

Internship Training
At

**Aakash Healthcare, Dwarka, New Delhi
(01 Feb - 30 April 2018)**

**To increase the per patient revenue generated from OP
Pharmacy sale in a Super Speciality Hospital**

By
Dr. Vishakha Chadha
PG/16/070

**Under the guidance of
Dr. Pankaj Talreja**

**Post-Graduate Diploma in Health and Hospital Management
Batch 2016-18**



**International Institute of Health Management Research,
New Delhi
2018**

**To increase the per patient revenue generated from OP
Pharmacy sale in a Super Speciality Hospital
Aakash Healthcare, Dwarka.**

(01 Feb - 30 April 2018)

**Internship and Dissertation Report Submitted in Partial Fulfilment
of the Requirements for the Award of**

**Post-Graduate Diploma in Health and Hospital
Management
Batch 2016-18**

**By
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(PG/16/070)
Under the guidance of**

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**International Institute of Health Management Research,
New Delhi
2018**

(Completion of Dissertation from respective organization)

The certificate is awarded to

Dr. Vishakha Chadha

in recognition of having successfully completed his

Internship in the department of

Pharmacy

and has successfully completed his Project

**To increase the per patient revenue generated from OP Pharmacy sale
in a Super Speciality Hospital
in Aakash Healthcare**

from 01 Feb – 30 Apr 2018

Aakash Healthcare, Dwarka, New Delhi

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

We wish him all the best for future endeavours.



Dr Ranvir Singh Saluja
Assistant Medical Superintendent
Aakash Healthcare, Dwarka
New Delhi.

Completion Of Dissertation From Aakash Healthcare

This Certificate is awarded to

Dr. Vishakha Chadha

In recognition of having successfully completed her
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**To Increase the per patient revenue generated from OP Pharmacy
sale in a Super Speciality Hospital
From 01st Feb to 30th April**

Aakash Healthcare

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a strong drive & zeal for learning

We wish her all the best for future

Training & Development


Vikas Chawla
General Manager-Human Resources

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Vishakha Chadha**, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Aakash Health Care, Dwarka, New Delhi from 01 Feb 18 to 30 Apr 18.

The student has successfully carried out the study “ **To increase the per patient revenue generated from OP Pharmacy sale in a Super Speciality Hospital**” which was assigned to her during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

We wish her all success in all his future endeavours.



Dr Supten Sarbadhikari
Dean (Student Affairs and Academics)
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Certificate of Approval

The following dissertation titled **"To increase the per patient revenue generated from OP Pharmacy sale in a Super Speciality Hospital, in Aakash Healthcare, Dwarka"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily 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

DR. PANKAJ TALREJA

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Signature


18.08.2018




TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Vishakha Chadha**, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has successfully completed internship training at Medical Record Department at Aakash Health Care, Dwarka, New Delhi from 01 Feb 18 to 30 Apr 18.

During her tenure with the organization he has successfully completed the project on the topic “**To increase the per patient revenue generated from OP Pharmacy sale in a Super Speciality Hospital, in Aakash Healthcare, Dwarka**”.

During the tenure of her association with the organization, I found her sincere, hardworking and focused in the tasks and assignments allotted to her. Throughout the training she was found to be a keen learner and her performance during training was found to be excellent.

I wish her all success in all her future endeavours.



Dr Ranvir Singh Saluja
Assistant Medical Superitendent
Aakash Healthcare, Dwarka
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **To increase the per patient revenue generated from OP Pharmacy sale in a Super Speciality Hospital, Aakash Hospital, Dwarka** and submitted by Dr. Vishakha Chadha, Enrollment No. PG/16/070 under the supervision of **Dr.Pankaj Talreja**, for the award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **01 February to 30 April 2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Dr. Vishakha Chadaha

PG/16/070

FEEDBACK FORM

Name of the Student: Dr. VISHAKHA CHADHA

Dissertation Organisation: AAKASH HEALTHCARE

Area of Dissertation: OPERATIONS

Attendance: 100%

Objectives achieved: Hands on experience of Hospital operations.
She has completed her task very efficiently and in a highly professional manner.

Deliverables:

Her project recommendations shall be highly helpful for any healthcare organizations.


