

**Summer Training at
CARE Hospitals, Hyderabad**

**Discharge Process of Chemotherapy Day Care Unit- A Cross Sectional
Study**

**By
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**Under the guidance of
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**MBA Hospital & Health Management
2017-2019**

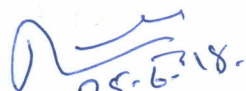

Institute of Health Management Research
The IIHMR University, Jaipur
2018

CERTIFICATE

This is to certify that **Dr. Vibha Jaswal** has undergone summer training at CARE Hospital, Hi-tech city, Hyderabad from 2nd April 2018 to 2nd June 2018.

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

I wish her success in all her future endeavors.


25.6.18.

Dr. Sandesh Sharma

Associate Professor

IIHMR University, Udaipur


(Col. (Dr.) Ashok Kaushik)
for Col. (Dr.) Ashok Kaushik 25.6.18.

Dean (Academic & Student Affairs)

IIHMR University, Udaipur

Date: 02nd Aug 2018

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Vibha Jaiswal** student of **Institute of Health Management Research** has completed her “**Internship**” in our organization in the department of “**Hospital Administration**” at **CARE Hospital, Hitech City, Hyderabad** from **02.04.2018 to 02.06.2018**.

For Quality CARE India Limited,



K.P. SHANKAR RAO
Sr. Manager – HR



ACKNOWLEDGEMENT

The final result of this project required a lot of guidance and continuous encouragement at every step from many people and I am extremely thankful that I got all this along with the completion of my summer training project. All that I have done is only due to such assistance and supervision and a vote of thanks is the least I could do.

*I respect and thank **Dr Rahul Medakkar (FCOO)** and **Mr. Shankar Rao (HR Manager)** for providing me an opportunity to do the project in operations and quality department. I am extremely thankful to **Mr. Saibabu Kopparthi** and **Mrs. Krishna Veni Nimmakayala** for providing such a nice support and guidance, inspite of having a busy schedule.*

*I heartliy thank my internal project guide, **Dr Sandesh Sharma, Associate Professor, Hospital Management** for his guidance and suggestions during this project work.*

(Vibha Jaswal)

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1. ABOUT THE HOSPITAL

1.1 INTRODUCTION

A good organization is where you continuously learn and in the given course of time, one starts believing in the vision and mission of the organization. That's precisely how CARE hospital had an impact on me as an intern. In March, 2015, the CARE hospitals group acquired a new facility to set up a 250 –bedded hospital in Hi-tech city, Hyderabad.

CARE Hospital in addition to its core specialties like Cardiac Sciences, Neurology and Renal Sciences offers a comprehensive care in major specialties with special focus on oncology. Its vision is “to be a trusted, people centric, integrated healthcare system as a model for global health” where the organization's every employee follows it wholeheartedly

The humble staff in this organization was always forthcoming when it came to teaching the different aspects of running a hospital. The vision that the CEO Dr Somaraju Sir had is deeply inculcated in every person who is a part of the organization.

After spending a good two months in hospital, I have learnt that a manager needs to have patience, commitment and enthusiasm when he/she works to provide the best experience a patient can have.

During my posting in radiology department, I observed that indeed it is important for a manager to have a hawk's eye, so that nothing misses from his/her sight. Sometimes most simple things like providing hot or cold water to patients and taking care of their reasonable needs has a long lasting impact on them. In one instance one of the PRE's (Public relation executive) asked humbly a patient that how he has been feeling and he was happy to see him hale and hearty. This small gesture must have made as per my view a sense of belonging.

As I came close to the end of internship, I was also posted in different departments like emergency, hospital information department, communications department, the business development team and also an insightful meeting with the nursing superintendant. They all very graciously addressed my questions and wished me luck for my future endeavors

PROJECT REPORT

DISCHARGE PROCESS OF CHEMOTHERAPY DAY CARE UNIT- A CROSS SECTIONAL STUDY

LITERATURE REVIEW

INTRODUCTION

As the delivery of chemotherapy continues to shift from the inpatient setting to ambulatory day services the demand for a better and rapid access to treatment in **CDU's (Chemotherapy day unit)** is on the rise these days. For many health services, admission for day chemotherapy treatment is a high-volume **Diagnosis Related Group (DRG)** that impacts on a broad range of hospital services. (1)

Furthermore, it's important for many patients treated in the CDU to get community services in between chemotherapy treatments, with coordination of such services extending beyond the CDU.

