DISSERTATION TITLE

"A study on the Discharge Process of W Pratiksha Hospital, Gurugram"

A Dissertation proposal

For

Post-Graduate Diploma in Health and Hospital Management

By

Shalini Mishra

Roll no- PG/18/69

International Institute of Health Management Research

New Delhi

May, 2020

The certificate is awarded to

Mrs. Shalini Mishra

in recognition of having successfully completed

her Internship in the department of

Quality Department

and has successfully completed her Project

A study on the Discharge Process of

W Pratiksha Hospital, Gurugram

Date 15/05/2020

She comes across as a committed, sincere & diligent person who has drive & zeal for learning. We wish him/her all the best for future endeavors.

Senior Executive Quality

W Pratiksha Hospital, Gurugram

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Shalini Mishra 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 Integra Ventures from 5th Feb 2020 to 15th May 2020.

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

Dr. Pradeep K Panda
Dean, Academics and Student Affairs
IIHMR, New Delhi

Mentor
Mr Vinay Tripathi
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **"A study on the Discharge Process of W Pratiksha Hospital, Gurugram"** at **"INTEGRA VENTURES"** 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
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Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Shalini Mishra,** 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 Discharge Process of**

W Pratiksha Hospital, Gurugram" at "INTEGRA VENTURES" 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

This is to certify that the dissertation titled **A study on the Discharge Process of**

W Pratiksha Hospital, Gurugram and submitted by **Ms. Shalini Mishra (PG/18/069)** Under the supervision of **Mr. Vinay Tripathi** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 5th Feb 2020 to 15th May 2020 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: Shalini Mishra

Dissertation Organization: W Pratiksha Hospital, Gurugram

Area of Dissertation: Quality Department

Attendance: Regular

Objectives achieved: yes

Deliverables: study on the Discharge Process of W Pratiksha Hospital, Gurugram.

strengths: Team player, hardworking, focused

Suggestions for Improvement: Need to interact more.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):
Emphasis should be on practical learning.

Signature of the Officer-in-Charge/Organization Mentor

Date: 15/05/2020

Place: Gurugram

ABSTRACT

A study on the discharge process of IPD at W pratiksha Hospital, Gurugram

Hospital Stream

Background of the study: Inpatient care refers to clinical treatment provided to serious and critical patients that requires one or more overnight stay in the hospital. Discharge from the hospital means a patient leaving the hospital after receiving the care or transferred to another facility. However, the discharge is a complex and multistep process which requires integrated communication of inpatient care team. If this process turns to be slow and delayed is likely to be remembered by the patient and causes dissatisfaction. Thus, the discharge process plays a critical role towards the patient satisfaction Pratiksha is a multi-specialty hospital located in Gurugram that offers 25 years of excellence in treating patient across the world. The study was conducted on discharge process of inpatient department of W Pratiksha hospital. Objectives: To review the existing system of discharge process of inpatient. To study the factors which delays the discharge process. To examine the roles and responsibility of hospital personnel in discharge process. To assess the TAT time of discharge process. To find out the reasons of delay if any in discharge process. Methodology: It was an observational study which was carried out in IPD over a period of month (March & April).Primary data was collected through direct observation and day to day interaction with nursing staff, discharge team, billing staff at the nursing station in the ward. The selected participant were closely observed right from the time of consultant visit to the patient till the time bill was prepared and paid. All the categories of patient and departments were included in this study. Sample size: Discharge patient of the month of March & April. Sampling technique: Convenient sampling. Sampling tool: Observation sheet was used for concurrent observation of patient file; consultant visit and nursing station activity. Findings: Average (CASH)- 4:26:07, Average (TPA)-4:38:55. Expected outcome: Optimization of IPD discharge time and increase in patient satisfaction level. Time Frame: The tentative time line of data collection -Pre intervention data collection – March 2020.Intervention – 1st -7thapril 2020 Post intervention data collection – 8th to 5th May 2020

ACKNOWLEDGEMENT

"Modern medical advances have helped millions of people live longer, healthier lives". With this quote, I would like to acknowledge some people who I feel truly greatful, as it wouldn't have been possible to prepare this project without their assistance & encouragement.

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Thanks to **Almighty** and my **Family** for their love and support.

Shalini Mishra

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ACRONYMS/ABBREVIATION

ALOS	Average length of stay
LOS	Length of stay
BMW	Bio- Medical Waste management
HIS	Hospital Information System
NABH	National Accreditation Board for Hospital and Healthcare
NABL	National Accreditation Board for Testing and Calibration Laboratories
IPD	In-Patient Department
OPD	Out-Patient Department
OT	Operation Theater
TPA	Third Party Administrator
TAT	Turn-around Time
HEPA	High Efficiency Particulate Air
IVF	In vitro fertilization
ENT	Ear Nose Throat
UID	Unique Identification Number
GDA	General duty assistant

Introduction of the Organization

W Pratiksha Hospital is the flagship hospital of Pratiksha Group located in Gurugram. An established name in East India for over 20 year of experience in providing quality healthcare to patients. W Pratiksha Hospital offers the highest standards of healthcare through a combination of advance technology and a team of well qualified, experienced and super specialized clinicians. An ultra-modern hospital with comfortable ambience and affordable cost.

Vision:

We aspire to be the most reputed and trusted healthcare brand in the country, recognized for clinical excellence, innovation and compassion.

Mission:

We strive to provide specialized care by—

- Providing quality healthcare services with compassion and transparency.
- Promoting wellness alleviating suffering and restoring health swiftly and safely.
- Engaging and promoting healthcare professionals of the highest character and competence.

Core Values:

- Compassion
- Safety
- Team work
- Integrity
- Excellence

Objectives:

- Best quality patient care
- Judicious use of drugs and appropriate interventions
- Compliance with the highest standards of medical ethics
- Continued skills upgradation and keeping abreast of latest developments.
- To carry out all processes right the first time, on time and every time.

Chairman: Dr. Pramod Kumar Sharma is one of the pioneers of IVF treatment in east India and a successful practitioner in India and delivered the group first IVF baby in 1997 and also the first in east India to deliver IVF baby from a frozen embryo. He established the Pratiksha Hospital in Guwahati in 1995. He did his MBBS from Assam medical college in 1986 and post-graduation in obstetrics & gynecology from Guwahati medical college in 1990. He has a fellowship degree in reproductive biology and IVF from Royal women's hospital in Melbourne, Australia. An advance laparoscopy surgery training from Dundee Hospital (Scotland) and the Royal Free Hospital (London).

W Pratiksha Hospital Specialty:

W Pratiksha Hospital offers a plethora of services like—

- Gynecology
- IVF
- Maternity care
- Orthopedics
- Dermatology
- Oncology
- Adolescent Medicine
- Audiology and speech therapy
- Breast disease and cancer care
- Cardiology
- Cardiothoracic and Vascular Surgery
- Clinical Psychology
- Cosmetic surgery
- Cosmetic gynecology
- Critical care
- Dermatology (laser and cosmetic)

- Surgery
- Endocrinology
- ENT
- Gastroenterology
- Geriatrics
- GI. Bariatric and Minimal Access
- Infertility and IVF
- Internal Medicine & Diabetology
- Laser, Vascular & Colorectal surgery
- Minimal Invasive Gynae surgery
- Nephrology
- Neuro & Spine Surgery
- Neurology
- Nutrition & Dietetics
- Obstetrics & Gynecology
- Oncology
- Ophthalmology
- Orthopedics & Joint Replacement
- Pain Management
- Pathology and Microbiology
- Pediatric Surgery
- Pediatrics & Neonatology
- Physiotherapy
- Psychiatry
- Pulmonology
- Plastic and Reconstructive Surgery
- Radiology & Imaging
- Urology & Andrology

Pratiksha Group:

Over the last 25 years Pratiksha Hospital has built reputation as the front runner in the field of healthcare in East India.

W Pratiksha Hospital units:

- Pratiksha Hospital, Guwahati
- Pratiksha Hospital, Dibrugarh
- W Pratiksha Hospital, Gurugram

Why W Pratiksha?

- 25 years of experience in clinical excellence.
- Comprehensive healthcare under one roof which ensures quality care.
- World class facilities, ambience and Advanced Equipment's & Infrastructure.
- Highly specialized team of doctors and clinicians.

