

Dissertation project:

Lean Concept in discharge process

**Soni Manipal Hospital
Jaipur**

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PGDHM 17th Batch (1293)

Hospital stream

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Introduction

- Manipal Health Enterprises Ltd, the healthcare arm of Manipal Group, had entered the market in Rajasthan by acquiring S.K. Soni Hospital in Jaipur, the 280-bedded hospital which has been now rebranded as Soni Manipal Hospital.
- This hospital is NABH and NABL accredited and today, Manipal group of hospitals is the country's third largest healthcare group with a network of 15 hospitals and three primary clinics providing comprehensive care for a wide variety of patients not just from India but also from across the globe.

- S.K. Soni Hospital, was been established in 2004, the 280-bedded, one of Rajasthan's largest private multi-specialty hospitals with super specializations in comprehensive cancer care, neurosurgery, joint replacement and cardiology. But now it is in the hands of well known Manipal group.
- The focus at Manipal Hospitals is to develop an affordable tertiary care multispecialty healthcare framework through its entire delivery spectrum and further extend it to homecare.

Project Introduction:

- As nowadays every hospital is coming with good fascinating exteriors and interiors, but quality of services provided by the hospital creates the difference between them, which decides the level of patient satisfaction in the hospital.
- Time taken by hospital in Discharging a patient is always a matter of concern in each and every hospital, as it decides the flow of patients in IPD.

- Applying Lean concept in discharge process, leads to avoid the wastage in the process as well as complete the discharge process early, and which will save time and money too and along with it increase the patient satisfaction.
- Lean concept is simply avoiding wastage in the process i.e. unwanted hand and body motions, steps taken by staff, etc.

OBJECTIVES

- To study process flow 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.

Study:

- **Study period:** 3 months
- **Sample size:** Patients – 140
- **Study area:** Soni Manipal hospital, Jaipur
Wards – General, Post Surgical, deluxe
- **Study type:** Cross-sectional, prospective and analytical lean study
- **Sampling Method:** Purposive simple random sampling.

Terms:

- **TAT for the patient:**

Total time - from doctor intimation about 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.

Benchmarks:

