

Completion of Summer Internship from Zynova Shalby Hospital, Mumbai

This Certificate is awarded to

MISS. ALIDA ROY PALAPPILLI

In recognition of successful completion of her
Internship in the department

OPERATIONS, ADMINISTRATION

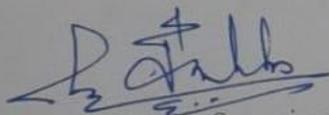
And has successfully completed her project on
TIME MOTION STUDY ON THE PROCESS OF DISCHARGE

17TH JUNE 2022

ZYNOVA SHALBY HOSPITAL, MUMBAI

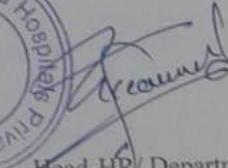
She is a committed, sincere and diligent person who has
a strong drive and zeal for learning.

We wish her all the best for future endeavor.



Organization Supervisor

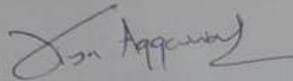
Reny Varghese
Unit Head / CAO



Head-HR / Department Head

Certification of Approval

The Summer Internship Project Titled "**TIME MOTION STUDY ON THE PROCESS OF DISCHARGE**" at **ZYNOVA SHALBY MULTI-SPECIALITY HOSPITAL MUMBAI**, 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 there in but approve the report only for the it is submitted



Mrs. Divya Aggarwal

Associate Dean- Academics, Accreditation and Marketing

IHMR-Delhi

FEEDBACK FORM

Name of student: Alida Roy Palappilli

Summer Internship Institution: Zynova Shalby Multispeciality
Hospitals, Mumbai

Area of Summer Internship: Operations, Administration.

Attendance: AT

Objectives met: Yes

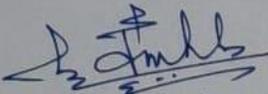
Deliverables: Completely Met.

Strength: Keen observations.

Suggestions for Improvement: Will leave it to the faculty.

Date: 17/5 June 2022

Place: Mumbai


Name: Reny Varghese
Unit Head / CAO
Signature of officer in-charge:

FEEDBACK FORM

MRS. DIVYA AGRAWAL

Name of the Student: Alida Roy Palappilli

Summer Internship Institution: Zynova Shalby Multi-Speciality Hospital
Mumbai

Area of Summer Internship: Operations Administration

Attendance: 100%

Objective met: YES

Deliverables: → Weekly progress report
→ Draft Final report

Strength: → Hardworking
→ Diligent

Suggestion for Improvement: —

Date: July 29, 2022

Place: DELHI


Signature of the Officer Incharge (Internship)

Summer Internship Report

At

ZYNOVA SHALBY MULTISPECIALITY HOSPITAL

(18th April to 17th June 2022)

A Report

By

Alida Roy Palappilli

Post-graduate Diploma in Hospital and Health Management

2021-2023



International Institute of Health Management Research, New Delhi

ACKNOWLEDGEMENT

It gives me great pleasure to present my research project while thanking everyone who assisted me with this assignment. The success and final completion of this project need a great deal of direction and support from a significant number of people. First and foremost, I want to thank my parents for their unwavering support during the summer training endeavor. I would want to express my gratitude to The Almighty for his kindness. My heartfelt thanks go to IIHMR, Delhi, for offering this golden opportunity.

I would also want to thank my mentor and director at IIHMR DELHI, Dr. Sutapa Negoi and Dr. Divya Agrawal as well as Dean Academics at IIHMR DELHI, Dr. Sumesh, for taking an interest in my project work and guiding me along the way by giving the essential information.

Also, I would like to express my heartfelt appreciation to Mr. Reny Varghese (CAO), who assisted me tremendously during the duration of my summer internship. He really encouraged me to work on this project with his valuable guidance, support, attention, encouragement, engagement, and advice. I also want to thank Mrs. Shreya Rane (Operations Head), Dr. Deepak Patial (Clinical Head), Ashish Sharma (Marketing Head) and Himanshu (Quality Executive), Sayali and Vinaya (floor coordinators) and over all team for their direction and continual monitoring, as well as for giving required knowledge and a great chance to work in their organization.

TABLE OF CONTENT

Sr. No	TOPIC	PAGE NO
1	Abbreviations	4
2	Profile of the organization	5-11
3	Observational learning	12-16
4	Introduction	17-18
5	Statement of study	18
6	Objective	18
7	Need of study	19
8	Research methodology	20-23
9	Analysis and Interpretation	24-29
10	Finding and Recommendation	30-31
11	Conclusion	32
12	Bibliography	33
13	Annexure	34-35

ABBREVIATION

IPD	Inpatient department
OPD	Outpatient department
ICU	Intensive care unit
OT	Operation theater
MRD	Medical record department
TAT	Turnaround time
TDW	Tentative discharge written
HIS	Hospital information system
SPONSERED PAYER	Third-party administrator
HK	Housekeeping
CT	Computed Tomography
MRI	Magnetic Resonance Imaging
NABH	National Accreditation Board For Hospital And Healthcare Providers
EMG	Electromyography
SICU	Surgical Intensive Care Unit
NICU	Neonatal Intensive Care Unit
CSSD	Central Sterilisation Supply Department

