Summer Placement

In

Medanta the Medicity

Sector 38, Gurgaon, Haryana

(APRIL 9–JUNE 9 31, 2014)

A Report

Dr.Priyanka Indrodia

Enrolment Number: IIHMR/PGDHM/2014-16/19

Post Graduate Programme in Hospital Management

2014-16

Institute of Health Management Research, Jaipur

Acknowledgement

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 **Priyanka Indrodia** has undergone her Summer Training at **Medanta,The Medcity,Delhi** from 9th April 2015 to 9thJune 2015. The candidate herself carried out all the studies related to her Summer Training. Her approach to the study has been scientific and analytical.

The summer training is in partial fulfilment of the course requirement recommended for the award of Master of Business Administration-Hospital & Health Management.

I wish her success in all her future endeavours.

Col. (Dr.) Ashok Kaushik,
Dean (Academic and Student Affairs)
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Global Health
Private Ltd.

Date 12.06.15

INTERNSHIP COMPLETION LETTER

This is to certify that Dr. Priyanka Indordia, student of MBA (Major in Hospital & Healthcare Management), Batch 2014 -16 Institute of Health Management Research, Jaipur has successfully completed her internship with us.

- Project Title - 1. Revenue leakage in IPD & OPD
  2. Preparation of brochure and documentary on discharge planning process
- Project Duration - 09th April 2015 to 09th June 2015

During the period of her internship programme with us she was found to be punctual, hardworking and inquisitive.

For **GLOBAL HEALTH PVT LTD**

Monica

MONICA MUDGAL
SENIOR VICE PRESIDENT & HEAD - HUMAN RESOURCES

I, Dr.Priyanka Indrodia, a student of PGDHM 19 at IIHMR Jaipur, would like to sincerely express my heartfelt gratitude to:

- Mr. Pankaj Sahni, Chief Operating Officer, Medanta the Medicity, for granting me the opportunity for training.
- Mr. Arun Datta, Senior Vice President, Medanta the Medicity, for granting me the opportunity for summer training and assigning me my projects in the Human Resources Department.
- Mr Navneet Malhotra, Vice President, Admission Department ,Medanta the Medicity, for his invaluable help with my project
- Dr. Awadhesh Kumar Dubey, Medical Superintendent, Medanta the Medicity, for granting me the opportunity for training.
- Mr.Ritesh Mittal, Senior Manager, Corporate, Medanta the Medicity, for being my mentor and project guide for the entire period of my training, for helping me improve the quality of my work and for helping me identify areas where I lack and what characteristics I must develop in myself for a future as a hospital administrator for my project in the Admission Department.
- Mr Anmol Sharma., General Manager, Admission Department, Medanta the Medicity, for guiding me to overcome the practical challenges in my project
- Dr..Barun Kanjilal, my mentor at IIHMR Jaipur, for his support and guidance, without which this training would not have been possible.
- Dr. Ashok Kaushik, Dean, Academic and Student Affairs, for his invaluable inputs and guidance for my projects, as they helped me to develop a line of thought for how to shape my project.
- Mr. Dalbir Singh, Placement Officer, IIHMR Jaipur, for facilitating my training at Medanta the Medicity.

- Lastly, I would like to thank my college, IIHMR Jaipur, for providing me with an opportunity to learn from and work with the best personnel in the Hospital Industry, and for helping me gain an appreciation of where I currently stand as an administrator and how much work I would need in order to meet the quality specifications that the hospital industry seeks.

Table of Contents

1. Acronyms/Abbreviations

- BP: Blood Pressure
- CABG: Coronary Artery Bypass Graft
- Cath Lab: Catheterization Laboratory
- DSA Lab: Digital Subtraction Angiography Lab
- ERCP: Endoscopic Retrograde Cholangio Pancreatography
- EUS: Endoscopic Ultra Sound
- GHPL : Global Health Care Private Limited
- Hb : Haemoglobin
- IPD : In- Patient Department
- MLC : Medico-Legal Cases
- OPD: Out-Patient Department
- OT : Operation Theatre
- POCU: Pre Operative Cardiac Unit
- PTCA: Per Cutaneous Transluminal Coronary Angioplasty
- RH +ve : Rhesus Factor Positive
- RH -ve : Rhesus Factor Negative
- RBC : Red Blood Cell
- UG Floor: Upper Ground Floor
- WB: Whole Blood
- RFA: Request For Admission
- TPA: Third Party Administration
- ACR: Admission Control Room

2. Observation Learning

2A. Introduction

The summer training is an integral part of the course curriculum of PGDHM at IIHMR Jaipur. As part of the course, students at the end of their first year are required to undergo training of two months to get an in-depth exposure to the various departments in the organization, as well as take up projects as per the requirements of the organization where the students get training. What is most crucial is to build a base of knowledge about the structure and functioning of the hospital, which can be used to understand and apply concepts in the subsequent study tenure at IIHMR Jaipur.

During my summer at Medanta – The Medicity, Gurgaon, there were numerous learning experiences. These were enhanced due to the projects undertaken at the hospital, which are listed as follows:

- *Quality Audit on Medical Record Documentation at Medanta, The Medicity*
- *A Study on Revenue Leakage in IPD at Medanta, The Medicity*
- *Preparation of Brochure and Documentary on Discharge Planning Process at Medanta, The Medicity*

A brief report of the training of two months is presented below with the details of tasks undertaken and lessons learnt during the training.

2B. Organization Profile

Medanta the Medicity, a multi-super-specialty hospital, is one of India's largest healthcare projects in multi-specialty tertiary care medical treatment, and has been envisioned as an institute that will redefine standards of excellence in healthcare delivery by bringing together the best of infrastructure, technology, training, education and medical intelligentsia. With an investment of over $350 million, Medanta the Medicity aims to create a world class education and training centre backed by remarkable infrastructure, futuristic technology and the extraordinary vision of the eminent cardiac surgeon, Dr Naresh Trehan – Chairman and Managing director of Global Health Private Limited (GHPL).

Located across 43 acres, Medanta is the new international healthcare destination in the National Capital Region of New Delhi – Gurgaon. Medicity is a 1250 bed medical institute at par with world standards. The objective of the Medicity is to bring in global healthcare delivery standards at affordable prices, while firmly placing India on the international

roadmap as a premier destination for healthcare services, medical research and high-end medical diagnostics.

Specialties covered

Medanta provides integrated primary, secondary and tertiary care services spanning over 29 super specialties and high-end services covering every aspect of human health, housing 10 Institutes, 8 Divisions and 11 Departments.

- Institutes
  - The Medanta Heart Institute.
  - The Medanta Institute of Neurosciences.
  - The Medanta Bone & Joint Institute.
  - The Medanta Kidney & Urology Institute.
  - The Medanta Cancer Institute.
  - The Medanta Institute of Digestive & Hepatobiliary Sciences.
  - The Medanta Institute of Minimally Invasive Surgeries.
  - The Medanta Institute of Transplant & Regenerative Medicine.
  - The Medanta Institute of Critical Care & Anaesthesiology.
  - The Vattikuti Institute of Robotic Surgery.
- Departments
  - Department of Clinical Immunology & Rheumatology.
  - Department of Pathology & Laboratory Medicine.
  - Department of General Surgery.
  - Department of Internal Medicine.
  - Department of Dental Surgery.
  - Department of Physiotherapy & Sleep Medicine.
  - Department of Transfusion Medicine (Blood Bank).
  - Department of Pediatric Gastroenterology, Hepatology & Liver Transplantation.
  - Department of ENT & Head Neck Surgery.
  - Department of Physiotherapy & Rehabilitation.
  - Department of Ophthalmology.
- Divisions
  - Division of Endocrinology & Diabetes.
  - Division of GI & Bariatric Surgery.
  - Division of ENT & Head Neck Surgery.
  - Division of Peripheral Vascular & Endovascular Sciences.
  - Division of Gynaecology & Gynaec-oncology.
  - Medanta Breast Services.
  - Division of Plastic, Aesthetic and Reconstructive Surgery.
  - Division of Radiology & Nuclear Medicine

What is unique about Medanta the Medicity?

- Medanta aims to functionally integrate within one campus and one management, the facilities of medical care, teaching as well as research and development.
- It also offers to explore the possibility of integrating knowledge of traditional and alternative medicine with modern medicine, through means of scientific research.
- Medanta the Medicity is led by Dr Naresh Trehan, one of the leading luminaries in the medical world. Dr Trehan is a recipient of various national and international awards for excellence, including the highest national awards, Padma Shri and Padma Bhushan, in recognition of his distinguished service to the nation.
- Dr. Trehan has also served as the personal surgeon of the President of India since 1991 and was formerly the President of the International Society for Minimally Invasive Cardiac Surgery (ISMIC)
- The Medicity team has attracted some of the most distinguished names in medical and non-medical fields from all over the world.

Infrastructure

Medanta-The Medicity is spread across 43 acres, has 45 operating theatres, 1250 beds and over 350 critical care beds

Education

An initiative is currently underway of building a full-fledged medical college, the objective of which will be to produce highly competent general physicians and specialists who would be socially sensitive and fully committed to the principles of medical ethics. This establishment would also make every attempt to erase the dividing line between clinical and non-clinical areas.

Research and Development

The Medicity will have a state-of-the-art research and development center integrated with the hospital and the teaching establishment. It is planned to be one of the best funded, staffed and managed medical R&D center in the country. Its Research Advisory Committee will consist of 12 members from amongst the best known names in modern biology, including various areas of medicine.

Traditional Medical practices

An important objective of Medicity is to validate - and integrate with modern medical system – those medical practices in our traditional and complimentary systems of medicine such as Ayurveda, Unani, Siddha, Tibetan and Tribal Systems that are compatible with science.

Vision and Values

'The Institution is governed under the guiding principles of providing affordable medical services to patient with care, compassion and commitment

Technology

- 256 Slice CT
- Brain Suite, Intra-Operative Imaging Operating Theater
- Da Vinci Robot for Minimal Invasive Surgery
- Artis- Zeego Endovascular Surgical Cath Lab
- 4 Linear Accelerators (provision for IGRT/ IMRT) (Radiation Surgery)
- Tomotherapy
- Integrated Brachytherapy Unit with remote controlled HDR
- 3.0 Tesla MRI
- PET CT
- Gamma Camera
- Digital X-Ray, Fluoroscopy, Bone
- Densitometry
- 3D and 4D Ultra Sound
- Digital Mammography

Affiliations

- Medanta the Medicity has entered into a corporate alliance with 'Duke Medicine' with the objective of providing a platform for high end research practices and clinical trials.
- The Medanta Duke Research Institute (MDRI is a world class early phase clinical research facility at Medanta the Medicity. MDRI guarantees to offer an environment conducive for exploring the technologies of traditional medicines in synchronization with modern medicine aids for research and development in the areas of healthcare and health recovery.
- It is proposed to be a 60-bedded facility built in an area of 27,000 sq. ft. within the premises of Medanta. To unlock its potential, MDRI will be undertaking immediate early phase clinical studies in three countries with diverse populations.
- The results of such a research will be paramount for all subsequent studies that can play a decisive role in changing the face of healthcare across the world.

2C. Data Collection

- With permission from the Senior Vice President of Medanta the Medicity, Mr. Arun Datta, and the Medical Superintendent, Dr. Awadhesh Kumar Dubey, we created a schedule, which we have followed in order to observe and learn the functioning of all the departments of the hospital. This task was made difficult due to the scale of operations being conducted at Medanta the Medicity, as we realized that a significant amount of time would have to be invested in each department in order to glean as much information as possible.

