ANALYZING THE POTENTIAL CAUSES FOR DELAYS IN ADMISSION AND DISCHARGE TURNAROUND TIME (TAT)

ABOUT ORGANISATION

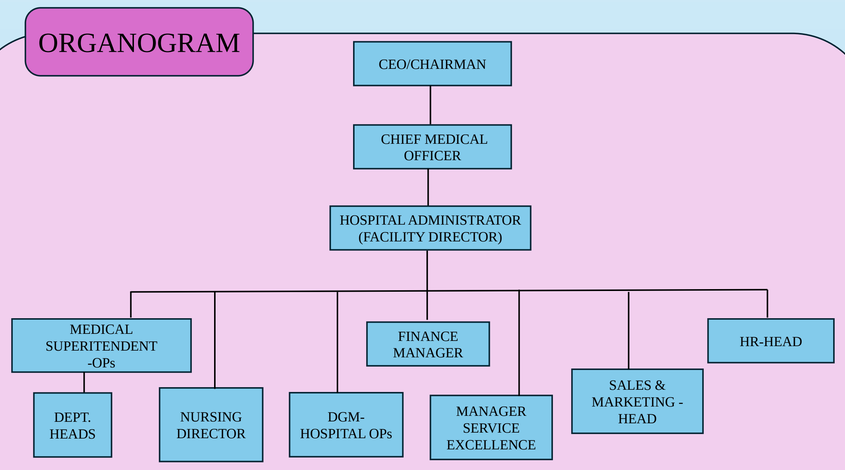
- Foundation: Paras Healthcare was established in 2006 with the opening of its first hospital, Paras Hospitals, in Gurgaon (now Gurugram), Haryana.
- Expansion: Over the years, the organization expanded its presence to various other cities in India, including Patna (Paras HMRI Hospital), Darbhanga (Paras Global Hospital), Panchkula, and Udaipur. Each of these hospitals serves as a multispecialty healthcare facility catering to the needs of the local population.
- Rebranding: Paras Hospitals rebranded itself as Paras Health to reflect its broader scope of services and its commitment to holistic healthcare.

VISION AND MISSION

Vision: Simplifying Health with World class Medical Treatment and Right Care.

Mission: Stepping Closer with every phase in developing healthcare provisions available for one and all, anywhere/everywhere with a futuristic advancement Alongside, channelizing and widening the horizons of PARAS HEALTH as a centre of Excellence

ORGANOGRAM



ORGANISATIONAL EXPOSURE V/S UNIVERSITY LEARNING

Organizational Exposure (Paras Health):

- Applied theoretical knowledge directly to real healthcare scenarios.
- Developed hands on skills in patient care, conflict resolution, and NABH compliance.
- Focused on practical problem solving and operational efficiency.
- Gained deep insights into healthcare operations and patient management.

University Learning:

- Studied theoretical concepts in healthcare management and quality standards.
- Emphasized critical thinking and understanding of broader healthcare frameworks.
- Prepared to analyze and propose solutions based on theoretical models.
- Provided foundational knowledge for understanding healthcare policies and organizational behavior.

SWOT ANALYSIS OF PARAS HEALTH

Strengths:

- Comprehensive healthcare services with advanced technology.
- Strong brand reputation and quality accreditation.

Weaknesses:

- Dependency on urban centres and operational challenges.

Opportunities:

- Expansion into underserved areas and telemedicine integration.

Threats:

Competitive market, regulatory changes, and economic fluctuations

CHALLENGES FACED DURING INTERNSHIP

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

LEARNINGS FROM INTERNSHIP

1. GRE Roles and Patient Treatment Monitoring:

Gained hands on experience in performing GRE duties, ensuring smooth patient experiences, and monitoring patient treatment processes.

2. Conflict Management and Interdepartmental Collaboration:

Developed skills in managing conflicts and facilitating collaboration between different departments to ensure seamless operations.

3. Patient Feedback and Complaint Management:

Learned effective methods for collecting and managing patient feedback and complaints, using this information to improve service quality.

4. Communication and Time Management:

Practiced effective communication with patients, attendants, and staff, while honing time management skills to handle multiple responsibilities efficiently.

5. NABH Protocols and Guidelines:

Applied theoretical knowledge of NABH protocols in a practical setting, ensuring compliance with quality standards.

6. Resource Allocation and Lean Management:

Optimized resource allocation and implemented Lean Management principles to enhance operational efficiency and reduce waste.

7. Patient and Attendant Advocacy:

Advocated for the needs of patients and attendants, ensuring their concerns were addressed promptly and effectively.

8. Bed Assignments and Patient Transfers:

Coordinated bed assignments and patient transfers, gaining insight into the logistics and coordination required for efficient hospital operations.

9. Maintaining OPD Standards:

Maintained high standards in the OPD areas, ensuring a clean, organized, and welcoming environment for patients.

