

**Summer Training at
Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute,
Mumbai**

Study on Discharge Process

**By
Meghna Rathi**

**Under the guidance of
Dr. Goutam Sadhu**

**MBA Hospital and Health Management
2015-2017**



**The IIHMR University, Jaipur
2016**

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Miss Meghna Rathi**, student of **MBA Hospital and Health Management** from the IIHMR University, Jaipur has undergone summer training at **Kokilaben Dhirubhai Ambani Hospital, Mumbai** from 1st April to 31st May, 2016.

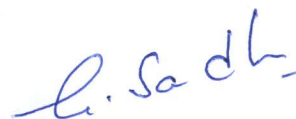
The Candidate has successfully carried out the study designated to him during summer training and his approach to the study has been sincere, scientific & analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.



Col. (Dr.) Ashok Kaushik
Dean (Academics & Student Affairs)
The IIHMR University, Jaipur



Dr. Goutam Sadhu
Associate Professor
The IIHMR University, Jaipur

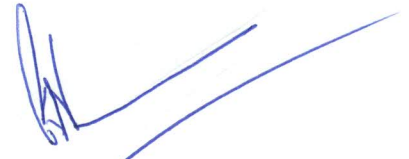
TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Meghna Rath**, 1st year student of MBA- Master in Hospital and Health Administration at the Institute of Health Management Research, Jaipur has successfully completed 2 months (from 1st April to 31st May, 2016) internship program at our hospital. During the period of his/her internship program with us she was found punctual, hardworking and inquisitive.

We wish her very best in her future endeavours.



Dr. Milind Khadke
G.M. (Clinical Administration)



Dr. Ram Narain
Executive Director



ACKNOWLEDGEMENT:

With immense pleasure I express my heart full gratitude to the director of IIHMR Jaipur, Dr. S.D. Gupta, and Dean, and my mentor Dr.Goutam Sadhu for having given me this opportunity to undergo training.

I am extremely indebted to all the professionals at Kokilaben Dhirubhai Ambani Hospital (KDAH) for sharing generously their knowledge and precious time which inspired me to do the best during summer training. I owe a great debt to chief executive officer (KDAH) for providing me an opportunity to work as a trainee in their organisation. I would like to thank Dr. Ram Narain (Executive Director) and Milind Khadke General Manager (Clinical Administration) our mentor for the summer training in KDAH, without their help it would not have been possible for me to understand the hospital to the extent as I have now. I am highly grateful to all the staff of inpatient floors, billing department and the pharmacy department for their cooperation which enabled me to complete my special assignment in the department.

I am also grateful to all the department heads and staffs for giving me time in spite of their hectic schedule. Without their active cooperation and participation it would not have been possible to accomplish my task.

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PROFILE OF KDAH

The Institution

Kokilaben Dhirubhai Ambani Hospital and Medical Research is India's newest most advanced tertiary care facility. As the flagship social initiative of Anil Dhirubhai Ambani group, it is designed to raise India's global standing as a health care hub, with emphasis on excellence in clinical services, diagnostic facilities and research.

A vision to strengthen healthcare in the communities we serve and empower patients to make patients to make informed choices was at the genesis of Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute.

Inaugurated in January 2009, the hospital is significant CSR initiative from Reliance Anil Dhirubhai Ambani group. It is designed to raise India global standing as a healthcare hub, with emphasis on excellence in clinical services, diagnostic facilities and research activities.

It is the only hospital in Mumbai to function with a FULL TIME SPECIALIST SYSYTEM that ensures the availability and assess to the best medical talent around-the-clock. The 750 bed hospital has 103 full time doctors, 520 nurses and about 200 paramedical and growing.

It represents the confluence of top-notch talent, cutting edge technology state of art infrastructure and most important, commitment. KDAH offers doctor's cutting edge diagnostic and surgical solutions as well as the same in IT systems. In many cases, they represent the first of their kind in the region.

KDAH is fully geared in terms of talent, technology structure and spirit-to-reshape perceptions regarding hospitals and redefine the concept of caring. Indeed, this globally benchmarked institution marks the beginning of a new era in Indian healthcare.

HISTORY:

The hospital project was initiated in 1999 by Dr.Nitu Mandke as a large scale heart hospital. Dr. Nitu Mandke was born in 1948 in a middle class family. He was the first in the family to take up medicine as a profession with a determination to become a heart surgeon.

He joined B.J Medical College; Pune from where he passed his M.B.B.S. in 1970 came to Mumbai for further studies and completed his super speciality course in cardiovascular surgery. He spent close to 8years working with world renowned figures in cardiac surgery like Dr.Magdi Yacoub in England and Dr.Kirklin and Dr. Pacifico at the University of Alabama in the United States. He was an all rounder with exemplary proficiency in sports, art, languages, mathematics and so on.

In his lifetime he won the heart of many and prepared many more through unerring surgery. He won various social awards like: “The Rajiv Gandhi Gold medal of merit 1992”, Indra Gandhi Sadhbhawna Award 1999, Outstanding Man of the 20th century, 2000, “Sarvashri” Gold Medal Award, 2000, Pride of India, 2001, Maharashtra Gaurav Award to name a few.

With great passion Dr. Mundke built a substantial portion of the hospital building. Sadly his dream was cut short by fate when he succumbed to a massive heart attack in May 2003; leave a dream unfulfilled and unfinished.

The Management of Madke Foundation approached reliance ADA Group, who graciously took over this project and developed it into one of the most modern and state of-the art multispecialty tertiary care hospital; naming the institution as Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute.

In honour of initiator, the hospital’s Medical Convention Centre has been aptly dedicated to the memory of Dr.Nitu Mandke.

VISION

We aim to be a global healthcare institution that combines the best in medical treatment with strong ethical principles and a culture of care and compassion.

VALUES

Integrity: To deal with all stakeholders –patients, partners, employees, vendors and the community – in a spirit of fairness and integrity.

Transparency: To respect the patient’s right to know at every touch point by providing information that is clear, concise relevant and easy to understand.

Maximum Care: To re-evaluate every hospital system, process and procedure to ensure the patients and their loved ones receive maximum care and comfort.

Self – improvement: To instill a process of learning and self – improvement at every level through continuous training, focused research and peer review.

Patient Dignity: To safeguard the dignity of patients by protecting their individuality and privacy at all times.

KEY STATISTICS

Encompassing 10 lakh sq.ft of space spread over 17 floors and two basements. Its intelligent framework allows for hospital staff to optimize utilization of space and resources.

Accommodates over 750 in – Patient beds, allows optimal utilization of resources and ensures privacy, dignity, comfort, convenience and the best healthcare to every patient. However the smooth and seamless movement of people & staff guaranteed.

Critical care unit is the largest number of critical care beds in Mumbai, with 130 ICU beds. Special technical features in ICU including ceiling mounted, dual arm pendants which ensure that the space around the patient is not cluttered. Another unique feature is dedicated air supply that keeps the critical care free of any kind of contamination and infection.

It has a total of over 140 full time consulting clinics with the capacity to handle over 6000 outpatient consulting every day.

Movements in the hospital is managed by 30 elevators – largest elevator bank for any hospital in India capable of transporting 7500 persons per hour, with different elevators for inpatients , outpatients, staff and catering.

The Hospital’s laboratory is housed on a single floor over an area of over 40,000 sqft offers over 3000 routine and highly advanced diagnostics, genetic and molecular biology test and will serve as a referral centre for second opinions.

UNIQUE IN MUMBAI

Mumbai's first slice PET CT Scanner that combines computed tomography and positron emission tomography technologies into a single machine.

140 ICU beds, largest number of critical care beds in Mumbai.

Hospital's laboratory housed on single floors spread over an area of over 40,000 sq ft. It offers over 3000 routine and highly advanced diagnostics, genetic and molecular biology tests.

Hospital is having Mumbai's largest OT complex with 22 operating theatre.

Largest Dialysis centre in Mumbai.

