

Reasons and analysis of unplanned discharges.

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Hospital Description

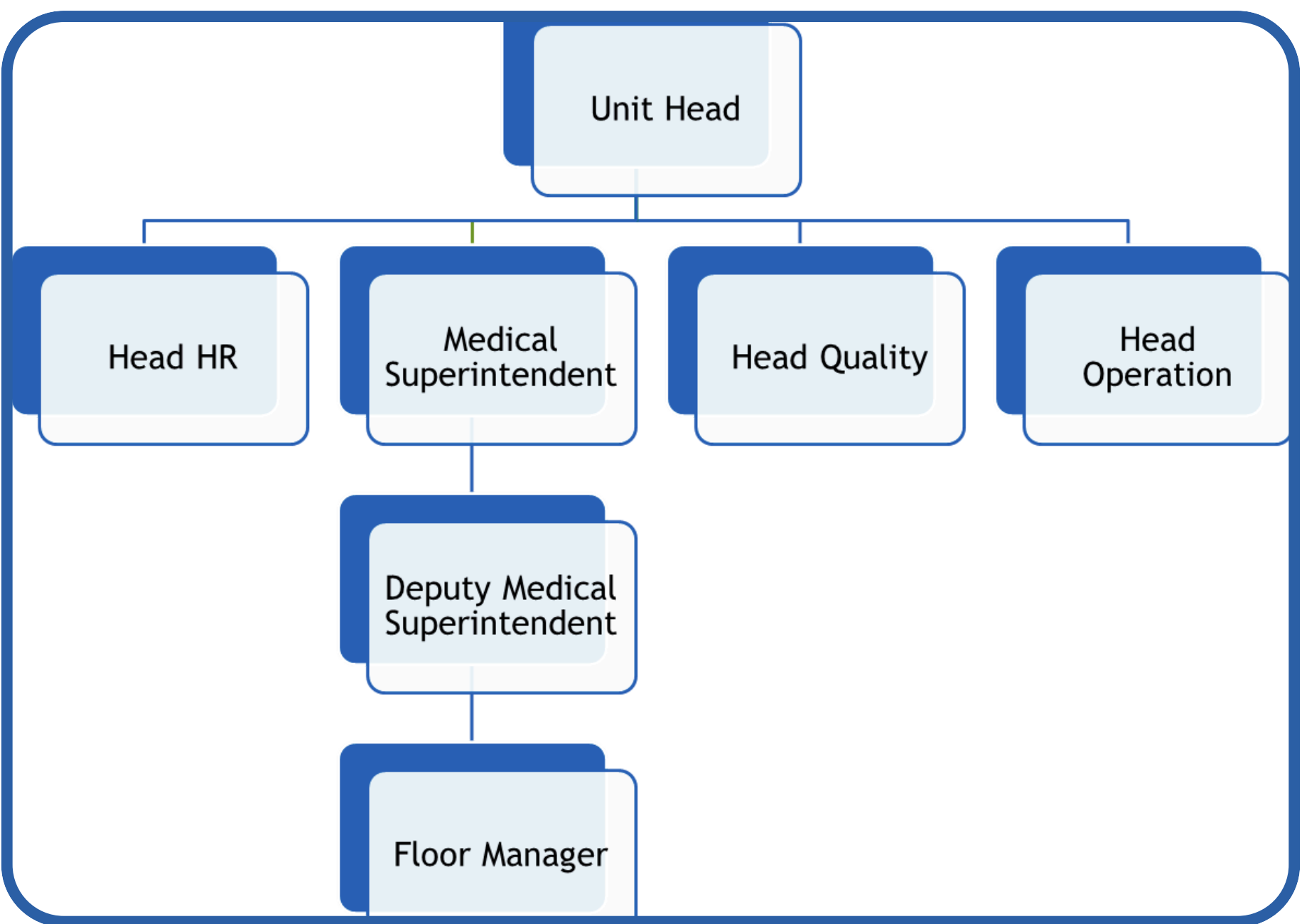
CK Birla Hospitals is a network of multi-specialty hospitals in India, known for providing world-class clinical care and a patient-centric approach

Rukmani Birla Hospital (RBH) is a multi-specialty hospital in Jaipur with world-class infrastructure which offers comprehensive in-patient and out-patient services. Since its founding RBH has been providing its patients with the full medical care, encompassing outpatient services, Neurosciences, Gastro Science, Renal Science, Cardiology, Orthopedics & Joint Replacement and more.

