

# Hemlata Choudhary

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## ADMISSION PROCESS IN MANIPAL HOSPITAL

### ACKNOWLEDGMENT

- The training at Manipal Hospital Delhi, offered both a learning experience as well as a glimpse into the daily management functions of a renowned hospital during the training of this project. I was fortunate enough to interact with people, who in their own capabilities have encouraged and guided me.
- I express my heartiest gratitude and offer my sincere thanks to Mr. Yoginder and Miss. Chandee<sup>2</sup> for giving me this opportunity to do the training in the hospital.
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## **ABBREVIATIONS**

NABH- National Accreditation Board for Hospital & Health Care Provider

NABL- National Accreditation Board for Lab

ER- Emergency

COW- Computer on wheel

BWM- Biomedical Waste Management

MHID- Manipal Health Identification Number

GDA- General Duty Assistant

TPA- Third Party Administrator

HIS- Hospital Information System

MRD- Medical Record Department

CSSD- Central Sterile Supply Department

RMO- Resident Medical Officer

TAT- Turn Around Time

IPD- In-Patient Department

OPD- Out Patient Department

MOD- Manager on Duty

GRE- Guest Relation Executive

## INTRODUCTION

Admission to a hospital may be required immediately or may be planned (elective) (emergency). A general practitioner, medical consultant, a visit to the hospital's outpatient department, or a prearranged transfer from another hospital are all examples of elective admissions. For example Patients needing chemotherapy who may be both urgent and planned may confound these categories.

- **11** Admission is defined as allowing a patient to stay in the hospital for observation, investigation, treatment, and care.
- **Types of admission:**
  - Elective/Planned/Routine.
  - Emergency

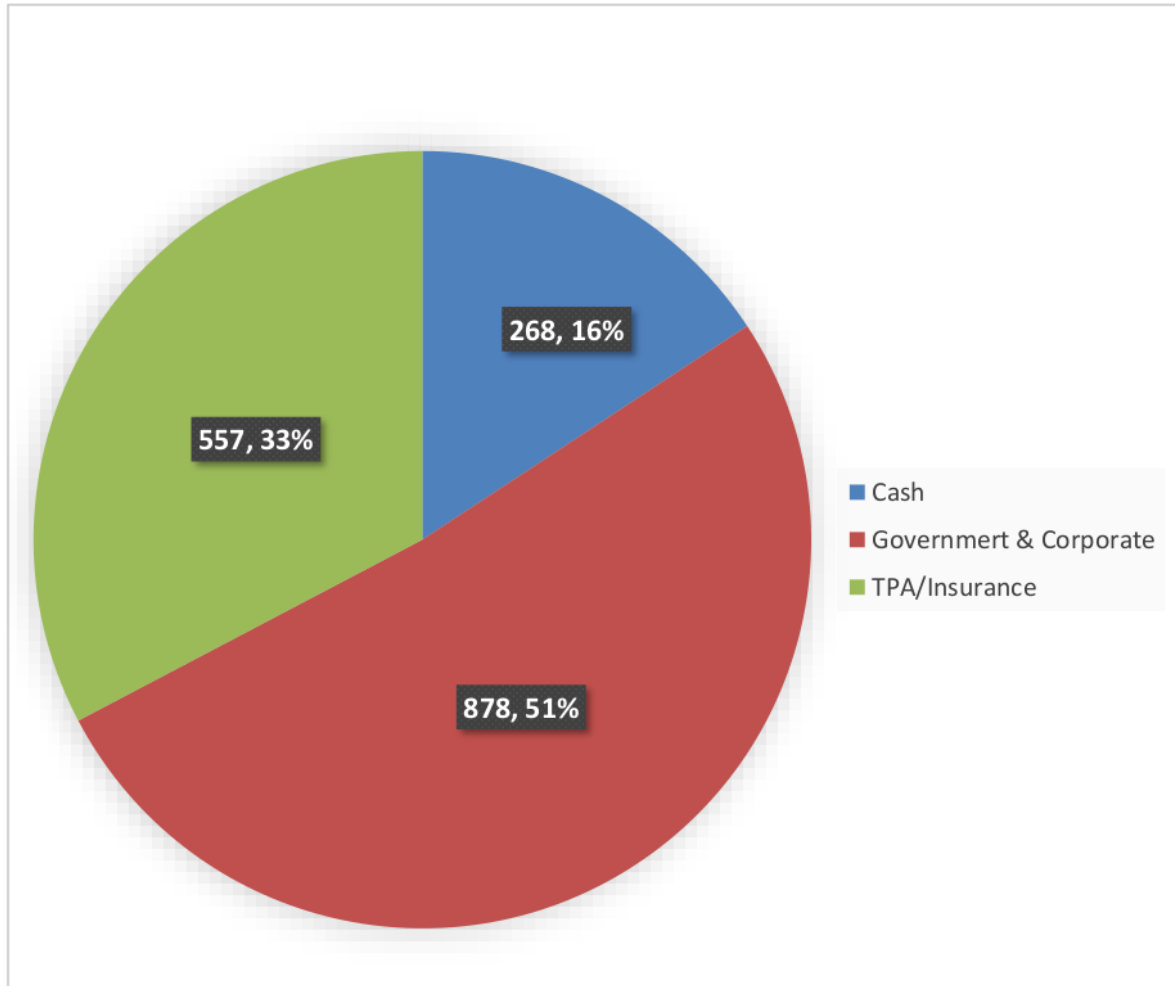
## OBJECTIVES

- To observe and analyze the process of Admission.
- Study on improving the admission flow and find the gaps and challenges.

