Dissertation Training

at

SHRI BALAJI ACTION MEDICAL INSTITUTE

Topic:

A STUDY ON THE PREPARATION OF DISCHARGE SUMMARIES IN A TERTIARY CARE HOSPITAL

By

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PG/16/029

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IIHMR DELHI | INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

(Completion of Dissertation from Shri Balaji Action Medical Institute)

The certificate is awarded to

Name: Neeti Aggarwal

In recognition of having successfully completed her

Internship in the department of

Hospital Administration

And has successfully completed her project on

A STUDY ON THE PREPARATION OF DISCHARGE SUMMARIES IN A TERTIARY CARE HOSPITAL

Date: 7th May 2018

Organization: **Shri Balaji Action Medical Institute**

She comes across as a committed, sincere and diligent person who has

A strong drive and zeal for learning

We wish her all the best for future endeavors

Head Human Resource

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Neeti Aggarwal** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Shri Balaji Action Medical Institute from 7th Feb, 2018 to 7th May, 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. Supten Sarbhadhikari

Dean, Academins and Student Affairs

IIHMR, Delhi

Ms. Kirti Udayai

Mentor,

IIHMR, Delhi

CERTIFICATE OF APPROVAL

The following dissertation titled **"A STUDY ON THE PREPARATION OF DISCHARGE SUMMARIES IN A TERTIARY CARE HOSPITAL"** at **"SHRI BALAJI ACTION MEDICAL INSTITUTE"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
Dr Panda	PK Panda
Dr Preetha G S	
Dr Vinay	Vinay
Dr. Bhattacharya.	M Bhattya

CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Ms. Neeti Aggarwal,** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"A STUDY ON THE PREPARATION OF DISCHARGE SUMMARIES IN A TERTIARY CARE HOSPITAL"** at **"SHRI BALAJI ACTION MEDICAL INSTITUTE"** in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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This is to certify that the dissertation titled **"TO STUDY THE DISCHARGE PROCESS IN THE HOSPITAL"** and submitted by **Ms. Neeti Aggarwal** Enrollment No. PG/16/029 under the supervision of **Dr. Pinky Yadav** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **7th Feb, 2018 to 7th May, 2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

FEEDBACK FORM

Name of the Student: Neeti Aggarwal

Dissertation Organisation: SBAMI, Paschim Vihar

Area of Dissertation: Hospital Administration

Attendance: 80%

Objectives achieved: yes

Deliverables: Ensuring patient-satisfaction in wards and ICUs. Ensuring smooth functioning of Radiology.

Strengths: Taking initiation, proactive learning ability, willingness to work.

Suggestions for Improvement: To improve punctuality

Suggestions for Institute (course curriculum, industry interaction, placement, alumni): none.

Jyadav

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 21/5/18

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Place:

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"Knowledge is in the end based on acknowledgement"

---- Ludwing Wittgenstein

Foremost, I am grateful to the management of **Sri Balaji Action Medical Institute (SBAMI)** for selecting me as an employee of their hospital and also letting me complete my dissertation in their hospital and creating such a wonderful environment for learning both soft and hard skills.

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ABBREVIATIONS

SBAMI	Shri Balaji Action Medical Institute
IPD	In Patient Department
OPD	Outpatient Department
ALOS	Average Length of Stay
EDD	Estimated Day of Departure
ENT	Ear Nose Throat
CT	Computerized Tomography
HIS	Hospital Information System
UHID	Unique Hospital Identification Number
SOP	Standard Operating Procedure
CGHS	Central Government health Services
CSC	Computer Science Corporations
NHS	National Health Services
MRD	Medical Record Department
TPA	Third Party Administrators
MO	Medical Officer
DS	Discharge Summary
USG	Ultra Sonography
DEPT	Department

PART-1

ORGANISATION REPORT

ABOUT THE HOSPITAL

Sri Balaji Action Medical Institute has been established with a mission to provide world class integrated healthcare facilities to all sections of the society with a humanitarian touch, whilst maintaining high standard of ethical practice and professional competency with emphasis on training and education leading to research.

In 2005, Action Group of Companies forayed into the healthcare sector with the launch of Sri Balaji Action Medical Institute located at Paschim Vihar.

In 2010, Action cancer hospital was started to develop it into a specialised cancer care centre with all cancer related specialties' under one roof. The hospital also started imparting training through the Diplomate of National Board (DNB) program. It also started a nursing training facility under the name, Ginni Devi Action School of Nursing.

In 2011, Sri Balaji Action Medical Institute announced Cashless facility.

In 2014, the department of Neurosurgery of Sri Balaji Action Medical Institute organised ENDOSPINECON. It was two-day conference aimed at training young spine surgeons to enhance their knowledge and skill on endoscopic spine surgery. In 2015, Sri Balaji Action Medical Institute is listed of 52 Delhi hospitals that are obligated (to varying degrees) to provide free treatment to those belonging to the Economically Weaker Section categorization, which means a household income of less than Rs1 lakh per annum.

BOARD MEMBERS OF THE HOSPITAL

Shri Lala Ram Aggrawal	Chairman
Shri Nand Kishore Agrawal	Vice-Chairman
Shri Raj Kumar Gupta	President
Shri R.C. Chharia	General Secretary
Shri Laxmi Naraian Goel	Member
Shri Subhash Chander Agrawal	Member
Shri B. P. Jain	Member
Shri Naresh Kumar Agrawal	Member
Shri O. P. Gupta	Member
Dr. Y. P. Bhatia	Member
Shri H. K. Agrawal	Member
Shri Anil Kumar Agrawal	Member
Dr. Deepika Singhal	Member

The Institute has been promoted by Lala Munni Lal Mange Ram Charitable Trust of Action Group of Companies. The chairman of the trust Lala Mange Ram Agarwal, a great philanthropist had a strong desire to build a hospital for the service of mankind.

MISSION AND VISION OF THE HOSPITAL

VISION: To become the largest healthcare provider with a human touch.

