Summer Training

At

PARAS HMRI HOSPITAL, PATNA

From Date 10th May 2021 till 5th July 2021

Report Topic:- Identification of The Reasons for The Delay in Discharge Process

By:- Dr. Kunal

Roll No:- 1121

Mentor – Dr Arindam Das (Dean Research, Associate Professor)

MBA Hospital and Health Management (2020-2022)

IIHMR UNIVERSITY

PARAS
HMRI HOSPITAL
Partners In Health

PHPL/HR/Intern/2021/3782
6-Jul-2021

To Whomsoever It May Concern

This is to certify that Dr. Kunal, student of 1st year, Department of Health & Hospital, IIHMR University, Jaipur, with Ref No:-IIHMR-U/01-2020-22/1121 has completed his internship training in the department of Hospital Operations at Paras HMRI Hospital-Patna, from dated 11th May 2021 to 5th July 2021.

Paras HMRI Hospital is an initiative of the Paras Healthcare. It is the first corporate hospital of Bihar & Jharkhand. The 350 bedded multi-specialty tertiary care institute with over 25 medical and surgical disciplines has been commissioned in accordance to the vision of Paras Healthcare- providing affordable healthcare facilities and expertise where the same is inaccessible or scarce. The hospital is the state of the art facility with hi-tech latest infrastructure and equipment, offering clinical services in the fields of Oncology, Cardiac Sciences, Neurosciences, Orthopedics & Joint Replacement, Nephrology, Emergency Care to name a few.

We wish him all the best.

For Paras HMRI Hospital

Aakash Sinha
General Manager
Human Resource

PARAS HMRI HOSPITAL
Raja Bazar
Bailey Road
PATNA

Context

Acknowledgement

The summer time season internship possibility I had with Hospital Operations of the PARAS HMRI HOSPITAL PATNA became a exquisite risk for gaining knowledge of and expert development. Therefore, I keep in mind myself a completely fortunate character as I became supplied with a possibility to be part of it. I am additionally thankful for having such splendid humans and experts who led me through this summer time season internship from 11th May 2021 to 5th July 2021.

My special thanks to **Dr. Syed Asif Rahman (MS)**, PARAS HMRI HOSPITAL for providing me the opportunity to pursue this summer time season internship in the organization.

My sincere gratitude to **Dr. Ashish Ranjan (AMS)**, PARAS HMRI HOSPITAL for his valuable support and advice since inception till the completion of summer internship.

I am also very grateful **to Dr. Sucheta Sharma (Management Trainee)** who inspite of being noticeably busy together along with her duties, took day trip to hear, manual and stored me at the accurate course and permitting me to perform my mission at their esteemed organization.

I would like to give special thanks to the MODs, GDAs and the Nursing Staffs for their cooperation during my work.

I also acknowledge with deep sense of reverence, my gratitude towards my family members and my friends who have supported me morally and have been constant source of inspirations during the preparation of this project.

Last but not the least heart felt condolence to my beloved wife who lost her life with the battle to COVID during this period. Her presence will be felt thoroughly.

Dr. Kunal

MBA HOSPITAL and HEALTH MANAGEMENT

IIHMR UNIVERSITY, JAIPUR

BATCH 2020-2022

Declaration

I, **Dr. Kunal**, hereby declare that the project report for internship entitled "**Identification of The Reasons for The Delay in Discharge Process**" is my unique and completely my own work. I in addition claim that it is miles my personal real piece of labor and has now no longer been submitted at any organization/institute/college for personal/instructional profits and blessings or award of any degree/diploma/certificate.

