GAP ANALYSIS OF DISCHARGE PROCESS IN TERTIARY CARE HOSPITAL

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Rinkle Amin Lalani

Under the Supervision and Guidance of

Dr Sandesh Kumar Sharma

2024

Krishna Multispeciality Hospital

Swaminarayan Bethak, Opp. Udhyog Nagar Gate,
Jetpur Road, GONDAL.
Ph. : (02825) 22 44 88 - 225 250 Mo. 91575 26329
E-mail : kmhgondal@gmail.com
website : www.kmhgondal.com

Date: 17th June, 2024

To whom so ever it may concern

This is to certify that Dr. Rinkle Amin Lalani student of IIHMR University, Jaipur has completed her internship in our Administration Department under the guidance of Mr. Ankit Sekhaliya. The period of training was 18th March 2024 to 17th June 2024.

During her internship period we found her to be sincere and hardworking.

We wish her all the best for her future.

SPECIALITY HOSPITAL KRISHNA GONDAL

Mr. Ankit Sekhaliya
CEO
Krishna Hospital, Gondal

COMPLETION CERTIFICATE

This is to certify that Rinkle Amin Lalani in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at Krishna Hospital, Gondal during March 18 – June 17, 2024.

Place: Gondal

Date: 17/06/2024

Preceptor/Head of the Organization
Mr. Ankit Sekhaliya
(CEO)

Krishna Hospital, Gondal

DECLARATION BY STUDENT

I hereby declare that this dissertation titled Gap Analysis of Discharge process in Tertiary Care Hospital is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Rinkle Amin Lalani

DATE- 02/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **"Gap Analysis of Discharge Process in Tertiary Care Hospital"** is a record of the research work undertaken by **Dr. Rinkle Amin Lalani** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr. Sandesh Kumar Sharma
Associate Professor (Faculty Guide)
IIHMR University, Jaipur

Date

Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur

Date

ACKNOWLEDGEMENT

This project is a huge accomplishment for students like me studying hospital management. It's not just textbooks and lectures, it's about getting hands-on experience in a real hospital setting. This internship truly gave me a confidence boost – I feel so much more prepared to enter the workforce now!

There are so many people who deserve thanks for helping me get through this journey. First and foremost, a massive thank you to Krishna Multispecialty Hospital, Gondal. They not only offered me the incredible opportunity to intern there, but their constant guidance and support were invaluable throughout the entire experience. I also want to express my deepest gratitude to the professors at IHMR University, especially Prof. (Dr.) Sandesh Kumar Sharma. His kindness, encouragement, and willingness to help truly made a world of difference. Thanks to him, I was able to overcome challenges and complete this project to the best of my ability. Special thanks also go to Mr. Ankit Sekhaliya (CEO) and Mr. Sandip Dafda (Medical Administration) for allowing me to conduct my project within the hospital itself.

I wouldn't have been able to do it without the fantastic team at Krishna Multispecialty Hospital. A huge thank you to the Ward and nursing team – they provided guidance at every step of the way, offering their expertise and support whenever required. The quality team members and the floor coordinators team were also incredibly helpful, and I truly appreciate their contributions. Finally, my deepest thanks go to my family and to God. Their unwavering love, support, and encouragement kept me going throughout this entire process.

Dr. Rinkle Amin Lalani

MBA (Hospital and Health)

IIHMR University, Jaipur

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CHAPTER: 1

INTRODUCTION

Definition of Discharge:

In the world of healthcare, discharge refers to the official ending of a patient's treatment. This involves healthcare professionals or facilities formally concluding a care episode.

The need for healthcare services begins at birth and fluctuates throughout one's life, making the demand for these services almost equivalent to the global population. The complex nature of the human body and the possible illnesses it may experience further complicates the expectations placed on healthcare providers.

A healthcare system is basically a network of facilities and organizations that work together to deliver health services and keep people well. The way a healthcare system is set up depends on the specific country or area it serves.

Leaving the hospital can be a confusing time. Discharge planning helps make sure you have everything you need for a smooth transition back home or to another care setting. It's a team effort, which involves processes like screening to identify patients who require additional support, evaluation of patient social, emotional and functional needs, providing knowledge to family and patient, providing resources required for the post discharge monitoring and documentation. It helps to assess situation, identify potential challenges, and connect you with resources you might need, like home care or physical therapy.

Sometimes, getting discharged can take longer than expected. This could be due to internal factors like incomplete documentation, delays in declaring chronic conditions, inefficient communications and external factors like finding the right care facility, family need time to adjust, limited access to post care resources or insufficient support at home, adjustment by patient etcetera…

Discharge planning:

Discharge Planning isn't just about paperwork. By understanding and addressing these potential delays, healthcare professionals can ensure more efficient and effective discharge planning process, which eventually provide a smoother transition for patients and their families.

The fundamental framework for future management functions is provided by planning. The first step in discharge planning is choosing a day that works best for the hospital to stop providing treatment and notifying the patient's family so they can be ready to go home.

The procedure also includes planning for post-discharge services including home sample collection, physical therapy (physical therapy or occupational therapy), and visiting care. It is a continuous, goal-oriented activity whose objectives are to improve patient outcomes and control costs. In the end, it helps to decrease needless extended hospital stays, unforeseen readmissions, and improve departmental coordination and service timeliness. Planning for a patient's discharge starts early in their hospital stay.

