Case Study-Revival of St. Theresa's Hospital

St. Theresa's Hospital

Agashi, Virar – (West)

CONTENT

- Understand the Basic Building Blocks of the Hospital.
- GAP analysis by using SWOT- Strategic Planning
- Phase I: Hospital Licenses, Tariffs, Hardware/ water/RO/ generator / lift / central Gas, Communication: Signage's – Internal & external
- Phase II: OPD/ Pathology/Radiology/ pharmacy, Partners
- Phase III: Inpatient Department, ICU, Casualty
- Phase IV: OT, LDR, Surgical ICU/ Cardiac ICU
- HCS Intervention & Way forward.

About the Hospital

- ST. THERESA'S HOSPITAL IS CHARITABLE INSTITUTION REGISTERED UNDER PUBLIC TRUST, "THE IMMACULATA SOCIETY, F-29(T)."

- IN THE YEAR 1951, UNDER THE ABLE LEADERSHIP OF LATE SR. HEMMA, THE HOSPITAL WAS ESTABLISHED. THE PURPOSE AND GOAL OF THIS HOSPITAL WAS TO SERVE THE POOR AND THE NEEDY OF THE LOCAL AREA WITH NO OF BEDS - 30, NO OF STAFF- 10 SISTERS AND 6 OTHER STAFF.

- LAST 61 YEARS, THE SISTERS WITH THEIR SELFLESS DEDICATION AND COMMITTED DOCTORS HAVE BEING SERVING THE OOR, IRRESPECTIVE OF CAST, CREED AND RELIGION. THOUSANDS OF PATIENTS IN AND AROUND VASAI TALUKA ARE BENEFITTING FROM THESE SERVICES. WITH MODERN DEVELOPMENT AND TECHNOLOGICAL PROGRESS WE NEED TO UPDATE AND UPGRADE THE HOSPITAL.

- AGASHI IS A GRAMPANCHAYAT IN VASAI TALUKA, SITUATED IN NORTHERN PART. MOST OF THE PEOPLE ARE FARMERS AND DAILY WORKERS. THE HOSPITAL IS SITUATED AROUND POOR PEOPLE AND FISHER FOLKS WHO TAKE THE MAXIMUM BENEFIT. MANY A TIME THE PEOPLE FIND IT DIFFICULT TO BUY THE MEDICINES AND HENCE WE HAVE TO SUPPLY THEM WITH SUBSIDIZE RATE. SOMETIMES EVEN GIVE FREE MEDICINES AND SERVICE ALSO.

GAP Analysis- St. Theresa's Hospit

- Even though nice location- far from Virar station, no visibility of the hospital
- Infrastructure is very old , people perception is moderate
- No multi-speciality focus
- No cleanliness
- No SOP/workflow in place
- Single doctor driven OPD
- Dedicated team but don't know their job profile in absence of direction
- OPD services not displayed properly
- Website not in place
- Pathology is at very basic state
- Imaging services lacks in USG, colour Doppler, 2D echo, BMD , mammography
- Statutory licenses not maintained like hospital registration, PCPNDT, PCB,fire etc
- Old fashioned OT without NABH compliances
- ICU does not exist at all though MD physician is in place
- Pharmacy lacks licenses as well as proper stock
- LDR is not maintained as per guidelines and lacks cleanliness
- Infection control measures are not in place
- Rooms are not categorised and service in the rooms are not defined
- NO promotional activity with school or any outreach activity is not in place

GAP analysis-St. Theresa's Hospita

- Satellite centre lacks proper cleanliness, sitting arrangement ,doctors and basic instruments
- No documents in place
- No AERB/ BARC guidelines in place regarding radiation safety
- Tariff not in place
- Admission or discharge process not in place
- No HIS system in place
- No proper qualified administrator in place
- HR and training is not defined like selection process, recruitment, induction and training
- No biomedical engineer
- Patient's do and don'ts , rights and educations and employee code of conduct is not in place
- Safety measures not there
- Feedback mechanism not in place
- Fire exit plan not there
- Asset tagging/ equipment AMC or CMC not in place
- Medical records not in place
- Organgram not there.

Role of Healthcare Consulting Services

- We have taken the responsibility to revive the catholic missionary hospitals.
- Catholic Hospitals as our company believe that they are the one who wants to do genuine charity. These Hospitals can be improved by an effective phase wise establishment of services.
- We facilitate our services by providing Operational & Administrative support to establish basic building blocks of the Hospital departments like HR, Accounts, Purchase, Marketing, Sales, clinical & projects, IT and Quality departments & teams.
- We also help in developing individual Hospital Strategy for defining Service and specialty mix for the Hospital.
- This is a challenge for our company to run a sick unit by reaching to the remotest of the city for the well being of the unreached community.

