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BRIEF HISTORY AND DESCRIPTION ABOUT ORGANIZATION

Fortis Hospital, Shalimar Bagh commenced its operations in the year 2010 with 310 beds spread over 7.34 acre is a multi super speciality hospital located in North-West Delhi, offering excellent virtues of compassion, innovation, integrity and patient centricity. Fortis Hospital, Shalimar Bagh is NABH Accredited/ NABH Certified/ Nursing Excellence/ NABL Accredited Lab.

ORGANIZATION VISION AND MISSION

VISION: “ Saving & Enriching Lives”.

MISSION: “ To be a globally respected healthcare organization known for Clinical Excellance & Distinctive Patient Care.

BRIEF DESCRIPTION ABOUT HOSPITAL

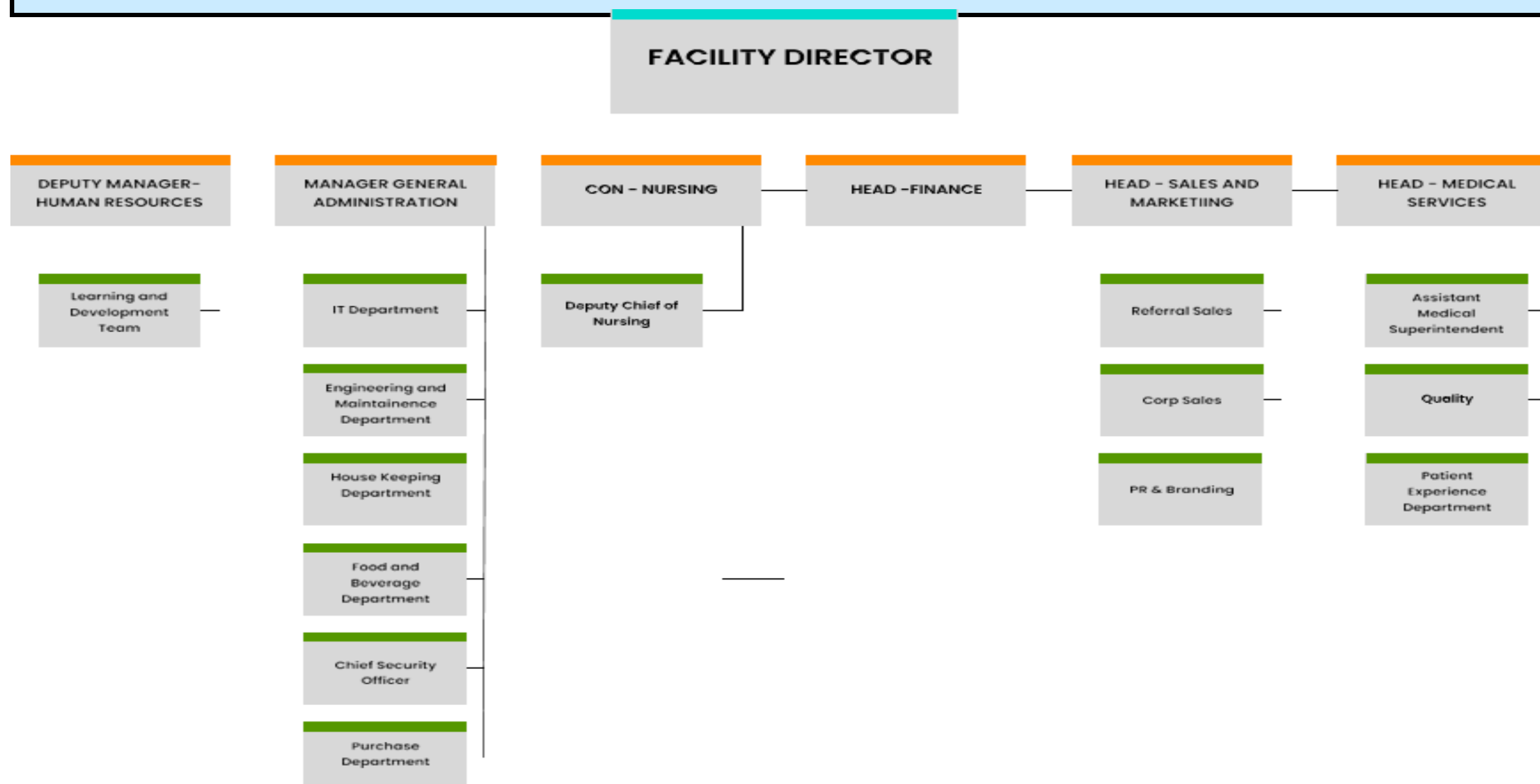
Fortis Hospital, Shalimar Bagh recognized worldwide as a centre of excellence providing the latest technology in Cardiac Bypass Surgery, Interventional Cardiology, Non– invasive Cardiology, Paediatric Cardiology, & Paediatric Cardiac Surgery.