10. Admission Process Improvement:

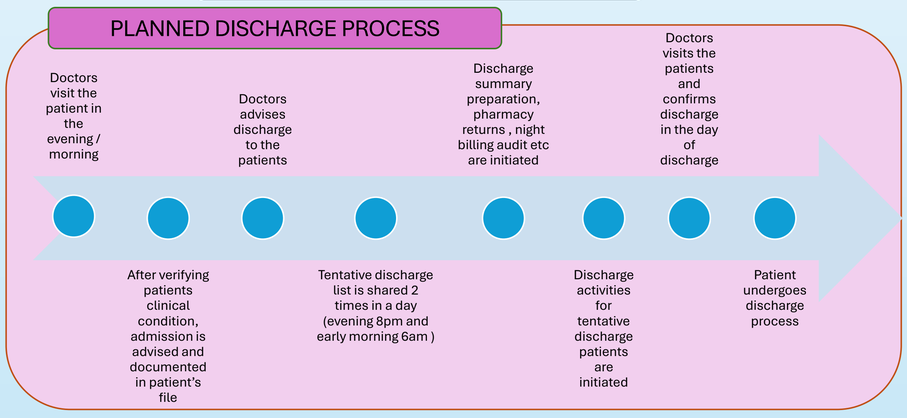
Analysed recurring issues in the admission process, identifying areas for improvement and suggesting practical solutions.

PROJECTS UNDERTAKEN DURING SUMMER INTERNSHIP

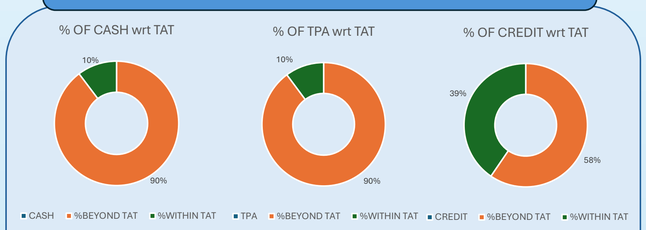
1. TO ANALYSE THE POTENTIAL CAUSES FOR DELAYS IN DISCHARGE TURNAROUND TIME (TAT)

Methodology-
Type of study- cross-sectional observational study
sample size- 730 (IPD pts)
Duration- from 1 may to 1june, 2024

PLANNED DISCHARGE PROCESS

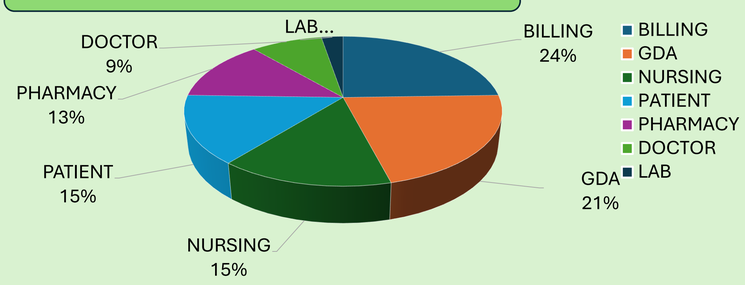


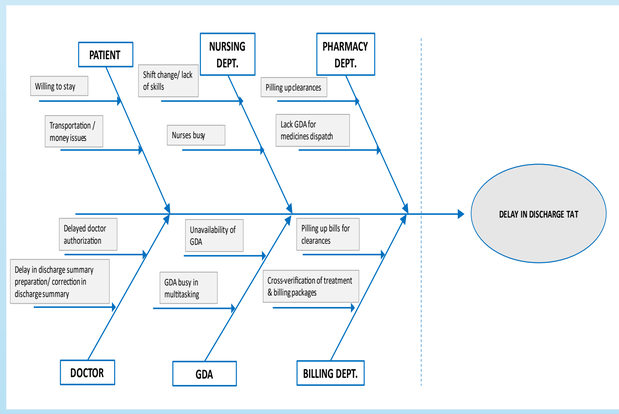
PAYOR CATEGORY –WISE DISCHARGE TAT

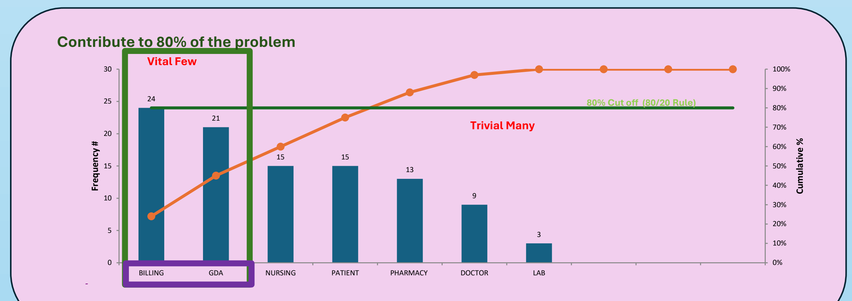


DISCHARGE TAT AS PER NABH		
	CASH	TPA/CORPORATE POLICIES
PLANNED	<=120 MIN	<=240 MIN
UNPLANNED	<=180 MIN	<=240 MIN

DEPARTMENT WISE POTENTIAL DELAYS







MAJOR CAUSES

- Delay in preparation of final bill
- Delay in financial clearance
- Delay in pharmacy return and dispatch of bedside medication
- Delay in discharge authorization
- Delay in discharge summary preparation