## **14** METHODOLOGY

- **Research Approach:** Quantitative Research Approach
- **Study Design:** Descriptive Research Study
- **Study duration:** 1 Month.
- **Study Population:** Admitted patients of Manipal Hospital, Dwarka
- **Study Setting:** Manipal Hospital, Dwarka

## RESULT



- TOTAL NUMBER OF PATIENTS REPORTED IN EMERGENCY - 1726
- TOTAL NUMBER OF ADMISSION IN APRIL,2022 – 1703 (23 OF 1726 NOT ADMITTED)
- OUT OF 1726, 694 ARE ADMITTED THROUGH EMR
- REMAINING 1009 PATIENTS ARE ADMITTED THROUGH OPD AND REFERRALS.



## ADMISSION THROUGH EMERGENCY contd.

DEPARTMENTS	NO OF PATIENTS
CCU	31
ICU	41
PICU	09
LDR	01
5 <sup>TH</sup> FLOOR	38
6 <sup>TH</sup> FLOOR	217
7 <sup>TH</sup> FLOOR	182
8 <sup>TH</sup> FLOOR	129
9 <sup>TH</sup> FLOOR	46
TOTAL ER ADMISSIONS	694

### GAPS AND CHALLENGES

- Bed availability problem in emr admission.
- Pre-approval from insurance companies.
- Availability of amount, and require documents creates a delay in admission, especially at night.
- There is a shortage of staff in emergency department at night.

## CONCLUSION

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How to Significantly Reduce Inpatient Admission Times and Improve Patient Satisfaction

- Admitting a patient to inpatient care is a complex process that, unless carefully managed, can lead to long delays in service and a poor patient experience.
- Best Coordination, Fast paperwork, bed availability, sufficient staff, and timely follow-ups from the insurance company for faster pre-approval.



## **OBSERVATION IN HOSPITAL**

### **OPD**

- ▶ Calls are not picked.
- ▶ If they are picked, they hold for long time, Till the concern person arrives calls are disconnected by the attendant's side.
- ▶ Appointments are given when doctors are on round or in OT, Doctors and coordinators keep shuffling from OPD to endoscopy department patient keep waiting both the side.

### **STAFF SHORTAGE**

- ▶ Nursing staff ratio observed 10 :1 plus one trainee,19:1 plus one outsourced and under trained.
- ▶ Coordinators: Handling more than 2 doctors.
- ▶ **Suggestion:** one coordinator per doctor, she can handle appointments, billing, scheduling, tests etc.
- ▶ Nursing staff can be increased.
- ▶ Opd 2 area- mostly nursing staff is taken by doctors for doing procedures or when they are unavailable during lunch. Large number of patients wait for vitals.

### **NURSING**

- ▶ During handover patient care is ignored.
- ▶ Everything has to be noted in the computer system so it is the time taken.
- ▶ Bed vacant status is not filled by nurses on time. So actual bed status is not known.

### **PHARMACY/TESTS**

- ▶ Many medicines are not available and doctors prescribe that in treatment.
- ▶ Pharmacy delay is another issue sometimes.
- ▶ Lack of coordination between doctors and nurses regarding tests and treatment. Eg.606 bed patient was advised creatine test but didn't happen till the day of discharge and was taken for the test which was not advised by a doctor the previous day.

### **GENERAL**

- ▶ Computer systems hang or are very slow.
- ▶ Online appointments still have to stand in queue for billing, longer waiting period at customer care service for online appointments, and confusion.
- ▶ GDA and Housekeeping can be separated.
- ▶ Medical clearances by doctors are not given on time, then they get busy in OT.it delays the discharge process.
- ▶ Planned leaves can be managed better for smooth operations.

### **ADMISSIONS**

- ▶ Lack of coordination between admission staff.
- ▶ New head or staff should be introduced to the concerned department. They are unaware of whom to contact.

- ▶ Lack of clarity about their duties. Emergency admission staff and General admission staff have clashes regarding this.
- ▶ Training and communication might help in smooth functioning.
- ▶ Admission staff doesn't know how to make estimates. (Should be trained)
- ▶ TPA billing staff, pre-approval, admissions, discharges, query requests can be done by separate persons.

#### **EMERGENCY**

- ▶ It was observed that in RTA cases attendant delay in shifting once their patient is stable.it occupies the bed longer and their attendant collects in larger number around ER.
- ▶ Patient/attendant get furious when they have to pay large amount.
- ▶ They have this mindset that panel or insurance provide cashless treatments, but consumables and infection safety charges pinch them to pay, and they argue over it.

## **PATIENT AND FAMILY RESPONSIBILITIES**

To promote safety and comfort of the patients in the hospital and to enable effective enforcement of patient and family rights, you and your family responsibilities include:

### **1. Provide accurate information**

- a. About full name, address and other details as requested.
- b. About <sup>5</sup>health, including present condition, past illnesses, hospitalizations, medications including natural products and vitamins, drug allergies and any other matters that pertain to your or the <sup>9</sup>patient's health.
- c. Regarding anticipated <sup>9</sup>problems in following prescribed treatment or considering alternative therapies to the treating doctor.
- d. If condition worsens or if you/patient do not follow the expected course of treatment to the health care provider.
- e. Regarding details about <sup>1</sup>insurance claims and work with the hospital for processing claims and to make payments if the same is denied.

### **2. Help us to serve you better**

- a. <sup>1</sup>Be on time in case of appointments. Cancel or reschedule as far in advance as possible in case of cancellation or rescheduling of the appointments.
- b. Follow the prescribed treatment plan, not to take any medication on your own <sup>3</sup>and carefully comply with the instructions given and adhere to follow up advice including follow up appointment as requested.
- c. Not to give the medication prescribed to others.
- d. <sup>10</sup>Accept responsibility for the decisions the patient/you make regarding the treatment.

