NAME: Dr. AVANTIKA RAJ SINGH
ROLL NO. : IIHMR-U/01/2021-23/1266
STREAM: MBA (HM)
NAME OF FACULTY MEMBER: Dr. SEEMA MEHTA
NAME OF INDUSTRY MENTOR: Dr. ABDUL RAHIM

DISCHARGE PROCESS IN MANIPAL HOSPITAL

manipalhospitals
LIFE'S ON

BACKGROUND OF THE ORGANISATION

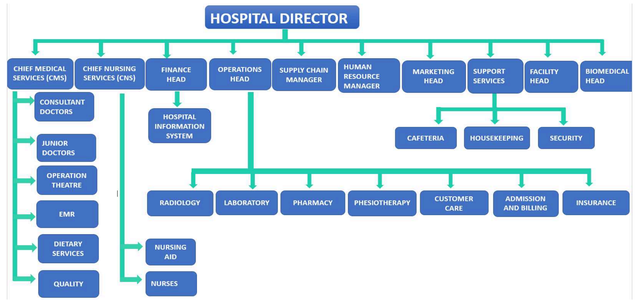
- Manipal Hospitals is a private healthcare provider in India that was founded in 1953 with the establishment of Kasturba Medical College. Manipal is among India's largest healthcare providers with its network spread across 27 hospitals.

VISION AND MISSION OF THE HOSPITAL:

- To deliver Affordable, Accessible and Accurate healthcare to all sections of the society, without bias.
- At Manipal Hospitals, they are devoted towards clinical excellence, patient centricity, and ethical practices.

Internship was done in the Operations department in Manipal Hospitals Sarjapur road.

ORGANIZATION STRUCTURE



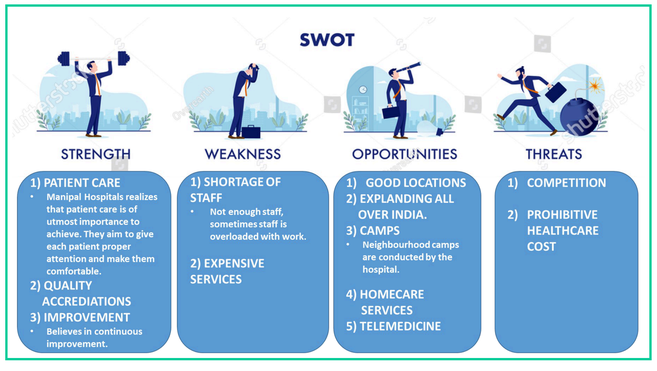
DISCRIPTION OF HOSPITAL INDUSTRY

The hospital industry, or medical industry, is a sector that provides goods and services to treat patients with curative, preventive, rehabilitative, or palliative care. Such treatment may be through providing products or services and may be provided privately or publicly. The Healthcare industry is littered with risks and challenges as it is an industry that requires constant innovation under increased regulations.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL WORK

THEORETICAL WORK	PRACTICAL EXPOSURE
Theoretical work is important to understand the fundamental concepts and have know-how about how something works and its mechanism.	Practical knowledge helps us face the critical and complexity of the situation for real and deal it with your own ways which helps us understand the depth of the situation.

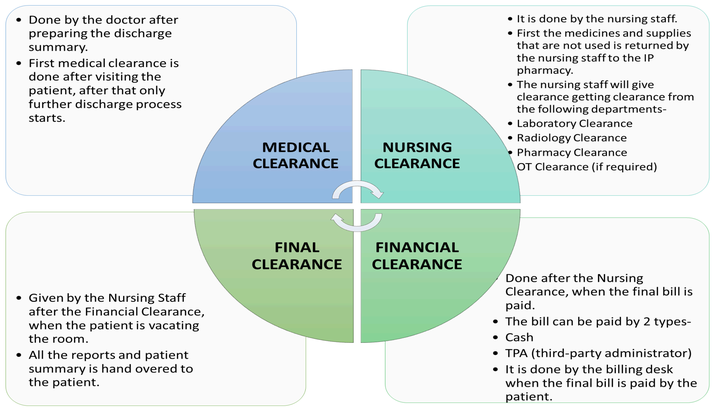
SWOT ANALYSIS



OBJECTIVES

- To study the discharge process in Manipal Hospital.
- To study the TAT for the discharges in the selected hospital.

