Summer Training at
Max Super Speciality Hospital, Shalimarbagh, New Delhi
(April 9 - May 31, 2012)

Identification and analysis of customer related issues at front office and billing department of a super specialty hospital

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
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Institute of Health Management Research,
Jaipur
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CERTIFICATE

This is to certify that Dr. Kanika Satija has undergone summer training at Max Hospital, Shalimar Bagh, New Delhi from 9th April to 1st June 2012.

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

I wish her success in all future endeavors.

Dr.P.R.Sodani
(Dean Academics and Student Affairs)

Prof. Monika chaudhary
(Associate professor, IHMR Jaipur)

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May 31, 2012

To whomsoever it may concern

This is to certify that **Ms. Kanika Satija** student of **Institute of Health Management Research, Jaipur** has completed her internship from April 9, 2012 to May 31, 2012 at Max Super Speciality Hospital, Shalimar Bagh.

Project Details:

- Evaluation of deviations in Turn-around-time (TAT) for Discharge of IPD patients
- Identification and analysis of customer related issues at Front office and Billing departments.
- Framework for Reward and Recognition at Front Office
- In addition they also designed a brochure for IMS (Integrated management system) awareness for hospital staff.

During this period, we found her hardworking, sincere and a keen learner.

We wish her all the best in her future endeavors.

For **Max Healthcare Institute Limited**

Dr. Archana Bajaj
Deputy Medical Superintendent
Max Super Speciality Hospital
Shalimar Bagh

ACKNOWLEDGMENT

I take this opportunity to express my gratitude to the people who have been instrumental in the successful completion of this project

I show my greatest regard to my mentor Ms**. Monika Chaudhary** (Associate Professor, IIHMR, Jaipur) for helping me out and guiding me during my summer training.

I would like to express my deepest gratitude to Sr. Manager Quality**, Mr. Bharat Laroyia** at Max Healthcare, Shalimarbagh, New Delhi for his excellent guidance, patience and providing great opportunity to work. I would like to extend my sincere thanks to **Dr. Ajju Agnothri** (HOD, Blood Bank) **& Mr. Abhishek Sinha** (Manager Bio-Medical) who always guided me in difficult times of my work.

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ABBREVIATIONS

IP – Inpatient

OPD – Outpatient department

CPRS – Computerized patient record system

GDA – General duty assistant

HIS – Hospital information system

TPA – Third party administrator

PCC – Patient care coordinator

PCE – Patient care executive

TCEQ – Total Customer Experience Questionnaire

EWS – Economically weaker section

HOSPITAL PROFILE

Max Super Speciality Hospital, Shalimar Bagh (MSSH) is a multi-speciality hospital, owned and operated by Max Healthcare Institute Limited (MHIL).

Designed by internationally renowned architect Mr. Richard Wood and constructed in conformity with globally accepted standards for hospitals, MSSH covers approximately 2 lakh 98 sq. ft. spread over 12 floors. Max Healthcare now extends its personalised service to the people of Shalimar Bagh. This Super Speciality Hospital caters to the healthcare requirements of North, North-West Delhi & Eastern parts of Haryana and is backed by state-of-the-art medical equipments along with emergency & intensive care infrastructure.

Max Super Speciality Hospital, Shalimar Bagh is a centrally air-conditioned hospital with a total bed capacity of 300 beds. The hospital is designed to provide highest level of professional expertise and world class care in Comprehensive Cardiac Sciences, Minimal Access, Metabolic & Bariatric Surgery, Neurosciences, Orthopaedics & Joint Replacement, Trauma & Critical Care, Urological Services and all Support Specialties.

- **Scope and Facilities**
  - OPD
  - Emergency
  - Trauma & Critical Care
  - Inpatient Services
  - Preventive Health, Pre-employment health & Pre-insurance health check-ups
  - Laboratory and Diagnostics
  - Pharmacy
  - Support Services

Max Hospital, Shalimar Bagh is built on the strong foundation providing services in aforesaid departments.

All of these departments have separate scope of services & policies related to patient care. These form the basic working guidelines for the hospital which is under the aegis of vision & mission of Max Healthcare.

Out Patient Services

MSSH, Shalimar Bagh is equipped to render complete services for treatment of emergency, acute, routine and follow up care for patients of all age groups. The outpatient services are provided in the following specialities:

1. Aesthetic & Reconstructive Plastic Surgery
2. Minimally Access Metabolic & Bariatric Surgery
3. Cardiology
4. CTVS
5. Dermatology
6. Dentistry
7. Dietetics
8. Endocrinology
9. ENT
10. Gastroenterology
11. General surgery
12. Gastro-Intestinal Surgery
13. Gynae MAS
14. Paediatric Surgery
15. Internal Medicine
16. Mental Health & Behavioural Sciences
17. Neurosciences
18. Nephrology
19. Obstetrics & Gynaecology
20. Ophthalmology
21. Orthopaedics
22. Paediatrics & Neonatology
23. Paediatric Surgery
24. Podiatry
25. Respiratory Medicine
26. Physiotherapy & Rehabilitation

27. Urology

28. Vascular Surgery

29. Preventive Health Programme

- **Emergency**

The Emergency Department specializes in focusing on triaging, diagnosing, providing primary care and treatment of acute illnesses and injuries that require immediate medical attention.

The emergency department also provides the ambulance services for transporting critically ill patients or stable patients who require transportation. We have internationally trained Physicians in the field of Emergency medicine.

In patient services department

The IPD provides

- The detailed pre-procedure needs and their completion and coordination with the diagnostics to arrive at diagnosis and completion of treatment regimens
- The comprehensive care in the preoperative, postoperative and follow up care.
- The rehabilitative and nutritional regimen and their scientific amalgamation as per the progressive patient care need.

- **Pharmacy**

The pharmacy department provides expertise in proper storage, stocking, dispensing and facilitating the administration of medication. The pharmacy ensures round the clock availability of medication for the out patients as well as the inpatients of the hospital.

Preventive Health& Pre- employment medical check- up

Preventive Health Programme is committed to the old adage "prevention is better than cure".

The preventive health programme comprises of a comprehensive set of tests, which have been specially designed keeping the health needs of people in mind.

The Diagnostic services have state of the art technology, equipment, highest level of environmental controls and fully trained and experienced staff who are dedicated to the care of patients.

- **Diagnostics**
  - **Laboratory**
    - Biochemistry
    - Haematology
    - Immunology
    - Microbiology
    - Cytology
    - Frozen Section
    - Clinical Pathology
  - **Radiology & Imaging Services**
    - X-Ray
    - CT Scan
    - Ultrasound
    - Mammography
    - MRI
    - Fluoroscopy
  - **Cardiology**
    - ECG
    - TMT

- Echocardiography
- Stress Echocardiography
- Holter

- **Nuclear Medicine**
  - Bone Scan
  - Thyroid Scan
  - Renal (DTPA/DMSA) Scan
  - Stress Thallium
  - RBC scan
  - Meckal Scan
  - HYDA Scan
- **Neurology**
  - EEG
  - EMG
  - NCV
- **Gastroenterology**
  - ERCP
  - Endoscopy
- **Pulmonology**
  - Bronchoscopy
  - Sleep Study
  - PFT

- **Urology**
- Urodynamics

- **Support Services:**
  - Front office
  - IP Billing

- Food and Beverages
- Housekeeping
- Medical Records Department
- Engineering
- Biomedical Engineering
- Security
- HR & Training
- Administration
- IT
- LSS
- Commercial
- Accounts
- Marketing

Facility Layout

- The Floor wise Distribution of MSSH, Shalimar Bagh:

Floor	Patient Care Services
Lower Basement	Engineering Installations (LT Panel, Chillers), Engineering Office, Local Sub Store
Upper Basement	IP Pharmacy, Housekeeping Store ,CSSD, Call Centre, Bio Medical Engineering Office, Security Control Room, Uniform & Linen Room, Staff Change Rooms, Mortuary, Bio Medical Waste Room, IT Server Room, MRD
Ground Floor	OPD/Preventive Health Program, OP Registration, IP Admission & Discharge, MRI, CT, Fluoroscopy,X-ray,Ultrasound,Mammography, Emergency Resuscitation & Observation, Emergency O.T, Nuclear Medicine, CCU, ECG, TMT,ECHO, Holter, EEG, EMG,Phlebotomy, Plaster & Treatment Room, Visitor Cafeteria, OP Pharmacy
First Floor	O.T Complex (6 O.T's), Pre-post O.T, TSSU, O.T Store, Labour Room, Caesarian O.T, Nursery & Pre-post Labour, Ambulatory Care (Day Care Room , Day Care O.T, Endoscopy Suite, Lithotripsy), Cath Lab, Pre-post Cath, CTVS ICU
Second Floor	MICU, SICU, Neuro ICU, PICU, NICU, HDU, Blood Bank, Dialysis Unit, ICU Patient Attendant Waiting Area
Third Floor	Physiotherapy, Lab, Doctors Lounge, Kitchen, Staff Cafeteria
Fourth Floor	Administrative Offices, HDU, IP Rooms
Fifth – Ninth Floor	IP Rooms

