A STUDY ON TURN AROUND TIME FOR PLANNED AND UNPLANNED DISCHARGES AT MEDANTA HOSPITAL, LUCKNOW

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BRIEF HISTORY AND DESCRIPTION OF THE ORGANIZATION

In 2004, Cardiac Surgeon Naresh Trehan began working on Medanta, along with Sunil Sachdeva.
Medanta began operations of a 1000 bed, multi specialty hospital in Lucknow called Medanta Avadh.

Hospital started its operations in 2019. It has 34 operating theatres, over 250 critical care bed, and the widest spectrum of clinical care, education and research with 2000 of experienced doctor, 473 installed beds facility and 16 super specialty.

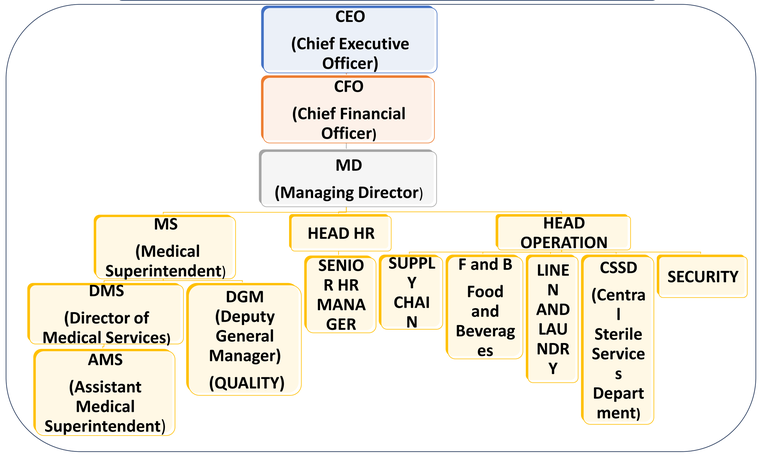
MISSION

To deliver world class health care services by creating institutes of excellence in integrated medical care, teaching and research.

VISION

Governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

ORGANIZATION STRUCTURE



OBJECTIVES

- To Study the Process of the Discharge of Patients in the Selected Hospital.
- To Identify the TAT (Turn Around Time) of the patient
- To Identify the factors leading to delay in the discharge of patients and suggest solution to reduce discharge time.

DISCHARGE PROCESS AT MEDANTA, LUCKNOW

- The Discharge process is begun with the Discharge code announced by nursing staff according to Doctor's discharge note.
- Medicine return of the patient is done by nursing staff.
- After that Nursing staff Charge Final activity sheet to the IPD Billing.
- IPD Billing sends Billing queries to nursing which is resolve by TL (Team Leader) then TL posts Discharge Advice of the patient.
- Draft Summary is corrected by the doctor, corrected and finalized by the MT(Medical Transcriptionist) on the system, which is coordinated by the Floor Coordinator and nursing staff
- Final Summary is Signed by the Doctor.
- Discharged medicine is delivered to the bedside for which the Coordinator has to inform in OP Pharmacy team to follow up with the patient and attendants for medicine purchase.
- The Patient Attendant is asked to clear the bill.
- Patient is prepared during billing settlement.
- After getting the billing clearance, the patient and his/her attendant are informed about the post discharge medicines and all their reports are handover to them.
- Final Cross check is done by the Coordinator after which TPT(Transportation) is called.
- Once the patient leave the floor, they are taken out of the system.

METHODOLOGY

- STUDY PLACE- Medanta Hospital, Lucknow.
- STUDY POPULATION- All Patients in Ward
- STUDY PERIOD- 1 Months
- SAMPLING TECHNIQUE- Observational Study
- INCLUSION CRITERIA -Cash and TPA Patients of Urology and Nephrology Department of IPD (Inpatient Department)
- EXCLUSION CRITERIA- Day Care and Outpatients
- BENCHMARK-

TAT TIME OF CASH PATIENTS – 4 HOURS
TAT TIME OF TPA PATIENTS – 6 HOURS

SWOT ANALYSIS

STRENGTH	WEAKNESS
• Good Treatment Results • Trained Staff • Advanced medical equipment and team of experienced doctor.	• Staffing Constraints • Lack of Central Government health schemes. • Limited Resources- Transport, Wheelchair
OPPORTUNITIES	**THREATS**
• Collaborative Partnership • Staff training and Development • Medial Tourism	• Shortage of Radiological equipment. • Logistics (Transportation)

CHALLENGES

- Time Management: To mange multiple tasks simultaneously.
- Coordination with other departments for initiation of smooth discharge process.
- Communication with nursing staff and other staff of the department.

LEARNINGS

- Understanding Working cultures and workplace.
- Practical Exposure
- Communication abilities in terms of how to communicate with patients, juniors and higher authorities in the organization.

USEFULNESS

- Exposure of various department in a hospital and their interdependency.
- Teamwork Skills
- Different clinical terms which I got to know.
- Work Experience

SUGGESTIONS

- Appropriate number of trained manpower should be assigned in the respective area of discharge process.
- Advancement of Logistics like wheelchairs.
- On daily basis TPA patient's bill should be updated on their respective TPA Portals and while getting discharge, company should provide final approval in very less time.
- Intradepartmental Communication should be made more effective to reduce delay in discharge process.
- The last-minute editing in discharge summary had also reflected delay in discharge process so to overcome this discharge summary needs to be finalised one day before the day of discharge.

THEORETICAL EXPOSURE

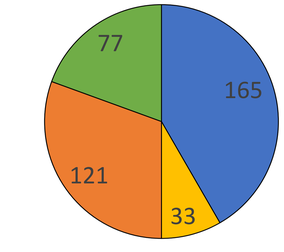
- Deals with documentation of file
- Conceptual Framework like understanding of fundamental concepts, theories and models.

PRACTICAL EXPOSURE

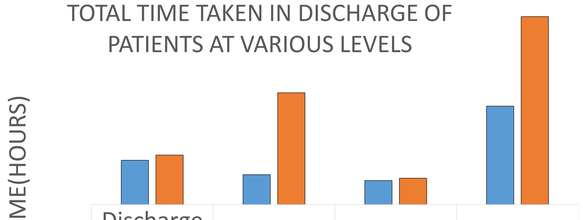
- Deals with the implementation of work.
- Internships provide opportunities to apply theoretical knowledge to real-life situations in a healthcare setting.
- To adapt working conditions
- Interaction with patient and Dealing with staff and doctors on ground.

ANALYSIS

TOTAL NUMBER OF PATIENTS



TOTAL TIME TAKEN IN DISCHARGE OF PATIENTS AT VARIOUS LEVELS



	Discharge to bill ready	Bill ready to pay	Pay to vacate	Total TAT
CASH	1:16	0:51	0:41	2:49
TPA	1:25	3:12	0:45	5:23