Summer Training at
Care Hospitals, Banjara Hills, Hyderabad
(April 3 to June 2, 2017)

Study on Delay in Discharge Process

By
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Under the guidance of
Dr. Goutam Sadhu

MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Ms Chanda Bisht has undergone summer training in Care Hospitals ,Banjara Hills ,Hyderabad from 3rd April to 2nd June 2017.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

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NABH ACCREDITED HOSPITAL
CIN : U85110AP1992PLC014728

CARE HOSPITALS

Date: 02-06-2017

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Chanda Bisht** a student of IIHMR University, Jaipur has done project on **"1.Audit on prophylactic Antibiotic compliance as per Hospital Infection Control policy", "2.Documentation compliance on patients medical record as per NABH Standards", "3. Study on delay in discharge process"** in the department of Quality & Operations from 03-04-2017 to 02-06-2017.

During the above period her performance and conduct were found to be good.

We wish her all the best in her future endeavors.

For QUALITY CARE INDIA LIMITED,

K.V.SUBBA REDDY
General Manager- HR

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CANDIDATE'S DECLARATION

I do hereby declare that I am a student of 1st year, MBA in Hospital and Healthcare Management, IIHMR University, Jaipur, Rajasthan session 2016-2018.

I would like to state that I have done the project on "**A Study on Delay in Discharge Process**" under the guidance of Dr. Harish (Deputy Medical Superintendent) at Care Hospitals, Banjara Hills, Hyderabad for the partial fulfilment for the degree of MBA in Hospital and Healthcare Administration.

This project work is my own and has not been submitted to any of the other Institute or University for the purpose of award of any degree or diploma.

Ms. Chanda Bisht.
IIHMR University
(2016-2018)

ACKNOWLEDGMENT

I would like to acknowledge, First and foremost Dr. Harish (Assistant Medical superintendent) for showing confidence in me and giving me such a wonderful topic to do my project & Mr. Amit Kapoor (Head COPC), without his support and guidance it would not have been possible. Also I would like to thank Dr. Jahaan Hafeez (Assistant Quality Manager) for her guidance, motivation and encouragement throughout the completion of Project & Mr. Poshan Gupta (Floor Hospital Administrators) whose support was very essential in the completion of my project.

Then I would like to thank my mentor at Care Hospitals, Banjara Hills, Dr. Harish (Deputy Medical Superintendent) for his guidance throughout my internship period.

I would also like to thank my faculty at IIHMR-Jaipur and specially my Mentor- Dr. Gautam Sadhu (Dean of Rural Management) for being my support all through the internship.

I would also whole heartedly thank the entire staff at Care Hospitals, Banjara Hills for being so supportive and helpful and taking out some time from their hectic schedules and giving all the required information.

At the end, I am thankful to God and my heartfelt gratitude to my parents and friends who supported me throughout the course.

THANK YOU ALL

Chanda Bisht.

IIHMR

(2016-2018)

INTERNSHIP CERTIFICATE FROM CARE HOSPITALS

This is to certify that Ms. Chanda Bisht, a student of IHMR – Jaipur, has carried done a project on the topic "Study of Delay in Discharge process" at Care Hospitals, Banjara Hills, Hyderabad, in the department of quality from 03-04-2017 to 02-04-2017.

During the Above Period her performance, and conduct were found to be good.

We wish her all the very best in her future endeavours.

K. V. SUBBA REDDY

General Manager-HR

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Abbreviations / Acronyms

- NABH - National Accreditation Board for Hospitals & Healthcare Providers
- SOP – Standard Operation Process

INTRODUCTION

Purpose

To provide care
that people trusts

Vision

To be a trusted, people-centric,
integrated healthcare system
as a model for global health

Values

Honesty & Integrity

The practice of honesty fortifies character. Integrity means doing right at all times and willingness to live by the standards and beliefs of the organization.

Teamwork

A collaborative work ecosystem, where the collective efficiencies are harnessed for delivering the best possible care.

Citizenship

Good governance and appropriate working relationship with all stake- holders, based on compliance to laws and ethical practices.

Empathy & Compassion

The ability to understand the feelings of patients as well as employees, so that the services delivered are humane and in a supportive work environment.

Equity

Mutual trust based on fair and impartial consideration of all professional matters so that it fosters positive contribution towards the institutional purpose.

Education

Continuous learning for the creation of a sustainable healthcare system, where employees and the organization can grow together.

Dignity & Respect

Treat all with utmost regard and esteem so that it enhances respect and, in turn, a sense of belonging.

The Group's leader CARE Hospitals, Banjara Hills, Hyderabad - a super claim to fame healing center - started quite care conveyance at the CARE Outpatient Center in October 2012. Situated in the heart of the city, a km far from the in-patient doctor's facility, it is India's biggest incorporated outpatient focus with 65 beds.

