

Dissertation Internship at



Patient satisfaction with respect to discharge process

By

Dr. Diksha Kaushik

Under the esteemed Guidance of

Dr. Vinay Tripathi

Post-Graduate Diploma in Hospital and Healthcare
Management



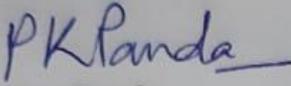
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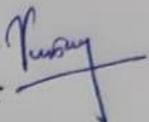
Management Research

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Diksha Kaushik** 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 **Park group of Hospital** from **25th March to 25th June**.

The Candidate has successfully carried out the study designated to him during internship training and his/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/her future endeavors.


Dr Pradeep Panda

Mentor 
IIHMR, Delhi

Dean, Academics and Student and Affairs

IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "**Patient satisfaction with respect to discharge process**" at "**Park Group Of Hospital**" 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

A. P. L. Jashu
Dr. A. K. Khokhar
Dr. Nishant Bhe

Signature

[Signature]
[Signature]
[Signature]

(Completion of Dissertation from respective organization)

The certificate is awarded to

Name Dr. Diksha Kausik

in recognition of having successfully completed his/her
Internship in the department of

Title Operations

and has successfully completed his/her Project on

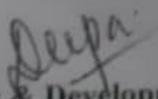
Title of the Project "Patient satisfaction w.r.t
discharge process"

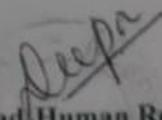
Date _____

Organisation Park Group of Hospital ; Gurugram

He/She comes across as a committed, sincere & diligent person who has
a strong drive & zeal for learning.

We wish him/her all the best for future endeavors.


Training & Development


Zonal Head Human Resources



Annexure F

FEEDBACK FORM

Name of the Student: *Dr. Sikeha Kouchik*

Dissertation Organisation: *Park Hospital; Gurgaon*

Area of Dissertation: *"Operations Department"*

Attendance: *82%*

Objectives achieved: *Yes*

Deliverables: *Yes*

Strengths: *She is highly ambitious and self confident candidate*

Suggestions for Improvement: *she should work on her communication skills.*

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

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

M. S. K.
03.06.19

Date:

Place:

(This is only professional opinion and not the diagnosis. Please correlate clinically.)

ACKNOWLEDGEMENT

I **Dr. Diksha Kaushik** present my sincere gratitude to **Ms. Bhawna Khirbat (GM Operations)** and who had given me the opportunity to learn and explore my knowledge about working in various departments of Park Group of Hospital, with sense of gratitude and profound privilege.

Secondly, I express my sincere thanks to **Dr. Vinay Tripathi (Mentor, IIMR)** for his keen interest, constant motivation, and constructive criticism for accomplishment of this project.

Lastly thanking all my colleagues for their help and constant support

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INTRODUCTION

Park Group of Hospitals is the fastest growing chain of Super Specialty affordable hospitals in India and presently operating with over 1500 beds in Delhi NCR & Haryana. Park Group of Hospitals is committed to deliver comprehensive highest quality personalized health care at low cost to persons of all age groups. Park Hospital is the best affordable hospital in North India which is NABH accredited and provide comprehensive spectrum of advanced medical & surgical interventions with a perfect a perfect mix of inpatient and outpatient services to patients of all age groups and social and economic backgrounds.

OTHER BRANCHES OF PARK GROUP OF HOSPITAL

Park Hospital: Karnal

Park Hospital: Faridabad

Park Hospital: Hodal

Park Hospital : South West Delhi

Park Hospital: Panipat

GURGAON





Park Hospital
Multi Super Speciality Hospital

OUR LOGO

The two hands stand for care and help. Blue color signifies excellence and orange color indicates zeal for care. The logo also signifies and assures people that they are in safe and caring hand.

OUR VISION

Our Hospital is committed to delivering high quality of personalized care to people of all ages and in every stage of life.

OUR MISSION

To be leading healthcare provider, providing comprehensive quality of healthcare at affordable cost.

PARK HOSPITAL SIGNIFIES

P – Personalized

A – All Specialties

R – Reasonable Cost

K – Kquality of care

SERVICES PROVIDED

Multi- Specialty Services

Department of Anesthesiology

Department of Bariatric Surgery

Department of Dental Care

Department of Dermatology

Department of Endocrinology

Department of ENT

Department of Gastroenterology

Department of Internal Medicine

Department of Ophthalmology

Department of Pediatrics

Department of plastic surgery and reconstructive surgery

Department of Psychology

Department of Pulmonology

Department of Radiology

Other Units

Unit of Cardiology

Unit of Cardiac Surgery

Neuro Sciences

Unit of Neurology

Unit of Neurosurgery & Spine

Unit of Orthopedics & Joint Replacement

Unit of Oncology

Unit of Nephrology & Dialysis

Unit of Obstetrics & Gynecology

VARIOUS DEPARTMENT VISITED

QUALITY DEPARTMENT

Quality department policy is committed to create awareness among functionaries involved in hospital and health management

Functions of quality department:

To practice patient centric approach.

