

SUMMER INTERNSHIP

At

ASTER PRIME HOSPITAL, AMEERPET, HYDERABAD



May 10th to July 2nd 2021

A REPORT BY

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Reg.no:- IIHMR-U/01/2020-22/1193

MBA Hospital and Health Management

Academic Year 2020 to 2022



THE IIHMR UNIVERSITY JAIPUR

Date: 05th Jul, 2021.

TO WHOM SOEVER IT MAY CONCERN

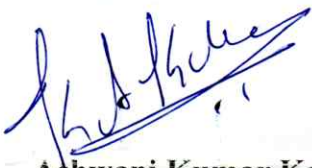
INTERNSHIP CERTIFICATE

This is to certify that **Mr. Shantanu Satish Bhalerao** student of MBA (Hospital & Healthcare Management) of the IIHMR University, Jaipur, has successfully completed his 8 weeks summer Internship under the guidance of Mr Nidhin Antony Head of Operations Management at Aster Prime Hospital, Hyderabad.

During the period of training from 10th May 2021 to 02nd July 2021 his conduct was found to be sincere, dedicated and committed.

We wish him all the best in his future endeavors.

For Aster Prime Hospital



Ashwani Kumar Kaza
Head- HR



ACKNOWLEDGEMENT

I convey my gratitude to, Mr.Devanand Kolothodi CEO, Aster Prime Hospitals for giving me the opportunity to pursue my summer internship with Aster Prime Hospitals, Hyderabad.

I would like to convey my thanks to Mr. Nidhin Antony, Head of Operations and Dr.Shiny C Priyanka Deputy Head Operations for mentoring and directing me, and also for their steady support and persistent encouragement when it came to guidance, recommendations and their skill during my internship in Aster Prime Hospital Hyderabad.

I would express my gratitude to Mr. U Mahesh (Assistant Manager IP operations) and Mrs. Vanaja(In charge Front Offices) at Aster Prime Hospital for guiding me and helping me during my reportand for helping me to accomplish my project.

I would like to thank to my mentor Prof, Alok Kumar Mathur, IIHMR University for his precious guidance and accurate suggestions as and when I was needing them.

finally, I would like to express my gratitude to my parents for their constant support and trust in meduring the period of internship.

Above all, I would like to thank almighty god for giving me the strength to encounter theissues which I faced during this period.

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LIST OF ABBREVIATIONS

1. TAT – Turnaround Time
2. DMO – Duty medical Officer
3. NABH – National Accredited Board of Hospitals
4. NABL – National Accredited Board of laboratories
5. HIMS – Hospital information and management System
6. IT – Information Technology
7. IPD – In Patient Department
8. OPD – Out-patient Department
9. OT – Operation Theatre
10. LAMA – Leave Against Medical Advice
11. ICU – Intensive Care Unit
12. CICU- Cardio Intensive Care Unit
13. CT ICU – Cardiac Thoracic Intensive Care Unit
14. ECG – Eco-Cardiogram
15. ENT – Ears Nose Throat
16. TPA- Third Party Administrator

OBSERVATIONAL LEARNING

INTRODUCTION

Aster Hospitals is one of the huge healthcare organization in India. Aster hospitals are famous for their therapeutic framework and quality as they have a few of the finest specialists within the nation, upheld by modern technologies, research-based care in a comforting atmosphere. Aster hospital's trusted specialists and a group of doctors work together achieve the finest care for patient.

As a leading healthcare industry, Aster hospitals are certified by the National Accreditation Board for Hospitals & Healthcare (NABH), and their high-end laboratory is NABL certified.

14 hospitals at present are providing healthcare across the nation in Karnataka, Kerala, Maharashtra, Telangana & Andhra Pradesh.

Aster Prime Hospital, Hyderabad offers quaternary medical care with best-in-class technology and facilities on par with global standards to ensure world-class healthcare to all the patients.

As the topnotch healthcare provider, the hospital provides patients with modern innovations for diagnosis and treatment of the most acute clinical conditions, highly skilled and well equipped Medical and Nursing Expertise, personalized care promoting faster recovery of the patient.

Aster Prime Hospital is a private multi-specialty hospital with **204-bed** located in Ameerpet at Hyderabad. As one of the top corporate healthcare organization within the state of Telangana, Aster Prime Hospitals has continuously been at the cutting-edge offering health services of international benchmarks right here at Hyderabad inside the reach of its community.

BRAND VALUE

“WE’LL TREAT YOU WELL”- To Reflect our confidence in our patient and trust in our medical and managerial team.

VALUES OF THE ORGANISATION

- Excellence-
Outperforming current benchmarks always by persistently challenging our capacity and abilities to take the brand to greater heights.
- Respect-
Treating individuals with most dignity, valuing their inputs and cultivating a culture that permit each person to rise to their fullest potential.
- Compassion-
Surpassing and setting new boundaries with empathy and care.
- Passion-
Going the additional mile readily, with a total sense of belongingness and purpose while including more value to our stakeholders.
- Integrity
Doing the right things without any compromises/adjustments and embracing a higher standard of conducting health activities.
- Unity
Harnessing the power of synergy and engaging people for exponential performance and results.

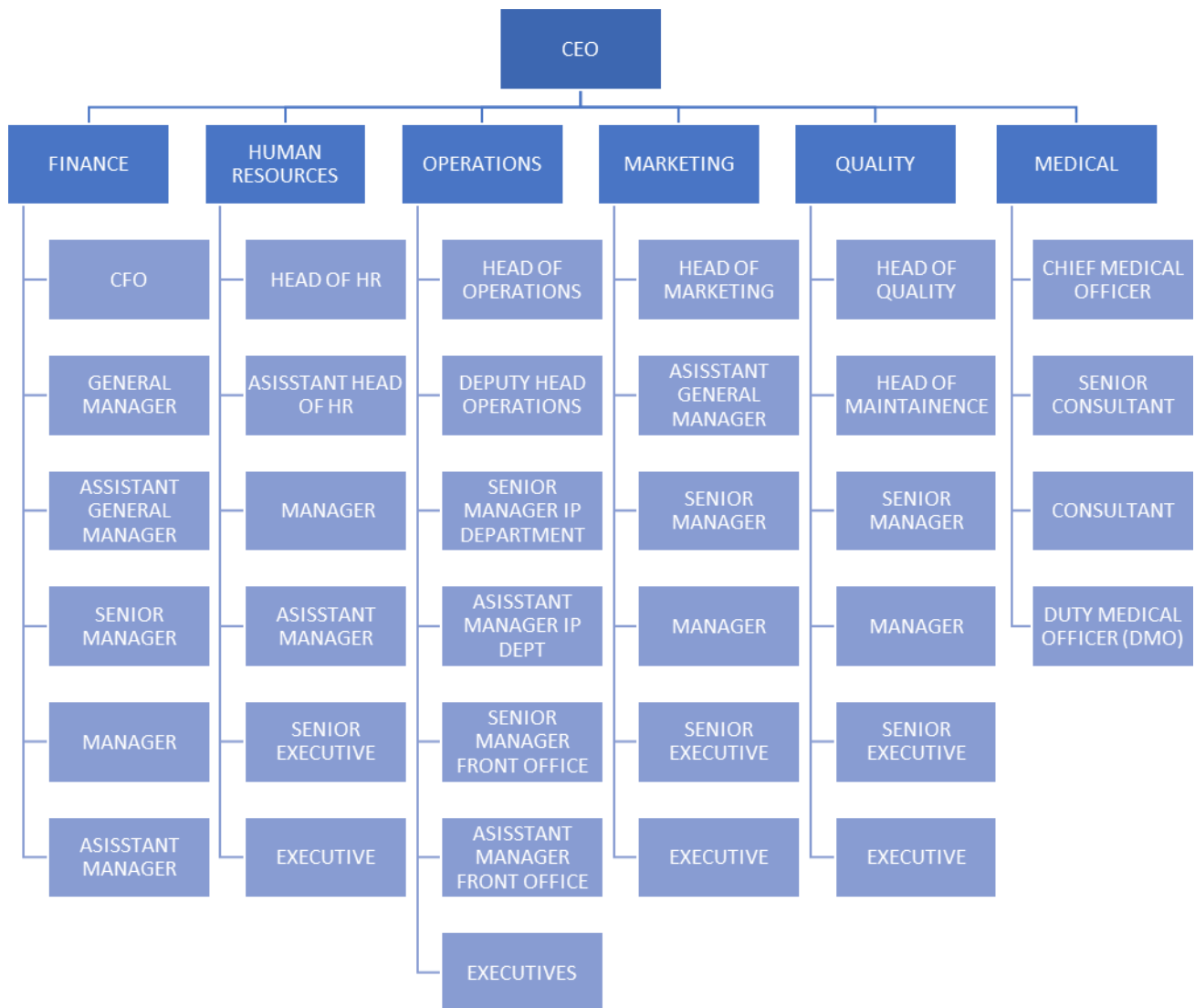
FACILITIES& SERVICES

- Bed capacity of 204 Beds
- 24/7 Emergency service
- 24/7 modern laboratory & Radiology service
- 24/7Cath lab Service
- 24/7Blood Bank service
- 2D Echo
- Dexa Scanning
- Neurophysiology
- Endoscopy
- Equipped Operational Theatre
- Equipped critical care.
- Interventional Pulmonology
- One of the Hospitals across the nation to own Philips's 3D Echo CVX Machine

