Summer Training at
Apollo BSR Hospital, Bhilai, Chhattisgarh
(April - June, 2013)

OPD PATIENT SATISFACTION AND INTERDEPARTMENTAL PATIENT TRANSFER

By
Samriddhi Jain

Under the guidance of
Dr. Barun Kanjilal

Post Graduate Diploma in Hospital and Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2013

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 011, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

CERTIFICATE

This is to certify that Dr. Samriddhi Jain, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone Summer training in Apollo BSR Hospital, Bhilai, Chhattisgarh from April 8th to June 8th 2013.

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

I wish her success in all her future endeavors.

Dr. Barun Kanjilal

Faculty and Mentor

IIHMR, Jaipur

Dr. Ashok Kaushik

Dean, Academics and Student affairs

IIHMR, Jaipur

ABSRH / INT / ICT

DATE: 08.06.2013

CERTIFICATE OF INTERNSHIP

To whom so ever it may concern

This is to certify that **Dr. Samriddhi Jain** student of **"Institute of Health Management & Research, Jaipur"** has completed 2 months internship from 8th **April 2013 to 8th June 2013** in Apollo BSR Hospitals, Bhilai on the topics **"OPD patient satisfaction"** and **"Interdepartmental patient transfer"**.

She was punctual and found to be sincere during her internship.

For Apollo BSR Hospital
(A Unit of BSR Superspeciality Hospitals Ltd.)

Guided By: -

Najia Rizvi
Manager – Operations

Directed By:-

Sanjay Shrivastava
G M - Operations

ACKNOWLEDGEMENT

I take this opportunity to express my profound gratitude and deep regards to my guide (Dr. Barun Kanjilal) for his exemplary guidance, monitoring and constant encouragement throughout the course of this project.

I am obliged to the staff members of Apollo BSR hospital for the valuable information provided by then in their respective field. I am grateful for their cooperation during period of my summer internship.

Dr. Samriddhi Jain

TABLE OF CONTENTS

ABBREVIATIONS

OT: Operation Theatre

ICU: Intensive Care Unit

CSSD: Central Sterile Supply Department

TPA: Third Party Administrator

MRD: Medical Records Department

NRHM: National Rural Health Mission

MLC: Medico Legal Case

ESIC: Employees' state Insurance Corporation

HR: Human Resource

IT: Information Technology

GRN: Goods Received Notes

OPD: Out Patient Department

IPD: In Patient Department

BLS: Basic life support

ACLS: Advanced Cardiovascular Life Support

ATLS: Advanced Trauma Life Support

INTRODUCTION TO THE APOLLO BSR HOSPITAL, BHILAI

Apollo BSR Hospitals is a Multi Specialty Quality Hospital with a motto to provide Quality Healthcare at Affordable Costs. It has a fully equipped center of international standard for cardiac interventions and surgeries.

The hospital enjoys the reputation of being the first and only hospital to have a digital flat panel Cath Lab and 4 modular OTs with laminar air flow and Hepa Filters for Coronary Bypass Surgeries, Coronary Angioplasty, and other special surgeries. It has 42 bedded ICUs including Cardiothoracic ICU, Surgical ICU, Critical Care ICU, Medical ICU, and Neonatal ICU & Pediatric ICU.

At present it is 150 bedded Multispecialty and superspeciality hospital providing secondary and tertiary level healthcare facility. It is Ultramodern 150 bedded Superspeciality and Multispecialty Hospital "Apollo BSR Hospitals" at Bhilai in association with Apollo Hospitals, Chennai which started its operations in September 2007.

Apollo BSR Hospitals at Bhilai is an attempt to integrate the best and most qualified medical professionals and Doctors by providing them the best infrastructure, latest technologies in bio Medical Engineering and health care services along with a dedicated team of nurses, technicians, staff and professional management in such a way that our Super Specialty Hospital can provide the best health care services, so that the patients of Chhattisgarh as well as neighboring states could be benefited. It has got got a very good response from the patients in this region and is regularly getting the patients not only from Chhattisgarh but also from neighboring states.

It is being recognized and empanelled by Govt. of Chhattisgarh, CSEB, NSPCL, FCI, BSNL, CISF, NMDC, SECL and various Insurance companies / TPA's etc and it anticipates tremendous increase in the OPD and IPD patients.

It has also started few more departments like Infertility Clinic (IUI), Cosmetology, Joint Replacement Surgery (Total Knee Replacement / Hip Joint Replacement), High end Ophthalmology etc.

It has plans to increase the Bed Capacity from 150 beds at present to 200 beds which will include additions of 10 more beds in our ICU.

Vision:

"To be the most **preferred** healthcare service provider in the region, to **selflessly** contribute to humanity by continuously **challenging** the existing standards of care."

Mission:

Apollo BSR Hospitals always **provide comprehensive and modern healthcare solutions**. People experience a wide range of **high quality technology** and a **humane approach** in the hospitals.

OBSERVATION LEARNING

DIETARY DEPARTMENT

This hospital has a in-house centralized dietary facility located at the basement.

It serves patients, visitors, attendants and hospital employees.

Cafeteria timings are from 7am to 10 pm.

Types of diet provided are:

1. Normal diet
2. Soft diet
3. Diabetic diet
4. Renal diet
5. Liquid diet
6. Liquid and soft diet
7. Ryle's tube feed
8. Jejunum feeding

Courses of meal for inpatients:

1. Morning tea
2. Breakfast ,
3. Mid morning meal for ICU patients and patients in private ward
4. Lunch ,
5. Tea,
6. Evening soup for patients in private wards , ICU and semiprivate wards,
7. Dinner ,
8. Bed milk as per requirement.

Human resources: 35

Hierarchy: Chief dietician

↓

Junior dietician

↓

Trainee dietician

↓

Chef, cook, helper, steaver , utility

(1 head cook, 1 senior cook, 3 cooks)

Dietician deals with the following patients:

1. Patients referred by the consultants
2. Inpatients
3. OPD patients

Functions of dietician:

1. Attends emergency
2. Counseling of the patients
3. Change of diet bedside
4. Discussion with the consultants regarding the diet of the patients

At billing counter two slips are prepared. One for the customer and the other for the cook to prepare food.

For the inpatients, kitchen order format is prepared daily to decide the quantity of each diet type to be prepared.

Pick up timings:

7:30 am for breakfast

11:30 am for lunch

6:30 pm for dinner

Testing of food is done by dietician (11:00 am for lunch, 5:00 pm for dinner).Food is placed in brain malley.

Steps in delivery of food to the wards:

The prepared food is placed in five portion steel plate (in presence of the dietician), coupon with patient details is placed and then the plate is covered with cellophane sheet.

Plates are arranged in the food trolley and are carried to the wards.

Clean up timings: after 45 minutes by the steavers

Patient details mentioned in the coupon:

Bed no. , diet, patient name.

Areas in the department:

1. Dietician's room
2. Cooking area
3. Cutting area
4. Store
5. Washing area
6. Grinding area
7. Pick up area
8. Grocery store

CSSD

Located in the basement

Hierarchy:

Medical director
↓
Medical superintendent
↓
HOD (operation theatre)
↓
Incharge
↓
Technician
↓
Attenders

Areas in the department:

1. Receiving and issue area
2. Dirty area
3. Wash area :
    a. Machines present :

    a)ultrasonic cleaner (Meodisher IR) :

    Uses phosphoric acid for cleaning of tubular equipments

    b) Washer disinfector:

    Cleans and dries the equipments under different cycles (instrument cycle, plastic goods cycle, utensils cycle, gentile cycle, glassware cycle)

    Steps of cycle: prewash, enzyme cleaning, rinsing, neutralizing, thermal cleaning at 82 degree Celsius
4. Change area
5. Office
6. Clean area :

a. Assembling and packing area
b. Other door of the disinfector opens here
c. Linen is folded , packed and labeled and sterilized
d. Steam sterilizer is used at 121 degree and at 134 degree
e. ETO is recorded using PCD indicator (placed into device and color change is seen)
f. Indicators used : chemical , mechanical and biological

7. Store room
8. Sterile store

LAUNDRY

In-house centralized laundry

Located at basement

Hierarchy:

GM operations
↓
HOD laundry
↓
Incharge
↓
Supervisor
↓
MPW staff

Areas in the department:

1. Receiving area
2. Changing room
3. Clean linen issue area
4. Washing area
5. Drying and pressing area

Machines:

1. washing machine
2. hydro extractor
3. drying machine

2 types of linen are washed: soiled linen and dirty linen

Soiled linen: It is collected by the housekeeping staff and disinfected with hypochlorite, bleached with chlorine and then washed with disodium silicate, dried and pressed

Dirty linen: It is washed in hot water using disodium silicate, dried and pressed

Trolleys used:

Trolley with cover for dirty linen

Trolley with doors for clean linen

Timings of laundry: 6:00 am to 8:00 pm

Monthly maintenance of the machines is done

Monthly training of the staff

Water usage as per linen load:

For 1 kg linen load:

4 l water used for prewash, 6 l water used for main wash, 8 l water used for rinse

NURSING STATION

Separate nursing stations for private wards, semi private wards and deluxe wards

At nursing station availability of:

Change room, crash cart, drovers, white board for patient details and consultant's name

Hierarchy:

Nursing superintendent

↓

Assistant nursing superintendent

↓

Supervisor

↓

Incharge

↓

Staff nurse

↓

Attendants

DISCHARGE POOL

Flow chart of discharge process:

After preparation of discharge summary at the nursing station, entry is made at the discharge pool.

