

History of organisation

Fortis Healthcare Limited is an Indian multinational chain of private hospital which started its healthcare operations from Mohali Punjab at 2001 and was founded in 1996 by Shivinder Mohan Singh and Malvinder Mohan Singh. Later on, the hospital chain purchased the healthcare branch of Escorts group and increased its strengths in various part of the country. Fortis Escort Hospital Jaipur is the first NABH Accredited Hospital in Rajasthan, since July 2008. It is the veritable torch bearer of super speciality centres of excellence across the country. Fortis Escorts Hospital, Jaipur is a pioneer in high – end procedures like kidney Transplant, Total Knee & Hip Replacement with Robotics and Computer Navigation, Adult and Paediatric Cardiac Surgery along with many other specialised procedures. Mr Neeraj Bansal is the esteemed Zonal Director responsible for overseeing the operations, strategic planning, and financial management at Fortis Escorts, Jaipur.

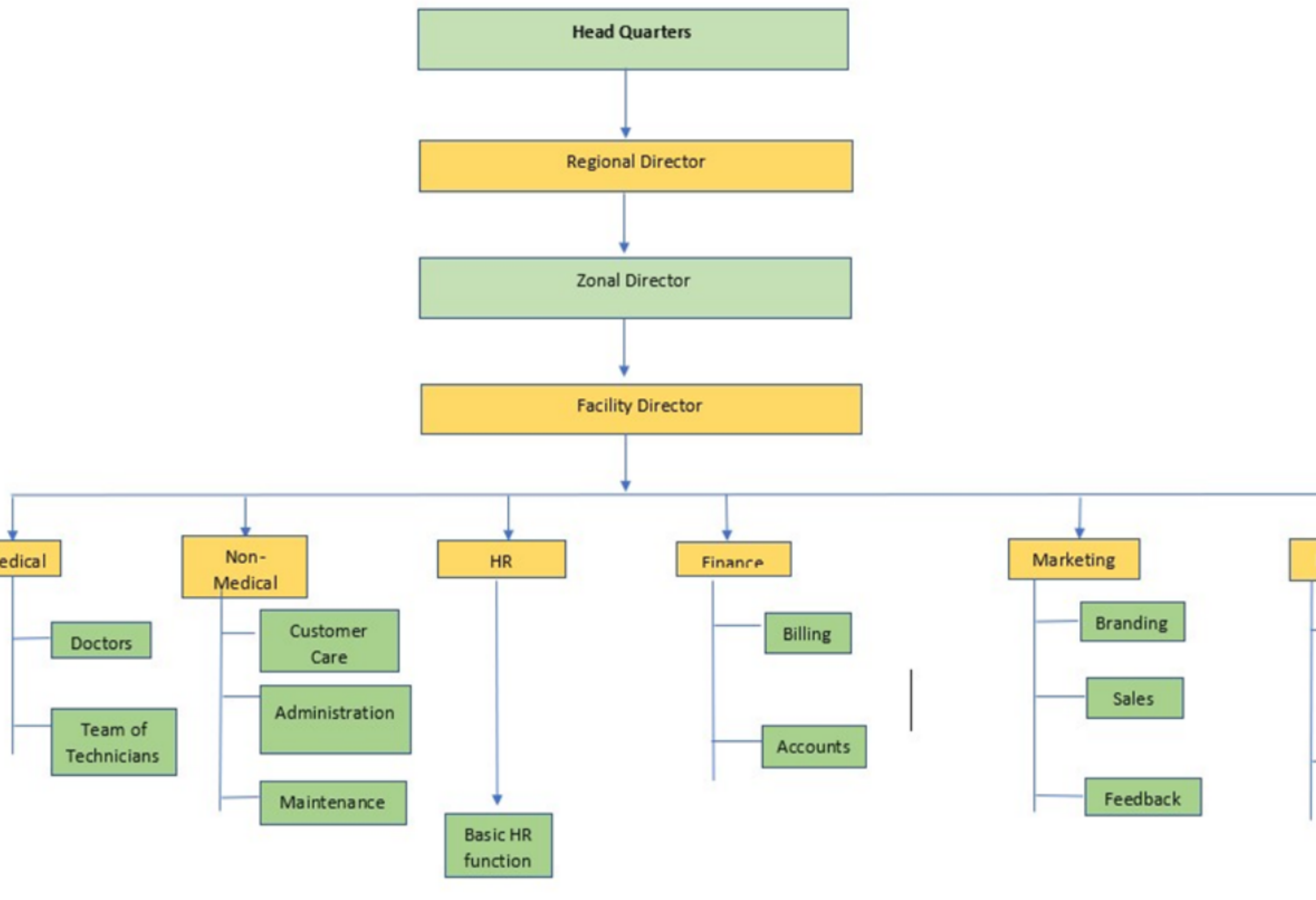
Organisation vision

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.” "Saving & Enriching Lives"

Organization mission

To be a globally respected healthcare organization known for Clinical Excellence and Distinctive Patient Care.”

Organization structure



Difference between theoretical knowledge and practical experience

THEORETICAL	PRACTICAL EXPERIENCE
Studying hospital policies related to patient.	To observe and assist healthcare professionals in interdisciplinary communication.
Importance of interdisciplinary communication and collaboration.	How the records are maintained.
Hospital infrastructure.	Learning about hospital infrastructure.



Learning

Introduction

Discharge is referred to as a point at which the inpatient hospital care ends. The discharge process begins with the consultant marking the patient for discharge and ends after the hospital bill is cleared and this is known as the Discharge Turn-around Time (TAT).

