Beyond WhatsApp: Medipulse Hospital's B2C Ticketing Breakthrough

Category: Quality Excellence

Focus Area: Digital Health, AI and Digital Transformation

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Problem Statement

Medipulse Hospital's growth widened the gap between operational complexity and process maturity. As departments, clinical services, and workforce expanded, informal channels - WhatsApp, verbal instructions, paper registers, and email threads - became inadequate for a modern tertiary care hospital.

All functional domains - clinical support, patient care, HR, finance, IT, maintenance, pharmacy, TPA and insurance, quality governance, and administration - relied on WhatsApp, verbal instructions, and paper registers, with no unified system to assign, track, escalate, or document tasks. Accountability was absent; evidence was unavailable.

The specific gaps were severe:

â€¢ Maintenance and infrastructure requests were communicated verbally, with no tracking, assignment, or SLA.

â€¢ TPA, insurance, and consultant note queries went unrouted, causing claim delays and escalations with no audit trail.

â€¢ Preventive maintenance for biomedical, HVAC, elevator, and IT equipment ran on physical registers with no automation or escalation.

â€¢ HR processes - onboarding, offboarding, recruitment, leave - were fragmented across emails and WhatsApp with no documented completion trails.

â€¢ Patient feedback from OPD and IPD settings was collected on paper with no structured follow-up.

â€¢ Statutory obligations (GST, TDS, PF, EMIs, GSTR filings) across multiple group

entities were tracked via personal calendars, creating compliance risk.

â€¢ Quality committee meetings were conducted but documented informally, with no systematic scheduling or minute-recording.

â€¢ IT assets were catalogued in spreadsheets with no linkage to maintenance history or support tickets.

The resulting institutional amnesia - where tasks were forgotten, accountability was absent, and evidence was unavailable, directly threatened both operational quality and digital transformation readiness.

Objectives

â€¢ Unified system: Deploy a cloud-based workflow management system covering all operational categories - clinical, HR, finance, IT, maintenance, pharmacy, quality, and administration.

â€¢ SLA framework: Establish measurable SLA policies for each major department, making response-time performance visible and accountable.

â€¢ Automation: Auto-trigger all recurring obligations - Preventive Maintenance Programmes, committee meeting types, and statutory payment reminders - through scheduled tickets.

â€¢ Standardisation: Build ticket templates and custom fields (e.g., onboarding/offboarding task checklists, PPM equipment categories) ensuring consistent process execution regardless of which staff member initiates a request.

â€¢ NABH evidence: Generate a continuously updated, timestamped, agent-attributed documentation trail across all categories as primary accreditation evidence.

â€¢ Leadership visibility: Enable real-time dashboards and weekly department

reports tracking SLA performance, ticket volumes, and departmental responsiveness.

â€¢ Accreditation: Achieve NABH Platinum Level Certification in the first assessment attempt, demonstrating that operational excellence produces accreditation readiness as a natural outcome.

Intervention & Methodology

HappyFox - an AI-powered SaaS customer support platform originally designed for B2C businesses - was selected and adapted. Its ticket-based architecture, SLA engine, template system, and scheduling capability mapped directly onto hospital workflow management needs.

Phase 1 - Foundation (Months 1-2): Designed an operational taxonomy covering every hospital function. Configured SLA policies. Trained department heads. Launched pilot with IT, Maintenance, Employee Onboarding, and Patient Feedback categories.

Phase 2 - Full Deployment (Months 3-5): Rolled out all categories across clinical, HR, finance, pharmacy, quality, and administrative domains. Built ticket templates, task templates (e.g., multi-agent onboarding/offboarding checklists), canned-action replies, and scheduled automation triggers. Catalogued 130+ IT assets with unique IDs linked to the ticketing system.

Phase 3 - Optimisation (Months 6+): Built custom dashboards. Conducted SLA performance review cycles with department heads. Used the aggregated ticket history - timestamped, agent-attributed, and categorised - as primary documentary evidence presented to NABH assessors across all accreditation criteria.

The scope covered: all clinical support functions, patient experience, HR lifecycle (onboarding through exit), financial compliance, quality governance, IT infrastructure, pharmacy operations, social media monitoring, and general administration.

Results & Impact

Medipulse Hospital achieved NABH Platinum Level Certification in its first attempt - the highest tier of hospital accreditation in India - driven by the documented evidence trail and process discipline generated through HappyFox's deployment as a key software.

