Internship Training

at

BANSAL GLOBAL HOSPITAL

on

TO STUDY THE PROCESS OF DISCHARGE AND ANALYZE THE GAPS IN THE DELAY OF DISCHARGE PROCESS IN HOSPITAL .

by

Umang Bansal

PG/18/087

Under the guidance of

Dr. Pankaj Talreja

Post Graduate Diploma in Hospital and Health Management

2018-20

International Institute of Health Management Research
New Delhi

IIHMR DELHI

June 19, 2020

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Umang Bansal** was associated with **Bansal Global Hospital** as an **Intern** and the internship period was from 5th February 2020 till 10th June 2020**.**

This certificate is issued in recognition of successful completion of 4 months of **her Project** in the department of **Patient Service .**

We wish her all the best for future endeavors.

Bimla Bansal

Dr .Bimla Bansal

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IIHMR DELHI

FEEDBACK FORM

Name of the Student: Ms. Umang Bansal

Dissertation Organization: Bansal Global Hospital ,

Area of Dissertation:
Hospital Administration

Attendance: 98%

Objectives achieved: YES

Deliverables: Ensuring patient satisfaction in ward and ICU . Ensuring smooth functioning of Radiology

Strengths: Proactive learning ability , Taking Initiatives

Suggestions for Improvement: none

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

Bimla Bansal
Dr .Bimla Bansal

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

Date: 22nd June 2020
Place: New Delhi

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TO WHOMSOVER IT MAY CONCERN

This is to certify that **Umang Bansal** 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 **Bansal Global Hospital** from 5th February 2020 till 10th June 2020**.**

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 her all success in all her future endeavors.

Dr Pradeep K Panda

Dean, Academics and Student Affairs

IIHMR, New Delhi

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Associate Professor

IIHMR, New Delhi

IIHMR DELHI

Certificate of Approval

The following dissertation titled **TO STUDY THE PROCESS OF DISCHARGE AND ANALYZE THE GAPS IN THE DELAY OF DISCHARGE PROCESS IN HOSPITAL .**

at **Bansal Global 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	Signature
Dr. Ajay Sood	
Dr. Pankaj Talreja	
Dr. B.S. Singh	
Dr. Pankaj Talreja	

IIHMR DELHI

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Umang Bansal,** 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 **TO STUDY THE PROCESS OF DISCHARGE AND ANALYZE THE GAPS IN THE DELAY OF DISCHARGE PROCESS IN HOSPITAL .** at Bansal Global Hospital 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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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

The following dissertation titled **TO STUDY THE PROCESS OF DISCHARGE AND ANALYZE THE GAPS IN THE DELAY OF DISCHARGE PROCESS IN HOSPITAL .**

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Signature

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ACKNOWLEDGEMENT

"Knowledge is in the end based on acknowledgement"

---- Ludwing Wittgenstein

Foremost, I am grateful to the management of **Bansal Global Hospital** for selecting me as an intern 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.

I am really fortunate that, I had the kind association as well as supervision of **Dr. Bimla Bansal** and **Dr. Suresh Bansal.** Their exemplary guidance, constant encouragement, and careful monitoring throughout the dissertation were so great.

Under the mentorship of Dr Neha Bansal the course of my dissertation , I was provided by huge amount of her time and efforts for me .

I want to present my thankfulness to Dr Pankaj Talreja , my mentor at IIHMR for being in constant touch during the period of my dissertation and helping me at each step. His guidance was of great value through this project.

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ABBREVIATIONS

BGH	Bansal Global Hospital
IPD	In Patient Department
OPD	Outpatient Department
ALOS	Average Length of Stay
EDD	Estimated Day of Departure
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

Bansal Global Hospital is The **Best Hospital in Delhi NCR**, Offers the best treatment possible and care to its patients round the clock (24×7). The services are provided under the aid of doctors and specialists renowned for experience and expertise in their respective fields. The doctors are recognized as being at the forefront of medicine, having worked in ***Delhi Hospital*** such as Deen Dayal Hospital, Hindu Rao Hospital, Jaipur Golden Hospital, RML/Willingdon Hospital, Charak Palika.

