To know the factors blocking the discharge process to be streamline using DMAIC approach

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA) in

Hospital and Health Management by

Himani kulshreshtha

Under the Supervision and Guidance of

Dr. Sandesh Kumar Sharma

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled "**To know the factors blocking the discharge process to be streamline using DMAIC approach".** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma.

Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Name of Student

Date

CERTIFICATE

This is to certify that Himani kulshreshtha in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management MBA from the IIHMR University, Jaipur has successfully completed her/his internship at The Narayana Hospital Jaipur. During March 22, 2021 to June 19, 2021.

Place: Jaipur
Date: June 19, 2021

Preceptor/Head of the Organization
Name of the organization.

CERTIFICATE

This is to certify that dissertation titled **To know the factors blocking the discharge process to be streamline using DMAIC approach"** is a record of the research work undertaken by Himani kulshreshtha in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide

IIHMR University, Jaipur

School Dean

IIHMR University, Jaipur

Date

ACKNOWLEDGEMENT

The Dissertation opportunity I had with Narayana Multispecialty Hospital Jaipur (Rajasthan) was a good chance of learning and professional development. I am also grateful for having a chance to meet so many wonderful people who led me though this dissertation period.

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I express my deepest thanks to Professor Dr. Sandesh Kumar Sharma, Associate Professor at IIHMR University and my mentor for giving me necessary advices and guidance to make this study easier. I choose this moment to acknowledge their contribution gratefully.

I perceive this opportunity as a milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives. Hope to continue cooperation with all of you in the future.

Sincerely,
Himani Kulshreshtha
MBA HM 918

ABSTRACT

Discharge can be broadly defined as the processes, tools and techniques by which an episode of treatment and or care to a patient is formally concluded by a health professional, health provider organization or an individual. It involves the development and implementation of a plan to facilitate the transfer of an individual from hospital to an alternative setting/home where appropriate.

Discharge time has an important implication on the hospital working as it affects patient satisfaction, utilization of hospital resources, revenue generation, timely access to inpatient bed, assured continuity of care. The standard of discharge management impacts on hospital efficiency, quality and safety of patient. There can be many factors like - poor communication between and health staff and administrative staff, Lack of assessment and planning for discharge, Inadequate notice or unplanned discharge, Inadequate involvement of patient and family, Over- reliance on informal care and Lack of attention to the special needs of vulnerable groups.

So, with the help of Lean six sigma and using DMAIC procedure we can analyze the problem and eventually identification of bottle necks to reduce the problems and utilization of time for necessary steps in discharge process for speedily services. Here, the methodology used is observational, cross sectional and descriptive type. Data has been collected primarily for 3 months for identification of factors that are leading to delays in discharge processes and interconnected. TAT time is calculated for each and every step for different types of discharges (planned, unplanned, cash, credit and DAMA and in every ward). Then a comparison has been made and an average time calculation done which gives an idea of time taking steps in discharge processes. And to reduce the time we can study the factors and resolve the issues simultaneously to make the discharge process fast by implementing the solutions.

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INTRODUCTION

Study on discharge process using DMAIC approach at The Narayana Multispecialty hospital Jaipur.

Discharge can be broadly defined as a process of tools and techniques by which an episode of treatment and care to a patient when he/she is concluded by a health professional, Health provides, organization or an individual.

It involves the development and implementation of a plan to facilitate the transfer of an individual from hospital to an alternative setting. Discharge time has an important implication on the hospital working as it affects patient satisfaction, utilization of hospital resources and revenue generation, timely access to inpatient bed and assured continuous care.

The standard of discharge management impacts on hospital efficiency, quality and safety of patients.

Few factors like loss of communication, delayed communication, which somehow causes the delay in discharges of patient and the poor patient satisfaction. Here, when process of discharge was not streamlined, so it was important to analyze the bottlenecks and take prevention and corrective actions to improve the process.

Each hospital has its own discharge policy according to the treatment plan like here for planned, unplanned and DAMA or Day care patients. The problem of delay or poorly planned discharges or unplanned illustrates the broader challenge of integrating health and social care.

Analyzing the causes of delays are as follows: -

a) Poor communication between health staff and administrative staff.
b) Lack of assessment and planning for discharge in many cases.
c) Inadequate notice or unplanned discharges.
d) Inadequate involvement of patient's family.
e) Over reliance on informal care.
f) Lack of attention to the special needs of vulnerable groups.

In general, the basics of discharge plan are: -

a) Evaluation of the patient by qualified personnel.
b) Decision and counselling with the patient or his representative.
c) Referral or cross consultations if need to be done.
d) Arranging for the follow ups or test.

Guidelines for the discharge process

a) The ID band is removed only at the time discharged.

Discharge process –

a) It is carried out only with written order of consultant.
b) Discharge summary is documented and signed by the treating doctor prior to discharge.

- ❖ Discharge medication (To be taken at the home).
- ❖ Follow- up instruction and instruction during urgent care are required.

Key elements of six sigma

- Based on voice of customers- To meet customer requirement and achieve their satisfaction level in a minimum time.
- Quantify the defects and opportunities- To measure the causes of defects and to identify opportunity to improve.
- Defining processes and metrics- Three important metrics of six sigma are sigma level, defects per million opportunities and yield. It is important to determine all these values to measure the current performance of the organization.

Team building and involving employees because six sigma leads to implement new methodologies based upon HR shift, new job description and classification to improve process by reducing defects.

Measure the current process and data collection:

Work break down structure of discharge process:

- Consultant confirms discharge and inform to nurse
- Preparation of discharge summary
- Details (Pharmacy, Consumables list) send to Multi Task desk (MTD) for final billing
- Confirmation received by nurse station and patient attendant sent to MTD to settle the payment
- Settlement of bills by patient attendant
- Explanation of discharge summary and medicine by nurse to the patient
- Patient leave the room

