SUMMER INTERNSHIP PROGRAM
IIHMR UNIVERSITY ,JAIPUR

COMPARATIVE ANALYSIS OF PLANNED AND UNPLANNED DISCHARGE PROCESSES IN TPA COVERED PATIENTS
CK BIRLA HOSPITAL(RBH), JAIPUR

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ORGANISATION – CK BIRLA HOSPITAL (RBH),JAIPUR

CK Birla Hospitals, comprising its three identities across India.

- The Calcutta Medical Research Institute (CMRI)
- BM Birla Heart Research Center (BMH)
- Rukmani Birla Hospital (RBH)
- CK Birla Hospital (Gurugram)
- CK Birla Hospital (West Delhi)

The three units of CK Birla Hospitals having footprint in Kolkata & Jaipur, which offer 800+ beds with comprehensive health care services in India.
RBH launched in 2016 with 230 beds at Jaipur.
And now the organization expanding their oncology superspecialist with a new building

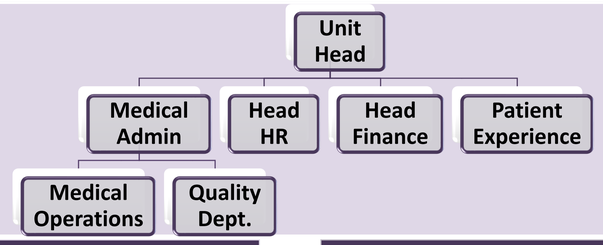
VISION

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

ORGANISATION STRUCTURE



Theoretical

- **Enhanced understanding about all the various departments of a hospital**
- **Gained knowledge, basic core concepts of hospital management**

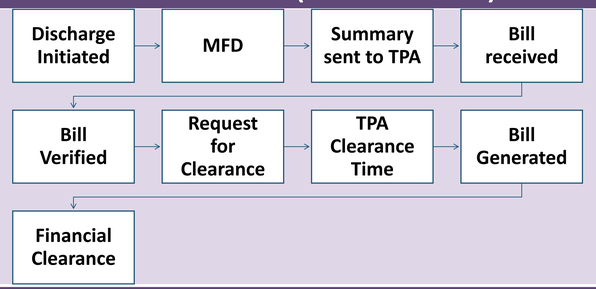
Practical

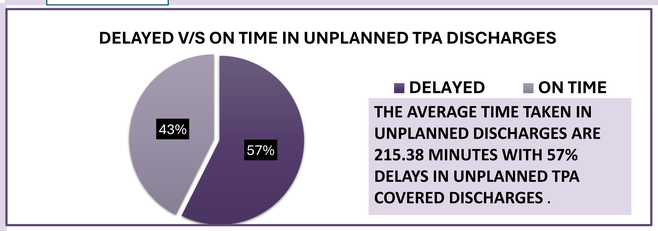
- **Conducted audit of crucial departments of a hospital .**
- **Developed and applied skills like problem solving, decision making and teamwork.**

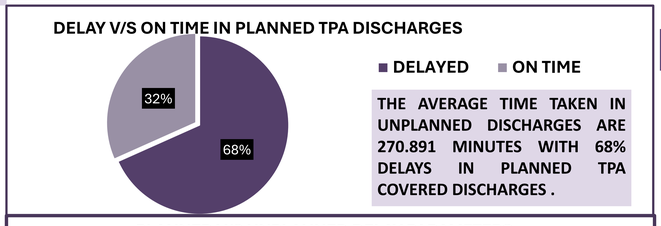
ANALYSIS OF DISCHARGE TAT IN TPA COVERED PATIENTS

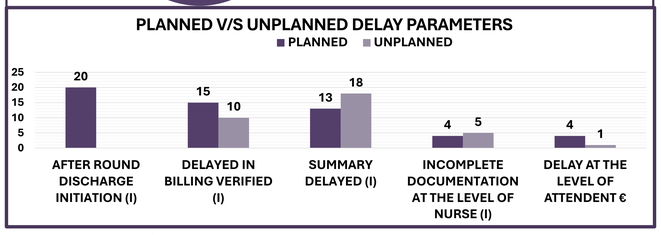
AIM - To compare the efficiency, challenges, and outcomes of planned versus unplanned discharge processes among TPA-covered patients in a hospital setting, with a focus on identifying gaps and opportunities for improvement in discharge workflows.