Types of discharges

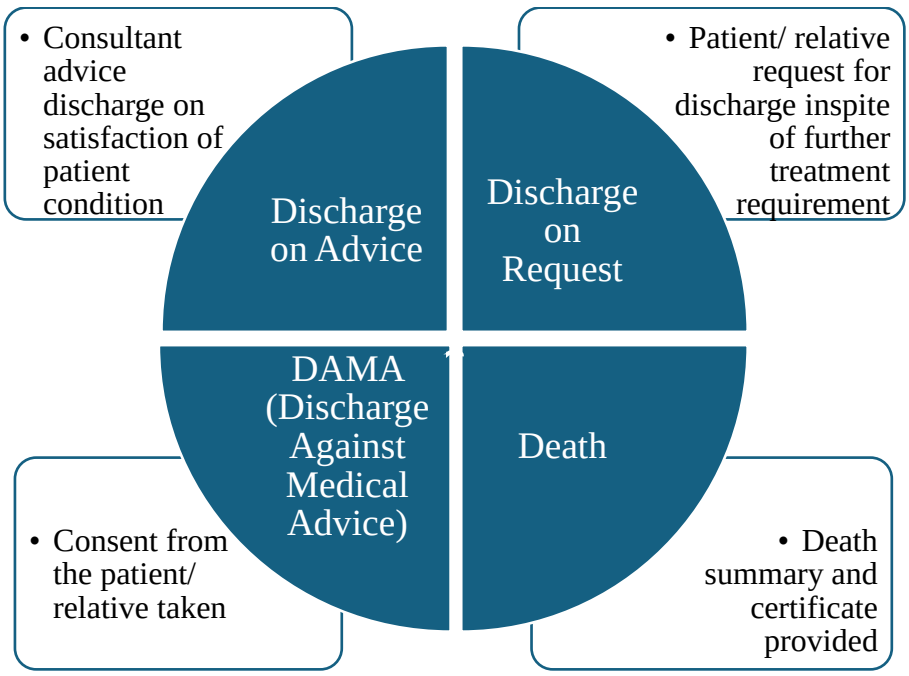

Figure 1.1 Types of Discharge

Issues with respect to discharge planning can be:

- Lack of data during the time of discharge in the patient's chart.
- Lack of communication between departments
- Discharge date is not known in advance which leads to last minute discharge process
- Doctor unavailability or late arrival on the day of discharge

Patient/ family related issues:

- Expensive home care resources
- Lack of support and communication with health professionals
- Not informed about the discharge date
- Non-involvement of family during discharge process

Need for the study

The efficient discharge process leads to smooth transfer of patient to home or other healthcare facilities. Satisfied patients are more likely to return which eventually benefits the healthcare facility. Delay in discharge affects the new admission as long stay of patient prevents new admission and increases long waiting time. The requirement of the study is to understand the entire procedure of discharge in Krishna Hospital and identify issues with the discharge process so that recommendations for the improvement can be implemented.

PROCESS FLOW OF DISCHARGE

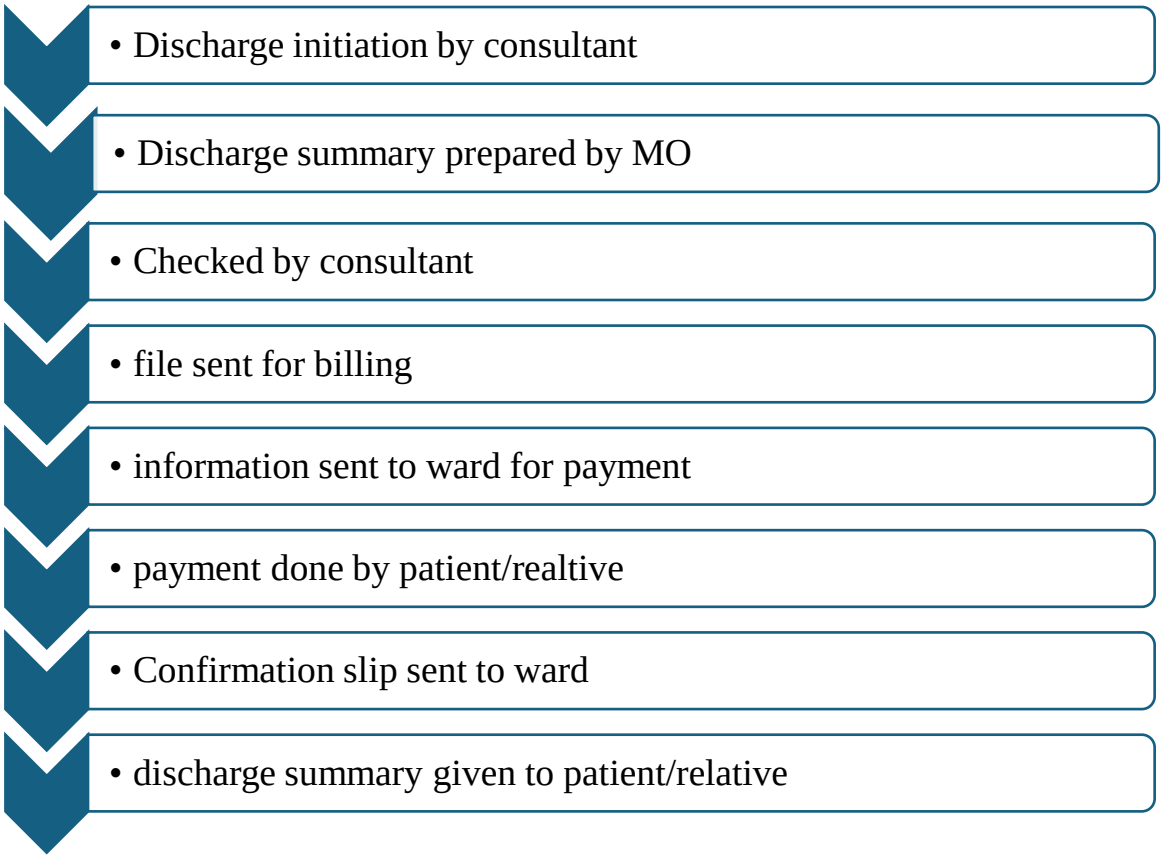

Figure 1.2 Process Flow of Discharge

OBJECTIVES

To understand the current process of discharge and difference between current and desired turnaround time for discharge.

To identify the causes of delay in discharge for example lack of communication, coordination with patient/relative etcetera…

To provide suggestions to streamline discharge process along with optimized use of resources.

DISCHARGE PROCESS AT KRISHNA HOSPITAL:

Decisions about patient discharge are primarily made by the primary treating doctor, who makes these decisions during their visit before the day of discharge, and the attendant, family, nursing staff, and medical officer are all notified of this.
The doctor finalises the patient's discharge on the day of discharge, considering the patient's clinical state.
A patient's examination is performed to see if they are eligible for discharge on the designated day.
The ward nurse and the on-duty RMO are informed as soon as the patient is found to be in good health.
The nursing staff arranges for the patient's excess medications to be reimbursed, drafts the discharge report, and provides post-discharge care counselling.

