

Summer Training at



Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute
A unit of Mandke Foundation
(9th April– 1st June, 2012)

A Study on Admission Process Flow

By
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Under the guidance of
Dr. Alok Kumar Mathur

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 Krati Yadav from Institute of Health Management Research, Jaipur has undergone Summer Training at Kokilaben Dhirubhai Ambani Hospital, Mumbai, 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 her future endeavors.

Dr. P.R. Sodani
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Kokilaben Dhirubhai Ambani
hospital & medical research institute

Every Life Matters

June 1st, 2012

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Krati Yadav has successfully completed her Internship from April 4, 2012 to June 1, 2012 in Clinical Administration Department at Kokilaben Dhirubhai Ambani Hospital, Mumbai.

Ms. Krati has completed her internship entirely to the satisfaction of the hospital management.

We wish her all the best in her future endeavor.

for Kokilaben Hospital

Abhishek Chandra
Manager- Human Resources

Accepted.
[Signature]

ACKNOWLEDGEMENT

I am indebted to all the professionals at Kokilaben Dhirubhai Ambani Hospital, Mumbai for sharing generously their knowledge and precious time which inspired me to do my best during the summer training.

I take this opportunity to express my gratitude to **Dr. Mihir Dalal (Senior Manager - Clinical services)**, mentor for the summer training, without whose help it would not have been possible to understand the structure, functioning and hospital operations. I also thank **Dr. Anurag Nayak (General Manager - Clinical services)** for his guidance and unconditional support.

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It was a privilege to work and learn under the dynamic supervision of the management and other functionaries of the hospital. I am grateful to all the department heads and staff for giving me guidance in spite of their hectic schedule. Without their active cooperation and participation it would not have been possible to accomplish my task.

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ABBREVIATIONS

AC	Air Conditioner
AHU	Air Handling Unit
AIA	American Institute of Architect
ANA	American Nursing Association
ASHRAE	American Society of Heating, Refrigerating and Air-Conditioning Engineers
ATM	Automated Teller Machine
BMD	Bone Mineral Density
C-section	Caesarean section
CSSD	Centre for Sterile Supply Department
CT	Computed Tomography
CTS	Computed Tomography Scan
Db	Decibel
DIA	Dialysis
DC	District of Columbia
ECG	Electrocardiography
EEG	Electroencephalography
EMG	Electromyography
G	Ground
HEPA	High Efficiency Particulate Air
HIS	Hospital Information System
ICU	Intensive Care Unit
IMRIS	Intraoperative Magnetic Resonance Imaging Suite

IPD	In Patient Department
IT	Information Technology
IVF	In Vitro Fertilization
KDAH	Kokilaben Dhirubhai Ambani Hospital
Kg	Kilogram
LB	Lower Basement
LCD	Liquid Crystal Display
LDRP	Labour Delivery Recover Postpartum suite
MAM	Mammography
MICU	Medical Intensive Care Unit
MR	Magnetic Resonance
MRI	Magnetic Resonance Imaging
MZ	Mezzanine
NFPA	National Fire Protection Association
NICU	Neonatal Intensive Care Unit
OPD	Out Patient Department
OPG	Ortho Pento Gram
OT	Operation Theatre
PICU	Pediatric Intensive Care Unit
RWJF	Robert Wood Johnson Foundation
SICU	Surgical Intensive Care Unit
UB	Upper Basement
USG	Ultrasonography
WHB	Wash Hand Basin

KOKILABEN DHIRUBHAI AMBANI HOSPITAL AND MEDICAL RESEARCH INSTITUTE

Introduction

The Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute became operational in the first week of 2009. It is located at Four Bungalows, Andheri – West in the bustling heart of India’s financial metropolis Mumbai, the sprawling facility will support specialization across the realm of clinical medicine.

The hospital project was initiated in 1999 by Dr. Nitu Mandke as a large scale heart hospital. In his lifetime he won the hearts of many and repaired many more through surgery. He won various social awards like ‘The Rajiv Gandhi Gold Medal of Merit’ 1992; ‘Indira Gandhi Sadbhavana Award’ 1999; ‘Outstanding Man Of The 20th Century’ 2000; ‘Pride of India’ 2001; ‘Sarvashri’ Gold Medal 2000 and ‘Maharashtra Gaurav Award’ to name a few. With great passion Dr.Mandke built a substantial portion of the hospital building. Sadly his dream was cruelly cut short by fate when he succumbed to a massive heart attack in May 2003 leaving a dream unfulfilled and unfinished. The management of Mandke Foundation approached Reliance ADA Group who then took over this project and developed it into one of the most modern and state of the art multi specialty tertiary care hospitals, naming the institution as – Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute. In honor of the initiator, the hospital’s Medical Convention Centre has been aptly dedicated to the memory of Dr. NituMandke.

Vision and Mission

“We aim to be a global healthcare institution that combines the best in medical treatment with strong ethical principles and a culture of care and compassion.”-Late Shri. DhirubhaiAmbani.

The Logo



The graphic 'C' represents KDA's belief in delivering uncompromising care. The 'i' represents the individual. The 12 dots emerging from the 'i' represent 12 stages of life from pre-birth to the

moment of passing away. The colors signify the different life stages providing an emotional meaning.