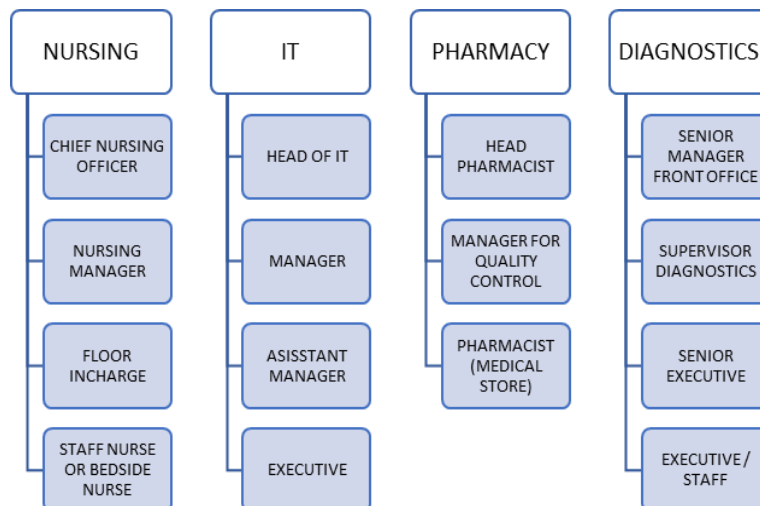
CENTRES OF EXCELLENCE

- CRITICAL CARE MEDICINE.
- GENERAL SURGERY AND ALLIED SPECIALITIES
- NEUROLOGY AND NEUROSURGERY
- OBSTETRICS AND GYNECOLOGY
- UROLOGY
- GASTROENTEROLOGY
- PULMONOLOGY
- NEPHROLOGY
- ORTHOPEDICS
- MEDICAL &SURGICAL ONCOLOGY
- CARDIOLOGY AND CARDIAC SURGERY
- PEDIATRICS AND NEONATOLOGY
- RHEUMATOLOGY

ORGANIZATION ORGANOGRAM



SUPPORTIVE SERVICES



FINDINGS AND LEARNINGS

IN-PATIENT DEPARTMENT

During my assignment in the IPD, the second corona virus wave peaked and hence the Hospital Administration decided to transform the hospital to a complete Covid treatment center,

This has resulted in the transformation of all available wards (except operating beds and emergency rooms) into isolated units for patients affected by Covid. Therefore my knowledge is based on my time experience.

LOCATION – 2nd to 6th Floor of the B wing of the Hospital.

2nd Floor – General ward includes 12 beds with 4 Nurses in day shift

3rd floor – General ward includes 12 beds with 3 Nurses in Day shift.

Suite Rooms – Suite ward consists of 8 suite rooms with single beds and O2 supply.

4th Floor- ICU ward includes 10 ICU beds with ventilators and other essential instruments

MICU ward includes 10 beds with ventilator and other essential instruments.

Suite ward – Suite ward consists of 8 suite rooms with single beds and O2 supply.

5th floor – Cardiac ICU ward includes 10 ICU beds with ventilator and other critical care instruments.

CT ICU ward includes 8 ICU beds with ventilators and one extra bed for Dialysis patient with dialysis unit.

6th floor- Double sharing suite wards includes 2 beds per room, such 12 Rooms with

8 nurses in day shift.

LEARNINGS –

Interaction with patients affected by covid 19, Feedback on personnel, meals, housekeeping and other services offered.

Discharge for Covid-treated individuals.

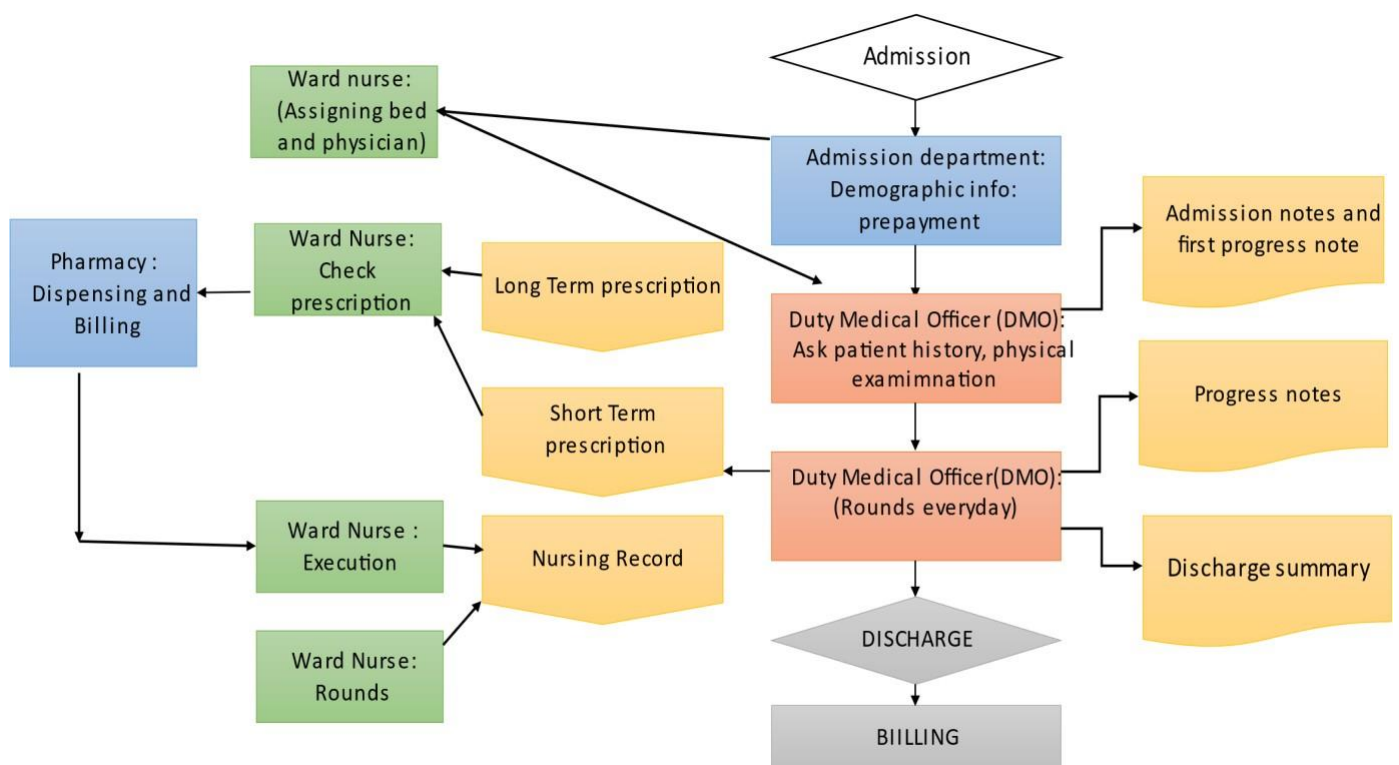
Death and LAMA discharge procedure.

FINDINGS –

- A total of 53 covid patient feedbacks on IP services were obtained. Maintenance and housekeeping were major problems for patients during their stay.
- Because the hospital was understaffed and it was difficult to find employees who would work in a covid facility due to the pandemic, it posed an operational challenge for the team to cater to the needs of the patients.

- Another common complaint from patients was that the food was not up to par and that there were no customization options. After the IP services contacted the relevant nutritionist, this was quickly addressed.
- The most significant problem and source of discontent among patients and their attendants noticed.

