Summer Training at
Columbia Asia Hospital, Patiala Punjab
(April 3 to June 2, 2017)

Analyzing Turnaround Time in Discharge Process of IPD

By
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Under the guidance of
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MBA Hospital & Health Management
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Institute of Health Management Research
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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 **Dr. Avantika Rathore** has undergone summer training in **Columbia Asia Patiala (Panjab),** from 3rd April to 2nd June 2017.

The candidate herself completed the project assign 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 his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

Mentor- Dr. Saurabh Banerjee

Associate Professor

The IIHMR University, Jaipur

COLUMBIA ASIA

02 June, 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Avantika Rathore,** student of IIHMR University of Jaipur did her training at Columbia Asia Hospital, Patiala from **03rd April 2017 to 02nd June 2017** in the department of **Operations.**

She has successfully completed her training for the above mentioned period. During her tenure with us we found her diligent and hardworking.

We wish her all the best in her future endeavors.

For Columbia Asia Hospital - Patiala

Shivraj Nakai

Shivraj Singh Nakai
Human Resources Manager

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CIN: U85110KA2003PTC033055

PREFACE

One of the greatest important learning for the MBA HM student is to learn processes of hospital, conduct thorough research on a particular project assigned related to efficiency and effectiveness of current process which help the student to develop analytical skill and evaluation of current process by providing conclusion in terms of recommendation and suggestion which shows how student has understood a particular process that helps him/her in her future experiences.

This summer internship is considered as a first step of student in the practical world because he/she is sole responsible to prepare and execute entire project and this helps him/her at time of joining various organization after the completion of the course because in this time the student comes across with various standard of departments and get the valuable knowledge regarding hospital grant policies and various norms.

The basic objective of the summer internship project is to learn a process thoroughly to develop precision in that process and along with that, to develop various analytical skills which are the essential part of a manager for better medical, administrative and financial functions of the hospital.

DR. AVANTIKA RATHORE

ACKNOWLEDGMENT

The success of any task would be incomplete without the expression of appreciation of gratitude to the people who made it possible. So first I would like to render my sincere thanks to Columbia Asia Hospital, Patiala for providing me such a kind of opportunity to undergo the summer training and get the unique hands on experience.

I would like to thank to **Ms. Rachna Verma (Operations Manager)** and **Mr. Shiv Nakki (HR Manager),** for allowing me to do my project work in Columbia Asia Hospital, Patiala and also for their guidance and suggestions throughout the induction programme.

I express my feeling of gratitude to **Mr. Faisal Siddiqui (General Manager)** who permitted me to conduct the project in Out Patient Department at Columbia Asia Hospital, Patiala.

I am highly indebted to **Mr. Ravinder Kumar (Customer Care Manager)** and **Mr. Amitoj (HR Executive)** as under their sheer guidance, the project was able to be successfully accomplished.

I would like to thank all those who have directly or indirectly helped me in completing this project. Last but not the least I would also like to thank to all staff of Columbia Asia Hospital, Patiala for always being co-operative to assist in my project work precisely. Without their cooperation and warm attitude, this project would have been a distant dream.

I am highly thankful to Dr. Saurabh Banerjee, Associate Professor of IIHMR Univeristy, Jaipur and also my mentor for his constant support and guidance throughout my summer internship.

Date: 21.06.2017 **DR. AVANTIKA RATHORE**

Place: Patiala Roll No: 0400
MBA HM21, IIHMR JAIPUR

CONTENT

CHAPTER-1

INTRODUCTION

COLUMBIA ASIA HOSPITAL, PATIALA

1.1 Introduction

Columbia Asia is a chain of hospitals in Asia having 28 medical facilities across India, Malasiya, Vietnam and Indonesia. The company is based in Kuala Lumpur, Malasiya and it was founded in 1994.

The company provides full service hospitals usually build in the suburbs. Columbia Asia's target market is the fast growing middle income group in Asia.

Columbia Asia policy is to set up smaller hospitals; less than100 beds; build in residential areas for ease of accessibility and efficiency which helps keep costs down for consumers but also maintains the quality of healthcare, modern amenities, highly trained specialists and nurses. The Patiala hospital has about 115 adult beds and has a patient traffic of about 8000 patients a month, and brings in about $1 million in monthly review.

Most of its employees are from the local town and neighbouring regions. Columbia Asia hires its doctors and staff largely from the local areas.

The company is in the midst of expansion and upon completion of this phase the company will have 15 more hospitals in India, 14 more hospitals in Malasiya, 3 more hospitals in Vietnam and 5 hospitals in Indonesia, together representing an investment of over $600 million (U.S.)