 Pre-Birth

Signifies warmth, excitement, energy, passion, desire, power, love or strength

 Birth

Signifies royalty, spirituality, creativity, nobility or transformation

 Infancy

Signifies joy, optimism, happiness, idealism or imagination

 Early childhood (3-6)

Signifies warmth, excitement, energy, passion, desire, power, love or strength

 Middle childhood (7-9)

Signifies positivism, peace, tranquility, harmony, confidence or trust

 Late childhood

Signifies fertility, intelligence, good luck, youth, vigor or renewal

 Adolescence (13-19)

Signifies joy, optimism, happiness, idealism or imagination

 Early adulthood (20-35)

Signifies royalty, spirituality, nobility, creativity, or transformation

 Midlife (35-50)

Signifies balance, warmth, wisdom, enthusiasm, vibrancy or flamboyance

 Mature adulthood (50-75)

Signifies earth, home, comfort, endurance, simplicity or stability

 Late adulthood (75+) (50-75)

Signifies balance, warmth, wisdom, enthusiasm, vibrancy or flamboyance

● Death and passing away

Signifies positivism, peace, tranquility, harmony, confidence or trust.

Values

Integrity -To deal with all stakeholders - patients, partners, employees, vendors and the community-in a spirit of fairness and integrity.

Transparency -To respect the patient's right to know at every touch point by providing information that is clear, concise, relevant and easy to understand.

Maximum Care -To re-evaluate every hospital system, process and procedure to ensure that patient receive maximum care and comfort.

Self-Improvement -To instill a process of learning and self-improvement at every level through continuous training, focused research and peer review.

Patient Dignity-To safeguard the dignity of patients by protecting their individuality and privacy at all times.

Some key facts about KDAH

One million square feet of space

17 floors, two basements

30 Elevators

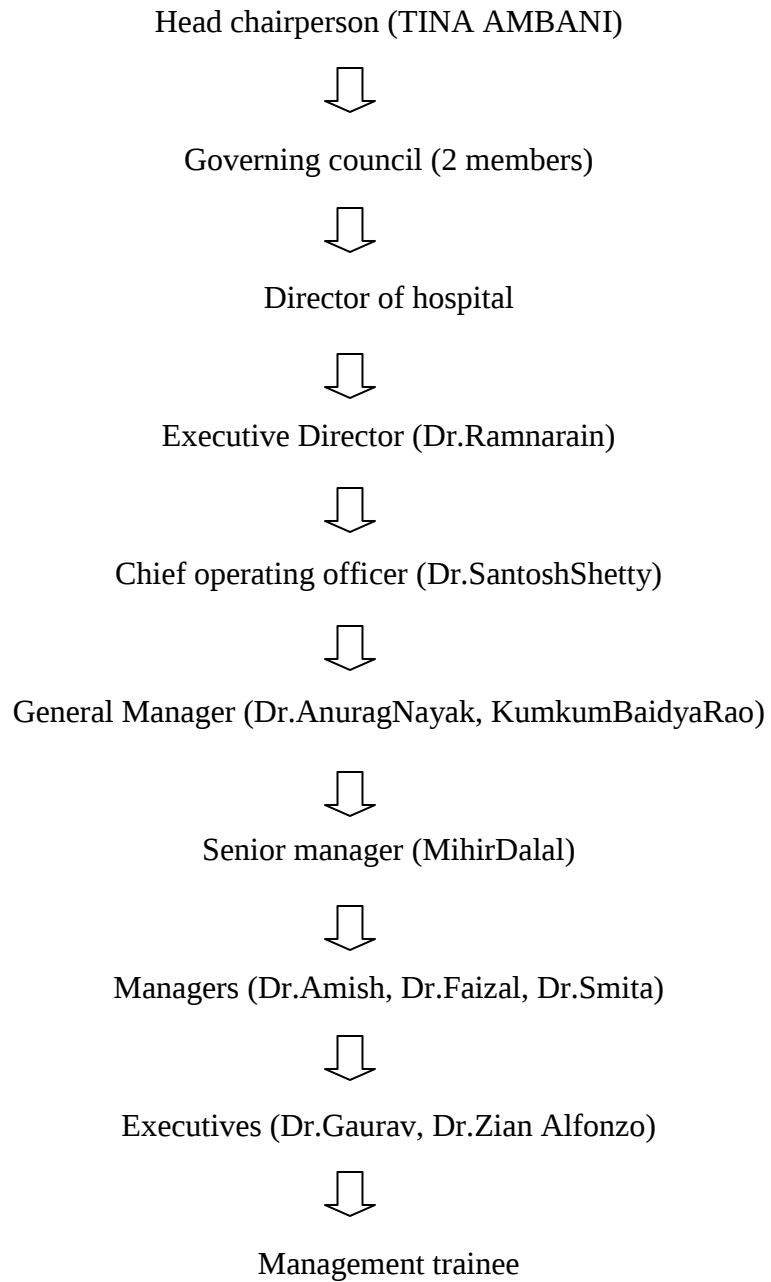
Over 100 OPD clinics, diagnostics and day care services

Total number of beds: 750

103 full-time doctors, 520 nurses and about 200 paramedics

The Kokilaben Dhirubhai Ambani Hospital has been designed according to the AIA (American Institute of Architects), ASHRAE (American Society of Heating, Refrigerating and Air-Conditioning Engineers), NFPA (National Fire Protection Association) and ANA (American Nursing Association) standards

ORGANOGRAM OF CLINICAL ADMINISTRATION DEPARTMENT



DESIGNING OF DEPARTMENTS

Lower Basement (LB) :Nuclear Medicine department, Radiation Oncology, Centre for Sterile Supply Department (CSSD), Linen department, Housekeeping department, Facility Management, IPD Pharmacy, Bulk Stores, Medical Records department, Call Centre, Gymnasium, Biomedical Engineering department, Maintenance department, plumbing station, electric mains and main AC plants.

