Study on Conversions of OPD Patients to Diagnostic Services in Cocoon Hospital

By

Aayushi Sharma

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

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ACKNOWLEDGEMENT

This report has been prepared for the dissertation that has been done in the Cocoon Hospital, Jaipur with the purpose of fulfilling the requirements of the course of MBA in Health and Hospital Management.

The aim of this dissertation is to be familiar to the practical aspect and use of theoretical knowledge and clarifying the career goals, so I have successfully completed this dissertation and compiled this report as summary and the conclusion that have drawn from my experience.

I would like to express my sincere gratitude to my internship coordinator Ms. **Meenal Patni** (Non-Clinical Head), who have given their valuable time & given me chance to learn something despite having their busy schedule.

I am also thankful to **Mrs. Tannu Sharma**(Admin-HR) for their co-operative support, and also for giving me an opportunity to have practical experience in this organization.

Thus, I have gained valuable work experience in Cocoon Hospital which will help me in my future career goals.

Most importantly I would like to express my sincere gratitude to my mentor **Dr. Jagajeet Prasad Singh** without his support this could not have been possible.

Sincerely,

Aayushi Sharma

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LIST OF ABBREVIATIONS

OPD- Outpatient Department

IPD- Inpatient Department

CRM- Customer Relationship Management

NICU- Neonatal Intensive Care Unit

MRD- Medical Record Department

USG- Ultra Sonography

OT- Operation Theatre

LDR- Labor delivery and recovery room

SICU- Surgical Intensive Care Unit

CSSD- Central sterile supply department

CFO- Chief Financial Officer

CEO- Chief Executive Officer

COCOON- The Hospotel By Lineage Healthcare

Giving birth to a child is not an illness; it is a journey of joy and celebration and a unique experience for the parents. In this journey of life, the mother & child need utmost love and care. While delivering the baby, she needs an atmosphere as comforting as a home and yet with all the modern amenities and expertise of professionals, to ensure care and security.

Mission-

Excellence in the provision of health care services to Mankind.

- Excellent service to our guests, customers, and physicians is our most important consideration
- We will provide our services with integrity.
- Our services must be of high quality, cost-effective, and accessible, achieving a balance between community needs and available resources
- It is our intent to be a model health care system.

Vision-

Aspiration to deliver "extraordinary care in all its dimensions" with our vision, which is to provide:

- The best clinical practice delivered in a consistent and integrated way
- Lowest appropriate cost to the population we serve
- A service experience supported by systems and processes that focuses on patients, enrollee, families, and one another

Specialties-

- Obstetrics
- Antenatal Care
- Birthing
- Laparoscopic Gynae. Surgery
- Neonatology
- Stem Cell Preservation
- Cosmetology/Cosmetic Surgeries

INFRASTRUCTURE & FLOOR MAPS-

Basement-

- Administration Department
- Diagnostic Lab
- General Store
- Gas Manifold Room

Ground Floor-

Reception and Help Desk

- Cocoon Shoppe

- CRM/Billing Department
- Board Room
- Cafe Gazebo
- Pharmacy

First Floor-

- OPD Chamber
- Sample Collection Room
- OPD Billing Counter
- Waiting Area for Patients

Second Floor-

- IPD Rooms
- Nursing Station
- Store Room

Third Floor-

- IPD Rooms
- Nursing Station
- Store Room

Fourth Floor-

- Doctor's Chamber
- NICU/Nursery
- Feeding Area
- Cosmetology Centre
- Cheers Room (Celebration Room)
- MRD Department
- USG

Fifth Floor-

- Two OT"s
- Three LDR Rooms
- SICU/Recovery Room
- Doctor's Room
- Staff's Changing Rooms

Sixth Floor-

- CSSD
- Staff Cafeteria
- Biomedical Engineer's Room
- Dieticians Room

ABSTRACT

Title- Study on conversions of OPD patients to diagnostic service in Cocoon Hospital.

Introduction-Hospitals have two big challenges to stay profitable. First, they have continuously work to get new patients to discover their hospital. Second most important aspect to get as much revenue from each patient visit. So, the conversion of patients help hospital in generating the revenue and decrease patient loss.

