

Summer Internship Report
At
BLK-MAX Super Speciality Hospital
(April 11th to June 18th , 2022)

A Report

By
Dr.Nikita Pradhan

PGDM (Hospital and Health Management)

2021-2023



International Institute of Health Management Research, New Delhi

ACKNOWLEDGEMENT

A summer training program is a fantastic way to learn and develop professionally. I feel myself lucky to have been able to complete my summer training at BLK MAX super specialty hospital.

I had the pleasure of meeting several people in this organization who graciously shared their expertise and knowledge with me.

I'd like to express my heartfelt gratitude to my college mentor Dr.Rupsa Banerjee (Assistant Professor,IHMR Delhi),Hospital mentor **Dr. Sidhart shukla (DMS,Operation department) ,Dr.Vivek Gupta (HOD, Quality department)** and **Dr. Dhiren (DMS, Quality department)** for their unconditional support and encouragement who, despite their busy schedules, took the time to listen and guide me, providing helpful advice and suggestions for improvement throughout the project and the internship period. This project would not have been possible without their invaluable contributions.

I'm also grateful to the entire hospital staff for their attention to my work and assistance, which substantially aided my mission. The hospital's administrative staff has been really helpful to me, and I want to offer my heartfelt appreciation to everyone.

(Completion of Summer Internship from respective organization)

The certificate is awarded to

Name Dr. Nikita Pradhan

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

Title Quality & Operations

and has successfully completed her Project on

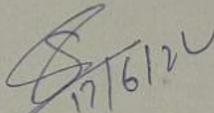
Title of the Project The Study On the delay of
the Discharge Process

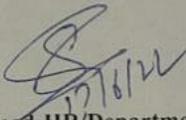
Date 17/06/2022

Organisation BLK-MAX Super Speciality Hospital

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

We wish him/her all the best for future endeavors


17/6/22
Organization Supervisor


17/6/22
Head-HR/Department Head

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr. Nikita Pradhan

Summer Internship Institution: BLK- Max Super Speciality Hospital

Area of Summer Internship: Quality Department & Operation Department

Attendance: was present for brownny Everytime

Objectives met: Successfully completed Discharge projects and Pt. Satisfaction projects.

Deliverables: Assisted in many projects and had shared many valuable thoughts and ideas to redesign the process and have positive impact on Pt. Satisfaction and Revenue.

Strengths:

Good Listener, Hard working and very focused

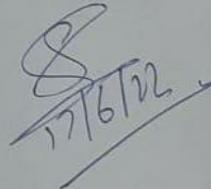
Suggestions for Improvement:

Good in person needs more orientation with different projects.

Signature of the Officer-in-Charge (Internship)

Date: 17/06/2022

Place:


17/6/22

Vivek Gupta
17/6/22

FEEDBACK FORM
(IIHMR MENTOR)

Name of the Student: Dr. Nikita Pradhan

Summer Internship Institution: BLK-MAX Super Speciality Hospital.

Area of Summer Internship: operation & Quality Department.

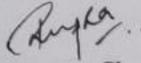
Attendance: Good

Objectives met: Yes.

Deliverables: Internship project - data collection, analysis and report; PPT for presentation at IIHMR

Strengths: Sincere, eager to learn, good quality work.

Suggestions for Improvement: —


Signature of the Officer-in-Charge (Internship)

Date: 10/8/22
Place: New Delhi

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ABBREVIATIONS

ALOS	Average Length of Stay
GDA	General Duty Assistant
HIS	Hospital Information System
IPD	Inpatient Department
OPD	Out Patient Department
NABH	National Accreditation Board for Hospitals and Healthcare providers
TAT	Turnaround Time
TPA	Third Party Administrator



BLK-Max Super Speciality Hospital is part of the largest healthcare networks in India, offering a wide range of services, making it a force to reckon with in the field of Super Speciality Tertiary Healthcare. The Hospital has a capacity of 650 beds with dedicated 125 critical care beds, 17 modular operation theaters and speciality-specific dedicated OPD blocks.

BLK-Max has consistently ranked amongst the Top 10 Multi Super Specialty Hospitals in Delhi NCR.

The facility is equipped with the most modern medical diagnostic & therapeutic equipment, to name a few, TomoTherapy (Next Generation Image-guided Intensity-modulated Radiation Therapy for Cancer Treatment); Robotic Surgical System; India's first Computer Navigation for Joint Replacement; South Asia's First Signa Artist MRI; Revolution Frontier CT; Flat Panel Combo Cath Lab with 3D reconstruction, Ultrasound with 3D and 4D imaging; Dual Head Spect CT with variable angle Gamma Camera and the latest generation of PET-CT. BLK-Max's Advanced Centers of Excellence, state-of-the-art facilities and patient-centric services provide the necessary backbone for holistic, comprehensive and contemporary treatment plan.

A passion for healing...

At BLK-Max, we are passionate about delivering the highest standard of healthcare. Be it the finest Doctors, cutting-edge medicine, state-of-the-art infrastructure or nursing with a smile. When you are passionate about healing the lives that have been entrusted to us, nothing is too big or small to ignore.

LEGACY :



Dr. B L Kapur, an eminent Obstetrician and Gynaecologist, set up a Charitable Hospital in 1930 at Lahore. In 1947, he moved to post-partition India and set up a Maternity Hospital at Ludhiana. In 1956 on the invitation of the then Prime Minister, Dr. B L Kapur initiated the project for setting up a 200 bed hospital in Delhi. The hospital was inaugurated by the Prime Minister, Pt. Jawahar Lal Nehru on 2nd January, 1959.

By 1984, when the hospital celebrated its Silver Jubilee, it was an expanding hospital well on its way to becoming Delhi's premier multispecialty institute. Services offered included General Surgery, Ophthalmology, ENT, Dentistry, Pulmonology, Intensive Care and Orthopaedics, apart from mother & child care.

A factor of much importance to the hospital was the health of the community. Enthusiastic doctors held camps and public health talks to improve the status of community health in the area. Dr. B L Kapur's passion and dedication for achieving his dream was such that he would often add his own income to the Hospital's coffers, sacrificing even his basic needs.

Lahore Hospital Society was registered in 1942. The very first members of the Lahore Hospital Society were some of the most eminent doctors and philanthropists of the time, who contributed vastly to the building and running of the Hospital.

BLK-Max Super Speciality Hospital was redeveloped and re-launched as a Multi Super Speciality facility with 650 bed capacity including 125 beds dedicated to critical care and 17 modular operation theatres, offering seamlessly integrated healthcare service to patients and became the youngest in India to achieve the prestigious NABH and NABL accreditations.