- e. Abide by the hospital policies, including those regarding smoking, use of mobile phones, home food, noise, visiting hours and number of visitors.
- f. Treat hospital staff, other patients, and visitors with courtesy and respect.
- g. Be considerate of hospital personnel and property in accordance with the tenets of Indian law, and cultural norms.
- h. Pay for services billed for in a timely manner as per the hospital policies.
- i. Accept that patients requiring emergency care take priority for your doctor.
- j. Accept where applicable, adaptations to the environment to ensure a safe and secure stay in hospital.
- k. Do not keep any valuables. The hospital is not responsible for them

### 3. Make sure you understand

- a. What the doctor or other member of the health care team tell about diagnosis or treatment or care plan. Seek clarifications when necessary.
- b. All forms, including consents by going through them thoroughly. Ask questions and clarify all doubts before giving consent.
- c. Personal privacy and confidentiality of medical records.
- d. Your rights and responsibilities, and seek clarification if any.

**In case you have any clarification, suggestions or a grievance, Customer care cell or Manager on duty may be contacted. (Contact MOD: 8448288367).**

## **PATIENT AND FAMILY RIGHTS**

**Every patient and family have the following rights:**

### **1. Right to information:**

- a. The patient's state of health, details of triage (where applicable), findings of initial assessment (where applicable), the diagnosis, treatment (including medications), possible complications, preventive strategies, probable medical prognosis, care plan, progress and information on their health care needs;
- b. The approximate cost of treatment or services;
- c. Information on how to voice a complaint (Contact MOD: 8448288367).

## **2. Right to Consent:**

- a. To give or withhold or refuse consent (by the patient or the surrogate decision maker) for any proposed medical treatment/therapy/procedure/surgery/blood transfusion/anaesthesia and has the right to receive adequate information from the treating Doctor to enable them to exercise this right;
- b. Option to seek second/additional medical opinion from within or outside of Hospital before giving their consent;

## **3. Right to Choose/Participate:**

- a. Taking decisions about their care and right to refuse treatment after understanding the implications of such a decision;
- b. Changing the treating doctor/ team or the Hospital, if so desired by the Patient;
- c. Access to their clinical records as per the Hospital's policy.

## **4. Right to privacy:**

- a. Protection of personal dignity and privacy during their consultation and examination by the Doctor, during the course of their treatment and during various medical investigations;
- b. Having their medical records treated as "doctor-patient privileged information" and kept as confidential except when required by law or by the authorised insurance agency or company;
- c. Maintenance of privacy and dignity of patients undergoing treatment or diagnostic interventions as per 'Policy on sensitivity to patient's dignity'.

#### 5. Right to safe and quality care:

- a. Receiving appropriate care regardless of race, culture, religion, age, gender or physical disability;
- b. Not to be subjected to abuse of any kind or neglect;
- c. Respect for any values and beliefs, any special preference, cultural needs and responding to requests for spiritual needs;

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To promote safety and comfort of the patients in the hospital and to enable effective enforcement of patient and family rights, you and your family responsibilities include:

#### 1. Provide accurate information

- a. About full name, address and other details as requested.
- b. About health, including present condition, past illnesses, hospitalizations, medications including natural products and vitamins, drug allergies and any other matters that pertain to your or the patient's health.
- c. Regarding anticipated problems in following prescribed treatment or considering alternative therapies to the treating doctor.
- d. If condition worsens or if you/patient do not follow the expected course of treatment to the health care provider.
- e. Regarding details about insurance claims and work with the hospital for processing claims and to make payments if the same is denied.

#### 2. Help us to serve you better

- a. Be on time in case of appointments. Cancel or reschedule as far in advance as possible in case of cancellation or rescheduling of the appointments.

- b. <sup>1</sup>Follow the prescribed treatment plan, not to take any medication on your own and carefully comply with the instructions given and adhere <sup>1</sup>to follow up advice including follow up appointment as requested.
- c. Not to give the medication prescribed to others.
- d. <sup>10</sup>Accept responsibility for the decisions the patient/you make regarding the treatment.
- e. Abide by the hospital policies, including those regarding smoking, use of mobile phones, home food, noise, visiting hours and number of visitors.
- f. <sup>3</sup>Treat hospital staff, other patients, and visitors with courtesy and respect.
- g. <sup>3</sup>Be considerate of hospital personnel and property in accordance with the tenets of Indian law, and cultural norms.
- h. <sup>3</sup>Pay for services billed for in a timely manner as per the hospital policies.
- i. <sup>1</sup>Accept that patients requiring emergency care take priority for your doctor.
- j. <sup>3</sup>Accept where applicable, adaptations to the environment to ensure a safe and secure stay in hospital.
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**In case you have any clarification, suggestions or a grievance, Customer care cell or Manager on duty may be contacted. (Contact MOD: 8448288367).**

## Admission and Billing-Competency Model

### Introduction:



Competency is an element of knowledge, skill and attitude; required for effective performance of a job. Competency modelling is a systematic process for defining the competencies required for successful job performance.

Competency models help organizations in recruiting and retaining the right talent, developing effective workforce, performance management and establishing criteria for superior performance. Employees can increase their performance in their existing jobs and learn abilities that will advance their careers by using competency models to deliver training, coaching, and useful feedback.

#### **Structure of Competency Model:**

The architecture of the competency model consists competencies of four categories viz. foundational (Technical and Non-technical), technical, non-technical and superior competencies. Also includes job responsibilities.