- **Preparation of Discharge Summary**:

Following the decision, the consultant or duty physician, at the consultant's recommendation, compiles a summary that includes the following details:
a. Justification for Entrance
b. Completed investigations and a summary of the findings
c. Diagnosis
d. Procedure records
e. Patient status upon discharge
f. Medical orders
g. Follow-up When and how to get urgent care advice
h. The hospital's emergency number
i. Dietary guidance
j. The date of the revisit

- The discharge summary is forwarded to the consultant or MS for revision and signature.

- The ward nurse retains three copies of the final discharge summary in the patient file. One copy is sent to the accounts department, one copy is linked to the case file, and one is delivered to the patient or attendee.

- The nursing staff provides advice to the patient/attendee regarding medication collection and instructions as conveyed by the treating specialist.

- The report regarding obtaining the discharge summary is signed by the patient or attendant and kept at the nursing station.
- After making discharge summary, patient / attendant asked to clear the bill at billing counter.
- Bill cleared and cash receipt taken by signing 3 copies of bill of which one is for patient, other two for record keeping and accounts department respectively.
- Clearence slip is given to the nursing station by the patient/attendant as soon as received from the billing counter.
- Before the final discharge, nursing staff counsel's patient regarding the diet, medication, revisit date etc… as per the information in DS summary.
- Records of the discharge are noted in the register of discharge kept in nursing station.
- At the end patient leaves the hospital along with relative.
- In case of disability of patient wheelchair or stretcher till the gate of the hospital is provided.

Discharge on Request:

- Patient verbally informs to leave the hospital before the recommendation of the consulting physician.
- Physician is notified and assesses the patient's health status.
- Risk and consequences are discussed with the patient associated with leaving early.
- If the discharge is requested against the medical advice consent form is to be filled.

LAMA patient

- No patient may be retained at a hospital against their will in accordance with patient rights.

- The attending physician and nurses should make every effort to convince the patient to remain and simultaneously should make an effort to learn the reason for the patient's request to depart; if at all possible, the issue should be fixed.
- It is the duty of the physician to inform the patient that hospital will no longer be liable for their treatment if they depart without medical advice.
- All reasonable measures should be taken to ensure that the patient or an attendant signs consent form before leaving the hospital.
- If the patient or their family wishes to be released from medical advice, which the primary treating consultant or medical officer records in the patient's case file.
- The LAMA form requests the patient's or their relatives' signed consent.
- If the patient declines to sign the document, it will be noted in the Medical Records.
- The documents contain information on the risks involved and the discussions that were discussed.
- Attendee/Relative is requested to pay all outstanding fees.
- A summary of the discharge is created and provided.
- One copy is attached in the patient file for record purpose.

Medical-legal Cases:

All medical-legal cases, including those admitted by court order, are handled similarly to planned discharges, with information being forwarded to the authorities before the discharge.

➢ Regarding MLC: -

- Medico legal paperwork is completed, and MO/Nurse notifies the police.
- The staff nurse on duty is in charge of ensuring that all investigation reports and supporting documentation are retained.
- MLC is recorded upon admission, released to the patient's home, transferred to another hospital, or passes away, and the police are notified.
- A summary of the discharge is created and provided.
- A copy of the DS summary is included in the file for documentation's sake.

Death

When a patient passes away, the family is notified by the primary treating physician, hospital personnel, and nursing staff. Family members of patients are permitted time with the body. The ward nurse gets ready by preparing the body for cleaning. Bodies are wrapped in clean sheets after being cleansed by assigned personnel. Within an hour of passing away, the body was given to family members or stored in the mortuary.

Bill clearance is done by the relative/ attendant and death certificate and death summary are handed to the relative/attendant. Copy of both documents are kept for the record in the file.

Documents generated during Discharge Process:

- Patient's File
- Discharge Summary
- Death Summary
- LAMA form and consent form
- Discharge Register
- Final bill slip

CHAPTER: 2

LITERATURE REVIEW

Author (Year)	Study Location	Sample Size	Sample Technique	Salient Features
Chaudhari, P.S., Shinde, V., & Gudhe, V. (2021)	India	Not specified	Retrospective data collection	Identifies gaps in communication, handover processes, and administrative tasks contributing to discharge delays.
Dr. Sandeep Sharma (2018)	New Delhi, India	150 patients	Random Sampling	Analyzed Discharge Process delays, identified key factors affecting turnaround time, and suggested workflow improvements.
Dr. Anil Patel (2019)	Mumbai, India	200 Patients	Systematic sampling	Focused on discharge summary preparation and billing process as

				major delay points, recommended automation.
Dr. Rahul Mehta (2020)	Bangalore, India	120 Patients	Convenience Sampling	Studied the role of interdepartmental communication, found significant delays due to poor coordination, proposed regular training sessions.
Dr. Priya Singh (2021)	Hyderabad, India	180 patients	Stratified Sampling	Investigated the impact of nurse staffing levels on the discharge TAT, suggested optimizing Nurse- Patient ratios for the better efficiency.
Dr. Karan Roy (2022)	Chennai, India	100 patients	Purposive Sampling	Evaluated the effect of patient education on discharge process, found that well-

				informed patients experienced shorter TAT, recommended comprehensive patient education Programs.
Anderson et al. (2017)	USA	300 Patients	Random Sampling	Focused on the role of electronic health records in reducing discharge TAT, highlighted the importance of timely data entry.
Brown et al. (2018)	UK	250 Patients	Systematic Sampling	Investigated impact of multidisciplinary team meetings on discharge efficiency, recommended regular team meetings for planning.

CHAPTER: 3

METHODOLOGY

Research Question:

What are the factors leading to gap between actual turnaround time and studied turnaround time for patient discharge?

Hypothesis:

Null Hypothesis

There is no significant difference in the turn around time (TAT) of the discharge process in the Krishna Hospital, Gondal.