OBJECTIVE OF THE COMPANY

To achieve organizational excellence by promoting continuous learning and teamwork, competitive positioning, implement appropriate rewards, recognition mechanisms to create and maintain a motivated workforce which is aligned to Columbia Asia values.

VALUES

1) Patient First
2) Caring
3) Community involvement
4) Excellence
5) Integrity
6) Team work

1.2 VISION & MISSION OF HOSPITAL

VISION OF HOSPITAL:

Columbia Asia's vision is "we have a passion for making people better"

1.3 SPECIALITIES

- **Facilities available in Columbia Asia Hospital, PATIALA**

1. Anaesthesiology unit
2. Bariatric surgery unit
3. Cardiology & interventional cardiology unit
4. Critical care medicine unit
5. Dermatology unit
6. Emergency Medicine unit
7. Endocrinology unit
8. ENT, HEAD & NECK Surgery unit
9. Gastroenterology unit
10. General surgery and surgical gastroenterology unit
11. Infectious diseases unit
12. Internal medicine unit
13. Medical oncology unit
14. Neonatology unit
15. Nephrology unit

16. Neurology unit
17. Neurosurgery unit
18. Nutrition & Dietician unit
19. Obstetrics and Gynecology unit
20. Ophthalmology unit
21. Orthopedics and joint replacements unit
22. Pain management unit
23. Pediatrics unit
24. Pediatrics surgery unit
25. Plastic Surgery unit
26. Psychiatry unit
27. Pulmonology unit
28. Rheumatology unit
29. Surgical Oncology unit
30. Urology unit
31. Vascular and Endovascular Surgery unit

