DISSERTATION

AT

PARK HOSPITAL SECTOR-47, GURUGRAM

REDUCING TURAROUND TIME OF PATIENTS IN ADMISSION PROCESS

BY

DR NEHA SANSANWAL

PG/20/042

UNDER THE GUIDANCE OF

DR SUMESH KUMAR

POST GRADUATE DIPLOMA IN HOSPITAL AND HEALTH MANAGEMENT,

2020-2022 BATCH

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

TO WHOM SO EVER IT MAY CONCERN

This is to inform that Dr Neha Sansanwal is associated in the department o of operation as a operation Executive at Park hospital, Gurugram.

This certificate is issued in recognition of her project on" REDUCING TURNAROUND TIME OF PATIENTS IN ADMISSION PROCESS AT PARK HOSPITAL, GURUGRAM"
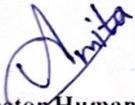
Director Human Resources

Yours sincerely

For PARK HOSPITAL, GURUGRAM
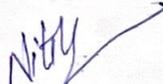
Head of Department

Park Hospital
Group of Advance Super Speciality Hospitals

The certificate is awarded to

Name: Dr Neha Sansanwal

in recognition of having successfully completed her Internship in the department of

OPERATION EXECUTIVE

and has successfully completed her Project on

REDUCING TURNAROUNDTIME OF PATIENTS
IN ADMISSION PROCESS AT PARK HOSPITAL, GURUGRAM

Date: 15TH MARCH , 2022 to 10TH June, 2022

Organization: PARK HOSPITAL, SECTOR 47 GURUGRAM

She comes across as a committed, sincere and diligent person who has a strong drive and
zeal for learning

We wish her all the best for future endeavors.

Internship and department
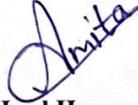
Head Human Resource

the **health** care providers   the **health** care providers

FEEDBACK FORM

Name of the Student: DR. NEHA SANSANWAL

Name of the Organisation in Which Dissertation Has Been Completed:
PARK HOSPITAL, Sec 47, GURUGRAM

Area of Dissertation: OPERATION DEPARTMENT

Attendance: 100%

Objectives achieved: She has sincerely carried out day to day activities without any failure

Deliverables: She is efficient in communication & effectively manages the things around

Strengths: - keen to learn   - Ability to manage
- Understands her responsibility organise more efficiently

Suggestions for Improvement:
- Build leadership skills
- Be - ever confident   - Best of luck

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 20th Aug-22
Place: Gurugram

ACKNOWLEGEMENT

I would like to express my special thanks to **Dr. Sumesh kumar and Mrs. Divya Aggarwal (Associate Dean- Academic & Student Affairs)** for giving me the golden opportunity to pursue my summer internship at Park Hospital Sector-47 Gurgaon

In this Institute I have had the privilege to get to know many people who generously shared their experiences and knowledge with me.

I would like to express my sincere gratitude to **Dr. P N Kakkar (CEO)** for their continuous guidance, who in spite of being busy with their duties, took time to hear me and guide me, gave helpful advice and constructive comments throughout the project. Their valuable inputs made the project possible,

I am thankful to Dr **Nitika Poonia (Head of the department), Mr. Arun Sharma (Deputy Operation Manager)** Operation department, Park Hospital Sector-47, Gurgaon for being my mentor and project guide, for helping me improve the quality of my work.

I would also like to thank Dr Riyaz Ahmed, Dr Bharat Tanwar and Dr Tamanna Kundu, nurses and other medical staff for their cooperation, supportive and learning attitude. The administrative staff of the hospital been very helpful to me and I would like to express my deep gratitude to all.

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ORGANISATIONAL STRUCTURE

"**Park Hospital is the Fastest Growing Super Specialty chain of hospitals, Providing affordable Quality care**"

- Located on Gurgaon, Haryana
- Functional : April, 2012
- Sanctioned : 100
- Operational Beds : 100
- World-Class hospital architecture with premier advanced super specialty facilities.
- Park Hospital Gurgaon envisions of providing a comprehensive spectrum of advanced medical & surgical interventions with a perfect mix of inpatient and outpatient services to people of all social and economic backgrounds.