Foundational competencies are those that must be mastered before beginning work and for which employers do not provide training. Technical or non-technical foundational competencies, such as "Basic accounting and math," are examples.

The second category of architectural talents, technical competencies, calls for technical knowledge and expertise that are typically acquired through on-the-job training and/or formal education. One or more of the major functions of the job require the performance of technical competencies. "Inpatient tariff" for a position in a hospital's admission department serves as an illustration of a technical competency. Technical competencies are defined by specifying the tasks for each responsibility in which these competencies must be demonstrated.

The third sort of skills in architecture are non-technical ones, which may not be present and completely developed upon beginning work but are essential for successfully carrying out one or more major duties. "Conscientiousness" is an illustration of a non-technical competency for the admissions department because effective performance depends on sticking to Sop's very carefully. The observable actions that are used to determine non-technical competence are described..

Last category of competencies is superior competencies which are taken from first three categories; following these leads to superior performance. Superior competencies are defined by

Job Position	Date	Sub-Department	Responsibilities
PFC	October-2015	Admissions	<ol style="list-style-type: none"> <li>1. Responsible for conducting patient financial interview, to give estimations and provide appropriate recommendations/support in order for successful admission.</li> <li>2. Effective co-ordination with internal and external stakeholders for timely admission and achieve patient centricity.</li> <li>3. Effective management of PFC tracker.</li> </ol>

interviewing superior performers and knowing competencies required to address challenging situations or technical problems.

#### **A. Foundational Competencies:**

##### **1. Technical Competencies:**

- Computer skills-MS Office.
- Basic accounting and math.
- Medical departments and its functions.

##### **2. Non-technical Competencies:**

###### **2.1 Dependability:** Exhibiting responsible behaviors at work.

- Adhere to hospital policies.
- Punctuality at work.
- Does not bring to personal business into work.
- Accomplishes responsibilities of the job.

###### **2.2 Following Directions:** Following SOPs with minimal supervision.

- Follows directions or recommendations to finish jobs.
- Requests clarification on any confusing instructions.
- Selects pertinent information during conversations.

### 2.3 **Listening:**

Paying close attention to what clients are saying so that you can comprehend what they're really saying. • Asks questions when you need to get more information to confirm your comprehension.

### 2.4 **Professionalism:** Upholding one's professional image and abiding with hospital regulations.

- Always presents a professional image by dressing for the occasion.
- Exhibits self-control by being aware of and controlling one's own and others' emotions when under stress.
- Takes pride in one's efforts and those of the company.
- Employs formal language.

## **B. Technical Competencies:** Applying knowledge, skills and/or experience during execution of following tasks.

### **1. Product Knowledge:** Bed categories, Room tariff, IP tariff, facilities, Packages, Rate list, level codes, OT consumable cost and admission process:

- Explain about tariff, facilities and sharing required information during estimation.
- Apply price calculation formula to rate list.
- Customers who are not affordable; provide estimations by controlling OT consumables.
- Explain inclusions and exclusions of a package.
- Convincing customer to opt other bed categories at the time of non-availability of beds by explaining about tariff, facilities and sharing related information.
- Collect initial deposit.
- Explain discharge process.

### **2. Medical Condition- Medical diagnosis and Procedure:**

- Provide estimation as per level code, length of stay, usage of consumables (Implants/Stents).
- Communicate effectively to both internal and external stakeholders (E.g., Coordination with other hospitals for mobilizing reports).
- Addressing patient queries.

- Know medical conditions which have dual estimations (E.g., Trigger finger release, maternity cases).

### **3. Hospital Information System (HIS):**

- Capture customer details to update PFC tracker.
- Accessing IP quote to know the approximate cost.
- Track bill amount; communicate accordingly with Doctor and/or customer.
- Track the status of insurance approval; communicate to customer for admission.

### **4. Informed Consents:**

- Consent from customers as and when requires.
- Take insurance undertaking form.

### **5. Health care Insurance:**

- Provide preauth request form to customer as per TPA.
- Assist in filling preauth request form as per guidelines.
- Collecting required supporting documents (E.g., Insurance card, Government ID proof, diagnosis reports and others).
- Checking various insurance forms/documents for accuracy of information provided before submission to TPA team.
- Inform about co-payment and Non-Medical Expenses (NMEs).
- Sharing information on room eligibility as per insurance coverage.
- Explain the customer about reimbursement process.
- Handling all the insurance related queries

### **6. Medical Bill:**

- Check the reasons for the increase in bill amount against estimated amount (E.g., Payor plan, level codes, consumables, cross consultation and others).

**C. Non-technical Competencies:** People with non-technical competencies demonstrate or have behavioral indicators mentioned under each competency.

**1. Communication:** The capacity to listen intently, communicate clearly, and make sure that clients have the necessary information on treatment costs and admission procedures to make educated decisions.

- Refers to admission request form and/or interacts with doctor to know treatment specifications.
- Clearly explains about tariff, bed categories and facilities with reference to patient category to take informed decision on admission.
- Equips customer with his/her insurance coverage to take informed decision.
- Refers to sum assured and empowers customer on his/her room eligibility to opt for higher category.
- Communicates with tact and diplomacy in emotional or conflicting situations to resolve matters.
- Identifies difficult or sensitive customers and communicates accordingly.
- Answers all the queries related to cost, admission, individual insurance and others.
- Conveys to customers that he/she has understood their concerns.
- Listens attentively, expressing interest. Understands what others are saying and responds appropriately.
- **Conscientiousness:** Motivation to carry out one's duties carefully and methodically.
- Provides estimation by considering all the factors Viz. Length of stay, level code, OT consumables (Implants/Stents).
- Doesn't forget to book bed and/or OT during bed crisis.
- Cross checks insurance of NRI customers.
- Clearly explains exclusions of a package.
- Takes examples of previous similar cases to empower/enhance confidence of customer to take informed decision on treatment.
- Provides discount for barraging customers
- Keep a track of current cost of OT consumables and bill components to provide right estimation.
- Maintains list of medical conditions which requires dual estimation and doesn't come under insurance coverage.