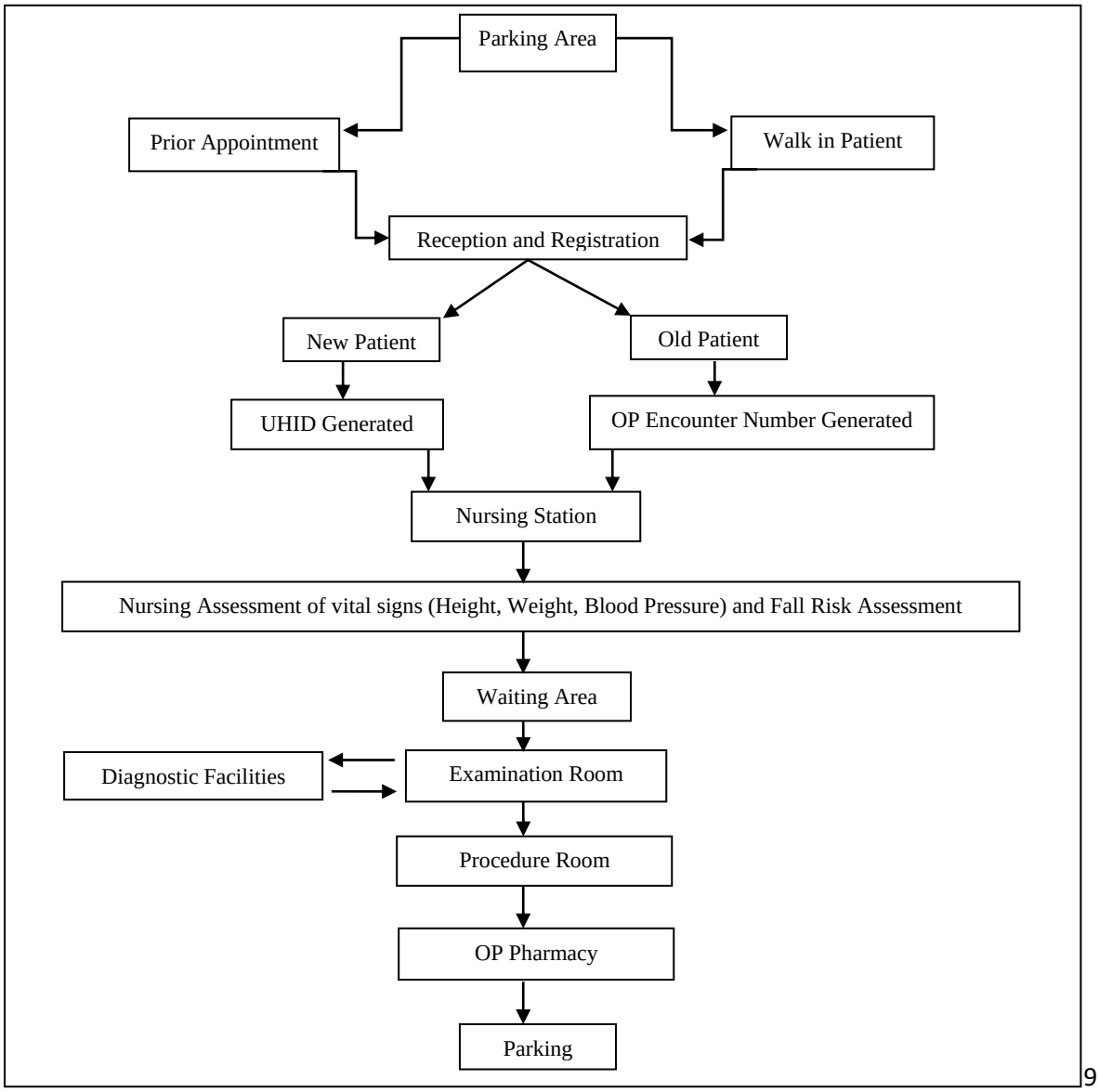
- After permission was secured and a schedule was made to observe the various departments of the hospital, we went and sought appointments from the concerned personnel in the various departments.
- Once these permissions were obtained, we got the details of personnel who would guide us in these departments.

2D. General Findings

I will attempt to present my general findings in the form of process flow sheets, in the order of my visit to the departments.

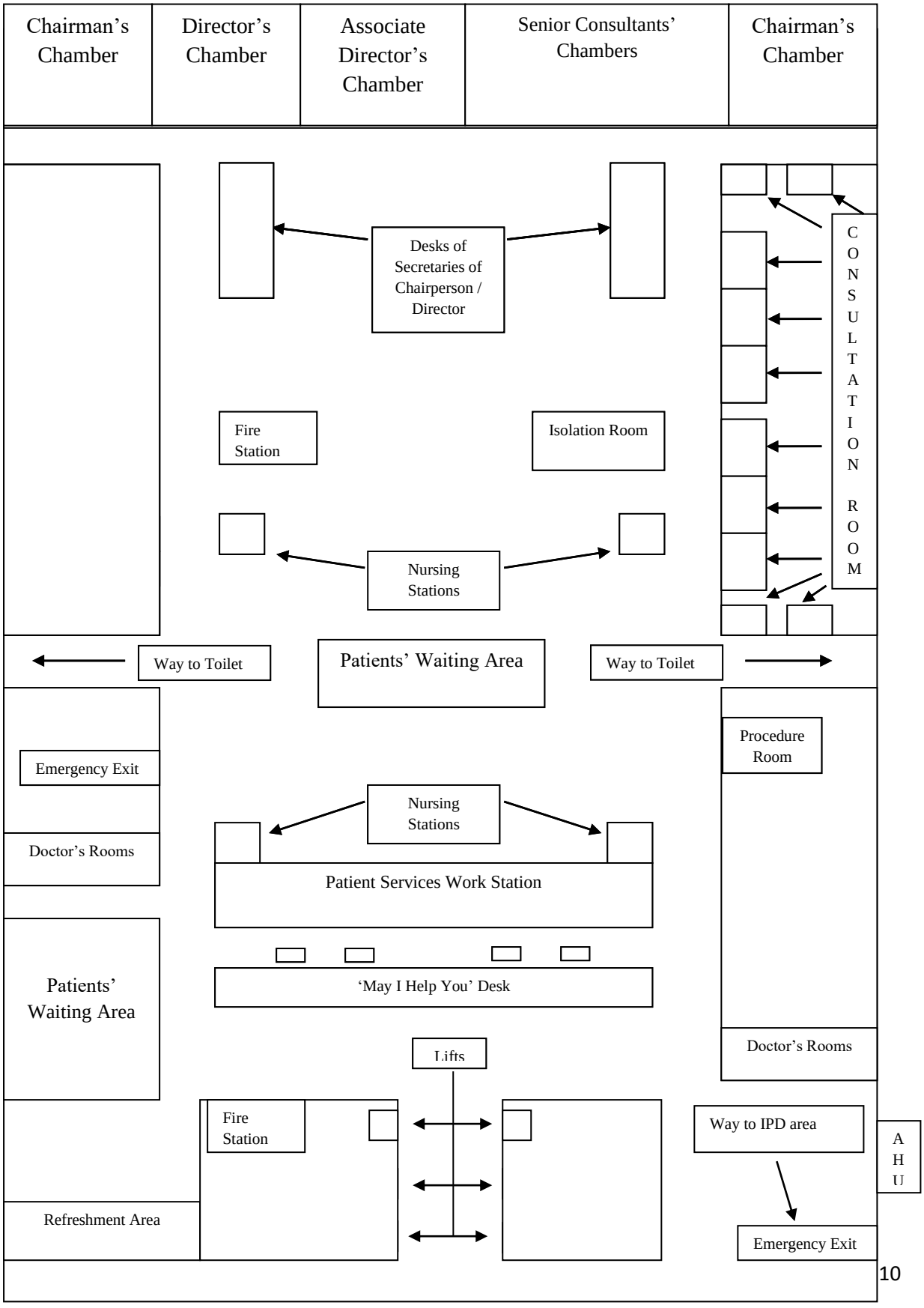
a) OPD:As has been mentioned earlier in this report, it can be said that each floor of Medanta houses a separate institute of clinical excellence. Each institute has its own OPD area as well as IPD area / day-care area wherever applicable. The general pro m cess flow that is followed in all the OPDs is as follows:

Figure 1: OPD Process Flow



The number of OPDs varies from institute to institute, but each OPD has approximately been planned in the same way. A sample layout of an OPD is as follows.

Figure 2: OPD Layout



As mentioned earlier, each floor has its own OPD. However, the 10th floor and the 12th Floor have Day care facilities as well. Every floor has a procedure room and its own Front Desk. Appointments are centralized and are recorded on the Hospital Information Management System. As soon as appointments are fixed, a text message is sent to the patient confirming the appointment, and a reminder message is sent on the day before the appointment. No walk-in patient is turned away, and the staffs try to accommodate these patients between the appointments already scheduled for the day. The daily volume is of approximately 2000-2500 patients across all the OPDs. Each floor has the capacity to handle 70-100 patients waiting. For Chairpersons and senior doctors, a junior doctor does the initial assessment of the patient, which not only reduces the workload of the senior doctors (whose slots are always overbooked), but it also gives the junior doctors an opportunity to learn from the best brains in the industry.

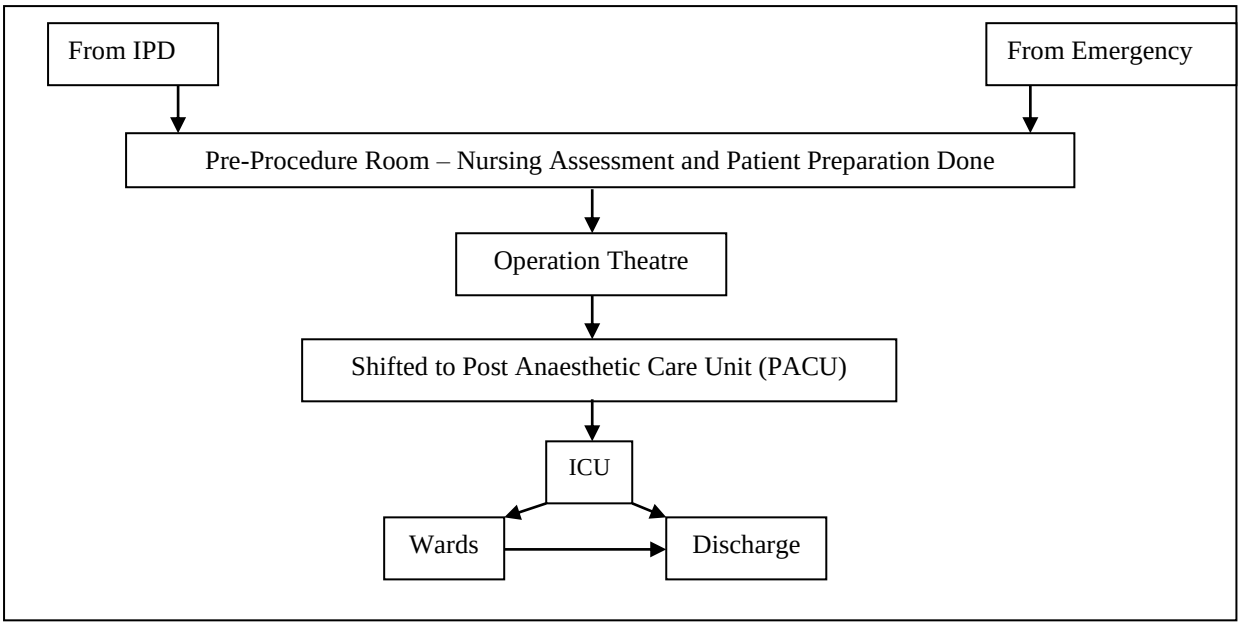
b) <u>Operation Theatre</u>

The OTs of Medanta the Medicity are situated on the 1st floor. There are currently 23 OTs functional. Their break up is as follows:

Sr. No	OT Number	Specialty
1.	1-7	Cardiac OTs
2.	9A, 9B	Ortho OTs
3.	10, 11	Neuro OTs
4.	12 A, 12B	Liver Transplant OTs
5.	14, 15, 16	GI and General OTs
6.	17, 18, 19	Uro OTs
7.	20, 21, 22	ENT, Head and Neck, and Plastic Surgery
8.	Upper Ground Floor OT	Mixed, but majorly for Gynae and Emergency cases

Around 70-80 surgeries are performed daily. The general flow of the patient in the OT is as follows.

