Summer internship at Jaslok Hospital & Research Centre

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UNIVERSITY MENTOR : Piyusha Majumdar (Assistant Professor)

BRIEF HISTORY

The Jaslok Hospital & Research Centre is one of the oldest tertiary care, multi-specialty Trust hospitals of the country, It was founded by philanthropist Seth Lokoomal Chanrai along with surgeon Shantilal Jamnadas Mehta. The hospital was inaugurated on 6th July 1973 by the erstwhile Prime Minister Mrs. Indira Gandhi.

ORGANISATION VISION AND MISSION

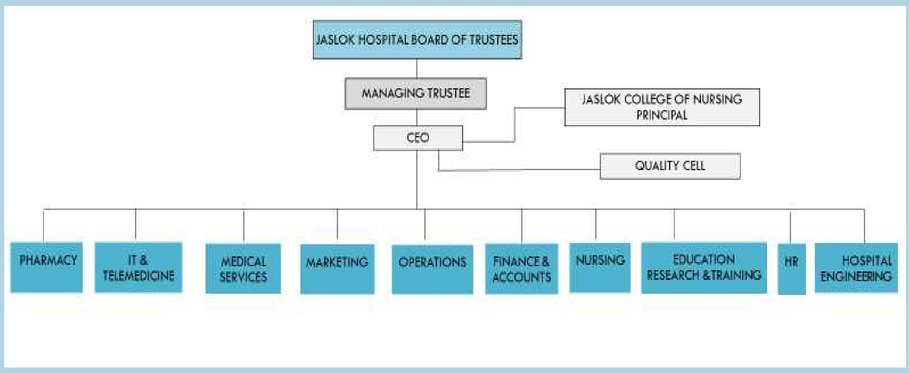
OUR MISSION

To make Jaslok Hospital the most respected medical institution of India.
Providing the highest quality patient care.
Nurturing and delivering clinical excellence and research.
Doing charity to humanity irrespective of caste, race or denominations.

OUR VISION

To be the hospital of choice for patients, physicians and employees by providing state-of the art medical care with compassion and dignity.

ORGANISATION STRUCTURE:



BRIEF DESCRIPTION

- Jaslok Hospital is a private, full-fledged multi- specialty hospital with 364 beds of which 75 are ICU beds
- The number of consultants has increased from the initial 50 to around 265 with 140 fully trained resident doctors.
- Hospital has a college of nursing, providing B. Sc. Nursing degree with annual admission of 25 students
- The institution now has around 35 established specialties and these are growing steadily.
- It is the first hospital in the country to get a triple head gamma camera and the first solid state dedicated cardiac camera in Asia and a 5 ring 16 slice PET-CT scanner.
- The hospital specializes in Cardiology, Oncology, Neurosurgery, Nuclear Medicine, Gynaecology, Ophthalmology, Orthopaedic, Paediatric, Paediatric Surgery, Pain Management, Pathology, Plastic Surgery, Psychiatry, Psychology, Pulmonology and Radiation Oncology.

LEARNING & VALUE ADDITION

Introduction

"Discharge of the patient initiates from time Doctor advises Discharge till the time patient leaves ward" An effective Discharge process requires intensive coordination amongst Nursing, Billing, Pharmacy and Doctors.

Rationale for choosing the topic-

To streamline the Discharge Process and improve patient satisfaction by reducing the time taken for discharges .