To ensure safety of patients, employees and other service providers.

To monitor, measure, assess and improve our performance to achieve service, clinical excellence and patient satisfaction and help in maintaining NABH standards.

HUMAN RESOURCE DEPARTMENT

HR Department is responsible to recruit persons for the hospital and kept record of the recruited persons. Performance appraisal is decided on the basis of rating given to that employ.

Also enhances employees self service capabilities immediate and easy access to HR related information

BILLING DEPARTMENT

The main activity of billing department is to confirm the billed amount for the following

For the room tariff.

For the operative procedures

ROOM TARRIFF: The room charged is updated in the software (charge of per day is added accordingly by the room occupancy)

IT DEPARTMENT

The function of IT department is to support for clinical and non-clinical queries.

Non clinical support is given by billing etc.

Addressing requests for change address /requests of technical complains.

Process flow of department:

The request for addressable of the complaint/ the addressal for improvement request. Is checked.

In case of system improvement, the evaluation of request has to be equated than the request will be finally feasible.

The department has to interact with HR for the addition / deletion of system rights.

SUPPLY CHAIN MANAGEMENT

SCM help in planning and management of all activities involved from sourcing to procurement of logistics and management of activities.

The supply chain has two main objectives.

The first is make sure the product is always available whenever is required.

The second is to ensure the first objective is full filled in best affordable way.

CSSD DEPARTMENT

Sterilization of equipment's is the **core function** of this department

It has **3 zones one is cleaning, disinfection and sterilization.**

Documentation for each zone is separate. But each have link with each and every nursing station.

Sterilization takes place with steam or gas. Gases used are Hydrogen per oxide and ethylene for plasma and ETO.

BIOMEDICAL WASTE MANAGEMENT:

Main function:

Is to maintain the equipment's which are used and can be recycled for further usage.
Management of all wastes of Park Hospital
Providing annual maintenance of biomedical waste.

OPD AND IPD DEPARTMENT:

Main functions:

To coordinate with all departments heads, medical and non-medical for smooth flow of patients.
To be responsible for the resolution of all patients queries.
To ensure timely and accurate registration.
To effectively handle, appointment, admission and discharge of patients
To check panel of patient's and accordingly verifying cards for ECHS ,CGHS and ESI panel from patient's.

MEDICAL RECORD DEPARTMENT:

Medical record department deals with legal, scientific and administrative document relating to patients. When patient is discharges from hospital his IPD file is sent to MRD where file is checked for complete and chronological order of document and ICD coding is done. All files are also checked and arranged according to different panel (CGHS,ECHS,AYUSHMAN BHARAT,ESI)

-

EMERGENCY AND TRAUMA DEPARTMENT

Emergency & Trauma Care is manned by ACLS Certified post graduates, is capable of handling all type of emergencies. The hospital around the clock facility of trained doctor's and nurses. They ensure care at all level which improves the chance of survival for patient. It is operational 24x7 with all specialized services and specialist..

Even some panel patient also take admission from emergency written as ECHS "E" on their file top than referred to respective IPD.

OPERATIONS DEPARTMENT

To embed best practices in operational facilities to yield bottom line impact.

Track patient flow from admission to discharge

To check panel of patient

To ensure minimum stay of at least 11 days for panel patient (CGHS,ECHS)

To ensure permission for esi patient

To see and give OT clearance for any ot procedure for any panel patients.

RESEARCH QUESTION

The study was conducted to:

To identify and study overall discharge process with respect to patient satisfaction

OBJECTIVES

Analysis of secondary data provided in form of feedback form from the patient during discharge.

To evaluate any loopholes in or during discharge process.

DISCHARGE PROCESS

Discharge is defined as a release of a hospitalized patient from the hospital with permission of physicians after providing necessary medical care for period deemed necessary.

Discharge process is initiated only after the patient's consultant deems his/her fit for discharge.

Types of discharges:

1. Planned discharges
2. Unplanned discharges
3. Discharge on request
4. LAMA(Leave against medical advice)

Planned Discharges: Discharges should plan one night prior to the date of discharges, when patient is fit for discharge.

