"A Study on Discharge Turn Around Time of corporate patients in Inpatient department at KIMS Hospital, Secunderabad"

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Master of Business Administration (MBA)

In

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By

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Under the Supervision and Guidance of

Dr.Anoop Khanna

-

2023

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"A Study on Discharge Turn Around Time of corporate patients in Inpatient department at KIMS Hospital, Secunderabad"** is the bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

(Signature)

Name of Student

Date

CERTIFICATE

This is to certify that dissertation titled **"A Study on Discharge Turn Around Time of corporate patients in Inpatient department at KIMS Hospital, Secunderabad"** is a record of the research work undertaken by **Divya Singh** in partial fulfillment of the requirements for the award of the degree of **MBA (Hospital and Health Management)** from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

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Abstract

The purpose of this abstract is to present an overview of a project conducted to assess and improve the efficiency of discharging corporate patients through an initiative known as Corporate Discharge Project. The aim of this project was to identify any potential issues in the discharge workflow processes so as to implement appropriate interventions that could streamline it effectively. Consequently, this helped reduce turnaround times while enhancing overall patient satisfaction

Between February 27th and May 26th, a sample size consisting of two hundred corporate patients was included in the study, collecting data was aimed at measuring the average time that is needed for discharging and then comparing it with a predefined benchmark. The use of a bar graph provided visual representation of the data while highlighting any significant delays.

According to the initial findings it took around three hours and thirteen minutes on average for a discharge to occur which is forty-three percent more than what is considered standard. Therefore, there is an indication that the current workflow may have some potential issues or inefficiencies.

The challenges were addressed by carrying out process changes and implementing different interventions in the project. March to April's data collection (before the process change) was compared with May's data collection (after the process change).The benchmark was surpassed with an average turnaround time of three hours and thirteen minutes for corporate discharge during March to April. In spite of that, implementing interventions led to an average turnaround time reduction to two hours and twenty-seven minutes in May which clearly demonstrated notable progress.

The implementation of interventions had a positive impact on reducing turnaround times for discharge processes as indicated by project results and brought them closer to predefined benchmarks. To enhance efficiency and improve patient care, it is important to address potential issues and inefficiencies in the workflow.

Acknowledgement

I would like to begin by expressing my deep appreciation to all those who have played a significant role in the successful completion of my dissertation. Despite the challenges and uncertainties that accompanied this project, their unwavering support and guidance have been instrumental in its accomplishment.

Firstly, let me give my deepest gratitude to Renuka Ma'am, Head Of Operations Department at KIMS Hospital Secunderabad for his invaluable guidance throughout this endeavour. In shaping my research's direction and outcome, she has provided me with her expertise and support..

I'd like to sincerely thank my academic mentor, Dr. Anoop Khanna, associate professor at the Institute of Human Resources for his advice, expertise and unshakable belief that I could do it. The shaping of the content and structure of my dissertation was essential, thanks to his perceptive comments and helpful suggestions.

Thanks to their assistance and cooperation throughout the project, I would like to also extend my thanks to the Academic Committee and the Placement Committee. I was very grateful for their guidance and prompt answers to my questions.

Finally, I want to take this time to sincerely thank my friends and family. During this project's most difficult moments, they had always been an indispensable source of support, understanding and patience. I had the determination and motivation to keep going because of their unwavering support and belief in my abilities..

Lastly, for the contributions they made to this project, I would like to extend my deepest gratitude to all of them. They contributed to this journey and have enriched my knowledge of the topic by working together. It is truly a great honor and privilege to be surrounded by such wonderful people..

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ABBREVIATIONS

IP	**Inpatient**
TAT	**Turn-around time**
NME	**Non-medical expenses**
LAN	**Local area network**
ICU	**Intensive care unit**
OT	**Operation theater**
TPA	**Third party administrator**
NABH	**National Accreditation Board for Hospitals**
ECHS	**Ex-servicemen contributory health scheme**
CGHS	**Central government health scheme**
NFC	**Nuclear fuel complex**
EHR	**Electronic health record**

INTRODUCTION

Introduction

AIM: To understand the discharge process of KIMS hospital secunderabad and reduce the discharge TAT by identifying the factors causing delays and streamlining the corporate discharge process

This study was carried out in KIMS Hospital Secunderabad Telangana which is a NABH accredited tertiary care multi-speciality hospital one of the biggest private establishments in India

Many different private sector and public sector corporations as well as government entities have formed partnerships with KIMS in order to guarantee top-quality healthcare services are available to all employees.

They have collaborated with total 55 corporate organization..

Corporate discharge: The procedure of releasing a patient from a corporate hospital or healthcare facility once their treatment is over is known as corporate discharge. An effective discharge process of Inpatient includes intensive coordination between doctors, nursing department, pharmacy department, billing department. An individual receiving medical treatment at a hospital is considered an inpatient.

Before discharging a patient from the hospital all health care staff must confirm that they are in stable condition, as a delay in discharging patients can lead to a decrease in available beds at the hospital. When a patient's discharge is delayed, it not only affects the hospital's bed availability but also impacts the overall experience for both the patient and their family. The discharge process begins when the assessing doctor determines that the patient is ready to leave the hospital and continues until the patient is able to comfortably leave the clinical ward.

Corporate discharge is a crucial part of hospital care when it comes to dealing with those being treated as part of their workplace benefits, and the identification of factors responsible for delays in the corporate discharge process and searching for measures to lessen them are vital here. The purpose of this study is to analyse the corporate discharge process of KIMS Hospital while identifying any common issues or gaps causing unnecessary delays

The role of schemes like AROGYA BHADRATA, SBI, CGHS, ECHS and NFC in ensuring that corporate patients get proper healthcare benefits cannot be overstated, and to provide

inclusive healthcare services to its employees and retirees together with their dependents, the Indian Government has established the CGHS program. The scheme provides coverage for a range of medical systems such as allopathy and homeopathy along with alternative methods

Launched by the Indian government in support of ex-serviceman's welfare is a scheme called Ex-Serviceman Contributory health scheme (ECHS), which takes care of medical requirements for all ex-service personnel along with immediate family members. This comprehensive healthcare scheme covers ex-servicemen who are not entitled to treatment at a military hospital and includes necessary hospitalization

Employees and their dependents can benefit from National Fertilizers Limited's NFC Contributory Health Scheme that provides medical care, including hospitalization as well as testing procedures and clinical care as part of this package.

Maharashtra Government's Arogya Bhadrata scheme offers health insurance benefits to disadvantaged families who live below the poverty line. Under this program beneficiaries have access to a range of cashless medical facilities for purposes such as hospitalization or other necessary treatments

Eligibility of People under these Schemes:

These schemes have different eligibility criteria that depend on their specific nature. However, Central Government employees and pensioners along with their dependents are eligible for the CGHS scheme. The ECHS scheme has been designed to cater to both ex-servicemen and their dependents, while National Fertilizers Limited's NFC initiative is confined to its employees and those who rely on them. Those families who are living in poverty in Maharashtra state can take advantage of the Arogya Bhadrata scheme

To ensure efficient functioning of the corporate discharge process one must understand both the schemes and eligibility criteria, while receiving timely and adequate healthcare benefits by eligible patients is ensured while identifying and addressing any gaps in the process.