Strengths:

Sincere, Disciplined, diligent, Punctual

Suggestions for Improvement:

Nothing

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


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

Date:

Place:

Dissertation Writing

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I wish to express my sincere gratitude and heartfelt thanks to **Dr. Ranvir Singh Saluja**, Assistant Medical Superintendent Aakash Healthcare, for his foresight and full support, without which I wouldn't have been able to set my objectives for my Dissertation. His mentoring and guidance during the Internship provided me with an opportunity wherein I improved my understanding of Operations Department of a hospital. The training schedule ensured that there was adequate in-build flexibility provided to me to understand finer aspects of patient safety and physician defensibility. Thus the Internship-cum-Dissertation training has equipped me with an expertise which will ensure my appropriate employability as hospital administrator.

My special thanks to Mrs. Praheli Bhowmik, Operations Manager for being there to answer all my queries, even the very basic ones at times, pertaining to the hospital.

Dr. Vishakha Chadha

PG/16/070

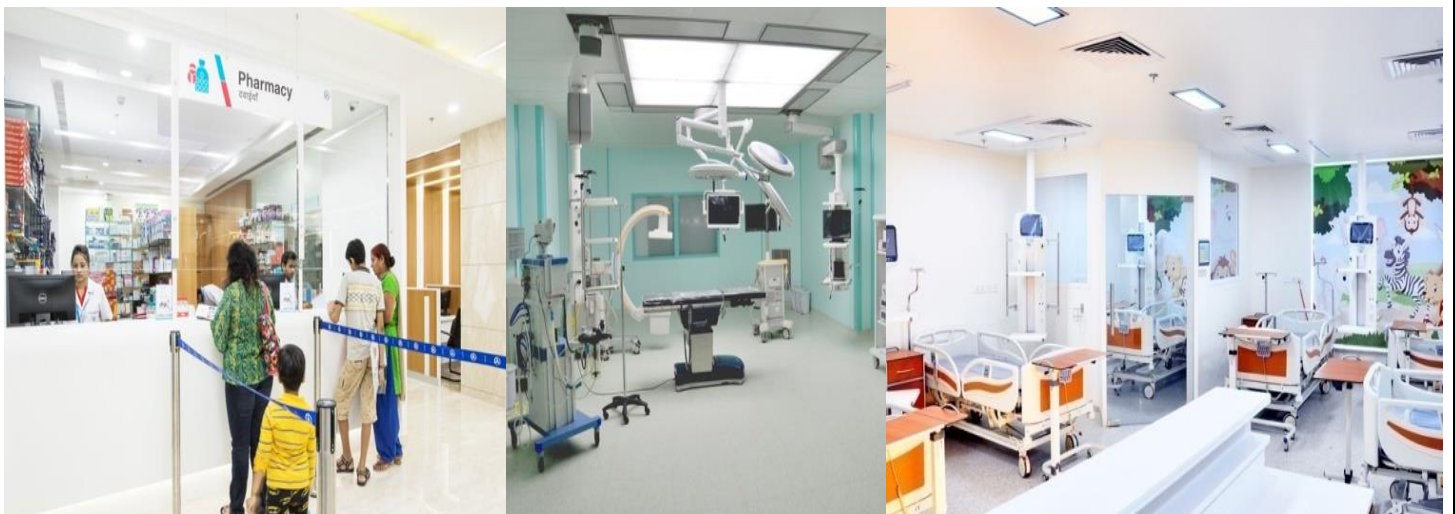
ACRONYMS / ABBREVIATIONS

1. IPD- In Patient Department
2. NABH- National Accreditation Board for Hospitals & Healthcare Providers
3. MAS-Minimal Access Surgery
4. ENT- Ear Nose Throat
5. ICU-Intensive Care Unit
6. CCU- Critical Care Unit
7. CTVS- Cardio Thoracic Vascular Surgery
8. IT-Information Technology
9. HDU – High Dependency Unit
10. OPD-Out Patient Department
11. NHS- National Health Scheme
12. IOM- Institute of Medicine
13. HAI- Hospital Acquired Infection
14. FHL- Functional Health Literacy
15. Doc's IA- Doctor's Initial Assessment
16. Nursing IA- Nursing Initial Assessment
17. NA-Not Applicable
18. Doc's CP- Doctor's Care Plan
19. Nursing CP- Nursing Care Plan
20. BOO- Board of Officers
21. HIS – Hospital Information System

SECTION 1: INTERNSHIP REPORT



AAKASH HEALTHCARE, DWARKA, NEW DELHI



STATE OF ART TECHNOLOGY



SECTION 1: INTERNSHIP REPORT

(01 Feb - 30 Apr 2018)

Introduction

1. Mr. J.C. Chaudhry, the Chairman of Aakash Institute started teaching with one institute in 1988 with 12 students. Today after 30 years of perseverance and excellence, Aakash is a household brand, with more than 150 centres across the country, training more than 1,25,000 students every year, turning them into accomplished medical and engineering professionals.

