SUMMER INTERNSHIP PROGRAM
IIHMR UNIVERSITY, JAIPUR

ANALYSIS OF THE DISCHARGE PROCESS IN THE PLANNED TPA AND CASH PATIENTS IN A TERTIARY CARE HOSPITAL, JAIPUR
CK BIRLA HOSPITAL (RBH), JAIPUR

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BRIEF HISTORY

CK Birla Hospitals, comprising its five identities across India
- The Calcutta Medical Research Institute (CMRI)(Kolkata)
- BM Birla Heart Research Center (BMH) (Kolkata)
- CK Birla Hospital (RBH) (Jaipur)
- CK Birla Hospitals (Gurugram)
- CK Birla Hospitals (West Delhi)

The five units of CK Birla Hospitals having footprint in Kolkata, Jaipur and Delhi which offer 800+ beds with comprehensive health care services in India.

RBH was launched in 2016 at Jaipur which now has the capacity of 230 beds overall, 75 ICU beds and 9 modular OT. The Hospital also offers Da-Vinci Robotic Surgery and is built on the foundations of clinical excellence, ethics and patient-centric care

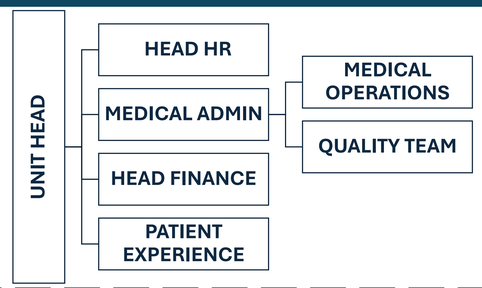
VISION

To provide best of Patient Service & Clinical Excellence.

MISSION

To create Clinical Centers of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome.

ORGANISATION STRUCTURE



Theoretical Understanding

- ✓Understanding of various essential departments in the hospital and its functions
- ✓Gained knowledge of the core concepts of the hospital management

Practical Exposure

- ✓Conducted audits of core departments
- ✓Application and development of skills like decision-making and problem-solving to real-world scenario

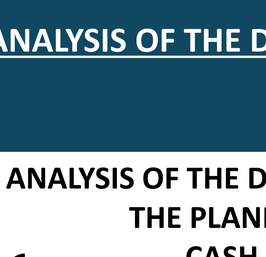
ANALYSIS OF THE DISCHARGE PROCESS IN THE PLANNED TPA AND CASH PATIENTS

AIM:- To compare and evaluate the discharge workflow for planned TPA-covered and cash-paying patients in CK Birla hospital, Jaipur

METHODOLOGY

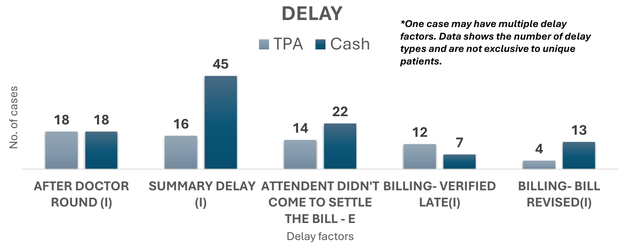
- **Study Design**: Cross-sectional study
- **Study Duration**: 30 days (23 May – 23 June 2025)
- **Sample Size**: 201 patients
  - 100 TPA patients
  - 101 Cash patients
- **Sampling Technique**: Convenience sampling of consecutive planned discharges
- **Inclusion criteria**- Planned discharges which are planned or tentative a day before
- **Exclusion criteria-** Unplanned discharges.

DELAYED V/S ON TIME DISCHARGES TPA DISCHARGES



The average time taken is 284.05 min with 73% delays in TPA patient discharges.