VISION

- To create a patient-centric, tertiary healthcare organization focused on non-intrusive quality care utilizing leading edge technology with a human touch.

MISSION

- Achieve Professional Excellence in delivering Quality care.
- Ensure care with Integrity and Ethics.
- Push frontiers of care through Research and Education.
- Adhere to National and Global Standards in Healthcare.
- Provide Quality healthcare to all Sections of Society.

QUALITY & ACCREDITATION



Joint Commission International



NABH



ilac - MRA

BLK-Max has been accredited by Joint Commission International (JCI) & National Accreditation Board for Hospitals & Healthcare Providers (NABH), National Accreditation Board for Testing and Calibration Laboratories (NABL).

SPECIALITIES

- ✓ Anesthesiology
- ✓ Arthroscopy & Sports Medicine Centre
- ✓ Surgical Gastroenterology, Advance Laparoscopic & Bariatric Surgery
- ✓ Dental & Maxillofacial Surgery
- ✓ Dermatology
- ✓ Emergency & Acute Care Medicine
- ✓ Centre For Diabetes, Thyroid, Obesity & Endocrinology
- ✓ ENT & Cochlear Implant
- ✓ General & Minimal Access Surgery
- ✓ Centre for Women Health
- ✓ Hepato Pancreato Biliary Surgery
- ✓ Internal Medicine
- ✓ Interventional Radiology
- ✓ IVF & Infertility Treatment
- ✓ Liver Transplantation
- ✓ Nuclear Medicine
- ✓ Nutrition & Health
- ✓ Ophthalmology
- ✓ Pain Management
- ✓ Laboratory Services
- ✓ Physiotherapy & Rehabilitation
- ✓ Psychiatry
- ✓ Radiology & Imaging
- ✓ Rheumatology
- ✓ Podiatry (Foot Care) & Wound Care

CENTRES OF EXCELLENCE

- ✓ Cancer Centre
- ✓ Centre For Bone Marrow Transplant
- ✓ Heart Centre
- ✓ Centre For Neurosciences
- ✓ Institute For Digestive & Liver Diseases
- ✓ Centre For Renal Sciences & Kidney Transplant
- ✓ Institute For Bone, Joint Replacement, Orthopedics Spine & Sports Medicine
- ✓ Centre For Chest & Respiratory Diseases
- ✓ Centre For Plastic & Cosmetic Surgery
- ✓ Centre For Child Health
- ✓ Centre for Critical Care

STATE OF ART EQUIPMENTS

- ✓ TomoTherapy System
- ✓ Robotic Surgery System
- ✓ Computer Navigation System
- ✓ Endoscopy Suites
- ✓ MRI
- ✓ CT Scan
- ✓ Nuclear Medicine

AWARDS



- ✚ International Tourism Conclave & Travel Award (ITCTA) Special Award for Serving Nation in Pandemic 20th August 2021
ET Healthworld Hospital Awards - Best Multi-Speciality Hospital
- ✚ BLK-Max won “Quality Beyond Accreditation” award in AHPI 2020 at Bengaluru
- ✚ Dr Bhushan Nariani - Director Joint Replacement, Institute for Bone, Joint Replacement, Orthopaedics Spine and Sports Medicine.
- ✚ Dr. Surender Dabas - Director Surgical Oncology & Chief of Robotic Surgery, BLK-Max Cancer Centre.
- ✚ Won Best Patient Experience Technology Innovation Award – 2019
- ✚ AHPI 2019 Award awarded by Association of Healthcare Providers (India) in Best hospital to work for Dr. B L Kapur Memorial Hospital
- ✚ Business Excellence Awards for Pharma & Healthcare Awards for Pharma & Healthcare on 7th August 2018

LOCATION

BLK-MAX SUPER SPECIALITY HOSPITAL is located on Pusa Road ,Radha Soami Satsang, Rjendra Place, New Delhi – 110005

EMAIL – info@blkhospital.com

HELPLINE : +91-11-30403040

AREA

- 572428 Square Feet Built-Up Area
- 465 registered bed
- 20 Operation Theaters
- 125 Critical Care Beds

Parking facility available

Entrance Gate : Two entrance gates main gate and emergency gate both are open for patients / attendants / staff enters but exit only emergency gate.

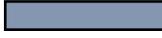
FLOORS	DEPARTMENTS
BASEMENT	<ul style="list-style-type: none"> • Physiotherapy (neuro rehabilitation ,sports medicine) • Radiation oncology • In patient billing • Medical Record Department • LT room • Parking
GROUND FLOOR	<ul style="list-style-type: none"> • Reception • Admission & discharge • OPD Pharmacy • Emergency • Transfusion medicine • Pre Anesthesia Check-up clinic • Interventional Radiology • Waiting lounge • OPD 1 : ENT & Cochlear implant, internal medicine, pediatric & pediatric surgery,general & minimal access surgery, orthopaedics,rheumatology, Podiatry, psychiatry & psychology, dermatology • OPD 2 : gynaecology & obstetrics • Diagnostic : Mammography , Radiology, Nuclear medicine, sample collection • Financial counseling • Cafeteria
1st Floor	<ul style="list-style-type: none"> • International patient lounge • Laboratory services • Dental science • OPD 3: cardiology & cardiac surgery, vascular surgery, non-invasive cardiology , nephrology & kidney transplant, urology, endocrinology, diabetes & thyroid, respiratory medicine, executive health check up, ophthalmology, Ayurvedic medicine, • OPD 5 : Gastroentrolgy, hepatology, GI surgery, HPV surgery & liver transplant • OPD 6 : dialysis • OPD 7 : medical & surgical oncology,BMT & HEMATO ONCOLOGY, radiation oncology

	<ul style="list-style-type: none"> • OPD 8 : neurology & neuro surgery, neuro electrophysiology
2nd FLOOR	<ul style="list-style-type: none"> • OT • Cathlab • MICU • SICU • CTVS ICU • ICCU • OT-ICU • NSICU • KT-ICU • Pre & post operative area
3RD FLOOR	<ul style="list-style-type: none"> • In patient rooms • Surgical onco HDU • Neuro HDU • Bronchoscopy • ECP • Sleep lab • Dialysis unit 2
4th FLOOR	<ul style="list-style-type: none"> • In patient room / MBU • PICU • NICU & HDU • Birthing suits • LR,Labour OT, Nursery
5TH FLOOR	<ul style="list-style-type: none"> • In patient rooms • Chemotherapy & day care
6th floor	<ul style="list-style-type: none"> • In patient rooms • GL-ICU & GL-HDU • Bone marrow transplant unit
7TH FLOOR	<ul style="list-style-type: none"> • In patient rooms • OT • Plastic & cosmetic surgery • Bone marrow transplant unit • Administration area

