



UNIVERSITI PUTRA MALAYSIA

**A Case Study on
KENCANA SPECIALIST HOSPITAL**

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CONFIDENTIALITY STATEMENT

The case study is an academic exercise undertaken by the author. No part of this document shall be published in any form or reproduced in any manner without written consent from the author.

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Special Dedication

Hj. Suhaimi Hj. Abd. Hamid

My beloved father, passed away on 21st. October 1996 during my struggle with the MBA course, who never gave up encouraging me to study hard for the course.

Hjh. Norriah Yan

My dearest mother who always there to support me, accompany me until late night during my study for the examination and preparation of term papers. I love you very much and without you, this MBA would not have been possible..

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KENCANA SPECIALIST HOSPITAL

CASE SCENARIO



PART I

CASE STUDY

PART I - CASE SCENARIO

1. DIALOGUE

Osman : *Excuse me miss, I have an appointment with Dr. Manaf at 10.00 a.m. today.*

Meera : *Please get your number at counter 5 and wait until your number is called for registration.*

(Meera called a patient by pressing a bell.) Ting!

Good morning sir, your appointment card please. You are En. Ali bin Harun, scheduled to see Dr. Azman at 9.40 a.m.

Ali : *Yes.*

Meera : *Is there any change to your correspondence address? No. Can you read your address please.*

Ali : *Certainly. 16 Jalan SJ 4/5.*

(Telephone's ringing) Ring..ring! Ring..ring!

Meera : *Excuse me..hello, good morning, outpatient registration counter, Meera's speaking, how may I help you. Your MRN please.*

Rohana : *022548*

Meera : *Patient's name is Rohana Mansor. Your appointment is on third of July at 3.00 p.m. to see Dr. Amran. Please bring along your company guarantee letter as your previous GL has expired.*

Rohana : *Thank you.*

Meera : *OK Cik Rohana, you are welcome. Bye.*

I am sorry En. Ali, your address again. 16 Jalan SJ 4/5, Taman Maju.

(Telephone's ringing) Ring..ring! Ring..ring!

Excuse me. Good morning, outpatient registration counter, Meera's speaking, how may I help you.

Nasar : *Can I check my appointment date with you?*

Meera : *Yes, you may. The MRN please.*

Nasar : 012426.

Meera : Patient's name is Nasar bin Nasir. Your appointment has been changed from 3rd August to 8th September 1997 at 10.00 a.m. to see Dr. Razak. The doctor is away in August.

Nasar : Can I have my appointment earlier since I am running out of my medicine.

Meera : If your medicine has finished, you may come to counter 4 for your drug supply until your new appointment date. I am sorry sir, we cannot give any earlier date since the list is full. Besides, Dr. Razak will be back on 8th September.

Nasar : Thank you.

Meera : OK, you are welcome.

Your postcode En. Ali.

Ali : 52200 Kepong, Kuala Lumpur.

Meera : Your phone number, sir.

Ali : 03-6361212.

Meera : Your new IC number.

Ali : 601106-04-7667.

Meera : This is your number to see the doctor and you can wait in front room number 5. Now is 8.30 a.m., perhaps you would like to take your breakfast before you see Dr. Azman.

Ali : Good idea. Thank you.

Meera : You are welcome En. Ali.

Ting!"

2. BACKGROUND

KENCANA Specialist Hospital located in the center of Kuala Lumpur was a single-discipline hospital that had 275 beds and ran 12 clinic sessions per day for 5 days with total patients of 250 per day. The hospital was established on 1 September 1992 and had 16,000 active patients from all over Malaysia inclusive foreigners. It was headed by a Chief Executive Officer, Dr. Norazah, and there were 3 major divisions under her which were Medical, Administration and Finance. The divisions were managed by the respective Senior Managers and under them there were various departments and units.

The hospital operating revenue stood at a stable RM80.32 million in 1995/96 financial year. There was an increase of less than 1% compared to the operating revenue of RM79.58 million achieved in the previous financial year. A total of 58,523 patients sought treatment at the hospital in 1995/96, an increase of 10% compared to the 1994/95 figure. Out of these, 8,081 were inpatients and 50,442 were outpatients. KENCANA's outpatient and inpatient workload from 1992 to 1997 is illustrated in Appendix I.

