Analysis of Discharge Process for Cash Patient to Improve Timely Before 12 Noon Discharge

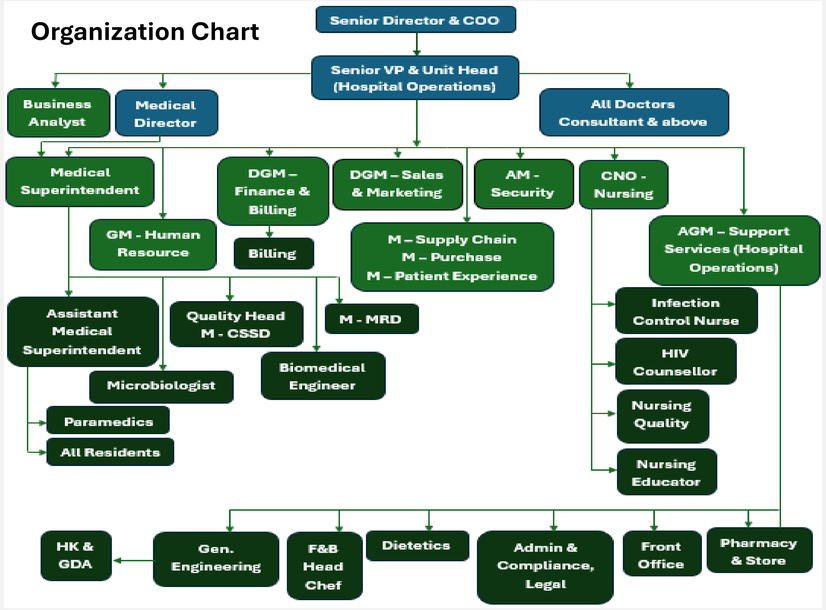
About The Organization

- Established in 2012.
- 220+ bed ultra modern facility with NABH and NABL accreditation along with NABH in Nursing Excellence.
- Till day have served 10+ lakh patients with 90 ICU & 12 HDU beds, 7 modular OTs, 29 OPD chambers, 2 Cath Labs.
- 170+ doctors, 500+ trained staff. 27+ specialities including Cardiac, Neuro, Urology, and Mental Health.
- Awarded best Private Hospital for COVID by Chief Minister.

Vision and Mission

- To be the most well regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care, supported by latest technology and cutting edge research.
- To Serve: With commitment and compassion in our heart, we deliver the highest standard of patient-centred care to those we serve.
- To Excel: From a dream team of doctors and specialists to support staff that does the extra mile to deliver quality care, excellence is in our DNA.

Organization Chart



Aim

To identify and suggest ways to reduce delays to ensure timely discharge of cash patients.

Objectives

- To evaluate the compliance of the hospital towards its policy of discharging cash patients before 12 noon.
- To identify the reasons for delay and the departments that are responsible.
- To map the current discharge workflow and identify the bottlenecks in the process.
- To recommend suggestions for improvement.

Aspect	Theoretical	Practical
Operational Workflow	Step-by-step smooth flow that follows SOPs.	Delays due to uncertainties, human errors, or documentation gaps.
Department Coordination	Structured and well-communicated.	Mostly verbal that's leads to confusion.
Quality Assurance	Accreditation like NABH are strictly followed.	Partial compliance, maximum during audit.
Policy	Policies are followed as written.	Policies are known but not followed due to workload or unclear roles.

SWOT Analysis

Strengths: • Dedicated team for discharge process. • Clearly defined discharge process. • Real-time capturing of timestamps by HIS.	**Weakness:** • Many unplanned discharge intimation. • Nursing clearance staff doesn't have full access to HIS and can't whether the discharge is acknowledged.
Opportunities: • Automating summary signed alert for nurse. • Tracking delays using duration logic.	**Threats:** • Patient dissatisfaction for delays. • Peak hour rush can lead in staff breakout.