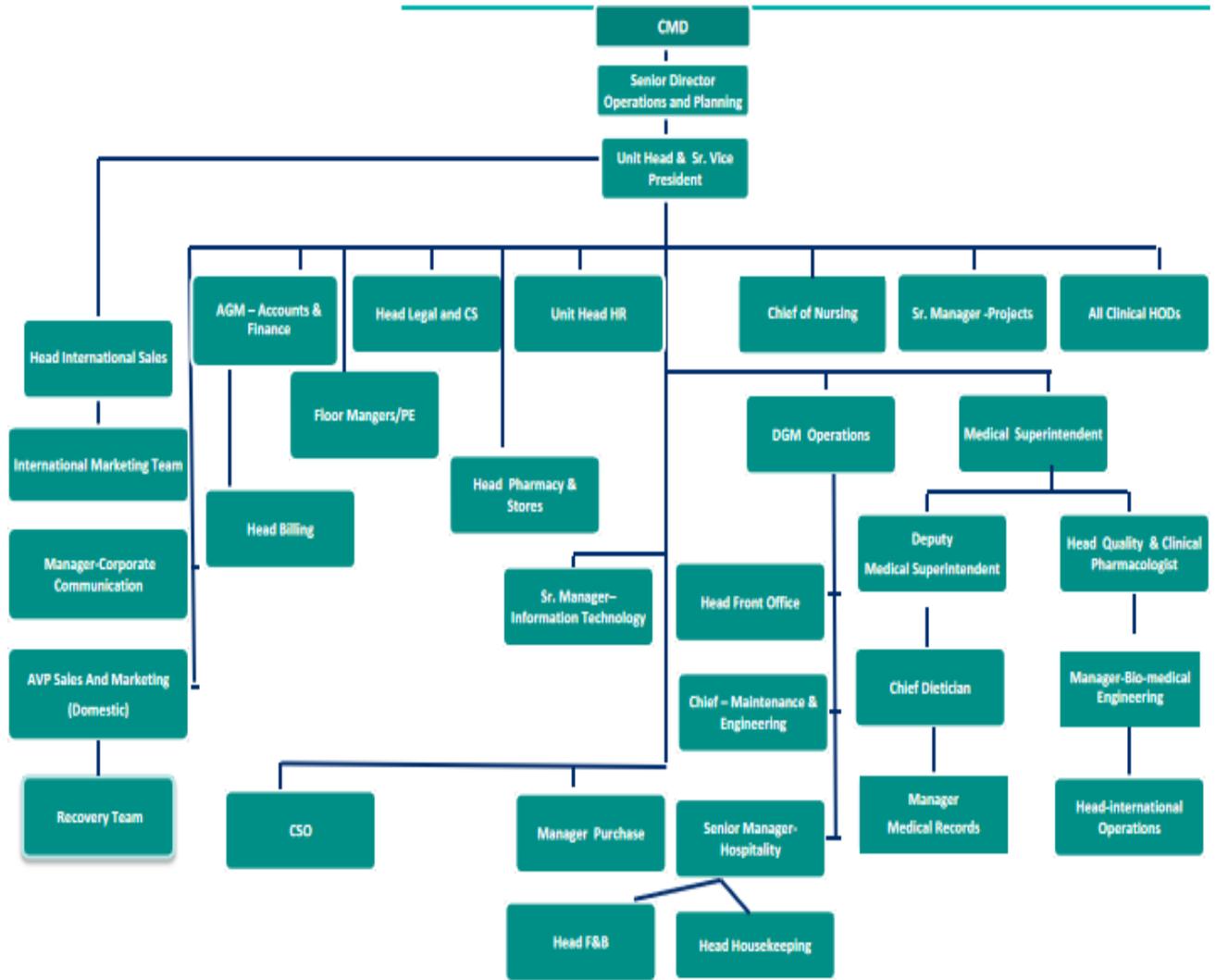
NON CLINICAL DEPARTMENTS

Quality Department	Front office Department
HR Department	IT Department
Purchase Department	Marketing Department
Engineering Department	Security Department
Operations and Planning Department	Outpatient Department
Accounts	Admission and Billing
House Keeping Department and Biomedical waste Management Department	Food and beverages

CODES:

CODES	SCOPE	EXTENSION NO.
 BLUE	CARDIAC ARREST	3023
 GREY	INTERNAL DISASTER	3055
 YELLOW	EXTERNAL DISATER	3055
 GREEN	TRAUMA	3055
 BLACK	DEATH	3055
 RED	FIRE	3055
 PINK	CHILD ABDUCTION	3055

ORGANIZATION HIRARCHY



LOG BOOK

S.NO.	DEPARTMENT	ACTIVITY ASSIGNED	KEY LEARNING
1	Department of Quality	Internal auditing	<ul style="list-style-type: none"> • Ways and procedure of internal audit. • Flaws and areas of improvement of emergency department are found as per compliance for NABH 5th edition.
2	Emergency	Observational activity	<ul style="list-style-type: none"> • Information on the department's purpose, basic functioning, and process flow. • Initial assessment parameters
3	Ambulance	Observational activity	<ul style="list-style-type: none"> • Information about the type of ambulance – BLS , ACLS • Equipments and medicine present in ambulance
4	Front office and billing	Observational activity	<ul style="list-style-type: none"> • Information on the department's purpose, basic functioning, and process flow. • Complete process of admission , billing and discharge.
5	OPD	Observational activity	<ul style="list-style-type: none"> • Information on the department's purpose, basic functioning, and process flow.
6	IPD	Observational activity	<ul style="list-style-type: none"> • Information on the department's purpose, basic functioning, and process flow. • Information on the functioning of nursing station, nurse-to-patient ratios, and patient care coordination, such as addressing patient issues.
7	Radiology and laboratory	Observational Activity	<ul style="list-style-type: none"> • Information on the department's purpose, scope of services, basic functioning, and process flow.

