Dissertation Title

A study on process from 'Admissions to Bed occupancy'

"An effort for value enhancement"

In

Asian Heart Institute

A Dissertation Proposal for

Post Graduate Diploma in Health and Hospital Management

By

Jatin Saxena

Roll No. PG/11/037

International Institute of Health Management Research

New Delhi

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A study on process from 'Admissions to Bed occupancy'

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A dissertation submitted in partial fulfillment of the requirements
for the award of

Post-Graduate Diploma in Health and Hospital Management

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New Delhi -110075

May 2013

ASIAN HEART INSTITUTE

THE HIGHEST ACCREDITED HOSPITAL IN INDIA

ISO 9001:2000 CERTIFIED

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Certificate of Internship Completion

Date: April 25, 2013

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Jatin Saxena** has successfully completed his 3 months internship in **Asian Heart Institute & Research Centre, Mumbai** from **January 02, 2013 to April 25, 2013.** During his intern she has worked as Management Trainee in the Operations department under the guidance of dedicated team of professionals at Asian Heart Institute, Mumbai. During his tenure he has satisfactorily completed all the tasks assigned to him and has shown complete sincerity and professionalism throughout.

We wish him good luck for his future assignments.

For Asian Heart Institute

.....

Mr Mukul Sharma

Sr. Manager – Human Resources

ASIAN HEART INSTITUTE

Every heart deserves the best

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Certificate of Approval

The following dissertation titled **"A study on Admission process –Issues & Challenges"** is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.
Dissertation Examination Committee for evaluation of dissertation

Name	Signature
DR. BRIJENDER SINGH DHILLON	2/5/13
(DR A.K. KHOKHAR)	
Mgautam	
Kesla Udaya	

Certification from Dissertation Advisory Committee

This is to certify that **Mr Jatin Kumar**, a graduate student of Post – Graduate Diploma in Hospital and Health Management, has worked under our guidance and supervision. She is submitting this dissertation titled "**Comprehensive study on ADMISSION PROCESS at AHI, Mumbai**" in partial fulfillment of the requirements for the award of the Post – Graduate Diploma in Hospital and Health Management.

This dissertation had the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Ms Kirti Udayai
Assistant Professor
IIHMR
New Delhi
Date:

Ms Saumya Pathak
Deputy Manager
Finance & Accounts
AHIRC, Mumbai
Date:

ASIAN HEART INSTITUTE

FEEDBACK FORM

Name of the Student: Jatin Saxena

Dissertation Organisation: Asian Heart Institute

Area of Dissertation: Operations

Attendance: 100%.

Objectives achieved: Yes, as per J.D.

Deliverables: ① Handling admission process
② Effective handling of pts queries

Strengths: ① Hard worker,
② Patient/customer centric
③ Proactive.

Suggestions for Improvement: ① Can improve on patient centric approach.
② Needs to improve pt. handling/ grievance redressal skills.

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

Date: 23/4/13.
Place: Mumbai.

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Finally I would like to devote my thanks to my respected mentor Assistant Professor Ms Kirti Udayai for her unconditional support and guidance throughout the project without which this work would not have been materialized.

Date: 25 APRIL 2013 Jatin Saxena

Place: Mumbai

Acronyms

AHIRC	Asian Heart Institute & Research Centre Pvt. Ltd
GRE.	Guest Relation Executive
MRN	Medical Record Number
HIS	Hospital Information System
HOD	Head of Department
ICU	Intensive Care Unit
IPD	Inpatient Department
NA	Not Applicable
OPD	Out Patient Department
VC	Vice Chairman
DEPT	Department

(A). INTERNSHIP

(i) INTRODUCTION

Learning is a continuous process of acquiring knowledge and skills. It can also be defined as the act, process, or experience of gaining knowledge or skills. International Institute of Health management & Research situated in New Delhi, is a pioneer institute offering health, hospital & health IT management to aspiring candidates, for providing them required knowledge and skills to work as a healthcare managers. This is of two year course, where the first year is comprise of a common syllabus for health, hospital & Health IT management students and summer placements of two months in respective field, but in second year students have three options , they can choose health management or hospital management or health IT. After completing theory and before getting certificate of Post graduate Diploma, there is a practical exposure of four months called internship.

Internship of four months as a part of Post Graduate Diploma in Health and Hospital Management is to provide the practical platform to the students for learning and implementing their knowledge and skills as a health care manager. During the period, students are supposed to learn through assisting the administrative staff in daily operational management and study and address some identified issues/problems associated with some operational area.

(ii) OBJECTIVES OF THE INTERNSHIP

Internship was done with an aim of achieving two main objectives

The **Aim** of the Internship was:

"To study the administrative and managerial functioning of AHIRC with special reference to the different areas / departments of the Hospital.

"To study the experience of the stakeholders with the existing admission process to bed occupancy at the hospital and suggest areas of value addition."

The **Objectives** of Internship were:

- Learn through assisting the key persons of the department or administrator in daily operational management.
- To study the salient and critical features about the functioning of these departments / areas.
- Study and address some identified issues/problems associated with some specific operational area.

METHOD AND DATA

Information regarding the organization, location, area, history, planning, manpower, organizational hierarchy, statutes and other details were collected from hospital's manual, concerned authorities and from other sources.

Various departments/services (clinical, supportive, ancillary and administrative) of the institute were identified.

A visit to the identified area was done and coordinator of that respective department was contacted.

Training in these identified areas / departments was done by collecting information and data from personal observation, exhaustive interviews and by assisting the concerned personnel in daily operational management of that area.

Data Collection: Data was collected by taking the interviews from Patients/Attendants, attending nurses, customer service manager and Front Office Manager.

Information was collected regarding location / layout, equipments used, policies and procedures and other managerial issues.

Additional information was collected, wherever required of that specific department/area.

The observational findings and the information collected were compiled and a report was prepare

MANAGERIAL LESSONS

The objective of internship is to give practical experience to the internee in handling managerial issues, which are likely to come up in day to day administration. The internship equips the internee with necessary skills in managing multiple tasks as they are expected to be engaged in as many departments of the hospital as possible. It also gives an insight about the work culture of the health set up.

Four months of extensive internship provided me with the chance to meet different set of people within and outside the organization. This gives an inside view about the hospital services as a whole. As I assist the Front Office Manager as well as Customer Service Manager I came to know the practicalities of the healthcare set up that moulds us for the future undertakings.

AHIRC provided me the opportunity to study the salient and critical features about the overall functioning of various departments like Support Services, utility services, Marketing and the Clinical areas and to identify issues and problems associated with some specific departments or areas. Data was mainly collected by reviewing the records computerized as well as manuals and from the discussions from various process owners. Information collected were mainly regarding the standard policies and procedure followed, the manpower involved , and other managerial issues. Additional information was collected wherever required related to that specific department.

The visit to Admission department of the hospital gave a practical outlook of functioning of departments and day to day issues and difficulties faced in functioning of departments.

The department allotted to me was Admission Dept. in which supervision of operations and at the same time the quality of services being provided to IPD patients was to be done. In the process many issues of patient satisfaction, nurse patient relation, doctor patient relation, daily small issues to big issues of patient by the attendants were faced and managed under the guidance of seniors which gave lessons of managing the smooth operation in different situations.

Key skills learned

This tenure provided me with an incompatible experience. Due to the support and guideline of my mentor and hospital staff I could acquire skills and exposure.

Few of the learning's were as follows:

Hospital scenario

- Functioning of the hospital
- Hierarchy of the Hospital
- Functioning of patient care system
- Departmental knowledge
- Patient safety, rights and responsibility
- Clinical and non clinical terms to be used on work

Professional skills

- Handling workload
- Team work
- Conflict resolution
- Customer relationship management

Soft skills

- How to systematically collect information
- To interact professionally
- Maintaining the professionalism

Part – 2

DISSERTATION REPORT

ON

A study on process from 'Admissions to Bed Occupancy'

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Abstract:-

Admissions process decides on the number of patients admitted for a specialty each day, but also on the mix of patients admitted. Within a specialty different categories of patients can be distinguished on behalf of their requirement of resources. The type of resources required for an admission may involve beds, operation theatre capacity, nursing capacity and intensive care beds. The mix of patients, is therefore , an important decision variable for the hospital to manage the workload of the inflow of the patients.

Introduction

Coupled with this great concern for predictability of performance, moreover, there is an increasing concern that the hospital operate as efficiently as possible. As the hospital has become a resource for all members of the community, and not just the indigent and the impoverished, the public has come to expect of it the best services that can be offered.