Upper Basement (UB) :Car parking, ambulance parking, mortuary, organ retrieval room, security office, time office, staff lockers and staff changing rooms.

Ground Floor :Accident and emergency, free OPD, reception, main lobby, prayer hall, admissions, food court, main Kitchen, dietetics, ATM, Report Collection Centre, Patient Resource Centre, 24 hr Pharmacy and Medical Mall, Discharge Billing, gift shop, beauty salon, travel desk, DrNituMandke Convention Centre, Business centre, fine dining, fine dining kitchen, medical gas plant, waste hold area segregated into dry garbage and medical garbage, and vermicompost plant.

Mezzanine :Administrative offices, staff dining and library.

First Floor: General OPD, Pulmonary medicine centre, Centre for Bone and Joint, Centre for Cardiac Science, Executive Health Check programme, Sample collection centre, Imaging-Ultrasonography, Mammography, Bone mineral density, X ray, MRI and CT scan, administrative office

Second floor:Centre for brain and nervous system, centre for children, centre for cancer, Chemotherapy daycare, Nephrology and Urology clinic, Dialysis Unit, Gastroenterology clinic, Audiology, Ophthalmology clinic, Dental clinic, blood bank, sample collection centre and cafeteria.

Third floor:OT complexes-I, surgical hold area, Cath lab, Angiography daycare, Angiography recovery, Surgical ICU and Neuro ICU, and staff dining.

Fourth floor :AC plants

Fifth floor:OT complex-II, Post op recovery room, day care recovery room, SICU, refuge area and cafeteria.

Sixth floor:Centre for physical medicine and rehabilitation, Inpatient Rehabilitation unit, executive offices and board room.

Seventh floor:Laboratory services (Histopathology, Biochemical, Molecular biology and Cytogenetic and Microbiology), Nursing College class rooms, Training Centre, IVF, cosmetology and aesthetic surgery

Eight floor: Gynecology OPD, Labor rooms, Birthing Complex, LDRP suites, IP rooms, NICU, PICU, inpatient obstetrics and C-section OT, recovery room.

Ninth floor: Pediatric twin sharing and general ward.

Tenth floor: MICU, step down ICU and waiting area.

Eleventh floor: General ward, Nursing college laboratories.

Twelfth floor: Twin sharing inpatient rooms and hotel rooms.

Thirteen floor: Twin sharing inpatient rooms and hotel rooms.

Fourteenth floor: Twin sharing and single sharing inpatient rooms, and hotel rooms.

Fifteenth floor: Single sharing rooms and hotel rooms.

Sixteenth floor: Suites and deluxe suites.

The areas which should be away from normal patient traffic have been kept at the lower basement, like- nuclear medicine, radiation oncology and CSSD, and the engineering areas. All the OPD clinics are divided into six centre of excellence. Most of them are kept on first and second floor. The floors have all the diagnostic facilities available like radiology and sample collection centre. The patient does not have to roam from one floor to another. Special AC plant for Operation theatres is at the fourth floor which is in between the third and fifth floor where majority of operation theatres are located. Centre for physical medicine and rehabilitation is kept in between the OPD and Inpatient areas for easy access. All the laboratory services have been clubbed at one place. All the Obsgynaec facilities have been incorporated on one floor for effective utilization of resources and for convenience. The inpatient rooms are categorized from general wards to twin sharing, then to single sharing and finally to suites.

OUTPATIENT DEPARTMENT

The outpatient department has been decentralized into six centres of excellence. This helps in distributing the patient flow. All the OPDs are kept on first and second floor except Gynaec OPD which is on eighth floor with the Obsgynaec wards. Every OPD has consult rooms with examination table, clean utility to keep stationery items, linen and other clean items, dirty utility to keep used linen, visitors' toilet and staff toilet, LCD screen, newspapers, magazines, brochures for patients' knowledge and entertainment, drinking water facility, sitting arrangement outside the consultants' room, nursing station, treatment room for minor procedures. Special facilities are provided in certain OPDs according to the need, e.g. plaster room in orthopedics; EEG, EMG

in neurology, ECG, stress test, echocardiography in cardiology or changing rooms. The physicians and surgeons of same specialty are clubbed in one type of OPD.

For patients' convenience the registration and billing counters have been scattered. They can do the billing at the billing counter which is nearer to their respective centre. There are two such counters on every floor. The imaging department is in close proximity with the accident and emergency elevators as well as the health check programme making the delivery of service quicker and convenient. Sample collection centres are present on every floor with toilet facility and phlebotomy room; the collected samples are sent through shoot system to the laboratory on seventh floor. Snack bar is available on second floor where blood bank is also situated.

The layout is of double corridor system with stretcher and wheel chair bay. Every floor has scattered AHUs (Air Handling Unit), Electric room, IT room. So that if there is some problem in one unit the other area is not affected by it. If such rooms are combined together then any problem in them will lead to problem in whole floor itself⁶. The executive health check has its own registration counter, clean utility, changing rooms, waiting area, cafeteria, phlebotomy, X ray, spirometry, echocardiography, ECG, stress test, dentistry and consult rooms.