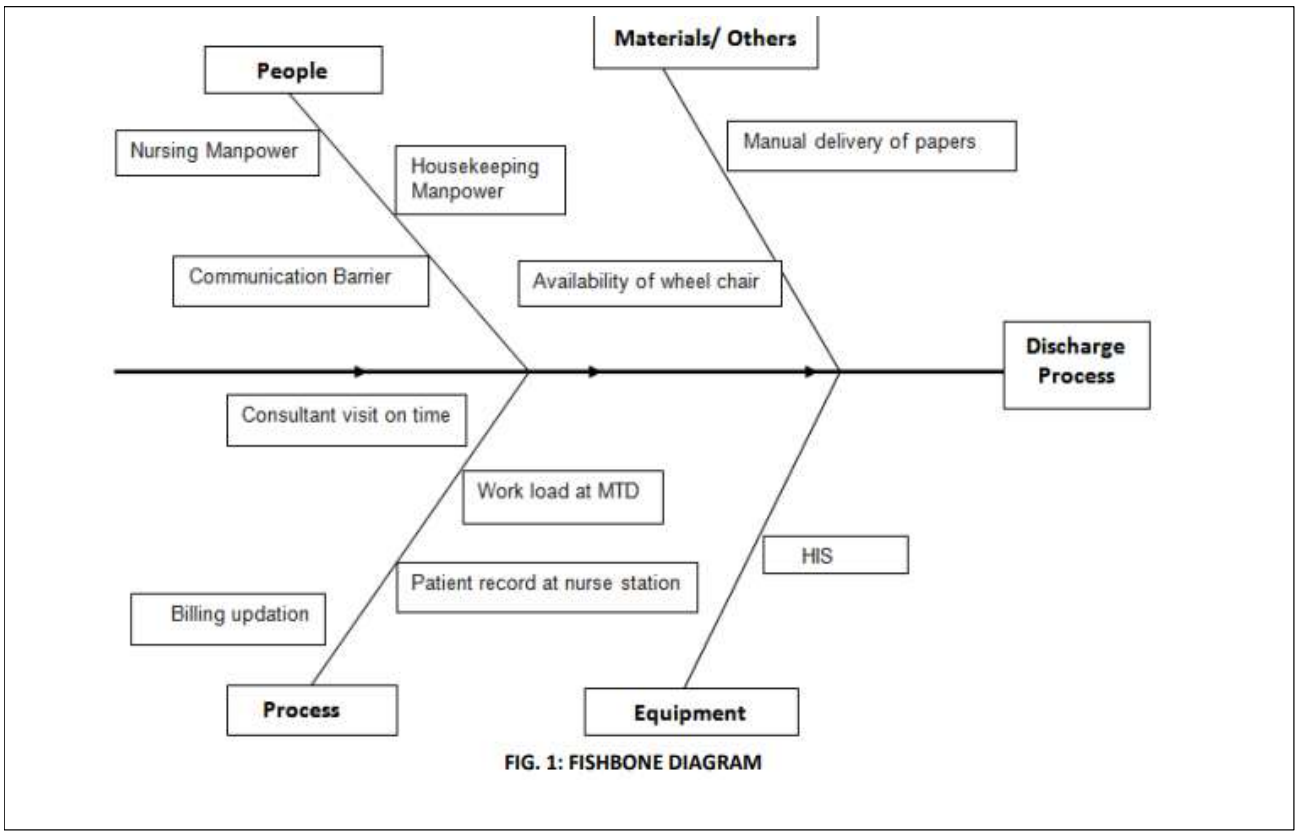

FIG. 1: FISHBONE DIAGRAM

FIG 1.1: Fish bone diagram

LITRETURE REVIEW

S.NO.	ARTICLE	YEAR	AUTHOR	OBJECTIVE	FINDINGS
1.	Using Six Sigma DMAIC Methodology and Discrete Event Simulation to Reduce Patient Discharge Time in King Hussein Cancer Center	2018	Mazen Arafeh, 1 Mahmoud A. Barghash,1 Nirmin Haddad, 1 Nadeem Musharbash, 1 Dana Nashawati, 2 Adnan Al-Bashir,3 and Fatina Assaf 2, Department of Industrial Engineering, e University of Jordan, Amman, Jordan 2 King Hussein Cancer Center, Amman, Jordan 3 e Department of Industrial Engineering, e Hashemite University, Zarqa, Jordan.	• Quality in trauma care: improving the discharge procedure of patients by means of Lean Six Sigma,".	• The Six Sigma process improvement methodology was applied to reduce patients' discharge time in a cancer treatment hospital. • Application of the 6σ-DMAIC methodology provided a structured framework to define the project goals, understand the current state, analyze the data to identify the root causes, assess statistically significant improvements, and implement a control plan to maintain improvements in the discharge process. • DMAIC is the "Control" phase.
2.	In-depth analysis of delays to patient discharge: a metropolitan teaching hospital experience.	2012	P Hendy, JH Patel, T Kord bacheh, N Laskar and M Harbord.	• The aims of this longitudinal prospective study were to deter1mine the length of inappropriate delay experienced by patients in a general medical ward prior to discharge, to identify common causes of delay and to estimate the financial implications of dis1charge delays	• Delays that interfere with a safe discharge from medical wards are an area that has received relatively little attention because UK government targets have focused on admission rather than discharge. • The Appropriateness Evaluation Protocol (AEP)11 was designed and validated in the US as a technique for evaluating unnecessary days of hospital care. • Delays interfered with the discharge of half of the patient's Avoidable delays occurred one-third of the time • Avoidable delays occurred one-third of the time. • Avoidable delays accounted for one-fifth of the cohort's inpatient stay.

3.	Delays in Discharge in a Tertiary Care Pediatric Hospital.	2005	Rajendu Srivastava, MD, FRCP(C), MPH1 Bryan L. Stone, MD1 Raza Patel, MD, MPH1 Matthew Swenson, BSc1 Andrew Davies, BSc1 Christopher G. Maloney, MD, PhD1 Paul C. Young, MD1 Brent C. James, MD, MStat2.	Describe number, length, and type of delays in hospital discharges. Characterize impact of delays on overall length of stay (LOS) and costs.	• Delays were categorized to 1 of the following: (1) test scheduling; (2) obtaining test results; (3) surgery; (4) consultation; (5) patient (eg, family unavailable for decision-making); (6) physician responsibility; (7) education, training. or research; (8) discharge planning or scheduling; and (9) availability of outside care and resources. • Almost 1 in 4 patients experienced a medically unnecessary excess hospital stay of at least 1 day. • The impact of delays on costs and LOS are substantial and should provide strong incentives to develop effective interventions
4.	Improving Hospital Discharge Time A successful Implementation of Six Sigma Methodology.		Ghada R. El-Eid, DHA, MBA, Roland Kaddoum, MD, Hani Tamim, PhD, and Eveline A. Hitti, MD, MB	• The aim of this study was to assess the effectiveness of using Six Sigma methods to improve the patient discharge process. •	• Six Sigma methodology can be an effective change management tool to improve discharge time. The focus of institutions aspiring to tackle delays in the discharge process should be on adopting the core principles of Six Sigma rather than specific interventions that may be institution-specific. • Delays in discharging inpatients can cause bottlenecks in hospital operations and impact admissions from the ED, the operating room, and the general admitting unit. • Factors—leadership commitment and support, front-line engagement, and repetitive cycles of interventions.

