Enhancing patient-centered care by increasing speed of patient services

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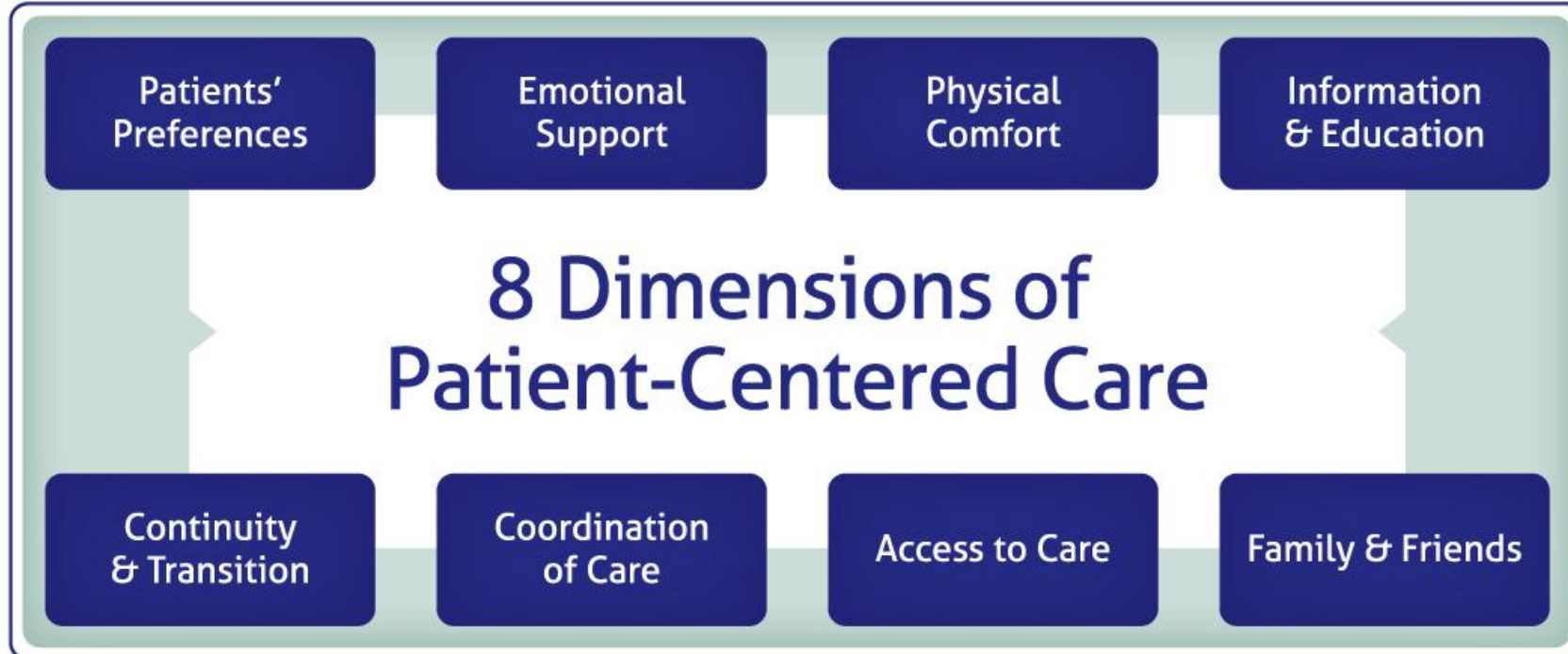
Consultant-incharge Electronic Medical Records

Sankara Nethralaya

Chennai

Patient centered care

Patient-centered care : improving the patients' clinical outcomes and satisfaction rates by improving the quality of the doctor-patient relationship, while at the same time decreasing the utilization of diagnostic testing, prescriptions, hospitalizations, and referrals.

Patients' Preferences	Emotional Support	Physical Comfort	Information & Education

8 Dimensions of Patient-Centered Care

| Continuity & Transition	Coordination of Care	Access to Care	Family & Friends

Patient Centered care

- Respect for patients' values, preferences and expressed needs
- Coordination and integration of care
- Information and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Continuity and transition
- Access to care

Increasing the speed of patient services

Service Processes and their Importance

- A Service – set of interrelated activities together in sequence
- Good service processes created satisfied customers, reduce costs and underpin financial performance
- Processes must be understood and managed end to end