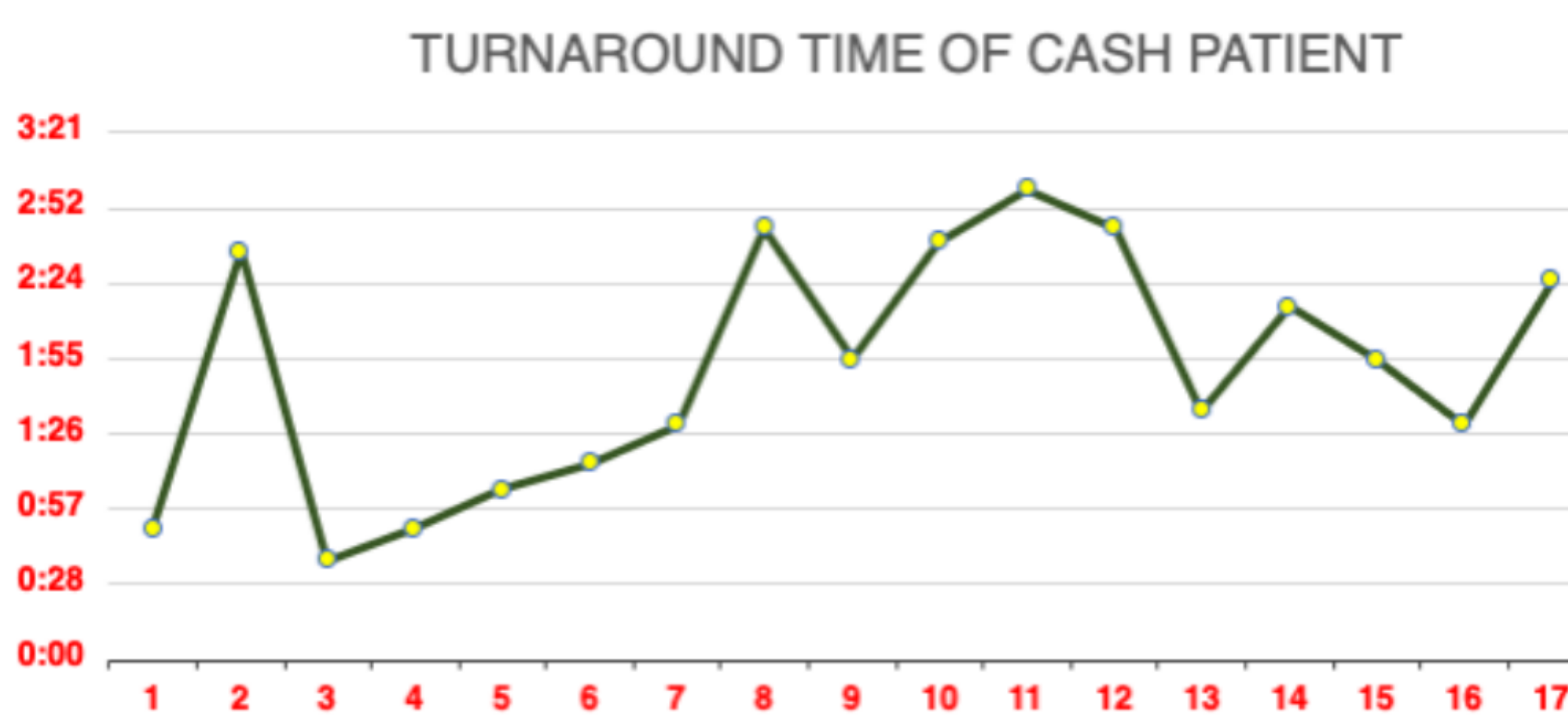