Figure 3: Process Flow in OT



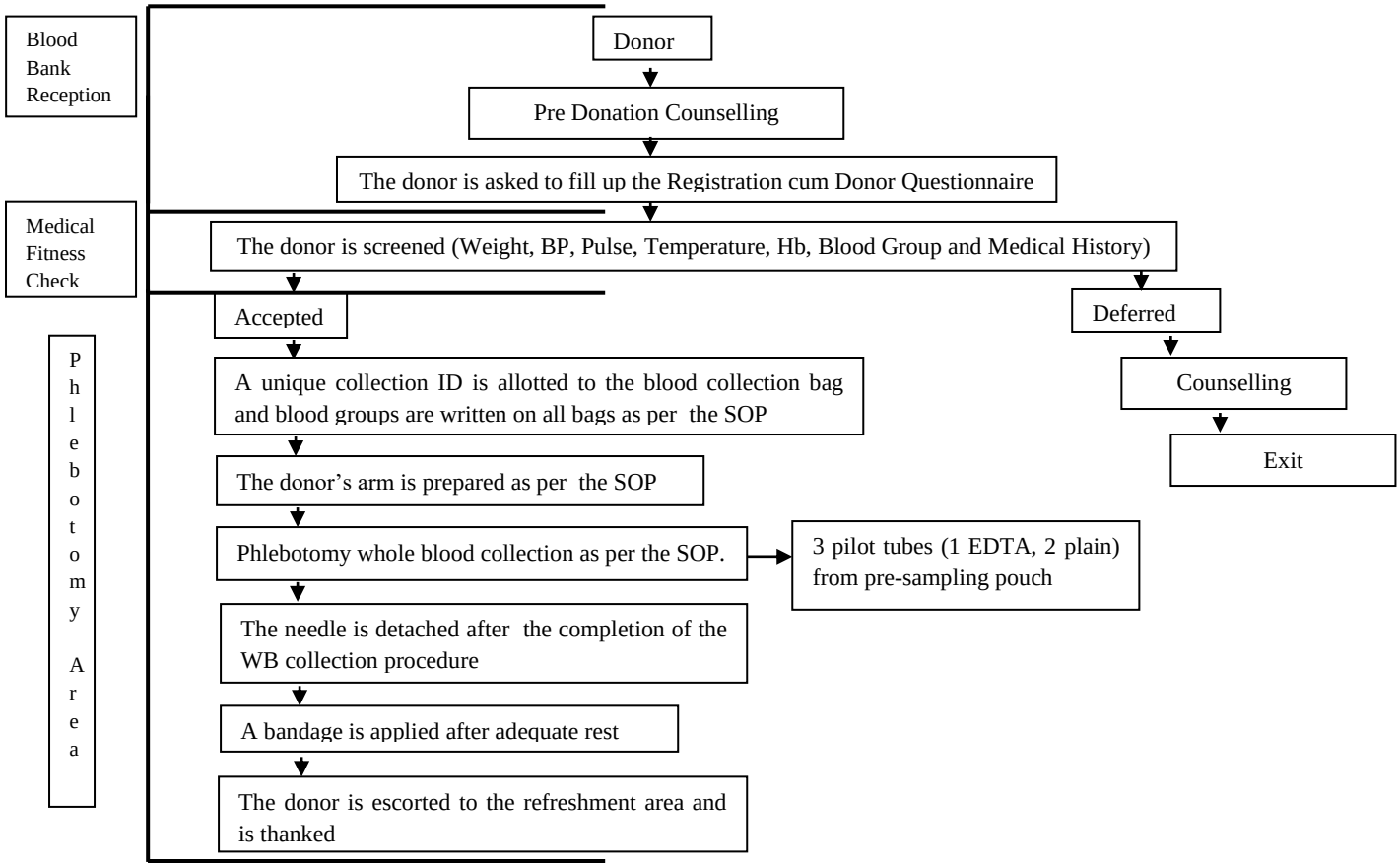
c) <u>Blood Bank</u>

The licensing details of the Blood Bank at Medanta the Medicity are as follows.

Sr. No	Parameter	Details
1.	License Number	67-B (H)
2.	Date	30/11/2009
3.	Validity	5 years
4.	Name of the items on License	• Whole human blood. IP • Concentrate Human RBC (Packed RBC) IP • Platelets concentrates, USP • FFP,BP • Plateletpheresis / Leukapheresis using cell separator • Cryoprecipitate
5.	Name of the competent technical staff	• Blood bank officer • Technical supervisor • Technicians • Registered Nurse
6.	Licensing authority	Haryana State Drugs Controller Under section 1940, Form 28C- Rule 122-G

The Blood Bank of Medanta the Medicity is situated on the Upper Ground floor. Medanta has a policy of asking patients to arrange for a specific amount of blood before their procedures, so that there is no possibility of a situation arising where there is a shortage of blood during a procedure. The general process flow of whole blood donation in this department has been enumerated below

Figure 4: Process Flow of Blood Donation



Instead of beds, the blood donation area had couches where patients are asked to sit and the incline of reclining can be changed as per need. Blood donation consists of WB donation and Platelet Apheresis donation. After the whole blood is collected, the blood is split into separate components, and is stored in walk-in fridges after proper labelling. The blood bags are labelled according to the following legend:

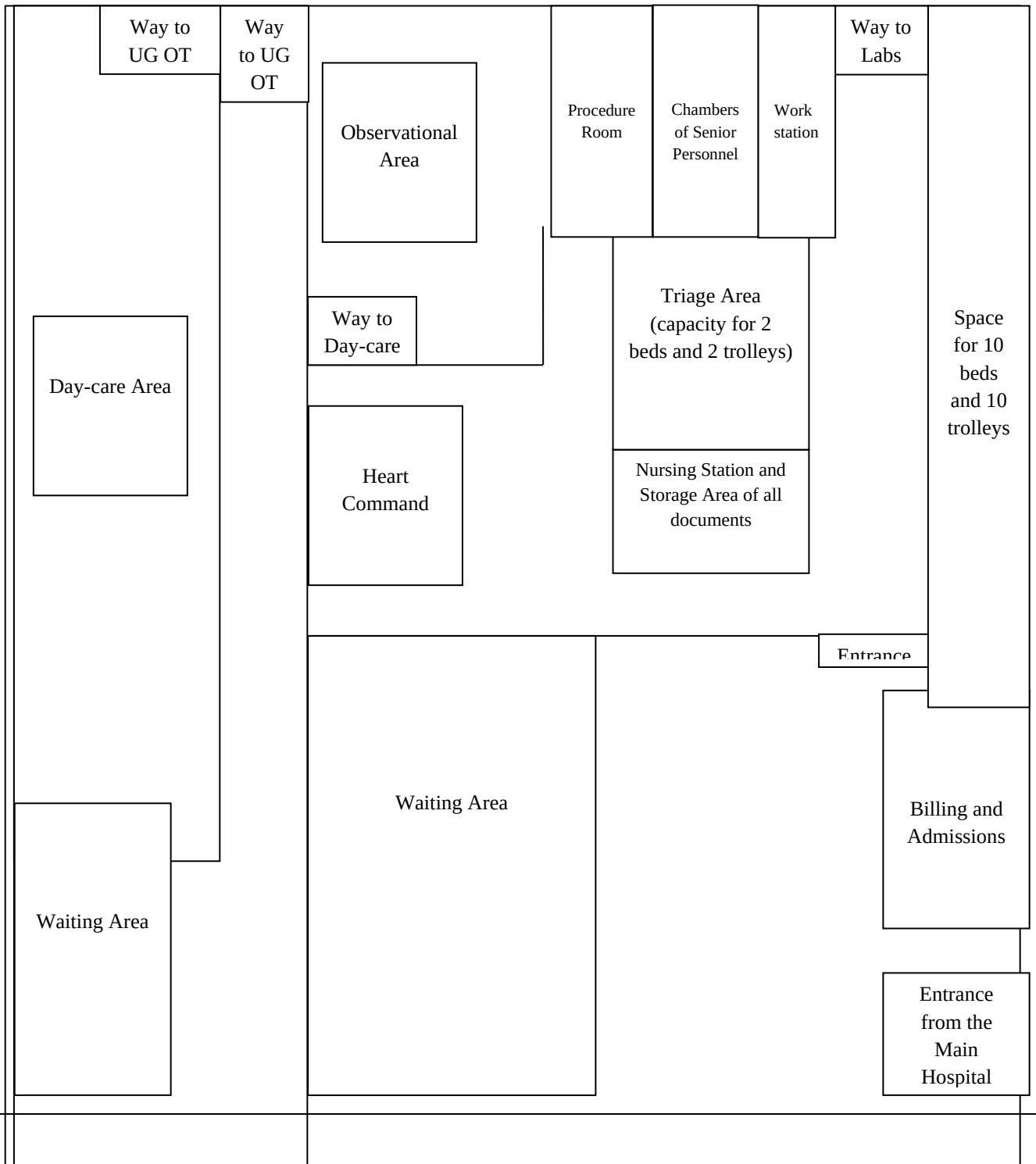
Sr. No	Blood Group	Label Colour
1.	B	Red/ Pink
2.	A	Yellow
3.	O	Blue
4.	AB	White
5.	RH +ve	Black
6.	RH –ve	White

After splitting, the individual components can be stored for differing periods of time. Whole blood can be stored for 35-42 days, platelets can be stored for 5 days in agitators at temperature of 22 degrees Celsius, Fresh Frozen Plasma can be stored for up to 1year at a temperature below -50degrees Celsius and RBC can be stored for 4-6 days.

d) <u>Emergency Department</u>

The Emergency Department of Medanta the Medicity is situated on the Upper Ground floor, and the entrance is from a route different than the main entrance to the hospital. The rough layout of the Emergency Department is shown below.

Figure5: Layout of Emergency Department

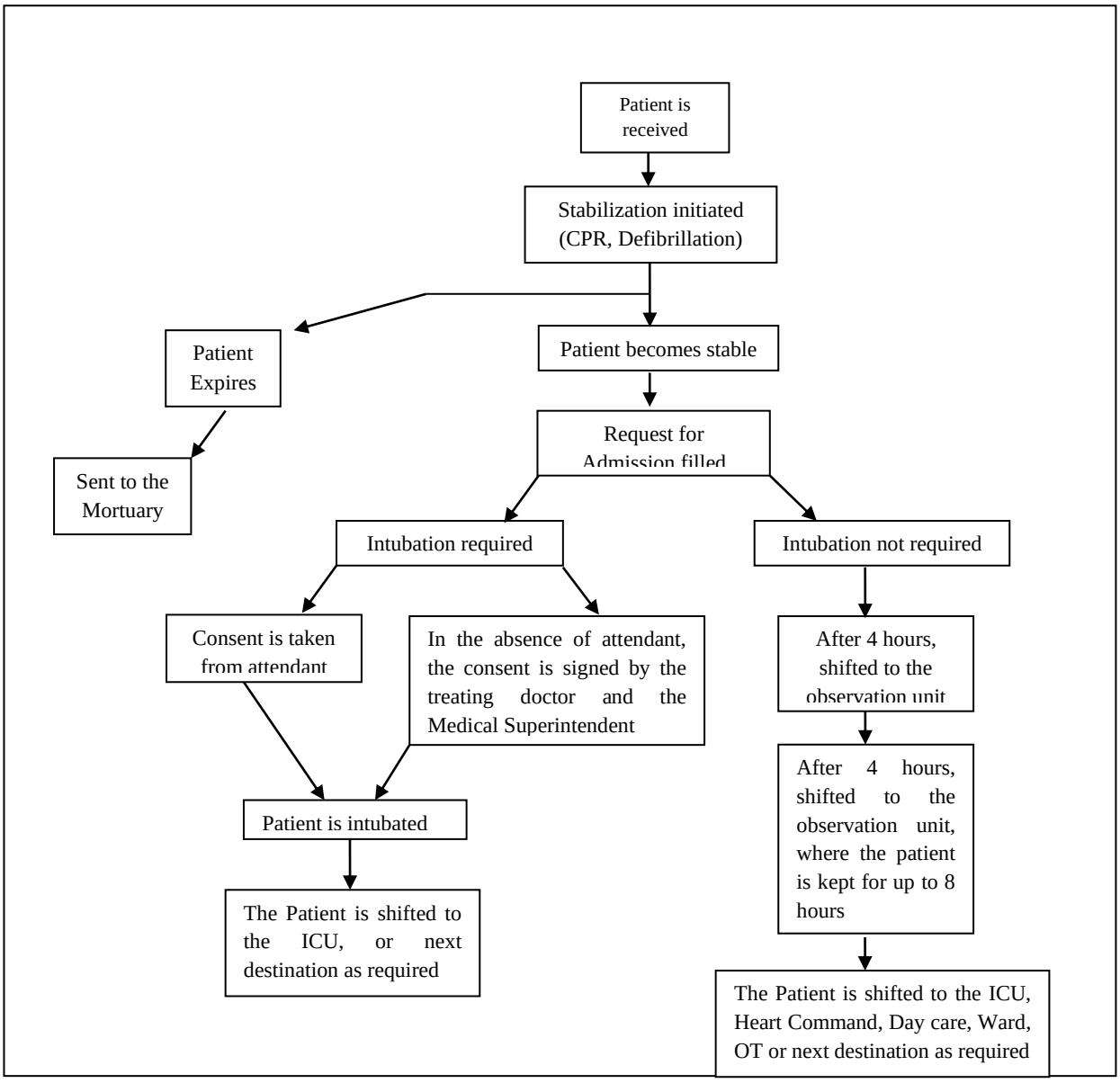


Emergency Entrance

Emergency Entrance

The flow of information in the Emergency Department is as has been enumerated below

Figure6: Process Flow of Emergency Department



The Emergency Department at Medanta the Medicity receives about 100 cases per day. It is divided into areas as has been enumerated below.

