



# STREAMLING PATIENT DISCHARGE PROCESS FLOW & GAP ANALYSIS



MENTORS -  
**DR. TRIPTI BISAWA**  
(PROF. AT IIHMR UNIVERSITY, JAIPUR)  
**MR. TANVEER AHMED**  
(HEAD GENERAL ADMIN) NAGPUR)

PRSENTED BY-TOSHIK KALBANDE HM 29-1970

## HISTORY AND DESCRIPTION.

Wockhardt Hospitals, Nagpur is a premier NABH-accredited super-specialty healthcare institution that has transformed the medical landscape of Central India since its inception in 2004. Beginning as the region's first dedicated cardiac care facility, it expanded in 2007 into a 118-bed state-of-the-art super-specialty hospital on North Ambazari Road. Renowned for excellence in cardiology, neurology, orthopedics, organ transplants, and critical care, the hospital has achieved prestigious recognitions like the Platinum Award from the World Stroke Organization and the AHP Excellence in Critical Care Award. With cutting-edge technology, 24x7 emergency services, advanced ICUs, and a team of leading specialists, Wockhardt Hospitals, Nagpur stands as a trusted hub for quality healthcare, serving patients from Maharashtra, Chhattisgarh, and Madhya Pradesh with compassion and clinical excellence.

### Vision

"Wockhardt hospitals will strive with excellence to fulfill the needs of community in its chosen field of medical treatment"

### Mission

"To serve and enrich the quality of life of patients suffering from diseases,through the efficient deployment of technology and human expertise, in a caring and nurturing environment with the greatest respect for human dignity and life."