Mind Outpatient Center offers meeting in all super claims to fame in Hyderabad, with a best-in-class climate of global norms for the comfort of patients. The clinic is spread crosswise over 6 stories, covering an aggregate zone of 1,85,000 square feet and offers the best restorative care in an office tweaked to convey the most elevated nature of administration.

The CARE Outpatient Center was formally initiated on fourth February 2013 by Late Dr. A. P. J. Abdul Kalam, previous President of India. Talking about the event, Dr. Abdul Kalam stated, "At the CARE Outpatient Center I feel sympathy and seek after the patient. This is a place which passes on solace to the debilitated heart. Mind Hospitals dependably endeavors to serve the general population and is quiet in its approach." Dr. Kalam was Chief Mentor for the doctor's facility chain.

The CARE Outpatient Center offers a wide exhibit of super force administrations at a devoted office enhanced for theoutpatient meeting. One of the highlights is mobile or day mind surgery administrations, where post-agent perception is uneventful. Such surgeries have turned out to be conceivable because of enhanced innovation and are an acknowledged technique for treatment for some patients, where overnight doctor's facility stay is not required.

The CARE Outpatient Center is firmly coordinated with the Group's leader in-patient super claim to fame healing facility (with normal transport administrations accessible), safeguarding the basic hospitalization connect for offering complete and far-reaching consideration to patients.

The CARE group has numerous firsts amazingly:
1st Prospective randomized trial of inflatable valvotomy versus mitral valve substitution on the planet
1st Coronary Angioplasty in India
2nd Balloon Valvuloplasty in India
1st Cardiac MRI in India
1st Atrial Fibrillation Clinic in India
1st Beating Heart Surgery in Andhra Pradesh
1st Heart Transplant Performed in a level 2 town (Visakhapatnam)

LIST OF TABLES AND FIGURES

CHAPTER-1

INTRODUCTION

In the present focused world, quality provided by the hospital services is playing a vital part in the advanced society. Among different elements influencing the health services framework, Billing process is one of the essential components identified with patient satisfaction.

The process of discharge and billing process starts as soon as the patient is advised or said discharged either in written form or in verbal form (word of mouth).

Being the final step in the patient experience in the hospital, the quality and experience is well remembered by the patient.

Regardless of the possibility that everything else went acceptably, a moderate, disappointing discharge process can bring about low patient satisfaction.

Thus, it is important step and impacts the picture of the hospital services and patient satisfaction.

In this way, the interest for powerful wellbeing administrations is regularly expanding.

Mogli defines “discharge as the release of a hospitalized patient from the hospital by the admitting physician after providing necessary medical care for a period deemed necessary.”

Not long after the patient is treated and additionally their attendants hopes to be, calmed off instantly. thus delay in the process and poor skills of managing leads to disappointment and, influences the Hospital reputation.

In this way for the patient satisfaction, time motion study is conducted for improving the administration process.