WORKFLOW OF IN-PATIENT DEPARTMENT



OUT-PATIENT DEPARTMENT

LOCATION – 1st and 2nd floor, A wing

- **OPD 1st Floor specialties for consultation: -**

- * ENT (Ear Nose Throat) Surgery consultant.
- * Cosmetic and Reconstructive plastic Surgeon.
- * Orthopedic consultant.
- *Gastroenterologist.
- *Gynecologist.
- * Neurologist and spine surgery specialist.
- * Neurosurgery.

- **OPD 2nd Floor specialty doctors for consultation: -**

- * Cardiologist
- * Urologist
- *Anesthesia and pain physician
- * Gynecologist and Laparoscopic surgeon
- *Nephrologist
- *Neuro- Psychiatrist
- *Diabetologist
- * Pulmonologist
- * General Physician

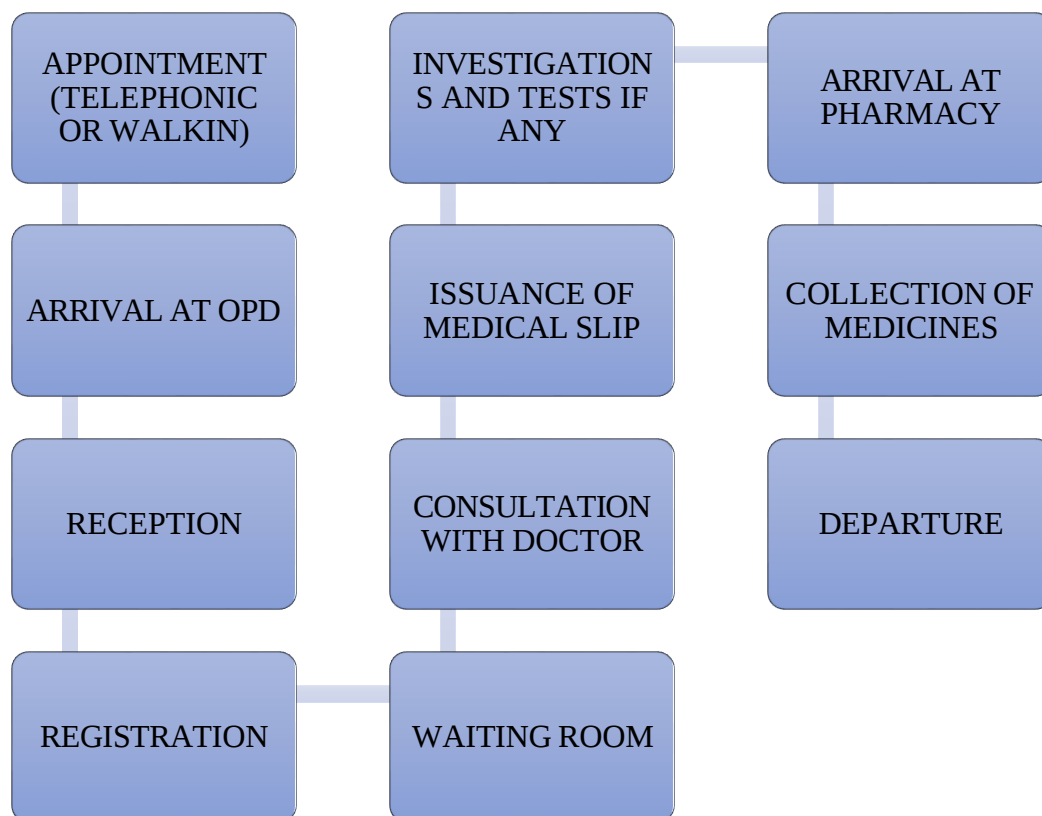
STAFF: - 4 Receptionists for referrals, guiding and billing(2 on each floor)

4 Nurses for coordination.

LEARNINGS –

- Patient Interaction.
- Workings of the HIMS software.
- Booking appointments for consultation.
- Manager's Coordination between Patient and Doctors.
- Guiding patients for checkups, medical tests, and medicines after doctor consultation.

WORKFLOW OF OUT-PATIENT DEPARTMENT



FINDINGS-

- Outdated HIMS software, takes long time and lengthy process for Registration and Billing of Patients
- There is no proper mapping for each consultant.
- The patient waiting area should be improved.
- Absence of proper guidance to patient by reception.

DIAGNOSTIC DEPARTMENT-

LEARNINGS-

- Understanding and adapting to the HIMS software for various Diagnostic tests.
- Monitoring lab equipment and identifying faulty models.
- Patient interaction and crowd management.

FINDINGS-

- During this period of pandemic, Covid detection tests (Antigen test and RTPCR test) were mostly performed tests.
- Aside with Covid Screening testing, blood reports and urine samples were the most commonly done tests.
- During the Pandemic period, ultrasound and ECG testing were still frequent.
- During the period, the use of CT and MRI scans has decreased.

VACCINATION-

In June, Aster Prime Hospital purchased 10,000 doses of Covishield and 10,000 doses of Covaxin for public vaccination in accordance with government guidelines.

LOCATION :

Vaccination Center forCovishield -2ndFloor Conference Hall.

Vaccination Center for Covaxin – 2nd General Ward.

LEARNINGS:

- Billing and verification of vaccine beneficiaries.
- Crowd effective management.
- Communication and clarification of vaccine beneficiaries' doubts.
- Collaboration with nurses giving Covid vaccine doses (both Covishield and Covaxin)

FINDINGS:

- Initially, there was confusion among Beneficiaries regarding vaccination locations in the hospital.
- There was a lack of billing counters, which resulted in waiting time for individuals receiving the vaccine.
- There was a lack of awareness regarding the Registration process on the Arogya Setu app or COWIN portal, which resulted in extra time consumption during billing and Registration.
- A lack of a robust token system, which proved troublesome during times of large crowds.

RECOMMENDATIONS AND SUGGESTIONS FOR IMPROVEMENT

IN-PATIENT DEPARTMENT

- Improved communication between employees and patients allowing scope for more improvisations.
- Tracking Housekeeping timely actions
- Customizable food selections only after talking with a nutritionist
- Proper patient records must be kept, and if they are not, strict action will be taken.
- A sufficient number of nurses and ward boys on each floor to meet the needs of patients.

OUT-PATIENT DEPARTMENT

- The installation of monitors that display the availability of doctors on a daily basis as well as their consultation times.
- A slot system can be implemented so that patients are aware of their consultation times; this will prevent patients from repeatedly asking when they can see their physicians.
- Redistributing resources and manpower on Mondays and Saturdays, when the Out Patient department is at its peak.

VACCINATION:

- A proper token system for 45 above and 45 below age group beneficiaries, making it easier for staff to coordinate.
- Proper guidance should be provided from the front gate to the vaccination centre, so that beneficiaries do not become disoriented while roaming the hospital
- An increase in billing counters, as well as a separation of billing counters for people over the age of 45 and those between the ages of 18 and 45.
- Install monitors that can display step-by-step registration procedures on the Cowin website for beneficiaries who have yet to register on the app.
- Hire volunteers to assist in resolving patient registration and certification issues.

PROJECT REPORT

“Study of Time Taken for the Discharge Process in Comparison between Cash and Insurance mode of payment”

INTRODUCTION:-

ABSTRACT: “It is defined as the processes, toolkits, and methods by which a health professional, health provider organization, or individual formally concludes an episode of treatment and/or care to a patient.”

It is critical to plan the entire discharge procedure effectively in order to achieve a high level of satisfaction during the discharge process. When discharge planning is delayed, the patient's stay is unnecessarily prolonged, leaving them frustrated and incurring unnecessary costs.

To reduce TAT, hospitals must examine the time required for the entire discharge process, beginning with the Discharge Order time and ending with the patient leaving the hospital.

RATIONALE: Delayed discharge is one of the most common issues in hospitals that must be addressed in order to increase bed occupancy and reduce long wait times. Long patient wait times cause frustration, which reflects on the patient's dissatisfaction.

This was a crucial challenge that needed to be tackled by the operations team during the pandemic, when the patient flow was overburdening the hospital capacity and employees. To eliminate delays, the study monitors and records the time spent in each department such as billing, pharmacy, insurance, cash, discharge summary, and ward. Factors influencing discharge and their causes were discovered in this study, and recommendations were made to improve quality of treatment, patient happiness, and the hospital's reputation.

