TURN AROUND TIME OF CASH PATIENTS AND SHIFTING THEM TO DISCHARGE LOUNGE

IIHMR UNIVERSITY

ETERNAL HOSPITAL

BRIEF HISTORY

Eternal Hospital was founded in 5th October 2013, and is the only hospital of the state with JCI accreditation. The (Chairperson) Dr. Samin K Sharma & Co-Chairperson & Managing Director Mrs. Manju Sharma his wife.

Eternal Hospital is 250 Bedded Super Specialty Hospital (Operational Beds -190).

Affiliations of Eternal Hospital, Joint Commission International, Affiliated with Mount Sinai Hospital, NABH, NABL, Facilitated with American College Cardiology.

VISION

A Centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

MISSION

To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic and rehabilitation services.

SWOT & TWOS ANALYSIS

	STRENGTH (S)	WEAKNESS (W)
INTERNAL FACTORS / EXTERNAL FACTORS	• Discharge team looks after the planned discharge patient for timely discharge. •Allowing the attender to stay with the patient gives a mental support to the patients. •7 days a week proactive discharge planning . • IDTR(inter disciplinary team round) helps the patient/attender to have direct interaction with the management which helps them to resolve many issues and the team aware the attender regarding the discharge lounge .	· Bill preparation and final payment time is increasing the total discharge TAT. •Nursing in-charge must maintain the daily discharge sheet correctly. •The rise in temperature in the discharge lounge reduces the patient shifting . •There is a reduce in the number of cash patient admission. •Lack of counselling for shifting the patient to discharge lounge.
OPPORTUNITY	•There is a system of computerized / scanning entry in the market . •Establishing great brand reputation by doing TMVR Procedure. •Technology upgrade by bringing best doc app in the hospital •Include more PG Doctors in the hospital(more specialized in different fields) •By including Ayushman Bharat.	**(S – O)** Increases patient satisfaction by allowing their attender to stay with the patient and also by availing some services in the discharge lounge or by sitting in any corner of the hospital.	**(W – O)** • Due to decrease in the number of cash patient admission the discharge lounge is not functioning effectively so using the discharge lounge as admission lounge can give positive patient review. • Due to technology update the attender can resolve their issues sitting on their comfort zone.
THREATS	•Time constraints of the patients if increased gives negative patient feedback. •High Cost compared to other health care services. •EHCC hospital don't allow all the procedures under RGHS.	**(S – T)** • IDTR round to make the attender aware can help the discharge lounge to function effectively. • •Charges are high as compared to other hospitals but provides an Executive services which increases the patient satisfaction level.	**(W – T)** • As patients are paying high charges compared to other hospitals near by ,the organization can provide some extra services in the discharge lounge to keep the patients & attender engage which increases their satisfaction level and gives a positive feedback about the organization. • Services includes dietician consultation, clinical pharmacologist, services of booking cab.

OBJECTIVE OF THE STUDY

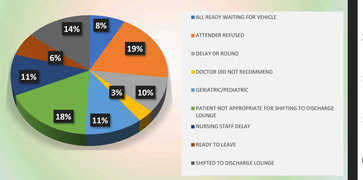
- To understand the process flow of discharges in the hospital.
- To find out the gap / reasons of delay in discharge process and develop interventions to minimize such delays.
- To consider the mechanism of the nursing staff for shifting the patient to the discharge lounge.

METHODOLOGY

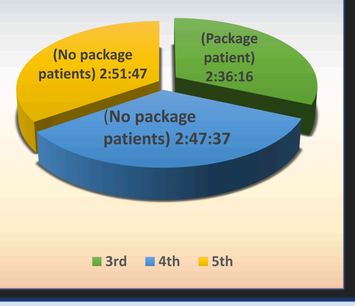
- The present investigation was limited to cash patients and the study was conducted in all the wards of the hospital with some exceptions.
- Duration of the study period : 28th April – 18th May
- A total sample size of 63 cash patients were considered for the analysis during the study period.
- There is a new setup known as Discharge Lounge , started for the discharge patients(cash category) ,where they can be shifted/ wait during the discharge process.