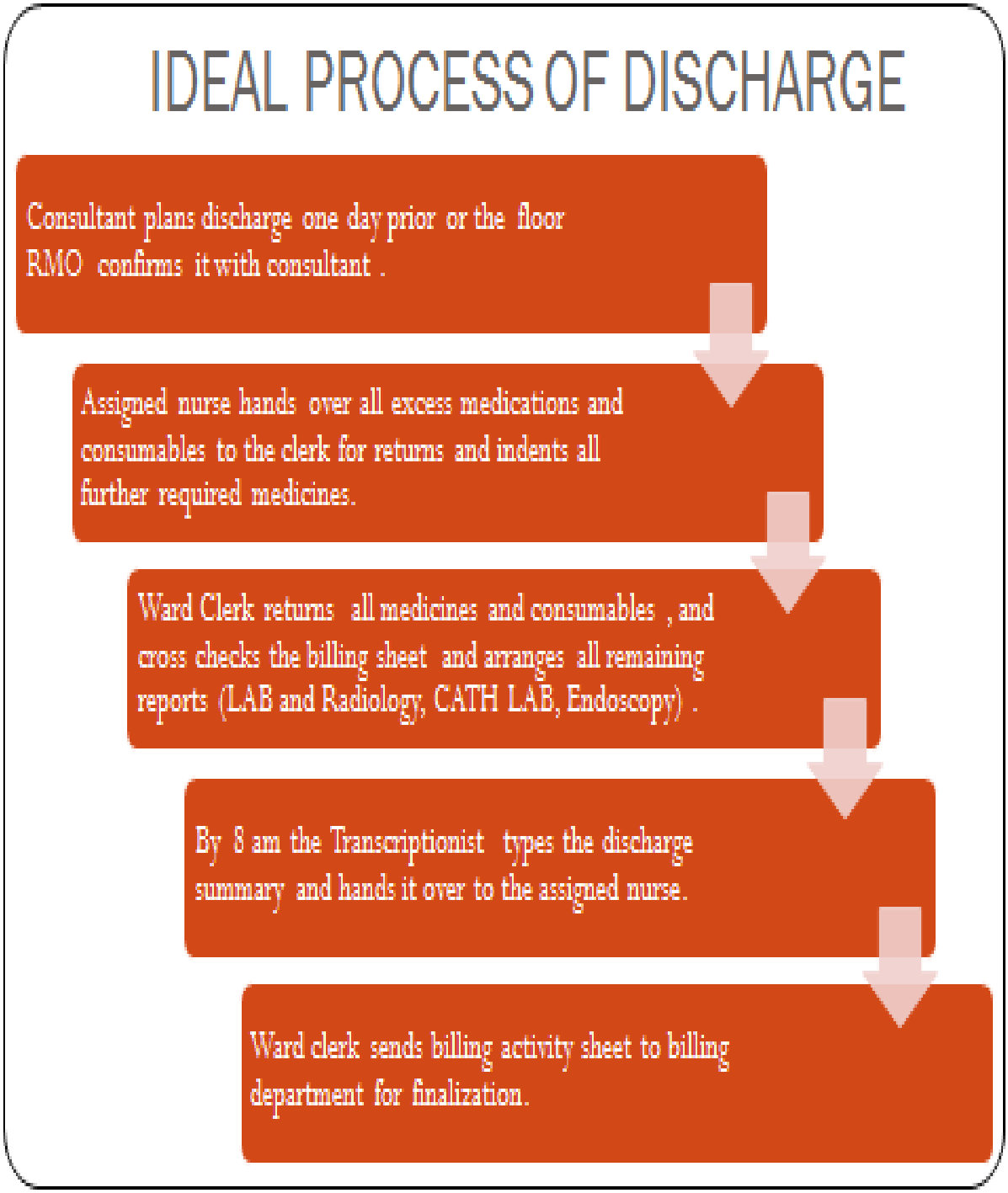
CHAPTER-2

PROJECT OVERVIEW

2.1 INTRODUCTION OF PROJECT:

- Many people are admitted to Hospital have the fear the experience of hospitalization and of cutting their autonomy, they prefer to get back to their normal life as soon as possible and would like to leave the hospital at the earliest.
- Discharge from a hospital is a process and it's a coordinated even and not an isolated event which involves the development and implementation of a plan to facilitate the transfer of an individual from hospital to an appropriate setting.

