Summer Training at
Max Super Specialty Hospital
(April 1-May 31, 2014)

To Know the Process Flow and to Reduce the Discharge Time of TPA Patients

By
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Under the guidance of
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MBA- Hospital & Health Management (MBA-HM)
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The IIHMR University, Jaipur
2014

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CERTIFICATE

This is to certify that Dr.Anshu Malik has undergone her summer training in MAX HOSPITAL SAKET,DELHI from 1st April 2014 to 31st May 2014. The candidate herself carried out all the studies related to her summer training her approach to her studies has been scientific and analytical .the summer training is partial fulfillment of course requirement is recommended for the award of post graduate diploma in hospital management . I wish her success in all her future endeavors'.

Dr.Ashok kaushik

Dean(Academic & student affairs)

IIHMR Jaipur

Dr.Sandeep Narula

Associate professor

IIHMR Jaipur

MAX HEALTHCARE
Care for life

CERTIFICATE OF COMPLETION

MAX INSTITUTE OF MEDICAL EXCELLENCE

This is to certify that

ANSHU MALIK

has been associated as an

INTERN

with the department of

HOSPITAL ADMINISTRATION

for a period of

1st April 2014 To 31st May 2014

at

Max Super Speciality Hospital
Saket, New Delhi

"The Internship course is a Max certified course not affiliated to any National/International society".

Head of the Department

Dr. SAHAR QURESHI
Assistant General Manger-Operations
Max Super Speciality Hospital-East Block
2, Press Enclave Road, Saket,
New Delhi

for Dr. Shubnum Singh
Dean – Nursing, Allied Health, & Wellness Programs
Max Healthcare, New Delhi

Acknowledgement

For a management student , the power of knowledge is unattainable unless an element of practical observation and practical performance is not added . I consider myself to be fortunate for having been provided an opportunity to undergo summer training at **MAX SUPER SPECIALITY HOSPITAL ,SAKET, DELHI**. It is a great pleasure to express my sincere gratitude to **Mr. Anil Vinayak (Head Sales and Marketing)and Dr.Sahar Qureshi (Assistant General Manager)**for proving me an opportunity to undergo training in this highly esteemed organization.

My very special thanks to **Ms. Sharmistha Borkataky (Sr.Manager-TPA)**for helping me with this valuable suggestion in completion of my report .She has been a constant guiding light and source of illumination to me. It entirely goes to her credit that this report has attained its final shape.

I would also like to thank the team of TPA department for clearing my doubts regarding my topic and providing the necessary details whenever was required I acknowledge them for sparing time out of their hectic schedule and helping me in completion of my report.

Lastly I want to express my gratitude to all those people who took time out from their busy schedule and cleared my queries .i would like to thank my family and friends for being a constant source of inspiration to me.

Dr.Sahar Qureshi

(Assistant general manager)

Dr. SAHAR QURESHI
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New Delhi-110 017

Ms.Sharmistha Borkataky

(Sr.manager-TPA)

TABLE OF CONTENT

ABBREVIATIONS

OPD	**Out patient department**
IPD	**In-patient department**
IPS	**International patient**
ACLS	**Advanced cardiac life support**
BCLS	**Basic cardiac life support**
TPA	**Third party administrator**
IRDA	**Insurance regulatory development authority**
TAT	**Turn around time**

MAX AT A GLANCE

The Max India Group is a multi-business corporate, driven by the spirit of enterprise and focused on people and service oriented businesses. The Company's vision is to be one of India's most admired corporate for service excellence – in what we do, how we do it and the positive impact we have on society and our stakeholders.

We 'Protect Life' through our Life Insurance subsidiary. Max Life Insurance, a Joint Venture between Max India and Mitsui Sumitomo, Japan;

We 'Care for Life' through our Healthcare company, Max Healthcare, a subsidiary of Max India Limited;

We 'Enhance Life' through our Health Insurance company, Max Bupa Health Insurance, a Joint Venture between Max India and Bupa Finance Plc, UK;

We 'Improve Life' through our Clinical Research business, Max Neeman Medical International, a fully owned subsidiary of Max India.

Max India recently entered the Senior Living business with Antara Senior Living, a fully owned subsidiary of Max India. From its past, Max India continues its interest in the manufacture of Speciality Products for the packaging industry through its subsidiary, Max Speciality Films.

VISION

To be one of India's most admired corporate for service excellence- in what we do, how we do it and the positive impact we have on society and our stakeholders

MISSION

- Establish niche services businesses in life insurance, Healthcare, Health insurance and Clinical Research.
- Life insurance, Healthcare and Health insurance……Convergence!
- Rank amongst top three players in each niche.
- Partner with best-in-class work leaders.
- Create service excellence in all businesses.

OBSERVATIONAL LEARNING IN DIFFERENT DEPARTMENTS:-

OPD (Out-Patient Department)

Each INSTITUTE of Max saket hospital has its own OPD area as well as IPD area / day-care area wherever applicable. Every OPD has a procedure room and its own Front Desk. Appointments are centralized and are recorded on the Hospital Information Management System. As soon as appointments are fixed, a text message is sent to the patient confirming the appointment, and a reminder message is sent on the day before the appointment. No walk-in patient is turned away, and the staffs try to accommodate these patients between the appointments already scheduled for the day. Each OPD waiting area has the capacity to handle 70-100 patients waiting.

IPD (In-Patient Department)

- IPD is distributed over five floors (2^{nd}-6^{th}) in the east wing of Max hospital including a total number of 201 beds.
- The rooms available in IPD have the following structure of beds per room:
    - 6 in 1
    - 4 in 1
    - 2 in 1
    - Single Deluxe
    - VIP suite
- Every floor has a central nursing station with
    - Information Board covering:
        - Designation & Contact numbers of
            - Duty doctor
            - Administration Staff
            - Support Staff

EMERGENCY DEPARTMENT

Due to the unplanned nature of patient attendance, this department provides initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention, except for major burns. It is located at the ground floor with its own dedicated entrance and operates for 24 hours a day.