Dr. Kunal

MBA HOSPITAL and HEALTH MANAGEMENT

IIHMR UNIVERSITY, JAIPUR

BATCH 2020-2022

Abbreviation

DOA- Date of Admission

DOD- Date of Discharge

DOR- Discharge on Request

DS- Discharge Summary

HIS- Hospital Information System

LAMA- Leave Against Medical Advice

MFD- Marked for Discharge

RMO- Rotational Medical Officer

MOP- Mode of payment

MT- Medical Transcriptionist

SFB- Sent for Billing

Sop- Standard Operating Procedure

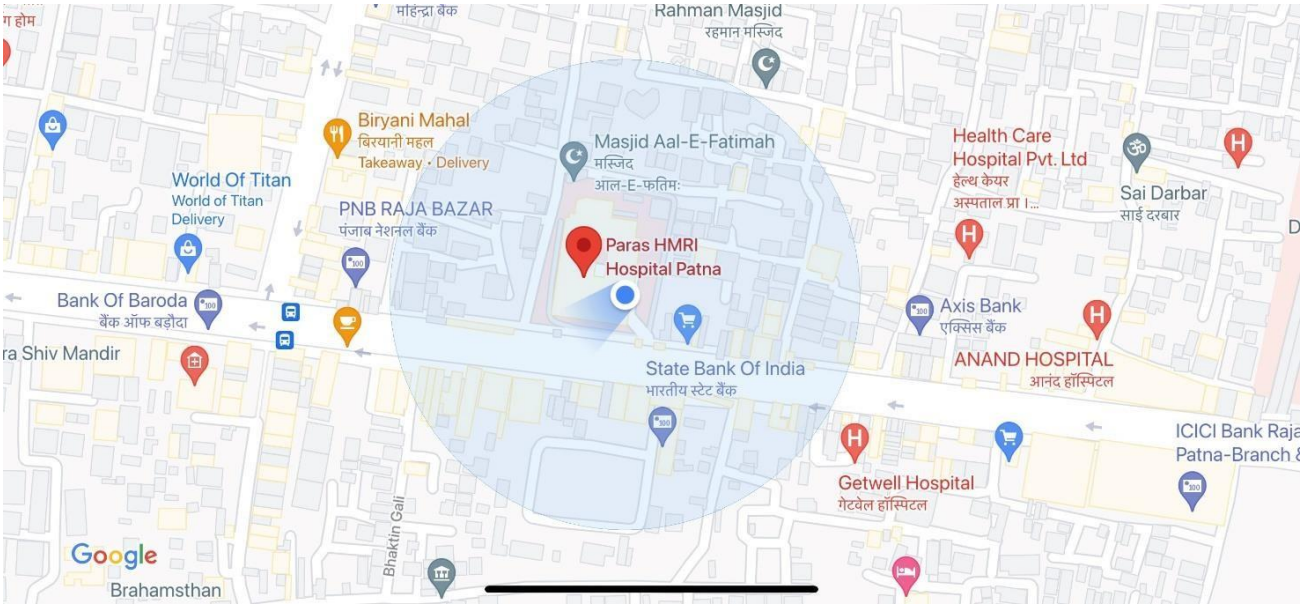
TOA- Time of Admission

TPA- Third Party Administrator

PSU- Public Sector Units

TAT- Turn Around Time

Location



Located 2.6 kms from Jai Prakash Narayan International Airport, Patna (BIHAR).

And 6.6 kms from Patna Junction railway station, Patna (BIHAR).

Introduction

- **PARAS HMRI Hospital** is an initiative of the Paras Healthcare. It is the primary corporate sanatorium of Bihar & Jharkhand. The 350 bedded multi-strong point tertiary care institute with over 30 clinical and surgical disciplines has been commissioned according with the imaginative and prescient of Paras Healthcare- supplying low priced healthcare centers and know-how in which the equal is inaccessible or scarce. The sanatorium is the nation of the artwork facility with hi-tech latest infrastructure and equipment, imparting scientific offerings withinside the fields of Oncology, Cardiac Sciences, Neurosciences, Orthopedics & Joint Replacement, Nephrology, Emergency Care.

  Spread throughout a place of 3,25,000 sq. ft, the sanatorium is the primary withinside the vicinity to offer a third-era complete oncology remedy Centre to the community. Paras HMRI is the primary sanatorium of the vicinity (Bihar & Jharkhand) to have a LINAC (Linear Accelerator) and PCT. The sanatorium has a full-fledged most cancers remedy facility that offers all remedy modalities- surgical, clinical & radiation therapy.

  Paras HMRI is likewise the primary sanatorium of the vicinity to offer clinical know-how in many disciplines- Endocrinology, Hematology, etc. The sanatorium with its medical doctors of repute, nurses of sizable schooling and enjoy purpose at turning in excellence to extra than sixty lakh humans of Patna and additionally cater to the adjacent regions of Uttar Pradesh, Jharkhand, Nepal and Bangladesh.

  Paras HMRI & Paras Healthcare believes in supplying the proper infrastructure aimed at enhancing scientific results and improving the provider transport to patients.

Accreditation

Paras HMRI Hospital, Patna organized a NABH Event from August 6 to 8, 2016. It is the first Multi Super Specialty Hospital in Bihar to receive NABH accreditation. NABH CEO Dr KK Kalra along with Dr Jatinder Kumar, Late Dr Shaibal Gupta & Dr Dharminder Nagar, MD & CEO, Paras Healthcare attended the event.

