UNVEILING HEALTHCARE PROVIDER CHALLENGES IN DISCHARGE PROCESS:

A STAKEHOLDER ANALYSIS AT A MULTI SPECIALITY HOSPITAL IN GURUGRAM

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By:

Dr. Shivani Salar

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Under the Supervision and Guidance of

Dr Tripti Bisawa

2024

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No. FHL-MANESAR-EX-11 **01-July-2024**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Shivani Salar D/o Mr. Pradeep Kumar Salar** has completed her "**Dissertation**" as a part of the course curriculum in the department of **General Administration** at Fortis Hospital, Manesar, Gurugram from **April 01, 2024** to **June 30, 2024.**

We wish her all the best in her future endeavors.

For **Fortis Hospital, Manesar, Gurugram**

Rahul Khandelwal
Unit Head - Human Resources

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"Unveiling healthcare provider challenges in discharge process: a stakeholder analysis at a multi specialty hospital in gurugram"** 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Dr. Shivani Salar

Date- 05/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled "**UNVEILING HEALTHCARE PROVIDER CHALLENGES IN DISCHARGE PROCESS: A STAKEHOLDER ANALYSIS AT A MULTI-SPECIALITY HOSPITAL IN GURUGRAM**" is a record of the research work undertaken by **Dr. SHIVANI SALAR** 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. Tripti Bisawa, Professor
IIHMR University, Jaipur
Date 05/07/2024

Dr. Sanjay Gupta
IIHMR University, Jaipur
Date 05/07/2024

ABSTRACT

Discharge planning constitutes a vital part of the patient's journey within the healthcare industry, and this research examines the real-life context of discharge at Fortis Memorial Research Institute (FMRI), Gurugram, to reveal the weaknesses and opportunities for enhancement in the discharge process. This research work adopted the descriptive cross sectional research design, which combines the use of quantitative and qualitative research methods.

Objective:

In particular, the objectives of the study are as follows: To assess the flows and timelines of the in-patient discharge process; To determine the main actors; To define the tasks of key actors and the time they spend on their activities. This paper aims at identifying the difficulties that these stakeholders may encounter when in the process and proffer practical and strategic ways of solving the challenges. Therefore, in achieving its objective the study seeks to effectively manage the discharge process hence improving the general hospital performance as well as meeting the patient's expectations.

Methodology:

The study was conducted at FMRI, Gurugram which is one of the largest health care Facilities of Fortis Healthcare Group, which has established Library facility with all infrastructure and services in Techniques in Health care. It involved two main phases: Thus, the work has a retrospective form and a prospective form. In the retrospective phase, Length Of Discharge (LOD) data concerning 3018 patients (1828 cash patients and 1190 TPA patients) of April 2024 were obtained from the information system used in the hospital and the delays concerning the discharge process were assessed. The prospective phase of the study employed an online questionnaire survey in which 48 staff members were involved comprising nurses data operators, medical transcriptionists; pharmacists, billing staff, TPAs and patient experience staff to obtain qualitative information on frustrations with discharge process.

Results:

The real TAT and the normative TAT was obtained and the differences between them were compared to identify effectiveness and time consuming issues in the discharge processes, along with reasons for delays. The median TAT for all cases from intimation

to IPD pharmacy clearance, distinguished between cash and TPA patients, totaled 20 minutes; however, 61% of the cash, and 75% of TPA cases beyond this elapsed owing to breakdowns in communication and time spent on clerical work. While it took 30 minutes for cash and 180 minutes for TPA to clear to bill readiness, the identified standardized TAT for IPD pharmacy clearance, 4% of the cash TATs and 45% of the TPA TATs were higher than these averages due to insurance issues and availability of the resources required to clear the cases. The processes of bill readiness to bill clearance took an average of 30 minutes in both groups, whilst 35% of the cash group and 10% of the TPA group had a TAT greater than this, primarily due to manual work and approval delays. Last but not the least, with regard to the TAT whereby it is expected that the process from bill clearance to the physical transfer of patient should require 30 minutes, only in 54% of the cash and 43% of the TPA cases was the time standard adhered to because of co-ordination failure and inadequate personnel. Furthermore, the current survey revealed that there are major obstacles; however, other departments slow down the process 83%, the resources available are limited 42%, there are insufficient information 35%, there are unclear roles and responsibilities 17%, disengaged leaders 17%, the major difficulty of communication reported by 45%. 8% of respondents.

Conclusion:

The paper has called for more effective communication channels, efficient TPA procedures, part mechanization of processes, discharge teams, and the reinforcement of training and feedback processes. The areas for intervention highlighted are changes in the communication setup, adoption of interorganizational and intracompany communication standards and more frequent interdepartmental meetings. Regarding the efficiency improvement of TPA related processes, the study recommends the electronic insurance check, the creation of the specific TPA coordination team, and the introduction of a pre-authorization discharge procedure. They support process automation in terms of billing systems, discharge summaries, and real time tracking among others. Special consideration is given to the multidisciplinary discharge teams, appointment of the discharge coordinators and to the pilot discharge programs for the dedicated discharge teams. The ideal types of learning and feedback mechanisms should include extensive training, efficient feedback procedures, and mechanical training workshops. Leadership should also be involved in providing visible support, making the necessary available resources, communicating on the need for engagement. Through implementation of these recommendations, FMRI, Gurugram, can integrate efficient

discharge process and timely thus improve the overall outcomes of the patients' stay, as per the hospital's mission of providing good quality care and promoting the culture of patient safety and quality improvement in healthcare.

Key Words: Discharge Process, Healthcare Providers, Stakeholder Analysis, Turnaround Time (TAT), Fortis Memorial Research Institute, Process Efficiency

ACKNOWLEDGEMENT

First and for all, I would like to thank God for providing me the chance, the capacity and the discriminating mind to distinguish and to do what is right.

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Dr. Shivani Salar

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ABBREVIATIONS

Abbreviations	Full Form
FMRI	Fortis Memorial Research Institute
TAT	Turnaround Time
TPA	Third Party Administrator
HIS	Hospital Information System
LOD	Length of Discharge
IPD	In-Patient Department
GAM	General Administration Management
EHR	Electronic Health Record
EMR	Electronic Medical Record

CHAPTER-1

INTRODUCTION

1.1. Hospital Profile

Fortis Healthcare Limited is an India based integrated healthcare service delivery company having its subsidiary IHH Healthcare Berhad that coming with leading healthcare hospital, diagnostic and day care centre networks across India. Joint ventures, operations and management facilities are not included in the segment's network which has over 28 facilities with over 4,500 beds and more than 400 diagnostic centres. Currently it has a wide operation and it serves in India, UAE, Nepal and Sri Lanka It is a listed Company in BSE Ltd and National Stock Exchange of India.

Evidently, one can differentiate between the certain priorities and goals of Fortis Healthcare, including use of modern technologies, vast range of medical services, and the essential focus on the patients. Their hospitals are fitted with ultramodern technologies such as the Da Vinci Robot used in robotic surgery, 3-Tesla MRI scan, Elekta Linear Accelerators used in accurate radiation therapy, and Brain Suites. Gamma Knife radiosurgery that has recently joined the list of available treatments at Fortis is recognized as the best treatment to brain tumour surgery. It provides accuracy, effectiveness, noninvasive and one time treatment for the patients. This technological advancement together with a team of experienced and qualified clinical workers of international and national repute shows that the patients are offered the most appropriate solutions.

Staying true to the organization's vision of placing the patient at the centre of care delivery, Fortis provides a range of services to improve patient satisfaction. This is embodied in individual prevention health screening services, round-the-clock emergency services, and elaborate patient support services like visa support for the global clientele, overlay translation services, and comprehensive patient management solutions.

This commitment to quality healthcare is complimented by the numerous accreditations that Fortis Healthcare holds such as the National Accreditation Board for Hospitals & Healthcare Providers (NABH), along with the Joint Commission International (JCI)

certifications which endorse the organization's commitment to quality and safe patient care.

Fortis Memorial Research Institute (FMRI) Gurugram is now the flagship that has already been established as the multi-super specialty, quaternary care hospital endowed with the high-tech modern medical facilities and clinically superior specialists.

Mission:

To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care.

Vision:

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

1.2. Purpose of Research

In modern health care organizations the discharge process is one of the most important transition processes through which the client is transferred from the hospital care to further healing or complex care in other settings. This crucial epoch plays a huge role in determining the quality of the care that the patient will be given and the way through which the organism of the hospital functions. It has been identified that discharge process comprises of multiple tasks and multiple parties, such as, physicians, nurses, administrative staff, patients, patients' caregivers, and outside healthcare providers. Even though the role of the discharge process is evident, several obstacles that may cause delays, inefficiency, and negative consequences for the patient's state can occur.

The objective of this dissertation can be stated as the identification of key issues concerning the discharge process of FMRI, Gurugram including its effect on the healthcare providers and all the stakeholders involved. This element of the study will aim at finding out the issues affecting the efficiency of the discharge process and provide new ways of tackling these challenges after a stakeholder analysis has been conducted. This study's purpose is therefore to gain a comprehensive understanding on the discharge workflow at FMRI, Gurugram and to establish a foundation that will enable the formulation of strategic solutions that shall serve to improve the discharge activities and therefore the general delivery of health care to patients.

