RE-INVENTING HEALTHCARE IN INDIA - A NEW PARADIGM

The Hidden Hospital

Because of its inherent nature, it's difficult if not impossible to standardise hospital processes, but at the same time, hospitals cannot afford to look away from implementation of best business practices and innovative models to improve the level of patient care and employee satisfaction

Elton Pinto

In order to continue to thrive, hospitals have to look at 'business concepts' like reducing costs and increasing efficiencies to remain successful. This combination of challenges is forcing hospitals to look at alternate business models and to review the way the hospital functions and consecutively improve their workflow and processes.

Besides this, there's also competition that existing hospitals are facing from new hospitals being opened on a regular basis. These new hospitals bring with them the latest in technology and act as a strong incentive for patients to visit. On the other hand, older hospitals, which have their own 'brand name' i.e. the reputation of offering quality healthcare that brings patients to them, are being forced to play catch up in terms of technology and processes. It is with this thought that we enter The Economic Times & Genpact Power Breakfast, which addressed the topic of re-inventing healthcare in India.

IT in Healthcare: Smooth sailing or turbulent?

Mention the word IT and most people raise an eyebrow. New systems and processes in IT are usually frowned upon, especially if there has been no IT in place before. However, a few steps can make the IT waters less turbulent. Says Dr Uma Nambiar, CEO, S L Raheja Hospital (Fortis), "When we were implementing IT for the first time in a hospital, we managed to get the system live and running without any hiccups. What we did was for one month; we ran the old system along side the new one and at the end of each day, did a review of the errors. The next day, corrective measures were taken and the system was reviewed again. When we were error free for 10 days, we took the system live. The staff did not complain about the extra time put into this review and that's what made the implementation a smooth process."

However, not everyone had a smooth sailing the first time around, as highlighted by Dr Sujit Chatterjee, CEO, Dr L H Hiranandani Hospital, "Our hospital was a start-up so we had the opportunity to implement IT right from the beginning. However, we soon found that the system was dictating what we did, instead of it being the other way around. Another problem we faced was that people in the associated IT company changed. So the person who started on the project was not the same as the one who worked on it now, and each new person had to understand the thoughts of the one before. Needless to say we abandoned that project and opted to make our own system. Today, we have perfected pathways as far as primary angioplasties and myocardial infarctions are concerned, and the 'door to needle' time is now 38 minutes. This data has been presented to American Heart Association and it has been validated by them. So, yes IT does help and systems do help but I think it requires a lot of customisation."

The problem of older hospitals

Many older hospitals have expanded to increase capacity or add new departments over the years without a coherent plan. As a result, actual physical distance between buildings and departments acts as a barrier to improving the efficiency of processes. "As Tata Memorial hospital expanded, new buildings came up around the old one. A problem that arose was the fact that the pathology lab was in another building and it took time to physically get samples over to the lab. We solved this by adding pneumatic chutes, which carry samples to the lab. Our pharmacy is online, so time waiting is absolutely nil. It used to be 45 minutes to service a prescription; today it is down to 15. You can raise a prescription anywhere in the ward, nurses, or the OPD. Initially people resisted, and only 10% complied. We sustained, and now, we have got 80 to 90% compliance on the electronic prescription. And we are looking at having our discharge online too," explains Dr Anil D'Cruz, Director, Tata Memorial Hospital.

Fear of the unknown

People fear the unknown. Most staff in hospitals have been working for years and have been around from before the age of computers. For these people, mentioning of IT and computers being introduced spells one thing; they will not be able to manage computers at this age and consequently will lose their jobs. This was a challenge voiced by all the representatives of the older hospitals. Here's where training the staff helps. And it's not just training, it's also the promise that the management won't give up on those who cannot grasp computers the first time around. An interesting point bought up by Dr Pandurang Bhujang, Medical Director, Sir H N Hospital & Research Centre was, "People have to believe that the new system will make their work simpler and once this can be demonstrated, it can be reinforced. When implementing IT, it is essential to collect inputs from someone who works at that level, to understand the work they do and how it can be simplified. This can be used to optimise the process and will aid in the implementation of a system."

Panel Members: Dr. Pandurang Bhujang (Hurkisondas Hospital); Dr. Sujit Chatterjee (Hiranandani Hospital); Dr. Ravindra V.Karanjekar (Global Hospital); Dr Ajay Thakker (Jupiter Hospital) ; Dr. Uma Nambiar (Fortis - Raheja Hospital); Mr. Pramod Lele (Hinduja Hospital); Mr. Tajinder Vohra (Genpact) ; Dr. Anil D'cruz (Tata Memorial); Mr. Kounteya Sinha (The Times Group); Mr. Rajendra Gupta (DMAI); Dr. Ramakant Panda (Asian Heartcare); Dr. Vikram Chhatwal (Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute); Col. M. Masand (Jaslok Hospital); Dr. Neelesh Rajadhyaksha (Bombay Hospital); Mr. Vijayarathna (Fortis) & Dr. Hemalata Maganti (SevenHills)

Refining Hospital Processes

While there are reasons to identify and streamline processes, there are also certain incentives that hospitals gain when they invest in such practices. Dr Vikram Chhatwal, Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute elaborates, "There is a fiscal incentive, which means it helps you account for money better. There is the regulatory incentive, which means getting NABH, NABL accreditation, which allows you to position or brand your facility a lot better than an adjacent facility or any other facility in the country, and finally, there is also the administrative incentive, where MIS is a classical example in administrative incentive, which tells you exactly what is happening across the hospital. Sadly clinical processes have taken backstage because they are the hardest to monitor, but there is at least a clear focus on trying to harmonize the type of care and trying to ensure optimal usage of healthcare services or clinical services."

