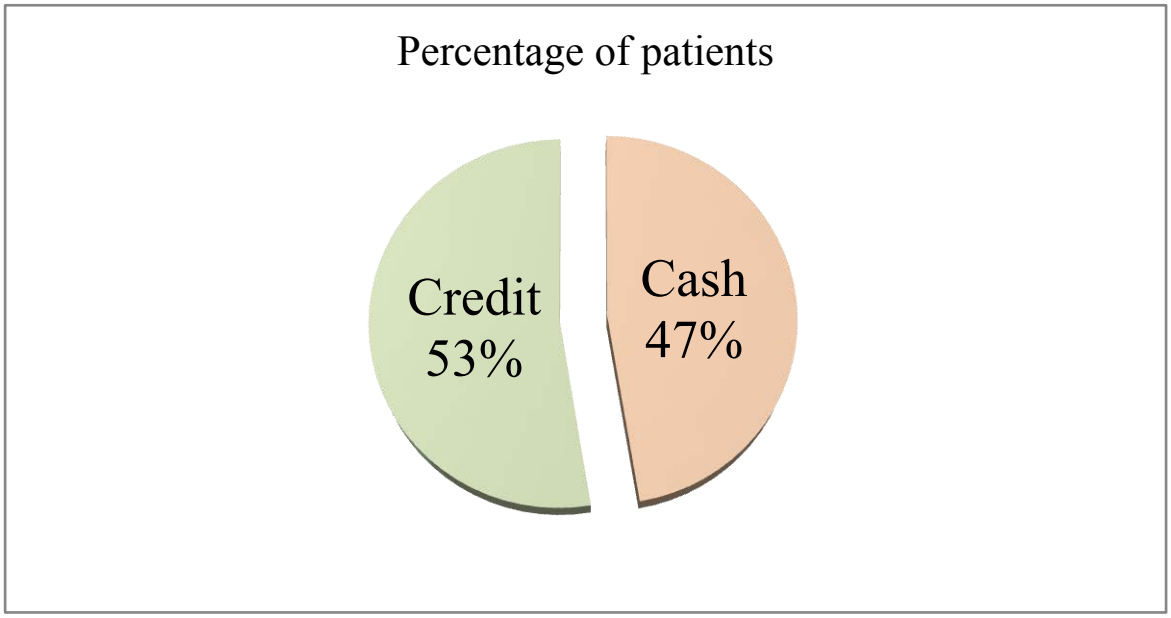


FIGURE 1.3 – Percentage of people divided into Cash and Credit

>> **CASH AND CREDIT PATIENTS ON PER DAY BASIS**

DAY	DATE	CASH	CREDIT
Wednesday	14 May 2014	2	5
Thursday	15 May 2014	*	*
Friday	16 May 2014	3	3
Saturday	17 May 2014	0	11
Sunday	18 May 2014	Sunday	Sunday
Monday	19 May 2014	3	3
Tuesday	20 May 2014	6	2
Wednesday	21 May 2014	2	1
Thursday	22 May 2014	4	2
Friday	23 May 2014	8	3
	Total	28	30