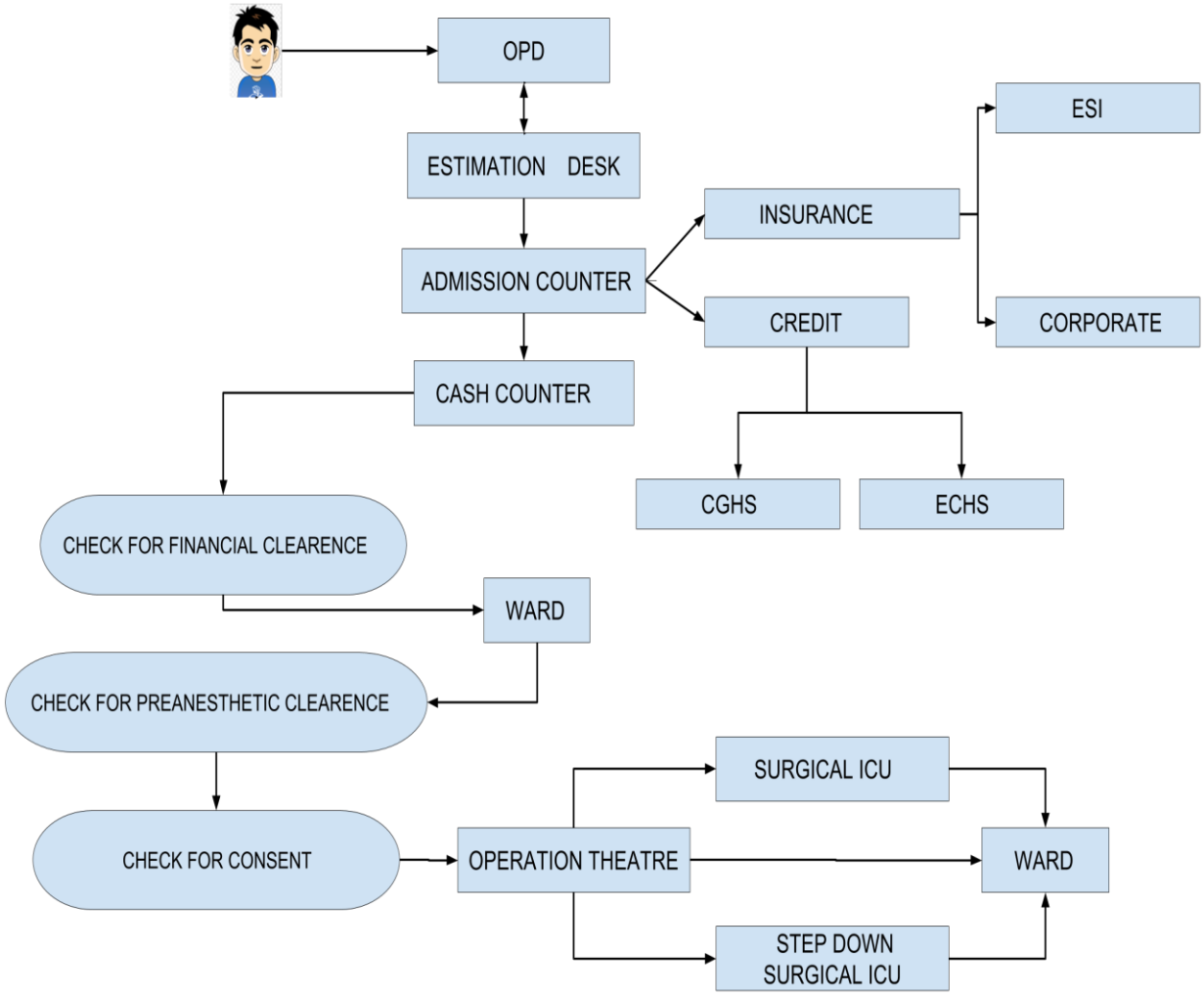

FIG 1a: WORKFLOW PROCESS

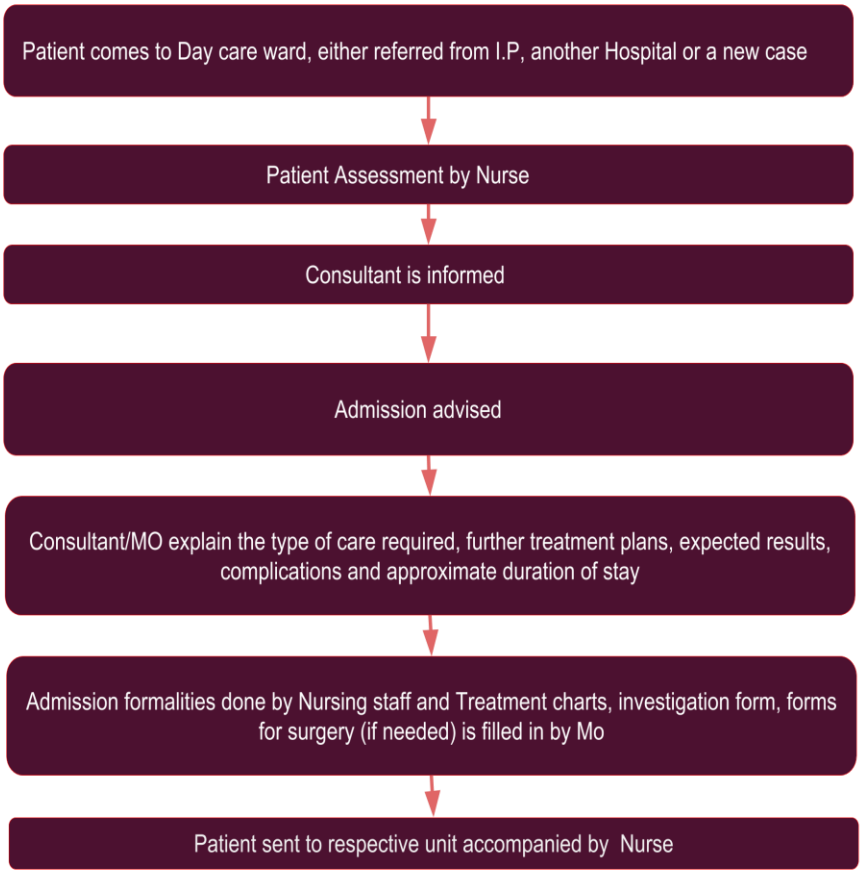

FIG 1 b: ADMISSION PROCESS

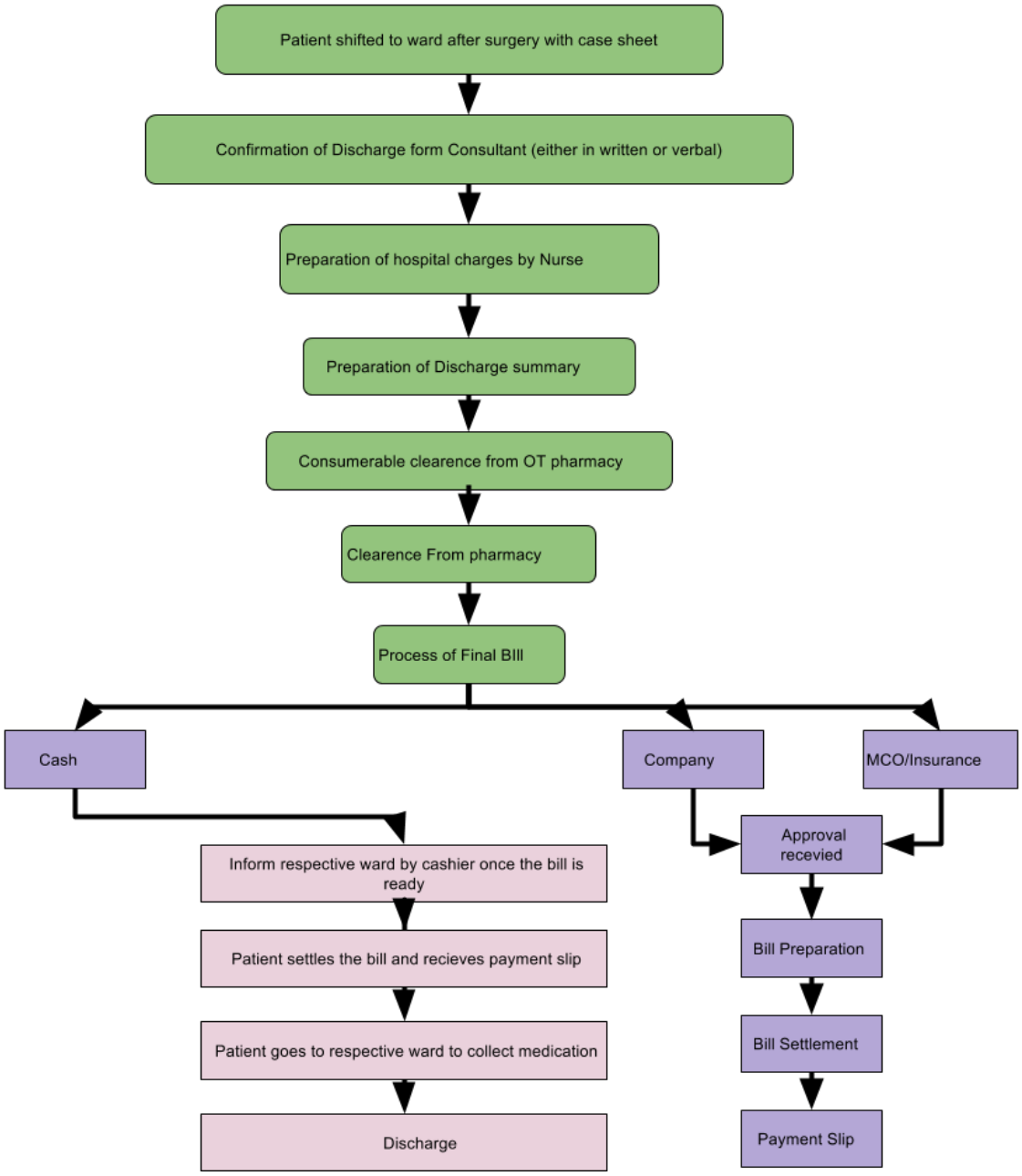

Figure 1 c: WORK FLOW OF DISCHARGE PROCESS

1.1 RATIONALE:

This Report is intended to reduce the delay in discharge process in Care Hospitals, Banjara Hills, as main goal is to provide best patient care.

1.2 OBJECTIVES

General Objective – To Study delay in Discharge process in the Care hospitals, Banjara Hills, Hyderabad.
Specific Objective –

- To Study and find out the major causes that leads to delay in discharge process.
- To find out the different percentage contribution of various causes leading to delay in discharge.