- **Paras HMRI Hospital became the first hospital in India to have Accredited ICU(ResCCU)**

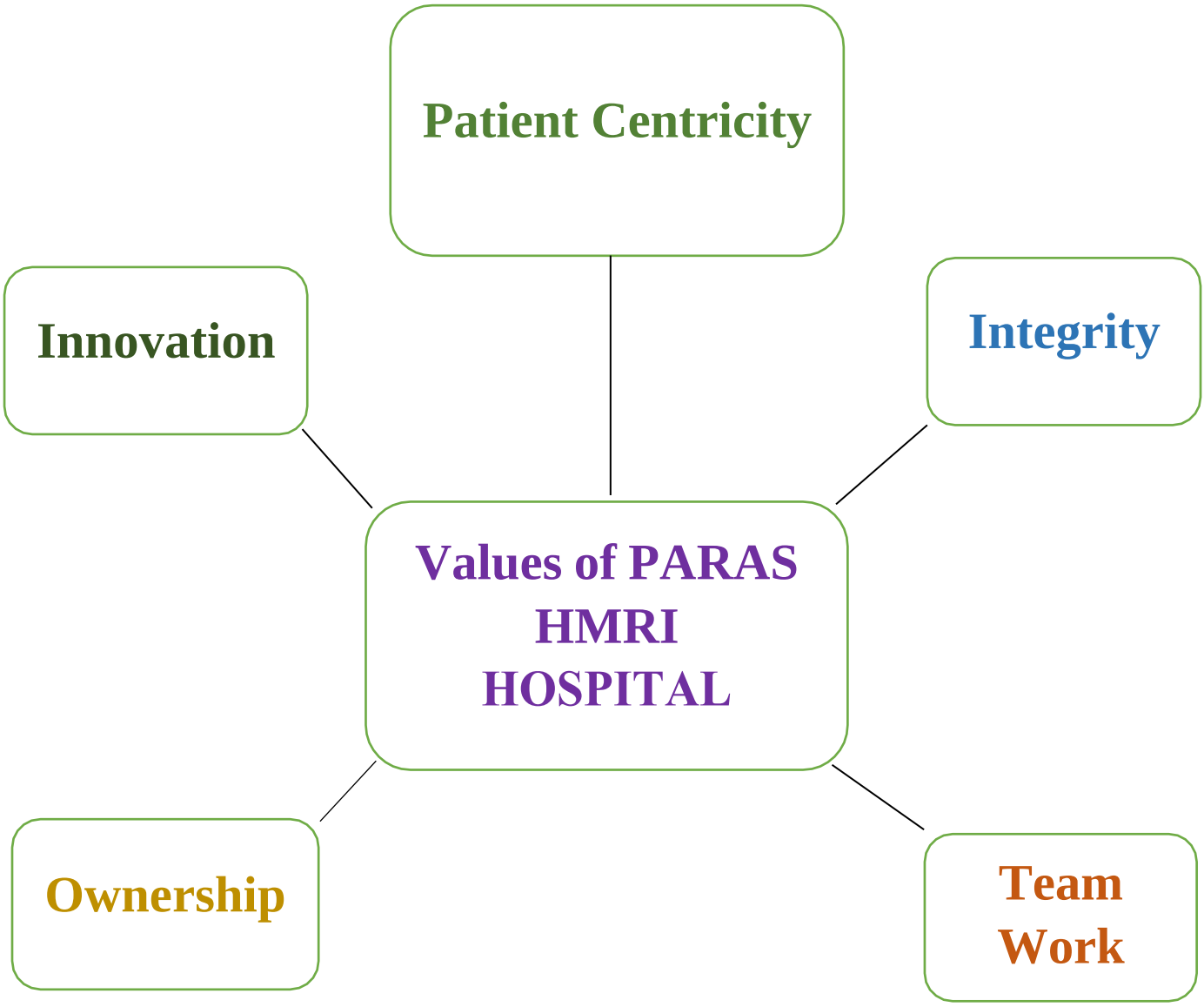
VISION :-

- To have become favored healthcare company for all
- Partnership in worrying and curing
- Providing tremendous hospital treatment to our purchaser during religion and cost integrity, respect, teamwork &innovation to acquire entire affected person pleasure.

MISSION :-

- To offer aggressive, innovative, and handy hospital treatment to the affected person.
- To facilitate enhancing the fitness of the affected person with the aid of using proving exceptional provider through our expert this is lower priced and delivered.
- To offer tremendous own circle of relatives centre healthcare to the complete own circle of relatives and youngsters in an surroundings that meets or exceeds the expectancy of these we solve.

Values of PARAS HMRI HOSPITAL



Facts About PARAS HMRI HOSPITAL

Bed strength	*350*
Bed occupancy rate	***90%***
No. of discharges / month	***600-650***
No. of OPD patients / day	***350-400***
No. of emergency cases / day	***25***
Total staff (on roll)	***650***
Building of PARAS HMRI HOSPITAL	***1***

Departments Of PARAS HMRI HOSPITAL

The departments of the PARAS HMRI HOSPITAL can be differentiated into:-

1. **Clinical Services** – Those services which are directly related to medical practices. These include:-

   a. Outpatient Department (OPD)
   b. Inpatient department (IPD)
   c. OT services
   d. Cath labs
   e. Ambulance Services
   f. Nursing Services
   g. Laundry Services
   h. Accident and Emergency Department
   i. Laboratory Services
   j. Mortuary services
   k. Blood bank

2. **Non Clinical Services**- Those services which are related to the administrative and non-medical side of the hospital. These include:-

   a. Medical Administration
   b. Administrative services (Admission, Registration and Billing)
   c. Medical Record Department (MRD)
   d. Information technology
   e. Engineering department
   f. Pharmacy department

2. Project Report

Introduction: -

NABH defines discharge as a procedure with the aid of using which a affected person is shifted out from the clinic with all involved clinical summaries making sure stability. The procedure is stated to be began out as soon as the consulting medical doctor orders discharge and it consists of all of the techniques until affected person vacates the bed.