TABLE 6: Cash and Credit Patients on per day

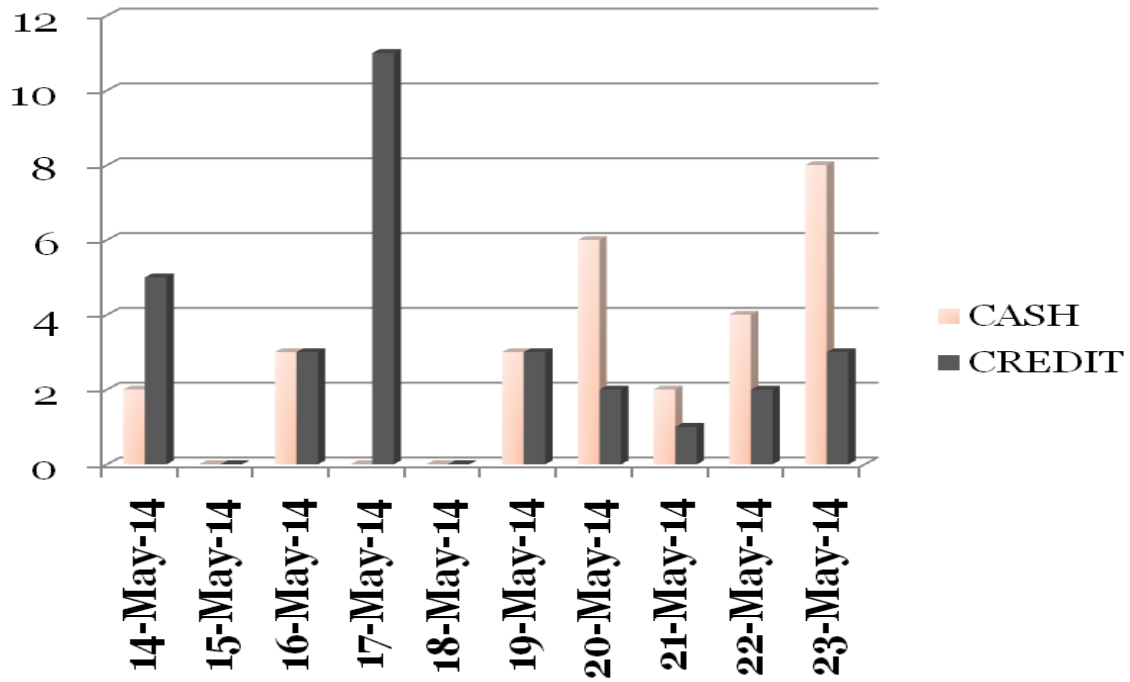


Figure 1.4 Cash and Credit patients on per day basis

AVERAGE PERCENTAGE OF PATIENTS DIVIDED INTO CASH AND CREDIT ON DAILY BASIS

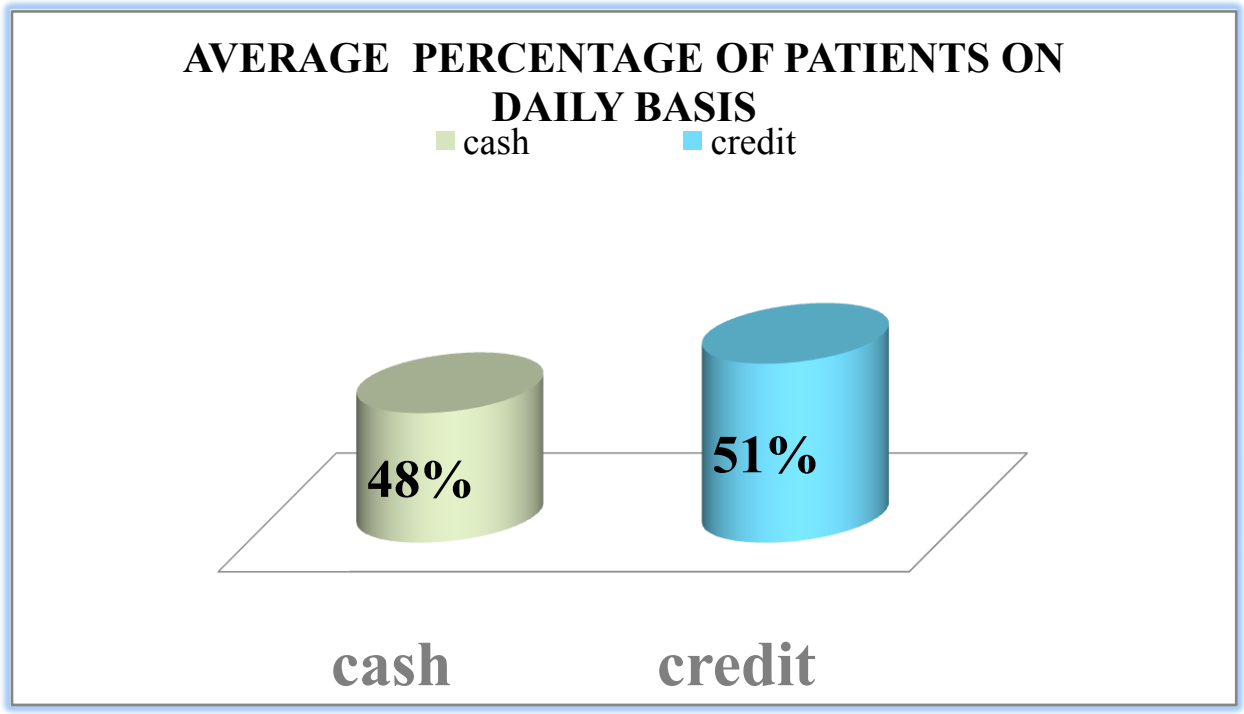


Figure 1.5 : Average percentage of patients divided into cash and credit on daily basis

AVERAGE TIME TAKEN BY THE PROCESSES THAT HELD IN PHC :

(Time mentioned is in minutes)

Registration time	0:13
Sample	0:03
D/ND	0:04
2nd Sample	0:03
X-ray	0:03
TMT	0:28
ECG	0:11
PFT	0:10
USG	0:10
ECHO	0:07
Eye	0:23
Dental	0:12
BMD	0:25
Mammography	0:18
Gynae	0:15
Physician consultation	0:05

Table 7: Average time taken by the processes that held in PHC

COMPARISON BETWEEN THE AVERAGE PROCESS TIME AND AVERAGE WAITING TIME OF PATIENTS

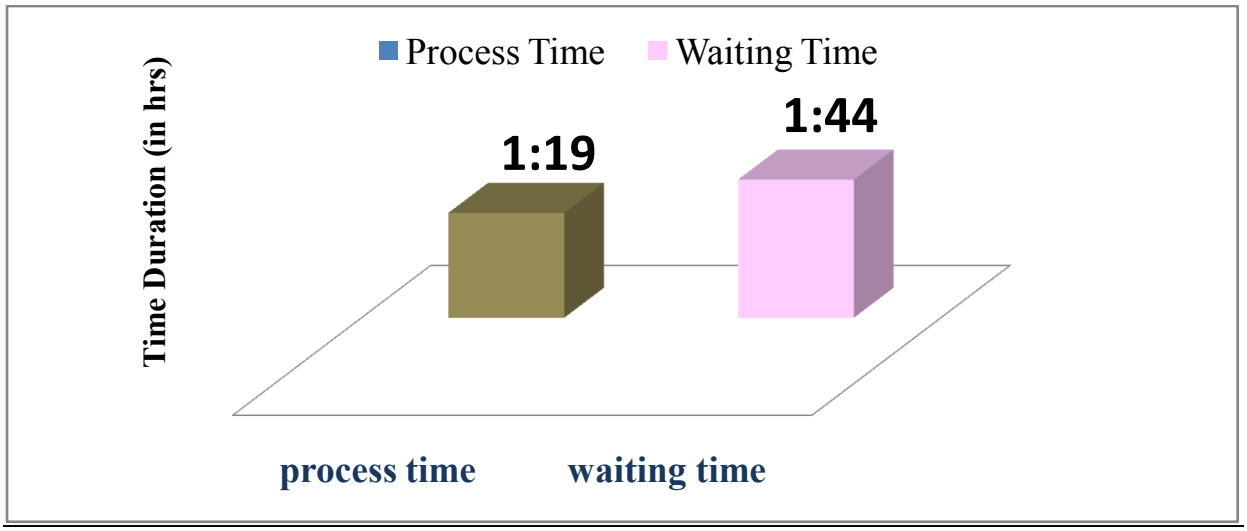


Figure 1.6: Comparison between the average process time and average waiting time of patients