The overall goal is to achieve sustainable enhancement of discharge process efficiency, effectiveness and quality for the benefit of Fortis healthcare mission and vision by

utilizing the principles of improvement science in engaging stewardship of the process by the stakeholders.

1.3. Research Question

What are the primary challenges faced by the healthcare providers in the discharge process at FMRI, Gurugram and how can these challenges be addressed to improve efficiency?

1.4. Objectives of the Study

- For purposes of dissecting the procedure of discharging in-patients.
- For the purpose of determining the main stakeholders in the discharge process of a patient and measuring the time taken for each of the task performed.
- It was necessary to determine the difficulties encountered by each of the mentioned stakeholders during the discharge process.
- To provide recommendations for the ideal and effective ways of addressing the noted challenges.

CHAPTER-2

REVIEW OF LITERATURE

S. No.	AUTHOR	STUDY LOCATION	SAMPLE SIZE	SAMPLING TECHNIQUES	SALIENT FEATURES
1.	Pethybridge, J.	The study was conducted in Acute hospital in England	Four multi-disciplinary teams	Purposive sampling technique to provide detailed insights into the processes and dynamics influencing discharge planning.	The study speaks to the importance of synergy among medical practitioners like doctors, nurses, social workers and therapists in developing comprehensive and efficient discharge plans. Mainly, the research found that team dynamics that are effective lead to improved patient outcomes as well as heightened operational efficiency. Nonetheless, there are ongoing challenges such as communication problems and role uncertainties inhibiting this

					process. For these reasons, there is need for clear communication channels, role definition and frequent team trainings according to the author(s). Pethybridge ultimately argues that teamwork should be structured so as to promote better health care delivery and hasten hospital discharges.
2.	Okoniewska, B., Santana, M. J., Groshaus, H., Stajkovic, S., Cowles, J., Chakrovorty, D., & Ghali, W. A.	The study was conducted in an acute care medical teaching unit at a large urban hospital in Calgary, Alberta, Canada	The study included 45 health care providers	The study used purposive sampling to select participants. This technique was chosen to ensure that the sample consisted of health care providers with direct experience	Several key barriers have been recognized recently by researchers which include breakdown of communication channels; lack of adequate resources for planning a discharge, inefficiency in administration. The study emphasizes how these obstacles influence patient

				and involvement in the discharge planning process, allowing for in-depth qualitative analysis of their perceptions.	flow and the general performance of hospitals. In order to address these matters effectively, authors insist on improved coordination among health teams including adoption of enhanced communication strategies and resource allocation mechanisms. This study reviews systemic issues associated with discharge planning and provides some practical suggestions for improving both processes leading up to discharges from hospitals and patients' wellbeing after they leave them.
3.	Joanne Goldman, Scott Reeves,	The study was conducted at two large academic	The study involved 24	The study utilized purposive sampling,	The study looks at the negotiation of patient discharge by medical residents. It

	Robert Wu, Ivan Silver, Kathleen MacMillan, Simon Kitto	teaching hospitals in Toronto, Ontario, Canada.	medical residents.	focusing on medical residents who were actively involved in the discharge process. This approach was chosen to gather detailed insights into the interprofessional interactions and negotiation factors affecting discharge planning.	also notes that these residents struggle with ambiguity in their roles and how to communicate within a team of different professionals. Such processes may be delayed by hierarchical structures. Nonetheless, when considering interprofessional education programs, it is evident that there is great potential for improving the skills of residents to negotiate effectively. All in all, successful patient discharge negotiation demands collaborative teamwork.
4.	Joanne Goldman ,Scott Reeves, Robert Wu,	The study was conducted at two large academic teaching	The study involved 52 participants.	The study employed purposive sampling to select	The research Findings reveal some key roadblocks such as varying

	Ivan Silver, Kathleen MacMillan & Simon Kitto	hospitals in Toronto, Ontario, Canada.		participants. This technique was used to ensure that the sample included a diverse group of healthcare professionals who were directly involved in interprofessional collaboration and discharge planning processes	professional perspectives; power dynamics and communication barriers which can undermine effective teamwork between members of diverse units concerned with acute-care planning (Griffin et al., 2008). Authors suggest that resolving these tensions entails improved communication strategies, mutual respect among team members, and better understanding of each professional's role (Meyrick & Challis 2012). By presenting this information, it helps us understand ways through which we can improve inter-professional collaboration for better planning and

					outcome of discharges from medical facilities.
5.	Vincent Pinelli, Heather L Stuckey, Jed D Gonzalo	The study was conducted at an academic medical center in the northeastern United States.	The study involved 46 participants, which included both patients and healthcare providers.	The study used purposive sampling. This technique was chosen to ensure that the sample included individuals with direct experience and relevant perspectives on the discharge process, both from the patient and provider viewpoints	This qualitative research study presents barriers to patient discharge from internal medicine services. Patients find it difficult with advice on how to leave hospital and they get no instructions about the drugs while providers struggle against time constraints and problems of communication. This coordination is possible through interprofessional collaboration to address these challenges effectively for comprehensive care. In addition, there is need to focus on patient-centered care including effective

					communication and tailored education in order to overcome these challenges of discharging patients. All in all, this research highlights the importance of communication as well as ways that collaborative solutions can be used to facilitate the post-discharge period.
6.	Lauren Cadel, Jane Sandercock, Michelle Marcinow, Sara J T Guilcher, Kerry Kuluski	The study was conducted in Ontario, Canada	The study involved 29 participants	The study employed purposive sampling to select participants. This technique was chosen to ensure that the sample included healthcare professionals directly involved in discharge	The results of this qualitative study suggest some key things about what makes discharge planning difficult or easy; it includes themes like communication between team members, coordinating care, availability of resources, and engaging patients in their own care. These dynamics

				planning and experiencing issues related to delayed care transitions.	must be understood so that discharge processes can improve and transitions become smoother for those at risk of delayed transitions above all else. The implications drawn from the study may include suggestions on enhancing teamwork among staffs, allocating more resources into discharge planning approach and improving communication strategies within hospitals settings.
7.	Janne Agerholm, Natasja Koitzsch Jensen, Ann Liljas	The study was conducted in two Nordic capitals (Copenhagen, Denmark, and Stockholm, Sweden	The study involved 56 healthcare professionals.	The study likely used purposive sampling to select participants. This method allows researchers to target healthcare professionals	This study is a qualitative one that looks at what healthcare practitioners think about coordinated care for the elderly suffering from multiple illnesses and who are released from hospitals in two

				who have direct experience in coordinating care	Nordic capitals. Some of the barriers identified include disjointed systems and communication voids while enhancing aspects involve clear communication and cooperation. Contextual factors play a critical role, and the findings have implications on practice and policy to enhance coordination of care for this vulnerable group.

CHAPTER-3

METHEDOLOGY

The research methodology section explains in detail how the study was conducted as well as how the researcher intends to answer its questions or objective. It has a scope that encompasses both an overall framework which guides it and specific procedures, techniques, methods employed during collection and analysis of data. This part gives a detailed account of research design used including various steps taken in the methodology section through which data was analyzed .

Below is an outline of how this research "methodology" was done:

3.1 Study Design

This research is using an Cross-sectional study. The study employs mixed methods design comprising of observation study about Length Of Discharge (LOD) data from hospital information system as well as cross-sectional study by collecting qualitative data via online Questionnaire Survey towards capturing perspectives of healthcare respondents involved.

3.2 Study Setting

The research was done at the Fortis Memorial Research Institute located in Gurugram, Haryana. This is the main branch of Fortis Healthcare having beds that can accommodate 311 patients. The concept of "Trust" is the basis upon which 'Next Generation Hospital' was built and it is supported by four pillars namely Talent, Technology, Infrastructure and Service.

3.3 Study Population

Healthcare providers who deal with discharges from the hospital, such as nurses, data operators, medical transcriptionists, pharmacists, billing staff, third party administrators and patient experience staff form part of the population for this study.

3.4 Duration of the Study

The duration of this study is three months, i.e., from 1st April to 30th June, 2024

3.5 Sampling Technique

Convenience Sampling Technique

Convenience sampling has been adopted due to its suitability in data collection given the busy schedules of healthcare practitioners involved in direct patient care that make it difficult to obtain reliable information. It is a non-probability sampling technique where researchers select participants based on their proximity to them or their work place. For this type of sampling all those available are included in the study without using random selection procedure.

3.6 Sample Size

PART 1: LOD data is collected for one month.

Sample size: 3018 patients

PART 2: Number of Sample for online questionnaire survey: 48 stakeholders

Inclusion Criteria:

- Nursing and administration staff of FMRI involved in discharge process.

Exclusion Criteria:

- Physicians involved in patient care and discharge process.
- Nursing and administration staff of FMRI who are not involved in the discharge process.

3.7 Data Collection Procedure

3.7.1 Retrospective Phase: LOD data for April 2024 will be analyzed to assess discharge delays during this period. With these records at hand, the research hopes to depict any trends or patterns concerning what causes delays.

3.7.2 Prospective Phase: During this stage, participants will be administered with an online survey questionnaire to healthcare providers who are part of the discharge process. This is aimed at gleaning a firsthand account of their day-to-day activities and current practices.

3.8 Data Analysis

The collected data is analysed using both quantitative and qualitative methods:

- **Numerical Data Analysis**: numerical data obtained from hospital records, such as LOD of different periods will be analyzed.