Vision

''Our hospital is committed for delivering high quality Personalized care to people of all ages and in every stage of life.''

<u>Mission</u>

''To be the leading healthcare provider, providing comprehensive Quality healthcare at affordable cost.''

About Logo (The Caring Hands)
The two hands stand for care and help.
   Blue   : *Color signifies Excellence*

Orange   : *Indicates the Zeal for Care.*
''The logo also assure People that they are in Safe and Caring Hands.''

Quality Objectives

- To provide the best quality patient care.

- Judicious use of drugs and appropriate interventions.

- Compliance with highest standard of medical ethics.

- Continued skills up-gradation and keeping abreast of latest development.

- To carry out all processes right at the first time, on time and every time.

Community it Serves

''Our group is providing quality medical care to Common people at affordable rates. We have all Government, Semi-Government, Corporate, Military, Paramilitary and all TPA Empanelment's.''

Scope of Services

<u>Clinical Services</u>

- Anesthesiology

- Emergency Medicine

- General Medicine

- General Surgery Including Laparoscopic surgery & Surgical Oncology

- Obstetrics & Gynecology Including High Risk Pregnancy

- Ophthalmology

- Orthopedic Surgery

- Otorhinolaryngology

- Paediatrics

- Nephrology including dialysis

- Dental Science

- Dermatology & Venereology

- Gastroenterology (Medical)

- Cardiology – Invasive & Non – Invasive

- Cardiothoracic & Vascular Surgery

- Critical & Intensive Care

- Neurology

- Neurosurgery

- Oncology (Medical, Radiation)

- Plastic and Reconstructive Surgery

- Urology

<u>Laboratory Services</u>

- Clinical Biochemistry

- Clinical Microbiology & Serology

- Clinical Pathology

- Hematology

Diagnostic Services

- 2D ECHO
- CT Scanning
- DSA / Cath Lab
- MRI
- Tread Mill Testing (TMT)
- Ultrasound
- X- Ray

Transfusions services

- Blood Bank
- Blood Transfusions services

Professions Allied to Medicine

- Dietetics
- Physiotherapy
- Psychology

Support Services

- Ambulance
- Pharmacy

Not in Scope

- Burns
- Organ Transplantation
- Pediatrics Surgery
- Nuclear Medicine

Corporate Social Responsibility

- Hodal Hospital
- Free education to needy and bright children as a scholarship

program by Chairman

- Every child in Park Group of Hospital gets a toy on admission
- First cry baby kit given to every new born child in park Hospital
- Regular free camps in all super specialties
- Subsidized investigations and treatment are provided to camp

Patients

Facility layout

Area	Departments
Basement	OPDs Chambers
	Blood Bank
	Pathology Lab
	Physiotherapy
	Radiology & Imaging
	HR
	Quality
	Billing
	Canteen
	MRD
	Stores
	BME
	Dietitian's office
	Dental

Area	Departments
Ground Floor	Front Office
	Pharmacy
	Emergency
	OPD Chambers
	IT Room
	CEO's office
	Director Admin's office
	Medical Director's office
	Medical superintendent's office
	GM Operation & Additional MS's office
	Operation Theatre
	Labour Room
	CSSD
	Recovery
	Nursery Lavel-1

Area	Departments
1st Floor	Private Rooms
	Semi-Pvt Rooms
	MICU
	Isolation room
	OSD 's office

Area	Departments

2nd Floor	Cath Lab
	ICU-II
	Heart Command
	General Wards
	Dialysis
	Endoscopy Room
	Chemotherapy Room
	Chairman's office

Area	Departments
Terrace	F & B (Kitchen)
	Lift Rooms
	Linen Washing Area
	STP Treatment Plant

Infrastructure & Technology

Park Hospital Gurgaon has become the expert of the healthcare line. It believes in benefiting people with its out sounding and luxuries facilities. The hospital Possesses In terms of infrastructure and technology. All of its facilities are patient-centric and have been made user-friendly. The hospital is equipped with ultra-modem technology and gadgets coming from the best areas of the country. With its hard work and passionate or dedicated Approaches, the hospital has attained the name of being in the top-rated hospitals of India. Park Hospital, Gurgaon ensures quick and immediate responses to the people coming for their healthy life. It believes in maintaining a foundation for health. The staff of the hospital makes the facilities understandable making for the sake of patients so that none of the patients remains with questions at the end. The hospital offers diagnoses and treatment with 24*7 availability. The hospital is bedded with 250 beds and more than 20 multi-super specialities making it reliable and responsive in the industry of healthcare.