KENCANA Specialist Hospital manpower costs increased by 10% from RM24.16 million in 1994/95 to RM26.47 million in 1995/96. The hospital's manpower strength was 571 as compared to 425 during its first year of operation. Being a service organization, KENCANA emphasized strongly on training and development of its human resources. Members of the staff were given opportunities to attend external courses, seminars and conferences both at home and abroad to improve their knowledge and skills.

As a fulfillment of KENCANA's social commitment, the Medical Department continued in their efforts to train specialists and paramedical staff from other medical centers and hospitals through short term attachments at the hospital. In 1996/97, KENCANA had trained 42 specialists and 337 paramedics from the Ministry of Health, private hospitals and universities.

KENCANA Specialist Hospital had introduced a few innovations in the field of cardiovascular medicine such as Coronary Bypass Grafts and Valve Replacement Operation using minimally key hole surgery technique and Implantable Cardioverter Defibrillator on a patient. Appendix II depicted summary of bed usage in KENCANA.

The purpose of introducing new method of surgery was to ensure that KENCANA developed and emphasized improvement of the competitive position of its services and technology in its industry. Being ahead from its competitors, that were other private hospitals, KENCANA also aimed to accomplish its social responsibility to the nation. Appendix III indicated the number of private hospitals in Malaysia and their workload.

3. ORGANIZATION STRUCTURE

Being in the service business, KENCANA hospital organization structure was relatively simple which had three main divisions that is Medical, Administrative and Finance where these divisions were headed by the Chief Executive Officer. Under each division, it was further broken down into several departments or units¹. Figure 1 depicted the organization structure of KENCANA hospital.

¹ Company Annual Report 1995/1996,

The Medical Division consist of 10 departments namely Cardiology, Cardiothoracic, Dietary,

Cardiology Department saw a total of 33,866 paediatric cardiology clinics in year 1995/97. the total outpatient.

consultants and their team members had to increase their clinic days to cope with the increasing number of referrals to the hospital.

diagnostic and therapeutic interventional procedures and non-invasive cardiovascular laboratory investigation.

Cardiothoracic Department consisted of cardiac surgeons. performed various open and close heart surgeries and thoracic operations. 2, surgeries were done on children.

Anaesthesiology Department provided anaesthetic and perfusion services to the Cardiothoracic department in the operation theatre and intensive care unit ward, and to the Cardiology department in the invasive cardiology laboratory and coronary care unit.

Nursing Administration Department played a vital role in providing nursing service to all the inpatients and outpatients of KENCANA. a total of 39,673

Laboratory and Blood Services Department provided a wide range of diagnostic analysis services to the 3 major medical departments. clinical biochemistry, clinical pathology and haematology, coagulation studies, medical microbiology, serology and blood bank services.

Radiology Department served patients by using radiographs for diagnostic investigations. programme.

Dietary Department planned, organised and directed all phases of dietetic operations including menu planning, food preparation and services and diet counselling to patients.

Physiotherapy Department provided advice, guidance and treatment to inpatients and outpatients who required the rehabilitation services.

Pharmacy Department supplied the correct drugs in the required dosage to all patients in KENCANA with adequate information and advice to ensure the optimum therapeutic outcome.

Medical Records Department collected, retrieved and stored the patients' medical notes. based storage to a computer-based system.

The Administration Division consist of 6 departments namely Human Resource, Engineering, General Administration, Library, Public Relation and Marketing and Housekeeping.

support services to the other divisions within KENCANA. departments, the division administered employees' hospital, arranged for continuing medical education and training programmes and maintained the ancillary services.

The Finance Division had 4 departments namely Accounts, Information System, Business Office and Purchasing. improve the existing systems for the smooth operations of its departments, aiming to provide quality service to both internal and external customers, efficiently and professionally.

Meanwhile, Figure 2 illustrates the organization chart of Finance division which would be the area of interest in the case study.