- **Statistical Analysis**: statistical methods (e.g., calculating frequencies, percentages, possibly conducting inferential tests) to analyze and interpret the data objectively will be employed.
- **Graphs and Tables**: Graphs and tables will be incorporated to visually present the quantitative findings of the research.

3.9 Operational Definitions

- **Discharge Process**: From planning for discharge to leaving the hospital, various things done in between. In this case, discharge summaries preparation, medication reconciliation, patient counseling, final billing and coordination with other healthcare facilities among others
- **Healthcare Providers**: Nurses, pharmacists, medical transcriptionist, data entry operators,billing clerks third party administrators (TPA) and floor managers involved in patient care and discharging process.
- **Challenges**: Barriers that hinder smooth running of the discharge process. Such can be difficulties in communication, undefined responsibilities misconceptions on patients' numbers or collaboration issues.
- **Communication Barriers**: Obstacles that hamper effective transmission of information amongst participants in the discharged process. These encompass miscommunication's delays in response time as well as limited sharing of information.
- **Unclear Responsibilities**: Situations where lack of clear definition regarding each stakeholder's roles & responsibilities results into confusion and inefficiency within the exiting system.
- **Manpower**: This paper will examine the availability and adequacy of staff necessary to execute the discharge process. The number and quality of staff in each role within the process will be addressed.
- **Collaboration**: The extent to which different teams work together effectively in completing the discharge process is one such factor. This includes coordination, team work, and support among different departments.
- **Engagement from Senior Leadership**: One such example of this is the involvement of senior hospital management. This includes leadership's understanding on issues, communication with staff as well as action taken to support process improvements.

- **Stakeholders**: All parties involved or affected by the discharge process including internal staff (healthcare providers) and external parties (patients, caregivers or insurance companies).
- **Efficiency of Discharge Process**: Another important determinant that should be considered is whether the timely completion of the discharge process without unnecessary delays or resource wastage.
- **Effectiveness of Discharge Process**: The degree to which it achieves its intended objectives such as proper patient education, accurate medication reconciliation and smooth transition into post-hospital care among others**.**

3.10 Ethical Considerations

- To ensure that all patients' 'information remains confidential' during this study.
- To strive for objectivity and avoid bias when collecting and analyzing research data.
- Valuing the perspectives and opinions of all stakeholders involved in this research.
- Confidentiality and data secrecy are strictly followed while preparing the report.

3.11 Limitations of the Study

- The study is limited to a single hospital which is FMRI in Gurugram specifically, and only deals with assessing knowledge, attitude and perception of key stakeholders on discharge process.
- The study does not include any physician who is involved in discharge process.

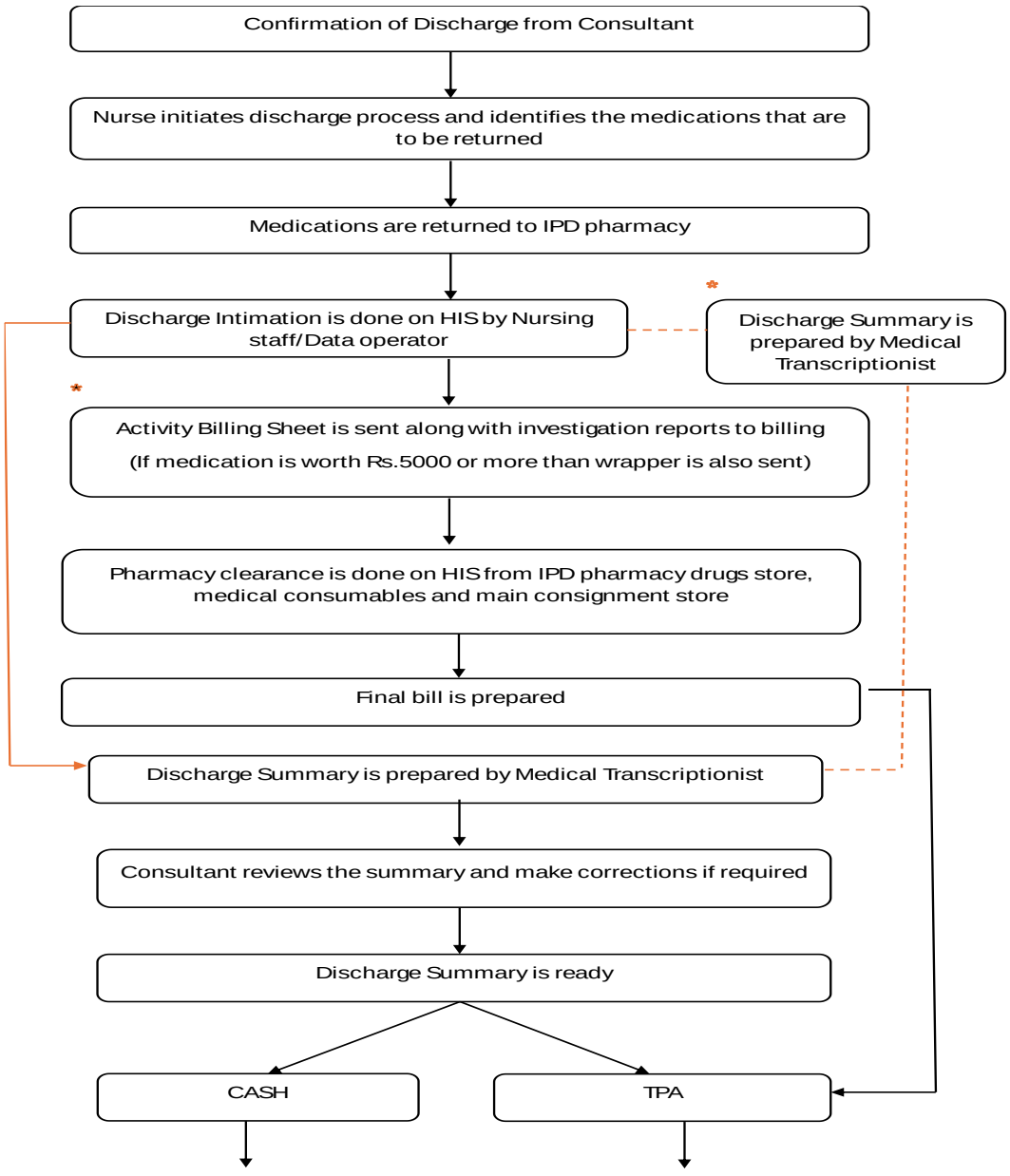
CHAPTER-4

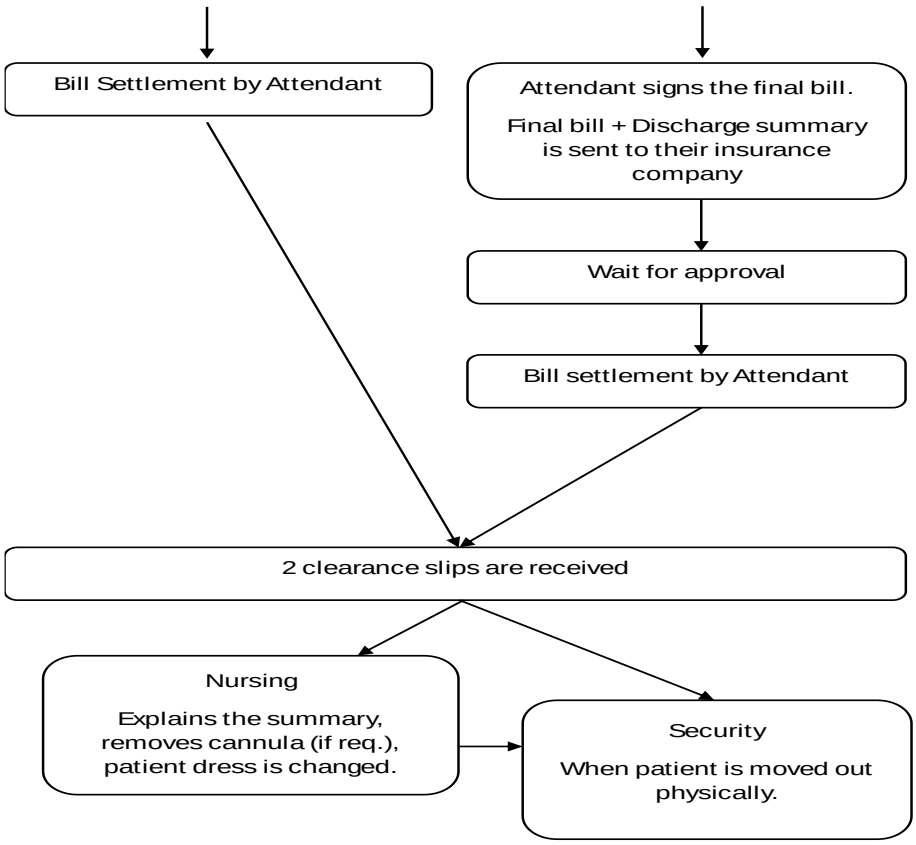
RESULTS

The primary intention of this study was to analyze challenges that each major stakeholder faces in discharging patients at FMRI, Gurugram. Through observing and studying various departments' discharges we came to understand how each department handles patient discharge, from it we made a process map explaining it better.