Doctors at Park Hospital Gurgaon

The doctors of the park hospital work dedicatedly to the recent conditions of the patients. Their work helps to maximise the prevention strategies and let people serve with the best-in-class services. The staff, Physicians, and surgeons of the park hospital strive to provide quality of life, achieve good goals, and support life with the best possible services. The doctors at Park Hospital promote "Human Health" concerning their world-class and highly qualified or certified facilities.

The focus of the park hospital is to improve the standards of living with premium care. It believes in promising healthcare facilities. It makes the facilities manageable and affordable for all classes of society. The doctors of the hospital work for humanity and change lives with remarkable differences. They are well-trained and qualified to provide holistic healthcare services to the common man.

ORGANIZATION'S ORGANOGRAM

CHAIRMAN

MANAGING DIRECTOR

PRINCIPAL OFFICER

QUALITY DEPARTMENT (DIRECTOR QUALITY)

VP

MEDICAL SUPERINTENDENT

MEDICAL DIRECTOR

EMERGENCY

DRUG AND THERAPEUTIC COMMITTEE

ADL. MEDICAL SUPERINTENDENT

MRD

WARD & DAY CARE

QUALITY ASSURANCE COMMITTEE

DIALYSIS & TECHNICIAN

GM- OPERATION

LAB & SAMPLE COLLECTION CENTER (PATHOLOGIST)

TECHNICIANS

DEATH REVIEW COMMITTEE

CATH LAB

DIRECTOR ADMIN

ACCOUNT

CLINICO-PATHOLOGICAL COMMITTEE

ADMINISTRATOR

SAFETY AND FACILITY & COMMITTEE

IC (MICROBIOLOGIST)

ICN

HIC COMMITTEE

HR

IT

OT & Recovery

OT INCHARGE

TECHNICIAN

RMO

MEDICAL RECORD AUDIT COMMITTEE

MAINT. SUPERVISO -

STORE & STORE INCHARGE

FACILITY SUPERVISOR

BILLING

CONSULTANTS

BIO-MEDICAL

ANESTHETIST

CLINICAL AUDIT COMMITTEE

TPA

CONSULTANT OBS & GYNE

OT COMMITTEE

CSSD

CREDENTIAL PRIVILEGING COMMITTEE

DG

DRIVERS

PROCESSING

ICU

INTENSVIST

INTERNAL COMPLAINT COMMITTEE

FIRE & SAFETY

FLOOR MANAGER

DIETITICS

KITCHEN

GRIEVANCE COMMITTEE

ELECTRICIAN

HOUSE KEEPING

FRONT OFFICE & OPD

CPR COMMITTEE

BLOOD BANK (BLOOD BANK OFFICER)

TECHNICIANS

PURCHASE AND CONDEMNATION COMMITTEE

CARPENTER

SECURITY

AMBULANCE

PHARMACY

PHARMACIST

BLOOD TRANSFUSION COMMITTEE

PLUMBER

LAUNDRY

IMAGING (RADIOLOGIST)

TECHNICIANS

DENTAL

NURSING (NURSING SUPERINTENDENT)