↓

Rough summary is prepared and is sent to the consultant or the duty doctor for check

↓

Final summary is prepared

↓

Summary is sent to billing department (from billing department to TPA if needed)

↓

Documents are sent back to the discharge pool

↓

Handover of documents to patient's attendant to pay bill at billing counter

↓

Discharge summary and clearance slip is given to patient at time of discharge.

3 copies of discharge summary are prepared: for patient, for MRD, for billing department (and for TPA if needed)

MEDICAL RECORD DEPARTMENT

Located in the basement

Hierarchy:

Medical director

↓

Medical superintendent

↓

Manager medical services

↓

Incharge MRD

↓

Attendants, medical assistants, computer operator

5 types of record maintained in the department: (Different color codes)

1. Cancer (orange)
2. NRHM (white)
3. MLC (red)
4. Death (black)
5. General (no color)

Duration up to which files are maintained:

Pediatric file: 21 yrs

MLC, death file: 30 yrs or till the time case goes on

General file: 7 yrs

Arrangement system used: serial no. system

HOUSEKEEPING DEPARTMENT

In-house housekeeping services

Located in the basement

Hierarchy:

GM operations

↓

Incharge

↓

Reliever

↓

Supervisors

↓

Housekeeping staff, sanitary staff, attendants

Dress codes:

- Housekeeping staff: red
- Sanitary staff: blue
- Attendants: grey

Machines used:

Vaccum machine

Flipper

Single disc

Fog machine

BIOMEDICAL WASTE MANAGEMENT

Color coding used for segregation of waste:

Yellow: infected materials

Red: plastic waste

Blue: glass waste

Black: general waste

White: sharp waste

Waste is carried in biomedical waste trolley to biomedical waste room. E TAKE van carries away the waste.

HR DEPARTMENT

Hierarchy:

Manager (pay roll, recruitment and training)

↓

Assistant manager

↓

Senior manager

↓

Executives

↓

Office assistants

Following trainings are conducted:

1. Color coding
2. Emergency alerts
3. Induction
4. Grooming standards
5. HR policies
6. Grievance handling
7. Communication skills

Leave cards are maintained for the staff:

a. White card for common staff
b. Yellow card for attendants
c. Blue card for nursing staff

Performance appraisal is made yearly. Two cycles: January and June

Flow chart for recruitment process:

Manpower requisition form is filled by the respective department

↓

Form is submitted to HR department

↓

HR department discusses with the management

↓

CV selection is done

↓

Short listing of the candidates

↓

Joining formalities

↓

Reference check is done

↓

Appointment letter is provided.

Retention policies:

1. Local convenience
2. Grievance policy
3. ESIC benefit
4. Provident fund
5. Maternity benefit policy
6. Medical benefits
7. Antisexual harassment committee

Leave policy:

1. Casual leave : 15 days per year
2. Earn leave : for higher authority 1.25 days per month
3. Sick leave : 3 days per year
4. Optional leave : 2 days per year

Others: Late coming policy

Over time card

Exist interview form

Employee reward

STORES AND PURCHASE DEPARTMENT

Centralized department

Located in the basement

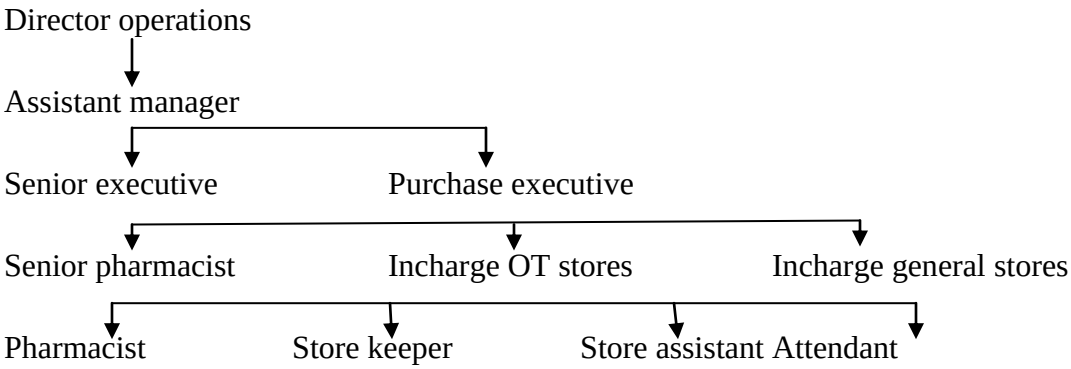
2 stores are there: general store and central store

General stores deals with stationery, linen, tools and equipment.

Central stores deal with inpatient pharmacy and OT stores.

On receiving goods, this department generates GRN.

Hierarchy:



Steps for purchase:

1. Drawing up specifications
2. Inviting quotations
3. Preparing comparative statements (basic price , freight charges , taxes, payment discounts and delivery period)
4. Shortlisting
5. Issuing purchase orders

IT DEPARTMENT

Located in the ground floor

Hierarchy:

GM operations

↓

IT manager

↓

Executives

↓

Typist

Functions:

1. Weekly maintenance of all the desktops in the hospital and at BSR centre
2. Efficient use of HMIS (NAPIER software is being used)

Server maintains HMIS, security camera recordings, employee data

Different modules of HMIS installed in various departments.

Modules are being used for:

1. Nursing station
2. OPD
3. IPD
4. Investigation
5. Pharmacy
6. TPA
7. Casualty
8. Operation theatre
9. OT store
10. Central store
11. Purchase
12. Billing

INVESTIGATION BILLING COUNTER

Hierarchy:

GM operations

↓

Manager operations

↓

Executives

Functions:

1. Billing of investigations advised by the consultant of the hospital
2. Billing of the investigations advised by the consultant outside the hospital
3. Billing of medicines from IP pharmacy
4. Billing of investigations , medicines for inpatients if fees is not deposited within given time interval

OPD REGISTRATION COUNTER

Hierarchy:

GM operations

↓

Manager operations

↓

Front desk executive

Flow chart of the registration process:

Filling up form for patient detail

↓

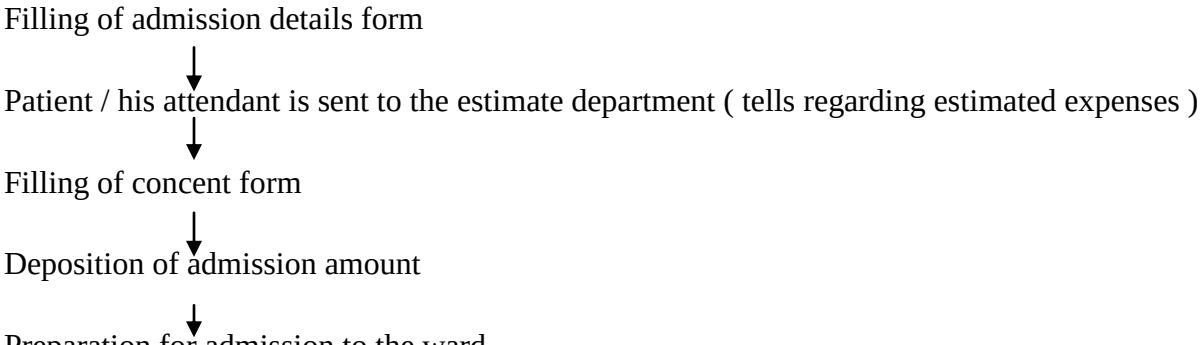
Registration of the patient (entry in the desktop) according to the medical problem / consultant to be visited

↓

Collection of consultation fees

INPATIENT REGISTRATION COUNTER

Flowchart :



EMERGENCY DEPARTMENT

Location:

At the ground floor (separate entry)

Workflow:

Arrival of the patient in the department

↓

First aid is provided

↓

Consultant examination

↓ ↓ ↓

Shifted to ward Shifted to ICU Discharged

Triage:

Triage (segregation of the patient according to severity of the illness) is done .

Color coding is used.

Red: most serious patient

Yellow: serious patients

Black: patient going to die

White: brought dead

Emergency codes used in hospital:

Red: fire

Pink: baby missing

Yellow: external / internal disaster

Blue: cardiac emergency

Grey: security Brown: spillage

TPA COUNTER

Deals with company tie ups and insurance patients

In case of company tie ups:

Referral letter is given from the company for the hospital.

↓

Bill is sent to the company

(If bill exceeds the amount decided by the company then case summary is sent to the company for further treatment.)

