DISCHARGE TURN AROUND TIME ANALYSIS
CK BIRLA HOSPITAL, DELHI

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Organization History, Vision & Mission

History

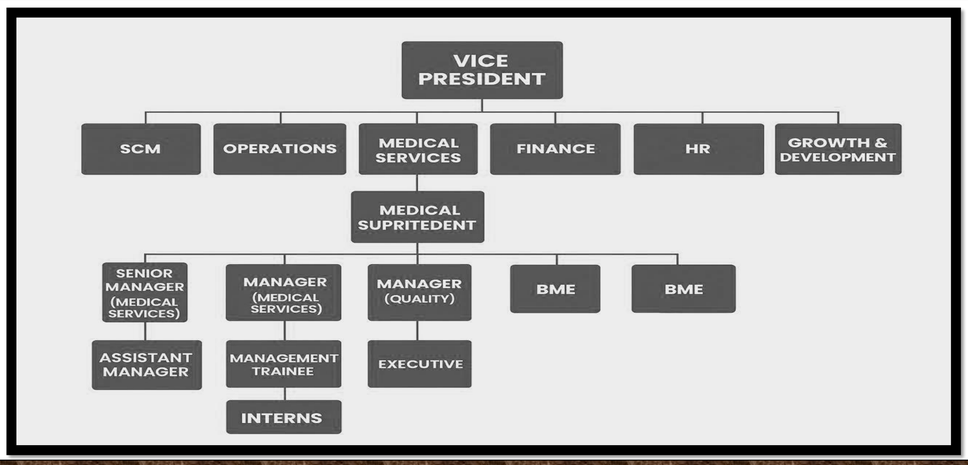
CK Birla Hospital in Delhi is part of the larger CKA Birla Group, which has a legacy dating back to 1862. The Delhi hospital (Punjabi Bagh) opened in early 2021, building on the group's long-standing commitment to healthcare and its first hospital in Gurgaon (2017).

Vision and Mission

Vision: To transform the future of healthcare through outstanding clinical outcomes, research, education, and compassionate care

Mission: To deliver global standards of clinical excellence, maintain integrity in healthcare, and uphold a promise of trust, empathy, and continuity of care, with patients at the heart of their actions.

Organization Structure



SWOT Analysis

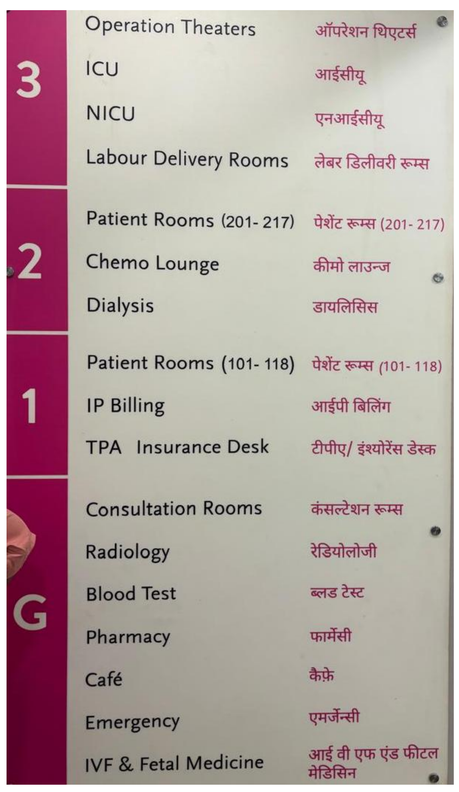
Strengths
- Data-Driven Analysis: Comprehensive review of 370 patient records.
- Clear Patient Categorization: Insights for TPA vs. Cash patients.
- Key Parameter Focus: Examination of specific discharge stages.
- Proactive Improvement: Commitment to identifying and solving inefficiencies.

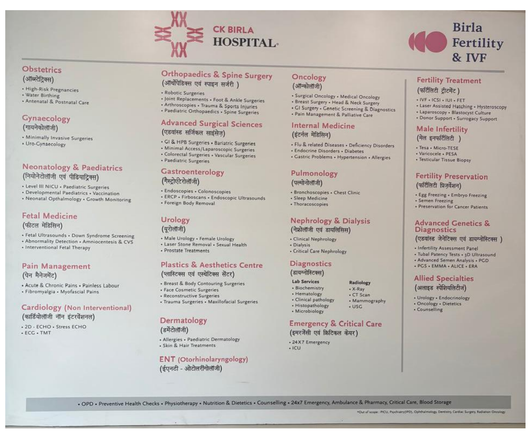
Weaknesses
- Longest D/C Summary Delay: Initial stage is most time-consuming.
- Significant Billing Bottleneck: Major delay, especially for TPA patients.
- Higher TPA TAT: TPA cases consistently take longer.
- Cash Patient Summary Delays: Internal clinical documentation issues.

Opportunities
- Streamline Processes: Optimize D/C Summary workflow.
- Enhance TPA Coordination: Accelerate bill clearance.
- Optimize Inventory/Docs: Reduce implant-related delays.
- Increase Patient Satisfaction: Faster discharge improves experience.
- Gain Operational Efficiency: Quicker bed turnover, potential revenue increase.

Threats
- External Dependencies: Reliance on insurance providers causes delays.
- Resistance to Change: Staff may resist new workflows.
- Unforeseen Patient Delays: Factors like "Patient Denied Discharge."
- Maintaining Consistency: Challenge in ensuring long-term adherence to new processes.