S.No.	Area	Specifications			
		No. of cubicles	No. of beds + trolleys	Mortalities /month	Others
1	Triage	10	10+10	3-9	-
2	Observational area	08	08+08	10-12	-
3	Day care	06	06+02	NIL	Recliners

					- 04
4	Heart command	19	19+00	15-16	-
5	Procedure room	-	01+01	-	-
6	Emergency OT	-	-	Variable	OT's- 2

The patients coming in to the emergency department are triaged according to the Australasian Triage Scale. These patients are then allotted wrist bands for colour identification according to the parameters that have been enumerated below.

COLOR	INDICATION
White Band	Inpatient
Red Band	Allergy
Yellow Band	Diabetes/Kidney disease No I/V prick No measurement of BP
Blue Band	Vulnerable/ High Risk patients

The Emergency Department of Medanta the Medicity offers ambulatory services, the details of which have been enumerated below.

Sr. No	Parameters	Details
1.	Number of Ambulances	8
2.	Types of Ambulances	• Basic life support • Advanced life support • Air Ambulances
3.	Air Ambulance	• Non Scheduled passenger air ambulance • 40-50 patients are brought in by through this method every month
4.	Air Ambulance Staff	• Anesthetist • Cardiologist • Emergency medical officer • Nurse

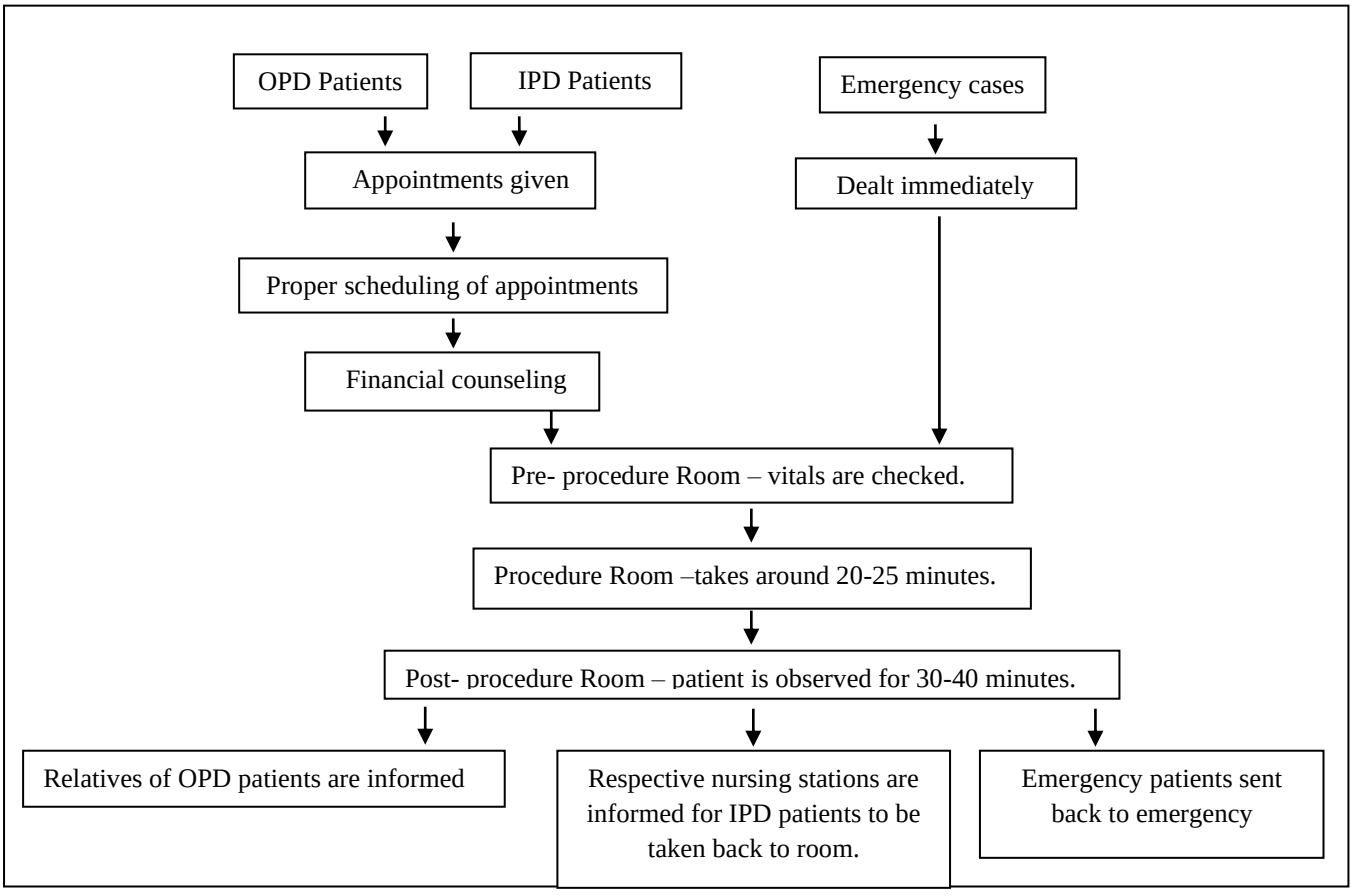
e) Endoscopy

This department is situated on the 11th floor of Medanta the Medicity. On an average, 40-50 procedures are carried out per day, the details of which are as follows:

- 20-25 are endoscopy
- 10-12 are colonoscopy,
- 5-8 are EUS
- 5-8 are ERCP's.

Total time taken for endoscopy inclusive of the patient preparation time is around 45 minutes in which the procedure time of endoscopy is actually just 5 minutes. For EUS, the procedure time is 30-40 minutes and for ERCP the procedure time is 20-30 minutes. The process flow for this department is as follows:

Figure 7: Process Flow of Endoscopy Department



f) <u>Radiology</u>

The Radiology department is situated on the upper ground floor of Medanta the Medicity.

The general process flow of the Radiology Department is as has been enumerated below.

g) <u>CSSD</u>

The Central Sterile Supply Department of Medanta the Medicity is situated on the lower ground floor. It is spread over an area of 1250 sq ft and is the biggest CSSD in the Asia Pacific region. This CSSD is capable of catering to all the requirements of the hospital.

The various areas of the CSSD, along with a list of the activities that take place in each department are as have been enumerated below.

Sr. No	Area	Functions
1.	Receiving Area	All the infected instruments are received and their quantity is verified.
		They are washed under water and in ultrasonic cleaners.
		These instruments are then dried with an air gun and subsequently put in a Yorco oven for complete drying.
		All instruments are then put into a washer-disinfection machine. This machine is equipped with double doors in order to facilitate collection directly from the processing area.
2.	Processing Area	This area receives cleaned instruments and in this area, the instruments are separated by the personnel according to the checklists.
		The instruments thus separated are put into trays which are wrapped with a double layer for infection control.
		These trays are then labelled and thrillium indicators are put on these trays as a measure of the quality of sterilization.
		The sterilization method is selected according to the instruments in question. The methods of sterilization that may be used are LTSF (low temperature steam formaldehyde) or Plasma Sterilization.
3.	Sterile Area	All the sterilized instruments are collected in the sterile zone through the doors of the sterilization equipment opening in that area.
		These equipments are separated according as per the quantities received from each department and are put on separate racks.
		Low temperature and positive pressure is maintained in this area for infection control.
4.	Issue Area	Instruments are sent to the OT directly from the sterile area through a

		lift in the issue area to prevent any kind of cross contamination.
		All the other instruments are loaded on to covered trolleys and are then sent to the issue areas of specific departments, to be issued as and when required.

h) <u>Dietetics, and Food and Beverages</u>

These offices are situated in the lower ground floor of Medanta the Medicity. These departments are tasked with managing the dietary needs of the patients coming into the hospital. This task is made all the more difficult by the fact that the hospital caters to the needs of over 1200 patients (beds) per day. The enormity of this task can be appreciated by the fact that most five star hotels are able to handle only up to 600 clients per day, and the Food and Beverages Department of this hospital has to be able to serve close to 7000 meals per day.

In order to be able to cater to the delicate yet crucial needs of all the patients coming in to the hospital, most of the Food and Beverage functions are outsourced (the company to which the functions are outsourced shall hence be referred to as the 'Partnering Company'). All heavy equipment's in the kitchen are property of GHPL Pvt. Ltd, and the Partnering Company has the responsibility of bringing in only light equipment like cutting knives, etc. All such light equipment are colour coded in order to prevent cross-contamination, so, for example, the equipment used for cutting poultry (coded yellow) will not be used for cutting fish (coded blue).

With respect to ensuring quality of services, GHPL Pvt. Ltd maintains service level agreements with the Partnering Company, and both strive jointly towards maintaining the quality standards. Both GHPL Pvt. Ltd. and the Partnering Company have representatives present on each floor, and these representatives jointly keep a check on any issue that may crop up on a floor.

The Dietetics department is tasked with the specialized function of ensuring that a patient is not presented with a meal that may not be in compliance with the treatment that the patient has come to Medanta for. To be able to deliver on this front, the dietician's role includes checking the diet of all the patients periodically, going on rounds of the patients with the chairpersons, solving patient queries related to diets, planning the diets of the patients and coordinating with the kitchen in order to ensure the provision of the right quality food to the patients.

Finally, these departments also maintain a chart of the amount of food wasted per day (wasted food is discarded) and thus, a strict control is maintained on the inventory of all food items.

i) Marketing

This department is situated on the lower ground floor of Medanta the Medicity. The chief function of this department, as the name suggests, is to market the services of Medanta the Medicity.

Medanta is now at such a stage of its life cycle that it need not indulge in extensive marketing activities. Medanta the Medicity is a brand name recognized internationally, which is evident from its large international patient base. In fact, this brand is so well known that Medanta the Medicity has not even invested in large billboards (to be erected on top of the building) and does not spend too much on Out-Of-Home advertising. This hospital does have a strong presence on Facebook, and is followed on Facebook by many.

This uniqueness of the hospital lies in the services that it offers, and the quality of services offered. This is why most of the marketing that this hospital enjoys is through 'word of mouth'. The clinical team employed at Medanta the Medicity is among the finest in the Asia Pacific region, and the technology used here is among the finest in the world. All these factors have come together to make Medanta the Medicity the strong brand it is.

A majority of the activities of the marketing department comprise of CSR initiatives. Medanta the Medicity has partnered with a number of charitable organizations and conducts periodic camps in various areas. Medanta has acquired a mobile van titled 'Sanjeevan', which is used to carry out camps in distant areas. This van is equipped with all modern diagnostic facilities, and includes equipment for Mammography, X-Ray and other facilities.