NURSES

WARD BOY/GIRL

CLINICO-RADIOLOGICAL COMMITTEE

PHYSIOTHERAPY

MORTUARY

REDUCING TURNAROUND TIME OF PATIENTS IN ADMISSION PROCESS

INTRODUCTION

Turn-Around One of the quality metrics for healthcare services is believed to be time. This is a concrete example of how a patient evaluates the quality of the services being rendered to them rather than the medical professionals' abilities. The definition of Turn-Around Time is "the amount of time from the time the patient enters the clinic to the time the patient actually departs the hospital," and a lengthy TAT has a negative impact on both patient satisfaction and care. Due to the increased demand and scarce resources, there were lengthy wait times, which increased the Turn-Around time throughout the Admission process. Low patient experience and satisfaction are the effects of this. The hospital and healthcare system depend heavily on the inpatient services. Depending on the severity of their illness, patients are admitted to the hospital for a certain number of days. About 30-35 percent of a hospital's functional space is taken up by inpatient facilities, which have substantial construction and operating costs. The best medical and nursing care facilities are required for the patients being admitted to the hospital. This study is being conducted to shorten the wait times for patients seeking hospital admission. There are various steps to the admissions process, and delays can occur for a variety of reasons, such as a lack of beds or incomplete paperwork. For managers looking to boost the effectiveness of their operations, managing lengthy waiting lines presents a significant conundrum. Customers, as well as managers, detest prolonged line waiting. Customers will either choose to skip the line or won't visit the hospital the next time they require care if they feel like they are waiting a lengthy time in a hospital. This may ultimately result in lower client demand, sales, and profit. Customers are unhappy and employees are burdened by the IPD's overcrowding for entry.

Research questions-

1. What is the turnaround time (TAT) of patients in admissions in park hospital?

2. What are the activities which directly or indirectly causes delay in the admission process?

RESEARCH OBJECTIVES-

1. To understand the inpatient admission process.

2-To study the process flow of emergency department.

3-To determine the TAT of patients at ER.

4. To recommend different measures for improving the patient waiting time during admission process.

REVIEW OF LITERATURE

1-Harper PR, Gamlin HM. Reduced outpatient waiting times with improved appointment scheduling: a simulation modeling approach. OR Spectr. 2003;25:207–22. doi:10.1007/s00291-003-0122-x. An outpatient department represents a complex system through which many patients with varying needs pass each day. An effective appointment system is a critical component in controlling patient waiting times within clinic sessions.

2-Michael M, Schaffer SD, Egan PL, et al. Improving wait times and patient satisfaction in primary care. J Healthc Qual. 2013;35(2):50–60. doi: The goal of the quality improvement project described here was to increase patient satisfaction by minimizing wait times using the Dartmouth Microsystem Improvement Curriculum (DMIC) framework and the Plan-Do-Study-Act (PDSA) improvement process.

3-Helbig M, Helbig S, Kahla-Witzsch HA, et al. Quality management: reduction of waiting time and efficiency enhancement in an ENT-university outpatients' department. BMC Health Serv Res. 2009;9:21. Doi .Public health systems are confronted with constantly rising costs and diagnostic as well as treatment services become more and more specialized. On the other hand resources (staff and finances) are becoming tighter, whereas more and more patients seek treatment in the clinic.

4-Preyde M, Crawford K, Mullins L. Patients' satisfaction and wait times at Guelph General Hospital Emergency Department before and after implementation of a process improvement project. CJEM. 2012;14(3):157–68. A process improvement program (PIP) was implemented in the emergency department (ED) at Guelph General Hospital in July 2009. The purpose of this study was to examine patients' satisfaction and wait times by level of Canadian Triage and Acuity Scale (CTAS) score before and 6 months after implementation of this program.

5-Cao WJ, Wan Y, Tu HB, et al. A web-based appointment system to reduce waiting for outpatients: a retrospective study. BMC Health Serv Res. 2011;11:318. Reducing outpatient waiting times has been the focus of a large number of studies [1–3] because waiting and treatment times are usually regarded as indicators of service quality [4]. The Patient's Charter of the UK Government sets a series of standards which state that all patients must be seen within thirty minutes of their appointment time

Research Methodology:

The study design is observational descriptive study aiming to analyze the process flow of the emergency department and suggest appropriate measure to reduce turnaround time in admission process.

Study Area-

The study had been conducted at emergency department, admission desk at Park hospital

Sampling Method-Non-probability convenience sampling.

Sample Size –

The sample size of 300 admissions were taken which constitutes the 10% of the total admissions.

Study period-

This study was conducted from 15th March to 10th June 2022

Data collection tool- Primary data was collected to analyze the turnaround time for admission process. The time was noted at which the patient gets the admission request form from the emergency till the admission process gets completed and patient was sent to the allocated room.

