Deenanath Mangeshkar Hospital & Research Center

Analysing the Potential Causes for Delay in DISCHARGE PROCESS (TAT)

IIHMR UNIVERSITY

ABOUT ORGANISATION

- Deenanath Mangeshkar Hospital & Research Center is a charitable, multi-specialty hospital located in the heart of Pune, India and it was inaugurated by former Prime Minister Shri. Atal Bihari Vajpai on 1st November 2001.
- The first OPD started on 26th November 2001 and the first patient was admitted in the hospital on 27th November 2001.
- It is named after the Marathi theatre actor, Natya Sangeet musician and exceptional Hindustani classical vocalist Deenanath Mangeshkar.
- Today, it is one of the largest hospital in Pune, with over 900 beds, catering to a wide spectrum of patients needs.
- It is multispecialty hospital, providing super-specialty care in cancer, voice disorders, cardiology and cardiothoracic surgery, gastroenterology, Joint Replacement, Urology, Nephrology and Neurology
- **THE FIRST HUMAN MILK BANK IN PUNE WAS ESTABLISHED AT DMH.**
- On 1st November 2013, Deenanth Mangeshkar super specialty hospital was inaugurated in the honored presence of Shri Narendra Modi and the entire Mangeshkar Family.

VISION AND MISSION OF HOSPITAL

Vision: To provide Rational Ethical Medical Services of Highest quality to all Patients at affordable cost without any discrimination.

Mission: To provide competent, ethical, tertiary healthcare services with charity as a core value.

ORGANOGRAM

LEARNINGS FROM THE INTERNSHIP

- Conflict management and interdepartmental collaboration- Cultivated a collaborative environment across departments, minimizing friction and maximizing efficiency.
- Discharge process - Streamlined the discharge process, ensuring a positive and efficient transition for patients.
- Holistic patient and caregiver support- Advocated for the needs of patients and attendants, ensuring their concerns were addressed promptly and effectively.
- Understanding of hospital code protocols- Understood and witnessed the protocols followed and ensuring appropriate action for different situations
- Patient complaint management- Ensured patient satisfaction by addressing their complaints and resolving them promptly.
- Discharge process improvement- Understanding the discharge process and identifying the bottle necks, giving practical solutions for improvement.
- Understood the duties of nurses- Understood the time allocated by the nurses for various duties and the reasons causing delay in their work, giving suggestions for the same.

PROJECT : POTENTIAL CAUSES FOR DELAY IN DISCHARGE PROCESS

DISCHARGE PROCESS:

- The discharge process in a hospital is an intricate orchestration, functioning seamlessly due to the collective efforts of various departments and staff members. Each individual plays a crucial role in ensuring a smooth and efficient discharge process for patients.

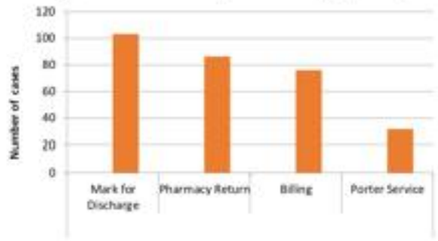
OBJECTIVES:

- To understand the discharge process.
- To identify the bottle necks in the discharge process.
- To calculate the TAT of the discharge process.
- Suggest strategies to reduce the waiting time.

RESULT:

Median time for mode of payment as **Cash- 4:38 hours** and Mode of payment as **TPA- 6:27 hours**

Fig: 1 Causes for delay in discharge (N=120)



METHODOLOGY:

- Cross sectional observational study
- Calculated the TAT of the collected and analyzed the data

Fig: 2 Time required for the discharge process (N=120)

