SIP ORGANISATION : Artemis Hospital, Gurugram.
ORG. MENTOR : Dr.SAURABH PATLE
UNIV. MENTOR :Prof.(Dr) GOUTAM SADHU

SUMMER INTERNSHIP PROGRAM
IIHMR UNIVERSITY, JAIPUR

"IPD FLOOR PATIENT DISCHARGE TURN AROUND TIME ANALYSIS ARTEMIS HOSPITALS, GURUGRAM"

ARTEMIS HOSPITALS
OUR SPECIALITY IS YOU

PROFILE OF ORGANISATION

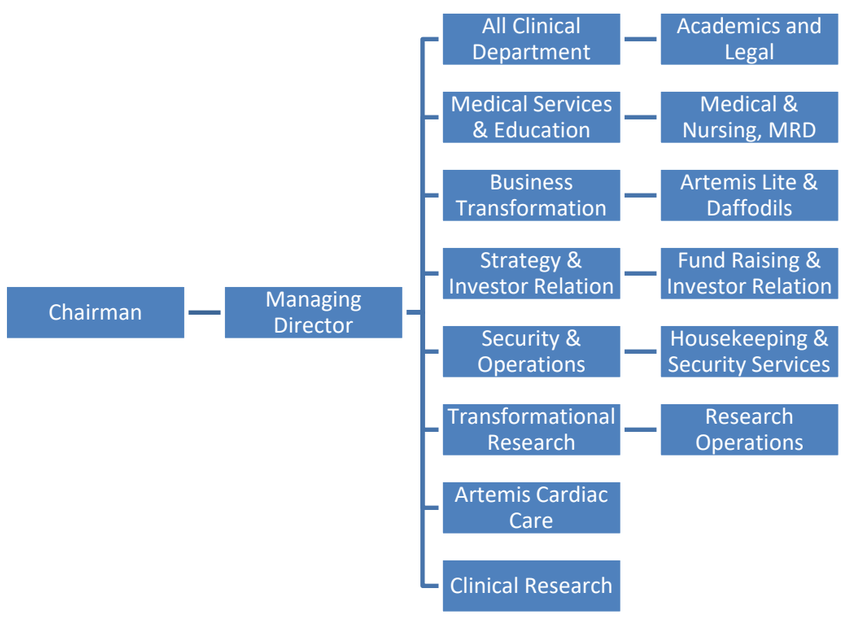
1. BRIEF HISTORY

Established in 2007, Artemis Hospitals is a premier healthcare institution delivering advanced medical care.
Pioneered excellence in Haryana by becoming the **first hospital** in the state to earn **both JCI and NABH accreditations**.
Recognized with **Green OT Certification** for eco-friendly surgical practices.
Holds prestigious **ISO Certifications** ensuring quality and safety in patient care. The hospital offers:,**750+ beds**,**40+ medical specialties**
•A team of **400+ experienced doctors**

2. VISION & MISSION

"Create an integrated, world-class healthcare system that delivers specialized, compassionate, and affordable patient care through leading medical practices, advanced research and education, cutting-edge technology, and strong community partnerships—driven by the innovations of top scientific minds and sustained by unwavering commitment to quality, empathy, and service excellence."

3. ORGANISATIONAL STRUCTURE



4. THEORETICAL UNDERSTANDING V/S PRACTICAL EXPOSURE

Emphasizes management tools like Six Sigma, Lean, TQM, etc.	Involves practical use of HIS software, TPA, billing modules.
Involves learning about accreditation bodies like NABH, JCI, ISO.	Observing bottlenecks in discharge TAT, delays in processes.
Covers healthcare laws, ethics, budgeting, quality control.	Real application of SOPs, audits, and documentation practices.
Classroom learning includes SOPs, workflows, HR policies, etc.	Learning by watching hospital staff handle emergencies, conflicts, resource constraints.
Focuses on ideal scenarios and structured processes.	Understanding stakeholder perspectives – patients, families, doctors, nurses, admin

5. LEARNINGS DURING INTERNSHIP

- Understood the discharge process flow from announcement to actual checkout.
- Identified bottlenecks and delays in the discharge workflow.
- Gained hands-on exposure to pharmacy coordination, billing delays, TPA issues, and inter-department communication.