Bed Strength and Distribution Area wise

MSSH, Shalimar Bagh has 150 operational beds as under:

Ground Floor	4
Second Floor	26
Fifth Floor	41
Sixth Floor	41
Seventh Floor	**38**
Total	**150**

Bed Distribution Category wise

Category	Ground	Second	Fifth	Sixth	Seventh
Economy Beds	0	0	8	8	8
Single Room	0	0	13	13	10
Double Room	0	0	20	20	20
ACCU	4	0	0	0	0
CTVS ICU	0	4	0	0	0
MICU	0	10	0	0	0
SICU	0	4	0	0	0
PICU	0	4	0	0	0
NICU	0	4	0	0	0
Total	**4**	**26**	**41**	**41**	**38**

Hospital will be fully operational with 288 beds as under –

Ground Floor	8
First Floor	20
Second Floor	55
Fourth Floor	29
Fifth Floor	41
Sixth Floor	41
Seventh Floor	41
Eighth Floor	41
Ninth Floor	12
Total	**288**

Bed Distribution Category wise

Category	Floor								
	Gnd	1st	2nd	4th	5th	6th	7th	8th	9th
Economy Beds	0	0	0	10	8	8	8	8	0
Double Room	0	0	0	8	20	20	20	20	0
Single Room	0	0	0	2	13	13	13	13	0
Classic Deluxe	0	0	0	0	0	0	0	0	8
VIP Suite	0	0	0	0	0	0	0	0	4
HDU	0	0	8	9	0	0	0	0	0
PICU	0	0	8	0	0	0	0	0	0
NICU	0	0	13	0	0	0	0	0	0
SICU	0	0	8	0	0	0	0	0	0
MICU	0	0	10	0	0	0	0	0	0
Neuro ICU	0	0	8	0	0	0	0	0	0
CTVS	0	8	0	0	0	0	0	0	0
CCU	8	0	0	0	0	0	0	0	0
Daycare	0	12	0	0	0	0	0	0	0
Total	**8**	**20**	**55**	**29**	**41**	**41**	**41**	**41**	**12**

- The defined services are prominently displayed at various places so that they are easily visible to the patients entering the organization.

- Services not included in the scope of MSSH, Shalimar Bagh are:
    - Radiation Oncology
    - Bone Densitometry.
    - Treatment of major burns patients
    - Major Transplants (Liver, Kidney)
    - Treatment of Infectious Diseases

Vision – Mission Model

Passion – build trust

Vision- deliver international class health care with a total service focus, by creating an institution committed to the highest standards of medical and service excellence ,patient care, scientific knowledge ,research and medical education.

Mission –

- Create exceptional standards of medical and service excellence
- Care provider of first choice
- Principal choice for physicians
- Ethical practices
- Create international centre of excellence for select super specialities.
- Safety- patient, customer, staff.

DEPARTMENTS

Blood bank

Blood bank caters to transfusion need of the patient.

Blood bank is responsible for

- Collecting blood from blood donors
- Rapid response to urgent requests for blood components
- Checking pre-transfusion samples and requests
- Assessing of immunological compatibility between donor and patient
- Selecting of suitable blood component for each clinical condition
- Safe delivery and handling of blood components

Location – it was located on the 2nd floor.

Layout – the facility had

1. Reception and waiting area
2. HOD room- where medical examination and selection of donors was done
3. Phlebotomy room – where blood was collected from the donors
4. Serology- blood grouping and cross matching was done here.
5. Component lab – where blood components were separated and stored.
6. Sterilization cum washing room
7. Store cum records
8. Refreshment cum rest room

Protocol for the blood bank :

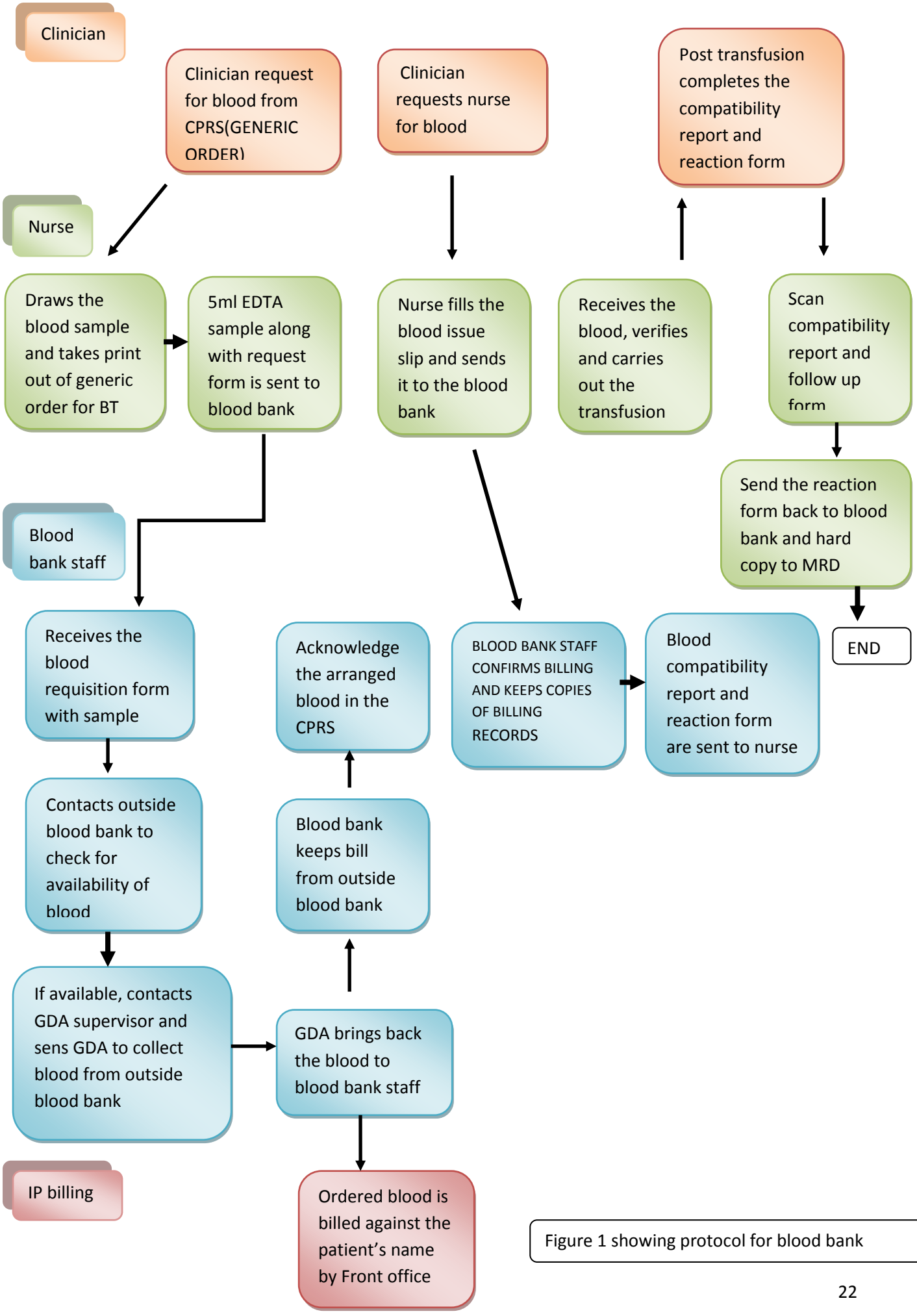


Figure 1 showing protocol for blood bank

Central sterile supply department (CSSD)

Central Sterile Supply Department (CSSD) is one of the most important departments of the hospital.

It aims at centralising the activities of receiving, cleaning, assembly, sterilisation, storage and distribution of sterilised materials from a central department where sterilisation is done under controlled conditions with adequate managerial and technical supervision at an optimum cost.

It contributes to reduction in hospital infection rate.

Location – it was located in the basement.

