Summer Training at

Fortis Escorts Heart Institute and Research Center, Okhla, New Delhi
(April 9-June 1, 2012)

Discharge Process and Patient Satisfaction in IPD and OPD

By
Neetu Mehra

Under the guidance of
Dr. Neetu Purohit

Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research, Jaipur
2012

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Certificate

This is to certify that Dr. Neetu Mehra from Institute of Health Management Research, Jaipur has undergone Summer Training at Fortis Escorts Heart Institute and Research Center, Okhla, New Delhi from 9th April, 2012 to 1st June, 2012.

The candidate herself carried out the project. Her approach to the study has been sincere, scientific and analytical. This summer training is partial fulfillment of the course requirement is recommended for the award of post graduate diploma in health and hospital management.

I wish her success in all his future endeavors.

Dr. P.R. Sodani
Dean (Academic and Students Affairs),
IHMR, Jaipur

Dr. Neetu Purohit
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Fortis Escorts
HEART INSTITUTE

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A NABH and JCI Accredited Institute

June 01, 2012

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Neetu Mehra** , a student of IIHMR Jaipur, has successfully completed her Internship in **Patient Care Servise & IPD, A Project Report on Patient Satisfaction & Discharge Process at Fortis Escorts Heart Institute, New Delhi,** during the period from April 9, 2012 to June 01, 2012.

Her conduct throughout the tenure of internship was good.

FORTIS ESCORTS HEART INSTITUTE

AUTHORISED SIGNATORY

ESCORTS HEART INSTITUTE & RESEARCH CENTRE LTD. OKHLA ROAD, NEW DELHI 110025

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DR. V.R. GUPTA
MEDICAL SUPERINTENDENT

Date: 01/06/2012

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr NEETU MEHRA, a student of PGDHM , IIHMR, Jaipur, successfully completed her project on "**PATIENT SATISFACTION**" and **DISCHARGE PROCESS**" during the tenure of her 2 months internship (From 9th April to 1st June.) She was also actively involved in OPERATIOINAL EFFICENCY of Day Care ongoing project of hospital . During the period of her internship program with us she was found to be punctual, hardworking and inquisitive.

We wish her every success in life

Dr.V.R Gupta
(Medical Superintendent)

Dr. V.R. GUPTA
Medical Superintendent
Fortis Escorts Heart Institute
Okhla Road, New Delhi-110 025

ACKNOWLEDGEMENT

A journey is easier when you travel together. Interdependence is certainly more valuable than independence. This project report is the result of two months of training whereby we have been accompanied and supported by many people. It is a pleasant aspect that we now have the opportunity to express our gratitude to all of them.

We are extremely indebted to all the professionals at **FORTIS ESCORTS HEARTINSTITUTE (FEHI), NEW DELHI** for sharing generously their knowledge and precious time which inspired us to do our best during summer training.

We owe a great debt to **Dr. Vibhu Ranjan Gupta**(Medical Superintendent), Ms Gunjan Verma (H.O.D Patient care services) **Ms Akanksha Sharma** (Ward Coordinator) and **Mr. DheerajP.Arya**(Director, Medical Services) for showing their interest and sharing their valuable views in spite of their busy schedule. It has been our privilege to work under their dynamic supervision in the hospital.

The data collection and our learning would have not been possible without in depth discussions with **Dr Priti Chadha** (OPD Administrator). We thank them for providing timely guidance, assistance, unconditional support& motivation during our study.

We are highly grateful to all the departmental heads and staff for giving us time in spite of their hectic schedule. Without their active cooperation and participation it would not have been possible to accomplish our task

I would also like to thank, Dr. (Brig) S.K Puri, Dean, Student and Academic Affairs, Jaipur for giving me the opportunity to get me associated with an esteemed organization like Fortis Escort, New Delhi.

My sincere thanks are also to my mentor Dr. Neetu Prohit, for her immense support and guidance.

ACRONYMS-ABBREVIATIONS

- FEHI- Fortis Escorts Heart Institute
- EHIRC -Escorts Heart Institute And Research Centre
- BARC- Bhabha Atomic Research Centre
- CABG - Coronary artery bypass grafting
- Cath. Lab. - Cardiac Catheterization Laboratory
- CCC- Comprehensive Cardiac Check-up
- CCU - Critical Care Unit
- CPR –Cardio Pulmonary Resuscitation
- CT - Computed Tomography
- EHC - Executive Health Check-up
- ECG - Electro cardiograph
- ECHO - Echocardiogram
- F&B- Food and Beverages Department
- FOS - Fortis Operating System
- GDAs- General/ ground Duty Assistants
- GFDS – Good food dietary services
- HR- Human Resource
- ICCU – Intensive Cardiac Care Unit
- ICU -Intensive Care Unit
- IPD- In-Patient Department
- JCI- Joint commission international
- LFT- Liver Function Test
- MLC- Medico legal Case
- MRD- Medical Record Department
- MRI- Magnetic resonance Imaging
- NABH- National accreditation board for hospitals & health care providers.
- NABL- National accreditation board for testing and calibration laboratories.
- OPD- Out-patient Department

- PFT - Pulmonary Functional Test
- PICU- Pediatric Intensive Care Unit
- PTCA - Percutaneous Tran luminal Coronary Angioplasty
- PSA Test- Prostate Specific Antigen Test
- PAP Smear- Papanicolaou Smear Test
- PGDHM- Post Graduate Diploma in Hospital Management
- PHC- Preventive Health Check
- PWD – Patient welfare Department
- PWT – Patient Waiting Time
- TMT - Tread Mill Test
- TAT- Turnaround time
- TPA- Third Party Administrator
- USG - Ultra Sonography

TABLE OF CONTENTS

INTRODUCTION

As an integral part of the **PGDHM course**, the summer training helps us in understanding the overall functioning of the hospitals from a managerial point of view. Keeping this factor in view, we tried to visit different hospital departments of **FORTIS ESCORTS HEART INSTITUTE (FEHI)** with a special focus on understanding the various procedures in place. We visited different departments, met the department In-charge and interacted with the doctors, nurses and other staff.

HOSPITAL PROFILE

ESCORTS HEART INSTITUTE AND RESEARCH CENTRE (EHIRC) is a renowned name in the field of cardiac surgery, interventional cardiology and cardiac diagnostics. The institute formally came into existence in October 1988; and was set up as a dedicated cardiac hospital to bring to India the best cardiac care, training of cardiac surgeons and cardiologists and also to conduct research of international standards. The Fortis group took over the hospital on 10th September 2005.

Now the *Escorts Heart Institute and Research Center* is popularly known as ***Fortis Escorts Heart Institute*** (FEHI) which is pioneer in the field of fully dedicated cardiac care facility in India. Fortis health care is the fastest growing hospital network in India. Fortis Healthcare is led by the vision of late *Dr. Parvinder Singh* for creating an integrated healthcare delivery system in India.

Fortis Escorts Heart Institute has set benchmark in cardiac care with its path breaking work over the past 24 years. Today, it is recognized world over as a center of excellence providing the latest technology in Cardiac Bypass Surgery, Minimally Invasive (Robotics), Interventional Cardiology, Non invasive Cardiology, Pediatrics Cardiology Surgery. The hospital is backed by the most advanced laboratories performing complete

range of investigative tests in the field of Nuclear Medicine, Radiology, Hematology, Transfusion medicine, Microbiology.

Fortis Escorts Heart Institute has a vast pool of talented and experienced team of doctors, who are further supported by a team of highly qualified, experienced & dedicated support staff & cutting edge technology like the recently installed Dual CT Scan Currently, more than 200 cardiac doctors and 1600 employees work together to manage over 14,500 admissions and 7,200 emergency cases in a year.

The hospital today has an infrastructure comprising of around 310 beds (it currently enjoys 86.9% occupancy rate), 5 CATH Labs, 9 Operation Theatres, 2 Heart Command Centers, and 2 Heart Stations besides an array of other world-class facilities. FEHI provides top end services in areas of acute care, invasive and non-invasive cardiology and state-of-the-art surgical procedures, besides playing a leading role in prevention, early detection and the reversal of heart disease. A consumer forum (VOICE) has ranked its patient care and nursing services as No. 1 in Delhi. .

To spread cardiac care to more and more people FEHI has vast network of hospitals across the country. Also to cater the far-flung areas, the institute has started with Community Outreach Programme. It provides high-class emergency services to patients including the facility for air ambulance. The institute also offers many cardiac preventive health checks.

FEHI launched its **Community Outreach Programme**, which started out with a vision to reach out to the health needs of population in the remotest corners of the country, and has covered the states of Uttar Pradesh, Haryana, Punjab, Bihar, Madhya Pradesh, Himachal Pradesh and Rajasthan.

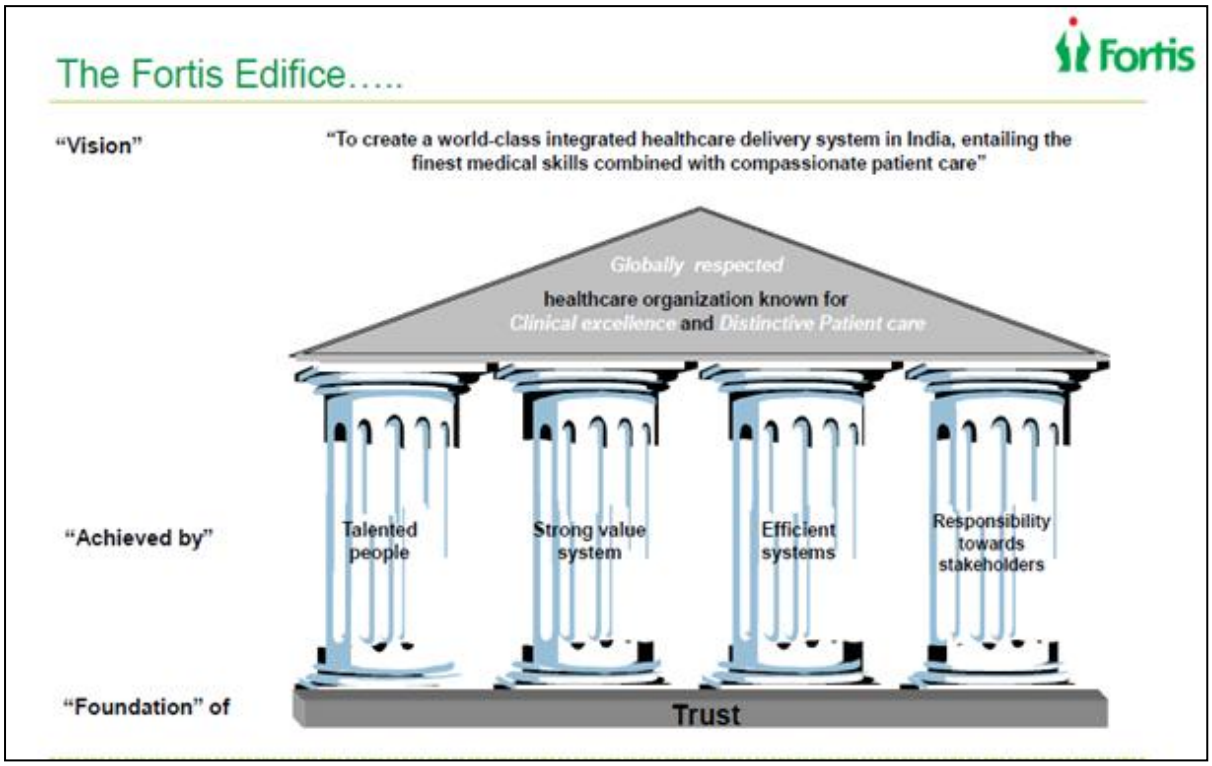
Over a period of time, the philosophy of the programme **"A give back to society"** has evolved and over 100,000 people are provided free cardiac check-ups annually. FEHI has now taken a landmark step in introducing Robotic Cardiac Surgery by installing the first the **Da Vinci Surgical System** in this Region.

Fortis Escorts
HEART INSTITUTE

MISSION

"To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care"

Late Dr. Parvinder Singh,
Founder Chairman, Fortis Healthcare Ltd



VISION

Globally Respected Healthcare Organization recognized for Clinical Excellence and Distinctive Patient Care.

VALUES

- **Honesty**

  Conduct everything we do with highest standards of professional and ethical integrity

- **Excellence**

  Pursue excellence and continuous improvement in technology, skill, services and quality of interaction.

- **Attentiveness**

  Be responsive to the physical and emotional needs of patients and their families, and expectations of the society.

- **Respect**

  Show respect, compassion and truthfulness towards patients, co-workers and all persons we encounter.

- **Teamwork**

  Recognize that working together can create a power greater than the sum of individual activities, and that mutual respect demands collegiality, consensus seeking and cooperation.

HOW FEHI HAS ACHIEVED THIS

- By providing state-of-the-art world standard healthcare that exceeds expectations of patients and families.
- Pursuing independent as well as collaborative research in all aspects of cardio-thoracic medicine and surgery.
- By establishing a network of joint ventures and satellite centers to extend the availability of quality health care to the population at their doorstep.
- Providing expert training for medical, paramedical, nursing and other professionals in the field of heart care.
- Networking with other organizations to promote health and well being in society through education, preventive checkups and community outreach programs.

Accreditations

Joint Commission International, USA

Fortis Escorts is a Joint commission international (JCI) accredited hospital. JCI is the highest global accreditation body to recognize hospitals adhering to patient care and safety norms. The receiving of the JCI accreditation is a vindication of our excellence in medical services and the care we provide to each of our patients.

(Effective February 20, 2010)

NABH

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry.

Fortis Escorts is proud to announce the comprehensive NABH Accreditation

(Effective June 16, 2008)

The NABH reaccreditation of FEHI was scheduled on May 27, 2011

NABH (Blood Bank) Accreditation

Blood is a Drug which has to be administered with great caution. This life saving elixir can save lives but can also prove fatal for the recipient.

Effective Quality assurance is essential to ensure transfusion of safe, high quality blood and its components.

National Accreditation Board for Hospitals and Healthcare providers(the highest quality assurance wing of Quality Counsel of India) ,after a thorough check of processes and procedures being practiced at EHIRC Blood Bank appreciated the high standards being maintained and were pleased to grant NABH accreditation. The Blood Bank was amongst the first few in the country to achieve this honour.

To ensure the highest safety of blood the blood bank carries out Leuco depletion on all the blood donated at this centre and tests the blood by NAT Technology, the highest disease markers test available in the world, in addition to mandatory regulatory requirements of testing.

ORGANOGRAM

HOSPITAL LAYOUT

FEHI is a renowned name and has 2 buildings. The main building and the rehabilitation centre both the blocks are on the opposite sides of the road which is connected through an underground tunnel which is basically meant for shuttles to take patients from one building to another. Each of the blocks would be dealt in details below

MAIN BUILDING

- **Basement-**
  - Blood bank
  - Laboratory
  - Pediatric Echo Lab
  - Finance department.
  - Engineering department.
  - Laundry
  - Purchase Department.
  - Stores.
  - Nursing Office
  - Corporate office
  - Library
  - Auditorium

- **Ground Floor-**
  - Emergency.
  - Heart Command Centre I, II
  - Heart Station I and II
  - Day Care Centre
  - Nuclear Medicine
  - Administration
  - Patient Care Service

- Medical Superintendent Office
- Director's Office
- Food and Beverages
- Cafeteria
- Dietician
- Security
- Personnel
- Pharmacy
- Counseling
- Billing
- Lounge
- International desk.
- TPA department.

➢ **First Floor-**

- Pediatric ICU- II.
- Recovery I, II, III, IV
- Anesthesia Room
- OT
- IT department

➢ **Second Floor-**

- CSSD
- Biomedical Engineering
- Regional director's Office
- MD office
- Board Room
- CEO Office
- Doctors' Office
- Catheterization Lab
- CATH Recovery I, II, III

- **Third floor-**
  - CATH Recovery IV

- **Fourth Floor-**
  - Cardiac Care Unit.
  - Block A (Old) Ward- Bed no. 401 to 431F
  - Block B (New) Ward- Bed no. 432 to 453, PS I and II

- **Fifth Floor-**
  - Pediatric ICU- I.
  - Pediatric Ward.
    - Ward bed no. 501 to 516.
    - Step down I- Bed no. 517 to 521.
    - Step down II- Bed no. 522 to 526.

REHABILITATION CENTRE (Red Building)

- **Lower Basement**
  - Medical Records department
  - Pathology Laboratory

- **Upper Basement**
  - Executive Health Centre

- **Ground Floor – (OPD Block)**
  - Help Desk
  - OPD Billing
  - Sample Collection Room
  - X-Ray

- Echo
- ECG
- TMT
- Mammography
- Bone Densitometry
- Pharmacy
- Report Room
- Dialysis Center
- Consultant Rooms
- Administrator's Office

➢ **First Floor- (OPD Block)**

- OPD Billing
- Three nurse counters
- Nineteen consultation chambers where specialized doctors in the following fields are available-
    - Pulmonology
    - Neurology
    - Gastroenterology
    - Ophthalmology
    - Laparoscopic and General Surgery
    - Psychiatry
    - Thoracic surgery
    - Pediatric surgery
    - Urology
    - Dermatology
    - Diabetology
    - Cardiology
    - Cardiac surgery
    - Vascular surgery
    - Pediatric cardiac surgery
    - Pediatric cardiology

- Pacemaker Clinic.

➢ **Second Floor**

- Café Jam Ja Jee

➢ **Third Floor**

- Centre for sight

➢ **Fourth Floor**

- Quality department
- Human resource department
- Marketing department

➢ **Fifth floor**

- Corporate offices

➢ **Sixth floor**

- Physiotherapy
- Gym

PATIENT WELFARE DEPARTMENT

Departmental Objectives:

1) To handle in-house public relations with patients / relatives and other visitors
2) To provide a calming reassurance of a non hospital ambience
3) To ensure that our processes are 'customer centric'
4) To ensure these are followed.
5) To continually review and refine our processes towards patient centricity
6) To create a pleasant experience for the patients and their attendants

Functions of the Department

1) To maintain a good relation with the patients / attendants in the hospital through personalized service.
2) Managing patients' / attendants' expectations as well as keeping the interests of the organization alive.
3) To enhance the value of services being provided by making the patient and the attendant comfortable and acquainted to the hospital.
4) To improve the quality of service from the patients' perspective through their feedback.
5) To look beyond the patients' / attendants' grievances, to identify loopholes in our existing system and the factual problems of the patients.
6) Networking within the organization for the benefit of the patient / attendant and to ensure the action on the feedback.
7) Extending our services to other departments as and when required and agreed.

Departmental Structure: -

Facility director

↓

Chief operating officer

↓

Patient Welfare Officers

CURRENT WORKFLOW

To ensure that maximum number of patients will be met everyday according to the stages of their stay

Processes

- Officer will meet the following kinds of patients on daily basis
- Discharged
- To be discharged
- Newly admitted admissions
- Presently admitted
- If any patient gives a call for complaints / suggestions, that should be attended on top priority irrespective of the above sequence

1. **Greeting and introduction for new admissions**

   Processes

   - Going through the occupancy report and marking out the new admissions
   - Meeting the patient and introducing

- Explaining the role of the PWOs and handing over the visiting card for future contact
- Explaining the facilities available to patient/attendant
- Explaining the services available in the room to patient/attendant.

2. **Daily interactions, query & feedback handling**

Processes

- Taking daily rounds of the assigned areas
- Personally meeting patients/attendants and inquiring about the well-being of the patient and any other requirements
- Handling of any query raised by patient/attendant immediately
- Resolving of the issue that a patient/attendant may have then and there if possible
- Informing the concerned department/s about patient's feedback
- Escalation of the issue to the higher authorities if necessary
- Ensuring that the issue is resolved and updating the patient regarding status of the issue
- If the issue remains unresolved at discharge time, updating the patient/attendant regarding status of the issue later by giving a call
- Doing service recovery in certain situations as per approval.

3. Interaction at the time of discharge

Processes

- Collecting the information about patients to be discharged
- Visiting patients in rooms and handing over the In-Patient feedback form as per the format attached
- Helping patients in getting forms filled if they request for it
- Informing patients about locations of suggestion drop boxes and requesting them to drop their forms in drop boxes after filling it out

- Giving best wishes to patients for their healthy recovery on behalf of Escorts Heart Institute and Research Centre.

4. Developing a patient satisfaction index

Processes

- Entering complaints received from patients/attendants in to excel sheet.
- Linking each feedback with concerned department/s & further categorizing according to the nature of complaints
- Entering 'action taken' for the issue, if applicable
- Rating the feedback depending on the intensity of feedback
- Sending feedback to concerned departments via email /direct communication.

