DISSERTATION REPORT

AT

YASHODA HOSPITAL & RESEARCH CENTRE, GHAZIABAD

STUDY OF DISCHARGE PROCESS

BY

MR AMAAN HASAN

PG/19/008

UNDER THE GUIDANCE OF

MS MEGHA SABHERWAL

DR SUMESH KUMAR

PGDM (Hospital & Health Management)

2019-21

International Institute of Health Management Research

YASHODA
HOSPITAL & RESEARCH CENTRE

IIHMR
DELHI

The certificate is awarded to

Mr Amaan Hasan

In recognition of having successfully completed his Dissertation in the Operations Department

And successfully completed his project on

STUDY OF DISCHARGE PROCESS AT YASHODA HOSPITAL & RESEARCH CENTRE

15th Feb 2021 to 31st May 2021

At

Yashoda Hospital & Research Centre, Nehru Nagar, Ghaziabad

COMMENTS:

Very Hardworking & self motivated. Takes up tasks on his own. All the Best

MS. MEGHA SABHERWAL

COO- YASHODA GROUP

YASHODA HOSPITAL & RESEARCH CENTRE

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr Amaan Hasan** student of PGDM (Hospital and Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Yashoda Hospital & Research Centre from 15th February 2021 to 31st May 2021.

The candidate has successfully carried out the study designated to him during dissertation and his approach to the study has been sincere and analytical.

The internship is in fulfilment of the course requirements. We wish him all the success in all his future endeavours.

Ms Divya Aggarwal
Associate Dean, Academics and Student Affairs
IIHMR, New Delhi

Dr Sumesh Kumar
Associate Professor
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **"STUDY OF DISCHARGE PROCESS"** at **"YASHODA HOSPITAL AND RESEARCH CENTRE, GHAZIABAD"** 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.

Names:	**Signature:**
GK Dr Rajiv Pathni	
Dr Preetha G.S	
Dr Sumesh Kumar	

YASHODA HOSPITAL & RESEARCH CENTRE

IIHMR DELHI

Certificate from Dissertation Advisory Committee

This is to certify **that Mr. Amaan Hasan,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under the guidance and supervision. He is submitting his dissertation titled **"Study of Discharge Process"** at **"Yashoda Hospital & Research Centre, Ghaziabad"** in partial fulfilments of the requirements for the award of the **PGDM (Hospital & Health 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.

Institute Mentor : Dr Sumesh Kumar

Designation : Associate Professor

Org : IIHMR, Delhi

Org Mentor : Ms. Megha Sabherwal

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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Study of Discharge Process**" at **Yashoda Hospital & Research Centre** submitted by Amaan Hasan Enrollment No PG/19/008 under the supervision of Ms. Megha Sabherwal, Dr Sumesh Kumar for award of PGDM (Hospital and Health Management) of the Institute carried out during the period from Feb 2021 to May-2021 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.

Amaan Hasan

YASHODA HOSPITAL & RESEARCH CENTRE

IIHMR DELHI

Feedback Form

Name of the Student	: Amaan Hasan
Dissertation Organisation Nagar, Ghaziabad	: Yashoda Hospital & Research Centre, Nehru
Area of Dissertation	: Study of Discharge Process
Attendance	: Adequate
Objectives Achieved	: Study of TAT for different category of patients; Process mapping and to do an Internal Audit of the Discharge Process; Finding gaps and scope for operational improvements in the Discharge Process.
Strengths	: Problem Solving, Self Motivated Hardworking
Suggestion for Improvement	: NA
Suggestion for Institute (Course curriculum, industry Interaction, placement, alumni)	: No

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Acknowledgement

First and foremost I would like to thank The Almighty GOD whose grace makes all the things possible the satiation and euphoria that accompany the successful completion of the project would be incomplete without the mention of the people who made it possible.

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I owe my whole hearted thanks and appreciation to the entire staff of the hospital.

Last but not least I am extremely grateful to my parents for their love, support, for educating me, for believing me and preparing me for my future.

Contents

Abbreviations

NABH : National Accreditation Board for Hospital
TAT : Turn Around Time
TPA : Third Party Administrator
CGHS : Central Government Health Scheme
ECHS : Ex-Serviceman Contributory Health Scheme
ESI : Employee State Insurance
LAMA : Left against Medical Advice
MLC : Medico Legal Cases
HIS : Hospital Information System
OPD : Out Patient Department
IPD : In Patient Department
DGHS : Directorate General of Health Services
MCD : Municipal Corporation Department
ONGC : Oil and Natural Gas Corporation Limited
NDRF : National Disaster Response Force
NCR : Northern Central Railway
SPSS : Statistical Package for Social Sciences
DAMA : Discharge against Medical Advice
GDP : Gross Domestic Product
AAC : Access, Assessment and Continuity of Care
SOP : Standard Operating Procedures

Executive Summary

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

Discharge Planning is creating a distinctive discharge plan for the patient before he/she is leaving the hospital, to check that the patients are discharged within the standard time and with provisions of the right post discharge services.

One way to standardize event is to establish a universal discharge time. This makes the process easy for staff to stay informed. The key elements to such an approach include:

Consistency of structures and processes (follow NABH guidelines); Tactical and timely service planning (Annual reviews, monthly feedbacks); Linked conventions and pathways (e.g. shared in primary and secondary care are based on the international best practices, so that objective measures of the performance are immediately available)

In content an effort is made to analyse the gaps in the discharge process in Yashoda Hospital and access it in terms of time. This study was a part of the curriculum of a PGDHM offered by IIHMR, Delhi in fulfilment of this program.

This study was conducted with an aim of studying the discharge process, focusing on the amount of time taken for file to be received at the Billing section, preparation of discharge summary, verification of discharge summary, preparation of final bill, followed in the Hospital for three categories of patients, i.e. Private, Panel and TPA admitted in the hospital, along with the understanding of operations of discharge process in the hospital. This project also intends to find out the root cause of delay in the process, figuring out SOPs and thereby making an attempt to find possible solutions and operational improvements. This study was performed in the IPD of the Yashoda Hospital.

During the course of study a total of 555 patients were discharged from the hospital included in the study. The data was obtained using descriptive and quantitative research where in direct observation, process mapping was done. Out of 555 patients, 214 patients were of TPA, 177 patients were cash paying (Private) and 164 patients were panel.

Chapter 1: About Yashoda Hospital

Yashoda Hospital & Research Centre was founded by Dr. Dinesh Arora on *2nd of September1990* and has successfully grown manifolds to achieve the status of a 'Symbol of Trust' over 30 years of existence.

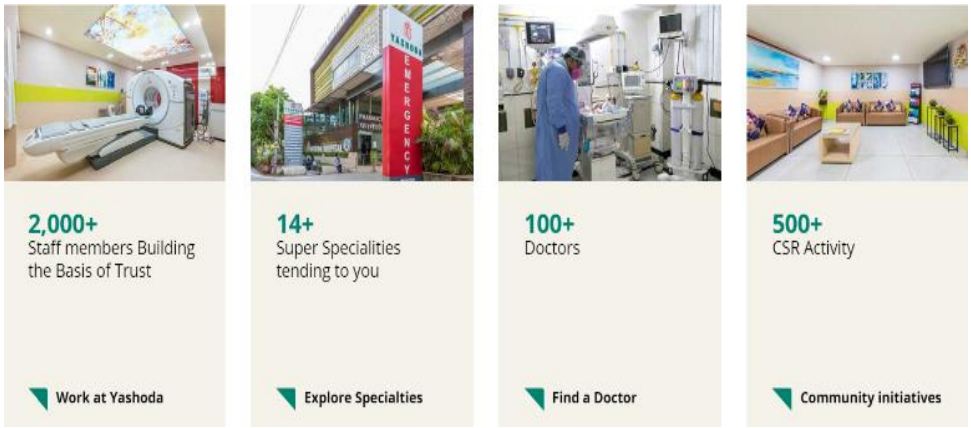
The Hospital is considered to be one of the most reputed hospitals of Western U.P.

Yashoda Hospital is located in the heart of the city, easily accessible from all the corners of Ghaziabad.

The Hospital is surrounded by lush greenery consisting of seven floors, 306 beds with more than 15 super-specialties like Kidney Transplant, IVF & infertility, Cardiac, Plastic surgery, Oncology and many more

IPD Beds of a number of categories General, Semi-private, Private, Deluxe and Super Deluxe Wards are catering to varied requirements of our valued patients.

An extended branch of the hospital was established in April 2019 at Sanjay Nagar, Ghaziabad and it is also NABH Accredited, 106 bedded with Oncology and other facilities.



Mission

Serving all people through exceptional health care, persistent quality, sympathy, respect and community outreach.

Values

Guide for Institutional and Organizational behaviour at Yashoda Hospital & Research Centre is **CARE** which stands for

- **C** for compassionate care for our patients and their loved ones
- **A** for accountability, transparency and honesty in our services
- **R** for respect towards our patients, their loved ones and towards each other
- **E** for excellence in everything we do

As a part of social corporate responsibility, Yashoda Hospital conducts no cost Health screening camps, free OPDs and have dedicated facilities for the unprivileged patients.

जहाँगीराबाद में नि:शुल्क स्वास्थ्य शिविर लगाया गया

▶▶माँ का दूध बच्चे की सेहत के लिये सबसे बेहतर-शिशु रोग विशेषज्ञ

▶▶समाजसेवी व यशोदा अस्पताल के सहयोग से आयोजित हुआ था कैम्प

नि:शुल्क स्वास्थ्य शिविर में 200 लोगों ने लिया परामर्श

हल्का भोजन करने से पेट सम्बन्धी रोगों से हो सकता है बचाव : डा0मनीष गुप्ता

शिशु की सेहत के लिये माँ का दूध सबसे बेहतर, जहाँगीराबाद में लगा नि:शुल्क स्वास्थ्य शिविर

● नि:शुल्क स्वास्थ्य शिविर में शिशु रोग विशेषज्ञों ने दिया परामर्श

● समाजसेवी सोनू पाठक व यशोदा अस्पताल के सहयोग से आयोजित हुआ था कैम्प

Chapter 2: Discharge Process

Hospital services can be categorized into IPD and OPD services. An Out Patient Department is an establishment, which cares for ambulatory patients who come for diagnosis, treatment or follow up care. Unit refers to health care services provided on a same-day basis. The patient is examined and given treatment in OPD up to the time hospitalization may become necessary. In-patient services or ward area is the most important and largest single component of the hospital, forming 35-50% of the whole hospital complex. The prime objective of in-patient area is to provide accommodation for patients at the point in an illness when dependence on others is at its highest. The inpatient care area, ward or nursing unit, would thus include nursing station, the beds it serves, and the necessary services, work, storage and public areas needed to carry out the patients nursing care. Operational cost is very high, which directly affects the hospital budgets. It is essential for all hospital administrators to be fully aware of the cost intensive nature and to focus on effective planning and efficient utilization of in-patient services.

It is very important for Hospitals that admitted patients are discharged from hospital care in an innocuous and well-organized way that is beneficial to both the patients and organisation. Studies witnessing rising disease trends & growing number of geriatric population clearly indicates the need for frequent need for healthcare services. Rising demand of healthcare comes with a great competition. Sustained customer confidence is integral to the success of an organisation. Systems & processes are designed to satisfy customers on a continuous basis. Our customers Patient & Attendant not only want satisfactory treatment but also psychological satisfaction, prompt services, accessibility & affordability of services, Courteous behaviour, Privacy & dignity, Informed treatment and cure during their journey that starts from Admission to Leaving the Hospital i.e. Patient Discharge. Despite the Hospital's efforts for a timely and effective discharge, research has shown that a number of events occur in the process of the patient discharge that affects all involved in the process. During the discharge of the patient, after the necessary interventions, a number of procedures have to be performed by engaging various staff members and departments making the process complex but effective.

