TAT of patients discharge & IPSG in ICU

APEX HOSPITAL, MANSAROVAR

Name: Suneet Mukherjee; 1631; HM27

Faculty Mentor: Dr. Mahender Kumar
Industrial Mentor: Shivi Rawal

Hospital Overview

Apex Hospitals are super-specialty hospitals across Rajasthan aiming to deliver top-quality and individual-focused Healthcare services. With a team of experienced doctors and trained staff, advanced medical technology, and state-of-the-art infrastructure, Apex Hospitals provide holistic healthcare services not just to residents of cities, but also to people living in remote locations, with perseverance, dedication, and compassion.

Apex Hospitals is a chain of multi-specialty hospitals in Rajasthan with facilities in Jaipur – Malviya Nagar, Mansarovar, Sawai Madhopur, and Jhunjhunu at present. NABH-accredited Apex Hospitals are amongst the fastest-growing hospitals in Rajasthan. It is an experienced team of doctors, state-of-the-art infrastructure, the best of advanced medical technology, and unwavering compassion that has made Apex Hospital provide top-quality and patient-focused healthcare services since 1994.

Vision and Misson

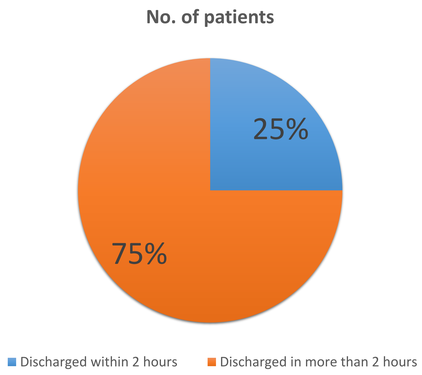
Vision:
To deliver quality-conscious and technology-driven contemporary healthcare across segments, in an environment oriented towards patients and staff needs with all endeavors to ensure continuous education and training for multi-faceted personal and linear organizational growth.

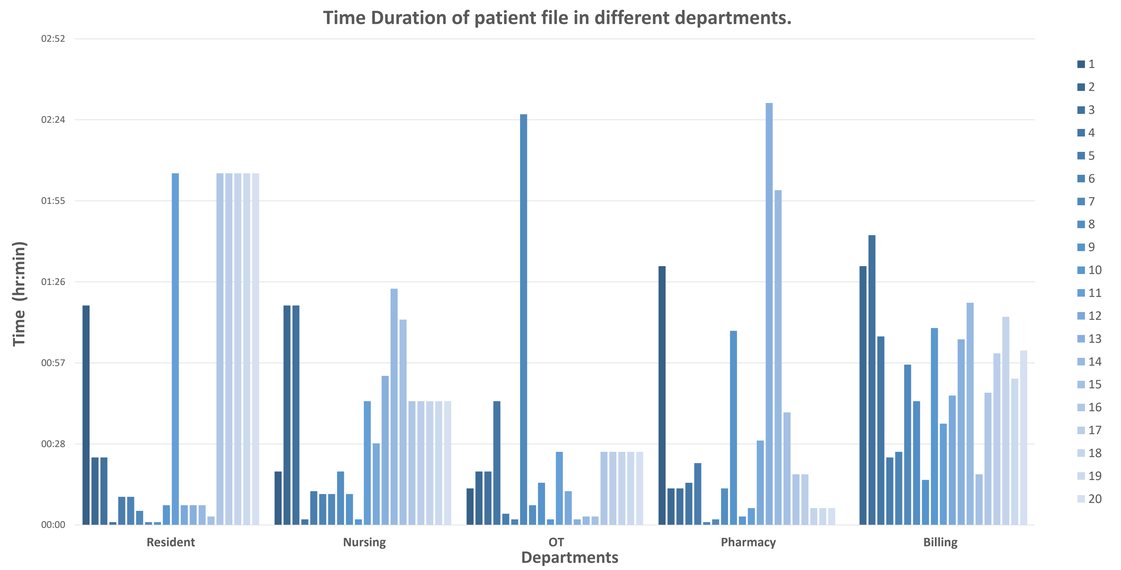
Mission:
To provide holistic quality care at a minimal cost in a hygienic environment with perseverance, dedication, and compassion.