5. Follow up calls for relationship building

Processes

- Follow up calls are given to the post discharged patient to update them on the status on the feedback they had given during their stay and wishing them for good health.

6. Review of internal processes

Processes

- Analyzing feedbacks to initiate the new processes
- Coordinating with the concerned departments to re-looking into the present systems by taking feedbacks as a base
- Networking within the organization through discussions and meetings to minimize recurring complaints and reimplementation of the patient friendly processes
- Doing the above within the framework of the organizational policies

BLOOD BANK

Layout: Basement

Total staff: 20 which includes

- Consultant- 1
- Junior Consultant- 1
- Senior Technologist-1
- Technologist-1
- Junior Technologist-1
- TechnicalAssistant-2
- Senior Technician-1
- Technicians- 8
- Senior Office Assistant-1
- Office Assistant-1
- Staff Nurse- 1
- General Duty Assistant-1

FLOW OF DONOR:

Donor

↓

Donor Registration/ Counseling Room

↓

Medical Examination Room/ Screening Room

(Height, Weight*, B.P, Hb, ABO Blood Grouping → If Not Ok → Exit

If Ok

Phlebotomy Room

Recovery Couch (If required)

Refreshment Room

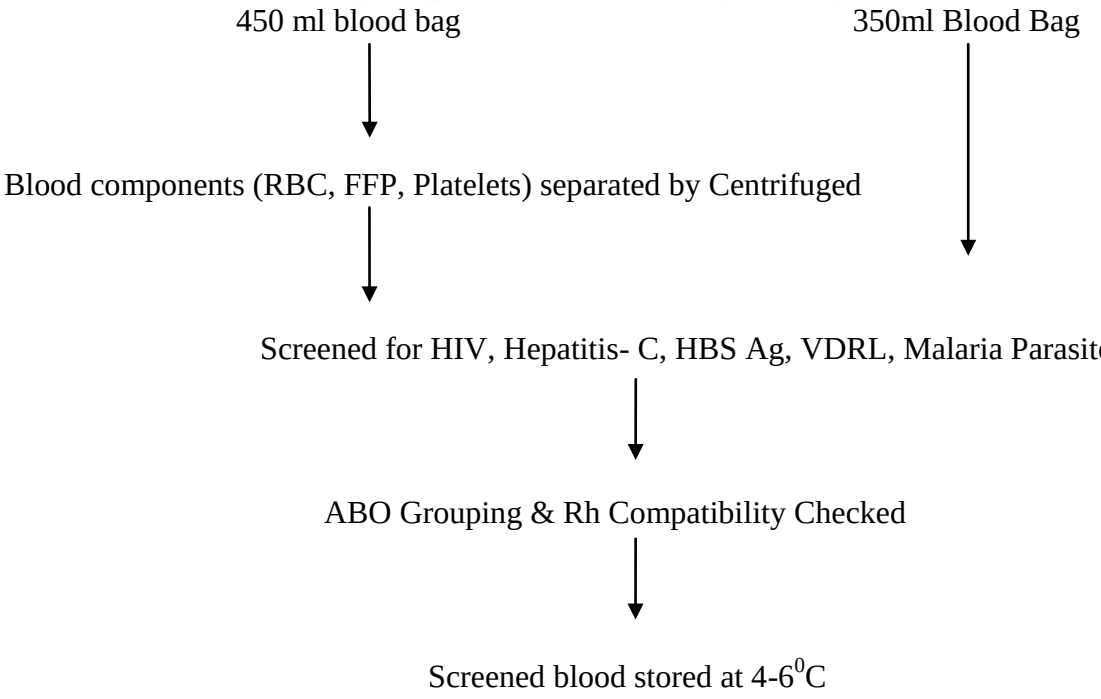
Instructions Given

Exit

*- If the donor is more than 55kgs, then 450 ml of blood is collected; otherwise 350 ml.

Movement of Donor's Blood:

Blood collected from donor in blood bag + temporary labeling in Phlebotomy Room



Infrastructure of the blood bank-

- Donor Registration/Counseling Room
- Medical Examination Room
- Donor room/Phlebotomy/Bleeding room- Blood is collected in this room.
- Aphaeresis Room
- Refreshment Room- After donating the blood, refreshments are provided here.
- Component Room: Here collected blood is formed into different components.
- Cross matching Room (Serology room) - Here Blood is tested & cross matched.
- Store Room/ Record Room- All the records and inventories are stored here.
- Wash & Sterilization Room- Here any blood tested positive for any infection or unmatched blood is discarded.

EQUIPMENTS:

Equipments in Apheresis Room:

- Multi Component Cell Separator-2

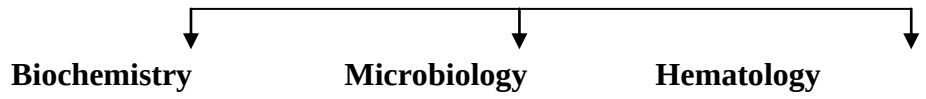
Equipments in Phlebotomy Room:

- Blood collection monitor
- Blood Bank Refrigerator

Equipments in Component Room:

- Refrigerated Centrifuge
- Platelet Agitator
- Cryoprecipitate Bath
- Automated Blood Grouping Machine
- Automated Antibody Screening Machine

Laboratory Services

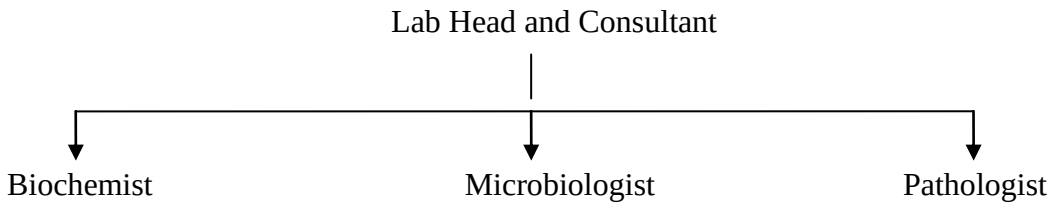


Layout: Lower Basement, Rehab Centre.

Basement, Main building

Total Staff- 55

Organogram-



Each person has the following staff working under him/her-

Senior Lab Technician

↓

Lab Technician

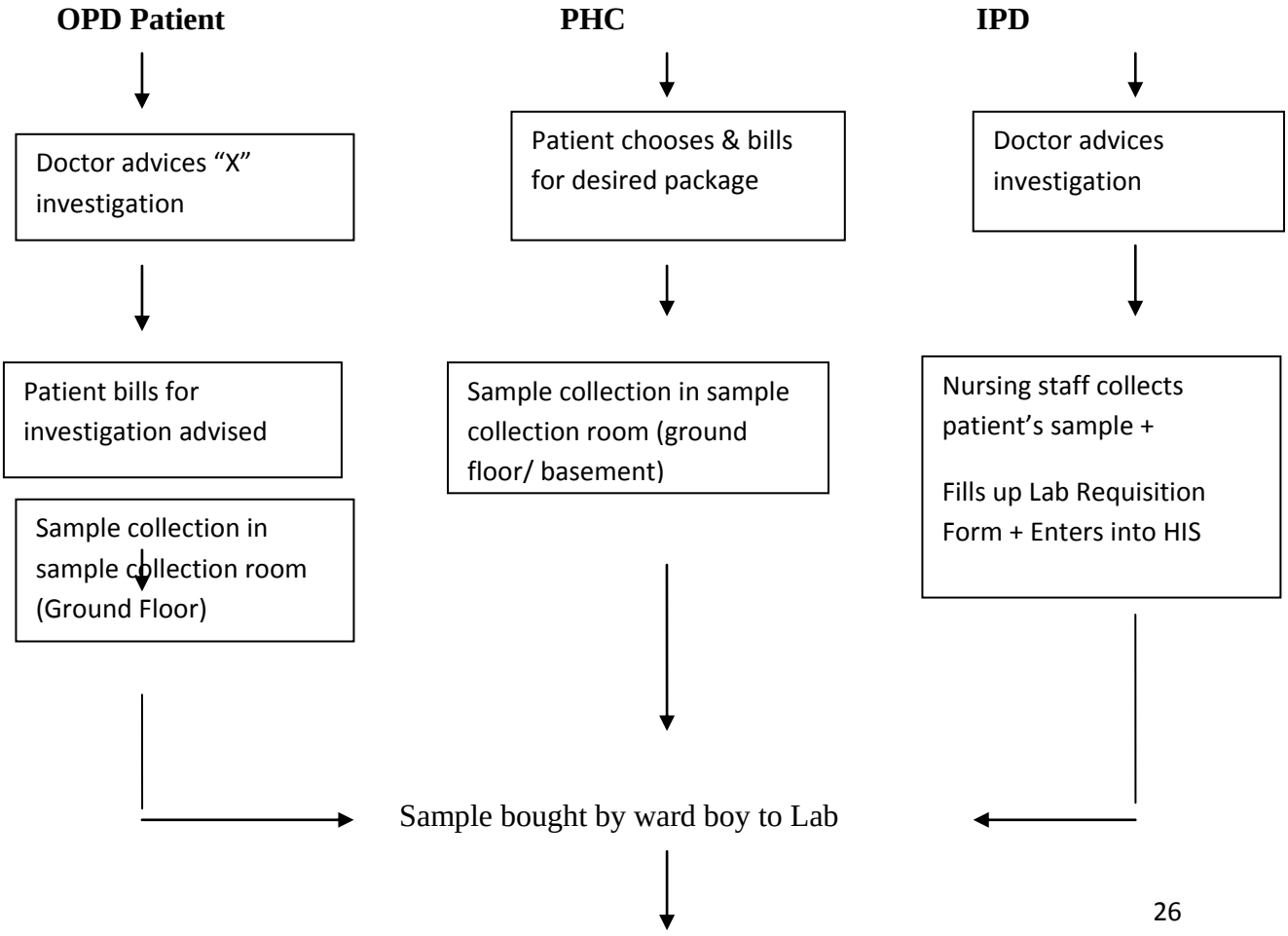
↓

Phlebotomist

↓

GDA

Workflow:



Staff verifies the sample & HIS

↓

Test done

↓

Report generation

↓

Reports verified by the doctor

↓

Entry into HIS + Report printed

↓

Sent to report collection counter/ respective wards

Records Maintained:

- Quality Check File
- Calibration Log
- Scheduled service log
- Instrument log
- Instrument service log
- Daily maintenance log
- Delivery file
- Purchase file
- Patient Record Register

Equipments:

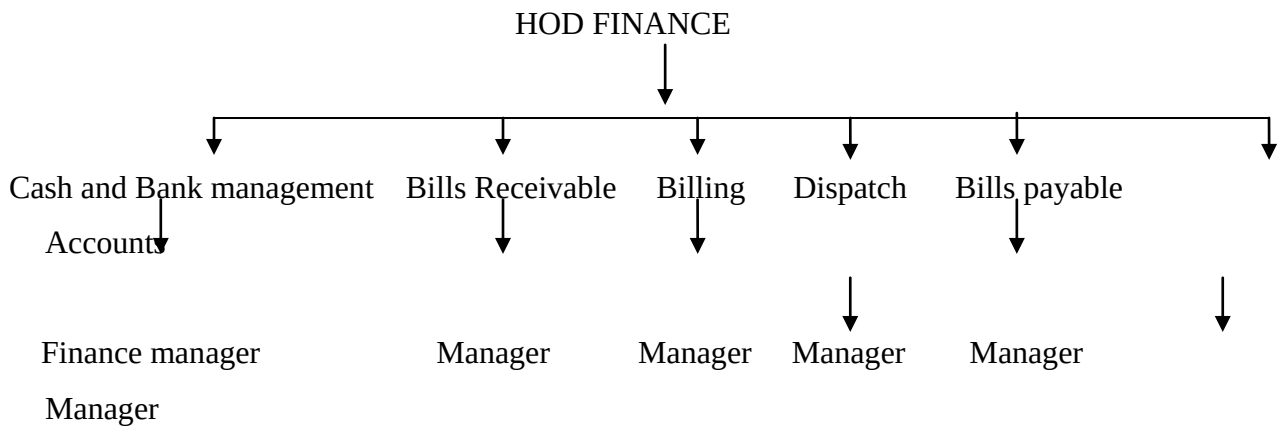
- ORTHO BioVeu

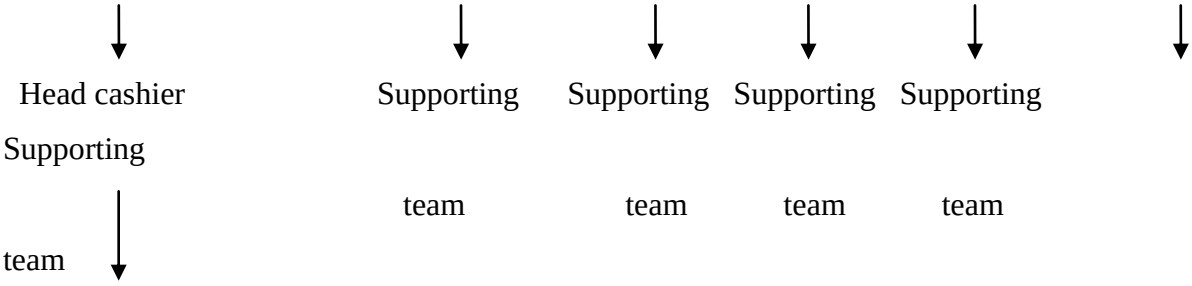
- DADE
- Cobass Analyzer
- Bact Alert 3D- Blood Culture Machine
- SYSMAC XT- 100
- Mini APPI
- CLINITECH
- Incubator
- Centrifuge
- Hot air oven

FINANCE & ACCOUNTS

Layout: -Basement

Organogram:





Scope of Services:

The scope & complexity of service provided by this department (which includes billing aspect also) is:

- Business building insights.
- Areas for lowering cost & improve profitability.
- Updating of bills on daily basis for IPD patients.
- Customer (Patient's Attendant) satisfaction for billing concern.
- The Billing staff has overall responsibility for coordination of various functions (Pharmacy, Wards etc.) and daily basis report for admission and they maintain a log of all the problems that arise on day to day basis and provide the necessary solution as deemed proper and reasonable.
- Daily collection of money from various sources in the hospital and its deposition in bank.
- Maintenance of petty cash.
- Budgeting
- Department serves all departments for finance & billing aspect.
- Making Balance sheet, Profit & Loss Statement for the financial year.
- Maintenance of file of all employees, vendors, creditors & debtors.

PROCESS OF BUDGET MAKING

Budget format printed and approved

Revenue Budget received from every unit

Capital Budget received from every unit

Overhead Budget received from every unit

Manpower Budget received from every unit

Final budget received from every unit

Internal approvals

Board approval

Finalization of the budget

LAUNDRY SERVICES

Layout: -Basement

Equipments:

- Dryers : 4
- Washing machine (each 90 kg) : 3
- Washing machine (each 50 kg) : 1
- Bed presses : 2
- Calendar Machine : 1
- Steam Press : 2

Total Manpower:

Supervisor- 2

Operator- 2

Helper- 34

Tailor- 2

Tailor for CSSD- 1

Records Maintained:

- Department Register
- Items Received register
- Items issued register
- Detergent register
- Machine records

MAINTENANCE & ENGINEERING

Layout: -Basement

Total Staff: 41

Components:

- Electricals
- Boiler Plant
- Air conditioning
- Sewage treatment plant
- Carpentry
- Pump House + Fire Fighting
- HVAC
- Plumbing

Functions:

- Preparing the plan for equipment daily and preventive maintenance, spare parts and consumable for the department so that each facility works properly & there is minimum breakdown.
- Engineering is also responsible for controlling and ensuring for optimum use of power, water and diesel.

Records Maintained:

- Diesel Book
- Complaint Book
- Electricity Consumption Book
- AC Log Book
- Chiller Daily Parameter Log Book
- Pump Log Book
- Filter Cleaning Book

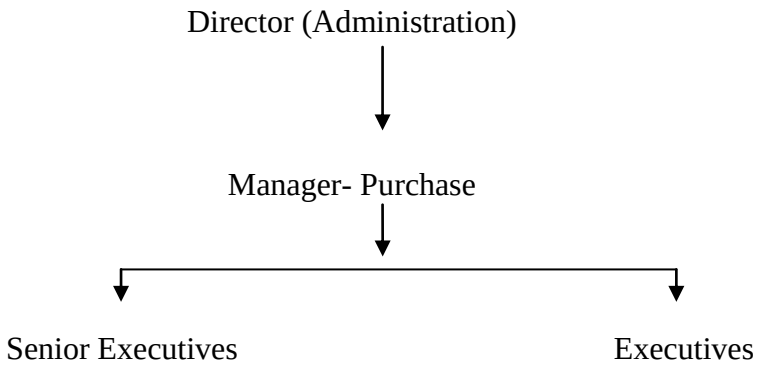
- Boiler Register
- Bore Well Register
- UPS Log Book
- Temperature Controller Register

PURCHASE DEPARTMENT

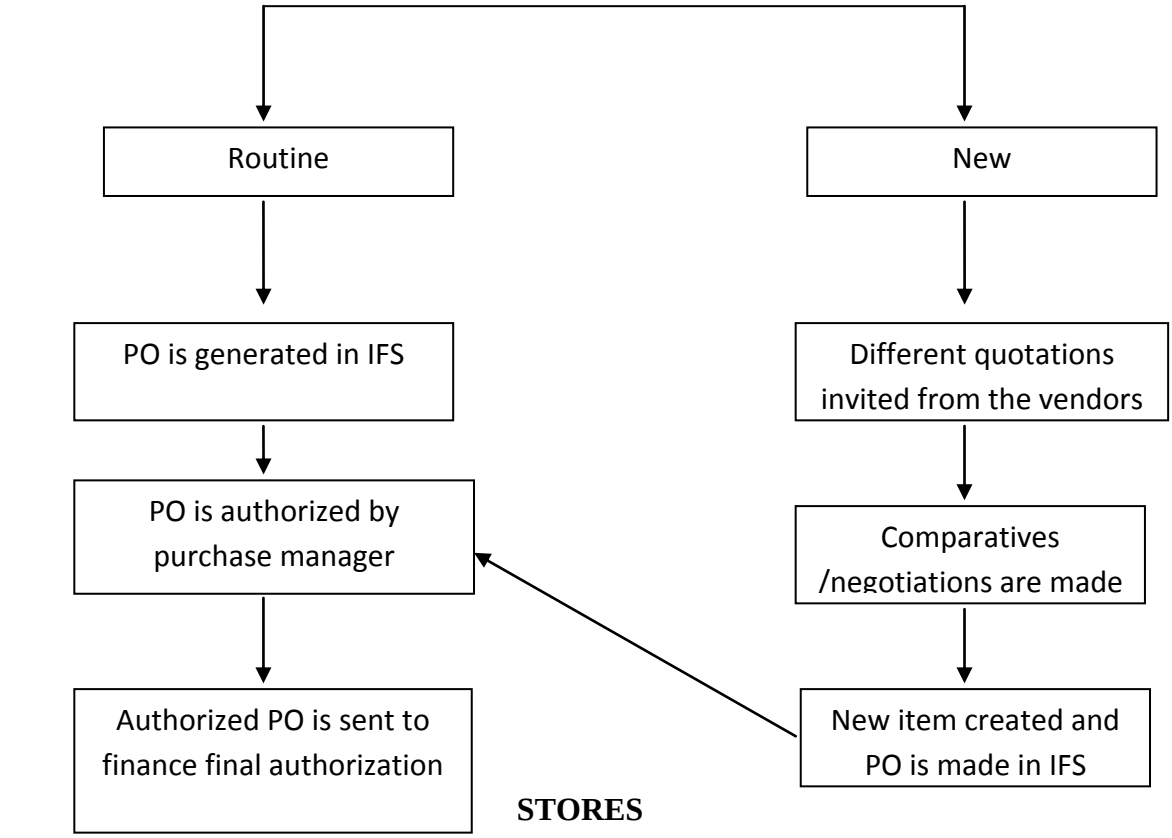
Layout: Basement

Total Staff: 4

Organogram:



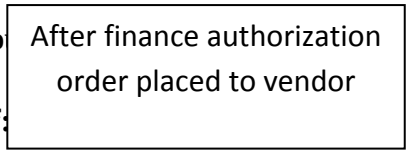
Work Flow



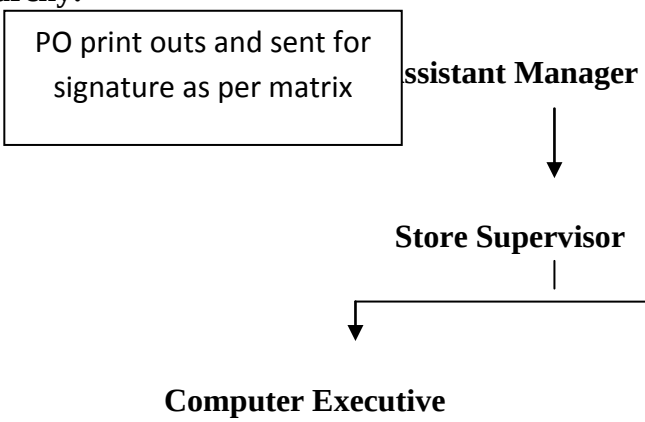
STORES

Layo

Staff:



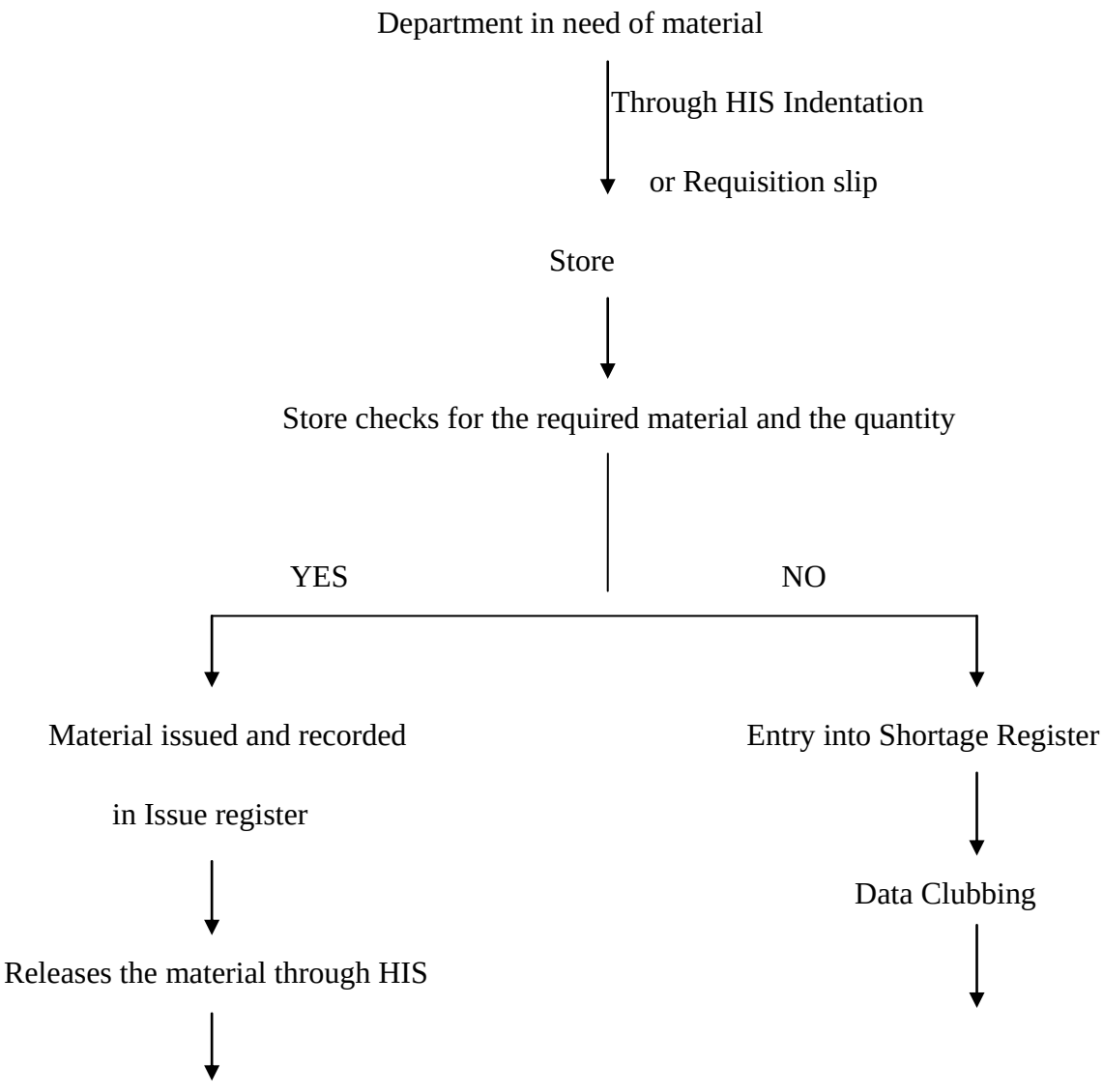
Hierarchy:



Records Maintained:

1. Goods Receipt Note
2. Issue Note
3. Return File
4. Returnable Gate Pass
5. Non Returnable Gate Pass
6. Purchase Receipt

WORK FLOW



"Purchase Request" is filled

Print out of material released In HIS is given to GDA

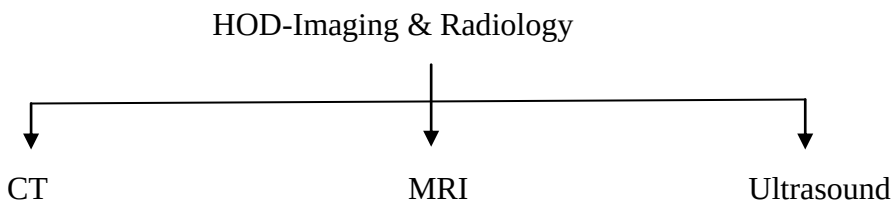
IMAGING & RADIOLOGY

Services provided:

- CT
- ULTRASOUND
- X-RAY
- MRI
- MAMMOGRAPHY
- BONE DENSITOMETRY

Staff & Hierarchy:

Doctors: 4



Radiographers: 6

Senior Radiographer

Junior Radiographers (4)

MRI Technician: 1

Typist: 1

GDA's: 3

Records Maintained:

- Patient Register
- MLC Register
- BARC Standard Records

Equipments:

- High End Digital X-Ray machine
- Mammography machine
- 1.5 T MRI Machine
- CT Scan
- 3D Ultrasound Machine
- Bone Densitometry Machine
- Gamma Camera

Observations:

- Staff wearing Radiation monitoring bandages.
- Changes room is provided for patients.

HOUSEKEEPING

Shift timings:

Morning: 7A.M – 3.30P.M

Evening: 1P.M – 10 P.M

Night: 10 P.M – 7 A.M

FUCTIONS:

- Clean Floor ,Wall Ceiling
- Discharge Cleaning
- Remove Garbage
- Replace Supplies In Utility Rooms
- Clean Housekeeping Equipments
- Clean Room, Wards, Reception, OT, ICU Etc.
- Infection Control
- Pest & Rodent Control
- Odor Control
- Environment Hygiene
- Sanitation Hygiene
- Checking Cleanliness Of All Areas
- Control & Reporting Of All Maintenance Works
- Hospital Waste Disposal
- In-Service Training

Day	Weekly Assignment

Monday	Thorough Cleaning of all hospital doors
Tuesday	Thorough Cleaning of Ceilings & AC Ducts
Wednesday	Thorough Cleaning of corners & skirting
Thursday	Thorough Scrubbing of Toilets
Friday	Thorough Cleaning of AHU's & wooden beading cleaning
Saturday	Thorough Cleaning of Outer area + Parking Area
Sunday	Thorough Cleaning of all Administration Block + All Wards

EMERGENCY

Layout: - Ground Floor

- Nurse Station
- Store room: 1
- Doctor's Duty Room: 2

Infrastructure:

- Beds: Total: 11
    - For Triage- 4
    - For Observation- 7
- Ambulances- 2
- Air Ambulances- 1

Nurse: Patient Ratio: 1:1

Staff & Hierarchy:

1 Resident doctor, 1 Junior Consultant

Head nurse- 1

Team leader (nurse) - 1

Nurses- 11

Records Maintained

Consent Forms	Investigation Forms	Patient Care Forms	Other Forms	Registers
Consent forms for: - Surgical & Medical treatment - Anesthesia Consent - High Risk Consent for Anesthesia Surgery - Haemodialysis Consent - Informed Consent	**Requisition forms for:** Histopathological Exam. Cytopathological Exam. Indoor Patient Drug Req. Form Laboratory Req. Form MRI Investigation Form X-Ray/ Ultrasound Request Form	Progress sheet History sheet Nurse record Nursing care record Drug Prescription & Administration Record Investigation flow chart Vital Parameter Chart Pre Anaesthesia Check up	List of Linen for Washing Daily Floor Census Valuable Handover Form Daily Billing Activity Discharge Summary **Transfer Request for Ambulance**	Daily Duty Register Laundry Register **MLC Sample Reg.** Duty Doctor Reg. CSSD Register Consumables Reg. Communication Reg. **Ambulance Reg.** Annual Leave Plan Reg. Loan Book Complaint Register

- Consent for Transfusion of blood & other blood products		Intake Output Chart	Discharge checklist	**RBS Register** Equipment Breakdown Register

Inventory Management:

1. Inventory register:
    - Medicine trolley daily checklist
    - Dressing trolley daily checklist
    - POP Checklist
    - Crash cart checklist
2. Ambulance inventory Register

Maintenance Book:

- Oxygen pressure daily checklist
- ECG Checklist
- Biomedical Equipment Checklist.

Fortis Escorts
HEART INSTITUTE

AMBULANCE SERVICE FLOW

Call centre executive attends the emergency call

↓

Transfer the call to Emergency's Doctor

↓

Notes down necessary details like:

- Place/address
- Time of call received
- Details of call
- Name & contact no of caller

↓

Informs Casualty Nurse in charge

↓

2 nurses + 2 GDAs + 1 Resident Doctor get ready

↓

Ambulance dispatched within 5 mins.

↓

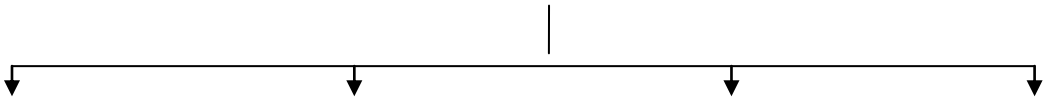
Ambulance picks up patient

↓

Necessary first aid given to patient & call is given to Doctor in Emergency

regarding current patient's condition

Patient bought to emergency & duty doctor attends the patient



Advice admission | Advice Investigation | Calls up concerned OPD consultant | MLC

Heart Command Centre- I and II

Layout- Ground Floor

Beds- 12 (including 4 for Triage, 3 for Observation and 1 Isolation Room)

Staff- Senior Residents= 3 in morning shift, 2 in evening and night shift

Junior Residents= 2

Nurses= 15

GDAs= 3(morning), 2(evening), 2(night)

For critical patients, Nurse: patient=1:1

For non-critical patients, Nurse: patient=1:2

Workflow-

Cardiac procedure done in CATH lab or OT

Patient is transferred from OT to HCC- I or II

If patient is stable but requires further investigations, then transferred to wards

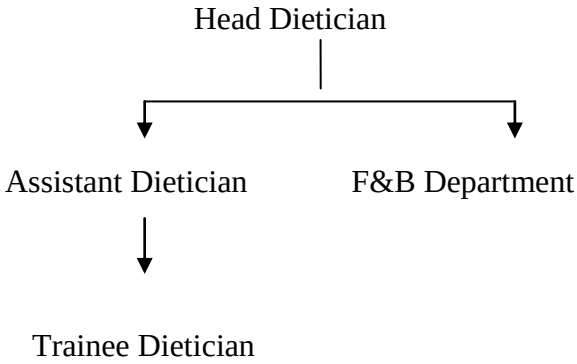
If patient is unstable, then he remains in the HCC till he is ready to be either shifted to Wards (most of the times) or is ready for getting discharged

Clinical Nutrition & Dietetics Department

Outsource to- Good Food Dietary services.

Layout: -Ground Floor

Organogram:



F&B Department-

- Unit Manager- 1
- Assistant Manager- 2
- Supervisor-14

- Chef-1
- Accountant- 1
- Cashier- 8
- Cook- 33
- Order taker-2
- Stewards- 60
- Store Keeper-4
- Utility- 36

Functions:

- Catering to Inpatients, Hospital staff, Patient attendants.
- Diet counseling
- Education
- Smooth provision of laid out 9 diets to the patients.
- To check the patient, Attendant & Staff food for quality, preparation, presentation and packing.
- Coordinating closely with the Nursing shift in charges for changes in the patient's diet or new admissions etc.

Areas in Kitchen

- **Receiving & Storage Area-** Walk in refrigerator
- **Preparation Area:** For peeling, cutting, chopping, slicing, mincing.
- **Cooking Area:** Pantry, Bakery, Continental, Indian
- **Tray Layout & Packing Area**
- **Service Area:** From here food is transferred to patient's on trolleys.

Other Areas:

- Dish washing & pot washing area
- Dietician Room

Type of Diet	Diet Card Color
Normal	Green
For Diabetes Mellitus	Yellow

Flowchart of Dietician and Inpatient Interaction:

The Dietician takes details of new patients such as name, UHID, doctor's name, diagnosis and diet prescribed.

↓

Then Dietician takes a detailed round wherein she meets every patient and determines patients' actual intake. Dietician then provides nutritional counseling and education, ensures patients' compliance to recommended diet. She also recognizes personal eating and food preferences.

↓

Afterwards, the dietician does nutritional screening in order to know about patients' clinical condition, appetite and tolerance to food and acceptance to hospital diet, personal preferences, disliking and food allergies if any.

↓

After the rounds, detailed food summary sheets are planned and prepared for every patient keeping in mind medical history and preferences of patient as well.

Flowchart of Dietician & Nursing staff interaction:

Dietician receives a daily diet requisition once a day from all nursing station.

Dietician cross-checks received diet requisition from time to time with nurse both during rounds and on phone constantly.

Dietician updates changes with respect to new admissions/ transfers/ discharges/ changes in diet

SECURITY SERVICES

Outsourced- Security Guards Corps (P) Ltd.

Security personnel:

- 1 Supervisor per shift
- 1 Inspector per shift
- 60 guards in main building
- 24 guards in Rehabilitation Centre

- 144 GDAs

Operational CCTV's:

- 48 in main building
- 8 near the main gate
- 4 in Rehabilitation Centre

Area of Operation (Present):

- Visitor's check
- Surveillance of hospital through CCTV's
- Theft , Burglary
- Violence
- Handling of MLC
- Material movements in & out of the hospital
- Handling visitor's pass
- In case of patient's death, handling emotional chaos of attendants
- Parking management and traffic control.

Additional Responsibilities:

- Playing their role once different codes are bought into action.
    - Blue : Individual Disaster
    - Red : External Disaster
    - Pink : Baby Abduction
    - Grey : Internal disaster

- Purple : Fight likely
- Yellow : Fire

- Locker & key management.
- Conducting Mock Fire and Disaster Drills.
- Playing their part in **HAZMAT**.

PATIENT CARE SERVICE DEPARTMENT:

- Front office
- Admission desk
- Billing Department
- Counseling desk
- International desk
- TPA desk
- Console Department
-

ICU

It mainly caters to the non- cardiac patients.

No. of beds- 16 (including 1 bed for dialysis and 1 for Isolation of special patients)

Nursing staff: 15 nurses (in a nurse patient ratio of 1:1)

Housekeeping staff: 7 (in 3 shifts- Morning -3, Evening-2, Night-2)

Working Shifts:

Morning: 8.00 AM to 2.00 PM

Evening: 2.00 PM to 8.00 PM

Night: 8.00 PM to 8.00 AM

EQUIPMENTS:

1. Ventilator
2. Patient monitor
3. Defibrillator
4. Syringe pump
5. ECG machine
6. Pace Maker
7. ICU bed
8. Blood gas analyzer
9. Crash Cart

Records Maintained:

1. ICU consumable book
2. Replacement book/loan book
3. Handing over/transfer book
4. ICU Lab register
5. ICU MRD Register
6. Leave register
7. Store item receiving book
8. Assignment book
9. ICU Patient report book
10. Admission & Discharge Register
11. Procedure book for Doctor's & ventilation data

Forms with ICU:

1. Daily Billing Activity
2. Consultation form
3. Discharge summary
4. History Sheet
5. Investigation Flow Chart
6. Daily Floor Census
7. Progress Sheet
8. Nursing Care

9. Blood Sugar Chart
10. Patient Registration Record
11. Pre Anesthesia Checklist
12. Pre operative Checklist
13. Pre & Post Operative Form
14. Nurse Record
15. MRI Investigation Form
16. Requisition forms: - Indoor Patient Drug Requisition Form
    - X-ray/ Ultrasound Requisition Form
    - Lab Requisition Form
    - Cytopathology Requisition Form
    - Histopathology Requisition Form
    - Blood Requisition Form
    - Requisition Form for Blood Transfusion
17. ICU Daily Notes
18. ICU Observation Chart
19. ICU Admission Consent form
20. Death certificate
21. List of Linen for Washing
22. Consent Forms : - Informed
    - High Risk Consent for Anaesthesia
    - Anaesthesia
    - Surgical & Medical Treatment
23. Valuable Handover Form
24. Discharge Checklist form

Each Bed Space Contains:

1. Motorized Electric Bed
2. Multiparameter Modular Philips Monitor – mounted on wall behind the bed.
3. Chart/ Locker Trolley

4. Independent wall mounted panel housing 2 each of Oxygen, Air & Vacuum outlets (all connected to central manifold by concealed pipelines)
    - Each bedside monitor is hooked to CENTRAL NURSIING STATION MONITOR.
    - Other Equipments (common to all beds):
        - Ventilators
        - Syringe pumps
        - Feeding pumps
        - Nebulizer
    - 1 bed has access to piped RO water & can be used for bed-side dialysis.

Admission in ICU can occur from:

- Inpatient wing of the hospital
- Emergency complex
- From other hospitals
- Sometimes directly from OPD
- Rarely from Bronchoscopy, Endoscopy, Dialysis unit

Patient admission procedure in ICU-

Physician

(Desiring admission of a patient in ICU)

↓

contacts

Admission Office

↓

Contacts for Bed Availability with

↓

ICU

(Nurse – Ward Supervisor)

Beds Available

Admission done

No ICU Bed available

Admission office contacts

Nursing Administrator

Nursing Administrator starts

ICU patients “status evaluation”

Any patient can be shifted

to Wards/ CCU

Patient shifted to ICU after one patient shifted

to Wards

No patient can be

shifted

Patient is stabilize

Nursing Supervisor

contacts

Administrator on-call

He authorize transfer

of patient to other hospital

DEATH PROTOCOL

In case of clinical death

↓

Duty doctor informs both Admitting & CCM team

before declaring death

↓

Family informed of death

↓

Doctors on duty issues a Death Certificate ASAP after death

↓

Body is duly packed in fresh sheet & retained in ICU**

↓

Family is requested to clear bills (Hospital + Pharmacy + any other)

& fill Dead Body Form

↓

After receiving Dead Body Form, body handed over to family

** Body retained in ICU for a maximum of 1 hr. after death and up to 4 hrs in exceptional situation on orders of Duty Doctor & beyond that on orders of GM (Admin). Thereafter body is sent to Mortuary and security is informed.

If it is a MLC case, packed body is sent to mortuary & handed over to police by security.