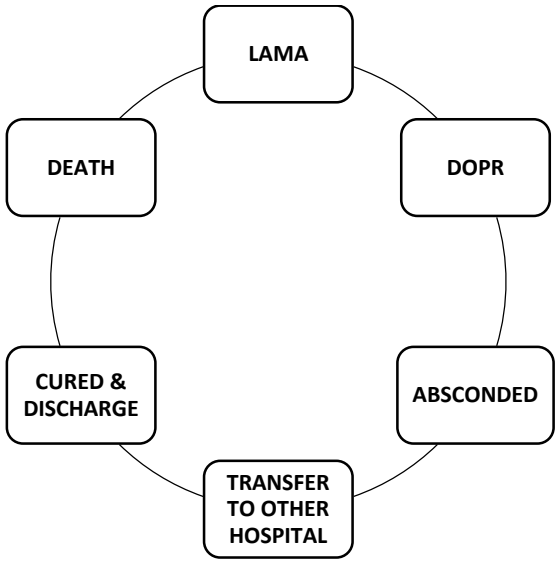
As per B.M. Sakharkar (The Author of 'Principles of Hospital Administration and Planning'), "Discharge is the release of an admitted patient from the hospital".

As per NABH, "Discharge is a process by which a patient is shifted out from the hospital with all concerned medical summaries ensuring stability".

The discharge process starts from the moment consultant approves that the patient health is well enough, patient can continue on home care services, or needs to be shifted to additional category of facilities (rehabilitation, psychiatric). The admission and discharge processes can act as bottlenecks in many of the hospitals and thus adversely affect the efficiency of the hospital.

Hospital costs are unpredictable and people usually refrain from admitting to hospitals and are eager to get treated and continue their routine life following Discharge from the Hospital. Any undue delay in discharge process is hurtful to patients as well as organisation. For patient, lack of knowledge and communication makes patient unaware of the process and time consumption that often results in irritation, disheartening, and dissatisfaction. It also increases the chances of patient exposure to Hospital Acquired Infections. For organisation, delay results in prolonged bed occupancy i.e. cost to company and take a toll on hospital's image even after satisfactory stay.

TYPES OF DISCHARGE



Discharge Planning

Planning provides the basic foundation from which future management function arise. Discharge planning starts from identifying a suitable day fixed for the termination of care in the hospital and informing the patient and relatives to prepare to take the patient home. The planning for post discharge services such as visiting care, physical therapy (physiotherapy or occupational therapy), and home sample collection are also involved in the process. It is a goal oriented continuous activity with the aim of cost containing and improving patient outcomes. It ultimately serves to reduce unwanted longer hospital stay, unplanned readmissions, and to improvise the timeliness of services and co-ordination among departments.

Discharge planning begins early during patients hospital stay. Hospitals should discharge patients in order to retain accurate treatment statistics. It's important to keep track of discharge patients for statistical reporting and to have an accurate portrayal of our active clients list.

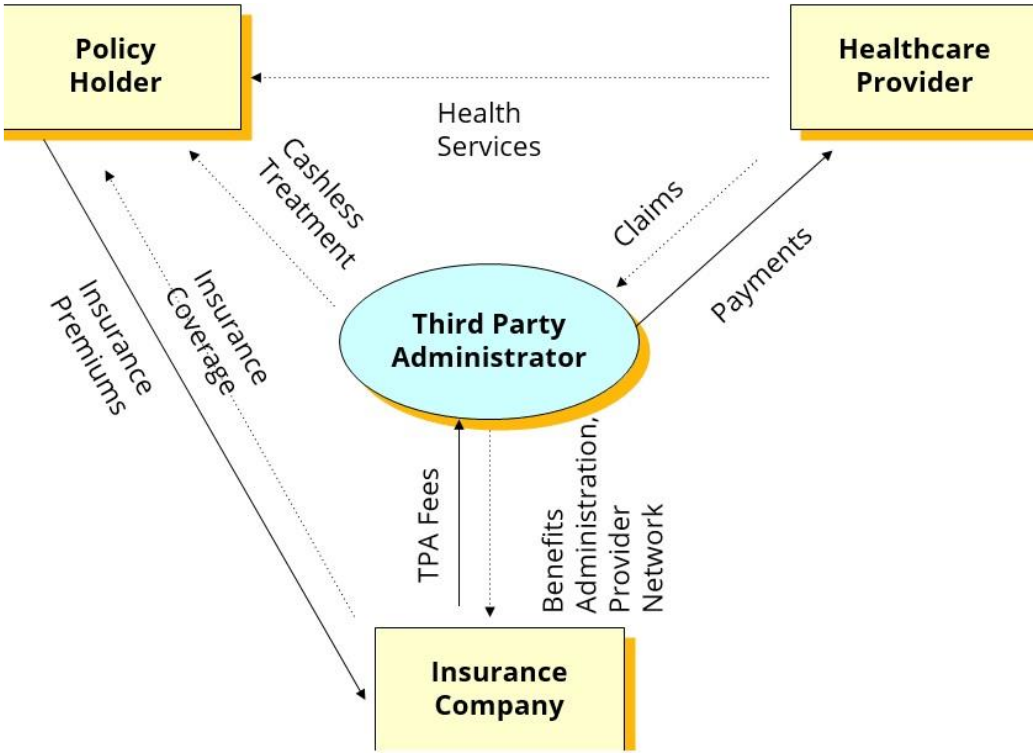
Cash, Panel & Insurance/TPA

A category of patients get discharged from the Hospital i.e. Cash, Credit & Insured/TPA patients.

- A cash patient is the one who pays the final bill at the time of discharge either by Credit/Debit Cards, UPI Payments, and Currency.
- Empanelled patients are the one who pays discounted rate for the services or the payment is done by the respective panel, or patient pays and the payment gets reimbursed. Few of the panels observed in the study were CGHS, ECHS, ESI, UP POLICE, DGHS, OFM, MCD, ONGC, NDRF, NCR, etc.
- Insurance is a contract (policy) in which an individual or entity receives financial protection or reimbursement against losses from an insurance company. The company pools clients' risks to make payments more affordable for the insured and the insured pays some amount of money as the premium. Insurance company, in turn, compensates the insured in respect of health care expenses subject to following conditions:

- Insured should be admitted to hospital/ nursing home
- Treatment of diseases should not fall under any exclusion under the policy
- Upper cap of compensation limited to sum insured under the policy

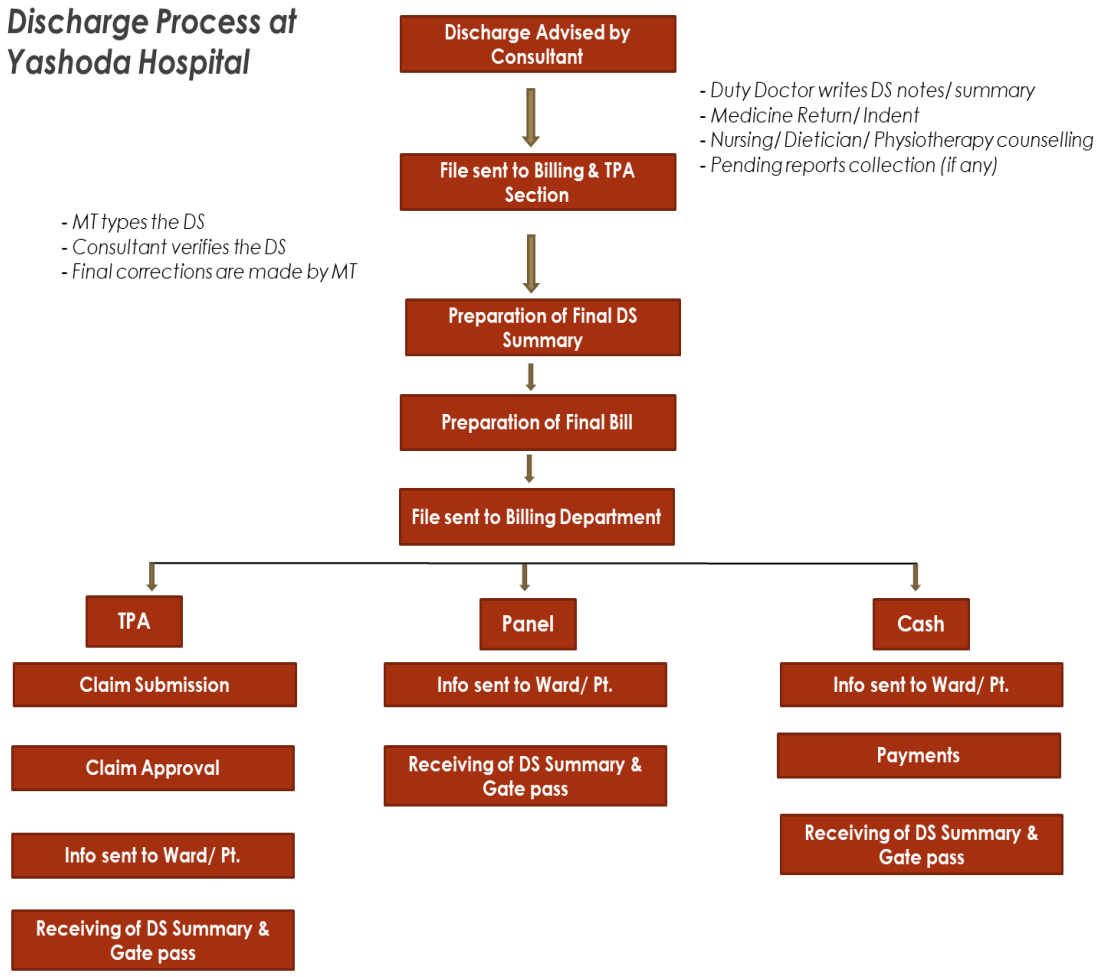
- TPA: Third Party Administrators are the middlemen in the chain of integrated delivery system that brings all the components of health care delivery such as physicians, hospital, insured & insurer into a single entity. E.g. MAX BUPA, GIPSA, ICICI Lombard, etc.



Discharge from the hospital is a process and not an event alone. It should always include the progression and implementation of a plan to facilitate the transfer of an Individual from the hospital to an appropriate setting. Discharge process may be distinctive to organizations depending on their departmental locations, operations, manpower planning and can be understood by Process mapping.

The study is aimed to view the discharge process of Yashoda Hospital & Research Centre, to identify the timeliness of process, to find out bottlenecks and work upon them during my job and to do an internal audit based on NABH Chapter 1 AAC 13 and 14 about Patient Discharge.

Chapter 3: Process Mapping



Patient Gate Pass

YASHODA HOSPITAL & RESEARCH CENTRE
IIIrd M, Nehru Nagar, Ghaziabad - 201001, UP

YHRC/PDP/44/V1

Patient Discharge Pass

Name _____ Panel _____

IP No. _____ Bill No. _____

The patient has signed the bill and paid the difference between entitlements and facility availed (if any).

He/She is permitted to leave the hospital.

Signature

Billing Head

Chapter 4: Objectives

General Objective:

- To study the process of discharge and analyse the gaps and scope of operational improvement in the discharge process at Yashoda Hospital.

Specific Objectives:

- To access the Discharge time for Cash, Credit and TPA patients.
- To find the actual cause of delay & SOPs for the discharge process
- To do an internal audit for NABH compliance to Discharge.

Purpose of the study:

The purpose of the study is to understand the whole process and find out the problems in the discharge process so that improvements based on the recommendations can be worked upon during my further training and learning in the Hospital.

Scope of Study:

The scope of this study is to analyse the steps, activities, manpower, departments involved in the process at Yashoda Hospital & to improve the everyday functioning and the process as whole.

Chapter 5: Methodology

- **Study Design:** An Observational study based on process mapping and a Quantitative research enumerating the percentage of discharges within time and `enumerate analyses i.e. the time span of each of the steps for discharge as well as various elements leading to discharge on or off time.

- **Study Area:** In Patient Department of Yashoda Hospital & Research Centre.
  - Ward 1: 21 Beds
  - Ward 2: 25 Beds
  - Ward 3: 33 Beds
  - General Ward: 34 Beds
  - Ward 5: 20 Beds

IPD (Yashoda Hospital)

- **Sampling:**

All patients discharged from the Ward 1,2,3,5, General ward (Male & Female) from 1st May 2021 to 1st June 2021 are included (A sample of 555 Patients)

All patients were studied at each phase of discharge tracked (Patient file received at Billing, Preparation of Final Discharge Summary, Preparation of Final Bill, Time taken for TPA approvals, Time patient receives Gate Pass and Signs Discharge Summary).

These patients are from variety of segments including:

- Private (Cash patients)
- Government Panel (CGHS, ECHS, ESI, UP Police, ONGC, NDMC Etc.)
- TPA (GIPSA, MAX BUPA, ICICI LOMBARD, APOLLO MUNICH, HDFC Ergo Etc.)