Layout – the department was divided into three main areas which were separated by barriers. Space was further divided in the main areas as per the work flow. The flow of activities performed was:

1. Receiving area- used items from various departments were received here for cleaning and sterilization.
2. Cleaning area – cleaning of instrument was done manually and with the help of a machine. The instruments were subjected to the cycle of washing, rinsing, ultrasonic cleaning and drying. After that instrument were received in the packing area from the drying machine.
3. Packing area – here instruments were prepared for sterilization by packing and sealing them.
4. Sterilizing area- here sterilization of instrument was done. Sterilization was done by two main method
    - Steam sterilization by autoclaves
    - Gas sterilization by ETO (ethylene oxide).
5. Storing area – here instruments were stored in sterile area before distribution to the various department.
6. Distribution counter.

Introduction

Front office and outpatient department is the mirror of the hospital, which reflects the functioning of the hospital being the first point of contact between the patient and the hospital staff.

Patients visit the OPD for various purposes, like consultation, day care treatment; investigation, referral, admission and post discharge follow up. Not only for treatment but also for preventing and promotive services like, health check up, Immunisation, Physio-therapy and so on.

Front office at MSSH is composed of PHP, CALL CENTRE, IP Admission and Billing, Report collection along with OPD

The importance of front office and OPD lies in the following:

- Front office is the first point of contact with the hospital and the entry point into the healthcare delivery system.
- It is an inseparable link in the hierarchical chain of healthcare facilities
- It contributes to the reduction in Morbidity and Mortality
- It's a stepping stone for health promotion and disease prevention
- It facilitates the admission process to inpatient wards.
- It acts as a filter for inpatient admissions, ensuring that only those patients are admitted who are most likely to benefit from such care.
- It's the "shop window" of the hospital."

Functions of OPD and front office:

- Early disgnosis, curative, preventive and rehabilitative care.
- Effective treatment on ambulatory service.
- Screening for admission to hospital.
- Follow up care and care after discharge.
- Rendering of preventive health care.
- Admission and discharge of in patients.

OPD and front office influences the patient's sensitivity to the hospital and patients also look for hassle free and quick services, therefore it is essential to ensure that front office services provide an excellent experience for customers and this is only possible with optimum utility of the resources.

RATIONALE OF THE STUDY

Increasing competition in health care sector has made it necessary to improve satisfaction of patient and staff, and front office becomes a key area which can make or mars the reputation of the hospital.

In today's fast growing world, customer is looking for hassle free and quick services. Meeting the customer requirement by the medical institutes with its limited resources is the challenge. Therefore, periodical study of process and services of front office is required for continuous improvement to achieve service excellence.

The study was conducted at the front office of Max Super Specialty hospital, Shalimar Bagh. The hospital has been newly established which came into existent nine months ago.

Therefore it was felt that there is a need to study the processes, functioning of all departments, identify the customer related issues at various contact point and analyze the finding. The finding of the study would serve as guideline for information for future improvement, modification in the knowledge, processes, use of facility and optimum utilization of human and material resources.

OBJECTIVES

The study was undertaken with the following objectives:

1. To study the process flow of various activities done at front office.
2. To identify the problem in the processes and service delivery system from patient's perspective.
3. To analyze the collected information and suggest recommendations for the same.

REVIEW OF LITERATURE

A study on out patient satisfaction at a super speciality hospital in India

Dr. S. K.Jawahar MHA (AIIMS). DNB (Health Administrator)

The study was conducted among 200 patients attending OPD of Sree Chitra Tirunal institute for medical sciences and technology, thiruvananthapuram, Kerala. The study was done to know the satisfaction level of patients and also get a feedback about the services provided in the outpatient department. The patients were randomly selected from various specialities. In order to get the details from patients, a questionnaire was designed to include question eliciting awareness of patients about the outpatient department services, logistic arrangements, waiting time, facilities, behaviour of staff and support services.

It was found that majority of the patients are satisfied with the clinical services provided. it was noted that there is a scope for improvement of the outpatient department services. it was concluded that OPD services form an important component of hospital services and feedback of patients are vital in quality improvement.

Inter-Relationship between Clinical Departments in Treating Outpatients.

Dr. S.r. Shambulingaiah

The study was taken up in the set up of SDM hospital, dharwad of northern Karnataka. The study was undertaken with the objective to study the functioning and problems of OPD service areas in the SDM hospital setup and to seek the feedback from the patients regarding the existing facilities, functioning style and needs.

Random purposive sampling technique was adopted for the selection of sample. Doctors of various clinical departments and patients attending OPD's were considered as respondents of the study. A sample of minimum 51 doctors and 57 patients were chosen. It was concluded from the study that the Outpatients of SDM Hospital were satisfied with the existing facilities, fee structure and outpatient services and Para clinical facilities and

According to doctors of OPD's in SDM Hospital facilities provided to outpatient were good, co-operation of supporting staff needs to be improved.

Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public Health Facilities

Prahlad Raj Sodani, Rajeev K Kumar, Jayati Srivastava and Laxman Sharma.

The study was conducted in outpatient department of district hospital, civil hospital, community health centre, and primary health centre of the eight selected districts of Madhya Pradesh. The main objective of the study is to measure the satisfaction of OPD (Outpatient Department) patients in public health facilities of Madhya Pradesh in India

Data were collected from OPD patients through pre-structured questionnaires at public health facilities in the sampled eight districts of Madhya Pradesh. The data were analyzed using SPSS. It was found that most of the respondents were youth and having low level of education. The major reason of choosing the public health facility was inexpensiveness, infrastructure, and proximity of health facility. Measuring patient satisfaction, patients were more satisfied with the basic amenities at higher health facilities compared to lower level facilities.

Study on Process time of patients visiting OPD.

Akilan Arunkumar (TATA INSTITUE OF SOCIAL SCIENCES)

The objective of the study was to determine the flow of patients and the time spent in the hospital through arrival and service characteristics and to study the bottleneck in the patient flow.

1413 samples were studied through this study. The response time was calculated from finding the difference between the entry and exit time. Bottleneck analysis was also done.

They recommended that since reception centre being the primary bottleneck of the system, by increasing another service here, the system may be made to work in steady state. it was evidently proved through the simulations that having a single refraction chamber with few technicians , the hospital could reduce waiting time up to 25 percent, as well as better utilization of resources.

METHODOLOGY

The methodology adopted to achieve the study objective was:

Study design: A descriptive type of study was conducted to understand the process flow of activities and identify the problems.

Study area- Max Super Speciality Hospital in Shalimarbagh, New Delhi.

Data collection technique

Primary data regarding the waiting time involved in the process of OPD was collected with the help of waiting time tracking sheet. The tracking sheet consisted information about the arrival time of the patient and then detailed waiting time for each activity. This was followed by calculation of average waiting time for each step.

Secondary data was collected from every sub part of the front office to understand the flow of activities.

During the study period all the sub parts of front office were studied individually in depth to understand the processes and patient flow. Secondary data was collected from the front office duty manager and PCC on duty and substantiated by personal observation.

To address few important issues primary data was collected during the OPD and Front office timings.

Regular interaction was done with patient, PCC and Front Office manager to understand the patient's perspective and identify the core issues.

