BATCH : MBA HM
ROLL NO : IIHMR 1400
INDUSTRY MENTOR: MUBINA KARBARI

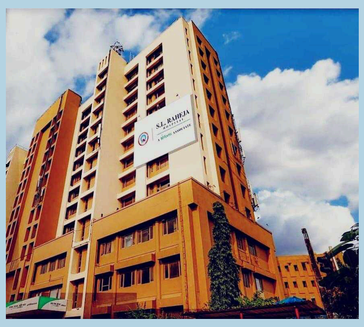
A Study to Assess the Factors Contributing to Delay in Discharge Process At S.L. Raheja Hospital(A Fortis Associate)

BRIEF HISTORY:

- S.L. Raheja Hospital having been inaugurated in the year 1981 is one of the few dedicated hospitals in the treatment of diabetes, diabetic foot surgery and various other multi specialties.
- In 2009 Fortis started managing the operations of S.L. Raheja hence it was named as S.L Raheja(A Fortis Associate).
- S.L. Raheja (A Fortis Associate) is a 170 bedded tertiary care and a leading hospital for providing healthcare services in Mumbai with dedicated cell for International patients.
- The hospital is renowned for its world class treatment and facilities in various fields including diabetes, diabetic foot surgery, oncology, orthopaedics, cardiac sciences, neurosciences and minimal access surgeries through its centres of excellence It is the only association in India that caters to over 20,000 diabetic patients in a year and the associated fields resulting from diabetic complications.

ORGANISATION VISION AND MISSION:

- VISION: Saving and Enriching lives
- MISSION: To be a globally respected healthcare organization known for clinical excellence and distinctive patient care



ORGANISATION STRUCTURE:

BRIEF DESCRIPTION:

- The Hospital aims to deliver quality healthcare services to its patients in modern facilities using advanced technology.
- The Hospital is patient centric and focused on patient satisfaction, one of the common problem faced by many hospitals is In-patient discharge process which is ultimately affecting the patient satisfaction.
- Time taken for discharge is one of the KPI's used in quality to check whether the discharge process is in place or not.
- Study was conducted in In-patient department of S.L Raheja Hospital to identify the gaps in discharge process.
- Hospital discharge process is defined as, "the process of activities that involves the patient and the team of individuals from various discipline working together to facilitate the transfer of patient from one environment to another.

❑ **AIM** : To reduce the turn around time(TAT) of discharge process in In-patient department of S.L. Raheja Hospital(A Fortis Associate)

❑ **OBJECTIVES**:

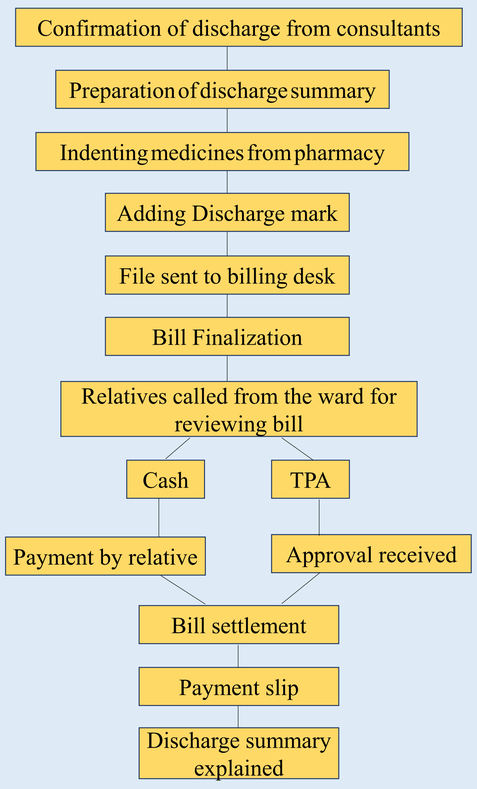
- To find out the average discharge turnaround time in IPD patients
- To improve patient satisfaction
- To find out the delaying factors in discharge process

❑ **METHODOLOGY**:

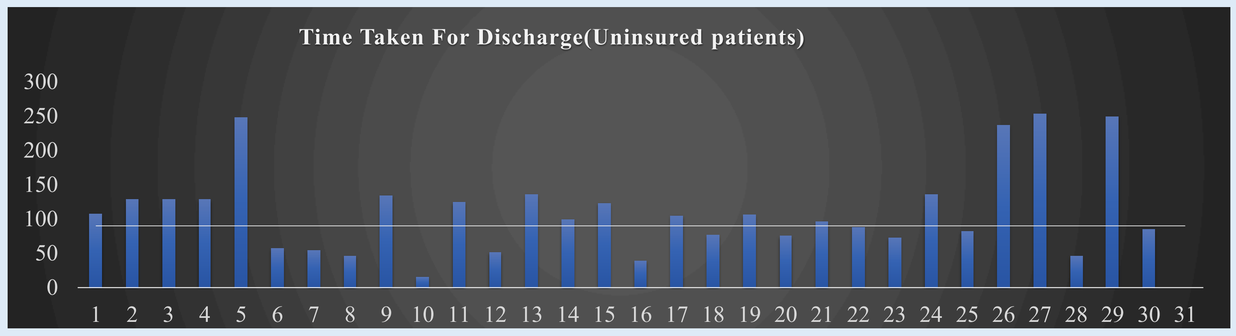
- Study area: S.L. Raheja (A Fortis Associate) Hospital, Mahim, Mumbai
- Department: In-patient
- Inclusion criteria: Insured (TPA/Corporate), Uninsured(Cash) patients
- Sample size: 60 patients
- Sampling method: convenient sampling method

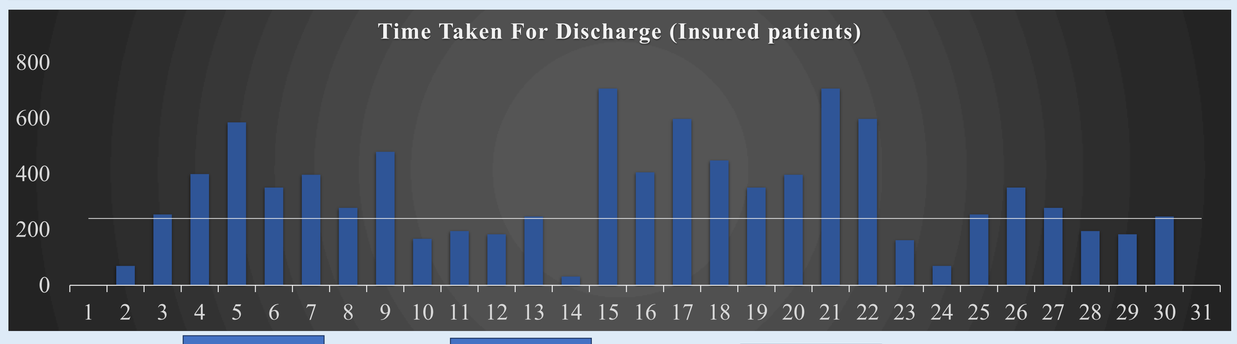
LEARNING AND VALUE ADDITIONS:

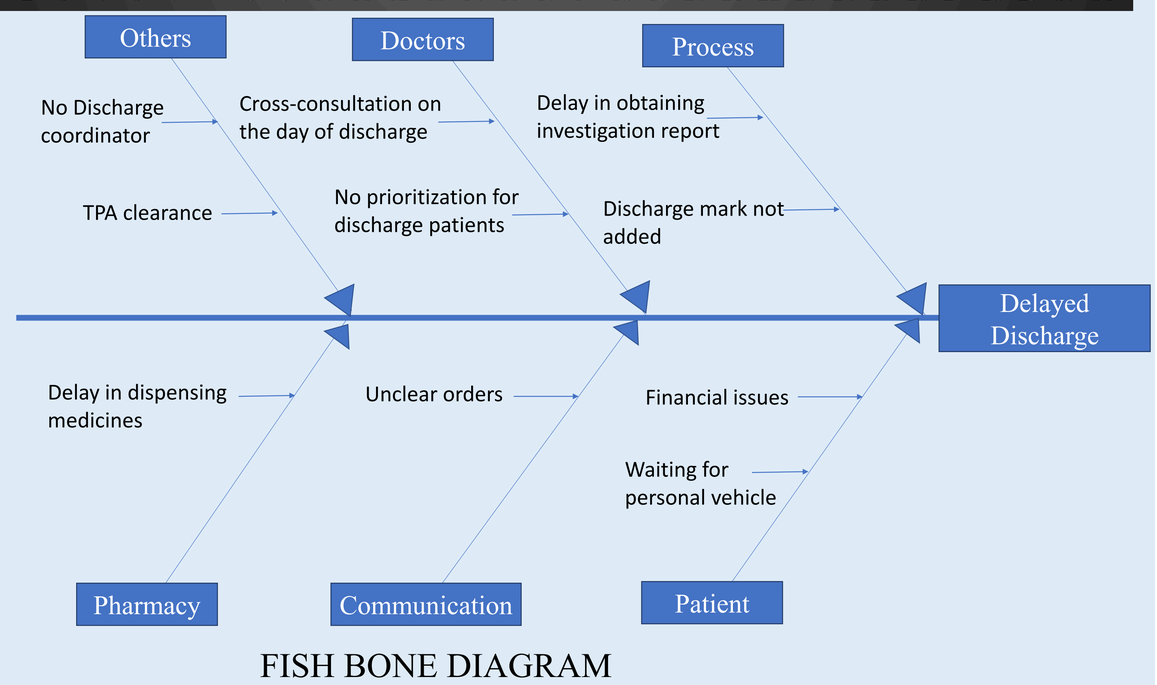
- Designing In-patient discharge checklist
- Interacting with different level of Healthcare workers
- Data collection, Data entry, Data analysis, Quality tools, KPI's, Preparation of poster were the important learnings of the project



No of TPA discharge under 240 mins	**10**
No of TPA discharge above 240 mins	**20**
Average time taken for TPA discharge	**325.15**
No of Cash discharge under 90 mins	**13**
No of Cash discharge above 90 mins	**17**
Average time taken for Cash discharge	**110.12**







FISH BONE DIAGRAM

DIFFERENCE BETWEEN PRACTICAL AND THEORETICAL EXPOSURE:

PRACTICAL EXPOSURE	THEORETICAL WORK
Nightingale ward layout is followed The Nightingale ward consisted of patient beds in two rows at right angles to the longitudinal walls, with toilets and bathrooms at one end, and the nurse's table, doctor's room and other technical facilities at the other end.	Two types of ward layout (a) Nightingale ward (b) Rigs ward.
Observed healthcare staff providing highest possible quality of medical and nursing care, and comfortable and desirable environment to admitted patients.	Functions of Inpatient services.

SWOT ANALYSIS:

STRENGTH	WEAKNESS
• Interdisciplinary team • SOP on discharge in place • IT/HIS availability • Experienced clinical staff	• Shortage of House keeping staff • No discharge prioritization • Multiple changes in the discharge summary • Interim bill updation not getting followed
OPPORTUNITIES	**THREAT**
• Improved patient satisfaction • Improvement in quality, efficiency • Enhancement in care coordination	• Adoption of new changes • IT/HIS down time • Attrition of employees • Unwillingness of consultant to adhere planned discharge protocols

CHALLENGES FACED:

- Patient faced difficulty reaching to OT, ICU due to unclear instructions
- Staff faced difficulty in mandating masks in the Hospital; for OPD patients and relatives waiting in the common area, and in the in-patient ward

USEFULNESS OF THE INTERNSHIP:

- Learnt how to do data analysis
- Learnt how to use quality tool
- Learnt how to communicate with different level of healthcare workers

SUGGESTIONS:

- Discharge summary should be prepared one day prior to the discharge.
- Discharge coordinator should be there for smooth discharge of the patient.
- RMO can prioritize discharge patients.
- Billing Department should update the bill on the daily basis and share with patient's family
- Cross referral on the day of discharge should be avoided