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

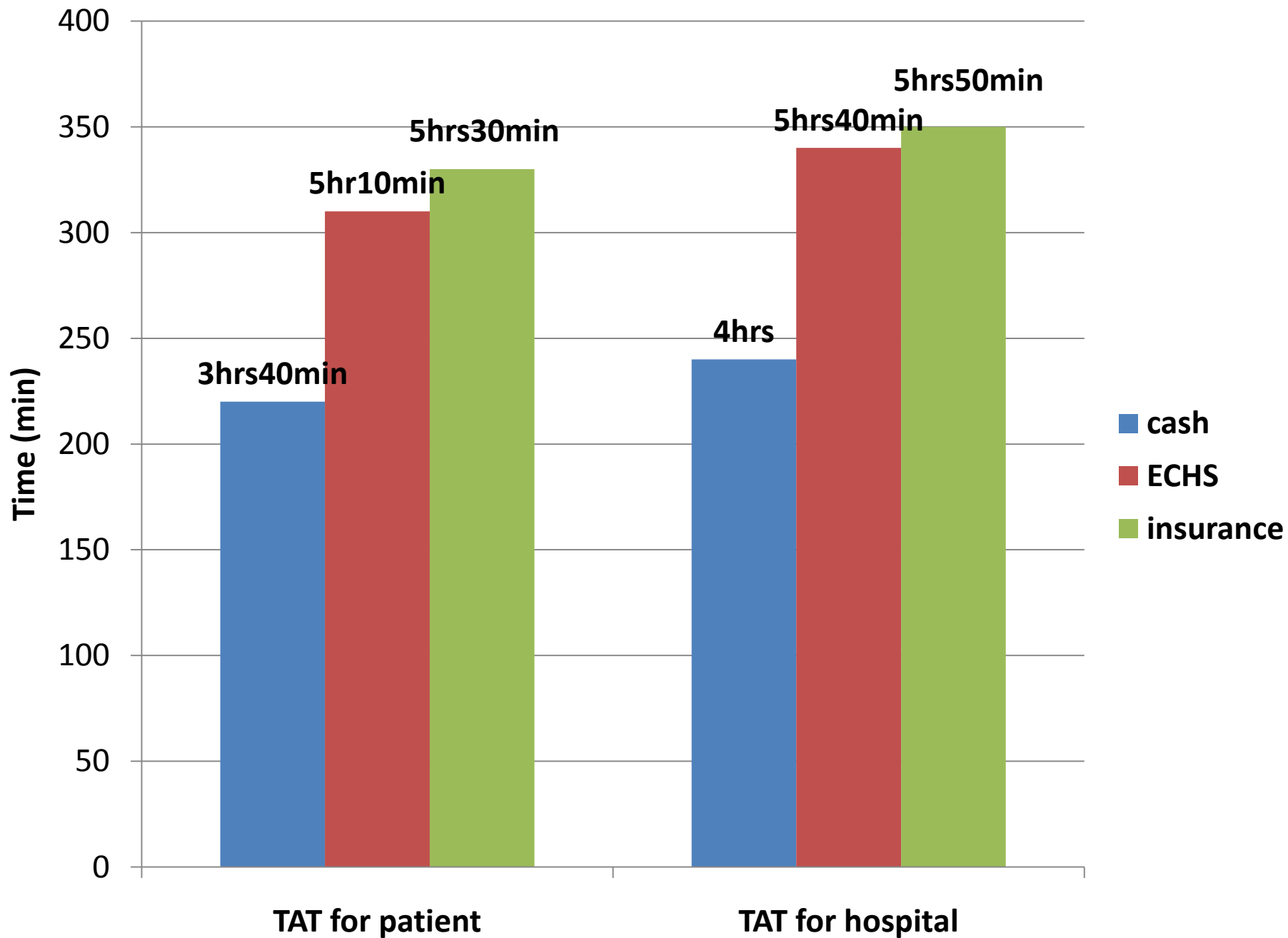
- Total process: 3-4 hrs
- Pharmacy clearance and discharge summary: up to 1 hr
- Billing time: up to 2 hr

