ASSESSING THE ROLE OF COMMUNICATION, DOCUMENTATION, AND COORDINATION ON DELAYED PATIENT DISCHARGES AT BRAHMANANDA NARAYANA MULTISPECIALITY HOSPITAL (BNMH)

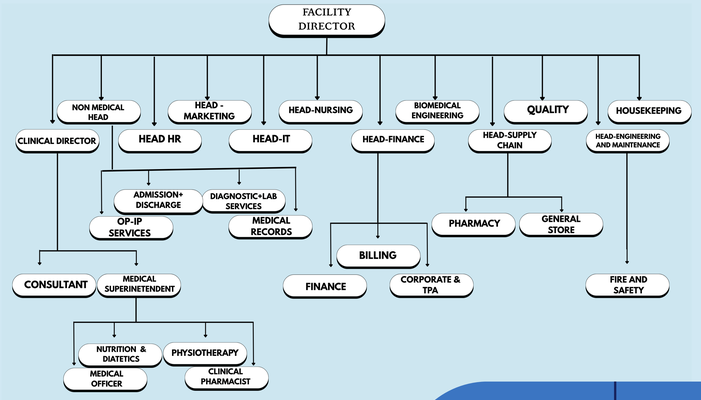
PREPARED BY
Dr.Archana Kumari Mahato
MBA - HM (29) ROLL NO 1912

FACULTY MENTOR- .DR. SANJAY GUPTA
ORGANISATION MENTOR- MR .RAKESH CHAWDHARY

BRIEF HISTORY ABOUT THE ORGANIZATION

Brahmananda Narayana Multispeciality Hospital, Jamshedpur, is a tertiary care hospital in the state of Jharkhand, India, operated by the Narayana Health group
The hospital was opened in July 2008 by Narayana Health and the Brahmananda Sewa Sadan Trust at Jamshedpur, Jharkhand, to treat patients across various socio-economic backgrounds.
The hospital has the first epilepsy clinic in Jamshedpur city, and provides care for adults, the elderly, and children. The hospital operates an ambulance with advanced cardiac life support (ACLS), a blood bank, a radiology department, 24/7 emergency and trauma services, 90 intensive care beds, and five operating theatres.

ORGANIZATION STRUCTURE



MISSION

to make high-quality, affordable healthcare accessible to a broad population.

VISION:

Our Vision is To Provide High Quality Healthcare, with Care and Compassion, at anAffordable Cost, on a Large Scale.

STRENGTH
- Affiliation with Narayana health
- Wide range of specialities
- E.mpanelled under CGHS, ECHS, along with other government scheme like Ayushman Bharat and BPL
- Community outreach programs- Home care, rural health camps and dialysis clinics.

WEAKNESS
- Dependent on NH's centralized strategy.
- Geographical disadvantage.
- Limited public transport connectivity.

OPPORTUNITIES
- Digital Health and telemedicine
- Less competition
- Medical tourism within Eastern India

THREATS
- Increasing local competition
- Workforce Retention
- Infrastructure constraints

ABOUT THE PROJECT

PROBLEM STATEMENT

Timely discharge depends not only on clinical readiness but also on efficient communication, proper documentation, and team coordination. Despite improvements in clinical care, operational inefficiencies remain understudied. This study will use direct observation and record analysis to identify patterns in delayed discharges in the general ward.

OBJECTIVES

·Primary Objective: To assess the role of communication, documentation, and coordination on delayed patient discharges through non-intrusive observation and patient record audits in the general ward.

METHODOLOGY

Study Design: Descriptive observational study.
Case series of delayed discharge.

- Non-participant observation of the discharge process by the researcher or trained observer.
- Retrospective review of patient records, including discharge checklists, documentation timestamps, nursing and physician notes, and hospital information system (HIS) logs.

DATA OVERVIEW

The sheet includes detailed discharge process timelines for individual patients, covering:
- Notification times to staff and family
- Time of medical clearance and discharge summary completion
- Billing and pharmacy delivery times
- Final discharge time
- Observational notes explaining the Causes of delay

KEY FINDINGS

Average Delay Duration
·Most delays ranged between 5 and 8 hours from clearance to actual discharge
·Some cases experienced even longer durations due to compounded procedural delays.

USEFULNESS OF THE INTERNSHIP

- Improved communication skill
- Dealing with the patient with empathy and calmly with irritated patients.
- Necessity of maintaining the organization's culture for the reputation of the Brand
- Working in a group of people and coordinating with other department to complete the task on priority basis.

CHALLENGES FACED DURING INTERNSHIP

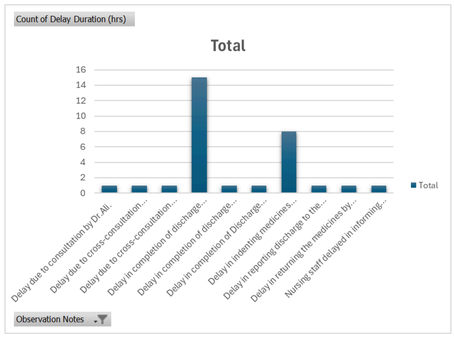
- Many departments were resilient in sharing data for research and auditing purposes.
- The staff were a little hostile at first, but they got to work with us.
- Language Barrier with the Patients

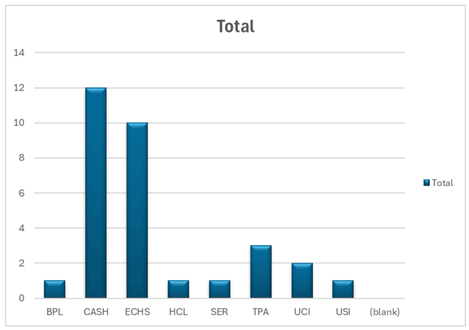
MAJOR LEARNINGS DURING INTERNSHIP

- Gain hands-on experience in managing IPD.
- Coordinated with doctors to complete the initial assessment on time after admission
- Coordinated with different departments for streamlining the IP process
- Updated the chargesheet for billing
- Learned the discharge process of different patients, like TPA, corporate, and cash
- In IPD, conducted research related to the delay in the discharge process and gave useful suggestions to solve the issue.
- In the quality department, learned about conducting different audits according to NABH guidelines
- Made a presentation to analyse the success rate of code blue in the hospital.

ANALYSIS

Most Frequent Delay Types:
·15 instances: Delay in completion of discharge summaries.
·5+ instances: Delays due to coordination between multiple consultants.
·6+ hours delay is common in billing and pharmacy processes.
·12+ Instances: Delays in Cash patient and 10+ instances of ECHS patient delay.





SUGGESTIONS

Ø Increase Staff – In both the IPD and QUALITY departments, to handle the workload efficiently.
Ø Improve Communication – Among staff to avoid delays in patient care.
Ø Assign Responsibilities Wisely – For example, discharge summaries should be prepared by the most informed medical personnel.
Ø Resource Reallocation – Flexibly assign staff across departments to balance workload.