MISSION: Shri Balaji Action Medical Institute was established with a mission to provide to provide world class affordable health care facilities to all sections of the society with a humanitarian touch, whilst maintaining high standards of ethical practices and professional competency with emphasis on training and education leading to research.

ABOUT THE LOGO

The Logo of the Institute portrays its philosophy; it consists of a hand embracing the flame of life with a sphere in the background. The **Human Hand** represents the healing touch and health care our dedicated teams of professional provide to brighten the lives of those who come to us. The **Flame** denotes the traditional values of honesty and selfless service towards our patients. The **Sphere** in the background reflects our commitment to maintain international standards of excellence.

SPECIALITIES SERVED AT SBAMI

SBAMI is multi speciality hospital with a total of 52 specialties. It has 4 ICUs, equipped with world of the art equipments and one of the best available doctors. The ICUs are named as Medical ICU, Surgical ICU, Neurology ICU and Nephrology ICU. Each ICU has a separate doctor on duty and consultants and senior consultants take regular rounds and meet the patients at least twice a day.

INFRASTRUCTURE

The understanding of human needs for healing inspired the founder of SBAMI to develop this lush 6acre green campus. The 250 bedded facilities can double its capacity in an emergency situation.

With over 30 specialties and 15 super specialties, this NABH certified hospital is truly world class. To serve more people, they have 121 critical beds and 11 state of the art operation theaters, highest in this part of the Delhi.

Patients can choose from 46 well appointed single rooms including deluxe, suites and super deluxe rooms.

There are two cath-labs in the hospital which are equipped with the latest medical technology. With 24 high end dialysis machines, their nephrology department is the largest in West-Delhi.

Extending the frontiers of healing, department of transfusion medicine goes beyond being just a Blood Bank, by making every drop count.

The department continues to acquire the latest technology for procedures such as bone marrow transplant, PRP therapy for Alopecia, disorders of the joints as well as Aphaeresis of all types.

Their NABL certified full automatic labs are the largest in West Delhi. This enables high precision and reliable results and hence quick diagnosis and accurate treatment.

They have acquired the best radio-diagnostics equipments from leading global brands, be it CT, MRI, PET CT, Mammography, X-ray, Ultrasound or Bone Densitometry, all the radio diagnosis services are available under one roof.

Equipment, facilities and nursing standards are all structured keeping patient welfare as the ultimate goal. The core catalyst of the hospital functions is patient welfare and recovery. For SBAMI, freedom from pain, restoration of perfect health and resumption of normal life with respect to the patient is of paramount importance and throughout the treatment process the mental and physical well being of the patient is the main priority. They have thus encapsulated these work ethics in their motto "healing with a human touch" and strive to always uphold it.

ASSOCIATED HOSPITALS AND CLINICS

Action Cancer Hospital, Paschim Vihar, New Delhi

Shri Balaji Hospital, Hissar, Haryana (150 bedded)

Ginni Devi Action School of Nursing, Paschim Vihar, New Delhi

Balaji Ashram, Vrindavan

QUALITY POLICY

They are committed to improve the health and satisfaction level of our patients by ensuring continual improvement by:

- Providing high quality care according to the health needs of the patients.
- Facilitating patient satisfaction by exceptional service and ensuring the dignity and rights of patients.
- Providing a safe and conducive work environment for staff.
- Ensuring accountable, consultative and transparent management process.
- Providing basic and continuing education for staff.

ACCERIDITATIONS

NABL: The department of Lab Sciences is NABL (National Accreditation Board for Testing and Calibration Laboratories) accredited.

NABH: National Accreditation Board of Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programs for healthcare organizations. The board is structured to cater to the much desired needs of the consumers and to set benchmarks for the progress of the health industry.

BENEFITS OF ACCERIDITATION

The patients get services by credential medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated.

The staff in an accredited hospital is a satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes

Accreditation to a hospital stimulates continuous improvement. It enables the hospital in demonstrating commitment to quality care.

Accreditation raises community confidence in the services provided by the hospital. It also provides opportunities to the healthcare unit to benchmark with the best.

Accreditation provides an objective system of empanelment by insurance and other third parties.

SERVICES AND FACILITIES

Operation Theater

Sri Balaji Action Medical Institute has taken great care in constructing and maintaining a total of eleven state of the art ergonomically efficient Operation Theatres (O.T.). These O.T.'S are equipped with the latest design, features and equipment conforming to the latest international standards. The hospital premises are provided with central air supply and laminar airflow. For maintaining sterile conditions epoxy coating on the floors and steel cladding on the walls has been done. The hospital offers all major or minor and elective or emergency operation services round the clock daily. Operations can also be done on a daycare basis based on the patient's requirement.

Ambulance Services

SBAMI, our foremost priority is to reach a patient in the least possible, because the treatment given to the patient in the golden hours plays a vital role in its outcome and so our emergency department is well backed with state of the art ambulance services which are fully equipped with ambulance services for both incoming and outgoing patients is available round the clock.

Support Services

General OPD™ and Private OPD™ by experienced consultants is provided in all disciplines of healthcare Accident and Emergency – The hospital has a 24 hour emergency ward well equipped to handle all kinds of emergencies under the guidance of dedicated doctors and paramedical staff. The emergency center runs its own A/C Cardiac Ambulance.

Kitchen – The main cause of spreading of infections is through food and beverages. SBAMI has a specialized kitchen area where food is prepared adhering to dietary and cleanliness standards by expert chefs. Hospital kitchen is designed to maintain high levels of hygiene with different temperature zones. Each and every equipments, trolleys or utensils are of stainless steel for greater cleanliness.

- Cafeteria and reception counter for patient
- Health status round the clock
- Internet facility in rooms
- TV cable services
- CCTV monitored security
- Laundry
- Generators for uninterrupted power supply

Accident and Emergency

The hospital has a 24 hour emergency ward well equipped to handle all kinds of treatments under the guidance of dedicated doctors and paramedical staff. The emergency center runs its own A/C Cardiac Ambulance.

The hospital has a spacious parking area and a waiting hall for visitors with access to lift and staircase from outside the building.

