Synopsis

Evaluation of hospital patient admitting systems can be done in different ways. Different vendors have found different methods to solve the same problem in different settings. The ultimate effort was to improve the efficiency of the system which will be more effective, productive with good quality standards. This interventional study was conducted to investigate the deficiencies in the current patient admitting system with the aim of improving the patient throughput and saving human hours by using Business Process Management (BPM) techniques.

The study setting is Base Hospital – Homagama and study population was all PCU (Preliminary Care Unit) staff and admissions to PCU. A total PCU stay of patients were studied and made inferences on patient admitting system.

Mixed data collecting methods were used to gather information on the current process in BH- Homagama. The prospective and retrospective data were gathered with quantitative and qualitative methods. Quantitative data were gathered by an observational check list, studying 162 patient admissions. Focus group discussions and interviews were used to gather qualitative data to understand the staff perceptions. Secondary data was collected through the desk reviews.

Descriptive statistics was used to analyze findings of the pre interventional data to make inference on the current patient admitting system of the PCU and identified the need for the improvement. The Business Process Management (BPM) techniques were used to identify the processes and understand the gaps in the system.

This study revealed that there is inefficiency in triage system of the PCU. Average triage time spent for a particular patient was found as 9.89 minutes with the efficiency of 35.3%.

Further it was found that the management of life threatening patients (Red category of triage) also in-efficient. Secondary data revealed that 9.8% of patients were Left Against Medical Advice (LAMA) and Missing from the PCU in first quarter of the year 2017.

An intervention was planned with the findings of the pre-assessment by process re-designing.

Multiple interventions such as work allocations among staff, selected direct admissions, rapid response team to attend emergencies, introducing a separate lab orderly and call center system to trace lab reports were introduced.

Qualitative post evaluation of the intervention was made by identifying perception of the PCU staff regarding the process improvement.

This study revealed that the PCU care can be improved by saving of human hours of both staff and patients through streamlining of processes, by process re-designing.