6. OBJECTIVES

- To analyze the Discharge patient process flow.
- To identify reasons for delays in each step of discharge.
- To provide recommendation to improve the Discharge process and reducing the delay in discharge leading to more patient satisfaction.
- Micro and macro analysis of the data in which for macro – 397 patients , micro – 50 patients
- To communicate and interact with patients and attendants.

METHODOLOGY

Study Designs	Observational study
Sample Size	397 +50 Patients
Study Tool	Histogram , Pie chart ,DMAIC, bar chart and MS excel
Sample Technique	Non-Probability Convenience sampling

Discharge analysis interventions

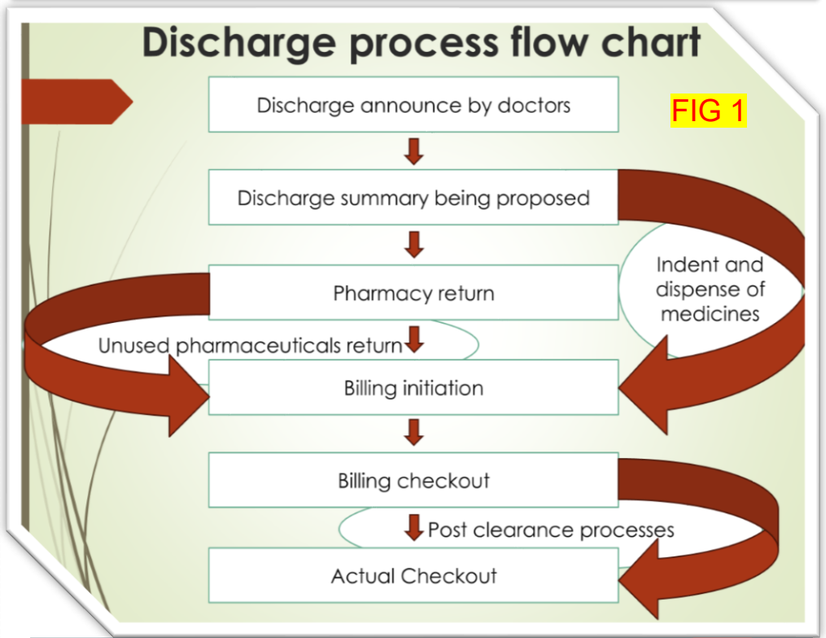


FIG-2

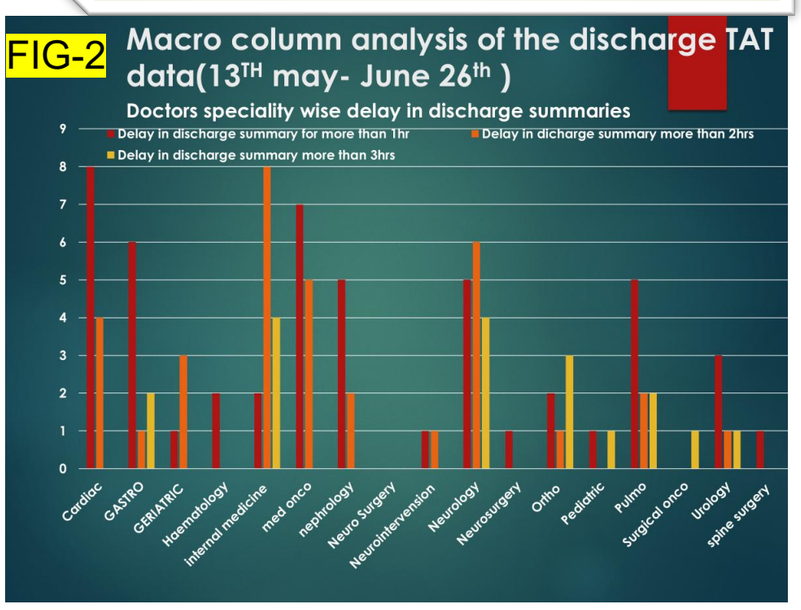
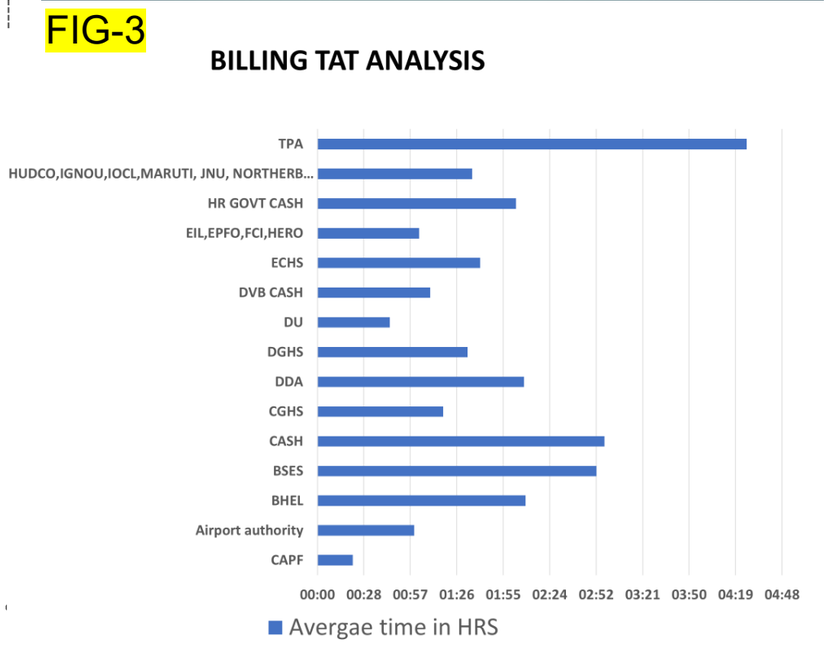