Mother and Child Complex

There is a specialised mother and child complex to take care of the new born, pre-term and critically sick babies. The complex houses well equipped nurseries, NICU, observation nursery, isolation and infant ICU. The center is backed by electronic labor table, latest monitors, cardiotocograph machine for external

fetal monitoring, Hi-tech neo-natal resuscitation unit beside facilities of transport incubators, latest generation ventilators, pulse oximeter, multi-para monitoring, double surface photo therapy and servo control warmers. The complex is a first one in Delhi that offers the facility of natural child birth in a single room with special birthing bed.

Contemporary Cardiac Center

SBAMI's contemporary cardiac center has an immediate intensive care to cater to serious patients during the golden hours. The cardiac center is equipped with advanced investigative facilities where important decisions like Intra-aortic Balloon Pump, Ventilator, and Cardiac Pacing are taken without any delay. Our non-invasive sophisticated diagnostic facilities include Holter monitoring system, Electrocardiogram, TMT, Color Doppler. The diagnostic tests provide complete picture of the condition of the patient before taking any preventive and remedial measures. The cardiac center also includes interventional cardiology techniques with high resolution flat panel cardiac cauterization lab that performs full range of invasive procedures of coronary carotid and renal angiography. Surgery on the beating heart is done without using heart-lung machine by a team of highly trained surgeons and anesthesiologists. The intensive care units provide constant monitoring and critical care to the post operative patients.

Radiology and Imaging

We provide state-of-the-art diagnostic services all under one roof:

- Latest MRI 1.5 Tesla MAGNETOM AVANTO featuring total imaging matrix TIM which permits seamless whole body anatomical coverage without patient repositioning

- 64 Slice latest MD volume CT
- Sub second rotation time with all advanced applications for CT angiography include non invasive CT coronary angiography
- AXIOM ICONOS remote controlled Digital Fluoroscopy
- Latest Computerized Radiology CR system.
- Latest color Doppler 4D Ultrasound machines.
- Hologic Bone Densitometer DXA for detection of osteoporosis, thinning of bones
- Latest digital mammography machine
- USG and CT guided biopsy and other interventions
- Dedicated mammography for early detection of breast cancer

PART-2

PROJECT REPORT

A STUDY ON THE PREPARATION OF DISCHARGE SUMMARIES IN A TERTIARY CARE HOSPITAL

ABSTRACT

Patient discharge is a multi-step process involving several people and departments, processes of which influences and have impact on discharge process of the patients of any hospital. Discharges must be planned in coordination with all the departments and disciplines involved and timed in conjunction with other activities.

A lengthy, inefficient process for discharging is a common concern of hospitals. It can lead to many factors such as frustration of patients and attendants and at the same time lead to delay in new admissions which are to be done against the discharges. In the discharge of patient from any unit/ specialty from the hospital numerous other departments are involved. One way to standardize event is to establish a universal discharge time. This makes the process easy for staff members to stay informed. The key elements to such an approach include:

Strategic and timely service planning (regular annual review)

Uniformity of structures and processes (i.e. follow national guidelines where they exist)

Linked protocols and pathways (e.g. shared between primary and secondary care and based on international best practice, so that objective measures of performance are readily available)

In context an effort was made to study the process of preparation of discharge summaries in SBAMI and access it in terms of time. This study was a part the curriculum of a PGDHM offered by IIHMR, Delhi in fulfillment of this program.

The study was conducted with the aim of studying the factors affecting preparation of discharge summaries, focusing on the amount of time taken for the preparation of discharge summaries, followed in the hospital for three categories of patients, i.e. Cash, Panel and TPA, admitted in the hospital. Along with the understanding of operations of discharge process in the hospital, this project also intends to find out the root cause of delay in the process of summary preparation and thereby making an attempt to find possible solutions. The study was conducted in one wing of the hospital situated on the south side of fourth floor.

During the course of study a total of 234 patients were discharged from the south wing 4^{th} floor of the hospital and were included in the study. The data was obtained by direct observations of the discharge summaries. The average time taken in the preparation of discharge summaries is 1hr 15mins and the maximum time is 4hrs.

INTRODUCTION

Discharging a patient is a common process to every hospital; it is a point where patient leaves the hospital for either return to home or to be transferred to some other facility. Discharge from hospital can be distressing time for the individuals, their families and friends as they are concerned about the well being of the patient and worried about what special has to be taken for patient at home.

For most people, however treatment will be treatment will be successful and they will return to their usual way of life very quickly through the provision of an accurate diagnosis, treatment and rehabilitative services. Some people will need additional help to enable them to do so over and above their medical treatment, involving medical instruction that the patient will need to fully recover.

Discharge planning is a service that considers the patient's needs after hospitalization.

Delayed and insufficient discharge process can have impact on numerous factors, such as patient satisfaction, bed availability, timely tests and procedures needed for discharge, home health equipment and service availability, transportation and nursing arrangements. No matter what type of patient is discharged numerous activities have to be completed for each before the patient can be released, sometimes the discharge process may get delayed which may have adverse consequences.

It is increasingly evident that effective hospital discharges can only be achieved when there is good joint working between departments of hospital organization, TPA, local authorities, primary care and the independently and voluntary secrets

in the commissioning and delivery of services including a clear including a clear understanding of the respective services, without this the diverse needs of local communities and individuals cannot be met.

A good discharge experience leaves the patient with positive emotions and a strong affinity for returning to the facility. A negative experience can override the good impression positive consideration s that was formed throughout the patient's stay in the hospital. The first stop to optimize the discharge planning process is in understanding of what it looks like from the patient's perspective.

A discharge process could be evaluated by how patients respond to the following factors:

- Time taken in discharge after they are informed about it.
- The time when patient feels ready for discharge.
- Instruction given to the patient after discharge.

No one can define delay in discharge, as hospitals are complex system of healthcare. Waiting time on trolley for emergency, less number of doctors per patient, complex system of follow up with each other is main factor of time wastage in a hospital, which can lead to poor communications and poor discharge procedure. Delay in discharge have affect on long stay of patient in hospital and dissatisfaction of patient, which can ultimately lead to falling reputation of a hospital.