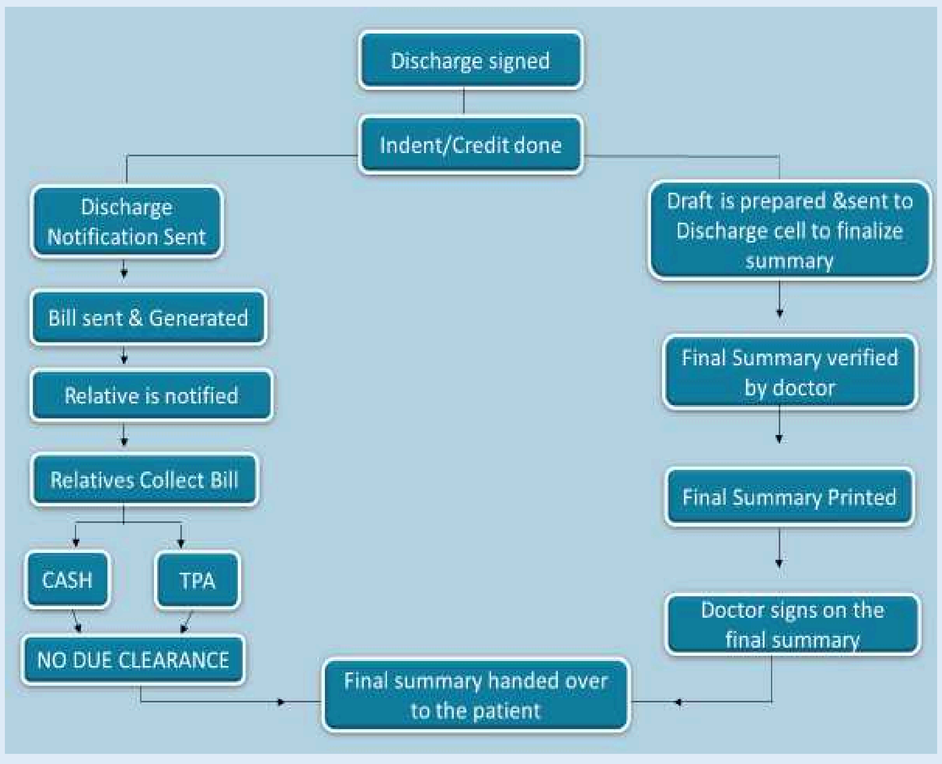
Aim & objective

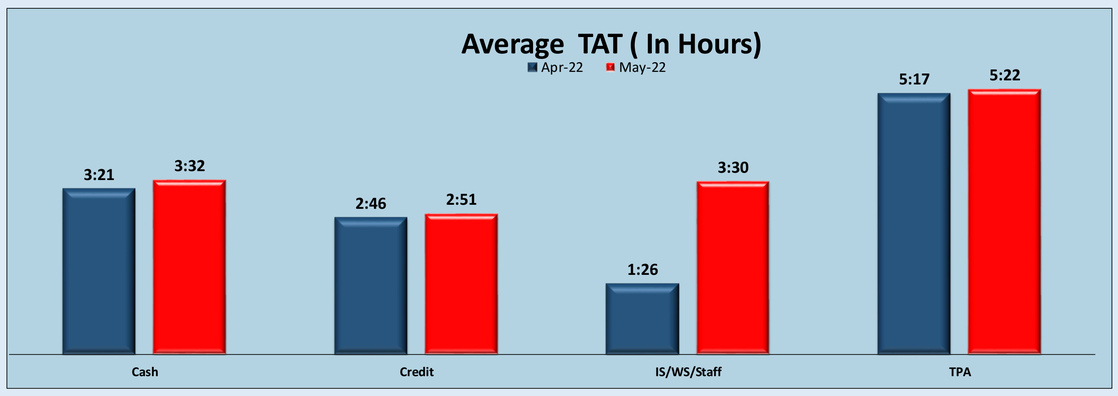
To Identify the cause of delays in discharging patients and reduce Discharge turnaround time.
To develop interventions & minimize such delays.
To ensure optimum utilisation of in-patient beds.
To improve patient satisfaction.