PLOTTING OF GRAPHS ACCORDING TO THE DIFFERENT PACKAGES SELECTED AT RANDOM
(ACCORDING TO THE STUDY)

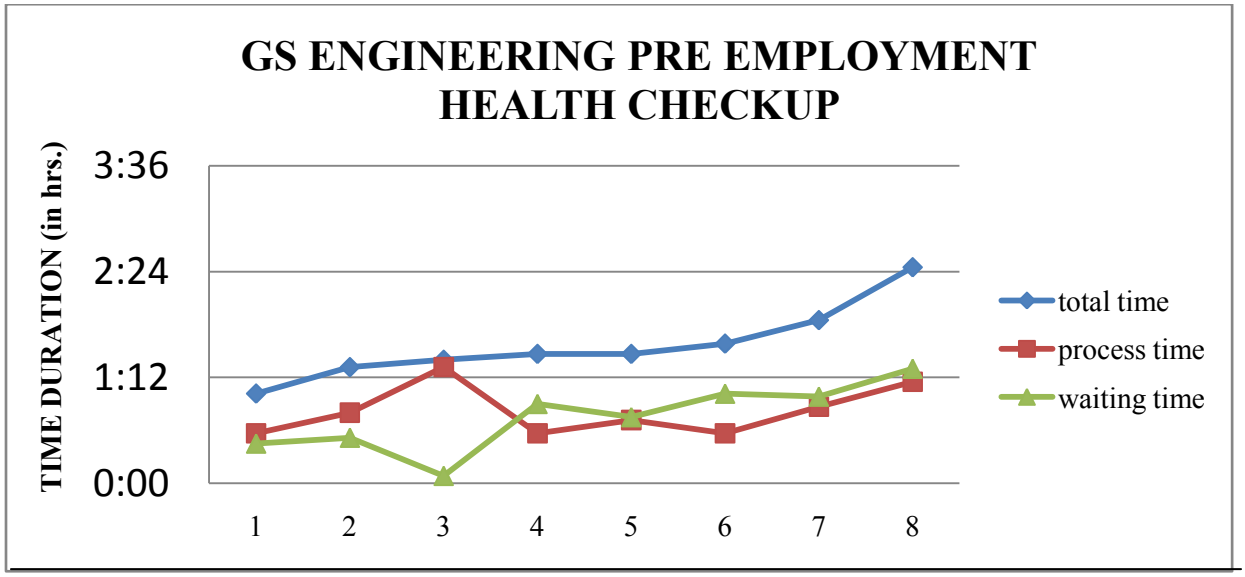


Figure 1.7 (A): GS Engineering pre employment health checkup, plotting of graph according to patients

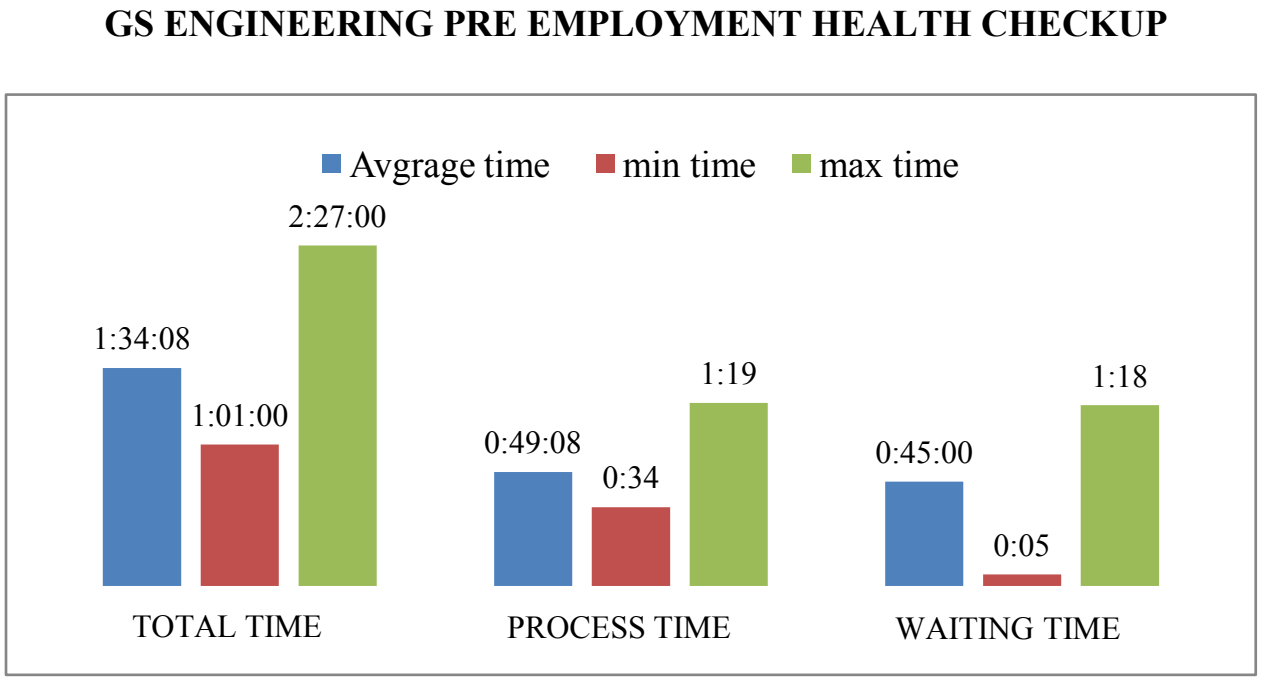


Figure 1.7 (B): GS Engineering pre employment health checkup, comparison of patients average time, minimum time and maximum time