- **Resources used:**

- HIS (Pharmacy clearance, Final Billing, Admission, Discharge)
- Hospital Staff (GDA's, Pharmacists, Nursing in charge, nursing staff at station, Billing executive, TPA executive, Medical Transcriptionist, TPA & Billing Head, DNS, Consultants, Medical officers)
- Admission & Discharge register at Nursing station
- Medical Records (Patient case file)

- **Procedure Adopted:**

- 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, policies, MOUs, Licenses, concerned authorities and from other sources.
- Various departmental services (clinical, supportive, ancillary & administrative) of the Hospital were studied by observation.

- Studying the identified departments involved also helped me to collect information and data. Personal observation and by coordinating and supervising the concerned personnel's, departments in operational management of that

- Data Collection:

Data was collected by primary and secondary sources:

○ Primary:

- Participatory observation
- Discussions with Medical Officer, Pharmacists, Nurse, DNS, Ward Coordinators
- Interaction with Medical Transcriptionist, Consultants, Billing Executive, GDA Staff

○ Secondary:

- Work manual of the departments
- Registered records of particular departments & patients
- Broachers, Website, Policy, Articles & Columns
- HIS
- Information was collected for location/ layout, equipment's used, policies and procedures

- Expected Outcome:

- The aim of the time motion study is to analyse a situation, examine the objectives of the situation and to synthesize an improved more effective efficient 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 staff to complete a specific job to the current required level of performance.

- Time Frame:

- May 1st 2021 to June 1st 2021

Chapter 6: Literature Review

By the end of 2025, India will need as many as 17.5 crore additional beds according to a combined study by an industry body and Ernst & Young. According to World Bank, data on Bed per population in India was found to be 0.53 Beds per 1000 people in 2017. India is among the favourite choice for medical tourism that contributes to the loading the healthcare system along with the disease burden in the country.

The healthcare market in the country is growing with a tremendous rate with great opportunities. The Government is aiming to increase the healthcare spending to 3% of the GDP by 2022. In Union Budget 2021, Government allocated a huge amount for COVID and is supporting the healthcare and hospitals by all means. As per data published by Statista committee, India had an estimated 714 thousand hospital beds spread out over 69 thousand hospitals in 2019. Of these around 1.1 million beds were in private sector, outnumbering the public hospitals. There is a strong competition and the healthcare sector being a service sector is driven by customer satisfaction, meeting & exceeding the customer expectations. Patient discharge is one of the most important part of the patient journey in the hospital.

Various departments including Nursing, Billing, TPA, Pharmacy, Dietetics, Physiotherapy and a number of individuals including Consultants, Duty Doctor, Medical Transcriptionists, Nursing staff, Billing executive, General duty assistant staff, etc. are involved in the process. Being a Hospital Manager, it is important to understand the overall process and its operations in order to effectively and efficiently managing the operations.

For my Literature Review, I have used the following keywords:

1. Discharge process
2. Patient Discharge
3. Patient Discharge AND Hospital
4. TAT for Discharge AND Study
5. Average time and delay in discharge

The following published papers are reviewed:

Study conducted by Silva Ajami et al. (2007) to analyse the time for discharge. Data collection means were questionnaires, checklists and the observations made by the team and analysis on software SPSS was done. The model of queuing was used by the researchers. Average time of 4.93 Hours found and lack of guidance to staff involved, time for completion of discharge summary, absence of HIS are the results made by the author.

In 2012, a study was conducted by Janita Vinaya Kumari et al. in a tertiary care healthcare organisation upon the end stage of the patient hospitalisation i.e. patient discharge. Author says that the Discharge and the billing process are the activities that are more likely to be remembered by the patient/attendant. Aim of the study was to calculate the average waiting time for the patient discharge. Study registers were customised and designed by the research team and kept in the wards and the billing department. A total sample of 2205 patients was analysed. The findings were 2 hour 22 minutes average waiting time.

Swapnil Kumar et al. in 2013 conducted a time motion study in a hospital to observe he delay in the discharge of all category of patients i.e. insured patients, cash payments, DAMA, etc. in the hospital. Standard time suggested by the NABH was used to compare the average time taken for the patient leaving the institution. Time taken for insured patients, self-payments, DAMA was found out to be 5 hour 13 minutes, 6 hour 2 minutes and 5 hour 29 minutes respectively. Author in his study also conducted a satisfaction survey and found that a total of 69.80% patients claimed that the process in lengthy and the rest 30.20% patients felt that it took normal and expected time for them to leave the hospital. A total of 61.53% patients voted that the discharge process should be speeded up.

In 2014, Dr Silva et al. conducted a study to find out the main reason behind delay in the process of patient discharge from two teaching hospitals was conducted with the purpose to improve the appropriate findings. Admission and discharge record of patients leaving from ward of internal medicine were reviewed. Author conducted a pilot study to determine the sample size. They found that among both of the teaching hospitals, there is a delay of 60% in hospital A and 50.7% delay in the discharge of hospital B. Investigation reports were not available timely, delay in making decision regarding the patient clinical health and discharge

& specialised consultation provision were found to be the main source of the delay in the discharge process.

In 2014, a study was conducted for a period of three months at Apollo Hospitals, Bhilai with the objective of identifying the delay in the process of discharge against the standard time. The aim was to process review analysing the whole process and finding out complications challenges at various steps under the process. And purpose of the study was to strategize the time reduction and process mapping. Author conducted a time motion study including all six units where the records of patient were followed. This cross sectional study was conducted with a sample of 300 patients selected randomly during the 3 period of three months. Respondents were interviewed during the study including nurse, discharge pool staff, duty doctors and administrators. The researchers came with an aim of following at least 50% of the total patients discharged during the study period. Standard time for the discharge was 2 hour which was two hour less than average time i.e. 4 hour. All patients including cash, credit, TPA, planned and unplanned discharges were tracked. The finding was time for Cash, Credit, unplanned and planed discharge was 3.6 hrs. 4.2 hrs. 4.1 And 3.4 hour respectively.

Study was conducted at Asian Heart Institute to find out the TAT of process of discharge and to analyse the gaps and standard operating procedures. It was a cross sectional study conducted for 45 days where quantitative and qualitative analysis was done. Sampling techniques used was non-probability purposive sampling. To collect the data, primary sources such as Observations, Interactions with staff and departments and secondary sources such as HIS, Patient file were used to find out the reasons accounting for the delay. The reasons were categorised into different categories such as delay occurred by patient, delay for which the hospital is responsible, delay resulted from TPA approvals, delays resulted by deteriorating clinical condition of the patient, etc. The main reason found behind the delay in the discharge process was gap in the information flow and inter-departmental communication.

Mr Khanna et al. (2016) conducted a study in a tertiary care hospital to find out the timeliness of the process of discharge and its influence on crowding and flow performance. The study was conducted with an objective of identification of optimal discharge time and the target to deduct the over burdening and crowding along with improvising the inpatient flow. The patient records for a period of fifteen months were used to understand and work upon the

patient journey i.e. admitting to leaving the hospital. For understanding the flow performance, discrete event stimulation was used. They found that eighty percent of the discharges were done before afternoon that resulted in the availability of nine more beds for the upcoming inpatients. The average time taken for a bed to be available to get occupied, length of stay, and bed occupancy were targeted and reduced. Study indicated that the discharges done before the noon i.e. till 11 AM leads to an improvised patient flow and performance.

Dr Soundara Raja (2017) published a study in a tertiary care hospital with the goal to find the reasons contributing to delay in patient admitted to the wards. Identification of the root cause and providing recommendations for the same using valuable information and rectifying problem was the scope of the study. Time taken for the preparation of the discharge summary, clearance from the pharmacy, delay due to support services and nursing staff were the reasons leading to dissatisfaction for the patients.

Chapter 7: Discharge Process at Yashoda Hospital

Hospital Recorded Time for Discharge of Private, Government Panel and TPA Patients

S.NO	CATEGORY	TIME	MEASUREMENT CRITERIA
1.	CASH	2 HOURS	Patient medical records Pharmacy clearance Ward admission discharge register HIS
2.	GOVERNMENT PANEL	3 HOURS	
3.	TPA	5HOURS	

Quality Objectives

Sl.	Quality Objectives	Performance Indicators	Measurement Criteria	
			Criteria	Frequency
1	Service Level	Staff availability (Doctors, Nurses & Support Staff)	Duty Roster Attendance Record	Monthly
		Discharge time PVT Patients – 2 hrs. Govt. Panel – 4 hrs. TPA–5-hrs.	Patient medical records Pharmacy clearance Ward admission/ Discharge register	Quarterly
		Billing completion time (25 minutes)	Pharmacy clearance, Billing, Discharge record	Monthly
		Comprehensive Discharge instructions	Patient discharge summary	Monthly
2	Customer satisfaction	Coordination between all Staff	Patient feedback Form	Monthly
		Courtesy level	Patient feedback form	

- **Discharge process at Yashoda Hospital & Research Centre:**
    - The primary treating consultant is majorly responsible for making decisions regarding patient discharge and finalises such decisions during their visit prior to the day of discharge and the same is informed to the attendant/relative/Nursing staff/ Medical Officer.
    - During the visit on the day of discharge, the doctor finalises the patient discharge based on patients' clinical condition.
    - Patients examination is done to ascertain whether they can be discharged or not on the scheduled day.
    - Once the patient is find to be sound, the same is communicated to the ward nurse and RMO on duty.
    - The nursing staffs refunds the extra medicines of the patient, a draft of the discharge summary is prepared and patient counselling regarding post discharge care is done.

- **Preparation of Discharge Summary:**
    - Once the final decision is made, Consultant or duty doctor on advice of the consultant prepares the summary consisting of information of the following:
        a. Reasons for Admission
        b. Investigations performed and summarized information about the results
        c. Diagnosis
        d. Records of procedures performed
        e. Patient condition on Discharge
        f. Medical commands
        g. Follow up Advice when and how to obtain urgent care
        h. Emergency number of the hospital
        i. Dietary advice
        j. Revisit date

    - Medical Transcriptionist types the Discharge Summary from the patient file received at Billing and the discharge summary is sent for correction and signature by consultant / MS

- 3 copies of final discharge summary kept in patient file by ward nurse.
- One is given to the patient/attendant and the other one is attached to the case file and 3rd copy is given to accounts department.
- The patient/attendant is advised by the Nursing staff for medication collection and instruction as communicated by treating consultant.
- The patient /attendant sign the report kept at billing counter regarding receiving of Discharge summary.

- **Final Billing of Patient:**

- On the day of discharge, confirmation of patient discharge is made by the treating doctor or the ward nurse.
- Patient's file is sent to the billing section for the final billing settlement by floor in-charge or ward sister.

- **Patient Counselling:**

- Prior to final discharge, the dietician counsels the patient regarding the diet, nurse instructs regarding prescriptions, revisit etc. as stated in DS summary.
- The patient is informed about the revisit to the hospital.
- Records of the discharge are noted in the register of discharge kept at nursing station.
- Patient along with the relatives leave the hospital.
- In case of old patients, delivery patients, etc. they are taken to the hospital exit area in wheel chairs by the ward attendants and seen off.

- **Billing Section Formalities:**

- Bill audited and three copies made – patient copy, record copy and accounts copy
- Patient relative called from the billing section after patient file goes to Billing Department
- Bill cleared (if paying patient) and cash receipt taken by signing all three copies of the bill; clearance slip then issued by Accounts officer / Patient attendant
- Clearance slip along with copy of the receipt given in the ward to sister-in-charge Patient attendant

- Bill receipt no. with amount entered in to the admissions and discharge register in the ward and discharge summary, investigation reports and films handed over to the patient attendant by Sister-in charge

- **LAMA (Left Against Medical Advice):**
  - Under the scope of patient's rights, no patients can be kept in hospital against their will.
  - The nursing staff and the doctor concerned should try to persuade the patient to stay and at the same time try to find out why the patient wishes to leave, if possible the problem should be resolved.
  - It is the responsibility of the doctor to explain to the patient that if the patient leaves the hospital against medical advice the hospital ceases to be responsible for his/ her care.
  - Despite this if the patient still wishes to take his/ her own discharge all possible steps should be taken to ensure the patient/ authorized attendant signs a form to this effect before leaving the hospital. In case patient/relatives want to get discharged against medical advice; the same is indicated in the patient case record by the primary treating consultant/medical officer.
  - A written consent is taken from the patient/relatives in the LAMA form.
  - In the event that the patient refuses to sign the form, it is documented clearly in the Medical Records.
  - Risks involved and the discussions made are recorded in the records...
  - Relative/ Attendant is asked to clear all dues.
  - Discharge summary is prepared and is given.
  - One copy is attached in the patient file for record purpose.