It is a premier hospital which houses multiple services under the same roof. The **Multispeciality Hospital in Delhi** ***Bansal Global Hospital*** provides Specialist medical and surgical care ranging from simple day-case procedures to complex surgeries, blood and other tests in our state of the art pathology lab, digital X-rays, ICU, inpatient facilities. The hospital has a dedicated inpatient facility, with all fully air-conditioned ensuite rooms – Premium, Deluxe, and Semi-Deluxe. Our staff offers high-quality services to ensure that your stay with us is as comfortable as possible in private and discrete facilities.

The specialist services of the hospital include **Best Orthopedic Hospitals**encompassing a hand, foot and ankle service, joint replacement, fracture, arthritis, and other joint related problems.

The hospital offers specialized care from conception, through birth to pediatric medicine. Its doctors cover a wide range of areas of pediatric medicine and women's health.

MISSION AND VISION OF THE HOSPITAL

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

MISSION: '**Patient-centric care'** putting the patient first, informing and engaging patients in their treatment decisions and outcomes thus empowering and respecting them, providing highest quality care, reassuring and satisfying them and offering them value for money.

ABOUT THE LOGO

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.

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.

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.

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

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.

PART-2

PROJECT REPORT

TO STUDY THE PROCESS OF DISCHARGE AND ANALYZE THE GAPS IN THE DELAY OF DISCHARGE PROCESS IN 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.

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 analyze the gaps in the discharge process in BGH 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 discharge process, focusing on the amount of time taken for the preparation of discharge summaries, followed in the hospital for two categories of patients, i.e. Cash, 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 patients and thereby making an attempt to find possible solutions. The study was conducted in one wing of the hospital with various department .

During the course of study a total of 227 patients were discharged from the the hospital and were included in the study. The data was obtained using descriptive and quantative research where in direct observations of the discharge summaries were done. Out of 227 patients 91 patients were of TPA and 136 patients were cash paying.

KEY WORDS – DISCHARGE , DISCHARGE TIME , STRATEGIC

Literature Review

1) 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.

2) A variety of studies have attempted to find the cause of excessive queuing in clinical environments, the resultant backlogs and extended waiting times. Most often a perception is held that there is insufficient capacity (beds, facilities, diagnostics, doctors, nurses, etc.) to meet demand, however various studies (Sylvester et al (2003) – Modernisation Agency) have found that a lack of capacity is typically not the major issue. More often the main cause of queues developing is the mismatch between demand for a service and the capacity available. In addition there is often no correlation between waiting times and the level of patient demand.

For healthcare managers and clinicians trend analysis of the data is of utmost importance. ALOS, Queing time, Admission time, Discharge time, Transfer time, Average midnight utilization are few things which need a constant track at all junctures.

3) Discharge Planning should start before admission (for a planned admission) or at the time of admission (for an unplanned admission). A combination of individual factors, most notably age, medical factors such as presence of multiple pathology, and organizational factors such as lack of alternative forms of care facilities put patients at risk of delayed discharge. Moreover, lack of nurses' participation also contributes toward the delaying of discharge, (Pirani & Sabza, 10)

4) In a review of discharge planning from hospital to home , Sheppered et al (2003) report than nearly 30 percent of all hospital discharges are delayed for non-medical reasons. The causes of such delay, reported by the U.S. Department of Health in 2003, include inadequate assessment resulting in, e.g., late booking of transport and poor communication between the hospital and providers of services in the community.

5) The average delay for 3,111 patients awaiting discharge from acute to sub-acute care in 80 North California acute care general hospitals during May 1999 was 16.7 days. A comparable Michigan study identified a rate of 6.5 days. Delayed discharges are believed to compromise the quality of patient care, reflect a lack of efficiency and effectiveness within the continuum of care as well as a lack of service coordination. The authors of the study note heavy-care patients no longer requiring acute care but with needs exceeding the capacity of nursing homes are occupying hospital beds for long periods of time relative to traditional acute stays (Falcone et al 1991).