- High respect for patient dignity and confidentiality.
- Patient-centric approach.
- NABH and NABL accredited.
- Transparent billing practice which helps in building reputation.
- Accessibility
- Trusted by patient from all over the world.
- Offers a number of payment mode for convenience.
- Provides visa and travel assistance.
- End to end assistance during stay.
- Assists patients with hotel booking and other facility.
- Provides interpreter service for international or national patients.
- Cost of treatment is less than most of the hospitals of developed countries.
- A plethora of stay option for patients which suits every pocket.
- Integrated HIS which gives facility of online appointment and availability of information.

Accreditations

NABH

National accreditation Board for Hospital and Healthcare Providers is a constituent board of Quality council of India set up to establish and operate accreditation program for Hospitals. NABH was formed in 2005. Accreditation results in high quality of care and patient safety. It stimulates continuous improvement of quality of care and raises community confidence in the services provided by the hospital. It provides continuous learning for Healthcare professionals too. W Pratiksha is proud to have NABH full accreditation.

NABL

National Accreditation Board for Testing and Calibration Laboratories provides accreditation to Laboratories. W Pratiksha hospital has NABL accreditation.

Benefits of Accreditation:

Benefits for patients

Patients are the biggest beneficiary among all the stake holders. Accreditation enables hospitals to provide highest degree of clinical care and patient safety to the patients. The patients are provided care by professionally trained medical staff. Rights of patients are reserved and protected. Patient satisfaction becomes the highest priority

Benefits for Hospitals

Accreditation to a hospital incorporates continuous evaluation which results in improvement. It raises the confidence of community for the services provided by the hospital. It also provides opportunity to healthcare unit to benchmark with the best and built strong reputation.

Benefits for Hospital Staff

An accredited hospital provides satisfaction to staff by providing continuous learning, good working environment, leadership and ownership of clinical processes. It improves overall professional development of Clinicians and Para Medical Staff.

Quality parameters

About Quality

Quality in Hospital aims to improve the efficiency of the organization. A healthcare organization incorporates small and large entities comprising of laboratories, Clinics and hospitals. All these entities need to provide Quality Service for the system to work effectively.
Prime Focus of Quality Management lays focus on needs of the patients as they are the ones to judge the effectiveness of treatments and whether the services are appropriate and on point.
A hospital mainly provides two types of services, outpatient and inpatient services. Out of which the outpatient is a person who receives ambulatory care in the hospital, which do not require an overnight hospital stay. "An inpatient" is a person who has been admitted to a hospital for minimum 24 hours for receiving inpatient treatment. The inpatient in a hospital undergoes three different stages. First is admission, next is treatment and the final stage is discharge. During the discharge of the patient, after the necessary interventions, a number of procedures takes place which engages various staff members and departments making the process complex.

Quality care has become primary objective of any hospital due to increased paying capacity and awareness among people. No hospital can survive for long by ignoring quality in patient care. Quality care at hospital brings higher level of satisfaction in patient and caregiver and also enhances hospital reputation and results in increased revenue. Quality care incorporates advanced medical care and adherence to safety protocols. Patient should be treated with empathy, respect and dignity.

Tools for quality improvement in hospitals are –

- CQI – continuous quality improvement
- FADE – Focus, analyze, develop, execute & evaluate

- PDSA- Plan, Do Study, Act
- Six Sigma- Define, Measure, Analyze, Improve, Control
- TQM- Total Quality Management

Most of the Hospitals lacks in documentation. Even if they have documentation system the reliability is questionable and compliance to the system is poor which results in poor analysis and comparison of hospital parameters. It is difficult to measure the performance of hospital based on poor or partial documentation. The quality parameters needs to be monitored on regular basis to raise the quality care at the hospital. It is a continuous process. Some of the indicators are-

- Waiting time for OPD and emergency patient
- Waiting time for laboratory and diagnostic services.
- Less no of investigation /reporting error, Lab re-dos
- Percentage of rescheduling of surgeries/ procedures, OT utilization.
- Percentage of adverse, near miss and sentinel events.
- Percentage of CLABSI, CAUTI, SSI and other HAI.
- Employee satisfaction index, employee attrition rate, employee awareness of their rights, responsibilities and welfare scheme.
- Employee absenteeism rate.
- Hospital mortality rate.
- Bed occupancy rate.
- Length of stay (LOS) in ICU, general ward.
- ICU readmission rate.
- OT & Emergency Return in 48 hrs.
- BMW, hand hygiene compliance.

The hospital is NABH accredited and confirms to NABH protocols in handling patient and providing them clinical care. The safety and comfort of patient is taken care of by utmost responsibility. Clinical governance is practiced to improve the quality of care. Modular OT with HEPA filters, laminar air flow with required air changes are maintained in OT and ICU to minimize the risk of infection among patients. Isolation room are incorporated in ICU for treating infectious disease. The hospitals are designed in the way so as to allow sunlight in the ICU and inpatient wards.

Infection control practices are integrated in day to day working of hospital. The staffs are given periodic training on hand hygiene and other infection control practices. The staff are given vaccine for tetanus and hepatitis.

Bio medical waste management 2016 practices are adhered for disposal of hospital waste which includes segregation, storage, transport and disposal. The hospital is designed on the basis of "design follows the function" to minimize the fatigues of healthcare professionals.

The hospital information system used is very advance and user friendly and minimizes the medical error and contributes to better and faster service. The HIS enhances the coordination among healthcare professionals by providing information just in a click.

Managerial Duties and Tasks Performed

During my Internship period I was appointed as management trainee in quality department at W Pratiksha Hospital, Gurugram. Following were my duties in the training-

- Find out the discharge process.
- Conduct Training of staff.
- Identify key factors and effective strategies for effective functioning.
- Technical and Managerial support to the staff.

Reflective Learning

The Internship period was great learning experience for me as intern. It gave me hands on experience in the field of hospital administration. I got to know various aspects of management which includes—

- Basic understanding of all the departments of the hospital
- Documentation: understanding of various records kept at HR department, MRD, quality and inventory.

Introduction of the Study

A hospital is a healthcare institution which provides clinical treatment and care to the sick and injured. It renders two types of services, outpatient and inpatient services based on the condition of the severity of the disease. Outpatient services is provided to the ambulatory patients who doesn't require overnight stay at the hospital. Inpatient care refers to clinical treatment provided to serious and critical patients that requires one or more overnight stay in the hospital. With the advent of modern medicines and comprehensive outpatient clinics only those patients are admitted who are extremely ill or have severe physical trauma. The inpatient has to go under three stages of hospitalization. First is admission, next is intervention and final stage is discharge.

Discharge: Discharge from the hospital means a patient leaving the hospital after receiving the care or transfer to another facility. As per NABH "discharge is a process by which a patient is shifted out of the hospital with all concerned medical summaries ensuring stability. Discharge process starts from the time consultant approves the discharge formally and ends up with the time patient leaves the hospital or clinical setup. However, it is a complex and multistep process which requires integrated communication of inpatient care team. Discharge planning includes assessing patients need after the hospital stay which incorporates many services like medication, nursing care, physical therapy, diagnostic tests and medical instructions that will help patient recover completely from the illness. A number of procedures takes place engaging several staff from various departments making the procedure more complex. It is an important indicator of quality of care and patient satisfaction. Even if the patient is satisfied with the clinical treatment a slow and delayed discharge can lead to dissatisfaction and affects the reputation of the hospital. Delay in discharge is bad for the hospital and patient as well. While it increases the LOS of the hospital it also increases the chance of patient and attendant being exposed to hospital acquired infections. Therefore, a hospital should work towards decreasing the time taken in discharge process. NABH has given guidelines for completing the discharge process in 180 mins for all hospital and healthcare settings.

The discharge process is the last point of contact between the patient and the hospital administration. If the duration of discharge process is reduced the chances of patient returning to the hospital for future treatment increases. Efficiency and productivity of hospital increases. The average length of stay in hospital decreases and bed availability increases resulting availability of bed for the needy patient.

Definition and Terms:

Bed occupancy: The occupancy rate is a measure of utilization of the available bed capacity. It indicates the percentage of bed occupied by patients in defined period of time. Bed occupancy rate is calculated based on the midnight bed census at the hospital. It is the ratio of inpatient service days to bed count days in the period under consideration. Ideal bed occupancy is around 75-85% of total. Few beds are kept free for emergency cases.