- **Discharge on Request:**
  - At Yashoda Hospital DOPR (discharge on patient request) is given in case of the event of Impending death of the patient. Discharge summary is prepared and is given. One copy is attached in the IPD file for record purpose.

- **Medico Legal Cases:**
  - All Medico-legal cases and those admitted through a court order are processed in the same way as is done in case of a planned discharge, where information is sent to the concerned authorities before such discharge
  - In case of MLC:
  - Medico legal forms are filled and intimation to the police is done by RMO/Nurse.
  - All investigation reports and evidential materials are preserved; Staff nurse on duty is responsible to ensure preservation.
  - MLC on admission, discharge to home, transfer to another hospital or death are documented and the police are intimated.
  - Discharge summary is prepared and is given.
  - A copy of DS summary is enclosed in file for record purpose

- **Pharmacy Clearance:**
  - Unused Medicine is returned to the pharmacy before clearing bill and sending file to the Billing Department.
  - Pharmacy staff makes final deductions from the bill, if any, and gives 'pharmacy clearance' by Ward nurse / Sister in charge.

- **Patient Expiry:**
  - In case of expiry of the patient the primary treating consultant/medical officers/nursing staffs informs the patient relatives. Patients relatives are allowed time with the body.
  - Ward nurse makes necessary preparation for cleaning the body. Body is cleaned by designated staff and wrapped in clean sheet.
  - RMO formulates 3 replicas of Death Certificate and Death Summary.
  - The Death Certificate and Death Summary are stamped.
  - Body handed over to relatives or kept in the mortuary within an hour of death.

- Body handed over to the relatives along with one copy of Death Summary and Death Certificate and the other copy is attached to the patient case records.
- In case of medico legal cases the local police station is informed and they decide the need for post mortem.

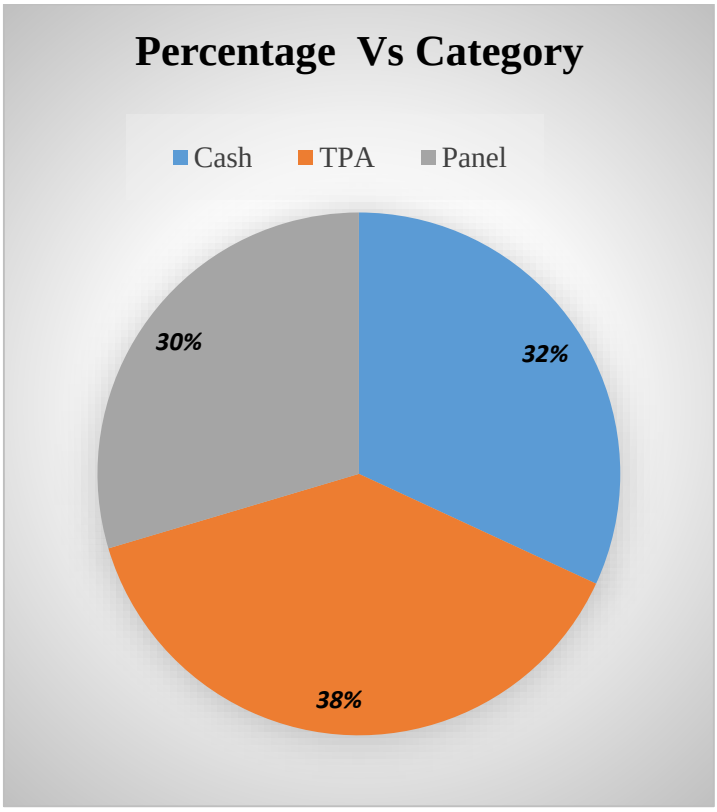
- **Records Generated**
  - Patients Case File
  - Discharge Summary
  - Death Certificate
  - Death Summary
  - LAMA form
  - Admission Discharge Register
  - Final Bill (for Special Patients)

BILLING AND TPA SECTION

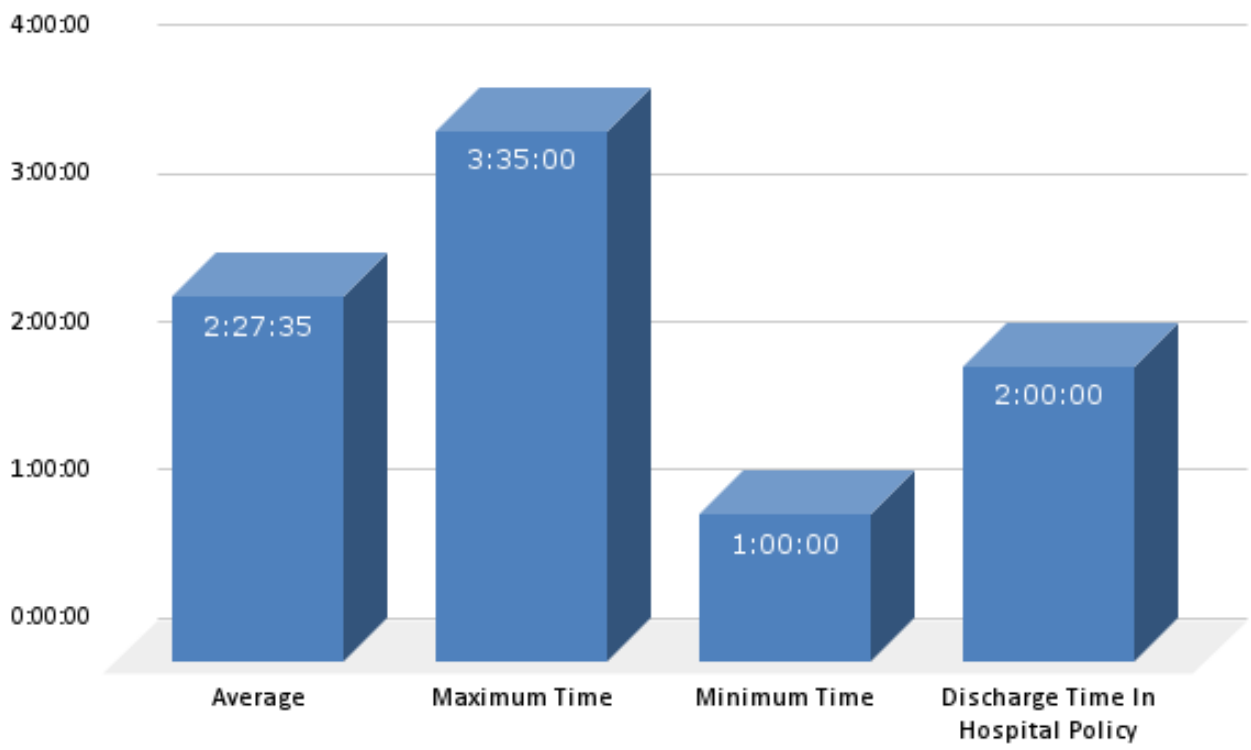
Chapter 8: DATA ANALYSIS

CATEGORY WISE TOTAL NUMBER OF PATIENTS

S.NO	CATEGORY	TOTAL NUMBER OF PATIENTS
1.	**CASH**	**177**
2.	**TPA**	**214**
3.	**PANEL**	**164**
TOTAL		**555**

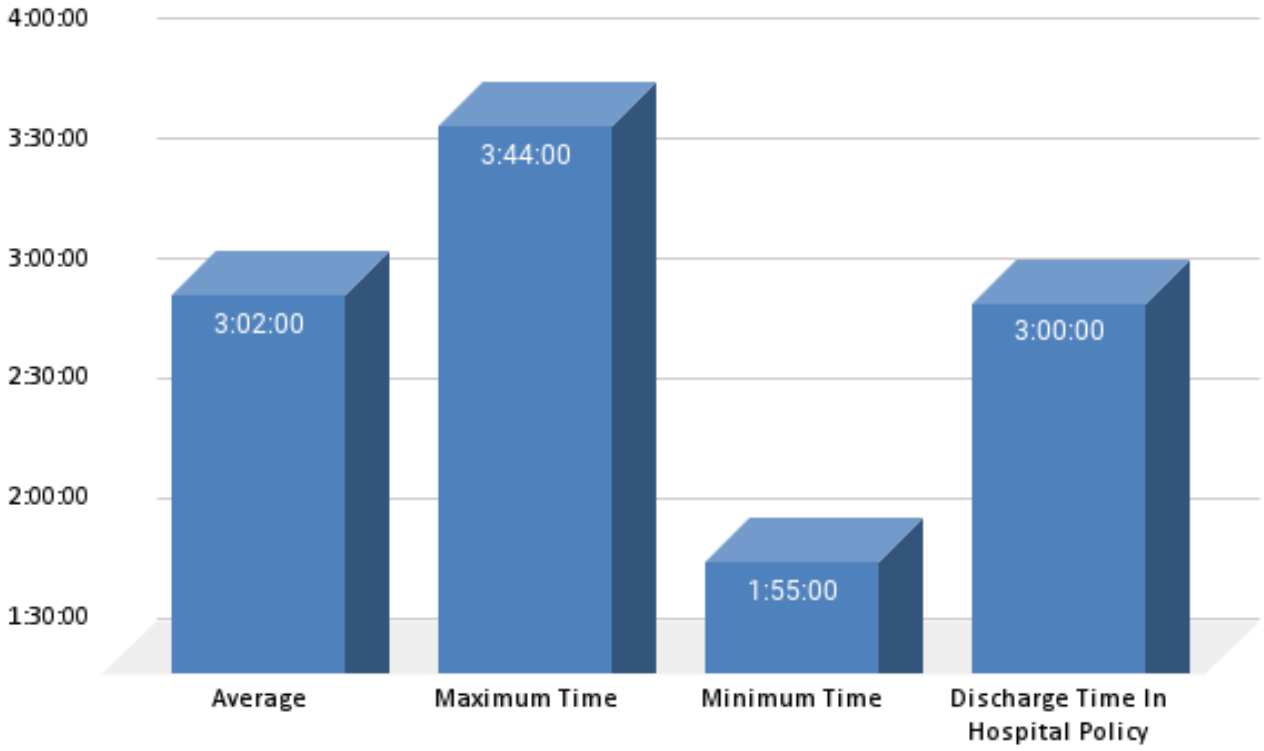


- **Discharge Time for Cash Patients:**



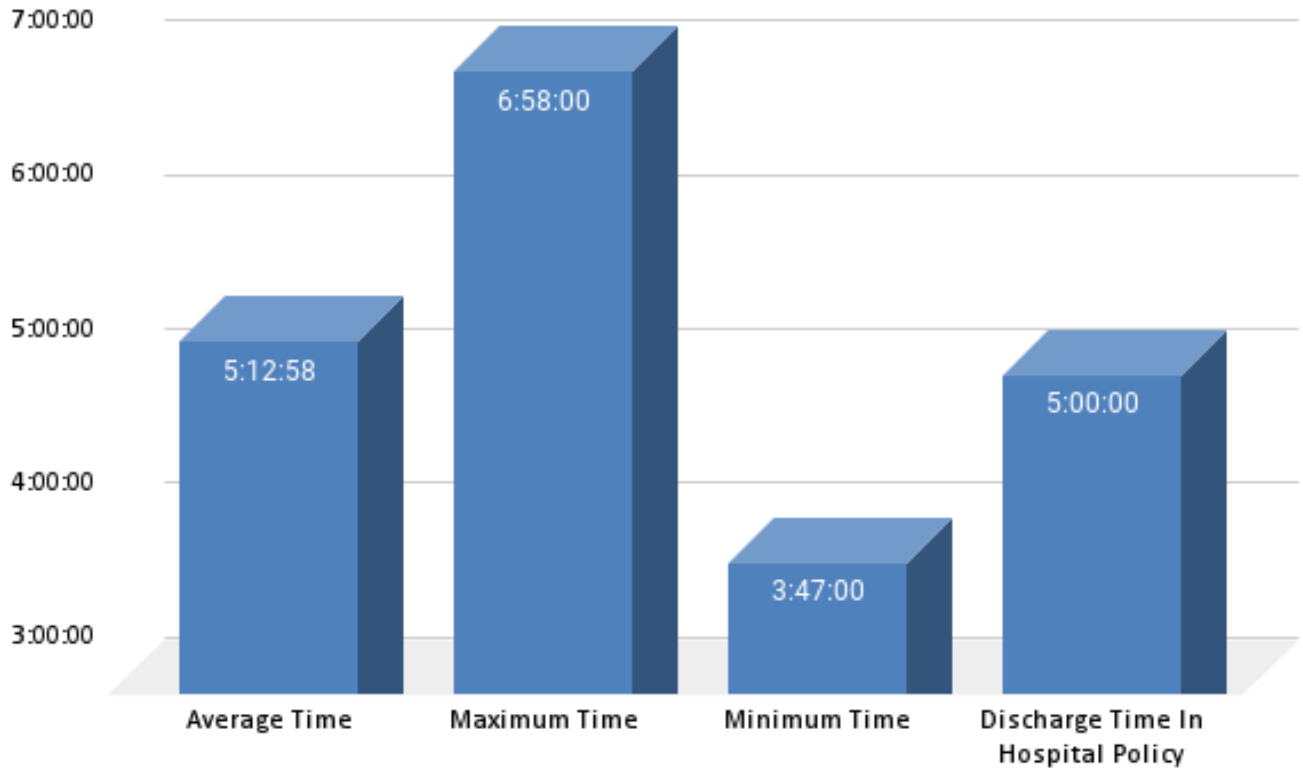
- The average time for Discharge for 177 Cash Patients is 2 Hours 27 minutes.
- Out of 177 patients, 19 (10.7%) were discharged under the Hospital policy time for Cash patients.
- Rest 158 (89.3%) took more than 2 hour for the completion of discharge process.
- The maximum recorded time is 3 Hour 35 Minutes.
- The Benchmark for the patient discharge of Cash category is 1 Hour.