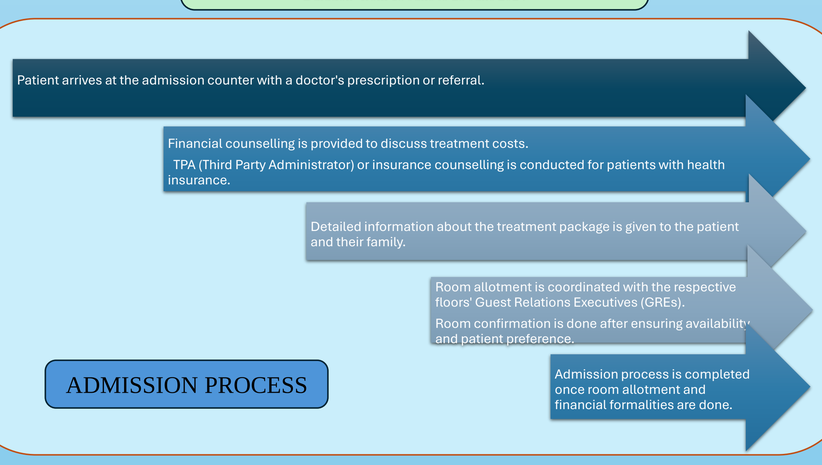
RECOMMENDATIONS:

- Streamline Processes for Planned Discharges
- Standard treatment packages should be followed
- Improve Handling of Unplanned Discharges
- Enhance Communication and Coordination
- Leverage Technology
- Continuous Monitoring and Improvement
- Opting proactive approach to ensures smooth transition, minimizes delays

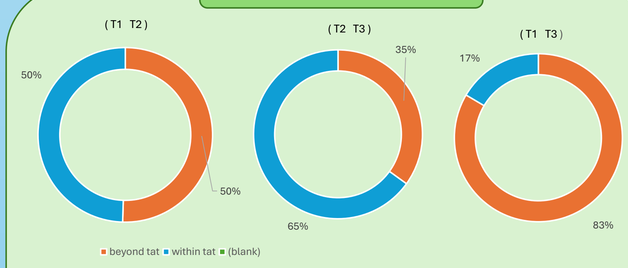
2. TO ANALYZING THE POTENTIAL CAUSES FOR DELAYS IN ADMISSION TURNAROUND TIME (TAT)

Methodology-
Type of study- cross-sectional observational study
sample size- 103 (IPD pts)
Duration- from 15 June to 25 June 2024

ADMISSION PROCESS



ADMISSION TAT ANALYSIS



(T1) FOA patient arrival time at front office
(T2) ADM patient's HIS admission
(T3) MA mark arrival time / acknowledgement time by nursing station
(normal TAT should be 30 min)

INTERPRETATION

- Room Preparation
- GDA Staff and Nursing Station
- Administrative Delays
- Patient Communication and Administrative Tasks
- Patient Related Delays

RECOMMENDATIONS:

- Streamline Room Preparation
- Enhance Staff Coordination
- Optimize Front Office Operations
- Leverage Technology

USEFULNESS OF INTERNSHIP

- Practical Application:

Applied patient treatment monitoring and GRE roles.
Managed conflicts and facilitated interdepartmental collaboration.
Collected and managed patient feedback.
Implemented NABH protocols and Lean Management principles.
Advocated for patient and attendant needs.

- Identifying and Addressing Gaps:

Recognized excessive workload and suggested staffing solutions.
Proposed improved interdepartmental communication.
Addressed delays in doctor rounds and pharmacy approvals.
Recommended strategic allocation and monitoring of GDAs.
Suggested digital token systems and optimized front office operations.
Proposed separate parking, entry points, and dedicated areas for belongings.

- Professional Skills:

Enhanced communication and time management skills.
Developed problem solving and team coordination abilities.

- Technological Integration:

Identified improvements for HIS utilization.
Proposed digital solutions like a digital token system and HIS alerts.

- Overall Contribution:

Directly applied theoretical knowledge to real world challenges.
Made meaningful contributions to operational improvements.
Gained valuable skills and insights for a future career in healthcare management

SUGGESTIONS

1. Biometric Attendance: Implement for all staff, including doctors.
2. GDA Allocation: Assign to specific departments and floors.
3. Medicine Availability: Ensure bedside medicine before discharge.
4. Parking Segregation: Separate parking for staff and patients.
5. Entry and Visitor Pass Checks: Separate entry points for OPD and IPD patients.
6. Digital Token System: Introduce for patient appointments.
7. Discharge Registers: Separate time column from date.
8. Quality Inspections: Conduct regular inspections for file accuracy.
9. Mock Drills: Conduct frequent emergency code practices.
10. Bed Management Meetings: Hold timely meetings to optimize resource allocation.
11. Pneumatic Shoots: Consider for efficient item transportation.
12. Room Preparation: Streamline with real time monitoring.
13. Staff Coordination: Improve communication and training.
14. Front Office Operations: Increase staffing during peak hours; introduce an appointment-based system.
15. Technology Alerts: Use HIS alerts for potential delays.

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