Alternate Hypothesis

There is a significant difference in turn around time (TAT) of the discharge process in Krishna Hospital, Gondal.

Study Design:

Cross-sectional observational study of each step of discharge process

Setting:

Krishna Hospital

Duration of study:

3 Months

Sample Size:

50 Patients

Sample Area:

1st Floor & 2nd Floor

Sample Technique:

Random Sampling

Sample Selection:

50 Patients data collected of self-paid category during the time span of 3 months

Data collection Procedure:

Data collected from primary sources and secondary source

- Primary sources: Observation during discharge

  Discussion with MO, pharmacists, nurse ward staff

- Secondary source: Hospital information system

  Records of departments and patients

  Work manual of departments

Data Analysis Procedure:

Measures of central tendency (mean, median) where statistics indicates the average time and how long patient spend at each step

Process mapping which highlights the average time spent on each step and identifying gaps in process.

CHAPTER: 4

RESULTS AND FINDINGS

PROCESS TIME FOR DISCHARGE OF 50 PATIENTS

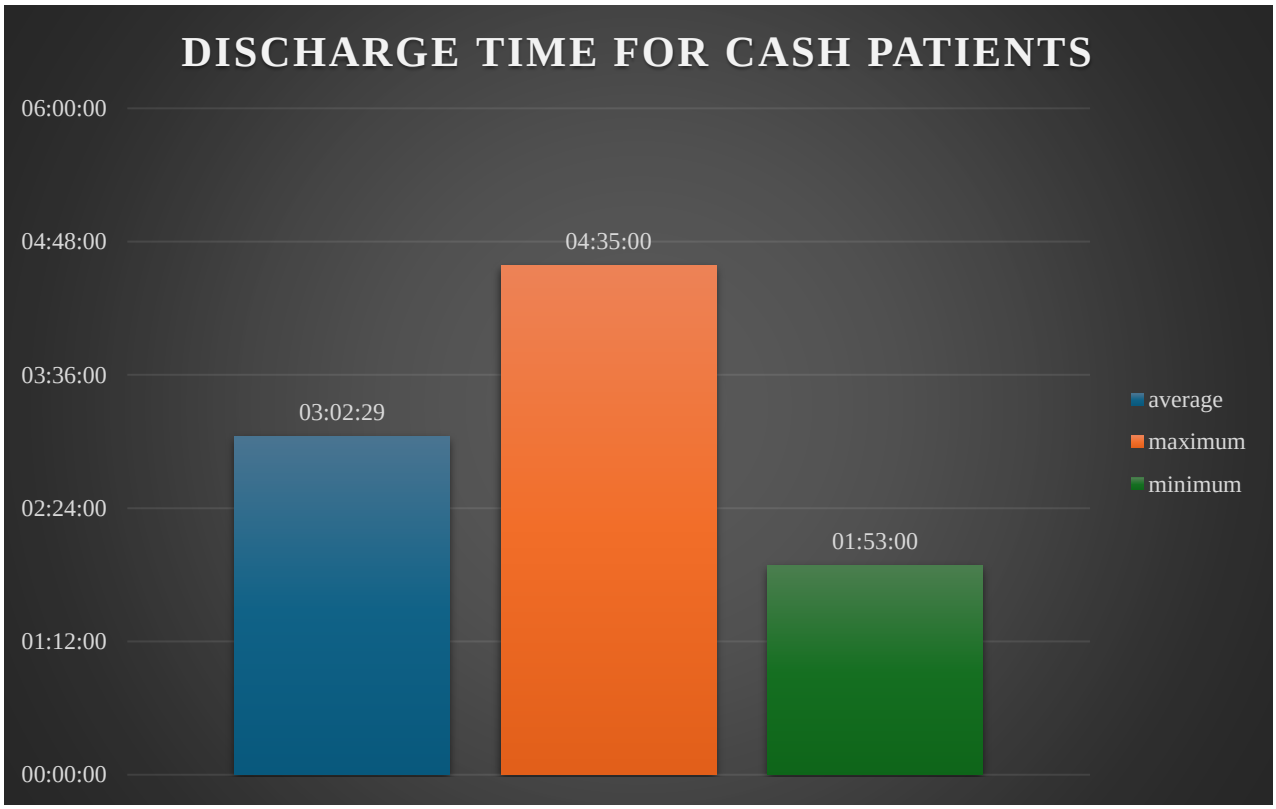

Figure 4.1 Discharge time for cash patients

- Out of total 50 Patients, the average time for the discharge was 3 hrs 2 mins.
- Out of 50 patients, 13 patients were discharged under the standard discharge time for patients.
- Rest of the patients took more than 2 hours for completion of discharge process.
- The maximum time recorded was 4 hours 35 minutes.
- The minimum time recorded was 1 hour 53 minutes.