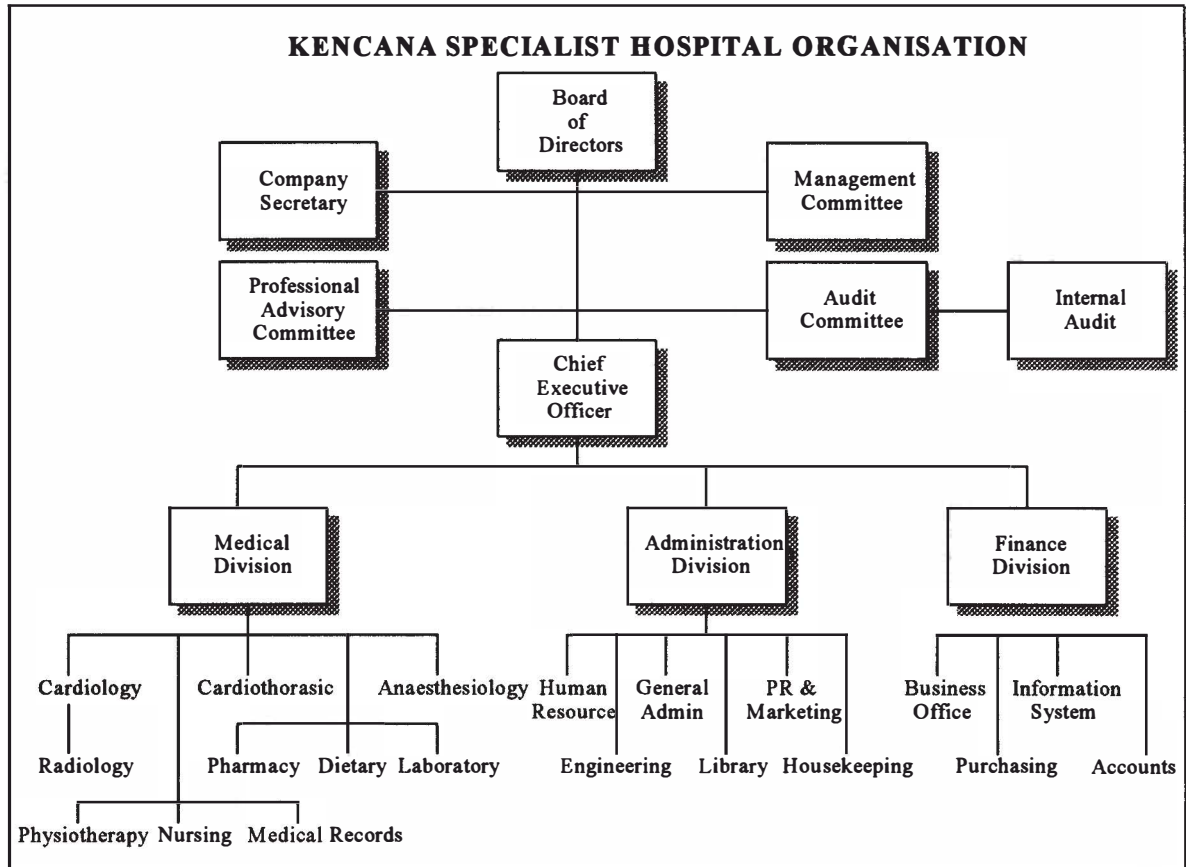


Figure 1: KENCANA Specialist Hospital Organization Chart

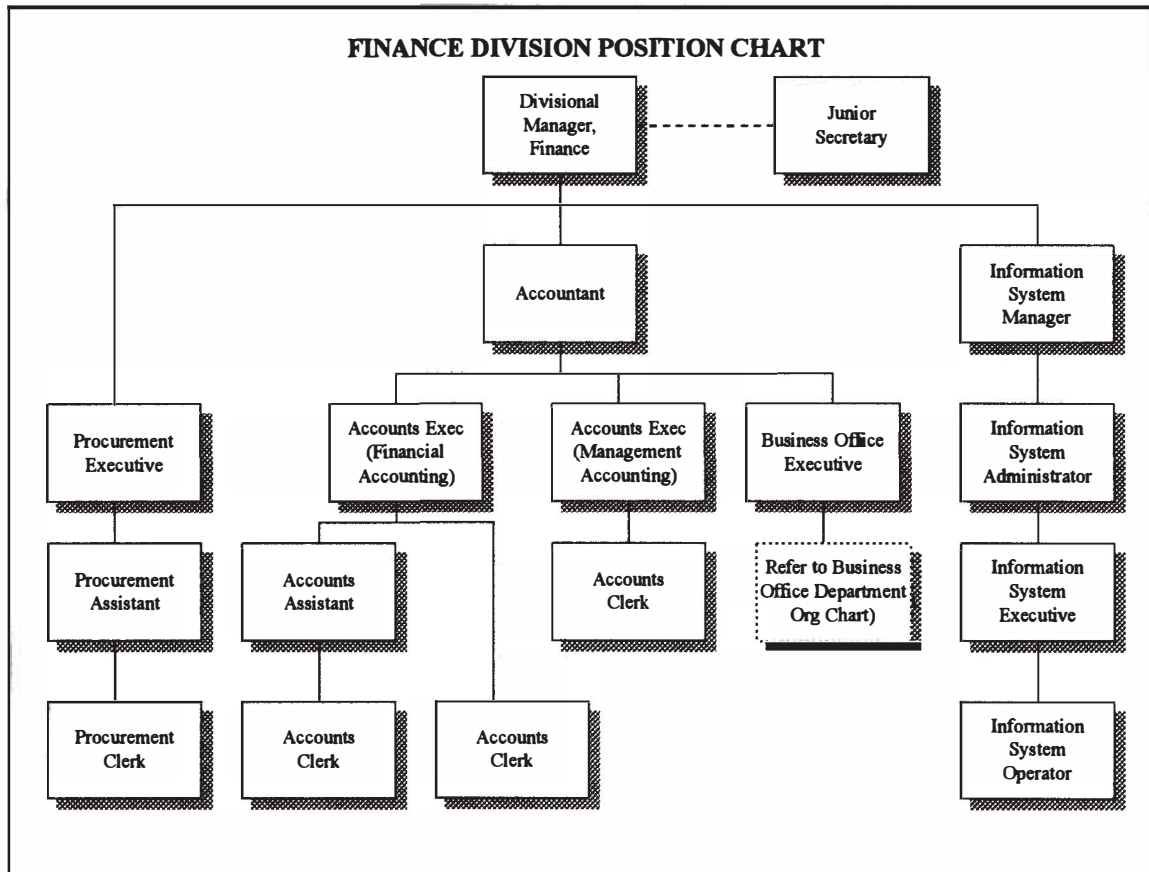


Figure 2: Finance Division Position Chart

4. **MISSION STATEMENT OF HOSPITAL**

Like many organization,
statement of the hospital to ensure that business vis-a-vis the employee have a better
focus and sustain competitiveness and growth in today'
environment.

statement of “ *To be a center of excellence and to provide the best medical care
and services in the region. Thus, be able to sustain a healthy life and hence
increase productivity* “.

5. **REGISTRATION PROCESS**

Patients would go to counter number 7 to get their registration number and a
slip of perforated paper written doctor'
number would be displayed on the screen and a sound “ting” indicated a number was
called.

the screen.

slip to the counter staff. Referring to the patient'
indicated on the card,
computer system.

During the registration process, the patient was required to update his
particulars such as address,
financial folder was opened and an account number would be generated by the
computer system.
day would be charged to the account and finally an invoice would be produced.

The top portion of the slip would be attached to the patient's
and the patient would hold its second portion.
room for consultation and examination.
was 3 minutes.

On the appointment day,
as radiology,
available in the hospital and the average of its usage per day was 20 to 25 patients
and time taken to complete the test was at least 30 minutes.
stress test,
assessment.

6. OUTPATIENT CLINICS

Outpatient clinics were run by the teams of consultants under the Medical
Division. KENCANA
1 senior registrar who made up 11 teams.
follow-ups were given appointment time and date for a particular doctor.

