Lean Concept in Discharge Process

Internship Training
at
Soni Manipal Hospital, Jaipur
(February–April 2014)

By
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Under the guidance of
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Post Graduate Diploma in Hospital & Health Management
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TO WHOMSOEVER MAY CONCERN

This is to certify that **Ankur Gupta** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute Of Health Management Research Jaipur has undergone internship training at **Soni Manipal Hospital, Jaipur** from **18th February 2014 to 30th April 2014** on the project **"Lean concept in discharge process"**.

The candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The internship is in fulfilment of the course requirements.

I wish him all success in all future endeavours.

Dr. Ashok Kaushik

Dean, Academics and Student Affairs

IIHMR, Jaipur

ManipalHospitals
LIFE'S ON

SMH/HR/TC/013

Date: 17/05/2014

To whomsoever it may concern

This is to certify that **Mr. Ankur Gupta** pursuing his Post Graduate Diploma in Hospital and Health Care Management at IIHMR, Jaipur has completed his Dissertation Project on **"Lean concept in discharge process"** in inpatient department (IPD) at Soni Manipal Hospital, Jaipur from 18th February 2014 to 30th April 2014.

We wish him all success in future.

For Soni Manipal Hospital
(A Unit of Manipal Hospitals (Jaipur) Private Limited)

Nagendra Kumar,
Dy. Manager HR

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PREFACE

This dissertation is original, unpublished, independent work by the author, Ankur Gupta. The study deals with the research done at Soni Manipal Hospital, Jaipur, on the Discharge process of hospital and total turnaround time of the process. Many hospitals have elegant & elaborate strategic plans, but, they often do not have efficient Discharge process which creates patient dissatisfaction and delayed process which leads to waste of time and money. Despite this fact, the healthcare industry as a whole spends less than half the amount that other industries are spending on efficiency of the process. One reason for healthcare's reliance on an extensive workforce is that it is not possible to produce a "service" and store it for later consumption. In healthcare, the production of the service that is purchased and the consumption of that service occur simultaneously. After recruitment, hospitals like any other industry prefer to have optimum output from employees for continuous delivery of service. But there are many factors which cause delay in completing discharge process. Hence, a study on Discharge process at Soni Manipal hospital was done with the main objective of finding the root cause for the delay and to observe the system to find out the possible solution to reduce the turnaround time.

Whether we are running a corporate hospital, consulting firm, Software Company, or other project-based organization, any process should not be too delayed which creates difficulty in smooth functioning of hospital and on the same hand, do not lead to any loss of time and money. Maintaining Smooth and efficient discharge process drives higher billings, higher revenue and ultimately, higher profits. It is also a critical measure of financial success and sustainability. Yet tracking and measuring process poses challenges. Turnaround time is a measure of time spent in completion of patient discharge process, from doctor's intimation to nurse for discharge till the patient leaves the hospital.

There is no such software which can find out the turnaround time. This study is observational with collection of live data in the ward. But there are a few basic principles to follow in the process. If they understand the goal, there is a better chance they will beat the goal, and if they don't beat it, they have less reason to complain. If the calculation is not simple, it is understood by no one, and ultimately becomes a number on a spreadsheet that everyone is aiming towards but does not really understand, which can hurt morale.

ABSTRACT

Title: Lean Concept in Discharge Process of Soni Manipal Hospital, Jaipur.

Author: Ankur Gupta

Background: For any organization the most important and primary concern is patient's satisfaction. Delay in discharges is a major concern for any hospital; it just not affects patient satisfaction level but also financially costs the organization. This study emphasizes on delays occurring in discharges in the hospital. It was a prospective study of sample size of 140 patients, which covered all types of patients admitted in all the IPD floors of the hospital.
A stream lined discharge process can reduce the average length of stay of a patient benefiting the hospital as well as the patient. As soon as the patient is advised for discharge the first thought is to leave the hospital as soon as possible and get back to their home.

AIM: To Study discharge process and factors causing delay in discharge process of hospital.

Objectives:

- To study process flows of IPD as well as other departments.
- To find the areas of delay in discharge process and their reasons.
- To streamline the discharge process reducing the time for discharges.

Methodology:

- **Data source**: Data was collected on routine basis from in–patients department, discharges taking place in hospital at the time of study.
- **Type of study**: Cross-sectional, prospective and analytical Lean study.
- **Study area**: Soni Manipal Hospital, Jaipur
- **Duration of study**: 3 months
- **Sample size**: Patients (140)
- **Sampling Method**: Purposive simple random sampling.

Result: Hospital discharge process is not very efficient and patient had to wait a long time in the process. If we see the average discharge process time of all the floors in the hospital, then

Turnaround Time (TAT) for the patient is 4hrs 27mins and TAT for the hospital is 4hrs 51mins.TAT for the Hospital also includes the time taken to clean the bed by housekeeping department and making that bed ready for the next patient.

Conclusions: From the analysis it was found that there are various areas where there is delay in the discharge due to multiple reasons. Discharges are not taken as seriously as they should be taken. The importance of the time factor is not taken in to consideration as a major criteria, preference is given to the in patients neglecting the patients that need to be discharged. The other important factor was accountability of the job and its importance.

Acknowledgement

This report is the result of Twelve weeks whereby I have been accompanied and guided by many people. It is a pleasant opportunity to express my gratitude to all of them.

I am gratified to **Dr. B.R. Soni**, Director – Administration who found me suitable as Management Intern in this organization and gave me permission for three months training and project work.

I am deeply indebted to **Dr. Shruti surekha, General Manager Quality** without whose able guidance and pain staking efforts and constant encouragement ,this training program could have not been through to completion.

I pay lot of thanks to all the departmental heads and working staff whoever came as source of help in completion of the project as well as for departmental learning. Special thanks to all the working staff of this organization for all the assistance and information.

I am glad to acknowledge **Dr. S. D. Gupta**, Director IIHMR, **Dr. Ashok Kaushik,** Dean, Academic and Students' Affairs, IHMR and **Dr. Ashok Kaushik,** Guide, IIHMR, for incorporating right attitude in me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to orient myself to hospital's working and absorb learning, and for their valuable guidance and time.

I genuinely thank my parents, family and friends for their blessings and support. Last but not the least I am thankful to God, for getting an opportunity to learn from this organization.

Ankur Gupta

Table of contents:

S.No.	Topic	Page no.
1.	Preface	2
2.	Abstract	5
3.	Acknowledgement	7
4.	Abbreviations	9
5.	Introduction	10
6.	Review of literature	13
7.	Graphical Analysis	27
8.	Recommendations	32
9.	References	35
10.	Annexure	36

Abbreviations:

Abbreviation	Full form
IPD	Inpatient department
TAT	Turnaround time
NABH	National accreditation board for hospitals and healthcare providers
PALS	Patient Advice and Liaison Service
SAP	Single assessment process
TPA	Third party administrator
CGHS	Central government health scheme
ICU	Intensive care unit
NICU	Neonatal Intensive care unit
ECHS	Ex-servicemen contributory health scheme

Introduction:

For any organization the most important and primary concern is patient's satisfaction. Delay in discharges is a major concern for any hospital; it just not affects patient satisfaction level but also financially costs the organization. This study emphasizes on delays occurring in discharges in the hospital. It is a prospective study of sample size of 140 patients, which covered all types of patients admitted in all the IPD floors of the hospital. It covers cash, CGHS, international and TPA patients. In order to understand the discharge process and the delays involved in it, analysis has been done on the discharge process. After understanding the complete process of IPD, data was collected at various ends regarding the process initiation and the time it took to complete. The various parameters taken in consideration were the time for the discharge summary to be issued by the doctors, time taken for pharmacy clearance, time taken for billing and finally the time take by the nurses to execute this process. After collecting, compiling and analyzing the data, the areas of concern are highlighted for the optimum use of implementation to be done by the hospital.

Patient satisfaction had been recognized in the recent times as the most important element of quality and that makes an excellent hospital different from the good hospitals. A stream lined discharge process can reduce the average length of stay of a patient benefiting the hospital as well as the patient. As soon as the patient is advised for discharge the first thought is to leave the hospital as soon as possible and get back to their home.

Problem statement:

Delay in discharge process results in patient dissatisfaction.

Research questions:

1. What is the average time taken by the hospital to discharge a patient?
2. Key areas where improvement is required to avoid delay in discharge process?
3. What are the possible recommendations to avoid delay?

Objectives:

- To study process flows of IPD as well as other departments.
- To find the areas of delay in discharge process and their reasons.
- To streamline the discharge process reducing the time for discharges.

Methodology:

- **Data source**: Data was collected on routine basis from in–patients department, discharges taking place in hospital at the time of study.
- All the analysis and graphical depictions was done with the help of MS-Excel.
- **Type of study**: Cross-sectional, prospective and analytical study.
- **Study area**: Soni Manipal hospital, Jaipur
- **Duration of study**: 3 months
- **Sample size**: Patients (140)
- **Sampling Method**: Purposive simple random sampling.

- **Tools used:**

  - **Value stream mapping-**

  Avoiding non-value added activities from the process i.e. eliminating extra steps taken by staff to complete the process because of distance.

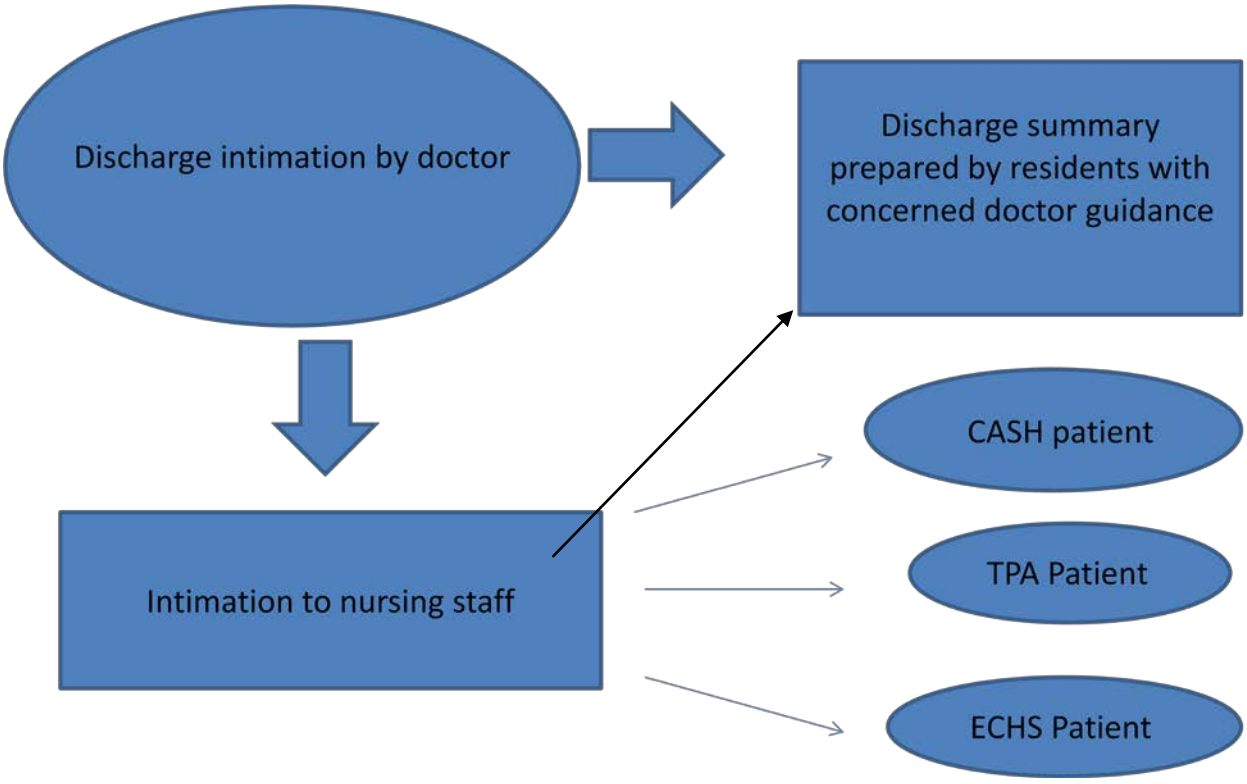
  - **Poka-yoke (mistake proofing)-**

  Errors in summary typing need to be reduce to make the system mistake proof, by rechecking it before printing.

THE APPROACH-

The approach involves 4 steps-

- Project design
- Data collection
- Data Interpretation
- Data analysis



Review of literature:

1. **Time Study (1):**

Discharge is a release of a hospitalized patient from the hospital by the admitting physician after providing necessary medical care for a period deemed necessary. Any hospital needs to work on finer aspects of the discharge process, to make it more patient friendly and less time consuming as it directly connects to patient satisfaction. Discharge is defined as, “a release of a hospitalized patient from the hospital by the admitting physician after providing necessary medical care for a period deemed necessary.

a. It is also defined as, “the process of activities that involves the patient and the team of individuals from various discipline working together to facilitate the transfer of patient from one environment to another.
b. The patient as well as his relatives eager to resume their routine life immediately and any undue delay in the discharge process leads to patient dissatisfaction and takes a toll on image of the hospital, even after a successful and satisfactory treatment.

The process comprises of clinical, financial, legal and administrative and record keeping aspects starts right from writing of discharge orders to settlements of all kinds of hospital bills is a time consuming process; but if executed in an organized way with assistance from trained medical, Para-medical and administrative staff, can be completed as per global standards or those prescribed by hospital accreditation boards like NABH at national level.

The time study measures the time required to perform a given task in accordance with a specified method and is valid only so long as the method is continued. Once a new

work method is developed, the time study must be changed to agree with the new method.

Time study is a direct and continuous observation of a task, using a stopwatch, video camera etc, to record the time taken to accomplish a task Time motion study is often used when there are repetitive work cycles of short to long duration, wide variety of dissimilar work is performed, or process control elements constitute a part of the cycle

Time study was carried out with the following objectives which are as follows in the literature:

To observe and record the time needed for completion of discharge process for all the type of discharges.

1. To compare the average time taken for completion of discharge process for all types of discharges with NABH standards.
2. To propose recommendations based on the study findings.

If the person you are looking after goes into hospital you may have concerns about what will happen when they leave, especially if it seems they may need more care than they did before their hospital stay.

