SUMMER INTERNSHIP REPORT

IIHMR UNIVERSITY

Aster PRIME HOSPITAL
We'll Treat You Well

ASTER DM HEALTHCARE

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OBSERVATIONAL LEARNING

Summer Training at Aster Prime Hospital Hyderabad from May 10 to July 2nd 2021

Aster
We'll Treat You Well

ASTER PRIME HOSPITAL

- Aster Prime Hospital, Hyderabad is one of the chains of superspeciality hospitals which is a part of the Aster DM healthcare group who is an emerging healthcare provider in India.

- Aster DM Healthcare was founded in 1987 in Dubai, United Arab Emirates by Azad Moopen, a doctor turned entrepreneur who hails from Kerala, India.

- The company is a private sector healthcare provider in the Middle East. The India registered healthcare conglomerate covers an array of healthcare verticals, from hospitals, clinics, pharmacies and healthcare consultancy service.

VISION:

- A caring mission with a global vision to serve the world with accessible and affordable quality healthcare.

- Providing quaternary medical care using best-in-class technology and facilities that satisfy international standards, ensuring that all patients receive world-class care.

FACILITIES AND SERVICES

- The hospital provided the following facilities and services:
  - Total Bed capacity of 204 Beds
  - 24/7 Emergency services
  - 24/7 Advanced laboratory & Radiology services
  - Round the clock Cathlab Services
  - 24/7 Blood Bank
  - Dexa Scan | Neurophysiology
  - Endoscopy
  - Fully Equipped Operational Theatre
  - Fully Equipped critical care
  - Interventional Pulmonology
  - One of the Hospitals in the Country to get the Philips 3D Echo CVX Machine

ROLE AND LEARNINGS

- ROLE ASSIGNED : Intern Operations Department.

- OBJECTIVES:
  - To understand and learn day to day micro-level operations management of the hospital.
  - To identify issues/problems associated with specific operational area/programs.
  - To provide some solution to the identified problems.

- DEPARTMENTS POSTED
  - In-Patient department.
  - Out-patient Department
  - Diagnostics
  - Vaccination

In-patient Department	Out-patient Department	Diagnostics	Vaccination
• Communication with Covid affected patients, Getting feedback on services provided regarding staff, food, maintenance and Housekeeping. • Discharge process for patients treated from Covid. • Discharge process for Death and LAMA patients.	• Patient communication • Basic workings of the HIMS Systems • Booking Doctor appointments. • Coordinating between Patient and Doctors • Guiding patients for tests and medicines after Doctor consultation	• Understanding the HIS system for different Diagnostic tests • Monitoring lab equipment and flagging defective models • Patient communication and management.	• Billing and verification of beneficiary's taking the vaccine • Crowd control and management • Communication and clearing of doubts by beneficiaries of the vaccination • Coordination with nurses administering the doses of Covid vaccine (both Covishield and Covaxin)

Project Report

A Study on Turn around Time of the Discharge Process in Aster Prime Hospital

According to NABH Discharge process can be defined as “the processes, tools and techniques by which an episode of treatment and/or care to a patient is formally concluded by a health professional, health provider organization or individual.”

❖ **Rationale:**

- Delayed discharge is one of the common problems in hospital that needs to be addressed to increase the occupancy of bed and to reduce the long waiting time.
- It is critical to organize the entire discharge procedure well to achieve a high level of satisfaction during the discharge process.
- When discharge planning is delayed, the patient's stay is needlessly prolonged, leaving them frustrated and paying extra costs.

❖ **Research Aim:**

- The study's aim is to discover the root cause of discharge delays for both cash and insurance patients.

❖ **Research Objectives:**

- To study the discharge process of patients by different modes of payment.
- To study reasons for the delay in discharge process.
- To identify ways and measures to reduce discharge time of patients

METHODOLOGY

Study setting: Aster Prime Hospital, Ameerpet, Hyderabad

Study design: Retrospective & Observational study

Type of research:
PDCA (Plan, Do, Check & Act)
•PLAN: Recognize an opportunity and plan a change.
In this step, needs are analyzed by examining a range of data available
•DO: Test the change.
Carry out a small-scale study.
•CHECK: Review the test,
Analyze the results and identify what you've learned.
•ACT: Take action based on what you learned in the study step.

Sampling method: Convenience sampling
- Inclusion criteria: Discharged cases of both Cash and Insurance patients.
- Exclusion criteria: Discharge cases of Credit patients.

Sample size: 181
- Cash patients – 97
- Insurance patients -84

Study Duration: May 10th to 30th, 2021.