In case of health insurance:

Hospital tells the TPA about patient details and charges

↓

TPA contacts insurance company for premium details

↓

TPA informs the hospital to start the treatment

PROJECT ON OPD PATIENT SATISFACTION

INTRODUCTION

OPD is defined as a part of the hospital with allotted physical facilities and medical and other staff in sufficient number, with regular scheduled hours, to provide care for the patients who are not registered as inpatients.

Outpatient is a person given diagnostic, therapeutic or preventive service through the hospital facilities and who at that time is not registered as an inpatient in the hospital. Outpatient can be grouped under the following three categories:

1. Emergency outpatients: a person given emergency care as a result of sudden illness or accident.
2. Referred outpatients: a person referred to the outpatient department by a private practitioner or other physician from one clinical discipline to other, for specific diagnostic or treatment procedures or opinion and who will return to the referring physician for further care and disposal.
3. General outpatients: a person referred by either physician given diagnostic and therapeutic service on an outpatient basis for other than emergency condition , his or her continuing care and disposal being undertaken by the OPD.

The importance of OPD lies in:

- It is the first point of contact between the hospital and the community and which in many instances can make or mark the reputation of the hospital.
- It is an inseparable link in the hierarchical chain of the healthcare facilities.
- It is the stepping – stone for the health care promotion and disease prevention.

Patient satisfaction is a person's feelings of pleasure or disappointment resulting from a service's percieved performance or outcome in relation to his or her expectations. If performance falls short of expectations, the patient is dissatisfied. If the performance

matches expectations, the patient is satisfied. If the performance exceeds expectations, the patient is highly satisfied or delighted.

Advantages of patient satisfaction: greater profitability and productivity, improved patient retention and patient loyalty , increased patient referral, improved compliance and better staff morale.

OBJECTIVES OF THIS PROJECT:

- To analyze outpatient satisfaction level
- To study gaps in OPD service delivery
- To identify the areas of improvement
- To provide suggestions for better streamline services

METHODOLOGY:

STUDY AREA: OPD

STUDY DESIGN: Qualitative, Observational study

SAMPLE SIZE: 200

SAMPLING: simple random sampling

PARTICIPANTS: out patients and their attendants

DURATION OF STUDY: 10 days

TOOLS AND TECHNIQUES USED:

- Direct observation
- Interview using structured questionnaire

DATA COLLECTION: Primary data collection by face to face interview

DATA ANALYSIS: Using MS- EXCEL

LIMITATIONS OF STUDY:

1) The main constrain was time as there was limited time to complete required sample size.

2) During data collection, possible bias occurred since we cannot separate the patients from the group of people who came with the patients, so someone else could answer the questionnaire instead of the patient.

DATA COLLECTION:

Face to face interview was performed using a structured questionnaire. The questionnaire comprised of various study parameters. Out patients and their attendants graded the services provided to them on the degree of their satisfaction level. Options provided for the satisfaction level were delighted, satisfied, neutral and dissatisfied.

STUDY PARAMETERS:

- Guidance provided by help desk/front office
- Behavior of the staff
- Waiting time for consultation
- Ambience and sitting arrangement at waiting area
- Entertainment and refreshment facilities
- Promptness of attention , explanation of the condition and proposed care by the doctor
- Level of dignity, privacy and confidentiality maintained during visit
- Time provided for consultation
- Help provided by hospital signage
- Complaints handling system of the hospital
- Availability of health education material
- Information about next follow up date
- OPD consultation timings

- Parking facility

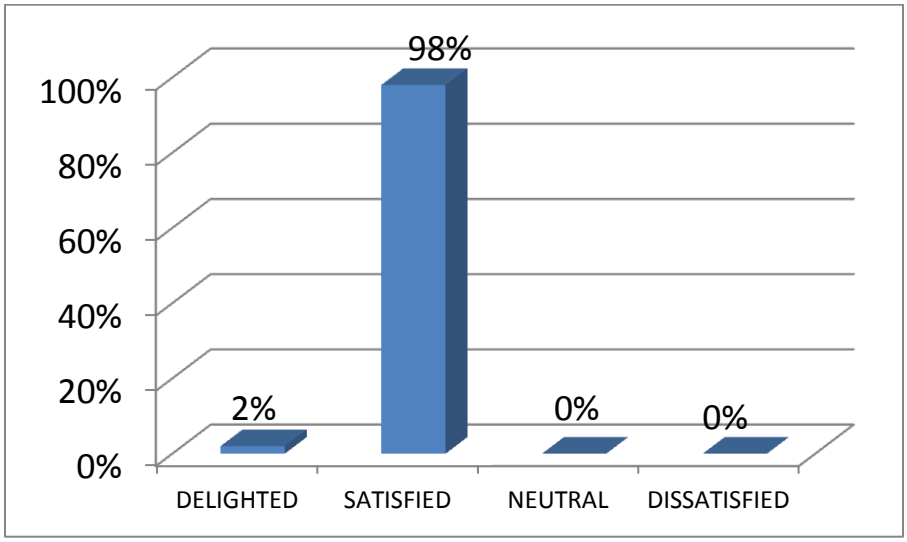
  Overall quality of the services provided

DATA ANALYSIS

The primary data collected regarding the satisfaction among the OPD patients and their attendants was analyzed using Microsoft EXCEL. Qualitative data analysis was done about the degree of satisfaction with the services provided by the hospital.

Analysis for different study parameters is represented using bar charts and pie diagram.

Fig 1 GUIDANCE AND BEHAVIOUR OF THE STAFF

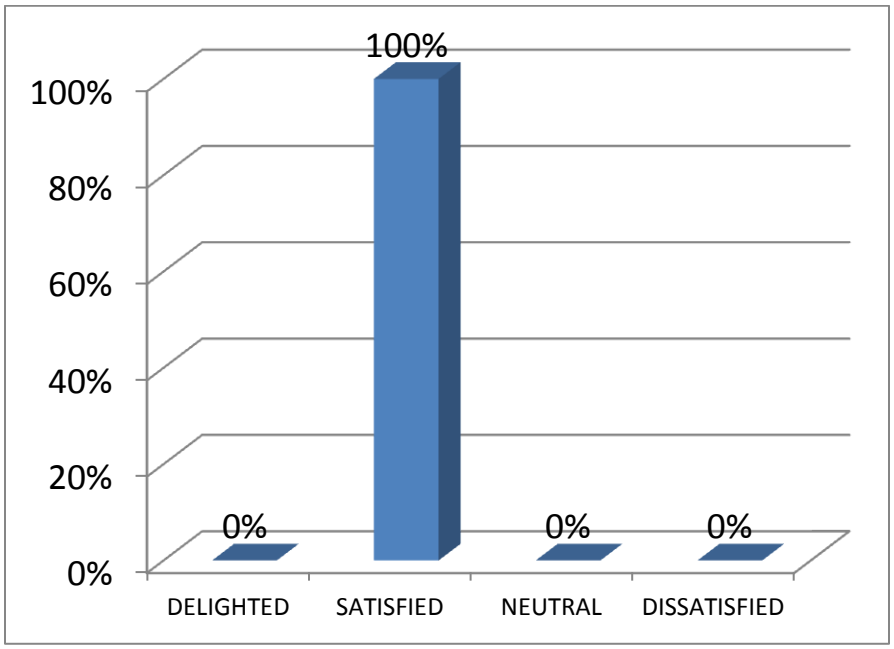


All front desk agents welcome and assist customers and clientele. For this they have excellent communication skills, pleasant personality and love interacting with people. They have basic mathematics and computer operation skills, as their job will also involve maintaining records and data on the computer.

They have some basic conflict resolution skills, so as to handle difficult customers in the most professional manner. Clients are bound to have complaints and some may even spearhead conflicts. Others may behave rudely and refuse to make payments. At such times, a front desk agent has deal tactfully, without getting agitated or jeopardizing the hospital name

Fig 1 suggests that 2% of the patients surveyed were delighted and 98 % of the patients were satisfied with the efficient guidance and the cordial behavior of the staff.