In a study about improving the efficiency of a chemotherapy day care unit by applying a business approach, where the CDU was benchmarked to observe its attainable performance for levels of efficiency. Wineke A.M. van lent , N.Goedbloed and W.H van Harten suggested an in depth analysis of the delays and other issues could be resolved using lean thinking business approach. (2)

In order to facilitate effective and efficient discharge process, in a study "patient tracker" intervention was thought upon. As per the study, Christopher G. Maloney et al (2007) suggested the use of web based software application by the name "patient tracker" that could facilitate discharge process in a timely fashion and can anytime provide its assistance to the patient or the attendant.(3)

Amy Tyler, Ann Boyer et al, 2014, in a study suggested the use of an electronic health record that would be an integrated discharge summary that could include all the data pertaining to patient's discharge.(4)

OBJECTIVES

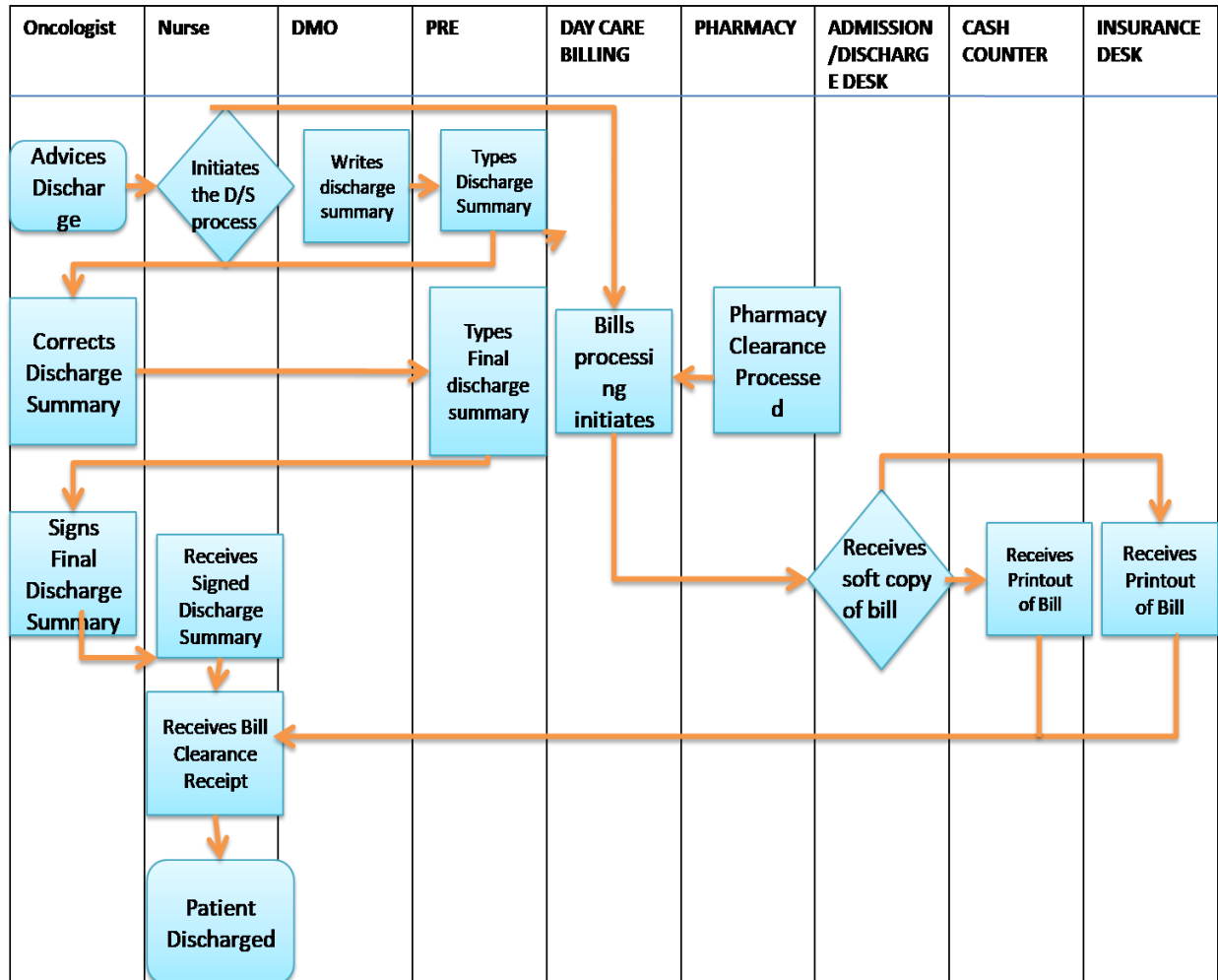
1. To understand the discharge process for chemotherapy day care unit at CARE hospital.
2. To suggest change in the functioning of the discharge process that can accelerate the process.