- Timely follow-up with TPA and admission teams for insurance approvals and bed status respectively.
- Completes necessary paperwork accurately and on schedule, such as Tracker and financial consent.
- Verifies accuracy of own work.
- Acts with integrity and honesty in all element of their work.
- Exhibits an attention to detail

**2. Critical and Analytical Thinking:** The capacity to solve problems and assign beds cognitively by <sup>12</sup>conceptualizing, applying, analyzing, synthesizing, and/or evaluating data gathered from or generated by observation, experience, contemplation, or communication.

- Identifies and corrects inconsistent or missing information in reports (PFC tracker) and admission documents.
- Judges and performs the admission formalities effectively and efficiently for customers who may change their decision.
- Critically analyzes, compares, and interprets conversion based on follow-up data and take corrective and preventive action if necessary.
- Draws conclusions from relevant information.

**3. Customer Focus:** Understanding the needs of customers and focusing on consistently delivering high quality of customer service.

- Actively seeks feedback from customers.
- Doesn't make customer to wait for long time.
- Convinces for packages for customers who are not affordable.
- Prevents movement of customer from one department/individual to other department during admission by collecting or arranging all the required information.
- Monitors the customer and financial transactions during his/her stay in hospital to take necessary actions if required.

- Coordinates with related stakeholders for getting discount for non-affordable patients.
- Arranges free bed for poor customers.
- Ensures that infected patients are assigned beds in accordance with infection control procedures.
- Assures fast response to consumer inquiries.
- Values satisfying customer needs highly.
- Views situations from the perspective of customers.
- Listens to and proactively interacts with the customer to understand their needs, issues or concerns and to build connect/rapport.
- Shows high commitment to exceed customer expectations. Spots opportunities to serve the existing customers better bringing to them relevant hospital services that best cater to their stated / unstated needs and preferences
- Effectively resolves service issues/problems surfaced by customers without unnecessary escalations.

**4. Follow-up:**

- Timely follow-up with TPA and admission teams for insurance approvals and bed status respectively.
- Keeps the discussion warm with prospective customer.
- Know the reasons for not admitting (not affordable, high estimation) and communicate accordingly for successful admission.

**5. Forward Thinking:** Planning for the future.

- Anticipates how customers will react to non-availability of beds and plan accordingly.
- Proactively collects required documents before admission for processing insurance to get initial approval.

**6. Influencing Skill:** Ability in creating someone to believe that something is true or real.

- Greet and introduces to the customer.

- Provides appropriate reason(s) when customer feels estimation is high.
- Ask questions and then listen actively and carefully to the answers.
- Speaks in a confident way, use confident body language, gestures, uses a confident tone of voice and shares evidence-based information.
- Ensures self is polite and courteous in their interaction.
- Delivers consistently on promises and work commitments.
- Ensures self-follow code of conduct and ethical practices. Takes immediate action for reported non-compliance in consultation with relevant authorities.
- Explains the reasons for collecting initial deposit, delay in bed allotment and other such admission activities to gain people's support.
- Gains people's support by involving them in a process or decision
- Adapts approaches to interact in different situations / audiences and overcomes barriers (E.g., Speaking with customer in a language known to him).
- **Interpersonal Skills:** The collection of skills that enables a person to connect successfully and collaborate with others, particularly in circumstances where it is crucial to coordinate one's work with others, handle disagreement, and forge strong relationships
- Collects and/or provide required information (E.g., Arranging diagnostic reports from other hospitals).
- Coordinates effectively with CR/PR for VIP customers.
- Coordinates with Doctors and/or OT nurses for to control OT consumables for selected customers.
- Timely follow-up with TPA and admission teams for insurance approvals and bed status respectively. • Shows empathy for people by paying attention to their needs and feelings (E.g., Addressing to bed booking request).
- Exhibits adaptability and openness while interacting with people from various backgrounds.
- Remains composed and in control of emotions when dealing with irate clients or when under pressure (E.g., Bed crisis, Customer not happy).
- Acts in a manner that demonstrates knowledge of others' actions.



**7. Self-control:** The ability to remain composed and professional under stress.

- Acknowledges criticism without losing self-confidence.
- Resists the urge to remark or act in an unacceptable manner.
- Resists the urge to react angrily or rudely to a consumer.
- Remains composed in the face of difficulty, an assault, or other stressful circumstances.

**8. Teamwork:** Capability to partake and work with colleagues as part of a team.

- Demonstrate interpersonal skills to accomplish departmental/organizational goals.
- Develops positive working relationships with colleagues.
- Encourages colleagues to express their ideas and recommendations.
- Provides constructive feedback.
- Shares own experience
- Learns from other members of team.
- Provides suggestions and ideas which can be supported by colleagues.

**D. Superior Competencies:** Superior competencies are applied to address challenging situations or technical problems.

**1. Technical Competency:**

**1.1 Product Knowledge:**

- Customers who are not affordable; provide estimations by controlling OT consumables.

**1.2 Medical Condition- Medical diagnosis and Procedure:**

- Provide estimation as per level code, length of stay, usage of consumables (Implants/Stents).
- Coordination with other hospitals for sharing reports.
- Know medical conditions which have dual estimations (E.g., Trigger finger release, maternity cases).