Bed turnover ratio: The turnover ratio is a measure of productivity of hospital beds and represents the number of patients treated per bed in a defined period of time. The number of

times a bed, on average, changes occupants during a given period of time. Bed turnover ratio tells us broadly about how fast the patient is treated or how fast a patient recovers.

Average length of stay: Average number of days that a patient stays in a hospital. Total length of stay is the number of days of care rendered to a group of inpatients from admission to discharge. ALOS is an important indicator of the quality of a hospital. A shorter stay at hospital reduces the cost per discharge and shifts care from inpatient to less expensive care at home. Low ALOS is ideal and is achievable only when all clinical care processes and outcomes are optimal and there is no complication while staying at hospital. A hospital having a low ALOS indicates that the hospital clinical care as well as administrative processes are efficient and enables the patient to go home quickly after a faster recovery. It's an important quality indicator of a hospital.

IPD – Inpatient department of a hospital is the area where a patient stays for medical treatment for at least one night. This can be the major portion of hospital bill.

Review of literature

This chapter includes the review of literature conducted in the field of discharge process of hospitals and identifying factors that delays the discharge process. Hospitals are under pressure of providing satisfactory care to the patients. However, root cause analysis has been done for identifying factors which delays the process.

A Study on Discharge Process of Discharged Patients of a Multispecialty Hospital in Ludhiana.

Discharging patients from the hospital is a complex process that possess challenges. Discharge planning is the advance planning of discharge of the patient prior to leaving the hospital, to ensure that patients are discharged at an appropriate time with provision of adequate post discharge services. The study was conducted on 270 patients admitted in a multispecialty hospital of Ludhiana to understand the flow of discharge process. Various timings including discharge intimation time, billing card submission time, drugs clearance time, pharmacy clearance time, final bill intimation time, final bill clearance time, final summary time, handover time, vacancy of room and time taken for preparation of room for next patient were recorded to analyze time taken at each step from discharge intimation to the physical room vacancy.

Methodology: Study was conducted on 270 patients of a Multispecialty Hospital of Ludhiana by observation method.

Result: The total time taken during discharge intimation to billing clearance for maximum no. of patients i.e. 156 is 1-3 hrs. followed by 60 patients with total time between 3-5 hrs., for 32 patient found it below one hour, for 15 patients it is between 5-7 hrs., for 5 patients the total time taken during discharge intimation to billing clearance is between 7-9 hrs. The study revealed that maximum turnaround time of 9:07 hours was consumed between discharge intimation to

handover to patient and average 5:07 hrs. time has been taken between discharge intimation to room preparation for the next patient.

The time gap between discharge intimation to final summary for maximum no. of patients (138) is 1-3 hrs. followed by 63 patients with total time gap of 3-5 hrs., for 35 patients it was found below one hour, for 13 patients was between 5-7 hrs.
The maximum number of patients i.e. 128 patients had total time gap between discharge intimation to room vacancy of 3-5 hrs. and minimum no. of patients i.e. 2 patients had the total time gap of 9-11 hrs. between discharge intimation and room vacancy.

Study of Hospital Discharge Process of SKIIMS.

Methodology: It is an Observational type of study. The study was carried out for 3 months for data collection and observations.
It was carried out on total of 710 Discharged patients which includes 417 patients from General surgery department and 293 patients from General medicine. The process was compared with National board of Hospitals and health care organization (NABH) standards and objective elements.
The result showed that the average time taken for discharge process was 240 minutes in the case of planned discharge. It was 255 minutes for those who had been discharged against medical advice (DAMA). It was 270 minutes for below poverty line (BPL) patients. The discharge time for all types of discharges where high when compared to NABH criteria.

Conclusion**:** The results clearly indicates that average time taken for all types of discharges in SKIMS is high than prescribed NABH criteria. SKIMS as per the observations is following many objective elements of standards AAC 13 and14 but discharge process and time needs to be defined and documented. The study recommended that the SKIMS should formulate guidelines regarding discharge process wherein steps and time taken should be clearly defined and all measures should be taken in order to adherence to NABH standards.

Study flow of discharge process in Narayana General Hospital.

Methodology: The study was conducted in a 1500 bedded teaching hospital ,well-equipped with modern technologies and rendering excellent service The study include the discharge summaries, feedback from patient and staff of various departments and ward through questionnaire on regular basis .The discharge process was observed for one week to find out the working pattern and the process in the inpatient services department and to identify delay by discussing staff of the department by questionnaire method. A questionnaire is given to the patients in the respective patient care areas to analyze the satisfaction level about the discharge process.

Result: The patients overall experience about the discharge process of the Narayana hospital indicates 30% as excellent,
20% very good, 25% as good, 15% as average and the remaining 10% was opined as poor. Overall, 75% Patients are satisfied with the discharge process. 12% of patients expressed that discharge process was less than 3 hrs. while 17% for 3hr-6hrs, 35% of patient for 6hrs-12hrs, 16% patients for 12hrs -24hrs and 20% of patients expressed that the process took more than one day which should be corrected by the hospital administration. For cash patients the discharge process took 3-6 hrs.

It is observed in different studies across the world that delay in discharge process occurs even in the very well-established health care institutes. Studies carried out on discharge process however identified bottle necks. If all these bottlenecks are addressed, the discharge process can be improved leading to patient satisfaction.

Preparation of Discharge summary in Advance- Maximum no of discharges are elective, hence doctors can advise to prepare the discharge summaries in advance, so that the delay in discharge process can be reduced.

Coordination between patient care departments- Lack of communication and coordination is seen as the major challenge in discharge process. The coordination between the doctors, nurses, pharmacists, billing executives and floor managers can be improved to reduce the discharge delays.

Improvement in discharge process- The discharge process should be analyzed and further improved to abstain from getting delayed. The main focus should be on patient satisfaction.

Strict adherence to NABH guidelines- The hospital should formulate policy regarding a discharge process of a hospital where process and timeline should be clearly defined and all measures should be taken in order to adhere to NABH standards.

Discharge process should be simple-Time consuming and tedious discharge process contributes to delay leading to patient dissatisfaction.

Periodic time motion study of discharge process- Hospital administration should carry out periodic time motion studying of all concerned departments and identify the reasons for the delays and difficulties in implementation of procedures.
Feedback from patient- Hospital administration should take feedback from patients about the services and discharge experience.

ADMISSION AND DISCHARGE PROCESS

ADMISSION PROCESS: Admission of a patient in a hospital means allowing and facilitating a patient to stay in the hospital unit or ward for at least one night for observation, investigation and treatment of the disease he or she is suffering from. Staying in hospital is done because patient is too sick to stay at home and requires 24 hours supervision and nursing care which includes medication, investigation and surgery that can only be performed at hospital setting. Hospital admission includes preparation of patient stay at hospital i.e. performs admission formalities and transfer in. The front office department at OPD area or emergency assists in admission procedure. A unique identification number (UID) is generated through computer for the patient and all the medical records of that particular patient is maintained under same unique identification number for future purposes. The front office helps the patient and attendants by providing relevant information like room charges and treatment cost.

A patient is admitted to hospital in two ways.

Types of admission:

Routine Admission: Patients are admitted to hospital for treatments or surgeries that are already planned in advance. How a patient is admitted depends upon the type of hospital whether public or private hospital, kind of treatment patient will receive and how urgent is the nature of treatment. At the time of admission, the registered nurse performs complete initial assessment of the patient. Patient medical history along with initial assessment is documented and medical record is prepared. This is done through OPD.

Emergency Admission: Patients are admitted in acute condition which requires immediate treatment and care. It is unplanned in nature. The cases like burns, accidents, fall, heart attack or sudden illness, etc. comes under emergency condition. Being admitted through emergency department is most stressful as the illness is unexpected and may cause major life crisis. The information of patient is obtained and updated on the MIS system. The patient is shifted to inpatient wards only when his/ her condition stabilizes in the ward. There are several forms that needs to be filled by the patient or attendant. Having all this information readily available will make the process move faster. Medical record is prepared for patient which includes patient's clinical history and initial assessment. Once all the information is obtained the patient is sent to the respective wards or department. The information updated contains the Name, Address, contact no, date of birth, allergies, medical or clinical history, methods of payment, emergency contacts etc. There are several forms that needs to be filled by clinical or administrative staff. The medical history sheet is filled by resident doctors or treating consultant which includes past surgeries or complications, particular allergies to any medicine, allergies to food and many more things.