METHODOLOGY

1. **Study Design:** Descriptive, Cross sectional study
2. **Research Approach:** Quantitative
3. **Sample Technique:** Convenient sampling.
4. **Sample Size:** 50
5. **Duration:** 3rd to 18th May, 2018
6. **Location:** CARE Hospital, Chemotherapy day care unit, Hi-tech city, Hyderabad
7. **Primary Data:** Structured checklist
8. **Data Collection Procedure:** The data regarding discharge process was collected through observation and structured checklist. It was then analyzed in excel sheet and represented in form of tables and graphs.

In order to understand the discharge process, it was important to have an in-depth knowledge of every part that involves the discharge process in the hospital which was understood by observation and conversation with the various staff members involved in the process. The diverse departments and staff members involved in the discharge process were identified and a process flow was made using a **Rummler-Brache Diagram (Swim Lane Diagram)**.(5)

A Swim Lane Diagram describing the discharge process for Chemotherapy day care Unit.



Abbreviation Used- DMO- Duty Medical Officer, PRE- Public Relation Executive

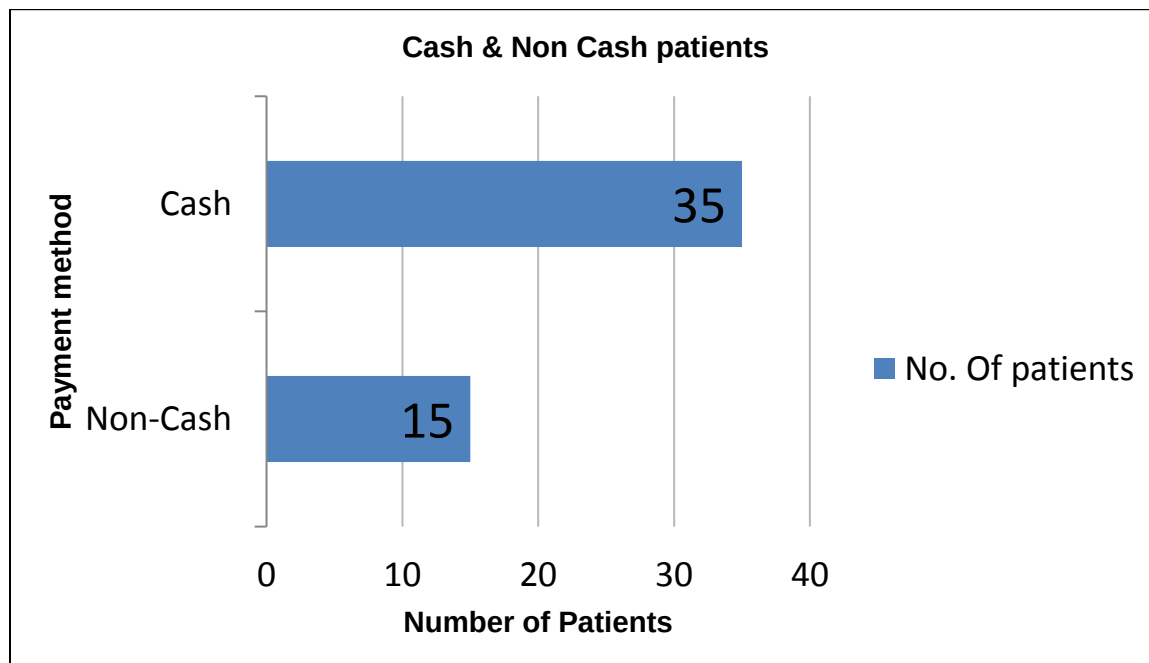
Data Results and Interpretation

- 1) The data was collected from chemotherapy day care unit on 7th floor and PACU on 3rd floor from May 03, 2018 to May 15, 2018.
 - a) The collected data was tabulated and analyzed using Microsoft Excel and the following was observed.
 - b) Sample size 50
 - c) **Chemotherapy day care and PACU patients**

Discharge Category	No. Of Patients	Percentage %
Chemotherapy Day Care	47	94
PACU	3	6

Table 1: Absolute numbers and percentages of Chemotherapy and PACU Day care patients.

2). Number of Cash and Non- Cash Patients

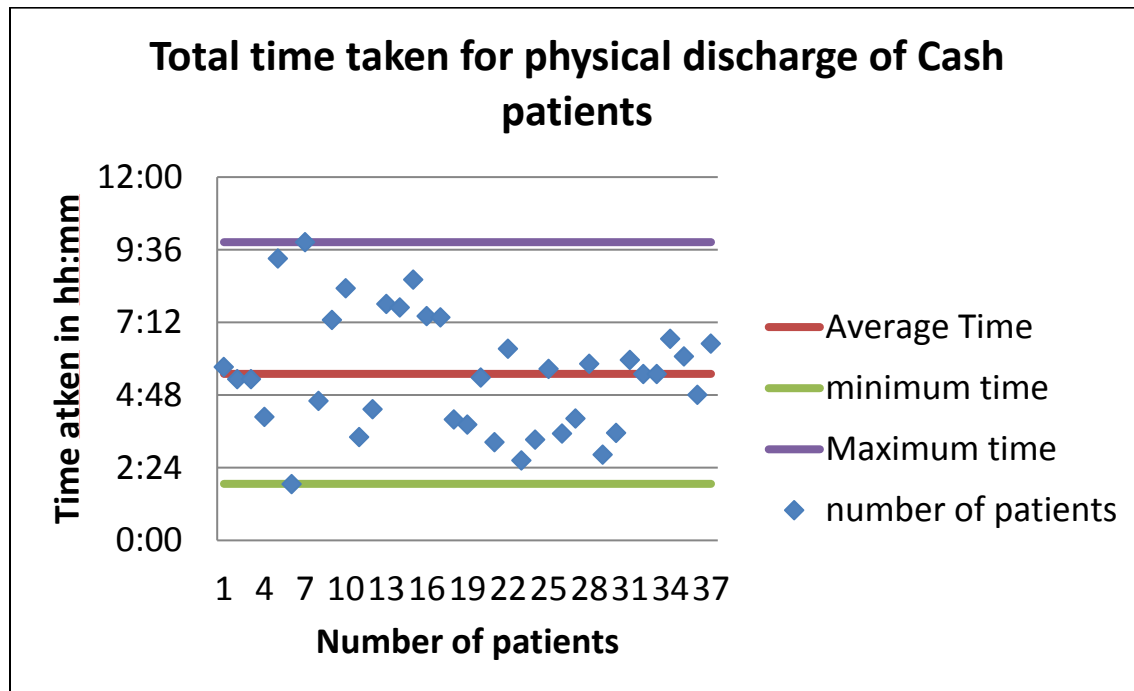


3). Time Taken by the Various Components of the Discharge Process for Chemotherapy Patients