Different literature review done on the subject suggests, discharge process is a lengthy process and most of the time hospital management cannot match with the benchmark as stated on their SOP. The put off withinside the discharge procedure ends in affected person dissatisfaction and takes a toll on the image of the organization, even after a hit and first-rate remedy. This ultimately hampers their revenue generation.

It was important to carry out this study as the hospital's feedback form stated that most of their patients were not satisfied by the discharge process. This study tries to map the discharge process and estimate TAT by comparing with their SOP.

Time motion study was conducted to know the bottleneck. It is a quantitative records collection technique wherein an outside observer captured special records at the length and movements required to perform a selected task, coupled with an evaluation targeted on enhancing efficiency.

Objective: -
1. To have a look at discharge procedure flow.
2. To estimate the time taken at every stage.
3. To discover the stairs in discharge procedure wherein the put off is occurring.
4. To know the reason for the delay.

How was the project initiated?

Analysis of feedback form, HIS data on discharge and discharge SOP were reviewed. Real time tracking of discharge process was done to evaluate patient's exit from the hospital. Real time process mapping of the whole process starting from the time doctor announces discharge till patient vacates bed.

Touchpoints

Why this evaluation?

- It shows the discharge process represents how well the health care is working.
- It is a vital tool for continuous service improvement.
- It is the component of organizational culture.
- Patient satisfaction is the source of competitive advantage.

Literature Review

- Discharge time taken by hospitals is one of the quality indicators. Hence, maintaining an acceptable level of discharge time provides competitive edge to the organization.

- Communication gap between the health professionals and providers, and coordination of work affected the continuity of care at the discharge process. - *Study on Quality and safety of hospital discharge.Hesselink.G.et.al.2012. [4]*

- Planning the discharges plays an important role in reducing the burden of pharmacy issue return and provides for timely bill settlement for self-paid and insurance patients. *-Admissions and Discharge Guidelines: Health Strategy Implementation Project.2003. [5]*

- A cross-sectional study conducted at a large multispecialty hospital showed that with an increase in planned discharges, clearance time reduced substantially in pilot study when compared with the main study. The overall mean clearance time for different departments also reduced substantially. *-Role of discharge planning and other determinants in total discharge time at a large tertiary care hospital. Mehta Shweta, Nair Jayesh, Rao Sunil, Shukla Kasturi.2015[6]*

- The outcome of six sigma implementation resulted in increase in revenue for the month during a study and had a positive patient satisfaction during the discharge process. Thus, six sigma is believed to reduce the average time taken during the process and delivery of quality services at an optimum cost. *-Study on implementing six sigma to improve hospital discharge process, Kirti Udayal.K(2012)[7]*

RATIONALE

Discharge is a very complex process as it involves several stakeholders. It is one of the major key factors for patient satisfaction and revenue generation for hospitals. There is often a significant delay between a patient being identified for discharge on the ward round to actual discharge from the unit. Discharge delays cause patient flow constraints which negatively impacts patient satisfaction, safety, hospital capacity and financial performance.

Research Questionnaire

1. How efficient is the discharge process of PHMRI, Patna?
2. What are the reasons behind the delay in the discharge process?
3. What Initiatives must be taken to lessen the discharge time?
4. What is the TAT for the organization for the different category patients?
5. Is the organization following the guidelines published by the NABH?

Objective Of the study

- To study the process of discharge in PHMRI hospital.
- To identify different steps involved in the discharge process.
- To identify measures that can contribute to the reduction of TAT of discharge process.
- To have a look at all of the elements worried in Discharge Process.
- The core objective of the project is to find appropriate solutions for the delay and provide good services to our patients.