CLINICAL SERVICES: Cardiology, Orthopedics, Oncology, General Medicine, Neurology, Emergency, Pulmonology, Gynecology, Dialysis, Urology, Critical & Intensive Care, Bariatric Surgery, and Gastroenterology.

LABORATORY SERVICES: Nuclear Medicine, Radiology, Bio-chemistry, Microbiology, Serology, Pathology, Haematology, Transfusion Medicine & Microbiol.

DIAGNOSTIC SERVICES: 2D Echocardiography, CT Scan, Cath Lab, ECG, Endoscopy, Holter Monitoring, Ultrasound, X– ray, & Mammography.

SUPPORT SERVICES: Ambulance and Pharmacy.



DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

THEORETICAL UNDERSTANDING	PRACTICAL EXPOSURE
1. Basic concepts, principles and theories about Hospital Management.	1. How theoretical concepts are implemented in real healthcare scenarios.
2. Theoretical understanding introduced to the framework of hospital operations.	2. Practical exposure helps to understand the day to day operations of a hospital, processes and how various departments function.
3. Theoretical understanding develops critical thinking, analytical and problem solving skills.	3. Practical exposure enhances communication, teamwork, and empathy.

STRENGTH	WEAKNESS
1. Experienced Medical Professionals.	1.Shortage of healthcare staff.
2.Comprehensive services and facilities.	2.Cost of Services.
3.Wide network of Hospital.	3.Capacity Constraints
4. Hospital Infrastructure & Technology.	
OPPORTUNITIES	THREATS
1.New and upgraded medical technologies.	1.Competitions with other Hospital networks.
2. Collaboration with Insurance Companies.	2.Similar healthcare packages provided at low cost by different Hospitals.
3. Market Expansion	

CHALLENGES FACED DURING INTERNSHIP

- 1.Takes time to adjust new work environment, and work processes.
2. Due to busy schedule of seniors, I couldn't get much exposure.

LEARNINGS DURING INTERNSHIP

1. Learnt and observe day to day operations and management in Hospital.
2. I have learnt to efficiently communicate, empathetically understand problems and think creatively to provide solutions.
3. Understanding working culture in Hospital.
4. Learnt basic policies and protocols.
5. Learnt Time Management, & Leadership Skills.

PROJECT

Reduce TAT (Turn Around Time) during Discharge Process

PRIMARY GOALS

To work on the mean time for discharge process from the time the patient is advised discharge till the patient physically leaves the hospital ward to complete turn around time of cash, panel, and domestic insurance patients.