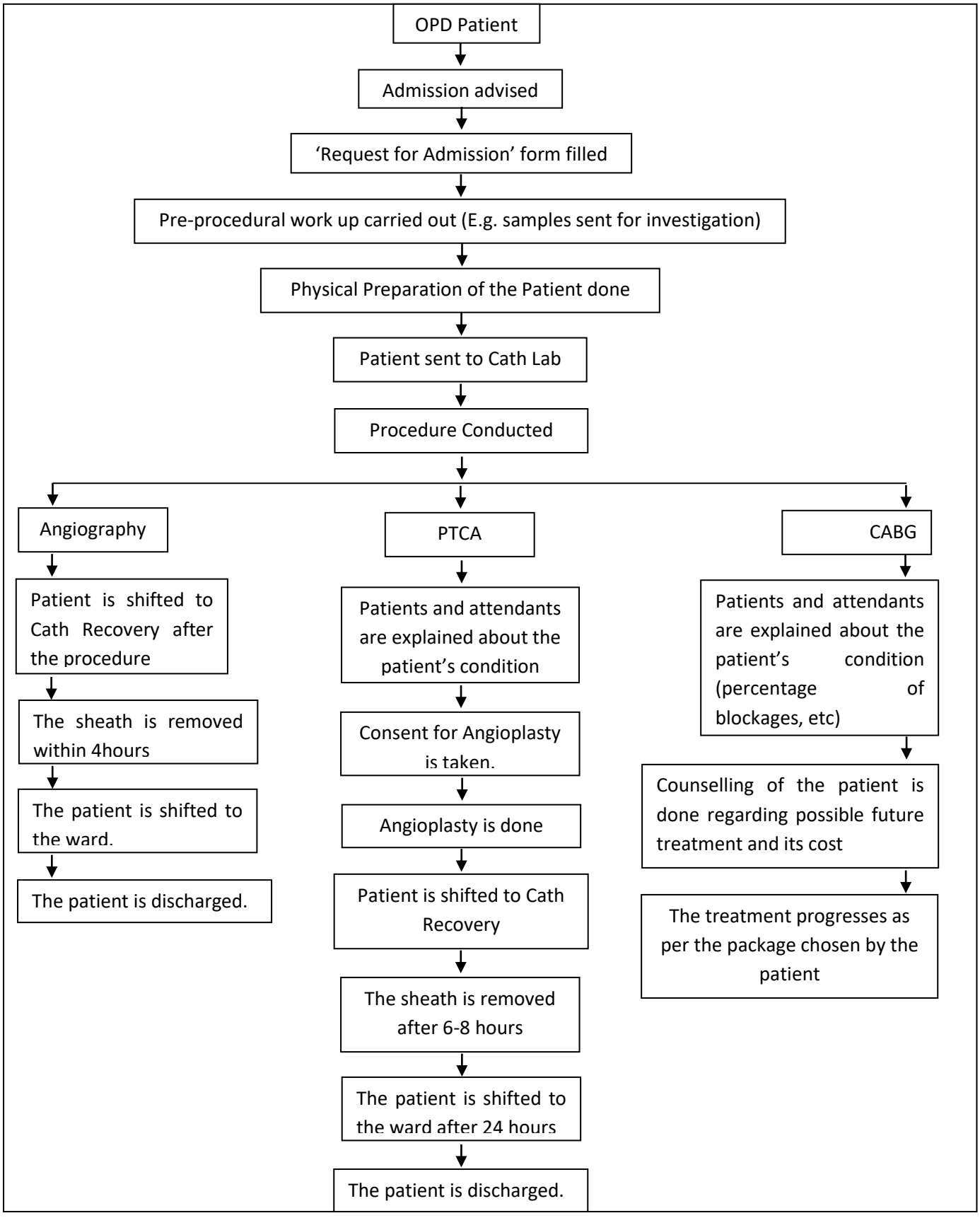
j) Engineering

The Engineering department is situated on the first basement of Medanta the Medicity. This department is responsible for catering to all the electrical needs of the entire hospital. The Engineering department is responsible for centrally providing water, electricity and air to the entire hospital. Eighty percent of the Engineering Department is outsourced, and the staff employed by Medanta the Medicity is tasked with supervising the functions of the outsourced staff and ensuring that quality work is delivered, as these requirements of water, electricity and air are crucial to any enterprise, and especially in hospitals.

The engineering department of Medanta the Medicity has employed 6 generators of 2000kva, to provide electricity back-up to the entire hospital.

k) Cath Lab: The Cardiac Cath Lab is situated on the third floor in the IPD area. There are a total of four Cath Labs and one DSA Lab. The flow of the Cath Lab takes place through the POCU, the Cath Lab and the Cath Lab recovery area as has been enumerated below.

Figure8: Process Flow



l) Radiation Oncology

This department is situated on the lower ground floor. It has an Integrated Brachytherapy Unit (IBU) for intra operative and post operative treatments for cancer related to the cervix and soft tissue sarcomas along with prostate seed implants. The procedure rooms have been made keeping in mind the AERB (Atomic energy regulatory board) standards.

Innovative techniques such as Robotic Radio Surgery with the world's first Cyberknife VSI system; Image Guided Radiotherapy (IGRT) with X-Ray Volume Imaging are some of the super-specialty treatments offered by this department of Medanta the Medicity.

m) Intensive Care Unit

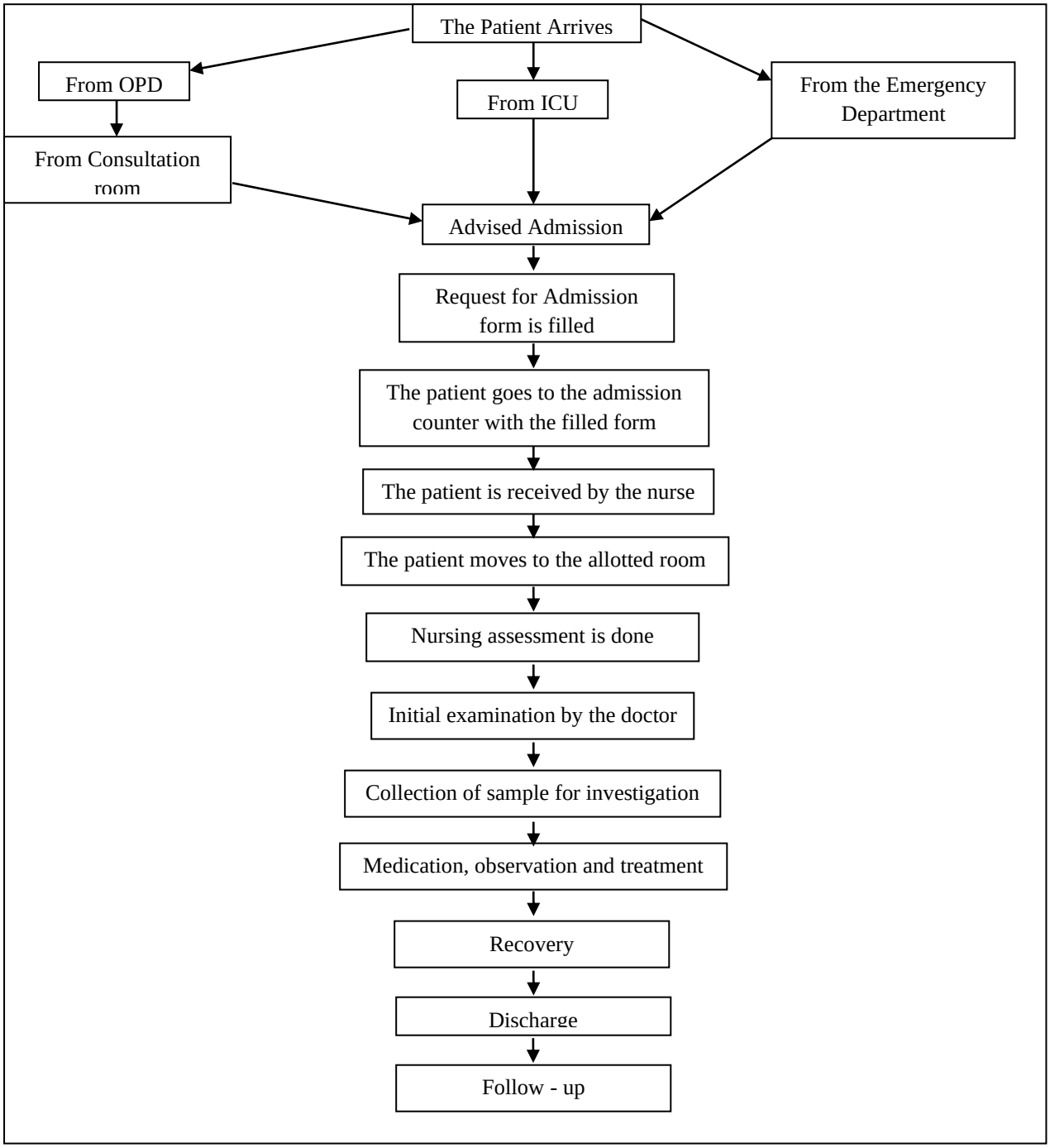
The distribution of the Intensive Care Units of Medanta the Medicity is as has been enumerated below.

ICU Number	Details
ICU 1	22 beds, (16 for Cardiac and 6 for Pediatric)
ICU 2	22 beds, (CTVS)
ICU 3	22 beds, (General 10, Neuro Surgery10, Dialysis 2)
ICU 4	22 beds, (liver Transplant 8, Gastro + GI 14)
ICU 5	24 beds, (Medical ICU 18, General Paediatrics 6)
Ortho ICU	12 beds
HCC	18 beds
ICCU	22 beds, (CTVS 12, Cardiac 4, Kidney Transplant 6)
Pre and Post Cath Lab	26
HDU	10th floor (10 beds)
	Total Beds = 200 beds

n) In-Patient Department

Each clinical institute of Medanta the Medicity has its own In-Patient Department. Thus, there is an In-Patient Department in each floor of Medanta the Medicity. The general process flow is as has been enumerated below.

Figure 9: Process Flow of IPD



o) Medical Records Department

The Medical Records Department of Medanta the Medicity is situated on the lower ground floor of the hospital. This department is tasked with storing all the physical medical records generated in the hospital. Once a medical record is received by the department, a unique reference number is generated through Microsoft Excel, and the medical record is stored according to this number. MLC records are stored in a yellow file, and the records of expired patients are stored in a red file.

The Medical Records Department maintains the records of each patient file it receives for a period of 5 years. During this period, if a certain file is requested for reference/research purposes by any department of the hospital, the clock of storage is restarted. Apart from these functions, the personnel of the Medical Records Department may also be required to attend to calls from the courts of law, with the files of any patient as and when required.

p) In-Patient Pharmacy

The In-Patient Pharmacy of Medanta the Medicity is situated on the lower ground floor. This department is tasked with handling the responsibility of helping ensure that the correct medication is available with the IPDs of all clinical departments at all times. The medicines procured by the In-Patient Pharmacy are decided by the Pharmacy and Therapeutic Committee of this hospital.

The IPDs of all departments use a system of indenting to procure medication. These indents are sent to the In-Patient Pharmacy as and when required by the IPD. The indents are then ranked according to urgency by the dispensing pharmacist and these medicines are taken out from the stores and the change in quantity of the inventory these medicines is recorded by the pharmacist.

There are 4 types of licenses maintained by this department, obtained from the Excise Office, Gurgaon, with regard to the retail and wholesale of the following:

- Narcotics
- Denatured Spirit
- Morphine
- Fenetanyl (2ml and 10ml)

The In-Patient Pharmacy department maintains 16 days worth inventory of medicines with it for emergencies, and ensures that medicines are returned to vendors 3 months prior to their expiry.

q) Dialysis

The Dialysis unit is situated on the 12th floor. There are 12 dialysis machines and the number of cases done per day is around 55 cases (45 OPD + 10 IPD)

r) Housekeeping

This office of this department is situated on the lower ground floor of Medanta the Medicity, and is tasked with managing the sanitation needs of the patients coming into the hospital. This task is made all the more difficult by the fact that the hospital caters to the needs of over 1200 patients (beds) per day. The enormity of this task can be appreciated by the fact that most five star hotels are able to handle only up to 600 clients per day.

In order to be able to cater to the delicate yet crucial needs of all the patients coming in to the hospital, most of the Housekeeping functions are outsourced (the company to which the functions are outsourced shall hence be referred to as the 'Partnering Company'). All the cleaning material is the property of GHPL Pvt. Ltd. The Stores of Medanta the Medicity issue cleaning material to the personnel on the different floors as per levels decided through an exercise that was conducted, to ensure that such material is not wasted. Any extra requirement requires permission and explanation. This exercise had been conducted to determine the room-wise and floor-wise requirement of cleaning inventory.

With respect to ensuring quality of services, GHPL Pvt. Ltd maintains service level agreements with the Partnering Company, and both strive jointly towards maintaining the quality standards. Both GHPL Pvt. Ltd. and the Partnering Company have representatives present on each floor, and these representatives jointly keep a check on any issue that may crop up on a floor.

s) Medical Gases

This department is situated on the first basement of Medanta the Medicity. This department's chief responsibility is to ensure the timely provision of all the medical gases wherever they may be required. This department is responsible for the inventory control of the following gases:

- Oxygen

- Carbon Dioxide
- Nitrous Oxide
- Vacuum (for suction purposes)
- Medical Air

This department is also responsible for maintaining inventories of the cylinders that may be used during patient transport. The colour coding of these cylinders is as has been enumerated below.

Sr. No	Item	Colour Code Used
1.	Oxygen	White
2.	Nitrous Oxide	Blue
3.	Vacuum	Yellow
4.	Medical Air	Black
5.	Carbon Dioxide	Grey

The cylinders have a black body, but the top of the cylinder of the cylinder is painted according to the above legend. The pipes used for transporting these gases within the hospital also follow the above colour coding.

3. Specific Project Learning

These projects were assigned to me by MrRitesh Mittal, the Senior Manager corporate office of Medanta as a part of the Admission department's requirements for the improvement of patient's experience.