Improving Patient Flow

Our social insurance framework has turned out to be perplexing after some time with assets being shared between forms for practicality's purpose. We see that there is characteristic variety in our procedures, and we have not dispensed with

every one of these wellsprings of varieties to make our procedure amazing, repeatable and safe. As an outcome our group tries to remunerate by means of the current frameworks, regularly however working progressively harder and longer as opposed to more quick witted. The advancement of human services forms after some time has prompt fundamental issues that incorporate poor planning of arrangements and assets, excessively complex pathways, an absence of possession and control of patient's pathways, an absence of ensuing administration of patients once they are on their pathways, few characterized procedures and standard working and inadequately evaluated limit and request. The issue of deferred input and poor booking, organization and data frameworks mean we frequently discover past the point of no return about issues in the framework to take successful use of assets. To enhance stream we have to upgrade the frameworks and procedures that deliver the intrusions to persistent adventures, yet we have to guarantee that elite isn't accomplished to the detriment of value.

Discharge of Patient

It is the procedure by which a scene of treatment of a patient is formally finished up by a wellbeing proficient or a doctor's facility.

Going home is perhaps the most welcomed, appreciated, and greatly anticipated event in a hospital stay. Discharge process being the last advance in the healing facility, is probably going to be very much recollected by the patient. Regardless of whether everything else went inadmissible, a moderate disappointing release process can bring about low patient fulfillment. One research finding that amazes healthcare professionals is this; Patients who experience longer stay at hospital are significantly less satisfied – no matter what their diagnosis. The data

tell us that, typically, patients want to go home at least as much as the hospital staff wants to see them go home. Most salient is the prospect that, by reducing length of stay, facilities can simultaneously achieve higher patient satisfaction and significant cost savings.

Hospital discharge must be viewed as a process rather than an event.

Improving discharge performance

Release from healing facility is a procedure and not a disengaged occasion, it ought to include the advancement and usage of an arrangement to encourage the exchange of a person from clinic to a suitable setting. The people concerned and their professions ought to be required at all stages and kept completely educated by general audits and updates of the care design. Getting ready for the healing center release is a piece of a progressing procedure that should begin preceding confirmation for arranged affirmations, and as quickly as time permits for every one of the confirmations. Nearby usage of the single appraisal process (SAP) needs to assess this basic issue.

Standard operating procedure of discharge in SBAMI

- The hospital check-in/ check- out time is 12pm
- Discharge process is initiated after discharge order is given by the doctor or discharge request is made by patient
- Bill clearance is required in Billing Department for further processing of the discharge process
- A copy of all documents in patient IP case file except patient investigation reports are kept with hospital for further Physical Discharge Process

- No patient is advised to leave without a discharge summary. The discharge summary will specify the date for follow up, especially in case of surgery.
- Patients are requested to fill the feedback at the time of discharge and give their valuable suggestions.

PATIENT TYPES IN SBAMI:

1. Cash Paying Patients
2. Insured (TPA)
3. Panel patients (CGHS, MCD, etc)

LITERATURE REVIEW

As per a publication by Pirani & Sabza in 2010 release arranging should begin before affirmation (for an arranged confirmation) or at the season of affirmation (for an impromptu affirmation). A blend of individual variables, most prominently age, restorative factors, for example, nearness of different pathology, and hierarchical factors, for example, absence of elective types of care offices put patients in danger of deferred release. In addition, absence of medical attendants' interest likewise contributes toward the deferring of release.In a report by the kings funds published in January 2005 to sustaining reductions in waiting time, it was found that successful Trusts started to address the task of reducing waiting times in a systematic way and preserved with the task. The redesign of flow through healthcare processes follows four key steps:

- Simplification;
- Identification, control and elimination of variation;
- Setting up feedback and control systems;
- Managing and refining the process on ongoing basis.

An assortment of studies have endeavored to discover the reason for extreme lining in clinical situations, the resultant overabundances and broadened holding up times. Regularly discernment is held that there is inadequate limit (beds, offices, diagnostics, specialists, medical attendants, and so on.) to take care of demand, however different examinations (Sylvester et al (2003) – Modernization Agency) have discovered that an absence of limit is ordinarily not the real issue. All the more frequently the fundamental driver of lines creating is the bungle between interest for an administration and the limit accessible. Furthermore there is regularly no connection between's holding up

times and the level of patient request. For healthcare managers and clinicians trend analysis of the data is of utmost importance. ALOS, Queuing time, Admission time, Discharge time, Transfer time, Average midnight utilization are few things which need a constant track at all junctures. In an audit of release arranging from healing center to home , Sheppered et al (2003) report than about 30 percent of all doctor's facility releases are deferred for non-restorative reasons. The reasons for such postponement, revealed by the U.S. Division of Health in 2003, incorporate lacking appraisal bringing about, e.g., late reserving of transport and poor correspondence between the clinic and suppliers of administrations in the group.

The normal deferral for 3,111 patients anticipating release from intense to sub-intense care in 80 North California intense care general clinics amid May 1999 was 16.7 days. A similar Michigan think about distinguished a rate of 6.5 days. Deferred releases are accepted to bargain the nature of patient care, mirror an absence of productivity and viability inside the continuum of care and an absence of administration coordination. The creators of the investigation note overwhelming consideration patients never again requiring intense care yet with needs surpassing the limit of nursing homes are involving doctor's facility beds for drawn out stretches of time in respect to customary intense stays (Falcone et al 1991). Patients may leave doctor's facility without satisfactory planning when staff attendants are ignorant of the release date. The ICU have entangled care needs at the season of release; medical attendants and relatives/guardians should be told of and plan for release well ahead of time. The creators were not able find information on familiarity with release arranging might be disregarded or not very much conveyed in the quick paced condition of the intense care healing center (Lipson et al 2006).

An investigation of 80 social laborers utilized in 36 not-revenue driven intense care healing centers in Cook County, Illinois infers that release arranging comprise basically of solid asset arrangement with a directing segment in view of basic leadership. They refer to an examination that found that in release arranging, mental issues and relationship issues are routed to the degree that they meddle with auspicious release (Kadusin and Kulys 1993).