5	Reasons for discharge delays in teaching hospitals.	2014	Soraia Aparecida da SilvaI Reginaldo Aparecido ValácioI Flávia Carvalho BotelhoII Carlos Faria Santos AmaralIII.	• To analyze the causes of delay in hospital discharge of patients admitted to internal medicine wards.	The main reasons for delay in the two hospitals were, respectively, waiting for complementary tests. • The delays were mainly related to processes that could be improved by interventions by care teams and managers. The impact on mean length of stay and hospital occupancy rates was significant and troubling in a scenario of relative shortage of beds and long waiting lists for hospital admission.
6	Discharge Process Improvement.	2007 - 2008	A Case Study by BarnesJewish Hospital of St. Louis.	•These events have included Value Stream Analyses (VSAs) where multidisciplinary teams examine current processes, define an ideal state, and identify performance improvement opportunities.	The discharge process can have an impact on numerous factors, such as patient satisfaction, bed availability, timely tests and procedures needed for discharge, home health equipment and service availability, social worker and therapist coordination, transportation, and nursing home arrangements.
7	Reducing and Optimizing the Hospital Discharge Process using Six Sigma Approach		Elvin E. López Villanueva Master in Manufacturing Competitiveness Carlos González, Ph.D. Industrial and Systems Engineering Department Polytechnic University of Puerto Rico.	The aim of this project is to examine the effectiveness of Six Sigma DMAIC Methodology tool in the hospital discharge management process to increase operational excellence, customer satisfaction and finally cost reduction. The main objective is to reduce the patient's discharge time by 20%.	Billing hour start from 8:00 am instead of 9:00 am. • Up to date computers and technology. • Discharge process flow placed in the patient's room for better communication and understanding. • During peak hours, additional trained employee from another department. • Patient education must occur throughout the hospitalization, not during the time only of the discharge. • Improved communication between nurses, physicians, and case managers. Preparation of discharge summary at least 24 hours in advance. • Early identification of patient for possible discharge; preferably 24 hours in advance

RESEARCH METHODOLOGY

- **RESEARCH QUESTION**

What are the factors blocking the discharge process to be streamline?

- **OBJECTIVES:**

- To study the admission and discharge process.
- To study the SOP's related to discharge process.
- To identify the variation in the discharge process.
- To identify the factors causing delays to streamline the process.

- **RESEARCH METHODOLOGY:**

The study is conducted within The Narayana hospital, Jaipur based on descriptive cross-sectional study, observational study design and sampling method used is convenient sampling. The study took three months (i.e., 8 weeks) with a sample size of 300 discharges.

Time of observation was patient who got discharges from the wards from 10 am to 2pm (except Sundays) as no planned discharges were schedule for Sundays.

- **Inclusion criteria:** Patient who go through normal discharge, DAMA, CODE Z, Daycare, planned and unplanned.
- **Exclusion criteria:**

- **Patient who gets discharge from Minor procedures and ED etc.**
- **Source of data collection** – The data was collected by observing various wards on each floor, Discharge monitoring data through software ATHMA, Interaction with other IP coordinators. Analyzing was done with the help of MS-Excel and root cause analysis was done.