Pareto Chart on Complaints from patients for the month of Oct'12
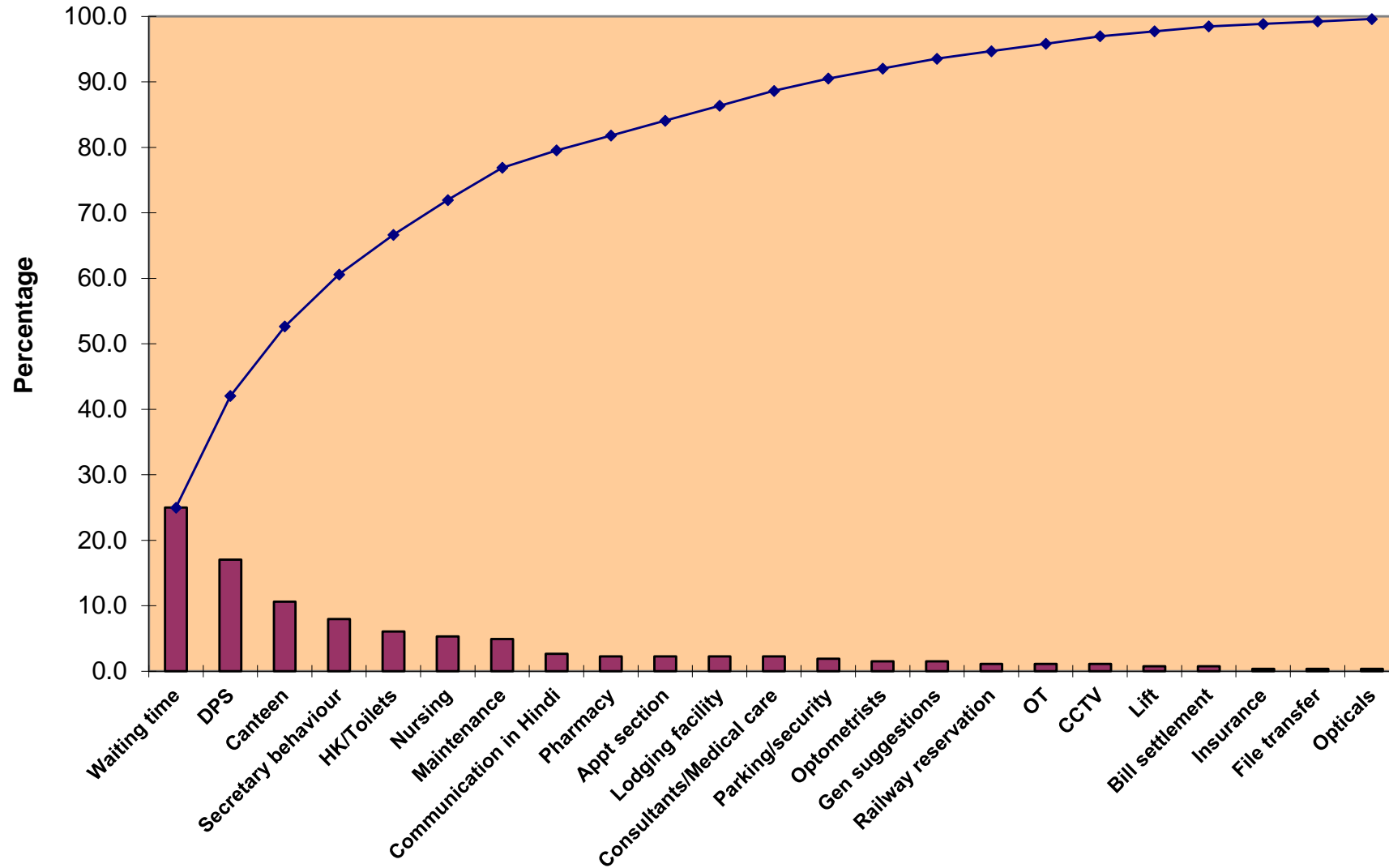
Patient services in a hospital

Out Patient services

- OPD – Clinic visit – Doctor / Investigation

- Pharmacy

- Lab

- Medical Transcription

- Optical dispensing

Inpatient services

- IP – Admission – Medical / Surgical treatment – Discharge

- Stay / Ambulatory service

Patient services in a hospital

Out Patient services

- OPD – Clinic visit – Doctor / Investigation
- **Scheduled Appointments -**
- **Walk-in**
- **Hybrid system**

## Type of appointments

Regular

Review

Cross consultations

Glass appointment

Post OP visit .. etc

Change management Principles

- PDSA Cycle

- LEAN

- Six Sigma

- Root cause Analysis

- Process mapping

- Clinical Audit : " A quality improvement process that seeks to improve patient care & outcomes through systematic review of care against explicit criteria and the implementation of change"
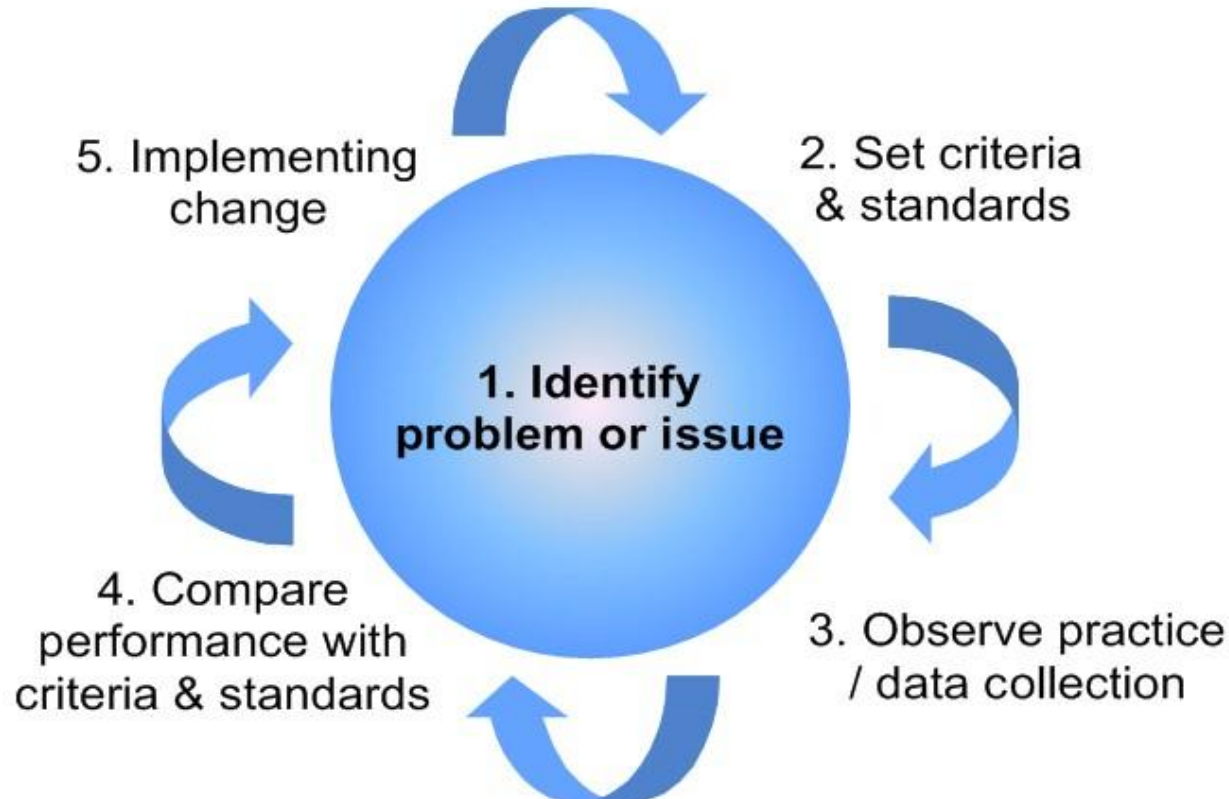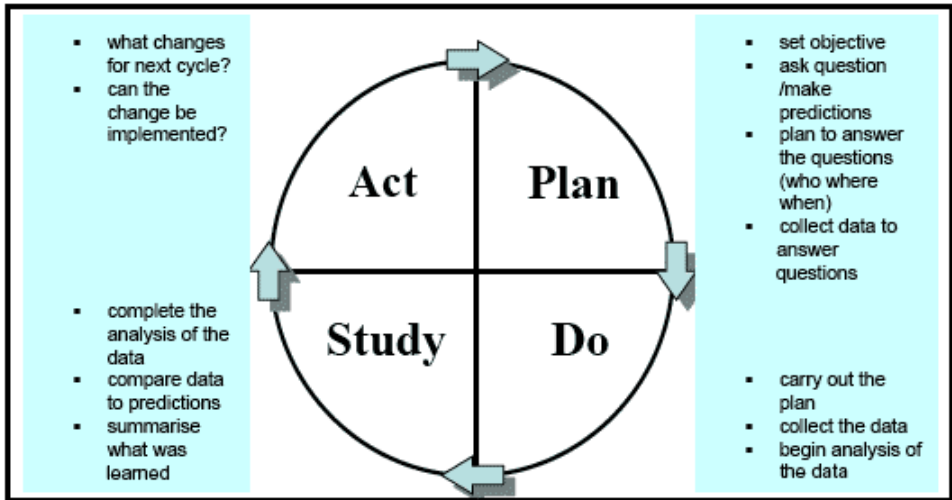
Gaps at Hospital