TIME TAKEN FROM DISCHARGE INITIATION TO BILLING

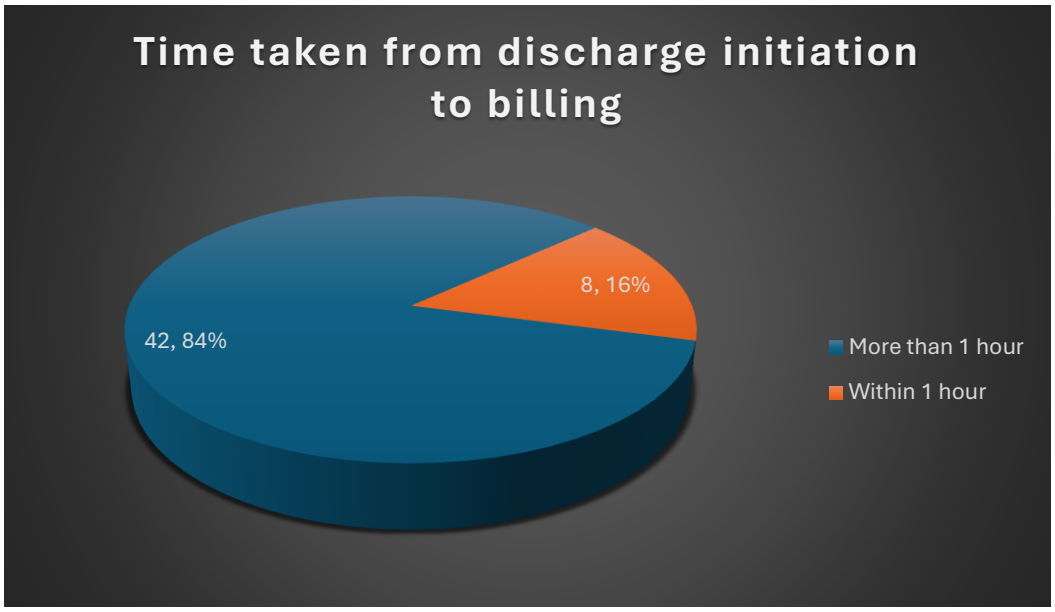

Figure 4.2 TAT Billing

- The above Graph depicts time taken from orally discharge declared by consultant to initiation of billing. In which the average time taken for the process was 1 hr 23 mins.
- However, the maximum time taken for this process was 2 hr 21 mins. While minimum time taken for this process was 40 mins.

TIME TAKEN FROM BILLING TO BILL CLEARENCE

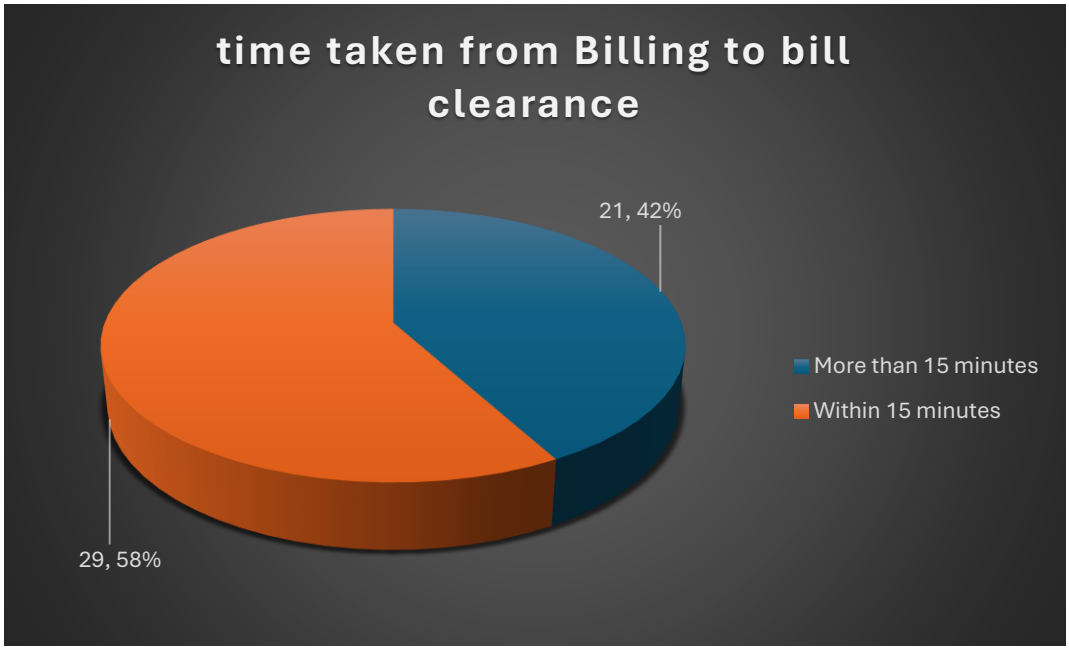

Figure 4.3 TAT Bill Clearence

The above Graph depicts time taken from orally discharge declared by consultant to initiation of billing. In which the average time taken for this process was 17 mins.

However, the maximum time taken for this process was 1 hr 12 mins. While minimum time taken for this process was 3 mins.

TIME TAKEN FROM BILL CLEARENCE TO LEAVE HOSPITAL

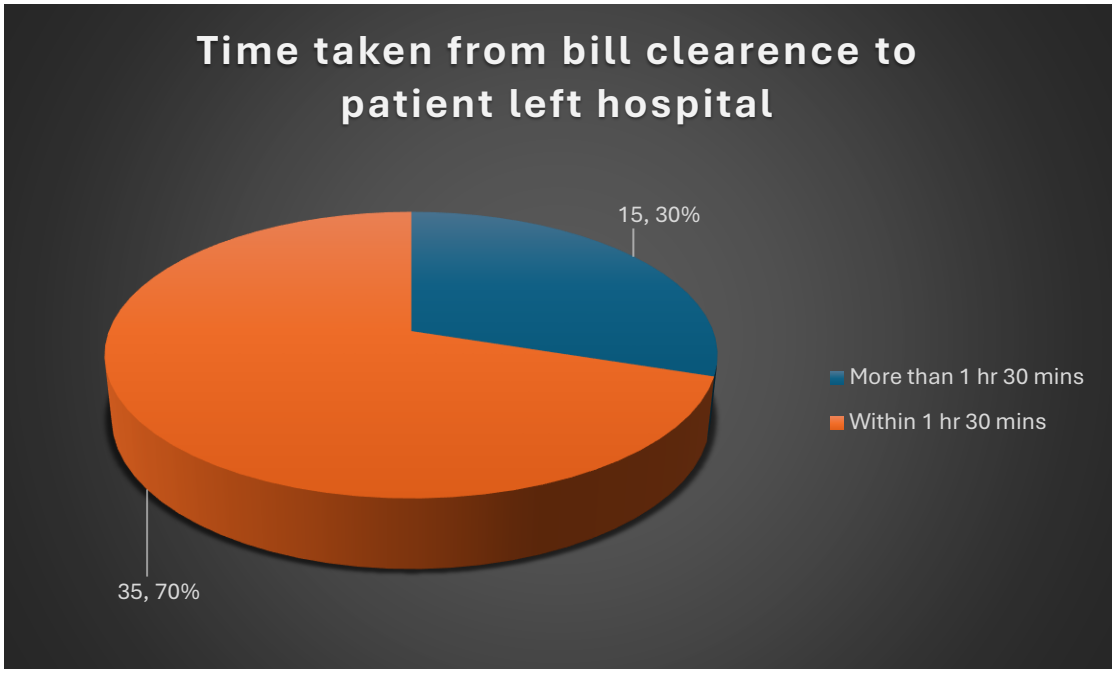

Figure 4.4 TAT Bill clearance to left from hospital

The above Graph depicts time taken from orally discharge declared by consultant to initiation of billing. In which the average time taken for this process was 1 hr 21 mins.