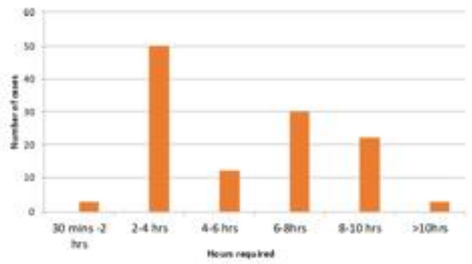
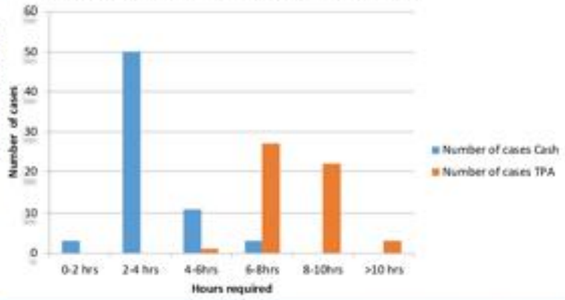
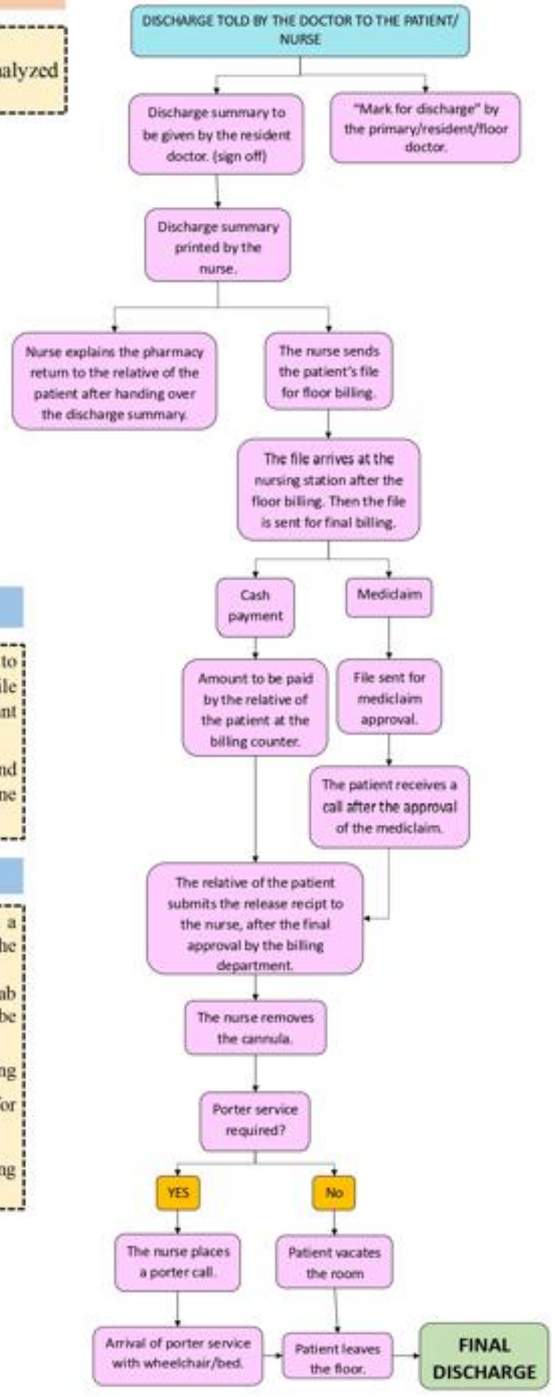


Fig: 3 Time Required for the Discharge Process Comparison between Cash and TPA (N=120)



FLOW CHART OF DISCHARGE PROCESS



CHALLENGES FACED DURING THE INTERNSHIP

- **Data Collection:** Maintaining a constant overview of all cases and discharge processes while simultaneously building rapport with hospital stakeholders to extract data and understand the complete admission and discharge procedures. Additionally, gathering data from multiple departments, individuals, and at different times proved to be time consuming and exhausting
- **Balancing Roles:** The need to uphold a professional demeanor to avoid disrupting the workflow of regular employees while simultaneously gaining trust and data access posed a significant challenge.
- **Data Management:** Tracking the progress of each inpatient and subsequently compiling and analysing the discharge data to determine turnaround time (TAT) proved to be a complex and demanding task

SUGGESTIONS FOR IMPROVEMENT:

- Cash Patients: Shift the complete process of payment of the cash patients to day before of the discharge.
- To know about the location of MPW staff- Update in the application to locate the MPW staff..
- HMIS update- Improve the HMIS as sometimes entered data is deleted automatically. Update the nurse about the availability of the container for sending the lab sample.
- Regularly checking of the electronic devices - Make sure the Printers and PC's are checked regularly so as to avoid any delay in the duties of the nurses.
- To increase the number of PC's- Increasing the number of PC's will avoid any disturbance to the nursing staff by the billing department for floor billing.
- Update about the discharge summary- The nurse should get a notification when the discharge summary is updated by the resident doctor.
- Clearance of the bill at the same time- Any pending OT bill, lab test causes a delay in the discharge. So the bills should be updated at the exact same time when generated.
- Training of the staff- Training the staff about the rules of filling of the death certificate and make sure the required material for the same is available.
- Updated Short codes- Update the short codes at the nursing station to avoid wastage of their time.

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