Study of Patient Discharge process in a multi-specialty hospital

PRESENTED BY
BHAWNA KASWAN
ROLL NO. 1697
BATCH MBA HM28

MENTORS -
DR. TRIPTI BISAWA
(PROF. AT IIHMR UNIVERSITY, JAIPUR)
MR. MILIND KULKARNI
(MANAGER QUALITY, EHCC)

History and Description

Eternal Hospital (A unit of Eternal Heart Care Centre and Research Institute) is a state-of-the-art tertiary care hospital in Jaipur city. This landmark Healthcare Institute is the result of the vision of Dr. Samin K. Sharma, world-renowned Interventional Cardiologist based at Mount Sinai Hospital, New York, USA. Founded in 2013, today it is one of the most preferred hospitals not only in Jaipur but also nationally and internationally owing to the exclusive services and excellent medical outcomes delivered. Eternal Hospital brings the best in multispecialty treatment to the state of Rajasthan. Hospital with a capacity of 250 bedded hospital has state-of-the-art technology focusing on the specialities like Cardiology, Cardiac Surgery, Neurology, Neuro Surgery, Orthopaedic & Joint Replacement, Spine Surgery, Nephrology, Paediatrics, Gynaecology, Critical Care, Urology, Pulmonology, Gastroenterology, Diabetes and Endocrinology and many more.

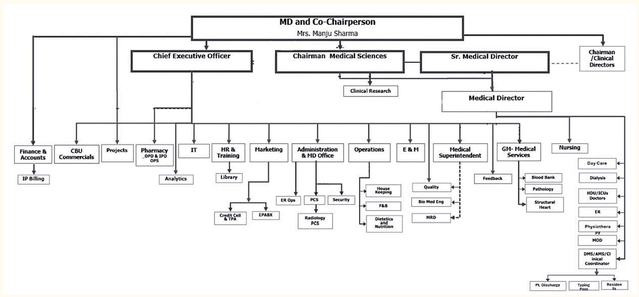
Mission

To redefine healthcare by improving outcomes and experience of patients through cutting edge research and personalized clinical care including innovative, preventive, diagnostic, therapeutic and rehabilitation services.

Vision

A centre of excellence in area of medicine with highest international standard at affordable cost for the community around the globe.

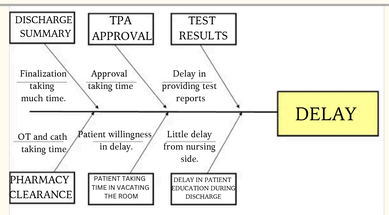
ORGANISATION STRUCTURE



ABOUT PROJECT

This project involved a comprehensive analysis of the patient discharge process in a multispecialty hospital. The study encompassed the entire discharge procedure across various departments and different mode of payment. Detailed data was collected and analyzed for 50 patients, with the objective of identifying gaps and recommending improvements to enhance the efficiency and effectiveness of the discharge process.

ROOT CAUSE ANALAYSIS



OBJECTIVES

- Thorough understanding of the discharge process.
- Data collection and analysis.
- Identify gaps/reason for delay.
- Recommended improvements.

Analysis

- Average LOS for 50 patients - 4.8

Department wise & floor wise analysis

Department	3C	3A	5C	5A	4C	4A	Grand Total	Average LOS
CARDIOTHORACIC & VASCULAR SURGERY	1	3					4	10.5
ENDOCRINE SURGERY			1				1	4
ENT		1		1			2	2
GASTROENTEROLOGY					1		1	4
GASTROENTEROLOGY SURGERY					2		2	5
GENERAL MEDICINE	2			1		3	6	5.5
GYNAECOLOGIST & OBSTETRICIAN					4		4	4.25
INTERVENTIONAL CARDIOLOGY	18	1		1			20	4.7
NEUROLOGY			2	1			3	2
ORTHOPEDICS					1		1	2
PAEDIATRICS					3		3	3
PLASTIC SURGERY						1	1	2
PULMONARY MEDICINE	1			1			2	6.5
Grand Total	22	5	3	5	11	4	50	

- ANALYSIS DEPENDING UPON MODE OF PAYMENT:

Payer Type	Patient Count	Average Discharge TAT
Cash	19	4:39:03
RGHS	6	4:23:50
SBI Credit	1	2:00:00
TPA	21	6:12:17

SWOT ANALYSIS

STRENGTH

- High Quality of care
- Established Procedures
- Excellent patient experience
- Comprehensive services
- Technology use- HMIS
- Experienced staff
- Trust and reputation
- Innovation and research

WEAKNESSES

- Communication gaps
- Administrative challenges
- Staffing issues in some departments.
- Regulatory compliance
- Patient Dissatisfaction
- Technological integration
- Inefficient processes

OPPORTUNITES

- Technology advances
- Partnerships and collaborations
- Changes in healthcare policies
- Population health trends
- Expanding services
- Medical tourism
- Community engagement
- Data analytics
- Workforce development

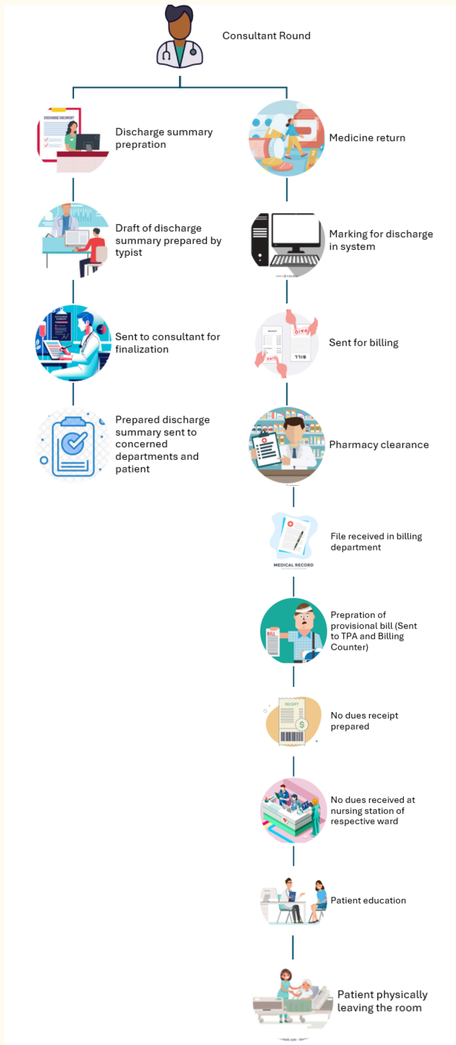
THREATS

- Competitive pressure
- Regulatory and policy changes
- Economic instability
- Legal and liability issues
- Workforce shortages
- Technological disruption
- Demographic shifts
- Public health crisis

SUGGESTIONS

- First preference for discharge patients in daily round of doctors.
- Enhanced communication between different departments involved in discharge process.
- Advanced discharge planning for both planned and unplanned discharge.
- Training and education of nursing and other staff.
- Updating bills on daily basis of planned discharges.
- Nursing staff should show readiness in doing there work.
- Updating OT and cath procedures bills on regular basis.
- Coordinating with doctors and their coordinators for ensuring finalization of discharge summary on time.

DISCHARGE PROCESS FLOW CHART :



OTHER DEPARTMENT VISITS:

- Emergency
- F&B
- Laundry
- MRD
- OPDs
- TPA
- Admission
- PHC & PAC
- A/R Marketing
- IPD pharmacy

DIFFERENCE BETWEEN PRACTICAL AND THEORETICAL UNDERSTANDING

Theoretical understanding provides the essential knowledge base and framework, practical understanding enriches this knowledge through direct experience, enabling a more comprehensive and refined grasp of the discharge process.

CHALLENGES FACED DURING INTERNSHIP

- Communicating with nursing in-charge.
- Documentation compliance with standards.
- Coordination with staff
- Understanding medical terminology
- Patient interaction
- Time constraints
- Resistance to change by nursing staff

LEARNING DURING INTERNSHIP

- Quality improvement processes
- Patient satisfaction
- Healthcare operations
- Practical application of TAT
- Patient safety

USEFULNESS OF INTERNSHIP

- Practical experience
- Skill development - communication and problem -solving
- Networking opportunities
- Professional development
- Insight into Patient care
- Mentorship
- Quality improvement projects
- Clarity for future roles.