There were 15 consultation rooms at the clinic and 2 sessions of clinic which
were morning from 9.
p.
were 17.
clinic day and the patients who were scheduled on that particular day may be
postponed to another date.
Figure 3 illustrates the flowchart of the existing registration process at KENCANA
hospital.

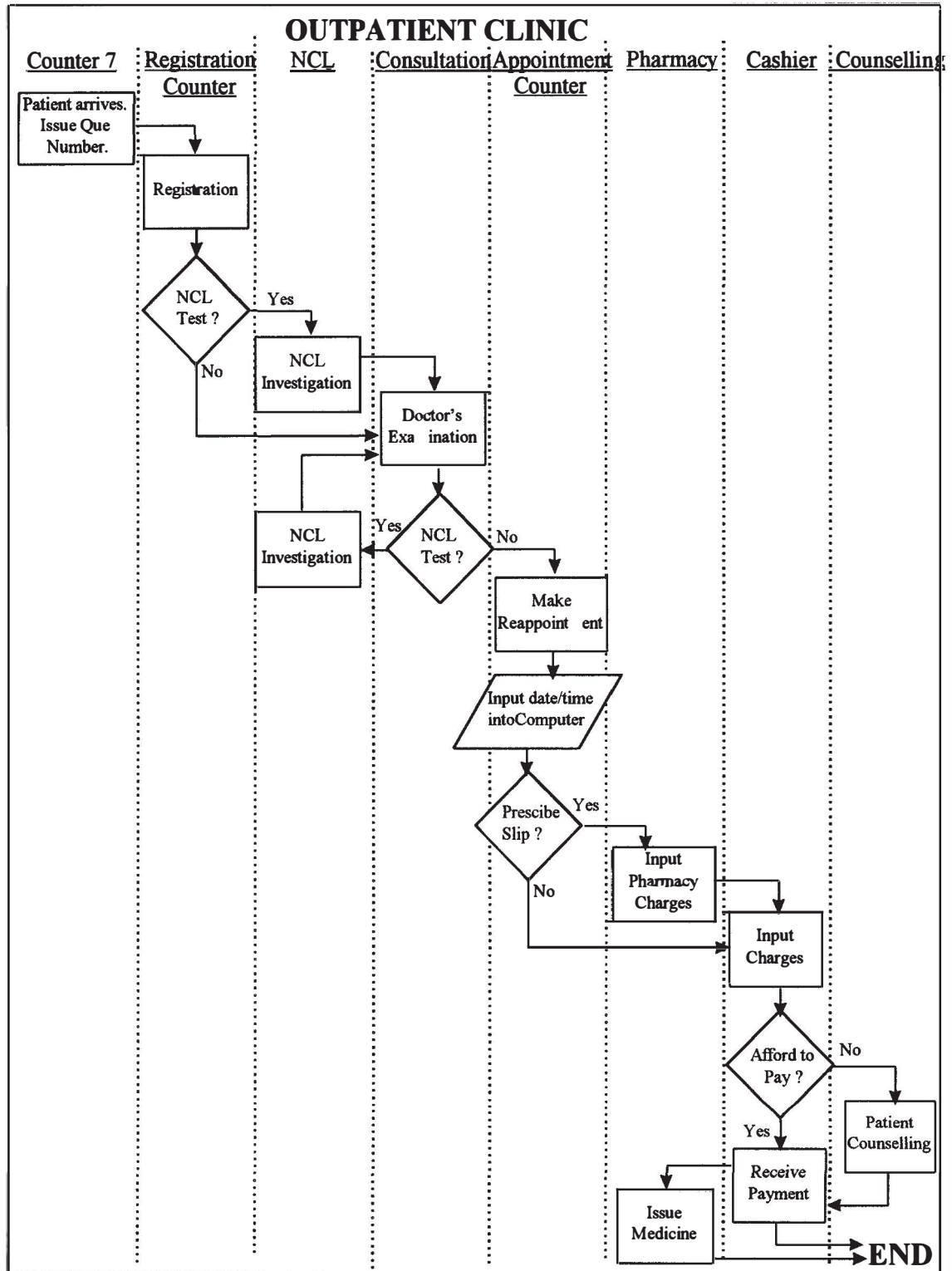


Figure 3: Registration Process Flowchart

7. **BUSINESS OFFICE DEPARTMENT**

Business Office was a department under Finance Division which consist of 17 staff. En.

