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BRIEF HISTORY AND DESCRIPTION ABOUT ORGANIZATION

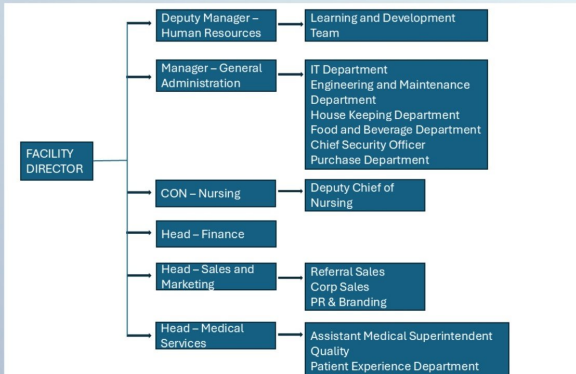
Fortis Hospital, Shalimar Bagh, is a premier multi-specialty hospital and trusted healthcare provider, offering a comprehensive range of medical services in North Delhi. Established in 2010, the hospital is recognized as a leader in delivering world-class healthcare solutions, combining state-of-the-art facilities with compassionate patient care.



ORGANIZATION VISION AND MISSION

Vision: To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.
Mission: To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care.

ORGANIZATION STRUCTURE



THEORITICAL VS PRACTICAL LEARNING

- Practical exposure enhances problem-solving; theory gives frameworks
- Theory broadens understanding; practical exposure provides specific skills

PROJECT

OBJECTIVE:

To analyze the discharge process by measuring turnaround time (TAT), identifying key delays and their root causes, evaluating the financial impact of late discharges, and recommending practical, streamlined solutions to improve bed turnover, efficiency, satisfaction and hospital revenue.

METHODOLOGY:

Data Collection Tools: visual observations, hospital information system (HIS) reports, and department registers.

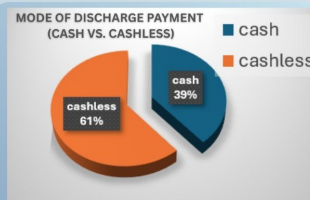
Research Method- Descriptive time and motion study

Sample Size: 232

Study Population: IPD patients

Sampling Method: Purposive sampling

Data analysis technique: Descriptive analysis



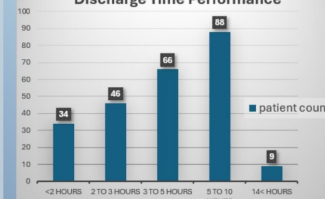
- 39% of patients were discharged by paying cash.
- 61% of patients were discharged through cashless (credit/insurance) means.

AVERAGE TAT



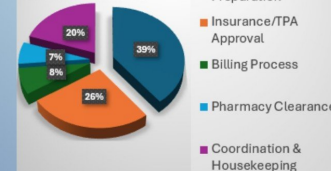
Cashless discharges take on average 30% longer than cash discharges, driven largely by insurer/TPA approvals and billing settlement delays

Discharge Time Performance



- A large proportion (88 patients) took 5 to 10 hours, indicating a major delay zone.
- Ideally, discharge processes should aim for <3 hours; however, only 80 patients (34+46) fall under this target.

DELAY CONTRIBUTORS IN DISCHARGE PROCESS



- Discharge Summary Preparation (39%) and Insurance/TPA Approval (26%) are the largest contributors to delay of the overall process.
- It highlights key bottlenecks for improvement.



- 2,460 hours wasted
- 102.5 bed-days kept unnecessarily occupied
- Opportunity to treat 26 more patients every 3 weeks if discharge is optimized

SWOT ANALYSIS

STRENGTHS(S)

- Multiple super-specialties & diagnostics.
- Convenient location with good accessibility for patients.

WEAKNESSES (W)

- Inadequate number of beds during peak time for admission.
- Slow discharge summary & TPA process.

OPPORTUNITIES (O)

- Partnering with nearby other hospitals.
- Rising demand for quality care.

THREATS (T)

- Competition with higher capacity hospitals.
- Losing out patients due to delay in discharges.

MAJOR LEARNINGS DURING INTERNSHIP

- **Patient-Centred Care Understanding:** Learned to prioritize patient satisfaction and safety while balancing operational efficiency and regulatory.
- **Process Analysis & Improvement:** Understanding the discharge process and identifying the bottlenecks, giving practical solutions for improvement.
- Enhanced awareness and compliance regarding consent form protocols.

CHALLENGES FACED DURING INTERNSHIP

- **Balancing Multiple Priorities:** Managing several tasks once—often without a clear sense of which to prioritize—while ensuring quality work in each responsibility.
- **Maintaining Motivation:** Staying engaged and focused during repetitive or monotonous tasks, especially when working on lengthy audits or data entry or lengthy observation periods.
- **Interdepartmental Communication:** Coordinating effectively across departments (clinical, nursing, pharmacy, and billing) posed a challenge, especially when processes depended on inputs or approvals from multiple teams.

USEFULNESS OF INTERNSHIP

- Gained valuable industry insights by closely observing real-time hospital operations and understanding how different departments coordinate in a healthcare setting.
- Developed essential technical skills such as process mapping, data cleaning, and using quality improvement tools to optimize workflows.
- Experienced firsthand how theoretical concepts from the classroom are applied to solve real operational challenges in hospital management.

SUGGESTIONS

- Automate Discharge Tracking for patients.
- A dedicated discharge lounge where patients can wait post-formalities.
- Availability of more GDAs for summary handovers and other work at the nursing station.
- Improvement in HIS.
- Monthly Compliance Audits(of discharge summaries, consent forms, and TPA documentation with structured feedback loops).