A person shouldn't be discharged from hospital until all of the following criteria have been fulfilled:

- They are medically fit (this can only be decided by the consultant or someone the consultant has said can make the decision on their behalf).
- They have had an assessment to look at the support they'll need to be discharged safely.
- They have been given a written care plan that sets out the support they'll get to meet their assessed needs.

- The support described in their care plan has been put in place and it's safe for them to be discharged.

Each hospital has its own discharge policy. You and the person you care for should be able to get a copy of this from the ward manager or the hospital's Patient Advice and Liaison Service (PALS).

The hospital's discharge policy should follow government guidance on discharge of patients, which emphasizes the importance of involving patients and their carers in hospital discharge planning. As a carer, if the person you look after gives their permission, you should be kept informed throughout the process, and have your views and concerns listened to. You should also have a choice about whether you'll provide care when the person you look after leaves hospital.

The guidance says that you and the person you care for should "be involved at all stages of discharge planning, given good information, and helped to make care planning decisions and choices".

2. **Hospital discharge (2):**

   Hospital discharge is the term used when a person leaves hospital once they are sufficiently recovered. People with dementia usually need further long-term help after leaving hospital, and some may move into a care home. Others need support in their own home or in the home of a relative or friend. This factsheet explains the discharge process and looks at the different options following discharge from hospital.

3. **Leaving hospital (3)**

People should not be discharged from hospital unless they are medically fit and have been formally discharged by a named doctor. Every hospital has a hospital discharge policy. This

is a public document that you can ask to see. It should include details of how the hospital staff will arrange the discharge. It will help to start to think about what will happen after a hospital stay very early on.

Plans about the date and time of discharge should be discussed with the patient and their carer. Hospital staff must ensure that transport to the person's home or care home has been arranged. They should also take extra care when making plans to discharge someone on a Friday, or during a weekend, as it may be difficult to contact home care workers and GPs on these days. Hospital discharge policies should include details of what to do in such circumstances.

The hospital discharge process should include:

- An assessment of the person's needs, living environment and support network.
- A written care plan that records these needs
- Confirmation that any required services are in place in time for the discharge
- A system for monitoring and, if necessary, adjusting the care plan to meet any change in needs

4. Delayed transfer of care (4)

The research literature on hospital discharge goes back at least thirty years and there is

Older people make up a disproportionate number of those whose discharge from hospital is delayed and who are waiting for other services.

The Health Select Committee on Delayed Discharges argued that delays in discharge can be seen as the symptom, and cause, of poor bed management in hospitals and a failure of communication between health and social care. Beyond this analysis, the Committee argued the importance of focusing on the experience of individual patients.

1. Introduction and overview:

The problems concerning hospital discharge are of a number of different types, these include, discharges that:

- Occur too soon;
- Are delayed;
- Are poorly managed from the patient/carer perspective;
- Are to unsafe environments.

The causes of these difficulties are diverse, and include:

- Internal hospital factors (e.g. the timing of ward rounds; the wait for diagnostic test results; the delay in referring for a home assessment and of this taking place; the organization and management of medication; and the availability of transport)
- Co-ordination issues (e.g. the communication and organization of different health, social care and other community-based services)
- Capacity and resource issues (e.g. the limited availability of transitional and rehabilitation places; placement difficulties associated with care homes; and availability of a home care provider)
- Patient/carer involvement/choice (e.g. the lack of engagement with patients and carers in decisions about their care and the limited availability of choice of care options; and the lack of involvement by independent sector providers in operational and strategic planning issues).

2 Improving discharge performance:

Discharge from hospital is a process and not an isolated event. It should involve the development and implementation of a plan to facilitate the transfer of an individual from hospital to an appropriate setting. The individuals concerned and their carer(s) should be involved at all stages and kept fully informed by regular reviews and updates of the care plan.

Planning for hospital discharge is part of an ongoing process that should start prior to admission for planned admissions, and as soon as possible for all other admissions. This involves building on, or adding to, any assessments undertaken prior to admission. Local implementation of the single assessment process (SAP) needs to take account of this critical issue.

Effective and timely discharge requires the availability of alternative, and appropriate, care options to ensure that any rehabilitation, recuperation and continuing health and social care needs are identified and met.

5. **Planning(5):**

   Planning for a patient's post discharge care does not begin on the day when decision is made to release the patient from the hospital. It is generally accepted that discharge planning should start prior to admission (for planned admission) or at the time of admission (for unplanned admission). A combination of individual factors such as age and medical factors such as multiple health conditions, and organizational factors, such as a lack of alternative forms of care put patients at risk for delayed discharge or inadequate discharge planning. The lack of nursing participation also contributes to a delay in the discharge process.

   The role of nurses in discharge planning is the focus of this paper, which includes strategies to improve participation and the importance of involving patients and their home carers in decision making.

Discharge Planning:

To continue the care after leaving the hospital, it prepares the patient and family for transition from the health care setting to another which includes assessing patient needs at discharge, making arrangements and referrals for follow up care and coordinating the various

professional and volunteer services. It needs to be initiated on admission to the hospital and then continues as an ongoing process throughout the hospital stay." Good discharge planning involves the patient from the beginning, using his strengths, providing resources to meet his limitations, and is focused in improving outcomes on the patient's life. Driscoll (2000) stated that discharge planning is a process where patients' needs are identified and a plan formed for a smooth transfer from one environment to another.

Most modern definitions of discharge planning include the notion of helping patients through transitions from one level of care to another. It is not focused on moving the patients out of the hospital, rather on helping them progress through a number of levels of care. The discharge planning process facilitates successful transitions, such as: from intensive care to intermediate care; a surgical unit to a rehabilitation program or from home care to a hospice unit. According to Rorden and Taft (1990), Discharge planning is not just:

- Limited to concern about the physical transfer of the patient.
- Focused only on the physical care needs of the patient.
- An activity that is done to or for the patient without his active involvement.
- The responsibility of a discharge planning specialist alone.

However, Discharge planning; is a process that:

- Begins with early assessment of anticipated patient care needs.
- Includes concern for the patient's total well being.
- Involves patient, family and caregivers in dynamic, interactive communication as planning processes.
- Prioritizes collaboration and coordination among all involved health care professionals.

- Results in mutually agreed upon decisions about the most economic and appropriate options for continuing care.
- Is based on thorough, update knowledge of available continuing care resources.

Lean tools:

Lean manufacturing includes a set of principles that use to achieve improvements in productivity, quality, and lead-time by eliminating waste through *kaizen*. Kaizen is a Japanese word that essentially means "change for the better" or "good change."

The goal is to provide the customer with a defect free product or service when it is needed and in the quantity it is needed.

There are many tools and concepts which are as follows:

1. **Cellular Manufacturing**

Cellular manufacturing is an approach in which all equipment and workstations are arranged based on a group of different processes located in close proximity to manufacture a group of similar products. The primary purpose of cellular manufacturing is to reduce cycle time and inventories to meet market response times.

2. **Takt Time**

This is the "heartbeat" of the customer. Takt time is the average rate at which a company must produce a product or execute transactions based on the customer's requirements and available working time.

Takt = T/D

Where **T** is the Time available for product/service.

D is a demand for the number of units

T gives information on production pace or units per hours.

3. **Standardized Work**

A process of documented description of methods, materials, tools, and processing times required to meet takt time for any given job. This aids in standardizing the tasks throughout the value stream.

4. **One Piece Flow or Continuous Flow**

This concept emphasises reducing the batch size in order to eliminate system constraints. A methodology by which a product or information is produced by moving at a consistent pace from one value-added processing step to the next with no delays in between.

5. **Pull Systems and Kanban**

A methodology by which a customer gives direction to the supplying process to produce a product or information or deliver product/information when it is needed. Kanban is the signals used within a pull system through scheduling combined with travelling instruction by simple visual devices like cards or containers.

6. **Five Why's**

A thought process by which the question "why" is asked repeatedly to get to the root cause of a problem.

7. **Quick Changeover / SMED**

A 3-stage methodology developed by Shigeo Shingo that reduces the time to changeover a machine by externalizing and streamlining steps. Shorter changeover times are used to reduce batch sizes and produce just-in-time. This concept aids in reducing the setup time to improve flexibility and responsiveness to customer changes.

8. **Mistake Proofing / Poka Yoke**

A methodology that prevents an operator from making an error by incorporating preventive in-built responsiveness within the design of product or production process.

9. **Heijunka / Leveling the Workload**

The idea that, although customer order patterns may be quite variable, all of our processes should build consistent quantities of work over time (day to day, hour to hour).

This strategy is adopted by intelligently planning different product mix and its volumes over period of times.

10. Total Productive Maintenance (TPM)

A team-based system for improving Overall Equipment Effectiveness (OEE), which includes availability, performance, and quality. This aids in establishing a strategy for creating employee ownership autonomously for maintenance of equipment. The goal of the TPM program is to markedly increase production while at the same time increasing employee morale and job satisfaction.

OEE (Overall Equipment Efficiency):

OEE = A x PE x Q

A - Availability of the machine.. PE - Performance Efficiency. Q - Refers to quality rate.

11. Five S

5S is a five step methodology aimed at creating and maintaining an organized visual workplace.

This system aids in organizing, cleaning, developing, and sustaining a productive work, environment.

12. Problem Solving / PDCA / PDSA

The **PDCA** cycle is a graphical and logical representation of how most individuals have already solved problems. It helps to think that every activity and job is part of a process, that each stage has a customer and that the improvement cycle will send a superior product or service to the final customer.

PLAN: establish a plan to achieve a goal

DO: enact the plan

CHECK: measure and analyze the results

ACT: implement necessary reforms if results are not as expected

The key principles for effective discharge and transfer of care are:

- Unnecessary admissions are avoided and effective discharge is facilitated by a 'whole system approach' to assess the process and for commissioning and delivery of services.
- The engagement and active participation of individuals and their carer(s) as equal partners is important in the delivery of care and in planning of a successful discharge.
- Discharge process is not an isolated event. It has to be planned at the earliest opportunity across the primary, hospital and social care services, ensuring that individuals and their carer(s) understand and are able to contribute to care planning decisions as appropriate.
- The process of discharge planning should be coordinated by a named person who has responsibility for co-coordinating all stages of the 'patient journey'. This involves liaison with the pre-admission case co-coordinator in the community at the earliest opportunity and the transfer of those responsibilities on discharge.
- Staff should work within a framework of integrated multidisciplinary and multi-agency team working to manage all aspects of the discharge process.
- Effective use of the transitional and intermediate care services. So, that existing acute hospital capacity is used appropriately and individuals achieve their optimal outcome.
- The assessment for, and delivery of, continuing health and social care is organized so that individuals understand the continuous health and social care services, their rights and receive advice and information to enable them to make informed decisions about their future care.

The benefits of effective discharge planning are:

A. For the patient

- Needs are met.
- Able to maximize independence.
- Feel part of the care process, an active partner and not disempowered the government's policy.
- Do not experience unnecessary gaps or duplication of effort.
- Understand and sign up to the care plan.

- Believe they have been supported and have made the right decisions about their future care.

B. For the carer(s)

- Feel valued as partners in the discharge process;
- Consider their knowledge has been used appropriately;
- Are aware of their right to have their needs identified and met;
- Feel confident of continued support in their caring role and get support, before it becomes a problem;
- Have the right information and advice to help them in their caring role;
- Are given a choice about undertaking a caring role;
- Understand what has happened and whom to contact;

C. For the staff:

- Feel their expertise is recognized and used appropriately;
- Receive key information in a timely manner;
- Understand their part in the system;
- Can develop new skills and roles;
- Have opportunities to work in different settings and in different ways;
- Work within a system which enables them to do so effectively;

D. For organizations:

- Resources are used to best effect;
- Service is valued by the local community;
- Staff feel valued which, in turn, leads to improved recruitment and retention;
- Meet targets and can therefore concentrate on service delivery;
- Fewer complaints;

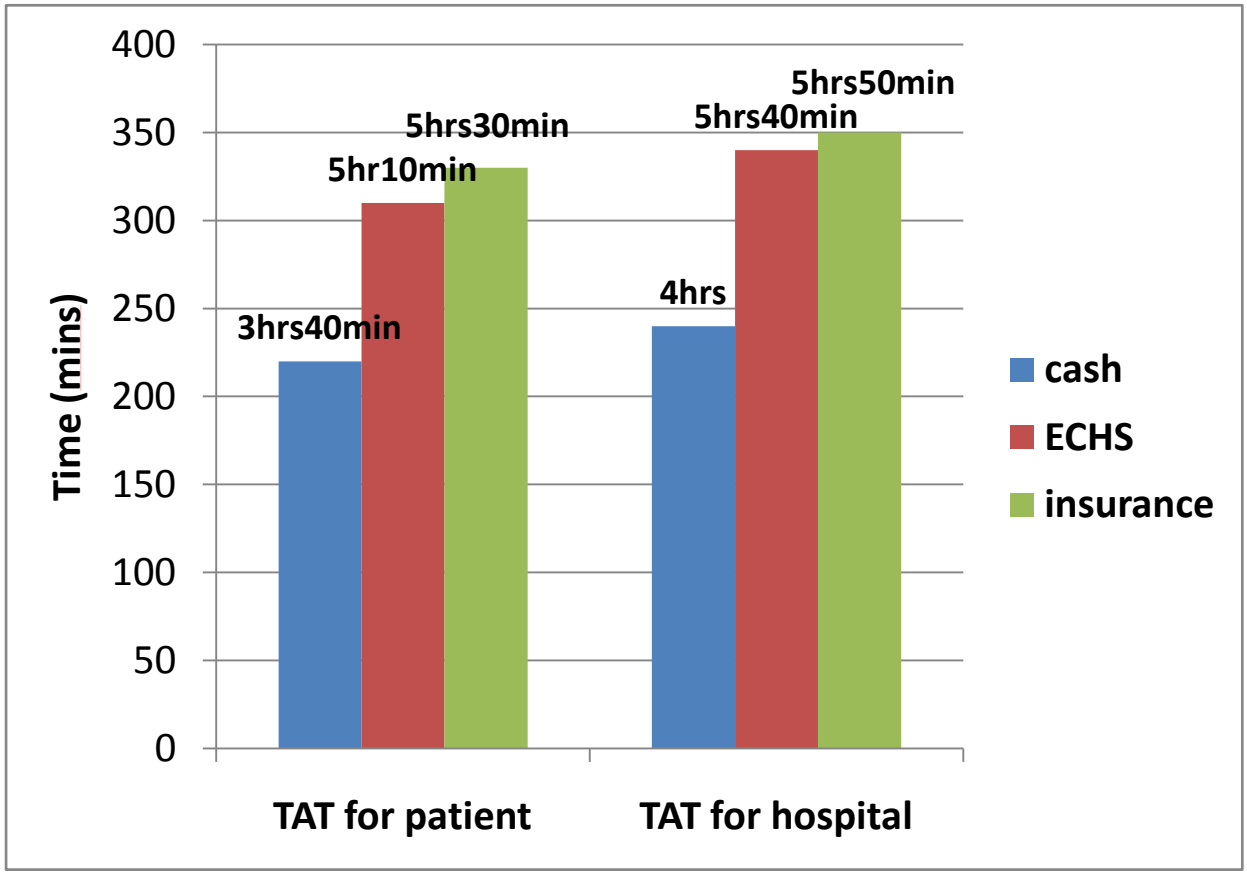
- Positive relationships with other local providers of health and social care and housing services;
- Avoidance of blame and disputes over responsibility for delays.