OPERATION THEATRE

There are 15 operation theatres clubbed into two operation theatre complexes. One complex is on third floor and the other is on fifth floor. They have their separate AHUs on fourth floor. The complexes are away from the normal patient flow. These floors are dedicated to operation theatres and SICUs only, so, there is calm and peaceful environment. Out of 15 OT two are dedicated to Day care surgeries only. All the OTs in a complex are arranged in a straight line next to each other with scrub rooms for every OT in between them. All the operation rooms are standardized for convenient use of different staff and to prevent surgical errors. The rooms are spacious enough to accommodate equipments like heart and lung machine and C-arm as when required. They are flexible and are suitable to carry any type of surgery. Every room has HEPA filter at the top of the operating table and the sterile air is blown on the table with a blower. With the help of grills the air is circulated back to the AHU.

The operating room has a control panel which makes the control of all the environmental parameters in the operating staff's hand. They do not have to wait for engineering department to do it. It has temperature, air changes, humidity regulator and emergency call system.



OT Control Panel

The scrub station is wide enough that it can accommodate two persons scrubbing at a time. The water taps are foot controlled. The door from scrub station to the operating room is also foot controlled which ensures infection control. The main door of operating room is sliding which is compact and saves space. The ceiling mounted pendulum is there which accommodate suction tubes, pulse oxymeter, syringe pump and other equipments and materials which makes it easy to move while working and cleaning and it saves lot of space also.

One peculiar feature in OT complex is IMRIS (Intraoperative Magnetic Resonance Imaging Suite). It has a moving MR (Magnetic Resonance) scanner, which can move between two operation theatres which are adjacent to a central diagnostic MR room. It is available in OT 1 and OT 2 of third floor. This system allows neurosurgeons to get real time images of the brain before, during and after the surgery thus delivering greater precision and ensuring completeness in tumour removal. Apart from operating rooms the OT complex has a post operative recovery room with strength of 12 beds. There is a separate day care recovery unit with capacity of 8 beds. There are separate clean and dirty corridors. There are provisions for changing clothes, doctor's lounge, staff room, nurse manager room, clean utility, frozen section, sterile preparation room, pharmacy, equipment room, dirty utility, janitor, clean hold, dirty hold area and a main reception. There are two dumbwaiters, one in clean hold and other in dirty hold. Sterile sets are transported from CSSD to clean hold area through dumbwaiters. The used equipments are washed in dirty utility then they are sorted in dirty hold area and are send to CSSD through the second dumbwaiter. This makes the process fast, error and risk free.

ICU

The ICUs are planned in 'Y' shape. The patients are visible to the nursing staff through glasses or through direct view. The cubicle has ceiling mounted pendulums to save space. There is provision of a monitor for online records and monitoring, but this system is not in practice yet. There is a hand washing sink at every patients' bed side and a hand rub solution attached to his bed. The ICUs also has double corridor with patients' cubicles on one side, support services in the middle and waiting area at the other end. The middle lane has Medicine preparation room, treatment room, equipment room, meeting room, store, clean utility, dirty utility, sluice, janitor, staff toilet, AHU, electric room, IT room. The NICU has a feeding room also. The nurse station has a monitor on which vitals of all the patients are displayed.

INPATIENT DEPARTMENT

Each ward floor is divided into three zones- East (A), Central (B) and West (C) zone. Each has their separate main nurse station. The wards are 'U' shaped. There are double corridors with patient rooms at two ends and support services at the centre. Each zone has clean utility, dirty

utility, sluice, janitor, store, equipment room, staff toilet, doctors' room, housekeeping desk, electric room, IT room and AHU. The corridors have stretcher and wheel chair bay. Hotel rooms are present in the west zone of twelfth, thirteenth, fourteenth and fifteenth floor. There is day area on all the floors for patients' socializing with family members and for mood recreation. The pediatric ward floor has a play area for children to play and relax. In general ward there are five beds in each ward. Wards are separate for male and female patients. The inpatient rooms are standardized, spacious and has sink to wash hands. Isolation rooms are made with ante room facility. They can be maintained at both positive and negative pressure according to the need. There are LDRP (Labor Delivery Recovery and Postpartum care) suites on eighth floor. They have a room for patients' relatives and a room for patient and the delivery is done in the same room. It has baby bathing sink. It has also has ceiling mounted pendulum to keep the equipments and medicines. The overall aesthetic of the suite is cheerful because it is a place for celebration not for recovery from disease.

ACCIDENT AND EMERGENCY

The emergency department is located at the ground floor such that its flow is independent of other hospital areas' flow. It has its own separate entrance, reception and waiting area. It has triage, trauma OT, plaster/procedure room, pharmacy, isolation room, janitor, housekeeping desk, janitor, patient toilet, visitors' toilet, dirty utility, clean utility, equipment room, doctors' room, nurse station and two dedicated elevators for accident and emergency which opens till fifth floor where OT and ICU are located. The position of these elevators is next to the Radiology department on first floor for convenience.



Accident and Emergency Department

A STUDY ON ADMISSION PROCESS FLOW
(Kokilaben Dhirubhai Ambani Medical Hospital, Mumbai)

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AIM

The main aim of the study is to have an insight of an admission process flow in a hospital so as to discover the bottlenecks leading to the delay in admission process and thus providing possible implications.