6) Patients may leave hospital without adequate preparation when staff nurses are unaware of the discharge date. The ICU have complicated care needs at the time of discharge; nurses and family members/caregivers need to be notified of and prepare for discharge well in advance. The authors were unable to locate data on awareness of

discharge planning may be overlooked or not well communicated in the fast-paced environment of the acute care hospital (Lipson et al 2006).

7) A study of 80 social workers employed in 36 not-for-profit acute care hospitals in Cook County, llinois concludes that discharge planning consist primarily of concrete resource provision with a counseling component based upon decision making. They cite a study that found that in discharge planning, psychological problems and relationship issues are addressed to the extent that they interfere with timely discharge (Kadusin & Kulys 1993).

8) 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).

9) There is a well-documented *NHS best practice on effective discharge processes (2007).* Examples of these include: estimated date of discharge (EDD), regular morning rounds, a policy on (care) Home of choice led from a senior level, nurse-led discharge arrangements, timely "to take out" medicines, well used discharge lounges, and well supported multi-disciplinary meetings.

FOCUS STUDY

- **General Objective :**

To study the process of discharge and analyze the gaps in the delay of discharge process in hospital **.**

- **Specific Objective :**
  1. To monitor the different parameters in the delay of the discharge process of the patients in Neurosurgery ward.
  2. To find the actual cause for the delay in the process.
  3. To analyze patient satisfaction regarding process through feedback form discharge column.

- **Purpose of the study :**

  The main aim of the study is to find out the problems with the discharge planning 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.

- **Scope of the study :**

  The scope of this study was to analyze the steps involved in the discharge of the patient of Bansal Global Hospital and to improve the discharge process by providing solutions and recommendations.

FINDINGS

HOSPITAL DISCHARGE POLICY

- 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. Patient should note that the first follow up is free of any charges.
- Patients are requested to fill the feedback at the time of discharge and give their valuable suggestions.

POST DISCHARGE POLICY

- Medical claims for reimbursement purposes will be attested by registration dept and can be collected between 9.00am to 5.00pm from Monday to Saturday after a payment of Rs. 125 only
- Pending reports are to be collected from-
    i. For corporate/TPA patient: corporate cell (Room no. 5) between 9.00am to 5.00pm
    ii. For regular paying patient – Sister-in-charge of the ward you were admitted

DEPOSITS

- All patients are required to deposit security fee at the time of admission. These amounts will depend on the category of admission and the type of treatment.
- Thereafter regular requests for further deposits will be intimated as and when required.
- Such requests will largely depend on the amount of the patient's bill. Patient may ask for 'interim bill' at such times.
- Patients availing TPA facility have to deposit Rs. 10,000 per lac for indoor patient treatment. This amount is refundable once the claim is settled. (on an average after 2 months)

PATIENT TYPES AT BGH

1. Cash Paying Patients
2. Insured (TPA)

Methodology

- **Research Design :**

The study is a descriptive study as well as quantative research. It's a descriptive research as it includes surveys and fact-finding enquires of different kinds like enquiry for patient satisfaction related to waiting and delays in hospital activities like discharge transfer. 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 wing from 27th February 2020 27th March 2020 is included. (A sample of 227 Patients)

For each phase IP subjects at hospital 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 or TPA etc.

- **Resources Used**

1. Hospital staff (including GDAs, medical transcriptionist, ward secretary and nurses)
2. HIS
3. Patients and feed back form

- **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.
- Brouchers, pamphlets, magazines, etc.
- Information was collected for location/layout, equipment's used, policies and procedures and other managerial issues.

- **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.