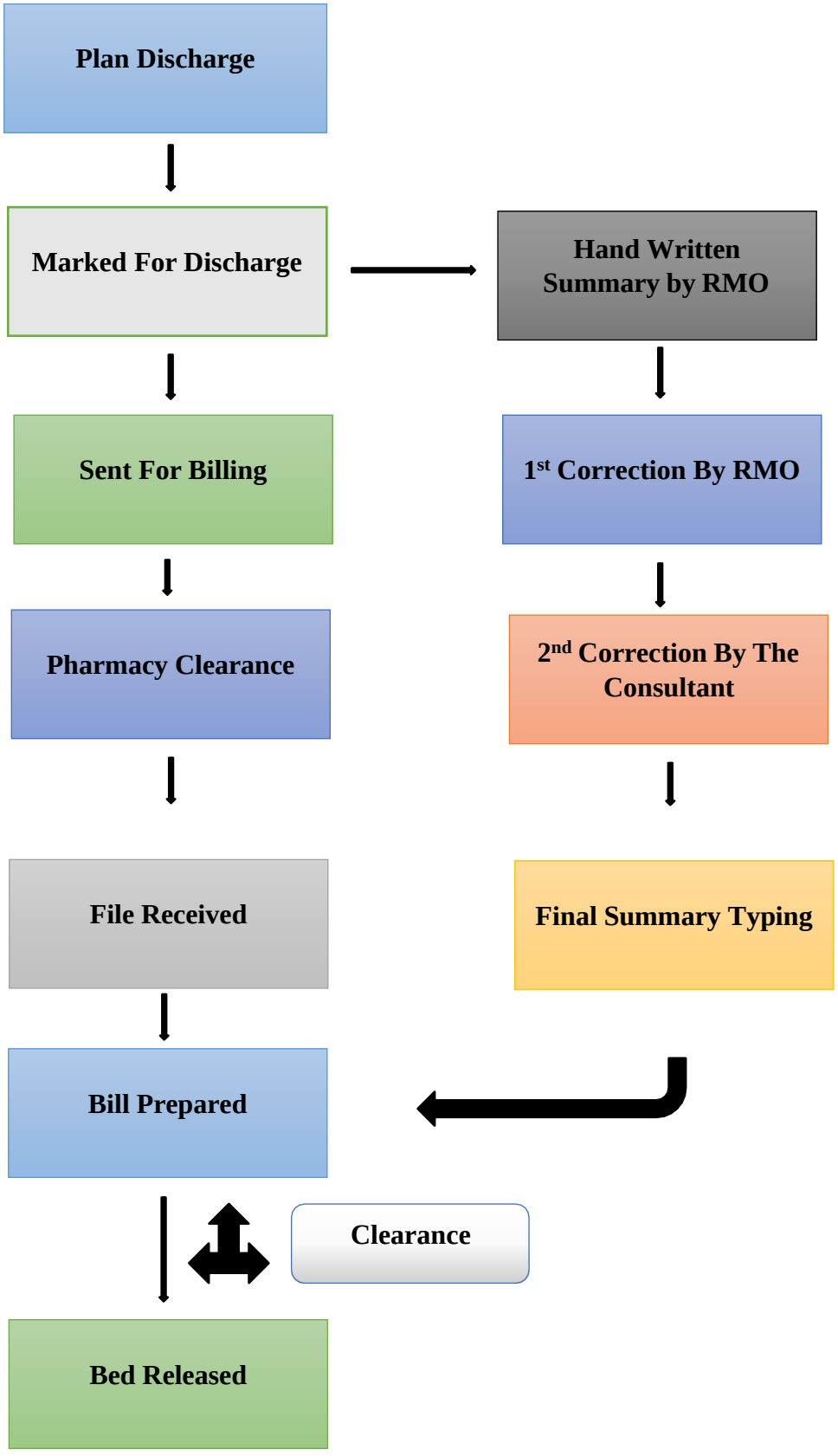
Turn Around Time For PHMRI

The turn around time (TAT) for patients differs with the mode of payment they choose during the time of admission. The TAT for the patients are as follow:-

1. Cash – Three hours (180 minutes)
2. ECHS – Three hours (180 minutes)
3. CGHS – Three hours (180 minutes)
4. PSU – Three Hours (180 minutes)
5. TPA – Four hours (240 minutes)

Note: - TAT is to be followed during the discharge process which starts from the time it is marked in the system till the bed is released after the discharge of the patient.