2.2 IDEAL PROCESS OF DISCHARGE FLOW DIAGRAM



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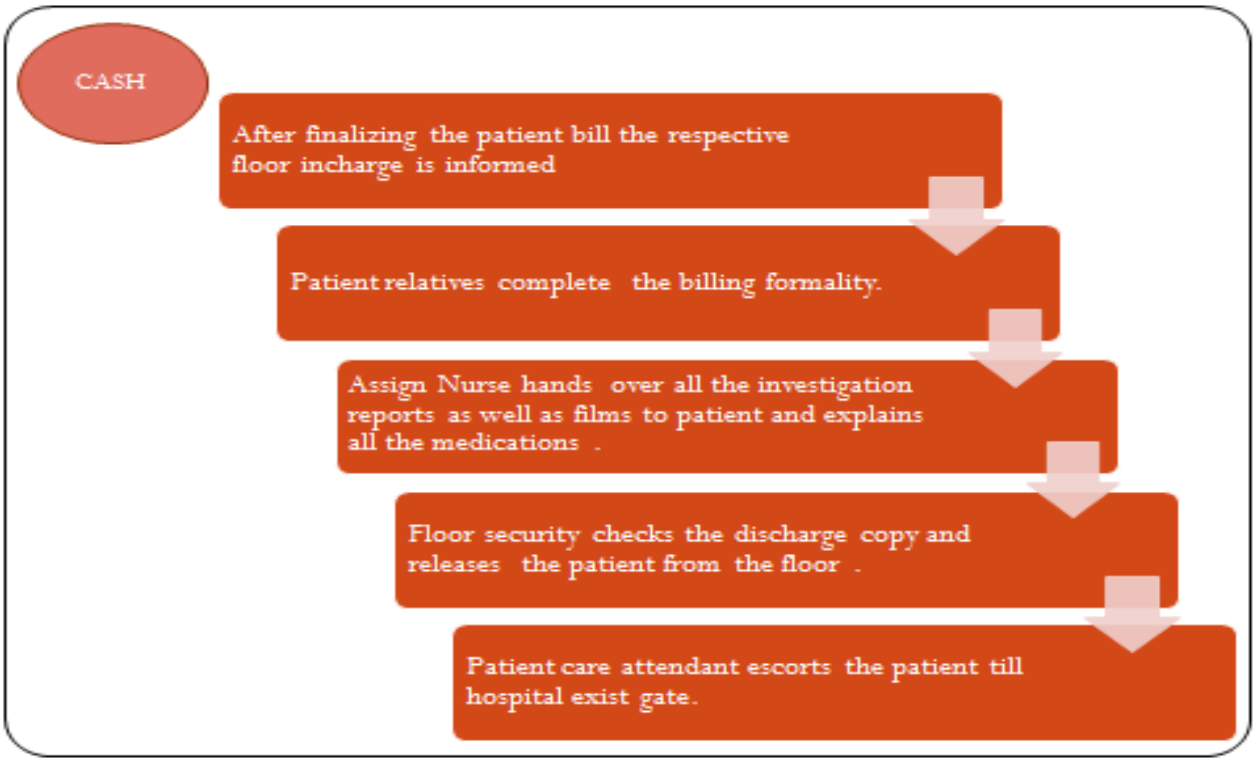
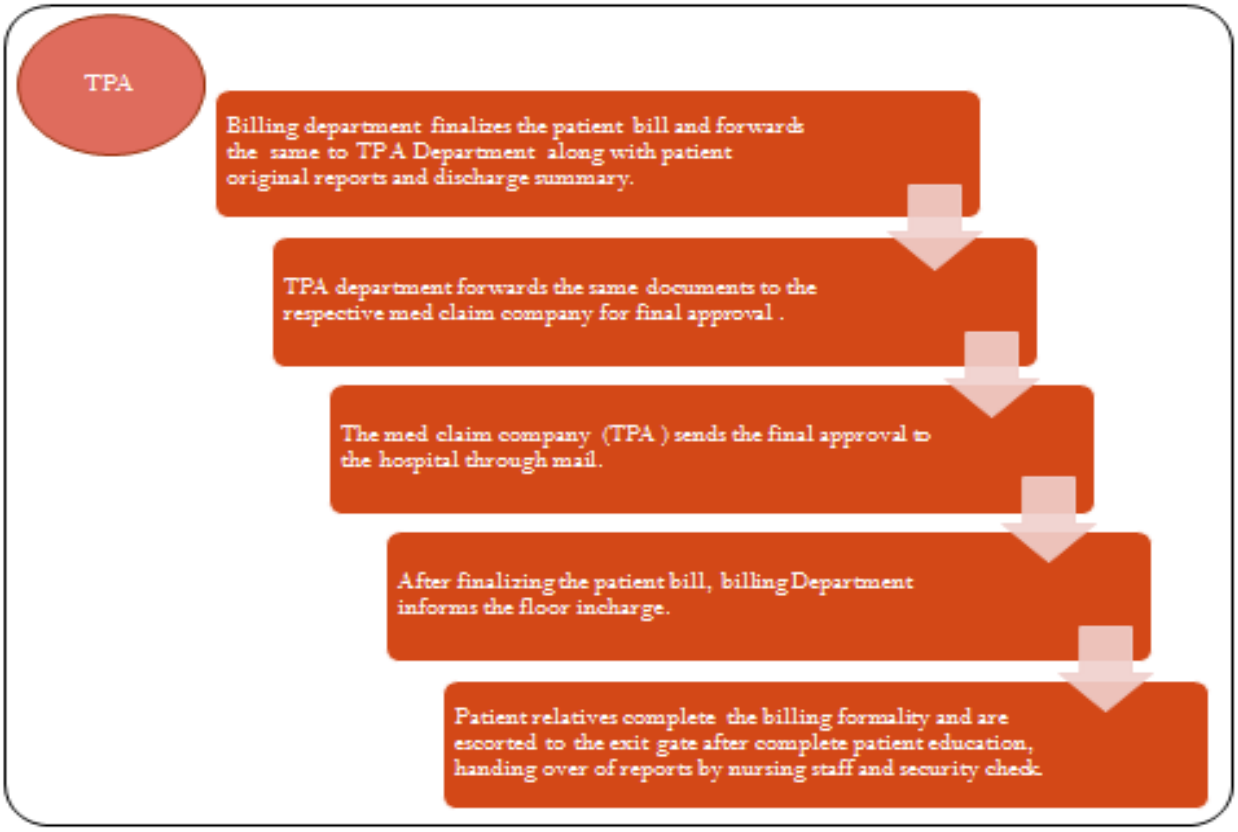

CASH
After finalizing the patient bill the respective floor incharge is informed
Patient relatives complete the billing formality.
Assign Nurse hands over all the investigation reports as well as films to patient and explains all the medications .
Floor security checks the discharge copy and releases the patient from the floor .
Patient care attendant escorts the patient till hospital exist gate.



2.3 Purpose

- The purpose for the study is to know the amount of time taken for discharge process in the hospital and factors affecting it.
- Discharge process is a time-consuming process in every hospital and it becomes an important area for improvement. Reducing the discharge time also leads to patient and attendant satisfaction level and thus improving the quality of process in the hospital.

2.4 Research Methodology

Study design: - Prospective Observational Study

Study duration: - 3rd April to 2nd June 2017

Study site: - The subject study was conducted at Columbia Asia Hospital, Patiala

Study Tool: -*Quantitative*

- By Observation of patients flow for two IPD sections at Columbia Asia Hospital, Patiala and noting with the help of Checklist
- By tabulating in excel and graphical studies

Sampling Method: Simple Random Sampling

Sample size: Inclusive of two IPD sections of the hospitals which included the General IPD and Ex-servicemen Contributory Health Scheme (ECHS) IPD sections.