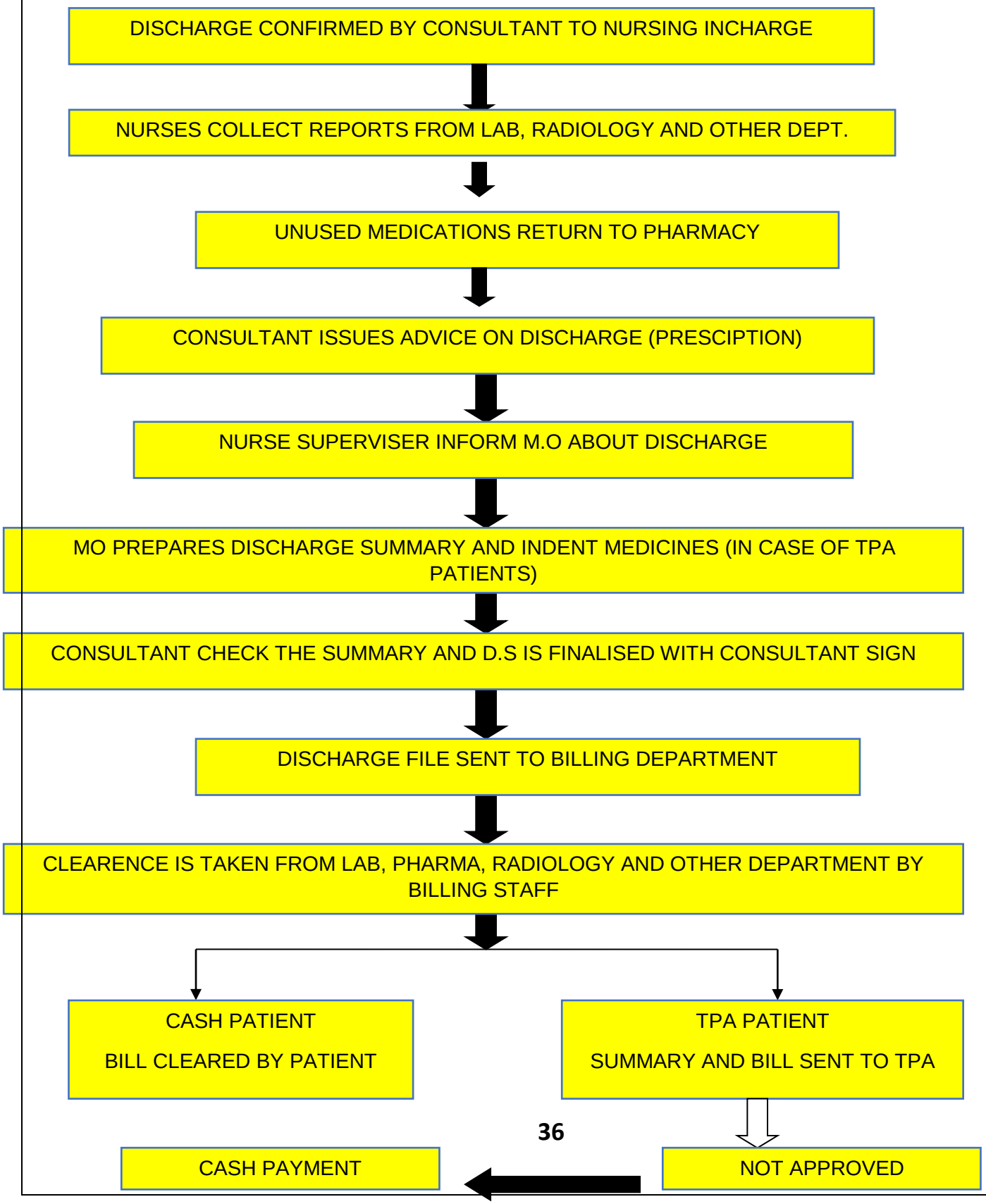
- **TIME FRAME:**

  February 27 , 2020 till March 27 , 2020

- **PLAN:**

  The aim of the method study is to analyze a situation, examine the objectives of the situation and then to synthesize an improved, more efficient and effective method or system. In a method study accurate observation was done and recording of existing work methods to identify the critical activities and look for indicators from which new methods might emerge.

