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Brief history about the organization

Fortis Hospital Jaipur is a leading NABH-accredited multi-specialty hospital in Rajasthan, offering advanced medical care across specialties like cardiology, neurology, oncology, and critical care. Known for its patient-centric approach and clinical excellence, it combines modern technology with compassionate care.

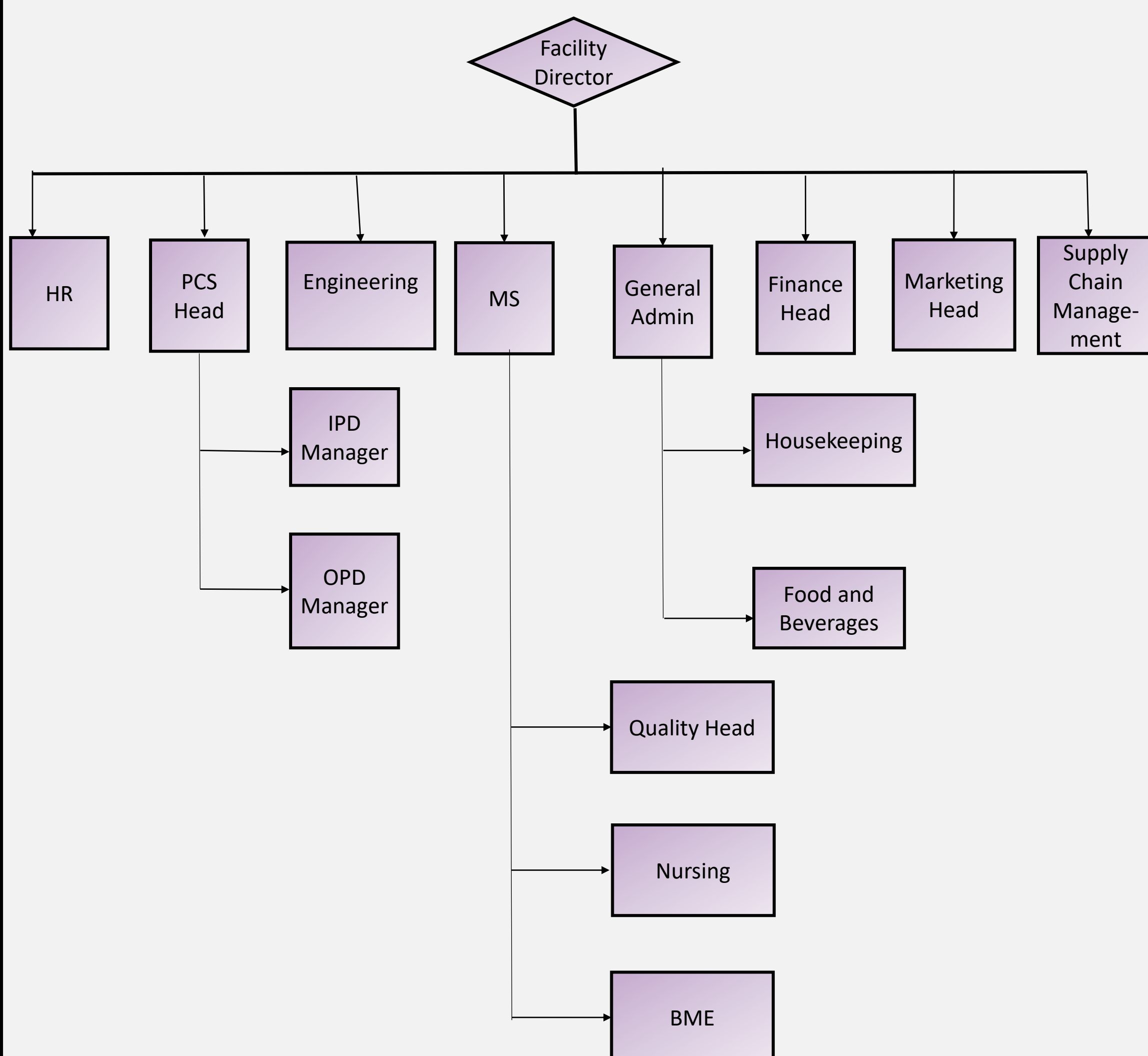
MISSION

To provide safe, ethical, and evidence-based care that improves patient outcomes and enhances community well-being.

VISION

To actively learn and contribute to smoother, safer hospital processes.

Organization Structure



Learnings and Value

Additions

1. VTE & HAPU audits linked theory with clinical risk monitoring.
2. CSSD audits connected sterilization theory to practice.
3. Theory shows timely discharge, but practice reveals frequent delays.
4. Time management and communication skills
5. Learned about principles of management and how those work in the hospital.

SWOT Analysis

Strenght	Weakness
- Reputation and brand name - Highly qualified faculty - Comprehensive Healthcare Services - Good infrastructure for critical care patients - Use of technology	- Expensive and not affordable for all - Improper Biomedical waste management - Delay in discharges and diagnostics - Staff shortage
Opportunity	Threats
- NABH Accreditation - Research and Development - Online consultation and packages - Collaborate with more insurance companies	- Strong competition from other hospital - Negative patients review - Government audits and rules - Patient shift to government hospital due to high private cost.