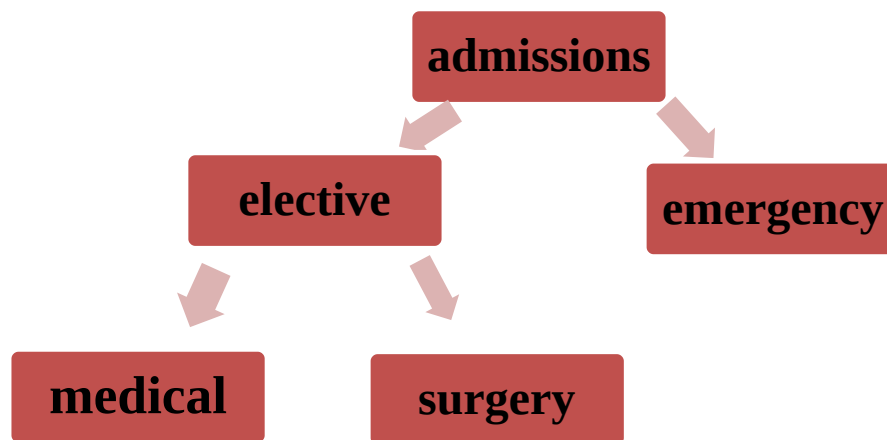
INTRODUCTION

A hospital is a complex organization in which many health care professionals work together to resolve complicated tasks, often under acute circumstances. It is a composite environment, where births, deaths, and hundreds of medical interventions take place; where professionals from a variety of disciplines and backgrounds converge to provide care; where patients and their families come in search of healing and reassurance.

A visit to a hospital is dangerous and stressful for patients, families and staff members. Effective admission process significantly enhance the capability and effectiveness of the treatment provided to patients.

Hospital admission involves staying at a hospital for at least one night or more

Admissions could be classified into two categories:



ELECTIVE ADMISSIONS: These are basically planned admissions. Patient priorly knows it. Elective admissions could be medical admission or surgery admissions. Medical admissions are in case if patient admits because of any disease where as surgical admission is for surgical procedures. Surgical admissions also include packages depending on the type of surgery.

EMERGENCY ADMISSIONS: These admissions are the admissions through emergency department.

An individual may be admitted to the hospital for a positive experience, such as having a baby, or because they are undergoing an elective surgery or procedure, or because they are being admitted through the emergency department. Being admitted through the emergency department is the most stressful of these circumstances because the event is unexpected and may be a major life crisis.

Before the person is taken to their room, admitting procedures are performed. The person's personal data is recorded and entered into the hospital's computer system. This data include:

- Name
- Address
- Home and work telephone number
- Date of birth
- Place of employment
- Occupation
- Emergency contact information, or the names and telephone numbers of those individuals the hospital should contact if the person being admitted needs emergency care or their condition worsens significantly
- Insurance coverage
- Reason for hospitalization
- Allergies to medications or foods
- Religious preference.

And registration card is provided. Actually registration process is done once patient visits consultant. At the time of admission patient must have UHID number. UHID No. of the patient is the unique hospital identification number which is given during registration. Hospital provides life time membership through this card which means patient need not to go for registration process if he visits hospital again.

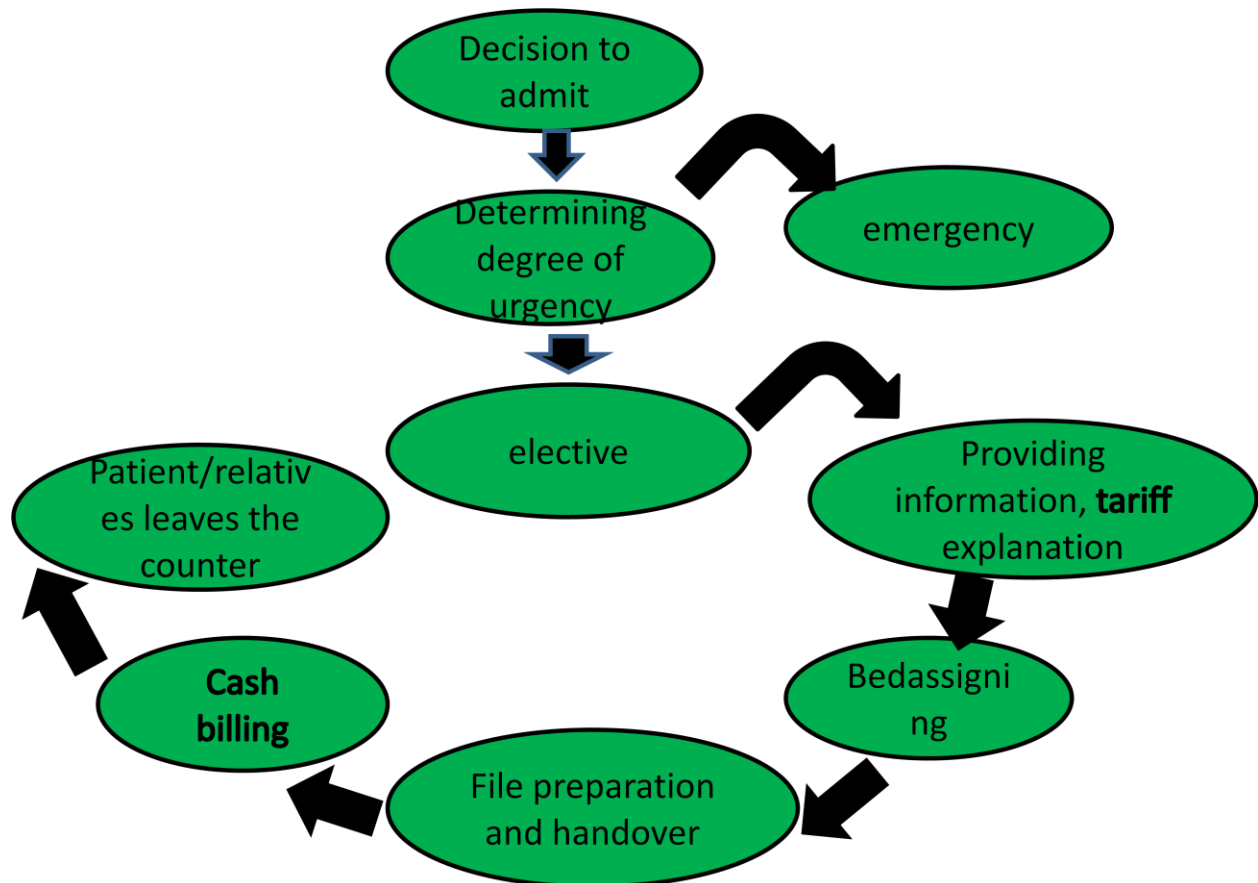
After visiting consultant, if he has advised for admission, he comes to admission desk with the consultants prescription defining the category of admission. A tariff booklet is provided to the patient to choose the bed category. Once the category is finalised online bed is assigned to the patient. There are two types of forms which patient or relative has to fill. One form is admission form defining the category of bed, bed no. floor, doctor's name, procedure to be done (in case of surgical admissions), disease diagnosed (in case of medical admissions) and UHID NO. Of the patient. UHID No. Another form which is to be signed by the patient is consent form which