Full – time Specialist System: All doctors are attached and available only at Kokilaben Hospital.

Level 1 Accident and emergency Center.

UNIQUE IN INDIA

Encompassing 10 lakh sq.ft of space spread over 17 floors and two basements. Its intelligent framework allows for hospital staff to optimize utilization of space and resources.

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HOSPITAL INFRASTRUCTURE

1.Lower Basement

- Biomedical Engineering
- CSSD
- Nuclear medicine
- PET CT
- Radiation Oncology
- SRS

2.Upper Basement

- Car Parking
- Central Security Office
- Mortuary.

3.Ground Floor

- Main Reception
- Admission counter
- Discharge and billing
- Pharmacy & Medical mall
- Gift Shop
- Prayer hall
- Business Centre
- Fine dining
- Food court
- ATM
- Central report collection centre
- Beauty Salon
- Accident and Emergency.

4.Mezzanine Floor

- Administration
- Library
- Staff dining

5.First Floor

- Clinical administration
- Radiology & Imaging (X-Ray ,MRI ,ultrasound ,CT scan)
- Health Check up program
- Sample Collection
- Centre for cardiac Sciences
- Centre for bone and joint
- Centre for pulmonary and lung medicine
- Multi-Specialty OPD

6.Second Floor

- Centre for children
- Centre for brain and nervous centre
- Dental clinic
- Centre for cancer
- Ophthalmology Clinic
- ENT Clinic
- Gastroenterology Clinic
- Dialysis Centre
- Blood bank
- Urology Clinic
- Nephrology Clinic

7.Third Floor

- OT complex 1 (8 theatres)
- Catheterization lab
- ICU (Neuro and Surgical)
- Interventional Radiology

8.Fourth Floor

9. Fifth Floor

- Ambulatory Surgery
- Day Surgery
- ICU(Cardiac)
- OT complex 2 (7 theatre)
- Refuge Area

10. Sixth Floor

- Rehabilitation Centre
- Convention and Exhibition Centre

11. Seventh Floor

- IVF Centre
- Cosmetology and aesthetic Surgery
- Laboratory medicine and pathology
- Nursing College
- Tissue and bone bank

12. Eighth Floor

- Birthing Complex (labour and delivery)
- ICU (Paediatric and Neonatal)
- Birthing suites
- OT (Obstetric)
- Wards

13. Ninth Floor

- Inpatients (Paediatric)

14. Tenth Floor

- High Dependency Unit
- ICU (Medical)
- Refuge area

15. Eleventh Floor

- General ward
- Nursing College

15. twelfth To Sixteenth Floor

- Inpatient.

DEPARTMENT IN THE HOSPITAL

The following departments function in the hospital:

Clinical Services	Clinical support services	Clinical Administrative services	Administrative Services
Accident & Emergency	Laboratory Medicine	Ambulance Services	Human resources
OPD	Imaging	Nursing department	Materials
Anesthesia	CSSD	Food & Beverages	Marketing
Critical Care	Biomedical Waste	Security	Finance
OT	Housekeeping	Mortuary	Engineering
IPD	Pharmacy	Laundry	IT

CLINICAL SERVICES

ACCIDENT & EMERGENCY

An Emergency Department (ED) is also known as Accident & Emergency (A & E), Emergency Room (ER), Emergency Ward (EW), or Casualty Department is a medical treatment facility, specializing in acute care of patients who present without prior appointment, either by their own means or by ambulance. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illness and injuries, some of which may be life threatening and require immediate attention.

Layout

- 11 bedded (6+3 triage + 2 isolation)
- Each bed is separated with curtains to maintain patient privacy and is equipped with the following:
 - ✓ Oxygen supply
 - ✓ Suction pump
 - ✓ Syringe pump
 - ✓ Cardiac monitor

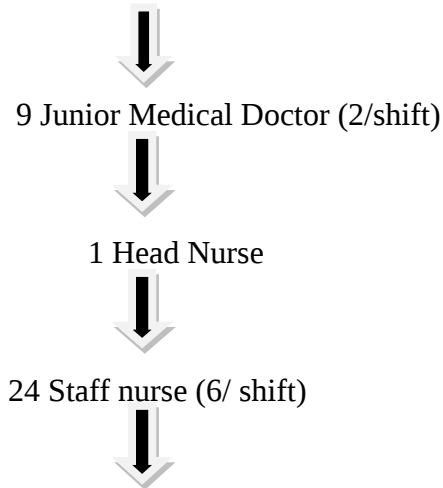
Minor Operation Theatre

- Machines in minor OT are as follows:-
 - ✓ Anesthesia machine
 - ✓ ETCO2 machine
 - ✓ Cautery machine
 - ✓ OT table
- Procedure done in minor OT
 - ✓ Lumbar puncture
 - ✓ Biopsy
 - ✓ Bone marrow aspiration
 - ✓ Suturing

This department has got its own billing and discharge counter.

Staffs:-

HOD



6 HCA (2/shift)

Equipment

- Defibrillator-2
- Portable ECG-2
- Nebulisation machine -2
- Portable sonography machine -1
- Trolleys:
 - ✓ Procedure trolley
 - ✓ Induction trolley
 - ✓ Adult crash trolley
 - ✓ Dressing trolley

Ambulance

There are 2 types of ambulance:

- a) Non-cardiac ambulance
- b) Cardiac ambulance

Equipment in the ambulance are as follows:-

- Ambulance set
 - Portable ventilator (cardiac ambulance)
 - Portable oxygen unit
 - Portable suction unit
 - First aid kit
 - Traction splint
 - Auxiliary stretcher
 - Transfer sheet
 - Airways (nasal, oropharyngeal)
 - Obstetrical kit
 - Sphygmomanometer
 - Stethoscope
 - Fire extinguisher
 - Burn kit
 - Others
 - ✓ Sterile and non-sterile gloves
 - ✓ Face mask
 - ✓ Blankets
 - ✓ Towels
 - ✓ Bed pan
 - ✓ Tongue depressors
 - ✓ Cold packs instant chemical type
-
- 1 HCA in non-cardiac ambulance
 - 1 HCA + 1 nurse + 1 cardiac consultant in cardiac ambulance

OUTPATIENT DEPARTMENT

Kokilaben Dhirubhai Ambani Hospital has 140 independent consultant clinics with a capacity to handle over 6000 outpatient consultation every day. These clinics are organized as functional clusters representing a specialty, with each cluster containing its own examination room, phlebotomy room, and in instances, rooms for specialized medical equipment unique to the cluster. A day care dialysis unit, an endoscopy theatre complex, radiology suites and a blood bank support outpatient service are co-located on the same floors as the self-contained outpatient area. The hospital outpatient services offer specialist consultation services across 42 different specialties including six centers of excellence.

The six centre of excellence are as follows:-

- Centre for neurosciences
- Centre for cancer
- Centre for physical medicine and rehabilitation
- Centre for cardiac sciences
- Centre for bone and joint
- Centre for children

The specialists included are Anaesthesiologist, Critical Care Medical, accident and emergency, gynaecology and obstetrics, imaging, laboratory medicine and pathology including biochemistry, molecular biology, haematology, histopathology, microbiology, clinical pathology, transfusion, medicine, rheumatology, geriatric medicine, surgery including dentistry, ENT, general surgery, ophthalmology, plastic and reconstructive surgery, urology, surgical oncology, cosmetology.

A) Access to OPD services:

All patients who visit KDAH or free OPD for the first time for consultation/ other services are issued a card which gives each patient a UHID number. This UHID card is attached to the registration form. With the help of this number, medical records of patients can be assessed. Allotment and control of UHID number is the responsibility of the admission staff desk.

B) OPD Appointment:

Appointments can be fixed over telephone to all from the call centre or personally across the reception counter. Fax and email facilities are also available.

Following services are offered in the OPD.