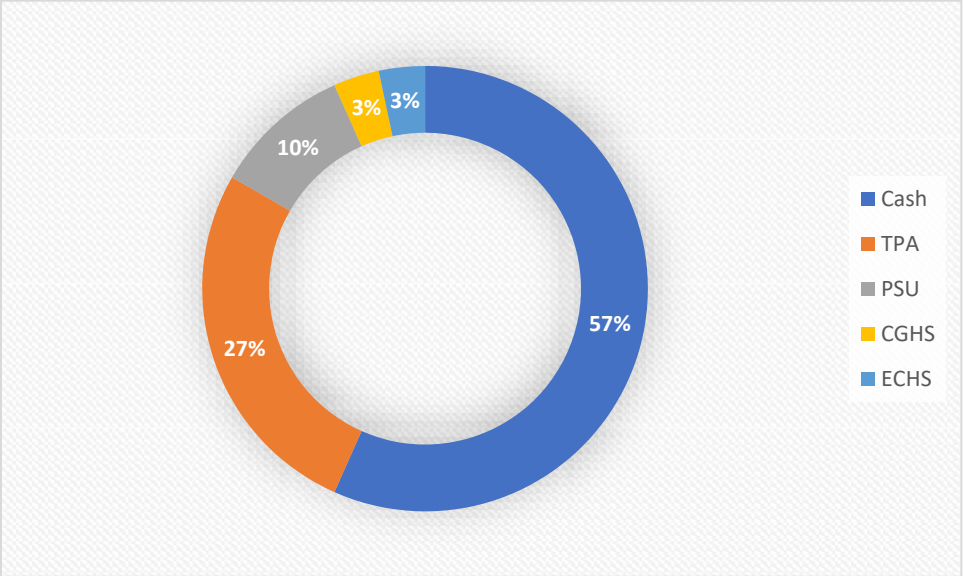
Steps Used for The Discharge Process



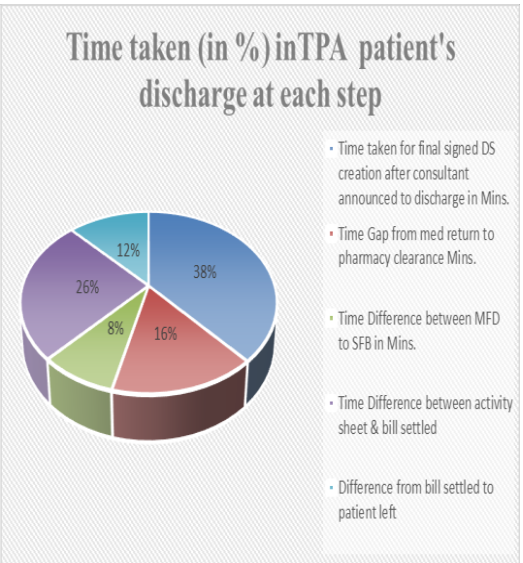
Research Methodology

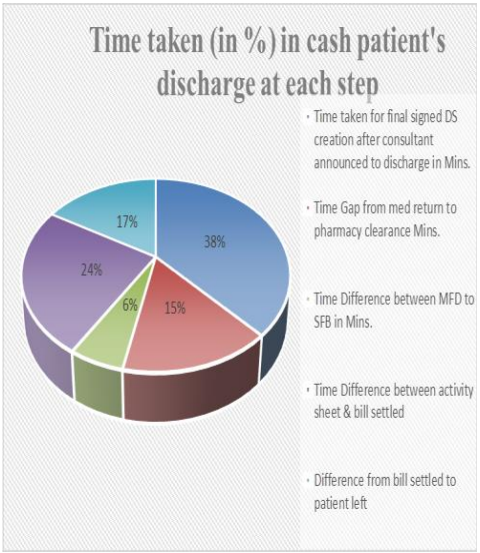
- **STUDY DESIGN:** Small scale descriptive study
- **SAMPLE SIZE**: The total sample size is 30.
- **TARGET GROUP**: Cash, Credit, TPA patients.
- **STUDY AREA**: PARAS HMRI Hospital, Patna.
- **DATA COLLECTION METHOD:** Primary data collection through observation and patient discharge checklist. Secondary data collection is from the information obtained through Hospital records.
- **INCLUSION CRITERIA:** Cash, Credit and TPA patients of planned and unplanned discharges.
- **EXCLUSION CRITERIA:** Discharges done directly from the ICU, lama patients, day care patients