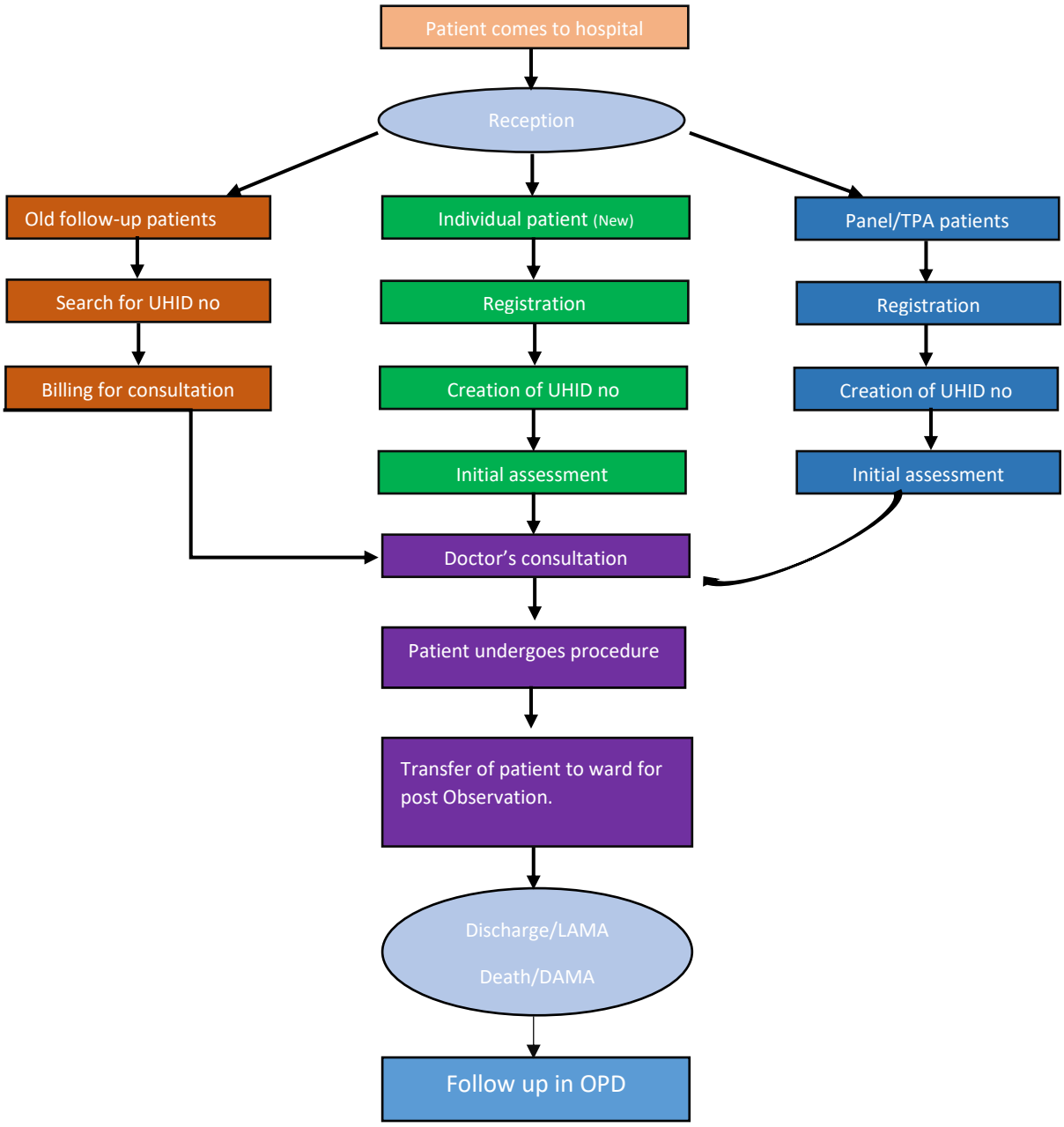
Depending upon the severity of illness the patient is send to the relevant department. Patient with severe illness are kept in ICU for more close observation and better care. Patients with surgical needs are scheduled for surgery. The less complicated cases are observed in observation ward, general ward or private wards depending upon the availability of bed and choice of patients.

A duty doctor other than treating consultant is always available for patients 24*7 in the hospital. The patient is also visited by consultants from other specialty. A team of doctors looks after

patients providing highest degree of care. The treating physician explains the provisional diagnosis, proposed line of investigation and treatment to the patient or attendant and also tentative duration of stay. The patient is also counseled for estimated expenditure of the procedure and hospital guidelines by administrative staff. The daily progress is documented in the file and MIS. Routine investigations are carried out to monitor patient progress.

Medication schedule is updated in the chart and patient file every time dispensing of medicine is performed. Average length of stay is maintained to be at 2.6 days at W Pratiksha Hospital. This shows the quality of care W Pratiksha aims to provide the patients. Hospital acquired infection is the major cause for extending the stay which seems to be quite negligible when analyzing the reason of length of stay in the hospital.

IPD Admission Process Flow



DISCHARGE PROCESS: Discharge is a complex process which incorporates integrated activities. The physicians, nurses, healthcare professionals, administrative staff are involved in the discharge activities which needs high coordination in order to provide timely discharge to the patient. Discharge process includes many activities like medicine return, approval from TPA, preparation of bill, payment, summary preparation which takes hours in time. The patients are also given instructions by consultant to be followed at home for full recovery. It is the final step of hospital stay which leaves everlasting experience on patient mind. The discharge process thus needs to be effectively handled by all related staff. The discharge planning includes-

- Discharge instructions given by the treating consultant.
- Discharge summary prepared in supervision of treating consultant.
- A list of medicines and their doses the patient is discharged with.
- Pharmacy return of unused medicines and pharmacy clearance.
- A list of tests conducted on the patient along with their reports.
- To arrange for the pending Reports of any test performed on the patient.
- Manual instructions by treating consultant for recovery at home.
- Information about the follow-ups.
- Instructions on diet by nutritionist.
- TPA approval.
- Preparation of final bill and payment.

Guidelines for the discharge of in-patients at W-Pratiksha Hospital

- All patents leaving the organization are provided with Discharge summary including patents leaving against medical advice. Discharge procedures shall be followed to ensure patients are discharged effectively and efficiently, allowing for optimal utilization of available resources. The discharge shall be planned at the time of admission.

- An authorized hospital discharge shall only be made by an authorized, written order wherein a consultant advises discharge on satisfaction with the patient's condition. Discharge information shall be given to the registrar/resident/staff nurse/ward secretary, Discharge summary shall be prepared by the resident and approved by the consultant. However, a patient shall also have the right to obtain discharge against Medical advice

- The physician shall be required to document discharge instructions in the patient's medical record at the time of anticipated discharge. The final Discharge Summary should be signed by the Consultant and the resident, before handing it over to the patient. In any situation the discharge summary will not be dispatch without the treating consultant signature.

- The In-charge Doctor shall be the responsible person to ensure compliance with this policy.

- ln case of patients being in hurry, prescription written by the Consultant/Registrar/ Resident shall be made available immediately and the discharge summary signed by the

Consultant shall be sent to the patient by post. A copy of the discharge summary shall also be filed in the patients' medical record.

- The Discharge summary shall include- the reasons for admission, significant findings, diagnosis and patient's condition at discharge.
- It shall also include the investigation results, important laboratory results, the medications given, and the procedure performed (if any).
- It shall include the follow up advice, medications and other instructions and how to obtain urgent care in an understandable manner

The discharge process initiates when consultant's gives approval for it. It generally happens at the time of consultant round in the early morning hours. The treating consultant on the basis of patient's progress and investigation reports declares the patient fit for discharge. The head nurse or nurse in charge mark up the initiation of discharge process on the system. The unused medicines are sent for refund to the pharmacy along with activity sheet. The GDA carries the activity sheet and medicines to the pharmacy for refund process. After the refund process is completed the pharmacy and activity sheet is duly signed by the pharmacy in-charge. Activity sheet is then sent to billing department as intimation of discharge initiation. Meanwhile summary is prepared in consultation with the doctors. Once the bill is prepared the patient or attendant is called for payment. A follow-up from the hospital staff or physician should take place within two weeks of discharge to review the result of any test that came after the patient was discharged. The administrative staff reminds the patient of the follow-up with the physician and also about any complication that arises after discharge. The billing method is of three types-

Cash category- The patients who pays the bill for the treatment out of their pocket comes under cash category. The method of billing and payment is simple and less time consuming. The bill is prepared according to the facilities availed during treatment and bill is payed through cash or card or any other means. This includes the second largest group of patients admitted to the In-Patient Department. This also includes International Patients.