In the beginning, we identified standard procedures of the discharge process and observed turnover time at each step. Those observations led to creating a process map.. (Figure 4.1)

Figure 4.1: Discharge process map





*After discharge is initiated, activity billing sheet is sent and the patient file is sent for discharge summary simultaneously

PART 1: After this, live data for each process (LOD) was collected for the month of April. This included capturing 1828 Cash patients and 1190 TPA patients.

Table 4.1: Distribution of Patients in Comparative Analysis

Payor Type	No. of Patients	% Split
Cash	1828	61%
TPA	1190	39%
Total	**3018**	**100%**

These were also compared against an average value to determine if there was a delay in the hospitals' discharge process and quantify how much.

Meanwhile, this enabled us find out which particular stage took too long thereby leading to delays among others. Real-time data collection concerning each process allowed us to comprehend the discharge workflow in real time.

Table 4.2: Standard TAT for discharge steps captured in HIS

#	Discharge Step(s) in HIS	Standard TAT	
		Cash	TPA
1	Intimation Time<>IPD Pharmacy Clearance	20mins	20mins
2	IPD Pharmacy Clearance<>Bill Ready	30 mins	180 mins
3	Bill Ready<>Bill Clearance	30 mins	30 mins
4	Bill Clearance<>Physically Moved	30 mins	30 mins

The purpose of our research was to compare and better understand how well the hospital's discharge protocol and process worked. This analysis compared actual TAT with standard TATs. From it, we were able to identify where delays were taking place and which ones were the most time consuming.

Table 4.3: Average Time taken between each step

*Outliers are where Total time taken > 12 hrs

#	Average Time Taken Between Each step	Cash	TPA
1	Intimation Time<>IPD Pharmacy Clearance	84 mins	97 mins
2	IPD Pharmacy Clearance<>Bill Ready	6 mins	214 mins
3	Bill Ready<>Bill Clearance	59 mins	16 mins
4	Bill Clearance<>Physically Moved	79 mins	59 mins
Total Time taken		**226 mins**	**386 mins**

Live data was obtained from the FMRI's Hospital Information System (HIS), where a sequential log of the discharge process is continuously updated to show real-time progress.

Table 4.4: % of patients with more than Standard TAT

*Outliers are where Total time taken > 12 hrs

#	Discharge Step(s) in HIS	Count of Entries with More than Standard TAT		% Split	
		Cash	TPA	Cash	TPA
1	Intimation Time<>IPD Pharmacy Clearance	1119	887	61%	75%
2	IPD Pharmacy Clearance<>Bill Ready	80	533	4%	45%
3	Bill Ready<>Bill Clearance	637	121	35%	10%
4	Bill Clearance<>Physically Moved	833	671	46%	57%
Total Patients		**898**	**732**	**49%**	**62%**

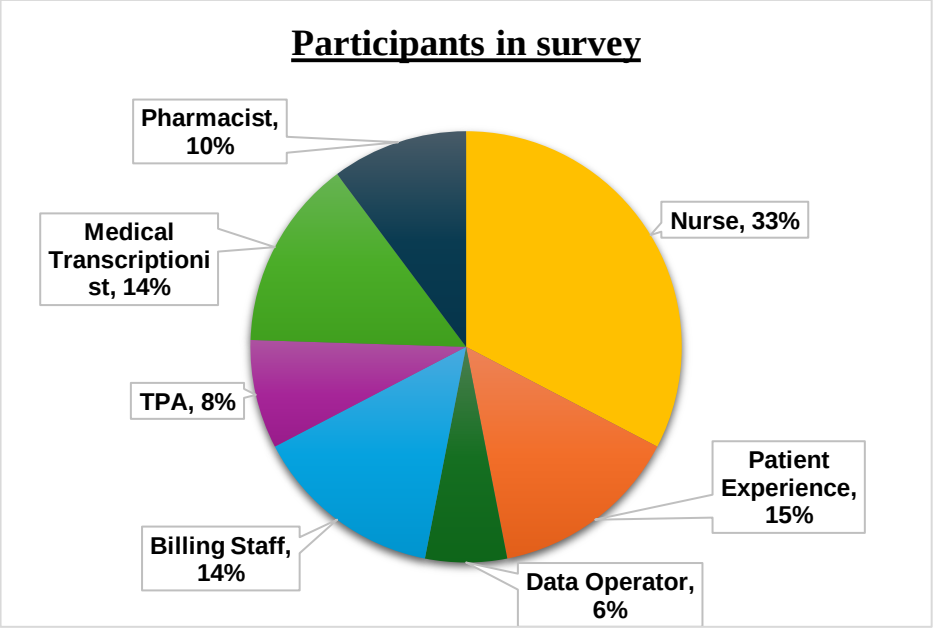
PART 2: After identifying the exact stages where delays were occurring, the main objective was to find out the main challenges which were faced by the key stakeholders involved in the discharge process.

Key Stakeholders involved in the discharge process:

- Nursing Staff
- Data Operator
- Medical Transcriptionist
- Pharmacist
- Billing Staff
- TPA
- Patient Experience

An online questionnaire survey was conducted in order to explore challenges in this process that lead to delays, inefficiencies, and potential negative outcomes for patients.

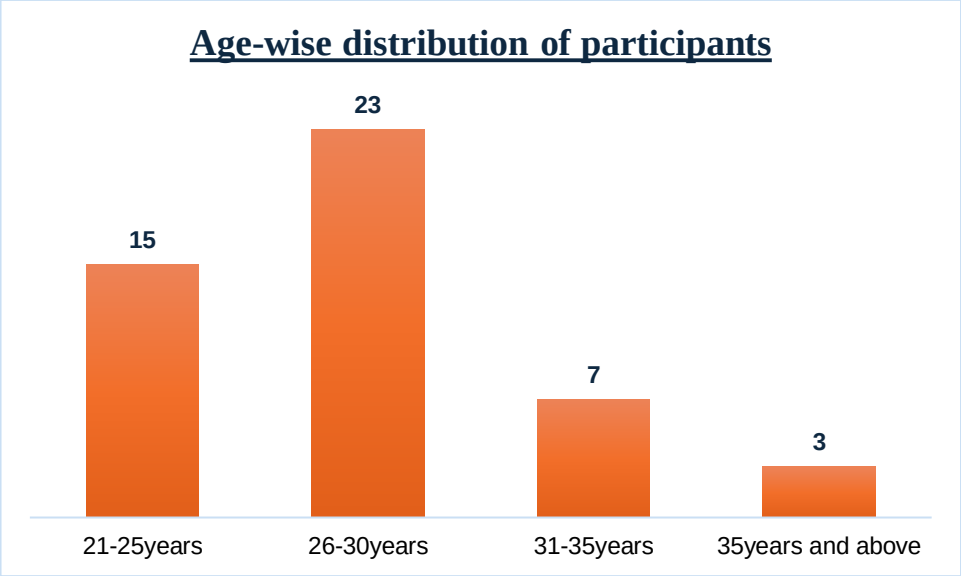
Figure 4.2: Key stakeholders' distribution in online questionnaire survey



It shows how participants are distributed according to their professional roles as shown below.

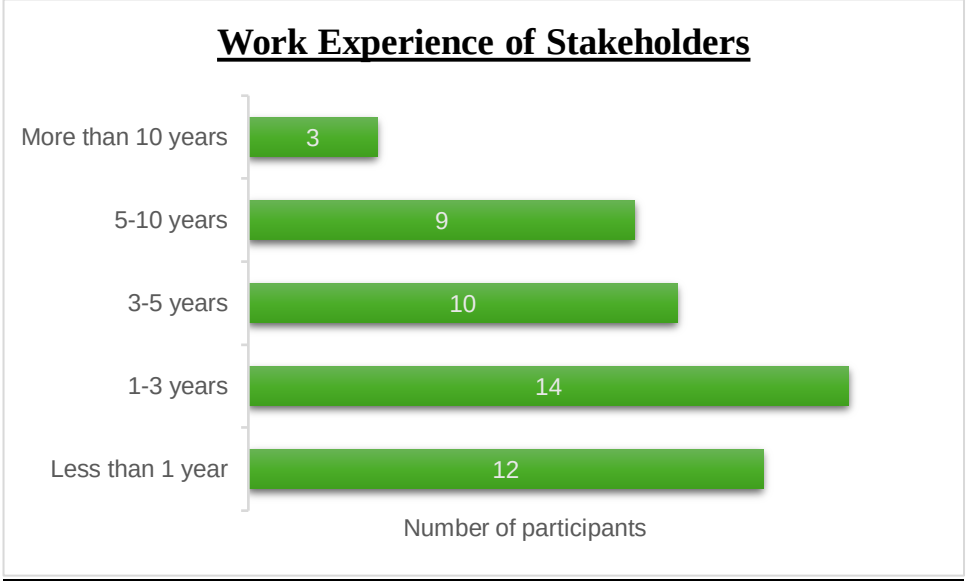
- The highest percentage of participants belong to nurses who are 33% of the total.
- Next are those involved in patient experience with 15% participation rate.
- Both medical transcriptionist and billing staff have the same representation of 14%.
- Pharmacists make up 10% while TPAs (Third Party Administrators) account for 8%.
- The least represented group is data operators at 6% participation rate.

Figure 4.3: Age-wise distribution of participants



- Most of the participants on this graph are aged between 21-30 years old.
- The 26-30 age group has the highest representation with 23 participants, followed by the 21-25 age group with 15 participants.
- There is a noticeable decline in participants aged 31-35, numbering only 7, and the least represented group is those aged 35 and above, with just 3 participants.
- This distribution suggests a predominant focus on younger adults in the study, with significantly fewer middle-aged and older adults participating.