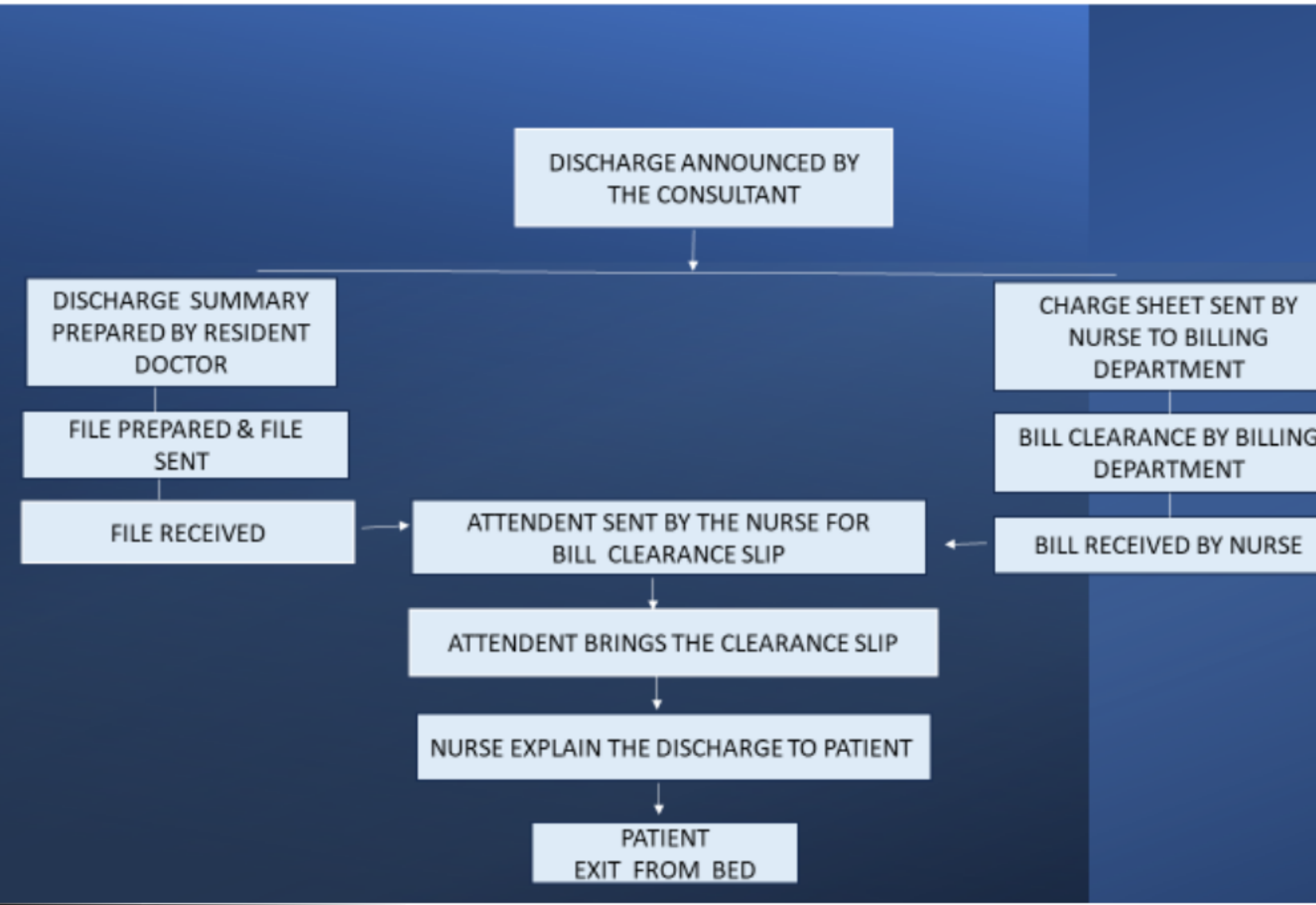
Objective