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.

Organogram



SWOT Analysis



Theoretical learning V/S Practical learning

- Framework for analyzing healthcare operations.
- Strategies for patient satisfaction improvement.
- Real time data handling
- Direct intaraction with patients and staff

Key Learnings

- Doctor-Nurse Communication Gap
- Patient Medically Unfit for Discharge
- Discharge Deferred After Doctor's Rounds
- Next-Day Discharge After Acute Surgery
- High Unplanned Discharges in Urology
- Patient-Initiated Discharge Requests



Challenges Faced

- Hesitation of staff in sharing relevant information.
- Adapting to fast paced healthcare enviroment.
- Coordinating with multiple departments.

Suggestions

- Improve patient counselling.
- Introduce financial guidance or social work intervention early.
- Early discharge planning.
- Enhance inter-departmental communication to reduce delays.
- Develop a feedback mechanism for continuous improvement.

Study Objective

To analyze the causes and contributing factors of unplanned discharges across departments, with the goal of identifying patterns, assessing systemic gaps in discharge planning, and recommending actionable strategies to minimize their occurrence and improve patient care continuity.

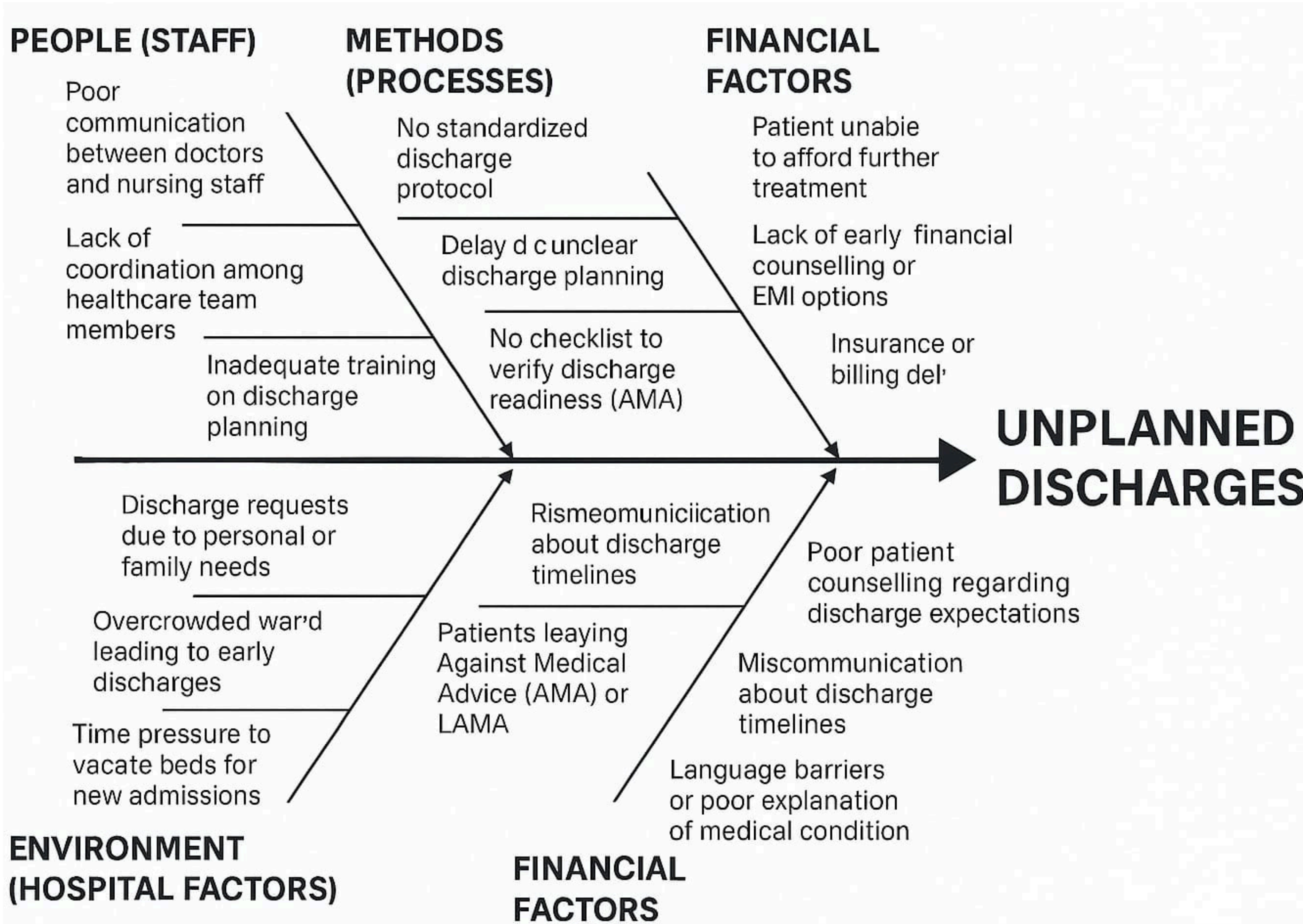
Methodology

- Primary data collection.
- Interview with Patient and Staff.
- Case file review.

Sample size- 65 Patients.

GAPS found- Mainly communication gap affects in discharge planning .
Some patients were admitted for acute sugery , so the no planning for discharge were done for such cases .
Some patients can't afford long stay in hospitals due to some personal and financial reasons.

Recommendation- Strengthen Discharge planning protocols.
Improve Patient and family communication.
Address social and financial barriers.
Tell doctors to plan discharge as earlier as they can .