The hospitals themselves are quite aware of these and other pressures for efficiency, and have come to place very high emphasis on greater efficiency. Furthermore, this concern for efficiency is resulting both in progressive rationalizations of hospital operations and in the institution of more rigid controls within the organization.

Review of literature:-

Traditional ideas about quality have sometimes assumed that customer satisfaction was simply proportional to how functional the service or process was, i.e. less functional the service or process the less satisfied the customer, and the more functional the service or process the more satisfied the customers. Dr. Noriaki kano from Tokyo's rika.

University challenged the conventional belief of customer satisfaction model which states that more is better i.e. the more you perform on each service attribute the more satisfied the customers will be and improving each and every facet of an organizations service is necessary to increase satisfaction. He demonstrated that not all deliverables are equal, that some create higher level of customer appreciation and loyalty than others. Performance on service attributes is not equal in the eyes of customer. He discovered that these different needs have different impacts on satisfaction when fulfilled or unfulfilled.

Basic quality dynamics(BQ) or the "Must-be" curve indicates aspects where the patient is more dissatisfied when the service or process is less functional, but where the patients satisfaction never rises above neutral no matter how functional the service or process become. These attributes are expected by the patients and taken for granted. They are assumptions that will leave the patient only neutral when fully executed, but lead to very low satisfaction when executed poorly or not at all. The "measure" for basic quality can be expressed through patients complaints, service data.

Performance quality (PQ) or "One dimensional requirements" attributes are consciously desired and explicitly demanded by the patient. This will vary between competitors. Patients will rigorously evaluate alternatives against these attributes. The better they are executed the higher patient satisfaction will be. This generally causes linear responses, higher degrees of satisfaction being caused by higher degrees of fulfilment. It generates satisfaction proportionally to the service performance. Patients express their desires freely relative to quality performance.

Excitement quality (EQ) or the "Attractive curve" attributes are the innovations which are created for the patients. Patients typically can't or won't articulate them. When missing they don't cause dissatisfaction, but when executed well, they will differentiate a hospitals' offering from the competitor and leave the patients very satisfied or delighted. The excitement elements causes an exponential response, small improvements in providing

elements of excitement and their accumulation is causing increase in satisfaction of patients. Excitement is generated by the fact that the patient receives certain items which it has not expected, required or thought about.

AIM

To study the experience of the stakeholders with the existing admission process to bed occupancy at the hospital and suggest areas of value addition.

OBJECTIVE ELEMENTS

1) To assess the process causing process delays at front office admission desk and during the transit of patient from the admission desk to the ward.

2) To identify the Issues encountered in wards during initiation of treatment.

3) To identify the Factors which can influence the patient satisfaction during the admission process.

4) To give necessary recommendation for enhancing the patient experience with the admission process.

METHODOLOGY

1) STUDY DESIGN

It is a Qualitative & descriptive case study.

2) SAMPLING TECHNIQUE

Conventional sampling technique was used in the study.

3) STUDY AREA

Admission Dept., fourth and fifth floor wards consisting suite, deluxe, twin, common AC, common class rooms of AHIRC .

4) SAMPLE SIZE

75 samples size for the patients/attendants

75 sample size for the attending nurses

One sample for customer service manager as well as for front office manager each.

5) STUDY PERIOD

The study was carried out for 2 months from 1st of March 2013 till end of April 2013

6) SOURCE OF DATA

Primary data was taken from the structured questionnaires

7) TOOLS AND TECHNIQUE

In-depth interview for customer service manager as well as for front office manager and structured questionnaire for patients/attendants and attending nurses.

Admission flow

RESPONSIBILITY **:** Admission Counsellor

PROCEDURE **:**

Planned Admission:

Subject	Flow of Activity	Document / Standard
Reference documents	1. Registration Form (in case Patient not registered) 2. Room Rate Tariff Card 3. Induction Checklist for Angiography 4. Induction Checklist for Angioplasty 5. Induction Checklist for By Pass 6. Induction Check list for International Patients 7. Induction Checklist for Non Cardiac Procedures 8. Admission Estimate Form / Counselling Form 9. Relevant forms on request	
Registration process	1. Provide a blank registration form to the relatives and request them to fill up completely (if it's a	Registration form Booking form (in case of

	new registration). Ensures all fields are filled up correctly Cross check with patients if in doubt **Create and update:** 1) Patient Profile on HIS 2) Unique AHI registration number (if not registered) **Handover:** AHI card to the patient Generate admission form filling the required details: 1) Billing Class 2) Name of the consultant 3) Name of the joint consultant 4) Referral doctor 2. Generate the admission form, filling up all the required details such as billing class, Name of the Consultant, Joint Consultant and Referral Doctor. 3. All demographics (address, e-mail, phone no.) of patient and referring doctors, cardiologist's details are filled up to compliance. 4. Induct the Patient and Relatives by adequately explaining about the Hospital Services and	surgery) For non cardiac surgeries – prescription from the consultant.

	Procedure related information. Post the brief, the induction checklist has to be filled by the Front Office Executive/ Assistant before requesting the relatives to sign the Induction checklist for record purposes. 5. Give patient information booklet and other patient information kit to the patient / relatives.	
Issue of passes & explanation	1. Issue the following documents to the relatives and explain the significance of each document: - 24 Hours pass o In case of Suite class, Two 24 hours passes are issued – Yellow Color o For all other classes issue 1 24 hrs pass – Green Color - One visitor pass valid during visiting hours. (Between 10.00 to 11.00 and 17.00 to 19.00 hrs) – White Color - Patient's guide, available in English, Hindi, Gujarati. 2. Car parking sticker, which is valid for one vehicle at a time for as long as the patient is in the hospital.	Passes and patient guidelines
Patient counseling for the procedure & payment	1. Patient relative is counselled for the following: • Procedure/ Surgery • Documentation formalities • Admission Estimate • Billing Structure • Address general queries • Hospital Guidelines	Induction checklist

	• International Patients Guidelines 2. Tariffs and the approximate estimate for the same are explained. 3. Acknowledgement of the same is done in the form of induction checklist and signature of the relative along with the relation with the patient is taken**.** 4. Instruct the relatives to deposit the required amount in the bank accordingly. 5. In case additional bed is required, if patient is in ICU the bed could be allotted in ICU relative waiting area @ Rs. 400/- per day depending on the availability.	
Tallying with the procedure list	1. Front Office Night Shift Staff would prepare a Cath Lab / OT / Daycare Booking sheet mentioning the procedures slotted for the day. The details would include the following: • Name • AH/EX No. • Procedure Details • Payment Status • Class Type/Bed • Performing Consultant • Referring Consultant • Joint Consultant • Remarks • Grade (Day Care)	

Emergency Admission (Stable / Unstable patient):

Definition: These patients are those who come in for admission during the non working hours or who have come in because of a medical emergency

Subject	Flow of Activity	Document / Standard
Procedure for emergency admission	1. Send the patient immediately to Daycare or ICU depending on condition of patient. 2. Ask the relatives to complete the admission procedure. 3. All direct admissions in ICU are taken in deluxe category, and in case of genuine cases only the Medical Social worker downgrades it on next working day. 4. In case the patient is unstable / critical condition, he / she should be directed to Day care department / sent to ICU for further management without any delay, request the relatives to complete the admission formalities & collect the deposit based on encashment title of the patient (Cash / Corporate / TPA). 5. In case the patient is stable, he / she should be directed to Day care department. Instruct the daycare sisters of patient's arrival. Based on instructions from the daycare, request the	Admission form Slip from Daycare

	relatives to complete the admission formalities & collect the deposit on encashment title of the patient (Cash / Corporate / TPA).	
When the patient is admitted under Full time consultants	1. Ask for details i.e. condition of patient and area of admission • Request the relatives to complete the admission formalities & collect the deposit based on encashment title of eth patient (Cash/ corporate/ TPA). • Infection / non-infection If infected: a. Old admission – Inform Medical Director b. New patient – Take permission of Medical Director.	
When the patient is admitted under Part time / Panel Consultant then	1. Confirm for the following: - Infection / Non Infection - Cardiac / Non Cardiac - Consultant for admission 2. If the patient is infected: • Do not admit • Take permission from Medical Director 3. Inform the Medical Director & as advised by him admit accordingly. In case if no consultant is known, admit under the on call consultant. 4. Request the relatives to complete the admission formalities & collect the deposit based on encashment title of the patient (Cash / Corporate / TPA)	

CORPORATE PATIENT:

Subject	Flow of Activity	Document / Standard
In case of planned admissions	1. Check for the authorization letter from the company. 2. Check for the entitlement and the billing class mentioned on the authorization letter. 3. Complete admission formalities as planned admission. 4. The patient is online admitted under the authorized billing class. 5. Inform the marketing executive of the approved document. 6. Attach the photocopies of the same with the admission form; send one copy to patient file and send the original document to billing.	1. Credit letter 2. Admission form duly stamped as corporate 3. Link is provided on the system 4. Induction checklist **5.** Admission form
In case of Emergency	1. Direct the patient to the daycare and request the relative to complete the admission formalities.	1. Slip from Daycare stating the type of

admission	2. Request for the identity card of the patient and confirm the name of the corporate company. 3. Take the photocopy of the same. 4. Instruct the relatives to produce the authorization letter within a given period of time i.e. next working day. 5. Complete the admission formalities as per the emergency admission. 6. The patient is online admitted in the minimum billing class i.e. semi private, as the authorized billing class is not known. 7. Inform the marketing executive of the emergency admission and give them the details. 8. Once the authorization letter is received the billing class is changed as per the authorized billing class and the patient is also informed about the same.	admission 2. Induction checklist 3. Admission form
Deposit to be collected for Emergency admission	1. Amount of Rs 25,000/- in case of ward admission and Rs. 50,000 in case of ICU. 2. Corporate – Photocopy of Identity card / letter from company 3. TPA –Rs. 25,000 /- which would be refunded 7 days after discharge once the authorization letter is received.	

Admission of staff:

Subject	Flow of Activity	Document / Standard
In case of planned admissions	1. Receive the authorization letter from the marketing department. 2. Xerox two copies. Send one copy to the Ward and the original copy to the Billing department. 3. On arrival of the patient check for the authorization paper if not received earlier. 4. Check for the authorization limit. 5. Complete the formalities for the planned admission. 6. **Inform the HR immediately.**	1. Credit letter 2. Admission form duly stamped as corporate 3. Link is provided on the system 4. Induction checklist 5. Admission form
In case of Emergency admission	1. Depending upon the criticality of the patient (Stable / Unstable) follow the admission formality regarding collection of deposit. 2. During the working hours request the relatives to meet the marketing executive where as during the non-working hour the relatives are requested to	1. Slip from Daycare stating the type of admission 2. Induction checklist 3. Admission form

	meet the executive on the next working day. 3. Complete the formalities for emergency admission as per the protocol. The entitlements are applicable only to admission in Asian Heart: a. O to O4, N1 to N4 - Common Class with A/C b. M to M 5 - Twin Sharing c. M6, Medical Director, Assistant Medical Director – Deluxe Class **4. Inform the HR immediately.**	

<u>TPA admission</u>:

Subject	Flow of Activity	Document / Standard
In case of planned admissions	1. Receive the patient 'personal information proforma form' and the 'authorization letter' from the marketing department. 2. Photocopy 5 copies of authorization letter. Send one copy to the Ward, 3 copies to the Billing department and one is attached to admission form at the admission counter.	TPA Approval letter Admission form with TPA stamp On system the link is given

	3. On arrival of the patient check for the authorization paper if not received earlier. 4. Check for the authorization limit. 5. Complete the formalities for the planned admission. 6. Inform the marketing department 7. The protocol copy for TPA admissions and authorization form should be attached to the admission form.	
In case of Emergency admission	1. If authorization letter is not available treat the patient as cash patient (direct paying) and follow the protocol for direct paying patient. 2. Depending upon the criticality of the patient (Stable / Unstable) follow the admission formality regarding collection of deposit. 3. During the working hours request the relatives to meet the marketing executive where as during the non-working hour the relatives are requested to meet the executive on the next working day. 4. Complete the formalities for emergency admission as per the protocol.	TPA Approval letter Admission form with TPA stamp On system the link is given

Medico Legal Admission:

Subject	Flow of Activity	Document / Standard
Admission process	1. Receive the information regarding the nature of admission from the Daycare nurse / ICU nurse. 2. RMO, nurse on duty or front office assistant informs the BKC police station about the admission of the patient and request for visit to the hospital. 3. Once the formalities for the admission are completed, the admission paper is marked as Medico legal case in red ink by Daycare Nurses.	a. Slip from Daycare stating the type of admission b. Induction checklist c. Admission form

Non Cardiac Admission:

Subject	Flow of Activity	Document / Standard
Admission process	1. Inform Medical Director, if needed in case of any non – cardiac admission. 2. Direct / escort the patient to the Daycare for a preliminary examination. **3.** In case the patient needs admission in an	Prescription form the consultant

	isolation room, then the billing class is **deluxe.** 4. If the patient requires an ICU admission, then do the admission formalities and take the deposit accordingly. Similarly, if ward admission is required, inform the ward nurses and do the bed allotment. 5. In case no consultant is known then the patient is admitted under Chief intensivist directly. 6. **Strictly no outside infected cases will be admitted without Medical Director's permission.**	

Isolation Patient Admission:

Subject	Flow of Activity	Document / Standard
Admission process	1. Check if the patient is new case referred from other hospital / old patient for readmission. 2. In case of new case for admission, the category of bed allotment is **Deluxe** and the bed allotment is 418 / 419 / 420 especially designed for isolation patient. 3. In case of internal transfer of an admitted patient to the isolation bed, the isolation bed charges would be applicable as per his existing billing class as mentioned on the brochure.	

NRI / Foreign Patient Admission:

Subject	Flow of Activity	Document / Standard
Admission process	1. Receive information regarding the admission of the patient from secretary to the Surgeon / Cardiologist / Marketing department. 2. Ensure that the name of the patient, date and time of arrival, purpose of admission, primary Consultant, Joint Consultant is well informed. Preferably the category of the bed to be allotted should also be confirmed. In case no categories of bed is known then escort the patient to the deluxe room. 3. On arrival of the patient escort him / her to the bed allotted and ensure that the admission formalities are completed in the room. 4. If deposit is to be collected request the patient to pay preferably in foreign currency **5.** If deposited during non-working hours, prepare a manual receipt and acknowledge with signature and stamp, which is then converted into original receipt through Axis bank on next working day. In case the patient request to have the telegraphic transfer of money and needs a swift code - provide the swift code of Axis bank 6. Discourage deposit by traveler's cheque. 7. In case of arrival in the night / early morning, the patient is sent to the room allotted and ensured adequate rest is provided, before admission formalities are completed. The forms are handed over to the patient / relative for completion at their conveniences.	

	8. In case the admission class is not confirmed and the patient arrives in the night / early morning admit in the Deluxe class and then transfer to the patient's choice of class. The night charges will be as per the class of choice of patient. 9. Inform the relative incase additional room is required it could be made available on daily room charge basis. If the charges are higher than standard room rates. 10. Inform the relative regarding the possibility of retaining the room, once the patient is shifted to ICU. The relatives must be informed about higher room tariff in such situation. 11. Passport Identifier has to be taken from all international Patients, and ensure the permanent address (International Address) has to be updated on the application.	

Results and Finding

OBJECTIVE 1	What are the factors causing process delays at front office admission desk and during the transit of patient from the admission desk to the ward.		
SUB OBJECTIVES	METHODOLOGY	INDICATORS	FINDINGS
Assessment of accomplishment of the admission process	One to one interview of patients/attendants on each and every day.	Completion of admission process within 15 min.	20% cases where admission process was completed within 15 min.

		Counselor efficient enough in answering the queries	81% cases where counsellor was efficient enough in answering the queries.
		% of cases where queries are still remained	15% of cases where the relatives had certain queries to ask .
Analysis of the time lag between patient encountering admission counter and bed occupancy	One to one interview of the patients/attendants regarding the time taken between admissions to bed occupancy	% of cases where the time was taken beyond 30 min.	63% of cases where patient waited for more than 30 min.

OBJECTIVE 1	What are the factors causing process delays at front office admission desk and during the transit of patient from the admission desk to the ward.		
SUB OBJECTIVE	METHODOLOGY	INDICATORS	FINDINGS
Analysis of factors adversely affecting waiting time for IPD admission at admission cell	One to one interview of patients regarding the delay between admissions to bed occupancy	% of cases where the unavailability of help desk would be the reason	Only 8 % of cases where the unavailability of help desk would be the reason
		% of cases where the long queue would be the reason	3% of cases where the long queue would be the reason.
		% of cases where the single admission cell would be the reason	4% of cases where the single admission cell would be the reason.

		% of cases where the no availability of specialty coordinator would be the reason.	8% of cases where the unavailability of specialty coordinator would be the reason.
		% of cases where not receiving by any staff member would be the reason	1.3% of cases where patient was not received.