However, maximum time taken for this process was 1 hr 58 mins. While minimum time taken for this process 40 mins.

AVERAGE TIME TAKEN TO COMPLETE MAJOR ACTIVITIES

SR. NO.	ACTIVITIES	AVERAGE TIME
1	Preparation of Discharge Summary	00:28:19
2	Billing Process	00:55:14
3	Billing cleared	00:17:29

Table: 4.1 Average time for completing major activities

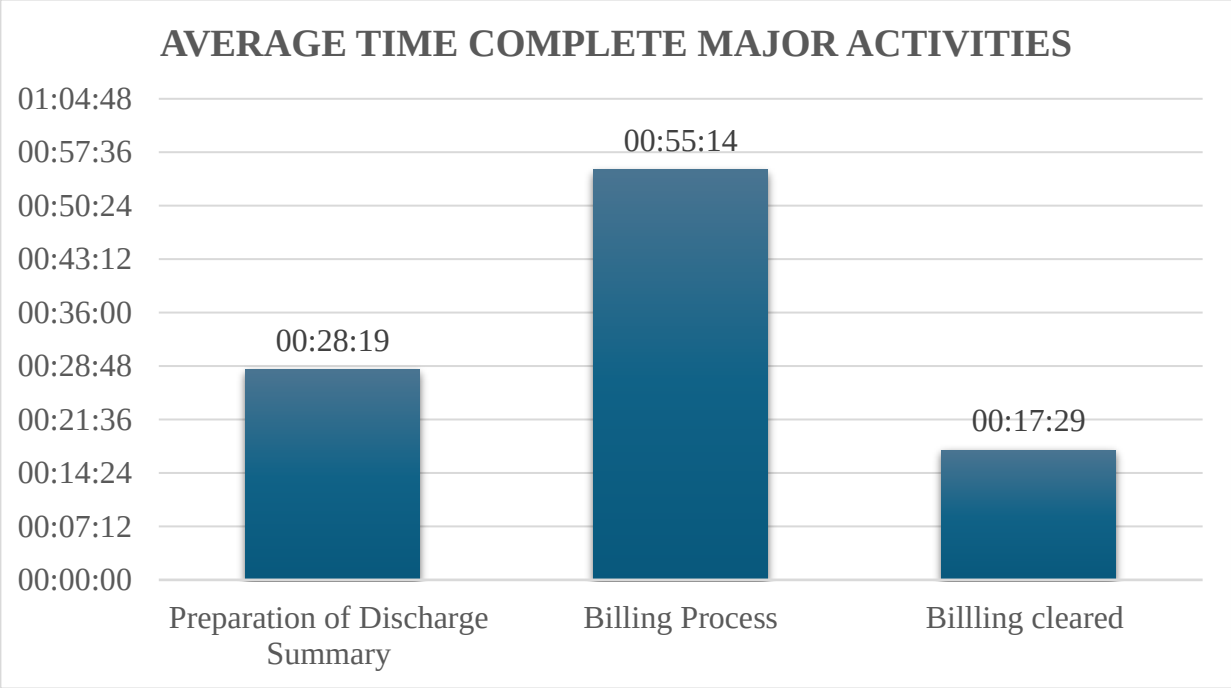

Figure 4.5 Average time to complete major activities

- The Average time for the preparation of Discharge Summary was around 28 mins 19 seconds.
- While the average time taken for billing process was 55 mins 24 seconds.
- However, the average time taken for bill clearance was 17 mins 29 seconds.

In addition to this the process of discharging different from private and public hospitals and it is also different in many reuptated and non-reuptated private hospitals and the process of discharging is quite long and complicated in Krishna hospital this what I found from three months of mine working at there. Along with this discharge patients in an appropriate way is complicated. Effective and well- timed discharge can be attained by interdepartmental coordination and proper communication between all involved in the process of discharge.

In this study, the time taken for discharge of patients at Krishna Hospital Gondal has been analysed. It has been found that the time taken for 21 patients has been delayed by 28 minutes compared to time mentioned in Hospital policy. The various reasons associated with the delay in the process have been identified and will be worked upon.

Unplanned Discharge are the main reasons for the chaos in the discharge process. In NABH chapter 1, AAC 13 clearly mentions that the discharge should be planned in advance in consultation with patient / family. The two non-compliances have been found in the internal audit for which necessary action is taken.

