Turn Around Time For Discharge of 3rd floor at fortis hospital

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Organization History

Established in February 28,1996; hospital operation was started in 2001 through its flagship in Mohali hospital It also named as 22nd best hospital in the country for the year 2022 .The company has also installed HIS and PACS systems that connect facilities for speedier diagnosis .Fortis Escorts Hospital, Jaipur is the 275 bedded, first NABH accredited multi super speciality hospital at Rajasthan. This hospital has established itself as one of the best tertiary care hospitals in the region having alliance with international partners.In last 14 years, Fortis Escorts Hospital, Jaipur has successfully managed to develop world class facilities. It is a pioneer in high-end procedures like Kidney Transplant, Total Knee & Hip Replacement with Robotics & Computer Navigation, Adult and Paediatric Cardiac Surgery including Congenital Heart Disease.

Brief Description

Fortis Escorts Hospital, Jaipur is the 275 beded, first NABH accredited multisuper speciality hospital at Rajasthan. This hospital has established itself as one of the best teriary care hospital in the last 14 years. Fortis hospital has successfully managed to world class facilities & has been a pioneer in high end procedures like kidney transplant, total knee & hip replacement with robotics & computer navigation, adult & pediatric cardic surgeries including congenital heart diseases. Rajasthan first nect generation Cathlab for cardiac procedures. GI & bariatric surgeries

Area of work

Department of Quality Assurance

Background

- Discharge by definition is to formally terminate patient care, and release him/her from a hospital or healthcare facility. A patient is discharged only when he/she has recovered fully or satisfactorily according to the concerned physician. Discharge is a very complex process it involves several stakeholders. It is one of the major key factors for patient satisfaction and revenue generation for Hospitals. There is often a significant delay between a patient being identified for discharge on the ward round to actual discharge from the unit. Â€˜Discharge delays cause patient flow constraints which negatively impact patient satisfaction, safety, hospital capacity and financial performance

Objective

- According To study the process of discharge at Fortis escorts Hospital, Jaipur
- Specific: - According Identify the cause of delays in discharging patients from the Inpatient Department and develop interventions to minimize such delays. Data has been collected using the National Quality Assurance Standard checklist according
- To understand the bottlenecks. To study the barriers/delay in the discharge process.
- To reduce high TAT of discharge. To propose recommendations based on the study findings.

Methodology

- Research Design- Observational Descripive
- Duration- 30 days
- Area Of Study- Discharge of Third floor under department of operations
- Sample population- 80
- Sample Size- 42
- Mode of Data Collection- (a)Computerised Data

(b) Physical

- Inclusion Criteria: RGHS, CGHS, ECHS, and all other PSU's.
- Study Tools: Human Interaction, HIS, TAT Sheet
- Sampling Technique: Convenient Sampling
- Data Analysis: Excel

Findings

- From the study, it was observed that the delay in the discharge process can be optimized by implementing the discharge tracking list along with recommended suggestions. A discharge tracking list can give an instant idea about the problematic areas and one can easily recognise and can work upon without going through all the complex processes. The study shows that the delay in the discharge process can be reduced more than 50 % by working on each step of discharge process which ultimately improves the overall process.

Recommendations

- Advance planned discharge by physicians so that the nursing staff can prepare accordingly.
- Trained nurses to prepare discharge summary: - because typist are not available on every floor.
- Discharge summary is typed from the day when patient is admitted to the hospital: -. The discharge summary is typed from the day the patient is admitted, is updated on a daily basis and on the day of discharge, only minor additional information is added.
- Daily updating bills: - To speed up of the billing process and to ensure quick turnaround of the final bills, all bills are audited and updated every night to ensure minimum time is taken on the day of discharge. The aim is to complete all the discharges before 11am every day, so that the same beds could be made ready for the new admissions.
- Upgrading IT: - To ensure speedy processes, IT systems too were upgraded. Some automation in the Hospital Information System (HIS) was brought in to enable a faster billing process as well as availability of diagnostic reports online which ensured that there was minimal delay.
- Daily Payment: It is not easy to ensure that the attendants are ready with the balance of the payment and logistic arrangements.