A total of 255 patient discharge processes were studied including 8 TPA patient discharge.

Audit and analysis was done with the help of prepared Checklist.

Types of Data: - only Primary source

Primary Data:

- Self-Observation
- Unstructured interviews of IPD record staff.

SOURCES OF DATA

From the Active IPD files of patients in hospital

IPD files from month of April-June2017

As well as Process flow of files from IPD to other department and vice versa

It was a 2 months study starting from 03rd May to 02nd June 2017 in the month of May, done in both of the IPD sections of the hospitals which included the General IPD and Ex-servicemen Contributory Health Scheme (ECHS) IPD sections. A total of 255 patient discharge processes were studied including 8 TPA patient discharge.

- The discharges seen are of two types:

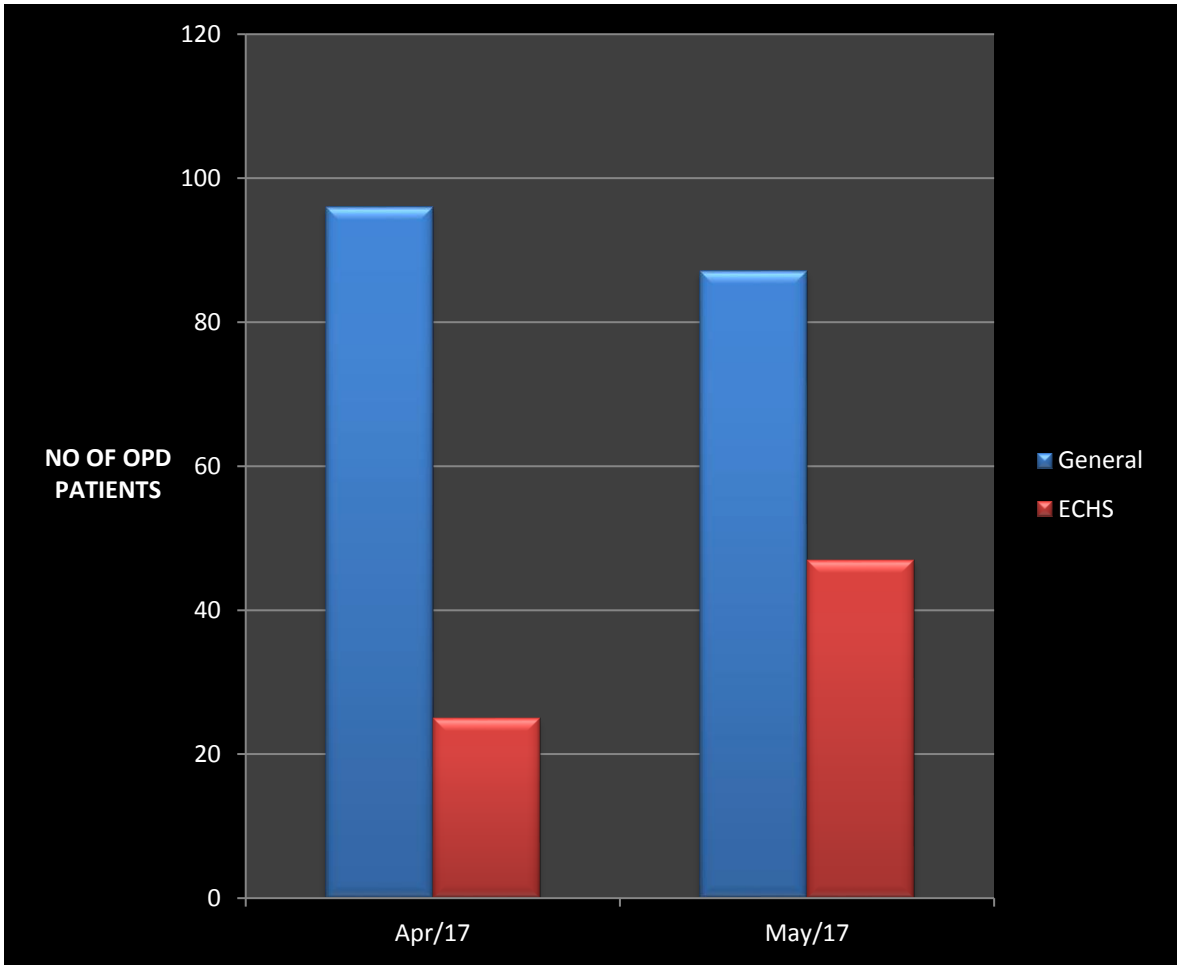
a) Planned Discharge

b) Unplanned Discharge

- Plan discharges are those which were planned a day prior by the consultant that the concerned patient will get discharge the next morning before 11 a.m.
- Unplanned discharges are those which were not planned, and the consultant ask for the discharge any time he feels the patient is fit to go back home.