Bed distribution in inpatient department of hospital:

Table 1: Distribution of beds in IPD

Male general ward:	14 male beds
Female general ward:	10 female beds
Post operative ward:	26 beds
Oncology ward:	23 beds
Medical ICU:	18 bedded
NICU:	6 Bedded
Deluxe, suit, sharing room:	22 rooms

Analysis:



- **TAT for the patient:**

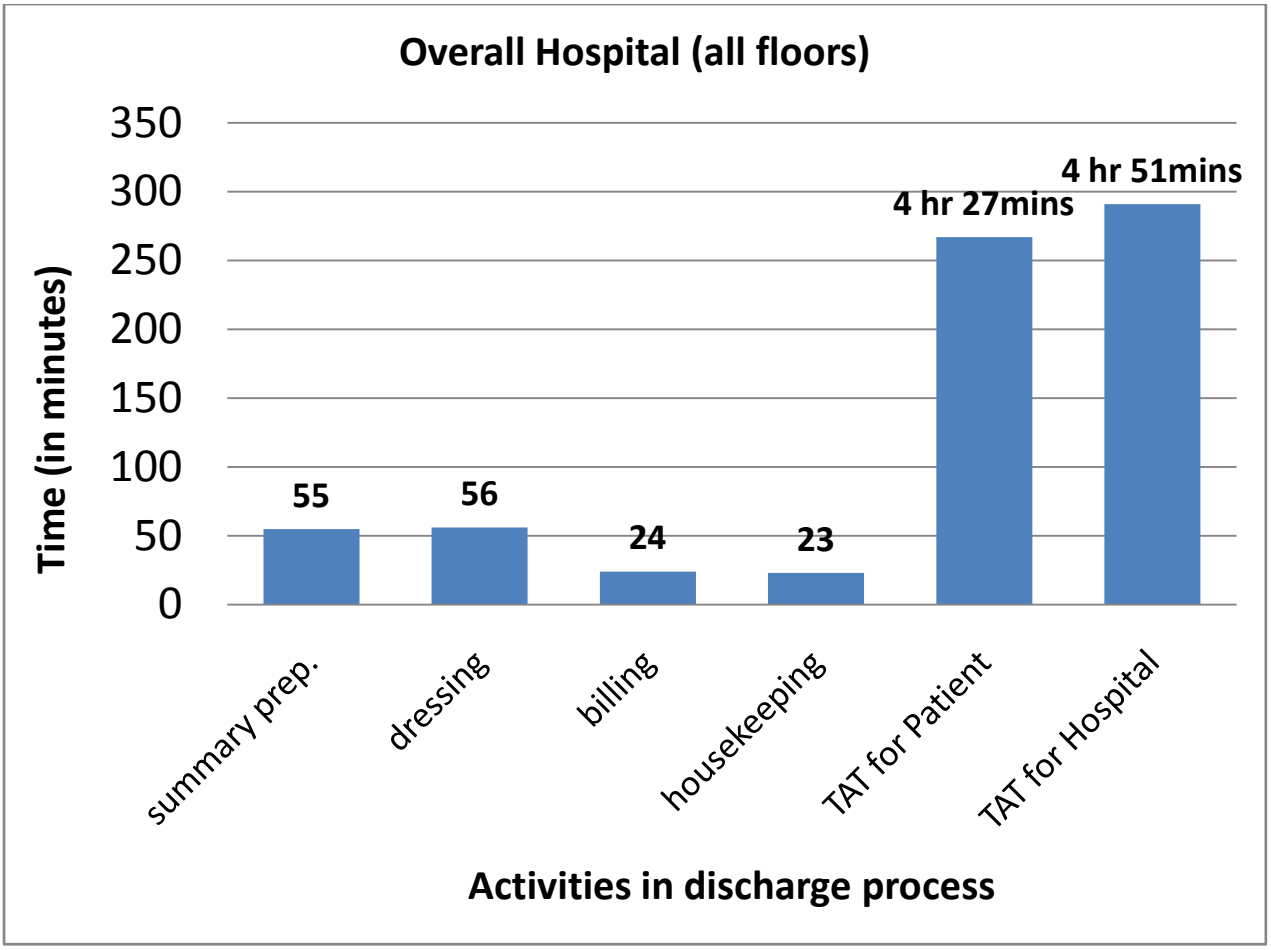
  It is the Total turnaround time from doctor's intimation for discharge to physical movement of the patient.

- **TAT for the hospital:**

From intimation till bed is cleaned by housekeeping and been ready for the next patient, after Patient's physical movement.

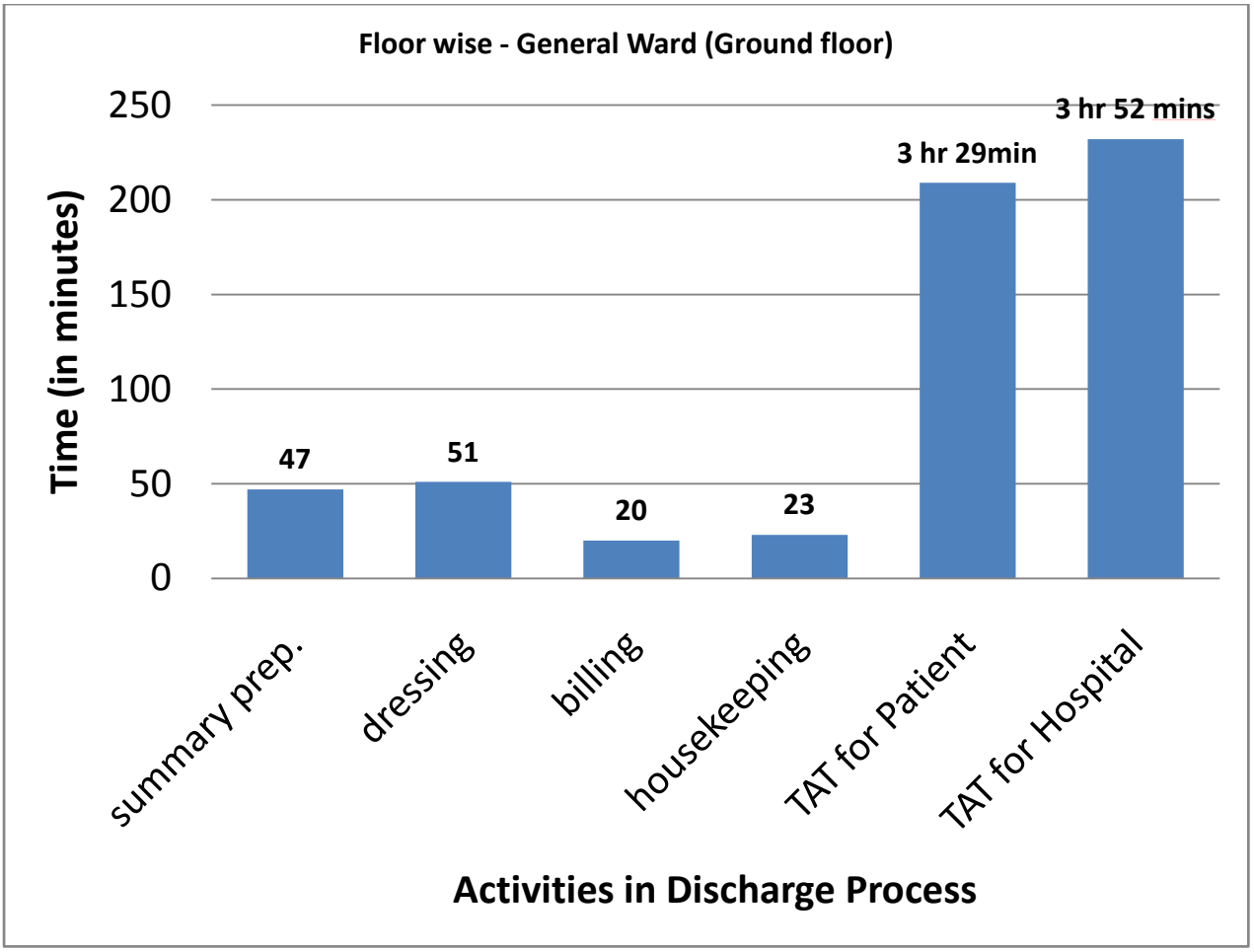
Observations:

1. TAT for the patients in cash patient is 3 hrs 40mins and TAT for hospital is 4 hrs.
2. TAT for the patients in ECHS patient is 5 hrs 10 min and TAT for hospital is 5 hrs 40 min.
3. TAT for the patients in insurance patient is 5 hrs 30 min and TAT for hospital is 5 hrs 50 min.



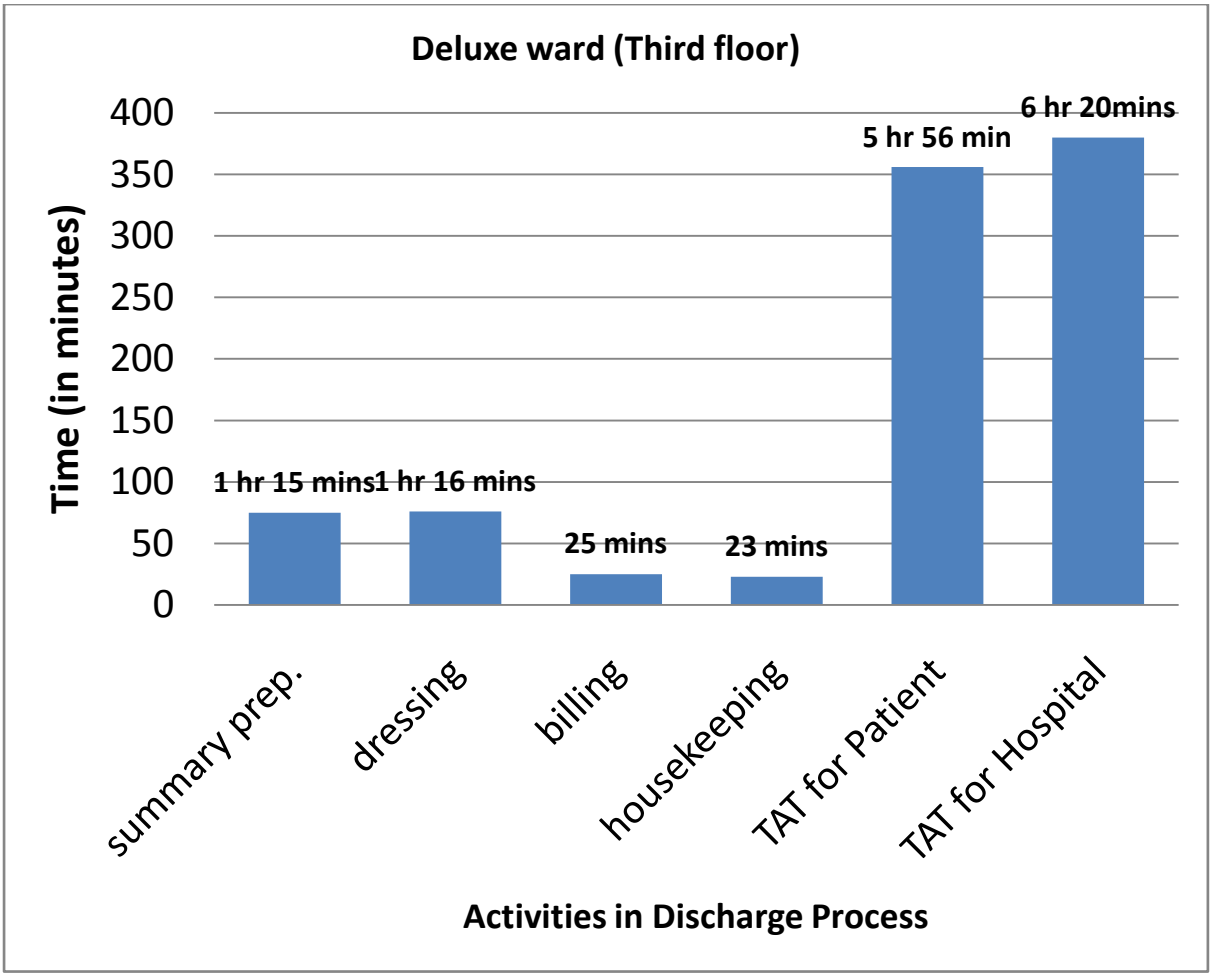
Observations:

1. Time taken to prepare summary is a matter of concern for the hospital, as it is taking a long time to prepare.
2. Time taken in Dressing of a patient is also very long, which needs very high attention to improve it.
3. Turnaround time need to be reduced, as in this current scenario, patients are highly dissatisfied.