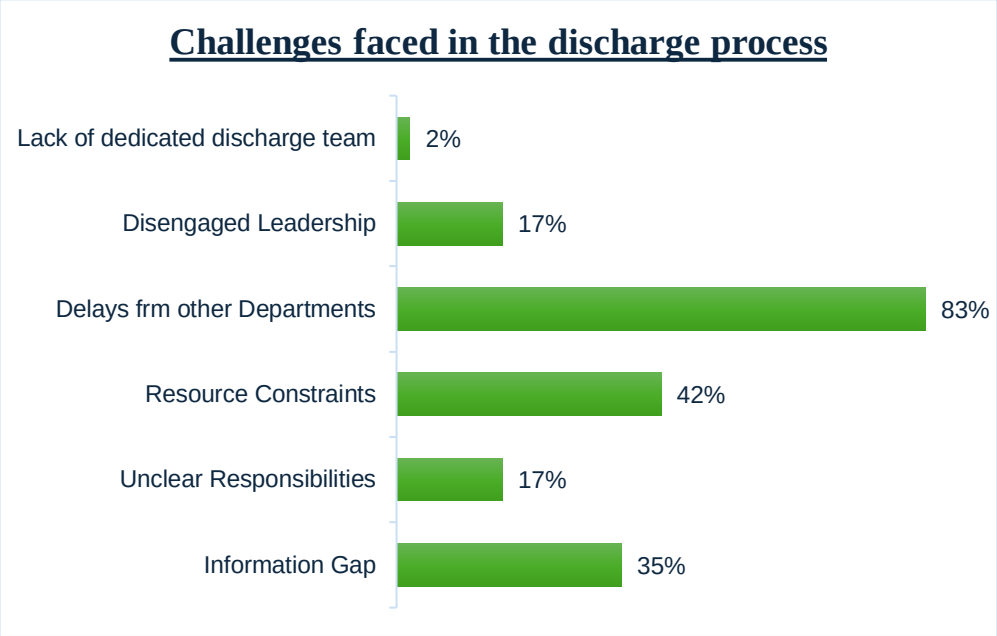
Figure 4.4: Work Experience of Stakeholders



This represents the work experience of stakeholders participating in the survey.

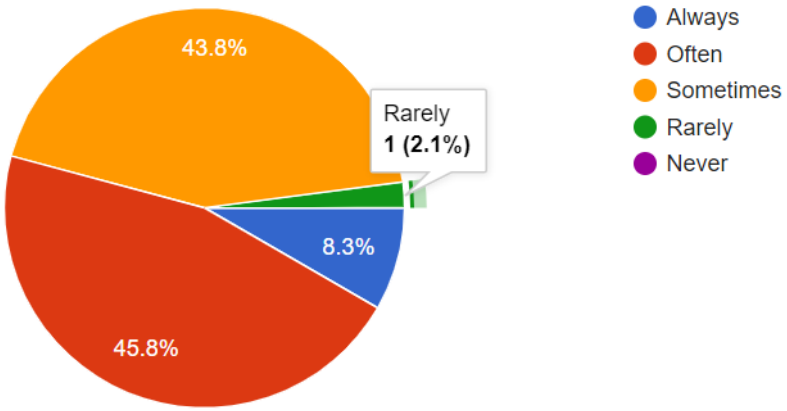
- The largest group comprises individuals with 1-3 years of experience, totalling 14 participants.
- This is followed by those with less than 1 year of experience, numbering 12.
- Participants with 3-5 years of experience come next, with 10 individuals.
- The group with 5-10 years of experience includes 9 participants, while the smallest group consists of those with more than 10 years of experience, totalling 3 participants.
- This distribution indicates a higher representation of relatively less experienced stakeholders, with a significant majority having up to 5 years of work experience. Only a small fraction of participants have extensive experience exceeding a decade.

Figure 4.5: Percentage of people facing Main Challenges in the discharge process



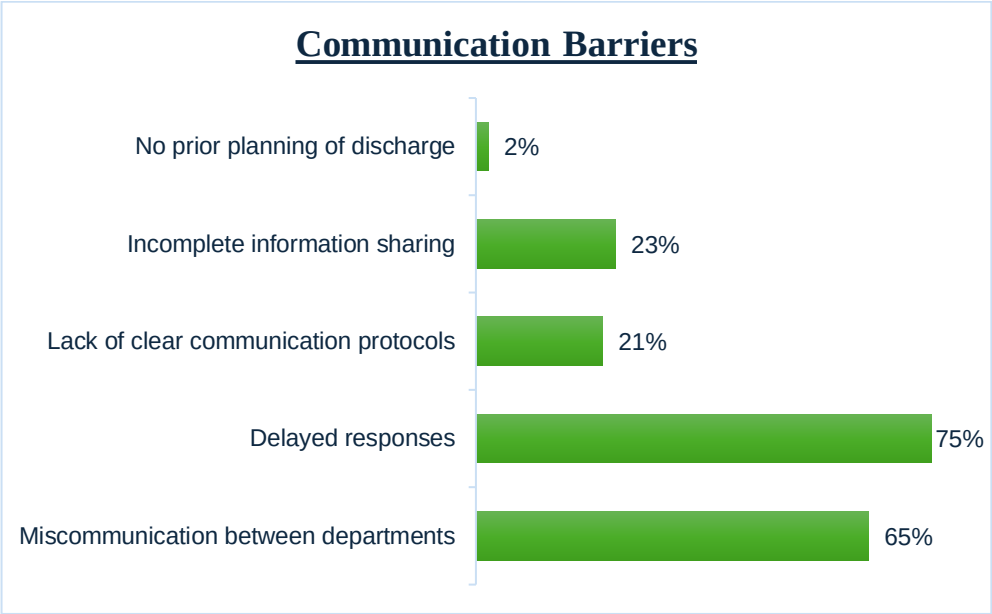
- The most significant issue is Delays from other Departments, affecting 83% of the cases, highlighting inter-departmental coordination as a critical bottleneck.
- Resource Constraints are the next major challenge, impacting 42% of the discharge processes, indicating a need for better allocation of resources.
- An “Information Gap” affects 35% of the cases, suggesting that communication and data sharing improvements are necessary.
- Both “Disengaged Leadership” and “Unclear Responsibilities” each affect 17% of the processes, pointing to management and role clarity issues.
- Lack of a dedicated discharge team is a minor concern, noted by only 2% of respondents, implying that having a specialized team is generally not the primary problem but should be considered.

Figure 4.6: Frequency of Stakeholders Encountering Communication Difficulties During the Discharge Process



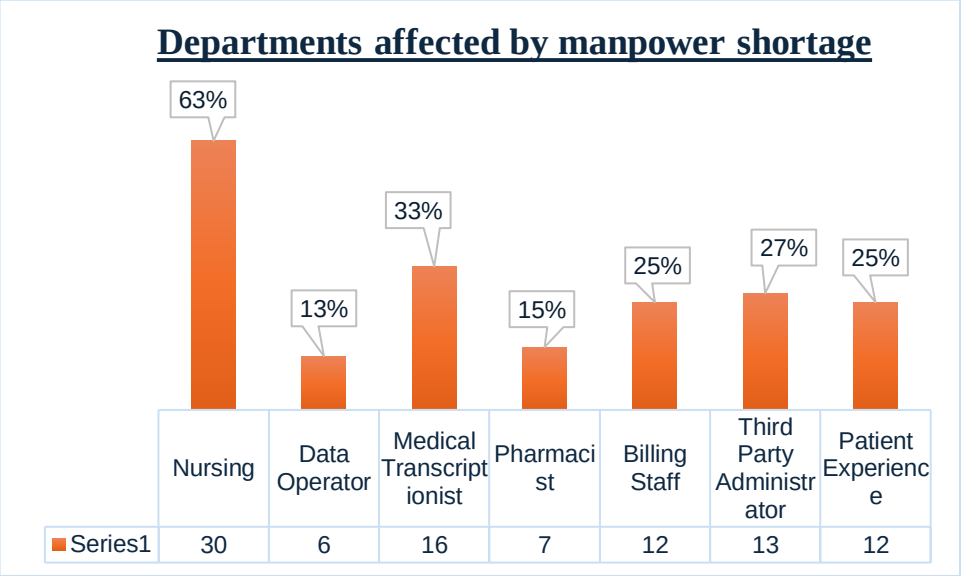
- A significant portion of respondents, 45.8%, report encountering communication issues “Often,” indicating a recurring problem.
- Similarly, 43.8% of stakeholders experience these difficulties “Sometimes,” suggesting that almost half the time, communication is problematic but not constant.
- A smaller segment, 8.3%, states they “Always” face these challenges, highlighting a persistent issue for a few.
- Only 2.1% report “Rarely” encountering communication difficulties, and no respondents indicated “Never.”
- This data suggests that communication barriers are a frequent and notable issue within the discharge process, requiring attention to improve overall efficiency and effectiveness.