2.5 Number of IPD Patients IPD wings wise

No.	Month	General	ECHS
1	April -17	96	25
2	May -17	87	47



- 183 patients were from the General IPD and 72 from ECHS IPD. The Collection of data started from the point of final discharge process of patient.
- Timing of discharge intimation by doctor was taken into account.
- The data collection was over, once the final sign of the patient was taken on the discharge slip.
- Physical leaving of patient from the ward was not accounted.

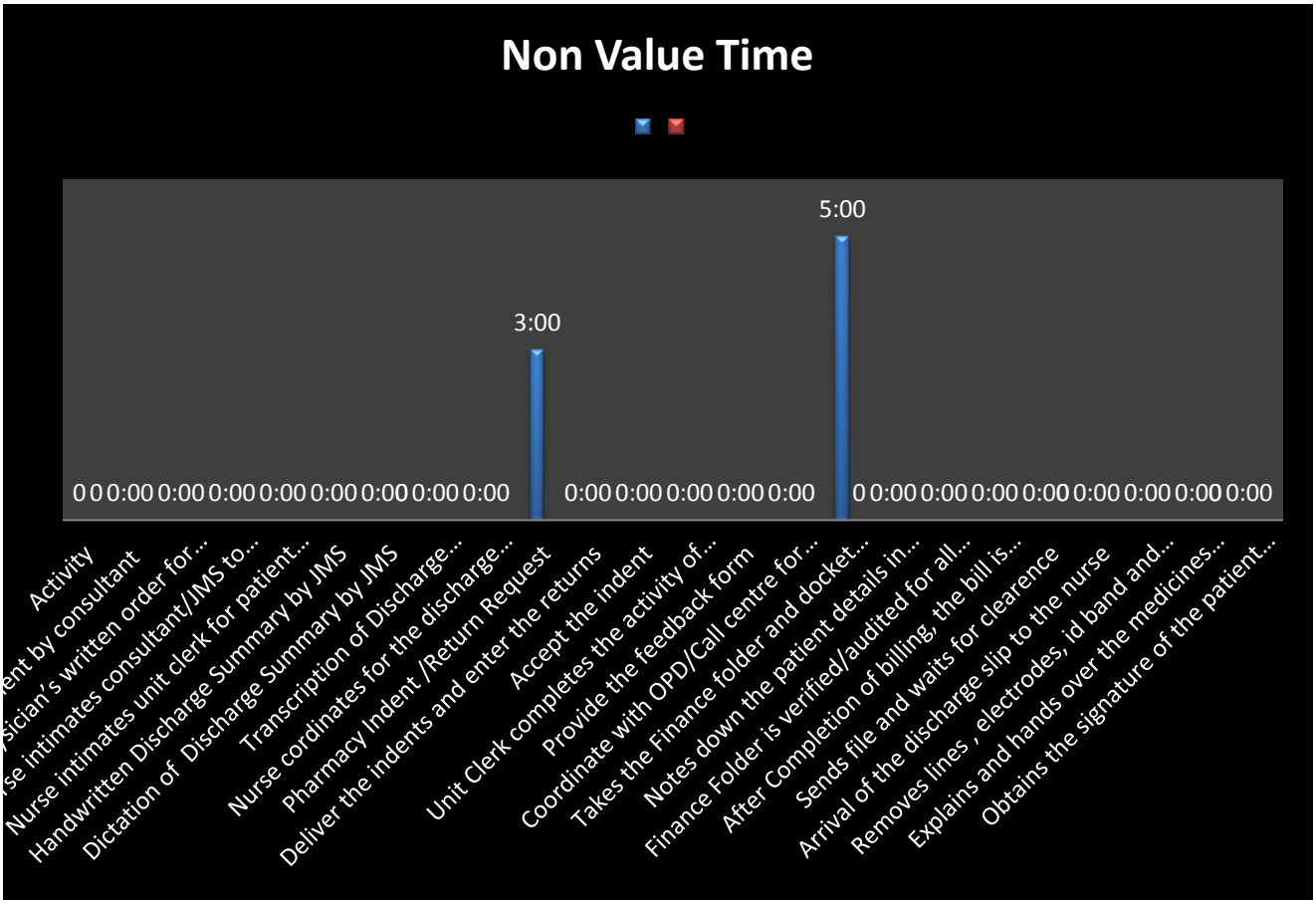
Processes which were noted were:

- Verbal Intimation from the doctors
- Filing and checking of documents.