Information Technology (IT) Department

Outsourced to HCL (for FMS) and Remington (for hardware)

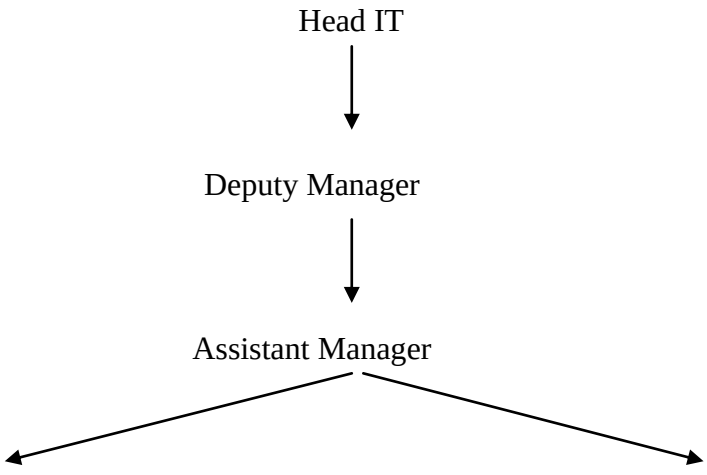
Layout: - First Floor

Staff: 8 – HCL

2 – Redingote

3 – FEHI (Managers)

Organogram-



Engineers from HCL Redington Engineers

Functions and responsibilities:

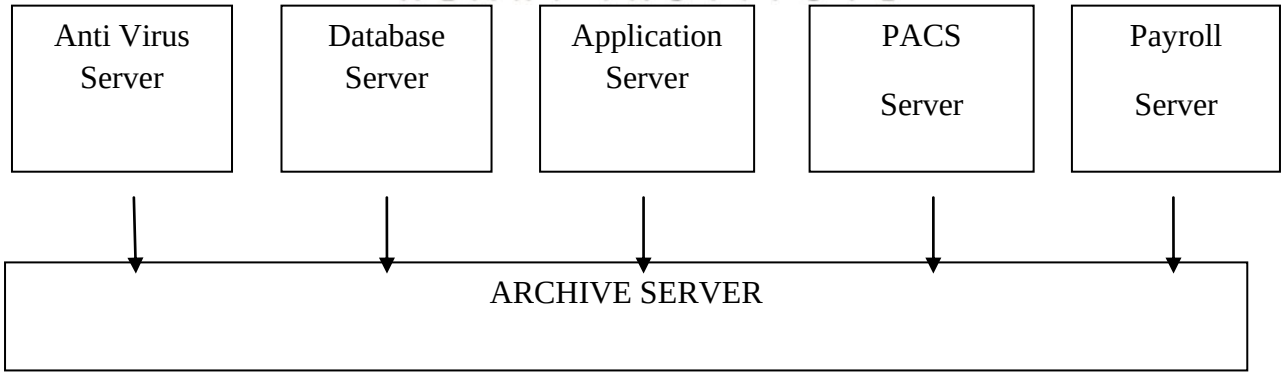
- To keep the servers alive
- To keep the network alive
- To keep internet connection alive
- To take care of all the desktops & laptops in the organization
- To track the records of all the desktops
- To keep an eye on the employees desktops.
- To resolve the complaints of the employees
- Training of the other staff for the HIS
- To come up with new technologies that can be implemented in the hospital to ensure its smooth functioning and increased safety of care of patients.

2 Major Work Areas: General Administration & HIS

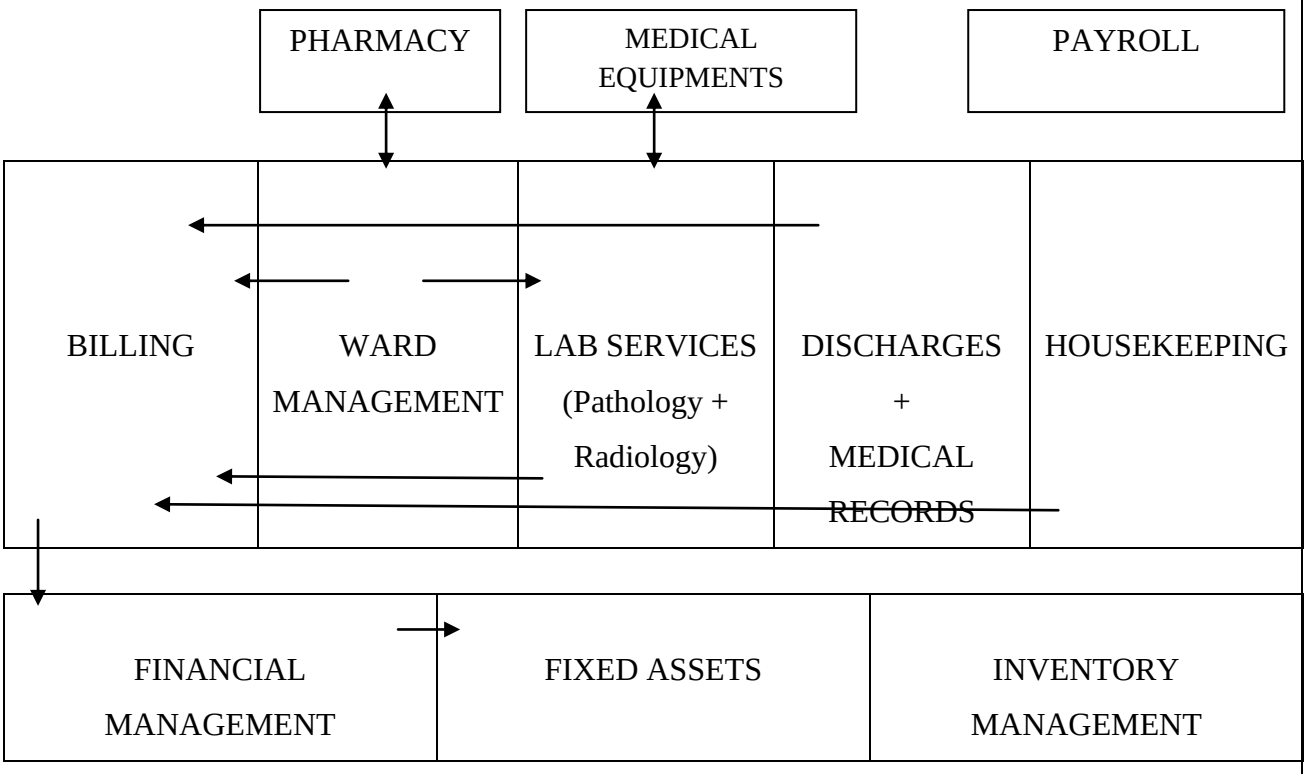
I) General Administration:

Servers:

- Antivirus server
- Database server
- Application server
- PACS server
- Payroll server
- Archive server



II- HIS STRUCTURE:



HIS Backup:

- Daily
- Weekly
- Monthly
- Yearl

OT (Operation Theatre)

- **Layout :** 1st floor
- **No. of OT's :** 9
- **No. of beds in Pre operative ward :** 5
- **No. of beds in post operative wards :** 6
- **Utility room :** 1
- **Doctor's Lounge :** 1
- **Nurse and Technician Lounge :** 1
- **Pantry :** 1
- **Sterile room :** 1
- **Changing rooms :** 4
- **OT Staff-**

1. OT Coordinator- 1
2. Surgeon- 1
3. Anesthetist- 1
4. Anesthetist Assistant- 1
5. Senior OT Technician-1
6. OT Technician- 6
7. Perfusionist-1
8. Per fusionist technician- 1
9. Scrub Nurse-1

Records Maintained

Forms Maintained	Registers maintained at OT Pre holding area	Registers maintained in Sterile Room	Registers maintained with Nursing In-charge	Registers maintained with Manager Technician
1. Consent forms: - Informed - Anesthesia - Surgical/ Medical Treatment. 2. Pre anaesthesia Check up form 3. Surgical safety checklist form 4. Requisition form : - Histopath.	1. OT Patient Pre Hold Register 2. Operation Record Register 3. OT Daily Charge Register 4. In-Out 5. Register 6. CSSD Register	1. Instrument Set Register 2. OT Fridge medicine Register 3. Cidex OPA Register 4. Formalin Register 5. Re-Autoclave Register 6. Autoclav	1. Inventory Book 2. Movement Register OT 3. Duty Roaster 4. OT Purchase Book 5. Emergency OT Register 6. Complaint OT Register	1. OT Culture File 2. Daily OT Cleaning Register 3. Fumigation Record File

- Blood bank - Laboratory - Indoor patient drug requisition form 5. Operation note 6. Instrument checklist form 7. Form for linen & laundry.		e Register 7. ETO Register 8. Plasma Register	7. Pharmacy Bill OT Register 8. OT Checklist Register 9. Consent form file	

OT Washing & Fumigation Schedule:

OT - 1,2,3,8,9 : Every Saturday

OT - 4,5,6,7 : Every Sunday

Present Scenario:

OT Washing and fumigation done every Saturday and Sunday

↓

In case, culture report (every 72 hrs for each OT) shows more **than 3 types of isolates** then fumigation done on same day in OT.

INFECTION CONTROL SURVEILLANCE PROGRAME FOR OT

Records maintained for OT Sterilization Check:

1. **OT Culture File :**

- Contains culture report of each OT
- Done every **72 hrs**.
- Swabs taken from OT Floor, walls, table locations.
- Method used : **Slit Air Method**
- FORMAT : Site (OT No.)
  Method
  Receiving date
  Reporting date
  Microbiology report

2. **Daily OT Cleaning File :**

- Daily OT cleaning record (compiled to get monthly record) with format as :

OT No./Item name /Qty./ Date /Morning, Evening, Night with (personnel sign & ID no.)

- OT Washing date record, OT Fumigation date record.

3. Fumigation Record File

- Separate record for each OT
- Fumigation done by **2% trigene**
- Weekly reporting
- FORMAT :

Date/ Fumigation done by/ Technician name/ Remarks

OT Inventory Management & Records:

1. INSTRUMENT SET REGISTER (In sterile room)

- For daily inventory management in sterile room
- Person on charge : nursing staff personnel (assigned duty everyday)
- Inventory maintained according to **racks number**
- Each rack assigned a specific number
- Daily expiry check of each item in racks

Not expired → Usable

Expired → Separated → List prepared → Entry into **Re-Autoclave register**

(**FORMAT**: Item name/ Quantity/ Each day record/ Initials for send & received by

OT Nurse and CSSD Staff)

↓

Sent to CSSD

2. FRIDGE MEDICINE REGISTER OT (In Sterile Room)

- Each day inventory maintained by personnel-in-charge of sterile room
- Daily expiry check

3. INVENTORY BOOK OT

- For each OT separate register
- For drug inventory in OT
- Inspected, maintained and signed daily by nurse-in-charge.

DOCUMENTS AND CHECKLIST MAPPING ACCORDING TO PATIENT FLOW IN OT

Patient's Progress	Documents in file	Documents to be added	Checks and checklist	Procedure done by nursing staff (during the process)

From WARD to PRE-OPERATIVE AREA	Consent forms: - Informed - Surgical - Anaesthesia Pre operative checklist Bill clearance papers Records of- Antibiotic & Investigations Pre anaesthetic check up record	**Surgical safety checklist form** Requisition forms: -Histopathology -Blood bank -Laboratory -Indoor patient's drug requisition form	All documents received from wards are complete. Part preparation done On-time pre surgery antibiotic schedule	**OT Patient Pre hold register** completion Time in entry in **" In-Out Register"**
From PRE-OPERATIVE AREA to OPERATION THEATRE (OT)		Completed **Surgical safety check list form**. Operation notes	**"First column" of Surgical safety check list form** completed or not. Checks of : -Medical gases -Equipments -Electrical points -Linen -Complete surgical set **"Pre column" of**	Completion of **" second column" of Surgical safety check list form** **Operation records register** completion **"Post column" of Instrument**

			Instrument checklist form.	**checklist form** completed.
From OT to POST OPERATIVE AREA/RECOVERY AREA		Completed operation notes form OT Daily Charge Bill	Proper disposal of OT waste as per procedures laid down. OT preparation for next surgery. Special attention to blood spills.	OT Daily charge bill completion Completion of **"Time-out" in "In-Out OT Register"**

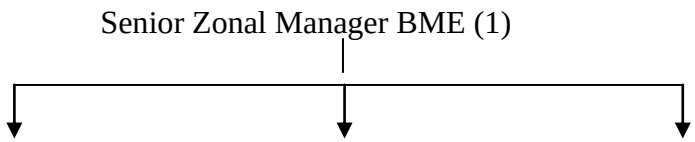
BIO MEDICAL ENGINEERING DEPARTMENT

Layout: 1st floor

Total Staff: 6

Organogram:

The biomedical department of Fortis Escorts Heart Institute comprises of the following staff-



Senior Engineer BME (1) biomedical engineers (3) Shift Operator (1)

Functions-

Biomedical Engineering Department performs four main functions:

1. Budgeting for new equipments
2. Installation
3. Preventive maintenance/calibration
4. Breakdown management

CSSD

(Central Sterile Supply Department)

Layout: 2nd floor

Staffing: 1 Supervisor

8 Technicians

5 Assistant technicians

Organogram:

Director – Quality Control

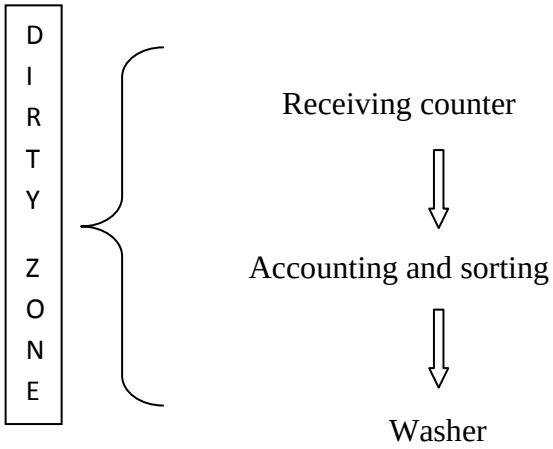
CSSD Supervisor

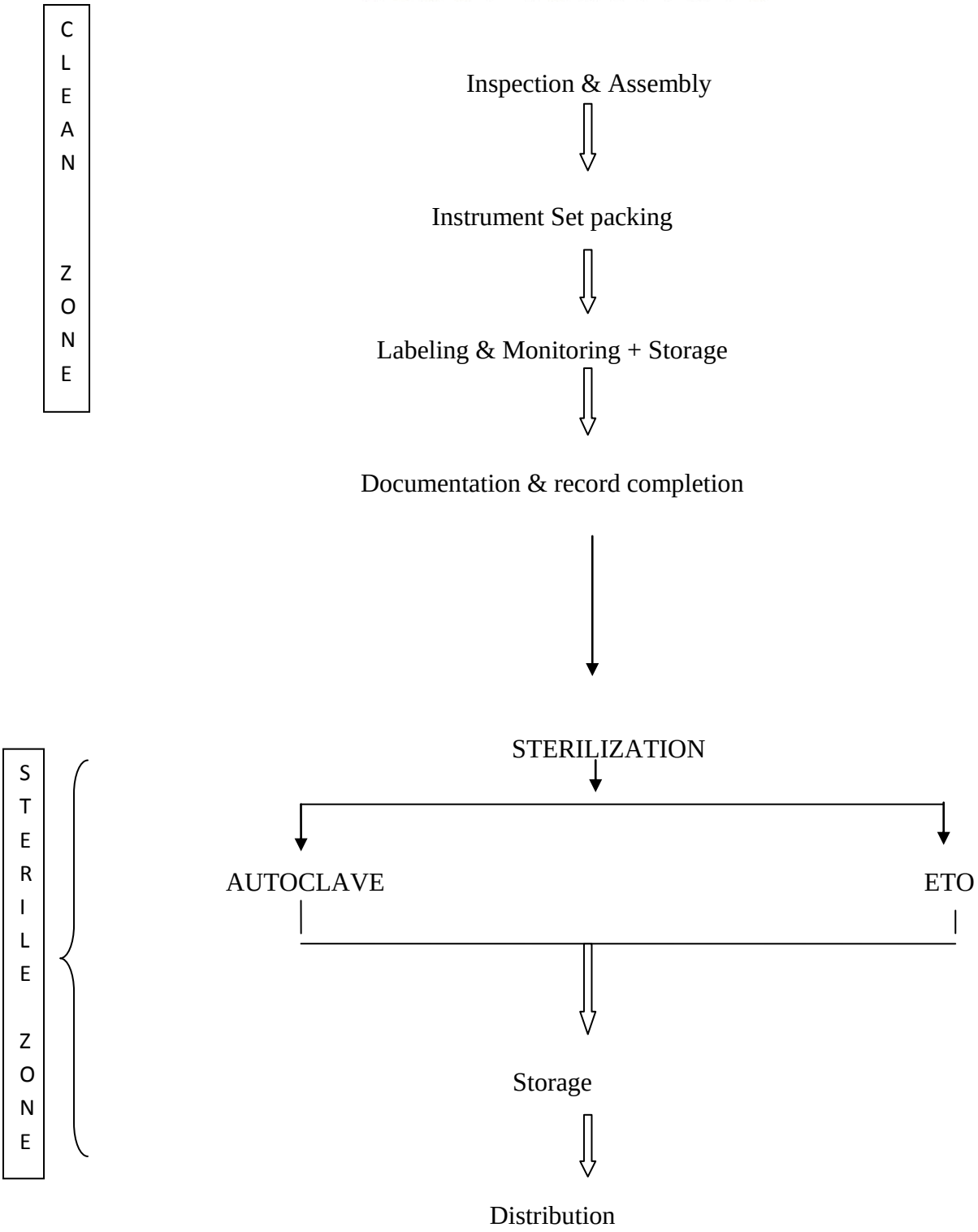
8 Technicians 5 Asst. Technician

Infrastructure:

- Autoclaves (vacuum type) -2
- ETO -3
- Ultrasonic washer- 2

DEPARTMENT WORK FLOW:

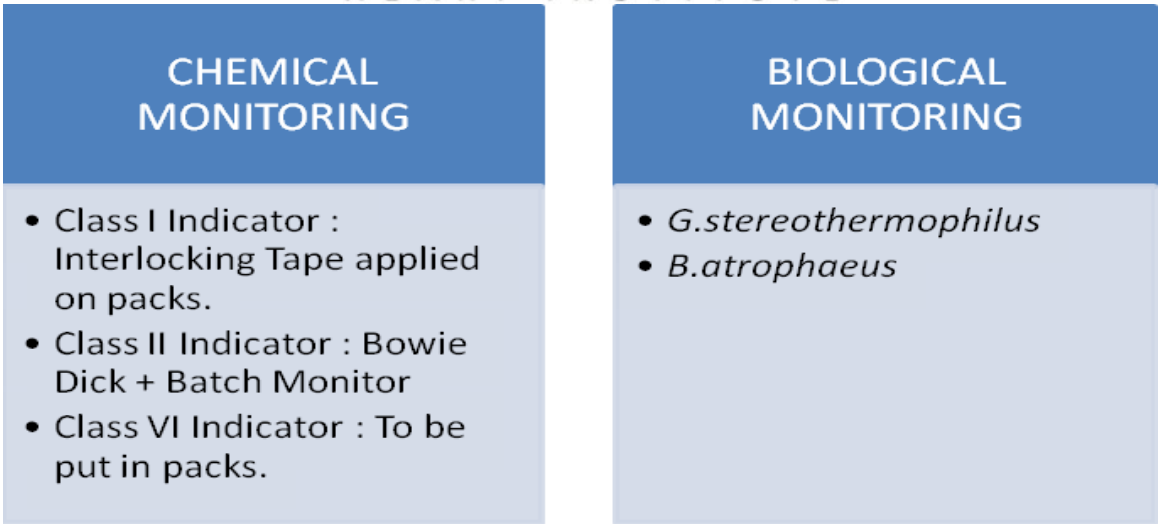




METHODS OF STERILIZATION USED

AUTOCLAV (Steam sterilization)	ETO
• No. of autoclaves – 2 • Type –vacuum type • No of cycles per day – Acc. to load. • Temp/time/pressure. 121 deg C/ 15 mins/ 1.2 kg 134 deg C/ 4 mins/ 2.2 kg • **STERILIZATION CHECK :** a) Bowie Dick Indicator (Chemical Indicator) Once a day b) Biological Indicator : *G. Stereothermophilus* Once a week	• Number – 3 • No of cycles – usually 1 / day (But can vary acc. to load) • Temp – 54 deg C • 12 hour cycle • **STERILIZATION CHECK :** ✓ Biological indicator *Bacillus atrophaeus* : Each load.