Lengthy discharge processes can lead to frustration and dissatisfaction. Delays in discharge can result in longer hospital stays with occupied beds. By reducing TAT, hospitals can increase bed availability and accommodate more patients. A well-structured discharge process improves workflow and operational efficiency in the

hospital. A better patient experience and overall better healthcare can be achieved by removing bottlenecks, implementing standardized procedures and using technology. A better care transitions, streamlining workflows and optimizing workflows, and ensuring staff productivity.

RESEARCH OBJECTIVE:

1. Objective 1ST - To Map The Process Of Corporate Discharge In Order To Understand If There Are Any Gaps In The Process
2. Objective 2nd - To identify all those factors that significantly contribute to the delay in corporate discharge.
3. Objective3rd - Design and implement an intervention that reduces corporate discharge TAT
4. Objective 4th - Identify the effectiveness of the intervention in reducing the Corporate discharge TAT in inpatient departments.

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LITERATURE REVIEW

LITERATURE REVIEW

Sr no	Author name Year	Study location / sample size	Objective	Conclusion
1	Anil Pandit Savita Prashar Year: 2019	India, Maharashtra-pune Sample size: 150 TPA patients and 170 cash patients	• To learn the current discharge process. • To determine delays. • To suggest recommendations for improvements.	TPA and cash patients were discharged from a multispecialty hospital in an average time of 7 hours and 5 hours, respectively, based on this study.
2	Jenyz M Mundodan KS Sarala V Narendranath. Year: 2019	India Sample size:69	• To Examine the factors that contribute to the delay in the discharge process at the teaching hospital	The results of the study make it clear that there is substantial variation in discharge times within different departments and is a concern for this hospital. Additionally, the process encounters delays across each stage with emphasis on preparing the discharge summary. Dissatisfaction among patients is often linked to time-consuming and tedious hospital discharge procedures which have the potential to tarnish an institution's image. Hospitals could improve their bed allocation systems by making sure that patients are discharged in a timely manner. Improvement of the patient discharge process should be a top priority for hospitals. For

				timely discharge of patients from the hospital, it is important for other departmental staff to cooperate and coordinate effectively. This study looked at the time taken by cash as well as insurance paying patients. The results of which were then compared with NABH norms
3	Ms.S.Arthi, S.Divya Year: 2020	India, Tamil Nadu	The objectives of the study include: • To study the discharge process of patients. • To find out reasons for the delay in discharge process. • To recommend measures to reduce discharge time of patients.	Discharge of patients is one of the important areas that needs improvement in hospital. In order to reduce the delay in discharge, the hospital needs proper cooperation and coordination of other department staffs. Through this study the time taken for both cash and insurance patients were analysed and compared with NABH standards. The identification of delay-causing factors has led to suggestions which are aimed at reducing the time it takes to allocate beds for future patients. This is expected not only to improve the reputation of the hospital but also result in reduced waiting times.
4	Dr. Saba Fatima Dr. M Rajiv Dr.Satyanarayana, N. Dr. Rao, J.N.	India	The main goal of this study is to identify the gaps and shortcomings in the hospital discharge process, specifically focusing on areas where delays in discharging	Hospitals must prioritize improving the patient discharge process in order to minimize discharge delay time frames at the hospital premises, and for this purpose, there needs to be cooperation and coordination

	Year: 2021		inpatients occur. By pinpointing these areas, the study aims to provide recommendations and suggestions for improvement, with the ultimate aim of ensuring a smooth and efficient discharge process in the hospital.	between its various departments. Within the credit and billing department there were multiple factors causing delays such as slow updates resulting in un-uploaded data onto the systems and long waits for TPA confirmation or CMRF letters. To reduce discharge tat
5	Shweta Mehta. Jayesh Nair. Sunil Rao. Kasturi Shukla. Year: 2021	India, Maharashtra	The role of discharge planning and other determinants in determining hospital discharge times	The study indicates that with higher number of planned discharges, total discharge time can be reduced. This also helps in reducing the clearance time by different departments. Hence, an effort should be made to plan as many discharges as possible to enhance the discharge flow process.
6	Mukunda Chandra Sahoo. Susmita Dora. Yatin Talwar Year: 2019.	India, Tamil Nadu	To study the steps in the discharge process in a tertiary care teaching hospital and identify the causes of delays in in-patient discharges in major clinical wards.	. All steps involved in the process of discharging a patient must be coordinated with the utmost cooperation among different staff members. This study examined how long it took to complete each step of the discharge process. It was determined that completing billing took up most of the time during discharge. However, proper staffing and counselling provided to relatives during discharge can help streamline the billing process. To keep a tab on all the delays promptly it's important to regularly monitor the clearance charts

				and hospital planning checklist

METHODOLOGY

RESEARCH METHODOLOGY

Study Design: Time- motion Study

Study Duration: 3 Months (February 27th , 2023 to May 26th , 2023)

Study Sample: 200 Corporate Inpatients

Sampling Technique: Selective sampling

Study Tool: Real time tracking and data documented in MS Excel

Inclusion Criteria: All corporate patients discharge initiated between working hours (9:30 am – 5:00pm) from inpatient ward, chemotherapy ward, maternity ward, general ward, ICU, OT, dialysis

Exclusion Criteria: Cash patient & Insurance patient (discharge initiated after 5pm was not included)

Data analysis plan for corporate discharge process:

- Process mapping: To understand the actual process
- Data collection: By calculating the tat from discharge initiation till checkout to analyse the gaps in process causing delays in corporate discharge
- Root cause analysis: To identify gaps in the existing process
- Process improvement: To improve patient satisfaction and reduce discharge tat

RESULTS AND INTERPRETATION

Objective 1ST - To Map The Process Of Corporate Discharge In Order To Understand If There Are Any Gaps In The Process

DISCHARGE PROCESS FLOW:

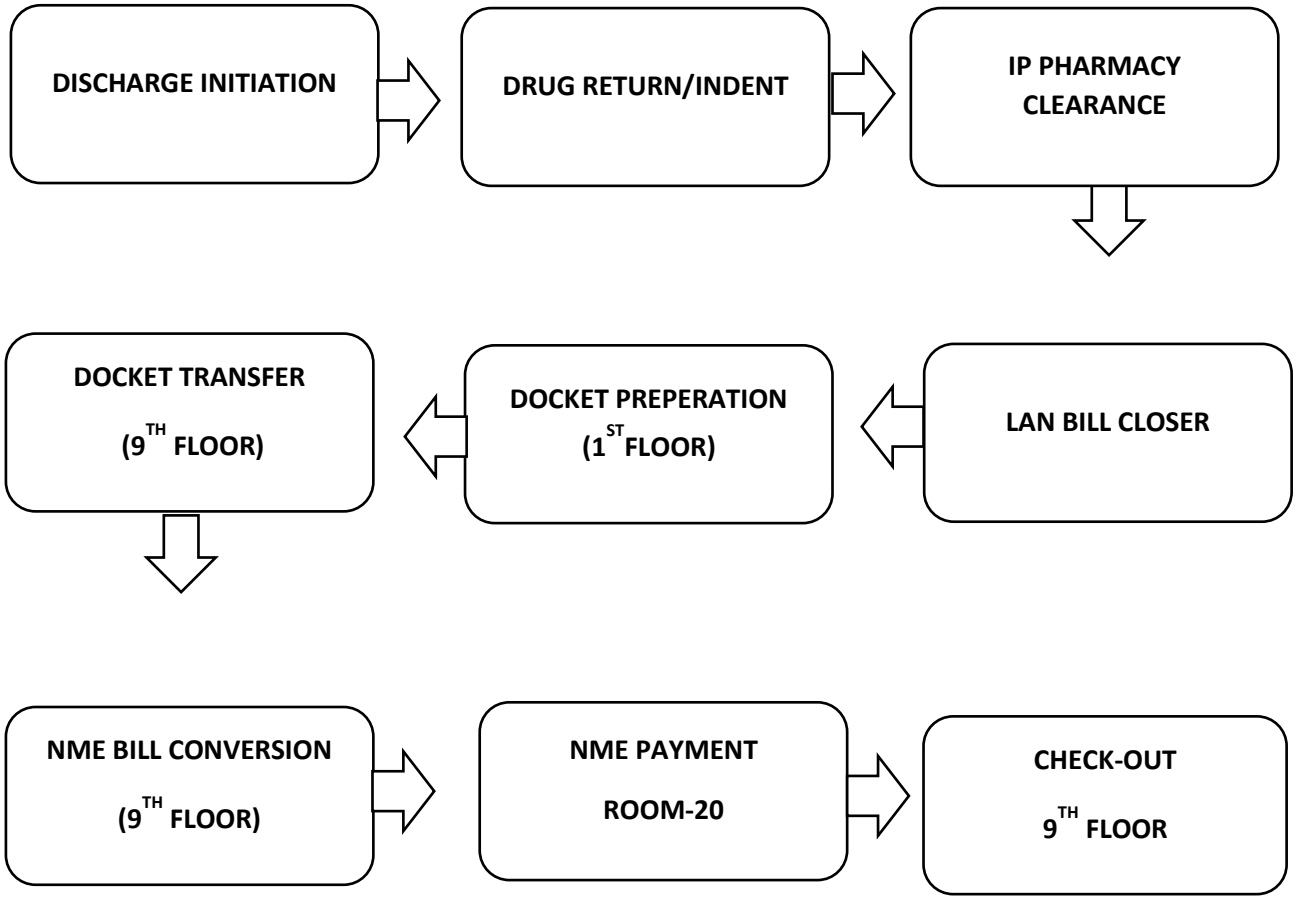

Fig 1.1: process flow chart of corporate discharge

1. Initiating Discharge: When a doctor recommends a patient's discharge, the first step is for the nurse to initiate the discharge process. This is intended to inform the responsible departments of the forthcoming dismissal.
2. Drug Returns /Indent: In this phase, any unused medication or medical supplies are returned and a label is created to document the items used and unused during the patient's stay

3. IP Clearance: After the drug has been returned, the patient record is authorized by the various departments involved in the outbound process. This includes approval by the nursing station, pharmacy, diagnostic center and other relevant departments.
4. LAN Bill Closer: Upon receipt of the necessary approvals, the LAN (Local Area Network) account, which contains the charges for services rendered during the hospital stay, will be closed and service call off is done
5. Docket Preparation (1st floor) **: Avg TAT 28 minutes** After closing the LAN Bill , a receipt is issued containing all the necessary documents and letter from the relevant corporate company ,invoices related to the patient's treatment, including medical certificates, bills, prescriptions.
6. Transportation of Patient Docket: **Avg TAT 1 hour 13 minutes** The docket is then transported from the 1st floor, where the company's admission department is located, to the 9th floor, where the NME bill conversion process takes place. The receipt must be physically transported from one floor to another, which is often done by the cleaning staff
7. NME conversion: **Avg TAT 1 hour 12 minutes** the receipt for the NME conversion is picked up on the ninth floor. This process converts non-medical expenses (NME) into an invoice that includes charges for services such as room, board, and other non-medical aspects of the patient's stay.
8. NME Payment**: 1 hour 7 minutes** Once bill conversion is complete, a non-medical expense account is calculated. Payment of these non-medical expenses will then be processed in Room 20 on 9th floor
9. Checkout: Finally, after the NME payment, the patient will receive checkout slip and the patient is then ready to leave the hospital and complete the discharge process

Objective 2nd - To identify all those factors that significantly contribute to the delay in corporate discharge.

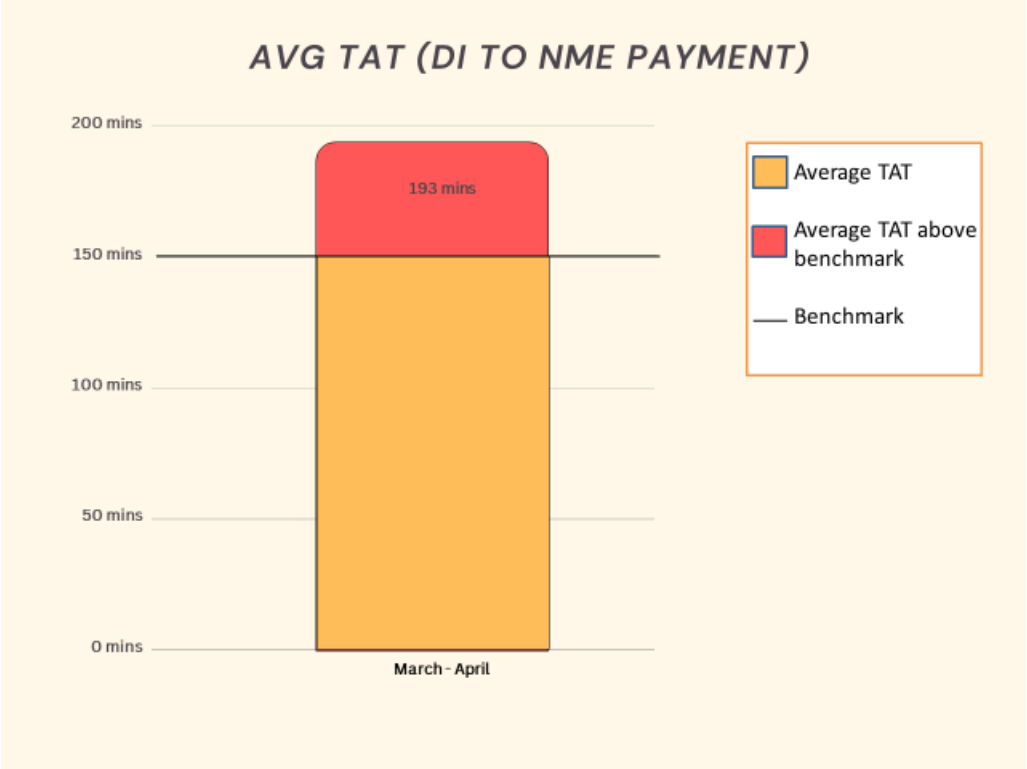

Fig 1.2: Average Turn Around Time of corporate discharge (Feb - April)

Finding out how much time is required on average for discharging corporate patients constituted the second objective of this investigation. Starting from February twenty-seventh onwards data was collected from one hundred patients who were part of the study.

