

# APPLICATION OF KAIZEN IN FRONT DESK

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## **I. ABSTRACT**

The front office is a place of the organisation that takes care of patients from the entrance of the hospital, which involves registration of patients in the hospital, guiding patients about the hospital tariff packages, cash details, billing and third-party administration, insurance details, and bed allotment. Due to the heavy work flow, numerous processes, and regular SOPS, which cause an increase in patient waiting time as well as process time, The number of unnecessary desks in the front office also causes the patient to feel exhausted and sometimes to swift from one place to another for random questions. This also involves increasing the patient's time.

The study involves reducing the front desk from regular and changing the SOPS of all the staff and departments, such as admission, billing, and TPA, to regulate a single workflow for the patient, which reduces patient waiting and means patients don't have to change from one desk to another for random queries and needs.

## **II. INTRODUCTION**

The front office is the next impression that occurs to patients in a hospital after reception. The above-mentioned study was conducted to reduce the excess desks in the front office without compromising patient quality of time or the attentiveness of staff to the patient.

The study is conducted through daily observation of patient time and motion at the front desk and the average consumption of patient time at the front desk as per their needs and requirements.

## **III. RESEARCH METHODOLOGY**

The research design used in this study is descriptive research in a multi-specialty hospital in Bangalore, which is both NABH and JCI accredited. Primary and secondary data are used in this study. About 86 data is collected through direct observation from the front office of the hospital, and for reference, the secondary data is collected from the department staff to find the peak of the hospital for December and January. The Simple Random sampling technique used in this study

#### **IV. REVIEW OF LITERATURE**

1. "According to Wallace de Almeida, the establishment of Kaizen to improve the productivity of mobile phones with a strong selection of strong teams to implement Kaizen 5s policy Wallace de Almeida <sup>1</sup>.
2. According to Paulina Rewers<sup>1</sup> , "The greater the employee involvement in Kaizen, the more important the Kaizen implementation is than the position of the employees".
3. According to Fariba Rahmanian, Continuous improvement refers to the operation and process of achieving better production and cost reduction in production and sales operations, and as a strategic goal, it contains certain categories of total quality control, efficiency increase, effectiveness surplus, improvement promotion, cost reduction, and elimination of defective items (wastes) from the productive process.

#### **V. Kaizen in the front office of a Multi-specialty Hospital**

- Seiri/Sort (organise). Separate the necessary workplace Front office desks that are required from unnecessary ones and remove unnecessary desks without compromising the regular workflow that is required for patient access.
- Seiton/Set in order (create orderliness). Arrange the necessary desks to allow for easy access in the way that makes the most sense for work and to reduce the extra desk in the front office.
- Seiso/Shine (cleanliness). Keep the front office workspace clean and tidy.
- Seiketsu/Standardise (standardised cleaning) Systematise workplace Train employees for the new implementation and multitasking of the work process in the admissions office.
- Shitsuke/Sustain (discipline). Keep the effort going and control if any distractions take place.

The front office represents the customer-facing division of a firm. For example, customer service, billing, and insurance professionals who provide advisory services are considered part of a firm's front office operations.

#### **LOCATION**

The front office is located on the ground floor, next to the cash counter.

#### **STAFF PATTERN**

Totally, 21 staff members are working in the front office.

- TPA: 5
- Admission: 7
- Billing: 9

#### **WORK PROCESS**

The front office has three work processes. There are a total of eight desks available in the front office, which includes

- ADMISSION: 3
- BILLING -2
- TPA- 3

There are 3 admission desks in a Multi-specialty Hospital, which handle both inpatients and outpatients, and totaling 7 staff were working in the admission desk at a Multi-Specialty Hospital. The admissions department is operational 24/7.

#### INPATIENT ADMISSION

Totally 5 forms are given to the patient during the admission process; some necessary data should be filled out by the patient, and after that, their beds will be allocated to the respective wards based on the packages selected by the patients. The forms are

- Information checklist
- IPD registration
- General consent form
- IPD guidelines
- TPA declaration

#### DAYCARE

Totally 3 forms were given to the patients before the admission process, and their respective EPISODE NO and UHID NO will be created based on the system. Automatically, the daycare admission forms are

- Billing information checklist
- IPD registration
- General consent form

#### EMERGENCY

For emergencies, they follow separate protocols to admit the patient into the IPD, ICU, or other surgical procedures. They prioritise the patient first so that required treatment is given to the patient to stabilise the patient. After stabilising the patient, the patient attender is taken to the admission desk to do the admission process with the admission slip. They also provide the patient with the five forms as IPD.