- **Discharge Time for Panel Patients:**



- The average time for Discharge of 164 Panel Patients is 03 Hours 02 minutes.
- Out of 164 patients, 76 (46.3%) were discharged under the Hospital policy time for Panel patients
- Rest 88 (53.7%) took more than 3 hour for the completion of discharge process.
- The maximum recorded time is 3 Hour 44 Minutes.
- The Benchmark for the patient discharge of Panel category is 1 Hour 55 Minutes.

- **Discharge Time for TPA Patients:**



- The average time for Discharge of 214 Panel Patients is 05 Hours 12 minutes.
- Out of 214 patients, 105 (49.6%) were discharged under the Hospital policy time for Panel patients
- Rest 109 (50.4%) took more than 5 hours for the completion of discharge process.
- The maximum recorded time is nearly 7 Hours.
- The Benchmark for the patient discharge of TPA category is 3 Hour 47 Minutes.

- **Time taken to complete major activities:**

Cash Patients

Sl. No	Activities	Average Time
1.	File Received at Billing from the time of Consultants Advice	55 Minutes
2.	Preparation of Final Discharge Summary	43 Minutes
3.	Preparation of Final Bill	25 Minutes
4.	Final Payment	24 Minutes
	Total	2 Hour 27 Minutes

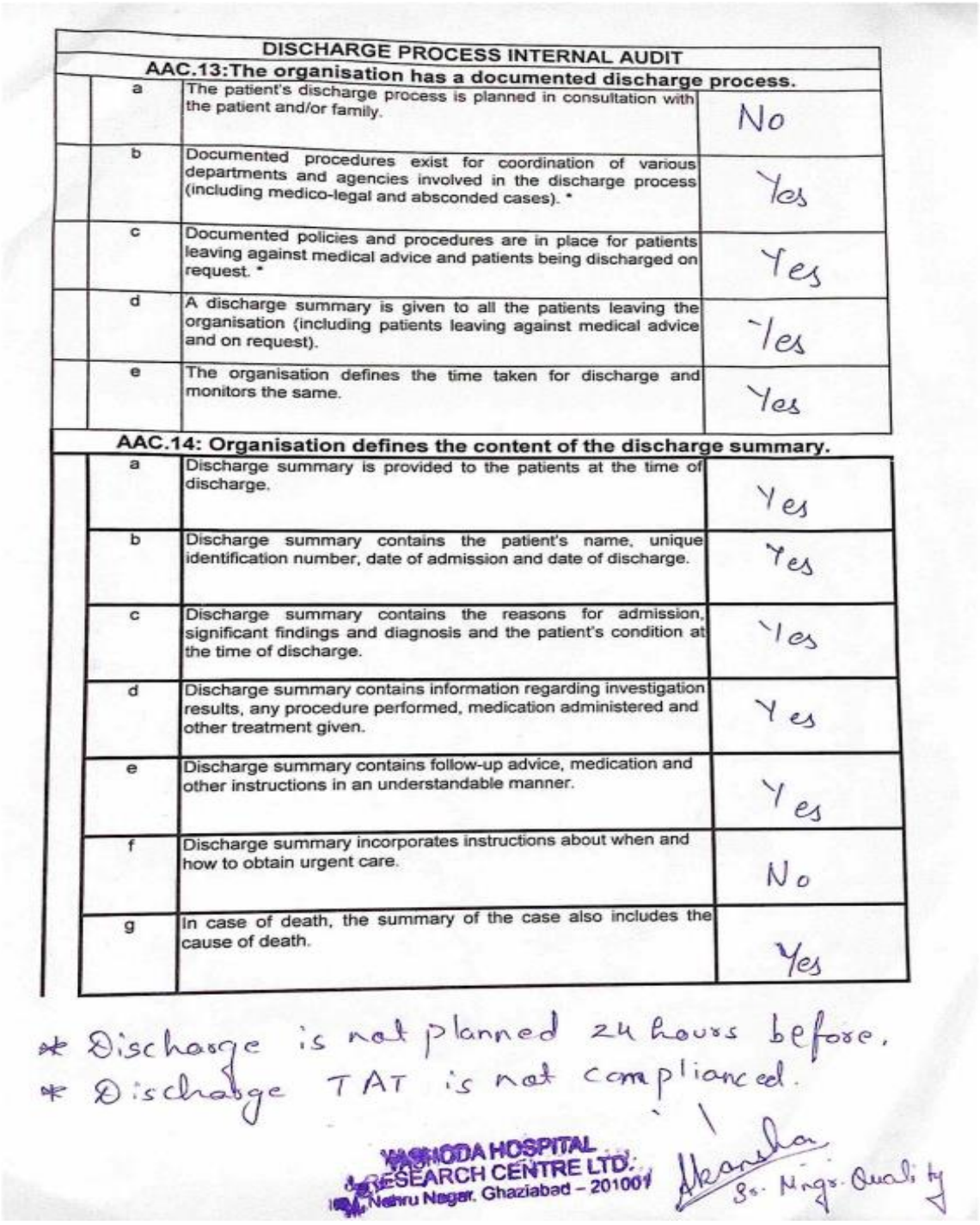
Panel Patients

Sl. No	Activities	Average Time
1.	File Received at Billing from the time of Consultants Advice	76 Minutes
2.	Preparation of Final Discharge Summary	56 Minutes
3.	Preparation of Final Bill	22 Minutes
4.	Patient/Attendant signs receiving of Discharge summary and given gate pass	25 Minutes
	Total	3 Hours 2 Minutes

TPA Patients

Sl. No	Activities	Average Time
1.	**File Received at Billing from the time of Consultants Advice**	**57 Minutes**
2.	**Preparation of Final Discharge Summary**	**64 Minutes**
3.	**Preparation of Final Bill**	**24 Minutes**
4.	**TPA claim submission**	**23 Minutes**
4.	**TPA claim approval**	**1 Hour 40 Minutes**
5.	**Patient/ Attendant signs receiving of Discharge Summary and given gate pass**	**43 Minutes**
	Total	**5 Hour 13 Minutes**

Chapter 9: Internal Audit: NABH Compliance (AAC 13 & 14)



DISCHARGE PROCESS INTERNAL AUDIT			
AAC.13:The organisation has a documented discharge process.			
	a	The patient's discharge process is planned in consultation with the patient and/or family.	No
	b	Documented procedures exist for coordination of various departments and agencies involved in the discharge process (including medico-legal and absconded cases). *	Yes
	c	Documented policies and procedures are in place for patients leaving against medical advice and patients being discharged on request. *	Yes
	d	A discharge summary is given to all the patients leaving the organisation (including patients leaving against medical advice and on request).	Yes
	e	The organisation defines the time taken for discharge and monitors the same.	Yes
AAC.14: Organisation defines the content of the discharge summary.			
	a	Discharge summary is provided to the patients at the time of discharge.	Yes
	b	Discharge summary contains the patient's name, unique identification number, date of admission and date of discharge.	Yes
	c	Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.	Yes
	d	Discharge summary contains information regarding investigation results, any procedure performed, medication administered and other treatment given.	Yes
	e	Discharge summary contains follow-up advice, medication and other instructions in an understandable manner.	Yes
	f	Discharge summary incorporates instructions about when and how to obtain urgent care.	No
	g	In case of death, the summary of the case also includes the cause of death.	Yes

* Discharge is not planned 24 hours before.
* Dischabge TAT is not complianced.

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Internal Audit to check the NABH compliance has been done with Quality Manager of the Hospital. And two non-compliances have been found.

AAC.13.a. The patients discharges are not planned in nature.

Corrective Action: Medical Superintendent has been informed about the issue. And a meeting has been conducted with the agenda to motivate the doctors for planned discharges. Mentioning Expected days of patient stay are made compulsory to be filled in the Admission form of the patient and nursing in-charges are given responsibility to cross check the form in the emergency department and to communicate with doctor for patient discharge planning in wards.

AAC 14.f. Discharge Summary does not contain the information about when and how to obtain Emergency Care

Corrective Action: Medical Transcriptionists are trained about NABH particularly AAC 13 & 14. Billing Head will cross-check the discharge summaries while signing the gate pass for few days till the complete adoption of the requirement.

When And How To Obtain Urgent Care

YASHODA HOSPITAL & RESEARCH CENTRE | YASHODA CANCER INSTITUTE "A unit of Vivekanand Nursing Home Pvt Ltd".

When & how to obtain emergency care:

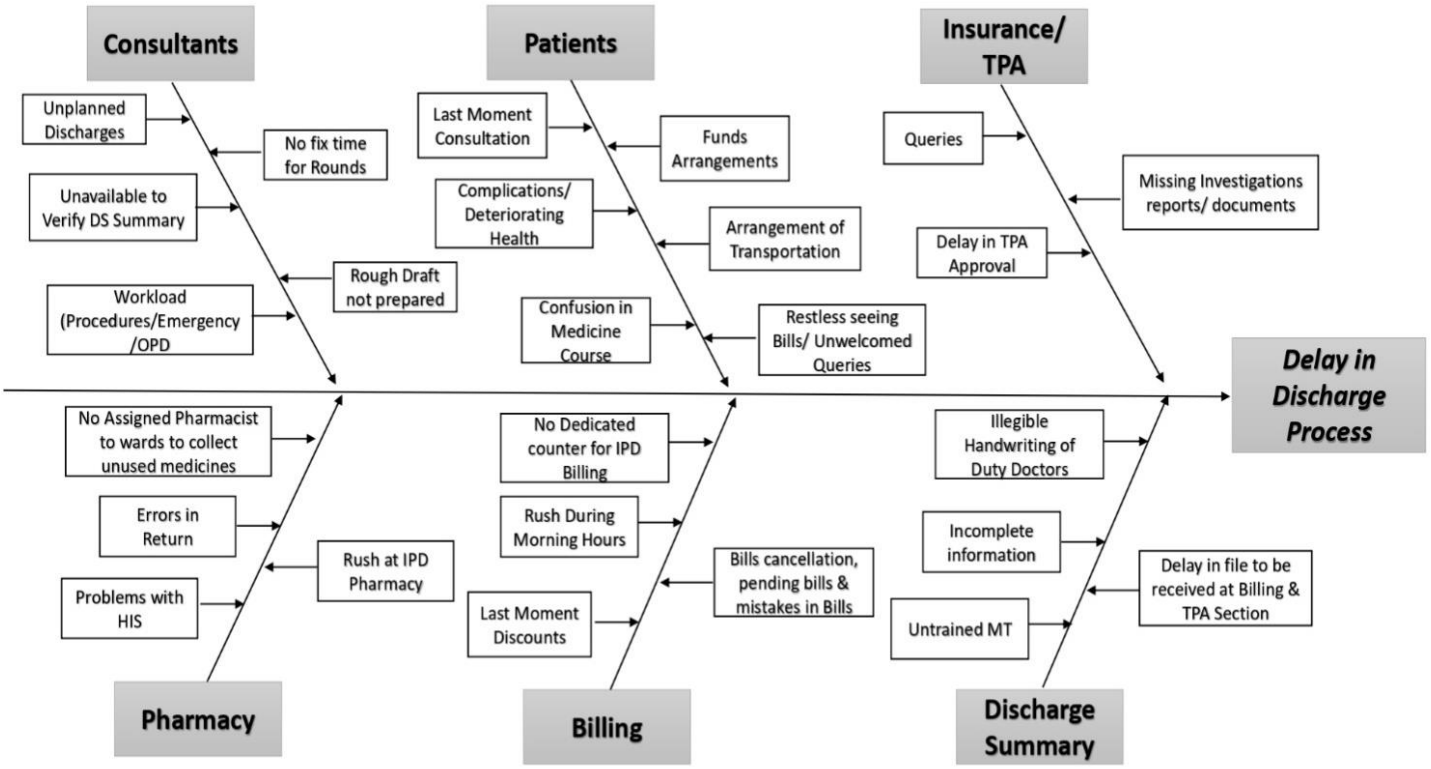
(1) FEVER.
(2) GIDDINESS.
(3) VOMITING.
(4) EXCESSIVE PAIN
(5) SEIZURE.
(6) CHEST PAIN & BREATHLESSNESS

PLEASE CONTACT: - 0120 – 4612000.