under the department namely Outpatient (inclusive of Billing and Registration), Inpatient Billing, organization structure in Figure 4

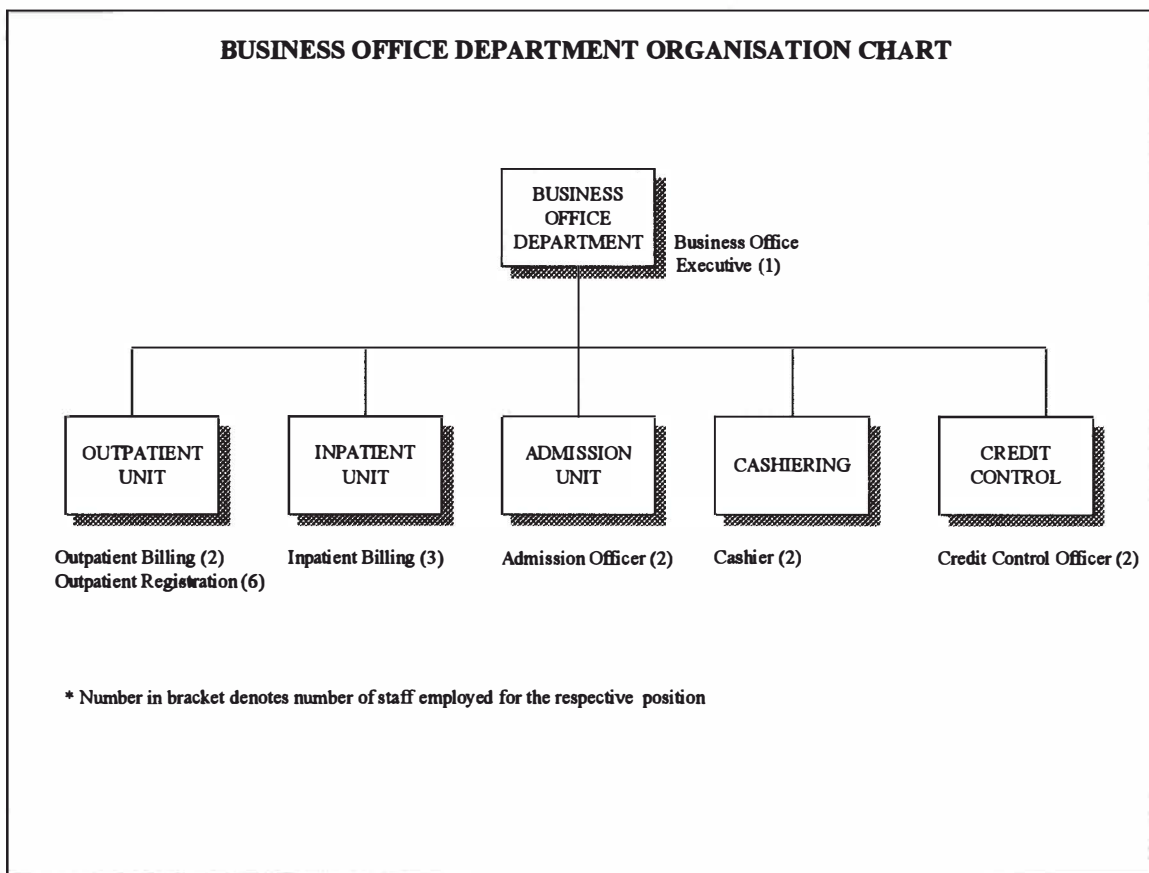


Figure 4 : Business Office Department

Outpatient unit was responsible for the patients registration and appointment making of the clinic schedule and generating of patients medical bills. charge of preparing outpatient billings and 6 manned the registration counter.

were responsible for each team's clinic schedule such as appointments list, contacting patients on any cancellation, change or postponement of appointment date either by telephone or letters. The clerks also answered any telephone calls on any inquiries regarding the outpatients clinics and appointment making.