**1.3 Hospital Information System:**

- Accessing IP quote to know the approximate cost.

**1.4 Informed Consents:**

- Consent from customers as and when requires.

#### **1.5 Health care Insurance:**

- Checking various insurance forms/documents for accuracy of information provided before submission to TPA team.
- Sharing information on room eligibility as per insurance coverage.
- Answering all the queries related to individual insurance and explaining about reimbursement process.

#### **1.6 Medical Bill:**

- Check the reasons for the increase in bill amount against estimated amount (E.g. Payor plan, level codes, consumables, cross consultation and others).

### **2. Non-technical Competencies:**

**2.1 Dependability:** Does not bring to personal business into work.

**2.2 Following Directions:** Picks out important information during communication.

**2.3 Listening:** Pays close attention while listening, and when necessary, asks questions to make sure they comprehend what is being stated.

#### **2.4 Communication:**

- Refers to sum assured and empowers customer on his/her room eligibility to opt for higher category.
- Identifies difficult or sensitive customers and communicates accordingly.
- Answers all the queries related to cost, admission, individual insurance and others.
- Communicates with tact and diplomacy in emotional or conflicting situations to resolve matters.

#### **2.5 Conscientiousness:**

- Doesn't forget to book bed and/or OT during bed crisis.
- Cross checks insurance of NRI customers.
- Clearly explains exclusions of a package.

- Takes examples of previous similar cases to empower/enhance confidence of customer to take informed decision on treatment.
- Provides discount for barraging customers
- Keep a track of current cost of OT consumables and bill components to provide right estimation.
- Maintains list of medical conditions which requires dual estimation and doesn't comes under insurance coverage.
- Timely follow-up with TPA and admission teams for insurance approvals and bed status respectively.
- Exhibits integrity and honesty in all facets of work.

#### **2.6 Critical and Analytical Thinking:**

- Recognizes and fixes errors or omissions in reports (PFC tracker) and admission paper-work.
- Judges and performs the admission formalities effectively and efficiently for customers who may change their decision.
- Critically analyzes, compares, and interprets conversion based on follow-up data and take corrective and preventive action if necessary.

#### **2.7 Customer Focus:**

- Convinces for packages for customers who are not affordable.
- Prevents movement of customer from one department/individual to other department during admission by collecting or arranging all the required information.
- Monitors the customer and financial transactions during his/her stay in hospital to take necessary actions if required.
- Coordinates with related stakeholders for getting discount for non-affordable patients.
- Ensures beds for infected patients are allotted as per infection control protocols.
- Listens to and proactively interacts with the customer to understand their needs, issues or concerns and to build connect/rapport.

- Shows high commitment to exceed customer expectations. Spots opportunities to serve the existing customers better bringing to them relevant hospital services that best cater to their stated / unstated needs and preferences

#### **2.8 Follow-up:**

- Timely follow-up with TPA and admission teams for insurance approvals and bed status respectively.
- Keeps the discussion warm with prospective customer.
- Know the reasons for not admitting (not affordable, high estimation) and communicate accordingly for successful admission.

#### **2.9 Forward Thinking:**

- Proactively collects required documents before admission for processing insurance to get initial approval.

#### **2.10 Interpersonal Skills:**

- Collects and/or provide required information (E.g., Arranging diagnostic reports from other hospitals).
- Coordinates with Doctors and/or OT nurses for to control OT consumables for selected customers.
- Maintains composure and self-control under pressure and when interacting with furious consumers (E.g., Bed crisis).

#### **2.11 Influencing Skills:**

- Speaks in a confident way, use confident body language, gestures, uses a confident tone of voice and shares evidence-based information.
- Ensures self is polite and courteous in their interaction.  
Explicates the rationale behind the collection of the first deposit, the delay in bed assignment, and other admission-related activities to win over the public. Involves others in a decision-making process to win their support.
- Adapts approaches to interact in different situations / audiences and overcomes barriers (E.g., Speaking with customer in a language known to him).

#### **2.12 Self-control:**

- Resists the urge to remark or act in an unacceptable manner.
- Resists the urge to react angrily or rudely to a consumer.
- Remains composed in the face of difficulty, an assault, or other stressful circumstances.

### 2.13 Teamwork:

- Develops positive working relationships with colleagues.
- Encourages colleagues to express their ideas and recommendations.
- Provides constructive feedback.
- Shares own experience.
- Learns from other members of team.

### ER STUDY

PATIENT DETAILS	TAT	HRS	MINUTES
1#Patient A old man TIRATH ram	Result:5hours	5hours	300
2#Patient B young man slipped The Lalit (hotel	Result:6 hours	6 hours	360
3#Patient C lady Niranjana bed no.7	Result:3 hour	3 hour	180
4#Patient D	Result: 10 min.	10 min.	10
5#Patient 1 young man triage 3:37 self-Amit	Result:4 hour	4 hour	240
6#Patient requiring oxygen patambari	Result: 5hours	5hours	300
Patient #7 bed no.4	Ultra sound at 4:23	Ultra sound at 4:23	
Patient #8 small kid bed no.1	dr visited at 4:20 pm --4:27 Patient left	dr visited at 4:20 pm --4:27 Patient left	

<b>Patient #9</b>	<b>Result: 40 minutes</b>	<b>40 minutes</b>	<b>40</b>
<b>PATIENT 10 KAILASH</b>	<b>RESULT: 1:10 MINUTES</b>	<b>1:10 MINUTES</b>	<b>70</b>
		<b>AVERAGE MINUTES: 187 Min / 3.15 Hrs</b>	

## REFERENCE

- MAXMEN JS, Tucker GJ. The admission process. *The Journal of Nervous and Mental Disease*. 1973 May 1;156(5):327-40.
- McPeake J, Bateson M, Christie F, Robinson C, Cannon P, Mikkelsen M, Iwashyna TJ, Leyland AH, Shaw M, Quasim T. Hospital re-admission after critical care survival: a systematic review and meta-analysis. *Anaesthesia*. 2022 Apr;77(4):475-85.
- Lin MP, Baker O, Richardson LD, Schuur JD. Trends in emergency department visits and admission rates among US acute care hospitals. *JAMA Internal Medicine*. 2018 Dec 1;178(12):1708-10.