A study with a large integrated NHS in Northern Ireland associated poor communication among health and social care professionals with quality problems in discharge planning (McKenna et al 2000). There is a very much reported NHS best practice on viable release forms (2007). Cases of these include: assessed date of release (EDD), general morning rounds, a strategy on (mind) Home of decision drove from a senior level, nurture drove release courses of action, convenient "to take out" solutions, very much utilized release parlors, and all around upheld multi-disciplinary gatherings.

FOCUS STUDY

- **General Objective :**

  To analyze the factors affecting preparation of discharge summaries of patients admitted in the semi-private wards of south wing fourth floor of SBAMI.

- **Specific Objective :**

  1. To monitor the different parameters in the preparation of the discharge summaries of the patients in SW4F.
  2. To find the actual cause for delay in the process.

- **Purpose of the study :**

  The main aim of the study is to find out the problems with the preparation of discharge summaries and to identify the areas of improvement and to develop recommendations in accordance with the organization for strengthening and improving the quality of services delivered. The study also intends to analyze the overall satisfaction of the patients being discharged from the hospital.

METHODOLOGY

- **Research Design:**

The investigation is a clear report and also quantitative research. It is an unmistakable research as it incorporates studies and truth discovering enquires of various types like enquiry for persistent fulfillment identified with pausing and postponements in healing facility exercises like release exchange. It is a quantitative research as it enumerates the percentage of discharges within time and enumerates and analyses the time span of each of the steps for discharge as well as various elements leading to discharge on or off time.

- **Sampling**

All patients discharged from the 4th Floor south wing from 1st March 2018 till 15th April 2018 is included. (A sample of 234 patients)

For each phase IP subjects at SBAMI were studied using the method study technique for identifying the critical processes and look at possible ways of reducing the cycle time.

These patients are from variety of segments including Cash paying, Corporate and insured (TPA patients)

Resources Used

1. Hospital staff (including typist, ward secretary and sisters)
2. HIS
3. Patients

- **Procedure Adopted**

a) Information regarding the institute, concept behind the establishment, location, area, history, planning, manpower, organizational hierarchy and other details were collected from hospital's manual, records, concerned authorities and from other sources.

b) Various departmental/services (clinical, supportive, ancillary and administrative) of the Institute were studied by observation.

c) Training in these identified areas/departments also involved collection of information and data from co-coordinators, personal observation and by assisting the concerned personnel in daily operational management of that area.

- **Data collection**

Data was collected by primary and secondary sources:

I. Primary

- Participatory observation
- Group discussion with nurses
- Key informant interviews with the ward secretary, doctors and medical transcriptionist
- Time motion study

II. Secondary

- Work manual of the departments.
- Registered records of particular departments.

- **Expected Outcome**

The aim of time motion study is to analyze a situation, examine the objectives of the situation and then to synthesize and improved, more

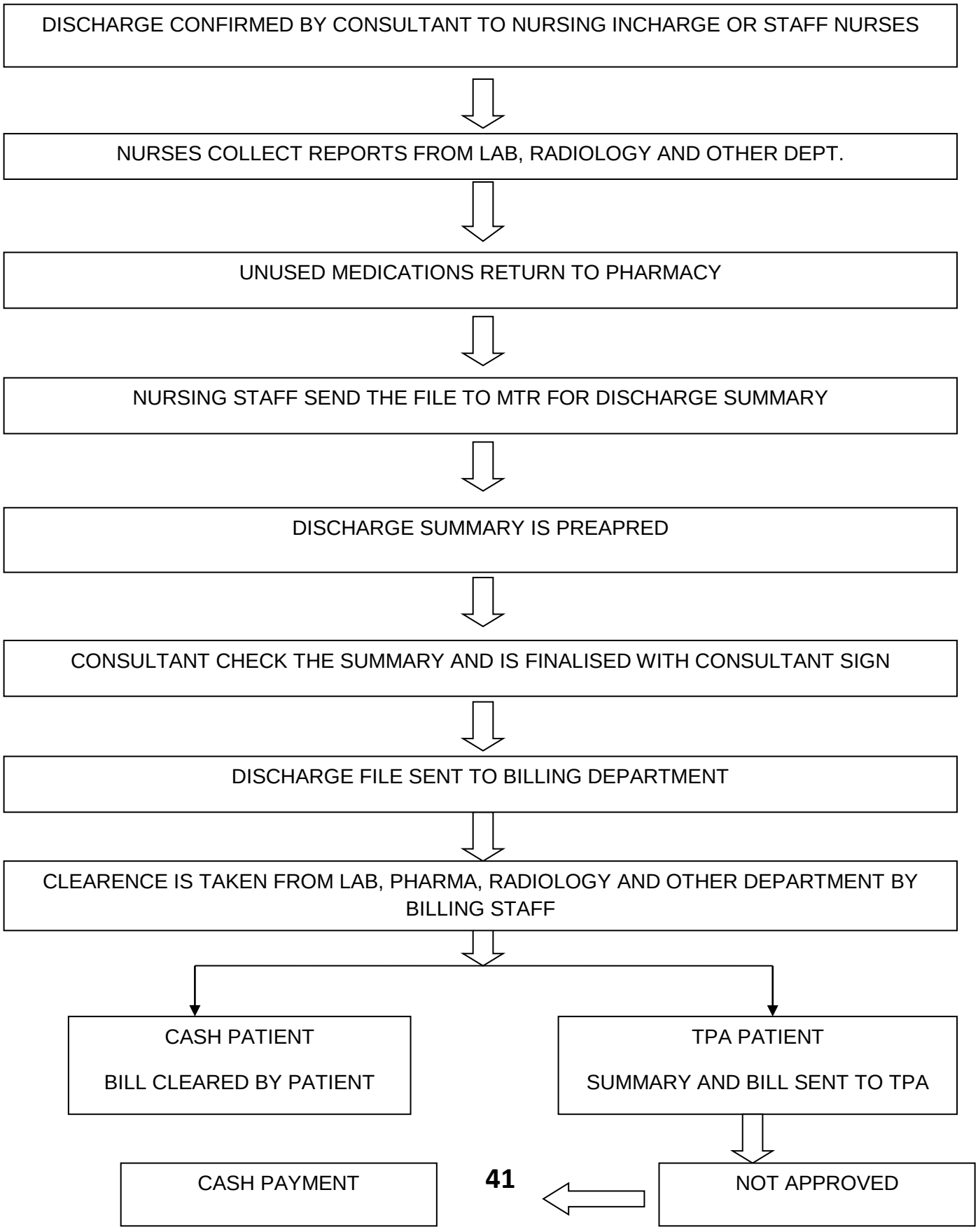
efficient and effective method or system. Accurate observations were made and recording of existing work methods to identify the critical activities and look for indicators from which new methods might emerge. Different work patterns were observed and time was recorded to determine the time it takes the qualified worker to complete a specific job to the current required level of performance.