ECHS/CGHS Patient

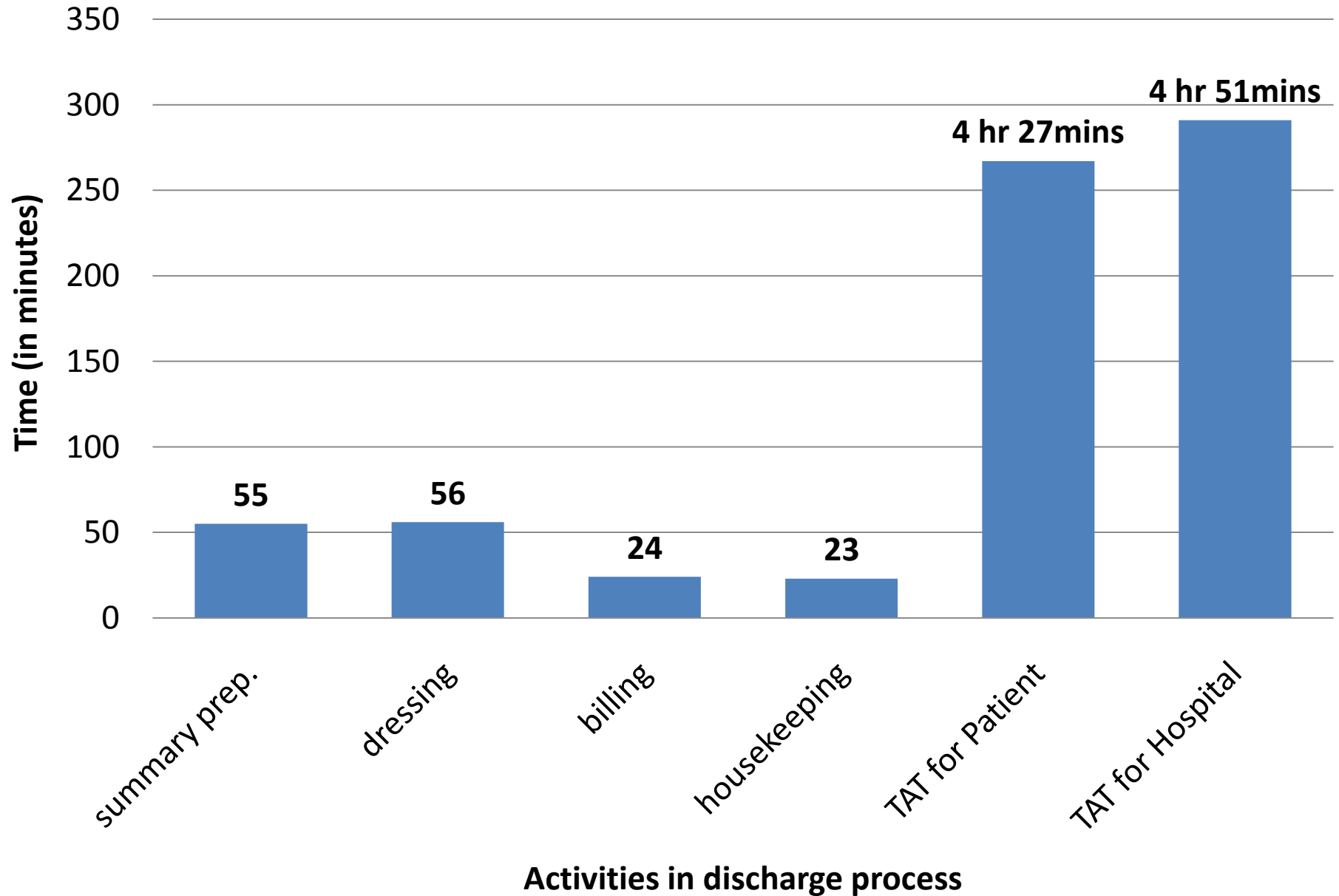
- Total process: 3-4 hrs
- Pharmacy clearance and discharge summary: up to 1 hr
- Billing time: up to 2 hr

TPA Patient

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



Overall Hospital (all floors)



Conclusion:

- A very long Time is been taken in dressing of a patient, mostly in deluxe ward because dressing room is at ground floor, and deluxe ward is on third floor.
- Same with summary preparation, as it is also at ground floor.
- Slow housekeeping response and mismanagement leading to delayed discharge process in the hospital.

Wastages in the process:

- Dressing room is too far from the ward, which takes long time to come back. For this, dressing room can be made near to the ward.
- Nursing station was at the end of the ward, which increases steps of staff from station to bed. For this, Nursing station can be made in the centre of the ward to keep a eye on all the patients and it will reduce the steps of nursing staff from station to bed.
- Steps of housekeeping staff in bringing linen from the store. For this, one set of linen for each bed can be placed in bedside locker anytime, so that bed cover can be changed quickly as soon as the patient leaves and will reduce steps of housekeeping staff.

Lean Tool:

- **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.

Recommendations

- Location of dressing room can be made near to ward.
- Linen set can be store at bedside to save time.
- Nursing station can be made in centre of the ward to save the steps of nursing staff in going to bed from station.
- Feedback form should be bilingual as currently it is only in Hindi, which creates difficulty.
- Discharge summary should have time printed on it.
- Bell need to be there at patient's bed side in the ward, to call the nurse.
- One housekeeping staff should be always present in the ward to have rapid action whenever required.

- Resident doctor should clearly explain the patient about medicines, diet and exercise, etc.
- Filled Feedback form must be taken up by staff in a closed box.
- Drugs should not be sent in last during discharge, as this causes delay in discharge.
- Staff at dressing room should record the patient in and out time details, along with other details.
- font size is too small on the feedback forms, which also creates very difficulty in reading by elderly patients.
- A GDA should be specially assigned for pharmacy collection and will help in reducing the time of pharmacy clearance.
- The billing for international patients should be simultaneously and updated every day as the treatment continues to avoid last minute delays in settlement.

Thank you