Objective- To estimate the current conversion rate of OPD patients to the diagnostic services. To identify the reasons of not taking diagnostic services from the hospital reported by patients. To identify the reasons for not taking the diagnostic services from the hospital reported by service providers.

Methodology- Study was conducted in Cocoon Hospital, Jaipur. Study design-Descriptive Cross-sectional design. Sampling method-Non-probability sampling method. Sample size-90 samples were studied during this study. Data type- Quantitative. Data analysis tool- Checklist.

Result- To analyse the data percentage distribution was performed. Total no. of patients are 90 out of which 50 are of gynaecology and 40 are of paediatrics. Percentage of total conversion of patients is 78% and non-conversion is 22%. Percentage of conversion and non-conversion of gynecology is 66% and 34%. Conversion for Pediatrics is 92% and non-conversion is 8%. In this study I have asked questions to gynecology doctors and also the head of diagnostic department about reasons of non-conversion and find some major causes of lower conversion rate i.e. less collaboration in billing staff. More competition and adverse shifts in patient demand for services.

Conclusion- From the study it was concluded that reasons for non-conversion are-Perception of patients regarding the cost of services, Unavailability of staff on billing counter leads to more waiting time for patients due to which they not opt diagnostic services in hospital. The patients those are not converted are due to the more waiting time and improper coordination among staff. According to service providers main reason is less collaboration in billing staff. More competition and adverse shifts in patient demand for services. Due to less manpower.

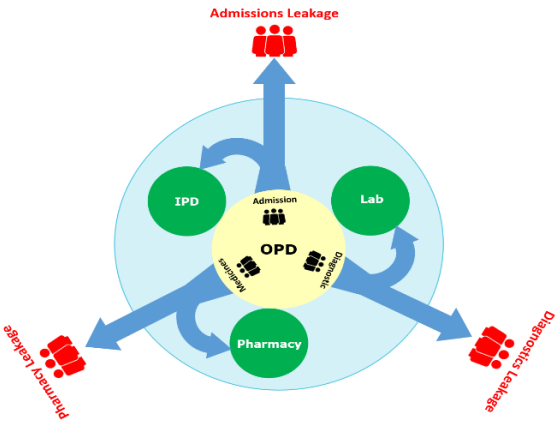
Suggestions- Collaboration between the patients, consultant, customer care person and service providers. By encouraging patient feedback and working on complaints can also help in making the strong relationships with the patients. Availability of proper staff on billing to avoid more waiting time.

INTRODUCTION

OPD is like a mirror for every hospital. This is the first place where patients are addressed. Patients visit OPD for various purposes like consultations, medicines, lab test, day care treatment, admissions, post discharge follow up. Based on their health status they choose either of these facilities. Since hospitals are providing all desired facilities like lab, pharmacy and admission, they don't want patients to go out to avail these services. Patients can choose any of the services inside or outside hospital based on their need.

Hospitals have two big challenges to stay profitable. First, they have continuously work to get new patients to discover their hospital. Second most important aspect to get as much revenue from each patient visit. The second one drives both top-line and bottom-line significantly, but is also the least understood process due to inherent limitations. Many hospitals achieve great OPD inflow but very little sales in IP, diagnostics and pharmacy. Typical advised diagnostics in OPD in hospitals ranges from 20% to 50% depending on specialty and month of the year. Based on the treatment advised on OPD records (mostly prescriptions), patients can either use pharmacy, diagnostics and IP services inside the hospital or outside hospital. Hospital would like patients to avail facilities inside the hospital rather than outside. Hospital management is always worried about the losses due to patient going out of the hospital for diagnosis, pharmacy or procedures. For e.g. A patient coming to OPD with chronic pain would need to get scanning, medicines, surgical belts and physiotherapy. Patient can do it either inside the hospital and outside the hospital. The opinions of service providers have proven to be especially valuable because they understand participants need [9] and know what real problem for the health screening service.