PROCESS FLOW-

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        │      EMERGENCY PHYSICIANS EXAMINES PATIENT          │
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 │ DRUG                │  │ RADIOLOGY)      │  │ CONDUCTED       │
 │ ADMINISTRATION,     │  │                 │  │                 │
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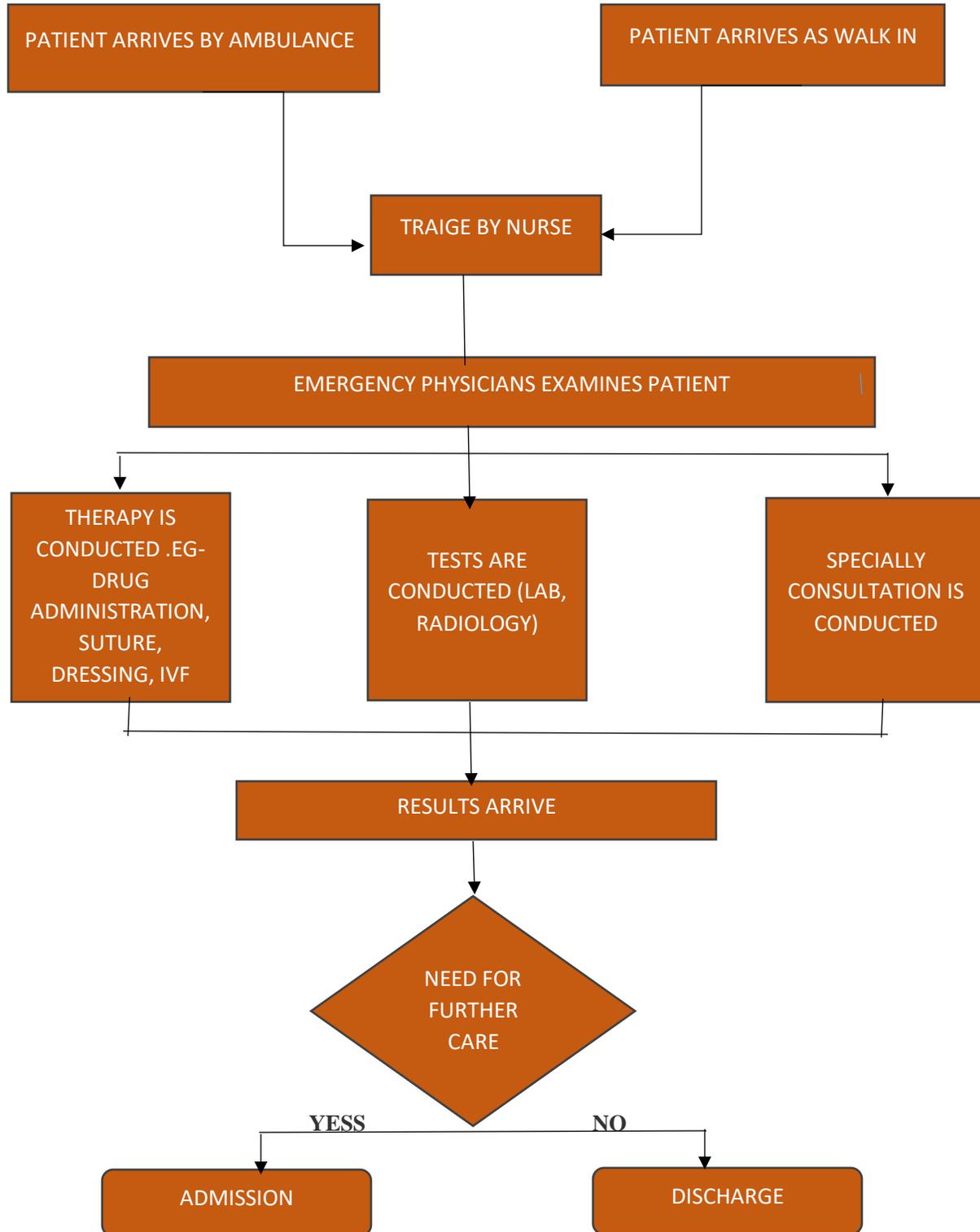
DATA ANALYSIS-

Total number of respondents= 300

1- The graph below depicts total number of Cash patients which came in the emergency department for their admission. Total cash patients which were taken in this study was 40 patients in which 5 were admitted within 30 minutes while 20 patients took 30-60 min and around 15 patients took 60-120 min for getting their admission done.