Unplanned Discharges: When the doctors come for their rounds and they feel that patient condition is good enough to discharge then doctor advice to discharge the patient.

LAMA: It is the discharge against medical advice on request of patient with LAMA summary.

Discharge on request: It is the discharge decision taken on request by the patient or relative of patient with discharge summary.

Steps in Discharge process

1. Doctor will come in IPD and see his patient's in different ward.
2. Doctor will check patient and write discharge orders in patient file
3. Operation department will give clearance for discharge.
4. For esi panel patients permission from esi is followed.
5. Doctor will review patient medications and will advise medicine to be taken at home.
6. The doctor gives the order to the nurse for follow up for discharge process
7. Floor manager will process the file to the billing department and collect the discharge summary.
8. Floor manager will call patient's family members in case of any tpa /cash pts. For clearance of bill.
9. Discharge instructions are given to patient's w.r.t medications, follow up, discharge summary.
10. The GRM Manager will ask patient /patient attendant for filling feedback on the discharge plan and discuss any concerns or questions.

PROBLEMS/ISSUES

1. For discharge of esi patient sometime permission or letter is issued to the patient in those cases we have to stop the discharge process which gives negative impact on patient experience level.
2. Lastly discharge tat, lab tat is absent which makes more discharge process more fussy as we are unable to find turnaround time for discharge.(not knowing time taken for whole discharge process)
3. Medical transcript are of non-medical background and they sit in billing department so lack of communication b/w consultant and those results in wrong discharge summary
4. Doctor's round is late nearly 11.00am which makes further delay in discharge process leading to less patient satisfaction.
5. As financial counselling is absent it leads to conflicts at the discharge time when patient sees bill is higher than estimated (cash)

RESEARCH METHODOLOGY

Mode of Data Collection:

FOR DISCHARGE PROCESS

Primary data was collected by working on ground wards/floors (taken as field) and also having direct conversation with some discharged patient/patient's attendant. **Secondary data** was collected from feedback form used as questionnaire.

Study Design - Observational study

Study Area – Park Group of Hospital Gurugram (Ground Floor)

Study Period- 1st April to 20th May

Sample Size- above 150 Patient discharged from ground floor

Study Tool- Questionnaire in feedback form

ANNEXURE

1. Was proper explanation of overall discharge process to pts?

Excellent

Good

Fair

Poor

2. Was explanation. of discharge process summary provided to pts?

Excellent

Good

Fair

Poor

3. Was quality of responses by TPA desk was opt. regarding queries of pts?

Excellent

Good

Fair

Poor

4. Staff Courtesy for pts?

Excellent

Good

Fair

Poor

5. Cleanliness in hospital?

Excellent

Good

Fair

Poor

6. Facilities and accommodation in hospital?

Excellent

Good

Fair

Poor

7. over all discharge process?