Using a bar graph, the data is represented visually and our research revealed that normally it takes around three hours and thirteen minutes to perform a corporate discharge process which exceeds the standard duration by forty-three percent. It can be inferred from significant delays experienced during the discharge process that there might be potential issues or inefficiencies in the current workflow

The need of addressing contributing factors causing prolonged TAT and implementation of measures for improving timeliness as well as effectiveness in discharge process cannot be overlooked. There are many advantages to reducing the TAT. Improved patient care is the result of discharging patients in a timely manner, and it's important to avoid prolonged stays at the hospital beyond what is necessary as it could have a negative impact on patient satisfaction and recovery.

An optimized discharge process contributes significantly towards optimizing resource allocation by promptly discharging patients, which frees up hospital beds allowing for new admissions. This reduces overcrowding and improves patient flow within the hospital. As a result of this improvement in efficiency of the hospital it can provide timely care for all patients

The benefits of efficient discharge processes extend to the inpatient department, enabling efficient allocation of time and resources for healthcare professionals with reduced TAT. Through focusing on providing quality care to those in need of attention they are able to increase job satisfaction and improve overall productivity

To conclude based on our study's findings, it appears that corporate discharge has a higher-than-expected average TAT which suggests there may be some delays and inefficiencies in this process. Therefore, in order to make this process appropriate and more effective, it's vital that we identify what's causing these delays at their core so we can put measures in place. In order to enhance

patient care and improve overall efficiency of their inpatient department; hospitals need to reduce their TAT

Problems identified:

1. Communication gap:

As the corporate discharge and admission team were located at different floors The first problem identified was communication gap between the corporate admission and discharge departments efficient communication is crucial for a smooth transition from admission to discharge

This was because the staff who were in admission department were already occupied with other work so they were unable to answer all the queries of the biller who did bill conversion

2. Delay due to Docket Transfer from One Floor to Another:

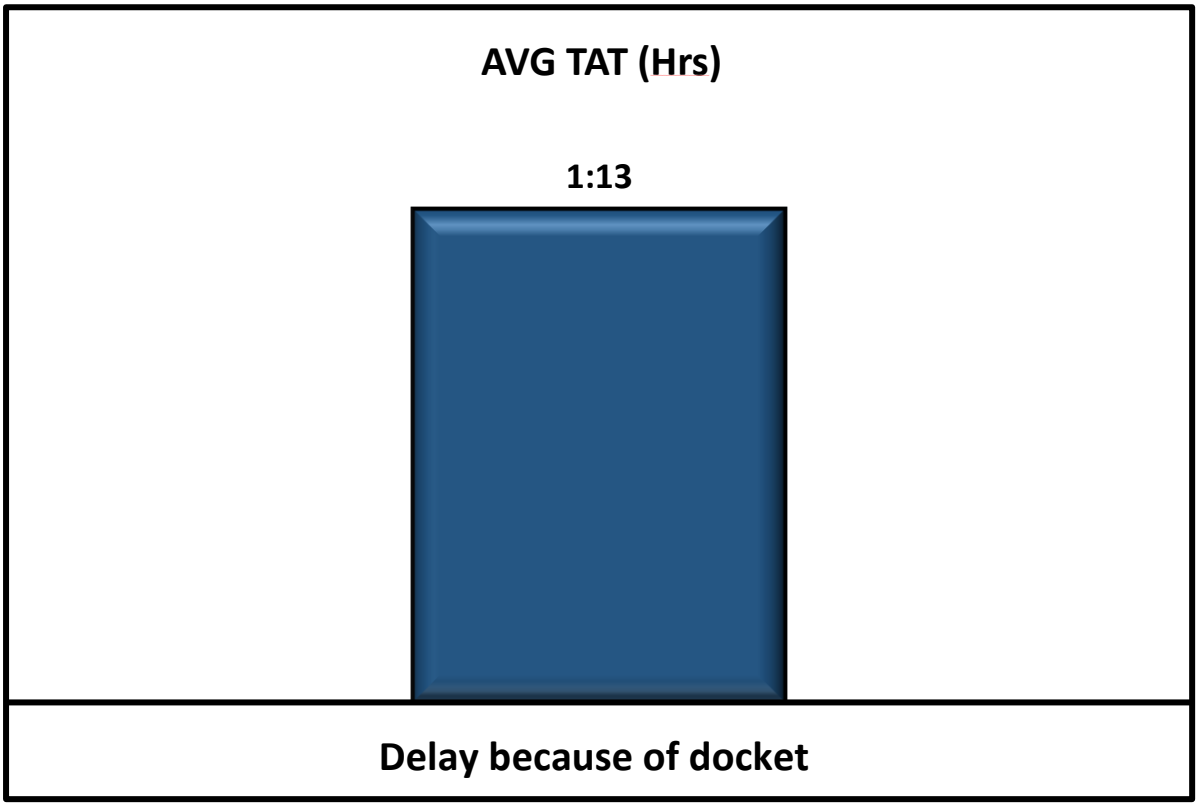

Fig 1.3: Average Turn Around Time of Docket transfer from 1st floor to 9th floor (March - April)

As shown in Fig 1.3 The study showed that there was an average delay of 1 hour and 13 minutes caused by the transfer of the docket from the 1st floor to the 9th floor. This delay can be attributed to several factors that were identified during the research.

The absence of dedicated personnel for docket transportation is impacting the timeliness. If there's no one responsible for delivering dockets promptly within the organization then it can lead to delayed transfers. It's possible that this issue stems from staff members being preoccupied with other duties or there not being clear instructions for moving dockets

The presence and frequency of elevator use can affect how long transfers take, and transporting dockets between floors may experience delays if there is a constant use of elevators or limited space available. Further delays in getting to the corporate discharge department could result from this issue

In terms of the overall discharge process and its completion timeframe lie the significance of this delay. In order to process bills and complete the necessary procedures correctly, there is crucial information in the docket. Delayed arrival of documents at Corporate Discharge Department significantly prolongs billing process and patients may face delayed discharges. The outcome of this issue often leads to long-term stays at the hospital which impacts the happiness level of patients and could even raise health care expenses. Hospitals need to address these challenges by appointing dedicated personnel who are accountable for transferring documents quickly between different floors. Additionally, enhancing elevator usage optimization strategies and defining clear-cut protocols for transport at docks has the potential to minimize delays as well as smoothen out the overall unloading process.

3. **Lack of Awareness:**

   The lack of initiation knowledge by admissions personnel about when patients are discharged from hospitals constitutes a significant challenge, causing delays in beginning the required procedures for discharging smoothly due to inadequate knowledge about them. The key solution for addressing this issue is to establish effective communication and coordination between the discharge and admission departments. The implementation of notification systems and shared databases can greatly aid in effectively communicating discharge initiation status to the admission team.

4. **Unavailability of staff:**

   The fourth problem identified is the absence of proper referral staff when the biller responsible for the NME bill conversion is unavailable, such as being on leave or has gone for lunch. In such situations, the absence of a backup or referral staff can cause delays in the discharge process. To overcome this problem, it is important to have a system in place where a designated backup staff member or a referral staff member can step in when the primary biller is unavailable. This ensures continuity and avoids disruptions in the discharge process.