- Information checklist
- IPD registration
- General consent form
- IPD guidelines
- TPA declaration

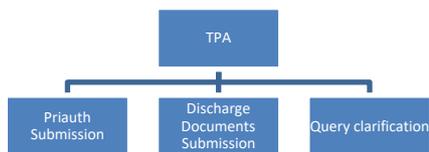
#### BILLING COUNTER

There are two bill counters in the front desk that handle both IPD and daycare patients. This happens after patient treatment is done and they are about to get discharged; this is the final process in the discharge process.

## Third- Party Administration

There are 3 desks that handle inquiries, permissions, document submissions, and claim sanctioning between insurance companies and patients as third-party administrators.

## WORK FLOW PROCESS



### Pre-auth Submission

Pre-auth submission is the process of sending pre-auth documentation, such as ID proof, PAN cards, insurance cards, and diagnostic records, to the proper insurance companies. The first nod was nonetheless given. The TAT for the initial approval is three to four hours.

### DOCUMENTING A DISCHARGE

The insurance companies receive the final bill and other discharge-related documentation; they hold them there until the decision is made. The TAT is three days for final insurance company approval.

### Clarification of TPA

By delivering the necessary information from one party (the patient) to another party (the insurance company), the third party administrator clarifies any questions or misunderstandings between the patient and the insurance companies.

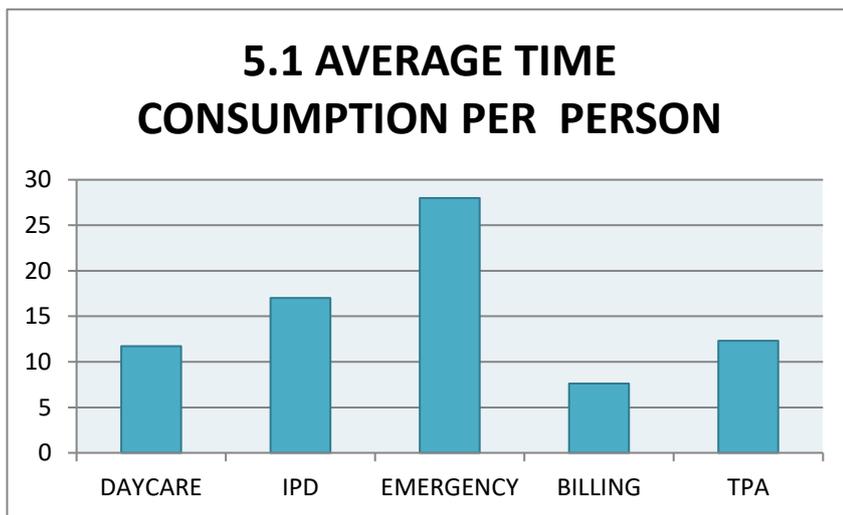
### OBJECTIVE OF THE STUDY

- To Identify the actual amount of time spent in each Front office department, such as Admission, Billing, and TPA, through direct observation.
- To find the Overall average amount of time spent by each patient in the front office.
- To shorten the time patients spend waiting of the Patient in the front office

**VI. ANALYSIS AND INTERPRETATION**

**TABLE OF DEPARTMENT AVERAGE TIME CONSUMED PER PATIENT**

SL.NO	TYPE OF PATIENT	AVERAGE TIME IN MIN
1	DAYCARE	11.7mins
2	INPATIENT DEPARTMENT	17mins
3	EMERGENCY	28mins
4	BILLING	7.6mins
5	TPA	12.3mins



**INTERPRETATION**

- The average time consumed for daycare patients is 11.7 minutes, which involves the process of UHID and episode number creation, filling out admission forms by the patient, registration, and scheduling a doctor.
- The average time consumed for IPD patients is 17 minutes, which involves episode number creation, selection of TARIFF packages, selection of rooms, and explaining the details about the packages and room types to the patients.
- The average time consumed for emergencies is 28 minutes, which is done after the patient is brought to a stable condition. The emergency procedures consist of the same as day care and IPD: if the patient is discharged on the same day, it is converted into a day care patient, and if the patient has to be admitted, it is converted into an emergency.
- The average time consumed for billing is 7.6 minutes, which involves the generation of bills and patient waiting time in the queue.
- The average time consumed for TPA is 12.3 minutes, which involves the patient waiting in the queue, pre-auth submission, discharge documents, and query clarification.