Ambulance- 2 ACLS (with CCTV camera for telemedicine) and 4 BCLS

Patients are either transferred to other departments or are discharged within 4 hours. Max Super Specialty Hospital, Saket had made a world record for management of MI patient in emergency department from entrance to the balloon time in cath lab, in less than 35 minutes.

OPERATION THEATRE

Operation theater complex of East wing is located on first and second floor. Operation theater complex has 11 operation theater assigned to various departments. Cardiac, oncology , bariatric laparoscopic, gynecology, ENT and plastic surgeries are performed in these operation theaters. Operation theater complex of west wing is located on first floor. It has 7 operation theaters for various departments. Orthopedic, neurology and general surgeries are performed here.

FRONT OFFICE

Front office is the first point of contact between the hospital and its customer.

Services provided by front office

1) inpatient and outpatient registration.

2) IP admission and discharge

3) medical alert details

4) appointment scheduling

5) doctors schedule summary

6) patient billing(IPD,OPD)

7) insurance management

8) patient visit history

CALL CENTRE

Call centre of Max hospital, saket operates at 24*7. It is centralized patient contact centre for saket.It can be used as an information centre for all customers.

Call centre deals with:

- Doctor's appointment
- Health check ups
- Radiology and diagnostic appointments
- Patient's information
- Doctor's information
- Employee's information
- Specialty information
- Other department information
- It handles internal emergency e.g. Blue code

Main board line number is: 26515050

BLOOD BANK

Max super specialty hospital has its own blood bank. All blood groups are available. But it is preferred that patient arranges blood through his relatives or any friend and should give replacement.

Blood bank consist of

1. Sample collection area / reception area: In reception area a form is given to the attendant of the patient regarding their details before he/ she donates the blood.
2. Apheresis area: blood have several components including red blood cells platelets and Plasma. Donor aphaeresis is a special type of blood donation in which a specific component platelet, plasma is withdrawn from donor
3. Component room: In component room the whole blood is separated into packed cells FFP and platelets.

4. TTI room: it is to diagnose transfusion transmitted infections. If donor is detected positive for TTI status it means donor have the potential to transmit the infection to their partner and children.
5. Issue room: This room is to issue the screened blood bags.

Staff of blood bank consists of 1 HOD, 2 blood bank officer, 1 technician supervisor, 16 technicians, 2 staff nurse, 2 computer executives, 4 GDA.

IPS(INTERNATIONAL PATIENT SERVICES) DEPARTMENT

It takes a lot to be a world-class health care services provider and as per patient registration data, over 11 lac overseas patients have been helped to get back to their normal lifestyle. This department, situated in East wing, is exclusively dedicated for the services of international patients.

Contact Procedure:

- Patient sends a query and/or reports
- IPS Team consults the relevant consultant and provides diagnosis, proposed treatment and estimate
- If required, a telephonic meeting may also be arranged
- Patient confirms if he wants to have treatment at Max Healthcare to provide Visa Facilitation Letter
- Patient confirms the arrival date and time
- IPS Team, in the meantime, books room, OT etc. for the patient
- Patient is received at the Airport and then, brought to the Hospital/Guest House/Hotel

Also, another contact procedure is as follows:

- Max hospital conducts free outreach OPDs in other countries, at least 1-2 per year
- Max hospital also has tie ups with different hospitals in these countries

PHARMACY DEPARTMENT

Max pharmacy is self-owned with Central Pharmacy situated at corporate office, Okhla. There are 2 In-patient pharmacy stores and 2 Out-patient stores in the hospital.

PURCHASE

Auto purchase requisition is given to central purchasing team which is forwarded to vendor(outsourced).For purchasing the items ABC method is followed. Weekly requisition is done and vendors take minimum 3 days for delivery of drugs to hospital.

STORING OF DRUGS

Medicines are arranged according to VISTA (e-care) in Client patient record system via generic name in alphabetic order in racks, shelves, cupboards and drawers. Oral, parenteral and topical items are stored separately. Near expiry (expiry within 3 months)is stored in separate designated area to expedite the consumptions.

CATH LAB

Catheterization laboratory or cath lab is an examination room with diagnostic imaging equipment used to visualize the arteries of the heart and the chambers of the heart and treat any stenosis or abnormality found.

Diagnostic procedures performed here are:

- Angiography
- Electrophysiology study
- Cath study

Out of these 3 angiography and cath study is done in cath lab 1 and EPS is done in cath lab 2.

SECURITY DEPARTMENT

The security department is an eye and ear of every organization acting as a liaison between management and staff. The control room of Security Department is located on B1 (basement) of East Wing, Max Saket.

Study topic-To know the process flow and to reduce the discharge time of TPA patients.

Abstract-
Delayed discharge or bed blocking are the terms used to describe the inappropriate occupancy of the hospital beds. Delays in discharging from hospital is a long standing and common problem .Delayed discharges have an impact on hospitals ability to cut waiting lists and deliver healthcare effectively and efficiently. Identification of the barriers to timely discharge may help direct efforts towards reducing unnecessary hospital stay.

Introduction to TPA in health insurance

Third party administrator(TPA)are the intermediaries who bring all the component of health care delivery-hospitals, physicians, clinics, long term care facilities and pharmacies-into a single entity. They extend quality health care and services at reasonable costs. It is important to take an overview of the health insurance scenario in India before taking a detailed look at the functioning of TPA's as "an insurance intermediary licensed by the Authority who ,either directly or indirectly ,solicits or effects coverage of ,underwrites ,charges premium from an insured ,or adjusts or settle claims in connection with health insurance ,except as an agent or broker or an insurer."