includes the consent of patient for admission if patient is not present at the time of admission this could be done by his relatives .after this patient is asked to deposit the payment in cash and billing department. By the time he comes back CCO (customer care officer) is ready with the file with admission form consent form, wrist band for patient with name ,UHID,bed no.,feedbackform, patients guide booklet. This completes the admission process. Three passes are allotted to the patient and patient has to sign in the pass book after receiving. This completes the admission process.

Once all the admitting procedure is completed, the next step is usually being taken to one's room. Depending on patient's condition, he is shifted to his room with the help of HEALTH CARE ASSISTANTS

Once taken to a room, the nurse taking care of the patient will go over the medical and medication history, and orient the person to the room.

PROCESS FLOW OF ADMISSIONS



METHODOLOGY

Time motion study:

Direct and continuous observation of task, using a time keeping device to record the time taken to accomplish a task.

Study design:

Observational and descriptive study

Quantitative and qualitative analysis

Study duration:

9th April to 31st May, 2012

Sample size:

100 patients visiting KDMH for planned admissions

Study area:

Kokilaben dhirubhai ambani hospital, Mumbai

TOOLS AND TECHNIQUES

Time recorded of following processes:

- Time at which patient arrived at admission counter
- Time at which online bed assigned
- Time at which patient physically left the counter

Analysis and Calculations from data:

Bed assigning: this involves the arrival of patient at the admission desk till the online bed assigning.

Minimum time taken=1 min

Maximum time taken=4 hrs 35 mins

Average time taken=15 mins 10 seconds

Complete Admission Process :This involves the arrival of patient at admissiondesk, bed assigning and documents handover. This process completes till the patient leaves the counter.

