Summer Training at
Medanta-The Medicity, Gurgaon
(April-May 2014)

IMPROVING PATIENTS EXPERIENCE IN DISCHARGE LOUNGE

By
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2013-2015

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2014

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CERTIFICATE

This is to certify that **Dr. Sneha Mishra**, has completed the summer training at **Medanta-The Medicity, Gurgaon** from April 1, 2014 to May 31, 2014 and has conducted the project "Improving Patients' Experience in Discharge Lounge" under my personal guidance and supervision. All the data relating to the study is first hand and has been collected by herself.

Her approach to the study has been sincere, scientific and analytical. This work is partial fulfillment to the course requirements, is recommended for the Post Graduate Diploma in Health and Hospital Management with specialization in Hospital Management.

I wish her all the success in future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academics and Student Affairs)
IIHMR, Jaipur

Dr. Suresh Joshi
Professor and Mentor
IIHMR, Jaipur

Global Health
Private Ltd.

Date: 03rd June' 2014

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Sneha Mishra** has completed her 2 months Internship in the department of **Medical Administration** from **01st April' 2014** to **31st May' 2014** with **Global Health Private Limited (GHPL), Medanta The Medicity Hospital, Gurgaon (Haryana).**

Very truly yours

For **Global Health Private Limited**

Mrs. Arvinder Bagga

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INTRODUCTION

Medanta is one of India's largest multi-super specialty institutes located in Gurgaon, a bustling town in the National Capital Region. Founded by eminent cardiac surgeon, Dr. Naresh Trehan, the institution has been envisioned with the aim of bringing to India the highest standards of medical care along with clinical research, education and training. Medanta is governed under the guiding principles of providing medical services to patients with care, compassion, commitment.
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Spread across 43 acres, the institute includes a research center, medical and nursing school. It has 1250 beds and over 350 critical care beds with 45 operation theatres catering to over 20 specialties. Medanta houses six centers of excellence which will provide medical intelligentsia, cutting-edge technology and state-of-the-art infrastructure with a well-integrated and comprehensive information system.

Medanta – The Medicity brings together an outstanding pool of doctors, scientists and clinical researchers to foster collaborative, multidisciplinary investigation, inspiring new ideas and discoveries; and translating scientific advances more swiftly into new ways of diagnosing and treating patientsand preventing diseases. A one-of-its-kind facility across the world, Medanta through its research integrates modern and traditional forms of medicine to provide accessible and affordable healthcare.

Vision & Values

"The Institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion & commitment."

Mission

"Our mission is to deliver world class health care by creating institutes of excellence in integrated medical care, teaching and research. We aspire to create an ethical & safe environment to treat all with respect and dignity."

Improving the Patients' Experience in Discharge Lounge

Dr. Sneha Mishra

May 2014

PROBLEM STATEMENT

The problem that I encountered while proceeding with my project was as happy, satisfied and delightful in the discharge lounge as they should while waiting in the discharge lounge.
"**67% of patients rated their experience in the discharge lounge between Poor / Unacceptable to Average"**

Survey:
Sample size: 112
Time period: April 23 to April 27, 2014
Floors Covered: All inpatient floors with a discharge lounge on all the 14 floors of the hospital.

UNDERSTANDING THE PROBLEM
I conducted a survey in the hospital for which I prepared a questionnaire. I gave the questionaire to all the patients waiting in the discharge lounge .The questionaire had questions wherein the patients had to rate their overall experience while waiting in the discharge lounge ranging from unacceptable/poor to excellent. The results of the survey were as following:

Unacceptable / Poor : 17%
Average: 50%
Good : 28%
Excellent : 5%

Patients expressed feeling unsafe, uncomfortable and waiting for too long in the discharge lounge as top reasons for poor satisfaction

Percentages

Reasons for poor experience

- Too long waiting time 30%
- Unfriendly staff behavior 3%
- Inadequate services 18%
- Safety and comfort Privacy 36%
- Cleanliness 11%

Percentage

• 36% respondents felt unsafe or uncomfortable in the lounge

• Another one third complained about waiting in the lounge for too long

** A survey was conducted on 112 patients in the month of April to gauge their feedback on lounge experience.*

OBSERVATIONS

As mentioned earliar, I interviewed 112 patients. During the interview process,these were some of the comments, feeling which the patients expressed regarding their experience while waiting in the discharge lounge.

Patients speak: Some verbatim statements from the patients regarding their experience

"The recliners are soft and comfortable."

"I have been waiting for more than 3 hours in lounge, instead I would have paid for next half day"

"Patients who underwent bypass surgery should not be brought to the lounge"

"I have sutures, I am unable to sit on recliners."

"These used water glasses are mixed with the unused ones, I need disposable glasses."

"*I feel unsafe in the in Lounge.I am low on immunity and have the fear of contracting infections."*

"I don't know what are the Lounge facilities. Nobody told me about any such thing."

"I feel the lounge facilities are inadequate. There should be snacks for my attendant also."

"I have to use the common wash room which even the GDA use."

"My empty lunch tray was not removed for a very long time."

"I was provided blanket and pillow in the lounge when I needed."

"The lounge nurse was prompt and helpful."

"This place is too overcrowded."

"There is no privacy here."

STAFF SPEAK: FLOOR MANAGERS

I also interacted with the Floor Managers of the Hospital during the course of my study. These were some of the statements that they made regarding their opinion about the discharge lounge.