Excellent

Good

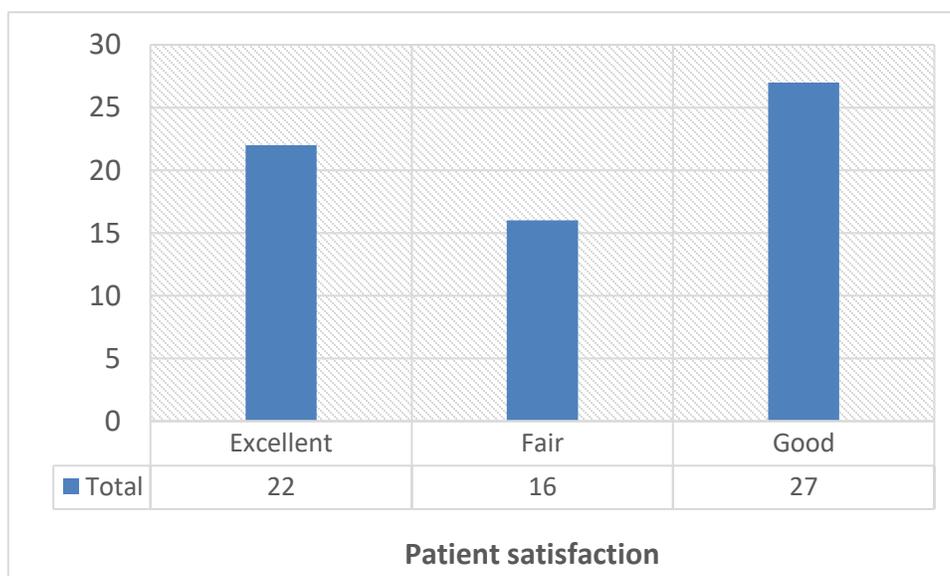
Fair

Poor

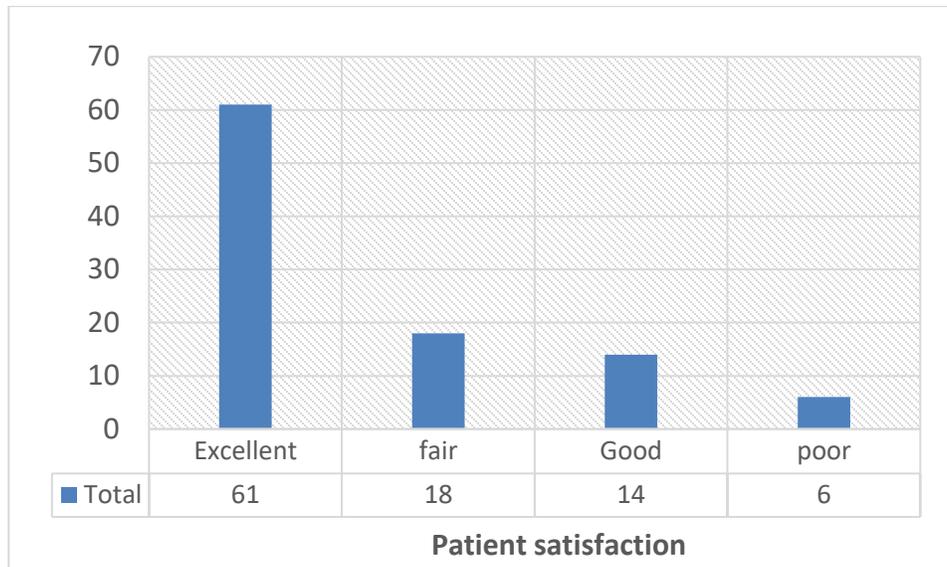
Bar Graph showing that was proper explanation of overall discharge process to patients (April)



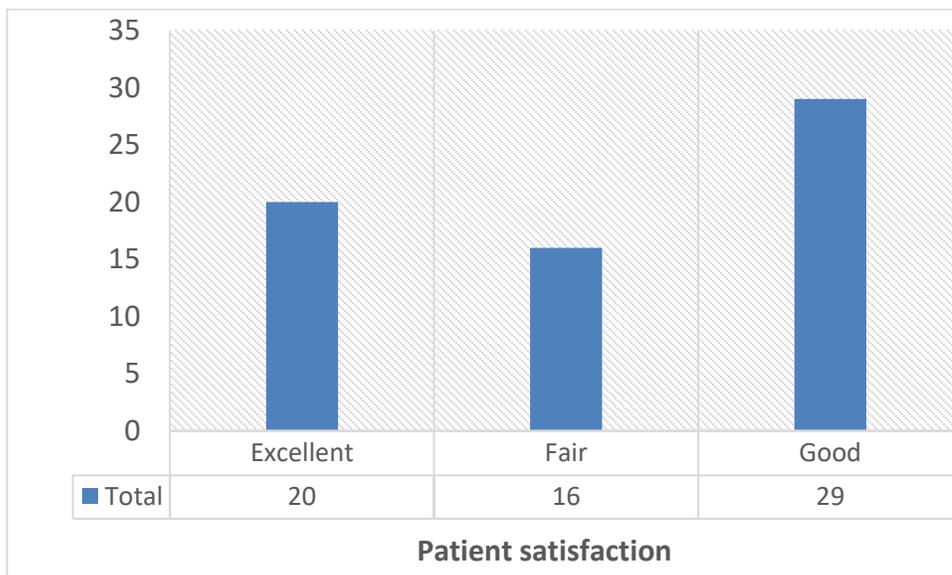
Bar graph showing that was proper explanation of overall discharge process to patient's (May)