Table 1 illustrates the clerical person in-charge for the respective consultants.

STAFF-IN-CHARGE	CONSULTANTS
Rozie	Dr. Chong
Nina	Dr. Amin and Dr. Zain
Sara	Dr. Ahmad and Dr. Yusuf
Anita	Dr. Razak and Dr. Amran
Zuraida	Dr. Aishah and Dr. Yaakub
Meera	Dr. Manaf and Dr. Azman

Table 1 : Staff In-charge for Consultants Appointment

Admission Officers were in charged of registration of patients who were scheduled for admission for operation or any procedures and counseling of patients of admission procedures. There were 2 admission officers attached to the unit. Inpatient unit was responsible for the preparation of the medical bills for the patients in the ward. Cashier counter was manned by 2 staff who were in charge of receiving payment for the hospital bills and issuing of the official receipts. Same as the 6 registration staff, the admission officers and cashiers were located at the counter. Credit Control Officer was responsible to ensure all the hospital bills due to KENCANA were collected promptly.

Business Office's workload made 96% of total outpatient registration and 70% of total admission for the year 1995/96 with the balance handled by the Emergency Department during outside office hour, public holidays and emergency cases.

8. CLINIC APPOINTMENT SYSTEM

Whenever a particular team of doctors was on leave or out-station, clinic will be closed or blocked and new appointment date would be given to the patients.

attend a seminar in Jakarta and the outpatient clinics were closed during their absence.

Nina,

Ahmad appointments were given 2 weeks to inform the patients on the new dates. As indicated in the computer system, the next available date to add a patient in the appointment list was in 3 month's time.

new appointment date may come to the hospital to collect their drugs supply until next new appointment date.

Mr. Nathan who had been KENCANA's patient since beginning of its operation wrote to Pn.

appointment had been postponed twice in 3 months and he was now under medication but his medicine had finished.

was not seen by the doctor, his health might be affected.

En.
1997,
2.
days annual leave.

Anita,
the Business Office Executive,
be accepted in the next 3 month.
clinic session even though the list is long.
follow-up cases.
said,
finishes until late afternoon.

KENCANA'S classification of patients and outpatient and inpatient referral sources were illustrated in Appendix IV and Appendix V respectively.

9. **MANNING THE CLINIC**

En.
counter services into two sections,
registration counter should cater for only patients who came by appointment either new case or follow up.
reappointment making for patients from the clinic and telephone inquiries.
the registration staff would not be distracted by telephone rings while confronting a patient during the registration.

Dr.

services and instructed En.

two extra staff to be attached to the appointment cum inquiry counter.

counter was also installed in May 97 for the new staff and all purchasing of equipment was carried out by the Purchasing Executive, Pn.

accommodate this new section.

The counter had been installed for almost a month and the equipment were ready to be used but unfortunately there were no sign of new staff would be employed.

counter which were flocked by plenty of customers waiting to be served.

He then called En.

that he had not advertised the position as he was waiting for other designation of other department to be advertised simultaneously.

position.

cost”,

staff as our patients have been complaining that they have to wait long for registration and appointment.

Hospital's image. We should know where our priority is.

with grievances.

10. EPILOGUE

En Khalid watch showed 6.00 p.m. There were 5 more patients waiting in front of Room number 2. A nurse was calling a patient in and a lady came out of the room walking towards the registration counter to get her new appointment date for next clinic follow up. Then she went to the Pharmacy counter to collect her medicine which was prescribed by the doctor. A number was given to her and she seated in front of the counter. 5 minutes later she was called and asked to pay her bill at the cashier counter. After payment, she presented her official receipt to the pharmacist and was brief on the medicine usage.

En Khalid left the clinic at 6.15 p.m. and noticed that 3 more patients in front room 2 and other waiting area was empty. A registration clerk was printing something at the counter and the cashier was counting her collection for the day.

***** **END OF PART I** *****