PHASE I

HOSPITAL LICENSES:

- Building permit from Municipality
- Fire Safety
- Electricity Rules
- Bombay Lifts Act
- Bombay Nursing Home Registration Act
- Radiation Protection certificate for Radiology department from BARC
- Atomic energy (safe disposal of radioactive waste) rules
- PNDT
- MTP

TARIFF:

- Preparing schedule of charges for each service of the hospital

PHASE I

HARDWARE:

- Complete Electrical, Mechanical & Plumbing of the hospital
- Telephone Lines
- EPABX
- Computers, printers, Scanners
- UPS
- Access Controls
- Furniture's & Fixtures

WATER:

- 24 Hours
- Overhead & Underground Tanks
- Tie-up with Tanker Vendors
- BMC permission for uninterrupted supply being a hospital
- RO Plant (Optional)

PHASE I

GENERATOR:

- Generator Back up

LIFT:

- Lift License
- Patient Lift

CENTRAL GAS SUPPLY

- Oxygen
- Suction
- CO2

GENERAL:

- Internal Sinages
- Policies & protocols
- Manpower planning
- Website & Logo
- Stationary
- Linen

PHASE II

In this phase we see the front office management, create administrative wing, like Operations Manager, HR executive, accounts executive. Billing in place with proper software etc. Attention is on all OPD departments with Diagnostic supports.

OUT PATIENT DEPARTMENT:

- Medicine OPD
- Gynaecology OPD
- General Surgery OPD
- Orthopaedic OPD
- Paediatric OPD

PATHOLOGY:

- Having a Pathologist on Panel
- Basic 24 hrs. in-house pathology
- Advanced tests can be outsourced
- Trained DMLT technicians
- Procurement of equipment's

PHASE II

RADIOLOGY:

- Having a Radiologist on Panel
- Basic 24 hrs. Radiology
- Radiology Licenses from BARC
- Trained X-Ray Technicians
- Procurement of Equipment's

DENTAL or Any other OPD

- Having minimum 2 dentists on panel
- Separate dental OPD
- Procurement of Dental equipment's and instruments
- Radiology Licenses from BARC

PHARMACY:

- FDA License
- License for Narcotics
- Formulary designing
- OPD sale

PHASE III

In this , we see the IPD billing and all the related departments in place including rooms, nursing stations, ICU's, storage etc..

IN PATIENT DEPARTMENT:

- Automated patient beds
- Nursing stations
- Ward stocks
- Regular Visiting Consultants
- Recruitment of Staff
- Procurement of equipment's & instruments

MEDICAL INTENSIVE CARE UNIT:

- Automated patient beds
- Nursing stations
- Ward stocks
- Regular Visiting Consultants
- Recruitment of Staff
- Procurement of equipment's & instruments

PHASE IV

In this phase we see, whether the OT Complex is in place as per NABH guidelines, LDR, Surgical & Cardiac ICU in place. Do we need to add Blood bank, AKD, or any other surgical intervention is needed of not.

It is more focus on Clinical Establishment of the Hospital.

OPERATION THEATRE:

- Planning a theatre with a Surgeon
- Planning the number of OTs
- Having Surgeon on Panel
- Having Anaesthetist on panel
- Procurement of equipment's & instruments

LABOUR ROOM:

- Planning a Labour room with a Gynaecologist
- Having Gynaecologist on panel
- Having an Anaesthetist on panel
- Tie-up with a NICU & PICU
- Procurement of Equipment's & Instruments

PHASE IV

SURGICAL INTENSIVE CARE UNIT:

- Automated patient beds
- Nursing stations
- Ward stocks
- Regular Visiting Consultants
- Recruitment of Staff
- Procurement of equipment's & instruments

Lastly , we also see the all the marketing , media and communications to be in place and plan ready for execution.

HCS Initiative

1. HCS team started with creation of LOGO – Symbol which people can connect with.
2. Integrated Marketing communication (IMC)- forms and format- the logo is used in letter head, visiting card, signs and seals
3. Services of the Hospital were defined and communicated and trained to front office staff.
4. Consultant like Gynecologist, Dietician, Ophthalmic and Orthopaedic are brought on board
5. Contract are signed with consultant and finalized a strategy in place.
6. All documentation in place, also receipt were designed and logo book maintained and SOP defined.
7. HR function were defined along with Account function for tracking Professional fee sharing.
8. In process of outsourcing dialysis, diagnostic, blood storage/blood bank on rent and revenue sharing model- It will be a source for revenue generation and upgrading the current service mix.

HCS Initiative

9. Displaying services in form of physical display and virtual display. Internal signage and doctor's schedule display board as a part of physical display. Virtual display like website creation, presence on Face book, Twitter etc.
10. OT revamping- quotation received from certain companies and working on it. Working on getting OT inventory (OT instrument)
11. To implement Hospital Software, Quotes from local companies to have It administrator in place.
12. Refurbished , new reception at the entrance of the Hospital with proper facility of Cashier and Enquiry
13. Initaited a system of MIS, Generating volume report on monthly bases
14. Revenue cycle management- SOP for Admission and billing in place to avoid revenue leakage
15. Inorder to promote Mother & Child, Started Gynec workshop on monthly basis.
16. Nomenclature, codification and Numbering of departments and rooms were done.