IN CASE, IF YOU HAVE ANY REACTION/ ALLERGY AFTER TAKING THE ABOVE MEDICINES, KINDLY STOP THE MEDICATION AND CONTACT EMERGENCY NUMBER :- 0120 – 4612000.

Chapter 10: Results

Cause and Effect Diagram



- **Other Reasons for the Delay in Discharge Process:**

  - Lack of staff training and knowledge about the discharge process and criteria.
  - Typing errors and mistakes in Discharge summary by Medical Transcriptionist.
  - Patients are sometimes genuinely not in a condition to pay the huge bill. The Hospital tries to give discount on humanitarian basis which includes certain approval and consultation.

- Lock of coordination between departments because sometimes the status of patient is not known (whether Cash/ Panel/ TPA)
- Sometimes patient card doesn't work.
- Excessive medicines ordered by Nurse: More return time.
- All reports are not available on HMS which is required to send TPA for Cashless.
- Photocopies & Printing of the reports/ discharge summary takes time.
- Shortage/ Unavailability of GDA: The GDA staff takes the unused medicines from the IPD patient to the pharmacy and billing department for clearance. The GDA are also assigned many other duties which include attending patient, doctors, nurses and administrative staff and helping out them in their activities. Morning hour has maximum number of discharges which demands a great number of GDA going for discharges activities. Lack of GDA or absenteeism of them contributes to delay in the discharge process.
- Another important matter of concern is late DS summary preparation as it involves many steps:

a) Doctors who are not involved in the treatment are asked to write summary in patient file. They have to go through entire notes which causes delay
b) Sometimes DS is prepared late due to workload on Medical Transcriptionist.
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 Billing Section.
d) Sometimes staff tends to try accumulating 2 or 3 discharges simultaneously so delay occurs in completing notes, pharmacy clearance, sending down file.

- Miscellaneous: There are various other reasons which delay the discharge process. Some patient prefers to leave after lunch. Some patients have conveyance and other issues which extend their stay. Few have sudden queries for which they request to consult doctor before going home which takes time.

Chapter 11: Conclusion

Discharging patients in an appropriate way is complicated. Effective and well-timed discharge can be attained by interdepartmental coordination and proper communication between all involved in the process of discharge.

In this study, the time taken for Discharge of Cash, TPA and Panel patients at Yashoda Hospital and Research Centre has been analysed. It has been found that the Time taken for DS of Cash patients is delayed by 27 Minutes compared to time mentioned in Hospital Policy. For Panel patients, it is nearly the same. And for TPA patients, delay of 12 minutes has been found. The various reasons associated with the delay in the process have been identified and will be worked upon.

Unplanned Discharges are the main reason for the chaos in the Discharge Process. In NABH Chapter 1, AAC 13 clearly mentions that the Discharge should be planned in advance in consultation with patient/ family. Two non-compliances have been found in the internal audit for which necessary action is taken.

Chapter 12: Recommendations

- Planned discharge: medicines return, cross consultations, report collection & Summary preparation.
- Round timings of the doctor can be tried to be fixed preferably in the Morning.
- Nurse should know the expected discharge date so that she could complete her notes, reports collection, & return unused medicines to the Pharmacy.
- Patient shouldn't be discharged immediately on request. He could be planned for evening discharge so that it should also turns out as an appropriate discharge otherwise, not only case in itself will be delayed but also shackles the strength of other planned discharges.
- Discharge coordinator/ nurse should coordinate for parallel workflow which is seen absent in many cases, such as to, inform to dietician or physiotherapy, or should inform the housekeeping department for wheel-chair, transportation team for ambulance services (if required) as initiated by treating physician during the time she is preparing DS for smooth process.
- In cashless patients, documents should be collected with the time so that the nurse doesn't have to rush to collect reports or clearances.
- Patient to be well informed about time of whole process and steps involved in it.
- Giving priority to TPA patients file for making discharge summary, and Bill preparation as they take the most time for receiving the approval of the claim.
- Colour coding of file folders.
- Interdepartmental coordination and communication (Training, sensitization, meetings, communication channel)
- Timely report collection & departmental clearance.
- Training of Nurse to prepare Discharge Summary.
- Separate IPD Billing counters.

Chapter 13: Limitations of the Study

- Limited duration
- Includes only In Patient Department patients.
- TAT for TPA patients is accessed through email.

Chapter 14: References

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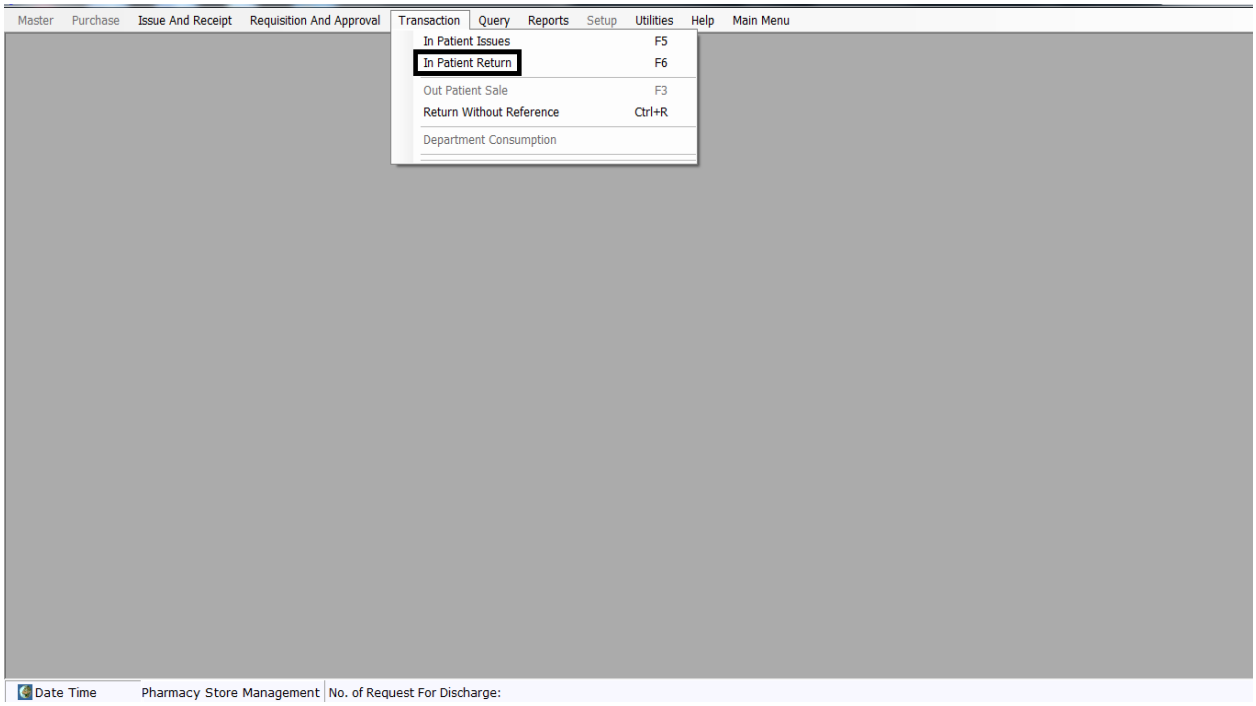
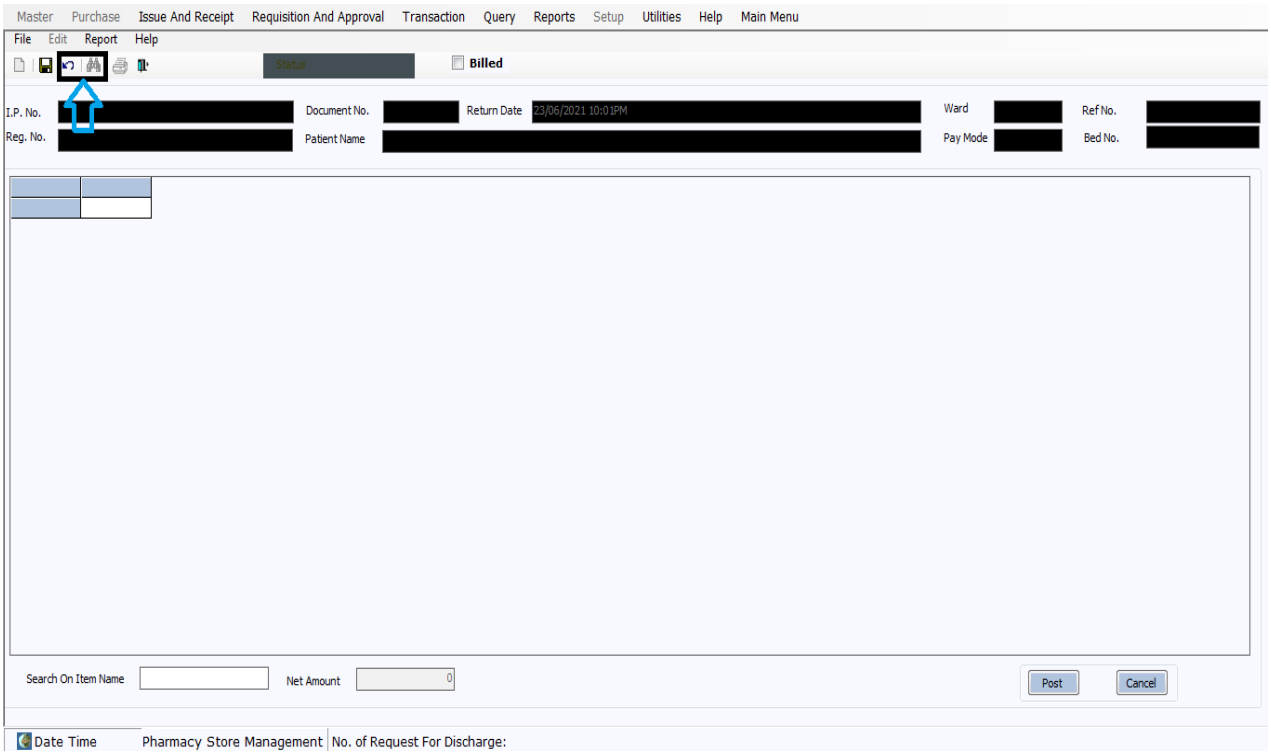
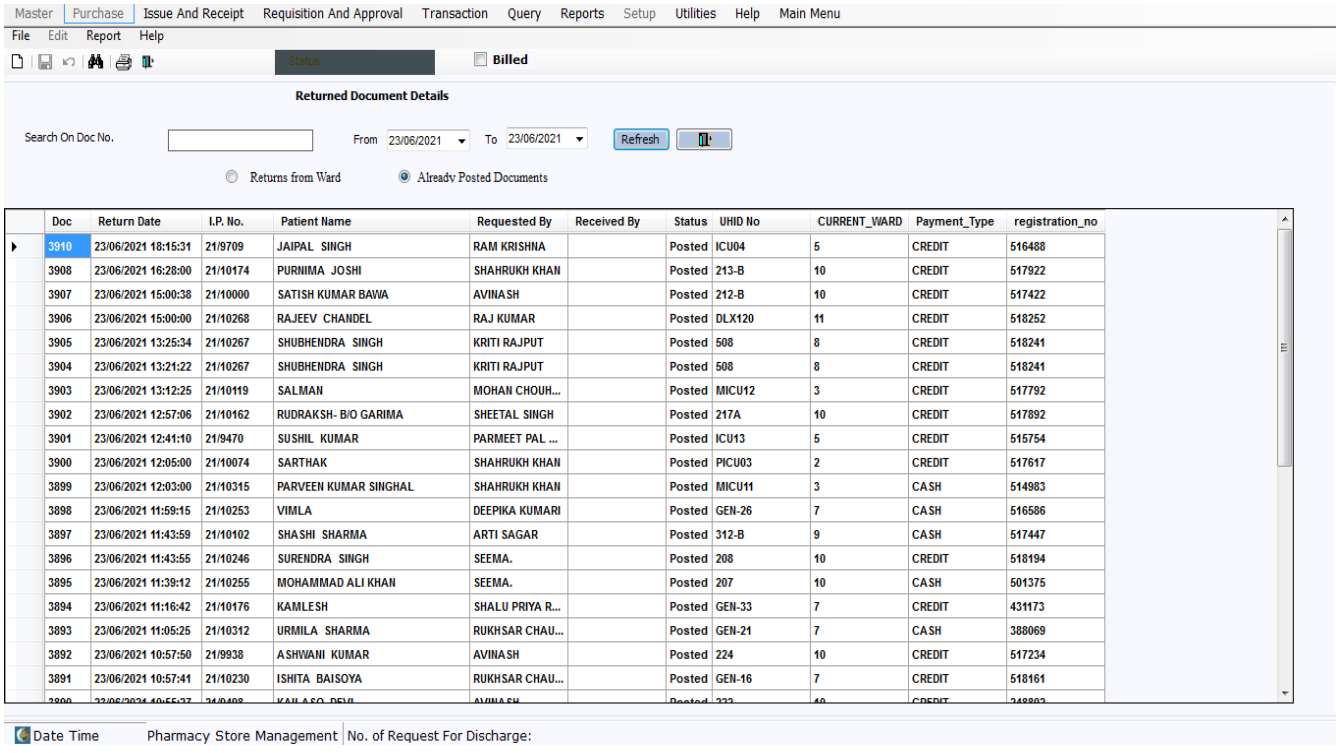
- https://pubmed.ncbi.nlm.nih.gov/26845068/