- Medical/ surgical consultations
- Preventive health check-up packages
- Laboratory investigations
- Imaging services
- Cardiology investigations
- Neurology investigations

- Pulmonary investigations
- Pain management
- AKD
- Gamma knife
- Endoscopy
- Bronchoscopy
- Urodynamic study
- Physiotherapy
- CDC
- ENT
- Ophthalmology
- Dental procedures
- Oncology
- Radiation oncology

HEALTH CHECK UP

- The executive checkup department, a part of OPD services, is a wing of this multispecialty hospital dedicated to the diagnostic and preventive side of patient care. It is a place where healthy patients come for prognosis of disease or to know about the preventive and curative aspect of conditions they may already have.
- This system facilitates the patient to get all the required investigations/ consultations done without having to pay for either consultation and/or for each individual item of pathological or imaging investigations. It is the centre point where the potential customers come directly in contact with hospital services. This department can therefore be a point to draw in patients to become in-patients or for them to come even for follow-up OPD consultation.
- The packages in the program have been developed by a team of highly qualified and experienced medical personnel and are designed to offer a complete medical checkup and within their limitations detect any latent health problems. In addition, these packages are offered at special discounted rates that make them truly worthwhile. At the end of the day, candidates leave the hospital with all their reports.
- This department is dependent on various other hospital departments and consultants to ensure a smooth process flow. Therefore co-ordination is a key factor in smoothly running the department. The departments in co-ordination are, pathology, radiology, following department, medicine, surgery and gynecology.

OPERATION THEATRE:

The aim of department of anaesthesiology and OT facility is to provide the highest quality of care to patients undergoing various types of surgeries. The OT facility is positioned as a tertiary care centre of excellence providing complete services for various surgical specialties. The department is staffed with highly experienced and trained anaesthesiologist, surgeons, technicians, nurses and other support staff. Their services have state of the art technology and equipment with highest level environment and quality controls. For each OT there are two scrub nurses and one circulating nurse. Protocols based on approach for quality pre-operative, intra- operative and post-operative and follow-up care of the patients. The complex is divided into three zones: sterile, semi sterile and non-sterile zones. Complete services to the following surgical specialties are provided.

- Cardiac surgery
- Neuro surgery
- Onco surgery
- Orthopaedic surgery
- General surgery
- Gynaecology and obstetrics surgery
- Paediatric surgery
- GI surgery
- Uro surgery
- Plastic surgery
- Ophthalmic and ENT surgery
- Transplantation surgeries

The OT complex has a pre and post-operative monitoring room for continuous monitoring of patients. The facility includes 22 OTs, 600 square feet area, pendants in all OTs and surgical control panels.

IN PATIENT DEPARTMENT

The IPD provides the detailed pre-procedure needs their completion and coordination with the diagnostic to arrive at the diagnosis and completion of treatment regimens, comprehensive care in the pre-operative and follow-up care, rehabilitative, and nutritional regimented their scientific amalgamation as per the progressive patient care need. IPD wards are located on floor numbers 9,10,11,12, 13, 14, 15 & 16. The IPD rooms are of the following types: single room, twin sharing, deluxe room and suites. Each floor has three zones, east, west and central and each wing has a separate nursing station. The various types of rooms with their features as follows:

- **GENERAL WARDS**
 - 5 beds/room
 - Air conditioned
 - Bed heads panels with medical gases
 - Nurse call systems with two way communication
- **SINGLE ROOMS**
 - Area of 320 sq. ft.
 - Separate patient zone and attendant zone
 - Nurse call system with two way communication.
- **TWIN SHARING**
 - Bed head panels with medical gasses
 - Television sets
 - Couch for each patient relative
 - Nurse call system with two way communication.
- **SUITS**
 - Area of 750 sq. ft.
 - Terrace garden
 - Exclusive visitor area and guest rooms
 - Nurse call system with two way communication.

Nurse bed ratio is 1:5 for general ward, 1:2 for single rooms, 1:3 for twin sharing, 1:1 for suits. The various other rooms are clean utility, dirty utility, janitor room, AHU (air handling unit), sluice room, pharmacy room, I.T. room and service elevator

INTENSIVE CARE UNIT:

The ICU cater to patients with most severe and life threatening illnesses and injuries requiring constant close monitoring and support from specialist equipment and medication to ensure

normal bodily functions. There is adult ICU consisting SICU & MICU, paediatric ICU, neonatal ICU, transplant ICU and paediatric cardiac ICU. The nurse patient ratio for critical patients is 1:1 and for stable patients is 1:2. The ICU coordinates with CSSD, Laboratory and the radiology department, strict aseptic techniques are used. Pressure zones are created to control infection rate

THE ICU HAS HIGHLY DEDICATED AND TRAINED MEDICAL, NURSING AND ALLIED STAFF. THERE IS A SYSTEM OF CLOSED ICU IN KDAH. THE SPACE PER BED IS 320SQ FEET IN THE PATIENT CARE AREA

BED CAPACITY IN EACH ICU

ICU	Bed capacity
SICU1	11
SICU2	10
PCICU	11
PCICU-HDU	2
PICU	7
TRANSPLANT ICU	7
NICU	8
NICU-HDU	5
MICU	28
MICU	25

Human resource of the ICU

Intensive care doctors

- 1chief intensivist for all ICU
- Junior consultants(**12 hour shift**)
- Clinical registrars (8 hour shift)

Intensive care nursing staff

- 1 director general manager for ICU
- Nurse in charge (8 hour shift)
- Team leader (8 hour shift)
- Senior nurse officers
- Junior nurse officers

Allied staff

- Physiotherapists

- Dieticians
- Biomedical engineers
- Health care assistants

SHIFT TIMINGS:

For doctors

Morning: 8am – 4pm

Afternoon: 2pm – 10pm

Evening: 10pm – 8am

Overlapping hours: 2pm – 4pm

For nurses, HCA and housekeeping staff

Morning: 7am – 3pm

Evening: 3pm – 11pm

Afternoon: 11pm – 7am

Visiting hours: 11am – 1pm

5pm – 7pm

Only 1 relative at a time is allowed

Records and registers

Admission and discharge register

Handling and taking over/team leader sheet

Assignment sheet

Leave book

OT booking register

Critical care flow sheet

Narcotic drug register

EQUIPMENTS:

MONITORING EQUIPMENT	CARDIOVASCULAR THERAPY	RESPIRATORY THERAPY	LABORATORY EQUIPMENT
Bed side and central monitors	CPR Trolley	Ventilators	Blood gas analyser
ECG recorder	Defibrillators	Incubation / tracheotomy trolley	Electrolyte analyser
Pulse oximeter	Infusion pumps and syringes	Nebulisers	
Spiro meter			
ECG monitor			
Temperature monitors			
Blood glucose meter			

Miscellaneous equipment

- Crash cart
- Dressing trolley
- Procedure trolley

Management information system

ICU	LOS (days)
Adult ICU	4
PCICU	6.5
PICU	5.6
NICU	6.4

PAEDIATRIC INTENSIVE CARE UNIT

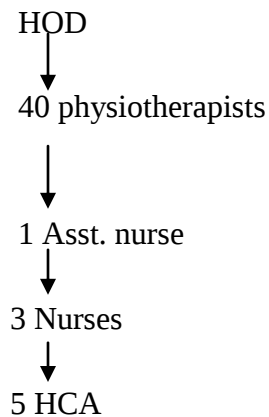
The PICU looks after all critical paediatric patients. It is located on 8th floor. The ICU is split into 2 zones for outpatients and inpatients. The various other rooms include Ante room, equipment room, clean utility and dirty utility room. The average length of stay of each patient is approximately 1 week.

NEONATAL INTENSIVE CARE UNIT

The NICU is 18 bedded and located on 8th floor. The department is divided into 2 zones outpatients and inpatients. There are 2 isolation rooms. The nurse ratio is 1:1.