PROFILE OF THE ORGANIZATION

DIFFERENT DEPARTMENTS OF THE HOSPITAL

Basement 1 and 2

- Parking, Laundry, Diesel Generator, Electrical Panels

Ground floor

- Emergency room
- Waiting Area
- Front desk and admission
- OPD Pharmacy

First floor

- OPD's (1 to 5)
- Health check-ups
- Electrocardiogram, 2D Echo, Stress Test
- Holter Monitoring and Pulmonary function test
- Electroencephalogram and Electromyography
- Endoscopy
- Ultrasonography
- Gynaecology OPD
- Ophthalmology
- Dental OPD
- Sample collection / Phlebotomy
- ENT(ear nose throat) OPD

Second floor

- ICU (Intensive Care Unit)
- MRI (Magnetic Resonance Imaging)
- CT SCAN (Computed Tomography Scan)
- MAMMOGRAPHY

- X-RAY

Third floor

- CATH-LAB
- OT (Operation Theatre) Complex

Fourth floor

- CAO Cabin
- CSSD (Central Sterile Supply Department)
- Maintenance Department
- IP (in-patient) pharmacy
- Purchase Department
- Server /IT Department
- Store Department

Fifth Floor

- Administration Department
- General ward
- SICU (Surgical Intensive Care Unit)
- Doctors Lounge
- ICU relatives waiting area.

Sixth floor

- Labour room
- Labour OT
- NICU (Neonatal Intensive Care Unit)
- Economy ward
- Premium room-602, 603,604,605
- Suit room-601
- Twin sharing-606,607

Seventh floor

- Matrons Office
- Daycare-707,709
- Premium room-701, 702, 705, 711, 712, 713, 714 ,716
- Suite room- 710,715,706
- Twin sharing -703,704

Eighth floor

- Nursing station
- Day care - 807,808,809
- Premium room – 811, 812, 813, 814, 816, 805, 801, 802
- Suits room 810, 815, 806
- Twin sharing- 803, 804

Ninth floor

- Premium room – 901, 902, 904, 905, 906, 907, 909
- Suits room – 903, 908

Ambika Sadan

- Floor 1- Canteen
- Floor 2- Physiotherapy and Rehab Centre
- Floor 3 – Blood storage, pathology and accounts.

HISTORY

"Zynova Shalby Multi-Speciality Hospital is a 100-bed multispecialty hospital in Ghatkopar, Mumbai that provides comprehensive diagnosis and treatment services for a variety of ailments." Zynova Shalby Hospital, one of the leading hospitals in Ghatkopar, provides medical and surgical services to Mumbai residents. Cardiology, orthopaedics and joint replacement, spine, neurology and neurosurgery, oncology and once surgery, Laparoscopic surgeries, plastic and cosmetic surgeries, arthroscopic surgeries, trauma centre, and surgeries are among the major services provided. Beside General Medicines, General Surgery, Day Care Surgery, and Dialysis, CT scans, MRI, Mammography, 2D Echo, USG, Digital X-RAY, EMG, and Holter Monitoring Services

SPECIALISATION OF ZYNOVA HOSPITAL

Zynova Shalby Multispeciality Hospital is a well-known name in patient care in Mumbai. It was established in 2007 as Zynova Heartcare Hospitals. In the year 2021, they have done a Co-branding with Shalby group, a chain of 10 hospitals based out of Ahmedabad. Zynova Shalby Multispeciality Hospital is Ghatkopar West's well-known private hospital. They are one of the emerging brands in the healthcare business, with the objective of providing the finest in patient care and equipped with technologically sophisticated healthcare facilities. This hospital is conveniently accessible by numerous modes of transportation. A team of highly qualified medical personnel, non-medical personnel, and experienced clinical technicians operate around the clock to provide a variety of services. Because of their skilled services, they are a sought-after private hospital in Mumbai. A doctor team on board, including specialists, is prepared with the knowledge and skills to handle many forms of medical conditions.

VISSION

“To become the most trusted hospital by providing excellent care and compassion to patients”

MISSION

“To provide healthcare to the patients confirming scientific and ethical standards”

VALUES

- **Strive for Excellence**

To believe in having a passion for excellence in every aspect of the work we do; in the overall delivery of service to stakeholders, in ensuring that we meet the highest international standards

- **Continual Education**

To install a process of learning and self-improvement at every level through continuous training, focused research, and peer review

- **Integrity**

To deal with all stakeholder-patients, partners, employees, vendor and the community- in a spirit of fairness and integrity

- **Empathy**

To understand the beliefs, emotions, and point of view of all our stakeholders so as we can develop a relation of trust and faith.

- **Teamwork**

To ensure best of best delivery of service to all our stakeholders we prioritize team effort as participation of each member matter in raising the bar of the quality patient care services

SCOPE OF SERVICES ZYNOVA SHALBY HOSPITALS

CLINICAL SERVICES

• Accident & Emergency	• Neurology
• Anesthesiology	• Neurosurgery
• Cardiology	• Obstetrics and Gynecology
• Cardio-Thoracic Surgery	• Orthopedics / Sports Medicines
• Dentistry and Implantology	• Ophthalmology
• Critical Care	• Plastic & Reconstructive Surgery
• Dermatology	• Radiology
• Endocrinology/Diabetology	• Respiratory Medicine
• Ear Nose and Throat	• Surgical Oncology
• Gastroenterology	• Spine Surgery
• General Surgery and Medicine	• Transfusion Medicine
• Interventional Cardiology	• Vascular Surgery
• Interventional Neurology	• Urology
• Interventional Radiology	
• Internal Medicine	
• Minimal access & Bariatric surgery	
• Nephrology	