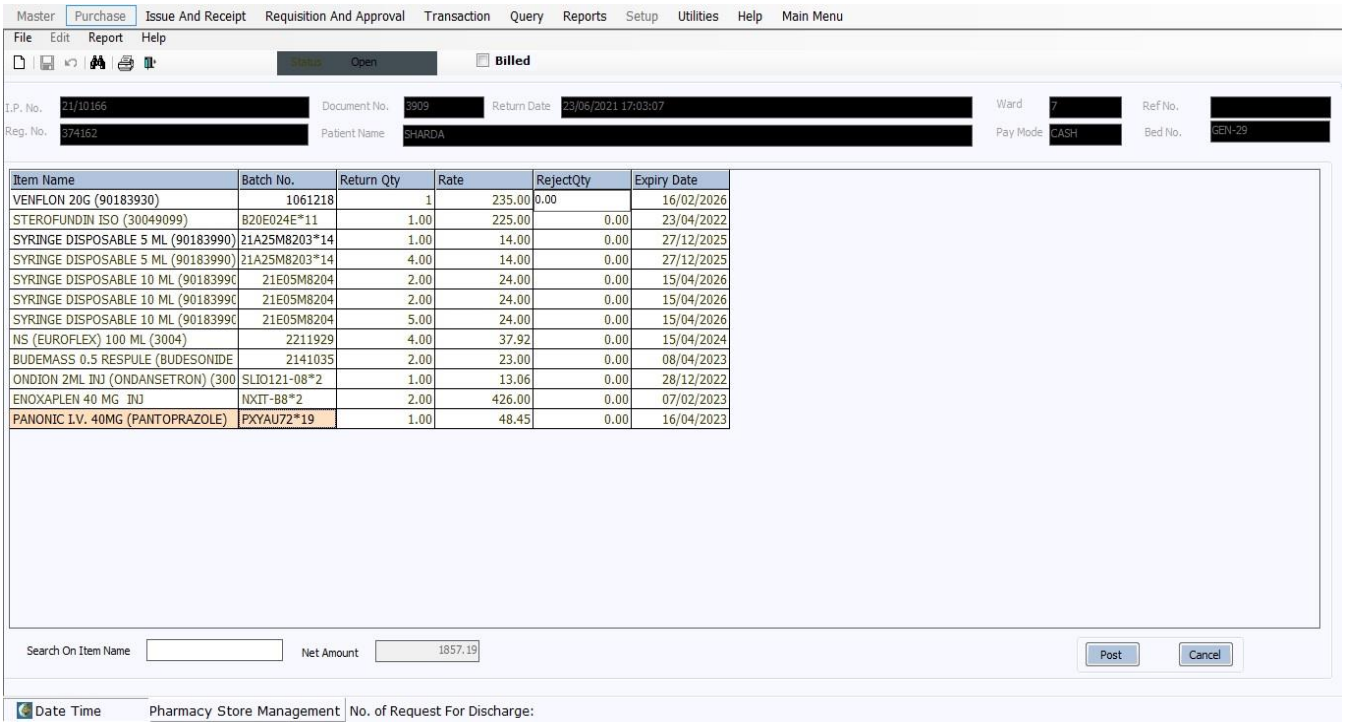
ANNEXURE: MEDICINE RETURN (IPD PHARMACY)





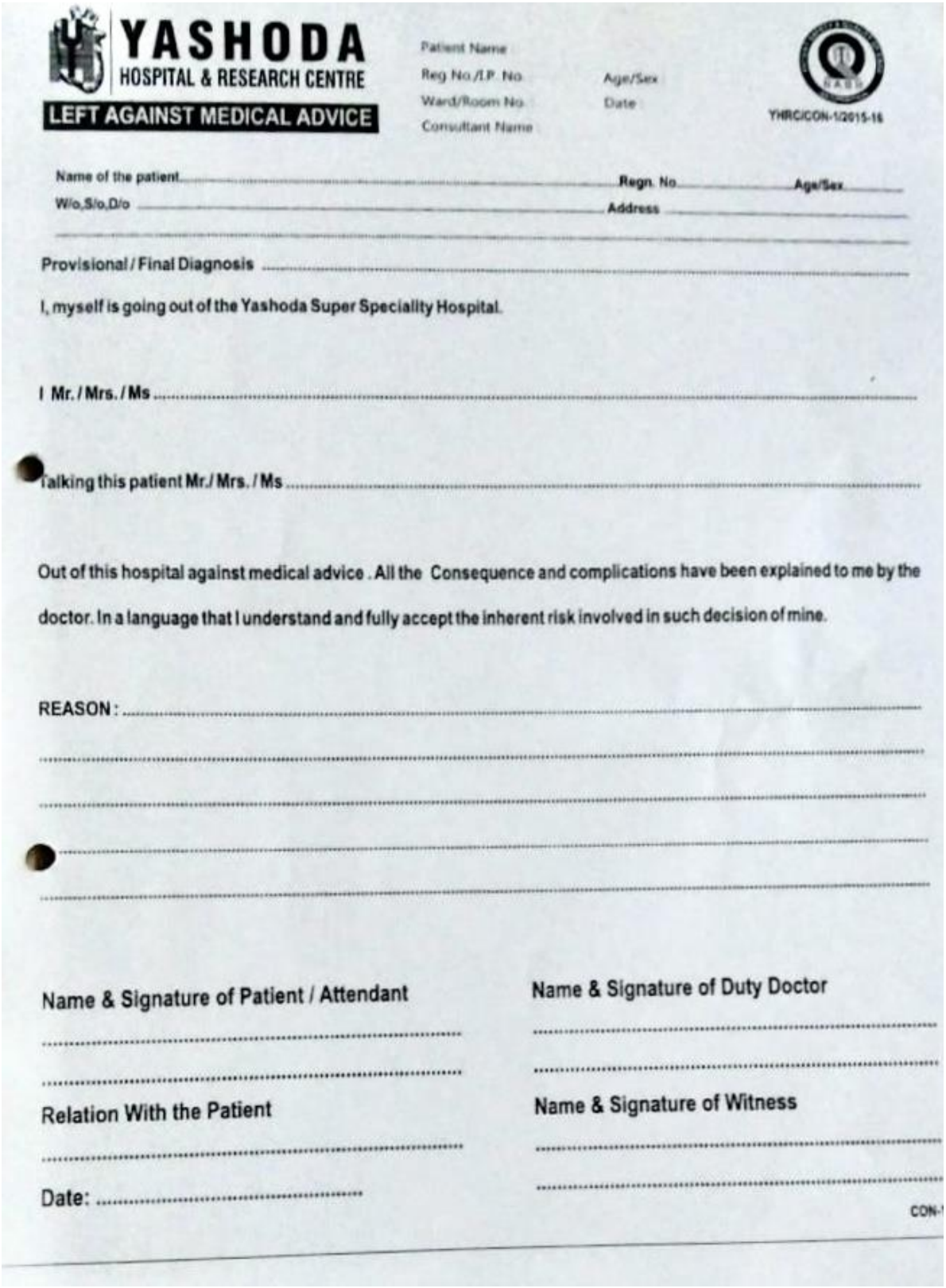


Doc	Return Date	I.P. No.	Patient Name	Requested By	Received By	Status	UHID No	CURRENT_WARD	Payment_Type	registration_no
3910	23/06/2021 18:15:31	21/9709	JAIPAL SINGH	RAM KRISHNA		Posted	ICU04	5	CREDIT	516488
3908	23/06/2021 16:28:00	21/10174	PURNIMA JOSHI	SHAHRUKH KHAN		Posted	213-B	10	CREDIT	517922
3907	23/06/2021 15:00:38	21/10000	SATISH KUMAR BAWA	AVINASH		Posted	212-B	10	CREDIT	517422
3906	23/06/2021 15:00:00	21/10268	RAJEEV CHANDEL	RAJ KUMAR		Posted	DLX120	11	CREDIT	518252
3905	23/06/2021 13:25:34	21/10267	SHUBHENDRA SINGH	KRITI RAJPUT		Posted	508	8	CREDIT	518241
3904	23/06/2021 13:21:22	21/10267	SHUBHENDRA SINGH	KRITI RAJPUT		Posted	508	8	CREDIT	518241
3903	23/06/2021 13:12:25	21/10119	SALMAN	MOHAN CHOUH...		Posted	MICU12	3	CREDIT	517792
3902	23/06/2021 12:57:06	21/10162	RUDRAKSH- B/O GARIMA	SHEETAL SINGH		Posted	217A	10	CREDIT	517892
3901	23/06/2021 12:41:10	21/9470	SUSHIL KUMAR	PARMEET PAL ...		Posted	ICU13	5	CREDIT	515754
3900	23/06/2021 12:05:00	21/10074	SARTHAK	SHAHRUKH KHAN		Posted	PICU03	2	CREDIT	517617
3899	23/06/2021 12:03:00	21/10315	PARVEEN KUMAR SINGHAL	SHAHRUKH KHAN		Posted	MICU11	3	CASH	514983
3898	23/06/2021 11:59:15	21/10253	VIMLA	DEEPIKA KUMARI		Posted	GEN-26	7	CASH	516586
3897	23/06/2021 11:43:59	21/10102	SHASHI SHARMA	ARTI SAGAR		Posted	312-B	9	CASH	517447
3896	23/06/2021 11:43:55	21/10246	SURENDRA SINGH	SEEMA.		Posted	208	10	CREDIT	518194
3895	23/06/2021 11:39:12	21/10255	MOHAMMAD ALI KHAN	SEEMA.		Posted	207	10	CASH	501375
3894	23/06/2021 11:16:42	21/10176	KAMLESH	SHALU PRIYA R...		Posted	GEN-33	7	CREDIT	431173
3893	23/06/2021 11:05:25	21/10312	URMILA SHARMA	RUKHSAR CHAU...		Posted	GEN-21	7	CASH	388069
3892	23/06/2021 10:57:50	21/9938	ASHWANI KUMAR	AVINASH		Posted	224	10	CREDIT	517234
3891	23/06/2021 10:57:41	21/10230	ISHITA BAISOYA	RUKHSAR CHAU...		Posted	GEN-16	7	CREDIT	518161