1.3 RESEARCH METHODOLOGY

- **Type of study***:* A Descriptive, quantitative, observational , indepth study.
- **Study area**– Day Care Ward, of Care Outpatient Centre, Banjara Hills, Hyderabad.
- **Duration of Study**– 4 Weeks, from (20 April 2017 -20 May 2017)
- **Type of Data**- Quantitative
- **Technique**– Direct Observation.
- **Sample size** – 144
- **Sampling technique**- Simple Random Sampling.
- **Data collection**-Primary and Quantitative (4 weeks)
- **Data entry**- Manually
- **Data Analysis**- Using bar charts in Microsoft Excel.

The data is analysed using NABH standards, Stated in the Article Global Journal Of Medicines & Public Health GJMEDPH 2013, VOL 2,ISSUE 3.

CHAPTER-2

LITERATURE REVIEW

Ajami Sima and Ketabi Saeedah, 2004:
According to this article Strategies for improving the patient discharge process have a beneficial effect on many hospital activities and findings show that delay in the physician's visits caused delays in the discharge of their patient.

Jordan Y., MBBS li FRACP,Tuck Y. Yong ,FRACP,Paul Hakendorf BSc MPH,David Ben-Tovim PhD FRANZCP MRCP (Psych), Campbell H. Thompson MD , DPhil FRACP, 2013:
The study analysed that Delayed transmission or absence of a discharge summary is associated with readmission of the patient.

Volume: 30, Issue: 5, October 2014, Pages 292 to 300, Stephanie Cognet, Fiona Coyer. The study findings show that the setting is complicated and largely underappreciated. There are fundamental, misunderstood differences in prioritisation and care of patients between the areas, with a deep understanding of practice requirements of ward, not being understood. The findings of this study may be used to facilitate inter departmental communications and progress practice development.

Swapnil Tak, Sheetal Kulkarni, Rahul More (2013) the study was conducted in a 500 bedded hospital in Karnataka. It was found that the results indicate that there is a delay in all types of Finding—none discharges in this hospital in all the steps except for the time needed to return unused medicines to the pharmacy.

CHAPTER-3

DATA ANALYSIS AND INTERPRETATION

As, the Day care ward of Care outpatient Centre, doesn't follow any norms or SOP for the discharge process.
The data is analyzed using the assumptions that are taken from the NABH Standards, from the Article , Global Journal Of Medicines & Public Health GJMEDPH 2013,VOL 2,ISSUE 3.

	Credit Patients (n=29)	Insurance Patients (n= 42)	Cash Patients (n=73)	NABH Standards
Average Time to type Discharge Summary.	00:36:43	00:48:13	00:30:35	30 Minutes
Average Time for Consumables Clearance.	00:58:46	00:58:51	01:02:14	30 Minutes
Average Time for Pharmacy Clearance.	00:20:37	00:57:19	00:18:18	30 Minutes
Average Time for Bill Preparation.	00:30:50	02:00:40	0:48:06	30 Minutes
Average Time for Bill Settlement.	00:42:17	00:43:01	0:47:53	30 Minutes
Total time	03:19:00	05:27:04	03:27:03	2 Hours 30 Minutes

Table 2 a: Comparison of Average Time Taken According to Type of Discharges and NABH Prescribed Standards

SOURCE: Global Journal of Medicines & Public Health GJMEDPH 2013, VOL 2, ISSUE 3.

NABH Standards	Single Ward	Sharing Ward	General Ward	
30 Minutes	01:06:19	01:24:00	00:57:41	Average Time to type Discharge Summary.
30 Minutes	01:25:20	01:11:32	01:08:28	Average Time for Consumables Clearance.
30 Minutes	00:47:56	00:51:35	00:35:00	Average Time for Pharmacy Clearance.
30 Minutes	0:46:53	0:51:29	0:34:47	Average Time for Bill Preparation.
30 Minutes	0:50:12	0:54:52	0:34:47	Average Time for Bill Settlement.
2 Hours 30 Minutes	04:56:39	05:13:28	03:50:44	Total time

Table 2 b: Comparison of Average Time Taken According to Type of Wards and NABH Prescribed Standards

NABH Standards	Plastic Cases	Opthal Cases	Gynaic Cases	Ortho Cases	Vascular Cases	ENT Cases	
30 Minutes	00:26:40	00:53:45	00:28:00	00:23:53	00:39:42	00:36:51	Average Time to type Discharge Summary.
30 Minutes	00:26:20	00:42:52	00:22:53	00:57:33	00:54:06	00:55:15	Average Time for Consumables Clearance.
30 Minutes	00:16:13	00:11:45	00:16:13	00:33:20	00:30:09	00:57:34	Average Time for Pharmacy Clearance.
30 Minutes	00:41:27	00:31:53	00:25:07	0:58:27	0:54:41	0:34:59	Average Time for Bill Preparation.
30 Minutes	00:35:33	00:23:08	00:29:47	0:27:47	0:30:12	0:21:39	Average Time for Bill Settlement.
2 Hours 30 Minutes	2:26:13	2:43:22	2:02:00	3:21:00	3:28:51	3:26:19	Total time

Table 2 c: Comparison of Average Time Taken According to Type of Surgeries and NABH Prescribed Standards

After analysing the data, by the assumptions taken from the NABH standards.