Sl No.	Patient Name	Type Of Discharge	Payer Type	Marked For Discharge	Sent For Billing	Pharmacy Clearence	File Received	Bill Prepared	Bill Clearence	Bed Released	Time Taken
1	Mukesh Lal Yadav	Planned	Cash	09:30:00	10:06:00	10:30:00	10:32:00	15:05:00	15:06:00	15:20:00	5hrs 50 mins
2	Zoofeshan Samrin	Planned	Cash	07:56:00	08:21:00	10:21:00	10:24:00	15:05:00	15:10:00	18:57:00	11hrs 1 min
3	Sujit Kr. Singh	Planned	TPA	07:56:00	10:47:00	11:17:00	11:25:00	17:22::00	17:58:00	18:57:00	11hrs 1 min
4	Madam Mohan Singh	Planned	Cash	08:04:00	10:49:00	10:59:00	11:49:00	14:31:00	15:05:00	18:57:00	10hrs 53 mins
5	Ruma Devi	Planned	TPA	09:01:00	10:12:00	10:22:00	10:24:00	17:57:00	18:15:00	18:57:00	9hrs 56 mins
6	Raj kumari Devi	Planned	PSU	08:50:00	09:51:00	10:02:00	12:48:00	15:30:00	15:35:00	15:42:00	6hrs 58 mins
7	Yugal Kishor Sah	Planned	TPA	08:46:00	09:51:00	10:03:00	10:06:00	14:25:00	14:45:00	15:42:00	6hrs 56 mins
8	Shashi Bhushan Maharaj	Planned	PSU	08:51:00	09:55:00	10:02:00	11:44:00	17:43:00	17:46:00	22:18:00	11hrs 27 mins
9	Rita Devi	Planned	Cash	08:43:00	13:30:00	14:37:00	14:40:00	14:49:00	14:55:00	15:42:00	6hrs 59 mins
10	Maryam Kazmi	Planned	Cash	07:08:00	10:22:00	10:24:00	11:38:00	13:17:00	13:25:00	15:42:00	8hrs 34 mins
11	Mrigank Jain	Planned	Cash	09:27:00	10:33:00	10:58:00	11:02:00	12:17:00	12:25:00	14:30:00	5hrs 03 mins
12	Anita Yadav	Planned	Cash	09:27:00	10:34:00	10:54:00	11:02:00	13:37:00	13:46:00	14:47:00	5hrs 20 mins
13	Sugandha Gupta	Planned	TPA	08:31:00	09:43:00	10:15:00	10:18:00	12:53:00	13:15:00	14:30:00	5hrs 59 mins
14	Ramnandan Sharma	Planned	ECHS	08:31:00	09:45:00	10:16:00	10:19:00	12:33:00	12:40:00	14:30:00	5hrs 59 mins
15	Sushila Devi	Planned	TPA	08:53:00	09:07:00	09:28:00	10:09:00	14:41:00	14:55:00	16:47:00	8hrs 54 mins
16	Meena Sinha	Planned	Cash	09:04:00	09:05:00	09:17:00	09:59:00	11:46:00	11:51:00	14:15:00	5hrs11 mins
17	Gaurav Kumar	Planned	TPA	09:07:00	09:19:00	09:20:00	09:56:00	12:19:00	12:30:00	15:49:00	6 hrs 42 mins
18	Chandmuni Devi	Planned	Cash	07:42:00	07:43:00	09:36:00	09:48:00	10:30:00	10:34:00	14:48:00	7 hrs 6 mins
19	Manzoor Faizi	Planned	Cash	08:26:00	09:02:00	09:15:00	10:16:00	16:35:00	16:36:00	18:34:00	10 hrs 8 mins
20	Shobha Devi	Planned	Cash	09:39:00	10:38:00	11:35:00	12:05:00	13:23:00	13:26:00	16:14:00	6 hrs35 mins
21	Furkan Ansari	Planned	Cash	09:40:00	13:22:00	13:45:00	13:49:00	14:17:00	14:17:00	16:14:00	5hrs 34 mins
22	Chandra Tara Devi	Planned	CGHS	10:18:00	10:40:00	10:44:00	10:47:00	12:00:00	12:11:00	16:41:00	6hrs 37 mins
23	Syed Khalid Nasir Uddin	Planned	Cash	09:17:00	09:42:00	10:28:00	10:31:00	17:39:00	17:40:00	18:18:00	9 hrs 1 min
24	Sudhanshu Kumar	Planned	TPA	09:08:00	09:35:00	10:27:00	10:32:00	16:18:00	16:18:00	18:18:00	9 hrs 10 mins
25	Sushila Devi	Planned	PSU	09:17:00	09:25:00	10:41:00	11:07:00	13:57:00	13:58:00	17:37:00	8 hrs 20 mins
26	Abhishek Raj	Planned	Cash	10:34:00	10:55:00	12:22:00	12:24:00	12:58:00	13:05:00	18:36:00	8 hrs 2 mins
27	Krishna Devi	Planned	Cash	08:34:00	08:38:00	08:52:00	08:53:00	08:59:00	09:00:00	10:32:00	1 hr 58 mins
28	Satrughan Kumar Ararwal	Planned	TPA	11:21:00	11:22:00	11:56:00	12:01:00	16:06:00	16:16:00	17:37:00	6 hrs 16 mins
29	Vijay Chandra Singh	Planned	Cash	08:59:00	09:01:00	10:06:00	13:29:00	14:47:00	14:50:00	15:08:00	6 hrs 51 mins
30	Narayan Poudel	Planned	Cash	10:15:00	10:49:00	11:25:00	11:53:00	13:25:00	13:27:00	16:42:00	6 hrs 27 mins



Interpretation: - Out of 30 patients 57% patients were cash patient where as 27% were TPA, 10% were from PSU and 3% each for the ECHS AND CGHS respectively.