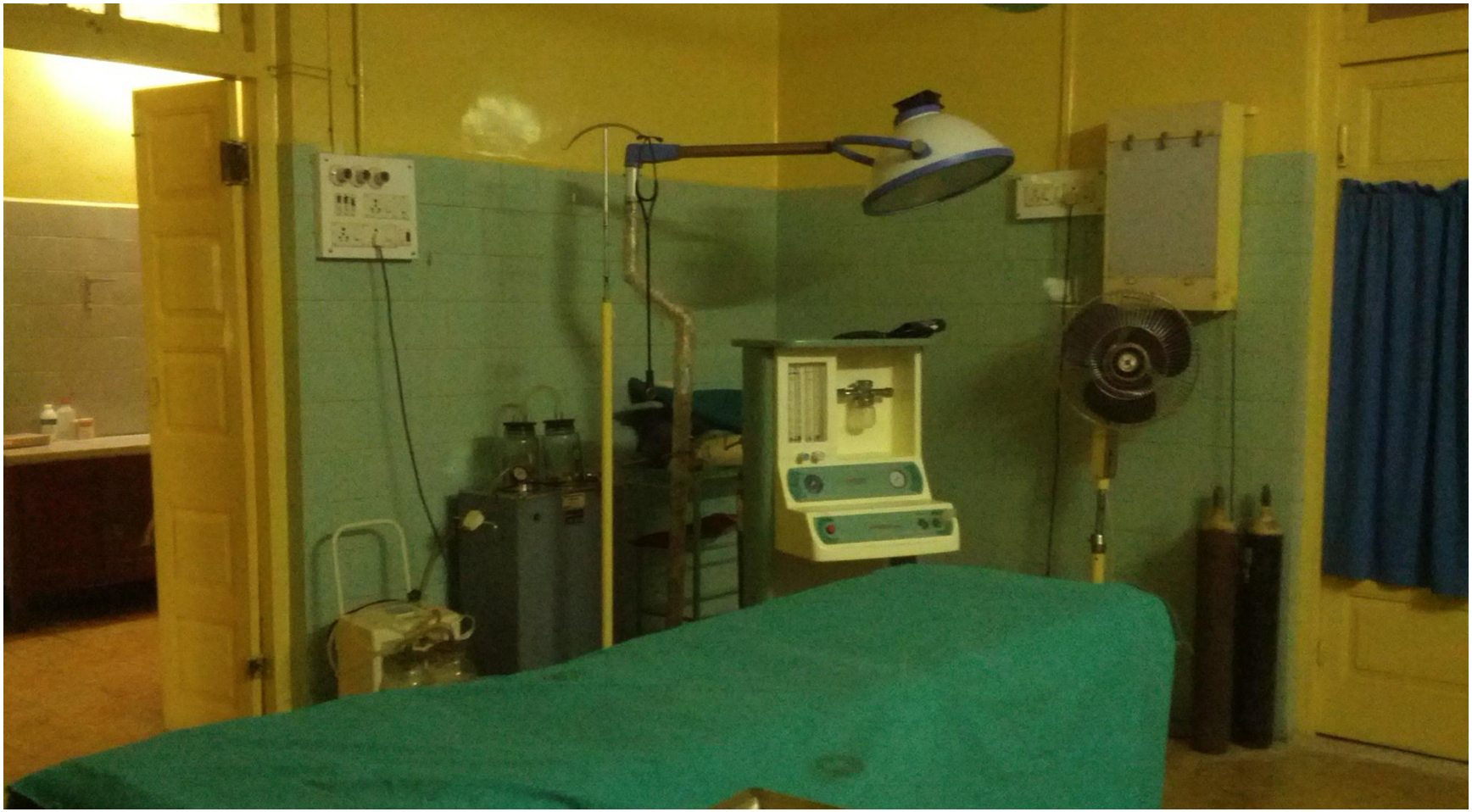
HCS Initiative

18. Keep track of Statutory Compliance, help renewed Hospital Registration of the hospital, long pending for 6 months.
19. Established landline and Intercom facility to have inter- department communication. Assign one dedicated numbers for appointments.
20. Just dial service renewal, for generating enquiry for the Hospital
21. Digital X-ray machine AMC to be in place in absence of any Bio-medical engineer on board.
22. Define various consultant OPD , visting cards, diplay sign boards for each doctor and specialty.
23. Got RMO agreement in place and appointed One doctor for Satellite center.
24. SLA (Service lease agreement) in place with various outsource vendors. X-ray report format designed
25. Inorder to help generate funds for the Hospital. Drafted various letter to various agency , Banks, CSR and even for individuals
26. Defined the registration forms for all patients getting registered with the Hospital.
27. Negotiating with various vendors for Equipment's for OT & ICU etc..

Client Hospital

ICU before Intervention

Dialysis & OT unit Before



ICU old

After- Dialysis Unit

After -ICU

Confidential

Hospital Lobby

THANK YOU

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