There need to measure the leakage unfortunately with current set of tools available with hospitals, they cannot measure this leakage effectively and continuously. Although hospitals know very well on who are landing on their pharmacy, lab and admissions. If somehow their OPD records became digital they could measure this easily. But this does not happen and hence the fallout. What they actually need is digitization of their OPD records. To stop the leakage, we should measure leakage then analyze it at at last take action accordingly.



LITERATURE REVIEW

“Every day, patient walk out of the hospital door and either do nothing with the referral they’ve been given, or they go across the street to the competitor on their doctor’s recommendation. The net effect is that patients don’t receive the care they need and healthcare organizations lose revenue,” says Scott Vold, Fibroblast Co-Founder, and CEO. “As they take on more risk, organizations must build and manage high-performance networks to control cost and demonstrate quality. That makes it essential for them to track and understand their referral pattern to get visibility into patient leakage- most of which is within the organization’s control and significantly impacts patient health and bottom line”.

“The study was conducted by sage growth partners, fibroblast commissioned the independent survey in august 2018, Healthcare organizations have many strategic priorities, the data in this report says that one of the places where organizations should focus their attention is on patient referrals and leakage. 104 healthcare executives to learn what they are doing to understand and manage referrals and to gain insights to how many patients leakage is costing them. The survey provides new insight into how healthcare executive deal with the problem how they are addressing it.

According to the referral management company fibroblast “62% health system are losing at least 20% revenue every year”.(1) This is because patients go out for opting services like pharmacy, lab and admission. Patient leakage are biggest problem now a days for every hospital. Many organisations don’t know how to fix this problem in spite of they are aware about losses. Many organisations don’t care about this.(2) After consultation patient takes services and go back. Once patients are out, hospitals are unable to track patients. According to an article patients leakage trend “87% hospital executives agree that patients loss is not good for their hospitals. 23% are unable to track patient loss and 20% don’t understand why and where it happens”. (3) It is difficult to check whether patients opted advised services from hospital or not. There is also no other way to know that patients followed up referral they received.

According to another article “patient leakage can sink hospitals revenues by 20% or more”.(Source:)Jack O‘Brien.“43% hospitals executive says they have lost 10% or more revenue.23% says they don’t know how they are losing.19% says they have lost 20% or more”. Scott vold CEO of fibroblast says patient’s leakage traditional finance challenges CFO face because it poses a risk of value-based model.(4,5)

Main reason for losing patients are hospitals can’t force patients to take their services only. Plus hospitals don’t have proper tracker to track patients leakage. This tracking work is to staff who are already involving in other work, so don’t give importance to this issue.(6)Once hospitals get know reasons, then they can take tangible steps to fix this problem.

RATIONALE

Interdepartmental patient conversion mainly focuses on conversion of patients from one department to another. As hospital works as a system and all the departments in the hospital can be considered as a sub system of the hospital. It is important that all the subsystems of the hospitals should work in collaboration with each other. The conversion of patients from one department to other department can help hospitals in generating the revenue. So, the purpose of this project was to calculate the conversion rate of patients from OPD to diagnostic services of the hospital and find out what was the leakage of the patients from the hospital, and reason behind it. Since hospitals are providing all desired facilities like lab, pharmacy and admission, they don't want patients to go out to avail these services. So, this study was conducted in Cocoon Hospital OPD to see that how many patients are opting available services in hospital. Based on the data of OPD, some initiatives were also given to improve conversion in diagnostics.

RESEARCH QUESTION

- What is the current conversion rate of OPD patients to the diagnostic services?
- What are the reasons of not taking diagnostic services from the hospital?

RESEARCH OBJECTIVES

- To estimate the current conversion rate of OPD patients to the diagnostic services
- To identify the reasons of not taking diagnostic services from the hospital reported by patients
- To identify the reasons of not taking diagnostic services from the hospital reported by service providers

RESEARCH METHODOLOGY

STUDY LOCATION- Study was conducted in Cocoon Hospital, Jaipur

STUDY DURATION- 4 consecutive weeks

STUDY DESIGN- Descriptive Cross-sectional design

SAMPLING METHOD- Non-probability sampling method

SAMPLE SIZE- 90 samples were studied during this study

INCLUSION CRITERIA- All OPD patients of Paediatrics and Gynaecology/Obstetrics who were advised for diagnostics.