MONITORING:



Labeling:

Autoclave I or II/ Lot no/ Date of Sterilization/ Date of Expiry/ Indicator Slip/ Contents

Records Maintained:

1. Receivable item register
2. Items issued register
3. CSSD Sterilization Record Register :

   It includes:

   - Reports from microbiology
   - Graphs generated from each sterilization
   - Batch Monitoring Record

4. Record keeping register of each sterilization process :

   It includes:

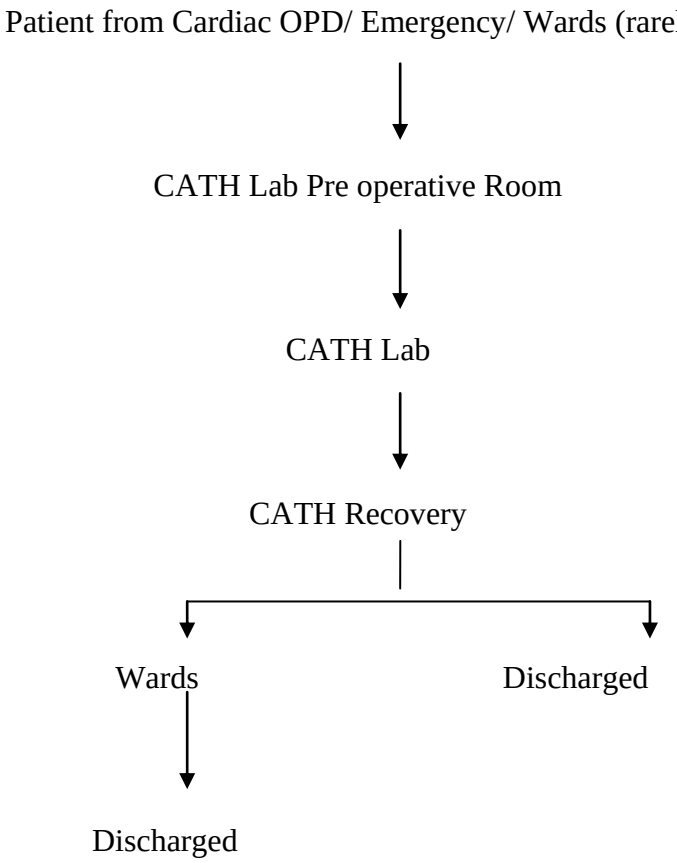
   - Indicator used
   - Temperature / pressure
   - Time of start/end

- Initials of person doing sterilization
- Process number

Catheterization Lab (CATH)

- **Layout:** 2nd floor

- **Workflow:**



- **Common procedures in CATH Lab:**

  - Coronary Angiography (CAG)
  - Coronary Angioplasty (PTCA)

- Balloon Mitral Valve Valvoplasty
- Permanent Pacemaker
    - Single chamber
    - Dual chamber
    - Bivent
    - Combo device
    - AICD
- Electrophysiology study- Radiofrequency Ablation (EPS-RFA)

- **EQUIPMENT:**

  1 lab has equipments of PHILLIPS and 4 labs have GE equipments (for coronary & vascular intervention)

- **Records Maintained:**

    - CAG Register
    - PTCA Register
    - PTA Register
    - PPI Register
    - Cleaning records
    - Fumigation records
    - Inventory records.

CATH Recovery

Layout- 2nd Floor

Beds- 12 (3 rooms)

Staffing- Doctor-1

Nurses-9-10 (if the patient is critical then the nurse: patient ratio is 1:1, otherwise

it is 1:2)

GDAs-= 3-4

Workflow-

After the patient has undergone a cardiac procedure, he/she is shifted to CATH Recovery (any of the 3 rooms), to keep an eye over the cardiac status for the next few hours.

- If the patient had only Angiography, he is discharged from CATH Recovery after 6 hours of the procedure
- If the patient has undergone any surgical procedure, then he/she is shifted to the wards the next day for further investigations.

The nurses keep the record of the patients' status and their medications as well. The duty doctor is responsible for reviewing the patients from time to time.

CCU

Layout- Fourth floor

Beds: 7

Store: 1

Clean utility room: 1

Dirty utility room: 1

Daily Checks & Checklist:

- Inventory & Expiry Check Reg.
    - CCU Crash Cart Inventory
    - CCU Fridge Inventory
    - CCU Medicine Trolley I & II
    - CCU Capital Item
    - CCU Cup Board Inventory
    - CCU Laundry

Equipments daily working checks

Records Maintained

Consent Forms	Investigation Forms	Patient Care Forms	Other Forms	Registers
Consent forms	**Requisition forms**	Progress sheet	List of Linen for	Daily Duty Register

for: - Surgical & Medical treatment - Anesthesia Consent - High Risk Consent for Anesthesia Surgery - Haemodialysis Consent - Informed Consent - Consent for Transfusion of blood & other blood products - **Hand written consent form**	**for:** Histopathological Exam. Cytopathological Exam. Indoor Patient Drug Req. Form Laboratory Req. Form MRI Investigation Form X-Ray/ Ultrasound Request Form	History sheet Nurse record Nursing care record Drug Prescription & Administration Record Investigation flow chart Vital Parameter Chart Pre Anaesthesia Check up Intake Output Chart	Washing Daily Floor Census Valuable Handover Form Daily Billing Activity Discharge Summary Discharge checklist	Laundry Register Duty Doctor Reg. CSSD Register Consumables Reg. Communication Reg. Maintenance Reg. Annual Leave Plan Reg. Loan Book Complaint Register **MRD Book** Handover Book Housekeeping record GRBS Register Patient Shifting Register

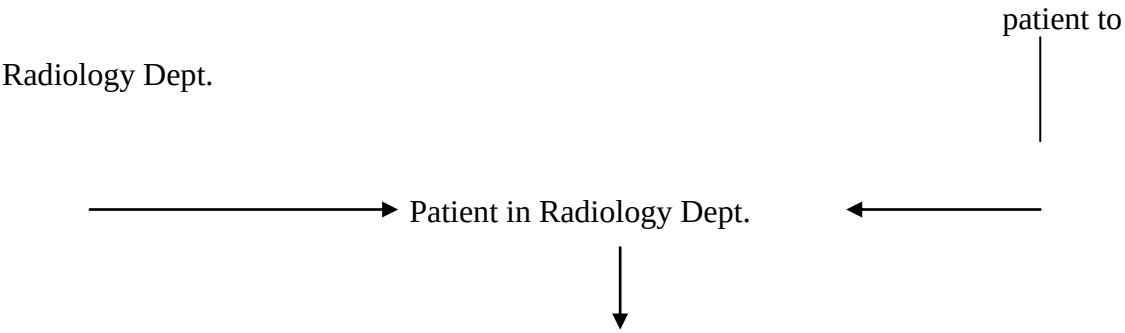
				Complaint Book Stock Register CCU

WORKFLOW:

OPD Patient → Doctor advices "X" investigation → Patient bills for investigation advised → Nursing staff fills Requisition Form → brings X-Ray/ Ultrasound/ MRI

PHC → Patient chooses & bills for desired package

IPD → GDA



Investigation done

Film & Report generation

Film & Report sent to Radiology Reception

desk/ Report room/ Respective ward.

Wards

Layout- 3rd, 4th floor (for adults) and 5th Floor (for pediatrics)

Beds- 3rd floor= 64

4th Floor= 60

5th Floor= 26

Staff- At every floor, the staffing pattern was the same.

Staffing of Nursing Personnel In Wards-

Chief Nursing Superintendent

↓

Deputy Nursing Superintendent

↓

Nursing Supervisor

↓

Nursing In charge

↓

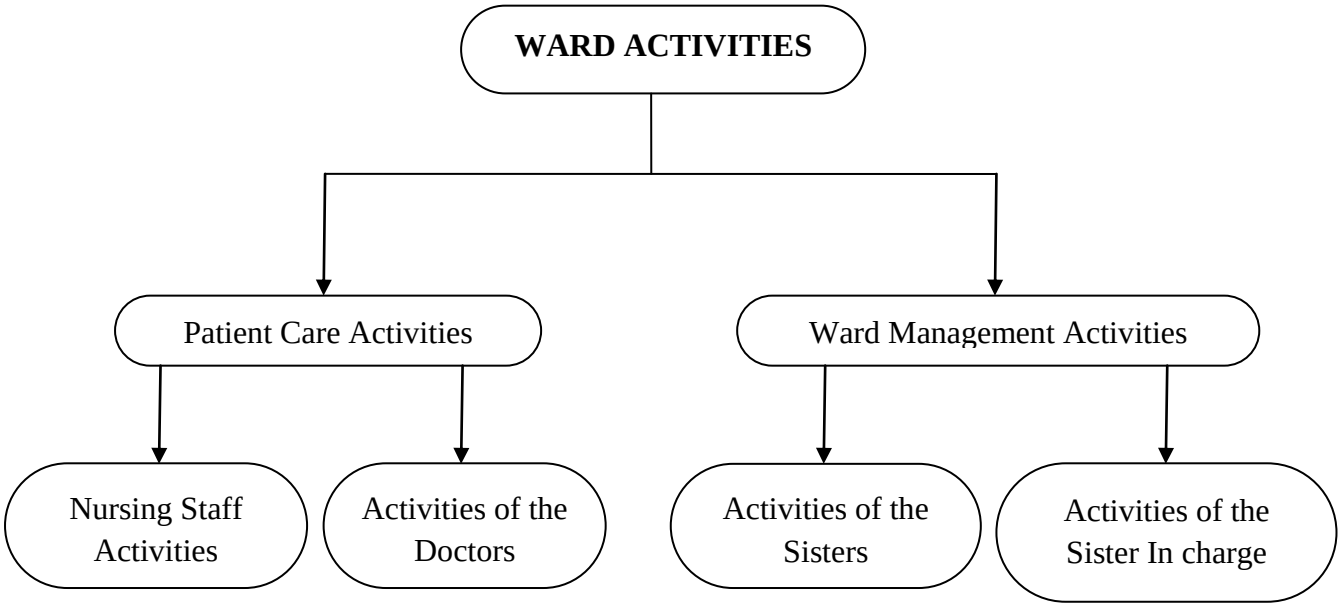
Nursing TL (Team Leader)

↓

Nurses

- Nurse to Patient ratio= 1:5
- The staff works in three shifts-
  a. Morning (8am -2pm).
  b. Evening (2pm-8pm).
  c. Night (8pm-8am).

Workflow-



There is one doctor present in each ward. He mainly reviews the new admissions and checks the discharge summaries. There are 5-6 nurses in the wards for one shift. Depending on the number of patients, this number is increased or decreased. The nurses are responsible for the daily medications, any investigations required, and proper care of patients. Also, there are 3 General Duty Attendants in each shift who generally assist the nurses in patient care.

OPD DEPARTMENT OF Fortis Escorts Heart Institute (FEHI)

- Timings: 8:00 am to 5:00 pm

- The OPD department of the hospital is located as a separate complex around the hospital.

- Since, Fortis Escorts Heart Institute is a cardiac super-specialty hospital, its OPD department mainly provides cardiac consultations, cardiac comprehensive packages and also, employee health check-up packages. These packages include a variety of diagnostic services such electrocardiography(ECG), echocardiography(ECHO), chest x-ray, treadmill test (TMT), ultrasound and blood tests.

- All the patients' coming for comprehensive cardiac packages gives blood samples, urine samples, undergoes chest X-ray and ECG examination. Then, the patient goes for cardiac consultations and on doctor's advice, may also undergo ECHO, TMT and ultrasound examinations.

- Signage is available at various places inside and outside the OPD directing the patients.

- Various investigation facilities are available close to each other reducing the distance and motion time.

- Adequate waiting hall is available in the main lobby with LCDs at place, connected with public utilities.

- Coffee shop is available in the basement of OPD while the other investigations are conducted on the ground floor.

Staff pattern in the various departments of OPD

Department	No.	Consultant(s)	Technician(s)	Nurse(s)
Sample Collection	2	-	6	2
ECG Room	2	-	2	-
Chest X-ray Room*	1	1	2	-
ECHO Room	2	2	2	-
TMT Room	2	2	6	2
Ultrasound Room	1	1	1	-

*****Radiologist available in chest x-ray room is responsible for making the x-ray reports for chest x-rays, bone x-rays and mammography, also.

EXECUTIVE HEALTH CHECK UP (EHC)

Layout: - Upper Basement

Process flow-

FEHI has a separate OPD department with basement totally meant for preventive health check. It offers a wide range of preventive health check packages for various mindsets. This area is exclusively designed for providing complete body check-up for.

1. Corporate executives.

2. Pre-employment check-ups
3. General health check-up for walk-in patients.

For corporate clients, Escorts have various health check packages that are pre-designed and customized by the respective company, according to their policies.

The patients usually come with a prior appointment, empty stomach that is then undergone through a series of tests under the supervision of doctors. The package includes complimentary breakfast and doctors consultation both pre-post, valid up to 15 days from the date of visit. Executives coming from empanelled companies are required to bring along a letter of reference from their office, duly authorizing the check

This health center exclusively caters to patients from various companies with whom FEHI has a tie-up and also other executive patients including international patients. These patients have an array of various health checkup packages to choose from. They can decide which package to choose, depending on their present health condition and medical history, or they can consult the doctor, who can guide them in making the decision. After the patient has opted for a health check-up package he is guided to various diagnostic procedures.

The EHC has the following facilities:

- Sample collection room
- TMT
- ECG
- ECHO
- PFT
- Ultrasound

- Audiometry department
- ENT Department
- Gynecology department
- Dental department
- Dietician
- Clinical Psychologist
- Cardiologist

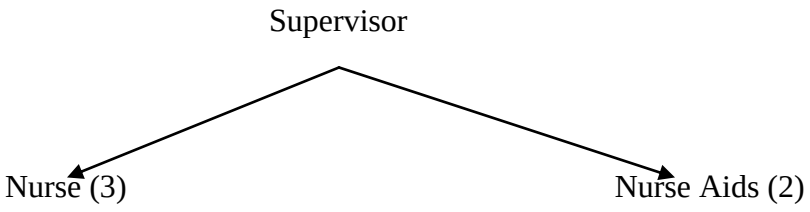
Apart from these facilities, EHC also has a spacious Patient Waiting Lounge and a Learning Center.

OPD DEPARTMENT (ground floor)

- Help Desk

  It guides the patients and gives them the information about all the packages of FEHI and also guides the patient to their required destinations. There are 6 nurses who provides all the information and guides the to their respective destination

Organogram-



- OPD Billing-

Here the billing of all the tests is done (both individual test billing as well as packages test billing). The billing counter at ground floor starts at 8a.m to 5pm. There are 2 billing staff for this purpose

- **Sample Collection Room-**

Staff – 4

Organogram-

Senior lab technician (1)

↓

Lab technician (2)

↓

Ground duty assistant (1)

Blood samples for testing heamogloin, fasting blood sugar, postprandial blood sugar, T3-T4 etc are collected along with urine and stool samples for urine and stool analysis respectively.

Then the sample of blood, stool and urine are taken by GDA to the pathology lab for analysis.

STANDARDS OF OPD

- PATIENT TURN AROUND TIME = 4.5 HOURS
- DOCTORS DELAY = 15 MIN.
- WAITING TIME FOR PATIENT = > 15 MINUTES

PROCESS FLOW:

- As the patient enters at ground floor, he has to go at billing counter where he has to pay the initial amount for CCC package.
- If the patient is C.G.H.S / D.G.H.S .Beneficiary, then he has to fill only admission card.
- After completing billing ,patient comes to the nursing counter and from there patient goes for the investigation (sugar –fasting)
- After that patient comes back to the nursing counter and here patient is diverted for various investigation.
- Then reports send to the report room from various investigation centres. where the reports are compiled and distributed to the patient.

PROCESSING IN OPD

Every patient coming for CCC was considered and observed throughout all the procedures he/she undergoes, till the time their reports are compiled in the report room.

Average time taken for each package was calculated by combining the time spent by the patient for the tests, since the time his billing is done till he undergoes the last test and finally the time at which the reports are available.

The patients visiting the CCC consist of company executives, executives for pre-employment medical checkup and the walk-in patients. The total time for each package per patient was calculated initiating from the billing time till the report generation time.

Tests include:-

- Doctor's consultation and full medical examination
- Blood tests:

Complete haemogram (Hb, TLC, and DLC)

ESR, Haematocrit, peripheral smear)

Blood group (ABO, RH)

Blood sugar (fasting and post prandial)

Blood urea

Serum uric acid

Lipid profile

- Urine examination
- X-Ray chest PA
- ECG
- Ultrasound whole abdomen
- Stress screening by psychologist
- Post check-up consultation

Report Room-

Staff – 3

Organogram-

Senior front office coordinator (1)

↓

Front office coordinator.(1)

Ground duty assistant (1)

Reports for all the tests done in the hospital are available, for collection by the patients (IPD/OPD), in the report room.

Dialysis Center

Total Staff - 11

Organogram-

Duty doctor (1)

Technicians (4)

Staff in Charge (1)

Staff nurse (5

Infrastructure-

Total beds (8)

Regular beds (6) | V.I.P bed (1) | Isolation bed (1)

- For each bed there is a haemodialysis machine i.e. there are 8 machines

- Peritoneal dialysis is conducted very rarely

Process flow

Nephrologists refer patients for dialysis

↓

All essentials are taken like B.P., Sugar test, blood test and weight of the patient is taken

↓

A.V fistula is inserted and dialysis is started

↓

B.P. and sugar is monitored every hour For 4 hrs, until the dialysis gets finished

↓

Patient is discharged at the same day after 4hrs

↓

Final clearance has to be done by the patient at the billing counter

- The patient is given the appointment for the next dialysis depending upon the condition of the patient. But if the patient is called twice or thrice a month then investigations are not performed. The tests are valid for one month only, after that patient has to undergo all the tests before admitting for the procedure

- Consultant Rooms

  There are two chambers for doctors consultation at the ground floor, rest all chambers are at the first floor OPD.

- Administrator's Office

  The hospital administrator for the OPD controls all the workings from this office

There are various tests which are being performed at the ground floor they are as follows:-

- X-Ray
- Echo
- ECG
- TMT
- Mammography
- Bone Densitometry

MEDICAL RECORDS DEPARTMENT

Layout: - Lower Basement

Staff: 8

Infrastructure:

- Desktop: 5
- Printer: 3

Organogram:

Head of the department (1)

↓

Medical record technician (2)

↓

Junior medical record technician (1)

↓

Office assistant (3)

↓

Ground duty assistant (1)

Functions of MRD

- To ensure that the FEHI has complete & accurate medical record for every patient.
- Public dealings With respect to TPA queries, Bill verification, MLC cases and dealing with Summons to the doctors, hospital.
- To maintain high level of confidentiality as far as patient's records are concerned.
- To ensure that the records are Identified and stored safely to prevent unauthorized changes and easily retrieved whenever required.
- Issuing **Emergency, Medical, Birth & Death certificates**.
- To generate **Bed Occupancy reports** (daily & monthly),
- Sorting of active files from the inactive files.

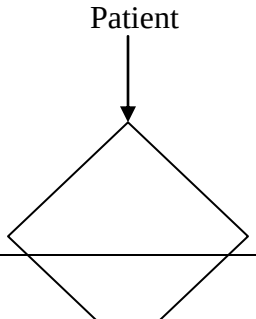
Record Retention Periods:

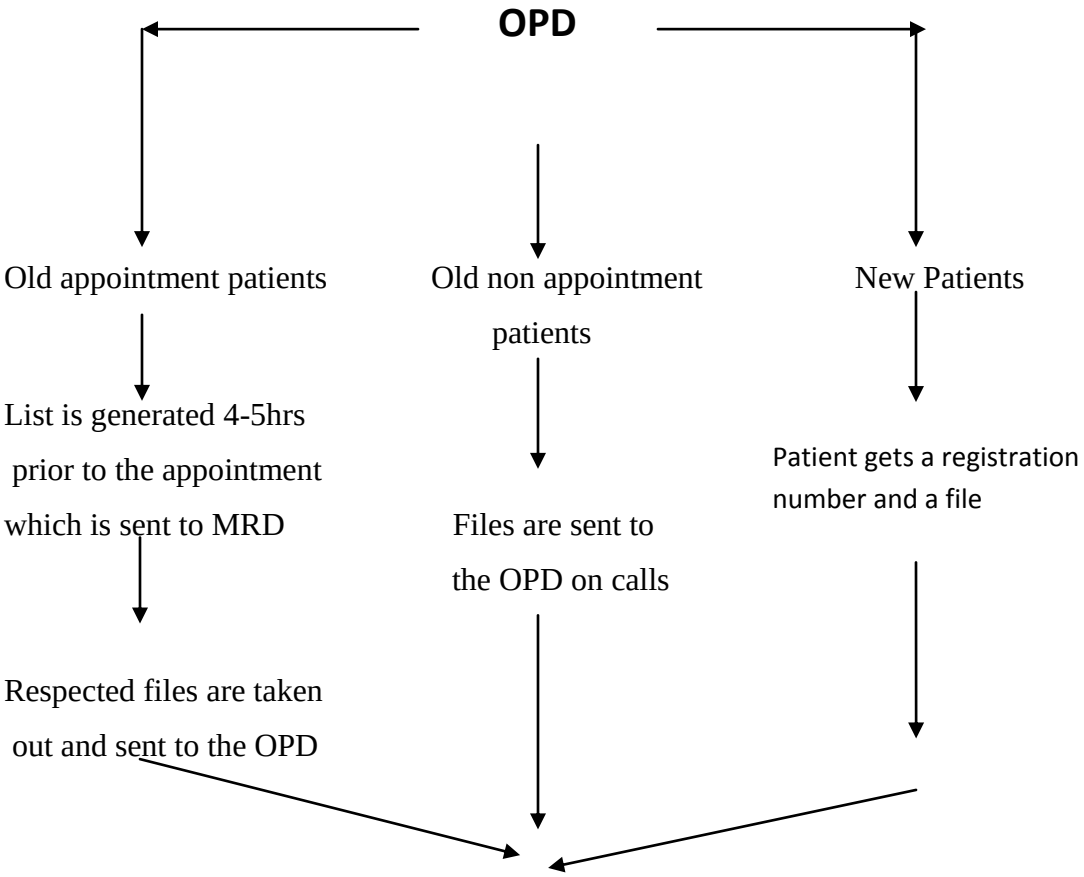
- IP Records : 5 years
- OPD documents : 3 years

PROCESS FLOW

The MRD department of FEHI is centralized (OPD + IPD)

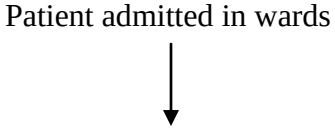
1. OPD





One file of documents is given to the patient (patient copy) and one document is kept in the file (file copy).