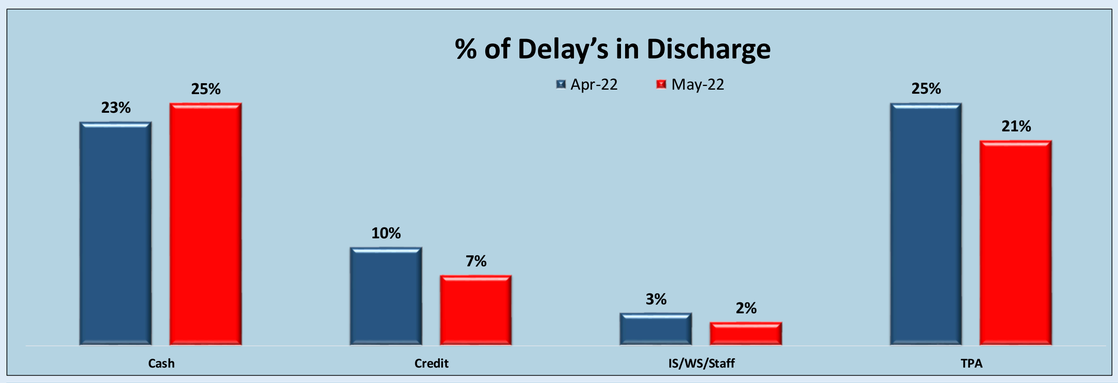
Period of Study – 2 months

Scope – Cash, TPA, Credit & Indigent/ Weaker section patients

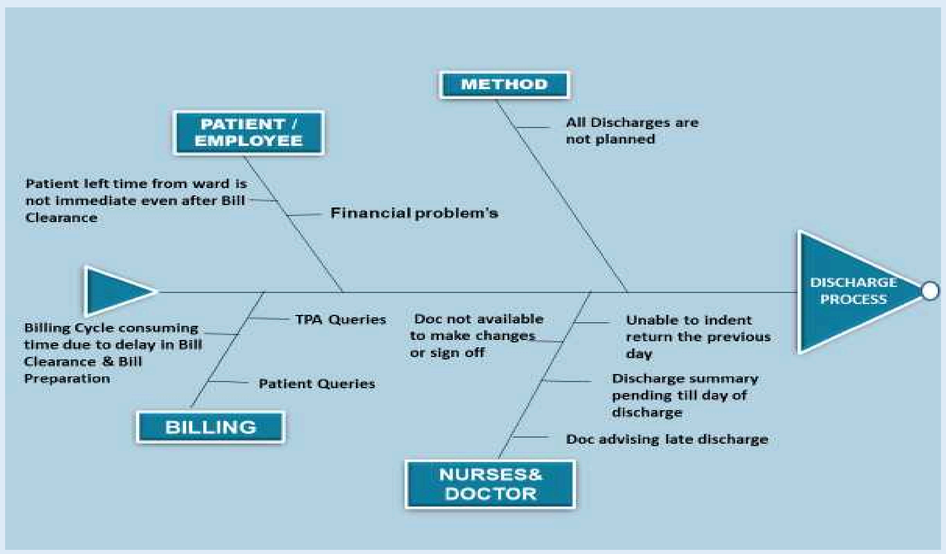
DISCHARGE PROCESS FLOW MAP







FISH BONE DIAGRAM



DIFFERENCE BETWEEN PRACTICAL AND THEORETICAL WORK

PRACTICAL EXPOSURE	THEORETICAL WORK
Experienced how this departments Function's &, How Discharge process flows	Learnt about IPD department in hospital
Observed how conflicts occur between co-workers and is resolved	Learnt about types of conflict

SWOT ANALYSIS:

STRENGTH	WEAKNESS
• Coordinator & supporting workers available • Quality patient care • Knowledgeable & Trained staff • IT/HIS availability	• Less planned discharges • Discharge summary not prepared on time • Different Summaries Format • Slow adoption of HIS
OPPORTUNITIES	**THREAT**
• Improved Quality care • Improved Patient Satisfaction • Decrease in delay's in discharge	• Openness to change • Increased no of discharge delay's • Patient dissatisfaction • System Error's • Human Error's • Competitor's

CHALLENGES FACED

- Interviewing the health worker's / caregivers
- Collecting data for the analysis

USEFULNESS OF THE INTERNSHIP

- Learnt how to Collect , analyze & work with data
- Learnt how a professional work environment operates
- Time Management
- Improved communication skills
- Learned how discharge process operates

SUGGESTIONS:

- Daily update of Doctor's visit & not to be delayed for final signature
- On floor print availability
- Increase number of planned discharge
- Update daily charges
- Discharge summary should be prepared one day prior to the discharge.
- Discharges after 2 pm should be avoided
- Standardisation of summary formats
- 24/7 Availability of discharge cell staff access to be given on phone