DISCHARGE PROCESS FLOW



DATA COLLECTION AND ANALYSIS

- **Discharges:**

Planned and unplanned

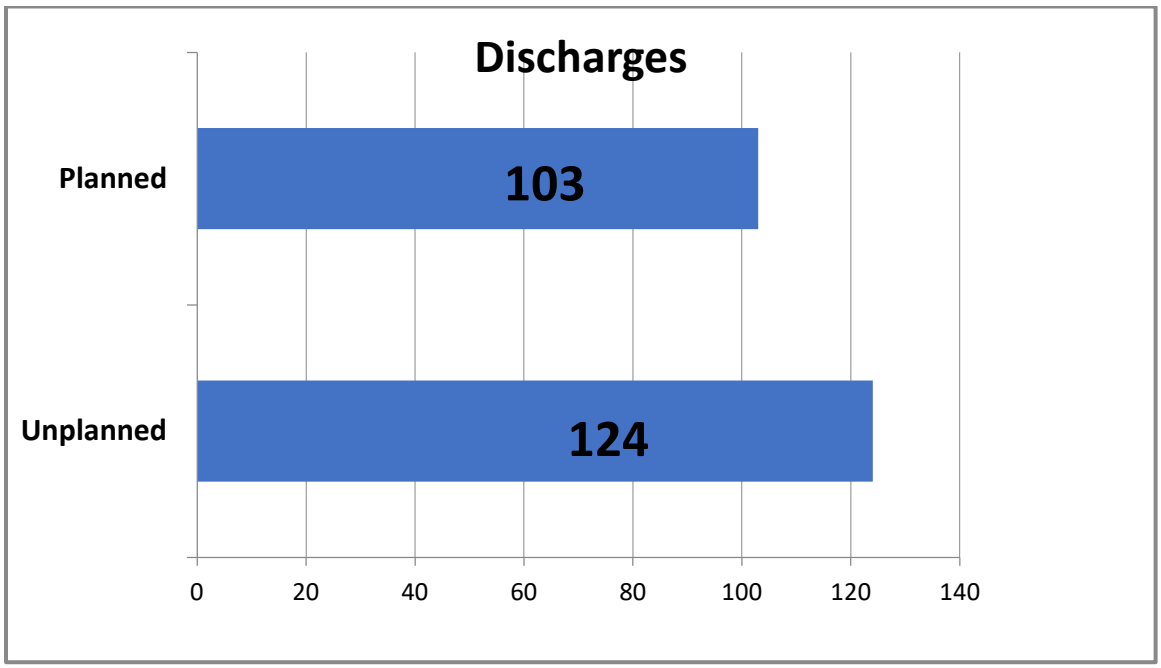
Discharges which are confirmed a day before the actual discharges are planned discharges and vice versa.

Total discharges (Planned + Unplanned) = 227

Planned = 103

Unplanned = 124

(Fig.1)



Analysis:

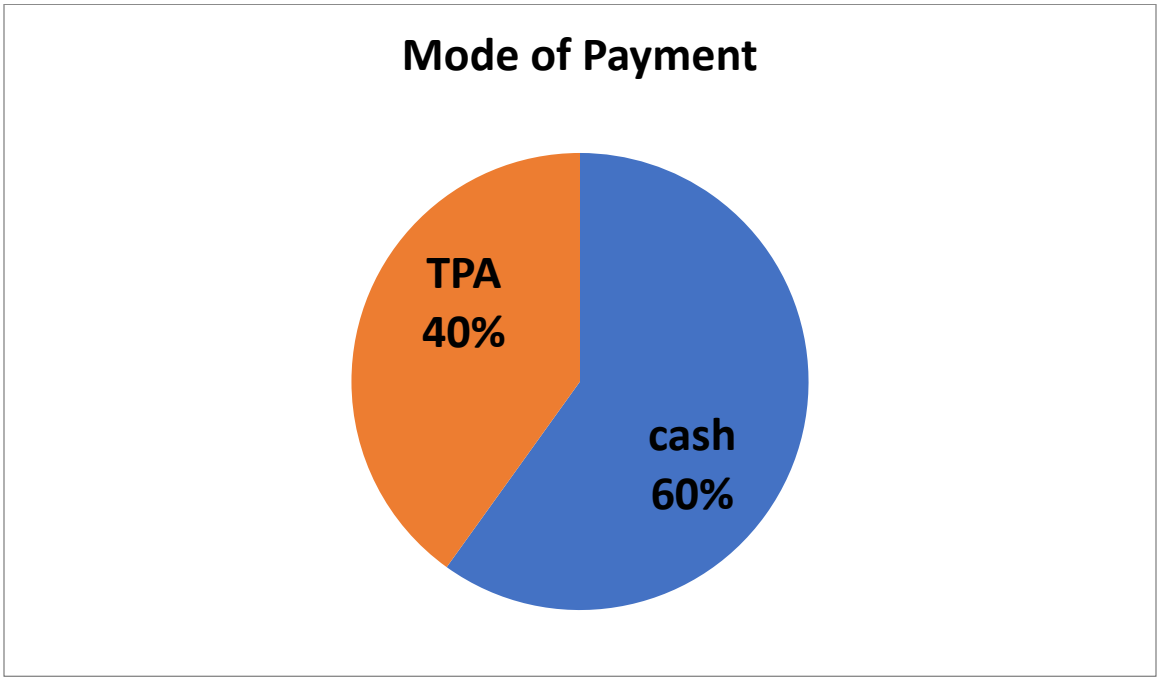
It is clearly depicted from the bar graph that only 45% discharges are planned, rest 55%are unplanned, these discharges are matter of concern as these might be one of the reasons for delay because whole discharge process has to be carried out on same day of discharge.