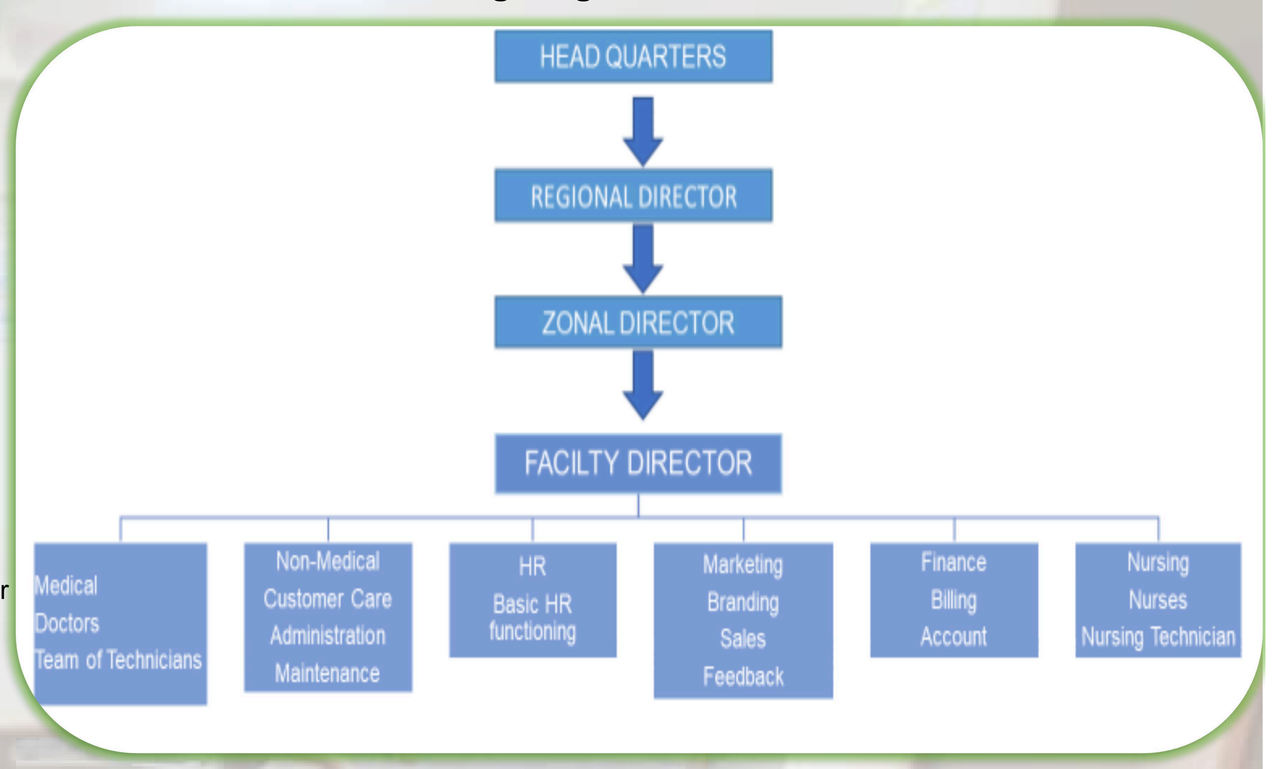
Organization Mission

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

Organization 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

Organogram

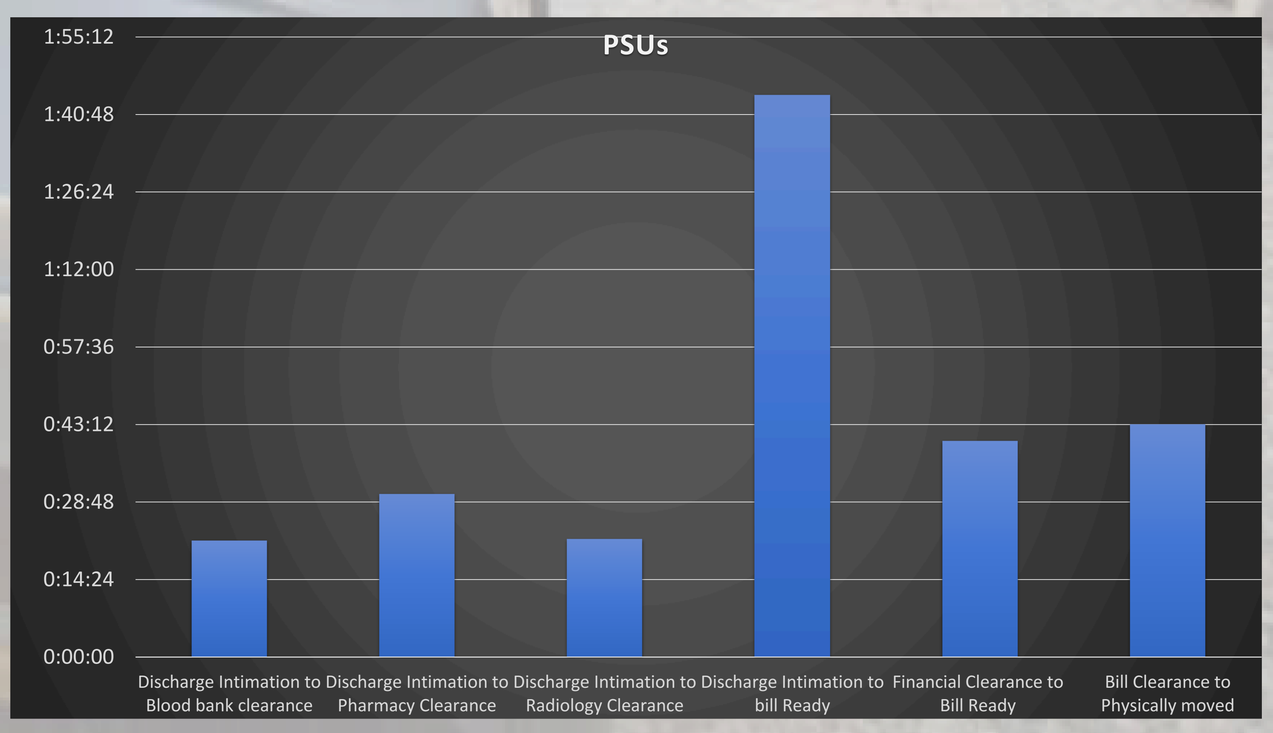


Usefulness of Internship

Learnt about medical quality standards accreditations
Various emergency codes
Admission to discharge process in the hospital
Billing section and marketing of the hospital using combination of technology, strategy and improvement

- Learnt to deal with emerging life threatening situationsExposure to corporate hospital management
- Experiencing how to manage operation & quality in the hospital
- Prospective of patients towards healthcare
- Time management, punctuality & ethical working
- Human behaviour during stressful situation

GRAPHICAL PRESENTATION OF TAT OF PSU PATIENTS FOR 3rd FLOOR of fortis hospital ,jaipur



Difference between practical exposure and theoretical work

According to hospital SOPs,
Discharge process should be completed within 2.5 hours of initiation, whereas practically the process was taking too long causing chaos ,discomfort and confusion to the patient
The initiation time of discharge was the major contributor for the delay in the process

Challenges faced during Internship

Data is not disclosed, missing
Staff is not cooperative
No SOPs are followed direct by the lower grade staff
Lack of coordination between departments