- *A different perspective using lean thinking:*

- Waste: waiting, errors *Muda* 無駄

- Uneven workload, variability 斑
   - Busy Monday, light Friday *Mura*
    - ORs, inpatient beds

- Stress of overburden *Muri* 無理
   - Physicians, nurses, clerks, managers running faster
   - Nurse and physician shortage

Loads of Waste in Healthcare >=30%)

Womack's 5 Steps of Lean Thinking
Applied to Healthcare

1. Specify **value** from **customer's** perspective

2. Identify the **value stream** for each service, and **remove the waste**

3. Make value **flow** without interruptions from beginning to end

4. Let the customer **pull value** from the process

5. **Pursue perfection** - continuous improvement

    - Do this **every day** in all your activities

Source: Womack & Jones: Lean Thinking

Value Stream Mapping Workshop

Value Stream Scope → Determine the Value Stream to be improved

Current State Drawing → Understanding how things currently operate. This is the foundation for the future state

Future State Drawing → Designing a lean flow through the application of lean principles

Implementation Plan → Developing a detailed plan of implementation to support objectives (what, who, when)

Implementation of Improved Plan → The goal of mapping! 30, 60, 90 day follow-up

Standardize for later improvement

5/11/20

11

The broken Appt visit

Patients day out @ SN

Communication Dept

Parking

Enquiry

Security

Send an Automatic SMS & Email

- **Confirmation of booked appointment**

- **Reminders for appointment 24-48 Hrs prior to appointment.**

- **Reminder letters**

To... venkat@snmail.org

Cc...

Subject: Confirmation of fixed appointment of Mr Venkat

Dear Sir / Madam

We here by confirm your appointment with Dr R R Sudhir on 9th Saturday at our Main branch. Kindly report to Dr R R Sudhir Secretary at 2.00 pm.

Your appointment would take approximately 2hours to 2hr 30 minutes.

Registration   : 2.00 pm
Optometrist workup : 2.05 Pm (takes approximately 20mts)
Consultation with Dr : 3.00 pm

For any queries contact Dr R R Sudhir sec at Mobile no 9444273887

Kindly show this email when you come to our hospital.

Your reference no is NC782348987

With best wishes

SN appointment

Walk through for a OPD patient

Communication Dept

Parking

Enquiry

Security

Walk through for a OPD patient

- Information & Signage

Walk through for a OPD patient
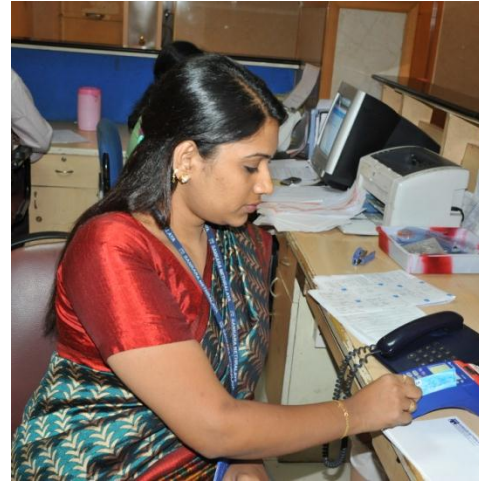
Walk through for a OPD patient

- VIP patients

- Fast track the process and provide special waiting area

- Fast Track services – Cataract Surgey

Child Friendly atmosphere
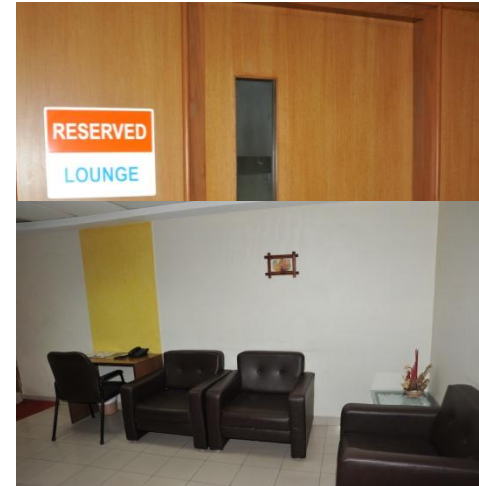
Volunteers

- SWAN : Sankara Nethralaya Women Auxillary Network

Consultant Secretaries

Counselling

Walk through for a OPD patient

Canteen

Food court

Shuttle services

Cloak room

Wash rooms

Availability of patient record in time

- Case Study : Sankara Nethralaya - MRD
- > 2.5 Million files (1978-2013)
- >1200 patients / day (500:New)
- >100 Surgeries /day
  - *Huge Storage space and man power*