About the SASHAKT Portal

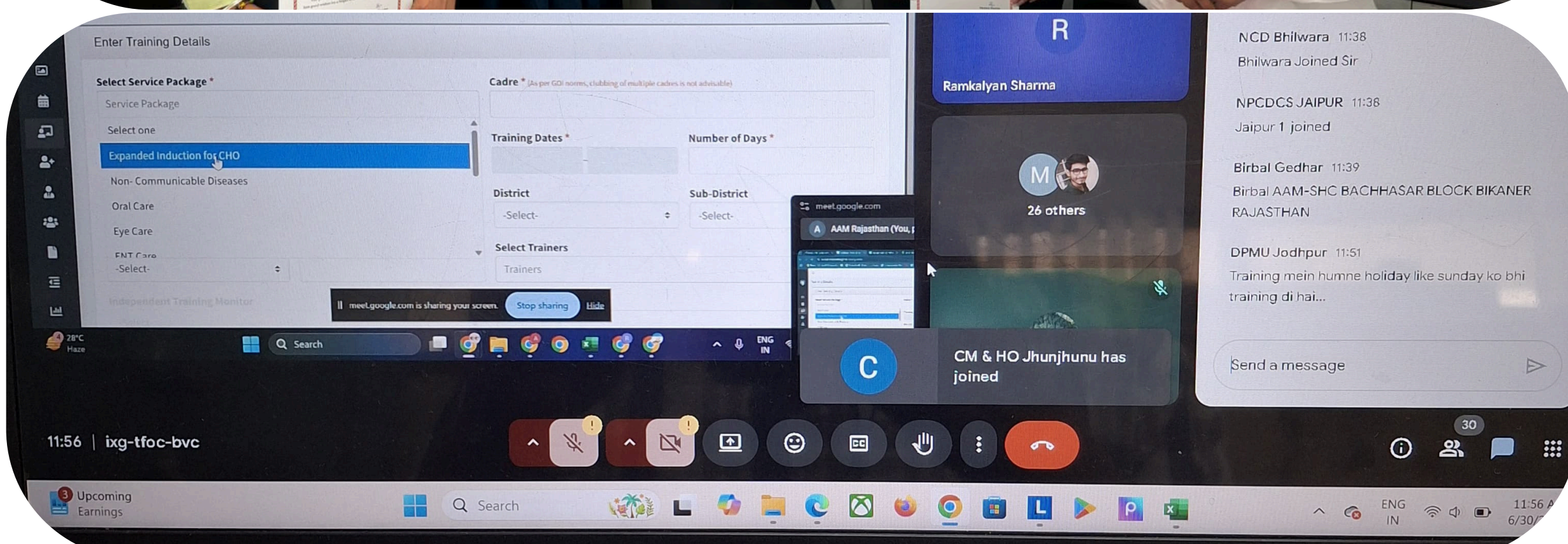
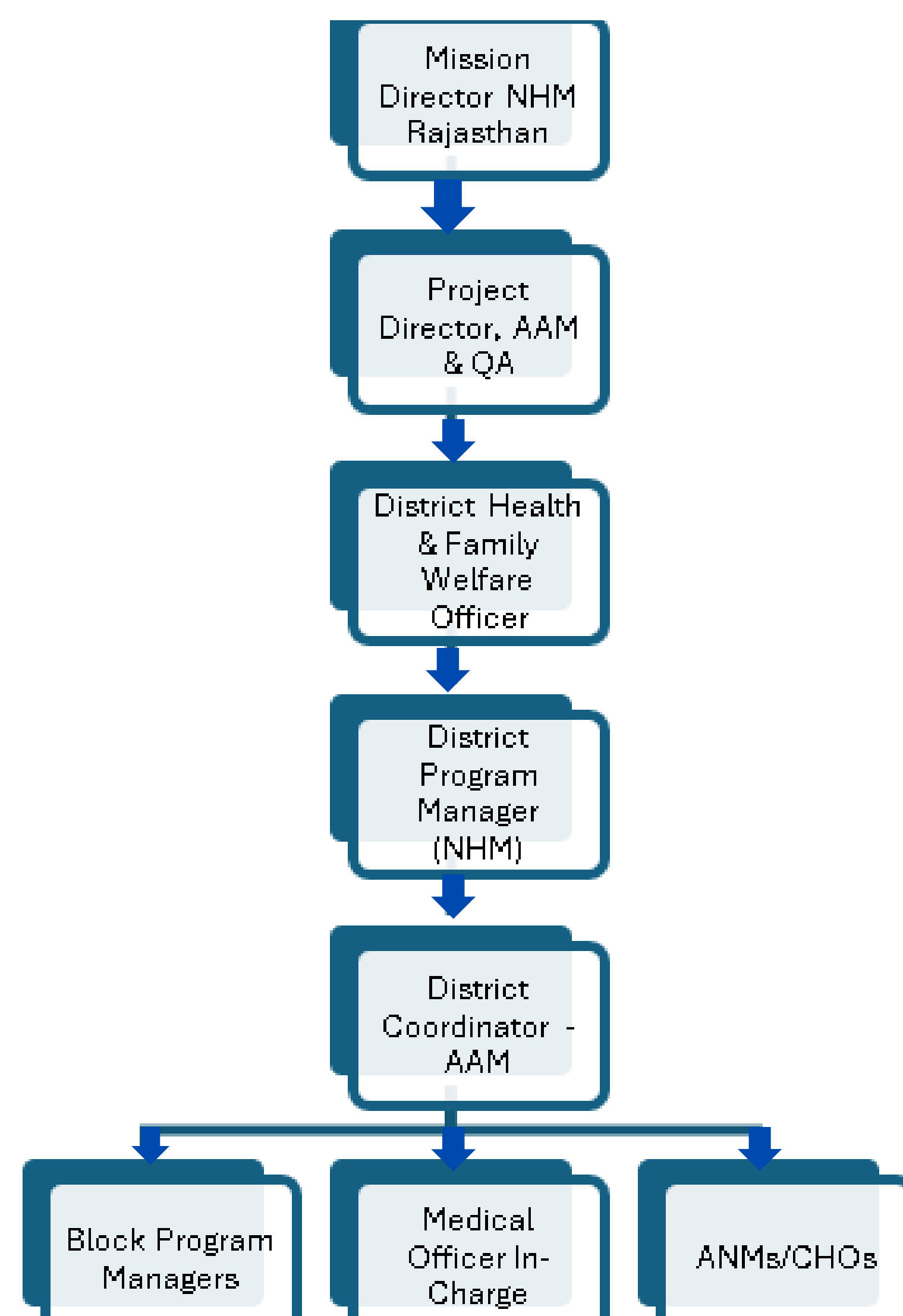
The Systematic Assessment of Health care providers Knowledge and Training (SASHAKT) Web Portal is developed by National Health System and Resource Centre (NHSRC) to support Ayushman Arogya Mandir activities, and capacity building of the staff.