TIME TAKEN BY CASH PATIENT TO GET THEIR ADMISSION DONE

12%
38%
50%

■ 0-30 MIN
■ 30-60 MIN
■ 60-120 MIN
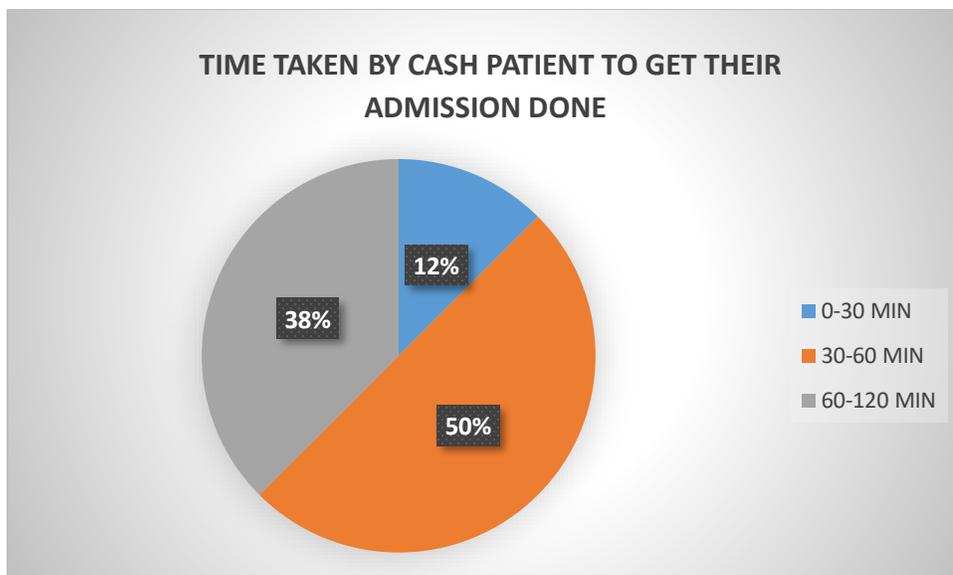
2- The graph below depicts the time taken for the TPA patient to getting their admission done in the emergency department. Out of 90 patients, 20 patients took 30 min ,40 patients took 30-60 min and 30 patients took around 60-120 min for getting their admission done.

TIME TAKEN BY TPA PATIENT TO GET THEIR ADMISSION DONE

- 22% — 0-30 MIN
- 45% — 30-60 MIN
- 33% — 60-120 MIN
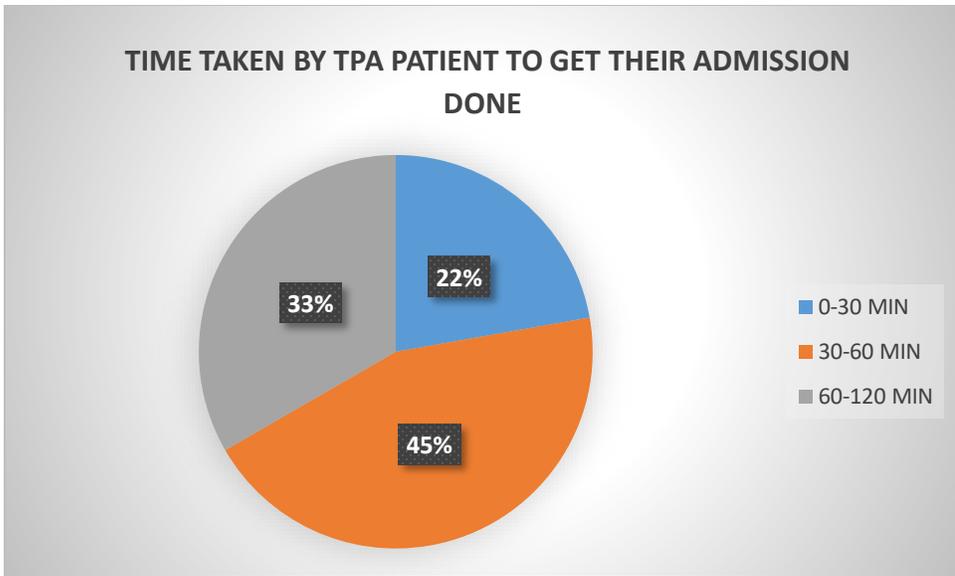
3- This below graph depicts number of paneled patients which came in the emergency department for getting their admission done. Around 35 patients were there which got their admission done in 0-30 min, 50 patients took 30-60 min and 85 patients took 60-120 min for getting their admission done.