2. Aakash Healthcare is a subsidiary of the Aakash Group, and is a state of the art healthcare facility and the first smart hospital in this part of the city. Their patient-centric policy, erudite doctors and compassionate staff offer the best in class healthcare for everyone. Healthcare was a palpable choice for the parent organization, since this sector shall benefit the institute's enormous alumni network spread across continents.

3. In the month of November 2011, Dr. Aashish Chaudhry envisioned a smart orthopaedic clinic for the people of Dwarka, New Delhi, which is Asia's biggest residential colony. The clinic thrived as a result of his ethical and transparent healthcare practices, and in present-day Dr. Chaudhry is a celebrated orthopaedic surgeon, having performed innumerable successful orthopaedic surgeries, giving agility and the ease of movement to the incapacitated.

4. Aakash Healthcare is a super specialty hospital, with state of the art infrastructure, path breaking technology, offering unrivalled healthcare services. Dr. Aashish Chaudhry, the founder and Director of Aakash Healthcare, aims to make Aakash Healthcare the most preferred healthcare brand by providing compassionate, inexpensive, and world class healthcare services, with a talented team of doctors, and ultra-modern technology, ensuring speedy recovery.

5. Infrastructure Highlights

- (a) 230 Beds in Phase 1.
- (b) 70 Bedded Medical and Surgical Critical Care Unit.
- (c) 24x7 Cardiac Emergency & Trauma Services.

- (d) 15 Bedded Dialysis Unit.
- (e) Advanced Neonatal ICU.
- (f) Ward Bed Options - Suite, Deluxe, Twin Sharing and Economy.
- (g) 8 Modular OTs.
- (h) Flat Panel Cath Lab
- (i) State-of-the-art diagnostic equipment's that include - 3.0 Tesla MRI, 128 slice CT scan, Flat panel C-Arm, and 4-D Ultrasound to name a few.
- (j) Automated Waste & Laundry Management System for efficient waste management.
- (k) Pneumatic Chute System.

6. Aakash Healthcare is under the process of obtaining the accreditation by the National Accreditation Board for Hospitals & Healthcare Providers (NABH), accreditation programme for healthcare organizations. It also aims to obtain accreditation from National Accreditation Board for Testing and Calibration Laboratories (NABL) as well as international bodies.

Vision

7. To become the most desired health care brand by providing compassionate, caring and world class service with the help of talented team of doctors, professionals and latest technology.

Mission

8. To achieve highest patient satisfaction index by delivering patient centric best healthcare service amongst the local and extended community.

Values

9. Aakash Healthcare values define their organization and their ethos and what they stand for ICARE. These values are:

I : Integrity

C : Compassion

A : Accountability

R : Respect

E : Excellence

Organization Profile

10. Aakash Healthcare, Dwarka provides Centre of Excellence in following Departments:

- (a) Cardiology and Cardiac Surgery.
- (b) Orthopaedics and Joint Replacement.
- (c) Neurology.
- (d) Pulmonology.
- (e) Oncology.
- (f) Urology Sciences.
- (g) Clinical Nutrition.
- (h) Plastic and Cosmetic/Reconstructive Surgery.
- (j) Dentistry.
- (k) Endocrinology.
- (l) ENT and Hearing and Speech.
- (m) Internal Medicine.
- (n) Ophthalmology and Refractive Surgery.
- (o) Trauma and Emergency (24 x 7).
- (p) Obstetrics & Gynaecology.
- (q) Physiotherapy.
- (r) Blood Bank and Transfusion Medicine.
- (s) Dermatology.
- (t) Mental Health and Behavioural Sciences.

- (u) Radiology.
- (v) Critical Care.