Usefulness of the internship

- Gained hands-on experience in hospital administration
- Learned the significance of SOPs in ensuring consistency, efficiency, and compliance
- Developed strategic recommendations for process improvements
- Built professional relationships with healthcare professionals

Challenges Faced

- Time management
- Adjusting to new work environment and culture
- Technology Integration
- Confidentiality issue in data collection
- Interdepartmental coordination

About the project

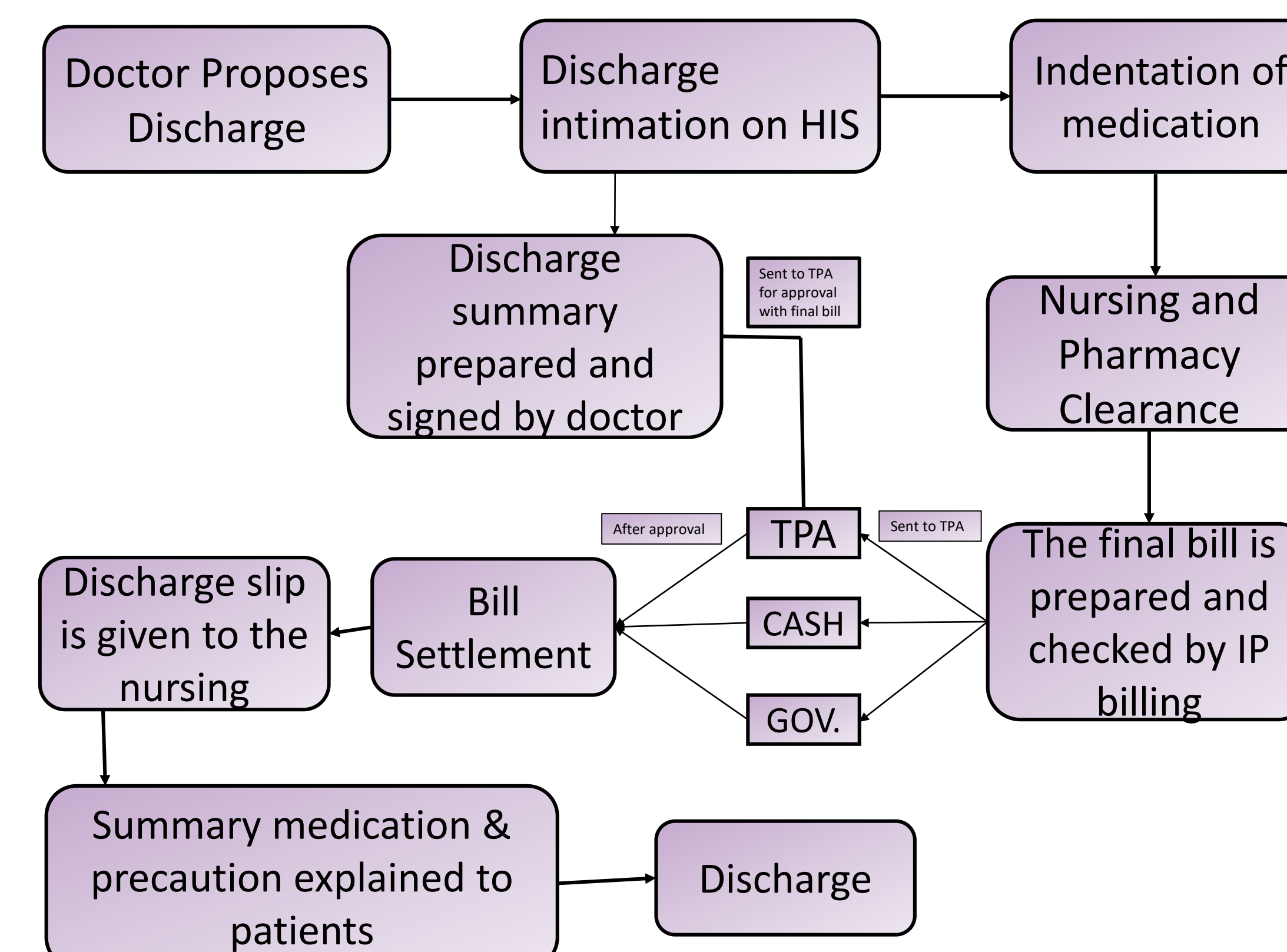
Aim: To ensure discharges are completed within the defined TAT.

Objective: 1. To map the patients journey through the hospital and identify key touch points through the journey.
2. To measure the TAT for the whole process of discharge.
3. To analyze the gap in the discharge process.