TIME TAKEN BY PANELED PATIENT TO GET THEIR ADMISSION DONE

- 21% — 0-30 MIN
- 29% — 30-60 MIN
- 50% — 60-120 MIN
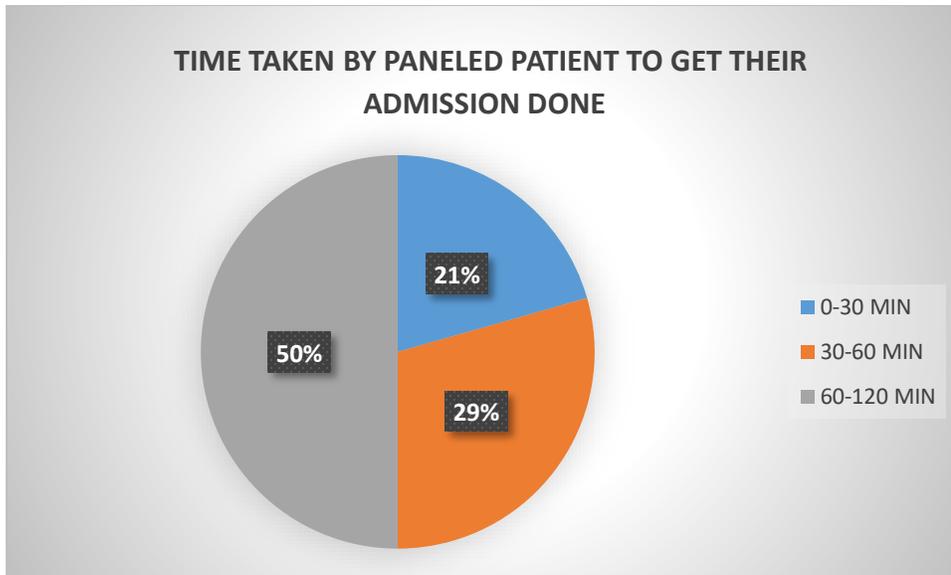
RESULTS-

Turnaround time has been defined as the length of time from when the patient entered the clinic to the time of patient actually leaves the hospital or shifted to their respected wards. Out of the 300 patients who entered the emergency room during the study period, 40 were   cash patients,   and these patients took an average of 30 to 60 minutes to receive care. 45 percent of Tpa patients needed between 30 and 60 minutes to complete their admission, whereas 22 percent needed less time. Similar to this, among patients who were part of a panel, 21% took 30 minutes, 29% took 30–60 minutes, and 50% required 60–120 minutes to complete their admission. Many factors, including a lack of beds, insufficient paperwork, processing of the TPA, and physical constraints on the patient, contributed to the delay.

TYPE OF PATIENTS	CASH PATIENT	TPA PATIENT	PANELED PATIENT
0-30 MIN	5(12%)	20(22%)	35(21%)
30-60 MIN	20(50%)	40(45%)	50(29%)
60-120 MIN	15(38%)	30(23%)	85(50%)

ROOT CAUSE ANALYSIS-

According to the observations, following were the reasons that cause increased turnaround time and delay in admission process in the emergency department   which can lead to patient dissatisfaction

1-One patient may be seen by multiple consultants with further investigation advised.

 2-File making process due to shortage of staff at the reception counter.

3- Patient personal and economic constraints.