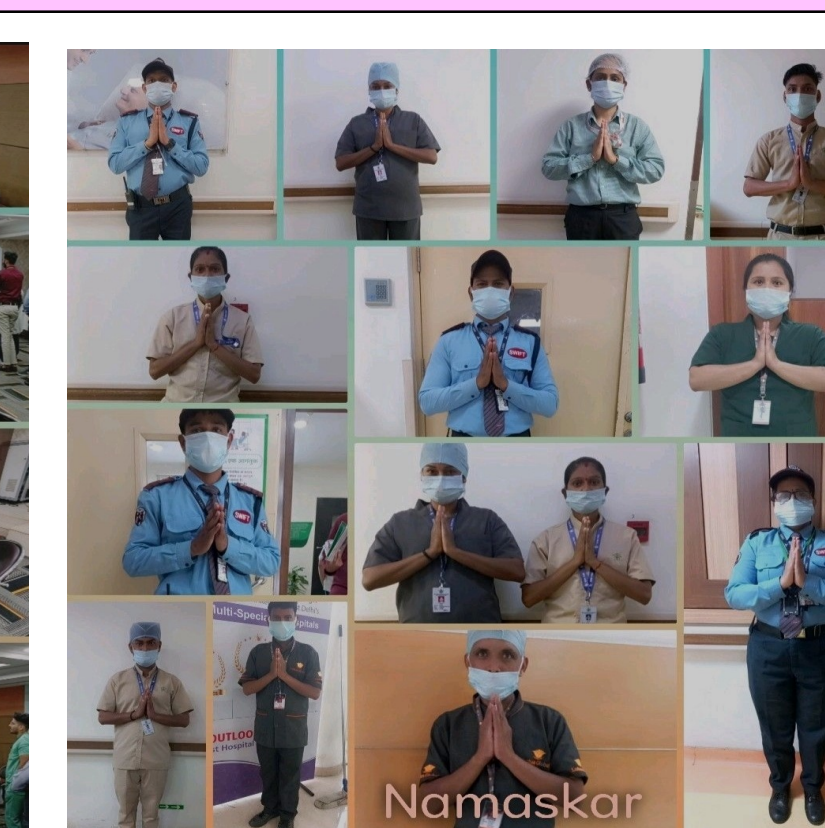
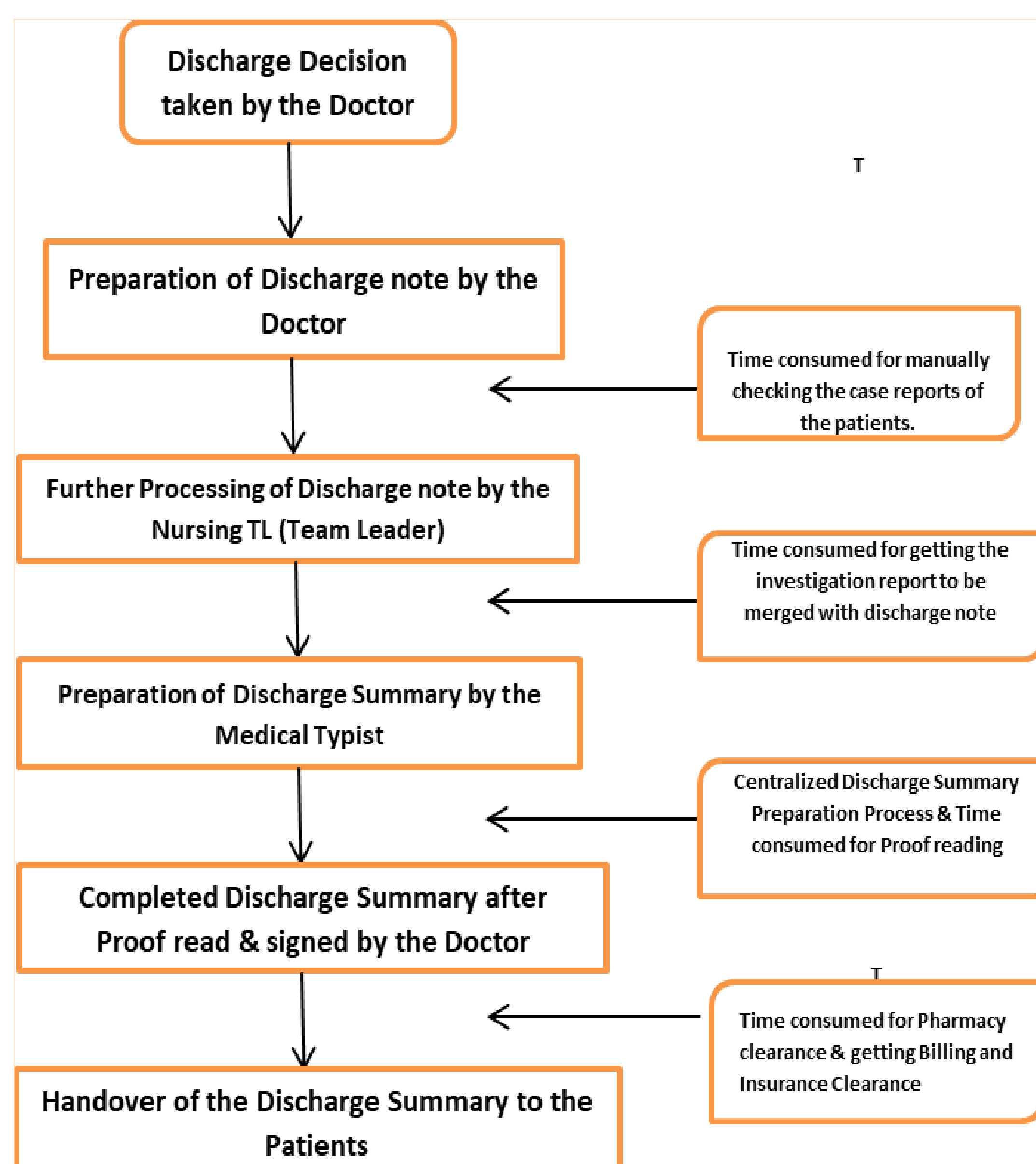
Discharge is the process of activities that involves the patient and team of individuals from various discipline working together to facilitate the transfer of patient from one environment to another.