- To calculate the average turn-around time of the discharge process of cash and Panel patients.
- To identify the causes of delay in the discharge process

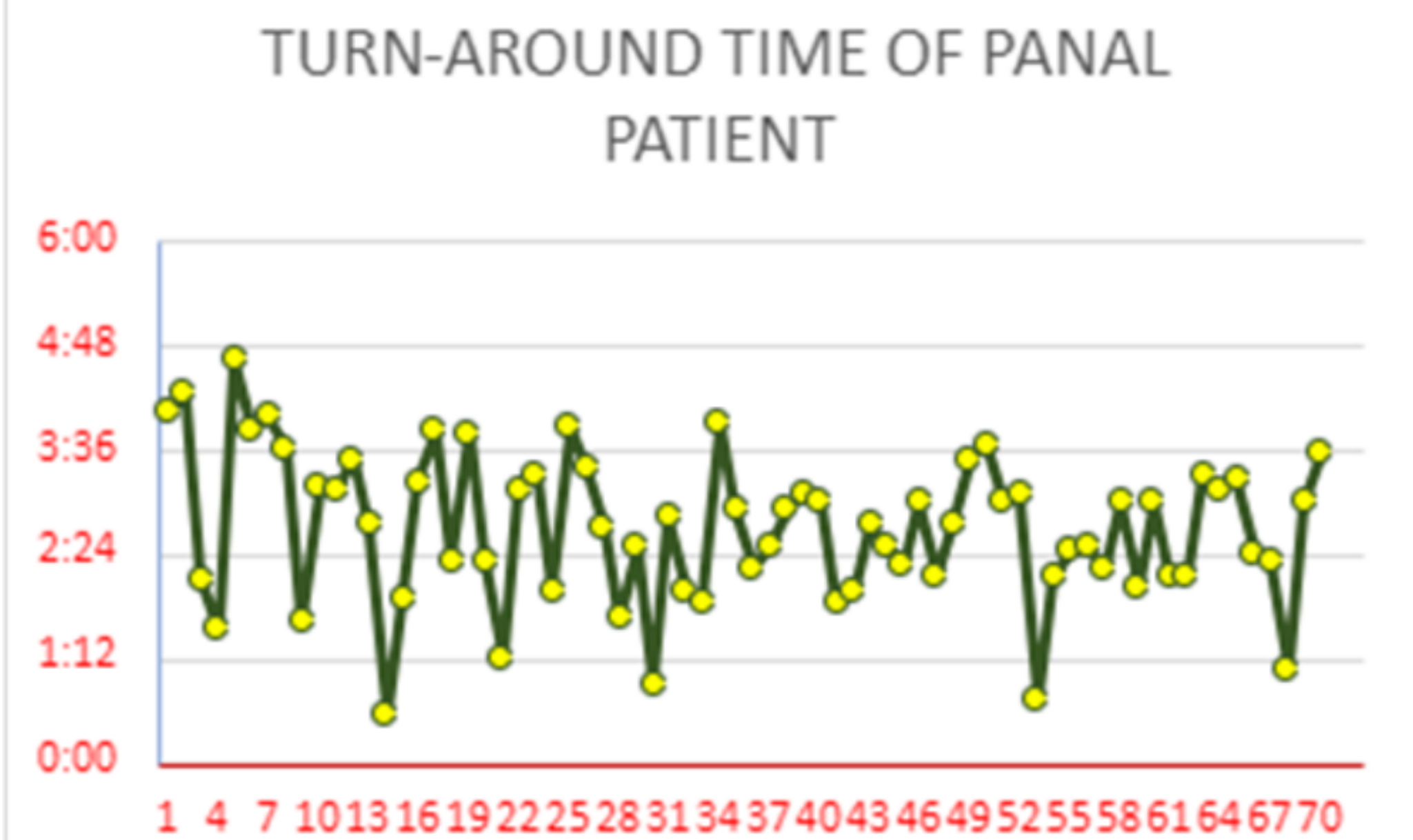
Methodology

- Study Design: Descriptive (Cross-sectional) study
- Study Location: Fortis Escort hospital Jaipur, General ward.
- Sample size: 89 patients (17 Cash, 72 Panel)
- Sampling Technique: -Random sampling
- Data Source: Hospital Information System (HIS) and self observation
- Inclusion Criteria: IPD patients of general ward
- Exclusion Criteria: Day care patients, patients discharged before 5 p.m.
- Data Analyse: Microsoft Excel