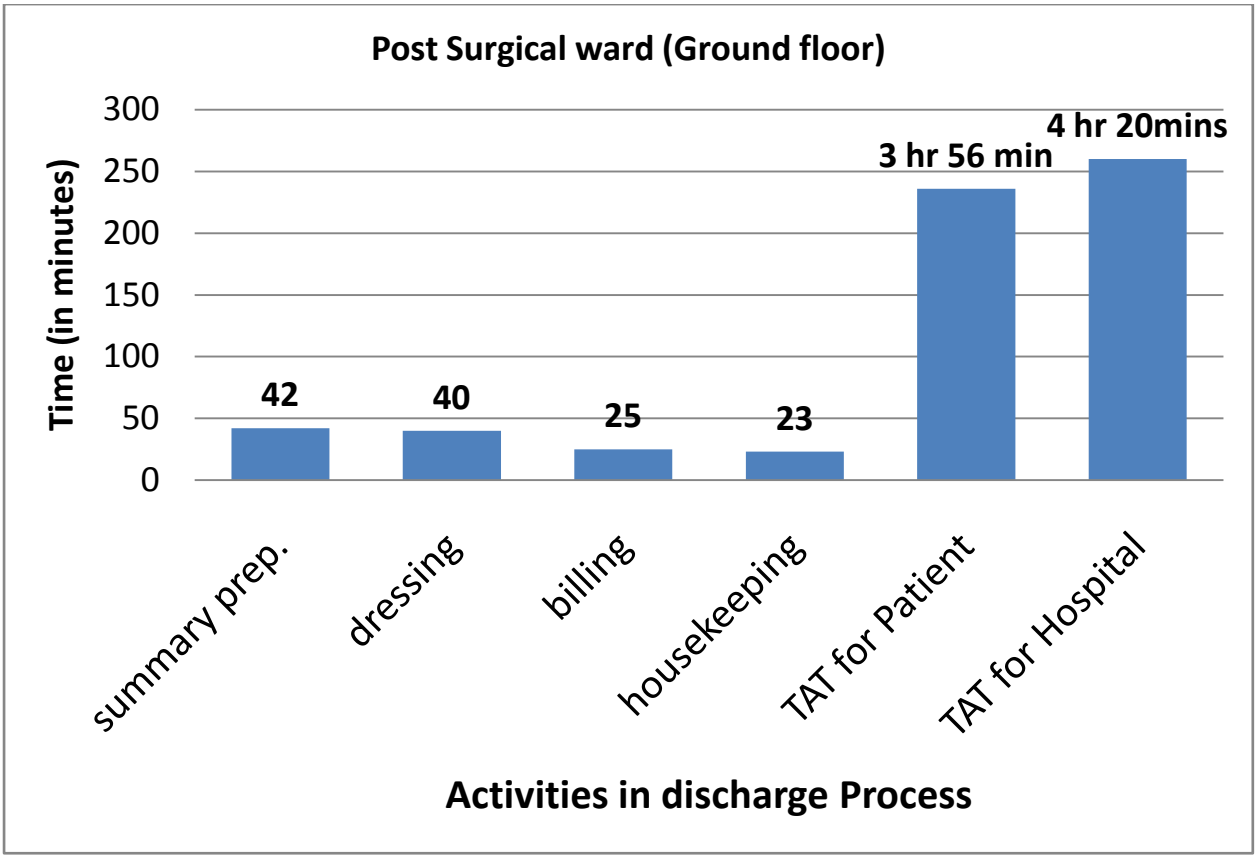
Observations:

1. TAT for the patients is 3 hrs 29 mins and TAT for hospital is 3 hrs 52 mins.
2. Dressing of the patients is taking a very long time i.e. 51 mins.
3. Summary need to be generate fast to save the time.



Observations:

1. A very long Time is been taken in dressing of a patient, mostly in deluxe ward because of location of dressing room at ground floor, which is too far from deluxe ward which is on third floor.
2. Same with summary preparation, as it is also at ground floor.



Observations:

1. TAT for patients is 3 hr 56 mins and TAT for hospital is 4hr 20 mins.
2. Dressing of patients is taking a very long time, which needs attention.

RECOMMENDATIONS:

Based on the study findings, to improve the time needed and to make discharge procedures more patient friendly, for all types of discharges, it could be recommended that:

1) Location of dressing room can be made near to ward.
2) Linen set can be store at bedside to save time.
3) Nursing station can be made in centre of the ward to save steps of staff in going from station to bed.
4) All departments involved in the discharge process should be adequately staffed, depending on the patient load in the hospital. - Staff, recruited for these departments should be trained in discharge procedures and communication skills for better interaction with patients/relatives.
5) Hospital management should take feedback from patients about services, including discharge, provided to them, as an ongoing activity & should take it seriously.
6) Software can be there to expedite the discharge process should be purchased and customized according to needs of the hospital, after provision of adequate funds and training to the relevant staff.
7) A GDA can be specially assigned for pharmacy collection and will help in reducing the time of pharmacy clearance.
8) Feedback form need to be bilingual as currently it is only in Hindi.
9) Discharge summary should have time printed on it.

10) Bell need to be there at patient's bed side in the ward, to call the nurse.

11) All the beds present in the ward, should have bed cover.

12) One housekeeping staff should be always present in the ward to have rapid action whenever required.

13) Resident doctor should clearly explain the patient about medicines, diet and exercise, etc.

14) Filled Feedback form must be taken up by staff in a closed box.

15) Drugs should not be sent in last during discharge, as this causes delay in discharge.

16) Staff at dressing room should record the patient in and out time details, along with other details.

17) Font size is too small on the feedback forms, which creates very difficulty in reading by elderly patients.

18) The billing for international patients should be simultaneously and updated every day as the treatment continues to avoid last minute delays in settlement.

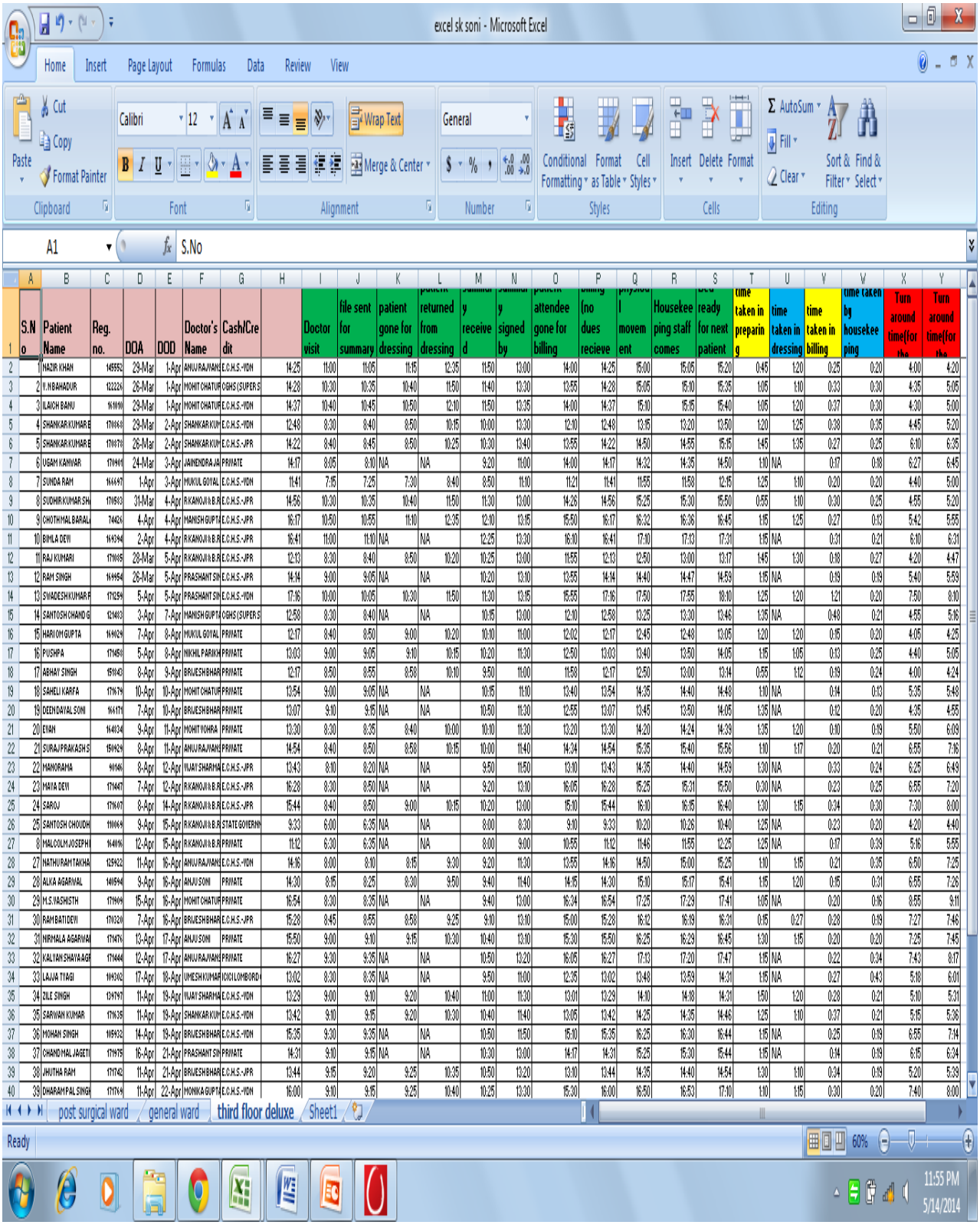
WASTAGES:

1. More steps taken by staff to reach to Dressing room, as it is too far from the ward, and which also causes delay in discharge process.
2. More steps taken by Nursing staff, to go to bed in the ward, as station is at the end of the ward, which can be made in the centre of the ward to keep a eye on all the patients and it will reduce steps of nursing staff from station to bed.
3. Every time housekeeping staff need to go to store to bring linen set after physical movement of the patient, which creates delay and more steps. For this, one set of linen for each bed can be kept in bedside locker, so that bed cover can be changed quickly as soon as the patient leaves.

REFERENCES:

1. Global journal of medicine and public health: GJMEDPH 2013; Vol. 2, issue 3
2. http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=173
3. http://www.dohc.ie/issues/health_strategy/action84.pdf?direct=1
4. http://www.wales.nhs.uk/sitesplus/documents/829/DoH%20%20Discharge%20Pathway%202003.PDF
5. Canadian Journal of Nursing Informatics: Vol.3 No 4 Pages 28 to 51. Page 1 of 24 by Shahina S Pirani, BSN

ANNEXURES: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Cells
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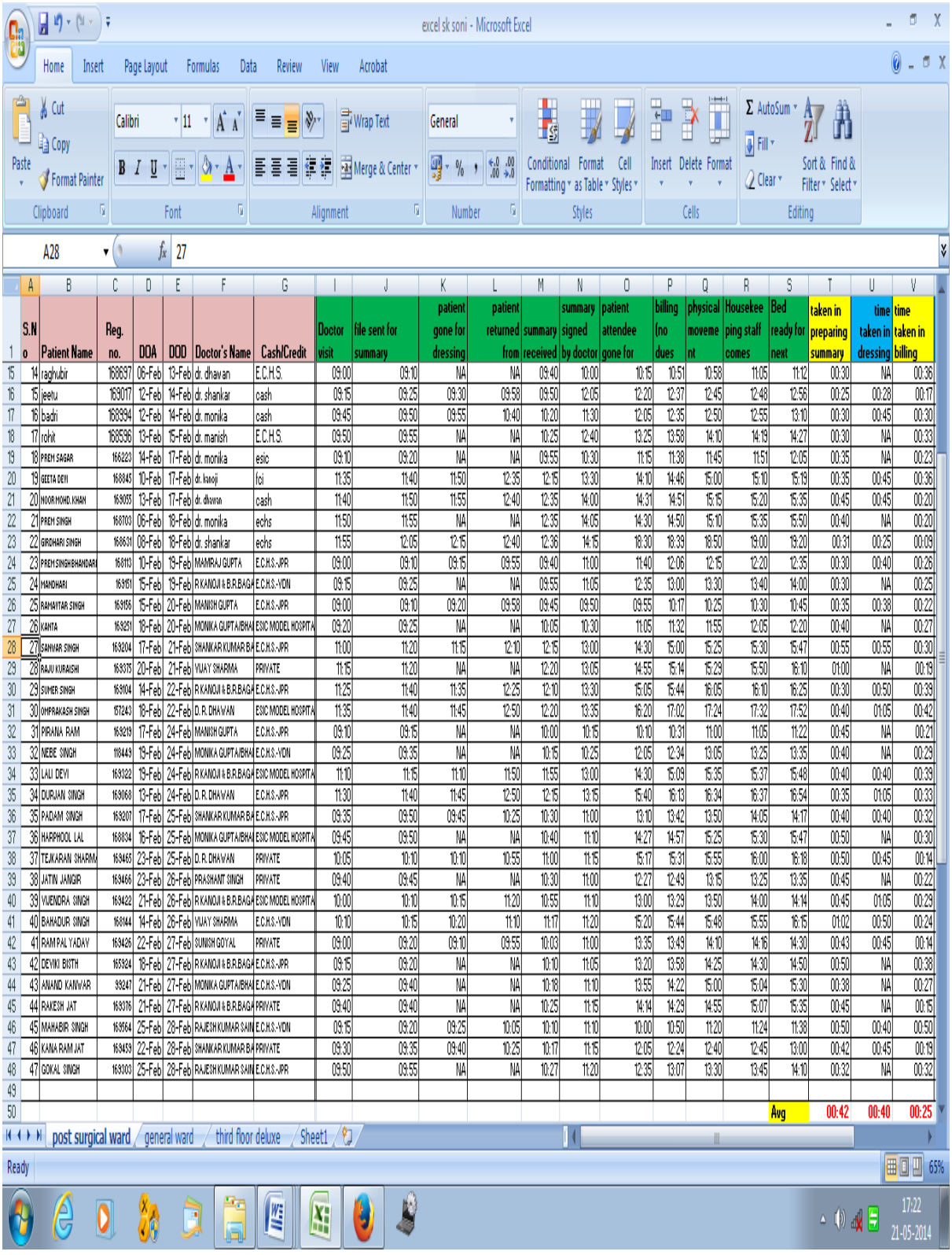
A1
S.No
S.No
Patient Name
Reg. no.
DOA
DOD
Doctor's Name
Cash/Credit
Doctor visit
file sent for summary
patient gone for dressing
patient returned from dressing
Summary received
Summary signed by
patient attendee gone for billing
Billing (no dues recieve
physical movement
Housekeeping staff comes
bed ready for next patient
time taken in preparing
time taken in dressing
time taken in billing
time taken by housekeeping
Turn around time(for the
Turn around time(for the
post surgical ward
general ward
third floor deluxe
Sheet1
Ready
60%
11:55 PM
5/14/2014