- Drug return/indent.
- Checking all the reports and finance folder.
- Taking the folder to billing department.
- Writing the timings and details on register by unit clerk.
- Auditing of accounts and folder by billing department.
- Giving the folder to TPA clearance.
- Transfer to cash counter.
- Patient attendant's arrival.
- Bill clearance at bank.
- Giving discharge slip to nurse.
- Final signature taken by nurse.

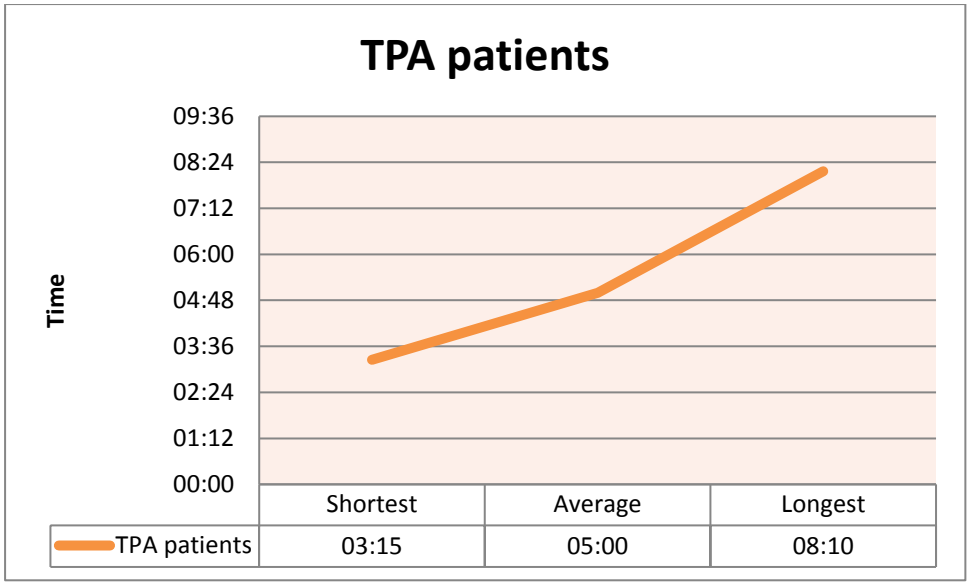
2.6 Non-Value Time:

- The blue bar denotes the Non-Value Time.
- Time that is not accounted for and can cause delay in the discharge process is Non-Value Time.

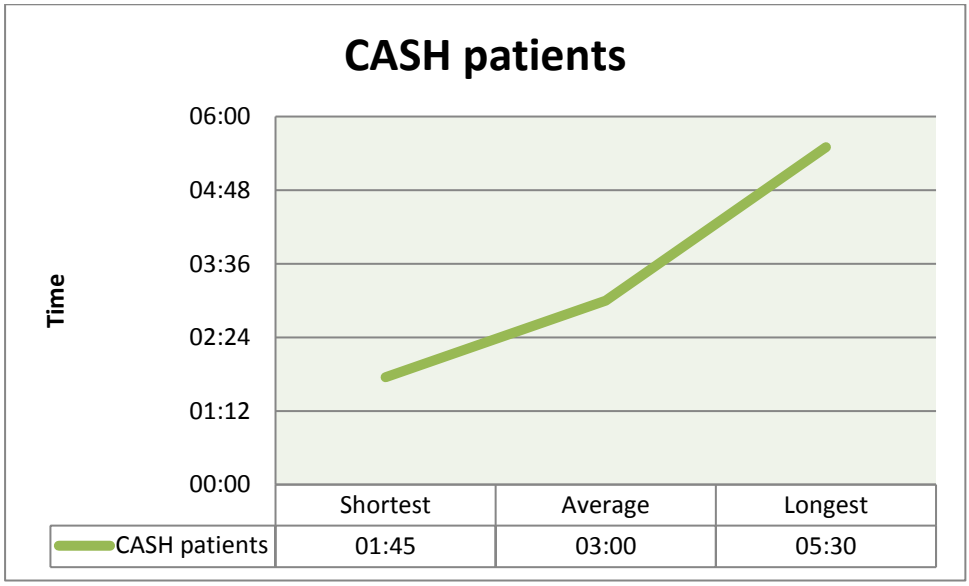


2.7 Observations and Data interpretation:

- The average time taken for the discharge of the 8 TPA patients was seen to be approximately 5 hrs, while the longest stretched up to 8 hrs.