Discharge is one of the quality attributes that could be improved, and the time required is compared to NABH requirements. The point at which a patient is discharged from the hospital to their home or another facility is referred to as discharge. The patients' discharge will be decided by a consultant doctor.

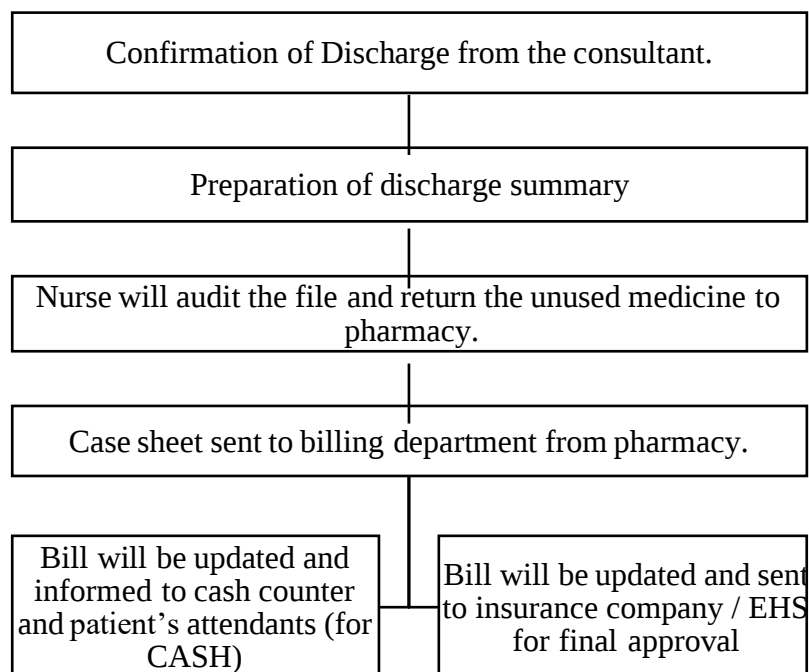
RESEARCH AIM: -

- The study's goal is to identify the fundamental reason of discharge delays for both cash and insurance patients.
- Determine the areas that require improvement and make solutions to lessen the delay.

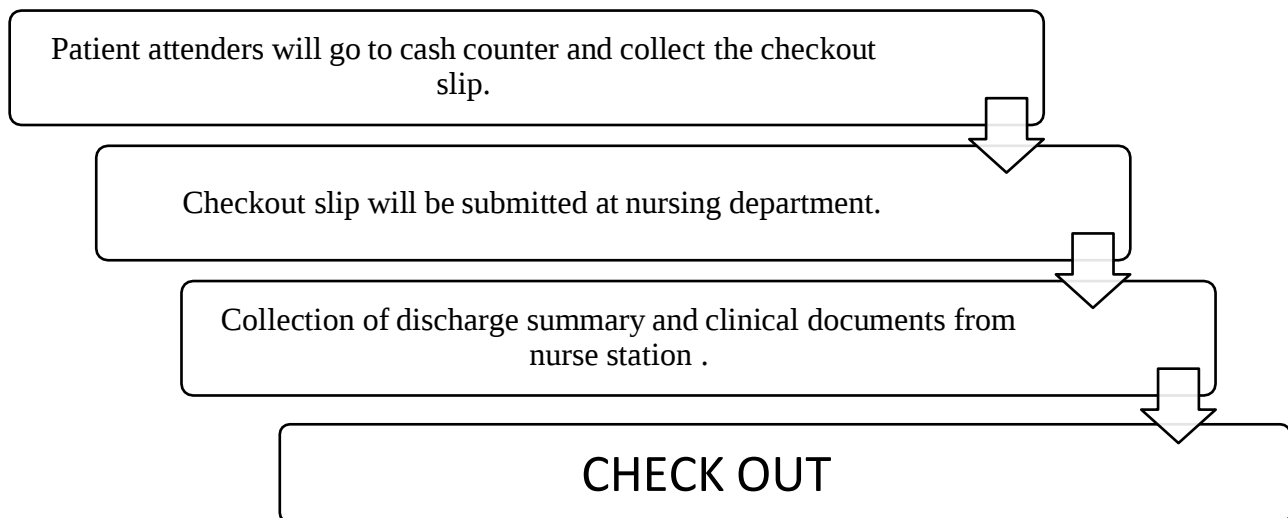
RESEARCH OBJECTIVES: -

- To observe and study the discharge process of patients.
- Determine the reasons for the delay in the discharge procedure.
- Recommend steps to shorten the time it takes patients to be discharged.
- Determine the timing differences between cash and insurance payment modes.

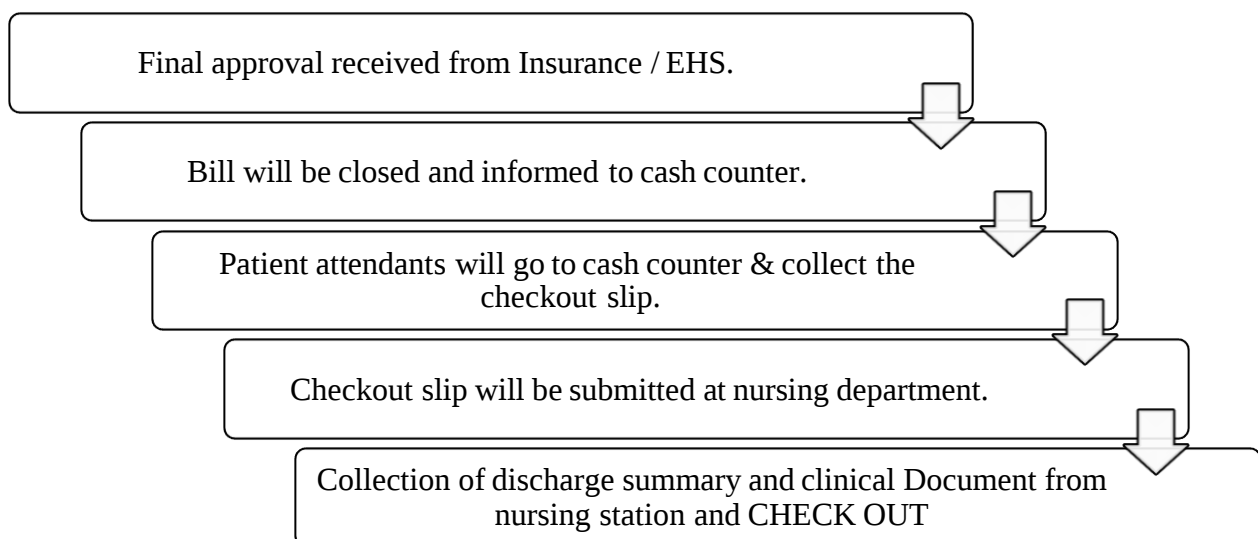
DISCHARGE PROCESS FLOW CHART FOR ASTER PRIME HOSPITAL
(COMMON FOR BOTH CASH AND INSURANCE PATIENTS)



- **PROCESS FOR CASH-**



- **PROCESS FOR INSURANCE-**



REVIEW OF LITERATURE-

- Shobitha Sunil¹, Sarala K.S², R G Shilpa³ October (2016)
<https://ijcrt.org/papers/IJCRT2004012.pdf> The length of time it takes to complete the discharge procedure is a significant measure of care quality. According to NABH, the time required to complete the discharge procedure should not exceed 180 minutes. The discharge procedure is the final stage of the patient's hospital stay and is more likely to be remembered by the patient. As a result, delays in the discharge procedure can be demoralising for patients and increase the need for hospital beds. The current study was carried out at M.S Ramaiah Hospital to examine the breakup time for discharge and to assess the level of patient satisfaction with the discharge procedure.
- Dr. Niloy Sarkar¹ and Ms. Tatini Nath August 2nd (2016).
http://www.journalijar.com/uploads/321_IJAR-11829.pdf The study's major goal is to identify gaps, highlight areas where delays can be minimised, and provide recommendations accordingly, so that the hospital discharge procedure can run smoothly. This paper has presented the hospital discharge process in layman's terms and attempted to identify the core causes of discharge delays. The study was conducted at Apollo Hospitals in Grems Lane, Chennai (15th June – 14th August 2012).
- A Abiramalakshmi , Dr. Sn Soundara Raja October (2017)., <https://ijcrt.org/papers/IJCRT2004012.pdf> The study's goal is to identify the cause of hospital discharge delays and to improve patient satisfaction. The study's goal is to discover the source of inpatient discharge delays and to propose some useful information to help solve the problem. Discharge of inpatients is being delayed due to Discharge summary, Pharmacy, Nurse's delay, and Allied services, which may lead to inpatient dissatisfaction. The study is being conducted to determine the cause and to make recommendations based on the findings.