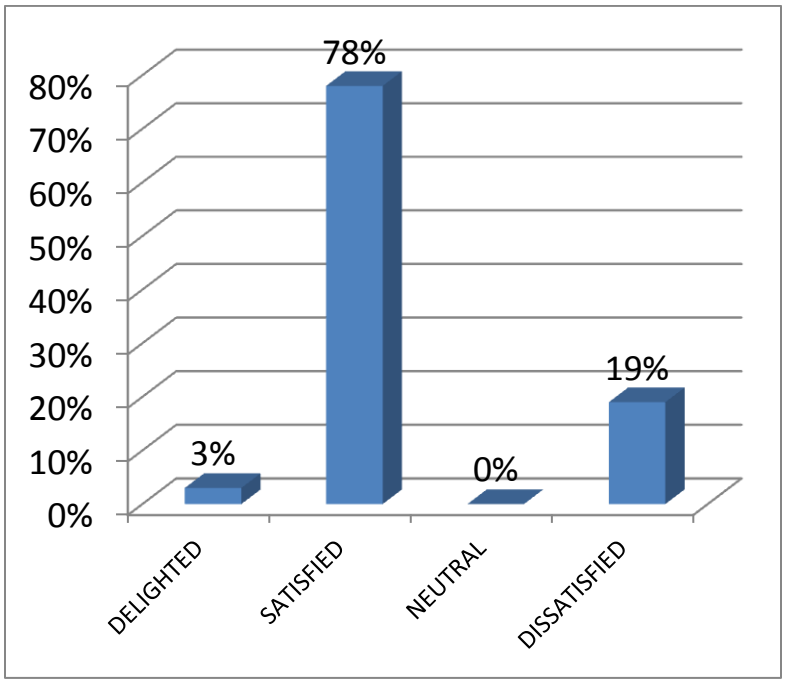
Fig 2 EXPLANATION OF INFORMED CONSENT



Informed consent is a voluntary decision, authorization, or agreement to go forward on a health-related procedure or treatment .The consent becomes informed when the person has the ability to understand and eventually does understand the information related to his/her decision. In a hospital setting, this information is provided by the health care professional in charge, and is sufficient to allow the patient to make an informed decision. The information should be included in a written consent form (legal document). When a person gives consent, the health care professionals are legally and ethically obliged to abide by the conditions of the consent. Obtaining an informed consent extends beyond having the patient sign the consent form; it involves a communication process that results in the patient's agreement to undergo the intervention . It is the discussion of the planned intervention, between the physician and the patient that constitutes the actual informed consent.

As per fig 2, 100% of the out patients and their attendants were satisfied with the explanation provided to them for informed consent.

Fig 3 WAITING TIME FOR CONSULTATION



Long waiting time in hospitals causes discontent among patients. Such delays in industrial hospitals can lead to man-hour loss and interfere with production.

Causes for long waiting time:

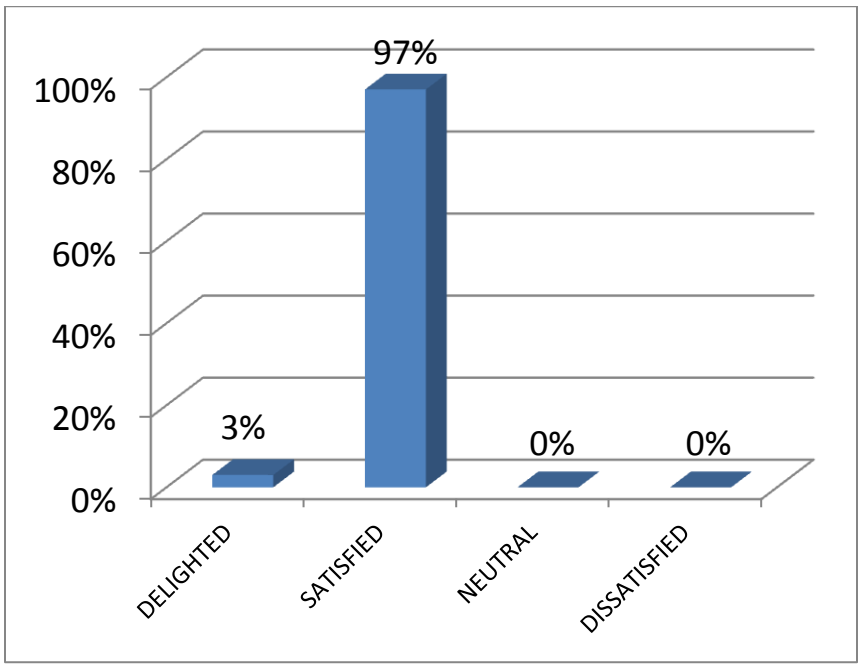
Patient related causes - Patients used to come early since they were seen in a first come first seen basis. The OPD attendant used to collect their medical papers, enter names in a register, distribute them among the doctors, and then call the patients. The patients attending the OPD belonged to one of the three groups: 1) Those with chronic and stable illnesses, coming every month to collect medicines; 2) Patients undergoing evaluation or having unstable disease pattern requiring frequent visits and longer contact time. And 3) Referred, some of them requiring one time consultation only.

Doctor related causes - The earlier practice of ward rounds by all the doctors before coming to the OPD had a snow balling effect on the waiting time in OPD. Elective procedures like

discharge, case summary, investigations, pacing, and pacemaker check up and emergency during OPD hours also increased the waiting time.

Fig 3 shows that 3% of the patients were delighted. 78% of the patients were satisfied and 19 % of the patients were dissatisfied (mostly in cardiology and obstetrics and gynecology specialties)

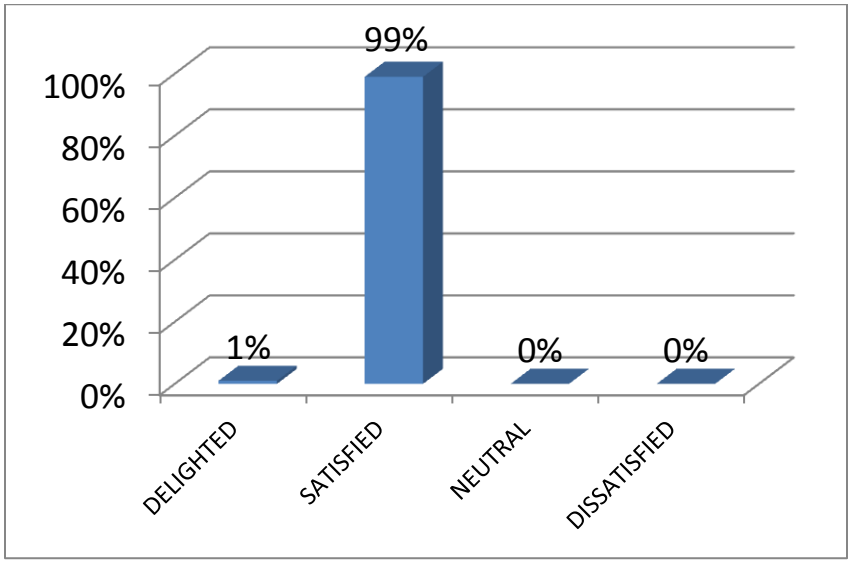
Fig 4 AMBIENCES AND SITTING ARRANGEMENT OF WAITING AREA



Waiting is a core component of the healthcare experience which can induce stress and anxiety in patients and their caregivers. Patients were asked about various aspects of their environment. The most highly rated feature was the comfy chairs, followed by health education posters / models, plasma screen TV, paintings on the wall, and potted plants.

Fig 4 suggests that 3% of the patients were delighted, 97 % of the patients were satisfied with the facilities of the waiting area.

Fig 5 PROMPTNESS OF ATTENTION, EXPLANATION OF THE CONDITION AND PROPOSED CARE BY THE DOCTOR, LEVEL OF DIGNITY, PRIVACY AND CONFIDENTIALITY MAINTAINED DURING VISIT

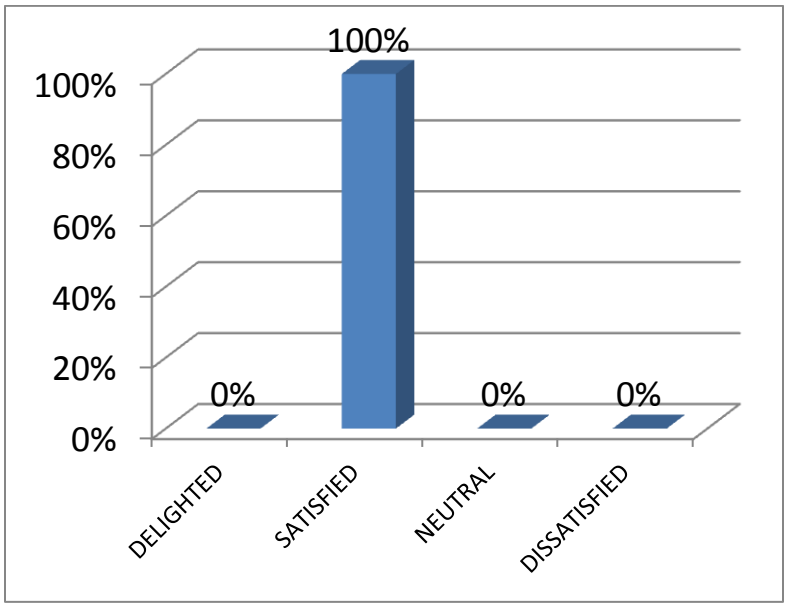


The consultants had patient centred consulting skill. Patient-centredness has five components: exploring patient's concerns and need for information; having an integrated understanding of the patient's world; finding common ground on diagnosis and management; enhancing prevention and health promotion; and enhancing the continuing relationship between patient and doctor.

Fig 5 illustrates that 1 % of the patients were delighted and 99 % of the patients were satisfied with the quality of consultation services provide to them at OPD.

.