Photo Gallery





Objectives

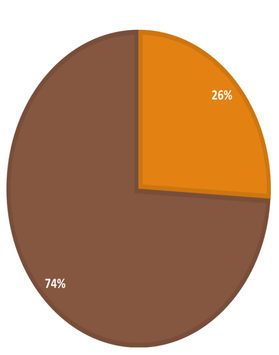
Evaluate Delays: Assess duration and frequency of delays in the patient discharge process.
Compare Patient Types: Differentiate and analyze discharge experiences for TPA and Cash patients.
Identify Key Reasons: Pinpoint primary causes contributing to discharge delays.
Suggest Improvements: Propose actionable insights for enhancing service quality and operational flow.

Methodology

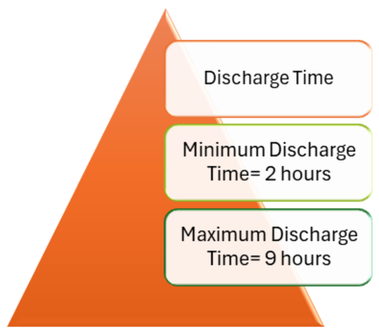
Data Source: Comprehensive discharge records from CK Birla Hospital, Delhi.
Total Patients Reviewed: 370 patient discharge records.
Categorization: Segmented into TPA (Third-Party Administrator) and Cash categories.
Key Parameters Examined:
Discharge Summary: Completion and approval times.
Billing & Clearance: Efficiency of financial processes.
Room Vacate Time: Patient departure from the ward.
Delay Reasons: Specific causes documented for hold-ups.

Findings

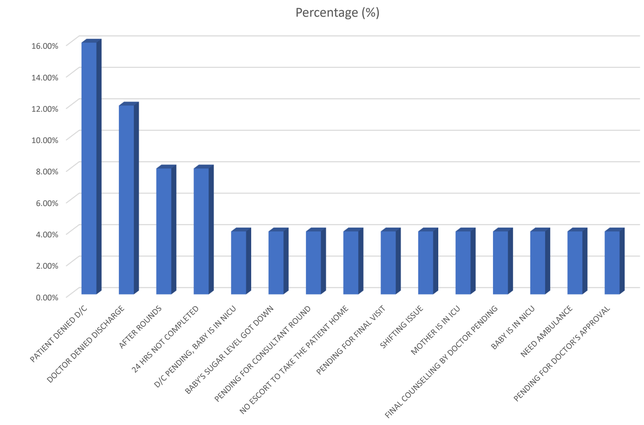
Overall Average TAT (MFD to Room Vacate): 5.37 hours
Stage-wise Averages Across All Patients: MFD to D/C Summary: 2.59 hours –
Longest delay stage, indicating potential delays in completing the discharge summary.
MFD to Bill Ready: 1.06 hours – Relatively quick transition.
Bill Ready to Bill Clearance: 2.28 hours – Significant bottleneck, suggesting financial clearance delays.
Bill Clearance to Room Vacate: 0.90 hours – Relatively efficient movement after bill clearance.
Patients Face longer delays, particularly in Bill Clearance (due to insurance coordination) and Discharge Summary finalization.
Cash Patients: Generally, faster in Bill Clearance and over all TAT, but can face internal delays, especially in summary preparation.
Root Causes of Delay: TPA Patients: Insurance claim approvals and documentation or financial clearance.
Cash Patients: Delay in final discharge summaries by medical staff, internal process inefficiencies.



TYPE OF PATIENTS



MINIMUM AND MAXIMUM DISCHARGE TAKEN



REASONS OF DELAY

DISCHARGE PROCESS

Challenges

Slow Discharge Summary: Longest initial delay from MFD.
Billing Bottleneck: Significant delay in bill clearance, especially for TPA.
TPA Complexities: Longer overall TAT due to insurance and documentation.
Cash Patient Summary Delays: Internal inefficiencies in documentation.
Implant Hold-ups: Issues with inventory and related paperwork.
Patient-Initiated Delays: Factors like "Patient Denied Discharge."

Theory Understanding VS Practical Exposure

Theory Understanding: Applied knowledge of healthcare operations, patient flow, and data analysis principles.
Practical Exposure: Involved direct analysis of 370 discharge records, identifying real-world bottlenecks, and quantifying actual TATs for TPA vs. Cash patients.
Synergy: Theoretical frameworks guided data collection, while practical findings validated and refined these theories, leading to actionable, data-driven recommendations for improving discharge efficiency.

Suggestions

Streamline D/C Summary Process: Identify reasons for delays in MFD to D/C Summary
Implement timely MFD entry and fast-track doctor approvals.
Accelerate Bill Clearance: Investigate reasons for long Bill Ready to Bill Clearance time, especially for TPA cases.
Improve communication with insurance providers and explore pre-approvals for common procedures.
Advance coordination with TPAs .
Improve documentation processes for implants
Continuous Monitoring: Continue to monitor TAT metrics regularly.

Learnings and Usefulness

Improving discharge TAT is crucial for enhanced patient satisfaction and hospital efficiency.
Regular monitoring of TAT metrics is essential for operational excellence.
Cross-departmental coordination (clinical documentation, TPA coordination, billing) is key.
The analysis provides actionable insights for optimizing hospital workflows and patient experience.