8	CSSD	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning, and process flow.
9	Oxygen Plant	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning, and process flow.
10	LT- Room	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning, and process flow.
11	Lift	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning.
12	AC	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning, and process flow.
13	Water	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning, and process flow. WTP
14	Linen and Laundry	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning. Process of receiving filthy and worn linen and delivering clean and sterile linen.
15	House keeping	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning, and process flow. Maintenance and cleaning of hospital, daily routine activities related to patient.
16	Biomedical waste	Observational Activity	<ul style="list-style-type: none"> Color coding Mechanism of maintenance and disposal of waste
17	Informational Technology	Observational Activity	<ul style="list-style-type: none"> Functioning of software like HIMS, DOXPER
18	Medical Record	Observational Activity	<ul style="list-style-type: none"> Information on the department's purpose, basic functioning, and

	Department		<p>process flow.</p> <ul style="list-style-type: none"> • Maintenance of IPD files of discharged pt , ICD – 10 coding of particular disease
19	Pharmacy	Observational Activity	<ul style="list-style-type: none"> • Information on the department's purpose, basic functioning, and process flow. • Types • Process of receiving and giving indented medicine

QUALITY DEPARTMENT

Quality Department Objectives

- Hospital personnel's knowledge is constantly updated through in-house or external training, participation in academic activities such as CMEs, seminars, and conferences, and the provision of journals and books in the hospital library.
- Conduct a situational analysis to:
 - Analyze the gap performance
 - Assess proper utilization of resources
 - Find opportunities for improvement
- Conduct a training workshops on:
 - Auditing Process
 - Communication skills
 - Incidents reporting system
 - Patients safety
- Provide an overview of quality, patient safety & clinical effectiveness
- Explain the process to report adverse events
- Inform you of opportunities to engage in Quality, Patient Safety & Clinical Effectiveness work
- Explain the methodology used to improve patient outcomes and publicly reported data.
- To ensure a network of qualified practitioners and providers, the organisation must: – demonstrate compliance with all applicable accrediting and regulatory credentialing/re-credentialing requirements. – Including language in practitioner/provider contracts requiring QM Program participation and access to medical records.
- Promoting communication with practitioners/providers of care/service about quality activities, providing feedback on plan-wide and practice-specific performance assessments, and developing improvement plans collaboratively.
- To promote Member empowerment and informed decision making by disseminating information on practitioner/provider performance.
- To ensure that the quality of care and service delivered by delegates meet standards established by us and relevant regulatory agencies, and that delegates maintain continuous, appropriate, and effective quality improvement programs through ongoing oversight activities and regular performance assessments.
- To document and report to the appropriate committees the results of monitoring activities, barrier analyses, recommendations for improvement activities, and other programme activities.

- Comply with all regulatory requirements, obtain and maintain accreditation, and obtain and maintain necessary certification.
- To ensure that the appropriate resources are available to support the QM Program.

QUALITY MANAGEMENT

- Quality management is the act of supervising various activities and tasks within an organization to ensure that the products and services provided, as well as the means by which they are delivered, are consistent. It aids in the achievement and maintenance of the desired level of quality within the organization.

It consists of four key components, which include the following:

- **Quality Planning** – The process of identifying the quality standards relevant to the project and deciding how to meet them.
- **Quality Improvement** – The purposeful change of a process to improve the confidence or reliability of the outcome.
- **Quality Control** – The continuing effort to uphold a process's integrity and reliability in achieving an outcome.
- **Quality Assurance** – The systematic or planned actions necessary to offer sufficient reliability so that a particular service or product will meet the specified requirements.

Quality Policy of BLK-MAX :

- Realization of hospital's vision and mission.
- Meeting changing needs and expectations of the patients.
- Introduce quality in all its services and ensure continuous improvement of quality through national and international accreditations.

ACCREDITATION AND QUALITY

- With the collective belief that the most simple is often the most effective, BLK-Max follows the quality cycle of planning, designing, checking and applying the learning to continuously improve the services.
- The hospital follows structured guidelines where quality indicators are clearly defined for every significant process and are continuously monitored to ensure quality improvement as per International benchmarks.
- As a testimony to our commitment towards quality, BLK-Max has been accredited by Joint Commission International (JCI) & National Accreditation Board for Hospitals & Healthcare Providers (NABH), National Accreditation Board for Testing and Calibration Laboratories (NABL)

OPERATIONS DEPARTMENT

The operation department is responsible for the overall planning and delivery of patient care in the hospital.

PURPOSE

to provide patients with a safe and secure environment while utilizing the best available resources.

SCOPE OF SERVICES

- Coordination with patients ,doctors, nurses, house keeping staffs , F&B staff.
- Smooth functioning of all departments

DISCHARGE PROCESS

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

The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the hospital.

Hospital discharge process is one of the very lengthy procedures that begins with the doctor's advice which is based on the patient's clinical report followed by discharge summary, nursing clearance, pharmacy approval and bill clearance. It is a multistage process which requires effective communications from different departments – inpatients and administrative department. Clinical, financial, legal, and administrative records are all kept as a part of the process.

Discharge time taken by hospital is an important indicator of quality of care and patient satisfaction. Delay in discharge of patient leads to bad impact on both patients and hospital.

Any unnecessary delay in the discharge process is detrimental to both the patient and the organisation. Patients get irritated, disheartened, and eventually dissatisfied as a result of a lack of understanding and communication. For an organization, a delay results in increased bed occupancy, which led to revenue loss and tarnishes the hospital's reputation, even if the stay is good. As a result, there will be a delayed admission.

Planned and Unplanned discharges are two different types of discharges. In **Planned discharge** the discharge summary is prepared in advance or advised by the doctor a day before and all other dues are cleared. **Unplanned discharge** in this the process starts after doctor completes his morning round followed by summary preparation and bill clearance.

Similarly, we can categorize the patients based on how they pay-

Cash Patients- Patients who pay cash and do not use their insurance are included in this group.

TPA Patients- Patients who claim their money at the time of discharge are claim patients.

EWS Patients- Economically Weaker Sections patients no need to pay anything, Hospital will bear the total bill amount of patient.

PSU- there are 2 types of PSUs - cash and credit

cash patient- who takes reimbursement from govt panel

credit patient -hospital which are empanelled with respected govt panel such as CGHS credit, DGHS credit and patient don't need to pay anything apart from non consumable items.

International Patients- 20% Have their health insurance policy and pay to respected hosp as tpa/cash. rest of international patient take package but count as a cash. That is called medical tourism

Turn Around Time (TAT)-

In general, “turnaround time (TAT) means the amount of time taken to complete a process or fulfill a request.

Key Performance Indicators-

- **Average Length of Stay (ALOS)-**

(Total number of days stayed by all In Patient in a year / Total number of admissions/discharges)

- **Bed Occupancy Rate-**

(Bed occupied for curative care/Number of beds available for care *365 days)

- **Discharge TAT-**

The discharge TAT can be calculated by the difference between the arrival time and completion time.