MAIN—3008 MRD No. **11102** KRISHNAN DR M

PAPER FILE

SANKARA NETHRALAYA

File Track System

Req date	Login	Flag	Taken for	Remarks	place	location	emp id
4/4/2013 6:45:41 PM	main	R		OP DISC	MEDICAL RECORDS D	MAIN	
4/4/2013 6:45:22 PM	main	R		ED APPT	PATIENT SERVICES-N	MAIN	

OutPatient Appointments

Date	Doc	Loc	Treat	Fxd	Time	Status	Speciality	apd_consultation_dt
17 Jan 2012	PHY5	MAIN	REG	dkg	07:50	R	PHY	1/17/2012
17 Jan 2012	TS	MAIN	CC	HPN	16:00	R	VR	1/17/2012
17 Jan 2012	TSS	MAIN	REG	PTR	16:21	R	PEA	1/17/2012
20 Jan 2012	TS	MAIN	PO	HPN	08:40	N	VR	1/20/2012
24 Jan 2012	TS	MAIN	PO	HPN	08:55	R	VR	1/24/2012
31 Jan 2012	TS	MAIN	PO	hpn	08:40	R	VR	1/31/2012
07 Feb 2012	TS	MAIN	PO	HPN	08:45	R	VR	2/7/2012
21 Feb 2012	TS	MAIN	GA	sbm	11:00	R	VR	2/21/2012
24 Feb 2012	TS	MAIN	GA	hpn	10:45	C	VR	2/24/2012
24 Feb 2012	TS	MAIN	SRE	HPN	08:33	N	VR	2/24/2012
02 Mar 2012	VK	MAIN	REG	siv	14:30	N	VR	3/2/2012
06 Mar 2012	TS	MAIN	SRE	ANUS	08:40	R	VR	3/6/2012
09 Mar 2012	TS	MAIN	PO	sang	08:45	R	VR	3/9/2012
16 Mar 2012	TS	MAIN	REG	sang	14:40	R	VR	3/16/2012
22 May 2012	TS	MAIN	REG	siv	11:48	N	VR	5/22/2012
24 Aug 2012	TS	MAIN	REG	HPN	10:38	R	VR	8/24/2012
20 Nov 2012	TS	MAIN	CC	SPR	17:05	R	VR	11/20/2012

OP Appointment Details

Appt Date	Doctor	Remarks1	Remarks2	Fixed On
09 Apr 2013	TSS	C/O MR JAI KUMAR		02 Apr 2013
09 Apr 2013	TS	c/o. DR TSS		02 Apr 2013

InPatient Appointments

Date	Surgery	Doct	Eye	Statu
18 Jan 2012	PPV+SB	TS	OD	Y
07 Mar 2012	SUTURE REMOVAL	TS	OD	Y

Company / Referral / Service Details

TITLE	REFERREDBY	SEEN BY	REGDDATE	TYPED ON

Scaned Data Information - [Odyssey and Kodak]

Name	MrdNo	Sca
KRISHAN DR M	11102	07/0

Case Summary Requests

Doctor	Registered On	Typed On	Remarks

MRD O P	MRD I P	Appt.Query	Appt. Reports	MRD Info Sheet	E x i t

Start | MRD (User : tt, Date … | | … | Microsoft PowerPoint - [… | 6:48 PM

File tracking System

Transfer of files from one location to other
For Investigation/ Lab reports
Cross Consultations
Long patient waiting time

JKCN

Navasuja

Electronic medical Records

Rural Eye Hospital ST Mount

Sankara Nethralaya
(Main)

Haddows Road

Rameswaram

Kolkata

Comparison of documentation time in Paper and Electronic Medical records by Optometrists at Eye Hospital in South India: A Time motion study

Shabbir SA, Ahmed LA, Sudhir R R , Scholl J, Li YC, Liou DM.

Comparisons of means of time-spent between electronic and paper records.

	Paper records mean (SE)	Electronic records mean (SE)	Estimate of change (95% confidence limits)	p value
Crude	19.7 (0.71)	20.4 (0.71)	-0.64 (-2.6 to 1.3)	0.53
Sex adjusted	19.4 (0.74)	20.1 (0.73)	-0.74 (-2.7 to 1.2)	0.46
Age adjusted	19.8 (0.96)	20.3 (0.69)	-0.48 (-2.4 to 1.4)	0.62
Work intensiveness score adjusted	19.6 (0.95)	19.2 (0.99)	0.39 (-1.5 to 2.2)	0.68
Age, sex & work intensiveness score adjusted	19.0 (0.96)	18.6 (0.99)	0.43 (-1.4 to 2.2)	0.64

Work intensiveness score: 1: Vision check up; 2: 1+ slit-lamp examination and measuring intra ocular pressure (IOP); 3: 1+2+ Gonio/Pachy (special examination done for Glaucoma patients).

5/11/2014

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Snap shot of what is happening in the clinic

	To be seen (9)		Already seen (20)		Not reported (10)		All (42)		Waiting for workup (3)	

Appt Time	Reg Time	MRD Number	Patient Name	Treatment Code	Waiting time	Appointment ID	Patient Status	
15:55	15:21	16980	MR . NILESH BHANDARE	REG (NEW CASE)	01:17	APPT/01/050514/000403	TS	
17:10	15:30	11952	MRS . PADMAJA PANDURANG KAMAT	SRE	01:08	APPT/01/050514/000164	TS	pt is alre
15:35	15:44	201202_16217	MR . PUNDLIK DENDGE - (CGHS Pensioner)	REG	00:54	APPT/01/050514/000027	TS	
15:05	15:45	201202_16219	MRS . NANDA DENDGE - (CGHS Pensioner)	REG	00:53(WI)	APPT/01/070514/000403	TS	
14:45	15:04	16977	MS . SUMEDHA N TARE	REG (NEW CASE)	00:53	APPT/01/300414/000300	HO	
16:10	16:00	201305_3124	MR . RAMESH POTNIS - (CGHS Pensioner)	SRE	00:38	APPT/01/300414/000335	TS	
15:45	16:09	16984	MR . RAMRAO PRABHAKAR PAWAR	REG (NEW CASE)	00:29(WI)	APPT/01/070514/000413	TS	
16:05	16:13	200903_13872	MRS . SUDHA C DESHMUKH - (CGHS Pensioner) (Safety)	REG	00:25	APPT/01/030514/000279	TS	
16:40	16:19	16985	MRS . CHITRA TARUN DEY - (CGHS Working)	REG (NEW CASE)	00:19	APPT/01/050514/000085	TS	