- **Mode of Payment**

Cash discharges = 136

Rest = 91

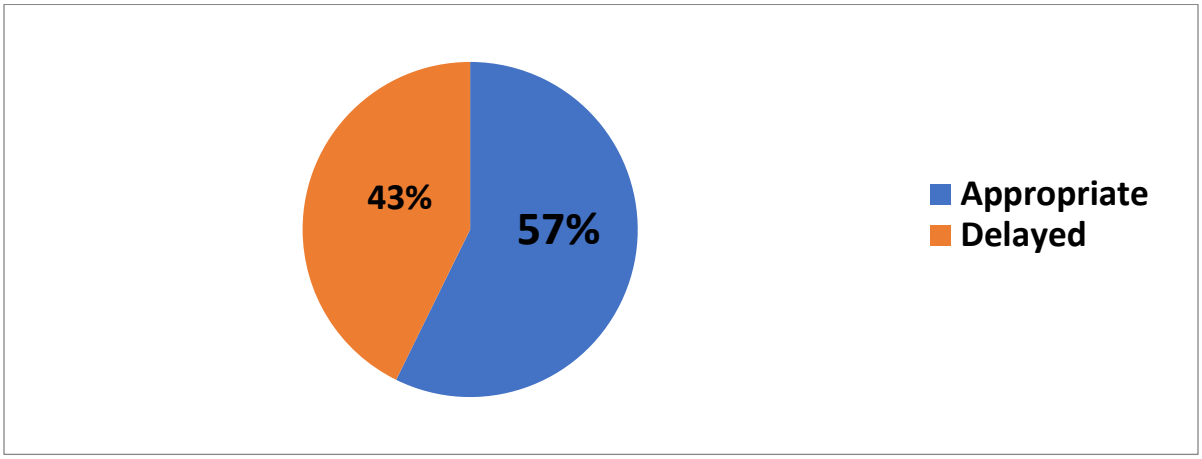
(Fig.2)



Out of 227 discharges, 138 (60%) are cash discharges and rest 91 (40%) are TPA.

- **Delay in planned discharges:**

(Fig.3)