Patient Information

11. Hospital Facilities

- (a) **Rooms:** At Aakash Healthcare there are various room categories as under :
 - (i) **Suite:** Suite at Aakash Healthcare has an adjacent living room with a separate washroom, Wi-Fi Connectivity, small refrigerator, a TV, a microwave, two lockers for safekeeping and personal belongings, full time nursing staff, a housekeeper, and integrated dining facility.
 - (ii) **Deluxe:** Deluxe room at Aakash Healthcare has an attendant bed, Wi-Fi Connectivity, small refrigerator, a TV, two lockers for safekeeping personal belongings, integrated dining facility for the attendant and full time nursing staff available.
 - (iii) **Single Room:** Single room at Aakash Healthcare has an attendant bed, Wi-Fi connectivity, small refrigerator, a TV, a locker for personal belongings, and integrated dining facility.
 - (iv) **Twin Sharing:** Twin sharing rooms at Aakash Healthcare has a bed for attendant, a TV and a locker for personal belongings.
 - (v) **Multi Bed Room:** Multi bed room at Aakash healthcare has chairs and a locker for personal belongings and essentials.
- (b) **Cafeteria:** Cafeteria of Aakash Healthcare opens all day and night, with an assorted range of food and beverage options to choose from. It is located at the ground floor, and is open to employees and visitors. Another healthy food corner setup by Pappa Curry is open from 8:00am to 9:00 pm.
- (c) **Laundry Services:** Provision of Laundry services have been catered for in the hospital.
- (d) ATM.
- (e) **Lounge for visitors:** Easy chairs have been provided on the 2nd floor.
- (f) **Internet Access:** The entire facility is Wi-Fi enabled.

- (g) **Travel Desk**: Aakash Healthcare has provision of travel desk.
- (h) **Pharmacy**: Aakash Healthcare has a 24x7 pharmacy located on the ground floor, and one can get medicines anytime one wants.
- (i) Prayer and meditation room.

(j) Other Key Learning

(k) 16. In addition to carrying out the project assigned, the following training was also carried out by me:

- (l) (a) Understanding the process flow of CSSD, radiology department, food and beverages department, MRD, bioengineering department.
- (m)(b) Understanding the process of implementation and training in the hospital in accordance of NABH accreditation.
- (n) (c) Understanding the Admission and Discharge process.
- (o) (d) Learned the purchase process for procuring drug in the pharmacy.
- (p) (e) Familiarized with the HR department and policies of the Hospital.
- (q) (f) Understood the Bio Medical Waste Management of the Hospital.
- (r) (g) Developed specific learning about the project study undertaken.
- (s) (h) The job of a hospital administrator is dynamic, flexible and is full of challenges.
- (t) (i) Quality control & patient satisfaction is a dynamic process.
- (u) (j) Shortage of trained technical manpower/multi-tasking of the available manpower leads to lesser patient satisfaction.

SECTION 2: DISSERTATION

SECTION 2- DISSERTATION

1. Introduction

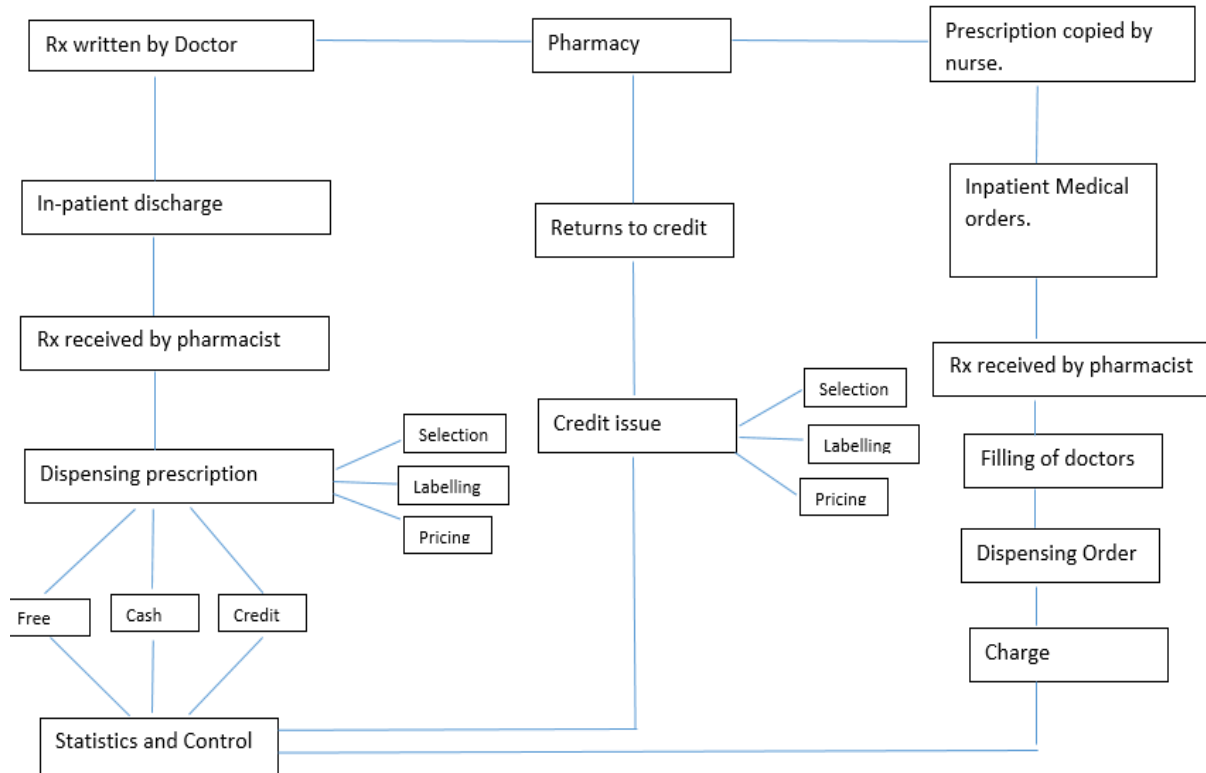
Releasing patients from doctor's facility can be a tedious procedure and regularly brings about patients sitting tight for their solutions and briefly blocking beds. Drug specialists can enable speed to up the way toward releasing patients from healing center. Sitting tight for release remedies to be composed and drug to be administered requires some investment. This can defer patients leaving healing facility and in addition blocking bed spaces with the goal that different patients can't be conceded.