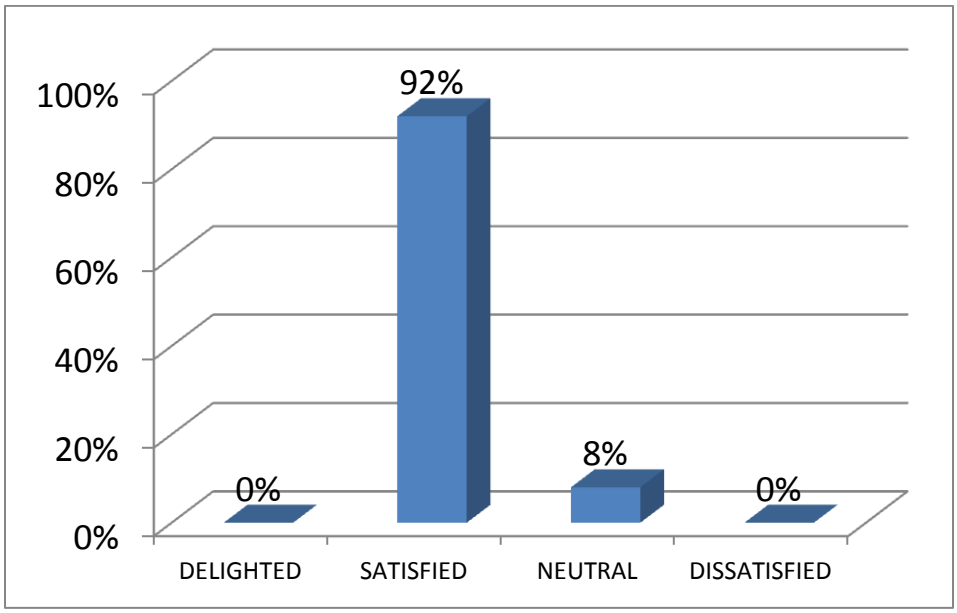
Fig 6 TIME PROVIDED FOR CONSULTATION



The time provided for the consultation of the outpatients was found to be sufficient for understanding the complaint of the patient, performing his examination, diagnosis, deciding the treatment with the consent of the patient / his relative.

Fig 6 shows that 100 % of the patients were satisfied with the duration of the consultation at OPD.

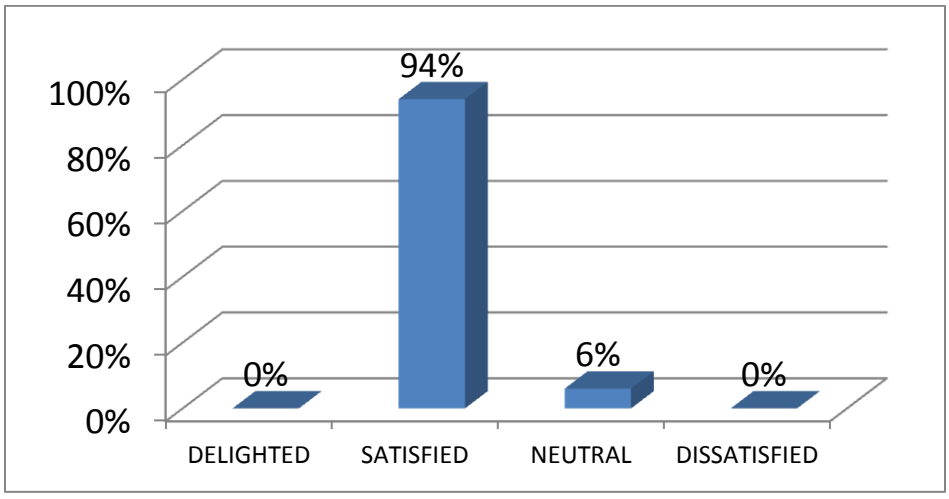
Fig 7 HELP PROVIDED BY HOSPITAL SINAGES



Healthcare signs that communicate important information are probably the most useful in a hospital setting. Hospitals are usually very large facilities and without signs, visitors would never find where they are looking to go, policies and procedures would never get followed.

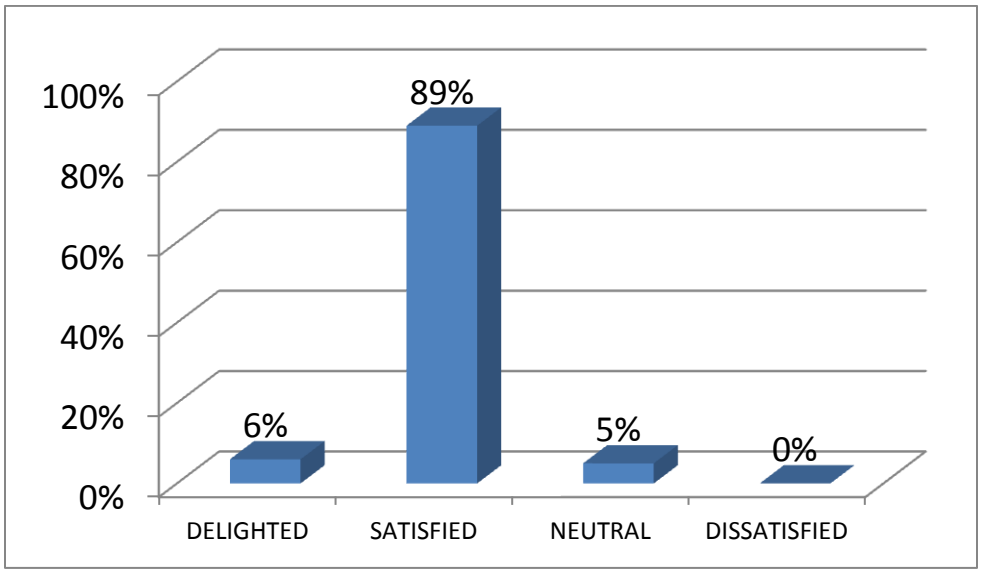
As per fig 7, 92 % of the patients were satisfied and 8 % of the patients were neutral with the help provided by the healthcare signs provided for various departments, fire exits , restrooms.

Fig 8 COMPLAINTS HANDLING SYSTEM OF THE HOSPITAL



Complaints of the OPD patients were dealt by the coordinator of the concerned consultant and by the operations manager. As per fig 8 , 94 % patients were satisfied and 6 % of the patients were neutral with the complaint handling system.

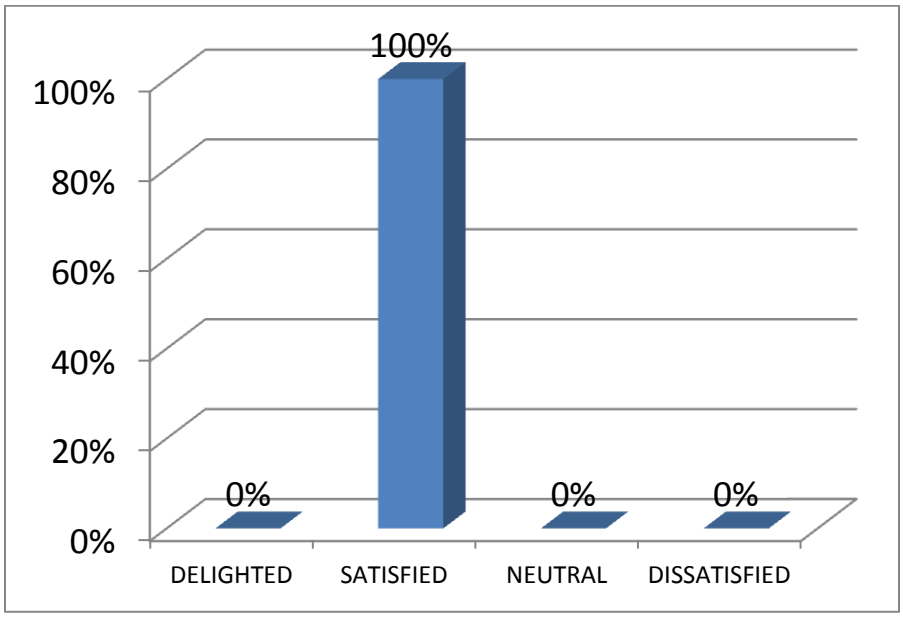
Fig 9 AVAILABILITY OF HEALTH EDUCATION MATERIAL



Health educational materials such as posters and models were displayed at the waiting area of the OPD.

Fig 9 shows that 96 % of the patients were delighted, 89 % were satisfied and 5 % were neutral towards the availability of health education material .