The insurance regulatory development authority (IRDA) selects the TPA on the basis of the strict professional norms. The insurance industry in India has experienced a sea of change since the opening up of the sector for private participation. With the plethora of companies entering the foray in the near future, the health insurance sector in surging forward and is poised for a phenomenal growth. Health insurance is an important mechanism to finance the health care needs of the people. To manage problems arising out of the increasing health care costs. , the health insurance industry has assumed a new dimension of professionalism with TPAs. Further the uncertainity related to a medical condition increases the need for a health insurance for the entire citizen.

Health insurance is any health plan that pools resources up front by converting unpredictable medical expenses into a fixed health insurance premium. It also centralizes funding decisions on health needs of a policyholder .This covers private health plans as well as mediclaim policies. While call centre facilities and personalized financial planning tools are some of the innovative trends, experienced in the products front , the best thing to happen on the service front is the introduction of third party administrator as they serve as a vital link between insurance companies ,policyholders ,and healthcare providers.

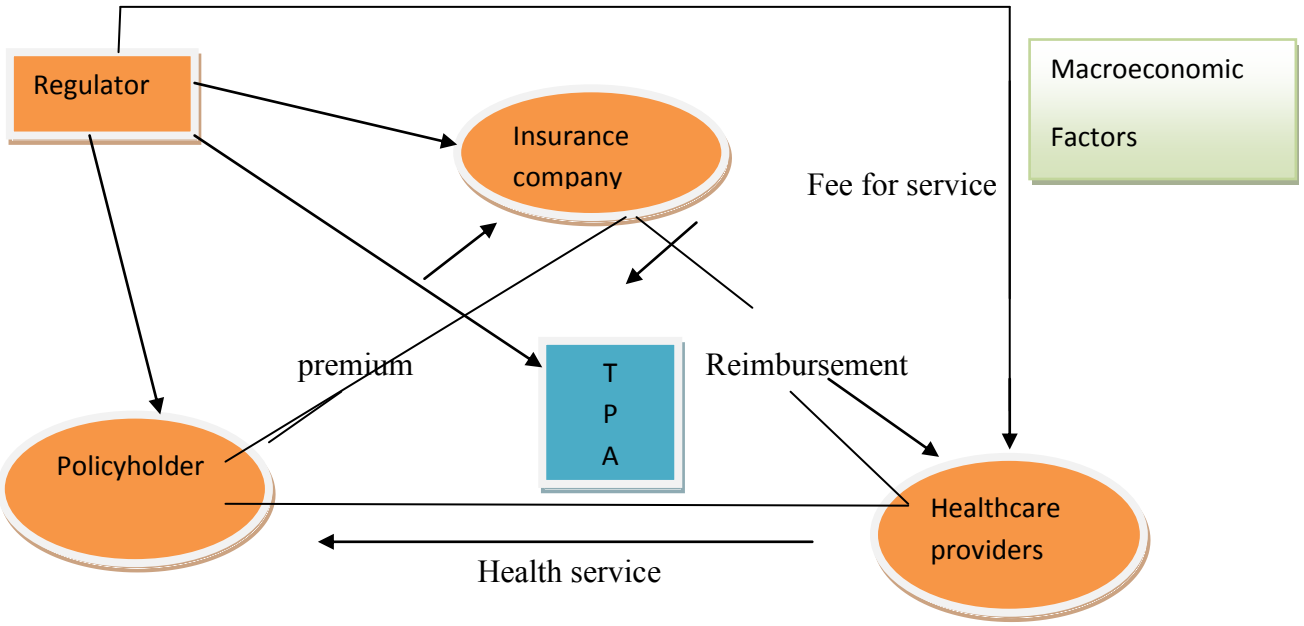
TPAs are introduced by the IRDA in the year 2001.The core service of a TPAs is to ensure better services to policyholders. Their basic role is to function as an intermediary between the insurer and the insured and facilitate cashless services at the time of hospitalization. A minimum capital requirement of Rs.10 million and a capping of 26%foreign equity are mandatory requirement for a TPA as spelt by the IRDA .License is usually granted for a minimum period of three years.

Ideally, TPA functions by collaborating with the hospital in order for the patients to enjoy hospitalization services on a cashless basis. The job of TPA is to maintain a database of policy holder an issue identity card with unique identification number of them. They also handle all the policy related issues, including claim settlements for the policy holders.

Insurance companies (insurers) can now outsource their administrative activities, including settlements of claims , to third party administrators, who offer such services for a cost. The insurers remunerate the TPAs ; hence policyholders receive enhance facilities at no extra cost. Some of the insurance company talk directly to their policyholder for the settlement of claims like Max Bupa.

Once the policy has been issued ,all the records will be passed on to the TPAs and all further correspondence of the insured will be with the TPAs and with the insurance companies .The TPA are expected to provide value added services to the consumer ,like arranging facilities ,bed availability ,organization of lifestyle management and well being programs .With the advent of TPA, the insurance companies aim at ensuring higher efficiency ,standardization of charges ,greater awareness and penetration of health insurance to larger section of the people.

Figure1: TPAs in health insurance



TIE-UPS with different TPA's with max hospital-

- Paramount
- Park Mediclaim
- Medi Assist
- Genis India
- Alankit
- Max bupa
- MD India
- Bajaj alliance

- Chola Manglam
- E-Meditek
- Family Healthplan
- East-West assist
- Dedicated health care service
- Focus
- Future generali
- Good health plan
- HDFC ergo
- Heritage health India
- ICICI Lombard
- ICICI prudential
- IFFCO Tokio
- Med Safe
- Religare
- Star health
- Safe way
- Raksha
- United health care
- Vipul Medicare

Study topic- To know the process flow (cashless)and to reduce the discharge time of the TPA patients.