Discharge Flow chart

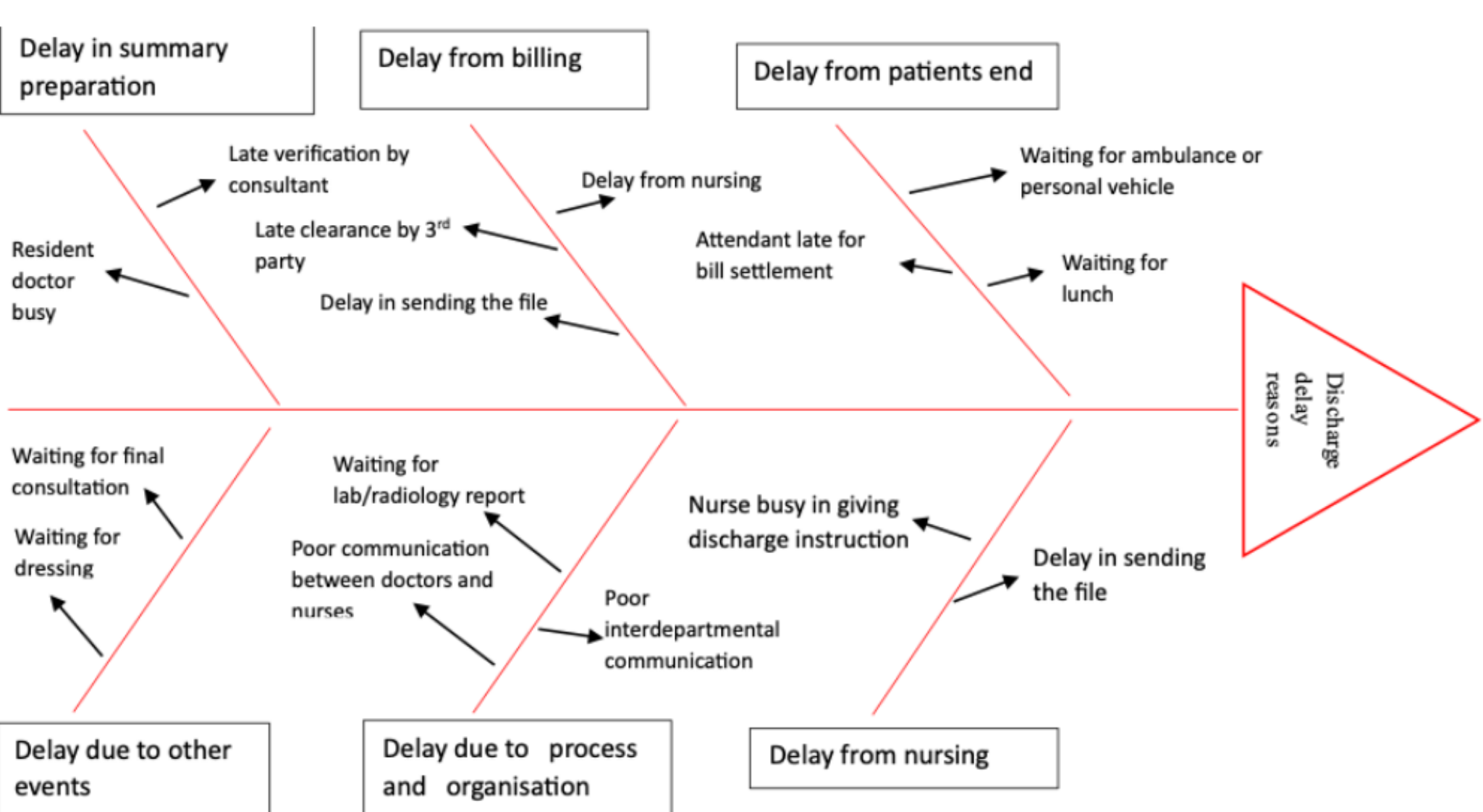


In above chart 58.82% discharge were IN time(2hrs.) and 41.17% were OUT time

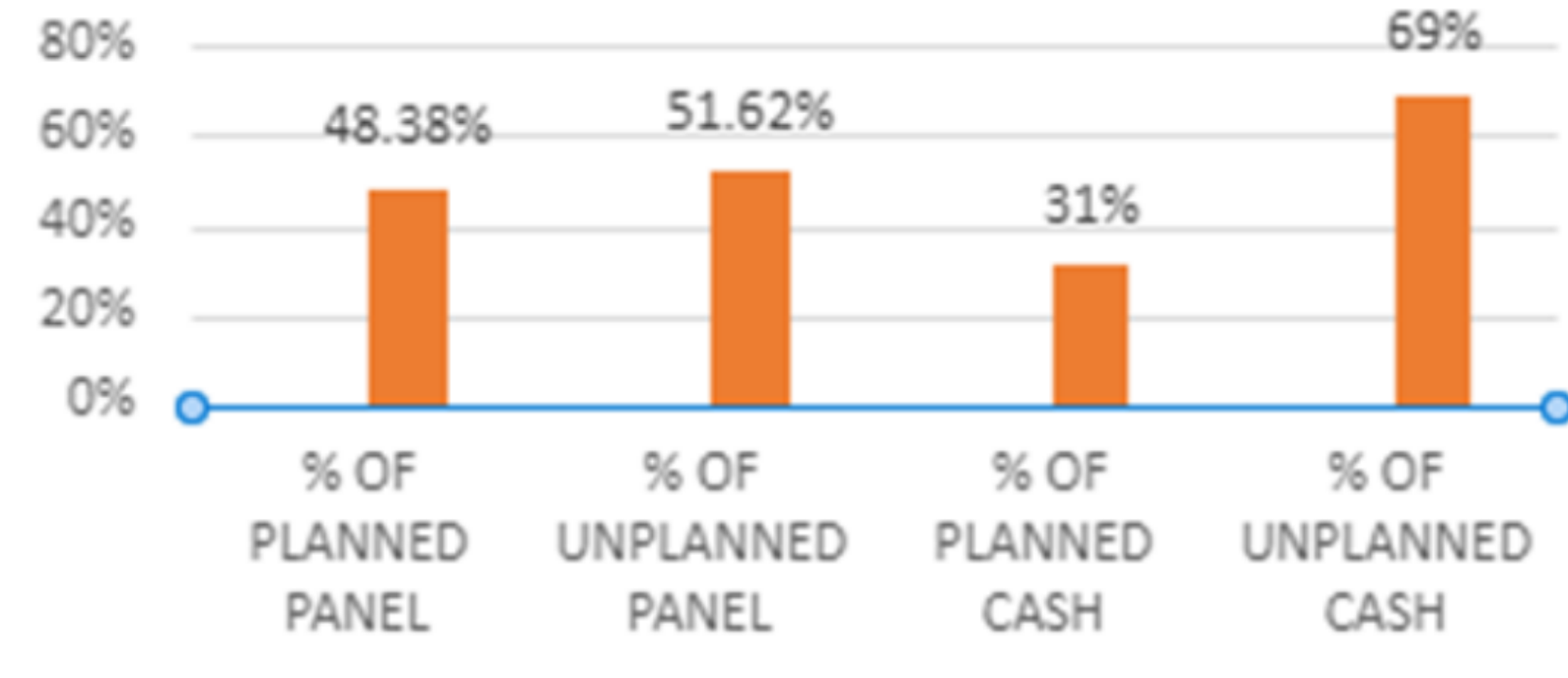


In above chart 54.16% discharge were IN time(2hrs.) and 45.83% were OUT time

Cause and Effect Diagram



PERCENTAGE OF DELAY IN PLANNED AND UNPLANNED DISCHARGE



SWOT Analysis

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
- The hospital has well defined standardized discharge process - Skilled competent healthcare professionals who are experienced. - Use of advanced technology - Collaborative approach	- Occasional breakdown in communication between healthcare professionals. - Limited resources - Time consuming process - Longer patient wait time for consultation.	- Hospital can explore to automate certain aspect of discharge process. - Implementing patient's feedback - Collaboration with external providers - Investing in advanced technologies that can optimize the discharge time.	- Regulatory changes according to NABH accreditation requirement - Staffing challenges such as staff shortage can affect the functioning of discharge process. - Financial pressure due to changes in policies can limit resources allocation. - Public image