DISCHARGE PROCESS STAKEHOLDERS

- Doctors

- Medical admin
- Nurses
- Pharmacist
- Billing Department
- House keeping
- GDA

DISCHARGE PLANNING

Discharge planning is an interdisciplinary approach to care continuity that entails identification, assessment, goal setting, planning, implementation, coordination, and evaluation. Effective discharge planning promotes health-care continuity; it is defined as "the critical link between the patient's treatment in the hospital and post-discharge care provided in the community."

Many studies found that discharge planning increased patient satisfaction, and some studies found that it decreased hospital length of stay and readmission, but there was no evidence that it reduced health-care costs.

TITLE :

A study on discharge process at a private sector Super Specialty hospital in New Delhi.

RESEARCH QUESTION :

- What are the causes of delay in discharge process at BLK-MAX Hospital ?
- What are the solutions to reduce the time taken in each step of the discharge process?

OBJECTIVES :

Primary:

- To assess the delay in discharge process of cash Patients.

Secondary:

- To find out reasons for the delay in discharge process.
- To recommend measures to reduce discharge time of Patients.

PURPOSE OF STUDY:

The purpose of study is to gain a better understanding of the entire discharge process and to identify the issues that are generating delays in the process, as well as to recommend solutions to shorten the time it takes to discharge patients.

METHODOLOGY:**Study design :****-Cross sectional study**

Here one group is taken for study i.e cash patients . and multiple variables are observed at one time (time taking in each steps, different reasons for delays)

- Mixed Method (Both Qualitative and Quantitative research)

Quantitative research is used to quantify a problem by generating numerical data or transforming data into statistics that may be evaluated. The numerical data, i.e., the time spent in each phase of the discharge process, is collected here, and then statistically analysed.

Qualitative research

Study setting : BLK-MAX HOSPITAL

Study population :

Inclusive Criteria:

- In patients
- All Cash patients

Exclusive Criteria:

- ICU / OT patients
- Out patients
- PSU,EWS and TPA patient

Duration of study : 1month (May 2022)

Sample size:

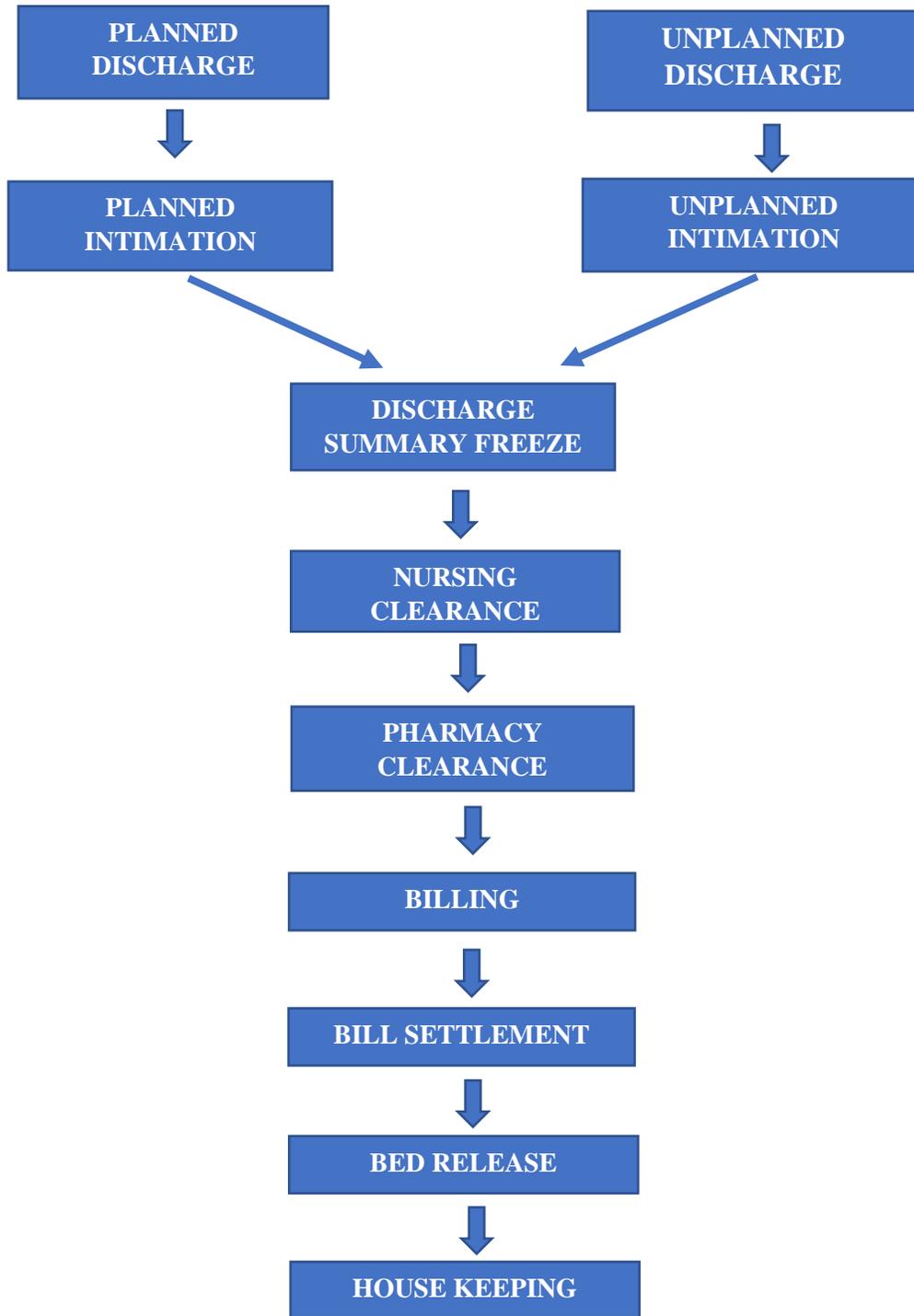
548 patients

Data collection :

- Documents and records collected from HMIS
 - Hospital targeted time, actual timings in each step of the discharge process, and TAT at multiple steps are all tracked using HMIS.
- Observation , interaction with hospital personnel & patients.
 - Then there's interaction with patients, nurses, floor managers, GDA, and pharmacists to gather information and figure out what's causing the delays.
 - Observed hospital professionals working to understand the process of how they are handling and coordinating with other departments.