## VII. FINDINGS

- The average time consumed for daycare is 11.7 minutes, and the maximum number of patients walking into admission is from 9 a.m. to 11 a.m., which involves the process of UHID and episode number creation, filling out admission forms by the patient, registration, and scheduling a doctor.
- The average time consumed for IPD is 17 minutes, and the maximum patient walking in admission is from 12 PM to 1 PM, which involves episode number creation, selection of target packages, selection of room, and explaining the details about the packages and room types to the patients.
- The average time consumed for IPD is 28 minutes, and the maximum patient walking in admission is from 3 PM to 4 PM. The average time consumed for emergencies is 28 minutes, which is done after the patient is brought to a stable condition. The emergency procedures consist of the same as day care and IPD: if the patient is discharged on the same day, it is converted into a day care patient, and if the patient has to be admitted, it is converted into an emergency.
- The average time consumed for billing is 7.6 minutes, which involves the generation of bills and patient waiting time in the queue.
- The average time consumed for TPA is 12.3 minutes, which involves the patient waiting in the queue, pre-auth submission, discharge documents, and query clarification.

## VIII. SUGGESTIONS

### KAIZEN 5 S SUGGESTION 1

- The 8 desks in the front office are reduced to 6 desks as

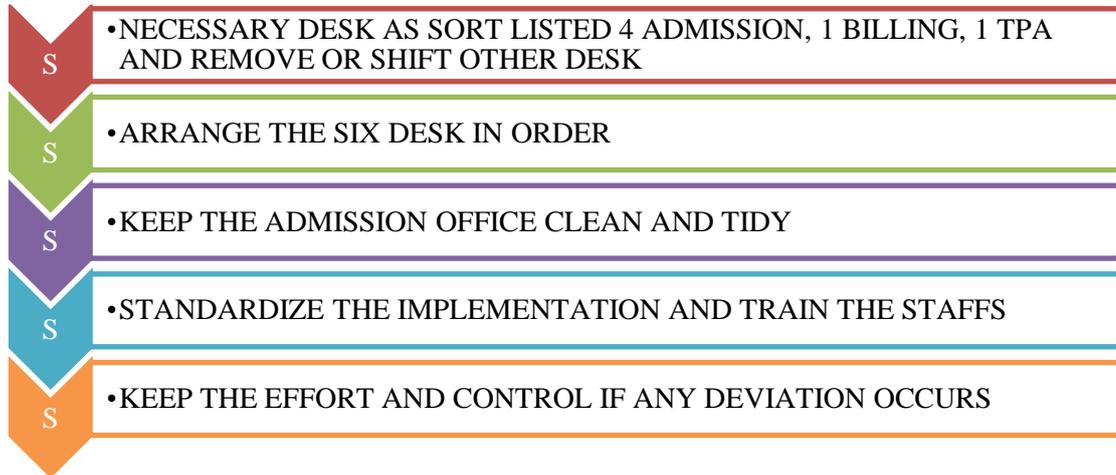
#### 4-Admission

#### 1-Billing

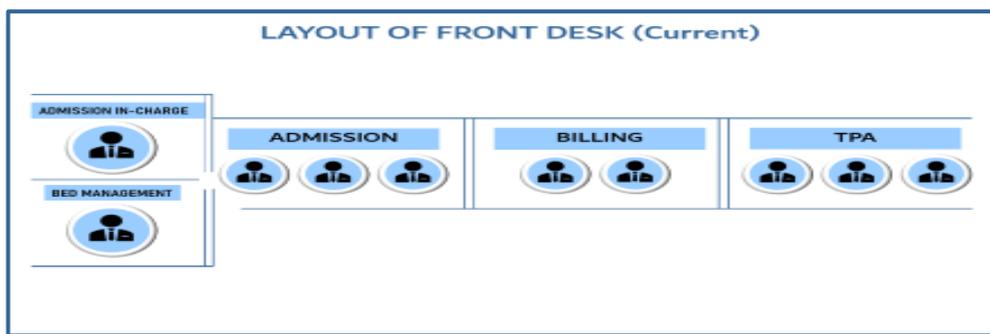
#### 1-TPA

- The admission desk in the front is converted into four desks, and the work in admission is composed of all three sector works: admission, billing, and TPA. The submission of documents for TPA companies can also be done in the Admission
- The billing desk has been reduced from 3 to 1. The bill is only generated in the front office; the rest of the desk can be shifted to any other space for bill calculations, settlements, bill clearance, etc.
- TPA desks are not reduced from 2 to 1, only for any kind of TPA patient query, and shifting the rest of the employees behind the desk