RECOMMENDATION

The discharges should be planned in advance for smooth and easy departure of the patients from the hospital.

In case of delay due to TPA approval the insurance company should speed up the process and a timely reminder should be given.

Billing discrepancies (discrepancy between estimate and actual bill, room rent etc.) should be reduced through more efficient financial counseling for reducing delay in discharge.

Bulk discharges may be avoided for reducing delays in pharmacy clearance (indent and check medicines).

Appropriate feedback to be taken from the patients about the discharge process and analysis of feedback forms should be done.

Conclusion

- Patient discharge is a complex process involving cooperation and coordination of all departments and staff in the hospital.
- Discharging patient in a timely manner is a challenging task. In this study, time taken for discharge process in Fortis Escort Hospital was analysed.
- Number of unplanned discharge were found more than planned discharge which was the reason for delay. More number of discharge should be planned so the time can be reduced.
- Thus improving the time taken for discharge not only improves patient satisfaction but also helps in effective bed management for the hospital .

Challenges

- Bridging the gap between theory and practice. - transitioning from a primarily theoretical education to practical application.
- Interdisciplinary collaboration.
- Transition to responsibility- as an intern expectation to transition from a supervised role to taking on more responsibility, as I have to make independent decisions, managing time effectively.
- To understand the business balance and clinical objective
- Complex data and technologies

Usefulness

- Practical experience of real healthcare setting.
- Opportunity to work closely with different professionals, gaining insights into their roles and responsibility.
- Enhancing problem solving and critical thinking skills.
- Developing organizational skills, time management, and attention to detail to advance professionally.

References

<https://www.fortishealthcare.com/location/fortis-escorts-hospital-jaipurce>