OBJECTIVE 1	What are the factors causing process delays at front office admission desk and during the transit of patient from the admission desk to the ward.		
SUB OBJECTIVE	METHODOLOGY	INDICATORS	FINDINGS
Analysis of factors adversely affecting waiting time for IPD admission at admission cell	One to one interview of patients regarding the delay between admissions to bed occupancy	% of cases where the long queue & single admission cell would be the reason	4% of cases where both the reasons was responsible
		% of cases where the long queue & no availability of specialty coordinator would be the reason	1.3% of cases where both the reasons was responsible

		% of cases where the long queue & no availability of help desk would be the reason	11% of cases where both the reasons was responsible
		% of cases where the factor i.e poor communication b/w admission counselor and the patient would be the reason	1.3% of cases where both the reasons was responsible
		% of cases where the factor i.e poor communication b/w admission counselor and the doctor would be the reason	8% of cases where both the reasons was responsible
		% of cases where the factor i.e poor communication among the counselors.	9.3% of cases where both the reasons was responsible
		% of cases where room readiness was the factor	13.3% cases where room was not ready when patient reported the nursing counter.

		% of cases when there was no delay	28% of cases when there was smooth system running.

OBJECTIVE 1	What are the factors causing process delays at front office admission desk and during the transit of patient from the admission desk to the ward.		
SUB OBJECTIVE	METHODOLOGY	INDICATORS	FINDINGS
Analysis of factors adversely affecting average waiting time in IPD	One to one interview of the patients regarding the receiving process	% of cases where the patients have been received by the staff member in the respective ward	100% of cases where the patients being received by the staff member
	one to one interview of the attending nurses on being informed about the new admissions	% of cases where the attending nurses being informed about the new admissions	75 attending nurses interviewed 75% of cases where the attending nurse was being informed about the new admissions by admission counselors.

	One to one interview of the attending nurse regarding the time was taken for receiving the patient	% of cases where the patients were taken in the respective wards within 5 min.	75 attending nurses interviewed 44% of cases where the patients were taken in the respective ward within 5 min.
	One to one interview of the attending nurse regarding the room readiness when the patient reported nursing counter	% of cases where supporting of HK staff is poor	9.3% of cases when there was unavailability of HK staff as they were indulged in other activities
		% of cases where message is poorly communicated b/w nursing counter & housekeeping staff.	6.7% of cases where miscommunication occurred.
		% of cases where laundry dep. was held responsible for not readiness of the room	12% of cases where supply of linen was delayed.

Objective 2	Issues encountered in patient department during initiation of treatment		
SUB OBJECTIVE	METHODOLOGY	INDICATORS	FINDINGS

Analysis of factors adversely affecting average waiting time in IPD	One to one interview of the attending nurses regarding the time motion of the initiation of treatment	% of cases where initial treatment of patient was carried out within 15 min.	63% of initial treatment was carried out within 15 min.

Discussion:-

- Patients are financially counselled. Admission counselling is being conducted properly which leads to patient satisfaction.

- The reason identified were unavailability of ward boy either busy in escorting the patient to the ward or unavailable during lunch time. In such situation patient was coordinated by admission counsellors themselves.

- The reason identified is there is only one admission counter in the hospital which is also serving as a reception counter as handling all the general queries which is not supposed to be taken by admission counsellors as the job description are clearly

defined in the hospital admission SOPs. Although There is a provisioning of the position GRE (guest relation officer) in the hospital they are supposed to take the general queries but none of the person are recruited for the post. This leads to delaying the admission process.

- Sometimes the patient when comes for admission they are already registered (MRN no. is generated)in the hospital but due to the poor communication b/w admission counsellor and patient , the patients are asked to fill the registration form this keeps delays the process of admissions.

- Sometimes At the time of bed allocation the HMIS system shows less no. of beds than the actual physically available. The reason identified is in case of especially twin sharing beds generally patient prefers the window side bed and make a request to the nurses when the window side patient is discharged. Without giving any request of transfer of bed in the HIS system to admission dep. ,makes their patients wishes fulfilled. This creates misunderstanding and confusion among admission counsellors regarding making the decisions of bed allotment which leads to delay the process. Again this problem has to be sorted out by themselves making the request of bed transfer and confirming the same.

- The housekeeping staff are not being well communicated by the nursing staff regarding the discharged of the patients as the housekeeping staff are supposed to clean the room after discharging the patient as a result bed doesn't ready when the patient reports to nursing counter as nurse: patient ratio is 1:10 this leads to enhance the patient dissatisfaction.

- Admission counter runs 24 hours as the admission counsellors comes on shifts. When they join their shifts get the handover verbally from the person who is supposed to leave the shift. Verbal method gives a high chance to not conveying the complete information. Sometimes this creates the miscommunication among the admission staff. This again enhance the dissatisfaction level among the patients

  .

- After having the OPD consultation the physician assistant refer the patient to the admission department for getting a rough estimate of the proposed procedure. This interferes the smooth functioning of the admission process. this keeps delay the process of admission.

- When the patient comes for admission they are supposed to choose the billing class for admission and accordingly they are given the estimate of the procedure. As per the protocol of the hospital when the patient is admitting first time in the hospital he is supposed to take the admission starting from billing class twin sharing. This process takes time as sometimes pts arguing with the admission counsellors.

- As per the customer service manager he doesn't get any information about the patient admission in the respective wards from admission cell.

- According to customer service manager the most frequent problems identified are :-

  a. Too long waiting time at admission counter.

  b. No queue management to organise.

  c. Staff is not polite, courteous & no smile.

  d. No separate queue for senior citizen.

Factors which can influence the patient satisfaction during the admission process

Deluxe & Suite class patient admission

- Patients getting admitted in Deluxe or Suite class before 12 noon for a cathlab procedure should be directly guided to the prep – area and the relatives should be escorted to the rooms directly and the GRE shall do in-room admission formalities
- Patients getting admitted in Deluxe or Suite class post 12 noon for a cathlab procedure should be escorted to the rooms directly and the GRE shall do in-room admission formalities.
- The sample collection and other investigations should be done in the room.

- Should Ensure prior booking has been done for the procedure / Surgery (Reservation Booking)
- Allocate the bed prior the admissions accordingly in co ordination with the Ward nurse of the respective ward.
- In case the patient is unable to wait at the counter, should ensure that the patient is directed to the respective floor of admission with the assistant of the hospital attendant.
- All deluxe and suite class admissions should be done after escorting the patient to the respective ward only.
- In case the relatives are grieving / become violent, politely usher them to the VIP Lounge in the main lobby and request them to be seated & should be ensured that they are attended by the counselor / doctor / administrator.

Recommendation

- During peak hours morning 8.00 till 11.00 am especially starting week days Monday to Wednesday when the inflow of the patients are comparatively high. At least 2 ward boys should be placed on the admission counter so that high inflow of the patients are to be escorted without any single second of delay.

- The post of GRE should be filled first as general queries in the hospital should be sorted out in his/her level.

- When the unique identification number is created the AHI card is handover to the patient. They are supposed to carry the card whenever they come in the near future. During the consultation the patients should be asked to carry the AH no at the time of admission By showing their ID to the respective person unnecessary motion could be avoided.

- During midnight when the night staff takes the bed census one report should be developed and printed in which they can mention the vacant beds , discharged beds and scheduled surgery bed for the next days in different billing class categories.

- The discharged beds should be written clearly on the notice board on the floor so that the housekeeping staff are awarded about the discharged beds.

- One handover book should be prepared so that while doing the shift the admission counsellor would maintain the book mentioning all important information which could be easily handover to the next shift counsellor without any leakage of the information.

- At the time of consultation the estimate should be given by physician assistant as they know the condition of the patient very well like whether patient is diabetic or not ,

LVEF level of the patient, no. of grafts should be used, type of valve and stent etc. this will reduce the interference of the attendants or patients asking the estimates of the procedure as this doesn't require expertise. At the same time all the consulted patients should be given transparent information about the billing class protocol.

- According to customer service manager In order to improve the efficiency of admission process better coordination is required between internal departments that will results in excellent services for the patient.

Results and Implications:-

On a unit, a work volume of 100 admissions was processed during the 15 days long study. Several positive outcomes were reported:

- Decreased bed turn around time by 50%
- Improve customer satisfaction by decreasing waiting time. (admission complaints decreased to 5 of 45)
- Decreased staff frustration
- Reduced no. of calls between ED, nursing units, admitting and bed control by 20%.

