

Prepared by- Kishori Gupta
MBA- HM 29
Roll no. 1979 (93)

Faculty mentor- Dr. Susmit Jain
Organization mentor- Dr. Jatinder Monga &
Dr. Ranjana Rathore

Brief history about the Organization

Fortis Escorts Hospital, Jaipur was established in 2007 as part of the renowned Fortis Healthcare network, one of India's leading integrated healthcare providers. It was set up to offer advanced tertiary and quaternary care in Rajasthan. Known for its excellence in cardiac care, it has grown into a multi-specialty tertiary care hospital offering advanced medical services in over 35 specialties. Over the years, it has become a trusted multi-specialty institution, offering patient-centric care with cutting-edge technology and highly experienced medical professionals.

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.

ORGANIZATIONAL STRUCTURE



Theoretical

- Learned as a structured flow involving documentation, clearances, and patient communication.
- Emphasized importance of SOPs for process standardization and quality control.
- Taught as a theoretical concept for smooth hospital functioning.

Practical

- Observed discharge as a dynamic, real-time process affected by coordination gaps, delays, and patient load.
- Noticed inconsistency in SOP adherence across departments and its direct impact on discharge delays.
- Realized the critical role of coordination between nursing, pharmacy, billing, and TPA desks in timely discharge.

Major Learnings & Values

Enhanced Coordination Skills

Understood the importance of interdepartmental collaboration for smooth patient discharge.

Hands-On with HIS

Gained practical exposure to real-time discharge tracking and digital workflows.

Value of SOPs & Time Discipline

Learned how delays stem from SOPs and importance of time management..

Soft Skills Boost

Improved communication, teamwork, and adaptability in a hospital setting.

About The Project

Objective:

- To observe and analyze a discharge procedure in different varieties of patients (Cash, Govt/PSU, TPA).
- To carry out time-motion analyses to identify the major source of discharge delay.
- To assess the role of HIS for-discharge tracking/clearance.
- To suggest processes for reduction of TAT and for better departmental coordination

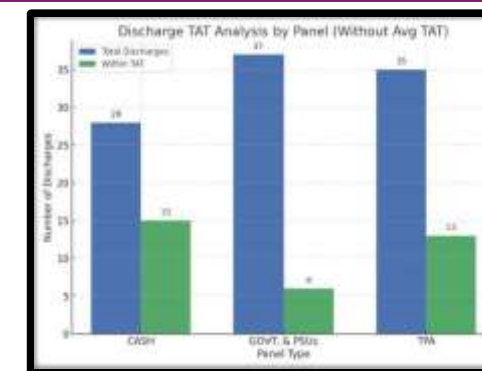
Methodology:

STUDY DESIGN: Time-Motion Study (Observational Descriptive Study)
SAMPLING TECHNIQUE: Purposive Sampling

- Direct observation of the discharge process in wards to understand the flow. Observed the complete discharge cycle- from clinal decision to patient exit.
- Conducted real time-tracking of discharge steps across various patient types (Cash, Govt. & TPA) to identify delays and process gaps.

FINDINGS AND ANALYSIS

PANEL	CASH	GOVT. & PSU's	TPA
TOTAL	28	37	35
AVERAGE	173.82 mins	174.17 mins	272.15 mins
UNDER TAT	15	6	13



SWOT ANALYSIS

STRENGTHS

- Faaster discharge process patient satisfaction
- Effective use of HIS and real-time tracking
- Reduced bed blocking and better patient flow

WEAKNESSES

- Staff Shortage
- Poor SOP adherence impacts efficiency
- Resistance to digital tools or process changes

OPPURTUNITY

- Automation and digital dashboards for clearances
- Training programs to boost process ownership and efficiency
- Use Lean/Six Sigma to cut waste and speed up discharge.

THREATS

- Manual data errors delay documentation
- Delays from third parties (TPAs, payments) beyond control

CHALLENGES FACED:

- **Variation Across Floors**
Discharge procedures differed from floor to floor, making data collection and comparison difficult.
- **Limited Staff Cooperation**
Some staff were hesitant to engage due to workload, affecting timely data collection.

TOWS ANALYSIS

SO	• Use HIS & digital dashboards to track discharges. • Implement Lean/Six Sigma with interdepartmental coordination.
ST	• Use HIS & alerts to reduce manual data errors. • Assign staff to pre-handle TPAs or insurance queries to reduce dependency.
WO	• Address SOP non-compliance with targeted training. • Adopt digital tools to replace manual tracking.
WT	• Create backup staffing plans for high load times. • Set clear SOPs for TPA coordination and discharge flow.

SUGGESTIONS

- **Boost Resource Availability During Peak Hours**
- **Implement Real-Time Digital Tracking & Standardized Protocols.**
- **Set HIS-based alerts or internal deadlines to ensure doctors and residents prepare discharge summaries in advance, especially for planned discharges. Conduct Regular SOP and Process Training**