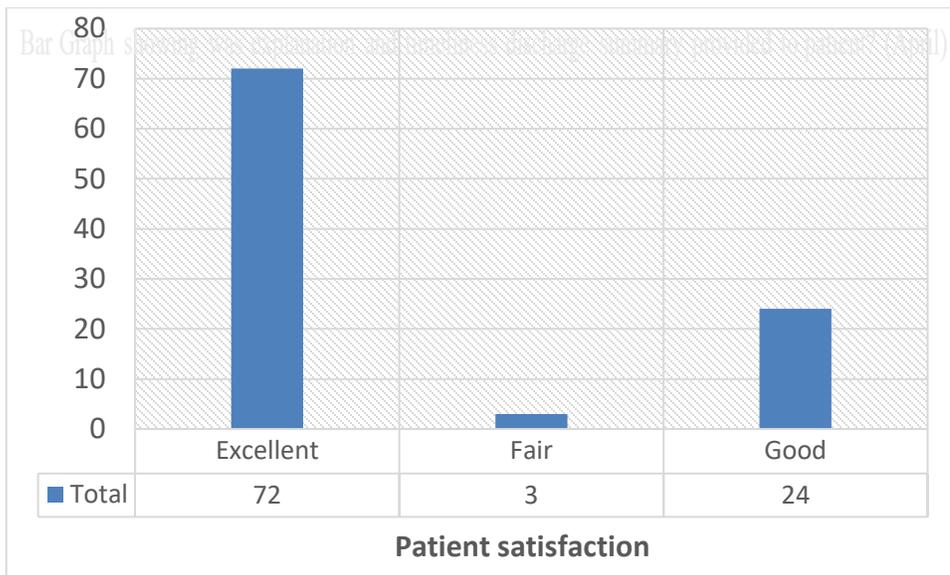
Bar graph showing was quality of response by tpa desk was opt regarding queries of pts.?(April)



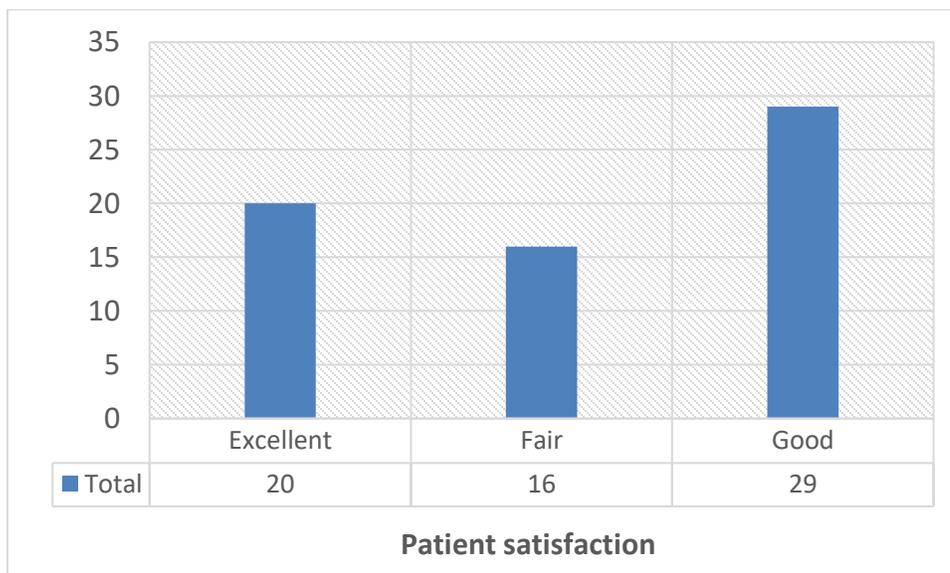
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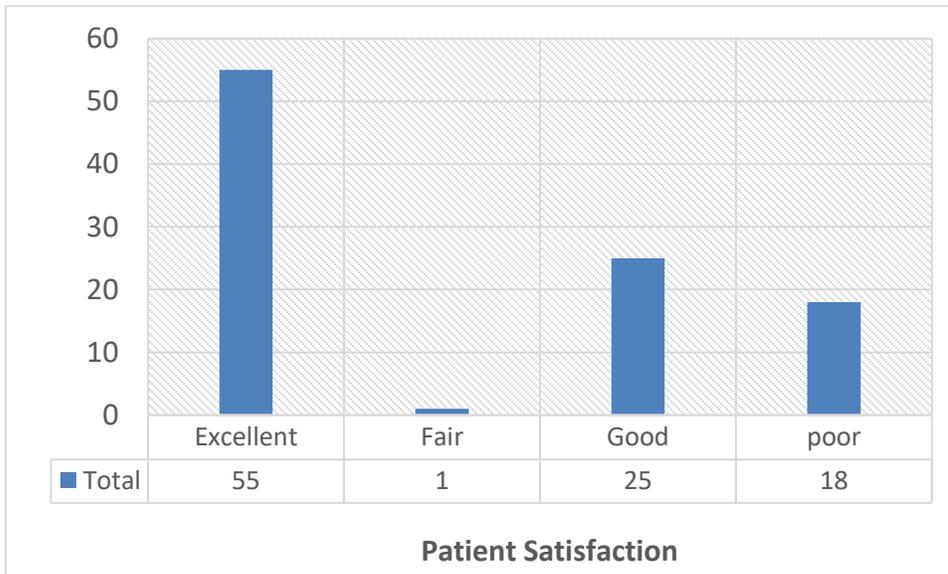
Bar Graph showing was explanation and timeliness discharge summary provided to patients(April)