New - New Patient | WI - Accommodation | SI - Signed In | SO - Signed Out | H

Snap shot of what is happening in the clinic

To be seen (9)	Already seen (20)	Not reported (10)	All (42)	Waiting for workup (3)

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17:10	15:30	11952	MRS . PADMAJA PANDURANG KAMAT	SRE	01:11	APPT/01/050514/000164	TS	pt is alre
15:35	15:44	201202_16217	MR . PUNDLIK DENDGE - (CGHS Pensioner)	REG	00:57	APPT/01/050514/000027	TS	
15:05	15:45	201202_16219	MRS . NANDA DENDGE - (CGHS Pensioner)	REG	00:56(WI)	APPT/01/070514/000403	TS	
14:45	15:04	16977	MS .			APPT/01/300414/000300	HO	
16:10	16:00	201305_3124	MR .			APPT/01/300414/000335	TS	
15:45	16:09	16984	MR .			APPT/01/070514/000413	TS	
16:05	16:13	200903_13872	MRS			APPT/01/030514/000279	TS	
16:40	16:19	16985	MRS			APPT/01/050514/000085	TS	

New Patient | WI - Accommodation | SI - Signed In | SO - Signed Out | F

SIGNED IN BY	No one has Signed In
PATIENT STATUS	Waiting for Consultation
OPTOMETRIST(s)	KIRAN KHADE
Waiting Time	00:59:36
Dilatation Drops	Dilatation/T+ Both Eyes
Dilatation Time	00:47:39
Create_by	KANCHAN R KAMBLE
Confirmed_by	Balid Anita O.

65 Y Male

Transparency in Waiting time

- Current Patient flow for Dr ABC

To be seen (9)		Already seen (20)	Not reported (10)	All (42)	Waiting for workup (3)		
Appt Time	**Reg Time**	**MRD Number**	**Patient Name**		**Treatment Code**	**Waiting time**	
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16:05	16:13	200903_13872	MRS . SUDHA C DESHMUKH - (CGHS Pensioner) (Safety)		REG	00:25	APPT/01/030514/000279	TS
16:40	16:19	16985	MRS . CHITRA TARUN DEY - (CGHS Working)		REG (NEW CASE)	00:19	APPT/01/050514/000085	TS

New - New Patient | WI - Accommodation | SI - Signed In | SO - Signed Out |

Patient waiting time

Reasons

1. **Optometry related**
   work-up delay, less man-power, less rooms, intern doing work-up

2. **Waiting at various nodal points**
   - entrance, reception, billing, dilatation, cross-consultation and investigations, late reporting,
   - late coming of staff/slow consultants
3. **System related:**
   overlapping in the appointment schedule, single room for consultants, EMR, teaching to residents and so on