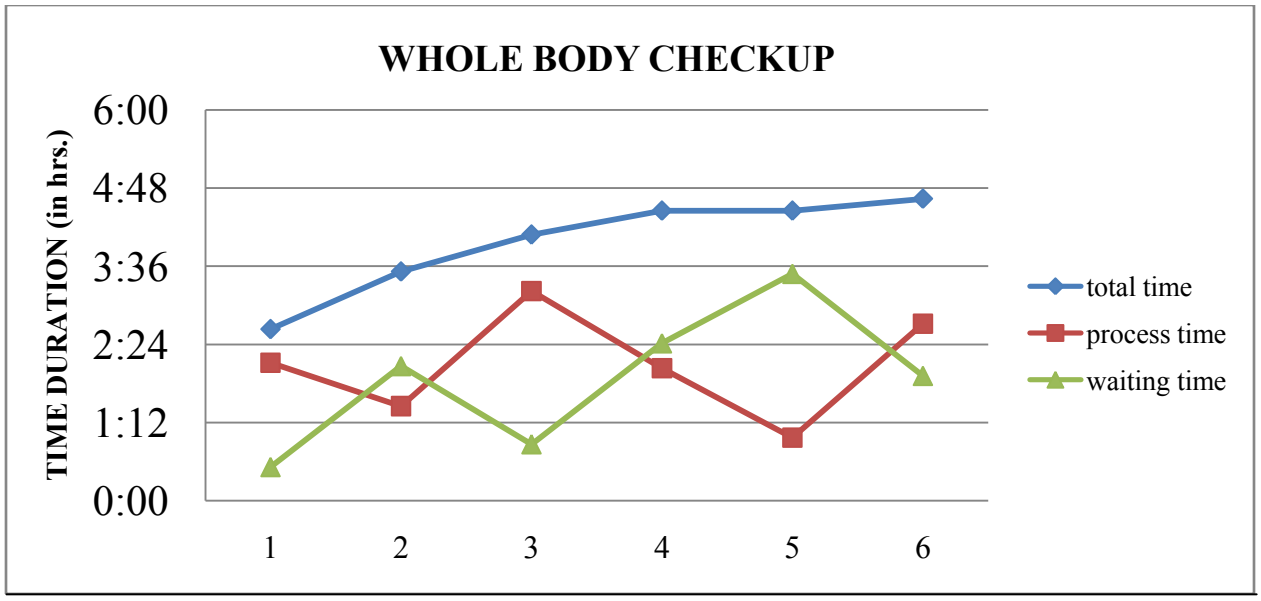


Figure 1.8 (A): Whole body checkup, plotting of graph according to patients

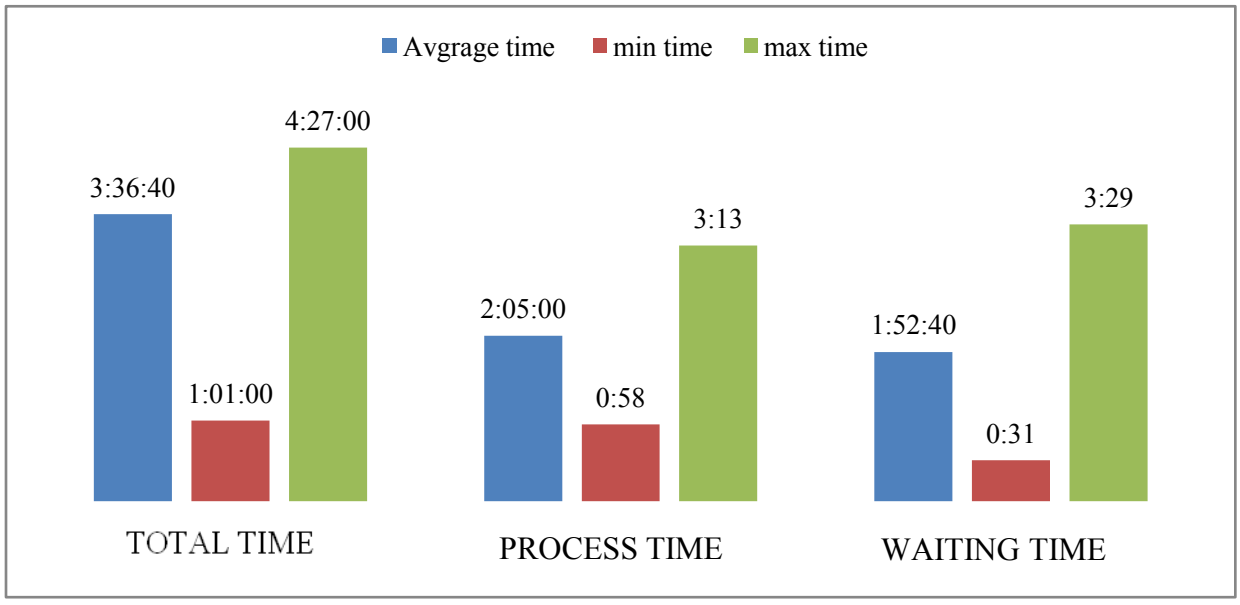


Figure 1.8 (B): Whole body checkup, comparison of patients average time, minimum time and maximum time