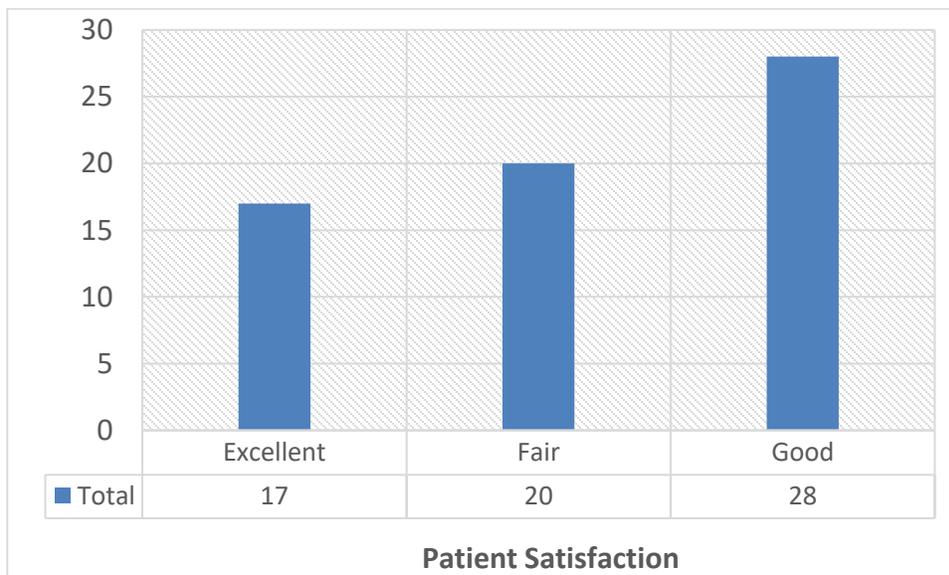
Bar graph showing was explanation and timeliness discharge summary provided to patient? (May)



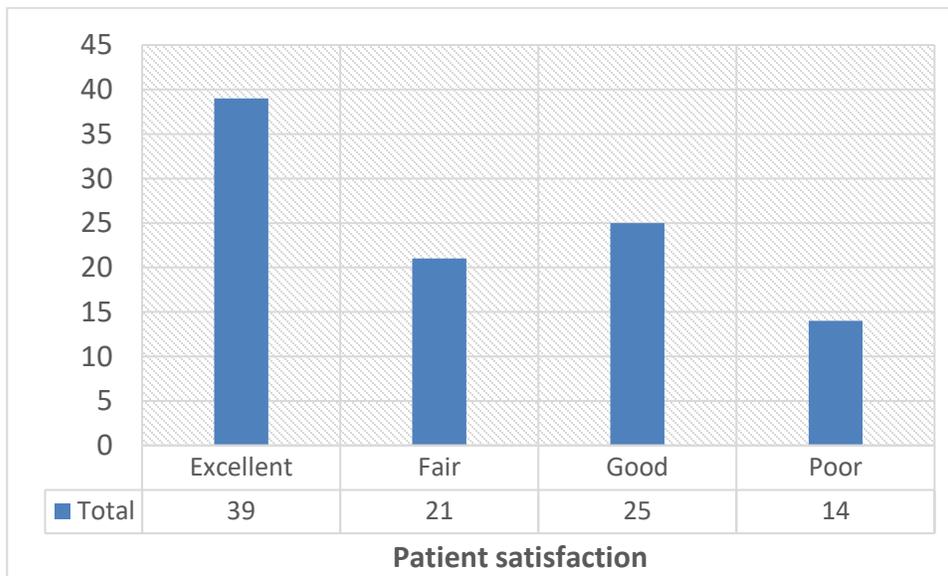
Bar Graph showing Staff courtesy for pts?(April)