RESEARCH METHODOLOGY

Method of research:

Cross Sectional study.

Type of research:

PDCA (Plan, Do, Check & Act)

Sampling method:

Convenience sampling

Objectives:

- To investigate the patient discharge process.
- Determine the reasons for the delay in the discharge procedure.
- Recommend steps to shorten the time it takes patients to be discharged.
- Determine the timing differences between cash and insurance payment modes.

Inclusion criteria:

Cases of both cash and insurance patients are discharged.

Exclusion criteria:

Discharge case of Credit patients,

Study setting:

Aster Prime Hospital, Ameerpet, Hyderabad.

Sample size:

181

Cash patients: 97

Insurance patients: 84

Study Duration:

May 10th to May 30th, 2021.

Procedure:

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

Processing & Data analysis:

Processing & data analysis is done using
Excel sheet.

Data collection method.

Tool:-

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

Parameters used for this study.

- o Patient name
- o Doctor name
- o Mode of payment
- o Time when doctor advised for discharge (T1)
- o Time when discharge summary is ready (T2).
- o $TAT1 = T1 - T2$
- o Time when pharmacy returns are sent(T3).
- o Time when pharmacy acknowledged the receipts(T4).
- o $TAT2 = T3 - T4$
- o Time when bill is ready (T5).
- o $TAT3 = T5 - T1$
- o If Insurance- Time when insurance approval is received(T6).
- o Time when patient closed the bill (T7).
- o $TAT4 = T7 - T1$
- o Time when patient left the ward(T8).
- o $TAT5 = T8 - T1$

DATA ANALYSIS & INTERPRETATION

The current data was tracked and timed from the doctor's approval for discharge to the patient's departure from the ward. The study's sample size is 181, and data is being gathered for the month of May 2021. Data was gathered from all wards, the billing department, the insurance department, and the pharmacy.

There are 84 insurance patients and 97 cash patients among the 181 patients.

FIG 1: Time taken for discharge - Cash.

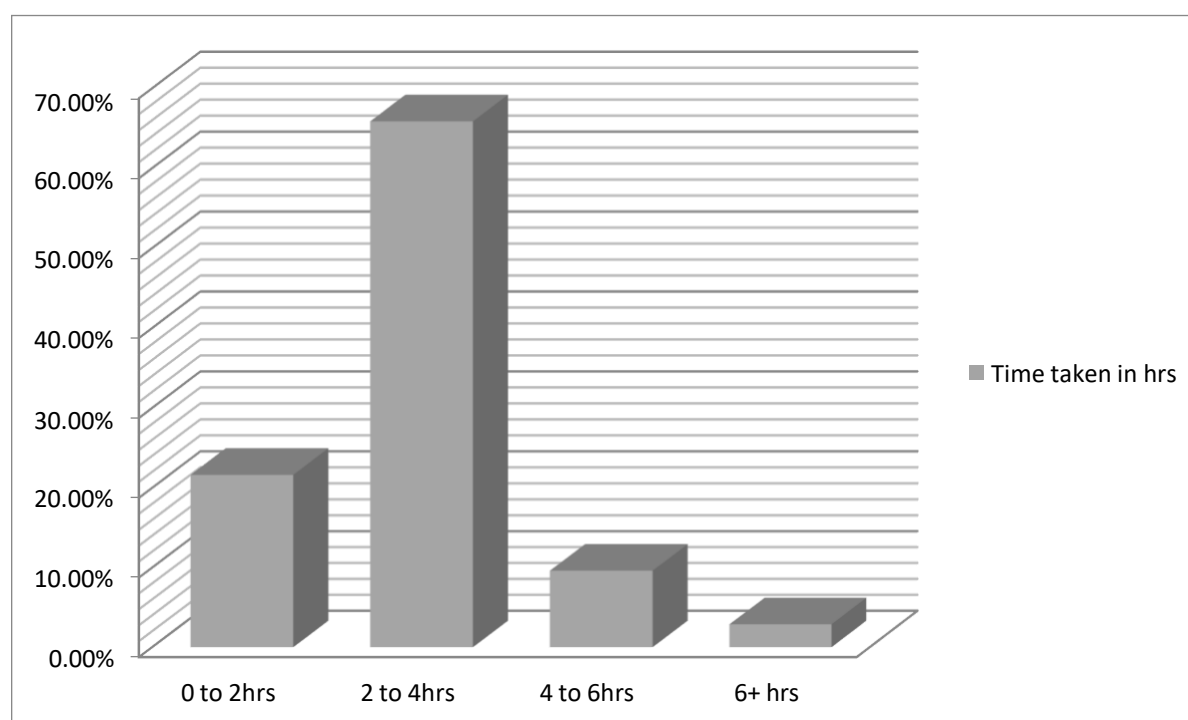


Figure 1: According to the data above, 21.63 percent of patients are discharged in 0-2 hours, 65.86 percent are discharged in 2-4 hours, 9.61 percent are discharged in 4-6 hours, and 2.88 percent are discharged in 6 hours or more.

According to the above figure, the majority of patients are discharged within 2 to 4 hours. According to NABH criteria, when is the best time? 12.5 percent of patients are discharged after longer than 4 hours.

FIG 2: Time taken for discharge - Insurance.

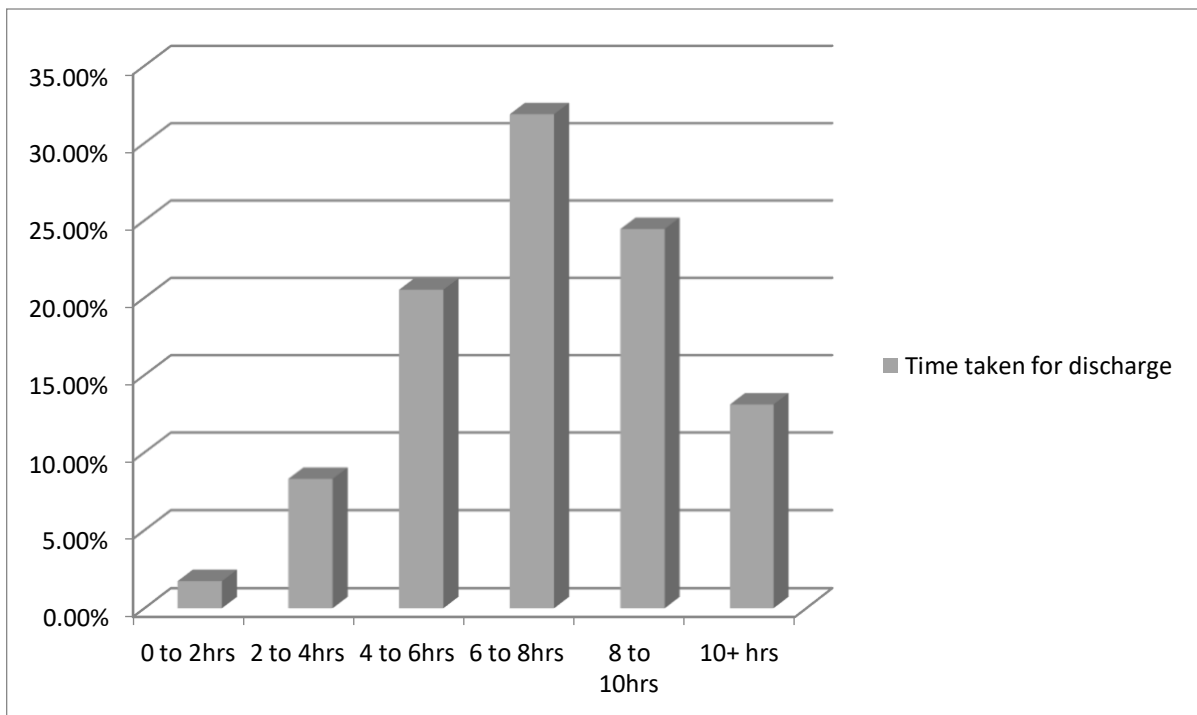


Figure 2: According to the graph above, 1.74 percent of patients are discharged in 0-2 hours, 8.29 percent in 2-4 hours, 20.52 percent in 4-6 hours, 31.87 percent in 6-8 hours, 24.45 percent in 8-10 hours, and 13.1 percent in 10 hours or more.