Difference in Appointment time and Reporting time

Late reporting
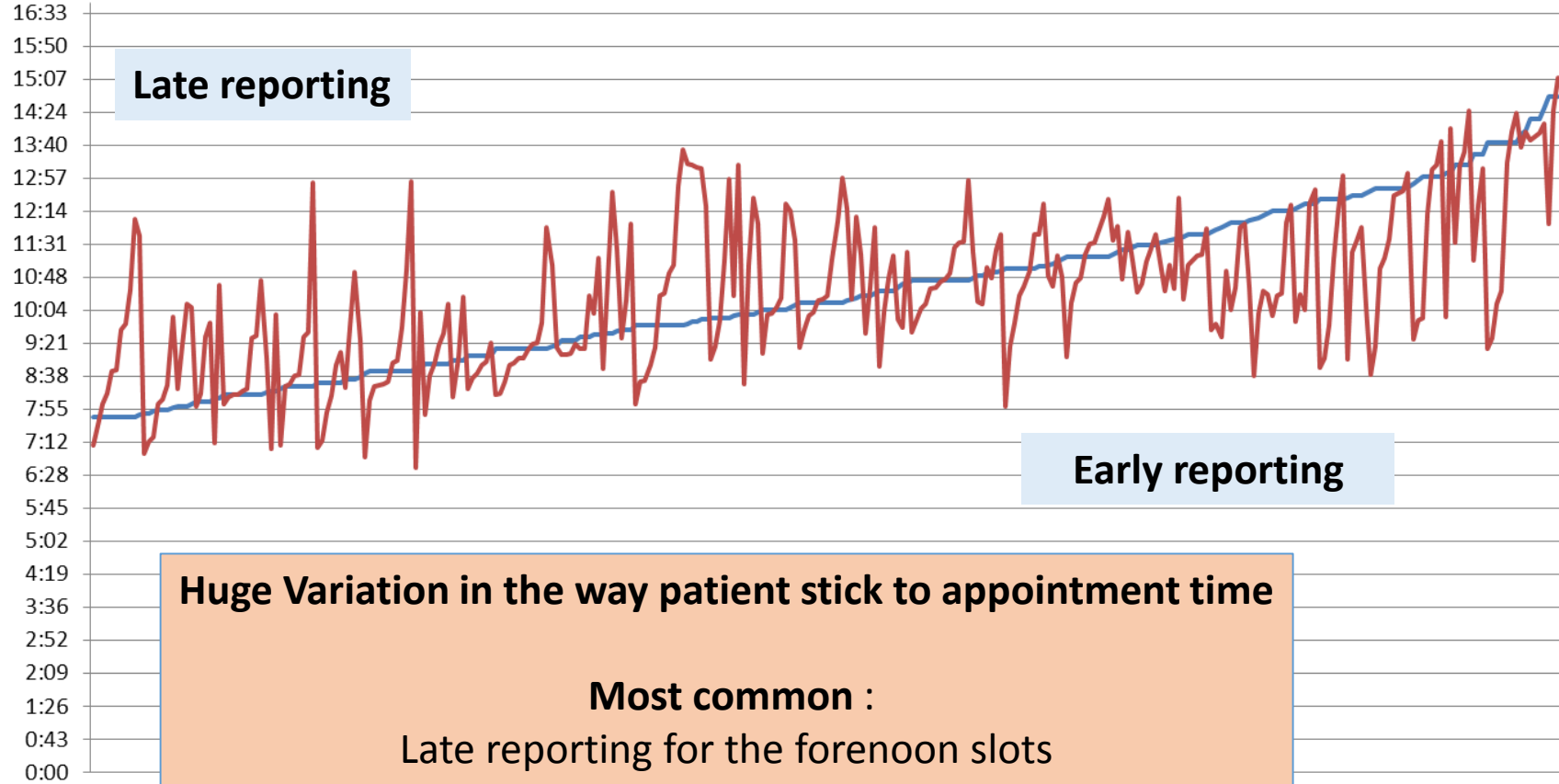
Early reporting

Huge Variation in the way patient stick to appointment time

Most common :
Late reporting for the forenoon slots
and Early reporting for the afternoon slots

Patient waiting time

Huge Optometrist *waiting time*

No strict discipline with appointment timing by the patients and by secretaries who register appointments

Bottle neck: *Optometrist workups and Consultants time*

We can widen Optometrists workup time by distributing files among optometrists

Patient waiting time

Consultant waiting time

But the consultant bottle neck is difficult to widen and this can be solved only with buffer slots.

And tagging consultant slots with optometrists slots and giving buffer slots to both and strict disciple of appt slots.

Drop outs

lost time by drops outs cannot be compensated

Accommodation possible only in available buffer slots

Buffer slots and Tagging consultant slots with Optometrists slots

Time	optometrist 1	Optometrist2	Buffer slots	Cons time	Slot no	Buffer slots	Cons time	Slot no	Buffer slots
				9.10	1		13.40	21	
8.00	1		b1	9.20	2		13.50	22	
8.20	2	3		9.30	3		14.00	23	
8.40	4	5		9.40	4		14.10		B5
9.00		6	b2	9.50	5		14.20	24	
9.20	7	8		10.00	6		14.30	25	
9.40	9		b3	10.10		B1	14.40	26	
10.00	11	10		10.20	7		14.50		B6
10.20		12	b4	10.30	8		15.00	27	
10.40	13	14		10.40	9		15.10	28	
11.00	15		b5	10.50	10		15.20	29	
11.20		16	b6	11.00		B2	15.30		B7
11.40	17	18		11.10		B3	15.40	30	
12.00	19		b7	11.20	11		15.50	31	
12.20		20	b8	11.30	12		16.00	32	
12.40	21	22		11.40	13		16.10	33	
13.00	23	lunch		11.50	14		16.20	34	
13.20	lunch	lunch		12.00		B4	16.30		
13.40	lunch	24		12.10	15		16.40		
14.00	25	26		12.20	16		16.50		
14.20	27		b9	12.30	17		17.00		
14.40		28	b10	12.40	18				
15.00	29	30		12.50	19				
15.20	31	32		13.00	20				
15.40	33	34		13.10	Lunch				
				13.20	Lunch				
				13.30	Lunch				

Buffer slots and Tagging consultant slots with Optometrists slots

Advantages

- Smooth flow

- Will be able to address late coming of patients and also accommodate patients in Buffer slots

- As appointments are staggered with good cushion less clogging at Bottle necks

Advantages

- Need more counseling during appointment fixing about the strict adherence to the time and chance of cancellation or to expect long delays if they miss appointment slot

- Need entire process streamlined and to modify according to the feedback of the results.

SANKARA NETHRALAYA

MRDNumber: [   ] Submit Clear [JKCN ▼] Dr

PatientName: [   ] [   ]

SlNo	MRNum	PatientName	ReportTime	ApptTime	Splty	Trt	Doctor	RegTime	OptoInTime	OptoOutTime	ConsltInTime	ConsltOutTime	WaitingTime	FileType
1	1082367	KIRUBAKAR PHILI P	12:20:00	13:30:00	COR	REG	Dr BSN	12:08:20	12:36:24	13:02:30:9			03:23:34	Paper
2	705059	KARTHIK BALA P	07:55:00	09:10:00	VR	REG	Dr PB	08:34:12	08:40:25	09:46:25:0	11:20:47	11:39:31:8	03:05:19	Electronic
3	787128	PUSHPARAJAN B	09:35:00	10:50:00	VR	REG	Dr PB	08:34:31	08:56:27	09:32:52:7	11:06:59	11:42:41:9	03:08:10	Electronic
4	1615610	SUJITH K SURESH	08:35:00	09:50:00	COR	REG	Dr NVN	08:34:58	08:40:07	09:13:01:6	12:27:35	12:27:59:1	03:53:00	Electronic
5	2823178	USHA SURESH	10:25:00	11:40:00	GEN	REG	Dr NVN	08:38:10	09:14:21	09:43:59:9	12:29:17	12:34:57:7	03:56:47	Electronic
6	669351	JAYANTHI K FS	13:45:00	15:00:00	COR	REG	Dr SAL	15:00:16	15:31:29	15:31:29:3			00:31:38	Electronic
7	2932826	ARJUN VIJAYAKUMAR	09:05:00	10:20:00	COR	REG	Dr BSN	11:20:14	11:51:14	12:09:43:6			04:11:40	Paper
8	811138	PERUMAL MUDALIAR A	12:15:00	13:20:00	COR	REG	Dr BSN	09:38:02	10:15:09	10:37:36:8	13:24:32	13:27:28:8	03:49:26	Electronic
9	811139	RANI	12:45:00	13:50:00	COR	REG	Dr BSN	09:38:54	09:54:03	10:15:01:9	13:15:48	13:27:34:5	03:48:39	Electronic
10	2060784	DHANAM SAMBANTHAM CFS	13:55:00	15:10:00	COR	REG	Dr SAL	11:41:00	11:47:39	15:15:57:0	15:16:54	15:16:55:7	03:35:55	Paper
11	2823177	SRINIVASAN K	08:20:00	09:35:00	COR	REG	Dr BSN	08:33:38	08:57:58	10:56:43:4	11:23:08	11:25:44:5	02:52:06	Electronic
12	2119509	VIGNESH T V	13:15:00	14:30:00	COR	REG	Dr BSN	12:21:20	12:50:28	13:01:49:4			03:10:33	Electronic
13	2179524	BISWAMBHAR TRIPATHY	11:05:00	12:20:00	VR	REG	Dr PB	10:04:50	10:41:32	11:05:06:8	13:43:40	13:48:25:3	03:43:35	Paper
14	2164355	KUNJARI MANI	09:10:00	10:25:00	VR	REG	Dr PB	09:23:37	09:46:53	10:01:05:3	10:56:32	11:13:32:9	01:49:55	Paper