Quantitative outcomes (baseline: zero - no prior system existed):

â€¢ 250,000+ tickets processed across all categories

â€¢ 95 standardised templates | 95 automation schedules | 9 smart routing rules

â€¢ 11 SLA policies (100% target) - 4,552 tickets checked in 153 days

â€¢ 23 PPM templates automating equipment maintenance schedules

â€¢ 35 statutory payment reminders across multiple group entities

â€¢ 11 committee types - scheduled, documented, and evidenced

â€¢ 130+ IT assets catalogued with complete maintenance audit trails

Qualitative shift: Every task is owned, timed, and documented. The â€˜lost in WhatsAppâ€™ failure mode is eliminated; evidence is generated daily as a by-product of operations.

â€¢ Cross-departmental visibilit

â€¢ Financial risk mitigation

â€¢ Quality improvement data

â€¢ Staff empowerment

Challenges & Critical Success Factors

Challenge 1 - Adapting a B2C tool for healthcare: No implementation playbook existed. Every category, SLA, template, custom field, and automation - spanning over 80 ticket field configurations - was designed from first principles, requiring simultaneous deep understanding of hospital operations and platform configuration.

Challenge 2 - Change management: Staff digital literacy ranged from managing directors to ward attendants. Adoption required sustained leadership messaging, visible responsiveness, pre-built templates, and persistent training.

Challenge 3 - Governing all categories: A dedicated helpdesk administrator was essential to prevent miscategorisation, SLA drift, and template obsolescence at scale.

Challenge 4 - SLA calibration: Initial targets were aspirational. Recalibration based on actual performance data was necessary and ongoing.

Success Factor 1: Managing Director personally monitored SLA dashboards - making helpdesk metrics a senior leadership priority.

Success Factor 2: Template-first design ensured consistent data quality from day one.

Success Factor 3: Broad launch across all categories simultaneously, then progressive optimisation, outperformed a slow sequential rollout.

Key Learnings

1. Configuration depth beats industry specificity. A well-configured commercial SaaS platform outperforms a poorly implemented healthcare-specific tool. Operational intelligence matters more than vertical alignment.

2. Breadth is a feature. Having Crash Cart checks, TPA queries, offboarding task checklists, and statutory reminders in one system , visible to the same leadership, creates institutional coherence that siloed tools cannot replicate.

3. Automation compounds. 95 scheduled triggers eliminate cognitive load for recurring obligations. Their cumulative value over 2-3 years dwarfs the initial configuration effort.

4. SLA breach data is intelligence, not failure. The Offline Pharmacy SLA's 57% achievement was the system's most important output: a previously invisible problem made visible, measurable, and actionable.

5. Accreditation is a byproduct of discipline. Medipulse did not prepare for NABH - it operated well, consistently, every day for two years. The accreditation was the evidence review. The achievement was the daily discipline.

Reference Sources (If Applicable)

The following screenshots are attached as supporting evidence or reference for the case study.

Reference 1 IT asset register with unique IDs and department mapping

Reference 2 Ticket templates for audit reminders

Reference 3 Scheduled statutory payment tracker templates

Reference 4 Committee meeting templates and usage

Reference 5 PPM templates for infrastructure, biomedical and IT assets

Reference 6 General TPA Query ticket category

Reference 7 Consultant Notes Queries category

Reference 8 SLA dashboard showing tickets checked and breaches

Reference 9 HR Interviews ticket category

Reference 10 Employee Onboarding category

Reference 11 Employee Offboarding / No Dues category

Reference 12 Maintenance and Infra category

Reference 13 IT support ticket category

Reference 14 Patient requirement and complaints category

Reference 15 Patient feedback form tickets

Reference 16 Task Templates â€“ Bill Update (multi-step task checklist)

Reference 17 Custom Ticket Fields â€“ General field configuration

Reference 18 Employee Offboarding ticket â€“ No Dues completed tasks

Reference 19 Task Template â€“ Employee Onboarding (Doctors & Non-Doctors)

Reference 20 Biomedical department report â€“ SLA performance analytics

Reference 21 Patient requirement & complaints â€“ custom ticket fields

Reference 22 Patient feedback ticket â€“ bilingual form with satisfaction ratings

Reference 23 Patient feedback â€“ canned action for satisfied patient reply

Reference 24 IT ticket fields â€“ custom field configuration

Reference 25 Maintenance & Infra â€“ live ticket queue

Reference 26 HR Interviews â€“ canned action reply to candidate