Objectives-

- To know the process flow of TPA patients.
- To identify the reason behind delay in discharge of TPA patient.
- To provide the solution to reduce the delay and increase the patient satisfaction.
- To improve hospital ability to turn around more beds for new admission by reducing discharge time of TPA patients.

Methodology-

Study design-

Phase 1-Observational

Phase2- Analytical.

Sample size-151(TAT data over a period of 15 day between 9 a.m to 5 pm)

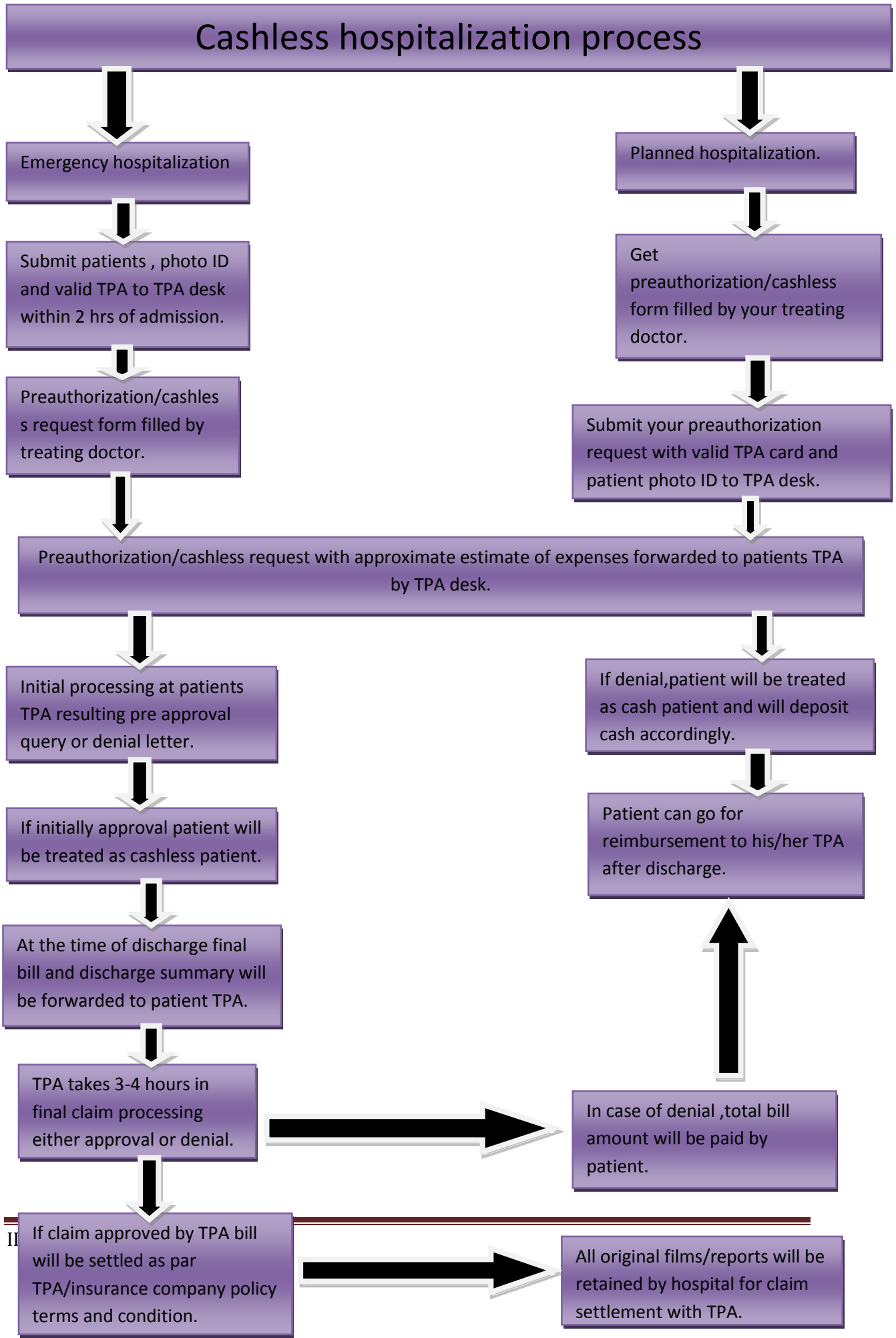
Method of data collection-

- TAT data available on TPA desk.
- Personal interview of patients.
- Tracing TPA billing process.
- Hospital record.

Types of data collected

- Primary data collected by tracing the patients and interviewing the patients and attendants.
- Secondary data collected from TPA help desk .(hospital records)of MAX hospital, Saket