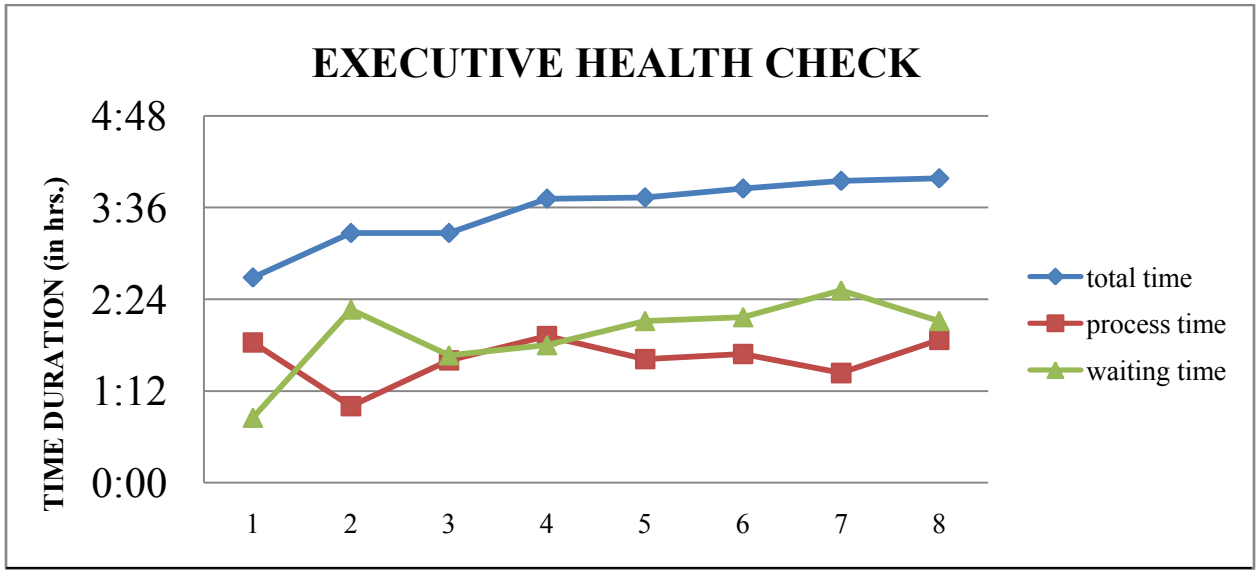


Figure 1.9 (A): Executive Health checkup, plotting of graph according to patients

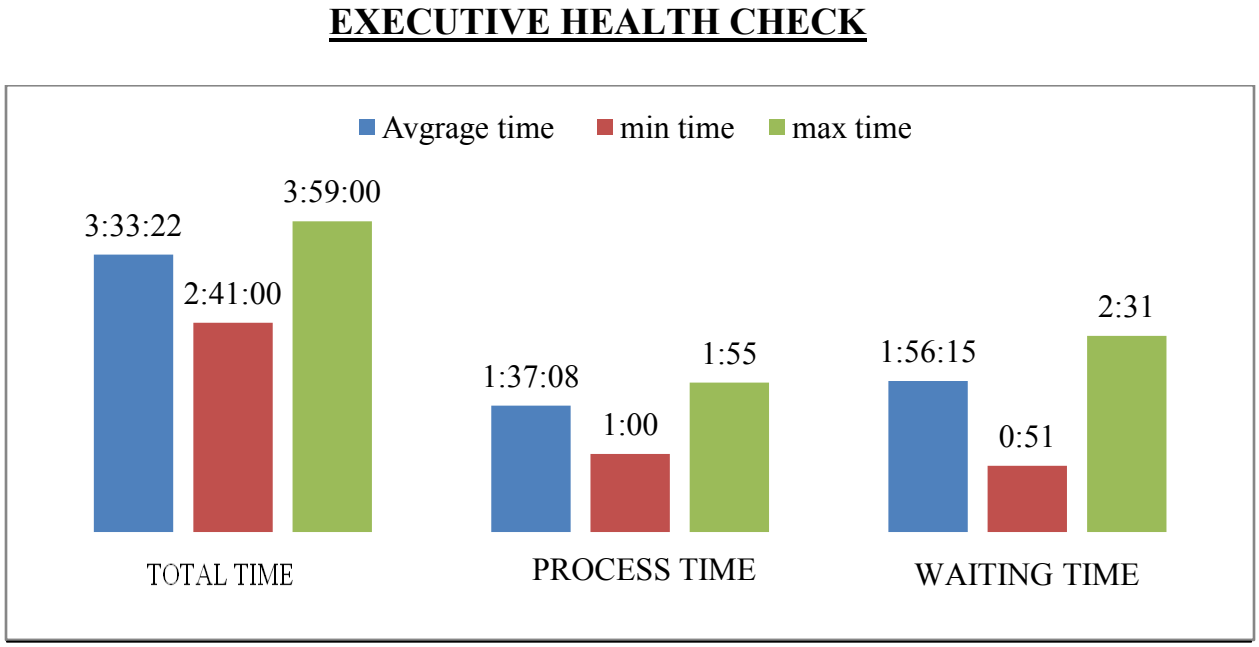


Figure 1.9 (B): Executive Health checkup, comparison of patients average time, minimum time and maximum time