2. IPD



The patient file is maintained

by the nursing staff

↓

Once the patient is discharged the file is

sent to the MRD Department for the

storage and for future referral

↓

The checklist to the file is attached

and available documents is tick marked

↓

The file is then arranged at their respected positions

PHARMACY

(RELIGARE WELLNESS - the complete health store)

Layout: -OPD – Ground floor, red building

IPD –Ground floor, main building

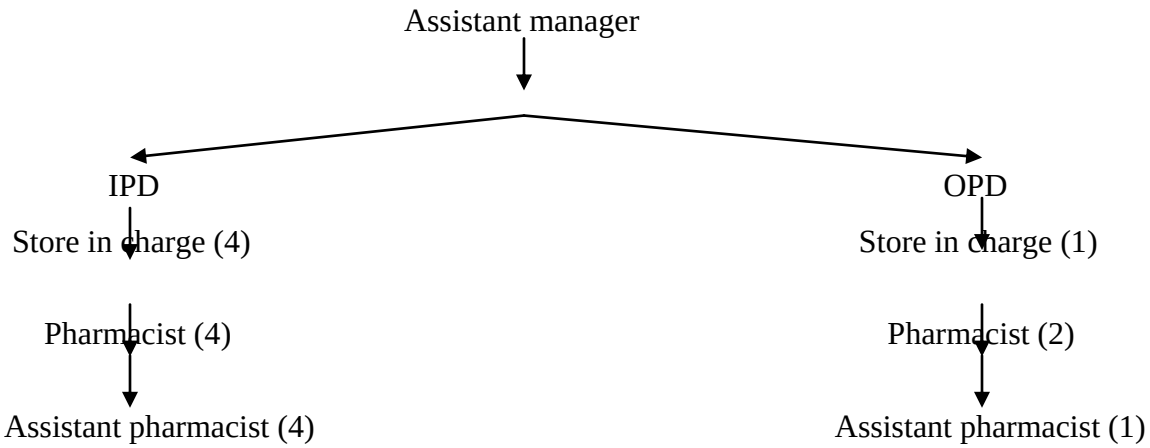
Status: Outsourced

Staff:

OPD – 4

IPD – 12

Organogram:



Infrastructure:

- Desktops: 4
- Printers: 2
- Refrigerator: 2

Timings:

- OPD: 8:30 AM – 8 PM
- IPD: 24 Hours

Drugs available are:

- Prescription drugs
- OTC drugs
- Baby care
- Medical Devices
- Accessories
- Health beverages and foods
- Personal care

PROSESS FLOW:

FOR IPD PHARMACY-

In-Patient Wards, All ICU's, OT, Emergency, CTVS, CATH Lab

↓

Nurse Request for Drug indentation through med track **"**

↓

Ward boy take drugs to respective ward/OT/ICU

FOR OPD PHARMACY

Patient comes to the pharmacy counter

↓

Shows the prescription by doctor

↓

Prescription is verified by the pharmacist

↓

Entry made in the computer

↓

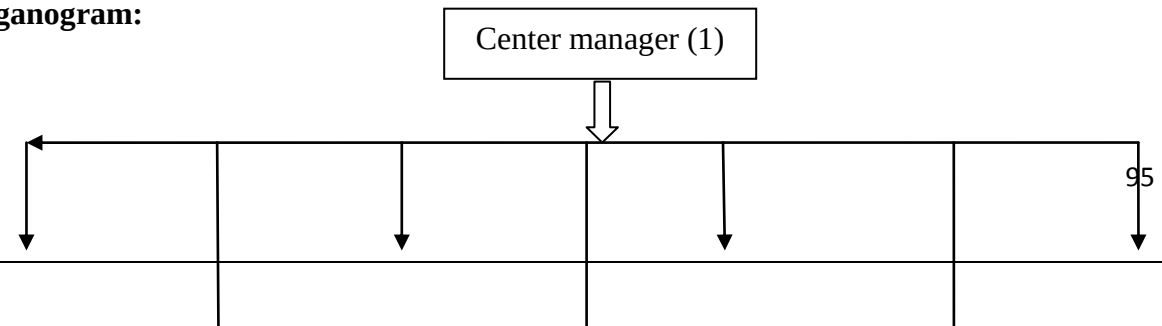
Required drug is delivered

CENTER FOR SIGHT

Layout: Rehab block, 3rd floor

Staff: 14

Organogram:



Front office & counseling (2)

Marketing (2)

OPD attendants (2)

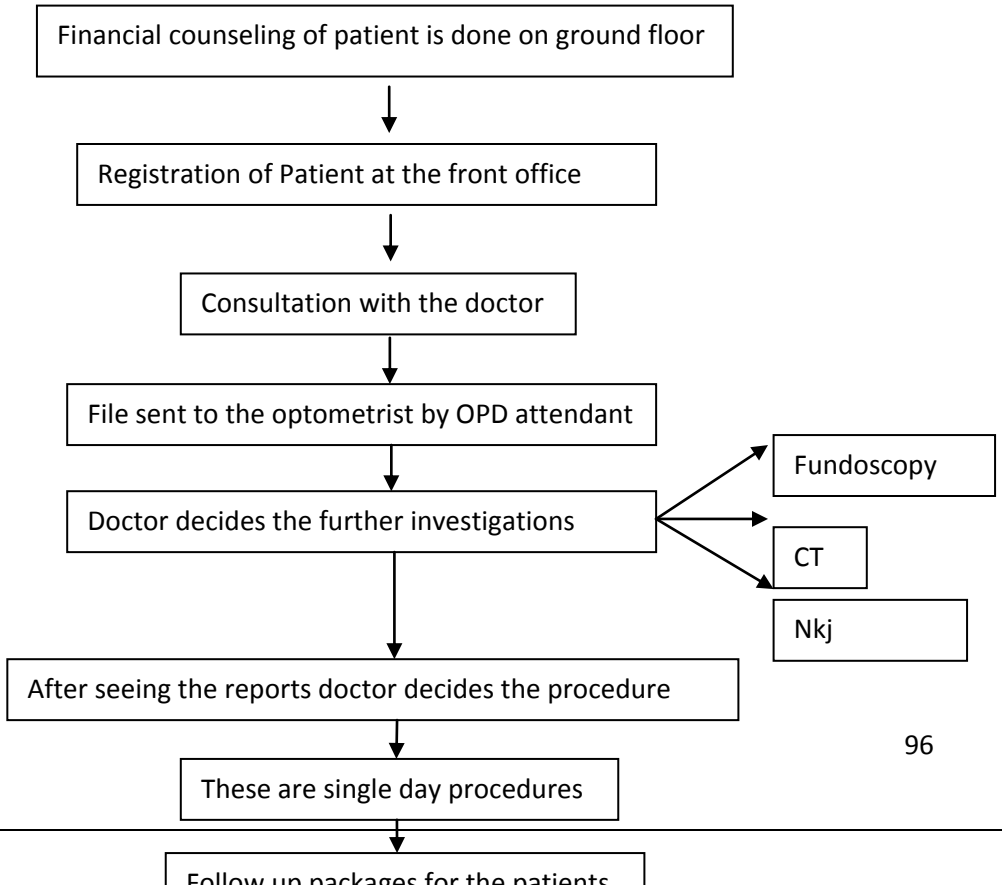
OT technicians (2)

Optometrist (2)

Ophthalmologist (3)

Housekeeping (1)

Process flow



MARKETING DEPARTMENT

Layout: -Rehab block, 4th floor

Total Staff: 21

Organogram:

Zonal Head

(Mr. Rajiv Goyal)

↓

HOD Marketing

(Mr. Balwinder Walia)

↓

Deputy Manager (3)

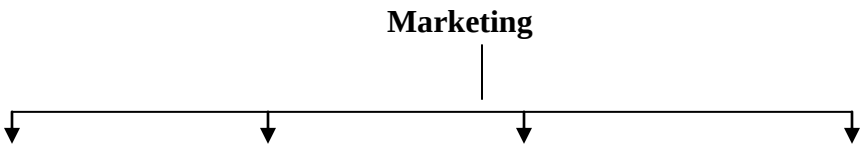
↓

Assistant Manager (1)

↓

Marketing Staff

Marketing Pattern:



1) Referral :

- Community Education Programmes (CME)
- General Practitioners
- Picnics
- Community Outreach Programs (COP) i.e. Free Community Checkup Camps
- Friends of Escorts (FOE)
- *Nannichhav*

2) Corporate

- Empanelment/ Corporate Tie ups
- PSU's Tie-ups
- TPA Tie Ups
- Summits
- Workshops

3) International

- Embassy
- Doctors
- Facilitators

4) P.R

- Press Conferences

- Shoots/ Interviews
- Print Media: Newspapers, Magazines
- Branding: Events, Conferences, Trade shows.

LOCAL PUBLICITY

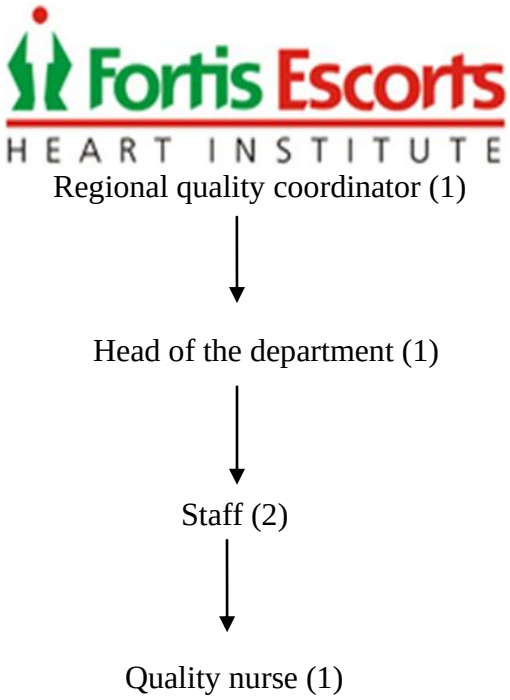
- TV ads / Cable ads
- Newspaper Ads
- Ads in local magazines, supplements, directories
- Leaflets , Pamphlets and Flyers
- Direction Boards
- Kiosks
- Hoardings
- Hospital Board (Glow sign)
- SMS Health Tips & Discount scheme

QUALITY DEPARTMENT

Layout: - 4th floor

Staff: 4

Organogram:



There is one regional quality coordinator who sits at FEHI. There are around 7 units which comes under this supervision. They are

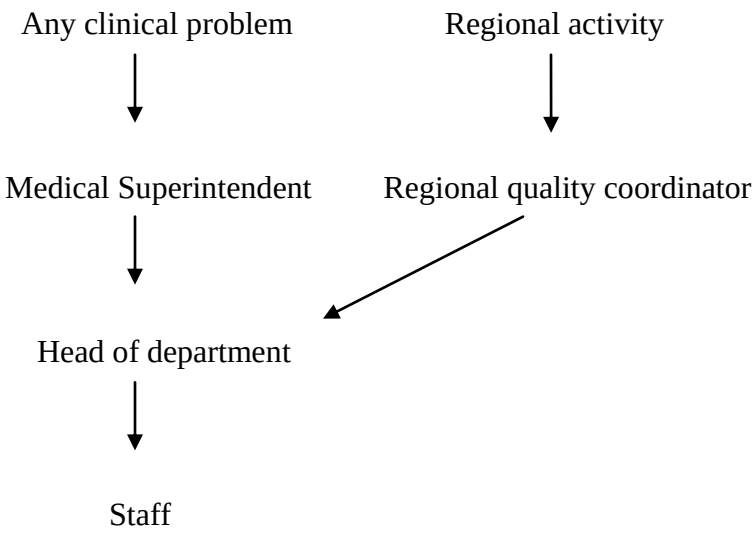
- FEHI
- Fortis Vasant Kunj
- Fortis la femme
- Fortis Amritsar
- Fortis Mohali
- Fortis Raipur
- Fortis Raigarh

Functions of quality department

- Clinical and non clinical audit
- Policy making
- Quality initiative
- Committee meeting coordination
- Organizing meeting and taking the minutes

- Various committee organized by quality department are:-
    - Infection control committee
    - Safety and quality staring
    - HR committee
    - Pharmacy and therapeutical committee
    - Medical audit committee
    - Medical record committee
    - OT committee
    - Sexual harassment committee
    - Independent ethics committee
    - Executive council committee
    - Institutional review board committee

Process flow

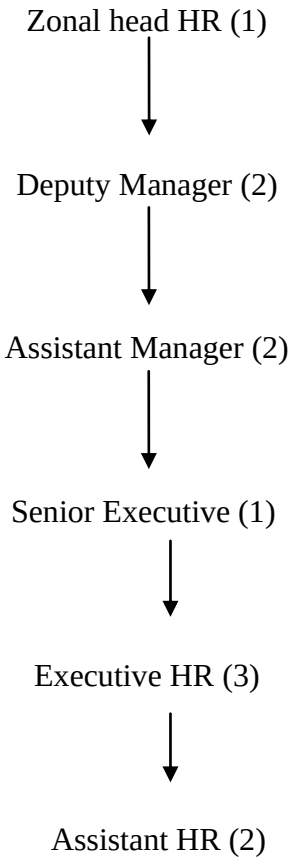


HUMAN RESOURCE DEPARTMENT

Layout: -4th floor

Total Staff: 11

Organogram:



Jobs & Responsibilities:

- Manpower Planning
- Internal Job Posting Process
- CV Selection
- Credential Policy
- Confirmation and Appraisal
- Staff Queries
- Follow up with selected candidates
- Issuing of appointment letters

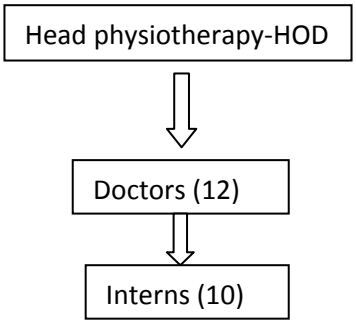
- Disciplinary Policy
- Leaves sanctioning
- Payroll
- Budgeting for departments
- Doctors payout
- Duty roster
- Issuing of Experience letters
- Investigation of staff grievances
- Issues of slow cause
- Salary statement
- Full n final settlement
- Outsource staff attendance
- Induction and orientation
- Finger print report checking
- Manpower planning
- Dispatch of salaries
- Pre recruitment calls
- Organizing interviews
- Housekeeping of CV'S
- Preliminary interviews
- Joining formalities
- Leave record maintenance
- Issuing of I-Cards
- Conducting Employee Welfare Programme e.g. Nurse Day
- Issuing of Refreshment Coupons
- Conducting Exit Interviews.

PHYSIOTHERAPY DEPARTMENT

Layout: Rehab block, 6th floor

Total Staff: 12

Organogram:



EQUIPMENTS AVAILABLE

1. Computerized IFT
2. Ultra sound machine
3. Traction unit
4. Microprocessor based 4 channels T.E.N.S.
5. Physiotherm pulsed 500ss

PROJECT REPORT.1

A Study on the "Delay in Turnaround time Discharge Process" of Fortis Escort Heart Institute, Delhi (Okhla)

INTRODUCTION

Hospital administrators and financial managers strive to achieve high bed occupancy, but the unpredictability of illness and injury requires that beds should be available if possible at all times. Bed occupancy is not the index for the efficiency of the hospital but has a significant and quantifiable negative influence on the Emergency department, affecting patients both discharged and hospitalized.

Discharge Process

Discharge from the hospital is the point at which the patient leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home. Discharge involves the medical instructions that the patient will need to fully recover. Discharge planning is a service that considers the patient's needs after the hospital stay, and may involve several different services such as visiting nursing care, physical therapy, and home blood drawing.

Hospitalization is often a short-term event, so planning for discharge may begin shortly after admission. The physicians, nurses, and case managers involved in a patient's care are part of an assessment team that keeps in mind the patient's pre-admission level of functioning, and whether the patient will be able to return home following the current hospital admission. Information that could affect the discharge plan should be noted in the patient's medical

record so that it will be taken into account when discharge is being scheduled. The primary questions include:

- Can this patient return to his or her preadmission situation?
- Is the patient in need of services to be able to care for him- or herself?
- Which services will the patient need?
- Are there mental health needs that must be met?
- Does the patient agree with the discharge plan?

While a person has been in the hospital, physicians other than the primary care physician have been in charge of the patient's care. Good discharge planning involves clear communication between the hospital physicians and the primary care physician. This may be done by telephone and/or in writing. The information to be conveyed includes:

- A summary of the hospital stay.
- A list of test and surgeries performed, with results.
- A list of test results still pending.
- A list of tests needed after discharge, such as a repeat chest x ray.
- A list of medications the patient is being discharged with, including the dosage and frequency
- A copy of the patient's discharge instructions
- When the patient should see the primary care physician for a follow-up appointment
- The plan for outpatient treatment, such as home intravenous antibiotics or parenteral nutrition to ensure that responsibility for this treatment has been clearly transferred and that the primary care physician accepts the treatment responsibility.
- Discharge instructions to the patient on activity level, diet, and wound care

Before leaving the hospital, the patient will receive discharge instructions that should include:

- An explanation of the care the patient received in the hospital

- Home care instructions such as activity level, diet, restrictions on bathing, wound care, as well as when the patient can return to work or school, or resume driving
- Signs of infection or worsening condition, such as pain, fever, bleeding, difficulty breathing, or vomiting
- An explanation of any services the patient will now be receiving, such as for a visiting nurse, and to include contact information

A follow-up should take place within two weeks of discharge to review the results of any tests that were done in the hospital that came in after the patient was discharged, to remind the patient of the follow-up appointment with the physician, to see if the patient has any questions about any new medications that were added in the hospital, and to be sure that no problems arose after discharge that have not been addressed. Such follow-up calls help to ensure a successful recovery Discharges are subdivided into 4 types that are as follows:-

- ✓ Planned discharges
- ✓ Unplanned discharges
- ✓ DOR
- ✓ LAMA

PLANNED DISCHARGES

A discharge which is planned one night prior to the day of discharge, when the doctor felt that patient's condition has improved & hence doctor informs the nurse regarding the same

UNPLANNED DISCHARES

These are not planned before hands. When the doctors are on rounds the see their patients and if that time they find the patient condition is good enough to discharge, then at that particual time they give the intimation to the nurse to discharge the patient

DISCHARGE ON REQUEST (DOR)

A discharge on request by the patient by taking medical advice

LEAVE AGAINST MEDICAL ADVICE (LAMA)

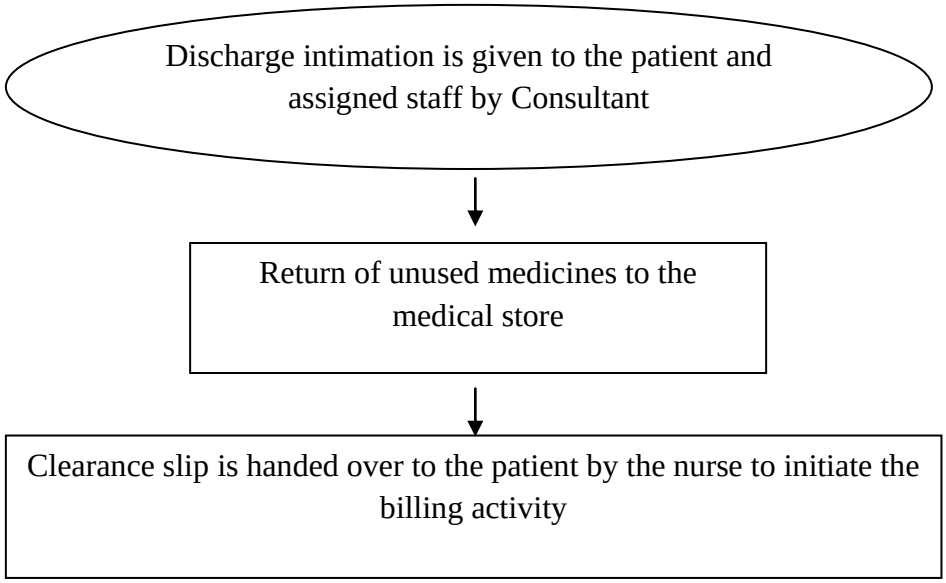
A discharge which is done against medical advice on the request of patient

