Study on Discharge Delays and Compliance with Turnaround Time at Fortis Hospital, Manesar

RIDDHIMA AGARWAL | ROLL NO: 2054 | MBA HM 29 | BATCH 2024-2026

FACULTY MENTOR: DR. VARSHA TANU | ORGANISATION MENTOR: DR. PRIYANKA KUNDRAI

ABOUT FORTIS HOSPITAL, MANESAR

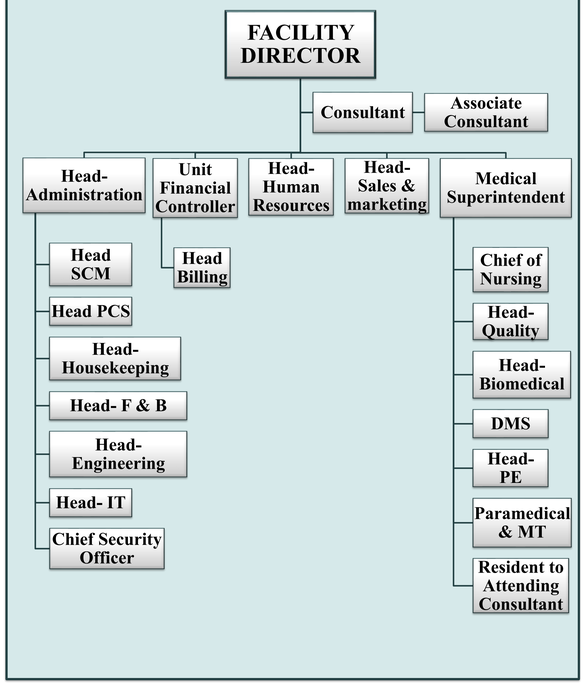
Fortis Hospital Manesar, established in 2024 is a 350-bedded Multi- Speciality Hospital located in Sector 5, Manesar, Gurugram. Fortis Healthcare Limited – an IHH Healthcare Berhad Company– is a leading integrated healthcare services provider in India. It is one of the largest healthcare organizations in the country with 28 healthcare facilities, 4,500+ beds and 400 diagnostics centers in India, UAE, Nepal & Sri Lanka. The Company is listed on the BSE Ltd and National Stock Exchange (NSE) of India. Fortis focuses on world-class patient care and ethical medical practice, employing around 23000 people and offering a full range of healthcare services.

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 organization known for Clinical excellence and Distinctive Patient Care.

ORGANIZATION STRUCTURE



SWOT ANALYSIS

STRENGTH

1. Defined discharge policy.
2. Existing HIS and EMR to see discharge updates.
3. Dedicated staff to monitor discharges.
4. Availability of interpreters for international patients.
5. Awareness of IPSG goals.

WEAKNESS

1. Non experienced staff.
2. No discharge lounge.
3. Delay in preparation of discharge summary.
4. Delay in Doctor's morning round.
5. No financial counselling done before discharge.

OPPORTUNITY

1. Training of staff for better efficiency.
2. Implement financial counselling for attendants in advance.
3. Create a real-time discharge dashboard linked to HIS.
4. RCA of discharge delay.

THREAT

1. High patient volume may create greater delays.
2. Risk of negative patient feedback due to discharge delay leading to lower Net promoter score.
3. Negative online reviews may lead to reduced future admission rates.

THEORETICAL UNDERSTANDING

1. Theoretical knowledge helped in understanding fundamental concepts related to the functions of a hospital.
2. Theory provides framework (What & Why).
3. Involves learning using case studies and hypothetical situations.

PRACTICAL EXPOSURE

1. Practical exposure helped in understanding how to manage day-to-day operations of a hospital.
2. Practical exposure enhances problem-solving ability (How).
3. Involves addressing real time challenging situations.

CHALLENGES FACED

1. Collection of Primary data was challenging.
2. Adapting to a new workplace environment.
3. Coordination with various stakeholders.
4. Using criticism constructively.
5. Documentation and management of patient complaints.
6. Limited time to interact with Nurses due to high Patient-Nurse ratio.
7. Uncooperative behaviour of some staff.

MAJOR LEARNINGS

1. Discharge process as a role of medical administration.
2. Learnt about IPSG goals.
3. Use of MS Excel in analyzing the data of Hospital.
4. Got hands–on experience on HIS and EMR.
5. Importance of patient satisfaction.
6. Exposure of Corporate hospitals.
7. Learnt about NABH accreditation and its mandatory parameters.