FIG-3



BILLING TAT ANALYSIS

7. SWOT ANALYSIS

STRENGTHS	WEAKNESSES
Excellent medical professionals Greatest involvement of healthcare professional Big Brand Name Well defined clinical pathways and ser- vice protocols	The rising costs of healthcare de- livery makes it expensive for a normal middle-class family.
OPPORTUNITIES	**THREATS**
Minimizing services Turn Around Time Expansion to underserviced areas	The migration of skilled nursing personnel to developed countries Rising Competitors

8. TOWS ANALYSIS

Threats (T)

S-T Strategies (Use strengths to defend against threats)

- Use brand credibility and quality certifications to stand strong against growing local and international competition - Invest in infection control and clinical quality to avoid negative impact from pandemics and audits

W-O Strategies (Minimize weaknesses using opportunities)

Use government healthcare digitization initiatives to improve discharge and billing automation - Collaborate with health-tech startups to enhance backend efficiency

TOWS

W-T Strategies (Minimize weaknesses and avoid threats)

Improve training and SOPs to reduce discharge-related issues and patient dissatisfaction - Implement lean process improvement to survive in price-sensitive insurance & TPA environments

Opportunities (O)

S-O Strategies (Use strengths to capitalize on opportunities)

- Leverage international accreditations to boost medical tourism and attract international patients - Expand telemedicine services using existing specialist teams and IT infra

9.SUGGESTIONS

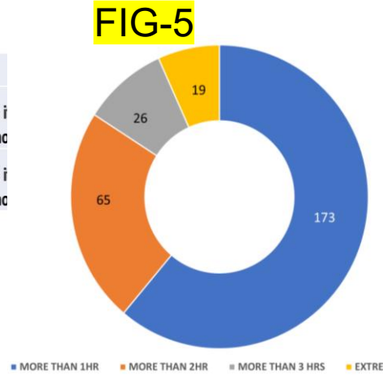
- Provide staff training to improve workflow efficiency.
- Conduct early doctor rounds to finalize planned discharges.
- Availability of GDAs with wheelchairs for patients at the time of physical moveout (if required).
- Upgrade the Hospital Information System (HIS) to:- Notify nurses immediately when discharge summaries are published by doctors.
- Implement queue management for No Dues clearance, using a manual labeling system to track and verify each step systematically.
- Set clear SLAs with TPAs/ECHS to respond within a fixed time window.
- Pharmacy roster need to be implemented on floor as well as GDA activity register.

FIG- 4

S.NO	TAT analysis	Time Taken (min)	Insights
1	Pharmacy return	00:22	For two patients i around and ho
2	Discharge medications	00:19	For two patients i around and ho

S.NO	TAT analysis	Time Taken (min)
1	Billing approval by Corporates/panel	00:27
2	Medications dispense to billing initiation	00:19

FIG-5



CONCLUSION

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• Discharge delays often linked to delayed medication clearance, TPA approvals, and pending doctor orders, Inconsistent communication between pharmacy, billing, and nursing staff, Delay from billing desk to check out patient even after receiving clearance.