Credit category-There are two types of categories in this.

- PSU's
- TPA

PSU- Many PSU's are empaneled with the hospital. The employee of such organization is referred for treatment in the hospital. They constitute the largest group of patients admitted to the In-Patient Department. The cost of the treatment is covered by their organization. The settlement of the bill for this category is very time consuming due to slow functioning and long procedure of approval by the Government authorities. The PSU or the Government Authorities sanctions the amount or reimburses it after treatment by evaluating the case. It is the responsibility of the beneficiary.

TPA – This is the category which comprises the least number of patients as compared to others category. The patient can produce authorization letter approved from the company or TPA and

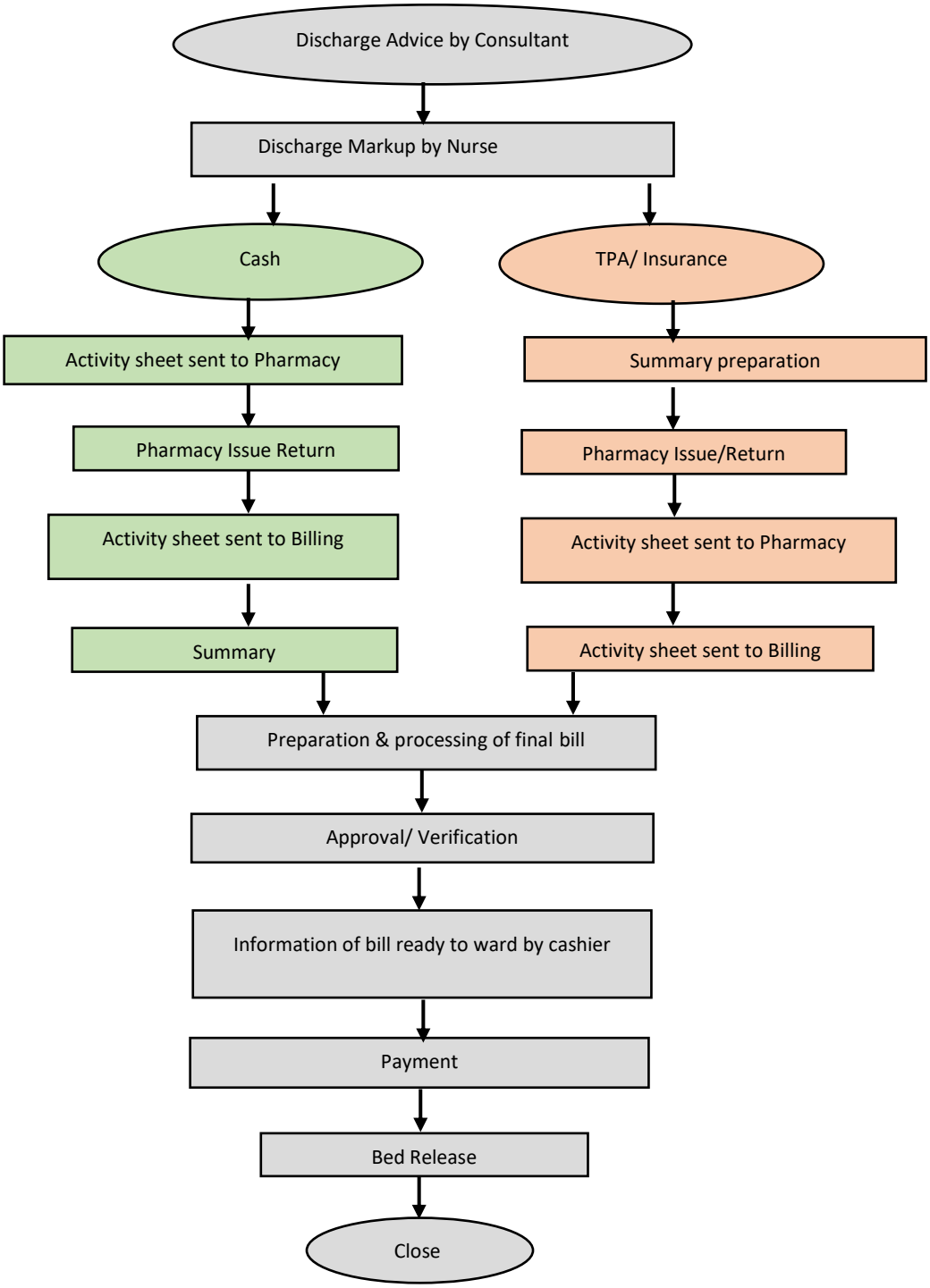
should be produced at the time of admission. If the admission is emergency in nature the authorization letter can be obtained after admission also. The TPA evaluates the case and approves the treatment cost according to the policy. It is the responsibility of beneficiary to produce authorization letter to the hospital billing department.

However, in both cases advance payment of a certain amount is done which is adjusted or returned to the patient at the time of discharge.

The admission desk or the treating consultant will give you an idea of tentative cost of treatment. However, it is advisable to get detailed information of treatment cost to avoid any unpleasant experience. If required the billing department updates the patient or attendant about the expenses till that day by providing provisional bill.

The bill is prepared in detail which includes room charges, procedure charges, investigation cost, consultant fees and other charges. All outstanding bills must be payed promptly and the bill payment is updated on the HIS. The floor manager or the nurse in- charge is informed on telephone about settlement of bill. After getting intimation about the bill being paid the patient is allowed to leave hospital premises.

Discharge process flow



Scope

Discharge from Hospital has always been a topic of research and there has been continuous effort to reduce the time of discharge. The major factor for patient's dissatisfaction has been delay in discharge process. It is the need of an hour in today's competitive world to achieve overall patient delight and to find the factors which extends time of discharge process and try to eliminate those factors. To maintain quality is prime concern in the field of research and analysis of all the sectors.

Objectives

The main objective of study is to observe the Discharge Process of IPD. However, it serves or caters many other Objectives which improves the Hospital efficiency.

Primary objectives:

- To study the Discharge process.

Secondary Objectives:

- To assess the Discharge time for CASH, TPA and CREDIT patients.
- To find out gaps and reasons of delay in Discharge Process.
- To analyze the soft skill behavior of administrative staff and their efficiency in handling the situation.

Research Methodology

Study design: It is an observational study which is based on process mapping.

Study area: In-Patient Department of W Pratiksha Hospital, Gurugram, Haryana.

Target population: In-patient area of a multispecialty hospital situated in Gurgaon.

Sample size: Total of 67 sample were observed. There were three types of payment options-

- TPA
- PSU
- CASH

Sampling technique: Convenient sampling

Type of data collected: Primary data was collected from the hospital by-

- Interaction with nursing staff at nursing station.
- Interaction with the ward floor manager.
- Interaction with Nurse in-charge.
- Interaction with GDA.
- Interaction with pharmacist.
- Interaction with billing executive.

Study tools: Observation sheet was used for concurrent observation of patient file; consultant visit, billing and nursing station activity.

Study duration: Discharge patient in the month of March & April2020. Primary data was collected through direct observation and day to day interaction with nursing staff, discharge team, billing staff at the nursing station in the ward.

Type of study: Observation based cross-sectional study which analyzes different variables at a point.

Limitations of the Study

The Study is focused on a particular hospital of Gurugram, Haryana.

The total sample of my study was selected through convenience sampling therefore result of this study cannot be generalized to the whole population.

Also, the various gaps and reasons which caused difficulty during the study and collection of data.

Unwillingness of hospital administrative staff to share exact information due to their involvement in their duties and lack of time.

Inability to track the insurance companies TAT and time it takes to approve the payment.

DATA COLLECTION

Data collection method used during study include concurrent observation and also longitudinal. At many times data are collected from more than three Departments i.e. medical record department, billing department, pharmacy, medical summary preparation room, nursing station, patient file and many others. A patient marked for discharge was observed till the time he leaves the hospital IPD room.

Place of Study- W Pratiksha Hospital, Gurugram.

Period of Study- February 2020.