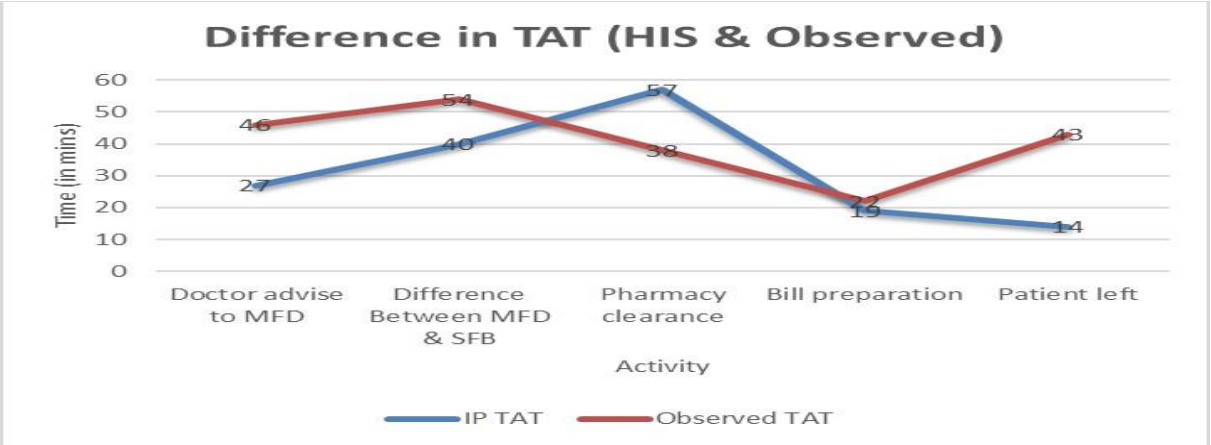




Interpretation: - Making of discharge summary took maximum time, 38% of overall time taken in discharge process in case of both cash and TPA patient's discharge followed bytime taken in pharmacy clearance 26% and 24% in TPA and Cash patient respectively.

Reason For The Delay In Discharge Process Based on the Tracking Of Discharge Process Through Self Observation

1. Medicines not intended on time.
2. File revoke process took longer time.
3. Clearance from the TPA taking longer time.
4. Improper updated data of HIS.
5. Lack of communication gap between the GDA's while transferring file from one desk to another.
6. Delay in sending files to the billing department.
7. Many discharges on the same day also a reason for delay in discharges.
8. Facilitators were not present at the time of discharge.
9. Attendants not aware how to collect the bill copy from the billing department.
10. Delay from the attendant's side because of financial issue in cash patient.
11. There is also noticed lack of accountability taken by the house keeping regarding bed release.



Interpretation– There was a huge gap in turnaround time of what was observed and what was there in their HIS. When the average at each step in the observed data was compared with the average at each step in HIS it was found that total average time taken in discharge according to HIS was more than the actual time taken for the process.

Recommendations

- Financial counselling should be done with patient and facilitator a day prior to discharge so there is no confusion regarding the billing.
- Discharges should be planned a day prior and same should be discussed wit the patients and facilitators.
- Proper communication between all the concerned departments related to discharge.
- A counsellor to handle difficult patient.
- An updated HIS will improve the real time of TAT.
- Cash patient should be informed in advance about the payment process so there is no delay and confusion at the time of discharge.
- Control on the flow of the activities of all the concerned staffs.
- Departments must take the accountability to improve the delay.

If recommendations are taken into consideration legitimate and carried out withinside the system, the period of the time may be substantially reduced. A development withinside the discharge method will growth the affected person pleasure immensely as discharge is found to be one of the maximum motives for dissatisfaction among the sufferers.

For the powerful discharge making plans own circle of relatives, medical institution staffs, doctors, nurses should work together. Performance requirements have to be regularly monitored and there have to be openness to revolutionary solutions.

Conclusion

Patient discharge is a complicated technique related to cooperation and coordination of all departments and staffs withinside the medical institution. Discharging affected person in a well timed way is a challenging task. In this study, time taken for the release technique in PARAS HMRI Hospital changed into analyzed. It changed into observed that point taken for billing of entirely changed into contributing the maximum to the overall time taken for the release technique. With good enough staffing and affected person counselling on time, this time may be reduced. Thus, enhancing the time taken for discharge now no longer only improves affected person pleasure however additionally facilitates in affective mattress control for the medical institution.

Overview of Internship

Medical Administration (2 Months)

Key learnings: -

- Discharge process
- Internal ward study
- Clinical outcomes
- Follow ups of PTCA (percutaneous transluminal coronary angioplasty)
- Follow ups of CABG (coronary artery bypass graft surgery)
- Follow ups of TKR (total knee replacement)
- Follow up of Radiation Oncology
- Follow ups of KTP (kidney transplant patient)
- Video Recording for patient and recipient in KTP
- Facilitating family meeting in ICU
- POS data
- Prevention of ICU return within 48 hours
- Prevention of death within 48 hours after surgery
- Live file audit
- Covid reporting
- Coordination with other departments
- Coordination with consultants and MT
- Mortality screening
- Closed file audits (consent forms, death forms, etc)

References

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