Figure 4.7: Common Interaction Problems Faced by Stakeholders during the Discharge Process



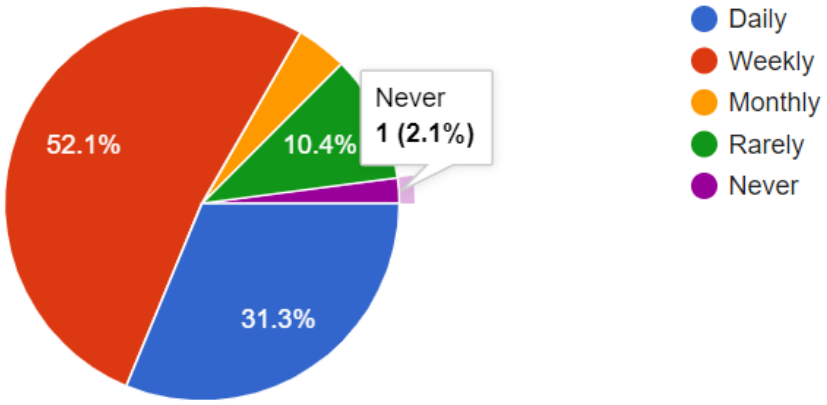
- Delayed responses emerge as the most significant issue, affecting 75% of the cases, suggesting a major hindrance in timely communication.
- Miscommunication between departments is also a critical concern, impacting 65% of cases, which points to the need for better inter-departmental coordination.
- Incomplete information sharing affects 23% of the cases, indicating gaps in the transmission of necessary details.
- The Lack of clear communication protocols is an issue for 21% of respondents, showing that standardized procedures are lacking.
- Lastly, No prior planning of discharge is noted by only 2%, implying that while planning is generally in place, its execution might be flawed.

Figure 4.8: Departments Most Affected by Manpower Shortages as precepted by key stakeholders/participants



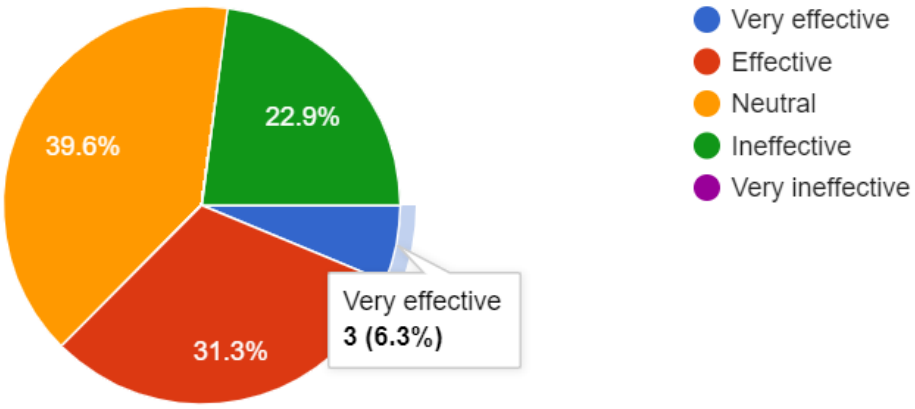
- The graph displays the percentages of various departments affected by manpower shortages, with Nursing being the most impacted at 63%.
- Medical Transcriptionists follow at 33%, indicating a significant shortage in this area as well.
- Other departments such as Third Party Administrators and Billing Staff experience shortages of 27% and 25%, respectively, highlighting notable gaps in these roles.
- The Patient Experience department also shows a 25% shortage.
- Comparatively, Data Operators and Pharmacists face less severe shortages at 13% and 15%, respectively.

Figure 4.9: Frequency of Team Discussions on Responsibilities and Tasks for the Discharge Process



- A significant portion, 52.1%, of teams engage in these discussions on a weekly basis.
- Daily discussions are the second most common, accounting for 31.3%.
- Discussions held rarely constitute 10.4%, while monthly discussions make up 4.2%.
- A very small percentage, 2.1%, of teams never discuss these responsibilities and tasks. This distribution suggests that while most teams prioritize regular communication, a notable portion still engages infrequently.

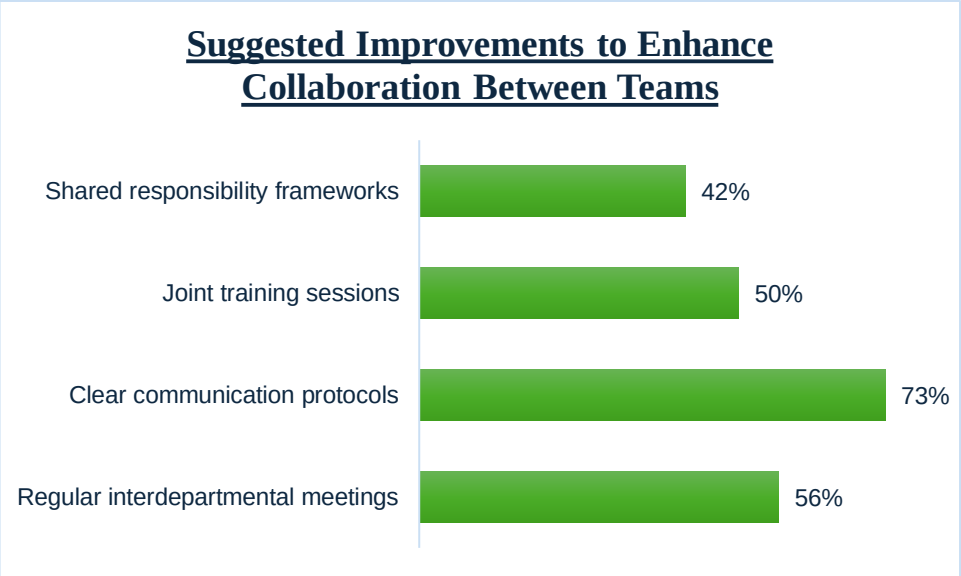
Figure 4.10: Effectiveness of Cooperation Between Teams in the Discharge Process



- The largest segment, 39.6%, rates the cooperation as neutral.

- Effective cooperation is reported by 31.3% of respondents, indicating a positive but not overwhelming consensus.
- Ineffective collaboration is noted by 22.9%, suggesting areas for improvement.
- A small percentage, 6.3%, finds the cooperation very effective, while no respondents find it very ineffective. This distribution highlights that while many find the cooperation satisfactory, there remains a significant portion that sees room for improvement.

Figure 4.11: Suggested Improvements to Enhance Collaboration Between Teams

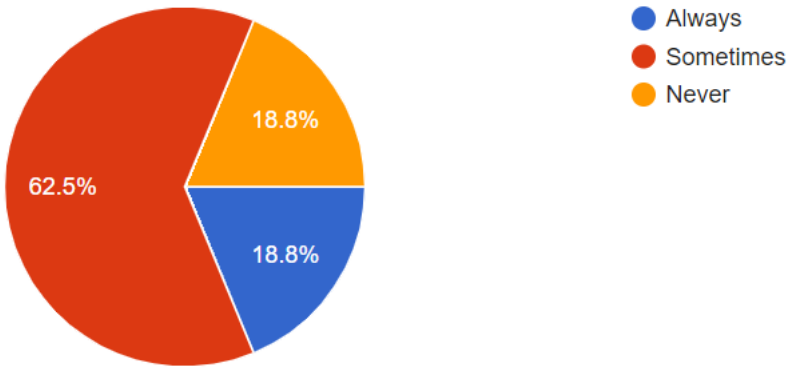


The graph depicts four strategies with corresponding support percentages.

- "Clear communication protocols" is the most favored, supported by 73% of respondents, indicating a strong need for standardized communication.
- "Regular interdepartmental meetings" follow with 56%, highlighting the importance of consistent interaction.
- "Joint training sessions" are supported by 50%, reflecting the value of collective skill development.
- Lastly, "Shared responsibility frameworks" have 42% support, showing moderate interest. These findings underscore the significance of

communication, regular meetings, and training in fostering team collaboration.

Figure 4.12: Frequency of Senior Leadership Seeking Input on Improving the Discharge Process



The pie chart illustrates the varying frequencies at which senior leadership engages with stakeholders for feedback.

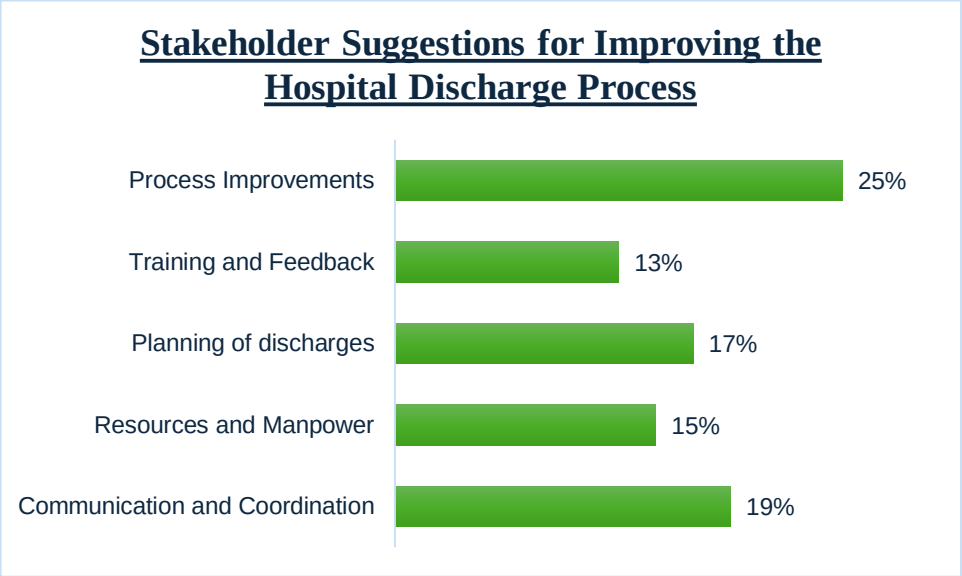
- The majority, 62.5%, indicate that senior leadership “Sometimes” seeks input.
- Both “Always” and “Never” categories are evenly represented, each constituting 18.8% of the responses. This distribution suggests that while senior leadership intermittently engages with stakeholders for improving the discharge process, there is a significant portion of respondents who feel that this engagement either consistently occurs or is entirely absent.