CENTER FOR REHABILITATION:-

- the center is located on the dedicated floor with 30000 square feet area and exclusive inpatient service, first of its kind.
 - The department is located in 7th and 8th floor of hospital.
 - It has got its own billing desk.
 - It also consists of a day-care center for those patients who need 4-5 sessions in a day.
- **Staff of the department consists of :**



Following therapy services are available:-

1. Neurological Rehabilitation
2. Musculoskeletal Rehabilitation
3. Cardiac Rehabilitation
4. Pulmonary Rehabilitation
5. Paediatric Rehabilitation
6. Cancer Rehabilitation

- 7.Pain management
- 8.Women's health
- 9.Geriatric Rehabilitation

The therapy services offered in the department:-

- 1.Physical therapy
- 2.Occupational therapy
- 3.Electrotherapy
- 4.Speech and language pathology
- 5.Exercise physiology
- 6.Psychology
- 7.Rehabilitation nursing
- 8.Orthosis and prosthesis

IVF CENTRE:-

- Centre for reproductive endocrinology and fertility (CREF) is located on the 7th floor of the hospital and has dedicated space for out-patient care and day care of patients with infertility and reproductive endocrine problems and for medical accupunture and mind body program.
- CREF is staffed by full time consultant reproductive endocrinologist and infertility specialist,embryologist and infertility issues and a health care assistant.
- A full-fledged laboratory and radiology department offering a comprehensive range of tests including some newer cutting edge tests under one roof only compliments our services at CREF,but is also extremely convenient for patients.
- Medical conditions addressed at CREF:
 - ✓ Reproductive endocrinology
 - ✓ Midlife health care
 - ✓ Bone health
 - ✓ Adolescent gynaecology

✓ **Infertility treatment**

- ❖ Fertility drugs to induce/ enhance ovulation(pills or injections)
- ❖ Intrauterine insemination
- ❖ Assisted reproductive therapy(ART) procedures:
 - In vitro fertilization (IVF)
 - Intracytoplasmic sperm injection(ICSI)
 - Assisted hatching(AH)
 - Blastocyst transfer
 - Pre-implanation genetic diagnosis(PGD)
 - Embryo cryopreservation
 - Sperm cryopreservation
 - Testicular tissue cryopreservation
 - Third party reproduction
 - Donor oocytes
 - Donor sperm
 - Gestational surrogacy
 - Donated embryos

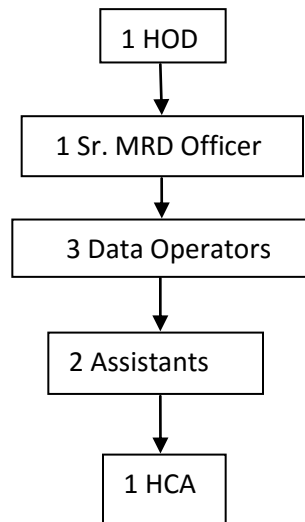
Other facility:-

- ✓ Diagnostic tests
- ✓ Billing and registration
- ✓ Phlebotomy services
- ✓ Ultrasound facilities
- ✓ Andrology and embryology laboratories
- ✓ Operating room,pre-op and recovery room facilities
- ✓ Counselling and support services

CLINICAL SUPPORT SERVICES

MEDICAL RECORDS DEPARTMENT

- The main functions of the department are:
 - 1) Storing file for future reference.
 - 2) Research
- Staff



- Open and closed audit is done of all files before keeping them for storage.
- The arrangement of files is done in following ways:
 - ✓ Year wise and UHID wise
 - ✓ Also on the basis of their type:
 - a. Regular files
 - b. DAMA files
 - c. MLC files
 - d. OT recovery files
 - e. Chemotherapy files
 - f. Dialysis files
- Apart from files few forms and records are also store in this department:
 - ✓ Consent forms
 - ✓ OT papers
 - ✓ A&E Papers
- Certificates issued from the department:
 - ✓ Patient fitness certificate
 - ✓ Fit to fly certificate

- ✓ Leave certificate
- All files are stored in the department for the following time-period:
 - ✓ Report-1.5 year
 - ✓ Death, DAMA and MLC files 20 years
 - ✓ Regular files-5years
- ICD-10 coding is done for storing files:
 - ✓ Red-Death, DAMA, MLC
 - ✓ Black-Oncology
 - ✓ Yellow-Gynaecology, & obstetrics, IVF files
 - ✓ Dark blue- general medicine, critical care, Nephrology, Endocrinology, Gastroenterology, Pulmonary medicine, Dermatology, Dental, Psychiatry, rehabilitation, Rheumatology.
 - ✓ Light blue- Paediatrics
 - ✓ Orange- Neurology, CVTS, Cardiology, Orthopaedics.
 - ✓ Green- ENT, general surgery, ophthalmology, Urology, Cosmetology, Interventional radiology.
- This department has to notify Bombay Municipal Corporation (BMC) about following things on regular basis:
 - ✓ About Birth & Death report (once in a week)
 - ✓ Notifiable diseases which includes cholera, dengue, plague, yellow-fever, TB, polio, meningococcal meningitis, leptospirosis, viral encephalitis(once in a week).
 - ✓ Maternal mortality (once in a week)
 - ✓ MTP & PNDT (once in a month)
 - ✓ Retrieval- for easy retrieval of files tracer cards are used when files are given to patients or sent outside the department.

LABORATORY:-

The salient features of the department are as follows-

- CAP(College of American Pathology)accreditation
- Central processing laboratory is spread over 40,000sq.Ft. which follows strict internal quality compliance for all analyzer.
- Excellent laboratory management system which handles both pre-analytical and post-analytical aspects
- Dedicated courier and logistic services
- 24 hrs. sample collection facility

- Stringent quality control monitoring which satisfy the quality assurance elements elaborated by GLP and GCP and readily available documented evidence of quality assurance and quality proficiency schemes
- Constant improvisation and technology innovation using over 150 state of the art equipment.
- Quality control and quality assurance executive that monitors pre-analytical and post-analytical processing of the samples.
- Customized management report (MIS-management information system)
- An active IRB and ethics committee which oversees clinical trials proposed when required.

BLOOD BANK:-

Transfusion medicine is a multi-disciplinary area concerned use of blood and blood component in the treatment of human disease. The mission of KDAH is to make available appropriate adequate quantity and high quality of safe blood and blood component to “anyone, anytime , anywhere” in medical community. KDAH adheres to quality norms and focus on the donor satisfaction standards and technique and quality control are precisely and meticulously maintained as per norms given in the drugs and cosmetics acts, by the regulatory authority, director drug controller (India), ministry of health and family welfare, Govt. of India, and also internationally recommended methods. The department runs round the clock and blood and its products are supplied as and when requested. Blood donation is accepted from voluntary blood donors and relatives and friends of the patient. Autologous blood donation (blood donation from one’s own use) is also accepted. The blood donors are informed and educated about the infection transmitted by transfusion of blood components. All the mandatory screening for the transfusion transmissible disease like HIV, HBV and HCV is done with the more sensitive and specific CMLIA and ELISA methods. All units are screened for VDRL and malaria parasite. Red cells in an additive solution (RCA) like, SAGM or ADSOL is a product which is used in variety of indication like surgeries, anemia, trauma, child birth etc. as a thumb rule one unit would increase the hemoglobin by 1 gm%.

IMAGING:-

The imaging department consists of radiology services. The investigations performed in these departments includes:

- CT Scan
- MRI
- X-RAY

- Ultrasound
- Mammography

The HIS has a system for appointment scheduling for each of these investigations. The appointments are given by Call Centre. There are 4 X-ray machines, 5 ultrasonography machines, 1 mammography machine, 1 CT Scan machine, & 2 MRI machine of which one is 3 Tesla located in the radiology department and the other is 1.5 Tesla IMRIS (intraoperative magnetic resonance imaging suit) is a movable machine attached to the ceiling that is located in the OT. It is basically used for MRI scanning during a surgery. They are working on its complete utilization.