Quality human services costs cash. The more successful a medicinal office is, the more it is likely spending on mind. A retail drug store is one approach to guarantee that a portion of the incomes return to the source. The retail drug store can be utilized to decrease the cost of worker medicate benefits.

Restorative offices that enhance understanding results can expect a superior main concern. These doctor's facilities will hold more on-going patient connections and advantage from positive informal.

Patients will likewise go along more promptly with a regimen from a retail drug store. In-house drug specialists can twofold check a patient's advance with simple access to electronic restorative records. Having a retail drug store inside reach additionally disentangles the procedure of interview with essential care doctors. Affirmation is substantially simpler, lessening conveyance blunders also.

The bigger that a medicinal office is, the more advantage it stands to pick up from a retail drug store. The American Society of Health System Pharmacists studied doctor's facilities of various sizes to decide the rate that at present houses its own drug store. Around 70% of healing facilities with more than 600 beds have no less than one drug store in-house. As the quantity of beds diminishes, so does the level of clinics that keep up this element.



2. Rationale of the study

This study is focussed on increasing OP pharmacy sales by dispensing discharge medicines to the bed side of the patients .Retail Pharmacy is one the major areas of generating revenue . The OP Pharmacy not only cater to the discharge patient but also to the OPD patients. Dispensing medicines for discharge patients should be the responsibility of the pharmacy technician. The technician should provide the medication at patient's bedside &explain the medicines. This reduces queuing of patients at the pharmacy and also reduces the trouble of revisiting the pharmacy again and also the reduces the discharge process.

3. Review of literature

1)Abhay S. Patel, PharmD, MS, Jeffrey L. Wagner, PharmD, MPH, BCPS & Larry H. Hollier, Jr., MD, FACS, FAAP

Through a "Meds to Beds" program, Texas Children's Hospital (TCH) utilized its outpatient drug store to give release medicines and prescription guiding at the bedside for 1,008 wandering medical procedure patients more than three months. As a result of this administration, patients' families confront essentially less difficulties in filling medicines amid their progress home, and they get engaged drug advising and instruction. The money related effect of the test case program was insignificant because of the generally ease of the prescriptions endorsed after walking medical procedure. In any case, we gauge that the doctor's facility could add more than \$100 million to its main concern by forcefully broadening the outpatient drug store benefit clinic wide and including claim to fame prescriptions.

Miss Tyrrell says that drug store experts are expected to help administer release pharmaceuticals on wards and a pilot ponder including professionals has been begun at St George's.

Professionals are heading off to the orthopedic and injury wards for one hour early in the day and one hour toward the evening to check whether any release solutions have been composed. These are then either administered by them on the ward or took back to the drug store to be apportioned. On the off chance that a release remedy for a careful patient is prepared, professionals can administer things, for example, analgesics and intestinal medicines on the ward. Release solutions for therapeutic patients are screened and administered by drug specialists on the ward, she says.

A pilot ponder for getting ready release remedies electronically is being done on one of the general medicinal wards. Notwithstanding, St George's Hospital still sends paper duplicates to GPs. Miss Tyrrell remarks that release solutions are not being sent to group drug specialists but rather can be photocopied and given to patients to provide for group drug specialists.

At Ealing Hospital, Middlesex, an "apportioning for release" pilot think about has been completed on two therapeutic and two careful wards. The examination incorporates, among different activities, drug specialists administering release pharmaceuticals on the wards to help decrease tolerant holding up times. Singular solution organizers have been settled to patients' bedside lockers.