STUDY FINDINGS

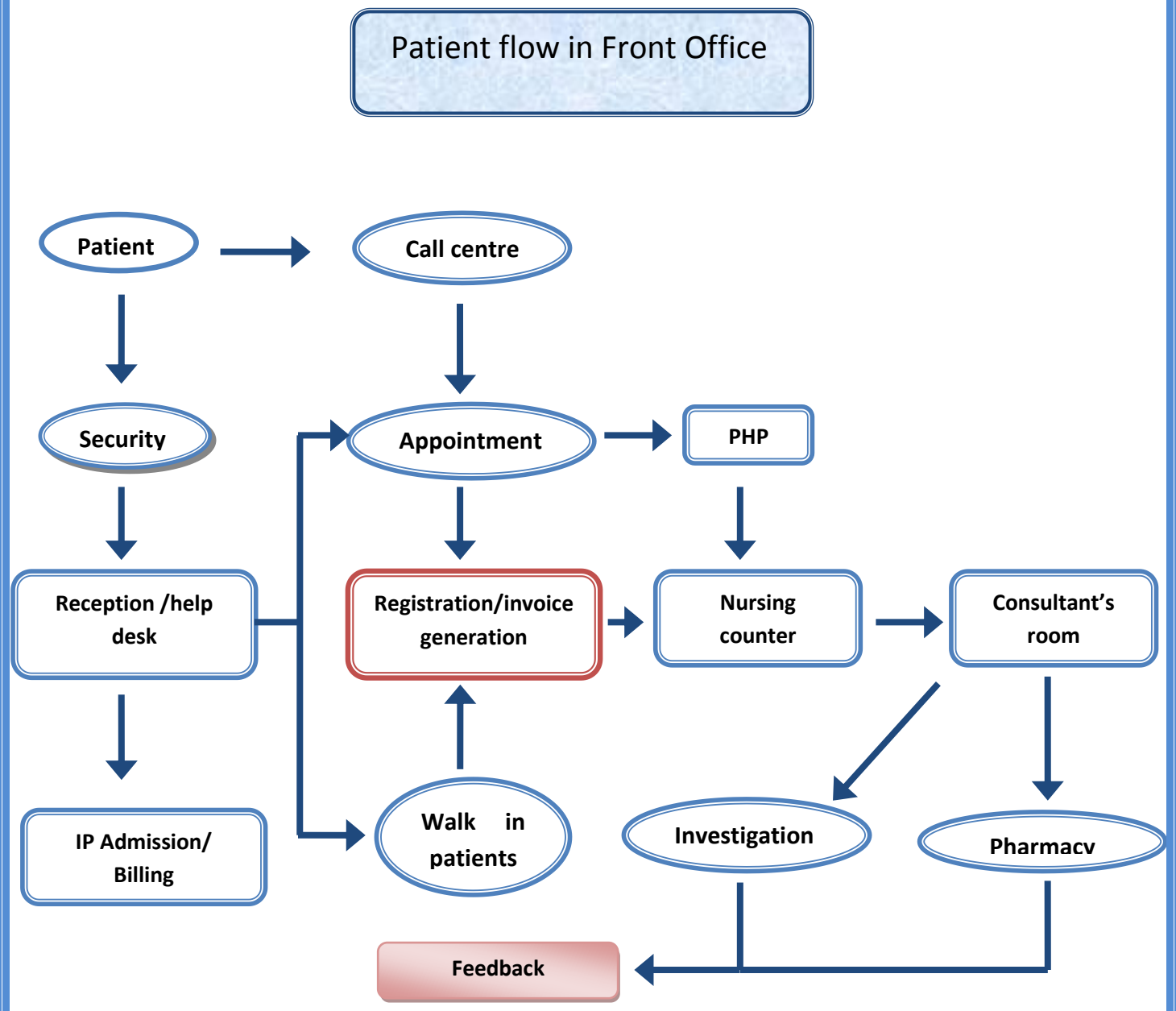


Fig 2 the above flow chart explains the patient flow in front office

To understand the processes in depth, patient flow in the front office and OPD was laid down. All the subparts of the department were studied individually step by step to identify the service related issues.

CALL CENTRE

The objective of the call centre in a hospital is to ensure proper handling of external, internal calls and central announcement system.

Type of calls

1. **Internal calls**- usually form doctors and nursing stations regarding speed dial number and extensions numbers and from other staff also.
2. **External calls**-calls from patients regarding query about – way to hospital, tests, doctors, discounts, packages, insurance, to fix appointments.
3. Handling central announcement system- making public and internal announcement.

Process

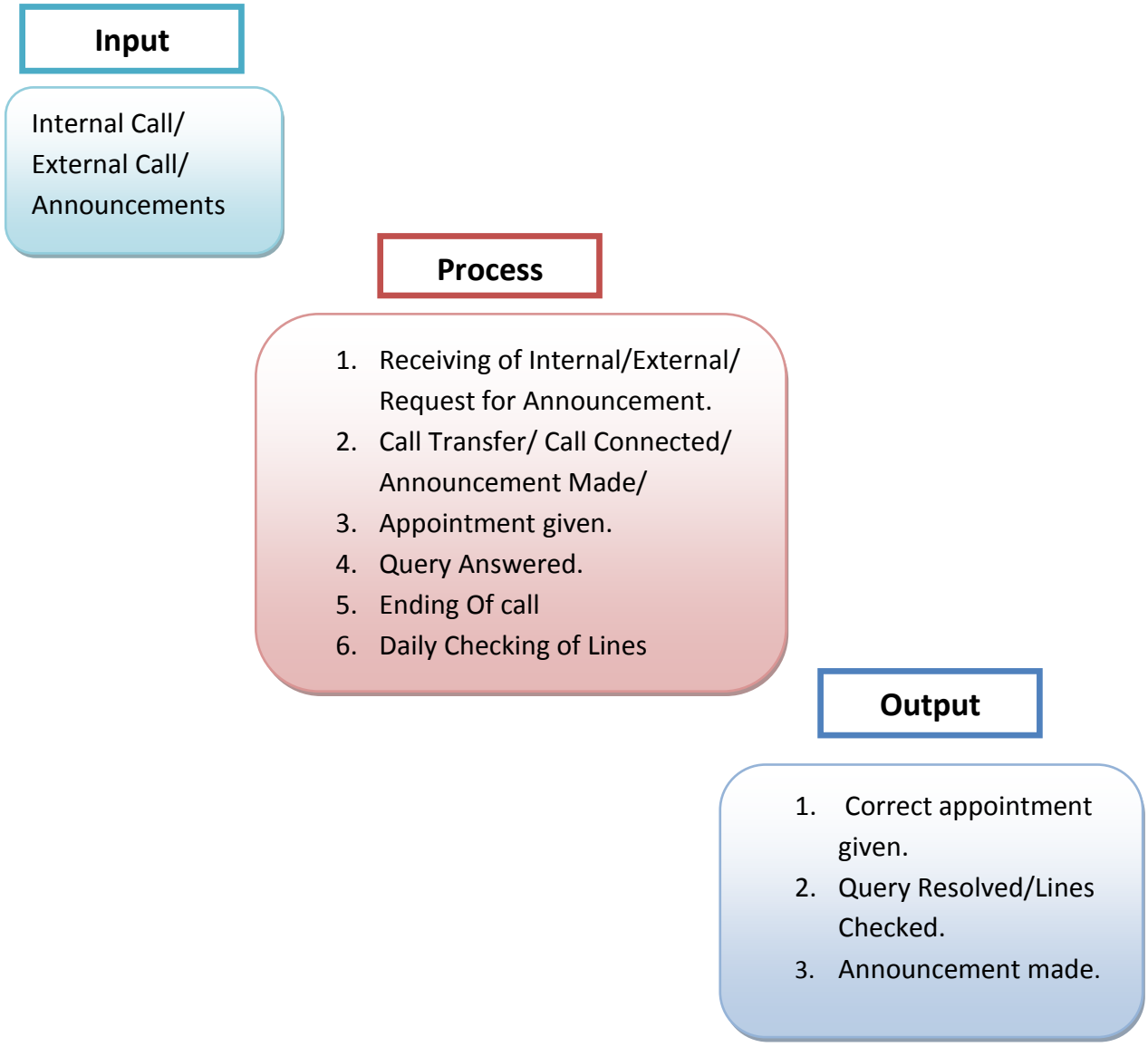


FIGURE 3 showing process of call centre.

INFRASTRUCTURE

1. Telephone Exchange (EPBAX)
2. Hospital Information Software
3. Hardware (Computers etc)

CONTROLS/ RELATED PROCESSES

1. Login ID
2. Dummy Calls
3. Front Office Proficiency Test
4. Admin & Engineering
5. Code Blue Process
6. Rapid Response Team Process

PERFORMANCE INDICATORS

Quality

1. Call Pick up Rate < 60 sec (90%)
2. Call Connect Accuracy 90%
3. Query Resolution 80%

Environmental

1. Saving on Total Paper consumption - 5%

Occupational

1. Three to four sessions of training on various issues like stress, handling work place violence, Psychological harassment for FO staff.

External calls

Reasons to call

1. For appointment
2. Query
    - Directions to hospital
    - Tests
    - Doctors schedule
    - Discounts
    - Packages
    - Insurance

Gaps

1. Absence of script to attend to different clients.
2. No defined exit of calls.
3. Scope of Improvement in soft skills
4. Ambience of the call centre is very dry.
5. Monotonous Job, sometimes too stressful.