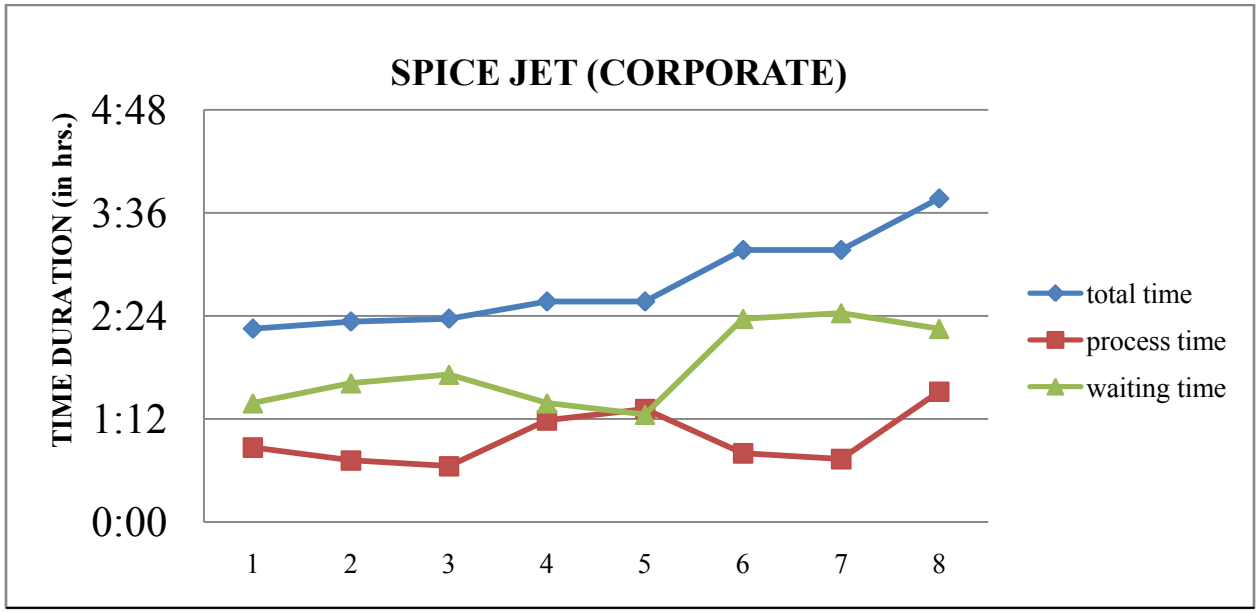


Figure 1.10 (A): Spicejet (Corporate), plotting of graph according to patients

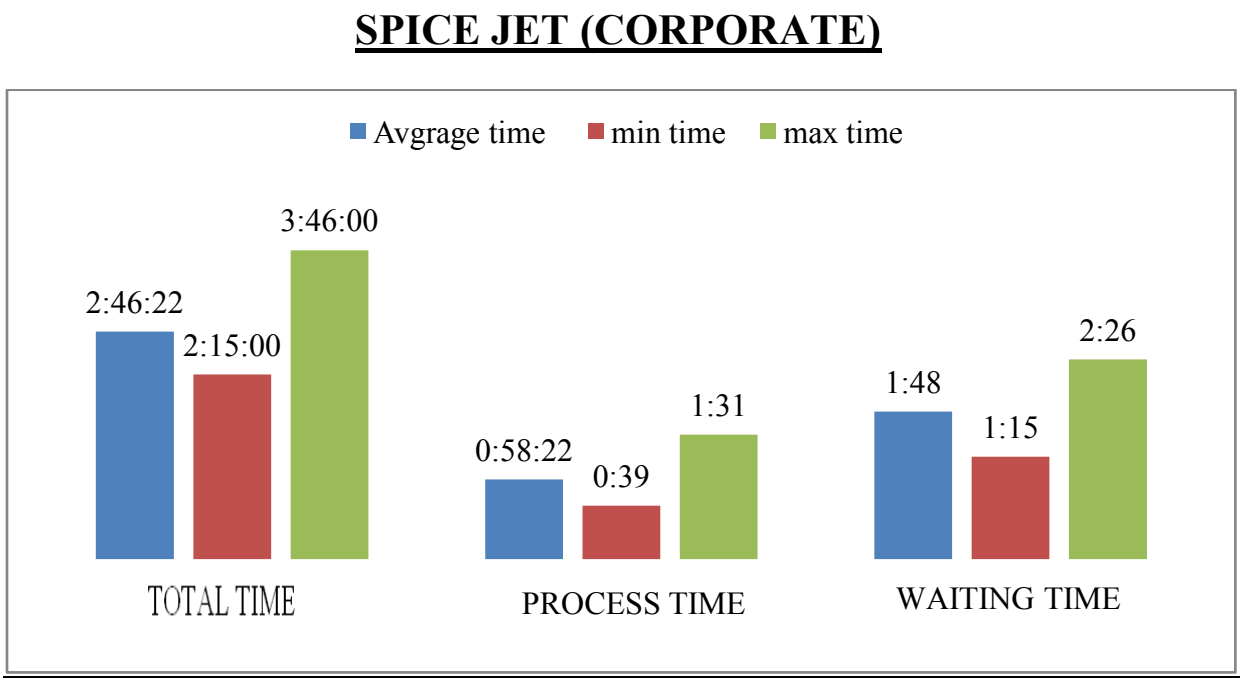


Figure 1.10 (B): Spicejet (corporate) checkup, comparison of patients average time, minimum time and maximum time