Accordingly, enhancements in the administration of pharmaceuticals on the wards were seen and most release meds were prepared on time amid the examination.

Ward-based release administering

Ward-based administering of release prescriptions is among the activities acquainted with re-build medications administration in the doctor's facility and is set up for careful patients on the ear, nose and throat (ENT) ward. Mr Cairns clarifies that 10 for every penny of the healing facility's release remedies originate from this ward. The lion's share of patients on this ward are here and now confirmations, are for the most part fit and have minor pharmaceutical care needs. They come into healing facility, have their activity a similar evening, and are released the next morning having been recommended a mix of analgesics, anti-toxins or potentially topical medicines. A high extent are on practically no consistent medicine and the individuals who are on standard pharmaceutical once in a while need it changed while in clinic.

The administration beforehand gave depended on drug specialists going by the ward two times every day. In-persistent medications were provided for seven days on end and release medicines were sent to the drug store for administering. In any case, Mr Cairns says that it was taking six to seven hours for release drugs to achieve patients after the medicine had been composed. Numerous patients who said that they would return to the doctor's facility to gather their solutions did not.

As a feature of the new model for accelerating the release procedure on the ward, a TTA (to take away) organizer has been presented, intended to empower the drug specialist to administer basic remedies on the ward. The pantry must be gotten to by the ward drug specialist and contains prepared marked prepacks of routinely recommended anti-infection agents, analgesics and topical arrangements applicable to an intense ENT ward. Cases are utilized for general drug that is composed on release solutions and topical arrangements for inpatient utilize are marked as release prescriptions.

The drug specialist visits the ward amid or instantly after the morning ward round and screens and apportions any release medicines that have been composed. All patients going home that day are then given their solutions and directed by the drug specialist.

Mr Cairns says that the nursing staffs thinks the new framework is an awesome thought. Over a six month time frame, 90 for every penny of the 825 things administered from the ward were given to patients before 10am. There can be up to eight release remedies to administer on this ward a day and it beforehand

took until the point that 4pm or 5pm preceding pharmaceuticals achieved the patient. Likewise, utilizing PODs and not copying administering spares about £2,500 a year.

The administration on the ENT ward is presently being stretched out to different wards, for example, orthopedics and gynecological medical procedure. Singular patient medication boxes are being acquainted on with all wards all through the healing center and ought to be set up by April one year from now.

4. General Objective

1. To analyse the total bills generated in OP pharmacy against the discharge medications prescribed for patients getting discharge from wards/I.C.U.

Specific Objective

- a. To analyse details of total patients discharged within the time frame of the study.
- b. To Track the bills of discharged medicines to the patient discharged from ward / I.C.U.

2. To increase the average ticket size thereby increasing the overall pharmacy sales.

5. Methodology

Study Area: The study was carried out in a Super Specialty Tertiary Care Hospital
Aakash Healthcare Super Specialty Hospital,
Dwarka

Study Period: The study duration was from 01 Feb to 30 Apr 2018.

Study Population: All patients discharged from 01October to 30 April,
Aakash Healthcare Super Specialty Hospital, Dwarka, New Delhi.

Sample Size:. All in-patients discharged from ward/ICU from 01 October to 30 April in Aakash Healthcare Super Specialty Hospital, Dwarka, New Delhi.

Study Tool/ Data collection Tool: Data has been collected from the HIS functionality of Aakash Healthcare. A list of total pharmacy sales report was taken from the HIS. The data was segregated and analysis of the total pharmacy sales of discharge patients was done.

Sampling Technique. Non-Probability Convenience Sampling Technique was used.