CENTRAL STERILE SUPPLY DEPARTMENT:-

The central sterile supply department (CSSD) plays a key role in providing the items required to deliver quality patient care. Centralizing the reprocessing of reusable devices helps ensure uniform standards of practice, while also providing for improved workflow (soiled, to clean, to sterile). This also facilitates the training and education of skilled technicians who must be aware about the standards, complexities, challenges, risks and technicians associated with the CSSD function. Every CSSD task must be performed for the welfare and safety of patients, co-workers and the community.

CSSD is the heart of hospital infection control and the most important unit of clinical support services. CSSD's main functions are cleaning and drying, assembly, packing, sterilizing, storing and distributing instruments (both multi use and single use devices), as per well delineated protocols and standardized procedures.

INFRASTRUCTURE:-

It is divided into 3 zones

1. Decontamination area
2. Assembly area
3. Sterile storage area

STAFF:-

- 1 manager/department head
- 1 executive
- 1 senior technical officer
- 4 technical officers
- 6 junior technical officers
- 10 trainees
- 16 health care attendants

MAJOR TECHNOLOGIES:-

- Ultra sonic cleaner
- Washer disinfectant
- Dryer
- Steam sterilizers
- Plasma sterilizers
- ETO (ethylene oxide gas sterilizer)
- Dry heat sterilizer

RECORD MAINTAINED:-

- Manual issue and receiving OT
- Manual issue and receiving all departments
- Sterilization records

PHARMACY:-

Central pharmacy indents to IP, OP and LB. it is of 2 categories: capital and consumables.

SCOPE OF INVENTORY MANAGEMENT:

- INDENTATION
- RECEIVING
- STORING
- DISTRIBUTION

The staff consists of:-

- 5 manager
- 1 executive
- 8 senior officers
- 24 officers
- 7 junior officers
- 6 trainee assistant
- 1 trainee HCA
- 16 attendants
- 21 HCA

HOUSE KEEPING:

The objective of housekeeping is exceptional standards of cleanliness, sanitation and hygiene of the entire hospital. Housekeeping services are outsourced to ARA MARK services

The staffs include:-

- Housekeeping manager
- Assistant manager
- Housekeeping executives
- Supervisors
- Houseboys & house girls

Function of housekeeping department are:-

- General facility cleaning
 - ✓ Routine cleaning of patient's rooms
 - ✓ Patient's common areas
 - ✓ Washrooms
 - ✓ OT
 - ✓ Laboratory
 - ✓ Consultant's office
 - ✓ Glass windows and doors
 - ✓ Ceiling etc.
- Handling of biomedical waste.
- Pest control-It includes spraying every 24 hours for mosquitoes, cockroaches, flies, rats, lizards and termites.
- Garbage disposal-The housekeeping staff collects garbage bins existing inside the hospital premises and disposes the garbage at the designated area within the hospital, which is the biomedical waste room. The general waste is sold to the junk dealer

and healthcare waste is handed over to government approved vendor “synergy waste management”.

- Horticulture-It is responsible for maintenance of house plants & terrace gardens,flower arrangement during hospital functions.

The performance indicators are B.M.W color code compliance,B.M.W collection,pest control efficiency and sanitization of the hospital premises.

CLINICAL ADMINISTRATION SERVICES

STORES

Material stores functions in order to supply the right material in right quantities at the right time at the right price. The IP departments put up requests for the required materials by uploading indents in the HIS. The store manager raises a purchase order to be sent at the central procurement stores. The supplies received are inspected on the basis of quantity and expiry in the incoming material inspection area. The items are stored as per the storage norms. Departmental issues are made for non – medical consumables as per requirement. Stock is reviewed periodically for non moving items and short expiry items. Stock audits are carried out twice/year. Any variance is reported to the higher management. For inventory control, ABC and VED analysis is carried out. FIFO (first expiry first out) is followed. The staff includes:

- Assistant Manager
- Executive store
- Assistants
- 2 Health care assistants

The key performance indicators are no stock outs, zero errors in maintenance of accounts, zero error in billing processing, maintain minimum inventory, maximum efficiency, maintaining stores as per the NABH – ISO standards, submission of bills/accounts within 4 working days, expired items on the shelves should be zero, minimize emergency purchase, TAT suture and lab kits (19 days), instruments (8 weeks) and other items (2 days)

LINEN AND LAUNDRY

The objective of linen and laundry is the availability of clean uniforms for patients and staff. Soiled linen when collected is kept in the dirty utility room in a hamper trolley. Infected linen are collected and put in a red bag at the source of generation. The red bag is sealed and labeled for infection. At the end of each shift, the dirty utility linen is carried in the hamper trolley to the collection room. At the collection point, it is segregated, counted and sent to the laundry for washing. The performance indicators are laundry pending, turnaround time for laundry cleaning, percentage discarded linen.

BIOMEDICAL ENGINEERING DEPARTMENT

The main objective of the department is to facilitate the usage of latest technologies in the diagnosis, treatment of care of patients. It is also responsible for proper usage and quality performance of these costly equipment and tools inside the hospital

The departments maintains an updated asset register of the hospital equipment, conduct daily rounds to ensure that the equipment is functioning smoothly, responsible for facilitation and identification of equipment requirements, planning technical comparison, ordering installation and deployment units and new projects, conduct regular preventive maintenance servicing for all the equipment at regular intervals, facilitating equipment replacements and condemnation, whenever required, conducting regular training programs for hospital staff, on usage of hospital equipments. The staff consists of HOD, 5 biomedical engineers and 2 biomedical technicians and 4 medical gas technicians.

FOOD AND BEVERAGES

The objectives of food and beverages department are to deliver healthy and nutritious meals coupled with a wonderful with a wonderful experience of hospitality services to all IP, OP and staff. The cafeteria is outsourced to java green. The main functions of the department are as follows:

- Impatient meal management
- Purchase of fruits, vegetables, milk, pulses, whole grain and other dietary consumables
- FIFO is followed

The purchased items are unloaded in the receiving area, where they are inspected and then washed with water and anti bacterial liquid before bringing it in the kitchen premises. It is followed by storage of perishable and non-perishable items in refrigerator and dry storage area respectively. Diet planning and counseling is done by the dietician according to the patient's condition, food allergy and taste and general preference. The diet summary is handed over to the supervisor in the form of meal sheet cum ticket. According to this, the food is prepared and laid out on trays. The meals are served in the patient's room and clearance is carried out after 2 hours. Food/meal/diet for a patient admitted in the hospital is decided by the doctor admitting the patient depending on his/her medical condition. On doctor's recommendations, the dieticians plan the meal that is best fir the patient 'speedy recovery. The staff includes:

- Regional head of support function
- F&B managers cum chef
- Assistant manager F&B staff

SECURITY

Services rendered by security department are surveillance and patrolling of the infrastructure and material, access control (in restricted areas like IT, MRD, LSS, Mortuary, Pharmacy, Electric control panels), control of movement of traffic in premises, reception and conduct of visitors and attendants, assistance in fire control and emergency plan, vigilance and intelligence, liaison with sensitive areas, carry out verification, hold records, issue passes, and generate reports on security matters, it is equipped with modern equipment like CCTV's metal and explosive detectors, alarms, security, lighting and walkie-talkies, etc. the staff members are:

- HOD
- Senior officer
- Security supervisor
- Sr. security assistant
- Security guards

The performance indicators are TAT, theft percent, code related incidents.

ADMINISTRATIVE SERVICES

ADMISSION AND BILLING:

The admission and billing staff includes 1 H.O.D and 12 employees. The services offered by the department are registration of a new patient, booking/reservation –bed and O.T, admission, billing, discharge work.

Front office:

The front office is the first point of contact at KDAH .It is manned by duty manager, deputy duty manger and patient care executive and patient care coordinator. There are total 7 front offices in KDAH and there are 2 help desks.