- **The average time taken for the discharge of the 247 CASH patients was seen to be approximately 3 hrs, while the longest stretched up to 5 ½ hrs.**



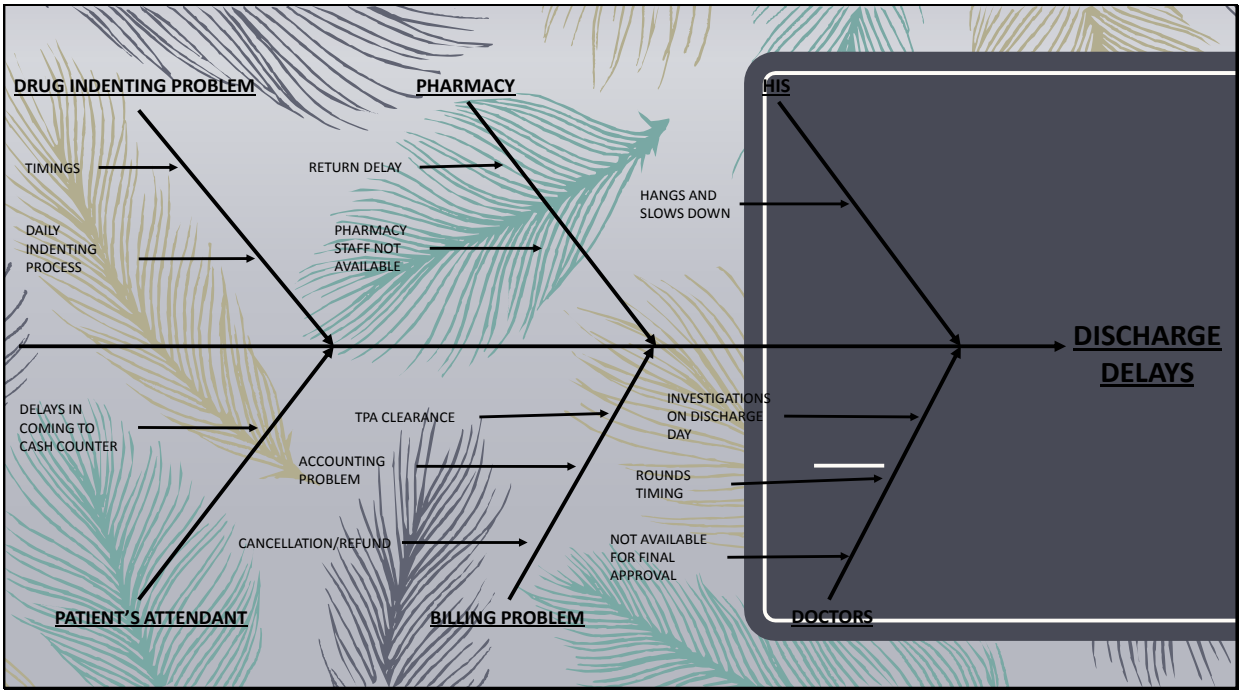
2.8 Cause of Delays:

The causes of a delay in discharge process are found to be due to many factors: -

1. Drug indenting problem:
    - Timings
    - Daily Indenting process

2. Pharmacy related problems:
    - Return delay
    - Pharmacy staff not available
3. Patient's Attendant:
    - Delays in payment services
    - Delays due to personal held ups
4. Billing problems:
    - TPA process for Insurance cases
    - Accounting problem
    - Cancellation/Refund
5. Hospital Information System:
    - Hangs and slows down
    - Mistyping of information
6. Doctor's related:
    - Investigations on discharge days
    - Rounds timings
    - Non-availability

2.9 ISHIKAWA Diagram of different Causes:



2.9 Recommendations to Improve the Current Discharge Process:

1. Patient attendant should be informed prior to billing as they are held up in making arrangements of funds, taking up to 30 mins in some cases.

2. Files related to TPA process should be complete in all manners. E.g. Signature of discharge summary, Correct and proper updating of patient details.

3. A common standard format for all TPA's should be made as all TPA's have different clauses which result in delayed response from their side.

4. Pharmacy indenting time and discharge time should be coordinated as their difference causes a lot of loss in time. E.g Discharge ordered at 8:30 but pharmacy staff starts working at 9:30, creating a gap of an hour.

5. All pending reports and documents related to billing should be updated a day before.

2.30 Summary:

1. The discharge process of Columbia Asia Hospital, Patiala is quite smooth and hassle free, taking an average of 2 hrs for Cash based patients, while 5 hrs in TPA based cases.

2. This can be further reduced by better involvement of the patients' attendant in the process, and allocating time for the pharmacy indent and return.

3. And last but not the least thank you for making me a part of this study.

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