SUMMER INTERNSHIP RPOJECT

FINDING & OVERCOMING DISCHARGE DELAYS

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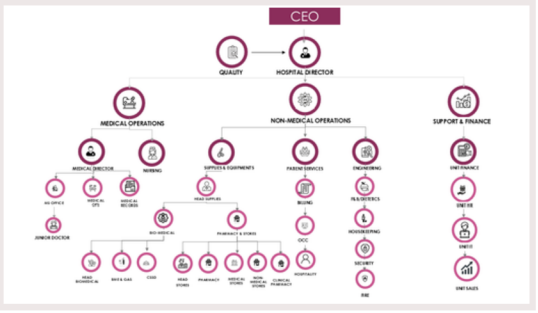
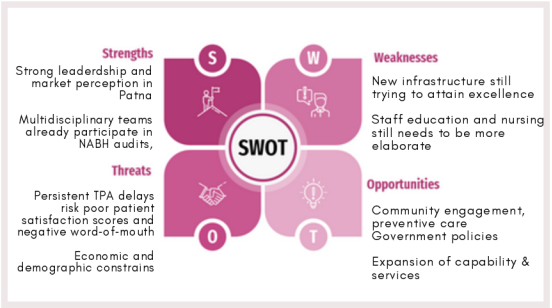
HOSPITAL OVERVIEW

Jay Prabha Medanta Hospital in Patna is a reputable hospital and offers world-class, affordable healthcare with 29 specialities. Spanning an area of 1 million sq. ft., it is equipped with more than 500 beds, over 300 experienced doctors, and 1,600+ trained staff. The hospital has significantly transformed healthcare

ORG. STRUCTURE



SWOT ANALYSIS



THEORY & PRACTICAL

THEORY

- Discharge happens in a fixed step-by-step process and in simple sequence.
- Read in OB module about human and employee behaviour, coordination, and theories.
- Read in various modules about how timeliness can help meet the SOP easily.

PRACTICAL

- It involves efforts from multiple departments; every case is unique, so both the patient and the system introduce variations.
- Behaviour patterns are complex and hard to predict; effective coordination demands deep understanding and collective effort among staff.
- Even when SOPs exist, delays can still occur because of many other factors.

CHALLENGES FACED

- Getting used to a new hospital's culture and work environment within a limited timeframe for onboarding.
- Emergency admissions and sudden physician rounds often disrupted the planned discharge sequence
- Working in a multifaceted organization that is complex and needs extreme multitasking with a strict safety record, highest performance standards, and demands unquestionable integrity.
- grasping specialized medical information systems, sophisticated equipment, and performing research within set deadlines

MISSION & VALUES

Deliver world-class, patient-centric, integrated, and affordable healthcare through focus on people& knowledge

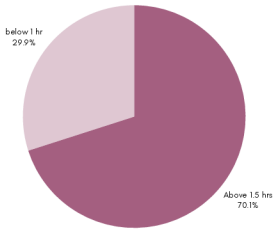
Patient Centric Care
Leadership & Quality
Integrity & Courage
Collaboration, Learning & Innovation

METHODOLOGY

Study type: Observational, descriptive
Sample size: 384 discharges (20 May - 15 Jul 2025)
Tools: Time-stamped checklist, MS Excel, Fishbone analysis
Key metric: TAT = Clearance received ➔ Patient out

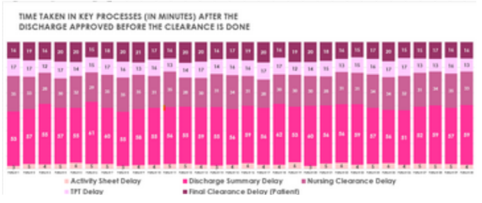
DISCHARGE PROCESS AT MEDANTA

PROBLEM



Only 30% people were discharged within 1 hour

Discharge-summary prep & nursing clearance lags are clear choke-points



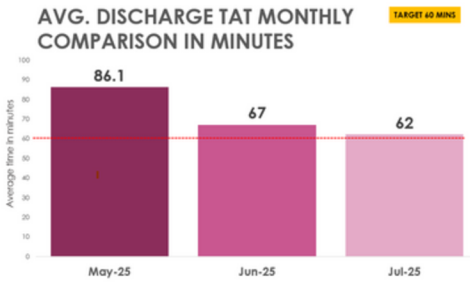
MAJOR LEARNINGS

- Interdepartment coordination is the key to a seemless flow of the discharge process & reduce delay
- Data helps find the root cause of the problem and operational improvements can be made basis it
- Pre-empting hospitality issues and talking to patients help find key the key issues from the patients' lens

OBJECTIVE

1. To study the patient-discharge process in the hospital.
2. To identify the key factors involved in that process.
3. To determine the factors that cause discharge delays.
4. To examine the roles and responsibilities of staff during discharge.

MONTHLY MEAN TAT COMPARISON



FINDINGS

- Across the full 384-patient sample, the mean Turn-Around-Time (TAT) settled at ≈ 84 minutes - about 1 hour 25 minutes.
- 30 patients with TAT above 1.8 hrs were closely observed
- Discharge-summary preparation alone eats up ~55-60 min - ≈ 50 % of total turnaround
- Nursing-initiated clearance adds another 30-35 min
- A 28.3 % reduction is recorded in the 3-month performance trend—from May (86.1 min.) to June (66.1 min.) to July (61.8 min.)

SUGGESSTIONS

- Planned discharge summery has to be made 1 day prior to the patients dischange day to avoid further gaps and delays after the discharge is approved
- TPT delay can be avoided with better tracking and monitiry to avoid any staff delay
- Patients can be shifted to discharge lounge if waitimng for poersonal reasons
- Collaborative effort is needed to make sure things esclate quickly fater the clearance slip os recieved
- Assign one dedicated nurse per shift to focus on discharge related task