## METHODOLOGY & SAMPLE

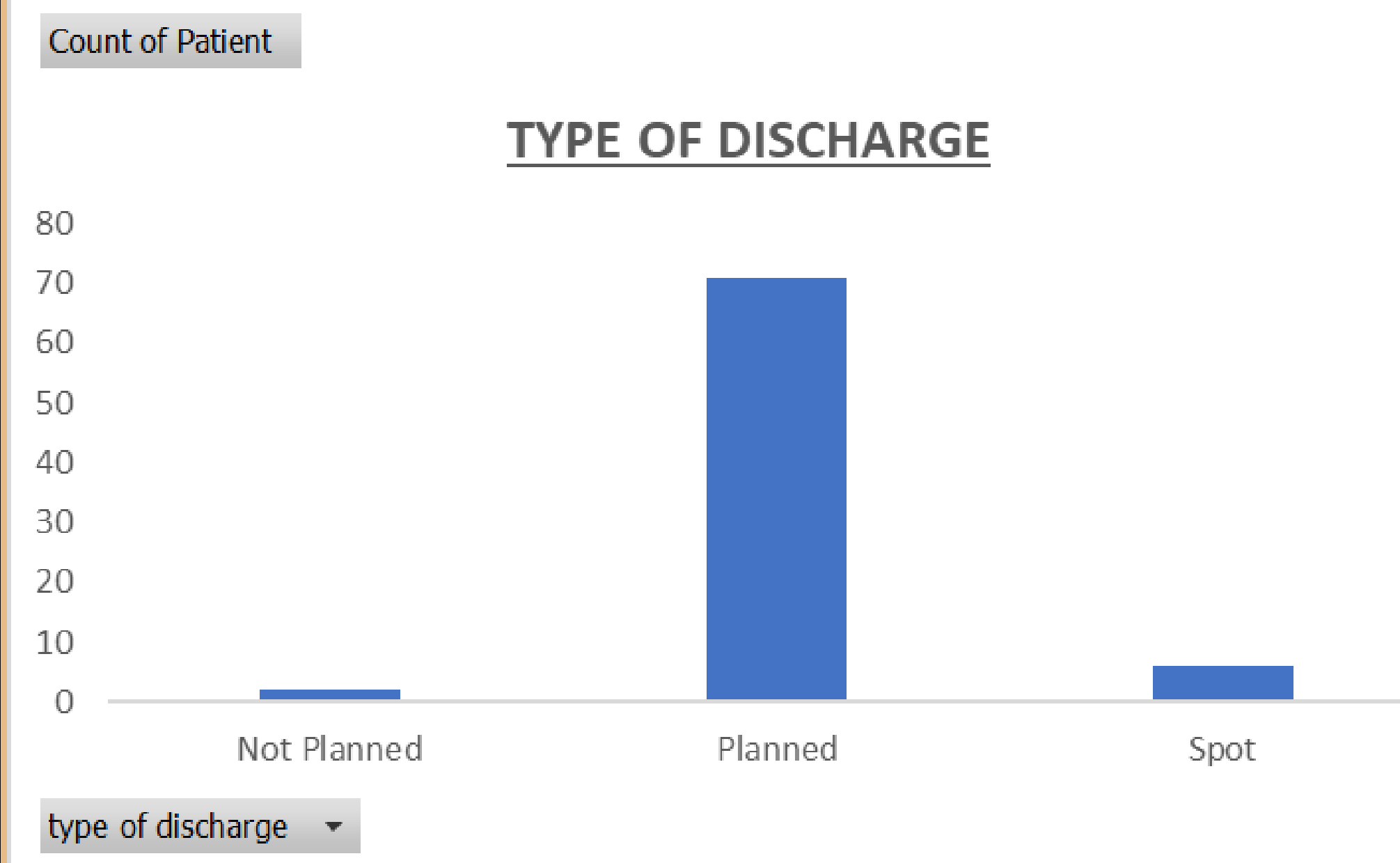
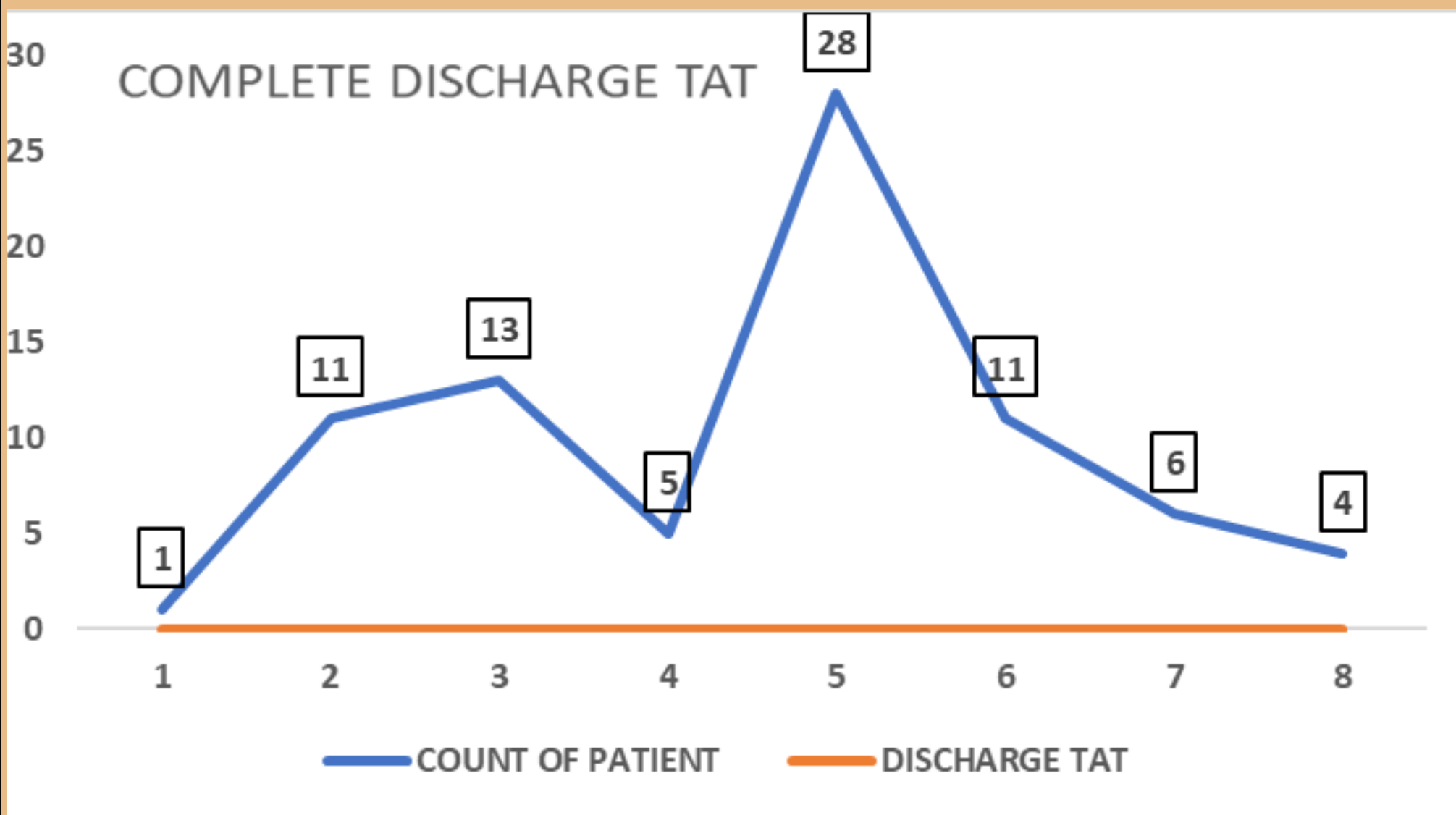
**STUDY DESIGN :-**  
**QUALITATIVE/DESCRIPTIVE STUDY.**  
**FROM 12 th May till 5 th June with**  
**convenience Technique.**  
**Sample Size :- 79**