Figure 4.13: Suggested Actions to be taken by Senior Leadership to Reduce Discharge Delays by stakeholders

The graph presents various recommendations along with the percentage of respondents supporting each action.

- The most endorsed action is "Regular feedback sessions with frontline staff," receiving 79% support, indicating a strong preference for continuous communication with frontline workers.
- "Implementation of staff suggestions" follows closely with 75%, highlighting the importance of considering staff input in decision-making processes.
- "Increased resources and support" is also highly valued, with 67% support, suggesting a need for better allocation of resources.
- "Clearer communication from leadership" is supported by 40% of respondents, pointing to the necessity of improved clarity in leadership messages.
- The least supported action is "Gam approval delays," with only 4%, indicating concern for this aspect.

Figure 4.14: Stakeholder Suggestions for Improving the Hospital Discharge Process



*15% of the participants chose not to answer this question

The graph highlights five key areas for enhancing the discharge manner:

- **Process Improvements**: This is the pinnacle priority, making up 25% of the suggestions. It underscores the importance of refining procedures to make discharges greater efficient.
- **Communication and Coordination**: Coming in at 19%, this location emphasizes the want for better facts trade and teamwork amongst group of workers to reduce delays.
- **Planning of Discharges**: With 17% of the point of interest, meticulous planning is visible as essential for making sure clean transitions for patients.
- **Resources and Manpower**: At 15%, this shows a clear need for extra body of workers and higher resource allocation to deal with contemporary shortages.
- **Training and Feedback**: Making up 13% of the tips, this highlights the importance of non-stop personnel development and incorporating feedback to enhance discharge protocols.

CHAPTER-5
DISCUSSION

The discharge process at Fortis Memorial Research Institute (FMRI), Gurugram, is a critical changeover from hospital care to further healing or managing the condition outside clinical setting. This study sought to find out and assess, pitfalls-handling the health practitioners go through in this course focusing on delays and inefficiencies. Moreover, the research revealed significant departures by comparing Standard Turnaround Time (TAT) with observed TATs during different steps thereby identifying phases as well as reasons behind these deviations.

Key Findings and Analysis

1. **Intimation Time to IPD Pharmacy Clearance:**
   Standard TAT: 20 mins (Cash and TPA)
   Observed TAT: 61% (Cash) and 75% (TPA) exceeded standard TAT.
   Reasons for Delay:

- It is difficult for nurses to prepare complete patient dockets to send along with activity billing sheet and return drugs that remain unused simultaneously.
- Coordinating with pharmacy staff and ensuring that all medications and consumables have been returned takes time.

2. **IPD Pharmacy Clearance to Bill Ready:**
   Standard TAT: 30 mins (Cash), 180 mins (TPA)
   Observed TAT: 4% (Cash) and 45% (TPA) exceeded standard TAT.
   Reasons for Delay:

- Insurance Processing: Lengthy verification processes for TPA patients.
- Resource Constraints: Limited staff and resources for preparing final bill

3. **Bill Ready to Bill Clearance:**
   Standard TAT: 30 mins (Cash and TPA)
   Observed TAT: 35% (Cash) and 10% (TPA) exceeded standard TAT.
   Reasons for Delay:

- Patients are not updated about their daily expenses leading to delays while finalizing bill
- Approval Bottlenecks: GAM approvals required for manual charging of narcotic drugs takes time

4. **Bill Clearance to Physically Moved:**
   Standard TAT: 30 mins (Cash and TPA)
   Observed TAT: 46% (Cash) and 57% (TPA) exceeded standard TAT.
   Reasons for Delay:

- Improper counselling of attendants to vacate bed
- Not proper use of Discharge lounge.
- Lack of diligent follow-ups for the discharge process, including explanations of the discharge summary, removal of cannulas by the TL, patient dress changes by the GDA

Major Findings:

The distribution of contributors, usually inside the 21-30 age bracket with minimum paintings revel in, suggests a team of workers surprisingly nascent in their activity functions and responsibilities. This demographic element may be a contributing element to the problems found inside the discharge technique, as younger and much less seasoned team of workers might necessitate extended guidance and help to execute their duties successfully. This illustrates the significance of specialised schooling modules and mentorship projects to bolster the proficiency and self-warranty of those personnel.

The fundamental difficulty identified turned into **delays engendered by using different departments**, impacting 83% of discharge times. This revelation emphasizes the urgent necessity for effective inter-departmental collaboration. The occurrence of this hassle implies that present day communique and operational protocols amongst departments are inadequate. Seamless inter-departmental coordination is imperative for ensuring the well timed completion of all stages of the discharge system, therefore minimizing delays and improving usual patient care.

Resource limitations, affecting forty two% of discharge strategies, factor to an inadequate allocation of resources to manipulate the discharge technique efficiently. This may additionally embody a deficit of employees or insufficient time distinctive for discharge making plans. Resource limitations can culminate in hurried or incomplete discharges, which might also jeopardize affected person safety and pleasure.

Information voids, impacting 35% of instances, expose sizable deficiencies in the transfer of information amongst numerous stakeholders involved inside the discharge system. Incomplete or incorrect records can cause mistakes in discharge making plans, which includes flawed medicinal drug reconciliation or insufficient patient schooling. Reducing these troubles can be accomplished by means of the use of incorporated electronic fitness data and better verbal exchange protocols to improve information flow. This guarantees that each one events involved have get right of entry to to the records they want to carry out their responsibilities correctly.

The results also indicated **structural and organizational problems**. Indefinite obligations impacted 17% of discharge approaches. There may be confusion when responsibilities and obligations are not made clean. The discharge process is in addition delayed by way of repeated efforts. The system is streamlined via defining obligations and creating specific protocols. Every stakeholder is privy to their unique obligations and the way they in shape into the larger workflow.

Disengaged leadership, which is also present in 17% of instances, increases the opportunity that top control isn't always absolutely cognizant of or sensitive to the difficulties that frontline employees come across. Strong management is vital for fixing systemic troubles in the discharge technique. Leaders who're actively involved can offer the essential support, assets, and route to cope with these challenges. Regular remarks periods and direct involvement of leaders in discharge making plans can help bridge this gap.

The analysis determined that the principle interaction problems were **delayed responses** (75%) and **miscommunication among departments** (65%). This indicates that the cutting-edge communique strategies are not effective in

making sure well timed and accurate records exchange. To deal with this, imposing standardized communication protocols and protecting regular interdepartmental meetings can assist lessen delays and improve the accuracy of shared statistics.

Regarding **manpower shortages,** the nursing department become the hardest hit, with sixty three% of respondents reporting a scarcity. This is a crucial issue because nurses are vital to the discharge procedure, dealing with patient training, medicine reconciliation, and coordination with other departments. Tackling nursing shortages through targeted hiring, better body of workers making plans, and enhancing working situations can significantly enhance the discharge technique's performance.

The findings of this look at resonate with the outcomes of different relevant studies on sanatorium discharge methods.

Pethybridge (2004) mentioned the critical function of teamwork among healthcare experts in crafting effective discharge plans. The take a look at stated verbal exchange boundaries and unclear roles as fundamental challenges, just like what was located at FMRI, in which verbal exchange gaps and indistinct responsibilities brought about delays.

Okoniewska et al. (2014) mentioned how communique failures, inadequate discharge making plans assets, and administrative inefficiencies negatively have an effect on patient glide and clinic performance. Our current findings, especially the delays in TPA processing and guide billing, echo these points, highlighting the want for higher coordination and streamlined tactics.

Goldman et al. (2013) tested how interactions and negotiations amongst professionals impact discharge making plans. They discovered that uncertain roles and hierarchical systems have been barriers to powerful discharge techniques. Similarly, our take a look at determined that guide strategies and the need for senior personnel approvals triggered massive delays, emphasizing the want for clean roles and duties.

Pinelli et al. (2018) checked out the demanding situations confronted by using patients and healthcare carriers for the duration of discharge, consisting of confusion with discharge instructions and time constraints for carriers. The FMRI look at found similar issues, with delays due to aid barriers and coordination problems, reflecting broader challenges in health center discharge processes.

Cadel et al. (2017) studied care transitions and discovered conversation issues, care coordination, and resource availability to be key challenges. These findings align with our look at, which identified conversation obstacles, administrative burdens, and workforce shortages as number one causes of discharge delays.

Strengths:

- Comprehensive Data Collection: The examine used both retrospective and potential data collection techniques, ensuing in a sturdy dataset for evaluation. Including real-time statistics from the Hospital Information System (HIS) allowed for an accurate evaluation of the discharge process.
- Mixed Methods Approach: By combining quantitative statistics analysis with qualitative insights from stakeholder surveys, the study gives a comprehensive view of the challenges in the discharge procedure.
- Focus on Key Stakeholders: The look at tested and analyzed the roles of various stakeholders involved in the discharge method, supplying an in depth information of the specific challenges each group faces.