3rd Objective - Design and implement an intervention that reduces corporate discharge TAT

1. **Streamline Discharge process:**

In order to ensure efficient and timely patient discharges during a corporate discharge process, it's important that the process is streamlined. Different floor levels or separated quarters of a corporate healthcare facility may contribute to significant challenges that delay processes. A breakdown in communication caused by this spatial separation leads to gaps in coordination that result in delays and inefficiencies between these departments

The discharge process must be streamlined for numerous important reasons, including its positive effects such as optimization of hospital resources such as managing beds and healthcare professionals. By streamlining the discharge process of patients who no longer require hospitalization, we can make room and resources available for new admissions, which is key to preventing overcrowding and improving functionality of our healthcare facility.

Also enhancing the release process upgrades patient gratification and experience, families and patients might grow frustrated if the discharge process is delayed since they may be impatient in returning home or moving onto another level of care. To make patients' transitions from hospital to home or rehabilitation facility as smooth and comfortable as possible requires minimizing delays while expediting the discharge process

Besides expediting the discharge process improves communication and teamwork among healthcare personnel. When corporate admission department where patient docket preparation happened and corporate discharge rooms are on different floors or in different locations, it can be difficult for staff to communicate important patient information such as discharge plans, medication orders, and follow-up care. By streamlining processes and communication channels, healthcare professionals can ensure all necessary information is communicated correctly, minimizing errors and ensuring continuity of care.

if the discharge and admission sections are positioned away from each other or across several stories it can create difficulties for personnel trying to relay vital patient data like aftercare that is necessary. To guarantee continuity of care while minimizing errors caused by poor communication or disorganized processes - it becomes crucial for healthcare providers to streamline their process & improve their communication channels.

Optimizing the discharge process can result in financial gains for both the patient and hospital to reduce unnecessary hospital stays and save on costs for both the patient and the healthcare facility. Therefore, it is important to focus on reducing any treatment or procedural delays, as early discharge helps patients retain health and safety standards even when they receive treatment in more affordable settings like home or outpatient clinics.

In order to handle the problem of spatial separation between discharge and admission areas certain actions may be required.

To achieve better results, it might be prudent to have these departments moved closer physically or even consider keeping them in the same general proximity. This would enable the seamless exchange of medical information, making it possible through an efficient collaboration between both departments and resulting in a smoother discharge process.

Besides that, by using technology and digital systems you can greatly optimize the discharge process. The implementation of an EMR system that can be accessed by both the discharge and admission departments guarantees easy access to patient information which can be updated instantly. Physical document transfer becomes unnecessary by doing this which subsequently decreases the probability of communication errors or accessing crucial patient data being delayed

Using standardized forms in addition to checklists and guidelines is an effective way of standardizing the discharge process which results in improved efficiency with fewer delays.

To guarantee that all critical aspects of patient discharges are addressed without missing anything important, healthcare providers rely on these tools for effective navigation of necessary documents and processes.

Streamlining the discharge process is an essential factor to reduce delays and improve overall efficiency in corporate health care. To guarantee an effective patient-centred hospital discharging system, hospitals must address the gaps within their departments such as spatial separation while also implementing technological solutions to standardize their procedures.

Improving on these factors results in higher patient satisfaction levels as well as optimized use of resources while also encouraging better communication

2. **Information Accessibility:**

To ensure smooth workflow and the best possible patient outcomes, it is essential that staff members have efficient access to necessary information. By integrating EHRs into medical practices, we can more effectively tackle issues arising from a lack of awareness regarding patient discharge. EHR utilization leads to seamless workflow for staff by providing quick access to essential data

Digital platforms have facilitated the establishment of Electronic Health Records commonly referred to as EHRs.This involves compiling patients' medical records into computerized forms that include detailed accounts of their health status, laboratory results, treatment details, procedures undertaken, and other related historical data across various care providers like hospitals or pharmaceutical outlets. Careful construction allows access solely by certified healthcare professionals for ease-of-use thereby creating secure platforms that efficiently facilitate sharing client-specific data eliminating conventional paperwork obstacles. With no reliance on traditional methods, EHRs have taken up coordination tasks saving time while retaining meticulousness

EHRs make it simple for hospital staff members to keep tabs on the progress of discharging particular patients, ensuring timely and effective coordination can be guaranteed by swiftly checking if the discharge has been initiated. The comprehensive information about a patient's treatment and follow-up instructions can be accessed by the clinical team through the electronic health record (EHR) system

All the relevant information related to discharging patients is easily found by staff members when they choose to access their electronic health record, which means errors and misunderstandings are less likely with this solution since it removes manual searching and minimizes reliance on spoken word. Efficient information transfer promotes well-informed decision-making among staff members and aids in providing suitable care for patients during the discharge process

To sum up what was said earlier: EHRs provide significant enhancements in terms of information availability and help address concerns around discharged patients' knowledge. In addition, the ability for staff members to quickly gain access to important patient-oriented data like status updates alongside clearing info not only ensures confusion-free care but also provides for an expeditious release via a streamlined process.

3. **Enhance Communication and Collaboration:**

   Clear and effective communication is of utmost importance for any organization but it becomes critical especially in the healthcare sector where people's lives are at stake. In the context of hospitals providing effective patient care and discharging patients on time demands smooth departmental coordination. The corporal discharging method may be delayed due to problems with communication amongst different departments

   In hospitals' corporate system the completion of the discharge process necessitates collaboration among various divisions such as medical records and administration. In preparing a patient for discharge it's important that each department works together so they can ensure important documents such as medications and follow-up appointments are taken care of.

   The occurrence of communication breakdowns amongst various departments may lead to several issues that could ultimately impede the timely completion of the discharge process.

   Miscommunications between medical records and billing departments may result in overlooking of crucial information like the patient's insurance coverage or pre-authorisation requirements, which can cause a delay in the overall discharge procedure, such as a hold-up with billing.

Departments need to communicate effectively for a smooth and timely corporate discharge process in hospitals. The occurrence of miscommunication during any step in the process could cause frustration for patients and lead to both delays and potential harm