PROCESS FLOW (<180 MINUTES)









METHODOLOGY

- **Study design:** Cross-sectional comparative observational study.
- **Duration of study:** One month (23 May 2025 – 23 June 2025).
- **Sample Size:** Total 200 discharge cases
  - 101 Planned TPA discharges
  - 100 Unplanned TPA discharges
- **Inclusion criteria :**
  - Patients discharged under TPA during the study period.
  - Both planned and unplanned discharges.
- **Exclusion criteria:**
  Cash paying or government scheme patients.

CHALLENGES FACED DURING INTERNSHIP

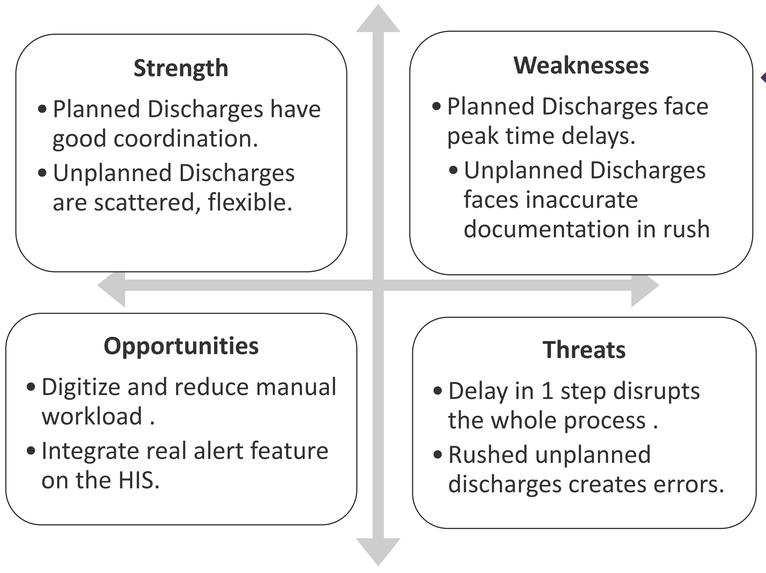
- Resistance to data sharing in some departments.
- Miscommunication and coordination gaps across the department .
- Sudden changes in priorities / tasks.

LEARNING DURING INTERNSHIP

- ✓ Understood the real-time hospital operations and interdepartmental workflows.
- ✓ Gained knowledge of discharge processes ,billing and TPA coordination.
- ✓ Learned to conduct audits and apply quality improvement tools like fishbone analysis (RCA) & SWOT .
- ✓ Learned about the open and close file audits .
- ✓ Conducted a retrospective study of Pre-operative ALOS from closed file.
- ✓ Conducted an internal audit for infection control in three crucial department like CSSD, Pre & post Operative department and OT.
- ✓ Analyses the usefulness of clinical pathway process, found out the gaps & gave suggestion
- ✓ Gained hands-on experience in data management and analysis .

SUGGESTION FOR IMPROVEMENT

- **Strengthen the billing manpower :** Assign 2 staff in billing—1 for cash, 1 for TPA—via a proper morning roster.
- **Prioritize Consultant Rounds :** By ensuring that discharge eligible patient will be seen first by the doctors ,after that OT should be scheduled for better planning of discharges .
- **Interim Bill Counselling:** Inform attendants to check interim bills early to avoid final billing delays.
- **Digitize Document Submission** : Integrate new feature in HIS where discharge summaries and billing sheets should directly be uploaded on the system which will reduce GDA staff dependency .
- **Introduce a common communication platforms for the staff** to inform about the information like bed vacancy , unplanned discharges to reduce the miscommunication rather than passing messages on the social media apps.
- **Periodic refreshment training** should be provided to all the clinical staff for HIS system operation .



SWOT

TOWS

SO	• Use coordination to digitize manual work • Pilot alert in HIS system in flexible workflows .
ST	• Good coordination can prevent process disruption . • Agility in staff can reduce error in unplanned discharges
WO	• Digitization can reduce peak – time delays . • Alert system can support better documentation in rushed discharges
WT	• Automate steps (E-filling) to reduce bottlenecks . • Add training and real – time alerts to minimize discharge errors .