FLOW CHART

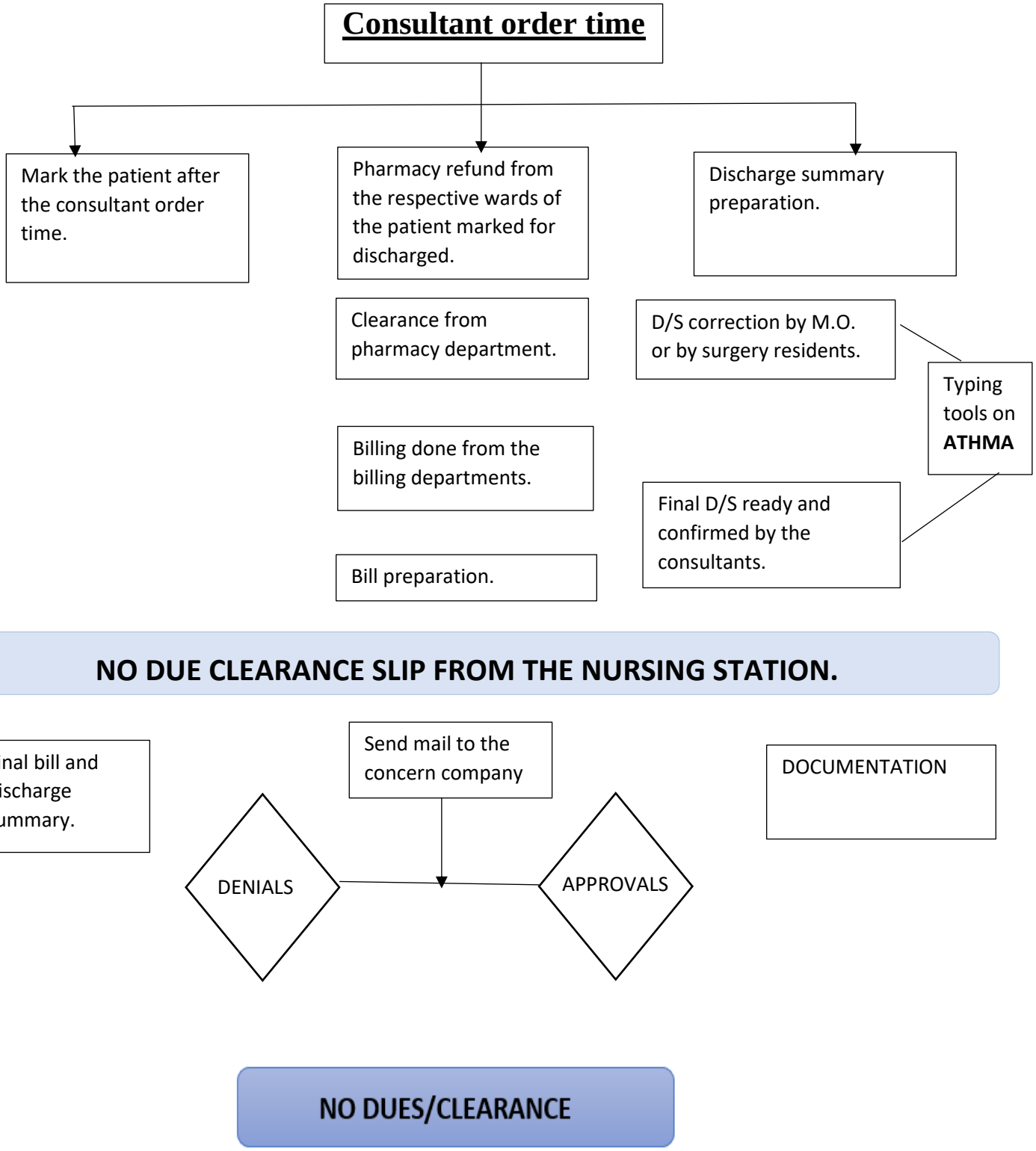

Figure 2: Flow chart of Discharge process

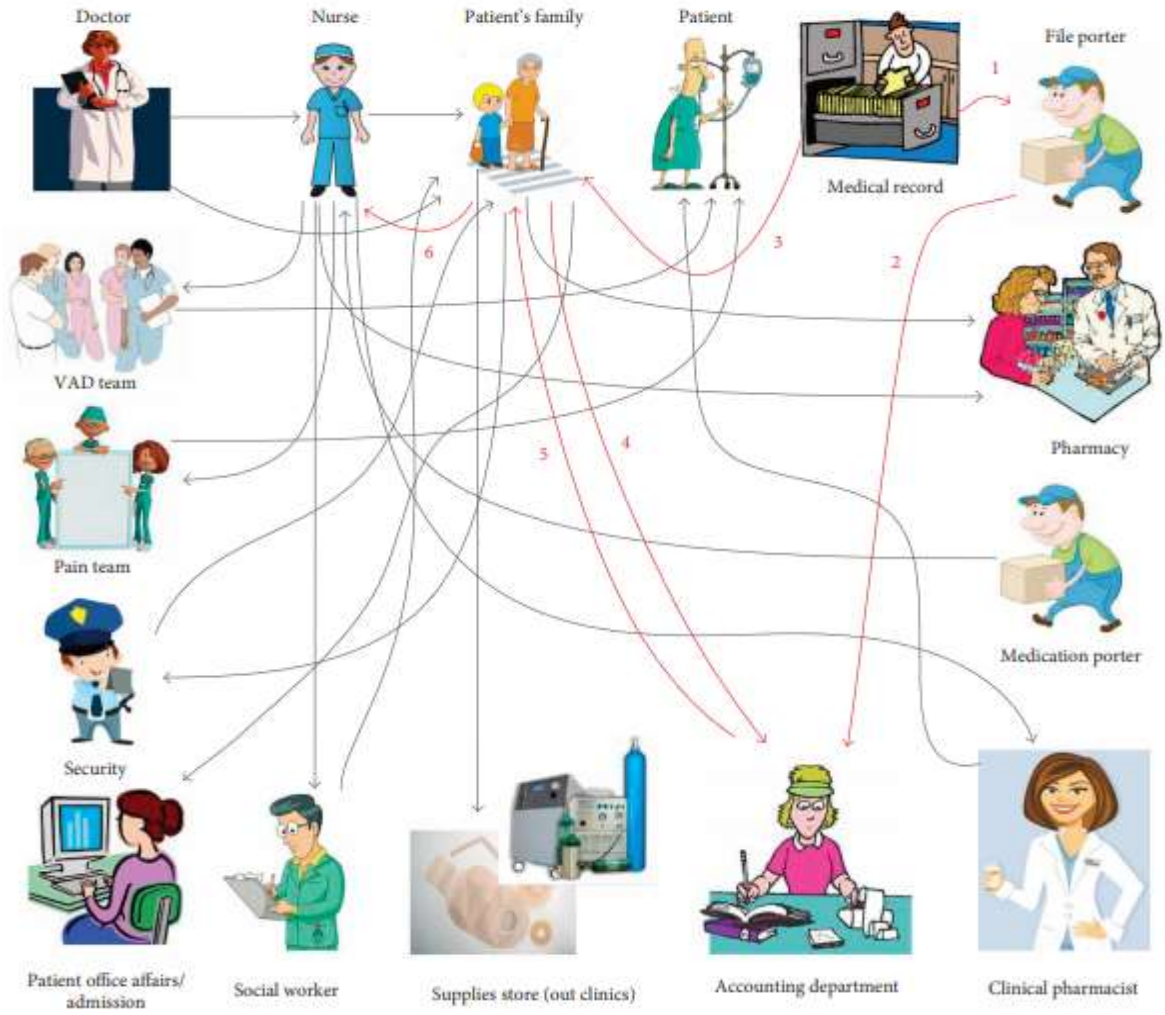

Figure 3: Communication complexity diagram

DATA ANALYSIS

DMAIC (Define, Measure, Analyze, Improve and control) refers to the data driven improvement cycle used for improving, optimizing and stabilizing business processes and design.

Figure3.2: DMAIC representation

Phase 1- Define the problem

Discharge process in hospital is a complex process and plays an important role in dissatisfaction of the patient as it increases patient length of stay, wastage of hospital resources, unavailability of bed. Delay in new patient admission etc.

Phase II – Gap identified in existing manpower

- Nurse time calculation: - Time taken by nurse to initiate the patient family about discharge.
- IP coordinator time calculated: - Time taken by coordinator from the time taken by doctors.
- Signed discharged summary to the discharge summary received by wards.
- GDA time calculation: - Time taken by GDA in transferring a discharge summary from wards to TPA desk.
- Billing time calculation: - Time taken by billing department in clearance of planned discharge patients.

Patient time calculated: Time taken by the patient to be wheeled out from hospital from no due clearance.

Table 3.1 Calculation and evaluation of factors

Category	Sample size
Cash	442
TPA	440

TABLE 3.2: AVERAGE TIME CALCULATED FOR VARIOUS STEPS IN DISCHARGE PROCESS

Average time calculated for various steps in discharge process		
1.	Average time taken to mark the patient after consultant order time.	15-30 Minutes
2.	Average time taken to finalize discharge summary after doctor correction.	45 mins
3.	Average time taken by GDA staff for transferring summary to TPA desk.	10 mins
4.	Average time taken by patient to clear all the bills in for cash patients.	30mins -2 hours
5.	Average time take by the nursing staff to make the returns.	16:5 mins
6.	Average time taken by the TPA for clearances.	1-2 hours
7.	Average time taken by billing department to send the bill to TPA for TPA patients.	3:30