Functions:

- Respond and answer telephone calls from patients and clients (call center).
- Registration of outpatients and executive health checkup patients for various investigations (registration counter).
- Admission, billing and discharge of in patients.
- Direct the patient and their relatives to the outpatient services and the inpatient wards (helpdesk and welcome desk).
- Report receiving and handling over to the patient (dispatch counter).

Third Party Administrator Desk:

TPA Staff includes one executive clinical administrator and 4 customer care officer.

Functions:

- Counseling
- Pre- Authorization
- Cashless admission
- Query Handling
- Final approval
- Maintain privacy and confidentiality

INFORMATION TECHNOLOGY DEPARTMENT

It is implied that there is central database for entire hospital. Services rendered by the IT department are as follows:

- IT support to location users for hardware and software as per SLA (service level agreement).
- Installation of new IT equipment.
- Helping biomedical department in configuring the medical equipment with HIS.
- Installation of appointment scheduling programs.

The IT staffs include:

- Chief information officer
- Manager IT
- Executive IT engineers

The performance indicators are calls resolutions within a time limit, strict data security, zero percent variance, in hardware and software variance, minimal occupational hazard and proper e-waste disposal.

ENGINEERING DEPARTMENT:

Engineering and maintenance department is manned for 24 hours for keeping round the clock vigil on proper functioning of plant engineering equipment coming under the purview of department. This covers maintenance of major supplies to the hospital such as power, water, which form the life line to the hospital's activities. The responsibilities of the department include operation and maintenance of plant equipment installed in the basement of main building and various other areas to support the normal functioning of the hospital and repair work of equipment related to the department's responsibility. The policy of the department is to serve well with safety and it time, continuous improvement, cost saving, optimum utilization of manpower and equipment, optimum utilization of inventory and teamwork.

The major engineering services are:

- Electrical power supply- normal and emergency.
- Air conditioning, ventilation and refrigeration.
- Steam and hot water supply.
- Water stations and cold water supplies- filtration system.
- Medical gases supplies

- Fire detection alarms and fighting system.
- Internal and external plumbing system.
- Civil works- masonry, carpentry, glasswork, upholstery, painting etc.
- PNG and LPG supply
- Safety assessment of facilities.

MARKETING AND SALES:

Marketing and sales department is concerned with business development, branding, promotions and advertisement of KDAH healthcare services. Marketing deals with organizing health checkup camps and awareness talks for corporate or PSUs and RWA, designing all the brochures and signage, pitching referral sales from nearby general practitioners and nursing homes, liaison with TPAs and managing the international patients (medical tourism).

FINANCE:

The scope of services includes the entire hospital cash handling and cash disbursement in the form of salaries and vendor payment for stores, pharmacy and biomedical department. All the cash collected is deposited on daily basis of the bank. The TPA payment is collected through lump sum amount in the form of cheque at the end of the month. The staffs include:

- HOD
- Assistant Manager
- Senior executives
- Junior executives
- 2 cashiers

HUMAN RESOURCE DEPARTMENT:

The functions of HR department at KDA hospital are:

- Hiring
- Physician and nurse recruitment
- Employee orientation
- Personal management
- Benefits and compensation management

- Counseling
- Claims handling
- Training and performance monitoring
- Professional development programs
- State and federal regulations education
- Work place safety and sanitation
- Administration – employee meetings
- Staff morale and retention

Recruitment / selection:

- Identifying the key requirements areas (KRA)
- Drafting job description
- Recruitment through job portals and internal references
- Selection
- Medical examination of the candidate
- Offering letter to the selected ones

PURCHASE DEPARTMENT:

Purchasing department is responsible for the procurement of function of the hospital. The primary functions of the department are to:

1. Procure the rights and services from the right suppliers at the right time for the right place.
2. Receive, warehouse, issue & distribute stocks to hospital departments in accordance with KDH procedure.
3. Hospital users and clinicians actively participate in product evaluation processes. The purchasing department is actively involved in cost analysis and suppliers performance management. It is through all of these activities that the department manages the chain process.

QUALITY CONTROL DEPARTMENT

The Functions of the department are:

- To analyze patient feedback forms.
- To analyze different parameters from different departments and compare them.
- Infection control of the hospital.
- Induction and training of hospital staff.
- Accreditations (NABH,JCI).

This department also maintains few quality indicators for hospital:

- Medication Errors
- Return of patient within 72 hours.
- Return of patient to ICU within 48 hours.
- Return of patient to OT within 48 hours.
- Number of Needle sticks Injuries.
- Number of blood transfusion reaction.
- Number of Adverse Drug reaction.

STAFF:-

This department consists of 1 quality manager who reports directly to the director of hospital.

**Project report- Study on Discharge process in Kokilaben Dhirubhai
Ambani Hospital**

INTRODUCTION

Discharge includes the medical instructions that the patient will need to recover fully. Discharge process is the point at which the patient leave the hospital and either return home or is transferred to another facility such as one for rehabilitation or to a nursing home. Discharge planning is a service that considers the patients needs after the hospital stay, and may involve various services such as nursing care, physiotherapy, dietary advice, post operative do's and don'ts, post operative follow up instructions, information about whom to contact in case of an emergency. How to identify warning signs and other services.

As the final step in the hospital experience, the discharge process is likely to be well remembered by the patient and relative, even if everything else went satisfactorily, a slow, frustrating discharge process can result in low patient satisfaction. The discharge process is critical bottleneck for efficient patient flow, slow and unpredictable discharge translates into a reduction in effective bed capacity and admission process delays.

GENERAL PRINCIPLES FOR EFFECTIVE DISCHARGE

1. The discharge planning process begin as soon as is practical after the patient is admitted to hospital. All patient should receive a comprehensive assessment of their actual and potential discharge needs by relevant members of the multi professional team.
2. No discharge should be considered 'routine'. All discharge have the potential to become complicated. Time spent talking to patients and assessing their needs at the start of the process can uncover potential problems and help to facilitate a smooth planned discharge.
3. A discharge date should be set as early as possible, although it is recognized that ultimately any discharge is dependent on the clinical progress of the patient and may be subject to change.
4. Discharge documentation should be concise, easy to use and most importantly, relevant. Staff should familiarize themselves with documentation used in the discharge process and ensure they are competent in its completion.
5. Despite pressures to maximize bed usage, patients should only be discharged when they are medically and psychologically fit to be discharged. Untimely discharge may result in a rapid readmission of patients transferred through the ICU after the recovery for two days on an average, thus vacating bed for the patients in the OT and making it possible for other patients who need a surgery to avail the services of the surgeon.

6. Communication between all department is very important. Team participating in the planning of a patients discharge should be aware of all other members involved, including those in external agencies.
7. Patient especially those requiring social care/ community nursing input should ideally not be discharged at weekends or late in the day.

NURSING RESPONSIBILITIES FOR DISCAHRGE

1. The responsibility for deciding whether a patient is clinically fit for discharge rests ultimately with consultant, the responsibility for co-coordinating a smooth discharge process through providing medical care, aid to the patient, explanation of the medication that has to be taken by the patient at home etc, rests with nursing staff.
2. Every discharge should be treated as unique to the individual patient it concerns, but the following points should be considered
 - a) As soon as possible after the admission, a full assessment of the patients pot6entail discharge needs should be undertaken.
 - b) Every patient should have a named nurse who is responsible for facilitating their discharge. He/she should ensure that the nursing team is aware of the activities required to be undertaken to complete a smooth discharge.
 - c) Good communication is vital. The patient must be integral to their discharge planning and should be carefully involved and informed of planning and progress throughout the whole process.

RESPONSIBILITIES OF HOSPITAL PHARMACY DEPARTMENT

The role of the pharmacy department is to provide discharge medications and advice, where applicable, for all patients being discharged. The following points should be considered when planning the patients discharge

1. Nursing staff should ensure that the patient and if required appropriate relatives/next of kin/ care takers are given a full explanation of the medications that have been given for discharge(including the purpose of the drugs, why they have been prescribed and the dose to be taken and when). The services of the pharmacist should be utilized if there are any doubts regarding discharge medications.
2. The amount of tablets/ medicines to be dispensed to the individual patient on their discharge will be decided by the consultant.