Delay in Discharge Process can lead to be a reason for Dissatisfaction for patients even for those who may had a comparatively uneventful stay in the hospital. Any aspect that causes delay in this can lead to discontent among the patients.

TIMELINE

cash	Panel	Domestic Insurance
90 minutes	2 hours	2-3 hours

FLOWCHART OF DISCHARGE PROCESS



OBSERVATIONS

REASON FOR DELAY IN DISCHARGE PROCESS

- 1.Unplanned Discharges
- 2.Delay in Doctor's round
- 3.Doctor's Reference Pending
- 4.Tests Reports are due
- 5.Delay in making Summaries
- 6.Delay in Pharmacy Clearance
- 7.Delay in Billing
- 8.Adding extra charges in the bill can lead to Bill Reopen.
- 9.CGHS Patient's requesting for Discharge Medicines after Billing Clearance.
- 10.Cash patient's arranging cash which result delay in Room Clearance.
- 11.Delay caused by Domestic Insurance patients either due to approval awaiting or query raised by the insurance companies.

EXECUTION PLAN

EXECUTION PLAN TO REDUCE TAT DURING DISCHARGES:

PLANNING: Focusing on planned discharges.

IMPLEMENTATION: Working on completion of summaries.

STRATEGY: Intimation done on time by Nurses.
Doctors rounds to be complete before 11:00am.

FOCUS: IP Pharmacy clearances and billing clearance should cover TAT.

EXECUTE: Expedite payable amount, Nursing clearance, summarizing medication, and diet chart.

AREAS OF FOCUS TO REDUCE TAT DURING DISCHARGES

1. Paper work must be on time.
2. Focusing on TAT, as per NABH guidelines.
3. Pre Counselling– Informing one day prior to the attendant or patient about the running bill, to inform regarding discharge process and all initial steps.
4. Focusing on Planned Discharges.
5. Reducing unplanned discharges.
6. Medications– To return all unused medications to complete all narcotic drugs consent and to return non consumable drugs one day prior.

USEFULNESS OF PRACTICAL EXPOSURE

Practical Exposure helps a lot in getting grassroot level understanding of the Hospital Sector. This internship gave me the opportunity to integrate and reinforce the knowledge that I acquired in the classroom into real practice. It helped me develop a holistic view of what a hospital is and how it works. Gaining so much knowledge of how the real world and the healthcare industry works.

SUGGESTIONS

- 1) Proper communication to improve team engagement and team coordination.
- 2) Numbers of beds should be increased in Emergency Area.
- 3) Implement strategies to minimize waiting times for tests and procedures by efficient scheduling and adequate staffing.
- 4) Allocation/recruitment of additional support staff at least when maximum patients are registered.