4-Waiting for vacant beds.

```
                PEOPLE                        EQUIPMENT

-Lack of manpower                    - Insufficient wheel chairs
                                              and stretchers
-    Lack of skilled ward boys       -Shortage of counters at reception
-Shortage of staff at reception


    - Non availability of beds        - Overcrowding in admission
- Delay in admission or billing due    - Insufficient rooms in the ward
  to lack of information

                PROCEDURE                     ENVIRONMENT
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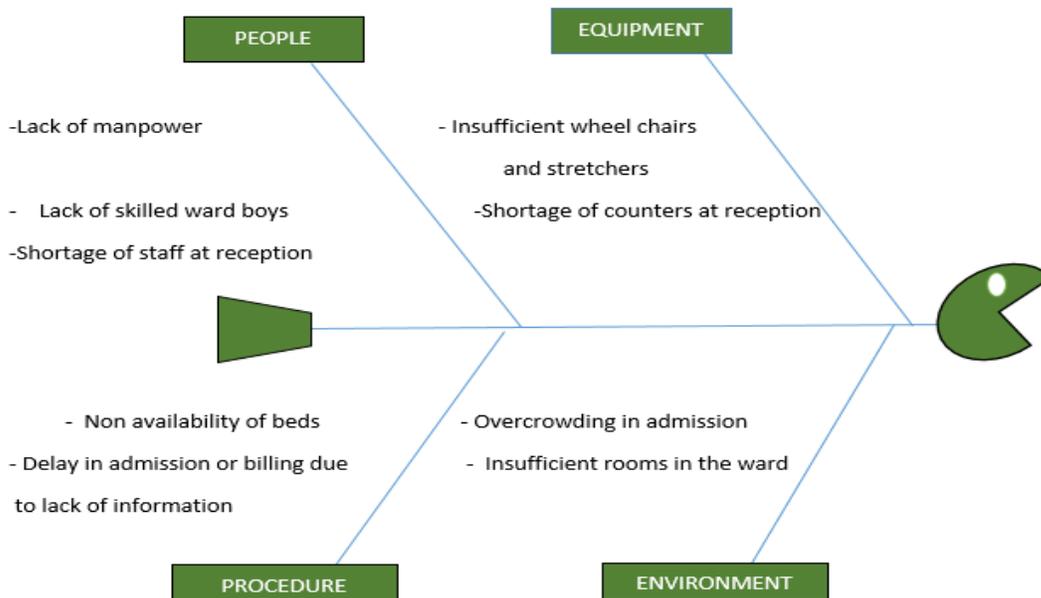
RECOMMENDATIONS-

• Give admission personnel training and orientation.

• Hire additional junior-level workers to handle inquiries in order to lighten the pressure on the admission team and shorten the wait time for admission.

• Recruit new ward boys and provide them complete training.

• Include enough stretchers and wheel chairs.

• There should be more IPD counters.

• A separate counter should be available for card panel activation and any panel-related inquiries.

• Implement a computerized system for sharing or updating status, admission, or discharge information with other departments so that the information may be swiftly shared and the wait time at admission is decreased.

CONCLUSIONS-

The majority of patients who were admitted were delayed in the emergency department and at reception. Multiple consultations, followed by the creation of files, investigations conducted en route to the wards, and multiple evaluations in various ED areas were the main causes of the delay. A long line formed and admissions were delayed for a variety of additional reasons, including the patient's lack of completed paperwork, TPA processing, the patient's failure to accept the estimated cost of treatment, and a lack of operational counters. Patient unhappiness brought on by admission delays will further impact the organization's quality, driving away clients and lowering revenue and profit.

REFERENCES-

1- Cao W, Wan Y, Tu H, Shang F, Liu D, Tan Z, Sun C, Ye Q, Xu Y. A web-based appointment system to reduce waiting for outpatients: A retrospective study. BMC health services research. 2011 Dec;11(1):1-5.

2 Preyde M, Crawford K, Mullins L. Patients' satisfaction and wait times at Guelph General Hospital Emergency Department before and after implementation of a process improvement project. Canadian Journal of Emergency Medicine. 2012 May;14(3):157-68.

3-. Reid FD, Cook DG, Majeed A. Explaining variation in hospital admission rates between general practices: cross sectional study. Bmj. 1999 Jul 10;319(7202):98-103.

4.- Helbig M, Helbig S, Kahla-Witzsch HA, May A. Quality management: reduction of waiting time and efficiency enhancement in an ENT-university outpatients' department. BMC health services research. 2009 Dec;9(1):1-9.

Neha S report

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