PATIENT TRACKING SYSTEM

5/9/2014 11:54:04 AM

Patient type FDW | Search | Transfer To | Reset | Close

	MRDNO	PATIENTNAME	RESOURCEID	REGISTRATIONTIME	TOKENNO	PATIENTSTATUS	FILESTATUS
1	2981870	SUSEELA S	FDW	08:17	62		ELRC
2	2981916	JAGADESH N	FDW	10:14	96	SO	ELRC
3	2981927	MD ANFAL HOSEN AYON	FDW	10:20	99	SO	ELRC
4	2981930	SELVAM K	FDW	10:22	100	SI	ELRC
5	1506642	ISTIHAD AHMED	FDW	10:24	102	SI	ELSC
6	2981942	NISHALINI R	FDW	10:34	106	SI	ELRC
7	2981948	NARASIMHALU P	FDW	10:42	109	SI	ELRC
8	2981949	SHAMA LATHA T	FDW	10:44	111	SI	ELRC
9	2981950	DHIRENDRA NATH DAS	FDW	10:46	112	SI	ELRC
10	2932057	MANEK KANWAR BETALA	FDW	10:47	114	SI	ELRC
11	2981953	DIPENDER SINGH	FDW	10:50	115	SO	ELRC
12	2981957	PAVAN GANDHARVA	FDW	10:59	116	SI	ELRC
13	2981958	JAWAID AHMAD	FDW	11:01	117		ELRC
14	2981964	MAHADEV GHOSH	FDW	11:06	118		ELRC
15	2981966	LALITA DEVI CHOUDHARY	FDW	11:07	119		ELRC
16	2981970	RITIKA CHAUDHARY	FDW	11:09	120		ELRC
17	2921730	VANITHA S	FDW	11:12	121		ELRC
18	2521445	JASKETU USENDI	FDW	11:18	122		ELSC
19	2981967	RUHIKAA	FDW	11:22	123		ELRC
20	2981978	SAJIDA S	FDW	11:27	124		ELRC
21	2981976	NEELU SAHU	FDW	11:32	125		ELRC
22	2981983	ADITYA GURJAR	FDW	11:34	126	SI	ELRC
23	2138096	MIRA DEVI AGARWALA	FDW	11:36	128		ELRC
24	2981979	LAKSHMI R V	FDW	11:36	127		ELRC
25	2981981	NAYANA M V	FDW	11:41	130		ELRC
26	2981992	VIVEK ANAND BHARATHY	FDW	11:41	129		ELRC

Other tools

- Forecasting
- Resource management
- Floor design management

SANKARA NETHRALAYA
Electronic Medical Records

Welcome Doctor **SUDHIR R R**,
...ting in: JKCN
...t | **Change Password**

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789732 | **Go**

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External File Uploaded - EMRCTOPOInvestigation Report - Corneal Topography_789732.pdf - file

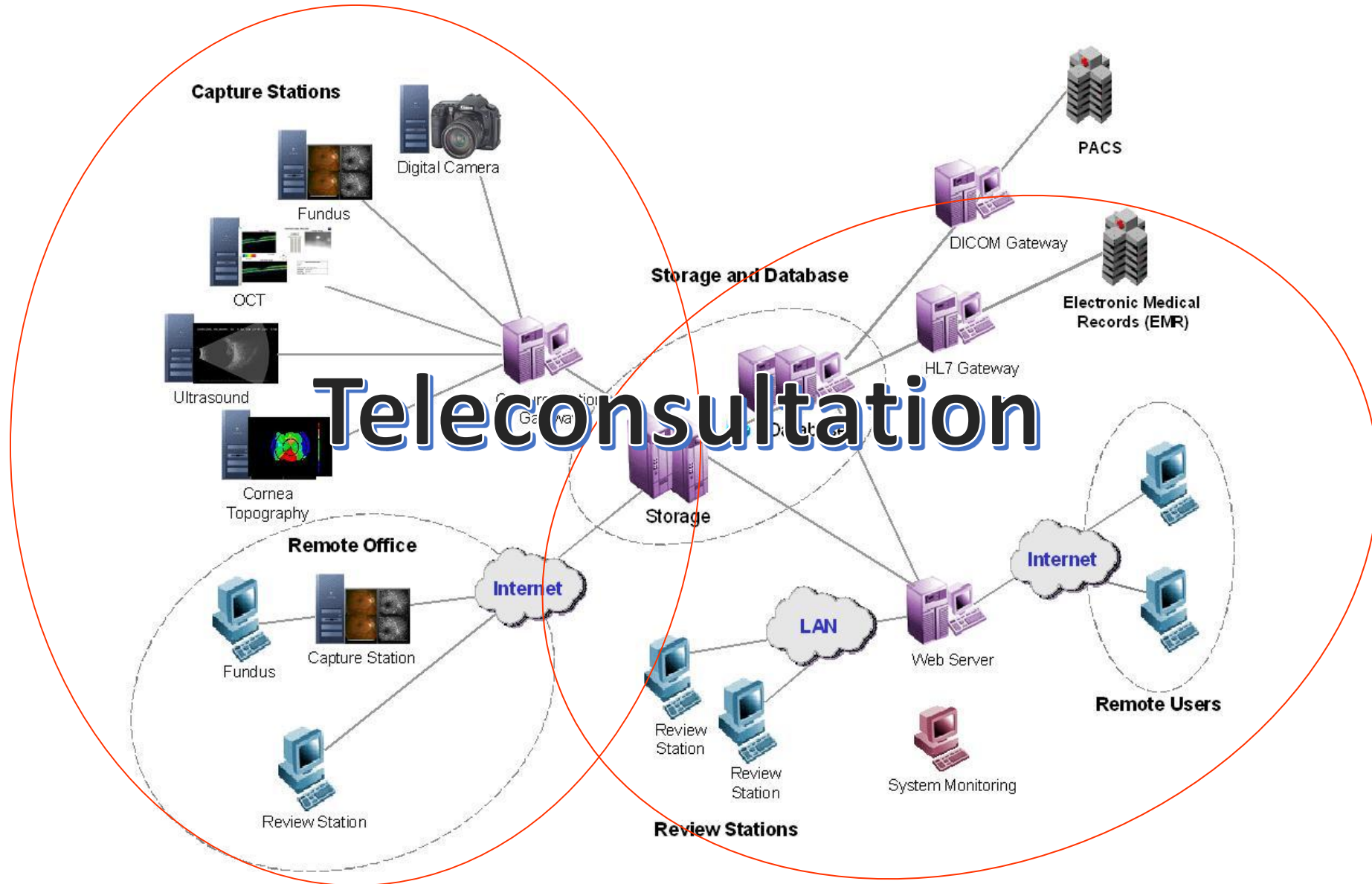**Consultant:** Dr.SUDHIR R R **Time:** 02-10-2010 10:08:03