	A	B	C	D	E	F	G	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	S.No	Patient Name	Reg. no.	DOA	DOD	Doctor's Name	Cash/Credit	Doctor visit	file sent for summary	patient gone for dressing	patient returned from	summary received	summary signed by doctor	patient attendee gone for	billing (no dues	physical movement	Housekeeping staff comes	Bed ready for next	taken in preparing summary	time taken in dressing	time taken in billing
15	14	raghubir	168697	06-Feb	13-Feb	dr. dhawan	E.C.H.S.	09:00	09:10	NA	NA	09:40	10:00	10:15	10:51	10:58	11:05	11:12	00:30	NA	00:36
16	15	jeetu	163017	12-Feb	14-Feb	dr. shankar	cash	09:15	09:25	09:30	09:58	09:50	12:05	12:20	12:37	12:45	12:48	12:56	00:25	00:28	00:17
17	16	badri	168394	12-Feb	14-Feb	dr. monika	cash	09:45	09:50	09:55	10:40	10:20	11:30	12:05	12:35	12:50	12:55	13:10	00:30	00:45	00:30
18	17	rohit	168596	13-Feb	15-Feb	dr. manish	E.C.H.S.	09:50	09:55	NA	NA	10:25	12:40	13:25	13:58	14:10	14:19	14:27	00:30	NA	00:33
19	18	PREM SAGAR	166223	14-Feb	17-Feb	dr. monika	esic	09:10	09:20	NA	NA	09:55	10:30	11:15	11:38	11:45	11:51	12:05	00:35	NA	00:23
20	19	GEETA DEVI	168845	10-Feb	17-Feb	dr. kanoji	fci	11:35	11:40	11:50	12:35	12:15	13:30	14:10	14:46	15:00	15:10	15:19	00:35	00:45	00:36
21	20	NOOR MOHD. KHAN	163053	13-Feb	17-Feb	dr. dhawan	cash	11:40	11:50	11:55	12:40	12:35	14:00	14:31	14:51	15:15	15:20	15:35	00:45	00:45	00:20
22	21	PREM SINGH	168700	06-Feb	18-Feb	dr. monika	echs	11:50	11:55	NA	NA	12:35	14:05	14:30	14:50	15:10	15:35	15:50	00:40	NA	00:20
23	22	GIRDHARI SINGH	168631	08-Feb	18-Feb	dr. shankar	echs	11:55	12:05	12:15	12:40	12:36	14:15	16:30	16:39	16:50	19:00	19:20	00:31	00:25	00:09
24	23	PREM SINGH BHANDARI	168113	10-Feb	19-Feb	MAMRAJ GUPTA	E.C.H.S.-JPR	09:00	09:10	09:15	09:55	09:40	11:00	11:40	12:06	12:15	12:20	12:35	00:30	00:40	00:26
25	24	MANDHARI	163151	15-Feb	19-Feb	R KANOJI & B.R.BAGA	E.C.H.S.-VDN	09:15	09:25	NA	NA	09:55	11:05	12:35	13:00	13:30	13:40	14:00	00:30	NA	00:25
26	25	RAMAVTAR SINGH	163156	15-Feb	20-Feb	MANISH GUPTA	E.C.H.S.-JPR	09:00	09:10	09:20	09:58	09:45	09:50	09:55	10:17	10:25	10:30	10:45	00:35	00:38	00:22
27	26	KANTA	163251	18-Feb	20-Feb	MONIKA GUPTA/BHA	ESIC MODEL HOSPITA	09:20	09:25	NA	NA	10:05	10:30	11:05	11:32	11:55	12:05	12:20	00:40	NA	00:27
28	27	SANWAR SINGH	163204	17-Feb	21-Feb	SHANKAR KUMAR BA	E.C.H.S.-JPR	11:00	11:20	11:15	12:10	12:15	13:00	14:30	15:00	15:25	15:30	15:47	00:55	00:55	00:30
29	28	RAJU KURAISH	163375	20-Feb	21-Feb	VIJAY SHARMA	PRIVATE	11:15	11:20	NA	NA	12:20	13:05	14:55	15:14	15:29	15:50	16:10	01:00	NA	00:19
30	29	SUMER SINGH	163104	14-Feb	22-Feb	R KANOJI & B.R.BAGA	E.C.H.S.-JPR	11:25	11:40	11:35	12:25	12:10	13:30	15:05	15:44	16:05	16:10	16:25	00:30	00:50	00:39
31	30	OMPRAKASH SINGH	157243	18-Feb	22-Feb	D. R. DHAWAN	ESIC MODEL HOSPITA	11:35	11:40	11:45	12:50	12:20	13:35	16:20	17:02	17:24	17:32	17:52	00:40	01:05	00:42
32	31	PIRANA RAM	163219	17-Feb	24-Feb	MANISH GUPTA	E.C.H.S.-JPR	09:10	09:15	NA	NA	10:00	10:15	10:10	10:31	11:00	11:05	11:22	00:45	NA	00:21
33	32	NEBE SINGH	118449	19-Feb	24-Feb	MONIKA GUPTA/BHA	E.C.H.S.-VDN	09:25	09:35	NA	NA	10:15	10:25	12:05	12:34	13:05	13:25	13:35	00:40	NA	00:29
34	33	LALI DEVI	163322	19-Feb	24-Feb	R KANOJI & B.R.BAGA	ESIC MODEL HOSPITA	11:10	11:15	11:10	11:50	11:55	13:00	14:30	15:09	15:35	15:37	15:48	00:40	00:40	00:39
35	34	DURJAN SINGH	163068	13-Feb	24-Feb	D. R. DHAWAN	E.C.H.S.-JPR	11:30	11:40	11:45	12:50	12:15	13:15	15:40	16:13	16:34	16:37	16:54	00:35	01:05	00:33
36	35	PADAM SINGH	163207	17-Feb	25-Feb	SHANKAR KUMAR BA	E.C.H.S.-JPR	09:35	09:50	09:45	10:25	10:30	11:00	13:10	13:42	13:50	14:05	14:17	00:40	00:40	00:32
37	36	HARPHOOL LAL	168834	16-Feb	25-Feb	MONIKA GUPTA/BHA	ESIC MODEL HOSPITA	09:45	09:50	NA	NA	10:40	11:10	14:27	14:57	15:25	15:30	15:47	00:50	NA	00:30
38	37	TEJKARAN SHARMA	163465	23-Feb	25-Feb	D. R. DHAWAN	PRIVATE	10:05	10:10	10:10	10:55	11:00	11:15	15:17	15:31	15:55	16:00	16:18	00:50	00:45	00:14
39	38	JATIN JANGIR	163466	23-Feb	26-Feb	PRASHANT SINGH	PRIVATE	09:40	09:45	NA	NA	10:30	11:00	12:27	12:49	13:15	13:25	13:35	00:45	NA	00:22
40	39	VIJENDRA SINGH	163422	21-Feb	26-Feb	R KANOJI & B.R.BAGA	ESIC MODEL HOSPITA	10:00	10:10	10:15	11:20	10:55	11:10	13:00	13:29	13:50	14:00	14:14	00:45	01:05	00:29
41	40	BAHADUR SINGH	168144	14-Feb	26-Feb	VIJAY SHARMA	E.C.H.S.-VDN	10:10	10:15	10:20	11:10	11:17	11:20	15:20	15:44	15:48	15:55	16:15	01:02	00:50	00:24
42	41	RAM PAL YADAV	163426	22-Feb	27-Feb	SUNISH GOYAL	PRIVATE	09:00	09:20	09:10	09:55	10:03	11:00	13:35	13:49	14:10	14:16	14:30	00:43	00:45	00:14
43	42	DEVKI BISTH	165924	18-Feb	27-Feb	R KANOJI & B.R.BAGA	E.C.H.S.-JPR	09:15	09:20	NA	NA	10:10	11:05	13:20	13:58	14:25	14:30	14:50	00:50	NA	00:38
44	43	ANAND KANWAR	93847	21-Feb	27-Feb	MONIKA GUPTA/BHA	E.C.H.S.-VDN	09:25	09:40	NA	NA	10:18	11:10	13:55	14:22	15:00	15:04	15:30	00:38	NA	00:27
45	44	RAKESH JAT	163376	21-Feb	27-Feb	R KANOJI & B.R.BAGA	PRIVATE	09:40	09:40	NA	NA	10:25	11:15	14:14	14:29	14:55	15:07	15:35	00:45	NA	00:15
46	45	MAHABIR SINGH	163564	25-Feb	28-Feb	RAJESH KUMAR SAIN	E.C.H.S.-VDN	09:15	09:20	09:25	10:05	10:10	11:10	10:00	10:50	11:20	11:24	11:38	00:50	00:40	00:50
47	46	KANA RAM JAT	163459	22-Feb	28-Feb	SHANKAR KUMAR BA	PRIVATE	09:30	09:35	09:40	10:25	10:17	11:15	12:05	12:24	12:40	12:45	13:00	00:42	00:45	00:19
48	47	GOKAL SINGH	163303	25-Feb	28-Feb	RAJESH KUMAR SAIN	E.C.H.S.-JPR	09:50	09:55	NA	NA	10:27	11:20	12:35	13:07	13:30	13:45	14:10	00:32	NA	00:32
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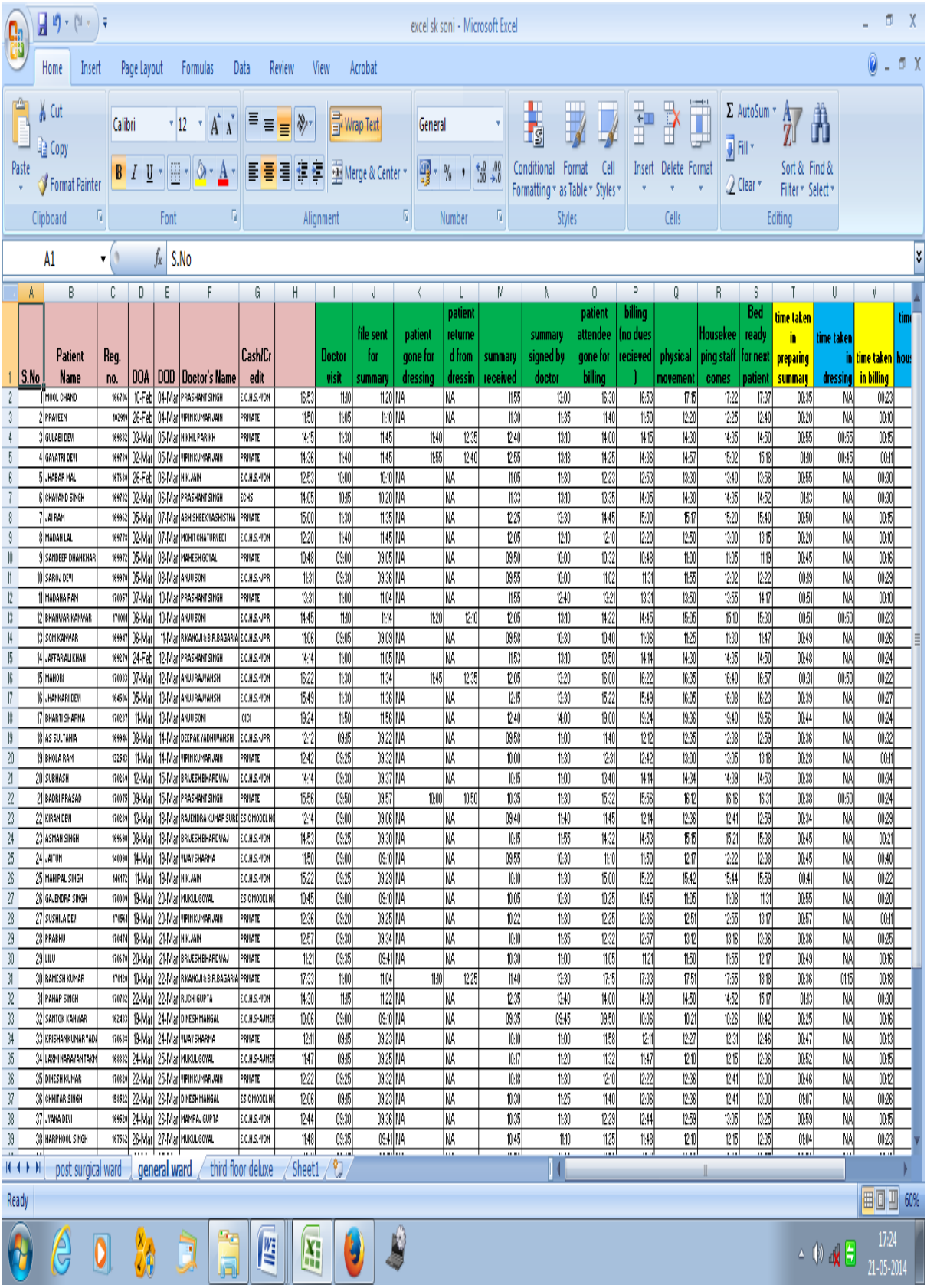
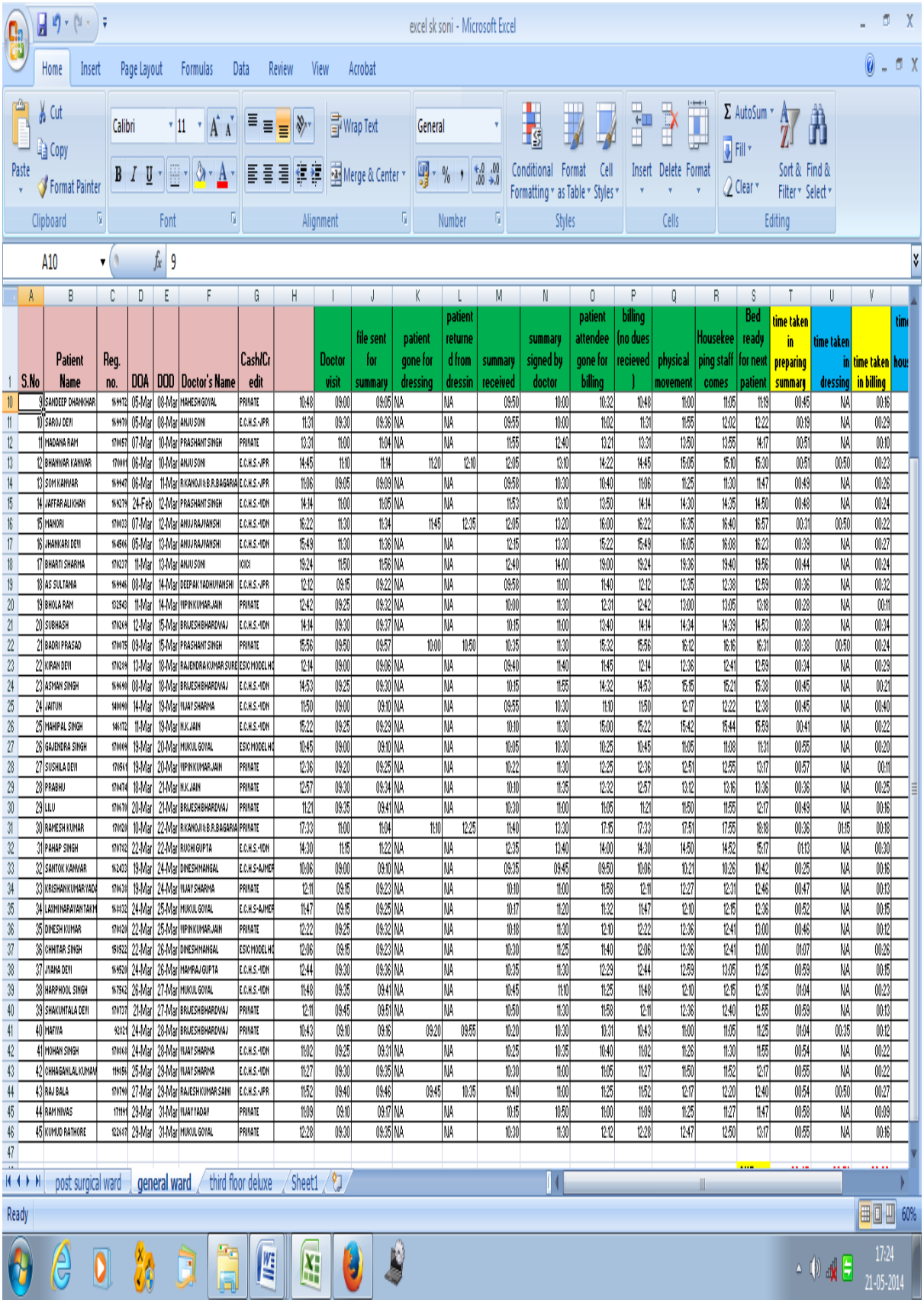
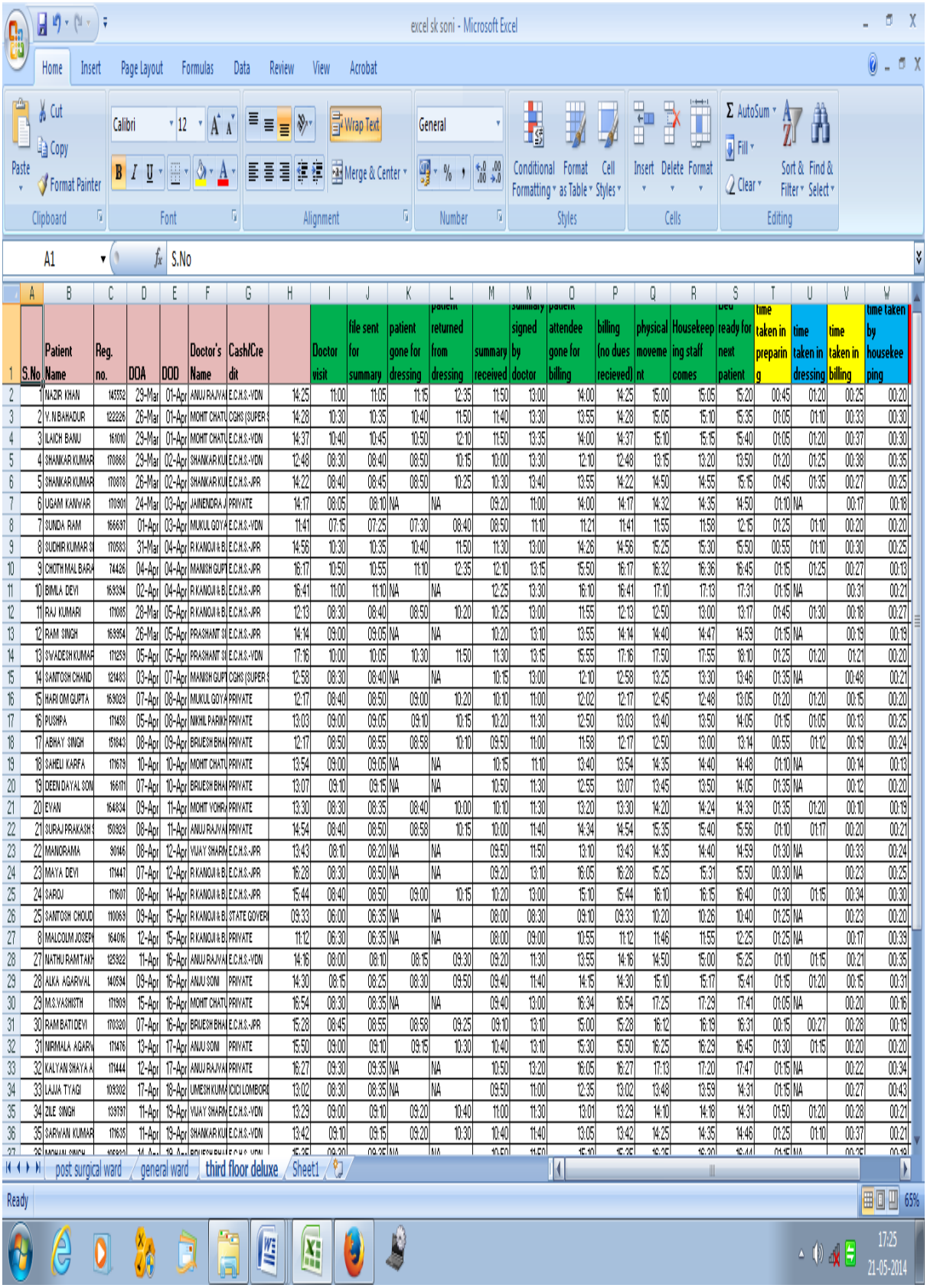