Number of calls for different events

1. Miscarriage clinic – duration (12 to 21st April) ,no of calls received = 4
2. Orthopedics – duration (23rd march – 30th march),no of calls received = 40
3. insurance calls- 45,appointments calls – 616(for April)

Internal calls

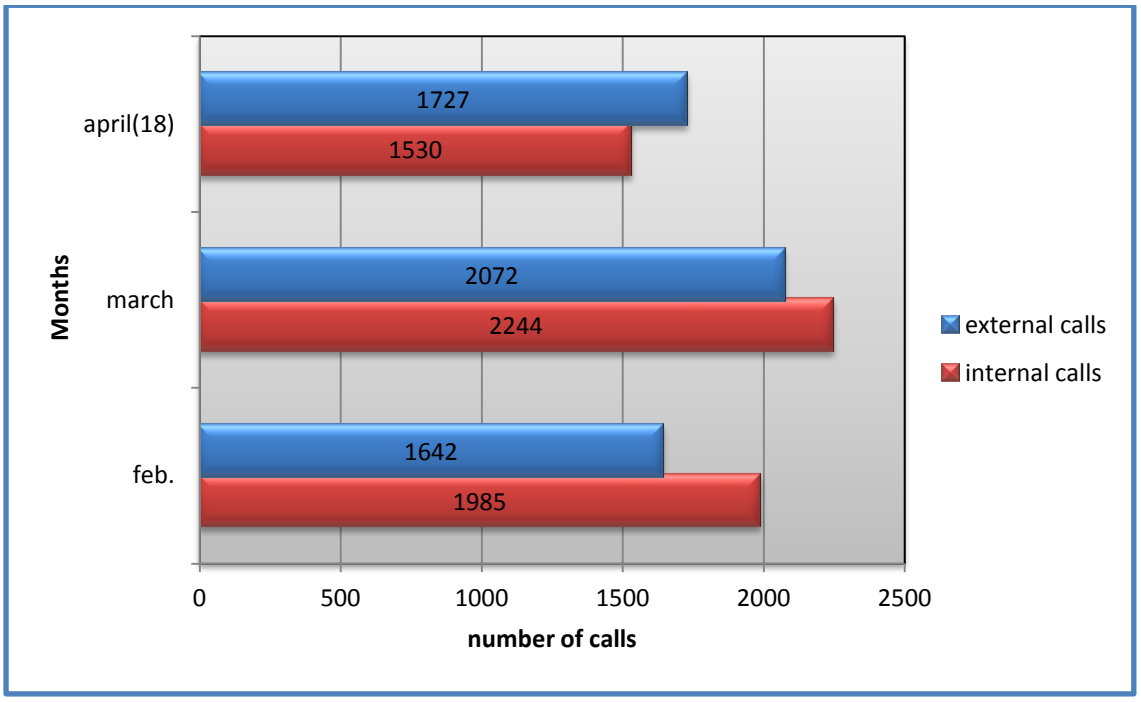
Reasons to call

1. Query resolution.
2. Calls to know Speed dials and extension numbers.

Gaps

1. Consultants not recognized.
2. Wasteful activities (calls for speed dials and extension no.)
3. External calls are increasing gradually over a period of time
4. Number of internal calls is greater than number of external calls which could be a problem in the near future.

Graph 1 - Ratio of external calls to internal calls



Average no of external calls:

1. For February = 1642/29 = 57
2. For march = 2072/31 = 67
3. For April = 1727 / 18 =95

Announcements

Reasons to call:

1. Public announcement
2. Code announcement.

Gaps

1. Lack of proficiency in handling announcement system.
2. Wastage of time in repeating the announcements.
3. No uniformity in making the announcements (code)
4. Flow of information to call centre is not appropriate.

Changes required for proper functioning of call centre:

1. Training for
    - Improving soft skills
    - Scope of service
    - On codes
2. Written guidelines to attend to different types of customers. A script should be made to attend the calls.
3. Road maps: call centre used to get a large no of calls about the location and way to the hospital and a standardized road map was required for the same.
4. PCC at the call centre should be rotated to other parts of front office as per the work load.
5. The number of internal calls should be controlled.
6. The environment of the call centre should be made livelier by putting paintings.
7. Data on the no of calls for different camps and activities should be utilized and analyzed by marketing department.

Security

Security at the front office and entrance was responsible for:

1. Greet patients
2. Help the patients
3. Guide the patients to respective areas

Manpower

1. Sufficient
2. Courteous
3. Presentable

Gaps

1. Visitor's problem
2. Performance was individual

Reception / help desk

This is the first contact area between the hospital and patient. Employees at reception desk deal with patient directly or on the phone. They are responsible for

1. Query resolution
    - For doctors
    - Packages
    - Direction to hospital
    - Investigations
2. Appointments
    - Fixed on phone
    - Or in person
3. Guide the patent to the respective department ar area.

Manpower

1. Sufficient
2. Courteous
3. Presentable

Gaps

1. New recruitment – no formal training is given to the new recruitments.
2. Lacks of job satisfaction – employees were always seen complaining about their shifts and work environment.

Appointment system

Appointment can be booked over phone and also by coming personally to the hospital. Appointments were booked through telemedicine.

Appointment for the same day for a specific specialist / Investigation

- Check for the availability of the consultant/Specialist and OPD slots in telemedicine module as per patient's preference and convenience
- Book the patient as per the availability of the slot wherever applicable.
- Inform the patient about any preparation required prior to coming for the test wherever applicable

- Inform the patient about the time of appointment.
- Capture patient's details in the module as per the requirement.
- Take alternate contact number also.
- Repeat Date & time of appointment to the customer to reconfirm.
- Request the patient to come 10 minutes earlier than the appointment time to complete the registration and billing process

Appointment for any other day for a specific specialist / Investigation

- Check for the availability of the consultant/Specialist and OPD slots in telemedicine module as per patient's preference and convenience
- Book the patient as per the availability of the slot. Inform the patient about the time of appointment.
- Capture patient's details in the module as per the requirement.
- Take alternate contact number also.
- Please repeat Date & time of appointment to the customer to reconfirm.
- Inform the patient about any preparation required prior to coming for the test wherever applicable.
- Request the patient to come 10 minutes earlier than the appointment time to complete the registration and billing process
- If slots are full ask the patient if he would like a waiting list appointment and inform him that it would be confirmed only if there is a cancellation.
- Inform the patient that he would have to confirm the same on the day of the appointment or else fix appointment for another day.

GAPS

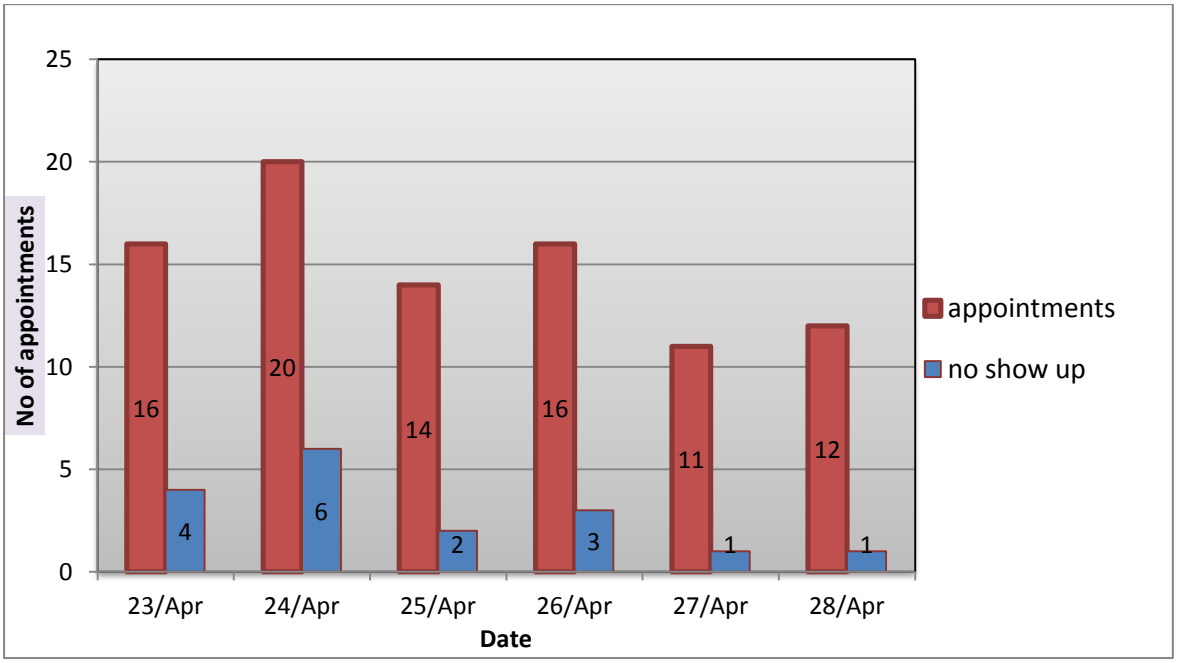
1. Appointments were never seen on their scheduled timings.
2. Tracking of the number of patients turning up for their scheduled appointment was not done. No such record was maintained.

3. No differentiation in the number of appointment and walk in patient were made to balance the load.

For proper functioning of OPD, it is very important to calculate the number of appointment and walk in patients separately so that both are distributed well in the OPD slots. It is also very necessary to calculate the number of patients not turning up for their appointment as their slots can be utilized for the walk in patients.