Turn Around Time for Discharge Process

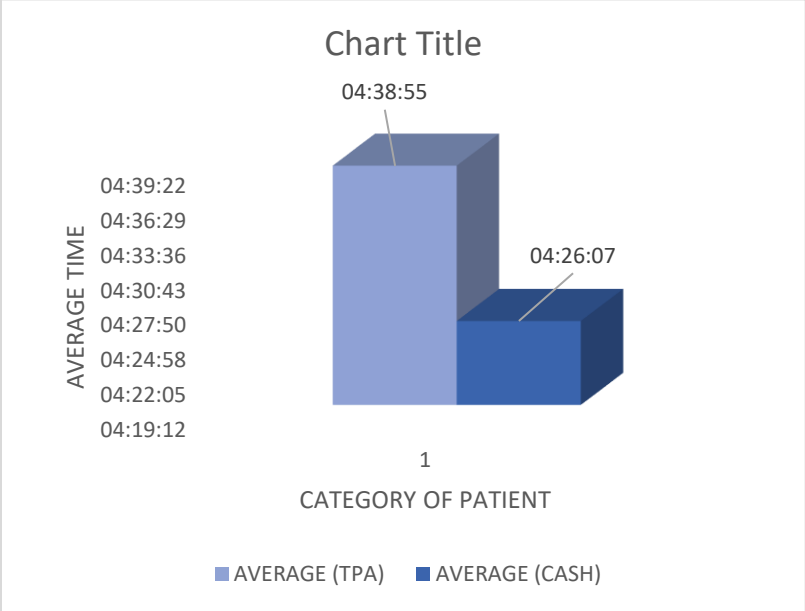
Total time taken from the moment patient is marked by the consultant till the time patient walks out of the Hospital.

Data Analysis

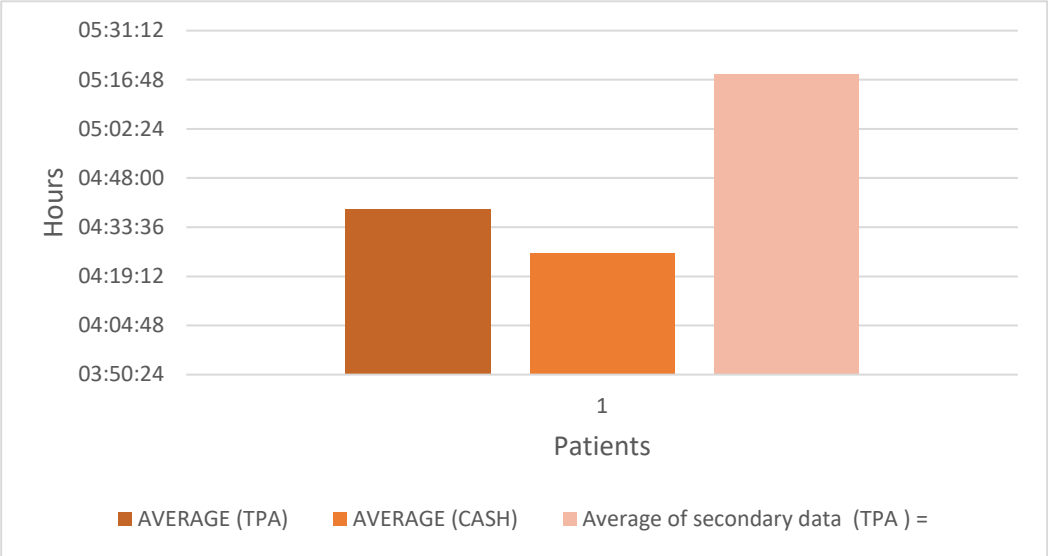
Total 67 data (TPA+Cash) has been taken from the IPD which consist primary as well as secondary sources. The above table shows that:

- The average TAT for 42 TPA patients is found to be 05:18:07
- The average TAT for 25Cash patients is found to be 04:04:54
- 9 patients took more than 7 hours to get discharged from the hospital which includes cash as well as TPA patient.
- 1 TPA patient took 10 hours to to get discharged from the hospital.
- 1 patient took approx. 9 hours to get discharge formalities completed due to TPA approval.

average (TPA)=4:38:55
average (CASH)=4:26:07



Average =**5:18:30**



Reasons of Delay:

- Most of the discharge were unplanned in nature.
- Unplanned discharge leads to sudden spur of work on staff which leads to chaos. This also leads to over burdening of work on them.
- Consultants are busy in the morning hours doing morning rounds or surgeries/ procedures. They don't get time for summary preparation which delays the process.
- Lack of untrained nurse/ staff or new staff leads to confusion or error in all the procedures.
- Lack of adequate no of GDA in the IPD leads to delay in activity of discharge processes.
- Insurance agencies takes time to send approval thus increasing the overall discharge time of TPA cases.
- Patients / attendants takes time to arrange funds for payment.
- In few cases patients / attendants does bargaining which creates nuisance and delay.
- There are sometimes mistakes in billing calculations which takes time to rectify.
- Some Patients like to stay till lunch and doesn't pay the bill on time.
- Patients are sometimes genuinely not in a condition to pay the huge bill. The hospitals tries to give discount on the humanitarian basis which includes certain approval and consultation. This leads to further delay.
- Patients take time in settling the payment which engages the billing staff restraining him from doing his work.
- Few patients request for last moment consultation with doctors or dietician which adds to the delay. Patients sometimes develops sudden complications which requires intervention by doctors.
- Confusion in medication doses or course or pharmacy returns also causes confusions and delays.

DISCUSSION

Discharge planning is critical to ensure rapid smooth transition from hospital setup to another care environment. It involves social screening, counselling, assessment and arranging resources, collaboration / consultation, patient and family education and documentation. It's a complex process requiring a wide range of activities from more than one department for the optimum care of patient at home. Delay factors can be external or internal. Discharge process are basically of two types depending upon the case.

Simple Discharge: Discharge is said to be simple when the patient has minimum ongoing need for health after getting treatment at the Hospital. This kind of discharge don't need much planning for home stay thus are easy to conclude. Mother after child birth, non-surgical adult cases generally falls under this category.

Complex Discharge: The Discharge process is said to be complex when the patient needs coordination from one or more department for continuing recovery process at home. Cases like this needs more coordination on the front of administrative or clinical department for safe discharge. The complex discharge processes incorporate assessment of home environment, referral to the home support team and rehabilitative services and follow up schedule. The patient whose needs cannot be fulfilled at home is referred to intermediate care which needs coordination with the third party. All these function results in high level of coordination and consumes time. It also includes schedule of doctor's visit to the patient in some cases.

However, during the study, it was observed that there were various other factors which delayed the process other than billing or TPA clearance.

- **Delay in rounds by Treating Consultants** – The morning visit by consultant is delayed by various reasons. Senior consultants are busy in morning hours performing surgeries and other important procedures. The team of Resident Doctors or Junior Doctors are also with their HOD or senior Consultant assisting them in the procedure. The size and number of patients in IPD also decides the time taken in consulting the patients. It takes more than hour for Consultant along with their Team to consult each and every patient admitted in the IPD. The discharge process only initiates after the consultant approves it in the round.
- **Delay in summary preparation** – Morning hours is the busiest period of a Hospital. Doctors are busy performing surgeries and procedures. They also visit ICU patients on priority basis as ICU patients are more critical in condition. IPD patients or patients waiting for discharge are more stable in condition in comparison to ICU, Emergency and Surgical patients. All these factors delay the process of summary preparation as it can only be prepared in supervision of consultant. Morning hours being the busiest leaves consultant with less or no time for summary preparation. Summary preparation is the most important activity in discharge process as it decides the course of medicine to be followed at home after getting discharged. The TPA and PSU patients are also given medicine for home as it is included in their package. The Pharmacy return and Billing can only be done once the summary is prepared. However, for Cash patient billing can be done without waiting for summary.