Procedure:

Data is collected from all the wards, pharmacy & billing department.

Data collection method:-

1. Check list / Discharge trackers.
2. HIMS System

Parameters used for Study:

- Time when doctor advised for discharge (t1)
- Time when discharge summary is ready (t2).

TAT 1 = t1-t2

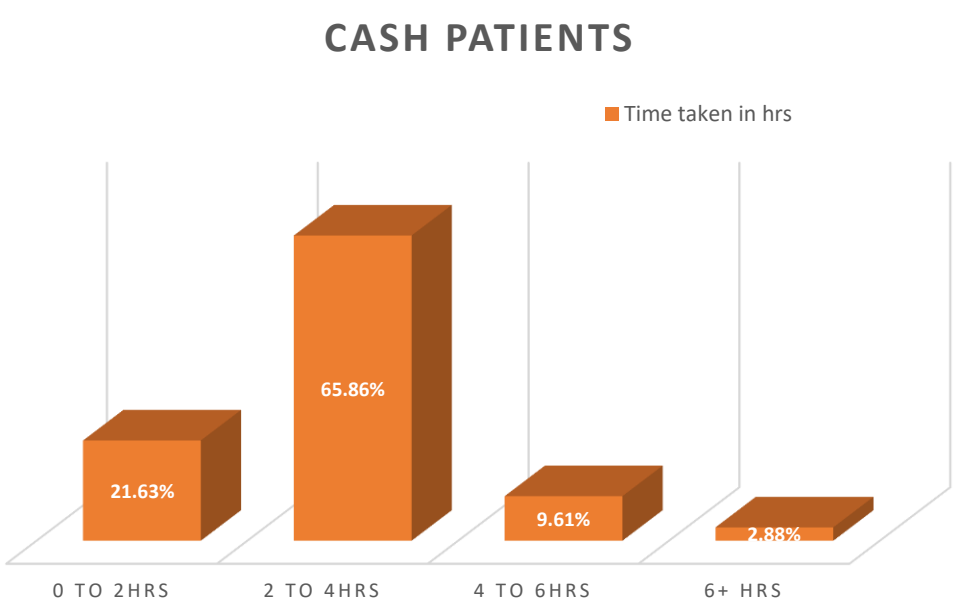
- Time when pharmacy returns are sent(t3).
- Time when pharmacy acknowledged the receipts(t4).

TAT 2 = t3-t4

- Time when bill is ready (t5).
- TAT3= t5-t1
- If Insurance- Time when insurance approval is received(t6).
- Time when patient closed the bill (t7).
- TAT4=t7-t1
- Time when patient left the ward(t8).
- TAT5=T8-T1

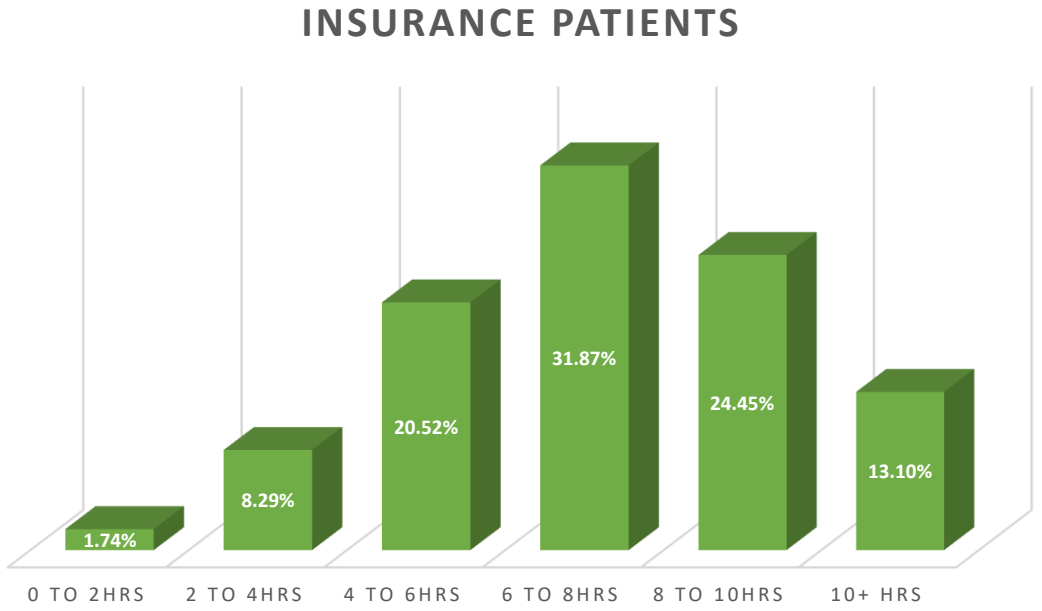
RESULTS AND INTERPRETATIONS

Time taken in Discharge process:



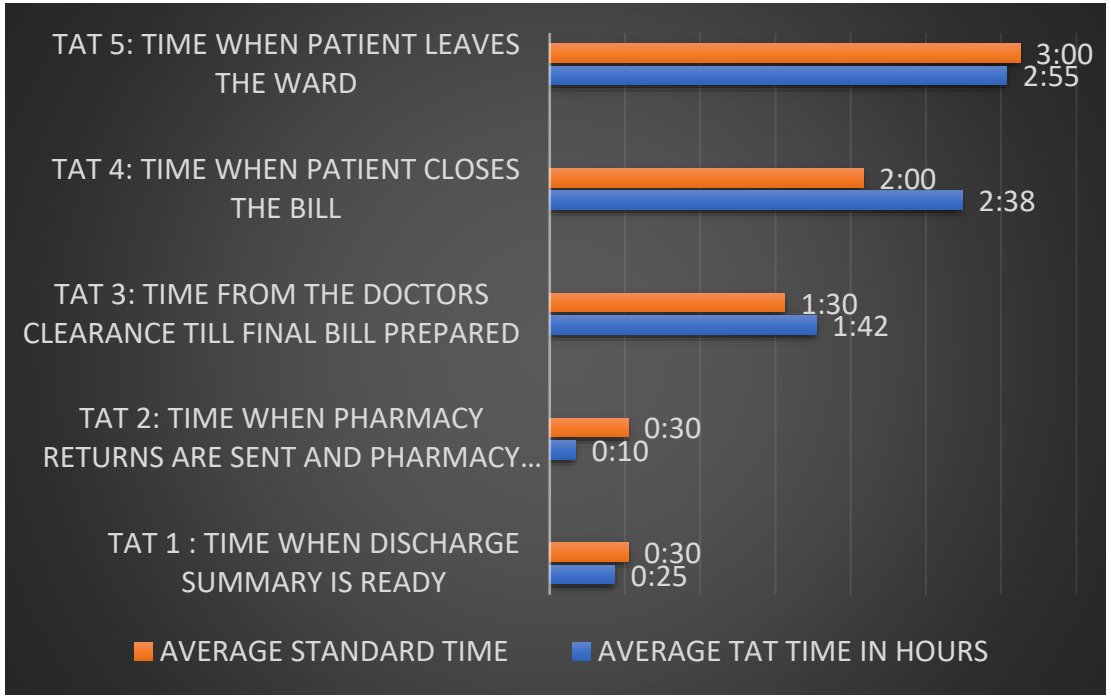
22% of cash patients are discharged within 2 hours, followed by 66% of patients discharged in 2-4 hours, 10% of patients discharge in 4-6 hours, and 3% of patients discharged in 6 hours and more.

Most of the patients were discharged in 2 to 4 hours which is the ideal time according to NABH standards.



2% of patients discharge in 0-2hrs, followed by 8% of patients discharge in 2-4hrs,
20% of patients discharge in 4-6hrs,
32% of patients discharge in 6-8hrs,
24% of patients discharge in 8-10hrs,
13% of patients discharge in 10hrs or more.

Average turnaround time taken for each step of the discharge process for cash patients