PROJECT 1: QUALITY AUDIT ON MEDICAL RECORD DOCUMENTATION

INTRODUCTION: Hospital across the country are searching for ways to improve quality of care and promote effective quality improvement strategies. This Audit was done to improve the quality of the various documents in Hospital .This Audit was basically carried out to check the efficiency of the Doctors and Nurses in Hospital. To know whether policies written by the Hospital are being properly followed up.

OBJECTIVES :

- To access the Quality of various Medical records at Medanta – The Medicity
- To identify the potential problems for incomplete documentation
- To provide the solutions for the problems identified.

METHODOLOGY :

Study type-

- Descriptive

Study area-

- CTVS Department
- MEDICAL ONCOLOGY Department
- UROLOGY Department
- LIVER TRANSPLANT Department ,Medanta –The Medicity , Gurgaon

Study duration-

- Two months

Data Collection-

- Primary Data collection is done through audits of various active and discharge files in above given departments

Sampling method-

- Purposive sampling

Sample size-

*8 to 16 files Audited for 4 departments as mentioned above

The procedure followed is enumerated below:

I was allotted four departments (Cardio Thoracic Vascular System Department, Urology, Liver transplant, Medical Oncology) for the Quality Audit of Medical Record Documentation .Prior to Audit dash board was prepared on Excel sheet for how the Audit is going to be carried out, of which forms according JCI rules. All the data was record on excel sheet and was analysed through it. In excel sheet we had to enter three entries YES/NO/NA on basis of which formulas were derived to obtain the result .YES meant the form was completely filled, NO meant the form was incomplete all the necessary information was not filled according to the JCI rules, NA meant not applicable which meant the form was not relevant to concern patient procedures so was not present in the file. If in the form noncompliance which means NO, was present the defaulters name was noted down and the number of time the default has been occurred. Below I am attaching the format in which the data was recorded in the excel sheet, which was the used Auditing tool to record the data of various files

Date:					
Auditor:					
Form		Medical record 1			
		Room #:			
		UHID:			
		Pt. name:			
		Specialty:			
		Yes	No	NA	Defaulter
General					

Consent	Remarks				
ER initial					
assessment	Remarks				
IP initial assessment					
	Remarks				
Is IP initial					
assessment done in 1 hr - Nurse (check SNDT)	Remarks				
Is IP initial					
assessment done in 1 hr - Doctor (check SNDT)	Remarks				
IP initial					
assessment verified by consultant in 24 hrs (check SNDT)	Remarks				
Progress Notes					
(sample size: any 10 notes)	Remarks				
Pre-operative					
evaluation	Remarks				
Peri operative					
monitoring	Remarks				
Post-operative					

instructions	Remarks				
Surgical consent					
1	Remarks				
Surgical consent					
2	Remarks				
Surgical consent					
3	Remarks				
Anaesthesia					
consent -1	Remarks				
Anaesthesia					
consent -2	Remarks				
Anaesthesia					
consent -3	Remarks				
Nutrition					
Assessment (check if done in 24 hrs of adm.)	Remarks (name of dietitian)				
Blood and blood					
consent (check random 3)					
If a surgery has been					
Performed, check if there is an OT Note in pt. file?	Remarks				
OT note (Check					

Surgeon name, Surgery name, description of each procedure findings, any specimen sent to lab, blood loss, Post op diagnosis, complications,amt. of blood transfused, SNDT	Remarks				
Is OT note prepared					
before transfer out of Post-op or transfer in to ICU	Remarks				
Post surgical plan of care					
by surgeon within 24 hrs of surgery	Remarks				
Physiotherapist					
(random check of 5 notes for SNDT)	Remarks				
Discharge					
summary (SNDT, reason for admission, diagnosis & comorbidities, significant physical and other findings, procedures done, significant medication incl. d/c meds, condition @d/c, follow up instr., when to obtain urgent care	Remarks				
Emergency care					
summary	Remarks				

Medication Admin.					
Record (check for Name for legibility of drug name, dose, route, frequency, start date, Sign & Name of Doc.) (random sample of 5 medication orders)	Remarks				

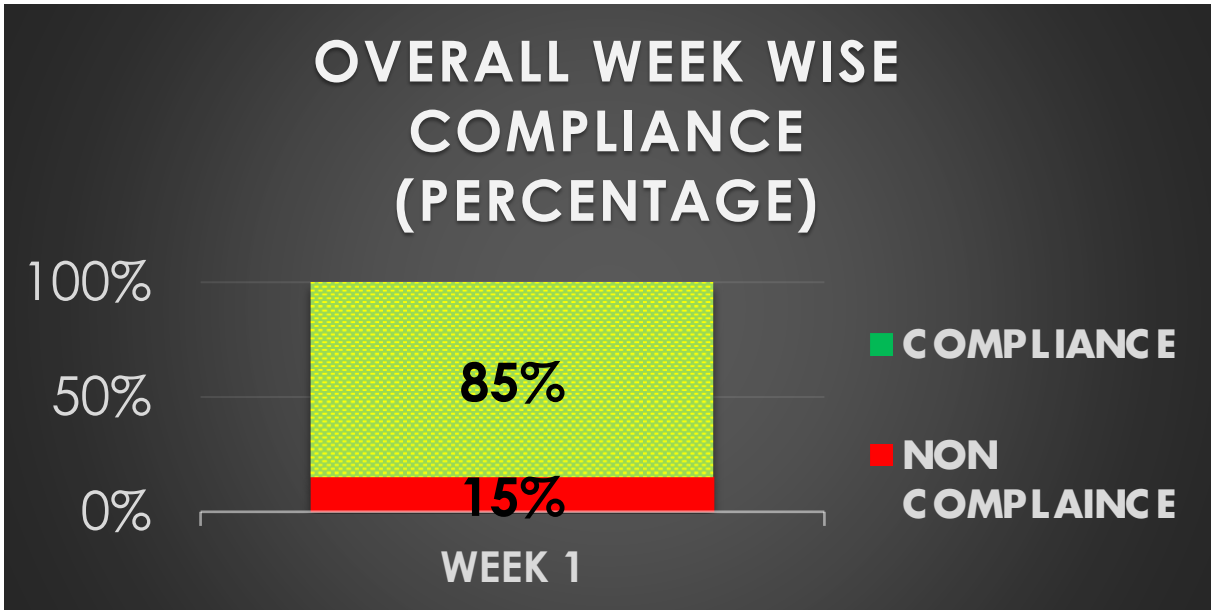
STEPS IN RECORDING OF THE DATA

- All the data was entered into this sheet
- Once the data was entered compliance by each form and Medical record was calculated
- This gave us the overall compliance of all departments

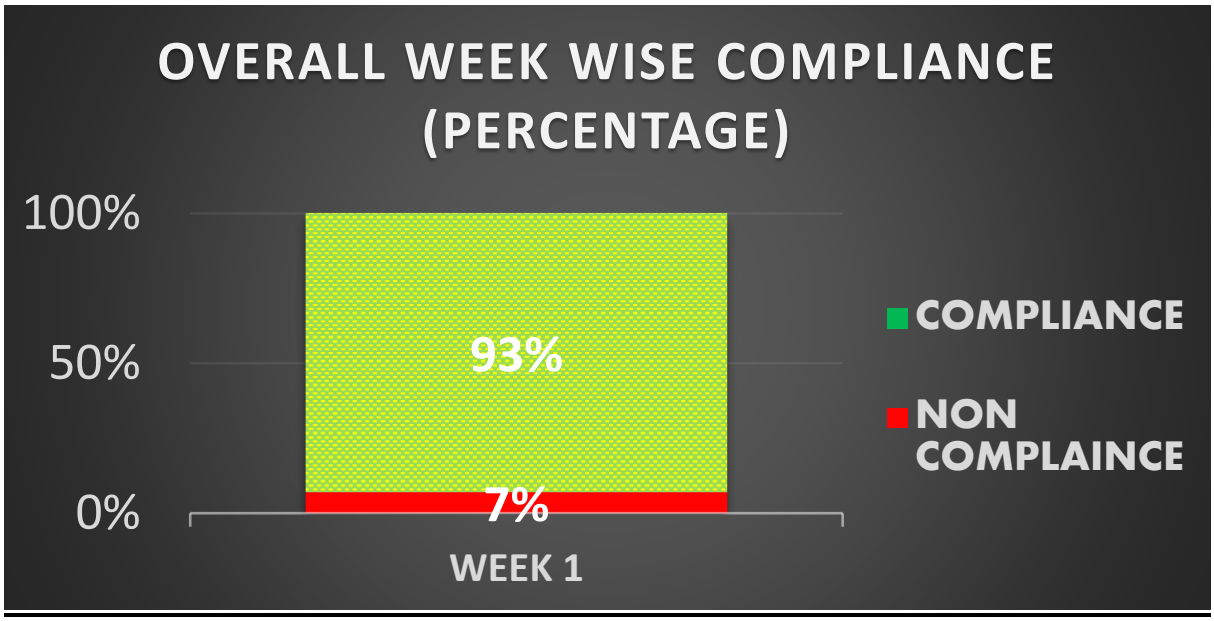
Observations:

On basis of the data collected observation for each department is as follows:-

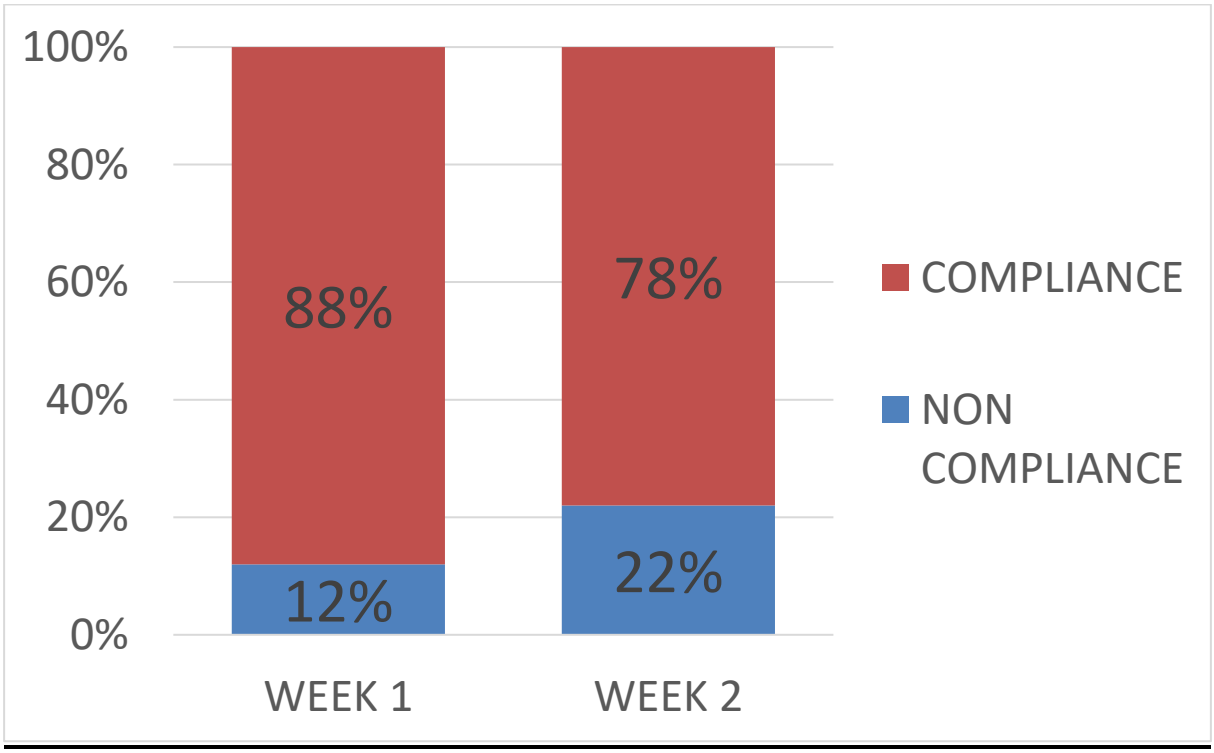
CARDIO THORACIC VASCULAR SYSTEM



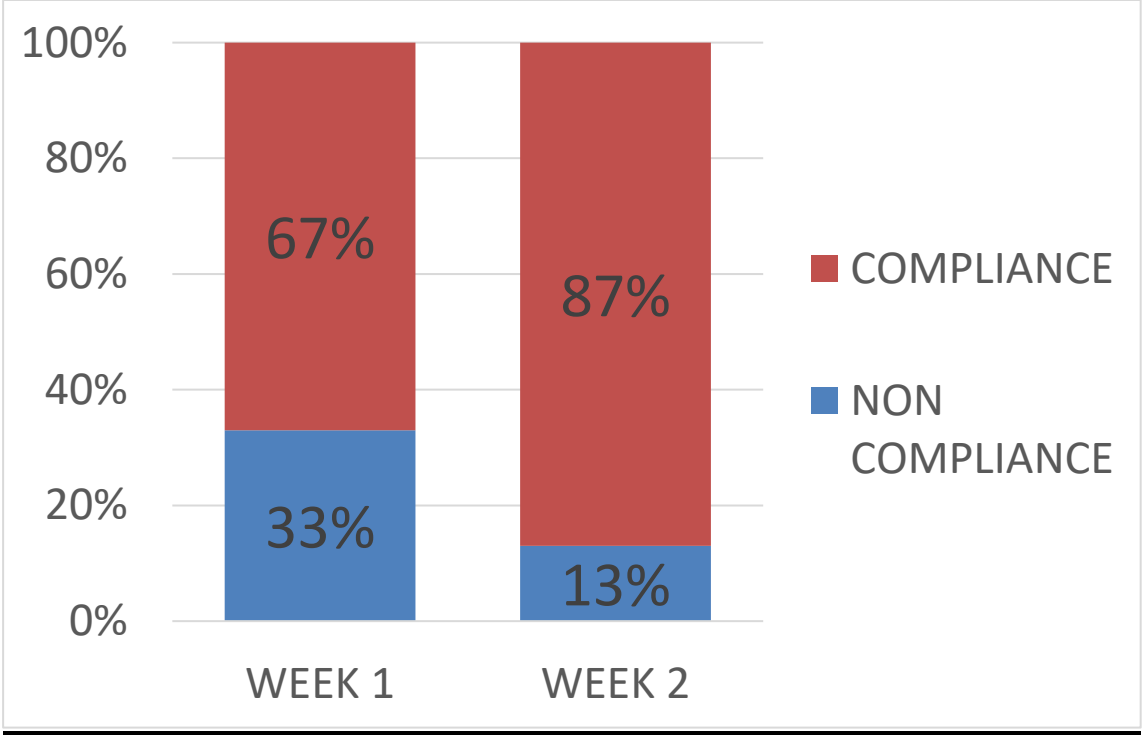
LIVER TRANSPLANT



MEDICAL ONCOLGY



UROLOGY



Conclusion :

The following are the key areas where maximum non-compliance was noted :-

- IP INITIAL ASSESSEMNET WITHIN 1 HOUR BY DOCTOR
- IP VERIFICATION BY CONSULTANT WITHIN 24 HOURS
- PROGRESS NOTES

Recommendations:

- Head of department of each and every department should be made aware of the Non-compliance of their concerned department.
- Defaulters name should be brought forward and the concerned person should be made aware of the non-compliance done by him.
- Training of the staffs should be made on Regular interval and must be made aware about the Hospital policies.
- Regular Audits should be carried to bring the Compliance to 100%

PROJECT 2: REVENUE LEAKAGE IN IPD

OBJECTIVES:

- To know the loss which hospital is suffering because of the non- billing of the various procedure in IPD

METHODOLOGY:

Study type-

- *Analytical*

Study area-

50 DISCHARGE FILES WERE AUDITED ALONG WITH THEIR BILLS FOR VARIOUS IPD PROCEDURE

Study duration-

- 1 month

Data Collection-

- Primary Data collection is done through audits of discharge files

Sample size-

*50 files were audited for both Non package and Package Patients

The procedure followed is enumerated below:

Medanta had hired Ernst and Young consultancy for various projects among which Revenue Leakage in IPD and OPD was one of them. In this we had to record all the procedures advised by the doctors to patient from the progress notes in patient's files. Once all the procedures were recorded they were compared with the bills of the concerned patients and number of the unbilled procedures were highlighted. This was carried out for both package and non-package patients. Around 75 procedures were recorded out which major loss was found amongst 2D*ECHO, Arterial BloodGas,Trans Esophageal Endoscopy,RandomBloodSugar* .The template used for recording the data is as below.

ACTIVTY NAME	Day 1	Day 2	Total number procedures	Number of billed procedure	Number of unbilled procedure	Per unit cost	Amount loss
CRITICAL CARE							
PA Catheter Insertion							
SB Tube Insertion							
Initial Ventilator + Intubation							
Ventilator Continuation							
Ventilator Charges - Please mention hours ot write 24 if charge for the whole day							
CVL/ PICC Line Insertion							
ECMO (Extracorporeal Membrane Oxygenation)							
UPPER RESPIRATORY							
Chest Tube Insertion/ Chest Tube Removal							
Bronchoscopy/ Bronchoscopic intubation/ Fiberoptic bronchoscopy							
X RAY							
2D ECHO							
USG ABDOMEN							
USG CHEST							
Bedside EEG							
Bedside Ultrasound							
Bedside X ray							
UPPER ABDOMEN							
ADP (Abdominal Diagnostic Paracentesis)/ ATP (Abdominal							

Therapeutic Paracentesis)							
Ryles Tube Insertion							
Nebulization							
Tracheostomy Charge/ Mini Tracheostomy Charge							
CARDIAC							
AL (Arterial Line)							
ABG (Arterial Blood Gas Analysis)							
RBS (Random Blood Sugar)							
Arterial Puncture and Blood Gas Sample							
ECG							
Elective Cardioversion							
Epidural Catheter Insertion/ Epidural Patch/ Steroid Injection							
NEPHROLOGY							
Foleys Catheter Insertion							
Dialysis Catheterization (Trilizer) HD Catheter							
Dialysis							
HD SLEED							
VARIOUS PROCEDURE							
Lumbar Puncture							
Lymph Node Biopsy							
Nerve Block/ Regional Block							
Pleural Tapping/ Pleurodesis - Diagnostic/ Therapeutic							

Pacing Transvenous/ Transcutaneous							
Bal/ Brush/ Biopsy/ TBNA							
Catheter Insertion Peripheral Venus							
Dressing - Extra Large							
Dressing - Large							
Dressing - Medium							
Dressing - Small							
Bipap care							
POCT - Ionized Calcium/ NGAL/ Tox Urine/ Traige Cardiac Panel							
TEE							
ICU Visit Charges X 2 (twice a day)							
ICP (Intracranial pressure) Monitoring							
ICD (Intercostal tube drainage) Charges							
EQUIPMENT CHARGES							
Alfa Bed/ Nimbus/ Auto Logic/ Trancell/ Trancell Deluxe							
DVT Pump Prophylaxis below knee (with / without cuff)							
EVL Equipment charges - Unilateral/ Bilateral							
ECMO (Extracorporeal Membrane Oxygenation)							
Equipment Charges - Fusion Prostate Biopsy							
Hypothermia Induction Initiation (Cooling blanket/ Bear hugger)							

IABP care/ insertion charges							
Nitrous Oxide							
PCA Pump Initiation (Patient Control Analgesia)							
RFA Laser Equipment Charges - Unilateral/ Bilateral							
Syringe Pump/ Infusion Pump							
VAC Therapy Equipment - Arjo Huntleigh/ Technomac							
OTHERS							
Anesthetist cover and cannulation fees							
Anesthesia charges other than OT/ Cath/ DSA							
CT/ MR Sedation charges							
Disposables for CT/ MRI under sedation							
Disposables for CT/ MRI under GA							
Narcoanalysis							
Oxygen with duration (hours or 24 hours if for entire day)							
Room retention charges for Attendent							
Tube/ catheter/ suture removal							

STEPS IN CALCULATION OF THE AMOUNT LOSS

- Initially total number of procedures were recorded from the progress notes advised by the doctor.
- Next the recording of data was done from ICU recording sheet in which nurses and technician enters the procedures carried by them on the patients.

- All the entered data was than audited with Bills of the patient and number of unbilled procedures was recorded.
- Prior to that per unit cost of all procedures were recorded
- Number of unbilled procedures was multiplied with the per unit cost
- This gave us the total amount loss on each procedure
- The maximum amount loss was mainly recorded in four procedures 2D Echo, Arterial Blood Gas, Trans Esophageal Echo, Random Blood Sugar.
- Following was the data obtained on auditing of 50 files

Row Labels	Sum of Total number procedures	Sum of Number of unbilled preocedure	Sum of Amount loss
2D ECHO	39	21	60800
2D ECHO BEDSIDE	1		
3D CT	1		
AB LOWER XRAY	1		
ABDOMNAL X RAY	1		
ABG (Arterial Blood Gas Analysis)	343	67	25110
ADP (Abdominal Diagnostic Paracentesis)/ ATP (Abdominal Therapeutic Paracentesis)			
AL (Arterial Line)	30	7	14000
Alfa Bed/ Nimbus/ Auto Logic/ Trancell/ Trancell Deluxe			
Anesthesia charges other than OT/ Cath/ DSA			
Anesthetist cover and cannulation fees			
Arterial doopler	1		
Arterial Puncture and Blood Gas Sample	27	5	300
Bal/ Brush/ Biopsy/ TBNA			
Bedside EEG			
Bedside Ultrasound			
Bedside X ray	11		
Bipap care			
Bronchoscopy/ Bronchoscopic intubation/ Fiberoptic bronchoscopy			
C SPINE XRAY	1		

CARDIAC			
Catheter Insertion Peripheral Venus			
Cathetrization	1		
CECT	2		
CENTRAL LINE	1		
CENTRAL LINE INSERTION			
CENTRAL VENOUS CATHETER	2	1	2500
CHEST XRAY	1		
Chest Tube Insertion/ Chest Tube Removal			
CHEST X RAY	2		
CHEST XRAY	16		
CHEST XRAY1	1		
CHEST XRY	1		
CRITICAL CARE			
CSF drain	3		
CST	3		
CT chest with HRTC cuts	2		
CT ABDOMEN	1		
CT ANGILO	1		
CT Angio	1		
CT ANGIO AORTE	1		
CT ANGIO BRAIN	1		
CT BRAIN	1		
CT CHEST	2		
CT HEAD	2		
CT SCAN PLAIN	1		
CT SPACE	1		
CT SPINE	1		
CT/ MR Sedation charges			
CVL/ PICC Line Insertion			
Dialysis	7	1	3200
Dialysis Catheterization (Trilizer) HD Catheter	3		
Disposables for CT/ MRI under GA			
Disposables for CT/ MRI under sedation			
DOPPPLER	3		
Dressing - Extra Large			
Dressing - Large			
Dressing - Medium			
Dressing - Small			
DVT Pump Prophylaxis below	2		

knee (with / without cuff)			
ECG	29	4	1000
ECMO (Extracorporeal Membrane Oxygenation)			
EEG	5		
Elective Cardioversion	2		
Epidural Catheter Insertion/ Epidural Patch/ Steroid Injection			
EQUIPMENT CHARGES			
Equipment Charges - Fusion Prostate Biopsy			
ET TUBE	3	1	1000
EVL Equipment charges - Unilateral/ Bilateral			
Foleys Catheter Insertion	25	18	18000
HRCT CHEST	3		
HRCT THORAX	1		
Hypothermia Induction Initiation (Cooling blanket/ Bear hugger)			
IABP care/ insertion charges			
ICD (Intercostal tube drainage) Charges			
ICP (Intracranial pressure) Monitoring			
ICU Visit Charges X 2 (twice a day)			
Initial Ventilator + Intubation	4	1	4000
IV CANNULA			
LOWER LIMB VENOUS DOPPLER	1		
Lumbar Puncture	4		
Lymph Node Biopsy			
MRI BRAIN	3		
MRI CERVICAL SPINE	2		
MRI DORSAL SPINE	1		
Narcoanalysis			
NCCT BRAIN	5		
NCCT CHEST ABDOMEN	1		
NCCT HEAD	5		
Nebulization	53	38	5700
NEPHROLOGY			
Nerve Block/ Regional Block			
Nitrous Oxide			
OTHERS			
Oxygen with duration (hours or 24 hours if for entire day)			

PA Catheter Insertion	1	1	1000
Pacing Transvenous/ Transcutaneous			
PCA Pump Initiation (Patient Control Analgesia)			
PET CT WHOLE BODY	1		
Pleural Tapping/ Pleurodesis - Diagnostic/ Therapeutic			
POCT - Ionized Calcium/ NGAL/ Tox Urine/ Traige Cardiac Panel			
RBS (Random Blood Sugar)	1153	338	20190
RFA Laser Equipment Charges - Unilateral/ Bilateral			
Room retention charges for Attendent			
Ryles Tube Insertion	9	5	5000
SB Tube Insertion			
Syringe Pump/ Infusion Pump			
TEE	3	20000	
600TRACHEOSTOMY	1		
Tracheostomy Charge/ Mini Tracheostomy Charge			
Tube/ catheter/ suture removal			
UPPER ABDOMEN			
UPPER RESPIRATORY			
USG ABDOMEN	16		
USG B/L L/L			
USG CHEST	4		
USG DOPPLER	1		
USG KIDNEY	1		
USG KUB	1		
USG KV	1		
USG KV+PROSTRATE	1		
USG RIGHT SHOULDER	1		
USG THORAX	2		
VAC Therapy Equipment - Arjo Huntleigh/ Technomac			
VARIOUS PROCEDURE			
VENOUS DOPPLER	2		
Ventilator Charges - Please mention hours ot write 24 if charge for the whole day			
Ventilator Continuation	6		
X RAY	2	1	3200
X RAY CHEST	3		
XRAY	5		
XRAY CHEST	9		

XRAY HEAD	1		
XRAY PELVIS	1		
(blank)			
Grand Total	**1904**	**518**	**234000**

Conclusion:

The data obtained was of 50 files which was then extrapolated for a year and was calculated in crores.