Methodology: Study design: Cross sectional study

- Sample Size : For TPA Patient- 37 cases
For Cash & Gov. Patient- 87 cases
- Inclusion Criteria: Patient Admitted in the hospital
- Exclusion Criteria: OPD Consultation
- Data Collection Method: Direct Observation
- Tools used : Excel for documentation

Discharge Process



Turnaround Time (TAT) Benchmarks at Fortis Hospital:

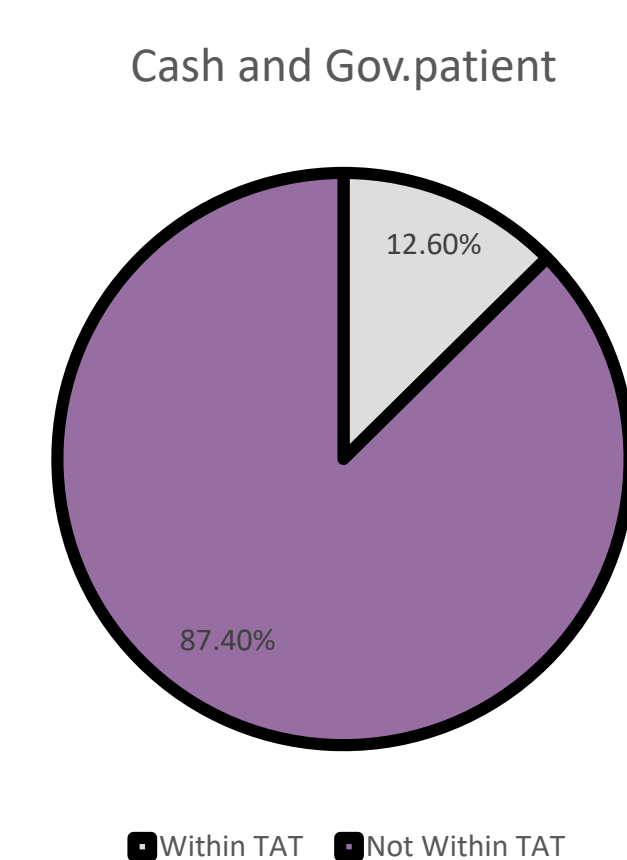
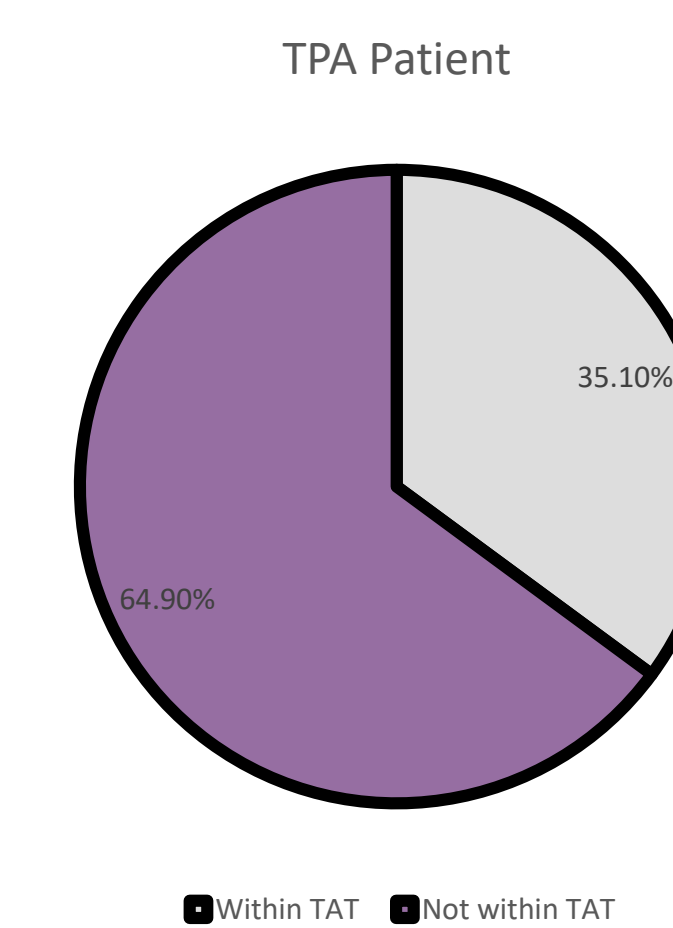
- Cash & Govt. Patients:** Turnaround Time (TAT) from receipt of the discharge summary to physical discharge should be 90 minutes.
- TPA Patients:** Due to our requirement for external approvals, the time taken may be up to 4 hours.

Findings and Analysis

Collected information on the discharge process flow from the nurses, discharge counter and administration. There are 3 categories in the hospital in which patients are categorized- Cash, TPA, Gov. After analyzing the 3 processes there were bottlenecks found and most of the time was taken by Cash and Gov. category patients to get discharged.

Discharge process flow data for 3 categories

Category	Total Patient	Within TAT	Average Discharge Time
TPA	37	13(35.1%)	4:36:31
Cash and Gov.	87	11(12.6%)	3:00:48



Recommendation

- For planned discharge, the discharge summary should be finalized a day before discharge to reduce delay.
- Fixed timing of rounds by the doctors.
- Approximate bill should be informed to the attendants a day before discharge
- During peak hours, there should be proper management of staff.
- Monthly audit to check the compliance
- Training should be given to the staff