Limitations:

- Single-Center Study: This studies changed into conducted at one hospital (FMRI, Gurugram), which would possibly restrict how relevant the findings are to different settings.
- Convenience Sampling: Using convenience sampling for the web questionnaire survey could introduce bias, as it is able to simplest include contributors who have been extra without problems available or inclined to participate, in place of representing the entire populace of healthcare carriers.
- Exclusion of Physicians: By aside from physicians worried inside the discharge process, the look at might leave out on their views and contributions to the recognized demanding situations and possible answers.

- Short Study Duration: The three-month length of the observe might not seize all versions and lengthy-term trends within the discharge method.

CHAPTER-6

CONCLUSION

The analysis of the discharge technique at Fortis Memorial Research Institute (FMRI) Gurugram has exposed several important inefficiencies and delays that need to be addressed. By thoroughly inspecting the records, the observe has pinpointed key regions that require development to decorate the general performance and effectiveness of the discharge process.

Key Findings

1. **Communication and Coordination**: One of the major troubles identified turned into conversation boundaries. There have been frequent miscommunications between departments and behind schedule responses, which substantially contributed to delays. To streamline the discharge procedure, it is crucial to enforce better conversation strategies and establish clean protocols.
2. **Administrative Burdens**: The study had highlighted that guide strategies, specially in billing and TPA declare processing, had been foremost bottlenecks. This finding supports preceding research, which indicates that green administrative approaches are essential for well timed discharges. By automating and digitalizing those processes, the time required for discharge-related administrative obligations can be considerably decreased.
3. **Resource Constraints**: Another predominant problem identified was insufficient staffing and aid allocation. Departments along with nursing, pharmacy, and billing had been particularly affected by manpower shortages. Improving staffing ranges and better resource control are crucial to decreasing discharge delays and making sure a smoother transition for sufferers.
4. **Training and Feedback**: The results emphasized the importance of Regular education classes and powerful comments mechanisms, which are crucial to keep the workers up to date with quality practices and to deal with any procedural gaps efficaciously. By fostering an environment of non-stop development, the general discharge system can be notably better.

Recommendations for Improvement:

To address the challenges identified inside the discharge system at Fortis Memorial Research Institute (FMRI), Gurugram, and to increase efficiency in common performance and effectiveness, the following specific pointers are proposed:

A. **Communication Systems That Are More Efficient:**

- Health center-wide communication systems should be introduced such as secure messaging apps or integrated communication systems. These tools ought to allow for real-time updates and seamless sharing of information between departments. It is important that these systems are accessible to all those involved in the discharge process including nurses, pharmacists, billing staff, and TPAs.
- Standardize Communication Protocols: Develop and enforce standardized communication protocols to ensure consistent and clear exchange of information. This means defining specific channels for communication, setting expectations for response times, and creating templates for common communications like discharge notifications and medication lists.
- Regular Interdepartmental Meetings: Schedule regular meetings among key stakeholders to discuss discharge-related issues, share updates, and coordinate efforts. These meetings can serve as a platform to address any communication gaps and ensure that all departments are aligned in their discharge duties.

B. Administrative Processes That Are Easier To Manage

- Automated Billing Systems: Deploy automated billing systems that can handle the generation and processing of bills with minimal human intervention. These should integrate with pharmacy and departmental payment systems to ensure accurate and timely billing.
- Electronic Discharge Summaries: Use electronic medical records (EMR) to create and store discharge summaries. Medical transcriptionists can input data directly into the EMR which can then be electronically

reviewed and approved by experts. This reduces time spent on manual transcription and corrections.

- Real-time Tracking Systems: Implement real-time tracking systems to monitor the status of each step in the discharge process. This allows staff to quickly identify bottlenecks and address them immediately. Such systems may give alerts for delays and ensure that all required actions are completed within expected time frames.

C. Teams Dedicated To The Discharge Process:

- Establish Multidisciplinary Discharge Teams: Form multidisciplinary teams consisting of representatives from nursing, pharmacy, billing, TPA etcetera departments. These groups will be responsible for overseeing the entire discharge process ensuring that every step is completed efficiently and in a coordinated manner.
- Discharge Coordinators: Appoint dedicated discharge coordinators who act as central points of contact for all discharge related activities. These coordinators will manage workflow, communicate with different departments and make sure all discharge responsibilities are aligned and timely achieved.
- Pilot Discharge Programs:Pilot programs can be used to test out changes made in the discharge process. They can help identify real challenges and touch points for further optimization before rolling them out hospital-wide.

D. Training And Feedback On A Regular Basis:

- Comprehensive Training Programs: Develop comprehensive training programs for all staff involved in the discharge process. This should include training on use of HIS, communication protocols, administrative procedures among others and any new technologies or systems introduced. Regular refresher courses can help keep high standards of practice.
- Feedback Mechanisms: Establish strong feedback mechanisms that allow staff to give their input about the discharge process. This can involve regular surveys, suggestion boxes and debrief sessions after discharges to identify pain points and areas for improvement.

- Continuous Improvement Workshops: Hold continuous improvement workshops where staff can jointly work on improving processes. These workshops can nurture an innovative culture among employees and encourage them to contribute ideas towards optimizing the discharge process.

E. Leadership Engagement:

- Visible Support from the Top: One important recommendation is that those in senior management positions visibly support efforts to streamline discharges. Examples of this might be regular attendance at wards, departments or units, taking part in meetings about discharges, and publicly recognizing what staff are doing.
- Allocating Resources: Another suggestion is to allocate enough resources for improving the discharge process; these could include staff numbers, technology or training. Managers need to invest in areas which will make the most difference overall – so they should look first at where things can be done more efficiently along the entire discharge path.
- Leaders Need to Speak Clearly: A third idea for leadership engagement centers around communication; senior leaders must communicate regularly with all employees on how important it is to work towards ensuring smooth transitions between care settings. This involves providing updates frequently about achievements made so far as well as challenges faced amongst others while giving due credit where necessary hence promoting continuous learning among staff.

By following these specific suggestions FMRI Gurugram can vastly improve their discharge system and also save time so that patients are taken into care faster which leads better results being achieved health wise. These modifications will also assist the organization in realization of its vision statement which emphasizes provision of quality services coupled with relentless pursuit for operational excellence within healthcare sector.

Areas for Future Studies:

For future studies, it would be helpful if researchers designed experiments aimed at enhancing communication among different departments or units involved during patient transfers. Additionally, there should be longitudinal researches done over a long period time to determine whether such interventions have any sustainable benefits on patient

outcomes through improved efficiency during discharges. Furthermore, one may consider investigating how technology can facilitate easy sharing information electronically between providers' offices or hospitals thus making handovers less cumbersome than they currently are based on manual systems alone like paper records etcetera

REFERENCES

1. Fortis Memorial Research Institute. About Fortis Memorial Research Institute. 2024. Available from: https://www.fortishealthcare.com

2. Pethybridge J. How team working influences discharge planning from hospital: a study of four multi-disciplinary teams in an acute hospital in England. J Interprof Care. 2004 Feb;18(1):29-41. doi: 10.1080/13561820410001639334. PMID: 14668100.

3. Okoniewska B, Santana MJ, Groshaus H, Stajkovic S, Cowles J, Chakrovorty D, Ghali WA. Barriers to discharge in an acute care medical teaching unit: a qualitative analysis of health providers' perceptions. J Multidiscip Healthc. 2015 Feb 12;8:83-9. doi: 10.2147/JMDH.S72633. PMID: 25709468; PMCID: PMC4334352.

4. Goldman J, Reeves S, Wu R, Silver I, MacMillan K, Kitto S. Medical Residents and Interprofessional Interactions in Discharge: An Ethnographic Exploration of Factors That Affect Negotiation. J Gen Intern Med. 2015 Oct;30(10):1454-60. doi: 10.1007/s11606-015-3306-6. Epub 2015 Apr 14. PMID: 25869018; PMCID: PMC4579221.

5. Joanne Goldman ,Scott Reeves, Robert Wu, Ivan Silver, Kathleen MacMillan & Simon Kitto: A sociological exploration of the tensions related to interprofessional collaboration in acute-care discharge planning. (2016) PMID: 26852628 DOI: 10.3109/13561820.2015.1072803

6. Vincent Pinelli, Heather L Stuckey, Jed D Gonzalo: Exploring challenges in the patient's discharge process from the internal medicine service: A qualitative study of patients' and providers' perceptions.(2017) PMID: 28686486 DOI: 10.1080/13561820.2017.1322562

7. Lauren Cadel, Jane Sandercock, Michelle Marcinow, Sara J T Guilcher, Kerry Kuluski: A qualitative study exploring hospital-based team dynamics in discharge planning for patients experiencing delayed care transitions in Ontario, Canada (2022) PMID: 36463159 DOI: 10.1186/s12913-022-08807-4

8. Janne Agerholm, Natasja Koitzsch Jensen, Ann Liljas: Healthcare professionals' perception of barriers and facilitators for care coordination of older adults with complex care needs being discharged from hospital: A qualitative comparative study of two Nordic capitals PMID: 36658516 DOI: 10.1186/s12877-023-03754-z (2023)