DIAGNOSTIC SERVICES

DIAGNOSTIC SERVICES	
<ul style="list-style-type: none"> • Laboratory Services 	
<ul style="list-style-type: none"> • Biochemistry 	<ul style="list-style-type: none"> • Other Services
<ul style="list-style-type: none"> • Hematology 	<ul style="list-style-type: none"> • Ambulance
<ul style="list-style-type: none"> • Microbiology 	<ul style="list-style-type: none"> • Blood Storage Unit
<ul style="list-style-type: none"> • Clinical Pathology 	<ul style="list-style-type: none"> • Day Care Centre
<ul style="list-style-type: none"> • Immunology 	<ul style="list-style-type: none"> • Dialysis
<ul style="list-style-type: none"> • Non-Invasive Cardiology 	<ul style="list-style-type: none"> • Emergency Day Care
<ul style="list-style-type: none"> • Electrocardiogram (ECG) 	<ul style="list-style-type: none"> • Nutrition and Dietetics
<ul style="list-style-type: none"> • Echocardiography (Echo) 	<ul style="list-style-type: none"> • Pharmacy
<ul style="list-style-type: none"> • Treadmill Test (TMT) 	<ul style="list-style-type: none"> • Physiotherapy
<ul style="list-style-type: none"> • Holter 	<ul style="list-style-type: none"> • Scope Excluded
<ul style="list-style-type: none"> • Electro Neurophysiology 	<ul style="list-style-type: none"> • Burns
<ul style="list-style-type: none"> • EEG- ROUTINE 	<ul style="list-style-type: none"> • Rheumatology
<ul style="list-style-type: none"> • EMG(Electromyography) 	<ul style="list-style-type: none"> • Radiation Medicines
<ul style="list-style-type: none"> • VEP (Visual Evoked Potential) 	<ul style="list-style-type: none"> • Psychiatry
<ul style="list-style-type: none"> • Radiology and Imaging 	<ul style="list-style-type: none"> • Nuclear Medicines
<ul style="list-style-type: none"> • Digital X-Ray 	
<ul style="list-style-type: none"> • Computed Tomography 64 slice 	
<ul style="list-style-type: none"> • Mammography 	
<ul style="list-style-type: none"> • Magnetic Resonance Imaging 1.5 Tesla 	
<ul style="list-style-type: none"> • Ultrasonography (USG) 	
<ul style="list-style-type: none"> • Other Diagnostics 	
<ul style="list-style-type: none"> • Audiology 	
<ul style="list-style-type: none"> • Bronchoscopy 	
<ul style="list-style-type: none"> • Endoscopy 	
<ul style="list-style-type: none"> • Pulmonary Function Test (PFT) 	

OBSERVATIONAL LEARNINGS

- **Floor Coordinator- Administration Department**

Floor Coordinators are the personnel who are responsible for ensuring that all floor requirements are met. The major role of the floor coordinator in the hospital comprises of coordinating with all departments throughout the hospital during admissions and stay in the hospital, Discharge confirmation from RMO, Collecting the patient feedbacks, etc... They also do Patient grievance handling which includes Root cause analysis, informing the department responsible, ensuring whether the grievance is resolved.

- **NABH-National Accreditation Board for Hospitals & Healthcare Providers**

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programmes for healthcare organisations. NABH operates for accreditation, certification and empanelment programs. The hospital accreditation program was started in the year of 2005, this program was started to improve healthcare quality and patient safety in hospitals. NABH standards have 10 chapters incorporating 100 standards and 651 objective element.

- **Hospital Emergency Code**

The use of the color codes to designate emergencies to alert the trained specific team and respond quickly to those emergencies thereby preventing stress or panic in hospital

□ **CODE RED – Fire and Safety Department**

CODE RED is an emergency procedure code for unexpected fire, flames, smoke, Smell of smoke, unusual heat or any other indication of fire. Code Red alerts the staff to a fire or probable fire.

□ **CODE BLUE- Clinical Department**

Code BLUE is an emergency procedure codes for cardio pulmonary and life-threatening emergencies in area of the hospital. A trained team of advance life support providers rush to specific location and begin immediate resuscitative efforts.

➤ **OPEN AUDIT**

Medical open audit is a chart review which is used to identify what is being done correctly and what is in need of improvement

1.	Choose the focus of your audit
2.	Define the measurement criteria
3.	Determine which record to review
4.	Decide sample size
5.	Develop Record keeping tool
6.	Gather Data
7.	Summarize your findings
8.	Analyze the data and implement appropriate changes

Files	p1	p2	p3	p4
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Name of the Auditor				
Date of the Audit Done				
NAME OF PATIENT:				
CONSULTANT NAME:				
DOA:				
UHID NA. / IP NA:				
Admission Profile				
Name of Patient				
Personal Details				
Signature of relative				
Admission History and Physical Form				
Allergies Identified				
Medication Reconciliation				
RMO Name & Signature				
Date & Time				
Plan of Care				
Provisional Diagnosis				
Consultant signature within 24 hrs				
Doctor's Progress Notes				
Reassessment done in every shift				
Documentation of Hand over done in every shift				

Date & Time,				
Name, Signature				
Reassessment done daily				
Invasive Procedures/Surgery & Anaesthesia				
Recovery room chart				
Endoscopy recovery room chart				
Pre-Op Diagnosis				
Post Op Diagnosis				
Complications				
Blood Loss				
Consent for procedure complete				
Consent for anaesthesia complete				
CT / MRI / HIV consent				
Procedure Safety check List				
Operative Notes				
Implant details where applicable				
PAC and Anaesthesia form filled				
Intra operative & Post OP				
Treatment Sheet- Physician Orders				
Capital letters				
Date, Time, Name & Sign				

Dose, Strength, Frequency & Route mentioned				
Unapproved abbreviations & symbols not used				
Allergies recorded				
High risk medication countersigned				
Diet				
Omit Orders Appropriateness				
Blood Administration				
Consent				
Documentation				
Blood bag sticker				
Transfused with in time limit				
Vital signs monitoring chart				
Restraint Both Chemical /Physical				
Restraint Consent obtained				
Assessment documented				
Nutritional / Physiotherapy Assessment & Screening				
Nutritional Screening				
Dietary daily Assessment				
Assessment done in 24 hours of admission				
Physiotherapy Assessment (when required)				

PROJECT REPORT.