Average number of patients not turning up for their appointment was found to be **15%**

Graph 2 - showing no. of appointment and no. of no turn ups



OUT PATIENT DEPARTMENT

Outpatient department was divided into 2 wings- wing A and B.

The outpatient services were provided in the following specialities:

1. Aesthetic & Reconstructive Plastic Surgery
2. Minimally Access Metabolic & Bariatric Surgery
3. Cardiology
4. CTVS
5. Dermatology
6. Dentistry
7. Dietetics
8. Endocrinology
9. ENT
10. Gastroenterology
11. General surgery
12. Gastro-Intestinal Surgery
13. Gynae MAS
14. Paediatric Surgery
15. internal Medicine
16. Mental Health & Behavioural Sciences
17. Neurosciences
18. Nephrology
19. Obstetrics & Gynaecology
20. Ophthalmology
21. Orthopaedics
22. Paediatrics & Neonatology
23. Podiatry
24. Respiratory Medicine
25. Physiotherapy & Rehabilitation
26. Urology
27. Vascular Surgery
28. Preventive Health Programme

Process

- Patient fixes up an appointment for OPD Consultation or Diagnostics over phone / walks in.
- Patient visits the facility and is guided to the OPD counter for Registration process

Registration/invoice generation

- Patient meets the PCE/PCC & fills the registration form or gives details if already registered.
- Patient Details entered in HIS and Registration number is generated for new patient.
- Services are billed as per approved Pricing and billing policy or as per the IOM with a particular company.
- Discount (wherever applicable) is given as per policy or as instructed by Management.
- Patient pays in Cash / by Card or Credit bill raised in case of corporate patient.
- Patient invoice generated with the Registration & service details.
- If for any reason service billed has not been availed or any wrong entry has been made then refund voucher to be generated
- Manual invoice generated as per approved Pricing and billing policy in case HIS not working.
- Manual invoices are updated in HIS when HIS starts working again.
- If any service/tariff not incorporated in HIS then Billing is done through miscellaneous billing in HIS.
- IT is intimated for incorporation of the same in HIS
- If tariff is not defined (New Services) then approval to charge a definite amount is taken from concerned authorities and subsequent inclusion in Tariff list and HIS is done.
- At the End of shift, PCC/ PCE takes out cash scroll from HIS and submits the same to Finance & Accounts department.

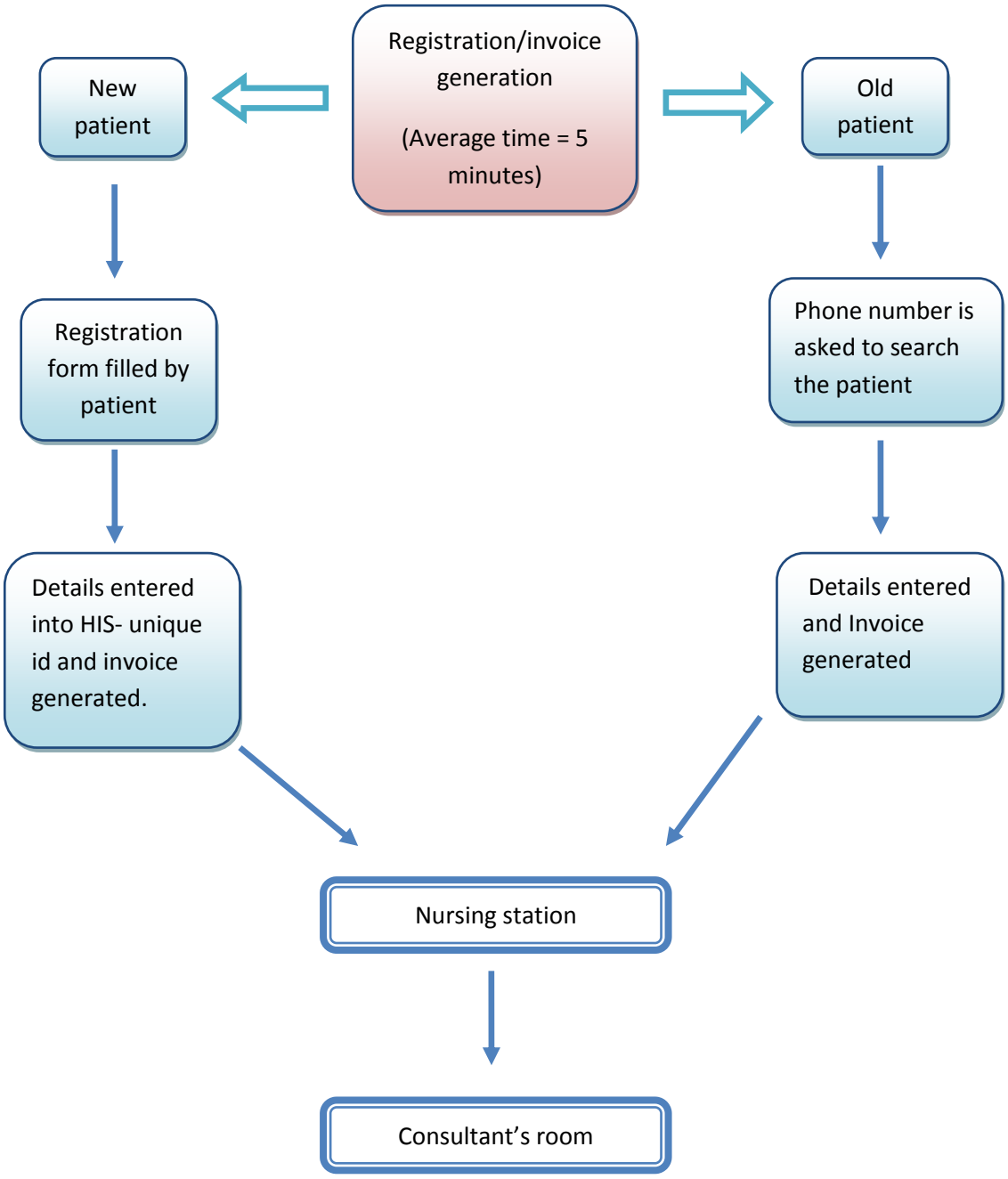


FIGURE 4 showing the process of registration

Issues in registration

Manpower

- Under staff.
- Poor query resolution.
- Lack of courtesy towards EWS patients.
- No formal training is given to the new recruits.
- Lack of clarity of process among PCCs.
- Poor coordination between nurses and PCCs.

Material/machine

- Poor utilization of printer
- HIS gets slow

Method:

Reasons for delay

- Procedure is not present in the pricelist.
- Lack of clarity over follow-up charges.
- Currency not available at the registration desk.
- Registration and investigation invoice made at same counter
- Poor conflict handling by PCC and nurses.
- Also deal with patients query.

Nursing counter

After registration patient is sent to nursing counter where nurses performs the following activities:

- They check the vitals of patient and prepare the patient for consultation.
- Enter patient's details into CPRS.
- Assist doctors in treatment room.
- Maintain registers
- Give vaccinations.

Issues

- Lack of coordination between nurses and PCCs.
- Forget to give details of consumables that lead to errors in billing.
- Poor query resolution.
- Poor conflict handling.

Waiting area

After preparation, patients are asked to wait for doctors in the respective waiting areas.

Patients concern:

- Appointments were usually not seen on time.
- Long waiting time for both appointment and walking patient.

Therefore average waiting time was calculated for both appointment and walk in patients. Waiting time was calculated with the help of waiting time tracking sheet in which time taken for each activity was noted and the average time was calculated.

Average waiting time was found to be **40 minutes.**

- No patient calling system was present.
- Complaints regarding doctors and invoice were not answered correctly.