S.No	Patient Name	Reg. no.	DOA	DOD	Doctor's Name	Cash/Credit		Doctor visit	file sent for summary	patient gone for dressing		patient returned from dressing	summary received	summary signed by doctor	patient attendee gone for billing	billing (no dues recieved)	physical movement	Housekeeping staff comes	Bed ready for next patient	time taken in preparing summary	time taken in dressing	time taken in billing	
1	MOOL CHAND	161766	10-Feb	04-Mar	PRASHANT SINGH	E.O.H.S.-VIDH		16:53	11:10	11:20	NA	NA	11:55	13:00	16:30	16:53	17:15	17:22	17:37	00:35	NA	00:23	
2	PRAVEEN	102499	26-Feb	04-Mar	VIPINKUMAR JAIN	PRIVATE		11:50	11:05	11:10	NA	NA	11:30	11:35	11:40	11:50	12:20	12:25	12:40	00:20	NA	00:10	
3	GULABI DEVI	161932	03-Mar	05-Mar	NIKHIL PARIKH	PRIVATE		14:15	11:30	11:45	11:40	12:35	12:40	13:10	14:00	14:15	14:30	14:35	14:50	00:55	00:55	00:15	
4	GAYATRI DEVI	161789	02-Mar	05-Mar	VIPINKUMAR JAIN	PRIVATE		14:36	11:40	11:45	11:55	12:40	12:55	13:18	14:25	14:36	14:57	15:02	15:18	01:10	00:45	00:11	
5	JHABAR MAL	161691	26-Feb	06-Mar	M.K. JAIN	E.O.H.S.-VIDH		12:53	10:00	10:10	NA	NA	11:05	11:30	12:23	12:53	13:30	13:40	13:58	00:55	NA	00:30	
6	DHARMAND SINGH	161782	02-Mar	06-Mar	PRASHANT SINGH	ECHS		14:05	10:15	10:20	NA	NA	11:33	12:10	13:35	14:05	14:30	14:35	14:52	01:13	NA	00:30	
7	JAI RAM	161962	05-Mar	07-Mar	ABHISHEEK YASHISTHA	PRIVATE		15:00	11:30	11:35	NA	NA	12:25	13:30	14:45	15:00	15:17	15:20	15:40	00:50	NA	00:15	
8	MADAN LAL	161779	02-Mar	07-Mar	MOHIT CHATURVEDI	E.O.H.S.-VIDH		12:20	11:40	11:45	NA	NA	12:05	12:10	12:10	12:20	12:50	13:00	13:15	00:20	NA	00:10	
9	SANDEEP DHANKHAR	161972	05-Mar	08-Mar	MAHESH GOYAL	PRIVATE		10:48	09:00	09:05	NA	NA	09:50	10:00	10:32	10:48	11:00	11:05	11:19	00:45	NA	00:16	
10	SAROJ DEVI	161970	05-Mar	08-Mar	ANJU SONI	E.O.H.S.-JPR		11:31	09:30	09:36	NA	NA	09:55	10:00	11:02	11:31	11:55	12:02	12:22	00:19	NA	00:29	
11	MADANA RAM	170957	07-Mar	10-Mar	PRASHANT SINGH	PRIVATE		13:31	11:00	11:04	NA	NA	11:55	12:40	13:21	13:31	13:50	13:55	14:17	00:51	NA	00:10	
12	BHANWAR KANWAR	170969	06-Mar	10-Mar	ANJU SONI	E.O.H.S.-JPR		14:45	11:10	11:14	11:20	12:10	12:05	13:10	14:22	14:45	15:05	15:10	15:30	00:51	00:50	00:23	
13	SOM KANWAR	161947	06-Mar	11-Mar	R.K.MANOJI & B.R.BAGARIA	E.O.H.S.-JPR		11:06	09:05	09:09	NA	NA	09:50	10:30	10:40	11:06	11:25	11:30	11:47	00:49	NA	00:26	
14	JAFFAR ALI KHAN	161679	24-Feb	12-Mar	PRASHANT SINGH	E.O.H.S.-VIDH		14:14	11:00	11:05	NA	NA	11:53	12:10	13:50	14:14	14:30	14:35	14:50	00:48	NA	00:24	
15	MANOJ	171033	07-Mar	12-Mar	ANJU RAJVANSHI	E.O.H.S.-VIDH		16:22	11:30	11:34	11:45	12:35	12:05	13:20	16:00	16:22	16:35	16:40	16:57	00:31	00:50	00:22	
16	JHANKARI DEVI	164566	05-Mar	13-Mar	ANJU RAJVANSHI	E.O.H.S.-VIDH		15:49	11:30	11:36	NA	NA	12:15	13:30	15:22	15:49	16:05	16:08	16:23	00:39	NA	00:27	
17	BHARTI SHARMA	171237	11-Mar	13-Mar	ANJU SONI	ICICI		19:24	11:50	11:56	NA	NA	12:40	14:00	19:00	19:24	19:36	19:40	19:56	00:44	NA	00:24	
18	AS SULTANIA	161946	08-Mar	14-Mar	DEEPAK YADHUVANSHI	E.O.H.S.-JPR		12:12	09:15	09:22	NA	NA	09:58	11:00	11:40	12:12	12:35	12:38	12:59	00:36	NA	00:32	
19	BHOLA RAM	132543	11-Mar	14-Mar	VIPINKUMAR JAIN	PRIVATE		12:42	09:25	09:32	NA	NA	10:00	11:30	12:31	12:42	13:00	13:05	13:18	00:28	NA	00:11	
20	SUBHASH	171214	12-Mar	15-Mar	BRIJESH BHARDWAJ	E.O.H.S.-VIDH		14:14	09:30	09:37	NA	NA	10:15	11:00	13:40	14:14	14:34	14:39	14:53	00:38	NA	00:34	
21	BADRI PRASAD	171075	09-Mar	15-Mar	PRASHANT SINGH	PRIVATE		15:56	09:50	09:57	10:00	10:50	10:35	11:30	15:32	15:56	16:12	16:16	16:31	00:38	00:50	00:24	
22	KIRAN DEVI	170249	13-Mar	16-Mar	RAJENDRA KUMAR SURE	ESIC MODEL HO		12:14	09:00	09:06	NA	NA	09:40	11:40	11:45	12:14	12:36	12:41	12:59	00:34	NA	00:29	
23	ASMAN SINGH	161649	08-Mar	16-Mar	BRIJESH BHARDWAJ	E.O.H.S.-VIDH		14:53	09:25	09:30	NA	NA	10:15	11:55	14:32	14:53	15:15	15:21	15:38	00:45	NA	00:21	
24	JAITUN	140199	14-Mar	19-Mar	VIJAY SHARMA	E.O.H.S.-VIDH		11:50	09:00	09:10	NA	NA	09:55	10:30	11:10	11:50	12:17	12:22	12:38	00:45	NA	00:40	
25	MAHIPAL SINGH	161472	11-Mar	19-Mar	M.K. JAIN	E.O.H.S.-VIDH		15:22	09:25	09:29	NA	NA	10:10	11:30	15:00	15:22	15:42	15:44	15:59	00:41	NA	00:22	
26	GAJENDRA SINGH	170169	13-Mar	20-Mar	MUKUL GOYAL	ESIC MODEL HO		10:45	09:00	09:10	NA	NA	10:05	10:30	10:25	10:45	11:05	11:08	11:31	00:55	NA	00:20	
27	SUSHILA DEVI	171541	13-Mar	20-Mar	VIPINKUMAR JAIN	PRIVATE		12:36	09:20	09:25	NA	NA	10:22	11:30	12:25	12:36	12:51	12:55	13:17	00:57	NA	00:11	
28	PRABHU	171474	18-Mar	21-Mar	M.K. JAIN	PRIVATE		12:57	09:30	09:34	NA	NA	10:10	11:35	12:32	12:57	13:12	13:16	13:36	00:36	NA	00:25	
29	LILU	171670	20-Mar	21-Mar	BRIJESH BHARDWAJ	PRIVATE		11:21	09:35	09:41	NA	NA	10:30	11:00	11:05	11:21	11:50	11:55	12:17	00:49	NA	00:16	
30	RAMESH KUMAR	171120	10-Mar	22-Mar	R.K.MANOJI & B.R.BAGARIA	PRIVATE		17:33	11:00	11:04	11:10	12:25	11:40	13:30	17:15	17:33	17:51	17:55	18:18	00:36	01:15	00:18	
31	PAHAP SINGH	171742	22-Mar	22-Mar	RUCHI GUPTA	E.O.H.S.-VIDH		14:30	11:15	11:22	NA	NA	12:35	13:40	14:00	14:30	14:50	14:52	15:17	01:13	NA	00:30	
32	SANTOK KANWAR	162433	13-Mar	24-Mar	DINESH MANGAL	E.O.H.S.-AJMER		10:06	09:00	09:10	NA	NA	09:35	09:45	09:50	10:06	10:21	10:26	10:42	00:25	NA	00:16	
33	KRISHAN KUMAR YADA	171639	13-Mar	24-Mar	VIJAY SHARMA	PRIVATE		12:11	09:15	09:23	NA	NA	10:10	11:00	11:58	12:11	12:27	12:31	12:46	00:47	NA	00:13	
34	LAXMI NARAYAN TAKH	161832	24-Mar	25-Mar	MUKUL GOYAL	E.O.H.S.-AJMER		11:47	09:15	09:25	NA	NA	10:17	11:20	11:32	11:47	12:10	12:15	12:36	00:52	NA	00:15	
35	DINESH KUMAR	171620	22-Mar	25-Mar	VIPINKUMAR JAIN	PRIVATE		12:22	09:25	09:32	NA	NA	10:18	11:30	12:10	12:22	12:36	12:41	13:00	00:46	NA	00:12	
36	OMVEER SINGH	151622	22-Mar	26-Mar	DINESH MANGAL	ESIC MODEL HO		12:06	09:15	09:23	NA	NA	10:30	11:25	11:40	12:06	12:36	12:41	13:00	01:07	NA	00:26	
37	JIYANA DEVI	161520	24-Mar	26-Mar	MANRAJ GUPTA	E.O.H.S.-VIDH		12:44	09:30	09:36	NA	NA	10:35	11:30	12:29	12:44	12:59	13:05	13:25	00:59	NA	00:15	
38	HARPHOOL SINGH	167562	26-Mar	27-Mar	MUKUL GOYAL	E.O.H.S.-VIDH		11:48	09:35	09:41	NA	NA	10:45	11:10	11:25	11:48	12:10	12:15	12:35	01:04	NA	00:23	