- **Bill Clearance and TPA approval** – TPA approval and billing clearance is the biggest barrier in the smooth functioning of discharge processes. It is very time consuming and delays the discharge processes. The billing department sends the billing amount to the TPA and TPA after evaluation sanctions the amount. The timeline for approval also depends on the particular insurance company.
- **Delays by Nurses** – Nurses are busy performing rounds with Doctors, giving medicines to the patient, sending samples for investigation and many other clinical and administrative activities in the morning shift. This delays the overall process of Discharge. Nurses are required to mark discharge on the HIS system and send the activity sheet through GDA for clearance in pharmacy and billing department. The patient file is sent for summary preparation. All these activities take place in the morning.
- **Non availability of Reports on time –** Hospital is a complex organization and so is its processes. Discharge process integrates several activities from more than one department. This integration demand lots of coordination and results in delay if coordination is not achieved. This can be seen here also. Many times, reports are not in right place at right time. This delays the Discharge Process.
- **Less no of GDA** – The GDA takes the unused medicine from the IPD patient to the pharmacy and billing department for clearance. The GDA are also assigned many other duties which includes attending patient, doctors, nurses and administrative staff and helping out them in their activities. Morning hour has the maximum discharges which demands a greater number of GDA going for discharges activities. Lack of GDA causes delay in discharge activities.
- **Miscellaneous** – There are various other reasons which delays the process. Some patient prefers to leave after having lunch. Some patient has conveyance and other issues which extend their stay. Few has sudden queries for which they request to consult doctor before going home which takes time.
- **Unplanned Discharge**: Generally, Discharge is planned in advance but in few cases, it occurs suddenly on request by the patient or for some other reasons. In this case it is difficult to track the reports. The billing also takes time as the billing officer is not prepared with details of that particular patient.
- **Lack of coordination**:

CONCLUSION AND RECOMMENDATION

Conclusion:

Two months internship program was carried out in W Pratiksha hospital, Gurugram as a part of academic requirement for PGDHM course at IIHMR, New Delhi. The study was carried out under supervision of internal institutional guide, external organizational guide and feasibility of conducting the study. In accordance with the objective of the study, primary data were collected from the Hospital during by daily observation and day to day interactions with the hospital ward staff Secondary data were collected from the hospital's SOP's , HMIS and policy's on dis-charge and others journals and books related to the topic referred.
A sample size of 67 patients in the process of discharge from hospital, who were paying hospital bill in cash and as TPA were arbitrarily selected. The study was a process mapping with observation.

From literature review on the database of the discharge process, it was found that discharge process in hospitals are the most sought-after topic of research and continuous effort is put to smoothen the process for making it less time consuming. Decreasing the time taken in discharge not only results in patient satisfaction but is beneficial for hospital by vacating the room for needy patient.

During the study the data was collected through day to day interaction with nursing station staff, floor manager, billing staff, GDA and observation. Secondary data was also used in analysis.

Timings were tracked from consultation request for discharge till the patient was physically out from the hospital premises. The data was collected through observation.

It was found that the maximum time was taken by the billing department for settling the bill. It included the approval of TPA and availability of attendant to pay the bill.

Also, it was found that although duty doctor writes the tentative discharge in the patient file between 7am to 8 am in the morning. Discharge process was not initiated unless until the treating consultant writes discharge which takes place an hour after the duty doctor request. Initiating the process immediately after the duty doctor request can save 1-2 hours.

GDA carries the activity sheet for the intimation process and pharmacy return wait for 3-4 discharge to happen so that he/she can do the activity collectively. This delays the process by another hour. Increasing the no of GDA can save the time.

The consultant should be asked to convey discharge one day in advance so that lots of time can be saved on the actual day of discharge by preparing documents in advance.

The discharge summary should be prepared at the time of evening round so that minor changes can be made on the discharge day which will reduce time taken on discharge day significantly. MT staff are often seen waiting for the doctor’s approval on the summary. Doctors are busiest in the morning hour which delays the

whole discharge process. As discharge process is initiated only after the summary is prepared in TPA cases. This is one of the biggest bottlenecks in speeding up the process.

From the observation carried out it was seen that-

- Maximum discharges were found to be unplanned.
- Unplanned discharges overburden the staff with unexpected workload which results in delay of work.
- Less no of GDA with large no of activities leads to delay in process.
- Unavailability of GDA leads to delay in performing the activity related to discharge.
- Unplanned discharges leads to delay in preparation of discharge summary.
- Consultants are busy in the morning hours taking rounds of inpatients and doing surgeries or procedures. They get less time for summary preparation. It becomes more chaos in case of unplanned discharge.
- Lack of proper training of nurses or billing staff leads to confusion in work which results in chaos. Entry of new staff in the process adds to the chaos.
- Patients or attendants sometimes creates nuisance at billing counter by bargaining which results in time consumptions and delay.
- Patient's needs time to arrange fund for payment.
- Insurance agencies take time to approve the bill. The TAT of various agencies varies between 2-5 hours which affects the discharge process.
- Due to lack of trained billing staff the billing processes found to have calculation mistakes which further consumes time in rectifying it.
- Patients are sometimes genuinely incapable of paying the total amount of bill, so on humanitarian basis they are given discounts by consulting at various levels of the hospital. These factors lead to delay in process.
- Non availability of investigation reports also consumes time. It takes even more time to track the reports of unplanned discharge.
- Few patients demand repeated consultation due to sudden appearance of any complication in between the discharge process. Any confusion in medication plan or diet leads to delay.
- In few cases patients/attendants wants to stay till lunch which results in delay.

Recommendations:

Based on my 60 days training in In-patient Department I will recommend the following suggestions for overcoming delay issues-The report is totally based on observation and on interaction basis.

Planning of Discharge in advance:

Hospital should adopt the policy of planned discharge to make the process hassle free and less time consuming. The consultant should tell the tentative discharge for the next day so that staff should start or prepare for the procedure in advance or earliest in the morning.

Summary preparation:

The summary preparation is the second largest factor which delays the discharge process. The consultants gets time only after the morning rounds or morning surgeries/Procedures. The process of discharge is initiated only after the summary is prepared in case of TPA patient. As TPA patient's billing includes medication for home also. The billing is only carried out when summary is prepared. The summary can be prepared in advance a day before discharge. Scope for mild changes should be left for the discharge day.

Evening rounds:

Consultant should convey tentative discharge plan for the next morning to the nurse in-charge so that nurse in-charge can initiate the process in advance wherever possible. She can inform billing department to prepare the tentative bill or can proceed with pharmacy return. Doing all these in advance will help in reducing the time taken in the morning for discharge.

Availability of reports:

The duty nurse in charge should arrange for the pending investigation report of the patient in the evening so that in the morning hours tracking the reports should not be in the discharge activity. Often it is seen that reports are collected at the time of discharge which can be avoided easily.

Increasing the no of GDA on the floor:

It was often found that one or two GDA on the floor was available to carry out the discharge activity like pharmacy return or billing. It use to take approx. 30 min for a GDA to carry out those activities. Meanwhile he /she is away doing the pharmacy return of the current lot other discharges orders used to wait for GDA to return and start their activities. Increasing the no of GDA on the floor can at least save an hour of the discharge time.

Coordination:

There should be a person assigned especially for the coordination of the all the activity of discharge so that it speed up the process. The person should enquire about the delay and try to fix the problem by coordination.

Staff training:

Proper training to the nurse and billing staff should be given so that they don't commit any mistake or delay. In case of new staff the supervisor or the senior should be present to assist him for few days to make him aware of the process completely. Any error committed by the new staff can consume time in rectifying it.

Miscellaneous:

The administrative department should develop plans to ensure speedy process of discharge. The IT system or HMIS should be upgraded or checked periodically for free flow of information and fast processing of billing, pharmacy return or reports generation. The Inter department communication should be strengthened for better coordination. The dietician or para medical counselling should be done on time to avoid delay in discharge.