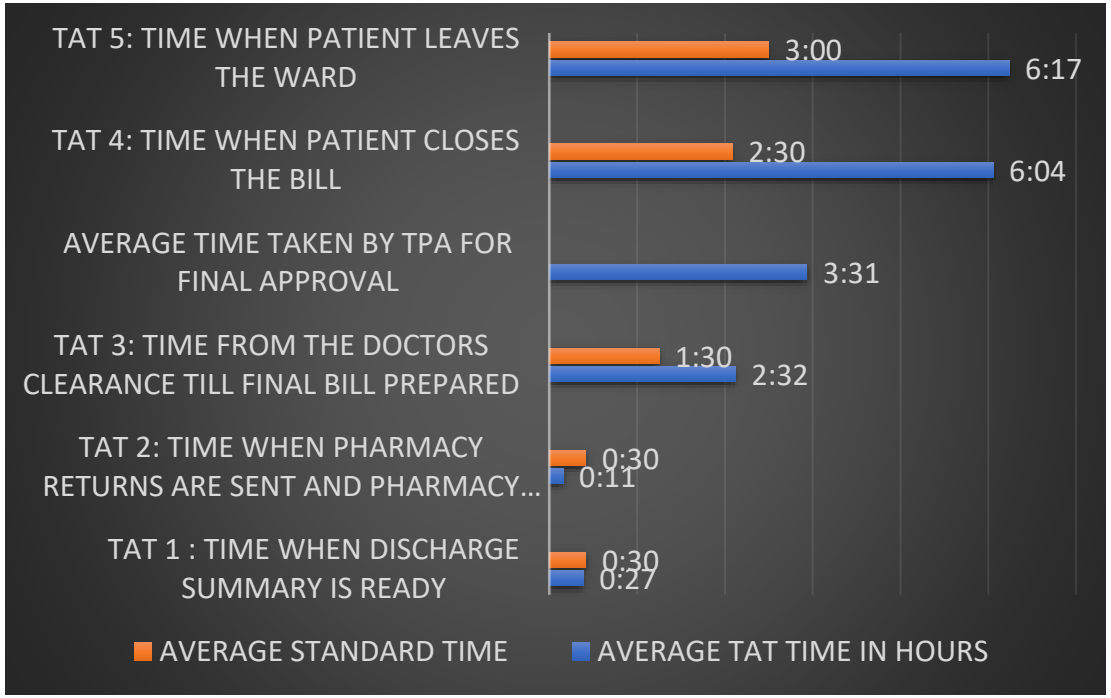


The above Graph depicts that the Average time taken for discharge of a cash patient from the Doctors intimation for discharge till the patient leaves the ward in Aster Prime hospital is 2 hours 55 mins. A majority of the time taken between processes was that of Billing and Patient payment.

Average Time taken in Billing process = 1 hour 7 mins

Average Time taken for the patient to clear the bill = 56 mins

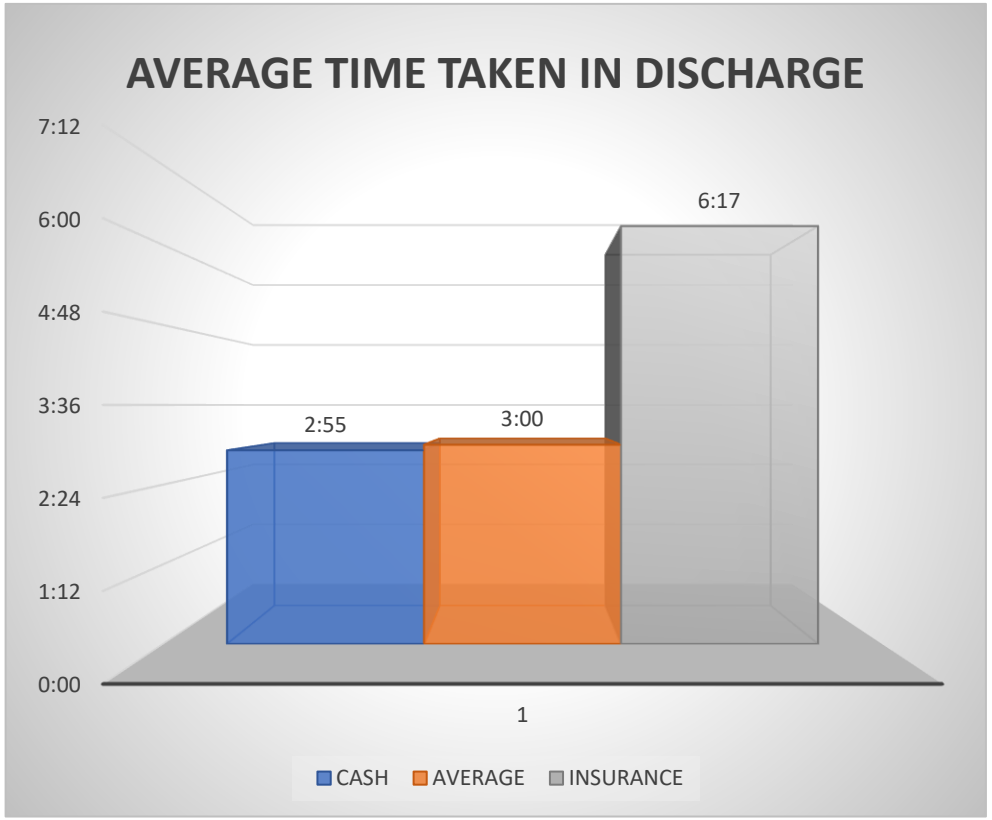
Average turnaround time taken for each step of the discharge process for Insurance patients