"The patients are quite dissatisfied when they are asked to move to the discharge lounge.
Dr. Eisha Anand - 5th IPD

"*A clinical criteria should be decided which will act as a qualifier to certify as to which patients are medically fit to be shifted to the Discharge Lounge"*
Dr. Richa Bakshi - Project Manager

"The ambience of discharge lounge should be improved." ***Dr. Jyoti Sardana -7thIPD***
The patients are quite unsatisfied when they are ask

"Patients have the fear of getting infections from other patient's as they are low on immunity. They feel there is no privacy in the Lounge. Most of the them straight away refuse to move to the lounge."
Ms. Neha Raj - 8th B wing

"Most of the patients are reluctant in moving to Lounge. They ask for tea/coffee for their attendants & television."
Ms. Satvika Gulhati - 12th A wing

"Most of the patients with TPA mode of payment get irritated while waiting in the discharge." ***Mr. Anirudh Banerji - 11th B wing***

STAFF SPEAK: LOUNGE NURSES

I also spoke with many nurses dedicated particularly for the discharge lounge. They also expressed their opinion about the discharge lounge.
They were the closest to the patients getting discharged from the discharge lounge.

" Most of the patients, specially TPA feel, they are thrown away from their beds to admit new patients."
Sister Manju - 5th IPD

" Patients are not comfortable in the Lounge. They are only willing to come to save money. They complain lack of privacy, no means of entertainment to engage them. They feel Lounge is a dull place."
Sister Lezi - 7th IPD

" Patients are not willing to come to the Lounge. They come only to save their next days room rent. They demand for Food & Beverage services for their attendants & a television."
Sister Sunita - 11th B wing

"TPA patients waiting for too long feel restless. We need a separate GDA & a wheel chair only for the Lounge"
Sister Dhaniya - 8th B wing

OBSERVATIONS

- Recliners were not kept on extended mode, were used as chairs
- Delayed food and water clearance gives a feeling of dirty and unhygienic place
- Privacy is a sensitive issue especially for patients who are on tubes or women who are trying to sleep on the couch
- Lounge washrooms are used by hospital staff including GDAs and security which gives an unhygienic feeling to the patients and their families

ANALYSIS

Q. Were you counselled about the discharge process a day prior to you discharge? (planned & night billing only)

Percentage

N = 105
Yes 55% said they were counselled
No 45% said they were not counseled

Q. Were you oriented about the discharge lounge and the facilities therein well in advance before your discharge?

Percentage

Yes 57%
No 43%

Q. How would you rate your overall experience in the discharge lounge?

Percentage
N=25
Not told about lounge
61%: poor to average
39% :Good to excellent experience

Told about the Lounge N = 33
29%: poor to average
71% :Good to excellent experience

2.Significant improvement can be made in patient experience by providing snacks to the patient family
67% of patients were not satisfied or somewhat satisfied with the lounge facilities
98.6% patients said that patient attendant should be provided with snacks even on paid basis

Break up of patient's expectation from lounge facilities:

Discharge medication availability	**43.4%**
Food & Beverage, snack for attendants	**98.9%**
Transportation / travel arrangement	**27.6%**
Follow up appointment booking	**26.3%**
Nutritional counseling	**18.4%**

3.90% of the patients were completely satisfied with the behavior of the lounge staff; they felt lounge staff was completely courteous and helpful to them

RECOMMENDATIONS

1) a discharge lounge safety criteria should be developed fulfilling which the patient should be transferred to the lounge

Patients eligible for admission to the discharge lounge:

1.Ambulatory patients capable of waiting in a recliner for 2-3 hours and who does not need further medical input
2.Adult planned discharge **Exclusion criteria:**
1.Special assistance for ambulation is required (post-op total knee and total hip patients)
2.Special population (< 18 yrs & >75 yrs)
3.End stage palliative care patients
4.Patients requiring oxygen and have a limited portable oxygen supply
5.Patients with altered sensorium
6.Infected patients on barrier nursing
7.Require ambulance for transportation
8.Acutely ill; awaiting transfer to another facility

2)Handover by the ward staff to the lounge nurse on patient condition and discharge related information

3)All medication to be administered by the lounge nurse to the patients during the course of stay in the lounge (for all patients that are still under discharge process)

4)Patient call bells inside the discharge lounge to be installed and functional with a board inside the bathroom urging patients to press the bell if they need assistance

5)Quicker response by pantry staff in clearance of dirty dishes: Lounge nurse to show promptness

6) Have a board in the lounge giving out a message that lounge is cleaned with the same standards as your room

7) Upgrading the lounge facilities

8) upgrading lounge ambience

Need to create a more welcoming and a **"Wow"** ambience of the lounge:

1. Art work on the walls
2. Incense / effervescence for fragrance
3. Dim lighting
4. Redesign the layout of the lounge
5. Sliding door for entrance and exit (will also take care of the privacy issue)

9)Addressing the comfort related concerns of the patient

1. Recliners to be in extended mode when patients are using them
2. Pillows and blankets to be made available on patient's request
3. Ensuring that lounge washrooms are not to be used by anyone else other than the patient and their families

4. Provision for using cardiac table for patients who need support in eating food while on recliner
5. Install a white board in the lounge to track length of stay in lounge and take appropriate steps when it reaches a threshold

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