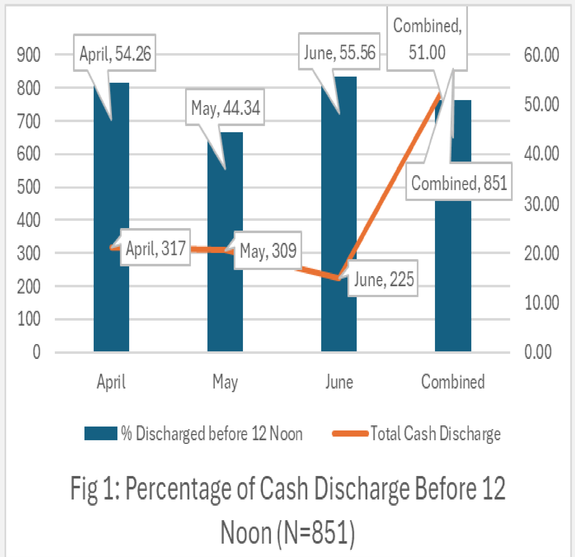


Fig 1: Percentage of Cash Discharge Before 12 Noon (N=851)

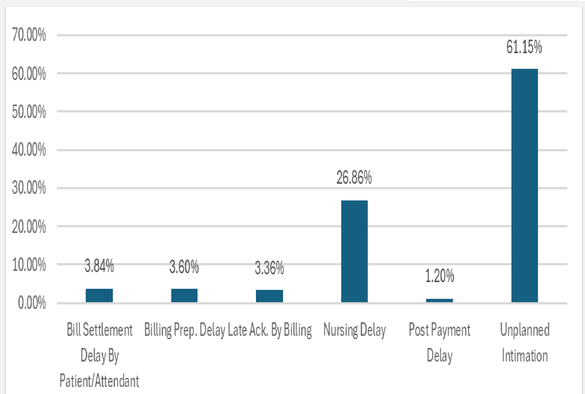


Fig 2: Percentage Distribution of Discharge Delays by Reasons (N=851 out of which 417 were delayed)

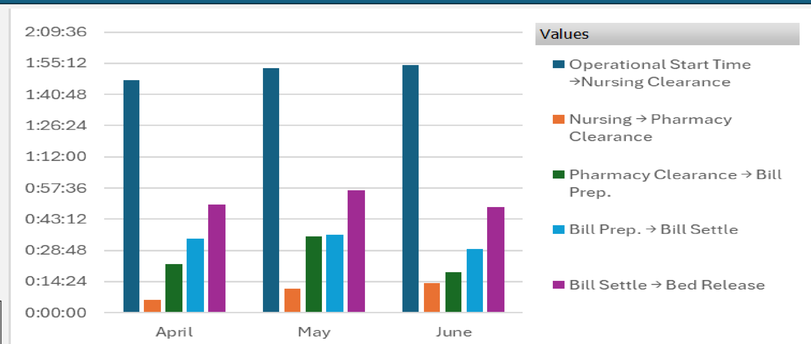


Fig 3: Average Duration for Each Step in Dischage of Cash Patient (N=851)

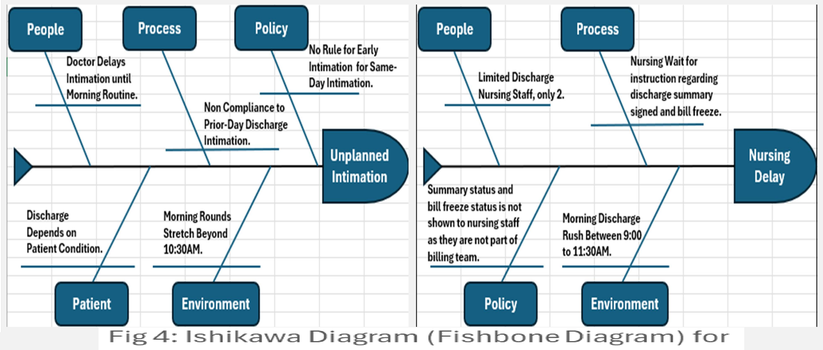


Fig 4: Ishikawa Diagram (Fishbone Diagram) for Unplanned Intimation and Nursing Delay

Challenges Faced

- Data collection and data cleaning of hospital data properly.
- Having data entries that didn't have properly time stamps according to the expected order of discharge process.
- Adapting Excel skills for analysis and pivot table.
- Initially hesitated in communicating with staff due to low confidence but got better with experience.

Key Learnings

- Learned about the importance of inter-departmental communication through practical exposure.
- Well-defined process can have issues and delays if there is no proper coordination.
- Learned how to identify root causes using RCA tools like Fishbone diagram and 5 Whys.
- Learned to be patient, observant and always ask questions.

Suggestions

- Ask doctor to place intimation preferably by evening or latest by 9:30AM of discharge day.
- Have view-only access for nurse for bill freeze status.
- Implementing a structured induction program for new staff so that they have better role clarity, awareness regarding hospital policy and better coordination with others since day one.

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