ETHICAL CONSIDERATION : Patient confidentiality will not be compromised during this study.

**DISCHARGE PROCESS OF CASH PATIENT AT BLK-MAX
HOSPITAL, DELHI**



PREPARATION OF DISCHARGE SUMMARY

Once the final decision has been reached, duty doctor on the recommendation of consultant, prepare a summary that includes the following information.

- Reason for admission
 - Investigations performed and summarized information about the results.
 - Diagnosis
 - Records of procedure performed
 - Patient condition on discharge
 - Medical command
 - Follow up advice when and how to obtain urgent care
 - Emergency number of hospital
 - Dietary advice
 - Revisit date
- The discharge summary is prepared by a medical transcriptionist using the patient file that has been received, and it is then sent to the consultant/MS for modification (if required) and signature.
- Final discharge summary kept in patient file.

PATIENT COUNSELLING

- Prior to final discharge, the dietitian provides diet chart to the patient.
- Instructions given to patient and their attendant by the nursing staff as communicated by the treating doctor

NURSING CLEARANCE

- Check the medicine box and bring any unused medication back to the pharmacy. The clinical pharmacist may then need to post the return, and the nursing staff will then provide their clearance..

PHARMACY CLEARANCE

- Clinical pharmacist indent medicine moreover the post the return of medicine.
- Check the medicines manually and then give pharmacy clearance.

□

BILLING SECTION FORMALITIES

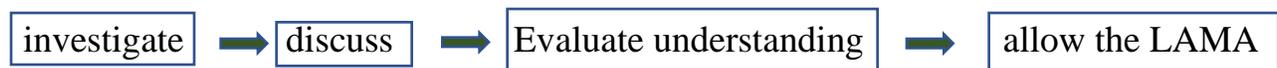
- Bill audited and 3 copies made – patient copy , record copy and accounts copy.

- After the preparation of final bill , the patient / attendant receives a call or text from the billing department for the bill settlement.
- Bill cleared and cash receipt taken by signing all 3 copies of the bill, clearance slip then issued by the accounts officer.

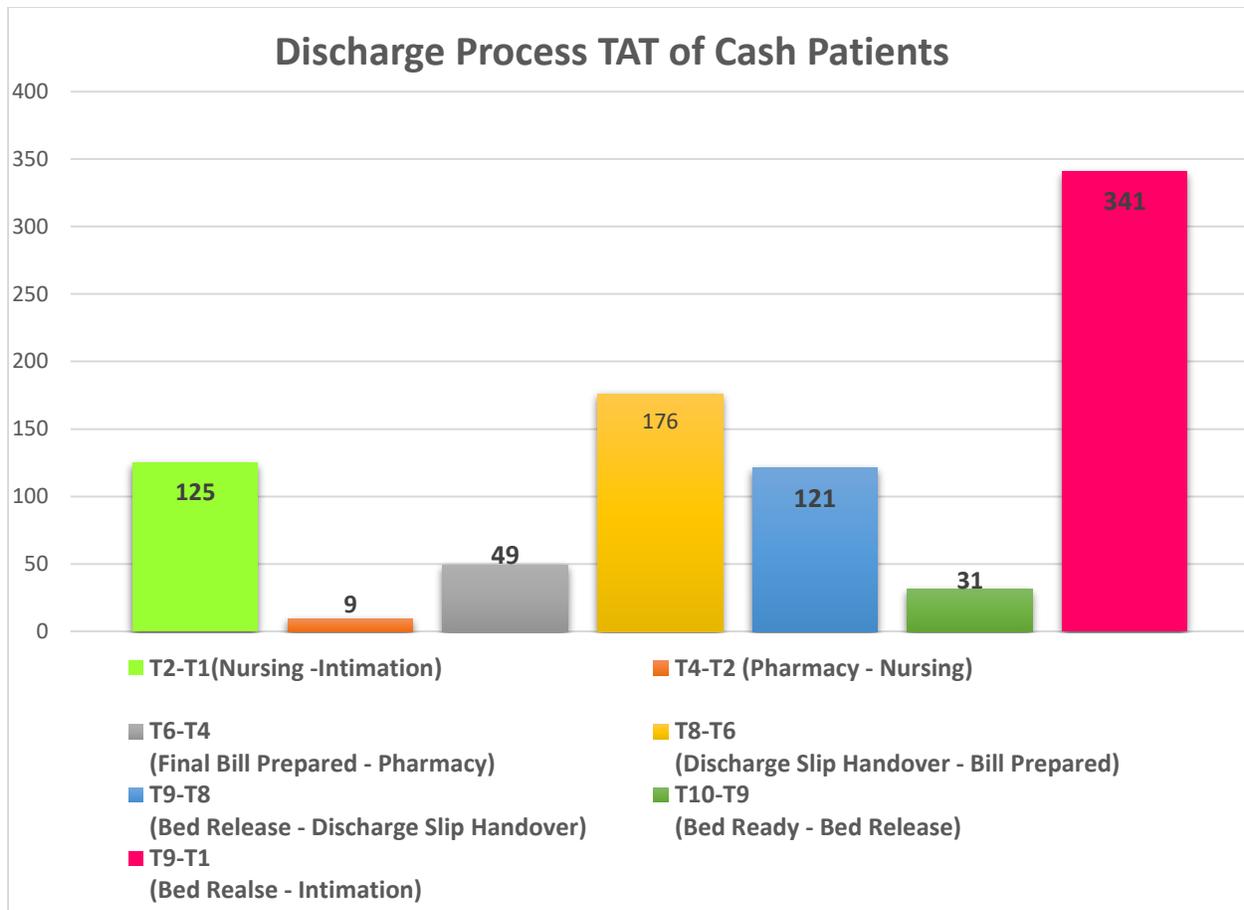
LAMA (LEAVE AGAINST MEDICAL ADVICE)

Despite medical advise to the contrary, the patient is leaving before their treating physician recommends discharge.

LAMA PROCESS



As per the data, 2 % of cash patients took LAMA in the month of May ,2022



The total number of cash patient discharges from BLK-MAX Super Speciality Hospital in the month of May 2022 was 546. The accompanying graph shows the TAT for each stage of the discharge process. The entire discharge TAT is 341 minutes, which is 5 hours and 6 minutes.

According to the graph,

- ✓ TAT between doctor intimation and nursing clearance is 125 minutes.
- ✓ TAT between nursing clearance and pharmacy clearance is 9 minutes.
- ✓ TAT between pharmacy clearance and bill preparation is 49 minutes.
- ✓ TAT between preparing the bill and handing over the discharge slip to the patient's attendant for payment is 176 minutes.
- ✓ TAT from the handover of the discharge slip to the patient and bed release is 121 minutes.
- ✓ TAT between bed release by the patient and cleaning by the housekeeping department, i.e. bed ready, is 31 minutes.