4. **Corporate discharge process change:**

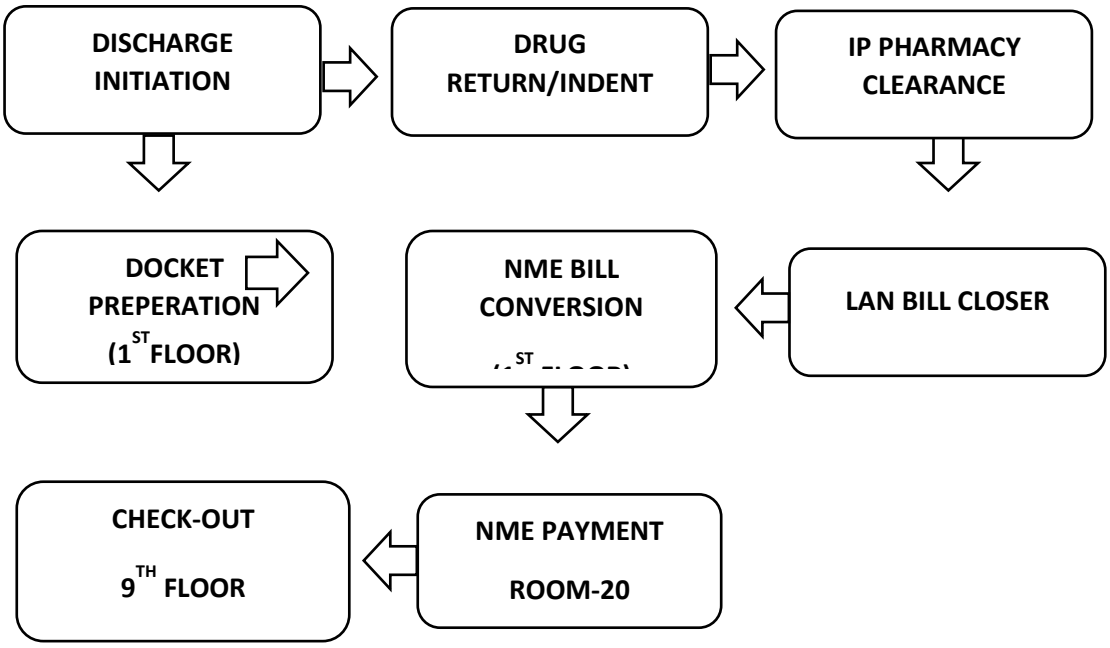

Fig 1.4: Revised corporate discharge process

As shown in Fig 1.4 -There were two changes made in the process to streamline the corporate discharge process which is

Making the process more efficient while ensuring timely communication and coordination between all relevant departments was achieved through these changes. We need to examine each phase of the adjusted process systematically

1. Initiating Discharge: Recommendation from a physician leads nurses into initiating patients' hospital discharges. The initiation of the process starts from here as this step remains unchanged
2. Docket preparation: **Average TAT 23 minutes** After starting a discharge process comes preparing the corresponding docket. The modified process involves performing this step right after initiating discharge and just prior to closing out the LAN bill. In earlier times, due to docket preparation being done post closure of LAN bills, it resulted in delays. By streamlining this system and providing real-time information about initiating discharge to those responsible for docket preparation or submission, we hope to improve overall efficiency. This alteration leads to better coordination

among teams which results in the timely preparation of essential paperwork like documents and invoices

3. Drug Returns/Indent: At this point in time, we return any medications or medical equipment that had gone unused while also creating documentation detailing which items were actually necessary for use by the patient.

4. IP Clearance: Once a patient returns a drug, the process of IP clearance for their records begins. Various departments involved in the outbound process like nursing station, pharmacy, diagnostic centre as well as other significant sectors need to provide their approval before proceeding. Obtaining all necessary approvals prior to proceeding further is the purpose of this step

5. LAN Bill Closure: **Average TAT 40 minutes** When we have acquired necessary permissions, the LAN bill which includes all expenses from services rendered during hospitalization will be considered as closed. By completing the billing process, we mark an end to all financial obligations related to the patient's stay. With the LAN bill closed every charge is recorded accurately

6. NME Bill Conversion: **Average TAT 32 minutes** Instead of being carried out on ninth-floor as before in this modified process NME Bill Conversion occurs on the first floor. As a result, physical transportation of dockets between floors has become unnecessary with this change in place. Thereby reducing chances of discrepancies and time lapses, with the relocation of the NME conversion biller to the first floor comes a more streamlined and efficient process.

7. NME Payment **Average TAT 52 minutes**: Upon completion of the NME billing process a calculation for a non-medical expenses account occurs, this is where they process payment for non-medical expenses on the ninth floor. This measure ensures accurate settlement and recording of all non-medical costs

8. Checkout: The receipt of a checkout slip confirms to patients that they have successfully completed the NME payment process and are ready to leave, and the patient can finally leave the hospital after having completed all necessary procedures up to this stage.

To improve departmental communication and ensure timely coordination among various departments involved in the corporate discharge process while reducing physical document transfers are the major objectives of implementing these changes. Ensuring an optimal patient experience is our priority which can be achieved by making these modifications that streamline the process and minimize any potential delays.

Objective 4th - Identify the effectiveness of the intervention in reducing the Corporate discharge TAT in inpatient departments.

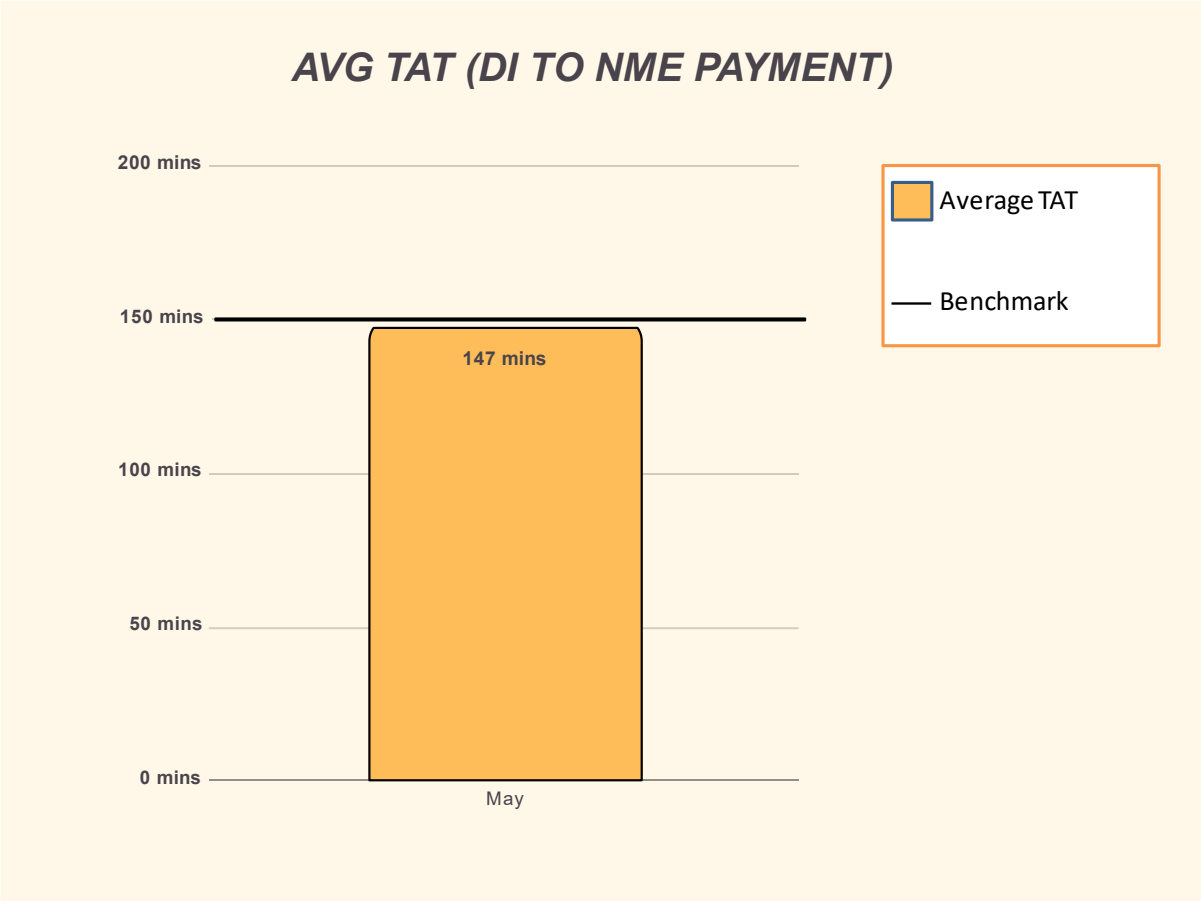

Fig 1.5: Average TAT (Discharge Initiation to NME Payment) for the month of May

To determine the influence of an intervention on turnaround time in corporate patients discharged from a hospital. Data from 100 patients were used in this study, which was carried out after an adjustment of the discharge procedure during May.