S.No	Patient Name	Reg. no.	DOA	DOD	Doctor's Name	Cash/Credit		Doctor visit	file sent for summary	patient gone for dressing	patient returned from dressing	summary received	summary signed by doctor	patient attendee gone for billing	billing (no dues recieved)	physical movement	Housekeeping staff comes	Bed ready for next patient	time taken in preparing summary	time taken in dressing	time taken in billing	time hours
9	SANDEEP DHANKHAR	[illegible]172	05-Mar	08-Mar	MAHESH GOYAL	PRIVATE	10:48	09:00	09:05	NA	NA	09:50	10:00	10:32	10:48	11:00	11:05	11:19	00:45	NA	00:16	
10	SAROJ DEVI	[illegible]170	05-Mar	08-Mar	ANJU SONI	E.C.H.S.-JPR	11:31	09:30	09:38	NA	NA	09:55	10:00	11:02	11:31	11:55	12:02	12:22	00:19	NA	00:29	
11	MADANA RAM	170157	07-Mar	10-Mar	PRASHANT SINGH	PRIVATE	13:31	11:00	11:04	NA	NA	11:55	12:40	13:21	13:31	13:50	13:55	14:17	00:51	NA	00:10	
12	BHANWAR KANWAR	170001	08-Mar	10-Mar	ANJU SONI	E.C.H.S.-JPR	14:45	11:10	11:14	11:20	12:10	12:05	13:10	14:22	14:45	15:05	15:10	15:30	00:51	00:50	00:23	
13	SOM KANWAR	[illegible]947	08-Mar	11-Mar	R.KANOJIA B.R.BAGARIA	E.C.H.S.-JPR	11:06	09:05	09:09	NA	NA	09:58	10:30	10:40	11:06	11:25	11:30	11:47	00:49	NA	00:26	
14	JAFFAR ALIKHAN	[illegible]279	24-Feb	12-Mar	PRASHANT SINGH	E.C.H.S.-YDN	14:14	11:00	11:05	NA	NA	11:53	13:10	13:50	14:14	14:30	14:35	14:50	00:48	NA	00:24	
15	MANORI	170033	07-Mar	12-Mar	ANJU RAJVANSHI	E.C.H.S.-YDN	16:22	11:30	11:34	11:45	12:35	12:05	13:20	16:00	16:22	16:35	16:40	16:57	00:31	00:50	00:22	
16	JHANKARI DEVI	[illegible]496	05-Mar	13-Mar	ANJU RAJVANSHI	E.C.H.S.-YDN	15:49	11:30	11:36	NA	NA	12:15	13:30	15:22	15:49	16:05	16:08	16:23	00:39	NA	00:27	
17	BHARTI SHARMA	170237	11-Mar	13-Mar	ANJU SONI	ICICI	19:24	11:50	11:58	NA	NA	12:40	14:00	19:00	19:24	19:36	19:40	19:56	00:44	NA	00:24	
18	AS SULTANIA	[illegible]946	08-Mar	14-Mar	DEEPAK YADHUVANSHI	E.C.H.S.-JPR	12:12	09:15	09:22	NA	NA	09:58	11:00	11:40	12:12	12:35	12:38	12:59	00:36	NA	00:32	
19	BHOLA RAM	132543	11-Mar	14-Mar	VIPIN KUMAR JAIN	PRIVATE	12:42	09:25	09:32	NA	NA	10:00	11:30	12:31	12:42	13:00	13:05	13:18	00:28	NA	00:11	
20	SUBHASH	170243	12-Mar	15-Mar	BRIJESH BHARDWAJ	E.C.H.S.-YDN	14:14	09:30	09:37	NA	NA	10:15	11:00	13:40	14:14	14:34	14:39	14:53	00:38	NA	00:34	
21	BADRI PRASAD	170175	09-Mar	15-Mar	PRASHANT SINGH	PRIVATE	15:56	09:50	09:57	10:00	10:50	10:35	11:30	15:32	15:56	16:12	16:16	16:31	00:38	00:50	00:24	
22	KIRAN DEVI	170249	13-Mar	18-Mar	RAJENDRA KUMAR SURE	ESIC MODEL HO	12:14	09:00	09:06	NA	NA	09:40	11:40	11:45	12:14	12:36	12:41	12:59	00:24	NA	00:29	
23	ASMAN SINGH	[illegible]949	08-Mar	18-Mar	BRIJESH BHARDWAJ	E.C.H.S.-YDN	14:53	09:25	09:30	NA	NA	10:15	11:55	14:32	14:53	15:15	15:21	15:38	00:45	NA	00:21	
24	JAITUN	140199	14-Mar	19-Mar	VIJAY SHARMA	E.C.H.S.-YDN	11:50	09:00	09:10	NA	NA	09:55	10:30	11:10	11:50	12:17	12:22	12:38	00:45	NA	00:40	
25	MAHIPAL SINGH	141172	11-Mar	19-Mar	N.K.JAIN	E.C.H.S.-YDN	15:22	09:25	09:29	NA	NA	10:10	11:30	15:00	15:22	15:42	15:44	15:59	00:41	NA	00:22	
26	GAJENDRA SINGH	170109	13-Mar	20-Mar	MUKUL GOYAL	ESIC MODEL HO	10:45	09:00	09:10	NA	NA	10:05	10:30	10:25	10:45	11:05	11:08	11:31	00:55	NA	00:20	
27	SUSHILA DEVI	170161	13-Mar	20-Mar	VIPIN KUMAR JAIN	PRIVATE	12:36	09:20	09:25	NA	NA	10:22	11:30	12:25	12:36	12:51	12:55	13:17	00:57	NA	00:11	
28	PRABHU	170474	18-Mar	21-Mar	N.K.JAIN	PRIVATE	12:57	09:30	09:34	NA	NA	10:10	11:35	12:32	12:57	13:12	13:16	13:36	00:36	NA	00:25	
29	LILU	170170	20-Mar	21-Mar	BRIJESH BHARDWAJ	PRIVATE	11:21	09:35	09:41	NA	NA	10:30	11:00	11:05	11:21	11:50	11:55	12:17	00:49	NA	00:16	
30	RAMESH KUMAR	170120	10-Mar	22-Mar	R.KANOJIA B.R.BAGARIA	PRIVATE	17:33	11:00	11:04	11:10	12:25	11:40	12:30	17:15	17:33	17:51	17:55	18:18	00:36	01:15	00:18	
31	PAHAP SINGH	170182	22-Mar	22-Mar	RUCHI GUPTA	E.C.H.S.-YDN	14:30	11:15	11:22	NA	NA	12:35	13:40	14:00	14:30	14:50	14:52	15:17	01:13	NA	00:30	
32	SANTOK KANWAR	[illegible]433	13-Mar	24-Mar	DINESH MANGAL	E.C.H.S.-AJMER	10:06	09:00	09:10	NA	NA	09:35	09:45	09:50	10:06	10:21	10:26	10:42	00:25	NA	00:16	
33	KRISHAN KUMAR YADA	170120	13-Mar	24-Mar	VIJAY SHARMA	PRIVATE	12:11	09:15	09:23	NA	NA	10:10	11:00	11:58	12:11	12:27	12:31	12:46	00:47	NA	00:13	
34	LAXMI NARAYAN TAKM	[illegible]832	24-Mar	25-Mar	MUKUL GOYAL	E.C.H.S.-AJMER	11:47	09:15	09:25	NA	NA	10:17	11:20	11:32	11:47	12:10	12:15	12:36	00:52	NA	00:15	
35	DINESH KUMAR	170120	22-Mar	25-Mar	VIPIN KUMAR JAIN	PRIVATE	12:22	09:25	09:32	NA	NA	10:18	11:30	12:10	12:22	12:36	12:41	13:00	00:46	NA	00:12	
36	GHHITAR SINGH	151832	22-Mar	26-Mar	DINESH MANGAL	ESIC MODEL HO	12:06	09:15	09:23	NA	NA	10:30	11:25	11:40	12:06	12:36	12:41	13:00	01:07	NA	00:26	
37	JIYANA DEVI	[illegible]526	24-Mar	26-Mar	MAHARAJ GUPTA	E.C.H.S.-YDN	12:44	09:30	09:38	NA	NA	10:35	11:30	12:29	12:44	12:59	13:05	13:25	00:59	NA	00:15	
38	HARPHOOL SINGH	[illegible]562	26-Mar	27-Mar	MUKUL GOYAL	E.C.H.S.-YDN	11:48	09:35	09:41	NA	NA	10:45	11:10	11:25	11:48	12:10	12:15	12:35	01:04	NA	00:23	
39	SHAKUNTALA DEVI	170137	21-Mar	27-Mar	BRIJESH BHARDWAJ	PRIVATE	12:11	09:45	09:51	NA	NA	10:50	11:30	11:58	12:11	12:36	12:40	12:55	00:59	NA	00:13	
40	MAFIYA	92821	24-Mar	28-Mar	BRIJESH BHARDWAJ	PRIVATE	10:43	09:10	09:16	09:20	09:55	10:20	10:30	10:31	10:43	11:00	11:05	11:25	01:04	00:35	00:12	
41	MOHAN SINGH	170163	24-Mar	28-Mar	VIJAY SHARMA	E.C.H.S.-YDN	11:02	09:25	09:31	NA	NA	10:25	10:35	10:40	11:02	11:26	11:30	11:55	00:54	NA	00:22	
42	CHHAGANLAL KUMAW	119184	25-Mar	29-Mar	VIJAY SHARMA	E.C.H.S.-YDN	11:27	09:30	09:35	NA	NA	10:30	11:00	11:05	11:27	11:50	11:52	12:17	00:55	NA	00:22	
43	RAJ BALA	170190	27-Mar	29-Mar	RAJESH KUMAR SAINI	E.C.H.S.-JPR	11:52	09:40	09:46	09:45	10:35	10:40	11:00	11:25	11:52	12:17	12:20	12:40	00:54	00:50	00:27	
44	RAM NIWAS	171191	29-Mar	31-Mar	VIJAY YADAV	PRIVATE	11:09	09:10	09:17	NA	NA	10:15	10:50	11:00	11:09	11:25	11:27	11:47	00:58	NA	00:09	
45	KUMUD RATHORE	132697	29-Mar	31-Mar	MUKUL GOYAL	PRIVATE	12:28	09:30	09:35	NA	NA	10:30	11:30	12:12	12:28	12:47	12:50	13:17	00:55	NA	00:16	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Conditional Formatting
Format as Table
Cell Styles
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Format
AutoSum
Fill
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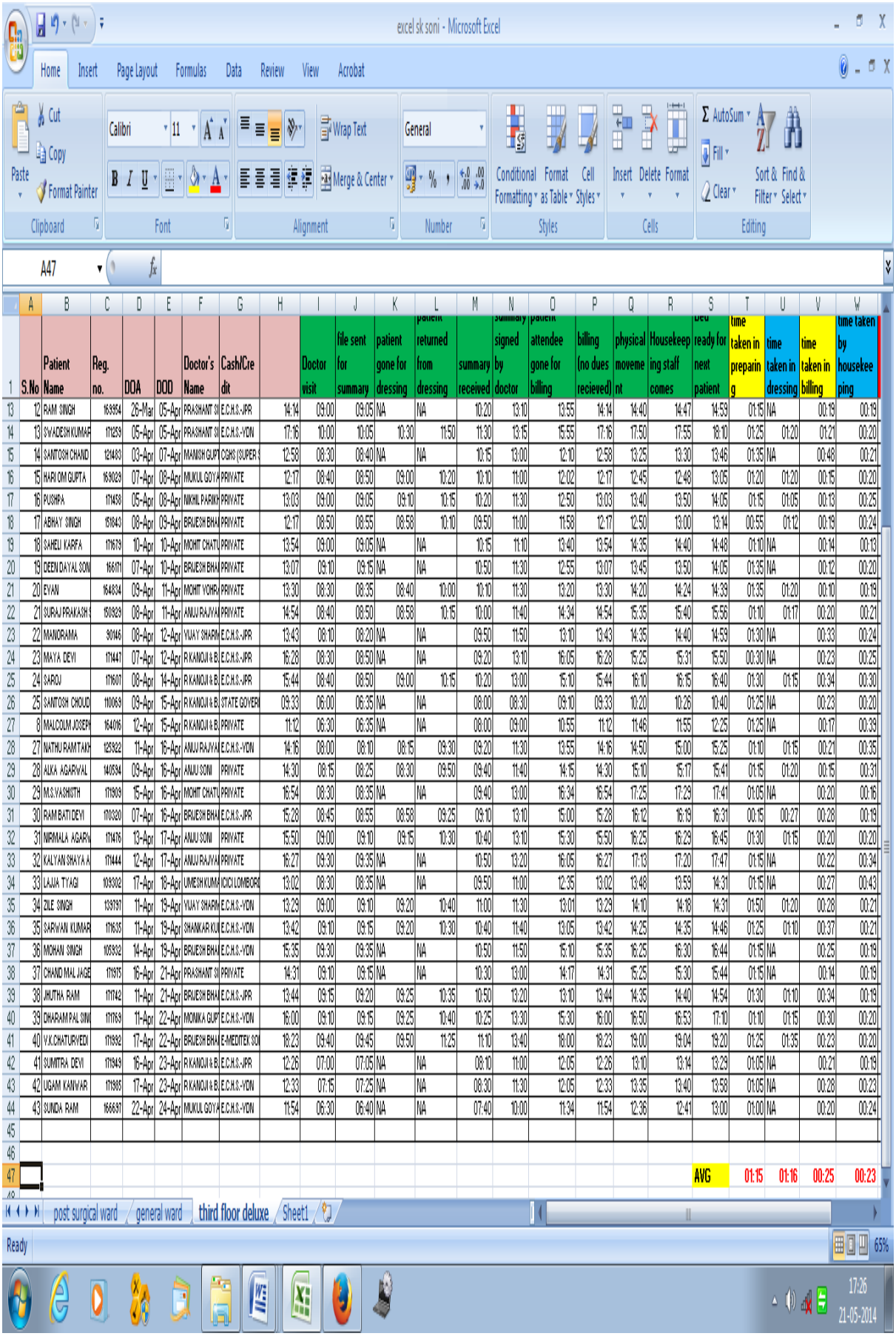
Sort & Filter
Find & Select
Clipboard
Font
Alignment
Number
Styles
Cells
Editing
A1
S.No
S.No
Patient Name
Reg. no.
DOA
DOD
Doctor's Name
Cash/Credit
Doctor visit
file sent for summary
patient gone for dressing
patient returned from dressing
summary received
summary signed by doctor
patient attendee gone for billing
billing (no dues recieved)
physical movement
Housekeeping staff comes
bed ready for next patient
time taken in preparing
time taken in dressing
time taken in billing
time taken by housekeeping
post surgical ward
general ward
third floor deluxe
Sheet1
Ready
65%
17:25
21-05-2014