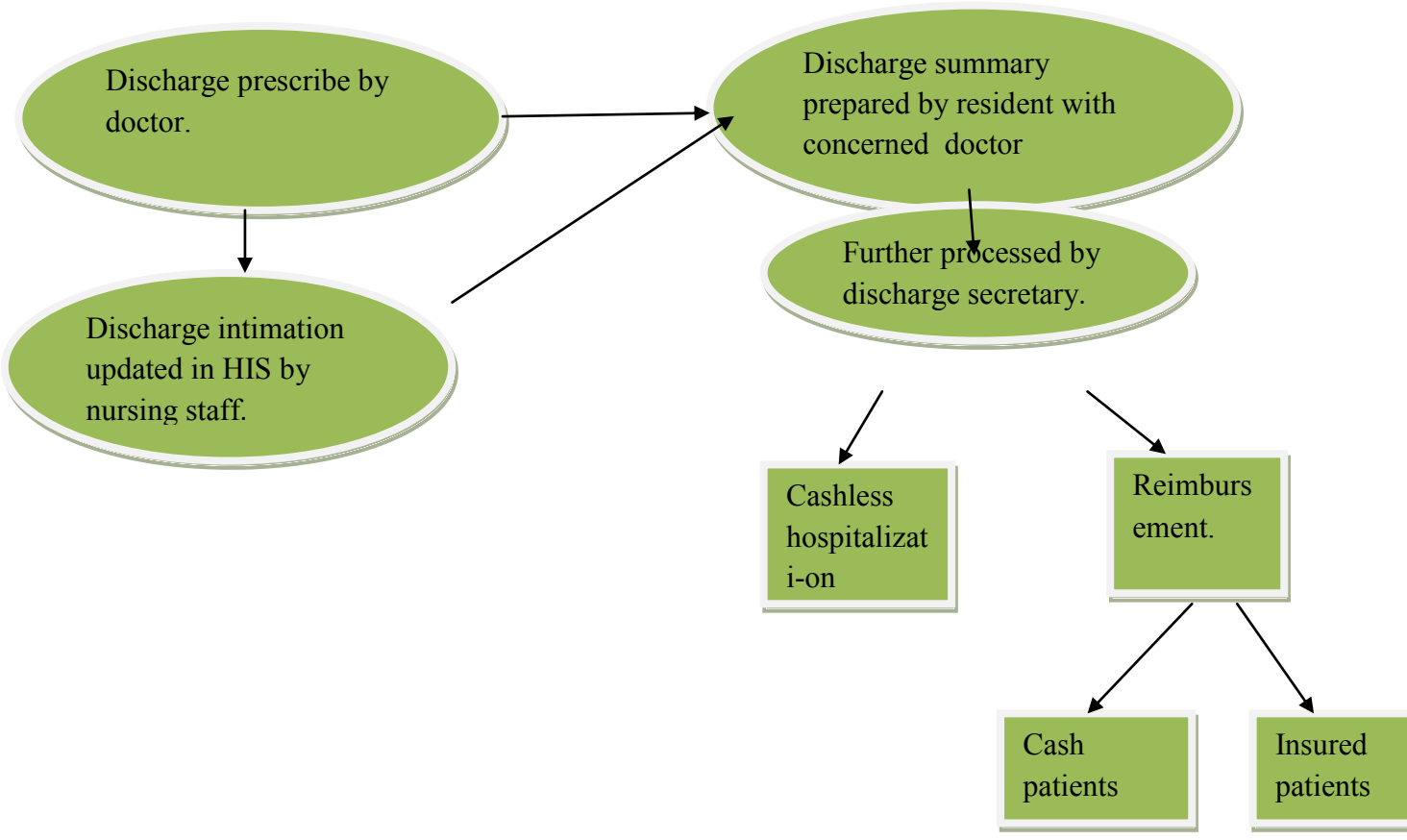
Cashless hospitalization process

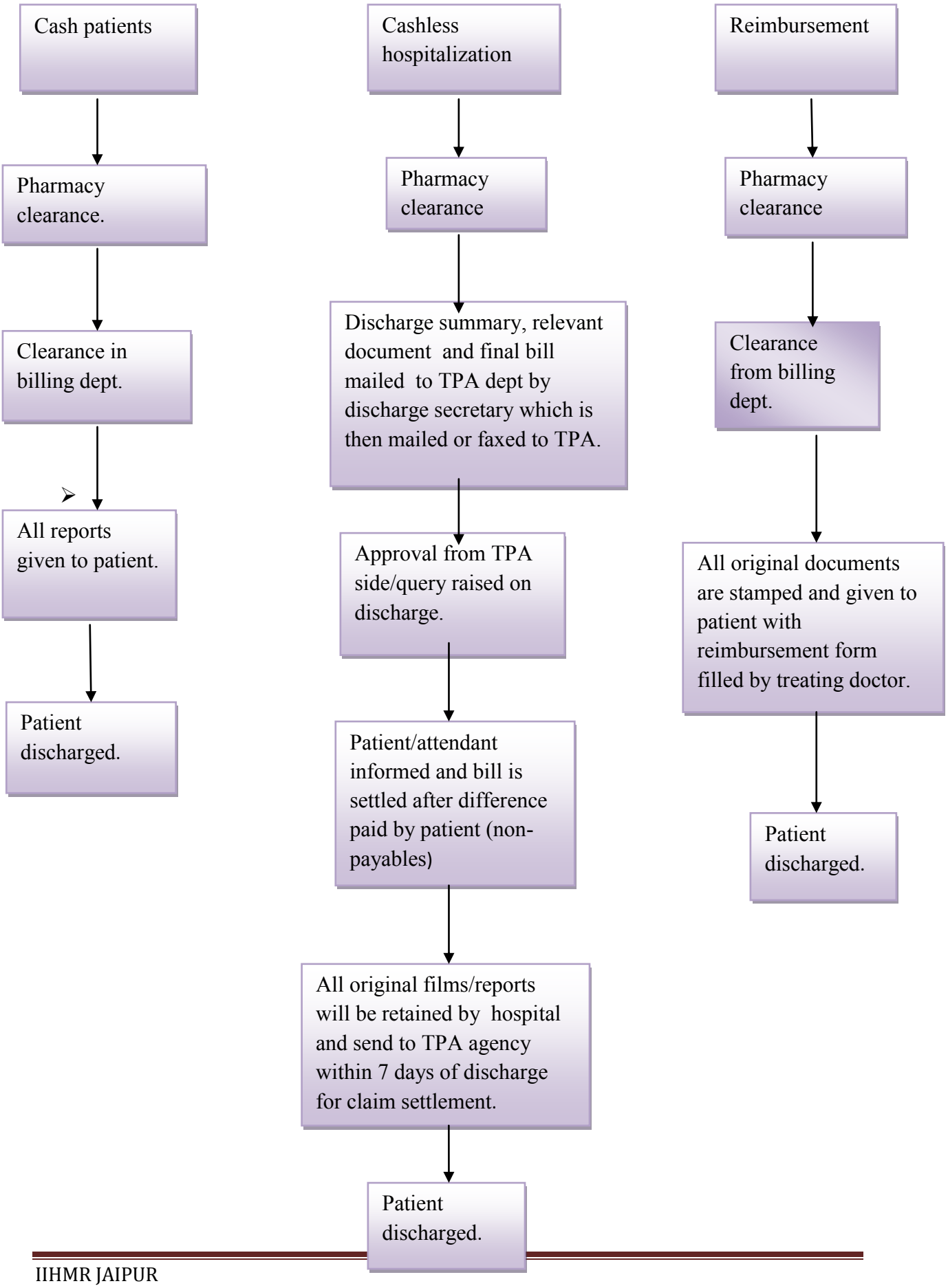


Discharge process

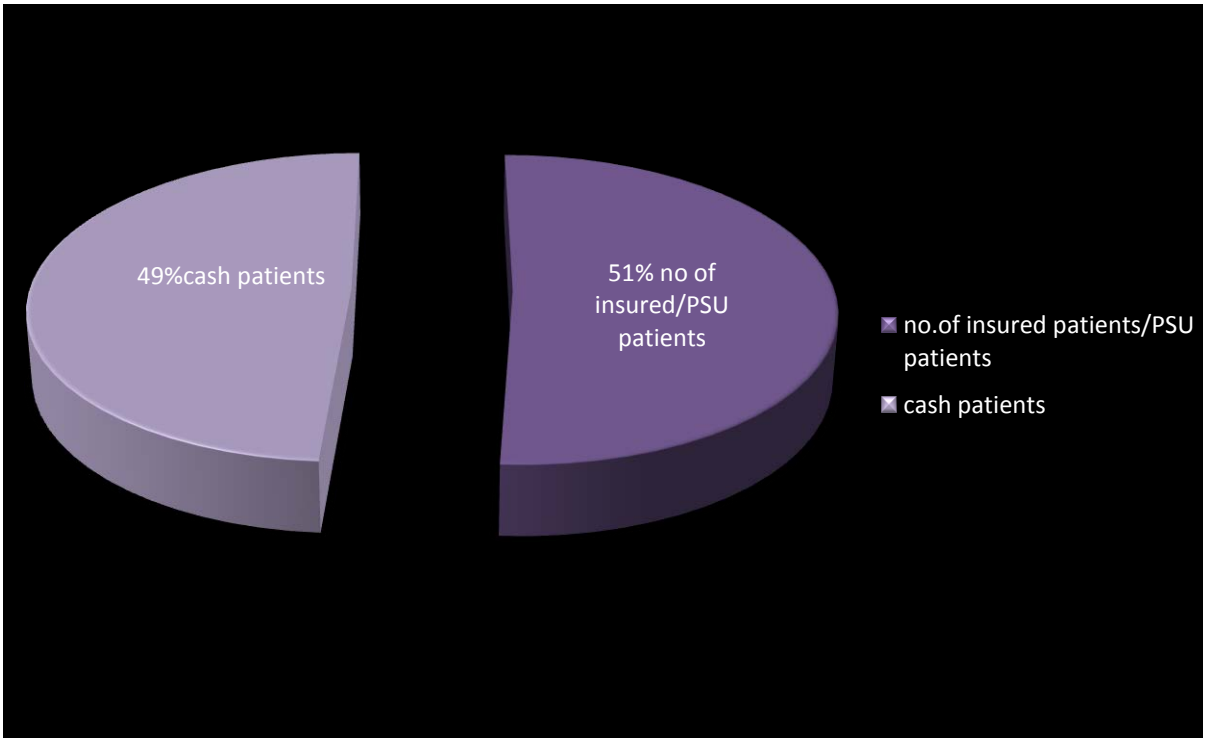
- Discharge from hospital is a process and not an isolated event. It should involve the development and implementation of a plan to facilitate the transfer of an individual from hospital to an appropriate setting. The individuals concerned and their caregiver(s) should be involved at all stages and kept fully informed by regular reviews and updates of the care plan.
- Effective and timely discharge requires the availability of alternative, and appropriate, care options to ensure that any rehabilitation, recuperation and continuing health and social care needs are identified and met.
- Delayed discharge or bed blocking are the terms used to describe the inappropriate occupancy of the hospital beds. Delays in discharging from hospital is a long standing and common problem .Delayed discharges have an impact on hospitals ability to cut waiting lists and deliver healthcare effectively and efficiently. Identification of the barriers to timely discharge may help direct efforts towards reducing unnecessary hospital stay .