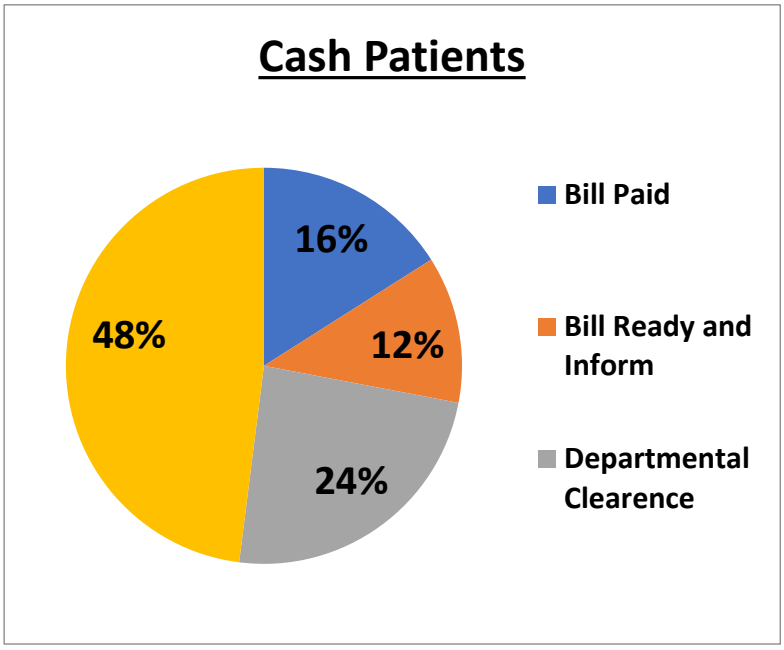


Analysis:

Pie chart clearly indicated that out of 103 planned discharges, only 59 (57%) discharges occurred on appropriate time and rest 44 (43%) are delayed.

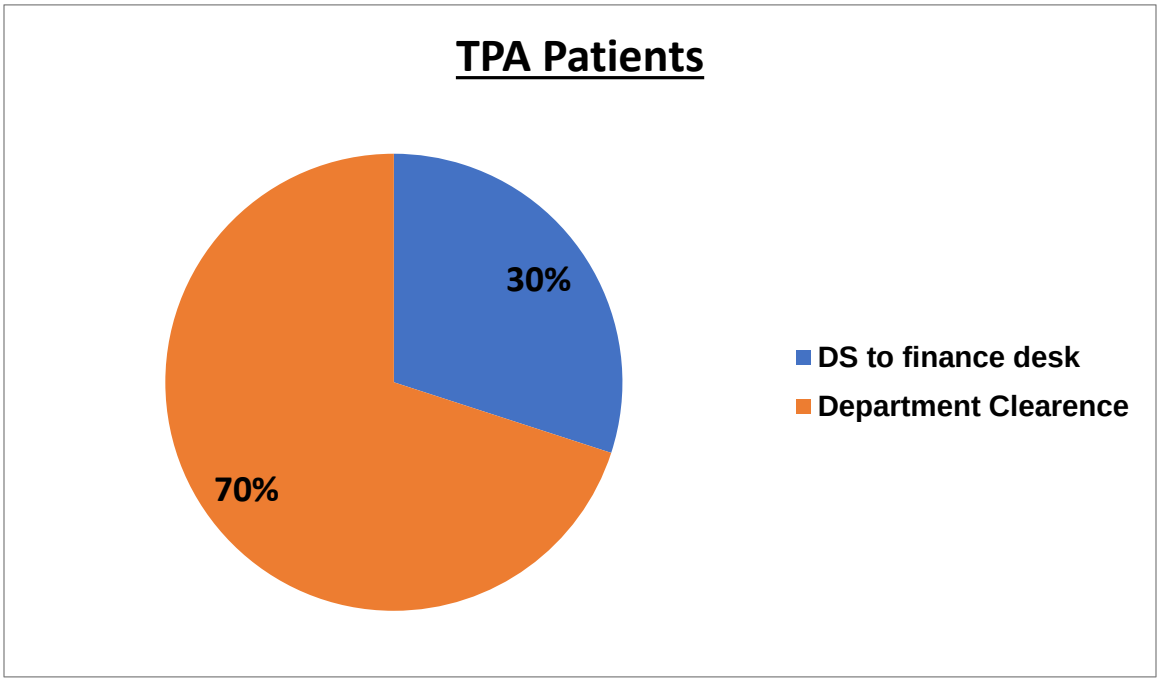
- **Cash discharges**

S. No.	Activities	Average timings (in Min)	Standard parameters (in Mins)
1.	Discharge signed to file at finance desk.	60	30
2.	Departmental clearances	30	15
3.	Bill ready and informed to nursing	15	10
4.	Bill paid	20	10
5.	Total	125	60