The specific purpose of training monitoring software are:

- To support the districts and states in planning trainings for health care functionaries
- To monitor the quality of trainings based on the real-time status of training of healthcare functionaries
- To document and report on the status of training in timely manner.

Website: <https://www.sashakt-hwc.mohfw.gov.in/home>

Organogram



Intern Responsibilities

- Facilitated data entry
- Data cleaning and updating (on daily basis)
- Assisted online training session conducted by the Assistant Program Manager- Ayushman Arogya Mandir; and follow up the training especially for those who could not attend or could not understand at the desired level
- Online data collected for usability of SASHAKT portal at the district level
- Developed questionnaire using Google Forms
- Telephonic Interviews with Coordinators (DPM/DPC/NCD Coordinators/ Data Entry Operators)

Objective

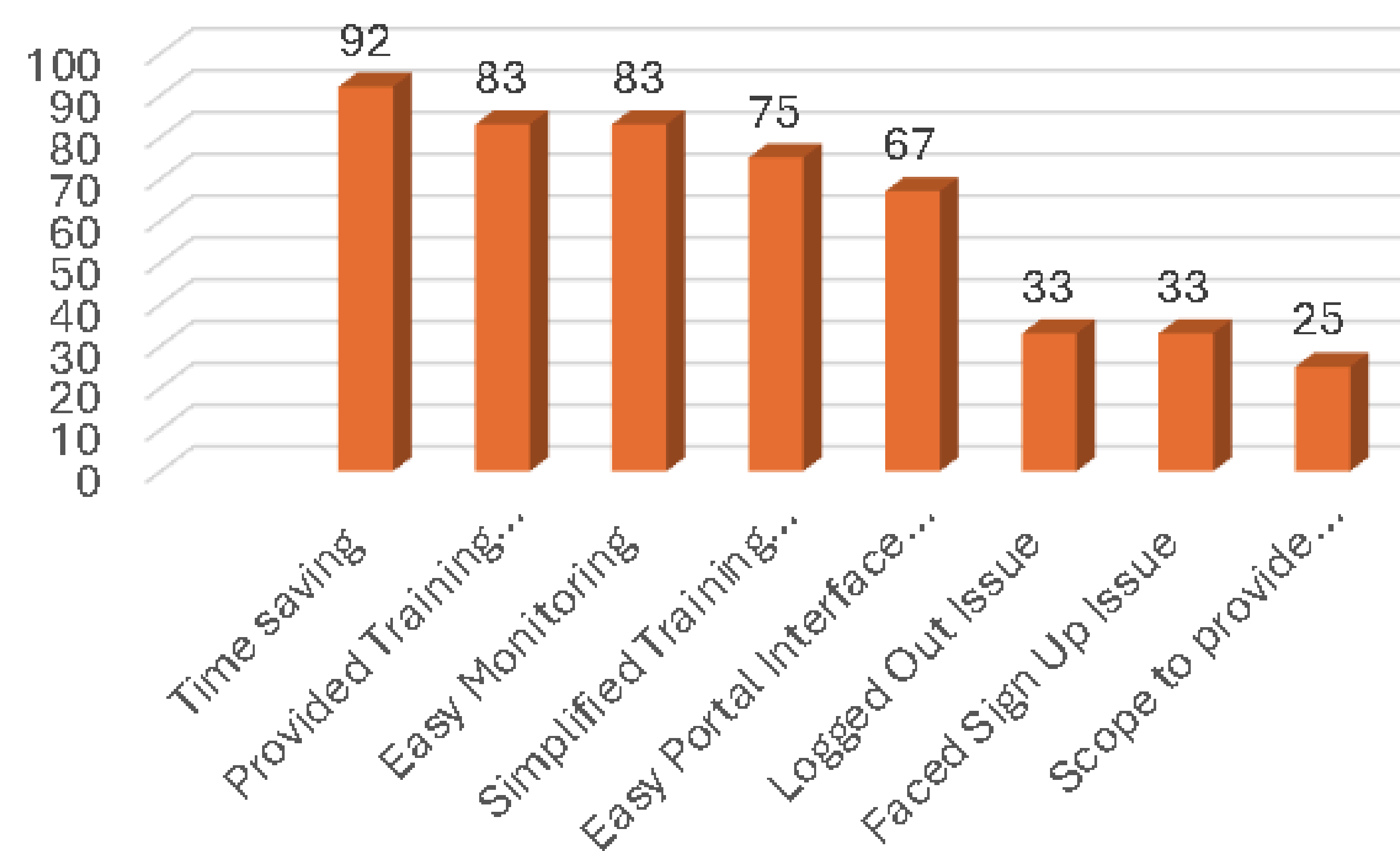
To understand SASHAKT portal its usability and related problems at the district level, if any.

Steps Taken were:

- The google form was sent to all the district officials (42 DPMs who are the responsible authority) Only 12 districts officials responded to the Google form
- In case DPMs were occupied, the DPCs and /or other officials were contacted to collect the information over telephone

Results

Percentage distribution of the respondents about usefulness of the SASHAKT web portal.



SWOT Analysis – SASHAKT Portal

Strengths

- Well-oriented users trained at 83% completion
- Saves time and improves monitoring as per 92% of respondents
- Clear and structured information is provided (11 out of 12)
- Important functions: Training Plan, Add Participant, and Trainers.

Weakness

- 67% of users reported encountering login and logout problems
- Basic analytics tools, including advanced filtering, are lacking
- Limited options for editing and correcting information in real-time
- Feedback was mixed regarding ease of updating information

Opportunities

- Heightened concern around health technology and Ayushman Bharat and Digital India programs
- Enhanced eHealth financing and policy investment.

Threats

- Users' trust and data integrity may be compromised due to external breaches and cyber security threats.

Key Learnings

- Big Data handling using SASHAKT web portal
- Improve Communication skills while making telephonic consultation

Challenges Faced

- During Internship major problem faced is that the not getting or providing appropriate time from the key user of the SASHAKT Portal, due to there busy schedule.

Recommendations

- Introduce system for feedback or ask for query so that it can be solved then and there, will not delay the data (real time data is desired)
- To support a system where some pop us emerge if wrong data is entered
- Instead of 33 district user and pw, all 42 districts should be enlisted and user id and PW need to be provided.

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