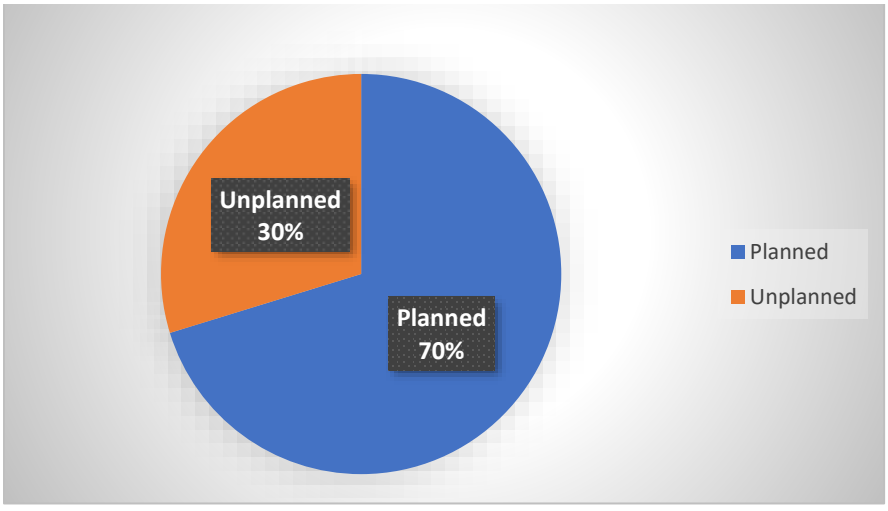

Figure 3.3: No. of discharges – Planned and Unplanned

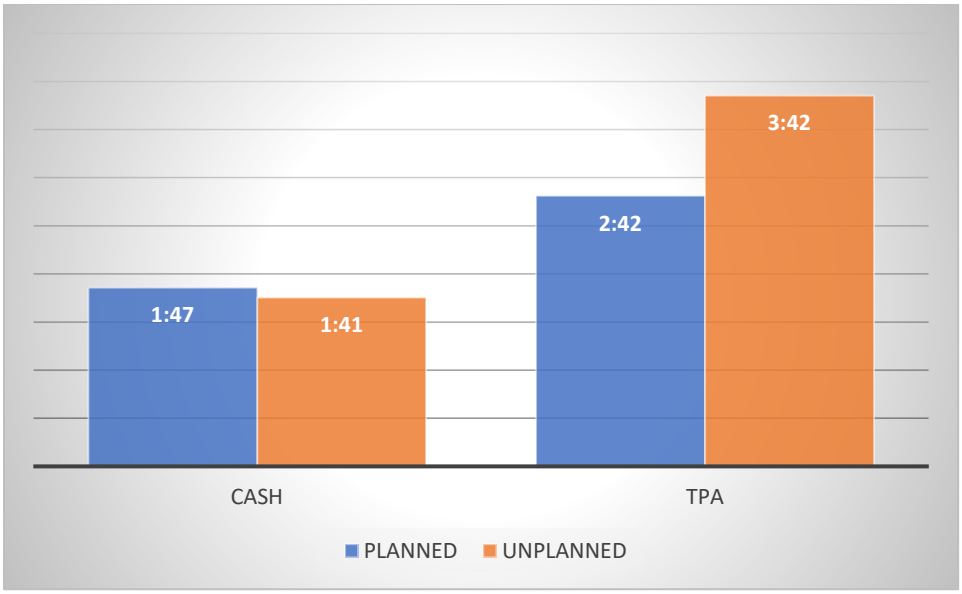

Figure 3.4: TAT for planned and unplanned patients.