- **TPA DISCHARGES**

S.No.	Activities	Average Timings (in Min)	Standard Parameters
1.	Discharge signing to file at finance desk	75	45
2.	Departmental clearances	32	15
	Total	107	60



Results

1) Only 45% discharges are planned, it's the main reason for delay.
2) Consultants come for the round after 10a.m.
3) Delayed DS summary preparation.
4) All affairs are not running parallel and there is lack of coordination in different departments because sometimes status of patient is unknown (whether cash or TPA; planned or unplanned).
5) Patient usually becomes restless on seeing final bill, leads to their unwelcomed queries resulting in delay in discharge.
6) Another important matter of concern is late DS preparation as it includes many steps:
    a. Doctors which are not involved in the treatment if are asked to write summary, they have to go through entire notes which causes delay.
    b. Sometimes DS is prepared late.
    c. 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 finance desk.
    d. Sometimes the staffs tends to try and accumulate 2 or 3 discharges simultaneously so delay occurs in completing motes of all and then sending down the files.
7) There are 4 floors and only one MO is preparing the DS for medicine and surgery patients and she gives attention to different works according to her priorities.

Other Reasons:

A) Due to rush at the finance counter, discharge file sent late for the department (Radio, Lab, OT, Pharmacy) clearance Department staff is busy with other procedures when file comes for clearance causing delay in discharge.
B) All the reports (Lab, Radiology and Pharmacy) are not available which are required to send TPA for the cashless.
C) Photocopies of the report took time.
D) Due to pandemic outbreak , labs were busy , which ultimately took time in making the reports of the patient .

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, the patients did not want to leave without meeting their consultant in the OPD to clarify any further doubts about their care plan.
4) **Billing Issue:** though there are set packages for certain orthopedic procedures, many a times the bills of patient overshoot the amount estimated at the time of admission. This led to delays in clearing the financial dues.
5) **Dietary, Diabetic and Physiotherapy:** these counseling sessions were usually being done on the day of the discharge. Even if the financial clearance was being there were instances when patients had to wait for any of these counseling sessions.
6) **Late Doctor's Round:** Timings of consultant rounds have a great impact in the discharge process. If the rounds are taken late in the day it gets difficult to discharge the patient by noon. This further leads to bed crisis for new admission and patients to be transferred from critical care beds to the wards.
7) **Patient Issues:** Along with Unavailability of transport, there are other issues from the patient's perspective. These include waiting for a particular attendant to finish the discharge formalities, unavailability of patient dress, and arrangement of money for exceeding amount.
8) **Pharmacy Return:** Initially pharmacy returns were being done by the staff nurse after confirmation of discharge but in the later phases this was done in the night for all discharges planned for coming morning.
9) **Availability of Resources (GDA, wheel chair etc.):** Even though all discharge formalities for a patient used to get over still the patient used to wait for the wheelchairs and GDAs to help physically moved out of the room

10) **Medical Issues:** Sudden tests that need to be done on the day of discharge.
11) **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.
12) **Discharge summary preparations:** It was noted that the discharge summary preparation was being done after the confirmation of discharge by the doctor. This added to further delays in discharging the patients.
13) **Financial Clearance:** After clearing the bills, patient's attendants are given financial clearance slip that is to be submitted with their respective nurse. The attendants delay in depositing the slip with the nurse out of their personal interest such as the patient might not be served food as they will have to vacate the room once the slip is received. It becomes difficult to trace the attendants which results in further delays.
14) **Purchasing medicines on a day of discharge:** currently the attendant goes to the OPD Pharmacy to purchase those medicines and while he is doing it, the bed is blocked. This can take anywhere 15 minutes to an hour.
15) **International Patients:** Delay arises mostly because the patient just waits for hotels/interpreters to understand the discharge summary, diet and physiotherapy advice.

Suggestions:

1. Round timings of the doctor should be fixed preferably in the morning before 10a.m.
2. 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.
3. Clearances from the radiology and lab should be taken by financial assistant the night before the discharge is planned.
4. Discharge summary should be written by the night duty MO's
5. Effective and timely discharge can only be attained by interdepartmental coordination and proper communication between all the tem involved in the discharge process.
6. 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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