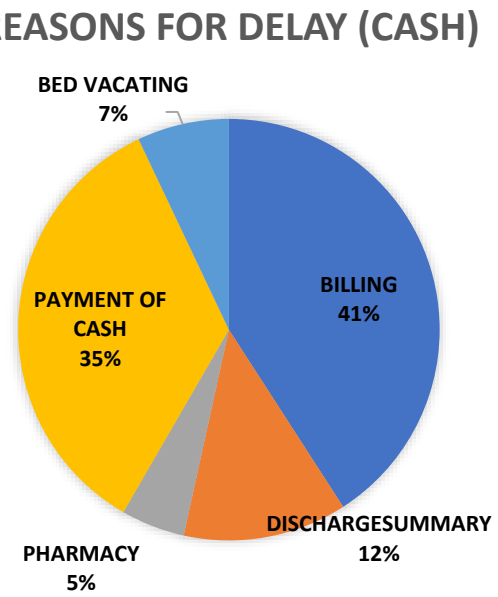
The above Graph shows that the Average time taken for discharge of an Insurance patient from the doctors intimation till the patient leaves the ward in Aster Prime hospital is 6 hours 17 mins. Most of the time taken between processes was that of Billing and Patient payment like in the case of Cash patients.

Average Time taken in Billing process = 1 hour 53 mins

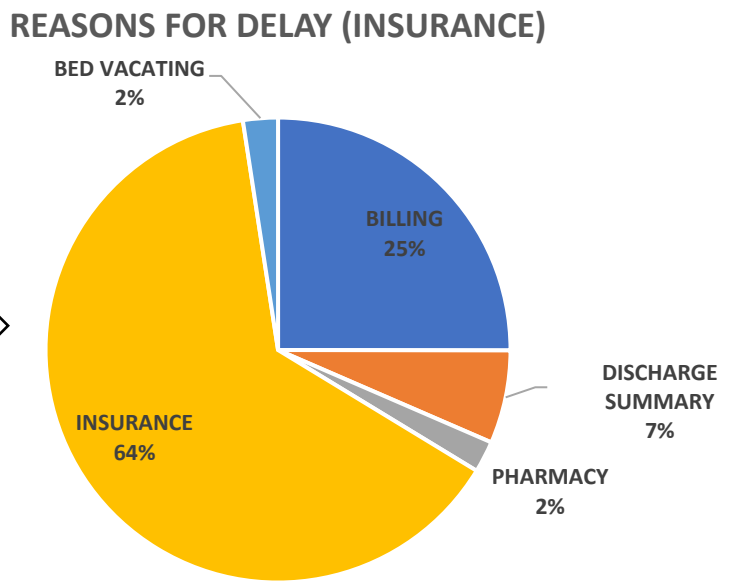
Average Time taken by the TPA for final approval = 3 hours 31 mins.



- The major delay is due to billing process which is 41%.
- One more major reason of delaying is payment of cash which is 35%. This is due to patients delay in clearing the bill amount.
- Completion of Discharge summary accounts for 12% of the total delay in process



- The major delaying is from insurance.
- It is said the reasons are delayed billing, submitting that bill to the TPA companies and getting approval from them.
- Hospital billing also comprises 25% in delaying the discharge for insurance patients.



RECOMMENDATIONS

- The consultant may be asked to take rounds for likely discharge patients first and then to others or preplan the discharge on the previous day.
- The time taken for bill generation can be reduced by closing all the pending bills before discharge intimation to the billing department and proper communication between departments to close the bill.
- Fully integrated HIMS System for faster streamlining of process.
- All ward secretaries should be provided with guidelines in discharge procedures to reduce the delay in time taken for discharge process.
- Adequate pharmacist should be allotted for each ward to carry out the clearance process.
- Discharge when preplanned, ward secretaries should ensure that all the summaries are ready by the next day for signature and correction by consultant.
- Hospital can hire major TPA’s and complete the approval process quicker for faster discharge of insurance patients.

CONCLUSION

Discharge of patients is one of the important areas that needs improvement in hospital. To reduce the delay in discharge ,the hospital needs proper cooperation and coordination of other department staffs.
Also reducing the discharge process timings of hospitals lead a lot of benefits to the hospital and proves to be very fruitful in terms of cost benefit analysis, in terms of revenue and for patient satisfaction to sustain in this competitive world.

A MAN WHO DARES TO WASTE ONE HOUR OF TIME HAS NOT DISCOVERED THE VALUE OF LIFE

-CHARLES DARWIN