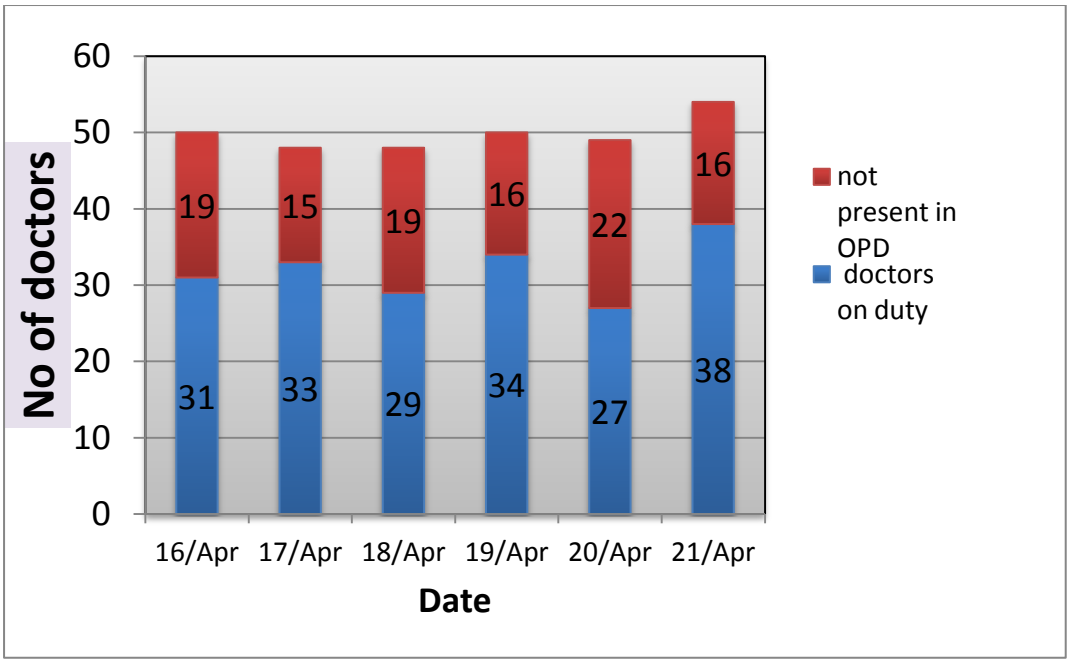
Consultation with the doctor

Patients were satisfied with the clinical services provided by the doctors.

But during observation it was found that doctors were never used to come to OPD on time which added to the waiting time for consultation.

Secondary data was taken to calculate the Percentage of doctors on duty not present in the OPD which was found to be **35%**

Graph 3 -Percentage of doctors not present in the OPD

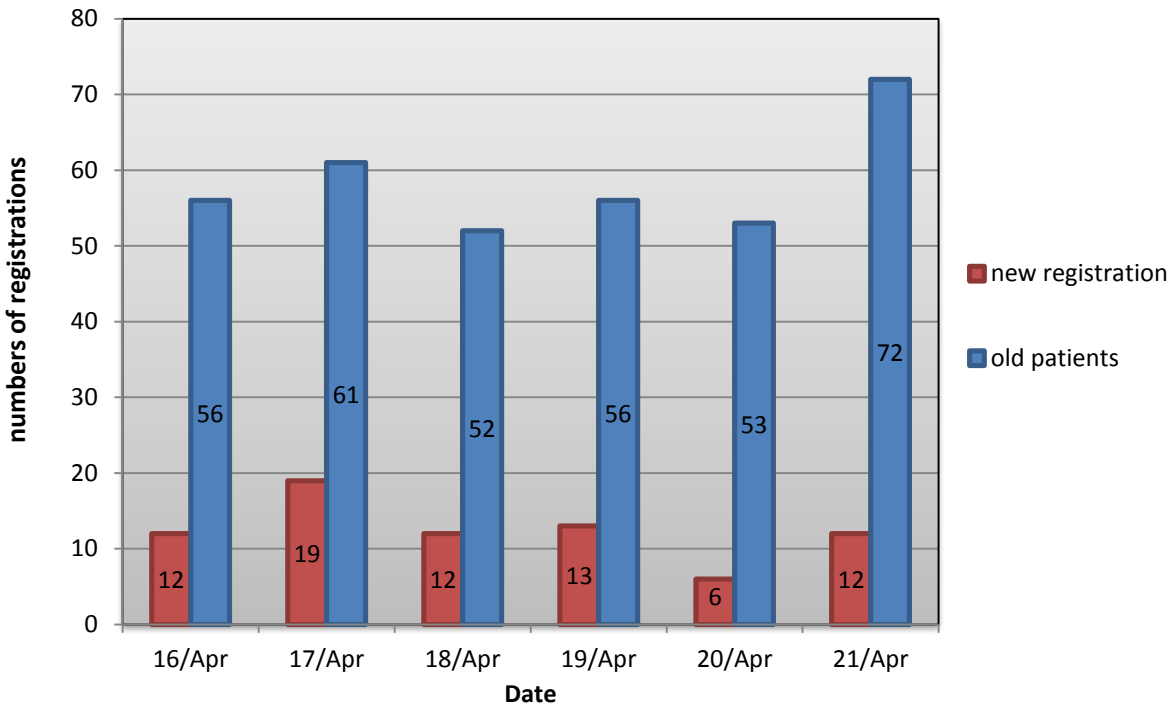


Efficiency of the OPD

Being a new establishment it was very necessary to know the operating efficiency of the OPD. Therefore Secondary data was collected to calculate the efficiency of various department and OPD.

Firstly on the basis of total number of registration the average OPD per day was calculated. Then number of new registration was calculated and department wise break up of total number of registration was done to see the efficiency of the individual department. It was found that only two department were mainly contributing to the total number of OPD registration. The need for marketing of certain departments was clearly identified.

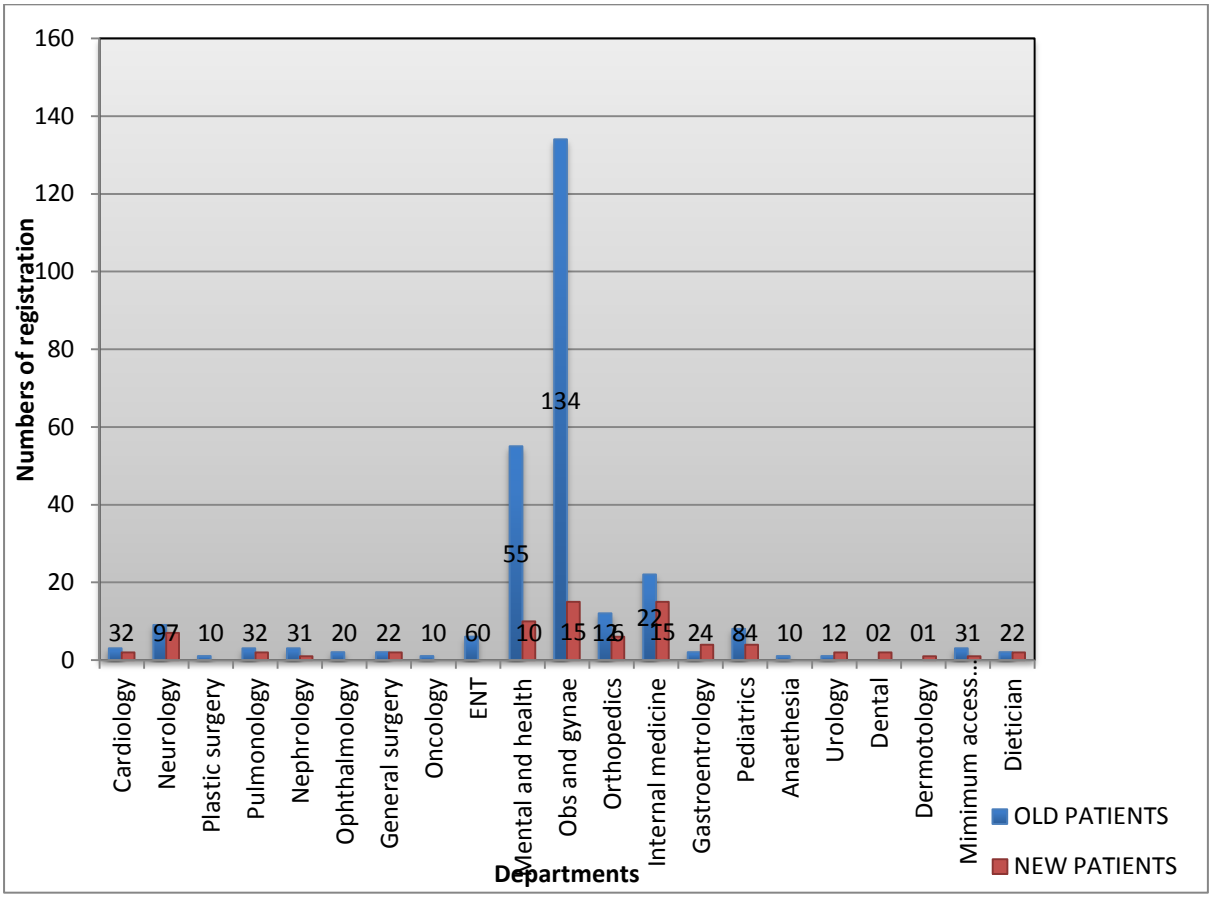
Graph 4 - Number of old and new registrations



Among total number of registration:

- Average OPD per day was **= 60 patients.**
- And new registration form **21%** of total patients.