**DATA COLLECTION:-**  
**Direct observation of real-time discharges**  
**Review of SOPs, flowcharts, and internal**  
**documents Informal interviews with RMOs,**  
**nurses, MTs, billing staff.**

## ABOUT PROJECT

This project involved a comprehensive analysis of the patient discharge process in a multispecialty hospital. The study encompassed the entire discharge procedure across various departments and different mode of payment Detailed data was collected and analyzed for 50 patients, with the objective of identifying gaps and recommending improvements to enhance the efficiency and checuveness of the discharge process.

## ANALYSIS:-



## SWOT ANALYSIS

### STRENGTH

- High Quality of care
- Established Procedures
- Excellent patient experience
- Comprehensive services
- Technology use- HMIS
- Experienced staff
- Trust and reputation
- Innovation and research

### WEAKNESS

- Communication gaps
- Administrative challenges
- Staffing issues in some departments.
- Regulatory compliance
- Patient Dissatisfaction
- Technological integration
- Inefficient processes

### OPPORTUNITES

- Technology advances
- Partnerships and collaborations
- Changes in healthcare policies
- Population health trends
- Expanding services
- Medical tourism
- Community engagement
- Data analytics
- Workforce development

### THREATS

- Competitive pressure
- Regulatory and policy changes
- Economic instability
- Legal and liability issues
- Workforce shortages
- Technological disruption
- Demographic shifts
- Public health crisis

## SUGGESTIONS

- First preference for discharge patients in daily round of doctors.
- Enhanced communication between different departments involved in discharge process.
- Advanced discharge planning for both planned and unplanned discharge.
- Training and education of nursing and other staff.
- Updating bills on daily basis of planned discharges.
- Nursing staff should show readiness in doing there work
- Updating OT and cath procedures bills on regular basis.
- Coordinating with doctors and their coordinators for ensuring finalization of discharge summary on time.

### DISCHARGE PROCESS FLOW & TAT :-

| Doctors<br>Discharge note       | Taken<br>CASH    | STANDARD TIME & AVG TIME<br>TPA |
|---------------------------------|------------------|---------------------------------|
|                                 |                  |                                 |
| Discharge<br>Intimation Time    | 20 min<br>65 min | 20 min<br>90 min                |
| pharmacy &<br>Nursing clearance | 30 min<br>10 min | 180 min<br>225 min              |
| Bill Ready                      | 30 min           | 30 min                          |
| Bill<br>Clearance               | 70 min           | 20 min                          |
| Physically<br>Moved             | 30 min<br>82 min | 30 min<br>60 min                |

### OBJECTIVES

- Suggest practical improvements for faster discharge.
- Bridge theory with real hospital practice.
- Understand the hospital discharge process

### Difference between practical exposure at SIP organisation and theoretical understanding.

Theoretical understanding provides the essential knowledge base and framework, practical understanding enriches this knowledge through direct experience, crabbling a more comprehensive and refined grasp of the discharge process.

### CHALLENGES FACED DURING INTERNSHIP

- Communicating with nursing in-charge
- Documentation compliance with standards.
- Coordination with staff
- Understanding medical terminology
- Patient interaction
- Time Constraints.
- Resistance to change by nursing staff

### LEARNING DURING INTERNSHIP

- Quality improvement processes
- Patient satisfaction
- Practical application of TAT
- Patient safety
- Healthcare operations

### USEFULNESS OF INTERNSHIP

- Practical experience
- Skill development – communication and problem solving
- Networking opportunities
- Professional development
- Insight into patient care
- Quality improvement projects
- Clarity for future role
- Mentorship.



ROOT CAUSE  
ANALYSIS