Discharge process of cash ,cashless hospitalization and reimbursement

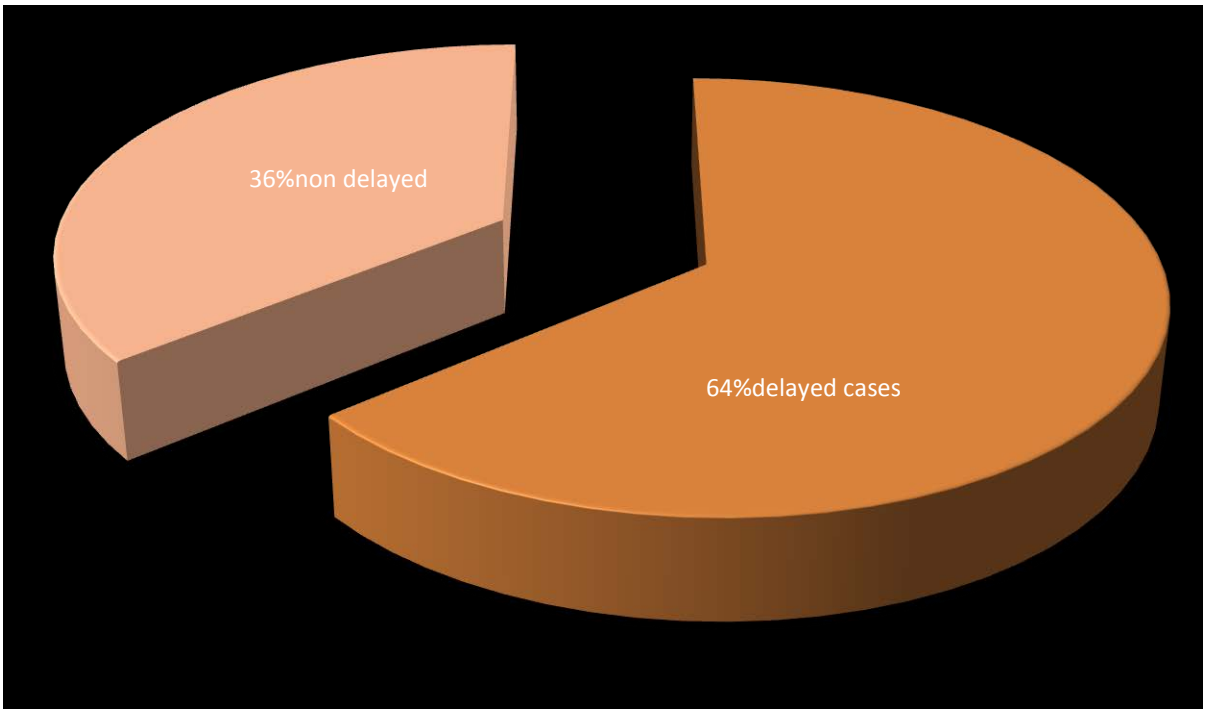



Cash patients
Pharmacy clearance.
Clearance in billing dept.
All reports given to patient.
Patient discharged.
Cashless hospitalization
Pharmacy clearance
Discharge summary, relevant document and final bill mailed to TPA dept by discharge secretary which is then mailed or faxed to TPA.
Approval from TPA side/query raised on discharge.
Patient/attendant informed and bill is settled after difference paid by patient (non-payables)
All original films/reports will be retained by hospital and send to TPA agency within 7 days of discharge for claim settlement.
Patient discharged.
Reimbursement
Pharmacy clearance
Clearance from billing dept.
All original documents are stamped and given to patient with reimbursement form filled by treating doctor.
Patient discharged.

