TURN AROUND TIME(TAT) FOR DISCHARGE PROCESS OF IN-PATIENT DEPARTMENT: A STUDY OF MULTISPECIALITY HOSPITAL

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ABOUT MAX HOSPITAL

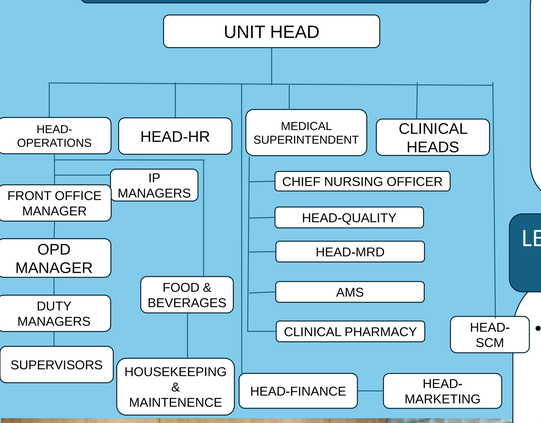
Max Super Specialty Hospital, Shalimar Bagh is a 402-bed hospital established in 2011. It has treated more than 400,000 patients and is equipped with cutting-edge technology and a team of knowledgeable staff to deliver the best care possible. Max Super Speciality Hospital, Shalimar Bagh boasts over 34 clinical specialties. The hospital has various accreditations such as NABH and NABL.

VISION

- To be the most well-regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by the latest technology and cutting-edge research.
- To push the boundaries of excellence in everything they do to deliver the highest standards in patient-centered care.

Purpose - To serve. To excel

ORGANISATIONAL STRUCTURE



AIM OF THE STUDY

The Study aims to understand the patient's journey through the hospital and further align the journey for IPD patients by investigating the discharge process

OBJECTIVES

- To map the patient's journey through the hospital and identify key touch-points throughout the journey
- To measure the Turn Around Time (TAT) for the whole process of discharge
- To analyze the gap in the discharge process

METHODOLOGY

- Study setting- In-patient and Out-patient department of Max Super Speciality Hospital, Shalimar Bagh, New Delhi
- Study design- Descriptive & Observational
- Sampling- Convenience Sampling
- Sample- 1256 patients admitted between June 1st 2024 to June 25th 2024 in the in-patient department of Max Hospital
- Data collection- Secondary data was collected from HIS and primary data was collected from nurses, administration, and through observation and activity mapping
- Inclusion criteria- Cash, TPA, and PSU patients admitted to the hospital between June 1st 2024 to June 25th 2024 in the in-patient department of Max Hospital
- Exclusion criteria- Daycare, corporate, EWS, International patients
- Data analysis- Average, TAT, Process flow, and Root cause analysis.
- Hospital Standard TAT for discharge- Cash and PSU patients- 90 minutes and TPA patients- 180 minutes
- According to NABH, TAT-180 minutes

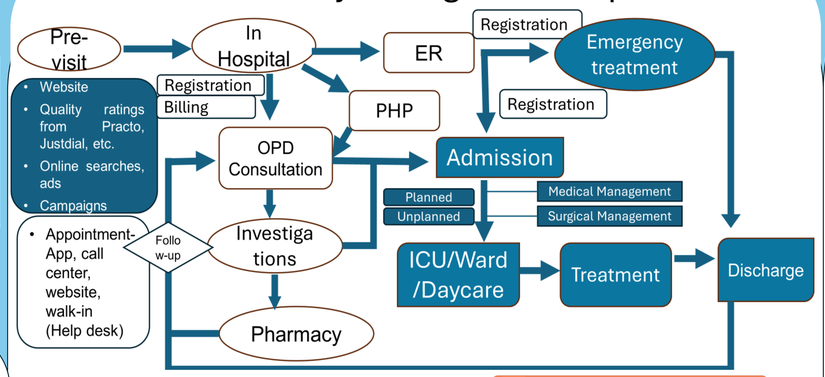
CHALLENGES

- Technology integration
- Navigating bureaucratic hurdles
- Time- management
- Adjusting to the new work environment and culture

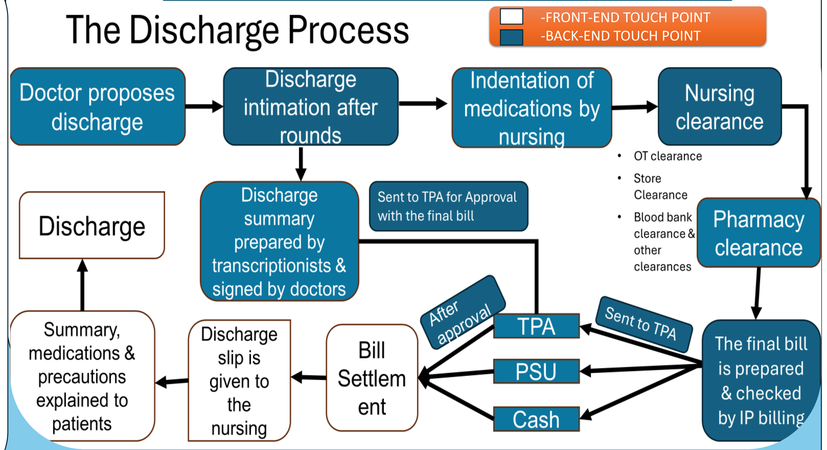
LEARNINGS & USEFULNESS OF INTERNSHIP

- Exposure of various departments in the hospital and their way of co-functioning and interdependency
- Different regulatory and hospital policies
- The functioning of the hospital and how different departments have their roles in it
- Learned the process of admission, discharge, OPD billing, etc.
- Observed and learned floor management from experienced managers
- Observed how to interact with patients in a better manner
- Learned time management and the importance of teamwork