Graph 5 -Department wise break up of old and new registration



It is clearly evident that only mental health and Obs and gynae were majorly contributing to the total number of OPD registration.

FEEDBACK

At the end of OPD visit, patients are required to give their valuable feedback for all the services. Patients were asked to fill the TCEQ forms which were handed over to them at the time of invoice generation.

Issues

- **Non compliance of feedback forms**
    1. **Due to employees**
        - Forget to give feedback form to the patients.
        - Busy with other patients
    2. **Due to patients**
        - Tend to lose patience after waiting.
        - Perceived lack of significance
        - Language problem.

Preventive health programme

Preventive Health Programme is committed to the old adage “prevention is better than cure”.

The preventive health programme comprises of a comprehensive set of tests, which have been specially designed keeping the health needs of people in mind.

Types of checkups provided

1. PHC- Preventive health check-up- this check up is done as a preventive measure .It consist a group of investigation and consultations to diagnose any abnormality.
2. **PEC- PRE EMPLOYEMENT CHECKUP-** This check-up is requested by companies for their staff as a part of their joining formalities to assess their health fitness.
3. **PIC-** Pre insurance check up- this check up is requested by insurance companies as a part of their requirement to access health status of customers before issuing ,approving a policy to them.

MAX STANDARD PACKAGES

1. MAX basic health screening
2. Max bronze preventive healthcare programme
3. Max silver preventive healthcare programme
4. Max gold preventive healthcare programme

MAX SPECIALITY PACKAGES

1. Max woman PHP
2. Max child PHP
3. Max liver PHP
4. Max adolescent PHP
5. MAX ortho PHP
6. Max cardiac PHP

PHP Process

1. **Appointment fixing-**

- patient fixes the appointment on phone or walks in
- Standard instructions given verbally and PHC kit (Registration form, Questionnaires, urine & stool containers, Instruction sheet) couriered or collected by patient
- PHC Information sheet & track sheet prepared (both on daily basis) to be sent to different departments. Tracking sheet prepared and records maintained.

2. **Patient registration –** patient reaches the PHP counter and fills the registration form and invoice is generated
3. **Diagnostics and consults**
    - . Patient sent for Fasting blood investigation to lab / Radiology investigation (ultrasound)
    - Lab Technician collects samples

- Patient visits various diagnostic departments as per the Tracking sheet (Radiology, Cardiology and Pathology)
- Nurse records vitals & Patient consults concerned doctor. Review date given(if included in PHC)
- Verify the check-up with the patient against the Tracking sheet. Marks the pending test (if any).

4. Review consults

- All reports are collected by PCC/PCE & Pending reports / tests status updated in excel sheet
- Reports are collated & handed over to concerned doctors for health summary.
- Patient visits doctors for review consult. Health summary & reports are handed over to the patients.

GAPS

1. Lack of interdepartmental coordination
2. Procedure takes more time than required for the same as few investigations are being done at max pitampura centre.
3. Time taken at individual department as well as the completion time is not recorded in the tracking sheet.
4. Errors in billing.

Inpatient admission/billing

The IPD provides

- The detailed pre-procedure needs and their completion and coordination with the diagnostics to arrive at diagnosis and completion of treatment regimens
- The comprehensive care in the preoperative, postoperative and follow up care.
- The rehabilitative and nutritional regimen and their scientific amalgamation as per the progressive patient care need.

Process

1. **Patient registration**
    - Patient meets the PCE /PCC & fills the registration form & gives details if already registered.
    - PCE /PCC enter patient Details in HIS system.
2. **Patient admission**
    - Generate the Face Sheet and generate IP No. i.e. Sequential running serial no. of Admission Register & update Admission Register .In case of Day-care admission the admission process will remain the same.
    - Check Bed availability using bed status excel/verbal from ward and inform nurse.
    - In case of Corporate / TPA , verify authorisation
    - Allocate desired bed category
    - Collect advance as per estimate given against treatment or room category & Generate advance receipt. In case of authorisation received before the admission, no advance to be taken. In case of emergency, advance can be waived off after approval from GM Operations or DMS.

Patient is sent to the wards and received by nurses.

3. **Patient consult, diagnosis and treatment**
    - Patient consult , Diagnosis and Treatment under the supervision of concerned doctor

4. **Patient billing and discharge**
    - Daily Activity Sheets is received every evening and same is updated in HIS and hard copy is kept in patients file.
    - PCE/PCC circulates Intimation of outstanding bill to update patients for their outstanding
    - IP Status is generated every night
    - Preparation of Final bill based on final activity sheet, pharmacy bill and Patient is informed to clear bill. In case of Day care procedures discharge formalities will be completed on the same day only.
    - Net Billed Amount is collected in case of cash patients & the credit bill is generated for corporate / TPA Patients as per tie up.
    - In case of cash patient, PCC/PCE gives Final bill, discharge intimation slip and settlement receipt to the patient. In case of credit patients, duplicate bill discharge intimation slip and settlement receipt to the patient.
5. Patients fills the TCEQ form
6. **Scroll submission/Credit Bill Despatch**
    - In case of cash patients, Final bill amount (either cash / Credit Card Slip) along with all relevant documents is submitted to Accounts.
    - For Corporate/ TPA patients, the credit bill along with all the relevant documents are compiled
    - Day 1. Discharge summary & all other documents from respective department received. All documents sorted and labs informed about pending reports (If Any). Detailed Bill with breakup Attached. Entry made in the Bill Tracker System (BTS).
    - Day 2 & 3. Reports of some cultures / out soured test may be received on this day. Verification by Head Front Office /Ip Billing. Submission of complete docket in Accounts.
    - Day 4. Covering letters prepared by Accounts & recheck all the documents attached with the bill. Docket scanned for internal records. Original Docket dispatched to the TPA/Corporate on the same day or the following day.

Issues

- IP billings and admission desk were understaffed and both procedures were usually handled by one person and it was difficult to serve both billing and admission patients.
- Delay in admission and discharge
- Lack of interdepartmental coordination – with nursing and pharmacy
- Poor query resolution
- Billing errors
- No procedure to track the time taken for process of billing.
- No procedure was there to track the time taken for process of TPA.

Actionable

On the basis of the study following actionable were suggested:

1. For Call centre

- Written script should be introduced to start and end a call and to attend to different kind of customers
- Training should be given for
  - For soft skills
  - Awareness on different Codes
- PCC at the call centre should be frequently rotated to different areas of front office as per the work load.
- Calls should be recorded randomly to check the quality of calls.

2. For OPD

- Formal Training should be given to the new recruits- will lead to fewer billing errors.
- **Introduction of doctors checklist to ensure that doctors come on time**
  It was observed during the study that most of times patients were told that doctors are on round during the OPD timings and they used to come late to OPDs. Therefore a checklist should be introduced which would contain information about doctors time in and out in the OPD.

- **Introduction of patient calling system**
  There was no patient calling system in the OPD which used to cause a lot of discomfort among patients. There was a common waiting area for all departments in the OPD therefore a patient calling system was urgently required. Every time the doctor used to come out to call a patient due to the absence of patient calling system.

- **Availability of change at the billing counter**
  It was observed that there was no money change present at the counter to give back to patients. Then, GDA used to go to other counters and cafe to get change which increased the billing and registration time.

- PCC at the registration and billing counter should be informed about the changed in consultants timing or absence of any consultant for day before starting with the billing procedure to avoid the number of refunds.

- For proper management of appointment and walk in patients it is necessary to analyze the data of number of appointment and walk in patient and to keep a track of number of patient not turning up after taking appointment.

3. For PHP

- Time taken at the individual department should be noted down in the track sheet for the PHP process to identify the problem areas and reduce the total time taken for the process.
- Continuous Training sessions should be held for the PCC for proper awareness of the defined processes and to reduce the billing errors.

4. For IP admission and billing

- **Introduction of track sheet for IP billing and TPA**
  To identify the problems areas and issues associated it is necessary to study the billing process in terms of time for both cash and TPA patients which will help to reduce the time taken for the same.h

REFERENCES:

- **A study on out patient satisfaction at a super speciality hospital in India** Dr. S. K.Jawahar MHA (AIIMS). DNB (Health Administrator)
- **Study on Process time of patients visiting OPD. (**Akilan Arunkumar (TATA INSTITUE OF SOCIAL SCIENCES
- **Outpatient department -** Dr. Hari Singh
- **Streamlining OPD-** Express Health care
- www.**maxhealthcare**.in/