EXCLUSION CRITERIA- IPD patients

STUDY AREA- Outpatient Department

DATA COLLECTION METHOD-

DATA COLLECTION METHOD- Primary data.

DATA TYPE- Quantitative

DATA ANALYSIS TOOL- Checklist

RESULTS

DATA ANALYSIS-

- The project took 4 weeks to get completed and 90 patients were observed.
- Patients that are observed in this study were mostly females of age 25 to 50 and children of age 4 months to 6 years and place was Jaipur
- To analyse the data percentage distribution was performed
- The data was entered and analysed using the Microsoft excel Software and the analyzed with the help of tables and pie charts-

TABLE 1.

Total no. of patients are 90 out of which 50 are of gynaecology and 40 are of

paediatrics.

Specialization	No. of Patients
Gynaecology	50
Paediatrics	40

TABLE 2.

Total no. of patients who are converted or opted for diagnostic services are 70 out of which 37 are of paediatric and 33 of gynaecology.

Specialization	Conversions
Gynaecology	33
Paediatrics	37

In the above table we can see that the conversions in gynaecology to investigations are 33 out of 50 and in paediatrics it is 37 out of 40.

FIGURE 1 -

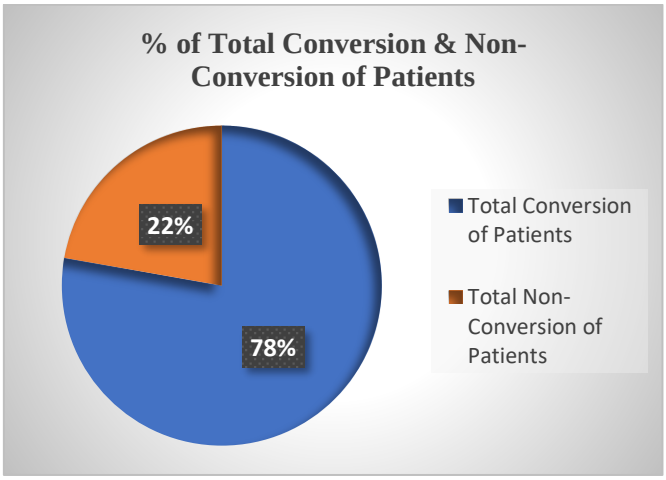


Fig 1. Shows the Percentage of total conversion and non-conversion of patients

- Percentage of total conversion of patients is 78% and non-conversion is 22%

FIGURE 1.2 –

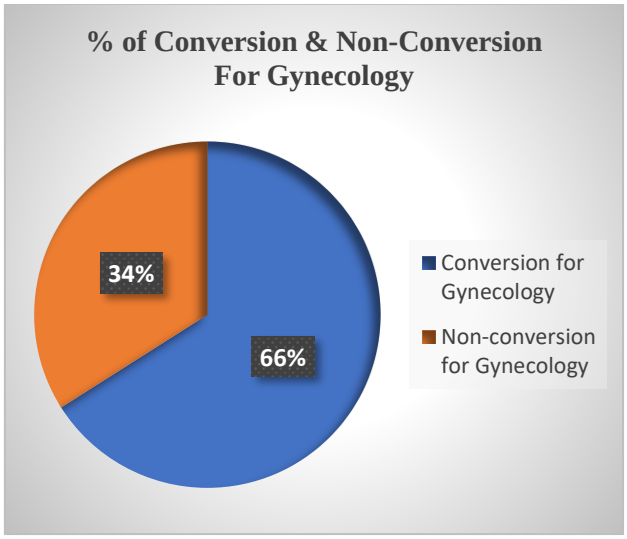


Fig 1.2 Shows the percentage of conversion and non-conversion for Gynecology

- Percentage of conversion and non-conversion of gynecology is 66% and 34%

FIGURE 1.3 –

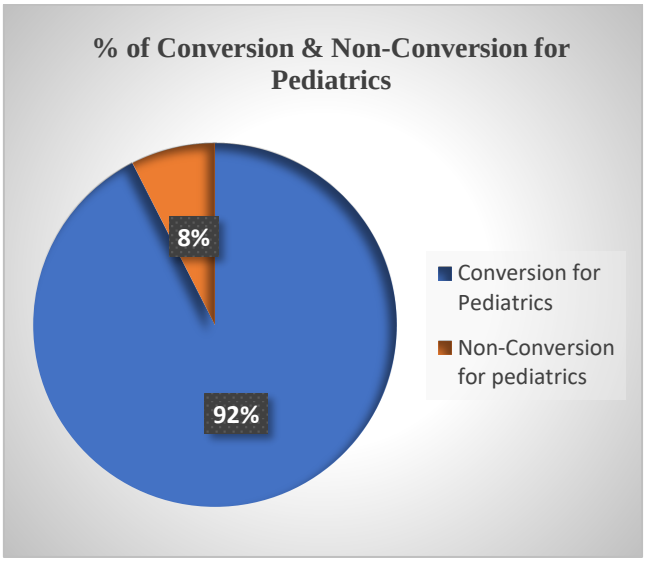


Fig 1.3 Shows the percentage of conversion and non-conversion for pediatrics

- Conversion for Pediatrics is 92% and non-conversion is 8%

REASONS FOR NOT OPTING DIAGNOSTIC SERVICES FROM HOSPITAL AS REPORTED BY PATIENTS

- Patients want to pay with other methods such as Swipe machine, Paytm but due to unavailability of these methods in hospital patients not opt for diagnostic services
- Unavailability of staff on billing counter leads to more waiting time for patients due to which they not opt diagnostic services in hospital
- Due to improper communication between staff and patients
- There is small waiting area for patients who are advised for diagnostic services

REASONS FOR NOT OPTING DIAGNOSTIC SERVICES FROM HOSPITAL AS REPORTED BY SERVICE PROVIDERS

- According to service providers main reason is less collaboration in billing staff.
- More competition and adverse shifts in patient demand for services.
- Due to less manpower.