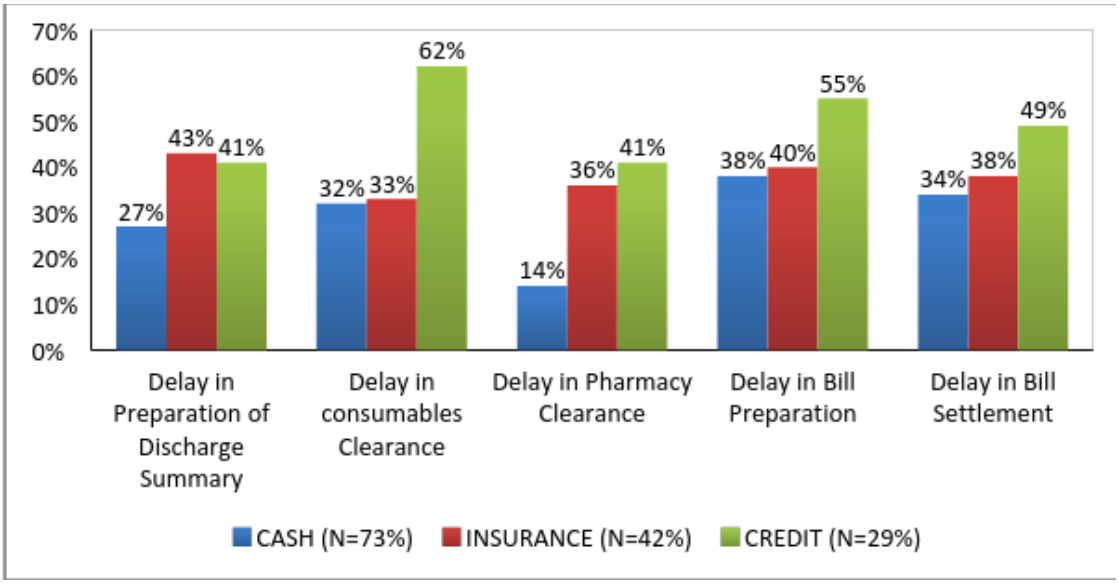

Fig 3 a. This figure shows Percentage Distribution of different Causes of the Delay in Discharge Process according to the Mode of Payment.

It was found that, there is delay in all the Discharges (TPA, Cash and Credit).
The total time taken for the Insurance Patient is (04:27:04, N=42), Cash Patients is (03:27:03, N=73), Credit Patient (03:19:00,29), that is the delay of 65% from the assumption (02:30:00).
After the total analysis of Insurance Patients, it was found that of all the delays,
<u>For Insurance Patients</u>
43% of delays were caused due to Delay in Preparation of Discharge Summary, 33% of delays were caused due to delay in consumables clearance, 36% delay were caused due to delay in pharmacy clearance and 40% delay were caused due to delay in bill preparation, 27% delays were caused in bill Settlement

For Cash Patients 27% of delays were caused due to Delay in Preparation of Discharge Summary, 32% of delays were caused due to delay in consumables clearance, 14% delay were caused due to delay in pharmacy clearance and 38% delay were caused due to delay in bill preparation,34% delays were caused in bill Settlement

For Credit Patients

41% of delays were caused due to Delay in Preparation of Discharge Summary, 64% of delays were caused due to delay in consumables clearance, 41% delay were caused due to delay in pharmacy clearance and 55% delay were caused due to delay in bill preparation, 49% delays were caused in bill Settlement