T1 - Discharge Intimation Time – Time on which Doctor marks intimation indicating that the patient is ready to be discharged.

T2 - Nursing Clearance – The duration between intimation and completion of nursing duties, which includes advising the patient and their attendants on medications, follow-up, etc., returning unused medication to the pharmacy, and indenting medication.

T3 - Discharge Intimation Acknowledgement - done by the billing department to prepare the bill.

T4 - Pharmacy Clearance - The time interval between receiving nursing clearance and the pharmacy department's duty to dispense medication to the patient in accordance with the prescription.

T5 - Bill Preparation - After the pharmacy clearance bill is prepared by the billing department

T6 - Final Bill Preparation after confirmation - After the acknowledgement of patients bill, billing department make the final bill.

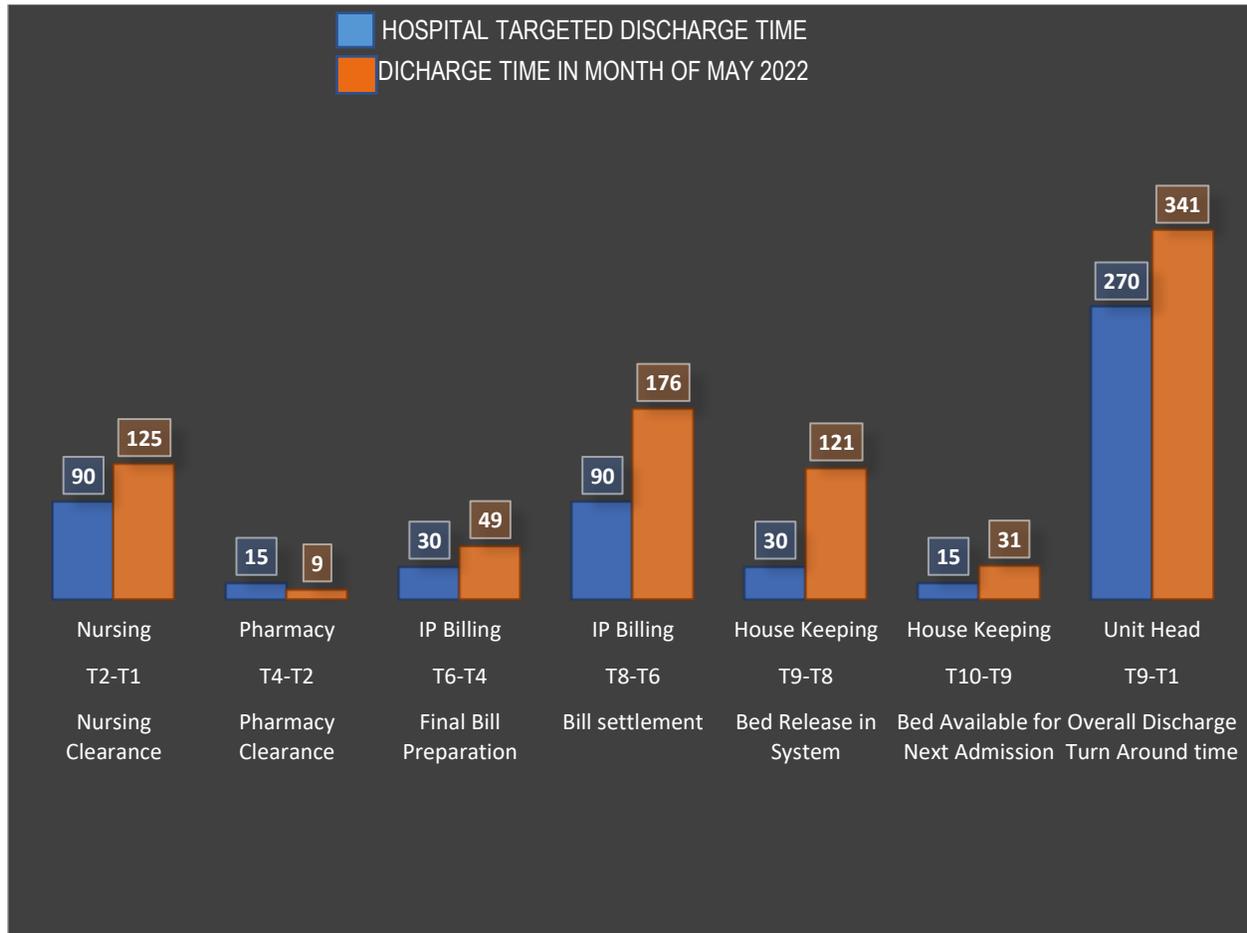
T7 - Discharge from system ; once the patient settle their bill , billing department clear the bill in the system .

T8 - Discharge slip handover ; after the bill settlement billing department gave the discharge slip to the patient.

T9 - Bed Release Updation : after the explanation of discharge summary by the nursing staff to the patient , then pt will free to go.

T10 - Bed ready- After the patient vacates the room, housekeeping staff prepares the room for the subsequent admittance.

**COMPARISION OF DISCHARGE PROCESS TAT:
HOSPITAL TARGETED TIME WITH DICHARGE TIME OF CASH PATIENTS IN
THE MONTH OF MAY 2022**



This graph compares hospital targeted time with discharge time of cash patients in the month of May 2022. Currently, the entire target time for discharging all categories of patients(cash,TPA,EWS,PSU) in BLK-MAX Super Specialty Hospital is 270 minutes. As a result, the comparison of cash patients in this graph is limited to that time frame.