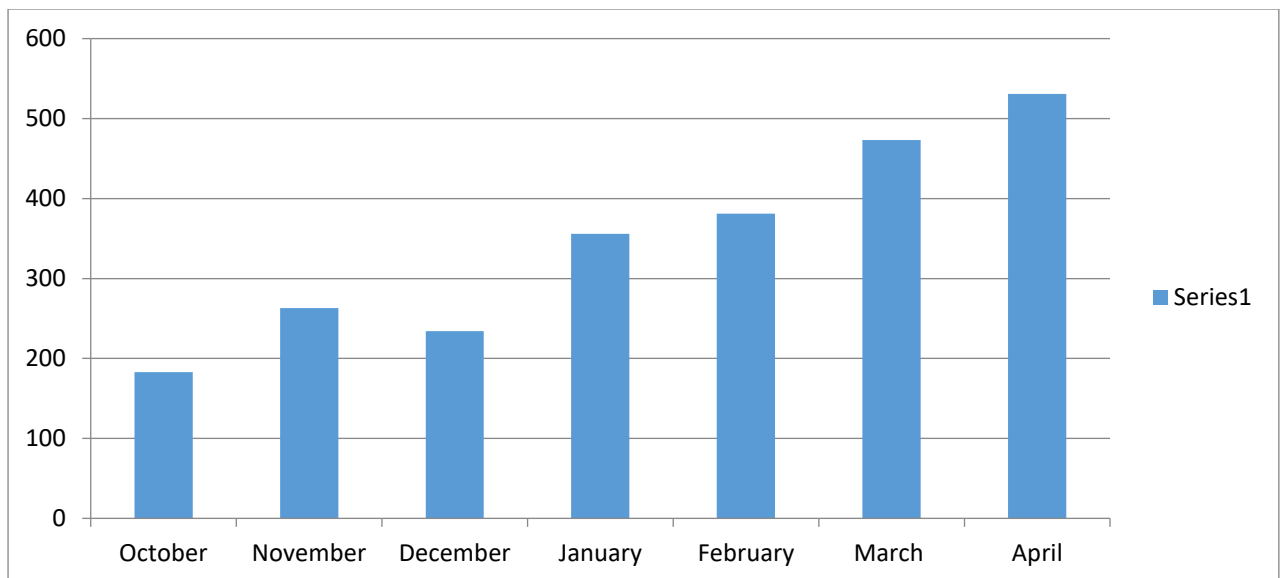
Data Source: Secondary data was obtained by collecting required information from the HIS functionality of the in patients discharged in the month of October 2017 to April 2018 from the hospital.

Data Analysis: The observational finding and the information collected were compiled, analyse on excel sheet as well as manually then finally a report was prepared

5. Study Findings and Results:

<u>Month</u>	<u>Total Discharges</u>
October	183
November	263
December	234
January	356
February	381
March	473
April	531

Table 1: List of total discharges

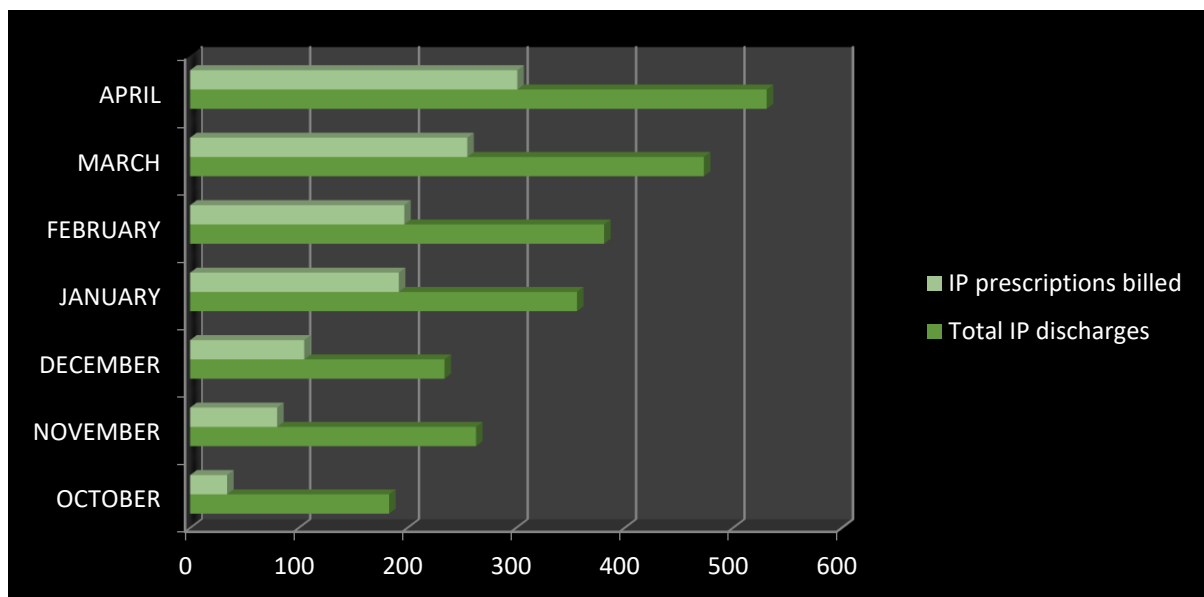


Graph1: Total Discharges from the month of September to April

According to the above data from the month of October to April total discharges that took place were 183 in October, 263 in November, 234 in December, 356 in January, 381 in February, 473 in March, 531 in April.