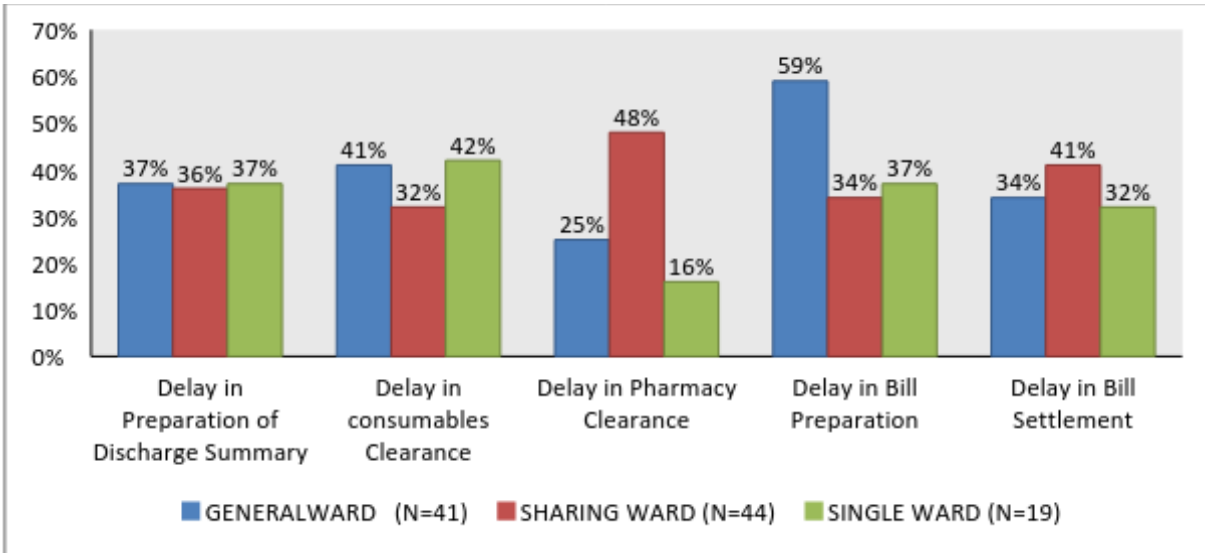

Fig 3 b This figure shows Percentage Distribution of different Causes of the Delay in Discharge Process according to the Type of Ward

It was found that, there is delay in all the Discharges.
The total time taken for the General Ward Patient is (03:50:44), Sharing Ward Patients is (05:13:28),Single Ward Patient (04:56:39),that is the delay of 55% from the assumption (02:30:00).

For General Ward Patients

37% of delays were caused due to Delay in Preparation of Discharge Summary, 41% of delays were caused due to delay in consumables clearance, 25% delay were caused due to delay in pharmacy clearance and 59% delay were caused due to delay in bill preparation, 34% delays were caused in bill Settlement

For Sharing Ward Patients

36% of delays were caused due to Delay in Preparation of Discharge Summary, 32% of delays were caused due to delay in consumables clearance, 48% delay were caused due to delay in pharmacy clearance and 34% delay were caused due to delay in bill preparation,41% delays were caused in bill Settlement

For Single Ward Patients

37% of delays were caused due to Delay in Preparation of Discharge Summary, 42% of delays were caused due to delay in consumables clearance, 16% delay were caused due to delay in pharmacy clearance and 32% delay were caused due to delay in bill preparation, 32% delays were caused in bill Settlement