The results of the study show a significant improvement in average time to discharge from hospital for business patients. The average TAT was 3 hours and 13 minutes prior to the

change in the process in March and April. However, the average time taken up by TAT declined to 2 hours and 27 minutes once the intervention was implemented.

The reduced average TAT indicates that the action taken at the hospital may have contributed to speeding up the release process of business patients. The shorter TAT observes an improvement in communication and coordination between various departments participating in the discharge process.

The large drop in average transport time is indicative of the effectiveness of the interventions introduced at the hospital to facilitate the discharge process and reduce delays. There can be several advantages of this improvement, e.g. increasing patients' satisfaction, optimising the use of resources and improving hospital efficiency as a whole.

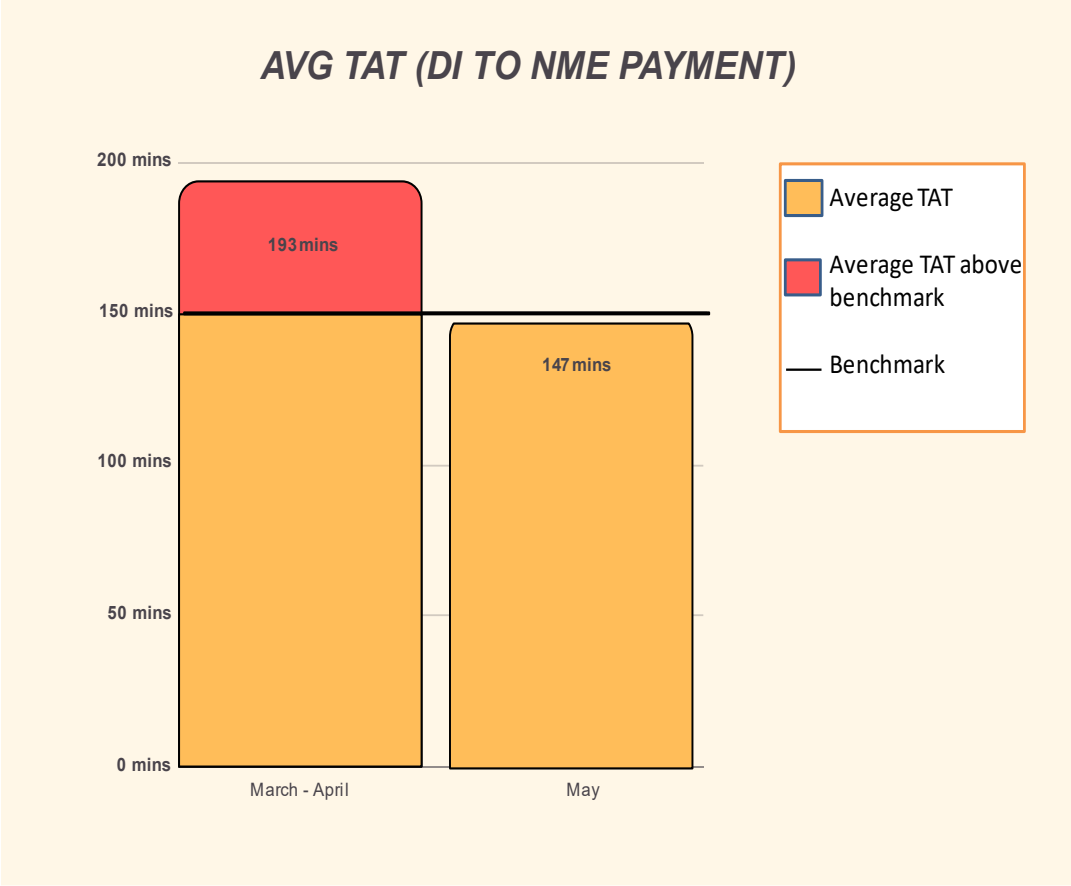

Fig 1.6: Average TAT (Discharge Initiation to NME Payment)

The Fig 1.6 data analysis displays comparisons between information that has been gathered; one dataset is comprised of results found from assessments conducted in March through until April whereas another dataset consists of results discovered solely within month May. Taking

note of this, the corporate discharge goal which needed reaching stands at two-and-a-half-hours. Average turn-around-time (TAT) during March through April measured at approximately three-hours-thirteen-minutes whilst changes made meant may involved only two-hours-twenty-seven-minutes

By collecting data from February 27th up until May 26th on a total of two hundred corporate patients we were able to determine the average period required for discharging them. To represent the information in a clear manner, a bar graph was used. According to the study conducted on corporate discharge processes it was discovered that they typically take about three hours and thirteen minutes which exceeds their normal duration by forty-three percent. This potential issue with inefficiencies within our existing system appears to be causing delayed discharges.

What's more, the data collected between March-April was compared against that of May which indicated both pre-and post-process-change period. According to the benchmark, a company should take no longer than 150 minutes to complete a discharge. Exceeding the standard benchmark was a result of a calculated average TAT of 3 hours and 13 minutes for corporate discharge during March to April

After successfully implementing interventions for May's operations, we were able to reduce the average TAT time down by a considerable amount of time, indicating an enhancement to efficiency when discharging corporate responsibilities.

Based on what has been uncovered with this study, it is reasonable to assume there were some issues or inefficiencies present within the pre-existing workflow leading up to changes being made which caused significant disruptions throughout the discharge protocol. After reviewing the data provided, it is evident that enacting change after April led to a decrease in TAT and brought us much closer to achieving our benchmark duration.

o resolve issues causing delays in discharging patients from hospitals, it's important to conduct exhaustive studies and identify specific problems. Examining every step taken by each stakeholder in this complicated process is one possible strategy for conducting a thorough analysis.To improve efficiency further examining communication and coordination as well as identifying points of concern such bottlenecks or areas where problems consistently arise can also be helpful. We can enhance overall efficiency by addressing these issues and streamlining the discharge process even more.

Besides this, there are other vital components to keep in mind while considering what led to changes observed during the process of discharging patients like nature and type of interventions chosen for patient care management along with staff's knowledge base on these treatments as well as any extraneous variables affecting results.

Conducting an extensive analysis like this allows for a better comprehension of how change in the process have impacted organization which leads to improved upgrades in the corporate discharge procedure.