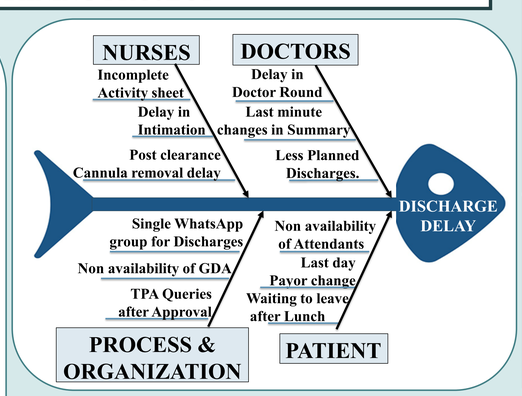
SUMMER TRAINING PROJECT

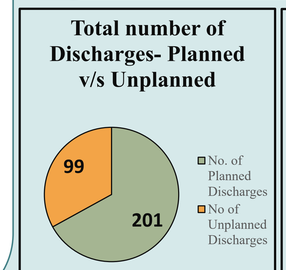
OBJECTIVES-

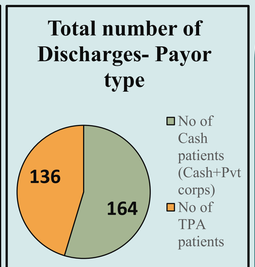
1. To observe each step in discharge process from the moment a patient is marked for discharge to the actual physical discharge.
2. To identify if any delay occurs in discharge process and determine their root causes.
3. To measure the number of discharges completed within recommended TAT.
4. To provide suggestions to reduce discharge delays.

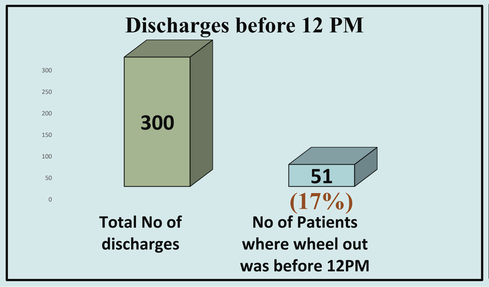
METHODOLOGY-

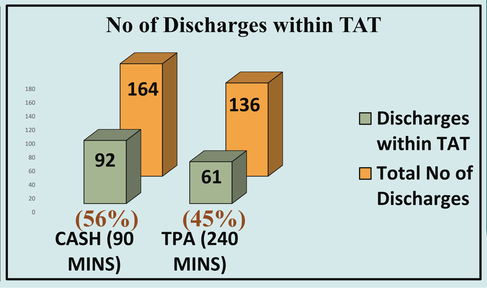
1. **Study setting-** In Patient Department (IPD) of Fortis Hospital, Manesar
2. **Study Design-** Descriptive and Observational
3. **Sampling type-** Convenience sampling
4. **Sample size-** 300 patients
5. **Duration-** 15th May,2025 to 15th July,2025
6. **Inclusion Criteria-** Patients admitted to the hospital between 15th May and 15th July.
7. **Exclusion Criteria-** Daycare and Dialysis Patients.
8. **Data Collection-** Primary Data was collected by direct observation and activity mapping and secondary data was collected through HIS.











SUGGESTIONS

1. Increase the number of discharge planning.
2. Finalize discharge summary one day prior.
3. Create separate group for discharge intimation update.
4. Ensure updated billing activity is sent by assigning one billing staff per floor.
5. Ensure GDA availability post clearance.
6. Start evening duty for MT.
7. Set up a discharge lounge where patients can wait after 12 PM to avoid additional room rent.
8. Conduct Root Cause Analysis of each discharge delay.
9. Start financial counselling for attendants on expected discharge day billings in advance.

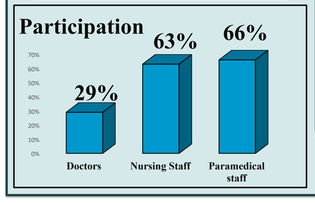
OTHER PROJECT

OBJECTIVES-

1: To find out how many medical, nursing staff and paramedical staff are aware with the International Patient Safety Goals.
2: To propose training programs to increase awareness towards IPSG.

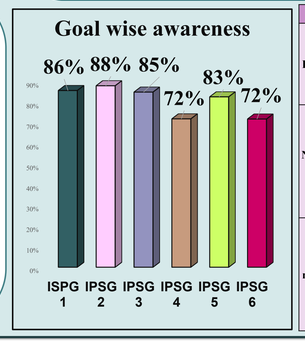
METHODOLOGY-

A Google Form comprising a 12-MCQ questionnaire was created and circulated to collect data about each goal.



PARTICIPATION-

	Total Number	Participated in survey
Doctors	104	30 (29%)
Nursing Staff	120	76 (63%)
Para-medical staff	36	24 (66%)
Total	260	130 (50%)



FINDINGS-

Role	Total Number	ISPG 1	IPSG 2	IPSG 3	IPSG 4	IPSG 5	IPSG 6
Doctor	30	22	24	25	19	21.5	24.5
Nursing staff	76	69	73	70	56.5	65.5	57
Paramedical staff	24	20.5	17.5	15.5	17.5	20.5	12
Total	130	111.5	114.5	110.5	93	107.5	93.5

Role	SUGGESTION	
Doctors	IPSG 4	IPSG 5
	Training on conducting surgical time out	Training on proper hand hygiene practices
	Train about the purpose of doing a surgical time out	Training on the WHO's five moments of hand hygiene
Nursing Staff	IPSG 4	IPSG 6
	Training on conducting surgical time out	Encourage patients to wear non-slippery footwear and issue non slip socks to reduce risk of falls
	Train about the purpose of doing a surgical time out	Training to use standardized fall risk assessment tools
Para-medical Staff	IPSG 3	IPSG 6
	Train about double verification process	Encourage patients to wear non-slippery footwear and issue non slip socks to reduce risk of falls
	Awareness about LASA color code used in hospital	Training to use standardized fall risk assessment tools