Strengths	Opportunities
• International patient safety goals • E-ICU (Electronic Intensive care unit) • Strong community health services.	• Fast patient discharge reduced waiting time for new admissions. • Telephonic consultancy with visiting consultants.
Weaknesses	**Threats**
• Weak inter-departmental communication. • Less number of staff.	• Increasing cost of treatment. • Technical issues of government portals.

Project 1: TAT of Patient Discharge

The data from 20 patients were collected to analyze Turn around time of patient discharge.
As a result of the collected data, only 25% of all patients are discharged within two hours.





Problems

1. Visitor consultants don't have fix timing.
2. Due to the evening visits of some consultants, the number of discharges occurring the next morning is high.
3. Only one resident present on duty at a time for the patients on general ward and private ward.
4. Due to the large number of patients getting discharged, it takes more time for the resident to prepare the discharge letter.
5. Less number of GD staff.
6. Inter- departmental Communication gaps between staff.
7. Human errors, such as forgetting to create the discharge request in the system or forwarding discharge files without returning medicines causes delay.

Recomendations

1. Marketing team should emphesise visitor consultants to visit the patients in morning.
2. Residents of both the general ward and private ward should be separate.
3. More GD staff is required because due to less staff multitasking has to be done which increases the delay.
4. Hospital staff should work with proper communication and coordination to reduce inter-departmental errors.
5. Having more than one person to complete the discharge process can reduce the delay during billing.

Project 2: IPSG in ICU

To assess the extent of patient safety according to IPSG goals, following numbers of parameters were observed under each IPSG Goal.

1. Identify patients correctly (5 parameters).
2. Improve effective communication (4 parameters)

- To identify the root cause of the problem with greater frequency, **Pareto analysis** was being used.
- All the set parameters were arranged in the descending order of non-compliance scores followed by calculating the cumulative frequency gives the percentage and the results for the root cause concluding that 80% problems arises due to 20% possible causes.

By using Pareto analysis, the fact that 80% problem in the organization arises due to the absence of the effective communication parameter which is Critical value of the test reported to the doctor documented in callout register.

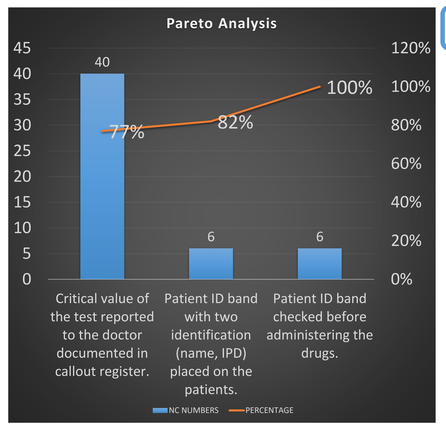
Table 1: Patient Identification

Parameters	Compliance	Non-COmpliance	Total patinets
Patient name and IPD number (File)	40	0	40
Patient ID band with two identification (name, IPD) placed on the patients.	34	6	40
Patient ID band checked before blood sample collection.	40	0	40
Patient ID band checked before administering the drugs.	34	6	40
Vacationers and bottlers labelled before withdrawing the blood	40	0	40
Total	188	12	200

Table 2: Effective communication

Parameters	Compliance	Non-compliance	Total Patients
Emergency verbal order not present in ICU.	40	0	40
Critical value of the test reported to the doctor documented in callout register.	0	40	40
Handover communication present in patient's file.	40	0	40
Hand work communication devli field and signed with the special instruction.	0	0	40
Total	120	40	160

PROBLEMS	NC NUMBERS	CUMULATIVE FREQUENCY	PERCENTAGE
Critical value of the test reported to the doctor documented in callout register.	40	40	77%
Patient ID band with two identification (name, IPD) placed on the patients.	6	46	82%
Patient ID band checked before administering the drugs.	6	52	100%
Total	52		



Recomendations

- **For correct patient identification-**

Apart from the training and interview of the nurses, the nursing incharge should also check the bands of the patients every time.
The sticker band with printed patient information should be given at the time of admission of the patient to the ICU. So that there is no negligence.

- **For Effective communication-**

There is no call-out register for critical values in I.C.U.
The critical value of the test reported to the doctor should be documented in the call-out register.
Call out register frequent check should be done along with morning rounds every day.
The critical value documented in callout register should be verified countersigned by doctors and should be checked on regular basis.