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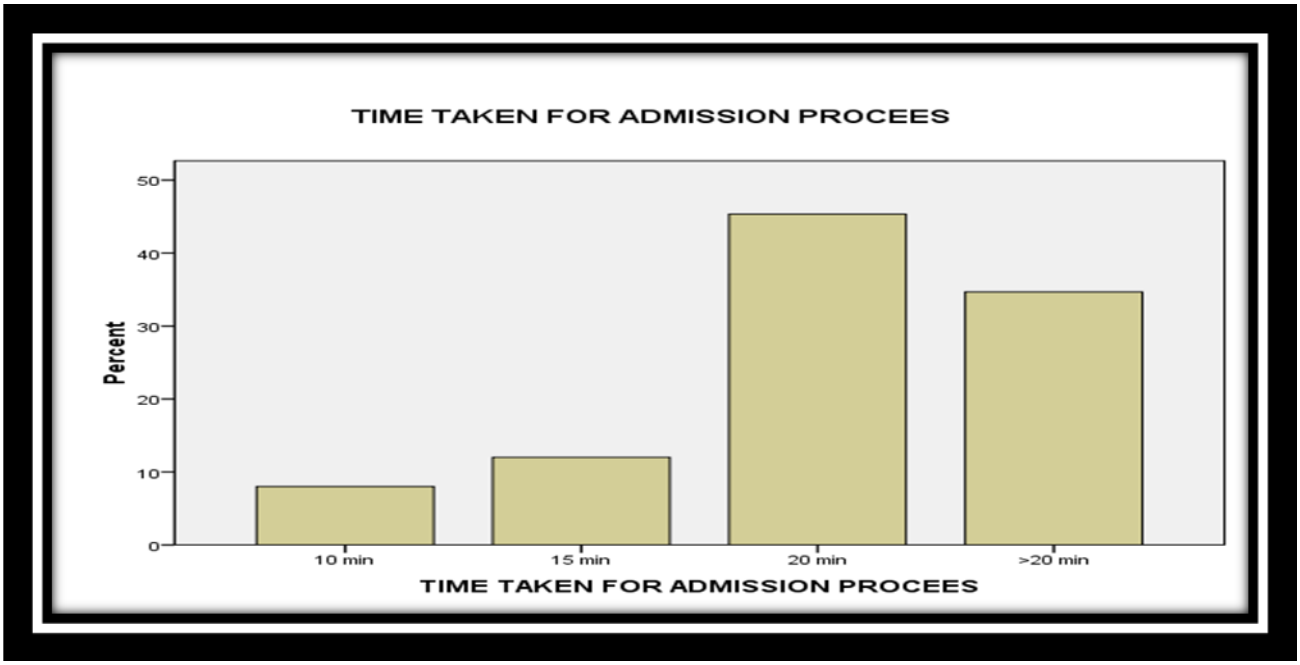
ANNEXURE

1)

TIME TAKEN FOR ADMISSION PROCEES

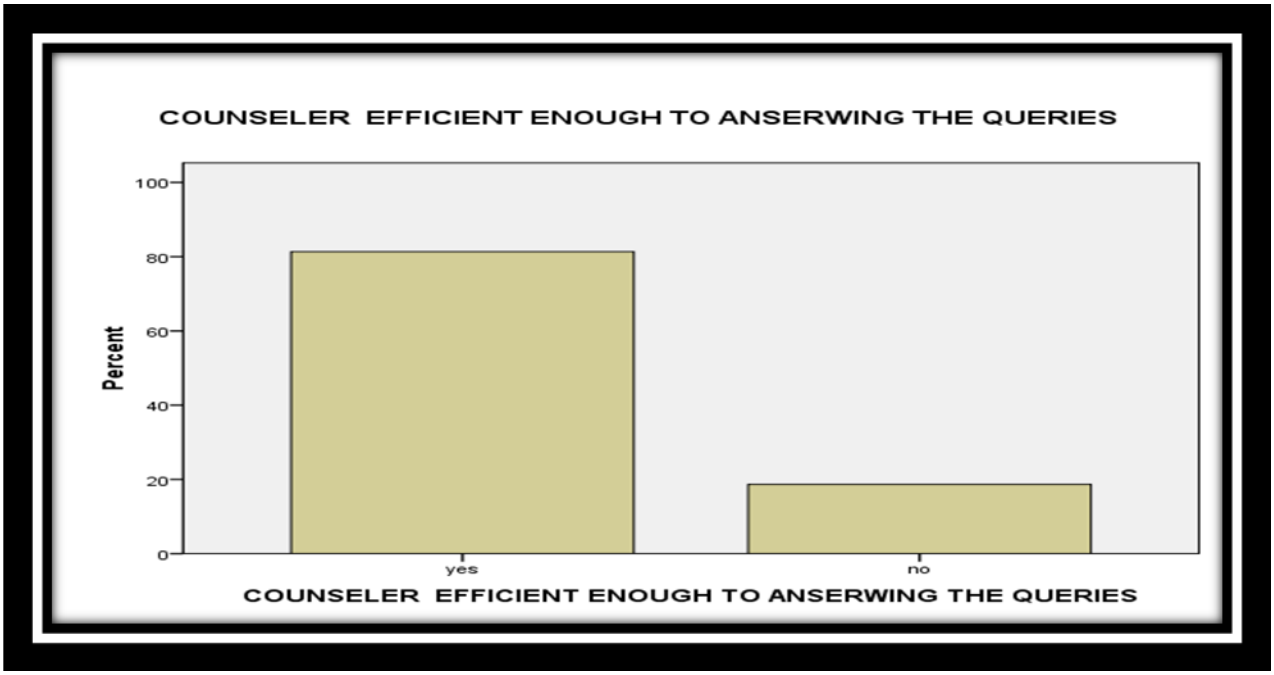
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10 min	6	8.0	8.0	8.0
	15 min	9	12.0	12.0	20.0
	20 min	34	45.3	45.3	65.3
	>20 min	26	34.7	34.7	100.0
	Total	75	100.0	100.0	



2)

COUNSELER EFFICIENT ENOUGH TO ANSERWING THE QUERIES

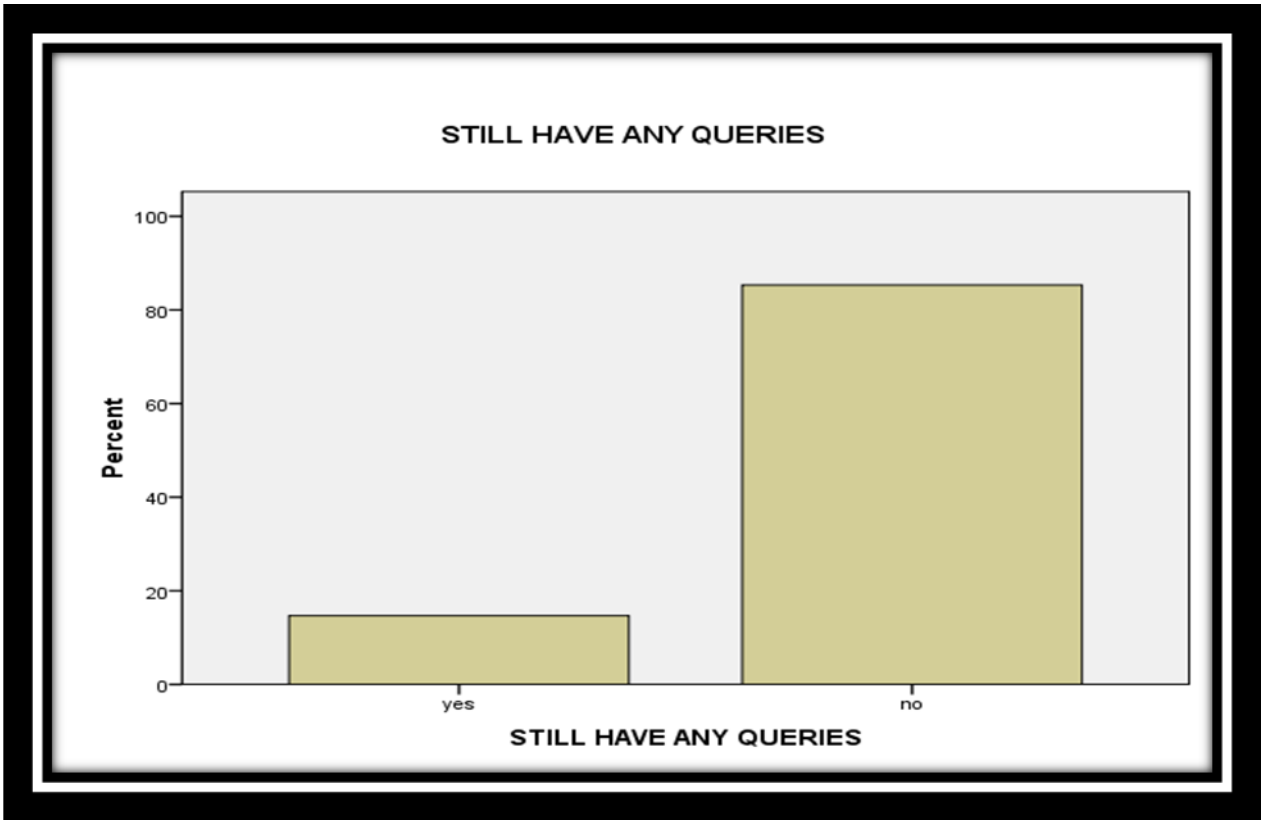
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	61	81.3	81.3	81.3
	no	14	18.7	18.7	100.0
	Total	75	100.0	100.0	