ANNEXURE -1

Sl. No	MRNo.	Cash/Credit	Discharge request by Duty Doctor (Time)	Nurses discharge markup time	Activity sheet (Pharmacy)	Activity Sheet (Billing)	Return of Activity sheet	Summary preparation	Bill payment Time	**TAT**
	UHID No.				Receiving time	Receiving time	To Nursing Counter			
1		cash	7:15:00	9:42:00	10:10:00	10:54:00	11:20:00	14:00:00	14:20:00	**7:05:00**
2		cash	7:10:00	9:42:00	10:20:00	10:54:00	11:20:00	14:00:00	14:50:00	**7:30:00**
3		TPA	7:20:00	10:00:00	10:30:00	10:55:00	11:20:00	10:30:00	payment not done till 3pm	
4			7:00:00	9:40:00	10:40:00	10:55:00	11:20:00	9:30:00	payment not done till 3pm	
5			7:30:00	9:47:00	10:50:00	10:56:00	11:20:00		12:45:00	**5:15:00**
6			9:00:00	9:47:00	10:55:00	10:56:00	11:20:00	14:30:00	payment not done till 3pm	
7		cash	8:30:00	10:09:00	10:10:00	10:20:00	10:30:00	12:00:00	14:00 pm	**7:30:00**
8	109191	cash	8:27:00	9:30:00	9:00:00	9:14:00	9:40:00	9:45:00	11:30:00	**3:03:00**
9	32265	TPA	9:15:00	9:40:00						
10		TPA	8:10:00	9:51:00	9:25:00	9:35:00	9:40:00		13:30:00	**5:20:00**
11	111320	TPA	8:20:00	9:03:00	13:31:00	13:34:00	13:35:00	12:45:00	not done till 16:45	
12	584	TPA		10:29:00	13:24:00	13:30:00	13:35:00	12:45:00	not done till 16:45	

13	111275	TPA	8:30:00	9:03:00	9:38:00	9:40:00	9:40:00	10:00:00	13:29:00	**5:00:00**
14	111038	Cash	9:30:00	9:33:00	9:55:00	9:58:00	10:00:00	12:30:00	10:18:00	**0:48:00**
15	11561	TPA	8:10:00	9:39:00				13:00:00	Discharge not initiated till 15:00pm	
16	112075	TPA	8:30:00	9:49, 11:00	13:49:00	13:55:00	14:00:00	13:00:00	14:30:00	**6:00:00**
17		TPA	9:00:00	9:17:00	10:10:00	10:51:00	10:55:00	13:30:00	13:45:00	**4:45:00**
18		CASH	9:10:00	9:17:00				13:00:00	16:30:00	**7:20:00**
19	49442	TPA	9:10:00	9:26:00	10:45:00	10:51:00	10:55:00	11:00:00	12:00:00	**2:50:00**
20	112071	TPA	10:00:00	11:44:00	12:20:00	12:25:00	12:30:00	11:00	14:21:00	**4:21:00**
21			10:30:00	13:13:00	14:07:00	14:20:00	14:25:00	12:00:00	15:15:00	**4:45:00**
22		TPA	8:30:00	10:09:00	10:10:00	10:20:00	10:30:00	12:00:00	14:00:00	**5:30:00**
23	88189	cash	16:20:00	16:25:00	16:56:00	17:00:00	17:10:00		18:10:00	**1:50:00**
24	87960	cash	8:30:00	9:15:00	11:35:00	12:26:00	12:30:00		13:00:00	**4; 30:00**
25	87652	cash	10:00:00	10:02:00	10:58:00	11:00:00	11:10:00		14:00:00	**4:00:00**
26	88255	cash	Planned	10:20:00	10:30:00	10:58:00	11:05:00		16:10:00	
27	88332	cash	13:50:00	14:15:00	14:42:00	14:55:00	14:55:00		16:24:00	**2:34:00**
28	88222	cash	10:20:00	10:25:00	13:42:00	13:50:00	13:50:00		14:00:00	**4:40:00**
29	87931	cash	10:30:00	10:33:00	12:06:00	12:15:00	12:15:00		12:29:00	**2:00:00**
30	87830	cash	9:42:00	9:47:00	11:23:00	11:45:00	11:55:00			
31	87851	cash	9:00:00	11:00:00	11:35:00	12:00:00	12:10:00		14:45:00	**5:45:00**
32	88364	cash	10:00:00	10:30:00	11:32:00	11:45:00	11:50:00		12:00:00	**2:00:00**
33	88358	cash	9:15:00	9:45:00	10:18:00	11:30:00	11:37:00		12:24:00	**3:09:00**
34	87572	cash	9:50:00	10:00:00	10:52:00	11:20:00	11:24:00		13:30:00	**3:40:00**

35	51586	cash	9:00:00	9:20:00	9:44:00	10:30:00	10:36:00		13:30:00	**4:30:00**
36	88834	cash	9:30:00	9:32:00	9:45:00	10:15:00	10:20:00		12:05:00	**2:35:00**
37	88551	cash	10:00:00	10:15:00	11:04:00	12:15:00	12:25:00		13:30:00	**3:30:00**

	MR No.	Consultant Round	Mark for discharge	Pharmacy Clearance	TPA process	TPA approval	Final Bill Prepared	Patient Discharged	**TAT**
1	87964	8:30	11:58:00	10:10	10:20	15:20:00	12:30:00	16:00:00	**7:30:00**
2	90415	10:20:00	10:33:00	10:55:00	11:05:00	15:58:00	11:20:00	17:00:00	**6:40:00**
3	67653	10:30:00	10:32:00	11:46:00	11:52:00	13:30:00	11:35:00	14:00:00	**3:30:00**
4	43063	9:50:00	10:00:00	13:11:00	13:22:00	13:57:00	13:07:00	16:30:00	**6:40:00**
5	88078	13:40:00	13:42:00	13:56:00	14:03:00	17:35:00	13:15:00	17:46:00	**4:06:00**
6	45099	planned	8:11:00	8:49:00	9:53:00	12:00:00	9:20:00	12:45:00	**4:34:00**
7	72640	12:20:00	12:26:00	13:30:00	13:36:00	15:40:00	14:00:00	15:53:00	**3:33:00**
8	62803	11:00:00	13:30:00	14:40:00	14:48:00	17:15:00	15:00:00	17:20:00	**6:20:00**
9	13407	9:00:00	10:25:00	10:38:00	10:45:00	16:20:00	11:00:00	16:37:00	**7:37:00**
10	12551	10:15:00	10:23:00	11:41:00	11:50:00	14:27:00	12:05:00	14:45:00	**4:30:00**
11	26611	10:30:00	12:53:00	13:00:00	13:04:00	13:45:00	13:15:00	14:00:00	**3:30:00**
12	39344	9:10:00	13:02:00	13:54:00	14:01:00	17:45:00	14:15:00	16:00:00	**6:50:00**
13	88235	9:20:00	9:45:00	10:43:00	10:45:00	12:50:00	11:15:00	13:15:00	**3:55:00**
14	88359	11:00:00	11:08:00	12:19:00	12:30:00	16:15:00	12:45:00	16:20:00	**5:20:00**
15	25758	10:30:00	10:45:00	11:13:00	11:35:00	12:49:00	12:01:00	13:00:00	**2:30:00**
16	87894	10:00:00	11:20:00	11:48:00	11:56:00	13:12:00	12:05:00	13:30:00	**3:30:00**
17	55460	11:00:00	12:20:00	12:28:00	12:47:00	14:59:00	13:05:00	15:15:00	**4:15:00**
18	88409	10:55:00	11:00:00	13:25:00	13:32:00	15:49:00	14:00:00	16:15:00	**5:20:00**
19	69022	13:30:00	13:32:00	13:39:00	13:47:00	19:40:00	14:10:00	20:15:00	**6:45:00**
20	24298	12:20:00	14:15:00	14:53:00	14:54:00	17:00:00	15:15:00	16:00:00	**3:40:00**
21	88590	9:00:00	10:00:00	10:19:00	10:24:00	11:05:00	10:30:00	11:55:00	**2:55:00**
22	49626	9:00:00	10:00:00	12:57:00	13:00:00	16:27:00	13:20:00	17:00:00	**8:00:00**
23	88048	9:10:00	10:00:00	11:43:00	11:45:00	13:10:00	12:15:00	14:00:00	**4:50:00**
24	87858	10:35:00	12:30:00	12:55:00	13:00:00	14:24:00	13:15:00	15:05:00	**4:30:00**
25	88767	9:45:00	9:55:00	10:42:00	10:50:00	15:50:00	11:15:00	16:00:00	**6:15:00**
26	88273	10:00:00	10:05:00	11:08:00	11:15:00	14:35:00	11:50:00	15:00:00	**5:00:00**
27	88291	9:50:00	10:00:00	11:54:00	11:58:00	15:07:00	12:30:00	20:00:00	**10:10:00**
28	89249	11:00:00	11:35:00	11:50:00	11:53:00	15:11:00	12:30:00	20:00:00	**8:50:00**
29	89180	8:00:00	8:05:00	8:08:00	8:11:00	12:00:00	9:40:00	13:15:00 05	**5:15:00**
30	32593	11:00:00	11:15:00	12:57:00	13:01:00	13:21:00	11:30:00	15:15:00 05	**4:15:00**

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