The following are the key areas where maximum non-billing was noted :-

Split up of various IPD procedure

- 2D ECHO-1.5cr
- ABG-0.2cr
- TEE-0.04cr
- RBS-0.4cr

Recommendations:

- REDISGNING
- TRAINING OF THE NURSES
- CONSUMABLE+SERVICES AUTOMATIC PROMPT IN THE SYSTEM
- PERIODIC AUDITS-COMPLIANCE DAILY/WEEKLY

PROJECT 3: PREPARATION OF DOCUMENTARY AND BROCHURE ON DISCHARGE PLANNING PROCESS

INTRODUCTION: Sometimes it seems as though discharge from the hospital happens all at once, and in a hurry. But discharge planning is a process, not a single event. Definition of discharge planning is this way: "A process used to decide what a patient needs for a smooth move from one level of care to another." As a result of that process, the discharge plan may be to send your relative to her own home or someone else's, a rehabilitation facility, a nursing home, or some other place outside the hospital.

Discharge from a hospital does not mean that your relative is fully recovered. It simply means that a physician has determined that her condition is stable and that she does not need hospital level care.

OBJECTIVES :

- To make patients aware about the Discharge process
- To help them plan better for going home and to do list before leaving hospital
- To introduce them to Discharge Lounge

BROCHURE FOR DISCHARGE PLANNING

INTRODUCTION:-

"RETURNING HOME" is one of the earliest things on a patient's mind when he gets admitted in a hospital

In an effort to streamline the discharge process so that you and your family can plan more effectively, 11:00 AM has been established as the standard time for all discharges at Medanta.

If for any reason you are unable to leave by 11:00AM you may be shifted to "Medanta' Discharge Lounge" located in your ward

This brochure is intended to provide you with all the information about the discharge process at Medanta, so that we can make your discharge experience as hassle free as possible

If you have any questions or concerns regarding your discharge, please get in touch with your floor manager. We thank you for choosing Medanta.

The Medanta Team.

WHAT WILL HAPPEN A DAY PRIOR TO DISCHARGE?

WE WILL

- ✓ Inform you about your discharge next day
- ✓ Orient you with discharge lounge
- ✓ Assist/answer any questions about your discharge

YOUR RESPONSIBILITY

- ✓ Tell us about any special needs (wheel chair, home care need etc.)
- ✓ Arrange for loose and comfortable clothing for your patient to travel
- ✓ Make necessary travel arrangements

  * If you would like us to arrange ambulance, please let us know

WHAT WILL HAPPEN ON DAY OF DISCHARGE?

WE WILL

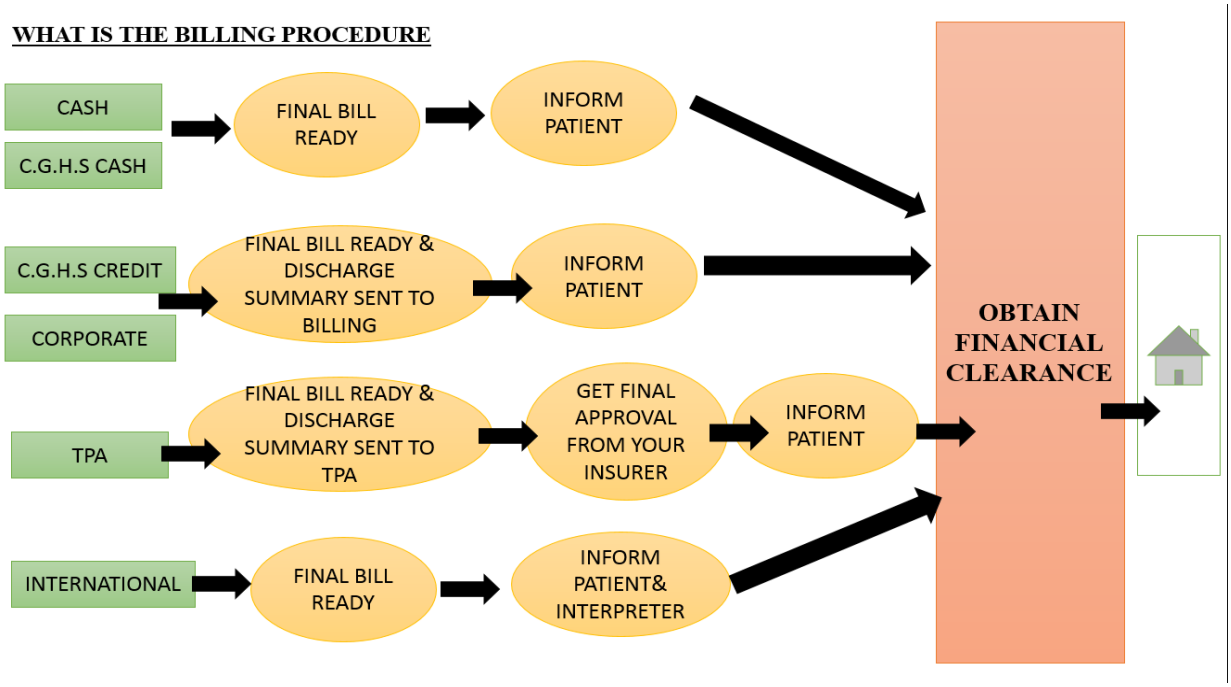
- ✓ Give you Discharge summary
- ✓ Give you file containing all reports*
- ✓ Explain medication to be taken at home
- ✓ Explain other care to be provided at home
- ✓ Inform you about the follow up date

  *TPA/Insurance cases are not give any reports

YOUR RESPONSIBILITY

- ✓ Obtain financial clearance on time
- ✓ Ensure availability of the person who will take care of the patient at home
- ✓ Collect all belongings before leaving your room

WHAT IS THE BILLING PROCEDURE



HOW CAN I ENQUIRE ABOUT MY BILL?

Medanta has dedicated financial counselling desk .It will help you with

- ✓ Providing interim bills
- ✓ Explaining all queries related to your current bill

BILLING POLICIES

- ✓ Hospital check out policy: 11:00 AM
- ✓ A stay between 2-8 hours shall be billed as **"Half day"** stay
- ✓ A stay beyond 8 hours shall be billed as **"Full day"**
- ✓ TPA/Insurance cases need authorization from their insurance company that can take anywhere between 2-6 hours. In case of a delay and your condition permitting ,you will be moved to the discharge lounge to avoid additional room rent.

SERVICES AVAILABLE	LOCATION	HELPLINE NUMBER
TPA desk	Upper ground floor ROOM NO 5	2812/2815/2821/2831

INTERNAIONAL PATIENT DESK	Upper ground floor ROOM NO 1	2814/2415/2416
C.G.H.S	Upper ground floor ROOM NO 3	2822
BILLING /FINANCIAL COUNCELLORS	Upper ground floor ROOM NO 3	2824/2825

THE MEDANTA DISCHARGE LOUNGE

The discharge lounge at Medanta has been developed to enhance the patient experience during their discharge from the hospital .It offers a comfortable, quiet and safe place for patients to wait while their discharge formalities are getting completed .You may be shifted to the lounge on your day of discharge after speaking to your doctor .We encourage you to visit the discharge lounge on your floor.

1.)WAIT IN COMFORT

The lounge is equipped with plush, comfortable recliners for you to relax. It has an attractive décor and calming ambience to make you feel comfortable.

2.)SAFE ENVIORMENT

You wait under the care of a trained registered nurse who will take care of all your needs until discharge formalities are completed. You discharge medication will be explained to you in the discharge lounge along with the discharge summary. The nurse in the lounge will also be able to answer any questions that you may have about your medications.

FACILITIES IN DISCHARGE LOUNGE:

1) COMPLIMENTARY FOOD AND BEVERAGES FOR THE PATIENTS
2) HOT MEALS FOR ATTENDANTS (ON REQUEST AND PAYABLE)
3) COMFORTABLE RECLINERS
4) PILLOWS AND BLANKETS FOR PATIENTS (IF REQUIRED)
5) MALE AND FEAMLE BATHROOMS AND CHANGING FACILITIES

6) DOCTORS VISITS (ON REQUEST ONLY)
7) DIET AND PHYSIOTHERAPY COUNSELLING(NEED BASED ONLY)
8) TV
9) DAILY NEWSPAPERS

SCRIPT OF THE DOCUMENTARY

Audio	Video
Your doctor has advised discharge tomorrow. Going back home to the comfort of your loved ones is a very important moment. Our doctors and nursing staff will help you and your family plan your discharge from the hospital and make your journey home, hassle free.	Either a Nurse talking to camera or VO with shots of patient getting of bed
PREPARING FOR YOUR JOURNEY HOME	TEXT ON SCREEN
Make sure you're wearing comfortable, loose clothing during your journey home. We can help you with travel arrangements if you so desire.	Visuals of someone wearing the recommended attire. Shots of Superseva with telephone numbers as well as office shots
If the doctor so advises, we can arrange for an ambulance to take you to your home. To have continuity of care, we have an arrangement with Portea to ensure that you have hospital like medical care right at your home if you so desire.	Shots of Ambulance. (Contact Details in Subtitle) Portea shots in someone's house. Technicians taking a sample and the Portea contact details
At Medanta, you are our top priority. To ensure that all your check out procedures are completed before the check-out time of 11:00am, our staff will help you complete your discharge procedures.	General Shots of patient care Smiling patient
This is to ensure that you do not have to pay for an additional day in the room. If, for any reason you are unable to leave the hospital by 11.00 AM on day of discharge, you may use our well-appointed discharge lounges. These lounges were made to provide a comfortable, quiet and safe place for our patients and their attendants, while awaiting discharge. The lounge nurse will continue patient care in the discharge lounges if	SUPERTEXT: Staying beyond checkout time for 2-8 hours will be billed as a half day and beyond 8 hours as a full day. Discharge lounge shots. With all facilities shown individually

required. You will also be provided sumptuous meals while you stay. Medanta has simplified the procedures for getting financial clearance. You will need to obtain financial clearance on the day of discharge from the billing desk on the upper ground floor. Ask your floor manager or nurse to guide you with your discharge formalities. If you are covered under insurance, you could get in touch with the TPA desk for getting updated information on the clearance status or call on the numbers mentioned below If you are a CGHS beneficiary, you may call 2822 for getting updated information on the approval status Your nurse will explain to you the discharge summary and the medication schedule to be followed at home. Your follow-up schedule will also be discussed. Medanta was created with the vision of giving India, world-class healthcare. Ask our staff for any assistance you may need during your discharge. Medanta - The Medicity. Dedicated to life.	Nurses caring for patients in the discharge lounge Camera moves with a patient from OPD lifts towards the billing desk in fast forward. Shots of the TPA room. (Show numbers) SUPERTEXT: Contact extensions 2812/2815/2821/2831 for assistance regarding TPA queries Show numbers: 2822 (location shots) Nurse talking to an attendant in the discharge lounge General Medanta Shots. TPT GDA assisting patient into a car. Medanta animated logo

Needed:

1. Participants: Nurse (1), patient (1), Attendant (1), Floor Manager (1),
2. PORTEA Sample collection person with kit (1)
3. All props of participants
4. GDA, F&B person
5. Food and Medicines for patient
6. Wheelchair (1)
7. Ambulance
8. One IPD room
9. Discharge lounge
10. Junior Doctor
11. Civil dress of patient with slippers etc…
12. Loose clothing for patient
13. Discharge file, reports for demo