**ANNEXURE**

**SURGERY CLEARANCE**

**Patient Name:** \_\_\_\_\_

**IPID:** \_\_\_\_\_

**DOA:** \_\_\_\_\_

**Room No:** \_\_\_\_\_

**Patient Type:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_

**Surgery Name:** \_\_\_\_\_

**Total Estimate:** \_\_\_\_\_

**Advance Deposit:** \_\_\_\_\_



**Date of Clearance Issue:** \_\_\_\_\_

**Special remarks:**

Non payable consumables, Room Difference, Proportionate deduction due to room difference and Co-Payment will be paid by patient. If any denial comes from Insurance, patient is liable to pay the entire bill of the hospital.

**Patient / Attendant Signature:**

**Signature of PCC**

**Name .....**

**Name of PCC**

**Relation.....**

**(Please put stamp)**

**Date:.....**

F-MHD-158

HCMCT Manipal hospital , Adjoining MTNL Building, Sector-6, Dwarka, Delhi-110075 Phone  
number  
:- 011-49674967

Non Payable Items Details					
S. No	NME Service Item	S. No	NME service item	S. No	NME service item
1	ADMISSION CHARGE	51	EMERGENCY CHARGES CTID	101	SEPSIS SCREEN PANEL
2	DOCUMENTATION PROCESSING CHAR	52	EMERGENCY CHARGES FOR USGI	102	SHARP CONTAINERS BLUE DISPOSABLE
3	MEDICAL RECORD CHARGES	53	ENDOTRACHEAL TUBE CUFFED	103	SHAVING RAZOR DISPOSABLE
4	INFECTION SAFETY CHARGES	54	ENEMA ADMINISTRATION	104	SINGLE LUMBER
5	PPE KITS / GOWN	55	EXERCISE THERAPY	105	SKIN TEST-MANTOUX
6	HANDRUB / HAND SANITIZERS	56	FACE MASK	106	SLEEP STUDY DIAGNOSTIC
7	AIR MATTRESS (PNEUMATIC PRESSUR	57	FLOWTRON EXCEL COMPLETE	107	SLING
8	ALCOHOLIC SWAB	58	FOOT CARE EDUCATIOND	108	SLIPPER TOWELING
9	ALLEVYN SACRUM (SMITH & NEPHEW	59	GAMJEE ROLL WITH COTTON	109	SOLUTION HAND RUB
10	ALPHA TRANCEL	60	GLOVE LATEX EXAMINATION	110	SOLUTION MICROSHIELD HANDRUB
11	ALPHA XCELL	61	GLOVES SURGICAL STERILE	111	SPECIMEN CONTAINER
12	CD MOSER BAER CHLORO XEIDINE MOUTHWASH	62	GLYCOSYLATED HEMOGLOBIN, BLOOD HARMONIC SCALP PLUS ERGONOMIC	112	HEPATITIS B HEPATITIS C ANTIBODIES, SERUM
13	CATHETER SUCTION WITH THUMB CONTROL	63	Whey Protin/Any supliments like same	113	HIGH RISK INFACTION SURVEILLANCE PACKAGE
14	APRON DISPOSABLE COT	64	Isothermal covid Test	114	SURGICAL UNDER PAD
15	AUTO SUTURE BACTO-RUB	65	Mask N-95	115	SYRINGE DISPOSABLE WITH NEEDLE
16	BANDAGE BANDAGE ROLLED	66	knee brace	116	SYRINGE INSULIN
17	BANDAID WASHPROOF	67	SPUTUM CUP	117	TEGADERM ABSORBENT PAD
18	BED BATH TOWEL	68	INFUSION PUMP – COST	118	TEGADERM TRANSPARENT DRESSING
19	BEDPAN PLASTIC BLUE SHEET	69	ACCU CHECK (Glucometry/ Strips)	119	THERMAL PAPER ROLL DEFIBRILATOR
20	BINDER (ALL TYPE)	70	URINE BAG	120	THERMOMETER DIGITAL
21	BT SET (BLOOD TRANSFUSION)	71	HCV ABS, SERUM	121	THREE WAY EXTENSION LINE
22	CAMERA COVER DISPOSABLE	72	SPUTUM MUG DISPOSABLE	122	THREE WAY STOP COCK
23	CANDID	73	STOCKINGS (ALL TYPE)	123	THROMBOPHOB OINT
24	C-ARM COVER CAUTERY PENCIL	74	HIV ANTIBODIES SERUM	124	TIP CLEANER
25	AMBULANCE CHARGES	75	HME FILTER	125	URICOL STERILE(SPECICAN)
26	ALPROSEPT HANDRUB	76	INSTRUMENT CHARGES	126	URINE POT PLASTIC
27	CLAVE CONNECTOR	77	IPC COMPRESSION	127	URO BAG
28	MOUTHWASH	78	LEGBAG WITH STRAP	128	ENGERIX-B (HEPATITIS-B VACCINE)
29	COTTON ROLL	79	LEUKOMED	129	VACC. TETANUS (TETANUS TOXOID)
30	COTTON SWABS STERILE	80	MASK BIPAP FULL FACE	130	VICKS VAPORUB
31	CREPE BANDAGE DENTAL KIT	81	MASK NEBULIZER KIT	131	VOLITRA +(DICLOFENAC) GEL
32	CROSS LINE OF TREATMENT AND DOCTOR VISIT	82	MASK OXYGEN FLEXI	132	Ventilator Circit
33	DIAPER ADULT	83	MEDICINE CONTAINER	133	CB Naat / antigen Covid test
34	DIGENE (ANTACID)GEL	84	MICROPORE	134	Dietary charges
35	DISP.PERFORATOR	85	MIT S LINCTUS CODEINE SYP	135	Diet Charge
36	DISPOSABLE & PREPARATION	86	MOISTUREX PREP CREAM	136	EYE KIT
37	DISPOSABLE COMMON ITEMS	87	MOLE CATH CONDOM	137	BOYLES APPARATUS CHARGES
38	DISPOSABLE KIDNEY TRAY	88	NASAL OXYGEN SET	138	EXAMINATION GLOVES
39	DISPOSABLE LANCET	89	NEBULIZATION	139	TROLLY COVER
40	DOCUMENTATION CHARGES	90	PARACHUT COCONUT OIL	140	Blood Group investigation
41	DRAPE CRANIOTOMY	91	PLASTIC BOWL		
42	DURAPURE PLUS 45 DVD-R	92	PLASTIC CONTAINER		
43	DVT PUMP PER DAY	93	PLASTIC JAR		
44	DVT PUMP PER DAY	94	PM LINE		
45	EAR DROP	95	PM-O-LINE		
46	EASY BATH SPONGING WET WIPES	96	POLY DRAPE SHEET		
47	EASY DRAIN	97	RESPIROMETER		
48	EASYCAINNE(LIGNOCAINE) JELLY	98	RESTRAINT STRAP		
49	ECG ELECTRODE	99	RMO		
50	ELECTROSURGICAL PLATE	100	RUBBER WASHER		