According to the above figure, more than 90% of patient discharges take 4 hours or more, which is not in accordance with NABH guidelines.

FIG 3: Avg time Taken for Discharge of Cash cases compared to Insurance patients

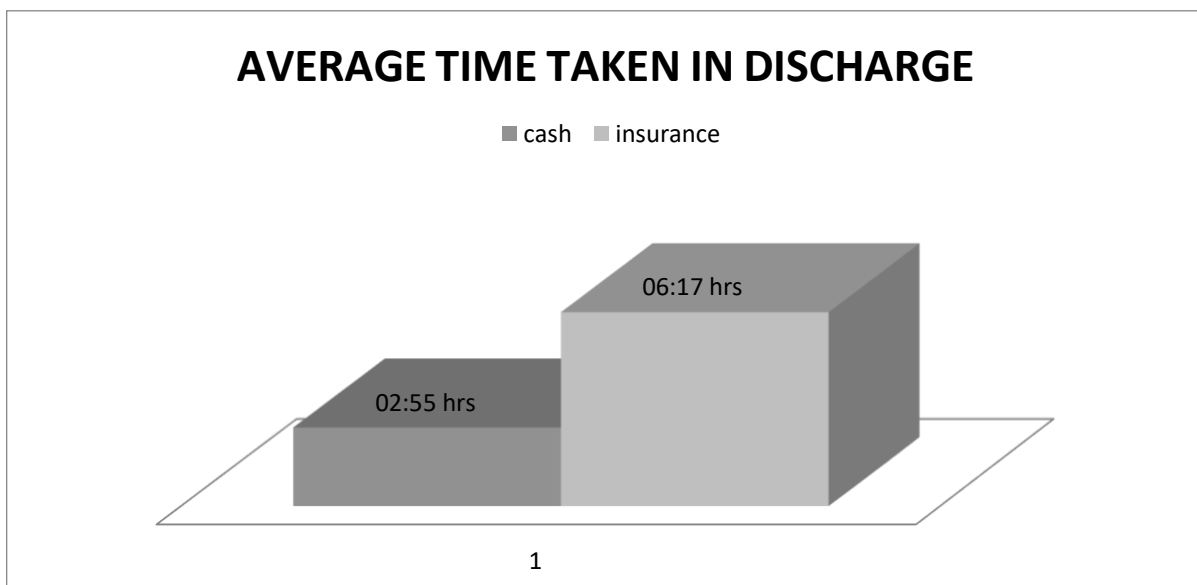


Figure 3: The average time for cash patients to be discharged is 2 hours 55 minutes, while insurance people are discharged in 6 hours 17 minutes.

TABLE 1 :

AVERAGE TAT TAKEN BY VARIOUS STEPS OF THE DISCHARGE PROCESS FOR CASH PATIENTS	
AVERAGE TAT'S	AVERAGE TIME IN HR
TAT 1 : TIME TAKEN FOR DISCHARGE SUMMARY	00:25
TAT 2: TIME TAKEN FOR PHARMACY CLOSEURE	00:10
TAT 3: TIME TAKEN BY THE DOCTORS CLEARANCE TILL FINAL BILL PREPARED	01:42
TAT 4: TIME WHEN PATIENT CLOSES/PAY'S THE BILL	02:38
TAT 5: TIME WHEN PATIENT CHECK'S OUT THE WARD	02:55

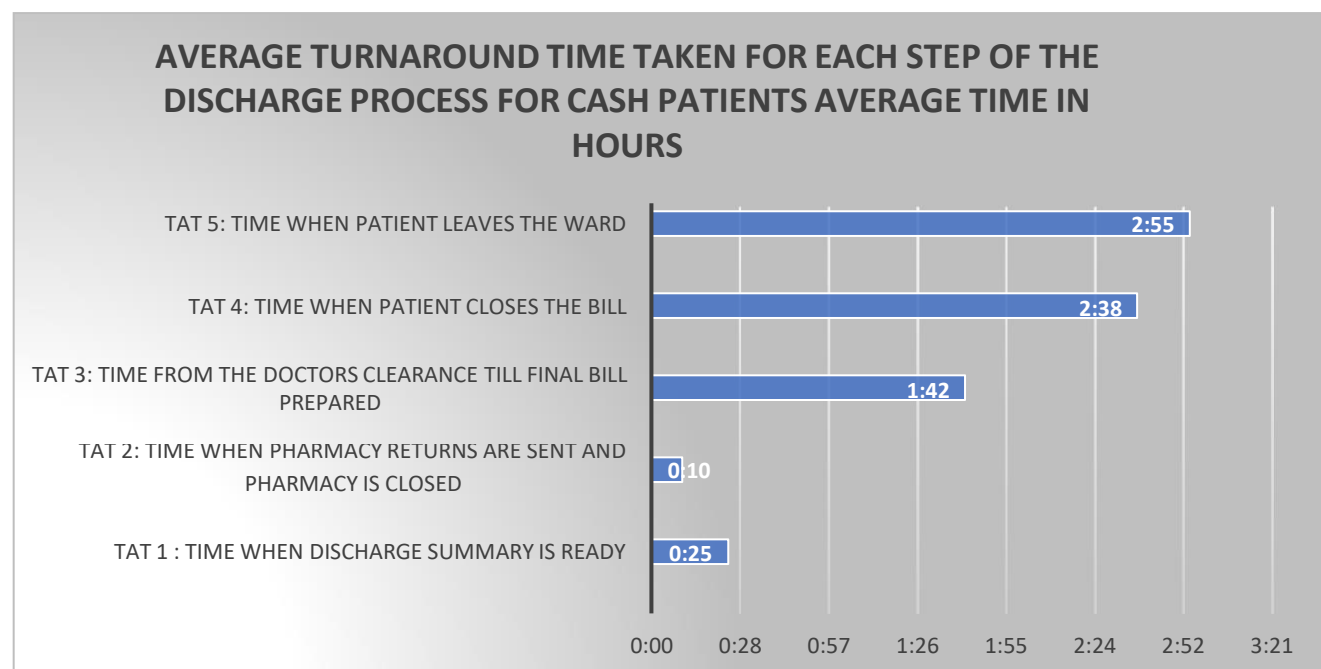


TABLE 1: According to the statistics, the average time taken for a cash patient to be discharged from the time the doctor informs the patient until the patient exits the ward at Aster Prime hospital is 2 hours and 55 minutes.

We also discovered that the majority of the time spent between processes was spent on billing and patient payment.

Average Time taken by Billing process = 1 hour 7 mins

Average Time taken by the patient to clear/pay the bill = 56 mins

TABLE 2:

AVERAGE TAT FOR EACH STEP OF THE DISCHARGE PROCESS FOR INSURANCE PATIENTS	
AVERAGE TAT'S	AVERAGE TIME IN HR
TAT 1: TIME TAKEN FOR DISCHARGE SUMMARY	00:27
TAT 2: TIME TAKEN FOR PHARMACY CLOSEURE	00:11
TAT 3: TIME TAKEN BY THE DOCTORS CLEARANCE TILL FINAL BILL PREPARED	02:32
AVG TIME TAKEN BY THE INSURANCE COMAPNY FOR FINAL APPROVAL	03:31
TAT 4: TIME BY PATIENT TO CLOSES THE BILL	06:04
TAT 5: TIME WHEN PATIENT CHECK OUT FROM THE WARD	06:17