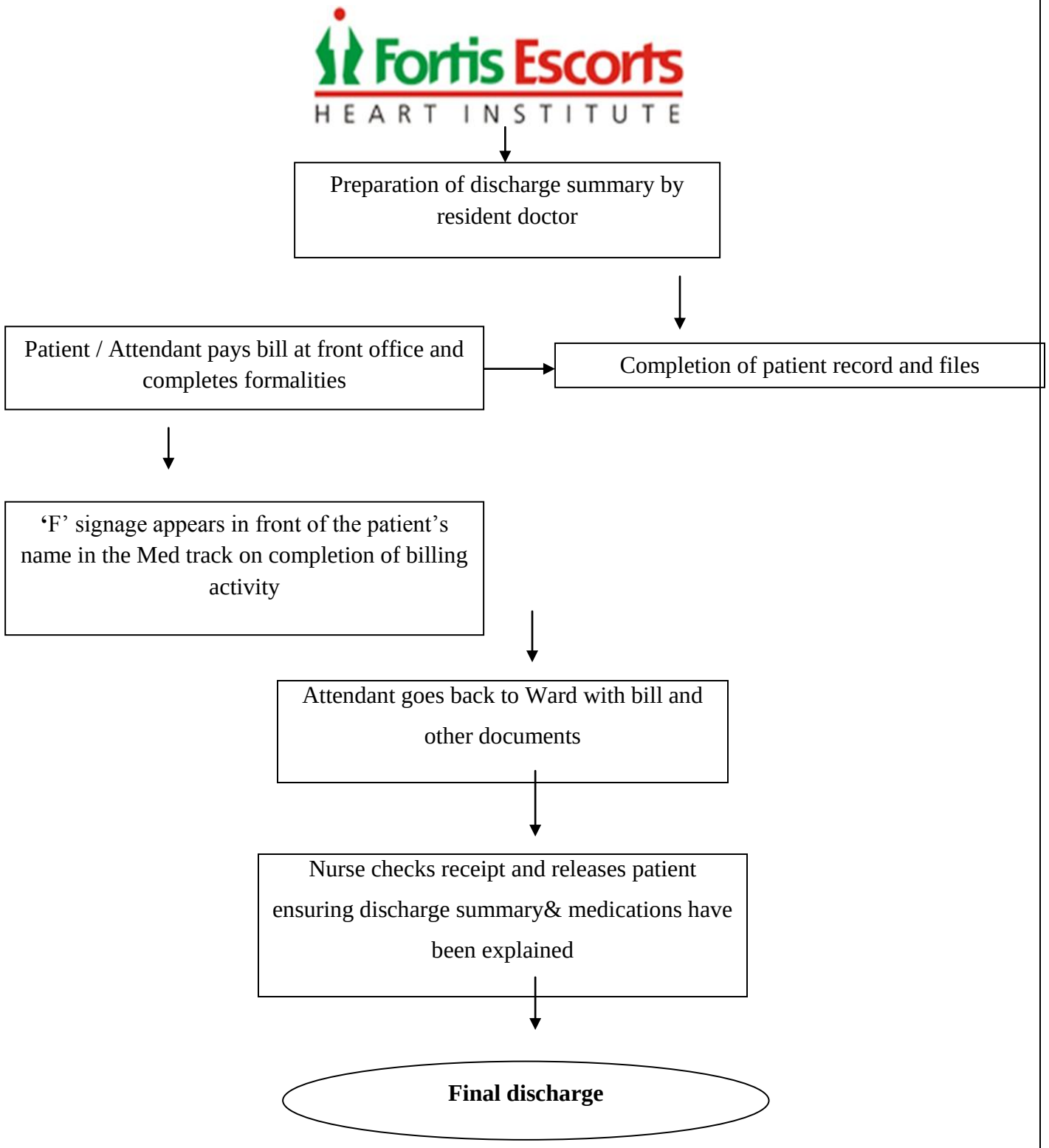
DELAYED DISCHARGE/ DELAYED TRANSFER OF CARE

It occurs when the patient is ready for discharge, or transfer to another service, but is still occupying a hospital bed. Then a patient becomes delayed discharge / transfer when:-

- A clinical decision has been made that he/she is ready for discharge
- A Multi-disciplinary decision has been made that the patient is ready for discharge
- Patient is safe for transfer or discharge.

Discharge Process flow of Fortis Escort Heart Institute Okhla:




Fortis Escorts
HEART INSTITUTE
Preparation of discharge summary by resident doctor
Patient / Attendant pays bill at front office and completes formalities
Completion of patient record and files
'F' signage appears in front of the patient's name in the Med track on completion of billing activity
Attendant goes back to Ward with bill and other documents
Nurse checks receipt and releases patient ensuring discharge summary& medications have been explained
Final discharge

Rationale

Now day's effective healthcare and timely discharge are most important parameters in ensuring the patient satisfaction. Lengthy, ineffective discharge process is a common concern for the hospitals. It not only causes patient and their relative's dissatisfaction due to long waiting hours for discharge but also creates negative image of the hospital.

This study will help the hospital to access the existing delay in discharge process. From the administrative point of view, the discharge process plays an important role in a hospital. The effective planning and use of resources will play an important role in timely discharge of patient and creates a positive image of the hospital itself. Planning for discharge with clear dates and time reduces –

a. Patient's length of stay
b. Emergency readmission
c. Pressure on hospitals beds
d. Saves the manpower and time

OBJECTIVES

- To assess the Turnaround Time (TAT) of the Discharge process.
- To find out the difference in the discharge time for CASH, TPA and CREDIT patients.
- To find out the issues faced which leads to delay in Discharge.

RESEARCH METHODOLOGY

Study Area Fortis Escorts Heart Institute, Okhla, New Delhi.

Study Location Surgical Ward, Medicine Ward (3rd and 4th floor).

Study Population IPD Patients

Target Population Planned, Unplanned Patients for Discharge,(Cash, Credit & TPA)

Study Duration 9th April to 24th May

Sample Size 1000 discharges from all IPDs

Study Design Cross sectional study

Sampling Technique Non Probability sampling

Data collection Direct observation

The study was conducted to understand the Process of discharge (process mapping) and the Turnaround time. A target population was chosen through convenient sampling and a discharge tracking sheet was prepared in which the doctor's visit time, discharge order time, medicine return time, discharge summary preparation time, billing clearance time and finally patient out time of each and every patient was taken down. The discharges which occur in the ward are observed from the doctors round up to the patient out time from the ward and hospital. The data was collected through this observation method and then analyzed. The turnaround time of discharge process was calculated and if there was any delay the reasons behind this was found.

Data compilation

The data of the project comprise of the

Patient name	Discharge order time	Slip for clearance	D/C Summary handed over to sister	Finance Clearance slip handed over to sister	Discharge summary handed over at	Remarks

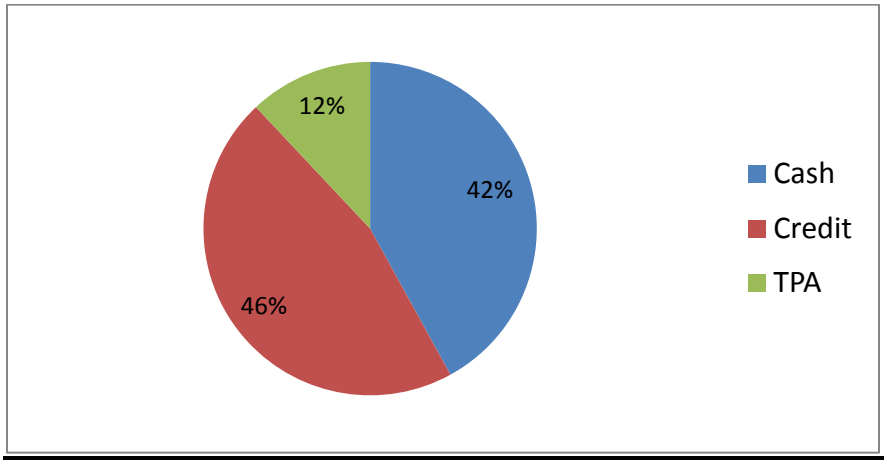
Data Analysis

Persentage of patient discharged with in turnaround time of the discharge process

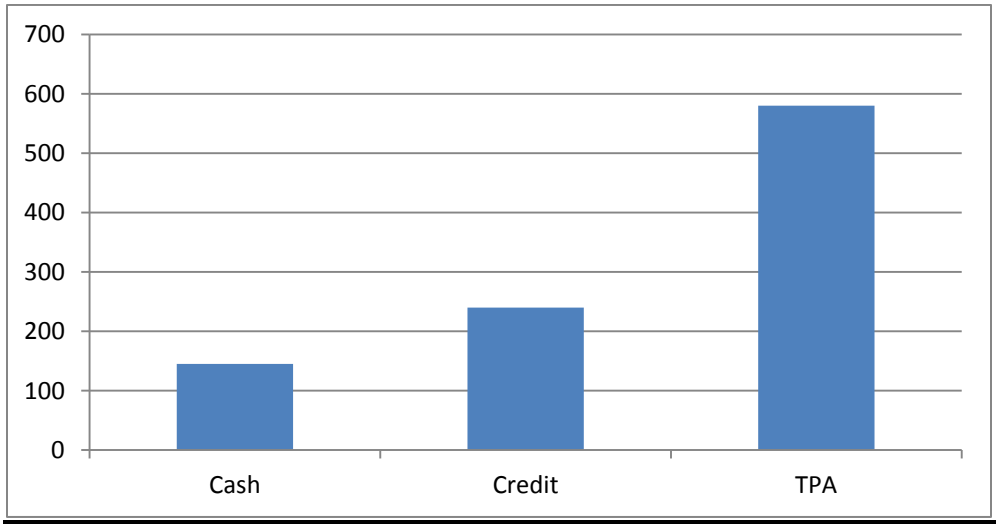
TIME PERIOD	TOTAL NO. OF PATIENT	% OF PATIENT WITH IN TAT	%OF PATIENT WITH ABOVE TAT
9th April to 24th	1000	32%	68%

After analyzing the data it was found that out of 1000 patient sample only 32% of patient are able to Discharge with in assigned Turnaround time, the reasons could be delay in making of the Discharge summary, delay in pharmacy clearance, delay in bill clearance .Delay may also occur in carrying forward the discharge process on behalf of nurses, as reports are not prepared on time, late rounds by doctors, delay by patients and so on.

PERCENTAGE OF PATIENTS ACCORDING TO MODE OF BILL PAYMENT :



TIME TAKEN FOR DISCHARGE BY ALL THREE CATEGORIES OF PATIENTS



Cash	Credit	TPA
145min	240min	580min
These are generally cash Patient As these patient require lesser time for completing the formalities of billing compared to Patients with Insurance or CGHS	The patients under the central government health schemes fall in this catergory This group of patients were generally seen with longer duration of discharge time as they have very time consuming formalities and the procedures generally are slow from the government sectors. Insurance Patients were mostly falling under this category. Insurance companies have certain time consuming procedures and formalities for payment of the hospital bills therefore it takes longer when compared to the cash patient	Insurance Patients were mostly falling under this category. Insurance companies have certain time consuming procedures and formalities for payment of the hospital bills therefore it takes longer when compared to the cash patient These pateints take more time in discharge due to the diference in policy for the various insurance companies regarding the payment of the hospital bills.

OBSERVATIONS DURING THE STUDY OF DISCHARGE PROCESS:

During the course of the study it was observed that there were various other factors for the delay in the time of the dischrge process other than the mode of payment for the hospital bill these include delays on the behalf of the following personnel:

Doctors

1. **Late rounds by doctors-** It has been observed that discharges are not confirmed on time as the respective episode doctor does not consult the patient on time. So the nursing staff and other administrators do not receive the discharge order on time. So all related steps gets delayed. Senior doctors are engaged performing surgeries and their team doctor and other junior doctors/consultants have to assist them. Attending all patients among all the wards, recovery rooms take ample of time to make it delayed in the discharge process of patients in wards

General Assistant

1. Delay in discharge summary is another major reason for delays in discharge process. It was observed that while preparing the discharge summary the general assistants have to wait for the doctors to make any corrections, modifications, addition in the discharge summary as they can only can complete the discharge summary once it has been approved by the consultant.
2. The summaries are checked on each floor by the Doctor on duty for each respective ward. But many a times it is being observed that the Episode doctor comes and generally make changes in the medications. Therefore the summary has to be prepared again, leading to further delays.

Bill Clearance and TPA problem

1. Billing clearance is the biggest barrier in making the discharge process smooth. A patient seeks for the comfort in getting the billing clearance done. Patient usually does not want to leave before the lunch hours. Even if they get the clearance done they won't return the clearance slip back to the nursing team. As a result nursing team can't discharge the patient in the minimal assigned time for the discharge. In case of TPA patients there are a number of protocols to be followed by the attendant and the TPA department that it takes time in getting the authorization of bill from the TPA Company

Nurses

1.Delay may occur in carrying forward the discharge process on behalf of nurses as she may be busy with the doctor during the doctor round as a nurse may have different doctors for different patient and they may have difference in their patient rounds

2. Nurses are busy with patient especially during the morning hours with the treatment plan of the patients as given by the doctors whether there is change in medicines or to continue the same medicines.

3.Change in the shift of the nurse takes place at 2pm at this time the patients of TPA and CGHS are middle of the dischrge process.So the next nurse on duty has to take the process further.it may delay the process only by few mins but is important.

Reports not prepared on time

1. First reason is lack of performing staff. Then again if consulting doctor does not give a basic framework of reports to be made, other people can't give a final layout. So reports are usually not prepared on time. Patient/ attendant have to wait for the reports at the time of discharge in it results in the increasing TAT

2. Not signed by doctor (Sent to OPD**) -** reports if prepared late or early or on time, then it gets delayed in getting these report signed by the consulting doctor who are usually busy in their case operation

General Duty Assistant (GDA)

1. The GDA takes the unused medicines for the patient to the medical store which many a times consumes more than required time

2.GDAs are generally doing multi tasking in the hospital which includes attending to the patients ,nurses,general assistants, doctors, house keeping, doctor sectrary which also causes delays in the delivering of the discharge related steps.

Patients

1. Patients generally wait for the lunch after getting their clearence done.

2..Patients waiting for the dietician to consult for the further diet of the patient during the home care of the patient.

3. Patients waiting to meet the consultant.

Miscellaneous

1. In some samples it was observed that the patients waited for their facilitators for the settlement of their bills as they had language problem. This was mainly seen in the case of international patients

2. Patients waiting for discounts in their bill amount. This leads to delays in financial clearence.

3. Very few planned discharge from the medical side (~20 %) - Planned discharges are usually of the surgery patients. There are very less planned discharges from the medical patients. These patients are either not in the plan for a long time or they suddenly get

discharged as commanded by the doctor. So their recovery status and other reports to be tracked are frequently neglected and not prepared on the time of discharge.

RECOMMENDATIONS

Suggestions which can be used for modifying the present discharge process in the hospital are as given for each component forming the discharge process.

1. **Preparation of Discharge Summary.**

The discharge summary is a very time consuming step along with preparation of the pharmacy return, so the discharge summary should be typed from the day the patient is admitted and should be updated on a daily basis and on the day of discharge, only minor additional information is added. The summary is to be checked and signed by the consultant during his morning visit to the patient on the day of discharge. And the medicine advised by the doctor should bring on per day basis so there will be no chaos for pharmacy return during discharge hours in morning.

2. **Modification in Admission Time**

The hospital staff should be asked to inform the patient about his/her admission timing. Instead of calling the patient to the hospital at 8:00AM in the morning, the patients should be advised to reach at 12:00PM .So as to reduce the waiting time by the patient for his or her admission to the hospital.

This will also help in lesser stress and disappoint of the patient in terms of getting admitted for the treatment.

3**. Planned discharge**

The discharge process should be started as early as possible in the morning, so that the earliest discharge can be at or around 11.30 AM. The doctors should be asked to tell the

tentative discharge for the next day .so that the work load can be kept minimal. Especially the surgery patients are missed out, which should be avoided as it takes a longer time in preparation of their discharge summaries

3. **Evening rounds**

   By medical doctor, so that discharges are known and confirmed. And patient/ attendant is also informed before the time of discharge.

4. **Availability of reports** before discharge, focusing on the patients who are there in plan discharge for the next day. And the duty to get the sign done on report should be of consultant doctor's secretary as they are well aware of the procedure done by the doctors**.**
5. **For billing**

Measures should be taken for speeding up of the billing process and to ensure quick turnaround of the final bills, all bills are audited and updated every night to ensure minimum time is taken on the day of discharge.

At the time of admission in emergency department the emergency certificate should get ready on the same day.

For C.G.H.S, E.C.H.S, N.T.P.C Patient the required documentation like:-C.G.H.S card with photocopy, sanctioned letter etc should be submitted at the time of admission.

6. **Update Regarding Patient Condition**.

Constant evaluation of the patient condition with the consultant, junior doctors in the team, so as to limit the length of stay of the patient in the hospital based on his disease profile,

condition, treatment. Personnel should be assigned to keep track of the daily patient condition .As this will help in reducing the bed occupancy in the hospital.

7**. Other**

The hospital administration should look forward to create a sufficient number of discharges early enough in the day so that demand can be accommodated from the emergency department and patients waiting to get admitted to the wards for treatment. The doctors should be asked to convey to the nurses and other staff on the floors, wards about the patient to be discharged one day in advance from the actual discharge date as it will help the staff to prepare the documents in advance saving a lot of time during the actual process. Moreover, the administrative department should develop plans to ensure speedy processes. For this the IT systems too should be upgraded so that the information regarding the patient medicines, services can be available for clearance, billing etc, purposes. Some automation in the Hospital Information System (HIS) should be done to enable a faster billing process as well as availability of diagnostic reports online which ensured that there was minimal delay.

CONCLUSION

The higher bed occupancy is seasonal (especially in winter due to high cases of Cardiac ailments) than the optimum during the winter season.

The Discharge process is been delayed due to reasons mentioned in the chapters more than normal durations for the discharge process. This also further leads to higher bed occupancy present in the hospital and unnecessary long waiting hours by the patients for admission to the in-patient –department.

The average length of the patient was mainly dependent on the disease profile of the patient as the non surgery patient required to be admitted for longer days for close observation along with the intensive care unit patients.

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PROJECT REPORT: 2

"A Study on the Patient Satisfaction Analysis of Fortis Escort Heart Institute, Delhi (Okhla)

INTRODUCTION TO STUDY:

Experience of patients is a key feature of quality improvement in modern healthcare delivery. Patient satisfaction affects clinical outcomes and patient retention. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals.

It allows healthcare providers to evaluate their performance and better understand what areas might require improvement. Data from the patient satisfaction were used by hospitals to identify and target new Quality improvement initiatives, evaluate performance, and monitor progress .As we know that the patients coming to the hospital are already in grief and pain, increased waiting times at different departments as well as for receiving the records after the completion of tests add to their grievances. So, the aim of the hospital should be to ensure a smooth flow of the patient with minimal wait time and hassles in the updating of records. Reduction in the waiting time and the turnaround time will improve efficiency of the hospital as more number of patients would be treated in the same period of time. Also, it will improve the patients' satisfaction and eventually revenue and profit of the hospital.

Achieving hospital patient satisfaction and the quality patient experience: This quest leads not only to satisfied and cared-for patients and families, but also to positive outcomes for your staff, your community and your organization's health. By providing the quality patient experience, you can:

- Pride fully advance your healthcare mission
- Attract and retain talented staff
- Win patient loyalty
- Secure the position of provider of choice in your competitive healthcare marketplace

You can fulfill these aspirations by embracing a patient and family-centered care philosophy and instituting sustainable practices that drive hospital patient satisfaction and create the consistently quality patient experience.

AIM:-

To study the process flow of IPD patient from the admission till discharge. And the process of OPD patient to achieve the highest level of patient satisfaction for both the patient.

OBJECTIVE:-

1. To study the process flow of IPD and OPD patient.
2. Analyze the level of patient satisfaction by taking feedback.
3. To suggest some recommendation to increase the patient satisfaction

RATIONALE:-

As we know that the patients coming to the hospital are already in grief and pain, increased waiting times at different departments as well as for receiving the records after the completion of tests add to their grievances. So, the aim of the hospital should be to ensure a smooth flow of the patient with minimal wait time and hassles in the updating of records. Reduction in the waiting time and the turnaround time will improve efficiency of the hospital as more number of patients would be treated in the same period of time. Also, it will improve the patients' satisfaction and eventually revenue and profit of the hospital.