TIME MOTION STUDY ON THE PROCESS OF DISCHARGE

Methodology: By analysing the gaps in delay of discharge process and patient satisfaction in discharge process in hospital

➤ **Introduction**

A hospital primarily provides two types of services: outpatient and inpatient. "An out patient is one who receives ambulatory care in the hospital and does not require an overnight hospital stay." An "inpatient" one who has been admitted to a hospital to receive inpatient hospital services. Discharge planning is an essential component of any hospitalization.

The "Discharge Process" is one of the critical functions in a healthcare organization that must be streamlined and monitored on a regular basis. Discharging a patient from the hospital helps to release a person from the hospital setting after addressing the patient's healthcare needs. This is accomplished by ensuring that appropriate clinical and community-based support services are available as needed. Preventing avoidable readmissions has the potential to significantly improve both patient quality of life and the financial health of healthcare systems.

Discharge planning should begin before admission in the case of elective care. As per NABH, the time taken for completion of the discharge process should not exceed 180 minutes. This allows everyone to concentrate on a specific goal in the patient's care. Additionally, it reduces errors and unnecessary delays along the patient pathway. If inpatient beds are a bottleneck, reducing bed pressure will increase throughput and, as a result, reduce referral to treatment times. A smooth Discharge Process will lead to an increase in Patient Satisfaction and the Quality of service delivery.

Ideal discharge process

- 1) Discharge planning at the time of admission
- 2) Package patients (with fixed Length of Stay)
- 3) Doctors intimation one day prior to discharge
- 4) Tentative discharge after doctors round (Waiting for investigation/examination)
- 5) The following activities to be completed sequentially –
 - Discharge Intimation (Date & Time)
 - Actual discharge (Date & Time)
 - Discharge summary Ready (Time)
 - Nursing Clearance (Time)
 - Pharmacy Return (Time)
 - Bill ready (Time)
 - Bill settlement (Time)
 - Room vacation (Time)

➤ **General Objective :**

To study the time motion of the discharge process.

➤ **Specific Objective :**

1. To track the many criteria that correlate to the delay in the discharge of patients from the ward.
2. Determine the root cause of the procedure delay.
3. Analyse patient satisfaction with the process using a feedback form

➤ **Purpose of the study :**

The study's primary goal is to identify problems with discharge planning, identify areas for development, and offer suggestions in accordance with the organization for strengthening and enhancing the quality of services delivered.

➤ **Scope of the study :**

The scope of this study was to analyze the steps involved in the discharge of the patient of Zynova Shalby Multispeciality Hospital and to improve the discharge process by providing suggestions and recommendation

RESEARCH DESIGN AND METHODOLOGY

The method through which researcher conduct their research is known as research design and methodology. It depicts the step involved in the formulation of the problem and the goal of presenting the data gathered during the research period.

Area of study:

This study was conducted in Zynova Shalby Multispeciality Hospital Mumbai, coordinated by the operations department.

Research design:

The study is both descriptive study and quantitative research. It's a descriptive research because it comprises surveys and fact-finding enquires of various kinds, such as patient satisfaction with regards to waiting and delay in hospital operations such as discharge. It is a quantitative research since it enumerates and analyses the percentage of discharge within time, as well as the time span of each step and many other factors that lead made discharge on time or delayed.

Sampling

- From the 18th of April 2022 to the 15th of June 2022, random patients who were discharged from the ward were included. (A sample of 100 Patients)
- These patients fall into a range of categories, such as Self-payers or Sponsored Payer.

Sources of data:

- Hospital staff
- Patients
- Feedback form

Data was collected by primary and secondary sources:

I. Primary

- Discharges happening in the hospital
- Individual discussion with stakeholders

- Key informant interviews with the floor coordinators
- Time motion study

II. Secondary

- Procedure in each department
- Registered records of particular department

Period of study:

April 18th till June 17th 2022

Statistical tool:

MS Excel

Expected Outcome

The aim of a time-motion study is to analyse a situation, examine the objectives of the situation and then synthesize an improved, more efficient and effective method or system. Accurate observations were made and recording of existing work methods to identify the critical activities and look for indicators from which new methods might emerge. Different work patterns were observed and time was recorded to determine the time it takes the qualified worker to complete a specific job to the current required level of performance.

The process of discharge followed in the Zynova Shalby Multispeciality Hospital

- Discharge procedures shall be followed to ensure patients are discharged effectively and efficiently, allowing for optimal utilization of available resources.
- An authorized hospital discharge is only be made by an order from the primary consultant. However, a patient may discharge himself/herself against medical advice.
- On re-assessment of the patient, the Consultant documents discharge instructions in the patient's medical record at the time of anticipated discharge.
- In case if more than one consultant is involved in the patient's care, Consultant in-charge will primarily be responsible to coordinate with other consultants for discharge. RMO on duty will provide necessary coordination.

