A Comprehensive Study on the Impact of Medication Management & the Discharge Process: Enhancing Operational Efficiency

NAME : Dr. NEHA UMASHANKAR VERMA ; 1554 ; MBA HM-27 | FACULTY MENTOR : Dr. PIYUSHA MAJUMDAR | ORAGANISATION MENTOR : Dr. ANKUR NIGAM

BRIEF HISTORY

Apollo Hospitals was founded in 1983 by Dr Prathap C. Reddy as the first corporate hospital in India. The first branch at Chennai was inaugurated by the then president of India Zail Singh. It is the largest hospital chain in India, with a network of 71 owned and managed hospitals

VISION

To make India as a global healthcare destination

MISSION

To bring healthcare of international standards within the reach of every individual committed to the achievements and maintenance of healthcare for the benefit of humanity

CORE VALUES

- Pioneering Attitude
- Trust worthy spirit
- Proactive Involvement
- Compassionate Care
- World class excellence

SWOT

SWOT ANALYSIS

STRENGTH
- Present in all major cities
- Big brand name
- Amazing services
- Highly qualified and experienced doctors

WEAKNESS
- Lack of it in suburban areas
- High costs

OPPORTUNITIES
- Increased costs of healthcare in western countries
- Underdeveloped healthcare availability

THREATS
- Newer evolving hospitals

RECOMMENDATIONS

Apollo is known for its fine quality treatment and is one of the brands in the market ,it should think about the marketing strategy as newer hospitals are entering the market and this can create a tough competition

CHALLENGES

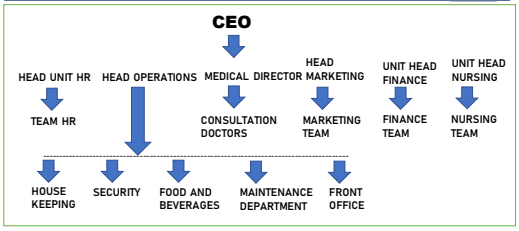
- Adapting to the new environment , but eventually everything went aligned
- Having less prior experience in data collection and analysis was definitely a challenge for me, but now I am much more confident about the same
- Limited period

AIM AND OBJECTIVE

AIM:
1. STUDY OF MEDICATION MANAGEMENT
2. DISCHARGE PROCESS

OBJECTIVE:
1. Assessing the Duration for Prescription Medication Indent and Dispatch, and its Impact on the Discharge Process.
2. Analyzing Average Discharge Duration for Planned and Unplanned Patients to Identify Efficiency Gaps.

ORGANISATION STRUCTURE

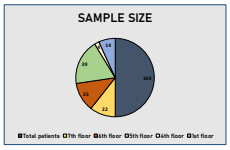


METHODOLOGY

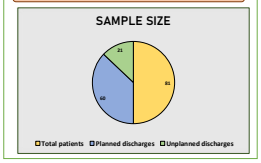
- **STUDY DESIGN** : Observational study
- **STUDY APPROACH** : Probability method
- **STUDY AREA** : Apollo medics super specialty hospital, Lucknow
- **STUDY PERIOD** : Project 1 (5-5 23 to 4-6-23) and Project 2 (13-5-23 to 4-6-23)
- **SAMPLE TECHNIQUE:** Stratified random sampling; Value stream mapping
- **FLOORS/DEPARTMENTS** : For project 1 and project 2 each and every floors and wards

PROJECT SAMPLE SIZE THROUGH STRATIFIED RANDOM SAMPLING/VALUE STREAM MAPPING

PROJECT 1 – MEDICATION MANAGEMENT



PROJECT 2 – DELAY IN DISCHARGE PROCESS



ERRORS AND PARAMETERS:

MEDICATION ERRORS

1.Prescribing (doctors)
2.Transcribing (doctors)
3.Indenting (nurses)
4.Dispensing (pharmacists)
5.Administrating (nurses)
6.Monitoring (nurses)
7.Documentaton (doctors/nurses)
8.Near Miss (nurses)

DELAY IN DISCHARGE PROCESS

1.Discharge informed to pre-anesthesia (yes/no)
2.Discharge intimation time(T1)
3.Intimation time(T2)
4.Medicine return time(T3)
5.Medicine return acknowledgement from pharmacy(T4)
6.Reasons for delay
7.Consumable return time (T5)
8.Consumable return acknowledgement from cashier(T6)
9.Bill ready time(T7)
10.Activity sent time(T8)
11.Activity received time(T9)
12.Discharge summary finalized time(T10)
13.Reason for delay
14.Final bill sent time(T11)
15.Final bill time(T12)
16.Patient check-out time(T13)
17.Any other issues in discharge