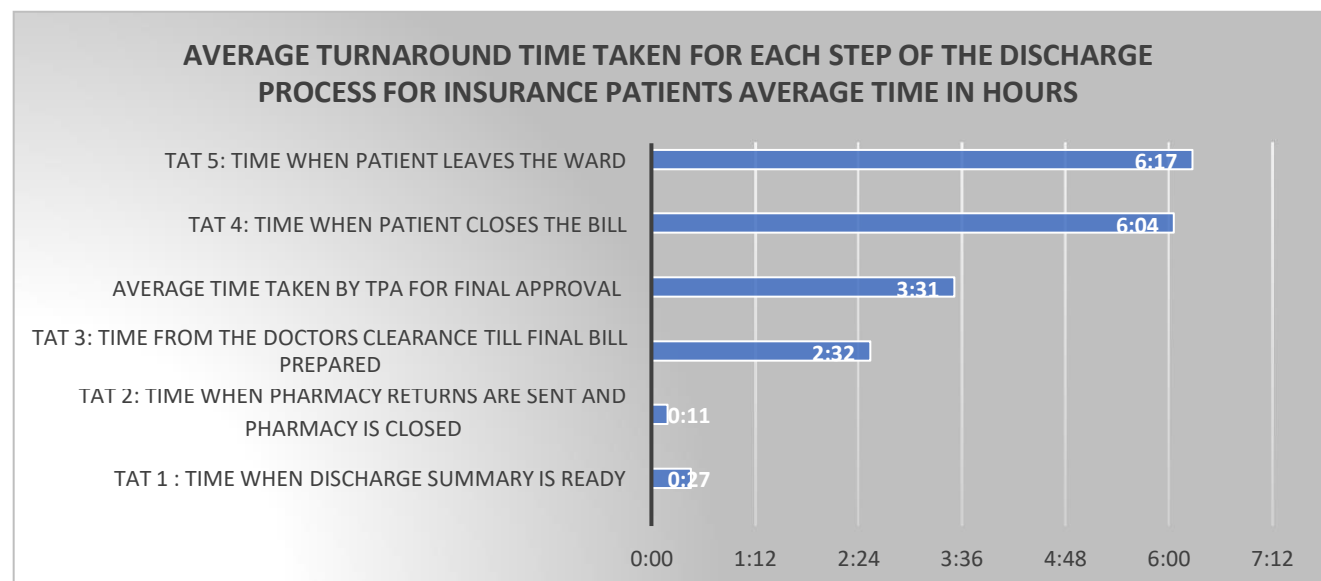


TABLE 2: According to the table, the average time taken for an insurance patient's discharge from the doctor's notification till the patient departs the ward at Aster Prime hospital is 6 hours and 17 minutes.

We also discovered that most of the time spent between processes was spent on billing and patient payment.

Average Time taken during Billing process = 1 hour 53 mins

Average Time taken by the insurance company for final approval = 3 hours 31 mins

RESULTS

- The following conclusions have been drawn through quantitative and descriptive analyses of data collected from checklists and day-to-day observations made by the student during his assignment in the relevant department.
- To aid comprehension, the results have been presented in the form of charts and figures.
- Results of the analysis is as follows.

FIG 4: The reasons for delay in discharge process in Cash mode of payment.

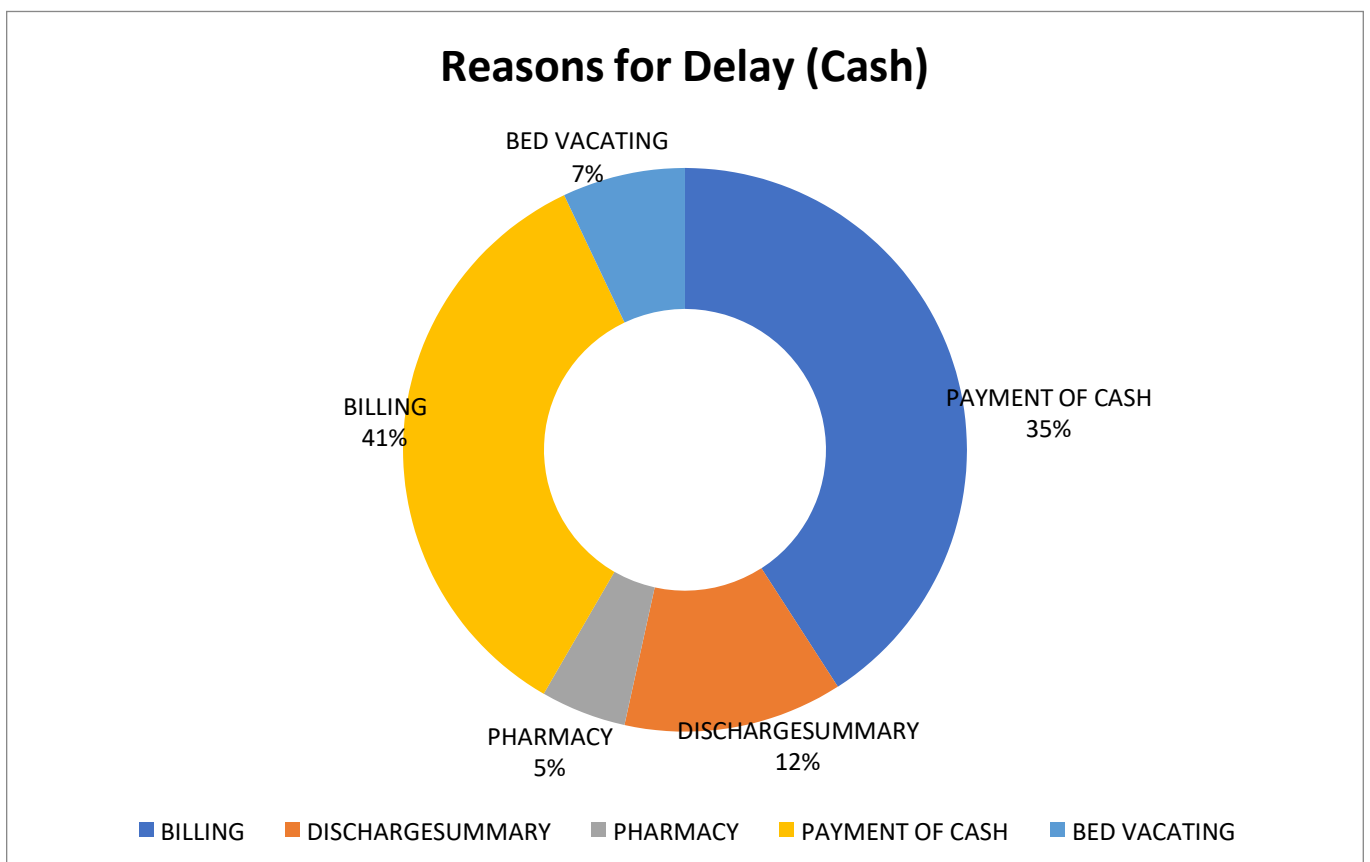


Figure 4: According to the figure above, 41 percent of the delay is due to billing, 12.61 percent is related to discharge summary, 4.92 percent is due to pharmacy clearance, 34.76 percent is due to cash payment, and 7.07 percent is due to vacating.

According to the following data, the largest delay is related to the billing procedure, which accounts for 41% of the total time. Another main cause of delay is cash payment, which accounts for 34.76 percent of all delays. This is owing to the patients' failure to pay their bills on time.

FIG 5: Reasons for delay in discharge process in Insurance mode of payment.