	CASH	TPA
PLANNED	1:47	2:42
UNPLANNED	1:41	3:42

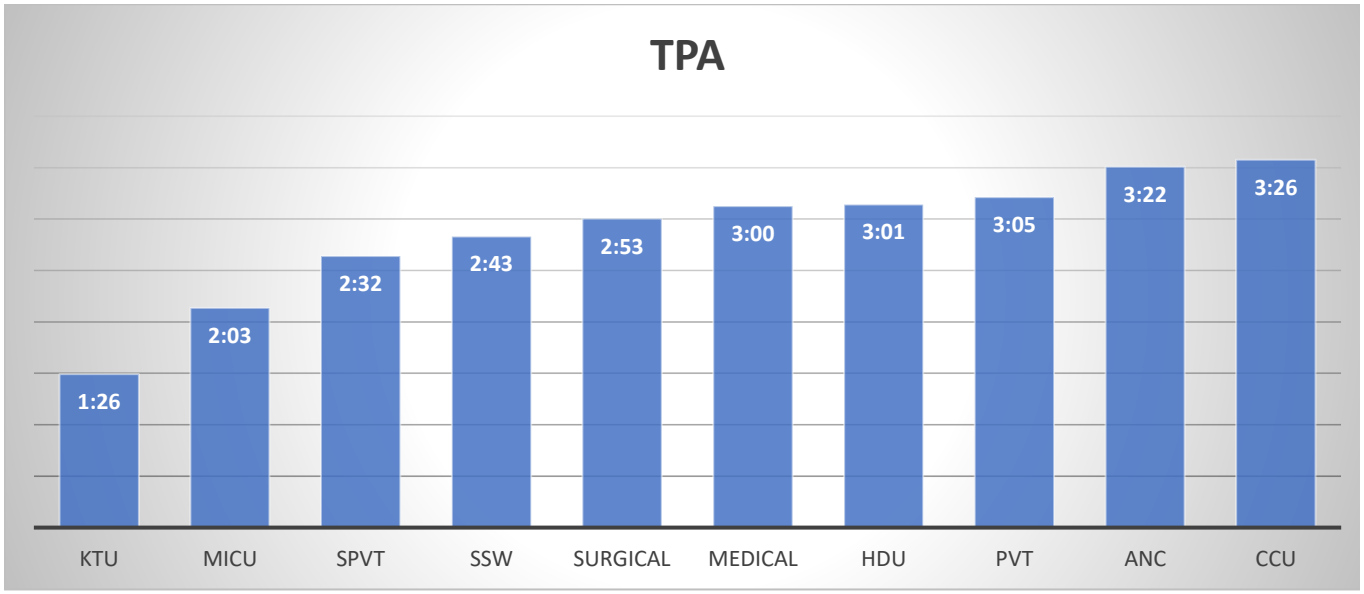

Figure 3.5: WARD WISE TAT OF TPA PATIENTS

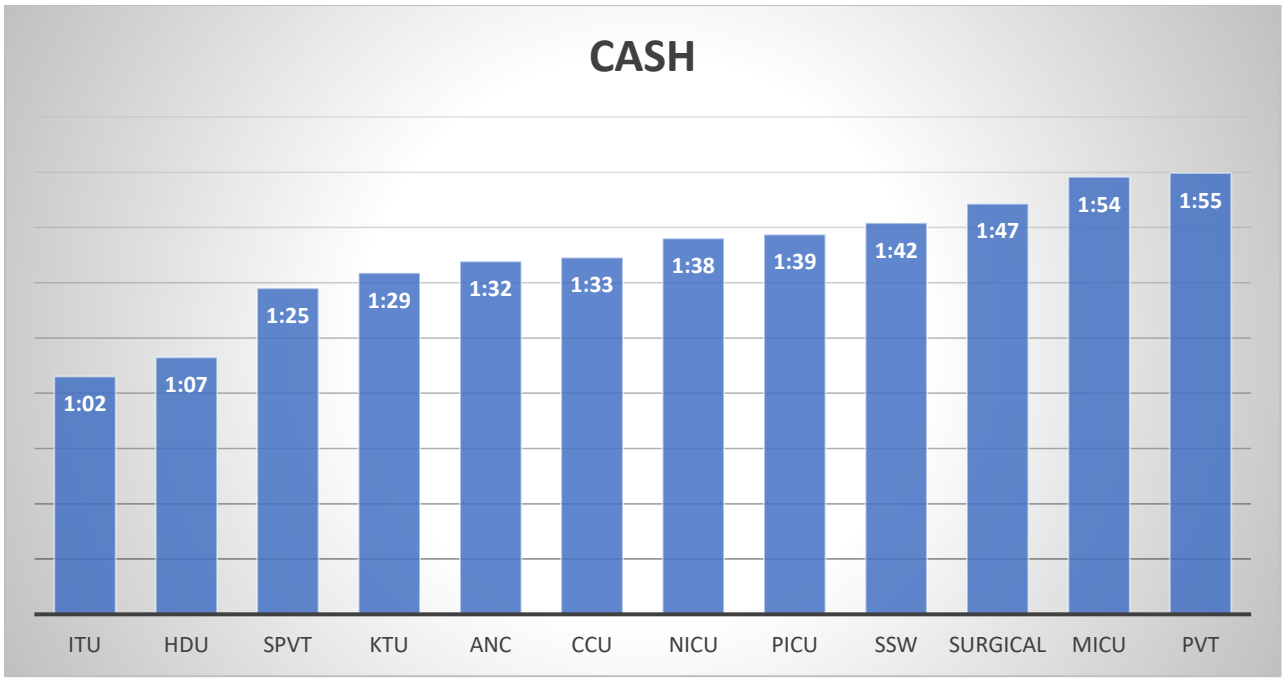

Figure 3.6: WARD WISE TAT OF TPA PATIENTS

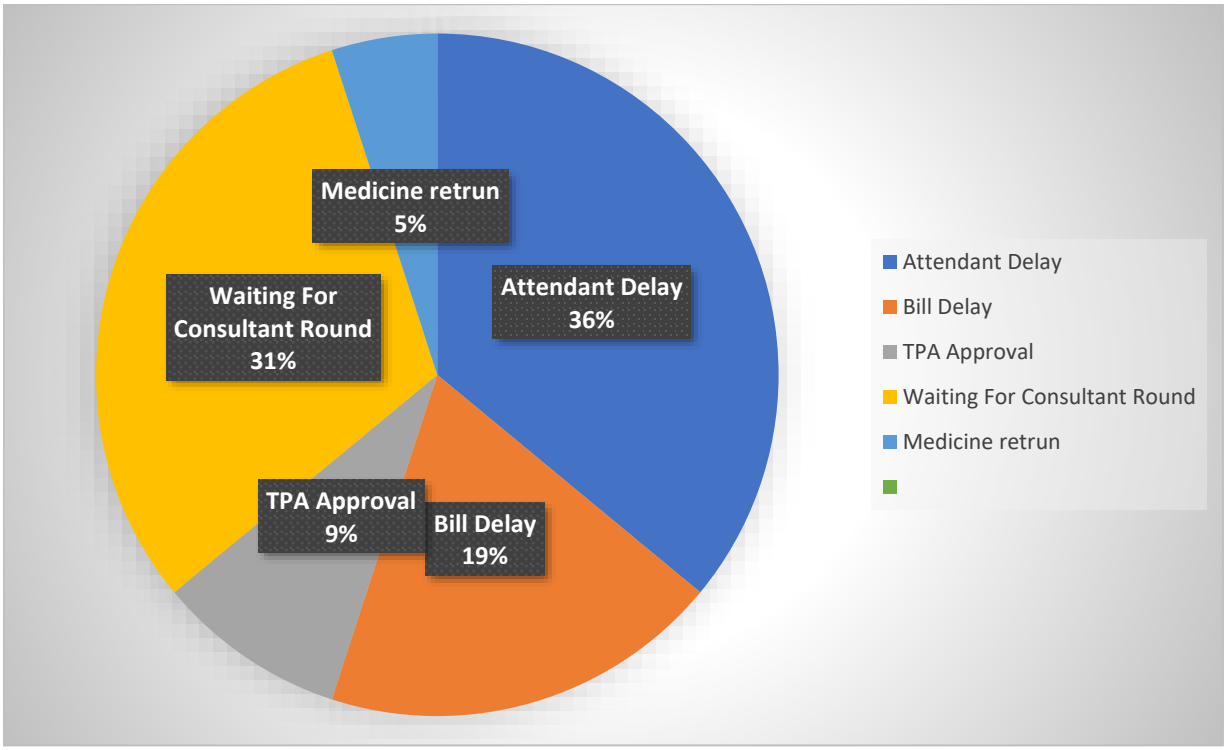

Figure 3.7: Delay reasons for discharges

INTERPRETATION

- On an average the discharge time for a cash patient is 1:45 mins.
- The maximum time taken to discharge a patient is of TPA.
- The shortest time taken to discharge a patient is of CODE Z or when a patient is from CCU or MICU (based on observations as well).
- Time taken for discharge patient is less in planned patients than unplanned patients.

Phase IV Improve: Implement best solutions

TABLE 4.1: Reasons for delay in discharge process.

S.no.	Reasons	Solutions
1	Discharge summary is prepared by surgery residents and it causes delay when they are busy in OT.	A different standard pattern can be made with the help of EMR.
2.	Multiple corrections of discharge summary at the time of discharge and it frequently occurs at the time of unplanned patients and TPA patients.	Cross referrals can provide update with the help of an application and it can directly be updated in the final discharge summary.
3.	Unplanned discharges in case of TPA and cash.	They can be converted into planned discharges.
4.	Last minute cross referrals.	It can be done digitally as patients don't have to wait for the doctor visit physically.
5.	Delay in Lab reports. – In covid	Planned discharges can be done more swiftly because patients need to wait for their negative report.

At the time of payment of bills & some other reasons: -

Table 4.2 : Reasons for delay during billing

S.NO.	Reasons	Solutions
1.	Patient unwillingness to pay take patient home. Example in COVID.	Early implementation regarding billing.
2.	Cash patient Unavailability of funds.	Counselling and a low treatment package design can be available. For eg:- Different brands of medicines can be used for them.
3.	TPA patients: Denials of applications, Queries from insurance companies.	Regular follow up and quick conversation TPA to cash should be done.
4.	Corporate patient: Denial of application, Indenting of medicines.	HIS update, will timely update pharmacy.
5.	Unavailability of GDA staff on the floor.	Recruitment and dedicated distribution of GDA staff.
6.	Piling of discharge summary at typing pool.	More recruitment for making discharge summaries.

Phase V: Control: Achieved results

As, it has seen that discharge summaries takes maximum time in the whole discharge process and other steps are simultaneously involved are affected. Some of them are using personal whats app for communication.

Ethical Consideration:

- No unethical practices will be carried out while doing research.
- Appropriate measures will be carried out to ensure data security, privacy, confidentiality.

Implication of research

Through my research we can identify the reasons and bottlenecks of hospital operational system. The study will see the level of patient satisfaction at the last step of patient care, and

Also streamline the existing process of discharge in The Narayana multispecialty hospital.

