



INTERIM REPORT



Presented By
GROUP 8

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INTRODUCTION

The purpose of this report is to explore the current receipt-issuing process for outside (OPD) patients at a state hospital in Sri Lanka. The report provides a summary of the process flow, actors, utilization of data, and utilization of resources. The report also names primary weaknesses of the current system and explains process discovery techniques utilized.

AS-IS BUSINESS PROCESS DESCRIPTION

1. The counter employee checks the patient registration status.
2. Patient provides details.
3. If the patient is registered, they are asked for a receipt.
4. If the patient has a valid receipt, process is continued; otherwise, a new receipt is issued.
5. If the patient is new, their details are collected and entered into the system, recorded in a book or both, after a receipt is issued.
6. The patient is directed to the doctor's counter.
7. The doctor scans the receipt barcode and either look at the patient's details using the system, check the paper records or both.
8. The doctor examines the patient and either prescribes medication, issues a handwritten prescription, refers the patient for further examination or do the all these things.
9. The process concludes once the patient has received a prescription or handwritten prescription.

ACTORS IN THE PROCESS

1. Patient: Provides personal information and receives a receipt for medical consultation.
2. Counter Employee: Checks registration status, collects patient information, and provides receipts.
3. Doctor: Scans receipt, reads patient records, examines patient, and provides a prescription or further referrals.
4. Hospital System: Maintains and stores patient records and receipt verification

DATA AND INFORMATION NEEDS

1. Patient personal details (Name, ID, Address, Birthday)
2. Receipt details (Hospital name, Name of the patient, PHN Number, Bar code)
3. System records (Patient profiles, Prescriptions)

PROCESS MAP

Please find the process model at the end of this report.

IDENTIFY THE WEAKNESSES

1. Manual Receipt Issuance.
2. Redundant Data Entry.
3. Technical Issues with Barcode Scanning.
4. Limited Doctor Counters Causing Queue Congestion.

EXPLANATION OF WEAKNESSES

Manual Receipt Issuance

Counter staff must manually reissue receipts because some patients fail to bring them.

Redundant data entry

is the process of entering patient information twice in a manual record book and a digital system.

Technical Problems with Barcode Scanning

Physicians use barcode scanners to view patient profiles, but they cannot continue if the scanner breaks down.

Limited Doctor Counters Causing Queue Congestion

Patients are forced to go to less busy waiting areas and wait inefficiently since there aren't enough doctor counters available.

IMPACT OF THE WEAKNESSES

Issuance of Manual Receipts

longer wait periods and a greater administrative load.

Duplicate Data Entry

Longer registration times, possible data entry errors, and inefficient record-keeping.

Problems with Barcode Scanning Technically

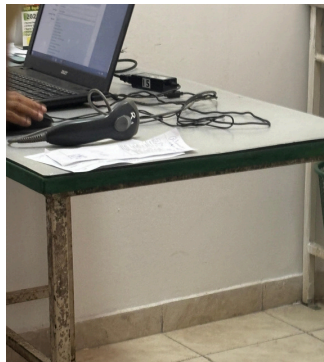
delays in the provision of medical services and interruptions in patient examinations.

Queue congestion due to a lack of doctor counters

longer appointment times, more irritated patients, and wasteful use of medical resources.

PROCESS DISCOVERY METHODS

- Observation: Directly observing the workflow at the hospital to identify bottlenecks.
- Interviews: Discussions with hospital staff to understand challenges faced during receipt issuance and verification.



CONCLUSION

Verification delays, redundant data entry, and manual inefficiencies plague the present external patient receipt-issuing procedure. Errors are further increased by the use of physical paper reports and the dependence on barcodes for patient identification. In order to increase data accuracy, expedite the process, decrease waiting times, and implement a distinctive ID number-based identifying system, the study's next phase will concentrate on suggesting an optimal IT solution.