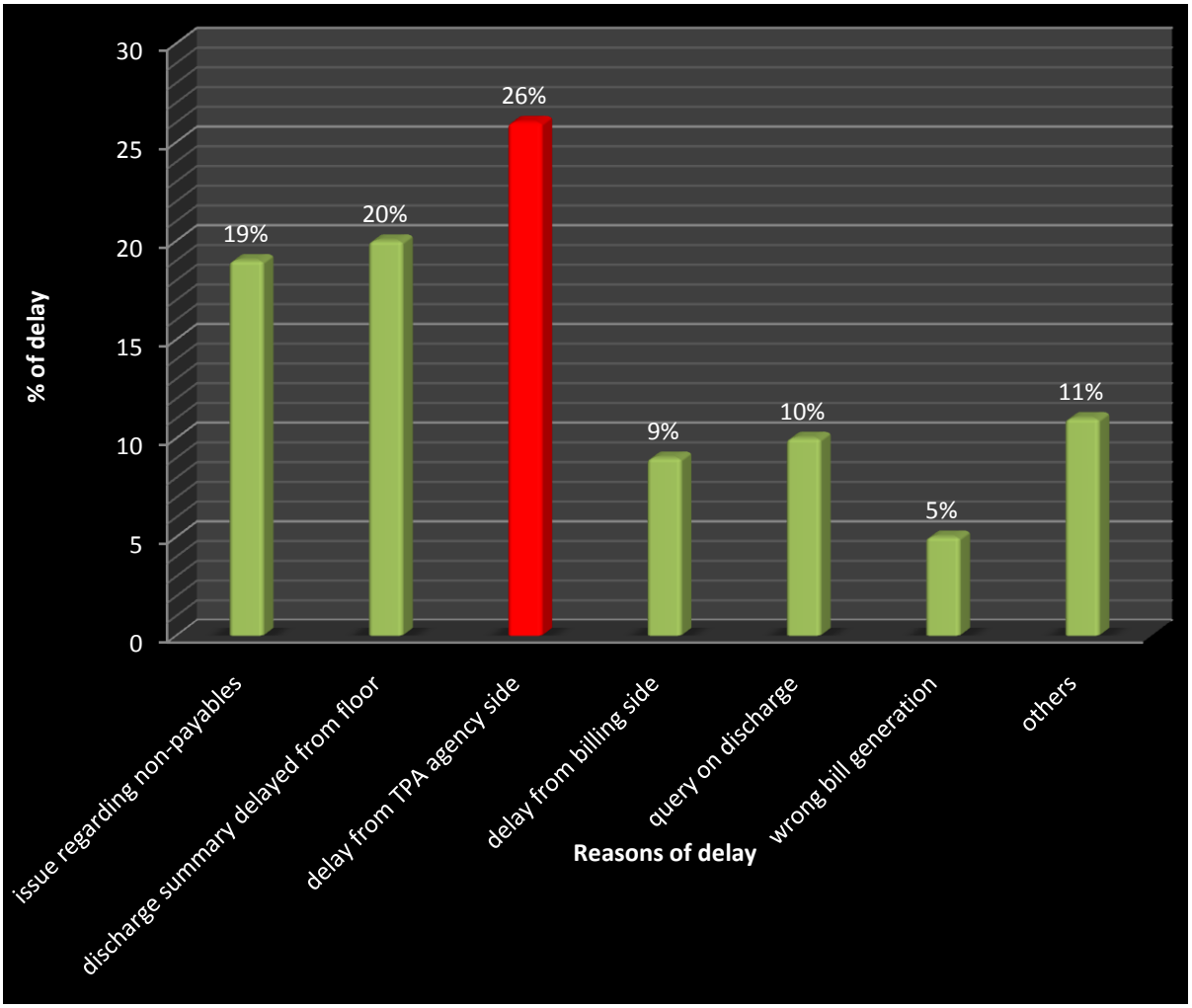
Annexure 1: Percentage of insured cases



Annexure 2: Percentage of delayed cases in TPa department.



Annexure 3: Reasons of delay



Identified reasons of delay in discharge of TPA patients

- 1)Policyholder have very little knowledge about the terms and condition of the policy which create issue at the discharge time regarding non-payables and approval amount.
- 2) Discharge summary delayed from floor side as doctors are not available to cross check the discharge summary prepared by discharge secretary.
- 3) One of the major reason of delay is from TPA agency side .
- 4) Wrong bill generation.
- 5) Delay in preparation of final bill (Pharmacy clearance).
- 6) Wrong data entered by TPA agencies.

Recommendations and suggestions to reduce discharge time of TPA patients-

1) Hospital should ask for direct contact number from TPA agency (as toll free no are too busy)so that processing time can be reduced.

2) A standard format/procedure for all the TPAs would help both TPA and the hospitals

3) Doctors should plan discharge in advance (during evening rounds)and TPA should be informed so that they can process the required document.

4) Discharge secretary should be a medical transcriptor professionals so that he/she can prepare discharge summary accurately .

3) Nursing staff should be trained about the handling of the TPA documents.

i)Original document need not to be given to the patients.

ii)Maintain file of these patients accurately .

iii)Reminders should be given to doctors regularly so that he can plan discharge accordingly and timely.

6) The status update should be intimated by SMS to policy holders (will decrease query from patient side.

7) In the TPA desk there should be professional should be trained according to the consultant to manage the desk as they need to co-ordinate with treating consultants of the hospital and also doctors of TPA and also to handle patients/patients attendant side.

8) Out of 2 staff on the TPA desk one should be dedicated to query reply and other one for documental work.

Referencehttp:

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- **http://www.cccindia.co/corecentre/Database/Docs/DocFiles/Insurance.pdf**
- **http://www.iimahd.ernet.in/publications/data/2005-01-02.pdf**
- **http://14.139.159.4:8080/jspui/bitstream/123456789/4941/1/gopi%20final%20project.pdf**

Annexure

Annexure 1:

No .of insured patients

Date	No. of insured patients/PSU patients	Cash patients	Total patients
5.5.14	**100**	**78**	**178**
6.5.14	**89**	**90**	**179**
7.5.14	**98**	**100**	**198**
8.5.14	**102**	**98**	**200**
9.5.14	**94**	**95**	**189**
10.5.14	**120**	**80**	**200**
11.5.14	**65**	**123**	**188**
12.5.14	**99**	**89**	**188**
13.5.14	**89**	**90**	**179**
14.5.14	**145**	**90**	**235**
15.5.14	**126**	**100**	**226**
16.5.14	**99**	**100**	**199**
17.5.14	**88**	**89**	**177**
18.5.14	**100**	**112**	**212**
19.5.14	**87**	**84**	**171**
Total	**1501**	**1418**	**2919**

Annexure 2:

Number of TPA discharges (delayed and non-delayed cases)

Date	**No. of discharges**	**No. of delayed cases**	**Non-delayed**
5.5.14	**10**	**6**	**4**
6.5.14	**13**	**6**	**7**
7.5.14	**6**	**2**	**4**
8.5.14	**4**	**0**	**4**
9.5.14	**13**	**10**	**3**
10.5.14	**17**	**15**	**2**
11.5.14	**11**	**9**	**2**
12.5.14	**3**	**0**	**3**
13.5.14	**15**	**10**	**5**
14.5.14	**10**	**4**	**6**
15.5.14	**5**	**4**	**1**
16.5.14	**6**	**4**	**2**
17.5.14	**20**	**16**	**4**
18.5.14	**9**	**5**	**4**
19.5.14	**9**	**6**	**3**
total	**151**	**97**	**54**

Annexure3:

Date	Total delayed cases	Issue regarding non-payables	Discharge summary delayed from floor	Delay from TPA agency side	Delay from billing side	Query on discharge	Wrong bill Generation	Others
5.5.14	**6**	**1**	**4**	**1**				
6.5.14	**6**	**1**				**3**	**1**	**1**
7.5.14	**2**	**1**						**1**
8.5.14	**0**							
9.5.14	**10**			**3**	**4**			**3**
10.5.14	**15**	**2**	**1**	**6**		**3**		**3**
11.5.14	**9**	**1**		**4**	**2**			**2**
12.5.14	**0**							
13.5.14	**10**	**2**	**3**	**2**			**3**	
14.5.14	**4**	**2**	**2**					
15.5.14	**4**	**1**	**2**	**1**				
16.5.14	**4**			**2**		**2**		
17.5.14	**16**	**3**	**5**	**3**	**1**	**2**	**1**	**1**
18.5.14	**5**	**2**	**2**	**1**				
19.5.14	**6**	**2**		**2**	**2**			
total	**97**	**18**	**19**	**25**	**9**	**10**	**5**	**11**