- If required, diet plan will be given and explained to the patient
- In case if the patient being discharged is MLC, inform the Police Station regarding the discharge.
- Send information about the discharge to other departments involved in the process.
- Medicines are refunded and respective Investigation departments are informed.
- Private patients will get direct refund of appropriately returned medicines/ and in case of Insurance & Company patients, 'balance medicines return note' along with 'credit note' will be sent to billing department by pharmacist.
- A Discharge Summary shall be prepared.
- The Ward Sister / RMO shall be the responsible person to ensure compliance with this policy.
- The discharge summary shall contain: The reason for admission
 - Significant findings
 - Any diagnosis
 - Investigation result
 - Procedure performed
 - Treatment given
 - Significant medicine administered
 - Condition of discharge
 - Discharge medication, follow up instruction and emergency contact number
- In case of death, the discharge summary includes the cause of death
- The nurse / RMO shall be responsible for completing the discharge checklist and explaining the discharge summary to the patient. Patient/family understanding shall be documented on the discharge checklist by obtaining the patient/family signature.
- All the patients are provided with a discharge summary at the time of discharge.
- Patients requesting discharge against medical advice shall be explained the risks and consequences. The consent will be obtained from the patient/ family as per the informed consent policy
- Billing sheet is sent to billing department for finalization of bill
- Verify charges recorded in billing sheet with departments involved. Prepare final bill

with all the required information.

- Billing department will inform staff nurse after the final bill is ready for the payment and in case of Insurance and Company patient, bill is forwarded for settlement
- After Payment, a discharge slip is made.
- Check the discharge slip to ensure payment made. Note down Bill Number, receipt number of the amount paid by the patient
- Hand over-discharge summary and reports to the patient/relative
- Once the patient is discharged, the same is marked in the system
- In case of DAMA discharge:
 - Staff Nurse informs RMO/ Consultant regarding patients desire to leave the Hospital against medical advice
 - RMO/ Registrar / Consultant explains the risk and consequences of leaving the hospital to the patient and relatives
 - RMO informs the consultant and documents in the progress notes of the patient that the patient and the relatives are informed about the risk and consequences of leaving the hospital
 - Consent of the patient is taken or if not in a position to give Consent, take the consent of the legal representative on the DAMA Consent form
 - Formalities of discharge procedure proceed
 - After completion of the discharge, processed files were sent to MRD
 - If the discharge is DAMA.

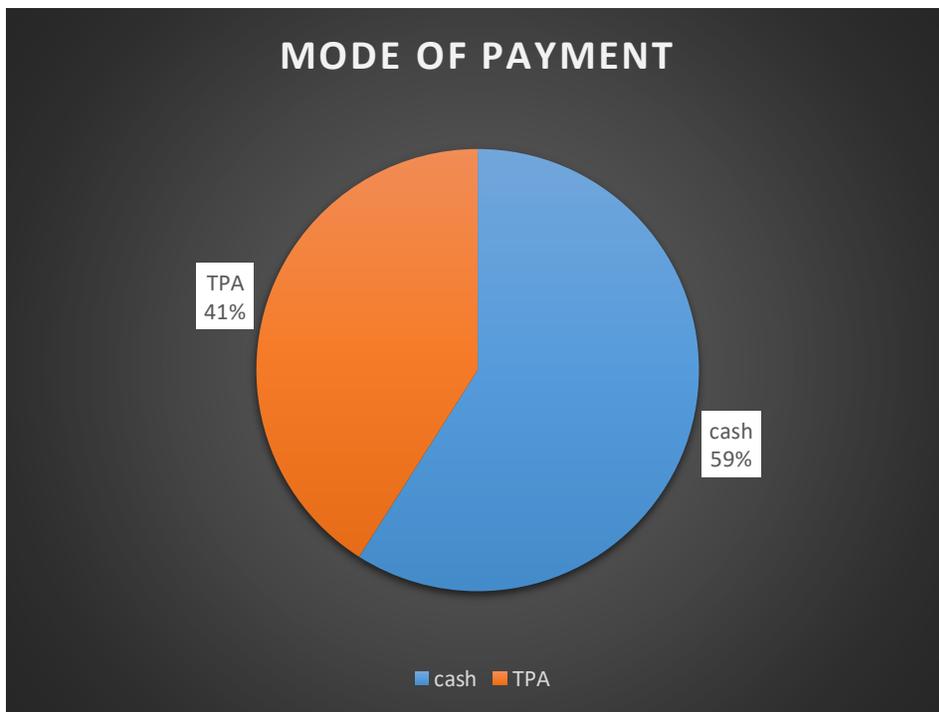
ANALYSIS AND INTERPRETATION

1) Mode of Payment

Self-paying were 59%

Sponsored Payers were 41%

(Fig 1)