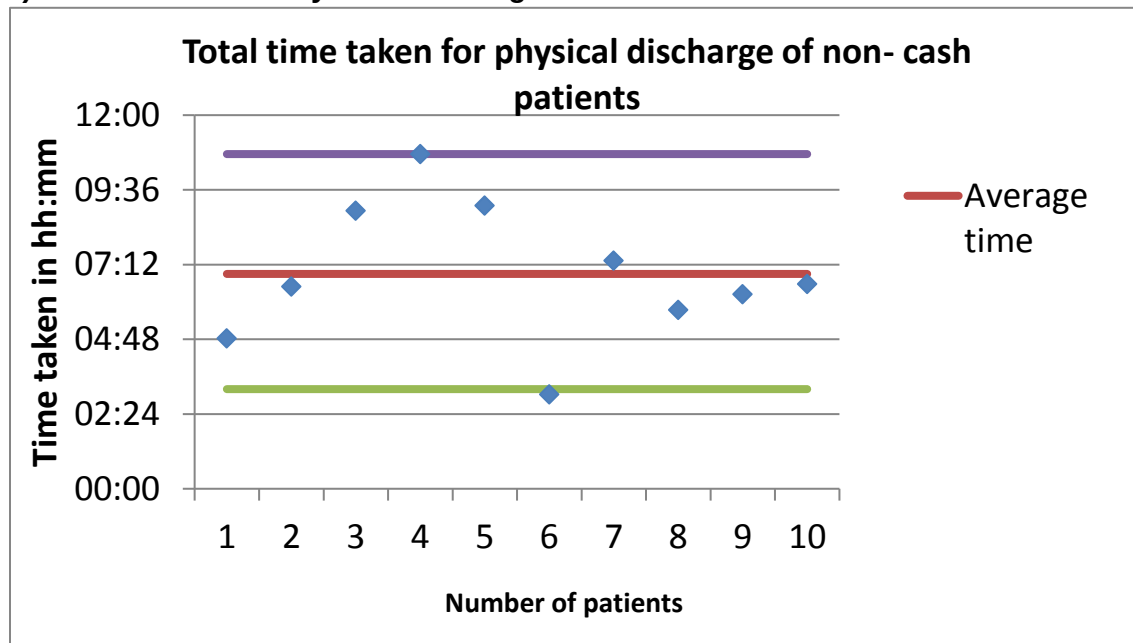
Sl. No	Parameter	Time taken in h:mm					
		Cash Patients (35)			Non- Cash Patients (15)		
		Min	Average	Max	Min	Average	Max
1	Time Taken To Initiate Discharge Process	0	1:02	4:45	0:03	0:36	2:20
2	Time Taken For Discharge Summary DEO- Consultant	0:10	0:21	1:37	0:07	0:42	3:45
3	Time Taken For Pharmacy Clearance	0	0:09	0:37	0	0:17	1:40
4	Time Taken For Bill Preparation	0:05	0:39	2:20	0:10	1:02	1:55
5	Time Taken From Bill Preparation to Bill Settlement	0	1:19	4:59	0:34	2:50	5:20
6	Time taken from discharge initiation process to bill clearance	0:05	1:07	4:45	0:05	1:06	2:10
7	Time taken by pharmacy to sent bills to billing	0	0:20	2:10	0:05	0:11	0:46

4) Time Taken For Physical Discharge of Cash Patients

The following control chart explains that almost all patients fall within the upper and the lower limit and only 1 patient takes 9 hrs 36 minutes for physical discharge.



5). Time Taken For Physical Discharge of Non- Cash Patients



CONCLUSION

A cancer patient who comes to hospital for chemotherapy is already in so much pain and stress, which gets aggravated due to delay in various process involved in their discharge. A constant effort should be made to reduce the delay.

SUGGESTIONS

1. A discharge manager should be appointed who will be accountable for the entire procedure. She/he should be able to approach any department in order to accelerate the discharge process.
2. Electronic record system should be used by data entry operators and oncologists for viewing and editing. This will reduce the time taken by the physical movement for the discharge summary.
3. A revised document designed specifically for CDU in order to strengthen the source of information.
4. Since the discharge process is a complex process involving diverse people from various departments, inter-departmental communication should be strengthened so that the patient is always aware of her/his discharge status

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