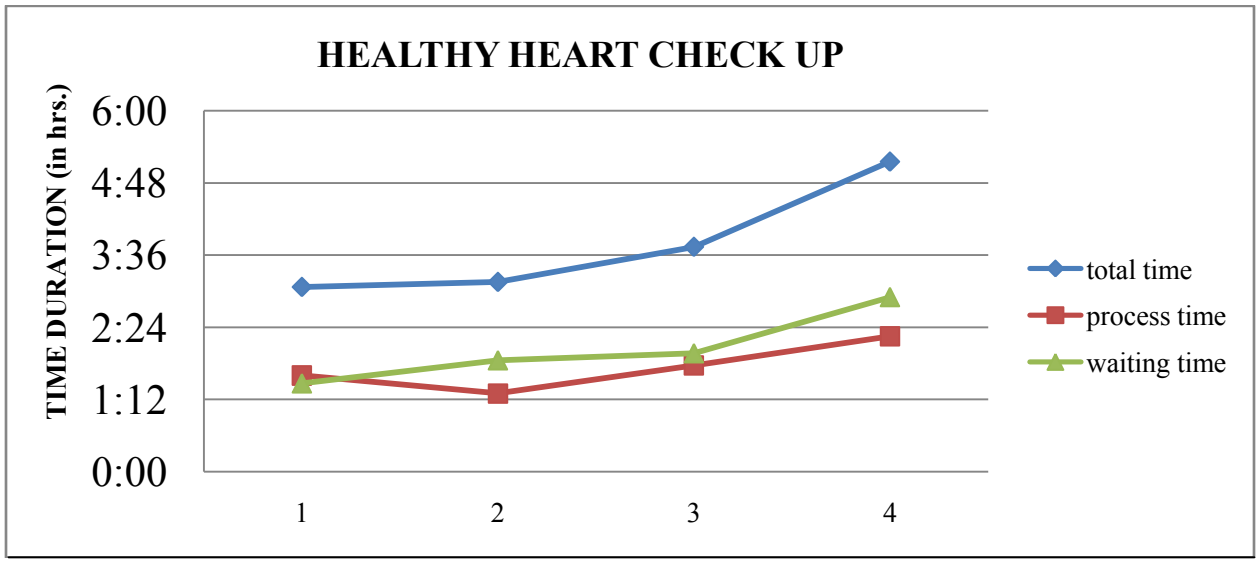


Figure 1.11 (A): Healthy Heart Checkup, plotting of graph according to patients

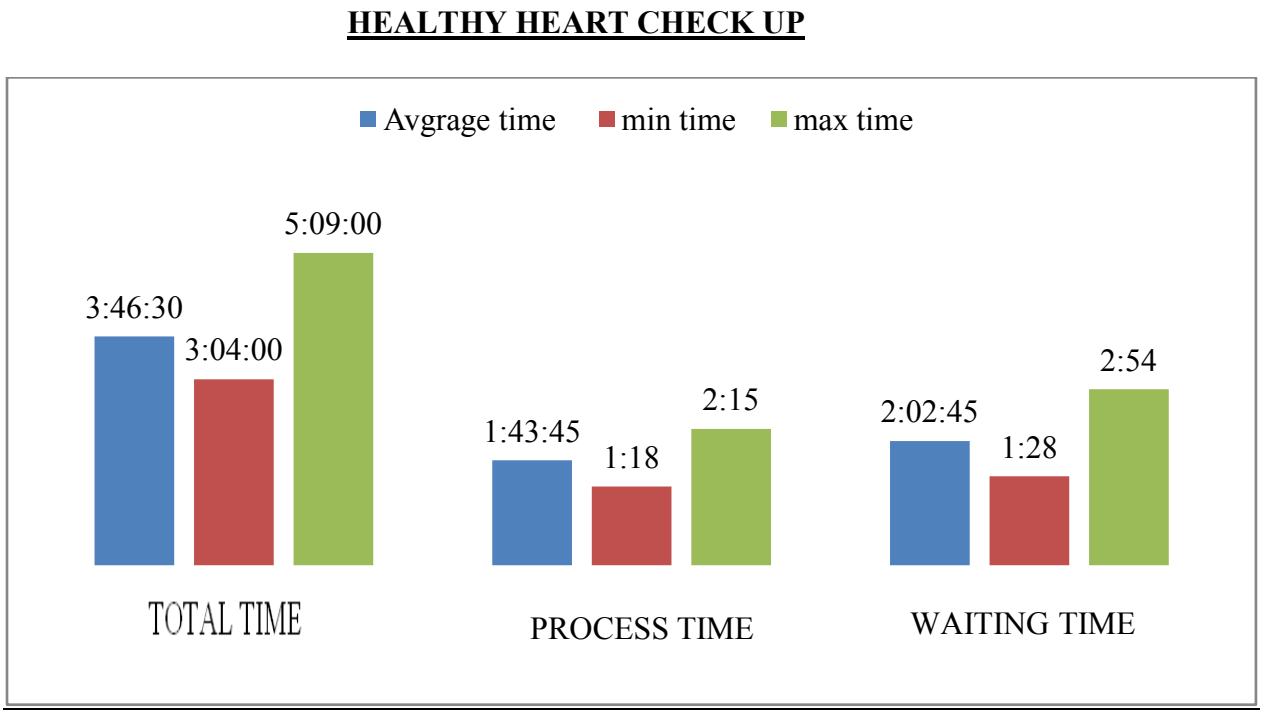


Figure 1.11 (B): Healthy Heart checkup, comparison of patients average time, minimum time and maximum time

DISPATCH OF REPORTS:

>> Dispatch of reports is not done on the same day as it takes around 24-48 hrs for the reports to generate and is handed over to the patient(cash patient) when the patient is called for the follow up. In the SOP the TAT for dispatch of reports is mentioned as "within 2 working days".

REPORTS TYPING:

>> The reports of the tests or investigations of patients in the PHC department are printed by the MT sitting in the Radiology department.

>>The hospital can appoint a front office person for typing the reports.

NOTE:

>> Sometimes the patients needs to wait to collect his reports as the reports of patients are not checked by the coordinator before coming of the patients for their follow up in PHC and there is no such mechanism to check and assemble the reports of patient one day before their follow up visit.

LIST OF SERVICES FOR WHICH PATIENTS ARE MOVING UPSTAIRS:

> Eye Examination

> ENT Examination

> Audiometric Examination

> Ultrasound (if in case ECHO machine is not working)

* Every time the patient move upstairs, a GDA from PHC department accompany the patient.

* For the doctor's consultation, the respective doctors sometimes come downstairs to PHC department to treat the patient and if in case the doctor is busy in his OPD than patient went upstairs to consult the doctors.