The point of time movement think about is to break down a circumstance, inspect the goals of the circumstance and after that to incorporate and enhanced, more proficient and viable technique or framework. Exact perceptions were made and recording of existing work techniques to recognize the basic exercises and search for markers from which new strategies may rise. Diverse work designs were watched and time was recorded to decide the time it takes the qualified specialist to finish a particular occupation to the current required level of execution.

- **Time frame:**

March 1st – April 15th 2018

DISCHARGE SUMMARY PROCESS FLOW

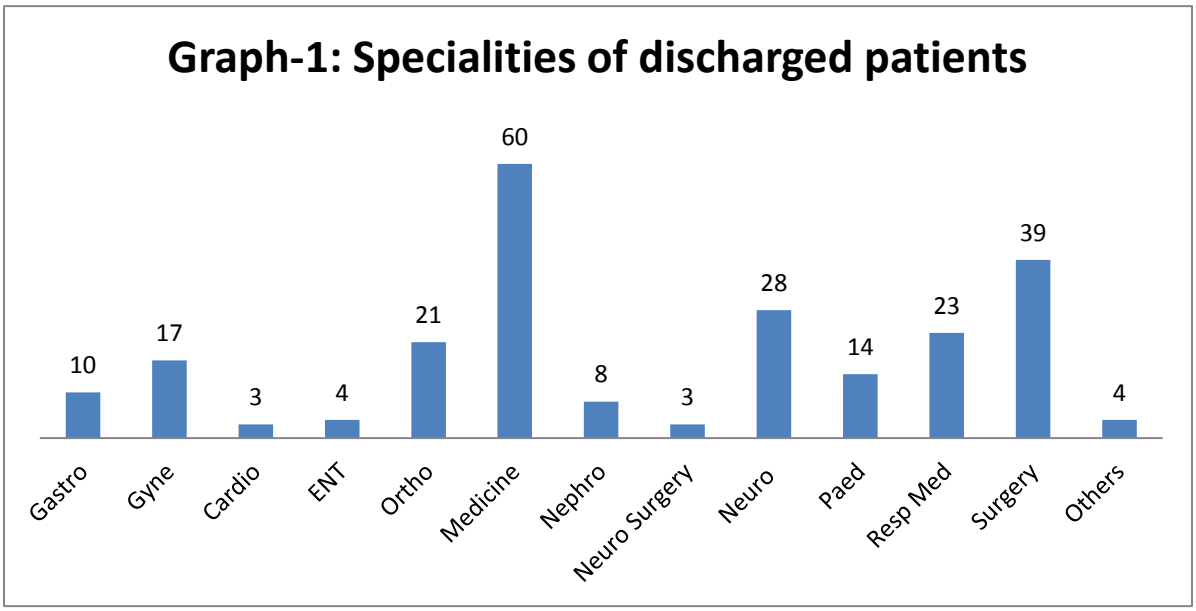


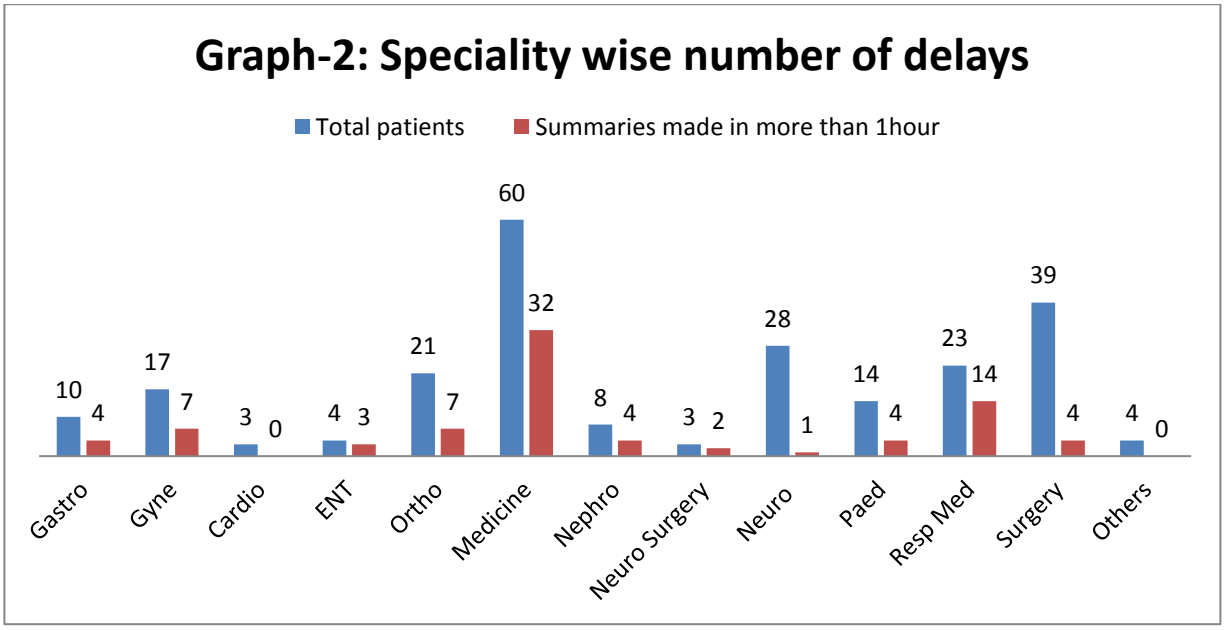
RESULTS

The examination spun around the discharges that were done from SW4F. Over the span of study, a sum of 234 patients was discharged. Out of the aggregate patients released, patients had a place with three distinctive paying classes. The patients were either money paying, or had a place with a portion of the administration board or had come through one of the insurance agencies. It is watched that greatest number of patients had a place with the TPA class i.e. they came through anybody of the insurance agencies (103 patients). Following TPA, 91 patients had a place with the board class of paying sort and just 41 out of 234patients were money paying. From this circulation of paying class, it can be presumed that, most extreme patients are driven from protection.