Item Name	Batch No.	Return Qty	Rate	RejectQty	Expiry Date
VENFLON 20G (90183930)	1061218	1	235.00	0.00	16/02/2026
STEROFUNDIN ISO (30049099)	B20E024E*11	1.00	225.00	0.00	23/04/2022
SYRINGE DISPOSABLE 5 ML (90183990)	21A25M8203*14	1.00	14.00	0.00	27/12/2025
SYRINGE DISPOSABLE 5 ML (90183990)	21A25M8203*14	4.00	14.00	0.00	27/12/2025
SYRINGE DISPOSABLE 10 ML (9018399(	21E05M8204	2.00	24.00	0.00	15/04/2026
SYRINGE DISPOSABLE 10 ML (9018399(	21E05M8204	2.00	24.00	0.00	15/04/2026
SYRINGE DISPOSABLE 10 ML (9018399(	21E05M8204	5.00	24.00	0.00	15/04/2026
NS (EUROFLEX) 100 ML (3004)	2211929	4.00	37.92	0.00	15/04/2024
BUDEMASS 0.5 RESPULE (BUDESONIDE	2141035	2.00	23.00	0.00	08/04/2023
ONDION 2ML INJ (ONDANSETRON) (300	SLIO121-08*2	1.00	13.06	0.00	28/12/2022
ENOXAPLEN 40 MG INJ	NXIT-B8*2	2.00	426.00	0.00	07/02/2023
PANONIC I.V. 40MG (PANTOPRAZOLE)	PXYAU72*19	1.00	48.45	0.00	16/04/2023

ANNEXURE: LAMA FORM



YASHODA HOSPITAL & RESEARCH CENTRE

LEFT AGAINST MEDICAL ADVICE

Patient Name :
Reg No./I.P. No. :
Age/Sex :
Ward/Room No. :
Date :
Consultant Name :

YHRC/CON-1/2015-16

Name of the patient..... Regn. No..... Age/Sex.....

W/o,S/o,D/o ..... Address .....

.....

Provisional / Final Diagnosis .....

I, myself is going out of the Yashoda Super Speciality Hospital.

I Mr. / Mrs. / Ms .....

Talking this patient Mr./ Mrs. / Ms .....

Out of this hospital against medical advice . All the Consequence and complications have been explained to me by the doctor. In a language that I understand and fully accept the inherent risk involved in such decision of mine.

REASON : .....

.....

.....

.....

.....

Name & Signature of Patient / Attendant

.....

.....

Relation With the Patient

.....

Date: .....

Name & Signature of Duty Doctor

.....

.....

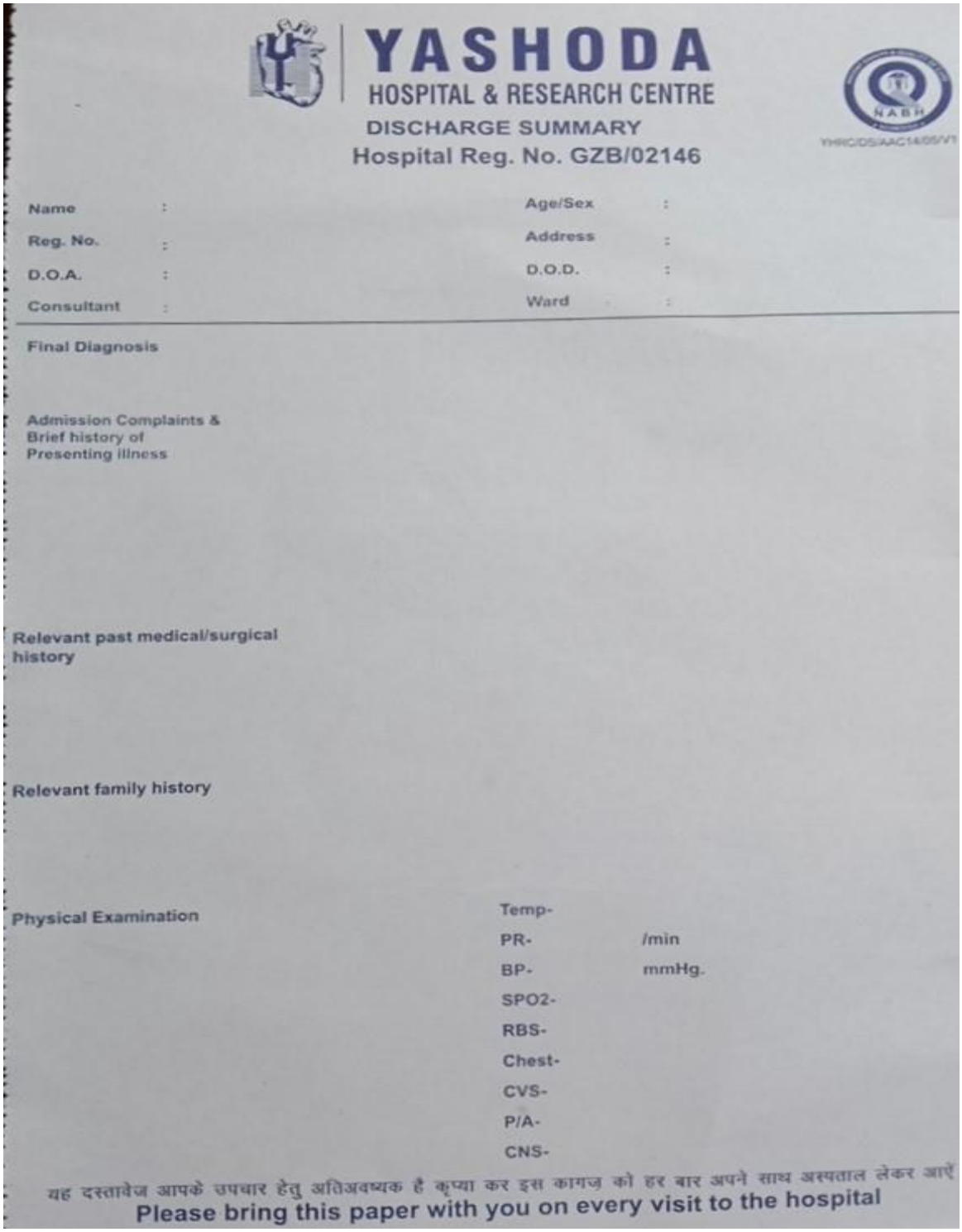
Name & Signature of Witness

.....

.....

CON-

ANNEXURE: DOPR FORM



YASHODA
HOSPITAL & RESEARCH CENTRE
DISCHARGE SUMMARY
Hospital Reg. No. GZB/02146

Name :
Age/Sex :
Reg. No. :
Address :
D.O.A. :
D.O.D. :
Consultant :
Ward :

Final Diagnosis

Admission Complaints &
Brief history of
Presenting illness

Relevant past medical/surgical
history

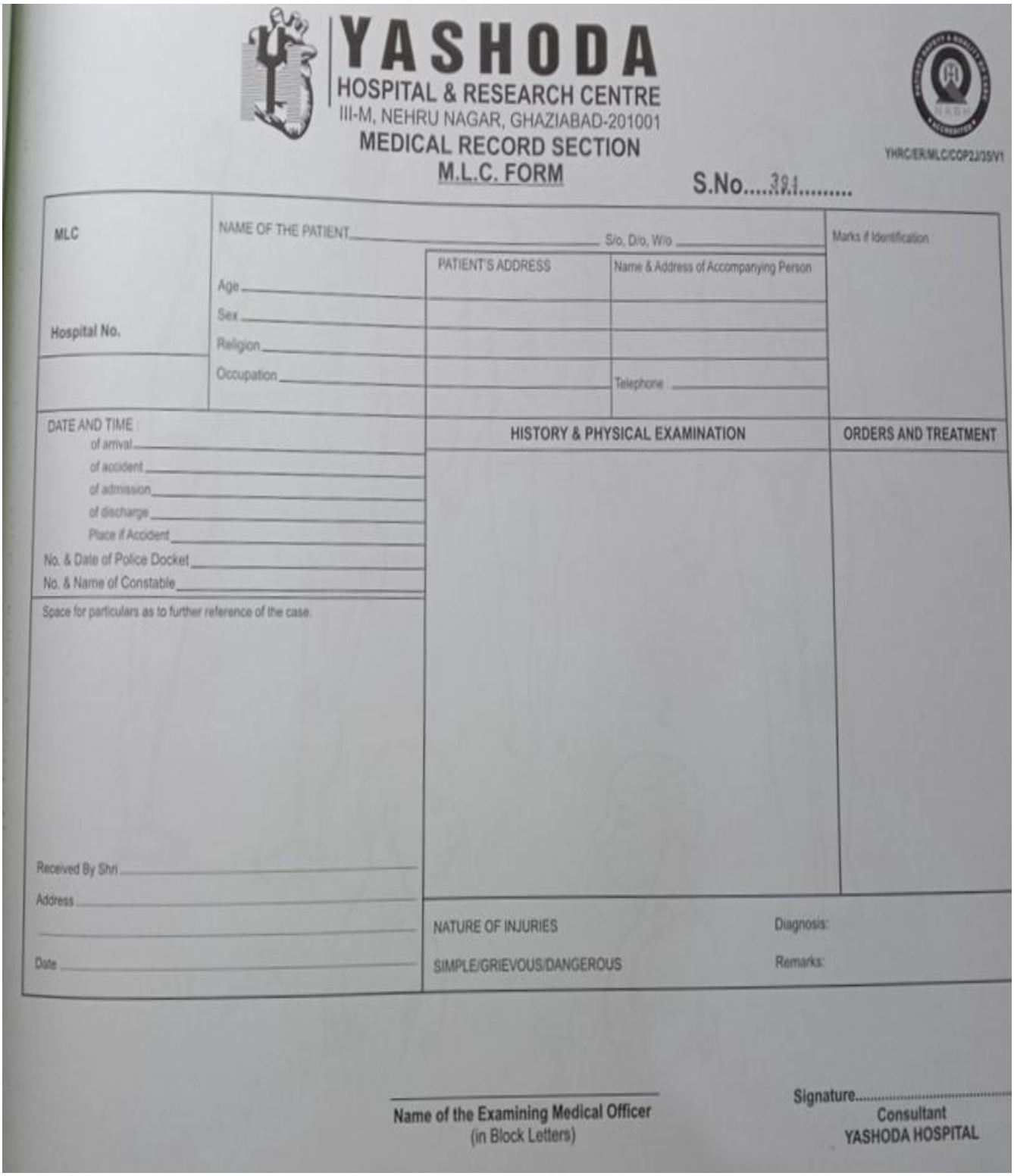
Relevant family history

Physical Examination

Temp-
PR- /min
BP- mmHg.
SPO2-
RBS-
Chest-
CVS-
P/A-
CNS-

यह दस्तावेज आपके उपचार हेतु अतिआवश्यक है कृप्या कर इस कागज़ को हर बार अपने साथ अस्पताल लेकर आएँ
Please bring this paper with you on every visit to the hospital

ANNEXURE: MLC FORM



YASHODA
HOSPITAL & RESEARCH CENTRE
III-M, NEHRU NAGAR, GHAZIABAD-201001
MEDICAL RECORD SECTION
M.L.C. FORM

YHRC/ER/MLC/COP2J/35/V1

S.No....391.....

MLC

Hospital No.

NAME OF THE PATIENT _____ S/o, D/o, W/o _____

Age _____
Sex _____
Religion _____
Occupation _____

PATIENT'S ADDRESS

Name & Address of Accompanying Person

Telephone _____

Marks if Identification

DATE AND TIME :
of arrival _____
of accident _____
of admission _____
of discharge _____
Place if Accident _____
No. & Date of Police Docket _____
No. & Name of Constable _____

HISTORY & PHYSICAL EXAMINATION

ORDERS AND TREATMENT

Space for particulars as to further reference of the case.

Received By Shri _____
Address _____
Date _____

NATURE OF INJURIES
SIMPLE/GRIEVOUS/DANGEROUS

Diagnosis:
Remarks:

Name of the Examining Medical Officer
(in Block Letters)

Signature.....
Consultant
YASHODA HOSPITAL