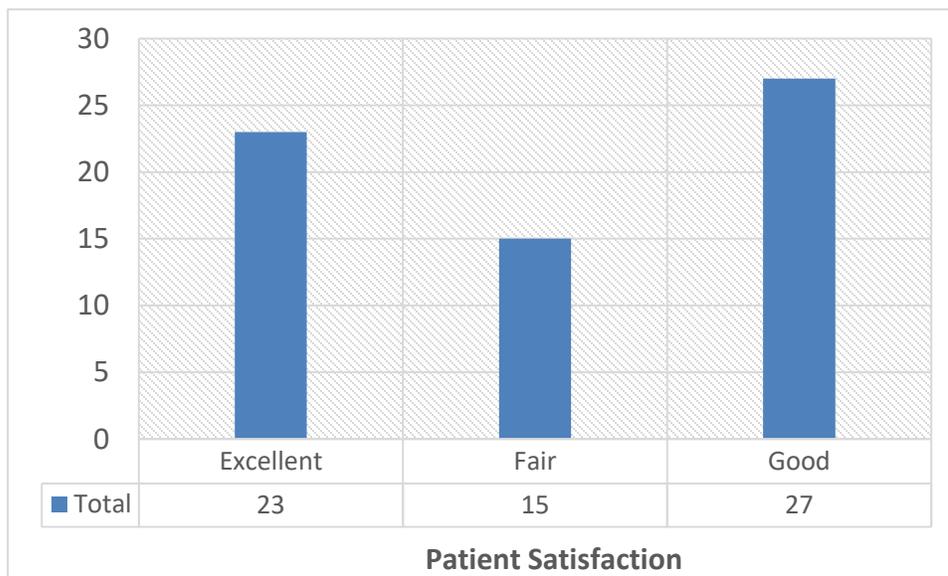
Bar graph showing staff courtesy for pts?(May)



Bar graph showing patient satisfaction with respect to cleanliness of hospital?(April)



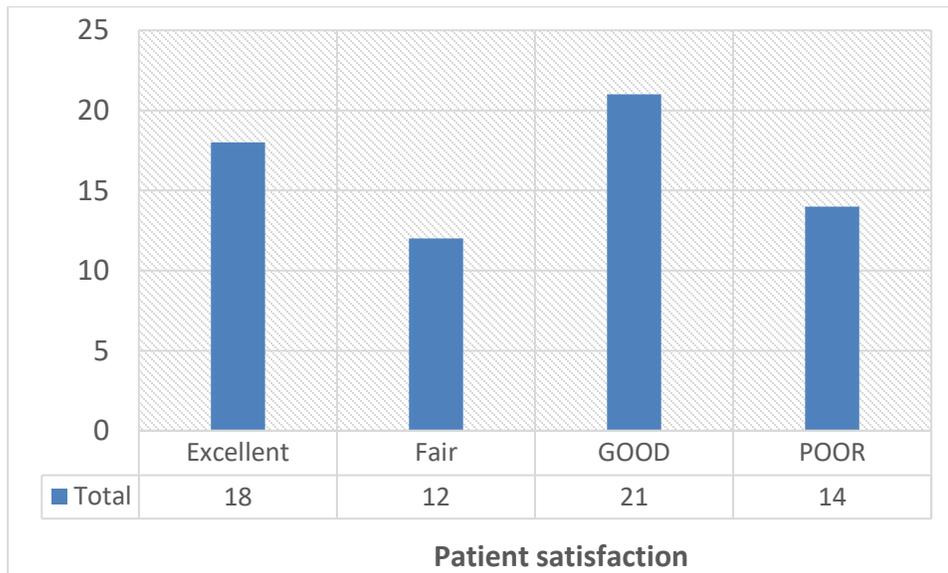
Bar graph showing patient satisfaction with respect to cleanliness of hospital?(May)



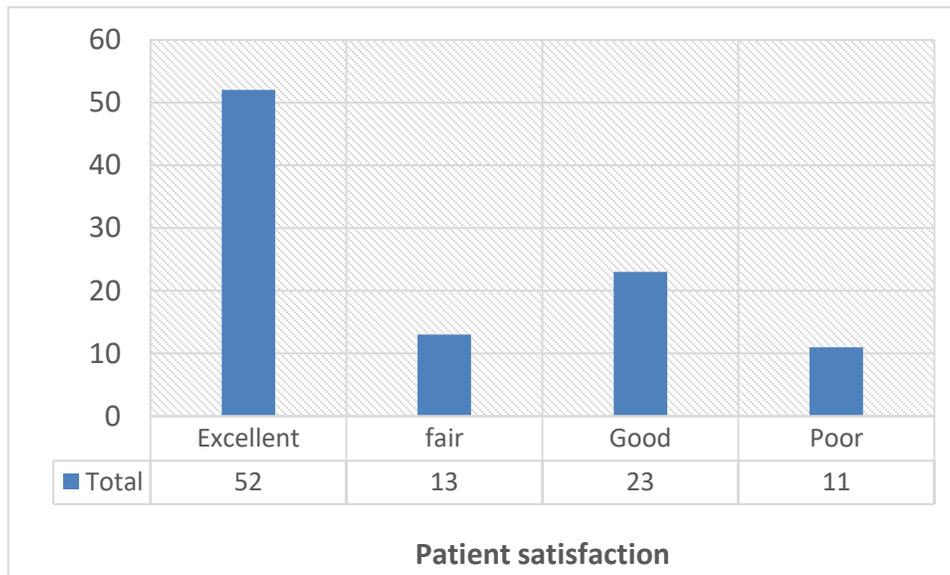
Bar graph showing Facilities & accommodation for patients?(April)