It is clearly depicted from the bar graph that 43.9% of the patients belonged to TPA, followed by 38.7% patients belonging to panel and the least number of patients were cash paying i.e. 17.5%.

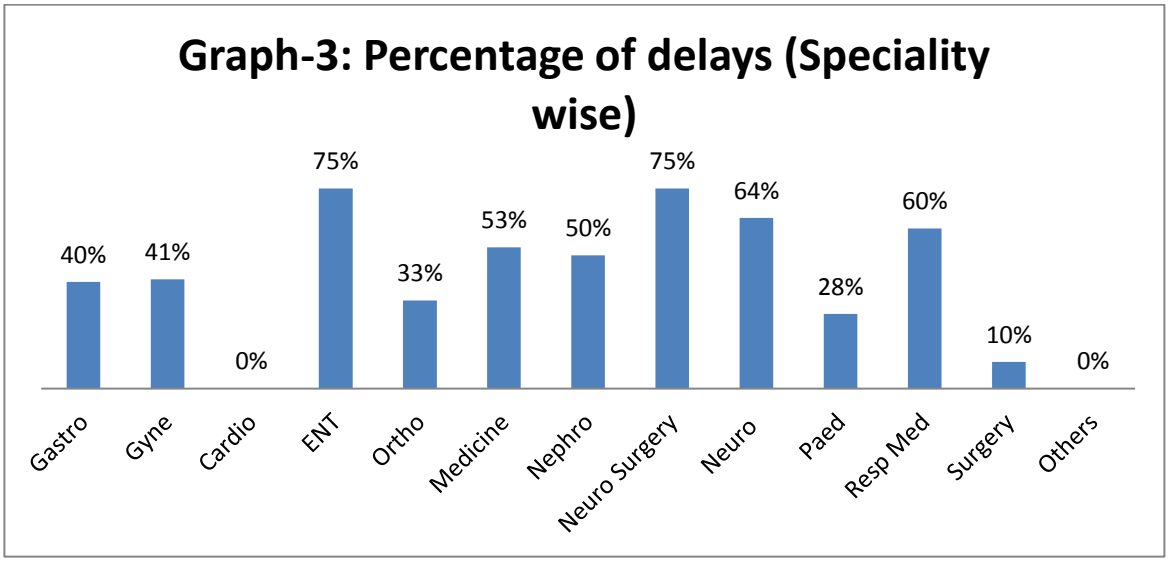
The total discharged patients belonged to 13 different specialties served in the hospital, naming few, gynecology; cardiology; medicine; ENT; Nephrology; Neurology and etc. Maximum numbers of patients were under medicine followed by surgery and neurology. (Allude Graph-1)



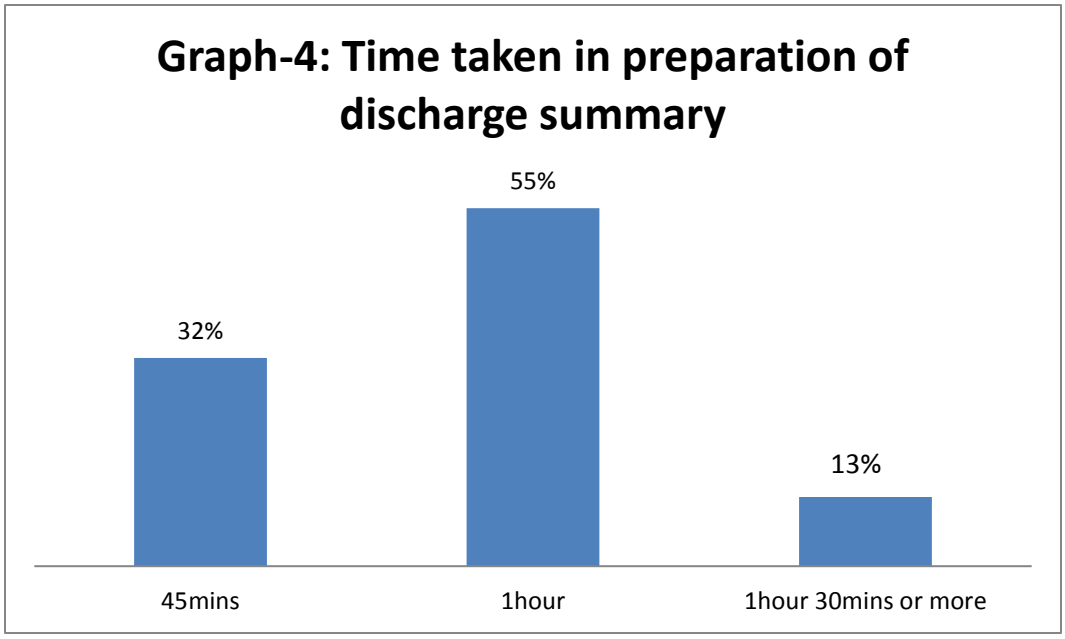


Out of the aggregate 234 rundowns arranged in the term of 45days, 99 outlines relating to various strengths were made in more than 1hour. Most extreme postponement, i.e. 75% out of the aggregate, can be seen in the outlines of neuro-surgery and ENT. Tailing them, noteworthy deferrals can be seen in