MRD No: 789732	Patient Name: MR. RAJASRINIVASAN S	Gender: Male	Age: 38 Year (s)	ReportDate: 2010-10-05
Examined By:	**Start Time:**	**Consultant:** Dr.SUDHIR R R		

Purpose of Visit:

Slitlamp Drawing

OD   OS

Area of ablation within the flap
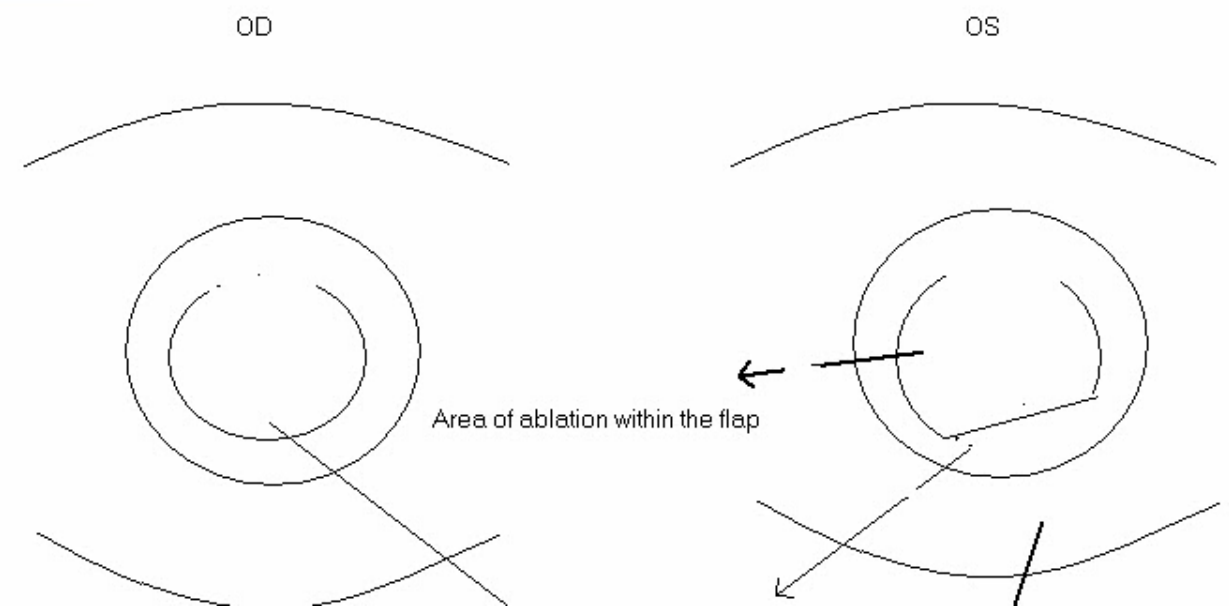
Patients Day out @ SN – Optical services

- Fast dispensing – 1 hour for simple prescriptions
- Facility to courier for outstation patients

Patient services in a hospital

Out Patient services

- OPD – Clinic visit – Doctor / Investigation

- Optical dispensing

- Pharmacy

- Lab

- Medical Transcription

Inpatient services

- IP – Admission – Medical / Surgical treatment – Discharge

- Stay / Ambulatory service

End Point Customer Satisfaction

- **Various models to access customer satisfaction**
  - Interpersonal Behaviour from staff (courtesy, friendliness, approach)
  - Medical competence
  - Information
  - Access, Availability
  - Accommodation (Physical space, comfort and cleanliness)
  - Empathy (Moral and emotional)

Controlling Service Processes

- Reliability and consistency are important

- Capable processes can be created through implementation of statistical process control

- Quality systems should not only provide process definition but also be a catalyst for quality improvement

Service Recovery

- All organisations need to have service recovery procedures in place
- Service recovery is the act of dealing with service failures
- Service recovery should lead to
  - Increased customer satisfaction
  - Retention process imporvements
  - Improved financial performance
- Service recovery has three essential ingredients
  - Prevention of repetitions
  - Excellent complaint handling
  - Proactive service recovery

Conclusion

- Breakdown the process
- Collect data
- Analyze the root cause
- Innovative ideas to solve the problem
- Use Technology wherever possible
- Team work

Thank You