Month	Total IP discharges	IP prescriptions billed
OCTOBER	183	34
NOVEMBER	263	80
DECEMBER	234	105
JANUARY	356	192
FEBRUARY	381	197
MARCH	473	255
APRIL	531	301

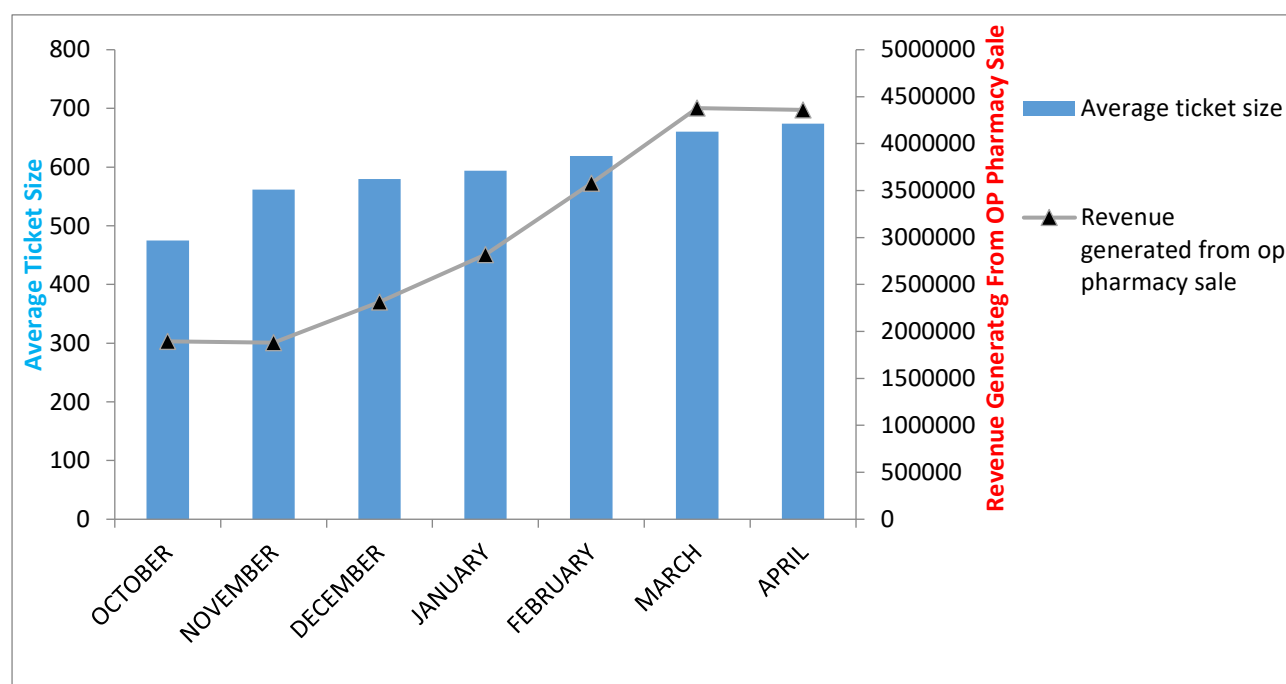
Table2: Total IP Prscriptions billed with total discharges from October to November



Graph2: Difference in IP Billed prescribed from the month of October to April

Month	Total consults	Total Prescriptions billed	Revenue generated from op pharmacy sale	Average ticket size
OCTOBER	5542	3825	1893326	474.7267
NOVEMBER	5007	3408	1880390	561.9192
DECEMBER	5385	4070	2313673	579.5881
JANUARY	6432	4799	2818436	593.8771
FEBRUARY	7803	5765	3577520	619.1901
MARCH	9041	6682	4378298	660.2097
APRIL	9306	6453	4359168	674.0193

Table3: Total revenue generated from October to November



Graph3: Difference in revenue generation from the month of October to April

This above data shows that the total revenue generated in the month of October to January is average as compared to the revenue generated from the month of February to April. Intervention started from the month of February. Patients were counselled regarding discharge medicines and compliance of dispensing medicines at patient's bedside was 100%.

6. Conclusion

Dispensing bedside medicines to in-patients proved beneficial and also reduced the time of discharge process. It also reduced the queuing of patients and their attendants at OP pharmacy. Thus increasing the revenue generated from OP pharmacy.

7. Recommendations

To increase the Sales we can provide home Delivery services .By providing the payment facility at the bedside, a Patient delight factor can be introduced to increase the sales.

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