- Not proper room for examination of patient

ETHICAL CONSIDERATIONS: There is no intervention in dealing and care processes of patients, so there was no any ethical consideration in this study and all the information of this study is kept confidential.

SUGGESTIONS

- Reminders can be given via mails, SMS, calls etc. to let patients know about the services they need to avail.
- A person can be hired to make calls to those patients who have being advised for the diagnostic services.
- Patients can be tracked at the time of leaving the hospital so that outflow can be decreased and patients can be retained.
- Intra and inter-professional teamwork in the diagnostic process.
- Collaboration between the patients, consultant, customer care person and service providers.
- Management should encourage consultants, to ask their patients to get their tests done at hospital.
- By encouraging patient feedback and working on complaints can also help in making the strong relationships with the patients.
- Availability of proper staff on billing to avoid more waiting time.
- Other methods of payments i.e. G Pay, Paytm or through swipe machine should be there because it is noticed that due to insufficient cash many patients not opted diagnostic services in hospital.

CONCLUSION

Direct observation was done to check whether patients were opting for diagnostic services inside the hospital or not. If patients were not opting for diagnostic services, then questions were asked for reason of not opting. Cocoon diagnostic services and responses were recorded and all the patients who were advised for diagnosis were observed.

- Perception of patients regarding the cost of services.
- Patients want to pay with other methods such as Swipe machine, Paytm but due to unavailability of these methods in hospital patients not opt for diagnostic services
- Unavailability of staff on billing counter leads to more waiting time for patients due to which they not opt diagnostic services in hospital
- Due to improper communication between staff and patients
- There is small waiting area for patients who are advised for diagnostic services
- According to the responses of doctors and diagnostic staff main reason for non-conversion are-
    1. Less collaboration in billing staff.
    2. More competition and adverse shifts in patient demand for services
    3. Due to less manpower
    4. Not proper room for examination of patient

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ANNEXURE

S.No.	Date	UHID	Patient Name	Consultant	Specialization	Treatment	Confirmation