DISCHARGE PROCESS



WHAT IS TAT?

Turnaround time (TAT) is the time interval from the time of submission of a process to the time of the completion of the process. The turnaround time (TAT) for this discharge process covers the time from when the treating physician initiates the discharge until the patient leaves the hospital.

National Accreditation Board for Hospitals and Health Care Organizations has set a standard of **180 minutes** for the completion of the discharge process.

TURN AROUND TIME (TAT) OF APRIL AND MAY

- A sample size of 100 patients are taken to study the TAT.
- The new software TrackCare was implemented from the month of April, earlier they were using Care 21 software in the hospital.
- The comparisons are done between the two months, to study the TAT just after the implementation of new software and one month later the new software.

DISCHARGE TAT FOR THE MONTH OF APRIL

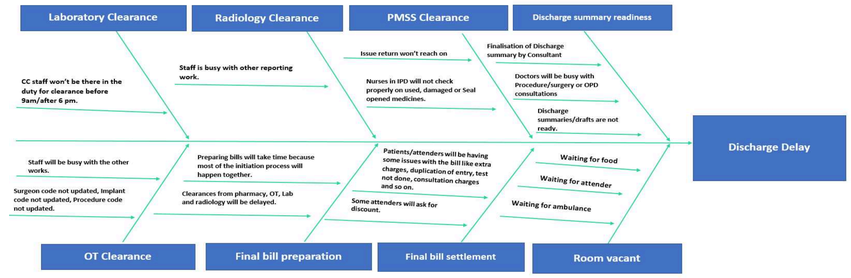
Payer Type	No. of patients	Average TAT
Cash	26	03:17:00
TPA	70	06:25:00
Corporate	4	03:42:00

DISCHARGE TAT FOR THE MONTH OF MAY

Payer Type	No. of patients	Average TAT
Cash	26	02:05:09
TPA	70	05:05:00
Corporate	4	03:32:00

OBSERVATIONS: After comparing the TAT between month April and May, reduced average TAT can be seen in the month of may for cash and TPA patients.

FISHBONE DIAGRAM-CAUSE AND EFFECT ANALYSIS



SUGGESTIONS

DISCHARGE SUMMARY DELAY

- Planned discharge summaries should be drafted and kept ready by night duty MO before Consultants rounds.
- Consultants should mention about the planned discharge a day prior in patient notes and should inform MO to be ready with the summary drafts before rounds.

PMSS CLEARANCE

- Proper check on used, damaged, seal opened, or half used medicines, saline's or syrups.
- Clearance should be given as soon as they receive the return items from wards physically.

OT CLEARANCE

- He/she should coordinate with doctors and also purchase team and make sure the codes are updated for the respective surgery on the same day of the surgery.

FINAL BILL PREPRATION AND SETTLEMENT

- Night as there wont be any much work night duty staff can do the draft bill of the planned discharge patients.
- One person should be a point of contact who will be much aware of all bill issues and should be coordinating with nurses and try to solve the issue as soon as possible.

CHALLENGES FACED DURING INTERNSHIP

- **LANGUAGE BARRIER-** As people speak there local language so communication became a challenge initially.
- **SOFTWARE MIGRATION-** Earlier they were using Care21 software, but later they switched to TrackCare. Due to software issues, initially there is huge delay in the discharges.

LEARNING AND VALUE ADDITION DURING INTERNSHIP

- Met all the inpatients and ensured that they stay comfortably and made sure they have tend to minimum problems with respect to hospitality.
- Noting down complains from the patients was part of the everyday routine. Coordinate with each Hod on patient complaints, ensure the issue has been sorted out.
- Checked for planned and unplanned discharges, following up with the consultants for the finalization of discharge summary on time was part of the process as well.
- Ensured that the ICU shift outs to ward were hassle free.
- The communication skill also became better after working in the hospital.