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<p align="center"><b>अंतिम सभ्य</b></p> <p>आइटम फिं भागतन आपि फैनल या इश्योरेंस से नहीं हिया जाता। अगर मेरे से कोई आइटम आपि मरीज फिले उपयोग होता है तो आपि उसि भागतन स्वयं फिरना होगा धन्यवाद</p>	
Explained BY	
Explained To	
Signature & Contact	



S. No	Counselled points	Tick
1	Bed categories are Explained to Patient/Attendant/ Charges/ Facilities as per room categories	
2	Package explanation is provided (if applicable)	
3	Estimates provided to Patient/Attendant: *Kindly Note following points	
a	It is only approximate and actual bill can vary as per the condition of patient and change in plan of treatment	
b	In case Deposit was higher than actual bill, money will be refunded	
c	In case estimate was lower than current bill, re-estimate will be provided after discussing with treating doctor.	
d	Every day running bill will be provided. Kindly check your bill properly. If you any query kindly bring it to our notice immediately. For explanation and queries regarding bill kindly contact billing section.	
4	If your preferred room is not available due to any reason, after discussing with you, your room may be upgraded. As soon as your preferred room is available, you will be intimated and you are requested to co-operate with us. Kindly note that bill will be prepared as per preferred room category. If in case patient is shifted to any ICU then attendant need to vacate the room .	
5	You are requested to check your final bill properly. If you notice any query kindly inform billing section. For any clarification on bills, contact billing section	
6	For up grading of bed category, charges will have retrospective effect and all charges will be as per upgraded category from the date of admission excluding room charges and doctor visit	
7	For down-grading of bed category, charges will be of lower category from the date of down-grading	
8	Bed charges will be as per billing policy. Once discharged patient is requested to leave immediately other wise next day charges will be applicable. Also if patient attendant is opting any room type which will not cover under the policy then as per the hospital rules patient is liable to pay the difference amount not only for the room category but also for the entire bill.	
9	80% of deposit at the time of admission. If deposit amount if not available with attendant, within agreed time it can be submitted undertaking has to be signed	
10	For Insurance, kindly submit:	
a	Policy no/Health Card Photocopy	
b	Photo ID proof	
c	Relevant Document	
d	*Please note that Non medicals/ Non CGHS charges and Co-Payment will be borne by patient, wherever applicable as already informed in advance . If any denial comes from insurance team patient is liable to pay the entire bill of the hospital.	
11	<b>One Attendant</b> is compulsory with patient throughout Stay (For wards)	
12	One Attendant pass will be issued - 1 visitor allowed at a time <b>Visiting hours for Wards:</b> 11:00 – 12:00 & 17:00 – 18:00 <b>Visiting hours for ICU:</b>	
13	<b>Food</b> for patient is included in bed charges/Package	
14	Children not allowed below <b>14years</b>	
15	<b>Outside</b> food is not allowed	
16	<b>Flowers</b> are not allowed inside hospital	
17	<b>Discharge:</b>	
a	For <b>CASH</b> it will take approximately 3-4 hours from the time doctor has given discharge	

b	For <b>INSURANCE</b> it will take 6-8 hours from the time doctor has given the discharge	
18	For any issues Patient/Attendant can call HELPLINE NO. provided in each room.	
19	<b>Senior citizen</b> card will not be applicable for insurance claims	
Explained by: _____ Explained to: _____		
Signature: _____ Signature: _____		
Date: _____ Time: _____		

# Hemlata Choudhary

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