3)

STILL HAVE QUERIES

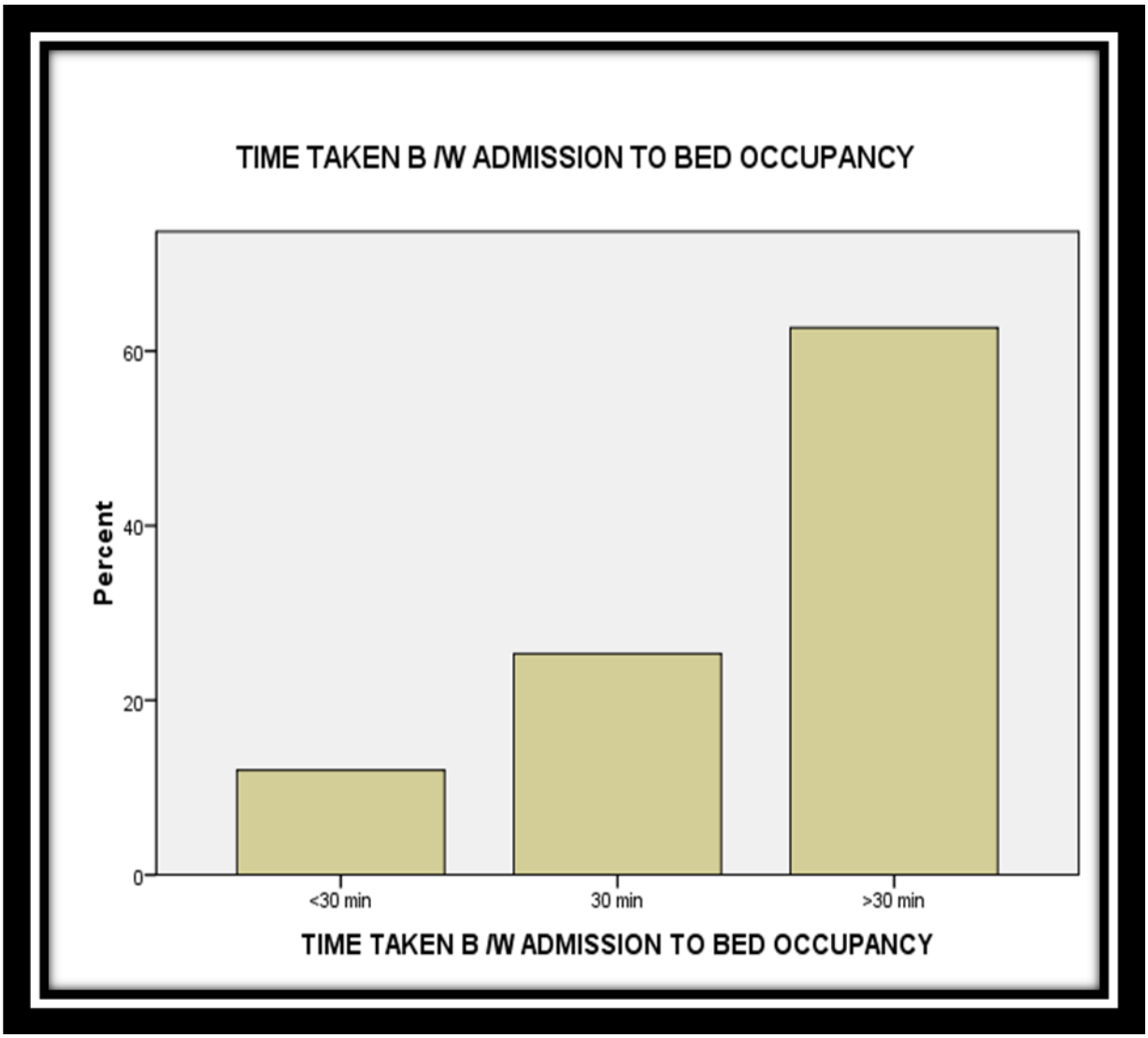
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	11	14.7	14.7	14.7
	no	64	85.3	85.3	100.0
	Total	75	100.0	100.0	



4)

TIME TAKEN B /W ADMISSION TO BED OCCUPANCY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<30 min	9	12.0	12.0	12.0
	30 min	19	25.3	25.3	37.3
	>30 min	47	62.7	62.7	100.0
	Total	75	100.0	100.0	

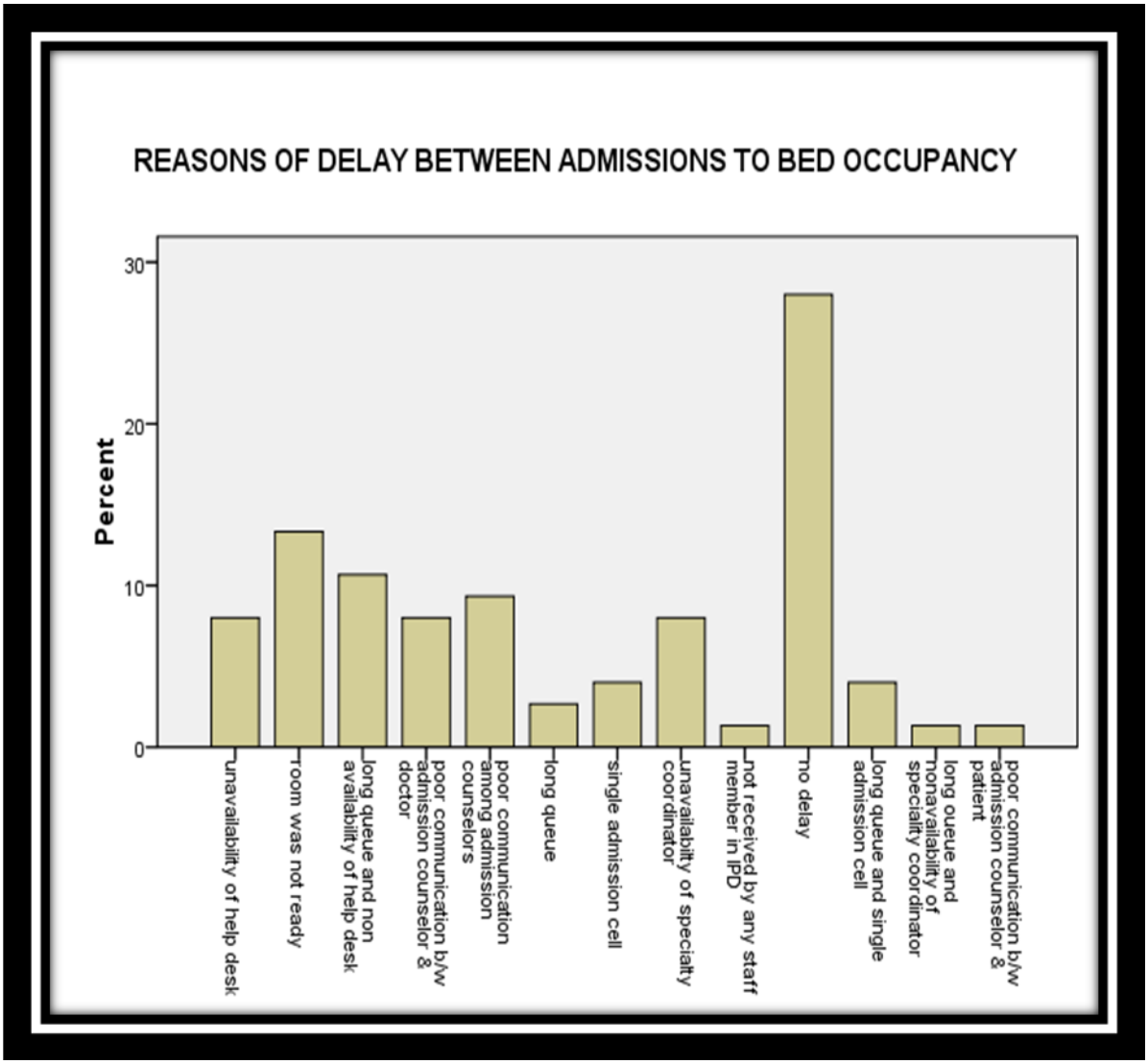


5)