PLANNED TPA(100) V/S CASH(101)PARAMETERS FOR DELAY



SWOT FOR DISCHARGE PROCESS

Strengths
- Strong HIS system with discharge timeline tracking.
- Well defined SOPs and trained teams

Weaknesses
- Set protocols not being followed by the staff
- Lack of interdepartmental coordination

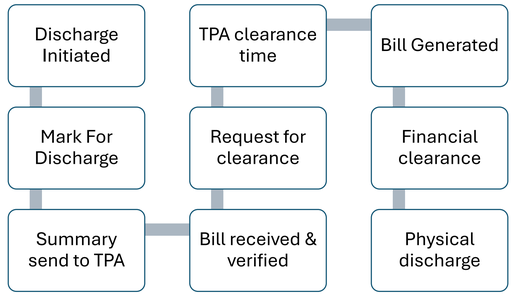
Opportunities
- Real time alert of discharge delays using HIS
- Digitalization and reducing paperwork

Threats
- Patient dissatisfaction
- Revenue loss due to poor bed turnover

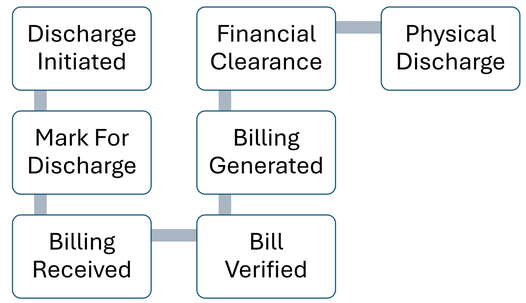
TOWS FOR DISCHARGE PROCESS

SO	• Leverage the present HIS; deploy delay alerts and reduce the manual paperwork
ST	• Strong protocols usage to maintain patient satisfaction and reduce bed turnover loss
WO	• Use present HIS for the improvement of interdepartmental coordination through digital dashboard as common communication channel
WT	• Do quarterly audits across the departments and teams to improve the accountability; conduct refresher trainings.

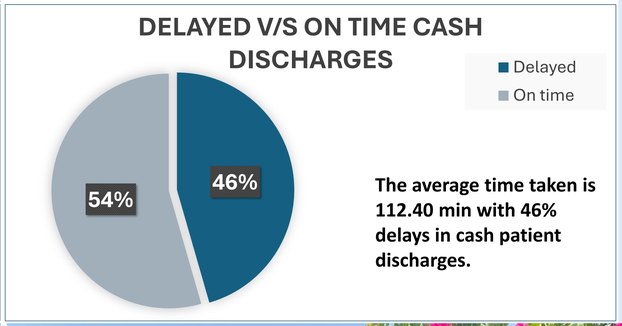
DISCHARGE PROCESS FOR TPA PATIENTS (TAT<180 MIN FROM MFD)



DISCHARGE PROCESS FOR CASH PATIENTS (TAT<90 MIN FROM MFD)



DELAYED V/S ON TIME CASH DISCHARGES



The average time taken is 112.40 min with 46% delays in cash patient discharges.

CHALLENGES FACED DURING INTERNSHIP

- Resistance to sharing data or delay reasons.
- Time management between observation and data compilation.
- Gaps in the designed protocols and actual practices.

MAJOR LEARNINGS DURING INTERNSHIP

- Observed the discharge workflow and process for both type of payors(TPA and Cash).
- Gained exposure to the real-time key hospital operations and interdepartmental coordination.
- Conducted internal audits for the infection control departments for the crucial areas like CSSD, Pre and Post op, OT etc.
- Learned how to apply quality improvement tools like Root Cause Analysis (RCA) and SWOT analysis for the departments
- Gained experience in open and close file audits.
- Conducted a retrospective study for the Pre-operative ALOS from the closed files
- Developed skills in Data management and its analysis.
- Analysis of the efficient practices and the gaps in the process and gave suggestions for the same.

SUGGESTIONS FOR IMPROVEMENT

- **Prioritizing discharges:** Scheduling of the consultant rounds in the IPD before the OT and OPD rounds .
- **Digitalize the manual handover**: Digitalizing the file handover instead of relying on paperwork and timeline for the automated delay alerts in the submission.
- **Improve HIS usage:** Ensure that the role-based access to the required discharge documents is available. Provide refresher training to the new and clinical staff.
- **Optimize the morning billing staff:** Due to the surge in workload in the morning, at least 2 staff available to process and verify the bills.
- **Billing counselling:** Advice the patients and the attendants to review the interim bill and financial clearance a day prior of discharge to avoid last minute bill revision.
- **Common platform for communication:** Instead of relying on social media, provide a common dashboard/platform in order to improve communication.