CAUSE AND EFFECT DIAGRAM

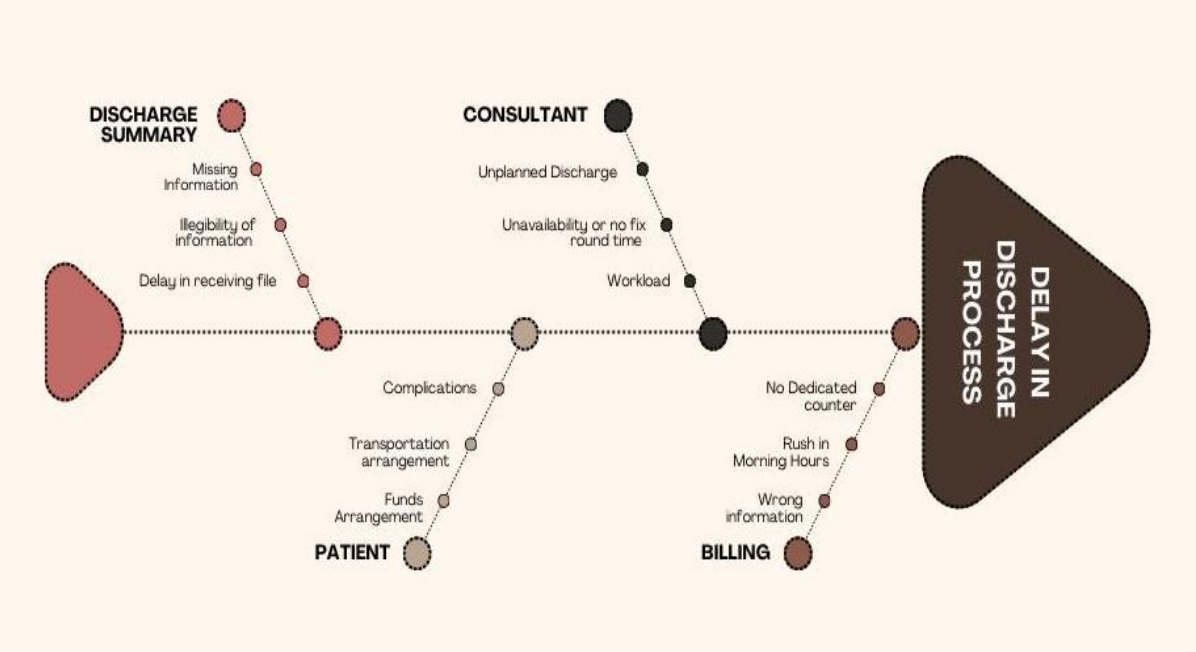

Figure 4.6 Cause and Effect Diagram

Other Causes for the delay in Discharge process are:

- Inadequate staff training and awareness of the standards and procedures for discharge.
- Typing problems and errors in the discharge summary by medical officer. There are instances when patients are truly unable to cover the hospital expenses because of which there are delays in the final payments of the bill.
- Insufficient communication between departments leads to the delay in the steps of discharge process.
- Excessive medicines ordered by Nurses because of which unused medication return time increases.
- Physicians who are not treating patients are requested to provide a summary in the patient record. They must review all of the notes, which takes time.
- Because of workload on medical officer, there is delay in the preparation of Discharge Summary.
- At times, nursing staff is overloaded with the work and owing to that, there is a delay in catheter removal or dressing.
- Staff tries to accumulate 2 to 3 discharges simultaneously, which in turn causes delay in file completion and record keeping.

LIMITATION OF THE STUDY

- The study was focused on a specific healthcare facility located in Gondal, Gujarat.
- Only conducted in IPD (In Patient Department).
- The study period was 3 months only.
- Only cash patients (self-paid) were considered during the study period.

STRENGTH OF THE STUDY

- Discharge delays are common in hospitals which leads to patient dissatisfaction, reduced bed availability and cost increment. This study analyses this issue with significant impact.
- Through this study the causes of the delays were found and actionable recommendations were provided for the improvement which eventually benefits patient and hospital
- The combination of quantitative and qualitative data provides comprehensive picture of discharge process which helps to find in delays and causes for the delays.

CHAPTER: 5

SUGGESTIONS

- Planned discharge should be initiated which leads to completion of some steps beforehand. For example, report gathering, discharge summary preparation, medication return etc…
- Doctor's round timings can be fixed which should be preferably in the morning to avoid late evening discharges.
- Feedback mechanism should be introduced for discharge process from patient for the continuous improvement.
- Medical officer and nurses should be aware of the expected discharge date in order to completes notes, return any unused medications and preparation of patient file.
- Patient shouldn't be discharged immediately on request. However, discharge should be planned in the evening so that discharge cannot be delayed and does not hinder the planned discharge process of other patients.
- Nurse should arrange for parallel workflow which is frequently lacking. For example, should notify dietitian or transportation team or housekeeping staff to arrange wheelchair as it will provide a seamless the discharge process.
- Patients should be well informed at prior about the whole discharge process.
- Separate IPD counters to reduce rush at the billing counter.
- Training and knowledge about the discharge process and summary should be provided to medical officer and nurse.
- Timely report collection and departmental clearance should be conducted.
- Proper interdepartmental coordination and communication to reduce the communication gap during the discharge process

CHAPTER: 6

CONCLUSION

This thesis investigated gaps within the discharge process that contribute to extended turnaround times. The gap analysis identified areas such as communication breakdowns, inefficient workflows, and administrative delays as significant contributors. The literature review further highlighted the impact of factors like discharge planning practices, staffing models, and information flow on discharge efficiency.

By addressing these identified gaps, hospitals can significantly improve turnaround times, leading to several benefits. Reduced turnaround times can enhance patient satisfaction, improve bed availability, and optimize resource allocation within the hospital. This research provides a roadmap for healthcare institutions to implement targeted interventions, such as streamlined communication protocols, standardized discharge procedures, and multidisciplinary discharge planning teams. By addressing these gaps, hospitals can strive for a more efficient and patient-centered discharge process.

Additional Research

The study gives a foundation for future research in discharge process area. Future investigations could:

- Analyze cost-effective of implementing interventions to reduce turnaround time.
- Explore the impact of specific communication strategies on discharge efficiency.
- Evaluate the effectiveness of technology-based solutions in streamlining the discharge process.
- Investigate the role of patient education and engagement in improving discharge turnaround time.

By continuing to explore these areas, healthcare institutions can continuously refine their discharge processes, ensuring a timely and efficient transition for patients from hospital to post-acute care or home.