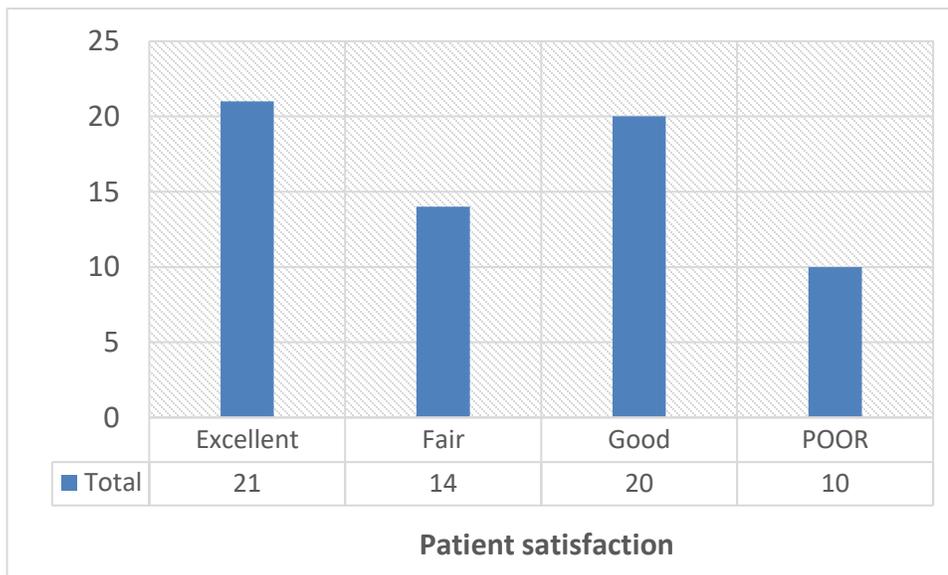
Bar graph showing facilities & accommodation for patients?(May)



Bar graph showing overall discharge experience (April)?



Bar graph showing overall discharge experience?(May)



RECOMMENDATION

1. Patients should be properly counselled on financial estimates at the time of admission.(cash and TPA pts) .
2. Bill should be ready for discharge patients before 12:00 am.(cash pts.)
3. Tentative discharge summary can be prepared by MT carefully at night, prior to discharge and should be checked by consultant (ECHS,CGHS,ESI pts).
4. Doctor's rounds must be completed by 10:00 am to avoid delay in providing discharge notes from the doctor. This fastens up the whole discharge process
5. Proper follow up and coordination from doctors to nurses must be present for preparing discharge summaries and returning of medicines to pharmacy (especially for planned discharges). This all should be executed before 10.30 am.
6. Checklist for discharge at patient bedside can be implemented e.g.; planned discharge, unplanned.
7. Interim bill one day before the discharge can be prepared one day prior and should be handed over to pts(cash)
8. Discharge tat should be calculated which make ease in calculating time taken for our discharge process and accordingly we can correct our discharge process loopholes resulting in higher satisfaction from our patient
9. Medical transcript should be of medical background and should be on each floor rather than sitting in billing.
10. Planned discharges should be there rather than unplanned discharge and should be checked by consultant (ECHS,CGHS,ESI pts).

LIMITATIONS

Study is focused on only one hospital of Gurugram, Haryana

All the departments are not taken into consideration

The study time is for 1.5 months only from April to Mid-May

Only Ground floor/ward was taken for the study which is a small part of the hospital

CONCLUSION

Patient discharge is the most important step in a time period of the stay of the patient into the hospital. It is the point where patient expects everything to be perfect and on time

Higher the patient satisfaction higher will patient footfall and higher will be the brand image of hospital in market.

Discharge can be very fruitful to the hospital for the future point of view because the patient takes an image with him n considers that next time he or she will be treated well and will have his discharge timely

Thank you