Sometimes the patient is done with all the tests and waits for doctor's consultation only, after waiting for half an hour or more the patient itself need to move upstairs

CAUSES AND EFFECTS:

USE OF 4M TO FOCUS THE PROBLEMS:

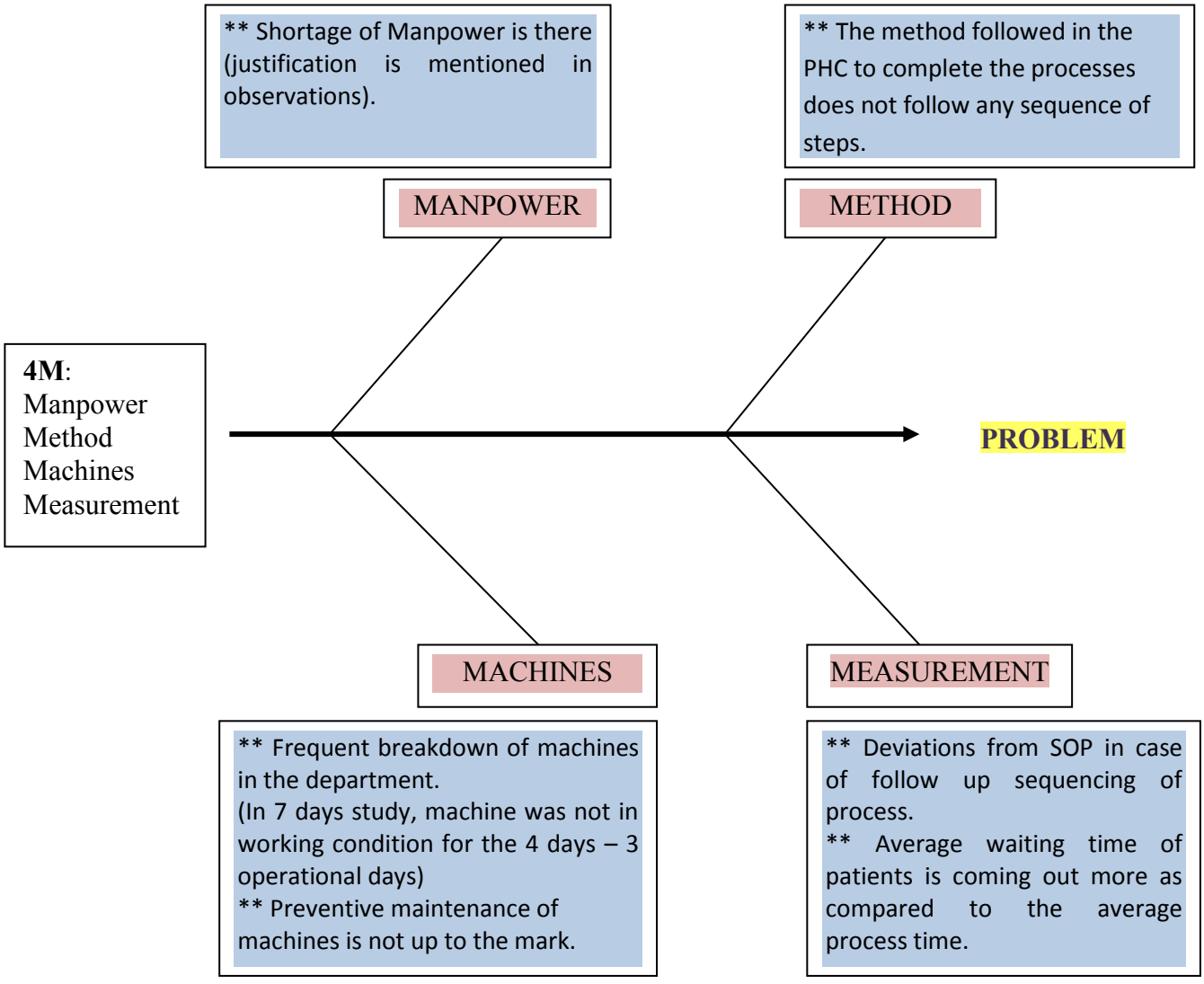


FIGURE 1.11: Use of 4m to focus the problems

"COMPARISON OF SERVICES FORM OTHER HOSPITAL"

SERVICES	PARAS HOSPITAL	ARTEMIS HOSPITAL	MEDANTA HOSPITAL
Pre Doctor's Consultation			
Post Doctor's consultation			
	(on follow up)	(same day)	(same day)
Reminder on mobile/ email			
Dispatch of Reports	Between 24-48 hrs	Same day	Same day
Follow up Date given to patient	By PHC coordinator	As Prescribed by the Physician	As Prescribed by the Physician
Comparison of Rates	Low	High	Medium

TABLE 8: Comparison of services from other hospital

(I) IMPROVEMENT - PHASE:

Recommended Control Plan:

- Proper Monitoring/Tracking of System needs to be there, surprise checks and inspections of the department can help in finding daily basis problem that requires corrective as well as preventive measures.

- Technician are not trained enough to insert the paper in the machines.

- Sometimes when procedures take more time than usual, it affects the breakfast, which becomes cold, by the time it is served.
  We can provide a microwave in the PHC department itself so that when the patient is offered breakfast, the GDA can check whether the milk or water is hot or not and in case if it is not than this can be done instantly in the microwave.
  Or we can make our cafeteria service fast so that the patient need not to wait for breakfast and milk or water served can be hot.

- The hospital should make sure that the front office supervisor should take proper action for controlling the processes going in PHC.

- Time to time monitoring of machines should be there and we need to make sure that the machines in the PHC does work properly and in case there is any breakdown of machines, biomedical department should take instant action to make the machine work.

- We should handed over the reports same day to the patients as if in case patient is coming from too far than it will not be easier for him to come back again just to collect the reports.

- We should have a mechanism to remind the patients about their appointment date, tests done and about their next follow up visit (after 1 year or so), so that we can be in touch with the patients.

REFERENCES:

- AHRQ(Agency for Healthcare Research and Quality)- Research Centers for Excellence in Clinical Preventive Services ^[1]
  http://www.ahrq.gov/professionals/prevention-chronic-care/decision/research-centers/index.html

- Journal List> Public Health Repv.94(3); > Jun 1979 > PMC1431839 - **Interrelationships among preventive health behaviors: a test of competing hypotheses^[2]**
  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1431839/?page=1

- www. Google.co.in