REASONS OF NOT SHIFTING THE PATIENT TO THE DISCHARGE LOUNGE IN %

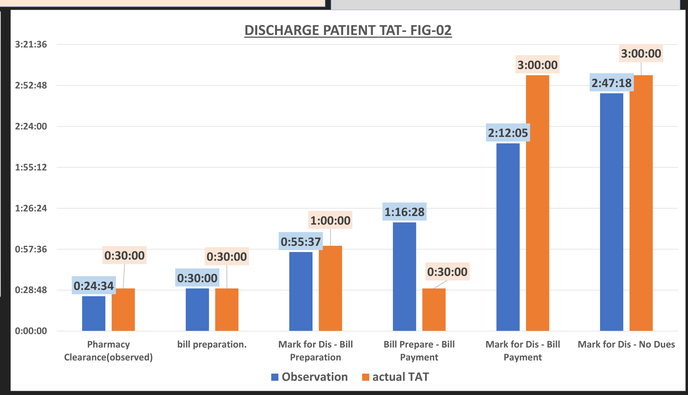
(Fig : 01)



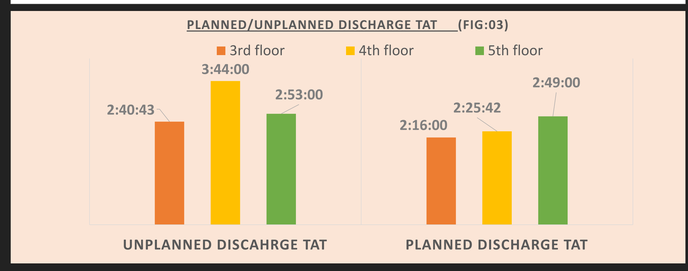
DISCAHRGE TAT OF WARDS (Fig:04)



DISCHARGE PATIENT TAT- FIG-02



PLANNED/UNPLANNED DISCHARGE TAT (FIG:03)



INTERPRETATION AND SUGGESTATION

Figure 01 : It shows the major reasons of not shifting the patient to the discharge lounge and the maximum reasons are due to attender refusal , & not appropriate to shift to the lounge.

Figure 02: It shows the overall discharge patient turn around time ,and the maximum time gap is between bill preparation and final payment, so the hospital can bring the discharge lounge in function to shift the discharge patient to the lounge and admit new patients.

Figure 03: It shows the time gap between the planned and unplanned discharge which clearly shows the unplanned discharge time is more ,so to reduce this time gap planned discharge team need to take more initiatives to convert the patients into planned discharge.

Figure 04: 4th and 5th floor is taking more time as they are having maximum unplanned discharges, so the time consumption is more, where as 3rd floor is having package patients who are going for planned discharges.

SUGGESTIONS BASED ON THE OBSERVATIONS DURING THE STUDY

- **Counselling regarding the discharge lounge must be done at the time of admission & IDTR team**
- **Some reading materials ,dietician consultation, clinical pharmacologist must be there to keep the patients engaged and even this facilities will help to move the patient to the discharge lounge.**
- **Every Nursing staff must take the documentations seriously and update the sheet at the time of their duty.**
- **A false ceiling need to be made to avoid the heating issue.**
- **Nursing staff must take the initiatives to make this new setup of discharge lounge function affectively & smoothly.**

Learning	• The function of the operational and quality management in the various departments of the hospital .
Value addition	• The assignment given to me by the management of the hospital is to understand the delay in the discharge process hope my study will help them to take measures and increase patient satisfaction.

THEORATICAL

- More than 200 bedded hospital are structured vertically, and now a days due to paucity of space most of the hospitals are structured vertical.
- A separate treatment room is required in every ward to carry out thorough examination of patients or to perform some procedures or for minor surgical procedures.
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- The ideal location of the OP Pharmacy is on the ground floor and should be visible on the front of the hospital.

PRACTICAL

- The EHCC Hospital is also located on the main road so due to paucity of space the hospital is build vertically.
- In the EHCC Hospital any separate rooms are not present in any of the ward.
- In EHCC Hospital the prior information by admission department is given to the nursing station & the beds/rooms are always ready on time.
- In EHCC hospital the OP pharmacy is located which is mot within the eye range or not easily visible (located sideways).

CHALLENGES :

- While selection of project in the organization.
- The nursing staff of the wards were not cooperative.

USEFULNESS:

- It helped me to get an industrial experience
- Networking Opportunity
- Helps choosing specialization

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