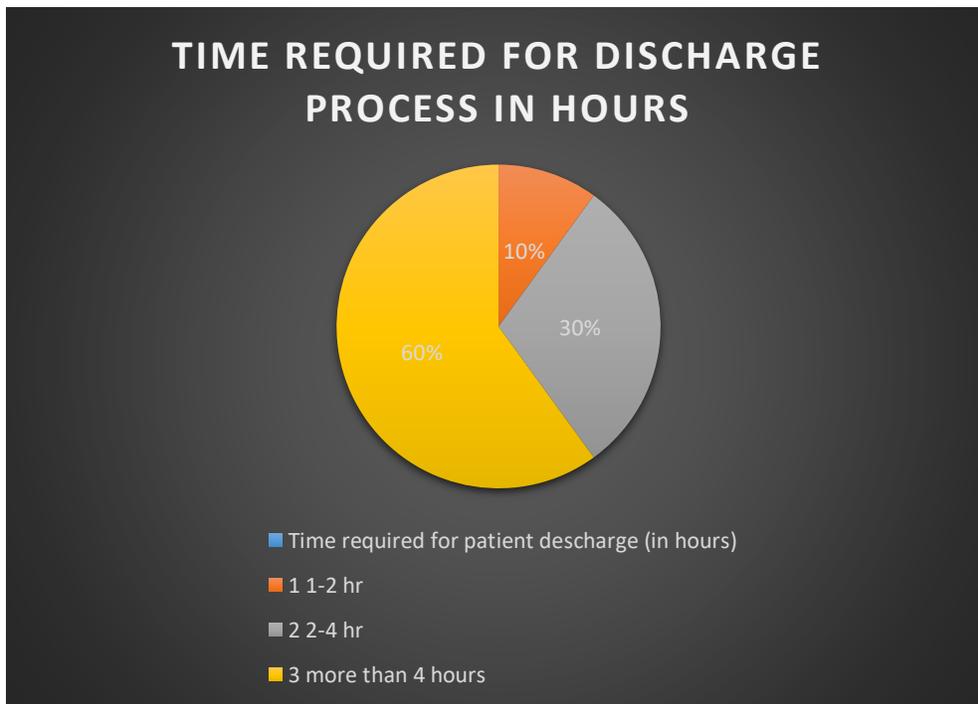
Interpretation

The above graph depicts the manner of payment used by the patients in a sample size of 100, with 41% using Sponsored Payer and 59% using Self-paying

2) The time required in discharge process in hours

Time required for patient discharge (in hours)		
1	1-2 hr	10%
2	2-4 hr	30%
3	more than 4 hours	60%

(Fig 2)



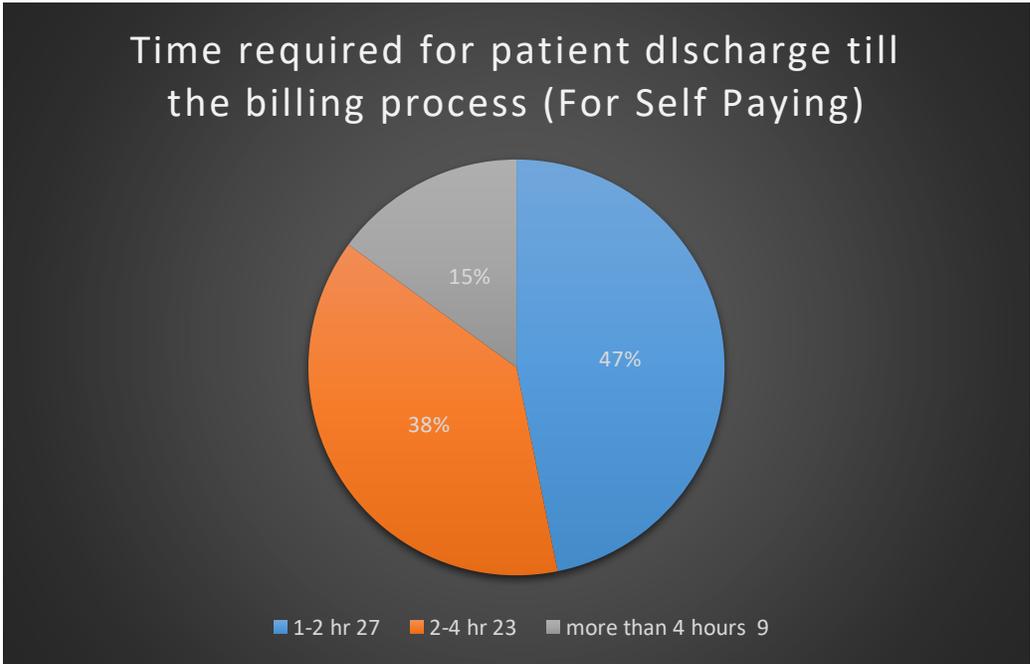
Interpretation

The above diagram depicts the time required for the discharge process in hours with a sample size of 100 patients, with 10% belonging to 1 to 2 hour, 30% belonging to 2-4 hours, and 60% belonging to more than 4 hours.

3) Time required for patient discharge till the billing department (self-paying)

Time required for patient discharge till the billing process (For Self-Paying)		
1	1 hr -2 Hr	27
2	2-4 hr	23
3	more than 4 hours	9

(Fig 3)