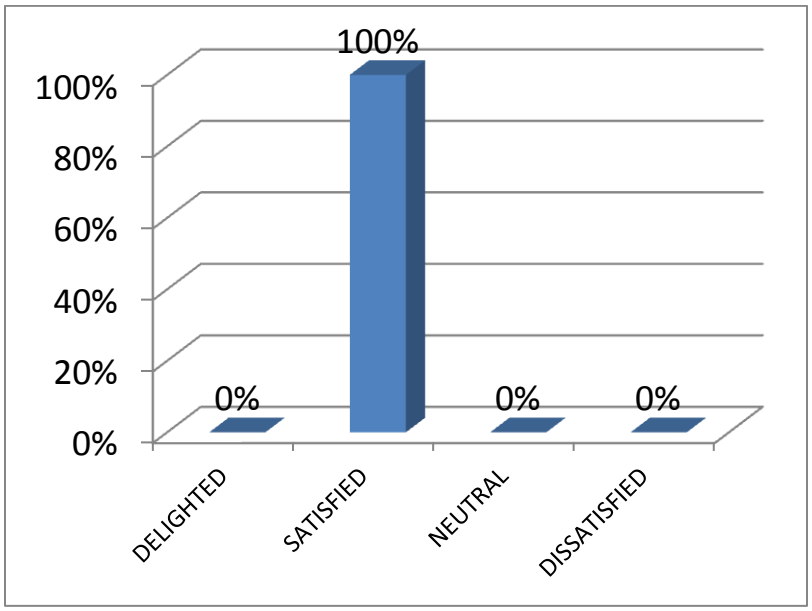
Fig 10 INFORMATION ABOUT NEXT FOLLOW UP DATE



The follow up consultation appointment for the outpatient was mentioned by the consultant .Date and time was not scheduled. Week / month of the follow up was documented on the OPD consultation card.

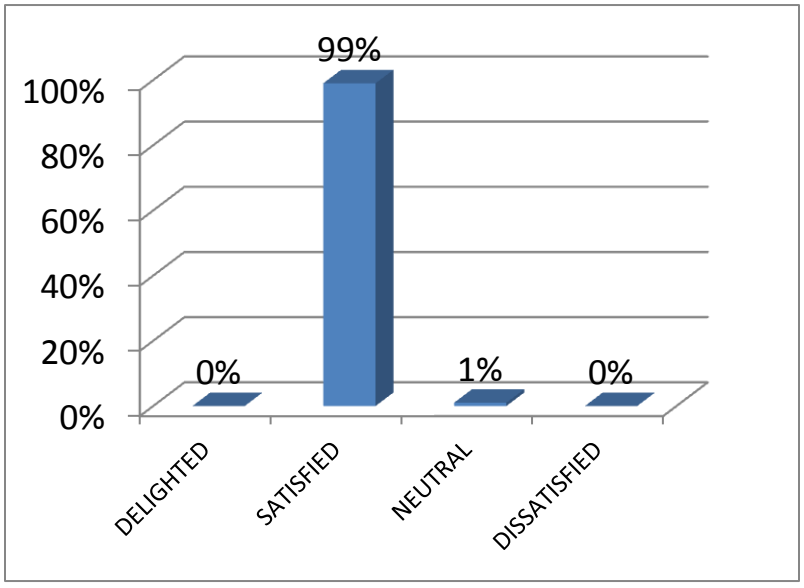
Fig 10 illustrates that 100 % of the patients were satisfied with the scheduling system of the follow up consultation.

Fig 11 OPD CONSULTATION TIMINGS



OPD consultation timings were morning 10:00 am to 2:00 pm and evening 4:00 pm to 6:00 pm. Fig 11 shows that 100 % of the outpatients' ant their attendants were satisfied with the OPD timings.

Fig 12 PARKING FACILITY



As per fig 11, 99 % of the patients were satisfied with parking facility of the hospital and 1 % were neutral for this facility due to the location of the parking zone.

SUGGESTIONS

- Starting OPD in time :

  Scheduling of elective procedures and ward rounds beyond the OPD timings,

  Increase punctuality of consultants

- Preparation of drug formulary by every specialty:

  Preparation of the selected inventory of drugs that will be prescribed in the OPD. It can be reviewed on a quarterly basis. This procedure will result in nil wastage and zero stock out, if reorder level is worked out at the same time.

- Training of OPD staff for BLS/ ACLS/ATLS and operation of equipments available in department. Every equipment in OPD should be functional with 'nil down time '.

- Sharpening the skills of OPD staff in solving problem during functioning of department

- Signages for different specialties, washroom and parking should be displayed.

- Display of instructions for investigations/ procedure near entry of department for patient and his attendant.

- Management of inpatients and outpatients for investigations to avoid intermixing of their appointments.

- Proper information transfer by coordinators to the staff at front desk and help desk about the availability of the consultant

- Efficient guidance regarding informed consent for the investigation procedures should be provided by the department staff to the patient and his attendant.

CONCLUSION

In conclusion about the experience of the patients the study indicated that patients had good satisfaction from all items: light, ventilation, cleanliness and tidiness, examination by the consultant, communication skills of the hospital staff.

There was association of experience with the satisfaction. Patients with good experience had high satisfaction and those with poor experience had low satisfaction.

Accessibility had association with the patient satisfaction. The patients with good accessibility (less waiting time for consultation) had high satisfaction as compared to those with poor accessibility.

Patient satisfaction study must be done regularly to know the problems of the patients and to improve the quality of the healthcare services, ultimately earning good name and prestige for the organization.

PROJECT ON INTERDEPARTMENTAL PATIENT TRANSFER

INTRODUCTION

Patient transfers are an important aspect of hospital workflow. The patient transfer process impacts both organizational and clinical goals of the hospital. Currently, many hospitals function at 100% patient capacity. Therefore, on one hand, ensuring that patients are transferred efficiently and quickly is crucial
to achieve effective patient flow within the hospital. On the other hand, the patient transfer process impacts whether appropriate care is delivered in a timely and effective manner.

For instance, patients with complex care requirements need to be moved between clinical departments that can provide the services and care appropriate for those patients. Furthermore, since patient transfers involve multiple departments the patient transfer workflow impacts not only activities within a single department but also activities that take place between multiple departments. Hence, one of the key features for maintaining effective patient transfer workflow is developing seamless inter-departmental coordination technologies.

Transfers may occur as either planned or unplanned patient movement.

Planned patient transfer is: part of a planned care pathway. The most common example is when patients are admitted for Elective Surgery, arrive at a Day of Surgery Arrival area, transfer to theatre and then following a period in a recovery area, are transferred to a base ward.

Unplanned transfer: refers to patients who are transferred due to unexpected reasons; for example transfer to a cubicle in another ward due to an isolation requirement or a patient who is boarded, due to their own care needs or to make provision for the care needs of another.

OBJECTIVES OF THE STUDY

- To study the efficiency of the patient transfer workflow
- To identify challenges to interdepartmental coordination activities
- To provide technical requirements for better support patient transfer

METHODOLOGY:

STUDY DESIGN: observational study

STUDY AREA: wards, investigation departments

SAMPLE SIZE: 80

SAMPLING METHOD: convenience sampling

PARTICIPANTS: inpatients

TOOL USED: checklist

TECHNIQUE USED: observation

DURATION OF STUDY: 10 days

DATA ANALYSIS: using MS-EXCEL

STUDY PARAMETERS

- Availability of wheelchair /trolley

- Availability of attendant : 1 attendant for wheelchair transfer , 2 attendants for bed trolley transfer
- Patient identification using wrist band
- Document identification
- Use of safety belts in wheel chair transfer
- Use of foot rest in wheel chair transfer
- Use of side rails during trolley transfer
- Efficient pre-transfer coordination and communication
- Use of locks of wheels of the equipment before movement of the patient
- Placement of the wheel chair to the proximity of the desired location

DATA COLLECTION:

Primary data was collected by doing observation using the checklist. Details about the scheduled transfer cases were taken from the nursing station Inpatients were tracked when they were transferred from one department to the other.

ETHICAL CONSIDERATION:

1) In order to protect the privacy of the patients, any information that could identify individual patients was not recorded.

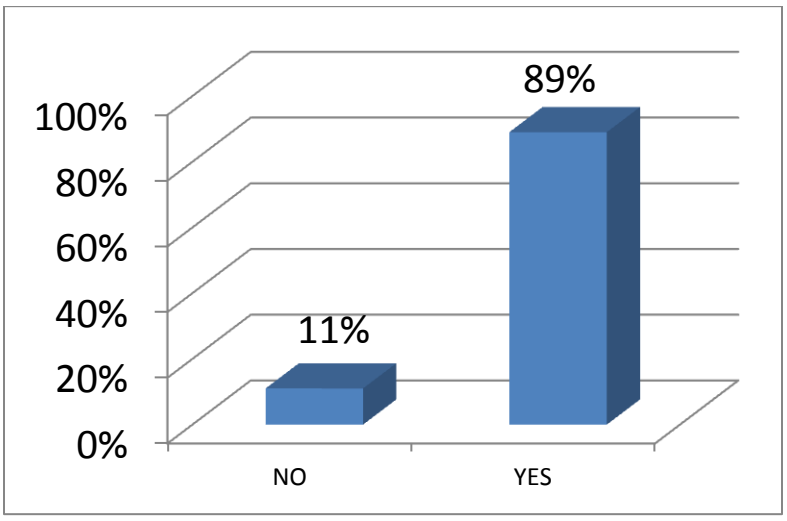
2) Although observing the patient transfer process required physical presence during the process, careful precautions had to be taken to ensure that there was no interference with the transfer process.

DATA ANALYSIS:

Primary data collected by observation was analysed using MS EXCEL.