CHAPTER: 7

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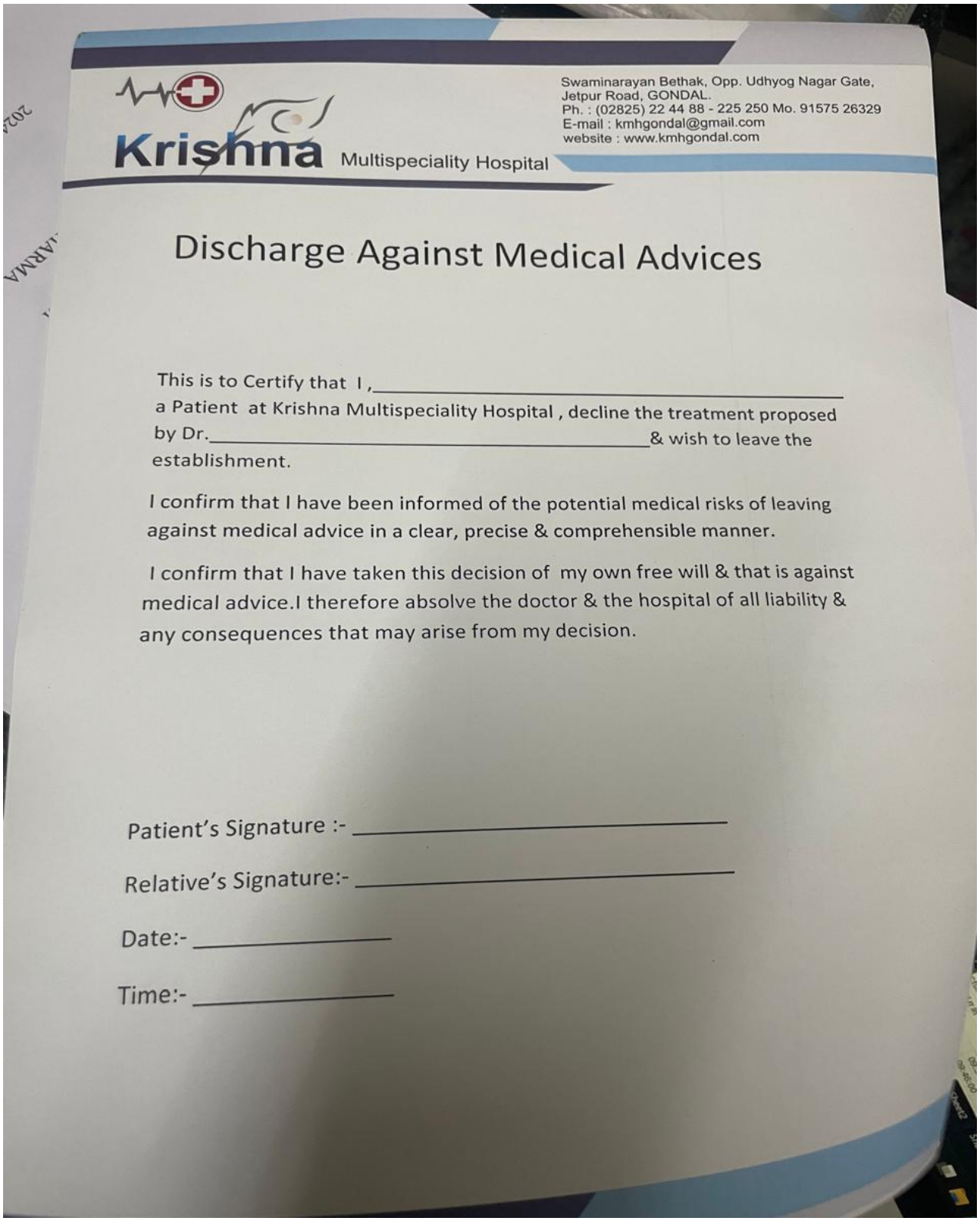
ANNEXURE: 1

DATA ANALYSIS

SR. NO.	IPD NO.	AVERAGE DISCHARGE PROCESS TIME
1	15374	04:35:00
2	15293	02:44:00
3	15274	03:08:00
4	15289	03:36:00
5	15288	03:47:00
6	15324	03:32:00
7	15303	01:53:00
8	15317	03:55:00
9	15322	03:51:00
10	15329	02:52:00
11	15348	02:04:00
12	15364	03:17:00
13	15335	02:27:00
14	15523	03:04:00
15	15659	02:23:00
16	15664	03:08:00
17	15692	02:46:00
18	15720	03:05:00
19	15729	02:43:00
20	15727	02:42:00
21	15737	02:03:00
22	15725	02:38:00
23	15730	02:21:00
24	15738	02:31:00

25	15754	03:33:00
26	15751	03:51:00
27	15764	03:43:00
28	15760	02:41:00
29	15758	03:04:00
30	15759	03:33:00
31	15760	02:15:00
32	15764	02:44:00
33	15622	03:36:00
34	15778	03:32:00
35	15795	03:55:00
36	15812	02:52:00
37	15635	03:17:00
38	15820	03:04:00
39	15819	03:08:00
40	15636	03:05:00
41	15627	02:42:00
42	15600	02:38:00
43	15613	02:31:00
44	15575	03:51:00
45	15569	02:41:00
46	15234	03:08:00
47	15281	03:47:00
48	15260	01:53:00
49	15249	03:51:00
50	15435	02:04:00

ANNEXURE: 2



Krishna Multispeciality Hospital

Swaminarayan Bethak, Opp. Udhyog Nagar Gate,
Jetpur Road, GONDAL.
Ph. : (02825) 22 44 88 - 225 250 Mo. 91575 26329
E-mail : kmhgondal@gmail.com
website : www.kmhgondal.com

Discharge Against Medical Advices

This is to Certify that I ,_____
a Patient at Krishna Multispeciality Hospital , decline the treatment proposed by Dr._____& wish to leave the establishment.

I confirm that I have been informed of the potential medical risks of leaving against medical advice in a clear, precise & comprehensible manner.

I confirm that I have taken this decision of my own free will & that is against medical advice.I therefore absolve the doctor & the hospital of all liability & any consequences that may arise from my decision.

Patient's Signature :- _____

Relative's Signature:- _____

Date:- _____

Time:- _____

ANNEXURE: 3

Krishna Multispeciality Hospital

Swaminarayan Bethak, Opp. Udhyog Nagar Gate,
Jetpur Road, GONDAL.
Ph. : (02825) 22 44 88 - 225 250 Mo. 91575 26329
E-mail : kmhgondal@gmail.com
website : www.kmhgondal.com

DISCHARGE SUMMARY

Patient Name : _____ Age / Sex : _____

Indoor No : _____ OPD No : _____

Date of Admission : _____ Date of Discharge : _____

Consultant Name : _____

Admitted with Complaints of :

Operation Notes :

Investigations :

Diagnosis :

Treatment Given :

Condition on Discharge :

Discharge medications :

Advice on Discharge :

Dr. _____
(Consulting Doctor)

Dr. _____
(Medical officer)

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