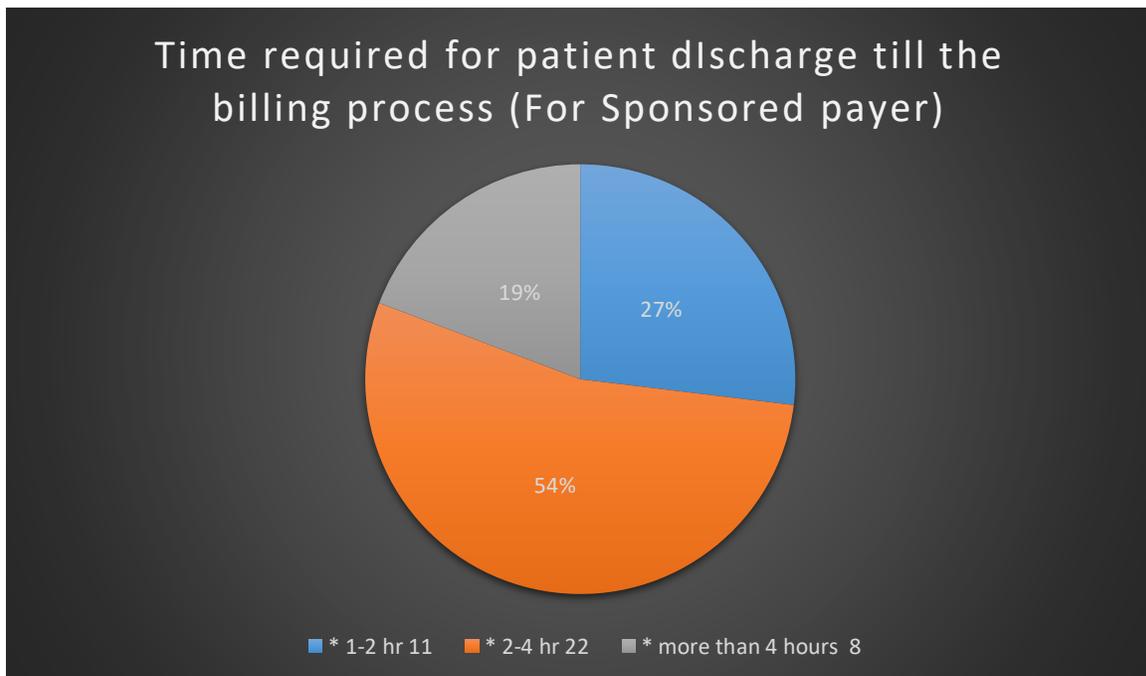


Interpretation

The above diagram articulates on the discharging time of Self payers till the billing process, with 47 percent belonging to time 1-2 hours, 38 percent belonging to time 2-4 hours, and 15 percent belonging to time more than 4 hours.

4) Time required for patient discharge till the billing process (For Sponsored Paying)

Time required for patient discharge till the billing process (For SPONSERED PAYER)		
1	1 hr -2 Hr	11
2	2-4 hr	22
3	more than 4 hours	8



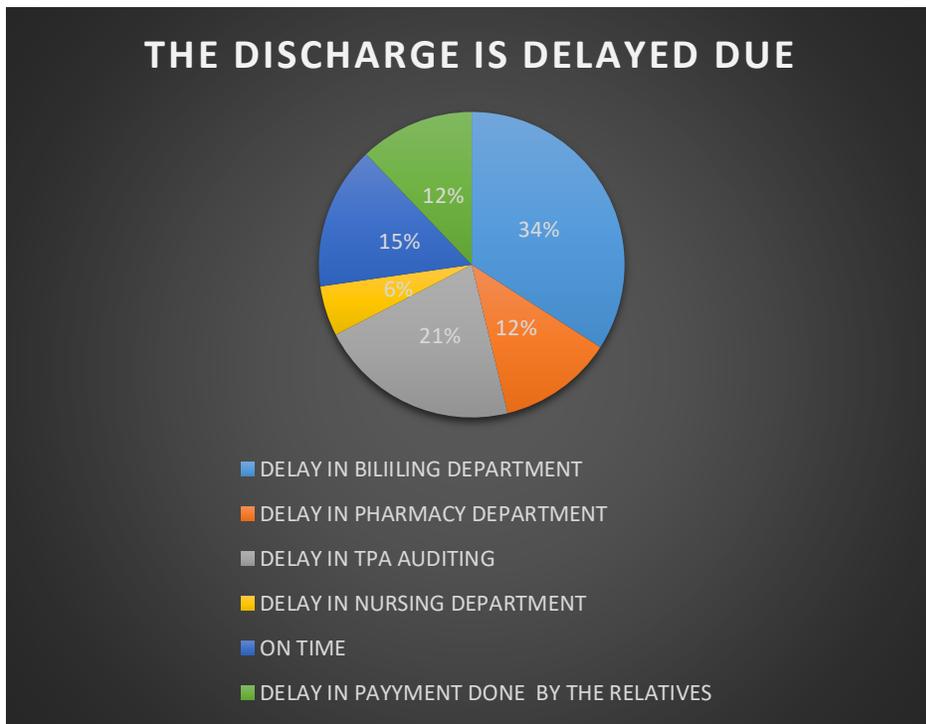
(Fig 4)

Interpretation

The above diagram explains on the discharging time of Sponsored Payers till the billing process, with 27 percent belonging to time 1-2 hours, 54 percent belonging to time 2-4 hours, and 19 percent belonging to time more than 4 hours

5) The Remarks due to which the discharge process is delayed

(Fig 5)