A Patient's Journey Through The Hospital



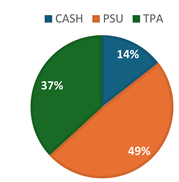
The Discharge Process



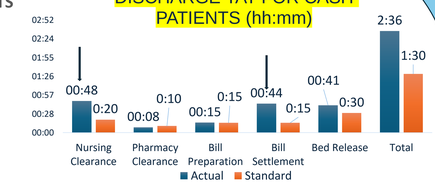
DISCHARGE PROCESS TAT

CATEGORIES	NUMBER
CASH	181
PSU	612
TPA	463

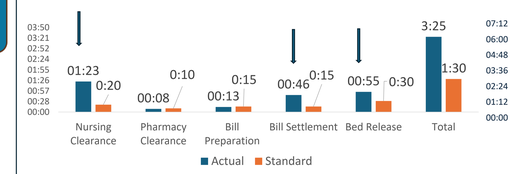
DISTRIBUTION OF PATIENTS



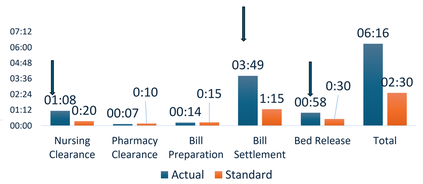
DISCHARGE TAT FOR CASH PATIENTS (hh:mm)



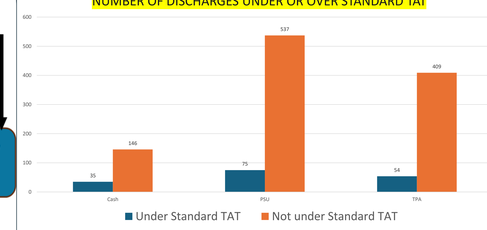
DISCHARGE TAT FOR PSU PATIENTS (hh:mm)



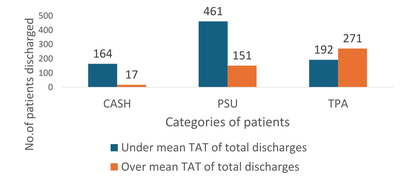
DISCHARGE TAT FOR TPA PATIENTS (hh:mm)



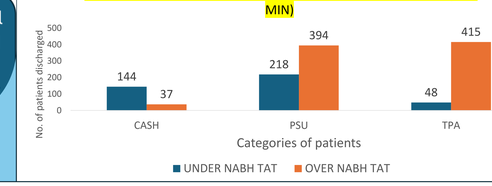
NUMBER OF DISCHARGES UNDER OR OVER STANDARD TAT



NO. OF PATIENTS DISCHARGED UNDER OR OVER MEAN TAT OF TOTAL DISCHARGED PATIENTS



NUMBER OF PATIENTS DISCHARGED UNDER OR OVER NABH TAT(180 MIN)



- Out of 1256 patients, only 13% had discharges within the standard period.
- According to the observation, the major reason for increased TAT is the delay in nursing clearance and bill settlement, which are further analysed by Fishbone analysis.

SWOT ANALYSIS (DISCHARGE PROCESS)

S

- Designated Floor managers to facilitate the discharge process
- The process is organized and divided into six steps

W

- Lack of staff at the billing counter during peak discharge hours
- Delay in discharge summaries
- High turnover rate among staff

O

- Digital transformation
- Capacity enhancement for staff and coordinators
- Good collaboration with other departments

T

- Better performing branches
- Regulatory changes for documentation requirements
- Patient dissatisfaction leading to a shift in patients' loyalty

SUGGESTIONS

FRONT-END

- During peak hours, there should be proper management of staff
- Every floor or every two floors can have one discharge billing desk
- Approximate bill should be informed to the attendants a day before discharge

BACK-END

- For planned discharges, the discharge summary should be finalized a day before discharge to reduce delays
- Fixed timing of rounds by the doctors
- Updated bills should be sent to the insurance companies every day and queries should be resolved quickly

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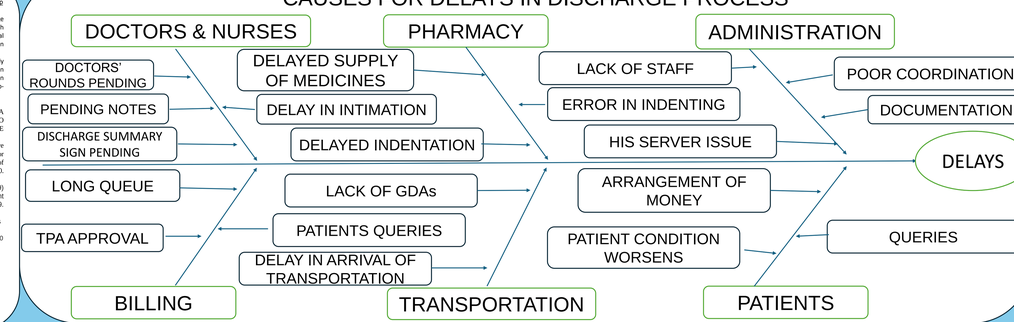
CAUSES FOR DELAYS IN DISCHARGE PROCESS