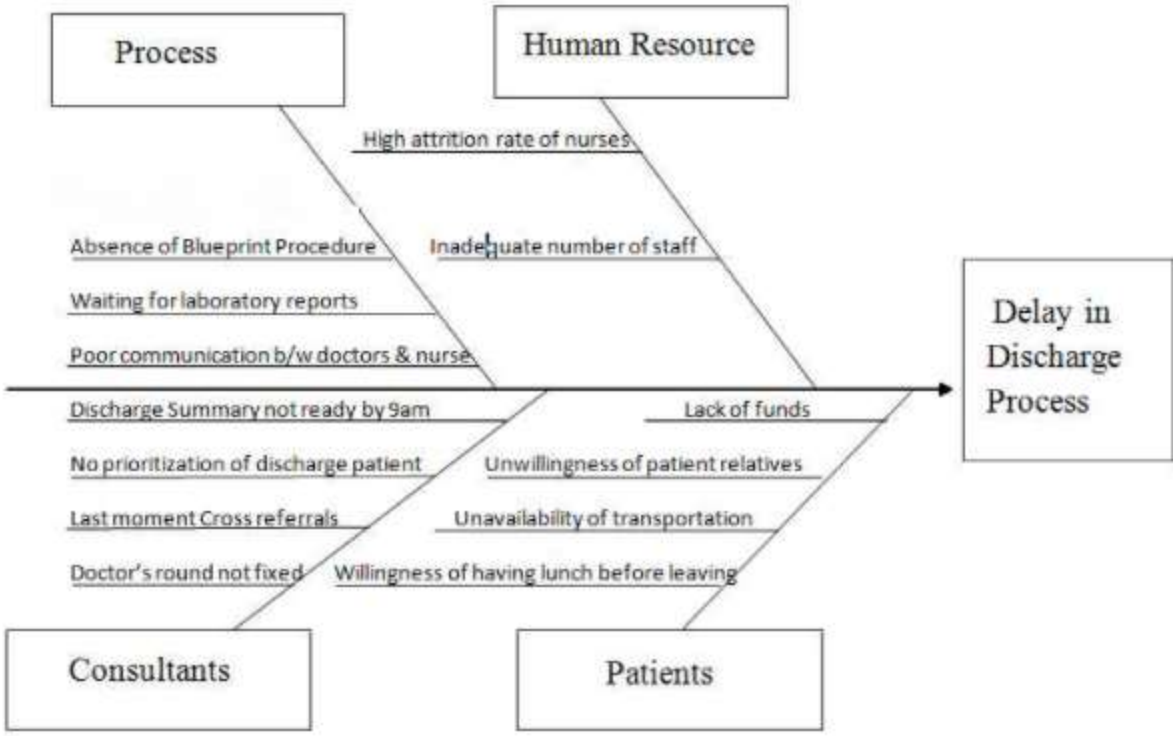

Figure 4.1: fishbone of bottle necks in discharge process

Table 4.3: The Process check list to sustain and control Improvement for long run

Process /Activity Steps	Processing time		Target Time	Task completion status (C-Completed; P*-Pending)	Signature of the Employee
	Start time	End Time			
Processing & Completion of the discharge notes by the primary physician					
Processing & completion of discharge notes by the ward secretary					
Processing and typesetting of the discharge summary by the Editor					
Completion of final discharge summary by the Editor after proof read by the Physician or Surgeon					
Time of handover of discharge summary to the Patient					

During the Analyze phase of DMAIC, a root cause analysis was carried out with each process owners in charge for the preparation of various components of the discharge summary report.

Following recommendations were implemented viz.

(i) All the process owners of patient discharge process were given training to utilize the Information Technology to generate up-to date information about the Patients to be discharged.

(ii) Job Specialization technique was adopted to train specific ward secretaries in each department to process the discharge summary of the Patients. Also, a Process Design Program Chart (PDPC) was prepared depicting the patient discharging process customized to each department and made readily available to the ward secretary.to facilitate the process.

(iii) The Discharge summary preparation process has been decentralized and the reports are generated in each department itself. Necessary manpower has been recruited for this purpose. After implementation of the improvement strategies for the period of 2 months, the data on patients discharging time was again collected in in the specific departments.

Suggestion

- Policy of a streamlined discharged process should be formed and implemented.
- Trainings should be conducted for staff to make them technology friendly.
- Clear communication should be encouraged among nurses, consultants, patients' relatives and other staff to get early discharge as miscommunication leads to delay in whole process.
- Duty rosters should be made for consultants for their visits at a fixed time.
- All reports should be timely verified and cross consultants' visits should be timely planned.

CONCLUSION

The discharge process in a hospital is as important as other process not only for the patient but for the hospital as well. As it holds commercial value as well. This process involves multi faces and many people at single point of time and creates many bottle necks which further causes delays.

These bottle necks are identified and solutions can be implemented in pathway to reduce the wastage of time and improving the process. Other steps which are followed in the pathway is value stream mapping. Altogether, **DMAIC** also helps in taking the right decision and making the process smooth and effective.

In discharge process, many time taking events have been identified like at billing point, drug return, TPA processing and further taking the right decision and reducing time wastage to smooth the process.

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Part 2

(Internship Report)

INTRODUCTION

The internship is an integral platform for someone to learn and gain experience in an actual workplace. The internship at **NARAYNA MULTISPECIALITY HOSPITAL JAIPUR**. I was posted in IPD operations as an operation executive. Here, I have to work in **WARDS** in co-ordination with nursing staff and other managers like Food and Beverages, maintenance, housekeeping, and deputy nursing superintendent.

Here, in wards we have to do take care of quality care, patient safety goals, management of services in wards like timely consultations, nursing rounds and dietary services. Timely consultations include rounds of doctors, cross consultations, if pending. Other responsibilities are related to nursing care which includes timely medication administration, time to time counselling of patients regarding their treatment at bed side and many more related to the maintenance and dietary supply of patients.

One of the main responsibilities in IPD operations is patient discharge process which includes many people at the same time for many patients in the discharge process. Ensuring all the tasks get done related to patient discharge like pharmacy return, new medicine indentation for the credit patients Here, the most important part is documentation and filing done by nursing staff which goes to the TPA for credit patients and corporate patients.

Other than this, we have to keep a check on financial payment of the patients and updating about the negative balance of the patients to the management. Making a data sheet of long stay patients and then discussing about their medical conditions with the management. Other aspects also include giving the presentation of all MRDs done, discharge tracker and data of DAMA patients in front of higher management.

OBJECTIVES OF INTERNSHIP

- Mastering technical skills and gaining essential knowledge about hospital operations.
- Polishing the skills of patient dealing and counselling.
- Learning about implementation of patient safety goals in the hospital.
- Assessment of quality care for patient.
- Doing quality audits.

Organization profile

Narayana Health
Health for all. All for health.

OVERVIEW

Narayana Multispecialty Hospital, Jaipur is an optimal blend of technological excellence, complete infrastructure, competent care and heartfelt hospitality - our patients say so.

NH Jaipur is a 330 bedded multispecialty tertiary care hospital, located at Pratap Nagar in the Southern part of Jaipur. The hospital is in a sprawling 4.7-acre campus and offers high quality affordable medical care to the people of not only Rajasthan but also the bordering states of Uttar Pradesh, Haryana and Madhya Pradesh. The hospital is defined by its multi-disciplinary approach to provide holistic healthcare to its patients. NH Jaipur has one of the best teams of specialists trained in top institutions in India & abroad bringing in international experience to treatments and procedures.

SERVICES -

Narayana multispecialty Hospital, Jaipur offers comprehensive care across 37 specialties which includes its six Centers of Excellence –

- Cardiology & Cardio-vascular surgery
- Medical & Surgical Gastroenterology
- Orthopedics & Joint Replacement
- Renal Sciences & Kidney Transplant
- Medical & Surgical Oncology (Cancer) and Critical Care .

"There is a difference between how Narayana Health is perceived and what we truly are."

Dr. Devi Prasad Shetty
Founder and Chairman

The world perceives us as a low-cost Indian healthcare service provider; what we are engaged in is a passionate journey to establish ourselves as the lowest-cost, high-quality healthcare service provider in the world.