REASONS OF DELAY BETWEEN ADMISSIONS TO BED OCCUPANCY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	unavailability of help desk	6	8.0	8.0	8.0

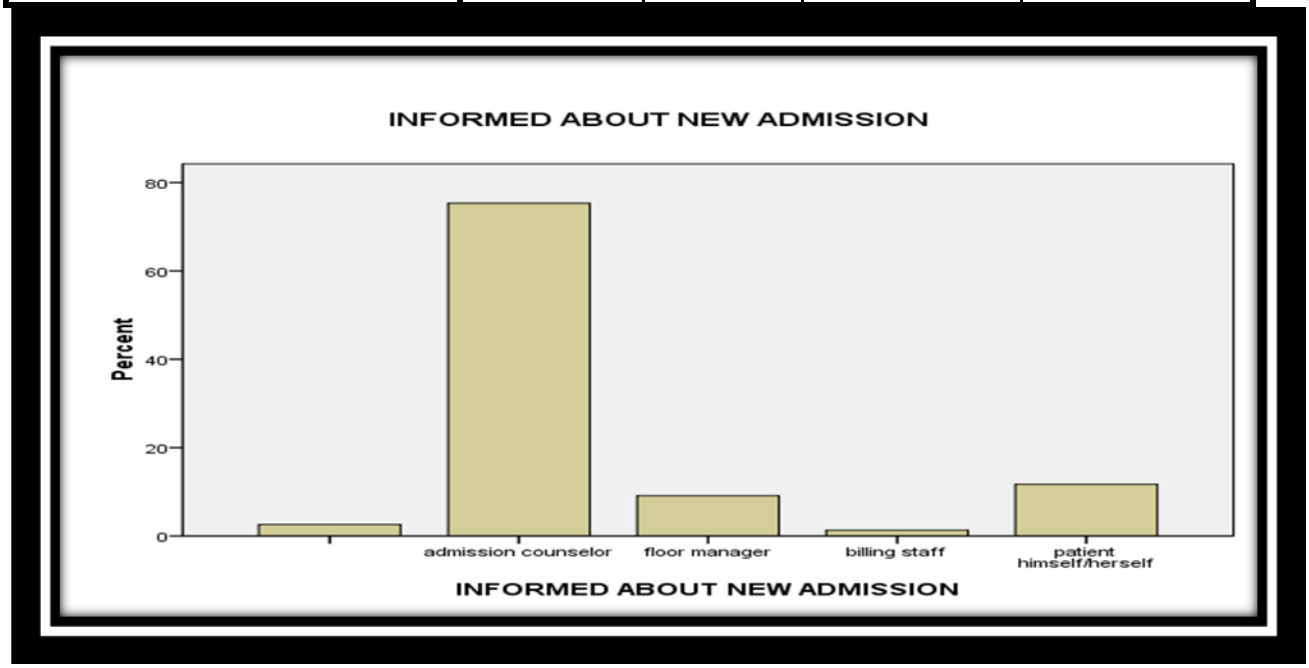
	room was not ready	10	13.3	13.3	21.3
	long queue and non availability of help desk	8	10.7	10.7	32.0
	poor communication b/w admission counselor & doctor	6	8.0	8.0	40.0
	poor communication among admission counselors	7	9.3	9.3	49.3
	long queue	2	2.7	2.7	52.0
	single admission cell	3	4.0	4.0	56.0
	unavailabilty of specialty coordinator	6	8.0	8.0	64.0
	not received by any staff member in IPD	1	1.3	1.3	65.3
	no delay	21	28.0	28.0	93.3
	long queue and single admission cell	3	4.0	4.0	97.3
	long oueue and nonavailability of speciality coordinator	1	1.3	1.3	98.7
	poor communication b/w admission counselor & patient	1	1.3	1.3	100.0
	Total	75	100.0	100.0	


REASONS OF DELAY BETWEEN ADMISSIONS TO BED OCCUPANCY
Percent
30
20
10
0
unavailability of help desk
room was not ready
long queue and non availability of help desk
poor communication b/w admission counselor & doctor
poor communication among admission counselors
long queue
single admission cell
unavailability of specialty coordinator
not received by any staff member in IPD
no delay
long queue and single admission cell
long oueue and nonavailability of speciality coordinator
poor communication b/w admission counselor & patient

6)

INFORMED ABOUT NEW ADMISSION

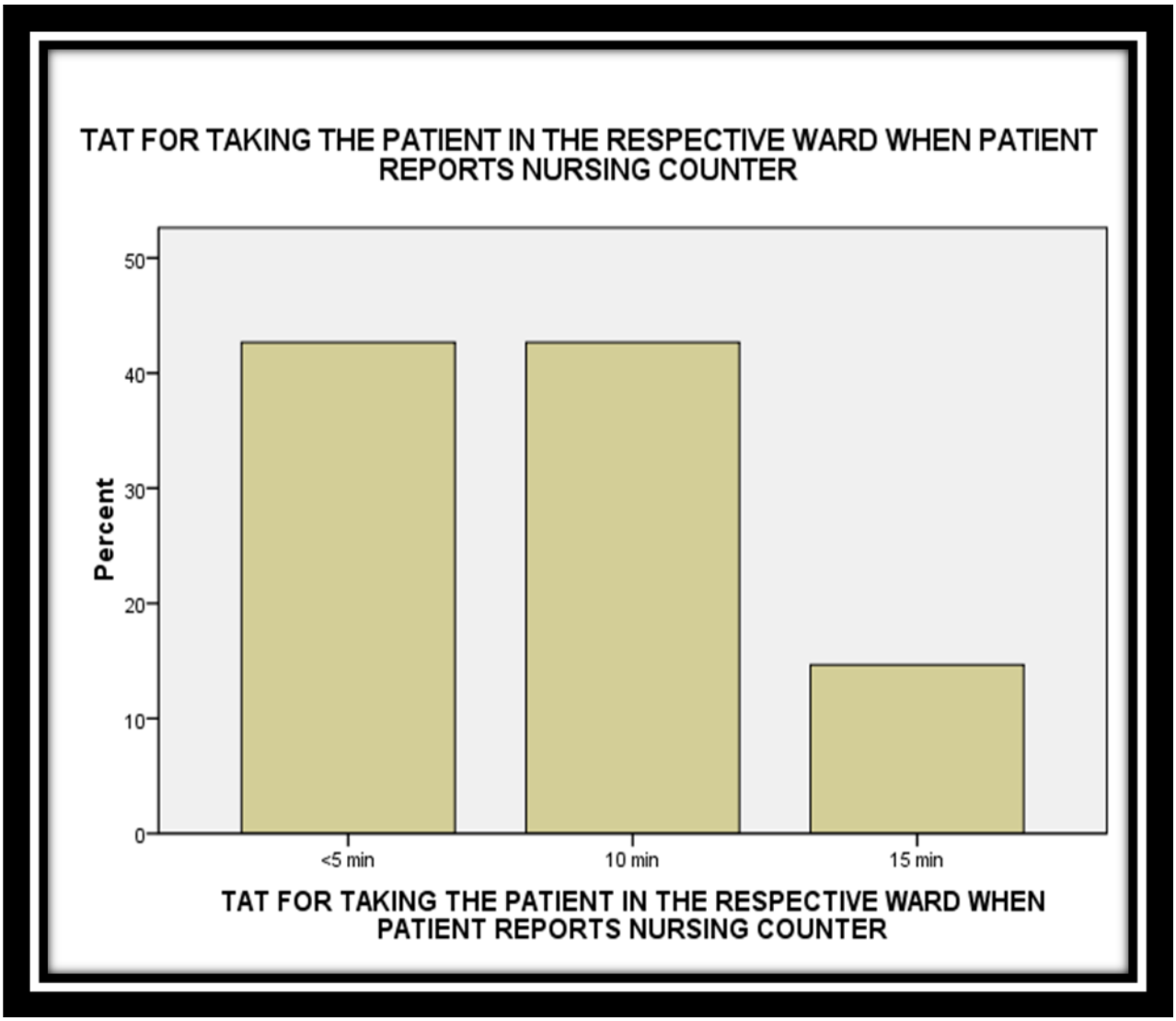
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	2.6	2.6	2.6
	admission counselor	58	75.3	75.3	77.9
	floor manager	7	9.1	9.1	87.0
	billing staff	1	1.3	1.3	88.3
	patient himself/herself	9	11.7	11.7	100.0
	Total	77	100.0	100.0	