RESULTS/SUGGESTIONS

MEDICATION MANAGEMENT

- Prescribed drugs should be indented by nurses as soon as possible
- Instead of indenting medicines all together nurses should make it a point to indent the medicines as soon as prescribed
- As soon as medicines are indented , IP pharmacy should dispatch the medicines to avoid delays

DELAY IN DISCHARGE PROCESS

1.Patient discharge should be finalized after patients drain out, ray etc. is completed
2. Discharge summary should be prepared and closed as soon as possible
3.Activirty sheet can be updated on daily basis
4. Activity sheet should not be sent in bulk
5. Activity sheet should not be sent to billing office until and unless all returns are clear
6. It error should be resolved quickly
7. Dedicated discharge coordinator/nurses can be appointed to look after all the discharge process

LEARNINGS AND VALUE ADDITION

- **GROUND LEVEL PROJECTS**: It was through this project that I was able to perform on ground level projects, collected data through various methods learnt about (value stream mapping)as well as (stratified random sampling) its importance in data collection and understood ground level difficulties and challenges and how to deal with it
- **LIFE SKILLS:**I have learnt to be more interactive, smart traveler, independent , and more precise in decision making
- **IMPROVED TECHNICAL SKILLS**: New and improved technical skills for live projects
- **EXPOSURE TO NEW ENVIRONMENT**: Learning about the hospital culture and understanding the working environment that brings success
- **ENHANCED SOFT SKILLS**: I have learnt to empathetically understand problems, think about solutions, and effective communication

USEFULNESS OF INTERNSHIP

- Hospital exposure
- Hands on experience on live projects
- Power point presentation in inter departmental meeting and solutions discussed for the same
- Interacting and learning with organization experts
- Understand the work flow of hospital and environment which brings success
- Role play of different departments and what are their duties and responsibilities

THEORETICAL KNOWLEDGE-STEPPING STONE TO MY PRACTICAL EXPOSURE

- Theoretical knowledge learnt at IIHMR, gave me a deeper understanding of all the concepts that I could practically apply and understand the reason behind it
- Theory in terms of essential of hospital services, communication planning and management, health and development acted as an integral component for understanding and applying the same for my practical knowledge
- Theoretical knowledge learnt at IIHMR, has laid a strong fundamental foundation on me which has helped me perform confidently during my internship

THEORY VS PRACTICAL

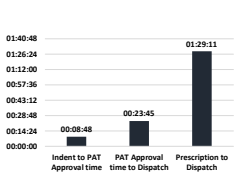
Theory:
- Theoretical knowledge is based on abstract concepts, principles, and ideas
- Theoretical knowledge provided by professors in university gave me an insight about how hospitals should be planned and what are the services provided by the hospitals

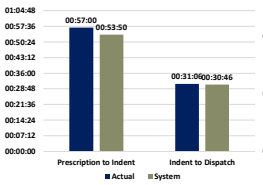
V/S

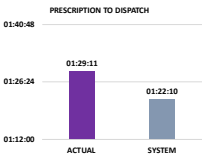
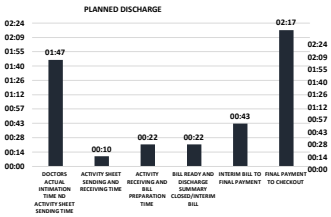
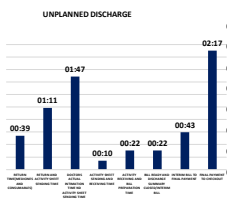
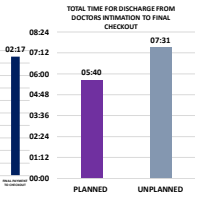
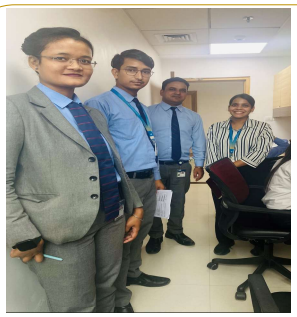
Practical:
- Practical knowledge is based on ground experience and its application
- Practical knowledge made my concepts more clear and made me understand the hospital as an organization in a better way

PROJECT DETAILS AND FINDINGS

PROJECT 1 – MEDICATION MANAGEMENT







PROJECT 2 – DELAY IN DISCHARGE PROCESS