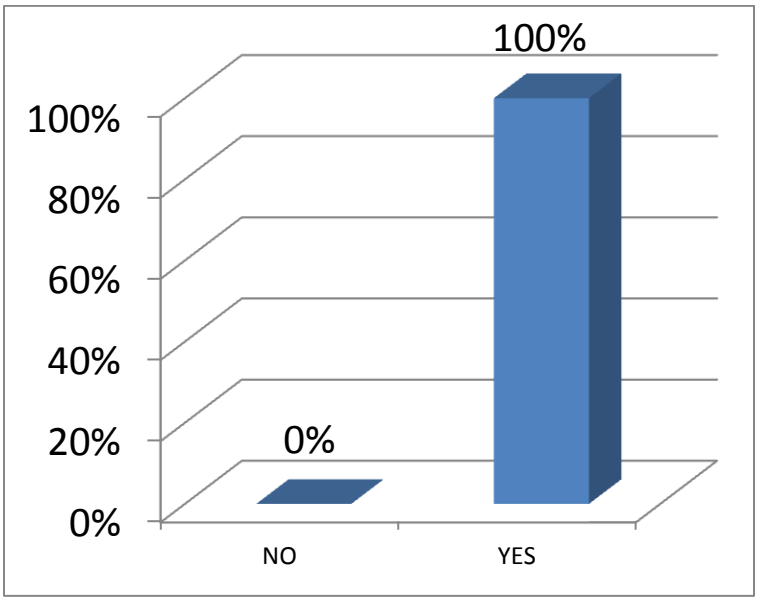
Analysis of the different study parameters:

Fig 1 AVAILABILITY OF WHEELCHAIR / TROLLEY, ATTENDANTS



As per fig 1, for 11% of the transfers, wheel chair / trolley was not available due to inefficient coordination between the staff of different departments. The transfer equipments and attendants required for transfer was unavailable in few cases and patient had to wait for this reason.

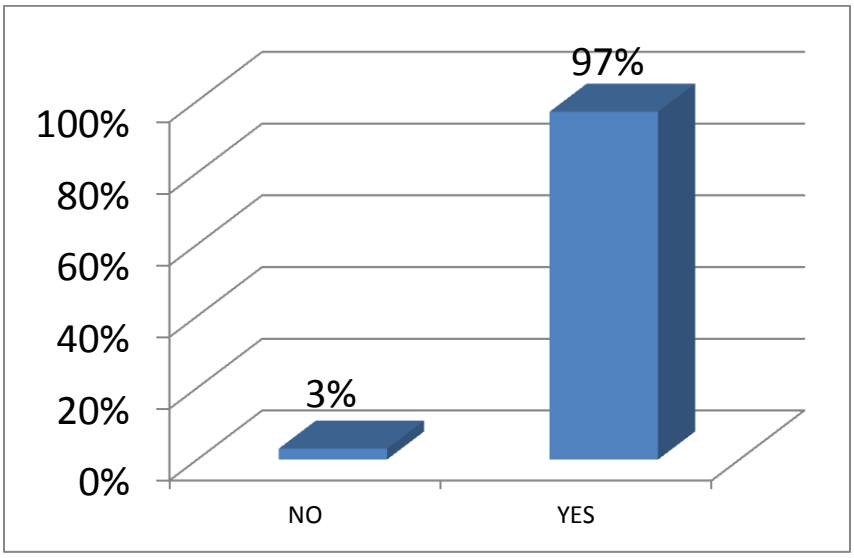
Fig 2 PATIENT IDENTIFICATION USING WRIST BAND



Patient identification provides patient safety. It is the primary responsibility of health-care workers to check the identity of patients and match the correct patients with the correct care (e.g. laboratory results, specimens, procedures) before that care is administered.

Fig 2 shows that patient identification using wrist band was done in all transfer cases.

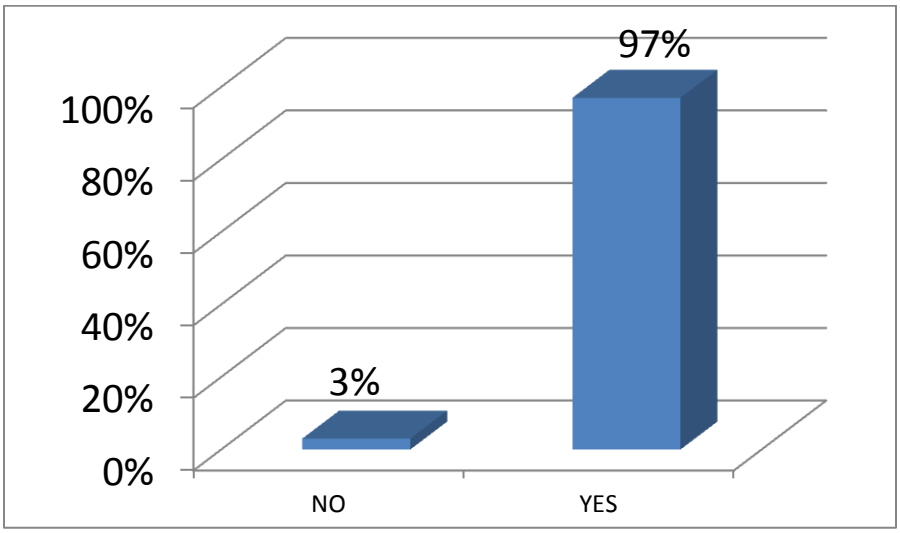
Fig 3 DOCUMENT IDENTIFICATION



All of the patient's health records were transferred. This included medical records, assessment documentation and therapist notes. Where both or either ward uses paper or electronic records special attention was paid to full and complete document transfer.

Fig 3 shows that for 3 % of the transfer cases document identification was not performed.

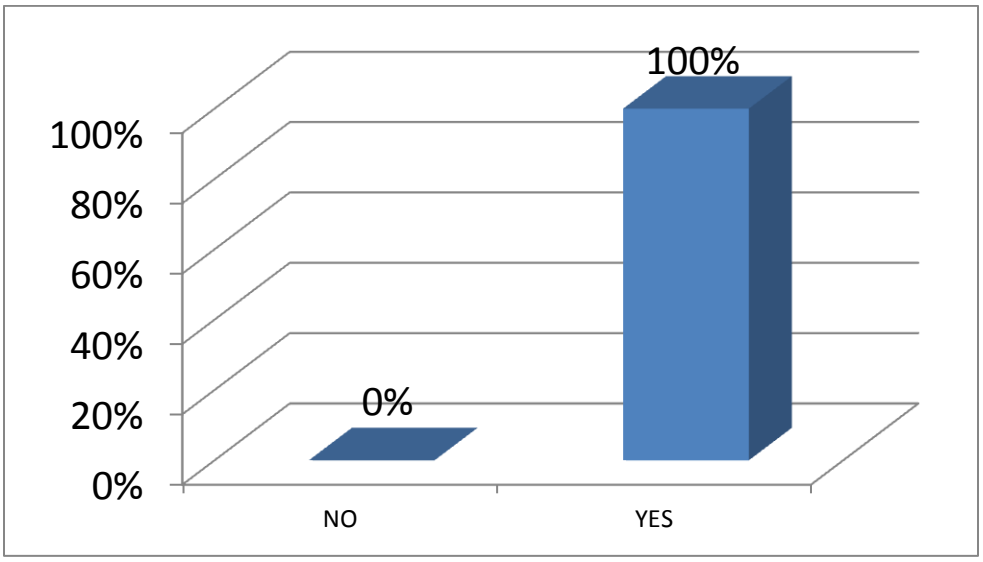
Fig 4 USE OF SAFETY BELTS AND FOOT RESTS IN WHEEL CHAIR TRANSFER



Safety belts and foot rests help in safe transfer of the patient by preventing the physical injuries during interdepartmental transfer.

As per fig 4 , for 3 % of wheel chair transfers safety belts and foot rests were not used during the patient transfer procedure due to negligence of the health care worker.

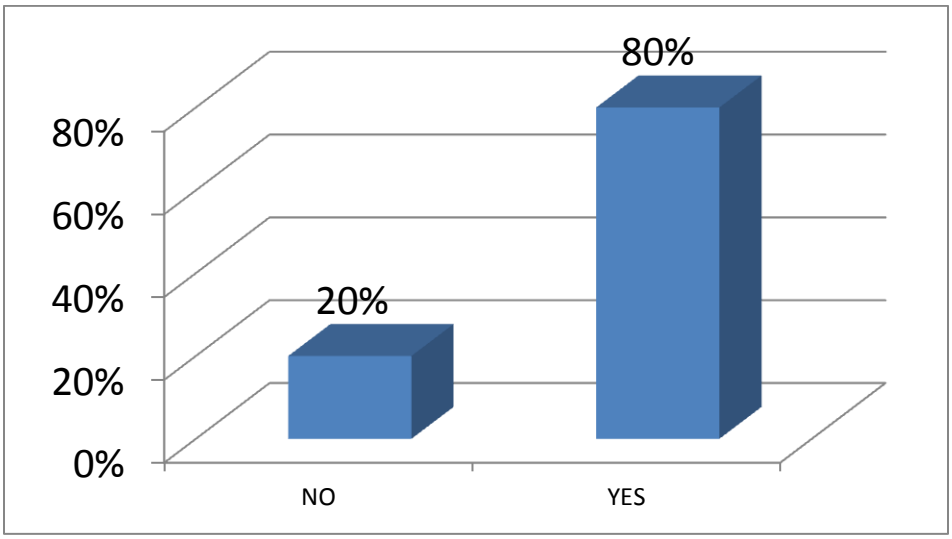
Fig 5 USE OF SIDE RAILS IN TROLLEY TRANSFER



Patients who are unable to walk / critical patients are transferred using bed trolley. Side rails provide safety to the patient during transfer process.