### KAIZEN APPROACH IN FRONT OFFICE



### CURRENT



**AVERAGE TIME TAKEN FOR**

**EACH TYPE OF ADMISSION**

**: 18mins (approx)**

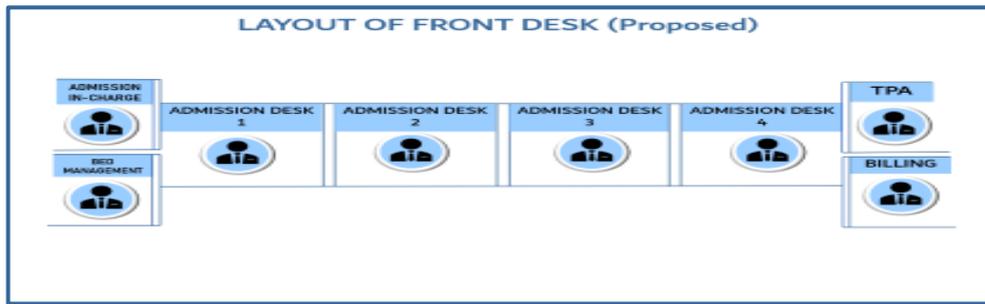
**AVERAGE TIME TAKEN FOR**

**INSURANCE**

**: 12mins (approx)**

**Time taken for the completion of Admission Process = 30 Mins. (Approx.)**

**PROPOSED**

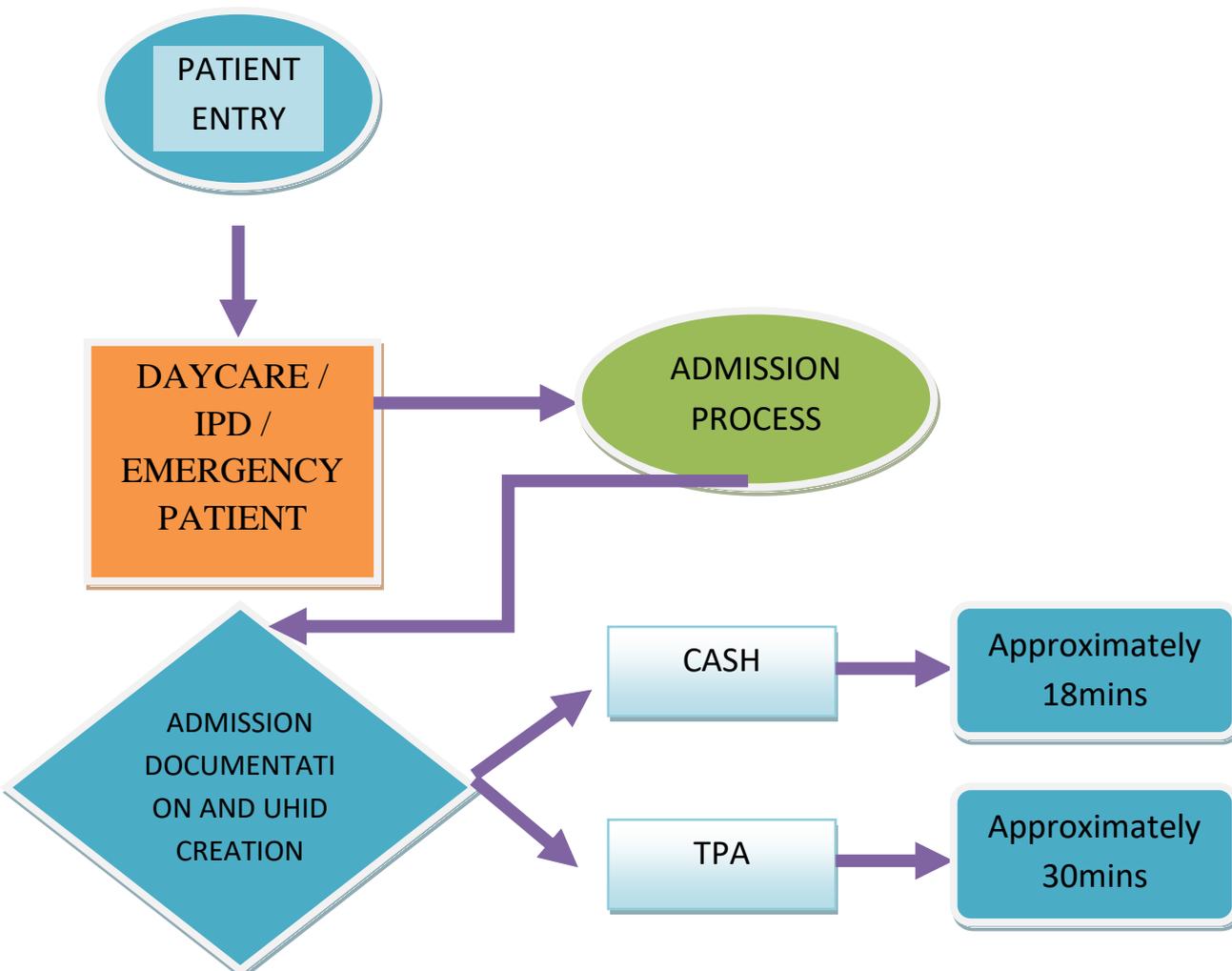


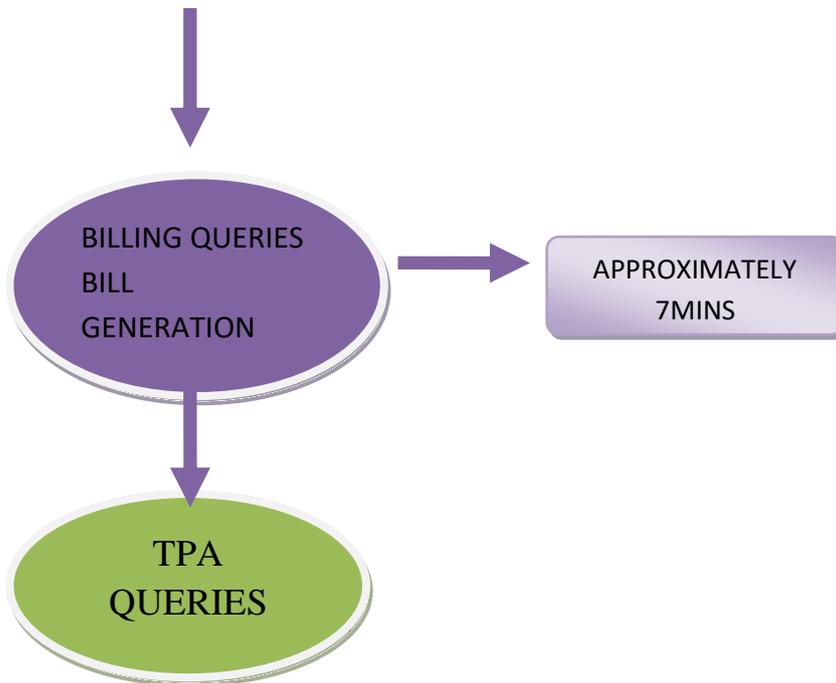
**AVETRAGE TIME TAKEN FOR ADMISSION: 18mins**

**AVERAGE TIME TAKEN FOR INSURANCE : 6mins**

**Time taken for the completion of Admission Process = 24 Mins. (Approx.)**

**PROCESS MAPPING FOR PATIENT IN THE FRONT OFFICE**





Application of Kaizen 5 s in the front office: from the above study, we have found out the average time consumed for each patient in the front office by observing time and motion studies of patients, and kaizen also played a vital role in reducing the maximum desk, also called wastage of resources available in the front office. The reduction of the maximum desk in the front office is a necessary implementation both for patient and hospital welfare; for the patient, it helps in reducing the waiting time of the patient, and for the hospital, it helps in reducing the excess resources available in the front desk.

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