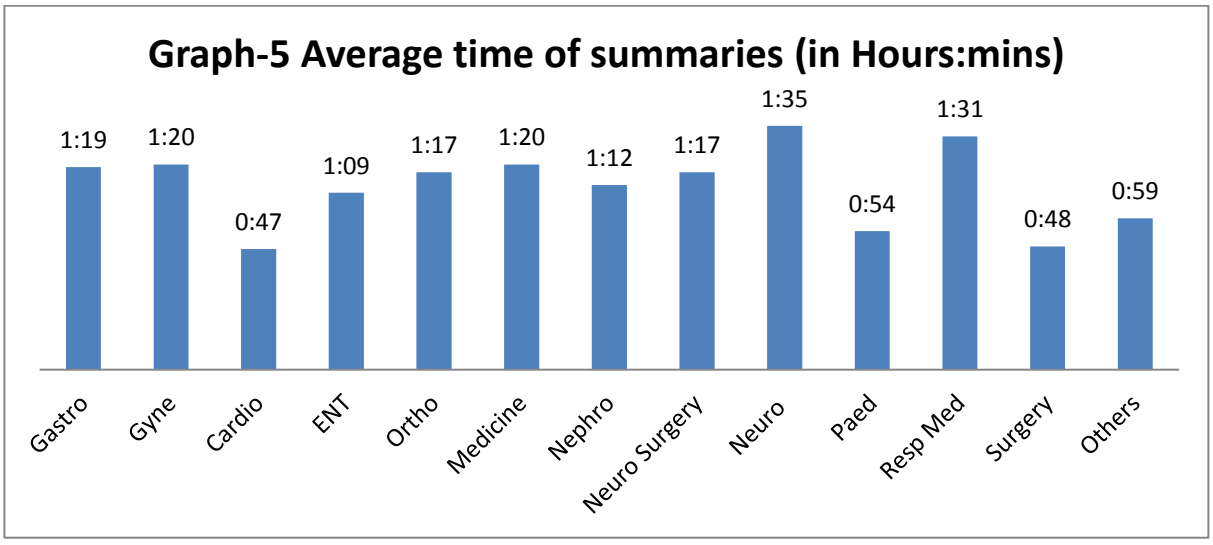
neurology (64%), Respiratory medicine (60%) and medicine (53%). Least postponements have been seen in the rundowns of surgery i.e. just 10% of the outlines were set up in more than 1hour. None of the outlines were delayed in Cardiology, Rheumatology and Urology and KTU. (Allude Graph-2 and Graph-3)



The normal time according to the conventions of the hospital for the planning of release synopses is 1hr. From the examination, it is inferred that the normal time taken in the arrangement of release synopses was 1hr 15mins. Out of the aggregate releases 32% rundowns having a place with various fortes were set up before 45mins. 55% of the rundowns were set up inside 1hr of the request of release by the advisor. 13% took 1hr 30 mins or more for the arrangement of outline.



The average time taken for the preparation of summaries of cash discharges is 1hr 9mins while that for panel and TPA is 1hr 18mins, which is clearly more than the conventions of the hospital. Minimum time is taken in the preparation of summaries relating to cardiology i.e. 47mins on an average (allude table-4 and Graph-5)



Factors leading to delay in the preparation of discharge summary are as follows:

- Doctors busy in the rounds of other patients leads to delay in the preparation of provisional discharge summary.
- Sometimes everything is ready, but couldn't still be served to patient because nursing staff is very busy and they send the file late to the Medical Transcription Department (MTR).
- Doctors being busy in the OT and other critical procedures lead to delay in the checking of the summaries as prepared by medical transcriptionist.
- MTR being loaded with multiple discharges at the same time.
- All files are not made in the same department, summaries relating to departments like neuro-surgery are first made hand written by the doctor and then sent to MTR for typing. The shifting of files from one place to another takes time and hence leading to delay in the preparation of summary.
- Corrections in the prepared summary are also one of the causes of delay in discharge summary.
- Sometimes the ward-boys or ward-ayes are busy on the floor and hence files are sent late to the MTR, which leads to delay in the overall discharge of the patient.
- The summaries also get delayed on the days when doctors have their call days or are busy in OPD.

CONCLUSION

1) **Cross Referrals:** It was noted that cross consultations on the day of discharge were leading to discharge delays as the patient could not be confirmed for discharge until and unless seen by the doctor referred.
2) **Nursing Ration:** this pose a problem when out of five, three patients of the same nurse is about to get discharged. It adds great amount of pressure on the nursing staff in terms of preparing the patient for discharge and explaining him/her their respective medications.
3) **Waiting time for doctor in OPD:** at many times it was noted that even though the consultant had met the patient in the morning rounds while instructing him/her about the discharge, but the doctor came late from OPD to finalize the summary.
4) **Delay in Radiology and Lab Reporting:** The turn – around time for radiology and lab reporting was high which resulted in unavailability of hard copies of the reports and led to delay in preparing and completing the patient files.

SUGGESTIONS

1. Nurse should know the expected discharge date so that she can complete her noted the night before the discharge and return left medicines to the pharmacy.
2. Clearances from the radiology and lab should be taken by financial assistant the night before the discharge is planned.
3. Discharge summary should be written by the night duty MO's
4. Effective and timely discharge can only be attained by interdepartmental coordination and proper communication between all the tem involved in the discharge process.
5. If possible, more and more cases should be planned discharge. As in the following cases:
    a) Patient shouldn't be discharged immediately on request. He could be planned for evening discharge so that it should also turn out as an appropriate discharge otherwise, not only case in itself will be delayed but also shackles the strength of other planned discharges.
    b) Discharge coordinator/ nurse should coordinate for parallel work flow which is seen absent in many cases, such as to, inform to dietician or physiotherapy, or should inform the house keeping department for wheel-chair (if required) as initiated by treating physician during the time she is preparing DS, for smooth process.
    c) In cashless patients, documents should be collected with the time so that the nurse doesn't have to rush to collect reports or summary at the time of discharge.
    d) Patient should be well informed about the time the whole discharge process will take.

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