OBJECTIVES OF THE STUDY

1. To study the discharge process at kokilaben dhirubhai ambani hospital.

2. To analyse the steps involved in the discharge process and compare them with expected time-lines.
3. To root out the significant reasons of delay.
4. Devise appropriate interventions.
5. Study the effects of interventions.

HYPOTHESIS

1. Discharge is delayed beyond expected time-line.
2. Delay in discharge is due to delay in the writing of the discharge summary.
3. Discharge process delay is due to nurses and other support services.
4. Discharge process could be delayed if the patient is an international patient.
5. Discharge process could be delayed if the patient was advised a review by some other specialty on the day of discharge.
6. Discharge process could be delayed if there were any investigations which were advised by the consultant on the day of discharge.
7. Discharge process could be delayed if the patient was not aware about the final bill amount, was not informed about the discharge date, which would mean he would not be able to arrange for money and means to get home.

PURPOSE OF STUDY

The purpose of research is to discover the answers to questions through the application of scientific procedures. The main aim of research is to find out the problems with the discharge planning and suitable answers to improve the process. Also if the patients would be discharged on time, it would mean that the IPD beds would be vacated on time, which would mean optimal utilization of the resources and decreased loss of revenue for the hospital.

SCOPE OF THE STUDY

The scope of this project was to analyse the steps involved in the discharge of the patient from Kokilaben Dhirubhai Ambani Hospital And Research institute and to find out the various reasons for delay of the discharge process and to improve the discharge process by providing solutions and recommendations and study the effects of interventions on the discharge process.

METHODOLOGY

Data collection method

Primary data is collected. The study is quantitative in nature.

Primary data collection

The patient discharge process was tracked as followed:

Firstly the date and time of verbal intimation to the patient by the doctor was noted. Then the actual discharge date was noted down along with time of intimation of discharge process, i.e. when the financial folder of patient is send to the billing department which is called the pre discharge. And the time of other steps were also noted as of the billing time, summary time(when typed when sent for authorization, when authorized) and the physical discharge time of the patient(i.e. when the patient leaves the ward is noted down along with that the reason for the delay was noted. In this study a sample of 300 patients were observed.

Data collection tool

Manually followed the discharge process along with a well structured questionnaire with close and open ended questions .

Sample size- 300

Sampling Technique:

Simple Random sampling

Study Design:

Primary Cross Sectional study

Study Area:

Kokilaben Dhirubhai Ambani hospital, Mumbai

Sample Criteria:

A sample of 300 patients were collected.

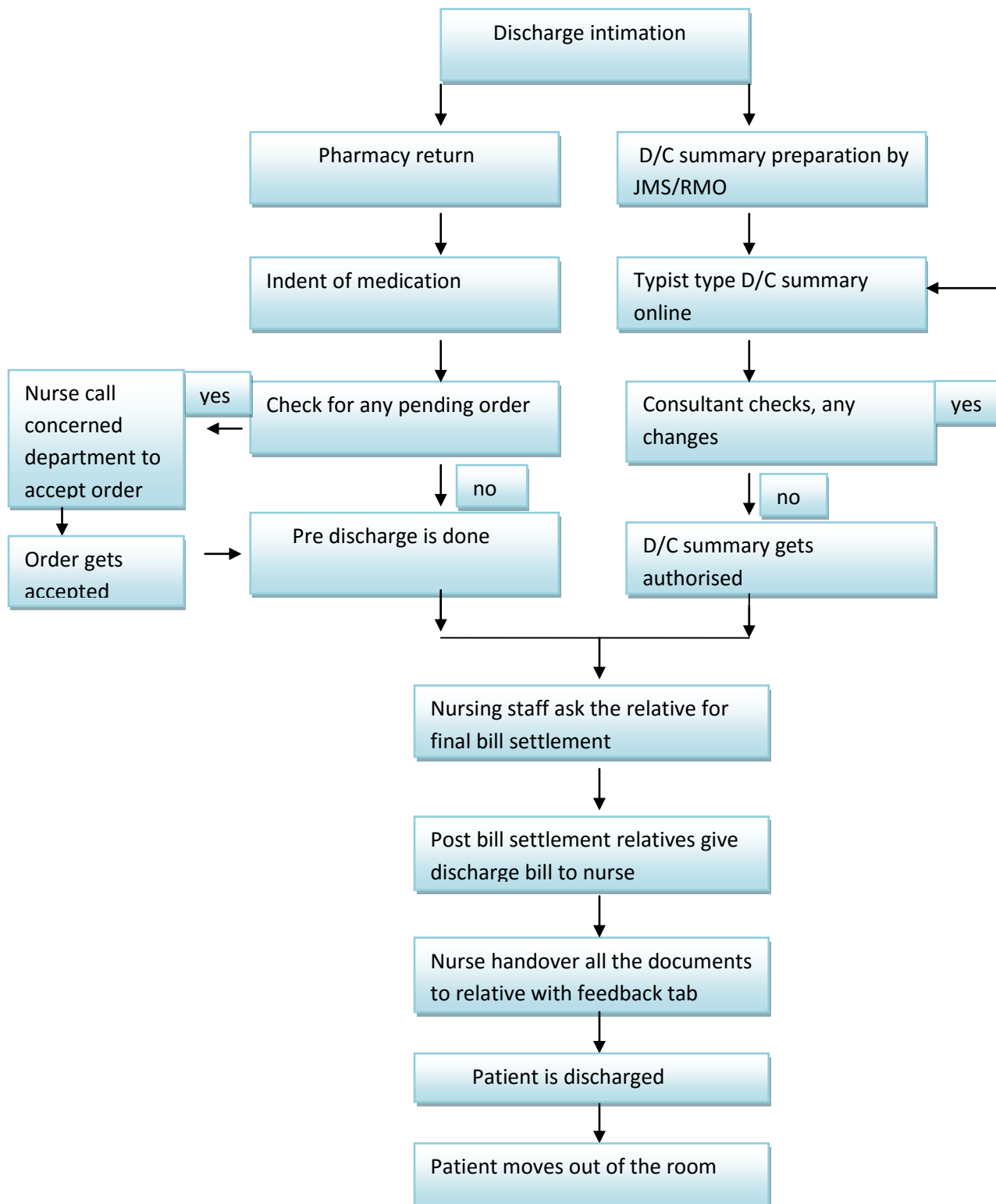
Inclusion Criteria– cash patients of planned and unplanned discharges.

Exclusion Criteria- TPA/Corporate, DAMA, Sleep study patient discharges.

Category of respondents-

Patients, relative of patients to be discharged, sisters, typists, billing staff, HCA staff.