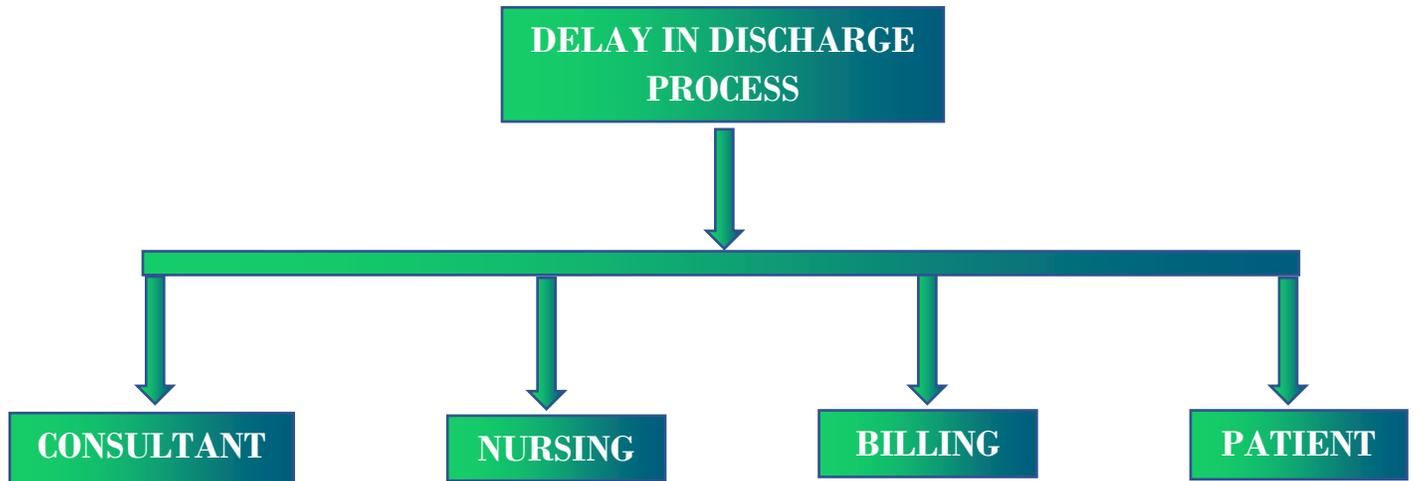
Also, in Pan Max, the overall TAT for the discharge process is T9 – T1, i.e., bed release upadation time – intimation time. As a result, overall discharge is used instead of T10 – T1 (bed ready – intimation time) in this case.

When the targeted time is compared to the actual time, it is observed that,

- ✓ TAT for nursing clearance should not exceed 90 minutes, however for cash patients in month of May is 125 minutes.
- ✓ TAT for pharmacy clearance should not exceed 15 minutes, according to hospital time, and it is reported to be 9 minutes, indicating that it is performing efficiently.
- ✓ The IP Billing department's TAT for final bill preparation and bill settlement is 30 and 90 minutes, based on hospital time. However, in May, it was 49 and 176 minutes.
- ✓ The TAT for bed release in the hospital system is 30 minutes, but it is observed to be 121 in cash patients, which is much beyond the target time
- ✓ The TAT for making a bed available for the next patient, which is housekeeping time that includes, cleaning and preparing the room for the next patient, is 15 minutes, yet data shows that it takes 31 minutes.
- ✓ According to the hospital, the total discharge TAT is 270 minutes, however it was reported to be 341 minutes in May.

In comparison, it is apparent that the hospital is unable to maintain the TAT for discharge. Except for pharmacy clearance, there is a delay at every step. The overall discharge is delayed by 71 minutes.

REASONS FOR THE DELAYS IN DISCHARGE PROCESS



CONSULTANT :

- Delayed consultant rounds in morning
- Workload
- Changes in the discharge summary
- Unplanned discharges

NURSING

- Delay in returning of bed side medication.
- Work load
- Multi tasking
- Pending investigations or investigations report.

BILLING

- Changes in bill
- Financial counseling
- Last moment discount

PATIENTS

- Funds arrangement
- Arrangement of transportation
- Prefers to leave after lunch.
- Complications/Deteriorating health
- Even after bill clearance, few patients does not vacant the bed in time.

HOUSE KEEPING

- Delay in cleaning rooms
- Multi tasking

DISCUSSION

Discharge time taken by hospitals is an important indicator of the quality of care and patient satisfaction. Delay in the discharge of patients leads to a bad impact on both patients and the hospital.

The purpose of this study is to get a better understanding of the entire discharge process, identifying the factors that causes delay, and suggest measures to reduce the time it takes to discharge patients.

Timing of each steps and total number of patients , room details etc was collected with the help of HMIS(Hospital Management Information System).

And the data collected to find the different reasons which are causing delay in the discharge process are by interaction and interviewing the hospital personnel (Nurses, GDA,DMS and floor managers) and patients. Interviews and notes are based on the unstructured questionnaire.

After the analysis of data It has been found that the Discharge process is delayed by average of 71 minutes compared to the hospital's targeted time.The average TAT for Nursing clearance is 125minutes which exceeds 35minutes than the targeted time.The average TAT for Pharmacy clearance is 9minutes which is under than the targeted time.The average TAT for IP Billing department is 49minutes and 176minutes which exceeds 105minutes than the targeted time.The average TAT for House keeping is 121minutes and 31minutes which exceeds 107minutes than the targeted time.

It was observed that nursing clearance, IP billing, and housekeeping consume the most time, leading to a longer discharge time.Through observation and interaction,it was also found that both doctors and patients are also responsible for the delay in the process.

It can also seen that every department is interlinked with each other.So management needs to look into this matter and take action regarding the delay in time and also suggest hospital personnel to work as per recommendation given to the management.Other department should also try to work efficiently so that it does not hamper the working of other departments.

This time can be improved with the help of care teams and managers, and planned discharges are encouraged. It was also advised that few more manpower can be hired to ensure that the process runs well and on time.

CONCLUSION

The discharge process in hospitals is an evergreen topic, and considerable research is needed to make the discharge procedure optimal for patient satisfaction and to leave them ecstatic when they leave the hospital. Reducing hospital discharge procedure timings also provides numerous benefits to the hospital and proves to be quite profitable in terms of cost-benefit analysis, revenue, and patient happiness in this competitive environment.

In this study, the time taken for Discharge of Cash patients at BLK-MAX Hospital has been analyzed and It has been found that the Discharge process is delayed by average 71 minutes compared to the hospital's targeted time.

Recommendations were made to reduce the discharge process while also increasing customer satisfaction, bed turnover, and hospital profitability.

RECCOMENDATION...

- Timely rounds of doctors especially for discharge cases.
- In planned discharge, ward secretaries should make sure that all summaries are ready for signature and correction by the consultant following morning.
- Try to strictly follow 'discharge before noon' policy
- Proper training should be provided to new staffs.
- OT code must be informed to the billing department by doctors on time
- Hire experienced Nursing ,GDA staffs. and clinical pharmacist.
- Improve the interdepartmental coordination.
- Before giving intimation for discharge, check to see if all investigations have been completed.
- Patients and their families should be properly informed of the time, overall process, and steps involved in the discharge process.
- Placement of TV screens at the nursing counter for the discharge patient's.

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