METHODOLGY

Study Design-

- Concurrent observational study
- Prospective study (Effect to Cause)

Study Setting-OPD and IPD block EHIRC, Okhla, New Delhi

Sampling method-

- Simple Random Sampling
- Convenience Sampling

Sample Size-150

Method of Data Collection-

- Personal interviews of patients & their attendants
- Feedback forms filled by patients & their attendant
- Observations

Study Period-9th April to 31st April

DATA COMPILATION

SCALE USED IN THE STUDY

LIKERT SCALE

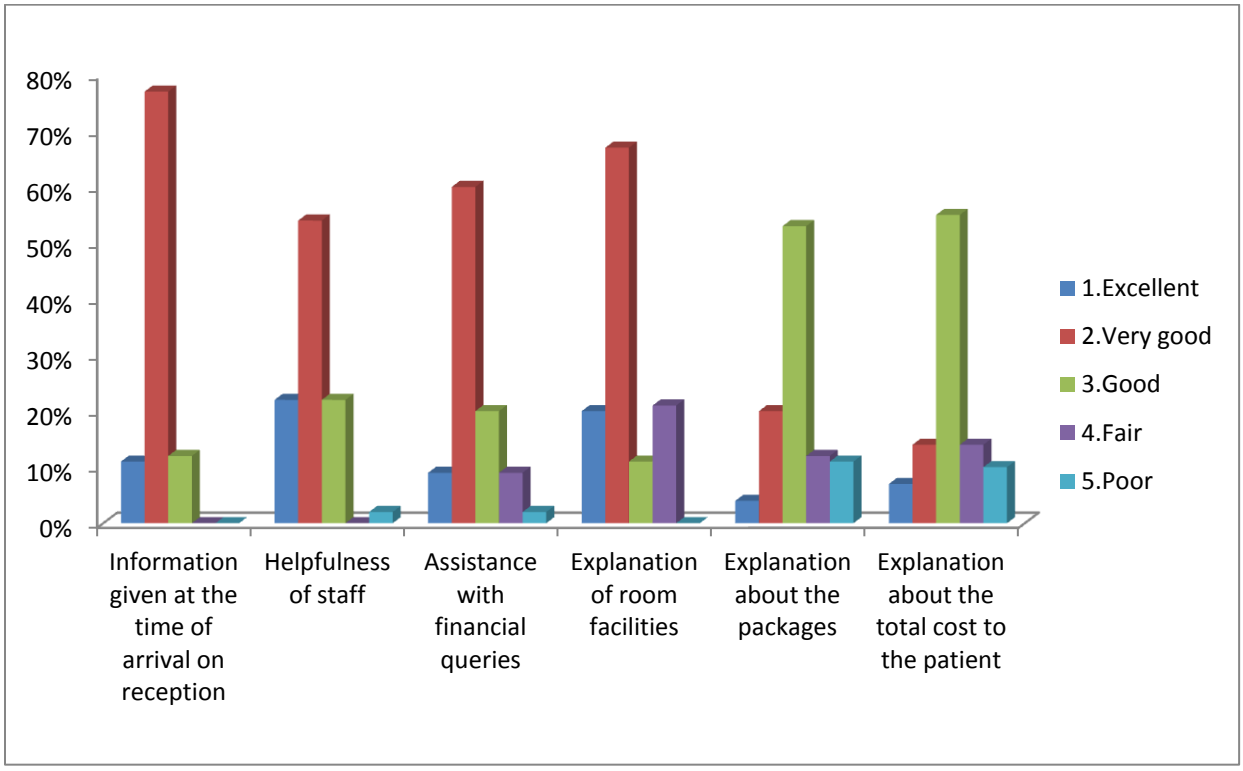
We are using scale from 1to 5 for rating the feedback questionnaire that is:

1.Excellent 2.Very good 3.Good 4.Fair 5.Poor

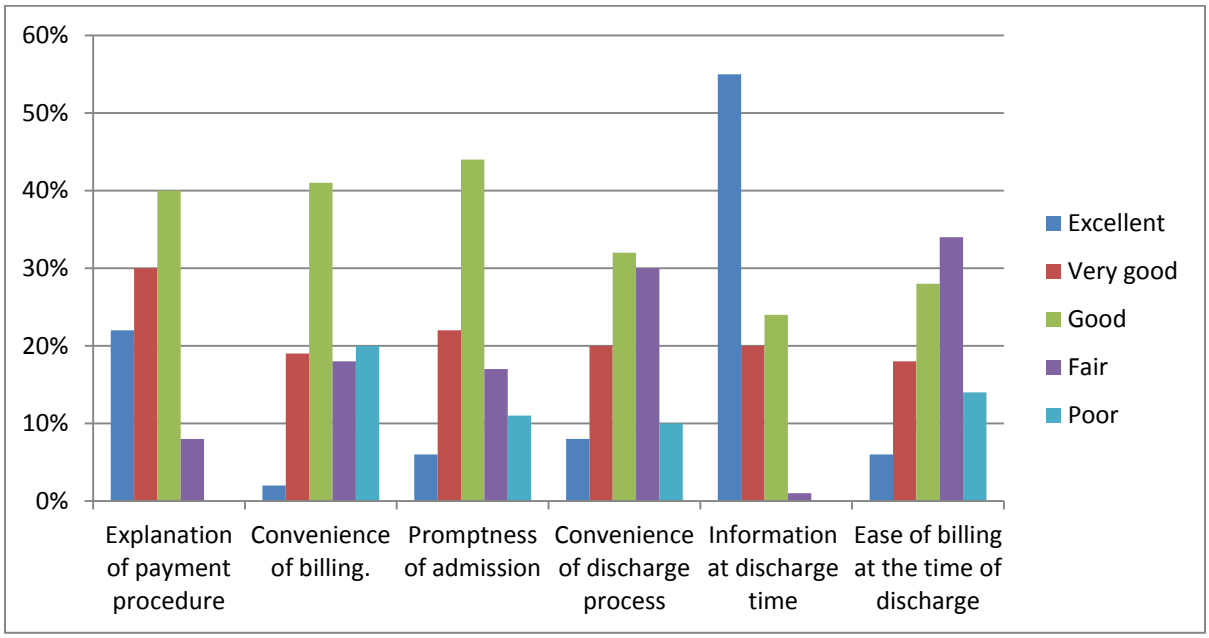
Questionnaire	1.Excellent	2.Very good	3.Good	4.Fair	5.Poor
Q1.Information given at the time of arrival on reception	11%	77%	12%	0%	0%
Q2.Helpfulness of staff	22%	54%	22%	0%	2%
Q3.Assistance with financial queries	9%	60%	20%	9%	2%
Q4.Explanation of room facilities	20%	67%	11%	21%	0%
Q5.Explanation about the packages	4%	20%	53%	12%	11%
Q6.Explanation about the total cost to the patient	7%	14%	55%	14%	10%
Q7.Explanation of payment procedure	22%	30%	40%	8%	0%

Q8.Convenience of billing.	2%	19%	41%	18%	20%
Q9.Promptness of admission	6%	22%	44%	17%	11%
Q10.Convenience of discharge process	8%	20%	32%	30%	10%
Q11.Information at discharge time	55%	20%	24%	1%	0%
Q12.Ease of billing at the time of discharge	6%	18%	28%	34%	14%

DATA ANALYSIS



From the above graph it is clear that mostly patient were satisfied with front desk and staff behaviour but there is scope of improvement in counseling regarding the explanation about the packages and total cost to the patient.



As is clear from the graph above, patient are not happy with the billing department of patient care services due to the long queue. There is a single counter for billing for admission and discharge process that created chaos during the morning hours and can be one of the factors leading to patient dissatisfaction.

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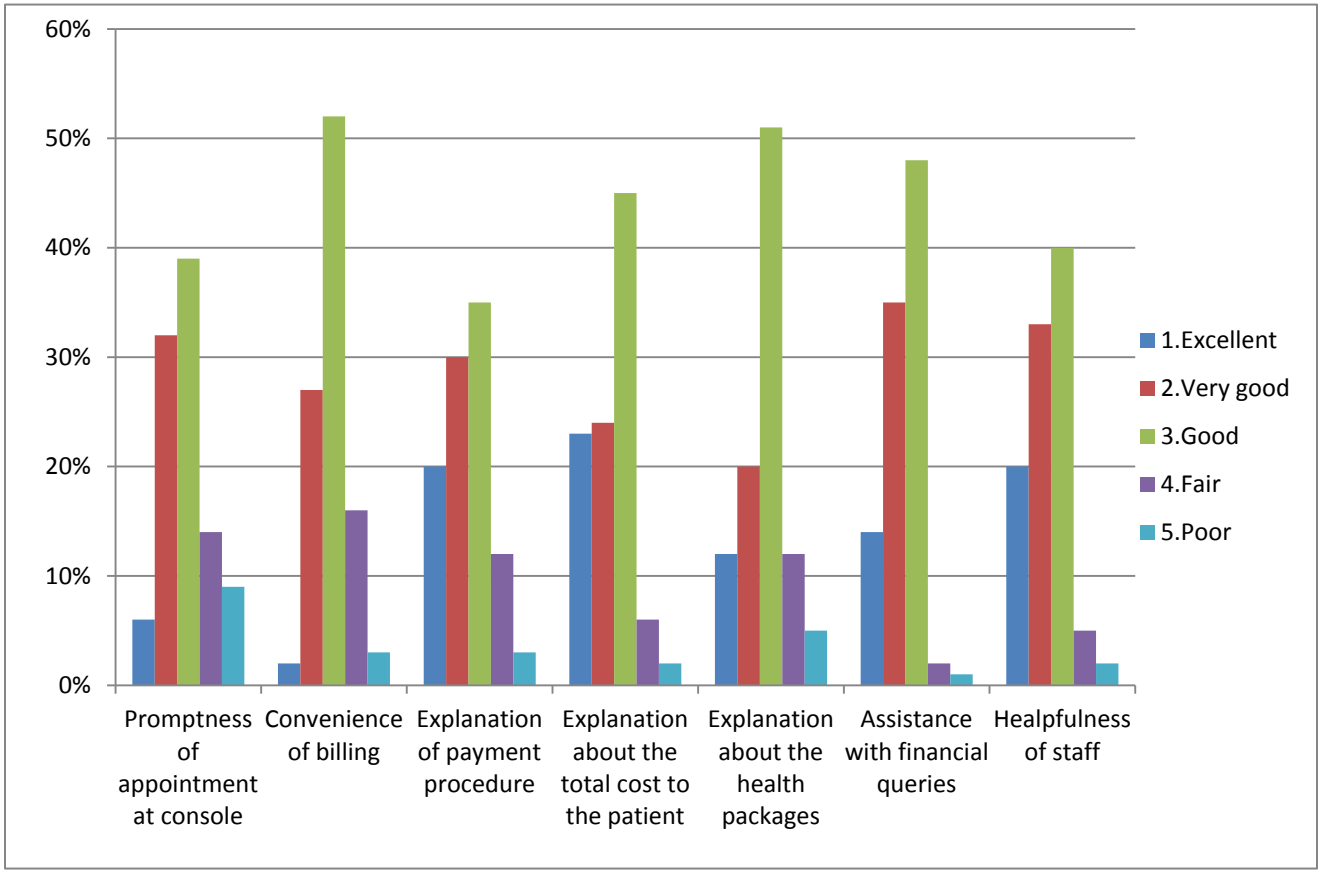
INFORMATION REGARDING PATIENT CARE SERVICE IN OPD

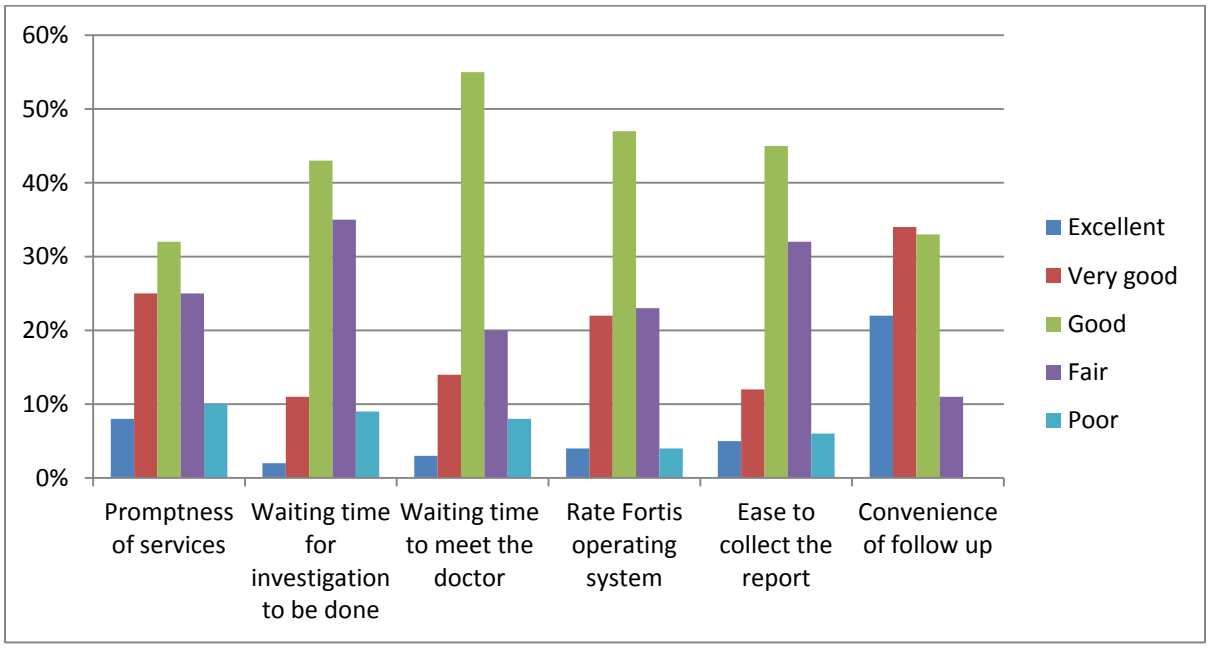
Questionnaire	1.Excellent	2.Verygood	3.Good	4.Fair	5.Poor
Q1.Promptness of appointment at console	6%	32%	39%	14%	9%
Q2.Convenience of billing	2%	27%	52%	16%	3%
Q3.Explanation of payment procedure	20%	30%	35%	12%	3%
Q4.Explanation about the total cost to the patient	23%	24%	45%	6%	2%
Q5.Explanation about the health packages	12%	20%	51%	12%	5%
Q6.Assistance with financial queries	14%	35%	48%	2%	1%
Q7.Healpfulness of staff	20%	33%	40%	5%	2%
Q8.Promptness of services	8%	25%	32%	25%	10%
Q9.Waiting time for investigation to be	2%	11%	43%	35%	9%

done					
Q10.Waiting time to meet the doctor	3%	14%	55%	20%	8%
Q11.Rate Fortis operating system	4%	22%	47%	23%	4%
Q12. Ease to collect the report	5%	12%	45%	32%	6%
Q13.Convenience of follow up	22%	34%	33%	11%	0%

DATA ANALYS



As we can see from the graph there is scope of improvement in console department as the patient complaint that the prior appointment are cancelled on the day the appointment is to take place



According to Fortis, the whole process from the billing till the collection of report should take 4hrs 30 minutes. The waiting time for investigation to be done with long waiting hours to meet the doctor results in delay, this is the key area in which improvement is needed.

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FINDINGS OF THE STUDY

IPD PATIENTS

Problem: Long waiting hours for admission by patient.

Suggestion: Modification in Admission Time

The hospital staff should be asked to inform the patient about his/her admission timing. Instead of calling the patient to the hospital at 8:00AM in the morning, the patients should be advised to reach at 12:00PM .So as to reduce the waiting time by the patient for his or her admission to the hospital.

This will also help in lesser stress and disappoint of the patient in terms of getting admitted for the treatment.

Problem: Delay in billing

Suggestion: The finance clearance slip given by billing department should also cum with time tag on it.

At the time of admission in emergency department the emergency certificate should get ready on the same day and to be sent to billing department, so the documentation required at the time of billing will be completed.

For C.G.H.S, E.C.H.S, N.T.P.C Patient the required documentation like:-C.G.H.S card with photocopy, sanctioned letter etc should be submitted at the time of admission and can be guided by counseling department.

Bill statement should be provided every time so the patient satisfaction will increase.

- Waiting time for counseling
- Package exceed
- Problem with swap card machine.

O.P.D PATIENTS

Problem: Less trained new staff.

Suggestion: Proper orientation of new staff with well coordination inter and intra departments.

Problem: No proper queue during investigation

Suggestion: Token system for investigations to be done

Problem: No help desk for OPD patients**.**

Suggestion: there should be one enquiry counter

Problem: Overcrowded report room.

Suggestion: there should be written information regarding the time taken for processing the reports, so there will be less rush in the report collection room.

Or

Time of delivering the report should be mentioned on payment slip.

PROBLEM CAN NOT BE WORK UPON:-

- Waiting time for doctors.
- Patients do not find same consultant doctor every time.
- Cancellations of appointment by console as the doctor not available.

CONCLUSION:

The level of Patient satisfaction is overall high but the reasons for dissatisfaction are mentioned above. That may lead to less patient inflow. And further lead to less revenue generation and it affect the effectiveness of hospital.

So the hospital should concentrate on increasing the patient satisfaction level by adopting the various approaches so as to full fill the emerging need of the patient.

RECOMMENDATION

- As we know our weakness areas we must focus to improve our services in areas where we are lagging.
- Waiting time can be reduced by bringing interdepartmental coordination between various departments.

- To improve the behavior of staff a formal training camp can be organized for staff members , which shall be headed by team of behavioral scientists Employ a language interpreter at OPD as rush of international patients is increasing at EHIRC OPD , so that these patients can be satisfied .
- Personal protective equipments (PPE) should be given to technicians & nurses, to satisfy these employees as satisfied employees leads to satisfied clients (patients) (Michigan Studies)

ANNEXURE

DISCHARGE PATIENT TRACK SHEET

SN.	Bed no..	Patient name	Discharge order time	Slip for clearance	D/C Summary handed over to sister	Finance Clearance slip handed over to sister	Discharge summary handed over at	Physical walk out of patient with remarks.

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WE WISH TO TAKE YOUR FEEDBACK ON PATIENT CARE SERVICE

NOTE: We are using scale from 1 to 5 for rating the feedback questionnaire that is

1.Excellent 2.Very 3.Good 4.Fair 5.Poor

Name : Regd no.:

Age : Diagnosis:

Sex: Surgery/Procedure/Treatment:

Address with phone no:

On what basis did you received treatment:

INFORMATION REGARDING PATIENT CARE SERVICE

(Tick according to the rating scale)

Q1.Information given at the time of arrival on reception	1	2	3	4	5
Q2.Helpfulness of staff	1	2	3	4	5
Q3.Assistance with financial queries	1	2	3	4	5
Q4.Explanation of room facilities	1	2	3	4	5
Q5.Explanation about the packages	1	2	3	4	5
Q6.Explanation about the total cost to the patient	1	2	3	4	5
Q7.Explanation of payment procedure	1	2	3	4	5
Q8.Convenience of billing	1	2	3	4	5
Q9.Promptness of admission	1	2	3	4	5
Q10.Convenience of discharge process	1	2	3	4	5
Q11. Information at discharge time	1	2	3	4	5
Q12.Ease of billing at the time of discharge	1	2	3	4	5

SUGGESTION:-

_____

_____

_____

_____

SIGNATURE

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WE WISH TO TAKE YOUR FEEDBACK ON PATIENT CARE SERVICE

NOTE: We are using scale from 1 to 5 for rating the feedback questionnaire that is

1.Excellent 2.Very good 3.Good 4.Fair 5.Poor

Name :

Regdistration No:

Age :

Sex:

Name of consultant:

Address with phone no:

On what basis did you received treatment:

INFORMATION REGARDING PATIENT CARE SERVICE

(Tick according to the rating scale)

Q1.Promptness of appointment at console	1	2	3	4	5
Q2.Convenience of billing	1	2	3	4	5
Q3.Explanation of payment procedure	1	2	3	4	5
Q4.Explanation about the total cost to the patient	1	2	3	4	5
Q5.Explanation about the health packages	1	2	3	4	5
Q6.Assistance with financial queries	1	2	3	4	5
Q7.Helpfulness of staff	1	2	3	4	5
Q8.Promptness of services	1	2	3	4	5
Q9.Waiting time for investigations to be done	1	2	3	4	5
Q10.Waiting time to meet the doctor	1	2	3	4	5
Q11.Rate Fortis operating system	1	2	3	4	5
Q12.Ease to collect the report	1	2	3	4	5
Q13.Convenience of follow up	1	2	3	4	5

SUGGESTION:

SIGNATURE