The need for standardisation and benchmarking

The general consensus was that it is difficult to standardise the processes in hospital, more so with processes that involve the clinical part of a hospital. This poses a problem for both benchmarking as well as replicating the process elsewhere. Dr Ravindra V Karanjekar, Group Director - Medical services and CEO, Global Hospitals had a different take as the NABH Accreditation Committee Chairman. "Various hospitals and their processes come to me for reading out. Certainly, most of the hospitals have implemented some processes and some are not there. The first step is validation of a process, which I feel is the most important step. If that is not validated properly, the end result of a process may not be there. Secondly, in India as of today, the benchmarking of various processes is not there. So the benchmarking is done through your own ideas or probably what you think is right. And finally, the third part is that of the standardization of the processes, at least across the group, maybe not all over the country. Best practices done in hospitals needs to be shared. Apart from my hospital being part of the Quality Council of India, there is an effort through the Accreditation Committee to have a benchmarking cell as well as the process standardization to be done across the country. There is also a feasibility study on the patient satisfaction; these two will be the main source of information for us, besides the doctors."

Learning from other industries

While hospitality and hospitals might not seem that far apart in terms of alphabets used, they are worlds apart in the real world. Or are they? As hospitals become swankier, it's hard to distinguish the lobby of a hotel from that of a hospital. Is it any surprise then that a hospital is attempting to incorporate hospitality check out practises into its discharge practises? Dr Ajay Thakkar, Chairman & Chief Executive Officer, Jupiter Hospital has done just that, "We are probably amongst the few hospitals that have a hospitality partner. ITC is our business partner and what we learnt from them was their checkout time practice. The process is so efficient that if any customer calls the front desk and says 'I need to leave in 20 minutes, so keep my bills ready', they do not say do not come, they say sure, welcome sir and when we saw that we told our team, 'Look you need to look at those processes.' We then came up with a new process, which says that every patient will be ready for discharge at 12 am every morning, irrespective of whether the doctor has signed the discharge card or not.

How to improve 'capacity' without new investment

Whenever hospitals think of 'increasing the number of patients' it can accept, they think of increasing the number of beds. After all, more beds mean more patients can be admitted. To this thought, Tajinder Vohra, Sr VP & Business Leader Healthcare Services, Genpact added an innovative twist, "Imagine a hospital which has really long discharge times. It means that even though the patient is ready to go home, he / she would still be occupying a bed in the hospital, which could have been made available for another patient. It's the same with operation theatres. If the process can be optimised, the hospital's 'capacity' can improve without investing in a new ward or a new OT. This is what we call 'the hidden hospital'. Our bias is towards process optimisation. We have looked at 22 hospitals over the past four years across geographies, and in each case, we advise that before any capital expenditure; just give us 90 days to see if you really need that. During this time, we understand the processes in the hospital and apply our own knowledge and experience of lean and six sigma processes and workout a system, whereby the processes can be streamlined and the hospital can access its own hidden capacity and hence improve its capacity without investing a tremendous amount of money."

The Power of Process

As hospitals race to digitise and move to a paperless model, new hospitals have an advantage here that since they are start-ups, they already have IT in place for most systems. Hiranandani Hospital already maintains off-site back-ups and follows a well thought out protocol to ensure their systems are always working. On the other hand, Tata Memorial Hospital is aiming at becoming paperless by the end of the year. However, a general consensus which was reached was that the focus should be on process optimisation rather than just process digitisation, in other words, a hospital should not rely solely on digitisation to improve its processes. Vohra added an interesting example of how Japan, which is known the world around for its streamlined processes actually has the least amount of digitisation!

In conclusion, most hospitals realised that they face identical challenges when dealing with process optimisation and/or digitisation, which they voice could be overcome by training people and assuring them that the hospital did not intend to replace them. Think of training as an investment and not a cost. Another topic that they all agreed upon is that the processes should dictate the information system, and not the other way around. In fact, this has prompted many hospitals to work on their own information system rather than work with a readymade product. Finally, it is only through a process of continuous feedback, review and revision and the consequent optimisation that there will be a successful and perhaps even a smooth implementation, of a Hospital Information Management System.

PATIENTS WILL DRIVE HOSPITALS

There is a fundamental difference between US healthcare and Indian healthcare. In the US, you can get hamburgers in 10 different ways and video players in about 40 different ways, but not with healthcare. You are forced to go to the hospital that your insurance allows you to go to. It's the very opposite in India. In India, the insurance penetration is so low, that the end 'consumer' namely the patients are going to drive hospitals to improve their performance. A few years ago, I had a conversation with the CEO of a very renowned hospital chain in New York. During this conversation, he mentioned that hospitals are moving in the direction that manufacturing processes had moved in. Slowly, hospitals are digitising and customising themselves so much, that they will be held hostage to CIOs except for hospitals that have clearly mapped out what has to be digitised. At the end the IT system does only two things, it is either telling you something, or it is insuring the process that you want is going to be followed. So deconstruct your hospital, what are the reports you want, and what are the processes you want to digitise. Finally, you should also remember, that you do not have to digitise everything. It is in fact dangerous to have your entire operation completely interconnected and digitised, because you would not know when something is failing, and if something fails, then everything comes down. IT need not be just done across the board, IT should always follow process optimisation, and it should be clear about the process. Hospitals will have to move from departmental 'silos' to 'value flows' and process thinking is going to be the most important lever for hospital CEO's to improve business outcomes, increase capacity and meet the growing patient demands.

- Mr Tajinder Vohra, Sr VP Healthcare Services, Genpact