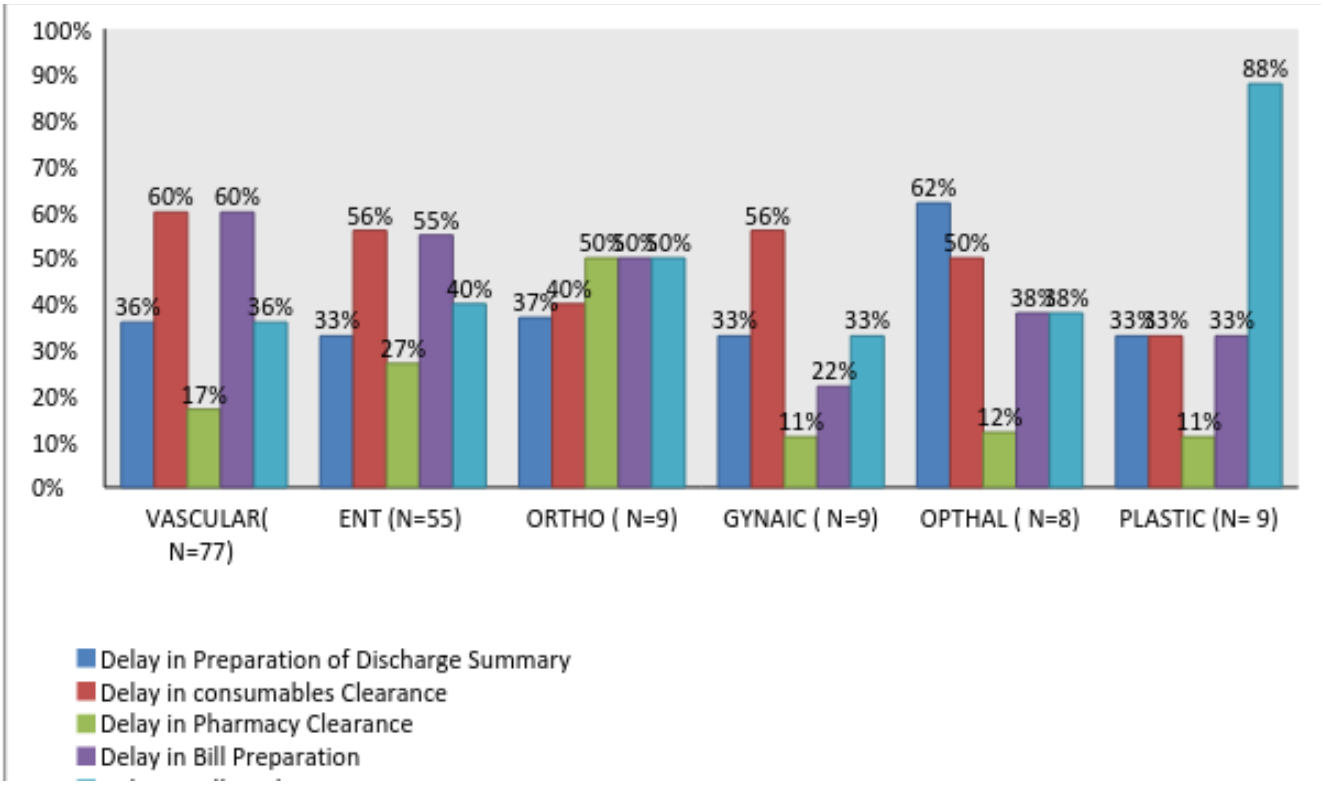

Fig 3 c..This figure shows Percentage Distribution of different Causes of the Delay in Discharge Process according to the Type of Surgery.

The total time taken for the ENT Patient is (03:27:00, N=73) , Vascular Patient is (3:28:51,N=77) ,Ortho Patient(3:21:00,N=9) , Plastic Patient (2:26:13 ,N=9) , Gynaic Patient(2:02:00,N=9), Opthal Patient (2:43:22 ,N=8).

<u>For ENT Patients</u>

33% of delays were caused due to Delay in Preparation of Discharge Summary, 56% of delays were caused due to delay in consumables clearance, 25% delay were caused due to delay in pharmacy clearance and 55% delay were caused due to delay in bill preparation, 40% delays were caused in bill Settlement

<u>For Vascular Patients</u>

36% of delays were caused due to Delay in Preparation of Discharge Summary, 60% of delays were caused due to delay in consumables clearance, 16% delay were caused due to delay in pharmacy clearance and 36% delay were caused due to delay in bill preparation,60% delays were caused in bill Settlement

For Ortho Patients

37% of delays were caused due to Delay in Preparation of Discharge Summary, 42% of delays were caused due to delay in consumables clearance, 16% delay were caused due to delay in pharmacy clearance and 32% delay were caused due to delay in bill preparation, 32% delays were caused in bill Settlement

For Gynaic Patients

37% of delays were caused due to Delay in Preparation of Discharge Summary, 41% of delays were caused due to delay in consumables clearance, 25% delay were caused due to delay in pharmacy clearance and 59% delay were caused due to delay in bill preparation, 34% delays were caused in bill Settlement

For Opthal Patients

36% of delays were caused due to Delay in Preparation of Discharge Summary, 32% of delays were caused due to delay in consumables clearance, 48% delay were caused due to delay in pharmacy clearance and 34% delay were caused due to delay in bill preparation,41% delays were caused in bill Settlement

For Plastic Patients

37% of delays were caused due to Delay in Preparation of Discharge Summary, 42% of delays were caused due to delay in consumables clearance, 16% delay were caused due to delay in pharmacy clearance and 32% delay were caused due to delay in bill preparation, 32% delays were caused in bill Settlement

3.1 RECOMMENDATION

In the study findings, to improve the time needed and to make discharge procedures more patient friendly and satisfactory for various types of discharges, it could be recommended that: -

All departments should be staffed adequately, depending on the patient load in the hospital.

Staff, involved in these departments should be skilled and trained properly, in discharge process.

coordination of care, communication skills for better interaction with patients and

their relatives.

Prioritization of discharged Patients, Preparation of discharge summary on time.

Family Readiness for Discharge, Nurses provide discharge instruction in Timely manner.

Hospital should have their own norms for Discharge. Administration can work on building SOP for the hospital discharge process.

Feedback to learn about their performance.

CHAPTER-4

CONCLUSION AND DISCUSSION:

The results clearly indicate that there is a delay in all types of discharges in this hospital. That is-:
The Average time taken for Different Mode of Payment Patient is 05:27:04, that is the total delay of 65%The Average time taken for Different Ward Patient is 04:19:04, that is the total delay of 27.2% .The Average time taken for Different Specialities is 04:27:00 , that is the total delay of 31.6 % .
Time taking process and long waiting hours often leads to patient dissatisfaction and thus, directly affecting the future business of the Hospital.

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