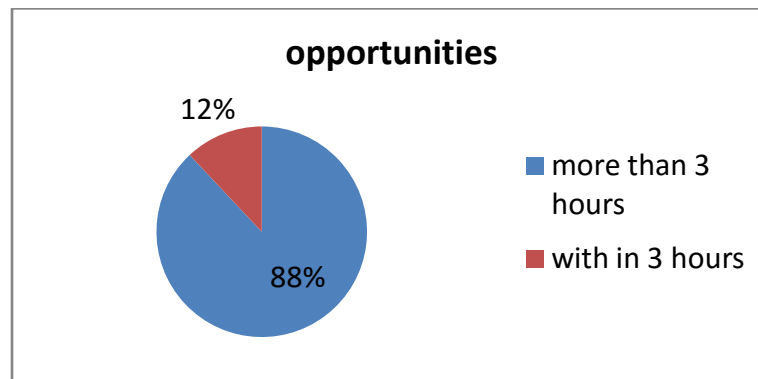
DISCHARGE PROCESS FLOW



DATA COLLECTION AND ANALYSIS

- ⦿ Problem: delay in discharge of IPD patients
- ⦿ Symptom:
 - patient dissatisfaction
 - delay in new admission
- ⦿ intervention plan : Decrease Patient discharge time by 3:00 hours

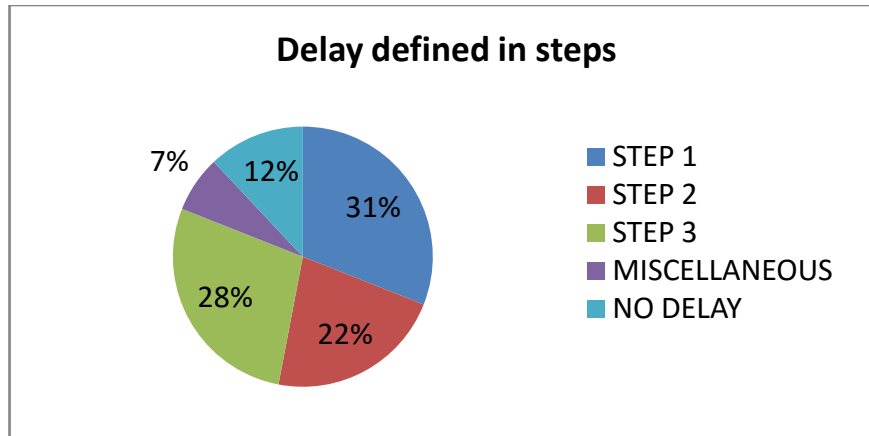
1. The data collected shows that 88% cases took more than three hours which is a very high percentage and needed to be reduced .



2. The Analysis is done by dividing the whole process into three steps These steps were divided to get an area of focus and to standardise the time for every step.

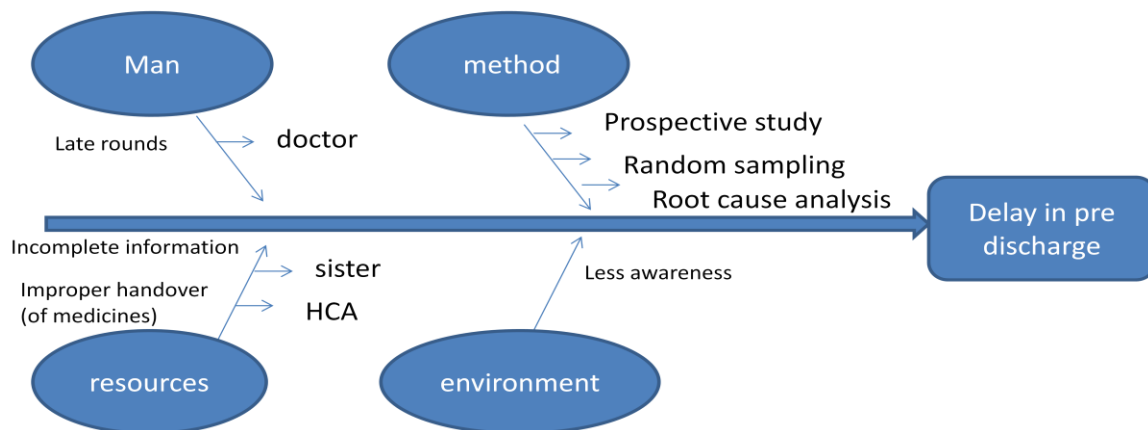
Steps for the analysis-

- STEP1 (Intimation to pre discharge) 1:30
- STEP2 (Pre discharge to billing) 1:00
- STEP3 (Billing to physical discharge) 00:30

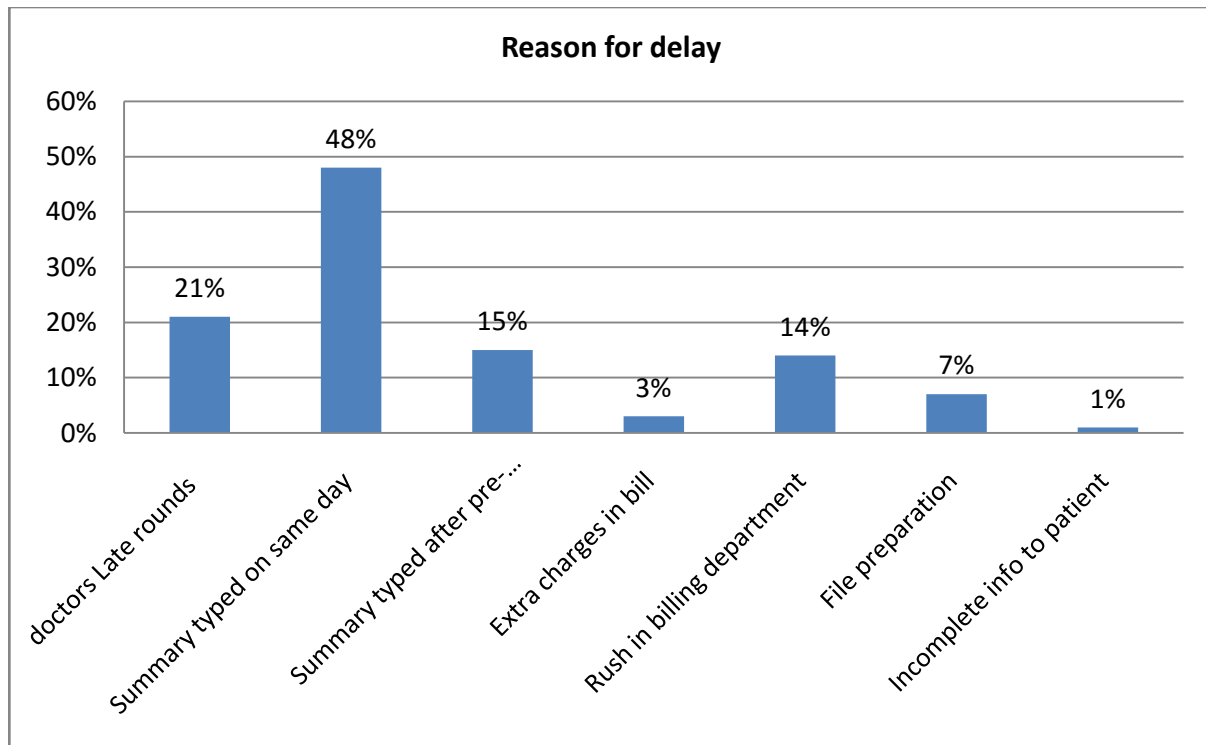


3. Findings says that Maximum delay is in step 1, which is the time duration between intimation for discharge and the pre discharge of patient (intimation for billing). For which the fish bone analysis is done over step 1.

Analysis over step 1



4. Findings shows that Reasons for the delay: In 63% of cases the delay occurred because of summary



5. Other findings

- ⦿ The average time of discharge – 5 hour 29 min
(from intimation to physical discharge)

Average time taken

- ⦿ Step 1- 2hours 25 minute
- ⦿ Step 2- 1hour 42 minute
- ⦿ Step 3- 1 hour 21 minute
- ⦿ Billing – 50 min

RECOMMENDATIONS-

- ⦿ Pharmacy indent time should be fixed (9am-12pm)

- ④ The use of board should made mandatory Or as Sister found it difficult to write entries on board so registers can be maintained
- ④ One HCA head should always be there at one counter at every floor of inpatients
- ④ There should be a call made by the IPD pharmacy to the floor of patient for the confirmation as HCA are busy
- ④ It should made mandatory to write the discharge summary on the same day it is planned.

Format of register

Bed No.	Patient Name	UHID	Pre discharge	Medical/ Surgical	TPA / Self	Planned/ unplanned	Remarks
12023	Xyz	453159	10:40am	M	Cash	P	-
12009	Abc	72156		S	Cash	P	After X-ray
12041	123	452940	12:05	M	TPA	P	-
12090	xyz	426563		M	Cash	U/P	