S.No	Patient Name	Reg. no.	DOA	DOD	Doctor's Name	Cash/Credit		Doctor visit	file sent for summary	patient gone for dressing	patient returned from dressing	summary received	summary signed by doctor	patient attendee gone for billing	billing (no dues recieved)	physical movement	Housekeeping staff comes	bed ready for next patient	time taken in preparing	time taken in dressing	time taken in billing	time taken by housekeeping
12	RAM SINGH	163854	26-Mar	05-Apr	PRASHANT SI	E.C.H.S.-JPR	14:14	09:00	09:05	NA	NA	10:20	13:10	13:55	14:14	14:40	14:47	14:53	01:15	NA	00:19	00:19
13	SWADESH KUMAR	171239	05-Apr	05-Apr	PRASHANT SI	E.C.H.S.-VDN	17:16	10:00	10:05	10:30	11:50	11:30	13:15	15:55	17:16	17:50	17:55	18:10	01:25	01:20	01:21	00:20
14	SANTOSH CHAND	121483	03-Apr	07-Apr	MANISH GUPT	CGHS (SUPER S	12:58	08:30	08:40	NA	NA	10:15	13:00	12:10	12:58	13:25	13:30	13:46	01:35	NA	00:48	00:21
15	HARI OM GUPTA	163023	07-Apr	08-Apr	MUKUL GOYA	PRIVATE	12:17	08:40	08:50	09:00	10:20	10:10	11:00	12:02	12:17	12:45	12:48	13:05	01:20	01:20	00:15	00:20
16	PUSHPA	171458	05-Apr	08-Apr	NIKHIL PARIKH	PRIVATE	13:03	09:00	09:05	09:10	10:15	10:20	11:30	12:50	13:03	13:40	13:50	14:05	01:15	01:05	00:13	00:25
17	ABHAY SINGH	151843	08-Apr	09-Apr	BRIJESH BHA	PRIVATE	12:17	08:50	08:55	08:58	10:10	09:50	11:00	11:58	12:17	12:50	13:00	13:14	00:55	01:12	00:19	00:24
18	SAHELI KARFA	171679	10-Apr	10-Apr	MOHIT CHATU	PRIVATE	13:54	09:00	09:05	NA	NA	10:15	11:10	13:40	13:54	14:35	14:40	14:48	01:10	NA	00:14	00:13
19	DEEN DAYAL SON	166171	07-Apr	10-Apr	BRIJESH BHA	PRIVATE	13:07	09:10	09:15	NA	NA	10:50	11:30	12:55	13:07	13:45	13:50	14:05	01:35	NA	00:12	00:20
20	EVAN	164834	09-Apr	11-Apr	MOHIT VOHRA	PRIVATE	13:30	08:30	08:35	08:40	10:00	10:10	11:30	13:20	13:30	14:20	14:24	14:39	01:35	01:20	00:10	00:19
21	SURAJ PRAKASH S	150829	08-Apr	11-Apr	ANUJ RAJVA	PRIVATE	14:54	08:40	08:50	08:58	10:15	10:00	11:40	14:34	14:54	15:35	15:40	15:56	01:10	01:17	00:20	00:21
22	MANORAMA	30146	08-Apr	12-Apr	VIJAY SHARM	E.C.H.S.-JPR	13:43	08:10	08:20	NA	NA	09:50	11:50	13:10	13:43	14:35	14:40	14:53	01:30	NA	00:33	00:24
23	MAYA DEVI	171447	07-Apr	12-Apr	R KANOJIA & B	E.C.H.S.-JPR	16:28	08:30	08:50	NA	NA	09:20	13:10	16:05	16:28	15:25	15:31	15:50	00:30	NA	00:23	00:25
24	SAROJ	171607	08-Apr	14-Apr	R KANOJIA & B	E.C.H.S.-JPR	15:44	08:40	08:50	09:00	10:15	10:20	13:00	15:10	15:44	16:10	16:15	16:40	01:30	01:15	00:34	00:30
25	SANTOSH CHOUD	110069	09-Apr	15-Apr	R KANOJIA & B	STATE GOVER	09:33	06:00	06:35	NA	NA	08:00	08:30	09:10	09:33	10:20	10:26	10:40	01:25	NA	00:23	00:20
26	MALCOLM JOSEP	164016	12-Apr	15-Apr	R KANOJIA & B	PRIVATE	11:12	06:30	06:35	NA	NA	08:00	09:00	10:55	11:12	11:46	11:55	12:25	01:25	NA	00:17	00:39
27	NATHU RAM TAK	125922	11-Apr	16-Apr	ANUJ RAJVA	E.C.H.S.-VDN	14:16	08:00	08:10	08:15	09:30	09:20	11:30	13:55	14:16	14:50	15:00	15:25	01:10	01:15	00:21	00:35
28	ALKA AGARWAL	140534	09-Apr	16-Apr	ANJU SONI	PRIVATE	14:30	08:15	08:25	08:30	09:50	09:40	11:40	14:15	14:30	15:10	15:17	15:41	01:15	01:20	00:15	00:31
29	M.S.VASHISTH	171909	15-Apr	16-Apr	MOHIT CHATU	PRIVATE	16:54	08:30	08:35	NA	NA	09:40	13:00	16:34	16:54	17:25	17:29	17:41	01:05	NA	00:20	00:16
30	RAM BATI DEVI	170320	07-Apr	16-Apr	BRIJESH BHA	E.C.H.S.-JPR	15:28	08:45	08:55	08:58	09:25	09:10	13:10	15:00	15:28	16:12	16:19	16:31	00:15	00:27	00:28	00:19
31	NIRMALA AGARW	171476	13-Apr	17-Apr	ANJU SONI	PRIVATE	15:50	09:00	09:10	09:15	10:30	10:40	13:10	15:30	15:50	16:25	16:29	16:45	01:30	01:15	00:20	00:20
32	KALYAN SHAYA A	171444	12-Apr	17-Apr	ANUJ RAJVA	PRIVATE	16:27	09:30	09:35	NA	NA	10:50	13:20	16:05	16:27	17:13	17:20	17:47	01:15	NA	00:22	00:34
33	LAJJA TYAGI	103012	17-Apr	18-Apr	UMESH KUMA	ICICI LOMBORD	13:02	08:30	08:35	NA	NA	09:50	11:00	12:35	13:02	13:48	13:53	14:31	01:15	NA	00:27	00:43
34	ZILE SINGH	133737	11-Apr	19-Apr	VIJAY SHARM	E.C.H.S.-VDN	13:29	09:00	09:10	09:20	10:40	11:00	11:30	13:01	13:29	14:10	14:18	14:31	01:50	01:20	00:28	00:21
35	SARWAN KUMAR	171635	11-Apr	19-Apr	SHANKAR KU	E.C.H.S.-VDN	13:42	09:10	09:15	09:20	10:30	10:40	11:40	13:05	13:42	14:25	14:35	14:46	01:25	01:10	00:37	00:21
36	MOHAN SINGH	105932	14-Apr	19-Apr	BRIJESH BHA	E.C.H.S.-VDN	15:35	09:30	09:35	NA	NA	10:50	11:50	15:10	15:35	16:25	16:30	16:44	01:15	NA	00:25	00:19
37	CHAND MAL JAGE	171975	16-Apr	21-Apr	PRASHANT SI	PRIVATE	14:31	09:10	09:15	NA	NA	10:30	13:00	14:17	14:31	15:25	15:30	15:44	01:15	NA	00:14	00:19
38	JHUTHA RAM	171742	11-Apr	21-Apr	BRIJESH BHA	E.C.H.S.-JPR	13:44	09:15	09:20	09:25	10:35	10:50	13:20	13:10	13:44	14:35	14:40	14:54	01:30	01:10	00:34	00:19
39	DHARAM PAL SIN	171763	11-Apr	22-Apr	MONIKA GUP	E.C.H.S.-VDN	16:00	09:10	09:15	09:25	10:40	10:25	13:30	15:30	16:00	16:50	16:53	17:10	01:10	01:15	00:30	00:20
40	V.K.CHATURVEDI	171932	17-Apr	22-Apr	BRIJESH BHA	E-MEDITEK SO	18:23	09:40	09:45	09:50	11:25	11:10	13:40	18:00	18:23	19:00	19:04	19:20	01:25	01:35	00:23	00:20
41	SUMITRA DEVI	171949	16-Apr	23-Apr	R KANOJIA & B	E.C.H.S.-JPR	12:26	07:00	07:05	NA	NA	08:10	11:00	12:05	12:26	13:10	13:14	13:29	01:05	NA	00:21	00:19
42	UGAM KANWAR	171985	17-Apr	23-Apr	R KANOJIA & B	E.C.H.S.-VDN	12:33	07:15	07:25	NA	NA	08:30	11:30	12:05	12:33	13:35	13:40	13:58	01:05	NA	00:28	00:23
43	SUNDA RAM	166637	22-Apr	24-Apr	MUKUL GOYA	E.C.H.S.-VDN	11:54	06:30	06:40	NA	NA	07:40	10:00	11:34	11:54	12:36	12:41	13:00	01:00	NA	00:20	00:24
																		AVG	01:15	01:16	00:25	00:23

DISCHARGE INTIMATION FORM

GNID: _____ **Patient' Name:** _____

Date of Admission: _____ **Date of Discharge:** _____

(To be filled by the doctor in charge)

Type of discharge: ☐ **Planned** ☐ **Unplanned**

Condition of patient at the time of discharge:

_____

_____

_____

_____

Drugs advised at the time of discharge: (ECHS- 5 days, TPA- 7 days)

_____

_____

_____

_____

_____

_____

Time doctor intimates the patient and staff for discharge: ☐

Name of doctor in charge: _____ Doctor Signature: _____

(To be filled by nursing station)

Time in charge nurse/ TL received the discharge summary: ☐

Time in charge nurse/ TL sent drugs for clearance: ☐

Time no dues received from pharmacy: ☐

Time sent for billing: ☐

If any delay, reason:

_____

Name of nurse in charge/TL: _____ Nurse in charge/TL signature: _____

(To be filled by pharmacist)

Time drugs received for no due: ☐ Time pharmacy clearance done: ☐

If any delay, reason: _____ Pharmacist signature: _____

(To be filled by billing counter)

Time no dues and discharge summary received: ☐ Time billing completed: ☐

Type of patient: ☐ Cash ☐ International patient ☐ ECHS/CGHS ☐ TPA

(If TPA time sent to TPA for final approval: ☐)

If any delay, reason: _____ Billing in charge signature: _____

(To be filled by Floor coordinator)

☐ **In time** ☐ **Delayed**

If delay, Reasons:

_____
_____
_____
_____
_____

Time that should be taken from the time of intimation of discharge:

Cash:

Total process: 2-3 hrs
Pharmacy clearance and discharge summary: up to 1 hr
Billing time: up to 1 hr

International Patient:

Total process: 3-4 hrs
Pharmacy clearance and discharge summary: up to 1 hr
Billing time: up to 2 hr

ECHS/CGHS Patient:

Total process: 3-4 hrs
Pharmacy clearance and discharge summary: up to 1 hr
Billing time: up to 2 hr

TPA Patient:

Total process: 4-5 hrs
Pharmacy clearance and discharge summary: up to 1 hr
Billing time: up to 4 hr

Thank you