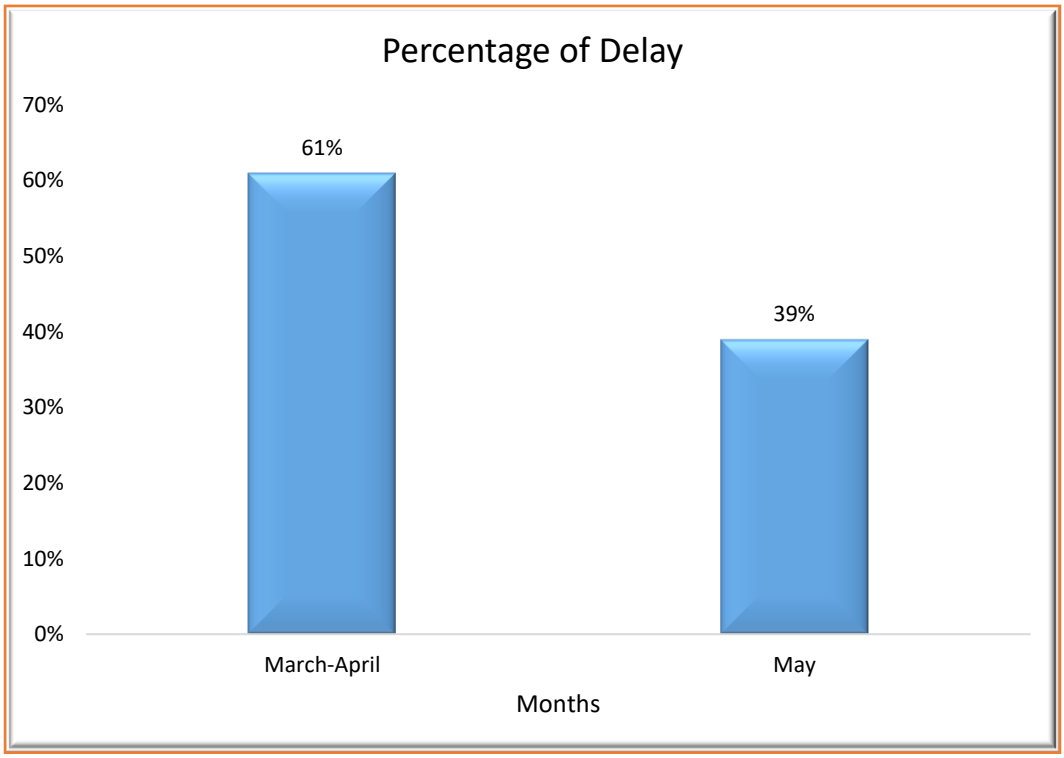

Fig 1.7: percentage of delay in discharge of corporate patients

Introduction: it is a analysis in which the percentage of delays in two successive periods: March to April and May are compared. It aims to evaluate the impact of interventions which have been put in place during those periods with a view to reducing delays. The data show

that the percentage of delays fell significantly from 61% in March to 39% in May, which would seem to suggest a beneficial effect of the intervention.

Interpretation: The numbers show an evident decrease in percentages of delays upon implementing this intervention, over the course of both March and April there existed a delay rate of 61%. The study found that about 61% of observed processes or activities saw delays, however, the occurrence of delays went down in May leading to a decrease in the delay percentage landing at 39%.

The considerable decline of 22 percentage points (from 61% to 39%) clearly indicates the success of the intervention, and smoother processes with fewer bottlenecks and increased efficiency were achieved by implementing measures during this intervening period which led to reducing delays.

It is quite significant and indicates that intervention has had a positive impact by reducing 22 percentage points from 61% to 39%. It implies that processes have been simplified, bottlenecks addressed and efficiency has improved as a result of measures put in place during the preceding period resulting in fewer delays.

SUGGESTIONS

Suggestion 1:Placing the Corporate Discharge and Corporate Admissions Department on the same floor:

Streamlining the process can be achieved by situating both the Corporate Discharge and Admissions departments on the same floor. More efficient processes can be achieved through smoother communication, coordination, and collaboration between the two departments with this arrangement.

Corporate patients find it convenient to navigate the premises when both departments occupy the same floor. Moving between floors or buildings is not necessary for them. Accessing required information and resources without delays caused by physical separation will benefit both patients and staff, enhancing their convenience. Improved efficiency and better outcomes will result from this. In addition, having the departments nearby will facilitate better communication and cooperation.

Suggestion 2: Extending Payment Desk Operating Hours

To provide convenience to patients and eliminate the need to visit the 1st floor for payment, extending the payment desk operating hours is essential. By implementing the following measures, patients can complete their payments without inconvenience:

A) Align Payment Desk Hours with Room No. 20 on the 9th Floor: Adjust the operating hours of the payment desk to align with the operating hours of Room No. 20 on the 9th floor, where patients usually go for a payment. This ensures that patients have ample time to make payments without rushing.

B) Extended Operating Hours: Extend the operating hours of the payment desk beyond the usual closing time of Room No. 20. For example, if Room No. 20 closes at 6 pm, consider extending the payment desk's operating hours until 7 pm. As a result, patients are able to complete their payments without any inconvenience.

Suggestion 3: Providing Suitable Replacements for Billers on Lunch Breaks or Leave

In order to ensure uninterrupted service during a biller's lunch breaks or absences it would be wise to have appropriate substitutes in place.

Uninterrupted service is guaranteed only if there are enough suitable replacements available during billers' lunch breaks or when they take time off. With this measure in place, we expect a reduction of any hold-ups in our billing system that may impact patient satisfaction.

Maintaining a consistent workflow at the billing desk is possible with trained substitutes or backup staff members, but the replacements must have a firm grasp of both billing procedures as well as software systems to ensure that they maintain complete accuracy while delivering optimal efficiency.

To make sure that subs are accessible during both lunch hours and predetermined leave times it's vital to have efficient scheduling & coordination.

Suggestion 4: Provide EHR access to corporate employees

Granting EHR (Electronic Health Record) access to staff members dealing directly with corporate companies is crucial for effective coordination and timely discharge updates. The following measures can be implemented:

(A) EHR Training: Ensure that staff dealing with corporate companies are fully trained on how to access and navigate the EHR system. This training should cover topics such as searching for patient records, tracking discharge statuses, and updating relevant information.

B) Access Levels and Permissions: Set up appropriate access levels and permissions in the EHR system to ensure that staff members dealing with corporate companies have access to the necessary information while maintaining data security and privacy.

C) Real-Time Updates: Ensure that the EHR system is updated in real-time regarding discharge initiation. By doing so, corporate employees can access the most up-to-date information and take immediate action when needed.

Consider using fitting cupboards to sort out your documents and processes as a suggestion.

Organizing documents and relevant materials in appropriate cabinetry is pivotal for streamlined document management.

Designated cabinets make it easy for the staff members to both store and retrieve crucial forms or records, eliminating the search for lost documents and ensuring that all necessary paperwork is readily accessible.

Organizing and labeling cabinets smartly can enhance the pace of retrieving things easily. Additionally, introducing a document movement tracking mechanism along with ensuring appropriate filing within time would aid in improving efficiency while reducing the risk of paperwork getting lost.

CONCLUSION

Lastly, in order to enhance efficiency and provide a high level of care for its patients, it is necessary to simplify the company's discharge procedure. In particular, patient and staff experiences can be greatly enhanced by careful consideration and implementation of a variety of strategies. A seamless communication and collaboration is ensured by placing the Corporate Discharge and Corporate Admissions departments on the same floor.

Finally, it is necessary to streamline the company's discharge process in order to improve its efficiency and provide patients with an appropriate level of care. Careful consideration and implementation of a variety of strategies can, in particular, enhance the experiences of patients and staff. The same floor shall be allocated for Corporate Discharges and Corporate Admissions to ensure a seamless communication and cooperation.

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