7)

TAT FOR TAKING THE PATIENT IN THE RESPECTIVE WARD WHEN PATIENT REPORTS NURSING COUNTER

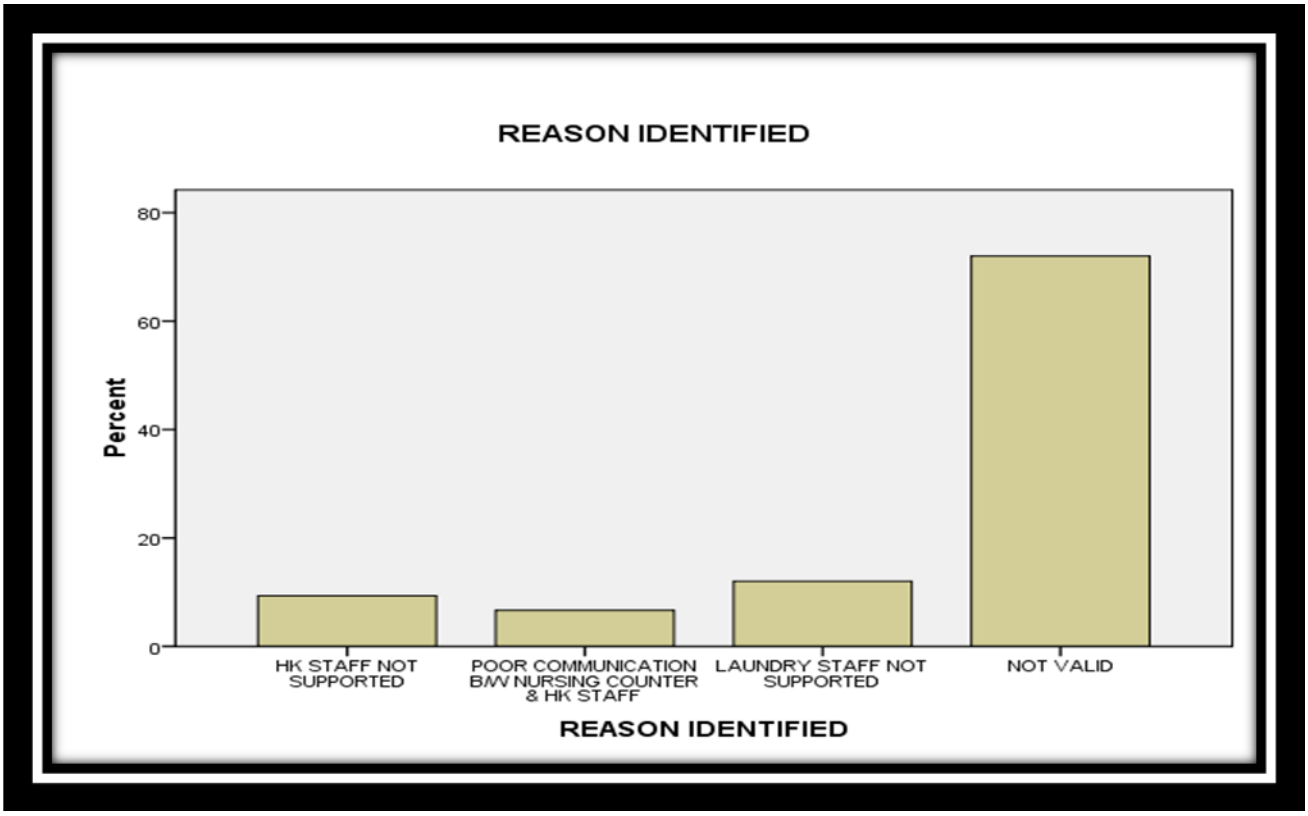
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<5 min	32	41.6	42.7	42.7
	10 min	32	41.6	42.7	85.3
	15 min	11	14.3	14.7	100.0
	Total	75	97.4	100.0	
Missing	System	2	2.6		
Total		77	100.0		



8)

REASON IDENTIFIED

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	HK STAFF NOT SUPPORTED	7	9.1	9.3	9.3
	POOR COMMUNICATION B/W NURSING COUNTER & HK STAFF	5	6.5	6.7	16.0
	LAUNDRY STAFF NOT SUPPORTED	9	11.7	12.0	28.0
	NOT VALID	54	70.1	72.0	100.0
	Total	75	97.4	100.0	
Missing	System	2	2.6		
Total		77	100.0		



QUESTIONNAIRES

EFFICIENCY OF ADMISSION TO BED OCCUPANCY PROCESS IN A HOSPITAL

Questionnaire For Patient/ Attendant

NAME OF PATIENT……. CLASS…….

1. How long time did it take for accomplishment of the admission process ?

   5 min 10 min 15 min >15 min

2. Do you think Admission counseling was helpful in answering your queries?

   Yes No

3. Do you still have any queries? (Specify if yes)

   Yes No

4. Was the counselor efficient enough in your view?

   Yes No

5. What were you expecting in the corridor of hospital?
   Signage's Help Desk both none

6. How much time was taken between admissions to bed occupancy?

   <30 min 30 min >30 min

7. What reasons do you think for delay between admissions to bed occupancy (if any)?

   - Unavailability of help desk
   - Long queue
   - Single admission cell
   - Unavailability of specialty coordinator
   - Not received by any staff member in IPD
   - Unplanned admission
   - Bed was not ready
   - Poor communication b/w doctor & admission counselor

- Poor communication among admission counselor
- Any Other…….....

8. How long do you think would it have taken, had there been no delay?

20 min 25 min 30 min 35 min

9. Was the room ready when you reported nursing counter?

Yes no

10 .Were you received by any staff member in the room? (If yes by whom)

Yes no

11. If yes, how long did he/she take in the initiation of the treatment?

<2 min 5 min 10 min >15 min

12. Were you expecting that any staff member will receive you?

Yes No

13. How has been your experience at hospital regarding Admission process? (From admission desk to Bed Occupancy)

Excellent Good Average Poor

14. Any Suggestions if any? Please mention

.....

EFFICIENCY OF ADMISSIONS TO BED OCCUPANCY PROCESS IN HOSPITAL

QUESTIONNAIRS FOR ATTENDING NURSE

Name of attending nurse…… Class…….

1. Who informed you about this new admission?

Admission counselor
Floor manager
Billing staff
Patient him/herself

2. Did you receive patient in the respective ward?

Yes no

3. Did you approach the patient after reporting in the respective ward or patient approached you?

- We approached him/her
- Patient approached us

4 If you approached, how much time did you take?

<5 min 10 min >15 min

5. If you didn't, why?

……
6. Was the room ready when the patient reported nursing counter?

Yes no

7. If no what was the reason?

- HK staff not supported
- Poor communication b/w nursing counter and housekeeping staff
- Laundry staff not supported (supply of bed sheets, pillow covers , curtains)
- Not valid

8. Any suggestions

……
……

EFFICIENCY OF ADMISSION TO BED OCCUPANCY PROCESS IN A HOSPITAL

QUESTIONNAIRS FOR FRONT OFFICE MANAGER

1)Do you have any information of planned IPD admissions for the day?

…….

2)When do you get the information (planned)?

…….

3)How do you get the information (planned)?

…….

4)Where all is this information dispersed (planned)?

……..

5)Do you think it is relevant to share this information with you (planned)?

……
…
6)If yes , why do so (planned)?

……..

7)Do you inform the floor manager while taking the admissions

.....

11) How many cases of unmark for discharge in a week when system does not show the vacant bed in spite of having vacant beds?

.....
11)Do you need a attendent who calls the patient one by one?

.....

12)Do you give priority to emergency patients over non emergency patients?

.....
13) Do you have any problem regarding the software system?

EFFICIENCY OF ADMISSION PROCESS IN HOSPITAL

QUESTIONNAIRS FOR CUSTOMER SERVICES MANAGER

1)Did you get information about the patient admission in the respective wards from admission cell ?
.....

2)Do you think this information would be relevant for improving the efficiency of functioning?
.....

3)Did you receive any complaints from patients regarding the admission process?
……..

4)If yes, how often do you receive such complaints?
……...

5)Whom you coordinated with when you received complaints regarding admission process?
…….

6)What are the most frequent complaints?
…….

7)How long did it take to attend these complaints?
……..

8)Was the patient satisfied after the complaint be attended?
……