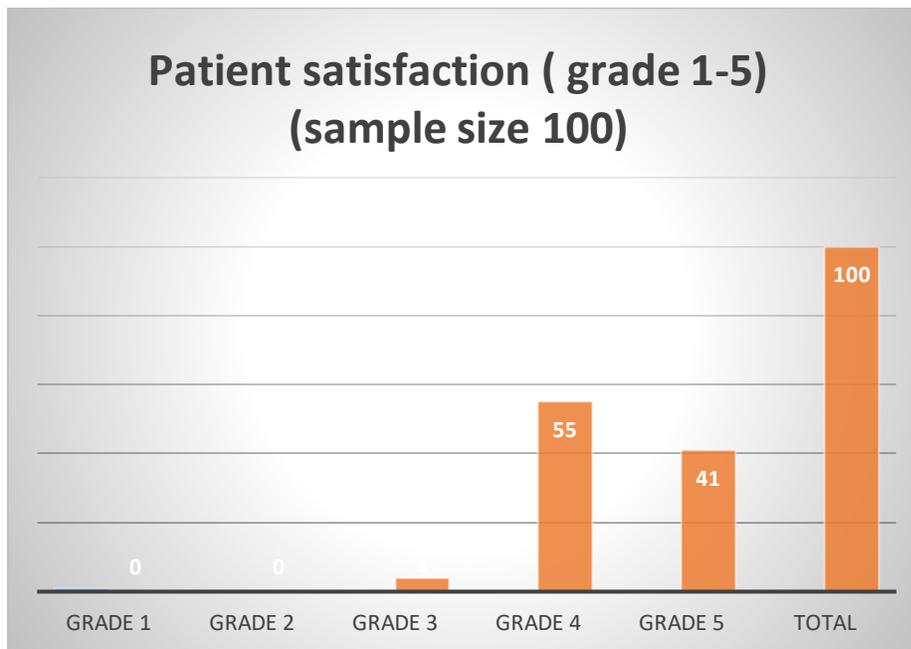
Interpretation

The above diagram elaborates on the reasons why the discharge process is being delayed, with 34 percent belonging to the billing department, 12 percent due to payments made by relatives and delay in the pharmacy department, 21 percent due to delay in Sponsored Payer auditing, and 6 percent due to nursing department, with 15 percent discharge completed on time with a sample size of 100

6) Patient satisfaction on discharge process

grade 1	grade 2	grade 3	grade 4	grade 5	Total
0	0	4	55	41	100

(Fig 6)



Interpretation

The above graph depicts patient satisfaction on the basis of the discharge process as measured by a discharge track sheet of 100 patients, with the maximum patient giving a grade of 4 and the minimum giving a grade of 3.

FINDINGS

- Patients were scheduled for TKR (total knee replacement), but the billing package was not defined.
- Photocopies of the report took time.
- Consultant's timing is not defined
- Patient usually becomes restless on seeing the final bill, which leads to their unwelcomed queries resulting in a delay in the discharge process
- Delay in discharge due to lack of coordination between the department
- On discharge of a surgery patient, there is a delay from the pharmacy department, and implant charges are pending due to new codes.
- In case of a system error (server goes down) there is no backup plan to lead the discharge process
- Lack of manpower in the billing department for auditing
- While doing online payment by the bystanders of the patient, the bill is not passed till the payment is seen in the account by the accountant.
- Another major concern is late Discharge Summary preparation, which entails numerous steps.
- ✓ Sometimes Discharge Summary is prepared late.
- ✓ Sometimes the staff tries to accumulate two or three discharges at the same time, causing a delay in completing notes of all and then sending down the files.
- ✓ Sometimes everything is ready, but the patient cannot be served because the nursing staff is overburdened and the file is sent to the finance desk late.
- ✓ Lack of computer in floor to prepare the discharge summary

RECOMMENDATION/ SUGGESTION

- Effective and timely discharge can only be attained by interdepartmental coordination and proper communication between all the team involved in the discharge process: strategies to ensure continuity of care (4 C's)
 - Communication
 - Coordination
 - Collaboration
 - Continual reassessment
- The discharge track sheet should involve the timing of when the patient relatives pay the bill
- The manpower in billing department should be increased so, that the final auditing will be complete in time
- The training should be given to each staff about the software used
- The timely auditing on discharge process should be made
- The nurse should be aware of the expected discharge date so that she can complete her notes the night before discharge and return any remaining medications to the pharmacy.
- Patient should be well informed about the time the whole discharge process will take.

CONCLUSION

Patient dissatisfaction is also influenced by the length of the discharge process. All departments involved in the discharge process must work well together. The duration of the discharge process at Zynova Shalby Multispeciality Hospital was examined in this study. It was discovered that the time required for billing clearance was a contributing factor to the most total time taken in the discharge process, and it was also discovered that the number of planned discharges was less, which was also a contributing factor to the discharge being delayed. It was noted that the discharge summary was prepared following the doctor's confirmation of discharge. This added to the patients' discharge delays. According to the patient feedback form, patient satisfaction in the discharge process was rated as good.

Introducing two administrative employees into the discharge process has reduced the number of unplanned patients which has affected the overall reduction in the whole discharge process and also the time is taken for clearance has been improved. Hospital administration should carry out frequent audits of all the departments involved with the discharge process. The delayed Discharge process leads to unnecessary bed occupancy, thus affecting both, the existing patients to be discharged and the new admissions in the hospital thereby putting undue pressure on the already strained resources of the hospital

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ANNEXURE

ZYNOVA HOSPITAL ALS PVT LTD

Discharge Process Track Sheet

Zynova SHALBY
MULTI-SPECIALTY
HOSPITALS

=====
Patient Name: _____ DOA: _____

Consultant Name : _____ IP No.: _____

Ward No.: _____

Instruction Discharge given by Consultant On Date/Time:

Sr.No.	Department	Procedure	Tick	In time	Out time	Name & Sign
01	RMO	Discharge Card Ready				
02	Nursing	Medicine return to Pharmacy				
03	Pharmacy	Charge Sheet Returned to Ward				
04	Nursing	Charge Sheet given to Billing				
05	Billing	Charge Sheet given to Auditor				

06	Auditor	Charge Sheet given to Billing				
07	Billing	Final Discharge				
08	SPONSERED PAYER	File coming at Department				
09	SPONSERED PAYER	Claim sent to Insurancecompany				
10	Lab & Diagnostic	Charges is not pending				

Patient Leave from Department (Timing):-----AM/PM

Nursing Staff Name:-

Signature:-