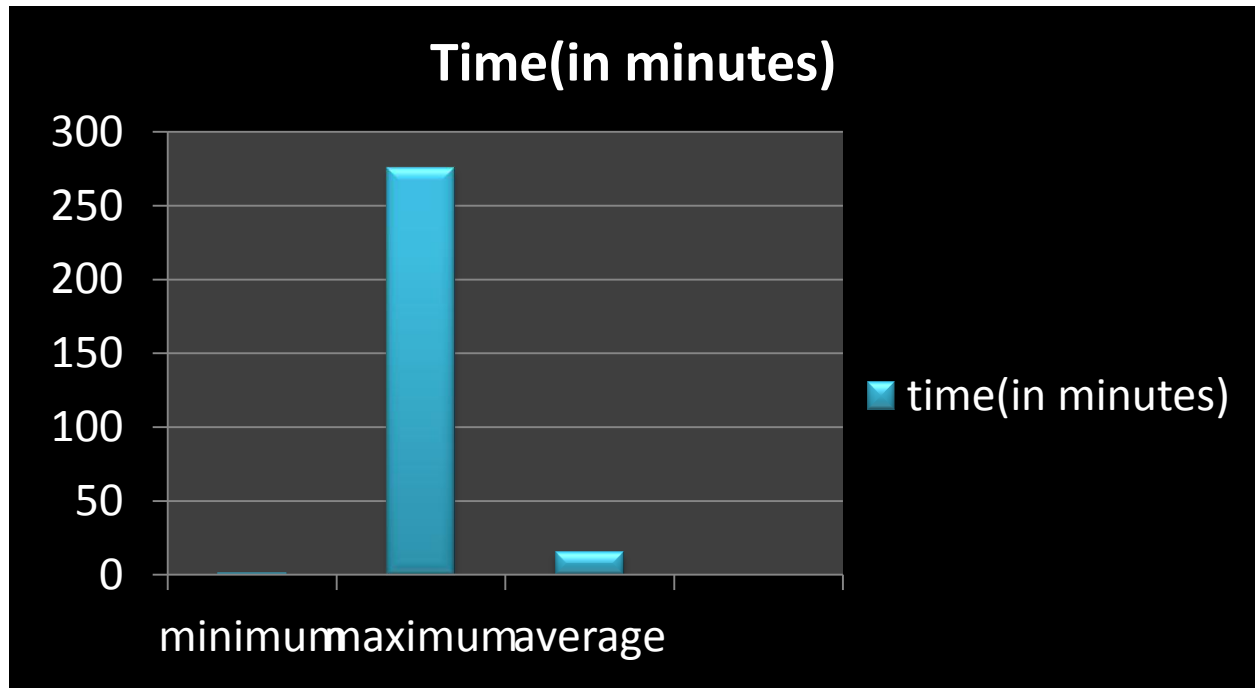
Minimum time taken=2mins

Maximum time taken=6hrs 35mins

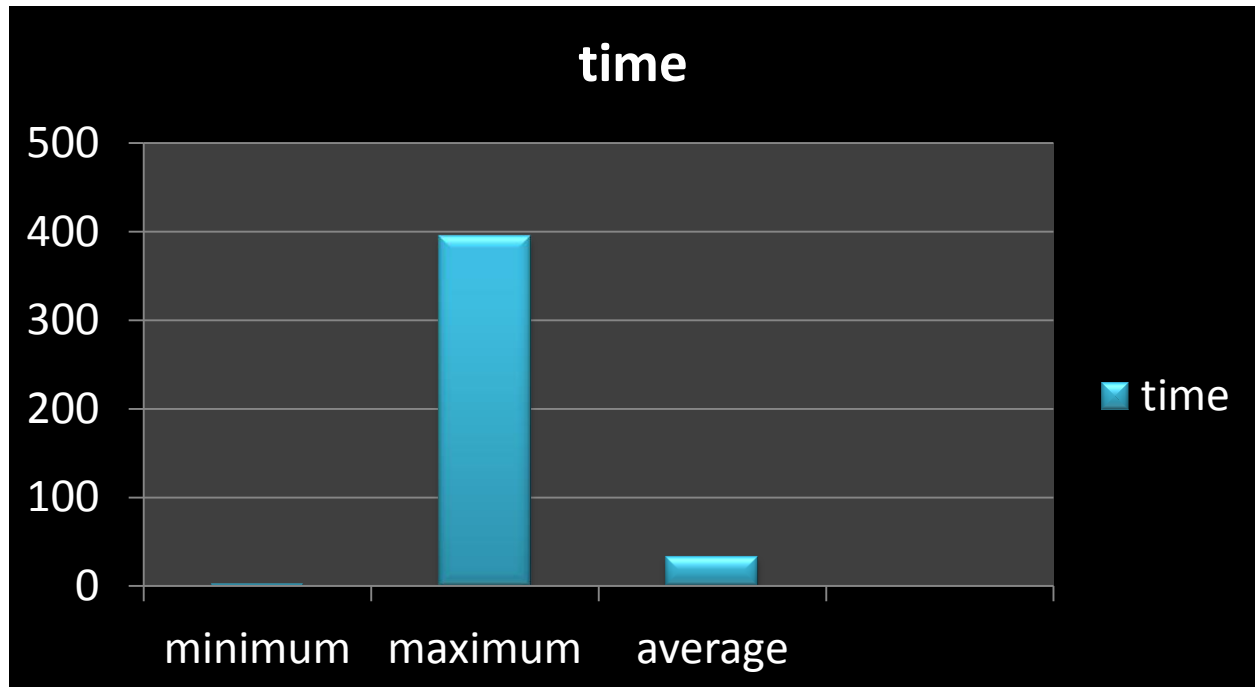
Average time taken=33mins28 seconds

GRAPHICAL REPRESENTATION

Bed assigning:

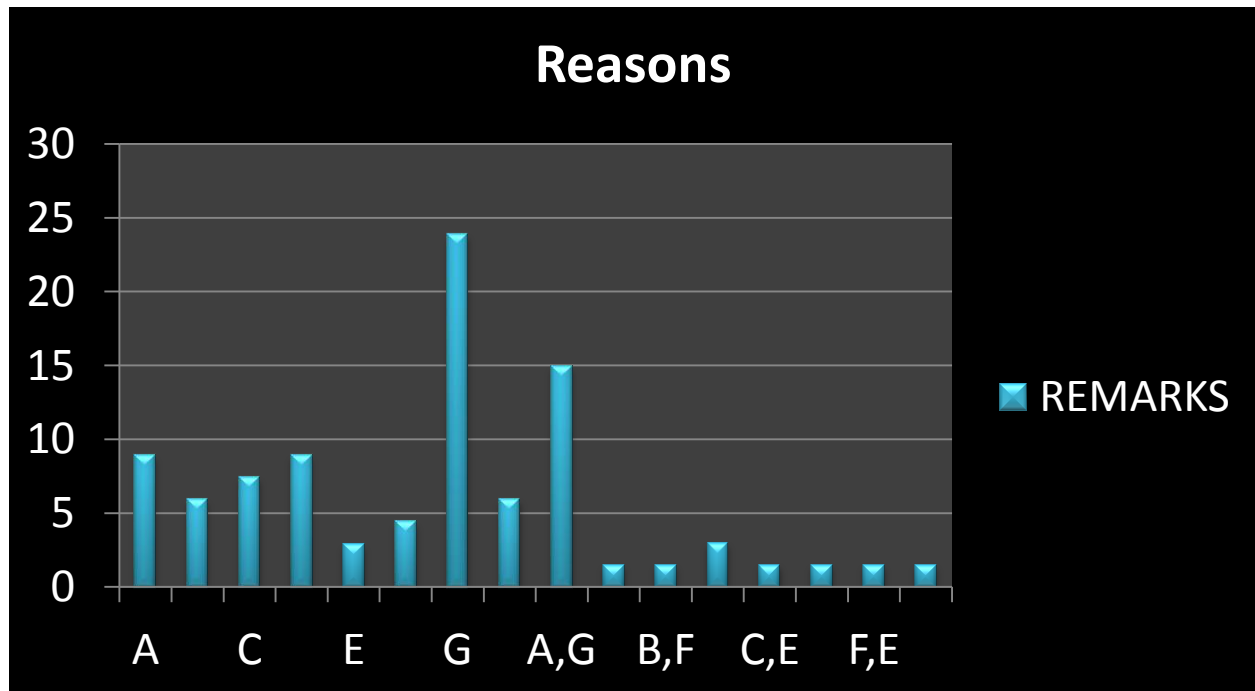


Total Admission Process:



RESULT ANALYSIS

Reasons for delayed admissions:



Where:

- A) Lack of communication with floor nurse
- B) C.C.Os occupied
- C) Patient or relatives wants to visit room first
- D) Choice of bed not available
- E) Patients own reasons
- F) Discharge bed
- G) Cash billing
- H) TPA waiting

INTERPRETATION

- 67% cases took more than 15 mins
- 33% admissions were ideal
- (Ideal admission process should be completed in 15 mins)

ANALYSIS

- Data shows cash billing is the major reason leading to the delay in the process flow another
- Reason diagnosed is communication with floor nurse.

RECOMMENDATION

- **MANPOWER:** assigning floor clerks on each I.P.D floor: because of the lack of floor clerks every time nurses had to confirm the availability of beds and other floor IPD activities were also their responsibilities that are why most of the time they do not respond to calls from admission desk ultimately causing delay in admission process.
- Reduction in non-value added activities.
- Token system at the admission desk: Proper and systematic flow of patient for admissions will definitely make the process flow easy. Providing token system is easiest way to reach.
- More billing counters: there were only three billing counters which were not sufficient to manage during the peak hours so as to make the admission process flow smooth and quicker there should be more billing counters.
- **Non value added activity** can be defined as the activities that add no value from customers' perspective such as:
- CCOs moving to pharmacy to get payment through card: customer care executives were not having card swapping machine that is why each and every time for the payment they had to move to the pharmacy of the hospital. Although billing department was separately operating but working of billing department was not round the clock because of which customer care executives had to move pharmacy.
- Sometimes they have to rush on the floor if nurse is not picking up the call: for confirming the bed CCOs usually has to call on the floor and floor nurse every time has to confirm the bed but many of the time nurses don't able to pick the calls from desk because of the work load. In that case patient always has to wait and CCO has to rush to the floor to confirm the bed.
- Personal calls: CCOs sometimes get busy in their personal calls meanwhile patient has to wait anyways.

*_*_*_*_*

OTHER OBSERVATIONS

ULTRASONOGRAPHY- Only four machines are there which have the patient load of outpatients, inpatients, emergency and health check people. On an average 45 patients undergo ultrasonography in a day and each procedure takes around 20-25min. so the load on the department is tremendous. There is a problem of delayed reports because the transcriber do not type them on time, or the consultants do not sign them on time, and there is no health care assistant to carry those reports to the report dispatch counter. The online report is available after four hours of procedure but the printed report gets delayed.

There is also a problem of appointment switching. Walk in patients come and they want to be adjusted in the normal schedule, either they have an emergency or they have a reference from some doctor. This makes the appointed patient wait. Normally the appointments get booked a week prior. So, they have kept one or two slots reserve for such cases. On Saturdays the health check people are in huge number, around 50. So no outpatient appointment is given for Saturday. They do have a separate USG machine for health check people only but it is not in practice yet. There is only one lady doctor for USG, if she is on leave then either the patients' appointment is cancelled or she has to wait while some other doctor is arranged.

The inpatients also take appointments for USG. But sometimes the patient comes late to the department, say if the appointment is at 3:30pm the patient will come to the department at 5:30pm. Sometimes inpatient has to wait because the ward nurse has not put the order in HIS or has put it wrong.

In X ray also the inpatient is send from the ward without informing the X ray department and the department is already busy with outpatients. So the inpatient or outpatient has to wait. Here also sometimes the order is not placed or wrongly placed in HIS by the ward nurse.

DISCHARGE PROCESS- the discharge process gets delayed (4-6hrs) especially in general ward because the discharge summary is not signed or some reports are pending.

AMBULANCE- No one is sure about the ambulance charges, not even the billing department. Everyone told different night timings for ambulance some said its 9:00pm to 9:00am, some said its 9:00pm to 7:00am, and some said its 8:00pm to 8:00am. But in reality there were no night charges. They used the flat rate system.

It is a new hospital. Policies are there but those policies are not followed fully by the lower staff.

LESSONS FROM SUMMER TRAINING

The main objective of summer training was to get acquainted with the hospital as an organization. The departmental orientation gave me a good insight into the structure and processes of various departments. I came to know about the various requirements of a department and common issues in that department. I came across some procedures which were of world class quality like pneumatic tube system. An exposure to such practices would be very helpful in future.

Moreover, an exposure to the real work environment has helped me to develop skills to work with people and tackle them. When I interacted with people of various levels I came to learn about their perceptions, attitudes and behaviors like customer care executives, nursing staff, doctors, technicians, patients and managers. This will help me in future whenever I will be dealing with them.

The project assigned to me gave an opportunity to develop better understandings of the process flow of the admission process. It gave me a sense of responsibility and commitment towards the fulfillment of the task assigned. It helped me to critically analyze the situation and to come up with plausible solutions for improvements.

The hospital environment gave me the flavor of the work environment in which I will be working in future. I got a better understanding of the hospital as a system which is a combination of lot of people and departments. Inter departmental coordination is very necessary. This has enhanced my interest further in the industry and would be profession.

The two months journey not only helped me to better understand the hospital as an integrated system of people and processes but gave me certain attributes which I would carry with me for future.

THANKS