Narayana Health adheres to national and international standards for healthcare; 19 hospitals are NABH accredited and 2 are JCI accredited (Narayana Institute of Cardiac Sciences, Bangalore- India and Health City Cayman Islands).

Mission

Our mission is to deliver high quality, affordable healthcare services to the broader population in India. Our core values are represented by the acronym

"I Care", which encompasses **i**nnovation and efficiency,

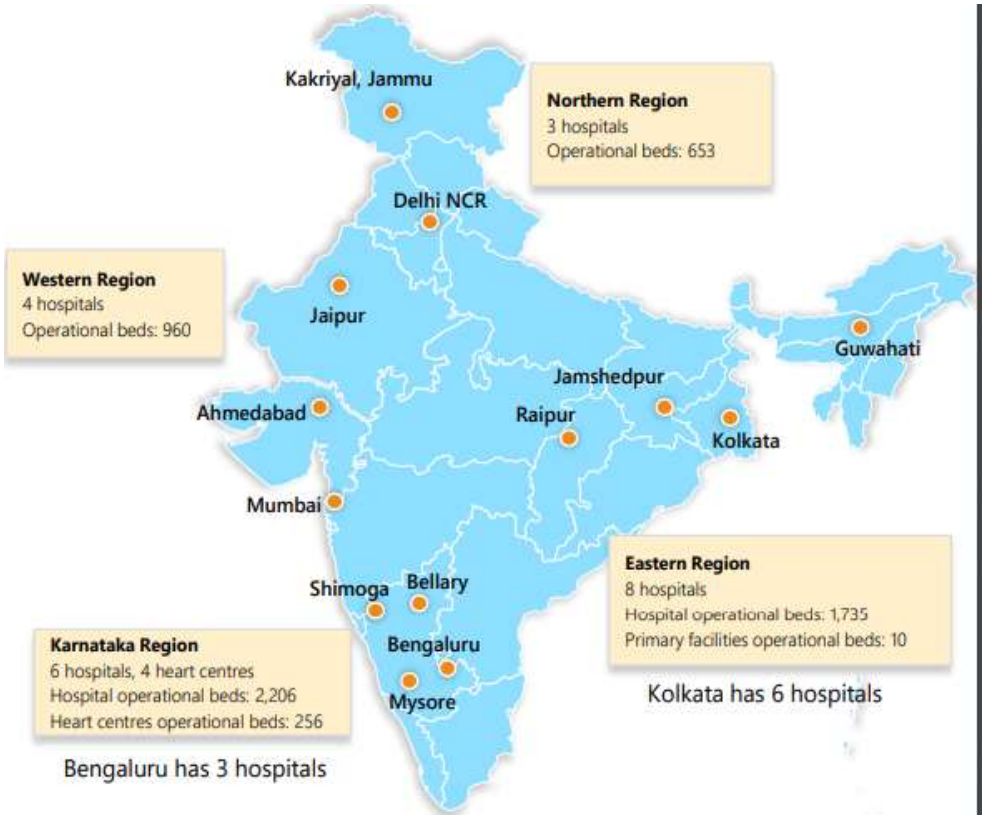
Compassionate care,

Accountability,

Respect for all, and

Excellence as a culture.

At the same time, we seek to generate a strong financial performance and deliver long-term value to our shareholders through the execution of our business strategy.



46	Healthcare Facilities	Operational beds
20	Owned / Operated Hospitals[1]	5,442 Beds
1	Managed Hospital[2]	112 Beds
5	Heart Centres[3]	318 Beds
19	Primary Healthcare Facilities[4]	10 Beds
1	Hospital in Cayman Islands	110 Beds

6,725	Capacity Beds
5,992[5]	Operational Beds
3.2 mn[6]	Average Effective Capital Cost per Operational Bed

30+ Specialities

16,965 Full-time Employees and Associates including 3,577 doctors

S.NO.	WARDS
1	ITU
2	KTU
3	CCU
4	HDU
5	CATH LAB
6	SONOGRAPHY/ MRI/ ULTRASOUND
7	MEDICAL
8	SEMI PVT
9	ANC
10	PEDI
11	NICU
12	PICU
13	OT
14	PVT
15	MICU
16	CTVS
17	SICU
18	TRANSPLANTATION UNIT
19	Emergency
20	Surgical and Neuro

Key Activities/ Projects Undertaken Other than Dissertation

Responsibility

1. To maintain high satisfaction through process driven services
2. Reduce / eliminate patient refusals, management of beds to accommodate patients in every single available bed in the hospital.
3. Prevent financial loss to the hospital by monitor under billing and pilferage.
4. To receive patients and meet them within half an hour of admission during working hours and next day morning immediately after joining duty.
5. To ensure availability of bed in coordination with all stakeholders.
6. To take rounds and meet every patient in the wards daily.
7. To ensure preparation of room / bed before new admission, internal transfers.
8. To ensure immediate start of treatment once the patient is admitted.
9. Monitor delivery of Stat medicines, pharmacy items, etc.
10. To ensure proper food facility for the patient like food served is hot and is served at right time, keeping in record the dietary habits choice for tea or coffee.
11. **Contribute in achieving of Revenue Growth of the Hospital**

    - To ensure and minimize all delays in rendering of treatment towards improving ALOS for all medical and surgical patients.
    - To carry out daily billing audit of all patients to avoid billing leakages
    - To ensure proper entry of bedside procedure in system.
    - To ensure every bill is checked before it is handed over to patient
    - To ensure re- counselling's done after change the procedures & surgery.

12. **Maximize Planning: To focus on streamlining the planned discharges.**

    - To ensure and maintain discharge TAT of 1-2 hrs for cash patients and 2-3 hours for sponsor patients
    - Floor Coordinators to inform Billing & Pharmacy for task clearance after patient gets Marked for Discharge.

- To ensure and minimize relatives / attendant's movement in the hospital to fulfil formalities like discharge, TPA formalities & billing unless the settlements is required.
- To share updated billing / approximate billing to every patient every day especially in private / twin sharing rooms
- To ensure all planned / unplanned discharge is marked for discharge before 10 am.
- To ensure unplanned discharges are ordered before 12 noon.
- To ensure discharge summary, pharmacy clearance is carried out for every planned discharge.

Key learnings:

- Learning the proceedings in ward about the **discharge process and patient safety goals**.
- Learning about the quality audits like **DAMS, MRD**.
- Learning about the operations processes in hospital.
- Focusing on revenue collection by making data of **Long stay** patients and **negative balance**.
- Identification of various codes used in hospital like **CODE Z, CODE BLACK, CODE PURPLE, CODE PINK, etc.**
- Improving the discharge processes and other pharmacy indentation.
- Working in **COVID** wards and **COVID ICU** areas.
- Doing medicine audits and daily issues in wards.
- Observing about the infection control.
- Ensuring quality care for all the patients.
- Learning about the hospital system through **ATHMA** and **ATTUNE** and providing the details about the patients.
- Improving the ALOS for medical and surgical patients.
- Keeping a proper check on quality of other services like diet, nursing care and timings.

THANK YOU