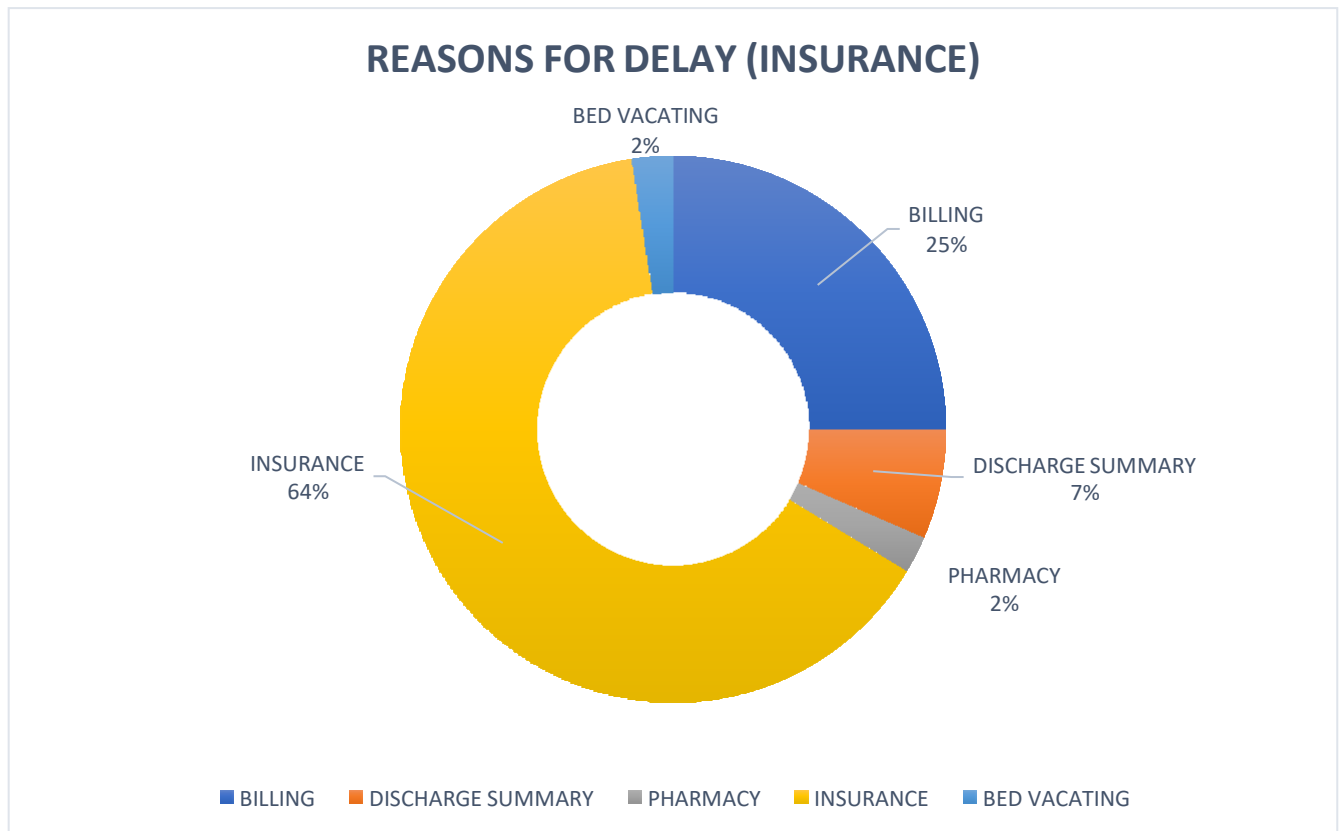
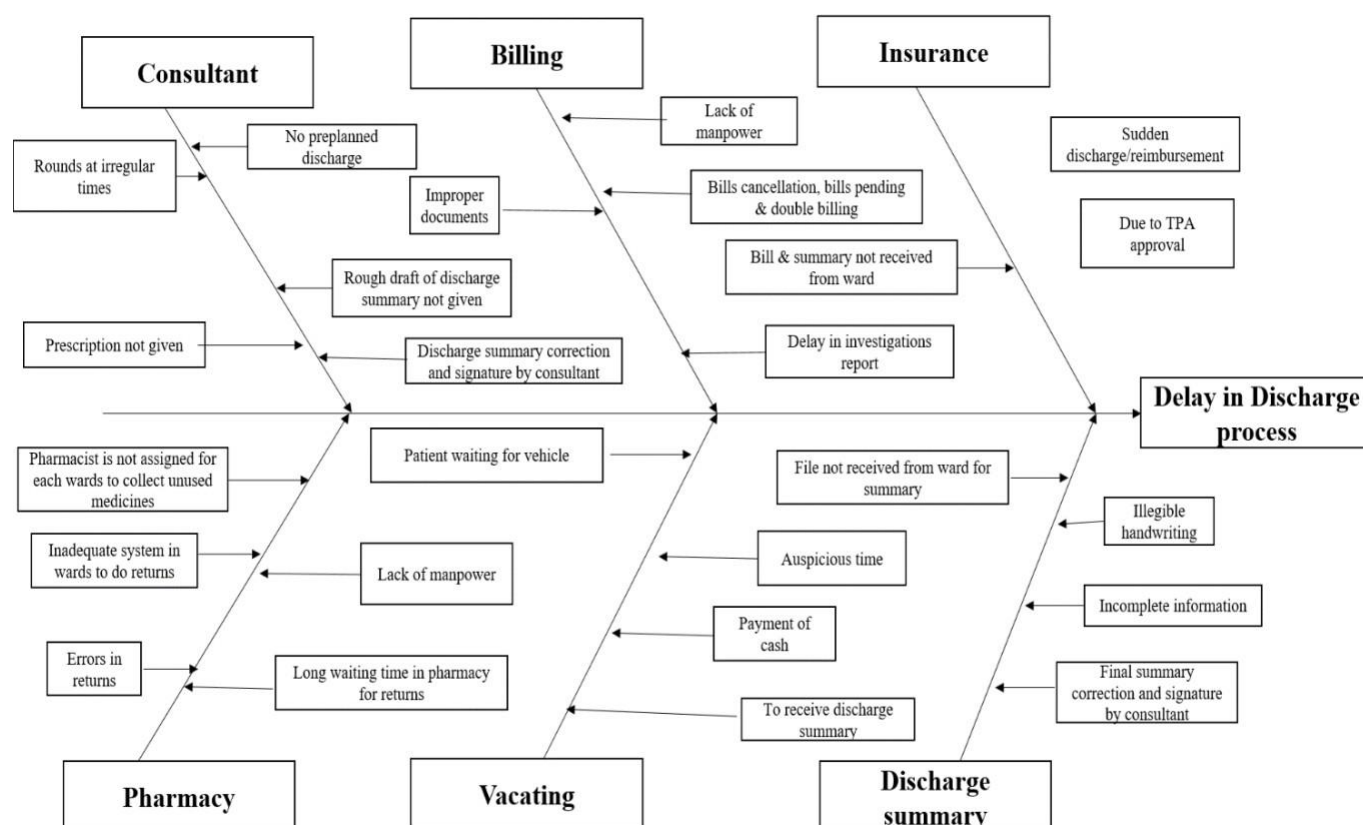


Figure 5: According to the figure above, billing accounts for 25% of the delay, discharge summary accounts for 6.47 percent of the delay, pharmacy clearance accounts for 2.19 percent of the delay, insurance accounts for 63.81 percent of the delay, and patient departing accounts for 2.42 percent of the wait.

We can see from the chart above that the biggest cause of delay is insurance. According to reports, the reasons are delayed billing, submitting that bill to TPA businesses, and receiving clearance from them.

We can also see that hospital billing accounts for 25% of the delay in discharge for insurance patients.

FIGURE 6- CAUSE AND EFFECT DIAGRAM



FINDINGS

- The first reason of discharge delay is discharge planning by the consultant, which is completed on the day of discharge, causing further delays.
- The most common reason for delay in discharge is the billing and insurance process, which takes more than 5-6 hours after the discharge summary and pharmacy returns are completed. This can be improved by developing a good discharge policy.
- Another area of delay is pharmacy clearance, which is caused by a shortage of people to complete the process.
- Due to a high volume of queries and TPA approval, the approval period for insurance patients discharge exceeds 4-5 hours.
- The reason for the delay in bed allotment is a failure to close the discharge status in HIMS once the patients have vacated.
- Senior Consultants are occasionally preoccupied with other patients and hence put the Discharge summary on wait.
- A shortage of human resources due to employees suffering from Covid 19.
- There is a lack of technology training among employees, as well as a lack of proper implementation of the HIMS software among the organization's employees.

RECOMMENDATION AND SUGGESTIONS

- The consultant may be requested to take rounds on patients who are likely to be discharged first, followed by others, or to organise the discharge the day before.
- Bill generation time can be decreased by closing all pending bills prior to discharge notification to the billing department and maintaining proper interdepartmental collaboration to close the bill.
- Fully integrated HIMS System for faster process simplification.
- Guidelines in discharge processes should be supplied to all ward secretaries in order to shorten the time required for the discharge process.
- A sufficient number of pharmacists should be assigned to each ward to carry out the clearance process.
- Discharge when planned; ward secretaries should ensure that all summaries are ready for signature and modification by the consultant the following day.
- The hospital can recruit major TPAs and complete the approval process faster, allowing insured patients to be discharged sooner.
- Use of the DMAIC method to identify the principal cause of discharge turn-around time delays and enhance overall process efficiency.
- To collect a voice of the customer report in order to identify the acceptable time for the patient to be discharged.
- To sustain these gains, we must provide hospital employees with the skills to track and evaluate discharge data in real time, allowing us to further cut turnaround time.

CONCLUSION

One of the critical areas in the hospital that requires improvement is patient discharge. To reduce discharge delays, the hospital requires the participation and coordination of other department workers. Reducing hospital discharge procedure timings also has a lot of benefits for the hospital and tends to be highly fruitful in terms of cost benefit analysis, revenue, and maintaining patient satisfaction in this competitive environment.

Through my research, I identified the major critical factors causing delays in the discharge process at Aster Prime Hospital in Hyderabad, and recommendations were made to reduce the time required for bed allotment for the next patient, thereby increasing the hospital's reputation and decreasing the patients' waiting time.

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