Fig 5 shows that side rails were used during all the bed trolley transfer cases.

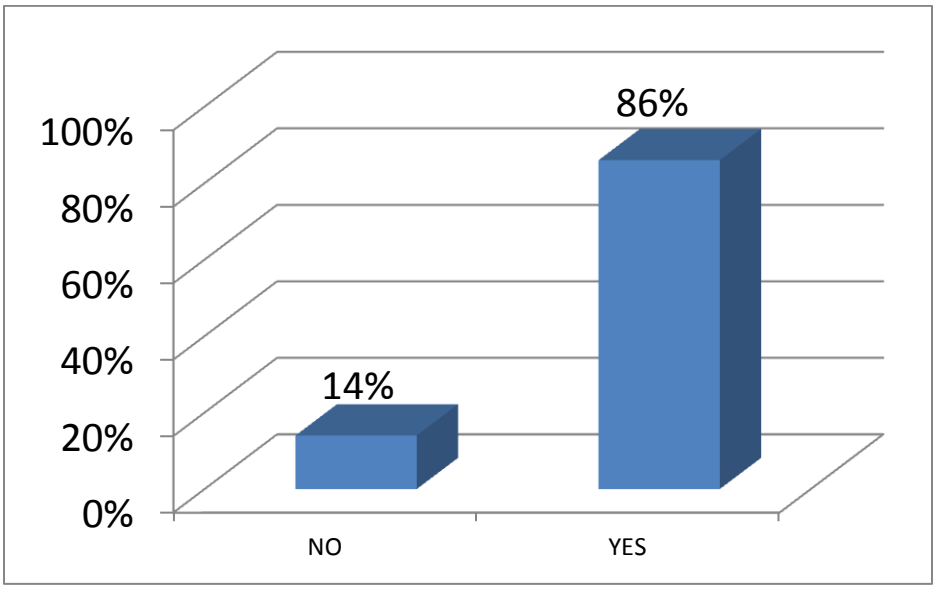
Fig 6 EFFICIENT PRE-TRANSFER COORDINATION



Communication gap between the departments of the hospital was responsible for inefficient pre -transfer coordination. This increased the waiting time during the patient transfer process.

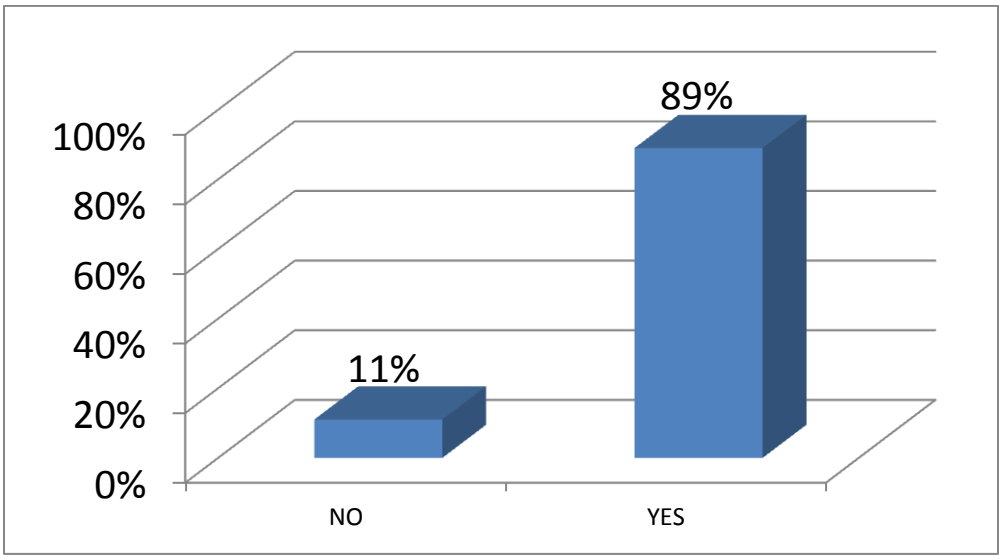
Fig 6 illustrates that for 20 % of the transfers, there was inefficient pre-transfer coordination between the departments**.**

Fig 7 USE OF LOCKS OF WHEELS OF EQUIPMENT



Wheels of the wheelchair need to be locked when the patient is getting in or out of the wheel chair for patient safety. Fig 7 shows that for 14 % of the wheel chair transfers locks of the wheels were not used.

Fig 8 PLACEMENT OF WHEEL CHAIR TO THE PROXIMITY OF THE DESIRED LOCATION



Wheel chair should be placed close to the destination .this increases patient comfort and satisfaction. It also reduces the risk of physical injury to the patient.

As per fig 8, for 11 % of transfers the wheel chair was not placed to the proximity of the desired location.

SUGGESTIONS

- Increase availability of wheelchairs/ bed trolleys , attendants by improving interpersonal communication
- Improve efficiency of pre-transfer interdepartmental communication
- Provide training to healthcare workers regarding patient transfer workflow
- Increase availability of technicians and drivers
- Use of transfer assist devices such as slide sheets , roller sheets , transfer boards ,turning discs
- Implementation of early warning score system prior to transfer of patient : to determine degree of illness of the patient using four physiological readings (systolic blood pressure, heart rate ,respiratory rate , body temperature) and decide transfer workflow
- Incorporate training on procedures for checking/verifying a patient's identity into the orientation and continuing professional development for health-care workers.
- Educate patients on the importance and relevance of correct patient identification in a positive fashion that also respects concerns for privacy.
- Implementation of automated systems (e.g. electronic order entry, bar coding, radiofrequency identification, biometrics) to decrease the potential for identification errors, where feasible.

- The verbal handover of essential care information must include where relevant the following aspects of care;
    1. infection and isolation status including treatment,
    2. resuscitation status,
    3. any disability or cognitive impairment,
    4. risks and alerts.

CONCLUSION

By performing this study we conclude that the quality of interdepartmental patient transfer depends upon pre transfer coordination and communication, personnel, transfer equipment and the monitoring during the transfer.

Patient safety is strongly associated with the process of patient transfer. Transfer practices should avoid physical / emotional discomfort to the patient and the alterations in the vitals of the patient.

Efficient transfer process results in smooth functioning of the various departments and increases the productivity and quality of services of the hospital.

ANNEXURE 1

OUT PATIENT SATISFACTION QUESTIONNAIRE

I am a post graduation scholar pursuing Hospital Management Course from IIHMR, Jaipur.As a part of my training curriculum. I am conducting a study on "***OUT PATIENT SATISFACTION IN APOLLO BSR HOSPITAL".*** Please share your experience and help us in improving quality of services being provided. The information recorded will be confidential.

RANK YOUR LEVEL OF SATISFACTION FOR THE FOLLOWING:

Delighted Satisfied Neutral Dissatisfied

1 2 3 4

Guidence at the help desk/front office				
Behaviour of the staff				
Explanation on general consent				
Waiting time for consultation				
Ambience and sitting arrangement of the waiting area				
Entertainment and refreshment facilities at waiting area				
Promptness of attention , explanation of the condition and proposed care by the doctor				
Level of dignity,privacy and confidentiality maintained during your visit				
Time provided for consultation				

Help provided by hospital signage				
Complaints handling system of the hospital				
Availability of health education material				
Information about next follow up date				
OPD consultation timings				
Parking facility				
Overall quality of the services provided				

Will you recommend Apollo bsr hospital to your friends and relatives ?

a) Yes b) No

Comments / Suggestions (if any) :

ANNEXURE 2

PATIENT TRANSFER CHECKLIST

1. Availability of wheelchair /trolley
2. Availability of attendant : 1 attendant for wheelchair transfer ,

   2 attendants for bed trolley transfer
3. Patient identification using wrist band
4. Document identification
5. Use of safety belts in wheel chair transfer
6. Use of foot rest in wheel chair transfer
7. Use of side rails during trolley transfer
8. Efficient pre-transfer coordination and communication
9. Use of locks of wheels of the equipment before movement of the patient
10. Placement of the wheel chair to the proximity of the desired location

REFERENCES

1. http://fampra.oxfordjournals.org/content/21/4/458.long
2. http://www.quality-patient-experience.com/hospital-patient-satisfaction.html
3. http://healthinformatics.edublogs.org/files/2012/01/Abraham-23ba1se.pdf
4. http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution2.pdf
5. http://www.newcastle-hospitals.org.uk/downloads/policies/Nursing/TransferPatientPolicywithStandards201011.pdf